

Roundtable on Scaling
Up HIV Testing

INTRODUCTION

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Given current efforts around the globe to scale up HIV testing, this issue of *Health and Human Rights* with its focus on emerging issues in HIV/AIDS and human rights provides an opportune time to surface the debates that exist around the benefits and approaches to scaling up testing — and ultimately to suggest areas that ought to be considered in any future scale-up efforts. The crucial need to scale up HIV testing is undisputed; divergence exists with respect to the ultimate purpose of HIV testing, priorities in the ways that HIV testing ought to be practiced within different settings, the role that attention to human rights can usefully play in these efforts, and ultimately the extent to which voluntary counseling and testing (VCT) remains the most effective approach to HIV testing. The public health goals of scaling up testing in the current context have been fairly well defined, but the methods that are to be applied to achieve these goals have not.

Partially driven by the fact that treatment is becoming more widely available, the VCT model that includes both pre- and post-test counseling and requires an individuals' in-

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formed choice to be tested is increasingly being questioned. In the early years of HIV, members of affected communities and public health professionals recognized that HIV testing must be voluntary and that informed choice was central to creating a climate of confidence and trust between the person being tested and service providers. The pressures that existed at the time to make HIV testing mandatory were curbed as most public health professionals came to understand that voluntary counseling and testing was a necessary and central component of the response to HIV/AIDS. It has remained so to this day.

The current move away from VCT in large-scale HIV testing efforts is attributable to a range of factors and frustrations. While treatment is finally starting to become more readily available, a fraction — perhaps 5% — of People Living with HIV in developing countries are currently aware of their infection status. Further, VCT has not been sufficiently emphasized in many national responses to AIDS; and even when VCT services do exist, there is generally low demand, and where successful efforts do exist, these have not been sufficiently replicated. Finally, there appears to be a genuine belief by some actors engaged in the response to HIV and AIDS that a change in testing strategies is needed as part of a larger effort to make the treatment of HIV similar to that of other diseases, and thereby contribute to the “normalization” HIV.

Public health and human rights considerations each require that HIV testing be scaled up in ways that ensure that people can most effectively get the services they need and stay connected to those services. Botswana with its stated “routine” HIV testing policy has received sustained attention of late, but similar changes in testing policy and practice are occurring throughout sub-Saharan Africa and around the globe. While the need to move towards provider-initiated approaches is almost universally accepted and all agree that “the 3 Cs” (counseling, confidentiality, and consent) remain the underlying conditions for any HIV testing, the definition, interpretation, and implementation of “routine” “opt-in” and “opt-out” appear to vary widely, and questions of abuse are increasingly surfacing. The language

of “routine testing” is increasingly overshadowing VCT as the terminology of choice in policy and programmatic efforts towards scaling up the response to AIDS; however, any change in testing practice must be considered with attention to this ultimate goal. UNAIDS/WHO recently put out a policy statement on HIV testing that attempts to clarify these matters, stating in particular that provider-initiated testing concerns “routinely initiating an offer of HIV testing.”¹ Nonetheless, opinions vary widely about whether the fact that testing is provider-initiated means that in order to be tested a client has to specifically agree to a test or simply not decline to be tested.

Today, few would dare claim mandatory HIV testing in the health care setting as an acceptable option. There is nonetheless a highly politicized discourse that often appears to pit public health goals against human rights norms. Recognizing the critical need to re-center the debate onto something that will move forward towards scale-up efforts that are sound public health and human rights practice, we invited a group of experts with diverse opinions and perspectives to contribute to this roundtable forum, with a focus on Botswana specifically and sub-Saharan Africa more generally. We have asked them to critically explore past, current, and future practice and ultimately the role that attention to human rights can usefully play in these efforts. The imperative to scale up HIV testing is essential. The question is how? While not providing solutions, the following contributions raise a series of issues for consideration, and the final selection which summarizes the deliberations of the UNAIDS Reference Group on HIV/AIDS and Human Rights attempts to suggest key factors that should be addressed simultaneously in any scale-up efforts.

References

1. UNAIDS, WHO, *UNAIDS/WHO Policy Statement on HIV Testing* (Geneva: 2004). Available at <http://www.who.int/hiv/pub/vct/en/hivtestingpolicy04.pdf>