

Overview of Social Network Approaches for HTS

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Session 9a: Framing Remarks

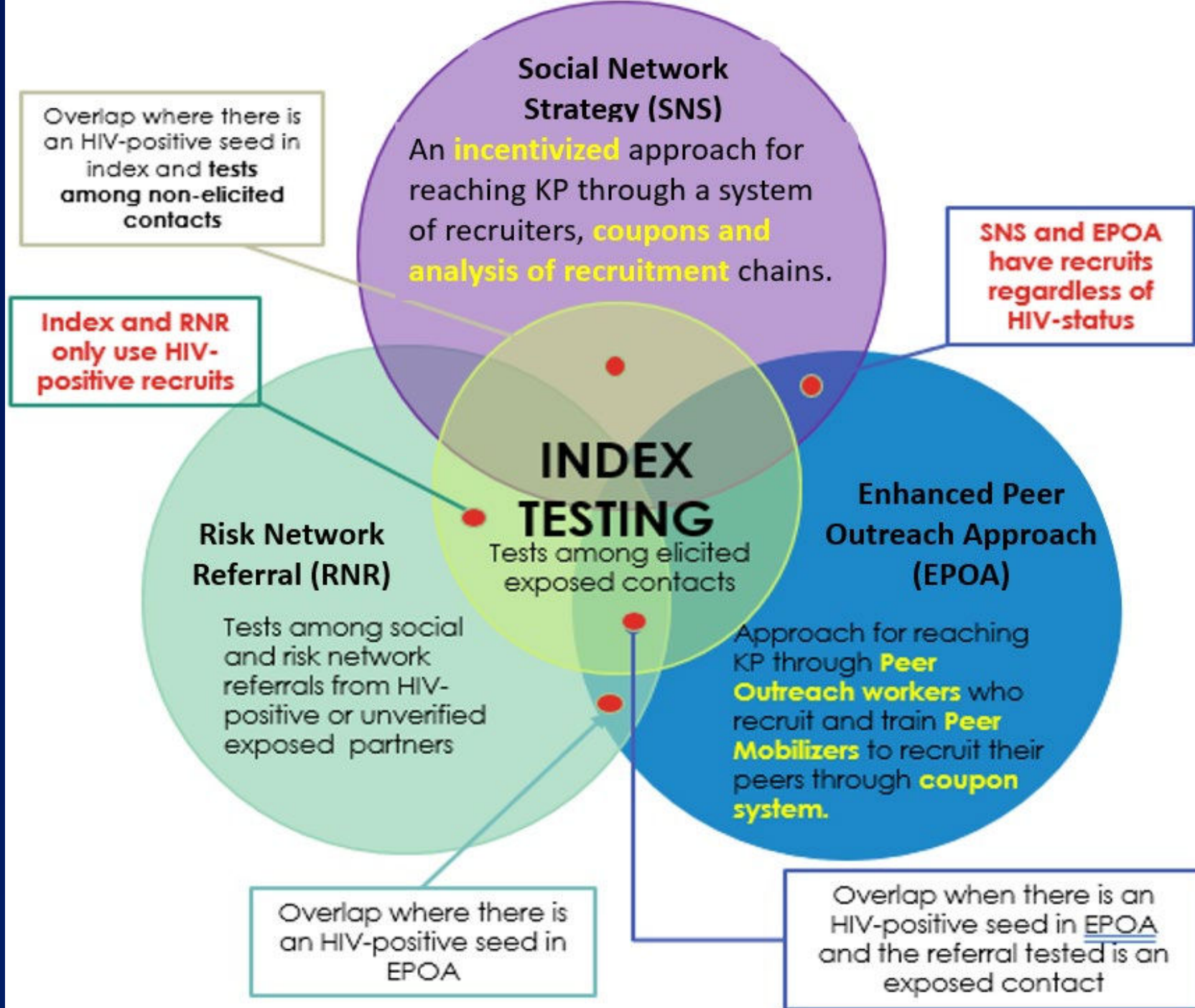
Thursday July 11th, 2024



Social Network-Based Approaches

- Are a form of active (vs. passive) case-finding
 - Don't rely on persons to seek HTS for themselves
- Assumes people with social ties know each other's risks for HIV and are trusted source of information & influence
- Vary in methodology and targeted population
- Wealth of evidence showing effectiveness in key populations (KP)

There are many different but similar network-based recruitment strategies



SNS: Identified through HIV testing, care, prevention, or community settings

SNS and EPOA

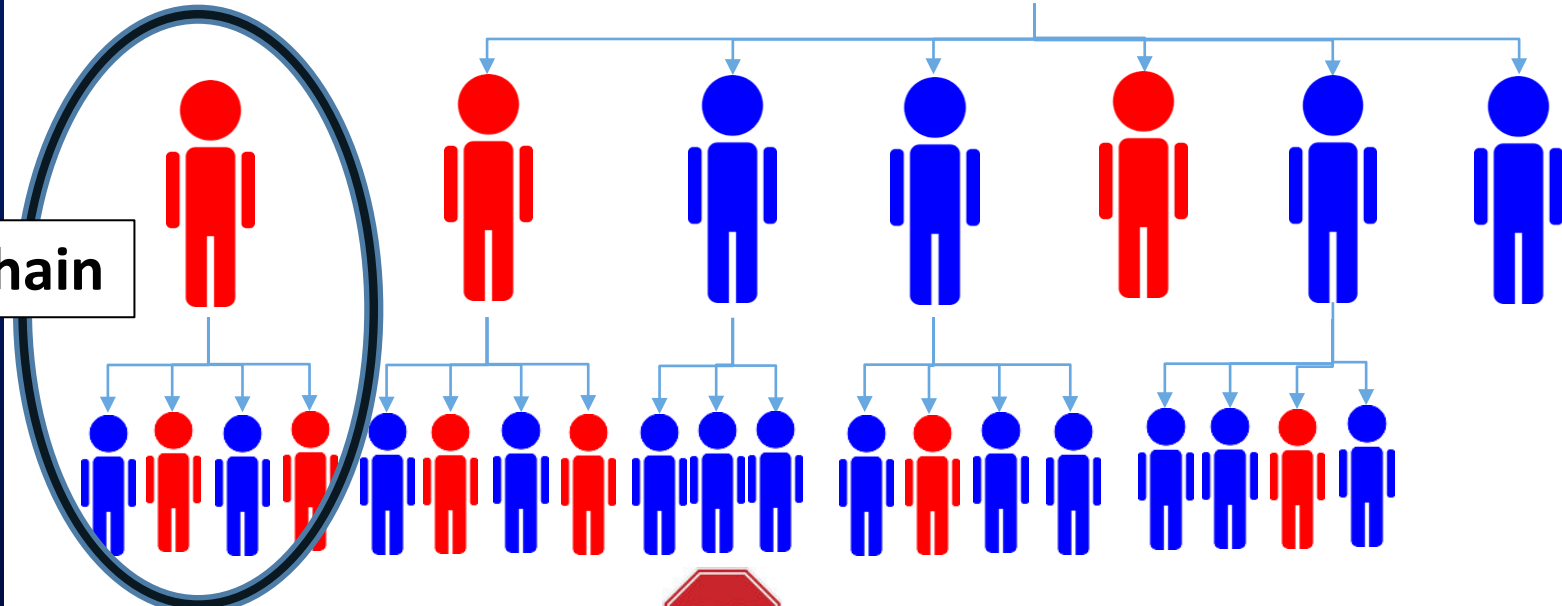
EPOA: Identified through peer outreach worker in community



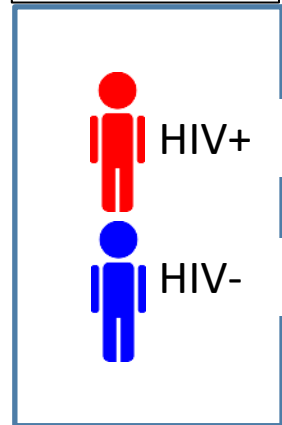
Seed



Chain



Recruits



Can Social Network-Based Approaches Effectively Reach Non-KP Populations?

- Can address stigma and discrimination – both barriers to HTS for adolescents and males
- WHO released a new recommendation in 2023 that “social network testing may be offered as an additional approach to HIV testing as part of a comprehensive package of care and prevention.” (for any high-burden setting, not just KPs).
 - PEPFAR supports this recommendation.
- Many countries are innovating with peer-based approaches, necessitating monitoring to discern the most effective methodologies and components.

| | Testing Uptake | Yield |
|--------|----------------|-------|
| KP | ↑ | ↑ |
| Non-KP | ↑ | ~* |

*Gwadz M, et al. Public Health Benefit of Peer-Referral Strategies for Detecting Undiagnosed HIV Infection Among High-Risk Heterosexuals in New York City. *J Acquir Immune Defic Syndr.* 2017 Apr 15;74(5):499-507.

Schumann C, Kahn D, Broaddus M, Dougherty J, Elderbrook M, Vergeront J, Westergaard R. Implementing a Standardized Social Networks Testing Strategy in a Low HIV Prevalence Jurisdiction. *AIDS Behav.* 2019 Jan;23(Suppl 1):41-47

Landscape Assessment: PEPFAR Countries Implementing Social Network Approaches

CDC introduced SNS in 22 PEPFAR countries, including 12 countries in the CQUIN network

CQUIN Countries

Cameroon
DRC
Eswatini
Ethiopia
Kenya
Malawi
Nigeria
Rwanda
South Africa
Tanzania
Zambia
Zimbabwe

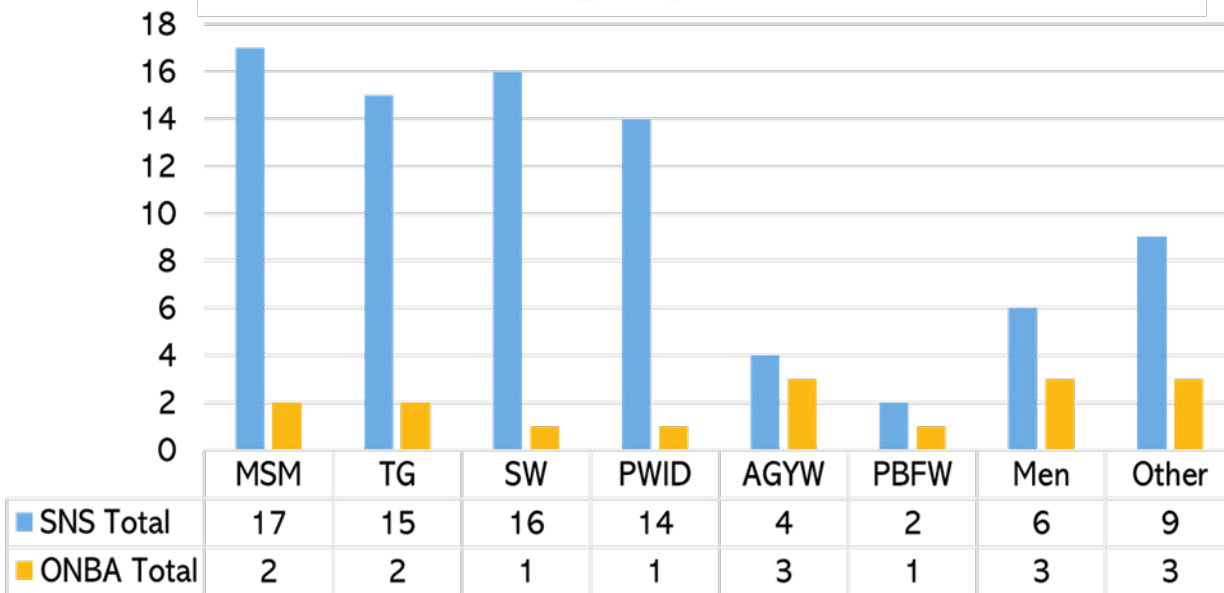
Countries in Other Regions

El Salvador
Haiti
Honduras
India
Jamaica
Kyrgyzstan
Philippines
Tajikistan
Ukraine
Vietnam

- Survey led by CDC Feb-Mar 2023 to understand how social network-based approaches are implemented
- Assessed:
 - What approaches
 - Which populations
 - Terminology
 - Tracking/Incentives
 - Need for TA

Landscape Assessment: SNS and Other Network-Based Approaches by Population

**SNS and Other Network-based Approaches
by Population**



19 of 33 (58%) programs used **HIVST** in conjunction with SNS/ONBA

Recruitment Tools
Of those classified as SNS (n=27):



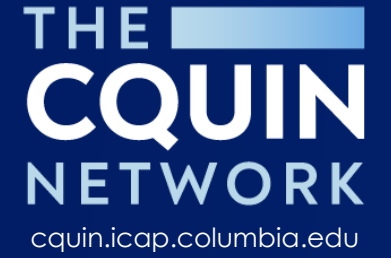
Note: One ONBA used coupons & none used incentives

Implementation Considerations for Social Network Approach

| Potential concern | Implementation consideration |
|---|---|
| Potentially coercive and may result in risk to individual (e.g., abuse from spouse) | <ul style="list-style-type: none"> • Not reported by programs as significant issue • Formative research and piloting can identify value of incentive that represents ‘nudge’ from inaction to action, not coercion • Incentives should be small |
| Long-term sustainability of offering incentives | <ul style="list-style-type: none"> • Incentives should be small or can be lottery-based <ul style="list-style-type: none"> ◦ Food, transportation, or phone vouchers, personal hygiene kits, make-up kits, childcare services, or promotional products • Case finding can be short term strategy until yield and/or new recruits drop |
| Same positive individual will re-test to receive incentive | <ul style="list-style-type: none"> • Use of unique identifiers or biometrics to prevent frequent re-testing • Use identifying physical marks or descriptions to track participants (tattoos, scars, baldness, etc.) |
| HIV confidentiality | <ul style="list-style-type: none"> • Offer incentives regardless of test result |
| Some models are resource intensive | <ul style="list-style-type: none"> • Requires dedicated staff time and software to track coupons and chains |
| Rigorous vs. modified SNS | <ul style="list-style-type: none"> • Be flexible; Allow some chains to go longer; Blend with index testing |

Looking Ahead

- Programs need to share lessons learned about the models and innovations implemented
 - Can SNS be effective or cost-effective if done as a hybrid implementation with coupons or HIVST?
 - Given the option (and considering the cost of a HIVST kit vs. incentives for Peer Referral), does it make sense to refer individuals for testing (recruitment with testing at a later time or date) vs. recruitment with immediate delivery of HIVST?
 - How does monitoring of recruitment chains impact outcomes?
- Additional evidence is needed to demonstrate how well social network approaches hold true when applied to general populations.



Thank You!

