



Regional Minimum Standards for Harmonised Guidance on HIV Testing and Counselling in the SADC Region



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Implementing agreed-upon, regional minimum standards for harmonised approaches to HIV testing and counselling is a vital step towards controlling southern Africa's HIV and AIDS epidemics.

The Background

The SADC region bears the brunt of the global AIDS epidemic. The region contains about 2% of the world's population, but is home to about 37% of all HIV-infected persons and 33% of all AIDS deaths. AIDS is the leading cause of morbidity and mortality in the region. Nowhere else in the world has national HIV prevalence risen to the levels seen in southern Africa, where it has reached or exceeded 15% in Botswana, Lesotho, Namibia, South Africa, Swaziland, Zambia and Zimbabwe.

The Rationale

SADC Member States are signatories to several continental and global declarations that highlight the need to know one's HIV status as a gateway to accessing appropriate prevention, treatment, care and support services. They include the *Maseru Declaration*, the *Abuja Declaration*, the *Maputo Declaration*, the *Brazzaville Commitment* and the Millennium Development Goals. There is ample evidence that HIV testing and counselling (HTC) helps ensure timely access to treatment, care and support, and that it can be especially effective when provider-initiated services are used. Couple counselling and testing for HIV has also been shown to have a strong impact on short-term behaviour change. Yet very few people currently test for HIV in the SADC region, even in countries with serious epidemics.

The Principles

The key principles guiding the HTC minimum standards include those of human rights, gender equity and greater involvement of people living with HIV and AIDS. The minimum standards are evidence-based, and reflect the need for a participatory approach that involves partnerships with regional civil society organisations and institutions, utilising their comparative advantages.

The Scope

The minimum standards address the need for a conducive environment for HTC, and provide guidance on informed consent, the age of consent, and the various HTC approaches (including provider-initiated testing and counselling). It also covers capacity needs, the accreditation of HTC sites, and the provision of treatment and care for HTC service providers.

Key Points

HTC is to be provided through both provider-initiated testing and counselling and voluntary counselling and testing. A range of models is to be used (for example, integrated, stand-alone, mobile, and home-to-home), and HTC needs to be integrated with other services (not least with HIV prevention and treatment services). The hallmarks throughout have to be confidentiality, counselling, and informed consent. HIV testing must be routinely offered to all young people and adults accessing health services, with people retaining the right to refuse (or 'opt out' of) testing. All clients or patients must be provided with pre-test information and post-test counselling. Persons who test HIV-positive must be referred to appropriate prevention, treatment care and support services to ensure a continuum of care is achieved.

Implementation

Approval of the regional minimum standards occurred through all the relevant SADC structures. The minimum standards will be implemented through the coordination of National AIDS Authorities, in collaboration with Ministries of Health, civil society organisations, international cooperating partners and other key stakeholders.

More Information

The full set of minimum standards for HTC is available in the publication, *Regional Minimum Standards for Harmonised Guidance on HIV Testing and Counselling in the SADC Region (2010)*. The assessment of HTC programmes in the SADC region is contained in the publication, *Assessment Report on the Status of HIV Testing and Counselling Policies in the SADC Region (2010)*.

Both publications are available from the **Directorate of Social & Human Development & Special Programs (Private Bag 0095, Gaborone, Botswana)**.