

213 2397

WHO/GPA/INF/89.3
Original: English
Distr.: General

GLOBAL
PROGRAMME
ON AIDS
AND
PROGRAMME
OF STD

CONSENSUS STATEMENT
FROM CONSULTATION ON
PARTNER NOTIFICATION FOR PREVENTING
HIV TRANSMISSION

GENEVA
11 - 13 JANUARY 1989



WORLD
HEALTH
ORGANIZATION

Consensus Statement from Consultation on Partner Notification for Preventing HIV Transmission

A Consultation on partner notification for preventing HIV infection was convened by the World Health Organization's Global Programme on AIDS (GPA) and Sexually Transmitted Disease Programme (VDT) from 11-13 January 1989 in Geneva. A total of 27 participants from 20 countries attended the Consultation, including experts in public health, law, epidemiology and biomedical and social science aspects of AIDS and sexually transmitted diseases (STD).

I. Introduction

The global strategy for the prevention and control of AIDS has three objectives: (1) to prevent transmission of the human immunodeficiency virus (HIV); (2) to reduce the morbidity and mortality associated with HIV infection; and (3) to unify national and international efforts against AIDS. The World Health Assembly and the United Nations General Assembly have called upon all countries to establish national AIDS prevention and control programmes in conformity with the Global AIDS Strategy.

According to the Global AIDS Strategy, the key to preventing HIV infection is information and education, when linked with relevant health and social services and carried out in a supportive and non-discriminatory social environment. The Global AIDS Strategy calls for information and education programmes to be directed to the general population as well as to target audiences which include persons whose behaviour places them at increased risk of infection with HIV. In addition, the Global AIDS Strategy emphasizes the need to protect the rights and dignity of HIV-infected persons.¹

During the past year, increasing interest has been expressed by many countries in partner notification as a method for targeting information and education to those at highest risk of HIV infection — the sexual and injection equipment-sharing partners of persons with HIV infection. Partner notification is similar to "contact tracing", the practice of identifying, counselling and treating sexual partners of persons with STD as a component of STD control programmes. However, HIV infection differs in important ways from many other STD.

Additional issues which should be addressed before considering any HIV testing or screening programme have also been defined by the Global Programme on AIDS.²

Therefore, it is considered important to develop consensus, based on critical analysis of available experience, regarding the potential role of partner notification activities as part of comprehensive AIDS prevention and control programmes.

The Consultation had the following objectives:

1. To review experience with partner notification in HIV prevention programmes with emphasis on the different objectives, methods and measures of efficacy employed;
2. To review and assess available data on the costs and benefits of partner notification programmes, including social, legal, political and ethical issues;
3. To reach consensus on the potential role and approaches for partner notification as part of a comprehensive AIDS prevention and control programme and to develop a list of "points to consider" prior to establishing an HIV partner notification programme.

1. Resolution WHA41.24 Avoidance of discrimination in relation to HIV-infected people and people with AIDS

2. Screening and testing in AIDS prevention and control programmes [WHO/SPA/INF/88.1]

II. Definitions

For purposes of the Consultation, the following working definitions were used:

1. **Partner Notification:** The spectrum of public health activities in which sexual and injection equipment-sharing partners of individuals with HIV infection are notified, counselled about their exposure and offered services. Partner notification consists of two general approaches, patient referral and provider referral.
2. **Patient (Index Person) Referral:** The approach by which HIV-infected persons are encouraged to notify partners of their possible exposure to HIV, without the direct involvement of health care providers. In this approach, the health care provider counsels the HIV-infected person with regard to the information to be passed on to their partners and the techniques for providing it.
3. **Provider Referral:** The approach by which health care providers or other health workers notify an HIV-infected person's partners. In this approach, HIV-infected persons give their partners' names to health care providers or other health workers, who then confidentially notify the partners directly. This notification can be undertaken in the context of primary health care and can involve the index person as well as the health care provider or other health worker.
4. **Index Person:** The index person is an individual to be recognized with HIV infection or AIDS. The index person's sexual and injection equipment-sharing partners are the ones considered for partner notification.
5. **Period of Infectiousness:** The period of infectiousness is the period of risk of possible transmission, that is, the time since HIV infection.
6. **Partner:** A partner is an individual who has had sex or shared injection equipment with an index person during the period of infectiousness.

III. Consensus Statement

The Consultation developed the following consensus statement:

1. Partner notification programmes should be considered, but within the context of a comprehensive AIDS prevention and control programme. However, partner notification raises serious medical, logistical, social, legal and ethical issues. Partner notification has potential benefits and risks, including the potential to help prevent HIV transmission and reduce the morbidity and mortality of HIV infection but also the potential to produce individual and social harm and detract from other AIDS prevention and control activities. In addition, the costs and contribution of partner notification programmes to AIDS prevention and control objectives in a given population and area may vary considerably and are difficult to document. Therefore, in the context of a comprehensive AIDS prevention and control programme, the objectives and underlying principles of partner notification, as well as a series of key variables and critical methodological issues must be carefully and explicitly considered before deciding whether or not to implement partner notification. Partner notification programmes which fail to take these issues into consideration may be individually harmful and counter-productive to AIDS prevention and control. The following description of objectives, principles, variables and methodological issues is intended as a guide to these critical issues for those considering the development of partner notification activities within a comprehensive AIDS prevention and control programme.

2. Objectives

Partner notification can contribute to two objectives of the Global AIDS Strategy (prevention of HIV transmission and reduction of morbidity and mortality associated with HIV infection) by:

identifying individuals who have been exposed to HIV infection sexually or by sharing injection equipment, and informing them of the risks to which they have been exposed, so that they can be offered counselling and other services.

3. Principles

Partner notification as a part of a comprehensive AIDS prevention and control programme is acceptable only if the following principles are adhered to. Partner notification should:

- (a) be in accordance with the Global AIDS Strategy and national AIDS programme goals;
- (b) respect the human rights and dignity of the partners and the index person;
- (c) be a balanced part of a comprehensive AIDS prevention and control programme and be coordinated in the context of primary health care with other public health activities such as programmes on STD, maternal and child health, family planning and substance abuse prevention;
- (d) be voluntary¹ and not coercive, and index persons and their partners should have full access to available services independent of their willingness to cooperate with partner notification activities;
- (e) be confidential, including written records, locating information for partners, and, in provider referral, the identity of the index person. Nevertheless, in an occasional provider referral situation such as where an index person has had only a single partner, the identity of the index persons may be able to be inferred;
- (f) be undertaken only when appropriate support services are available to index persons and partners; the minimum requirements are counselling on the implications of having been exposed to infection, the availability of voluntary, confidential HIV testing with pre- and post-test counselling and appropriate health and social services; the quality of these services should be assured and regularly monitored.

4. Key Variables

In considering the decision to undertake partner notification as part of a comprehensive AIDS prevention and control programme, the following key local and national variables must be taken into account:

- (a) **Epidemiology** — HIV seroprevalence, seroincidence and patterns of transmission and disease, demographic factors and knowledge, attitudes, beliefs and practices in the relevant population groups;
- (b) **Resources** — financial, personnel, facilities for diagnosis and management, including scientific and technical developments in diagnosis, treatment and prevention, and organization of health and social services;
- (c) **Local Environment** — relevant legislation, cultural considerations, political realities, social climate and perceived and actual threats to human rights;
- (d) **Existing AIDS Prevention and Control Activities** also including activities in STD control, maternal and child health, family planning and substance abuse.

5. Methods

Taking into account the programme objectives, principles and key variables, the following methodological issues should be explicitly considered before implementing a partner notification programme:

(a) Programme Issues:

Will patient referral, provider referral or a mix of the two approaches be used?

Patient referral is the natural starting point for partner notification; however, this approach may not be feasible for selected index persons and partners.

Which partners and populations will be targeted?

How will partner notification relate to other AIDS prevention and control activities and other relevant public health programmes?

1. In certain situations, when an index person refuses to notify or permit notification of a partner known to the health care provider, the provider will be required to make a decision consistent with medical ethics and relevant law.

How will confidentiality be assured for the index person, the partners, and the written record?

The only relevant piece of information that should be related to the partners being notified is the possibility of HIV exposure.

How will health care providers participating in partner notification activities be trained and how will quality be assured?

As exchange of information between countries is quite complex and may create special problems, particularly regarding confidentiality, will information about partners in other countries be communicated to health officials in those countries in circumstances where the index person cannot or will not notify their partners?

How will the programme be monitored and evaluated?

(b) Index Person Issues:

How will the diagnosis of HIV infection be confirmed?

How will the informed consent of the index person be obtained?

How will the index person be interviewed?

How and when will the issue of partner notification be raised?

What portion of the period of infectiousness will be used for determining the partners to be notified?

The portion of the period of infectiousness for determining which partners should be notified should be as complete as can be practicable and useful.

How will the index person be counselled regarding informing their partners?

(c) Partner Issues:

Which partners will be notified?

How will the partners be notified?

How will they be counselled?

Will they all be offered testing and, if so, how?

What clinical services will be available to persons found to be HIV-infected through partner notification programmes?

As a general principle, partners thus notified should have ready access to voluntary testing, counselling and other services.

6. Evaluation

The risks and benefits of partner notification and its effectiveness in decreasing the incidence of HIV infection in a community have not been clearly established. The direct measurement of these risks and benefits in a properly controlled intervention trial will rarely be feasible. Thus, the incremental contribution made by partner notification to comprehensive AIDS prevention and control programmes and, hence, its true effectiveness, has not been assessed.

Indicators of trends in HIV incidence, both direct and indirect, such as behavioural change, reduction in incidence of other STD, and condom usage, are, nonetheless, important measures of the overall effect of a comprehensive AIDS prevention and control programme, of which partner notification may be a component.

Additionally, to assess the efficiency of partner notification activities and to assure their quality, a variety of programme measures should be monitored.

These include:

(a) quantitative measures:

- number of index persons
- number of partners identified
- number of partners notified and counselled and their seroprevalence
- cost of the programme

(b) qualitative measures:

- satisfaction of participants
- compliance of participants
- acceptability to participants

(c) quality assurance activities:

- assessment of counselling and support resources
- level of staff training
- confidentiality provisions and legal protections
- monitoring of counselling (and, as appropriate, testing activities)
- adequacy of follow-up.

7. Research Needs

The basic research questions concern the effectiveness of partner notification as a component of a comprehensive AIDS prevention and control programme. Since countries vary widely in HIV epidemiology and availability of relevant data and resources, it will be helpful to develop and disseminate standard instruments for collecting information on programme design and implementation, including objectives, key variables, methods and evaluation measures. To the extent that uniform or comparable data are available, comparisons among programmes can be made about the costs and contributions of partner notification to AIDS prevention and control.

Further scientific information which may be of programmatic importance includes factors which influence the efficiency of HIV transmission (e.g., stage of infection, coexistence of other STD) and therapeutic modalities for early HIV infection.

On the social level, research could help to establish whether particular risk behaviours and/or ethnic and cultural groups provide especially favourable or unfavourable settings for partner notification efforts. In addition, prospective surveys of knowledge, attitudes, beliefs and practices of the population, index persons and notified partners could provide important assessment information.

As a part of the social considerations, the effect of partner notification activities on partner relationships and on willingness of individuals to participate in HIV prevention and control activities must be carefully assessed in local contexts. As a corollary it will be useful to ascertain whether testing of notified partners appears to be a useful or effective component of the partner notification effort.

8. Recommendations to WHO

- (a) provide technical support to those national AIDS prevention and control programmes wishing to consider the advantages and disadvantages of undertaking partner notification programmes;
- (b) provide technical support, including training materials and guidelines, to national AIDS programmes which undertake partner notification activities;
- (c) develop uniform standards and instruments for describing, comparing and evaluating partner notification programmes;
- (d) explore the feasibility of designing and implementing controlled intervention trials to evaluate the role of partner notification to decrease HIV transmission;
- (e) facilitate exchange of information on the design, implementation, monitoring and evaluation of partner notification activities as part of comprehensive AIDS prevention and control programmes;
- (f) critically examine the experience of partner notification with comprehensive STD control programmes and its potential contribution to STD and AIDS prevention and control.