

# FIVE WAYS

## TO IMPROVE HIV INDEX TESTING IN HIGHLY SATURATED ENVIRONMENTS



Index testing has been hailed as a highly effective and efficient strategy for identifying previously undiagnosed people living with HIV.<sup>1</sup> However, in highly saturated South African environments like Johannesburg, where the majority of the population has already been tested for HIV, it can be extremely challenging to identify undiagnosed clients, even when using index testing. Johannesburg also has very high rates of intimate partner violence (IPV) and requires special efforts to ensure that index testing is offered as a completely voluntary service that clients can freely decline.<sup>2</sup> Through the work on the FHI 360 led EpiC South Africa Complementing HIV Care and Treatment Service Delivery for the City of Johannesburg Project, John Snow, Inc. (JSI) identified five ways to improve index testing practices, allowing us to find more people living with HIV and to link them to treatment and care.



### 1. Tailor services based on client preferences with evening, weekend, and home-based testing

Our HIV testing services (HTS) community counselors adjusted their working hours to include evenings and weekends. Many female index clients tend to be at home alone during these times because their male partners and/or extended family members are out doing errands or socializing. With household members absent, the women are free to speak openly with HTS counselors and thus more likely to consent to having the counselors return to conduct HIV testing for their biological children and sexual partners.

<sup>1</sup> Guidelines on HIV Self-Testing and Partner Notification: Supplement to Consolidated Guidelines on HIV Testing Services. Geneva: World Health Organization; 2016 Dec. 3, HIV PARTNER NOTIFICATION SERVICES. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK401676/>

<sup>2</sup> Frade S, De Wet-Billings N (2019) The relationship between women's experience of intimate partner violence and other socio-demographic factors, and under-5 children's health in South Africa. PLoS ONE 14(11): e0225412. <https://doi.org/10.1371/journal.pone.0225412>

Before adjusting counseling hours, it is critical to know and understand the behaviors and preferences of the client population. For example, our HTS counselors knew that extending working hours on holidays would not be effective because stores, restaurants, and bars are closed. As such, male partners and other household members would be home when the counselors came calling. In such situations, women clients would be much less willing to even speak with the counselors, let alone consent to a follow up HTS visit.



## 2. Take extra measures to protect client identity in households with Intimate Partner Violence (IPV) risk

Inviting HTS counselors into the home can be risky for women who have recently learned their HIV status. IPV is a major concern in many settings, and if a woman is the first person in her household to learn that she is living with HIV, she can be blamed for “being the one who brought HIV into the home.”<sup>3</sup> In light of this, HTS community counselors are rigorously trained to screen for IPV and use specific techniques to mitigate the risk of IPV. For example, when HTS counselors make a home visit to conduct HIV testing for the index client’s sexual partner, counselors test everyone present in the home, including retesting the female index client, so that everyone learns each other’s status at once (and thus no blame can be placed for bringing HIV into the home). Counselors offer choice of location (home, mobile clinics or office locations) and even coordinate preferred days and times with index clients to maximize client safety and comfort.



## 3. Maximize contact elicitation at every opportunity, including among “known positive” clients and clients testing negative

Johannesburg is a highly saturated environment and has substantial rates of level of interruption in treatment (IIT), which has been exacerbated by the COVID-19 pandemic.<sup>4</sup> As such, JSI counselors adapted counseling approaches to meet clients’ needs by using JSI’s SOP for Service Counseling for Partners and Children of Index Clients by Test Result. For example, if the elicited partner of an index client informs the counselor that he/she is living with HIV (sometimes referred to as a “known positive” client), the counselor changes strategy. Now the first

3 Frade S, De Wet-Billings N (2019) The relationship between women’s experience of intimate partner violence and other socio-demographic factors, and under-5 children’s health in South Africa. PLoS ONE 14(11): e0225412. <https://doi.org/10.1371/journal.pone.0225412>

4 Melanie A Bisnauth (2021), et al. Why do patients interrupt and return to antiretroviral therapy? Retention in HIV care from the patient’s perspective in Johannesburg, South Africa. PLoS ONE 2021 Sep 2;16(9):e0256540. doi: 10.1371/journal.pone.0256540. eCollection 2021.

Standard Operating Procedure:  
**SERVICE COUNSELING FOR PARTNERS AND CHILDREN OF INDEX CLIENTS BY TEST RESULT**

**IF THE PARTNER AND/OR BIOLOGICAL CHILD TESTED HIV POSITIVE**

**1 Sex and/or Injecting Drug Use Partner**

- Link to treatment
- Offer index testing
- In addition to sex and injecting drug use partners, ask for social and risk network contacts

**2 Biological Child <19 years old**

- Link to treatment
- Children/adolescents over the age of consent should be given post-test counseling and informed of their test result directly
- Children 6-12 years of age should be informed over time to accommodate their cognitive skills and emotional maturity, in preparation for full disclosure
- Children 5 and younger should be informed over time to accommodate their cognitive skills and emotional maturity, in preparation for full disclosure

**IF THE PARTNER AND/OR BIOLOGICAL CHILD TESTED HIV NEGATIVE**

**1 Sex and/or Injecting Drug Use Partner**

- Link to HIV prevention services (PrEP, VMMC, risk reduction counseling and condom promotion, STI screening and treatment, repeat HIV testing)
- If unprotected sex or injecting drug use occurred recently, client may still be in the “window” period. Retest in 6-8 weeks after the exposure to HIV occurred to confirm status

**2 Biological Child <19 years old**

- If a child/adolescent is at risk for HIV, refer to HIV preventive services so they can take steps to remain HIV-free as they grow

**IF THE PARTNER AND/OR BIOLOGICAL CHILD ARE ALREADY KNOWN TO BE HIV POSITIVE**

**1 Sex and/or Injecting Drug Use Partner**

- Confirm if the partner is currently on treatment
- If the partner is not currently on treatment, conduct ART and adherence counseling and link to treatment
- Offer index testing. If the partner agrees to participate in index testing, obtain a list of sex and/or injecting drug use partners and biological children <18 years old. During elicitation, encourage the partner to provide names of sex and injecting drug use partners other than the original index client. Explain that since both partners are HIV positive, one acquired HIV from a previous sexual contact and you are trying to find and test that person.
- In addition to sex and injecting drug use partners, ask for social and risk network contacts.

**2 Biological Child <19 years old**

- Confirm if the child is currently on treatment
- If the child is not currently on treatment, conduct ART and adherence counseling and link to treatment

**REMEMBER!**  
HIV index testing is entirely voluntary! Never coerce, pressure or oblige a client to share information with you. Remind clients that they can change their mind and stop the process at any time.

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priority is to confirm that this person is currently on ART through TIER.net, South Africa's client treatment data management system, or to offer immediate linkage to those experiencing IIT or who never started ART. Once treatment status or linkage is confirmed, the counselor goes on to offer index testing and elicits the names of sexual partners and biological children. This person now becomes a new "index client" and the cycle continues.

When a partner tests negative, the counselor asks clarifying questions to see if the client has had recent unprotected sexual contact with the index client. If so, the counselor explains that the patient may still be in the "window period" and would need to be re-tested after six weeks to confirm status. JSI counselors keep a record of all patients testing negative with recent sexual contact with an HIV positive index client and follow up after the window period to retest. JSI counselors also offer HIV prevention services for clients testing negative, referring them for voluntary male medical circumcision, pre-exposure prophylaxis (i.e., PrEP), and other services.



#### 4. Blend index testing with social and risk network testing

While the EpiC project primarily uses index testing, the team also has adapted a blended index testing and social and risk network referral testing. During elicitation interviews, JSI HTS community counselors ask index clients about HIV risk within their social networks. This strategy is based on the underlying principle that people within the same social network who know, trust, and can exert influence on each other share the same risks and risk behaviors for HIV.<sup>5</sup> Questions about a person's social and risk network might reveal, for example, that a person is vulnerable to HIV due to their occupation, which requires prolonged periods away from home leading to concurrent sexual relationships and limited HIV testing services access. Fishers, miners, factory workers, and long-distance truckers are examples of groups who may experience vulnerability in the context of their work. With the index client's consent, HTS community counselors make contact with and eventually test the members of this social network. This blended approach is an efficient and effective route to accessing individuals beyond current partners who are infected, or at very high risk for becoming infected, with HIV and linking them to services.



#### 5. Offer index clients ART initiation in their homes and communities

Highly saturated and complex urban environments, like Johannesburg, have struggled to initiate and link clients to care and treatment effectively.<sup>6</sup> Various options are available to accommodate clients, including appointment systems, workplace mobile HIV health services, and decentralized drug pick-up points. Nevertheless, many clients work six or seven days a week and face difficulty accessing HIV testing or treatment, leading to poor linkage to care and interrupted treatment. Every time a JSI HIV counselor newly diagnoses a person with HIV in the community, project clinicians are alerted. JSI clinicians initiate clients on ART at home, at a JSI mobile unit or at home depending on client preference and unique circumstances. To ensure long-term care, all newly diagnosed clients are referred to health facilities within seven days, at which time JSI staff introduce them to a facility "linkage champion." This personal accompaniment and introduction helps ensure strong rates of linkage and a positive start to a client's long-term treatment journey.

Due to these combined efforts, between October 2020 and May 2021, the JSI team successfully linked to treatment 96 percent of newly-identified HIV-infected persons and known HIV-infected persons who had experienced interruptions in treatment.

When a JSI counselor identifies a person living with HIV not currently on treatment, the clinician checks South Africa's national health laboratory system, Labtrack, to confirm that the patient is on the list of those who interrupted their treatment. The clinician then conducts adherence counseling and follows the established procedure to re-initiate the patient on treatment. The client is also introduced to a linkage champion.

#### About the EpiC Complementing HIV Care and Treatment Service Delivery for the City of Johannesburg Project

Under the USAID-supported and FHI-360-managed Meeting Targets and Maintaining Epidemic Control (EpiC) project and in support of South Africa's national HIV epidemic control strategy, JSI provided technical assistance to USAID implementing partners to strengthen index testing and targeted community case finding services in Subdistrict E of the Johannesburg Health District within the Gauteng Province.

5 Division of HIV Prevention, National Center for HIV, Viral Hepatitis, STD, and TB Prevention, Centers for Disease Control and Prevention.

6 Shamu S, Slabbert J, Guloba G, Blom D, Khupakonke S, Masihleho N, et al. (2019) Linkage to care of HIV positive clients in a community based HIV counselling and testing programme: A success story of non-governmental organisations in a South African district. PLoS ONE 14(1): e0210826. <https://doi.org/10.1371/journal.pone.0210826>