Online Supervised HIV Self-Testing identified high HIV yield among Thai men who have sex with men and transgender women


This work was made possible by the generous support of the American people through the United States Agency for International Development (USAID) and the U.S. President’s Emergency Plan for AIDS Relief (PEPFAR). The contents are the responsibility of the LINKAGES project and do not necessarily reflect the views of USAID, PEPFAR, or the United States Government. LINKAGES, a five-year cooperative agreement (AID-OAA-A-14-00045), is led by FHI 360 in partnership with IntraHealth International, Pact, and the University of North Carolina at Chapel Hill.
Background & Method

• Over half of new HIV cases in Thailand are MSM and transgender women (TGW).
• Innovative and effective strategies are needed to enhance the Recruit-Test-Treat-Prevent-Retain cascade for HIV prevention and care among MSM and TGW.
• We hypothesized that “integrating varied levels of online HIV services has high potential to engage specific sections of MSM and TGW populations in HIV services”.

• MSM and TGW self-selected to enroll into 1) Offline HIV counseling and testing (Offline group) OR 2) online counseling and online, supervised, HIV self-testing (Online group) OR 3) online pre-test counseling and offline HIV testing (Mixed Online-Offline group).
• Linkage to ART was provided immediately after HIV-positive/reactive test results were known.
• Self-administered questionnaires used to collect socio-demographic data, stigma and discrimination, sexual and drug use behaviors, perceived barriers and facilitators for access to HIV testing.
• Used binary logistic regression to identify factors associated with unsuccessful linkage to ART.
Results

**RECRUITMENT = 573**
MSM: 474  TGW: 99

**ENROLLMENT = 571**
MSM: 472  TGW: 99

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1. **OFFLINE GROUP**
Conventional offline HIV counseling and testing

202
MSM: 157  TGW: 45

**EXCLUDED = 2**

2. **MIXED ONLINE-OFFLINE GROUP**
Online pre-test counseling and offline HIV testing

158
MSM: 156  TGW: 2

**EXCLUDED = 2**
**NOT COMPLETED = 9**

3. **ONLINE GROUP**
Completely online counseling and supervised HIV self-testing

211
MSM: 159  TGW: 52

**EXCLUDED = 3**
**NOT COMPLETED = 15**

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**COMPLETED HIV TESTING**

200
MSM: 155  TGW: 45

147
MSM: 146  TGW: 1

193
MSM: 145  TGW: 48
Results

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Offline group</th>
<th>Mixed Online-Offline group</th>
<th>Online group</th>
<th>P-value (Offline VS online group)</th>
</tr>
</thead>
<tbody>
<tr>
<td>First time tester (%)</td>
<td>42.4</td>
<td>18.1</td>
<td>47.3</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>HIV prevalence (%)</td>
<td>13</td>
<td>3.4</td>
<td>15.9</td>
<td>0.001</td>
</tr>
<tr>
<td>Linkage to ART (%)</td>
<td>83.9</td>
<td>75.0</td>
<td>52.8</td>
<td>0.02</td>
</tr>
</tbody>
</table>

Conclusions

• Offering online supervised HIV self-testing successfully engaged MSM and TGW with high HIV-reactive yield into HIV testing service.

• Linking clients tested HIV-reactive online to come out for offline HIV confirmation and ART initiation proved to be a real challenge.

• Innovative methods to support transition of these clients from online to offline services are urgently needed.

• Factors significantly associated with unsuccessful linkage to care included: being in the Online group (aOR=8.54, 95%CI 1.08-67.59, p=0.04), aged < 17 years at first sex (aOR=13.16, 95%CI 1.62-107.08, p=0.02), and having single partner (aOR 12.61, 95%CI 1.52-104.9, p=0.02).

• Stigma and discrimination experiences did not reduce the chance of successful ART linkage.