

**2007 HIV/AIDS Implementers' Meeting:
HIV-Discordant Couples
PEPFAR, The Global Fund to Fight AIDS, Tuberculosis
and Malaria, UNAIDS, UNICEF, The World Bank, WHO, GNP+
June 18, 2007**

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

[START RECORDING]

PAMELA: -speakers. As most of you know I'm going to just run through this very quickly because we have a much more detailed presentation on this, this afternoon that will be presenting a lot of this data.

But what we do know do is that HIV transmission occurs mostly between heterosexual couples in sub-Saharan Africa. And transmission from an HIV infected spouse accounts for a large proportion of new infections.

Recent DHS and AIS data, which I know one of our speakers is going to summarize in detail, show that the vast majority of HIV infected persons in several countries where data has recently been analyzed are married.

And high HIV zero discordance among cohabitating African couples in the general population have been reported in numerous studies. And when the data is teased apart and looked more closely at, for example in the recent DHS data from Kenya. Fifty percent of spouses of HIV infected persons are HIV negative pointing to a significant at risk population.

One of the things that has been well established and for quite sometime now, is that couples counseling and testing is a very effective intervention for HIV zero discordant couples. Looking back at early studies in the

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

pioneering work of Susan Allen and her colleagues in Rwanda and in Zambia, you can see from the early 90's, her studies have documented very significant changes in condom use when couples have been counseled and tested together. Condom rates - condom use rates go from very low to very high. And the rates of zero discordance in these couples have remained really low. Next slide please.

So if I give a very quick overview of some best practices of what do we need to be thinking about in our programming and doing with discordant couples. Some of the behavioral strategies that we need to be to thinking about are enhanced post test counseling at testing sites, preferably with partners or spouses.

Ongoing prevention counseling at clinics, testing sites or home based services with both partners. Provider assisted disclosure, risk reduction counseling and condoms, counseling to encourage reduction of outside partners to reduce risk of STI's and possible reinfection.

This is a slide that Caroline Ryan [misspelled?] shared with me and has been shown in previous sessions of the conference and I think is certainly influencing a lot of our thinking right now. Certainly male circumcision for negative partners, negative male partners of infected women are going to be recommended.

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

Next slide please, some of the biomedical strategies that we want to be thinking about and planning for in our programs, obviously male circumcision for negative spouses of infected women. Antiretroviral therapy, STI treatment, possibly a cycloprophylactics for HSVII infected individuals, family planning services to reduce unintended pregnancy and minimize risk of maternal child transmission, annual testing of HIV negative partners, testing of children of HIV positive women.

And I'm going to just mention briefly a couple of interventions that have been developed and are being tested in various places that are specifically targeting discordant couples just to make you aware of these so that you can follow them as more evidence comes in.

One was just recently published in AIDS Care, and it's a four session group intervention that's being implemented in three countries, Uganda, India and Thailand. And this is a group based intervention that specifically focuses on communication, problem solving and negotiating skills in discordant couples.

This early data that was published is just on the piloting of this. And it really just looks at acceptability, feasibility and early information on condom use, 100 percent

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

is pretty effective. But probably has some social desirability in the data.

Another program that you should pay attention to and follow is the Dhari Program that has come out of the H-Back Program of Uganda. This program starts with individual sessions in the home with the HIV positive person and helps them develop a risk reduction plan for their partner or spouse.

Then does couples counseling sessions with the discordant couple and then invites the couple to participate in group sessions with other discordant couples that is facility based.

They address communication skills, negotiating condom use, desire for children and family planning issues and risk reduction. In some correspondence I've received from the person who's running this program.

She just sent me, she's working on a qualitative analysis of this, of some data she's gotten from her program and right now the current challenges that they're reporting to their participants maintaining their risk reduction plan and consistently using condoms or alcohol use, polygamy with another concordant partner, desire for children and widow inheritance.

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

And lastly I just want to mention that the global AIDS program at CDC has a curriculum for couple's counseling and testing. And part of this curriculum specifically addresses discordant couples and provides information on factors that influence HIV transmission, how to provide HIV discordant results to patients, risk reduction for discordant couples and other salient areas, such as coping and support and positive living for discordant couples. And this training and counseling or counseling and testing materials are available through the global AIDS program at CDC.

Obviously there are many benefits to addressing couples together, such as assisted disclosure, potential reduction of blame and violence, mutual decision making around future and family and increased social support around care and treatment.

So I'm going to stop there so I save plenty of time for our speakers. And I want to just ask once if Avenhamrin [misspelled?] has joined us? Okay. Then I would like to move on to our second presenter, presenting on behalf of Peter Kintoo [misspelled?] from Uganda Program for Human and Holistic Development will be Lydia Buzaalirwa. Did I totally butcher it? Oh, sorry.

LYDIA ESTHER BUZAALIRWA: Thank you very much Pamela. Good afternoon ladies and gentlemen. Can you hear me

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

clearly? Okay, yes? Okay. Good afternoon ladies and gentlemen.

I am here to present on our experiences Up Hold-Tuko Club on working with couples to influence other couples as a strategy to mitigate HIV transmission. I work with Uphold Uganda and my partner, Larry Sheshepe [misspelled?] from Tuko Club is here with me.

So I'll go on to the next slide which details what Uganda Program from human and holistic development is. We are a bilateral organization working mostly in 34 districts in the country. Our mandate is to improve quality, access and utilization of social services.

Tuko Club or [inaudible], which means lets work together as a society of married couples who came together to promote mutual faithfulness. So we partnered with Tuko in 2006 to work together to reach out to couples in a bid to prevent HIV transmission.

This was based on statistics from the Uganda sera behavior survey which showed that there was a lot of HIV transmission occurring amongst married couples. Forty-two percent of new infections being among married couples, with a five percent discordant rate. And core indicators of communication among couples on HIV and poor disclosure.

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

So we set out to target the couples after realizing that they were at risk of HIV. So there is a model which shows us, what each partner contributed in terms of putting together this intervention.

As a whole we thought about the concept and sought a partner to work with and we continued to provide technical and financial assistance to the partners. No, next, I'll spend some time on that slide.

So with together on the right side of the slide is Tuko and Organization of African First Ladies against HIV/AIDS who developed the training manual. They trained the initial web of trainers. They did mentoring and continue to do monitoring and evaluation of the organization.

The bottom left of the slide has, we've partnered with civil society organizations, community and religious leaders to continue the coordination at the community level to do skills building and counseling within the community and to also do referrals for counseling and testing of for those that need specific interventions.

Then we have what we call the model couples is where trainers of trainers. And we have special attributes within the community that people how looking for a model in society can look up to. And this helped us to reach out to other couples within the community.

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

They continue to counsel other couples and refer special cases for further counseling and testing, and all this is looking at the center, who are the individual couples, men and women in society, next.

So what happened was a five year training of trainers who are mostly from the 25 civil society organizations planned with. Then we also - these trainers went ahead and trained 335 model couples. Then these model couples go out into the community and reach out other trainers. So before all this was done, a survey was conducted to find out what, where the key causes of unfaithfulness among couples, and what we needed to focus on as we implemented these interventions.

We targeted about 5,000 couples, but also 120,000 individual men and women in a period of 12 months. So what have we done to find out what implementation has achieved.

We have put together a standard data, collection and reporting format that we distributed to the couples and to the civil society organizations we worked with.

And we've facilitated the model couples with a bicycle and stationary to be able to reach out to the communities and also collect and report back the data. So these model couples report on a monthly basis to the civil society organizations who later report to Tuko.

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

And then timely quality assurance checks are done either by Tuko staff or Uphold staff to be sure that the implementation is of set standard and we are reaching with a great message.

So what happens during the implementation, the couples hold monthly dialogue meetings but this is after they have reached out to the individual groups of people either couples or individual men and women at risk within the community.

This - during these meetings they share success stories, they share noticed behavior changes, challenges missed and document testimony.

So in this slide we have a picture of a couple who are sharing their testimony and as one of this interventions shows we have been able to reach about 6,000 couples and over 60,000 individual men and women.

Of this about 20,000 of them have chosen to go for counseling, testing and receive results as a couple, but also some have taken their commitment to their relationship. And so far we have had 13 waiting, some of which have been group waiting as a commitment of faithfulness.

We have documented case successes and one of them is that these groups of couples have formed support groups within the villages. And these continue to regularly meet

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

outside the set one monthly group sessions. But we have also been able to build the skills of trainers to be able to kind of marriage counseling situations.

Then we have also had a broad based definition of marriage beside the usual judge marriages. What have we done we are sure will take us forward.

We have been able to document the success stories and the testimonies and we have put together a quick one pager about frequently asked questions. For reference for other people who would like to implement this.

But we have also managed to train, to transmit the training materials into local languages for use in other parts of the country.

What would we do again? As we continue to implement, we would advocate for continuous working with other couples to reach out to a broader base of the community. Why? Because it encourages peer to peer dialogue which builds confidence especially among the couples who are sharing their story.

It reaches out to a wide audience and is sustainable. But over and above everything we have noticed that there is reduced gender based violence as these couples continue to share their stories.

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

We would be very sensitive as we chose model couples because we have seen that if we group them and they are younger couples, they are older couples, who feel more confident to share to marriage issues with others.

Then we've conducted a preliminary assessment which helped us to inform the implementation, which we would do again if I was to take this intervention to another country.

I would do the same, but also to make partnerships and to hold them strong with civil society organizations, with religious organizations, but over and above the local health facilities and the police because they have been very crucial in the implementation.

What have we learned or what challenges have we faced? Initially when we started this intervention one key to link a child with counseling and testing to the intervention, but as we have continued to this, we find that it's difficult because some people may prefer to go as individuals or may go and not prefer to disclose their status or in some cases its challenges of access.

In other places, people just don't want to constantly test for their own reasons. But we wouldn't use materials that are not adjusted to the local languages. Started with materials that were only in English and this was not very good because reporting was a problem. But also the quality

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

of training outside the first group of training was difficult.

When we started the program some of the initial series trainers were not married and they found it difficult to continue to counsel couples that share experiences because they were not married. So I wouldn't do that, it's kind of segregatory, but it's not really going to be very helpful if you have trainers that are not married.

Then couples, individual men and women that have been reached, need to be able to meet with model couples and sit together probably at the monthly meetings. This has not been very extensive and it has not, it has been a challenge to arrange because it needs a section of facilitation.

So as a way of sharing what we have achieved, I will share with you this story of Muheriza [misspelled?] who is a 27 year old from Tangaju [misspelled?]. He says he was a motorcyclist riding a motorcycle to earn a living. He would return home very late at night, getting sex temptations from his female customers. But he was also continually probed by his colleagues, who are also motorcycle riders why he wouldn't engage in multiple sexual activities.

So when he was reached by the model couples, and the faithfulness training. He realized that he was at a very big

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

risk of HIV. So he decided to sell off his motorbike and put [inaudible] he wants to get his way.

So he requests that this has greatly reduced his risk of HIV and he also reduced, notices that he has less misunderstandings with his wife, because he doesn't have to stay away from her.

So what has he done after the training and his experience, he has decided to share his experiences not only with his former workmates but with his friends and other people around his home. So in closing I will be with the people there and encourage you to be faithful to your partner. Thank you. [Applause]

PAMELA: Okay our next speaker is going to be Stella Talisuna. And she has actually been asked to add an additional talk to her original presentation that's not represented in your program. And we have asked her to do this very quickly. So she's going to speak about what's presented in your program as well as also talk specifically about how the program she represents, which is called Reach Out which is affiliated with the Catholic Church. Specifically addresses services for discordant couples.

STELLA TALISUNA: Thank you very much Pamela. I know that concentration is fun, it is five minutes, it's my whole project time with this presentation to be in a desired time.

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

On behalf of my co-authors, I'd like to thank the organizers of this meeting for having given me the opportunity to share our experience in the prevention and as entry point to care and treatment.

Reach Out started in 2001 as a community faith based organization that works within a defined Kashmit [misspelled?] area, that's a poor abet in Kampala [misspelled?]. Where the population is about 60,000 and the adult HIV prevalence is seven percent.

We practice the different principle and as such about 63 percent of our 213 employees are truly people living with HIV/AIDS. The problem as undergone exponential growth started with 14 flags in 2001, now has about 2,500 missions in care and half of those on treatment.

The clients we serve are extremely poor as you can see from the poverty stricken households - typical households that they reside in. And many of them actually access care when they're already extremely ill.

Reach Out is a successful program because it treats a human being and not a disease. And in doing so it takes care of the body, the mind, the community and the family. And as such it offers a holistic model of care.

I know focus on the Friends for Life which is a community outreach and education prevention program which

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

reaches the men through what we refer to as Operation Gideon, which is going to be the focus of the presentation.

It reaches the women through the good Samaritan program. It reached couples through the couples for life program. We have an intervention for discordant couples. We target the school, in and out of school. And we offer adult literacy.

So, why Operation Gideon? Like in many HIV/AIDS programs we realize that there is a lot of men across all Reach Out programs. And yet we know, the men have a very crucial role to play in issue surrounding domestic violence. And because they are the decision makers in the household they'll impact on who accesses services where.

So we hold activities with the men which are mainly informal discussions and seminars. We offer them communication skills. We focus on faithfulness, alcohol and economic empowerment and HIV/AIDS.

The men are extremely difficult to reach. So we've designed an intervention that finds them at their conveniences and at their own time, such as drinking places. From our past experience we realized that choosing HIV as an entry point actually deters the men from coming.

So we do not use HIV as our entry point. And we keep the women away initially. So what have we achieved? There

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

has been an overall increase in male enrollment and participation across all Reach Out programs as you can see from that graph, particularly we have increased couple counseling and testing.

As a result of this program we have now had females participating and this has led to the graph of another program, which we call the Couples for Life program. We target the married couples with risk reduction messages. The men are also encouraging their children to access support youths support groups.

So what have we learned? If you need to reach the men, you need to select topics that address the men's problems and interest. You need to go and find them.

Do not wait for them to find you. And you need to give them time to express their feelings and give their views on how you should implement the programs.

We faced a number of challenges because we serve a poor community, most of them are unemployed. And as such they spend a lot of time indulging in alcohol. They need a lot of support, more education seminars which can be quite costly. And we've had a desire for men outside our Kashmit [misspelled?] area to participate in these programs. And the men need micro enterprise skills.

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

In conclusion, I'd like to say that the men are extremely difficult to reach. And if we do not reach them, it's extremely difficult for us to focus on interventions like couple visiting.

How can we talk about other treatment and care if the men do not come, and how can we help the discordant couples and design interventions for them when the men are hard to reach, and I'd like to acknowledge all those persons.

[Applause]

So having looked at male involvement and how we've managed to get the men on board. We finally got an increasing number of couples coming for testing.

And inevitably we've created another problem. We've started to get a lot of discordant couples and we had to design a program to tackle the discordant couples.

In 2005 the Minister of Health found that there were more HIV discordant than concordant couples in Uganda. In 2005 about 35 percent of the couples testing at Reach Out received HIV discordant results.

And this organization has continued to be just about four new discordant couples every month. The Centers for Disease Control in conjunction with the AIDS Support organization in Uganda worked in the eastern Uganda to define the challenges faced by discordant couples.

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

And some of the challenges that came up were difficulties in disclosing discordant partners, there was a lot of myths about discordance in the community. There was simply lack of belief that discordance is actually possible.

And for those who believed that they were discordant, many just could not agree on the risk reduction methods. And for those who took on risk reduction methods, there was failure to endure to the selected methods.

Many young couples still have a desire for more children. Because of discordance there is high risk of separation and divorce. And of course, many times there's issues surrounding domestic violence.

So having realized that there was a high prevalence of discordance, many organizations in Uganda were struggling to design workable programs that target discordant couples. Targeting discordant couples is extremely difficult, and many times you actually spend a lot of time just trying to convince them that discordance is possible.

So working with discordant couples involves talking to people about relationships, communications and long term planning. In conjunction with the Centers for Disease Control Kampala Reach Out therefore designed a couples for life program which targets the discordant couples.

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

The objective is to motivate couples to take risk reduction methods. To train the participants to educate the communities about HIV discordance and advocate for couple testing, and to support the family center for care and prevention and to help formation of peer support groups.

The program is designed to target small groups of about 15 or less discordant couples. It's imperative that both, the negative and positive couples attend.

We use counselors to facilitate the session using an AIDS modular facilitators manual, which is a drug. And the sessions involve informative presentations, discussions, role plays and testimonies.

And those are the components of the manual, it includes discussions around understanding HIV discordance, risk reduction methods, couple communication, alcohol and discordance, reproductive health issues, help in discordance and on going support.

Some of the key messages we've passed on is that discordance is possible and is very prominent in Uganda. A couple may remain discordant for a long time, but the negative partner is always at risk. And yet HIV transmission in discordant couples can actually be prevented.

So previous slide, so we trained a total of 150 staff on HIV discordance. And in total we reached 126 participants

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

representing 86 couples. After the intervention, couples clubs were formed in each area and continue to meet every month. The family center approach has now been enhanced.

We have learnt that many times tough actually have a lot of misconceptions about discordance. It's therefore important that you first sensitize all your staff about discordance.

Group interventions are very, very important in the sense that they give the couples time and space to internalize key messages, and interactions among the couples gives them a one to one peer support. It's therefore important that you encourage participation of all the couples.

You need both the positive and negative partners in order to successfully implement a discordant couple intervention. You therefore need to pay special attention to mobilizing negative partners and men, which as we have seen, extremely difficult to reach.

When you start implementing a discordant couple's intervention, you're bound to get more and more couples coming for visity. And as such, you're bound to touch more and more discordant couples.

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

You therefore, have to scale up couple testing, capacity prior to the intervention. Many partners will chose condom use as a primary mode for risk reduction.

And you therefore have to provide information on the use and access of condoms. For the rich setting because it's under the company charge. All we can do is provide information on condom use and we refer them to access the condoms elsewhere.

The group counseling's a very important because they provide a network for care support. However, one to one counseling is also required.

We realize that when we're implementing this intervention the non-discordant couples also had a lot of challenges in their relationships and wanted to attend these sessions. You therefore, have to provide alternative sessions for non-discordant couples.

Following the interventions, we need to develop groups that sensitize the community about couple testing. And you also need to form peer support groups that help new individuals who've been tested discordant.

You therefore have to provide additional training and monitoring for couples enrolled in sensitizing to the community.

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

Many couples will need ongoing support and as we implement into the intervention we need to find couples who have the skills to support the rest during the intervention during and after. And I'd like to acknowledge all those persons. And thank you for listening to me. [Applause]

PAMELA: Thank you. I think Stella gets an award for doing two presentations in 15 minutes. That's quite impressive.

Our next presenter is going to be Vinod Mishra from Macro International.

VINOD MISHRA, PH.D., M.P.H.: Good afternoon. Pamela and Stella provided pretty good background for my presentation, I think. And hopefully I'll be able to skip some of my slides. So I can skip my one presentation within 15 minutes. I think I have too much material.

Yesterday in the plenary session, both David Wilson of the World Bank and David Apuuli of the Uganda AIDS Commission emphasized the need to look carefully where the new infections are occurring in each country in the region.

So next please. So let me start by repeating what David Apuuli said yesterday. I hope I'm not misquoting him. But I think that meaning was this, that marital sex is the leading source of new HIV infections in Uganda.

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

I think that summarizes in a nut shell that why does some many important for the prevention programs to understand discordant couples.

Next please. I think I'll be able to skip some of this background. But let me say a couple of things here, one, that HIV discordance among sub-Saharan Africa is wide spread that has been widely noted, putting millions of uninfected partners at high risk of infection.

What has not been said is that most discordant couples in these countries do not seem to be aware of their status, that they are actually in a discordant relationship. And that's the challenge.

And then some of the challenges that the previous speaker noted, low levels of disclosure or partial disclosure, delayed disclosure and fear of domestic violence or marital disruption and very little preventive actions within marriage.

All these conditions create an environment where the marital sex, actually becomes highly sex and may actually become a primarily driver of the impediment in - as in the case of Uganda.

Next please. Most programs, as you know, that the source of infection in discordant couples is the male

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

partners. Who get infected from an external source and bring that HIV infection to their spouses.

This is - I've heard it over and over again. But in this study what we do is we question this presumption. And attempt to establish that in a constant level portion of discordant couples it is the female partners who are infected and a likely source of transmission to the male partners. This is the main objective of this presentation, that if I can get this message across that there is such a situation.

A second objective is to try to examine also explanations for the separate anomaly and discuss some program and policy implications.

Let me emphasize that it is not to lay blame on which partner, male or female is bringing HIV into marriage, but to look at the evidence objectively so that the program interventions and prevention of course can be maximized.

Next please. There could be several possible explanations. The first of course is that it is possible that most women, more women than men are entering marriage as already infected, either from a pre-marital, casual sexual partner or from a previous spouse.

And other also explanation is that women in marriage are getting infected more likely to get infected from non-sexual routes of transmission. Such as greater use of

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

medical injections and certain injections are during unsafe health practice of during child birth at delivery.

A third explanation could be that there is more extra martial sex among married that are generally acknowledged or reported by themselves.

Next please. There are several other possible explanations. One is that women are biologically more prone to infection than men. This could happen for example if there is greater prevalence of STI's that increases women's risk of prior sexual infection.

Another possibility is that male to female transmission rates are higher than female to male transmission rates within marriage.

Now evidence from large studies in Uganda and South Africa have a point due to the fact that that's not the case, that the rate of male to female and female to male transmission are the about the same.

But I'm going to show some evidence related to male circumcision that will show some evidence of this possibility. It is possible that women whose spouses are more mobile or live away are more likely to engage in extra martial sex.

Another possibility is that women polygamist unions are either selected into those unions as infected from a

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

previous partner or are more likely to engage in extra martial sex for reasons that we can talk about.

It is also possible that discordant couples with female partners infected are more likely to take preventive action even though I don't think that's the case, then the cases where the male partner is infected.

And finally, there's a possibility that discordant couples, this is simply an artifact of data, that discordant couples, when the male partners are infected are less likely to be include in the surveys and data that I'm going to present then those with female partners infected.

This could happen if infected men are more likely to be upset or more likely to refuse to participate in the surveys.

How when we conducted enormous post analysis of these data an American found that that's not the case. Next please. I'll present the data from 11 national surveys, demographic and health surveys and AIDS indicator surveys.

These surveys collected blood samples of adult men and women initially preventative samples, tested them in a national laboratory using standard testing and quality control procedures, and linked the test results to the behavioral information in the surveys.

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

In this analysis here, we look at data on match couples, [inaudible] couples in these surveys. We have anywhere from 570 matched couples in Busutu [misspelled?] to more than 3,800 couples in Uganda.

Let me emphasize also that even though these are large nationally presented surveys, number of discordant couples potentially quite small these samples. So a lot of the differences may not against statistical significance. So what I'm going to do is try to look at patterns more than the statistical significance so.

Next please. I'll skip these two slides and go directly to the results. This slide shows proportions of concordant or discordant HIV infected couples. And as Pamela said that in all countries except Lesuto [misspelled?], a large majority of couples are HIV discordant, which obviously provides tremendous support for prevention programs.

Next please. Now this is the slide that I mentioned early on that what I need to of the AIDS community to recognize is that in all these countries, all the 11 countries, there are significant proportions of discordant couples.

There is the female partner who's infected. Actually in four of the 11 countries, the majority of discordant couples have female partners infected.

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

And if you notice from the slide the share of female partner's infected, discordant couples, does not seem to depend the state of the epidemic or the prevalence of HIV in the country.

Next please. This slide shows that in all countries considered, only a relatively small proportion of couples are likely to have been infected at the time of marriage.

We do this calculation by looking at median age of marriage in each country and looking at prevalence of HIV in men and women below the median age. At a proxy for probability for getting into marriage infected, it's a crude exercise and makes a lot of assumptions.

But it gives a sense that if anything a greater proportion of women in marriage infected can not explain why we have such large proportions of female infected discordant couples.

Next please, this slide shows proportion of female positive male negative discordant couple's duration in union. In all but three countries we find that proportion of female positive male negative couples is higher if couples have been married for less than ten years.

This indicates that of recently married couples the female partner may be the more likely source, more likely to have entered marriage already infected.

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

This is consistent with other evidence that at younger ages women are much likely to have HIV in all of these countries.

But if you look at the red bars, you'll find that even the couples how have been married more than ten years, there are still anywhere from 31 to 61 percent of couples have female partners infected not male partners.

And in the absence of treatment, most of these infections must have occurred after getting married from a source other than the husband.

Next please. This slide shows the same proportions by whether the husband or the wife was previously married. And basically what we see here is that it is possible that in some of the countries some of the women are bringing infection from a previous marriage, not in the first three on the left side.

Next please. By type of martial union in most countries, we find that the proportion of female positive male negative couples tends to be greater in polygamist unions.

Now this could be because as I said before, could be selection of women who are infected because of men who died of HIV and were infected through [inaudible] or whatever reasons got selected into these marriages, or it could be

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

that in polygamist unions the sexual behaviors the women in polygamist unions are more likely to have extra marital sexual partners, and there are actually some evidence to support that as well.

Let us now look at some of the - next please - non sexual forms of transmission. This one we look at childbirth in last five years, the experience of child birth.

What we find is that in most countries anything, proportional female positive male negative couples is lower among couples who have a child but lost five years. So getting infected from during the delivery process seems, doesn't not seem like a very plausible explanation for more female - for substantial portion of females being infected in discordant marriages.

Next please. This is the other slide that looks at non-sexual mode of transmission, the one of medical injections. It looks at which partner received more injections in the past year.

And in all the four counties where we could do this analysis we find that contrary to the expectives and the proportion of female positive male negative couples is lower when the wife received more injections than the husband in the previous year.

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

This again suggests that unsafe medical injections can not possibly be a major source of female infections in discordant couples.

Next please. Next we look at the sexual behaviors. Now I must mention that in a lot of - that very few women report in these surveys having multiple life time partners or having extra marital partners related to the proportions reported by men.

But despite that in the three countries where we looked at this we find that women reporting multiple life time sexual partners are actually much more likely to be in a female positive male negative discordant relationship in Constantan where they are either getting infected before marriage or from an outside partner within marriage.

Next please. This slide looks at non spousal sex in the previous year and except in Tanzania, in all other countries we find that women are reporting low spousal sex in the previous year more likely to similar to the previous slide, more likely to be in female positive male negative discordant relationship.

This again is consistent with the possibility that some women are getting infected from an outside source. I'll skip some of the next slide but there is some evidence of STI's being associated.

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

The higher prevalence of STI's in women are being associated with the likelihood of the greater likelihood of being in a female positive male negative relationship.

It's actually more clear in this slide from Uganda where we have the major HSBII status where we find that in cases where the female partner is HSBII positive. They're much more likely to be in a female positive male negative discordant relationship.

Next please. This one of the slides I think that's interesting important that it kind of relates to what Pamela presented earlier to male circumcision programs. Is that in most countries except Ethiopia and the Sudan we find that proportion of female infected discordant couples is greater if male partner is circumcised.

This basically suggests that couples where the male is circumcised and the wife gets infected from extra marital source. That initially they may stay discordant for a longer period of time.

We do not see a relationship with husband being away for multiple times in the past year.

And finally I look at condom use with the spouse. In most cases what we find is that in a large majority of discordant couples which is the blue bar in this figure.

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

The couples do not use condom with spouse. It ranges only from 6 to 24 percent and actually extreme case 40 percent.

And also you might notice that the proportions of condom use with spouse for all couples are very similar are very similar to those for discordant couples except for one country, Rwanda, which basically indicates, again that a large majority of couples do not know their status. So there's no obvious reason for them to behave any differently than others.

Coming to the conclusions, next please, we find that as substantial proportion of discordant couples it is the female partners who are infected and a likely source of HIV transmission to the male partners.

Clearly there is some men and women who are already infected at the time of marriage and are entering marriage as infected, either from a premarital casual sexual partner or from a previous spouse.

But we estimate that in a large majority of infections in couples, a large majority of infections in couples are actually occurring after getting married.

A Substantial proportion of female infections in discordant couples suggest infection within marriage from a non-spousal source.

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

This phenomenon does not appear to be due to women getting infected from non-sexual modes of transmissions as you saw, actually it was relationship medical index having a child birth recently.

We find that although there were few women accept having multiple lifetime sex partners and extra marital sex. Those who do accept or those that do report such behaviors are more likely to be in a female positive male negative relationship.

This suggests considerable extra marital sex among women unreported extra martial sex among women which may be a major plausible explanation for such substantial proportions of female infected discordant couples.

This idea is actually inconsistent with prevailing models of progression and the reason and is inconsistent with almost all reports of extra marital sex, other explanations on the script, male circumcision, condom use.

Just the first slide on implications some of the implications have been already mentioned. I'll just mention the ones that are related to this study more directly.

Is the first of course is that program planners and implementers need to recognize that infections within marriages are the major driver of the epidemic in sub-Saharan Africa.

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

There's also a need to recognize that the direction of the spread of the epidemic is not only from men to women but also from women to men in significant proportions of the significant numbers of cases.

So the programs to promote mutual partner faithfulness and consistent condom use obviously need to be reinforced. But there is even a greater need to target both sexes in such risk and effort not just men which are generally believed to bring HIV in to marriage.

And since we find that a certain proportion of infections are occurring before couples are getting married. There is clearly need for female adult counseling and testing so that these couples do not infect each other after they get married.

I will skip the next part because all the challenges we have couples counseling, testing we already covered and an acknowledgment to my co-author, USAID which supports our program. Thank you very much. [Applause]

PAMELA: Thank you very much to all of our speakers, these were all wonderful presentations. We have quite a bit of time left for questions and answers, which is great because everyone mostly kept to their time and we were all quite concise in our presentations.

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

So do we have a microphone for the room? Great, we have two, great. So I would like to invite anyone with a question or a comment to come to the microphone. We have one set up on each side and we'll take one at a time, since we have a large room rather taking several in a series.

MARK PAUL: My name is Mark Paul [misspelled?], I'm from Nigeria. My question is to the last presenter. Often and fine presentation, I just want to know has anyone changed the approach, assuming we analyze the data you have using positive male partners and negative female partners. Do you think we would have these kind of findings or outcome?

VINOD MISHRA, PH.D., M.P.H.: Actually what we present is just the flip side of, what you are requesting is just the flip side of what is presented.

So if a couple is not female positive male negative, the 100 - minus the proportion is male positive female negative. So I don't understand what the question is.

MARK PAUL: In your analysis you have used -

PAMELA: Would you come to the microphone please?

MARK PAUL: Sorry. In your analysis you have actually looked at it from one perspective. Female positive male negative, I am not sure that if you looked at it from the other flip chart or flip side as you want to describe it.

That is outcome would remain the same. That is, if

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

you consider couples where the male is positive and the female is negative. These outcomes may likely change.

VINOD MISHRA, PH.D., M.P.H.: Okay. First off, I'll - we are actually looking all discordant couples not just the ones with female positive male negative. We are also looking at in the same analysis we are looking at couples where male is positive female is negative.

So the flip side of it for men seems to be true as well. When they have more lifetime sex partners or when they have more extra marital sex, they're more likely to be in a relationship where male partner is positive female partner is negative.

REBECCA BUNNELL: My name is Becky Bunnell from the CDC in Kenya. Thank you very much all the presenters for a very nice presentations. I've just a couple of questions.

Vinod thank you, for tackling this difficult topic. I know you and I have talked about this before. I would just maybe suggest that we probably need to do a little more work. I think it's a very complex topic.

And one thing, at least you didn't seem to present today is, I think to disentangle all the factors that are going on we really need multi-varied analysis of this question.

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

And you really need to make sure their controlling for key factors like you showed, HSBII, age, other factors which are obviously going to be very important. So I think you've done that but didn't share that today.

But I really urge that before we make any conclusions that we make sure that we control for all the possible issues.

I'd also think that as we think about this question, we should also think about some of the other presentations that highlighted how infectious people are in the acute phase of infection.

So if you think about it, if a couple - if someone in a couple is actually unfaithful, they're not going show up as a discordant couple as often as they might show up as concurrent positive couple.

So if during marriage a man is unfaithful, you're not, you're going to have a higher likelihood perhaps to pick them up as a concurrent positive couple rather than a discordant couple which may be more of a sign of long term positivity with lower rates of infectivity.

So I don't know how much factor that into your analysis. But I think we'd want to look at that as we get further entrenched to get to the bottom of this question.

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

Also just thinking about the epi of - you did mention - you went quickly over the slide, but thinking of, many countries that you highlighted there. The rates of infection in young women are three to ten times or even more than that what they are for men.

So at the time of marriage, women are entering into marriage with such higher prevalence than me. I just wanted to make sure that that was really fully - I know you did a quick analysis - but we fully accounted for that, so just a little food for thought.

Given that, I also wanted to encourage our colleague from Uphold to cautiously work on, I don't know exactly what message you're giving in terms of faithfulness.

But I think it's so clear from this presentation and the presentations we heard yesterday that promoting faithfulness without knowledge, mutual knowledge of status, can be a very dangerous message actually, and that as we promote faithfulness we must link it to the testing message for both partners.

So I hope that you can continue to incorporate VCT as a couple, VCT as a core piece of your program. Thanks so much.

VINOD MISHRA, PH.D., M.P.H.: Thanks Becky. Those are all very good points. For the first one about my multi-

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

varied analysis, I would like to say only that Uganda is one country where we have 180 also discordant couples with the highest number of discordant couples we find in all of these surveys.

These are large representative samples. So in Uganda we are doing multi-varied analysis to try to disentangle this a little more.

What I also skipped in my presentation was a few, one is I had about some confounding, for example, with fertility, say a childbirth in last five years may also be confounded of the fact that more, these women are more fertile and may have different behaviors or whatever, or maybe more still - not likely to have extra marital sex. So clearly that was all important issues.

Regarding the timing of marriage issue, that's again very important. The progress levels are indeed much higher, women at young ages than men. There are two things to consider, one, that the lithious [misspelled?] gap in most countries between husband and wife when they get married. So we can not look at same age groups when we are looking at what proportion might be entering HIV factored into marriage.

So when we factor in, actually look at the median age at marriage that narrows that gap to some degree, because in some countries four or five years older men are included.

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

Secondly, even if we look at the slide that I showed here, only have what proportion of all couples have either both partners infected - might have had either or both partners infected at the time of marriage.

Obviously in a vast majority, almost 99.5 percent of the couples at the time of marriage only one partner is likely to be infected. But likelihood of both partners getting to marriage infected at that young age is very, very small.

That's what we find. But if you notice that in almost all countries the proportion of couples entering - more likely to be entering marriage infected, either or both partners is less than a third or less than a fourth of all couples who have either or both partners HIV infected.

There's actually more infections than you think because the couples at the time of survey we have a lot of proportional of concordant couples so there are more infections than we are just looking either or both partners infected.

So we've tried to do it through an exercise and actually tried back it that we were doing for Uganda have to do all the countries. But we estimated that in most countries anywhere from 60 to 90 percent of infections are actually upper end or maybe be higher.

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

If you take it from non concordant positives at the time of the survey that are occurring actually within marriage, not, so premarital greater likelihood of women entering marriage infected and that may explain a small proportion of all discordant positive, female positive couples, but not large majority. Thank you.

CHRISTINE NEBEDU: Christine Nebedu from Tasa [misspelled?], Uganda. And I'd like to congratulate the presenters and Lydia, I'd love to know more about the geographical distribution of Tuko.

And how the work that is being done by this group and Uphold that partnership is reaching out to support other discordant couples elsewhere?

And thank you about the IEC, the IEC nation frequently asks questions, I don't know whether you have other IEC and how that is happening?

Seeing that this is a big challenge in the country, we wouldn't want to reinvent the wheel the there's a very nice IEC that has already produced under this program.

To Stella, you go out and find the men. So what are some of the strategies that you have used to go out and find these men? Thank you.

STELLA TALISUNA: Thank you very much Christine, and I'll start by answering Becky's question or comment about

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

promoting mutual faithfulness vis-à-vis couple counseling and testing.

It was only in the initial phases that we needed to find a break through of culture. To reach people in any form of union whether they were legally married or traditionally married, but we needed to find a way to reach out to them.

And as you realize if you've been in HIV work for some time, people are not ready to think that as a family, as a unit, as a married couple they can be at risk of HIV.

So you need to start at some point and the places we started were encouraged in to be mutually faithful because it would promote communication, it would secure their marriage and then you can bring in the other part about them being at risk of HIV and then you take a step further to counseling and testing.

We are however, encouraging and linking couples to counseling and testing. Although some still prefer to go as individuals or some still have counseled and tested and keep the results to themselves.

But there is still the benefit of them being able to communicate and at some point in time after the weakness testimonies of other couples will hide and sink how other model couples have shared their HIV status that their able to now take it a step further.

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

So it's not that we're just promoting mutual faithfulness but we're also taking it a step ahead to secure and have these couples counseled and tested.

About the geographical coverage of Tuko, we don't have a map but we are currently as Uphold and Tuko working in 25 districts within the country. But there are also other partners that are promoting faithfulness among couples or implementing faithfulness programs in other parts of the country.

And I am not, maybe Lawrence will answer this about them being able to support because I'm very aware but where we're supposed to put to implement but probably also supporting other areas outside those that we support.

I see that we have a training manual that we can pass around for people to look at. The one that we have is in English but we have translated these into two local languages, so far and work is still in progress.

We have had what we call a talking point where by we put together key messages that if somebody had let's say 30 minutes, if they had one hour to address couples or to address a gathering what key messages would they leave that congregation, that group of people with.

So we have the talking points and then we have tips of testimonies from the model couples or the group meetings

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

from the couples - whereby they share experiences and also talk about the benefits of being within a faithful or being part of a faithfulness campaign.

LYDIA ESTHER BUZAALIRWA: Thank you Christine. Reach Out works within a defined kashmit [misspelled?] area we therefore offer prevention activities to our community that we understand very well. And also because interventions are designed with a community and participation of people living with HIV/AIDS is very high.

It means that if you have a few men enrolled in the program you can actually use them as a linkage to that community. And as such because you start in a very poor community many of the men are very, very unemployed. If they're working they are doing low skill jobs. We target them as I mentioned in my presentation in places like drinking places.

If they are selling small scale goods like perishables, we find them there. But like I mentioned we do chose HIV/AIDS as an entry point. We use family issues, like communication and management of disputes of the household.

BARBARA RILEX: Good afternoon my name is Barbara Rilex [misspelled?], I work for the International Organization for Migration. I'd like to commend all three speakers on a wonderful presentation.

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

And I think it's about time that we spent more time focusing on HIV transmission within marriages. And I'm glad to see Uganda taking the lead again it seem on this important issue. So I'm really, I think it's fantastic all three of you.

I just like to ask all three speakers actually maybe the first two speakers about some of the responses. You said that obviously it's important when you work with couples that you work with both the female and the male spouse.

But what happens if one of the spouses is a migrant worker? How do you deal with that issue? And I'm sure in African context, I'm sure it's the same in Uganda that happens a lot. That one of the spouses is often the male spouse is away for long periods of time and how do you work with that?

And then a question to the last speaker, I'm not sure if I got your slides correctly, but you said something about the role of mobility or the man being away.

Was that impact on the female positive male negative, or generally on the chances of HIV couple or being infected in general? And maybe you want to just elaborate a bit more on the link between migration and HIV, whether discordant or not?

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

STELLA TALISUNA: Okay thank you very much Barbara for that question. In terms of migrant workers, what has been taking place is that most of these activities take place during the weekends.

And if you notice that usually the men are away to do business or find an income and so we still can reach them during the weekends when they are at home or when they go for sessions. I think the issue of being a migrant worker doesn't play very heavily when it comes to being able to reach them.

But it plays very heavily in terms of its impact on faithfulness either the suspicion that goes on or the possibilities of them engaging or the wife engaging in extra marital affairs.

And that's why we consider the issue of communication amongst couples a very big issue, because if people can be able to communicate and not just that they are legally married even if it's just that they are in casual relationship.

As much as we are not staying together I will still remain faithful to you and not consider having another partner. I think is really important.

VINOD MISHRA, PH.D., M.P.H.: Thanks for the question about migration. I really skipped through that slide

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

quickly. It's a very complicated issue. There are two types of migration that we have data on.

One is the short term projects that being away for three or five in the last year or eight times in the last year.

And then there are couples where the husbands are actually living somewhere else for longer periods of time.

What we have seen in both types of these matters is female partners report more extra marital partners than cases where there is no migration.

So that's what I was basing that there is some evidence to support that women in more mobile unions might be actually engaging but we don't find the association that from the analysis that I showed.

When it comes to the overall association of number of times away and HIV prevalence there again, there are only about half of these countries we see a positive correlation with the male partner being away and HIV prevalence in either the male partner or the female partner.

So it's not conclusive but it points in that direction that it does increase the chances of HIV infection for the male partner.

In this case proportion of female partner would only be higher if the male partner is actually - if the male

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

partner is who's traveling away is the not the one bringing HIV to her bed. She's getting it as a result of her on sexual behavior because obviously the male partner is uninfected in this relationship. Thank you.

CALADA GREEN: Thank you. I am Calada Green [misspelled?] from Nigeria, I work for USAID. I want to predicate my question on Nigeria as a country stigma is still very high as it relates to discordant couples.

I wanted to find out from the speaker before Vinod, about any experiences within the house. If there has been any experiences with support groups as it concerns the negative positive discordant relationship?

And the reason is because most time services provided for discordant persons might be couple based. And I've had experiences where these negative persons have sought for something beyond just individual counseling and couple counseling.

I believe a resource like that could also help with psychosocial issues of programming for those people. I don't have any experiences in that area. Thank you.

STELLA TALISUNA: Thank you very much. The intervention that we implemented Reach Out targets both the negative and positive partner. Mainly because we feel like has already been mentioned that enhancing communication

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

between the couple is actually the most vital component in keeping them together and helping them to implement risk reduction methods.

And what we have done is full peer support groups and the peer support groups will contain either negative or the positive partner or a mix of the two. And what they go out is actually to give an ongoing counseling and support, but still targeting both the positive and the negative partner.

REX POSANGEE: Good afternoon. Let me joined the colleagues I think in congratulating the presenters. I'm Rex Posangee [misspelled?] from Kenya, the branch office.

I wanted to ask my Ugandan colleague's in their presentations looking at interventions that they're focusing on the discordant couples.

These interventions evidence best that they do reduce the transmission between those couples? And I think that links also to Becky's earlier question, when you don't know the status.

When we know that with the last presentation that growth in transmission in marriage may account for most of the new infections, promoting really faithfulness in the absence of knowing the status really may not be contributing to the increase in transmission.

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

The one question that I wanted to ask is the presenter is really look at one proposal for us sort of indication. [Inaudible] in other words in this scenario has there been any science pointing towards that?

STELLA TALISUNA: Thank you very much Rex for that question. And I think I will do kind of retrospective analysis in answering your question.

If you have looked at the HIV epidemic or trends in countries like Uganda you will notice that during the second phase when we had a very high prevalence of disease and the interventions that we're promoting at that time.

We didn't have HIV counseling and testing at the forefront. It was actually promoting abstinence then faithfulness and then condom use.

And then this counseling and testing has come on board, and we are borrowing experiences from that time. In this area we are forecasting more and getting people to counsel and test and provide them with care and support and forgetting completely about the prevention site has brought us into a state where we see now that incidents, number of new infections is increasing.

And I believe that it is better for us to combine like many of us in this room know that we can not target HIV by just focusing on one critical area. We need to combine.

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

And promoting faithfulness among couples I think is one way to do this.

And I think another thing to think about in this context is that there is no benefit to letting someone go out of a relationship without still knowing whether knowing or without knowing his status and being free.

We would rather kind of curtail the possibility to further spread and this is one of the ways in which we are tackling this.

LYDIA ESTHER BUZAALIRWA: I'd like to add onto what she has said. What we normally do in the interventions is in addition to giving information on communication, partner reduction and faithfulness.

We also do STI screening and treatment. And we have seen that sexually transmitted infections particularly herpes simplex II markedly increases the risk of transmission of HIV/AIDS.

And of course we focus so much on condom use but for the program of Reach Out what we're doing is we're doing a program implementation and we are actually not evaluated the program.

So it's my hope that at the next meeting when we've had the evaluation we should be having much more evidence on the impact of this program.

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

VINOD MISHRA, PH.D., M.P.H.: On the question about can men be carriers. Actually I'm not expert on the bylaws on this but Kenya for example I think the question was from a person from Kenya has 62 percent of discordant couples where the female partner is positive and the male partner is not infected.

But these tests are done using blood samples, using very standard testing protocols, actually more stringent than are recommended by the WHO. So maybe if the bylaws allows there could be some men who actually are the carriers and will not show up on the tests.

But I would suspect that the proportion of such men out of all tests would not be large enough to be able to account 60 percent or higher female partners showing up infected.

I mean it could very account for a very small infection but that still would not change the point I'm trying to make that there are very substantial proportions of couples where the female partner is infected not the male partner. I hope that answers the question.

ELIZABETH MOROM: My name is Elizabeth Morom [misspelled?] with CDC. Thank you for your presentations. Your presentations and others that we've heard these last few

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

days really highlight the importance of identifying discordant couples.

And yet in - and therefore we really need to promote couple testing, both pre-maritally and within marriage. And yet in country after country where I'm aware of the data, the proportion of people coming in for VCT who come in as couples either pre-maritally or after marriage remains low.

So I have a question, actually even for people in the audience if anybody has experience that they can share with everyone how can we increase the numbers of couples coming in for counseling and testing both pre-maritally and within marriage.

Country after country that I'm aware of it usually hovers under 20 percent of people who come for VCT. So any ideas on how we can get more couples to come in? Thank you.

PAMELA: I think Dr. Morom brings up an incredibly important point and Susan Allen just gave a talk recently in Atlanta, where I'm from who's been doing this work since the early 90's and has noted time and time again this evidence base has been here for two decades now, and has shown that couples counseling and testing is an effective strategy for identifying zero discordant couples and increasing condom use and reducing the rates of transmission in discordant couples

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

as I've presented in my slides at the beginning of the session.

And yet two decades later almost we're still in the same place of having very low rates of getting couples to come in and be counseled and tested together. And no one on the panel volunteered to address that. So I would like to actually put that out to the audience seeing as we have a room of experts and see if anyone has experience with particularly successful strategies or innovative approaches to finding ways to have couples agree to be counseled and tested together.

MALE SPEAKER 1: Susan?

PAMELA: Yes, please come to the microphone if you would like to respond.

MALE SPEAKER 2: One experience I wish to share is mainly targeted to pre-marital couples and this usually based in some religious bodies or faith based organizations who insist that before marriage or during marriage classes every attending couples must have an HIV tested.

Other than that I don't know of any of that as strategy that has brought in or encouraged a couple to test and counseling. And so because of the importance of that of course it's not a mandate decree a couple is usually

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

counseled and it's for them to either decide to go on or not to.

So I think that's one way couple counseling that mainly for pre-marital counseling can be increased.

PAMELA: What is the usual outcome of those? I've heard some things about, you don't have much experience. Okay. Is there anyone else that would like to address that?

MALE SPEAKER 3: I want to add my voice to that.

PAMELA: Okay.

LAWRENCE: I'm Lawrence, I've been implementing the Tuko project as the project manager and I just want to share a few things. One is for the last question. We did not have a very strong component of linking couples to visiting, but realize it was necessary.

How do you realize that initial couples had rejected those people, those couples who were HIV positive. That after all you're HIV positive, you are not role models. When we realize that, we said this is dangerous.

When we have HIV positive but we can borrow a lot from them. This is when we realized they need to refer for HIV testing but access to testing services, couples wanted to be tested from their homes. Especially the men and in Uganda and African countries men decide.

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

So men were saying you come here, test me from here. That going to the health center or the visit center is rather stigmatizing. How do we access couples but [inaudible] more men from their homes.

I wanted also to say to respond Christine that we have audio visual tapes which we are now seeking permission to use showing the couples test fighting and this is part of the materials we have regimented.

I also want to say that we have seen involving these HIV positive couples has done great work within the mobilization of other couples.

If these people can be used although they're positive with a positive role, I think more couples will come up to talk about that. My colleague from [inaudible] this is not - this was 12 month project. And our concern was first of all, is it possible to talk to couples and they accept.

We have been organizing community meetings where the youth, the school children, the [inaudible] come. And all we say, be faithful, abstain, use condoms but who has taken the message.

So our target was, is it possible to work with the couples, it is possible. The second was in a 12 month project what would you do, is there evidence of behavior change, no, yes, we can say yes. How? We have testimonies,

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

very small things which get the women out for extra marital relations, very small things which take men and a very small but big testimony. Somebody -

PAMELA: [Interposing] Excuse me.

LAWRENCE: [Interposing] Motorcycle. Therefore, yes please.

PAMELA: Thank you. Could you summarize your point quickly we're in the tea time now?

LAWRENCE: So what can we do to get evidence is probably to carry out large demographic survey to get information. Thank you.

PAMELA: Thank you very much. We're now at tea time, so anyone who feels the need to go refresh, feel free to be excused. Thank you so much for participating.

But I will allow the people who are standing in line to continue to ask questions because obviously have a very interested audience.

FEMALE SPEAKER 1: Okay. Thank you. My name is -

[END RECORDING]

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.