



Unassisted HIV Self-Testing in Vietnam

USAID Sustainable HIV Response from Technical Assistance (SHIFT), Vietnam

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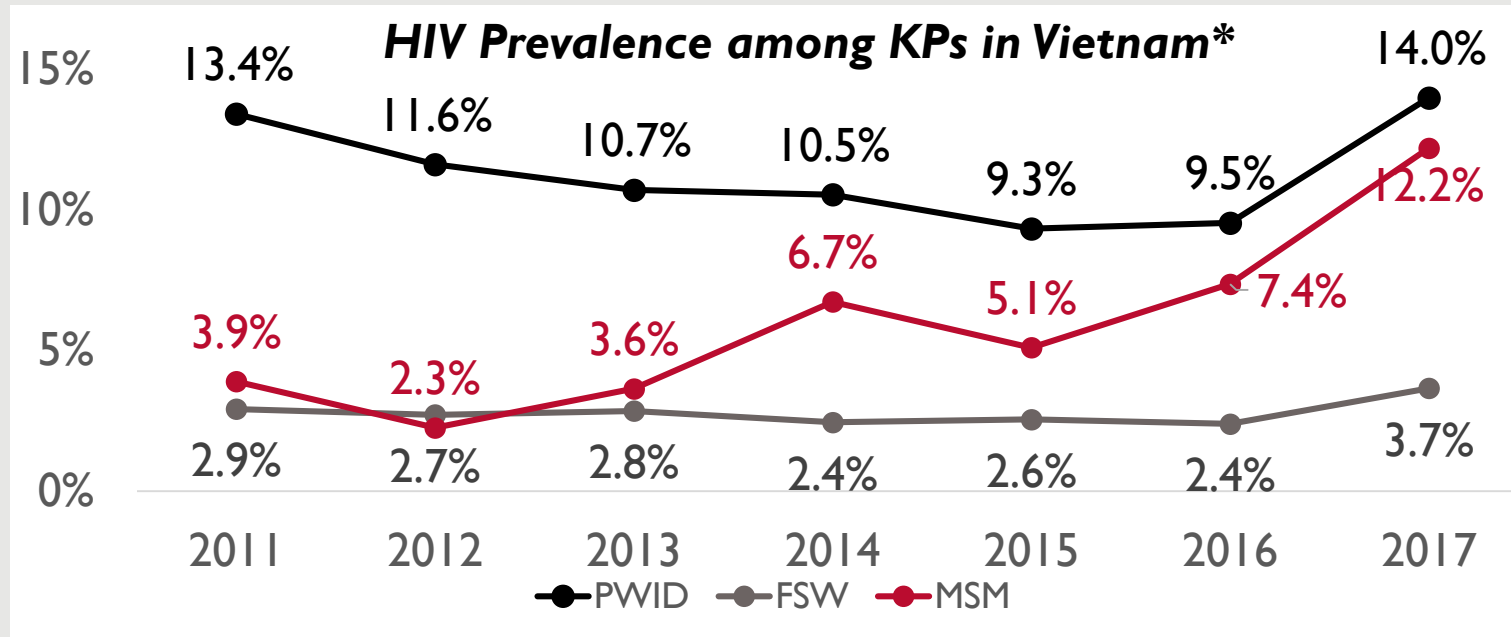
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Background

- In Vietnam, HIV is concentrated among key populations (KPs)
 - HIV prevalence among MSM is growing
 - HIV testing uptake is low (65.4% 2017 HSS+)



- Most healthcare delivery in Vietnam takes place at government-run facilities
- Projects are diversifying options to serve KPs

Approach & Process – Unassisted

I. 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

At each phase, client receives information to meet their risks, preferences, and screening result

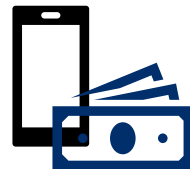
3. Self-testing & Reporting



Complete test



Report results online



Receive mobile money to cover delivery cost (delivery only)

2A. Processing & Delivery



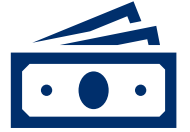
Give phone number & address



Organization initiates delivery



Test delivered



Client pays for delivery

2B. Processing & Pick-up



Organization prepares test for pick-up



Client picks up test from organization

4. Connection to Care

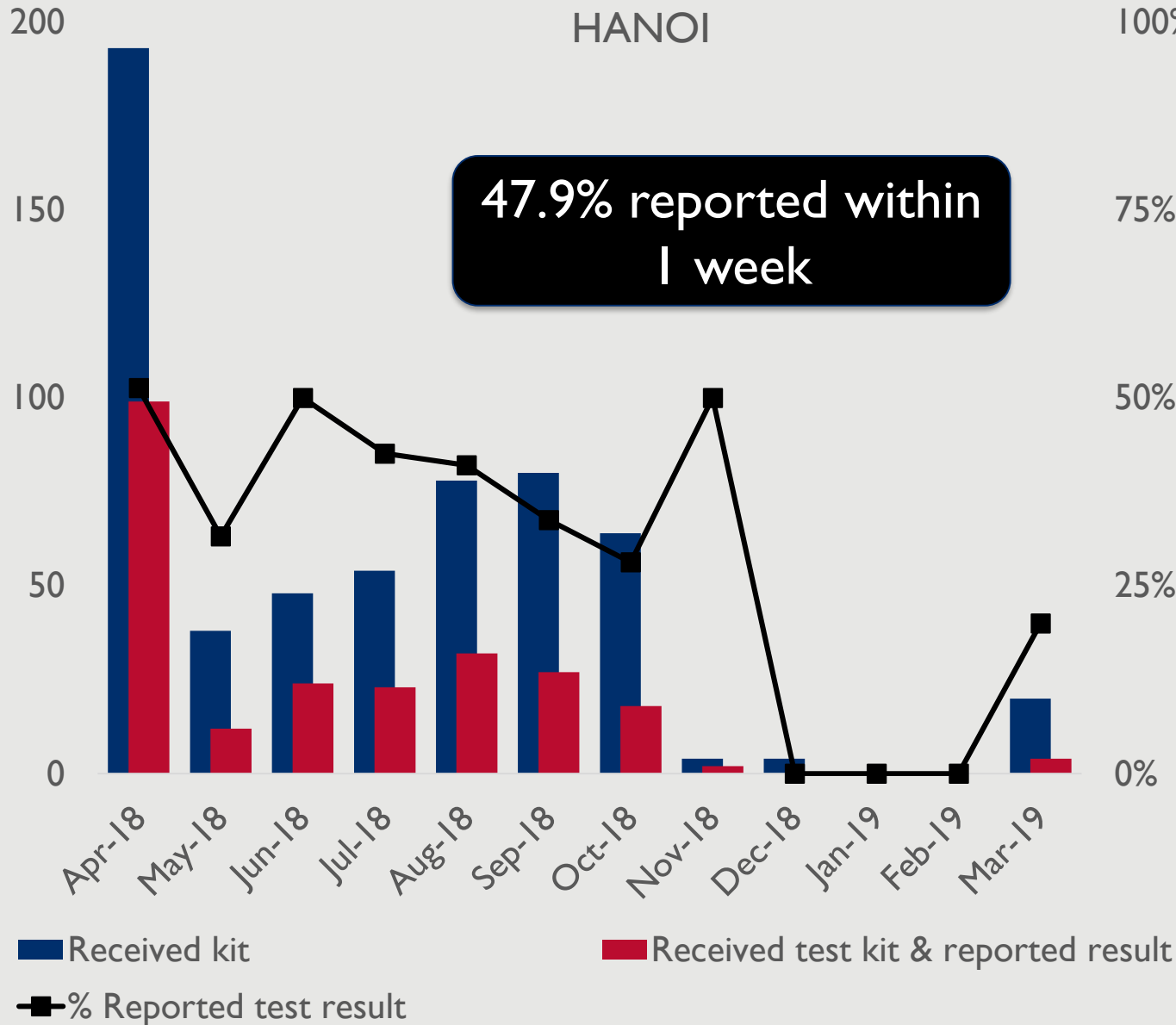


Org. follows up with those who screened reactive



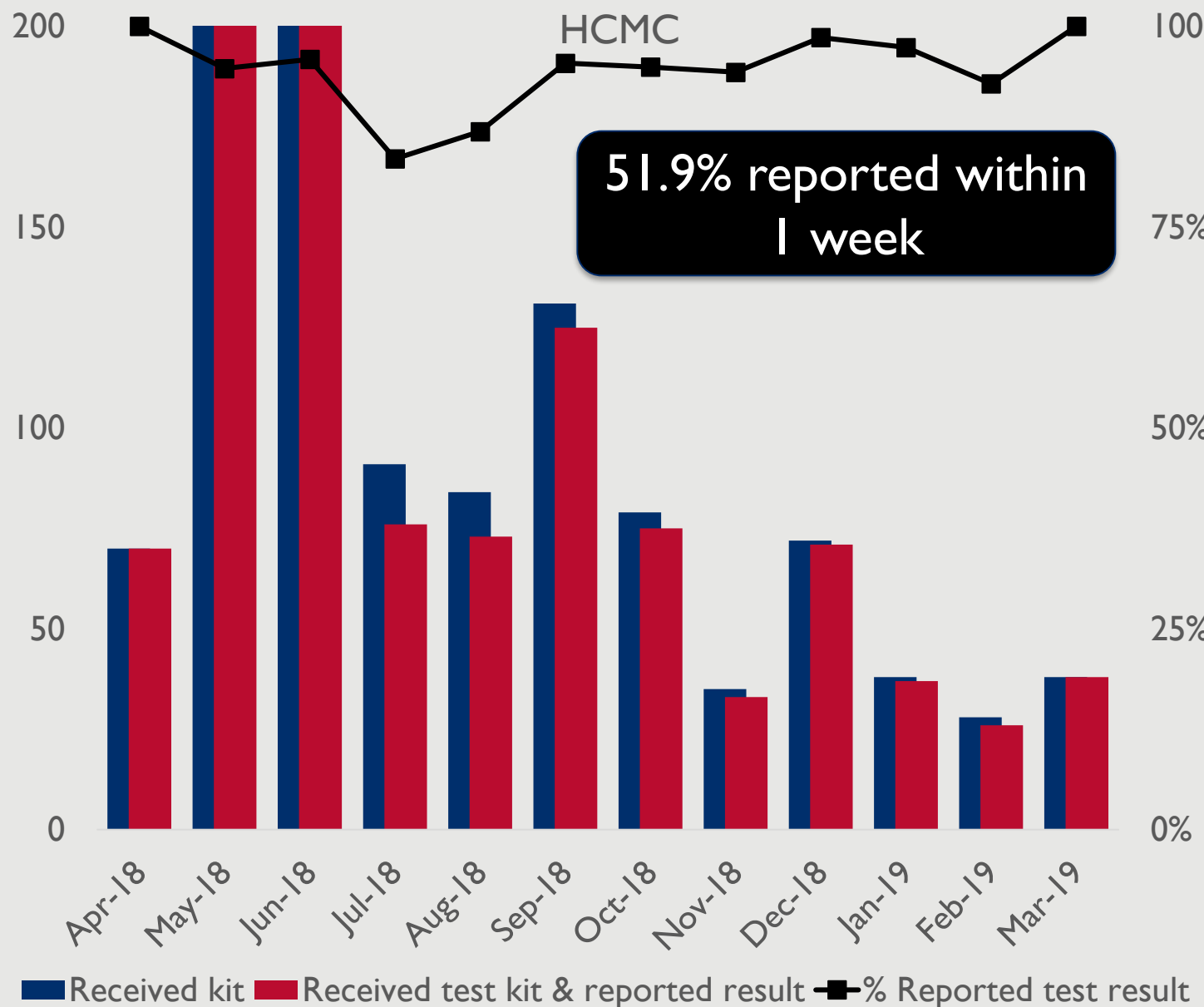
Individual connects to clinic for confirmation & ART

Self-Testing Results - Hanoi



- HIVST reactivity rate of 6.4% (15/234)
 - Facility-based testing in Hanoi is 2.7%
 - 59% of HIVST clients did not report back a self-test result
- 73% (n=11) of reactive clients successfully tracked through confirmatory testing
 - 7 confirmed positive
 - 2 confirmed negative
 - 1 indeterminant
 - 1 unknown (client declined to report)
- 5 known cases enrolled in treatment
- Drop in HIVST uptake in late 2018 due to payment changes, eligibility restrictions

Self-Testing Results – Ho Chi Minh City



- 100% • HIVST reactivity rate of 2.6% (27/1,051 reported results)
 - Facility-based HTC yield in HCMC is 10.8%
- 75% • Different outreach approaches & context
 - More narrow focus, used their own network (their own FB page)
 - HCMC more open, less concerned about confidentiality
 - Some more assisted/semi-assisted (client-driven choice)
- 25% • 67% (n=18) of reactive clients tracked through confirmatory testing
 - 16 confirmed positive
 - 2 confirmed negative
- 16 cases enrolled in treatment

Lessons Learned

- Online outreach makes it easier to reach and removes geographic barriers but clients who do not wish to be physically reached may also be less willing to access venue-based services
- Internet-based HIVST is one way to extend services to these individuals
- Tracking HIVST clients is challenging
 - Many clients give wrong phone numbers (pick-up only) or refuse to provide results to counselors
 - More difficult to verify links to confirmation and treatment than with other testing modalities
 - Protecting individual privacy also hinders follow-up efforts
- Free registration and tracking system (Google Sheet) costs management time
 - Time-consuming to track each test, less automation than custom platforms
 - Must double-check all data entry
 - Must be diligent to protect client confidentiality

Conclusions

- MSM in Vietnam can be reached and provided with HIV self-tests
- Unassisted self-testing requires a lot of effort from the site to:
 - Manage online tracking system
 - Conduct personal follow-up to ensure linkages to confirmation and treatment
- Overall volume (Hanoi) and yield (HCMC) lower than expected
 - Focused only on hidden MSM Facebook and pages
 - Clients have more testing choices in big cities and HIVST demand appears higher outside major cities (but can no longer distribute there)
- Unassisted self-testing is only one HIVST model, but may be critical for most-hidden subpopulations

Vietnam is offering unassisted HIVST in combination with other testing services.

Vietnam is now diversifying all online outreach, which may improve results.

