Scaling up assisted partner notification services in western Kenya

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Background

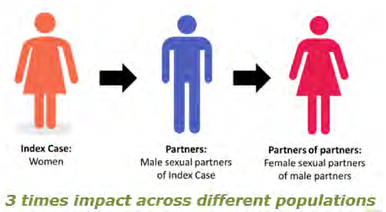
- Despite high HIV prevalence in Kenya, a substantial proportion of people living with HIV (PLWHIV) are not aware of their status.
- Assisted partner services (aPS), or notification for sexual partners of persons diagnosed HIV-positive, has been shown to increase HIV testing and linkage to care.
- The World Health Organization (WHO) guidelines recommend scale-up of partner notification services yet optimal strategies for implementation and aPS performance in a real-world setting are not well-defined.

Objective

- Evaluate **effectiveness** of assisted partner notification services when **integrated within the existing HIV services** in western Kenya

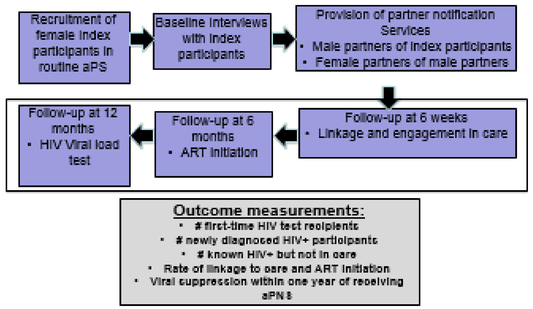
Methods

- An implementation science project to scale up aPS in western Kenya.
- Starting in May 2018, aPS was scaled up in 31 Ministry of Health facilities in Kisumu and Homa Bay counties.
- We recruited newly diagnosed HIV-positive females and provided aPS to their male partners and the female partners of their male partners.



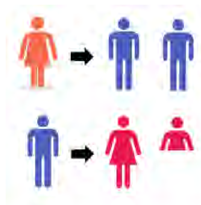
Methods

- Newly diagnosed HIV-positive females ≥15 years were offered aPS and elicited their male sexual partners. HIV –positive male partners were offered aPS and also elicited their female sexual partners.
- Partners were traced by phone and/or in-person and informed of their HIV exposure and offered HIV testing services at a place of choice.



Results

- 30799 females tested for HIV across facilities and 1,645 were diagnosed HIV-positive (yield: 5.3%).
- Overall, 1424 HIV-positive females were enrolled into aPS (acceptance: 87%) and reported an average of 2.0 male partners each (2,848 male partners total).
- 2,224 male partners were enrolled (acceptance: 78%) and each reported on average 1.4 female partners (1284 female partners of male partners).

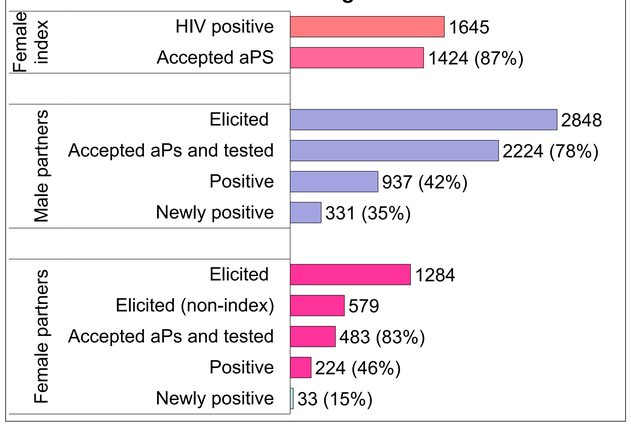


Female index: Male partner elicitation ratio 2

Male partner: Female partner elicitation ratio 1.4

Results

APS HIV Testing cascade



1 new HIV diagnosis is made for every 4 index clients who accepted aPS.

- Offering aPS to 1424 female index cases and their partners resulted in 364 new HIV diagnoses.
- **New HIV diagnosis was higher among male partners (35%) of female index** than among female partners of male partners (15%).

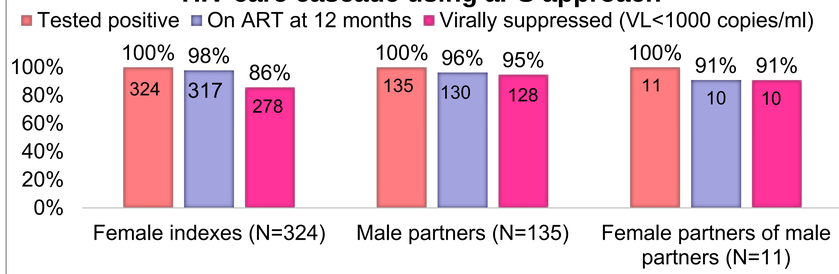
Results

- The median time to trace male partners and provide them aPS was 36 days.
- After 6 weeks of follow-up, 90% of female index cases and 87% of male partners reported to be on ART..
- By offering aPS, to female index participants, 5 out of 9 male partners (56%) who were known to be HIV-positive but not on ART, were initiated on ART.
- After 6 week follow up, 1% of participants reported relationship dissolution and 0.6% reported intimate partner violence (IPV),not related to aPS..
- Patients reporting IPV were referred for counselling.

	Follow-up Competed	Relationship dissolution	Experienced IPV
Index	1300	19 (1.5%)	10 (0.8%)
Male Partner	762	4 (0.5%)	3 (0.4%)
Female Partner	136	0 (0.0%)	0 (0.0%)

Results

HIV care cascade using aPS approach



- After 12 months of follow up, >90% participants were on ART with varied levels of viral suppression (86%-95%).

	Total with VL Results	Undetectable VL (<=400 copies/ml)	Low Level Viremia (401-999 copies/ml)	Viremic (>=1000 copies/ml)
Female Index	293	264 (90%)	14 (5%)	15 (5%)
Male Partner	128	116 (91%)	12 (9%)	0 (0%)
Female Partner	10	10 (100%)	0 (0%)	0 (0%)
Total	431	390 (90%)	26(6%)	15 (3%)

Summary

- aPS increased male testing and diagnosed 1 new HIV case for every 4 female indexes offered aPS.
- New HIV diagnosis was higher among male partners (35%) of female index than female partners of male partners (15%), reflecting the disparity in healthcare access by gender.
- aPS was delivered safely with few events of relationship dissolution or intimate partner violence not related to aPS.
- Participants achieved over 90% viral suppression after 1 year of follow.

Conclusions

- APS has been safely incorporated into healthcare facilities in western Kenya, with high coverage among female index cases and their male partners and high linkage to ART.
- APS is a promising strategy to increase HIV testing and linkage and achieve the 95-95-95 targets in Kenya.

Acknowledgements

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