

WHO RECOMMENDS ASSISTANCE FOR PEOPLE WITH HIV TO NOTIFY THEIR PARTNERS

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Reaching people with undiagnosed HIV

The sexual partners and drug injecting partners of people diagnosed with HIV infection have an increased probability of also being HIV-positive.

Assisted HIV partner notification services are a simple and effective way to reach these partners, many of whom are undiagnosed and unaware of their HIV exposure, and may welcome support and an opportunity to test for HIV.

Assisted partner notification has been an important public health approach in infectious disease management for decades, including in programmes for sexually transmitted infections and tuberculosis, but has not been routinely implemented for people with HIV.

Assisted partner notification can:

- Increase uptake of HIV testing services among partners of people with HIV.
- Result in high proportions of HIV-positive people being newly diagnosed.
- Result in increased linkage to treatment and care among partners of people with HIV.

HIV assisted partner notification improves HIV test uptake and results in the new diagnosis of high proportions of people with HIV compared to passive referral. However, passive referral can also result in HIV test uptake among partners of people with HIV.

NEW

Recommendation

Voluntary assisted partner notification services should be offered as part of a comprehensive package of testing and care offered to people with HIV.

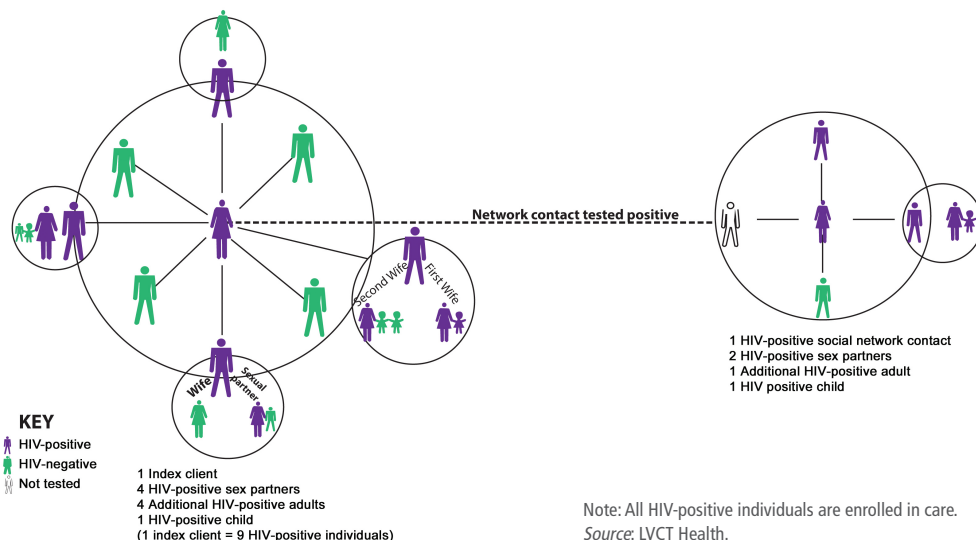
Partner notification should only occur with the express consent of the HIV-positive client, and be made to their partners(s) alone, no one else.

Other benefits of partner and couples HIV testing include:

- Mutual support to access HIV prevention, treatment and care services;
- Improved adherence and retention on treatment;
- Increased support for the prevention of mother-to-child transmission;
- Prioritization of effective HIV prevention for serodiscordant couples (condom use, antiretroviral therapy, and pre-exposure prophylaxis for HIV-negative partners).

Preferences for partner notification method differ by population, age (specifically young people) and partner type (primary or non-primary). Assisted partner notification methods include face-to-face conversations, letters, phone calls, text messages, videos, emails and Internet-based messaging systems. Care is needed to ensure the correct person is receiving the message, and that the anonymity of both the HIV-positive client and the notified partner is maintained.

Example of assisted HIV partner notification of a young woman who engaged in transactional sex





Source: Cameroon Baptist Convention Health Services

Partner notification definitions

Passive referral refers to when HIV-positive clients are encouraged by a trained provider to disclose their status to their sexual and drug injecting partners by themselves, and to also suggest HIV testing to the partner(s), given their potential exposure to HIV infection.

Assisted HIV partner notification services refers to when consenting HIV-positive clients are assisted by a trained provider to disclose their status or to anonymously notify their sexual and/or drug injecting partner(s) of their potential exposure to HIV infection. The provider then offers HIV testing to these partner(s). Assisted partner notification is done using contract referral, provider referral or dual referral approaches.

Contract referral: when HIV-positive clients enter into a contract with a trained provider to refer their partner(s) to HIV testing services (HTS) within an agreed time period, after which the provider contacts the partner(s) directly and offers voluntary HTS.

Provider referral: with the consent of the HIV-positive client, a trained provider confidentially contacts the person's partner(s) directly and offers the partner(s) voluntary HTS.

Dual referral: when a trained provider accompanies HIV-positive clients when they disclose their status to their partners. The provider also offers voluntary HTS to the partner(s).

Harm from partner notification has been rare

- Evidence from existing randomized controlled trials and observational studies have reported few cases of harm following passive or assisted HIV partner notification.
- Confidentiality and voluntariness are vital, particularly in the event that partners have not yet disclosed their HIV status to each other.
- While programme implementers should be aware of the potential for harm arising from disclosure of HIV status, this should be balanced against the benefit of supporting the early diagnosis of people with HIV and linking them to treatment.
- Those offering partner notification services should discuss potential risks of harm with HIV-positive clients. If the safety of the client is not compromised, voluntary partner notification services should be offered.

Considerations for success

- **Train providers.** Providers may require training in how to non-judgementally engage in a discussion about sexual and drug injecting partner(s), facilitate mutual disclosure for couples, and effectively locate partners. Documentation to monitor outcomes includes linking HIV-positive client records to partner notification attempts, as well as partner HIV test uptake, test result and linkage to care.
- **Provide choice.** HIV-positive clients should be given options for partner notification and be allowed to choose different methods for different partners, or to decline altogether. For example, HIV-positive individuals may want to use a passive approach to contact some partners, whom they feel comfortable notifying on their own, but prefer the provider to assist them in contacting others.
- **Offer partner notification periodically.** Assisted HIV partner notification can be offered at multiple service delivery points throughout an individual's interaction with the health system from the moment HIV infection is detected. Assessments can be repeated at semi-annual or annual follow-up visits, as a person's readiness to consent to partner notification services may change over time.
- **Encourage supportive laws and policies.** Countries should review their laws and policies to consider how these could be more supportive of people with HIV and the programmes that serve them. This includes prohibiting mandatory or coercive partner notification practices, and revising laws and policies that stigmatize, criminalize and discriminate against people from key population groups and people with HIV.

For full WHO guidelines on HIV self-testing and partner notification: supplement to consolidated guidelines on HIV testing services see: <http://www.who.int/hiv/topics/vct/en/>

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POLICY BRIEF

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