

**Couples HIV Testing
and Counseling (CHTC)
- in Health Care Facilities -**

CHTC



**Couples HIV Testing
and Counseling**

Participant's Manual



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ABBREVIATIONS AND ACRONYMS

AIDS	acquired immune deficiency syndrome
ANC	antenatal care
ARV	antiretroviral (drug)
ART	antiretroviral therapy
BCC	behavior change communication
CDC	United States Centers for Disease Control and Prevention
CHTC	couples HIV testing and counseling
CHW	community health workers
CITC	client-initiated HIV testing and counseling
DHS	Demographic and Health Surveys
FP	family planning
GBV	gender-based violence
HIV	human immunodeficiency virus
HTC	HIV testing and counseling
IDU	injecting drug users
IEC	information, education, and communication
IPT	isoniazid preventive therapy
MCH	maternal and child health
M&E	monitoring and evaluation
MSM	men who have sex with men
NGO	non governmental organization
PEPFAR	United States President's Emergency Plan for AIDS Relief
PHC	primary health care
PHDP	Positive Health, Dignity, and Prevention services (for PLHIV)
PITC	provider-initiated HIV testing and counseling
PLHIV	people living with HIV
PMTCT	prevention of mother-to-child HIV transmission
SOP	standard operating procedures
SRH	sexual and reproductive health
STI	sexually transmitted infection
SW	sex workers
TB	tuberculosis
UNAIDS	United Nations Joint Programme on HIV/AIDS
USAID	United States Agency for International Development
VCT	voluntary counseling and testing
VMMC	voluntary medical male circumcision
WHO	World Health Organization

BACKGROUND ON CHTC

The majority of new HIV infections in sub-Saharan Africa are acquired within cohabiting heterosexual partnerships (Dunkle et al., 2008). This includes married couples and other couples who are living together. In fact, anywhere between 65–85 percent of new HIV infections within discordant couples are acquired from a spouse or cohabiting partner. Although the majority of infections are happening within cohabiting relationships, this also reflects the fact that anywhere from 15–35 percent of new infections in discordant couples may have been acquired from an outside partner (Cohen et al., 2011; Celum et al., 2010; Mermin et al., 2008; Allen et al., 2003).

In most sub-Saharan African countries with generalized HIV epidemics, three-quarters of adults aged 20–49 years are in cohabiting partnerships (Eyawo et al., 2011; Lingappa et al., 2008; MEASURE DHS). We also know that the majority of persons living with HIV are in stable, long-term relationships (Kaiser, 2011; Anand, 2009; DeWalque, 2007). Most importantly, as many as half of all HIV-positive persons who are in stable relationships have a partner who is HIV-negative (DeWalque, 2007; NASCOP, 2009; Bunnell, 2008; Were, 2006; Lurie et al., 2003; Sagay et al., 2006; Msuya et al., 2008; Farquhar et al., 2004). This means their HIV-negative partner could be at very high risk of acquiring HIV if they are unaware of their HIV status and they do not use protective measures when having sex. Routine and regular CHTC is the best way to identify people who may not know they are at such high risk and would greatly benefit from learning about ways to prevent infection with HIV.

BENEFITS OF CHTC FOR COUPLES

Although there are high rates of HIV transmission among discordant couples, years of research has shown that working with couples can have many benefits for HIV prevention, care, and treatment. Studies on the impact of CHTC among cohorts of couples enrolled in studies in Rwanda and Zambia following CHTC show the following:

- ✓ Couples decrease their HIV risk behavior, which may contribute to the prevention of up to two-thirds of new heterosexual infections (Allen et al., 2011).
- ✓ Where both partners are negative, the rate of new infections is less than 0.5 percent per year (Roth et al., 2001).
- ✓ Where both partners are positive, the rate of other STIs is reduced by 50 percent (Allen et al., 1992).
- ✓ When family planning is combined with CHTC, the rate of pregnancies among HIV-positive women is reduced by 50 percent (Allen et al., 1993).

- ✓ In discordant couples, condom use increases to more than 85 percent of sex acts (Allen et al., 2003). Overall, condom use contributes to a 78 percent reduction in HIV transmission on a per-contact basis, demonstrating the importance of condoms in preventing HIV transmission (Hughes et al., 2012).
- ✓ Additionally, following CHTC, HIV transmission can be reduced by one-third, from 20–25 percent among discordant couples who do not know one another's HIV status to 3–7 percent per year among discordant couples who do know one another's HIV status (Celum et al., 2010; Dunkle et al., 2008).

BENEFITS OF COUPLES RECEIVING THEIR HIV TEST RESULTS TOGETHER

One of the key elements of CHTC is the fact that the health care provider or counselor mutually discloses the HIV status of each partner to the couple together and at the same time, ensuring that both partners know each other's HIV status. Studies show that when couples know each other's status, they

- ✓ can reduce their risk of HIV transmission by starting ART and/or practicing safer sex (Cohen et al., 2011; Apondi et al., 2011; Celum et al., 2010)
- ✓ are more likely to use condoms and reduce sex with outside partners (Benki-Nugent et al., 2011; Kennedy et al., 2010; Allen 2003)
- ✓ are more likely to use antiretroviral (ARV) prophylaxis to prevent transmission to infants (Becker et al., 2009; Farquhar et al., 2004)
- ✓ can communicate openly about their HIV risks and concerns and make shared decisions about HIV care and treatment, family planning, and safer pregnancy
- ✓ are more likely to support one another to adhere to ARV medication (Unge et al., 2010; Ware et al., 2009; Stirratt et al., 2006)

ABOUT THE COUPLES HIV TESTING AND COUNSELING (CHTC) IN HEALTH FACILITIES TRAINING

TRAINING OVERVIEW

CHTC has emerged as an important approach that has a range of potential benefits, as outlined on the previous pages. Through helping couples learn their HIV status together, CHTC has the potential to change behavior and reduce the risk of HIV transmission between couples. Health care providers and counselors can assist couples by:

- ✓ recommending CHTC and explaining the benefits of learning their status together
- ✓ creating an environment that is safe for disclosure of HIV status among partners
- ✓ mitigating tension and diffusing blame that may accompany receiving an HIV-positive test result
- ✓ dispelling myths about HIV transmission and discordance
- ✓ providing clear and accurate prevention messages tailored to the couple
- ✓ facilitating linkage with follow-up care, treatment, and prevention services.

The overall goal of the *Couples HIV Testing and Counseling (CHTC) in Health Facilities* training curriculum is to increase the skills of health care providers and counselors who provide HTC to couples so that they can help couples understand and accept the results of their HIV test and access follow-up care, treatment, and prevention services. The curriculum was developed in response to increased demand from field partners and providers for training and skills that would help them address issues related to HTC with couples in health facility settings. The curriculum addresses (1) CHTC technical content, (2) the CHTC protocol, and (3) implementation issues through learning activities and hands-on practice. The curriculum also addresses the challenges faced by health care providers and counselors in the field and better equips them with the skills to serve couples.

MODULE ONE: BACKGROUND TO COUPLES HIV TESTING AND COUNSELING

GOAL:

The goal of Module One is to introduce key concepts and terminology for Couples HIV Testing and Counseling (CHTC), to highlight the advantages of CHTC, and to discuss the importance of CHTC in health facility settings.

LEARNING OBJECTIVES:

By the end of this module, you will be able to:

- ✓ describe the goal and objectives of the training course
- ✓ discuss key concepts and evidence that provide context and background for CHTC
- ✓ describe the advantages of CHTC compared with individual HTC
- ✓ define key terms used in CHTC
- ✓ explain the meaning of concordant negative, concordant positive, and discordant test results
- ✓ discuss the importance of CHTC in health facility settings

WELCOME, INTRODUCTIONS, GOALS, AND OBJECTIVES

- ✓ CHTC occurs when two or more partners are counseled and tested, and receive their HIV test results together. When couples receive their results together, we can ensure mutual disclosure of HIV status.
- ✓ This is different from partner testing, which occurs when one partner in a couple is tested, and his or her spouse or partner is tested separately on the same day or at a later time.

Participant Introductions

- ✓ Name
- ✓ Hospital, clinic, agency, or organization
- ✓ Your role or position in your organization
- ✓ The amount of time you have worked in this position or in the health care field
- ✓ Years or months of experience providing HTC
- ✓ Approximate number of couples you have counseled
- ✓ What you hope to learn from the training (your expectations)

Ground Rules

As the trainer leads the group in brainstorming the ground rules, you may want to write them down in your manual.

Goals of the CHTC Training Course

Goals of the Training Course

❖ The overall goal of this training course is to prepare health care providers and counselors to

- confidently communicate the advantages of CHTC to patients in all health care settings
- conduct CHTC with patients in the health care setting by following the CHTC protocol
- facilitate linkages to appropriate follow-up services for couples based on their needs and HIV test results
- monitor and continuously improve these services

1-2

- ✓ The overall goal of this training course is to prepare you as health care providers and counselors to
 - confidently communicate the advantages of CHTC to patients in all health care settings
 - conduct CHTC with patients in health care settings by following the CHTC protocol
 - facilitate linkages with appropriate follow-up services for couples based on their needs and HIV test results
 - monitor and continuously improve these services
- ✓ The focus of this training is to learn how to conduct the key components of CHTC, including the pre-test session, delivering test results, the post-test session, and linking couples with appropriate follow-up services based on their HIV test results.

Objectives of the Training Course

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By the end of this course, you will be able to

- ❖ Explain the profile of the current HIV epidemic and its impact on couples
- ❖ Explain the role of CHTC in the prevention of HIV
- ❖ Explain the benefits and risks of CHTC for health facility patients
- ❖ Effectively communicate the concept of HIV discordance to patients
- ❖ Describe the frequency of HIV discordance in the community

1-3

Objectives of the Training Course (cont.)

By the end of this course, you will be able to

- ❖ Describe the components of the CHTC protocol
- ❖ Deliver HIV test results to couples in a health care facility
- ❖ Describe the support and referral services necessary for couples, especially discordant couples
- ❖ Describe how to integrate CHTC procedures into your health facility
- ❖ Describe how to monitor and improve CHTC services in your health facility

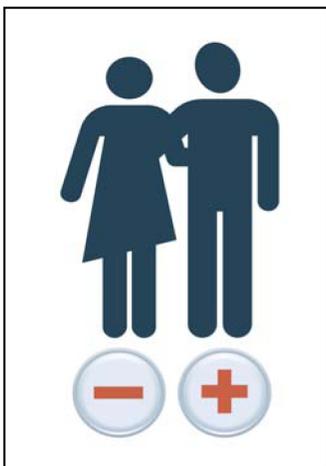
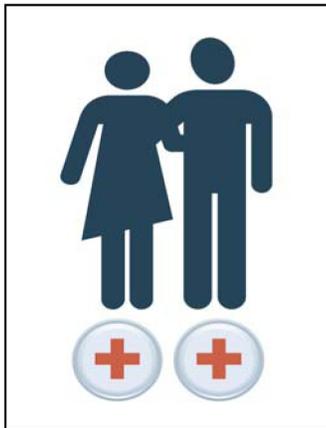
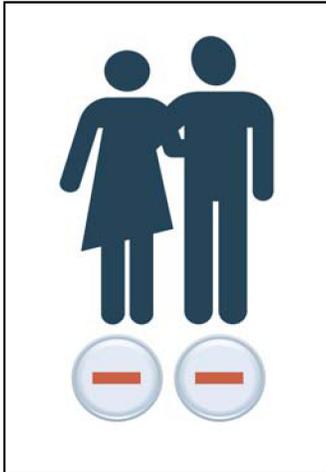
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This training course is designed to help you provide and advocate for CHTC. By the end of the course, you will be able to

- ✓ explain the profile of the current HIV epidemic and its impact on couples
- ✓ explain the role of CHTC in the prevention of HIV transmission
- ✓ explain the benefits and risks of CHTC for health facility patients
- ✓ effectively communicate the concept of HIV discordance to patients
- ✓ describe the frequency of HIV discordance in the community
- ✓ describe the components of the CHTC protocol
- ✓ deliver HIV test results to couples in a health care facility
- ✓ describe the support and referral services necessary for couples, especially discordant couples
- ✓ describe how to integrate CHTC procedures into your health facility
- ✓ describe how to monitor and improve CHTC services in your health facility

BACKGROUND TO CHTC

Three Types of Possible Test Results



CHTC Definitions: Test Results (1)

❖ Concordant Negative:

A concordant negative couple is one in which both partners are HIV-negative. These couples should be encouraged to avoid sex with outside partners to keep their relationship free of HIV. Also discuss the use of condoms to prevent unplanned pregnancy and STIs.



- ✓ A concordant negative couple is one in which both partners are HIV-negative. CHTC will help concordant negative couples maintain their HIV-negative status by emphasizing that avoiding sex with partners outside their relationship is the only certain way to keep their future free of HIV.

CHTC Definitions: Test Results (2)

❖ Concordant Positive:

- A concordant positive couple is one in which both partners are HIV-positive. These couples should be linked to prevention, care and treatment services and should be offered condoms and family planning.



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- ✓ A concordant positive couple is one in which both partners are HIV-positive. These couples should be linked to prevention, care, and treatment services.
- The importance of using condoms to prevent transmission of sexually transmitted infections (STIs), including new HIV infections (re-infection), should also be discussed, as well as information about family planning.

- Addressing the couple's needs as a unit is essential for adherence to care and treatment recommendations and psychological support of partners.
- These couples should also be encouraged and supported to reduce any outside partners they have, and to use condoms with any outside partners.

CHTC Definitions: Test Results (3)

❖ **Discordant:**

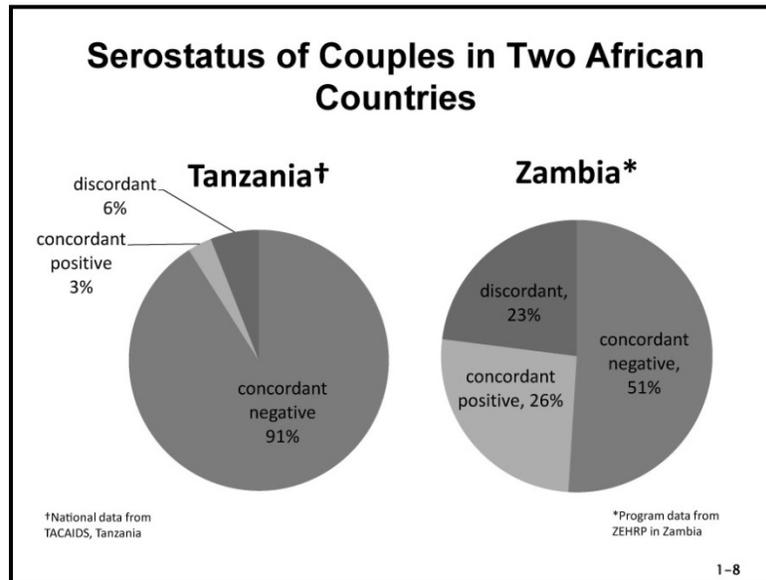
- A discordant couple has one HIV-positive partner and one HIV-negative partner.
- Discordant couples should be advised to always use condoms to prevent transmission to the negative partner, and the HIV-positive partner should be linked to care and treatment services.



1-7

- ✓ A discordant couple is a couple in which one partner is HIV-positive and one partner is HIV-negative. Although one partner has maintained an HIV-negative status until now, this does NOT mean that this partner is immunized or protected against getting HIV in the future.
- Helping discordant couples learn their HIV status together and linking them with appropriate services provides the greatest opportunity to prevent new HIV infections.
- Either the male or female partner can be HIV-positive in a discordant couple.

Rates of Discordance/Concordance in Various Countries



- ✓ The percentages of couples who are concordant negative, concordant positive, and discordant will vary by the prevalence of HIV in the country, between communities in a country (urban or rural), by service setting, and within a health facility (prevention of mother-to-child transmission (PMTCT), voluntary counseling and testing (VCT), TB clinics, etc.).
- ✓ Most couples are concordant negative, meaning they are both HIV-negative. Communities or settings with high HIV prevalence will have higher rates of concordant positive and discordant couples.
- ✓ One program in Zambia, which has a very high prevalence of HIV, found approximately 51 percent of couples to be concordant negative, 26 percent concordant positive, and 23 percent discordant (Chomba et al., 2008).
- ✓ Similarly, Tanzania's recent AIDS Indicator Survey suggests that about 91 percent of couples are concordant negative, 3 percent are concordant positive, and 6 percent are discordant (TACAIDS, 2007-8).
- ✓ Although discordant couples may represent a small proportion of couples in these examples, it is important to remember that they represent the highest risk for HIV transmission if they do not take measures to protect themselves.

Review of the HIV Epidemic in Our Context

HIV Epidemic and Couples

- ❖ Sub-Saharan Africa has the highest prevalence and incidence of HIV infection worldwide.

1-9

- ✓ Sub-Saharan Africa has the highest prevalence and incidence of HIV infection in the world.

HIV Epidemic and Couples (cont.)

- ❖ The majority of persons living with HIV are in stable, long-term relationships.
- ❖ 50% of all HIV-positive persons who are in stable relationships have a partner who is HIV-negative.
- ❖ In discordant couples, 65–85% of new HIV infections are acquired from a married or cohabiting partner.

1-10

- ✓ The majority of new HIV infections in sub-Saharan Africa are acquired within cohabiting, heterosexual partnerships (Dunkle et al., 2008).
 - This includes married couples and other couples that are living together.

- ✓ Half (50%) of all HIV-positive persons who are in stable relationships have a partner who is HIV-negative. This means that their HIV-negative partner could be at a very high risk of acquiring HIV if they are unaware of their HIV status and they do not use protective measures when having sex.
- ✓ In fact, anywhere between 65 to 85 percent of new HIV infections within discordant couples are acquired from a spouse or cohabiting partner (Cohen et al., 2011; Celum et al., 2010; Mermin et al., 2008; Allen et al., 2003).
- ✓ Therefore, 15 to 35 percent of new infections in discordant couples may have been acquired from an outside partner.

Facts and Myths About Discordance

Statement #1: Discordance is impossible. If one partner is HIV-positive, the other must also be HIV-positive. If one partner is HIV-negative, the other must also be HIV-negative.

- ✓ **Myth.** It is possible for a couple to have different test results even if they have been having unprotected sex for years.
 - When only one partner in the couple gets tested, many people automatically assume that the other partner's status is the same as their own. They might be less likely to disclose their HIV status to their partner or encourage their partner to get tested if they believe this myth.
 - With CHTC, couples are tested together and receive their results together. This way, they can find out if their results are the same or if they are different.

Statement #2: When a couple is discordant, this is a sure sign that the positive partner has been unfaithful and had other partners outside the relationship.

- ✓ **Myth.** When a couple is discordant, this is NOT a sure sign that the positive partner has had other partners outside the relationship.
 - For example, the positive partner may have been infected before they became a couple, or could have acquired HIV non-sexually (i.e., from an injection, blood transfusion, or a needle stick injury).
 - However, it is also important to recognize that the positive partner may have acquired HIV from a partner outside the relationship.

Statement #3: If a couple has been discordant for a long time, the negative partner must be immune to HIV; since he/she has not become infected, they will never become infected with HIV.

- ✓ **Myth.** No one is immune to HIV. There are many reasons a negative partner in a discordant couple may not become infected.

- Just because a discordant couple may have been discordant for many years, this does not mean that the HIV-negative partner will never get HIV.
- In fact, the transmission risk is high among steady discordant couples who do not take preventive measures or where the HIV-positive partner is not on treatment.
- Discordant couples who believe that they are immune may be less likely to use prevention measures to keep the HIV-negative partner uninfected.

Statement #4: If a discordant couple is sexually active for years and never transmitted the virus, they still need to use condoms and take other precautions to prevent HIV transmission.

- ✓ **Fact.** HIV may be transmitted at any time. It is fortunate that HIV has not been transmitted yet, but it may be transmitted in the future—particularly as the HIV-positive partner gets sicker and has a higher viral load. This does not mean that the HIV-negative partner is immune from HIV.

Statement #5: If a couple's HIV rapid test results come back discordant (one partner tests HIV-positive and one partner tests HIV-negative), this is an indication that the test results are incorrect.

- ✓ **Myth.** HIV rapid tests are very accurate and there are quality assurance procedures in place to prevent mistakes. It is very unlikely that the test results are wrong.

Statement #6: In a discordant couple, if the positive partner is on antiretroviral therapy (ART), they still need to use condoms to prevent transmission.

- ✓ **Fact.** Even though ART can significantly reduce the risk of transmission, it is not 100 percent. It is still best to use condoms and other protective measures in addition to ART.

Benefits of CHTC for a Couple

Benefits for Couples Who Know Both Partners' HIV Status

- ❖ Can reduce their risk of HIV transmission by starting ART and/or practicing safer sex
- ❖ Are more likely to use condoms and reduce sex with outside partners
- ❖ Are more likely to use ARV prophylaxis to prevent transmission to infants

1-17

- ✓ Couples who know their status are more likely to reduce their risk of HIV transmission by
 - starting ART
 - practicing safer sex
 - reducing sex with outside partners

- ✓ Couples who know their status are more likely to enroll HIV-positive mothers in prevention of mother-to-child transmission (PMTCT) programs.

Benefits for Couples Who Know Both Partners' HIV Status (cont).

- ❖ Can communicate openly about their HIV risks and concerns
- ❖ Can make shared decisions about care and treatment, family planning, and safer pregnancy
- ❖ Are more likely to support each another to adhere to ARV medication

1-18

- ✓ Couples who know their status are more likely to
 - communicate openly about their HIV risks and concerns
 - make shared decisions about HIV care and treatment, family planning, and safer pregnancy
 - support one another to adhere to ARV medication
- ✓ One of the key benefits of CHTC is that the burden of providing results to couples is on the provider, not the individual partner.
 - When individuals test alone and find out they are HIV-positive, they may find it difficult to tell their partner of their status.
- ✓ Can you think of reasons why this might be difficult?

Other Information on Benefits

- ✓ Years of studies on the impact of CHTC among cohorts of couples enrolled in studies in Rwanda and Zambia following CHTC show the following:
 - Couples decrease their HIV risk behavior, which may contribute to the prevention of up to two-thirds of new heterosexual infections (Allen et al., 2011).
 - Where both partners are negative, the rate of new infections is less than 0.5 percent per year (Roth et al., 2001).
 - Where both partners are positive, the rate of other sexually transmitted infections is reduced by 50 percent (Allen et al., 1992).
 - When family planning is combined with CHTC, the rate of pregnancies among HIV-positive women is reduced by 50 percent (Allen et al., 1993).
 - In discordant couples, condom use increases to more than 85 percent of sex acts (Allen et al., 2003). Overall, condom use contributes to a 78 percent reduction in HIV transmission on a per-contact basis, demonstrating the importance of condoms in preventing HIV transmission (Hughes et al., 2012).
 - Additionally, following CHTC, HIV transmission can be reduced by one-third, from 20 to 25 percent among discordant couples who do not know one another's HIV status, to 3 to 7 percent per year among discordant couples who do know one another's HIV status (Celum et al., 2010; Dunkle et al., 2008).

Scale-up of CHTC Programs

Despite the strong evidence of the benefits to couples counseling, the scale-up has been slow. Some programs report that 10 to 15 percent of all HTC clients are tested together with their partners, but nationally the figures can be much lower. For example, in Zambia, 80 percent of pregnant women were tested for HIV in 2008, but very few of their partners were tested.

- ✓ What are some possible barriers to scaling up CHTC?

Barriers to Scale-Up

Barriers to Scale-up of CHTC

- ❖ The clinic setting itself and the way that HIV testing and counseling policies and programs have been established in the past
- ❖ The difficulties that couples may have in getting tested together
- ❖ Difficulties experienced by you, the providers, in performing CHTC

1-19

The barriers to scale-up can be thought of as those related to the following:

- ✓ The clinic setting itself and the way that HTC policies and programs have been established in the past (Structural Barriers)
- ✓ The difficulties that couples may have in getting tested together (Couple Barriers)
- ✓ Difficulties experienced by you, the providers, in performing CHTC (Provider Barriers)

Structural Barriers

**Structural Barriers:
Challenges to CHTC**

- ❖ Current programs may conduct only individual HTC
- ❖ Female-focused health facilities do not attract men
- ❖ High patient load and staffing
- ❖ Lack of promotion of couples counseling

1-20

- ✓ Many HIV testing and counseling programs were set up mainly to test individuals and thus have prioritized individual HTC. Some examples include the following:
 - Routine HTC in TB clinics in most settings focuses on testing individual TB patients.
 - Routine testing of patients in health care clinics (provider-initiated HTC).
 - Testing for pregnant women in antenatal clinic (ANC) or labor and delivery wards as part of PMTCT services.
- ✓ Each of these models can provide CHTC, and many programs have already started integrating CHTC alongside individual HTC services.
 - Health facilities tend to be female-oriented, making them less attractive to men.
- ✓ Can you think of a good example of a clinic setting where it may be difficult to involve men because the clinic is focused on women?

- ✓ High patient load and staffing shortages make it difficult to integrate CHTC into busy clinic settings like outpatient departments. Most couples do not know that they can, or should, receive HTC services together with their partner. If couples do not know that this service is available to them, they are not likely to attend health facilities together with their partner for CHTC.

CHTC Barriers for Couples

- ✓ What are some reasons that couples may find it difficult to be tested together?

Couple's Perspective: Challenges to CHTC

- ❖ Logistical reasons
- ❖ Trouble talking about HIV to each other
- ❖ Assumption that both partners have the same serostatus, and thus do not need testing

1-22

Barriers couples face with getting HTC together include:

- ✓ Logistical reasons
 - Couples may find it difficult to get off work at the same time, find child care, or pay for transport.
- ✓ Couples have trouble talking about HIV to each other.
 - People, particularly women, may find it difficult to talk about HIV with their partner and to suggest that they go for testing.
 - Men may feel that they do not need to discuss their testing with their female partners.
 - Fear is a big reason why couples might not disclose their HIV status. In many studies, people living with HIV, especially women, cite fear of gender-based violence as a reason why they do not want to disclose their HIV status to their partner. However, most studies show that violence following disclosure, even among serodiscordant couples, is rare unless there is a history of violence in the relationship.
 - Rates of disclosure to partners following individual HTC are very low.

- ✓ Anyone who is in a sexual relationship together or who is planning to be in a sexual relationship together may benefit from CHTC.
 - All couples should be supported to receive CHTC in a non-judgmental and inclusive way, as long as this is something that both partners want.
 - Although it may be less common in some settings for casual partners, non-cohabiting partners, or key populations at high risk of HIV to attend health facilities together, in other settings these types of relationships are common and there are considerations we should be aware of when providing CHTC.

Presexual Couples

Presexual Couples

- ❖ Couple may just be starting their relationship or they may have been dating for some time without having sex.
- ❖ They may decide whether to pursue a long-term relationship based on CHTC test results.
- ❖ If discordant, it is possible the relationship will end.

1-30

- ✓ Presexual couples may be just starting out their relationship, or they may have been dating for some time without having sex.
- ✓ Presexual couples may be using CHTC to decide whether to pursue a long-term relationship based on their test results, or to decide on HIV prevention measures. This is a positive course of action, and the couple should be commended on their commitment and responsible actions. However, it is possible, though not inevitable, that if the couple is discordant, the relationship will end.
- ✓ Additionally, if the couple is discordant, the HIV-positive partner may have valid concerns about confidentiality and whether the HIV-negative partner will disclose the test results.
- ✓ Therefore, the post-test session during CHTC may ultimately focus on how the couple will supportively manage changing the course of their relationship.

- Studies have found that anywhere from 17 to 86 percent of women disclosed their HIV-positive test results to their partner.
 - This means that many, if not most, male partners were not aware that their female partners were living with HIV.
- ✓ Many people assume that their serostatus will be the same as that of their married or cohabiting partner.
- These people do not see the need to disclose their status since they assume it is the same.

CHTC Barriers for Providers

**Provider's Perspective:
Challenges to CHTC**

- ❖ Providers are not trained to do CHTC and may lack experience.
- ❖ Providers may fear the reactions of couples and not know how to handle the situation.
- ❖ Providers may not understand the importance of providing CHTC.
- ❖ Providers may have fears about their own relationships and may project these fears onto the couple.

1-24

Why might providers be reluctant to provide HTC to couples?

Barriers providers face with providing CHTC include:

- ✓ Providers have not been trained and lack experience in testing couples. With appropriate training, providers can improve their skills and confidence in providing services to couples.

- ✓ Providers may fear the reactions of the couple and may not know how to handle these situations. For example, providers may:
 - fear that couples will not maintain confidentiality of one another's HIV test results;
 - be nervous about how couples will react to their results;
 - be worried that couples will blame one another or argue if their HIV test results are different.
- ✓ Providers may not understand the importance of providing CHTC.
- ✓ Providers may have fears about HIV within their own relationships and may project this fear onto the couple. It is important that you face your own fears related to HIV and not assume that the couple you are seeing will necessarily have the same fears as you.
- ✓ Although we have discussed several challenges to scaling up CHTC and these challenges may feel overwhelming, there are success stories. For example, in Rwanda, programs have been introduced where CHTC in antenatal clinics is readily accepted and uptake is nearly 80 percent (Mugwaneza, 2011).

DEFINING KEY TERMS IN CHTC

CHTC Definitions: Relationships

❖ **Couple:**

- Two or more persons in a relationship who are having or planning to have sex are considered a couple.

❖ **Partner:**

- When two or more persons are in a relationship where they are having or are planning to have sex, each of these persons is referred to as a "partner" in the relationship.

❖ **Polygamous relationship:**

- A relationship with more than two persons. This includes a man with more than one female partner or a woman with more than one male partner.

1-25

- ✓ Couple: Two or more persons in a relationship who are having or are planning to have sex are considered a couple.
 - This includes pre-sexual, engaged, married, cohabiting, and reuniting couples.
 - This includes casual, short-term, and long-term couples, as well as both same-sex and heterosexual couples.

Engaged Couples

Engaged Couples

- ❖ Engaged couples may go for premarital HIV testing and they may also be presexual.
- ❖ They may be publicly recognized by family and friends as engaged and in a serious relationship.
- ❖ They may have limited skills and experience in dealing with stressful and difficult circumstances as a couple.

1-32

- ✓ Engaged couples may go for pre-marital HIV testing. These may also be presexual couples.
- ✓ Family and friends have often publicly recognized an engaged couple's relationship. Elaborate plans and arrangements for a wedding may have been made. Many confidentiality and disclosure implications result if the partners alter their plans for marriage based on their HIV test results.
- ✓ Young couples who receive concordant HIV-positive results are faced with difficult psychological and interpersonal challenges. They may have had certain dreams for their future, and adjusting to the reality of a life of ART or understanding how their HIV test results impact their vision or plans for having children may come as quite a shock. They may need support to build and maintain a mutually supportive relationship.
- ✓ The engaged couple may have difficulty continuing a relationship if the partners are discordant. However, it may be difficult for the couple to acknowledge this initially, as emotions at this point in a relationship are very intense. The partners may make testimonials to their commitment and the power of their love. Many discordant couples who are engaged do decide to stay together.
- ✓ Additionally, young couples may have limited skills and experience as a couple in dealing with stressful and difficult circumstances.

- ✓ **Partner:** When two or more persons are in a relationship, and are having or are planning to have sex, each of these persons is referred to as a “partner” in the relationship.
 - The way that individuals define their relationships varies considerably according to cultural and social context.
- ✓ **Polygamous Relationship:** A polygamous relationship is defined as more than two persons in a relationship.
 - This may be a man with more than one female partner/wife, or a woman with more than one male partner/husband.
- ✓ Any persons who are in a sexual relationship or planning for a sexual relationship should be supported to receive CHTC.
- ✓ Providers should
 - support the decisions of partners to test together regardless of the length or stability of their relationship;
 - aim to provide inclusive and non-judgmental services to maximize the uptake and impact of CHTC.

CHTC Definitions: Interventions

- ❖ **Couples HIV Testing and Counseling:**
 - This occurs when two or more partners are counseled, tested, and receive their results together.
- ❖ **Partner Testing:**
 - This occurs when one partner was already tested and the other partner is tested separately (may occur with or without disclosure).
- ❖ **Male Involvement:**
 - This engages men to participate in health services together with their female partners, especially ANC.

1-26

- ✓ **Couples HIV Testing and Counseling:** CHTC occurs when two or more partners are counseled and tested, and receive their results together.
 - When couples receive their results together, we can ensure mutual disclosure of HIV status.
 - At times one partner may already know his or her HIV status but will use CHTC as an opportunity for disclosure and for learning the other partner’s HIV status.

- ✓ **Partner Testing:** Partner testing happens when one partner has already been tested, and the other partner is tested separately.
 - Partner testing may occur with or without disclosure.
 - When appropriate and feasible, counseling and mutual disclosure of HIV test results should be encouraged.
- ✓ **Male Involvement:** Refers to engaging men to participate in health services together with their partners, especially in ANC settings and HIV care and treatment.

CHTC Definitions: Sharing Results

❖ **Disclosure:**

- One partner shares his or her HIV status with another partner (or other person).

❖ **Mutual Disclosure:**

- Two (or more) partners share their HIV status to each other, or jointly share their HIV status with a third party.

❖ **Partner Notification:**

- Someone from a health facility shares one partner's HIV test result with another partner, in order to protect the health of that partner (with or without the expressed consent of the original partner).

1-27

- ✓ **Disclosure:** When one partner shares his or her HIV status with another partner (or another person).
 - When individuals learn their HIV test results alone, they often bear the burden of disclosing their HIV status to their partners without assistance from a trained counselor or health care provider.
- ✓ **Mutual Disclosure:** When two (or more) partners share their HIV status with each other or jointly share their HIV status with a third party, this is referred to as mutual disclosure.
 - CHTC facilitates mutual disclosure of HIV status among couples.
 - When partners learn their HIV status together, they also agree that decisions about mutual disclosure to any third parties must be made together.

Married and/or Cohabiting Couples

Married or Cohabiting Couples

- ❖ These couples are usually more interdependent socially, financially, and emotionally.
- ❖ They may have skills and experience in coping together with problems.
- ❖ They may have difficulty with discordant test results.
- ❖ They may also have children, which can influence how they will cope with an HIV-positive result.

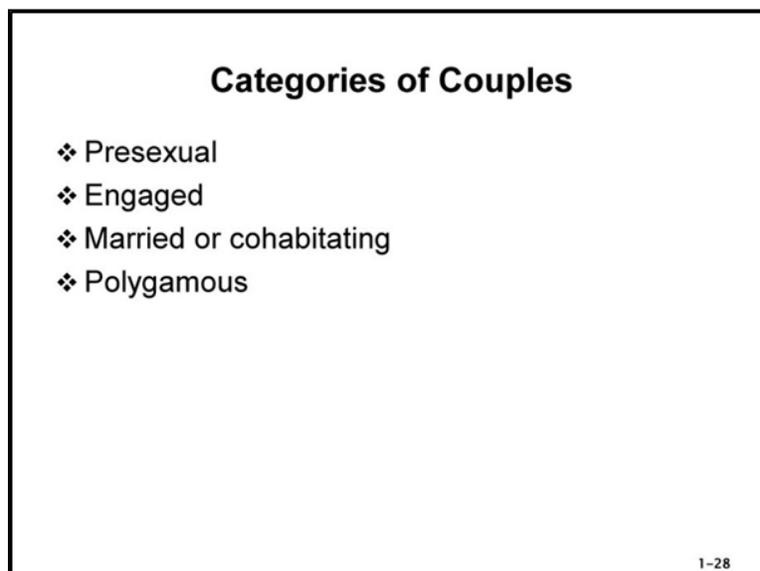
1-34

- ✓ They may be more interdependent socially, financially, and emotionally.
- ✓ These couples may have more skills and experience in coping together with problems.
- ✓ However, it may be difficult for married or cohabiting couples to accept discordant test results, as there may be an assumption that the HIV-positive partner brought HIV into the relationship through an outside relationship.
- ✓ They often have children together, plan to have children, or may be pregnant and offered CHTC in antenatal clinics as part of PMTCT.
- ✓ Couples who are married or cohabiting generally define their lives collectively as a partnership.
- ✓ These couples may also have pre-existing conflicts and issues in their relationships that impede their communication and ability to work together to address HIV issues.

- ✓ **Partner Notification:** Partner notification occurs when an authorized individual from a health facility or health system shares a person's HIV test result with that person's partner, or partners, in order to protect the health of that partner.
 - Many HTC policies and HIV laws permit partner notification in certain circumstances. However, partner notification is challenging and rarely implemented in many high-prevalence countries.

Types of Couples

- ✓ Couples will have different HIV risk issues and concerns based on their unique experiences, their relationship, and their life stage.
 - In order to effectively conduct the CHTC session, it can be helpful for providers to understand the different types of issues that couples might be facing, based on the stage of their relationship.
- ✓ Most of the couples who will come to us for CHTC will fit into the following categories: pre-sexual, engaged, married or cohabiting, polygamous, and reuniting.



- ✓ Depending on our setting and the population we reach, there may be other types of couples that will come for CHTC, such as casual partners, non-cohabiting partners, sex workers (SW) and their boyfriends or clients, same-sex couples including men who have sex with men (MSM), or injecting drug users (IDUs) and their sex or needle-sharing partners.

Polygamous Couples

Polygamous Couples

- ❖ Polygamous couples have complex dynamics— partners may not be equal or even live in same city.
- ❖ They may decide to either:
 - all receive CHTC together as one polygamous group, or
 - receive CHTC in husband/wife pairs
- ❖ When testing is done separately, pre-test education should be done together when possible and disclosure must be discussed.

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Polygamous Couples (cont.)

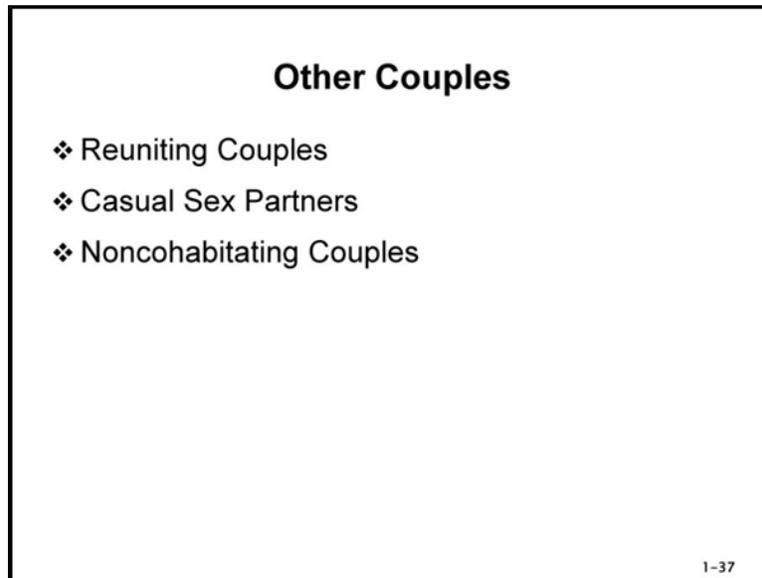
- ❖ If all partners receive CHTC together, the provider must talk about implications of the test results on the entire family.
- ❖ If only one wife is present, there may be challenging implications for the absent wife or wives.
- ❖ Mutual disclosure among all partners should be encouraged, but handled with sensitivity.

1-36

- ✓ Polygamous couples have many complex dynamics. The wives may not be equal partners with the husband or with each other, which may impact the way they accept CHTC services.
- ✓ Wives in polygamous couples may not even live in the same city or compound with one another.
- ✓ When providing CHTC, the polygamous couple may choose to either receive CHTC together as one polygamous group, or separately in husband/wife pairs. For example, a husband may receive CHTC with each of his wives separately.

- ✓ When testing is conducted separately for husband/wife pairs, pre-test education and discussion should be conducted together, wherever possible, so that the potential outcomes of testing can be discussed up front. The issue of disclosure to all the wives will need to be discussed. While there may be several households, they are still one family.
- ✓ Wherever possible, the same HTC service provider should conduct testing for all in the group.
- ✓ If all partners are receiving CHTC together, the dynamics can be quite challenging. The provider must facilitate the communication of each of the partners in this relationship and talk about the implications of the various test results on the entire family. For example, if one partner is positive and all other partners are negative, it will be important for the family to support that partner to receive appropriate care and treatment, and to prevent transmission to other partners.
- ✓ If the husband/wife pairs decide to receive CHTC separately, then it is important to note that the test results within each pair may have implications for the other partners, and to encourage mutual disclosure to the entire family, when feasible.
- ✓ If only one wife comes with the husband, the reasons for this may pose potentially problematic challenges. What transpires in the counseling session, and the couple's test results, may substantially impact another partner or wife who is not present. Also, partners may not always disclose that they are in a polygamous relationship.
- ✓ Mutual disclosure among all the partners in the polygamous relationship should be encouraged, either at the time they receive HTC, or at a later date. This should be handled with sensitivity by the CHTC provider.
- ✓ In a health facility setting, it may be unlikely for a health care provider to see polygamous couples very often. CHTC service provision for polygamous couples may be more common when testing is done at home, but it could happen that a polygamous couple would come to the health facility. It is also possible that the provider might test two partners of a polygamous couple and would then have to give messages encouraging disclosure and testing of the other partners as well.

Other Couples



Reuniting Couples

- ✓ For reuniting couples, the circumstances behind the separation may influence the dynamics of the CHTC session and substantially affect the partners' ability to deal with their test results. Couples who separate due to marital discord often have struggled with issues of trust, faithfulness, and communication. If the couple has not addressed these issues before reuniting and seeking CHTC services, it may be difficult for the partners to deal with concordant HIV-positive or discordant test results supportively.
- ✓ In other instances, the couple may have been separated for a lengthy period because of employment or educational opportunities or responsibilities for other family members.
- ✓ When working with reuniting couples, it may be helpful for the provider and couple to acknowledge the issues that led to the separation period and that the time apart may have had benefits and risks for the relationship.
- ✓ However, the provider should also remember to keep the couple focused on the present and the future.

Casual Sex Partners

- ✓ In some settings it is common for people (both men and women) to have more than one sex partner, or to engage in sex on a casual basis.
- ✓ Some married or cohabiting couples have sex partners outside their relationship. Although most HIV transmissions happen within married or cohabiting couples,

Non-Cohabiting Partners

- ✓ Non-cohabiting partners may be married or unmarried, but are not living together due to social, family, or economic reasons. For example, one partner may work away from home, or the relationship is not recognized by the family or community, or one partner may have another home where he lives together with another spouse or partner.
- ✓ Non-cohabiting partners may or may not be casual. Because we have already talked about casual partnerships, here we are referring specifically to ongoing, longer-term relationships outside of the primary partnership.
- ✓ Non-cohabiting partners may have children together, or “second homes” where they visit frequently. In some settings this is referred to as the “small house,” where the primary relationship is referred to as the “big house.”
- ✓ Additionally, there may be some level of economic or material dependence influencing the relationship, for example, in the case of younger girls having sex with older men.
- ✓ Regardless of how the non-cohabiting relationship is defined, it is important for all sex partners to know one another’s HIV status. HIV transmission can occur in all sexual relationships—i.e., between non-cohabiting or non-married couples, as well as those who are married and live together. Knowing each other’s HIV status may help non-cohabiting partners take precautions to protect themselves against HIV.
- ✓ If the HIV test results are discordant, non-cohabiting partners may decide to end their relationship, or if they are more invested in the relationship they may decide to stay together. Again, providers should not feel responsible for how the couple will handle the news, but rather they should offer support and make linkages with follow-up services.
- ✓ If the results are discordant, the CHTC session may focus on how the test results will impact a change in the couple’s relationship. The couple should be supported to work through these changes together and linked with follow-up services for ongoing counseling, if needed.

anywhere from 15 to 35 percent of transmissions within discordant couples do occur from outside partners (Cohen et al., 2011; Celum et al., 2010; Allen et al., 2003).

- ✓ In some cases a man or woman may have a spouse or primary partner, and one or more casual sex partners outside of that relationship.
- ✓ Casual sex partners may define their relationship in their own way. They might be fairly new casual sex partners, or they may have sex regularly on a casual basis.
- ✓ Regardless of how the relationship is defined, it is important for casual partners to understand the importance of knowing one another's HIV status if they are having sex. HIV transmission can occur in all sexual relationships, and knowing one another's HIV status may help casual partners protect themselves against HIV.
- ✓ However, if casual sex partners do not feel invested in their relationship with one another, it may be difficult for them to talk about HIV or to receive CHTC together.
- ✓ If the HIV test results are discordant, it is possible that the casual relationship will end, or that they will decide to stay together. Whatever the outcome, providers should not feel responsible for how the couple will handle the news. Rather, providers should offer support and make linkages with follow-up services.
- ✓ It is also possible that the HIV-positive partner in a discordant, casual couple will have concerns about confidentiality of the test results, especially if the couple does not stay together.
- ✓ If the couple is not invested in the relationship, the HIV-positive partner may have substantial fear that the HIV-negative partner will share the test results with someone else.
- ✓ If the results are discordant, the CHTC session may focus on how the test results will impact a change in the couple's relationship. The couple should be supported to work through these changes together and linked with follow-up services for ongoing counseling, if needed.
- ✓ It is very important for all types of couples to receive CHTC together and learn their HIV status together, even casual partners, if this is something they both want to do together. When our clients or patients tell us they are single, it may still be important to inform them of the benefits of CHTC services for all types of couples.
- ✓ If they do start a relationship or if there is someone in their life with whom they are having sex, they can return for CHTC services.

Considerations for CHTC and Children

- ❖ Partners with children are more likely to continue their relationship regardless of their test results.
- ❖ The well-being and future of their children is a powerful influence in the relationship.
- ❖ The desire for more children may influence the couple's risk-reduction decisions.
- ❖ Concordant positive or discordant couples may have concerns related to safer conception, safer pregnancy, and mother-to-child transmission.
- ❖ Once they learn their HIV status, some couples may decide not to have more children.

1-39

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Role of Children in a Couple's Relationship

Issues for Couples with HIV to Consider About Children

- ❖ If the couple is discordant, the HIV-negative member could become infected while the couple is trying to conceive.
- ❖ If the woman is HIV-infected, there is the risk of transmission to the infant.
- ❖ If a couple already has children at the time they learn their HIV status and the mother is HIV-positive, there is risk that some of the children might also have HIV.

1-38

- ✓ If one or both partners in a couple are HIV-infected, the decisions about children are never easy.
- ✓ Couples who already have children are more likely to continue their relationship regardless of their test results; while couples without children may be more likely to end their relationship.
- ✓ There are several important issues for couples with HIV to consider in making decisions about children.
 - If the couple is discordant, the HIV-negative member could become infected while the couple is trying to conceive.
 - If the woman is HIV-infected there is the risk of transmission to the infant.
 - If a couple already has children at the time they learn their HIV status and the mother is HIV-positive, there is risk that some of the children might also have HIV.
 - In order to prevent mother-to-child transmission of HIV, it is important that the HIV-positive partner(s) be initiated on and remain adherent to ART.

Key Populations at High Risk of HIV Transmission

Key Populations at High Risk of HIV

- ❖ Vulnerable because of laws, policies, discrimination, and stigma
- ❖ Legal recognition and community acceptance varies by country
 - deters HIV control efforts from reaching these communities
- ❖ Possible negative and judgmental attitudes from health care providers, counselors, and communities
- ❖ High HIV prevalence
 - discordance may also be high among key population couples
- ❖ Possible engagement in sex or needle-sharing with other persons

1-40

- ✓ In most of your health facility settings, you will primarily see married or cohabiting couples. There are some settings, however, where you may be more likely to see key populations at high risk of HIV transmission.
- ✓ When we talk about key populations at high risk of HIV transmission, we are specifically referring to
 - sex workers (SW) and their clients,
 - SW and their boyfriends,
 - same-sex couples, such as MSM,
 - IDUs and their sex or needle-sharing partners.
- ✓ Key populations are persons who are often at increased risk of exposure to and/or transmission of HIV, and who often may not typically access health care services due to stigma and discrimination associated with behaviors that are illegal or socially stigmatized.
 - Key populations at high risk of HIV transmission may have many of the same characteristics of the couples we have already talked about. They may be pre-sexual, engaged, married, cohabiting, reuniting, casual, or non-cohabiting. They may have or want children, or they may not want children or be finished having children.
 - There are laws and stigmatizing beliefs that discourage key populations from accessing services.

- Health care providers, counselors, and communities sometimes have a negative and judgmental attitude about key populations, which can also make it challenging for people to come for CHTC.
 - Key populations often have a much higher HIV prevalence than the general population, and discordance among these key populations is also often quite high.
 - Like all populations, key populations at high risk for HIV should have access to HTC services, including CHTC.
 - It is important that their issues are handled with sensitivity and that their confidentiality is protected just like any client or patient.
 - When key populations arrive for services, it is important to treat them with respect, support, and encouragement as with any couple we might see.
 - Health care providers and counselors should encourage key populations to access services, and they should provide services in a nonjudgmental manner that supports behavior change.
- ✓ Patients are the best source of information about their own health and risk behaviors. If we want to really know what is going on with our patients, we need to talk to them in an open manner and ask them questions.
 - ✓ With CHTC, because we will have two people in front of us instead of just one, we need to be careful about asking questions and gathering information that may not have been discussed between the couple before.
 - ✓ Let patients know that they can return at any time either as a couple or individually to discuss other risk behaviors and get additional referrals, if needed. Although it can be difficult to talk about higher risk behaviors as a couple, patients should always understand the risks and feel comfortable coming back for further advice if they need it.

IMPLEMENTING CHTC IN HEALTH FACILITIES

Benefits of CHTC in Health Facilities

Discussion: What are the benefits of CHTC in different health facility settings?

- ❖ ANC/PMTCT/MCH
- ❖ Labor and delivery (L&D) wards
- ❖ TB clinics
- ❖ HIV care and treatment clinics
- ❖ Inpatient wards
- ❖ Pediatric wards
- ❖ Outpatient departments (OPD)
- ❖ Male circumcision clinics
- ❖ VCT

1-41

- ✓ CHTC can be implemented in the following settings:
 - ANC/PMTCT/maternal and child health (MCH) clinics
 - Labor and delivery (L&D) wards
 - TB/HIV clinics
 - HIV care and treatment clinics
 - Inpatient wards
 - Pediatric wards
 - Outpatient departments (OPD)
 - Male circumcision (MC) clinics
 - VCT sites

- ✓ Regardless of where CHTC services are implemented, it is important that these services remain voluntary for both partners. Clients should always be able to freely decide whether or not they want to receive CHTC.

Health Facility Setting	Importance of CHTC in this setting
ANC/PMTCT/MCH	<ul style="list-style-type: none"> • Routine HTC and other testing for women are already the standard of care • Risk of transmission increases within discordant couples during pregnancy • Risk of transmission to baby increases if woman seroconverts during pregnancy • Chance to prevent transmission within partners and to babies
Labor and Delivery Ward	<ul style="list-style-type: none"> • Many women already receive HTC before delivery • Many men accompany their wives to L&D, and may be more acceptable environment for men than ANC
TB Clinics	<ul style="list-style-type: none"> • High HIV/TB co-infection rates • Routine HTC for TB suspects/patients are already the standard of care
HIV Care and Treatment Clinics	<ul style="list-style-type: none"> • HIV-positive patients come for routine care, discuss disclosure • High likelihood of identifying discordant and concordant positive couples

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ANC/PMTCT/MCH

- ✓ In these settings, routine HTC is generally already the standard of care. Women receive multiple tests to protect their pregnancy at this time, and an HIV test is just one of these tests. In some settings, men are encouraged to attend ANC services with their pregnant wives, to demonstrate their commitment to the family and their care for their wife and baby.
- ✓ Providing CHTC in ANC/PMTCT/MCH settings allows for early identification of discordant couples who can then protect themselves to prevent transmission within partners and also to the unborn baby. Couples who receive CHTC and learn their status together in these settings are more likely to use ART prophylaxis to prevent vertical transmission than pregnant women tested alone (Farquhar et al., 2004).
- ✓ Additionally, there is an increased risk of seroconversion during a woman’s pregnancy for both HIV-negative men and women who have an HIV-positive partner (Mugo et al., 2011).
- ✓ There is also an increased risk of transmission to the baby if a woman converts during her pregnancy or during breastfeeding (Johnson et al., 2011; Garcia et al., 1999). Testing a pregnant woman alone is not protective if she has a partner of unknown or HIV-positive status.

L&D Ward

- ✓ Just like ANC, many women currently receive an HIV test at the L&D ward before they deliver. For some men, this appears to be a more acceptable environment than the ANC clinic, and it is possible to reach more couples here (Homsy et al., 2006).
- ✓ Even if a woman was HIV-negative at the beginning of her pregnancy, by the time she delivers, she may have become HIV-positive (if she was negative and her partner was positive), and she may have already transmitted HIV to the baby. Although this is an important setting to reach couples, it is also important to try to reach couples as early as possible in the woman's pregnancy.

TB/HIV Clinics

- ✓ TB/HIV co-infection rates are very high. This means that many of the TB patients or suspected TB patients that we see in TB clinics may also have HIV. Similarly, it is very possible that their partners may also be co-infected with TB and HIV. It is very important to test couples for both TB and HIV in order to manage their health care appropriately and prevent transmission if they have discordant results. Routine HTC is already provided to TB patients and suspects in many settings, but couples/partners are not widely captured in this setting.

HIV Care and Treatment Clinics

- ✓ In HIV care and treatment clinics, we already know that our patients are living with HIV. They attend our services for routine care, and we already talk with them about disclosure to their partners. However, we also know that disclosure rates among HIV-positive patients are often low. Providing CHTC in this setting is likely to improve rates of disclosure and will identify many discordant and concordant positive couples who need prevention, care, and treatment services.
- ✓ Particularly for discordant couples, it is important to emphasize the prevention benefits of early treatment. We will have many opportunities for preventing HIV transmission if we provide CHTC in this setting.
- ✓ Since HIV care and treatment patients already know their HIV status, it may be necessary to explore alternative options for reaching partners in this setting.
- ✓ Partner invitations may be used to encourage the partner to be tested at the care and treatment clinic, and the partner may choose to be tested separately or together with the patient who is already enrolled in care and treatment. However partners choose to be tested in this setting, it is important to ensure mutual disclosure of HIV status and to reinforce the benefits of early treatment for HIV-positive partners in discordant couples.

Health Facility Setting	Importance of CHTC in this setting
Inpatient Wards	<ul style="list-style-type: none"> • High HIV prevalence in inpatient wards • Many family members visit patients in the wards and providers can provide CHTC
Pediatric Wards	<ul style="list-style-type: none"> • Many families visit children in the wards; parents may be together and can be offered CHTC • If child is HIV-positive, it is important to test both parents, if possible
Outpatient Department	<ul style="list-style-type: none"> • Many people attending OPD do not know their status and could be HIV-positive • High rates of co-infection with HIV and other diseases such as malaria
Male Circumcision Clinics	<ul style="list-style-type: none"> • Men are entry point for CHTC • Reduces burden on women of disclosure • May improve surgery outcomes, behavior change
VCT	<ul style="list-style-type: none"> • Counselors may have more time to provide in-depth counseling and support, if needed

1-43

Inpatient Wards

- ✓ Many patients who are admitted to in-patient wards are living with HIV. Sometimes they do not know they have HIV before they are admitted, and they may remain in the ward for two or three days or weeks at a time. Many family members, including partners, visit patients who are admitted into the wards, providing an opportunity for CHTC. In these settings, if the health status of the admitted patient is very poor, asking the patient about CHTC may raise delicate issues that should be handled with care. For example, the patient may not be healthy enough to receive CHTC, or the partner may not be comfortable learning his or her own HIV status while his or her partner is very unwell.
- ✓ Sometimes the reason for being in the inpatient ward does not require an HIV test for diagnosing the problem. In these cases, CHTC may be suggested for the patient and his or her partner.

Pediatric Wards

- ✓ Many families visit their children in the wards, and parents may often visit their children together. Many places implement routine testing for children admitted to wards, and at times, HTC may also be recommended for mothers, especially if the child is very young or found to be HIV-positive. CHTC can be offered to parents attending the pediatric ward together and may reduce the burden of disclosure that will fall on a woman if she is tested alone in this setting. Since a child's HIV-positive status may indicate an HIV-positive mother, providers should consider offering CHTC to both parents before testing the child.

OPDs

- ✓ Many people attending OPDs for other health issues may in fact be HIV-positive. For example, some studies have shown high rates of co-infection with HIV and malaria. If couples attend the OPD together, they should be offered the chance to learn their status together.
- ✓ While CHTC may be a challenge in these settings, especially due to high patient flow and busy clinics, it is very important for providers to strongly recommend CHTC, especially for persons who are identified as HIV-positive and in high prevalence settings. Providers may work closely with on-site counselors, integrated VCT sites, or other settings that have the ability to see couples more easily, if they are not able to provide CHTC themselves.

MC Clinics

- ✓ Medical MC services are increasingly being offered because of the known HIV prevention benefits for HIV-negative men. In facilities where MC is offered, HTC should be offered as the standard of care before men receive MC in order to identify HIV-negative men who will benefit from the protective effects of this intervention. Additionally, although MC may be available to men who test HIV-positive, HIV-positive men should be informed of the potential for increased risks to themselves and their partners as a result of the surgery.
- ✓ Couples should be encouraged to attend MC services together to receive CHTC. This utilizes men as the entry point for CHTC services and reduces the burden of disclosure that so often falls on women. When couples attend MC services together, this may also improve the surgery outcomes and understanding of the need for additional prevention measures, since they both hear messages about healing time, procedures, and HIV prevention benefits together.

VCT Sites

- ✓ Some health facilities have a VCT center located directly on the grounds, or integrated into their facility. Where this is the case, patients are sometimes referred here for HTC from busy wards or outpatient departments. The benefit of providing CHTC here is that VCT counselors may have more time to provide in-depth counseling and support to couples as needed.
- ✓ Integration of CHTC into health care facilities is an important component of HIV prevention, care, and treatment services. Health facilities in a variety of settings can identify HIV-positive individuals, providing an opportunity to identify discordant couples and prevent transmission to HIV-negative partners and babies, and to link HIV-positive individuals to care and treatment.

Increasing Access to Health Care Services for Men

**Increasing Access to
Health Care Services for Men**

- ❖ Men do not access health care services as often as women.
- ❖ Many men do not access care or treatment for HIV until late in the disease process.
- ❖ Morbidity and mortality from HIV is higher among men than women.
- ❖ If men do not know their HIV status, they may be more likely to transmit HIV to their partners.
- ❖ Engaging men through CHTC is important for men themselves, for the couple, and for the family.

1-44

- ✓ Promoting CHTC in health care facilities also provides an opportunity to involve male partners in health care services as a standard of care. CHTC in health care settings has the added benefit of reaching men and bringing men into the health care system.
- ✓ This is important because men do not generally access health care services as often as women do. Women are typically the caregivers, and may be more likely to attend health care facilities with their children or for themselves.
- ✓ Many men do not access HIV care and treatment services until very late in their stage of disease.
- ✓ This means that HIV-related morbidity and mortality is higher among men than women.
- ✓ Because they do not access health care services as often as women, men are also less likely to know their HIV status than women. This means that they may be more likely to transmit HIV to their partners.
- ✓ Engaging men in health care services through CHTC is important for the health and well-being of men themselves, for the couple, and for the family. Men can and should be engaged to receive CHTC wherever these services are offered, including ANC/PMTCT clinics, outpatient departments, and medical MC services, among others.

Review of Advantages of CHTC

The advantages of CHTC can be summarized as:

- ✓ **Communication:** CHTC supports open and shared communication and understanding between partners, which is aided by the presence of a trained provider who can ease tension and diffuse blame.
 - Furthermore, partners hear information and messages together, enhancing the likelihood of a shared or common understanding.
- ✓ **Easier disclosure:** If couples are tested together, they learn their results together. Individuals tested alone are burdened with the need to disclose results to their partner and must persuade the partner to be tested. The provider is present to provide assistance and address any concerns the couple may have.
- ✓ **Prevention counseling:** Prevention messages are based on the results of both partners in the relationship and are tailored to concordant positive, concordant negative, and discordant couples.
 - In CHTC, the couple may talk about issues that they might not have discussed in detail before. The providers can help couples address these issues and concerns they have about HIV prevention, as well as HIV care and treatment.
- ✓ **Linkages to follow-up services:** When couples hear the same messages about the importance of accessing follow-up HIV prevention, care, and treatment services, they may be more likely to access these services. They are available to support each other as they take steps to maintain their health and serostatus as a couple. Information is provided for healthy living, and couples are also referred to ongoing counseling for emotional support and social service referrals, especially for couples with HIV-positive partners.
- ✓ **Condom use:** The importance of condom use is reinforced through providing messages and skills in correct and consistent condom use, which can prevent HIV transmission, STIs, and unplanned pregnancies. Couples can agree to use condoms together and are more likely to use condoms correctly and consistently.
- ✓ **The couple's future:** Couples can engage in decision-making for the future when they know their HIV status. This includes decisions about HIV care and treatment, risk reduction, family planning, future conception and planning for the future.
- ✓ **Care and treatment for HIV:** Couples who learn their status together can be linked with HIV care and treatment services together, and HIV-positive persons may be more likely to follow up on needed medical care and take medication when their partners know their HIV status. Early treatment is especially important for discordant couples to prevent HIV transmission to the HIV-negative partner.

- ✓ **Reproductive health of couples:** CHTC promotes the identification of pregnant women and HIV-positive persons in need of PMTCT services and ARVs. CHTC acknowledges issues related to family planning and the desire to have children. It supports the identification of HIV-negative men who may benefit from MC.

MODULE TWO: CHTC COMMUNICATION SKILLS

GOAL:

The goal of Module Two is to review basic communication skills of HTC providers and give providers additional skills for working with couples, including self-awareness and understanding of how gender and cultural considerations may impact the CHTC session.

LEARNING OBJECTIVES:

By the end of this module, you will be able to

- ✓ list basic communication skills of HTC providers
- ✓ identify the unique challenges of communicating with couples compared to individuals in an HTC session
- ✓ mitigate tension and diffuse blame that may arise during a CHTC session
- ✓ direct communication in order to effectively facilitate a CHTC session
- ✓ utilize the solution-focused model for delivering a CHTC session
- ✓ discuss how possible power imbalances between men and women and other gender norms are important to consider when providing couples HTC and strategies to promote greater gender equity in CHTC
- ✓ describe strategies to promote great gender equity is CHTC

Objectives for Module Two

By the end of this module, you will be able to

- ❖ List the basic communication skills of CHTC providers
- ❖ Identify the unique challenges of communicating with couples
- ❖ Mitigate tension and diffuse blame that may arise during a CHTC session
- ❖ Direct communication to effectively facilitate CHTC
- ❖ Utilize the solution-focused model for delivering CHTC
- ❖ Discuss the importance of gender issues
- ❖ Identify gender issues that may arise during CHTC and identify strategies for addressing these issues

2-2

COUPLES COMMUNICATION SKILLS

Solution-Focused Model of CHTC

Solution-Focused Model of CHTC

- ❖ Effectively delivered, brief couple interventions make a difference.
- ❖ It is the couple's present and future that are most important.
- ❖ It is most effective to build on strengths rather than weaknesses.
- ❖ Providers should focus on solutions instead of dwelling on problems.
- ❖ The couple understands how to use their strengths to address HIV-related issues in their relationship.
- ❖ The counselor validates feelings, but the focus is on positive actions.
- ❖ Acknowledge that small behavior changes can lead to bigger ones.

2-3

- ✓ Effectively delivered, brief couples interventions make a difference.
 - Most couples constructively engage in the CHTC session.
 - Generally, couples that attend CHTC services have identified HIV as an issue of concern and have decided to deal with it together.
 - The fact that the couple came for CHTC indicates some decision-making process about HIV in their shared lives, and the couple should be commended.
 - It is the couple's present and future that are the most important.

✓ Why is it important to focus on the present and future in a CHTC session?

- ✓ The CHTC process is not about blame or identifying the behavior or the individual that is the source of the infection.
- ✓ It is about the present and helping them deal with the reality of HIV in their shared lives and to prepare for their future.

- ✓ This is an extremely important difference between CHTC and individual HIV testing and counseling. Individual counseling may look at past risk behaviors and possible sources of infection, but CHTC does not.
- ✓ A helpful way to think about this is the analogy of a snake in the house. It does not matter how the snake got into the house—front door, back door, or roof. What matters is that the snake is in the house and needs to be dealt with. By focusing on solutions, CHTC helps couples move on with their lives and make positive attitude and behavior changes.
- ✓ It is most effective to build on strengths rather than on weaknesses.
- ✓ Why is it important to build on strengths rather than focusing on weaknesses?

- ✓ In CHTC sessions, the provider brings in expertise about HIV, health care and follow-up services, and HIV risk reduction.
 - The couple brings expertise about their relationship, their life together, and their strengths and resources.
 - The couple uses their strengths and resources to address issues, and the provider skillfully supports them through the process.
- ✓ The provider validates feelings, but the focus is on positive actions.
 - Attending to emotions is important, but action generates hope, optimism, and confidence.
 - The provider should empower the couple to take action that will keep themselves and their families healthy.
- ✓ Small behavior changes lead to bigger ones.
 - Life is full of changes. From the moment the couple decided to receive CHTC services, they made a positive step to change their lives.
 - This is the first step toward reducing their HIV risk and keeping themselves, their relationship, and their family healthy.

Self-Awareness

- ✓ One of the most important attributes of an effective CHTC provider is self-awareness.
- ✓ Provider self-awareness refers to a provider's ability to understand how his or her own personal beliefs and experiences influence their reaction and response in a CHTC session.
- ✓ Providers regularly need to examine their own issues and to prevent their personal biases from interfering with their interactions with couples. This understanding is crucial for providing high-quality CHTC services.

Self-Awareness Allows Providers to

- ❖ Ensure that their values, beliefs and experiences do not influence their interaction with couples
- ❖ Reduce the potential for biasing the couple's decisions
- ❖ Understand that they are not responsible for test results or the couple's relationship
- ❖ Understand the couple's concerns and offer empathy and support

2-4

- ✓ Having self-awareness allows providers to the following:
 - Ensure that their values, beliefs, and experiences do not influence their interaction with couples
 - In other words, self-awareness helps providers remain nonjudgmental in their interaction with the couple. Self-aware providers do not bring their own issues to the CHTC session, but rather remain neutral and focused on providing accurate, useful information based on the couple's situation.
 - Reduce the potential for biasing the couple's decisions
 - For example, a provider who is self-aware will ensure that regardless of personal beliefs, he or she will provide the couple with all of the necessary information for them to make an informed decision.

- Understand that they are not responsible for the test results or the couple's relationship
 - Providers must realize that they are not responsible for the couple's test results or for the outcome of the couple's relationship following CHTC. Providers who are self-aware are able to remain focused on the couple and do not allow their emotions to come into the CHTC session.
 - Hear and understand the couple's concerns and offer genuine empathy and support
 - A self-aware provider approaches the couple with an open attitude and is able to really hear what the couple's concerns are. Self-awareness allows providers to offer genuine empathy and to support the couple with their HIV issues and concerns.
- ✓ There are many issues that providers should be self-aware of when providing HTC services to couples. Reflecting on these issues in advance will allow providers to focus on the specific concerns and situation of the couple in the CHTC session, rather than being judgmental or distracted by their own personal issues. Being self-aware of their own issues will help CHTC providers give high-quality services to couples.
- ✓ What personal issues may influence a provider's ability to provide high-quality services?

✓

Issues That Affect a Provider's Ability to Provide High Quality Services

- ❖ Provider's own relationship with his or her partner
- ❖ Provider's experience and values about couple relationships, including gender roles and expectations
- ❖ Provider's experience with intimate partner violence
- ❖ Provider's dreams for his or her relationship
- ❖ Provider's experience receiving HTC, including his or her willingness to receive CHTC
- ❖ Provider's history with disclosure

2-5

Issues that may influence a provider's ability to provide high-quality services to couples include the following:

- The provider's own relationship with his or her partner
 - For example, if providers speak frankly and openly with their own partners about risk for HIV, they may therefore expect the couple to behave the same way.
 - Or, if providers have not opened up with their partners about HIV or HIV testing, they may be fearful about providing CHTC.
- The provider's experience, values, and feelings relating to couple relationships, including gender roles and expectations
 - A provider who may have had difficulties with his or her own partner and is not self-aware may allow personal feelings to influence how he or she treats members of the opposite sex, even within a CHTC setting.
- The provider's experience with intimate partner or gender-based violence
 - Providers who have experienced some form of violence from their partners, whether verbal, physical, sexual, or other, may make judgments about couples.
 - They may be harsh to men or assume that men are being abusive to their spouses when they are not.
- Dreams and aspirations the provider has for his or her relationship, family, and future
 - A provider who is not self-aware may impose personal feelings about a concordant positive or discordant result onto the couple by thinking of his or her own family and dreams. However, the couple's reaction to their test results may be different from that of the provider.
- The provider's willingness to receive CHTC services
 - A provider who feels uncomfortable about getting tested for HIV with his or her own partner may then not value the couple's decision to receive HIV testing and counseling together.
- The provider's history with disclosure
 - Providers who are uncomfortable disclosing their HIV status to their partner or had a bad experience with disclosure may project their personal insecurities about disclosure onto the couple.

Self-Awareness Activity

- ✓ Please take a few minutes to reflect on these questions and write down your responses.
- ✓ What are some examples of personal issues that may influence how you interact with couples during a CHTC session?

- ✓ How can you prevent these issues from negatively influencing CHTC sessions?

Skills for Communicating with Couples

Skills for Communicating with Couples

- ❖ Demonstrate neutrality and nonbiased concern for both members of the couple.
- ❖ Convey respect for the couple's relationship.
- ❖ Facilitate balanced participation of both partners during the session.
- ❖ Model appropriate listening and communication skills.
- ❖ Facilitate dialogue between the couple.
- ❖ Raise difficult issues that the couple may need to address.
- ❖ Ease tension and diffuse blame.

2-7

- ✓ The following communication skills will help you maintain a positive atmosphere and balanced couple interactions during the CHTC session.
 - Demonstrate neutrality and non-biased concern for both members of the couple.

- Convey respect for the couple’s relationship.
- Facilitate balanced participation of both partners during the session.
- Model appropriate listening and communication skills.
- Facilitate dialogue between the couple.
- Raise difficult issues that the couple may need to address.
- Ease tension and diffuse blame.

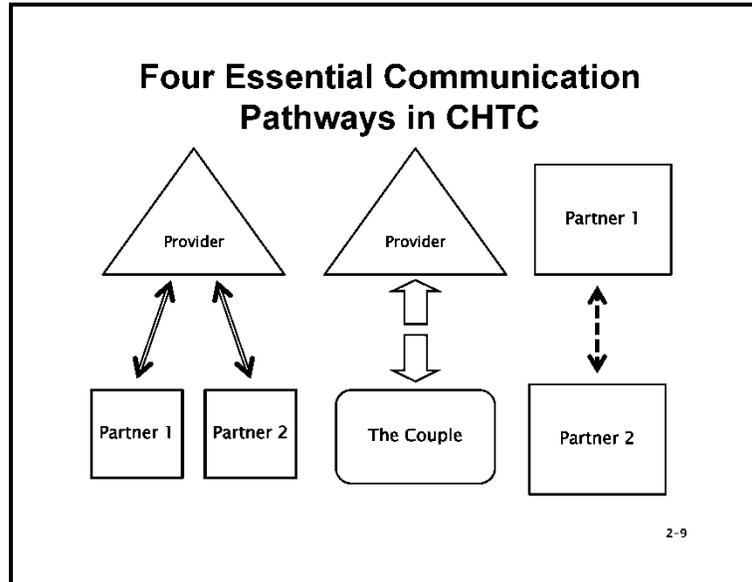
**Skills for Communicating with Couples
(cont.)**

- ❖ Be able to tolerate intensity.
- ❖ Recognize that relationships are full of contradictions.
- ❖ Understand relationships in the context of cultural values and norms.
- ❖ Recognize that couples can handle difficult situations.

2-8

- Be able to tolerate intensity.
 - Recognize that relationships are full of contradictions.
 - Understand relationships in the context of cultural values and norms.
 - Recognize that couples can handle difficult situations.
- ✓ By remaining neutral, conveying respect for the couple’s relationship, and facilitating balanced participation by each partner, the provider helps build rapport and sustain an important and trusting CHTC session with the couple.
 - ✓ The couple needs to know that the provider is on their side and that you are there to help them address HIV in their lives together.
 - ✓ Can you name a few ways in which providers can facilitate an open, trusting session with couples in CHTC?

Communication Pathways



- ✓ In order to ensure that couples feel like a provider is actively listening and engaging the couple, a provider needs to pay attention to all four communication pathways in a CHTC session.
- ✓ The four pathways are
 - between the provider and partner 1;
 - between the provider and partner 2;
 - between the provider and the couple as a collective unit;
 - between the couple as partners.
- ✓ The provider should pay attention to the way he or she communicates with each individual partner in the session, the way he or she communicates with the couple as a unit, and the way that the partners communicate with each other. This includes both verbal communication and non-verbal communication.
- ✓ The provider can help direct communication along each of these pathways in order to ensure equal participation by both members of the couple.
- ✓ The more the couple can be supported in addressing their issues and concerns as partners—in terms of “we” rather than as individuals—the more likely they will be able to cope with their HIV test results and the realities of HIV in their shared lives.

Applying CHTC Communication Skills

Part 1

Rose and Dumisani have come to the health facility for CHTC after being advised by the ANC nurse. Margaret is the provider who will be conducting the CHTC session today. When Rose and Dumisani arrive in the counseling room, Margaret acknowledges the couple. She notices that Dumisani is a young handsome man, and Rose is nearing the end of her pregnancy. She assumes that they are not having sex because Rose is so far along in her pregnancy. She then assumes that Dumisani must be having an affair and sleeping with other women in the community. Margaret's own husband left her when she was six months pregnant, and although that was four years ago, she has never gotten over this loss.

- ✓ What communication skill is needed here?

Part 2

Margaret asks Rose why she has come to receive CHTC today. When Rose responds, Margaret continues to ask her about her pregnancy, her relationship with Dumisani, her work and family life, and her thoughts about receiving CHTC today. Margaret does not acknowledge Dumisani but does watch him out of the corner of her eye as he squirms when Rose answers some difficult questions.

- ✓ What communication skill does Margaret need right now?

Part 3

Margaret proceeds with the HIV test for the couple. As the test results are developing, she asks Dumisani about his work. When he responds that he works and lives away from home three weeks per month, she rolls her eyes and says, “typical African man.” This upsets Dumisani, and he looks at Rose for help. Rose sits calmly and touches Dumisani’s hand but she does not say anything.

- ✓ What communication skills would have been helpful to Margaret in this situation?

Part 4

When the test results are ready, Margaret gives Rose her results first. She is HIV-positive. She then tells Dumisani that he is also HIV-positive. She explains how difficult their lives will be from now on, since they will have to be on treatment for the rest of their lives. She says that she is very sorry this happened to them and notes that this is very common for couples in which the man works away from home.

Dumisani feels like Margaret is blaming him for bringing HIV into his family and starts to get angry with Margaret. Rather than calming him down or alleviating the tension in the room, Margaret tells them that there is another room they should go to for care and treatment and sends them back to the receptionist to tell them where to go.

- ✓ What communication skills does Margaret lack in this situation?

- ✓ How should Margaret have done things differently to model good CHTC communication skills?

Encouraging Provider Uptake of CHTC

- ✓ One of the things we talked about was how a provider's attitude about CHTC can influence his or her response to couples who are receiving this service. If we have not been through CHTC, or we have fears about receiving HTC together with our own partners, we might be less likely to recommend CHTC to our clients or patients.
- ✓ Why else might it be important for providers to go through a CHTC session with their partner(s) before providing the service?

Mediation Skills

- ✓ In most situations, couples are very supportive of each other when they learn their HIV status together. However, there may be times when one or both partners react poorly to learning their HIV test results.
- ✓ Couples who are learning they are concordant HIV-positive or discordant for the first time may have strong feelings that you may need to address before referring them to another provider.
- ✓ For these rare situations, another important skill of a CHTC provider is the ability to ease tension and diffuse blame between the couple.
- ✓ Some of this can be done during the pre-test session in preparation for receiving test results.
 - Providers should ask couples "what will you do if one or both of you is infected?" in order to help them prepare for all possible outcomes.
 - The provider can introduce the idea then that we will be focusing on moving forward and coping with the results rather than trying to point blame or pinpoint when and how infection occurred.

Mediation Skills for Easing Tension and Diffusing Blame

1. Normalize feelings, reactions, and experiences.
2. Remind the couple that many people are living with HIV infection.
3. Focus on the present and future.
4. Avoid and deflect questions aimed at identifying the source of infection.
5. Express confidence in the couple's ability to deal with HIV-related issues.
6. Acknowledge feelings and emotions, and predict that in time their intensity will likely change or shift.
7. Remind the couple of the roles and responsibilities outlined at the beginning of the CHTC session.

2-10

Ways to Ease Tension and Diffuse Blame

- ✓ Normalize feelings, reactions, and experiences.
 - Help the couple recognize that their feelings are common and that many others have had similar experiences.
- ✓ Remind the couple that many people are living with HIV infection and that they are not alone.
 - HIV is common in many of our communities, and many other couples are also dealing with the realities of HIV in their relationship.
- ✓ Focus on the present and future.
 - The CHTC session focuses on the couple's present and future. The past is in the past and cannot be changed.
- ✓ Avoid and deflect questions that aim at identifying the potential source of infection.
 - The reality is that the HIV virus is present, and knowing where it came from cannot change this reality.
 - Discussion about the source of the infection is neither helpful nor relevant to the couple's present situation.
- ✓ Express confidence in the couple's ability to deal with HIV-related issues.
 - Reflect on their strengths and history together and how they have effectively addressed challenges in their shared lives.

- Recognize that the couple has taken a positive step in dealing with HIV in their shared lives together.
- ✓ Acknowledge the feelings expressed and observed.
 - Predict that in time, their intense emotions will likely change or shift. Let the couple know that the intense emotions will lessen over time and they will begin to adapt and cope.
- ✓ Remind both members of the couple of their roles, responsibilities, and expectations outlined at the beginning of the session.
 - This is something we will discuss a bit later today when we discuss the CHTC protocol. Each couple must agree on certain criteria before beginning CHTC.
- ✓ When discussing a couple's risk issues, the provider should use general terms and speak in the abstract about issues that may not be discussed directly by the partners such as
 - alcohol or drug use
 - sex partners outside the relationship and the need to use condoms in these relationships
 - frequent separation because of work or travel



✓ What is happening in this picture?

Examples of Couples Discord Activity

Scenario 1, Part 1

The first couple, Silas and Pamela, are very young, just 18 and 19 years old. They plan to get married and start a family. When they receive their HIV test results, they find that they both are HIV-positive. They are very upset. Neither had expected to be HIV-positive. Now it feels like their whole life together has been torn apart.

- ✓ How should the CHTC provider handle this reaction?

Scenario 1, Part 2

As they begin to recover from their first reaction, they start to wonder how this could have happened. Although both were aware that the other partner had had relationships with others before they were a couple, they didn't think they could be infected because they were so young. Silas, the male partner, starts to ask Pamela who she knew before he had met her. She has the same reaction.

- ✓ What should the provider do to mediate this situation?

Scenario 2

Andrew and Geraldine are a couple who has been together for 12 years. They have two children, 8 and 10 years old. Andrew has had jobs on and off as a construction worker over the last 10 years. Money is tight, but they have always managed to support themselves and their children who are in school.

When the couple underwent CHTC because of the husband's lingering respiratory illness, they found that he was HIV-positive. Geraldine is HIV-negative. She is very angry that he has endangered both her health and possibly their children's. She is also afraid that he will become increasingly sick and will not be able to work and they will lose their home. He is also afraid that he will not be able to work and that his wife will leave him.

- ✓ What mediation skills will help the provider in this situation?

GENDER AND CHTC

Ways Gender May Impact CHTC

- ✓ What does the term gender mean?

- ✓ Gender issues and cultural norms around gender have implications for CHTC. The cultural norms around gender include the following:

- The roles, behaviors, activities, and attributes that a given society considers appropriate for men and women
- Different expectations for how men and women should behave

- ✓ What are some of the ways that gender roles for men and women may affect CHTC?

Role of the Provider

- ✓ As providers, by being aware of different cultural norms, male-female relationship expectations, possible power imbalances, and other gender inequalities, you can help reduce many of these concerns during the CHTC session.
- ✓ Look for dominance by one partner, such as speaking for or making decisions for the other partner.
- ✓ While we should be prepared to address violence and power imbalances in couples, studies show us that couples are actually very supportive of each other and rarely have negative outcomes when they receive CHTC and learn their test results together.

Power Imbalances

Gender Issues in CHTC

- ❖ Economic dependency
- ❖ Property rights and legal issues
- ❖ Equal access to care, treatment and support services
- ❖ Domestic violence, abandonment, or both

2-12

- ✓ Economic dependency
 - Economic dependency of one partner on the other partner may create fear of abandonment and may contribute to power imbalances in the relationship.
- ✓ Property rights and legal issues
 - Worldwide and especially in sub-Saharan Africa, women often have limited property rights due to cultural and or legal norms.
 - This contributes to economic dependency and vulnerability to abandonment.
- ✓ Equal access to care, treatment, and support services
 - Power imbalances in male-female relationships may affect autonomy over health care decisions such as accessing HIV testing, care and treatment, support groups, family planning, contraception, and condoms.

CHTC and Violence

- ❖ CHTC is not associated with increased violence or negative events.
- ❖ There is no evidence that inviting male partners to ANC and VCT increases the risk of intimate partner violence (IPV).

2-13

- ✓ Domestic violence, abandonment, or both
 - If there has been no previous abuse in the relationship, there does not appear to be an association between CHTC and new violence.
 - However, fear of violence may impact a couple's willingness to receive CHTC.
 - Providers should be sensitive to this when encouraging disclosure and partner attendance.

Assessing for Power Imbalances, Coercion, and Domestic Violence

Determining Safety in CHTC

- ❖ Ensure that both partners are there voluntarily.
- ❖ Engage both partners and recognize and address power imbalances.
- ❖ Refer to other services and individual HTC.

2-14

- ✓ Ensure that both partners are there voluntarily.
 - If the provider does not feel that both partners are there voluntarily, he or she may decide not to provide CHTC services.
 - What might be some signs that one partner may have been coerced to attend CHTC?

- If someone is displaying any of these signs, what would you do as the provider?

- If you identify that there is coercion, CHTC may not be appropriate. You might suggest that the partners receive individual HTC or that they return at a later time for CHTC.
 - Meeting with them individually gives you an opportunity to talk with each partner separately to determine if they are both there voluntarily.
 - If support services are available in your community, you may make referrals to these or other counseling services.
- ✓ Engage both partners and recognize and address power imbalances.
 - It is important for providers to encourage both partners to communicate equally and to ask questions of both members of the couple to encourage balanced participation.
 - If the provider notices that the female partner is not opening up, he or she can also specifically ask questions that make women feel comfortable, or ones they are more likely to respond to—for example, questions about their children.
- ✓ Refer the couple to other services, including individual HTC.
 - If you sense that a couple is experiencing physical, sexual, or emotional abuse in their relationship, it may be best to stop the CHTC session and refer them to additional counseling services to get assistance.
 - It is also important that you have a comprehensive list or appropriate referral services available in your community, which includes support for violence and abuse as well as legal support.

- Referral made for these services should be done in way that protects the confidentiality and safety of the at-risk partner. Typically, a referral should be provided without the other partner present.
- ✓ What are some services you could link victims of gender-based violence to?

Further Information on Gender and CHTC

- ✓ Many women—and men—fear negative outcomes following CHTC, especially if they are the positive partner in a discordant couple. However, studies show us that couples are actually very supportive of each other and rarely have negative outcomes when they receive CHTC and learn their test results together. Gender considerations for CHTC follows:
 - In most communities, more women have been tested for HIV than men. This is due in part to the fact that women are more likely to access health facilities—whether for their own health issues or concerns, or for the health concerns of their children—and so may have more opportunities than men to be offered an HIV test.
- ✓ Most countries have policies on HIV testing for pregnant women that typically includes at least one HIV test as early as possible during a woman’s pregnancy, as well as re-testing during the third trimester for women who initially test negative in high prevalence, generalized epidemics. Despite the great achievements in testing high numbers of women, very few of these women have been tested together with their partners. This means that women are often left with the burden of disclosing their HIV status to their partners, often with very little support from health care providers or HTC providers.
- ✓ There are many reasons why women might have a hard time disclosing their HIV status to their partners alone. In some cases they might simply assume that their partner’s HIV status is the same as their own. They might also be afraid that their partner will be angry they were tested without their knowledge or permission. If they are HIV-positive, they might be afraid that their partner will hurt or abandon them. For pregnant women especially, this can be a very vulnerable position.
- ✓ Even HIV-negative women have a very hard time talking with their partners about HIV and encouraging their partners to be tested. This is evidenced by the high rates of incident HIV infection that occur during pregnancy among women who initially tested HIV-negative.

- ✓ Despite the opportunities CHTC provides for addressing gender-related issues and communication about HIV within the relationship, there are a number of gender-related issues to be aware of when providing CHTC.

Violence and CHTC

- ✓ Many individuals tested alone do not tell their spouse or partner of their HIV test results because they fear violence or abandonment.
- ✓ However, actual reported violence as a result of disclosure is generally low, ranging from 3.5 to 14.6 percent.
- ✓ Persons who do experience violence after disclosing their HIV test to their partner generally have a history of past violence with this partner. Other predictors of violence following disclosure include having a partner of unknown HIV status, living with other family members, and needing partner approval for getting an HIV test.
- ✓ CHTC addresses many of these factors by providing support and counseling for couples learning their HIV status together. Couples who received CHTC by trained providers are able to reconcile some of the initial feelings of distress they might experience, and most couples will support one another when they learn their HIV status together.
- ✓ Still, it is important for providers to be aware of the fear of violence or other negative outcomes when encouraging individuals to bring their partners for CHTC and to help identify strategies for alleviating this fear.
- ✓ During the CHTC session, it is also important for providers to be aware of the risk of prior violence in the relationship and to identify situations where couples might benefit more from individual HTC or where women who feel at risk should be supported to test alone.
- ✓ Remember that CHTC services should always be voluntary and both partners should be equally willing to participate.
- ✓ Just as with disclosure, studies suggest that CHTC is not associated with increased violence or negative events. In fact, the majority of stable discordant couples who go through CHTC do not report intimate partner violence.
- ✓ One study in South Africa found no evidence that inviting male partners to ANC and VCT increased the risk of self-reported intimate partner violence in either women or men, compared with inviting male partners for pregnancy information sessions only.



Couples HIV Testing and Counseling: Addressing Gender Disparities and Reducing HIV Transmission Risk

In most communities, more women have been tested for HIV than men; for example in FY2010, annual data from 32 President's Emergency Plan for AIDS Relief (PEPFAR) countries indicate that 57 percent of persons receiving HTC were women, while only 43 percent were men. This is due in part to the fact that women are more likely to access health facilities, and so may have more opportunities than men to be offered an HIV test. Despite the great achievements testing high numbers of women, testing rates for men are still quite low, and very few women have been tested together with their partners. Additionally, women generally have a higher prevalence of HIV infection compared with men of the same age group. This means that women are often left with the great burden of disclosing their HIV status to their partners and encouraging them to test, often with very little support from health care providers or HTC counselors.

In many countries, gender disparities exist that may lead to power imbalances in relationships between men and women. HIV providers need to be aware of these potential gender-related issues when conducting HTC. Some gender-related issues that might arise during an HTC session follows:

- ✓ Equal access to care, treatment, and support services
- ✓ Couple dynamics (e.g., husband speaks for wife, husband makes decisions about sexual behavior, risk-taking)
- ✓ Fear of domestic violence, abandonment, or both
- ✓ Economic dependency
- ✓ Property rights and other legal issues

Gender-related issues can influence the direction and the dynamics of an HTC session. There are many reasons why individuals might have a hard time disclosing their HIV status to their partners, particularly women. If they are HIV-positive, they might be afraid that their partner will hurt or abandon them. Additionally, HIV-positive women who have not disclosed to their partner may be less likely to access treatment, care and support, or other prevention services. Even HIV-negative women have a very hard time talking with their partners about HIV and encouraging their partners to be tested. This is evidenced by high rates of infection that occur during pregnancy among women who initially tested HIV-negative.

However, it is important to keep in mind that overall very few (less than one in six) women experience negative partner reactions when disclosing HIV test results. The majority of women receive support and understanding from their partners, and less than 5 percent of couples separate or divorce after disclosure of an HIV-positive test result (Maman, 2003; Kamenga, 1991).

When couples attend CHTC services together, they are tested and counseled together and receive their results together. CHTC has many gender-related advantages. It addresses disproportionate testing rates between men and women, ensures mutual disclosure of HIV status, and relieves women of the burden of disclosure to their partner(s). Trained providers are available to facilitate dialogue with the couple and to relieve tension and diffuse blame that may arise during difficult discussions and that can put women in compromising situations. Providers facilitate discussion about the couple's risk issues and concerns and help them establish a plan for dealing with HIV in their shared lives together. They are also able to discuss family planning and safe pregnancy options to support the couple with these important decisions. CHTC is an intervention that can help mediate gender-related issues and prevent negative experiences associated with HIV testing.

Furthermore, CHTC reduces HIV transmission among discordant couples—where one is HIV-positive and the other is HIV-negative—and subsequently prevents transmission to babies of pregnant women as well. CHTC can also facilitate linkage into treatment, care and support, and prevention services; treatment can reduce the risk of HIV transmission among discordant couples, and male circumcision for the negative partner can reduce the risk of acquiring HIV.

Ultimately, the couple is responsible for deciding the course of their relationship (for example, whether the relationship will continue or dissolve) after receiving CHTC services. However, the provider's role is critical in helping the couple cope, be mutually supportive, and adapt to their HIV test results. In rare instances, if a provider is concerned that a woman might be at risk for violence, the provider should, at a minimum, provide her with information about appropriate crisis support services in the community.

MODULE THREE: OVERVIEW OF CHTC AND PRE-TEST SESSION

GOAL:

The goal of Module Three is to provide an overview of how CHTC is conducted and discuss key messages to deliver during the CHTC pre-test session.

LEARNING OBJECTIVES:

By the end of this module, you will be able to

- ✓ describe the protocol for the CHTC approach
- ✓ describe the conditions for receiving CHTC services
- ✓ list the roles, responsibilities, and expectations of couples during CHTC
- ✓ explain why it is important to keep couples together for the CHTC session
- ✓ state the key messages that are part of the CHTC pre-test session
- ✓ describe variations to the pre-test session

Objectives for Module Three

By the end of this module, you will be able to

- ❖ Explain why it is important to keep couples together for the CHTC session
- ❖ Describe the protocol for the CHTC approach
- ❖ Describe the conditions for receiving CHTC services
- ❖ List the roles, responsibilities, and expectations of couples during CHTC
- ❖ State the key messages that are part of the CHTC pre-test session
- ❖ Describe variations to the pre-test session

3-2

CONDITIONS FOR RECEIVING CHTC SESSIONS

Importance of Keeping Couples Together for the CHTC Session

Limitations of Separating Couples During CHTC Session

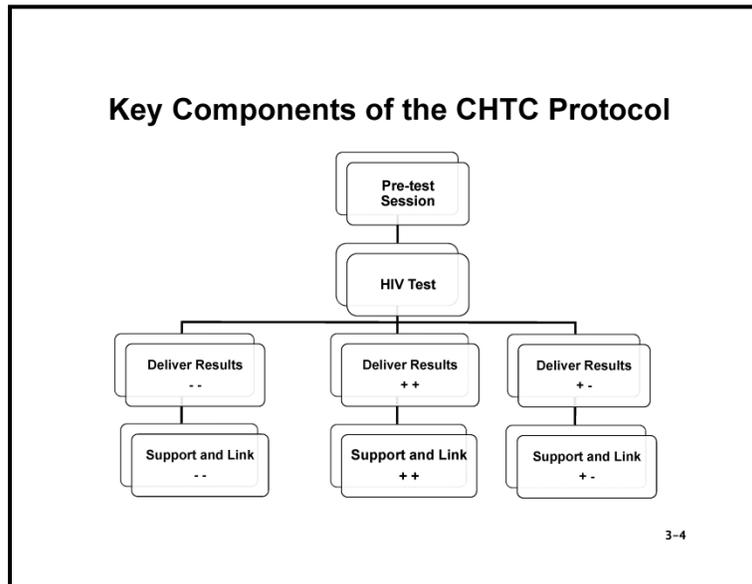
- ❖ Separating undermines the couple's decision to deal with HIV in their relationship together.
- ❖ Provider may learn information one partner is unwilling to disclose to the other.
- ❖ Confidential issues may influence provider to support one partner unintentionally.
- ❖ Separating partners implies there are secrets while mutual discussion reinforces trust.

3-3

- ✓ Some of the reasons why we recommend keeping the couple together during the CHTC session follow:
 - The partners are seeking services as a couple, not as individuals. Separating partners may undermine this commitment.
 - The information disclosed in an individual session is confidential and cannot be shared with the other partner. This information will not be useful to the CHTC session and may put the provider in an awkward position. Once a provider becomes aware of information that a partner is unwilling to disclose to the other, the information may influence the provider to support one partner over the other unintentionally.
 - When couples are separated, it implies that there are secrets, and there may be. Secrets generate distrust and represent a failure to communicate.
 - A preferred alternative to separating couples is to proceed with CHTC and to offer one or both partners the opportunity to return individually at a later time to discuss their specific issues. Or, refer them to a counselor for ongoing support.
 - Because we are trying to model communication and openness, ideally, we do not want to separate couples.

CHTC COUNSELING PROTOCOL OVERVIEW AND PRE-TEST SESSION

Couples HTC Protocol Overview



- ✓ There are four primary components of the CHTC protocol.
 - Component #1: Pre-test session
 - Before the couple takes the test, you will first explain the benefits of CHTC to the couple, why you are recommending CHTC, and the conditions for receiving CHTC.
 - If the couple agrees to these conditions and wants to continue, then you will proceed with the HIV test.
 - Component #2: Conducting the HIV test
 - Many clinics have rapid HIV tests available for providing on-site HIV testing with same-day or even same-hour return of results.
 - This means that couples can receive their HIV test in the same room by the same provider who is delivering their other health services.
 - Component #3: Deliver HIV test results
 - Component #4: Provide post-test support and link couples with appropriate services
 - For each type of couple test results, there are some key messages that should be delivered during the post-test support session.

- It is also very important to provide effective linkages with appropriate follow-up services for all of our patients, based on their specific needs.

Conditions for Receiving CHTC Service

- ✓ Before couples can receive CHTC, there are several conditions on which they need to agree. At the start of the counseling session, you should review these conditions with the couple and get their consent before proceeding with the session.
- ✓ If both members of the couple cannot agree to these conditions, then you should consider offering individual HTC to the couple. However, because of the numerous benefits associated with couples HTC, couples should be encouraged to accept the conditions and receive HTC together if the safety of both partners can be assured.

Conditions for Receiving CHTC

Conditions for Receiving CHTC Services

Before receiving CHTC, couple must agree to

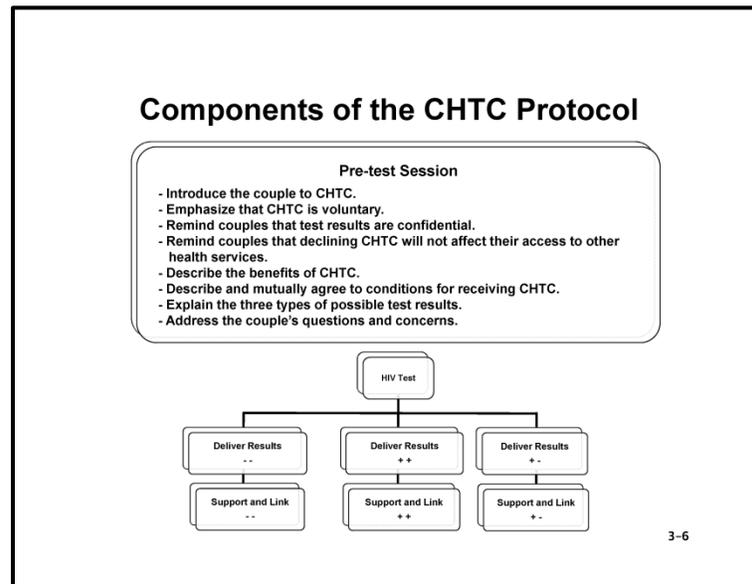
- ❖ Receive their HIV test results together
- ❖ Make decisions about mutual disclosure together
- ❖ Discuss HIV risk issues and concerns together
- ❖ Participate equally in discussion
- ❖ Respect and support each other

3-5

- ✓ Before receiving CHTC, couples must agree to:
 - Receive their HIV test results together.
 - In CHTC, couples go through the entire HTC process together. This means that the couple will know each other's test results.
 - Make any decisions about mutual disclosure together.
 - The couple should decide together with whom they would like to share their HIV test results. The couple should agree not to tell anyone their test results unless both partners agree.

- Discuss HIV risk issues and concerns together.
 - By attending CHTC, the couple may have already discussed some of their HIV risk issues and concerns and made a mutual commitment to discuss these in the CHTC session. If the couple is only at the CHTC session because they have been instructed by a provider, they may need some support to discuss openly their HIV risk issues and concerns with each other.
 - In order for the couple to work together, they must be open and honest about their concerns and thoughts. The CHTC session is a safe place where they can discuss issues that they may not have felt comfortable discussing before without the help of a provider. The provider’s interaction should support the couple’s efforts to address HIV as a unit by using the terms “we” and “our” rather than “I” or “his” or “her.”
 - Participate equally in the discussion.
 - One person should not dominate the conversation. Both partners need the chance to discuss their issues and concerns. They should both participate equally in the session and be supportive of each other.
 - The partners should not interrupt when the other is speaking. Instead, each should listen to what the other partner has to say and then respond after he or she has finished speaking.
 - Respect and support each other.
 - No matter what the HIV test results are, the couple needs to be prepared to support each other. Emphasize to the couple that the purpose of this session is to find ways to deal with HIV and not to discuss past issues or how HIV entered the relationship.
 - This also includes agreeing to no yelling, use of threatening language, or violent behavior during the session.
- ✓ Why are these conditions for couples receiving testing and counseling services important?

Pre-test Session



- ✓ The pre-test session is critical because it sets the tone for the entire CHTC session. The elements that should be a part of the pre-test session include:
 - Introduce the couple to CHTC.
 - When we introduce the couple to CHTC, our objective is to make the couple feel at ease and to relieve any anxiety that they may have about CHTC.
 - After introducing ourselves to the couple, we will introduce the concept of CHTC, letting them know that they will be tested for HIV together and that they will receive their results together.
 - CHTC is voluntary.
 - It is important to emphasize that CHTC services are voluntary. This means that providers cannot make the partners get a test.
 - It is an optional service in which both partners must be willing to participate. If it appears that one of the partners is unwilling to participate and/or there is a history of violence in the relationship, then it may be best to offer individual HIV testing and counseling to both partners.
 - Test results are confidential.
 - Remind patients that as with all of their medical records, their HIV test results will not be shared with anyone other than the provider and the couple and any other providers who are directly involved in providing services to the couple.

- Declining an HIV test will not affect access to other services.
 - Let the couple know that they can still get care for other health issues, if they decide not to test today.
- Describe the benefits of CHTC.
- Describe conditions for receiving CHTC and get couple agreement.
 - Couple agrees to receive their HIV test results together.
 - Couple agrees to make decisions about mutual disclosure together.
 - Couple agrees to discuss their HIV risk issues and concerns together.
 - Partners participate equally in the discussion.
 - Partners respect and support each other.
- Describe what a provider should do if a couple declines CHTC.
 - If the couple does not agree to receive CHTC, the provider should ask the couple about their reasons for declining.
 - The provider should explore these barriers with the couple and repeat the benefits and importance of CHTC for the health, wellness, and protection of both partners, as well as for their children and any family members.
 - If the couple continues to decline, you may offer them individual HTC or make an appointment with the couple for a future date to discuss CHTC again.
- Explain three types of possible test results.
 - When the couple agrees to the conditions for CHTC, the provider should then explain the possible test results that the couple may have. The provider should explain that each individual in the couple may have either an HIV-positive or an HIV-negative test result.
 - The key objective is to accurately explain discordance and clarify the implications for the couple. The provider should explain that
 - many couples in the community are discordant,
 - discordance does not mean the uninfected partner is immune to HIV,
 - the uninfected partner remains at high risk and may be in the acute HIV infection stage and need re-testing.
 - As future ambassadors of CHTC to their friends and families, it is extremely important that couples know that discordance is possible and that they understand the facts about discordance.
- Address couple's questions and concerns.

- We do not recommend an extensive discussion of HIV risk during the pre-test session. Rather, it may be more effective and efficient to discuss the couple’s HIV risk issues after they know their HIV test results.
- Still, during the pre-test session, the provider should allow the couple to express any questions about CHTC or HIV risk concerns that they might have.
- Providers may wish to utilize the time that the HIV rapid test is developing to continue addressing the couple’s questions or to provide some basic information, such as a condom demonstration.
- For couples with fewer concerns, we can also use this time for conducting other clinical workups or for seeing other patients.

Importance of Patient Confidentiality

Importance of Client Confidentiality

- ❖ In some cases both partners do not know their HIV status and will learn it for the first time.
- ❖ In other cases one partner might know his or her status and the other partner may not.
 - One partner may or may not have disclosed his or her HIV status to the other partner.
 - Getting tested together is one way to help the patient disclose his or her status to the spouse or partner.
- ❖ Ask if both members of the couple want to be tested.

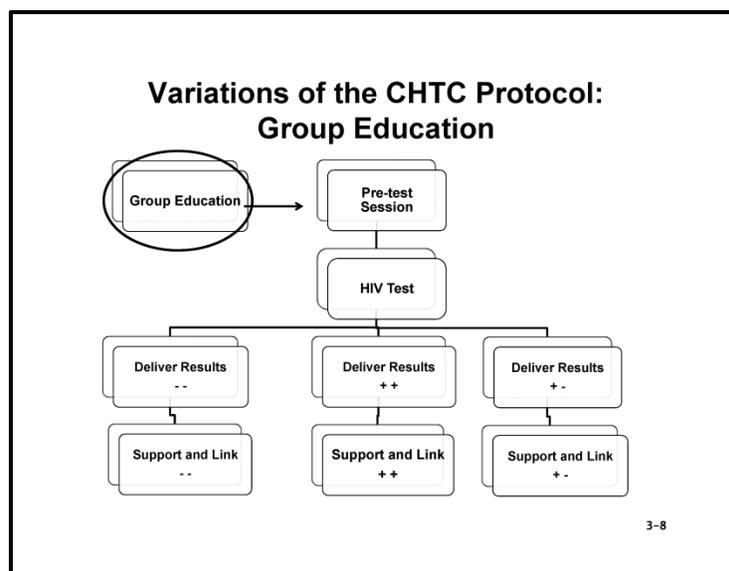
3-7

- ✓ In many cases, both members of the couple may not know their HIV status and will be tested for the first time during the CHTC session.
- ✓ However, in some cases one partner might have already received HIV testing and might know his or her HIV status.
 - For example, a pregnant woman may have been tested individually in the ANC, but might be returning together with her partner on this visit.
- ✓ One partner may or may not have disclosed his or her status to the other partner.
- ✓ Getting tested together is one way to help the client disclose HIV status to his or her partner.
- ✓ If you previously provided HIV testing to a client, you need to be very careful not

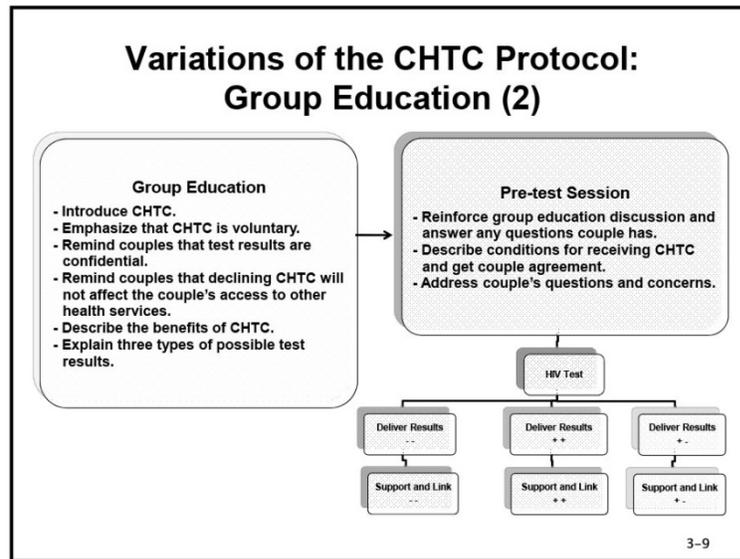
to reveal his or her status. He or she may not have told the partner.

- ✓ If the client has already disclosed his or her HIV status to the partner, then only one of them will want to be tested.
- ✓ Even though only one is getting tested, they will still learn the results together and be counseled as a couple.
- ✓ If one partner previously tested HIV-negative, and the test was more than a few months prior, you may want to suggest re-testing for that partner as well.

Variation of the Pre-test Session



- ✓ Group education about CHTC may be done at the clinic before the couple sees the provider. This happens often in antenatal clinic settings. It is possible that some of the information from the pre-test session will be delivered during group education. This may reduce the time that the provider spends with the couple during the pre-test session.



- ✓ In group education, the provider can discuss the following:
 - Offer an introduction to CHTC, including informing couples that they will be tested together and receive their results together.
 - Emphasize that CHTC is voluntary, that is, couples decide for themselves if they want to receive this service.
 - Remind couples that test results are confidential.
 - Assure couples that declining CHTC will not affect their access to other health services.
 - Describe the benefits of CHTC.
 - Explain the three types of possible test results that couples may receive: concordant negative, concordant positive, discordant.

- ✓ After group education,
 - each couple will still interact with a provider for the pre-test session,
 - providers should reinforce what has been discussed during the group education session and answer any questions that the couple may have,
 - the remaining steps to cover in the pre-test session are to
 - describe the conditions for receiving CHTC and get couple agreement,
 - address any questions or concerns the couple may have.

MODULE FOUR: DELIVERING RESULTS TO CONCORDANT HIV-NEGATIVE COUPLES

GOAL:

The goal of Module Four is to provide you with the key messages that should be discussed with couples during the post-test session for delivering concordant negative results.

LEARNING OBJECTIVES:

By the end of this module, you will be able to

- ✓ deliver test results to concordant HIV-negative couples
- ✓ provide key HIV prevention messages to concordant HIV-negative couples
- ✓ link concordant HIV-negative couples with appropriate follow-up services
- ✓ discuss a couple's HIV risk issues and concerns using a solution-focused approach and abstract language

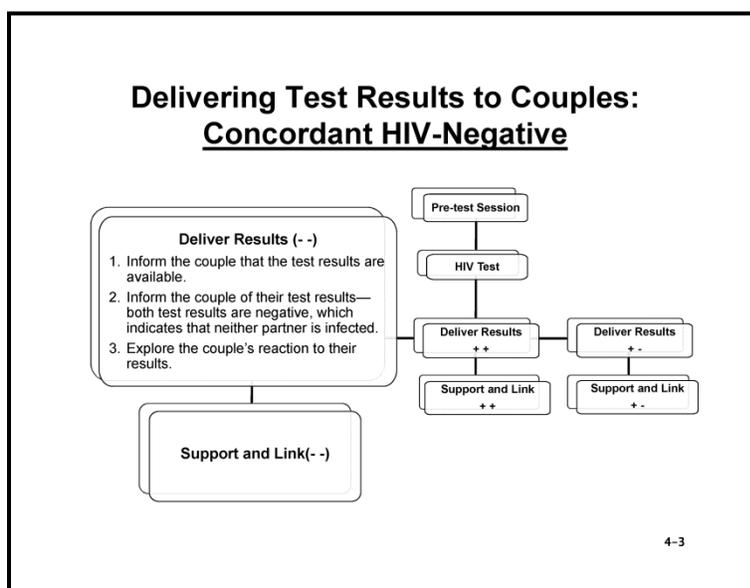
Objectives of Module Four

By the end of this module, you will be able to

- ❖ Deliver test results to concordant HIV-negative couples
- ❖ Provide key HIV prevention messages to concordant HIV-negative couples
- ❖ Link concordant HIV-negative couples with appropriate follow-up services
- ❖ Discuss a couple's HIV risk issues and concerns using a solution-focused approach and abstract language

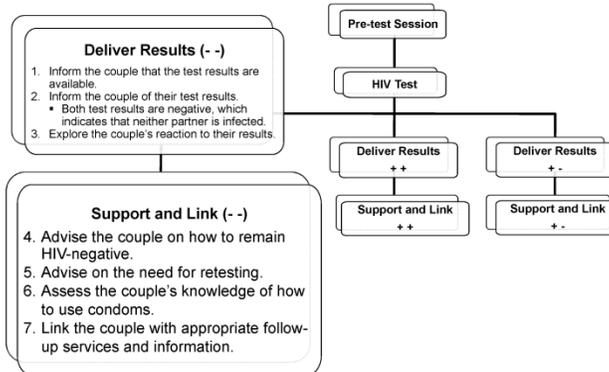
4-2

DELIVERING CONCORDANT HIV-NEGATIVE TEST RESULTS



- ✓ Step 1: Inform the couple that their results are available.
 - Let the couple know that their test results are ready and that they will now receive their test results.
- ✓ Step 2: Inform the couple of their test results.
 - Let the couple know that both of their HIV test results are negative, which means that neither partner is infected with HIV.
 - If available, show the test results or test strips to the couple so they can see the results for themselves.
- ✓ Step 3: Explore the couple's reaction to their results.
 - Allow the couple time to think about their test results and ask any questions.
 - Allow the partners to express their feelings and emotions about the test results they have received.
 - Make sure that the couple has an accurate understanding of their concordant HIV-negative test results and their meaning and implications.
 - Answer any questions that the couple might have about their test results.

Delivering Test Results to Couples: Concordant HIV-Negative (cont.)



4-4

Concordant HIV-Negative Couples: Providing Support and Linkages

4. Advise the couple on how to remain HIV-negative.
 - Use condoms every time they have sex.
 - Only have sex with each other; if other partners, always use condoms.
 - Introduce medical MC as an option to protect HIV-negative males.
 - Do not drink alcohol or at least reduce your alcohol consumption.
5. Advise on the need for re-test(ing).
 - If recent exposure, re-test in 4 weeks.
 - If no recent exposure, re-test annually.

4-5

- ✓ Step 4: Advise the couple on how to remain HIV-negative.
 - Once the couple has accepted their test results, you will provide the partners with key HIV prevention messages and link them to appropriate follow-up services.
 - Inform the couple that one of the most effective ways to prevent HIV infection is to use condoms every time they have sex. Condoms can also help prevent an unplanned pregnancy and other STIs.
 - Reinforce that the best way to protect the couple's status is by not having other sexual partners outside the couple's relationship and that the status of other partners can only be determined through HIV testing.

- If either partner does have sex with someone else, they should always use condoms to maintain their HIV-negative status and to protect themselves and their partner.
 - Introduce medical MC as an option for protecting HIV-negative male partners.
 - Inform the couple that alcohol consumption can impair decision-making and may lead to behavior that can increase risk of HIV infection, such as not using condoms with partners outside the relationship.
- ✓ Step 5: Advise on the need for re-testing.
- Inform the couple that if either of them have had recent exposure outside the relationship, they should return in four weeks for repeat testing.
 - If there are no recent exposures, recommend that the couple return for testing every year to confirm their negative status.

**Concordant HIV-Negative Couples:
Providing Support and Linkages (2)**

6. Assess the couple's knowledge of how to use condoms.
 - Demonstrate and distribute condoms
7. Link the couple with appropriate follow-up services and information.
 - Medical MC services for men
 - STIs, family planning, care during pregnancy
 - Community organizations, post-test clubs
 - VCT or clinic for other partner counseling, re-testing
 - Blood donation sites

4-6

- ✓ Step 6: Assess the couple's knowledge of how to use condoms.
- If the couple does not know how to use a condom, provide a condom demonstration.
 - Provide the couple with condoms and let them know where they can access more condoms in the future.
- ✓ Step 7: Link the couple with appropriate follow-up services and information and address the couple's primary reason for attending the health facility, if not HIV testing.
- HIV-negative men who are uncircumcised should be informed that for men, there is a significant reduction in their risk of becoming infected with HIV if they are circumcised.

- Assess the couple's need for STI treatment, family planning and contraceptive services, and care during pregnancy.
 - Let the couple know that if they need re-testing because of a recent exposure, or if they have other partners that they would like to be tested with, they can access these services here at the health facility or at a nearby VCT site.
 - If the couple is low risk for HIV, link them to blood donation sites as blood donors.
- ✓ Providers should remember to ease tension, diffuse blame, and emphasize the importance of collaboration and commitment in the couple to protecting their relationship from HIV.
 - ✓ Even when providers are disclosing negative results, they should use the communications skills detailed in Module Two.
 - ✓ Follow your own country's recommendations and/or guidance on re-testing. The World Health Organization (WHO) guidance on re-testing and the one-pager summarizing this guidance is provided on the next page.

Additional Considerations for Concordant HIV-Negative Couples

- ✓ Overall, during the concordant HIV-negative post-test session the provider should aim to ease tension, diffuse blame, and emphasize the importance of the couple's collaboration and commitment to protecting their relationship from HIV.
- ✓ If the provider or the couple raises the risk potentially posed by partners outside the relationship, this should be discussed briefly by using abstract language. For example, when talking about the need for re-testing, the provider can say, "There is a very small chance that this test did not detect HIV if you were infected very recently. If you are concerned about a recent exposure to HIV, such as from another partner, you should get another test in four weeks."
- ✓ An important point to reiterate is that the couple's test results do not reflect the HIV status of any other partners, past, present, or future.



Implementing International Re-testing Guidance: "Delivering HIV test results and messages for re-testing and counseling in adults"

What is the new international re-testing guidance?

In May 2010, WHO released new international guidance on "Delivering HIV test results and messages for re-testing and counseling in adults". This guidance is intended to clarify and strengthen messages about re-testing for persons who have HIV-indeterminate or non-reactive HIV test results. The guidance provides information about when it is not necessary to recommend re-testing, as well as situations where re-testing is recommended.



Where can I access the new WHO international re-testing guidance?

English version: http://whqlibdoc.who.int/publications/2010/9789241599115_eng.pdf

French version: http://whqlibdoc.who.int/publications/2010/9789242599114_fre.pdf

How is this different from the recommendation to re-test after 3 months because of the window period?

Since HIV testing and counseling (HTC) programs began in the mid-1980s, counselors and health-care providers have been trained to explain the window period to all individuals. In many settings, this includes a recommendation for persons testing HIV negative to return in three months to 'rule out' the window period, whether they have experienced a recent risk or not. This may lead to very high rates of unnecessary re-testing, as many people who test HIV negative are, in fact, positive. Although it is important to identify individuals who might test HIV negative and who are actually in the "acute" phase of HIV infection, messages about re-testing need to be much more targeted. Providers should focus efforts on **risk-screening** to identify persons who may have had a recent risk and who truly need to be re-tested.

Who should be offered re-testing for HIV?

Most persons do not require re-testing to validate an HIV-negative result. However, it is important to accurately identify persons who do require re-testing. This includes:

- **Persons whose initial test results were indeterminate** should be **offered a repeat HIV test immediately**, following the same testing algorithm and SOPs. If the test result is still indeterminate, the individual should be re-tested **after 2 weeks**.
- **Persons who may be in the early stages of infection and have not yet developed a sufficient level of antibodies that can be detected by serological testing** are persons who can identify a specific incident of HIV exposure in the 3 months prior to HIV testing. Providers should ask all clients/patients if they had a specific incident of HIV exposure in the past 3 months. If they can identify a specific risk of exposure in the last 3 months, they should be re-tested again in 4 weeks to rule out acute infection, and appropriate counseling messages should be provided (see *Annex 2: Counseling messages*). If they **cannot** identify a specific risk of exposure in the last 3 months, then the HIV test result provided on that day can be issued as a final test result.
- **Pregnant women testing HIV negative in their first or second trimester of pregnancy in settings with generalized epidemics** should be offered couples/partner HTC, and re-tested in their **3rd trimester** of pregnancy, preferably between the 28th and 36th week. If the woman does not return for re-testing during her 3rd trimester, she should be recommended to re-test at labor, or if that is not possible, immediately after delivery.
- **Persons who tested negative but are at ongoing risk for acquiring HIV (e.g., due to high-risk behaviors)** may need to be re-tested after 4 weeks to rule out acute infection, and should be re-tested at least annually according to their specific risk factors. Additional guidance is provided in *Annex 1: Guidance Tables*.

How can we work with our partners to implement the new re-testing recommendations?

Implementing the change in re-testing recommendations will take a concerted effort by Ministries of Health, PEPFAR, and program managers of partners implementing HTC. All parties should review the re-testing guidance and identify where changes are necessary in order to be consistent with these new international recommendations. The updated re-testing recommendations should be included in any new **HTC policy documents**, and some countries may choose to issue a **special policy statement** to highlight these issues.

All partners implementing HTC should receive notice of the new re-testing recommendations and a reference to where they can access the full document. They should be instructed to share the guidance with HTC providers. In order to reinforce the new re-testing recommendations, providers may need **refresher training**, which may be coordinated by program management, PEPFAR, or MOH. Supervisors can also reinforce the new recommendations through **HTC quality assurance** and **supportive supervision meetings**.

Limitations of this technical brief

This brief provides only a summary of WHO's re-testing guidance. Please refer to the full document for complete details on re-testing recommendations and messaging.

MODULE FIVE: DELIVERING RESULTS TO CONCORDANT HIV-POSITIVE COUPLES

GOAL:

The goal of Module Five is to provide you with the key messages that should be discussed with couples during the post-test session for delivering concordant HIV-positive results.

LEARNING OBJECTIVES:

By the end of this module, you will be able to

- ✓ deliver test results to concordant HIV-positive couples
- ✓ provide key HIV prevention, care, and treatment messages to concordant HIV-positive couples
- ✓ link concordant HIV-positive couples with appropriate follow-up prevention, care, and treatment services

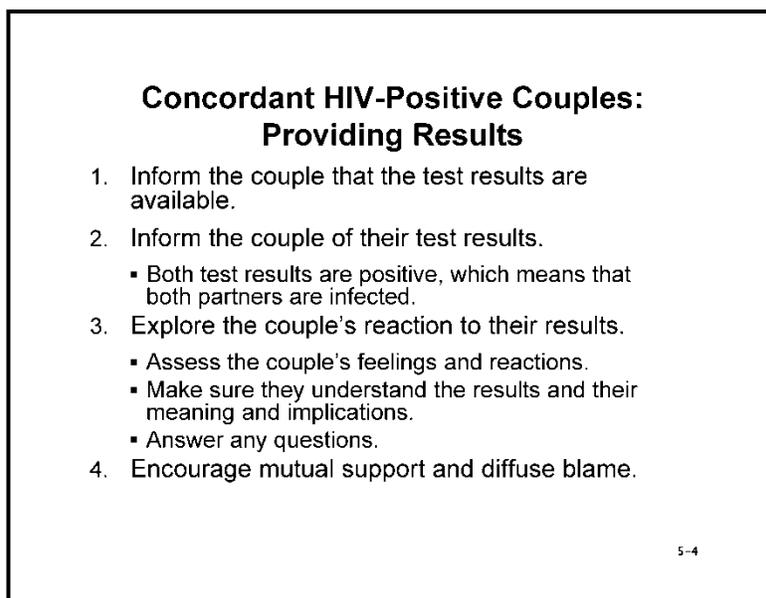
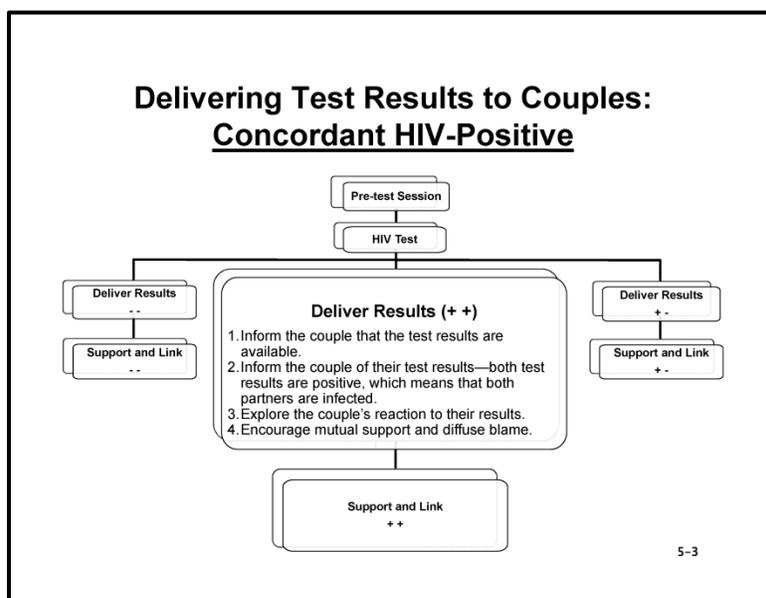
Objectives of Module Five

By the end of this module, you will be able to

- ❖ Deliver test results to concordant HIV-positive couples
- ❖ Provide key HIV prevention, care, and treatment messages to concordant HIV-positive couples
- ❖ Link concordant HIV-positive couples with appropriate follow-up prevention, care and treatment services

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DELIVERING CONCORDANT HIV-POSITIVE TEST RESULTS

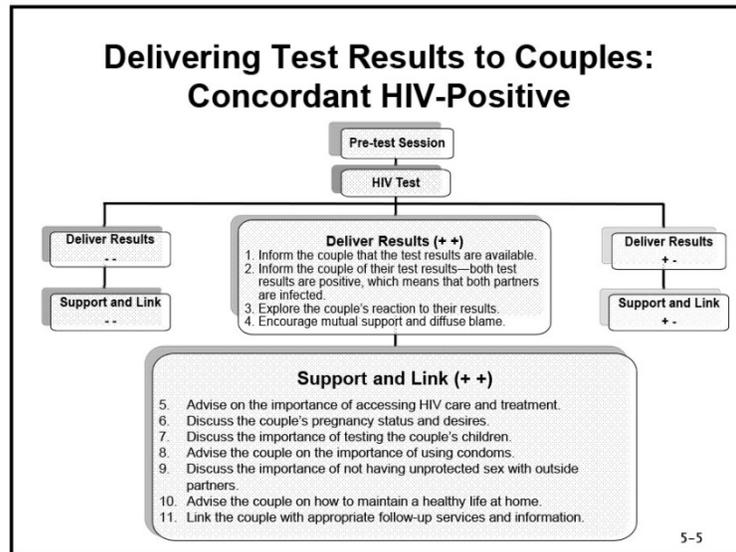


✓ There are eleven steps to delivering concordant HIV-positive results. The first three steps to delivering concordant HIV-positive results are the same as delivering concordant HIV-negative results.

- Step 1: Inform the couple that their test results are available.
- Step 2: Inform the couple of their test results.
- Step 3: Explore the couple's reaction to their results.

- Step 4: Encourage mutual support and diffuse blame.
 - Focus the couple on coping with their HIV-positive test results and supporting one another.
 - You may need to rely on your communication skills, such as easing tension and diffusing blame, to help the couple to understand that it is difficult to determine when or by whom either partner became infected.
 - Encourage the couple to focus on coping with the results and supporting each other.
 - Most couples will support each other when they are learning their test results together. Very few couples will begin to fight or blame each other.

✓ What would you do if the couple starts fighting or blaming each other?



Concordant HIV-Positive Couples: Providing Support and Linkages

5. Advise on the importance of accessing HIV care and treatment.
 - Access treatment to stay healthy and live a long time.
 - If not eligible for treatment, still go to the clinic regularly.
6. Discuss the couple's pregnancy status and desires.
 - If pregnant, access PMTCT.
 - Plan a safer pregnancy with the assistance of a provider.
 - Use contraception to prevent unplanned pregnancies.
7. Discuss the importance of testing the couple's children.

5-6

- Step 5: Advise the couple on the importance of accessing care and treatment for HIV.
 - Inform the couple that treatment is available for HIV and that treatment can help them stay healthy and live long, full lives.
 - If these services are available in your clinic, draw the couple's blood for CD4, testing or ensure that the couple can access this service right away to learn whether they are eligible for treatment.
 - Make sure that the couple understands the importance and benefits of enrolling in and attending the care and treatment clinic as soon as possible, even today, to see if they need treatment or other medication.
 - Let the couple know where they can access care and treatment services, and facilitate entry into care for the couple.
- Step 6: Discuss the couple's pregnancy status and desires.
 - When discussing family planning and reproductive health issues with the couple, the provider's aim is to make sure that the couple understands the potential risk of HIV transmission to the baby during pregnancy and breastfeeding, has access to family planning services, and understands the importance of accessing PMTCT services if the woman is pregnant or if the couple conceives in the future to reduce the risk of transmitting HIV to the baby.
 - Inform the couple that the risk of mother-to-child transmission can be reduced by
 - giving medication to the mother during pregnancy and labor,
 - having a safe delivery (delivering the infant in a clinic or hospital),

- giving medication to the infant immediately after birth,
 - making appropriate infant feeding decisions with the assistance of a health care provider.
- National PMTCT programs are encouraged to adopt and implement WHO's Option B or B+ approach to simultaneously protect the mother's health and prevent HIV transmission to the baby during pregnancy and breastfeeding. .
- Step 7: Discuss the issue of HIV testing of children.
 - Because both partners are HIV-positive, there is a possibility that the couple's children may have become HIV-positive either during pregnancy or delivery or while the mother was breastfeeding.
 - The provider should encourage the couple to bring their children for HIV testing so that if the children are HIV-positive, they can receive the care and treatment they need.

**Concordant HIV-Positive Couples:
Importance of Risk Reduction**

8. Advise the couple on the importance of using condoms.
 - Assess knowledge of how to use condoms.
 - Demonstrate and distribute condoms.
9. Discuss the importance of not having unprotected sex with outside partners.
10. Advise the couple on how to maintain a healthy life at home.
11. Link the couple with appropriate follow-up services and information.
 - Care and Treatment clinic, PMTCT services
 - STIs, Family Planning
 - Community organizations, support groups
 - VCT for other partner testing and counseling
 - Original reason for visit

5-7

- Step 8: Advise the couple on the importance of using condoms.
 - The provider should explain that condoms must be used with any partners outside the relationship because condoms both protect the couple from other STIs that could make them sick and protect other partners from getting HIV.
 - Using condoms does three things:
 - Reduces the risk of the HIV-positive person from passing HIV or other STIs to his or her sex partner(s)
 - Protects the HIV-positive person from getting other infections from his or her sex partner(s)
 - Reduces unplanned pregnancies

- It is also important that couples understand that it is beneficial to use condoms every time they have sex with each other to avoid passing other infections and to reduce unplanned pregnancies.
- It may be helpful to discuss what might happen if the couple has sex without using condoms.
- Provide a condom demonstration, if needed, and provide the couple with condoms and let them know where they can access more condoms in the future.

✓ What might happen if the couple has sex without using condoms?

- Step 9: Discuss the importance of not having unprotected sex with outside partners.
 - The provider should reinforce the importance of using condoms with outside partners.
 - The couple should be advised of the benefits of reducing their number of sex partners.
 - If they have outside sex partners they should understand that those outside partners may be at risk for HIV and that they should also get tested for HIV.
 - Providers can assist with disclosure to other partners, if needed.
 - You should also inform the couple that if they do have any outside partners, anti-retroviral treatment can help prevent HIV to all HIV-negative partners. In fact, treatment can reduce transmission to a negative partner by as much as 96 percent. However, the couple should continue to use condoms and other preventive measures, to protect against other sexually transmitted infections and unplanned pregnancies.

- Step 10: Advise the couple on how to maintain a healthy life at home.
 - Inform the couple of the importance of having a safe supply of clean drinking water to prevent diarrhea or other illnesses.
 - Discuss the importance of using bed nets to prevent malaria (where applicable), and inform the couple where they can access a bed net (or provide them with a bed net).
 - Reinforce the importance of good nutrition to keep the couple healthy.

- If they have symptoms such as a cough, they should be referred to the TB clinic or other location where they can access screening for TB.
- As we discussed in the last session, alcohol consumption can impair decision-making and may lead to behavior that can increase risk of HIV infection. For PLHIV, it is also important that they eliminate or reduce high alcohol use for health reasons. Alcohol use is associated with faster disease progression and poor adherence to HIV medication, can affect the metabolism of ARVs, and is also toxic to the liver.
- Step 11: Link the couple with appropriate follow-up services and information and address the couple’s primary reason for attending the health facility today, if not HIV testing.
 - Specifically, the provider should do the following:
 - Provide the couple with initial HIV care and treatment follow-up services, or link the couple to the HIV care and treatment clinic of their choice for ongoing care and treatment.
 - Link pregnant couples to PMTCT services for interventions to prevent transmission to the baby.
 - Assess the couple’s need for STI treatment, family planning, and contraceptive services, and link the couple to these services as needed. In some cases, these services may be offered at the care and treatment clinic.
 - The couple may also benefit from being linked with peer or lay counselors or community organizations that can provide more information or support services. Some clinics and communities may have support groups for HIV-positive persons that can offer good support for people who are newly diagnosed.
 - Let the couple know that they may refer any other partners to the health facility or a nearby VCT site for HIV testing, if needed. They may also access the health facility or VCT site for additional follow-up counseling.
- ✓ Are there any other linkages you may need to make for concordant HIV-positive couples?

MODULE SIX: DELIVERING RESULTS TO HIV-DISCORDANT COUPLES

GOAL:

The goal of Module Six is to provide you with the key messages that should be discussed with couples during the post-test session for delivering discordant results.

LEARNING OBJECTIVES:

At the end of this module, you will be able to

- ✓ deliver test results to HIV-discordant couples
- ✓ provide key HIV prevention, care, and treatment recommendations to HIV-discordant couples
- ✓ link HIV-discordant couples with appropriate follow-up prevention, care, and treatment services

Objectives of Module Six

By the end of this module, you will be able to

- ❖ Deliver test results to HIV-discordant couples
- ❖ Provide key HIV prevention, care, and treatment recommendations to HIV-discordant couples
- ❖ Link HIV-discordant couples with appropriate follow-up prevention, care, and treatment services

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DELIVERING RESULTS TO HIV-DISCORDANT COUPLES

Factors That Affect Transmission

Factors That Affect Transmission of HIV

- ❖ Viral load
- ❖ Antiretroviral Therapy (ART)
- ❖ Condom use
- ❖ Sexual risk behavior
- ❖ Medical male circumcision
- ❖ STIs or OIs
- ❖ Frequency of contact
- ❖ Injuries to the genital tract
- ❖ Pregnancy
- ❖ Chance/probability

6-3

✓ Viral load

- The more HIV virus the person living with HIV has in his or her body, the more likely it is that he or she will pass HIV to a sexual partner.
- When someone is first infected with HIV, the amount of virus in the body is very high, and the risk of transmitting HIV to a sexual partner is also very high.

✓ ART

- Research has shown that early initiation of ART for persons living with HIV can reduce rates of transmission to uninfected partners by as much as 96 percent.
- It is important to note that although treatment can significantly reduce transmission, the use of ART does not completely eliminate the possibility of transmission, so persons on ARV medication must still use condoms with each encounter with a sexual partner.

✓ Condom use

- Correct and consistent use of condoms significantly reduces the likelihood of HIV transmission from an infected partner to an uninfected partner.

- ✓ Sexual risk behavior and other modes of transmission
 - The type of sexual behavior couples engage in can also impact the transmission of HIV, where some sex acts are riskier than others. For example, receptive anal intercourse is more risky than receptive vaginal intercourse, and both are more risky than oral intercourse.
- ✓ Medical male circumcision
 - The protective benefits of medical MC are significant for HIV-negative men who have an HIV-positive partner(s).
 - HIV-negative men who are circumcised are up to 60 percent **LESS** likely to acquire HIV than HIV-negative men who are uncircumcised.
- ✓ STIs or Opportunistic Infections (OIs)
 - The most common way that HIV spreads from person to person globally is through sexual transmission. People who acquire HIV are also at high risk of acquiring other STIs.
- ✓ Frequency of contact
 - Each time an uninfected person has sex with someone who has HIV, he or she is at risk of getting HIV. The more times they have sex, the more likely it is that he or she will become infected.
- ✓ Injury of the genital tract
 - Partners with cuts or abrasions of the membranes of the genital tract are more likely to acquire HIV than partners with intact membranes.
- ✓ Pregnancy
 - When an HIV-negative woman is pregnant, she is at increased risk of acquiring HIV from an HIV-positive partner.
 - Additionally, an HIV-negative man is also at increased risk of acquiring HIV from an HIV-positive partner who is pregnant.
- ✓ Chance/Probability
 - As we saw with the bean exercise, to some extent, HIV transmission relies on probability. It is difficult to say exactly whether the virus will be passed during a specific exposure.
 - Just like you will not always get malaria from a single mosquito bite, or you cannot predict whether you will have a baby girl or a baby boy, we cannot predict when HIV transmission will occur.

- ✓ Remember that couples can remain discordant for a long period. We have seen how many factors can influence the transmission or acquisition of HIV. On the other hand, we have also seen that unless discordant couples receive testing and counseling to learn their status and subsequently take steps to reduce the risk of transmission, many HIV-negative partners will become infected with HIV from their positive partners.
- ✓ As providers, it is critical that we take the opportunity to counsel discordant couples and support them to keep themselves healthy and protect the HIV-negative partner.

Benefits of CHTC With Discordant Couples

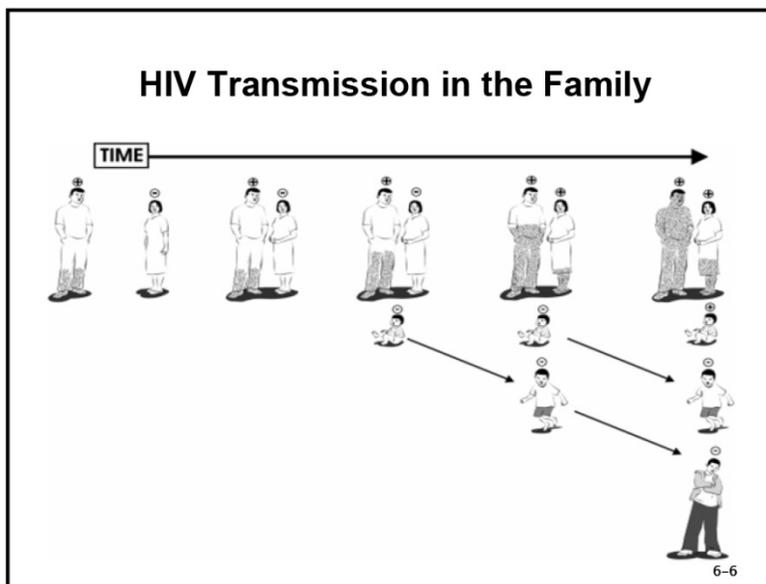
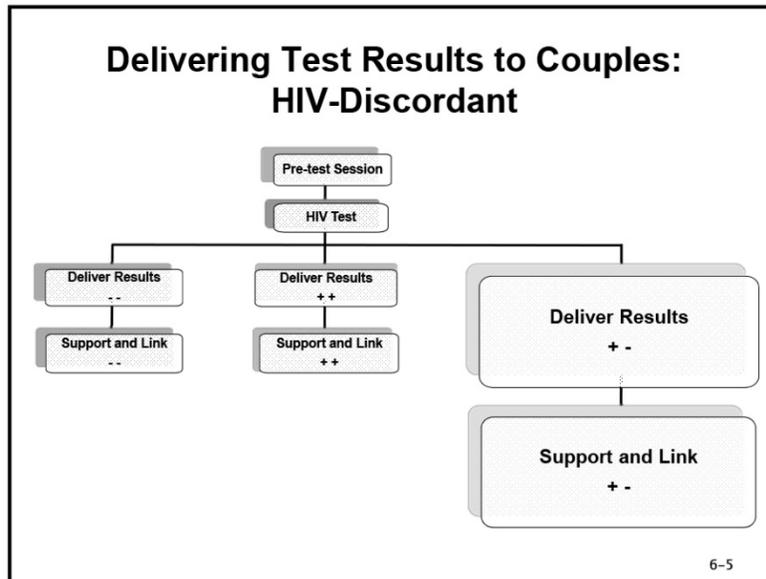
HIV Prevention in Discordant Couples

- ❖ CHTC supports couples to
 - learn their HIV status together
 - increase condom use
 - reduce sex with outside partners
- ❖ CHTC contributes to PMTCT outcomes.
 - couples more likely to use ART following CHTC
- ❖ Many couples do change their behavior after CHTC.

6-4

- ✓ CHTC helps reduce HIV transmission risk among discordant couples by supporting couples to learn their HIV status together, increase condom use, and reduce sexual activity with partners outside the relationship.
- ✓ CHTC also contributes to PMTCT outcomes, as couples who learn their HIV status together are more likely to use ART prophylaxis to prevent mother-to-child transmission.
- ✓ Studies have shown that many discordant couples do change their behavior after CHTC.
- ✓ As providers, it is critical that we take the opportunity to counsel discordant couples and support them to keep themselves healthy and protect the HIV-negative partner.

Overview to Communicating Discordance



- ✓ How could CHTC have prevented HIV transmission in the family?

- ✓ Every time we miss an opportunity to test a couple, someone can become infected with HIV.

Explaining Discordance

- ✓ Preventing transmission within a discordant couple is one of the most critical reasons for offering CHTC services.
- ✓ It is also essential that providers help discordant couples accept the accuracy and reality of their test results. Because couples may have difficulty understanding their discordant results, it is important that providers give very simple and clear explanations of discordance. Messages should emphasize the very high risk of the uninfected partner becoming infected unless the couple adopts behaviors to protect the uninfected partner.
- ✓ The language in the points that follow can be helpful for you when you are explaining discordance to couples.
 - It is quite common for couples to be HIV-discordant, as a number of couples have one partner with different HIV test results than the other partner. This may mean that the infection in the negative partner has not happened yet. But if these couples continue to practice unprotected sexual intercourse, there is a high likelihood that the uninfected partner will get infected with HIV, especially if the infected partner is not taking ART.
 - Many factors influence whether HIV is transmitted from one person to another. Some factors increase the likelihood that HIV will be transmitted, while others decrease the possibility that HIV will be transmitted. Since many of these factors occur within the body, such as HIV viral load and immune system responses, and cannot be seen, it is not possible to know when HIV transmission will occur. It is essential to take precautions to protect the HIV-negative partner from becoming infected with HIV.
- ✓ To explain discordance, it is sometimes helpful to use analogies with examples from things that might be more familiar to people.
 - Sometimes a couple may become pregnant the very first time they have sex. For other couples, it may take several years for them to be able to conceive a child. Similarly, HIV may be transmitted the first time a couple has sex or it may be years before it is transmitted.
 - Although an entire household is exposed to the same mosquitoes, one person in the household may come down with malaria while others do not. Over time, though, almost everyone with ongoing exposure to mosquitoes develops malaria. The only way to prevent malaria is to prevent exposure to mosquitoes. The only way to prevent HIV is to take precautions to avoid exposure to the virus.
 - Termites may invade one tree while an adjoining tree may be free from termites. Yet, once the farmer discovers that the one tree has been damaged from termites, he takes precautions and treats the adjoining tree to prevent this tree from the termites. He knows that, without this treatment, the other tree will eventually become diseased. Similarly, without risk reduction, the HIV-negative partner remains at risk of becoming infected with HIV.

Criteria for Giving Effective Explanations of Discordance

Explaining Discordance

Explanations about discordance should:

- ❖ Be clear and accurate
- ❖ Diffuse difficult discussions about being unfaithful and how the virus got in the relationship
- ❖ Dispel myths

Proper explanations can:

- ❖ Increase acceptance
- ❖ Enhance risk reduction

6-8

- ✓ Be clear and accurate.
- ✓ Enhance risk reduction.
- ✓ Diffuse potential discussion regarding the infected partner being unfaithful and having brought HIV into the relationship.
- ✓ Dispel myths about discordance.

Communicating Discordance

- ❖ What providers say can affect each client in different ways and on many levels.
- ❖ Words, information and explanations can have several meanings and interpretations.
- ❖ A provider should assess how his/her messages may be heard, perceived, and interpreted.

6-9

- ✓ The words that the provider chooses to say in the session affect each client in different ways and on many levels. Words, information, and explanations can have several meanings and interpretations. A provider should listen carefully to his or her own choice of words and phrases and assess how his or her messages may be heard, perceived, and interpreted.

Goals of the Post-test Session With Discordant Couples

**Provider Goals for Post-test Session
with HIV-Discordant Couples**

- ❖ Ensure that couples understand and accept their test results and know what steps to take next.
- ❖ Provide a clear and accurate explanation of discordance.
- ❖ Encourage the couple to commit to risk reduction.
- ❖ Ensure the couple understands the health and prevention benefits of receiving care and treatment.
- ❖ Discuss mutual disclosure.

6-10

- ✓ For providers, the goals of the post-test session are to
 - ensure that the couple understands and accepts their test results and knows what steps to take next;
 - provide a clear and accurate explanation of discordance;
 - encourage the couple to commit to risk reduction;
 - ensure that the couple understands the health and prevention benefits of receiving care and treatment;
 - discuss mutual disclosure.
- ✓ Using the CHTC approach, the provider has an opportunity to help discordant couples deal with their results and, most importantly, to reduce the risk of transmission.

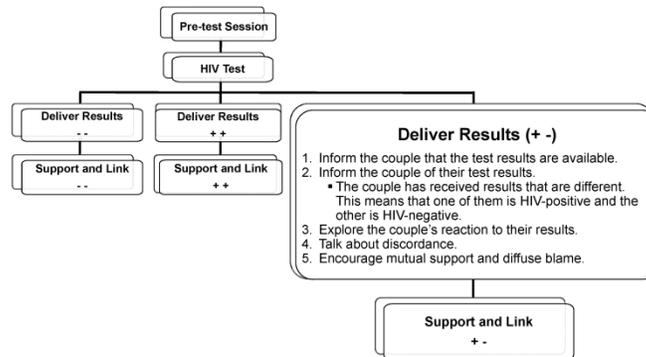
Delivering HIV-Discordant Test Results

HIV-Discordant Couples: Providing Results

1. Inform the couple that the test results are available.
2. Inform the couple of their test results.
 - Test results are different. One partner is HIV-positive and one is HIV-negative.
3. Explore the couple's reaction to their results.
 - Allow the couple time to think about the results and ask any questions.
 - Assess the couple's feelings and reactions.
 - Answer any questions about the test results.
4. Talk about discordance.
5. Encourage mutual support and diffuse blame.

6-12

Delivering Test Results to Couples: HIV-Discordant

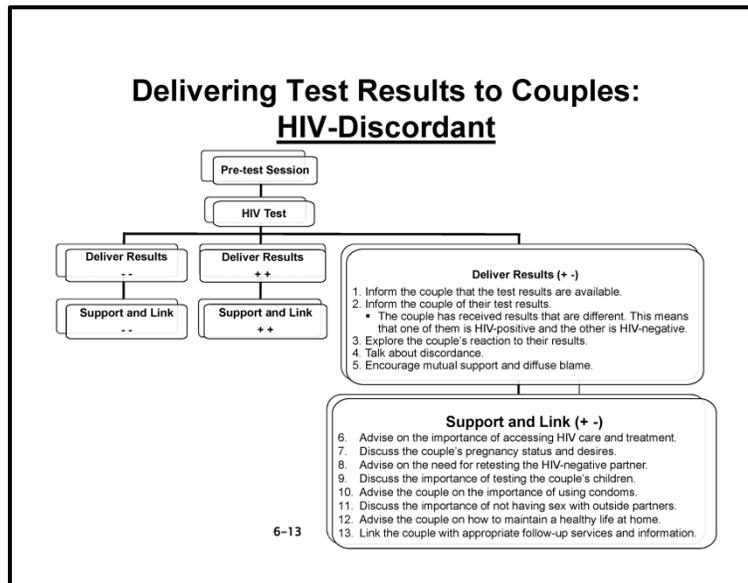


6-11

- ✓ Step 1: Inform the couple that their results are available.
- ✓ Step 2: Inform the couple of their test results.
 - State that the couple has received results that are different, which means that one partner is infected with HIV and the other is not. Pause briefly for the couple to absorb the implications of the results.
 - After the brief pause, you will provide the HIV-positive partner with his or her result.

- You do not need to tell the HIV-negative partner that they are negative because you have already told the couple that their results are different. It is important to give the results this way so that the couple can focus on how to support the HIV-positive partner.
 - If they are available, show the test results or test strips to the couple so they can see the results for themselves.
- ✓ Step 3: Explore the couple's reaction to their results.
- Again, you will allow the couple time to think about their test results, to collect and express their thoughts and emotions.
 - Make sure that the couple has an accurate understanding of their HIV-discordant test results and their meaning and implications. Remember to dispel any beliefs that the couple may have that can undermine prevention.
 - Offer genuine empathy and support for both the couple as a unit and for the HIV-positive partner.
 - The provider should also ease blame and encourage support for the infected partner.
 - Answer any questions that the couple might have about their test results.
- ✓ Step 4: Talk about discordance.
- Use the criteria mentioned earlier when explaining discordance to a couple.
- ✓ Step 5: Encourage mutual support and diffuse blame.
- This is similar to what you learned for concordant HIV-positive couples.
 - Remind them that they have done well to come in and get an HIV test today and that they can now get the care and treatment they need.
 - Focus on supporting each other and preventing transmission.
 - Try to diffuse any discussion about the HIV-positive partner being unfaithful or introducing HIV into the relationship.

Delivering HIV-Discordant Test Results: Importance of Medical Care



**HIV-Discordant Couples:
Providing Support and Linkages**

6. Advise on the importance of accessing care and treatment for HIV.
 - Access treatment to stay healthy and live a long time.
 - If not eligible for treatment, still go to the clinic regularly.
7. Discuss the couple's pregnancy status and desires.
 - If HIV-positive woman pregnant, access PMTCT.
 - Plan safer pregnancy with the assistance of a provider.
 - Use contraception to prevent unplanned pregnancies.
8. Advise on the need for retesting the HIV-negative partner.
9. Discuss the importance of testing the couple's children.

6-14

- ✓ Several of the messages for the discordant post-test session are similar to the messages of the concordant positive post-test session.
- ✓ After the couple has accepted their HIV test results, you will transition the session toward linking the couple with the follow-up care, treatment, and prevention services required to manage the HIV-positive partner's infection and prevent transmission to the HIV-negative partner.

- ✓ Step 6: Advise the couple on the importance of accessing care and treatment for HIV.
 - Just like with concordant HIV-positive couples, you will inform the couple that treatment is available for HIV and that treatment can help the HIV-positive partner stay healthy and live a long, full life.
 - You should also inform the couple that getting the HIV-positive partner on treatment can help prevent transmission to the negative partner by as much as 96 percent.
 - They will still need to use other preventive measures like condoms, but you should emphasize the importance of care and treatment for both the HIV-positive partner's health and for the protection of the HIV-negative partner.
 - Let the couple know where they can access care and treatment services and facilitate entry into care and treatment for the HIV-positive partner.

- ✓ Step 7: Discuss the couple's pregnancy status and desires.
 - If the HIV-positive partner is the woman and she is pregnant, discuss the importance of accessing PMTCT services and taking ARV prophylaxis to reduce the risk of transmitting HIV to her baby.
 - Discuss the increased risk of HIV acquisition in men during pregnancy and the importance of using condoms every time they have sex to prevent infecting the male partner.
 - If the couple is not currently pregnant, but is planning to have children, it is important to discuss this with their health care providers who can help them plan a safer conception and pregnancy and reduce the risk of transmitting HIV to their child (Matthews, 2009).
 - Inform the couple that if a woman seroconverts during pregnancy or breastfeeding, she is more likely to transmit HIV to her baby. If either partner is on treatment, this will also reduce the likelihood of passing HIV to the uninfected partner and the baby.
 - If the couple is not planning to have children, the couple should also understand the role of family planning and contraception to prevent unplanned pregnancies.

- ✓ Step 8: Advise on the need for re-testing the HIV-negative partner.
 - Note the possibility that a recent exposure may indicate the need for re-testing.
 - If the HIV-negative partner has had a recent exposure (within the last three months), he or she may need to be re-tested and should come back for another HIV test in 4 weeks. This is because the HIV test done today cannot detect HIV antibodies if HIV was acquired recently.
 - If the HIV-negative partner has not had a recent exposure (within the last three months), he or she should still be informed of the possibility of acquiring HIV in the future, especially if the couple does not use condoms.

- The HIV-negative partner in a discordant couple should get re-tested at least every year to confirm that he or she has remained HIV-negative.
- ✓ Step 9: Discuss the issue of HIV testing of children.
 - If the woman is HIV-positive, there is a possibility that the couple's children may have become HIV-positive either during pregnancy or delivery, or while the mother was breastfeeding.
 - The provider should encourage the couple to bring their children for HIV testing so that, if the children are HIV-positive, they can receive the care and treatment they need.

Importance of Risk Reduction

- ✓ Discordant couples may remain that way for a long time, sometimes even years, without knowing their HIV status or reducing their risk. However, if they do not take steps to protect the negative partner from HIV, the partner will likely eventually become infected.
- ✓ For a discordant couple, it is very important for the HIV-negative partner to stay negative. The negative partner can be a source of support for the positive partner, both emotionally and with his or her HIV care and treatment.
- ✓ Should the positive partner become ill or die, having an HIV-negative, healthy partner can help ensure the well-being of any children or the household.

**HIV-Discordant Couples:
Providing Support and Linkages (cont.)**

10. Advise the couple on the importance of using condoms.
 - Assess knowledge of how to use condoms.
 - Demonstrate and distribute condoms.
11. Discuss the importance of not having unprotected sex with outside partners.
12. Advise the couple on how to maintain a healthy life at home.
13. Link the couple with appropriate follow-up services and information.
 - Care and treatment clinic, PMTCT services
 - STIs, family planning
 - Medical male circumcision
 - Community organizations, support groups, VCT

6-15

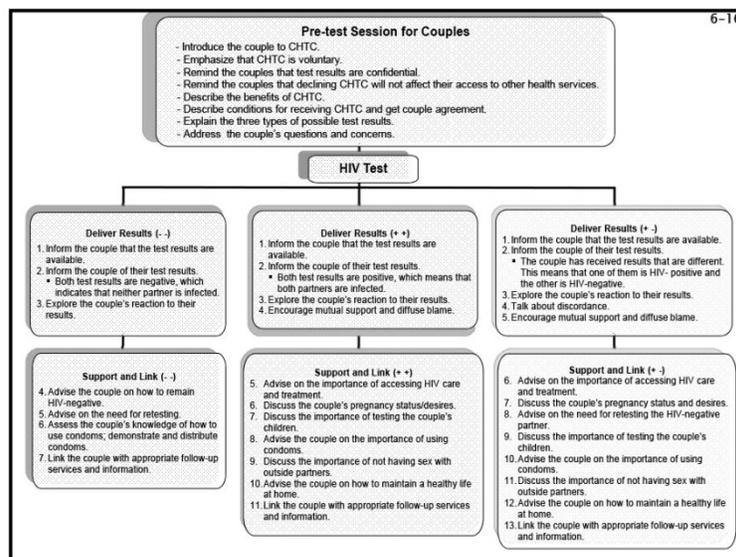
- ✓ Step 10: Advise the couple on the importance of using condoms.
 - One option for preventing HIV transmission within discordant couples is for the couple to stop having sex with each other.

- Discordant couples who continue having sex should be reminded that using condoms does three things:
 - Protects the HIV-positive partner from passing HIV or other STIs to the HIV-negative partner(s).
 - Protects the HIV-positive person from getting other infections from his or her partner(s).
 - Reduces unplanned pregnancies.
 - The provider should explain that condoms must be used every time they have sex to reduce the risk of passing HIV to the negative partner.
 - It is important to assess the couple's knowledge of how to use condoms since some people might not know.
 - If the couple does not know how to use a condom, or if you are unsure whether they know, provide a condom demonstration for the couple.
 - You can also ask one or both of the partners to demonstrate using the model, correcting any mistakes they may have made once they have finished.
 - Provide the couple with condoms and let them know where they can access more condoms in the future.
- ✓ Step 11: Discuss the importance of not having unprotected sex with outside partners.
- The provider should reinforce the importance of not having unprotected sex with outside partners. If they do have any outside partners, they should use a condom every time to prevent transmitting HIV to anyone else and to protect the partners from getting other infections.
 - The couple should be advised to reduce their number of sex partners.
 - If they have outside sex partners, it is very important that the outside partners understand that they may be at risk for HIV and that they get tested for HIV.
 - Again, any discussion of HIV transmission to partners outside of the relationship should be handled carefully and in general terms.
- ✓ Step 12: Advise the couple on how to maintain a healthy life at home.
- The provider should reinforce that the couple will need to play an active role in maintaining and preserving the health of the HIV-positive partner.
- ✓ Step 13: Link the couple to appropriate follow-up services and information.
- Link the HIV-positive partner to the HIV care and treatment clinic of his or her choice for ongoing care and treatment.
 - Link pregnant HIV-positive women to PMTCT services for interventions to prevent transmission to the baby.

- Assess the couple's need for STI treatment, family planning and contraceptive services, safer conception, and safer pregnancy counseling. Link the couple to these services as needed.
- Recommend HIV-negative men who are uncircumcised to medical male circumcision services.
- The couple may also benefit from being linked to counselors or community organizations that can provide more information or services.
- Some clinics and communities may have support groups for HIV-discordant couples that can offer good support for couples who are just finding out they are discordant.
- Let the couple know that they may refer any other partners to the health facility or VCT site for HIV testing, if needed. They may also access the health facility or VCT site for additional follow-up counseling, if they need it.

✓ Are there any other linkages you may need to make for HIV-discordant couples?

CHTC Protocol Summary



MODULE SEVEN: LOGISTICS AND IMPLEMENTATION OF CHTC

GOAL:

The goal of Module Seven is to discuss practical and logistical issues related to implementation of CHTC in health facility settings and to identify strategies for addressing challenges with implementation.

LEARNING OBJECTIVES:

By the end of this module, you will be able to

- ✓ plan for implementation of CHTC in various health facility or clinic contexts
- ✓ discuss how patient flow may or may not need to change in order to accommodate couples in various health facility or clinic contexts
- ✓ identify strategies for assessing and addressing challenges with CHTC implementation in various health facility or clinic contexts
- ✓ discuss key data needs for monitoring and evaluating CHTC in your health facility setting
- ✓ identify strategies for promoting CHTC services and making health services more male-friendly
- ✓ map out a work plan for incorporating CHTC services into your health facility setting

Objectives for Module Seven

By the end of this module, you will be able to

- ❖ Plan for implementation of CHTC in various health facility or clinic contexts
- ❖ Discuss how patient flow may or may not need to change in order to accommodate couples in various health facility or clinic contexts
- ❖ Identify strategies for assessing and addressing challenges with CHTC implementation in various health facility or clinic contexts
- ❖ Discuss key data needs for monitoring and evaluating CHTC in their health facility setting
- ❖ Identify strategies for promoting CHTC services and making health services more male-friendly
- ❖ Map out a work plan for incorporating CHTC services into their health facility setting

7-2

LOGISTICS AND IMPLEMENTATION OF CHTC IN HEALTH FACILITIES

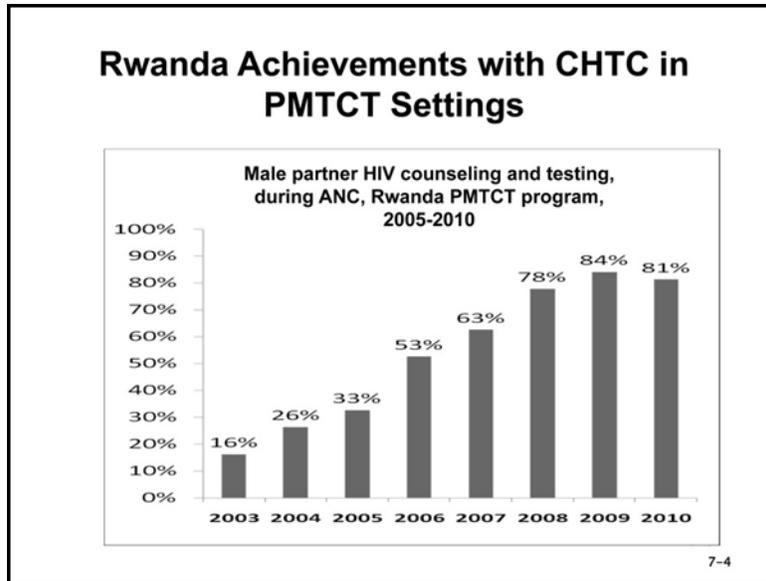
Examples of Successful Programs

Successful Programs: Rwanda

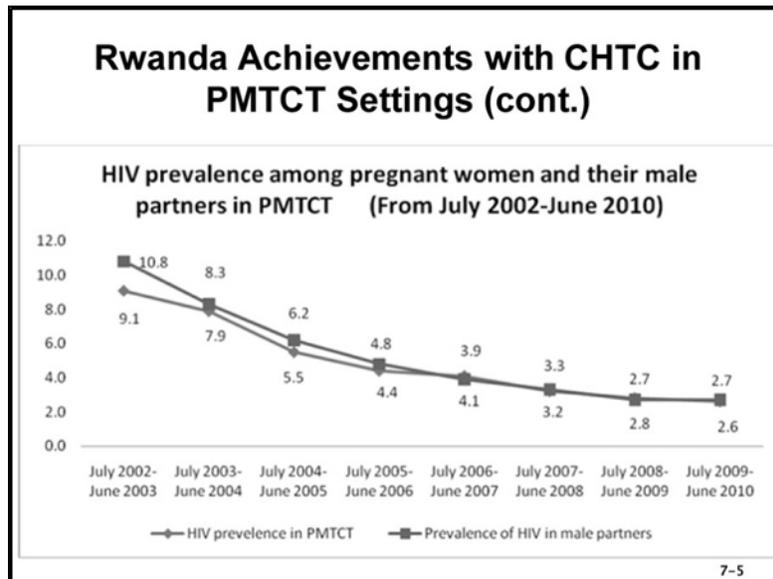
- ❖ 1988—CHTC began as research project.
- ❖ 2001-Implementation in ANC piloted at 2 clinics.
 - 50% women attending ANC were tested with partners
 - women tested with partners were more likely to deliver in a health facility
- ❖ 2003 Government of Rwanda convened a national meeting on CHTC.
 - established target of providing CHTC to 10% of all couples by 2010
- ❖ Now more than 84% of women who test in ANC do so with their partners.

7-3

- ✓ In Rwanda, CHTC began with a small research project as early as 1988, and implementation of CHTC in antenatal clinics was piloted at two clinics in 2001.
- ✓ In 6 months of implementation, nearly 50 percent of women attending ANC received HTC with their partners, and the proportion of women who gave birth in a health facility was higher among women who were tested together with their partners compared with those that were tested alone.
- ✓ The government of Rwanda convened a national meeting on couples HIV testing and counseling in 2003 and established a target of providing CHTC to 10 percent of all couples in Rwanda by 2010.
- ✓ Providers were trained, guidelines were updated to include CHTC, invitation letters were provided to women to invite their partners for CHTC, and community health workers were engaged to promote CHTC in the community.
- ✓ At some sites, services were provided on the weekends to meet couples' needs better, and in some urban clinics, transportation costs were reimbursed for couples attending CHTC services on the weekends in order to drive up initial demand.



- ✓ Rwanda made progress over time, beginning with 16 percent of male partners of pregnant women in PMTCT receiving CHTC in 2002. Today, more than 84 percent of women who receive an HIV test in ANC in Rwanda do so with their partners.



- ✓ HIV prevalence among couples testing in PMTCT settings has decreased over time.
- ✓ This is due in part to the fact that when CHTC started, it was primarily occurring in urban centers with higher HIV prevalence.

- ✓ Over time, these services became integrated into PMTCT settings throughout the country and are now occurring at all ANC settings nationwide.

Factors that Led to Rwanda’s Success in Integrating CHTC

Successful Programs: Rwanda (cont.)

- ❖ Factors that contributed to Rwanda’s successes:
 - strong political commitment at all levels
 - mobilization and education by community health workers, invitation letters
 - training service providers throughout country
 - flexible hours, including weekend services
- ❖ Even though people think ANC is not male-friendly, it can be.
- ❖ Rwanda is now developing a program for follow-up of all discordant couples.

7-6

- ✓ Through these approaches: strong political commitment, mobilization and education, training service providers, and providing services at flexible hours, Rwanda has achieved great successes providing CHTC in antenatal clinics.
- ✓ Many people think that men will not come to ANC because it is not a male-friendly environment, but this example from Rwanda shows us that men will, and do, come to ANC for CHTC.
- ✓ Now that they have achieved such successes with CHTC in ANC, Rwanda has recently developed a program, tools, and guidance for the routine follow-up of discordant couples.
- ✓ The success of Rwanda can serve as motivation for us as we work to expand CHTC in our own health facility settings.

Linking Couples to Appropriate Follow-up Services

- ✓ What are some ways that you are currently linking patients to these follow-up services after they receive HIV testing and counseling?

- ✓ What are the most effective ways that you have been using to ensure that HIV-positive patients get into care and treatment?

Importance of Linkage

- ❖ Once diagnosed, couples must be actively linked with HIV prevention, care, and treatment services to:
 - protect own health (Crum et al., 2006)
 - reduce risk of transmission to uninfected partners (Donnell et al., 2010)
- ❖ Many newly diagnosed patients do not enroll in HIV care and treatment (Micek et al., 2009) OR they do not stay enrolled in care and treatment (Rosen et al., 2011).
- ❖ As many as 80% of newly diagnosed patients do NOT start treatment (Rosen et al., 2011).

7-7

- ✓ It is very important that once couples have been diagnosed, they are actively linked with appropriate prevention, care, and treatment services in order to protect their own health and to reduce the risk of transmission to uninfected partners.
- ✓ However, many newly diagnosed patients either do not enroll or do not stay enrolled in HIV care and treatment services after diagnosis.
- ✓ Some studies suggest that as many as 80 percent of newly diagnosed patients do NOT start treatment.
- ✓ It is especially important that CHTC programs do not stop at providing test results to couples but actively attempt to link patients with appropriate follow-up services.

Linkage = “the means of connection”

- ❖ Following CHTC, persons requiring additional HIV services (prevention, care, treatment or support) are connected to and receive these services.
- ❖ Mode of connection can be...
 - provider-initiated or patient-initiated
 - direct or facilitated referral
- ❖ Linked services can be...
 - integrated, co-located, or at another site
 - facility-or community-based
 - clinical or psychosocial
- ❖ A CHTC provider is responsible for ensuring patients are linked with follow-up services.



7-8

- ✓ When we talk about linkage, we are talking about the means of connection—that is, how we ensure that couples are connected with and receive these services.
- ✓ The way we do this can be either provider-initiated or patient-initiated and can be either direct or facilitated.
- ✓ In some cases, the services that we link patients with can be integrated or co-located within our health facility, but they might also be located at another site.
- ✓ They may be located in the community, and they can include both clinical services as well as psychosocial support services.
- ✓ It is the responsibility of the CHTC provider to ensure that patients are linked with follow-up services.

Challenges of Linking Clients with Necessary Services

- ✓ What are some of the challenges that providers have faced with linking clients to services?

- ✓ What are some challenges for the clients themselves in accessing services?

- ✓ What are some other barriers (e.g., policies; resources; clinic capacity) to linkage?

Patient/Couple Challenges

Patient/Couple Challenges with Linkage

- ❖ Denial of test results
- ❖ Immediate receipt of services not necessary; still feel healthy
- ❖ Other comorbidities require attention
- ❖ Stigma/confidentiality concerns associated with being HIV-positive
- ❖ Time/financial issues (long clinic waiting times, time taken off of work, loss of wages)
- ❖ Nonsupportive family members or concern that family won't be supportive

7-9

- ✓ Denial of test results
 - If the couple does not accept their test results, they may not be willing to seek follow-up services such as care and treatment.
- ✓ Feel healthy
 - If the partners in the couple do not feel sick, they may have a hard time accepting the importance of seeking care and treatment services.
 - Providers should explain that it is important to seek care early and to attend clinic visits regularly so that they stay healthy and get treatment when it is needed.

- ✓ Other comorbidities require attention
 - The couple may have other illnesses or comorbidities other than HIV that need immediate attention.
- ✓ Stigma/confidentiality concerns associated with being HIV-positive
 - Couples may not feel comfortable with their HIV status or may fear that they will be stigmatized if they are seen attending the HIV care and treatment clinic.
 - They may also fear disclosing their HIV status to their children.
- ✓ Time/financial issues
 - Couples may have to take time off from work and may risk losing wages to attend follow-up services.
 - They may be challenged by transport costs, food insecurity, and concerns over the sustainability of treatment.
- ✓ Non-supportive family members
 - If a couple's family members are not supportive of them seeking HIV care and treatment, it may be hard for the couple to attend these services.

Provider Challenges with Linkage

Provider Challenges with Linkage

- ❖ Lack of education or emphasis on the importance of care provided to patients
- ❖ Unclear/incomplete referral instructions
- ❖ Unfamiliarity with referral site services and procedures
- ❖ Poor follow-up or lack of resources to ensure service delivery and receipt of services

7-10

- ✓ Lack of education or emphasis on the importance of care provided to patients
 - If providers do not understand the importance of early HIV care and treatment for HIV-positive clients, or if they fail to understand the risks associated with entering care and treatment late, they may have a difficult time explaining this to patients and couples.

- ✓ Unclear/incomplete referral instructions
 - If a clinic does not have clear guidelines for how patients and couples should be linked with follow-up services, providers may have a difficult time facilitating these linkages.
 - Clinics should have clearly outlined roles and responsibilities so that providers understand the referral and linkage procedures.
- ✓ Unfamiliarity with referral site services
 - Providers who are unfamiliar with the referral sites and their services and policies will not be able to provide strong referrals for their patients and couples.
 - Providers should familiarize themselves with all the referral sites in the area and, ideally, should establish a contact at the referral site to whom they can refer couples at a designated time.
- ✓ Poor follow-up or lack of resources to ensure service delivery and receipt of services
 - Some clinics will not have resources in place to ensure that patients make it to the referral site.
 - Ideally, sites should establish a system for tracking referrals and should work to ensure that couples actually access services.

Structural Challenges with Linkage

Structural Challenges to Linkage

- ❖ Anonymous testing
- ❖ Ill-defined processes between services; separate service ID numbers
- ❖ Different service models (co-located, separate sites)
- ❖ Clinic registration fees
- ❖ Capacity of care system
- ❖ Different definitions for a “successful” linkage

7-11

Anonymous testing

- ✓ Sites that still use anonymous testing protocol—that is, they do not take the names of patients who are getting an HIV test—may have a harder time linking patients with follow-up services.
- ✓ Ill-defined processes between services; separate service ID numbers
 - If an HIV testing and counseling location uses one unique ID number for a patient, and an HIV care and treatment site uses another unique ID number, it is difficult to track patients, even within the same health facility.
- ✓ Different service models (co-located, separate sites)
 - When services are not located in the same facility, it can be more difficult to track patients from CHTC to care and treatment.
 - Co-located services may have an easier time facilitating and monitoring linkages.
- ✓ Clinic registration fees
 - Clinics that charge a fee for HIV testing and counseling, or for other follow-up services, may deter patients from utilizing these services.
- ✓ Capacity of care system
 - Some HIV care and treatment clinics are already seeing the maximum number of patients that they can handle.
 - This leads to long wait times, or even a delay in getting people treatment when they need it.
- ✓ Different definitions for a “successful” linkage
 - Some sites suggest that linkage occurs when a patient makes one visit to the follow-up service; others suggest that linkage does not occur until a patient makes at least three routine visits to the service, ensuring that they will attend regularly.
- ✓ Are there any other challenges to ensuring successful linkage?

Linkage to Care Models

Existing Linkage to Care Models

- ❖ Strengthening of CHTC and education
 - comprehensive list of referral services
 - provider visits to referral sites to learn about services available to clients/patients
 - motivational counseling
- ❖ Facilitating linkage to follow-up services
 - patient escorts (e.g., nurses, lay counselors, etc.) or “expert patients”
 - transportation assistance for linkage supporters and/or clients, patients
 - incentives

7-12

- ✓ Strengthening of CHTC and education
 - This may include things like developing a comprehensive list of referral services in the area and keeping an updated list of their service delivery times and services offered.
 - Providers may also wish to visit the referral sites. This will help providers give more comprehensive information to patients and couples about the referral sites.
 - Motivational counseling has also been used to encourage linkage with follow-up services. Through motivational counseling, providers and couples identify personal reasons that make follow-up services very important to the couple or patient.
 - An example might be to think about the couple’s children and the impact that rapid progression of the disease would have on the family life. If a couple understands that it is important for them to keep themselves and their family healthy for the sake of their children, they may be more willing to seek follow-up services.
- ✓ Facilitating linkage with follow-up services
 - Sites can establish systems to actively engage patients in seeking follow-up services or can actively facilitate these linkages for patients.
 - Some programs have had success with patient escorts, such as nurses, counselors, or expert patients who physically walk patients to the HIV care and treatment clinic and wait for them to be enrolled and see a clinician.
 - Other sites have found that providing transportation assistance or financial incentives can help couples access services.

Existing Linkage to Care Models (cont.)

❖ Tracking

- electronic database of health records
- provider-issued smart cards, cell phones
- patient SMS reminders, phone calls
- follow-up home-visits (especially home-based HTC programs)
- 2-part referral slips (1-client/1-clinic, match when enrollment occurs)

7-13

✓ Establishing tracking systems

- Some countries or programs have established electronic medical records, whereby the patient has one unique identifier and can be tracked throughout the health care system. In this method, a provider could easily pull up a patient's files to see if he or she has attended follow-up services.
- Cell phones are also used to track patients through the health system. Providers can use SMS messages to send a clinic information about whether a patient attended follow-up services.
- Some clinics have established home visit programs, where patients are visited in the home to assess whether they have attended follow-up services or to check on their health status. This is especially common in home-based HTC programs.
- Referral slips can also be used, where the HTC site keeps one half of the form and the patients get the other half of the form to take to the clinic when they attend. At the end of the month, the referral slips can be matched up to determine how many patients sought follow-up services.

Importance of Data Collection, Reporting, and Data Use

Monitoring and Evaluation

- ❖ The process of using clean data to assess how services are performing and if program objectives are being met
- ❖ Allows us to check the progress of CHTC programs and adjust service delivery as necessary

7-14

- Monitoring and evaluation (M&E) refers to the process of using clean data to assess how services are performing and determine whether program objectives are being met.
- Monitoring and evaluating our CHTC program allows us to check the progress of these newly implemented services and make changes in service delivery based on your M&E data.

Benefits of M&E for CHTC

Monitoring Program Activities

Monitoring our CHTC services allows us to

- ❖ Determine if we are meeting the needs of our patients
- ❖ Assess the number of couples served and whether we are meeting our program objectives
- ❖ Inform health facility management and public health policy-makers so that they can plan for the future
- ❖ Report to stakeholders and manage finances for the program

7-15

- ✓ Determine if we are meeting the needs of our patients
 - For example, if patients are not coming with their partners, we might question what we can do better to serve couples and to meet their needs.
- ✓ Assess how many couples we are serving and whether we are meeting our program objectives
 - For example, it is helpful to know how many couples we tested this month and what proportion of all of our HTC patients were tested as couples.
- ✓ Inform health facility management and public health policy-makers so that they can plan for the future data on the number of couples receiving HTC. This can help program management know how many HIV test kits need to be ordered each month and whether services need to be modified to meet the high demand of couples.
- ✓ Report to stakeholders and manage finances for the program
 - Data from our programs typically are reported to the Ministry of Health and donors so that they can assess how well a program is doing and whether resources need to be redirected to achieve certain goals or targets.

Limitations of Using Monitoring and Reporting Tools that Do Not Include Data Elements that Address CHTC

Limitations of Monitoring and Reporting That Does Not Account for Couples

- ❖ Not possible to tell if two clients are partners and if they were counseled and tested together
- ❖ No documentation of discordant couples for follow-up
- ❖ No information on seroconversion of HIV-negative partners

7-16

- ✓ When monitoring and reporting tools do not include data elements that address CHTC, it is not possible to track some of the key benefits of CHTC in an HIV prevention program.
- ✓ For example, it would not be possible to:
 - Know if two clients are partners and if they received CHTC or their test results together
 - Document follow-up of discordant couples, including regular re-testing of the HIV-negative partner and assessing successful linkages of the HIV-positive partner with prevention, care, and treatment services
 - Document seroconversion of HIV-negative partners in a discordant couple

Key Points Regarding CHTC Data Collection

Key Considerations for CHTC Data Collection

- ❖ The way we capture data on CHTC will depend on the clinic setting and how couples attend the facility.
 - Partner 1 first, then Partner 2
 - Partners 1 and 2 at the same time
 - Partner 1 first, then Partner 1 and 2 together

7-17

Scenario 1

Jane comes to the clinic, is tested and is told her HIV status. Sammy comes the following week for HIV testing but he is not with Jane.

Scenario 2

Fred and Susan come into the clinic together to learn their HIV status at the same time. They receive HIV testing and counseling together and learn their results together. Their data are entered into a logbook together, and they are each given a patient code as well as a couple code. All data are entered together in the standard data collection tools.

Scenario 3

William and Martha come to the clinic together. Martha has been tested before and already knows her HIV status. The couple is seen by the provider together, but only William is tested at this time. Martha has her patient code so that the provider is able to link William's HIV test results with Martha's test results, and the couple is given a couple code. The provider is able to discuss the results of the couple together, facilitating mutual disclosure of HIV status and follow-up care.

Why is it useful to capture both the individual test results and the couple's test result?

Additional Key Considerations

- ❖ Record information on test results of both individuals
 - M+, F+
 - M-, F-
 - M+, F-
 - F+, M-
- ❖ Also record the couple's test results
 - Concordant HIV-negative
 - Concordant HIV-positive
 - HIV-discordant

7-18

- ✓ If we have a discordant couple, it is important to know which partner is HIV-positive and which is HIV-negative so we know what services to which to link the patients.
 - This will also help us in following up with the partners to see if they have accessed the necessary care, treatment, and prevention services.
- ✓ It is important to also record the couple's HIV test results as a unit so that we can easily report how many HIV-discordant couples we have identified, as well as how many concordant HIV-positive and concordant HIV-negative couples.

Examples of Country Data Collection Tools

HTC Logbook

7-19

Example HTC Logbook

Generic HIV Testing and Counseling Logbook

Year _____ Facility _____ Clinic/Ward _____

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Serial No.	Patient/Client Code	Couple Code	Age (Years)	Sex	Date Tested (dd/mm/yy)	HIV Test 1 Kit Name Lot No. Expiration Date / /	HIV Test 2 Kit Name Lot No. Expiration Date / /	Final Results**	Final Results Delivered	Tested As	Tested (Individual)	Linked To	Linkage Successful	Comments
				M F	/ /	NR R INV	NR R INV	NEG POS IND	Y N	I C			Y N	
				M F	/ /	NR R INV	NR R INV	NEG POS IND	Y N	I C			Y N	
				M F	/ /	NR R INV	NR R INV	NEG POS IND	Y N	I C			Y N	
				M F	/ /	NR R INV	NR R INV	NEG POS IND	Y N	I C			Y N	
				M F	/ /	NR R INV	NR R INV	NEG POS IND	Y N	I C			Y N	
				M F	/ /	NR R INV	NR R INV	NEG POS IND	Y N	I C			Y N	
				M F	/ /	NR R INV	NR R INV	NEG POS IND	Y N	I C			Y N	
				M F	/ /	NR R INV	NR R INV	NEG POS IND	Y N	I C			Y N	
				M F	/ /	NR R INV	NR R INV	NEG POS IND	Y N	I C			Y N	
				M F	/ /	NR R INV	NR R INV	NEG POS IND	Y N	I C			Y N	
				M F	/ /	NR R INV	NR R INV	NEG POS IND	Y N	I C			Y N	
				M F	/ /	NR R INV	NR R INV	NEG POS IND	Y N	I C			Y N	

- ✓ The logbook is capturing not only the patient code but also the couple code so that patients can be linked with each other. This code also appears on the patient card for both partners in the couple.
- ✓ Also, this book is capturing whether the couple was tested as individuals or as a couple.
- ✓ Remember, the provider only circles “C” for “couple,” if the couple is tested and counseled together and receives their results together or if they are tested separately and come together to disclose their results to each other at the clinic.

PMTCT Register

7-20

Guyana National PMTCT Register

HIV serostatus this pregnancy													
Known Positive at Entry	New Admissions: 1st Test			Revisits: 1st Test			32 - 34 wks: Retest		Partners		Couples		
	Date Tested	Date Pt Received results and Post Test Counseling	HIV Test Result	Date Tested	Date Pt Received results and Post Test Counseling	HIV Test Result	Date Tested	HIV Test Result	Date Tested	HIV Test Result	Couple Counseled, Tested, and Disclosed	Couple Test Result	
	24	25	26	27	28	29	30	31	32	33	34	35	36
Y/N	DDMMYY	DDMMYY	Pos/Neg	DDMMYY	DDMMYY	Pos/Neg	DDMMYY	Pos/Neg	DDMMYY	Pos/Neg	DDMMYY	Pos/Neg	DDMMYY

- ✓ There is space for recording the HIV status of the female partner when she is first admitted for ANC services.
- ✓ This register has been adapted specifically for cases where one partner may be tested initially, and the second partner is tested at a later time.
- ✓ Because of the last column for “couple counseled, tested, and disclosed,” the provider is able to distinguish between partners tested alone and those who mutually disclose their HIV status. The book is capturing not only the patient code, but also the couple code, so that patients can be linked with each other. This code also appears on the patient card for both partners in the couple.
- ✓ Also, this book is capturing whether the couple was tested as individuals or a couple. The provider only circles “C” for “couple” if the couple is tested and counseled together and receives their results together, or if they are tested separately and come together to disclose their results to each other at the clinic.

Monthly Report Form

Tanzania Monthly Report								7-21	
WIZARA YA AFYA NA USTAWI WA JAMII HUDUMA YA USHAURI NASAHA NA UPIMAJI WA VVU MUHTASARI WA MWEZI									
Jina la kituo:		Jina la msimamizi wa mkoa:		Taarifa ya Mwezi:		Mwaka:			
Mkoa:		Namba ya simu ya Msimamizi wa kituo:		Tarehe ya kutoa taarifa:					
Imetokana na rye ya VCT:		PITC:		HBCT:					
	Number	MEN			WOMEN				
		≤14	15-24	25-49	≥ 50	≤14	15-24	25-49	≥ 50
1	Total number of new clients								
2	Total # new clients who received counseling and testing and received results								
3	Total # new clients who tested positive								
4	Total # return clients								
5	Total # return clients who received counseling and testing and received results								
6	Total # return clients who tested positive								
7	Total # clients = new + return								
8	Total # couples received counseling, testing, and received results together								
9	Total # couples with discordant results								
10	Total # concordant positive couples								
11	Total # individuals receiving condoms								
12	Total # clients HIV positive and with TB								
13	Total # clients who tested for TB with TB symptoms								
14	Point of entry								
	-Kiniki ya Kijua Kikuu (Wagonjwa wa nye)								
	-Kiniki ya Magojwa ya zinaa (Wagonjwa wa nye)								
	-Kidira ya magonjwa ya nye								
	-Wagonjwa wakiizwa								
	-Huduma za damu								
	-Huduma za wagonjwa nyumbani								
	-Watoto wanaokwenda wenyewe								
15	Referrals								
	-Kiniki ya tiba na huduma (CTC)								
	-Huduma za kuzua maambukizi toka kwa mama kwenda kwa mtoto (RCH)								
	-Kijua kikuu (TB)								
	-Uzazi wa Mfalango (FP)								
	-Huduma ya Mama na Mtoto (RCH)								
	-Huduma nyinginezo (other)								

- ✓ In this example from Tanzania, in addition to other key indicators, the monthly report captures the total number of couples receiving HIV testing and counseling and receiving their results together.
- ✓ It also captures the total number of couples with discordant results and the total number of concordant positive couples.
- ✓ This information is taken directly from the daily HTC logbook.

PMTCT Monthly Report Form

Guyana PMTCT Monthly Report			7-22
NAME OF FACILITY:		REGION:	
MONTH OF REPORT:		YEAR OF REPORT:	
SECTION 1 - ANTENATAL CLINIC (PMTCT)			TOTAL
1.2.1	Total number of new admissions attending clinic for the month		
1.2.2	Number of new admissions who are known HIV-positive at entry		
1.2.3	Number of new admissions tested for HIV for the first time this pregnancy		
1.2.4	Number of revisits tested for HIV for the first time this pregnancy		
1.2.5	Number of women who received HIV results and post-test counselling for the first time this pregnancy		
1.2.6	Total number of new admissions tested HIV positive for the first time this pregnancy		
1.2.7	Total number of revisits tested HIV positive for first time this pregnancy		
1.2.8	Number of women re-tested for HIV between 32-34 weeks this pregnancy		
1.2.9	Number of women tested HIV-positive for the first time between 32-34 weeks this pregnancy		
1.2.10	Number of couples who were counselled, tested and disclosed HIV status to each other		
1.2.11	Number of partners of pregnant women tested for HIV		
1.2.12	Number of partners of pregnant women tested HIV-positive		

- ✓ This PMTCT monthly report captures the number of couples who were counseled, tested, and received their results together as well as the number of partners who were tested and those who tested positive.
- ✓ In this example, the number of partners of pregnant women who tested for HIV includes those who were tested as a couple as well as those who tested individually.

Key Points for Collecting CHTC Data

What data should be collected and reported?

- ❖ Number of couples who received CHTC (tested, counseled, and received results together)
- ❖ HIV status of each individual partner
 - M+F+ / M-F- / M+F- / M-F+
- ❖ Couple's HIV status
 - ++ / -- / Discordant

7-23

- ✓ The exact data elements captured for CHTC will vary depending on existing data tools, your setting, and how couples attend your facility.
- ✓ At a minimum, the following information should be collected and reported to monitor the progress of our CHTC programs over time:
 - Number of couples who received CHTC (who were tested, counseled, and received their results together)
 - HIV status of each individual partner (M+F+ / M-F- / M+F- / M-F+)
 - Couple's HIV status (++ / -- / +-)
- ✓ Ideally, you want to track the number of couples linked with follow-up services, the number of discordant couples receiving follow-up services, and the number of seroconversions that occur within discordant couples.
- ✓ Because of the importance of testing children of persons living with HIV, you also want to capture the number of children the couple has and indicate the HIV status of these children.

PROMOTION OF CHTC AND MAKING SERVICES MALE-FRIENDLY

Creating Demand in the Community

Promotion of CHTC

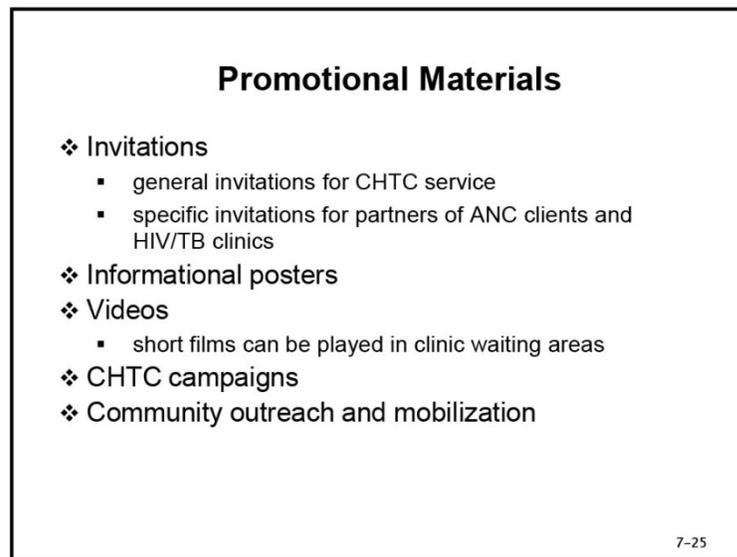
- ❖ Utilize a multisectoral, multi-level approach as needed.
- ❖ Recruit promoters from health, religious, entertainment, community, governmental, and private sectors.
- ❖ Deliver messages about benefits through clinic staff.
- ❖ Publicize HIV testing through messages from entertainers and celebrities.
- ❖ Promote in communities through community health workers or health educators.

7-24

- ✓ The success of CHTC services will depend not only on your ability to provide high-quality services to couples and appropriately link them with follow-up services, but also on how widely CHTC is understood and accepted in the community, and how male-friendly your site is perceived to be. As with any service, “supply” is only one part of the equation. The other very important element is “demand.”
- ✓ Ideally, it is important to utilize a multi-sectoral and multi-level approach to reach influential leaders and community members in a variety of settings and to ensure that the CHTC message reaches a broad audience. Promoters can be recruited from health, religious, entertainment, community, governmental, and private sectors. Existing organizations and establishments in each of these sectors are good places to promote CHTC to a wide range of people.
- ✓ The health sector, including public and private clinics, provides a captive audience of people with health-seeking behaviors. The clinic staff members are trusted and knowledgeable members of the community. They can easily be trained to give clients messages about the benefits of CHTC and/or distribute invitations for CHTC services through clinic talks to waiting clients or in one-on-one discussions while tending to a patient. Entertainers, local celebrities, or well-known persons in the community can also be engaged to speak out about HIV testing. They may promote CHTC services by stating publicly that they received this service together with their partner and encouraging other community members to do the same.

- ✓ Many health facilities have community health workers, counselors, or health educators who are trained to deliver health messages in the clinics and communities and promote other programs such as those that deal with malaria or malnutrition. These health educators can be engaged to deliver CHTC messages also.

Materials for Promoting CHTC



- ✓ Invitations
 - General invitations for CHTC service
 - Specific invitations for partners of ANC and HIV/TB clinics
- ✓ Informational posters
- ✓ Videos
 - If equipment is available, short films can be played in clinic waiting areas.
- ✓ CHTC campaigns
- ✓ Community outreach and mobilization, such as community theater
- ✓ It is also important to remember that couples themselves can promote CHTC services. If a couple receives high-quality CHTC services in your facility, they will talk about this service with other couples in their community.

- ✓ What other things can you do to promote CHTC?



Making Services Male-Friendly

- ✓ We often talk about making our services male-friendly. Because we know that men do not typically attend health facilities as often as women do, it is important that we reach out to men and attempt to increase their participation in health service delivery. This means that we may need to modify the way that we currently provide services and put extra effort into making our services acceptable and appealing to men.
- ✓ What are some ways to make services more male-friendly?

Making Services Male-Friendly

- ❖ Have supportive policies in place (national and site-level) supporting engagement of men in health services, including ANC, labor and delivery, etc.
- ❖ Ensure all clinic staff are trained and understand the importance of engaging men in health services.
- ❖ Have both male and female providers available to serve men.
- ❖ Adjust operating hours to times when men are more likely to be available i.e., evening and weekend hours.
- ❖ Have signs welcoming men and letting them know what services they can access.

7-27

Making Services Male-Friendly (2)

- ❖ Have posters informing men of the importance of CHTC and showing men in the pictures (in addition to women).
- ❖ Offer male-specific health services in addition to female health services such as in ANC and the labor and delivery ward.
- ❖ Offer financial or other incentives for men and/or couples attending services together.
- ❖ Prioritize men and/or couples attending services together.
- ❖ Provide services using multiple service delivery approaches, such as in the clinic, in the home, via mobile services or in the workplace.

7-28

- ✓ Ways to make services male-friendly include the following:
 - Have supportive policies in place (national and site-level) supporting engagement of men in health services, including ANC, labor and delivery, etc.
 - Ensure that all clinic staff is trained and understand the importance of engaging men in health services.
 - Have both male and female providers available to serve men.
 - Adjust operating hours to times when men are more likely to be available (i.e., evening and weekend hours).
 - Have signs welcoming men and letting them know what services are available to them.

- Have posters informing men of the importance of CHTC and showing men in the pictures (in addition to women).
- Offer male-specific health services in addition to female health services (in ANC, labor and delivery ward, etc.).
- Offer financial or other incentives for men and/or couples attending services together.
- Prioritize men and/or couples attending services together.
- Provide services using multiple service delivery approaches, such as in the clinic, in the home, via mobile services, or in the workplace.

IMPLEMENTATION WORK PLAN

Developing Work Plans

- ✓ When you think about the things you may need to change, consider the following areas we have discussed during this training:
 - Conducting CHTC
 - Linkage to services
 - Patient flow
 - Data collection and management
 - Monitoring and evaluation
 - Creating demand for CHTC
 - Making services male-friendly
- ✓ When discussing the changes you need make, think also about any challenges you will face in integrating CHTC and related services as well as potential solutions for overcoming such challenges.

IMPLEMENTATION WORK PLAN AND TIMELINE FOR CHTC IN HEALTH FACILITIES

Management:

ACTIVITY	PERSONS RESPONSIBLE	WHEN	HOW	OUTCOME
Meeting with health facility management to garner support for CHTC				Management understands the importance of CHTC services and commits to strengthening this approach in the health facility.
Orientation on CHTC for all staff within the health facility				Staff understands the importance of offering services to couples and the benefits of CHTC. Staff understands their role in promoting and offering these services.

Training:

ACTIVITY	PERSONS RESPONSIBLE	WHEN	HOW	OUTCOME
Train providers to deliver CHTC				All providers are trained and ready to begin CHTC.
Ensure that trained providers have the necessary references and job aids, such as the CHTC provider card				All providers have a copy of the CHTC provider card or other necessary job aids.

Promotions:

ACTIVITY	PERSONS RESPONSIBLE	WHEN	HOW	OUTCOME
Training for facility-based health educators if doing group education				Health educators understand the importance and benefits of CHTC and are ready to incorporate these messages into group education sessions within the facility.
Training for community health educators, if doing community outreach and education				Community health educators understand the importance and benefits of CHTC and are ready to incorporate these messages into education sessions within the community.
Training for influential leaders (religious, community, other...)				Influential leaders understand the importance and benefits of CHTC and are ready to incorporate these messages into their communications with the community.
Acquire posters and put in place				Posters advocating for CHTC are placed in appropriate locations that encourage male involvement.
Acquire educational brochures and determine distribution process				Educational brochures are placed in appropriate locations, and a distribution process is in place.

Space:

ACTIVITY	PERSONS RESPONSIBLE	WHEN	HOW	OUTCOME
Ensure that space for group education is sufficient for reaching couples and encourages male involvement				Appropriate and adequate space is available that is male-friendly.
Ensure that providers have sufficient space for conducting CHTC				Appropriate space is available, including a confidential room with two chairs or a bench for couples.

Linkages:

ACTIVITY	PERSONS RESPONSIBLE	WHEN	HOW	OUTCOME
Liaise with HIV care, treatment, and prevention services to ensure successful clinical linkages				HIV care/treatment clinic, PMTCT, and MC are ready to receive couples after CHTC is conducted.
Liaise with community groups to ensure successful linkages for HIV care and prevention support				Community resources are aware of CHTC and are prepared to receive couples into their programs.

Linkages (continued):

ACTIVITY	PERSONS RESPONSIBLE	WHEN	HOW	OUTCOME
Ensure system for monitoring linkages with follow-up services				Staff responsible for monitoring linkages is aware of his or her responsibilities and is adequately prepared to ensure that patients make it to follow-up services.
Develop system for tracking data on successful linkages				Data registers and/or referral forms capture successful linkages, and this information is summarized routinely to monitor progress.

Data/M&E:

ACTIVITY	PERSONS RESPONSIBLE	WHEN	HOW	OUTCOME
Develop system for tracking data on CHTC				Data registers capture key CHTC data elements, such as couples receiving CHTC together, and couples' HIV status, and this information is summarized routinely to monitor progress.
Train providers on how to capture CHTC data elements and successful linkages				Providers are adequately equipped to capture data on CHTC and successful linkages, and to report this information on a routine basis to monitor progress.

Logistics:

ACTIVITY	PERSONS RESPONSIBLE	WHEN	HOW	OUTCOME
Work with supply chain management systems to ensure adequate supply of HIV rapid test kits and other supplies				Adequate test kits and other supplies are available to serve couples with CHTC.

Quality Assurance:

ACTIVITY	PERSONS RESPONSIBLE	WHEN	HOW	OUTCOME
Ensure that systems are in place for monitoring quality of CHTC services and reconciling problems as they arise				Staff receives regular supportive supervision from assigned quality assurance personnel.
Work together with lab to ensure quality HIV rapid testing services				Staff receives regular supportive supervision from laboratory staff, and participates in routine quality assurance exercises.