

Index Testing, Risk Network Referral (RNR), Enhanced Peer Outreach Approach (EPOA): What's the Difference?

The Linkages across the Continuum of HIV Services for Key Populations Affected by HIV (LINKAGES) Project promotes multiple testing strategies to ensure efficient case-finding and improve the health and well-being of people living with HIV (PLHIV). These strategies are described below. The impact and efficiency of HIV testing services can be further improved by targeting testing in networks of PLHIV who are not yet virally suppressed.

INDEX TESTING

- A focused HIV testing approach in which providers work with individuals living with HIV (index clients) to elicit (see **Box 1**) their sexual or injecting partners, their biological children, or biological parents (if a child is the index client) for HIV testing and counseling.
- With the assistance of a trained provider, PLHIV can choose from the following options for offering testing to named contacts: client referral, contract referral, provider referral, and dual referral modalities. These terms are defined in **Box 2**.
- Violence screening and referral is an essential component of index testing.

Making index testing work for key populations (KPs):

Because KPs are often stigmatized and fear breaches in confidentiality by health care workers, LINKAGES emphasizes that index testing should be done in a safe, voluntary, informed manner. Safety and confidentiality of both the client and partners should be emphasized during index testing counseling. Violence screening and referral is essential. Note that LINKAGES sometimes uses the term “voluntary partner referral (VPR),” which may be preferable to KPs, because it emphasizes that index testing should always be voluntary and focuses on the referral of partners (rather than notification).

BOX 1: What does elicit mean?

Elicitation of contacts refers to the process of an index client thinking of sexual and drug injecting partners, biological children, or risk network members who are at risk of HIV, do not know their status, and are therefore recommended for HIV testing.

Depending on the index testing method, the index clients may write a list of the actual names and contact information of these partners or they may just mentally identify them as “boyfriend” or “sex work client,” etc. for the purposes of strategizing whom to refer and how.

To protect the confidentiality and safety of both the index client and their contacts, sharing the actual names and contact information should be an informed, voluntary decision and that information used solely for the purpose of referral to HIV testing and services.

BOX 2: Index testing options

Client referral: The provider elicits sexual/injecting partners, biological children, or biological parents (if child is index case) from the index client. The provider encourages the client to disclose his/her status to sexual and/or drug injecting partners by themselves, and to also suggest HIV testing to the partners. The provider does not have any contact with the referrals until the point at which they come in for testing.

Provider referral: With the consent of the index client, a trained provider confidentially contacts the person's referrals directly and offers the referrals voluntary HIV testing.

Contract referral: The index client enters into a contract with a trained provider and agrees to disclose his/her status and/or refer partners to HIV testing services (HTS) within a specific time period. If the partners of the HIV-positive individual do not access services or fail to contact the health provider within that period, then the provider will contact the partners directly.

Dual referral: The provider offers support and accompaniment to index clients to disclose their HIV status and offer testing services to the partners.

RISK NETWORK REFERRAL (RNR)

- Extends beyond index testing. Providers offer PLHIV additional, self-guided options to informally extend links to HIV testing and other services to a **broader set of social- and risk-network members** who have an elevated risk of HIV infection. This broader set of social and risk network members can include other friends and acquaintances who live and work within the same area, or have similar risk behaviors.
- Is conducted through online and coupon-based referrals.
- 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:
 - › Entering phone numbers on a secure website of individuals whom they would like to receive a testing promotion
 - › Sending a mobile phone message with an embedded link that allows recipients to access a website where they can make an appointment for testing or even order an HIV self-test
- Is often offered at the same time as index testing. Some index clients might accept RNR for some of their contacts and index testing for others, or clients may decline both index testing and RNR.

Within LINKAGES programs, index testing and RNR should be implemented within the broader context of the **treat and test approach**.

Conceptualized by LINKAGES, the treat and test approach requires that HIV services and health care providers:

- Focus on the health and well-being of the index client first, and then offer index testing and/or RNR to the client’s partners and/or children.
- Prioritize personalized support to PLHIV, including offering multiple options (index, RNR, EPOA) for referring partners and risk network members to HIV testing, treatment, and prevention services.
- Emphasize that the choice of whether, how, where, when, and with whom to pursue index testing, RNR, both, or neither is always up to each person living with HIV.
- Aim 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 the newly infected, clients who are not stable on treatment or not yet virally suppressed) and among networks in which the burden of HIV infection and transmission is highest.
- Prioritize prevention and treatment links for the network contacts of PLHIV.
- Provide violence screening and referral as an essential component of index testing, RNR, and EPOA.

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), also called “seeds.” 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.

	INDEX TESTING	RNR	EPOA
Primary purpose	Case-finding of referrals	Case-finding of referrals	Case-finding, and engaging KP members who have not engaged in the program before
Target group	Sexual and injecting partners, biological children, biological parents (if child is index client)	Broader set of social- and risk-network members	Sexual/injecting partners AND social- and risk-network members
Includes coupon-based referrals?	No	May include coupon-based referrals	Yes
Employs peer incentives?	No	No	Yes
When is it offered?	Outreach, testing, diagnosis, care registration, treatment initiation, community and clinical support, viral load testing	Outreach, testing, diagnosis, care registration, treatment initiation, community and clinical support, viral load testing	Outreach, community settings
Disclosure	HIV serostatus of index client is known by program staff who are providing services to that client	HIV serostatus of index client is known by program staff who are providing services to that client	HIV serostatus of the POW and/or PM may or may not be known by the program staff and/or peers

MEASUREMENT AND REPORTING

Index testing

All of the index testing approaches elicit only **contacts who are sexual and/or injecting partners, biological children, or biological parents (if child is index client)**. Only these types of contacts can be counted as index testing. Any other contacts who are referred should be counted under the standard **HIV testing services indicator**, with appropriate disaggregation.

If someone comes to a facility or mobile unit and requests an HIV test and reports a *known exposure to someone with HIV* as their reason for testing, that person should be counted under HTS_INDEX.

RNR

RNR-style social network referrals are typically extended to a broader set of contacts at the discretion of the client. As a result, **these typically cannot be counted as index testing unless specific measures are put in place to verify the risk relationship** of the referring client to the individual referred. For example, a counselor can ask a referred network member if they were or are a sexual or injecting partner, or biological parent or child of a PLHIV or the person who referred them.

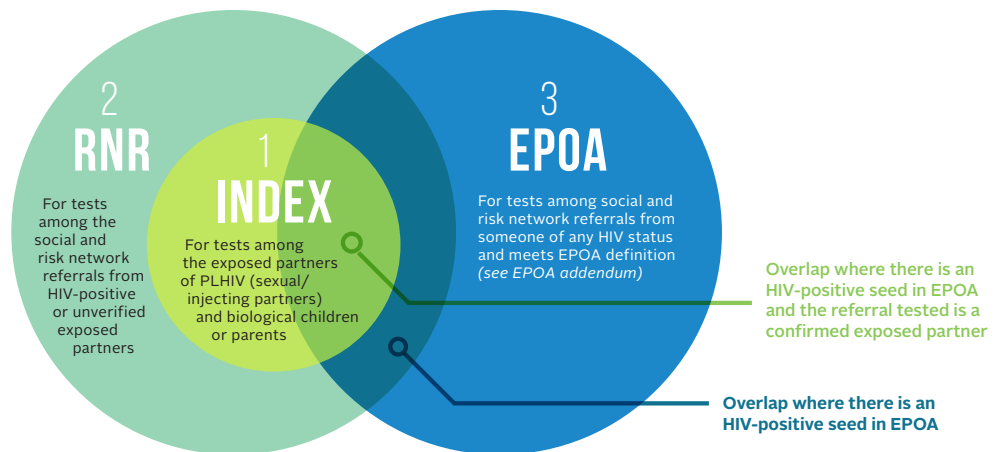
EPOA

HIV testing as a result of EPOA should generally be counted toward HTS_TST. The only circumstance when EPOA can be counted as index testing is when a referral from an EPOA seed living with HIV is a *confirmed exposed sexual or injecting partner of that seed*.

The graphic below summarizes the case-finding approaches (index testing, RNR, and EPOA) that LINKAGES implements and explains which tests conducted count toward index, RNR, and EPOA testing strategies.

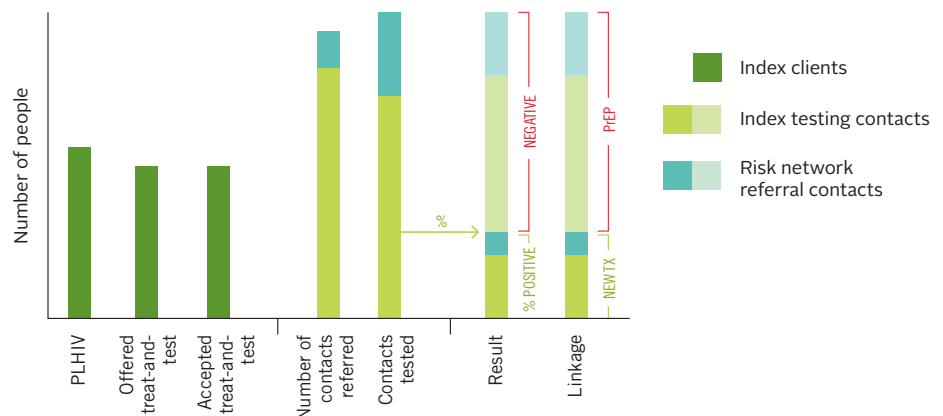
WHAT'S THE DIFFERENCE?

TESTS THAT CAN BE COUNTED TOWARD INDEX, RNR, AND EPOA STRATEGIES



The graphic below is an example of how index testing and RNR reporting can be visualized.

CONCEPTUALIZING THE REFERRAL COMPONENTS OF THE TREAT-AND-TEST CASCADE



SCENARIO 1: FATIMA

Fatima is a sex worker. She has five regular clients, a long-term boyfriend, and several nonregular clients. She also has a six-month-old son. She tests HIV positive at a mobile testing site near where she works. She is offered index testing using a treat-and-test approach (that is, she is offered care and treatment and then given the opportunity to refer her sexual partners and children, and injecting partners if applicable).

Violence screening is done by the counselor, who determines there is no risk of violence.

Fatima agrees to index testing and refers her boyfriend and her son, but not her clients because she is afraid of losing business.

After talking about her partners and son, the counsellor also asks if Fatima would be willing to refer her friends and fellow sex workers (RNR). Fatima agrees and refers five sex workers. Fatima's boyfriend and son come in for testing. All five of sex worker colleagues also come in for testing.

Fatima's boyfriend and son have been referred through index testing and should be counted as HTS_INDEX. The sex workers were recruited through RNR because they are social contacts of the index client and they should be counted as HTS_TST, but not as HTS_INDEX.

SCENARIO 2: JOHN

John is a man who has sex with men in a small city. He tests HIV positive at a drop-in center. He is offered index testing using a treat-and-test approach (that is, he is offered care and treatment and then given the opportunity to refer his sexual partners, and injecting partners if applicable). The counselor also conducts violence screening and determines there is no risk of violence. John says he has a long-term boyfriend and no other sexual partners. In actuality, he also has three other sexual partners, but he is afraid to tell this to the counselor. He agrees to index testing and refers his long-term boyfriend, who accepts the referral and gets tested. After talking about his boyfriend, the counsellor also asks John if he would be willing to refer his friends who may be at risk (RNR). John agrees.

The following week, George comes to the drop-in center and says he is John's sexual partner and John recently disclosed to him that he is HIV positive, so he wants an HIV test.

After another week, David comes in to the drop-in center and says he is John's sexual partner and John referred him. The counsellor asks David if he knows John's HIV status and David says no.

Both John's boyfriend and George can be counted as HTS_INDEX in this case. Although George was recruited through RNR, he can be counted as HTS_INDEX because he has reported a **known exposure to someone with HIV** as his reason for testing.

David can also be counted as HTS_INDEX because although he does not know John's (the index client's) HIV status, the provider is aware that John is HIV positive.

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LINKAGES is the largest global project dedicated to key populations—sex workers, men who have sex with men, people who inject drugs, and transgender people. The project is led by FHI 360 in partnership with IntraHealth International, Pact, and the University of North Carolina at Chapel Hill.