



POLICY BRIEF

Reaching HIV undiagnosed sexual partners through improving status disclosure in people living with HIV in Tanzania.

Key messages

- Lack of HIV seropositive status disclosure to sexual partners remains a challenge among couples diagnosed with HIV leading to poor adherence to Antiretroviral Therapy (ART) and thus poor outcomes and increased risk for HIV transmission to others despite the scale-up and implementation of the “Test and Treat policy”.
- In Tanzania HIV prevalence varies geographically across Tanzania, ranging from 10-12 in every 100 people in Njombe and Iringa to less than 1 person in Lindi and Zanzibar with an average of about 5 in every 100 people.
- HIV-positive status disclosure to sexual partners is still low in Tanzania with about three to five in every 10 people diagnosed with HIV informing their partner/spouses of their HIV-positive status.
- Strengthening HIV care programs and care providers’ capacity in supporting patients throughout the disclosure process including improving the assisted partner notification services to improve disclosure rates.
- Increasing HIV education to reduce HIV-related stigma and economic empowerment for women will assist in improving disclosure in the communities.

Executive Summary

HIV seropositive status disclosure to sexual partners remains a challenge among couples diagnosed with HIV leading to difficulties in fighting HIV infection despite the scale-up of antiretroviral therapy (ART) and the implementation of the “Test and Treat policy” (Damian et al., 2019; Hallberg et al., 2019; UNAIDS, 2022). Evidence shows that in 2021 about 38.4 million people were living with HIV globally with Sub-Saharan Africa accounting for two-thirds of all infections (UNAIDS, 2022; Nsanzimana & Mills, 2023).

In Tanzania HIV prevalence varies geographically across Tanzania, ranging from 10-12 in every 100 people in Njombe and Iringa to less than 1 person in Lindi and Zanzibar with an average of about 5 in every 100 people (THIS, 2018; UNAIDS 2022). The HIV-positive status disclosure ratio to sexual partners of about three to five in every 10 people diagnosed with HIV and using antiretroviral therapy (ART) Lack of HIV status disclosure has an impact on

adherence to ART and hence the poor outcome of disease prognosis and increased risk for HIV transmission to others (Lugalla et al., 2012; Evangeli & Wroe, 2017). Among the reasons reported behind non-disclosure were fear of HIV-related stigma, abandonment, intimate partner violence, divorce and economic gender inequalities (Damiel et al.2019; Obermeyer, et al., 2011; Yonah et al., 2014). To reach the undiagnosed partners and promote mutual disclosure of HIV status in couples, there is a need to 1). Strengthening HIV care programs and care providers’ capacity in supporting patients throughout the disclosure process including improving the assisted partner notification services to improve disclosure rates. 2). To increase HIV education and programs to reduce HIV-related stigma at the community level through training and use of existing CHWs and 3). Economic empowerment to women since financial challenges, ability to provide for children and gender inequalities had

an influence on decision-making to disclose the status to their spouse.

Background

Despite the scale-up of antiretroviral therapy (ART) and the implementation of “Test and Treat” since 2016, HIV and AIDS remain a global burden. By 2021 around 38.4 million people were living with HIV globally with 1.5 million being new infections with two-thirds living in Sub-Saharan Africa, placing Africa at the centre of the HIV pandemic (UNAIDS, 2022; Nsanzimana & Mills, 2023).

In Tanzania HIV prevalence varies geographically across Tanzania, ranging from 11.4% in Njombe and 11.3% in Iringa to less than 1% in Lindi and Zanzibar with an average of 5% (THIS, 2018; UNAIDS 2022). Among the main strategies to reduce HIV burden is through testing and treatment. Disclosure of HIV status remains the mainstay for the success of this strategy. With epidemic is still high in the East and Southern African region

accounting for 54% of people living with HIV (PLHIV), having 800,000 new infections in 2018 alone, 9% being from Tanzania (UNAIDS, 2019). Despite the benefits of HIV status disclosure not only to the patient but to the partner and family, it remains a challenge (Evangeli & Wroe, 2017; Conserve et al., 2016). The World Health Organisation recommends the use of Assisted Partner notification (APN) services in HIV testing comprehensive package to increase the uptake of HIV testing among the partners of HIV-positive individuals (WHO, 2016).

A nested qualitative study in the large cohort study conducted in Mwanza, Tanzania was carried out between January and October 2019 among HIV-infected participants aged >18 years in sexual relationships attending HIV clinic care. A total 86 PLHIV participated. In-depth Interviews (IDI) and focus group discussions (FGD). The study revealed disclosure to sexual partner was still low, similar to other

studies reporting a disclosure rate of around three to five in every 10 people diagnosed with HIV informed their partner or spouse of their HIV-positive status (Damian et al., 2019; Hallberg et al., 2019; Idindili et al., 2015).

Lack of HIV status disclosure has an impact on adherence to ART and hence the poor outcome of disease prognosis and increased risk for HIV transmission to others (Lugalla et al., 2012; Evangeli & Wroe, 2017). The reasons behind non-disclosure of HIV status to partners include; fear of HIV-related stigma, abandonment, intimate partner violence, divorce and economic gender inequalities were barriers to disclosure (Ebuenyi et al., 2014; Obermeyer, et al., 2011; Yonah et al., 2014; Sanga et al., 2021).

Available evidence suggests strengthening the Assisted Partner notification (APN) services in the HIV testing package, advocating couple testing, implementing HIV programs in HIV stigma reduction and economic

empowerment for women in our communities will increase the uptake of HIV testing and disclosure among the partners of HIV-positive individuals (WHO, 2016). The undiagnosed partners will be reached, linked to HIV care for medication, their health will improve and eventually increase productivity and a better life for PLHIV and thus reducing the number of HIV-related deaths in Tanzania.

Policy options and implementation considerations

In order to reach the undiagnosed partners and promote mutual disclosure of HIV status in couples, below are some of the proposed policy options to achieve.

- 1. Strengthening HIV care programs and care providers' capacity in supporting patients throughout the disclosure process**

Strengthening the use of assisted partner notification services to be offered is part of comprehensive

package to improve disclosure rates and clients to be provided information on the existing of these services at the HIV test and counselling section since most respondent were not aware about this service (WHO 2016 NACP, 2019;).

Participants requested for additional assistance from HIV counsellors and care provider to inform their partner in cases where disclosure seems to be a challenge (Sanga et al., 2021; Plotkin et al., 2018). Disclosure of HIV status to sexual partners, a goal emphasized by the World Health Organization (WHO), is an important strategy for HIV prevention (WHO, 2004). The existing care provider in health facilities can be trained to facilitate this process and same space in the clinic can be used for this purpose.

2. Expanding and strengthening HIV stigma reduction programs

Expanding HIV education and programs to reduce stigma at the community level, using the existing community health workers (CHWs) and improved education packages for routine HIV testing and counselling at the health facilities including advocating couple testing and detailed discussion on the benefits of disclosure against consequences of non-disclosure. The CHWs have a key role to play in primary health care and offers an opportunity for sustainability (WHO, 2021). It was noted that in couple where disclosure was done there was often a high commitment, financial support and adherence to both clinic visits and ART schedules, as they

could pick up medications for one another from the clinic. Conversely, adherence to medication and clinic visits was often more challenging to those who had not disclosed (Damian et al., 2019; Sanga et al., 2021). Therefore, strengthening and establishment of interventions focusing on couple HIV testing, linkage to care and improving disclosure counselling package will increase the rates of disclosure among PLHIV. The WHO Guideline on health policy and system support for optimizing community health worker programmes provides guidance on how to design, implement and strengthen CHW programs.

is crucial since financial challenges and ability to provide for children and gender inequalities had an influence on decision to disclose or not. It was noted that decision for disclosure was influenced by the fear about the future of the family, for instance rearing children alone and missing the opportunity of being supported by the partner (Sanga et al., 2021). Therefore, empowering women by reinforcing the provision of microfinance support and small-scale entrepreneurship projects to groups of women living with HIV, will improve their financial status and thus reduce dependence to the male partners. These programs exist in Tanzania though at a minimal scale, this can be expanded with the support of the local councils and the Ministry of women, gender and children in Tanzania.

3. Economic empowerment to women

Empowerment to women especially in rural settings

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