



International Community
of Women Living with HIV
Eastern Africa (ICWEA)

POLICY BRIEF

Assisted Partner Notification (APN) Its Potential to Cause Violence and Impact on Women and Girls



Policy context:

Assisted Partner Notification (APN) has been an important public health approach in infectious disease management for decades, including programs targeting STIs and TB. STI partner notification approaches have shown to be effective in diagnosing and treating STIs and preventing recurrent infections. Likewise, active tracing of contacts and voluntary screening of household members of people with active TB is an effective and standard approach that has been used successfully in communities with high HIV and TB prevalence. By the end of 2015, it was estimated that over 36 million people worldwide had HIV and of these 40% remained undiagnosed. To address this gap and achieve the UNAIDS testing and treatment goals (90:90:90 goals), new approaches were required to enhance the efficiency and coverage of testing. APN is an approach that has the potential to improve coverage while identifying people with undiagnosed HIV infection.

Partner notification or contact tracing is defined as a voluntary process whereby a trained provider asks people diagnosed with HIV about their sexual partners and/or drug-injecting partners. Once the information is obtained and the HIV-positive clients consent, they are offered HIV Testing Services. Partner notification is provided using passive or assisted approaches. **Passive HIV partner notification services** entail encouraging HIV-positive clients by a trained provider to disclose their status to their sexual and/or drug injecting partners and to suggest HTS to the partner(s) because of their potential exposure to HIV infection. **Assisted HIV partner notification services** include assisting consenting HIV-positive clients 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** occurs when HIV-positive clients enter into a contract with a trained provider and agree to disclose their status and the potential HIV exposure to their partner(s) by themselves and to refer their partner(s) for HIV Testing Services within a specific period agreed upon by the HIV positive client. If the partner(s) of the HIV-positive individual does not access HTS or contact the health provider within that period, then the provider will contact the partner(s) directly and offer voluntary HIV Testing Services. **Provider referral** occurs 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** involves a trained provider who accompanies and provides support to HIV-positive clients when they disclose their status and the potential exposure to HIV infection to their partner(s). The provider also offers voluntary HTS to the partner(s).

However, there has been concerns that HIV APN could lead to Intimate Partner Violence (IPV), involving physical, sexual, or psychological harm by a current or former partner or spouse, which can occur among heterosexual and same-sex couples.

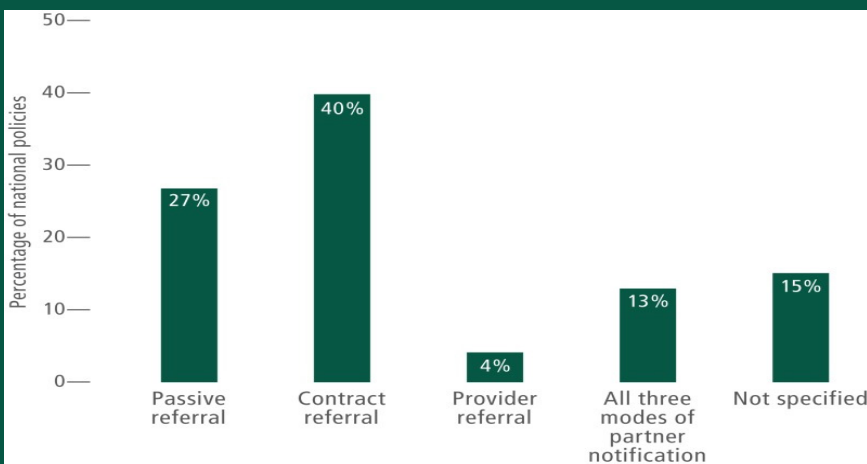
Occasionally, APN has caused other social harms, such as dissolution of relationship. Globally, according to UN WOMEN¹ in 2016, there were an estimated 17.8 million women aged 15 and above living with HIV, constituting 52 per cent of all adults living with HIV. Young women and adolescent girls aged 15-24 are particularly affected. In addition, an estimated 2.4 million adolescent girls and young women were living with HIV who constitute 61% of all young people living with HIV (15-24). There are significant regional differences in both the new HIV infections among women and in the proportion of women living with HIV (15 and older) as opposed to men; the gaps are even more remarkable among young women (aged 15-24) contrasted with young men. In sub-Saharan Africa, women comprised 56% of new infections among adults (15 and older); and the proportion was higher among young women aged between 15 and 24 who made up 67% of new infections among young people. The imbalance in HIV infections among women makes them vulnerable to intimate partner violence as in most cases they are the index clients (people who test first).

The Policy Environment

In 2016, WHO developed guidelines recommending couples and partner HTS, including support for mutual disclosure, with a special focus on testing the partners of people diagnosed with HIV infection in all epidemiological settings. WHO also issued recommendations on community-based HIV testing, including guidance to offer home-based HTS to the households and family members of people diagnosed with HIV. In all WHO regions, some countries have partner notification policies related to HIV testing. Based on a 2016 review of publicly available national HTS policies, 54% (67/123) recommend HIV partner notification services; however, only 20 of these policies stipulate that this approach is currently being implemented. Currently, 67 countries have policies for HIV partner notification.

Uganda, Rwanda, Tanzania and Kenya have all adopted WHO APN guidelines as part of HIV control through testing. For example in 2015, Kenya adopted utility of APN as part of Kenya's HIV control strategy. In Uganda, the application is largely done among spouses of pregnant mothers. In Rwanda, it is contained in the National Guidelines for Prevention and Management of HIV and STIs.

¹ UN Women (July 2018) Facts and figures: HIV and AIDS



67 countries

have policies for HIV partner notification

54% (67/123)
of policies recommend HIV partner notification services

only 20
of these policies stipulate that this approach is currently being implemented

Partner notification approaches described in 67 national policies.

Source: <https://www.ncbi.nlm.nih.gov/books/NBK401676/figure/ch3.f2/?report0>

The COP 2020 PEPFAR Guidance for all PEPFAR² Funded countries provides for Index testing, Assisted Partner Notification, Partner Notification or Contact Tracing all represent the same approach to find individuals who may have come in contact with an HIV positive individual, either as biological children or sexual contacts, and facilitate their receiving HIV testing services. Contrary to the implementation of this guidance, implementing partners have not observed the second principle.

APN has been poorly implemented; moreover, in an aggressive manner. Women and young women living with HIV complain that they are being coerced to give their partners contact details and not respected by the health workers. The contact details are then used to disclose their sexual partners status.

It has caused mistrust between the health workers and young women and women living with HIV because it has undermined their rights to consent, privacy, confidentiality and safety.

Women and young women living with HIV have faced IPV because of the poorly implemented APN. In Kenya, at the beginning of 2019, three cases were reported in the media of young women living with HIV who were killed because their partners knew their status through other sources other than the women themselves. Similarly, in Burundi, in 2019, a young woman living with HIV was reported killed by an intimate partner while another had to change her address to avoid reprisals. Many more cases of women and young women facing GBV have gone unreported in the Media.

COP 2020 PEPFAR Guidance provides that immediate effective active index testing should be halted for FSW, MSM, or any other key population group because concerns have been raised about the PEPFAR-supported testing being conducted in a way that does not fully address the need for confidentiality, consent, and full respect for the rights of clients. However, this leaves out the women and young women living with HIV as a key target population in this guidance even when they are victims of the vice.

² PEPFAR 2020 Country Operational Plan Guidance for all PEPFAR Countries

Policy Gaps

African social economic context: The Assisted Partner notification services approaches recommended by WHO are based on long-term experience from US and Europe where it has proved to be safe and effective, as well as cost-effective for HIV case-finding and linkage to care. Prior to launching similar programs in sub-Saharan Africa, it is important to evaluate HIV APN in the context of rural and urban African settings, which have different HIV prevalence, affected populations, socio-cultural milieus, and weak health system structures and resources. HIV, unlike TB where APN has been successful, is unique in its level of stigma among communities and the perception held by people of people living with HIV. More studies need to be done on its effectiveness especially in do no harm due IPV.

Legal protection for Index cases: Generally, among the East African countries, there is no comprehensive APN policy and none of the identified policies mentions legal provisions to protect HIV-positive individuals against potential harm following disclosure of their HIV status and partner notification. Nineteen countries do not mention informed consent for HTS in their policies, while 21 countries including those in Eastern Africa have some form of mandatory partner notification. WHO does not support mandatory partner notification.

Intimate partner violence assessment and monitoring: Due to concerns that HIV APN could lead to IPV for index cases (HIV Positive individuals), the APN policies should be elaborate on how safeguards and monitoring for IPV shall be implemented and incorporated in the policy.

Conclusion

The APN approach has undoubtedly reached to people who need HCT and it is cost effective in terms of mobilisation for working towards the target of 90-90-90. However, the majority of the policies do not account for the social harm risks that come with it, especially in Africa where women and girls occupy underprivileged positions in society. The policies need to be strengthened to protect index cases who give info on partners. The policy framework should address structural barriers to testing and treatment that are beyond the patient's (or caregiver's) control, such as regulatory/policy environment, supply chain, access to care, human resources, poor linkage between testing and treatment, and other service delivery related barriers. There is need to expand innovation by accelerating adoption and scale up novel approaches to improve case-finding, including screening tools and other testing methods. In addition, scaling-up of what works by expanding use of proven approaches and promoting new products, tools and approaches backed by evidence to maximize impact rather than coercing approaches is equally required.

The policies need to be strengthened to protect index cases who give info on partners. The policy framework should address structural barriers to testing and treatment that are beyond the patient's (or caregiver's control, such as regulatory/policy environment, supply chain, access to care, human resources, poor linkage between testing and treatment, and other service delivery related barriers.

Policy Recommendations

- HIV-positive clients should be offered multiple options for assisted partner notification such as contract referral, provider referral or dual referral; the approach selected should be based on client preferences. Clients should also be given the opportunity to decline.
- Partner notification services should always be voluntary. Mandatory or coercive approaches to partner notification are never justified. People should always be counselled about the benefits and risks so that they can make safe and informed choices.
- Criminal justice, law enforcement or other non-health-related service providers should not be involved in partner notification services, especially in instances where the behaviour of key population groups is criminalized.
- APN policies in the Eastern African countries should make provisions for protection of the HIV-positive individuals against potential harm following disclosure of their HIV status and partner notification.
- PEPFAR should halt the APN for women and young women living with HIV just as it did for the key populations including the MSM, and the Female sex workers until it provides the guidance on the minimum standards and processes to ensure that a facility is capable of implementing confidential, voluntary and consented index testing services.
- All programs continuing to implement index testing should apply a client centered approach, which clearly states that index clients are not required to provide names of sexual contacts, and should have mechanisms to carry out a risk-benefit analysis to determine whether the benefits outweigh the risks of contact tracing.
- Supportive policies are essential for effective and safe HIV partner notification programmes. Countries should review their laws and policies in order to consider how they could be more supportive of people with HIV. For example, they should revise mandatory or coercive partner notification practices that may stigmatize; develop a strategy for monitoring potential intimate partner violence; criminalize or discriminate against people from key population groups and people with HIV; and be gender sensitive, especially for women who constitute majority of people living with HIV.
- Laws and policies that stigmatize, criminalize or discriminate against key populations or people living with HIV should be repealed and revised to create a conducive environment for women and girls to access the HIV services without fear of discrimination and/or being prosecuted.

FOR MORE INFORMATION



The International Community of Women Living with HIV Eastern Africa (ICWEA)

Plot 1106, Ssenge - Kawanda Road,
Off Kayunga Kampala - Hoima Road,

P.O. Box 32252, Kampala, Uganda

Tel. +256 414531913 Mobile: +256392947313

Email: admin@icwea.org Twitter: [@ICWEastAfrica](https://twitter.com/ICWEastAfrica)

Facebook: ICW Eastern Africa

Website: www.icwea.org



AFRICAN
WOMEN'S
DEVELOPMENT
FUND