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**FAST-TRACK CITIES
INSTITUTE**

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

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26 September 2023

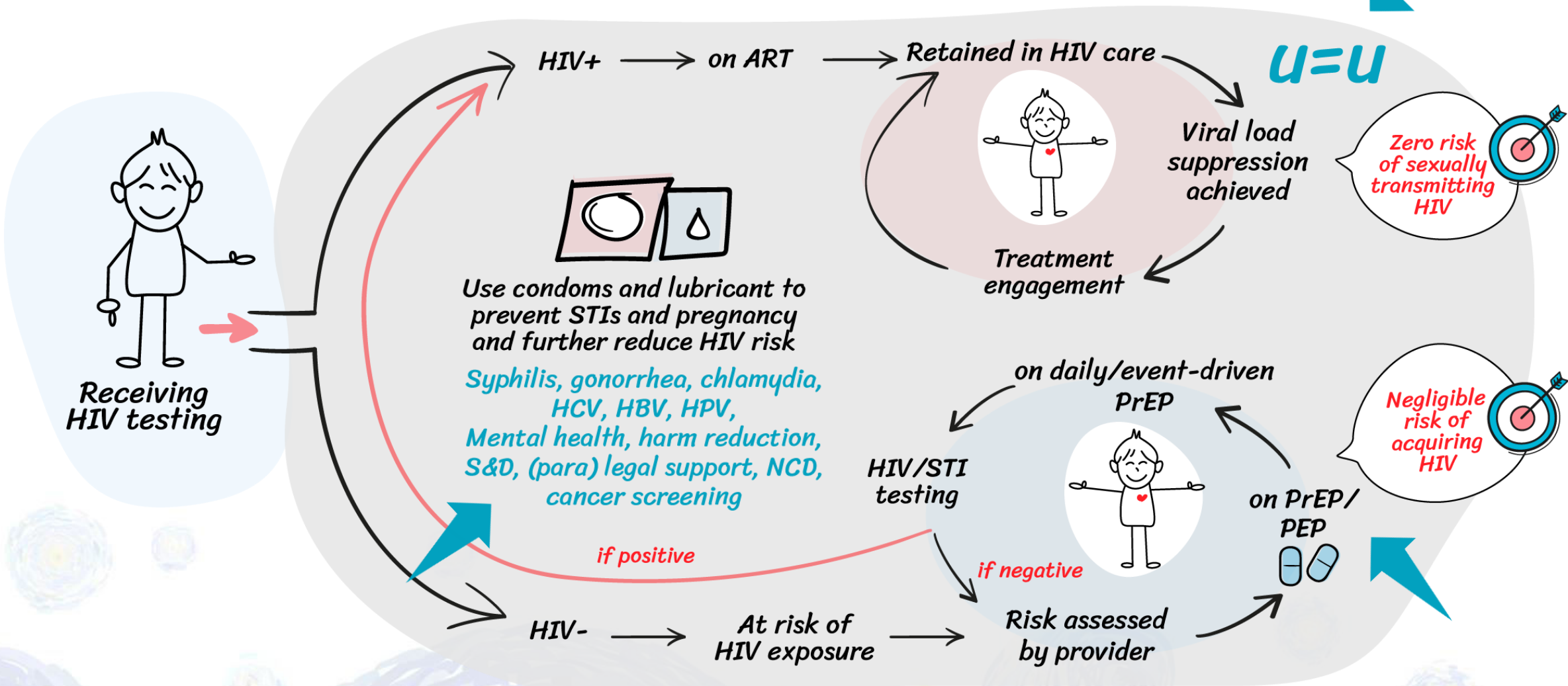
AMSTERDAM
FAST-TRACK CITIES 2023

September 25-27, 2023 | RAI Amsterdam Convention Center

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



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

| STIGMA

A personal attribute or characteristic that is socially “discrediting,” i.e., that confers a negative judgment or value onto the individual

| HIV stigma (UNAIDS)

A process of devaluation of people either living with, or associated with, HIV

Link to socially unacceptable behaviors (promiscuity, substance use)

Also pre-existing stigma and overlapping stigma (key populations, poverty, race)

| Viral hepatitis and STIs

Linked to HIV stigma and sexual stigma

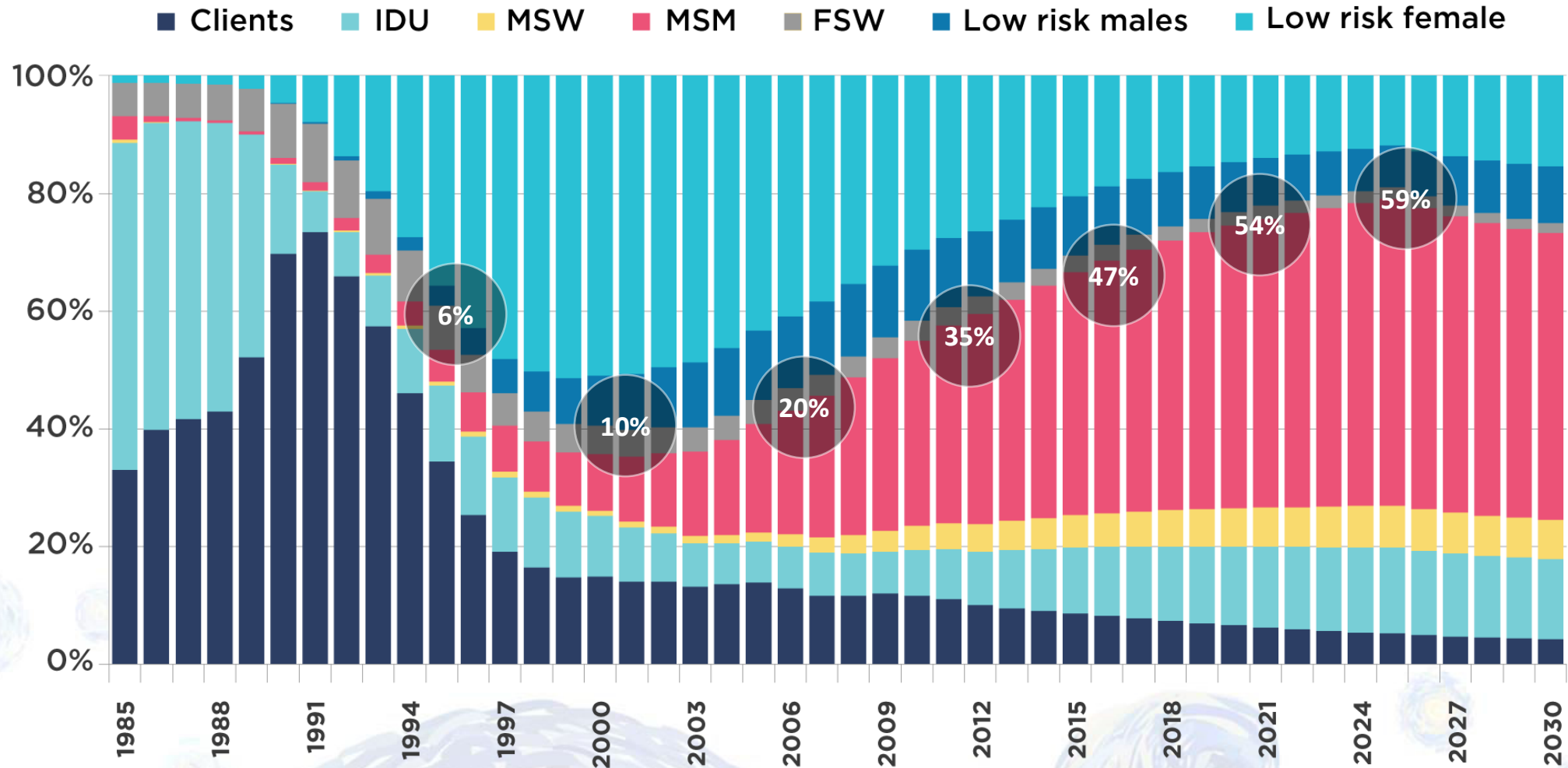
Goffman E. Stigma: Notes on the management of spoiled identity. New York: Simon & Schuster Inc; 1963.

UNAIDS fact sheet on stigma and discrimination; 2003.

Golub S. Curr HIV/AIDS Rep. 2018 April ; 15(2): 190–197. doi:10.1007/s11904-018-0385-0.

Calabrese SK and Mayer KH. JIAS 2020; 23:e25559.

New HIV infections by population in Thailand



AIDS Epidemic Model Projections for HIV/AIDS in Thailand: 2010-2030.



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

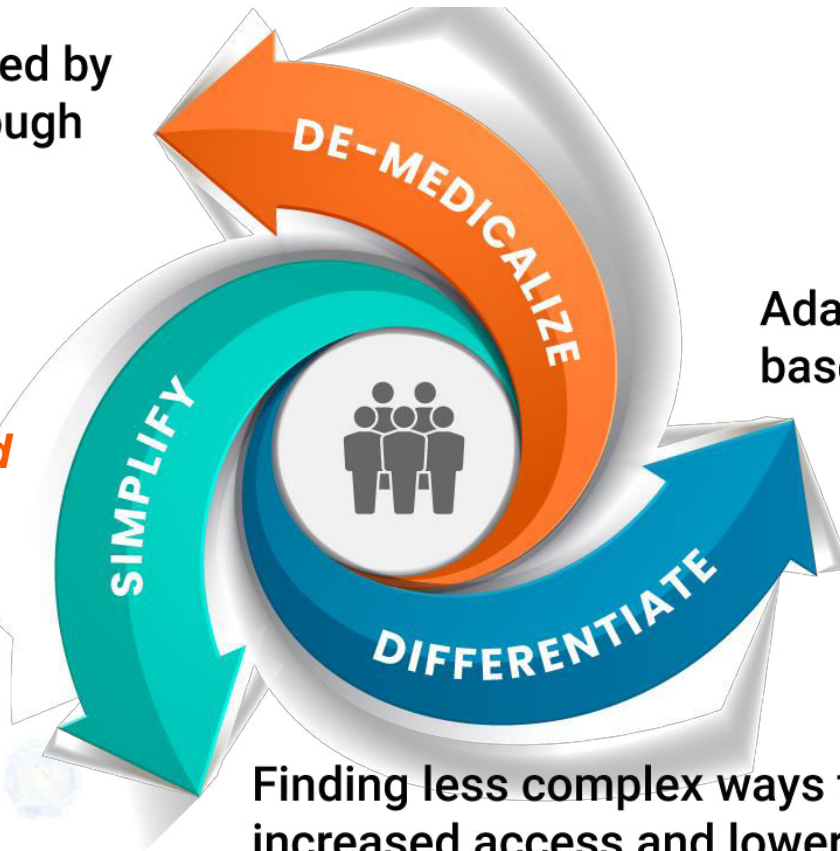
- A defined **set of HIV-related health services**, focusing on specific key populations
- Services are identified by the community itself and are, therefore, **needs-based, demand-driven, and client-centered**
- Delivered by trained and qualified **lay providers**, who are often members of the key populations

Vannakit R, et al. JIAS 2020; 23(6):e25535.
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

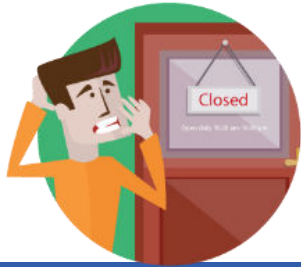
One size fits all → *Custom tailoring*

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

Nice-to-have → *Must-have*

Kimberly Green, et al. 2020.

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



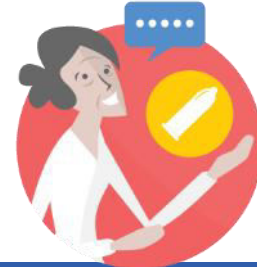
ACCESSIBILITY

- 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



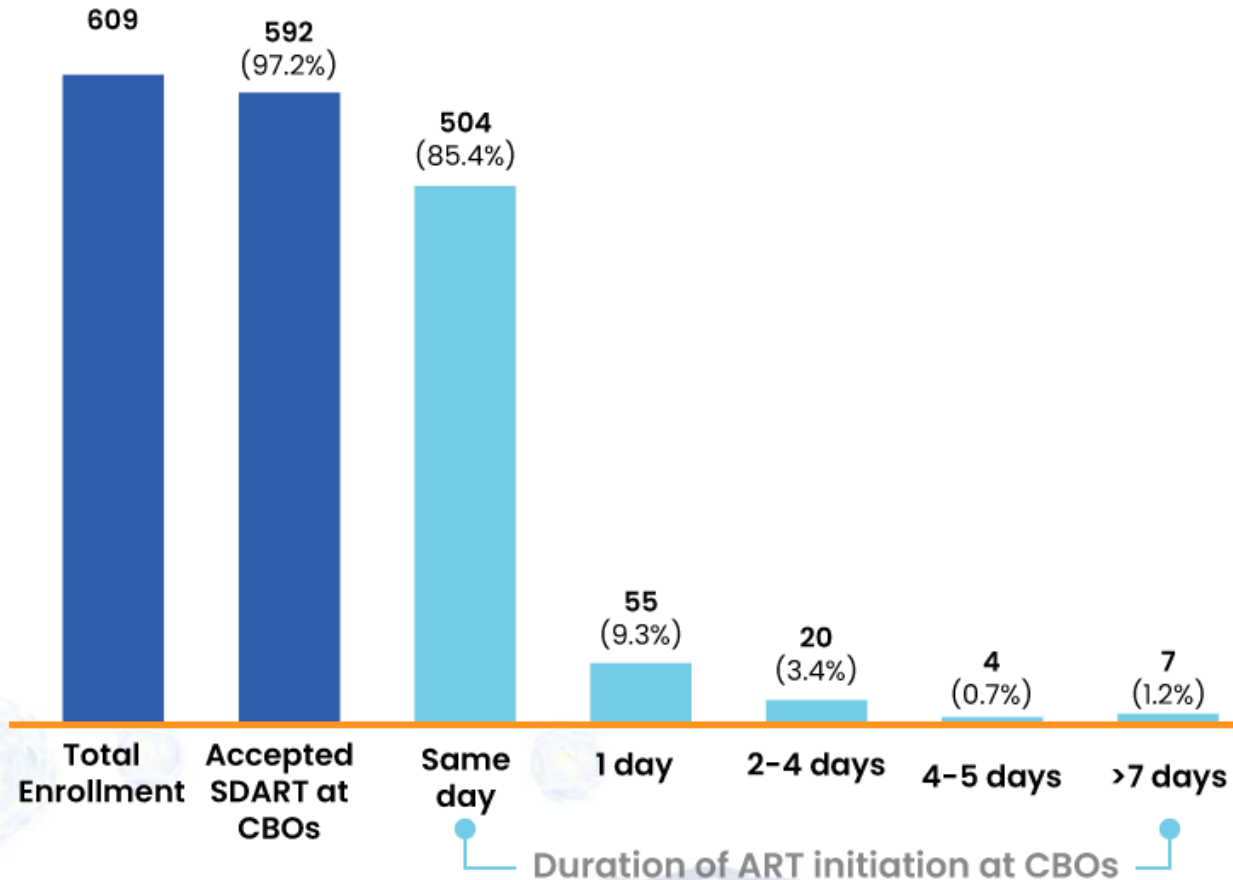
Acute HIV infection detected at key population-led clinics

- 11 KP-led clinics in 7 provinces
- 4th 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 4th 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® HIV-1 Viral Load)
- Crucial for immediate linkage to same-day ART initiation and for PrEP initiation/continuation

January 1-August 31, 2022

| | |
|---|----------|
| No. of HIV inconclusive result | 93 |
| No. (%) of HIV inconclusive result receiving HIV VL | 61 (66%) |
| No. (%) of HIV inconclusive with HIV VL detected | 12 (20%) |
| - Ag reactive | 7 |
| - Ab reactive | 4 |
| - Ag/Ab reactive | 1 |

Community-led Same-day ART Initiation

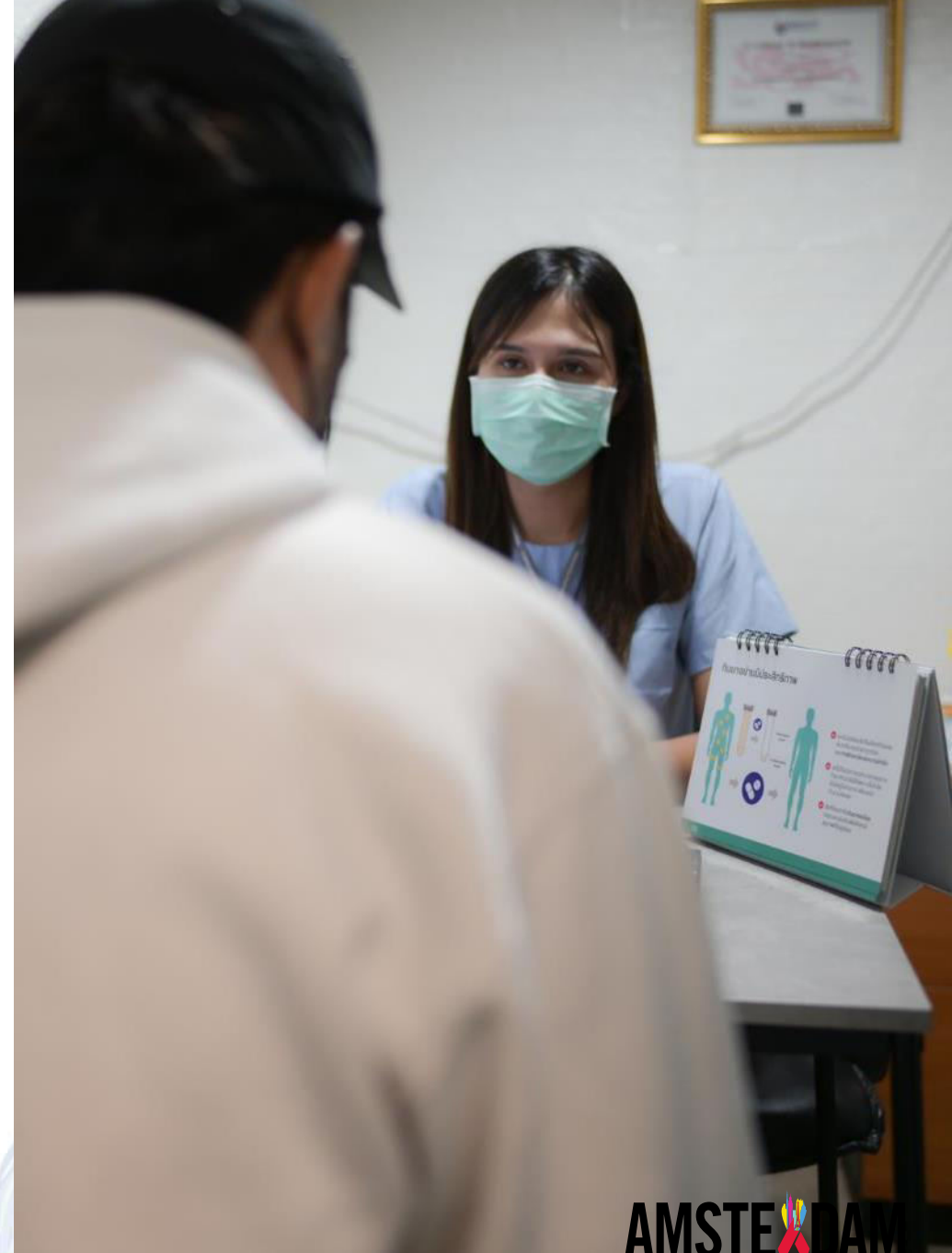


Sita Lujintanon, et al. Key population-led same-day antiretroviral therapy initiation hubs in Bangkok, Thailand. OALBE06 Track E late-breaker. Plaza Terrace Room/Channel 2, 24 July, 14:45 - 15:45

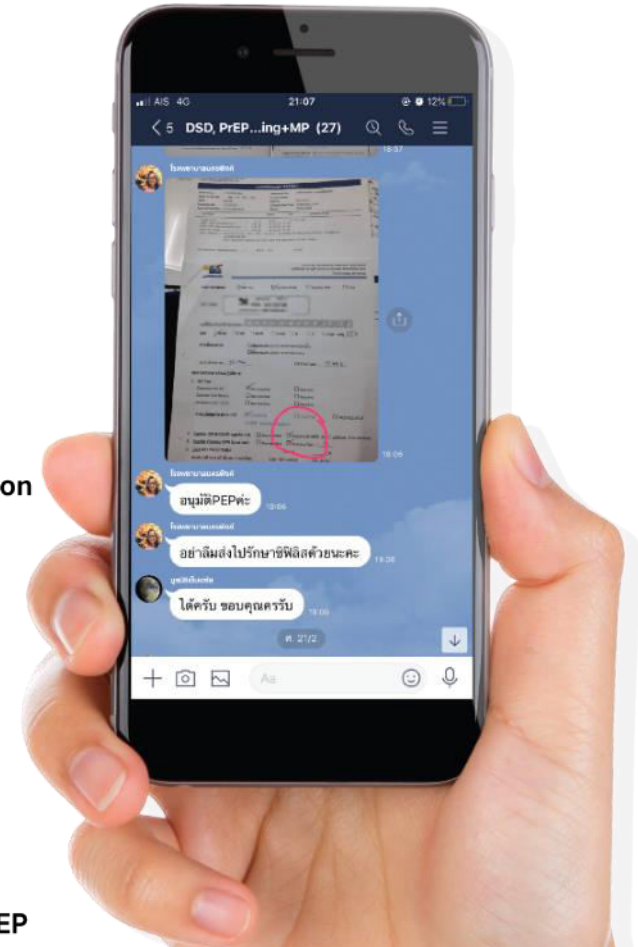
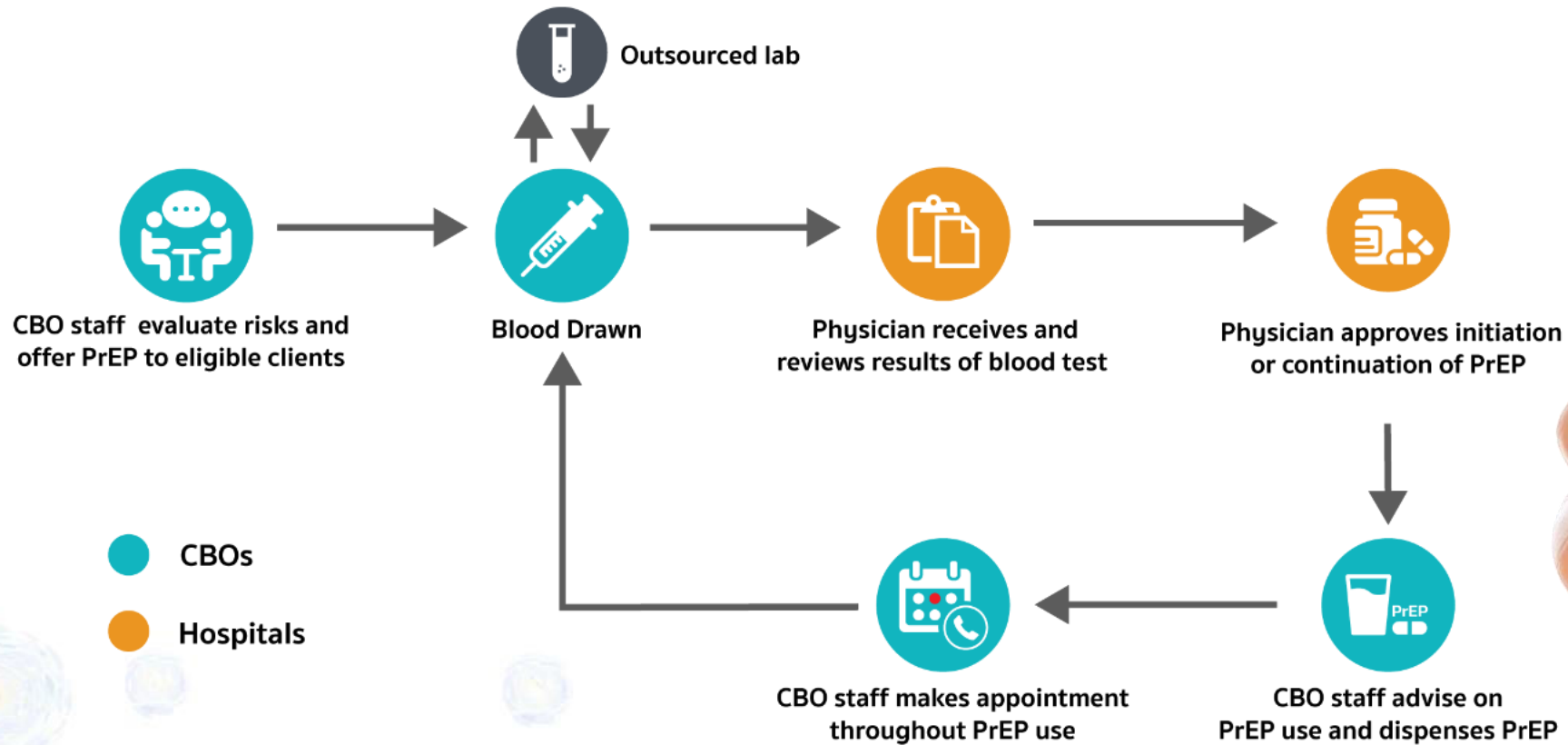
- Total 609 eligible clients enrolled (October 2021 - April 2023)
- 592 individuals (97.2%) accepted the CB-SDART
- 94.4% initiated ART within 1 day
- All clients referred to long-term ART facility
- 99% very satisfied with the CB-SDART service
- VL monitoring gap being filled in by POC HIV VL testing 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

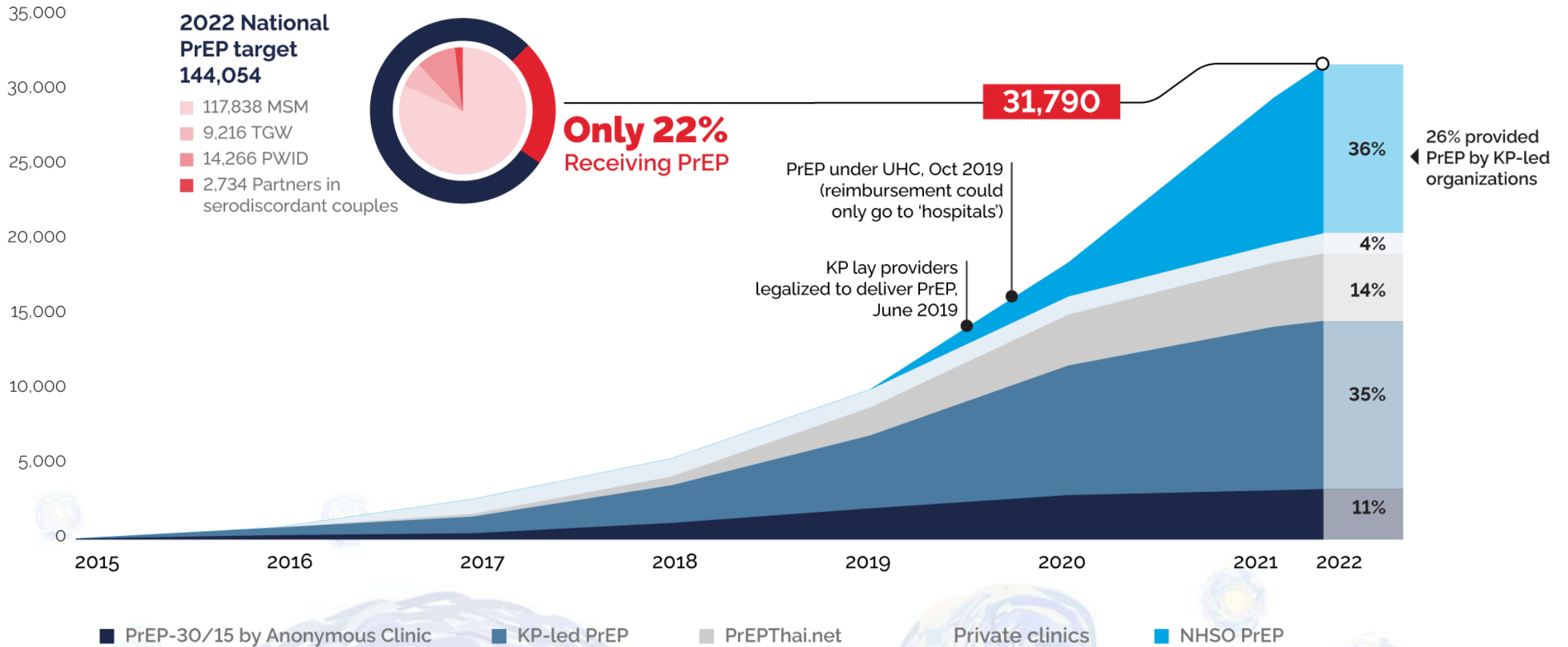


KP-led, Same-Day PrEP








2020 Thailand National Guidelines on HIV/AIDS Treatment and Prevention
Ramautarsing RA, et al. J Int AIDS Soc 2020; 23 Suppl 3: e25540.
Phanuphak N, et al. Sex Health 2018; 15(6): 542-55.

KP-led PrEP service has served 80% of current PrEP users in Thailand

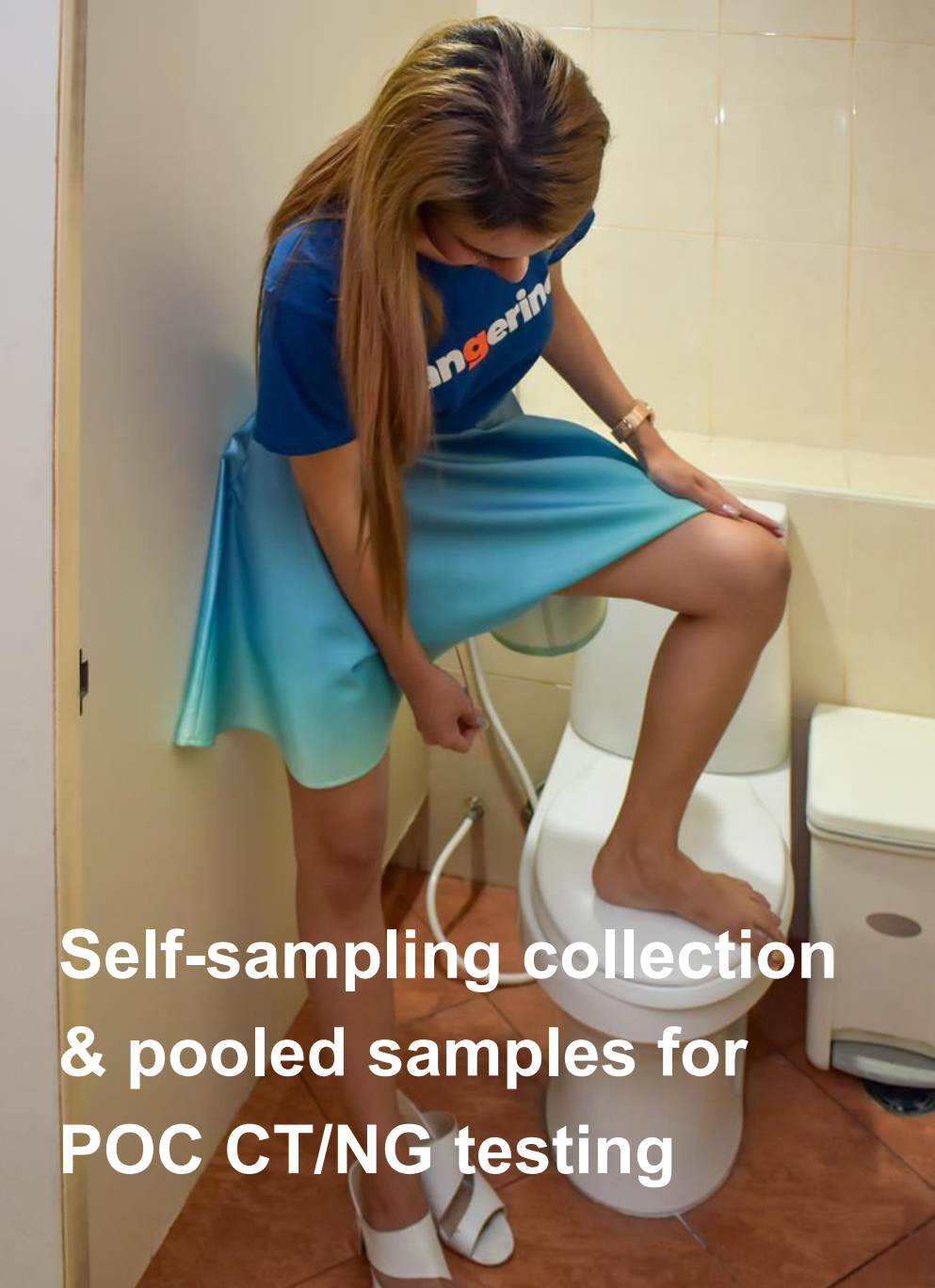


Sources: PrEP Thai.Net, NAP-Web Report, TRCARC and USAID/EpiC Thailand project dating from January 2015 - December 2021

High burden of bacterial STIs among key populations

|  Participant Group |  Any STIs | |  Syphilis | |  Gonorrhea | |  Chlamydia | |
|---|--|--|--|--|---|--|---|--|
| | Prevalence (%) | Incidence (Rate per 100 person-Years (95% CI)) | Prevalence (%) | Incidence (Rate per 100 person-Years (95% CI)) | Prevalence (%) | Incidence (Rate per 100 person-Years (95% CI)) | Prevalence (%) | Incidence (Rate per 100 person-Years (95% CI)) |
| New PrEP users (n=390) | 43.7 | 57.9 (46.1-72.6) | 9.2 | 7.9 (4.6-13.7) | 23.9 | 22.5 (16.3-31.1) | 27.0 | 27.3 (20.4-36.7) |
| Current PrEP users (n=600) | 49.7 | 70.5 (60.6-82.0) | 11.9 | 10.1 (7.1-14.3) | 28.0 | 28.2 (21.2-32.5) | 35.0 | 33.7 (27.8-41.0) |
| Non-PrEP users (n=600) | 34.5 | 38.1 (29.9-48.6) | 9.3 | 5.9 (3.3-10.3) | 13.0 | 8.7 (5.8-13.5) | 24.2 | 20.5 (15.2-27.6) |
| HIV positive (n=300) | 61.0 | 106.0 (85.1-132.0) | 27.7 | 20.0 (12.3-32.7) | 31.3 | 31.8 (23.3-43.3) | 41.3 | 37.4 (27.3-51.2) |

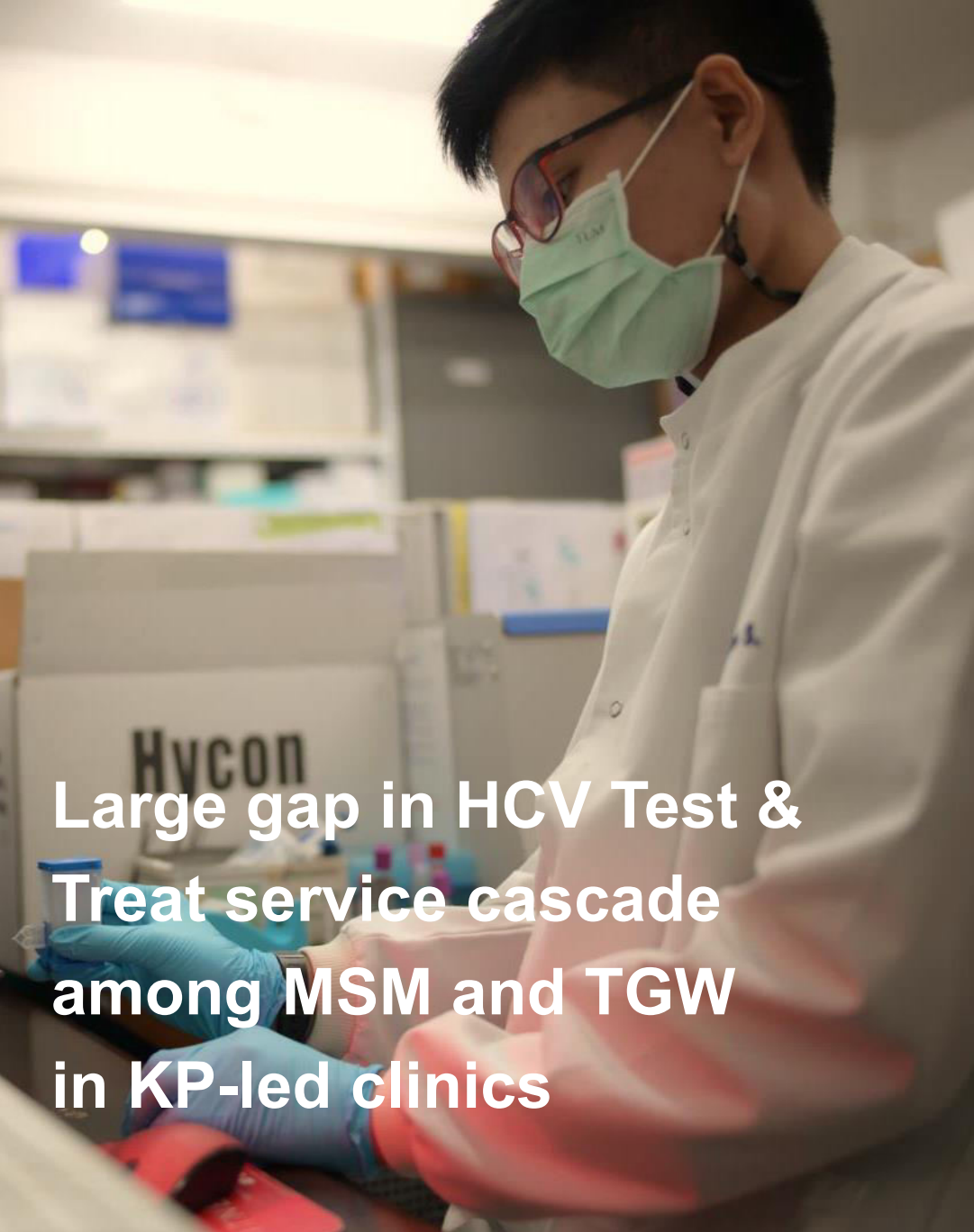
Thammajaruk N, et al. Presented at AIDS 2022, Montreal, Abstract number EPE084.



**Self-sampling collection
& pooled samples for
POC CT/NG testing**

- 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

Thammajaruk N, et al. Presented at AIDS 2022, Montreal, Abstract number EPE084.

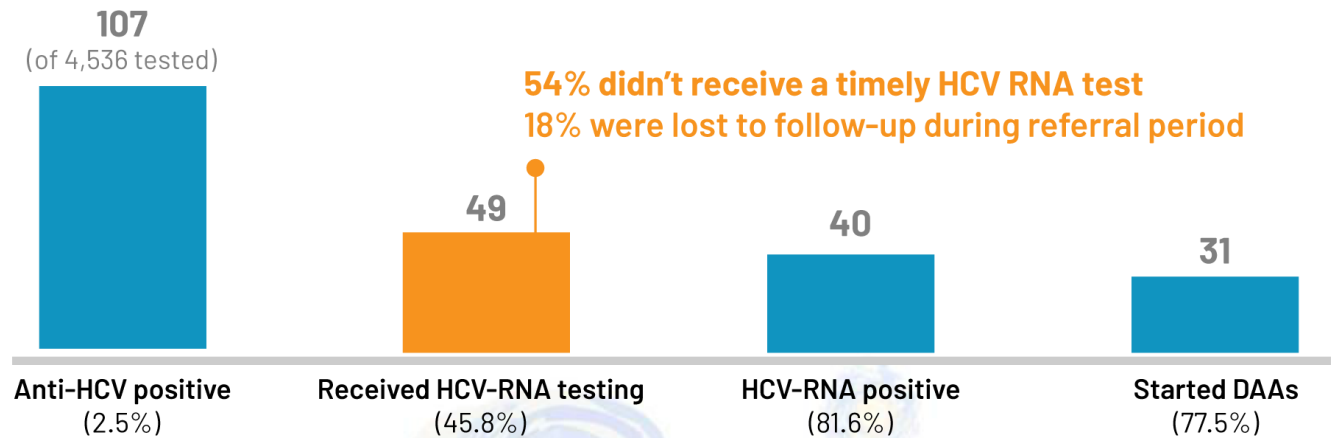


Large gap in HCV Test & Treat service cascade among MSM and TGW in KP-led clinics

- 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'



**Pribta
Tangerine
Clinic**

701 HIVST kits distributed
(May 2022-July 2023)



507 clients

received HIVST kits and
sent the results

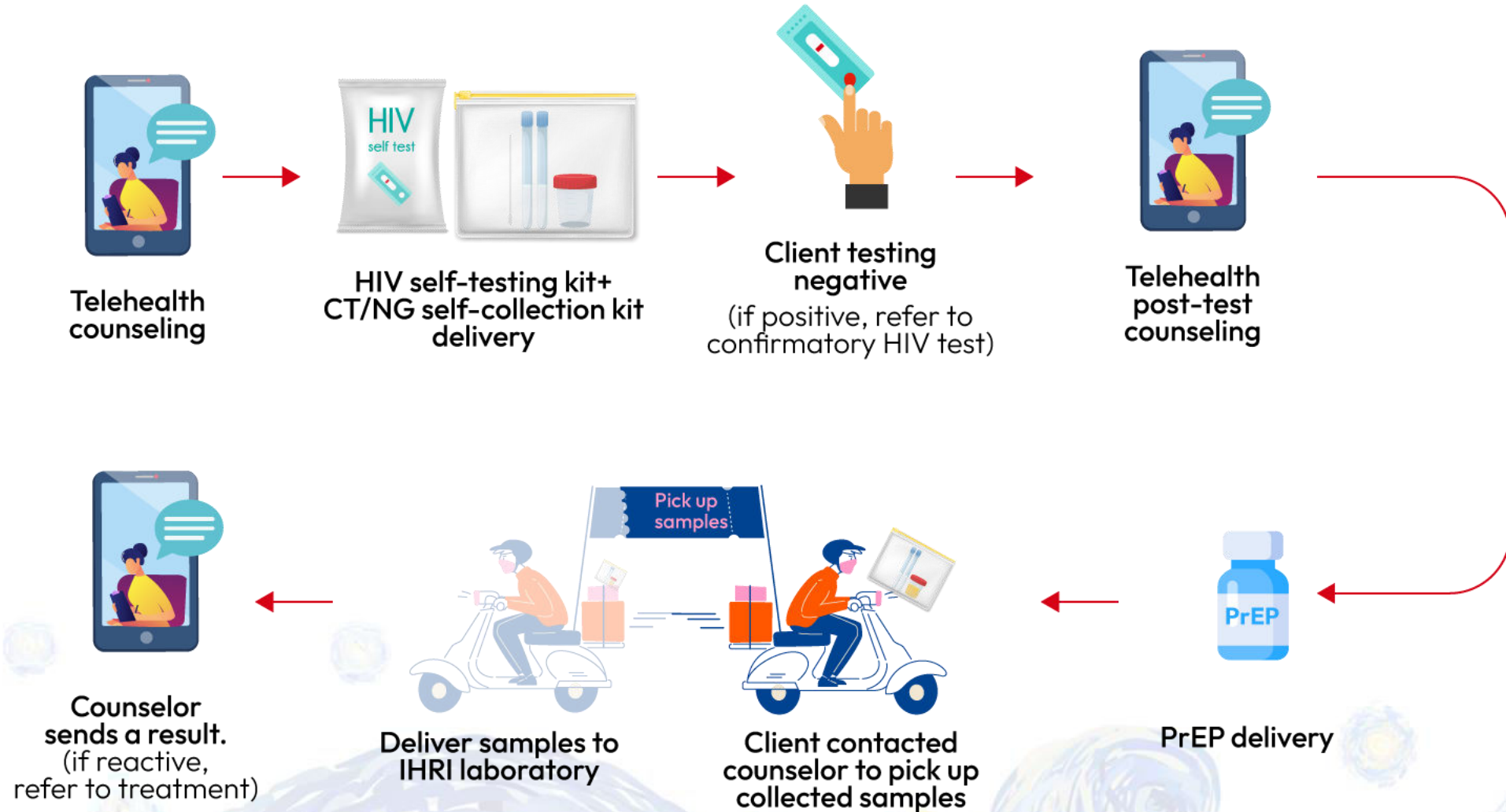
35.7%
never received
HIV testing in their life



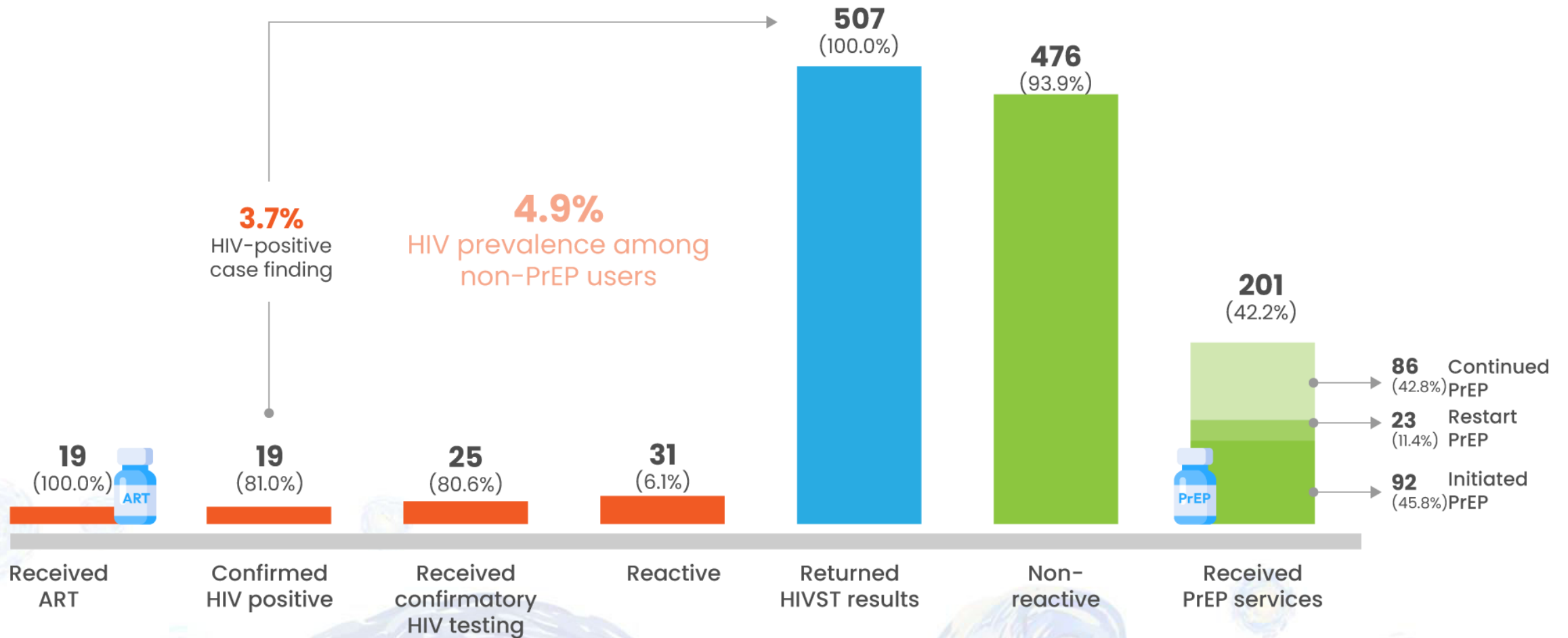
**HIV self-testing was legalized in 2019. The first HIV self-test kit became available in 2022. UHC will cover HIV self-testing in FY2024.*



HIV self-testing to initiate/continue PrEP



HIV self-testing linkage to prevention/treatment





ระเบียบกระทรวงสาธารณสุข

ว่าด้วยบุคคลซึ่งกระทรวง ทบวง กรม เทศบาล องค์การบริหารส่วนจังหวัด องค์การบริหารส่วนตำบล กรุงเทพมหานคร เมืองพัทยา องค์การปกครองส่วนท้องถิ่นรูปแบบพิเศษอื่นตามที่มีกฎหมายกำหนด หรือสภากาชาดไทย มอบหมายให้ประกอบวิชาชีพเทคนิคการแพทย์ ในความควบคุมของเจ้าหน้าที่ซึ่งเป็นผู้ประกอบวิชาชีพเทคนิคการแพทย์หรือผู้ประกอบวิชาชีพเวชกรรม (ฉบับที่ ๓) พ.ศ. ๒๕๖๒

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(๓.๒) ยาที่ผู้ประกอบวิชาชีพเวชกรรมสั่งจ่ายให้แก่ผู้รับบริการเฉพาะราย หรือเฉพาะคราวที่เกี่ยวข้องกับเอชไอวี โรคซิฟิลิส หนองใน หรือหนองในเทียม หรือโรคติดต่อทางเพศสัมพันธ์อื่น ๆ ในลักษณะเดียวกัน

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)**



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

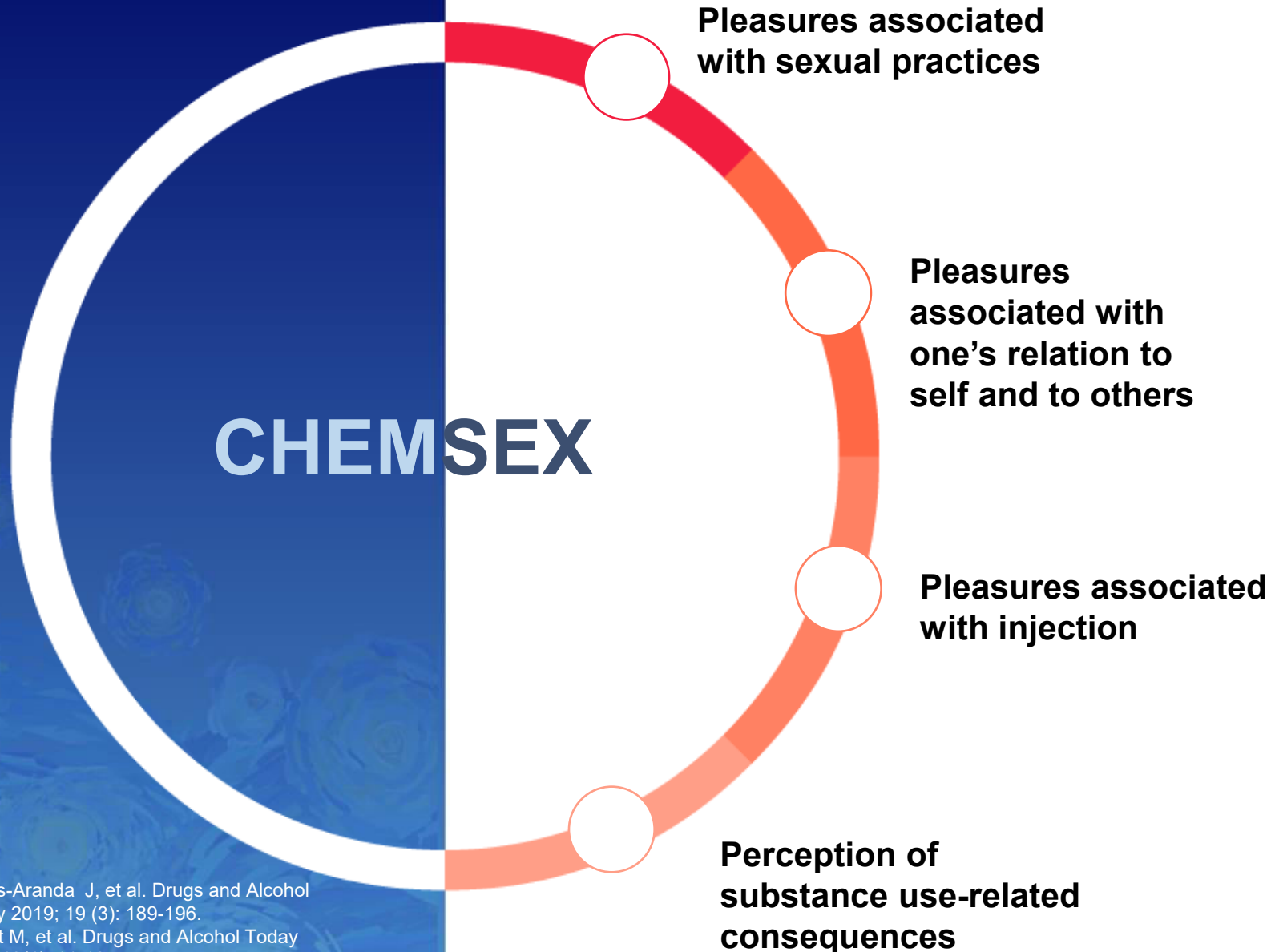
Pleasures associated with injection

- **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

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**

Flores-Aranda J, et al. *Drugs and Alcohol Today* 2019; 19 (3): 189-196.
Milhet M, et al. *Drugs and Alcohol Today* 2019;19(1): 11-12.

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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