

Web-based HIV self-testing distribution and linkage: from pilot to nationwide scale-up

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Background: To improve access to HIV testing services to key populations (KP), including during COVID-19 context, a web-based HIV self-test (HIVST) distribution platform was piloted in three provinces in VietNam. The objectives were to assess the feasibility, uptake and linkage to post-test services to inform national scale-up.

Methods: Clients registered on a web-based platform (<https://tuxetnghiem.vn>), requested oral HIVST kits (OraQuick HIV ½ self-test) and chose among available delivery options (courier/peer-educator delivered/self-pick-up). Voluntary reporting of HIVST results was encouraged. Depending on HIVST results, staff or peers supported clients to access further testing and linkage to PrEP or ART. User demographic information and risk behaviors were collected at registration and via voluntary client-satisfaction survey. Data were automatically stored and compiled in the web-system. Post-test linkage was documented by staff and peers in the same system.

Results: In the pilot phase (November 2020 to December 2021), 4454 clients registered on the website, and 4192 (94%) received HIVST kits. Majority of them (90%) were males and aged between 15 and 34 years (82%). Of these, 3088 (74%) reported their results: 168 (5%) had reactive results; 163/168 (97%) were confirmed HIV-positive and 157/163 (96%) initiated ART. Of 2915 clients who reported HIV-negative results, 609 (21%) initiated PrEP. Nearly all (99%) clients reported being “very satisfied” with the services. In the scale up phase (from January 2022), the web-based HIVST distribution was scaled up to additional 22 provinces and the number of HIVST kits distributed increased from 300 in January 2022 to 1382 in Oct 2022. Of 6,982 tests distributed (January-October), 46% (3198/6982) reported results with 252 (8%) reported a reactive result, 70% confirmed HIV positive and 86% initiated treatment; 26% (757/2946) individuals with an HIV negative initiated PrEP.

Conclusions:

Web-based HIVST distribution is acceptable and feasible and can identify additional HIV infections and support linkage to PrEP. This model can be scaled/replicated in similar settings to achieve national and global goals.