

ASSISTED PARTNER NOTIFICATION FOR HIV: A QUALITATIVE STUDY IN CAPE TOWN, SOUTH AFRICA



Dr Shehani Perera^a, Dr Alison Swartz^{b,c}, Dr Jennifer Nyawira Githaiga^c

Poster No.: P247

^a Centre for Social Science Research, University of Cape Town, Cape Town, South Africa

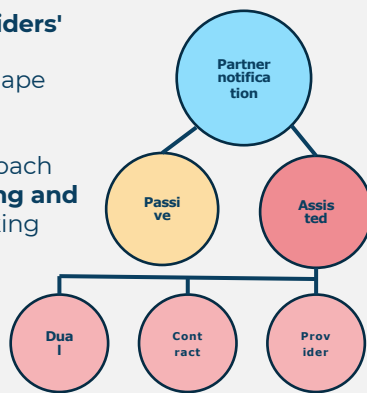
^b St George's School of Health and Medical Sciences, University of London, London, United Kingdom

^c Division of Social and Behavioural Sciences, School of Public Health, University of Cape Town, Cape Town, South Africa

Email: shehani.perera@acceleratehub.org

STUDY BACKGROUND

- **Assisted partner notification (APN)** is a contact tracing approach whereby trained providers help newly diagnosed individuals notify partner(s) and link these partner(s) to testing and treatment services.
- APN has shown promise in **increasing HIV testing rates and early diagnosis** among sexual partners of index cases.
- This study explored **providers' and female patients'** perspectives on APN in Cape Town.
- Understanding this approach could **improve HIV testing and counselling** services, linking more people to testing and treatment.



METHODS

- **Setting:** Cape Town, South Africa
- **Sites:** Five clinics, two faith-based organizations (FBOs) and one secular non-governmental organisation
- Three data collection approaches including:



Semi-structured interviews with providers (n=10) and female patients (n=12)



Informal discussions with key informants (n=12)



WhatsApp diary study with providers and female patients

- **Analysis:** Thematic analysis using a conceptual framework combining patient-provider communication and the APN process and the application of an intersectional lens

RESULTS



The lack of APN-specific policies:

- Meant that APN is currently practiced informally, not as a standalone service
- Led to ethical dilemmas and problematic practices
- Participants expressed uncertainty and felt unsafe about engaging in the APN process



Strategies to navigate challenges and ethical dilemmas included:

- 'Collusion-testing': patients and providers colluded to bring partners for testing and treatment services
- Indirect partner notification: patients notified over social media platforms or left out HIV medication or medicine collection cards for partner(s) to find



Faith and religious beliefs influenced service-delivery:

- Decision-making around participation reflected use of religious principles and doctrine



The involvement of faith-based organisations in HTC delivery was characterised by:

- 'Umbrella care': a combination of spiritual counselling where providers prayed for newly diagnosed patients or referred them to faith-based resources and the provision of biomedical services and material resources

"Maybe [providers should just ask] the positive patient to come in and bring their partner or spouse with them to the next appointment. If it is too hard for the patient to break the news to their loved one or spouse also, they should bring them with them and then the counsellor could offer support by doing it with the patient."
(NABILAH, PATIENT, 23 YEARS)

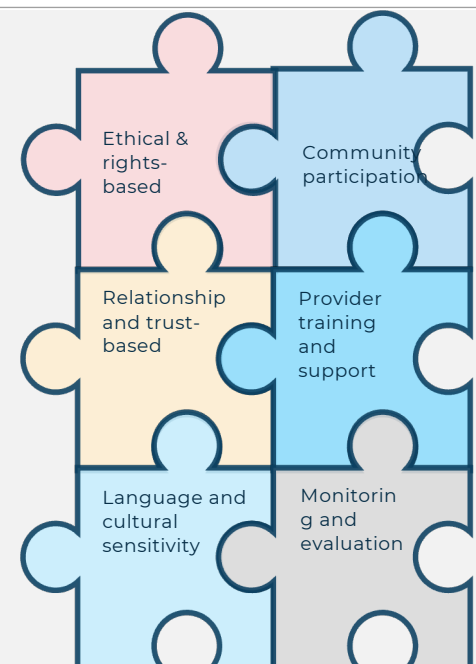
CONCLUSIONS

Assisted partner notification could contribute to improved HIV testing and linkage to care in this setting.

Promotion of APN services should occur alongside self-testing and couples' testing and counselling services.

The 'Six Pillars of APN' framework offers a guide for APN-related policy and programmatic considerations. It includes:

- Ensuring an ethical and rights-based approach is taken to service-delivery
- Placing relationship and trust-building at the core of patient-provider interactions
- Support and training for APN service-providers
- Community involvement through awareness campaigns and similar initiatives
- Inclusive services (language and cultural sensitivity)
- Reporting, monitoring and evaluation activities



ACKNOWLEDGEMENTS

We would like to thank all the participants who shared their stories with us. This work was part of the BRIDGES programme, supported by a grant from the Fogarty International Center and National Institute of Mental Health (D43TW011308). The content of this paper is solely the responsibility of the authors and does not necessarily represent the official views of the National Institutes of Health.