



Save the Children



**A gateway for early diagnosis and linkage to care and
treatment for key populations in Bhutan**

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I on my own behalf and on behalf of Save the Children International would like to acknowledge the Traditional Owners of Country. We pay our respects to Elders past and present.

We thank the members of key population communities who have participated in this research.

Introduction

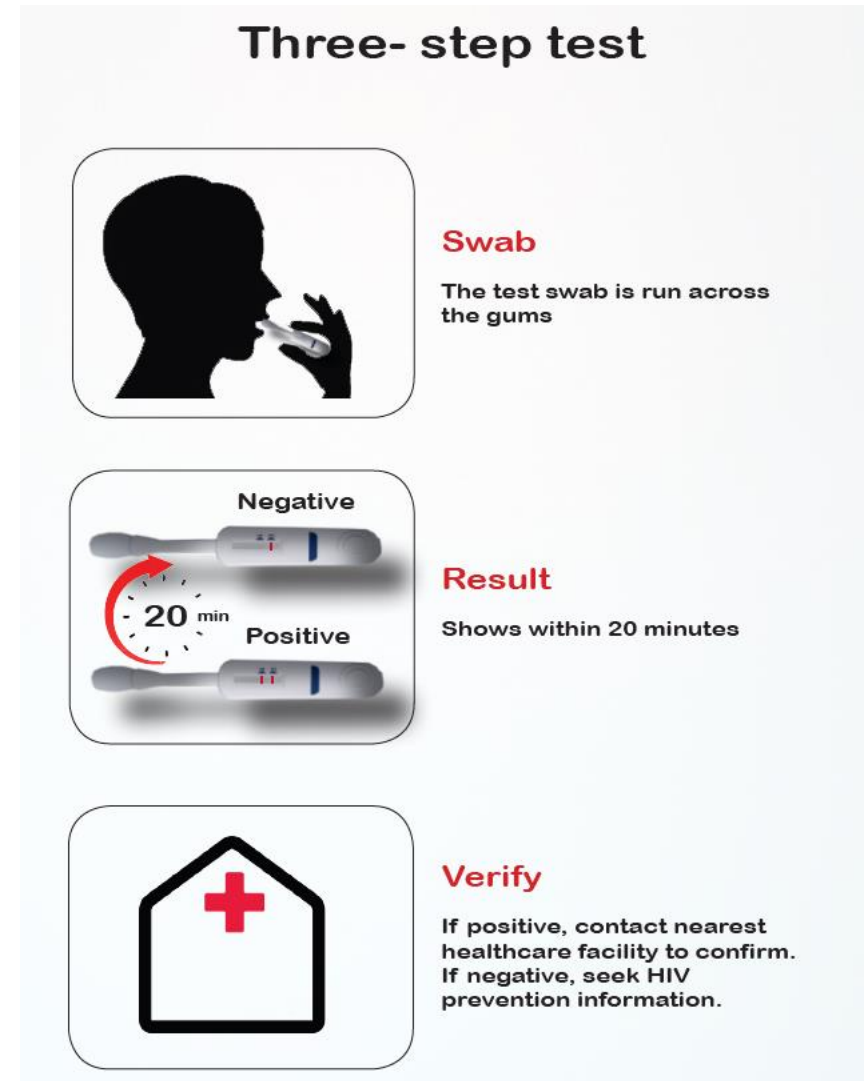
- Bhutan - low-level HIV prevalence country
- National targets – 95-100-95 by 2020, & end HIV by 2030
- HIV detection gap – about 36%
- Inadequate testing – among key vulnerable populations (KVPs)
- KVPs face barriers in accessing HCT & related services

HIV self-testing (HIVST)

- An individual testing an oral saliva swab/blood specimen that they have taken themselves.

The evidence -

- Increases the uptake of HIV testing
- Is feasible and acceptable in a range of populations/settings
- Is equally effective in diagnosis & linkage



Objective

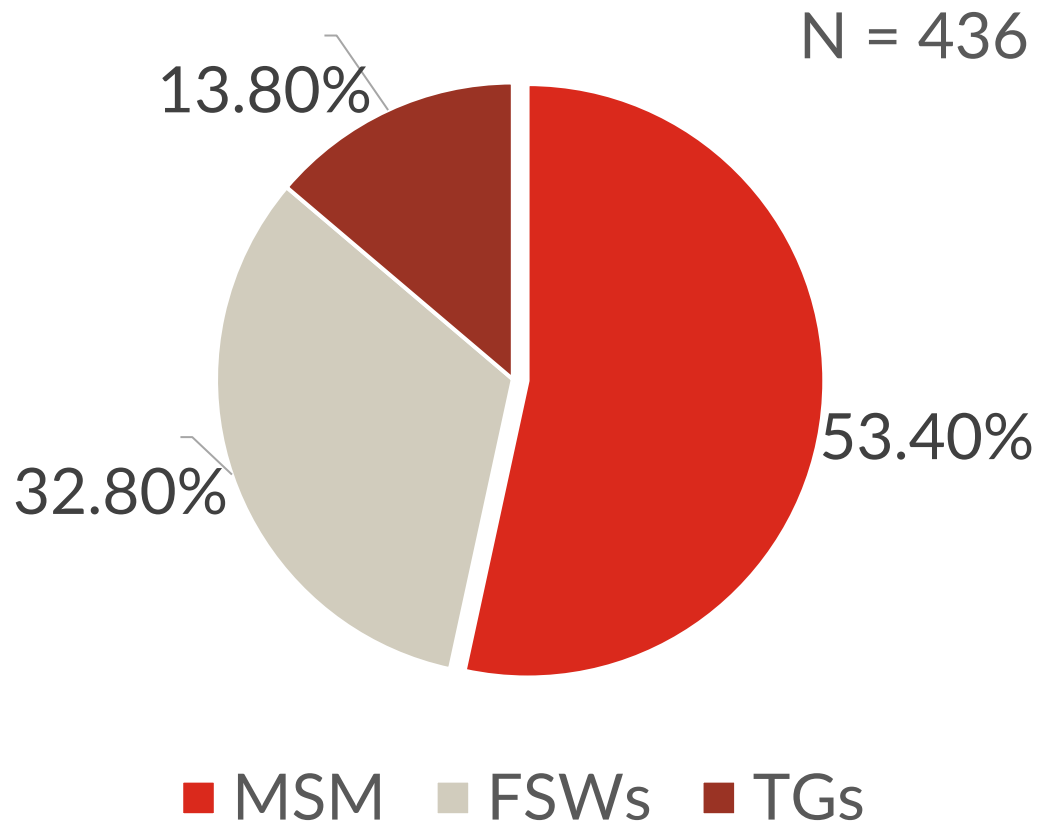


To assess the acceptability of oral HIVST among key populations and the feasibility of introducing HIVST in Bhutan

Methods

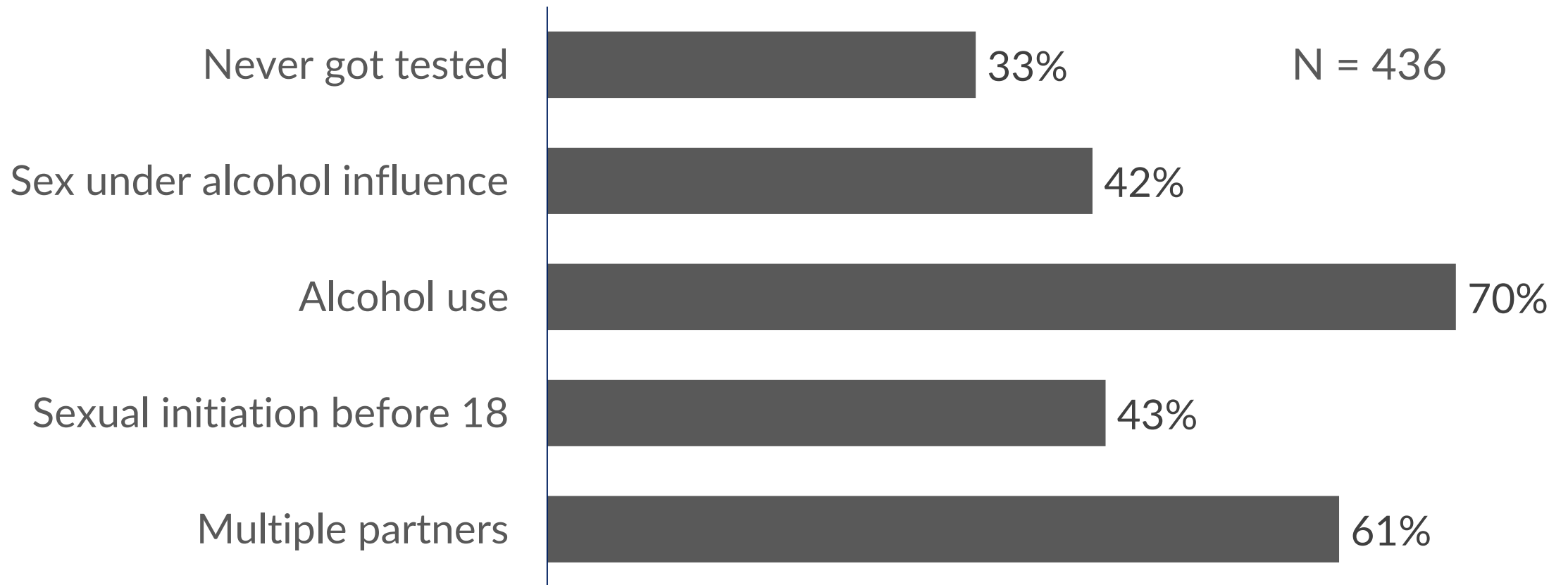
- A cross-sectional mixed-methods study
- Conducted from Aug 2021 to Jan 2022 in 7 districts
- Purposive peer-driven sampling
- Peer outreach workers were trained
- Structured questionnaires and in-depth interviews (n=18)
- Study cleared – Research Ethics Board for Health

The findings



<i>Characteristics</i>	<i>% (N)</i>
18-30 years	77% (337)
Higher secondary schooling (11-12)	33% (145)
Unemployed	33% (145)
Online outreach activity	57% (250)
Thimphu-Paro	75% (327)

Key risk behaviors



Acceptance

<i>Variables</i>	<i>MSM, %(N)</i>	<i>TG, %(N)</i>	<i>FSW, %(N)</i>	<i>Total</i>
<i>Agreed to test</i>				
Assisted HIVST	72% (168)	58% (35)	73% (105)	71% (308)
Unassisted HIVST	25% (57)	27% (16)	18% (26)	23% (99)
<i>Post-test counselling</i>				
Yes	99% (231)	100% (60)	100% (143)	99% (434)
<i>Interest to receive HIVST in future</i>				
Yes	94% (220)	100% (60)	99% (142)	97% (422)
<i>Willingness to be followed up</i>				
Yes	94% (220)	100% (60)	99% (142)	97% (422)

Qualitative findings

<i>Initial feelings</i>	<i>Opinion - HIVST roll out</i>	<i>Pre-test understanding</i>	<i>Reasons for participation</i>
<ul style="list-style-type: none">• Experienced some degree of nervousness & fear (n=9)• Common among those never tested• One felt excited	<ul style="list-style-type: none">• Happy with introduction• Convenient – carry out the HIV testing by themselves.	<ul style="list-style-type: none">• Understood how to perform HIVST & importance of testing• Two stated they understood - “little bit”	<ul style="list-style-type: none">• Know their HIV status• Experience testing without having to draw blood

“So, I think HIVST is very beneficial in society **but need more awareness on it**, you know, people are still not aware of it maybe its first time just now. **If we promote it people use.**” (a 27-year-old FSW, Thimphu).

Acceptance

Comfortable
to test
themselves

Easy to
use

Privacy

Convenience

“Of course, all our friends will but first, they have to be advocated and informed well about this test because these things are coming new. Like when a pregnancy test came for the first time many weren't aware of it.”

- a 27-year-old FSW from Paro

Key lessons

- Overwhelming acceptance of the oral HIVST
- HIVST introduction – feasible in Bhutan
- Peer approaches – essential to reach key populations with services
- Online platforms play a crucial role
- Counselling – very critical

Impact & conclusions

- HIVST – included *National HCT Guideline*
- HIVST – delivered through service centers & key population organizations

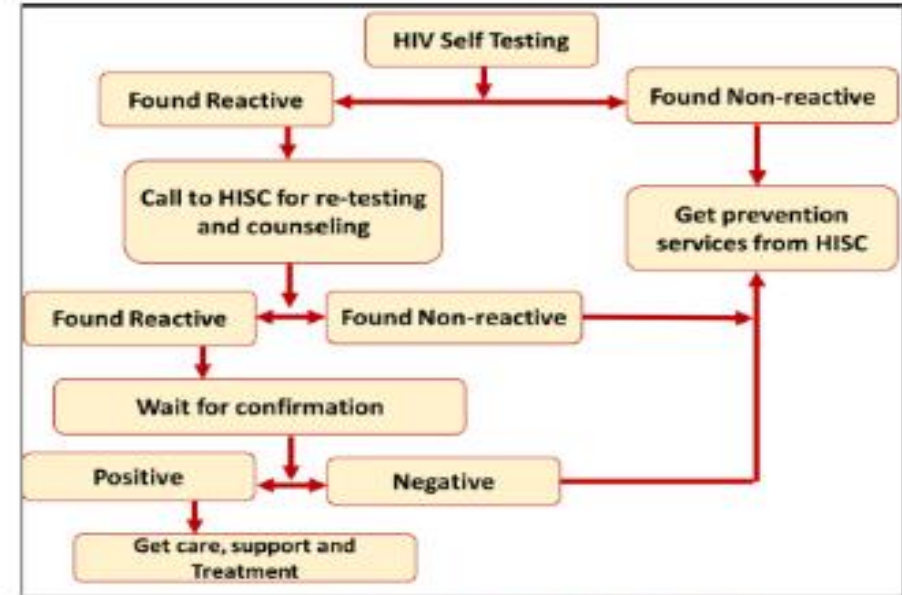


Figure 2. HIV Self testing algorithm, NACP, Ministry of Health

Procedure

- Provide pre-test information and let clients decide on assisted or unassisted HIVST.
- For unassisted HIVST, demonstrate on how to use Oraquick® and also show a video on how to use and also provide relevant contact details of HISC or PORW.
- For assisted HIVST, Health workers and trained POWR providers conduct a single HIV rapid diagnostic test (RDT) referred to as A0 (assay 0) using oral-fluid-based testing kits. Oraquick® is currently registered with the Drug Regulatory Authority of Bhutan and is being approved.
- The clients with reactive test results (A0+) should call HISC/Health Centers for re-testing and counselling. If possible, PORW can accompany the client for support and testing. The re-testing to be initiated using the blood-based rapid HIV test kit by the HISC/MCT or trained health workers.
- If the re-testing is found reactive (A1+) then refer for confirmation at the national reference lab.

Acknowledgements



Authors

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