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BACKGROUND

- The HIV epidemic in Nigeria is concentrated in Key Populations (KP), people who inject drugs (PWID), men who have sex with men (MSM), female sex workers (FSW), and partners of people living with HIV.
- Due to stigma and discrimination, these groups have low access to HIV testing services (HTS) and linkage to treatment is challenging.
- To address this gap, index partner testing, targeting sexual contacts and injecting partners of KP index clients, was introduced in 2017.

OBJECTIVES

- To describe the implementation of index partner testing as part of the national KP program and to present the first results.
- To determine the HIV seropositivity rate among male and female sexual contacts plus injecting partners of KP index clients.
- To analyze HIV Partner Notification (PN) and referral services of HIV positive index clients.

METHODS

- The study was a retrospective analysis of community-led HIV index partner testing-involving review of secondary data from PNS registers.
- Between October 1, 2018, and September 30, 2019, HIV testing as part of index partner testing services was offered at nightclubs, hotels, and community-based ART clinics in the states of Akwa Ibom, Cross River, and Lagos.
- Index testing was assisted by peer navigators.
- We used provider and passive PN methods.
- In-person and social network methods were used to recruit partners of KP.
- We described the implementation of index partner testing services, analyzed Partner Notification (PN) delivery models, and calculated HIV seropositivity among persons who underwent Index Partner Testing.
- One-Way ANOVA and TukeyHSD test were performed to determine whether the differences in mean HIV seropositivity between partners are statistically significant.

A total of 3,119 index partners; 1,322 FSW (42.4%), 1,255 MSM (40.2%) and 542 PWID (17.4%) identified 8,989 sexual and injecting partners (index partner ratio 1:2.9).

Figure 1: Overview of HIV Testing Services uptake in Index Testing Model

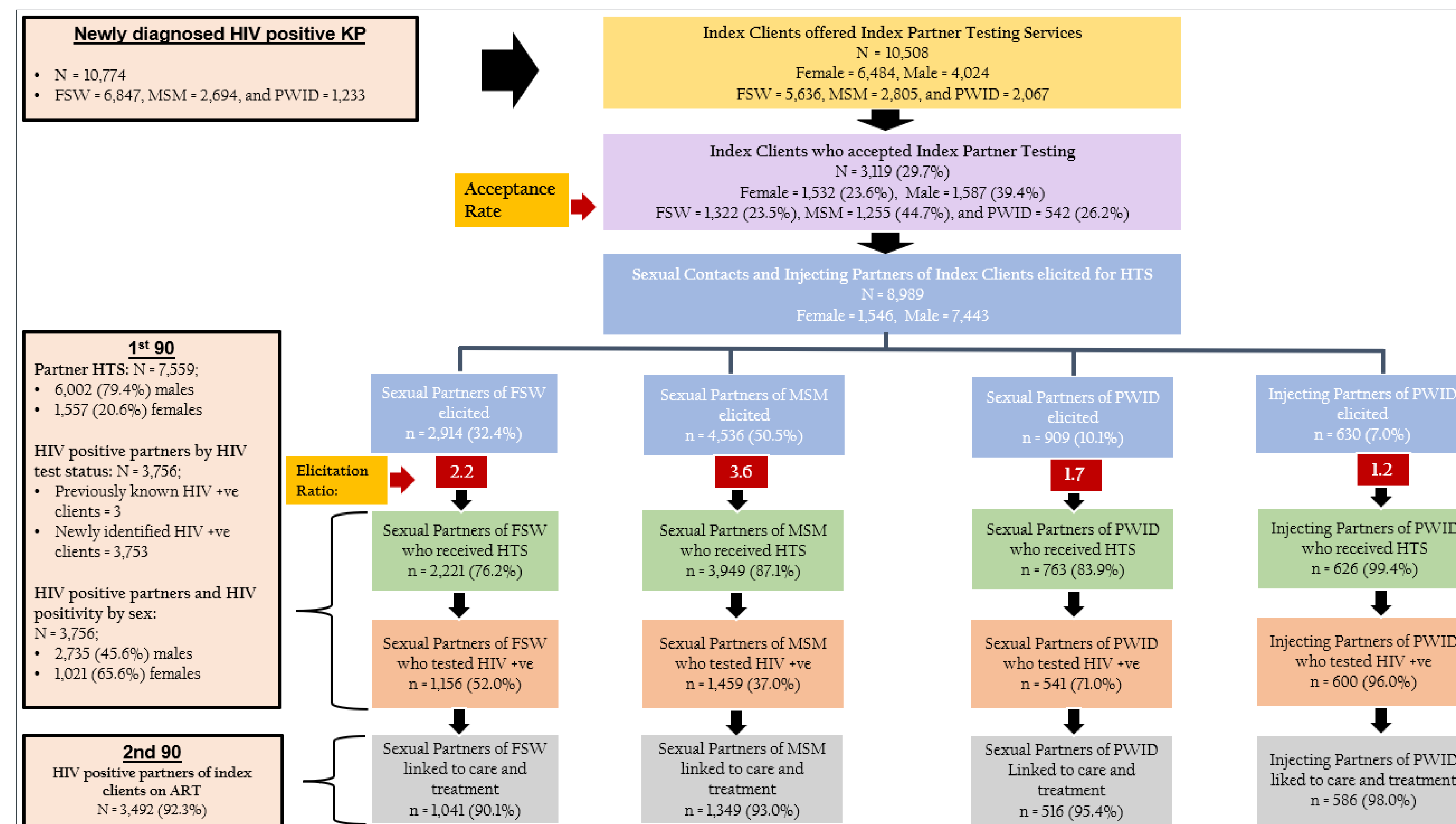


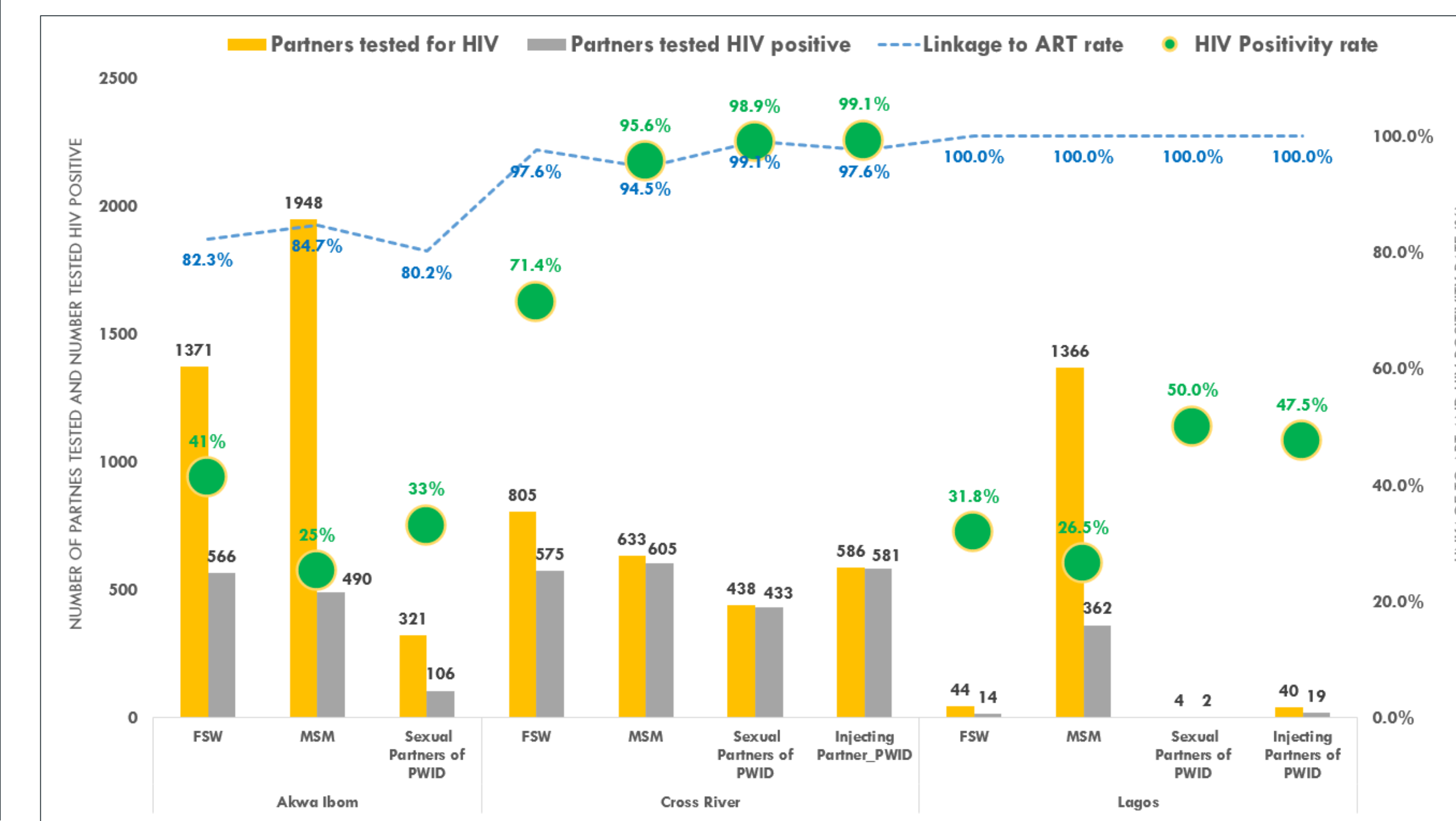
Table 1: Methods for HIV Partner Notification of Index Partners HIV Status

Partner Notification method	Sexual Partners of FSW		Sexual Partners of MSM		Sexual Partners of PWID		Injecting Partners of PWID		Overall	
	n	%	n	%	n	%	n	%	n	%
Passive/clients referral	1,003	45.2	665	16.8	300	39.3	325	51.9	2,281	30.2
Provider referral	1,200	54	3,206	81.2	440	57.7	301	48.1	5,159	68.2
Contract referral	14	0.63	46	1.2	22	2.9	0	0	82	1.1
Household/Dual referral	4	0.18	32	0.8	1	0.1	0	0	37	0.5
Total	2,221	100	3,949	100	763	100	626	100	7,559	100

RESULTS

- PN was predominantly done through provider referral 5,159 (68.3%) and client referral 2,278 (30.1%).
- Among the partners, 7,556 (84.1%) were first-time testers, and 79.4% (5,999) of male partners tested.
- HIV testing services differed considerably by sex. About 79.0% (5,999) of males and 21.0% (1,546) of female partners elicited for PN services were tested for HIV.
- Of the 3,753 (49.7%) partners tested HIV-positive, 3,492 (93.0%) were enrolled in HIV care.
- HIV seropositivity rate was 65.5% (1,021/1,557) among females and 45.5% (2,732/5,999) among males and was disproportionately higher among PWID injecting partners 99.1% (581/586), PWID sexual partners 98.9% (433/438) and MSM sexual partners 95.6% (605/633) in Cross river compared with 71.4% (575/805) in FSW sexual partners.
- In Akwa Ibom HIV seropositivity was considerably higher in FSW partners (41.3%; 566/1371) than in MSM partners (25.2%; 490/1948), z-test = 9.8, p < 0.00001.

Figure 2: HIV Cascade of tested index partners by key population group and State, October 2018 – September 2019



CONCLUSIONS

- Including index partner testing as part of a community-led HTS can help improve HIV case-finding approach for KP, particularly for reaching first-time testers, male KP, and persons not yet diagnosed with HIV.
- Offering partner notification services from existing community settings (e.g., One-Stop Shops ART clinics) could greatly expand access to testing and linkage to care and treatment among people at very high risk of HIV infection, with limited additional burden on the health system.
- Scale-up of index partner testing within community-led HTS is essential for achieving the United Nations 95-95-95 goals.