

# Access to HIV and Syphilis testing in Lao PDR

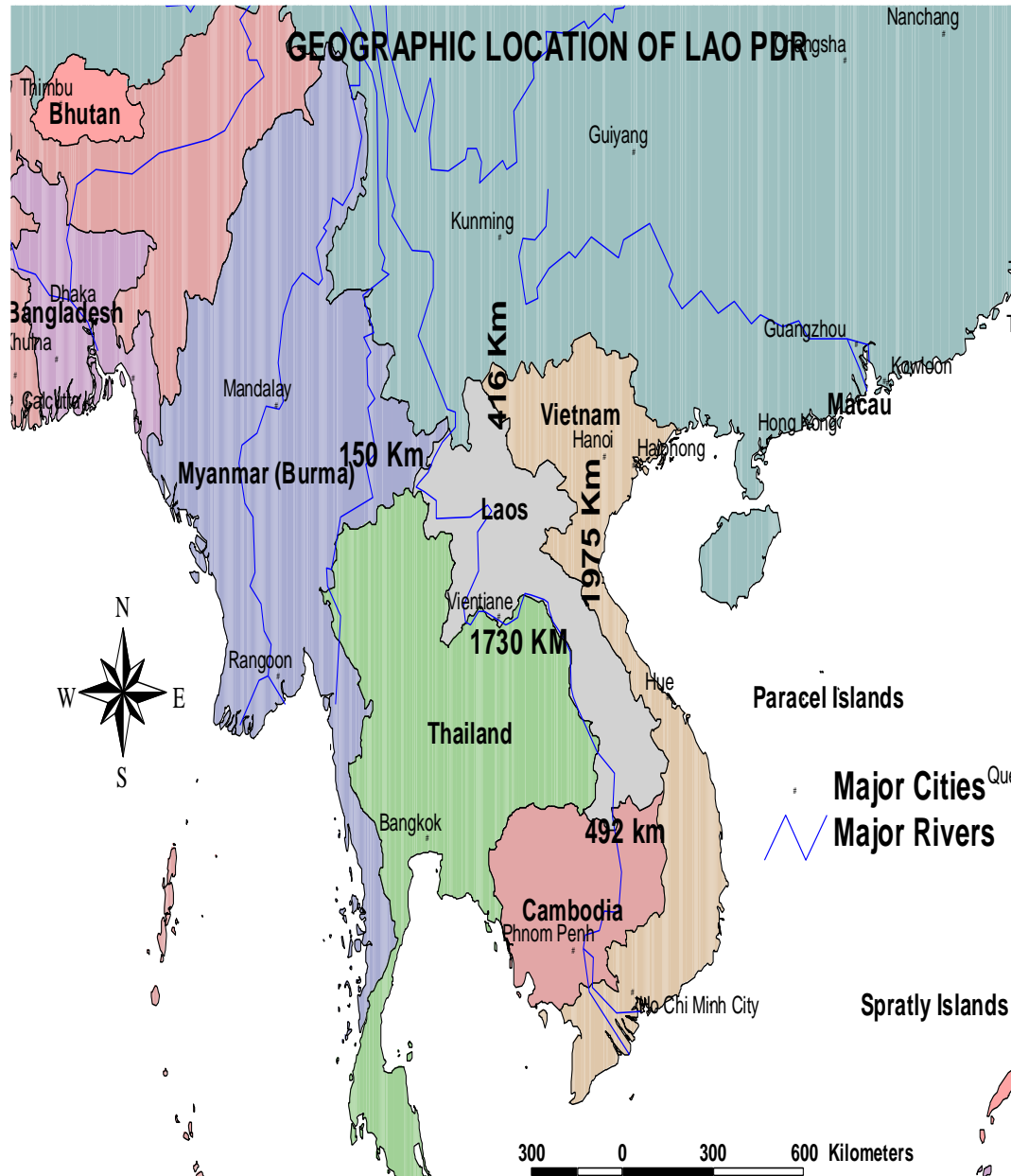


Napneung Workshop

“HIV Testing and Enhanced Prevention to End the HIV Epidemic  
Friday, 23 June 2023, Century Park Hotel, Bangkok, Thailand”

Chanvilay Thammachak  
Centre for HIV/AIDS and STI (CHAS)  
Ministry of Health, Lao PDR

# Lao People Democratic Republic ( Lao PDR )

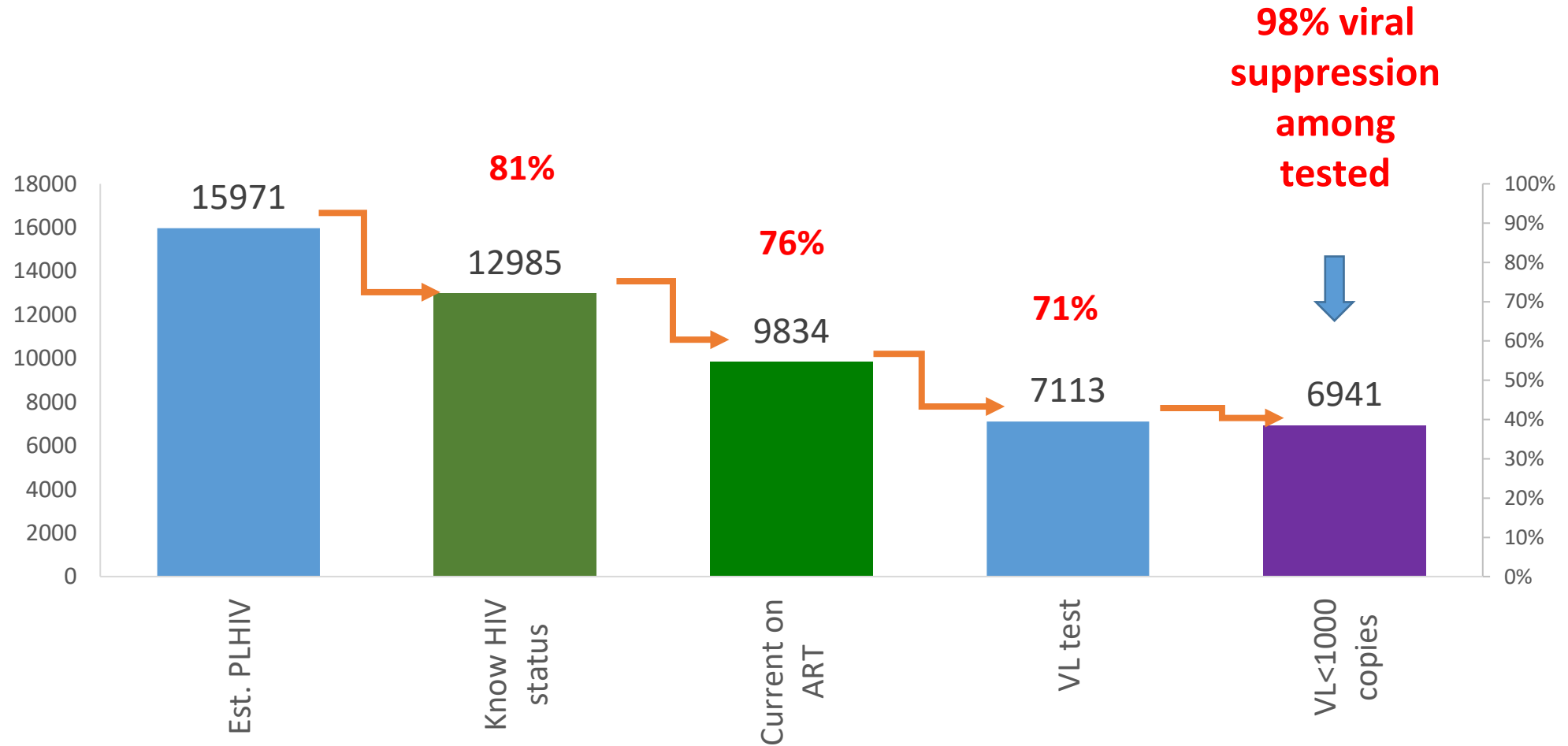


- 1<sup>st</sup> epidemic is among international labour migrants 1990;
- 2<sup>nd</sup> epidemic is among most-at-risk populations since 2000;
- HIV prevalence of 0.3% (AEM 2022) among the 15-49 year olds.
- Female sex worker : 1 %
- Men who have sex with Men : 5%
- PWUD/PWID : 0,6%

- Potential for a concentrated epidemic.
- Unsafe sexual activity is main mode of transmission.
- The key populations: FSW, MSM, PWID.

- An estimate of 15.971 people living with HIV, with an average of 1400 new infections per year and <500 AIDS related deaths in 2022.
- which 12,985 enrolled to ART.

# HIV cascade (as end of 2022)



# Strategic Activities to Accelerate 95-95-95 by 2025

**Diagnose**  
all people with HIV as  
soon as possible

- **HIV self-test**
- **Index & recency testing** and hotspot reach
- **Online reach and link to test**, focus on MSM/TG and young populations
- **PITC for risk populations** e.g., TB/STI/HIV symptomatic cases

**Treat**  
PLHIV rapidly and effectively to reach  
sustained VL suppression

- **Referral system & Lab notification** in health care facilities and link to treat
- **Same Day ART/ Rapid ART**
- **Establish QI coaches and Case manager**
- **Differentiated ART services delivery**
  - Integration HIV with other diseases (TB, STI, hepatitis, NCD, COVID-19)
  - Multi-month dispensing (MMD)
  - Telehealth and home delivery
  - Monitoring on mental health profiles/issues
- **Enhance adherence, treatment and VL literacy & retention**
- **POC VL & EID**
- **S&D reduction in health care facility and community**
- **TPT, Urine LF-LAM**

**Prevent**  
new transmission by  
using proven  
interventions

- **HIV awareness raising**
- **PrEP demand creation**
- **Differentiated PrEP delivery model**
- **Combination HIV prevention**

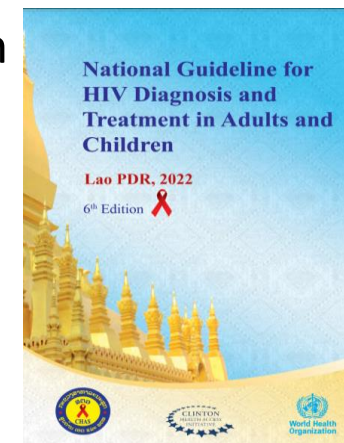
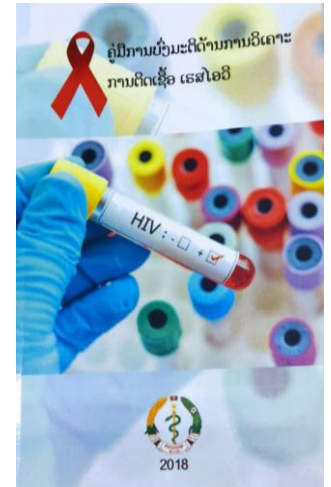
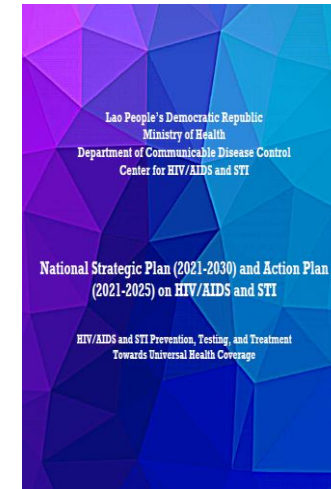
**Respond**  
quickly for potential  
outbreak

- **Provincial mapping, plan, resource mobilization**
- **Improve data quality and use data for program improvement and coaching**
- **Recency surveillance and using recency data for public health responses**

**Cross cutting activities:** Update policy/guidelines, data quality improvement, M&E, training, ECHO, stigma and discrimination reduction, QI/coaching, community-led monitoring

# Policy and Guidelines on HIV/AIDS and STIs in Lao PDR

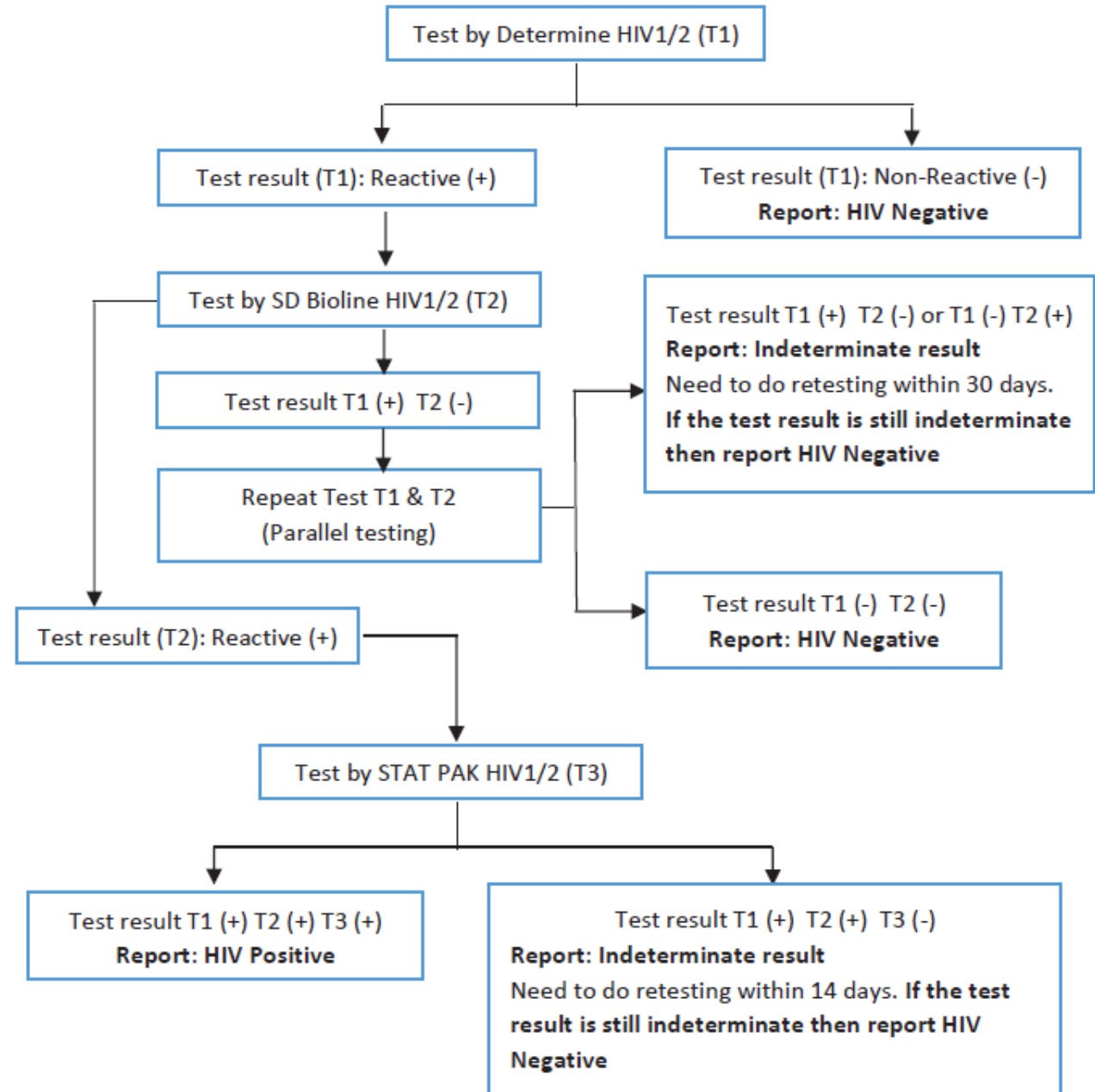
- HIV/AIDS Law
- National Strategic and Action plans on HIV/AIDS/STI 2021 -2030
- Testing and diagnosis guidelines (HIV and STIs):
  - National guideline for HIV testing
  - Lao PDR National HIV Self-Testing Guidelines
  - National treatment guidelines for STI
- Treatment guidelines (HIV and STIs):
  - National Guideline for HIV Diagnosis and Treatment in Adults and Children
  - Guidelines for the Prevention and Management of Opportunistic Infections in Adults and Children
  - National treatment guidelines for STI treatment
- Other available guidelines:
  - National Guidelines for HIV Testing and Counseling Services
  - Pre-Exposure Prophylaxis (PrEP) Guidelines
  - Index Testing guideline



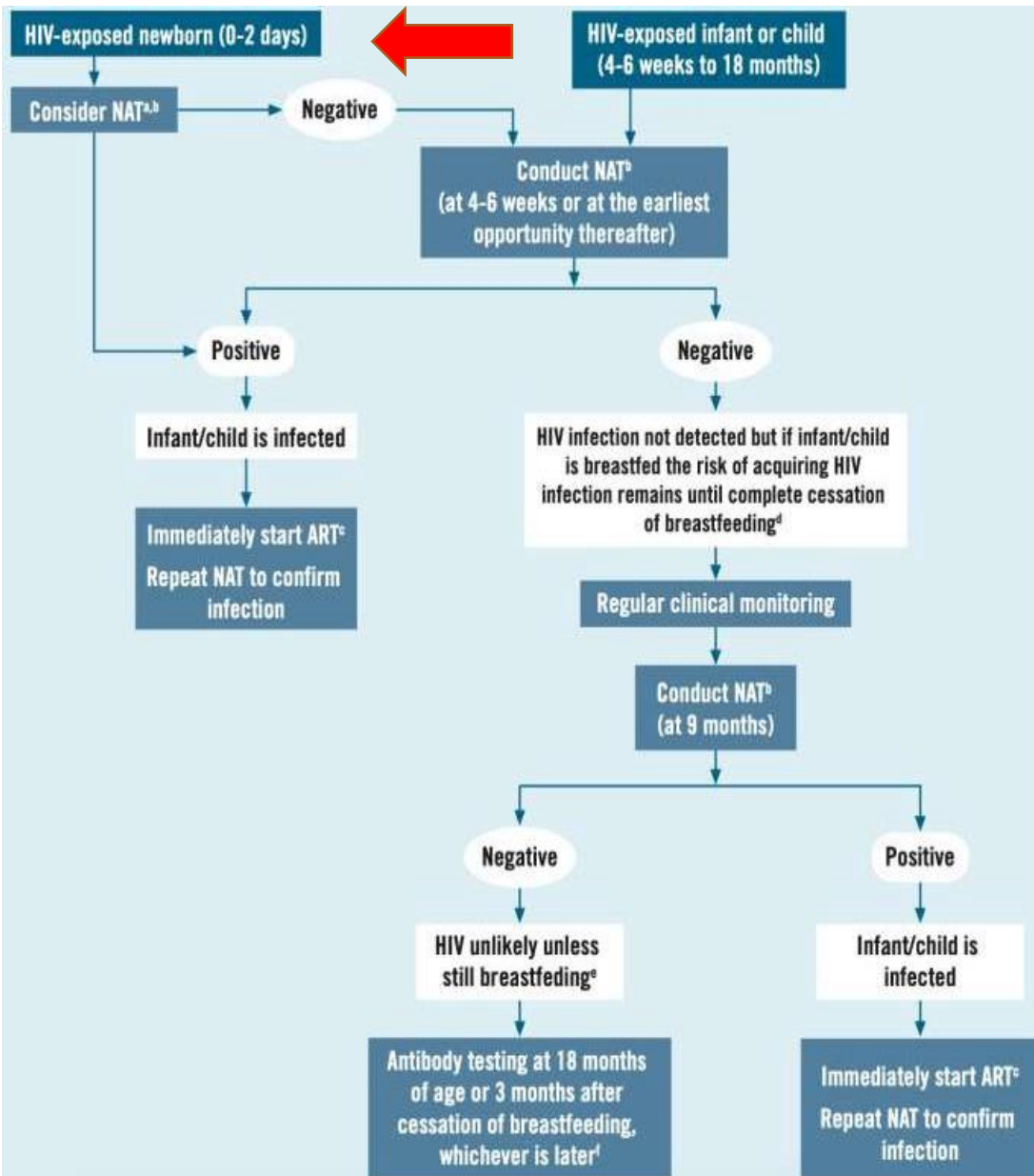
# National HIV Testing Algorithm for adult and children >18 M

National Guideline for HIV Testing, 2018

*This three-tests algorithm is the main algorithm used at facility-based testing (VCT/ART sites)*

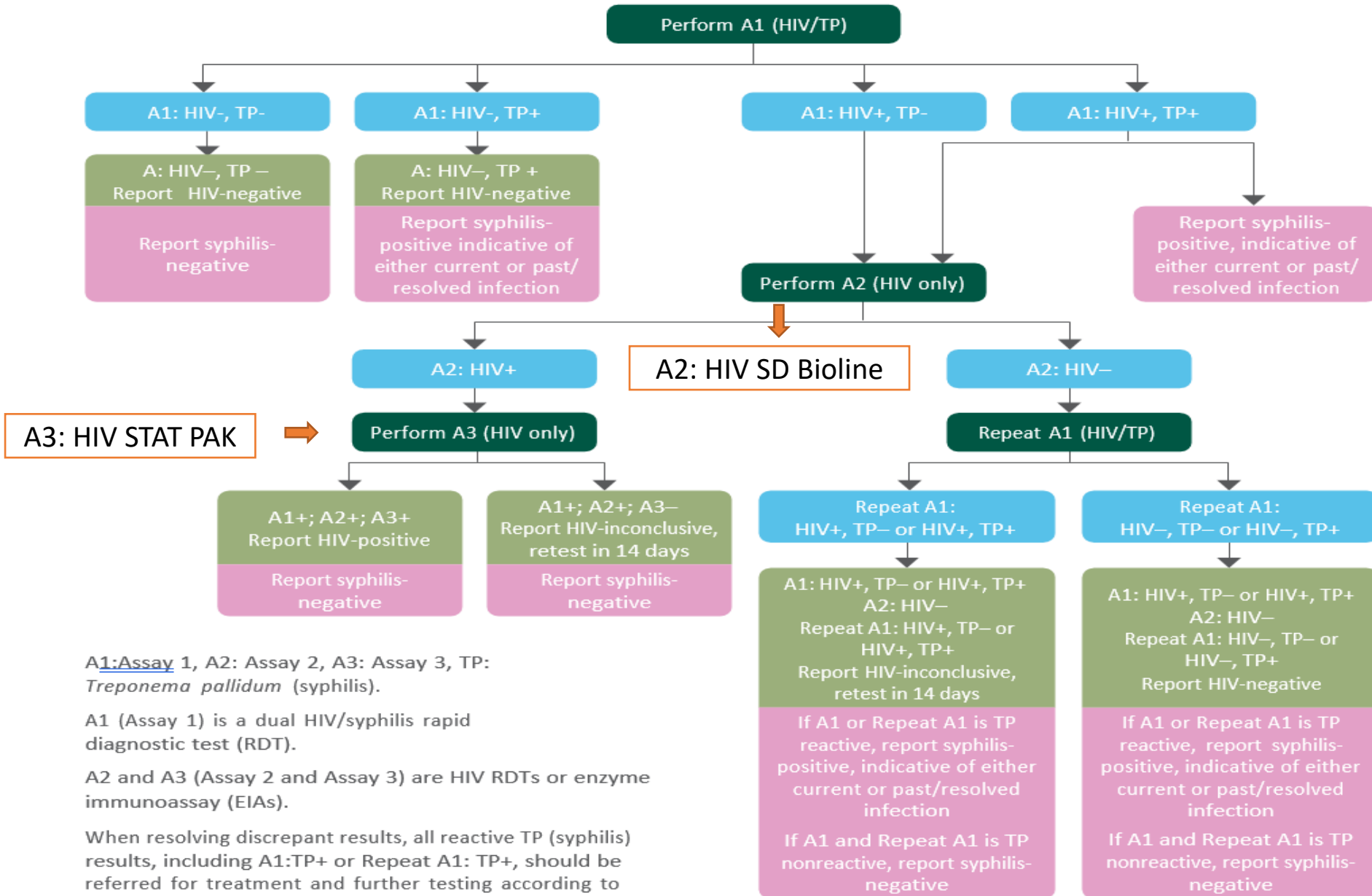


## 2. HIV diagnosis among infants < 18 months (updated 2022 based on WHO GL 2021)



- Moving to a multi-HIV NAT algorithm
  - Birth (where of value)
  - 4 - 6 weeks
  - 9 months
  - Any time HIV exposed infants present sick
- Ensuring **confirmatory** testing of a positive NAT result is undertaken
- If HIV infection is **not detected** in infant, until the cessation of breastfeeding, **conduct routine clinical monitoring and conduct a NAT at 9 months**, if positive result, immediately begin ART\*, but if negative, conduct antibody testing at 18 months or 3 months after cessation of breastfeeding, whichever is later.
- **Diagnosis is not completed without “final diagnosis” at the end of the period of risk for transmission**

**Fig. 2.5 WHO-recommended testing strategy for dual detection of HIV and syphilis infection in antenatal care settings**





# Different approach of HIV testing and the availability of HIV tests

- **Facility-based testing:** using HIV RDTs (T1, T2, T3), serving KPs, pregnant women and general populations
  - Central and hospital level (VCT/ART sites) : RDTs (T1, T2, T3)
  - District level (VCT sites): RDTs (T1, T2)
  - Community (Health center): HIV test available in some sites (22 HCs)
- **Outreach/Mobile testing:** using RDTs or HIVST (OraQuick), serving KPs
  - Outreach/Mobile activities conducted by Healthcare workers: RDTs (T1 + T2)
  - Outreach activities conducted by CSOs: RDTs, HIVST (OraQuick - only for MSM/TG)
- **Other available testing:**
  - Early infant diagnosis (EID) by NAT: currently at central level (CIML)
  - HIV Viral load by GeneXpert: provincial level



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HIV self-testing (HIVST), using oral fluid-based kits, is embedded into the Community-based Outreach (using Enhance Peer Mobiliser (EPM) model) to increase uptake of testing, linkages to care, treatment and PrEP services.

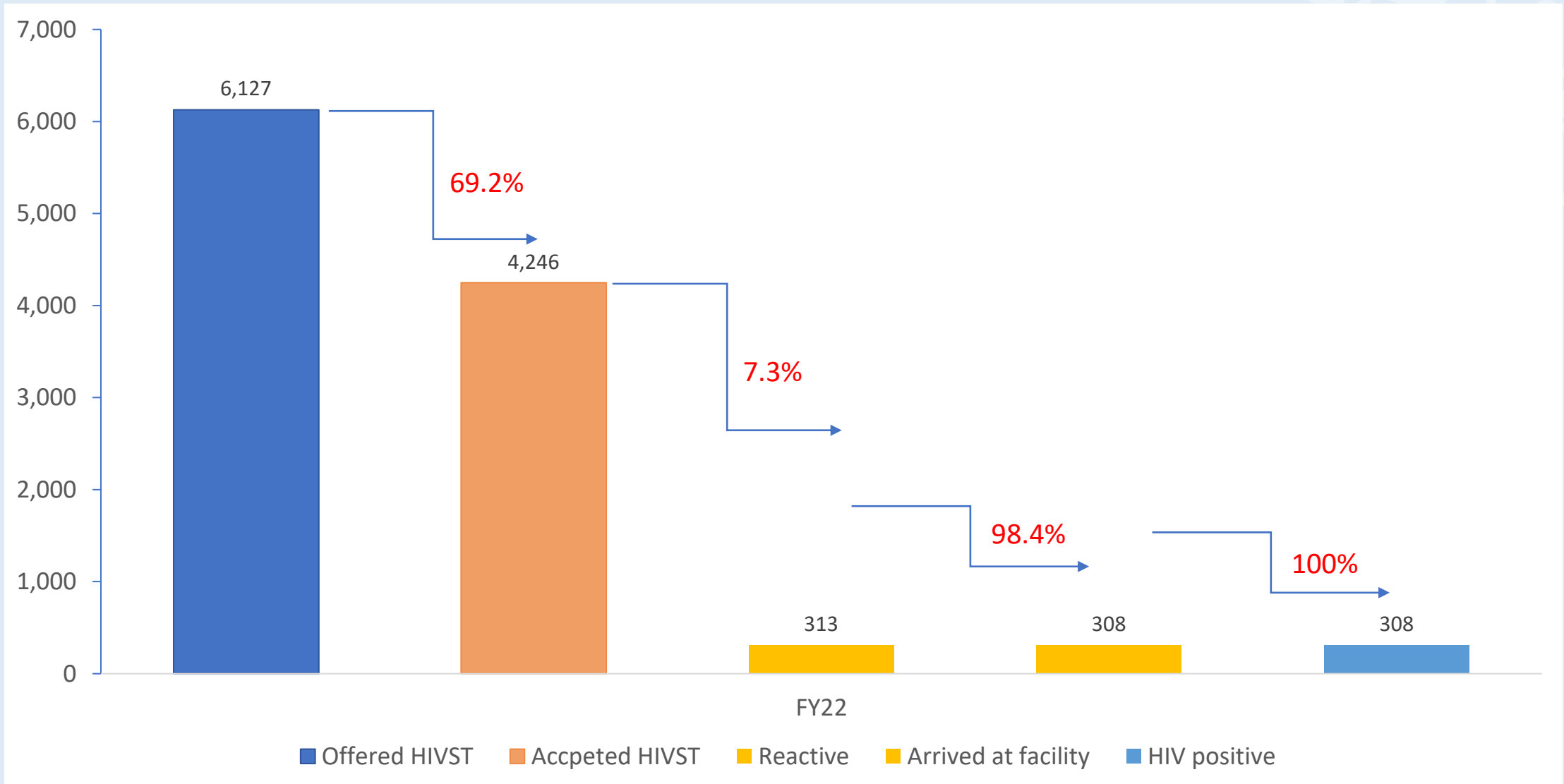
# Background – HIV Self Testing (HIVST)

- HIVST was introduced as “**HIV screening test**” to Laos by the LINKAGES Project in 2016 and focused in three geographical areas, including in Vientiane Capital, Savannakhet and Champasack Province
- HIVST was offered with no cost to key populations (MSM and TG) whose HIV status was unknown or the last HIV test was more than three months ago
- In 2018, HIVST was included in the National Testing Guideline and approved for use in community setting
- In 2020, HIVST was offered as part of index testing as well as home delivery for MSM/TG in the community; Home delivery of HIVST enabled access to HIV testing during COVID19 outbreak
- The implementation of HIVST (using oral fluid-based kits) has increased HIV screening and case finding among MSM and TG in Laos

# Background – HIVST (continued)

- In 2021, the national guidelines on HIVST has been developed, including community-based testing strategies and HIVST-paid distribution
- In Sept 2022 to promote sustainability, HIVST through paid distribution was introduced at three distributors sites (two local pharmacies and at the Youth Clinic)
- HIVST was introduced as “**HIV screening test**” – and confirmatory testing is to be done at health facilities

# Number of people reached and offered HIVST – FY22



## Next steps

- CHAS plans to expand HIVST to other provinces, including the EPM model, online promotion, QR code is given to each package of HIVST kits so clients could scan and access to all the information on an HIVST kit,
- Expand HIVST paid distribution through the provision of promotion activities and coordination with the private sector to make HIVST available to more distributors and users; Also coordinating with Ora-Sure for local pharmaceutical/distributors as sale representatives

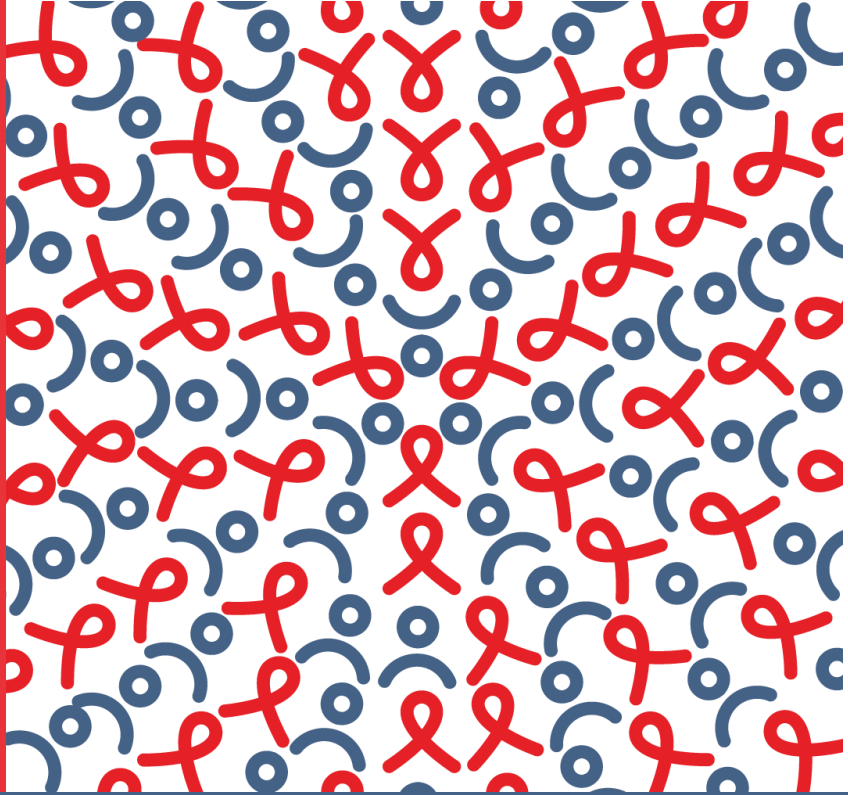
# Syphilis testing availability

- **Facility-based testing:** Laboratory diagnosis
  - Rapid Syphilis Test (RST): Available in some central and provincial hospitals, very limited access to the test at district level.
  - RPR/VDRL: Available in central hospitals
  - TPHA/TPPA: Not available
- **Outreach/Mobile testing:** Not available

# Challenges and Improvement Action to access HIV and Syphilis testing

| Challenges   | Further Action   |
|--|--|
| <ul style="list-style-type: none"><li>- HIV confirmatory test (T3) available only at central and provincial level</li><li>- Insufficient HIV/Syphilis screening among pregnant women</li><li>- Using Single HIV test for ANC</li><li>- Community-based testing not available</li><li>- HIV testing provided by peers/COS/Community workers are limited</li><li>- STIs screening is not systematic for KPs</li><li>- Outreach/Mobile activities does not include STIs screening/testing</li></ul> | <ul style="list-style-type: none"><li>⇒ Decentralize HIV testing services (confirmatory tests available at prioritized districts)</li><li>⇒ Increase HIV screening among pregnant women</li><li>⇒ Use Dual HIV/syphilis RDT for ANC settings and scale up for KPs</li><li>⇒ Establish community-based testing (HIV/STIs screening and testing)</li><li>⇒ Train peers/COS/Community workers to provide HIV services</li><li>⇒ Scale up HIV self testing</li><li>⇒ Scale up index testing</li><li>⇒ Include STIs screening, especially syphilis testing, into outreach/mobile activities</li></ul> |





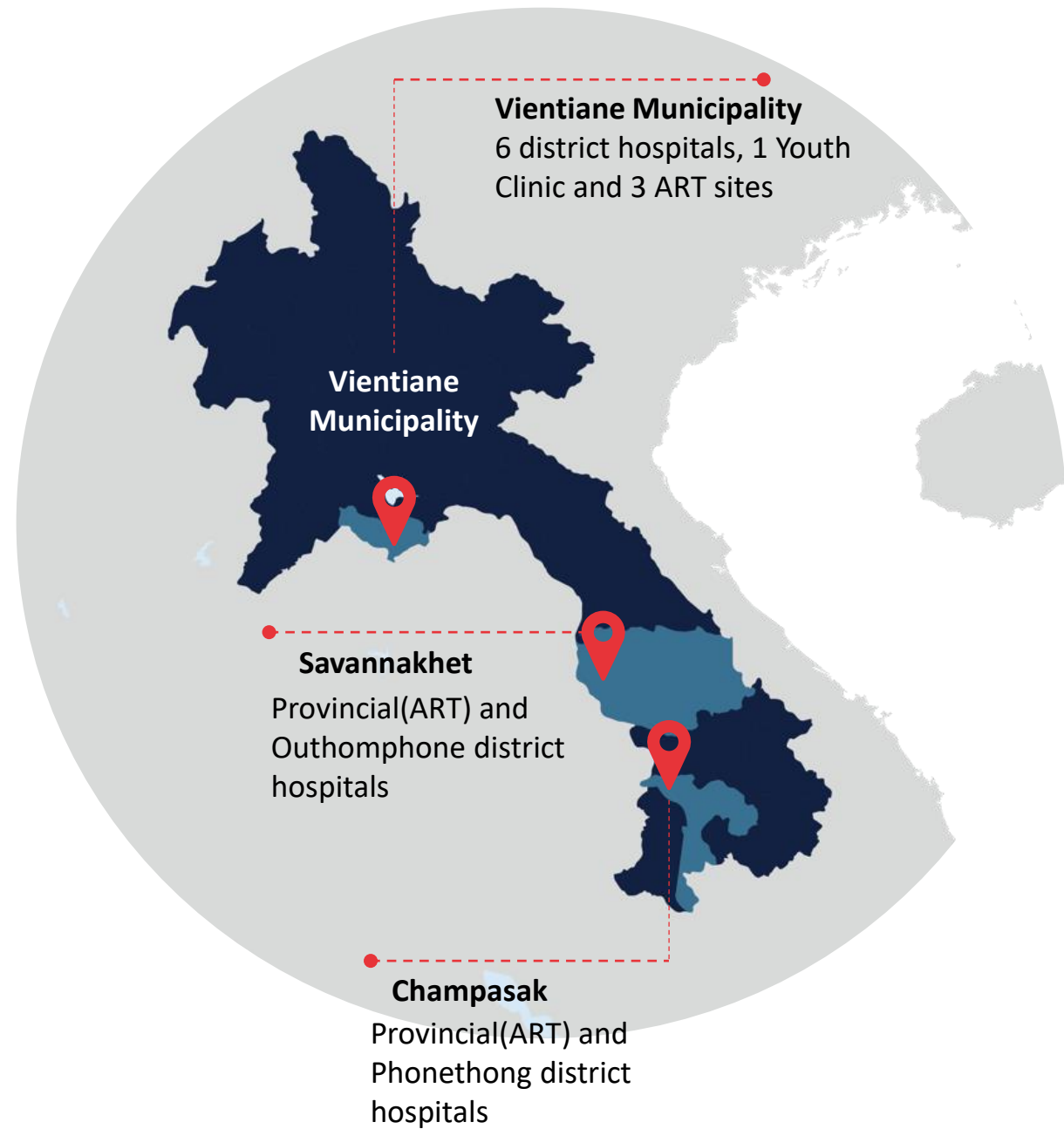
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# Pre-Exposure Prophylaxis (PrEP)

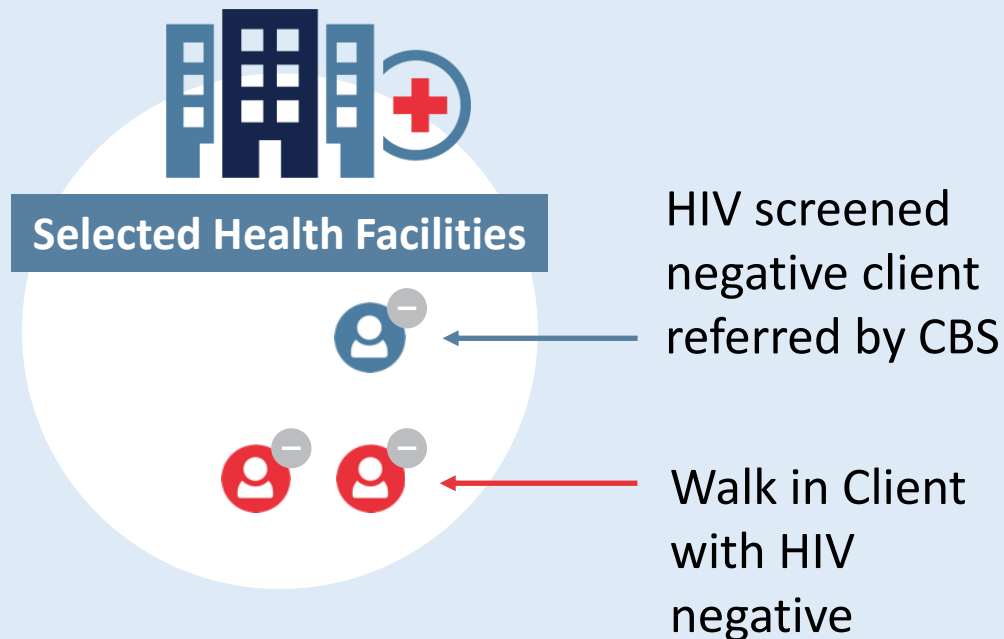
# Background - Pre-Exposure Prophylaxis (PrEP)

- In Jan 2021, the EpiC Project (through funding support from USAID) finalized the development of national guidelines and launched PrEP services in one central hospital (ART site) of the capital city of Laos (Sethathirath Hospital in Vientiane).
- In Jun 2021, PrEP service was launched in the 2<sup>nd</sup> central hospital in Vientiane (Mittaphab Hospital in Vientiane).
- In Mar 2022, PrEP services expanded to 3 additional hospitals (Mahosot Hospital in Vientiane Capital; Savannakhet Provincial Hospital; and Champasak Provincial Hospital). This expansion accounted for a full coverage of ART sites.
- PrEP services result from a strong collaboration between different key stakeholders:
  - Center for HIV, AIDS and STI (CHAS) and the Provincial Committee for the Control of AIDS (PCCA) of the three provinces.
  - World Health Organization (WHO), UNAIDS Laos , the Australian Federation for AIDS Organizations (AFAO) funded by GF program, CDC and CHIAs.
  - **Technical support, trainings and coaching on PrEP from FHI 360/EpiC partners (IHRI, SWING).**

# Implementation & Progress



# Provision of PrEP services at health facilities (EpiC supported provinces)

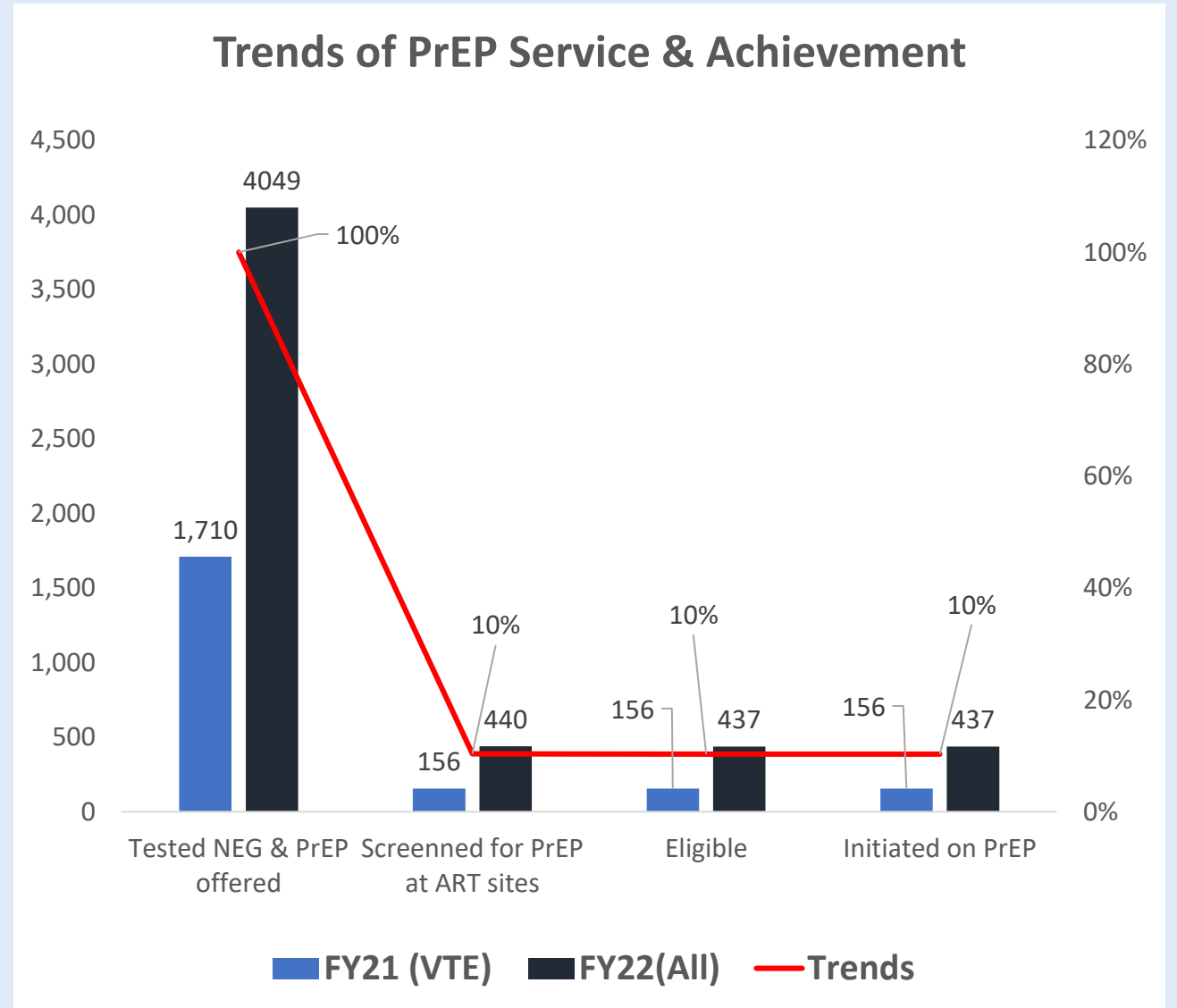


## Provision of PrEP services:

- Pre-screening question for eligibility
- lab test (kidney and liver function)
- Counseling and client decides on type of PrEP (Daily/ On Demand)
- Follow up (health check and refill)

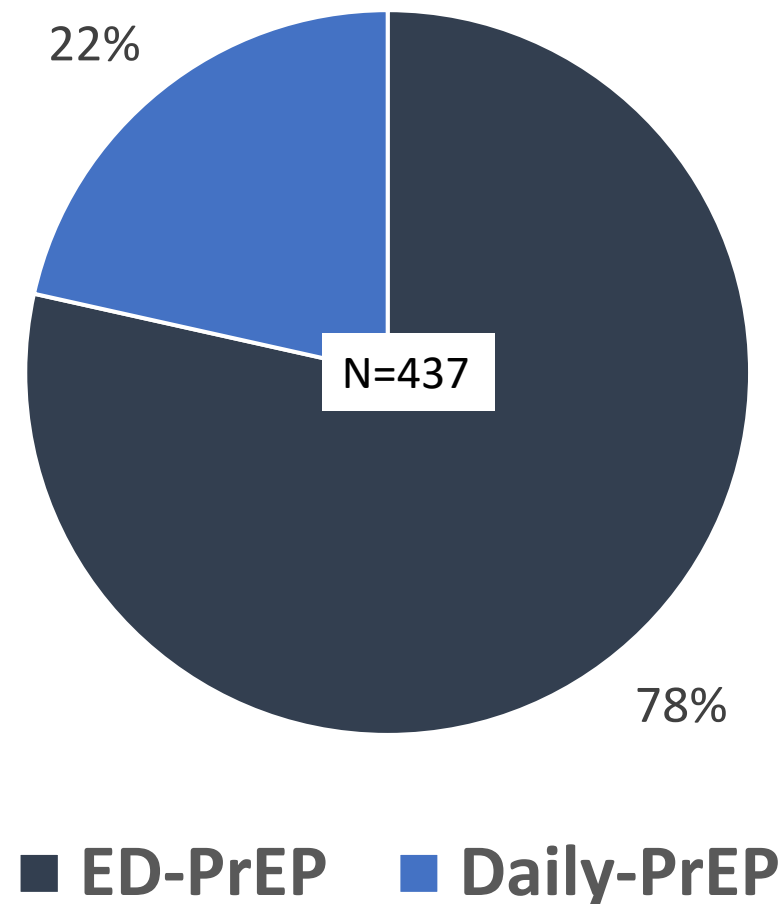
# PrEP Service & Achievements

- PrEP service was initiated in Jan 2021 at two government health facilities (ART) of Vientiane Capital. During April to June 2021, PrEP service was on paused due to lockdown of COVID19 outbreaks
- In Jan 2022, PrEP services was expanded to 3 additional ARTs (Vientiane Capital, Savannaket and Champasak Province) making a total of 5 ART with PrEP services in the country.
- While PrEP is offered to all HIV negative individuals, gaps in uptake remain high as many clients expressed their concern over side effects of PrEP drug, especially on hormone use.
- To increase an uptake, demand creation campaigns and activities has been introduced, including through social media, community-based events as well as access influencer's social fan pages.
- Enhance the enabling environment and friendliness of services as well as online reservation is also being implemented.



- 78% of clients selected ED-PrEP and expressed their concern over side effect if taken Daily-PrEP
- EpiC together with HCPs and CBS have been trying to disseminate of no evidence based of any harm for the hormone use clients, drink alcohol, ad other commodities use. For better sure of PrEP taking for clients with concerned issues, HCPs recommended to use Daily-PrEP.
- PrEP is not compulsory, clients can switch or stop anytime based on their sexual behaviors

### PrEP Types Selection among Target Population-EpiC Laos FY22



# Implementation Challenges:

- **Low coverage of PrEP services:** In Jun 2021, PrEP service was launched in the 2<sup>nd</sup> central hospital in Vientiane and by Mar 2022, PrEP services was expanded to 3 additional ARTs making a total of 5 ART with PrEP services in the country.
- There has been a **low uptake** of PrEP service among MSM/TG tested negative. Although, EpiC Laos has already exceeded annual target set for PrEP in FY22 by the end of Q4, there is gap in PrEP cascade. There is less than 11% of clients who test negative and offered PrEP have arrived at health facilities for PrEP screening and use.
- Additional challenge is the lab testing fees before PrEP initiation and follow up
- S&D remained key challenges for client access service facilities. Facility environment should be considered to improve service.
- Time constrain among public service facilities and client time. employees and students are difficult to find out time for hospital visit.
- Limited service provision facility.

# 2023 plan for increase uptake of PrEP services

- Strengthen motivational skills of HCP and CBS and their knowledge of PrEP, including femininizing hormones and PrEP use for TG, to discuss PrEP services with their clients
- Continue to support community-based events to promote the use of QuickRes for online reservation of PrEP services at the health facility. QuickRes will be also promoted through a promotional video that has been developed and is expected to be launch through social media, after obtaining approvals, at the beginning of FY23.
- Support the launch of promotional videos on PrEP aimed to increase demand for PrEP services for MSM and TG. These activities will be launched by CHIAs through social media during the first semester of FY23 with technical assistance of Mplus—a Thai community-based organization working with key populations in Chiang Mai—through the EpiC Regional Program.
- Enhance the enabling environment and friendliness of services will also to be implemented.





Thank you

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