Science and community in the response to HIV, STIs and co-infections in Asia and the Pacific

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Napneung research project: Designing and assessing methods for easier access to HIV screening

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Thailand HIV Epidemic: 2016 Estimates

- 450,000 people were living with HIV
- 16,000 died from AIDS
- 310,000 on antiretroviral treatment (69% of those with HIV)
- 140,000 not on treatment
THAILAND

Projected new HIV infections by mode of transmission 2015-2019

- Injecting drug use: 12%
- Heterosexual sex (unmarried couples): 24%
- Sex between men: 4%
- Heterosexual sex (married couples): 10%
- Sex between female sex workers and clients: 50%

Source: Thailand National AIDS Committee (2014)
Obstacles to testing

• Don’t know where to go
• Too far, no time
• Inconvenient, not friendly
• Costly
• Confidentiality issues: fear that partner and peers imagine that they are possibly HIV positive
• Fear of discrimination if found positive (or if going for a test)

• Don’t know that efficient treatment exists
• Misconceptions: can wait if no symptoms, no efficient treatment, costs for treatment
• Depression, helplessness
• Self-perception of risk, probability of being infected
• etc.
Napneung approach

1. Get rid of traditional obstacles, make testing simple, “normal”, friendly, if possible attractive, convenient, affordable, save clients and providers’ time, detect issues and find solutions
   – Use IT tools, quality systems, and common sense

2. Be inclusive: everybody can believe that he/she has been exposed to HIV, everybody should have access to public services
   – Use classifications based on a single attribute with caution

3. Try to understand essential components conducive to testing
   – Collect data, analyze the effect of interventions
Overall goal of the research project
Design and assess methods for easier access to HIV screening

Specific objectives
- Compare three methods of counseling
- Assess the value of reminders for HIV retesting
- Evaluate outreach strategies
Outreach strategies

– Vouchers distribution by trained distributors (date & location recorded)

– Traditional and social media
เพื่อให้ทุกคนเรียนรู้และสนใจร่วมกันอย่างมั่นใจ
โครงการตรวจเลือดกับ “นั่งหนัง” 4 เทศต์
ไวรัสตับอักเสบปี ซี เอชไอวี และ ซิฟิลิส

โทรตรวจเลือด 4 เทศต์ ฟรี
facebook.com/napneung

061-681-3399
Hotline for appointments

• Appointments to avoid client and staff waiting/idle time and decrease costs

• 24h/24, 7j/7

• Rapid assessment for recent exposure ➔ Post Exposure Prophylaxis?

• Possibility to refer phone calls to a research nurse
Facilities
Hosted by AMS Clinical Service Center
– Professional environment
– State-of-the-art procedures
and at MAP Foundation’s accredited HIV testing facility

Testing service offered:
• Open every day late and on weekends
• On appointments
• Free of charge
• National Standard training for counselors
• Use of rapid tests (~ 20 minutes) with results disclosed within same session
• Less than 1 hour for the overall session
Confidentiality

• Facilities not indicating that clients are going for HIV testing

• No names (anonymous)

• No need for ID card or document

• Coded/secret client identification

• Staff trained to prevent confidentiality issues
Use of IT tools

• **Use of tablet PCs:** convenient, confidential, well perceived by participants

• **Synchronization** of counselor and participant’s tablets allowing for the counselor to focus on his/her objectives

• **Standardization** of participant visits, prevent errors and omissions, generates emails and alerts as necessary
Overall satisfaction, by quarter
Research: A randomized trial to evaluate and compare 3 counseling methods

- **Face-to-face counseling** *(reference)*
  Interactive, including information, conducted by the counselor

- **Computer-assisted counseling**
  Delivering information about the 4 infections on a tablet PC, followed by a conversation with a counselor on client’s request

- **On-demand counseling**
  The counselor proposes the client to have a conversation if he/she has any questions

**Primary endpoint:** % of re-test visits in at-risk clients
Reminders for retest: randomized comparison

• No appointment and no reminder (reference)
• Reminders only
• Appointment + reminders

Primary endpoint:
% of re-test visits in at-risk clients
Characteristics of the 3,067 clients tested

- Sex at birth: 1,479 (48%) males, 1,588 (52%) females
- Median age: 25.2 years (IQR: 21.9 to 34.1)
- From hill tribes (Thais and non-Thais): 211 (7%)
- Migrants: 195 (6%), all from Myanmar
- Currently students: 1,240 (41%)
- Ever attended college/university: 1,714 (58%)
- First time HIV tested: 1,895 (65%)
<table>
<thead>
<tr>
<th>Key populations</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sex at birth</td>
<td>1,479 (100%)</td>
<td>1,588 (100%)</td>
</tr>
<tr>
<td>Male</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Key populations</td>
<td>567 (38%)</td>
<td>65 (4%)</td>
</tr>
<tr>
<td>MSM</td>
<td>469 (32%)</td>
<td>-</td>
</tr>
<tr>
<td>Male-to-female TG</td>
<td>27 (2%)</td>
<td>-</td>
</tr>
<tr>
<td>Sex workers</td>
<td>47 (3%)</td>
<td>44 (3%)</td>
</tr>
<tr>
<td>People who inject drugs</td>
<td>74 (5%)</td>
<td>25 (2%)</td>
</tr>
<tr>
<td>Others</td>
<td>912 (62%)</td>
<td>1,523 (96%)</td>
</tr>
</tbody>
</table>

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HIV prevalence in clients unaware of their infection

\[
\frac{47}{3,037} = 1.6\%
\]

In addition, 30 persons already aware of their HIV infection requested Napneung services (test for other infections, never treated for HIV, discontinued ART)
Syphilis infections

Syphilis positive test: 77 (2.5%)

- 37 previously aware
- 40 previously unaware

- 20 co-infected with HIV (26% of total)
Viral hepatitis infections

Hepatitis B positive test: 160 (5.2%)
- 86 previously aware
- 74 previously unaware

Hepatitis C positive test: 34 (1.1%)
- 10 previously aware
- 24 previously unaware
Conclusions

• Service well accepted
• Participation in the studies and data collection satisfactory
• Analysis of collected data ongoing
Acknowledgments

• All participants
• All counselors and study personnel
• Advisory Board

• Expertise France