What is Voluntary Counselling and Testing (VCT)?

VCT is aimed at asymptomatic individuals wishing to know their own HIV serostatus. The service is client-centred, community based and confidential. Counsellors themselves are trained in rapid HIV testing and are able to perform pre-test counselling, post test counselling and rapid testing during a one hour session. Clients are able to observe the kits and are involved in the interpretation of their own results and therefore have confidence in and ownership of the results. New HIV rapid test technologies, which provide a result in fifteen minutes, ensure that 98% of those coming forward to test leave the session knowing their actual HIV status, while those who wish to may still leave the process before the results are ready.
The anonymous nature of VCT sites, at which clients are not asked to give names or contact details further strengthens the solution-focused, client-centred approach. In the words of a VCT counsellor from the Liverpool VCT centre in Nairobi, Kenya:

“I wake up in the morning and want to know my status. If I test negative how will I stay negative? If I test positive how will I live positively? It is only me who can change my life. If I have decided something for myself I am more likely to take action.”

VCT acts as an entry point to prevention and care services and the intervention itself, with its focus on risk reduction, has been demonstrated to impact behaviour change in a large-scale international randomised trial of voluntary counselling and testing\(^1\). Since the year 2000 the Kenyan government has opened over 390 VCT centres in all areas of the country and hundreds of thousands of asymptomatic Kenyans have come voluntarily to know their HIV status. The commitment to the expansion of VCT services and the accompanying media campaigns have led to a widespread change in perception. Instead of being associated with stigma, shame and poor confidence in the quality of services, VCT has become trendy, ‘hip’ and in demand\(^2\). It is viewed that a sexually active person is responsible for knowing the HIV status of themselves and their partner. Clients are able to queue openly in front of signs advertising VCT services and many youth boast of their awareness and involvement with VCT.

**How can VCT be useful for Britain’s African communities?**

Britain’s African communities suffer a disproportionate burden of HIV disease. Accurate knowledge of HIV status (i.e. based on recent HIV test) is lower among UK black and ethnic minority communities than other groups, and to date there is little evidence of HIV testing becoming normalised. HIV infection in UK is all too often a hospital-based diagnosis made in advanced HIV disease. Even in the testing of asymptomatic individuals, the prevention opportunity of negative result is lost in the UK system where phone results and abbreviated post test counselling for negative tests are becoming the norm. The current models of testing may well be failing to meet the needs of many individuals, especially those who fail to return for the results of their HIV test. It is with this in mind that the UK Government’s...
Department of Health - National Personal Awards Scheme

The Director of Research and Development, Professor Sally Davies, wishes to announce the launch of the first round of the new personal awards scheme. The scheme will be managed by the National Co-ordinating Centre for Research Capacity Development (NCC RCD) and replaces all of the personal award schemes previously administered from this centre. The scheme aims to develop the research capacity of the NHS workforce underpinning the development of the NHS evidence base. To achieve this vision, fellowship funding will be provided for researchers working in the field of health and/or health care delivery, undertaking research for the benefit of the NHS. Applications are invited from individuals working in any scientific discipline or sector that can demonstrate a role in, or contribution to, improving health, health care delivery or services. For more information visit: http://www.dh.gov.uk/PolicyAndGuidance/ResearchAndDevelopment/fs/en

Royal Society - Leverhulme Trust fellowships

The Royal Society invites applications from mid-career scientists for the Leverhulme Trust senior research fellowships. This scheme provides opportunities for academics in the natural sciences, including, mathematics, health and human sciences, to be relieved of their teaching and administrative duties for between one academic term and one year to do full-time research, in order to re-establish their research careers. Applicants must be of postdoctoral status or equivalent, and hold a permanent post in a British university. Deadline: 10 Dec. 04 • Contact: Research Appointments Department, Royal Society, 6-9 Carlton House Terrace, London SW1Y 5AG • Tel.: +44 20 7451 2545 • Fax: +44 20 7451 2543 • Email: ukgrants@royalsoc.ac.uk • Web: http://www.royalsoc.ac.uk/funding/

Association for the Study of Medical Education - Small grants

The Association for the Study of Medical Education invites applications for its small grants. Proposals should be for a piece of work, survey, research or innovation in teaching in the field of medical and healthcare education. Grants support educational research projects or teaching innovations that may require small amounts of funding to cover expenses such as focus group attendance and travel, simulated patient fees, etc. Work should start in 2005 and ideally finish within six months. The maximum award is £2,500. Deadline: 30 Nov. 04 • Contact: ASME 12 Queen Street, Edinburgh, EH2 1JE • Tel.: +44 131 225 9111 • Fax: +44 131 225 9444 • Email: jenniferb@asme.org.uk • Web: http://www.asme.org.uk/frames_grants.htm#

National Strategy for Sexual Health and HIV has recently called for interventions targeting populations at risk and investigation of new HIV technologies, including rapid-tests³.

The current situation of UK Africans bears many similarities to the HIV testing situation in Kenya five years ago with many people fearing testing, concern about stigma and believing that knowledge of status itself would make them get ill more quickly. There are further similarities in vulnerability, risk perception and risk-taking behaviour making the VCT model applicable and replicable in a UK setting. The importance of same day rapid testing, of one trusted counsellor sharing results, of anonymity and confidentiality as well as of a truly client-centred approach cannot be over estimated. VCT has a proven role in the prevention of HIV in high prevalence settings and it is time that the approach to and quality of services available in countries like Kenya was made available here.

Dr Miriam Taegtmeyer is the former director of the Liverpool VCT centre in Nairobi, Kenya. She can be contacted on Miriam@liverpoolvct.org or further information obtained through the LVCT website on www.liverpoolvct.org

Reference List


The African HIV epidemic in the UK is one of the big challenges for those involved in efforts to reduce the prevalence of HIV. In the last ten years, health promotion specialists, community workers and volunteers have used various innovative methods to reach the African community, in an effort to provide individuals with the information and skills necessary to reduce the spread of HIV. In the absence of a standard practice guide for implementing HIV prevention interventions among African communities, much of this work has been based on their experience of mobilising these communities and using acquired skills to influence people’s attitudes, beliefs and behaviour.

This practice guide is based on the learning and experience derived from the audit of current interventions and literature review. It gives a set of guidelines for each community-based intervention that has been and can be used to reduce the prevalence of HIV among African communities in England.

Using this guide will enable health promotion workers to:

- Understand the HIV prevention interventions that can be used with African communities.
- Find the structure and consistency they need in order to plan and deliver community-based HIV prevention interventions.
- Choose appropriate tools that will enable them to plan, deliver, monitor and evaluate HIV prevention activity.
- Monitor the delivery of HIV prevention activities and begin the process of evaluating their impact on reducing the spread of HIV among African communities.

Identified need for the practice guide

The need for this practice guide was identified in HIV and AIDS in African Communities: A framework for better prevention and care, (African HIV Policy Network and National AIDS Trust, 2003) which called for:

- The building of a national infrastructure for African HIV prevention work to facilitate national collaboration and coordination;
- The identification and sharing of best practice models;
- The development of quality standards and the creation of a focus for prevention training and capacity-building.

The National Strategy for Sexual Health and HIV: Implementation Action Plan (Department of Health, 2002) also recommends developing a health promotion toolkit that includes best practice guidance on working with targeted groups and communities. This practice guide for community-based HIV prevention will form part of this toolkit.

Who can use this practice guide?

Primarily African community-based HIV prevention providers, but other professionals providing community-based HIV health promotion services to African communities will also find it useful.

It may also have a role in the commissioning of community-based HIV prevention work with African communities.

Chinouya, M., Auditing HIV prevention interventions targeting African residents in England (unpublished report)
The language of testing

Individual or ‘named’ HIV testing has two broad aims: firstly, to identify those who are positive in order to allow for access to comprehensive treatment, care and prevention services and secondly, to identify those who are negative in order to allow them to take actions to maintain their sero-negative status. It is clear that there is much room for improvement in increasing access to named HIV testing within the UK. It is well documented that those affected by HIV within African communities present with advanced disease despite the success of anti-retroviral therapy in reducing HIV related illness and death. In order to increase the uptake of HIV testing it is important to acknowledge that a number of different models of testing are needed and detailed counselling need not be integral to all models.

Unfortunately, the language of HIV testing is often confusing. “VCT” the brand of stand alone testing services as described elsewhere in this issue, is often confused with the process of offering voluntary counselling and testing in different situations. Terms such as “opt out”, “opt in” and “routine testing” are often poorly defined by those who use them. One definition of routine testing is the normalisation of testing, that is, its integration into standard clinical situations without seeking explicit consent. This has led to concerns that routine testing will effectively become mandatory testing. In the UK however, the routine offer of an HIV test within antenatal clinics requires informed consent, but not detailed pre-test counselling, and has dramatically increased the uptake of antenatal HIV testing. Hence, without clarification misconceptions about various models will continue to cause confusion.

The way forward

As well as a clarification of the language, another way to move forward would be to adopt a set of underlying principles for all HIV testing. This would move away from the two polar positions of, on the one side, all testing requiring detailed pre- and post-test counselling and on the other of testing without counselling or explicit consent.

These principles would state that: all HIV testing should be voluntary; all HIV testing should be ‘informed’; all HIV testing should be with clear /explicit consent; HIV testing should only be considered and performed in situations where the test result can directly benefit the health of the individual concerned.

Stated principles for voluntary counselling and testing are already in existence. The next progression is to explore novel ways of providing information and communication that do not necessarily rely heavily on the point of contact for the provision of information. This requires a strategy focused on the delivery of health information by community groups and others to increase the awareness and understanding of the benefits of knowing one’s HIV status. Again, much of this work has happened before (for example the African community work which occurred with the introduction of antenatal testing) but there needs to more of it and it needs to be properly funded.

Stand alone VCT is an important service and it addresses much of the prevention aspects of HIV testing and there are several developments of community testing currently being explored in the UK. Increasing routine HIV testing in certain clinical situations e.g. TB clinics because of the association with HIV and TB; sexual health and Genito-urinary clinics and in antenatal settings will also have major advantages in the attempt to reduce the number of undiagnosed HIV positive individuals in the UK. We need to continue to explore integrating routine HIV testing into existing health services by moving towards the normalisation of HIV testing whilst keeping to the overall principles of HIV testing as stated above.

Dr Ade Fakoya is a Consultant Physician at Newham General Hospital, East London and is Co-chair of the African HIV Research Forum.

Reference List

1. HIV surveillance testing is not individualized and tests are performed at a population level in order to gain important data for a variety of uses. Surveillance testing will not be discussed further here.


4. See Dr Katy Sinka’s presentation from the 6th AHRF Seminar day available at www.ahrf.org.uk/sixth/presentations.htm/sinka.doc

This section aims to provide a comprehensive review of research related to the UK African HIV epidemic, published in the last quarter. This issue covers publications between August and October 2004.

RECENT REPORTS

Ohen, L. Hunte, S. Wallace, C. Who provides Social Advice to HIV Positive Clients? Lambeth Primary Care Trust, London, 2004

The aim of this audit was to identify key informants on Social advice to HIV positive clients in Lambeth. The audit used a cross sectional survey administered in client homes and treatment centres. A representative population of 103 people living with HIV responded to the structured survey. This report provides the results of the audit together with recommendations for the future.

PAPERS

The following papers were published in peer-reviewed journals between 1st August 2004 and 1st October 2004.

Abstract: Antiretroviral treatment soon will be available to millions more people in sub-Saharan Africa and other developing nations, and international HIV experts say they fear they’ll see increased risk behaviors when the drugs become commonplace

Abstract: This study analyzed qualitative and quantitative data for 98 HIV-negative, low-risk women in Malawi, Zimbabwe, India, and Thailand who participated in a safety and acceptability study of BufferGel, a vaginal microbicide to determine the across-country acceptability of vaginal microbicides among women and their partners. Acceptability was high in all sites (73% of women approved of the microbicide). Women in Africa, where HIV infection rates are highest, were virtually unanimous in their desire for such a product, suggesting that an individual’s perception of being at risk for HIV will outweigh concerns about side effects, problems applying a product, or other factors, when products are shown to be efficacious. Acceptability research across diverse settings through all stages of microbicide research, development, and post-licensure dissemination can help maximize acceptability and use.

BOOKS

Statistics at Square Two
Mike Campbell
Synopsis: Statistical methods used in the medical literature are becoming increasingly complex, but the software available to apply these methods is becoming easier to use. The result is that consumers of the literature now have to grasp sophisticated methods which may be inappropriately applied. This book, which goes beyond the basics reviews the most commonly used modern statistical methods and highlights common misunderstandings. It is easy to read, with annotated computer outputs and a minimum of formulas.
BMJ Books • Sep. 2004 • 144 pages • ISBN: 0727913948

Preventing AIDS: Community-science Collaborations
Edited by Benjamin Bowser, Shiraz Mishra and Cathy Reback
Synopsis: This book is designed to help frontline prevention organisations answer two questions that are of utmost importance. First, how effective can their services be; and secondly, how can their services be improved? The book examines six unique efforts to prevent the spread of AIDS among high-risk populations such as prostitutes, injection drug users, impoverished pregnant women, migrant workers, transgenders and prison inmates. The text is augmented by tables and figures, making important data easy to access and understand.

AIDS in the Twenty-first Century
Tony Barnett, Alan Whiteside
Synopsis: Essential reading for social and medical scientists and all those interested in infectious diseases and public health, AIDS and the Twenty First Century examines the social and economic origins and impacts of the HIV/AIDS epidemic. Accessibly written, this book is necessary reading for policymakers, students and all those who are concerned about the relationship between poverty, inequality and infectious diseases.

How to Read a Paper: The Basics of Evidence Based Medicine
Trisha Greenhalgh
Synopsis: In this lucid, readable book Trisha Greenhalgh provides the basics of evidence based medicine: how to find a medical research paper, assess it for its scientific validity, and where relevant, put the findings into practice. Written for anyone, medically qualified or not, who wishes to understand and apply evidence based medicine, How to Read a Paper makes seemingly obscure concepts clear and relevant, using practical examples and considering all the main types of research paper. This book is a comprehensive introduction to the usefulness and potential applications of evidence based medicine in the clinical setting.

Abstract: Over the past three years many genitourinary medicine (GUM) clinics have anecdotally reported large numbers of persons with insecure immigration or seeking asylum (PIISA) attending their facilities. The authors conducted a national survey to assess the prevalence and demographic background of PIISA who were attending GUM clinics in the UK during 2001 and 2002 and the effect on service provision. A questionnaire was circulated in April 2003 to 182 consultants in the UK of whom 128 (70%) responded. Amongst those centres that responded, 89 (69%) had provided GUM/HIV services for PIISA in 2002. Of the HIV-positive patients attending these clinics during 2002, 1140 (48.8%) were identified as PIISA. Eighty-two (95.3%) and 62 (48.8%) clinics had cared for PIISA from Africa and Europe respectively. Co-infection with HIV and tuberculosis was higher in patients from the PIISA group compared with the non-PIISA group (85% vs 15%, P = 0.001) for both 2001 and 2002. The survey shows that GUM services have an important role in the management of PIISA and that the programme of dispersal is having a significant impact on the workload of clinics outside London. Services reported that they are significantly overstretched and underfunded. An immediate investment in GUM services is necessary to improve the health of this client group. Any delay in diagnosis of sexually transmitted infections and HIV will have implications for public health and acute services.


Abstract: The objective of this study was to establish the accuracy of the country specific estimates of HIV prevalence, incidence, and AIDS mortality published every 2 years by UNAIDS and WHO. The authors review sources of error in the data used to generate national HIV/AIDS and where possible estimate their statistical properties. This paper presents a first attempt at a rigorous description of the errors associated with estimation of global statistics of an infectious disease. The proposed methods work well in countries with generalised epidemics (>1% adult HIV prevalence) where the validity of surveillance is good. Although methods have also been derived for countries with low level or concentrated epidemics, more data on the biases in the estimation process are required.


Summary Immune reconstitution is a well recognized phenomenon associated with the use of highly active antiretroviral therapy (HAART) for HIV infection. After the administration of HAART there is a rise in CD4 T-cell count in the circulation brought about by cessation of HIV replication. This allows the body to respond to antigens that it previously ignored. This manifests itself most commonly as an overt illness to previously ignored pre-existing infections such as Mycobacterium tuberculosis, herpes simplex virus, varicella zoster virus, hepatitis B and C viruses, cytomegalovirus, cryptococcal infection, human papilloma virus and molluscum contagiosum. There are further reports of reactions to sarcoid and tattoo pigment and one previous case reported of a granulomatous reaction to a foreign body. This paper reports another case of a foreign body granuloma reaction, to tribal medicine implanted in tribal marks made in childhood in a Zimbabwean woman. This reaction is part of the immune reconstitution syndrome.


Abstract: This review describes changes in dynamics of HIV transmission and shifts in affected populations in western Europe using HIV/AIDS surveillance data and published and unpublished reports. Despite substantial reductions in HIV-related morbidity and mortality since the introduction of highly active antiretroviral treatment, HIV continues to pose a major public health problem in western Europe. More than half a million people are living with HIV; many people unaware of their infection, and thousands of new infections continue to occur every year. Migrants from countries with a high prevalence of HIV/AIDS, notably sub-Saharan Africa, bear a disproportionate and increasing share of HIV throughout western Europe and, in most countries, account for the majority of heterosexually acquired HIV infections diagnosed in recent years. Prevention, treatment, and care must be adapted to reach migrant populations. Following a resurgence of risky sexual behaviour, HIV transmission may now be increasing among homosexual and bisexual men, and renewed safer sex campaigns are urgently needed.


Abstract: Expansion of HIV surveillance systems in sub-Saharan Africa is leading to downward adjustments to the size of the AIDS epidemic. However, only analysis of surveillance data from the same populations over time can provide insight into trends of HIV prevalence. This study used data from the same antenatal clinics to document recent empirical trends. Evidence from surveillance of mostly urban antenatal clinic attendees indicates that the growth in the AIDS epidemic in sub-Saharan Africa has levelled off since the late 1990s but only eastern Africa shows a decline in HIV prevalence. Very large differences persist between subregions. Workers planning a response to the AIDS epidemic must take more careful consideration of these variations to allow locally appropriate responses to the epidemic.


Abstract: Little is known on female sexual dysfunction (FSD) among HIV-positive women. A cross-sectional survey in seven European HIV centres was performed and data on medical history, antiretroviral treatment and laboratory results were collected. Sexual function was evaluated by the Female Sexual Function Index (FSFI). The data from 166 women were available (response rate=77%). The non-respondents had a lower CD4 cell count, were older and more frequently of sub-Saharan African origin. The overall median FSFI was 25.2 (interquartile range=19.3). Thirty-six women (25%) had a FSFI score < or = 10. Depression, irritability and anxiety were associated with a low FSFI score. The participants reported a significant decrease in sex functioning since HIV diagnosis but not since the start of antiretroviral treatment. Sexual dysfunction in women with HIV infection is frequent and is mainly driven by psychological factors and by the HIV diagnosis.


Abstract: This article describes the challenges and benefits of involving the community in evaluating an HIV prevention intervention for African American women. The intervention, Women's Initiative for Sexual Health, was evaluated using a randomized controlled trial. The intervention and the evaluation involved the community in which the intervention was delivered. To solicit criticism and suggestions for the evaluation, the research team conducted a focus group within each of three collaborating community-based organizations. The goal was to increase the relevance and appropriateness of the evaluation by showing respect for program participants and consequently for cultures other than our own. The authors recommend that other researchers involve the community in program evaluation.
Calendar of Events

For more details about these events visit our website: www.ahrf.org.uk/events

Key Event

BEATING THE PANDEMIC

A workplace response to the global challenge of HIV and AIDS 4 December 2004

The HIV/AIDS pandemic has set the clock back by decades in some of the world’s poorest regions. It has slowed the painstaking progress made towards the economic and social well-being of millions of people.

The International Labour Organisation now estimates that two-thirds of the 40 million people living with HIV/AIDS are workers.

Those attending the conference will have a rare opportunity to reflect on the unique role of the workplace in the fight against the pandemic, and to share experience of best practice.

Speakers will highlight the need for action on prevention, care and treatment. And they will explore effective means of protecting workers from discrimination and stigma through appropriate legislation.

Call for papers

The next issue of AHRF News will be a Research Update and is due for publication in December 2004. We welcome submissions about your research findings and research news from individuals involved in the African HIV sector. Additionally, if you would like to update us about your prevention activities or to submit an article about an event you have hosted, please send your article to the address below. Submissions should be no long than 1000 words. If you are posting your submission please ensure you include an electronic copy on a PC formatted floppy disk.

Contact AHRF News

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Visit the African HIV Research Forum Website.

The AHRF website is a community resource, accessible to all those interested in UK African HIV issues. The site is updated weekly and provides information about forthcoming events; research findings, job vacancies, funding available and much more. If you would like to publicise a conference or tender or announce research findings please feel free to contact us at info@ahrf.org.uk or go to www.ahrf.org.uk/contact_us1.htm and follow the instructions.

NOVEMBER

• Shaping the Future - National HIV Social Care Conference 5 Nov. 2004

• Volunteering and Asylum: Training days for Volunteer Managers 2004/5 starts 6th Nov.

• 7th International Congress on Drug Therapy in HIV Infection 14th - 18th Nov.

• “Tumaini” - African & Gay In The UK 20th Nov.

DECEMBER

• World AIDS Day 1 December

• Beating the Pandemic: a workplace response to the global challenge of HIV and AIDS 4 Dec (see opposite)

• African Faith Communities HIV Prevention Conference: Call for Papers - deadline for submission 4th Dec.