Introduction

While similarities and differences in recommendations relating to the pre-test HIV testing processes in guidelines relevant to the WHO European Region have been reviewed, little is known about current HIV pre-test practice. Addressing this knowledge gap, we report on a study of expert perceptions of pre-test HIV testing practices in health care settings across the WHO European Region.

What did this research project do?

An online survey was completed by 338 health service providers, representatives from non-governmental organisations and policy makers involved in HIV testing policy and practice in the WHO European Region. Responses were received from individuals working in each of the WHO European Region Countries, excluding San Marino and Iceland. Respondents worked in countries in Eastern Europe and Central Asia (32.5%), Central Europe (37.3%), and Western Europe (30.2%).

What did we find out?

Content of HIV testing guidelines:

- Nearly two thirds (61.5%) of respondents thought that HIV testing guidelines used in their country of work included recommendations about pre-test information; 83% thought they included recommendations regarding obtaining informed consent.
- Fewer respondents from Eastern Europe and Central Asia (17.0%) than respondents from Western Europe (81.1%) and Central Europe (85.4%) thought that recommendations regarding pre-test information were provided in guideline documents.

Gaining informed consent:

- Respondents thought that confidentiality of the test and the result was often or always assured (86.3%), and that informed consent was often or always obtained on an individual basis (83.1%), in private (75.7%), and in the presence of a health care provider (67.8%).
- One third (34%) of respondents thought that written informed consent was required before undertaking an HIV test.
- More respondents from Eastern Europe and Central Asia (59%) thought that consent was obtained in writing in their country setting than respondents from Central Europe (28%) and Western Europe (14.1%).
Pre-test information:

- Pre-test information was typically perceived as being delivered verbally (37.9%), or through a combination of verbal communication and an information sheet (62.1%).

- Respondents’ perceptions regarding the issues relevant before taking an HIV test include: assurance that the test and the result will remain confidential (82.8%), and that the test is voluntary (78.5%); discussion of clinical benefits of testing (positive result) (72.6%); opportunity to ask questions (71.9%); discussion of preventative benefits of testing (70.1%); explanation of the reason for testing (69.3%); making arrangements for the person to collect test results (64.6%); and information about the person’s right to decline a test, and implications (62.8%).

- Respondents’ perceptions regarding the issues relating to HIV test result include: explaining and assessing the window period for HIV testing (79.6%); information for services available after a positive test result (77.4%); assessing the client’s knowledge of risk reduction strategies (70.8%); exploration of the client’s misperceptions about HIV infection and transmission (65.7%); obtaining a person’s sexual history (58.8%); information of services available after a negative test result (53.6%); information about potential risks for a client taking a test (e.g. stigma, discrimination) (44.9%); and information about laws/regulations impacting the person taking a test and receiving a positive test result (40.1%).

- Fewer respondents from Western Europe thought pre-test information about the following aspects was addressed than respondents in other regions: the right to decline a test; services available after a positive test; laws/ regulations impacting someone being tested and receiving a positive test result; potential risks for a client taking an HIV test; and the possible need for partner notification after a positive test result.

What do these findings mean?

Findings about the perceived need for written consent, in particular amongst respondents from Eastern Europe and Central Asia, are at odds with the recommendations in international HIV testing guidelines, which recommend informed consent can be obtained verbally and written consent is not required.

Sub-regional comparisons of experts’ views of current practice suggest that a fuller version of pre-test information may be delivered in Central Europe and in Eastern Europe and Central Asia than in Western Europe. Findings illustrate that an assumed normalisation of HIV testing – including a move away from comprehensive pre-test counselling to addressing essential aspects of pre-test information – is not yet perceived to have happened to a similar extent across all parts of the WHO European Region.

The most recent global WHO guidelines advocate strongly for dialogue about these issues during the delivery of pre-test information. In view of the current wave of recommendations to streamline HIV testing pre-test practices, especially in Western Europe, questions must be asked as to whether the lack of recommendations regarding the provision of information about possibly major legal and social risks and harms, as part of the pre-test information and consent seeking processes, is appropriate and ethically sound across all WHO European Region countries until these legal and law enforcement issues are resolved. Future HIV testing guidelines for the WHO European Region might usefully recognise the need to include discussion about the legal and social risks for clients receiving positive HIV during the delivery of pre-test information in some parts of the WHO Region. Existing and future national HIV testing guidelines could ensure that recommendations about informed consent procedures adhere to international best practice.