

Hà Nội, February 22, 2007

**DECISION  
ON PROMULGATION OF VOLUNTARY HIV COUNSELING  
AND TESTING (VCT) GUIDELINES**

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**MINISTER OF HEALTH**

- Pursuant to the articles 26 and 27 in the Law on HIV/AIDS Prevention and Control passed on June 29, 2006;

- Pursuant to the Government Decree No. 49/2003/NĐ-CP dated May 15, 2003 assigning roles, responsibilities, authorities and organizational structures for the Ministry of Health;

- At the proposal of the Director General of Vietnam Administration for HIV/AIDS Control (VAAC),

**DECIDES**

**Article 1.** To promulgate a Voluntary HIV Counseling Testing (VCT) Guidelines at this decision.

**Article 2.** This decision takes effective from the signing and releasing date.

**Article 3.** Chief of Cabinet, Chief Inspector, VAAC Director General, Directors of Departments of the Ministry of Health, chief officers of agencies and organizations belonging to the Ministry of Health, Directors of Provincial Health Services, health chief officers at all other Ministries are responsible for the implementation of this decision.

**FOR THE MINISTER OF HEALTH  
DEPUTY MINISTER  
(signed and sealed)**

**Copies to:**

- The list in the article 3
- Minister of Health Trần Thị Trung Chiến (as a report)
- Deputy Ministers of Health (for information)
- Archives at MOH Office, Legislation and VAAC

**Trịnh Quân Huấn**

**VOLUNTARY HIV COUNSELING AND TESTING (VCT) GUIDELINES**  
**(Promulgated at the Decision No. 647/QĐ-BYT dated**  
**on February 22, 2007 by the Minister of Health)**

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**Chapter I**  
**General Provision**

**Article 1. Scope**

These guidelines stipulate contents, operation procedures for VCT services and standards for any VCT clinics.

**Article 2. To whom it applies**

These guidelines shall apply to all health facilities/settings, all those who provide VCT services and testing facilities as well regardless of public or private settings. These guidelines are not applicable to any types of compulsory HIV testing stated by the article No. 28 in the law on HIV/AIDS prevention and control.

**Article 3. Definitions**

1. *HIV/AIDS counseling (referred as counseling herein)* is a process of exchange and provision with necessary HIV/AIDS knowledge and information between counselors and counsees in order to help counsees make their own informed decisions on problems related to HIV prevention, care and treatment.
2. *Follow-up counseling* is on-going HIV/AIDS counseling subject to needs and requests from counsees that aims at solving worries and anxieties related to HIV/AIDS.
3. *Voluntary HIV counseling testing* is a combination of both HIV counseling and testing. Clients have the rights to use VCT services on a voluntary basis and to decide by themselves whether anonymous or confidential options.
4. *Anonymous voluntary HIV counseling and testing* is an option at which clients do not need to provide any identifying information including their names and contact addresses.
5. *Confidential voluntary HIV counseling and testing* is an option at which clients provide their identifying information including names and contact addresses.

6. *HIV testing* is the use of techniques to identify HIV status via human blood or/and bio-fluids.

#### **Article 4. VCT key principles**

1. Confidentiality: any information relating to clients' use of HIV counseling and testing and HIV test results is not disclosed unless they agree.
2. Voluntariness: HIV testing shall only be conducted after clients are provided with counseling sessions and agree to be tested. In other words, HIV testing must be clear to clients and they make their own decisions whether or not to take HIV tests.
3. HIV testing: testing and test results provisions must be in accordance with current protocols and practices requested by the Ministry of Health.
4. Referrals: clients should be referred to appropriate HIV/AIDS prevention, care, treatment and support services.
5. Testing options: anonymous and confidential testing is optional. Clients are free to make their own choices.

### **Chapter II**

#### **Sequence and Contents of Voluntary HIV Counseling and Testing**

#### **Article 5. Sequence of VCT**

1. Pre-test counseling session
2. HIV testing
3. Post-test counseling session
4. Follow-up counseling session (subject to needs and requests from clients).

#### **Article 6. Overall contents of VCT**

##### **1. Pre-test counseling session:**

- a. Explain confidentiality.
- b. Provide with HIV/AIDS information.
- c. Assess client's risk for HIV infection
- d. Explore options for and negotiate risk reduction.
- đ. HIV test preparation.
- e. Provide benefits/challenges and requests regarding anonymous and confidential testing options.
- g. Proceed necessary procedures for those clients who agree to take HIV tests.

**2. HIV testing:** HIV testing shall be conducted in accordance with the Ministry of Health's guidance on HIV infected confirmation.

##### **3. Post-test counseling session:**

- a. HIV positive test result counseling
- Review the meaning of the result.

- Assess and help how client is coping with result and living positively
  - Identify sources of support and provide appropriate referrals regarding mental, psychology, social support, health care, treatment services and PMTCT for pregnant women
  - Discuss and negotiate possible approaches to disclosures of serostatus to partners such as wife, husbands or fiancé
  - Discuss and encourage client to protect others from HIV infection.
  - Encourage and support clients to refer partners for VCT services.
- b. HIV negative test result counseling
- Review the meaning of the result and window period
  - Review and re-negotiate risk reduction
  - Provide appropriate referrals regarding support services
  - Encourage and support clients to refer partners for VCT services.

**4. Follow-up counseling session** is subject to needs and requests from clients who have gone through both pre- and post-test counseling sessions. Follow-up counseling shall focus on the following:

- a. Help client to overcome worries and anxieties related to HIV/AIDS.
- b. Provide thematic counseling upon needs from client.
- c. Provide appropriate referrals regarding support services

#### **Article 7. VCT contents for specific populations**

Counseling for specific populations must be in line with contents stated in the article 5 above. In addition, the following population-based content should be included:

##### **1. VCT for pregnant women:**

- a. Pre-test counseling session (obstetrics settings can arrange and provide group counseling)
  - HIV transmission risk from an infected mother to her child.
  - Benefits and needs for pregnant women to take HIV tests.
  - PMTCT measures in case the mother is infected with HIV.
  
- b. Post-test counseling session: if the test is negative, provide counseling content outlined at the 3b at the article 6 of these guidelines. If positive, the following additions should be emphasized:
  - HIV transmission risk from an infected mother to her child and PMTCT measures.
  - Benefits and usage of drugs for prevention of mother-to-child transmission.
  - Needs to access health care facilities that provide PMTCT services during pregnancy, labor and post-maternal care.
  - Benefits and needs for new-born babies to take infection preventing drugs and for monitoring measures during post-maternal care.
  - Provide appropriate referrals such as care, treatment and support for mother and the new born.

##### **2. VCT for most-at-risk populations (MARF)**

- a. Drug users
  - Risk for HIV infection through sharing injection paraphernalia.
  - Risk reduction options for HIV prevention through drug injection and sexuality.

- Drug treatment/rehabilitation and relapse prevention.
  - Family and community roles in support for behavior change, job opportunities and re-integration with family and community.
- b. Sex workers
- Risk for HIV infection through unsafe sex, especially with sexually transmitted infection (STI) concurrence.
  - Risk reduction options for HIV prevention through sexuality.
  - Risk for HIV infection through additional drug use, especially drug injection.
  - Family and community roles in support for behavior change, job opportunities and re-integration with family and community.
- c. Men having sex with men (MSM)
- Risk for HIV infection through men having sex with men.
  - Safe sex measures and risk reduction options for HIV prevention including condom and lubricant uses.
- 3. VCT for patients at TB, STD clinics and other health care settings**
- a. For TB patients: risk for TB infection/development, TB treatment for TB/HIV co-infection, encouragement of TB patients to take HIV test.
- b. For STD patients: risk for HIV infection while having STI concurrence, encourage STD patients to take HIV test.
- c. For patients at other health care settings: except for cases stipulated at the article 28 in the Law on HIV/AIDS Prevention and Control, patients are found suspected for HIV infection, health care workers should refer these patients to VCT services.

### **Chapter III**

#### **Protocol for Voluntary HIV Counseling and Testing**

#### **Article 8. VCT protocol**

##### **1. Pre-test counseling session**

###### **Step 1:** Introduction and orientation to the session

- Help client reduce anxiety, build rapport for counseling session and explain about VCT confidentiality and benefits
- Reach an agreement with the client on the objectives of the session and emphasize that the focus of the session is a discussion of client's risk for HIV infection.
- Orient the client to the VCT procedures for the counseling session

###### **Step 2.** Risk assessment

- Help the client identify and understand what constitutes his or her personal risks
- Identify risk patterns, circumstances, triggers and vulnerabilities

###### **Step 3.** Explore options for risk reduction

- Describe client's successes and challenges in reducing risk
- Identify examples of feasible risk reduction options and barriers
- Assess and build client's competency in communication, safe sex and safe drug injection for HIV prevention

**Step 4.** Negotiate risk reduction plan

Help client develop a practical, feasible and appropriate risk reduction

**Step 5.** Identify support for risk reduction plan

Help client identify support to implement risk reduction plan.

**Step 6.** HIV test preparation

- Understand how clients may prepare for HIV test results
- List benefits of knowing serostatus
- Assess client's readiness to be tested and receive the test results
- If accepted to take HIV test, explain with client about benefits and requests about optional anonymous and confidential testing. If confidential option, a paper-based format test result will be provided to client. If anonymous option, test result will be provided verbally to client only (neither no paper-based nor via phone).

**Step 7.** Provide an appointment card

- Provide a mechanism for clients to remember to return for their results
- Review contact information for client and counselor
- Provide appropriate referrals
- Fill-in client intake form
- Take client to or help locate blood collection room.

**2. Post-test counseling session**

**a. HIV positive test result counseling**

**Step 1.** Provide with HIV positive test result

- Make sure the client understand the test result
- Encourage the client to discuss the positive living

**Step 2.** Identify sources of support

- Assess who client would like to tell about his or her positive test results and identify a person who can help the client through the process of dealing with HIV
- Identify and provide appropriate referrals

**Step 3.** Negotiate disclosure and partner referral

- Help the client to disclose the test results to their sexual partners/fiancés or needle-sharing partners
- Discuss possible approaches to refer sexual partners/fiancés or needle-sharing partners to VCT services

**Step 4.** Risk reduction issues

Help the client reduce risk of HIV transmission to their sexual partners/fiancés or needle-sharing partners and others.

**b. HIV negative test result counseling**

**Step 1.** Provide HIV negative test result

- Make sure the client understand the test result and meaning of window period
- Emphasize on an importance of risk reduction to maintain HIV infection free status.

**Step 2.** Review risk reduction plan

- Assess the client's efforts to try out the risk reduction plan
- Identify sources of support for and barriers to the risk reduction step

**Step 3.** Re-negotiate risk reduction plan

Revise or develop a new plan with the client based on actual barriers, challenges and successes.

**Step 4.** Negotiate disclosure and partner referral

- Help the client disclose the test results to and discuss possible approaches to refer their sexual partners/fiancés or needle-sharing partners to VCT services.

**3. Follow-up counseling session**

- Sympathize with the client about their difficulties.
- Support and refer the client to appropriate health and socio-psychological services if necessary.

**Chapter IV**  
**Standards of a Voluntary Counseling and Testing Clinic**

**Article 9. Requirements for core personnel at a VCT clinic**

Each a VCT clinic needs to have the following positions:

a. Person in charge

- Selection criteria:
  - + University degree in either health or social science
  - + VCT training certificate for counselors
  - + VCT training certificate for supervisors
  - + At least 6 month VCT working experience
- Number of post: 01

b. Counselor:

- Selection criteria:
  - + At least college degree in either health or social science and HIV/AIDS knowledge
  - + VCT training certificate for counselors
- Number of posts: at least 02 part-time or 01 full-time

c. Blood drawing technician:

- Selection criteria: be a nurse or a lab technician
- Number of posts: at least 02 part-time or 01 full-time

d. Administrative clerk:

- Selection criteria: high school degree
- Number of posts: 01 full-time

## **Article 10. Requirements for facilities, equipment and instruments for a VCT clinic**

Every VCT clinic should provide appropriate space for at least three rooms. The physical arrangement of a VCT facility is important to allow a convenient flow of clients and counselors during delivery of VCT services, a reception room should be an entry point, then counseling room and last a phlebotomy room as an exit.

### **1. Reception room:**

- a. 10m<sup>2</sup> as a minimum area, clean and well-ventilated
- b. Equipment/instruments:
  - At least 5 or a number of chairs/benches to seat the expected number of clients on an average day
  - A desk and chair for administrative clerk and a filing cabinet that can be locked.
  - A telephone line
  - A working time table for VCT staff
  - Shelves for educational materials
  - TV and VCR for educational videos
  - Other equipments as needed

### **2. Counseling room:**

- a. 7m<sup>2</sup> as a minimum area, offer privacy, have enough light and is well-ventilated
- b. Equipment/instruments:
  - A desk (size 0.8m x 1.0m) and three chairs
  - Filing cabinet that can be locked
  - Other instruments needed for counseling sessions.

### **3. Phlebotomy room:**

- a. 7m<sup>2</sup> as a minimum area, have enough light and be well-ventilated
- b. Equipment/instruments:
  - A desk and two chairs
  - Filing cabinet that can be locked
  - Laboratory coats and cap
  - Stone or inox (stainless) desk for blood drawing
  - Wall with ceramic surface (1.5m high from the floor)
  - Washing sink with safe water tap and direct drainage system
  - Instruments and supplies necessary for blood drawing: syringes/needles, gloves, cotton, alcohol, tip, blood tubes, shelf for serum tubes.
  - Cupboard with glass windows to contain lab instruments
  - Refrigerator for blood sample storage, thermometer flask or cold box for blood sample transportation.
  - Sharps container
  - Container for medical disposals and container for common garbage.
  - Wall safety procedures for lab and how to deal with incidents of professional exposure.
  - Other equipment/instruments as required

**Chapter V**  
**Requirements for Voluntary Counseling and Testing Services Operations**

**Article 11. Location and sign of VCT clinic**

1. Location of a VCT clinic: A VCT clinic can be located inside or outside health care settings but it should meet the following requirements:
  - a. Easily accessible for clients
  - b. VCT principles/features are ensured
2. Sign:
  - a. Name: Voluntary Counseling and Testing clinic
  - b. Size: appropriate with the location of the VCT clinic

**Article 12. Contents for Voluntary Counseling and Testing Services**

1. Pre- and post-test counseling sessions; follow-up counseling session: follow the contents summarized in the article 6 in these guidelines
2. Blood drawing and transportation to the closest HIV lab in health care settings for HIV screening.
3. Referrals:
  - a. Health care services: TB, STD, OI, ARVs and PMTCT
  - b. Social support services: family planning, legal support, drug rehabilitation, community-based care
  - c. Other services: PLWHA clubs, syringes and needles exchange and condoms programs, faiths-based support services

**Article 13. Requirements for log books and records**

1. Counselor registration log book: format and how to record are included in the annex 1
2. Laboratory log book: format and how to record are included in the annex 2
3. Anonymous client codes: format and how to use are included in the annex 3.
4. Appointment cards: format and how to use are included in the annex 4.
5. Referral cards: formats and how to use are included in the annex 5.
6. Consent form for confidential HIV test: format and how to use are included in the annex 6.
7. HIV test requesting form: format and how to use are included in the annex 7.
8. Client intake form: format and how to record are included in the annex 8.

9. VCT services and HIV positive case-finding report forms: formats and how to record are included in the annex 9.

**Article 14: VCT staff's duties and tasks**

1. Person in charge:
  - a. Be overall responsible for operations of VCT clinic
  - b. Help counselors solve problems and difficulties regarding VCT services
  - c. Provide supervision over technical aspects, administrative issues and equipments/instruments management
  - d. Record and submit a monthly VCT services provision report and an HIV case-finding list
  
2. Counselor:
  - a. Provide counseling sessions in accordance with VCT protocol provided at training
  - b. Fully participate in routine supervision activities for counseling quality assurance including counseling session observation, staff meetings and case review conferences. Be under supervision by the person in charge.
  - c. Record and manage forms and cards.
  - d. Do other duties and tasks assigned by the person in charge
  
3. Blood drawing technician:
  - a. Draw blood, storage and transport specimens, follow-up and collect HIV test results from HIV laboratory
  - b. Follow lab safety procedures and do lab room hygiene, lab instruments. Take universal precaution steps.
  - c. Record and manage lab log book
  - d. Do other duties and tasks assigned by the person in charge
  
4. Administrative clerk:
  - a. Welcome and register clients
  - b. Record and manage counselor registration log book, client codes, marketing cards, brochures and other printed materials
  - c. Do other duties and tasks assigned by the person in charge

**Chapter VI  
Implementation Arrangements**

**Article 15: Implementation responsibilities**

1. Ministry of Health:
  - a. Collaborate with related agencies to develop VCT training manuals and guide how to provide VCT training
  - b. Guide the implementation of VCT services provision
  - c. Collaborate with related agencies to develop procedures for granting licenses for VCT services provision
  - d. Provide supervision, monitoring and evaluation of VCT services across the country on annual or ad hoc basis

- e. Collect and analyze VCT data submitted by VCT clinics all over country.
2. Regional public health institutes (HIV regional project executive committees)
    - a. Provide technical VCT assistance to their supervised provinces.
    - b. Join the provision of VCT training
    - c. Collect and analyze data submitted by VCT clinics within their supervised provinces.
    - d. Conduct supervision and monitoring visits on regular or ad hoc basis.
  3. Provincial Departments of Health:
    - a. Direct Provincial HIV/AIDS Centers to provide supervision, monitoring and evaluation of VCT services provision on quarterly or ad hoc basis. Submit reports to supervision agencies as required
    - b. Direct related units to establish VCT clinics. The decision on the number of and locations of VCT clinics are subject to HIV/AIDS epidemic profile. However, every province should have at least 2 VCT clinics or on an average there should be a VCT clinic for a cluster of one to three districts.
    - c. Develop procedures for referrals between VCT clinics and related social and medical/health services available in the province.
    - d. Direct and collaborate with related units in communication and advertisement for VCT services available in the province.
    - đ. Appraise and permit the operation of VCT services provision run by any private or public organizations that adequately meet requirements stated in these guidelines.
  4. Voluntary Counseling and Testing clinics:
    - a. Operate the VCT services provision in accordance with requirements and standards given in these guidelines
    - b. Do VCT reporting as required

**Article 16: Reporting requirements**

1. Submit VCT services operation report required by the table 11 in the annex 3 issued by the Minister of Health at the Decision No. 26/2006/QĐ-BYT dated September 6, 2006 regulating reporting formats and procedures for HIV/AIDS prevention and control program.
2. Submit a monthly new HIV positive case-finding list required by the annex 2 issued by the Minister of Health at the Decision No. 1418/2000/QĐ-BYT dated April 5, 2000 regarding protocol for HIV/AIDS epidemiological surveillance in Vietnam.

**FOR THE MINISTER OF HEALTH  
DEPUTY MINISTER  
(signed and sealed)**

**Trịnh Quân Huấn**