

# Improving HIV Case-Finding using Partner Notification Services: A Snapshot from Zambia

## ZPCT IIB PROJECT

The Zambia Prevention Care and Treatment Partnership, Bridge project (ZPCT IIB) supported the strengthening of public health facilities in the delivery of HIV services.

## UNMET NEED FOR ART IN ZAMBIA

In Zambia, only about 75% of the estimated 1.06 million people living with HIV (PLHIV) receive lifesaving antiretroviral therapy (ART).

## PARTNER NOTIFICATION SERVICES

To improve HIV case identification and scale up of ART initiation, ZPCT IIB introduced partner notification services (PNS) in 10 facilities. Within one month, the project saw an increase in linkage of newly positive people to care and an increase in testing yield. This meant that PNS was effectively targeting a high-risk subpopulation.



Photo: FHI 360 / ZPCT IIB

The Zambia Prevention Care and Treatment Partnership, Bridge project (ZPCT IIB), funded by the United States Agency for International Development (USAID) and managed by FHI 360, supported the strengthening of 197 public health facilities in the delivery of HIV services.

## BACKGROUND

In Zambia, only about 75% of the estimated 1.06 million people living with HIV (PLHIV) receive lifesaving antiretroviral therapy (ART). This unmet need for treatment is attributable to various bottlenecks in the health system, including delayed diagnosis for HIV case identification, inadequate number and distribution of health care workers (HCWs), and poor linkage to ART services.

## THE ZPCT IIB APPROACH

To improve PLHIV case identification and scale up of ART initiation, ZPCT IIB introduced partner notification services (PNS) in January 2018 in ten select facilities in three provinces: Luapula, Northwestern, and Copperbelt. PNS is a voluntary process whereby a trained provider asks people newly diagnosed with HIV (index clients) to name their sexual partners. With the consent of the index client, the provider then contacts the named sexual partners, informs them that they have been potentially exposed to HIV, and offers voluntary HIV testing services (HTS). Consent to contact elicited partners is sought after assuring confidentiality and screening for the risk of intimate partner violence.

**27%** of partners tested HIV-positive, and **94%** were linked to care

**About FHI 360:** FHI 360 is a nonprofit human development organization dedicated to improving lives in lasting ways by advancing integrated, locally driven solutions. Our staff includes experts in health, education, nutrition, environment, economic development, civil society, gender, youth, research, technology, communication and social marketing — creating a unique mix of capabilities to address today's interrelated development challenges. FHI 360 serves more than 70 countries and all U.S. states and territories.

#### FHI 360 HEADQUARTERS

359 Blackwell Street, Suite 200  
Durham, NC 27701 USA  
T 1.919.544.7040  
F 1.919.544.7261

#### WASHINGTON DC OFFICE

1825 Connecticut Ave, NW  
Washington, DC 20009 USA  
T 1.202.884.8000  
F 1.202.884.8400

#### ASIA PACIFIC REGIONAL OFFICE

19th Floor, Tower 3  
Sindhorn Building  
130–132 Wireless Road  
Kwaeng Lumpini, Khet Phatumwan  
Bangkok 10330 Thailand  
T 66.2.263.5200  
F 66.2.263.2114

#### EAST AND SOUTHERN AFRICA REGIONAL OFFICE

333 Grosvenor Street  
Hatfield Gardens, Block B  
Hatfield, Pretoria 0083 South Africa  
T 27.12.762.4000  
F 27.12.762.4001

[www.fhi360.org](http://www.fhi360.org)

## Case Identification

Potential index clients for PNS were identified three ways:

1. PNS were integrated in every HTS point to enroll all patients newly testing HIV positive as index clients
2. HTS registers were also reviewed to identify newly tested HIV positive patients in the past six months for enrolment as index clients for PNS.
3. Viral load registers were reviewed to target patients with results greater than 1000 copies/mL for enrolment as index clients for PNS to address ongoing risk of transmitting to their sexual partner(s).

To complement case identification, active follow up and escorted referral strategies were implemented simultaneously with PNS. **Active follow up** involved contacting the named partner(s) according to the index client's preferred method – phone or physical visit – within seven days. Those testing positive for HIV were then physically linked to an ART prescriber (**escorted referral**) by a counselor to initiate ART.

## KEY RESULTS FROM 10 FACILITIES

Service data demonstrate that PNS was successful at identifying HIV-positive individuals in the 10 select facilities. When comparing the two months before PNS roll out (November 2017 to December 2017) and after (January 2018 to February 2018), the overall HIV-positivity yield increased from 3% to 5%.

Following the roll out of PNS, from January 2018 to February 2018:

- 1,207 PLHIV were enrolled as index clients. Of those, 1,403 exposed partners were named, a ratio of 1.12 partners per index client.
- Of the elicited partners contacted, 975 (69%) consented to HTS and 261 (27%) tested positive.
- Out of all partners who tested positive, 94% were started on ART, a linkage rate higher than the linkage rate of 90% in December 2017.

## CONCLUSION

Overall, introduction of PNS demonstrated that differentiated targeted testing using PNS improved case identification, with 27% of sexual partners that agreed to be tested having tested HIV positive. Further, facilitated linkages to treatment through escorted referrals used as part of a combined intervention contributed to higher ART initiation rates for newly identified PLHIV. Therefore, ZPCT IIB continued supporting the Zambia Ministry of Health in accelerating these best practices, including PNS, as an efficient means of achieving the first and second of the UNAIDS 90-90-90 targets.

---

#### ZPCT IIB OFFICE

Plot 2374, Farmers Village, ZNFU Complex  
Tiyende Pamodzi Rd, Off Nangwenya Rd, Showgrounds Area | Lusaka, Zambia  
T +260.211.368101