Introduction

HIV testing services are seen as essential for HIV prevention and treatment to be effective. This project reviews and summarises recommendations in HIV testing guidelines developed for or relevant to the World Health Organisation (WHO) European region. In this summary document we focus on recommendations regarding the delivery of pre-test information and obtaining informed consent. We look at similarities and differences in recommendations, and review the evidence that has been used to support recommendations.

What did this research project do?

We identified and reviewed four guideline documents that relate to the WHO European Region. These were produced by WHO/UNAIDS, WHO Europe, the European Centre for Disease Prevention and Control (ECDC), and the European Office of the International Union against Sexually Transmitted Infections (IUSTI). New guidelines have since been provided by the WHO in 2015, but these were published after the review took place.

In reviewing the guideline documents, we:

1. listed all recommendations included in across all guideline documents, and divided them into those pertaining to the delivery of HIV test results, post-test discussion and referral pathways;
2. recorded the type of evidence that had been used to support recommendations, including reference to other guidelines, expert consultation, or published research.
What did we find out about the recommendations?

All four guidelines advised that informed consent be received from all individuals before performing an HIV test. This consent must be obtained individually, in private, and confidentially. Guidelines recommended that it is sufficient to gain informed consent verbally; there is no need for written consent. All four guidelines also agreed that pre-test information be provided rather than pre-test counselling. This pre-test information can be provided face-to-face or through, for example, an information leaflet.

All guidelines agree about the importance of providing patients with what might be termed a minimum standard of pre-test information. This includes information about the voluntary and confidential nature of the test and the test result, the reason for and benefits of testing, information about the test procedure and delivery of the test result, and information about the client’s right to decline a test without affecting his/her access to HIV-related services or general medical care, as well as providing time for clients to ask questions. By limiting pre-test discussion to this information, it is assumed that the HIV test process will become easier, quicker and more normalized.

There were, however, no shared recommendations in the guidelines relevant to the WHO Europe Region that we reviewed as to whether clients should be informed about the possible implications of an HIV test result.

What type of evidence was used?

The guidelines rely heavily on expert consultation. While it is important to draw on experts’ advice, more information is needed in terms of the extent to which this expert opinion is based on familiarity with available evidence, personal experience and concerns, or patient experiences. We also do not know the extent to which experts from all areas of the WHO European Region are involved in guidelines consultation processes. We also found that the research evidence used was often more than 10 years old, and based on research from the UK and US, which may not always be relevant to other countries, in particular those in Central Europe or Eastern European and Central Asia.

What happens next?

We found little new research regarding the delivery of HIV testing in health care settings. New research is needed to examine the pre-test procedures and the impact this has on clients. Such research should assess pre-test procedures in a range of settings across the WHO European Region. Particular attention should be paid to appropriate HIV pre-test procedures in the context of developments and changes in testing processes, and the introduction of new technologies such as rapid testing and self-testing. There is little published research evaluating the process of health care personnel offering HIV tests to clients. In addition to controlled research of testing procedures, it would also be informative to recording and analyze ‘adverse’ events and poor practice, from the perspectives of clients, as a way of learning what can be done better in the future.