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HIV SELF-TESTING IN VIETNAM

Making it easier for those most at risk to know their HIV status

The HIV epidemic in Vietnam is concentrated among key populations: men who have sex with men (MSM), transgender women (TGW), people who inject drugs (PWID), and female sex workers (FSW). These populations face multiple barriers to HIV testing, including fear of stigma and discrimination. As a result, the rates of annual HIV testing among these groups are low—approximately 30 percent. HIV self-testing (HIVST) can overcome these barriers by providing a quick, convenient, and confidential option, and has the potential to accelerate new HIV case detection in Vietnam.

“If you go for an HIV test at a normal clinic, then people automatically judge you and assume that you have done something bad—that you sleep with a lot of people, or inject drugs— rather than that you are just taking a normal health precaution or check-up. Self-testing gives people another option, where they don’t have to face real or perceived stigma in public.”

Le Minh Thanh, head of G-link, a community-based organization (CBO) supporting HIV self-testing

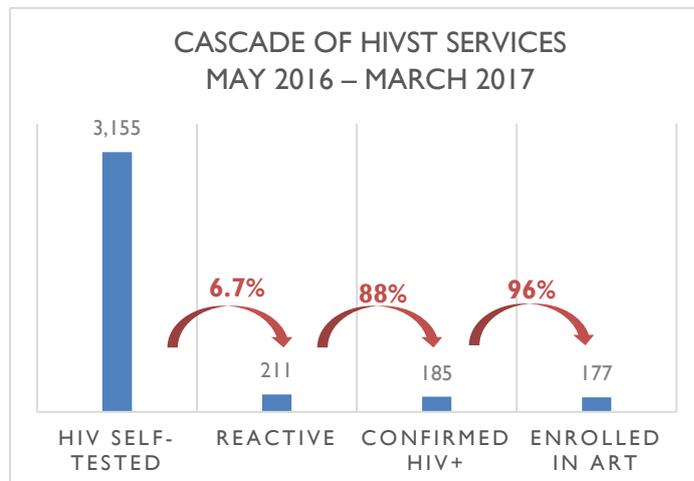
HIV SELF-TESTING PILOT: PROMISING RESULTS

The PATH-led Healthy Markets initiative, funded by the US President’s Emergency Plan for AIDS Relief (PEPFAR) through the US Agency for International Development (USAID), works closely with Vietnam’s Ministry of Health (MOH) to identify and introduce new HIV testing strategies to increase and accelerate case detection. Healthy Markets and the MOH have been piloting HIV testing services by lay providers since 2015, with considerable success. In May 2016, Healthy Markets and CBOs led by key populations introduced HIVST alongside lay testing. Key populations can now access HIVST kits and counseling at 15 CBOs in Hanoi, Ho Chi Minh City, and Vinh City.

HIVST AND CBOS FIND MORE POSITIVE CASES AND SUPPORT LINKS TO TREATMENT

Introducing HIVST in conjunction with key population-led CBO services has resulted in high HIV positive yield compared to facility and HIV lay testing and high rates of linkages from self-test to diagnosis and care. Between May 2016 and March 2017, **3,155 people HIV self-tested**. Of these people, 6.7 percent of them received a reactive result and were referred for confirmatory testing. Eighty-eight percent of the people that received reactive results received an HIV confirmation and **96 percent of those diagnosed with HIV were enrolled in antiretroviral therapy (ART)**. In contrast, conventional HIV testing often results in less than a 1 percent yield of positive cases, and HIV lay testing has a reactive case yield of about 5 percent.

An evaluation of the pilot (from June 2016 to March 2017), found the primary reason (74 percent) individuals opted for HIVST was because it offers privacy and confidentiality.



“I decided to choose self-testing as it is quick and can be done privately. With conventional testing, I have to actually come to a public facility at a certain time, which may not be convenient for me. In the past, I have sometimes also had to see not-so-nice doctors and counselors. The counseling by the CBO was open and friendly, and I could take the test whenever it was convenient for me. The information is confidential, and I know that when I know my status, I will be supported by the CBO staff.”

HIV self-testing client, HCMC

HIVST IS ACCEPTABLE TO KEY POPULATIONS AND RESULTS WERE READ WITH EASE

More than 97 percent of people participating in the HIVST evaluation stated that they found HIVST to be acceptable and that they would recommend it to their peers. The pilot offered a choice of a blood-based (Alere Determine™ HIV-1/2), or oral-fluid assay (OraQuick Rapid HIV-1/2). An evaluation of the pilot (from June 2016 to March 2017) found that nearly 43 percent of clients overall opted for the oral fluid test. While 64 percent reported difficulty using Alere Determine, and 21 percent using OraQuick, HIV test result reading concordance between the observer and self-tester were high across both test kits (Determine: 98 percent; OraQuick: 97 percent).



HIVST APPEALS TO FIRST-TIME AND INFREQUENT HIV TESTERS

Among HIVST evaluation participants (n=936), 54.7 percent were first-time testers, although this rate was higher among FSW, PWID, and their sex partners, than MSM. Among those who had tested before, 24.1 percent had not tested in the previous 12 months.

A STRONG CASE FOR SCALE-UP

Following the results of this pilot, Vietnam’s MOH is committed to scaling up HIV self-testing services nationwide. National HIV community testing guidelines that are under development include self-testing using both blood-based and oral fluid assays. The MOH has included HIV self-testing into the next application for support from the Global Fund to Fight AIDS, Tuberculosis and Malaria to make it more widely available through the public health system. Healthy Markets also continues to advocate for the development of a viable commercial market for HIVST and the licensure of HIVST kits for sale in Vietnam throughout the private sector, including social enterprises, pharmacies, and online retailers.