WHO’s PITC and PNG’s PICT

Pacific Islands Update
ANU, Canberra, 26 November 2008
Provider Initiated Testing and Counselling PITC the "opt-out approach"
Provider-Initiated HIV Testing and Counselling:

the process needs to be adapted to different epidemiological and social contexts
Provider-Initiated HIV Testing and Counselling:

is recommended to all in a generalised epidemic where an enabling environment is in place and adequate resources are available.
Provider-Initiated HIV Testing and Counselling:

a supportive social, policy and legal framework must be in place to maximise positive outcomes and minimize potential harms.
Provider-Initiated HIV Testing and Counselling:

should be accompanied by a package of HIV prevention, treatment, care and support services
Provider-Initiated HIV Testing and Counselling:

an opt-in approach should be considered for highly vulnerable populations.
Provider-Initiated HIV Testing and Counselling:

COERCIVE AND MANDATORY TESTING ARE NOT SUPPORTED!
Adaptation in-country requires:

- an assessment of local epidemiology
- assessment of the risks and benefits of PITC
- an appraisal of available resources
- an appraisal of prevailing standards of prevention, treatment, care and support (including the reasonable expectation of ARV therapy)
- an appraisal of the social and legal protections available.
in PNG —
Provider
Initiated
Counselling and
Testing
PICT
Minimum Standards for HIV/AIDS Services and Activities in PNG:

• see people’s lack of knowledge of their HIV status as the major barrier to upscaling prevention and treatment.

• call for people to be tested at every entry point to the health care system: antenatal and STI clinics, paediatric clinics, TB clinics and even outpatient clinics.
Underlying assumptions —

• individuals will benefit from knowing their HIV status
• will be able to plan their lives, safeguard their health and receive support and care
• will be able to protect their families, partners and children
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- an assessment of local epidemiology
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- an appraisal of the social and legal protections available.
Consent
Counselling
Confidentiality
The available evidence —

- many women are not able to benefit from knowing their HIV status because of:
  - their lack of power over their lives
  - the high levels of violence against them
  - strong stigma and discrimination against HIV

- many women are not accessing antenatal care through fear of testing positive
Grounds for concern —

A meta-study by WHO in 2004 showed that only one half of women in developing countries disclosed HIV+ status to partners, compared with nearly 4/5ths in developed countries. Disclosure rates were less than 1/3 for women diagnosed in ante-natal clinics.
Grounds for concern —

A market research report in 2005 found 1/5 of women failing to return for their test result.

More than half of women confirmed positive failed to return to give birth and access PMTCT (prevention of mother to child transmission) care.
Grounds for concern —

• In PMGH ante-natal clinic over 8 months in 2005, 37 women tested positive, but only 6 told their husbands

• Counsellors and social workers in Port Moresby, Goroka and Madang estimated in 2005 that only about 1/3 of women were able to tell their partner about a positive test result
Grounds for concern —

- Social workers at PMGH are reporting increasing numbers of women being beaten by their husbands because of their HIV status

- Many mothers do not return to the clinic for delivery. They give birth at home or in another clinic where they are not known
Factors which reduce women’s ability to benefit from diagnosis —

- the sexual double standard which means that stigma and discrimination affect women more severely than men
- women’s reduced access to land, education and employment make them economically dependent on their husbands, and terrified of being abandoned if their HIV status is known
Factors which reduce women’s ability to benefit from diagnosis —

- the high prevalence of violence against women makes them fear to tell their husbands about a positive diagnosis

- fear of being evicted from home, of losing their children, of being sent back to their home village where they may be ostracised

- fear of consequences to their existing children if it is known that the mother has HIV
Legal, ethical and Constitutional dimensions of the epidemic —

- the *Constitution* provides guarantees of equality, regardless of sex
- calls for increasing gender equality and supporting the rights of women
- an opt-in approach for vulnerable groups
- the three Cs of consent, counselling and confidentiality