

Reviewing Voluntary HIV Testing and Counselling Strategies in Workplaces

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Introduction

The integration of Voluntary HIV Testing and Counselling (VCT) within workplace environments has emerged as a significant public health strategy aimed at reducing the spread of HIV, enhancing early diagnosis, and promoting access to treatment and care. Workplaces provide a unique and strategic platform for delivering HIV services, particularly in regions with high prevalence rates or where access to healthcare remains limited. The rationale behind workplace-based VCT initiatives lies in their potential to reach large populations of working adults who may not otherwise seek testing due to stigma, lack of access, or unawareness of their risk. Over the past two decades, various countries and industries have adopted workplace VCT programs with varying levels of success, driven by both public health mandates and corporate social responsibility agendas. This review aims to explore the existing strategies, challenges, and outcomes associated with voluntary HIV testing and counselling initiatives in occupational settings, highlighting the diverse approaches used across different geographical, cultural, and economic contexts. It draws upon studies and reports from both peer-reviewed literature and grey literature to provide a comprehensive overview of the current landscape [1].

Description

Workplace VCT strategies have been implemented in various forms, ranging from mobile testing units visiting work sites, integration of testing into routine occupational health services, peer education and counselling programs, and partnerships with external healthcare providers. In many cases, companies collaborate with national health authorities or non-governmental organizations to facilitate the delivery of services, ensuring compliance with national guidelines and ethical standards. These strategies are often tailored to the specific context of the workplace, taking into consideration factors such as workforce demographics, industry risk profiles, and logistical constraints. The mining, construction, transport, and agricultural sectors in sub-Saharan Africa have been among the most active in implementing workplace VCT, largely due to the high vulnerability of their workforces to HIV infection. Long working hours, mobility, and separation from families contribute to increased risk behaviors among workers in these sectors. In response, companies have invested in comprehensive HIV programs that include not only VCT but also education campaigns, condom distribution, antiretroviral therapy access, and stigma reduction efforts. South Africa, in particular, has served as a leading example in this domain, with several large mining companies reporting high uptake rates of VCT and improved health outcomes among employees following sustained interventions [2].

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The role of peer educators and counsellors within workplace VCT programs has also proven to be a critical success factor. Employees may be more willing to engage with individuals they trust and relate to, rather than external health professionals. Peer-led initiatives not only increase the reach of educational messaging but also contribute to a culture of openness and support within the workplace. Training programs for peer educators are therefore an essential component of sustainable workplace HIV strategies. In assessing the effectiveness of workplace VCT programs, several outcome indicators have been used, including uptake rates, seropositivity rates, linkage to care, and changes in knowledge and attitudes toward HIV. Studies have shown that well-implemented workplace VCT programs can achieve high testing uptake, sometimes exceeding 70% of the workforce. Furthermore, early diagnosis through these programs can lead to timely initiation of treatment, improved health outcomes, and reduced transmission within communities. The presence of a structured follow-up system is crucial to ensure that individuals who test positive are linked to care and supported throughout their treatment journey [3].

In high-income countries, workplace VCT has been less prevalent, likely due to broader access to healthcare services and different sociocultural dynamics surrounding HIV. However, some corporations with international operations or those located in urban centers with higher HIV prevalence have adopted workplace testing as part of broader health and wellness initiatives. In such contexts, emphasis is often placed on employee education, destigmatization, and inclusivity rather than large-scale testing efforts. Technological innovations have also begun to shape the future of workplace VCT. The introduction of HIV self-testing kits offers a promising avenue for increasing testing uptake while preserving privacy. These kits can be distributed in the workplace, allowing employees to test at their own convenience and in private. While self-testing presents new opportunities, it also raises challenges around counselling, follow-up, and ensuring accurate interpretation of results. Therefore, hybrid models that combine self-testing with access to trained counsellors or digital support tools may provide a balanced solution [4].

Tailored educational content, delivered via videos, infographics, and interactive quizzes, enhances retention and engagement. Additionally, asynchronous communication tools such as secure messaging systems allow survivors to ask questions and receive timely support from healthcare providers. A key strength of remote rehabilitation lies in its ability to offer personalized and patient-centered care. Through digital health assessments, patient-reported outcome measures, and real-time data collection, interventions can be adapted to reflect individual preferences, progress, and changing needs. Artificial intelligence and machine learning algorithms are increasingly being integrated to analyze user data, predict risk factors, and recommend personalized interventions. This level of customization not only improves outcomes but also enhances user satisfaction and engagement. Despite its many advantages, the implementation of remote rehabilitation for breast cancer survivors on hormonal therapy is not without challenges. Digital literacy and access to technology remain barriers for some patients, particularly those from older or socioeconomically disadvantaged backgrounds. Ensuring that digital platforms are user-friendly, accessible across devices, and available in multiple languages is essential to promote equity in care. In addition, privacy and data security are critical concerns, particularly when dealing with sensitive health information. Robust cyber security measures and adherence to regulatory standards such as HIPAA or GDPR are necessary to build trust and ensure ethical practice [5].

Conclusion

Policy support at the national and international levels remains a critical enabler for workplace VCT. Governments can play a role by creating supportive legal environments, offering incentives for private sector engagement, and providing technical assistance to employers. The International Labour Organization (ILO) has been a key actor in promoting workplace-based responses to HIV, including the development of guidelines and advocacy for the rights of workers living with HIV. Ultimately, the success of voluntary HIV testing and counselling initiatives in workplaces depends on the collaborative efforts of employers, employees, health professionals, and policymakers. When implemented thoughtfully, these programs not only contribute to the fight against HIV/AIDS but also foster healthier, more resilient, and more inclusive work environments. As global health priorities continue to evolve, workplace VCT remains a valuable and adaptable strategy that merits continued investment, innovation, and attention.

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Conflict of Interest

No conflict of interest.

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