HIV testing and counselling should be recommended by the health care provider as part of the normal standard of care provided to the patient, regardless of whether the patient shows signs and symptoms of underlying HIV infection or the patient's reason for presenting to the health facility.

4.2.2 Priorities for implementation

In generalized epidemics, resource and capacity constraints may require a phased implementation of provider-initiated HIV testing and counselling, with certain health facilities or patient groups initially selected as priorities. Selection of priority health facilities or patient groups should be guided by an assessment of the local epidemiological and social context. The key steps in making such an assessment are described in Section 8.

The following should be considered priorities for the implementation of provider-initiated HIV testing and counselling in generalized epidemic settings:

- **Medical inpatient and outpatient facilities, including tuberculosis clinics**

In generalized epidemics, hospital medical wards usually have a high concentration of patients with HIV who would benefit from diagnosis, treatment and care. Because not everyone with severe HIV-associated immunodeficiency has obvious clinical symptoms or signs of disease, HIV testing and counselling should be recommended to all patients admitted to hospitals and other inpatient facilities in generalized epidemic settings. This includes patients suspected of having, diagnosed with or being treated for tuberculosis.

Although outpatients are generally less ill than inpatients, HIV testing and counselling should also be recommended to all persons attending medical outpatient facilities in generalized epidemic settings.

- **Antenatal, childbirth and postpartum health services**

HIV testing and counselling as early as possible during pregnancy enables pregnant women to benefit from prevention, treatment and care and to access interventions for reducing HIV transmission to their infants.

A substantial proportion of women present to health facilities at the time of labour without having previously accessed antenatal HIV testing and counselling. Although antiretroviral prophylaxis for PMTCT is most effective when given during pregnancy, labour and in the early postpartum period, it has also been shown to be effective when started at the time of labour and/or in the infant shortly after childbirth. Therefore, HIV testing and counselling should be recommended to all women of unknown HIV status in labour or, if this is not feasible, as soon as possible after delivery[58].

If an HIV test has not previously been performed, HIV testing and counselling should also be recommended to women in the postpartum period, preferably early in this period, to enable them to receive HIV-related services for themselves and the infant, including infant feeding counselling and support[59], and diagnosis of the infant, if appropriate.

Antiretroviral prophylaxis and infant feeding counselling are important interventions for the prevention of mother-to-child HIV transmission, and must be available as part of the standard of care for pregnant women who are diagnosed HIV-positive as a result of provider-initiated HIV testing and counselling. Rapid HIV testing is also important in these settings so that interventions can be delivered in a timely manner.

It is important to ensure that women identified as HIV-negative receive any necessary, immediate support to prevent becoming infected during the course of pregnancy and the breastfeeding period, as the risk of mother-to-child transmission is high if women seroconvert during these times.

Women diagnosed HIV-positive should be encouraged to propose HIV testing and counselling to their male partners. Such testing can be done either in the health facility, for example, following counselling of the couple, or through referral of the partner to client-initiated HIV testing and counselling services.

- **STI services**

In generalized epidemics, HIV is primarily transmitted through heterosexual sex, and the presence of a sexually transmitted infection (STI) can increase the risk of HIV acquisition or transmission. STI clinics are an important venue for increasing knowledge of HIV status among both men and women who are sexually active and increasing access to HIV prevention, treatment and care.

Accordingly, HIV testing and counselling should be recommended to all persons presenting at STI or sexual health services in generalized epidemics, or who present at other types of health services with an STI.

Patients diagnosed with an STI should be encouraged to propose HIV testing and counselling to their partners. Such testing can be done either in the health facility, for example, following counselling of the couple, or through referral of the partner to client-initiated HIV testing and counselling services.

- **Health services for most-at-risk populations**

Specific population groups in all epidemic types are at higher risk for HIV. These may include sex workers and their clients, injecting drug users, men who have sex with men, prisoners, migrants and refugees. These populations often suffer worse health problems and have more difficulty accessing quality health services.

Strategies are needed to increase access to and uptake of HIV testing and counselling for these groups, particularly through innovative client-initiated approaches such as services delivered through mobile clinics, in other community settings, through harm reduction programmes or

through other types of outreach. Prisoners should be able to access client-initiated HIV testing and counselling at any time during incarceration without being subject to mandatory HIV testing. Efforts to expand access to client-initiated HIV testing and counselling for most-at-risk populations should include social mobilization and education initiatives to encourage people to learn their HIV status and to access services.

Because of their special health needs, populations most at-risk for HIV may be more likely to attend specific health services, such as acute care, STI or drug dependence treatment services. Consideration should therefore be given to recommending HIV testing and counselling to all patients who attend those facilities or services if this is epidemiologically appropriate and socially acceptable. Plans for provider-initiated testing and counselling in such settings should prioritize the implementation of a supportive social, policy and legal framework, as described in Section 5.2.

Populations most at-risk of HIV transmission may be more susceptible to coercion, discrimination, violence, abandonment, incarceration or other negative consequences upon disclosure of an HIV-positive test result. Health care providers will usually require special training and supervision to uphold standards of informed consent and confidentiality for these populations. Additional discussion of the right to decline HIV testing, of the risks and benefits of HIV testing and disclosure, and about social support needs may be required. An "opt-in" approach to informed consent may merit consideration for highly vulnerable populations.

Involving most-at-risk populations and their advocates in the development of HIV testing and counselling protocols and in the monitoring and evaluation of provider-initiated HIV testing and counselling programmes will help to ensure that the most appropriate and acceptable practices are followed.

Health services should also ensure that mechanisms are in place for referral to prevention, care and support services provided by community-based organizations and civil society groups[60].

- **Services for younger children (under 10 years of age)**

In generalized epidemics, a substantial proportion of children seen at health facilities is infected with HIV. Children have a more rapid progression of HIV disease than adults and signs and symptoms of HIV-infection are often not specific[61]. Without access to care, at least one quarter of children with HIV die before the age of one year and most die before reaching five years of age. Antiretroviral treatment and/or interventions such as co-trimoxazole prophylaxis markedly reduce child morbidity and mortality, highlighting the importance of early paediatric HIV diagnosis.

HIV testing and counselling should therefore be recommended to all children seen in pediatric health services in generalized epidemic settings.

Special considerations will apply for obtaining informed consent in the case of children (see Section 6).

Because maternal antibodies may persist in exposed infants in the first year of life, antibody testing does not always reliably indicate the HIV status of the child. HIV testing for children less than 18 months of age is ideally undertaken using virological methods wherever possible (see Section 7).

Because parents generally accompany their children during visits to child health services, opportunities will arise to recommend HIV testing and counselling to the parents and siblings of the child, such as through family or couple counselling either in the health facility or through referral to client-initiated HIV testing and counselling services. HIV testing and counselling is especially important for mothers of HIV-infected children and for mothers who were not tested in PMTCT services.

- **Surgical services**

HIV testing simply for knowledge of HIV status by service providers for the purpose of "infection control" is not justified, as standard precautions should be followed for all patients regardless of their HIV status. HIV test results must not be used to deny surgery or clinical services that are otherwise indicated.

Although surgical patients generally have a lower HIV prevalence than non-surgical patients[62], HIV testing and counselling should nevertheless be recommended to all surgical patients attending health facilities in generalized epidemic settings. As in the case of all other people accessing health facilities in generalized epidemic settings, the objective of recommending HIV testing and counselling to surgical patients is to facilitate the timely detection of HIV and to provide the best possible care and support to the patient.

HIV testing and counselling should be recommended to all men seeking circumcision as an HIV prevention intervention.

- **Services for adolescents**

In generalized epidemics, adolescents (10-19 years), particularly girls, are at high risk of acquiring HIV. Adolescent-provider encounters in clinical settings are an opportunity for giving information and counselling about sexual and reproductive health. It is therefore recommended that adolescent health services be considered a priority for the implementation of provider-initiated HIV testing and counselling in generalized epidemics.

Special attention should be given to issues around informed consent in adolescents (See Section 6).

- **Reproductive health services, including family planning**

Knowledge of HIV status may increase a woman's ability to make voluntary and informed decisions about the number, spacing and, timing of pregnancies, including the use of

contraceptive methods. It is therefore recommended that provider-initiated HIV testing and counselling be integrated into reproductive health services in generalized epidemics.

Patients diagnosed HIV-positive in these services should be encouraged to propose HIV testing and counselling to their male partners. Such testing can be done either in the health facility, for example, following counselling of the couple, or through referral of the partner to client-initiated HIV testing and counselling services.

4.3 Provider-initiated HIV testing and counselling in concentrated and low-level HIV epidemics

4.3.1 Recommendation to prioritize provider-initiated testing and counselling for symptomatic patients

Health care providers should **not** recommend HIV testing and counselling to all persons attending all health facilities in settings with low-level and concentrated epidemics, since most people will have a low risk of exposure to HIV. In such settings, the priority should be to ensure that HIV testing and counselling is recommended to all adults, adolescents and children who present to health facilities *with signs and symptoms suggestive of underlying HIV infection*, including tuberculosis; and to children known to have been perinatally exposed to HIV.

If data show that HIV prevalence in patients with tuberculosis is very low, the recommendation of HIV testing and counselling to these patients may not remain a priority.[63]

4.3.2 Options for the implementation of provider-initiated HIV testing and counselling in selected health facilities

Although a country as a whole may have a low HIV prevalence, prevalence and/or risk of transmission may be higher within certain regions, among certain populations or among persons attending certain health facilities. Decisions about whether and how to implement provider-initiated HIV testing and counselling in selected health facilities in low-level and concentrated epidemics should be guided by an assessment of the epidemiological and social context. Based on that assessment, consideration may be given to the implementation of provider-initiated HIV testing and counselling in the following health facilities or services:

- **STI services**

The same considerations apply as in the case of generalized epidemics (see Section 4.2.2, page 24).

- **Health services for most-at-risk populations**

The same considerations apply as in the case of generalized epidemics (see Section 4.2.2, page 24-25).

- **Antenatal, childbirth and postpartum services**

A number of countries with concentrated or low-level epidemics that are aiming to eliminate HIV transmission to children have implemented provider-initiated HIV testing and counselling for all pregnant women.

Other countries – particularly those with very limited resources – have not implemented PMTCT programmes and are focusing on other priorities. Decisions about whether to make provider-initiated HIV testing and counselling part of such services in low-level and concentrated epidemics need to be based on an assessment of local resources and the epidemiological and social context. Recommending HIV testing and counselling may be appropriate for pregnant women identified as being at higher risk of HIV exposure according to national or local criteria.

However, all countries should address mother-to-child transmission in national HIV/AIDS plans, even if only some elements of a comprehensive PMTCT programme can initially be included. Information about MTCT and HIV testing and counselling should also be given to pregnant women during antenatal information sessions.

Health care providers should **not** recommend HIV testing and counselling for all children in pediatric services in concentrated or low-level epidemics. HIV testing and counselling be targeted to children with symptoms, signs or conditions potentially associated with HIV, or those known to have been exposed.

4.4 Summary of recommendations

ALL EPIDEMIC SETTINGS

HIV testing and counselling should be recommended in all health facilities to:

- *Adults, adolescents, or children who present in clinical settings with signs and symptoms or medical conditions that could indicate HIV infection, including tuberculosis*.*
- *HIV-exposed children or children born to HIV-positive women.*
- *Children with suboptimal growth or malnutrition or malnourished children, in generalized epidemics, who are not responding to appropriate nutritional therapy.*
- *Men seeking circumcision as an HIV prevention intervention.*

* If data show that HIV prevalence in patients with tuberculosis is very low, the recommendation of HIV testing and counselling to these patients may not remain a priority.

GENERALIZED EPIDEMIC SETTINGS

HIV testing and counselling should additionally be recommended to all patients in all health facilities, including medical and surgical services, public and private facilities, inpatient and outpatient settings and mobile or outreach medical services.

In the case of phased implementation of provider-initiated HIV testing and counselling, an approximate order of priority, depending on local conditions, may be as follows:

- *Medical inpatient and out patient facilities, including TB clinics*
- *Antenatal, childbirth, and postpartum health services*
- *STI services*
- *Services for most-at-risk populations*
- *Services for children under 10 years of age*
- *Services for adolescents*
- *Surgical services*
- *Reproductive health services, including family planning*

CONCENTRATED AND LOW-LEVEL EPIDEMIC SETTINGS

Implementation of provider-initiated HIV testing and counselling should additionally be considered in:

- *STI services*
- *Services for most-at-risk populations*
- *Antenatal, childbirth, and postpartum health services*
- *TB services*

5. ENSURING AN ENABLING ENVIRONMENT

Provider-initiated HIV testing and counselling should be implemented with the objective of maximizing the health and well-being of individuals through the timely detection of HIV, prevention of HIV transmission and subsequent access to appropriate HIV prevention, treatment, care and support services. Implementation of provider-initiated HIV testing and counselling must include measures to prevent compulsory testing and unauthorized disclosure of HIV status, and potential negative outcomes of knowing one's HIV status. Potential negative outcomes include discriminatory attitudes of health care providers; financial burden associated with testing and/or unauthorized disclosure of an individual's HIV status resulting in discrimination or violence. Women may be more likely than men to experience discrimination, violence, abandonment or ostracism when their HIV status becomes known. Although a synthesis of studies on disclosure of HIV status among women in developing countries reported positive outcomes related to disclosure in most cases[64], disclosure-related violence does occur and preventive measures must be taken[65].

Positive outcomes are most likely when HIV testing and counselling is confidential and is accompanied by counselling and informed consent, staff are adequately trained, the person undergoing the test is offered or referred to appropriate follow-up services and an adequate social, policy and legal framework is in place to prevent discrimination.

5.1 Recommended HIV-related services

Provider-initiated HIV testing and counselling should be accompanied by the recommended package of HIV-related prevention, treatment, care and support services shown in Table 1. Although not all the services need necessarily be available in the same facility as where the HIV test is performed, they should be available through local referral.

Although access to antiretroviral therapy is expanding, in many settings it is not yet available. The package of care and support services described in Table 1 may nevertheless provide significant health benefits for people who are diagnosed HIV-positive. Although access to antiretroviral therapy should not be an absolute prerequisite for the implementation of provider-initiated HIV testing and counselling, there should at least be a reasonable expectation that it will become available within the framework of a national plan to achieve universal access to antiretroviral therapy for all who need it.

Antiretroviral prophylaxis and infant feeding counselling are important interventions for the prevention of mother-to-child transmission. These interventions must be available as part of the standard of care for pregnant women who are diagnosed HIV-positive through provider-initiated HIV testing and counselling.

Provision of extensive prevention services may not be feasible or required for all people who test HIV-negative in many resource-limited health facilities. However, in most cases, these can be made available through referral to community-based or other appropriate services.

Table 1: **HIV-related services recommended for implementation of provider-initiated HIV testing and counselling in health facilities**

- ***Individual or group pre-test information***
- ***Basic prevention services for persons diagnosed HIV-negative:***
  - *Post-test HIV prevention counselling for individuals or couples that includes information about prevention services*
  - *Promotion and provision of male and female condoms*
  - *Needle and syringe access and other harm reduction interventions for injecting drug users*
  - *Post-exposure prophylaxis, where indicated*
- ***Basic prevention services for persons diagnosed HIV-positive:***
  - *Individual post-test counselling by a trained provider that includes information about and referral to prevention, care and treatment services, as required*
  - *Support for disclosure to partner and couples counselling*
  - *HIV testing and counselling for partners and children*
  - *Safer sex and risk reduction counselling with promotion and provision of male and female condoms*
  - *Needle and syringe access and other harm reduction interventions for injecting drug users*
  - *Interventions to prevent mother-to-child transmission for pregnant women, including antiretroviral prophylaxis*
  - *Reproductive health services, family planning counselling and access to contraceptive methods*
- ***Basic care and support services for persons diagnosed HIV-positive:***
  - *Education, psychosocial and peer support for management of HIV*
  - *Periodic clinical assessment and clinical staging*
  - *Management and treatment of common opportunistic infections*
  - *Co-trimoxazole prophylaxis*
  - *Tuberculosis screening and treatment when indicated; preventive therapy when appropriate*
  - *Malaria prevention and treatment, where appropriate*
  - *STI case management and treatment*
  - *Palliative care and symptom management*
  - *Advice and support on other prevention interventions, such as safe drinking water*
  - *Nutrition advice*
  - *Infant feeding counselling*
  - *Antiretroviral treatment, where available*

5.2 Supportive social, policy and legal framework

At the same time as provider-initiated HIV testing and counselling is implemented, equal efforts must be made to ensure that a supportive social, policy and legal framework is in place to maximize positive outcomes and minimize potential harms to patients.

5.2.1 Basic elements

The following elements of a social, policy and legal framework should be in place to support the implementation of provider-initiated HIV testing and counselling in health facilities:

- **Community preparedness and social mobilization**

Public information campaigns should be conducted to raise community awareness about HIV/AIDS; promote the rights of people living with HIV/AIDS and the benefits of knowing and disclosing one's HIV status; and provide information about the available services for HIV testing, prevention, care and support. People living with HIV/AIDS and affected communities should be involved in the formulation, implementation and monitoring of such campaigns.

- **Adequate resources and infrastructure**

Policy-makers and planners should anticipate the additional resources required for the implementation of provider-initiated HIV testing and counselling in health facilities, including for training, clinical infrastructure and the purchase of commodities such as HIV test kits and other clinical supplies.

WHO and UNAIDS recommend that, to the extent possible, provider-initiated HIV testing and counselling should not involve any additional costs for patients at the point of service delivery. Resources allocated to the implementation of provider-initiated HIV testing and counselling should not be diverted from other needed services, including client-initiated approaches to HIV testing and counselling.

Adequate clinical infrastructure must also be available, including adequate private consulting rooms and lockable storage for medical records. Additional resources may be needed to assist community-based organizations in providing follow-up counselling, support and other services.

- **Health care provider training**

A major investment required for the implementation of provider-initiated HIV testing and counselling is likely to be in the training and ongoing supervision of health care providers and administrators.

A redistribution of health worker responsibilities (task-shifting) in health facilities may help to overcome chronic staff shortages in some settings. This may entail identifying appropriately skilled

lay personnel who can receive training and remuneration to carry out HIV testing and counselling activities under the supervision of health care professionals with more specialized expertise. People living with HIV/AIDS, AIDS service organizations and other community-based organizations and civil society groups can provide an important source of skilled lay personnel. In some settings, expanding the types of health workers who are authorized to carry out HIV testing and counselling, including rapid HIV testing, may require a review of local laws and regulations.

Training programmes for personnel who will perform HIV testing and counselling in health facilities, as well as for other staff who deal with clients in health services, should be developed and implemented well in advance of the implementation of provider-initiated HIV testing and counselling. Training should be based on protocols which specifically address the following key areas:

- *Ensuring an ethical process for obtaining informed consent*

  Guidance and ongoing supervision must be provided to health care providers on the process of obtaining informed consent. Patients must receive adequate information on which to base a personal and voluntary decision whether or not to consent to the test, and be given an explicit opportunity to decline a recommendation of HIV testing and counselling without coercion. More detailed guidance on the process of obtaining informed consent appears in Section 6.

- *Protecting confidentiality and privacy*

  Training must emphasize that health care providers have a responsibility to maintain the confidentiality of HIV test results. The fact that the patient has provided informed and voluntary consent to an HIV test, and the test result, should be documented in patient records. Clinical care can be undermined by not recording HIV results or not communicating results to other health care providers responsible for patient care.

  Medical records, including test results, should only be shared with health care professionals who have a direct role in the ongoing management of the patient. These principles apply to both verbal and written communications. Patients should be offered advice on the safe-keeping of patient-held records, such as antenatal care (ANC) cards and child health cards.

  Privacy must also be ensured. For example, informed consent should be sought and given in a private setting and post-test counselling for an HIV-positive patient and other communications relating to HIV status should take place away from other patients or staff not involved with that patient's care.

  Medical records administrators may need to receive specific training in the appropriate handling of medical records in clinical settings where HIV testing and counselling is performed.

– *Avoiding stigma and discrimination in the health facility*

People living with or who are suspected of having HIV frequently report mistreatment or discrimination on the part of health care providers. The implementation of provider-initiated HIV testing and counselling provides an opportunity to raise awareness about HIV/AIDS and human rights issues among health care providers and administrators and reinforce their adherence to appropriate standards of practice.

Staff interacting with patients should receive specific training and ongoing supervision to address the needs of people living with and at-risk for HIV. It should be standard practice to treat all patients decently, with respect and without discrimination on the basis of HIV status or risk behaviours, and to help patients address potential negative social consequences of HIV testing. Involving people living with HIV, members of at-risk populations and their advocates in training sessions for health care providers on these issues is strongly recommended.

– *Patient referral*

Health care providers will require training on the referral needs of patients, their partners and family members and the services that are available locally to provide follow-up and support, including the availability of client-initiated HIV testing and counselling services.

- **Codes of conduct and methods of redress**

Health facilities should develop codes of conduct for health care providers and methods of redress for patients whose rights are infringed. Consideration should be given to the appointment of an independent ombudsman or patient advocate to whom breaches of HIV testing and counselling protocols and codes of conduct can be reported.

- **A strong monitoring and evaluation system**

A system that monitors the implementation and scale-up provider-initiated testing and counselling should be developed and implemented concurrently. This is discussed in more detail in Section 9.

5.2.2 Other measures

Although the following measures may not be prerequisites for the implementation of provider-initiated HIV testing and counselling, they should be addressed as part of national plans to scale up HIV testing and counselling and to achieve universal access to HIV prevention, treatment, care and support:

- **Social and legal interventions**

Optimal delivery of provider-initiated HIV testing and counselling in the long term requires that laws and policies against discrimination on the basis of HIV status, risk behaviour and gender

are in place, monitored and enforced. These include legal and social protections which enhance privacy, autonomy and gender equality. Implementing these broad social and legal protections is the responsibility of diverse stakeholders, including parliamentarians, ministries of the interior, health and justice and civil society groups67, emphasizing the need for multisectoral commitment to scaling up provider-initiated HIV testing and counselling.

- **Voluntary disclosure and ethical partner notification and counselling**

UNAIDS and WHO encourage voluntary disclosure of HIV status and ethical partner notification and counselling. This may require national policies and public health legislation authorizing partner notification in clearly defined circumstances, as well as the promotion of professional ethical codes among health care and social service providers. While beyond the scope of this document, these issues are comprehensively addressed in the UNAIDS/WHO publication *Opening up the HIV/AIDS epidemic: Guidance on encouraging beneficial disclosure, ethical partner counselling & appropriate use of HIV case-reporting*.[68]

6. PROCESS AND ELEMENTS

6.1 Pre-test information and informed consent

Providers of client-initiated HIV testing and counselling typically conduct an education session and a risk assessment, with a primary focus on prevention counselling for clients both prior to and after receiving their test results.

In many health facilities, providers do not have the time to perform a detailed risk assessment. Because the objective of provider-initiated HIV testing and counselling in health facilities is the timely detection of HIV and access to health care services, pre-test information can be simplified. For example, individual risk assessment and risk reduction plans can be covered during post-test sessions, rather than in the pre-test information session, tailored to patient's HIV status.

Depending on local conditions, pre-test information can be provided in the form of individual information sessions or in group health information talks. Informed consent should always be given individually, in private, in the presence of a health care provider.

6.1.1 Minimum information for informed consent

When recommending HIV testing and counselling to a patient, the health care provider should at a minimum provide the patient with the following information:

- The reasons why HIV testing and counselling is being recommended
- The clinical and prevention benefits of testing and the potential risks, such as discrimination, abandonment or violence
- The services that are available in the case of either an HIV-negative or an HIV-positive test result, including whether antiretroviral treatment is available
- The fact that the test result will be treated confidentially and will not be shared with anyone other than heath care providers directly involved in providing services to the patient
- The fact that the patient has the right to decline the test and that testing will be performed unless the patient exercises that right
- The fact that declining an HIV test will not affect the patient's access to services that do not depend upon knowledge of HIV status
- In the event of an HIV-positive test result, encouragement of disclosure to other persons who may be at risk of exposure to HIV
- An opportunity to ask the health care provider questions.

Patients should also be made aware of relevant laws in jurisdictions that mandate the disclosure of HIV status to sexual and/or drug injecting partners.

Verbal communication is normally adequate for the purpose of obtaining informed consent. Jurisdictions that require consent to be given in writing are encouraged to review this policy.

Some patient groups, such as populations most at-risk of HIV transmission and women, may be more susceptible to coercion to be tested and to previously discussed adverse outcomes. In such cases, additional measures to ensure informed consent may be appropriate beyond the minimum requirements defined in this document. The health care provider may need to particularly emphasize the voluntary nature of the test and the patient's right to decline it. Additional discussion of the risks and benefits of HIV testing and disclosure of HIV status, and providing further information about the social support that is available to the patient, may also be appropriate.

6.1.2 Additional information for women who are or may become pregnant

In addition to the information set out in 6.1.1, pre-test information for women who are or may become pregnant should include:

- The risks of transmitting HIV to the infant
- Measures that can be taken to reduce mother-to-child transmission, including antiretroviral prophylaxis and infant feeding counselling
- The benefits to infants of early diagnosis of HIV.

6.1.3 Special considerations for children

According to the UN Convention on the Rights of the Child, "the best interests of the child shall be a primary consideration" in all actions concerning children. This includes decision-making about medical care. As with all other patients, the purpose of HIV testing and counselling should always be to promote the best interests and optimal health outcomes for the child. HIV testing and counselling for children involve special considerations, however, and specific national policies may need to be developed.

As minors, children cannot legally provide informed consent. However, children have the right to be involved in all decisions affecting their lives and to make their views known according to their level of development. Every attempt should be made to explain to the child what is happening and to obtain her/his assent. Informed consent from the child's parent or guardian *is* required.

Where a child is extremely disadvantaged because he or she is orphaned, abandoned, undocumented, a survivor of trauma or affected by mental or intellectual disability, he or she may be at increased risk of discrimination, exploitation and unfavourable access to health care. HIV testing and counselling should be recommended for such children where the criteria of apparent HIV-related illness are satisfied, or maternal HIV-positive status is known. As with all patients, HIV testing should only be offered for the purpose of providing the child with appropriate HIV-related treatment, care and support.

Where there is no parent or legal guardian available to provide informed consent, health care providers should seek informed consent from an individual (sometimes known as a "substitute decision-maker" or "surrogate decision-maker") who has authority under the law to make a decision based on the best interests of the child.

The majority of children acquire HIV through mother-to-child transmission and a positive result in a child (serological or virological), in most instances indicates maternal infection and, possibly, paternal infection. HIV testing and counselling should therefore be recommended to parents and siblings of HIV-infected children, where possible and appropriate, in the form of couples or family HIV counselling and testing. Mothers should be specially informed that a negative test in the child does not mean that the mother is not HIV-infected[69].

Health care providers must be adequately equipped to deal with the needs of children. For example, counselling children requires skills that differ from adult and adolescent counselling, including the ability to assess maturity and use age-appropriate language.

6.1.4 Special considerations for adolescents

In most countries, the median age of sexual debut for adolescents is earlier than the age of legal majority, and many adolescents do not have independent access to HIV prevention services. With regard to sexual and reproductive information, including on family planning, the Committee on the Rights of the Child has stated in General Comment 4 (Adolescent Health and Development) that governments should ensure that adolescents have access to appropriate information regardless of their marital status and whether or not parents or guardians consent, and should remove all barriers to health services, including those relating to HIV prevention. For these reasons, WHO and UNAIDS encourage countries to provide adolescents with independent access to HIV prevention, treatment, care and support.

National and local laws may or may not stipulate precisely the age of majority for independent access to health services, or the age at which adolescents are allowed to give their own consent may vary for different procedures. For example, adolescents may be able to consent to be tested for HIV or receive condoms at a younger age than they can consent to surgical procedures. Many countries make allowances for groups of adolescents designated 'mature' or 'emancipated' minors (e.g. those who are married, pregnant, sexually active, living independently or who are themselves parents) which enable them to provide consent for themselves for some services.

Governments should develop and implement clear legal and policy frameworks that stipulate 1) the specific age and/or circumstances in which minors may consent to HIV testing for themselves or for others (as in the case of child-headed households) and 2) how the assent of and consent for adolescents should best be assessed and obtained. Efforts to expand provider-initiated HIV testing and counselling in health facilities should include training and supervision for health care providers on laws and policies governing the consent for minors to access clinical services, including when they can and cannot recommend an HIV test to an adolescent independent of the consent of the adolescent's parent or legal guardian.

Where the law does not allow a sufficiently mature adolescent to give his or her own informed consent to an HIV test, the health care provider should provide an adolescent patient with the opportunity to assent to HIV testing and counselling in private, without the presence or knowledge of his or her parents or legal guardians. The pre-test information should be adapted to the

patient's age, developmental stage and literacy level. If the adolescent provides assent, indicating that he or she understands the risks and the benefits of HIV testing and would like to receive the test, then the health care provider should seek the informed consent of the parent or legal guardian.

In some situations, a parent or legal guardian may not be available to give consent on the adolescent's behalf. The health care provider may need to assess whether an adolescent can request and consent to testing alone. The provider must always work within the framework of local or national laws and regulations and be guided by the best interests of the patient.

6.1.5 Seriously ill patients

Critically ill or unconscious patients may not be able to provide informed consent to HIV testing and counselling. In such circumstances, consent should be sought from the patient's next-of-kin, guardian or other caregiver. In the absence of such a person, health care providers should act according to the best interests of the patient concerned.

6.1.6 Follow-up where a test is declined

Declining an HIV test should not result in reduced quality or denial of services, coercive treatment or breach of confidentiality, nor should it affect a person's access to health services that do not depend on knowledge of HIV status. Individuals declining the test should be offered assistance to access either client-initiated or provider-initiated HIV testing and counselling in the future.

The patient's decision to decline the HIV test should be noted in the medical record so that, at subsequent visits to the health facility, a discussion of HIV testing and counselling can be re-initiated.

6.2 Post-test counselling

Post-test counselling is an integral component of the HIV testing process. All individuals undergoing HIV testing must be counselled when their test results are given, regardless of the test result. Given that many inpatient and outpatient facilities are crowded, care should be taken to discuss results and follow-up care in a confidential manner. Results should be given to patients in person by health care providers or by trained lay personnel. Ideally, post-test counselling should be provided by the same health care provider who initiated HIV testing and counselling. Results should not be given in group settings.

It is not acceptable practice for health care providers to recommend HIV testing and counselling to patients and to subsequently withhold or fail to convey test results. Although patients can refuse to receive or accept results of any test or investigation, health care providers should make every reasonable attempt to ensure that patients receive and understand their test results in a confidential and sympathetic manner.

6.2.1 Post-test counselling for HIV-negative persons

Counselling for individuals with HIV-negative test results should include the following minimum information:

- An explanation of the test result, including information about the window period for the appearance of HIV-antibodies and a recommendation to re-test in case of a recent exposure
- Basic advice on methods to prevent HIV transmission
- Provision of male and female condoms and guidance on their use.

The health care provider and the patient should then jointly assess whether the patient needs referral to more extensive post-test counselling session or additional prevention support, for example, through community -based services.

6.2.2 Post-test counselling for HIV-positive persons

The focus of post-test counselling for people with HIV-positive test results is psychosocial support to cope with the emotional impact of the test result, facilitate access to treatment, care and prevention services, prevention of transmission and disclosure to sexual and injecting partners. Health care providers should:

- Inform the patient of the result simply and clearly, and give the patient time to consider it
- Ensure that the patient understands the result
- Allow the patient to ask questions
- Help the patient to cope with emotions arising from the test result
- Discuss any immediate concerns and assist the patient to determine who in her/his social network may be available and acceptable to offer immediate support
- Describe follow-up services that are available in the health facility and in the community, with special attention to the available treatment, PMTCT and care and support services
- Provide information on how to prevent transmission of HIV, including provision of male and female condoms and guidance on their use
- Provide information on other relevant preventive health measures such as good nutrition, use of co-trimoxazole and, in malarious areas, insecticide-treated bed nets
- Discuss possible disclosure of the result, when and how this may happen and to whom
- Encourage and offer referral for testing and counselling of partners and children
- Assess the risk of violence or suicide and discuss possible steps to ensure the physical safety of patients, particularly women
- Arrange a specific date and time for follow-up visits or referrals for treatment, care, counselling, support and other services as appropriate (e.g. tuberculosis screening and treatment, prophylaxis for opportunistic infections, STI treatment, family planning, antenatal care, opioid substitution therapy, and access to sterile needles and syringes).

6.2.3 Post-test counselling for HIV-positive pregnant women

In addition to the information described in Section 6.2.2, post-test counselling for pregnant women whose test result is HIV-positive should address the following:

- Childbirth plans
- Use of antiretroviral drugs for the patient's own health, when indicated and available, and to prevent mother-to-child transmission
- Adequate maternal nutrition, including iron and folic acid
- Infant feeding options and support to carry out the mother's infant feeding choice
- HIV testing for the infant and the follow-up that will be necessary
- Partner testing.

6.3 Referral to other HIV services

HIV test results must be communicated with an explanation of the prevention, treatment, care and support services available to the patient. Programmes for other chronic illnesses and community-based HIV prevention, treatment, care and support services are especially important resources and it is important to establish and maintain collaborative mechanisms with them.

At a minimum, referral should include providing the patient with information about whom to contact as well as where, when and how to contact them. Patient referral works best if the health care provider makes contact in the presence of the patient and schedules an appointment, making note of the contact and the organization in the patient's file. Staff within the referral network need to routinely inform each other of changes in personnel or processes which could impact upon the referral of patients.

6.4 Frequency of testing

How often patients are re-tested will depend on the continued risks taken by the patient, the availability of human and financial resources and HIV incidence in the setting.

Re-testing every 6-12 months may be beneficial for individuals at higher risk of HIV exposure, such as persons with a history of STI, sex workers and their clients, men who have sex with men, injecting drug users and sex partners of people living with HIV. Additional research is needed in diverse settings with varying HIV epidemiology to determine the optimum interval between HIV tests for specific populations.

Risks of HIV transmission to the infant are very high if the mother acquires HIV during pregnancy or while breastfeeding. HIV-negative women should be tested as early as possible in each new pregnancy, particularly in high-prevalence settings and in the case of women who are at high risk of HIV exposure.

Repeat testing late in pregnancy should also be recommended to HIV-negative women in generalized epidemic settings.

HIV testing and counselling should generally be recommended to patients where doubt exists about the patient's prior testing history or the accuracy or veracity of prior test results.

It is important that regular HIV testing does not become a substitution for prevention behaviours. Health care providers should emphasize that people should sustain safer behaviour.