BORDERNET Evaluation Conference
15. – 17. November 2007, Zielona Góra, Poland

Protocol from Panel Discussion B

HIV Voluntary Counselling and Testing, achievements and challenges

Friday, 16.11.2007, 14:30 – 16:00

Moderation: Sabine Kaschubowski (Aids-Hilfe Potsdam), Tzvetina Arsova Netzlemann (SPI Research)
Contributors: Kathrin Bever, Joanna Dec, Helmut Pietschmann, Małgorzata Kłys-Rachwalska
Participants: Anita Wnuk, Waclawa Haake, Nadja Gaun, Agnieska Felinska, Miran Solinc, Evita Leskovsek, Jury Kalikov, Irina Mironova, Maryana Sluzhynska, Marta Vasylev, Dejan Travica, Karla Muskovic, Silvia Vasileva, Corina Marculescu, Tatjana Böhm, Susann Maschler, Stefanie Schumacher, Thomas Wilke, Samanta Sokolowski
Minutes: Tzvetina Arsova Netzelmann

The moderator Sabine Kashubowski welcomed the participants and made a brief introduction to the topic of discussion. She outlined several reasons, which make the HIV VCT an important component of the HIV/AIDS prevention. Among others she mentioned that the VCT lowers the HIV test threshold, and the timely testing and diagnostic of HIV has special importance due to the improved treatment opportunities. The identification of new HIV cases in time opens an entry gate to an in time and better professional medical and social assistance and further risk reduction for the affected persons. Besides the HIV test and counselling have an implication for the promotion of safer sex and safer drug use through the outline of individual risk reduction plans.
Following Mrs Kaschubowski made reference to the small scale survey on VCT, which was conducted in the frame of BORDERNET in the six partner countries. Based on the analysis of the problems and difficulties identified by the survey several regions developed concepts for (further) training of professionals, which were partly implemented already. The moderator depicted then 3 main topics of discussion and formulated first questions.

1. **Access to HIV test and counselling.**

The BORDERNET KAB survey among the group of young adults showed some conspicuous results in this regard. A large group of young people (with unproportionately high number of Germans among them) do not dispose at information about the accessibility of a free of charge and anonymous HIV test. Given that in Germany the public health offices (Gesundheitsamt) are the main places to offer HIV test free of charge and anonymous the issue of concern was as follows:

Q: How can the public health services become better known and how can they extend their scope of reach?
Małgorzata Kłys-Rachwalska from MRI (Poland) referred to the Polish national system of VCT, based on a rather comprehensive concept of the National AIDS Centre (NAC) for training, certification, monitoring and supervision of the VCT activities on centralized level. Availability however does not all times mean good accessibility. Therefore the next question focused on the scope of reach and target groups covered by the HIV testing points in Poland. The webpage of the NAC in Warsaw has the main task to advertise the 21 testing points.

The access to HIV test should be tailored according to the specific features and needs of the clients' groups. The next question referred to the specific HIV test counselling experience of the AIDS-Hilfe Vienna (AHW).

Q: How can one testing point offer specific counselling to several specific clients' groups?
Helmut Pietschmann from MRIII (Austria) pointed out that the counselling unit of AHW is attended most often by clients belonging to the group of MSM. Therefore the specific counselling needs are related to sexual transmission risks of HIV and the co-infection risk for other STIs.

Q: Do special target groups need special testing places?
Another question, which Dr. Pietschmann answered affirming. Special testing places help the clients' groups to feel "in good hands", but the major problem according to the contributor was how to apply the counselling requirements in the reality of the various testing settings. Referring back to the typical medical settings in Austria offering HIV test (clinics to GPs) the contributor pointed out that there is lack of know-how concerning counselling among the medical specialists.

Q: Are there experiences with different approaches for further training of medical doctors?
Dr. Pietschmann referred to several networks of medical specialists in Austria, which offer information, but he stressed that the upgrade of counselling competence relies completely on the voluntary decision and motivation of the professionals, as the HIV VCT in Austria is stipulated by a law, but the procedures for competence and quality assurance of those who practise it – not.

AHW initiated in this respect a good practice with a further training VCT expert seminar, which took place in Linz in September 2007. More than 30 participants (from the regional AIDS-Hilfe, private labs and some physicians) got together and exchanged experience and difficulties in the application of the VCT standards in practice. One of the outcomes of the seminar was the recommendation to integrate VCT and the related counselling topics as part of the medical education of the future specialists.

2. **Content of the training programmes on VCT**

Joanna Dec from UNZG, which hosts one of the 21 Polish HIV testing points described several of the most important topics handled by the training programme for VCT counsellors: *quality of the relationship counsellor-client; creation of confidential atmosphere allowing for personal sharing, working with difficult clients* etc.

Further issue of discussion was the quality assurance and the control over the content of training and subsequently of counselling. The Polish contributor described the somewhat unusual procedure adopted by the NAC in Warsaw, according to which the examiners pay secret visits to the HIV testing points disguised as clients in order to check the quality of the real-time counselling sessions.

In response the German experts explained that there are no unified standards for counselling and VCT certificate in the country, only recommendations to apply VCT concept depending on the federal province level.

Kathrin Bever from MR I (Germany) drew upon the recent experience of a cross-border VCT training seminar for German and Polish experts conducted in Germany. The majority of the participants stated positive attitudes towards certification in the field of VCT at national level. This is seen as a unified measure for quality assurance in a situation in which lots of professionals mean to offer counselling, which may in reality be harmful rather then helpful.

An increased risk for the quality of counselling and the way the contents are being handled is seen particularly viewing the counsellors from the public health sector. Given the overstressed staff and the scarce time resources in the public health units, the quality of counselling is deemed to suffer insufficiencies. Major obstacles are considered in the lack of financial resources for external training (offered usually by professional NGOs, e.g. AIDS-Hilfe). On the other hand the NGOs disposing at counselling expertise are not eligible to offer the HIV test. The AIDS-Hilfe organisations and the

street work prevention teams have much wider scope of reach than the traditional public health offices, as they offer lower restrain thresholds to the attending clients.

Tzvetina Arsova Netzelmann summarised the parallels drawn in the discussion so far. Namely, the Polish model experience with high quality standards of VCT bases on the one hand on selection of HIV testing points predominantly among NGOs with special profile on counselling and prevention services and on execution of financial control as quality monitoring on the other. Such a centralised model can however be hardly implemented in country contexts with broad horizontal structures, which do not dispose at one national HIV VCT referent point.

Q: Do NGOs conduct the HIV test or do they offer only counselling?
Opening the discussion to further exchange of experience the participants from Croatia shared that NGOs in their country can offer only harm reduction and counselling services but no HIV test. The next questions concerned the availability and application of rapid HIV tests and the specifics of the counselling in such a testing situation.

3. HIV VCT and outreach work

Q: What are the possibilities to offer counselling in the frame of outreach work?
The moderator referred back to the standards of counselling, which go beyond the scope of services offered during outreach work. How can professionals act in a professional way and reduce their intervention aims, whereas they do not reduce the quality of the support and counselling? Can counselling concept fit at all in the narrow frame of street-work in prostitution milieus per example was a topic of lively discussion.

Most of participants and contributors agreed that the street work offers a chance for personal contact outside the environment of state institutions perceived sometimes as hostile to start with. Immediate information and referral to respective diagnostic and counselling services is being offered but counselling can very seldom be achieved in passing. Joanna Dec and Waclawa Haake from MR II affirmed that depicting experience from outreach work among prostitutes in border areas. The low threshold of the setting does permit only for spread of information and prevention messages and materials. Some participants supported however the application of rapid HIV tests among special outreach groups and communities. Anita Wnuk from one of the VCT points in MR I (PL) added that the contact establishment and motivation work can be carried out in outreach setting. Then the professionals should give the clients time and wait until they voluntarily decide and appear in the counselling units to take a test.

Q: Rapid HIV tests or counselling? Who benefits form the rapid tests?
The majority of the group shared the opinion that the rapid HIV tests have more epidemiological value for the public health than for the individuals if they are not integrated into counselling and longer-term prevention approaches. Additional counter-argument stressed by Dr. Pietschmann is the confirmatory test which is a problem by the rapid HIV testing procedure. Sabine Kaschubowski referred back to the Brandenburg experience with the post-exposition prophylactic (PEP) in hospital settings and emphasized that training in counselling is urgently needed for the medical professionals.

The representative of Slovenia, Evita Leskovsek described the national situation with HIV counselling as rather needy. HIV test counselling exists only on paper in the terms of references of the testing points, they offer it allegedly to everybody. The doubt exists however that skills are lacking among the medical specialists and the role of NGOs is considered crucial in this respect. Many of them are reliant on rapid HIV test in the service provision, dressed by harm reduction programmes. It remains an open issue in how far does the situation of outreach work suffice for the purposes of VCT.

The discussion round was concluded by the moderator with a short résumé outlining the improvement of quality and access to counselling as implicitly dependant on the introduction of praxis-verified standards for VCT in the various European setting offering the HIV test.