

# Integration of couple HIV counselling and testing into mother and child health program at community health centres in Bali: What are the rationales?

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# PRESENTATION OUTLINE

- Introduction: the HIV situation in Bali
- Why couple HIV counselling and testing?
- Why mother and child health program?
- Where do WE go from here?



# HIV Situation in Bali

- Estimated HIV and AIDS cases for Bali in 2012 is 26,000, almost 4 times from the 2009 data of 7,000 (Kemenkes, 2012)
- Reported cases until March 2013 is only 7,551, concentrated in 3 main districts (Denpasar, Badung and Buleleng) (BAC, 2013)
- 70% HIV transmission in Bali is through sexual contact
- 17% from all HIV+ reported cases in Bali is housewives (BAC, 2008)



# HIV Situation in Bali

- Survey conducted by KPF found that 1.2% of pregnant women were found to be HIV+
- By extrapolating data from BPS 2010 (50,000 pregnant women in Bali), 600 pregnant women is estimated to be HIV+
- By extrapolating data from WHO 2013 (15-45% mother to child transmission), 100-300 new born babies is estimated to be HIV+



# HIV Situation in Bali

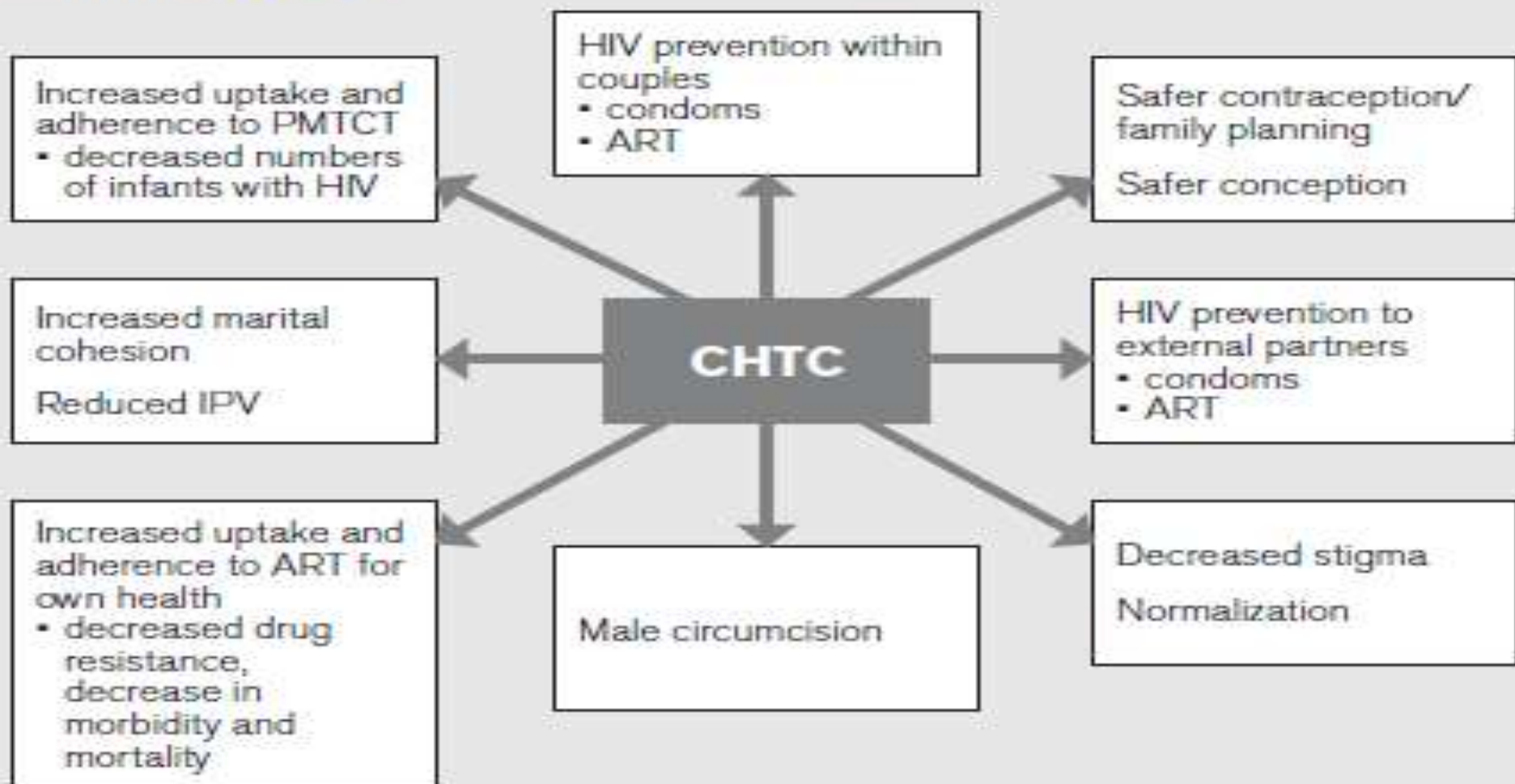
This situation led the released of policy documents regarding to provision of PMTCT program at every community health centres throughout Indonesia (Surat Edaran Menteri Kesehatan 2013)

‘every pregnant women in concentrated and generalised epidemic should be offered HIV counselling and testing’



# Why Couple HIV Counselling and Testing?

**FIGURE 1 POTENTIAL BENEFITS OF COUPLES HIV TESTING AND COUNSELLING**



# Why Couple HIV Counselling and Testing?

## VCT

- Only person who underwent VCT will know their HIV status
- Assumption of their partner feeling and reaction
- Feeling of depression to overcome their partner reaction
- Decision was made by individual

## CHCT

- Mutual disclosure and support
- Counsellor can facilitate the process of mutual disclosure and support
- Counselling is tailored based on the test outcomes
- Every decision was made by couple

# Why Couple HIV Counselling and Testing?

“Women are less capable of making a decision in regard to HIV testing and they are afraid of being divorced, neglected and violated by their partner” (Maman et al, 2001; Mlay et al., 2008).

“CHCT is an appropriate intervention to preventing HIV transmission and to preserve the supportive relationship among sero-discordant couples” (Mlay et al., 2008)





# Why Couple HIV Counselling and Testing?

The latest evidence revealed that early treatment for sero-discordant couples can reduce the risk of HIV transmission as many as 96%

(Cohen et al, 2011).



# Why maternal and child health program?

- Community health centres with its maternal and child health program are ready available at every subdistrict in Indonesia → **ENABLING HIGH COVERAGE**
- PICT and PMTCT program are to be integrated with maternal and child health program in response to *Permenkes 2013 on PMTCT* → **WINDOW OF OPPORTUNITY**



# Why maternal and child health program?

- Pregnant women accessing maternal and child health program usually accompanied by their husband → **INCREASING MALE PARTICIPATION ON HIV PREVENTION AND PROMOTING SERVICE INTEGRATION**
- Integration of CHCT into maternal and child health at the community health centre can promote cross-linking of HIV program and other related program → **RESOURCE AND BUDGET EFFICIENCY**



# Where do we go from here?

- Integration into maternal and child health → increased workload
- Introducing CHCT concept into pregnant women and their partner → acceptability?
- Required new skills → human resources management and training?

→ FEASIBILITY STUDY EXPLORING  
ACCEPTABILITY, RESOURCES AND POLICY  
ADOPTION

→ READINESS OF COMMUNITY HEALTH  
CENTRES AND BROADER HEALTH SYSTEM



Thank You

Question??

