**Talking Points for Introducing Partner Testing Services to Index Clients**

**During pre-test information/counseling, providers should:**

* Explain the importance of ensuring that all partners get tested for HIV.
  + HIV-positive partners can start on HIV treatment to keep them healthy and reduce risk that they will pass HIV to other sex partners and/or children.
  + HIV-negative partners can access HIV prevention services to help them remain HIV-negative, including condoms, pre-exposure prophylaxis (PrEP), and male circumcision.
* Inform the index client that:
  + The clinic is offering Partner Testing Services to assist the client to contact their partners so that these partners can learn their HIV status.
  + The service is offered because we know disclosure of HIV status to partners can be difficult.
  + You will ask the client to list the names of all persons they have had sex with, including people they may have only had sex with one time. If there are also persons the client has shared needles with, you will also ask for their names.
  + You will also ask for the names any child(ren) who may need an HIV test.

During post-test counselling and/or counselling in the HIV clinic:

* Remind the client of the importance of partner testing using information from above.
* Inform the client that there are 3 options for contacting their partners using “Options for Notifying Your Partner about HIV Testing” Job Aid:
  + Client can contact them to let them know they should be tested for HIV;
  + Client can contact them within a certain time period, after which the provider will offer assistance if the partner hasn’t been tested;
  + The healthcare providers can contact the partners directly, without telling them the client’s name (this will be done anonymously).
* If the client chooses option (2), they will have 4 weeks to bring in or refer their partner for HTS.
  + If the partner does not come in for HTS after 4 weeks, then the provider will contact the index client for permission to contact the partner.
* Inform the index client that:
  + All information will be kept confidential. This means that:
    - * Partners will NOT be told the index client’s name or test results.
      * The index client will NOT be told the HIV test results of their partner(s) or whether or not their partner(s) actually tested for HIV.
  + You will NOT contact the partner without first contacting them to get their permission.
  + They will continue to receive the same level of care at this health facility regardless of whether they choose to participate in partner notification services.
* Answer any questions that the index client might have and obtain verbal consent to continue.
* Use the **Index Client Form** to record contact information for the index client.

**Script for Partner Testing Services: Phone Call**

Good day. My name is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and I am a counsellor/health care provider at \_\_[Facility Name]\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. Am I speaking with \_\_partner’s name\_\_\_\_\_\_\_\_\_\_\_\_\_\_?

**[IF NOT]:** Is \_\_partner’s name\_\_\_\_\_\_\_\_\_\_\_\_\_\_ available?

**[If partner is not available]**: Thanks. I’ll try back later.

**[If YES]:** I have some important information for you. Is now a good time to talk?

**[If NO]**: When would be a better time for me to call you?

**[If YES]:** Before we begin, I just need to confirm that I am speaking with the right person. Can you please tell me your date of birth and home address?

If the person is unable or unwilling to confirm their date of birth and home address, ask them to come to the health facility for the information. Do not proceed with the notification until you can confirm their identity.

**[After confirming date of birth and address]**: “We have recently learned that you may have been exposed to HIV. It is important that you come to \_\_\_\_\_\_\_\_\_[Name of health facility]\_\_\_\_\_\_\_\_\_\_\_\_\_ for an HIV test so that you can learn your HIV status. If you are HIV-negative, we can give you information on how you can remain free from HIV. If you are HIV-positive, we can give you medicines to treat your HIV. These medicines will help you live a long life and reduce your chance of passing HIV onto others.

HIV testing services are available Monday – Friday from 8:30 in the morning until 5:00 in the evening. Alternatively, we can send a counsellor out to your home for an HIV test. Which option would you prefer?

[**FACILITY TEST]:** What day would you like to come in for an HIV test?

[**HOME TEST]:** What date and time would you prefer for the counsellor to come to your home for an HIV test?

**Script for Partner Testing Services: Voice Mail**

Good day. My name is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and I am a counsellor/health care provider at \_\_[Facility Name]\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. I am trying to reach \_\_partner’s name\_\_\_\_\_\_\_\_\_\_\_\_\_\_ with some important health information. My phone number is XXX-XXX-XXXX. I will also try back later. Thank you and good bye.

**Script for Partner Testing Services: SMS Text Messages**

Messages should be clear, concise, and professional.

**Sample First Message**

“Hello. My name is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and I am with the (insert name of Health Department, Facility, or Community Organization). I have important information about your personal health. Please call me as soon as possible at XXX-XXX-XXXX.”

**If the Person Does Not Respond to Your First Message within 24 Hours, Send a Second Message Urging the Person To Call You**

“This is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_again with the (insert name of Health Department, Facility, or Community Organization). This is my second attempt to contact you. I have urgent health information for you. Please call me at XXX-XXX-XXXX.”

**If the Person Does Not Respond to Either of Your First Two Messages a Final Text May Be Sent**

Hello. This is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. I have been trying to contact you about important health information. Please call me at XXX-XXX-XXXX. This is my last attempt to contact you.”

**If the Person Responds with a Text Message Requesting You to Send More Information**

“I am not able to give health information through a text message. This is urgent and needs your immediate attention. Please call me at XXX-XXX-XXXX.”

**Script for Partner Testing Services: Home Visit**

Good day. My name is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and I am a counsellor/health care provider at\_\_[Facility Name]\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. I am looking for \_\_partner’s name\_\_\_\_\_\_\_\_\_\_\_\_\_\_. Is he/she around?

**[IF NOT]:** Ok, thanks. Do you know when he or she will be back?

**[Once the partner is in front of you]:** Is there a private place that we can talk?

**[Once you are in private area where others cannot overhear]:** I have some important information for you. We have recently learned that you may have been exposed to HIV. It is important that you get tested for HIV so that you can learn your HIV status. If you are HIV-negative, we can give you information on how you can remain free from HIV. If you are HIV-positive, we can give you medicines to treat your HIV. These medicines will help you live a long life and reduce your chance of passing HIV onto others.

I can test you for HIV right now. Or, if you prefer, you can go to \_\_\_\_\_\_\_\_\_[Name of health facility]\_\_\_ for an HIV test. HIV testing services are available Monday – Friday from 8:30 in the morning until 5:00 in the evening. Which option would you prefer?

[**HOME TEST]:** Provide pre-test counseling, informed consent, and post-test counseling according to national HTS guidelines.

[**FACILITY TEST]:** What day would you like to come to the health facility for an HIV test?