

Can mandatory HIV testing stop the AIDS epidemic?




Forcing someone to undergo medical testing
of any kind is an invasion of privacy
and a violation of human rights.

This is a fundamental reason WHO
and its members countries have taken a strong
position against forced testing for HIV.

But what about protecting the health of the public?

The following dialogue explains why
compulsory HIV testing, far from protecting
the public health, can actually endanger it.





Some people say that the reason AIDS continues to spread is that we aren't aggressive enough about finding out who is infected with the human immunodeficiency virus (HIV). Shouldn't we be testing everyone for HIV – if necessary, against their will?



If a person tests positive for HIV, it means that he or she has HIV infection and, scientists believe, will ultimately develop AIDS – a fatal disease for which there is at present no cure. But this can take 10 or even 15 years, and some people would prefer to live those healthy years without knowing their diagnosis. In addition, people with HIV infection or AIDS can suffer exclusion, discrimination and even persecution. So **testing for HIV is a very serious matter.**

People who are counselled about the personal and social implications of taking an HIV test can of course decide to be tested voluntarily. But *forcing* someone to undergo HIV testing is a highly coercive, intrusive measure.

But why worry only about the infected people? Surely compulsory testing is justified in the case of a fatal epidemic disease?



There are a number of reasons why compulsory testing for HIV makes no sense. To begin with, **testing someone for HIV just gives you a diagnosis, and a diagnosis alone never stopped an epidemic.** Testing only helps if there are ways of breaking the chain of transmission. For example, when you test donated blood prior to transfusion and discard the infected blood, you are helping to prevent the spread of the virus. The testing of blood for transfusion, and of tissues or organs for transplantation, is the only area where testing needs to be compulsory.

Testing has helped contain other infectious diseases. Why not AIDS?



Because HIV is different. There is no drug available that can cure the infection or make the person uninfected – that is, incapable of transmitting the virus to another person. And once a person is infected with HIV, it's for life. A person who tests positive for syphilis can be cured with a short course of antibiotics. A person diagnosed with tuberculosis can be made uninfected with antibiotics. When

someone tests positive for meningitis, the individuals in close contact with him or her can be treated and/or vaccinated. With HIV, there is no medical way to “test and treat” or “test and vaccinate” so as to break the chain of transmission.

Yes, but people with HIV are nevertheless a danger to others. They could be isolated.



They don't need to be, because HIV infection is not “contagious” in the usual sense. Unlike tuberculosis, it doesn't spread through coughing. Unlike typhoid, it can't be transmitted through food or water. You can't catch HIV from swimming with an infected person, or sharing an office or home, or drinking from the same cup. So locking up infected people is not justified or practical. It's not even necessary to isolate HIV-infected people when they're hospitalized.


We all have a responsibility to look after ourselves. And the fact that HIV spreads mainly through sexual intercourse means that uninfected people are not defenceless against the virus. They have ways of protecting themselves from HIV without locking up the infected individuals. They can abstain from sex, stay faithful to an uninfected partner, engage in sex without penetration, or else use a condom every time for sexual intercourse.

Still, if we could screen the whole population through compulsory testing and then isolate the infected people for life, it might stop the epidemic.



Mass HIV testing sounds straightforward. In practice, it's extremely costly, logistically unwieldy, incapable of identifying everyone who is infected, and fraught with problems that could be avoided by offering voluntary tests and guaranteeing the confidentiality of the test results.

Logistically, it's impossible to take blood samples from everyone, test them, and give everyone their results on the same day. So, even if the authorities managed to trace all infected people (clearly, many won't turn up voluntarily to find out their test results) and isolate them, this wouldn't prevent sexual contact between the uninfected and those who have yet to be tested.



And even if these logistic obstacles could somehow be eliminated, no mandatory testing programme can expect to identify all HIV-infected people. Individuals who think they might be infected can go to extremes to avoid testing and follow-up, given the serious consequences of a positive HIV test – especially when there is a threat of isolation.

Not all HIV-infected people will be identified even if they *are* tested. Most commercially available HIV tests work by detecting not the virus itself but antibodies to the virus which the person's immune system produces following infection with HIV. But it takes up to 12 weeks, or sometimes more, for these HIV antibodies to be produced and become detectable in a blood sample. This is the "window period" during which the infected person continues to test negative.

At best, an HIV test result is a "snapshot" of someone's infection status today. It's no guarantee that he or she won't become infected tomorrow, or next week or month – and how often can people be tested?

In any case, periodic testing of the entire population is prohibitively expensive in terms of staff time, transport of blood samples, and so on. (The actual HIV test kits account for only a fraction of the total costs.) In many developing countries, testing the whole population just once would cost more than the government is able to spend on *all* health care in a year.

Surely some countries have attempted to test everyone?



No. The financial and logistic impossibility of testing the whole population periodically has been recognized even by the few countries that have devoted most of their AIDS budget to testing. And most of these now realize that instead of mandatory testing – which failed to stop the epidemic – they should use their resources for preventive measures of proven effectiveness, such as informing the general public about HIV transmission, making condoms cheap and accessible, providing school-based education for young people, and ensuring blood safety.

Even if you can't identify and trace all infected people, you could at least isolate the ones you find.



Apart from being a serious violation of human rights, lifetime isolation would be an unnecessary economic burden on the individuals' families and on society. In many places in Africa, and increasingly in Asia, 10% or more of all young adults are infected. Isolation means forfeiting their economic productivity during the decade or so of good health that these young adults can expect. It means depriving their families of breadwinners and care-givers. And it means keeping thousands or even millions of fit individuals fed, clothed and looked after for years on end – at government expense.

I'm still concerned about all the healthy people walking around with HIV who don't even know they have the virus. Granted that isolation makes no sense and that there is no medical way of curing them or making them uninfectious. Compulsory testing would at least force them to find out their diagnosis and take precautions against transmitting the virus to others.



In other words, won't people who learn they are HIV-infected through compulsory testing simply avoid unsafe sex from then on? To begin with, not even *voluntary* counselling and testing achieves a uniformly "preventive" effect. When testing is purely voluntary, and people are presumably well motivated to protect themselves and their loved ones, the evidence shows that some infected people manage to change their sexual behaviour, others do not.*

Is *compulsory* testing likely to be more effective than this in achieving behaviour change? On the contrary. First of all, someone who is forced to find out he or she is infected may have less interest in protecting others – or even in self-protection (safer sex protects both partners). But the main point is that a permanent, lifelong change in sexual behaviour isn't achieved automatically or quickly. The consistent use of condoms, for example, takes continuing motivation, will power, personal commitment. It takes the availability of inexpensive and readily accessible

**For example, helpful behaviour change (increased condom use) has been seen in couples who seek voluntary testing together and find out that just one of them is HIV-infected.*

condoms. And for someone in a long-term relationship, it takes the full cooperation of the other partner.

The bottom line is that HIV prevention rests on the individual's willingness to avoid unsafe behaviour. Will power and motivation can't be coerced. You don't gain people's voluntary cooperation by forcing them to be tested.

True, but even if the infected person doesn't voluntarily adopt safer behaviour, at least other people can be warned...



Who? Medical test results are supposed to remain confidential. Imagine how suspicious we would be of doctors if they turned into law enforcement officers! We'd stop seeking medical help for a whole range of problems if we thought our diagnoses would be handed out.

This doesn't mean that *voluntary* contact tracing is useless, though with HIV it's far less useful than for syphilis or gonorrhoea, where the sexual contact can be tested, treated and cured. But it's obvious that people infected with HIV will be less likely to volunteer information about their sex partners if they suspect that those individuals in turn may be forced into testing. Once again, making the test mandatory instead of voluntary makes it less rather than more effective.

Suppose an infected man refuses to use condoms or tell his wife about the infection. What will happen if the health care provider doesn't keep the diagnosis confidential but goes ahead and informs her? The wife might decide to leave the relationship, assuming she is economically able to do so. But while that might help her (if she is still uninfected), there are two reasons why it might endanger the public health. First, her rejected husband may well find new sex partners – and the epidemic will continue to spread. Or, if she is infected but doesn't know it, she might infect *her* new partners. Secondly, there is ample evidence that in places where test results aren't kept strictly confidential, people simply avoid HIV testing and continue to behave as though they were not infected. Helpful behaviour change that might have occurred as a result of voluntary counselling and testing is thus forfeited.

In some places, couples have to get tested for syphilis before marrying. Why not for HIV?



Even with syphilis, a curable disease, experience from around the world shows that mandatory premarital screening has little or no impact on the public health. For HIV, mandatory testing makes even less sense. First, fear of a compulsory test will dissuade many couples from marrying where such a requirement exists – a disadvantage that voluntary testing doesn't entail. Second, why pick the time of marriage? People often begin their sexual experimentation well *before* that. (Indeed, if premarital sex were rare, testing before marriage would turn up virtually no positive HIV results!) And, most important, sex with other partners can and does take place *after* marriage. **For the many people whose main risk of HIV is their partner's extramarital activity, a negative premarital test offers no protection – just an illusion of safety.**

But HIV can be transmitted from an infected woman to her fetus or newborn. Wouldn't it be helpful at least to insist on testing all pregnant women?




Once a woman is pregnant the fetus may well be infected already, although there is no way to know this. At this stage the only possibilities for prevention are abortion, a decision not to breast-feed (although in many settings bottle-feeding may be *more* risky for the baby), or perhaps treatment with an antiviral drug around the time of delivery (this is still experimental). All these are major decisions which cannot be forced on any woman but which she must take, if at all, voluntarily. Therefore, voluntary counselling and testing is what should be offered. Forced testing may also dissuade pregnant women from seeking medical care.

In any case, the best time for prevention is *prior to pregnancy*. Married or unmarried, people need to be aware of all the implications of HIV infection before they decide whether to have children.

Some employers test job applicants before hiring them. Does that make sense?



No. It won't protect the general public. And it won't protect the firm's employees because HIV infection is not "contagious" and doesn't spread at the workplace. The emphasis in any firm should be on preventing infections among the *existing* workforce, which is always far larger than



the number of new staff recruited each year. Some employers provide their workers with AIDS education, encouragement for condom use, and care for sexually transmitted diseases (STDs) such as syphilis and chancroid, which if left untreated greatly increase a person's susceptibility to HIV infection. They report a decrease in STD rates among their employees, which is good news on two counts. It means employees are less likely to get HIV and, for companies that offer or reimburse STD care, it means a decrease in company expenditure.

I can see why forcing ordinary people to be tested is useless. What about restricting compulsory testing to high-risk groups?




At first sight this seems more practical than compulsory testing of the general population, but in fact it's got even more problems. To begin with, many such groups are hard to define, and even harder to locate. For example, men who have unprotected sex with prostitutes are clearly at high risk – but how do you identify them? And where do you draw the line? At those who seek out a sex worker twice a year? Or those who do so every payday? And what about their wives – are they a high-risk group to be tested? In many places, after all, most women with HIV have been infected by their one partner – their husband.

One well-defined group, at least, is drug users who inject their drugs. Isn't it true that they are at high risk of acquiring HIV?



Yes. If they don't use new or freshly sterilized equipment every time they inject, they can easily become infected – and then pass the virus on to their sex partners. So the most urgent need is to teach them to clean their equipment carefully each time, never share it with anyone, or exchange their used syringes for sterile ones – and to encourage them to use condoms for sex. (Over the longer term, they need encouragement to switch from drug injecting to safer forms of drug use, or no drug use at all.) These so-called “harm reduction” measures are clearly vital for the public health as well as for the users themselves.

The biggest hurdle for harm-reduction programmes is that drug users live on the margins of society. Almost everywhere, drug use is secretive or frankly illegal, and users are mistrustful of authorities. In many places, health workers have to persuade the local police not to arrest



drug users who come in for education, new syringes, bleach or condoms. Any threat of mandatory HIV testing would scare them away even more, doom the harm-reduction programmes to failure, and endanger the public health.

Shouldn't we at least insist that sex workers be HIV-negative?



This is yet another idea that sounds fine in theory but works poorly in practice. Compulsory testing is as counterproductive for prostitutes as it is for drug users. Authorities need to work with prostitutes, not against them. They need to strengthen their ability to demand condom use by clients. (This is the standard harm-reduction measure for commercial sex work.) If prostitutes are harassed and driven away by the threat of mandatory testing, they will be out of reach of effective harm-reduction programmes.

Prostitutes who can't escape testing and turn out to be HIV-positive may be fired (if they work in a brothel) or lose their registration. But this doesn't protect the public health. Infected individuals will simply move on to another place. Where there is a system of registration, the infected sex workers will join the ranks of unofficial prostitutes, who generally have even less power to negotiate safer sex. Testing doesn't even protect the local clients. No matter how many "condom only" signs are posted, any brothel owner (or government official) who insists on testing sex workers – and lets the clients know that they are HIV-negative – is sending a clear message that if a client doesn't want to use a condom, he'll still be safe. Of course, the client may well be infected himself and infect the prostitute, who will then infect others who decide not to use a condom, and so on. Testing sex workers even as often as every 3 months still means that, because of the "window period", they can have HIV for nearly half a year – and infect many clients – before their infection is diagnosed.

You may well ask, why test the prostitutes and not their clients? From the standpoint of common decency, it's just as important to safeguard sex workers as sex work clients. From the standpoint of public health, protecting the prostitutes is even more important. Besides, there's something illogical about putting the responsibility for HIV prevention and safe sex on the sex worker. After all, in almost all cases, whether the prostitute is male or female, it's the client who has to wear the condom!

If condom use by men is the key, why not try to test STD patients systematically for HIV? After all, they're mostly men. And by coming down with a disease like syphilis or chancroid, they have proven that they are engaging in unsafe sex and are at risk of HIV.



There's no doubt that men (and women) with an STD are a very important "audience" indeed when it comes to HIV prevention. Attendance at a clinic or doctor's office provides the ideal opportunity for educating them about AIDS and condom promotion – just at the time they are confronted with evidence of their vulnerability to *all* STDs. But people with an STD need *encouragement* to seek care at the earliest possible sign of disease. Any threat of mandatory testing would frighten them away.

So compulsory testing can't even help with people who engage in high-risk behaviour?



No. When it comes to drug injectors, sex workers and STD patients, mandatory HIV testing has nothing to recommend it – and multiple disadvantages as compared with voluntary testing. First, people are hard to track down for compulsory testing, and expensive to trace for follow-up. Then, what do you achieve? When you find infected individuals, you can't isolate them for life or enforce behaviour change. Indeed, voluntary testing is more likely to result in the adoption of safe behaviour.

Not only are the "benefits" of compulsory testing illusory, but the side effects are a positive danger to the public health. The main ones are driving vulnerable people away from harm-reduction and other prevention programmes, and encouraging a false sense of HIV-free security in the general population. Voluntary testing hasn't got these disadvantages. Hence, **there's nothing to be gained for the public health, and much to be lost, by making HIV tests compulsory instead of voluntary and confidential.**

Aren't coercive measures ever necessary?



Yes. It *is* occasionally necessary to override people's individual rights in the interests of public health. For example, WHO recommended obligatory vaccination against smallpox until it was eradicated, and still endorses the need for mandatory vaccination against yellow fever for people travelling from zones where this disease is endemic. If one day a medicine is found that can make HIV-infected people non-infectious to others, WHO will re-examine its policy on HIV testing. For the moment, AIDS happens to be a disease for which coercive testing is not only pointless but harmful to the public health.

In the AIDS era, there is no way to sideline the infected people so that everyone else can go on living as before. Today, **everyone** has a responsibility to avoid unsafe behaviour.

In conclusion, the WHO Global Programme on AIDS recommends that people should not be tested for HIV without their free consent. Apart from being a violation of human rights, mandatory HIV testing does not make public health sense:

- 6 Unlike for other infectious diseases, there is at present no way to cure people with HIV, make them uninfected to others, or vaccinate those who come into contact with them.
- 6 Isolating people with HIV makes no sense, as they are not "contagious" and uninfected people have other ways to protect themselves from infection.
- 6 Even if you can force someone to take an HIV test, you can't coerce safer sexual behaviour. On the contrary, helpful behaviour change is far more likely to occur when testing is voluntary and test results are kept confidential.
- 6 Mandatory screening of the whole population is extremely costly, logistically unwieldy, and cannot possibly identify everyone who is infected.
- 6 Mandatory testing of groups such as couples planning to marry and pregnant women does not protect the public health, and may even endanger it – e.g. by dissuading pregnant women from seeking medical care.
- 6 Mandatory testing of people thought to be at high risk of having HIV endangers the public health. The threat of testing drives them away from the kind of support they need if they are to stay uninfected and not infect others, e.g. syringe exchange programmes for drug users.
- 6 Overall, the "benefits" of mandatory testing are largely illusory, and its side effects are positively dangerous. There is nothing to be gained for the public health – and much to be lost – by making HIV tests compulsory instead of voluntary and confidential.



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