

Joint WHO/UNICEF/UNAIDS Technical Consultation on Scaling-up HIV Testing and Counseling in Asia and the Pacific 4-6, Phnom Penh 2007

Some 73 participants from 12 countries, representatives from the World Health Organization (WHO), the United Nations Children's Fund (UNICEF), the Joint United Nations Programme on HIV/AIDS (UNAIDS), Secretariat of the Pacific Community (SPC), South Asia Association for Regional Cooperation (SAARC), governments and civil society, including CARAM Asia, gathered for the joint WHO/UNICEF/UNAIDS Technical Consultation on Scaling-up HIV Testing and Counseling in Asia and the Pacific from 4 to 6 June, 2007 in Phnom Penh. The objectives of the consultation were:

- 1) To review HIV testing and counseling policies and practices in different settings and contexts in Asia and the Pacific

- 2) To discuss the role of provider initiated testing and counseling (PITC) in complementing existing voluntary counseling and testing services

- 3) To emphasise the need for HIV testing and counseling to be grounded in public health methods, ethical principles and human rights values and to

- 4) To identify and agree on key actions for follow-up at regional and country level for policy and programme implementation.

WHO announced its draft document of the PITC, the brain child of Kevin de Cock, director, HIV Department in Nov 2006. At the time the draft was announced civil society groups took the opportunity to comment. The strongest criticisms came from Human Rights Watch and UNAIDS Reference Group on HIV and Human Rights. Read the guidelines in the "Useful Readings" section of this issue's CARAM newsletter.

The impetus for the decision for WHO to officially launch its global PITC was largely driven by US-based Centre for Disease Control's decision to introduce routine testing. WHO launched the document on May 2nd despite reservations and have justified it as a guiding reference to scale up testing in order to meet the commitment of universal access reached by the heads of States at the G8 meeting at Gleneagles in the summer of 2006.

It is important to note that many countries had already proceeded with PITC in the region -especially in the area of parent to child transmission programmes - and is now widely used in Africa. However stigma is no longer a big problem in Africa in view of the prevalence and education surrounding HIV and AIDS, unlike the situation in Asia.

On the outset, there are fundamental problems with the PITC, namely the 'nature' of voluntary testing in view that informed consent protocols under VCT was significantly weakened and this is of particular concern in view of the existing unequal power relations between health provider and clients, particularly the poor. It is also not categorically

stated in the document that PITC be used ONLY under conditions of access to ARV treatment.

Based on country, community-setting and UN agencies' presentations and discussions, here are the following conclusions:

- There was a consensus on the need to scale up treatment, care and support
- The 3 Cs – informed consent, counseling and confidentiality is fundamental to any testing framework
- Testing modules need to be placed within the broader context of social and country needs.
- As a global reference, the WHO PITC document must be used judiciously and certainly not a relevant framework for groups at risk including migrant workers.