

Social Network Strategies—The “Why” and “How”

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Leveraging DSD Strategies to Optimize HIV Testing and Linkage Services
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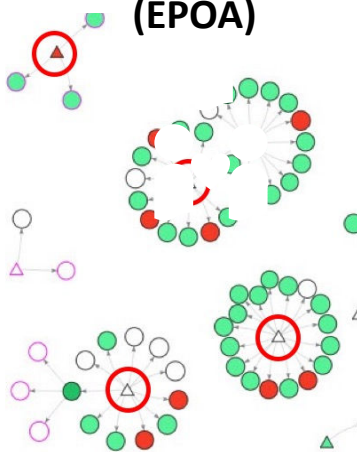
Background

Social network strategies (SNS):

- An evidence-informed case-finding approach that assumes:
 - People in the same social network may share similar HIV risk
 - Network members have mutual trust and influence and can mobilize other network members to seek HIV services, including testing
 - Individuals belong to multiple social networks, including networks beyond sexual and drug-injecting partners, but SNS for case finding focuses on HIV risk behaviors among network members
- SNS addresses:
 - The need to increase case finding
 - Reaching networks of people not yet tested, not testing regularly, and those who are hidden, difficult to reach, and marginalized, particularly key populations (KPs) in high-stigma settings

Strategic integration of social network testing strategies

Enhanced peer outreach approach (EPOA)



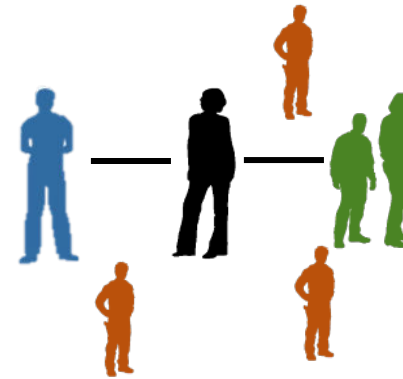
Recruit and incentivize members of risk networks to *mobilize and refer others in their social circles who share HIV risk behaviors* for HIV testing using coupons, digital codes, or other trackable referral methods.

Index testing



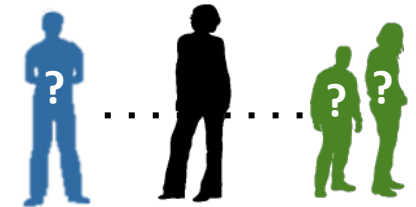
Support index client to voluntarily *identify, contact, and link* their **sexual and drug-injecting partners, spouse, and children** to HIV testing while encouraging referral or supporting safe disclosure (if client chooses).

Risk network referral



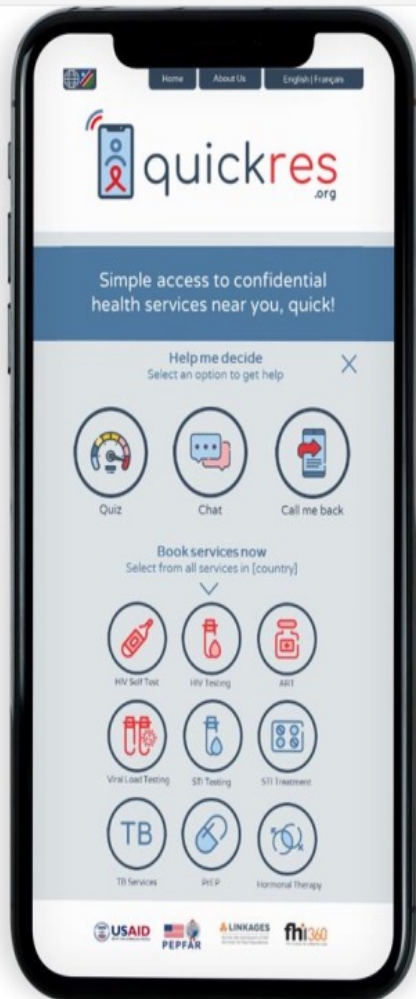
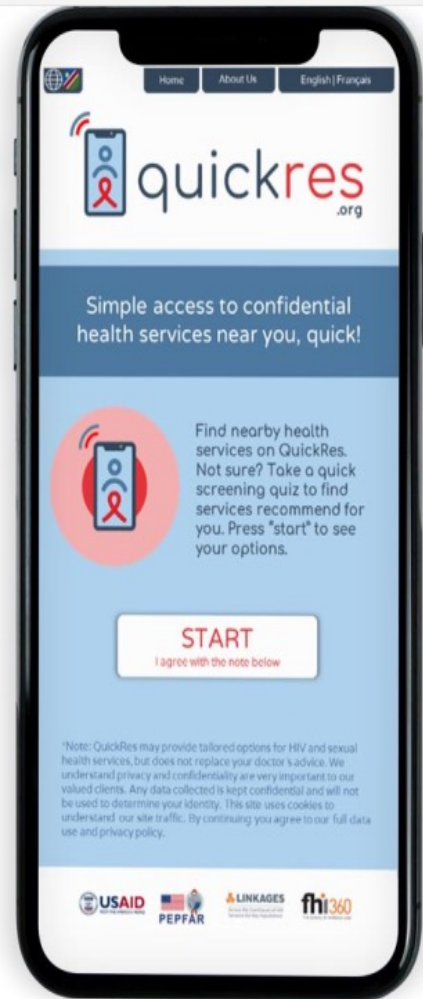
Support index client or high-risk KP individuals to *identify members of their social networks at high risk* and refer them to HIV testing.

Targeted referral



Work with index clients to *identify sexual or drug-injecting partners* for whom the clients have little or no contact information; determine how/where index case may be reached.

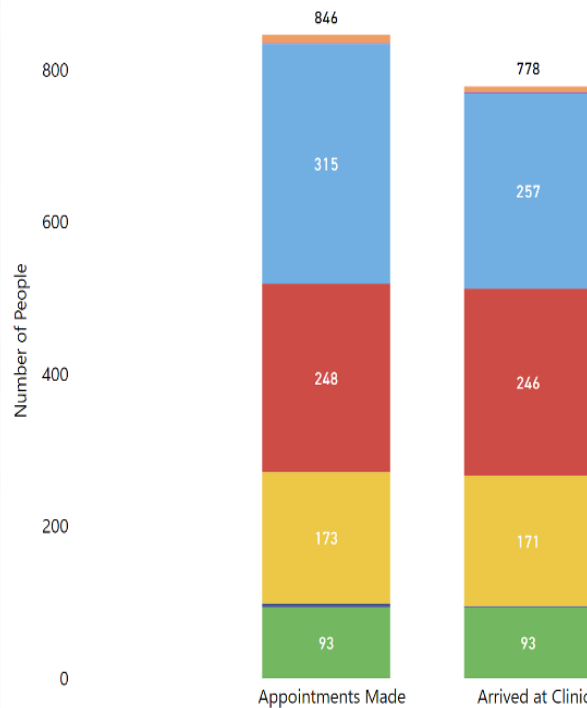
Taking social network strategies online in Liberia



Going Online Cascade and Services Provided for All Populations - FY23 YTD

Going Online Cascade

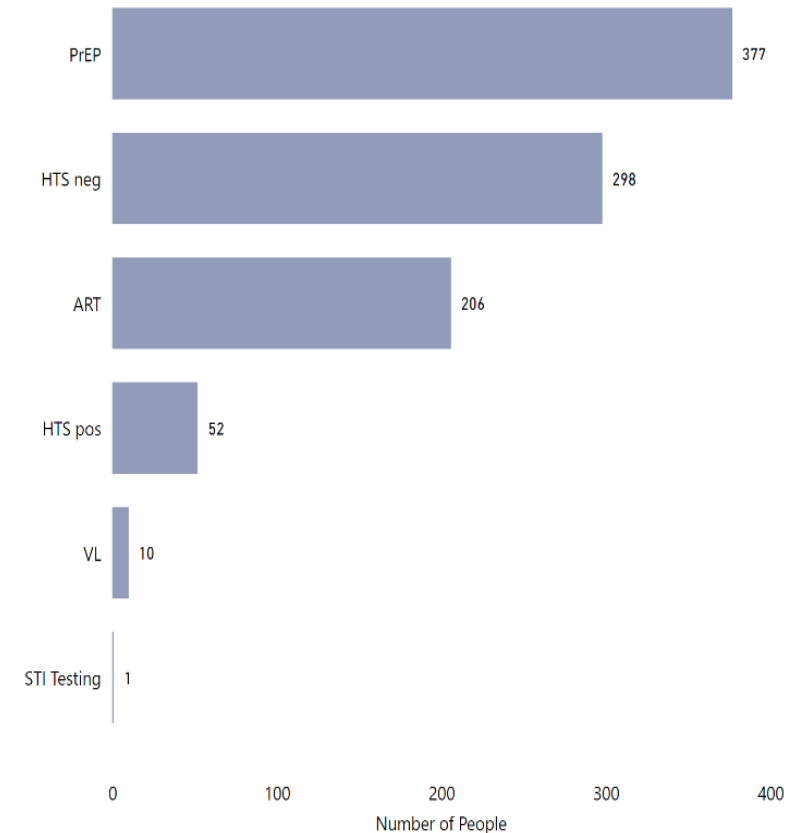
● AGYW ● Clients of FSW ● FSW ● GP ● MSM ● PWID ● TG



% of those arrived who booked an appointment

92.0%

Health Services Provided to Clients



Lessons on SNS from research and practice

Research in Malawi¹ found:

- HIV-positive and general community “seeds” distributed average of 4.5 coupons to SN members
- Contacts of PLHIV more likely found HIV positive (31%) than contacts of HIV-negative individuals (11%)
- HIV prevalence 3.2 times higher among contacts of PLHIV than contacts of community seeds
- HIV-positive clients comfortable distributing coupons (100%) and having contacts accept them (>98%)

Social network testing strategies:

- May increase HIV diagnoses and identify additional people with HIV
- May increase acceptability of HIV partner services
- Are feasible to implement
- Can be efficient use of resources when focusing on people with high ongoing HIV risk
- Seldom result in social harm or adverse events

1 Rosenberg NE, Kamanga G, Pettifor AE, Bonongwe N, Mapanje C, Rutstein SE, Ward M, Hoffman IF, Martinson F, Miller WC. STI patients are effective recruiters of undiagnosed cases of HIV: results of a social contact recruitment study in Malawi. *J Acquir Immune Defic Syndr*. 2014 Apr 15;65(5):e162-e169.

Field experience with SNS

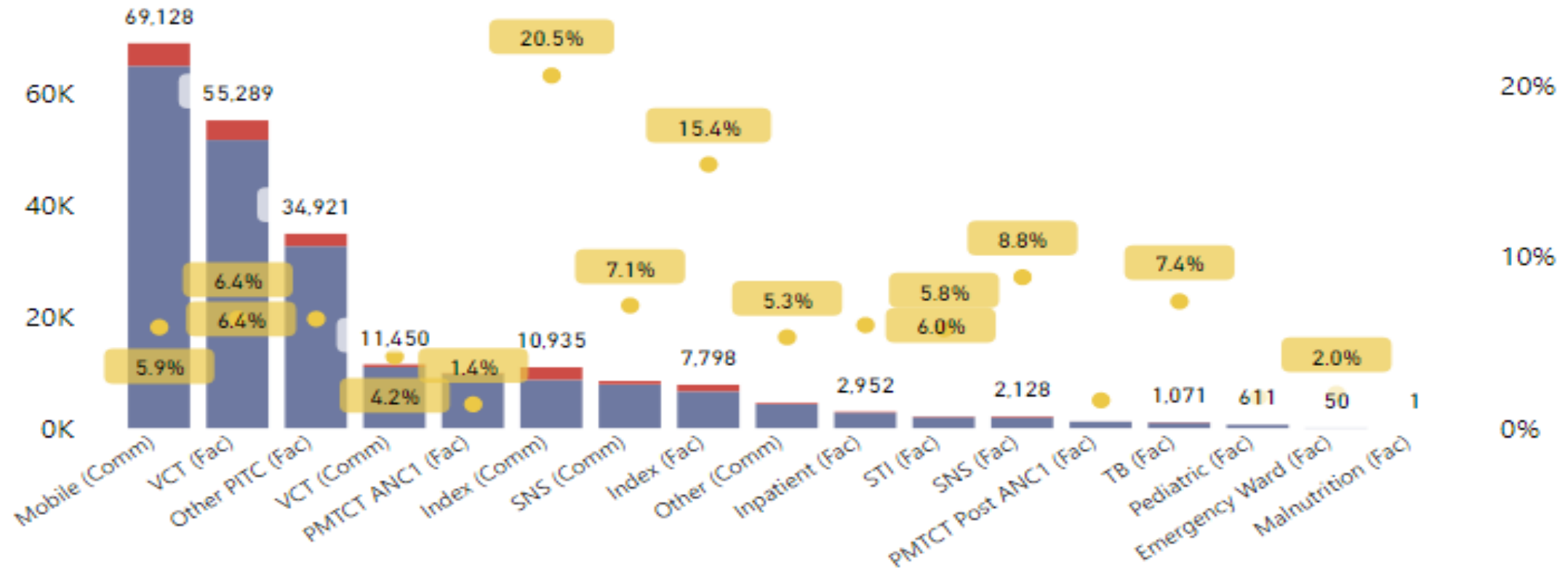
FHI 360 and the Linkages across the Continuum of HIV Services for Key Populations Affected by HIV (LINKAGES) project in Malawi, Democratic Republic of Congo (DRC), Haiti, and Liberia successfully implemented SNS and other approaches to identify partners/contacts of index clients (2018–2019):

- DRC (Oct–Dec 2018): 99 contacts from 143 index clients tested, 47 (48%) tested positive
- Haiti (April–Dec 2018): 369 contacts from 286 index clients tested, 81 (22%) tested positive
- Malawi (Jan–Feb 2019): 126 contacts tested, 35 (25%) tested positive
- HIV case finding from SNS consistent across all EpiC programs (see next slide)
- Identifying new HIV cases, linking them to treatment, and achieving viral suppression are critical in treatment as prevention. However, HIV case reduction and the “status-neutral HIV testing approach” require equal attention to link all HIV-negative individuals identified through SNS/testing modalities to prevention services, e.g., pre-exposure prophylaxis, condoms, lubricant

EpiC field experience with HIV testing modalities (Oct–Dec 2022) (all countries)

HIV Testing by Testing Modality

● Tested HIV- ● Tested HIV+ ● Case Finding Rate

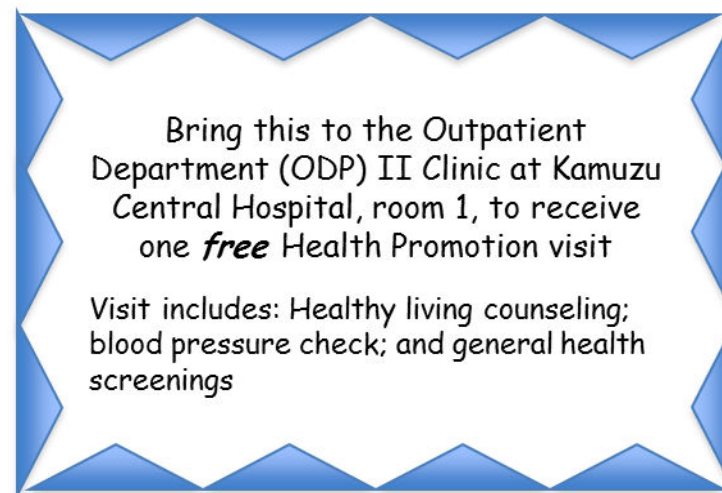


Engaging recipients of care or their representatives to design SNS is key to scale-up

Engagement should include:

- Communicating the importance of supporting people at risk to get tested
- Opportunities to contribute to mobilization strategies, e.g., developing acceptable anonymous methods for high-stigma contexts to invite people for services (see notification cards for Malawi and Liberia for general health-promotion services with HIV services part of the package)

Malawi



Engaging recipients of care or their representatives to design SNS is key to scale-up (cont.)

Love Yourself! Love Others!

Hello, friend!

Liberia

Reach out to any of our friendly health personnel at any of these facilities. They are trained to provide confidential health information, assessments, and referrals to you and your loved ones.

Counselors Time Schedule:

Monday to Friday: 8 a.m. – 4 p.m.

Health Facility

Cell phone numbers

Community engagement session, EpiC Liberia



Photo credit: EpiC Liberia

Important considerations for SNS

- Engaging individuals to recruit others for HIV services must be balanced with safety, security, and confidentiality
- Some SNS are resource intensive, requiring incentives, monitoring, and recruitment and training of new waves of mobilizers
- The receptiveness and effectiveness of specific strategies depend on the context; active engagement of beneficiaries and other stakeholders is critical in planning and monitoring

Recommendations for adoption of SNS

- Social network strategies are effective, feasible, and acceptable in supporting HIV case finding and provide an opportunity to identify HIV-negative individuals at high risk and link them to prevention services
- SNS require training and ongoing mentorship of health care workers and peer outreach network teams, ongoing monitoring, and rapidly adaptive programming
- SNS-based approaches should not be limited to index testing or working only with networks of PLHIV. People at substantial HIV risk should be engaged to expand reach into hidden and hardest-to-reach networks through EPOA and risk network referral
 - In EpiC Liberia, case finding was similar between PLHIV and HIV-negative network mobilizers
- As part of differentiated services, HIV programs should offer various referral options responsive to beneficiary needs and preferences, including options for index testing

Thank you!

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, and Population Services International (PSI).

