COUPLES HIV TESTING AND COUNSELING (CHTC)
FACT SHEET FOR HIV TESTING PROVIDERS AND MANAGERS

Couples HIV Testing and Counseling (CHTC) Overview
Couples HIV Testing and Counseling (CHTC) occurs when two or more persons who are in—or are planning to be in—a sexual relationship receive all elements of HIV testing and counseling together. This includes HIV prevention counseling, receipt of test results, and linkage to follow-up services. CHTC has been used as an HIV testing strategy in Africa for more than 20 years and has improved HIV prevention outcomes on the continent (1-3). This approach is aligned with the goals of the National HIV/AIDS Strategy (4) and High Impact Prevention (5), and has the potential to contribute to reduced HIV incidence in the United States (3,6).

Importance of CHTC
In 2010, approximately 92 percent of new HIV diagnoses in the United States were attributed to sexual transmission (7). In some high-risk groups, HIV transmission occurs primarily as a result of sex between main partners (8). Furthermore, although sexual transmission is the leading cause of HIV infection in the United States, few prevention efforts have focused on couples or partnered relationships. CHTC is particularly important because it:

- Reduces the burden of sharing one’s HIV-positive status by ensuring provider-assisted mutual disclosure
- Creates an opportunity for couples to discuss, establish, or revise sexual agreements for their relationship
- Allows couples to prepare a risk-reduction plan based on the HIV status of both partners
- Provides a built-in support system, which may aid in linking persons living with HIV to essential care and treatment services. This is particularly important for discordant couples (i.e., one partner is HIV-positive and the other is HIV-negative), for whom antiretroviral therapy (ART) may significantly reduce the risk of transmission
- Supports pre-exposure prophylaxis (PrEP) and condom use, which can help prevent HIV transmission
- Early diagnosis of HIV infection and linkage to care enables persons with HIV to start treatment sooner, which leads to better health outcomes and longer, healthier lives

Individual HIV Testing vs. CHTC
CHTC builds on existing models of HIV testing for individuals, but with some key differences. In CHTC:

- Individuals learn not only their own HIV status, but also the HIV status of their partner(s)
- The HIV testing provider is available to ease tension and diffuse blame so that couples are assisted in dealing with difficult issues
- Past risks are discussed in abstract terms in order to avoid blame. HIV risk discussion is focused on the present and the future
- Creating a safe space for having complex discussions about agreements with outside partners can lead to better understanding and better prevention outcomes
- Prevention messages are tailored based on the results of both partners
- Partners hear information together, enhancing the likelihood of shared understanding
- Decisions about how and when to access HIV care and treatment can be made together

Potential Negative Outcomes
CHTC requires additional skills in addition to the skills of an individual HIV testing and counseling provider. Dealing with two people—instead of just one—can be challenging, but with proper training and support, CHTC providers are able to handle the issues that may arise during a typical CHTC session. Some providers fear that CHTC will result in violence or break up of a relationship, but there is no evidence that this is the case (9,10).

Target Population
CHTC services may be offered to any two or more persons in a sexual relationship—or planning to have a sexual relationship—who wish to be tested together. Because CHTC will have greater impact in geographic areas and among populations with high HIV prevalence, it may be most appropriate in high burden areas and urban centers, and specifically for men who have sex with men (MSM) and other high-risk couples.
**Appropriate Settings**

CHTC can be delivered anywhere that individual HIV testing is conducted, if providers have been trained in CHTC. “Fixed” HIV testing sites may be most appropriate for CHTC services due to the greater availability of trained staff and the timing of CHTC sessions, but outreach and mobile sites may also be modified to provide HIV testing to couples. An abbreviated approach may be appropriate for health facility settings, especially in the context of partner testing of persons living with HIV (PLHIV). Where CHTC services are not offered in health facilities, referrals to CBOs offering CHTC can be made for PLHIV and their partners.

**Protocol Steps**

1. Introduce CHTC and obtain concurrence
2. Prepare for and conduct the rapid HIV Test
3. Explore the couple’s or the partners’ relationship
4. Discuss HIV risk concerns and reasons for seeking CHTC
5. Discuss the couple’s or the partners’ agreement
6. Provide HIV test results
7. Develop care, treatment, and prevention plan based on results
8. Link with follow-up services

**Training Package**

The training package for CHTC includes a 2-hour e-learning session, a 2-day didactic training, and follow-up support for implementation. Trainings, which are conducted by CDC and its training partners, usually occur on location in the city requesting the training, and are held with 18-24 people. The CHTC training reviews essential couple communication skills, provides detail on the CHTC protocol, and ultimately equips HIV testing providers to deliver CHTC with couples. Job aids are provided to trainees, along with useful tools and sample documents to support implementation.

**Training Participants**

CHTC training is intended for persons who will provide these services. Because CHTC builds on the skills of individual HIV testing and counseling providers, it is recommended that CHTC trainees have been previously trained in individual HIV testing and counseling, and have been providing this service for at least 6 months or to at least 50 individuals.

**Additional Information**

For additional information on Couples HIV Testing and Counseling, please visit [www.effectiveinterventions.org](http://www.effectiveinterventions.org), or contact Kristina Grabbe at kgrabbe@cdc.gov or by phone at 404.639.4206.

**References**