Acceptability and experiences of assisted and unassisted oral fluid testing among men who have sex with men and transgender women in Thailand: Implications for roll out and scale-up

LINKAGES Thailand
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No conflict of interest.
Background

• Until recently, Thailand’s HIV testing policy and regulatory frameworks did not include HIVST as an option

• While MSM and TGW have had a diversity of options for accessing HIV testing, coverage has been suboptimal among these populations

• Early in 2016, the USAID-supported LINKAGES Thailand project and key partners proposed a study to explore the acceptability of assisted and unassisted HIVST using an oral fluid-based kit (OraQuick®)

• The purpose of the study was to help inform policy changes supporting the introduction of HIVST in Thailand
Methods

• In order to assess the acceptability of assisted and unassisted HIVST using oral fluid-based kits, a cross-sectional study using quantitative and qualitative methods was conducted among 1,422 MSM and 1,082 TGW (including 52 for semi-structured interviews - qualitative) between April 2017 and December 2018.

• Collaborating CBOs offered MSM and TGW participants three options: Unassisted HIVST, Assisted HIVST or Referral to a facility for blood-based HIV testing.

• Participants who opted for unassisted HIVST could receive self-test kits: Directly from a community-based supporter, CBO drop-in center or Express Mail Service (EMS).

• Those who selected assisted HIVST were invited to conduct the test at a confidential venue near the location where he/she was recruited.
Results (1): Key Characteristics of Participants

- The study mainly recruited young, single MSM and TGW who had not been exposed to CBO-led interventions

- A significant proportion of participants were first-testers (ever)
Results (2): Selected Options for HIV Testing

- During the enrollment, participants demonstrated a marked preference for assisted versus unassisted testing.

- For those who selected unassisted HIVST, Express Mail Service (EMS) delivery was the preferred option to obtain the HIVST kit.
Results (3): Acceptability of Oral-Fluid Based HIVST

• Acceptability was defined as MSM and TGW participants who were enrolled, tested, and reported intention to use oral-fluid based testing in the future.

• Oral fluid-based HIV self-testing (HIVST) appears to be highly acceptable among MSM and TGW as the procedure is painless, convenient, easy and quick to administer, and can be implemented confidentially.
Results (4): Case Finding and Linkage to Services

- Linkage to confirmatory testing for those who screened reactive or invalid was suboptimal.

- However, the majority of MSM and TGW who were confirmed HIV positive were successfully referred to treatment, care, and support services.
Results (5): Adverse Events

- No serious adverse events were reported by these participants.

- A few participants, principally among those who were reactive, reported manifestations of emotional and cognitive stress, similar to findings from relevant studies among people who access facility-based HTC services.

**REPORTED ADVERSE EVENTS (REGARDLESS OF HIV SCREENING RESULT)**

<table>
<thead>
<tr>
<th></th>
<th>MSM</th>
<th>TGW</th>
<th>ALL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emotional/Cognitive stress</td>
<td>13 (1%)</td>
<td>5 (0.5%)</td>
<td>18 (1%)</td>
</tr>
<tr>
<td></td>
<td>N = 1,404</td>
<td>N = 1,047</td>
<td>N = 2,451</td>
</tr>
<tr>
<td>Non-suicidal Self injury</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>N = 1,403</td>
<td>N = 1,047</td>
<td>N = 2,450</td>
</tr>
<tr>
<td>Suicide ideation</td>
<td>1 (0.1%)</td>
<td>1 (0.1%)</td>
<td>2 (0.1%)</td>
</tr>
<tr>
<td></td>
<td>N = 1,403</td>
<td>N = 1,047</td>
<td>N = 2,450</td>
</tr>
<tr>
<td>Suicide attempt</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>N = 1,400</td>
<td>N = 1,046</td>
<td>N = 2,446</td>
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<tr>
<td>Alcohol or drug binging</td>
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<td>0</td>
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<tr>
<td></td>
<td>N = 1,401</td>
<td>N = 1,047</td>
<td>N = 2,448</td>
</tr>
<tr>
<td>Social harm</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>N = 1,403</td>
<td>N = 1,046</td>
<td>N = 2,449</td>
</tr>
<tr>
<td>Any adverse events</td>
<td>13 (1%)</td>
<td>6 (0.6%)</td>
<td>19 (1%)</td>
</tr>
<tr>
<td></td>
<td>N = 1,404</td>
<td>N = 1,047</td>
<td>N = 2,451</td>
</tr>
</tbody>
</table>

**REPORTED ANY ADVERSE EVENT (AT LEAST 1 CONDITION) BY OO SCREENING RESULTS**

- Negative: **1 (0.04%) out of 2,274**
- Reactive: **18 (11%) out of 166**
- Invalid/Can't read: **0 out of 11**
Implications for Scaleup (1)

• Broad access to HIVST kits through a variety of channels and modalities can play a critical role in achieving epidemic control among key populations including MSM and TGW and their peers.

• Both assisted and unassisted HIVST could be offered through a variety of modalities and promoted broadly using social media, peer mobilization, social marketing, and other approaches.

• In tandem with the social marketing of HIVST kits, it is important to establish a hotline (telephone and/or social media) to ensure that individuals who opt in for HIVST have access to counseling and appropriate referrals.
Implications for Scaleup (2)

• The full involvement of community-based organizations in the implementation of HIVST is critical as they will also be able to provide close follow-up of reactive/invalid cases and can provide support for linkage to services for optimizing personal and public health benefits to HIVST users.

• To increase linkage to services, it is critical to expand referral networks to encompass a variety of services including community-based, private, and governmental services, and offer these different options to the clients who decide to conduct unassisted or assisted HIVST.
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• Sisters Foundation
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