





KEY MESSAGES FROM AIDS 2018 (AMSTERDAM) & RECENT REGIONAL UPDATES ON HIV SELF-TESTING

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Webinar series

15 July 2019



Topics

- Overview of HIV self-testing key messages from AIDS 2018
- Regional situation on HIV self-testing policy and implementation
- Recent data from (more) pilots in the region
- Ways forward



Self-testing through online platforms

- Technology-based interventions prove to be acceptable to 'hard to reach' populations including young MSM and trans women
- Thailand: online, supervised, HIV self-testing (HIVST) for MSM and TGW
 - 47% never tested, 16% HIV-positive, 53% linked
 - Higher positive yield but lower rates of linkage to ART, compared to offline or online-to-offline groups
- China: internet-based HIV self-testing request and support model
 - Cover 14 of 31 provinces in China
 - 52% never tested, 78% sent results, 14% HIV-positive, 72% linked





Self-testing with friends or through partners

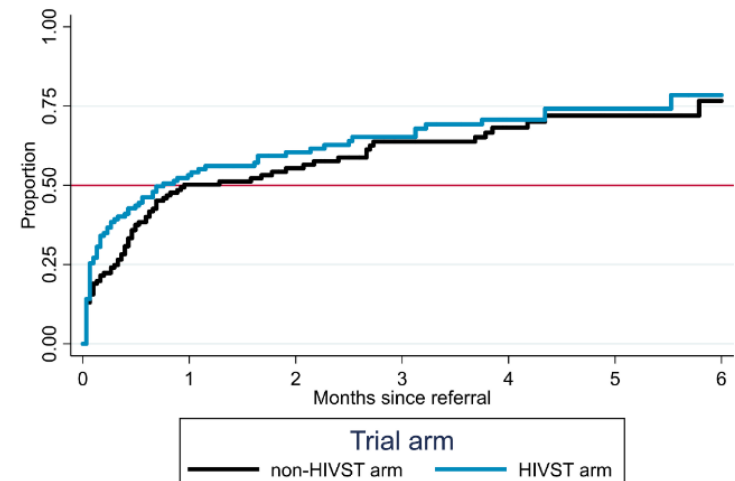
- Self-testing with friends among African/American and Latino young MSM and TGW
 - US: Training with a trusted friend and provision of HIVST kits made testing less stressful regardless of results
- HIVST kits to young women
 - Kenya: increased male partner testing (92% vs. 56%) and couples testing (78% vs. 38%)





Self-testing through pharmacy and community distribution

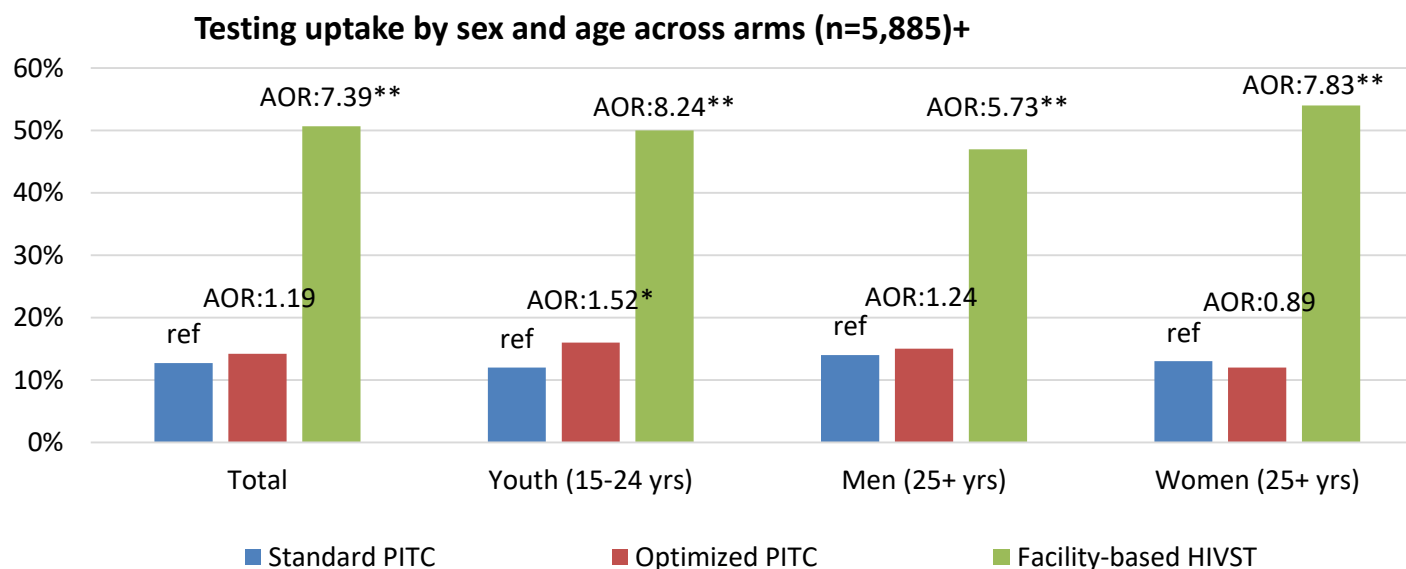
- Pharmacists as partners in HIVST kit distribution
 - French pharmacists show interest but low sales and lack of discrete location for counselling
- Community distribution
 - Zambia: community-based oral HIVST distribution found no difference in time linked to care (64% in non-HIVST zone vs. 65% in HIVST zone)
 - Malawi: increased likelihood of testing uptake, especially among adolescents and men, for communities randomized to community-based HIVST vs. clinic-based testing





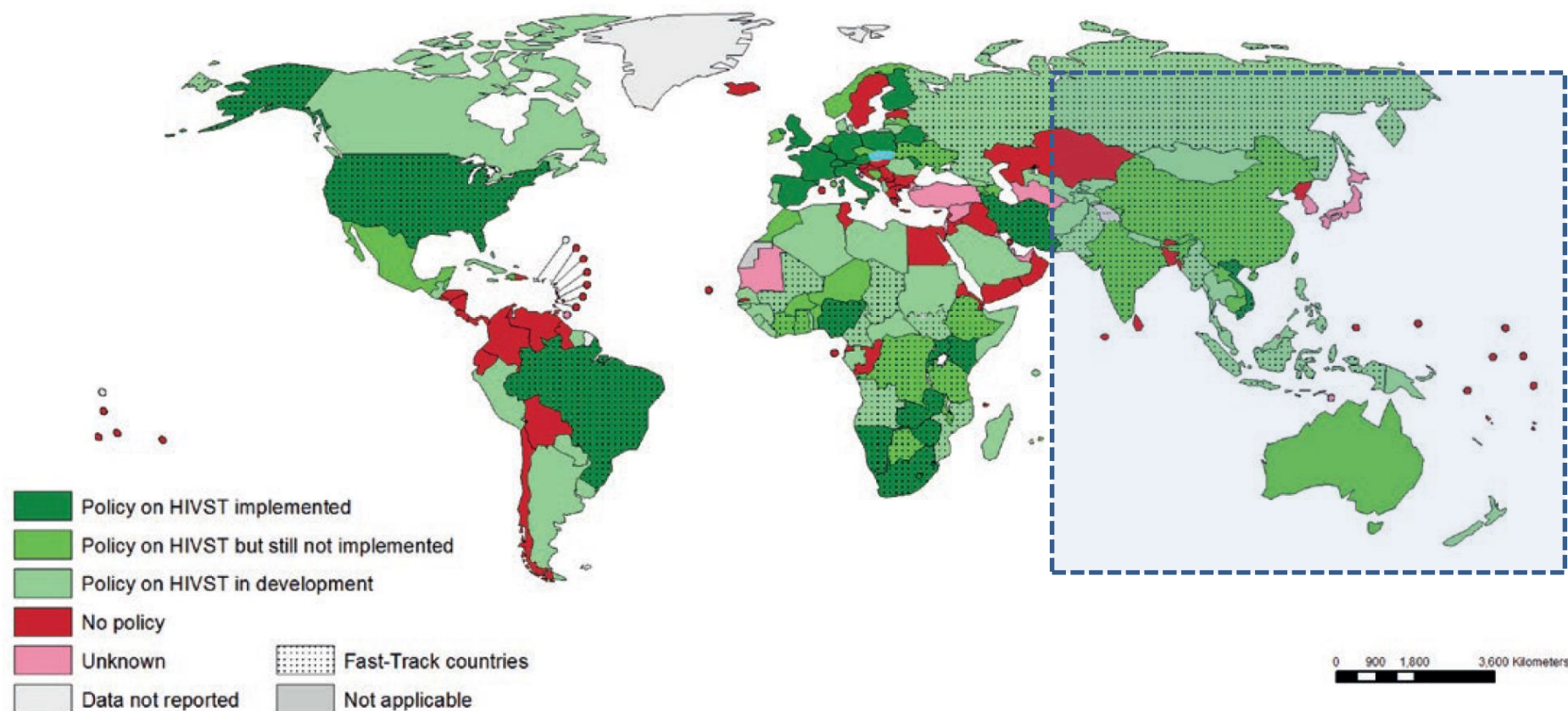
Self-testing at health facility

- Malawi: facility-based HIV self-testing
 - increased uptake of HIV testing among outpatients compared to provider-initiated HIV testing
 - Good HIV-positive testing yield





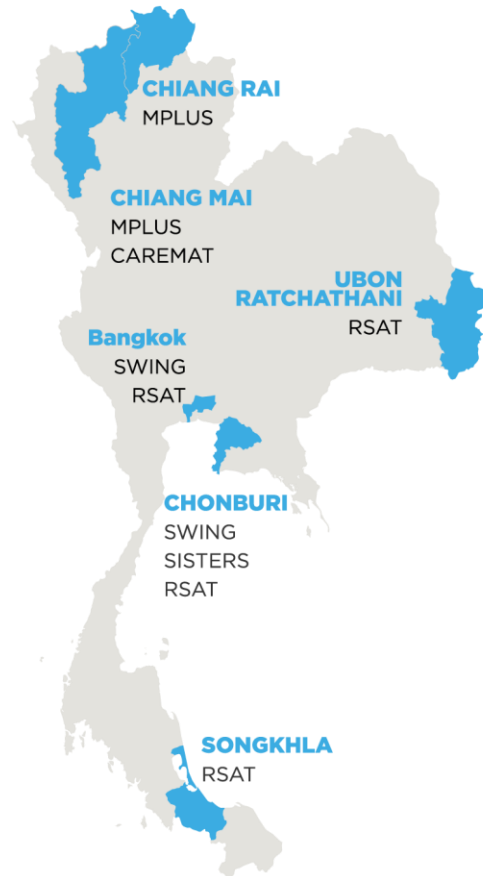
Status of HIV self-testing in national policies (situation as of mid-2018)



Global AIDS Monitoring (UNAIDS/WHO/UNICEF) and WHO HIV Country Intelligence Tool, 2018



Oral fluid HIV self-testing among MSM and transgender women through CBOs in Thailand




HIGH ACCEPTANCE

 **MSM** ▶ **81% (1,156)**
out of 1,422

 **TGW** ▶ **81% (874)**
out of 1,082

Majority were young MSM and TGW

 **MSM** Mean age ▶ **26.4**
(SD 8.1 – Mdn⁴ 24)

 **TGW** Mean age ▶ **25.6**
(SD 7.6 – Mdn 23)

54% (772 out of 1,422) } were between 15-24
56% (604 out of 1,082)

Around 1/3 were first-time testers

 **MSM** ▶ **34%**
(491 out of 1,422)

 **TGW** ▶ **38%**
(414 out of 1,082)

[Girault P, Jittiang S, et al. Oral Abstract #21, APACC 2019, Hong Kong](#)

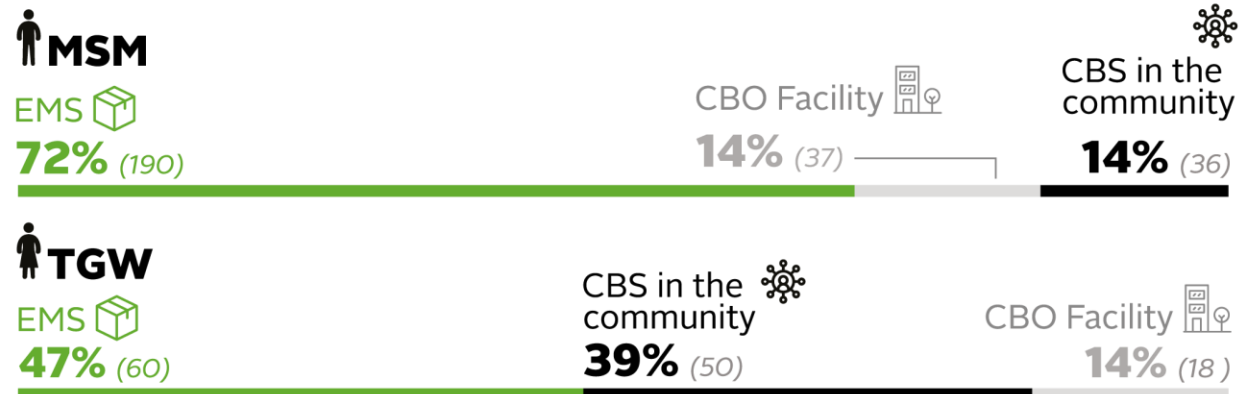


Oral fluid HIV self-testing among MSM and transgender women through CBOs in Thailand

Most preferred assisted HIV self-testing



Express Mail Service (EMS) was the most preferred option to obtain test kits

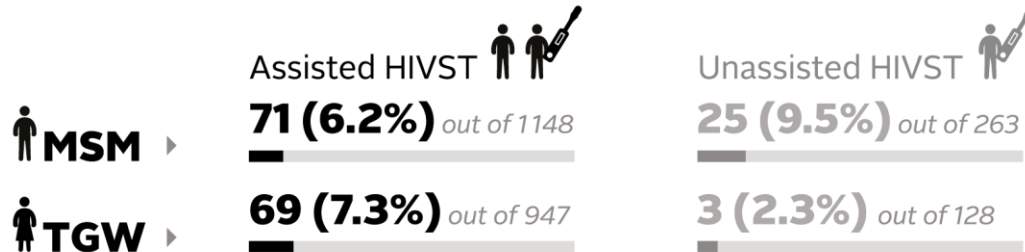


[Girault P, Jittiang S, et al. Oral Abstract #21, APACC 2019, Hong Kong](#)

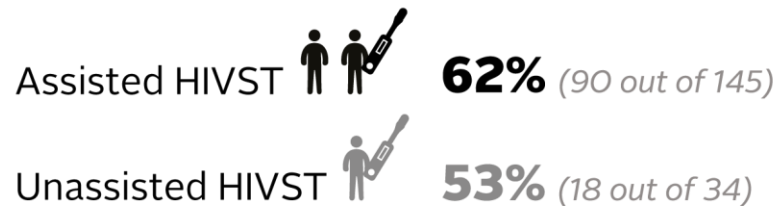


Oral fluid HIV self-testing among MSM and transgender women through CBOs in Thailand

Reactivity rate



Linkage to confirmatory HIV testing



Linkage to treatment












[Girault P, Jittiang S, et al. Oral Abstract #21, APACC 2019, Hong Kong](#)



Oral fluid HIV self-testing among MSM and transgender women through CBOs in Thailand

- No serious adverse events were reported
- Emotional and cognitive stress were reported mainly by those who tested reactive, similar to studies in facility-based HIV testing services

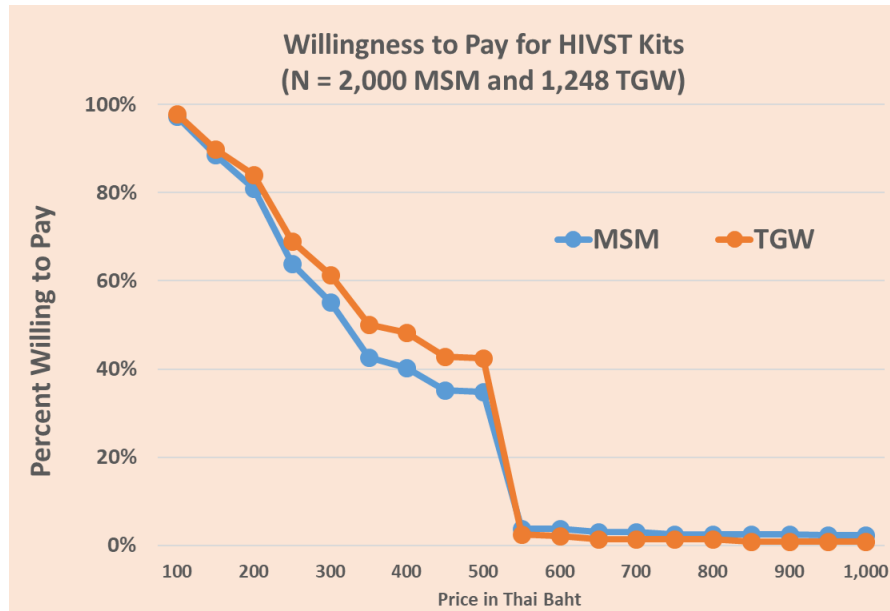
REPORTED ADVERSE EVENTS (REGARDLESS OF HIV SCREENING RESULT)

	MSM 	TGW 	ALL 
 Emotional/Cognitive stress	13 (1%) N = 1,404	5 (0.5%) N = 1,047	18 (1%) N = 2,451
 Non-suicidal Self injury	0 N = 1,403	0 N = 1,047	0 N = 2,450
 Suicide ideation	1 (0.1%) N = 1,403	1 (0.1%) N = 1,047	2 (0.1%) N = 2,450
 Suicide attempt	0 N = 1,400	0 N = 1,046	0 N = 2,446
 Alcohol or drug bingeing	0 N = 1,401	0 N = 1,047	0 N = 2,448
 Social harm	0 N = 1,403	0 N = 1,046	0 N = 2,449

[Girault P, Jittiang S, et al. Oral Abstract #21, APACC 2019, Hong Kong](#)



Oral fluid HIV self-testing among MSM and transgender women through CBOs in Thailand



- Median willingness-to-pay price was 300 THB (US\$ 9.5)

“Not more than 200 THB (US\$6.30) would be okay for me. This price is reachable for everyone, no matter which social class they are. This price would also encourage people to do the test more often since it’s not too expensive.”

(TGW 24 years old/Assisted HIVST/Pattaya)

“I would be willing to pay for 300 THB (US\$ 9.45). It would be okay if the price would be a little bit lower; but not too low, like 100 THB (US\$ 3.15), since people would question about the quality and why the HIV testing kit costs merely 100 THB.”

(MSM, 36 years old/Unassisted HIVST/Pattaya)

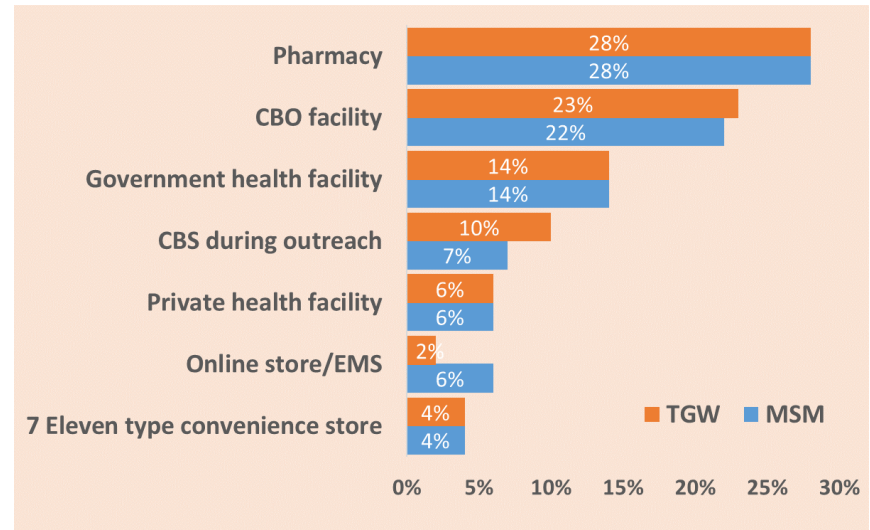
[Girault P, Jittiang S, et al. Oral Abstract #22, APACC 2019, Hong Kong](#)



Oral fluid HIV self-testing among MSM and transgender women through CBOs in Thailand

“Pharmacies are the most suitable places. It would be convenient and easy to buy, wouldn’t it?... There are also pharmacists available to give us information that we have to know before using it.”

(MSM, 37 years old/Assisted HIVST/ Pattaya)



“I would prefer X [CBO name] since the staff would take better care for us compared to other options, such as online shopping. The sellers merely prioritize on selling but they might not care about how to store the kits properly or take good care of the kits before shipping to us.”

(MSM, 36 years old/Unassisted HIVST/Chiang Mai)

[Girault P, Jittiang S, et al. Oral Abstract #22, APACC 2019, Hong Kong](#)

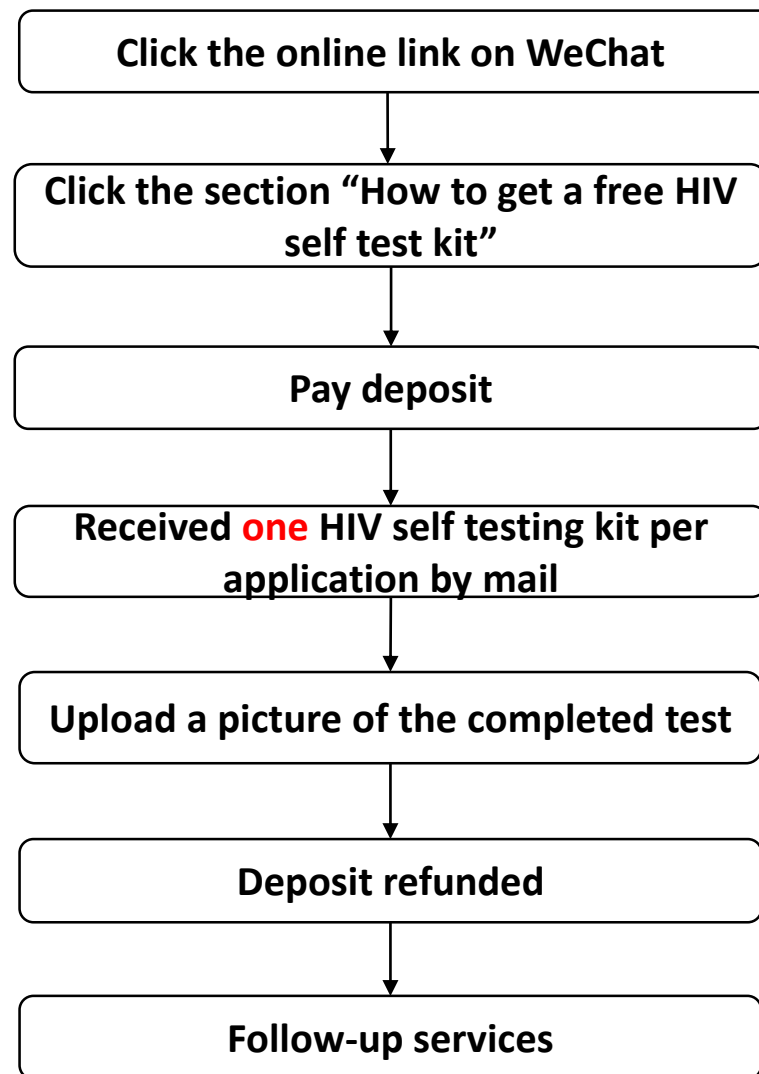
Social media-based secondary distribution of HIV self-testing among Chinese MSM

Partners:

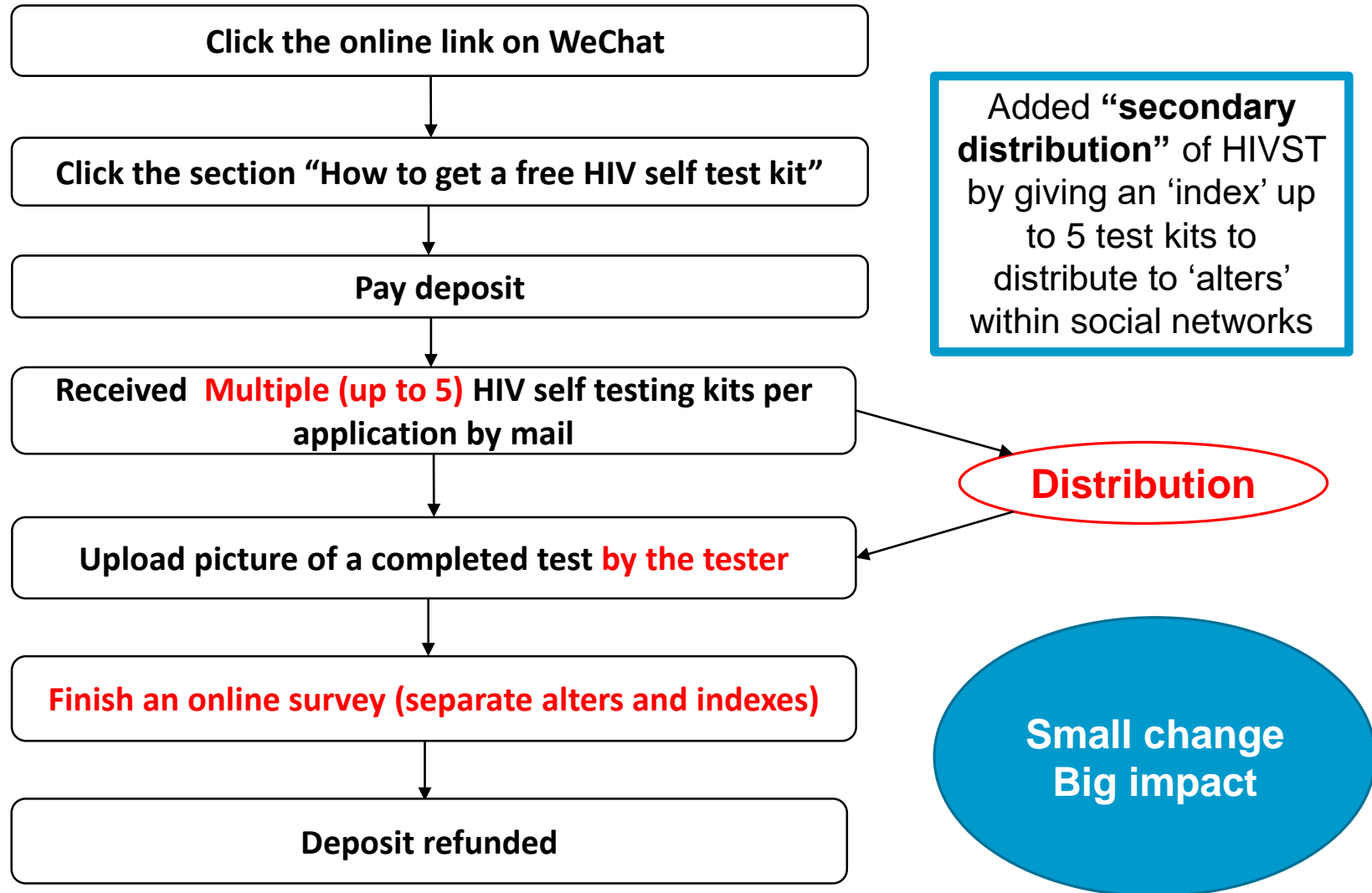
- Gay community-led HIVST program (Zhuhai Xutong)
- Zhuhai CDC
- SESH

Build on previously successful social media-based HIVST program which started in 2016

- High test result returning rate (>90%)



Social media-based secondary distribution of HIV self-testing among Chinese MSM



Social media-based secondary distribution of HIV self-testing among Chinese MSM

642 index MSM enrolled during June 2018 – March 2019

43% requested 2 or more kits, 1141 HIVST kits distributed

HIVST result photos uploaded

- 1039 results returned (91%), 1000 were valid
- 742 from 310 unique index MSM (20% new testers)
- 258 from 250 unique alters (40% new testers)
 - 47% male friends, 31% stable male partners, 12% casual male partners
 - 60% tested within 1 day, 80% within a week
- New testers (85.3%) had significantly lower correct interpretation rate than previous testers (93.7%)

HIV reactivity rate

- Overall 3.6%; 1.6% among index MSM and 6% among alters
- Confirmed linkage to facility-based care at 70%

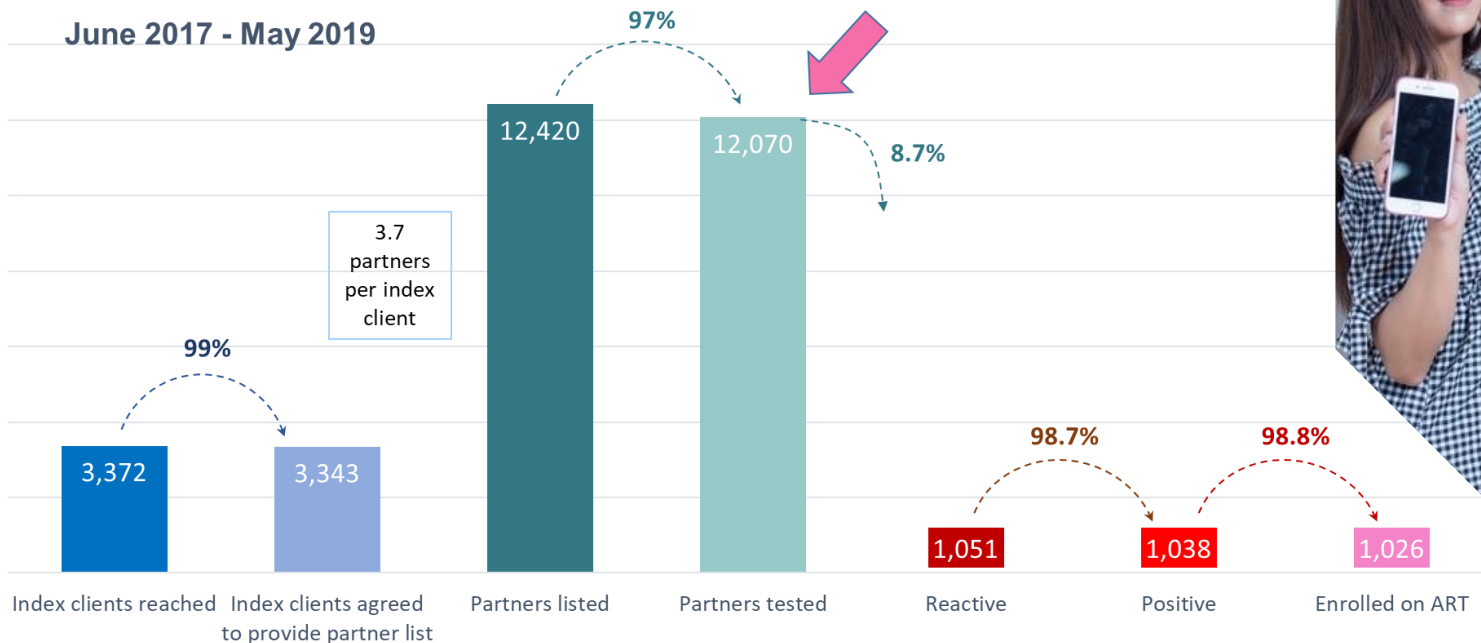
Social media-based secondary distribution of HIV self-testing among Chinese MSM



Alter's self-reported adverse events	N	%
I didn't understand why he gave me self-test kit at that time	18	7.6%
I felt insulted when he gave me the test	13	5.5%
I felt I was distrusted by him	24	10.1%
I had a verbal conflict with him due to his/her giving me a self-test kit, such as arguing, insulting each other, etc.	12	5.0%
I had a physical conflict with him due to his giving me a self-test kit, such as pushing or pulling or scuffing the other person.	12	5.0%
He pressured me to test by a relatively aggressive method, such as threats, neglect, or violence.	13	5.5%
My relationship with him became alienated because s/he asked me to test	11	4.6%

Optimizing index testing with the use of HIV self-testing in Vietnam

Partners came to KP-led CSOs to receive lay-testing services



*Represents data from Hanoi, Dien Bien, Nghe An, Ho Chi Minh City and Dong Nai



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Optimizing index testing with the use of HIV self-testing in Vietnam

Piloting differentiated models to diversify HIV testing options for partners to ensure wider choice and uptake

CSO

Index HIVST through KP CSOs



Hanoi

Online

Online distribution



XÉT NGHIỆM HIV "SHIP" TẬN NHÀ



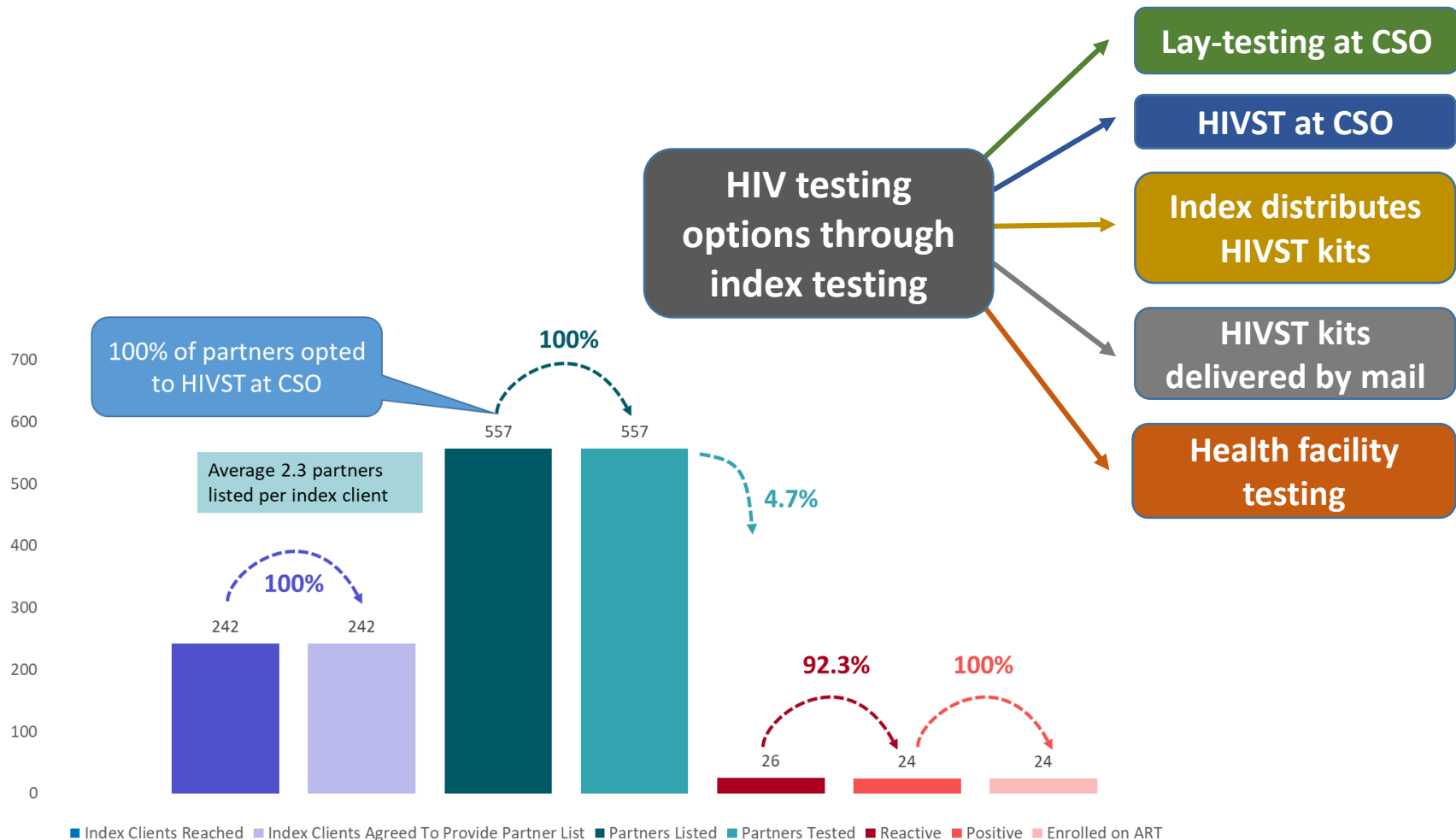
Ho Chi Minh City



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Optimizing index testing with the use of HIV self-testing in Vietnam



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Unassisted HIV self-testing for MSM through government facility distribution and follow-up



Online Assessment & Registration



View & click on targeted online ad

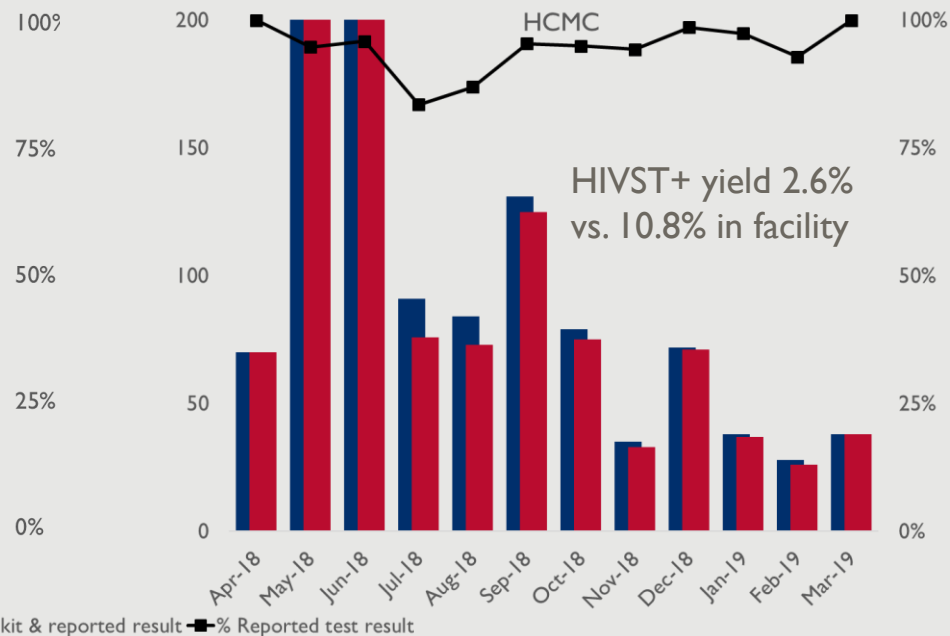
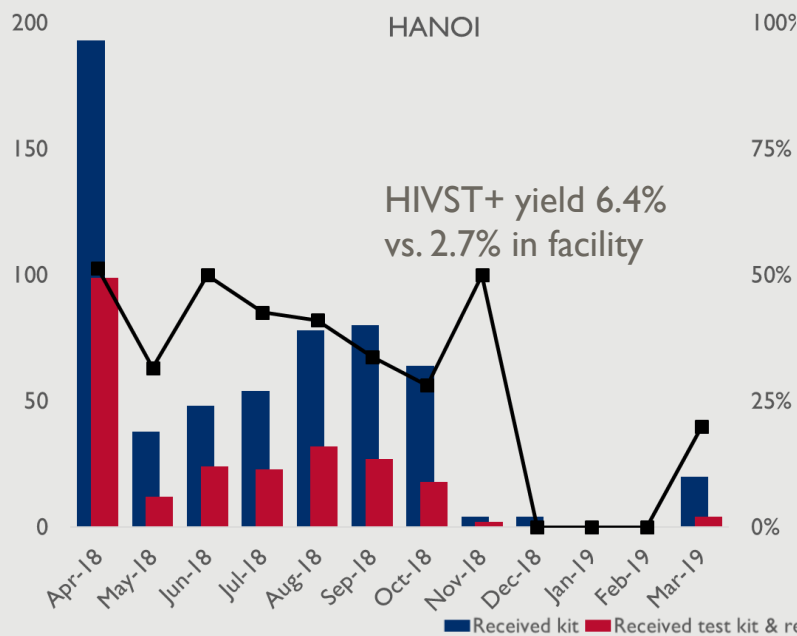


Complete online risk assessment



Those at high-risk select self-testing and chose **delivery** or **pick-up**

- Overall volume (Hanoi) and yield (HCMC) lower than expected
- 67-73% linked to confirmation
- Requires a lot of effort to manage online tracking system and ensure linkages to confirmation and treatment





Conclusions

- Limited HIVST policy adoption and implementation data in the Asia Pacific region
- Broad access to HIVST kits through a variety of **channels** (online, pharmacy/CBOs/hospitals, secondary distribution) and **modalities** (assisted and unassisted, oral fluid and blood-based) can play a critical role in achieving epidemic control among key populations
- **Social marketing** of HIVST kits needs to happen along with the establishment of **information hub** to ensure access to correct information, support in result interpretation and any potential adverse events (verbal, physical, emotional conflicts), and linkage to prevention/treatment support
- Full **engagement of CBO and public health facility network** in the implementation of HIVST is critical, especially to enhance linkage to confirmation and treatment
- **Country's genuine and pro-active actions** are needed to allow policy adoption and real implementation



Acknowledgement

- Philippe Girault, FHI 360
- Siroat Jittjang, FHI 360
- Matthew Avery, FHI 360
- Weiming Tang, UNC Project-China
- Kimberly Green, PATH
- USAID LINKAGES Thailand Project
- USAID Healthy Markets Project
- USAID SHIFT Project
- SESH



THANK YOU VERY MUCH