Whole Person: Routinizing Status Neutral HIV Prevention and Care in Practice

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26 September 2023
Content

• HIV status-neutral approach

• Beyond ‘HIV’

• Putting people in the center for integrated HIV, viral hepatitis and STIs services
Status-neutral approach to HIV

- **Receiving HIV testing**
  - HIV+ → on ART → Retained in HIV care
  - Treatment engagement
  - Viral load suppression achieved

- **HIV testing**
  - if positive: HIV+ → on ART
  - if negative: HIV- → At risk of HIV exposure
  - Risk assessed by provider

- **Use condoms and lubricant to prevent STIs and pregnancy and further reduce HIV risk**
  - Syphilis, gonorrhea, chlamydia, HCV, HBV, HPV,
  - Mental health, harm reduction, S&D, (para) legal support, NCD, cancer screening

- **Zero risk of sexually transmitting HIV**
- **Negligible risk of acquiring HIV**

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*Fast-Track Cities 2023 - September 25-27, 2023*
Putting people at the center for HIV, viral hepatitis and STIs services

• Share modes of transmission, socio-ecological determinants of health, stigma and discriminatory practices

• Putting people at the center of rights-based health system responses – by organizing services around people’s needs rather than around diseases – is the key to ending these epidemics

• Different populations have unique health needs and circumstances → tailored responses that recognize and respond to the lived experiences of the people

• Perform more effectively, cost less, increase client engagement, and better prepared to respond to health crisis

WHO Global health sector strategies on, respectively, HIV, viral hepatitis and sexually transmitted infections for the period 2022-2030. https://www.who.int/publications/i/item/9789240053779
HIV, viral hepatitis and STIs stigma

<table>
<thead>
<tr>
<th>STIGMA</th>
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<tbody>
<tr>
<td>A personal attribute or characteristic that is socially “discrediting,” i.e., that confers a negative judgment or value onto the individual</td>
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<table>
<thead>
<tr>
<th>HIV stigma (UNAIDS)</th>
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<tr>
<td>A process of devaluation of people either living with, or associated with, HIV</td>
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<td>Link to socially unacceptable behaviors (promiscuity, substance use)</td>
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<tr>
<td>Also pre-existing stigma and overlapping stigma (key populations, poverty, race)</td>
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<th>Viral hepatitis and STIs</th>
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<tr>
<td>Linked to HIV stigma and sexual stigma</td>
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New HIV infections by population in Thailand


- Clients
- IDU
- MSW
- MSM
- FSW
- Low risk males
- Low risk female

New HIV infections by population in Thailand

A defined set of HIV-related health services, focusing on specific key populations

Services are identified by the community itself and are, therefore, needs-based, demand-driven, and client-centered

Delivered by trained and qualified lay providers, who are often members of the key populations

Key Population-Led Health Services (KPLHS): designed and co-delivered by KPs

USAID LINKAGES project and USAID Community Partnership project
People-centered service delivery principles

Different steps offered by lay providers, or through HCW task-shifting

- Facility-based
- Community-based
- Community-led
- Self-care

Adapting the when, where, who and what based on a client-centered approach

One size fits all → Custom tailoring

Finding less complex ways to deliver care, to promote increased access and lower cost, while retaining efficacy and quality

Nice-to-have ➔ Must-have

Key population-led health services (KPLHS): filling service gaps for key populations

- Staff are members of KP communities who truly understand KP’s lifestyle
- Services are gender-oriented, and free from stigma and discrimination
- Needs-based and client-centered services, such as hormone monitoring, STI, legal consultation, harm reduction
- Staff are trained and qualified in accordance with national standards
- Strong linkages with and high acceptance from public health sectors

ACCESSIBILITY
- Located in hot spots
- Flexible service hours suitable for KP’s lifestyle
- One-stop service

AVAILABILITY
- Needs-based and client-centered services, such as hormone monitoring, STI, legal consultation, harm reduction

ACCEPTABILITY
- Staff are members of KP communities who truly understand KP’s lifestyle
- Services are gender-oriented, and free from stigma and discrimination

QUALITY
- Staff are trained and qualified in accordance with national standards
- Strong linkages with and high acceptance from public health sectors

ACCESSIBILITY AVAILABILITY ACCEPTABILITY QUALITY
Acute HIV infection detected at key population-led clinics

• 11 KP-led clinics in 7 provinces
• 4\textsuperscript{th} gen HIV rapid test with 2 confirmatory tests if first test reactive → 1,037 of 37,482 (2.8%) confirmed HIV-positive results
  • 6 (0.6%) had only Ag reactive result by 4\textsuperscript{th} gen rapid test
• Inconclusive results were found in 93 of 37,482 (0.25%) → HIV infection was confirmed in 20% (12/61) using POC VL (Xpert\textregistered{} HIV-1 Viral Load)
• Crucial for immediate linkage to same-day ART initiation and for PrEP initiation/continuation

<table>
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<tr>
<th>January 1-August 31, 2022</th>
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<tr>
<td>No. of HIV inconclusive result</td>
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<tr>
<td>No. (%) of HIV inconclusive result receiving HIV VL</td>
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<tr>
<td>No. (%) of HIV inconclusive with HIV VL detected</td>
</tr>
<tr>
<td>- Ag reactive</td>
</tr>
<tr>
<td>- Ab reactive</td>
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<tr>
<td>- Ag/Ab reactive</td>
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Community-led Same-day ART Initiation

- Total 609 eligible clients enrolled (October 2021 - April 2023)
- 592 individuals (97.2%) accepted the CB-SDART
- 94.4% initiated ART within 1 day
- All clients referred to long-term ART facility
- 99% very satisfied with the CB-SDART service
- VL monitoring gap being filled in by POC HIV VL testing to enhance “U=U” implementation
To enhance U=U communication in the clinic, we need to promote VL literacy among PLHIV and HCPs

- Just around 70% VL testing among PLHIV on ART in Thailand
- Low VL literacy among PLHIV in Thailand – low demand among PLHIV to know their VL status
- Challenges in healthcare setting
  - Infrequent practice among HCPs to inform PLHIV of tests to be conducted and what to expect from test results
  - No sense of urgency to know the latest VL and to communicate U=U to PLHIV
  - False perception that POC VL is more expensive (and cannot be reimbursed from NHSO)
  - False ownership of Xpert platform by TB program
  - Common use as a ‘batch’ testing platform
KP-led, Same-Day PrEP

CBO staff evaluate risks and offer PrEP to eligible clients

Blood Drawn

Physician receives and reviews results of blood test

Physician approves initiation or continuation of PrEP

CBO staff makes appointment throughout PrEP use

CBO staff advise on PrEP use and dispenses PrEP

2020 Thailand National Guidelines on HIV/AIDS Treatment and Prevention
KP-led PrEP service has served 80% of current PrEP users in Thailand.

PrEP under UHC, Oct 2019 (reimbursement could only go to 'hospitals')
KP lay providers legalized to deliver PrEP, June 2019

2022 National PrEP target: 144,054
- 117,838 MSM
- 9,216 TGW
- 14,266 PWID
- 2,734 Partners in serodiscordant couples

Only 22% Receiving PrEP

26% provided PrEP by KP-led organizations

Sources: PrEP ThaiNet, NAP-Web Report, TRCAREC and USAID/EPIC Thailand project dating from January 2015 - December 2021
High burden of bacterial STIs among key populations

<table>
<thead>
<tr>
<th>Participant Group</th>
<th>Prevalence (%)</th>
<th>Incidence (Rate per 100 person-Years (95% CI))</th>
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<tbody>
<tr>
<td>New PrEP users (n=390)</td>
<td>43.7</td>
<td>57.9 (46.1-72.6)</td>
<td>9.2</td>
<td>7.9 (4.6-13.7)</td>
<td>23.9</td>
<td>22.5 (16.3-31.1)</td>
<td>27.0</td>
<td>27.3 (20.4-36.7)</td>
</tr>
<tr>
<td>Current PrEP users (n=600)</td>
<td>49.7</td>
<td>70.5 (60.8-82.0)</td>
<td>11.9</td>
<td>10.1 (7.1-14.3)</td>
<td>28.0</td>
<td>26.2 (21.2-32.5)</td>
<td>35.0</td>
<td>33.7 (27.8-41.0)</td>
</tr>
<tr>
<td>Non-PrEP users (n=600)</td>
<td>34.5</td>
<td>38.1 (29.9-48.8)</td>
<td>9.3</td>
<td>5.9 (3.3-10.3)</td>
<td>13.0</td>
<td>8.7 (5.8-13.5)</td>
<td>24.2</td>
<td>20.5 (15.2-27.6)</td>
</tr>
<tr>
<td>HIV positive (n=300)</td>
<td>61.0</td>
<td>106.0 (85.1-132.0)</td>
<td>27.7</td>
<td>20.0 (12.3-32.7)</td>
<td>31.3</td>
<td>31.8 (23.3-43.3)</td>
<td>41.3</td>
<td>37.4 (27.3-51.2)</td>
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• Self-sampling collection for STI → “uptake” increased during and after COVID-19
• POC molecular STI testing allows for “STI test and treat” implementation, shortening time from testing to treatment
• Pooled samples provided high sensitivity and agreement (similar to findings from the UK, Belgium and Australia) → “reduce budget impact” for UHC inclusion of regular, asymptomatic, POC, molecular STI testing
• GF money to roll-out POC molecular STI testing on pooled samples in key strategic provinces over the past year

Large gap in HCV Test & Treat service cascade among MSM and TGW in KP-led clinics

- 65% were PrEP users, 24% reported chemsex
- Immediate HCV RNA confirmation
- DAA initiation urgently needed for micro-epidemic control

Key Population-Led Same Day HCV Test and Treat Demonstration Project
(Type 1 hybrid effectiveness-implementation study)

IHRI Data from EpiC project, July 2021.
Moving towards ‘self-care’

*HIV self-testing was legalized in 2019. The first HIV self-test kit became available in 2022. UHC will cover HIV self-testing in FY2024.

701 HIVST kits distributed (May 2022–July 2023)

507 clients received HIVST kits and sent the results

35.7% never received HIV testing in their life

41.9% Men who have sex with men
40.4% Trans women
12.4% Cisgender women
4.4% Cisgender men
0.9% Other

*HIV self-testing was legalized in 2019. The first HIV self-test kit became available in 2022. UHC will cover HIV self-testing in FY2024.
HIV self-testing to initiate/continue PrEP

1. Telehealth counseling
2. HIV self-testing kit + CT/NG self-collection kit delivery
3. Client testing negative (if positive, refer to confirmatory HIV test)
4. Telehealth post-test counseling
5. Counselor sends a result. (if reactive, refer to treatment)
6. Deliver samples to IHRI laboratory
7. Client contacted counselor to pick up collected samples
8. PrEP delivery
HIV self-testing linkage to prevention/treatment

3.7% HIV-positive case finding

4.9% HIV prevalence among non-PrEP users

- Received ART: 19 (100.0%)
- Confirmed HIV positive: 19 (81.0%)
- Received confirmatory HIV testing: 25 (80.6%)
- Reactive: 31 (6.1%)
- Returned HIVST results: 507 (100.0%)
- Non-reactive: 476 (93.9%)
- Received PrEP services: 201 (42.2%)
  - 86 (42.8%) PrEP
  - 23 (11.4%) Restart PrEP
  - 92 (45.8%) Initiated PrEP
Clinical roles of KP lay providers, 2019 MoPH Regulations:

- Provide services related to HIV, syphilis, gonorrhea, chlamydia or other STIs
  - Pre- and post-test counseling
  - Specimen collection to test for infection(s)
  - Finger prick blood collection for screening test
  - Perform rapid and POC testing
  - Reading and reporting of test results
- Referral for diagnostic test and link to care
- Give drugs, as prescribed by health professionals, to treat and prevent HIV, syphilis, gonorrhea, chlamydia or other STIs (or primary symptoms related to these conditions)
Thailand Universal Health Coverage: from EQUALITY to EQUITY by COMMUNITY
Economy of SCOPE by KPLHS

• Using HIV just to establish KPLHS, however, KPLHS is not limited to HIV
• Not a specialized care but an integrated care (HIV, STIs, hepatitis, TB, mental health, legal/rights, stigma/discrimination, harm reduction, NCD, cancer), according to the 'people-centered' approach
**CHEMSEX**

**Pleasures associated with sexual practices**
- More attractive, more intense, better performance, more energy
- New sexual abilities, diversify sexual practices

**Pleasures associated with one’s relation to self and to others**
- Stronger self-acceptance of their sexual orientation or of their gender identity
- Facilitate access to the intense feelings of intimacy and connection with another individual, a "special someone", a romantic moment, want to be cuddled/more touching
- Development of social relationships with shared interest, multiple partners, attractive partners

**Pleasures associated with injection**
- Extraordinary sexual experiences, searching to regain that intense pleasure each time they had chemsex
- Ambivalence ranging from fear to curiosity and excitement, eroticize the act of injection

**Perception of substance use-related consequences**
- “Pleasure” is at the heart of continuation if a feeling of control and security remain
- Loss of sexual and relation pleasures, pleasure of drugs takes precedence over the pleasures of sex
- “A descent into hell”, financial, social and sexual loss

Pleasures associated with sexual practices

Pleasures associated with one’s relation to self and to others

Pleasures associated with injection

Perception of substance use-related consequences

CHEMSEX


Pleasure-integrated chemsex care

- Lack of languages to describe pleasures
- Internalized stigma towards homosexuality and substance use within a mainstream culture
- Pleasure-integrated approach to chemsex that is free of associated, negative judgments to make access to care appealing and/or accessible

Needs evidence-based interventions
- Ways to rediscover the pleasure and sexual fulfillment (sober sex)
- Ways to reconstruct one’s social network
Conclusions

• **HIV testing** is an entry point to treatment and prevention according to the status-neutral approach.

• **Demedicalization, simplification and differentiation** are key principles of key population/community-led health services.

• Integrated HIV, viral hepatitis and STIs services (and many other services, i.e., TB, mental health, legal/rights, stigma/discrimination, harm reduction, NCD, cancer) must be **designed around people’s needs** and not around diseases. This will further enhance the economy of scope and people’s wellbeing.

• To end HIV, viral hepatitis and STIs, **pleasure-focused service delivery models** are needed to empower clients to make an informed decision for one’s own health care.
Acknowledgements
THANK YOU