

Voluntary Partner Referral for Key Populations in the Dominican Republic

November 7, 2018
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USAID
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PEPFAR
U.S. President's Emergency Plan for AIDS Relief

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THE SCIENCE OF IMPROVING LIVES

LINKAGES
Across the Continuum of HIV
Services for Key Populations

LINKAGES overview

- First and largest global key populations (KP) HIV program funded by PEPFAR/USAID
- Providing technical assistance, capacity building and funding in over 30 countries
- Aim to increase availability, demand and quality of HIV services for KP



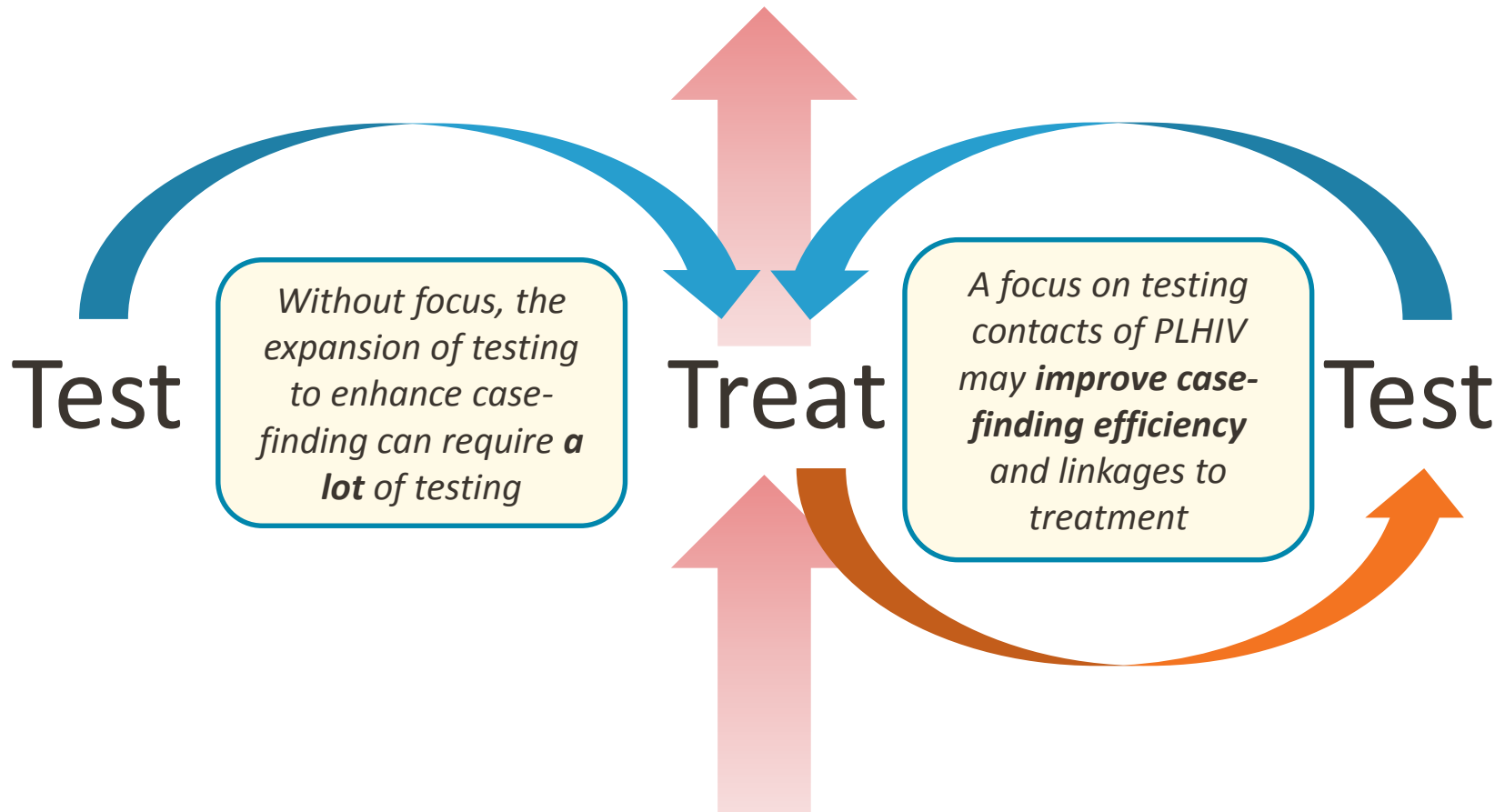
Why index testing under LINKAGES?

- Donor mandate
- Need to enhance case finding
- Commitment to make HIV testing more strategic (less tests, greater yield)

But...

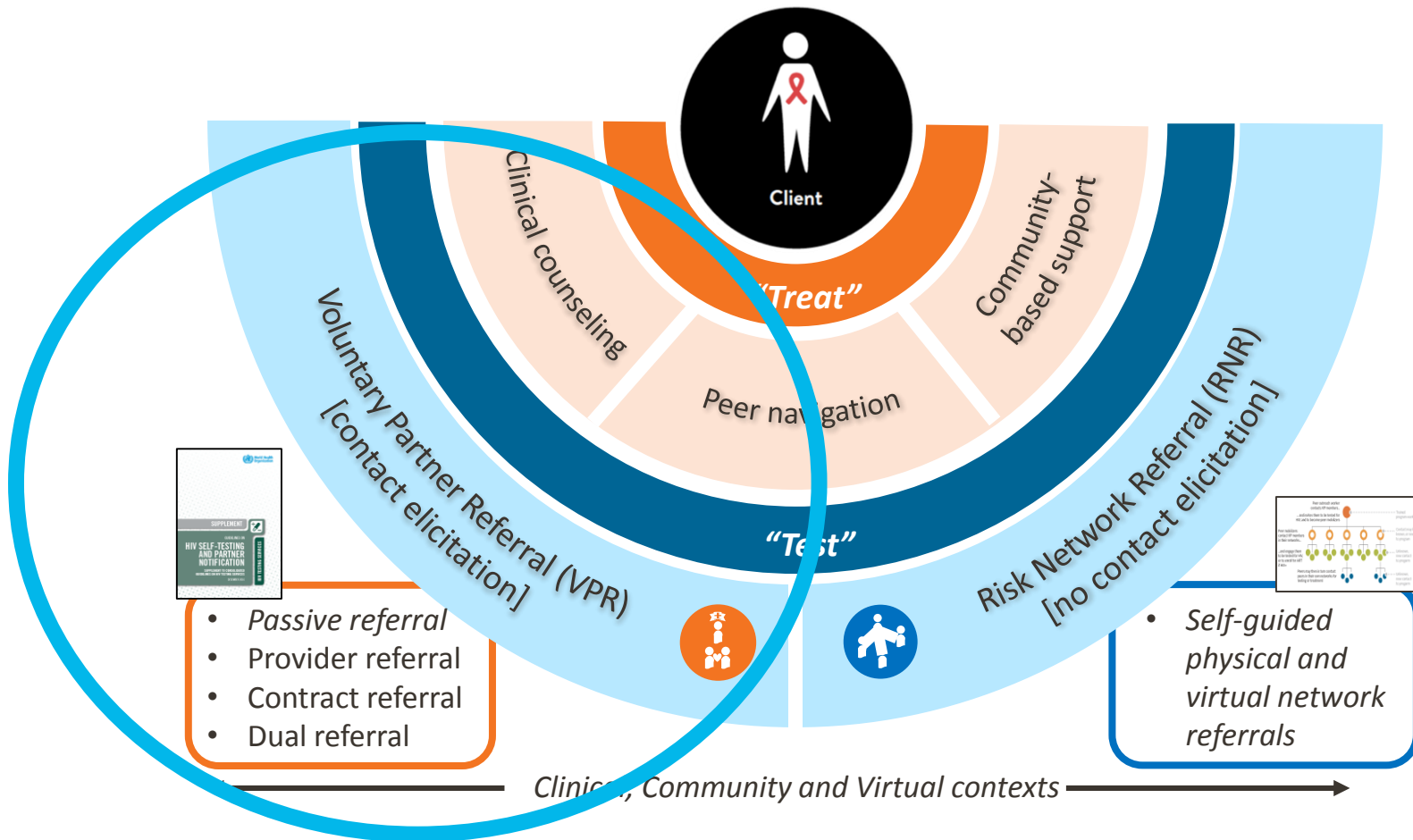
- Need for country buy-in, standardized models with technical assistance, and considerations for KP

Enhanced engagement of PLHIV for case finding



1st and 2nd
95

The “treat and test” approach



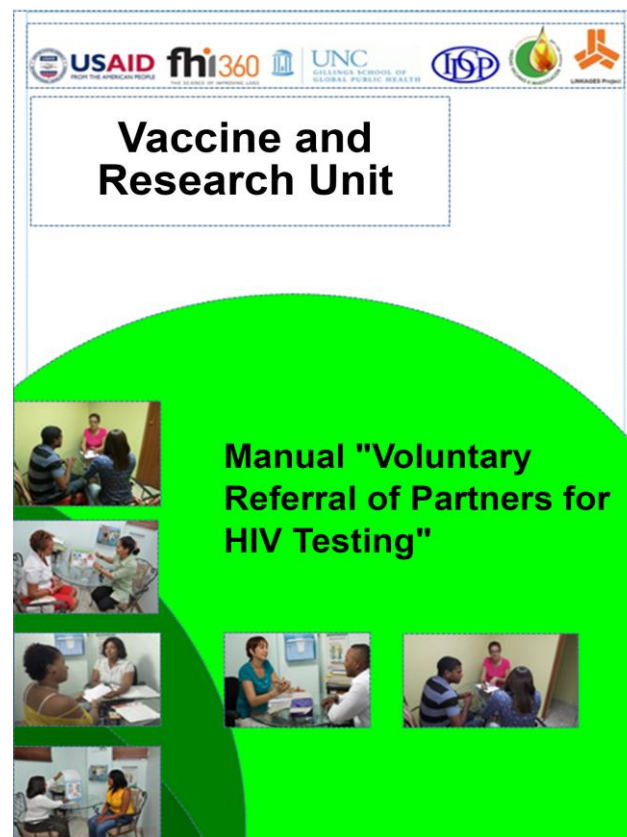
Evidence?

Although research is limited, particularly among key populations, findings suggest:

- VPR strategies are effective at increasing HIV testing and early diagnosis (provider referral more effective in clinical trials)
- Client-led referral (or passive referral) usually preferred, especially with steady partners
- **Importance of options without coercion (voluntary is key)**

DR experience

- Adapted WHO partner notification model in the DR with University of North Carolina and Dermatological Institute (IDCP)
- Purposefully named voluntary partner referral
- Implemented in clinic setting by trained counselors/psychologists



DR Experience, Phase 1 (UNC, Pre LINKAGES)

- Passive referral of steady partners of female sex workers offered by trained psychologists as part of an intervention research project
- 64 male partners referred, 35 (55%) were living with HIV (27 known, 8 were newly diagnosed)
- Of the 37 with no previous diagnosis, 15 never tested and 9 not tested in the last 2 years

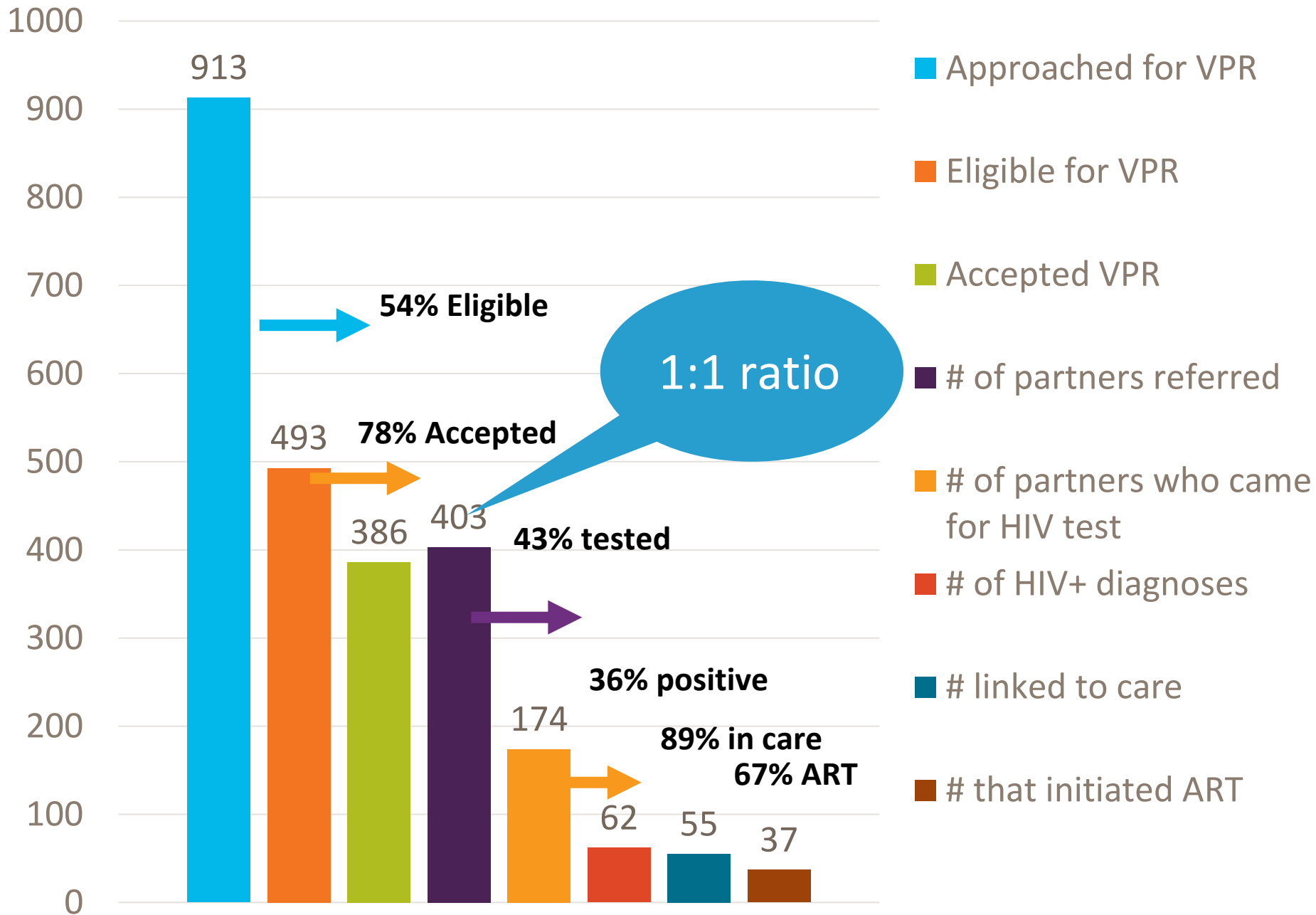
Critical elements

- Voluntary: Never obligatory or coerced
- Part of integrated service provision
- Accompanied with counseling
- Patient protection: Information confidential and strong patient data management
- **Options: Provide clients with more than one method and support their informed decision**

DR experience, Phase 2 (LINKAGES)

- VPR strategy and materials targeting key populations in DR developed and piloted in 4 HIV clinics in FY 17
- 7 additional clinics added in FY18 with ongoing monitoring, TA and materials refinement
- Expansion to new PEPFAR sites and transition to local ownership in FY 19

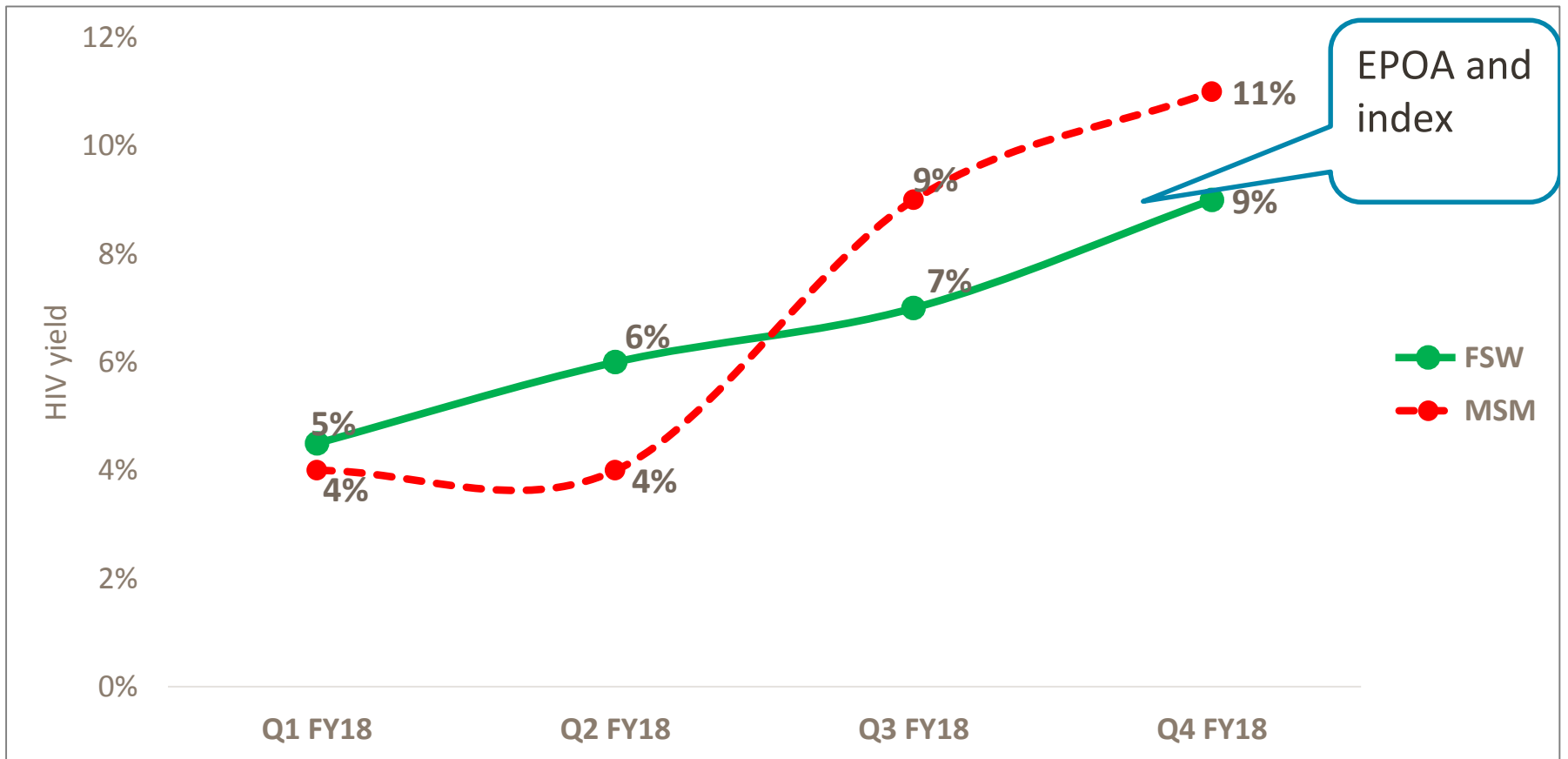
October 2017-March 2018



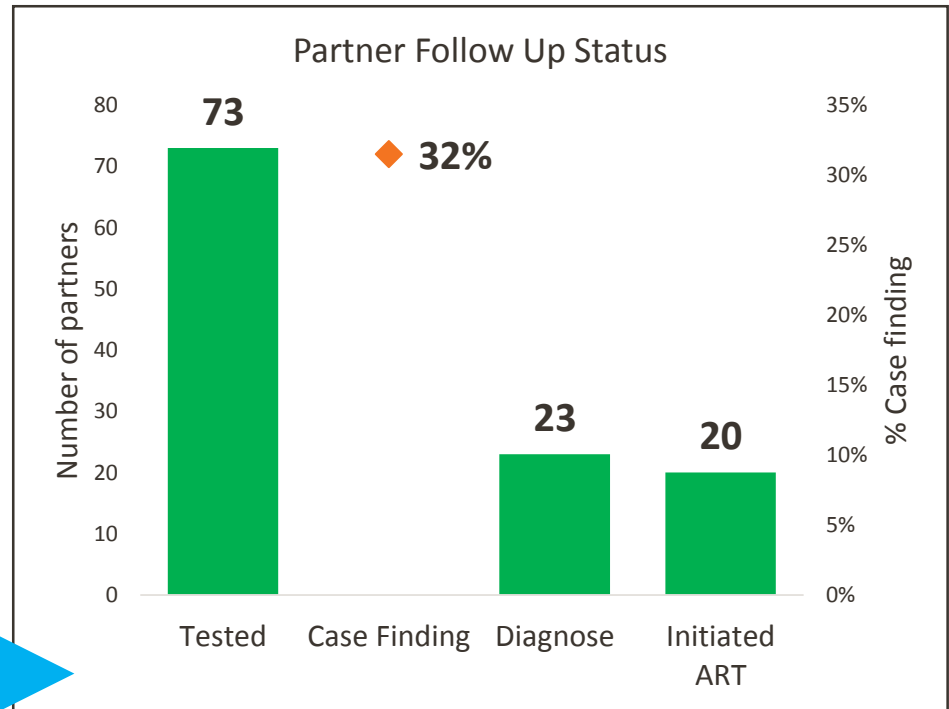
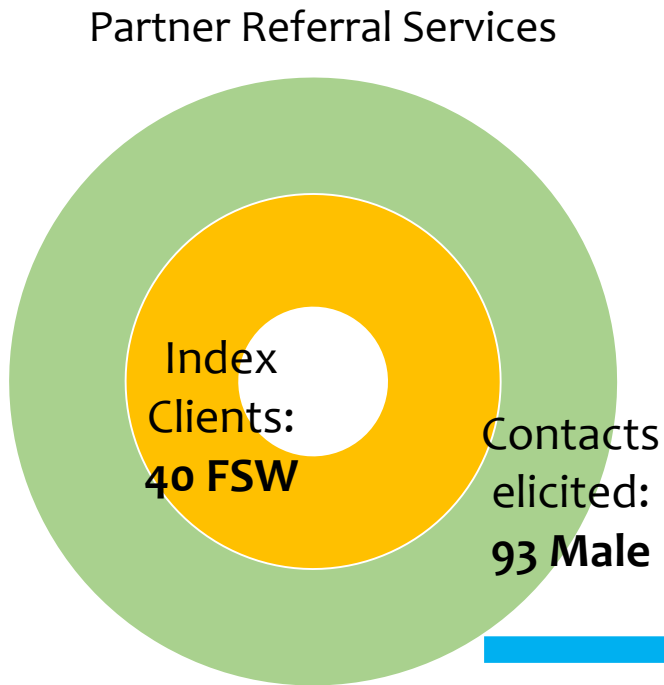
Lessons Learned

- Clients predominately selected passive referral (98%)
- 1-1.5 clients referred and tested per partner
- Significant investment in administrative buy-in, staff training, documentation, and community sensitization
- Benefit of existing violence screening and response system
- Need for variations and protection of PLHIV and partners

Haiti: Case-Finding among FSW and MSM FY18



Haiti: Index testing case finding among FSW contacts FY18 Q4



Global take-aways

- FSW more likely to refer stable partners than clients through VPR
- MSM more likely to refer network members than sexual partners directly; anonymous referral for sexual partners (referral for targeted community testing)
- Violence screening and referral for mitigation is critical
- Communication skill building (for peers and clients-disclosure) must be integrated
- Index testing is more successful when integrated into other services