Network-Based Testing Toolkit Training Modules

Module 7: Network-based testing for key, vulnerable, and priority populations

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Learning objectives

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

1. Define key, vulnerable, and priority populations, and
2. Describe considerations and best practices for offering network-based testing services to members of key, vulnerable, and priority populations and their contacts.

Source: Getty Images

Source: UNAIDS

Source: Frank Leonhardt/picture-alliance

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Who are key populations?

Key Populations Include:

- Men who have sex with men (MSM)
- People who sell sex (SW)
- People who inject drugs (PWID)
- Trans and gender diverse people (TG)
- People in prison or other closed settings

Priority and Vulnerable Populations Include:

- Adolescents, children, and infants
- Women & pregnant women
- People who use drugs (other than injecting)
- Other at-risk groups, depending on setting

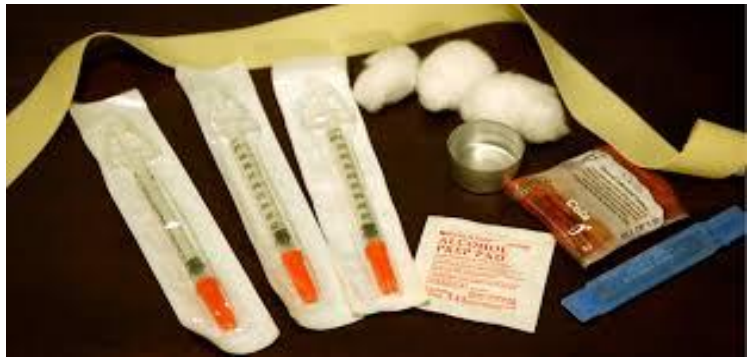

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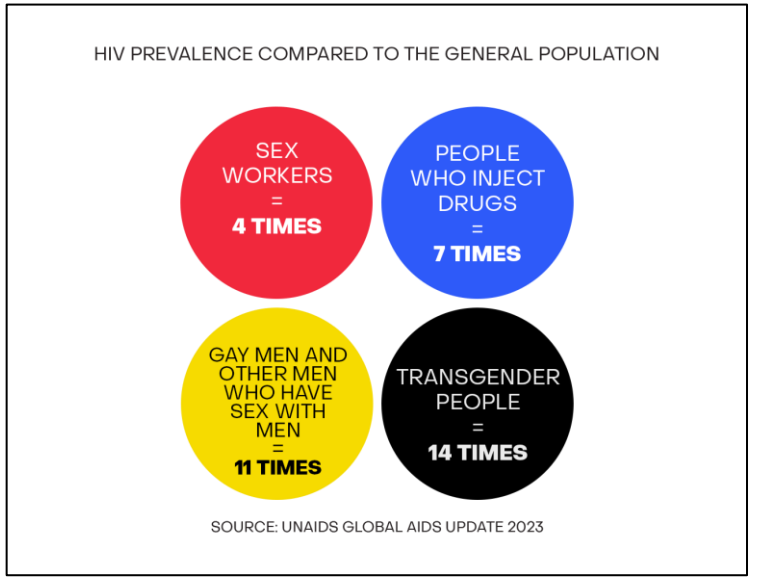
Photo credits: (clockwise from top) istock, Bikas Das/AP, Getty Images, Jacob Lund/Shutterstock.com, Todd Huffman/Flickr

Characteristics of key, vulnerable, and priority populations (KVP)

Disproportionately affected by HIV and other sexually transmitted infections

Engage in behaviors that:

- Increase risk for HIV/STI acquisition and transmission
  - Sharing of injection equipment
  - Other drug use, such as "chemsex"
  - Unprotected, condomless vaginal and/or anal sex
  - Multiple sex partners



Are often marginalized, criminalized, and experience limited access to health, education, employment, and others

Experience stigma, discrimination, and violence based on gender identity, sexual orientation, and behaviors

Source: Global Fund. Key Populations Fact Sheet

Where should network-based testing for KVP be offered?

NBT services can be offered at many entry points:

- As part of provider- or community-based HTS
- All public health facility service delivery points
- All KP-specific clinical service delivery points
- ANC clinics
- Adolescent or youth-friendly services
- Outreach services
- Private sector, including pharmacies

Testing counselors in both public health facilities and KP-specific clinics should offer network-based testing services

Sites must first meet the requirements for safe and ethical network-based testing

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KP consideration 1: Preparing KP clients for NBT services

Confidentiality

- Emphasize that partner elicitation is voluntary
- Emphasize protection of KP identity/information by facility staff

[redacted]

Screen

- KP identification helps clinicians to provide better care to KP
- Knowing KP "status" helps service providers know what types of partners to elicit (e.g., needle-sharing contacts)

[redacted]

Educate

Use KP-competent posters, notices/alerts on virtual platforms, or other materials that advertise the options for partner services and social network testing

Communication

- Consider developing a list of common slang/colloquial terms
  - Engage with KPs to learn appropriate terms
  - Don't assume you know all the slang terms
  - Update local terms for types of partners and behaviors as needed

[redacted]

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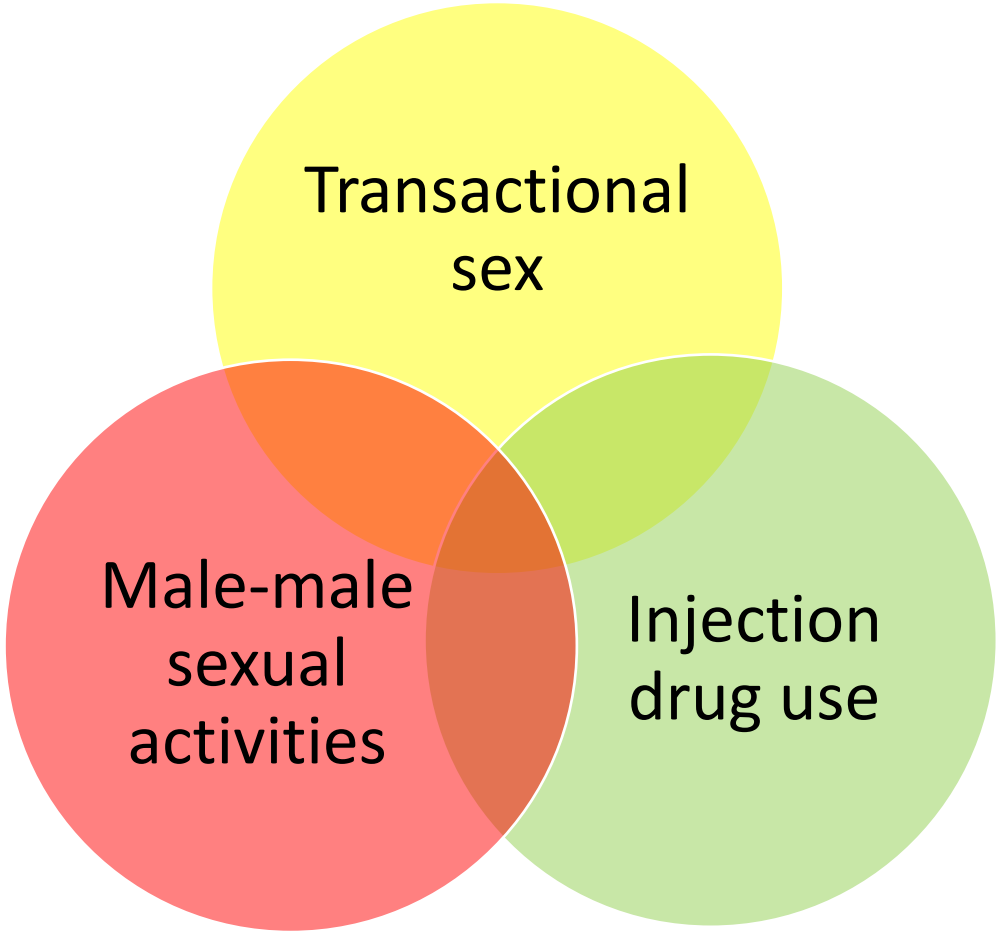
KVP consideration 2: Legal and social risks

- Service providers must be aware of the legal environment where they operate and how KVP may be adversely impacted from disclosure of their KVP "status"
- Screen for intimate partner violence (IPV)
  - Ensure linkage to services (e.g., legal, psychological, social support, etc.), as needed
  - See **module 5** for more information on how to conduct the IPV risk assessment
- Each site should have a process for beneficiaries to anonymously report any adverse events or other risks experienced as a result of their participation in network-based testing services
  - Anonymous and accessible feedback box or other platforms
- Be aware of legal reporting mandates and other important considerations when working with adolescents

KVP consideration 3: Partner elicitation

- Use inclusive language when eliciting information about partners
  - "Now I would like to ask you about all of the people you've had sex with over the past 3 years, regardless of your relationship with them"
- Ensure that MSM and TG clients are asked about **all** sexual partners and any children <19 years of age
- <u>All KVP</u> index clients should be asked about injection and drug use partners
- PWID clients should be asked about sexual partners



KP consideration 4: Eliciting the children of KPs

- Network-based testing counselors should elicit information on all biological children (< 19 years) of KVP individuals
  - For awareness: anecdotal evidence indicates that children of FSW are sometimes left in the care of a family member who may live in a different town. Special approaches may be needed to provide testing services to these children
- Ensure that all biological children of index KVPs are linked with service providers for vulnerable children, if appropriate and available
- A strong referral and treatment service linkage system should be in place when actively eliciting biological children of KVPs. Services can be co-located within a trusted KVP-competent community space or within an established network of health facilities that have undergone KP sensitization trainings
- While SW are more likely to have children, please ensure that MSM, TG women, and PWID are asked about biological children

KVP consideration 5: Confidentiality must be preserved and anonymity maintained

- Service providers must emphasize to KVP that their personal identity and other information will be kept strictly confidential and protected
- When shared confidentiality occurs between service providers, only information necessary to trace and test the contact should be shared. No information about the index client should be shared to avoid potential breeches in confidentiality
- Use unique IDs and/or separate registers for listing index contacts as another way to ensure confidentiality of index clients, their contacts, and the nature of their relationship
- Healthcare workers should explore self-testing and other peer-based approaches such as social network testing when discussing network-based testing options with KVPs
    - Some KVPs may not want to or be able to disclose all partners so providing extra ST kits can extend services

Lessons learned: MSM partner testing in the US

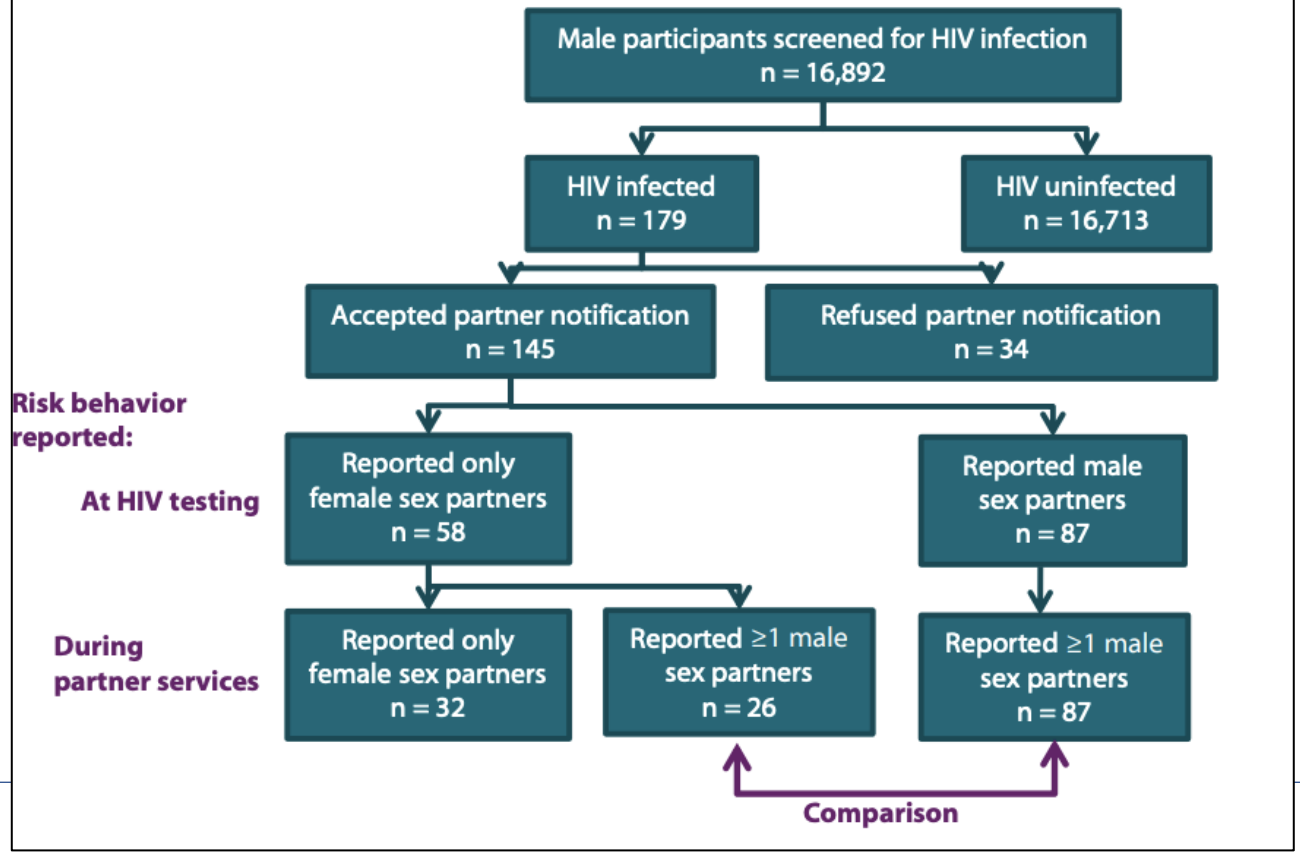
Unreported Sexual Risk Behavior among MSM Newly Diagnosed with HIV infection

Hsiu Wu[1], Lisa B. Hightow-Weidman[2], Cindy L. Gay[2], Tonyka Jackson[1,3], Emily Pike[2], Jenni Marmorino[2], Steve Beagle[2], Laura Hall[1,3], Philip J. Peters[1]

- MSM might not disclose risk to testing providers
- Large proportion of newly diagnosed males reporting female partners later disclosed male sex partners
- Highlights the complexity of partner elicitation especially with KVP

RESULTS

Figure 1. Reported risk behaviors at the time of testing and during partner services among participants who received HIV testing, September 2011 – October 2013, North Carolina



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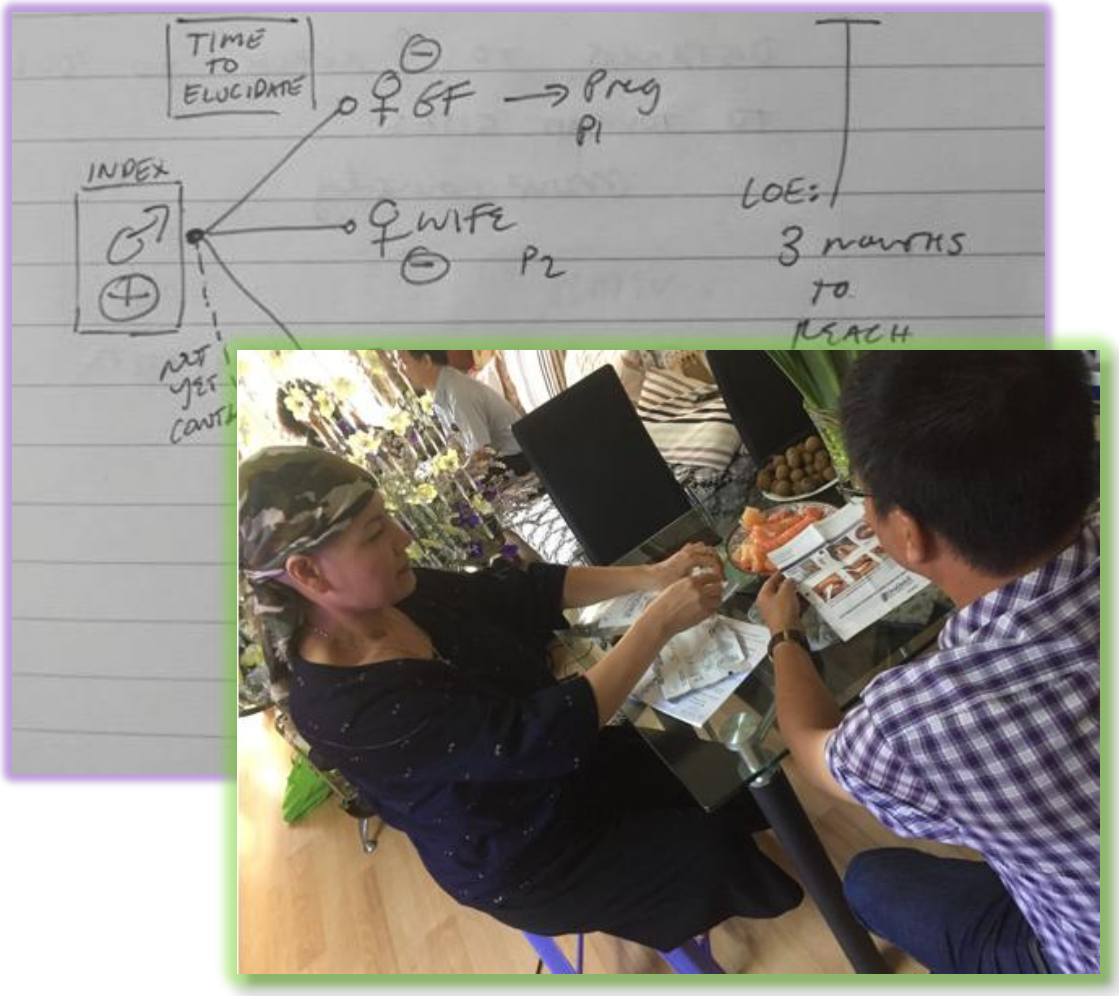
Lessons learned: Network-based testing for KVPs in Vietnam

- Provide HIV self-test (HIVST) kits for secondary distribution
- In particular, MSM may want to distribute kits to male partners who they may not want to name
- Index clients like HIVST because it gives them an excuse to introduce the idea of testing without having to disclose



Source: CDC/Vietnam

Recommendations from the KVP community

Partner Notification: A Community Viewpoint

George Ayala[1§], Mahri Bahati[2,3], Elie Balan[4], Judy Chang[5], Tri D Do[2], Najeeb A Fokeerbux[6], Abdulwahid Hassan[7], Julien Kerboghossian[8], Midnight Poonkasetwatana[9], Jorge Saavedra[10], Andrew Spieldenner[11,12], Ruth M Thomas[13], Johnny Tohme[1] and Jeffrey Walimba[14]

[Partner Notification: A community Viewpoint]

1. Offer network-based testing services only after informed consent is given
2. Do not offer partner services where socially marginalized groups are criminalized, if the risks outweigh the benefits
3. Engage communities in the design, implementation and evaluation of network-based testing, especially marginalized and/or criminalized populations
4. Community- and peer-led organization should be funded to deliver technically competent, high-quality network-based testing services, with an emphasis on the potential benefits, including linkage to prevention and treatment

Recommendations from the KVP community (2)

5. Train and **sensitize healthcare providers** to deliver rights-based network-based testing, with consideration for the specific needs and concerns of each key, vulnerable, and priority population
6. Accurately and comprehensively **assess the risk for violence** before offering voluntary network-based testing services
7. Ensure and **offer counselling services**, including counselling to prevent or mitigate violence
8. Disseminate **fact-based information about voluntary network-based testing** programs in partnership with communities and in tandem with community-led “know-your-rights” campaigns

JIAS Special Issue: Volume 22, S3

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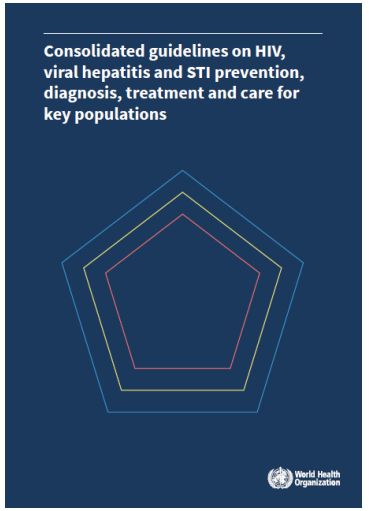
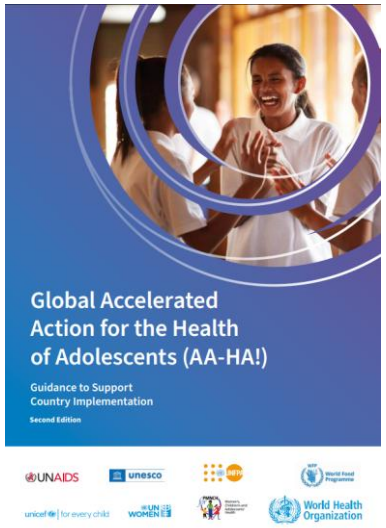
Additional KVP-specific NBT resources

- FHI360 Guide to KP-specific NBT
- WHO guidance on testing for key populations
- WHO guidance on adolescents





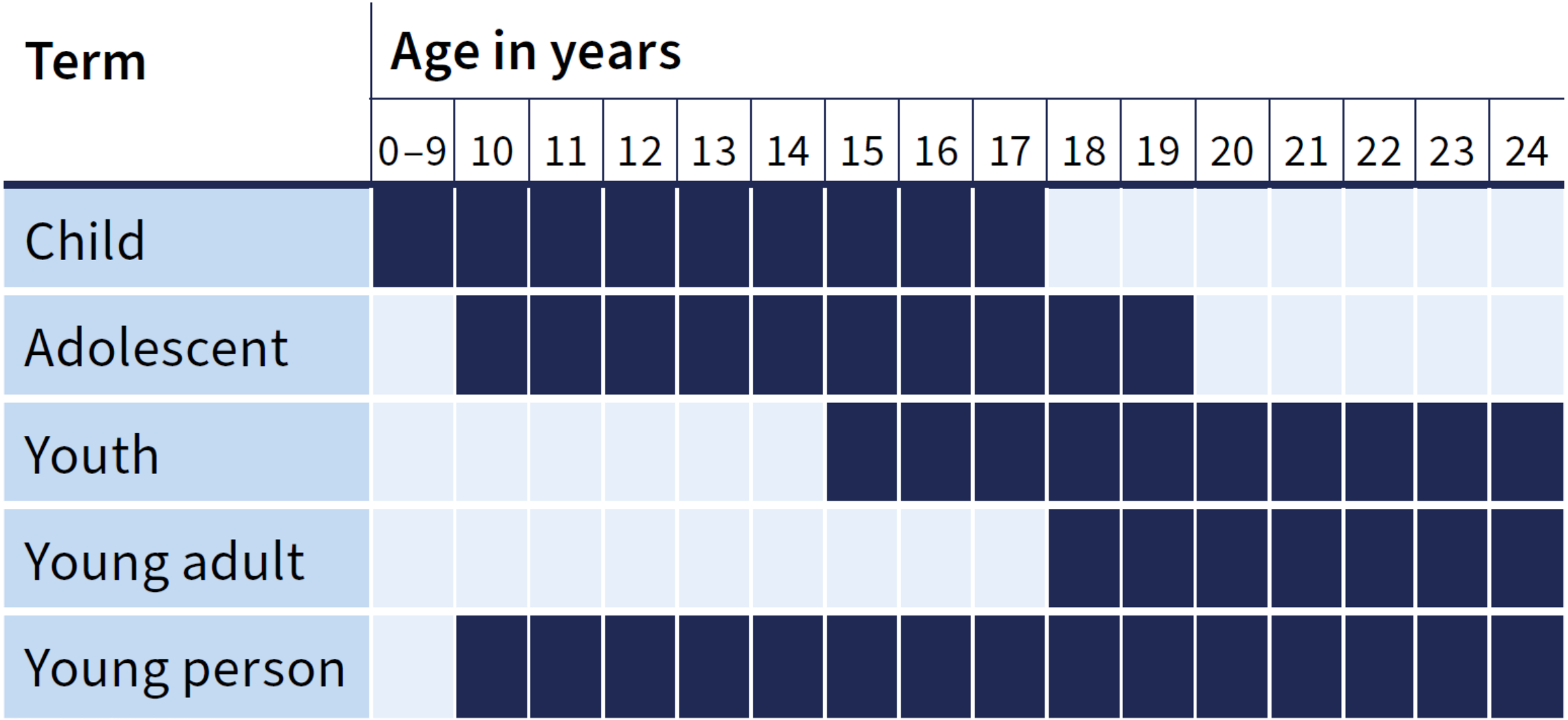
Adolescents and network-based testing services

Learning objectives

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

1. Define adolescents and describe their unique needs;
2. Discuss steps that providers can take to offer non-judgmental, adolescent-friendly NBT services;
3. Describe additional considerations for the 10 steps of NBT services aimed at protecting the safety and security of adolescents, including recognizing when and for whom NBT services are appropriate;
4. List prevention, treatment and support services that adolescents should be linked to as part of NBT services; and
5. Describe special considerations for offering NBT services to adolescents who are pregnant and/or a member of a key population.

Adolescents, youth, and young people



Activity: When you were an adolescent

Think back to when you were an adolescent and write down your answers to these questions:

1. Who were the most important people in your life?
2. What were your biggest concerns?
3. What risks did you take?
4. What do you remember most about accessing health services?
5. What health care services did you prioritize?
6. Did you feel like the provider listened to your concerns?

Adolescents are the same age but do not have the same needs or circumstances

Sub-populations of adolescents with unique needs

Pregnant and breastfeeding AGYW
AGYW mothers

Young key populations:
MSM
SWs
PWID
TG

Adolescents & Young Adults

Adolescents in child marriages
In-school/out-of-school youth
Youth living with disabilities

Orphans and vulnerable children
Child-headed households

Perinatally-infected

Non-perinatally-infected

One size does not fit all!

Example of how adolescent needs and concerns can differ within the same gender

Marie Is 15 Years Old and Pregnant			Joy Is 18 Years Old and in School		
Risk: - Lack of biological maturity places her at risk for complications during pregnancy - Unsafe abortion - May need to drop out of school - HIV and STIs	**Needs:** - Access to health services - Nutritional support for her and the baby - Emotional support	**Strengths:** - Connected to antenatal services - Opportunity to link to specific services	**Risk:** - HIV and STIs - Unplanned pregnancy - Peer pressure and exposure to drugs/ alcohol	**Needs:** - Access to sexual and reproductive health services - Job opportunities	**Strengths:** - Enrolled in school - Age of autonomy in most contexts - Goal oriented

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Services listed here are an example and not exhaustive. For more complete information on adolescent needs: https://www.who.int/publications/i/item/9789240081765

Example of how adolescent needs and concerns can differ within the same gender

John is 15 Years Old, Heterosexual and Attends School			Jerry is 18 Years Old, Identifies as Gay, and Is Out of School		
Risk: - Peer pressure to become sexually active - HIV and STIs - Bullying - Depression and suicide - Harmful substance use	**Needs:** - Access to condoms - Access to health services - Comprehensive sexual education	**Strengths:** - School provides setting for providing prevention and gender norms messaging	**Risk:** - Sexual violence - Depression and suicide - Harmful tobacco, alcohol, and substance use - HIV and STIs	**Needs:** - Access to health services (PrEP) - Access to condoms and lubricants - Access to mental health services	**Strengths:** - Self-identification of sexuality may make it easier for outreach and service linkage

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Services listed here are an example and not exhaustive. For more complete information on adolescent needs: https://www.who.int/publications/i/item/9789240081765

How we can make network-based testing services more adolescent friendly: 8 global standards

8 global standards for quality healthcare services for adolescents

Adolescents' health literacy	**Standard 1.** The health facility implements systems to ensure that adolescents are knowledgeable about their own health, and they know where and when to obtain health services.
Community support	**Standard 2.** The health facility implements systems to ensure that parents, guardians and other community members and community organizations recognize the value of providing health services to adolescents and support such provision and the utilization of services by adolescents.
Appropriate package of services	**Standard 3.** The health facility provides a package of information, counselling, diagnostic, treatment and care services that fulfils the needs of all adolescents. Services are provided in the facility and through referral linkages and outreach.[1]
Providers' competencies	**Standard 4.** Health-care providers demonstrate the technical competence required to provide effective health services to adolescents. Both health-care providers and support staff respect, protect and fulfil adolescents' rights to information, privacy, confidentiality, non-discrimination, non-judgemental attitude and respect.

https://www.who.int/publications/i/item/9789241549332

8 global standards for quality healthcare services for adolescents

Facility characteristics	**Standard 5.** The health facility has convenient operating hours, a welcoming and clean environment and maintains privacy and confidentiality. It has the equipment, medicines, supplies and technology needed to ensure effective service provision to adolescents.
Equity and non-discrimination	**Standard 6.** The health facility provides quality services to all adolescents irrespective of their ability to pay, age, sex, marital status, education level, ethnic origin, sexual orientation or other characteristics.
Data and quality improvement	**Standard 7.** The health facility collects, analyses and uses data on service utilization and quality of care, disaggregated by age and sex, to support quality improvement. Health facility staff is supported to participate in continuous quality improvement.
Adolescents' participation	**Standard 8.** Adolescents are involved in the planning, monitoring and evaluation of health services and in decisions regarding their own care, as well as in certain appropriate aspects of service provision.

https://www.who.int/publications/i/item/9789241549332

Stigmatizing attitudes from providers can discourage adolescents from participating in network-based testing services

To stigmatize someone: Seeing a person, including oneself, as inferior (less than or below others) because of something about him or her.

Discrimination: Treating someone unfairly or worse than others because he or she is different (for example, because a person has a sexually transmitted infection).

Stigma and discrimination can:

- have short- and long-term effects on clients' and caregivers' psychosocial well being
- deter access to prevention, care, and treatment services

As providers, we must be aware of our implicit biases and not allow them to affect how we treat our clients.

Source: ICAP Adolescent HIV Care and Treatment: A Training Curriculum for Health Workers

Pause and think: Is this an example of meaningful youth engagement?

I invite a young person to attend community meetings to share how our services have benefited them. This is to encourage other young people to come receive services.

No: The young person has a limited role that has been determined by the provider

Meaningful engagement: Provider and youth work ***together*** to decide how youth will be engaged in the design, implementation, monitoring, and evaluation of safe and ethical network-based testing services

Meaningful youth & adolescent engagement

GLOBAL CONSENSUS STATEMENT

MEANINGFUL ADOLESCENT & YOUTH ENGAGEMENT

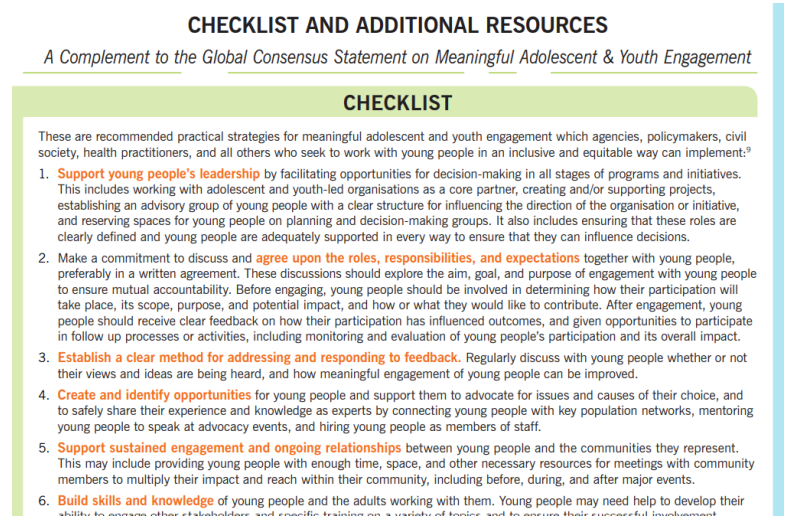
1. **Rights-based** – Young people are informed and educated about their rights and empowered to hold duty-bearers accountable for respecting, protecting, and fulfilling these rights;

2. **Transparent and informative** – Young people are provided with full, evidence-based, accessible, age-appropriate information which acknowledges their diversity of experience and promotes and protects their right to express their views freely. There is a clear and mutual understanding of how young people's information, skills, and knowledge will be shared, with whom, and for what purpose;

3. **Voluntary and free from coercion** – Young people must not be coerced into participating in actions or expressing views that are against their beliefs and wishes and must at all times be aware that they can cease involvement in any process at any stage;

4. **Respectful of young people's views, backgrounds, and identities** – Young people will be encouraged to initiate ideas and activities that are relevant to their lives, and to draw on their knowledge, skills and abilities. Engagement will actively seek to include a variety of young people according to the relevant needs or audience. Engagements will be culturally sensitive to young people from all backgrounds, recognizing that young people's views are not homogeneous and they need to be appreciated for their diversity, free from stigma;

5. **Safe** – All adults and those in positions of authority working directly or indirectly with young people in relation to issues at every level have a responsibility to take every reasonable precaution to minimize the risk of violence, exploitation, tokenism, or any other negative consequence of young people's participation.



CHECKLIST AND ADDITIONAL RESOURCES

A Complement to the Global Consensus Statement on Meaningful Adolescent & Youth Engagement

CHECKLIST

These are recommended practical strategies for meaningful adolescent and youth engagement which agencies, policymakers, civil society, health practitioners, and all others who seek to work with young people in an inclusive and equitable way can implement:[9]

1. **Support young people's leadership** by facilitating opportunities for decision-making in all stages of programs and initiatives. This includes working with adolescent and youth-led organisations as a core partner, creating and/or supporting projects, establishing an advisory group of young people with a clear structure for influencing the direction of the organisation or initiative, and reserving spaces for young people on planning and decision-making groups. It also includes ensuring that these roles are clearly defined and young people are adequately supported in every way to ensure that they can influence decisions.
2. Make a commitment to discuss and **agree upon the roles, responsibilities, and expectations** together with young people, preferably in a written agreement. These discussions should explore the aim, goal, and purpose of engagement with young people to ensure mutual accountability. Before engaging, young people should be involved in determining how their participation will take place, its scope, purpose, and potential impact, and how or what they would like to contribute. After engagement, young people should receive clear feedback on how their participation has influenced outcomes, and given opportunities to participate in follow up processes or activities, including monitoring and evaluation of young people's participation and its overall impact.
3. **Establish a clear method for addressing and responding to feedback.** Regularly discuss with young people whether or not their views and ideas are being heard, and how meaningful engagement of young people can be improved.
4. **Create and identify opportunities** for young people and support them to advocate for issues and causes of their choice, and to safely share their experience and knowledge as experts by connecting young people with key population networks, mentoring young people to speak at advocacy events, and hiring young people as members of staff.
5. **Support sustained engagement and ongoing relationships** between young people and the communities they represent. This may include providing young people with enough time, space, and other necessary resources for meetings with community members to multiply their impact and reach within their community, including before, during, and after major events.
6. **Build skills and knowledge** of young people and the adults working with them. Young people may need help to develop their

Checklist and additional resources: https://pmnch.who.int/resources/publications/m/item/global-consensus-statement-on-meaningful-adolescent-and-youth-engagement#:~:text=This%20Statement%20seeks%20to%20galvanize%20local%20and%20global,all%20policies%2C%20programs%2C%20and%20processes%20that%20affect%20them.

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Using technology to strengthen network-based testing with adolescents

- **Innovative approaches for delivering and tracking distribution of self-test kits**: online ordering with delivery systems, QR codes for support interpreting test results and linking to care
- **Phone apps** that include a Health Tracker, a "Resources" tab with educational materials on concepts, and an "Ask an Expert" or "Ask a Peer" where they can get real-time support
- **Provision of prevention education,** including the importance of testing**, and mental health support** through WhatsApp
- **Anonymous electronic notification systems** to help adolescents notify their partners to seek testing

1. Index client enters information confidentially or anonymously

2. Partner receives an e-card notifying them of the need to test for HIV

Source: https://www.stdcheck.com/anonymous-notification.php

Online apps must ensure confidentiality and data protections, with protocols for patient safety, privacy, and accountability

Case study: Engaging youth in monitoring and improving network-based testing services

CASE STUDY

During a quarterly review of network-based testing data, your health facility finds that female adolescents (15-19 years) are the most likely to **refuse** network-based testing services. You also find that male adolescents (15-24 years) are among the least likely groups to come in for testing.

How could you engage youth to help address these gaps?

Source: Marmion, Rob, Shutterfly

SOME IDEAS FOR ENGAGING YOUTH

- Mentors **and** youth facilitators host small listening sessions and conversations with young people to understand their concerns and barriers
- Your facility works with a support partner to assess your adolescent and youth health services, with young people trained and compensated as co-assessors
- Young people are engaged to participate in the creation of youth-specific demand creation material (including making videos and other social media)
- Young people are asked to design and monitor network-based testing services that better meet their needs

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4 additional considerations for services for adolescents

Consideration #1: Network-based testing with adolescents must be free of coercion

How might unequal provider-adolescent power dynamics affect an adolescent's ability to accept or decline network-based testing services?

- Adolescents are at risk for experiencing power imbalances with providers/counselors, as these individuals may represent positions of authority in their lives (both as providers and as elders/role models in their community)
- Because of this imbalance, adolescents may feel pressured or obliged to accept network-based testing when offered by providers/counselors

It is imperative that non-coercive, non-judgmental, and confidential network-based testing services are offered to adolescents at risk
AND
that they understand they are free to accept or decline these services without penalty

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Sources: Parmley LE et al. Journal of the International AIDS Society 2020, 23:e25595
http://onlinelibrary.wiley.com/doi/10.1002/jia2.25595/full | https://doi.org/10.1002/jia2.25595

Consideration #2: Inform the adolescent of any mandatory reporting requirements before conducting network-based testing services

- **Age of majority:** In many countries, adolescents are legally considered children, because they are below the age of majority where the law recognizes their ability to make independent decisions (in most countries, the age of majority is 18 years).
- **Age of sexual consent:** Define when a young person is legally allowed to consent to sex. The age of sexual consent differs widely between countries and may be younger than the age of majority.
- **Child sexual abuse and violence:** any type of sexual activity that an adult engages in with a child who is under the legal age of consent (includes penetration, inappropriate touching, fondling, kissing, and non-contact abuse such as showing children their genitals or sexually explicit material).
    - The **concept of consensual sex is <u>IRRELEVANT</u>** when discussing sexual activity between an adult and a child who is under the age of sexual consent, because these children are not able to consent to sexual activity.
- **Mandatory reporting requirements**: Certain disclosures of violence and/or sexual abuse against children and adolescents must be reported. These are called mandatory reporting requirements.

Limits to confidentiality: Mandatory reporting requirements

- Mandatory reporting requirements are defined both by what is disclosed AND to whom it is disclosed.
  - If violence or abuse is disclosed to a non-covered provider than the mandatory reporting is not required.
  - HIV and other testing providers need to know both **what types of disclosures trigger mandatory reporting** (e.g., sexual abuse? physical abuse?) and **who is covered** by this requirement (e.g., HIV testing counselors? community health workers? Peer educators?).
- It is an organization's job to know these policies and to give clear guidance to providers on how to comply with these requirements.

EXERCISE

1. Do you know what the mandatory reporting requirements are in your country?

   What disclosures or triggers must be reported?

   Who must report? Peers? Counselors?

2. Are the policies or laws available in your clinical setting?

   Can healthcare workers easily access the laws?

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Inform the adolescent of mandatory reporting requirements

You must inform adolescents of any mandatory reporting requirements **as part of the informed consent process** in a way that is consistent with their age and developmental stage

Adolescents must understand what types of information will be reported, who will do the reporting, and who it will be reported to

Sample language on mandatory reporting requirements to adapt and add to consent forms for NBT services with adolescents

Sample Script 1

"Although most of what we talk about is between you and me, there may be some situations you might tell me about that we would have to talk about with other people. For example, if there's a problem I can't help you with, we may need to talk to a social worker to get you the services you need. Or if I find out that you or someone else are in danger, I would have to tell [insert appropriate agency here] about it. If you tell me you have made plans to seriously hurt yourself, I would have to inform your parents or another trusted adult. If you tell me you have made a plan to seriously hurt someone else, I would have to report that. I would not be able to keep these problems just between you and me because I want to be sure that you are safe and protected.

Do you understand that it's okay to talk about anything with me, but there are other things we must talk about with other people?"

Adapted from International Rescue Committee (2017). Caring for Child Survivors of Sexual Abuse Guidelines

Sample Script 2

"Your wellbeing and safety are important. I will be asking you questions about your sex partners and if you tell me that someone is sexually abusing you or hurting you in a sexual way, it is my duty by law to report that to [insert agency]. I will also have to report if you tell me that you plan to hurt yourself or someone else, or that you are in immediate danger. If you are in immediate danger, then I will have to tell a trained social worker [or insert other required person/organization] so we can get you help."

[FOR ADOLESCENTS BELOW THE AGE OF SEXUAL CONSENT] "I am also required by law to report to [insert agency] if you tell me that you are having sex with someone who is 18 years or older." *Adapted from the Violence Against Children and Youth Surveys (multiple countries)*

Ensure safeguarding standards are in place to protect adolescents

1. Train providers on how to:
   - ✓ Recognize the signs of potential sexual violence and other forms of abuse, neglect or exploitation
   - ✓ Discuss violence and exploitation with adolescents and how to respond with adolescent-tailored first-line support when transgressions are suspected
2. Have appropriate SOPs and polices in place on how to:
   - ✓Discuss violence, neglect and exploitation with adolescents and how to respond when violence, neglect or exploitation is suspected
   - ✓Conform to mandatory reporting requirements, including guidance on how to discuss these requirements with clients
3. Ensure a referral system is in place for child protection authorities, post violence care services, and adolescent/youth-friendly services

Safety checks for adolescent clients

Providers can introduce a safety check by saying:

"We do a safety check with adolescent clients where we ask everyone the same questions. These questions and your answers help us better understand your experiences. You do not have to answer any questions you are not comfortable answering. Choosing not to answer will not affect the services you receive."

YouthPower Learning, 2019

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Potential questions for conducting a safety check

Home environment:

- Do you have any concerns about the people living in your home finding out that you are living with a sexually transmitted or other type of infection?
- Is there someone in your home who you trust?

Experience of Violence

- Is anyone in your home threatening to hurt you in any way?
- Is anyone in your home currently hitting, kicking, slapping, or punching you in a way that physically hurts you?
- Are you afraid that someone in your home could hurt you or physically harm you in any way?

- Is someone in your home forcing you to do something sexually that makes you uncomfortable?

Fear of Mistreatment

- Do you fear that revealing your infection would cause someone to treat you differently? How so?

Potential questions for conducting a safety check

HEEADSSS Assessment

HEADSSS is a practical, time-tested strategy that can be used to obtain a Psychosocial Review of Systems (PROS) for adolescent patients who attend ED with self-harm / mental health concerns.

H **HOME:** who lives at home? What are the relationships like? Divorce?

E **EDUCATION:** going to school? Stress of exams/grades? Friends? Bullying?

E **EATING:** stress from eating habits, weight or body shape change?

A **ACTIVITIES:** any hobbies? Meet with friends? Time spent on internet/TV?

D **DRUGS:** do you, friends or family use tobacco, alcohol or drugs?

S **SEXUALITY:** previous or current relationship? Sexual orientation?

S **SUICIDE:** sad? Stressed? Previous or current thoughts? Medication? DSH?

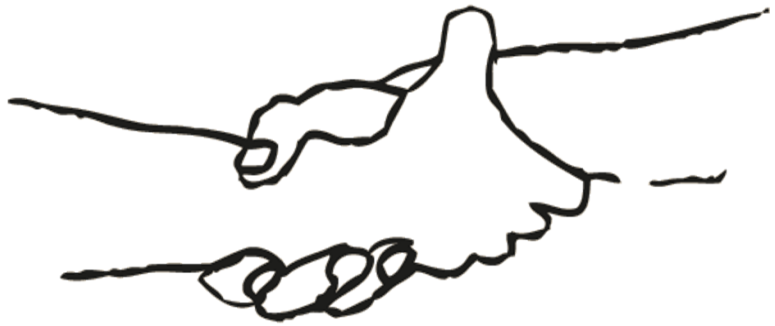
S **SAFETY:** aware of any risk-taking? Violence at home or school?

Provide survivor-centered care to adolescents disclosing a fear of or an experience with violence

If the adolescent client **expresses concerns about their safety** in their home **or discloses physical, emotional, and/or sexual violence or harm:**

1. Provide survivor-centered, first-line support to the client;
2. Refer the client to relevant violence response services;
3. Address any fears the client may have about index testing services;
4. Help the client plan for how they can remain safe if they chose to participate in NBT services;
5. Adolescents in unsafe environments should not participate in NBT services.

Follow your country's laws and policies and your site's **mandatory reporting process,** as necessary.



Consideration #3: Be aware of the different types of contacts that adolescents may need to notify and assist them to determine the best notification strategy for each type of contact

What are all the different types of contacts that adolescents may want to notify during index testing either through disclosure or provider notification?

Possible Contacts Include:

- Regular partners
- Casual partners
- Injection partners
- Transactional partners
- Biological children
- Biological parents, siblings*

*Note for older adolescents, do not ask them to list parents and siblings. Biological mothers who are index clients should be asked to list children between the ages of 15-18 years.

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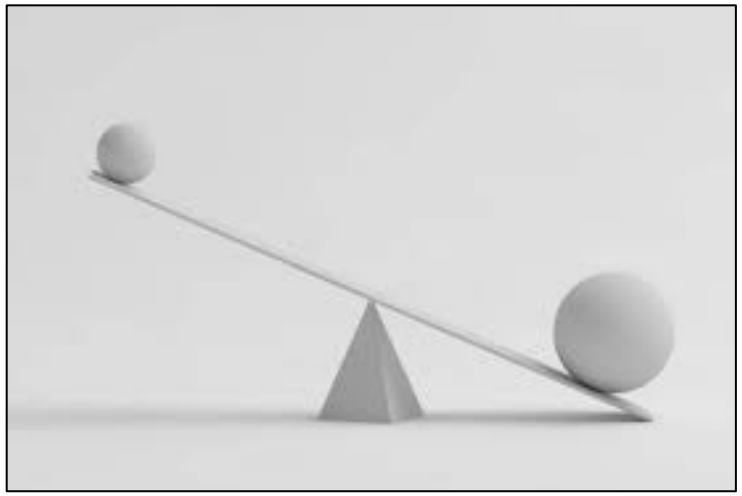
The contacts are the same but the approach to elicitation is different

- While the types of contacts for adults and adolescents are the same, **the approach to elicitation is different for adolescent clients because of the**:
  - Power imbalance between the provider and adolescent
  - Client's maturity level (compared to an adult)
  - Different types of relationships that adolescents have, which are different from adult relationships



- **Adolescents will require additional support during the elicitation process**, including guidance and assistance from the provider (and possibly a social worker). This may require additional time– it should not be rushed
- Providers will also need strong communication skills to create a rapport with their adolescent clients and assist them to determine the best notification strategy for each type of contact
- ***Anonymous provider-assisted partner services and social network testing strategies may be most acceptable and most effective for adolescents***

Adolescents may prefer different notification approaches for different types of contacts

- ***Client-led (passive) partner services may not be effective for adolescents***
- ***Anonymous provider-assisted partner services and social network testing approaches may be both preferred by and more effective for adolescents***
- Provider-assisted partner services do **NOT** require adolescent to disclose his/her/their HIV status to their sex and drug using partner(s) directly. Instead, the partner can be notified anonymously.
    - You need to reassure the adolescent that their name will not be revealed and explain to them exactly what you will say to the partner during the notification process.
- You may also want to consider offering the adolescent self-test kits to take home to their contacts as another option for getting their contacts tested if allowed by national guidelines.
- Finally, as we discussed earlier, anonymous notification through websites and other electronic platforms may appeal to adolescents who are tech savvy.

Bottom line: Assist adolescent clients to find the notification strategy that works best for them

Provide a range of network-based testing options

- Partner services (provider-assisted preferred)
- Social network testing
- HIVST kit distribution
- Electronic notification

Assist the client to find the best option for each type of contact

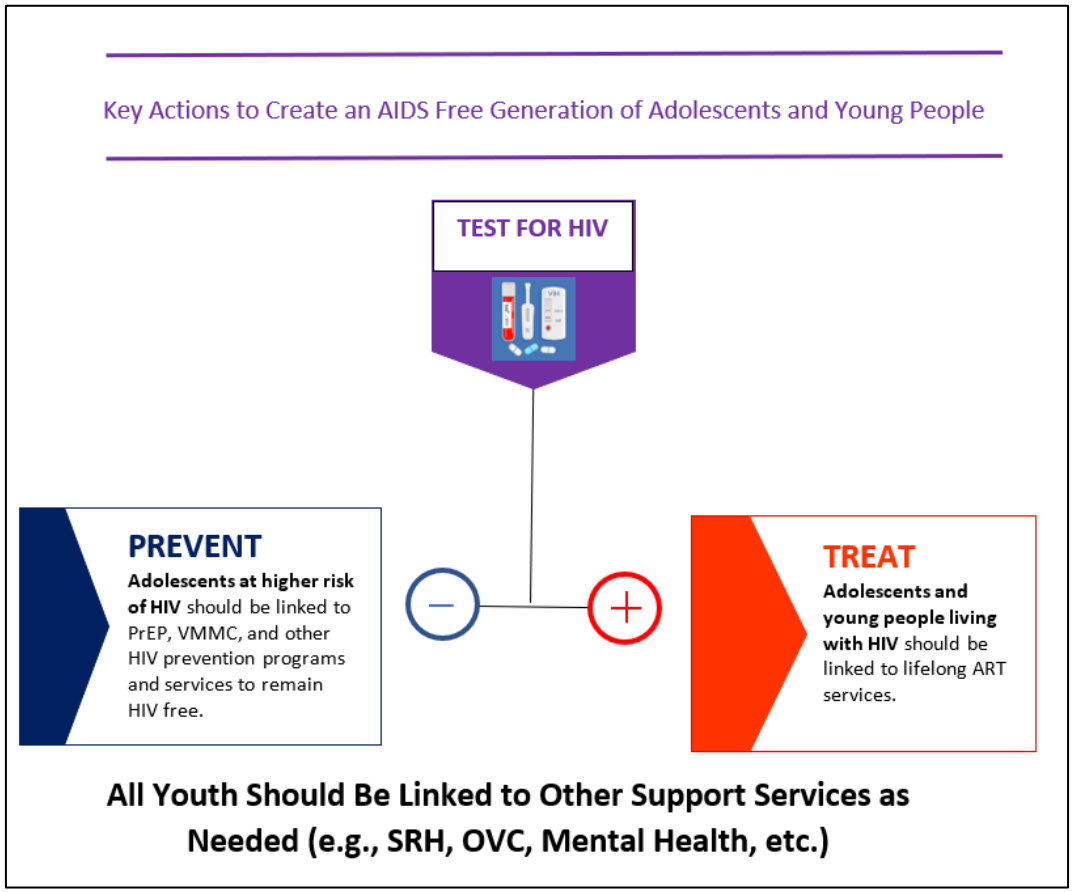
- They may choose different notification strategies for different types of contacts
- They may choose to notify some partners and not others

Account for the client's safety when discussing notification strategies

- Anonymous approaches may be best for certain partner(s).
- Notification should not proceed if the client's safety is in doubt.

Remember that NBT services are a process. They should be routinely offered over time and not just on the first visit.

Consideration #4: Link the contacts of adolescents to appropriate services based on their test results

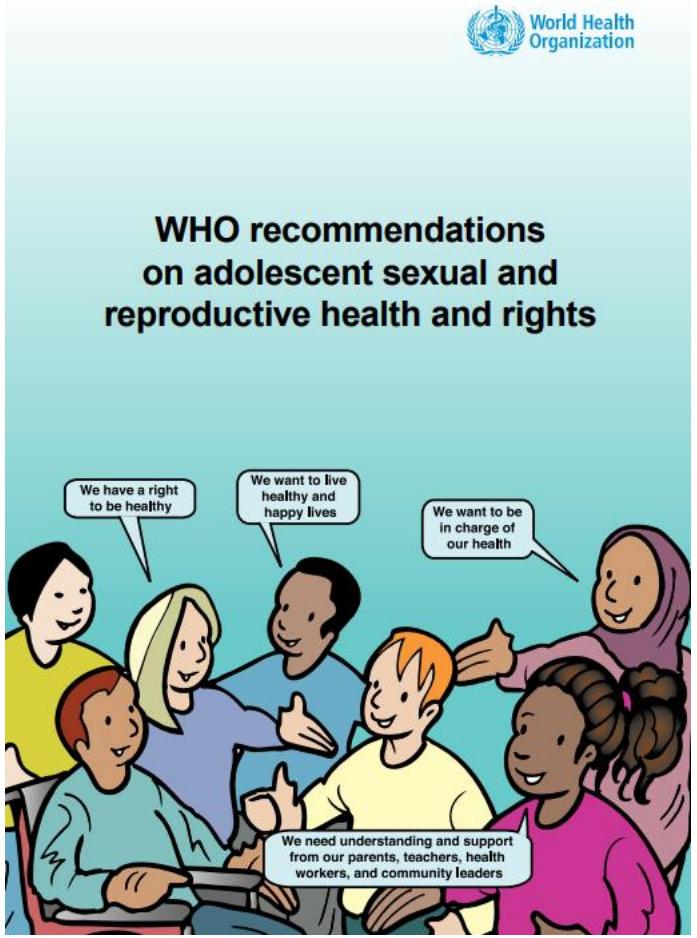


Youth-Designed, Peer-led, Adolescent-Friendly

- Adolescents should be linked to services based on their test results – including treatment and prevention
- Special attention needs to be paid to ensure linkage to services for particularly vulnerable adolescents such as:
  - Those living on the streets,
  - Adolescents in child-headed households,
  - Adolescents from key populations,
  - Girls engaged in sex with older men and in multiple or concurrent sexual partnerships,
  - Adolescents affected by sexual exploitation

Sexual and reproductive health (SRH) services

- Adolescents are more vulnerable to sexually transmitted infections, HIV, and unplanned pregnancy than any other age group.
- Adolescents require unconstrained access to comprehensive sexual and reproductive health information and services
- Comprehensive SRH services include:
  - Comprehensive sexuality education provision
  - Contraception counselling and provision
  - Antenatal, intrapartum, and postnatal care
  - Safe abortion care
  - Sexually transmitted infections prevention and care
  - HIV prevention and care
  - Violence against women and girls: prevention, support and care
  - Harmful traditional practices prevention



https://www.who.int/publications/i/item/9789241514606

How can youth peer supporters help adolescents at risk?

- Encourage, support, and facilitate testing for HIV, STIs, and hepatitis B / C
- Distribute self-test kits (HIV, syphilis, hepatitis C) in accordance with national guidelines and policies
- Empower and support the adolescent to develop and implement a disclosure plan
- Provide education on PrEP/PEP, condoms, hepatitis B vaccination and other evidence-based prevention services

Photo Credit: UNICEF

Discussion: Tailoring prevention options for young people

Scenario:

Yoshi, who is 19 years old, is living with HIV, has a steady girlfriend and plans to marry her when he is able to afford living on his own. He does not know his girlfriend's HIV status. He thinks she knows that he is living with HIV because she has seen him take his ARVs and he has said that he has a long-term illness. He wants to have sex, but he hasn't talked about it with his girlfriend.

Discussion:

- What are Yoshi's prevention and HIV treatment needs?
- What are the prevention and HIV testing needs of his girlfriend?
- What are the barriers Yoshi might experience at a health center?
- What messages and resources would you prioritize offering Yoshi?

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Case study adapted from FHI360 Positive Connections