



## ISSUES AND PROSPECTS OF DISCLOSURE OF HIV STATUS TO SEXUAL PARTNERS IN NIGER

### FINAL REPORT

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## Abbreviations

APS	Psychosocial counsellors
CDIS	Counselling, Caregiver-Initiated Screening
CDV	Counselling, Voluntary Screening
CEDAV	Anonymous and Voluntary Counselling and Testing
FCFA	CFA Francs
HJWW	HIV JUSTICE WORLD WIDE
STI	Sexually transmitted infections
MVS	NGO Living Well with AIDS
WHO	World Health Organization
UNAIDS	United Nations AIDS Programme
PNLSH	National AIDS and Hepatitis Control Programme
PMTCT	Prevention of mother-to-child transmission programme
PLHIV	Person living with HIV
RENIP+	Nigerian Network of People Living with HIV
AIDS	Acquired immunodeficiency syndrome
HIV	Human immunodeficiency virus

## Glossary of definitions

**Partner notification:** Partner notification is a voluntary process whereby trained health workers, including lay providers, ask people diagnosed with HIV about their sexual partners or injecting drug users and, with the consent of HIV-positive patients, offer these partners voluntary HIV testing. Partner notification can be done in a passive or assisted approach (WHO).

**Passive notification:** a trained provider encourages patients living with HIV to self-disclose their status to their sexual and/or injecting drug partners, and to encourage them to be tested for HIV given their potential exposure to infection (WHO).

**Assisted partner notification:** A trained provider assists index patients (who have given consent) to disclose their status or anonymously notify their sexual partner(s) and/or drug injecting partner(s) that they have been exposed to the virus. The provider then offers HIV testing to the partner(s). Assisted partner notification is carried out as part of provider notification, contractual or dual (WHO).

**Provider notification:** with the consent of the HIV-positive patient, the qualified provider confidentially contacts the person's partner(s) and offers voluntary HIV testing (WHO).

**Discrimination:** according to UNAIDS, it is the act of excluding or treating a person or group of people differently because of a specific criterion. Discrimination takes different forms, including denial of a service or right, avoidance, ostracism, humiliating attitudes, derogatory or insulting language, moral judgements, blackmail and gossip. But what they all have in common is that they are the translation of the stigmatisation of HIV-positive people in society into actions and behaviours that profoundly alter the quality of life of the people who experience them. Some forms of discrimination on the basis of HIV status are punishable by law in Niger.

**Stigma:** is defined by UNAIDS as "a process of devaluation of people living with HIV or associated with HIV". It can lead to the exclusion of people living with HIV: it is discrimination, such as being excluded from one's community, being denied access to health services, to work, because of being HIV positive.

## Executive Summary

Although the HIV law no longer explicitly imposes an obligation to disclose one's HIV status to one's sexual partner, a person living with HIV (PLHIV) remains at risk of criminal prosecution if he or she has sex with a significant risk of transmission and has not disclosed his or her HIV status to his or her partner. In 2016, a pregnant woman who had not informed her husband of her HIV status was prosecuted by him and convicted by the High Court of Maradi for exposing him to the risk of HIV infection. Notifying one's spouse or sexual partner of one's HIV status is a complex and highly personal process that is affected by several factors, including the risk of invasion of privacy for the HIV-positive person, the fear of social rejection and violent retaliation by the spouse or sexual partner, and discrimination by society. Although provided for by law, there are no government programmes in Niger specifically aimed at supporting people living with HIV and their spouses in this process. People living with HIV risk being left on their own to disclose their HIV status when they could potentially be prosecuted if they do not.

The aim of the study is to organise a public consultation on the issue of disclosure of HIV status to the sexual partner (hereafter "notification of the spouse or sexual partner of the PLHIV") in order to lay the groundwork for the substantive and formal requirements of an accompanying process to guide the development of national guidelines on this issue.

The specific objectives of the study are: 1. to review the literature on effective and human rights compliant disclosure support programmes in other countries; 2. to identify the needs and barriers of PLHIV and health workers in the area of disclosure of HIV status to spouses and sexual partners in Niger; 3. to formulate recommendations to improve the support of PLHIV in the process of disclosing HIV status to spouses or sexual partners in Niger in a way that respects human rights and the evidence base. The study was conducted during the period from September to October 2022. After the literature review, interviews were conducted with 50 PLHIV and 15 health workers in the Niamey region. These two groups constituted the target groups for the study.

In reviewing the results of the study, a number of interesting conclusions can be drawn:

1. The principle of notification of HIV status to a spouse or sexual partner is enshrined in national legislation. However, in practice, there is no national programme for notification of sexual partners of PLHIV as advocated by the legal provisions and by the WHO (2016) guidelines. Notification of sexual partners of PLHIV is an integrated component of the various national HIV testing programmes (VCT, CDIS, PMTCT). However, there are no national guidelines or repositories for reporting sexual partners of PLHIV. The WHO Guidelines (2016) have never been adopted by the Ministry of Public Health.
2. Unlike health workers, the majority of PLHIV are unaware that the law provides that health professionals "encourage" people who test positive to inform their partners and that they can benefit from support in disclosing their status if they so wish.
3. Few PLHIV reported sharing their HIV status with their spouse or partner at the time of their diagnosis. Nearly half of them also did not want to disclose their HIV status to their friends.

The main reason for a PLHIV not wanting to disclose their status to a spouse, friend or relative was the risk that this information would then be shared with others. This demonstrates the importance for PLHIV to ensure confidentiality of their HIV status which is already guaranteed by national HIV legislation. In practice, many PLHIV use health workers to accompany them in the process of disclosing their HIV status to their spouse or sexual partner. According to the PLHIV interviewed, the vast majority of sexual partners, once informed, agree to go to the HIV testing centre, to take their HIV test and to know their HIV status. The majority of PLHIV mentioned the need to be accompanied in the process of notifying their sexual partners. Three (3) types of support were identified as necessary by PLHIV: good information on the public health issues involved in notification, continuous assistance during the care process and good risk assessment before notification of sexual partners.

4. Although the majority of health workers recognise that prior consent of PLHIV is mandatory before any notification of the sexual partner, many believe that non-disclosure to the sexual partner puts the latter at risk of HIV contamination. In accordance with the law, the vast majority of health workers encourage PLHIV to bring their spouse or sexual partner to the health centre for HIV testing and to find out their HIV status, and a quarter (1/4) of the health workers interviewed said they were prepared to inform the PLHIV's sexual partner if the latter refused to do so (contrary to the law). In this case, two (2) reasons are given: to get the sexual partner to be tested and to know his or her HIV status, and to allow the sexual partner to know the HIV status of the PLHIV. This second option does not respect the public health objective of getting the partner to test for HIV and know his or her HIV status. Most of the health workers interviewed (2/3) know, however, that notifying the partner without prior consent is a violation of professional secrecy. The health workers are also aware that a PLHIV's refusal to notify her partner or spouse of her status is often linked to the fear of repudiation or divorce and that, by insisting, they are exposing the PLHIV to a vulnerable situation.
5. The majority of health workers mentioned the need to be better trained and equipped on the notification of sexual partners of PLHIV. This training could cover the following topics: how to discuss with the sexual partners of PLHIV in a non-judgmental way, what are the different possibilities of notification, how to make an assisted notification of sexual partners at different moments of the care of PLHIV. The majority of the health workers mentioned the need for clear guidelines concerning the notification of sexual partners of PLHIV and for training or formative supervision on these guidelines to help them better accompany PLHIV in this process.

Based on the main findings of the study, the following recommendations can be made:

1. **Make the national PLHIV sexual partner notification programme effective:** in line with the recommendations of the WHO (2016) guidelines, the NACP can integrate the PLHIV sexual partner notification programme into existing national testing programmes. In this case, a clear national protocol or national guidelines are required. According to WHO guidelines, *"Programmes should ensure that HIV-positive patients who agree to use voluntary partner notification services are informed and understand the following - the purpose of partner*

*notification services; - what partner notification services entail; - the fact that partner notification services are offered on a voluntary basis and that patients will continue to have access to other health services if they decline to use them; - The different approaches to partner notification available (provider notification, contractual notification, dual notification or passive notification); - The potential risks and benefits, and how to minimise the risks; - How and to what extent privacy and confidentiality can be protected; - Where support services are located and how to contact and access these services if needed, particularly in the event of harm.*

2. **Strengthen the capacity of health workers to better support PLHIV in disclosing their HIV status to their spouses or sexual partners:** the PNLISH will have to develop a training guide for health workers on notifying the sexual partners of PLHIV. The next step will be to train a pool of national trainers from the country's 72 health districts. Two (2) training of trainers sessions could be organised to reach all the health districts. A training plan will be drawn up to enable health workers in the 72 health districts to be trained and equipped to better apply the national directives in this area. It will also be crucial to train community mediators at PMTCT sites and psychosocial counsellors (PSCs) at prescribing sites to strengthen the support of PLHIV in the process of notification of sexual partners. These community personnel can be integrated into the formations of the health districts to which they belong.
3. **Establish a steering and monitoring-evaluation mechanism for the national programme for notifying the sexual partners of PLHIV:** the PNLISH will set up a steering committee for the programme. This committee will be made up of those responsible for prevention, screening, PMTCT and monitoring-evaluation at the PNLISH (at the central level) and the HIV/PMTCT focal points at the decentralised level. This committee could ensure the monitoring and processing of the data collected in order to guide decision-making on the improvement of reporting services to partners. According to WHO (2016) guidelines, this collected data should include: - the number and percentage of HIV-positive people who are offered assisted partner notification services; - the number and percentage of HIV-positive people who accept assisted partner notification services; - the number of identified partners per HIV-positive patient; - the number and percentage of identified partners who were informed of the HIV-positive patient's HIV status; - number and percentage of partners who accepted HIV testing services; - number and percentage of partners who tested positive for HIV; - number and percentage of HIV-positive partners who entered the care pathway; - number and type of adverse outcomes experienced by HIV-positive patients after partner notification.

## Table of contents

Acknowledgements .....	2
Abbreviations.....	3
Glossary of definitions .....	4
Executive Summary .....	5
1. Introduction .....	10
1.1. Background and rationale.....	10
1.2. Aim, Objectives and Methodology.....	10
1.2.1. Aim of the study.....	10
1.2.2. Objectives of the study .....	11
1.2.3. Methodology of the study .....	11
2. Disclosure of HIV status to sexual partners: foundations and challenges in the HIV response.....	12
2.1. Legal and policy frameworks .....	12
2.1.1. At the global level .....	12
2.1.2. Example of a sexual partner notification programme in Kenya.....	13
2.1.3. At national level .....	14
2.2. Programmatic and operational frameworks.....	16
2.2.1. At the global level .....	16
2.2.2. At national level .....	17
3. Results of the study .....	17
3.1. Knowledge about notification of HIV status to spouse or sexual partner .....	18
3.1.1. Knowledge among PLHIV .....	18
3.1.2. Knowledge among health workers .....	19
3.2. Attitudes towards notification of HIV status to spouse or sexual partner.....	21
3.2.1. Attitudes of PLHIV .....	21
3.2.2. Attitudes of health workers .....	24
3.3. Practices related to notification of HIV status to spouses or sexual partners of PLHIV.....	27
3.3.1. Practices observed among PLWHA .....	27
3.3.2. Practices observed among health workers .....	28
3.4. The needs of people living with HIV in disclosing their HIV status to their sexual partners.....	31
3.5. The needs of health workers in terms of supporting patients to disclose their HIV status to their sexual partners .....	32
4. Conclusions and recommendations.....	34
4.1. Conclusions .....	34



4.2. Recommendations .....	35
Bibliography .....	37

# 1. Introduction

## 1.1. Background and rationale

With technical and financial support from HIV JUSTICE WORLDWIDE (HJWW), the National Civil Society Coalition for the Decriminalisation of HIV in Niger conducted a project in 2020-2021 to assess the impact of the implementation of the provisions criminalising HIV transmission in Niger (Law No. 2015-30 of 26 May 2015 on the prevention, care and control of HIV). Although the HIV

One of the important recommendations of this evaluation is to: *"Implement the PLHIV partner notification programme under the aegis of the Ministry of Public Health in accordance with the provisions of Articles 26 and 27 of Decree No. 2017-014/PRN/MSP of 6 January 2017 on the modalities of application of Law No.*

law no longer explicitly imposes an obligation to disclose one's HIV status to one's sexual partner, a person living with HIV remains at risk of criminal prosecution if he or she has sex with a significant risk of transmission and has not disclosed his or her HIV status to his or her partner. As demonstrated by the prosecution and sentencing to a fine and imprisonment of a pregnant woman by her partner in 2016, women are particularly at risk of criminal prosecution. Indeed, HIV testing as part of the

prevention of mother-to-child transmission (PMTCT) programme accounts for more than 60% of those tested in Niger and it is understandable that women are usually the first to be tested and are then at risk of being accused of HIV transmission by their spouse or sexual partner. The assessment found that there are legal proceedings related to non-disclosure of HIV status to spouses or sexual partners, sometimes resulting in divorce orders by the civil and customary courts. This can also have very serious consequences for HIV-positive people and the whole household.

Disclosure of HIV to a spouse or sexual partner is a complex and highly personal process affected by several factors, including the risk of invasion of privacy by the HIV-positive person, fear of social rejection and violent retaliation by the spouse or sexual partner, and discrimination by society. Yet, despite being provided for in the HIV law, there is no specific official programme in Niger to support people living with HIV and their spouses in this process. People living with HIV risk being left on their own to disclose their HIV status when they could potentially be prosecuted if they do not.

It is in this context that RENIP+ requested technical and financial support from HJWW and the HIV Legal Network to carry out a study on the challenges and prospects related to partner notification.

## 1.2. Aim, Objectives and Methodology

### 1.2.1. Aim of the study

The aim of the study is to organise a public consultation on the issue of disclosure of HIV status to a sexual partner in order to lay the foundations for the substantive and formal requirements of this support process to guide the development of national guidelines on the subject.

By providing alternative solutions based on human rights and evidence, and by valuing support over repression, this project is a continuation of the advocacy against the criminalisation of HIV and non-disclosure in Niger.

### 1.2.2. Objectives of the study

The specific objectives of the study are

- 1) Conduct a literature review on effective and rights-based disclosure support programmes in other countries;
- 2) To identify the practices, needs and barriers of PLHIV and health workers in disclosing HIV status to spouses and sexual partners in Niger;
- 3) To formulate recommendations to improve the support of people living with HIV in the process of disclosing HIV status to spouses or sexual partners in Niger, while respecting human rights and the evidence.

### 1.2.3. Methodology of the study

This is a descriptive cross-sectional interview study that collects information on the knowledge, attitudes and practices of health workers and people living with HIV regarding notification of HIV status to spouses or sexual partners. The main research questions were: 1. what explains the reluctance of PLHIV to disclose their HIV status to their spouse or sexual partner? 2. what are the general factors explaining this reluctance? 3. what are the environmental determinants (public policies, laws and regulations, health, society, culture, etc.) influencing the behaviours, attitudes and practices of PLHIV and health care workers regarding disclosure of HIV status to their spouse or sexual partner? The questions were open-ended and respondents could select the answer(s) of their choice. This study was a pilot study and as such only involved stakeholders in the Niamey region. The means also did not allow this study to be much more representative, for example by covering all or some regions of Niger.

**Literature review:** This consisted of researching and analysing the literature on effective and human rights-friendly disclosure support programmes in other countries. It took place in July 2022, with the support of an intern from the HIV Legal Network.

**Public consultation:** during August-September 2022, the aim was to :

1. Meet with people living with HIV (PLHIV) in the field to gather information on their practices, barriers and needs for partner notification;
2. Meet with health workers to gather information on their practices, their understanding of the legislation, barriers to notification support and their needs in this area;

**Advisory working group:** RENIP+ has set up an advisory working group to accompany the national consultant in his work. This group is composed of the National AIDS and Hepatitis Control Programme (PNLSH), the UNAIDS Country Office, the Directorate of Disease Control (DLM/MSP), the NGO Mieux Vivre avec le Sida (MVS) and RENIP+. The first meeting of the working group took place on 02 August 2022, at RENIP+, to validate the methodological protocol of the study. The

second meeting of the working group took place on 15 December 2022, at RENIP+, to validate the draft report of the study.

**Validation workshop:** The provisional report of the study was shared and validated by the national actors of the HIV response during a workshop held on 23 December 2022, in Niamey. During this workshop a strong consensus emerged on the study's recommendations.

## 2. Disclosure of HIV status to sexual partners: foundations and challenges in the response to HIV

### 2.1. Legal and policy frameworks

#### 2.1.1. At the global level

Since the beginning of the global AIDS epidemic, numerous prevention programmes and public health policies have been put in place to prevent new HIV infections and improve the quality of life of PLHIV. These programmes and policies include notification of HIV status to sexual partners as a means of improving the management of the infection, increasing testing and preventing new infections. According to WHO (12) and UNAIDS (14), sexual partner notification is an important public health goal. It can motivate sexual partners to seek testing, lead to behavioural change and ultimately result in better care for PLHIV and their partners and a decrease in HIV transmission by breaking the chain of transmission.

Notification of HIV status allows the sexual partner to be involved in the management of the infection and treatment through active support of the infected person, to be tested and treated for HIV infection, and to change their attitudes towards PLHIV through counselling (1). According to several international studies, disclosing one's HIV status to one's sexual partner is a painful step for PLHIV to take (1-11). For some, it seems so insurmountable that they prefer to be alone (10-11). Others choose to seek a new sexual partner who is also HIV-positive (2). Contrasting with fears of rejection, testimonies from those who have chosen to disclose their HIV status at the start of a new relationship are often positive (5).

The reasons why men and women inform or do not inform those around them may be different (1). For some infected women living with a partner, telling their partner their HIV status would be like telling him that he is also HIV positive. Fear of violence or abandonment are reasons why they would prefer not to notify their spouse of their infection status (11). For men, and even for women, revealing their HIV status would be tantamount to confessing an old or recent past that they would prefer to forget or hide: injecting drug use, bisexuality, extramarital relationships, multiple sexual partners, etc. (10).

In addition, disclosure of HIV status has a number of potential benefits for the PLHIV, including opportunities for social support, improved access to necessary medical care including treatment, increased opportunities to discuss and implement measures to reduce the risk of HIV transmission between partners (14). Mathematical modelling analysis shows that disclosure of HIV status reduces the risk of HIV transmission by 17.9% to 40.6% compared to non-disclosure (5). Increasing

the rate of disclosure from 51.9% to 75.7% would result in a reduction in the risk of HIV transmission from 26.2% to 59.2% (5).

In 2012, WHO developed guidance recommending HIV testing services for couples and partners, including support for mutual disclosure of HIV status, with an emphasis on testing partners of HIV-positive people in all epidemiological settings. Despite this, this recommendation has rarely been actively promoted or implemented on a large scale by countries. According to a 2016 review of publicly available national policies on HIV testing services, 54% (67/123) recommend partner notification services for HIV. However, of these policies, only 20 state that this approach is currently being implemented. These policies recommend partner notification for different populations, including couples, adolescents, pregnant women and injecting drug users, although only 43% (29/67) recommend notification for all sexual partners. Most often, these policies feature a combination of passive and provider notification. Few countries mention provider notification or contractual notification alone. None of the policies mention legal provisions to protect HIV-positive people from potential harm after disclosure of their HIV status and notification of their partners. Nineteen of the policies give no indication of informed consent in the context of HIV testing services, and 21 provide for some kind of mandatory partner notification.

WHO does not support mandatory partner notification as ineffective in terms of public health and disrespectful of human rights. Following the review of available national policies and noting the many shortcomings of these policies, WHO has published guidelines proposing alternative approaches to ensure voluntary partner notification, with informed consent and the explicit right to refuse notification.

These guidelines included in the "Guidelines on HIV self-testing and partner notification: supplement to the unified guidelines on HIV testing services, December 2016, WHO, (12) recommend that people living with HIV should be assisted in partner notification.

#### 2.1.2. Example of a sexual partner notification programme in Kenya<sup>1</sup>

LVCT Health is a non-governmental organisation operating in Kenya that provides HIV testing, prevention interventions and treatment and care services for the general population, key populations and adolescents in the community and in health care settings. The programme is funded by the US President's Emergency Plan for AIDS Relief through the US Centers for Disease Control and Prevention via a cooperative agreement. A pilot partner notification programme was implemented in two informal health facilities in Mlolongo and Kawangware in Nairobi between December 2015 and May 2016. Lay counsellors providing HIV testing services in the community (HIV testing service facilities, outreach and door-to-door) used contractual notification to identify sexual partners and family members of HIV-positive patients, as well as social contacts among key populations likely to benefit from HIV testing services.

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<sup>1</sup> Reported in WHO supplementary guidelines, Dec 2016, page 63

These counsellors were trained in partner notification, screening for intimate partner violence, and providing a confidential and safe environment for HIV-positive patients to identify sexual partners they wish to disclose their HIV status. Counsellors used a register to record the telephone numbers and physical location of identified partners. They informed partners in person and encouraged them to get tested for HIV. Counsellors made appointments at the clinic or at home to test partners, including with family members if they requested it.

The results of identified, notified and tested partners were reviewed weekly, with monthly supervision by counsellors. Of 341 HIV-positive patients, 205 participated in the programme. The 205 participants identified 580 partners/contacts, of whom 331 (57%) returned for HIV testing; of these, 116 (35%) were found to be HIV positive. Of the HIV-positive partners/contacts, 104 (90%) were adults, 12 (10%) were children. In total, 91% of the HIV-positive contacts entered the care system. No social harm was reported.

### 2.1.3. At national level

Provisions regarding notification of HIV status to the spouse or sexual partner were already included in Law No. 2007-08 of 30 April 2007 on HIV prevention, care and control. According to the provisions of Article 15 of this 2007 law (since amended): *"any person living with HIV is obliged to announce his or her seropositivity to his or her spouse or sexual partner as soon as possible. This period could not exceed six (6) completed weeks from the date of knowledge of his HIV status"* (obligation to notify the partner). In addition, Article 17 of the said law specified that: *"In the event of refusal to inform one's spouse or sexual partner within the prescribed time limit or of the observation of risk behaviour within the community, the doctor or the authorised person, who is the custodian of the information, after having informed the person concerned, could announce the seropositivity to the spouse or sexual partner. In this case, there is no violation of the provisions relating to confidentiality"* (possibility for the health professional to notify the partner in the event of refusal to do so by the PLWHA).

In practice, the application of these provisions has led to abuses by some health professionals, who are the custodians of information on the HIV-positive status of their patients. For example, the disclosure of HIV status to spouses or sexual partners by health professionals has infringed on the privacy of many PLHIV, with negative effects such as stigmatisation, discrimination, violence and social isolation. Many health professionals forget that this exception to the principle of voluntary disclosure by the PLHIV is intended to safeguard public health.

In order to combat the abuse of health professionals in terms of disclosing HIV status to a spouse or sexual partner and to re-establish the bond of trust between patients and the medical profession - which is essential to guarantee access to testing, care and treatment - the new law N°2015-30 of 26 May 2015, relating to HIV prevention, care and control, has removed the provisions of article 15 imposing an obligation to disclose one's HIV status to one's partner as well as those of the aforementioned article 17 which gave patients the right to disclose their HIV status to their partner, The new law N°2015-30 of 26 May 2015 on the prevention, care and control of HIV removed the provisions of article 15 imposing an obligation to disclose one's seropositivity to

one's partner as well as those of the aforementioned article 17 which gave health professionals the possibility to inform the partner(s) without the consent of their patient.

Article 9 of the said 2015 law now states that: "*after confirmation of an HIV positive case, the health professional shall **encourage** the infected person to inform his/her sexual partner of his/her HIV status. **If he/she so wishes, the person shall receive social, psychological or legal support, or be referred to another organisation, to assist him/her in the process of sharing his/her status with his/her partner**".* Decree N°2017-014/PRN/MSP of 06 January 2017, on the modalities of application of law n°2015-30 of 26 May 2015, relating to the prevention, care and control of the human immunodeficiency virus (HIV) specifies the conditions under which the announcement of seropositivity to the spouse or sexual partner will be made.

In addition, Article 8 of the 2015 law guarantees professional secrecy, prohibiting health professionals and testing providers from disclosing the status of their patient "without the prior knowledge" of the infected person, under penalty of prosecution.

### **Section 3: Disclosing HIV status to a spouse or sexual partner**

**Article 23:** Any person found to be HIV-positive is obliged to announce their HIV status to their spouse or sexual partner without delay.

In the context of a household and/or any stable relationship, disclosure should be made before unprotected sex or any other risky act.

**Article 24:** In the case of an HIV-positive or HIV-different couple wishing to have a child, the reproductive process should be monitored by a health professional who will assist them in making informed decisions.

The pregnant woman in these circumstances should enter the prevention of mother-to-child transmission (PMTCT) programme to prevent transmission of HIV to the child before, during and after birth.

**Article 25:** In the event that the HIV-positive person is unable to inform his or her spouse or sexual partner, the medical team shall accompany the person in finding out and announcing his or her HIV status to his or her spouse or sexual partner.

If the medical team cannot afford to do this themselves, they can refer the HIV-positive person to the "Partner Notification Programme for PLWHIV" team to assist them in the process of sharing their status with their spouse or sexual partner.

**Article 26:** As part of the implementation of the provisions of Articles 24 et seq., the Ministry in charge of public health and the national structure for the fight against STIs and HIV/AIDS shall implement a " programme for the notification of partners of PLHIV ".

The programme must respect the human rights and dignity of PLHIV and their partners. It must be voluntary, non-coercive and non-detrimental.

**Article 27:** Any person requesting an HIV test and receiving counselling must be informed of the partner notification programme in place and understand its implications before the test is administered.

Everyone involved in the announcement is obliged to respect the confidentiality of the person's HIV status.

It is important to remember that disclosing HIV status to a spouse or sexual partner offers a chance to increase the number of people seeking HIV testing and counselling, and to convince more people to take treatment.

Disclosure also protects against the potential risk of criminal prosecution in the event of exposure or transmission of HIV in Niger. Indeed, although the 2015 law no longer expressly imposes a legal obligation to disclose one's HIV status, it continues to penalise the fact of "knowingly" exposing a partner to HIV. However, the law states that: *"No person shall be held criminally liable where the transmission of HIV or exposure to the risk of infection results from: an act that does not involve a significant risk of HIV infection and the possibility of transmission of HIV from a mother to her child before or during the birth of the child, or through breastfeeding of the child; a person living with HIV who has engaged in safer sex practices, such as the use of condoms, or who has shared his or her HIV status with his or her sexual partner or otherwise before engaging in an act that carries a significant risk of transmission."*

However, there is an exception to this principle of encouragement. In Law No. 2015-30 of 26 May 2015, the announcement of HIV status to a spouse or sexual partner who is at risk of infection appears to be an obligation dictated by the principle of not harming others and the idea that the spouse or sexual partner has the 'right to know' what risks he or she is exposing him or herself to. Thus, Article 32 punishes the failure to inform one's spouse or sexual partner of one's HIV status prior to risky sexual intercourse. Article 32 states: *"Any person who knowingly exposes another person to the risk of HIV contamination shall be punished with a prison sentence of five (5) years to less than ten (10) years and a fine of fifty thousand (50,000) to five hundred thousand (500,000) CFA francs. No one can be held criminally liable when the transmission of HIV or exposure to the risk of infection results from: an act that does not involve a significant risk of HIV infection and the possibility of transmission of HIV from a mother to her child before or during the birth of the child, or through breastfeeding the child; a person living with HIV who has opted for safer sex practices, for example by using condoms or who has shared his or her HIV status with his or her sexual partner or otherwise before engaging in an act that carries a significant risk of transmission."*

## 2.2. Programmatic and operational frameworks

### 2.2.1. At the global level

In its guidelines (12), WHO reviews the results of several randomised controlled trials and studies directly comparing partner-assisted or provider-assisted notification services with unaccompanied or referral-free approaches.

According to several studies, notification of the sexual partner is influenced by :

- Type of sexual partner (regular, close, primary versus casual and unfamiliar) (3, 5, 7) ;
- Marital status (5, 6, 7) ;
- The severity of the disease and the time since diagnosis (8) ;
- The number of sexual partners and the duration of the relationship (3) ;
- The existence of social assistance (10) ;
- Fears of abandonment, discrimination, violence and accusations of infidelity (1) ;
- The level of education (9).



The association between gender and disclosure of HIV status to sexual partners is highly controversial, with some authors finding that men disclose more than women, while others find no significant difference in the sharing of information about HIV status by gender (12).

This analysis resulted in a strong recommendation to offer assisted partner notification for all HIV-positive people as part of HIV testing services.

**WHO recommendation:** Partner-assisted notification services, based on voluntary participation, should be offered as part of a comprehensive package of testing and care services for people living with HIV (strong recommendation, moderate quality data).

According to WHO guidelines (12), all people newly diagnosed with HIV should be offered voluntary partner notification services by a trained provider at the time of diagnosis and periodically throughout their care, as circumstances and willingness to discuss partner notification may change. It should be noted that some people will refuse this intervention because they are anxious about the potential repercussions for themselves and/or their partners. Concerns about who to contact (primary partners and/or other partners) should be discussed with the HIV-positive patient, and the choice of partner notification should be undertaken only after weighing the benefits and risks.

### 2.2.2. At national level

Article 26 of Decree N°2017-014/PRN/MSP of 06 January 2017, on the modalities of application of Law N°2015-30 of 26 May 2015, on the prevention, care and control of the human immunodeficiency virus (HIV) provides for the establishment by the Ministry of Public Health of a programme for the notification of partners of PLHIV. While waiting for the programme to be put in place, partner notification takes place through the anonymous and voluntary screening programme (CEDAV), the health care screening programme (CDIS) and the prevention of mother-to-child transmission of HIV (PMTCT) programme. In each programme, the provider should discuss with the tested person the sharing of the result with his/her sexual partner and sensitize him/her to test as part of the pre-test counselling (15). At the time of the test results, and as part of the post-test counselling, he/she should encourage the HIV-positive person to bring his/her spouse or sexual partner to the health centre to be tested for HIV. However, the national HIV testing guide (15) does not describe how to accompany the HIV-positive person to inform their spouse or sexual partner.

## 3. Results of the study

The study was conducted among people living with HIV, with the support of the Nigerian Network of People Living with HIV (RENIP+). It enabled 55 PLHIV to be interviewed in Niamey, 35% of whom were women and 65% men. The majority of the PLHIV interviewed were psychosocial counsellors (PSCs), employed in the prescribing centres in Niamey and in the interior of the country. In fact, RENIP+ has 112 PSAs, distributed in the prescribing centres. We took advantage of the training/retraining workshops for these PSAs in Niamey to interview some of them.

The study was also conducted among health workers in Niamey. It reached 15 health workers, 45% of whom were men and 55% women. These health workers are employed by the Niamey Regional Directorate of Public Health, Population and Social Affairs (DRSP). Among the health workers interviewed were doctors, midwives, nurses and managers of the National AIDS and Hepatitis Control Programme (PNLSH).

Each target group (PLHIV, health workers) responded to a specific questionnaire with open-ended, multiple choice questions. The questionnaire was structured to collect the knowledge, attitudes and practices of PLHIV or health workers on sexual partner notification.

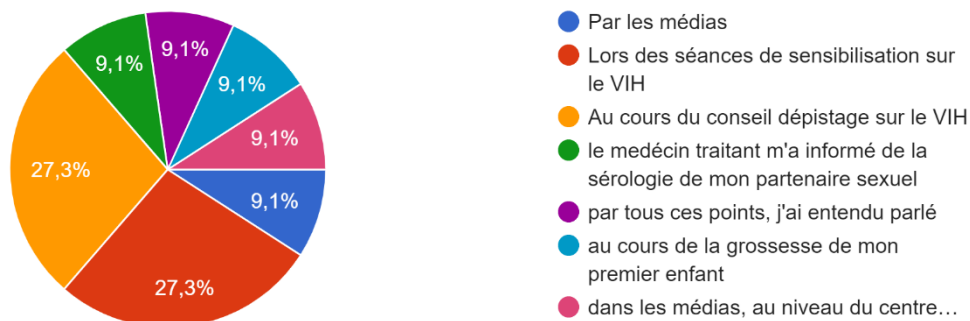
### 3.1. Knowledge of notification of HIV status to spouse or sexual partner

The assessment of the knowledge of PLHIV and health workers on the issue of notification of HIV status to the spouse or sexual partner of PLHIV aims to measure the level of information sharing on the issue, both at the level of PLHIV associations and the health system.

#### 3.1.1. Knowledge among PLHIV

For example, 100% of the PLHIV interviewed had heard of notifying their spouse or sexual partner of their HIV status.

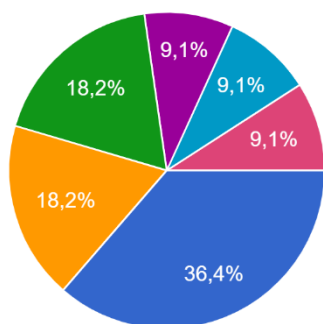
Comment avez-vous entendu parler de la notification du statut VIH au conjoint ou partenaire sexuel des personnes vivant avec le VIH ?



The majority of the PLHIV interviewed had heard about notification of HIV status to the spouse or sexual partner during HIV awareness sessions (27.3%) and during HIV counselling sessions (27.3%).

We note that only one third of respondents know that notification of HIV status to the spouse or sexual partner is in the law N°2015-30 of 26 May 2015, relating to the prevention, care and control of HIV and its implementing decree (36.4%). 63.6% do not know.

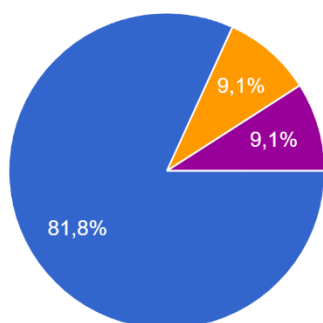
La notification du statut VIH au conjoint ou partenaire sexuel des personnes vivant avec le VIH est définie dans :



- La loi N°2015-30 du 26 mai 2015 relative à la prévention, la prise en charge et le suivi des personnes vivant avec le VIH
- Le décret N°2017-14/PRN/MSP du 6 janvier 2014 portant modalités d'application de la loi N°2015-30 du 26 mai 2015
- Ne sais pas
- Ne sait pas
- le conjoint doit venir pour connaître son statut
- Je ne sais pas
- Connait pas

The majority of PLHIV (81.8%) know that only PLHIV themselves can announce their HIV status to their spouse or sexual partner. However, it was noted that some respondents thought that the doctor treating a PLHIV (9.1%) and a PLHIV association (9.1%) had the right to announce the HIV status to the spouse or sexual partner of a PLHIV "without his or her consent".

Selon vous, qui peut procéder à la notification du statut VIH au conjoint ou partenaire sexuel d'une personne vivant avec le VIH :

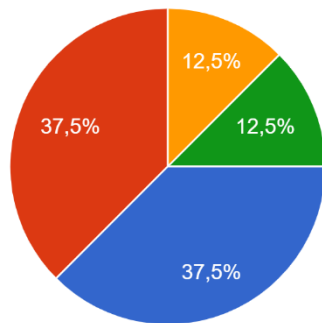


- La personne vivant avec le VIH, elle-même
- L'agent de santé ayant effectué le test de dépistage du VIH
- Le médecin traitant de la personne vivant avec le VIH
- Le juge, lorsqu'il est saisi d'un cas de transmission du VIH
- Une Association de personnes vivant avec le VIH

### 3.1.2. Knowledge among health workers

Among the health workers, 37.5% of the respondents answered that a third person or the attending physician (37.5%) can tell the HIV status of a PLHIV to his/her spouse or sexual partner. While 37.5% of the respondents stated that the PLHIV could notify their spouse or sexual partner of their HIV status.

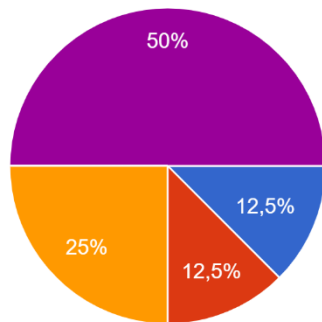
Qu'est-ce que la notification du statut VIH au conjoint ou partenaire sexuel des personnes vivant avec le VIH ?



- C'est le fait d'informer le conjoint ou le partenaire sexuel du statut sérologique positif au VIH d'une personne infectée...
- C'est le fait pour la personne infectée par le VIH d'informer son conjoint ou partenaire sexuel de sa séropositivité
- C'est le fait pour le médecin d'informer le conjoint ou le partenaire sexuel du statut sérologique positif au VIH d'une...
- Ne sais pas

Only 12.5% of respondents among health professionals reported having received professional training on notifying the HIV status of a spouse or sexual partner. 50% of respondents found out about it during HIV testing sessions. It was noted that only health workers working in HIV/AIDS testing or care centres are trained. The training curricula for health workers do not include training in HIV testing, let alone in notification of sexual partners.

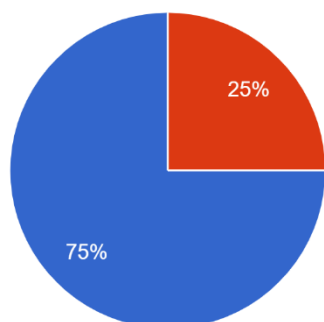
Comment avez-vous entendu parler de la notification du statut VIH au conjoint ou partenaire sexuel des personnes vivant avec le VIH ?



- Au cours de la formation à l'école de santé
- Par les médias
- Par les collègues agents de santé
- Lors des séances de sensibilisation sur le VIH
- Au cours du conseil dépistage sur le VIH

100% of respondents recognised that notification of HIV status to the spouse or sexual partner of PLHIV is provided for in Law N°2015-30 of 26 May 2015 (75%) and its implementing decree (25%).

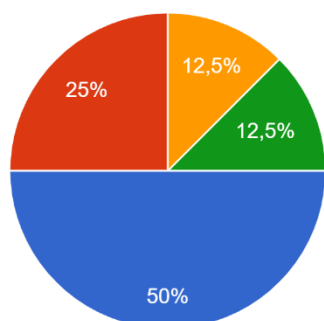
La notification du statut VIH au conjoint ou partenaire sexuel des personnes vivant avec le VIH est définie dans :



- La loi N°2015-30 du 26 mai 2015 relative à la prévention, la prise en charge et le contrôle du VIH
- Le décret N°2017-14/PRN/MSP du 6 janvier 2014 portant modalités d'application de la loi N°2015-30 du 26 mai 2015

Half of the health professionals reported that only the PLHIV herself/himself can make the announcement of her/his HIV status to her/his spouse or sexual partner. The other categories mentioned could only make the notification of the sexual partner with the consent of the PLHIV.

Selon vous, qui peut procéder à la notification du statut VIH au conjoint ou partenaire sexuel d'une personne vivant avec le VIH :



- La personne vivant avec le VIH, elle-même
- L'agent de santé ayant effectué le test de dépistage du VIH
- Le médecin traitant de la personne vivant avec le VIH
- Le juge, lorsqu'il est saisi d'un cas de transmission du VIH
- Une Association de personnes vivant avec le VIH

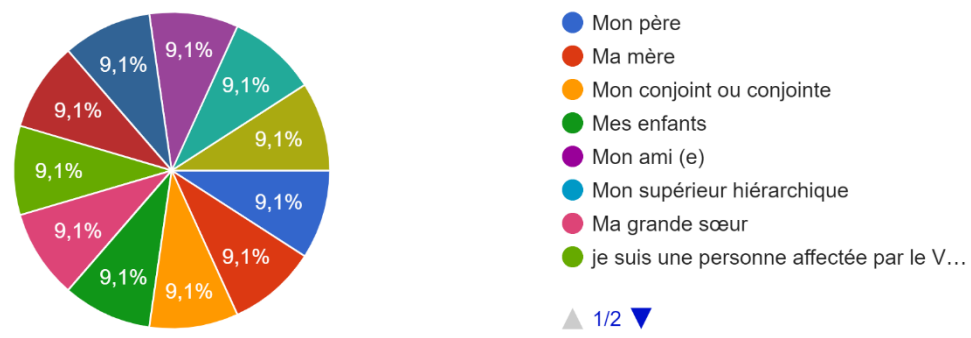
### 3.2. Attitudes towards notification of HIV status to spouse or sexual partner

The assessment of the attitudes of PLHIV and health workers on the issue of notification of HIV status to the spouse or sexual partner of PLHIV is intended to measure the level of feeling and understanding of the issue in their daily and professional lives.

#### 3.2.1. Attitudes of PLHIV

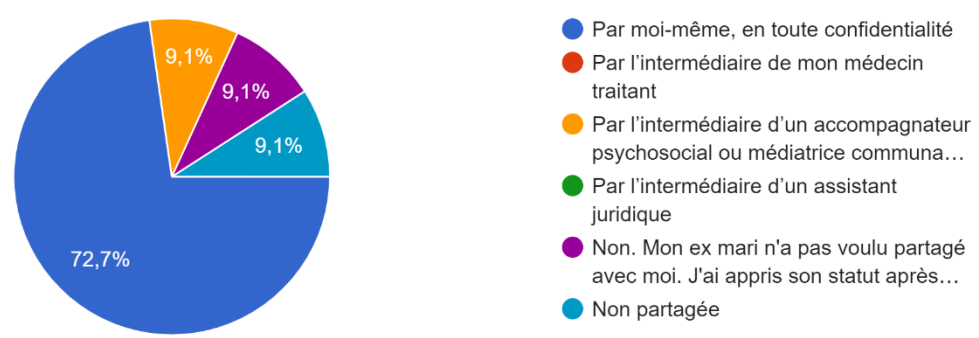
We note that very few PLHIV informed their spouse or sexual partner of their HIV status at the time of their diagnosis (only 9.1% of respondents).

Lorsqu'on vous a appris que vous étiez infecté par le VIH, avec qui avez-vous partager cette information ?



The majority of people who informed their spouse (72.7%) of their HIV status said they had done so themselves, in complete confidentiality, without the help of an intermediary.

Comment avez-vous partagé cette information avec cette (ces) personne(s) ?



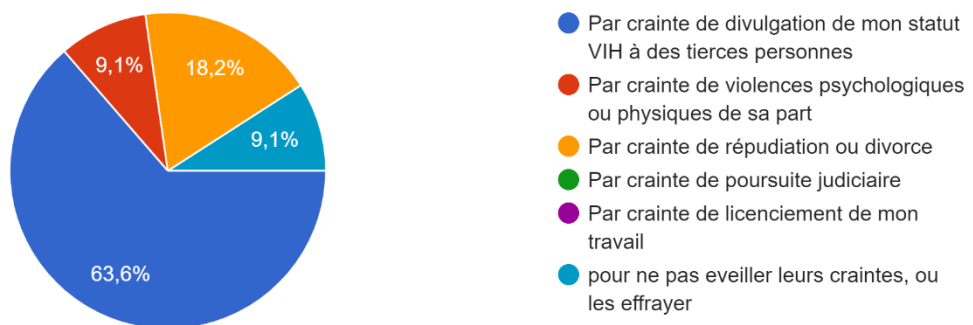
45.5% of respondents said they did not want to share their HIV status with a friend, 18.2% with their mothers, 9.1% with their spouse.

Lorsqu'on vous a appris que vous étiez infecté par le VIH, à qui ne voudriez-vous pas révéler cette information ?



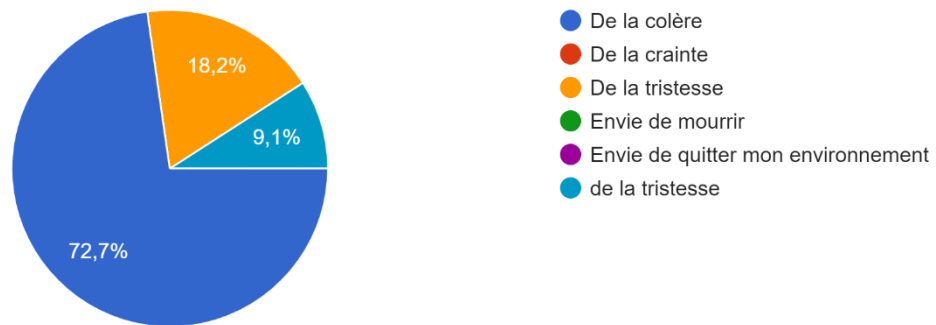
For 63.6% of respondents, not wanting to disclose their HIV status is related to "fear of disclosure of my HIV status to others". 18.2% of respondents not wanting to disclose their HIV status to their spouse because they fear repudiation or divorce by their spouse.

Pourquoi ne voudriez-vous pas que cette (ces) personne(s) soient informées ?



72.7% of respondents would feel "angry" if others spread the news of their HIV infection to their spouse or sexual partner without their knowledge or permission.

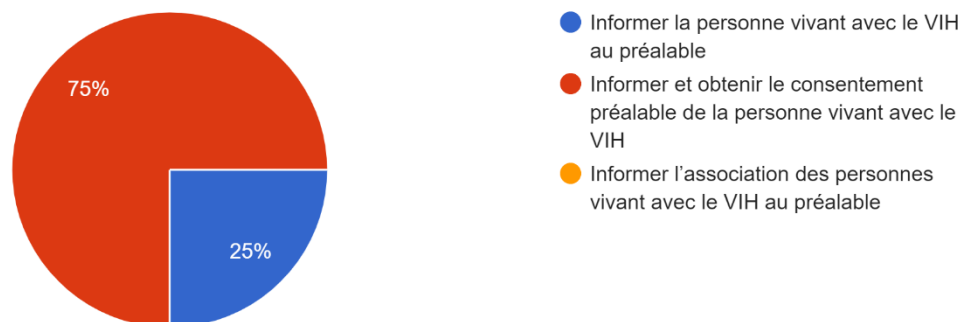
Que ressentiriez-vous si d'autres personnes propageaient la nouvelle de votre infection par le VIH à votre conjoint ou partenaire sexuel à votre insu ou sans votre permission ?



### 3.2.2. Attitudes of health workers

Among health workers, 75% of respondents said that the prior knowledge and consent of the PLHIV should be obtained before notifying the spouse or sexual partner.

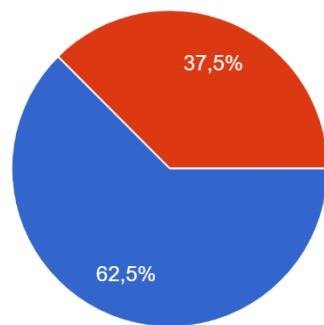
Avant de notifier le statut VIH d'une personne vivant avec le VIH à son conjoint ou partenaire sexuel, faut-il :



62.5% of respondents said that notification can, in the first instance, help to get the spouse or sexual partner to get tested and know their HIV status.



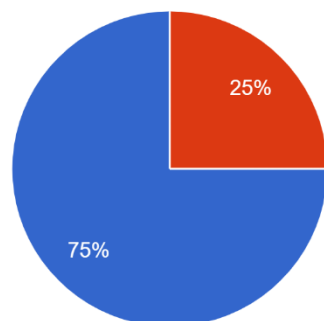
Selon vous, la notification du statut VIH au conjoint ou partenaire sexuel des personnes vivant avec le VIH peut contribuer à :



- Amener le conjoint ou partenaire sexuel à se faire dépister et connaître son statut VIH
- Amener le conjoint ou partenaire sexuel à se protéger contre les rapports sexuels à risque avec la personne vivant avec le VIH
- Empêcher la personne vivant avec le VIH d'infecter son conjoint ou partenaire sexuel

75% of the respondents stated that the fact that a PLHIV does not notify his or her spouse or sexual partner of his or her HIV status exposes the latter to the risk of HIV contamination. While 25% of respondents felt that the PLHIV is committing an offence under Law N°2015-30 of 26 May 2015.

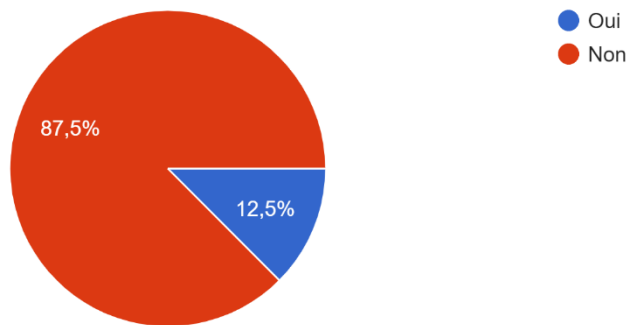
Selon vous, une personne vivant avec le VIH qui n'informe pas son conjoint ou partenaire sexuel de son statut VIH se rend coupable de :



- Exposition d'autrui au risque de contamination au VIH
- Infraction à la loi N°2015-30 du 26 mai 2015 relative à la prévention, la prise en charge et le contrôle du VIH
- Non assistance à personne en danger

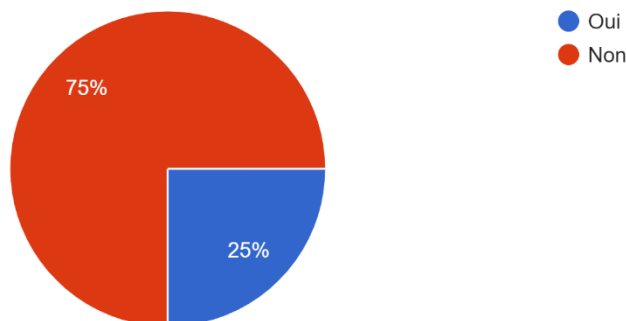
Only 12.5% of the respondents stated that the health worker who knows the HIV status of a person living with HIV is obliged to inform the spouse or sexual partner of that person. This is contrary to the provisions of the national HIV legislation.

Selon vous, l'agent de santé qui connaît le statut VIH d'une personne vivant avec le VIH doit obligatoirement informer le conjoint ou partenaire sexuel de cette personne ?



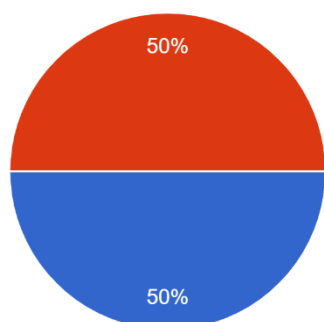
25% of the respondents believe that they will inform the spouse or sexual partner of the HIV status of a PLHIV if the latter refuses to do so. This is contrary to the provisions of the national HIV legislation.

Informerez-vous le conjoint ou partenaire sexuel du statut VIH d'une personne vivant avec le VIH, si cette dernière refuse de le faire ?



The two reasons given by these 25% of respondents are: to get the spouse or sexual partner to get tested and know his or her HIV status (50%) and to allow the spouse or sexual partner to know the HIV status of the PLHIV (50%).

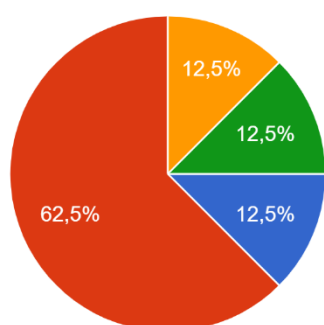
Si Oui, pour quelles raisons ?



- Amener le conjoint ou partenaire sexuel à se faire dépister et connaître son statut VIH
- Permettre au conjoint ou partenaire sexuel de connaître le statut VIH de la personne vivant avec le VIH
- Protéger la société de la propagation du VIH
- La personne vivant avec le VIH a des comportements sexuels à risque

62.5% of respondents stated that a health worker who informs a spouse or sexual partner of the HIV status of a person living with HIV without their prior consent is guilty of breaching professional confidentiality.

Selon vous, un agent de santé qui informe le conjoint ou partenaire sexuel de la séropositivité d'une personne vivant avec le VIH sans son consentement préalable se rend coupable de :



- Acte de discrimination envers une personne vivant avec le VIH
- Violation du secret professionnel
- Abus de confiance
- Il faut rester dans le cadre légal.

### 3.3. Practices related to notification of HIV status to spouses or sexual partners of PLHIV

The evaluation of the practices of PLHIV and health workers on the issue of notification of HIV status to the spouse or sexual partner aims to measure the level of knowledge implementation and the impact of attitudes in daily social and professional life.

#### 3.3.1. Practices found among PLWHIV

Respondents reported disclosing their HIV status to their spouse or sexual partner in three (3) ways:

- The PLHIV herself tells her spouse;

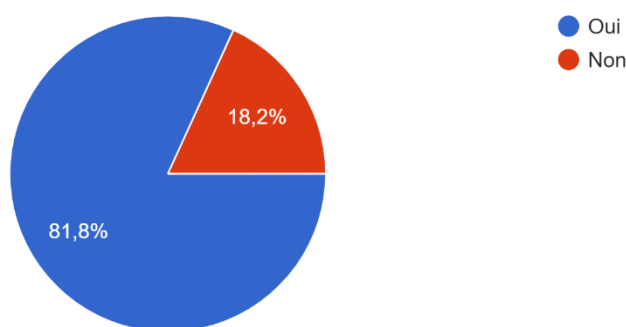
- The PHA asks a community mediator or psychosocial counsellor (PSC) to make the announcement to her spouse;
- The PHA asks the health worker to make the announcement to her spouse or sexual partner;

The reaction of the spouse or sexual partner varies from acceptance to violence. It usually depends on the results of the spouse's or sexual partner's test following the announcement. Most often, if the test is negative, the spouse or sexual partner will accept and tolerate the HIV status of the PLWHIV. However, difficulties will often arise when the spouse or sexual partner informs the family or close friends. The latter are most often at the root of the problems that arise in the couple in relation to the HIV status. When the partner tests positive following the disclosure by his/her partner, he/she may behave intolerantly or even violently towards the PHA.

Some respondents have still not informed their spouse or sexual partner of their HIV status. For some, this has been the case for several years since they became aware of their HIV status.

81.8% of the respondents said that after their HIV status was announced, their spouse or sexual partner went to the health centre to be tested for HIV.

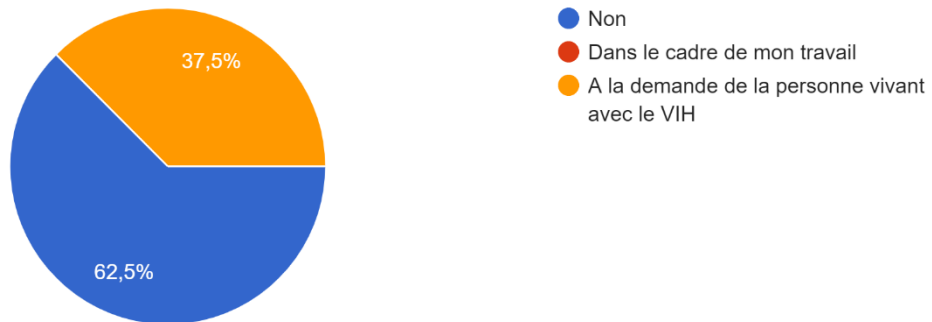
Après la notification, votre conjoint ou partenaire sexuel est-il venu au centre de santé pour faire son dépistage et connaître son statut VIH ?



### 3.3.2. Practices among health workers

62.5% of the respondents stated that they had not had to disclose the HIV status of a PLHIV to their spouse or sexual partner. 37.5% had already had to do so, at the request of the PLHIV himself.

Avez-vous déjà eu à notifier le conjoint ou partenaire sexuel d'une personne vivant avec le VIH ?



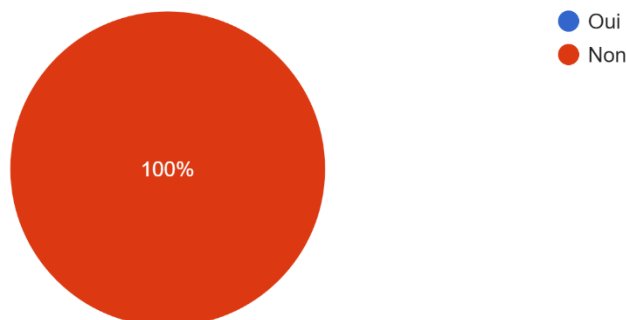
87.5% of the respondents said that they asked the PLHIV to bring their spouse or sexual partner to the health centre for HIV testing.

Comment avez-vous procédé à la notification ?



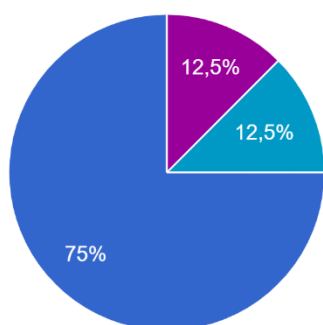
100% of respondents stated that there is no national protocol for reporting sexual partners.

Connaissez-vous l'existence d'un protocole national en matière de notification du partenaire sexuel



75% of respondents identified refusal by the PLHIV as a difficulty in notifying the partner or spouse. 12.5% of respondents said that they were confronted with the abandonment of treatment by the PLHIV. The health workers indicated that they had experienced several cases of loss of sight in connection with the health worker's requests to share the HIV status with the spouse or sexual partner. 12.5% of the respondents also stated that they were confronted with strong emotions within the couple. All this is explained by the fact that the majority of health workers are not trained and equipped on the process of notification of sexual partners. Some insist too much on the PLHIV to bring their spouse, thinking that it is an obligation for them. While other health workers do not insist too much thinking that it is the responsibility of the PLHIV to inform her sexual partner.

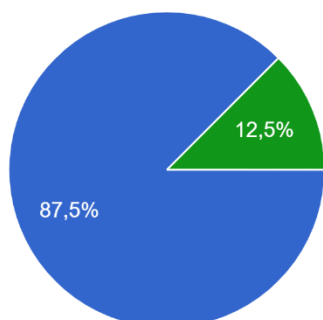
Quelles sont les difficultés que vous rencontrez lors de la notification du statut VIH au conjoint ou partenaire sexuel ?



- Refus de consentement préalable de la personne vivant avec le VIH
- Faux numéro téléphonique du conjoint ou partenaire sexuel
- Absence de temps
- Fausse adresse du domicile du conjoint ou partenaire sexuel
- Abandon de traitement par la personne séropositive
- Après l'étape de l'émotion, le couple e...

87.5% of the health workers said that the difficulties encountered in announcing their HIV status to their sexual partner were due to the fear of the PLHIV of being repudiated or divorced. While 12.5% of respondents said that PLHIV fear stigmatisation and discrimination by their spouse or sexual partner.

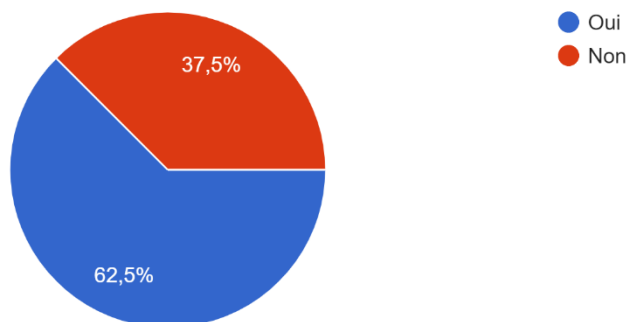
Selon vous, à quoi ces difficultés sont-elles liées ?



- Crainte de la personne vivant avec le VIH de se faire répudier/divorcée
- Crainte de la personne vivant avec le VIH de se faire violenter par son conjo...
- Crainte par la personne vivant avec le VIH d'être poursuivi en justice pour ex...
- Crainte de la personne vivant avec le VIH d'être victime de stigmatisation et...
- Crainte que le conjoint ou partenaire s...
- Faiblesse de l'éducation thérapeutiqu...

62.5% of the respondents reported that the spouse or sexual partner agreed to be tested for HIV and to know his/her HIV status, after they informed him/her about the HIV status of his/her spouse or sexual partner. However, 37.5% of the spouses or sexual partners notified did not agree to come for HIV testing and know their HIV status. Whereas when the announcement is made by the PLHIV, 81.8% of the notified sexual partners agree to take their HIV test.

Après la notification, le conjoint ou partenaire sexuel est-il venu au centre de santé pour faire son dépistage et connaître son statut VIH ?

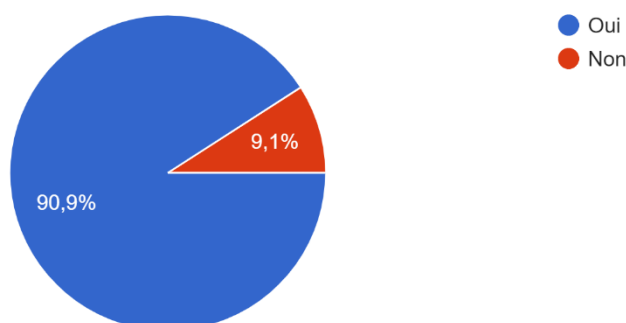


### 3.4. The needs of people living with HIV to disclose their HIV status to their sexual partners

The needs of PLHIV were discussed with the survey respondents. The aim was to find out what solutions the PLWHIV themselves proposed. Among the needs expressed by the PLWHIV, two (2) categories were noted: on the one hand, individual needs and, on the other hand, collective needs.

90.9% of PLHIV respondents said that a PLHIV needed support to notify his/her spouse or sexual partner of his/her HIV status.

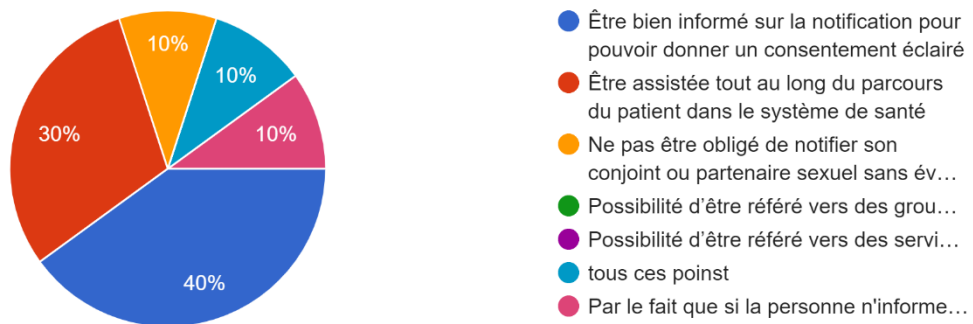
Selon vous, une personne vivant avec le VIH a-t-elle besoin d'accompagnement pour notifier son statut VIH à son conjoint ou partenaire sexuel ?



The types of support needed by the PLHIV include

- Be well informed about the notification in order to give informed consent (40% of respondents);
- Being assisted throughout the patient's journey through the health system (30% of respondents);
- Not being obliged to notify one's spouse without a risk assessment (10% of respondents);

Si « Oui », de quels types d'accompagnement a-t-elle besoin ?

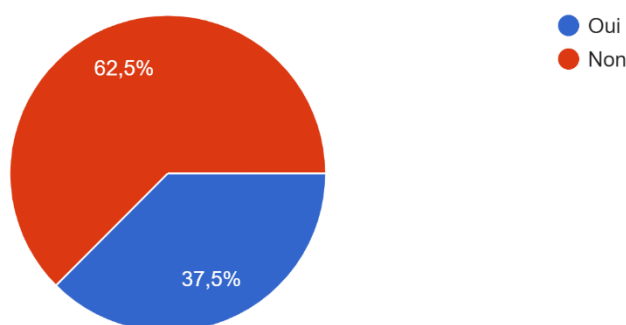


None of the respondents had ever been prosecuted for not disclosing their HIV status to their spouse or sexual partner.

### 3.5. The needs of health workers in supporting patients to disclose their HIV status to their sexual partners

62.5% of the respondents said they had never received training in notifying the HIV status of the spouse or sexual partner of PLHIV. 37.5% of the respondents stated that they had received training, but it was certainly training on HIV testing. Because training on notification of the sexual partner includes several modules, according to the WHO guidelines of 2016.

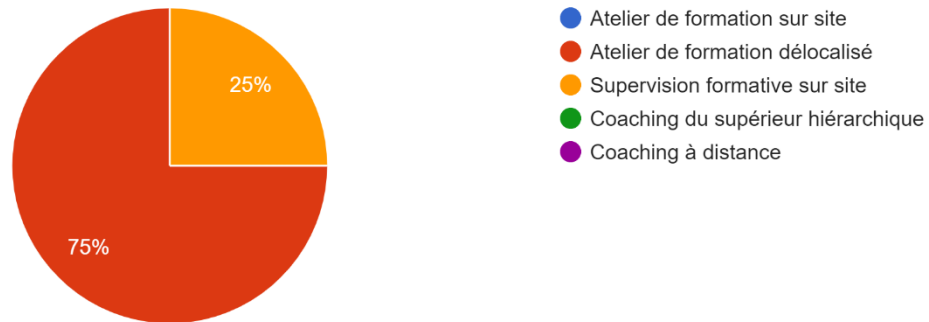
Avez-vous déjà reçu une formation en matière de notification du statut VIH au conjoint ou partenaire sexuel des personnes vivant avec le VIH ?





75% of health workers who reported receiving training on HIV status reporting said it was an off-site training workshop. While 25% received training during on-site formative supervision organised by the National AIDS and Hepatitis Control Programme (PNLSH).

Si « Oui », quels types de formation avez-vous reçus ?



Only 12.5% of the respondents reported participating in a programme to notify the sexual partners of PLHIV. According to the respondents, this is the National Programme for the Prevention of Mother to Child Transmission of HIV (PMTCT). However, PMTCT is not a PLHIV sexual partner notification programme, but it does encourage pregnant women who test positive to share their HIV status with their spouse or sexual partner.

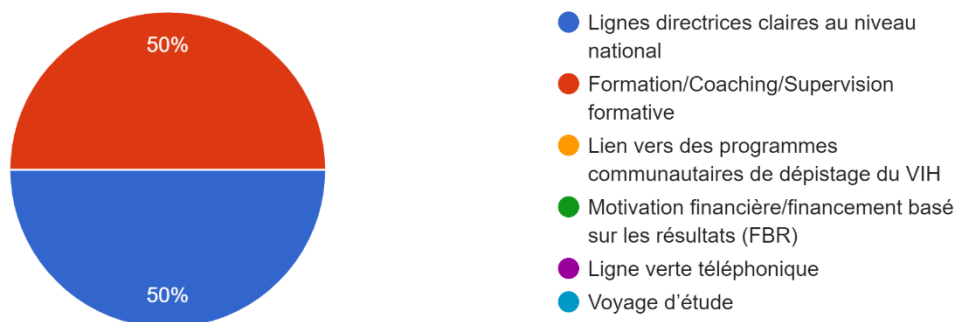
75% of respondents said that an effective PLHIV sexual partner notification programme should "train health care providers and counsellors on how to talk to spouses or sexual partners of people living with HIV in a non-judgmental way". 12.5% said it should "offer a choice about different options for notification of sexual partners to people living with HIV". 12.5% said it should also "offer assisted partner notification at different times throughout the patient's journey through the health system".

Selon vous, à quels critères doit répondre un programme efficace de notification du statut VIH au conjoint ou partenaire sexuel des personnes vivant avec le VIH ?



50% of the respondents said they needed clear guidelines at national level to better support PLHIV in disclosing their HIV status to their spouse or sexual partner. 50% of the respondents also said they needed training/coaching and supervision to accomplish this task.

De quels moyens ou renforcement de capacités avez-vous besoin pour mieux accompagner la personne dépistée séropositive dans l'annonce du statut au conjoint ou partenaire sexuel ?



## 4. Conclusions and recommendations

### 4.1. Conclusions

In reviewing the results of the study, a number of interesting conclusions can be drawn:

6. The principle of notification of HIV status to a spouse or sexual partner is enshrined in national legislation. However, in practice, there is no national programme for notification of sexual partners of PLHIV as advocated by the legal provisions and by the WHO (2016) guidelines. Notification of sexual partners of PLHIV is an integrated component of the various national HIV testing programmes (VCT, CDIS, PMTCT). However, there are no national guidelines or repositories for reporting sexual partners of PLHIV. The WHO Guidelines (2016) have never been adopted by the Ministry of Public Health.
7. Unlike health workers, the majority of PLHIV are unaware that the law provides that health professionals "encourage" people who test positive to inform their partners and that they can benefit from support in disclosing their status if they so wish.
8. Few PLHIV reported sharing their HIV status with their spouse or partner at the time of their diagnosis. Nearly half of them also did not want to disclose their HIV status to their friends. The main reason for a PLHIV not wanting to disclose their status to a spouse, friend or relative was the risk that this information would then be shared with others. This demonstrates the importance for PLHIV to ensure confidentiality of their HIV status which is already guaranteed by national HIV legislation. In practice, many PLHIV use health workers to accompany them in the process of disclosing their HIV status to their spouse or sexual partner. According to the PLHIV interviewed, the vast majority of sexual partners, once informed, agree to go to the HIV testing centre, to take their HIV test and to know their HIV status. The majority of PLHIV mentioned the need to be accompanied in the process of notifying their sexual partners. Three (3) types of support were identified as necessary by PLHIV: good information on the public

health issues involved in notification, continuous assistance during the care process and good risk assessment before notification of sexual partners.

9. Although the majority of health workers recognise that prior consent of PLHIV is mandatory before any notification of the sexual partner, many believe that non-disclosure to the sexual partner puts the latter at risk of HIV contamination. In accordance with the law, the vast majority of health workers encourage PLHIV to bring their spouse or sexual partner to the health centre for HIV testing and to find out their HIV status, and a quarter (1/4) of the health workers interviewed said they were prepared to inform the PLHIV's sexual partner if the latter refused to do so (contrary to the law). In this case, two (2) reasons are given: to get the sexual partner to be tested and to know his or her HIV status, and to allow the sexual partner to know the HIV status of the PLHIV. This second option does not respect the public health objective of getting the partner to test for HIV and know his or her HIV status. Most of the health workers interviewed (2/3) know, however, that notifying the partner without prior consent is a violation of professional secrecy. The health workers are also aware that the refusal of a PLHIV to notify his or her partner or spouse of his or her status is often linked to the fear of repudiation or divorce and that, by insisting, they are exposing the PLHIV to a vulnerable situation.

The majority of health workers mentioned the need to be better trained and equipped on the notification of sexual partners of PLHIV. This training could cover the following topics: how to discuss with the sexual partners of PLHIV in a non-judgmental way, what are the different possibilities of notification, how to make an assisted notification of sexual partners at different moments of the care of PLHIV. The majority of the health workers mentioned the need for clear guidelines concerning the notification of sexual partners of PLHIV and for training or formative supervision on these guidelines to help them better accompany PLHIV in this process.

## 4.2. Recommendations

Based on the main findings of the study, the following recommendations can be made:

4. **Make the national PLHIV sexual partner notification programme effective:** in line with the recommendations of the WHO (2016) guidelines, the NACP can integrate the PLHIV sexual partner notification programme into existing national testing programmes. In this case, a clear national protocol or national guidelines are required. According to WHO guidelines, "*Programmes should ensure that HIV-positive patients who agree to use voluntary partner notification services are informed and understand the following - the purpose of partner notification services; - what partner notification services entail; - the fact that partner notification services are offered on a voluntary basis and that patients will continue to have access to other health services if they decline to use them; - The different approaches to partner notification available (provider notification, contractual notification, dual notification or passive notification); - The potential risks and benefits, and how to minimise the risks; - How and to what extent privacy and confidentiality can be protected; - Where support services are located and how to contact and access these services if needed, particularly in the event of harm.*"
5. **Strengthen the capacity of health workers to better support PLHIV in disclosing their HIV status to their spouses or sexual partners:** the PNLISH will have to develop a training guide for health workers on notifying the sexual partners of PLHIV. The next step will be to train a pool

of national trainers from the country's 72 health districts. Two (2) training of trainers sessions could be organised to reach all the health districts. A training plan will be drawn up to enable health workers in the 72 health districts to be trained and equipped to better apply the national directives in this area. It will also be crucial to train community mediators at PMTCT sites and psychosocial counsellors (PSCs) at prescribing sites to strengthen the support of PLHIV in the process of notification of sexual partners. These community personnel can be integrated into the formations of the health districts to which they belong.

6. **Establish a steering and monitoring-evaluation mechanism for the national programme for notifying the sexual partners of PLHIV:** the PNLSH will set up a steering committee for the programme. This committee will be made up of those responsible for prevention, screening, PMTCT and monitoring-evaluation at the PNLSH (at the central level) and the HIV/PMTCT focal points at the decentralised level. This committee could monitor and process the data collected to guide decision-making on improving reporting services to partners. According to WHO (2016) guidelines, this collected data should include: - the number and percentage of HIV-positive people who are offered assisted partner notification services; - the number and percentage of HIV-positive people who accept assisted partner notification services; - the number of identified partners per HIV-positive patient; - the number and percentage of identified partners who were informed of the HIV-positive patient's HIV status; - number and percentage of partners who accepted HIV testing services; - number and percentage of partners who tested positive for HIV; - number and percentage of HIV-positive partners who entered the care pathway; - number and type of adverse outcomes experienced by HIV-positive patients after partner notification.

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