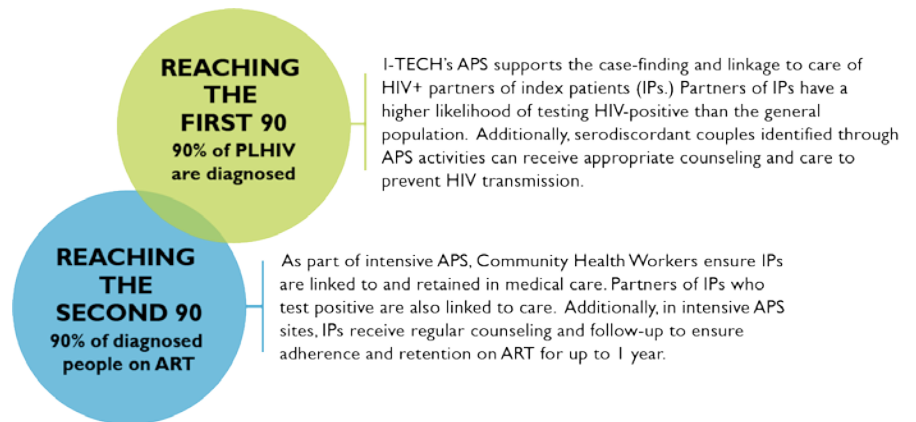


Partner notification, testing and treatment are cornerstones of public health efforts to control the spread of sexually transmitted infections (STI), including HIV. Efforts to promote partner notification among persons with HIV include a range of interventions, from counseling to promote increased disclosure by persons with HIV to their sex partners (i.e., assisted patient referral) to more active partner services in which a counselor notifies partners on behalf of a consenting patient with HIV infection (i.e., provider referral).¹



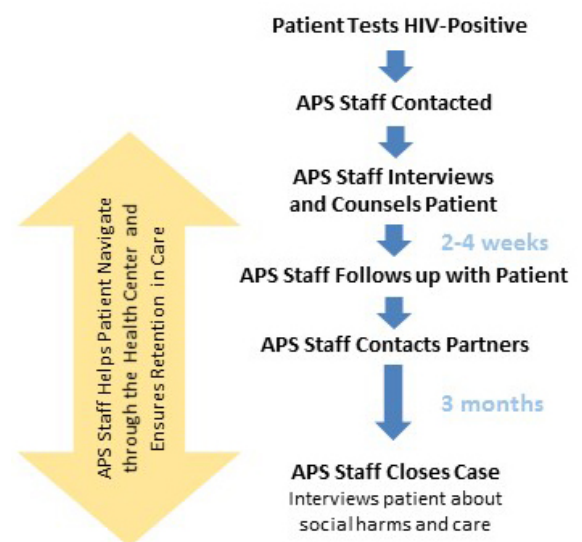
Many high-income nations have Assisted Partner Services (APS) programs specifically designed to increase partner testing. Recent randomized trials and program evaluations from Malawi, Cameroon, Kenya and Mozambique have demonstrated that APS is feasible, safe and highly effective.²⁻⁶ Additional data suggest that partner notification and testing improves the success of HIV care; couples who know one another's HIV status are more likely to use condoms when HIV discordant and more likely to stay engaged with care.⁷⁻⁹

In December, 2016, the World Health Organization issued new guidelines recommending that “assisted partner notification services be offered as part of a comprehensive package of testing and care offered to persons with HIV.”¹⁰ PEPFAR has since supported these guidelines, and efforts to bring APS to scale are underway in several African nations.

I-TECH Capacity

I-TECH Faculty and Principal Investigators, including Drs. Matthew Golden and Carey Farquhar, have extensive research and programmatic experience working in the area of Assisted Partner Services in the US, Cameroon, Kenya and Mozambique. Work across these areas has helped provide APS to >20,000 persons with HIV infection, and was instrumental to the development of the 2016 World Health Organization Guidelines. Ongoing I-TECH supported work includes APS training, quality management support, database management, and APS monitoring and evaluation.

Dr. Golden is a professor of medicine and adjunct professor of epidemiology at the University of Washington, and the director of the Public Health—Seattle & King County HIV/STD Control Program. Dr. Farquhar is a professor of medicine and epidemiology, and the Associate Chair for Academic Programs in the Department of Global Health at the University of Washington.



I-TECH Case Studies

In 2014, **I-TECH Mozambique** and its collaborators undertook pilot projects designed to increase partner testing and encourage disclosure among persons with newly-diagnosed HIV infection in Mozambique, at two health centers in Maputo Province. Community Health Workers (CHWs) counseled persons with newly diagnosed HIV infection, Index Patients (IPs), to bring their potentially exposed children in for testing, disclose to their sex partners, and encourage their sex partners to test for HIV. CHWs followed up with IPs for a period of 8-12 weeks to ensure IPs were still in care and that their partners and children were tested and linked to care.



In 2016, the Mozambican Ministry of Health endorsed the implementation of I-TECH's model of Assisted Partner Services (APS) as part of a larger strategy to improve testing and linkage to care nationwide, known as the Index Case Strategy. The Centers for Disease Control (CDC) requested that I-TECH take a lead role in the training and provision of implementation support for the national rollout of APS. Twenty-six health centers across the country were selected to receive training from I-TECH on APS in 2017, with seven of these centers receiving intensive implementation support from I-TECH.

I-TECH Botswana led the development of the National Partner Notification standard operating procedure in conjunction with the Ministry of Health and Wellness, CDC, and other USG funded implementing partners. The SOP provides guidance for health care providers on tracing partners of HIV-positive/index clients, and outlines disclosure, referral, follow-up procedures, and proper documentation and reporting practices. I-TECH Botswana is currently piloting this SOP at 50 PEPFAR supported public health facilities.

Clients participating in PN must undergo a complex introspective process, which requires intensive support to encourage disclosure (the first step in passive PN). A robust disclosure counseling session is an integral part of post-test counseling. In these sessions, counselors and index clients simulate disclosure sessions using a standard script in local language to help build a client's confidence. A "warmline" number was established and is shared with the index clients for further counseling and support. The number can also be used by the partner to make appointments for counseling and testing. To date, preliminary data shows an increase in partner notification, partner testing, and case identification numbers.

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August 2017