



THE REPUBLIC OF UGANDA

Uganda National Policy Guidelines for HIV Voluntary Counselling and Testing

Ministry of Health

July 2003

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Correct citation:

Uganda. Ministry of Health. 2003. *Uganda national policy guidelines for HIV voluntary counselling and testing*.
Kampala: Ministry of Health.

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Foreword

Voluntary counselling and testing (VCT) is a major lynchpin in HIV/AIDS prevention and care strategies. Persons, their spouses and sexual partners are better equipped to make appropriate HIV prevention decisions if they know their HIV status. Couples about to be married can use VCT to know their HIV status before deciding on marriage. VCT 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 counselling before pregnancy can make informed decisions about becoming pregnant, based on knowing their HIV status. VCT lets people who are infected learn their HIV status early enough to receive adequate care and support. Early care and psychosocial support may enable them to live a longer and better quality of life with HIV.

Uganda has had much success in HIV prevention and care. But more needs to be done and VCT is central to this. Uganda is a model for VCT service delivery. Many partners, both present and emerging, are doing an excellent job of providing high-quality VCT. The government of Uganda now aims to place high-quality VCT service within the reach of every Ugandan. As we go to scale, however, we need national guidance and quality assurance. We need to clarify such issues as who should receive VCT, who should deliver it, and when and how they should deliver it.

Many countries and international agencies look to Uganda as a showcase of good HIV/AIDS programming. It has thus become increasingly necessary for the government to systematically outline policies and guidelines upon which our programmes are based.

The government believes in an open and participatory approach to HIV/AIDS policy development and programming. Guided by this principle the Ministry of Health, having been mandated to develop national VCT policy guidelines, decided to involve a wide base of stakeholders. In the process the ministry thus involved scientists, counsellors, medical and health professionals, service managers, policy-makers, donors and community members, especially people living with HIV/AIDS. The government of Uganda is therefore convinced that these guidelines are based on a strong base of cutting-edge research data and experience in delivering services as well as addressing community concerns. It is my sincere hope that the guidelines provide a framework for reaching all Ugandans with high-quality and ethical VCT services.

Finally, I take this opportunity to express the gratitude of the Ministry of Health to all the people and institutions listed in the acknowledgement for the selfless work they did to produce these excellent guidelines.

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Acknowledgements

The Ministry of Health would like to acknowledge the support received from the funding organizations for their financial and technical support: the United States Agency for International Development (USAID), the Population Council Horizons Programme and the AIDS/HIV Integrated Model District Programme (AIM).

Special thanks go to the facilitator of the process, Dr Sam Kalibala of the Population Council Horizons Programme, based in Nairobi, for ably guiding the process, and to the writer, Ms Helen van Houten, for meticulously editing the documents.

The following experts, listed in alphabetical order by organization, are thanked for their time, dedication and contribution, and their organizations for their input and participation. These contributors participated in the interviews, stakeholders' meetings and small-group meetings of experts, as well as the national consensus workshops:

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Introduction

There are two related guidelines regarding VCT services in Uganda.

This document, the *Uganda National Policy Guidelines for HIV Voluntary Counselling and Testing* states what should and what should not be done regarding VCT in Uganda. It has a glossary defining commonly used terms in VCT in Uganda. Policy-makers and planners of HIV/AIDS programmes are the main target audience for the policy guidelines.

The related document is the *Uganda National Policy Implementation Guidelines for HIV Voluntary Counselling and Testing Services*, which restates the national policy on VCT and goes further to spell out how the policy should be implemented. This guide is intended for the wider audience of HIV/AIDS programme managers and service providers but is also a useful resource for policy-makers and planners. In it, the policy statements are highlighted with a shaded background.

The objectives of VCT policy are as follows:

- To provide a framework for providing VCT services in Uganda.
- To empower health workers and counsellors to provide VCT services appropriately to all people.
- To make VCT services part of the wider health care system to help bring about positive behaviour change.

Process of development of the guidelines

These guidelines were developed through consensus building. The initial scope of the guidelines was developed in a meeting of the national coordination committee (CT 17)¹ of stakeholders held on 5 August 2002 in Hotel Africana, Kampala. Individual interviews of a cross-section of stakeholders were conducted to seek stakeholder views, opinions and preferences regarding the list of issues raised in the stakeholders' meeting. Policy statements were then developed and discussed with small groups of experts. In December 2002 expert groups met with representatives of counsellors of youth and adolescents, clinicians, laboratory experts and people living with HIV/AIDS (PHAs). Key stakeholders were called on to meet from time to time to review the work in progress. In addition, two national consensus workshops were held: one for the policy guidelines (20–21 February 2003) and another for the implementation guidelines (28–29 March 2003) in the Ridar Hotel in Seeta Mukono. The implementation guidelines also draw from the vast experience of VCT implementers in Uganda and other countries as well as WHO and UNAIDS publications on the topic. These sources of information are listed at the end of that document.

The secretariat of this process has been in the Ministry of Health STD/AIDS Control Programme.

¹ The original members of this committee were 17 key stakeholders.

Circumstances of HIV testing in Uganda

At the moment in Uganda HIV testing is being carried out in a variety of circumstances. Many, although not all, of these types of testing are within the scope of this document.

HIV-testing circumstances that are addressed by the policy statements in this document

- *Voluntary counselling and testing (VCT)* is HIV testing provided to individuals who seek the service out of their own will without any coercion. These persons may be referred by a provider, a sexual partner or a friend, or they may have learned of the service from hearsay or public media. The key point is that the clients make the conscious decision to seek the service and seek it out without coercion. They receive pre-test counselling, HIV testing and post-test counselling during which they are given the HIV test results. Thereafter they are usually referred for follow-up care and support. This type of HIV testing is the main subject of these policy guidelines.
- *VCT for the prevention of mother-to-child transmission (PMTCT)* is VCT provided to the specific target population of pregnant women for the primary purpose of enabling them to make decisions about PMTCT. Hence it is part of the scope of this document.
- *HIV testing for clinical purposes* is aimed to assist the attending clinician to manage patients. The clinician usually requests the test and the results are linked to the name of the client. This type of testing has many similarities with VCT and thus this document embraces guidelines that relate to this type of HIV testing.
- *Testing of people seeking employment, studies or certain services:* Some employers, foreign governments and institutions have policies that require knowing the HIV status of certain persons before they are allowed to apply for particular privileges or services. Such policies are usually discriminatory against people living with HIV/AIDS and should be condemned. However, persons seeking such privileges need VCT to indicate their HIV status as part of their application for these services. For this reason this document does provide specific guidelines on how VCT providers should handle clients seeking VCT when applying for a particular privilege or service.
- *HIV testing of children (legal minors):* Only people who have attained the legal age of majority (18 years) are supposed to consent to VCT. Therefore, testing people under the age of 18, whether voluntary or not, may not strictly be VCT. However, sexual activity and hence the need for VCT starts at earlier age groups. Indeed, many who are legal minors are seeking service at VCT centres. Also many children may need HIV testing for clinical purposes to manage HIV disease. For these reasons these VCT guidelines incorporate the testing of legal minors.
- *HIV testing after occupational exposure* applies to a health worker who has been accidentally exposed to the body fluids of a patient or vice versa. Other emergency workers such as the police, fire fighters and ambulance personnel may also be accidentally exposed to the body fluids of their clients. Operational guidelines may prescribe that the two parties involved – the potential source of infection and the potential recipient – both undergo HIV testing to establish their HIV status. This kind of testing requires pre- and post-test counselling as well as consent of both parties. Guidelines for counsellors in these circumstances are included in this document.

- *VCT for special groups of people:* Sometimes VCT may be necessary for people who have disabilities, such as the deaf and the blind, that may not allow them to be fully informed about VCT, or for people who may be in a state of mind that makes them unable to make rational decisions to seek VCT. In such circumstances special communication in pre- and post-test counselling may be needed, or other people may need to consent on their behalf. This document discusses the counsellor's role in such circumstances.

Circumstances of testing not discussed in these guidelines because they are addressed by other policy guidelines

- *Research:* Many research studies involve HIV testing using a variety of procedures, and the way test results are handled varies from study to study. For each study the principal investigator must submit a detailed proposal including informed consent procedures to the National Council for Science and Technology and get approval before commencing the study. While research may be carried out on VCT services and VCT may be part of a research study, the policies regarding research on human subjects are well stated in *Guidelines and procedures for research registration and clearance in Uganda*² and are not discussed here.
- *HIV testing of blood donors:* People who donate blood are tested for HIV and are informed of their test results through confidential post-test counselling. In Uganda, people desiring to donate blood are counselled about their risk factors and asked to self-defer if they feel that they have recently been at risk of HIV infection. They are then referred to a VCT site to receive VCT. Similarly those who come to donate blood for the primary reason of knowing their HIV status are referred for HIV testing. The policies regarding the testing and counselling of blood donors are spelled out in *Guidelines for blood donor counselling on HIV*,³ a publication of the World Health Organization, and are not part of this document.
- *HIV Sentinel Surveillance:* Blood samples that have been taken from pregnant women attending an antenatal clinic to test for syphilis are delinked from any personal identifiers and then subjected to HIV testing, the purpose being to determine HIV prevalence. Women's names are not linked to the results nor are the women given these test results. Hence this kind of testing is not VCT. The procedure for HIV surveillance testing is explained in the *HIV surveillance report* of June 2002.⁴

Circumstances of testing not discussed in these guidelines because they require consultation with the Attorney General's office

HIV testing in suspected criminal situations: In situations in which testing for HIV is required for some people as evidence in court, counsellors and laboratory personnel need clear guidance as to whether and how to obtain consent of the person to be tested, and whether and how to give the tested person the test results. One such example is in the case of rape or defilement, when law enforcement officers may want to test the victim and the suspect to ascertain if the victim was infected by the suspect.

² Kampala: Uganda National Council for Science and Technology, 2001.

³ WHO/GPA/TCO/HCS/94.2 (Geneva: WHO, 1994).

⁴ Ministry of Health.

Chapter 1. VCT services

VCT is a core intervention in the comprehensive strategy of the government and its partners to address HIV/AIDS in Uganda. High-quality VCT services should therefore be widely and consistently available. The demand for VCT is growing. The need thus arises to continue mobilizing resources to meet this demand and to strengthen the infrastructure to accommodate VCT services.

Making the service user friendly to groups such as the youth, commercial sex workers and the elderly should be considered during the planning and delivery of VCT services.

1.1 VCT promotion

Once a VCT service is available it is important that the community be informed about its availability and its role.

Mass education, while explaining the meaning of HIV-positive and HIV-negative results and the procedures at the VCT centre, should encourage the public to take advantage of VCT services voluntarily.

To increase demand for VCT, promoters should go out to sensitize and mobilize communities on the benefits of VCT in locations such as markets and places of worship or in homes during home visits.

Where cost is attached to VCT services, one way of promoting the service could be by way of subsidy.

1.2 Type and location of VCT services

Free standing is a site offering VCT services that is not physically located in an existing health facility. It may have limited care and support services for HIV/AIDS. It should therefore have a strong referral system with other health services, and efforts should be made to offer other related services such as AIDS care and support, family planning and STD care in an integrated manner.

Health-unit-based VCT services are located in an existing health facility, preferably at a level IV health centre (see glossary, 'health facility') and above, where capacity and associated HIV/AIDS services are available. However, level III facilities with adequate capacity should provide VCT. The health facility may be either government or non-government. VCT services at such a site should be integrated into existing health services on a daily basis. However, if a facility is short staffed, specialized VCT clinic days may be established.

Outreach VCT services may be provided in smaller health facilities such as levels II and III with a mechanism for ongoing support services for VCT clients. Mobile vans, while helpful in mobilization and staff transportation, should not be used for actual VCT service delivery because follow-up and support are difficult. While counselling can be offered during home visits, actual HIV testing should be limited to laboratories.

VCT services in the private sector must be registered and certified to conform with national standards for delivering VCT services. At a minimum such a facility should

have personnel, space for counselling and an HIV testing laboratory. It should offer ongoing care and support for HIV/AIDS patients or should have an established referral system or links with other HIV/AIDS services. The facility should adhere to the national HIV testing algorithm and have a quality control link with established reference laboratories.

1.3 Integration

VCT counsellors should assess the client's need for TB, FP, STD, ART, PMTCT and similar services and be able to provide counselling in any of these areas. If counsellors find that clients need such information, they should supply at least basic information, then refer clients for more information and care if required. Service providers who provide TB, FP and STD services should also counsel clients about HIV and refer for VCT if necessary. HIV counselling services should therefore be present in TB, FP and STD clinics.

In facilities where VCT services are not provided daily it is important to ensure that the service is available on the same days as TB, FP and STD clinics, although this may be a challenge if a facility is short on staff.

1.4 Support services for VCT

1.4.1 Ongoing counselling

After the post-test counselling session in which test results are given, a number of ongoing counselling sessions should be scheduled for both HIV-positive and HIV-negative clients as part of the VCT package. However, since clients differ in their ability to cope with HIV test results, ongoing counselling should be optional and may be continued on subsequent visits. Clinicians, counsellors and pharmacists who provide care to HIV-positive clients should also provide ongoing counselling.

1.4.2 Post-test clubs

Post-test clubs (PTC) should be made available at every VCT centre and an active effort made to promote them. VCT counsellors should encourage every client, whether positive or negative, to go to the post-test club. In addition a promotional campaign should be conducted to make sure many clients attend PTC. In facilities providing PMTCT services, post-test club services should be located in the antenatal clinic.

Major challenges are how to sustain interest in the clubs and how to increase the capacity of current PTC centres to handle the increasing numbers of clients. PTC planners and managers need to address these issues urgently. Drama clubs, for example, appear to be successful in retaining membership as they are able to generate income. Each PTC should be linked to a comprehensive care and support service such as TASO and Nsambya Home-Based Care. Where such a service does not exist nearby, an effort should be made to provide care and support services as part of the PTC package.

1.4.3 Care and support

At the time of diagnosis, all HIV-positive clients should be referred for assessment for care and support. This will provide an opportunity for the client and the clinician

to plan and schedule subsequent follow-up sessions where illnesses may be diagnosed and treated, prophylaxis initiated, and decision made on ART.

1.4.4 Referrals

Referral is often needed for additional services, such as social support services. The referring provider should explain to the client the purpose of the referral and what takes place at the referral site. The referral slip should have both the client's name and the reasons for referral. In addition the client should be provided with a confidential result slip, which they may show to the next service provider if requested. Mechanisms need to be established to encourage feedback between referral sites. All referrals should be addressed to institutions, departments or units rather than individuals.

1.5 Infrastructure

VCT always requires privacy; it should never be carried out in a corridor. Basic furniture for VCT customarily is some chairs and a table. However, in community settings where it is culturally appropriate VCT may be carried out when the counsellor and client are seated on mats. In such cases the counsellor may require a clipboard to make writing easy. In all cases there must be access to laboratory space and equipment for HIV testing.

In the laboratories, especially private laboratories where clients walk in wanting to be tested, there should be a separate room to allow the laboratory staff to provide the client with some counselling before administering the test and while giving results. But if a doctor or counsellor has requested the test, the patient may be received and the blood sample taken in the same room as other patients and the results sent back to the requesting doctor or counsellor.

1.6 Hours and days of service

Where resources permit, VCT should be provided during all working days. Effort should be made to recruit enough counsellors who can work in shifts, thus providing VCT on weekends also. However, because of concerns for security for both clients and counsellors, VCT should not be provided after working hours.

In health facilities where resources are limited and VCT is provided only on specific days, effort should be made to ensure that VCT services are provided on the same days as TB, FP and STD services. VCT outreach services remain an important complementary measure to reach communities that do not have stationary VCT sites. Of necessity many outreach services, because they are short staffed, can operate only on selected days of the week.

1.7 Human resources for VCT services

VCT sites should have adequate human resources to provide the services required of them. Personnel includes counsellors, laboratory personnel and clinicians. Ideally a VCT counsellor should counsel not more than six clients a day. In cases where services are integrated and counsellors have other duties, additional counsellors will be needed. VCT counselling should be carried out by trained counsellors. When staff is limited, appropriately trained counselling assistants may counsel. Counsellors and

counselling assistants should have sufficient skills to offer comprehensive VCT services.

1.7.1 Counsellor qualifications

VCT counsellors should have an educational background of at least 'O' level or its equivalent. This applies equally to those with or without a medical background.

1.7.2 Training in counselling

Training for VCT counsellors should be carried out by a recognized training institution providing comprehensive knowledge and skills in the field of counselling. The training period should not be less than 1 month (3 weeks of block training plus 1 week of practical experience) with pre- and post-training assessments.

Counsellor assistants with relevant qualifications ('O' level or equivalent) can be oriented into VCT counselling in a period of 2 weeks.

Laboratory personnel who carry out HIV testing should be equipped with basic counselling skills for a period of at least 2 weeks.

1.7.3 Registration of counsellors

After the initial training of 1 month from a recognized training institution and a follow-up period of not less than 6 months of practice as a counsellor under supervision, VCT counsellors should be certified and enrolled in a national register.

1.7.4 Counsellor support

Counsellors need support to prevent burn-out, to share experiences and learn from each other on how to handle hard tasks, to receive technical updates, and for quality control. Regular meetings with each other give them support and encourage them.

Counsellors should also receive support and should learn through regular meetings with their supervisor, who deals mainly with administrative and professional issues, and with the visiting senior counsellor, who gives personal and professional support.

1.7.5 Who should perform the HIV test?

HIV ELISA tests should be performed by personnel not below the level of medical laboratory technician. Where available, medical laboratory technicians are also the most suitable personnel to perform rapid HIV tests. But owing to staff shortage medically trained counsellors with diploma level in basic medical training can be trained in how to carry out HIV rapid tests, which they can perform under supervision of personnel not below the level of medical laboratory technician. Counsellors without a medical background must not perform any HIV tests. HIV tests, including rapid tests, should not be performed in the presence of the client. Clients must not perform HIV tests.

Supplies

The quantity of supplies depends on the volume of clients anticipated and the test algorithm adopted.

1.9 Financing VCT services

VCT should be considered a public health preventive service and should be free in public health facilities.

Chapter 2. VCT protocol

In Uganda the VCT protocol for HIV starts with client registration followed by pre-test counselling and consent for testing (see figure 1). Pre-test counselling also enables those clients who decline the test to receive counselling without testing, which in itself is a useful service that VCT centres provide. A specimen is obtained from clients who consent to be tested and is tested for HIV. Depending on the type of test, the testing algorithm and the workload, the results of the test may be available within an hour or a few days. When the results are ready the client is provided post-test counselling, during which the test results are given. Clients are then provided follow-up support, which may be available at the VCT site in the form of post-test clubs or ongoing counselling or they may be referred elsewhere for care and support.

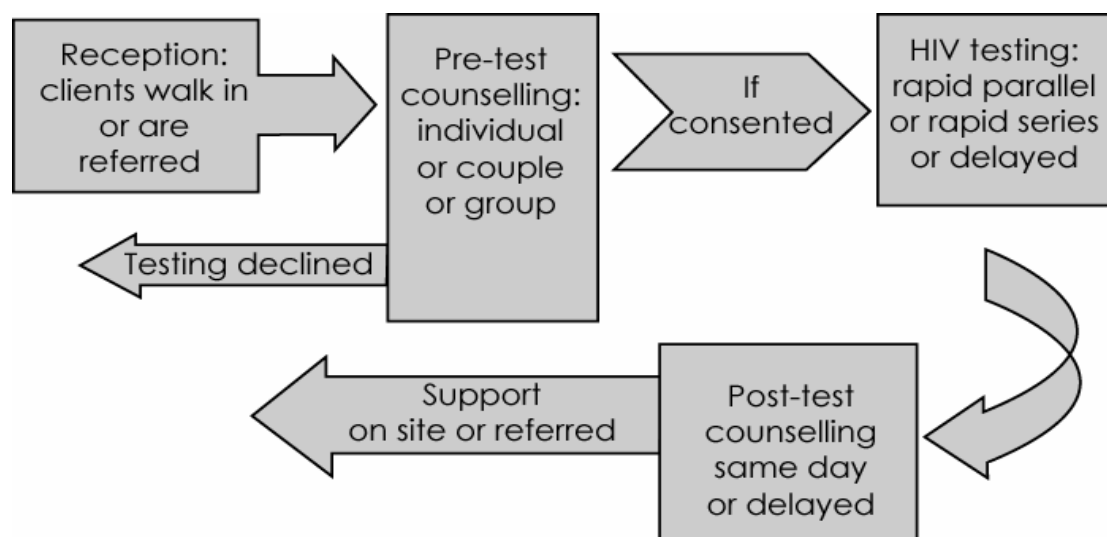


Figure 1. VCT protocol.

2.1 Client registration

VCT registration does not have to be anonymous. Clients may register with their names. All VCT sites are bound to ensure confidentiality of client information. Where VCT is provided in health facilities VCT clients may register like other patients at the outpatient department to avoid being stigmatized. VCT should be promoted within and outside the health facility and listed as one of the services provided by that health facility on the existing clinical forms and registers. VCT should be included in routine health education talks and the concept of integrated services explained.

2.2 Pre-test counselling

Under VCT no HIV test should be provided without pre-test counselling. If a sufficient number of waiting clients exist, pre-test counselling should be preceded by a comprehensive health education talk.

Pre-test counselling should be provided to each client alone and not in a group. When staff is limited, however, group counselling may be provided, followed by a brief session of individual counselling. Couples should be given the option of being counselled together or individually. Similarly, people in polygamous marriages should also be given options of all coming together, as separate pairs with the husband or as individuals.

Pre-test counselling should be comprehensive enough to allow the client, in addition to preparing for the test, to make appropriate risk-reduction plans.

In private laboratories where counsellors are not available, laboratory staff handling HIV testing should be trained in counselling skills to enable them to provide a brief session of pre-test counselling before the test. However, it is important that the laboratory staff member who carries out the test not be the same as the one who provides the pre-test counselling.

2.3 Consent for HIV testing

Knowing one's HIV status helps a person more rationally carry out preventive options such as partner notification, abstinence and safer sex. It also enables the person to seek care and support. Both preventive and care outcomes of knowing one's HIV status thus are dependent on the voluntary actions of the individual.

VCT is a voluntary service that people should be encouraged to seek but not be coerced into. For VCT to be beneficial the person should voluntarily consent to it after fully understanding its benefits. Hence no rules or regulations should be passed to make particular individuals or groups of people go for VCT. However, the service needs to be promoted actively once it is available. VCT has health benefits for certain groups of people in particular, and these people should be strongly encouraged to seek VCT. Examples are couples intending to get married, pregnant women, couples or individuals intending to engage into a new sexual relationship, and people whose work involves much mobility such as migrant workers and truck drivers. Other groups include commercial sex workers, barmaids, housemaids, people in polygamous relationships, rape victims, patients with cardinal signs of HIV/AIDS and all health workers.⁵

Therefore, regardless of the reasons for VCT, it is the client's decision to be tested for HIV. Consent should be documented by the VCT client signing or putting a thumbprint on a consent form before being tested.

If an attending health worker identifies a patient who may benefit from VCT, the worker may refer the patient. The role of the health worker is to provide the client with education and counselling to enable the client to make the decision regarding their blood being tested for HIV. Health workers should counsel their patients to go for VCT, not just ask them to go for testing. TB patients, for example, may need to be supported to understand the need for VCT.

⁵ Where ARVs for post-exposure prophylaxis (PEP) are available an institutional policy on PEP should be developed. Such a policy should state timing of the baseline HIV test and provide for a short course of ARVs and a follow-up test to determine if infection occurred. The policy should also state the consent issues regarding testing the patient to whose fluids the health worker was exposed.

2.4 Post-test counselling

Clients should not be given HIV test results without face-to-face counselling. Partners in a couple should be encouraged to be counselled together but also be given the option of being counselled individually. During pre-test counselling of a couple, the counsellor should try to get the couple to agree as to whether they want to receive their results together or individually. Similarly, people in polygamous marriages should be given options to come all together, in separate pairs with the husband, or as individuals.

Laboratory staff handling HIV testing in private laboratories should be trained in counselling skills to enable them to provide clients who walk in for testing with a brief discussion of the results and refer the client if necessary. But where the test is requested by a clinician or counsellor the laboratory staff should send the results to the requesting service provider and not give them to the patient without counselling.

2.5 Repeat testing

To rule out the window period before a client is declared to be truly HIV negative the client should return for repeat testing in 3 months, contingent on the client's story of how recently they were exposed. While they wait, they should be counselled to practise safer sex or abstain.

Clients in denial can also be assisted to repeat the test. This may depend on the period of denial. Clients who deny the results immediately may need time to come to terms with the news. If HIV-negative clients do not believe their results, the repeat test should be delayed for at least 3 months, as they may be in the window period.

If the laboratory issues indeterminate results the counsellor should explain to the client what they mean. The client should then be asked to repeat the test in 3 months. If after 3 months the results are still indeterminate another blood sample is taken and sent to a reference laboratory.

Sometimes counsellors may encourage a client to repeat the test with their partner, as if the testing were new, as a way of notifying the partner.

2.6 Learning HIV test results

It is up to the client to decide if they want to know the results of their HIV test. Where the option of getting HIV test results the same hour, same day or another day exists, it is also up to the client to decide when to learn the test results. If the test was a rapid test in parallel, which confirms the results instantly, the client may be shown the test strips or the test results if they so desire. In other types of tests the written results of the HIV test may be issued to the client if they so desire. HIV results should never be issued at the reception desk of a laboratory where there is no privacy. They should always be issued in a special session with the client alone.

2.7 Issuance of written HIV test results

Written results can be issued to a VCT client regardless of whether the test is positive or negative. But the client should be counselled against misusing the written results. Where written results are issued, the client's name and number, the date, and the stamp and signature of the issuing authority should be clearly written on the results slip.

2.8 Disclosure of HIV test results to other people

It is up to the client to decide if they want to share the HIV test results with anybody else. It is also up to the client to decide when to share the results with another person. The role of the counsellor is to discuss with the client the pros and cons of disclosure and the timing of disclosure.

It is also up to the client to decide how to share the results of their HIV test. The counsellor should discuss with the client the pros and cons of various options of disclosure such as provider-assisted notification versus client notification.

In testing a couple, results should be given to both partners of the couple together. Counsellors and clinicians should strongly encourage their clients to disclose their results to each other, especially discordant couples, and in particular premarital discordant clients who came separately.

Results can be released only subject to the client's consent, when the client is of sound mind. Where written results are required by a third party, such as NSSF,⁶ for the benefit of the client, the counsellor may release these results to an appropriate agent of the third party upon receipt of written authorization from the client.

⁶ Currently in Uganda, individuals who are entitled to National Social Security Fund benefits can have access to their NSSF terminal benefits upon proof that they are suffering from a terminal ailment such as AIDS. To verify the authenticity of the claim, NSSF sends an agent independently to obtain the HIV test result from the testing centre that the client names.

Chapter 3. HIV testing in VCT

Testing clients for HIV is a key VCT component. There are many tests on the market that can be used to determine whether a person is infected with HIV. Information regarding one's HIV status is so crucial in a person's life that every effort should be taken to ensure that the results given in post-test counselling represent the client's true HIV status. This chapter outlines policies intended to ensure that VCT centres provide clients with accurate and confidential results. Mechanisms should be put in place to guard against all forms of error, both technical and clerical, in VCT centres. Laboratory staff should not test a client unless they are sure that the client has received pre-test counselling.

3.1 HIV testing algorithms

Specimens collected from VCT clients should be tested on two rapid kits using either the parallel method or the series method (see figures 2 and 3 illustrating these methods). The two kits, which will have been validated by the national health reference library (NHRL),⁷ should be of different antigenic specificities that define HIV. Either method could be used, depending on the capacity of the service provider.

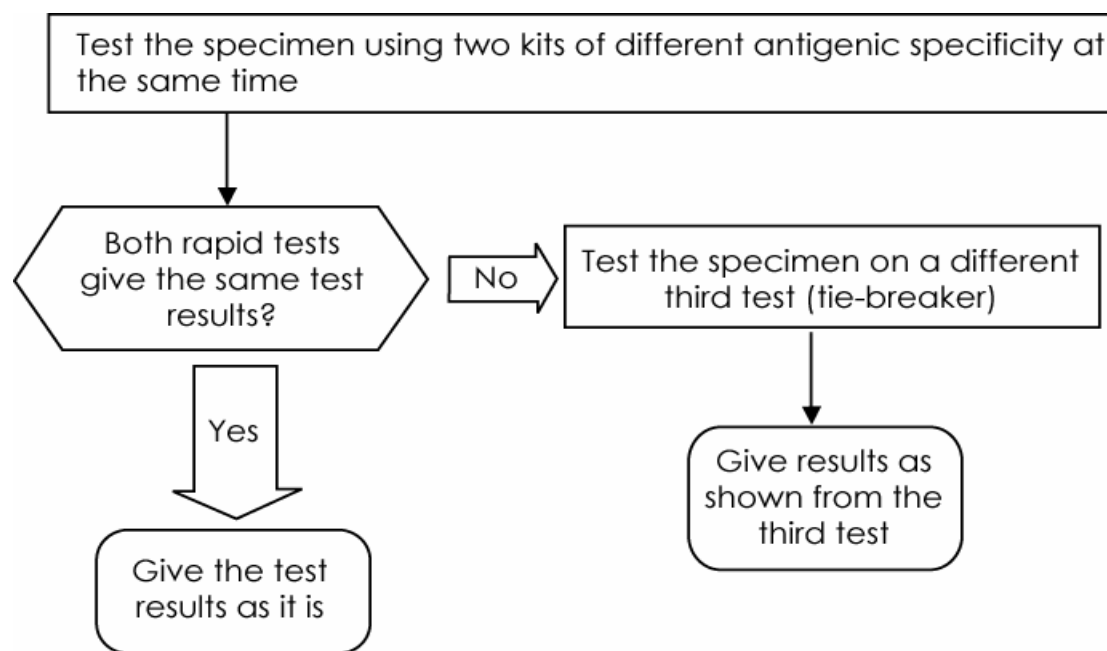


Figure 2. Parallel algorithm for rapid HIV testing.

3.2 Specimens for HIV testing

At the moment the recommended specimens for use in HIV testing for VCT remain limited to whole venous blood, plasma or serum. Other specimens like urine, saliva and dry blood spots should be used after NHRL validates the tests.

⁷ Currently there is no designated NHRL, but this function is the responsibility of the Central Public Health Laboratory (CPHL). MOH is to strengthen CPHL to enable it to carry out this function. In the meantime the practical role of NHRL is carried out by a number of reference laboratories as designated by MOH from time to time. See section 5.2.2 for reference laboratories.

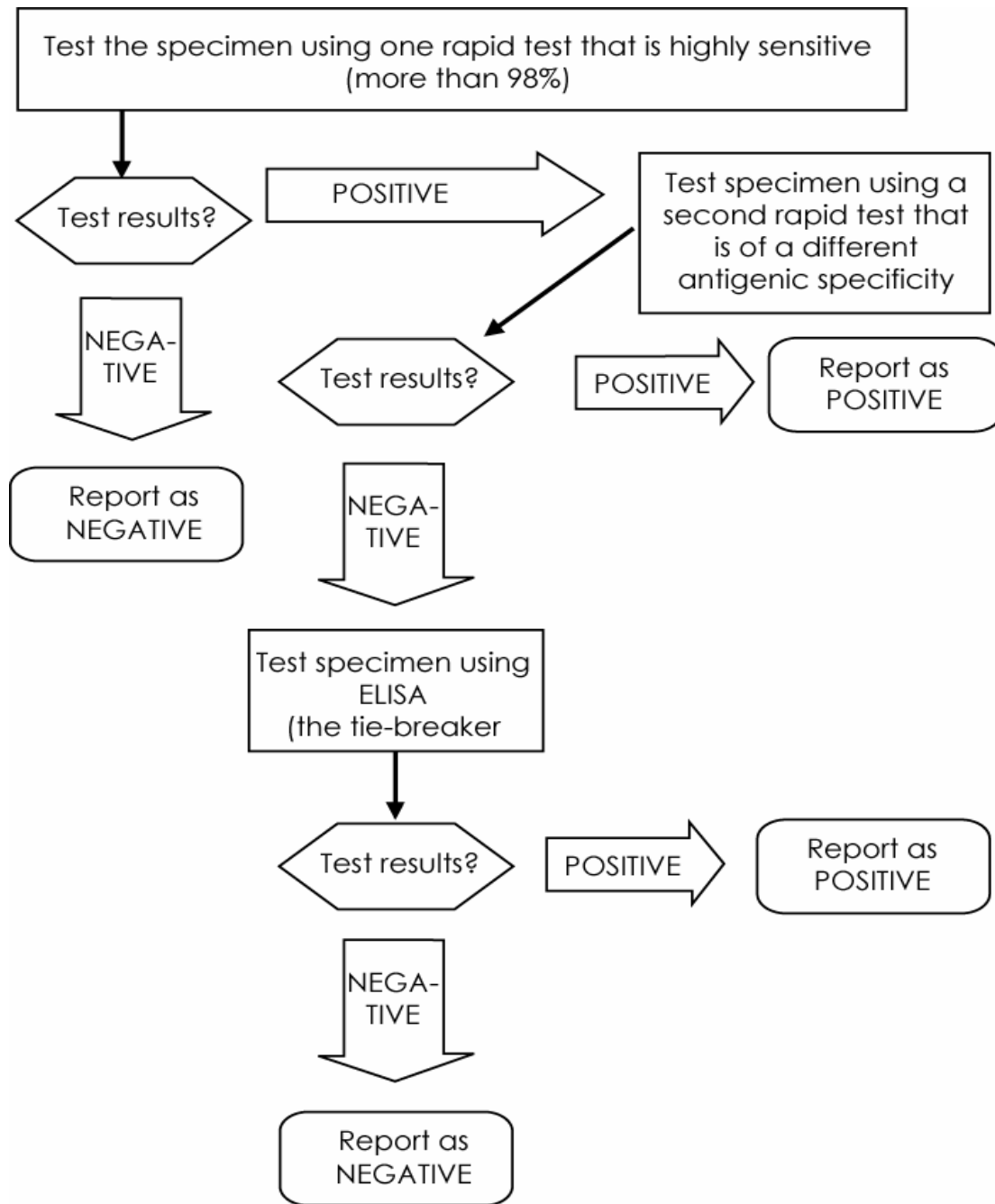


Figure 3. Series algorithm for rapid HIV testing.

Specimens for HIV testing must be accompanied by a laboratory request form filled in and bearing the signature and name of the requesting clinician or counsellor who did the pre-test counselling.

In private laboratories where clients walk in seeking to know their HIV status, the laboratory request form should be filled in and signed by the laboratory staff, who provide mandatory brief pre-test counselling and take the blood sample. Note that neither the staff member who carries out the counselling nor the person doing phlebotomy should be the one to conduct the test.

3.2.1 Handling specimens for HIV testing

The counsellor who provides pre-test counselling should obtain the specimen for HIV testing and send it to the laboratory with the laboratory request form duly completed. In most VCT circumstances, the blood sample is obtained from the patient in the same location as the test is performed. However, in a pre-test counselling facility that does not perform the test, the following precautions should be taken to ensure high ethical and technical standards in handling specimens.

The samples or specimens should be

- collected in recommended blood specimen containers
- kept refrigerated in the range of 4 °C to 8 °C if the specimens are not being processed immediately
- delivered to the testing centre within 48 hours
- transported under cold-chain conditions
- recorded in laboratories under confidential numbers
- handled with mechanisms that ensure anonymity of clients during testing

3.3 Handling results

HIV test results should be sent to the requesting clinician or counsellor who did the pre-test counselling. An insurance agent or employer or any other third party *must not* be given the results unless it is with the written consent of the client.

In handling results, laboratory staff should adhere to the following:

- Anonymity should be maintained by using numbers and a coding system until the results get back to the counsellor.
- A register should be maintained and kept in the laboratory to receive all incoming specimens by *date, time* and *requesting counsellor*.
- Worksheets should be kept after the laboratory report has been sent to the requesting service provider for decoding.
- Only authorized persons should have access to the worksheets.
- Reports should be submitted regularly to relevant authorities.

Chapter 4. VCT for children and other special categories

VCT for children should be for the best interest of the child. It should be to improve the child's health, survival, development and social well-being. Children should participate in the process, and it should not be imposed on them. The policies stated here are in the context of wider international and national policies and laws concerning children, like the Uganda Children's Statute and the UN Convention on the Rights of the Child (UNCRC).⁸ Children of any age are vulnerable to HIV, and VCT services should therefore be child friendly.

Counselling for children depends on the important roles of counsellor, child, and parents or guardian. As soon as children are able to understand, they should be educated about HIV/AIDS with the involvement of the parent or guardian. Counsellors should promote VCT for children who were vertically exposed even if their mothers received PMTCT services. Children who have HIV-related symptoms may be tested when the clinician deems necessary for purposes of child care, irrespective of age and ability to understand. The child may not be informed of the results until they reach an age when they can understand, at which time they should be specially counselled. The parent or guardian should also be counselled at both times.

Antibody testing should not be used for diagnosis of HIV infection in children aged less than 18 months. In Uganda the tests that can be used to detect HIV in this age group, such as PCR, are currently available only for research. It is therefore recommended that VCT for children be provided only after the age of 18 months.

4.1 Age of consent for VCT

The age of consent for VCT should be the age at which the child understands the results – considered 12 years. The right of dissent to testing should also start at age 12. For children between 12 and 18, the legal age of consent, the child should consent but with the approval of the parent or guardian.

For children below 12 years the parent or guardian should sign the consent and for those children without a parent or guardian the head of the institution, health centre, hospital, clinic or any responsible other may sign. Emancipated minors should be treated like adults.

If a child below the age of 12 asks for HIV testing, their parents or guardians should be fully involved.

The counsellor should assess the child's ability to understand and the emotional capacity to cope with the results. Basing the policy on the counsellor helps children who are on their own without a parent or guardian. Such a policy also helps if a parent or guardian is abusing the child, sexually or in another manner. Parents or guardians, however, need to know the status of the child. The child should be asked first and should agree on which other person should be involved, and how. Some

⁸ Formally adopted 1989.

children without parents may choose other people in their social network such as a neighbour.

4.2 Parental consent for VCT

Parents may consent to the HIV testing of legal minors. But before proceeding with the test the counsellor should always assess the situation to ascertain that the HIV test is being carried out for the benefit of the minor. If the parent or guardian is the one proposing the test, the counsellor should assess if the parent or guardian wants to do the test in good faith. If the counsellor is in doubt, the child should be allowed to decide.

Always the child should be told about the importance of the significant other person who needs to know. As the child continues with the sessions someone else should come along – a guardian or someone else of the child’s choice, for example, an older sister.

4.3 Counselling children who have been sexually abused

At every stage of child counselling the child’s rights must be observed. The decision taken by the counsellor should be in the best interest of the child. Sometimes there is need to meet with legal personnel.⁹ More health workers and counsellors need to be trained to counsel children. The training for child counsellors should incorporate training in legal and ethical issues. If the child has been defiled, counsellors at their own discretion should refer to the appropriate agency. The counsellor should at all times keep up the relationship with the child and the parent or guardian and keep providing support.

4.4 Giving HIV test results to legal minors

In post-test counselling of minors, counsellors should be careful in making a decision as to whom to give results. It may not be to the one who gave consent for the testing. Children should not be tested simply for the parents or guardians to know their own status. Before disclosing results, the counsellor should assess if the parent or guardian is willing to discuss HIV and the test results with the child openly. If the child is HIV positive the counsellor should work with the parent or guardian to plan for the child’s future care. The counsellor should provide ongoing support and counselling until the child is old enough to be disclosed to.

Emancipated minors should be given their results like adults. Children who are 12 years and above should be given results after proper counselling and with the involvement of parents or guardians. Children below 12 years of age should be given results only with the consent of parents or guardians and with proper counselling.

In all groups mentioned above ongoing counselling and support should be provided by parents or guardians and the counsellor. Never should anyone lie to a child of any age about their HIV results.

Notification to schools: An important first step is to ensure that teachers and students are sensitized about HIV/AIDS to try to avoid stigma at school. Teachers should be trained in how to handle HIV-positive children. School nurses should also be

⁹ Should be clarified with the attorney general.

sensitized. Giving information about the HIV status of a child should be done only in the interest of the child and only to trustworthy teachers or school nurses who have received training in HIV counselling.

4.5 VCT for people unable to be fully informed

People who may be unable to be fully informed include the deaf, the blind, the dumb and the mentally retarded.

People who have disabilities that make it difficult for them to understand information about HIV and VCT well enough may not be able to make an informed consent for VCT. This category includes people with hearing disabilities that make it difficult for them to receive verbal information from the counsellor. Also people with speech disabilities may not be able to express their concerns about HIV and VCT to the counsellor well enough to clarify issues. People with visual disability or reading difficulties may not be able to use written information to prepare for VCT. Mental health patients may neither be able to understand information nor be able to make rational decisions.

If the blind, the deaf and the dumb are not mentally retarded, the same procedure should be followed as for counselling and testing others for HIV. What should differ is the method of communication with them. The mentally retarded should be tested only with consent of their parent or guardian.

All people 12 years and above tested for HIV should be given their results with counselling.

4.6 Clients who may require consent by others on their behalf

In the very rare circumstances where a patient is not able to consent to HIV testing and the life of the patient or that of others depends on knowledge of the HIV status of the patient, the attending clinician or next of kin may decide, on behalf of the patient, that the blood of the patient be tested for HIV. But as soon as the client is able to understand, they should receive counselling. It is important for the service provider to give adequate counselling to the next of kin. If a patient is unconscious and the next of kin asks the clinician to test the patient, clinicians must use their own discretion. The most senior clinician in the institution should be the one to take responsibility for the ultimate decision regarding testing such a patient. The next of kin should be counselled and supported to understand the test results and cope with the impact.

4.7 Patients with cardinal symptoms and signs of HIV/AIDS¹⁰

The clinician may decide to conduct the test without the patient's consent if management of the patient depends on the test results. Knowing the HIV results may help the clinician prescribe the right medication and give prophylaxis against opportunistic infections. Upon getting the results, the clinician can decide how to approach the patient with the results and how to provide counselling.

¹⁰ Cardinal symptoms and signs of HIV disease include Kaposi's sarcoma; cryptococcal meningitis, oesophageal candidiasis, and in patients below 50 years of age, herpes zoster or oral thrush.

Chapter 5. Quality assurance

To ensure that VCT sites offer their clients quality VCT services, professional counsellors, well-trained HIV testing personnel and appropriate HIV testing kits with good infrastructure are needed. These therefore require an effective management and quality control system with continuous monitoring and evaluation.

5.1 Quality control of counselling

To ensure quality in providing services, the counselling environment should be friendly and accessible with well-trained counsellors. Tools to evaluate the quality of counselling should include self-evaluation, mystery clients, sit-in sessions, counsellors' meetings, fellowships, exit interviews, suggestion boxes, community assessment and regular support supervision.

5.1.1 VCT coordination and supervision

To ensure quality, VCT services should be coordinated and supervised. There should be national and district VCT coordinators as well as site supervisors.

Supervisors are key in maintaining the quality of VCT services. District VCT coordinators and site supervisors should be counsellors who have been trained in VCT supervisory skills by a recognized training institution. Their roles and responsibilities should be clearly spelled out.

5.2 Quality control of HIV testing

Ensuring that the quality of HIV testing is high requires accurate testing materials that are well stored, have not expired and are handled by qualified laboratory personnel as defined by the Allied Health Professional Council. Good training and supervision of the laboratory staff as well as good administration of records in the laboratory are key to quality HIV testing.

Every laboratory conducting HIV testing should be linked to a higher-level laboratory, which should be equipped with more advanced HIV testing techniques for quality assurance, training and supervision. For external quality control, 3% of positive and 3% of negative samples should be retained and sent to a higher-level laboratory. Where quality control results differ from the results issued to the client, they should be used to identify weaknesses and strengthen the performance of the laboratory. Quality control testing should be paid for by the user laboratory. To be able to check for sources of error, samples should be kept for a minimum of 3 months.

5.2.1 Supervision of laboratory work

To supervise the HIV testing process, a senior laboratory technologist should carry out the following:

- Observe the process and quality of performance of the laboratory test according to set standard operating procedures.
- Examine and support the process and quality of processing blood samples.

- Examine the process of recording and reporting HIV test results.
- Assess the state of storage and of requisitioning supplies.
- Ensure timely submission of quality-assurance samples to the quality-assurance centre.
- Assess if the equipment is functioning satisfactorily and determine the need for maintaining or replacing it.
- Document supervisory activities using a checklist.
- Assess human resource needs for lab VCT service provision and give recommendations to the service manager.
- Ensure that an institutional policy on accidental exposure exists and is well known to all staff.

5.2.2 Local validation of HIV test kits

Validation of all HIV testing kits is a must in Uganda. All HIV test kits used in the country for various purposes including research should be validated before they are imported, on their arrival and during their use, as a quality control process. A new batch of test kits should be tested alongside the existing batch, using retained samples of known positivity and negativity.

The Central Public Health Laboratory (CPHL), which functions as the national health reference laboratory (NHRL)¹¹ should do the validation. All sellers of HIV test kits should have a certificate of approval from NHRL for each type of kit being sold.

While the capacity of CPHL is being strengthened the function of NHRL is supported by reference laboratories.

Reference laboratories should . . .

- have at least one staff member at the level of a registered medical laboratory technologist
- be doing HIV ELISA and Western Blot as part of their test methods
- be testing a minimum of 5000 specimens a year
- have the technical capacity to conduct research on HIV

Examples of reference laboratories: JCRC, Nakasero Blood Transfusion Services and UVRI.

Different forums should be set up to share information and experiences of the performance of VCT services nationally and all VCT service providers should regularly attend these forums.

5.3 Data management

All data obtainable from VCT services such as the number of clients counselled, number tested, discordancy rates, and the number of negative and of positive clients should be collected and analysed in a timely manner, as it provides useful information for improving the service.

¹¹ This function is currently being carried out by a number of existing labs, but MOH aims to strengthen CPHL and enable it to carry out this function.

Chapter 6. Monitoring and evaluation

Monitoring and evaluation of VCT services should be done in line with the *Uganda National Strategy for M&E of HIV/AIDS*.¹²

6.1 Monitoring

Management information systems (MIS): During the planning phase, a system should be established for routine MIS, to consist of client name, address, age, sex and brief risk-assessment data. Routine MIS forms should be adjusted to incorporate key VCT data. Any special information desired from VCT clients should be collected during special evaluations that are well managed and time limited.

Inputs and outputs: Monitoring should keep track of programme inputs as well as outputs. This information should be made available to programme managers at the site and at district and national levels to be used in the planning cycle of VCT programmes. This information is also vital on a day-to-day basis in forecasting and planning commodities.

6.1.1 Initial assessment

Before starting a VCT site it is recommended that an initial assessment be carried out to determine the suitability of location, space, infrastructure and personnel, and the training needs of the providers. Programme planners and managers should consider the outcome of these assessments to determine what the resource needs are for setting up the programme.

6.1.2 Input indicators

It is important that programme inputs are clearly documented.

6.1.3 Output indicators

To have statistical meaning, the numbers of clients receiving VCT should be based on well-defined denominators.

6.1.4 Information flow

Information should flow from the grassroots upward: from the VCT centre to the health sub-district, the district director of health services, the Ministry of Health, and ultimately to the Uganda AIDS Commission.

6.2 Evaluation

Systematic evaluation of the VCT programme in a given location should be undertaken. This could consist of a client's survey of knowledge, attitudes and practices (KAP) as well as the client's intention to change behaviour. Such an evaluation could be carried out regularly for a limited period, for example, for 1 month every 2 years. In addition, ad hoc qualitative evaluations could be carried out to assess the process of service delivery – for example by using qualitative narration

¹² Uganda AIDS Commission and Ministry of Health, 2000.

of the content of a counsellor's counselling using a record that lists problems the client presents, options discussed, and decisions the client took. Also, an external agent could be contracted occasionally to carry out an evaluation of the quality of care. Tools such as a checklist of counselling content could be used to observe counselling sessions. Client exit interviews and mystery clients could also be used to assess client satisfaction.

6.3 Specific research studies

At district and national levels VCT stakeholders should develop a VCT research agenda. In addition to evaluating programme impact and process, specific research studies should be carried out to answer research questions regarding VCT. For example, operations research could be carried out to test the feasibility of new VCT protocols, such as rapid test protocol, or to examine provider and client acceptance of new services, such as TB prophylaxis. Studies could be designed to test the impact of interventions such as training of counsellors about FP. Cost analyses should be conducted to determine cost effectiveness of VCT and cost per client served.

Annex. Glossary of VCT terms and acronyms

The aim of this glossary is to standardize the interpretation of the policies stated in this document by clarifying terms as they are used in the context of VCT. The glossary thus does not represent a universal definition of the terms.

AIC	AIDS Information Centre – a Ugandan indigenous non-governmental organization that has been providing HIV voluntary counselling and testing since 1990.
AIDS	Acquired immune deficiency syndrome.
AIM	AIDS/HIV Integrated Model District Programme.
ANC	Antenatal clinic.
ART	Antiretroviral therapy consists of drugs that can suppress the HIV virus. These drugs are used in managing people infected with HIV/AIDS, as post-HIV exposure prophylaxis, and for reducing the risk of mother-to-child transmission of HIV.
care and support	Comprehensive services provided to people with HIV/AIDS and their families. They include ongoing counselling, nursing care, diagnosis, treatment and prevention of opportunistic infections, socio-economic support and home-based care.
CD4+ cells	These are the white blood cells with the receptors (CD4) onto which HIV attaches. The white blood cells are responsible for the body's immunity against diseases. When HIV multiplies it destroys these cells, resulting into lowered body immunity.
child	A person below 18 years of age.
client	A person seeking or receiving HIV counselling or testing or both.
consent	Voluntary agreement by a fully cognizant adult person to have a procedure (HIV test, operation, etc.) performed on oneself or on a specimen from one's body. It also applies to agreement to give information about oneself such as in research or to have such information used for any purpose.
counselling	A confidential dialogue between the client and a care provider, to enable the client to cope with stress and make an informed decision relating to a situation.
counselling aide	A cadre of providers that is below the level of a counselling assistant. According to the Ministry of Health, counselling aides should have received at least 2 weeks of training in HIV counselling and they may operate at a health facility level II.
counselling assistant	A cadre of providers below the level of a full counsellor. According to the Ministry of Health, a counselling assistant should have received at least 8 weeks of training in HIV counselling and may operate at a health facility level III.

counsellor	A cadre of providers comprehensively trained to provide HIV counselling. According to the Ministry of Health, the counsellor should operate at the level of a district or national health facility and should have received at least 4 months of training in HIV counselling.
counsellor support	A process aimed at supporting the counsellor to prevent burn-out and to strengthen the quality of counselling. It takes into consideration the counsellor's own emotional well-being as well as the administrative constraints that may affect the well-being of the counsellor or their ability to deliver. It is usually carried out together with quality control of counselling. It also includes technical updates in knowledge.
couple counselling	Counselling provided to sexual partners or intending sexual partners.
couple VCT	Pre-test counselling, HIV testing and post-test counselling provided together to current or intending sexual partners.
CPHL	Central Public Health Laboratory.
discordant couple	Sexual partners with one testing HIV negative and the other testing HIV positive.
discordant test results	A laboratory term used to refer to a specimen that tests HIV positive on one HIV test kit but HIV negative on a different kit.
ELISA	Enzyme-linked immuno-sorbent assay is an antibody test for HIV.
emancipated minor	A person below 18 years of age (legal minor) who is living like an adult. Legal minors may, for example, have a child of their own, be married or be living alone and fending for themselves.
health facility, levels I to IV	An established location where health care services are provided; level I is the lowest and level IV the highest of the health centres.
HIV	Human immunodeficiency virus, the virus that causes AIDS.
HIV Sentinel Surveillance	HIV testing carried out to monitor prevalence of HIV in a country.
HIV test	An HIV test is either an antibody test that detects the body's response to the virus or an antigen test that detects the presence of the actual virus or its components.
HIV test algorithm	A combination of HIV tests that have been tested and agreed by a reference laboratory to represent HIV testing for a given purpose.
indeterminate result	An HIV test result that is neither clearly positive nor clearly negative.
informed consent	An agreement the client makes with the service provider or researcher after having received and understood the purpose of the procedure or the exchange of information.
integration	A service delivery approach that encourages the provider to review the patient as a whole, assess their needs beyond the primary reason for the visit and provide the additional service or refer the client to receive that service from another provider or another facility.
JCRC	Joint Clinical Research Centre, an autonomous health facility operated by Makerere University and a number of partners to provide cutting-edge HIV/AIDS clinical care and carry out research.

legal age of consent	The age at which consent is legal. In Uganda this age is currently 18 years.
legal minor	A person who is below 18, the legal age of consent.
medically trained counsellor	A provider with a medical background who is also trained as an HIV counsellor and is currently serving as counsellor. Usually such counsellors are nurses or midwives but they could be clinical officers, physiotherapists, doctors, laboratory personnel, pharmacists, dentists or other medical professionals.
NBTS	National Blood Transfusion Services, the national body that is responsible for providing an adequate amount of safe blood for the needs of the country. It operates on the principle of recruiting a regular pool of voluntary, non-remunerated blood donors.
next of kin	A relative, spouse or friend of a client who is designated to take responsibility for decision making in case of a client who is not in a position to make a decision or one who is a legal minor.
NGO	Non-governmental organization refers to a not-for-profit agency that provides a public service, usually using donated resources in partnership with the community and the government.
NHRL	National Health Reference Laboratory.
non-medical counsellor	A provider without a medical background who is trained as an HIV counsellor and is currently serving as a counsellor. Usually these counsellors are psychologists, graduates in social sciences, social work, religious workers, teachers or persons trained in other non-medical professions.
NSSF	National Social Security Fund.
ongoing counselling	Provision of follow-up HIV/AIDS psychosocial support to individuals and their families after learning their HIV test results. Counselling or clinical staff usually provides ongoing counselling as part of comprehensive care. It may be provided in a clinic or at the home of the client.
orphan	A child under 18 years whose parent or parents have died.
PCR	Polymerase chain reaction is a technique that amplifies the genetic material (DNA or RNA) of HIV to allow detection of the virus even when present in small quantities. This is an antigen test that detects the presence of the actual virus rather than antibodies to the virus. PCR has been used to detect infection in babies as early as 1 day after birth who were infected by their mothers. While PCR is not a routine HIV test, it is emerging as a major tool to measure the effectiveness of PMTCT programmes.
PEP	Post-exposure prophylaxis.
PHA	People living with HIV/AIDS.
PMTCT	Prevention of mother-to-child transmission of HIV is a package of services that aims to reduce the chances of mothers transmitting HIV to their babies.

post-test counselling	A discussion held between a provider and a client with the aim of informing the client of their HIV results and assisting them to cope with the results. This discussion consists of giving the test results clearly, without ambiguity, assessing the client's emotional and mental understanding of the test results, addressing any immediate emotional reactions, making plans for involving significant others, making ongoing plans for care and risk reduction, and making arrangement for follow-up support.
pre-test counselling	A discussion held between a provider and a client aimed at preparing the client for the HIV test. It consists of clarifying the client's knowledge about HIV/AIDS, informing the client about test procedures and how HIV test results are managed, preparing the client for the outcome of the test, assisting the client to make a decision about testing, obtaining the informed consent of the client, and counselling about safer sex.
pre-test counselling, group	Discussion between a provider and a number of clients, usually not more than five, aimed at preparing the clients for the HIV test. Before commencing the session the clients should have it explained to them and be asked to consent verbally to the group process.
PTC	Post-test clubs are a package of services that aim to help VCT clients cope with the knowledge of their HIV status and to live positively with their status. PTC targets both HIV-positive and HIV-negative persons.
quality control of counselling	A process aimed at monitoring and strengthening the quality of counselling. In counselling, quality control is usually carried together with counsellor support and supervision.
quality control of HIV testing	A process aimed at monitoring and strengthening the quality of HIV testing. It involves retaining a percentage of the HIV-positive and HIV-negative samples and sending them to a reference laboratory for retesting. This process helps detect faults and strengthen the testing process and technique.
rapid test, parallel	A rapid HIV test is one that usually provides a result within less than 2 hours. Parallel testing means that two different HIV rapid tests are applied together (in parallel) to all blood samples. Those samples that show HIV-positive results on both tests are reported as positive. Those that show HIV-negative results on both tests are reported as HIV negative. Samples that show positive results on one test and negative on the other are not reported to the client but instead a third test is carried out – a tie-breaker, different from the first two. If the tie-breaker shows a positive result it is reported as positive and if it shows negative it is reported as negative.
rapid test, serial	A rapid HIV test is one that usually provides a result within less than 2 hours. Serial testing means that two different tests are applied one after another (serially). Each blood sample is subjected to one rapid test, and if it tests negative it is reported as HIV negative. But if it tests positive it is subjected to a different rapid test, and if the second rapid test is positive it is reported as positive. If the second rapid test is negative when the first one was positive a third test, the tie-breaker, is applied. If the third test is positive it is reported as HIV positive and if it is negative it is reported as HIV negative.

referral system	Arrangements between institutions providing related services that allow providers to send clients from one institution to another to seek services that the client needs but may not be provided at the first institution. These arrangements usually consist of a referral slip, a referral directory and an informal or formal agreement between the institutions regarding the type and purpose of referrals that can be made to and from the various institutions participating in the arrangement. The arrangement should usually include a feedback mechanism from the recipient organization to the referring institution.
repeat testing	HIV testing undertaken by a client who has already been tested and informed of the test results. It usually requires that the client provides another sample. The commonest reasons for repeat testing are to rule out the window period and to satisfy clients in denial, who may doubt the first test result. It does not refer to the repetition of tests on a sample before the results are given to the client.
STD	Sexually transmitted disease.
TASO	The AIDS Service Organization – a major AIDS care and support agency.
TB	Tuberculosis.
tie-breaker	<i>See</i> under rapid test, parallel, and rapid test, serial.
UNCRC	UN Convention on the Rights of the Child.
USAID	United States Agency for International Development.
UVRI	Uganda Virus Research Institute, a government research laboratory that has carried out much HIV research in the country. It is a reference laboratory for HIV testing.
VCT	Voluntary counselling and testing.
WB	Western Blot test for HIV is a sophisticated antibody test. In Uganda it is used only for research purposes.
window period	The period between being exposed to HIV and the time when the body produces enough antibodies against HIV to be detected on routine HIV tests used. This period ranges from 2 to 3 months.