HIV Counselling and Testing in Nova Scotia: The Provincial Strategy in the Context of an International Debate

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ABSTRACT

Nova Scotia, as a small province in Atlantic Canada, provides health care professionals and policy analysts with unique challenges for developing and implementing a strategy for accessible and acceptable HIV counselling and testing. Despite universal health care in Canada, barriers and challenges persist in relation to HIV counselling and testing programs and services in Nova Scotia. It is therefore necessary to examine the unique circumstances in the provision of programs and services in Nova Scotia prior to the possibility of adopting international HIV counselling and testing standards and guidelines being implemented in other jurisdictions. Nova Scotia's provincial strategy on HIV/AIDS promotes a harm-reduction approach for different populations in various service settings, recognizing the diverse circumstances and experiences of people living in Nova Scotia. By contrast, the Centers for Disease Control (CDC) recommended strategy promotes opt-out testing and in some instances alters the requirement of informed consent. As the Public Health Agency of Canada (PHAC) revises the national HIV counselling and testing policies, it is imperative to address the unique characteristics of Nova Scotia's provision of services, and how divergent strategies have the potential to address or compound the barriers to access that exist in this province's communities.

Key words: HIV; public health; health policy; public policy; HIV testing

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HIV counselling and testing policies and practices in Canada are at a crossroads. For example, the Public Health Agency of Canada (PHAC) is currently revising the Canadian Medical Association (CMA) guidelines for HIV Testing from the mid-90s and developing a new HIV counselling and testing policy framework for all Canadians.¹ It is not surprising these revisions are occurring at a time when an international debate about the importance of voluntary HIV testing and counselling procedures is ongoing.²⁻⁷ A major driver of this debate is the fact that many individuals are unaware of their infection or receive late diagnoses, both of which may result in forward transmission and poorer health outcomes.^{8,9} This is a pivotal time to consider how national HIV counselling and testing developments and strategies may influence the HIV testing experiences of people living in smaller provinces, such as Nova Scotia.

Nova Scotia, as a small province with unique cultures and communities, provides health care professionals and policy analysts with many challenges for developing and implementing appropriate HIV prevention strategies, particularly in relation to HIV counselling and testing. Since the beginning of the epidemic, approximately 700 persons have tested positive for HIV in Nova Scotia, though the actual number is probably higher since many do not get tested.¹⁰ Nominal and non-nominal testing became available in Nova Scotia in 1985 and 1991, respectively. In 1994, an anonymous HIV testing service was initiated in Halifax, the province's capital, and became available during 2007 in Sydney, the second largest urban centre in Nova Scotia, with outreach to rural communities upon request. Despite the availability of these testing options, barriers to access for HIV testing and counselling

services persist in Nova Scotia, including geographic isolation, a lack of anonymous testing sites, fear of disclosure in small communities, poverty, and continuing stigma associated with HIV testing.¹¹

In this commentary, we examine Nova Scotia's provincial approach in the context of both national and international initiatives focused on updating HIV testing and counselling to promote early diagnosis and treatment. By examining the goals and approaches of various agencies, we highlight the challenges inherent in adopting strategies that may not adequately acknowledge the local and contextual challenges facing this province. An effective HIV/AIDS prevention response must address the unique characteristics of Nova Scotia's provision of services, and how divergent strategies have the potential to address or compound the barriers to access that exist in this province's communities.

HIV COUNSELLING AND TESTING STRATEGIES

Provincial strategy

Nova Scotia's Strategy on HIV/AIDS adopts a harm-reduction approach to the provision of HIV counselling and testing services.

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It examines the ways in which public health and community-based organizations in Nova Scotia can collaborate to develop and implement a comprehensive approach to HIV prevention and treatment for diverse communities in various service settings.¹¹ This strategy promotes anonymous HIV testing in multiple settings across the province, such as correctional institutions and community health centres, to increase access for more vulnerable populations (men who have sex with men; women; Aboriginal persons; injection drug users; youth; and prison inmates).¹¹ The recommendations include an integrated network of anonymous testing sites, discreet access to barrier prevention methods, needle exchange, methadone services, coordinated delivery of services, peer-based prevention and education, ongoing evaluation of services, and training on harm reduction and sensitivity to affected populations.¹¹

The Nova Scotia Strategy on HIV/AIDS is based on an extensive consultation process that included input from community-based AIDS organizations, government stakeholders, and individuals throughout the province. Although gaps were identified in the consultations, the provincial strategy is intended to be a living document, recognizing and respecting the important health issues for Nova Scotian populations over time.

National strategies

The goals of the federal government response ("Federal Initiative to Address HIV/AIDS in Canada") are to prevent the acquisition and transmission of new infections, to slow the progression of the disease and improve quality of life, to reduce the social and economic impact of HIV/AIDS, and to contribute to the global effort to reduce the spread of HIV and mitigate the impact of the disease.¹² This initiative emphasizes greater community involvement as well as the use of evidence-based research to inform programs and policies.¹²

As a companion document to the Federal Initiative, "Leading Together" promotes a broad-based community approach that will strengthen HIV diagnosis, care, treatment and support services.¹³ A major focus of this strategy is to increase testing rates in at-risk communities without compromising informed consent, counselling and confidentiality.¹³ Testing should continue to include pre- and post-test counselling, informed consent, and people should opt in rather than opt out of testing.¹³ Providing access to voluntary HIV testing is promoted as a cost-effective means toward early detection and assisting individuals with treatment and care options to help prevent further infection and improve their health outcomes.

The current CMA Guidelines for HIV testing (from 1995) assert that individuals should be tested for HIV only after informed consent is received.¹³ These guidelines emphasize the importance of pre-test counselling, confidentiality, testing options, HIV transmission and prevention, risk behaviours, post-test counselling and results, the information needed if the test results are positive, and the educational opportunity if the results are negative.¹⁴

International strategies

The recommended changes to HIV counselling and testing from the Centers for Disease Control (CDC) in the United States have significant implications for international strategies. The proposed changes are: HIV testing should become a routine part of medical treatment in all health-care settings for those aged 13-64 (opt-out testing), and requirements for written consent and pre-test coun-

selling should be removed.³ Their policy suggests that high-risk individuals should be tested for HIV at least annually, and perinatal screening should be offered routinely in order to scale up HIV prevention. The CDC argue that the benefit of providing prevention counselling in conjunction with HIV testing is not as significant as the benefit of identifying HIV infections earlier through increased rates of testing.³

There has been criticism with regard to the potential impact of these changes, particularly in that they could compromise the health and civil rights of the individuals seeking testing.^{2,6} While the CDC claim that routine testing will reduce stigma, the lack of pre-test counselling may result in losing a crucial opportunity to offer further HIV prevention education. The removal of pre-testing counselling compromises informed consent, which has the potential to undermine patient autonomy.⁵

UNAIDS and the World Health Organization (WHO) also support provider-initiated HIV testing, though they continue to promote increased client-initiated HIV counselling and testing.¹⁵ For opt-out testing to be in the best interests of the patient, they suggest that service providers must ensure sufficient information is given for patients to make informed decisions, maintaining confidentiality, performing post-test counselling and referring patients to the appropriate services.¹⁵ This policy reflects a widespread shift in HIV testing guidelines from pre-test counselling to a discussion and provision of information.

The contextual needs of Nova Scotians

HIV counselling and testing services and programs must be developed in alignment with national and international strategies; however, this must be done with respect to local contextual factors and within diverse communities. At this global turning point in our approaches to HIV counselling and testing, we have the opportunity to increase effective prevention and treatment of HIV/AIDS in Nova Scotia by refining policies and practices according to provincial realities and contexts. For a province with a relatively small population, adopting HIV counselling and testing strategies that ramp up the quantity of tests in isolation from other factors may not be effective. Health care providers, policy analysts and health researchers must consider HIV testing policy and practices that consider the rights of patients while also addressing HIV testing gaps within less well-resourced areas of the province. Increasing anonymous testing sites and assuring confidentiality, particularly in rural communities, may help to diminish stigma and related barriers to access and meet the public health objective of early diagnosis and treatment.¹¹

Issues of consent, counselling and opting out must be addressed through a process of attending to the contexts of Nova Scotia's diverse constituencies. In particular, we must learn from the individual's perspective the types of basic HIV information needed to make informed choices, the best environments to discuss HIV and to access testing (sexual health check-ups, church groups, youth health centres), and other broader structural factors that promote or hinder access to HIV prevention and testing (transportation, access to a family physician, available social supports). These are vital elements to ensuring that HIV testing strategies and approaches make the best use of limited HIV health resources.

PHAC argues that current HIV counselling and testing practices must change to become a more effective prevention strategy.⁷ While

the CDC promote routine testing and diminished counselling,^{2,3} additional evidence is needed about the potential consequences of opt-out testing and scaled-back counselling procedures in Nova Scotia. As the HIV testing policy climate continues to shift and change in Canada, the specific context of Nova Scotia's population must be incorporated into the design, implementation and evaluation of these strategies. As each province has a unique socio-cultural landscape, so too must each province offer appropriate strategies to address HIV counselling and testing and the related health care needs of its various communities.

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RÉSUMÉ

La Nouvelle-Écosse, une petite province du Canada atlantique, présente des défis particuliers pour les professionnels de la santé et les analystes des politiques sanitaires en ce qui a trait à l'élaboration et à la mise en œuvre d'une stratégie pour offrir des services accessibles et acceptables de counseling et de sérodiagnostic du VIH. Même si les soins de santé sont universels au Canada, les programmes et les services de counseling et de sérodiagnostic du VIH présentent encore des obstacles et des difficultés en Nouvelle-Écosse. Il est donc nécessaire d'examiner les circonstances particulières de l'offre de programmes et de services dans cette province avant d'envisager l'adoption des normes et des lignes directrices internationales de counseling et de sérodiagnostic du VIH en vigueur dans d'autres administrations. La stratégie provinciale de la Nouvelle-Écosse pour le VIH et le sida préconise une approche de réduction des préjugés pour différentes populations dans différents milieux de services, compte tenu des circonstances et du vécu des Néo-Écossais. La stratégie recommandée par les Centers for Disease Control (CDC) des États-Unis, par contre, préconise l'approche d'abstention pour les tests VIH et assouplit dans certains cas les exigences de consentement éclairé. Comme l'Agence de la santé publique du Canada (ASPC) est en train de réviser les politiques nationales de counseling et de sérodiagnostic du VIH, il faut absolument tenir compte des caractéristiques particulières de la prestation de services en Nouvelle-Écosse, et du fait que différentes stratégies peuvent réduire ou accentuer les obstacles à l'accès qui existent dans les localités de cette province.

Mots clés : VIH; santé publique; politique sanitaire; politique publique; sérodiagnostic du VIH