Expanding Access to Voluntary Counseling and Testing in Rungwe District

Report of the workshop held in December 2000 Mbeya, Tanzania

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EXECUTIVE SUMMARY

The Step Forward Program

The *Step Forward* Program in Tanzania has just commenced in the Mbeya region. *Step Forward* is a program designed to help orphans and vulnerable children in AIDS affected areas (OVC). The program helps children, families and communities cope with the impact of HIV by increasing access to education, primary health care, basic needs and voluntary counseling and testing (VCT). A needs-assessment, undertaken in Rungwe District, identified a broad demand for access to VCT in the communities that was not being covered by existing services. Communities, teachers and health providers confirmed the need for broader access to VCT within the local communities. VCT in Rungwe District currently remains limited to the district hospital, two private hospitals and one health center as an ongoing project supported by GTZ. This has limited the access to VCT to those people who are willing and able to travel to the cities. An additional problem has been that people normally have to return after 2 weeks to obtain their test results, something that many do not do. However, the recently validated rapid test methodology offers new opportunities for overcoming these obstacles. Rapid tests do not need laboratory support or highly qualified personnel. The World Health Organization has recently validated this technology and recommended its usage.

The Mbeya Workshop on Voluntary Counseling and Testing

It was with these issues in mind that a workshop was organized to bring together key stakeholders from the district and region as well as relevant experts from the national level. The workshop was organized by the Mbeya Regional Authorities and took place over two and a half days from 18-20 December 2000 in Mbeya. Thirty-nine participants attended the workshop. There were representatives from the National Reference Laboratory, the National AIDS Control Program, the regional laboratory and hospital, District Health Authorities, the District hospital and laboratory, counselors, GTZ, Non-Governmental Organizations and chiefs of community wards. These participants brought together a variety of perspectives from the medical sector, laboratory(ies), the National HIV/AIDS program, counselors and clients (communities). This resulted in a rich and profound discussion during the workshop bringing together policy along with technical and client perspectives.

Presentations

Five presentations provided background information on the progress made with regard to VCT internationally, in Tanzania and in the Mbeya region. The national coordinator of *Step Forward* informed the participants about the overall *Step Forward* program in Rungwe and the future plans for expansion. The representative of the National AIDS Control Program described the VCT situation in Tanzania in terms of current services and future plans for expansion. The Coordinator of the Regional AIDS Control Program described the Mbeya AIDS Control Program with special emphasis on the VCT component. The presentation by the National Reference Laboratory highlighted the national policy with regard to testing strategies. A representative of Axios International informed the participants about a recent meeting in Durban of African countries, multilaterals such as WHO and UNAIDS and bilateral agencies, on how to expand access to community-based VCT.

Working group results and discussion

After the presentations, the participants broke into three working groups to discuss (1) community outreach on VCT, (2) counseling techniques and possibilities for expansion and, (3) testing strategies and the health system. After identifying the current constraints and the recommendations on how to expand access to VCT, the working groups presented their results to plenary.

The discussions following the working group presentations were particularly rich and lively. Various obstacles as well as potential suggestions to expand the access to VCT were discussed. VCT remains limited to four facilities in the Rungwe District. At present, counseling and blood sampling is carried out at the District hospital, two missionary/NGO hospitals and a health center. No facilities have the capacity to do HIV testing on site. All samples must be sent by automobile to Mbeya Referral Hospital for ELISA testing. Expansion of VCT services in the Rungwe District is currently limited by the lack of trained counselors and especially the need for specialized laboratory facilities to perform ELISA tests.

Suggestions to overcome these obstacles included training more people to perform counseling and to investigate the use of rapid test methods at the health center and dispensary level. Cost-sharing was recommended as a means to increase sustainability of VCT services. Other issues discussed related to the need to ensure confidentiality of client test results and to realize the limitation of test kits/reagents. Rapid HIV tests are already recommended and used in Tanzania. However, the optimal

testing protocol that is adapted to the local context in Rungwe needs to be determined.

The proposed pilot program on VCT in Rungwe District

A pilot program using rapid tests was proposed by the workshop participants. In the first phase the pilot program would introduce rapid tests as a screening method to the District hospital, to the two missionary hospitals and to the five primary health care centers. In a second phase the fifty-eight dispensaries in the Rungwe District would be trained in screening with rapid tests and counseling for HIV as well. The pilot program would train medical personnel such as nurses and health workers, in addition to laboratory technicians, to carry out HIV testing using rapid tests, and it would train more non health personnel to perform counseling. The participants agreed that during initial phases of the pilot program, only people with health backgrounds should perform testing. Laboratory personnel would also be trained to counsel clients as well as perform testing. All health personnel will, therefore, have the technical capacity to conduct simultaneously counseling and testing. People without health backgrounds should counsel clients only.

As rapid tests are not used countrywide yet in Tanzania, the first phase of the pilot program should contain a research component to validate the results and the ease of use of tests. During the first phase, two different types of rapid tests, Capillus and Determine, will be used simultaneously in the screening at the three public and private hospitals and five public health centers. In addition, two dried blood spots will be collected from each patient for laboratory confirmation at the Regional Laboratory using the standard ELISA test. All positive and discordant results and some negative results will be controlled using the ELISA method. After the first 500 - 1000 tests, the results of the first phase of the pilot program will be analyzed, and the most practical and reliable rapid test will be used as the screening test. The other rapid test will be used for confirmation. Once the protocols for rapid tests in primary health care centers have been validated then the pilot program will be expanded to include the provision of VCT using rapid tests at the fifty-eight dispensaries in the District.

Development of a proposal

The workshop participants recommended that a proposal be developed for the suggested pilot program. The Rungwe District authorities and the Step Forward Coordination Unit should develop this proposal jointly. The Mbeya Regional Secretariat and the National AIDS Control Program should support this team in the development of the proposal. The

proposal should identify the mechanisms for integrating VCT services into existing health structures and describe how confidentiality will be ensured. The proposal should identify how the District/Regional Health Management Team will ascertain regular supervision of the project. The proposal should make provisions for community outreach and information, education and communication (IEC) to promote VCT and identify how VCT will be linked with health care for people with HIV/AIDS.

After development, the proposal should be discussed with the relevant local actors. These actors should include the Regional and District AIDS Control Program, GTZ, the regional and District medical officers, the Regional Reference Laboratory, NGOs and community-based organizations. The proposal should define the roles of each actor in delivery, logistics and management of the program. The District Authorities will be responsible for the overall management of the project.

The steering group

A steering group consisting of key persons from the national, regional and District levels will oversee the pilot program and provide technical input and information when needed. The steering group will also be responsible for endorsing the publication of all research, data and information originating from the VCT project.

The District Authorities will take responsibility for implementation of the proposed pilot program. They will work closely with regional authorities and other local actors to encourage and stimulate demand for VCT services. With the commitment and enthusiasm already generated from communities and multi-sectoral institutions, this program has the opportunity to significantly expand the access to VCT services at the community level.

ABBREVIATIONS

AIDS	Acquired Immune Deficiency Syndrome
ELISA	Enzyme Linked ImmonoSorbent Assay
GTZ	Deutsche Gesellschaft für Technische Zusammenarbeit (German organization for technical cooperation in developing countries)
HBC	Home Based Care
HIV	Human Immunodeficiency Virus
IEC	Information Education and Communication
MSD	Medical Stores Department
NACP	National AIDS Control Program
NGO	Non-Governmental Organization
OVC	Orphans and other Vulnerable Children in AIDS affected areas
PCR	Polymerase Chain Reaction
STD	Sexually Transmitted Diseases
TZS	Tanzanian Shillings
VCT	Voluntary Counseling and Testing

CONTEXT

The international community and individual countries have increasingly recognized voluntary counseling and testing (VCT) as essential to fighting the AIDS epidemic in developing countries. Without access to VCT, people cannot obtain knowledge of their HIV status, and therefore cannot protect themselves and others. However, today less than 10% of people in sub-Saharan Africa know their HIV status. The main reason for this is that access to VCT remains limited to big cities where institutions have access to laboratory support in order to obtain the test results. This has limited the access to VCT to those people who are willing and able to travel to the cities. An additional problem has been that people normally have to return after two weeks to obtain their test results, something that many do not do.

The newly validated rapid test methodology offers new opportunities for overcoming these obstacles. Rapid tests do not necessitate laboratory support or highly qualified personnel, and people can obtain their results immediately instead of having to wait many days. International institutions, such as the World Health Organization, have validated the technology, and the cost of it is lower than most people would expect. This opens new possibilities for expanding the access to community based VCT (see presentation the international meeting of experts in Durban, July 2000).

The Step Forward Program in Tanzania has just commenced in the Mbeya region. Step forward is a program designed to help orphans and vulnerable children in AIDS affected areas (OVC). The program helps children, families and communities cope with the impact of HIV by increasing access to education, primary health care, basic needs and VCT. A needs assessment undertaken in the Rungwe District identified a broad demand for access to VCT in the communities, a demand that was not being covered through existing services. Currently VCT remains limited to four health facilities in Rungwe District, which has an estimated population of 318,019 and covers area of 2,211 square kilometers. These facilities include the Government District Hospital, two missionary/NGO hospitals and one health center. VCT services, under the regional AIDS control program in the MBA region, are integrated in an ongoing HIV/AIDS project supported by GTZ. However, in spite of these efforts, communities, teachers and health providers confirmed the need for broader access to VCT within the local communities. The Mbeya workshop provided a forum for discussing how a broader access to community based VCT could be obtained.

PARTICIPANTS

The workshop on improving access to VCT took place over two and a half days from 18-20 December 2000 in Mbeya at the Karibuni Center. Thirty-nine participants attended the workshop. There were representatives from the National Reference Laboratory, the National AIDS Control Program, the regional laboratory and hospital, District Health Authorities and District Hospital and Laboratory, counselors, GTZ, Non-Governmental Organizations and chiefs of community wards. This brought together a variety of perspectives from the medical and laboratory sectors, the National HIV/AIDS Program, counselors and clients (communities). This resulted in a rich and profound discussion during the workshop bringing together policy along with technical and client perspectives.

The workshop was organized and hosted by the Mbeya Region under the authority of the Regional Medical Officer. Axios International provided technical assistance during the workshop on behalf of the Step Forward Program.

PROCEEDINGS

Mr. Mwajati, acting Mbeya Regional Administrative Secretary, opened the workshop. It was chaired by Mr. Kipigapasi, the Rungwe District Executive Director and co-chaired by Dr. Minja, Mbeya Deputy Regional Medical Officer. Mr. Mwajati welcomed all the participants and thanked them for their attendance to this important workshop on expanding access to VCT. He emphasized the role of the local language, Kiswahili, for optimal dissemination of the workshop proceedings. Mr. Mwajati highlighted the role of GTZs contribution and support in the successfulness of the AIDS prevention program in the Mbeya region. He stressed the role of VCT in leading to positive behavioral changes and prevention of HIV transmission but acknowledged that a major impediment to expanding VCT programs is a stigma. Mr. Mwajati commended the openness of current government policies regarding HIV/AIDS and VCT activities. He opened the workshop by thanking the Step Forward program for choosing Mbeya as the site for the VCT workshop on expanding access to community-based VCT.

THE PRESENTATIONS

Five presentations provided background information on the progress made with regard to VCT internationally, in Tanzania and in the Mbeya region. The national coordinator of *Step Forward* informed the participants about the overall *Step Forward* Program in Rungwe and the future plans for expansion. The representative of the National AIDS Control Program described the VCT situation in Tanzania in terms of current services and future plans for expansion. The Coordinator of the Regional AIDS Control Program described the Mbeya AIDS Control Program with special emphasis on the VCT component. The presentation by the National Reference Laboratory highlighted the national policy with regard to testing strategies. A representative of Axios International informed the participants about a recent meeting in Durban of African countries, multilaterals such as WHO and UNAIDS and bilateral agencies on how to expand the access to community-based VCT. A short summary of each of the presentations follows.

Step Forward in Tanzania

Mr. Donald Charwe, National Coordinator, *Step Forward* gave the first presentation. He described the *Step Forward* program as a program designed to assist the estimated 800,000 orphans in AIDS affected areas in Tanzania. The approach is multidisciplinary and involves various sectors – Government Ministries at the national, regional and district levels; non-governmental organizations; international, local and community-based organizations and people living with HIV/AIDS. *Step Forward* aims to help orphans and other vulnerable children in AIDS affected areas (OVC) not only survive the impact of AIDS but to become productive members of their communities who may, in turn, become leaders in the flight against AIDS. *Step Forward* assists OVC and the communities that support them through projects in four critical areas: health care, education, voluntary counseling and testing for HIV (VCT) and basic community needs.

The program began in the Rungwe District in 2000,and it will be expanded to include Mbeya Municipality in mid 2001 and later Muheza and Kilosa. The needs in Rungwe were defined locally after a needs assessment had been conducted that targeted orphans, their caregivers, teachers, community members, health professionals, key local leaders and other district authorities.

The main objective of the assessment was to obtain a good understanding of the orphan care issues that were important to people in

the community as well as to identify obstacles to education, health care and basic needs for OVC. The necessary actions and interventions to address these needs were subsequently identified and communities, District Authorities and representatives from the key ministries agreed upon an action plan

The results of the needs assessment showed that:

- Education is a major problem for OVC, as neither they nor their families can afford school fees and uniforms
- A need exists for preventive and curative health-outreach services for OVC to reach children before they get very sick
- Communities lack the funds to aid families in caring for and fulfilling the basic needs of the children and their family
- There is a demand for VCT in the communities but access is limited in the area

Proposed activities from the action plan are listed below:

- Provide medical checkups and first aid for school children
- Repair school buildings and construct water points and latrines in return for exoneration of school fees of needy children by the District Authorities
- Strengthen income-generating activities for communities and families
- Improve access to VCT by making it more readily available at the community level

VCT in Tanzania

Mrs. Zebina Msumi, Coordinator Counseling and Social Support Services, National AIDS Control Program, described the HIV/AIDS situation in Tanzania. The NACP estimates that over 1.7 million persons have been infected with the virus. The NACP also estimates that one out of every ten sexually active adults are living with HIV and many do not even know that they are infected.

The NACP began to respond to the HIV epidemic early on. In 1989, with the assistance of GTZ a workshop on counseling for HIV was organized and many counselors were trained. In 1995, the NACP developed a VCT program to allow for a better integration and coordination of VCT services into the existing District health care system. To date 162 counselors have been trained in Tanzania and they are providing services in 110 hospitals and health centers in 85 different districts. The NACP has also developed and pre-tested guidelines and training manuals. These resource documents have been distributed them to all districts and partners for utilization.

The NACP has recognized some shortfalls in the current program.

- Although VCT services are offered in all regions in Tanzania, many services remain small-scale and limited to larger towns/cities and therefore access to VCT is still inadequate.
- The number of counselors is too small to satisfy the demand for VCT, and many counselors have other duties in addition to counseling.
- Situations exist where testing has been done when no counseling has taken place.
- Supervision and follow-up of counselors does not always occur.
- Confirmatory testing is not done in some of the sites offering VCT.
- A lack of funds has led to shortages of test kits and other equipment and supplies needed for testing.
- HIV still remains stigmatized in many areas.
- Long-term strategies and support systems for HIV positive people and their families are not adequate.

Mrs. Msumi closed her presentation with a description of the Third Medium Term Plan III for the Prevention and Control of HIV/AIDS/STDS 1998-2002 in which the NACP is planning on expanding VCT services in Tanzania by:

- Training two counselors in each region as trainers
- Training 25% of health staff in every region in HIV care and counseling and extending VCT services to district hospitals
- Developing a code of ethics for counselors
- Incorporating counseling into the curriculum of health professionals

VCT Challenges in Mbeya: Existing services and needs

Dr. Maboko, Mbeya Regional AIDS/STD Control Coordinator, presented the VCT program activities in the Mbeya Region. He informed the participants that as of June 2000, counseling services are provided in 30 centers in the Mbeya region (6 hospitals, 9 dispensaries and 15 health centers) as well as a few other facilities in the region (Mission Hospitals and a local NGO). He described that the testing of all blood samples is sent to the reference laboratory for ELISA testing and if positive, an additional confirmatory ELISA test is performed. The reference laboratory also tests one of every ten negative samples to ensure quality control. Generally ELISA tests are performed three times a week. Dr Maboko then presented a table that highlighted the fact that during the first 6 months of

2000, more people sought VCT (N=1682) than during the entire year of 1999 (N=1148).

He explained that most people seek VCT services for one (or more) of the following reasons:

- Their partner has either died or is suspected to have died from AIDS
- They suspect or know that their partner has HIV
- They suspect themselves to be infected
- They are encouraged by religious leaders (or come on their own initiative) to be tested before marriage
- Advocacy in the region persuades them to seek testing

Dr Maboko discussed some of the obstacles in providing both pre- and post-test counseling to clients. A fair number of pre-test clients do not return to get their test results and receive post-test counseling for some of the following reasons: (1) a long time to travel to/from facilities for VCT and then back again to receive the results, (2) some clients change their mind and (3) the long delay between testing and receiving results. This delay is usually one week but can be up to two weeks or longer.

Dr Maboko finished his presentation by describing some of the lessons learned:

- Intensive training is needed to prepare health providers for the role of counseling
- Both counseling and home-based care should be integrated into the existing health care system
- Home-based care (HBC) enhances the acceptance of people living with HIV/AIDS by the community
- Efforts are still needed to increase the number of people seeking VCT services
- The role and use of simple rapid tests should be investigated
- With the activities of GTZ to phase out in 2002, it is imperative that District health plans include VCT and HBC activities and the issue of cost-sharing should be considered

Testing Strategies in Tanzania

Dr. M.I. Matee, Acting Head, National Reference Laboratory, informed participants that new types of assays (including those using saliva and urine) have been developed for HIV testing. These new testing methods have led to a wider number and range of tests being available as well as improvement of the quality of the tests. He described the selection criteria that should be followed when choosing which types of test(s) to use: (1) the objective of the test (i.e. screening or diagnosis), (2) the sensitivity

and specificity of the test(s) being used, and (3) the prevalence of HIV in the population where the test is being conducted.

Globally, the most currently used tests for detecting HIV are: ELISA, Western Blot, polymerase chain reaction (PCR) and rapid tests. Generally in Tanzania, one ELISA or one rapid test is used when screening blood supply or doing surveillance testing. For diagnosis testing, samples are most frequently tested with one ELISA or rapid test. All reactive samples are tested with either a second ELISA or rapid test. Confirmation of positive HIV test results should always be performed with a test using different antigens.

When introducing a new test into the country, the National Reference Laboratory must first evaluate it. The National Reference Laboratory will evaluate the test based on the following properties: sensitivity, specificity, and the positive and negative predictive values, easiness to perform, cost, reliability, ease of interpretation of test results and the duration of the window period. The new test will be compared to other well-established tests such as the ELISA and the Western Blot.

New opportunities in expanding access to VCT: Report from an international meeting in Durban

Dr. Anne Reeler, Executive Vice-president, Axios International, presented the findings of a meeting held in Durban, South Africa during the International AIDS Conference in July 2000. The purpose of the meeting was to provide information to key stakeholders on lessons learned in community-based VCT and rapid tests and to undertake some brainstorming on some of the new possibilities for community-based VCT offered by rapid test methodology. The meeting brought together a number of African AIDS Control Programs and Multilateral Organizations such as UNAIDS and the WHO. Bilateral Organizations such as DANIDA, EU, Irish AID, USAID and Non-Governmental Organizations were also well represented at the meeting.

Three presenters had been invited to highlight different and complementary aspects of rapid tests and community based VCT. Dr. Reeler described some of the major findings from three presentations that took place at the meeting.

The presentation on community-based approaches to VCT recognized that community-based VCT is feasible and effective in changing behavior. It should involve the general population as well as traditional healers and people living with HIV. However it requires links with other services and a good referral system.

The presentation on rapid HIV testing techniques showed that the World Health Organization has validated a number of rapid and simple HIV tests, including Determine™, Serostrip™, and Double Check™. It was highlighted that training requirements on use of the tests are minimal and most people are able to use the tests after one or two hours of training. In addition they require no laboratory equipment. Thus, given appropriate organization and management, such rapid tests could be used on a large scale.

Lessons from Uganda on new opportunities in counseling and testing showed that community-based VCT has mobilized the population and increased its demand for VCT. Health center staff, as well as key people in the community can become involved in mobilizing the communities to seek VCT. With new technology such as rapid testing, VCT can be offered outside big cities and big institutions with laboratory support at much reduced costs.

WORKING GROUPS

After the opening presentations, the participants broke into three working groups to discuss the current constraints and recommendations on how to expand access to VCT. After each session, the working groups reported back to plenary to present their results.

Session 1

During the session each group was given a list of questions to guide them in their discussions.

Group 1:

Group 1 was asked to explain the current situation with regard to communication and community outreach for maximizing access to VCT. Group 1 was asked to identify the strengths and weaknesses of the current community outreach program including IEC strategies for HIV and VCT in the region. The group was also asked to describe the typical profile of clients seeking VCT services.

Group 2:

Group 2 was asked to describe the current situation with regard to counseling techniques, supervision and quality control of counseling for VCT. They were responsible for explaining the types of pre-and post-test counseling available in the region. The group was also asked to describe the policies and systems for quality control that were already in place and to highlight the strengths and weaknesses of the current program.

Group 3:

Group 3 was asked to discuss testing techniques and strategies, required staff and their qualifications, logistics and distribution of tests and linkages between VCT and the health system. Group 3 was asked to explain the current policies on testing methods as well as the mechanism of purchase and distribution of test kits and reagents. They were asked to describe the referral policies and availability of treatments for infections in HIV positive people. The group was asked to highlight the strengths and weakness of the current situation.

The following is a summary of each of the groups' presentations.

Group 1

Group 1 described the various types of community outreach programs that are used in regions to educate the population on HIV issues and to encourage people to seek HIV testing. The programs include: counseling and home- based care, drama groups/theatre presentations, peer education, film shows, public meetings and churches. Current IEC strategies involve the utilization of local television, leaflets and videos. Unfortunately these strategies do not have a wide coverage and many high-risk groups such as adolescents and pregnant women are not well covered. The profiles of persons seeking VCT are varied and range from those testing before marriage, to those people curious to know their status and to those people whose partner is sick or has died due to AIDS (or suspected AIDS).

Group 2

Group 2 described the types of counseling currently available in the region. Pre-test counseling is done for individuals, couples and groups where applicable (bar workers, students, etc.) and post-test counseling is being done individually or with couples. ELISA tests are used for diagnosis of HIV infections. Rapid tests are currently only used for blood screening when a transfusion is necessary or for surveillance statistics. Costs are approximately 1000 TZS for 'walk-in' clients. Testing done in the hospital for suspected HIV positive persons is free. The NACP has recently published general guidelines for counseling and supervision, but there are no specific policies that exist regarding VCT alone.

Most counselors have been trained by the NACP with the assistance of GTZ. There are currently 54 paid counselors and 51 volunteer counselors in the Mbeya region. Volunteer counselors are supervised by hospital-based counselors and act as a link or referral system between the community and health centers. The group noted some weaknesses with the current counseling system. There are too few counselors to satisfy the demand for VCT, and thus counselors are generally overworked. The group also felt that the counselors often lack sufficient training and supportive medications for ill HIV positive persons when doing home-based counseling.

Group 3

Group 3 described the testing situation as it relates to the laboratory system. Testing techniques are stipulated in the national policies and dictate that HIV testing must take place in the laboratory as follows: an initial ELISA test is done with a second ELISA for confirmation in the case of an initial positive result. The current recommended practice is that a registered laboratory technologist who has been trained in HIV testing techniques must perform testing. For quality control, 10% of all negative

tests are confirmed by a second test. The strengths of the current system include the guarantee of quality control, retrievable data and testing performed by qualified personnel. Unfortunately this system does have its weaknesses. Currently VCT in the Rungwe District is limited to four health facilities and only two laboratory technologists are available for the whole District. These facilities include the Government District Hospital, two missionary/NGO hospitals and one health center. None of the facilities have the capacity to perform testing on site. Blood samples must be sent by automobile to Mbeya Regional Hospital for ELISA testing. A minimum number of 100 test samples are needed before a batch can be run using the ELISA method. Results can take between one to two weeks until returned to the testing facility. In addition, a solid referral system for HIV-positive persons is lacking in the region, and there are very few drugs available for prophylaxis of infections for HIV positive people. This is thought to seriously discourage persons from seeking VCT services.

Session 2

In Session 2, the working groups were asked to describe methods and solutions for increasing access to VCT keeping in mind the current strengths and weaknesses. Similar to the previous session, each group was given a list of questions to guide them in their discussions.

Group 1

Group 1 was asked to describe the necessary additional facilities, personnel and outreach needed to stimulate and respond to the demand for VCT. The group was asked to identify needs in terms of training and equipment for use of rapid tests in health facilities.

Group 2

Group 2 was asked to explain how rapid tests could be used to improve access to VCT, including how rapid tests would impact VCT from the perspective of the counselor as well as the client.

Group 3

Group 3 was responsible for describing how rapid tests could be used within health facilities. They highlighted the role of rapid tests in health centers and dispensaries and identified what would be needed to implement a pilot program using rapid tests in the Rungwe District.

The following is a summary of each of the group's presentations.

Group 1

Group 1 identified various mechanisms for improving the outreach and encouraging the population to seek VCT services. Mechanisms proposed included the publication of a newsletter that focuses on HIV/AIDS and VCT, the establishment of an HIV resource center in the Kinyala Ward, the development and distribution of posters and leaflets for VCT, the provision of a video projector and camera for videos on VCT, and improvement of HIV/AIDS and VCT messages on television and radio.

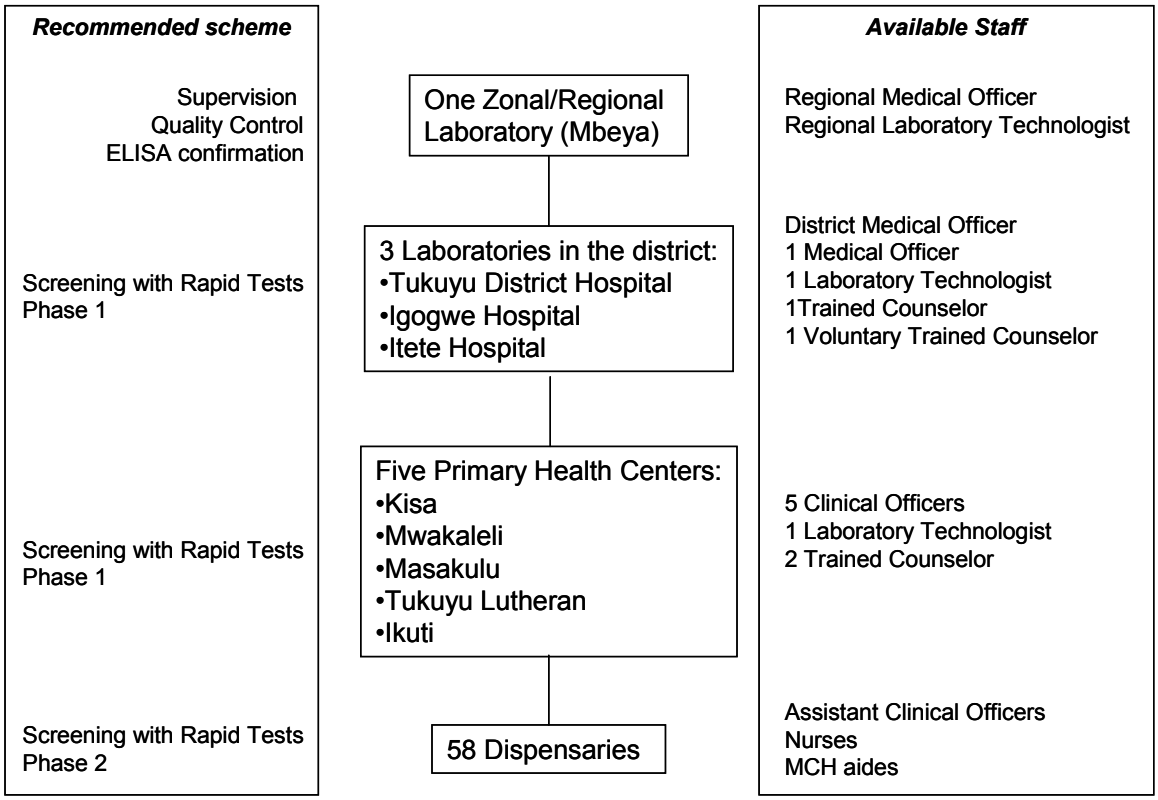
The group also described the needs for expanding access to VCT using rapid testing methods. Overall training is needed for clinical officers, assistant clinical officers, nurse/midwives and nursing assistants on counseling techniques and use of rapid tests. The physical structures in many health facilities must be improved so that a private area for counseling is available which is confidential and comfortable for the client.

Group 2

Group 2 stated that one of the first steps in increasing the access to VCT is to ensure that it is well-integrated into the District health care system and thus seen as a core service. In order to expand VCT services to satisfy demand it is necessary to employ more staff to perform counseling and testing. It must be ensured that staff is appropriately sensitized on HIV issues, VCT and care of HIV-positive persons. To further encourage persons to seek VCT, it is necessary to strengthen health care services for HIV positive clients and to provide treatment for opportunistic infections. The group felt that rapid tests would greatly improve many of the current weaknesses of the system. Rapid tests would have a positive impact on counseling by decreasing the waiting time for results. Rapid tests would as well decrease the amount of time spent on counseling by the counselor. With rapid tests, counseling would be done in one session, and it would not be necessary for the counselors to re-familiarize themselves with the client before proceeding to discussion of test results and post-test counseling.

Group 3

Group 3 described how rapid tests could be used in a pilot program to improve access to VCT in Rungwe District. The group first described the current situation and infrastructure available in the District and then discussed the availability of testing facilities in the respective health centers. The following figure illustrates the situation:



Following the discussion, the group recommended a phased approach with two phases:

Phase 1

The pilot project health centers, private hospitals and the District hospital would counsel and screen people using two rapid tests to determine the test that should be selected for the initial screening and the test that should be used for confirmation. The regional laboratory would be responsible for supervision and quality control. This includes ELISA confirmation of all positive and discordant results of rapid tests as well as quality assurance of negative tests (20%). Phase 1 will be targeting the first 500 -1000 tests to gain better knowledge and experience with the rapid tests. The first 500-1000 clients screened in hospitals and health centers would have simultaneous Capillus™ and Determine™ tests (rapid tests) done in addition to two filter papers, one for confirmation by ELISA and one for storage. The following is a brief algorithm for the first phase:

Health Centers		**Regional Laboratory**
Determine™ results	***Capillus™ results***	***Confirmation***

+ result + result - result - result	+ result - result + result - result	verify with ELISA verify with ELISA verify with ELISA confirm with ELISA 10-20% of samples

The above comparison of results of Capillus and Determine with the confirmation results of ELISA will help determine the most practical solution for screening taking into account issues such as cold chain requirements and ease of application of tests.

The persons that would be trained to carry out counseling and testing using rapid tests would include: Laboratory Technologists, Medical Officers, Clinical Officers, Assistant Clinical Officers and Counselors with health backgrounds such as nurses, midwives etc. People without health backgrounds could perform counseling alone. This step was proposed to initially limit problems with quality control of testing methods and client confidentiality.

Phase 2

The results from Phase 1 will determine the final testing strategy in Phase 2. If Phase 1 is successful, then rapid testing and counseling would be expanded to cover all 58 dispensaries in Rungwe District.

- **Research and data management**

It is very important that appropriate mechanisms for data management and analysis are established from the start of Phase 1. Data must be collected, coded and entered with appropriate quality checks. The process of analysis and report writing should also be clearly defined and the appropriate people trained to carry out this task. A steering group will endorse publications before they are submitted for publication.

THE DISCUSSION

The discussion following the presentations was lively and interesting. Questions were raised with regard to possibility of utilizing various types of counselors in addition to "professional" counselors such as volunteers, teachers and school committees. Volunteer counselors could be a link between the health facility counselors and could mobilize the population to seek VCT services. Volunteer counselors would not be responsible for performing any HIV tests. It was suggested that the aspect of 'cost sharing' with clients be investigated as resources are scarce and without such cost sharing VCT is unlikely be sustainable. This point is particularly important as GTZ's support of the Mbeya Regional AIDS Control Program (and thus VCT activities) will end in 2002.

Concern was raised with regard to the fact that counseling and home-based care for HIV positive persons remains inadequate as there is no support for basic needs. Medications for most opportunistic infections are also lacking in the region and District. Counselors are not able to provide even some of the simplest medications for fever or pain during home-based visits. It was also noted that communities need to become more involved and play a larger role in assisting chronically ill community members with basic needs.

With regard to improving the accessibility of VCT, the need to ensure confidentiality of clients was highlighted. This means that clients and counselors must have a place in the health facilities that is private and comfortable. Additionally, the importance of keeping client HIV test results confidential must be emphasized during training for counselors. The participants agreed that it is imperative that the need for refrigeration for test reagents/kits is kept in mind when introducing new tests or methods. Most health centers and dispensaries lack cold storage facilities.

Questions were raised with regard to the system being used in Mbeya for supply and distribution of testing kits and supplies. It was explained that until recently, supplies were channeled through the GTZ project. As GTZ's support to the AIDS Control Program is phasing out by 2002, supplies now follow the channels from the NACP to the Medical Stores Department (MSD), to the Regional Reference Laboratory and to the District. This has lead to a slight confusion in the mechanisms for purchasing and receiving test kits and supplies, but with time it will improve.

The proposed pilot program (group 3 presentation) using rapid tests was discussed in detail. The workshop participants were concerned with the types of personnel that would be responsible for counseling clients and administering the tests. After a lengthy debate, a consensus was reached. In the initial phases of the pilot program, only people with health backgrounds could perform counseling and testing. People without health backgrounds (i.e. social workers etc) could counsel clients only. This point was felt to be very important in ensuring the initial success of the pilot program. The rapid test method is still relatively new in Tanzania. HIV testing is well regulated and maintains a high standard of quality. In order to maintain this quality it was felt that initially only people with health backgrounds should be trained to use rapid tests. This point could be reviewed after more experience has been gained using rapid tests in the Rungwe District.

The pilot program will need a clearly defined research component as it would be introducing and utilizing rapid tests at the health center level. It was decided that initially two different types of rapid tests (one Capillus™ test and one Determine™ test) would be performed at the five health centers during the first phase of the program. The results would then be validated at the Regional Laboratory using the ELISA test. This research component will allow for confirmation of counselor testing techniques and quality control. After the first 500 - 1000 tests, the results of the first phase of the pilot program will be analyzed and the program will be expanded to include VCT using rapid tests at all fifty-eight dispensaries in the District. It was also proposed that private hospitals and health centers be encouraged to participate in the pilot program during the second phase.

It was proposed that a steering group comprising of key persons from the national, regional and district levels be formed, including the National AIDS Control Program, the National Reference Laboratory, the Tanzania AIDS Society, Regional and District Authorities, the Rungwe representative of the Parliament, GTZ, representatives from Step Forward and Axios International. The function of the steering group would be to oversee the pilot program and provide technical input and information when needed. While the program implementation is under the responsibility of the District Authorities, the steering group would ensure that the pilot program is in line with national policies and that results from the pilot program can be applied to other districts as appropriate. The steering group would also help ensure the scientific validity of the results obtained in the pilot program and endorse all publication resulting from the research carried out in the pilot program.

CONCLUSIONS

The workshop participants mandated that a pilot program be developed using rapid tests to improve the access to VCT. The District Authorities and the *Step Forward* Coordination Unit are responsible for developing a joint proposal in collaboration with the Mbeya regional authorities and the National AIDS Control Program. This proposal will be shared with all of the relevant actors in the Mbeya region and the Rungwe District.

It was concluded that the pilot program would commence in the Rungwe District. The program will initially begin in five government and private health centers in the District. After satisfactory results in the first phase, the program will be expanded to include all fifty-eight dispensaries in the District. . Initially only people with health backgrounds will perform testing. People without health backgrounds will be trained to counsel clients only. Laboratory personnel would be trained to counsel clients in addition to performing testing.

It was agreed that a steering group would be formed and that it would include the members from the national, regional and district levels. (See Annex 4 for list of members). The steering group will oversee the pilot program and provide technical input and information when needed. The steering group will also be responsible for endorsing the publication of all research, data and information originating from the VCT project.

RECOMMENDATIONS OF THE WORKSHOP

General recommendations

- In the context of the Memorandum of Understanding signed by the Ministry of Labor, Youth Development and Sport, and the Abbott Laboratories Fund, the principle of a VCT project as part of the Step Forward Program in Rungwe was agreed upon by the Workshop.

- The Workshop recommends that the District Authorities and the Step Forward Coordination Unit develop a joint proposal on a VCT project with the support of the Mbeya Regional Secretariat and the National AIDS Control Program.

- The VCT proposal should be discussed in all the relevant organizations of Rungwe District.

- The proposal shall state clearly the roles of the various actors, the mechanisms of delivery of VCT, the logistics, the financial management and the role of various sectors.

- Consideration should be given to the involvement of the private hospitals in Rungwe on the condition that they meet the requirements and standards and that they participate in monitoring and quality control.

- A Steering Committee with representation from national, regional and district levels should be established. The District will be responsible for the management of the project.

- The Steering Committee will endorse the publication of all research, data and information originating from the VCT project so that this process is transparent and fair to involved stakeholders.

Technical recommendations

The Rungwe VCT project will test/validate strategies before expanding VCT coverage to rural/peripheral areas.

The VCT project will be conducted in two phases:

Phase 1:

- Validation of screening strategies using simple/rapid test technologies.
- Expansion of VCT services with simple/rapid tests to hospitals and health centers in Rungwe.
- Training of lab technicians and health professionals including people with health training who are not currently working as health professionals in counseling and simple/rapid tests.
- Training of people with non-health backgrounds (for instance social workers and teachers) in counseling for VCT.
- Operational research on cost-sharing and community contributions to cost of VCT.
- Establishment of regular supervision mechanisms for VCT at primary health- cares level.
- Establishment of data collection and quality control mechanisms for monitoring and evaluation.

Phase 2:

- Definition of screening strategies based on experiences from phase 1.
- Expansion of VCT services with simple/rapid tests to dispensaries in Rungwe District.

Crosscutting issues

Screening:	hospitals, health centers and dispensaries
Confirmation:	district and regional laboratories
Counseling:	counseling activities targeting HIV infected as well as affected (including present and future orphans in AIDS affected areas)

The VCT proposal shall:

- Identify how VCT services will be integrated into existing health structures

- Explain how the confidentiality of test results will be ensured for instance by the use of a number system

- Identify how regular supervision can be ensured by the district/regional health management team

- Make provisions for community outreach and IEC to promote VCT

- Identify how VCT will be linked with health care for people with HIV/AIDS in accordance with national and district policies and guidelines

- Discuss and agree upon the human and other resource requirements

CLOSING REMARKS

The representative of the Regional Administrative Secretary closed the workshop after two and a half days of exciting and interesting discussions and debates. He thanked the participants for their patience and commended them on the sound and concrete recommendations of the workshop. He also reminded the participants that in villages the households are not very scattered, therefore, they are easily accessible and can be targeted for this program. He stressed that access to VCT can be improved by improving IEC on HIV/AIDS and VCT, as well as by encouraging home-based care strategies, carrying out operational research activities and good communication among all of the key actors. With these statements, he declared the workshop closed.

ANNEXES

Annex 1: Agenda

Voluntary Counseling and Testing Workshop

Mbeya, 18 – 20 December 2000

Agenda

Venue: Karibuni Center Conference Room

Objective: To identify ways of expanding access to VCT in health centers in accordance with national policies and the needs of Mbeya

Chair: Dr. Mmbando, Regional Medical Officer, Mbeya

Monday, 18 December 2000

0830 – 0845	Official opening and welcome	Mr. Mwaisaka Regional Administrative Secretary, Mbeya
0845 – 0900	Introduction of participants	Chairperson
0900 – 0930	Objectives of the workshop	Dr Mmbando Regional Medical Officer, Mbeya
0930 – 1000	Step Forward in Tanzania	Mr. Donald Charwe National Coordinator Step Forward
1000 – 1015	*Tea break*	
1015 – 1045	VCT in Tanzania	Mrs. Msumi Head VCT division,

		National AIDS Control Program
1045 – 1115	The VCT challenges in Mbeya:	Dr Maboko Existing services and needs Regional AIDS Control Coordinator
1115 – 1145	Testing Strategies in Tanzania	Dr Matee Acting Head, National Reference Laboratory
1145 – 1200	Comments and questions	
1200 - 1300	*Lunch*	
1300 – 1330	New opportunities in expanding access to VCT: Report from an International Meeting in Durban	Dr. Anne Reeler Executive Vice president Axios International
1330 – 1530	**Working groups, Session 1:** Needs and requirements for increasing access to VCT **Group 1**: *Communication and community outreach for maximizing access to VCT* **Group 2**: *Counseling techniques, supervision and quality control* **Group 3**: *Testing techniques and strategies, required staff and their qualifications* **Group 4**: *Logistics and distribution of tests and linkages to the health system*	
1530 – 1545	*Tea break*	
1545 – 1700	Working groups continued	

Tuesday, 19 December 2000

0830 – 0950 Group presentations (20 minutes each) Rapporteurs

0950 – 1050 Plenary discussion on needs and requirements for increasing access to VCT

1050 – 1105 Tea break

1105 – 1300 **Working groups, Session 2:** *Methods and solutions for increasing access to VCT*

1300 – 1400 Lunch

1400 – 1520 Group presentations (20 minutes each) Rapporteurs

1520 – 1615 Plenary discussion on methods and solutions for increasing access to VCT

1615 – 1630 Tea break

1630 – 1700 Summary of main points of discussion

Wednesday, 20 December 2000

0830 – 0900 Synthesis of conclusions and recommendations

0900 – 1000 Discussion

1000 – 1015 Tea break

1015 – 1145 Recommendations of the workshop

1145 – 1200 Closure of workshop Mr. Mwaisaka Regional Administrative Secretary, Mbeya

Annex 2: List of participants and contact details

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Annex 3: List of documents distributed during the workshop

Voluntary Counseling and Testing Services in Tanzania report by Mrs. Msumi, NACP

Step Forward – Tanzania Program. Overview and Status Report. November 2000

DFID: Community-based approaches to Voluntary Counseling and Testing. Report of the meeting held on 12 July 2000, Durban, South Africa

UNAIDS: Voluntary Counseling and Testing (VCT) Technical Update. May 2000

Axios International: Key References on Voluntary Counseling and Testing. December 2000

Annex 4: List of members in VCT Steering Group

1. President, Tanzania AIDS Society, Professor Fred Mhalu
2. Rungwe, District Executive Director, Mr. Wilson Kipigapasi
3. Mbeya Regional Medical Officer, Dr. Mmbando
4. Mbeya Regional Social Welfare Officer, Mr A.R. Chavula
5. Acting Head, National HIV Reference Laboratory, Dr Mecky Matee
6. Coordinator, Counseling and Social Support Services NACP, Mrs. Zebina Msumi
7. Rungwe, District Medical Officer, Dr. Deus Kamara
8. GTZ AIDS Control Project Coordinator, Mr Yunus Koshuma
9. National Coordinator, Step Forward Program, Mr. Donald Charwe
10. Project Coordinator, Step Forward Program, Mr.Alfred Magalla
11. Country Manager, Axios International, Dr Lema
12. Member of Parliament, Rungwe East, Prof David. Mwakyusa