

EpiC Spotlight on Index Testing and Other Social Network-based Testing Approaches

Why are index testing and other social network-based testing approaches important to efforts to achieve and maintain epidemic control?

As of 2018, an estimated 79% of all people living with HIV (PLHIV) globally knew their HIV status. This represents important progress toward global epidemic control, and much of this success can be attributed to widespread adoption of test-and-treat strategies. However, it is becoming increasingly difficult through traditional testing approaches to find a shrinking proportion of PLHIV who are not diagnosed or virally suppressed. Moreover, testing coverage remains disproportionately low among key population members and their partners, and UNAIDS estimates that 54% of all new HIV infections among adults worldwide occur among these individuals. Without strategic focus, identifying those who remain undiagnosed and untreated will require extraordinary expansion of HIV testing services, with escalating costs per case identified.

Improving HIV case-detection efficiency requires focusing testing efforts in the networks of individuals living with and at high-risk of HIV. WHO recommends voluntary HIV testing services (HTS) for sexual and drug-injecting partners of all people with HIV, a strategy often referred to as index testing. This strategy is described in WHO's 2016 global guidance on partner notification and referrals, and has been shown to increase uptake of HIV testing services among sexual and injecting partners of PLHIV; result in high proportions of PLHIV being diagnosed; and increase linkage to care among partners of PLHIV. More recently, WHO also recommended that social network-based HIV testing approaches be offered to key populations as part of a comprehensive package of services. Social network-based testing strategies may be more acceptable to key population members since many are reluctant to participate in traditional index testing and identify their partners to providers due to fear of stigma, discrimination and breach of confidentiality.

The Meeting Targets and Maintaining Epidemic Control (EpiC) consortium has unparalleled experience supporting countries to safely and ethically implement index testing and other social network-based testing strategies to ensure efficient case detection and improve the health and well-being of people living with HIV (PLHIV). We also aim to accelerate the impact and

EpiC is a global cooperative agreement dedicated to achieving and maintaining HIV epidemic control. It is led by FHI 360 with core partners Right to Care, Palladium International, Population Services International (PSI), and Gobe Group. For more information about EpiC, including the areas in which we offer technical assistance, click [here](#).

efficiency of these approaches by focusing them in networks of people living with HIV who are not yet virally suppressed.

EpiC brings proven and innovative solutions to common HIV case-finding challenges

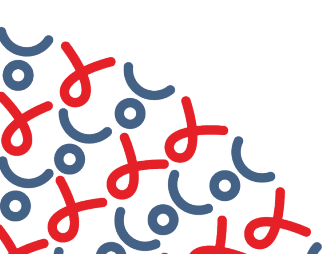
EpiC partners have extensive experience and demonstrated success providing technical assistance to local partners to implement, monitor, and report on three types of social network-based testing strategies: (1) index testing (or voluntary partner notification); (2) risk network referral; and (3) enhanced peer outreach approach. Moreover, EpiC partners know how to support providers to implement these approaches with respect for human rights, safety, and client autonomy.

Index testing is a focused HIV testing approach in which individuals living with HIV (index clients) are given the voluntary opportunity to list and refer their sexual or injecting partners, their biological children and their biological parents (if child is index case) for HIV testing and counseling. With the assistance of a trained provider, the options for offering testing to named contacts include client-referral, contract-referral, provider-referral, and dual-referral modalities according to the preferences of the PLHIV client. Violence screening and referral is an essential component of index testing.

Risk network referral (RNR) extends beyond index testing to offer PLHIV with additional, self-guided options to informally extend linkages to HIV testing and other services to a broader set of social- and risk-network members facing elevated HIV infection risks. It is conducted through online and coupon-based referrals and does not require PLHIV to name — or even know the names of — these contacts to make referrals. They can make confidential or anonymous referrals. Examples include:

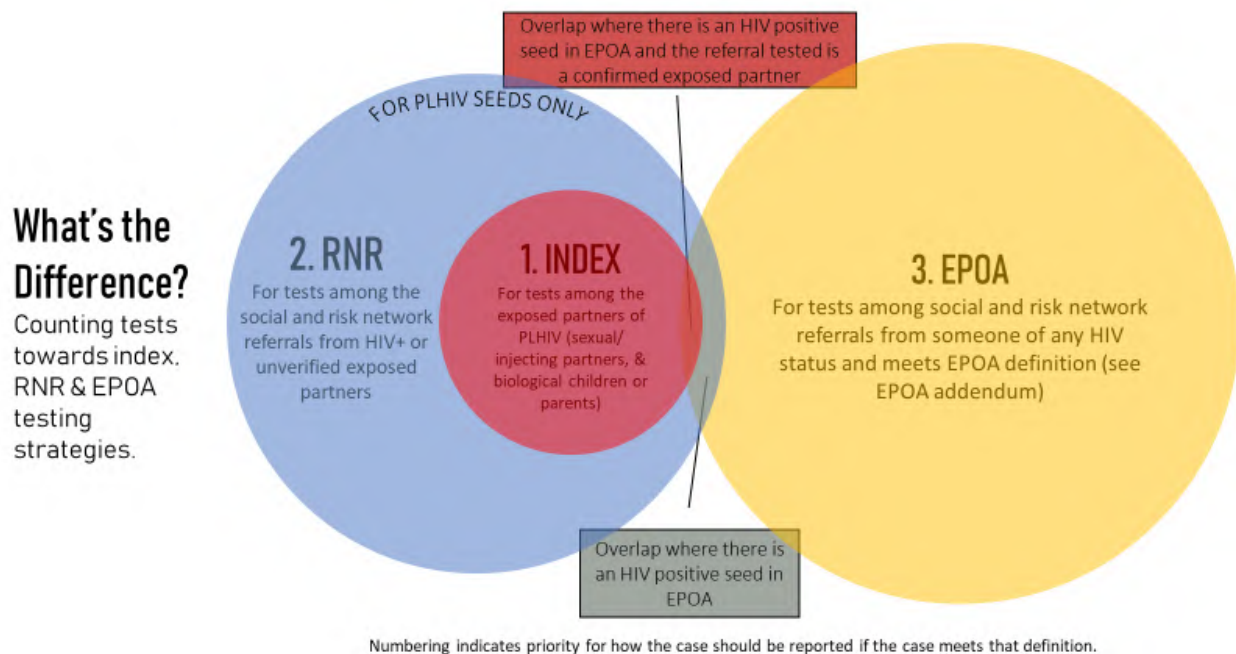
- Enter the phone numbers of individuals they would like to receive a testing promotion of a secure website
- Send a mobile phone message with an embedded link that allows the recipient to access an online testing appointment making website, or even to order an HIV self-test

RNR is often offered at the same time as index testing. Some index clients might accept RNR for some of their contacts and traditional partner notification for others, or clients may decline both.



The **enhanced peer outreach approach (EPOA)** uses performance-based incentives and works through social and sexual networks to improve HIV case-finding outcomes (using coupons or other tracking tool). Trained peer outreach workers (POWs) invite members of KPs to become peer mobilizers (PMs). PMs, in turn, reach out to their social and sexual networks to encourage peers to get tested for HIV and seek other related services. Peer mobilizers may or may not be PLHIV.

The graphic below distinguishes the different case-finding approaches (Index testing, RNR and EPOA) that EpiC implements.



Ensuring client safety and voluntarism in index testing, RNR, and EPOA

Because key populations are often stigmatized and fear breaches in confidentiality by healthcare workers, EpiC emphasizes that all social network-based testing strategies should be done in a safe, voluntary, informed manner. Our team emphasizes safety and confidentiality of both the client and partners during index testing counseling. Moreover, EpiC's technical

assistance to introduce and scale index testing, RNR, and EPOA places these strategies in a broader “treat-and-test” approach to ensure the safety and well-being of participating clients.

A treat-and-test approach is one that:

- focuses on the health and well-being of the index client in addition to offering index testing and/or RNR;
- prioritizes personalized support to the PLHIV including offering multiple options (index, RNR, EPOA) for referring partners and risk network members to HIV testing, treatment and prevention services;
- emphasizes that the choice of whether, how, where, when, and with whom to pursue index testing, RNR, both, or neither is always up to each PLHIV;
- aims to improve the impact and efficiency of programming by prioritizing support and services for individuals with the greatest treatment and viral suppression needs (such as newly infected, clients who or not stable on treatment or not yet virally suppressed) and in networks in which the burden of HIV infection and transmission is highest;
- prioritizes prevention and treatment linkages for the network contacts of PLHIV;
- further emphasizes violence screening and referral as an essential component of index testing, RNR, and EPOA and draws on [LINKAGES' violence prevention and response training materials](#) to build provider capacity in this area; and
- develops provider and peer outreach workers capacity in motivational counseling so that they engage clients in index testing, RNR, and EPOA in a client-centered, collaborative manner that is consistent with the values of patient confidentiality, autonomy, and empathy.

This report is made possible by the generous support of the American people through the United States Agency for International Development (USAID) and the U.S. President's Emergency Plan for AIDS Relief (PEPFAR). The contents are the responsibility of FHI 360 and do not necessarily reflect the views of USAID, PEPFAR, or the United States Government.