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SUCCESS STORY

HIV Testing by Friendly Faces in Comfortable Settings



“You’re sexy when you know it. Get tested.” One slogan for the 2015 International HIV Testing Day playfully promoted a critical phase in the HIV cascade of services: testing is the first step to care and treatment and secondary prevention. But key populations (KPs) face multiple challenges to testing, including fear of “outing” themselves as KP members; the potential for harassment, stigma, and discrimination by health care providers; and concerns that providers might not hold clients’ status in confidence. Also, many countries have a severe shortage of providers, which further serves to reduce access to services.

In Laos, LINKAGES is taking both fear of harassment and lack of access out of the testing equation for men who have sex with men (MSM) and transgender women in three communities. The project introduced a community-based model of HIV testing with OraQuick—a relatively new rapid oral HIV test that requires neither specialized equipment nor highly trained providers to administer it. Community-based testing with OraQuick has numerous benefits. This model of service delivery:

-  Increases the number of people who can provide testing
-  Allows KPs to access testing when and where they feel comfortable doing so
-  Relies on trained peers of KPs to administer the test, thereby minimizing peoples’ fears that they will be stigmatized
-  Reaches the people most likely to be at risk for HIV, because community-based providers make special efforts to promote testing to their friends and other peers

To introduce this testing model, LINKAGES Laos first shepherded OraQuick through the approval process for use in the country and held meetings with government stakeholders about the benefits of allowing community-based supporters (CBSs) to administer the test. The Ministry of Health and the Ministry of Foreign Affairs had been leery of its use by CBSs, who are not part of the professional cadre of health care providers. There was concern that CBSs could not be sufficiently trained to administer the test and that MSM and trans women might balk at being tested by them. But because of its commitment to reaching 90-90-90 goals, the government approved a pilot of the community-based model. LINKAGES staff trained 19 CBSs—all KP members themselves—from LaoPHA, a local nongovernmental organization and LINKAGES partner. The CBSs learned how to reach out to peers at hot spots and through their social networks, how to administer the OraQuick test and deliver results, and how to provide referrals for additional services along the HIV cascade.

“At first I was not sure if I could use OraQuick, and I definitely was tense with my first few uses. I was worried that I would make a mistake in reading the test result. I was also not sure if anyone would let me perform the test on him or her so I had to prepare several talking points,” said Anousone Kingsada, a CBS from LaoPHA Vientiane. “But after my few use, I love OraQuick – it is so easy and convenient to use – I can easily carry it and perform the test at any time and place. My MSM and trans peers have provided very good feedback to me about OraQuick, including no pain, quick results, and having the test done at their own place.”



After the first three months of implementation, CBSs proved that they could reach significant numbers of MSM and trans women with HIV testing using OraQuick. Between October and December 2015, LaoPHA CBSs tested 789 MSM and transgender women using OraQuick: 773 were screened nonreactive (HIV negative), 14 reactive (presumed HIV positive, but needs another test to confirm the results), and 2 invalid. Out of the 16 people who tested reactive or invalid, only 5 went for a confirmatory HIV test. All five were confirmed HIV positive and subsequently enrolled in care.

Mr. A was introduced by a friend to a CBS named Jinny. Mr. A has multiple male partners and sometimes he also has sex with men who buy him beer. He hesitated to get tested because he was scared of needles and also worried that other people would learn of his sexual orientation and suspect that he been infected. After discussing his risk behavior and the benefits of the Ora-Quick test with Jinny, he finally decided to get tested.

“My first reaction when Jinny showed me the Ora-Quick test kit was, ‘Really – this little thing would do the job?’ Then I opened my mouth and it was done – it was so quick, did not hurt, and did not require my blood sample. And I had this test done at my own little space at home. After the completion of the test, I told my partners about my experiences and recommended that they have it performed on them.”

LINKAGES Laos has since developed more systematic follow-up procedures to increase the number of people with reactive or invalid results who go on for confirmatory testing. CBSs also received refresher trainings to help them improve their post-test counseling messages, including placing more emphasis on the accessibility of free treatment.

Because oral HIV testing by CBSs in Laos has proven acceptable to clients, and safe and accurate, LINKAGES is exploring the use of OraQuick in Thailand. Researchers are studying the acceptability of HIV oral fluid testing among MSM and trans women through self-testing, testing by CBSs, and referral to HIV testing and counseling services.