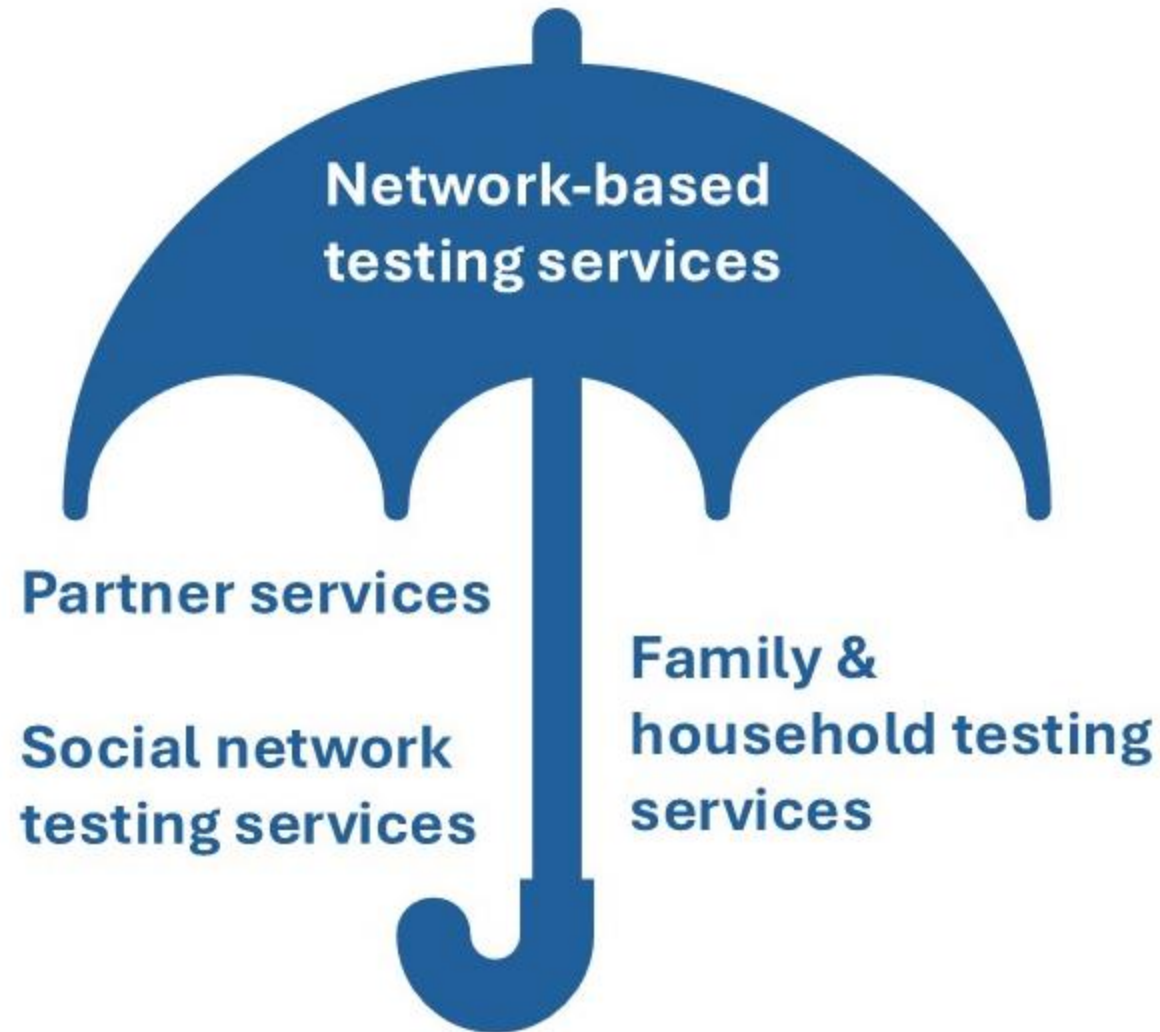


# Network-based testing services for HIV, hepatitis B & C, and other STIs

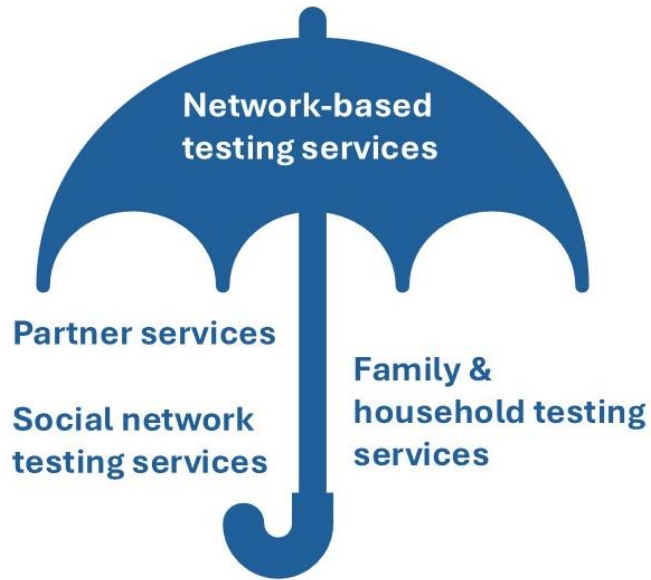
1. Background & definitions
2. WHO guidance
3. Ethics of network-based testing
4. How to use this toolkit
5. Key implementation questions



# What are network-based testing (NBT) services?



# Types of NBT services



<b>Partner services</b>	NBT approaches in which sexual and/or injection partners of clients who have been diagnosed with an infection are contacted, notified of potential exposure, and offered testing and other services
<b>Social network testing services</b>	NBT approaches in which individuals living with or at risk of infections encourage and support social contacts to seek testing and other services, or distribute self-testing kits to social contacts
<b>Family &amp; household testing services</b>	NBT approaches in which family members (including biological children for HIV or HBV) and other household members (for HBV) are contacted, notified of potential exposure, and offered testing and other services
<b>Secondary distribution of self-test kits</b>	NBT approaches in which individuals are given self-testing kits to distribute to partners or other social contacts

# Types of network-based testing services

	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	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

# WHO recommendations on NBT services for HIV

**Provider-assisted partner services** should be offered for all people with HIV as part of a voluntary comprehensive package of testing, care and prevention (*strong recommendation, moderate-quality evidence*).

**NEW recommendation:** Social network testing services may be offered as an additional HIV testing approach as part of a comprehensive package of care and prevention (*conditional recommendation, low-certainty evidence*).

In all settings **biological children** of a parent with HIV should be routinely offered HTS and, if found to have HIV or to be at high risk for infection through breastfeeding, should be linked to services for treatment or prevention within a broader package of voluntary provider-assisted partner services.

## Consolidated guidelines on differentiated HIV testing services





# WHO recommendations on NBT services for HBV & HCV

In all settings (and regardless of whether delivered through facility- or community-based testing), it is recommended that HBsAg serological testing and linkage to care and treatment services be offered to the following individuals:

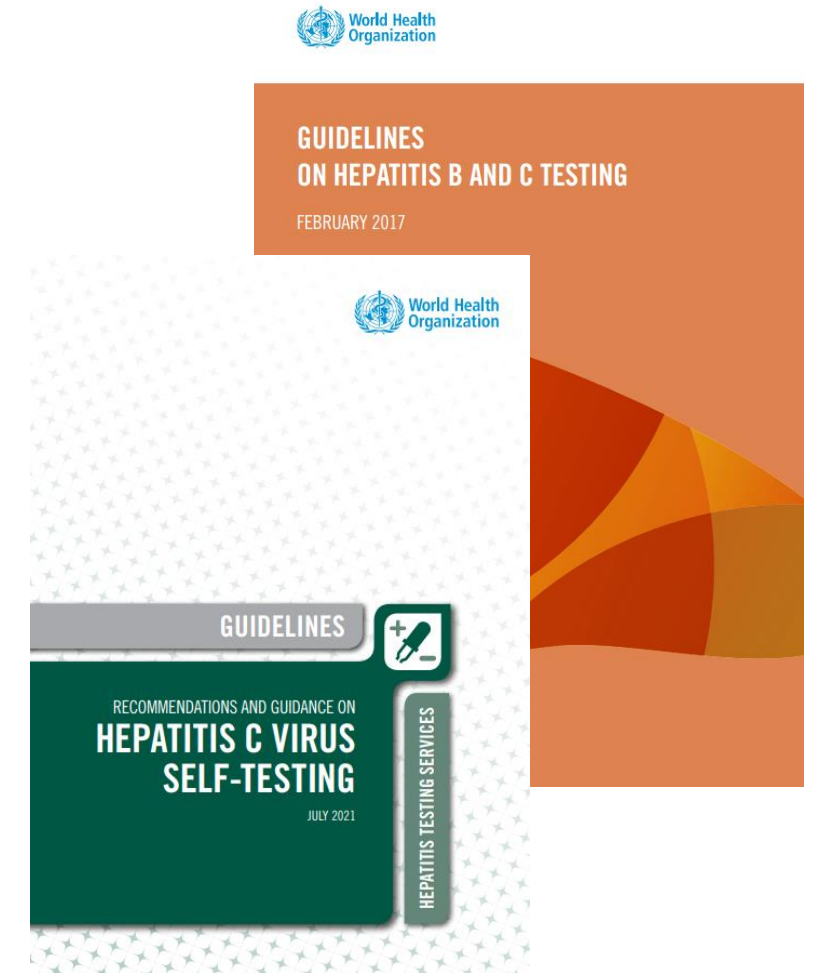
- **Adults and adolescents from populations most affected by HBV infection<sup>3</sup>** (i.e. who are either part of a population with high HBV seroprevalence or who have a history of exposure and/or high-risk behaviours for HBV infection);
- **Adults, adolescents and children with a clinical suspicion of chronic viral hepatitis<sup>4</sup>** (i.e. symptoms, signs, laboratory markers);
- **Sexual partners, children and other family members, and close household contacts** of those with HBV infection<sup>5</sup>;
- **Health-care workers:** in all settings, it is recommended that HBsAg serological testing be offered and hepatitis B vaccination given to all health-care workers who have not been vaccinated previously (*adapted from existing guidance on hepatitis B vaccination<sup>6</sup>*)

*Strong recommendation, low quality of evidence*

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



Guidelines on HBV and HCV Testing, 2017: <https://www.who.int/publications/i/item/9789241549981>  
Recommendations and Guidance on Hepatitis C Virus Self-Testing, 2021:  
<https://www.who.int/publications/i/item/9789240031128>



# WHO recommendations on NBT services for STIs

**WHO suggests** offering syphilis self-testing as an additional syphilis testing approach.

*Conditional recommendation, low certainty in evidence of effects*

**WHO recommends** that STI partner services should be offered to people with STIs as part of a range of options based on their needs and preferences and within a comprehensive package of voluntary STI testing, care and prevention.

*Strong recommendation, low certainty in evidence of effects*

Updated recommendations  
for the treatment of *Neisseria gonorrhoeae*, *Chlamydia trachomatis*  
and *Treponema pallidum* (syphilis),  
and new recommendations on  
syphilis testing and partner services



World Health  
Organization



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>

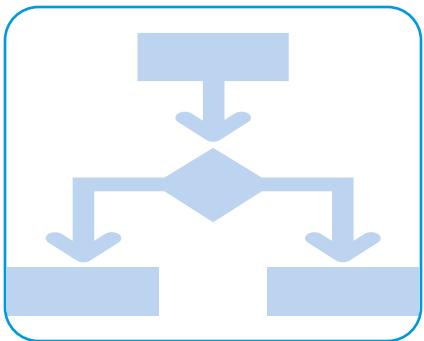
\*Not widely available

# Ethics and network-based testing



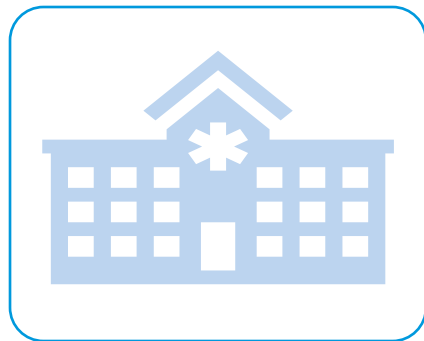


# How to use this toolkit



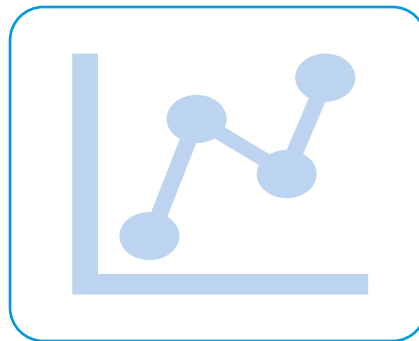
## Planning support:

Where to start given your priority populations and country-specific factors



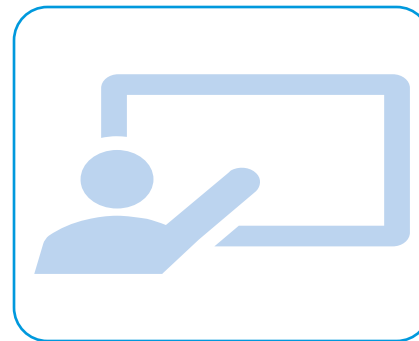
## Implementation tools library:

Guides, scripts, resources for HCWs and programmes



## M&E tools library:

Ethical data collection, registries, analysis and reporting



## Training modules:

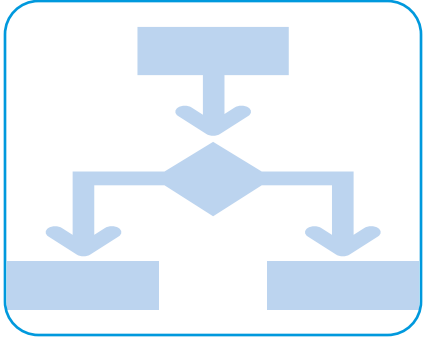
How to illicit partner information, find partners, testing, IPV screening



## Evidence synopsis:

What the research shows about what works and what doesn't work for NBT

# How to use this toolkit

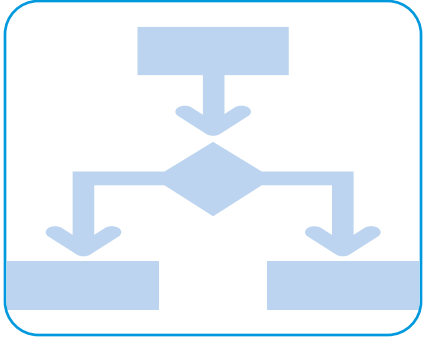


## Planning support:

Where to start given your priority populations and country-specific factors

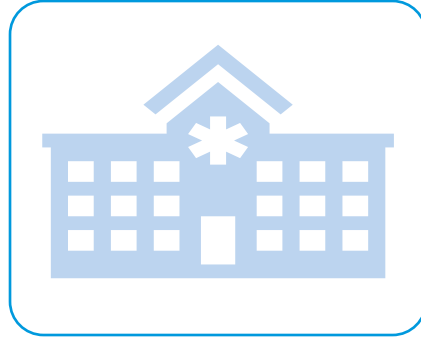
- Start here if planning NBT programme
- Executive summary, including WHO guidance
- Answer key questions on implementation:
  - Infections / epidemics
  - Populations
  - Regulatory environment
  - Stigma & discrimination
  - Mapping existing programmes & infrastructure

# How to use this toolkit



## Planning support:

Where to start  
given your  
priority  
populations and  
country-specific  
factors

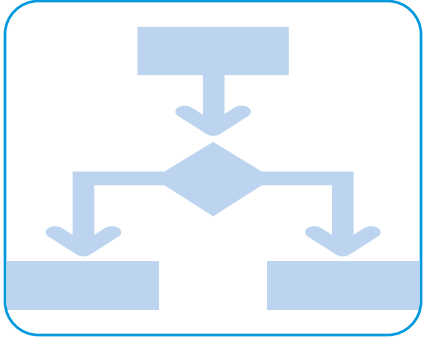


## Implementation tools library:

Guides, scripts,  
resources for  
HCWs and  
programmes

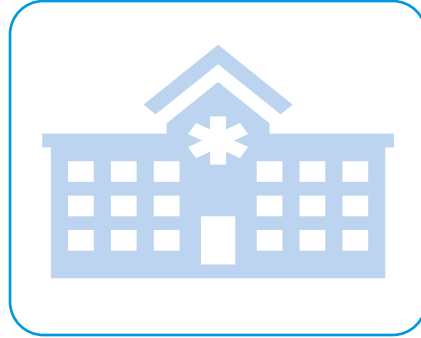
- Review and select implementation tools to help launch service delivery

# How to use this toolkit



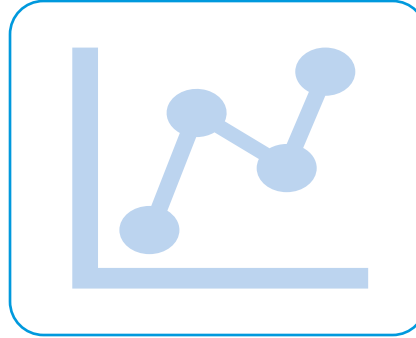
## Planning support:

Where to start given your priority populations and country-specific factors



## Implementation tools library:

Guides, scripts, resources for HCWs and programmes



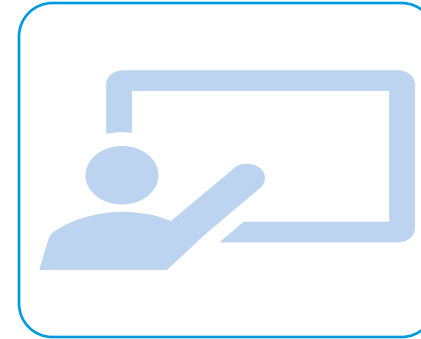
## M&E tools library:

Ethical data collection, registries, analysis and reporting

- Review and select monitoring and evaluation tools to effectively collect data and track efficacy of your services

# How to use this toolkit

- Key programme leadership and stakeholders can review training modules to ensure capacity on NBT implementation



## Training modules:

How to illicit partner information, find partners, testing, IPV screening



## Evidence synopsis:

What the research shows about what works and what doesn't work for NBT



# How to use this toolkit

- Review evidence supporting relevant topics in the evidence section
- Use section as future reference to find literature supporting key components of NBT



## **Evidence synopsis:**

What the  
research shows  
about what  
works and what  
doesn't work for  
NBT

## WHO

Who performs NBT services?

- Public or community health workers
- Peer educators or lay providers
- Testing providers

Who benefits from NBT services?

- Which clients
- Which partners, contacts, & family members

## WHAT

What services are offered?

- Demand generation
- Active notification
- HIV, hepatitis B, hepatitis C, and/or STI testing
- Linkage to or provision of prevention or treatment
- Vaccination
- Social support or other services

## WHEN

When is a client offered NBT services?

- At diagnosis
  - During routine follow-ups
- How often should NBT services be performed?
- Yield of recurrent NBT services
  - Partner service fatigue

# Network-Based Testing Services Implementation Questions

## WHERE

Do outcomes differ by location?

- Facility-based
- Community-based
- Virtual
- Private sector, pharmacies
- Homes

## HOW

What approaches work best for which populations?

- Phone calls
- In-person tracing
- Virtual interventions
- Other modalities

## HOW MUCH

What are the costs of NBT services?

- Overall costs
  - Incremental & opportunity costs
  - Cost-effectiveness
- Do costs differ between NBT service delivery modalities, populations, or pathogens?

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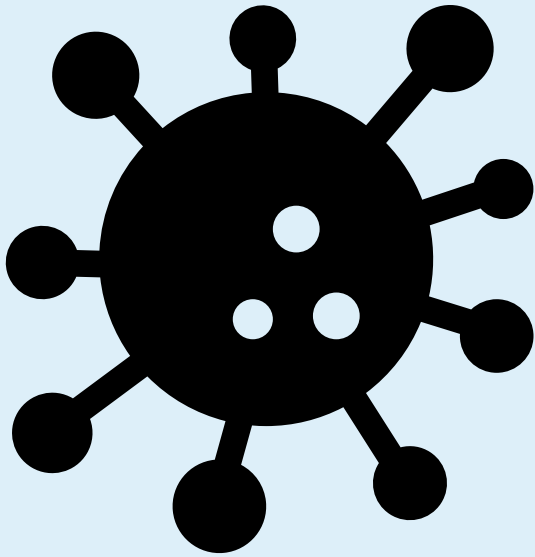
## Key implementation questions: populations



- Which population or populations are the primary beneficiaries of the service?
- What barriers do the population(s) face?
- What needs does the population have for service delivery?
- Has the population been consulted and given input about their preferences?
- Has the population given input about any potential harms/vulnerabilities, and mechanisms to monitor these?

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## Key implementation questions: epidemics / infections



- Which sexually- or blood-transmitted infections most affect the population?
- Are there currently efforts to eliminate any of these infections?
- What do the data show in terms of new infections?
- Are there gaps in the data?

---

## Key implementation questions: regulatory environment



- What are the laws governing service provision to the population(s)? For instance, are there criminalization laws for certain populations, laws governing self-care options, or age of access or consent laws for minors seeking services?
- What policies or guidelines exist?
- What supportive social services exist, and how do they interface with the legal framework?



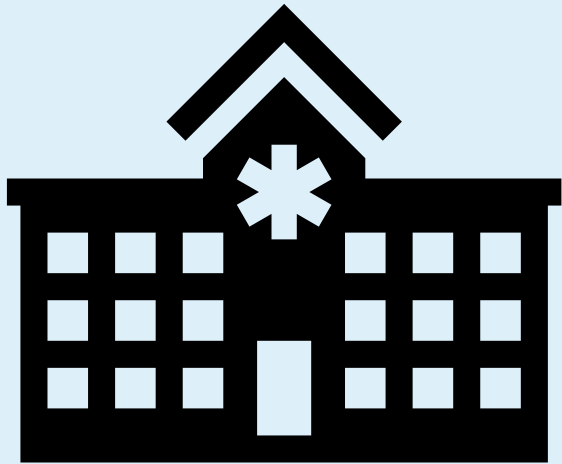
## Key implementation questions: stigma & discrimination



- Are the services being provided in a voluntary, person-centred, respectful, and non-discriminatory way?
- Have all healthcare providers trained in ethical and person-centred care delivery?
- Is patient confidentiality being maintained in all steps of NBT?
- Have populations been consulted on how services should be offered / provided?

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## Key implementation questions: existing programmes & infrastructure



- What are the referral and linkage needs for the NBT programme?
- Are there specific prevention, testing, diagnostic and treatment pathways that will be required for the included HIV, hepatitis B, hepatitis C, or other STI services that are offered? Where are these services available?
- What other programmes or services exist that provide support or care in the target population?