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# Network-based testing toolkit training modules

Module 2: Integrated network-based  
testing & self-testing

# Learning objectives

By the end of this module, participants will be able to:

1. Define the three main modalities of network-based testing and the four main infections to consider for testing
2. Describe how to provide integrated network-based testing services that offer all three modalities for whichever infections are most important to test for in your population
3. Describe how self-testing and self-care can be used to assist index clients to get their contacts tested for HIV, hepatitis C, and syphilis
4. Facilitate a forum for sharing best practices for integrating network-based testing with other testing strategies

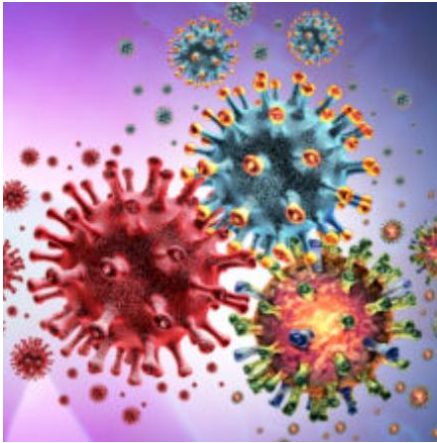


# Types of Integration

There are multiple different ways that network-based testing services can be integrated:

1. Integration across infections
2. Integration across types of network-based testing
3. Integration of network-based testing within health services

1



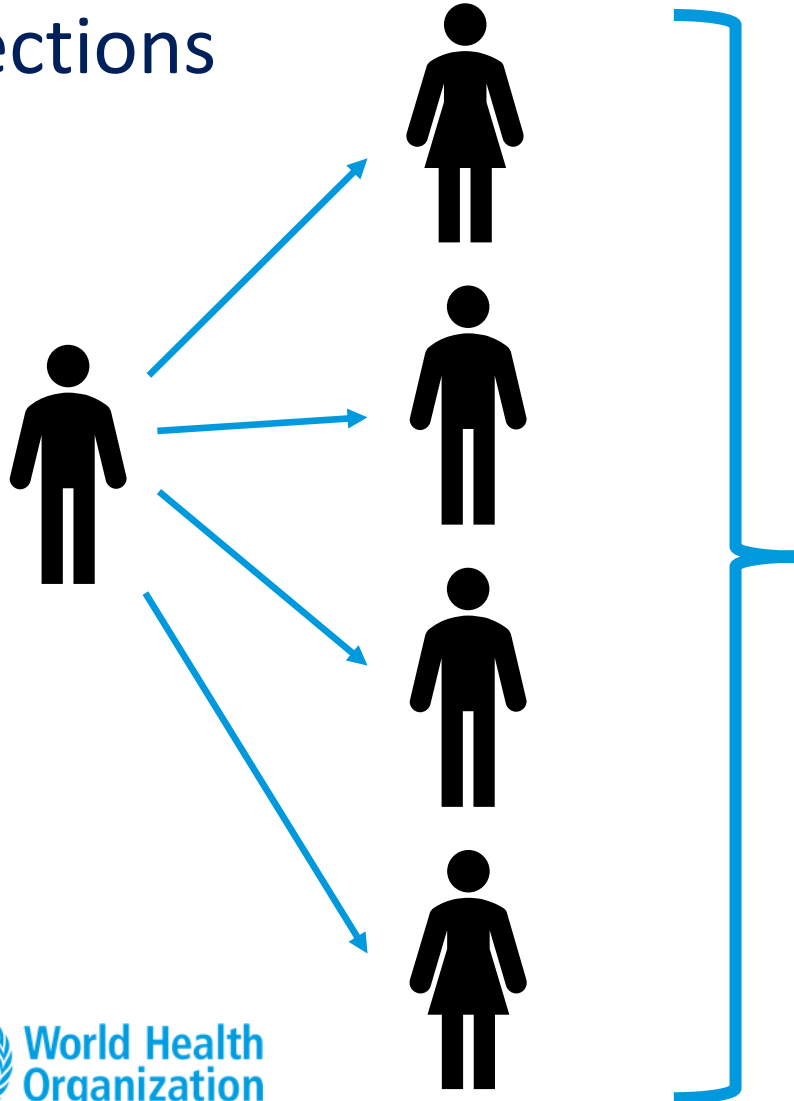
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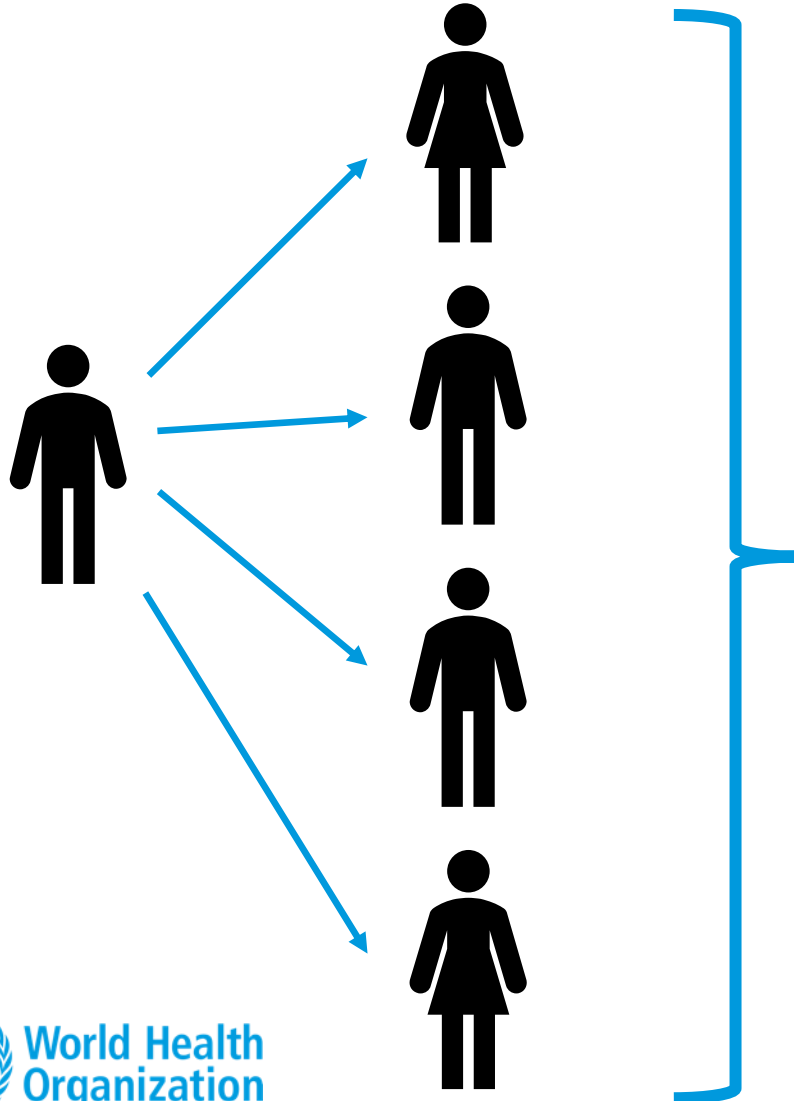


# 1. Integrating network-based testing services across different infections



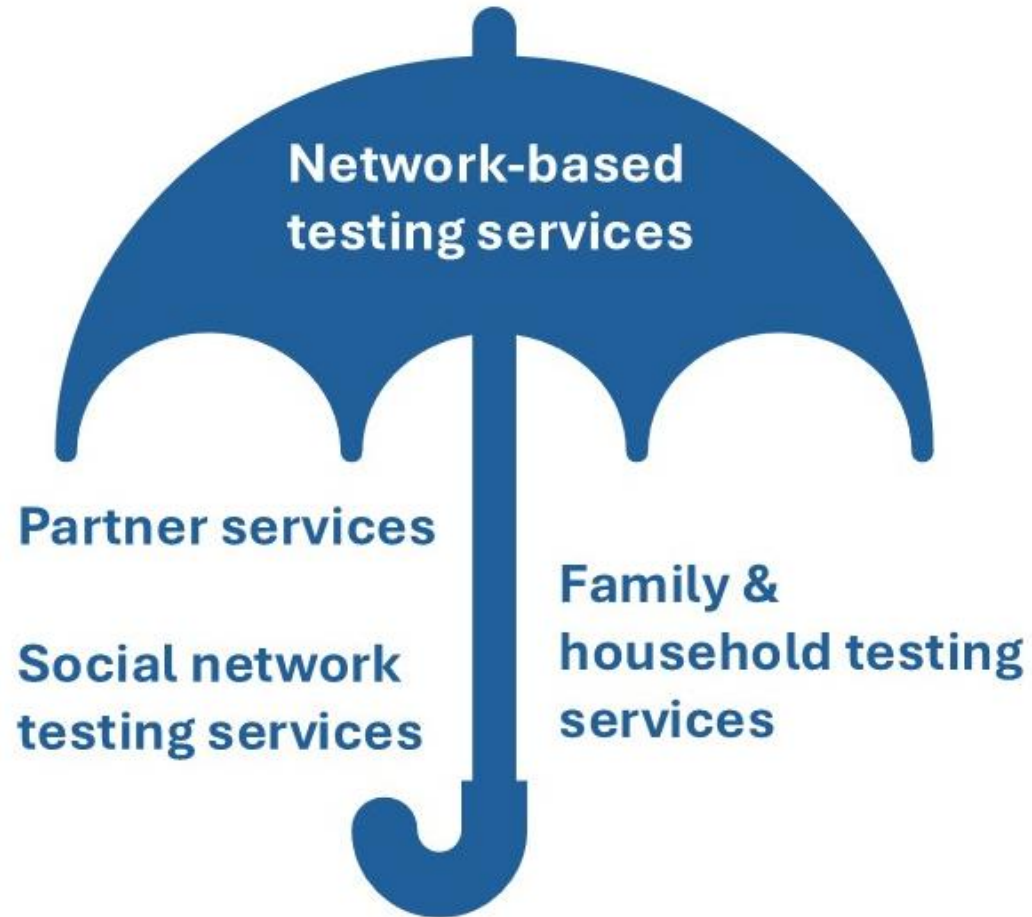
- When you have reached partners, social network contacts, and/or family and household contacts, it is important to consider ***all of the infections they may need testing for.***
- Consider population characteristics, risks, local epidemiology, and availability of resources.
- Examples:
  - *People who inject drugs and their contacts may need testing for HCV and HIV*
  - *People who sell sex may need testing for STIs and HIV*

## 2. Integrating across network-based testing services

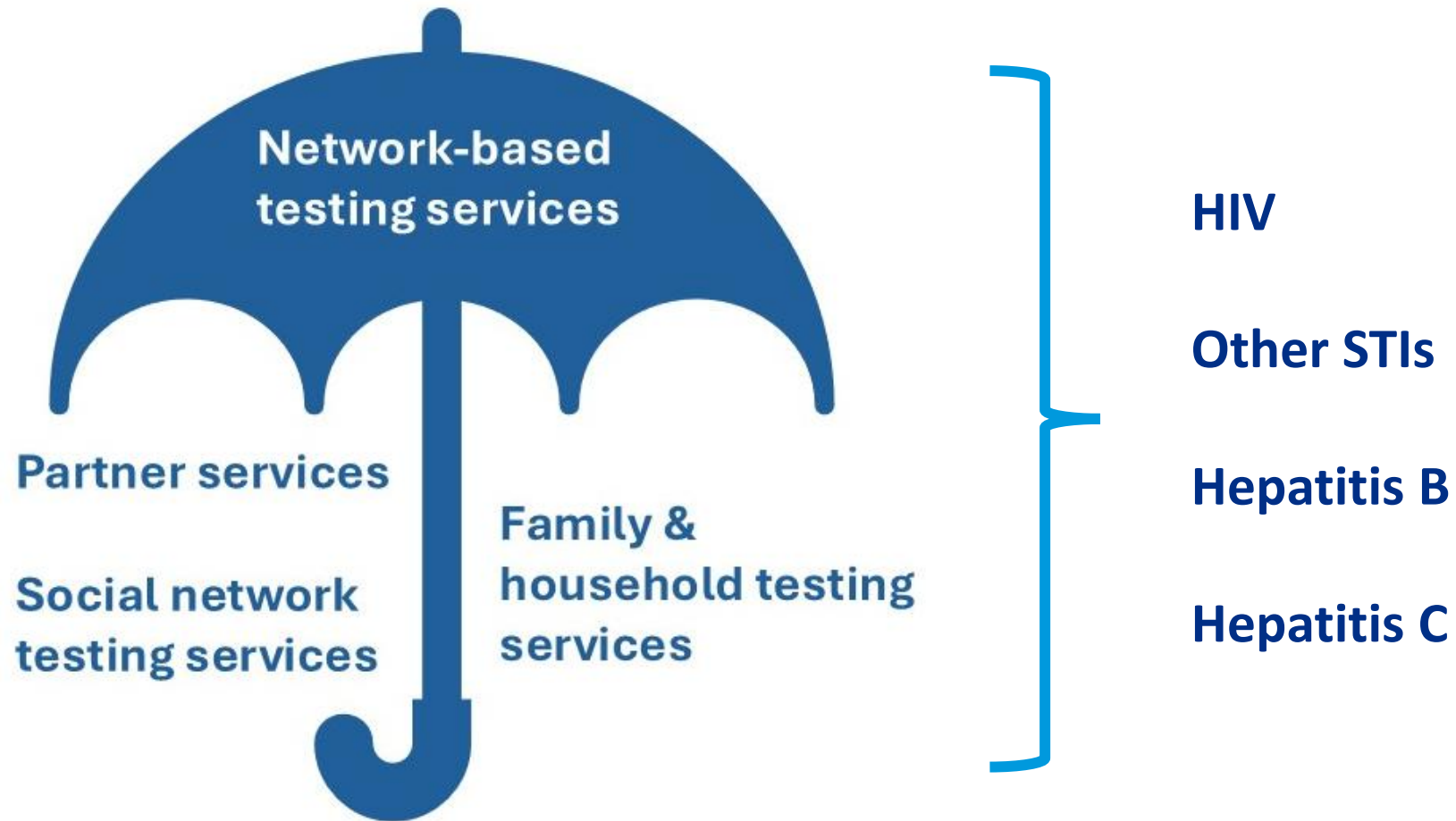


- It is also important to consider ***how best to reach contacts in need of testing.***
- Offer options for network-based testing services that are appropriate for the population and the primary infection.
- Examples:
  - *Adolescents may prefer anonymous provider-assisted partner services or social network testing*
  - *People with HBV should be offered family & household testing*

# What are the three modalities of network-based testing?



# What infections should we consider for network-based testing?





# Integrated network-based testing for different infections

	HIV	HBV	HCV	STIs
<b>Partner Services</b>	WHO recommended(1)	WHO recommended(2)	Some evidence	WHO recommended(3)
<b>Social network testing services</b>	WHO recommended			Some evidence
<b>Family &amp; household testing services</b>	WHO recommended (biological children)(1)	WHO recommended (family & household)(2)		
<b>Secondary distribution of self-testing kits</b>	WHO recommended(1)	Some evidence	Some evidence	WHO recommended (syphilis)(3)*

1. Consolidated Guidelines on Differentiated HIV Testing Services, 2024: <https://www.who.int/publications/i/item/9789240096394>

2. Guidelines on HBV and HCV Testing, 2017: <https://www.who.int/publications/i/item/9789241549981>

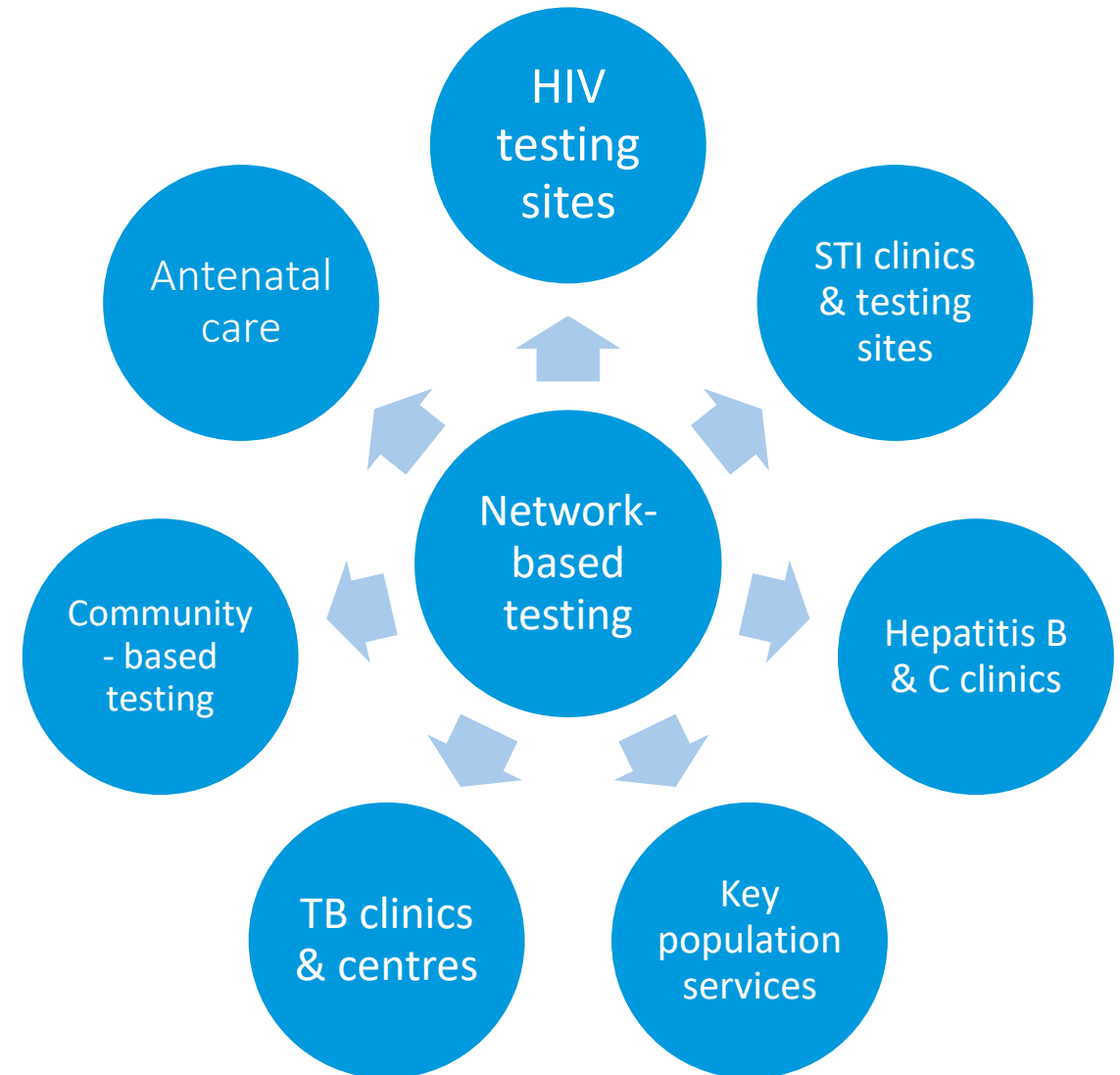
3. Updated recommendations for the treatment of *Neisseria gonorrhoeae*, Chlamydia trachomatis, and *Treponema pallidum* (syphilis) and new recommendations on syphilis testing and partner services, 2024: <https://www.who.int/publications/i/item/9789240090767>

\*Not widely available



### 3. Integrating network-based testing within all testing services

- Network-based testing should be offered **within all services for HIV, other STIs, and hepatitis B and C**
- NBT services should be offered as a **routine part of prevention, testing, and treatment service provision**
- Full integration of service delivery for network-based testing includes provider training, integrated data systems, and integrated referral networks



# Strategies for ending the syndemics of TB, HBV, HCV, and HIV

1. **Screen all PLHIV for TB, HCV, and HBV at least once**
2. **Ensure all patients with TB, HCV, and HBV are tested for HIV**
3. **Offer network-based testing to all PLHIV co-infected with TB** since contacts of TB/HIV co-infected individuals are at high risk for both HIV and TB
4. **Test all family members of index clients with TB for HIV**, even if the index client with TB does not have HIV
5. Consider **testing index clients with TB for HCV and HBV**, depending on epidemiology
6. **Develop data sharing agreements between HIV and TB organizations and providers** to allow them to share information with each other

# Integrating self-testing within network-based testing approaches

# WHO Recommends self-testing

## HCV: 2021 WHO Guidelines

HCV self-testing should be offered as an additional approach to HCV testing services  
*(strong recommendation, moderate-certainty evidence)*



Photo credit: WHO

## HIV: 2024 WHO Guidelines

HIV self-testing may be offered as an additional option for testing at facilities  
*(conditional recommendation, low-certainty evidence)*

## Syphilis: 2024 WHO Guidelines

Syphilis self-testing is suggested as an additional approach to syphilis testing services  
*(conditional recommendation, low-certainty evidence)*

# What Is self-testing?

**Self-testing (ST)** = process in which a person collects his or her own specimen (oral fluid or blood) and then performs a test using a simple rapid test kit and interprets their result, when and where they want. Many types of self-tests are available.



**Collects**



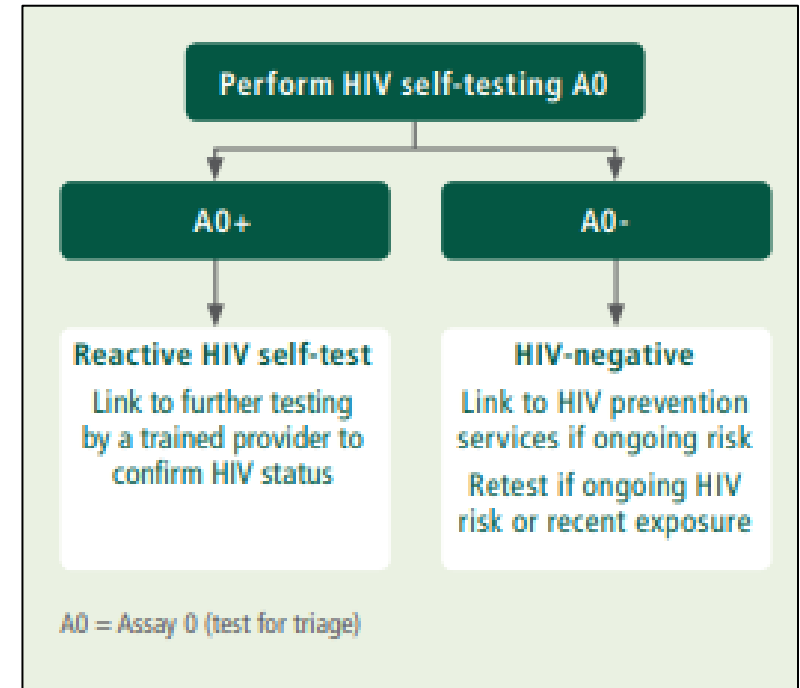
**Performs**



**Interprets**

# ST is a screening test and does not provide a definitive diagnosis

- A **reactive** (positive) self-test result for HIV, HCV, or syphilis is not equivalent to a positive diagnosis
- All reactive ST results, for any infection, require **further testing** by a trained provider to confirm the diagnosis using a validated national testing algorithm



# When is self-testing NOT recommended?



People who have previously been treated for HCV, or syphilis

May cause a false **positive** result.



People who are on ART for HIV

May cause a false **negative** result.



Persons uncertain how to perform the test or interpret the results

Access **support** prior to self-testing.



# Integrating self-testing with network-based testing approaches

**Secondary distribution:** index clients can be given self-testing kits to take to their sexual or injecting partner(s) and network members so these partner(s)/network member(s) can test themselves



## Benefits of integrating self-testing into network-based testing approaches

- Allows index clients to introduce the topic of HIV, HCV, or syphilis testing with their partner(s) and network members without the need to disclose their own status first
- Provides index client the option to test with their partner(s)/network members if they so choose.
- Eliminates the need for the partner/network member come to the facility for testing (unless the self-test is reactive) and allows them to test where and when they choose

# Key messages for secondary distribution of self-test kits

- Where possible, provide a **face-to-face demonstration** on how to use the self-test kit and interpret results
- Consider also providing **physical instructions for use and/or a link to a video/website/hotline** if the partner/network member has questions or needs support to ensure accurate performance
- Emphasize that ST is voluntary; **forcing or coercing partner(s) to test is unacceptable**
- Emphasize that individuals with a reactive (or positive) ST result **must go to nearest clinic or testing site** for confirmatory testing by a trained provider in line with national guidelines
- Negative self-testers should be encouraged to **access prevention services** (e.g., PrEP, PEP, condoms, counselling, STI screening and VMMC)

# Using technology to support integration of ST with NBT services



## Website-Based Interventions

- Provide index clients the option to order ST kits online for their partner(s)/network member(s) and receive via mail, at a pharmacy, a vending machine, or other pick-up point within the community
- Online counselling and chatbots to provide real-time instructions and support interpreting the results and post-test counseling

## Social Media or App-Based Innovations

- Can create demand for ST using social media (Facebook, WeChat, Instagram) and dating apps (e.g., Blued™, Grindr™)
- Partner/network member can use the app to get instructions on how to use the kit and real-time support from a counselor on how to interpret the result
- Labeling self-test kits with QR codes to allow partner(s)/network member(s) to report their result to a counselor and receive post-test counseling

# Sharing good practices for integrating NBT services with other testing strategies

- Now, we would like to learn from you
- **THINK:** Take a moment to identify at least one way your program has tried to integrate network-based testing with another testing strategy (2 minutes)
- **PAIR:** with your neighbor to share your strategy and how it has helped strengthen testing services at your facility or community site (10 minutes)
- **SHARE:** we will then ask you and your partner to share your strategy with the rest of the group so we can all learn from each other (20 minutes)

