



HIV Testing and Counseling (HTC)

What is HIV testing and counseling (HTC)?

HIV testing and counseling (HTC) refers to a public health intervention whereby an individual, couple, or family receives HIV testing and counseling on HIV prevention, treatment, care, and support. Although many different approaches exist for administering HTC, in general, the intervention consists of 5 core components:

1. Pre-test counseling that outlines the testing process
2. A risk-behavior assessment
3. Informed consent of each participant
4. Administration of the HIV test
5. Post-test counseling based on the test result(s)¹

What is the history and significance of HTC?

HTC has existed for over 20 years, though it is not yet universally available.² Functionally, HTC serves as a key entry point to care, treatment, and support for people living with HIV (PLHIV).²

Early awareness of a person's HIV status has many benefits, including:

- Enabling linkages to HIV care and support services that can both improve quality of life and extend lifespan of PLHIV^{3,4,5,6}
- Preventing the spread of HIV through risk reduction and behavior change

In order to achieve global HIV prevention and treatment goals,¹ the following conditions must be met:

- Rapid scale-up of HTC that will result in broad coverage of HTC services.
- Increased access to and uptake of HTC with specific emphasis on key populations such as gay men and other men who have sex with men (MSM), people who use drugs, and commercial sex workers.⁷

What are the different modalities of HTC?

Given that HTC is a key entry point for both HIV prevention services and HIV care and treatment, it has received a high level of attention from the global AIDS community. This has led to the proliferation of several different HTC delivery options—better known as “HTC modalities”—which is believed to have improved testing and counseling coverage and access globally over the past decade.⁸

¹Global HIV prevention and treatment goals are outlined in MSMGF's Technical Brief entitled Treatment 2.0 at <http://www.msmgf.org/index.cfm/id/81/Publications/>.

The following table highlights the 4 most prevalent modalities:

Modality of HTC	Description
1. Facility-based client-initiated counseling and testing (CICT, commonly called Voluntary Counseling and Testing (VCT))	A process whereby an individual, couple, or family initiates and receives HIV testing and counseling on HIV prevention, treatment, care, and support at a health facility, clinic, and/or testing center. ¹ This is the standard and most common approach to HTC globally.
2. Facility-based provider-initiated testing and counseling (PITC)	A process whereby an individual patient is offered counseling and testing by a health care worker as part of medical care; hence counseling and testing is routine unless patient declines or “opts out” of the test. This modality seeks to improve HTC uptake globally.
3. Community-based CICT (mobile services and campaigns)	A similar modality to VCT, but where services are provided using a mobile vehicle like a truck or boat instead of a facility or clinic. This modality removes barriers to HCT uptake such as distance to facilities, transportation logistics, cost of transportation, and inconvenience associated with operating times and location of facilities.
4. Community-based PITC (door-to-door, index clients, and integrated)	A modality that brings VCT to an individual’s home, further removing practical barriers. Currently, there are 3 different approaches to community-based PITC: <ul style="list-style-type: none"> a) Door-to-door: Health care workers visit homes to offer services to household members b) Index client: Health care workers visit households with existing HIV-positive members in order to target and test other household members c) Integrated: The provision of HIV counseling and testing services in conjunction with other health services, such as reproductive health and/or tuberculosis screening

What are the risks and challenges to accessing HTC? Do gay men and other MSM have specific risks or challenges?

General risks and challenges

- In low- and middle-income countries (LMIC) in particular, access to HTC is negatively impacted by limited numbers of HIV testing facilities, test kit stock-outs, and shortages of health care workers.¹²

Risks and challenges specific to MSM

- Many communities lack health professionals trained in cultural competency to work specifically with gay men and other MSM.
- HIV stigma, homophobia, and hostile policies create an environment that is unsafe for gay men and other MSM to access services.
- According to research, there is a perception among gay men and other MSM that health services cater mostly to heterosexual people.¹³

What are possible facilitators and/or new innovations for improving access to and uptake of HTC by gay men and other MSM?

Improving access to and uptake of HTC among gay men and other MSM will require a holistic approach. A true systems-level perspective is needed to address the multiple factors that affect how gay men and other MSM access HTC. The following section highlights the confluence of potential facilitators and innovations that are necessary for improving access to and uptake of HTC among MSM:

Human Resources and Infrastructural Facilitators to Support Access to and Uptake of HTC

Access to and uptake of HTC are dependent on infrastructure that includes a strong health delivery system and a culturally competent health care workforce that has been trained to work with gay men and other MSM. On the health systems level, additional facilitators to support HTC include an adequate supply of testing equipment, condoms and health information materials, private space to provide confidential counseling services, strong protocols that ensure client linkage to HIV care and other relevant services, quality assurance of client intake and equipment, and client confidentiality.^{7, 10}

Environmental and Policy Facilitators to Support Access to and Uptake of HTC

Specific policy and legislation is necessary at all levels to ensure that MSM communities can safely and securely access services.

- HTC-level: Policies that ensure that all testing is voluntary (not coerced) and confidential.⁷
- Local- and country-level: Policies that ensure that testing environments are welcoming and accessible to gay men and other MSM.¹⁴
- Country- and multilateral-level: Policies and legislation that decriminalize homosexuality and HIV, as well as mitigate HIV stigma and homophobia.
- Couples counseling for gay men and other MSM who are in committed relationships¹⁰

What are some challenges to implementing these facilitators and innovations?

Access to and uptake of HTC among gay men and other MSM is not yet optimized, in part due to the following challenges related to implementing promising facilitators and innovations:

- Inconsistent Quality of Post-Test Support: Previous operations research has highlighted challenges in regard to the provision of consistent, high-quality, supportive counseling across all HTC modalities. Receiving an HIV test result can be a highly emotional experience for many individuals. Counselors should be culturally sensitive and prepared to provide guidance and support beyond the mere delivery of a test result. Follow-through is crucial with individuals who test positive, as is encouragement for sustained regular testing for those who test negative.
- Weak linkages from HTC to HIV Care and Treatment: Given that HTC is a key entry point to HIV care and treatment, significant efforts need to be made to ensure that those who test positive are effectively linked to care and treatment. Moreover, services and medications must be ready and available once linked.
- Inadequate Confidentiality and Privacy: There are both anecdotal and evidence-based reports that some community testing sites may lack sufficient space and protocols to ensure confidentiality and privacy.¹⁷
- Barriers to Implementing Quality Rapid Testing:¹¹ Poor training of HTC staff and volunteers may result in sub-standard care and unreliable results for those seeking rapid HIV testing.¹⁸ Furthermore, commercially available rapid test results are not as precise as traditional test kits, and positive results require confirmatory testing.¹⁷⁻¹⁸

¹¹Patient receives pre-test and post-test counseling, test results, and any necessary medical referrals all in one visit within a short time frame.

Service Delivery, Technological Facilitators, and Innovations to Support Access to and Uptake of HTC

In order to ensure that rapid scale-up of clinical and community-based HTC is implemented in a high-quality, culturally competent manner that takes into account the unique needs of MSM, national HIV programs must take the following recommendations into account:

- Provide HTC via organizations that serve gay men and other MSM and thereby both know the community and have the ability to help mobilize the community¹⁵
- Provide HTC in a variety of settings, including, but not limited to, mobile vans and networks of private providers
- Engage existing social networks and media to recruit gay men and other MSM¹¹
- Utilize simple/rapid testing (point-of-care) whenever possible (requires a drop of blood from a finger-prick and gives a reliable HIV test result in approximately 20 minutes)¹¹
- Conduct continuous and evolving outreach designed and conducted by and for gay men and other MSM¹¹

Operations Research and Other Evidence-Based Facilitators to Support Access to and Uptake of HTC

In order to improve access to HTC, researchers, advocates, and program managers must explore the potential feasibility and acceptability of new modalities and innovations for MSM by conducting robust, empirical research on:

- Point-of-care diagnosis of HIV infection, including both blood and oral specimen testing, as well as home rapid testing (eg, over-the-counter oral rapid testing)¹⁶
- Emerging point-of-care diagnostics for HIV treatment, such as CD4 counts, to improve access and retention in care²⁰

What does recent research tell us about HTC access and knowledge among MSM?

From June through August 2010, the Global Forum on MSM and HIV (MSMGF) conducted a global study on access to and knowledge of HIV prevention strategies—including HTC—among more than 5000 MSM around the world.¹⁹ Results from this survey revealed important information regarding perceived access to and experiences of HTC among MSM.

- Only 48% of respondents reported that free HIV testing is “easily accessible” in their communities.^{III}
- Those in the Global North (Europe, North America, Australia/New Zealand) were much more likely to respond that free HIV testing was “easily accessible” than those in the Global South (Asia, Middle East, Africa, Latin America) (79% vs 40%, $p < .0001$).
- Although 76% of respondents reported ever being tested for HIV, only 40% reported being tested in the last 6 months.
- Those in the Global North were significantly more likely to have ever been tested for HIV than those in the Global South (96% vs 72%, $p < .0001$).

^{III}There were 5 available responses to the question: 1) This is easily accessible in my community; 2) This is available in my community, but it is somewhat hard to access; 3) This is available in my community, but close to impossible to access; 4) This is not available in my community; 5) I have never heard of this.

In regard to oral rapid testing and MSM, a separate study focused on Australian MSM showed that respondents preferred oral rapid testing to blood testing. The overwhelming majority of study participants indicated they would test more regularly if oral rapid testing were available.²⁰ This may be important for health ministries and community groups to consider as they weigh fiscal costs, logistical requirements, and client responsiveness to assess various testing strategies.

Conclusions

In order to improve access to and uptake of HTC among gay men and other MSM, the following efforts are needed:

- Address HIV stigma, homophobia, criminalization of homosexuality, and other unsupportive policies
- Improve health care infrastructure and training of health care workers
- Train and sensitize health care workers to the needs of gay men and other MSM

Civil society and donor organizations must support local organizations of gay men and other MSM to implement and scale up high-quality community-based HIV testing. It is important to ensure confidentiality, privacy, adequate pre- and post-test counseling support, and linkages to care and treatment. This requires strong coordination among organizations and stakeholders, as well as considerable political will. In the near term, more research on rapid testing and other point-of-care diagnostics is needed to assess the feasibility and acceptability of these interventions for gay men and other MSM.

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