AIDSFree HIV Partner Notification Handbook

Development of the Handbook, Findings and Recommendations

September 2017
Overview

• Background

• The Development of the Handbook
  – Data Collection
  – Detailed Approach

• Overview of Findings

• Recommendations
Background

- AIDSFree developed a handbook to aid the development of partner notification (PN) services, a key dimension in addressing gaps in the prevention and treatment cascade and achieving 90-90-90 goals.
- They conducted a situational analysis of functioning PN programs to supplement the WHO guidelines and help design new strategies and programs.
- Interviews were conducted in Côte d’Ivoire, Haiti, Kenya, Mozambique, South Africa, Tanzania, Uganda, the USA, and Vietnam.
- Approximately 7 people were interviewed in each country.
Data Collection for the Handbook

- Interviews started with directors of HIV and AIDS programs or MOH officials and snowballed to include directors from NGOs and HIV/STI clinics.

- Consultants were trained to use a standard interview form and probe for information about partner notification policies and practices at the national, organizational, and facility levels.

- Interviewees were also asked about Self Referral, Contract Referral, Provider Referral (most common in US), and Dual Referral (similar to contract referral) programs.

- They were also asked about published literature and resources or tools that the program/facility produced or used.
PN Implementation

Findings were organized in terms of:

• Selecting a PN delivery model
• Timing of PN
• Selecting information and services
• Tailoring PN to priority populations
• Improving linkages to services
• Addressing potential adverse outcomes to PN
• Improving HR and training for PN
• Enhancing monitoring and evaluation and quality assurance
• Improving the legal and policy environment
Key Findings

AIDSFree found that voluntary assisted partner notification services are not broadly offered as part of a comprehensive package of testing and care offered to PLHIV. Countries rarely have a policy and guidelines to support consistent and correct implementation of PN services.
Summary of Key Findings

• The most commonly-used PN model is a hybrid/combination model implementing passive PN with varying levels and types of provider encouragement or assistance.

• PN models and practices have been implemented in a piecemeal fashion, based on donor preferences and funding rather than guided by evidence or policy.

• Delivery methods, channels, and mechanisms are most effective when tailored to the needs of different groups and locations.
Summary of Key Findings

• Vulnerable populations have posed varied and unique challenges for PN, but have also generated innovative solutions:
  – Men are more reluctant to be tested than women, and therefore higher proportions of men are unaware of their HIV status.
  – Secure mobile messaging of networks has been effective for PWID, MSM, and sex workers.
  – Improving access by providing bus fare or line privileges at the doctor’s office has been effective for women and adolescents.
Summary of Key Findings

- Community-based providers in Kenya and Mozambique, lay and credentialed, have successfully provided linkage PN services. They may also be able to provide PN services if trained.
- Intimate partner violence (IPV) is rare; economic and emotional harm is more common and pose significant deterrents to PN.
- Service providers have concerns about partner notification and don’t feel sufficiently trained to manage some issues such as IPV.
Recommendations

Selecting a PN Model

• Know which models are available and feasible.
• There is no “one size fits all” solution.
• Ensure clear and correct implementation with trained personnel and guidelines.
• PN services should be linked to care and part of a comprehensive package.
• Understand and manage potential risks and adverse affects.
Recommendations

Decide on the Timing for PN Services

• Introduce PN during pretest counseling and carry it out immediately upon diagnosis or 1–2 days afterward.

• Plan to accommodate individuals who are not ready at either of those times.

• Conduct research and evaluation to determine what works best as this is still not well understood or established.
Recommendations

Selecting Methods of Delivering PN Information & Services

• Tailor programs for vulnerable and key populations.
• Consider all PN delivery methods available.
• Acknowledge and address potential risks such as IPV, and emotional and economic harms.
• Consider using CHWs and other types of staff to relieve the burden on health care workers.
• Learn from other programs’ success stories and innovations: love letters, couples counseling, and IPV screening forms.
Recommendations

Tailoring PN to Priority Populations

• Tailor PN strategies to the needs of priority IP populations and subgroups.

• Include representatives of these populations in the design and implementation of targeted programs.

• Consider mobile platform options for PN services.

• Consider using location-based outreach such as population-specific “hotspots.”
Recommendations

Tailoring PN to Priority Populations (cont.)

Consider ways to maximize the reach of integrated programs such as for MSM and PMTCT.

- Consider using cash subsidies or travel vouchers to reach populations.
- Consider how to use volunteers and lay personnel to share in the responsibilities of PN services.
- Start with high HIV prevalence areas.
- Assess and evaluate the programs to ensure desired results.
Recommendations

Improve Linkage to Services

- Use community-based approaches.
- Make PN an explicit part of HIV services.
- Consider co-location and bundling of services to improve linkage outcomes.
- Improve the ability of programs to contact partners (addresses and phone numbers).
- Use lay and credentialed providers.
- Include PN with self-testing protocols.
Recommendations

Address Potential Adverse Outcomes

• Adopt IPV screening tools and other tools to assess the risk of emotional, economic, or other harms.
• Adopt a less risky PN method for individuals at high risk of IPV.
• Use neutral or anonymous methods, such as love letters, when possible.
• Use couples counseling to ensure couples are informed together.
Recommendations

Improve Human Resources and Training

• Provide better, more specific training for personnel for PN.

• Use CHWs, volunteers and peer educators for some responsibilities, when possible.
  – Training should extend to law enforcement where PN is required by law.

• Training must cover confidentiality and privacy.
Recommendations

Improving the Legal & Policy Environment

- Review your countries’ current laws and policies to determine what will be needed to establish PN standards and allocate sufficient resources for PN.
- Work with available stakeholders.
- Include mechanisms for M&E and enforcement.
- Use available resources, such as protocols for tracing STIs.
Recommendations

Improving the Legal & Policy Environment (cont.)

• Consider policies that will enable lay personnel to provide PN services.
• Advocate for the decriminalization of homosexuality, sex work, HIV transmission which impedes PN.
• Make materials available in local languages to support broader and better implementation.
Small Group Activity

How might we help navigate partner notification challenges for different stakeholders?

Part I (10 min)

Patients, partners, providers, policy makers, and community members may face different challenges triggered by partner notification.

Your task: Break into groups. Each group will be assigned a specific stakeholder (e.g. a partner). Interview your stakeholder to understand:

- Why do you think PN is important?
- What particular challenges do you face w/r/t partner notification?
- How might other stakeholders help you address those challenges?

Groups: Using the post-its on the table, during the interview write down key words, phrases, quotations, and other ideas that you hear during the interviews. You will use these in Part II.
Small Group Activity

Part II (10 minutes):

• Pick one challenge that you identified during the interview. As a group, work together to try to come up with one solution to address that challenge. Your solution should be in the following format:
  – “I need X in order to provide/receive PN services.”

Example

Stakeholder – Health Care Provider:

“I need more training on how to support my clients to have difficult conversations with their partners.”
Small Group Activity: Report Back

How might we help navigate partner notification challenges for different stakeholders?

What solutions did you come up with?
Thank You!
Introduction to Partner Notification Services: Strengthened Case Finding to Reaching the ‘First 90’

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HIV/TB/ID Unit, Jhpiego

USAID Global Health “Mini-U”
14 September 2017
Globally, there are 36.7m people living with HIV. But only 60% know they are HIV-positive. The rest do not. Less than 50% of PLHIV are on antiretroviral therapy. And only 38% have achieved undetectable levels of HIV.

90-90-90 HIV Treatment Targets

- 30 million PLHIV on treatment by 2020
- 90% of people living with HIV (PLHIV) know their status
- 90% of people who know their status are on antiretroviral therapy
- 90% of people on antiretroviral therapy achieve viral suppression

http://www.unaids.org/en/resources/909090
From 2005 – 2015, there was a sharp increase in HIV-positive diagnoses in Africa.

From 2010—2014, > 600m people received HTS in 122 low- and middle-income countries – nearly half all tests were in Africa.

- **Scale-up of HIV Testing Services (HTS)**

![Graph showing increase in HIV-positive diagnoses from 2005 to 2015 in Africa.](image-url)
Estimated progress towards the 90-90-90 goals in the African region, 2015

Eastern & Southern Africa
- PLHIV Diagnosed in Africa: 62%
- PLHIV on ART: 54%
- PLHIV on ART Virally Suppressed: 45%

Western & Central Africa
- PLHIV Diagnosed in Africa: 36%
- PLHIV on ART: 28%
- PLHIV on ART Virally Suppressed: 12%
Self-reported HIV status among adults who tested HIV-positive in Malawi PHIA, by sex and zone

<table>
<thead>
<tr>
<th></th>
<th>Ever Tested</th>
<th>Self-reported HIV positive (%)</th>
<th>Self-reported HIV negative (%)</th>
<th>Self-reported never tested or never received result (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Sex</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>77.1</td>
<td>17.7</td>
<td>5.1</td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>67.1</td>
<td>20.4</td>
<td>12.4</td>
<td></td>
</tr>
<tr>
<td><strong>Zone</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>North</td>
<td>74.8</td>
<td>20.5</td>
<td>4.6</td>
<td></td>
</tr>
<tr>
<td>Central East</td>
<td>64.6</td>
<td>25.4</td>
<td>10.0</td>
<td></td>
</tr>
<tr>
<td>Central West</td>
<td>70.1</td>
<td>22.5</td>
<td>7.4</td>
<td></td>
</tr>
<tr>
<td>Lilongwe City</td>
<td>70.8</td>
<td>20.2</td>
<td>9.0</td>
<td></td>
</tr>
<tr>
<td>South East</td>
<td>76.4</td>
<td>16.9</td>
<td>6.7</td>
<td></td>
</tr>
<tr>
<td>South West</td>
<td>76.9</td>
<td>15.3</td>
<td>7.8</td>
<td></td>
</tr>
<tr>
<td>Blantyre City</td>
<td>68.6</td>
<td>19.8</td>
<td>11.6</td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>73.4</td>
<td>18.7</td>
<td>7.9</td>
<td></td>
</tr>
</tbody>
</table>

Row percentages may not add to 100 percent due to rounding.

More than twice as many men as women reported that they had never tested or received their result.

More women than men were aware of their HIV status.
Innovation Needed to Close the Testing Gap

Photo Credit: http://fr.ubergizmo.com/2013/02/15/wifi-gratuit-metro-londonien-fin.html

Source: WHO, 2016
Voluntary assisted partner notification services should be offered as part of a comprehensive package of testing and care offered to people with HIV (strong recommendation, moderate quality evidence)
What is Partner Notification Services (PNS)?

Partner notification, or disclosure, or contact tracing, is a voluntary process whereby a trained provider asks people diagnosed with HIV about their sexual partners and/or drug injecting partners and then, if the HIV-positive client agrees, offers these partners HTS.

Builds on Couples and Partner HIV Testing—Recommendations Since 2012
Types of Assisted Partner Notification Services

**Unassisted (passive):** index client notifies partner themselves
• Most similar to what has been done in the past (partner testing)

**Assisted (active):** provider supports index client with notification
• **Contract:** index client notifies within certain time period, if not, provider does
• **Provider:** contacts partner directly
• **Dual:** provider and client notify partner together
Why is PNS Important?

- Has been used in managing other infectious diseases to identify exposed persons and enable treatment
  - Including for STIs, TB, Ebola
  - In the US for HIV, but largely not in Africa
- Sex and drug injecting partners of PLHIV are at increased risk of also being HIV-positive
  - May be unaware of their exposure
  - Not on treatment if don’t know status
  - May transmit to other partners and infants if they don’t learn their status
  - Difficult to control the epidemic
Benefits of PNS to Couples and Partners

- Mutual support to access HIV prevention, treatment, and care services
- Improved adherence and retention on treatment
- Increased support for the prevention of mother-to-child HIV transmission
- Prioritization of effective HIV prevention for discordant couples
  - Condoms
  - ART
  - Pre-exposure prophylaxis (PrEP)
Potential Challenges with PNS

- **Identification of partners**
  - Some people and groups such as key populations may be reluctant to name partners
  - May depend on relationship dynamics and type of relationship

- **Locating and notifying partners**
  - May be especially difficult for non-primary/casual partners, mobile, vulnerable, and key populations
  - Some partners may live far from index client

- **Laws or policies that stigmatize, criminalize, or discriminate against key populations or PLHIV**
Principles of PNS

Client-centered
- Focus on the needs and safety of the index client and his or her partner(s). Deliver services in a non-judgmental manner.

Confidential
- The identity of the index client should not be revealed and no information about partners should be conveyed back to the index client (unless explicit consent from all parties is obtained).

Voluntary
- Participation should be voluntary and non-coercive for both the index client and his or her partner(s).

Accessible
- Should be available to all index clients regardless of where they are diagnosed. Should be offered at least annually as part of HIV treatment services.

Integrated
- Include strong referral and linkages to HIV treatment and prevention services.

Source: CDC 2016
Important Considerations for Offering PNS

- **Confidentiality and voluntariness are critical**
  - Notification should be made to partner(s) alone, no one else
  - Criminal justice/law enforcement and non-health personnel should not be involved in PNS

- **HIV-positive clients should be given options** for PNS and be allowed to choose different methods for different partners

- **PNS should be offered periodically**
  - Peoples’ situations change
  - Readiness to consent to PNS and/or disclose to partners may change

- **When a partner tests HIV-positive, he/she becomes a new index client** and the PNS process starts over from the beginning
Partners can be Notified in Various Ways

- Face-to-face conversations with partners
- Phone calls
- Text messages
- Emails
- Videos and internet-based messaging systems

Care is needed when using phone/text messages to ensure the correct person receives the message and that the anonymity of both partners is maintained.
Example of PNS with Young Woman with Multiple Partners

Note: All HIV-positive individuals are enrolled in care.
Source: LVCT Health.
Cross-sectional study evaluating effectiveness and feasibility of PNS at 3 facilities among newly diagnosed men and women from VCT and PITC

Of 653 newly diagnosed persons, 390 (60%) enrolled

438 sexual partners listed (average 1.1 partners/index client)
  • 249 (56.8%) partners referred to facility
  • 239 (96%) tested for HIV
  • 148 (61.8%) tested HIV-positive (all newly diagnosed)
  • 104 (70.3%) newly diagnosed were enrolled in HIV care and treatment

Initial selection for notification approaches 402 (91.6%) passive referral

In all but 3 cases, index client initial selection was successful
Jhpiego and PNS

- Provide technical assistance to 8 PEPFAR implementing partners and Federal Ministry of Health in **Nigeria**
- **Tanzania** (Sauti) contact tracing for partners of key populations has led to increased yield from 3.9% (FY17 Q1-2) to 8.8% (Q3)
- **Mozambique** is recognized as a leader in programmatic delivery of PNS using peer navigators located in health facilities
- **Namibia** implemented partner notification through community health extension workers
- New HTS awards in **Cote d’Ivoire** and **Malawi** will focus primarily on PNS
- **HQ** collaborating with WHO, CDC, USAID to develop global PNS learning resource package
Thank you!

Acknowledgments:

- Kelly Curran and HIV/TB/ID Unit
- Marya Plotkin, Jhpiego MER Unit
- MCSP/Jhpiego Nigeria, Tanzania, Mozambique teams
- Rachel Baggaley and Cheryl Case Johnson, WHO
- Vincent Wong, USAID
- Stephanie Behel and Amy Medley, CDC
- Mike Grillo, OGAC