HIV STATUS DISCLOSURE AND TESTING AMONG SEXUAL PARTNERS OF PEOPLE LIVING WITH HIV:
LESSONS LEARNED FROM PROJECT KENEYA
The Elizabeth Glaser Pediatric AIDS Foundation Keneya Project

The Elizabeth Glaser Pediatric AIDS Foundation (EGPAF) began supporting HIV care and treatment programs in Côte d’Ivoire in 2004 and prevention of mother-to-child HIV transmission (PMTCT) services in 2005. EGPAF is working to end the country’s HIV epidemic by increasing access to comprehensive, high-quality and well-integrated HIV prevention, and care and treatment services for women, children and families.

In 2010, as part of a U.S. Centers for Disease Control and Prevention award, EGPAF-Côte d’Ivoire (EGPAF-CDI) launched Project Keneya (2010 – 2017). Project Keneya, meaning “good health” in the local Dioula dialect, aimed to strengthen the technical response of local community-based organizations (CBOs), nongovernment organizations (NGOs), and social centers to efficiently and effectively deliver care and support services to people living with HIV in the underserved communities of the central and northern regions of Côte d’Ivoire.

Côte d’Ivoire continues to recover from 10 years of political and social turmoil, which resulted in an economic imbalance between the northern and southern regions of the country and reduced access to health care services in the northern regions. Through Project Keneya, EGPAF-CDI worked to provide access to voluntary HIV counseling and testing, behavior change and communication, and condoms to prevent HIV infection; ensure support, care, and meaningful engagement with orphans and vulnerable children (OVC); and enhance institutional capacity for local civil society organizations in this area. This initiative aims to sustainably meet the needs of women, children, and families affected by HIV.

Figure 1. Map of Keneya Districts
Increasing HIV Counseling and Testing in Northern and Central Côte d'Ivoire

There are several factors driving the HIV epidemic in Côte d'Ivoire, including early sexual debut, multiple concurrent partners, transactional and intergenerational sex (including sexual relations between male teachers and adolescent female students), high prevalence of sexually transmitted infections (STIs), and low condom usage. Côte d’Ivoire has one of the highest HIV prevalence rates in western Africa at 3.2% for adults ages 15-49 years. Although the highest HIV rate in Côte d’Ivoire is observed in Abidjan - with an HIV prevalence of 5.1% in 2014 - the central and northern regions, where insufficient access to HIV prevention, care, and treatment services persist, follow closely at 4.4% and 2.5%, respectively. Gender dynamics and social norms leave women and girls in Côte d’Ivoire facing harmful traditional practices, including female genital cutting and high rates of sexual and gender-based violence.
Knowledge of HIV status is important for access to HIV care, treatment and prevention. Late HIV diagnosis and the delayed access to HIV treatment is associated with an increased likelihood of dying from AIDS-related illnesses. According to a 2012 Demographic and Health Survey, 14% of women and 10% of men received the result of an HIV test within the past year. An estimated 62% of adult women and 75% of adult men never had an HIV test in Côte d’Ivoire, in spite of findings indicating that 62% of adults reported knowing where to get tested for HIV. Stigma, discrimination, fear of knowing HIV status, long distances to health care facilities, and long waiting times at facilities are among the common disincentives for HIV testing.

Project Keneya built a sustainable local response to the HIV epidemic. The project scaled up local capacity to implement and monitor evidence-based HIV prevention and care interventions and mobilizes individuals and communities to receive HIV testing. Counseling and testing activities became more accessible to these communities by offering these services in supported CBOs, and sometimes at home or through the voluntary counseling and testing (VCT) center in Korhogo. Lay health workers played a central role in HIV testing scale-up in these communities; peer educators offered educational sessions on importance of testing and sexual prevention of HIV among priority populations. Project Keneya has found that peer educators have had an incredibly important role in influencing individuals most vulnerable to HIV to modify their behavior and agree to testing.

Following the U.S. President’s Emergency Plan for AIDS Relief’s (PEPFAR) move to “do the right things, at the right place, at the right time” and the findings of the 2011-2012 National Demographic and Health Survey, PEPFAR defined groups at elevated risk for HIV in Côte d’Ivoire as those with a prevalence of above 5%. According to the Demographic and Health Survey and the Côte d’Ivoire National HIV Strategic Plan for HIV, AIDS, and Sexually Transmitted Infections for 2016-2020, HIV prevalence among orphans and vulnerable children (OVC) was 7%, 18% among men who have sex with men (MSM), 11.4% among female sex workers (FSW), 5% among men ages 35-39, 8% among men aged 40-44, 7.9% among men ages 45-49, 9% among men ages 50 and over, and 4% among young women ages 20-24. Due to the greater HIV burden among these groups, populations targeted for HIV testing activities through Keneya were families of persons identified as HIV-positive, OVC young women ages 15-24, men over age 35 and FSW and MSM (local sub-partners implemented community mobilization activities coupled with VCT among these targeted populations) in the Korhogo and Bouaké North-West Districts, which were identified by PEPFAR as priority districts.

All targeted populations who accessed Keneya-supported sites received HIV testing and counseling; all clients testing HIV-positive were referred to health centers for enrollment in care and treatment. Adults living with HIV were counseled on how to disclose their HIV-positive status to their families and encourage their families to be tested. All couples and children of persons living with HIV (PLHIV), whose HIV status was unknown, were referred to VCT centers or contacted by community counselors for home-based HIV testing. Keneya sub-partners followed all referred clients in their community to ensure they were provided with ongoing care and support, including positive health, dignity, and prevention (PHDP) services.

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†OVC is a target population for the following five districts: Béoumi, Boundiali, Ferkéssébdougou, Katiola, and Ouangolo.

‡The components of PHDP services fall under eight thematic areas: 1) empowerment of PLHIV and networks of PLHIV, 2) health promotion and access, 3) gender equality, 4) human rights, 5) prevention of new HIV infections, 6) sexual and reproductive health and rights, 7) social and economic support, 8) measuring impact.
Disclosure of an HIV-positive status and testing sexual partners of PLHIV continues to be a challenge due to a number of fears HIV-positive individuals face, including stigma, intimate partner violence, or fear of the relationship ending. Although partner notification is important for identification of PLHIV, linking them to care, and to enhance retention and adherence in care and treatment it is also necessary to identify uninfected persons engaged in HIV-discordant partnerships to prevent HIV transmission. In 2015, Côte d’Ivoire released national ART guidance that recommended lifelong ART for PLHIV who are part of a sero-discordant couple. As of August 2015, 32% of the 4,106 PLHIV who received care and support services in the Bouaké North-West and Korhogo Districts under Project Keneya disclosed their HIV status to their partners and 1,193 partners (29%) of PLHIV were tested for HIV. In response, EGPAF and local NGOs supported by Project Keneya developed the following approaches to ensure growth in sexual partner disclosure and HIV testing.

**HIV Status Disclosure and Partner Testing**

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§ These local NGOs included: Caritas Korhogo, Wopile Sanga Korhogo, Centre Solidarité Action Sociale (Centre SAS) in Bouaké, and Bouaké Eveil.
• The “save a friend” approach, wherein an HIV-positive person anonymously shares the contact information of a sexual partner, a community health worker visits the partner offering routine home-based VCT and does not disclose the HIV-positive person’s identification or referral;
• The “save the family” approach to couples testing, wherein couples are invited to test together; and
• Support groups, which build support among HIV-positive persons to live healthy lifestyles and disclose status to family members and sexual partners.

The "Save a Friend" Approach

Starting November 2015, Bouaké Eveil, a local NGO supported by Keneya, has implemented its “save a friend” approach in the Bouaké North-West district. Through this approach, index subjects authorized a community counselor to contact their sexual partners and negotiate VCT. The identity of the index case is not shared, but the sexual partner was counseled on the importance of disclosing an HIV-positive status and adopting safer sex practices by inviting their partner to be tested. Community counselors tested sexual partners anonymously and also followed up with HIV-positive clients to monitor health and disclosure.

The "Save the Family" Approach

Centre Solidarité Action Sociale (Centre SAS) is an Ivorian NGO created in 1995 to provide comprehensive HIV/AIDS prevention, care, and treatment services using a family-focused approach in facilities and communities in central and northern Côte d’Ivoire. Since 2009, community counselors and social workers at Centre SAS have encouraged PLHIV to disclose their status to their partners and encourage them to get tested. This disclosure counseling has become a routine element of their counseling and care.

Support Groups

Caritas Korhogo, a local NGO and sub-partner of Project Keneya, first launched support groups in 2015 to encourage patients newly identified as HIV-positive to disclose their status to their partner. Caritas followed up with these patients to discern whether they had disclosed to their partners; if they had not, they were invited to participate in a two-month long support group.

Caritas reviewed files to find patients who had shared their status with their partner and asked these patients to lead peer education sessions. Over a two month period, support groups of 15-20 people were led by one or two of these patients or couples selected by Caritas. These leaders educated clients with undisclosed status and other couples who recently tested HIV-positive on the importance of disclosure and partner testing. These group sessions focused on:
• The advantages of disclosing HIV-positive status;
• The responsibilities to share one’s status;
• Prevention strategies for sero-discordant couples; and
• Managing conflict that may arise from disclosure.

To date, there have been ten support groups. Caritas monitored individuals who participated in the support groups and referred patients and partners to HIV counseling and testing. Couples found to be HIV-positive were enrolled in care.
Program Impact

From November 2015 to August 2016, Bouaké Eveil counseled and tested 100 people under the “save a friend” approach, with three of those testing HIV-positive. The NGO ended this approach in September 2016 due to reluctance from staff to continue. Bouaké Eveil is an association of PLHIV, and many of the individuals working at this CBO have not widely disclosed their own status. Therefore, the CBO staff found it difficult to encourage those who have been newly diagnosed with HIV to disclose their status to their partners. No data was regularly collected on the “save the family” approach. Between November 2015 and September 2016, twenty-two support groups of 445 participants, including 375 women and 70 men, were launched by four CBO (Caritas Korhogo, Wopile Sanga, Centre SAS and Welfare Botro) with respectively 10, 8, 1 and 3 support groups established. As highlighted in Table 1, following the implementation of these support groups:

- Overall, 73% of participants disclosed their HIV-positive status to their partner. This disclosure rate was evenly distributed among male and female participants
- Of those who disclosed their HIV-positive status, 93% of partners took an HIV test
- Of those who took the HIV test, 42% were found to be HIV-positive, all were referred to health facilities, and enrolled into care and treatment
- Positivity rates were higher among male index cases (64%) than female index cases (38%)
Table 1. Key Results of Support Group Activities

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Female Index Case</th>
<th>Male Index Case</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td>Proportion</td>
<td>Number</td>
</tr>
<tr>
<td>Total</td>
<td>375</td>
<td>84%</td>
<td>70</td>
</tr>
<tr>
<td>Average age</td>
<td>39 years</td>
<td></td>
<td>48 years</td>
</tr>
<tr>
<td>Marital Status</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Single</td>
<td>355</td>
<td>95%</td>
<td>58</td>
</tr>
<tr>
<td>Married</td>
<td>20</td>
<td>5%</td>
<td>12</td>
</tr>
<tr>
<td>Disclosed status to partner?</td>
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<td></td>
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</tr>
<tr>
<td>Yes</td>
<td>275</td>
<td>73%</td>
<td>51</td>
</tr>
<tr>
<td>No</td>
<td>100</td>
<td>27%</td>
<td>19</td>
</tr>
<tr>
<td>Of those who disclosed status, was partner tested for HIV?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>255</td>
<td>93%</td>
<td>47</td>
</tr>
<tr>
<td>No</td>
<td>20</td>
<td>7%</td>
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<tr>
<td>Partner tested HIV-positive</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>96</td>
<td>38%</td>
<td>30</td>
</tr>
<tr>
<td>Partner tested HIV-negative</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>159</td>
<td>62%</td>
<td>17</td>
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</tbody>
</table>

Challenges

The Bouaké Eveil team found that the “save a friend” approach was not an effective way to disclose a partner’s status and that it hindered counselors from being able to undertake risk reduction counseling for family members of individuals testing HIV-positive. There was also a very high rate of refusal among partners contacted through this approach, since they were unaware that they had been exposed to HIV by their partners.

Under the “save the family” approach, Centre SAS faced challenges with retention of participants in groups due to stigma and has witnessed family disputes following disclosure of an HIV-positive status to partners. Therefore, Centre SAS has provided extensive psychosocial services to support PLHIV to disclosure their status and to mediate conflict within couples.

While Project Keneya saw early success with the support group model to improve disclosure rates of an HIV-positive status and HIV counseling and testing among sexual partners of PLHIV, challenges remained. The disclosure rate of 73% among PLHIV is promising, however 27% of the individuals reached by the support
groups still refused to disclose their status. An analysis of factors associated with refusal to disclose one’s status to their partner found that women without an occupation were most likely to refuse to disclose to their partner.

Among those partners who agreed to be tested for HIV, 58% were found to be HIV-negative. As a result, these sero-discordant couples are provided with additional counseling on safer sexual behaviors including condom use and access to HIV care and treatment services for the HIV-infected partner, which also reduces the risk of HIV transmission to the non-infected partner.

Lessons Learned

There were, despite several strategies implemented to enhance disclosure, a number of partners who refused HIV testing and counseling. This is perhaps an indication of a high level of entrenched stigma and discrimination faced by those living with HIV in Côte d’Ivoire. Tactics, such as peer groups, have enhanced disclosure rates and should be brought to scale to maximize index case finding (while mitigating partner and familial disputes through targeted psychosocial support), however a cultural shift is needed to ensure all those at risk of HIV are comfortable with testing, results and treatment.

Future Directions

Caritas Korhogo found the proportion of HIV sero-discordant couples participating in the peer-led support groups to be high, at 58%. According to community counselors, the principle reason that individuals did not disclose their HIV-positive status to their partner was out of fear that their relationship will end. To address this, Project Keneya plans for community counselors to follow-up with clients testing HIV-positive to monitor the effects of status disclosure on their relationships. Model couples who have been able to work through the effects of disclosure will be identified and asked to support other couples with the process through the support group process.

The support group approach will be scaled up to seven sites supported by five local NGOs through Project Keneya in the high prevalence districts of Bouaké North-West and Korhogo. An analysis will be conducted to better understand reasons of refusal and how to increase disclosure among women without occupation, who may depend on their partners for survival. As mentioned, sero-discordant couples will also be monitored to assess resolution post-disclosure.

Implementation of the 2015 World Health Organization guidelines, “Treatment for All” in the coming years in Côte d’Ivoire will help to prevent HIV transmission between sero-discordant couples by initiating treatment as soon as an individual is found to be HIV-positive, which will, we hope, create less need for targeted index case finding. EGPAF-CDI will continue to work closely with the government of Côte d’Ivoire to roll out these revised guidelines.

** These NGOs are: Caritas Korhogo, Wopile Sanga Korhogo, Centre SAS, Bouaké Eveil, and Welfare Botro.
References


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