

WHO RECOMMENDS SOCIAL NETWORK-BASED HIV TESTING APPROACHES FOR KEY POPULATIONS AS PART OF PARTNER SERVICES PACKAGE

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WHO recommends that social network-based HIV testing approaches can be offered for key populations as part of a package of partner services.

The World Health Organization (WHO) recommends voluntary HIV testing services (HTS) for sexual and drug-injecting partners of all people with HIV. An effective approach is provider-assisted referral when a trained provider offers voluntary HTS to partner(s) with the consent of HIV-positive client. Provider-assisted referral is a safe and effective strategy for identifying additional HIV infections and prioritizing prevention services for partners who are vulnerable to HIV acquisition.

Many countries are now routinely offering provider-assisted referral. However, its implementation remains limited in key populations.¹ Members of key populations are often reluctant to identify their partners to providers, due to fear of stigma, discrimination and lack of confidentiality.

Social network-based HIV testing is an approach for engaging sexual and drug injecting partners and social contacts of key population members with HIV and of those who are HIV-negative and at ongoing risk in voluntary HTS. By addressing people's confidentiality concerns and broadening the reach to social contacts, social network-based HIV testing approaches can improve the acceptability of partner services among key populations and so reach more people who may not otherwise test for HIV. WHO now recommends that social network-based HIV testing approaches can be offered for key populations.

WHO Recommendation **NEW**

Social network-based approaches can be offered as an approach to HIV testing for key populations as part of a comprehensive package of care and prevention (*conditional recommendation, very low-quality evidence*).

2016 WHO Recommendation

Voluntary provider-assisted referral (often called assisted partner notification) should be offered to people with HIV as part of a comprehensive package of testing and care (*strong recommendation, moderate-quality evidence*).

Definition of social network-based HIV testing approaches

A **social network** refers to a group of individuals linked by a common set of relationships or behaviours and includes sexual and drug-injecting partners as well as social contacts.

Social network-based HIV testing approaches are an extension of HIV partner services: A trained provider asks people with HIV or those who are HIV-negative and at ongoing risk of HIV to encourage and invite individuals in their sexual, drug injecting or social networks to participate in voluntary HTS.

Key findings from the systematic review on social network-based HIV testing approaches among key populations

To inform new guidance, WHO commissioned a systematic review to assess the effectiveness of social network-based approaches among key populations. Evidence reviewed showed that these approaches:

- may increase HIV diagnoses and identify additional people with HIV
- may increase the acceptability of HIV partner services
- are feasible to implement
- can be an efficient use of resources when they focus on people with high ongoing HIV risk
- seldom result in social harm or adverse events.

¹ Key populations are men who have sex with men, people who inject drugs, people in prisons or other closed settings, sex workers and transgender people.

Early experiences show social network-based approaches are feasible and effective

Early implementation experiences show that social network-based HIV testing approaches are feasible to implement among key populations in various settings. The LINKAGES project is carrying out both provider-assisted referral and social network-based testing among men who have sex with men, female sex workers, transgender people and their partners in Democratic Republic of Congo, Haiti and Malawi. These approaches were operationalized through a range of strategies such as peer navigators and educators, outreach workers and by clients themselves using referral coupons and online, social media and mobile app-based platforms, which were particularly attractive for key populations. Voluntary provider-assisted referral and social network-based approaches proved feasible and acceptable among key population clients as well as their partners and contacts. These approaches were successful in identifying partners and contacts with HIV who were undiagnosed. For example: in Democratic Republic of Congo (October to December 2018), 99 contacts from 143 index clients were tested and 47 (48%) of those were diagnosed HIV-positive; in Haiti (April to December 2018), 369 contacts from 286 index clients were tested and 83 (22%) were diagnosed HIV-positive; and in Malawi (January to February 2019), 126 contacts were tested and 35 (25%) were diagnosed HIV-positive.

Source: FHI 360/LINKAGES.

Several **promising models** for social network-based approaches have emerged that can be considered. These include:

- use of **peers** to recruit key populations in their networks for HTS;
- distribution of **HIV self-testing kits** by HIV-positive and HIV-negative clients to their partners and contacts;
- use of **new tools and technologies**, such as digital and social media, text messaging and other web-based platforms, to reach social networks, especially for young key populations;
- use of **anonymous methods** for partner services and social network-based approaches to protect confidentiality, particularly for reaching adolescents and young key populations and in settings where key populations experience stigma, discrimination and criminalization.

Operational considerations for partner services and social network-based approaches

Ensure confidentiality. It is critical to respect and protect the privacy and confidentiality of clients and their partners when providing partner services including social network-based approaches to key populations, particularly when partners have not yet mutually disclosed their HIV status.

Ensure that all services are voluntary. Whenever partner services and social network-based approaches

are offered, it is important to make sure that the client is informed of their benefits and cautions and assure that their decisions about contacting partners and other people from their social networks are voluntary and not pressured.

Partner services and social network-based approaches should always be **voluntary**. WHO does not support mandatory or forced partner services or HTS.

Differentiate services. Partner services including social network-based approaches can be adapted to suit the local context, setting and clients' preferences.

- While clients should be encouraged to use provider-assisted referral as it is highly effective, they should have the **opportunity to choose** from all available partner services options. They can choose different methods for different partners but also be free to decline.
- Where feasible and supported by national policy, social network-based approaches can be offered to **both HIV-positive and HIV-negative members of key populations**. Social network-based approaches can be particularly helpful where clients from key populations have been reluctant to take up the offer of provider-assisted referral because it requires disclosing their partners to providers, or for fear of stigma, discrimination or prosecution.

- All members of key populations newly diagnosed with HIV can be offered voluntary partner services, including social network-based approaches where appropriate, **at the time of diagnosis and periodically thereafter**; clients' willingness to accept partner services may change over time, or they may have new partners.
- Consider whether it is beneficial to offer social network-based approaches for a **limited duration (or waves) or on an ongoing basis**. Social network-based approaches will be most effective when focused on networks of higher-risk people in key populations. Longer duration or more waves generally allow deeper penetration into these social networks and, thus, may identify more people with undiagnosed HIV, but they will need more resources.

Ensure client safety. People with anxieties about a partner's or social contact's reaction to offer of HTS should be able and supported to decline partner services. People from key populations, particularly sex workers, often experience sexual violence and other abuse. Making sure that services are voluntary and informed is critical to avoid any adverse consequences. Women who disclose previous partner violence should be offered immediate first-line support by the health-care provider or another provider within the same health service or in another easily accessible service.

Engage communities and raise awareness to support effective implementation of partner services including social network-based approaches. It is particularly

important to empower key populations and ensure that they are educated about the potential benefits and cautions.

Review and remove legal and policy barriers to safely implementing and scaling up partner services including social network-based approaches without fear of criminalization.

Train and build the capacity of providers. Capacity-building should cover how to identify clients who would benefit from these services, how to engage with clients in discussion about partners and social contacts in non-judgemental ways, how to locate partners and social contacts and how to offer them voluntary HTS or to support clients in offering HTS, and how to facilitate mutual disclosure for couples. Providers will require training in minimizing the risk of harm and violence for clients and themselves, awareness of legal and policy issues, and documenting and reporting of partner service attempts and outcomes as part of routine programme monitoring.

Monitor and evaluate partner services, including social network-based approaches, regularly to improve service delivery and optimize impact. This will require defining and collecting relevant indicators and developing a monitoring and evaluation plan. It is also important to monitor for social harms and, if unintended adverse outcomes are identified, to review and adjust programmes promptly.

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POLICY BRIEF

HIV TESTING SERVICES