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

Module Seven: Logistics and Implementation of CHTC
Objectives for Module Seven

By the end of this module participants 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
Successful Programs: Rwanda

- 1988—CHTC began as research project.
- 2001-Implementation in ANC (Antenatal Care) 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
Rwanda Achievements with CHTC in PMTCT Settings

![Graph showing percentage increases from 2003 to 2010. The percentages are as follows:
- 2003: 16%
- 2004: 26%
- 2005: 33%
- 2006: 53%
- 2007: 63%
- 2008: 78%
- 2009: 84%
- 2010: 81%]
Rwanda Achievements with CHTC in PMTCT Settings (continued)

HIV prevalence among pregnant women and their male partners in PMTCT (From July 2002-June 2010)

- HIV prevalence in PMTCT
- Prevalence of HIV in male partners

Graph showing a decline in HIV prevalence over time from 10.8% in June 2003 to 2.7% in June 2010.
Successful Programs: Rwanda (continued)

- 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
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)
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.
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
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
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
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
Existing Linkage to Care Models (continued)

- **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)
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
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
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
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
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
### Example HTC Logbook

**Generic HIV Testing and Counseling Logbook**

<table>
<thead>
<tr>
<th>Serial No.</th>
<th>Patient/Client Code</th>
<th>Couple Code</th>
<th>Age (Years)</th>
<th>Sex</th>
<th>Date Tested (dd/mm/yy)</th>
<th>HIV Test 1 Kit Name</th>
<th>HIV Test 1 Lot No.</th>
<th>HIV Test 1 Expiration Date</th>
<th>HIV Test 2 Kit Name</th>
<th>HIV Test 2 Lot No.</th>
<th>HIV Test 2 Expiration Date</th>
<th>Final Results*</th>
<th>Tested As</th>
<th>Linked To</th>
<th>Testing Successful</th>
<th>Comments</th>
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</table>

*Final Results: NEG = Negative, POS = Positive, IND = Indeterminate

**Comments**

**Linked to**

**Testing Successful**

**Linked to**

**Comments**
# Guyana National PMTCT Register

## HIV Serostatus This Pregnancy

<table>
<thead>
<tr>
<th>Known Positive at Entry</th>
<th>New Admissions: 1st Test</th>
<th>Revisits: 1st Test</th>
<th>32 - 34 wks: Retest</th>
<th>Partners</th>
<th>Couples</th>
</tr>
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<tbody>
<tr>
<td>Date Tested</td>
<td>Date Tested</td>
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<td>Date Tested</td>
<td>Date Tested</td>
<td>HIV Test Result</td>
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<td>HIV Test Result</td>
<td>Date Pt Received results and Post Test Counseling</td>
<td>Date Pt Received results and Post Test Counseling</td>
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<th>36</th>
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</thead>
</table>

- **Partners:**
  - Date Tested
  - HIV Test Result

- **Couples:**
  - Couple Counseled, Tested, and Disclosed
  - Couple Test Result
<table>
<thead>
<tr>
<th>Action</th>
<th>Gender</th>
<th>Number</th>
<th>≤14</th>
<th>15-24</th>
<th>25-49</th>
<th>≥ 50</th>
<th>≤14</th>
<th>15-24</th>
<th>25-49</th>
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<tr>
<td>Total number of new clients</td>
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<td>Total # new clients who received counseling and testing and received results</td>
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</table>

**Total # clients = new + return**

| Total # couples received counseling, testing, and received results together |        |        |     |       |       |      |     |       |       |      |

**Total # couples with discordant results**

| Total # concordant positive couples                                    |        |        |     |       |       |      |     |       |       |      |

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<th>Action</th>
<th>Gender</th>
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<tr>
<td>Total # individuals receiving condoms</td>
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<tr>
<td>Total # clients HIV positive and with TB</td>
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<td>Total # clients who tested for TB, with TB symptoms</td>
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</table>

**Point of entry**

- Kliniki ya Kifua Kikuu (Wagonjwa wa nje)
- Kliniki ya Magojwa ya zinaa (Wagonjwa wa nje)
- Idara ya magonjwa ya nje
- Wagonjwa waliolazwa
- Huduma ya damu
- Huduma za wagonjwa nyumbani
- Wateja wanaokwenda wenyewe

**Referrals**

- =Kliniki ya tiba na huduma(CTC)
- =Huduma za kuzia maambukizi toka kwa mama kwenda kwa mtoto (RCH)
- =Kifua kikuu (TB)
- Uzazi wa Mpango (FP)
- Huduma ya Mama na Mtoto (RCH)
- Huduma nyinginezo (other)
### Guyana PMTCT Monthly Report

#### SECTION 1 - ANTENATAL CLINIC (PMTCT)

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<th>Description</th>
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<tr>
<td>1.2.1</td>
<td>Total number of new admissions attending clinic for the month</td>
</tr>
<tr>
<td>1.2.2</td>
<td>Number of new admissions who are known HIV-positive at entry</td>
</tr>
<tr>
<td>1.2.3</td>
<td>Number of new admissions tested for HIV for the first time this pregnancy</td>
</tr>
<tr>
<td>1.2.4</td>
<td>Number of revisits tested for HIV for the first time this pregnancy</td>
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<tr>
<td>1.2.5</td>
<td>Number of women who received HIV results and post-test counselling for the first time this pregnancy</td>
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<tr>
<td>1.2.6</td>
<td>Total number of new admissions tested HIV positive for the first time this pregnancy</td>
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<tr>
<td>1.2.7</td>
<td>Total number of revisits tested HIV positive for first time this pregnancy</td>
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<td>1.2.8</td>
<td>Number of women re-tested for HIV between 32-34 weeks this pregnancy</td>
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<td>1.2.9</td>
<td>Number of women tested HIV-positive for the first time between 32-34 weeks this pregnancy</td>
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<tr>
<td>1.2.10</td>
<td>Number of couples who were counselled, tested and disclosed HIV status to each other</td>
</tr>
<tr>
<td>1.2.11</td>
<td>Number of partners of pregnant women tested for HIV</td>
</tr>
<tr>
<td>1.2.12</td>
<td>Number of partners of pregnant women tested HIV-positive</td>
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</table>
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
Promotion of CHTC

- Utilize a multi-sectoral, 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.
Promotional Materials

- **Invitations**
  - general invitations for CHTC service
  - specific invitations for partners of ANC clients and HIV/TB clinics
- **Informational posters**
- **Videos**
  - short films can be played in clinic waiting areas
- **CHTC campaigns**
- **Community outreach and mobilization**
Promotional Materials Example

Uganda

Mozambique

Zambia

Kenya
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.
Making Services Male-Friendly (continued)

- 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.
Implementation Work Plan

- Conducting CHTC
- Linkage to services
- Patient flow
- Data collection and management
- Monitoring and evaluation
- Creating demand for CHTC
- Making services male-friendly