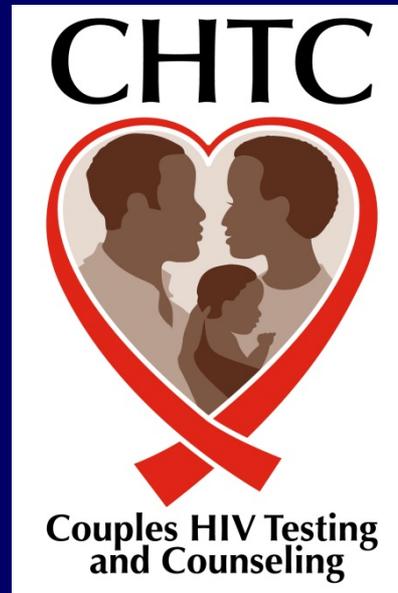


Couples HIV Testing and Counseling (CHTC) - *in Health Care Settings* -



Module One: Background to Couples HIV Testing and Counseling

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

Objectives of the Training Course

- ❖ By the end of this course, participants 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

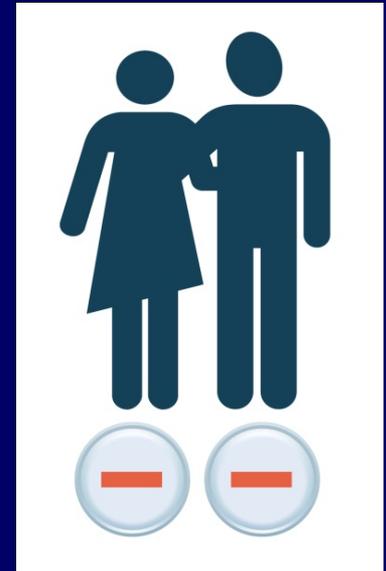
Objectives of the Training Course (continued)

- ❖ By the end of this course, participants 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

CHTC Definitions: Test Results (1)

❖ Concordant Negative:

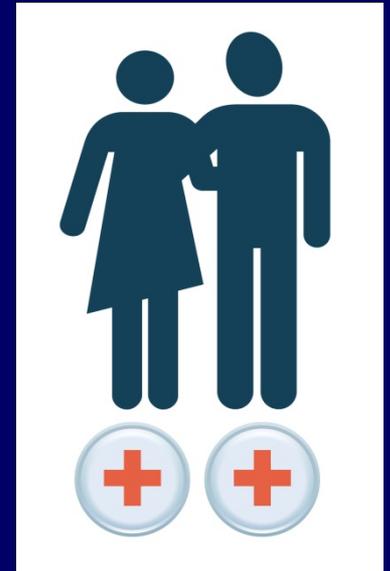
- A concordant negative couple is one in which both partners are HIV-negative. These couples should be encouraged to avoid sex with outside partners to keep their relationship free of HIV.
- Also discuss the use of condoms to prevent unplanned pregnancy and STIs.



CHTC Definitions: Test Results (2)

❖ Concordant Positive:

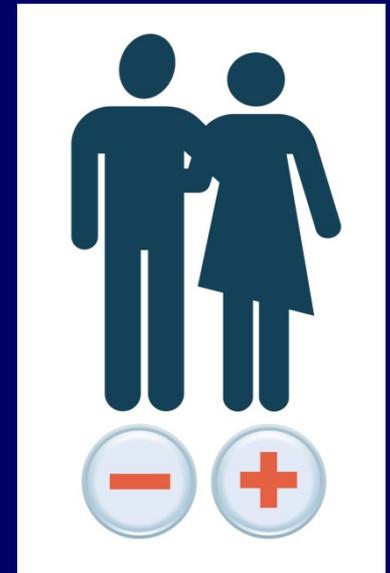
- A concordant positive couple is one in which both partners are HIV-positive. These couples should be linked to prevention, care and treatment services and should be offered condoms and family planning.



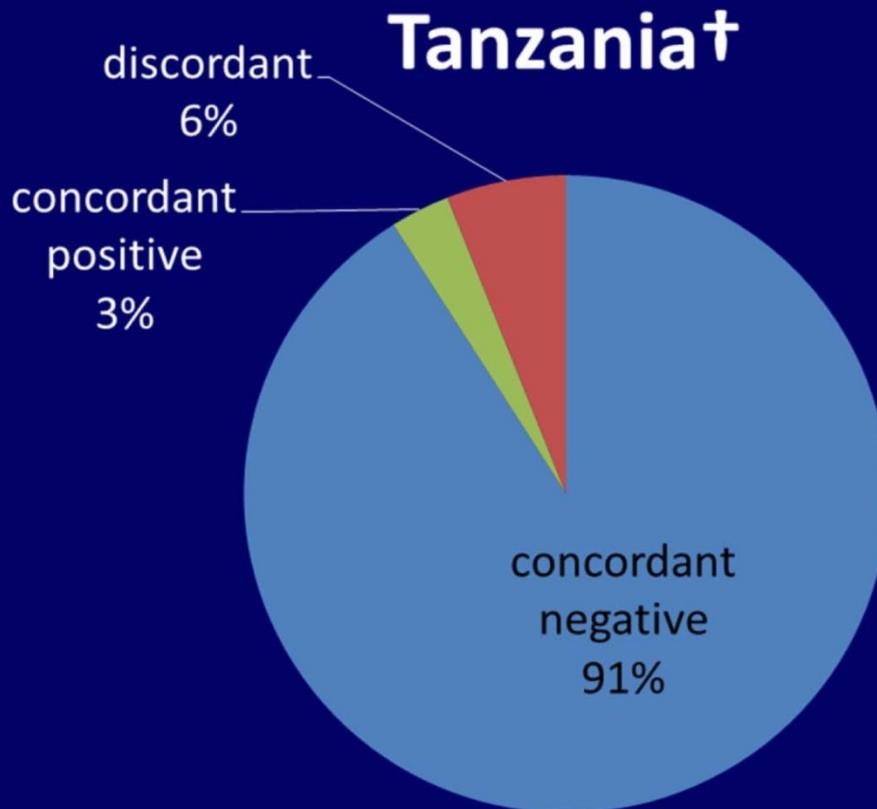
CHTC Definitions: Test Results (3)

❖ Discordant:

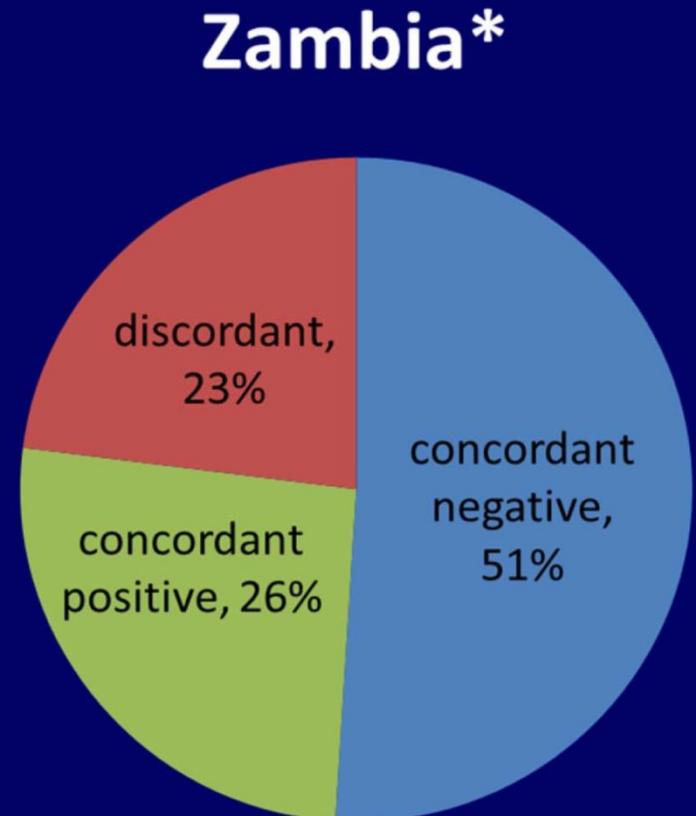
- A discordant couple has one HIV-positive partner and one HIV-negative partner.
- Discordant couples should be advised to always use condoms to prevent transmission to the negative partner, and the HIV-positive partner should be linked to care and treatment services.



Serostatus of Couples in Two African Countries



†National data from TACAIDS, Tanzania



*Program data from ZEHRP in Zambia

HIV Epidemic and Couples

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

HIV Epidemic and Couples (continued)

- ❖ 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.

Myth or Fact #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

Myth or Fact #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

Myth or Fact #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

Myth or Fact #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

Myth or Fact #5

If couple's HIV rapid test results come back discordant (1 partner tests HIV-positive and 1 partner tests HIV-negative), this is an indication that the test results are incorrect.

MYTH

Myth or Fact #6

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

FACT

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

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

- ❖ 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

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

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

Barriers to Scale-up of CHTC (2)

- ❖ 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

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

Barriers to Scale-up of CHTC (3)

- ❖ 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**

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.

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.

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.

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).

Categories of Couples

- ❖ Presexual
- ❖ Engaged
- ❖ Married or cohabitating
- ❖ Polygamous

Scenario 1

John and Maria just started a relationship. They have strong feelings for each other but decided to not have sex until they both were tested for HIV. When they did get tested together, they learned that John was HIV-positive.

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.

Scenario 2

Simon and Kebo have been in a relationship for 4 years and are engaged to get married in a few months. They are both really excited about their wedding. They both have had other sex partners in the past. Their pastor encouraged them to get tested before they were married. When they got couple's testing, they learned that Kebo was HIV-positive.

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.

Scenario 3

Elias and Jane have been married for 3 years and they have a 2-year old son. Jane is pregnant with their second child. The couple received CHTC during an ANC appointment, where they learned they both are positive for HIV.

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.

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.

Polygamous Couples (continued)

- ❖ 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.

Other Couples

- ❖ Reuniting Couples
- ❖ Casual Sex Partners
- ❖ Non-cohabitating Couples

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.

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.

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 workers and communities
- ❖ High HIV prevalence
 - discordance may also be high among key population couples
- ❖ Possible engagement in sex or needle-sharing with other persons

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

- ❖ ANC/PMTCT/MCH
- ❖ Labor and delivery wards
- ❖ TB clinics
- ❖ HIV care and treatment clinics
- ❖ Inpatient wards
- ❖ Pediatric wards
- ❖ Outpatient departments
- ❖ Male circumcision clinic
- ❖ VCT

Importance of CHTC In Health Facility Settings

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 clinic	<ul style="list-style-type: none"> • HIV-positive patients come for routine care, discuss disclosure • High likelihood of identifying discordant and concordant positive couples

Importance of CHTC

In Health Facility Settings (continued)

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 Clinic	<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

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.