COUNSELING ON HIV PARTNER NOTIFICATION AND REFERRAL IN VIETNAM: CURRENT PRACTICE AND CHALLENGES

INTRODUCTION

In Vietnam, the HIV epidemic remains concentrated within a number of key populations including injecting drug users (IDU), men who have sex with men (MSM), and female sex workers (FSW). The recent changes in demographic and transmission data indicate that HIV is being transmitted to the sexual partners of these high-risk groups; this trend has increased from 20 percent in 2007 to 45 percent in 2013. It has surpassed other factors to become the most common route of HIV transmission in Vietnam (MOH 2013). Given the fact that there are 216,254 people living with HIV (PLHIV) in the country, sexual partners of PLHIV have become a key target population for HIV testing and counseling (HTC) services, with the aim of helping to diagnose and provide access to care and treatment in an effective and timely manner.

Within this context, the USAID/SMART TA program seeks to implement HIV partner notification and testing referral as a key approach in reaching partners of PLHIV. At this juncture, little is known regarding actual practices of partner counseling and referral in Vietnam. As a result, this study has been conducted during January 2015, in Hanoi, Nghe An, An Giang, and HCMC, to understand current practices and challenges associated with counseling, HIV partner notification, and referral. This study gathered information from HIV counselors and other healthcare personnel – the primary contacts of clients who engage with HIV testing and counseling services.

STUDY METHODOLOGY

Focus group discussions (FGDs)

Location: Four provinces representing urban, rural, and mountainous areas, in both north and south Vietnam – Hanoi, HCMC, Nghe An, and An Giang

Participants: Counselors and other healthcare personnel (61 in total)

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KEY FINDINGS

I RESPONSIBILITY and KNOWLEDGE

Partner notification/partner testing referral are perceived to be important among counselors and health care personnel for multiple reasons:

(1) **To prevent HIV transmission to partners and community** and to **block the source of transmission** to the community.
(2) To help partners to be **diagnosed early and receive early HIV treatment** if positive.
(3) To **prevent mother-to-child transmission**.
(4) To help patients **release stress** and **get psychological and treatment support from their partners and family**.

II CURRENT PRACTICE

1. OCCASION - Most counselors reported that PN/PTRC was one of the required steps in counseling and supporting HIV-positive clients but the timing of this discussion varied.

Table 3| Occasions that partner notification and referral counseling were provided to clients

	Frequency (participants)	**Percentage (%)** (n=32)
Post-test counseling	25	78%
Follow-up counseling	18	56%
Adherence counseling	14	44%
MMT counseling	5	16%
All four above	1	

2. TYPES OF PARTNERS – While most participants reported that they encouraged or helped clients to notify their partners of their HIV status and bring their partners into the clinic for testing, this percentage was higher in regards to sex partners than with drug use partners. No significant differences between counselors and healthcare personnel (doctors) were observed in this regard.

Table 4| Encouraged or helped clients **to notify their partners of their HIV status**

	Frequency	**Notes**
To spouse/current sex partners	60/61 (98%)	
To drug use partners	49/59 (83%)	Two participants did not have IDU patients

Table 5| Encouraged HIV clients to refer their sexual partner(s) versus drug use partner(s) for testing (among 61 participants)

	SEXUAL PARTNER(S)		**DRUG USE PARTNER(S)**	
	Participants who said Yes	**Percentage**	**Participants who said Yes**	**Percentage**
Every positive client	42	68.85%	30	49.18%
Majority of positive clients	13	21.31%	13	21.31%
Some positive clients	6	9.84%	13	21.31%
Never			3	4.92%
N/A			2	3.28%

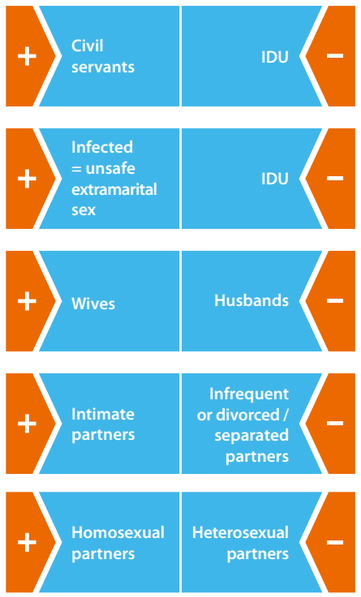
3. COUNSELING CONTENT

Compared to SOP of partner notification and referral counseling, to some extent participants' practice allies with the SOP. However, while they did well in some areas such as 1. exploring clients' circumstance and partners; 2. identifying their intention of partner notification and referral; and 3. discussing the advantages of disclosure and disadvantages of non-disclosure of HIV status to partners, **not many participants actively tried to explore and address barriers from clients and to provide clients with a number of disclosure options** at the beginning of notification and referral counseling or prepare for clients for disclosure. Some participants actively asked clients to bring their partners and they would help them to disclose. However, almost none of them practiced getting informed consent signed by clients.

III

BARRIERS

From client side



(1) Groups of HIV-positive clients other than IDU, especially civil servants, find it more difficult to notify sex partners of their HIV status.

(2) Groups infected with HIV from unsafe extramarital sex find it harder to notify partners of their status as compared to IDU groups.

(3) It is more difficult for wives to notify their husbands than vice versa.

(4) Clients are less likely to notify their infrequent or divorced/separated partners than intimate ones or refer them to testing.

(5) Men who have sex with men face more difficulties in notifying their heterosexual partners than their homosexual partners.

Other common reasons for not notifying or referring sex partners:

- *Fear of family discord or being abandoned by partner*
- *Fear of loss of confidentiality from partner*
- *Fear of stigma that will lead to loss of prestige and job*
- *Fear of losing love and trust from partner and family; desire to shield partner and family from upset*
- *Self-stigma and shame*
- *Let-go attitude*
- *Partner works far away from home*

Other common reasons for not notifying or referring drug-use partners:

- *Partners are not encountered again*
- *No emotional (love) ties*
- *Afraid that partners will refuse to share needles and syringes*
- *Feel no responsibility*

Counseling to overcome the barriers

1. **Emphasize the message. Conduct repeat counseling** before asking clients to bring their partners to the counseling room to support disclosure

   HIV-positive clients were counseled on disclosure. However, not all patients disclosed their HIV status – only 2-3 among ten disclosed initially. We had to ask about their difficulties in disclosure each time they came to us. Each time, we asked them whether they solved their difficulties and disclosed their HIV status. The clients might reply that they addressed the difficulties in part. We asked whether they had other difficulties and we helped them to overcome these challenges. Finally, they would believe totally in us and would be successful in disclosure. (HCM_CBYT)

2. **Ask the clients to bring their partners for couples counseling and testing.**

   In the case that HIV clients do not know how to disclose their status to their partner, an effective way to help them is to arrange a couples counseling session. In the couples counseling session, I pretend to not know the positive person. I provide information on transmission routes and risks of transmission to them. After counseling, they understand that HIV is not only transmitted through sex work and injecting drug use, but also other routes. When the test result is available, I counsel them with the aim of reducing conflict. (HCM_TVV)

3. **Explain to clients that HIV is now considered a chronic disease among many other diseases, and that the stigma against HIV infection has been reduced significantly.**

   I often tell HIV-positive clients that they should consider HIV like other diseases. Everyone acquires diseases so they should not exaggerate this disease. For example, people who have cancer often don't live as long as people living with HIV. (AG_TVV)

4. **Give a successful example**

   I told clients about some examples of other people. For example, I said, "I used to work with a case that is just like you, and he/she did that way, so you could try it, too." Not all cases are successful, but about 70% worked. (AG_TVV)

5. **Use the law to convince**

   One man had been infected for more than 10 years, but he did not tell his partner about his status. When I consulted with him, I had explain that he had an obligation of telling his partner about his infection, and threatened that he could be fined or even imprisoned if he did not inform her. (HCM_TVV)

   Some clients do not follow our suggestions… According to the law, after three months of known infection, it is against the law if clients do not bring their partners to the clinic; they are considered to be deliberately infecting them. Sometimes, we talk gently like that, and we have to tell them about the law, so that they will follow it. (NA_TVV)

From counselors and health care personnel

(1) **Overburdened workload plus low salaries and poor benefits**
(2) **Lack of knowledge and skills** due to lack of training on partner notification and referral counseling
(3) **Language barriers** when conducting conseling for ethnic minority clients
(4) **Lack of life experiences** due to unmarried status
(5) **Stigmatized attitude and lack of awareness about their responsibility** among healthcare providers who are not specialized in HIV/AIDS

Support needed from counselors and health care personnel

a. Improved working conditions

(1) Deduced workload and responsibilities

When asked, service providers shared that they didn't want to hold multiple positions concurrently and would like for specialized staff to undertake this counseling work. Moreover, participants expected their jobs to be stable (as with a permanent government position rather than a project-based one) so that they can be more committed to the work and gain career experience.

We are too busy and overloaded. It is necessary to have enough staff with clear allocation of tasks. (HN_TVV)

Make people working on HIV/AIDS government staff. (AG_CBYT)

I think the job should be specialized and people should have extra compensation. (HN – Health worker)

(2) Phone allowance provided

The project should provide telephone allowances. (Hanoi – Counselor)

(3) Support from leaders to participate important events

It was funny how things worked around the HTC site as we were assigned many tasks but during special occasions, we were not invited to attend at all – like on World AIDS Day. (Hanoi – Counselor)

(4) Capacity building (training, job aids)

The counselors and health workers who participated in the FGD desired to participate in **specialized trainings on PN/PTRC.**

It's very easy to forget what I read when reading materials. However, in trainings, other people share their experience and so do I, which helps me to remember shared cases and apply what others did when I meet a case like that. (An Giang – Counselor)

They suggested that **all staff of service points** (including receptionists, counselors, doctors, and pharmacist staff) should **receive training** on counseling because patients might ask whoever they feel most comfortable with, not only counselors.

All staff in the clinic has to master counseling skills as they are important when providing services to patients. Many patients didn't ask me for counseling but would ask someone else. So we made it a rule that everyone in the clinic has to know about counseling… We had to make people believe in us … so all staff in my clinic had to attend counseling training to work effectively. (An Giang – Health Worker)

Apart from training for health care personnel who are working with HIV patients, training on basic counseling skills and knowledge about HIV was recommended to be **provided to the entire health care system** to ensure sustainability after the project's end.

I think we should not only train people working on HIV/AIDS but also grassroots health workers so that the health network could work more effectively. (Nghe An – Counselor)

In particular, training on PN/PTRC should be provided for **treatment doctors**.

Besides HTC staff, doctors also need to know how to provide counseling. When providing consultation to patients, doctors receive a lot of questions … and patients trust doctors more. (Hanoi – Health worker)

Another form of capacity building mentioned by the study participants were **counseling job aids**. Counseling job aids could be modeled on a format similar to recent counseling support via phone tools developed by USAID/SMART TA. These job aids have messages and situations that are easy to understand and apply. Or the counseling job aids could be in a flipchart format which counselors could show to clients in order to provide relevant information during counseling.

Job aids like the telephone guide are very useful. Using the knowledge we have acquired over seven or eight years, along with the key messages in the job aids, we applied them very effectively. If the telephone guide is useful only for counselors, then the flipchart is useful when counseling clients. Clients read it and understand that many people have the same problem. (Nghe An – Counselor)

A counselor from AG also suggested having a part of counseling job aid that **focuses on PN/PTRC for sex workers** as she felt that this was the most difficult group to counsel on the topic.

Providing counseling to people is very difficult and it's more difficult in the case of female sex workers. We need job aids to provide counseling to FSW. (An Giang – Counselor)

One participant proposed that there should be a **reward mechanism**, such as a contest, to help staff in improving their knowledge and skills.

I think apart from providing leaflets and IEC materials, we could organize contests where people have to learn from materials and from each other so that they could improve their knowledge and the knowledge of those observing the contests. (Hanoi – Health worker)

(5) IEC materials (banners, posters and leaflets) to support counseling

Some participants proposed developing IEC materials, such as banners, posters and leaflets, that relate to PN/PTRC to aid in counseling – particularly IEC materials in ethnic minority languages. Conversely, some participants worried that HIV clients would not take leaflets home because they feared that their families, who do not yet know of their HIV status, would discover the materials.

There should be some more posters and signages [on PN/PTRC] as there are not yet many. (HCMC – Counselor)

I have asked for some leaflets in Khmer so that ethnic minority people could read them for more information. (An Giang – Health worker)

More communication means more people understand HIV/AIDS, which means it will be easier for us to provide counseling to clients. (Nghe An – Counselor)

A few participants suggested showing video clips in the waiting areas, such as video clips about the benefits of early diagnosis for partners. However others worried that clients would not watch the video clips. Moreover, the means and resources for showing video clips might not be available in all facilities.

I think if there's not enough time [in the counseling sessions] then there should be a video that talks about partners' early testing benefits so that interested patients would listen to and use them…Showing communication messages through video seemed not to work in district 10 and no one watched the videos. (HCM – Health worker)

(6) Legal regulations

When asked about what, if any, mandates exist for HIV-positive persons regarding status disclosure, only 14 out of 61 participants referenced the law that requires persons diagnosed with HIV to disclose their HIV status to spouses/fiancés. Only eight participants reported knowing such a regulation exists but they could not specify the details of the regulation. It is, thus, very important to educate counselors and health care providers about the law on HIV/AIDS.

The participants also recommended that counseling for HIV patients be an institutionalized practice for all health care providers.

It must have clear rights and responsibilities and a legal framework. Legal provisions regulate doctors to provide counseling. (Hanoi – Health worker)

PARTNER CONTACT TRACING

Regrading contact tracing, call receivers' reactions and cost of telephone calls were mentioned as concerns; SMS messaging was suggested as an alternative.

Participants were confident that their clients would provide partner information if they experienced good services. However, when it comes to step two – calling the partners and persuading them to come for HIV testing – most participants (except for a a few in Hanoi) expressed concerns regarding the possible application of this approach in Vietnam.

> *I think it is not feasible. We do not know the emotion of the clients at the time we call. They will react aggressively if they are busy, or they are losing in gambling or on a football bet… Secondly, they will not believe the strange phone number. They are afraid of some scam.* (AG_TVV)

In addition, participants mentioned difficulties from a staff perspective, namely overloaded work responsibilities or the cost of telephone calls.

> *The most important thing is that we are overloaded with work now and we have no time to do that.* (HCM_CBYT)

> *We will have to spend a lot of money on phone call fees because the calls could last for hours.* (HN_TVV)

Recommendations to transform the partner contact tracing approach:

1. **Sending SMS to partners** instead of calling.
2. **Establishing a center that specializes in promoting VCT**. When health staff successfully collect a phone number of an HIV client partner, they can give it to the center so that the center can contact the partner directly. This method will ensure client confidentiality and should include legal protection.

RECOMMENDATIONS

1. IMPROVE WORKING CONDITIONS FOR COUNSELORS AND HEALTH CARE PERSONNEL by providing clear and thoughtful job descriptions. Regularly review workloads to prevent overloading situations where staff are unable to provide PN/PTRC.
2. REFINE TRAINING CURRICULUM AND PROVIDE SPECIALIZED TRAININGS IN PN/PTRC to all counselors and healthcare personnel who work with HIV clients.
3. DEVELOP AND REVISE SOPs, TOOLS, AND JOB AIDS ON PN/PTRC. Job aids should be in the format of a handbook with key messages and typical situations in partner notification and referral, or in the format of a flipchart with illustrations that counselors could show to their clients.
4. PRODUCE IEC MATERIALS ON PN/PTRC to distribute to HIV clients. These materials will help support partner notification and referral counseling.

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