

**FINAL REPORT**

# Innovative approaches to promoting and distributing HIV self-testing kits

Experience and lessons learned from the Sustainability of HIV Services for Key Populations in Asia (SKPA) Programme in Lao PDR, Malaysia, Mongolia and the Philippines

January 2022



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## ACRONYMS AND ABBREVIATIONS

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<b>AFAO</b>	Australian Federation of AIDS Organisations
<b>APCOM</b>	Asia Pacific Coalition on Male Sexual Health
<b>ART</b>	Antiretroviral Therapy
<b>CBO</b>	Community-based Organization
<b>CHIAs</b>	Community Health and Inclusion Association, Lao PDR
<b>CSO</b>	civil society organization
<b>FPOP</b>	Family Planning Organization of the Philippines
<b>Global Fund</b>	The Global Fund to Fight AIDS, Tuberculosis and Malaria
<b>IBBS</b>	Integrated Bio Behavioural Surveillance
<b>MAC</b>	Malaysian AIDS Council, Malaysia
<b>MoH</b>	Ministry of Health
<b>MSM</b>	men who have sex with men
<b>NCCD</b>	National Centre for Communicable Diseases, Mongolia
<b>PDR</b>	People’s Democratic Republic
<b>PWID</b>	People Who Inject Drugs
<b>SKPA</b>	Sustainability of HIV services for Key Populations in Asia
<b>UNAIDS</b>	Joint United Nations Programme on HIV and AIDS
<b>WHO</b>	World Health Organization
<b>YFHC</b>	Youth for Health Centre, Mongolia

## ACKNOWLEDGMENTS

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FHI360, and the Ministries of Health and WHO officials who made available the time for interviews are also thanked.

## INTRODUCTION

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The Sustainability of HIV Services for Key Populations in Asia (SKPA) is a three-year (January 2019–December 2021) programme funded by the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund) and implemented in eight countries in Asia and the Pacific – Bhutan, Lao People’s Democratic Republic (PDR), Malaysia, Mongolia, Papua New Guinea, Philippines, Sri Lanka and Timor-Leste. The Australian Federation of AIDS Organisations (AFAO) is the principal recipient, and the programme is implemented by partner organizations in each country.

SKPA aims to promote sustainable services for key populations at scale to stop HIV transmission and AIDS-related deaths by 2030. A key area of SKPA activity is the implementation of HIV self-testing and community-based testing demonstration projects and related demand generation, both to show that these innovative interventions are feasible, effective and acceptable in SKPA countries and to provide lessons to inform scale up. WHO and UNAIDS has provided technical support for the demonstration projects in all eight SKPA countries. The Asia Pacific Coalition on Male Sexual Health (APCOM), one of SKPA’s regional partners, has provided technical support for demand generation for HIV self-testing in Lao PDR and Mongolia.

### Key messages

- Demonstration projects in Lao PDR, Malaysia, Mongolia and Philippines have shown that HIV self-testing is a feasible, effective and acceptable option in contexts where the uptake of HIV testing in government health facilities by key populations is low.
- Making HIV self-testing available via virtual platforms – as has been done in Malaysia and Philippines – or through specific testing sites and community outreach, as in Mongolia and Lao PDR – can reach key populations who have never been tested for HIV or who are infrequent testers.
- Virtual platforms and social media are an effective way to reach men who have sex with men (MSM), in particular, those who are younger or who do not engage with community organizations or venues.
- Virtual platforms and social media can increase the demand for HIV self-testing, but must be well designed, professional, attractive, easy to understand, engaging and relevant to the target audience.
- Virtual approaches should be considered as an additional option and are not meant to completely replace offline approaches to promoting HIV testing and HIV self-testing.

HIV self-testing is a safe, accurate and effective way to reach people who may not test otherwise, including people from key populations, men and young people. However, the Asia-Pacific region has been slower than other regions to include HIV self-testing in national policy and programmes. This report, commissioned by WHO Global HIV, Hepatitis and STIs Programme’s Testing, Prevention and Population Unit, in collaboration with AFAO, aims to document the experiences of and lessons learned from four SKPA countries, to encourage the introduction and scale up of HIV self-testing in other countries of the Asia-Pacific region.

The report focuses on the use of virtual<sup>1</sup> platforms and digital media to make HIV self-testing available and to create a demand for HIV self-testing. The four SKPA countries highlighted in this report – Lao PDR, Malaysia, Mongolia and Philippines – were selected because of their experience in using virtual platforms and of demand creation for HIV self-testing.

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<sup>1</sup> For the purposes of this report, “virtual” includes websites and other online platforms, social media platforms, other digital media, and phone communication.

The methodology used to develop this report involved two approaches:

- Desk review of SKPA programme reports and other documents including country background and policy documents (*see Annex 1*).
- In-depth interviews with SKPA implementing partners and other stakeholders (*see Annexes 2 and 3*).

The report is divided into two sections. The first section describes country experiences, including an overview of the HIV self-testing demonstration project, approaches used to generate demand for HIV self-testing, and challenges and lessons learned. The second section summarizes the main conclusions and lessons learned.

# COUNTRY EXPERIENCES

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## Malaysia

### Background

In Malaysia, the HIV epidemic is concentrated in key populations and the prevalence is estimated at 21.6% among men who have sex with men (MSM), 13.5% among people who use drugs (PWID), 10.7% in the transgender community and 6.3% in female sex workers (1,2) In 2017, MSM accounted for 51% of new HIV infections (IBBS, 2017). Treatment cascade data show that 87% of the estimated 92 000 people living with HIV in Malaysia know their HIV status, and around 50% are on antiretroviral therapy (ART) for HIV infection (1,2).

Although government health facilities provide free HIV testing, uptake is low among key populations due to stigma and discrimination, criminalization, fear of disclosure of sexual identity and concerns about confidentiality. In 2018, the Ministry of Health (MoH) developed the Differentiated HIV Services for Key Populations in Malaysia (DHSKP) model to address the barriers that prevent key populations from accessing HIV services. The SKPA programme supports and complements this model.

The HIV self-testing demonstration project in Malaysia is implemented by SKPA's partner, the Malaysian AIDS Council (MAC), in collaboration with the Centre of Excellence for Research in AIDS (CERia) at the University of Malaya, and the Love Foundation in Thailand. MAC, together with its partners, developed a virtual platform – JOM TEST – for implementation of the HIV self-testing demonstration project and demand generation. The MoH is a key partner for JOM TEST, providing free confirmatory testing, treatment and care through government health facilities.

A 12-month project, JOM TEST was the first HIV self-testing pilot targeting key populations to be conducted in Malaysia. The aim was to assess the feasibility, acceptability and effectiveness of HIV self-testing among MSM, transgender people, sex workers and PWID, with an emphasis on engaging infrequent testers and non-testers. JOM TEST is intended to complement community-based testing and provide access to HIV testing for hard-to-reach or hidden key populations.

### Demand generation for HIV self-testing

Before the demonstration project started, MAC conducted a survey among MSM and transgender people to assess the acceptability of HIV self-testing and willingness to self-test. MAC found that there was a high level of potential demand, with 74% of the 550 survey participants expressing interest in HIV self-testing because it offers privacy and confidentiality and allows them to self-test alone or with someone they trust.

Demand-generation activities started before the launch of the virtual platform. As awareness of and demand for HIV self-testing were already high among MSM, MAC has not needed to do much to create demand in this population. However, efforts were required to generate demand for HIV self-testing among other key populations.

Key steps taken to create demand have included conducting an awareness campaign targeting key populations, including holding a JOM TEST launch event in September 2020, distribution of T-shirts, and promoting HIV self-testing during international HIV testing week in 2020. Platforms such as Facebook and Instagram have also been used to increase awareness of HIV self-testing and of the virtual platform, including through a live talk show about HIV self-testing on Facebook and promotional advertisements. Posts uploaded on social media were open to all populations.



## HIV self-testing

Clients access HIV self-test kits through the virtual platform [jom-test.com](http://jom-test.com), which was launched in October 2020. Before designing the platform, MAC consulted the target population via community-based organizations (CBOs), Facebook and YouTube, and the platform was also piloted with the target population. MAC tracks use of the platform using Google analytics. This shows that it has been viewed more than 100 000 times in a year.

JOM TEST offers HIV self-testing using two different types of WHO prequalified tests – OraQuick, an oral fluid test, and INSTI, a fingerprick blood test – both of which were approved for use by the project by the University of Malaya research committee. Each person enrolled can self-test up to three times during the 12-month project time frame, and MAC sends reminders about testing every three months.

A total of 3400 self-test kits was procured for the demonstration project – 3000 OraQuick (2000 funded by SKPA and 1000 sponsored by Coalition PLUS in conjunction with international HIV testing week 2020) and 400 INSTI (provided free of charge by the manufacturer).



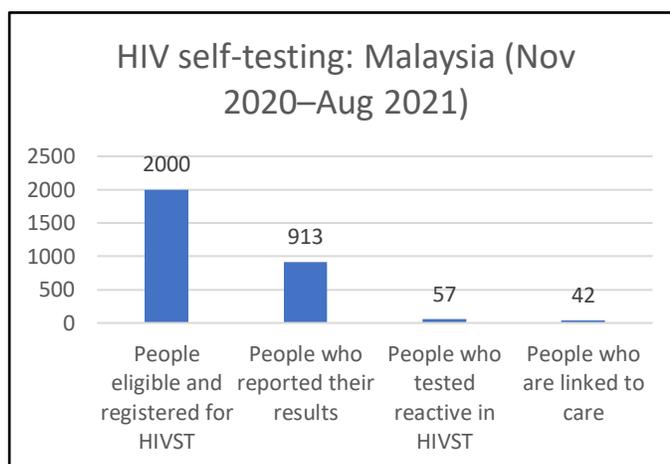
The project had a target of enrolling 1000 participants. To be eligible, participants have to be 18 years or older and reside in Malaysia, not know their HIV status and either have never tested for HIV or taken a test more than 6 months ago – people living with HIV and people who are on ART are not eligible.

MAC has produced leaflets and short videos with information about how to use the self-test kits and how to interpret the results. Recruitment started in November 2020 and, as at the end of August 2021, more than 2000 people had registered and ordered a self-test kit – more than double the original target. Clients can choose whether they want to receive the OraQuick or the INSTI self-test kit. The kit is sent to their home address or another address if they prefer.

As of the end of August 2021, 913 of those who had registered and ordered a kit had returned a test result (this increased to 1077 as of the end of October 2021 and 490 [45%] of these were first-time testers). This is done by uploading a photo of the result. Although MAC has taken steps to ensure that the platform reflects all key populations, MSM account for more than 70% of those who have returned a test result.

Of the 913 people who have returned their result, 57 (6.2%) had a reactive result, a relatively high positivity rate, suggesting that promotion was well targeted. Of those with a reactive result, 42 (73.7%) have so far been linked to care.

Linkage to care is provided through the JOM TEST platform, which includes information about outreach workers and peers across the country as well as a directory of key population-friendly health facilities providing confirmatory testing and HIV treatment. Clients with a reactive test result have the option of being linked to care via MAC's peer support system. MAC also communicates with clients who have had a reactive test result to check whether or not they have gone for confirmatory testing and are linked to care. There have been some COVID-19-related delays in linkage to care due to restrictions on the number of confirmatory tests that could be conducted at health facilities.



## Challenges and lessons learned

### Key challenges

- *Reaching some key populations* – uptake of HIV self-testing has been high among MSM, but it has been more difficult to engage other key populations, in particular, PWID and the transgender community. MAC reports that PWID are less likely to use the Internet, and feedback from consultations with the transgender community suggests that access to transgender health services is a higher priority for them than HIV testing.
- *Use of some social media platforms* – MAC had originally planned to promote HIV self-testing and jom-test.com through gay dating apps but was not able to use apps such as Grindr to do this because of restrictions in Malaysia.
- *Impact of COVID-19* – lockdowns caused delays in sending out test kits as MAC staff was unable to travel to the office. There have also been interruptions in the supply of kits, which are manufactured outside Malaysia.
- *Follow up* – MAC sends reminders via WhatsApp and email to people who have registered with the site and ordered a test kit but who have not returned a test result. It does not have information about reasons for not reporting the results.

### Key lessons learned

- *Use of virtual platforms to provide HIV self-testing can expand access to testing in underserved areas* – Internet coverage is high in Malaysia, so the platform has enabled MAC to provide access to HIV testing to key populations in areas of the country where there is limited availability of testing at government clinics or there are few community-based organizations (CBOs).
- *Virtual platforms have also been critical during the COVID-19 pandemic* – jom-test.com has enabled MAC to mitigate the impact of COVID-19 and continue to provide information and access to HIV self-testing.
- *Approval for use of self-test kits takes time* – MAC was able to obtain approval quickly to use OraQuick for the demonstration project. **In August 2021, approval was obtained for wider use of OraQuick and this is a major achievement.** The approval process for INSTI is under way. Lessons learned from the experience in Malaysia could potentially inform efforts to secure approval for self-testing kits in other contexts.

## Future plans

The MoH is highly supportive and **HIV self-testing will be included in the national testing guidelines in 2022**, after completion of the SKPA demonstration project, which will inform revision of the guidelines.

Efforts are underway to support sustainability of HIVST programme in Malaysia. MAC plans to continue jom-test.com as part of its programme when the demonstration project is completed. After the SKPA programme ends in December 2021, ownership of the platform will pass to the MoH, but MAC will continue to manage and maintain it with Ministry funding. MAC is also using the same platform to conduct a study of HCV self-testing in collaboration with the Foundation for Innovative New Diagnostics (FIND) and the National Head of Gastroenterology and Hepatology in Malaysia.

Global Fund support to Malaysia includes a budget to procure self-test kits, so MAC will continue to provide kits free of charge through the jom-test.com platform until this support ends. After this, clients will have to pay for kits ordered through the platform – MAC estimates the cost to the client of both the OraQuick and INSTI kits will be around US\$ 7 – with delivery costs covered by MAC. OraQuick is also expected to be made available in pharmacies. Like other tests obtained from pharmacies, the HIV self-test kit will be self-paid by clients. The MoH has no plans to procure or subsidize kits at this time. There is a risk that the cost of the test kit will deter some people and limit the uptake of HIV self-testing.

## Philippines

### Background

According to the Health Sector HIV Strategic Plan 2020–2022, Philippines has one of the fastest-growing numbers of new HIV infections in Asia – data from the Joint United Nations Programme on HIV/AIDS (UNAIDS) show that the number of new cases of HIV increased from 980 in 2005 to 12 000 in 2017. Most new infections occur among MSM, with infections increasing significantly among younger MSM aged 15–24 years. The September 2018 report of the HIV/AIDS and ART Registry of Philippines noted that 85% of new infections were in MSM. HIV prevalence among MSM is above 5% in 11 cities in Philippines (3).

HIV testing is available free of charge through government clinics and CBOs, but uptake among MSM is low. An estimated 28% of people living with HIV in Philippines do not know their HIV status (4) and 50% of those who are undiagnosed are aged 15–24 years (5). Increasing the uptake of HIV testing to ensure that 95% of people living with HIV know their status by 2022 is a priority for the Department of Health. Much has been accomplished in the HIV care cascade, but gaps in diagnosis (28%), treatment (29%) and viral load testing and monitoring (83%) require fast-track interventions and more innovative approaches to prevention, testing, treatment and viral suppression (**Error! Bookmark not defined.**).

LoveYourself, the SKPA programme partner in Philippines, has implemented an HIV self-testing demonstration project among MSM and transgender women in Metro Manila called SelfCare. The project was implemented in two phases. In the first – formative assessment – phase, LoveYourself assessed perceptions and knowledge about HIV self-testing. The second – implementation – phase was planned as a 12-month pilot to assess the feasibility and acceptability of HIV self-testing among MSM and transgender women.

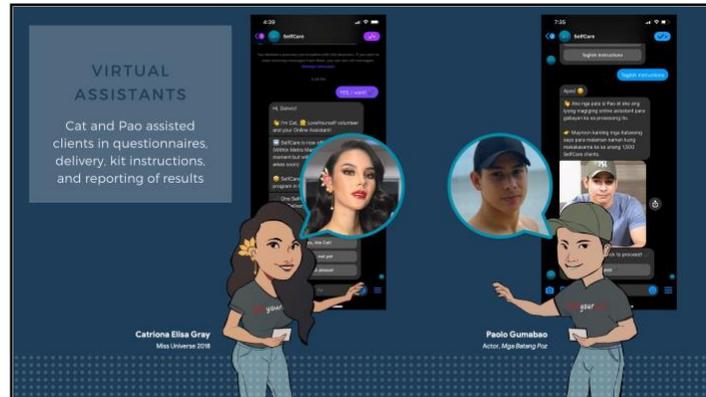
The Department of Health is a key partner, providing confirmatory testing, treatment and care through government health facilities. Other demonstration project partners included the National Institutes of Health at the University of Philippines, the World Health Organization (WHO), UNAIDS, the AIDS Healthcare Foundation, Pilipinas Shell Foundation, and Chembio Diagnostics Systems Inc.

### HIV self-testing

LoveYourself started planning to make self-testing available before the SKPA programme and the HIV self-testing demonstration project. In 2018, LoveYourself approached Chembio Diagnostics Systems Inc., a WHO-qualified manufacturer of the SURE CHECK HIV self-test kit, a fingerprick test kit. They also asked WHO for support in procuring and importing these self-test kits, which were not registered in Philippines, as the Department of Health allows procurement by international agencies and provides temporary registration of products for specific purposes such as pilot projects.

In the first phase of the project, prior to implementation, LoveYourself conducted a survey and interviews to ask the target population about their knowledge and preferred method of self-testing to inform the design of the virtual platform and the demand creation campaign and messages. Around half of respondents to the survey were aware of HIV self-testing (49.6%) and of its availability (57.2%). Almost all (97.4%) were interested in using self-testing, although some had concerns about doing the test correctly and what to do next if they have a reactive result. Most expressed a preference for a fingerprick blood test rather than an oral fluid test. People are used to this method in Philippines, for example, to test blood sugar levels, and also think that it is more accurate. A minority wanted the option of oral fluid testing because they were afraid of needles. More than 70% said they would prefer to order the test kit online and have it delivered.

The second phase used a virtual platform, under the SelfCare brand, which is integrated into the existing LoveYourself Facebook platform, to enable MSM and transgender women in Metro Manila to order HIV self-test kits. The platform was designed by LoveYourself volunteers with expertise in digital technology and social media, and the design took account of feedback from the target population, which suggested avoiding messages that focused only on HIV, including avoiding use of the colour red because of its association with the HIV red ribbon.



Implementation started in March 2020. Shortly after, restrictions on movement were introduced because of COVID-19. As a result, what had been planned as a 12-month project was compressed into the month of March.

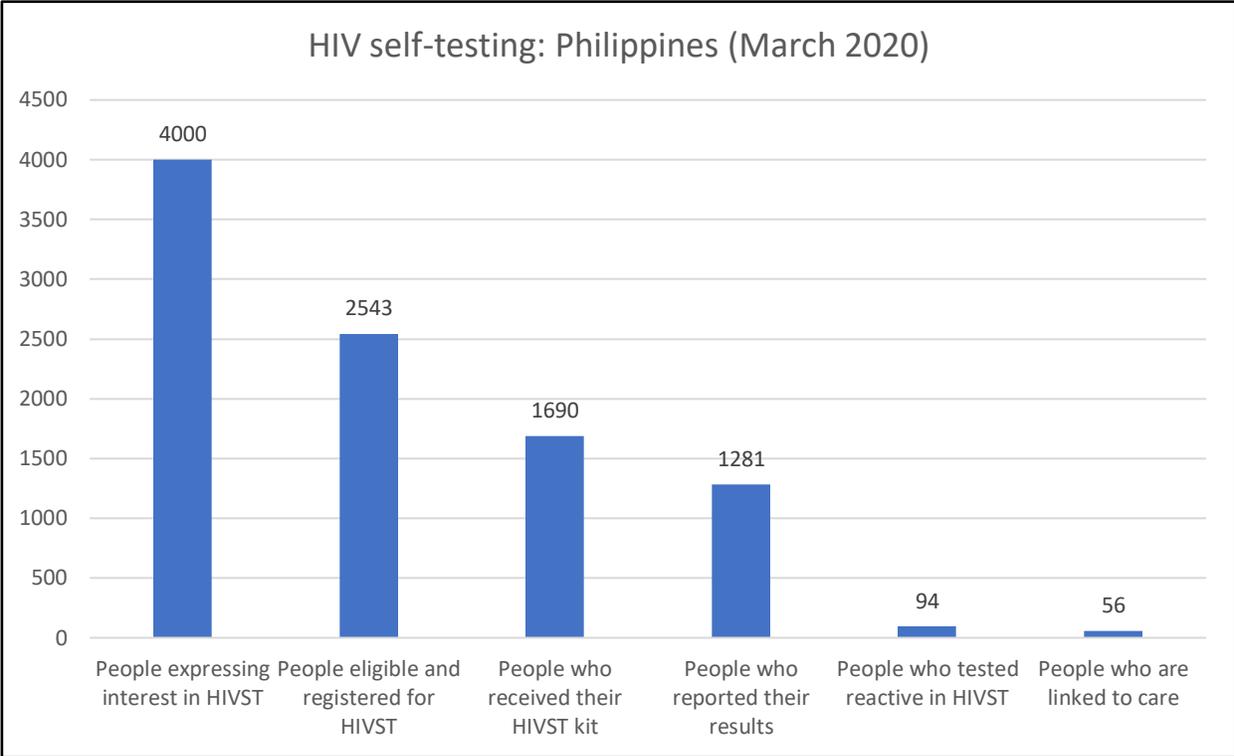
Those who were interested in HIV self-testing could register and order a test kit online. To be eligible for the demonstration project, they had to be MSM or transgender women aged 18–49 years, and live or work in Metro Manila; people living with HIV and people taking pre-exposure prophylaxis were not eligible. The demonstration project used SURE CHECK self-test kits, which were donated by Chembio Diagnostics Systems Inc. After ordering, the test kit was delivered to the client’s preferred address – this could be their home address, a community centre or a specific delivery point.

LoveYourself developed instructions for using the test kit in print and video formats and set up a 24-hour hotline to respond to concerns or questions. LoveYourself also created virtual assistants – Cat and Pao – based on the two brand ambassadors for the SelfCare campaign, Catriona Gray, Miss Universe 2018 and the actor Paolo Gumabao. The virtual assistants helped to guide clients through the process of self-testing and interpreting and reporting the result. The assistants have subsequently been enhanced so the experience is more like talking to a person than a chatbot.

Clients could report their test result via virtual assistant, text message or phone. Whatever the result, they could talk to a LoveYourself peer counsellor or call the LoveYourself hotline. If the test result was non-reactive, the client was linked to prevention services. If the result was reactive, they were encouraged and supported to go for confirmatory testing. This included assistance with finding the nearest health facility that offers confirmatory testing, providing a transport subsidy if required, and offering to accompany the person to the facility (the latter was affected by COVID-19 restrictions). LoveYourself also developed guidance, which includes information about HIV, self-testing and what to do if the result is reactive or non-reactive and uploaded this to the platform.

More than 93% of the participants identified themselves as MSM; very few identified as transgender women. Feedback from clients who participated in the demonstration project suggests that HIV self-testing is acceptable, and that confidentiality and convenience were the primary reasons for using self-testing. Clients also reported that the virtual assistance was useful, and that the offline instructions and guidance were also helpful.

Most clients reported that the kit was easy to use – 89% strongly agreed or agreed that the kit was easy to use and only 8.8% strongly agreed or agreed that they would need assistance to be able to use it. The kit had a mean usability score of 80.6 out of a possible maximum of 100 and there was little difference in scores between those who had ever or never tested or between MSM and transgender women. However, younger clients had slightly lower usability scores – mean scores ranged from 78.1 in those aged 15–24 years to 90 in those aged 50 years and above.



During the demonstration project in March 2020, more than 4000 people showed interest in HIV self-testing, 2543 eligible clients were registered, 1690 SURE CHECK fingerprick HIV self-test kits were distributed (the others who were eligible could not receive kits because of COVID-19-related restrictions on movement), and 1281 clients reported their test result. Of these, 94 had a reactive test result – a high positivity rate (>7%) – and as of March 2021, 56 of these (60%) have been linked to confirmatory testing and care. The project was successful in reaching those at high risk among key populations who had not been reached before – 35 (>30%) of those with a reactive test result were first-time testers – and achieved a high rate of reporting of results (75.8%).

Since April 2020, LoveYourself has continued to offer HIV self-testing via the platform, and 2141 test kits have been distributed. Of these, 1680 were procured through the SKPA programme and were provided free of charge, and the rest were paid for by the client at a cost of around US\$ 15 for the SURE CHECK self-test kit. The cost includes the cost of the test, which is US\$ 11, delivery and LoveYourself administrative costs. LoveYourself reports that self-payment by clients has reduced the demand for HIV self-testing – confirming the formative assessment finding that potential clients were willing to pay no more than around US\$ 10 – and is negotiating with the manufacturer to see if the price can be reduced.

LoveYourself monitors users of the platform via the virtual assistants and monitors the number of people who view posts on Instagram and Twitter. This shows that more than 12 000 people have shown interest in HIV self-testing through the platform and that posts on social media have reached more than 100 000 people.

## Demand generation for HIV self-testing

In addition to the survey and interviews conducted during the first phase of the demonstration project, LoveYourself conducted focus group discussions and brainstorming sessions with a range of stakeholders to develop the HIV self-testing brand and messages to promote a demand for self-testing. The SelfCare concept and brand builds on LoveYourself's emphasis on self-worth and taking control of your health, and also reflects feedback from the target population.

Due to lockdown, social media was the only option available for creating demand. Facebook, which is used by around 95% of the population in Philippines, was the main platform for promoting HIV self-testing. LoveYourself also used its Instagram and Twitter accounts to reach the target population. In addition, messages about HIV self-testing have been integrated into other LoveYourself social media campaigns promoting HIV testing in general and raising awareness about combination prevention.

### **Box 1: WHO HIV self-screening pilot project**

The WHO Country Office, Philippines reports that WHO has also supported an HIV self-screening pilot project in partnership with government and community organizations, which started in February 2020 and ended in January 2021. Using a similar approach to SelfCare project, clients can register interest and order a test kit online – kits are delivered by courier or can be picked up. Overall project findings suggest that HIV self-testing can reach MSM who have not been tested before, in particular, younger MSM, and that most clients prefer to have the test kit delivered by courier.

A specific example of a partnership within this pilot project is that with the Family Planning Organization of the Philippines (FPOP) in Iloilo, a CBO that provides HIV testing and other sexual and reproductive health services. HIV self-testing INSTI kits were distributed via the FPOP community centre and a range of other sites. The pilot offered assisted self-testing as well as self-testing alone; around 10% of clients preferred the assisted self-testing option. Clients with a reactive test result were referred for confirmatory testing, treatment and care.

During the one-month pilot conducted by FPOP in February 2020:

- 104 kits were distributed; 91% of those requesting kits were under 35 years of age and 97% were male;
- 33% of clients were first-time testers;
- A reactivity rate of 6% (6 of 104) was documented; 66% of these (4/6) were first-time testers.

During March–December 2020:

- 901 kits were requested (497 of those requesting a kit were first-time testers), 757 were distributed (681 to MSM, 61 to transgender women);
- 754 clients reported their results;
- 67 clients (8.8%) had a reactive result; 64 of these have been linked to care;
- A few clients experienced difficulty with conducting the fingerprick test and interpreting the results; 10 reported had invalid results.

Source: Key informant interview WHO; HIV self-screening: final report. Family Planning Organization of the Philippines, December 2020.

## Challenges and lessons learned

### **Key challenges**

- *Time taken to secure approvals* – the process of securing temporary registration for the self-test kits and ethical approval for the demonstration project took a year.
- *Meeting demand* – the demand for self-testing was initially very high and, at times, outstripped the supply of test kits. There have also been challenges with the supply of kits, which come from the USA.
- *Delivery of test kits* – the logistics of delivering test kits and ensuring that they are delivered to clients within an acceptable time frame – i.e. within 1–2 weeks of ordering – have been challenging. COVID-19 restrictions also made it difficult to deliver kits to some areas of Metro Manila.
- *Internet coverage* – there is no problem with Internet access in Metro Manila and other cities, but access is more difficult in more remote provinces. Consequently, there is still a need for conventional approaches to reaching key populations in some areas.
- *HIV service coverage* – a key challenge is how to provide support and ensure linkage to care for clients who have a reactive test result in areas of the country without access to health facilities that provide confirmatory testing and HIV treatment.
- *Reaching other key populations* – most users of the platform and of self-testing have been MSM. It has been more difficult to reach other key populations. Transgender women represented only around 5% of those accessing HIV self-testing through the platform during the demonstration project and uptake has remained low since. Similarly, it has been difficult to reach sex workers and PWID.

### **Key lessons learned**

- *Virtual approaches have been critical during COVID-19* – availability of HIV testing in health facilities and through CBOs was significantly reduced due to restrictions on movement. Consequently, virtual approaches have played an important role in providing people with alternative ways to access HIV testing.
- *Provide options for delivery of self-test kits* – some clients prefer not to have test kits delivered to their home address, so it is important to provide them with additional options, for example, delivery to a community organization or another specified delivery point.
- *Provide clear instructions* – for first-time testers and first-time users of self-test kits, instructions must be clear and easy to understand and the test kit itself must be easy to use.
- *Ensure confidentiality at every stage of the process* – client confidentiality must be protected during registration, ordering, delivery, reporting the result, and linkage to care.
- *Online access and HIV self-testing can reach the hard to reach* – data from the demonstration project suggest that virtual approaches and HIV self-testing can be effective in reaching key populations who have never been tested for HIV.
- *Limit the amount of data collected from online clients* – feedback from clients suggests that being required to provide too much information can be a barrier to registering online for HIV self-testing, so it is important to prioritize requested data.
- *Post-test counselling and support is essential* – Clients should be able to talk to a real person as soon as possible after they get their test result to ensure that they receive appropriate support and are linked to relevant prevention or confirmatory testing and treatment services.

- *Use discreet packaging* – LoveYourself packages self-test kits and instructions in a plain white box without logos or other markings, so that it is not obvious what the content is.
- *Provide options for reporting self-test results* – offer different options for clients to report their test results in the most discreet way possible to maximize reporting.
- *Maintain consistent core messaging but adapt delivery for different audiences* – LoveYourself has maintained consistent messaging around the SelfCare brand, but experience has shown the importance of adapting the delivery of messages to the different demographics of clients, the different ways in which they use social media and the specific platform.



- *Maintain consistent core messaging but adapt delivery for different audiences* – LoveYourself has maintained consistent messaging around the SelfCare brand, but experience has shown the importance of adapting the delivery of messages to the different demographics of clients, the different ways in which they use social media and the specific platform. For example, different demographics use Facebook, Twitter and Instagram and it is possible to use more explicit messaging on dating apps such as Hornet and Grindr than on Facebook.
- *Use positive language and keep users engaged with online content* – HIV is still highly stigmatized in Philippines, so it is critical that virtual platforms and social media use positive language and a friendly tone. Regular updates and new content that is engaging and relevant are essential to maintain interest and awareness. Content must be based on a clear understanding of the target audience.
- *Different approaches are required to engage other key populations, including meeting their specific health-care needs* – feedback indicates that transgender women are more concerned about transgender health services that help them to realize their gender identity than about HIV testing. Similarly, LoveYourself consultations with organizations of PWID highlighted the need for access to other harm reduction services. Creating demand for HIV self-testing among transgender women and sex workers requires offline as well as online methods, in particular, engaging with their community networks.

## Future plans

The Philippines Health Sector HIV Strategic Plan 2020–2022 states that a diverse mix of HIV testing strategies will be used to reach the hardest-to-reach key populations. National HIV testing guidelines are currently being updated and it is anticipated that HIV self-testing will be included in the revised guidelines (together with other HIV testing modalities, including index testing, assisted self-testing and social and sexual network testing). WHO is advocating for the inclusion of HIV self-testing with the Department of Health, and LoveYourself is involved in the Technical Working Group that is tasked with revision of the national HIV testing guidelines.

**SURE CHECK HIV self-test kits have been registered and approved in Philippines**, which means that they can be procured and sold commercially. Procurement of self-test kits is included in the Global Fund national grant but there are currently no plans for procurement with national government funding.

Inclusion of HIV self-testing in the national testing guidelines will allow CBOs and private providers to offer self-testing. Based on feedback, LoveYourself estimates that 20–25% of key populations are likely to continue to want to use HIV self-testing as their preferred mode of testing in future and plans to continue to provide HIV self-test kits via its virtual platform on a self-paid basis after the SKPA programme ends. Ensuring that HIV self-testing kits are available to those less able to pay, especially younger MSM, will be a critical issue.

## Lao PDR

### Background

The HIV epidemic in Lao PDR is concentrated among key populations. Global AIDS Monitoring 2021<sup>1</sup> data and UNAIDS 2021 HIV Estimates<sup>2</sup> report an HIV prevalence of 4.1% among MSM (8% in the capital city Vientiane) (in 2020) and of 3.1% among transgender people in Vientiane and Savannakhet (in 2012). The integrated biobehavioural surveillance (IBBS) survey in 2014, 2017 and 2020 showed an increasing HIV prevalence and HIV risk behaviour among MSM. The same data sources report no data on the proportion of the estimated 15 000 people living with HIV who know their HIV status (in 2018, UNAIDS estimated that 85% knew their status), 8189 people with HIV who are on ART and 6319 who have achieved viral suppression.

The Ministry of Health's Action Plan (2021–2025) on HIV/AIDS and STIs emphasizes the importance of the sustainability of the response, promotes integration of HIV/AIDS and sexually transmitted infections (STIs) into the broader health sector, and includes targets for reducing HIV prevalence among MSM. National HIV testing guidelines in Lao PDR recommend testing every 6 months for high-risk populations.

HIV self-testing has been supported in Lao PDR by the US President's Emergency Plan for AIDS Relief (PEPFAR), initially in 2018 through the Linkages project and, since 2019, through the Meeting targets and Maintaining Epidemic Control (EpiC) HIV self-testing demonstration project, which is implemented by FHI360 in the capital city Vientiane and in two other provinces, Savannakhet and Champasak.

SKPA's partner, the Community Health and Inclusion Association (CHIAs), a CBO in Lao PDR, supported implementation of HIV self-testing under the Linkages project and continues to play this role through the EpiC project. SKPA supports CHIAs with procurement of kits – 3000 OraQuick tests were procured in September 2020 – and demand generation for HIV self-testing. The government is a key partner, providing confirmatory testing, treatment and care through government health facilities as well as capacity-building for the CHIAs project team.

### HIV self-testing

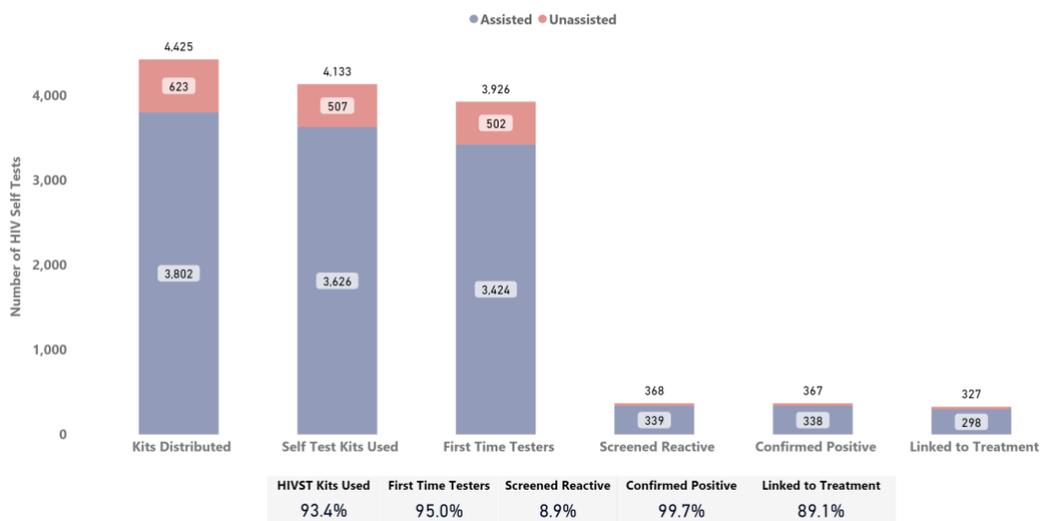
HIV self-testing began in Lao PDR in 2018, targeting hard-to-reach MSM. Self-test kits were made available to the target population in the capital city Vientiane, Savannakhet, and Champasak provinces, with support provided by CHIAs peer outreach workers who are called community-based supporters. Since 2020, under the EpiC project, HIV self-test kits have been distributed to MSM and transgender women through CHIAs outreach workers and at the Vientiane Youth Centre. In Lao PDR, self-test kits are currently available only through this project.

The demonstration project uses OraQuick oral fluid test kits. Community-based supporters have been trained to support HIV self-testing using these kits. If a person is interested in HIV self-testing they contact a community-based supporter who provides counselling and conducts basic screening to ensure that they are eligible. If they are eligible, they have the choice of self-testing with support from the community-based supporter (in person or via video call) or asking the community-based supporter to assist them with the test.

Before the test kit is provided or the test is done, clients are asked to give consent for follow up, to ensure that they are linked to care if the test result is reactive. Clients with a positive result are given a coupon and referred to a health facility for confirmatory testing – they can ask to be accompanied by a community-based supporter if they do not feel comfortable going to a facility on their own.

During 2021, FHI360 reports that the EpiC project distributed 4425 self-test kits and, of these, 4133 kits were used, 368 had a reactive result, 367 (9%) were confirmed as positive and 327 of those confirmed as positive were linked to ART. As the figure below shows, a very high proportion (95%) of those using HIV self-testing were first-time testers, and most clients opted for assisted self-testing.

## HIV Self Testing Cascade Among All Populations- FY21 YTD



### Demand generation for HIV self-testing

Demand-generation activities – through digital media and outreach workers – have been used to promote HIV self-testing. One of CHIA’s key strengths is its community networks of MSM and transgender women and the demonstration project has been able to draw on these to reach and motivate people. CHIA has followed APCOM guidance on digital demand creation, so a summary of this guidance is included in Box 2 below.

#### Box 2: APCOM guidance on development of digital campaigns and platforms

APCOM guidance suggests the following activities:

- developing a workplan and budget;
- identifying community and clinical partners (i.e. sites that will provide services);
- conducting a baseline survey (using a standard protocol developed for APCOM by Thailand’s Mahidol University);
- conducting focus group discussions with MSM (including young MSM who are not currently engaged with the implementing organization’s services) to inform campaign and message development;
- developing the campaign brand, name, slogan (which should include the words Test, Repeat), logo and key messages;
- developing campaign products including a website, which serves as the gateway to information about HIV testing, HIV self-testing and where to access testing;
- conducting a launch event and outreach at community events;
- creating brand recognition, including through community pages on social media platforms such as Facebook, using other social media channels, creating advertisements on popular dating websites, and partnering with social media influencers;
- monitoring and evaluation (APCOM suggests conducting a campaign assessment survey and establishing a memorandum of understanding or partnership agreement with clinical service providers to allow access to data on the number of people who are tested, those who test positive and who are enrolled in care as well as on the number of service users who have sought care as a result of the campaign).

## Key steps taken

- *Conducting focus group discussions with the target population* – CHIAs conducted focus group discussions in Vientiane with 20 MSM and 20 transgender women in early 2021 to inform the design of the campaign, including the choice of platforms and campaign messaging. Participants were asked about HIV risk behaviour, barriers to accessing HIV testing and care services, as well as about their use of digital platforms and social media. Feedback from participants suggested that Facebook is the social media platform most commonly used by MSM, although they also use TikTok, WhatsApp, Instagram and dating apps, and watch films and videos on YouTube. Feedback also suggested that the campaign should use short videos and cartoons and attractive role models.
- *Using social media* – this has included identifying key influencers to promote HIV self-testing, contracting models and, since July 2021, uploading regular posts on Facebook, Instagram and Twitter and dating apps such as Grindr and Hornet. Posts provide information about HIV prevention and treatment as well as about HIV self-testing. So far, the Facebook page has around 150 followers.
- *Developing and launching a virtual platform* – the platform, TestVTE.org, which is based on the TestBKK.org model developed by APCOM in Thailand, will focus on promoting HIV self-testing, with regular information updates, videos and other material. Unlike the platforms in Malaysia and Philippines, which enable users to order test kits online, the platform in Lao PDR will provide information about where people can access HIV self-testing and enable them to make an appointment.
- *Monitoring* – CHIAs will monitor the number of people who visit the platform and share content and will also track impact through the community-based supporters who ask, as part of the screening process, how people found out about HIV testing and HIV self-testing.

The platform has only recently been launched so it is too early to comment on its use or impact. However, digital promotion is viewed by CHIAs and government informants as an effective and acceptable way to provide information and increase awareness of HIV self-testing in Lao PDR.

## Challenges and lessons learned

### Key challenges

- *Impact of COVID-19* – lockdowns and travel restrictions have made it difficult to deliver test kits to clients and provide face-to-face counselling, as well as for outreach workers to provide support to clients for self-testing.
- *Limited digital capacity and Internet coverage* – it was difficult to identify a qualified and experienced agency in Lao PDR to design and maintain the platform. In addition, there are challenges with Internet connectivity in more remote, rural areas of the country, limiting the potential reach of the platform and social media.

### Key lessons learned

- *Outreach workers play a key role in promoting HIV self-testing and motivating people to self-test* – key informants report that, in the Lao PDR context, both virtual and face-to-face promotion are required. Anecdotal evidence suggests that face-to-face communication is still necessary to reach and convince some of the target population. CHIAs reports that outreach workers have needed to spend considerable time encouraging and supporting some people to self-test, for example, because they are worried about the result.
- *Learn by doing and learning from others* – use of digital technology to generate demand is a relatively new concept in Lao PDR and CHIAs has taken a “learning by doing” approach, adapting the approach as necessary, as well as learning lessons from the experience of other countries in the region.
- *Virtual approaches provide opportunities to disseminate information more widely, reach new clients and provide services in new ways* – COVID-19 has limited the scope for face-to-face promotion, so virtual approaches have been critical. For example, during lockdowns, counselling has been provided via video calls.
- *Adapt content to the cultural context* – the APCOM model for the platform, TestBKK.org, was originally developed in Thailand. CHIAs has adapted and “softened” the images and messages for the TestVTE.org platform so that they are acceptable in the more conservative Lao PDR cultural context.
- *Engage the community in social media and keep content new and interesting* – maintaining interest requires regular posting of new information – CHIAs posts up to ten items a week on different social media platforms. Involving the target audience in developing content is also critical to ensure it is relevant and acceptable.

## Future plans

The Government of Lao PDR recognizes the value of HIV self-testing and the central role of CBOs in reaching key populations. HIV self-testing for key populations is included in the national HIV testing guidelines and in the 2021–2025 Action Plan. HIV self-testing is currently available only through the demonstration project in Vientiane and two other provinces noted above, but the project has shown the effectiveness of this approach in reaching key populations and the potential benefits of making self-testing more widely available. **The EpiC Project will be expanded to other venues, such as pharmacies, in 2022.**

The National AIDS Programme is committed and capacitated but depends on donor funding for HIV interventions for key populations, and it is unlikely that the government will be able to fund procurement of kits or scale up HIV self-testing in the immediate future without external support. The Government, implementing partners and service providers are currently discussing the way forward. One approach being considered by the EpiC project is provision of HIV self-test kits through pharmacies and government health facilities. However, a number of issues still need to be decided, including how kits will be procured and distributed, whether kits should be free of charge or paid for by clients, how clients will access counselling and other support, and how to ensure that those who have a reactive test are linked to confirmatory testing and, if needed, HIV treatment and care.

## Mongolia

### Background

According to the latest Global AIDS Monitoring Report, based on data for 2020, there are an estimated 666 people living with HIV in Mongolia, of whom 81% are male. Prevalence of HIV is very low among the general population but the 2019 IBBS showed a prevalence of 7.7% among MSM (6). MSM and transgender women are the key populations most at risk of HIV in Mongolia. National guidelines recommend that high-risk populations test for HIV every 6 months. However, although Mongolia is achieving high rates of linkage to ART and viral suppression after HIV diagnosis, only 39% of people living with HIV know their status (7), so increasing access to and uptake of HIV testing, especially among MSM, is critical.

HIV is included in Mongolia's Integrated Programme to Prevent and Control Communicable Diseases with the objective of reducing STI and HIV prevalence by increasing prevention, early detection and enhancement of access to comprehensive, quality health services. Two specific interventions are to increase the accessibility of STI and HIV prevention measures, especially for key populations, to reduce prevalence and decrease HIV-related inequality and discrimination; and to enhance the quality and accessibility of HIV services and interventions.

The HIV testing demonstration project – which includes both HIV self-testing and community-based testing – is implemented by SKPA's partner, Youth for Health Centre (YFHC), a CBO that aims to strengthen the HIV response for MSM and transgender women.

Prior to the demonstration project, CBOs such as YFHC and the Rainbow Clinic at the National Centre for Communicable Diseases (NCCD) had been providing facility-based testing for key populations, as stigma and discrimination deter many MSM and transgender women from accessing testing at government facilities. Piloting HIV self-testing and peer delivery to increase uptake of HIV testing was one of the priority recommendations of a review of key population services conducted by YFHC under the SKPA programme.

Other stakeholders supporting the demonstration project include the government, which has allocated Global Fund national grant funding for procurement of test kits, and WHO and UNAIDS, which are providing technical assistance. Government facilities provide confirmatory testing and HIV treatment and care, all of which are free of charge.

YFHC has a good working relationship with the government and has involved key government stakeholders from the MoH and NCCD from the start. The demonstration project has a multi-stakeholder steering committee, which is led by the AIDS/STI Surveillance and Research Department of the NCCD, and includes representatives from other NCCD departments, WHO, YFHC and community representatives. It also has a Community Advisory Board made up of five community members, which performs a watchdog role.

## Demand generation for HIV self-testing

Demand generation activities began before the demonstration project, as recommended by a feasibility study conducted by YFHC and NCCD.

YFHC organized focus group discussions to find out what information MSM want and to inform the design of promotional activities. Focus group feedback suggested that most MSM find sexual partners on Facebook and Grindr and that these two platforms would be the most appropriate for promoting awareness of HIV self-testing sites. Younger MSM reported that they get information from a range of sources, including social media platforms, dating apps and outreach workers, and suggested that messages need to be short and simple and that they would like information to be presented in a way that is fun, relevant to their situation and age group, and uses attractive images. With respect to an online platform, they suggested that it should be well designed, include video content, and be regularly updated with new information.



Since August 2020, YFHC has implemented an intensive branded promotional campaign to generate demand for HIV self-testing and community-based testing, with a focus on reaching previously unreached and hidden MSM and transgender women through virtual approaches. This is the first time that this type of campaign has been implemented in Mongolia.

The YFHC platform, Test4UB.org, which was designed by a professional website designer, was launched at two events involving the NCCD, MoH, UN agencies, CBOs, business owners and the community. The platform is based on the APCOM TestBKK model adapted to the Mongolian context. It has been promoted through YFHC accounts on social media platforms, including Facebook at facebook/test4ub and Instagram at test4ub, as well as on YouTube and dating apps such as Grindr. To keep the platform engaging and interesting, YFHC has produced and uploaded short talks and videos on various topics, including HIV self-testing and OraQuick, pre-exposure prophylaxis, HIV prevention, legal rights and stigma and discrimination.

These activities have been complemented by offline promotion through leaflets, stories and a comic book series, outreach workers, CBOs, events, bars and clubs. The comic book series was developed at the suggestion of focus group participants, who wanted to see stories that feature the lives of MSM and transgender women and promote positive messages about the community.

YFHC is currently assessing the coverage and effectiveness of the virtual campaign through an online survey of 200 MSM. The survey, which is adapted from a template developed by APCOM, includes questions about awareness and perceptions of the campaign, including recall of campaign social media posts, podcasts, videos and other products, and views about campaign messages as well as about changes in knowledge, attitudes and behaviour with respect to HIV testing.

YFHC community-based monitoring during 2020 suggests that, while outreach workers remain the main source of information about HIV testing sites, social media is a growing source of information. The proportion of MSM who report the Test4UB.org website as a source of information about HIV testing sites increased during the year from 1.2% to 12.4%.

YFHC also monitors the number of social media followers and the number using the platform. During February–August 2021, the Test4UB Facebook page had almost 4000 hits and YFHC content on YouTube was viewed more than 25 000 times. Test4UB.org has been viewed more than 120 000 times in the same period and has almost 20 000 users, suggesting there is a high level of interest in seeking information online.

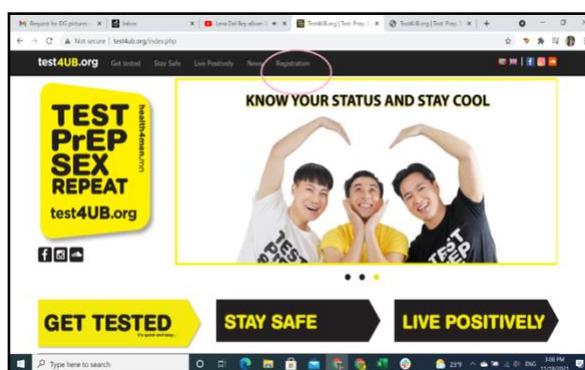
## HIV self-testing

The HIV self-testing demonstration project is being implemented in Ulaanbaatar, the capital city of Mongolia, between March 2021 and June 2022. The focus on Ulaanbaatar reflects key population estimates, which suggest that around 5000 of the estimated 6500 MSM in Mongolia live in the city.

The project recruits MSM who meet the following criteria: aged 16 years and older; resident in Mongolia; never tested for HIV or not tested in the past 6 months; not infected with HIV; and voluntarily agree to participate and provide written informed consent. Priority MSM targeted by the project include those reached by peer outreach workers but who have never undertaken HIV testing or are infrequent testers, those who are unreached by outreach workers, including younger MSM, those who do not want to identify as gay or to use MSM facilities, and those who find sexual partners online or outside “gay community” venues.

The health law in Mongolia allows only health professionals to provide medical services, including blood tests, so the demonstration project is using the OraQuick oral fluid test kit. The project involves two approaches to HIV testing:

- HIV self-testing – self-testing in a private room in a stand-alone testing site or testing administered by a health worker if the client prefers. The health worker provides pre-test information and post-test counselling and referral for confirmatory testing, treatment and care.
- Community-based testing – rapid testing conducted by community-based supporters and trained YFHC outreach workers provide counselling and link people with a reactive test result to confirmatory testing, treatment and care, and those with a non-reactive test result to prevention services. Outreach workers have to sign a confidentiality agreement to ensure that client confidentiality is protected.



MSM can use the online platform Test4UB.org to find out where HIV testing is available, to make an enquiry and to book an appointment for HIV self-testing, and each client has a unique identifier code to facilitate follow up and monitoring. Before registering, clients have to complete a consent form. Outreach workers also proactively encourage MSM who have not been tested to take a test.

As this is the first time that self-testing and rapid testing using OraQuick has been implemented in Mongolia, a number of steps were required, including: agreeing the definition of HIV self-testing and community-based testing with NCCD; developing protocols for HIV self-testing and community-based testing, including inclusion and exclusion criteria; obtaining approval from NCCD and ethical approval from the MoH; procurement of OraQuick test kits; identifying appropriate testing sites for self-testing; and training health workers and outreach workers to use the test kit as well as to provide counselling and referral.

In addition, YFHC has developed indicators to measure the impact of the project. These include:

- the number of MSM who express a demand for HIV self-testing and community-based testing following demand generation;
- the percentage of MSM who opted for HIV self-testing and community-based testing (of those who express demand);
- the percentage of MSM who opted to do HIV self-testing themselves;
- the percentage of (a) first-time HIV testers opting for assisted self-testing or community-based testing, and (b) infrequent testers opting for assisted self-testing or community-based testing;
- the percentage of MSM who express satisfaction with HIV self-testing and community-based testing;

- the percentage of MSM who have a reactive test and who share their result with the health or outreach worker.

The demonstration project aimed to provide HIV testing to around 1500 MSM in Ulaanbaatar, focusing on those who have not been tested or who are infrequent testers. Ethical approval was obtained in January 2021. Training was conducted in February 2021 and the project started enrolment in April 2021 but had to stop shortly afterwards due to COVID-19 lockdown.

As of mid-September 2021, 439 MSM had been tested, either through the self-testing sites or community-based testing, with most accessing HIV testing through community-based testing. YFHC reports that all those who had a reactive test have been linked to care, although it does not collect follow-up data after referral or have access to data on the results of confirmatory testing.

YFHC community monitoring includes a question about where people prefer to receive HIV testing. In response, 54% of MSM reported that they would prefer to get tested at nongovernment organization (NGO) or CBO clinics and 21% reported that they would prefer self-testing, a higher proportion than those who expressed a preference for testing at an outreach venue, private clinic or public clinic.

## Challenges and lessons learned

### **Key challenges**

- *Impact of COVID-19* – the start of the demonstration project was delayed as it was awaiting approval from the MoH Ethics Committee, which did not meet for 12 months due to COVID-19 restrictions. COVID-19 lockdown temporarily halted implementation of the demonstration project testing sites in April 2021 and limited outreach activities.
- *Internet access* – access is easy in Ulaanbaatar but Internet coverage is not as good in more remote areas of Mongolia, so virtual approaches may not reach key populations in these areas.
- *Facebook permission* – there were some challenges initially with Facebook, which would not accept posts with images and messages that Facebook judged would violate its community standards.
- *Monitoring and follow up* – as the demonstration project gives clients who self-test the choice of whether or not they wish to share their test result with the health worker, a key challenge is tracking the total number of people who have a reactive test result and the proportion of these who take a confirmatory test and who are linked to care and treatment.

### **Key lessons learned**

- *HIV self-testing and virtual approaches can increase the uptake of testing* – according to a key informant from the NCCD, HIV self-testing has helped to reach hard-to-reach MSM, and use of the virtual platform and of social media has been important in reaching younger MSM. Demonstration project data also suggest that the platform and use of social media have increased the demand for testing; for example, there was a significant increase in demand after a posting on Grindr in August 2021.
- *Adapt content to the cultural context* – the APCOM model for the platform, TestBKK.org, was originally developed in Thailand. YFHC has adapted the content and images for the Test4UB.org website, so that they are appropriate and acceptable in the Mongolian context. For example, models used in images must be clothed and more explicit messages and words needed to be changed to ensure that they are in line with Mongolian culture.
- *Online platforms need to be well-designed and professional* – YFHC highlights the importance of contracting professionals with expertise and experience to design and manage websites and social media platforms, develop videos, and do a test run before a platform is launched.

- *Ensure that virtual platforms are active and engaging* – it is essential to maintain people’s interest by keeping platforms up to date, posting new information, and ensuring that the content is engaging. The content should be in the language of the target audience and this requires involving the community in developing the content and messages. Experience also suggests that the use of professional models or role models is important.

## Future plans

The national policy context is supportive for HIVST. Community-based testing using oral fluid test kits is already included in the national HIV testing guidelines and **NCCD is currently revising the guidelines to include HIV self-testing**. NCCD reports that it plans to introduce HIV self-testing across the country, although the government will not fund free self-testing, and is considering allowing self-test kits to be sold in pharmacies. However, it also recognizes that this approach will limit availability to those who are able or willing to pay and that follow up will be a challenge.

Sustainability of the platform and related social media activities is an issue. YFHC may not be able to maintain the website without external funding and is engaging with the Technical Working Group that has been established to oversee implementation of the Global Fund transition plan to try to ensure that demand-generation activities are included in the plan.

## CONCLUSIONS

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HIV self-testing provides an additional option for HIV testing, which offers convenience and confidentiality. The demonstration projects in these four SKPA countries have shown that HIV self-testing is feasible, effective and acceptable, and that there is demand for this approach among key populations. They have also shown that HIV self-testing can reach key populations who do not want to visit government health facilities or CBO sites that provide HIV testing.

Making HIV self-testing available via virtual platforms – as has been done in Malaysia and Philippines – or through specific testing sites and community outreach – as in Mongolia and Lao PDR – has the potential to reach key populations who have never been tested for HIV or who are infrequent testers and to reduce the proportion of people living with HIV who are unaware of their status.

The type of self-test kit provided depends on the national policy context and on the preference of the target population. In Lao PDR and Mongolia, HIV self-testing is done using OraQuick, in the former because it is easier to train community-based supporters to support the use of an oral fluid test and in the latter because national regulations allow only health professionals to conduct blood tests. In Malaysia, clients were offered a choice of either OraQuick or INSTI, a fingerprick blood test, as both were approved for use in the demonstration project. Philippines offers SURE CHECK, a fingerprick blood test, as the target population expressed a preference for this method.

Provision of HIV self-test kits via virtual platforms must be complemented with clear information and instructions about how to use the kit, how to interpret the result and what to do next. It should also be integrated with provision of pre-test information and post-test counselling, and linkage to confirmatory testing, treatment and care for people who have a reactive test result and to prevention services for those with a non-reactive result. The demonstration projects highlight the challenges associated with linkage to care following a reactive result as not all clients report their results or are willing to come for a confirmatory test, a challenge that has been found in other contexts with HIV self-testing. SKPA partners highlighted the critical importance of clients being able to talk to a real person as soon as possible after they have taken a test to ensure that they receive appropriate support, as well as the value of peer support and navigation in linkage to care.

Confidentiality is essential at every stage of the process – registering and ordering a test kit, distribution of the kits, counselling, reporting the test result, and follow-up support. In Philippines, for example, test kits are packaged in plain white boxes before distribution to clients. It is also important to provide clients with options that enable them to protect their confidentiality, including where they want the kits to be sent and how they report their test result.

The SKPA experience has shown that virtual platforms and social media can be an effective way to reach key populations, in particular, MSM and younger MSM, complementing outreach and other offline approaches. During COVID-19 lockdowns, digital approaches have been essential to enable SKPA partners to continue to provide information and services.

However, virtual approaches have been piloted among MSM populations and not much information or evidence is available for Transgender women and PWID populations. . The internet coverage is also not uniform across the country with urban areas having the better connectivity and this should be considered while planning interventions. SKPA partners report that access to transgender health services is a higher priority for transgender women than HIV testing and that comprehensive harm reduction services are required to meet the needs of PWID. In addition, anecdotal evidence suggests that reaching transgender women, drug users and sex workers requires offline engagement with community networks.

Virtual platform content must be tailored to the country context. What is acceptable in some countries is not acceptable in others. In Lao PDR and Mongolia, where more explicit messages and images are less acceptable than in other countries of the region, content has been adapted to ensure that it is culturally appropriate. Social media content also needs to be tailored to the specific platform and its users. For example, content posted on Facebook needs to meet Facebook community standards, whereas content posted on dating apps such as Hornet and Grindr can be more explicit.

To be effective, the scope and content of digital campaigns to generate demand for HIV self-testing must respond to the needs and preferences of the target population. Consultation with the community is therefore an essential first step – to find out where they currently seek information, what information they want, and how they would like information to be presented – as well as an important ongoing process.

Experience in SKPA countries suggests that virtual platforms and social media content must be well designed, professional, attractive, easy to understand, engaging, relevant, and use the language of the target audience. Use of role models and influencers can increase the profile and credibility of campaigns. It is also critical to keep users engaged and interested by regularly uploading and posting new information and involving the community in developing content.

Virtual approaches can complement but not completely replace conventional approaches to promoting HIV testing. Outreach efforts need to be strengthened to identify key populations who are still not accessing HIV testing and to encourage them to be tested. In Lao PDR, for example, SKPA partners report that outreach workers play a key role in promoting HIV self-testing and encouraging people to test and, in Mongolia, community-based testing has made a significant contribution to increasing uptake. In addition, virtual approaches are not feasible in more remote or rural areas where the target population may not have access to the Internet or may be less familiar with digital technology than their counterparts in cities.

Sustainable access to HIV self-testing is an issue. In some countries, the demonstration projects have helped to influence national policy and product registration. HIV self-testing has been or is being adopted in national HIV testing guidelines – good working relations between SKPA partners and the government have been an important factor.

However, government procurement of self-test kits and continued free provision of kits is not a given in all countries. In Philippines and Malaysia, people are expected to pay for kits provided by SKPA partners in the future. In Malaysia, Mongolia and Lao PDR, the government is considering making self-test kits available for people to buy from pharmacies. There is a risk that the cost will deter some people from testing or reduce the frequency of testing, reducing the potential benefits of HIV self-testing. There are also concerns about provision of self-test kits through pharmacies, including how people will access counselling, whether they will administer the test correctly without access to support, and how they will be linked to confirmatory testing, treatment and care. Sustainability of virtual platforms and other demand-generation activities is also an issue in countries where SKPA partners rely on external donors and the government is unlikely to fund these activities. It is also important to plan scale up of HIVST in these and other countries in the region in order to benefit from these learnings.

To summarize, the experience of implementing innovative approaches to distribution and promotion of HIV self-testing in SKPA countries demonstrates that these approaches have the potential to improve the accessibility of HIV testing and to reach key populations who may not use existing services. Lessons learned from this experience can help to inform adoption and scale up of interventions to address the HIV testing gap among key populations in other countries of the region.

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# ANNEXES

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## Annex 1: Documents reviewed

### Lao PDR

#### **CHIAs**

SKPA Country Strategy, October 2020

Quarterly reports: January–March 2021; April–June 2021

Focus group discussion notes: men who have sex with men, transgender women

Branding guidelines testVTE.org

### Malaysia

#### **Malaysian AIDS Council**

SKPA Country Strategy, November 2020

JOM TEST project summary

JOM TEST project slide set

JOM TEST framework

JOM TEST health care centres and facilities directory, 2020

INSTI HIV self-test instructions for use

OraQuick self-test instructions for use

### Mongolia

#### **Youth for Health Centre**

SKPA Country Strategy, November 2020

Quarterly reports: July–September 2019; October–December 2019; January–March 2020; April–June 2020; August–October 2020; October–December 2020; January–March 2021

Report on focus group discussion activity, January 2019

Plan for demand generation, January–December 2020

Demand-generation campaign assessment protocol

Demand-generation activity narrative report Q7, September 2020

Training on HIV self-testing and community-based HIV testing, slide set. December 2020

Mongolia test4UB campaign assessment questionnaire

Annual report: Community-based monitoring of HIV services. January 2021

Mongolia HIV situation

#### **Other**

HIV self-testing and community-based testing: a feasibility assessment. NCCD and YFHC

## Philippines

### **LoveYourself**

SKPA Country Strategy

Acceptability and feasibility of HIV self-screening among men who have sex with men and transgender women in Metropolitan Manila, Philippines: a demonstration study

SelfCare: A community-based demonstration study on the acceptability and feasibility of HIV self-screening among men who have sex with men and transgender women in Metro Manila, Philippines during COVID-19 quarantine, International AIDS Society (IAS) presentation, July 2021

SelfCare: Online HIV self-testing model in Philippines, IAS Educational Fund and LoveYourself symposium presentation, June 2021

### **Other**

Philippine Health Sector HIV Strategic Plan 2020–2022. Department of Health, Disease Prevention and Control Bureau, 2019

Synergizing the Philippine HIV & AIDS response: 6th AIDS Medium term Plan 2017–2022. Philippines NAC

Final report: National HIV Joint Programme Review, Philippines. Department of Health et al., 2019

Impact of the COVID-19 pandemic on the national HIV response: a rapid assessment. Department of Health Epidemiology Bureau's National HIV/AIDS & STI Surveillance and Strategic Information Unit and the Disease Prevention and Control Bureau's National AIDS and STI Prevention and Control Programme

HIV self-screening. Final report, Family Planning Organization of the Philippines. December 2020

APCOM

Online digital campaign assessment protocol

Pre-exposure prophylaxis (PrEP) demand-generation toolkit

## Annex 2: People consulted

### Lao PDR

Viengkhone Souriyo, Executive Director, CHIAS

Olam Rasaphone, SKPA Programme Coordinator, CHIAS

Lattavanh Sengdala, Demand Generation Officer

Amphone Phomphiban, EPIC Project Coordinator

Sopha Chanthasily, EPIC Project M&E Officer

Dr Khanthanouvieng Sayyabounthavong, National Consultant for SKPA, Center for HIV/AIDS and STIs  
Sai Ti, AFAO, SKPA Country Lead

### Malaysia

Davindren Tharmalingam, SKPA Programme Coordinator, Malaysian AIDS Council

Jonathan Fontilla, AFAO, SKPA Country Lead

### Mongolia

Myagmardorj Dorjgotov, Executive Director, Youth for Health Centre

Nyampurev Galsanjamts, SKPA Programme Coordinator, Youth for Health Centre

Setsen Zayasaikhan, SKPA Programme Manager, Youth for Health Centre

Byambaa Chultemsuren, SKPA Programme Officer, Youth for Health Centre

Dr Davaalkham Jagdagsuren, Head, Department of AIDS/STI Surveillance and Research, National Centre for Communicable Diseases

Monsuda Chansiri, AFAO, SKPA Country Lead

### Philippines

John Oliver Corciega, SKPA Programme Manager, LoveYourself

John Danvic Rosadiño, Director of Operations, LoveYourself

Jeanno Lorenz Dinglasan, LoveYourself

Kiyohiko Izumi, Technical Officer, WHO

Patrick Eustaquio, WHO

Jonathan Fontilla, AFAO, SKPA Country Lead

## Annex 3: Interview checklist

### HIV self-testing demonstration project

- What is the policy, regulatory and legal context for HIV self-testing?
- Who is the main target population for the HIV self-testing demonstration project?
- What challenges is HIV self-testing expected to help overcome?
- What steps have been taken to design and implement the project?
- Who has been reached? How many are first-time testers?
- How are clients enrolled in the HIV self-testing demonstration project? What are the inclusion and exclusion criteria?
- What adaptations have been made to reflect the national policy context or national guidelines?
- Which partners are involved and what roles do they play? How has the government been involved?

### Using digital platforms and social media to increase access to and demand for HIV self-testing

- What digital platform and social media are you using or planning to use to increase access to self-testing and to create a demand for HIV self-testing? How did you decide which platforms to use?
- How easy is it for people to access the Internet? What social media platforms are most popular with the target audience for the HIV self-testing project?
- How has/will this be adapted so that it is appropriate for the country context?
- How was the target audience consulted before you started to design the digital platform and to think about how to use social media? What feedback did they provide and how did this influence the approach?
- How has the digital/social media platform been promoted? How does the target audience find out about it?
- How has the platform been designed/what will it look like/what content will it include?
- Can people use the digital platform to order an HIV test? What steps are/will be involved in obtaining and returning a test? How many test kits have been distributed? How many clients have reported their test results?
- What happens if the test is positive? How are people linked to confirmatory testing, treatment and care?

## Successes, challenges and lessons learned

- What has worked well with the HIV self-testing demonstration project?
  - How many people have been reached? Who has been reached?
  - What have been the main challenges with the HIV self-testing demonstration project?
  - What has worked well with demand generation and use of digital and social media?
  - What have been the main challenges with using digital platforms and social media to generate demand?
  - What have been the main lessons learned?
  - What plans are there for national scale up and sustainability of HIV self-testing and supporting demand creation?
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