



Napneung Project:

New methods for universal access to HIV and other STIs screening

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Project supported by



L'INITIATIVE
sida, tuberculose, paludisme



Outline

- Goal
- Napneung system
- Outcomes
- Conclusion

ChatGPT's Answer

ChatGPT

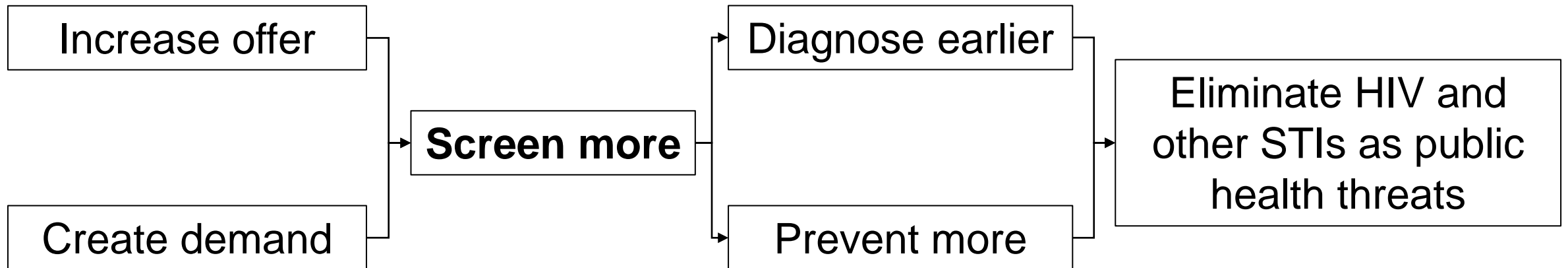
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What is the main public health goal regarding HIV and other STIs?



Prevent new infections, ensure early diagnosis and treatment, and promote sexual health and education.

Roadmap Towards Elimination



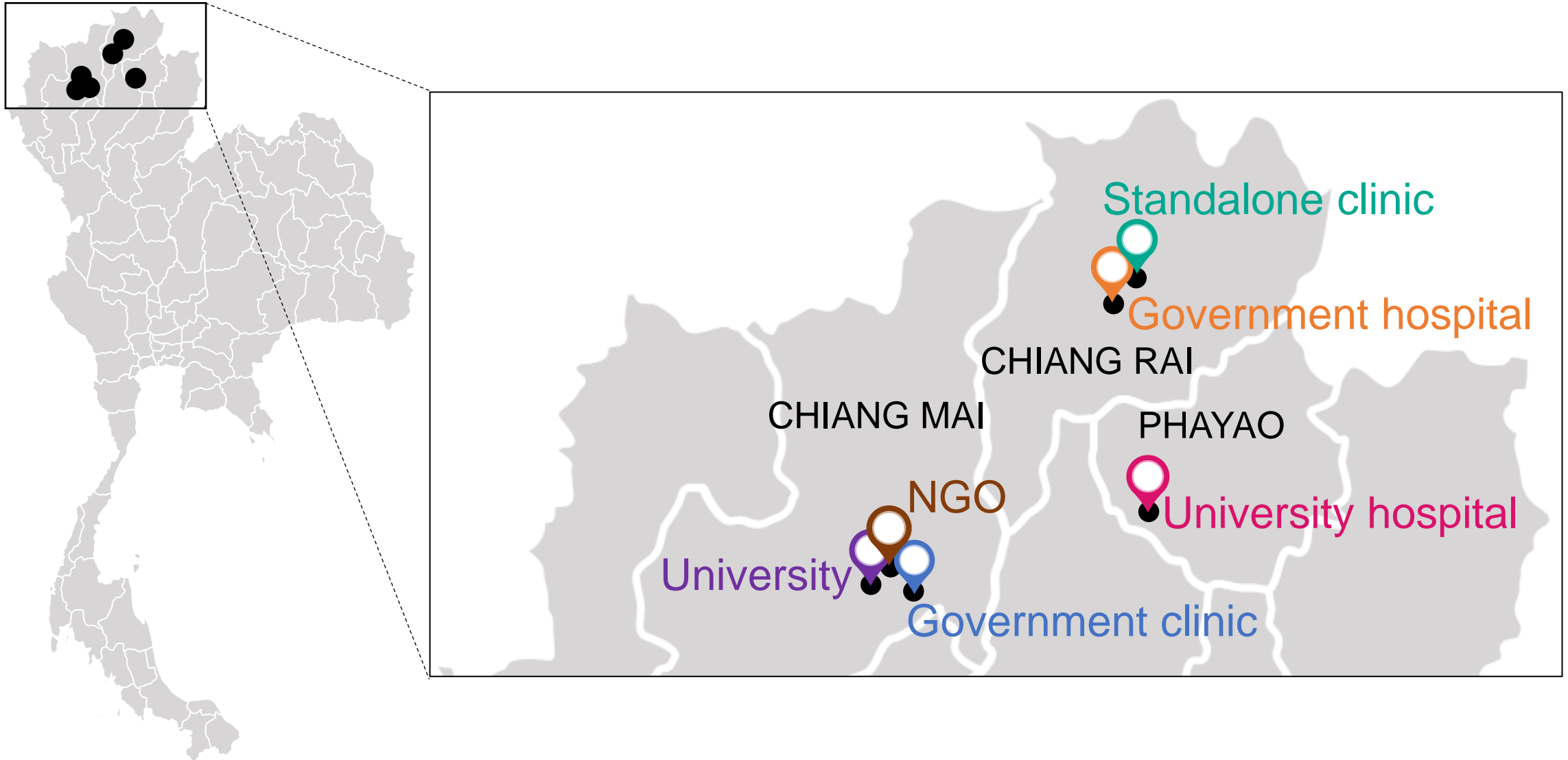
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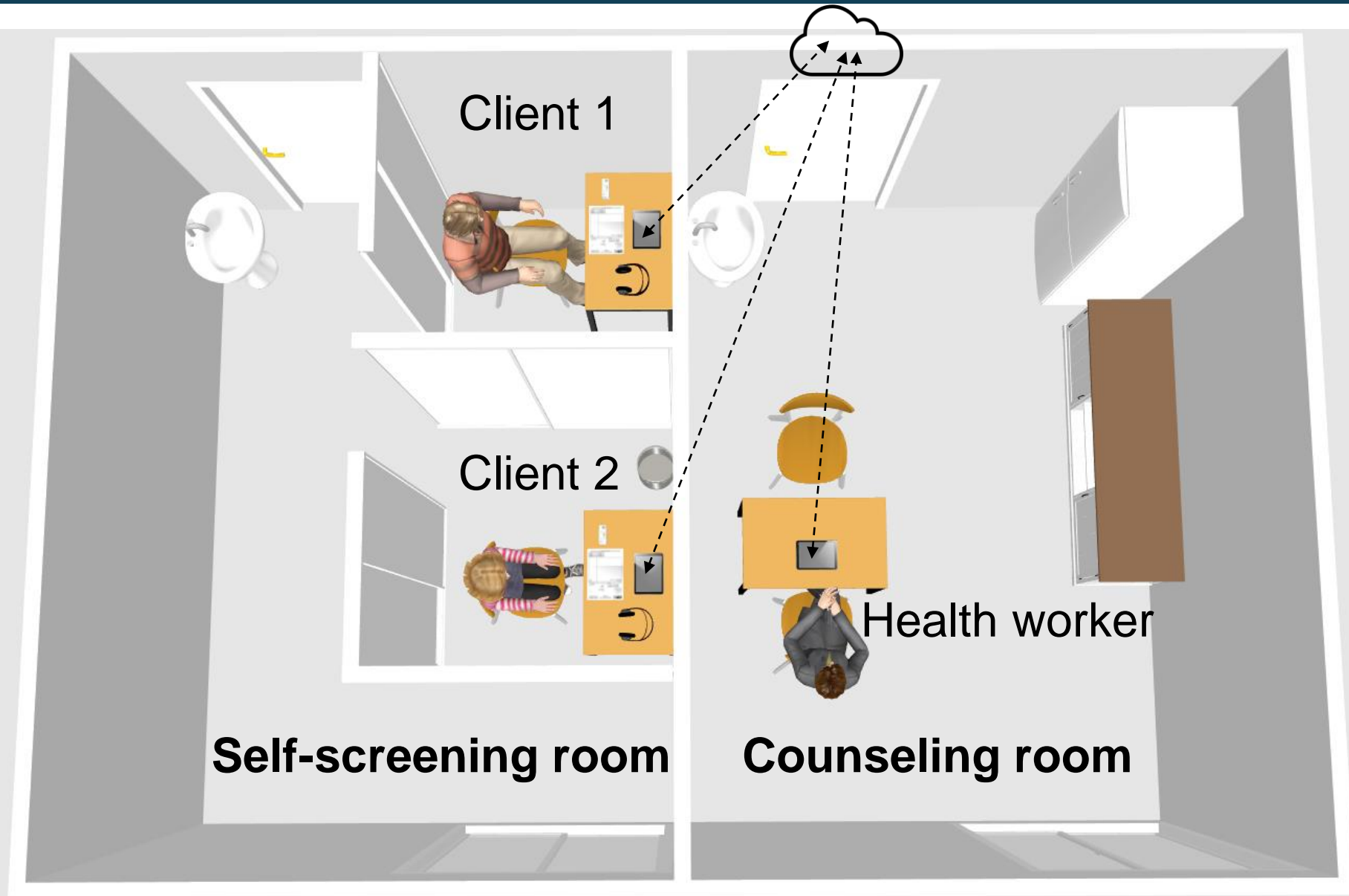
Napneung Process

Self-screen at facility

Facilities Using the Napneung System



Where and How?



- Anyone welcome
- Free of charge
- No incentives
- Confidential
- Anonymous
- User-friendly self-screening
- Lay language
- Fast
- Contactless
- Safe environment
- Multi-infection rapid blood tests: HIV-Syp-HepB&C
- Behavioral data collected
- Modular, adaptable 8

Self-Screening Process



Wash hands

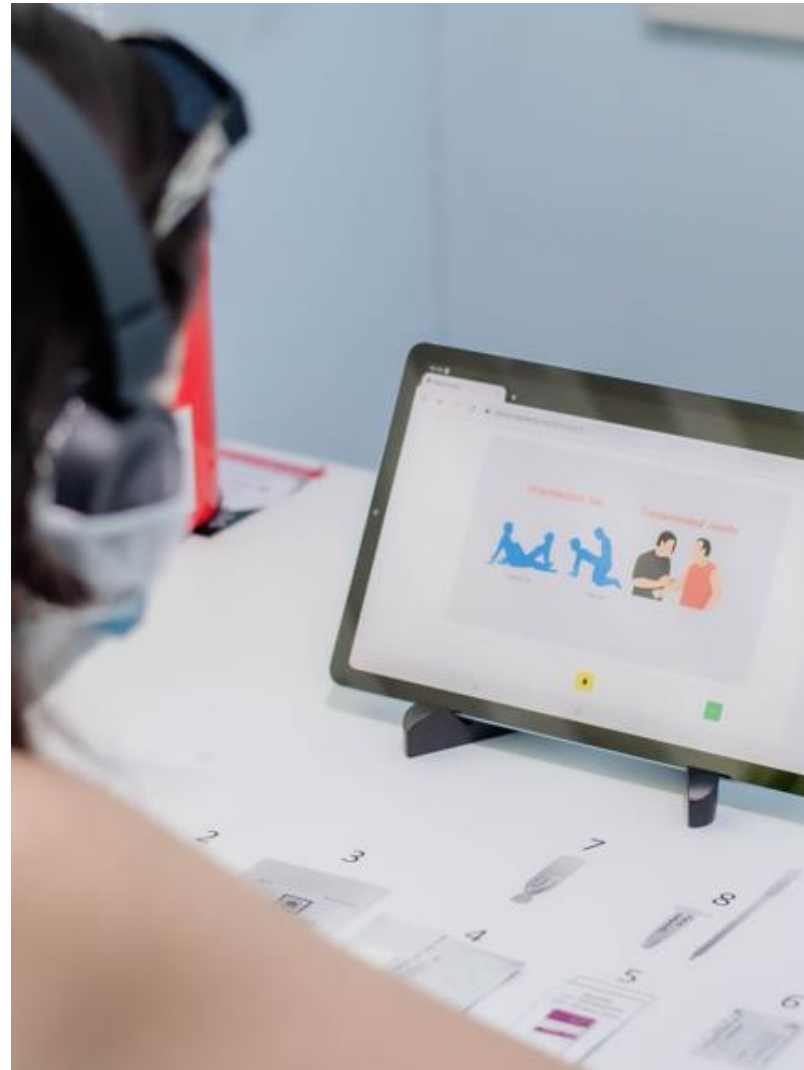


Familiarize with all elements in test kit

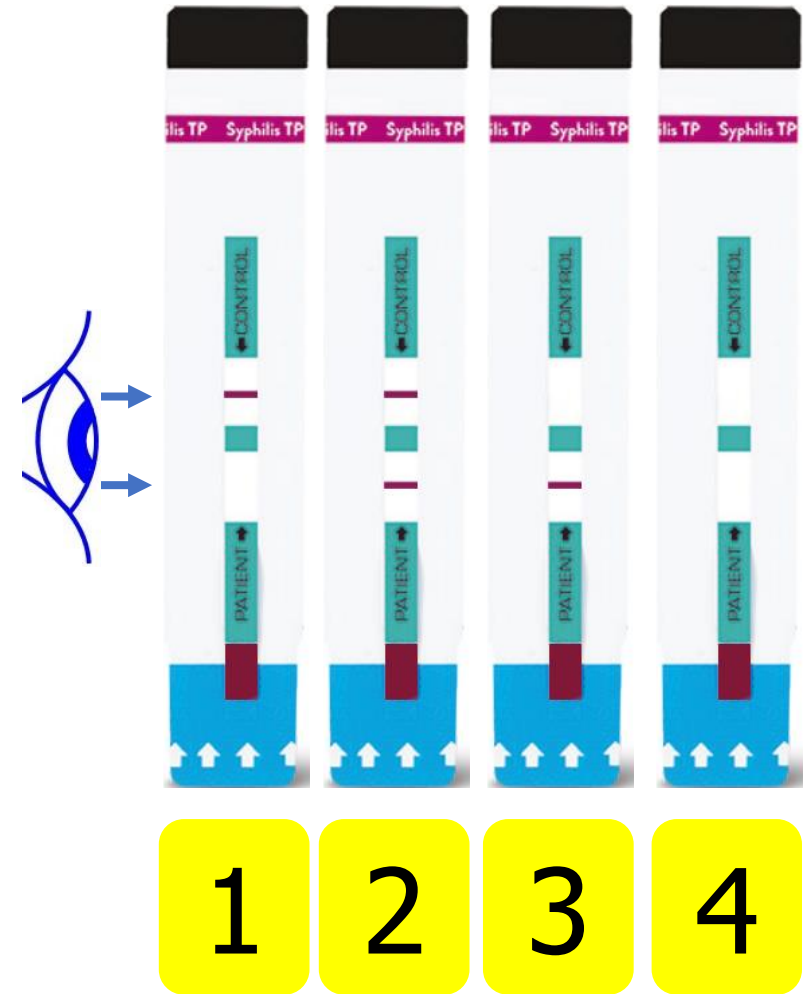
Self-Screening Process (cont.)



Self-screen



Learn while waiting



Read & report

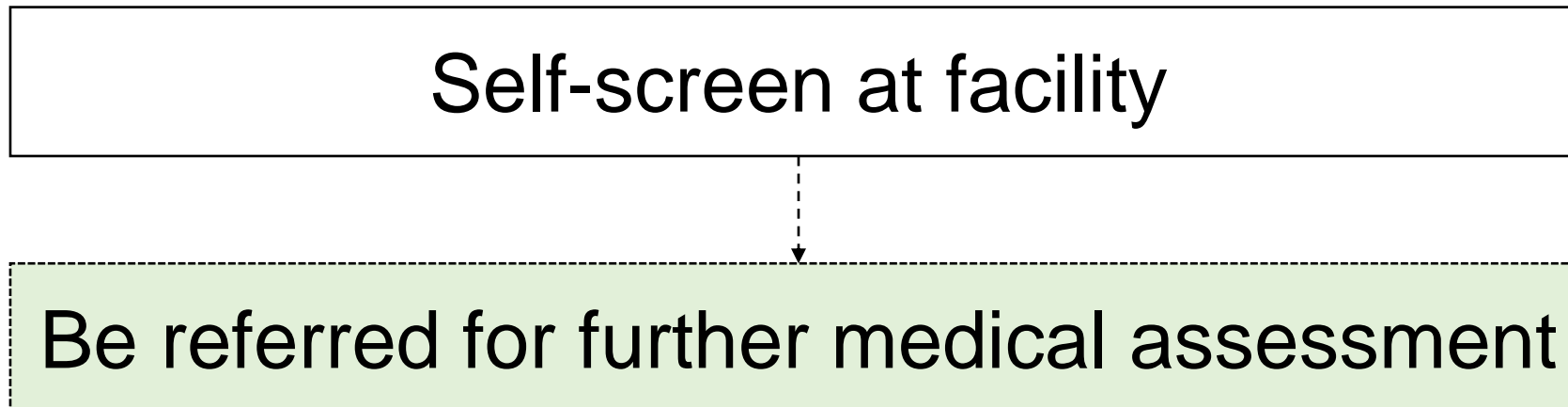
IT Systems

- Require close collaboration between:
 - System designers
 - Software developers
 - Health workers
 - Clients through feedback

- Available in 4 languages

- Intuitive, user-centric

Napneung Process



Referral Process

Positive test result



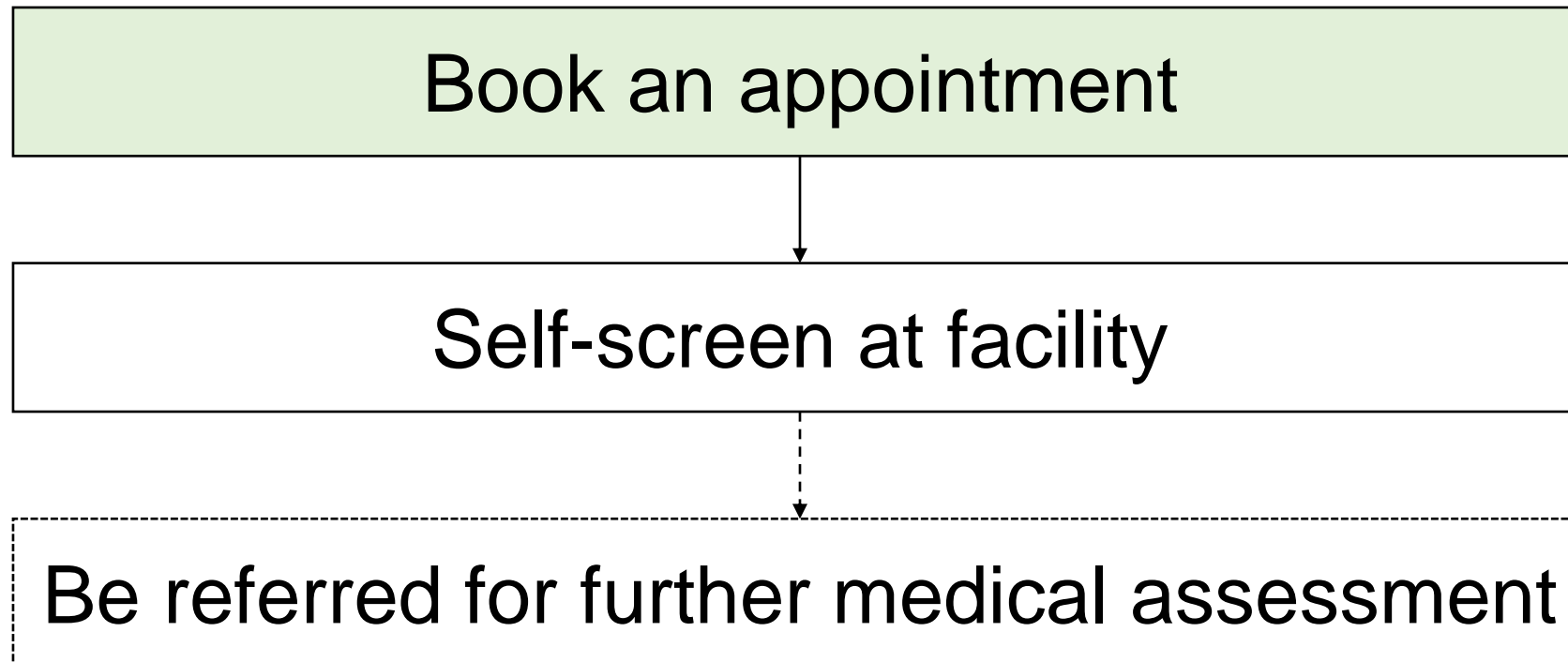
- Support
- Personalized referral: immediate appointment made with nurse
- Offer voluntary testing of partners
- Brief report written by counselor and automatically emailed to team for possible feedback

1 day & 6 months after
scheduled appointment

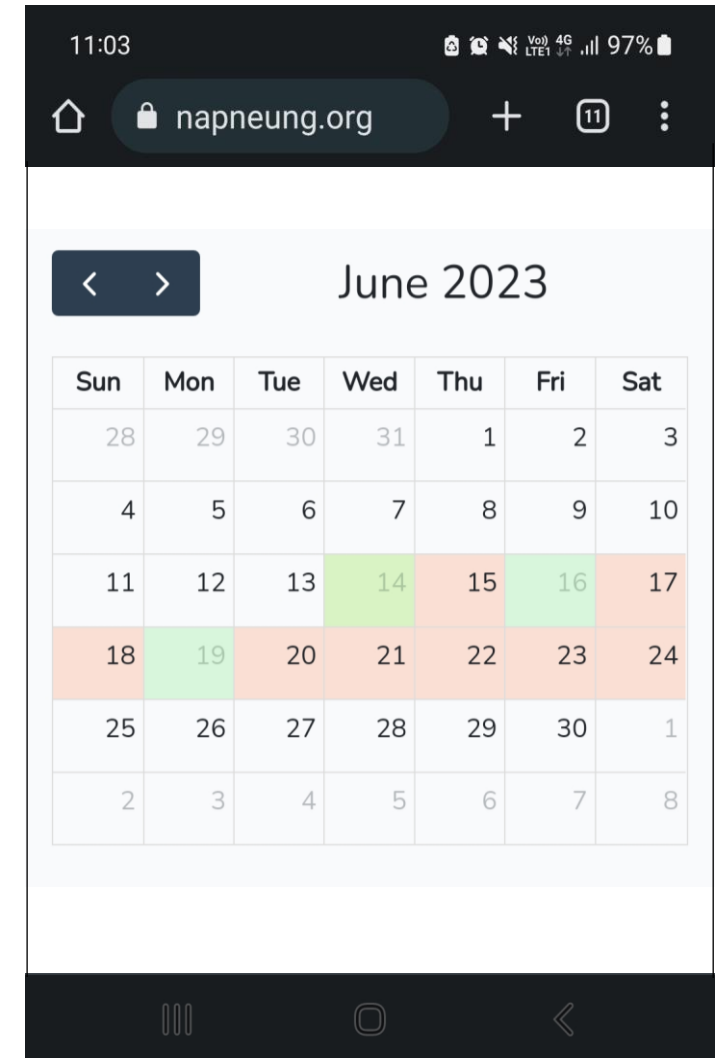
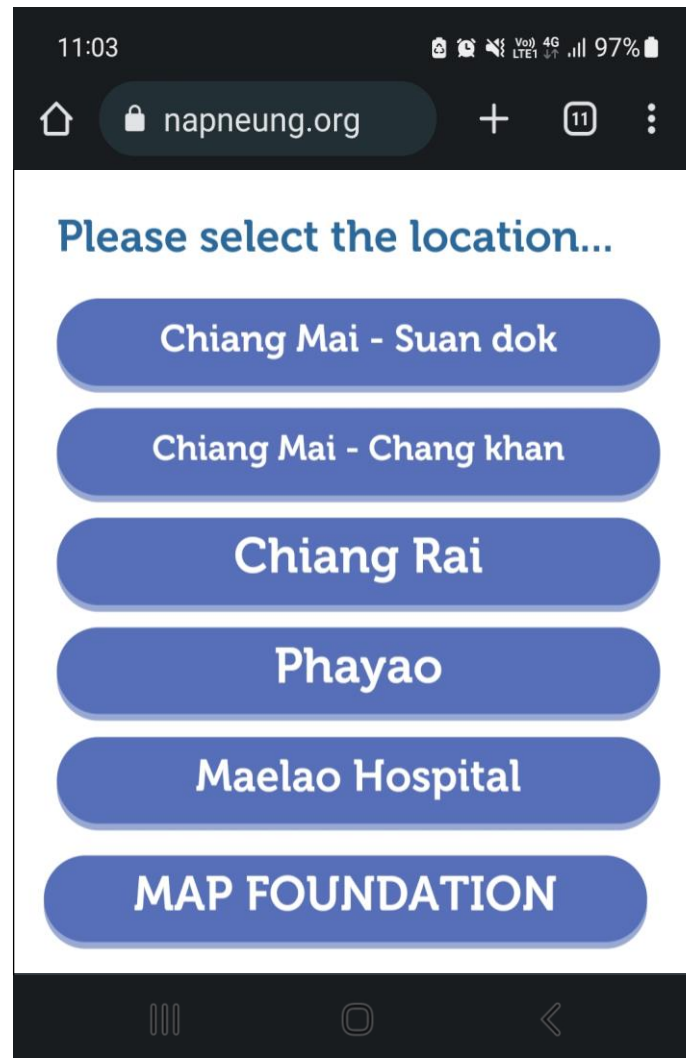
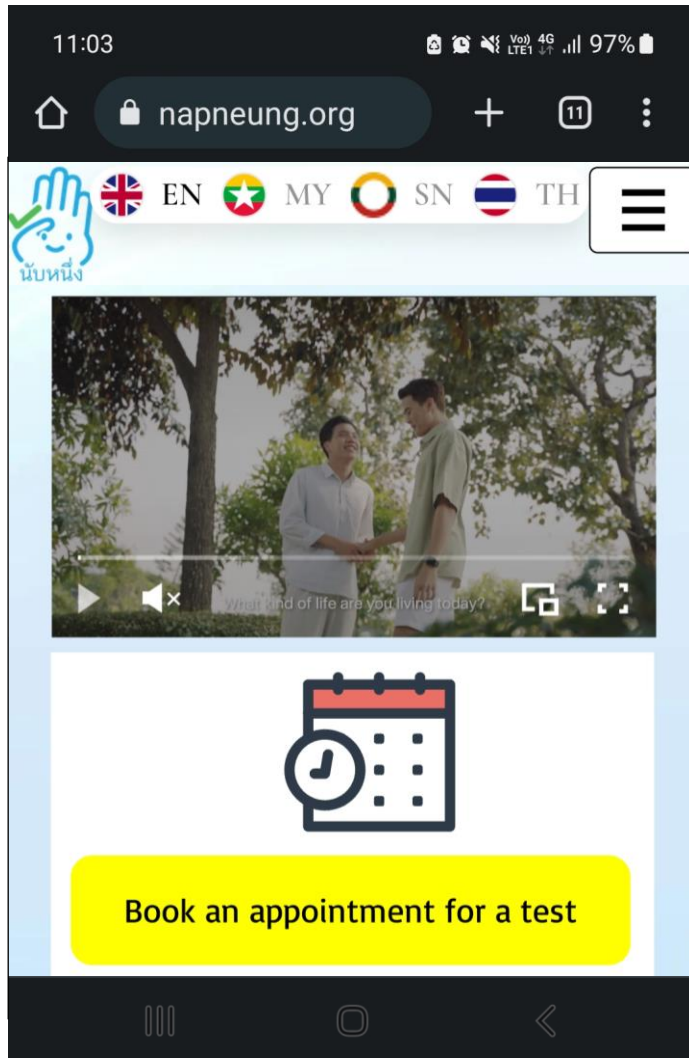


Follow-up

Napneung Process

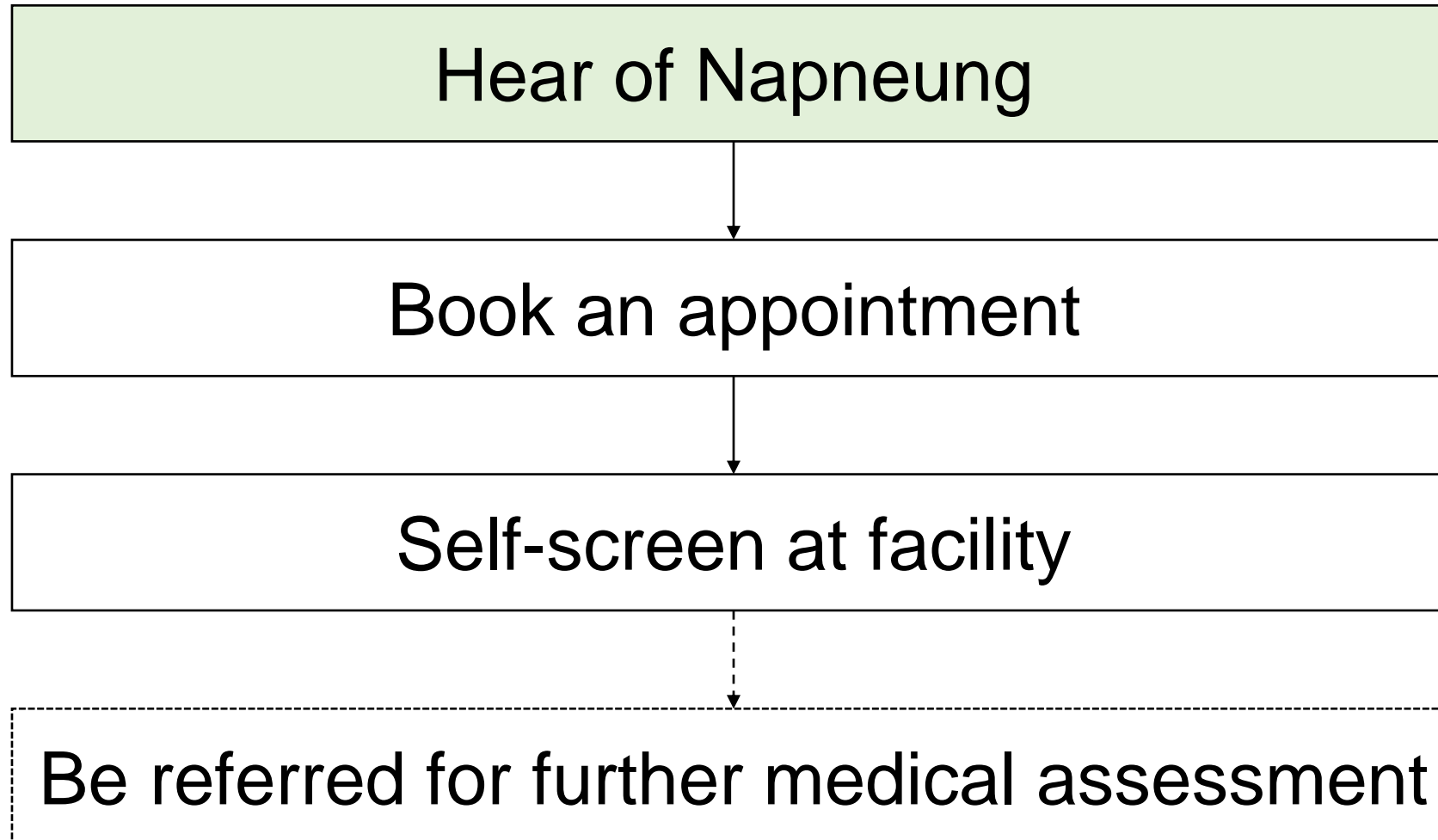


Online Appointment Booking



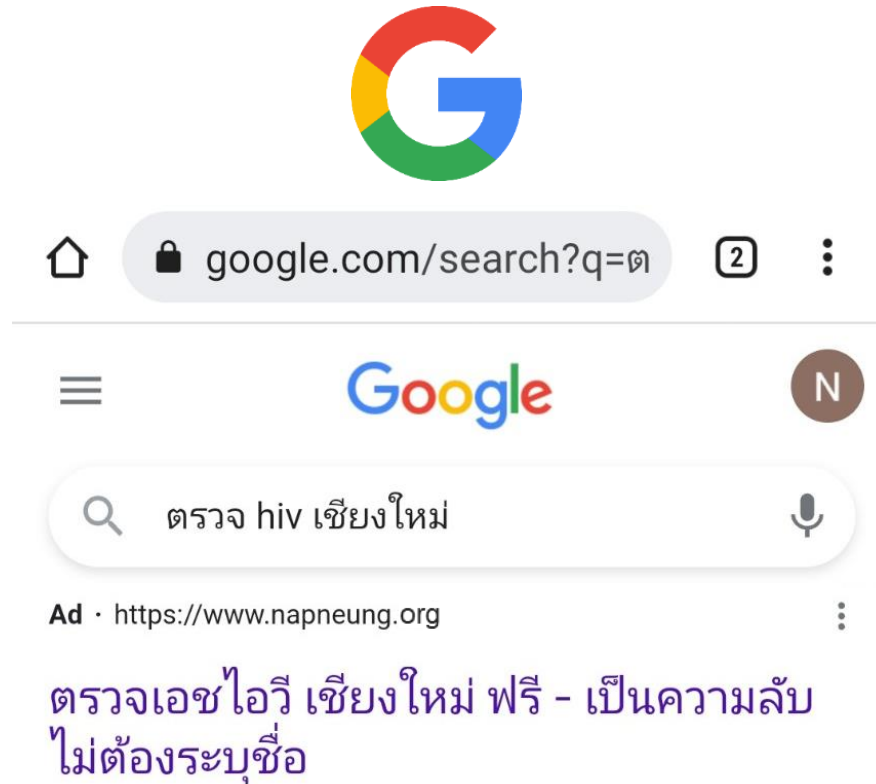
No queue - Better time management

Napneung Process



Outreach Strategies

- Messages optimized for target audiences
- Vouchers, posters
- Videos



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>16,000 Sessions for >12,000 Clients since 2015

Overall client population:

- 49% male at birth
- 45% aged 15-24 years
- 16% MSM, 1% TGW, 3% MSW, 3% FSW, 2% PWID
- >99% satisfied with the self-screening process
- 26% coming for retest among those at risk of HIV

222 Clients Newly Diagnosed with HIV

- Prevalence: 1.7% (excluding those already aware)
 - MSM: 6% TGW: 7% MSW: 5% FSW: 2% PWID: 8%
- 50% of newly diagnosed clients had never tested before
- Median CD4 count: 370 cells/mm³ (nationwide: 200)
- Use of recency tests:
 - 30% acquired HIV within <4 months
 - 1.3% incidence overall, 7.4% in at-risk MSM
- Active referral: 95% on treatment within days

Other Infections

	Clients newly diagnosed	Prevalence
Syphilis	230	1.9%
Hepatitis B	193	1.6%
Hepatitis C	67	0.5%

Excluding those already aware

What About Costs?

- 222 people newly diagnosed with HIV = 10% of estimated number of people newly infected with HIV in the 3 provinces during the same period (aidsboe.moph.go.th)
- Multi-infection rapid tests: increasing availability, decreasing costs, improvements in regulatory requirements
- Ongoing cost-effectiveness analyses with Naresuan University (Asst. Prof. Pudtan Phanthunane and colleagues)
- Collaboration with Yunus Thailand on sustainable social business opportunities

Publications

- **Uptake, acceptability and interpretability** of 3-in-1 rapid blood self-testing for HIV, hepatitis B and hepatitis C
- Impact of **counseling** methods on **HIV retesting** uptake in at-risk individuals: a randomized controlled study
- Appointment **reminders** to increase uptake of **HIV retesting** by at-risk individuals: a randomized controlled study in Thailand



CONSOLIDATED GUIDELINES ON **HIV TESTING SERVICES 2019**

Web Annex K. Global examples of HIV testing services

Outline

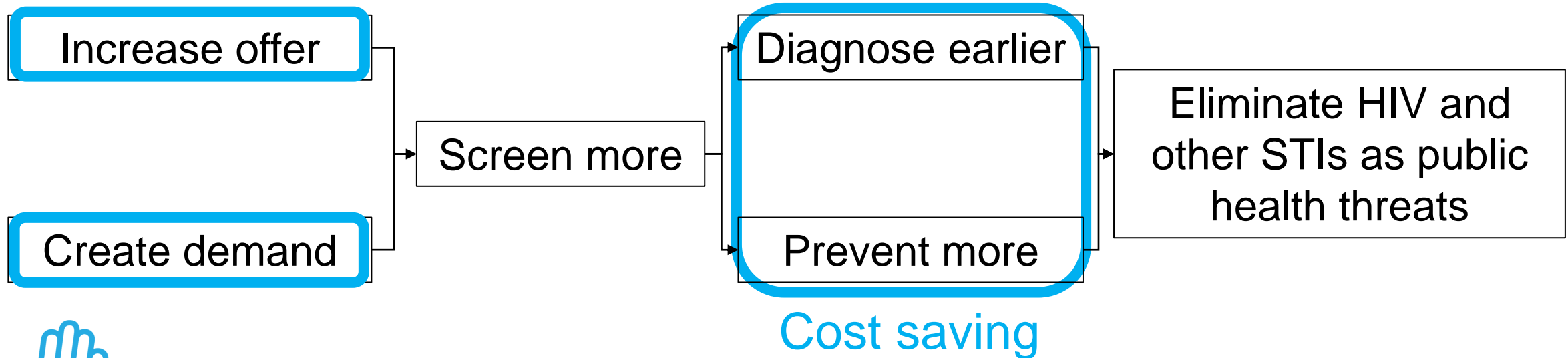
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What Are We Waiting For?



Be more efficient:

- Save time for health workers and clients
- Screen for multiple infections at a time



Be more attractive

Acknowledgements

- **All clients**
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