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It's time to restructure HIV testing units

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Longisa Level 4 Hospital's voluntary counselling and testing centre in Bomet. PHOTO | EUNICE KILONZO | NATION MEDIA GROUP

In Summary

- VCT services could be offered together with other medical tests that do not necessarily require specialised equipment or personnel, hence removing the VCT tag.
- This would probably help societies to reconceptualise HIV/Aids as a disease just like any other, and therefore reduce the stigma associated with it.

By **ABRAHAM MULWO**

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A report released recently by the United Nations Programme on HIV and Aids (UNAids) indicates that the number of HIV-positive people taking the lifesaving antiretroviral drugs globally has more than doubled since 2010.

This is encouraging news, given that research has demonstrated that antiretroviral treatment has significantly contributed to slowing down the spread of HIV.

While launching the report, the UNAids executive director, Michel Sidibé, urged all countries “to seize this unprecedented opportunity to put HIV prevention and treatment programmes on the fast track and end the Aids epidemic by 2030”.

A report released in March showed that more than 500,000 Kenyans are not aware that they have HIV.

This means that they are not seeking treatment and may, therefore, be contributing to spreading the virus. This also seems to indicate that the campaign to encourage people to seek voluntary counselling and testing services is not as successful as expected.

We must ask ourselves why Kenyans are not as willing to present themselves for HIV testing as they would for other serious conditions such as diabetes, cancer, and cardiovascular diseases.

It is common to see longer queues at cancer screening camps than you would at any HIV testing booths, yet cancer is arguably a more serious condition than HIV/Aids. Why are Kenyans, and Africans generally, reluctant to undergo HIV testing?

The answer lies with societal stigmatisation of Aids, owing to its association with issues of morality.

Our societies continue to blame those who test positive for HIV, while empathising with those diagnosed with cancer and other similarly serious conditions.

To challenge this stigma, we need a multi-pronged approach that engages communities, while at the same time addressing structural systems in our institutions that contribute to stigmatisation.

SET ASIDE

Most hospital facilities have set aside special units that are clearly marked VCT, where individuals go, or are referred to, for HIV testing.

Owing to the societal stigma associated with the disease, these facilities are stigmatised too and those seen coming out of VCT sections are often treated with suspicion.

While the rationale for setting up units for VCT revolves around the necessity for specialised counselling for those seeking HIV testing, some would question why such a high level of counselling is not considered necessary for other tests such as diabetes, cardiovascular diseases, and cancer.

The implications for testing positive to some types of cancer are arguably worse than those of HIV, yet little counselling is offered in cancer screening facilities.

I once attended a workshop facilitated by Justice Edwin Cameroon, a South African judge and

renowned anti-Aids campaigner, who is also one of the earliest people to be diagnosed with HIV on the continent.

Justice Cameroon told the participants that if he was HIV-free, and God asked him to choose between HIV, diabetes, and cancer, he would quickly choose HIV. According to him, the management of HIV was a lot easier than that of diabetes, cancer, or cardiovascular diseases.

Several medical practitioners I have talked to have also given similar assessments. In fact, many more people die of the three lifestyle-related diseases than they do of HIV/Aids.

Ironically, many people in Kenya evidently find it easier to go for cancer, diabetes, or cardiovascular disease screening than they do for HIV testing.

It is, therefore, necessary to rethink the special status that is accorded to HIV testing, with regard to its contribution in stigmatising the disease.

Health facilities need to consider whether restructuring VCT units to offer more broad-based medical services would contribute in encouraging people to go for testing.

VCT services could be offered together with other medical tests that do not necessarily require specialised equipment or personnel, hence removing the VCT tag.

This would probably help societies to reconceptualise HIV/Aids as a disease just like any other, and therefore reduce the stigma associated with it.

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