

## HIV testing: the mutual rights and responsibilities of partners

Important questions about implementation of the new guidance<sup>1</sup> by WHO and UNAIDS on provider-initiated HIV testing and counselling were raised by Daniel Tarantola and Sofia Gruskin.<sup>2</sup> Their comments and those by other critics<sup>3-5</sup> centre on individuals' rights to confidentiality, to refuse testing, and to not disclose their status if they fear negative consequences. We are concerned that a singular focus on the individual's rights of refusal overlooks the rights of the individual's sexual partners to protect themselves from HIV.

Human rights and public health will be best served by an ethical framework which recognises that both persons in a sexual relationship or exchange have equal rights and responsibilities for their mutual pleasure and protection. Further, these individual rights are meaningless unless each partner respects the rights

of the other. Protection of the human rights of both partners needs more commitment from health systems, and from societies, than simply ensuring informed consent and confidentiality.

The Platform for Action<sup>6</sup> adopted by representatives from 189 countries at the UN Fourth World Conference on Women in 1995 provides a useful definition of partners' mutual rights and responsibilities. The Platform states: "Equal relationships between women and men in matters of sexual relations and reproduction, including full respect for the integrity of the person, require mutual respect, consent and shared responsibility for sexual behavior and its consequences".<sup>6</sup>

Although we do not support mandatory testing or forced disclosure, we do propose a reorientation of testing policies based on the premise that everyone needs to know their own HIV status and that of their sexual partners to make informed sexual and reproductive decisions, and all have a corresponding obligation to respect a partner's need to know and right to decide. Although these mutual rights and responsibilities apply to all individuals, the need to know and right to decide have special relevance for girls and women, who are at higher risk of acquiring HIV if their partner is infected, at a younger age, than are men.<sup>7</sup>

HIV testing and partners' disclosure are presented as optional in the guidance from WHO and UNAIDS.<sup>1</sup> We suggest that the principle of partners' mutual rights and responsibilities for their own and their partners' sexual health and wellbeing be built into counselling and testing for HIV and other sexually transmitted infections, and into other sexual and reproductive health programmes and practices. Providers should

encourage individuals to disclose and to reconsider a negative decision. Individuals should be told that their sexual partners need to know the results and that they have an obligation to inform their partners if they are HIV positive. Most women and men who disclose to their partners experience positive results.<sup>8</sup> Nonetheless, counsellors should be prepared to address the power dynamics of sexual partnerships and to discuss the possibilities of discrimination, violence, or other negative consequences in a realistic and supportive manner. Similarly, they should be trained to be non-judgmental about stigmatisable behaviours, such as injecting drug use and premarital or extramarital sex.

Partners could be encouraged to be counselled and tested together, if feasible and acceptable to both. Although there has been relatively little experience in counselling with couples, research shows that where it has been done, the outcome is favourable.<sup>9</sup> Joint counselling and testing would aim to ensure that information and decisions are shared and that mutual disclosure, irrespective of test results, occurs in a safe environment with a skilled facilitator and appropriate follow-up information and care.<sup>8</sup> This strategy could also help to establish the expectation that men go for testing where they do not now, especially in settings that provide family planning or antenatal care and delivery, where women can be expected to undergo (and feel targeted for) testing alone. Counselling of couples and testing could also be advocated for all people who are forming new sexual partnerships, including adolescents and men who have sex with men, and as a routine component of marriage planning or premarital counselling. Over time, such practices could

help encourage a new norm that testing and disclosure are expected and accepted.

Health activists and advocates of human rights must also work together for a greatly expanded commitment to gender equality and human rights. One of several investments needed is universal provision of comprehensive rights-based education about sexuality for young people so that new generations can lead informed, safe, and satisfying sexual lives based on respect for their mutual rights and responsibilities.

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- 9 McGrath JW, Celentano DD, Chard SE, et al. A group-based intervention to increase condom use among HIV serodiscordant couples in India, Thailand, and Uganda. *AIDS Care* 2007; **19**: 418–24.