In the Name of God, the Compassionate, the Merciful

Opening remarks
to the
CONSULTATION ON HIV TESTING AND COUNSELLING POLICIES AND PRACTICES IN THE EASTERN MEDITERRANEAN REGION
Alexandria, Egypt, 19–20 November 2008

Ladies and Gentlemen, Dear Colleagues

To begin, I would like to welcome again the national AIDS control programme managers and the representatives of our partner agencies UNAIDS, UNICEF, UNDP, UNFPA, UNODC and FHI, who have been with us in the past two days attending the 18th Intercountry Meeting of National AIDS Programme Managers. I also warmly welcome those of you who have joined us today specifically for this important regional consultation.

Allow me, through those brief remarks, to express my high expectations from your meeting. We all are in agreement that it is critical to the success of HIV prevention and care that people know their HIV status. Expanded HIV testing and counselling is a pivotal intervention needed to enable access to HIV treatment and care and positive prevention services. Our region ranks lowest in the world in terms of access to antiretroviral therapy. This is no doubt mainly affected by the low access to HIV testing and counselling, particularly for those most at risk.

International literature indicates that in low-income and middle-income countries globally, less than 10% of those who need to know their HIV status have access to voluntary HIV testing and counselling. In our Region, as per your country reports, the total number of HIV tests conducted in the past 7 years through voluntary counselling and testing services did not exceed 350,000 tests. This number is likely to be inaccurate due to both under- and over-reporting. However, this figure gives and idea of the extremely low coverage of voluntary HIV testing and counselling.

Moreover, we have noted in the Region widespread mandatory testing. WHO and its partner agencies discourage mandatory or compulsory testing due to ethical and public health
concerns. Mandatory testing is often wrongly perceived as an effective public health measure to prevent the spread of HIV. However, when looking at the public health effects of mandatory testing closely, we observe that too often it diverts attention and public health investment from those who are marginalized and most at risk of HIV infection to lower risk population groups, such as pre-marital couples and employment seekers, because the latter are more likely to come in touch with the government system.

Ladies and Gentlemen

We need to re-examine our policies and practices and redirect accordingly our efforts and resources to where we can achieve our prevention targets. We also need to re-examine the ways that we can ensure access to the life saving antiretroviral therapy for those who need it.

Scaling up HIV testing and counselling requires applying a human rights-based approach. Confidentiality and consent should always be the guiding principles for any HIV test conducted for the purpose of diagnosing infection. Measures should be put in place to prevent people from experiencing stigma and discrimination due to their identified HIV status. In addition, referral to HIV treatment, care and support needs to be ensured for people diagnosed with HIV.

There is a need to find ways for enhancing their utilization. In addition, there is a need for the introduction of provider-initiated testing and counselling (PITC). PITC systematizes diagnosis of HIV seizing the opportunity of contact of the individuals with the health services.

In their meeting last year, national AIDS programme managers agreed to look into obstacles to access to HIV testing and counselling and to take steps for expanding access to client-initiated as well as to provider-initiated testing and counselling services. They also requested us to provide guidance on strategies and policies to expand public health sound and ethical testing and counselling.

In response, we have conducted a regional review of testing and counselling policies and practices. This review attempted to document, to the extent possible, the conformity of the regional approaches to testing and counselling with public health and human rights. In this consultation, the findings of the review will be presented to you. Together, national AIDS programme managers, technical experts and people affected by HIV attending this consultation can discuss the results and agree on sound and ethical scale-up of HIV testing
and counselling. Hopefully this will reflect in an increased uptake of both client-initiated and
provider-initiated HIV testing and counselling.

I am looking forward to seeing the recommendations of your consultation, which will
certainly provide a regional platform for scaling up access to HIV testing.

Finally, I would like to thank you for your attendance and wish you success in your
discussions.

Have a pleasant stay in Alexandria.