

Provider-initiated HIV Testing and Counselling

One-day Training Programme

Field test version April 2011



WHO Library Cataloguing-in-Publication Data

Provider-initiated HIV testing and counseling: one-day training programme, field test version.

1.AIDS serodiagnosis. 2.HIV infections - diagnosis. 3.Counseling. 4.Teaching materials. 5.Health personnel - education. I. World Health Organization.

ISBN 978 92 4 150129 3

(NLM classification: WC 503.1)

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INTRODUCTION

Intended participants

This course targets health care providers who have the responsibility for establishing and implementing the provider-initiated approach to HIV testing and counseling. This includes health care providers in the public, NGO and private sectors. Priority health care delivery settings include STI clinics, antenatal clinics, TB treatment facilities, and services for injecting drug users, men who have sex with men and sex workers. In settings with generalized epidemics, HIV testing can be offered as part of any clinical contact for adults and children.

Individuals participating in this training should have a good working knowledge of HIV and the public health system in their country, and a role in the health care delivery system where they could recommend HIV testing to patients. WHO and UNAIDS have produced training materials on HIV testing and counseling – including HIV rapid testing – which can supplement this training material.

In addition, WHO has produced training and practical tools on Integrated Management of Adult Illness and Adolescent (IMAI). These materials, which include HIV clinical care, are a resource for health care providers needing further information on HIV testing for diagnostic purposes or who want to strengthen their ability to provide HIV care to their clients. There is an accompanying IMAI PITC DVD designed to stimulate discussion during PITC training.

Objectives

By the completion of this training, participants will be able to:

- Discuss the benefits and challenges of HIV testing with patients;
- Provide brief, accurate education on HIV prevention and transmission and HIV treatment and care;
- Understand the need for confidentiality and consent and how to employ these in practice settings; and
- Deliver HIV test results, including referral to treatment, care and prevention support, and provide guidance on the benefits of partner disclosure/notification.

Background and rationale

Since HIV antibody testing first became available, WHO has advocated for people at risk for HIV to voluntarily seek out HIV testing and counseling. The cornerstone of WHO guidance on HIV testing has remained constant for twenty years: confidentiality, informed consent, and access to counselling. Programmes in many countries offering client-initiated testing and counseling (CITC) – often referred to as voluntary counseling and testing (VCT) – have successfully informed individuals about HIV and prevention measures, and offered HIV test results, counselling and referral for ongoing care and support to millions of individuals.

However, in many high-prevalence countries, fewer than one in ten people with HIV are aware of their HIV status. Reaching individuals with HIV who do not know their serostatus is a global public health priority. The recommendation for *universal systematic* offer of HIV testing and counseling is

seen as an important step to achieving the goal of universal access to care and treatment for all people with HIV. HIV testing also provides an important opportunity for HIV prevention.

Current levels of HIV testing in most countries are low. So in light of steady advances in prevention, treatment and care, WHO and UNAIDS have advocated for an increase in provider-initiated HIV testing and counselling (PITC) in addition to client-initiated testing and counselling (CITC). Following a series of consultations, WHO/UNAIDS jointly released the Guidance on Provider-Initiated Testing and Counselling in Health Facilities (May 2007). This document has guided the development of these training materials and should be seen as an important resource for trainers, policy makers, and others charged with implementing PITC programs.

WHO/UNAIDS Guidance on Provider-Initiated Testing and Counselling defines the epidemiological criteria in the following way:

1. Low-level HIV epidemics

Although HIV may have existed for many years, it has never spread to substantial levels in any sub-population. Recorded infection is largely confined to individuals with higher risk behavior: e.g. sex workers, drug injectors, men having sex with other men. Numerical proxy: HIV prevalence has not consistently exceeded 5% in any defined sub-population.

2. Concentrated HIV epidemics

HIV has spread rapidly in a defined sub-population, but is not well-established in the general population. This epidemic state suggests active networks of risk within the sub-population. The future course of the epidemic is determined by the frequency and nature of links between highly infected sub-populations and the general population. Numerical proxy: HIV prevalence is consistently over 5% in at least one defined subpopulation but is below 1% in pregnant women in urban areas.

3. Generalized HIV epidemics

HIV is firmly established in the general population. Although sub-populations at high risk may contribute disproportionately to the spread of HIV, sexual networking in the general population is sufficient to sustain an epidemic independent of sub-populations at higher risk of infection. Numerical proxy: HIV prevalence is consistently over 1% in pregnant women.

The summary guidance on PITC recommends that HIV testing and counselling should be offered:

- To all patients irrespective of epidemic setting, whose clinical presentation might result from underlying HIV infection (e.g. TB or medical symptoms possibly indicating HIV);
- As a standard part of clinical care in STI, IDU, family planning and antenatal services in all settings;
- As a standard part of medical care for all patients (adults and children) attending health facilities in generalized HIV epidemic settings;
- Selectively in concentrated and low epidemic settings.

It is important to link provider-initiated testing with referral to post-test counselling services for patients, and referrals to medical and psychosocial support for those testing positive. In

moving toward a provider-driven approach, there has been much discussion about the power inherent in the role of the health worker in some cultures. This fact, coupled with use of language that encourages patients to take an HIV test, raises concerns about whether provider-initiated testing is truly voluntary. The recommendation for HIV testing may be perceived as an order, for some patients. Sensitivity to patients' wishes and recognition of the right to refuse testing should guide a provider's interactions in obtaining consent. WHO/UNAIDS have consistently refuted any benefit to mandatory testing, and ensuring consent is a principle that cannot be overlooked.

Every effort must be made to ensure voluntary informed consent to HIV testing and to ensure confidentiality of test results is maintained.

When implementing provider-initiated testing, the traditional pre-test counselling components used in CITC are adapted to simply ensure informed consent, without a full education and counselling session. However, every effort should be made to identify additional support within the health care setting for education and emotional support as part of the HIV testing interaction.

This course does not attempt to meet the needs of all clinicians doing routine recommendation of HIV testing for diagnostic purposes. WHO and the Centers for Disease Control and Prevention (CDC) have jointly produced curricula on HIV testing in TB and antenatal settings. IMAI also includes PITC training in TB Care with TB-HIV co-management and in the WHO IMAI/IMPAC clinical training course for integrated PMTCT interventions. This training package has been designed for clinicians treating STIs and providing family planning services, and for providers in general medical settings with high HIV prevalence. It is also important to acknowledge that this course does not deal with some important clinical information which would need to be part of a course on diagnostic testing for suspicion of HIV infection. The training that most closely meets that need would be the Integrated Management of Adolescent and Adult Illness (IMAI) courses discussed earlier.

Goal of course

A primary goal for this course is to increase the number of health care providers offering HIV testing to patients seeking care in public, private and NGO health facilities.

The focus in the development of these materials has been on adapting the most common model of HIV testing and counselling to:

- Address health care providers' concerns about time and staff constraints in busy health care delivery settings;
- Support the implementation of an approach to increase the number of people who know their status and access treatment; and
- Offer clear suggestions for achieving the goals of provider-initiated testing and counselling.

This training has been designed to offer a model (see page 6) of HIV testing in which the provider recommends HIV testing, assures confidentiality, and obtains informed consent. Pre-test information and education may be offered by any member of the health care team. In this model, the education session facilitates the patient making an informed decision. The provider then confirms the patient's desire to test. Finally, the test is performed and results are delivered with brief post-test counselling focused on providing information about and access to HIV prevention services (including prevention of mother-to child transmission); access to care; basic support, treatment and partner counselling services if positive, and any other necessary referrals.

While the goal of PITC is to provide HIV screening of patients in health settings, HIV testing has always presented an important opportunity for education and initial counselling about HIV risk behaviour and negotiation of a risk reduction plan. The encouragement to incorporate PITC comes with guidance that the provision of counselling should not be seen as a requirement (and potentially a discouragement) to test for HIV. The reality is that, in many health care settings, the provider does not have time or training to conduct thorough counselling. In these settings the availability of ancillary staff within the health setting who can provide counselling support would

be ideal. In the absence of this, high quality referrals for supportive counselling should be seen as a minimum standard for health facilities integrating PITC.

The provider-initiated model has the potential to result in higher uptake of testing. However, it is critical that along with a discussion of benefits and barriers to HIV testing, the patient understands fully the choice to opt out if they so desire. If a patient initially declines testing, providers should assess the patient's reluctance or barriers to testing and create a plan with the interdisciplinary team to understand and address specific concerns about testing.

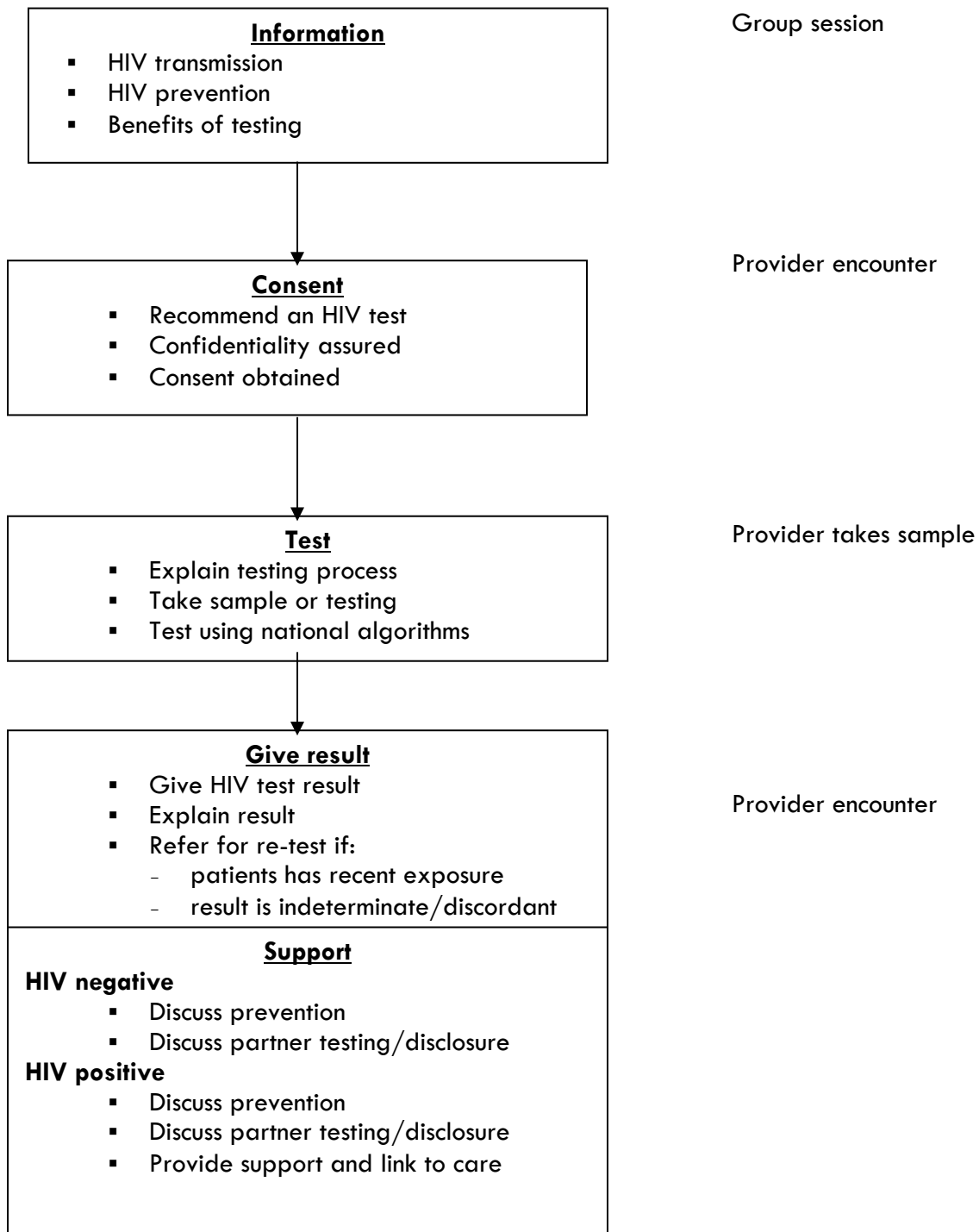
There are a range of national testing protocols for HIV antibody testing. Blood specimens are collected to facilitate testing using rapid test technology or traditional lab-based Elisa testing. This has resulted in some countries being able to provide same day results; in other settings, the patient must return for their results, while still other countries offer a combination of both. The provider-initiated approach can accommodate any testing methodology.

This course is intended to enable the provider to understand and implement the provider-initiated approach to HIV testing and counselling.

This one-day PITC training programme should follow the *Basic Chronic HIV care with ART* and *Acute Care Clinical* training course according to the IMAI training schedule. The course is also relevant for IMAI Lay Providers Course (ART aid training course) and IMCI-HIV complementary course. For more information on IMAI please refer to: <http://www.who.int/hiv/topics/capacity>

The PITC 1-day training course does not provide training in quality assurance, procurement and storage, or other key HIV policy decisions which may need to be addressed as countries scale up HIV testing and counselling programs. WHO and CDC produce additional training materials which can be used to augment the content of this course.

Provider-initiated HIV Testing and Counselling Protocol



Adapting this curriculum

This training package is intended as an easily adaptable course with broad utility in a number of settings. These materials do not address certain specific regional and cultural differences or specific needs of unique settings. It is anticipated that programme managers working with local trainers may modify this package to meet the particular needs in specific settings.

At the same time, these materials have been created with distinct learning objectives. These make up the 'core messages' for a training on PITC; altering these may dilute the intention of this course and change information about good practice in HIV testing and counselling interactions. Thus, the learning objectives should be retained, whatever modifications are made to the course.

Preparations for the course

1. Selection of trainers

Select the appropriate staff to act as trainers. The following criteria should be considered in making this selection:

- Expert knowledge of HIV
- Good knowledge and understanding of the national public health system
- Good understanding of basic counselling/counselling skills
- A role within the delivery of care system
- Experience with and proven ability for training delivery
- Thorough knowledge of country guidelines and protocol for provider-initiated testing
- Knowledge of the country's national HIV testing strategy and plans for scaling up access to prevention, treatment and care.

2. Trainer's role

Trainers who use these materials should be familiar with the facilitator guide and the slides that will be used for the presentations and which also serve as the participant manual. Trainers will be asked to lead sessions and facilitate discussion around each topic. Ideal trainers for this course would be comfortable in both teaching modalities.

Trainers should be organized, non-judgmental and flexible. This training requires a facilitator who knows their audience, who can adjust material as needed, and who is skilled at training coordination and management.

Whenever possible, pairing one trainer with a co-trainer provides benefits to learners as well as making the tasks of training more manageable. Using two trainers can make an educational experience more engaging for learners and easier for the trainers themselves.

3. Facilitator guide

The facilitator guide is designed to help trainers lead participants through learning objectives and practical exercises. It is divided into four modules. At the beginning of

each module, the time requirement is indicated. A narrative description of the objectives for the module and suggestions for preparation are outlined. Within each module, sub-modules with specific activities and content are outlined. A numbered outline indicates information to be presented in lecture format. A checked box indicates where the trainer should engage participants in discussion or facilitate an activity.

4. Participant manual (companion piece in PowerPoint)

The participant manual is designed to be a 'map' of the training as well as a tool for future reference in the participants' HIV testing interactions. The participant manual has been created using PowerPoint. In preparing the materials, the trainer can print copies of the PowerPoint file as handouts, with 3 slides per page spacing recommended.

The slides are designed for use as an LCD projected or overhead presentation, but can easily be adapted and mounted on flip charts. As they have been created in PowerPoint, the slides are numbered for easy reference. References to slides in the facilitator guide correspond to slide numbers in the PowerPoint file. Note that the 3 slides per page handouts provide additional space for notes, so participants should be encouraged to use the space for that purpose.

5. Preparations for training

- Assemble all necessary equipment and supplies – projectors, flipcharts, markers, tape for posting flipchart pages on wall
- Handout 1 – Make copies of PowerPoint file – 1 per participant, 1 per facilitator, 3-5 extra copies
- Handout 2 (optional) – Make copies of WHO/UNAIDS Policy on HIV Testing and Counselling – 1 per participant
- Handout 3 – Questions About HIV Testing (see Module 3) – 1 copy for every 2 participants
- IMAI PITC training video (optional)

When delivering this training as part of IMAI training, the additional materials needed are:

- the *Participant Manual to the IMAI Acute Care Course*
- the *IMAI Acute Care Guideline Module*.

MODULE 1: INTRODUCTION TO TRAINING AND OVERVIEW

Total Time: 30 minutes

10 minutes	Welcome and introductions
5 minutes	Course objectives
15 minutes	Introducing the topic: Provider-initiated HIV Testing and Counselling (PITC)

Module objectives: Participants will be introduced to one another, and the trainer will introduce herself/himself and the training content. Overview, agenda and objectives for the course will be presented, and the rationale for provider-initiated testing and counselling will be explained. A brief overview of the PITC protocol will be presented.

Preparation: If slides are to be shown, a projector with back-up bulb should be ready. A flipchart and newsprint should be available for notes and lecture points. If a slide projector is not used, writing most notes from slides onto newsprint prior to the training will suffice.

WELCOME AND INTRODUCTIONS

Time: 10 minutes

Materials: Flipchart

1. Welcome participants to the training. Thank them for their willingness to participate and openness to learning. Emphasize that HIV is an important problem, and everyone in their community is lucky to have caring health care workers willing to respond.
 2. Briefly discuss logistics for the training. State that a full training day is planned, and attendance all day is necessary for participants to learn what they will need to know. Explain there will be tea breaks in the morning and afternoon, and discuss options for lunch. Make sure everyone is informed where the lavatories are, and ask that all mobile phones be turned off to minimize distractions during the day.
- ☒ *Introduce yourself and, if applicable, your co-trainer. Emphasize your experience in training and HIV testing and counselling as well as other relevant health care experience. Ask participants to introduce themselves briefly to the group, noting that there will be other opportunities through the day to continue finding out more about one another. Ask participants to mention the following points:*
- Name
 - Work setting
 - Challenges associated with HIV testing [you may phrase this question as 'What makes HIV testing difficult in health settings?']

Suggest a time limit for each introduction (depending on number of participants).

3. As participants introduce themselves, model effective listening and convey interest and empathy. If anyone takes too long, remind them that this exercise is designed to be brief.
- ☒ *As people are stating the challenges to HIV testing, record these on prepared flip chart labeled "Challenges".*
4. Once introductions are complete, acknowledge the important experience and perspectives of participants, and advise them that they can help make this a valuable learning experience by offering solutions they have found in addressing some of the challenges which are part of HIV testing and HIV care provision. If participants disclose that they are living with HIV, stress that they are an extraordinary resource in this training and to patients and thank them for their disclosure.
5. [Optional] You may wish to generate a list of ground rules which you will ask participants to adhere to. If you do, begin by labeling a flip chart, then ask for volunteers to suggest ground rules to be followed by you and members of the learning community during the training. As participants make suggestions, record these to newsprint. Hang these in a prominent location in the training room.

COURSE OBJECTIVES and AGENDA

Time: 5 minutes

Materials: Agenda (Slide 2), Course Objectives (Slide 3), Protocol for PITC (Slide 4)

- ☒ *Distribute participant manuals (Handout 1).*
- ☒ *Reveal Slide 2, and ask participants to turn to the agenda in participant manuals (handouts).*
- 1. Review structure for the day, inviting any questions about content as you proceed. Offer the suggestion that the day is a full day of training and your hope that it will be rewarding. Suggest that the curriculum has been developed to comprise one day of training including an hour lunch break and morning and afternoon tea breaks.
- ☒ *Reveal Slide 3, and discuss objectives for the course. By the completion of this training, participants will be able to:*
 - Discuss benefits of HIV testing with patients who are offered HIV tests;
 - Provide brief, targeted health education on HIV, transmission and prevention, and information about the test itself and access to treatment and care;
 - Identify need for confidentiality and informed consent, and understand how to employ these in their practice settings; and
 - Deliver HIV test results, including referral to treatment and care, prevention support. Discuss potential need to notify partners.
- ☒ *Reveal Slide 4, and suggest that this depiction summarizes one possible protocol for a provider-initiated test intervention. Quickly review the protocol making the following points:*

- The intervention begins with either some form of group education or with a provider recommendation including brief HIV content. Note the traditional CITC pre-test components are abbreviated.
- Consent is obtained, assuring confidentiality.
- Sample is obtained for HIV testing.
- Results are given and interpreted.
- Post-test referrals and support provided, including information about HIV prevention and HIV prevention services. Counselling may or may not be offered in this setting; a referral to quality counselling may replace traditional post-test counselling in CITC.

Offer this as a BRIEF introduction to PITC, and note that the rest of the course will explore each step in the intervention in great detail.

Introduction to IMAI Provider-Initiated Counseling and Testing DVD

The use of the PITC CD is optional. It can be used as an additional tool or instead of a practical session in any PITC training. It is designed to enhance the learning experience in the appropriate sections. There are 7 scenes to select from and these can be used in different sections of the training. The facilitator should familiarise themselves with the selected scenes. Suggested questions accompany the PITC DVD to stimulate discussion and enhance PITC skills.

Description of PITC DVD Scenes

Scene #1- Failure while Recommending HIV Test

The health worker recommends HIV testing to a patient in an STI treatment interaction. Patient declines HIV testing.

Scene #2- Success while Recommending HIV Test

A health worker follows up with a patient who initially declined HIV testing. Patient agrees to HIV testing.

Scene #3- Recommending Antenatal HIV Testing

A health worker recommends HIV testing to a patient in an antenatal setting.

Scene # 4- Positive HIV Test Results

The patient from the antenatal clinic is given a positive HIV test result.

Scene #5- Recommending HIV Testing for Diagnostic Purposes

A health worker in a TB care setting recommends HIV testing for a patient who has been diagnosed with TB.

Scene #6- Announcing Negative HIV Test Results-Short Version

The TB patient previously tested is given his negative results in a brief encounter.

Scene #7- Announcing Negative HIV Test Results- Long Version

The TB patient is counselled by his health worker in a longer negative result-giving session.

INTRODUCING THE TOPIC: PROVIDER-INITIATED HIV TESTING

Time: 15 minutes

Materials: Flipchart, Benefits of Provider-initiated Testing (Slides 4-5)

1. Remind participants of the title of the course. Ask their thoughts on why a course was developed that focuses on the health care worker recommending HIV testing to a patient who has not requested the test. If they need another prompt, ask what percent of their patients are at risk for HIV. Next ask what percentage of patients sees themselves at risk. Listen and confirm responses. If no one has mentioned the point, be sure to emphasize that, in many health care settings, patients are probably more at risk for HIV than they acknowledge.
 2. Throughout the world, there is an urgent need to ensure that people living with HIV have access to treatment, care, support and prevention strategies. This is not possible if the persons infected, and the health care providers that serve them, are not aware of their HIV status and their needs. Health care systems need to adopt an efficient and effective way to increase the number of persons who have the opportunity to do an HIV test. There is a need to consider a shift to the provider-initiated approach to achieve a higher uptake of HIV testing and counselling services. This method has been used in public health settings to achieve the objective of high yield for other health issues such as: reducing syphilis in pregnant women; increasing immunization coverage; and prevention of various cancers.
- ☒ Refer to the flipcharts with recorded participant concerns about HIV testing. Inform them that this course has been designed with the aim of addressing some of their concerns.
 - ☒ Show Slides 5 and 6, using the following to guide your talking points about the benefits of PITC:

Time: Begin by stressing that one important task in moving to PITC is recognizing the limits of physician time in busy medical settings. To address this, the recommendation is that counselling expectations like those for CITC/VCT be minimized or waived.

Human resources: One option for delivering high-quality testing and counselling while addressing the time constraints for health care workers is to use other staff to assist with HIV prevention tasks. These may include existing staff and trained lay counsellors.

Stigma: One important reason providers may resist offering HIV testing is patient discomfort. If patients feel 'singled out' or somehow stigmatized because HIV testing is offered, it may hurt the patient-provider relationship. If, on the other hand, this service is routinely offered to all or most patients in a given setting, the offer of the procedure and the procedure itself become 'normalized'. This also serves to change community norms about HIV testing as a routine component of medical care.

Multiple patient needs: Some providers may be resistant to offering HIV testing because of a perception that they are expected to 'fix' all of the emotional and

other problems facing patients. With a de-emphasis on counselling and emotional support, the testing intervention becomes a more typical medical screening procedure, and linking patients to appropriate counselling and support becomes a function of effective referral not intensive individual counselling in the health care setting.

3. State that while no intervention can address all these constraints, significant effort has been made to develop a protocol that is sensitive to the concerns of health care workers and the needs of persons living with HIV who do not know their status. In addition, note that any effective HIV prevention intervention must be very attentive to patient's issues and concerns. Inform the group that the next activity is designed to think about HIV testing from the perspective of clinic patients.
4. Invite any final questions about the agenda or objectives and proceed to the next section by suggesting the course will turn to the question of why HIV testing is recommended and a consideration of some challenges for patients who are taking HIV tests.

END OF MODULE 1

MODULE 2: BENEFITS AND BARRIERS TO TESTING

Total Time: 50 minutes

10 minutes	Benefits of HIV testing
5 minutes	Barriers to HIV testing
5 minutes	Patient-centered care
15 minutes	Confidentiality and consent
15 minutes	Model for provider-initiated HIV test intervention

Module objectives: Participants will discuss the benefits of and barriers to HIV testing. Principles of informed consent, confidentiality, and counselling availability will be discussed. A model for provider-delivered HIV testing and counselling will be introduced.

Preparation: Flipcharts and markers should be available for note-taking during group exercises. Trainers should be very familiar with the four step model for PITC, and may choose to post this in the training room. A copy of WHO/UNAIDS policy on HIV testing and counselling may be reproduced as a supplemental handout (Handout 2) – distribute this now if you have made copies.

BENEFITS OF HIV TESTING

Time: 10 minutes

Materials: Flipchart

- ☒ Quickly divide participants into two groups or, in larger groups, divide into manageable groups but instruct half the groups to focus on one of two questions.
- 1. Once groups are formed, explain that the task for the next 7 minutes will be to think about the benefits of and barriers to HIV testing **from the perspective of patients being offered HIV testing.**
- ☒ Ask one half of the group(s) to think about the benefits of HIV testing. Ask, “If you were a patient thinking about taking an HIV test, what might you see as the good things about that medical information?”
- ☒ Invite the other group(s) to generate a list of barriers to HIV testing. Ask, “If you were a patient who was offered HIV testing, what might you see as the bad things about taking an HIV test?”
- 2. Tell groups to brainstorm as many benefits and barriers as they can in the allowed time. Give groups a two-minute notice after five minutes, and end discussions at 7 minutes.

3. Begin debriefing by asking the appropriate group(s) to discuss all the benefits of HIV testing they identified. Listen and confirm responses.
 - ☒ *If you have multiple groups, invite one group to share 2-3 ideas, and then allow other groups to add ideas until all suggestions have been offered. Record these responses on a flipchart labeled “Benefits”. You should expect to hear answers like:*
 - Early access to treatment and care
 - Ability to make family planning choices
 - Possibility to make lifestyle changes
 - Ability to change behaviour to avoid transmission to partners
 - Ability to prevent transmission to infants
 - Option of making choices about child custody
 - Planning for possible health problems
4. Affirm all answers and thank the group for their suggestions. Add any additional benefits to HIV testing you can think of.
5. State that, particularly where time and resources may be limited, there may be reasons to prioritize patients who are ‘most in need’ of HIV testing.
 - ☒ *When that is the case, ask participants which patients are particularly in need of provider-initiated HIV testing. If a second prompt is needed, ask what criteria they would use to determine which patients should be offered HIV testing. Expect responses like:*
 - STI patients
 - Patients with TB
 - Patients with symptoms of HIV
 - Patients with multiple risks
 - Women in antenatal clinics
6. Acknowledge the group’s work, adding any priority populations not identified by the group. Invite any questions. Acknowledge their ability to understand risk factors for HIV and the significant benefit to HIV testing.

BARRIERS TO HIV TESTING

Time: 5 minutes

Materials: Flipchart

1. Acknowledge that health care workers are usually very familiar with the benefits of HIV testing, and sometimes not as sensitive to the barriers to testing. Inform the group that this is the purpose for including a discussion of barriers to HIV testing.

2. Ask the appropriate group(s) to list the barriers to HIV testing that they identified. Again, if there are multiple groups, alternate between groups to share reporting time.

☒ Record these on flipchart labeled “Barriers”.

3. It is important to listen attentively and affirm responses.

☒ Once this group has finished, ask remaining participants what else they would add to the list. Confirm and record responses. You should expect responses like:

- Fear of abandonment
- Fear of violence
- Loss of job
- Loss of family support
- Community rejection
- Fear of illness/mortality
- Fear of depression/anxiety/inability to cope
- Denial of past HIV risk behaviour

4. Conclude brainstorm by asking participants why reviewing barriers to HIV testing is important. Confirm responses. If they need a follow-up prompt, ask what might happen if providers don’t understand potential barriers. Again listen and confirm responses.

5. Summarize by saying that the rationale for this course is the absolute health benefit of people at risk knowing their HIV status. That said, the realities of patients’ lives and the stigma and emotions associated with HIV testing remind us that the most effective testing and counselling programmes will couple provider-initiated testing and counselling with comprehensive interventions, including sensitive, in-depth counselling and prevention support.

6. **State that any HIV testing policy which addresses human rights must include what have been called the ‘3 C’s’ of HIV testing and counselling: consent, confidentiality, and access to counselling.**

Point out that, while risk-reduction counselling should not be seen as a *requirement* in provider-initiated testing, a model HIV testing program would have additional staff available to augment the testing interaction where resources and time prohibit more extended interaction with primary care providers.

7. To help patients cope with the barriers to testing, careful attention must be paid to patients’ needs when recommending HIV testing. Transition to the next activity by stating that we will take a moment to explore these needs with a preliminary examination of the provider/patient relationship.

PATIENT-CENTRED CARE

Time: 5 minutes

Materials: Flipchart

- ☑ Ask participants to think for a moment about their experiences as **consumers** of health care. Ask, when they are patients, what they value in a relationship with a health care provider. If they need another prompt, ask what qualities would help them feel safe to trust their provider and comfortable talking honestly about their sexual behaviour.
- ☑ Listen carefully, and record responses on flipchart labeled “Helpful traits”. You should expect responses like:
 - Compassionate
 - Good listener
 - Non-judgmental
 - Patient
 - Confidential at keeping my secrets
 - Knowledgeable
- 1. Explain that these are the types of traits you are referring to when you speak of patient-centred care. These relationship factors are important in most health care settings, but are especially critical as we think about overcoming potential barriers to HIV testing.

Retain this newspaper for an activity during Module 4.

- 2. Transition to the next section by pointing out that we will spend a moment thinking about two of the three C’s in the WHO/UNAIDS guidance: confidentiality and consent.

CONFIDENTIALITY AND CONSENT

Time: 25 minutes

Materials: Flipchart

NOTE:

This initial activity is designed to raise some anxiety for participants who should think for a moment that they will be asked to reveal an intimate detail during this training. The intention is to briefly suggest they will be asked to reveal something about themselves that would make them vulnerable, pause for a moment, then advise them that this was only an exercise. Make sure that no one actually has enough time to disclose to anyone the information you suggest.

- ☑ In a matter-of-fact way, tell participants that in just a minute, they will turn to the person beside them and begin to discuss one of two scenarios: a time in which they had unprotected

sex and risked HIV or STI transmission, or a time they had sex and risked an unintended pregnancy.

- ☑ *Excuse yourself for a moment, explaining that you are looking for something in your materials. Look through your briefcase or trainer notes for a moment or two, allowing enough time for participants to reflect on what you have asked.*
- ☑ *After this digression, return your attention to the class and lightly explain that no one will be asked – or allowed – to discuss their sexual history. Monitor group activity, and **DO NOT allow anyone to disclose this information.***
- 1. State that this was designed to help them think about what it might be like to discuss intimate information.
- ☑ *Ask if anyone felt uncomfortable about this possible disclosure? Listen and confirm responses. Next, ask what other questions or issues participants had as they thought about disclosure.*
- 2. If it is not mentioned, **it is important to ask if they had a concern about their colleague keeping information confidential.** Listen and confirm reactions.
- 3. State that while all health facilities are committed to patient confidentiality, because of the significance of information shared in HIV testing, serious thought must be given to potential breaches of confidentiality and thought must be given to how to prevent problems of this nature.
- ☑ *Instruct participants to find a partner with whom they can work for 5 minutes. Once pairs have formed, ask partners to discuss the question: “What/Where are potential situations or places in the clinic when a patient’s confidentiality may be compromised?”*
- ☑ *Advise them that they are not to mention any staff persons by name, but rather to focus on a generic discussion about potential pitfalls within the system where they work. Allow 5 minutes for discussion, and then invite the group to process the question.*
- ☑ *Ask the group to make a list of potential breaches of confidentiality that they discussed with their partners. Record these on flipcharts labeled “Possible problems”. Once all the potential problems have been identified, quickly divide group into smaller groups of 6-8 participants. Ask them to look at the list of potential problems and pick at least two that they can suggest possible safeguards for or strategies to implement to avoid problems.*
- ☑ *Allow 8-10 minutes for groups to discuss, and then invite discussion. As groups offer suggestions, write possible solutions beside the problem on the flipchart. Listen and confirm all responses. If any potential problems have not been addressed, facilitate a group discussion and create suggestions for these problems. Once this process is done, review any additional points as necessary. Possible solutions may include:*
 - Staff training around confidentiality
 - Obtaining explicit permission to discuss patient’s case with colleagues

- Secure record-keeping and storage and other issues which are important to a confidential encounter.
4. Once you have finished, briefly refer back to the '3 C's' and point out that the second 'C' is informed consent. Explain that, in many health care settings, a patient's decision to come for care implies consent. Note that, because of the serious nature of HIV testing and counselling, it is ethically imperative that a provider determine that a patient consents to testing and is rationally able to do so. To administer an HIV test without appropriate consent would be a grave error in judgment and a violation of a patient's rights.
 5. Point out an important aspect in the shift toward provider-initiated testing (which differs from client-initiated HIV testing) is the encouragement from the health worker to take the test. Note that this is different from client-initiated testing and counselling (CITC), where the clients have already made the decision to test and come in to the clinic on their own.
 - ☒ Ask if anyone can distinguish between the two philosophical approaches. Listen and confirm responses, stressing that, in PITC the recommendation to test is made in the spirit of 'unless you object, I plan to administer the test'.
 6. State that this shift may present a challenge for providers: the task of assuring voluntary consent while recommending HIV testing.
 - ☒ Ask participants to take a moment to think through possible ways to determine voluntary consent while recommending HIV testing. Listen and confirm responses. Add appropriate possible questions like:
 - "Unless you object, I plan to take a sample for HIV testing. I think it will be important for you to know this information."
 - I want to perform an HIV test today. If that isn't all right, you need to let me know."
 - "I think this test will help me take care of your health/baby and, unless you object, I'm going to obtain a sample. Can you agree with me?"
 7. Point out that, in PITC interventions, advice to take the test is given and consent is obtained in a manner similar to the ones discussed. Point out that an important additional suggestion may be to briefly include a provider's rationale or medical reason for suggesting HIV testing.
 - ☒ Ask participants to think about strategies for encouraging patients to consider HIV testing which are **not coercive**. Listen and confirm responses, emphasizing the importance of stressing the rationale for HIV testing, the benefits of knowing one's status, and how knowing one's status will help to ensure that the provider gives the person the best and most appropriate medical care possible.
 - ☒ Ask for a volunteer to think of a way a health worker might convey the rationale for HIV testing. Listen and confirm responses. Repeat with one or two additional volunteers.

- ☑ *Ask another volunteer to think of how a health worker could convey the benefits of testing. Repeat with one or two additional volunteers. Listen and confirm all responses.*
- ☑ *Finally, remind participants of the role of reassuring patients that services for persons living with HIV are available and that they can get medical care regardless of their decision about HIV testing. You may use any of the following illustrations to add to the group discussion.*

EXAMPLES OF PROVIDER COMMUNICATION PROMPTS

Reasons why HIV testing is being recommended:

- *“In order to understand your health problem, it is important to know if it is related to you having HIV.” Or*
- *“HIV is common in this community. Therefore, in order to provide the best health care possible, it is recommended you receive an HIV test today.”*

Benefits of HIV testing:

- *“There are many things we can do if we find out you have HIV, including making sure you get medicine that keep people healthy for a long time.” Or*
- *“If you know you have HIV, you can protect yourself from other diseases and keep your husband/wife and baby safe.”*

Services are available for HIV positive individuals and all health services the patient has come for will be available to them whether or not they consent.

- *“The HIV center will offer drugs which fight HIV.” Or*
 - *“If you are negative, we will treat your health problems and we have counselors who can help you learn to stay negative.”*
8. Stress that, according to WHO/UNAIDS policy, the minimum amount of information required to provide informed consent includes:
 - The clinical and prevention benefits of testing
 - The right to refuse
 - The follow-up services that will be offered and
 - The importance of people who test positive informing past and future partners
 9. Transition to the next section of the course, stating that this step – the provider recommending HIV testing – is one component of a four step model for provider-initiated HIV testing and that this will be the focus for the remainder of the course.

MODEL FOR PROVIDER-INITIATED HIV TEST INTERVENTION

Time: 20 minutes

Materials: Flipchart, Model for Provider-initiated HIV Testing And Counselling (Slide 7)

1. Conduct a didactic review of the model for PITC.

☒ *Reveal Slide 7. Quickly review the steps, using the following to guide the discussion.*

- **Step 1: Group education session is given.** (Optional dependent on staff and time).

A brief explanation about HIV transmission, HIV testing procedure, benefits of testing and prevention measures may be done. Note that this is a simpler and shorter intervention than normal individual pre-test counselling performed in CITC. In some settings, pre-test information may be provided by a health worker in the clinic rather than by a group education session.

- **Step 2: Provider engages patient individually and recommends HIV test, assures confidentiality, and obtains consent.**

Remind participants about the 3 C's, stressing that in this step the provider focuses on voluntary consent and assuring confidentiality. Note that where group education is not delivered, the educational components about HIV transmission and testing should be covered in this step.

- **Step 3: Specimen for HIV testing is obtained.**

HIV testing may be done using the rapid tests or Elisa tests. The type of test used will determine whether specimens will be obtained through finger stick or whether taking a blood sample will be required. The national protocol will determine whether results are given to clients/patients on the same day or whether they will be asked to return for their results. In either event, all facilities are expected to follow the country's algorithm for HIV testing.

It is anticipated that, in many settings, the primary care provider or phlebotomist may obtain specimens. In other settings, it will also be appropriate for other staff, including lay counsellors, to obtain a specimen for testing.

- **Step 4: HIV test results delivered to patient and referrals made.**

The patient is given their HIV test results, the results are explained, and referrals for ongoing support are made. Although another clinic staff member may give test results, primary care providers are encouraged to deliver HIV test results when this is feasible. Note here that the test was recommended by a health care provider with a distinct medical rationale for it. It is logical that

these results be interpreted – and a follow up plan of care developed as indicated – by the primary care provider who began the process.

2. Invite a short practice of the skills necessary for accomplishing Step 2. Explain that the next section of the course will address the skills of Step 1. State that, as you have talked at length about informed consent and assuring confidentiality, you would like participants to have a chance to practice briefly using what they have learned so far.
 - ☒ *Ask participants to find a partner with whom they can practice recommending HIV testing.*
 - ☒ *Once pairs have formed, instruct one person to step into the role of patient. Instruct that person to be a patient who had not come specifically for HIV testing – but who has engaged in HIV risk behaviour. Ask the providers to think about language to introduce HIV testing, to obtain consent, and to reassure confidentiality. Remind them they are to encourage HIV testing without being coercive. Advise the person playing the role of provider that they have three minutes and instruct them to begin.*
 - ☒ *After three minutes, call time. Begin by asking the ‘patient’ what went well. Listen and confirm all successes. Next, ask the ‘providers’ where they struggled. Listen and use the opportunity to problem solve.*
3. Note that in most settings the vast majority of people could potentially be at risk from HIV transmission if they are sexually active. At the same time, it is important not to make a judgment that this is an ‘at risk person’ because the aim of PITC is to offer HIV testing to **all people** and not just to those whom the provider judges to be ‘at risk’. This is the reason why people get missed... the nurse assumes this is a ‘respectable’ married woman who does not have sex with anyone other than her husband, and her assumptions may be inaccurate. The aim of PITC is to say “We are offering HIV to everyone in this clinic.” – not singling out people because we think they could be ‘at risk’.

If using PITC Video, play Scene 2 “Success when Recommending HIV Testing”. Introduce the vignette saying you will observe a nurse in an STD clinic. Note this is a follow up after the patient initially declined HIV testing. The nurse attempts to encourage HIV testing. Invite the group to make notes in two areas: what the nurse does that they feel is effective and what she could do differently which would improve the outcome.

Use the following questions to facilitate discussion:

- What did the nurse do that was effective?
 - How do you believe the patient is feeling?
 - How could the nurse’s practice in encouraging HIV testing been improved?
- ☒ *Transition to the next module of the course by picking up on the need for accurate information, suggesting that the focus of the next module is on effective delivery of health information. Invite any final questions. State that the activities will shift to the*

next module, focusing on the skills needed to achieve Step 1: brief pre-test information.

END OF MODULE 2

MODULE 3: PATIENT EDUCATION STRATEGIES

Total Time: 60 minutes

15 minutes	Strategies for effective HIV education
10 minutes	Key concepts: HIV antibodies
15 minutes	Elements of pre-test education
20 minutes	Pre-test education

Module objectives: Participants will be given basic information about good health education practices as they deliver HIV pre-test information. Focus will be on pertinent information related to pre-test information in a provider-initiated testing intervention, including concepts of antibody development and review of HIV testing criteria. In an IMAI training, refer to IMAI guideline modules , training materials and patient education flipcharts for extra information.

STRATEGIES FOR EFFECTIVE HEALTH EDUCATION

Time: 15 minutes

Materials: Flipchart, Strategies for Effective Health Education (Slide 8)

1. State that one important element in HIV testing is offering patients accurate information.

☒ *Reveal Slide 8. Use the following suggestions as your talking points.*

- **Address your patient's chief concern first.**

Ask if anyone has ever been to the market when someone was trying to sell them something that they weren't interested in buying. Acknowledge responses and ask what they were thinking as this person continued to describe items they did not want to buy. Make the connection that when we don't offer education in a client-centered way, we run the risk that our patients feel the same way the participants felt in the market.

Explain that, while we have information and expertise clients might need, our abilities to convey information are maximized if we begin by exploring our patient's agenda. State that the simplest way to learn a patient's chief concern is to ask. Questions like "What are you most concerned about?" or "What would you like to get out of today's visit?" are excellent examples.

- **Start education by asking what your patient already knows.**

One simple strategy for assessing a patient's information gaps as well as verbal abilities can be to ask an open question like "What do you know about the risks for HIV in this village/your community?" A patient's response gives you

valuable information about their existing knowledge, and allows providers to work more efficiently by not teaching patients what they already know.

- **Use simple, non-technical language; use terms your patient uses.**

Note that one ongoing challenge for health care workers is translating medical knowledge into concepts easily understood by patients. Stress that most providers do this all the time, but ask if anyone has ever realized that their patient hadn't understood what they said. Ask how they knew their patient had not comprehended. Listen and confirm responses.

Ask what providers can do to increase the chances that the information we are trying to convey has been received and understood. Listen and confirm strategies. Remind participants that one of the most certain ways to be sure you will be understood is to use language that is identical to the language patients use.

- **You can sometimes provide health education on sensitive topics by discussing them in third-person language.**

One strategy with shy patients or uncomfortable topics may be to say something like, "many of our patients find it really hard to disclose their status to their husbands/partners." Ask participants what benefit might come from making statements in the third person terms. Listen and confirm responses like minimizing confrontation, decreasing anxiety, allowing patient to maintain confidentiality.

State that the goal of health education is for patients to use information, and presenting information in a minimally threatening way is ideal. Note also that these kinds of interventions can also be important prompts for clients to discuss barriers to behaviour change or feelings and issues which are getting in their way.

- **Patients can retain an average of only three take-home messages in any health education intervention.**

Ask if anyone has ever needed to be taught a new skill by someone who was trying to offer them too much information and too many choices. Confirm responses. Explain that health information is as foreign to our patients as that information may have been for many of us.

The skill for providers is to prioritize which health education issues are most important at this visit and to prioritize those while allowing the opportunity to return to other topics in subsequent visits.

Share the observation that an important concept in behaviour change is self-efficacy, a patient's ability to feel 'I can do that new behaviour.' If patients are overwhelmed or given a message that there are many things they need to work on, the provider may actually decrease self-efficacy and increase feelings of pessimism about behaviour change.

- Transition to the next section by suggesting that the course now invites participants to discuss key educational concepts for providers performing HIV testing.

KEY CONCEPTS: HIV ANTIBODIES

Time: 15 minutes

Materials: Flipchart

1. State that, in doing pre-test education, certain information about HIV antibody development as well as prevention issues are critical.
2. Draw a horizontal line on a flipchart and make a mark near the left side of the line and label the mark 'HIV infection'. Suggest that, in order to be able to explain key concepts, you will be walking participants through a timeline of HIV infection with an emphasis on teaching points for clients taking HIV tests. Explain that this first mark signifies when someone is infected with HIV.
 - ☒ *Ask what must have happened in advance of this event if we know that someone has been infected with HIV. Listen and confirm responses, focusing on two points: someone has been exposed to the infected fluids of another person and those fluids have had access to the other individual's blood system.*
 - ☒ *Ask which fluids – outside of a medical setting – could have contributed to this individual becoming HIV infected. Listen and confirm the following fluids: blood, semen, vaginal secretions, and breast milk. Emphasize that, if someone was definitely infected with HIV, we would know they had to have been exposed to one of these fluids.*
3. Next, make a mark on the flipchart slightly to the right of the previous mark, and label this point 'Seroconversion'.
 - ☒ *Ask participants what is meant by the term seroconversion. Listen and confirm responses, explaining that seroconversion refers to a period when enough antibodies have been produced that they can be detected by an antibody test. Make the point that an infected person can transmit the virus even before there are sufficient antibodies for a positive test.*
 - ☒ *Ask participants how long it typically takes between HIV infection and development of a sufficient amount of antibodies for an HIV test to be reactive as a positive test. As participants respond, suggest that **most** individuals infected with HIV 'seroconvert' between 4 and 6 weeks after being exposed to HIV. State that almost everyone who has been infected with HIV converts to antibody positive by six months.*
4. Draw a bracket between the existing points on the flipchart and label the space in between these points 'Window period'.
 - ☒ *Ask participants what is meant by this term. Confirm that the term window period is used to describe the time in between infection and seroconversion. Follow up by asking the implications of this on client education in a pre-test information session. Confirm response,*

highlighting the need to assess a patient's recent HIV risk behaviour and instruct them on the need for re-testing of persons with possible recent exposure to HIV.

- ☒ *Remind participants that virtually everyone infected with HIV will seroconvert within six months following exposure, but the majority will seroconvert by 6 weeks. Advise participants that, in providing pre-test information, emphasis should be placed on re-testing if possible exposures occurred less than six weeks before the current test.*
- 5. Invite any additional questions about the timeline and thank participants for their attention and involvement. Transition to the final activity of the module by stating that you will now cover the minimum expectations of the pre-test information session in provider-initiated testing.

PRE-TEST INFORMATION

Time: 15 minutes

Materials: Flipchart, Elements of Pre-test Information (Slides 9-14)

1. Begin this section by suggesting that there are several core components of an HIV pre-test information session that should be considered minimum standards HIV testing.

- ☒ *Reveal Slide 9, Elements of Pre-test Education, review briefly. Use the subsequent slides to expand the discussion and offer an overview of HIV transmission and course of illness.*

- **Mechanics and logistics of testing and receiving results.**

Reveal Slide 10, and instruct participants that among the most basic issues to be covered during the pre-test information will be advising patients about how the test is performed and when results will be available. It may also be helpful to teach about how a sample will be obtained.

If doing confirmatory testing, advise clients of what they will need to do if they are returning for results. If performing rapid tests, explain availability of results and refer to the national testing algorithm policy for guidance.

When clients will be waiting to return for results, you may also wish to note that the waiting period for results can be stressful. Suggest that clients may wish to seek out supportive family and friends during this time. If appropriate, you may wish to advise them of support services available to clients of the clinic during this time.

- **Facts about transmission and prevention.**

State that providers performing an HIV test must review the ways HIV can be transmitted and strategies to avoid infection. Remind participants of the previous discussion of health education strategies and suggest the most effective way to begin this dialogue may be to ask clients what they have heard about HIV or about how people avoid contracting HIV.

Reveal Slide 11, and point out that every HIV infection has two common elements: a person with infectious body fluid and a route of entry into the other person's body.

Remind participants that HIV is a blood-borne infection; suggest this is why only certain fluids are efficient transmitters of HIV. Other fluids – like sweat, saliva, and tears – do not transmit HIV.

- **Possible need for re-testing.**

Ask participants why re-testing is necessary. Listen and confirm responses.

Reveal slide 12, and remind participants of the previous section in this module with its emphasis on antibody development. Make the connection between antibody development and the length of time it will take to get an accurate HIV test result. Suggest that this time gap is often referred to as the window period after infection.

State that – at a minimum – providers should briefly explain that the accuracy of the current test will depend on avoiding recent risk behaviour. The most succinct way to teach about this is to emphasize the need for six weeks without possible exposure to be certain of the test results. Note that about 90% of patients would be expected to develop antibodies within the first six weeks after exposure, and almost all adults who have been exposed will develop antibodies within three months.

- **Information about availability of treatment and care services if positive.**

Reveal Slide 13, and note that the rationale for scaling up HIV testing is linked with the scale up of HIV treatment. Ask participants to describe enhancements to the delivery of care and treatment in the last three years. Confirm all responses.

Advise participants that assuring clients of the availability of medical as well as social support services for people with HIV must be done during the pre-test information session. Stress that this implies providers will have up-to-date information about where services are available, and they are committed to remaining knowledgeable as services are added or changed in their communities.

Summarize that there are many types of treatment, including combination antiretroviral therapy, that are extremely effective at maintaining health. Yet all providers must be aware that HIV medications must be taken exactly as prescribed. It must be noted there are sometimes adverse effects associated with HIV medications, and adherence to regimes may pose challenges for some patients. Finally, offer the caution that the most effective course of treatment begins with early intervention.

- **Importance of disclosure.**

Reveal Slide 14, and point out that it is important public health practice that the sexual and drug-sharing partners of people testing HIV positive are also offered HIV testing. Emphasize that in about 50% of cases when someone tests positive and they are in a long term relationship their partner will be negative. This is called being in a serodiscordant, or serodifferent, relationship. It is also important for people who test negative to consider disclosing to their partner and recommending that their partner have an HIV test, because even if they are negative it does not mean that their partner is also negative.

Stress that the most helpful way to present this to a client is to emphasize that this service is always performed by professionals who assure their confidentiality. If clients

are resistant, ask them to consider someone they love and the possibility their sexual partner had a communicable disease. Ask if they would want their loved one to come for testing too, and offer support and information about partner testing. (However if the patient is worried about violence from a partner, disclosure to a partner may not be possible and counselling about HIV prevention should be prioritized.)

Lastly, stress that people with HIV should notify their health workers of their HIV status when they go for care. Emphasize that health care workers must maintain confidences, and that honestly informing health workers is primarily to enable the client to get the best possible treatment rather than to protect the health worker.

PRE-TEST INFORMATION PRACTICE/ROLE-PLAY

Time: 20 minutes

Materials: Questions About HIV Testing (Handout 3)

1. Begin this section by letting participants know they will have a chance to practice answering and asking questions that may arise when offering HIV testing.
- ☒ Ask participants to get into groups of three or four with individuals seated near them. Distribute Handout 3 (Questions About HIV Testing, see below) and invite participants to take turns asking and answering the questions. One person should ask a question, and one individual should attempt to respond. After that initial response, additional group members can make suggestions about additional strategies for accomplishing the task. Tell them they have about fifteen minutes to attempt to answer all questions. Invite any questions and instruct them to begin.

Handout 3

QUESTIONS ABOUT HIV TESTING

- How long will it take to know if I have it?
 - Can you do it without a needle?
 - Who else is going to know about this?
 - I don't really think it could happen to me...I only have sex with my husband.
 - If I have HIV my wife must have it too?
 - I've heard that it can take ten years for a test to be positive. Is that true?
 - I don't want to take a test. There is nothing I could do anyway.
 - I only go with 'clean' woman—it can't happen to me, right?
 - When my wife is bleeding we don't have sex. That's a good move, right? We worry because her former husband was a truck driver and went with bad women.
 - If I have it, I'd rather wait until I get sick. I'll deal with it then.
-

- ☒ Monitor time, and advise participants when five minutes remains. After fifteen minutes call time.
 - ☒ Process the activity by asking participants to share a response that was especially effective. Continue to ask for effective responses until all volunteers have shared what they wanted.
 - ☒ Refer back to the suggestions on health education given at the beginning of the module. Invite a discussion of which of these were demonstrated during the practice and which were especially helpful. Listen and confirm all responses.
 - ☒ Ask participants which questions are difficult. As a participant raises a difficult question, engage their colleagues in a discussion of possible ways to answer that question.
2. Invite any final suggestions about pre-test education components and thank participants for their contributions. Transition to the next module by indicating that the course will now focus on a very challenging task in HIV testing: delivering HIV test results.

END MODULE 3

MODULE 4: HIV TEST RESULTS AND EFFECTIVE REFERRALS

Total Time: 55 minutes

15 minutes	Delivering HIV test results
20 minutes	Result-giving practicum
20 minutes	Steps in effective referral

Module objectives: Participants will be given a model for delivering HIV test results, and a chance to practice in simulation. Strategies for successfully referring patients into HIV testing and care as well as other services will be addressed.

Preparation: Flipchart; Delivering HIV Test Results (Slide 15) and Steps in Effective Referral (Slides 16-17).

DELIVERING TEST RESULTS

Time: 15 minutes

Materials: Flipchart, Slide 14

1. The first task for health care workers offering HIV results is to think about the emotional responses patients may have to HIV test results.
 - ☒ Ask participants what emotions they have seen in patients **whose test result is negative**. Listen and confirm responses, adding any from your own clinical practice. Expect answers like:
 - Relief (at not having HIV)
 - Excitement (elation at good news)
 - Confusion (may have perceived themselves as positive; may have positive current or former partners)
 - Optimism (may feel like a new opportunity)
 - ☒ Next, invite the group to consider the emotional reactions for patients **whose test result is positive**. Again, confirm all responses, and record them on flipchart. Highlight these possible emotional responses to bad news:
 - Confusion
 - Anger
 - Denial
 - Sadness
 - Loss
 - Bargaining

- Uncertainty
 - Fear of death/pain/prolonged illness
 - Shame/embarrassment
 - Fear of rejection
 - Disbelief
- ☑ *Ask participants to view the list of possible emotions and identify the ones they expect they would have if they tested HIV positive. Ask for volunteers to respond. If they need another prompt, ask “Which of these would be your reaction to hearing someone tell you that your test was HIV positive?” Invite as many participants to share their reactions as desire to do so. Thank each one without additional comment.*
- ☑ *Once this is finished, review newsprint from earlier in the day on which participants discussed the qualities they would hope for in a health care provider labeled “Helpful traits”. Ask participants which of these traits would be important to them as they consider their emotional reaction to HIV test results. Confirm all responses.*
2. Explain that sensitivity to patient emotions, coupled with accurate medical information and helpful referrals, are the cornerstones of effective delivery of HIV test results.
- ☑ *Reveal Slide 14, and discuss steps for delivering HIV test results:*
- **Verify patient identity:** Ensure that the person to whom you are giving the result is the same person who submitted for the test. Re-check name, code, or identifying number, or whichever was presented for testing.
 - **Assess patient readiness to receive results:** Note that most patients are completely ready to hear the news of their results, and this should not drag out the waiting time. Rather, a short check in [i.e. ‘Are you ready for your results?'] allows the patient to control this process and offers an opportunity for any additional questions or information.
 - **Deliver and interpret HIV test result:** Promptly deliver the result, offering explanation of the test’s meaning. One effective strategy can be, “The test result is positive/negative that suggests you DO/DO NOT have HIV in your blood.” This informs patient of the results, but also doesn’t rely exclusively on use of terms reactive/non-reactive or even the terms positive and negative which may be confusing.
 - **Allow for emotional reaction:** It can always be helpful to allow some time for silence after giving news, particularly a positive result. Offering an empathic comment [e.g. “This is really hard news to hear.”] gives your patients a chance to talk about their emotions, perhaps to have them validated. If you have time and feel comfortable, use of open-ended questions about their feelings is an excellent method for supporting patients at this point.
 - **Provide follow-up teaching/medical information as appropriate:** It may be important to remind patients about recent exposures and the need to be re-tested if

they receive a negative result. Patients who test positive should be counselled about the need for medical follow up, availability of additional support services, and the need to notify sexual partners so they can also obtain testing.

Note:

Numerous studies on patients with current STI and recent HIV exposure suggest that these patients may be especially infectious because of high levels of virus following exposure. Particular emphasis on detection of acute HIV infection and education on need for re-testing is especially important in light of these findings.

- **Offer referrals and follow-up options:** Knowing about community resources to address needs, especially for persons who test positive, are critical for delivery of high quality HIV testing services. Reminding patients of additional services, including HIV care treatment and prevention (condoms, PMTCT services etc) at your health facility is important.

RESULTS-GIVING PRACTICUM

Time: 45 minutes

Materials (Optional): PITC video - scene 4, 6, 7

1. State that the course will now offer a chance for participants to practice delivering an HIV test result.
 - ☒ Ask participants to partner with one person in the group with whom they have not worked during the training. Once groups have formed, tell the person whose birthday is closest to January 1 that they will play patient in this simulation. Ask them if they are willing to be patients who have been tested in the health center. If so, ask them to step out of the room while you instruct the health care workers.
 - ☒ Participants left will be health care providers. Advise them that they get to choose which results to practice. State that the suggestions of the previous section should guide this intervention. They should imagine the patient had been tested two weeks ago, and they have returned for their test results. The patient will be led back in just a moment to hear test results. Again, remind provider they should determine if they would like to give a positive or negative result in this practice session.
 - ☒ Bring patients back into the training room, and advise them that their test results have been read and their provider is prepared to discuss them. Instruct them that some sessions may take longer, so if they finish before 10 minutes, they should quietly discuss the session with their provider. Ask providers to begin result-giving simulation. Monitor participants' work, and after 8-10 minutes end the simulation.
 - ☒ Ask patients to debrief with their provider by focusing on all the 'successes' they observe. Instruct them to focus on the specific details of what providers did well. Invite participants to

discuss among themselves what went well initially, and advise them the group will have a discussion after they have concluded.

- ☒ *Allow five minutes for partners to debrief, and then ask the group what went well. Ask some participants what felt good to them when they were given results. Invite counsellors to discuss their reactions to this process, and what aspects they felt worked effectively.*
 - ☒ *Transition to the next activity by stressing that one of the most difficult things health care workers face in doing HIV testing is delivering a positive result. Suggest you would like to demonstrate a result-giving session which applies the steps outlined earlier to the task of giving positive results.*
2. State that you would now like to demonstrate a counselling session attempting to accomplish the steps outlined above.

NOTE:

You should prepare a patient scenario in advance. If possible, you should rely on having your co-trainer in the role of a patient.

For an IMAI training, prepare an Expert Patient Trainer for this role.

- ☒ *Invite your patient to sit down. Begin demonstrating HIV result-giving, using the steps outlined as a guide. You should demonstrate giving a positive test result. Incorporate into your case some dynamics that relate to issues which have been discussed in the training.*
- ☒ *Conduct a demonstration for 10-12 minutes. At a logical stopping point, call time.*
- ☒ *Invite your patient to de-brief, focusing first on what they felt good about. Next, ask if there was anything they would have liked their counsellor to provide that they didn't. Confirm all responses.*
- ☒ *Invite other participants to comment, addressing their positive comments first, and then invite their suggestions for improving the interaction. As before, listen and confirm all responses.*
- ☒ *Once discussion has ended, transition to the next activity by asking providers if they felt the patient they were seeing could benefit from additional community services or medical care. Next, ask how often real patients will need support or medical services from the HIV testing center. Acknowledge this common occurrence. Explain that the task is so important, there will be some time taken to focus on steps for making effective referrals.*

STEPS IN EFFECTIVE REFERRAL

Time: 20 minutes

Materials: Steps in Effective Referral (Slides 15-16)

1. Begin the module by emphasizing that one of the most important components of post-test support in the provider-initiated testing session is the process of making referrals. Emphasize this is especially important for persons who test positive.
- ☒ *Reveal Slide 15 (continue with Slide 16) and offer some suggestions for effective referral, emphasizing that the goal is to maximize the likelihood that a patient follows through with the referral.*
 - **Referral letter.** A referral letter establishes authority and assists the client to act on their own behalf. It should be noted that a referral is not a way to pass a problem along, but has a meaningful purpose for promoting a client's well-being.
 - **Observe confidentiality.** Confidentiality must be observed. Patients should know what information about them is included in the referral. The referral letter which you are giving to the patient should not contain any information that you would not want them to know or that might be harmful to them if it is lost or misplaced. Agency guidelines should determine the nature and content of information to be included on referral forms.
 - **Maintain and update directory.** Ensure that a directory of post-test support services is developed, maintained, and updated as necessary. This resource facilitates easy access to a listing of multiple services and programmes for persons who need a variety of support services. Know the resources that are available in your community and use them.
 - **Refer to known and trusted resources.** The most effective referrals link clients with providers with whom you have had experience and who can deliver quality services.
 - **Offer referral as one option.** In a client-centred approach, the referral is offered as one possible resource. It is contradictory in a humanistic approach to mandate that clients seek a particular service: this is both disempowering and holds the possibility of clients reacting to our directives by rejecting them.
 - **Assess client's reaction to referral.** Note that clients may have a history with agencies and providers, and some referrals may have negative associations in a client's minds. While it is the client's right to refuse a referral, it is your responsibility to offer.
 - **Orient clients to agency services in your referrals.** Let clients know what to bring, how to get to the agency, and what to expect – this will minimize the chance that clients 'fall through the cracks' of the referral process or the agency service plan.
 - **Assess level of support for active referral.** Client empowerment means giving some clients little direction and encouraging them to follow through, while other clients may need to have appointments made or an assistance plan developed. Managing the

balance of providing too much support or not enough support is a critical clinical determination.

- **Follow-up with client and referral source as appropriate.** Determine mechanism to find out from client and/or provider if client did follow through and how successful the interaction was.
- **Receiving referrals.** This is an equally important part of the referral process. How you receive and treat a referred client will determine the success or failure of the intervention. It is important to acknowledge receipt, preferably through a written response. Where possible you may also wish to make a quick phone call to the referring agency just to inform that the referral has been used. All agencies should establish follow-up and evaluation procedures.
- **Disclosure and partner notification.** Your role is to assist clients who are **HIV positive** to understand the importance of disclosing to their partner if they are able to do so and to encourage that their present and former sex partners be tested if this has not already been done. It is important that providers assist clients to develop a plan for disclosure. It may also be beneficial for clients who test **HIV negative** to discuss their result with their sexual partner and for their partner to undergo HIV testing. Emphasize that most HIV transmission occurs in stable relationships and **discordant results** (one partner testing negative and the other testing negative) are common.

It is suggested providers allow clients to discuss their fears and ask questions about any critical challenges that they may face, such as violence; this can direct where and to whom you refer the client.

Explore possible immediate sources of personal support such as friends or family. Referral to an identified professional, support group or agency can be useful for providing support and coaching in disclosure and partner notification.

2. Invite any final recommendations and suggestions for making referrals. Listen and confirm any responses.
3. Finally, acknowledge that the primary care provider may not have time to perform all the necessary functions associated with making referrals. Ideally, the primary care provider would be the person who explains and emphasizes the need for and availability of treatment and care. In any event, the chief concern for the interdisciplinary team must be an assessment of appropriate referrals for clients receiving HIV test results and employing clinical skills to encourage client follow-through on referrals made.
4. Transition to the workshop closure by explaining that the content for the workshop has been completed, and the final steps in the workshop will begin.

END OF MODULE 4

WORKSHOP CLOSURE

Time: 10 minutes

Materials: Evaluations

- ☒ *Announce to participants that the training is concluding. Thank them for their hard work and willingness to participate.*

- ☒ *Reveal flip chart labeled:*

“I learned...” or “One thing I’ll do differently”

- ☒ *Ask if anyone wants to conclude the experience by sharing something they learned that was meaningful or something they will do differently. Invite participants who are willing to mention one thing they found valuable if they choose.*

1. When participants have finished, instruct them to complete evaluation, discuss any follow-up training opportunities, and adjourn the workshop.

END OF WORKSHOP

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