Mandatory HIV testing in Cameroon: A logical step or an alienating move?

Despite the recent advancements in the fight against HIV/AIDS over the past 2 decades, the statistics are still far from the goals set by Cameroon’s Ministry of Health (MoH). According to the 2015 statistics released by UNAIDS, approximately 620,000 people in Cameroon are living with HIV, with 33,000 deaths resulting from HIV. The HIV prevalence rate among adults aged 15 – 49 years stood at 4.5%, 39,000 children aged 0 – 14 years were living with HIV and there were 310,000 orphans aged 0 – 17 years, the result of AIDS-related deaths.

In an effort to improve these statistics, the MoH on 22 June 2016 announced a new measure which is part of the framework of the strategy against HIV/AIDS in Cameroon. This measure aims to “systematically track anyone who comes to a health facility, regardless of the reason of consultation.” In other words, the government has adopted a mandatory HIV testing program which will screen anyone accessing a health facility for consultation. This decision is part of the implementation of the Antiretroviral Therapy Acceleration Plan and is in line with major international guidelines on HIV, including the new WHO

The government’s objective is to screen 1.5 million people in 2016 and 1.8 million people in 2017. To help achieve this objective, testing has been made free for persons under the age of 15 years, pregnant women, and tuberculosis (TB) patients. The measure announced by the MoH seeks to:

- Encourage as many people as possible to know their HIV status.
- Place any person screened and confirmed HIV positive under treatment prior to CD4 count assessment. As a result, 88 support units have been created to bring treatment services closer to the population.
- Monitor patients on antiretroviral therapy (ART) and increase the number of patients on ART from 168,000 in 2015 to 224,000 in 2016, and 302,000 in 2017. A reduction of the cost of a viral load test to 5000 FCFA has been agreed to in an effort to improve on the uptake of testing.
The benefits of implementing a mandatory HIV testing strategy make it easier to understand why the government has chosen this approach. Firstly, the general consensus among most public health experts is that, if many more people know their status, transmission rates of the HIV virus will be reduced implying more lives will be saved. Also, preventing the transmission of the virus from pregnant women to their foetuses will be easier. Secondly, people diagnosed as HIV positive will benefit from early ART initialisation, meaning more lives can be saved and the quality of life of patients improved. Most importantly, a mandatory HIV testing program will play a role in reducing the negative economic impact of HIV on society.

However, several arguments can be raised against the adoption of a mandatory HIV testing strategy. The most popular argument is the violation of human rights. HIV testing done without consent is unethical and can be actively harmful to the patient and counterproductive with respect to prevention efforts. Mandatory HIV testing ignores the basic human rights including ethical aspects like privacy, confidentiality and ignoring informed consent. Moreover, when the HIV status of a person becomes public, there is a clear violation of his/her privacy and confidentiality, which he/she is entitled to by the universal human rights declaration.

Another point brought forward is that mandatory HIV testing requires certainty. Certainty that the tests are accurate, and there are subsequent interventions in place from which the prospective patient can benefit. False positive results can have devastating effects on the well-being of the person being tested. The current standardised tests (ELISA and Western Blot) for HIV still do not provide a “gold standard” or an independent, unequivocal way of identifying a group of individuals who are all assuredly infected or uninfected. Hence, for a mandatory HIV testing strategy to work, accuracy of the tests must be put at the forefront along with easily accessible treatment services, which is still a challenge in Cameroon.

Mandatory HIV testing eliminates the need for and negates the adequacy of pre-test counselling because it is not needed to obtain consent. Furthermore, when faced with potential discrimination if their test results are positive, some people prefer not to attend health facilities. This reduces the uptake of health
services that can address other health issues. Thus, a chance to prevent the spread of HIV and other communicable diseases is wasted.

HIV testing models, policies and protocols rooted in human rights principles are in the best interest of individual and collective public health goals; human rights are an integral subset of public health.

Voluntary Counselling and Testing (VCT) is a model that puts human rights at the centre with a focus on individual well-being. VCT acts as an effective vehicle for the dissemination of HIV information and prevention services, and enables individuals to constructively deal with the possibility that they might be infected with HIV. This is because it includes good quality pre- and post-test counselling and proper referral to follow-up services which enable clients to:

- Prepare for the possibility of a positive HIV result.
- Carefully prepare strategies to mobilize support from a potentially hostile social environment.
- Become acquainted with the concept of “living positively with HIV”.

It can be argued that ever since the adoption of VCT, the goals set by the MoH in the fight against HIV/AIDS have not been met, and that a switch to mandatory HIV testing is a step in the right direction. However, mandatory HIV testing should not be considered a shortcut to getting HIV patients to help prevent the spread of HIV to others. Instead of pushing VCT to one side, it should be properly implemented and VCT programs should receive more support in order for them to function properly. Additionally, more work needs to be done on improving the uptake of VCT rather than switching to mandatory HIV testing.

HIV testing needs to be part of a “complete package” of support and care services. This needs to begin in the hospital and end in the community.

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