

# Reimagining HIV counselling and testing in an evolving epidemic

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Reaching 90-90-90 Part I: Best Practices and Innovations in  
HCT and Linkage Innovations  
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# Outline

- Looking back
- The limits of our assumptions
- Lost in translation
- Treatment tilts the axis
- Reimagining

**LOOKING BACK**



# Looking back



- Model evolved in the US and Europe
  - Morally conservative time; gay plague
  - Fear, stigma, mortality and clinical powerlessness

Measures commonly used for other diseases questioned:

- With no effective treatment, HIV a “death sentence”
- Limited health benefits to knowing
- Widespread screening not promoted

# The first counselling and testing policy

- Focus on protection, autonomy, privacy and human rights of PLHA or those at risk
- “AIDS exceptionalism”
- Emphasis on voluntary counselling and testing, the **3Cs**:
  - **C**ounselling before and after a test
  - **I**nformed consent
  - **C**onfidentiality

# Looking back

## HIV and AIDS does warrant 'special treatment'

“ the psychological effects of the disease are felt by **individuals, families and health care staff**; this together with the nature of the illness – a potentially fatal, incurable, transmissible disease – elevates the need for **counselling** in HIV infection to that of a major priority”

# THE LIMITS OF OUR ASSUMPTIONS



# Behaviour change assumptions of HIV testing

- VCT is an individual-level, behavior change intervention
- People are rational, responsible, motivated and have agency to adopt protective actions
  - Individuals have not changed their behavior because they are uncertain about their status
  - Testing by itself will effect standard behavioral changes
  - Testing information will cause people to behave differently
- We've come to learn, if not fully appreciate, that human behavior is more complex than that

# LOST IN TRANSLATION



# Simple cultural transfers rarely work

- Simply transferred to Africa
- Low income, poverty, at scale in communities
- In a context of families and reproduction
- In cultures with emphasis on “we” and obligations to others



# Global 3 Cs lost in translation: Confidentiality

## Examples

- Malawi counsellors struggle to enforce strict confidentiality when:
  - someone they knew will be infected
  - they felt those who provide care should be informed
- Confidentiality was never meant to mean secrecy. But, in South Africa direct translation for confidentiality is “Imfihlo”:
  - known by few privileged people
  - something that is hidden from the public domain
  - HIV is a secret

# A dilemma of simultaneous orientation

## Public Health Approach

- Directive with clear public health outcomes
- Identify, alter, and address desirable behaviour

## Client-centred Counselling

- Non-directive
- Clients experience starting point
- Clients 'empowered', their self-directedness increased

# TREATMENT TILTS THE AXIS



90%

90%

90%

HIV provider resource kit includes...

90-90-90

COUNTDOWN TO A CURE FOR HIV/AIDS BY 2020

SPEED UP SCALE-UP

Strategies, tools and policies to get the best HIV treatment to more people, sooner

treatment

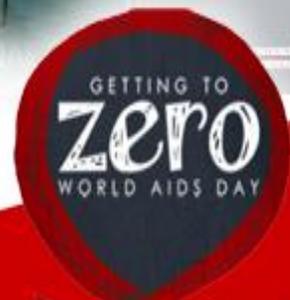
HIV care therapy people

PREVENTION IS CARE

ONE TEST. TWO LIVES.

# Global HIV Treatment Optimization

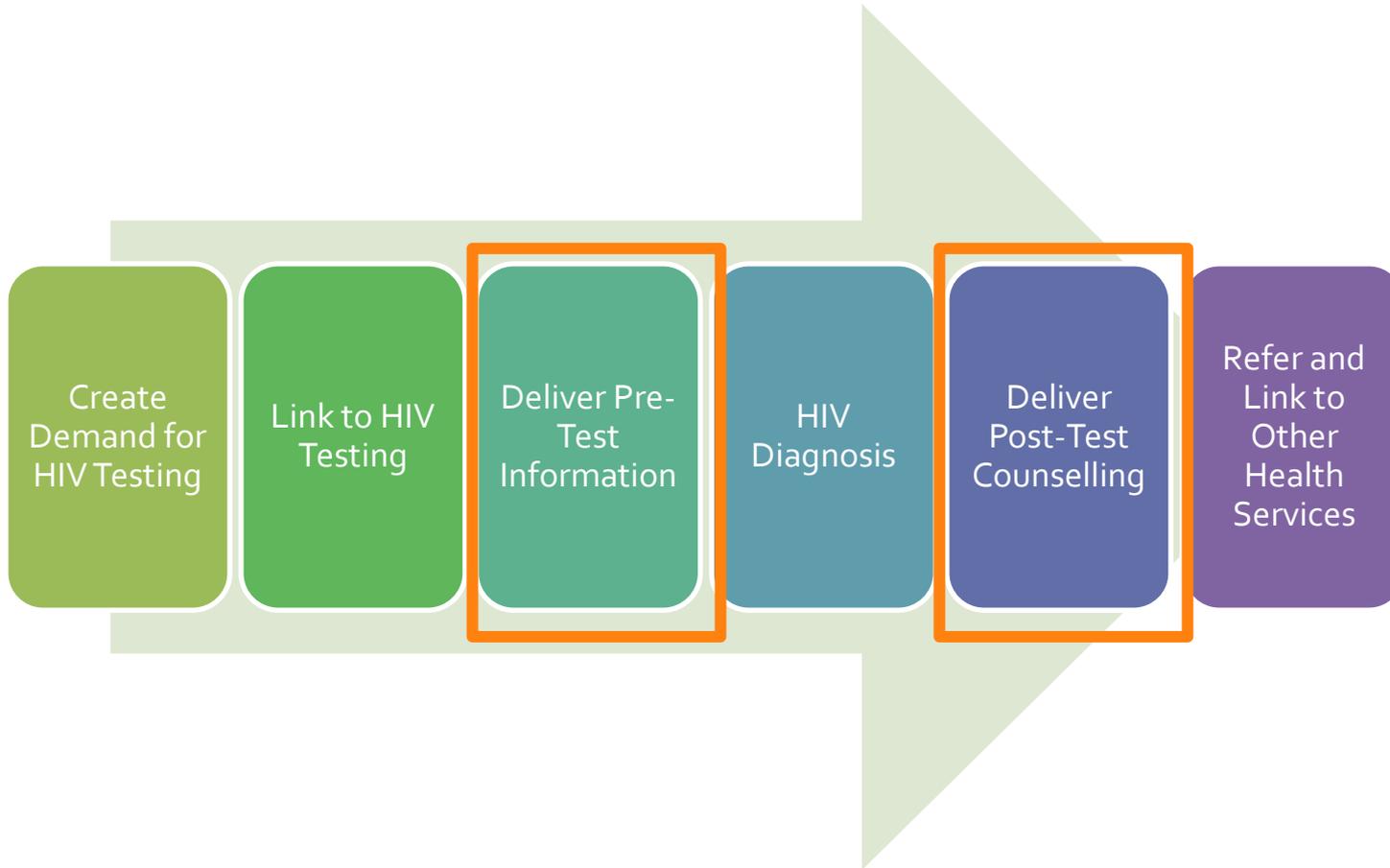
Quality HIV treatment for all



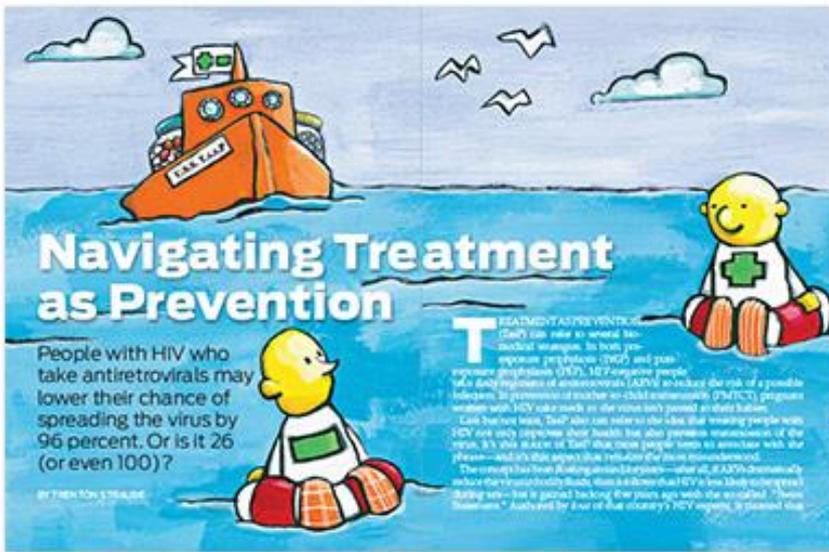
# REIMAGINING



# The HIV Prevention Continuum



# ART as Prevention/Test and Treat



Link to Care  
Link to Prevention  
Link to Art  
Adherence and Viral Suppression

HIV Positive

Link to Prevention Services

HIV negative

How would HIV have developed if borne out of an African experience?

POLITICAL LEADERSHIP ///  
DOMESTIC INVESTMENTS  
//// INTERNATIONAL ASSISTANCE  
// NEW TECHNOLOGIES /// COMMUNITY DELIVERY //// LOCAL PRODUCTION OF MEDICINES // ANTI-DISCRIMINATION LEGISLATION // SOUTH-SOUTH COOPERATION /// SCIENTIFIC RESEARCH // PUBLIC-PRIVATE PARTNERSHIPS //// HUMAN RIGHTS /// GOVERNANCE //// DATA AND MONITORING // SOCIAL PROTECTION /// HEALTH SYSTEMS // WOMEN'S EMPOWERMENT /// PEOPLE LIVING WITH HIV /// FAITH COMMUNITIES /// CIVIL SOCIETY // EDUCATION  
////  
////

# Innovate, expand the essential HCT mix

“ HIV testing should remain voluntary,  
but **counselling** remains mandatory; it  
**has not evolved**”

Community-based HCT shift's service delivery:  
*"takes services to people through active providers"*



# Community HBCT as a platform for integrated response

## *Sustainable East Africa Research for Community Health*



### SEARCH: Cluster randomized trial of universal vs. standard ART

#### Intervention

**Universal ART**  
(all CD4 counts)



16 villages; n = 10,000 each

**Control Communities:**

**Country-guided ART)**



16 villages; n = 10,000 each

**Annual Community Health Campaigns**

HIV Screening/Diagnosis  
Malaria testing & care  
HTN and Diabetes testing  
Maternal/child health

Outcomes

**Community Health**

- HIV incidence
- HIV population viral metrics
- AIDS
- Maternal and child health
- TB

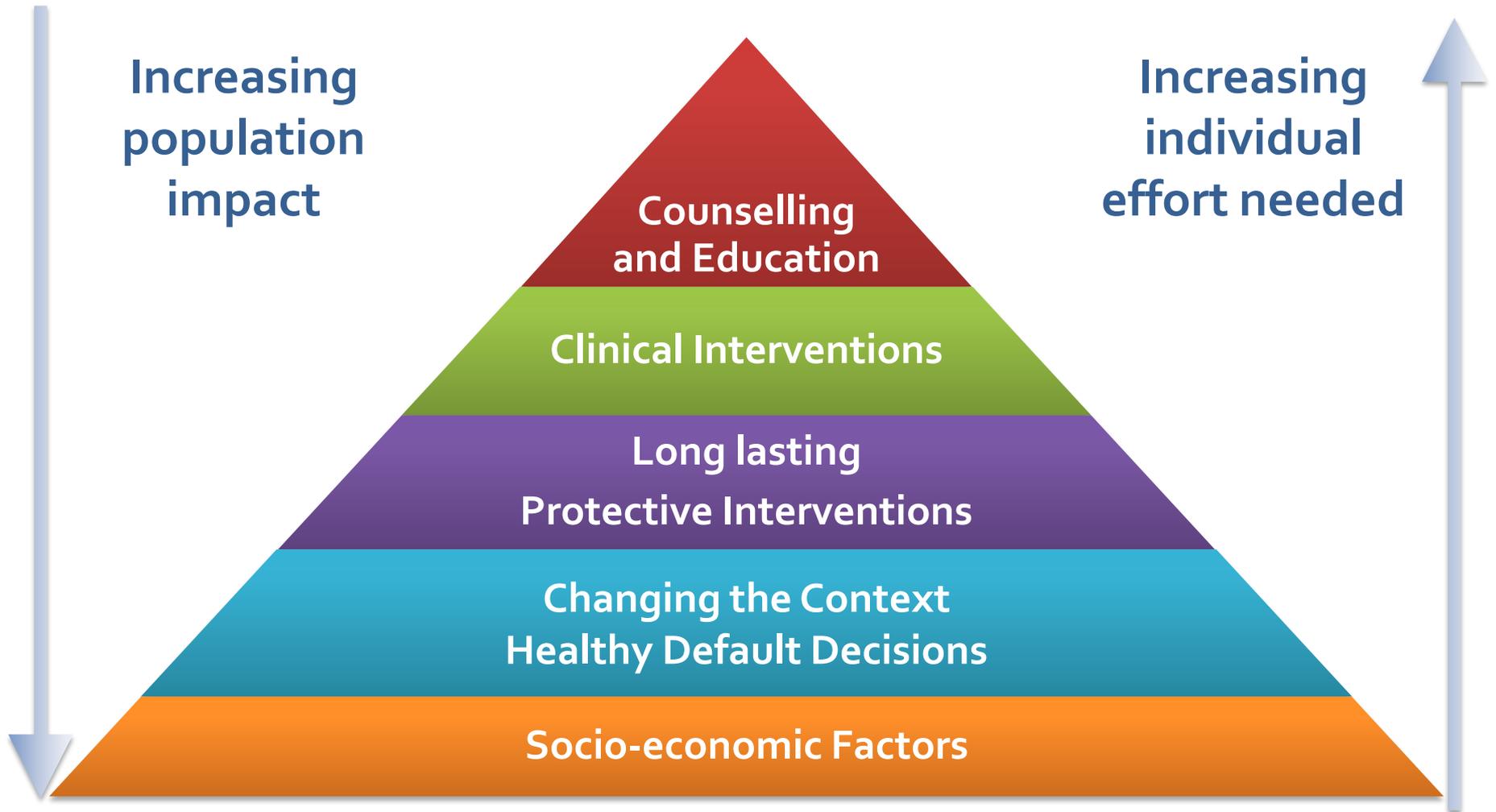
**Community Productivity**

- Workforce participation
- Child labor prevalence
- Agricultural output
- Household income
- Educational attainment
- Healthcare utilization



**Sexual behavior is shaped through social interactions between partners within a couple and through pressure and influence from family and the community (Parker 2001).**

# Community-based HCT provides an opportunity for a comprehensive responses to HIV



## Health Impact Pyramid

# HOW AIDS CHANGED EVERY THING

MDG 6: 15 YEARS, 15 LESSONS OF HOPE FROM THE AIDS RESPONSE