



# **UGANDA**

# **HIV COUNSELLING AND TESTING**

# **POLICY**

3<sup>rd</sup> EDITION

DECEMBER 2010



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## **Abbreviations**

ACP	-	AIDS Control Programme
AIC	-	AIDS Information Centre
ART	-	Antiretroviral Therapy
CDC	-	Centres for Disease Control
HBHCT	-	Home Based HIV Counselling and Testing
HCT	-	HIV Counselling and Testing
HIV	-	Human Immunodeficiency Virus
MARPs	-	Most at Risk Populations
MJAP	-	Makerere/Mbarara Joint AIDS Program
NAFOPHANU	-	National Forum of PLHIV & AIDS in Uganda
PITC	-	Provider Initiated Testing and Counselling
PLHIV	-	People Living with HIV
STD	-	Sexually Transmitted Diseases
VCT	-	Voluntary Counselling and Testing

## Acknowledgements

The STD/AIDS Control Programme of Ministry of Health is grateful to the following members of the Technical Task Team and institutions for their inputs in revising the HIV Counseling and Testing Policy in Uganda.

Dr. Akol Zainab	-	STD/ACP Ministry of Health
Dr. Ario Alex Riortexus	-	STD/ACP Ministry of Health
Dr. Tumwesigye T. Benson	-	STD/ACP Ministry of Health
Ms. Nabalonzi Kisitu Jane	-	STD/ACP Ministry of Health
Mr. Geoffrey Taasi	-	STD/ACP Ministry of Health
Dr. Crahay Beatrice	-	WHO
Ms. Nalwadda Rita	-	WHO
Dr. Ocom Felix	-	CDC
Dr. Mirembe Justine	-	USAID
Dr. Wanyenze Rhoda	-	MUSPH
Dr. Byaruhanga Raymond	-	AIC
Ms. Chimulwa Teddy	-	SCOT
Dr. Namayanja K. Edrine	-	MJAP
Dr. Kansiiime Edgar	-	NUMAT
Ms. Kentutsi Stella	-	NAFOPHANU
Dr. Nafuna Wamai	-	CDC
Ms. Kamaranzi Bakunda	-	CPHL, Ministry of Health
Dr. Sendagire Hakim	-	CPHL, Ministry of Health

The Ministry of Health also wishes to specially recognize the technical and financial contribution from CDC, which has made the development of this policy possible. For the other institutions that hosted the consultative meetings particularly AIC, SCOT, MJAP and NAFOPFHANU that enabled the successful completion of this document, MoH is thankful.

Last but not least, appreciation goes to the writing and editorial team and all those not mentioned above who in one way or the other contributed to the successful review and finalization of this policy manuscript.

The printing of the policy document has been funded by CDC of which ACP is grateful for the PEPFAR inalienable support.

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## **Foreword**

HIV counseling and testing remains the most important intervention in HIV and AIDS control as it's is the key strategic entry point to prevention, treatment, care and support services. Couples and sexual partners are better equipped to make appropriate HIV prevention and treatment seeking decisions if they know their HIV status. HCT can enable pregnant women to learn their HIV status and seek services to help prevent mother-to-child transmission of HIV. Women of reproductive age who go for counseling before pregnancy can make informed decisions about becoming pregnant, based on knowing their HIV status. HCT enables people who are infected learn their HIV status early enough to receive adequate care and support. Early care and psychosocial support enables them to live a longer and better quality of life with HIV.

In Uganda HCT began in 1990 with VCT as the main model of implementation. In 2002 MoH planned to place high-quality VCT services within the reach of every Ugandan by developing the 1<sup>st</sup> VCT policy. This worked well and enabled about 3 million Ugandans to access HIV Counseling and Testing. However, with the advent of ART, there arose need to further increase access to HCT in order to identify those who need care and support including ART. New HCT innovations have also evolved. These include testing in clinical settings where the majority who are already infected go for care. Other contemporary issues like HCT in children, People With Disabilities (PWDs) and MARPs need special consideration.

The 2005 HCT policy achieved a lot. However, the recent HCT innovations and the need to clearly separate guidelines for implementation of HCT and the policy statement called for a review of the policy document. This policy is guided by other national and international protocols like the Health Sector Strategic Plan (HSSP), National Health Policy, National HIV and AIDS Strategic Plan (NSP), WHO policy statements etc.

The government still embraces the broad based approach to HIV/AIDS policy development and programming. The process of reviewing this policy was guided by evidence based information from studies conducted in the country and other regions. The process was highly consultative and involved setting up of a Technical Working Group and holding several stakeholder meetings which was made possible by the technical and financial support from Center for Diseases Control (CDC).

The government of Uganda is therefore convinced that this policy will guide the scale up of HCT in the country and enable eventual achievement of universal access to prevention care and treatment. On behalf of the Ministry of Health I salute all the people and institutions listed in the acknowledgement for the selfless work they did to review the HCT policy.

Dr. Nathan Kenya Mugisha

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## **1.0 Background**

In Uganda HCT began in 1990 with VCT as the main model of implementation. In 2002 the MoH planned to place high-quality VCT services within the reach of every Ugandan by developing the 1<sup>st</sup> VCT policy. This worked well but only a small percentage of the population accessed the services. With the advent of ART and evolution of new innovative approaches, HIV dynamism and international policies, there arose need to broaden the base of counseling and testing in order to meet these standards. Consequently, the HCT policy was developed in 2005.

Using the 2005 HCT policy, strides were made in the implementation of HCT services. The new models of testing in clinical settings, expanded entry points into care and testing in the community were emphasized.

## **2.0 Rationale for Review**

Despite the achievement registered, only 25% of Ugandan women and 21% of Ugandan men aged 15-49 years have ever tested for HIV and received their results. (I suggest that we state the performance by 2009 (i.e. about 37%) when we started the revision, these figures are for 2005 Sero-survey and therefore not affected by the 2005 Policy!!) The low levels of HCT uptake has been attributed to lack of perceived risk of HIV infection; fear of knowing one's positive status, as well as the resulting consequences – structural and service barriers including limited choices to approaches; lack of HCT knowledge; misconceptions around HCT; economic and gender disparities including disclosure amongst couples.

Although the 2005 HCT policy addressed most of the HCT concerns, emerging issues such as MARPS, special groups, Quality Improvement focus, SMC among others warranted a review. Research has provided a lot of evidence for programming and informing policy directions, this however, had not been provided for in the old policy. Stigma and discrimination is still evident in the community as well as the facilities providing HCT. The human rights and ethico-legal issues needs to be clearly spelt out to protect persons tested as well as for guiding implementers and programmers. The performance of the old policy did not meet the HSSP targets hence need for change of direction and approach to HCT implementation to achieve better outputs.

There was therefore a need to review the HCT policy to include the new innovations and also to clearly articulate policy statements. This review separates implementation guidelines from the policy document and clearly defines terminologies for easy comprehension. The national health policy stipulates that persons who are tested should be linked to care and support services. The linkage mechanisms need to be clearly defined. The policy will guide planning and implementation of HCT service delivery.

### **3.0 Process of development of the Policy**

This policy was developed through a cascade of processes. The secretariat of this process has been in the Ministry of Health STD/AIDS Control Programme. The process began by a rapid appraisal of the current HCT policy document followed by development of a policy brief highlighting key policy issues that needed to be addressed in HCT.

This was followed by formation of a Technical Working Group (TWG) composed of experienced and technically competent officers from the Ministry of Health, HCT implementing organizations and ADPs. Stakeholder meetings including CT17 were held preceded by a number of TWG meetings.

The writing process was spearheaded by the Policy Desk of the ACP, MoH. A different writing and style of presentation was agreed on to uniquely separate it from previous policy guidelines. The approval of the revised policy was done through the Ministry of Health bureaucracy.

### **4.0 Guiding Principles**

This policy is guided by other national and international policies like the HIV/AIDS Policy, National Health Policy, UNGASS release, UNAIDS/WHO Policy statements on HIV Testing etc. Furthermore, the policy has been aligned with the STV/HIV/AIDS Health Sector Strategic Plan, HSSP and NSP. All these are under the umbrella of the Uganda Constitution.

### **5.0 Goal and Objectives of the HCT Policy**

#### **5.1 Goal**

The overall goal of the HCT policy is to contribute to reduction of HIV transmission and improving the quality of life by enabling persons to know their sero-status and linking them to prevention, care, treatment and support services

#### **5.2 Objectives of the HCT Policy**

The objectives of HCT policy are:

- To provide a framework for implementation and regulation of quality HCT services in Uganda.
- To contribute to the strengthening of health systems for the provision of quality HCT services.
- To empower the community to access HCT services and adopt positive behaviour.

## **6.0 Elements of the HCT Policy**

The HIV Counseling and Testing policy shall address the following key elements:

Thematic Area 1: Ethico-legal Issues

- a) Human Rights, Stigma and Discrimination
- b) Special groups (Couples, Children, Health workers, MARPs, PWDs,)

Thematic Area 2: Service Delivery

- a) HCT Delivery Approaches
- b) HCT Protocols and HIV Testing Algorithms
- c) Linkage between Testing and Prevention, Care and Treatment
- d) Integration of HCT into other health services
- e) Communication

Thematic Area 3: Health Systems

- a) Coordination
- b) Human Resource and Capacity Building
- c) Logistics Management
- d) Infrastructure
- e) Financing
- f) Management Information System
- g) Quality Assurance
- h) Research

### **6.1 Human Rights, Stigma and Discrimination**

#### **Introduction**

HCT programs and services in Uganda shall further the realization of human rights as laid down in the Universal Declaration of Human Rights and other international and national human rights instruments to uphold the rights of all persons. This policy document therefore provides framework for HCT provision in realization of the stated rights and promotes reduction of stigma and discrimination.

#### **Policy Objectives:**

- i) To ensure that all testing and counseling services follow a human rights based approach
- ii) To address stigma and discrimination reduction during HCT service delivery.



**Policy Statements:**

- a) All persons shall have the right to access quality HCT services
- b) Clear and accurate information, education and communication on HCT shall be provided to all persons
- c) All service providers shall observe the ethical requirements of confidentiality, informed consent, quality counseling and privacy
- d) In situations where consent cannot be obtained from the client or next of kin, testing shall be done when necessary for clinical decisions.
- e) All persons accessing HIV counseling and testing shall have the right to health services based on their HIV status
- f) Persons who test HIV positive shall not be discriminated against directly or indirectly on the basis of their HIV status.
- g) HIV testing for post exposure prophylaxis shall be done using the VCT protocol for the exposed person and mandatory testing for the source person
- h) For circumstances where testing shall be done to inform medical and other decisions the persons shall be informed and given opportunity to know their results and such circumstances shall include;
  - o blood and organ/tissue donation
  - o Occupational and non occupational exposure
- i) In Uganda, clients must NOT perform their own HIV tests
- j) HIV testing for health workers should not be required at the time of recruitment, as a condition for continued employment or for insurance purposes.

## **6.2 Special groups**

### **Introduction**

This section addresses special groups that include but not limited to MARPs, Couples, PWD, health workers, mentally impaired and Children. These groups may be vulnerable or at higher risk of HIV infection, and may have difficulty in accessing services.

**Policy Objective:** To ensure that HIV Counseling and Testing services address needs and concerns of special groups.

### **Policy Statements:**

- a) All HCT services shall be designed to address the unique needs of the persons categorized under special groups

- b) Special groups shall have the right to information, education and communication on HCT adapted to their respective special needs.
- c) HIV testing in exposed infants shall be done using DNA PCR from 6 weeks of age or at the earliest contact thereafter before 18 months.
- d) HIV testing for children under 12 years of age shall only be done with the knowledge and consent of parents or guardians, and the testing must be done in the best interest of the child
- e) Children 12 years and above can assent on their own for HCT. Approval of the parent or guardian shall not be mandatory. The provider however shall encourage disclosure of test results to significant persons for support.
- f) Confidentiality of test results of children shall be maintained and only shared with significant persons in the best interest of the child.
- g) Disclosure of HIV Positive status to a child should be done by 10 years of age upon the assessment of the provider and consent of the parent/guardian.
- h) Children who have been sexually abused and put at risk of HIV infection shall receive counseling and testing for HIV and be linked to appropriate services.
- i) Couples shall be encouraged to go for counseling, testing and receive results together. The privacy and autonomy of the couple and individual must be respected. In situations where a partner has tested alone, disclosure of HIV status, partner(s) notification and testing shall be encouraged.
- j) HCT for mentally impaired persons shall be provided with the knowledge and consent of the next of kin and should be in the best interest of the client.
- k) Universal HIV counseling and testing shall be promoted and offered to health workers

### **6.3 HCT Delivery Approaches**

#### **Introduction:**

Use of a mix of Client and Provider Initiated HCT delivery approaches either in the clinical, community, home or and work place setting is appropriate to increase access to counseling and testing services.

**Policy Objective:** To promote the use of various approaches to increase access to HCT services

#### **Policy Statements**

- a) The following HCT approaches shall be used: VCT, PITC, HBHCT and mandatory testing.
- b) VCT shall be provided on client's request as a stand-alone service, in a clinical, community or workplace setting
- c) Provider-initiated testing and counseling (PITC) shall be promoted as part of preventive services, clinical management and care in all health care settings.
- d) HCT services shall be provided free of charge to the client in public health facilities and public work places. NGO, PNFP and private health facilities should offer affordable HCT services.

- e) HBHCT shall be provided in a home setting
  - f) All HCT providers shall adhere to the protocols for the various HCT approaches
  - g) Mandatory testing will be done on all donated blood, tissue and organs. Donors shall be counseled and given opportunity to learn their test results
  - h) Mandatory testing shall be done on all offenders of rape and defilement or as a requirement by the courts of law.
- Mandatory testing for employment has not been found to be beneficial for HIV prevention, care and treatment and is therefore strongly discouraged.

## **6.4 HCT Protocols and Algorithms**

### **Introduction**

For effective HCT service delivery, there is need for standardized procedures.

**Policy Objective:** To ensure adherence to standardized counseling and testing procedures

### **Policy Statements**

- a) The protocol for all HCT delivery approaches shall include: Initial contact, pre-test session, HIV testing, post-test session, referral and follow up
- b) HCT service providers shall adhere to the nationally approved HIV testing algorithms for adults and children.
- c) MOH shall ensure periodic evaluations of HIV test kits and test algorithms
- d) Service providers shall be regularly updated on the new testing algorithms.

## **6.5 Linkage between Testing, Prevention, Care and Treatment**

### **Introduction**

HIV counseling and testing without linkage to care and treatment confers little or no benefit to the client.

**Policy Objectives:** To ensure that all persons who are tested are linked and referred to prevention, care, treatment and support services in accordance with their sero status

### **Policy Statements**

- a) Effective networking, consultation and collaboration among stakeholders shall be strengthened to promote linkage of clients to prevention, care, treatment and support services
- b) MOH standard referral forms shall be utilized by all service providers
- c) Community structures shall be utilized to link clients to service points.

- d) All HCT service points shall have a regularly updated referral directory of community and institutional prevention, care and support services.

## **6.6 Strategic Communication in HIV Counselling and Testing (HCT)**

### **Introduction**

Strategic communication has a critical role to play in behavior change by positively influencing knowledge, skills and attitudes, leading to increased uptake of services and adoption of risk reduction practices.

**Policy objective:** To ensure the use of strategic communication in the promotion and delivery of HCT services.

### **Policy statements:**

- a) HCT programmes shall implement communication support activities based on a standard communication strategy.
- b) HCT communication interventions shall follow the MoH standardized process of analysis, design, development and testing, implementation, monitoring and evaluation, and re-planning.
- c) HCT programs shall employ a mix of culturally appropriate communication channels and approaches.
- d) Implementation of HCT communication interventions shall involve a participatory approach during planning, execution and evaluation processes to ensure ownership and sustainability.

## **6.7 Human Resource and Capacity Building**

### **Introduction**

Delivery of effective HCT services depends largely on the knowledge, skills, motivation, equitable and appropriate deployment of personnel responsible for organizing and delivering health services.

**Policy Objective:** To ensure that competent HCT service providers are available at all service delivery levels according to the establishment.

### **Policy Statements**

- a) Institutions, MoH certified trainers and implementing partners conducting HIV counseling and testing training shall follow the MoH approved curricula
- b) All persons that receive training according to the MoH approved curriculum shall qualify to offer HCT services
- c) Medical laboratory personnel shall perform all HIV tests, however other health service providers trained in HIV rapid testing can carry out rapid HIV tests
- d) MoH shall coordinate, guide and where necessary supervise HCT in-service trainings to all service providers intending to offer HCT services; HCT

- trainings to service providers shall not in any circumstances be encouraged without the knowledge or approval of the MOH
- e) HCT logistics management training shall be provided to all health care service managers
  - f) HCT trainings shall be conducted by MoH accredited institutions and certified trainers
  - g) The MoH in collaboration with Ministry of Education and Sports shall ensure integration of HCT training modules in pre-service training curricula of health workers and other relevant professions.
  - h) HCT providers shall regularly update their knowledge and skills through appropriate means.
  - i) MOH in collaboration with Ministry of Public Service shall ensure that counseling profession is recognized in the health service establishment.

## **6.8 Integration of HCT into other health programs**

### **Introduction**

Integration of HCT into other health programs is significant in HCT service delivery as it reduces missed opportunities, reduces HIV-related stigma and discrimination, improves utilization of services and competence of service providers and enhances convenience for clients. It also enhances programme effectiveness and efficiency.

**Policy Objective:** To incorporate HCT services into planning and implementation of all health programs

### **Policy Statements**

- a) HCT services shall be an integral component of all prevention, care and support programs
- b) HCT interventions shall be incorporated in all health related national and sub national level plans.

## **6.9 Logistics and Consumables**

### **Introduction**

HCT supplies and commodities approved by the MoH are essential to delivery of quality HCT services. Effective supply chain management system is critical for maintenance of adequate levels of stock for sustained service delivery.

### **Policy Objectives:**

- i. To ensure availability of quality, adequate and essential HCT supplies and commodities at all levels.
- ii. To regulate the inflow and usage of HIV diagnostic tests.

**Policy statements:**

- a) MoH will ensure availability of adequate essential HCT supplies and commodities at all levels.
- b) Functional Logistics management systems shall be utilized at all levels
- c) MoH shall define specifications for HIV diagnostic tests.

## **6.10 Infrastructure**

### **Introduction**

HCT may be conducted in a variety of conducive settings that ensure, privacy, confidentiality, and convenience for the client. Adequate space and safety of the provider and client are essential for quality service delivery.

**Policy Objective:** To ensure that HCT services are provided under appropriate infrastructure that meet the minimum standards

### **Policy Statements**

- a) HCT programs shall ensure that appropriate space, furniture, equipment and utilities are provided at all service points.
- b) All HCT services shall be provided in an environment that ensures safety of the provider, client and the community.
- c) HCT programs shall minimize infrastructural barriers to HCT services – not clear??
- d) HCT programs shall ensure safe storage of HCT supplies and commodities

## **6.11 Coordination**

### **Introduction**

Coordination with reference to HCT service delivery alludes to a harmonized response of HCT programs in the country. The essence is to set a vision, minimize overlaps and ensure a unified response amongst diverse and numerous providers and funders.

**Policy Objective:** To harmonise and strengthen the implementation of HCT services by different stakeholders

### **Policy Statements:**

- a) HCT services shall be standardized nationwide and shall be authorized, supervised, supported and regulated by MoH
- b) HCT services shall be strengthened through effective networking, consultation and collaboration among stakeholders
- c) The MoH shall provide guidance on effective utilization of resources for HCT by all implementers in both public and private sectors.

- d) There shall be coordination mechanisms for HCT service implementation at all levels.
- e) HCT Implementing partners shall be required to participate in the national, regional and district technical, management and planning meetings when called upon by the MoH or her representatives.

## **6.12 Management Information System**

### **Introduction**

A functional monitoring system is essential in delivery of quality HCT services. This requires appropriate tools for data collection and reporting. Storage, analysis and utilization of data are critical elements of Management Information System

**Policy Objective:** To utilize strategic information for HCT programming

### **Policy Statements:**

- a) MoH shall ensure that standard HCT data collection and reporting tools are available and utilized at all HCT service delivery points.
- b) MoH standard mechanisms for HCT data storage and reporting shall be adhered to by all implementers.
- c) Monitoring and Evaluation of HCT services shall be in line with the National Monitoring and Evaluation Framework for HIV/AIDS in the health sector.
- d) HCT programs shall document referrals to prevention, care and support services.

## **6.13 Quality Assurance**

### **Introduction**

Adherence to set standards, quality control and quality improvement are important components of quality service delivery. Performance monitoring using indicators enables identification of gaps and provides opportunity for improvement and achievement of intended results.

**Policy objectives:** To ensure that HCT services meet the required minimum standards.

### **Policy statements**

- a) National quality standards and implementation guidelines shall be adhered to by all HCT service providers.
- b) MoH shall ensure quality control at all HCT implementation sites
- c) Quality improvement principles and approaches shall be promoted in delivery of HCT services at all levels.
- d) Performance monitoring shall be required for all HCT implementing sites.

## **6.14 Research**

### **Introduction**

Research is important to evaluate feasibility, acceptability, and effectiveness of HCT interventions, and informs evidence based programming.

**Policy Objective:** To guide HCT research for programming

### **Policy Statements:**

- a) HCT related studies in Uganda shall be done with the knowledge and in consultation with the MoH.
- b) There shall be regular dissemination of HCT research findings to all stakeholders.
- c) Research results shall be utilized to inform HCT policy and implementation.
- d) MoH shall provide guidance on HCT priority research areas.
- e) All HCT research shall conform to the relevant legislation and ethical standards of practice set by appropriate research ethical committees and bodies of government at various levels
- f) Documentation and sharing of lessons learned and good practices shall be promoted.