

**AIDS
2020**

**LEADING FROM
THE COMMUNITY:**

Dr. Bao Ngoc Vu, PATH

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VIRTUAL

How key population organizations in Vietnam transformed from peer support groups to clinical service providers

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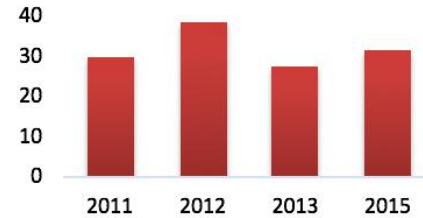
Disclosure Slide

No conflict of interest

One size fits all for key population service delivery before 2015 ...



Dynamic HIV epidemic



Low and steady annual HIV testing uptake among key populations (KPs)



HIV services only available in public facilities



Outdated reach and behavior change efforts

Key populations in Vietnam: Transforming legal status, taking greater role in HIV service delivery



PEER SUPPORT GROUPS (2000–2010)

- Peer outreach
- Condom and/or needle distribution
- Referral to HIV testing and antiretroviral therapy (ART) services
- Care and support for people living with HIV (PLHIV)
- Emotional/social support

Organically formed group



COMMUNITY-BASED ORGANIZATIONS (From 2010 onward)

- Directly provide **HIV lay testing, index testing, and self-testing** (late 2015)
- Perform pre-exposure prophylaxis (PrEP) screening and referral
- Make referrals for HIV confirmatory test and ART enrollment

Community organization
(unregistered)



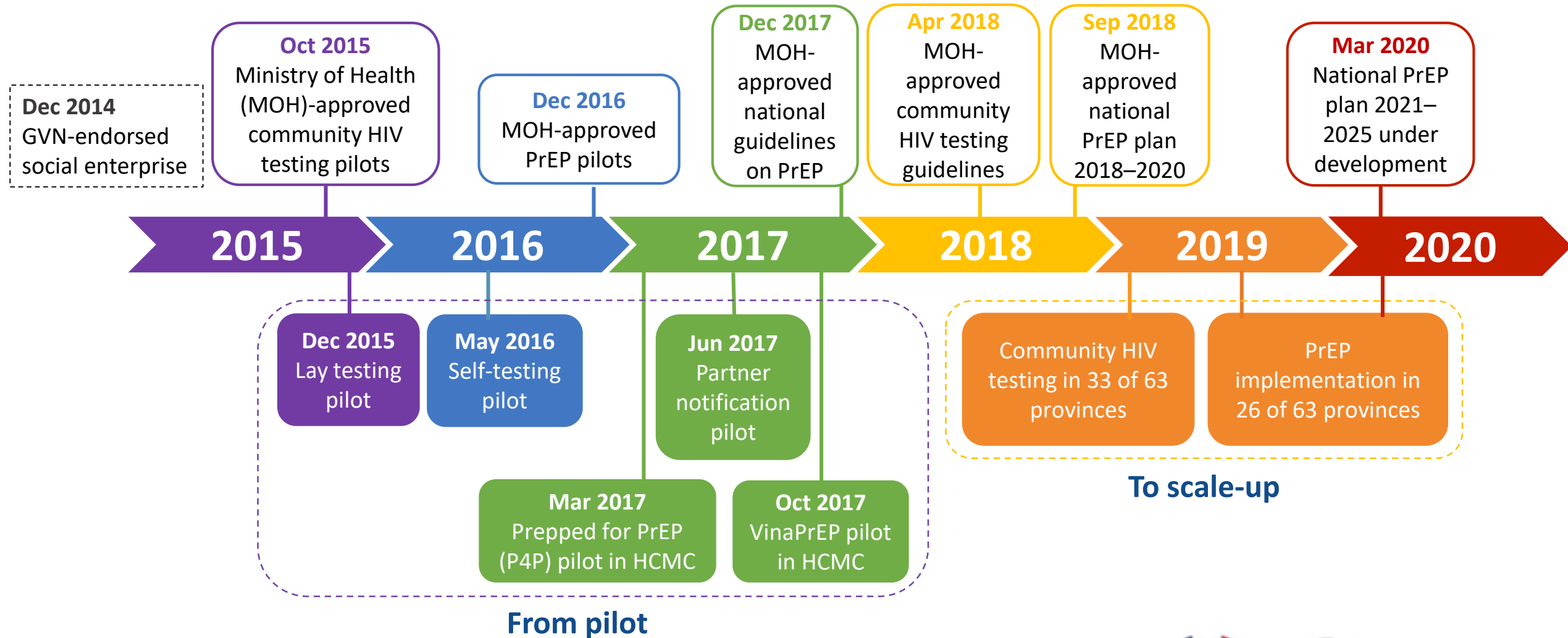
SOCIAL ENTERPRISES (From 2015 onward)

- **KP-led and KP-owned private clinics** registered
- HIV, STI, viral hepatitis testing offered
- PrEP and nonoccupational post-exposure prophylaxis treatment
- ART, TB screening, and STI treatment
- Mental health/substance use services
- Gender affirming services
- Sale of health products

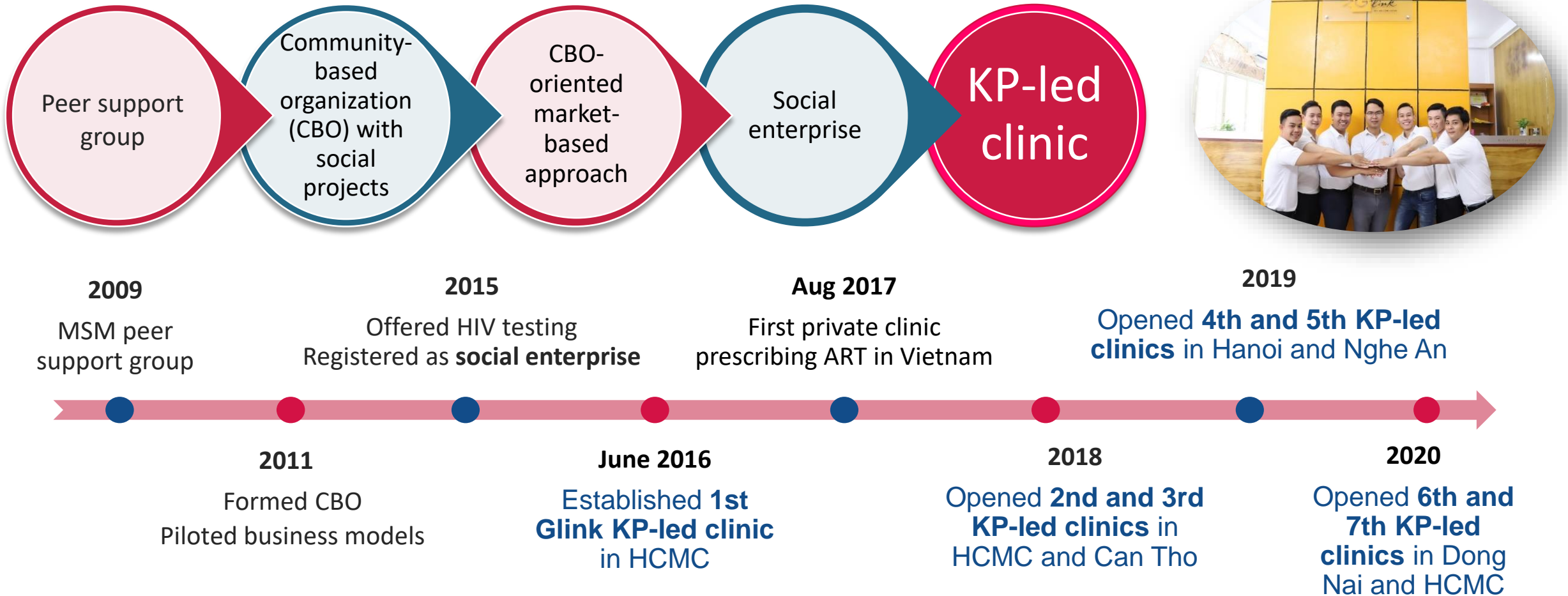
Legal status



Key population leadership in introducing and scaling innovative HIV services in Vietnam

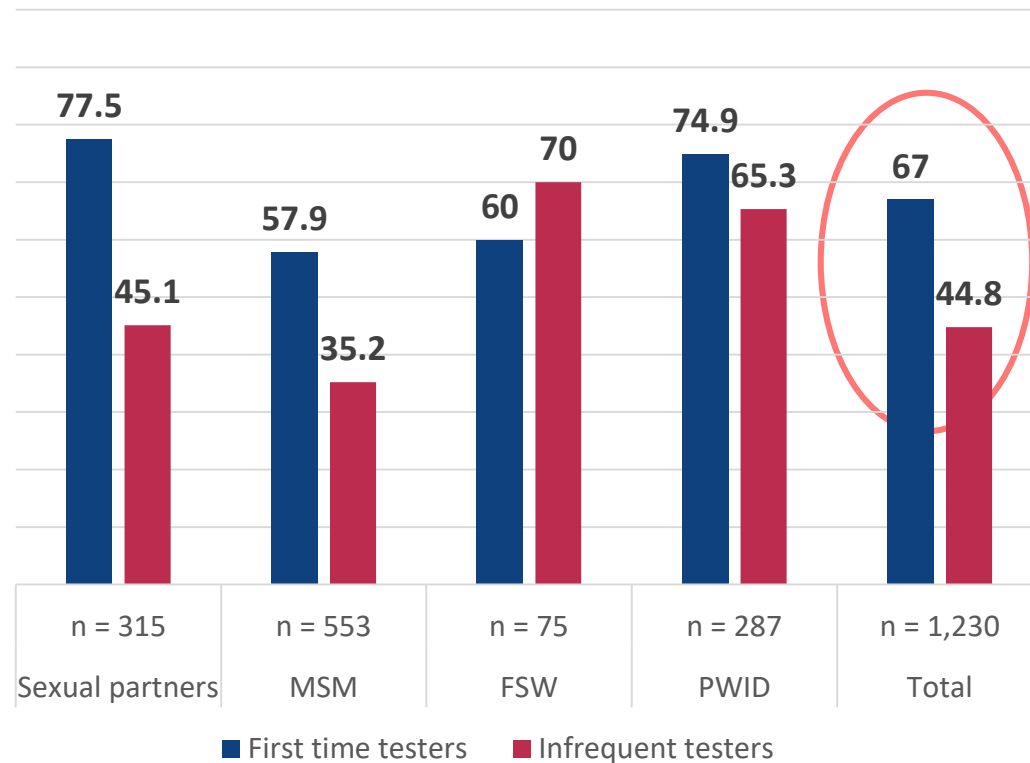


Glink case study: From peer support group to social enterprise with a chain of KP-led clinics

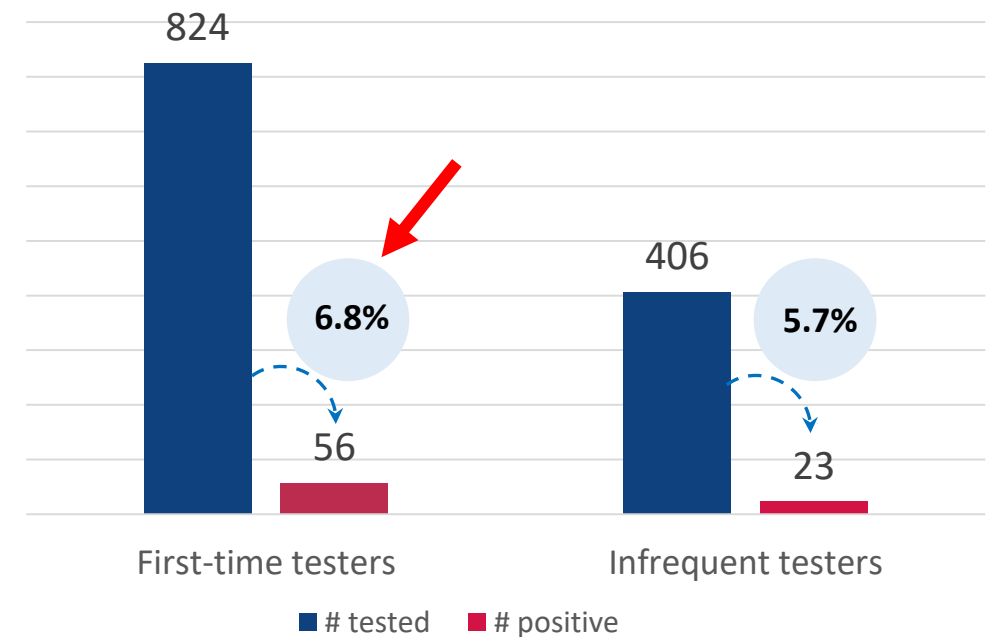


KP lay providers can reach new, high-risk HIV testers

Percentage of clients tested for HIV by lay providers who are first-time and infrequent testers



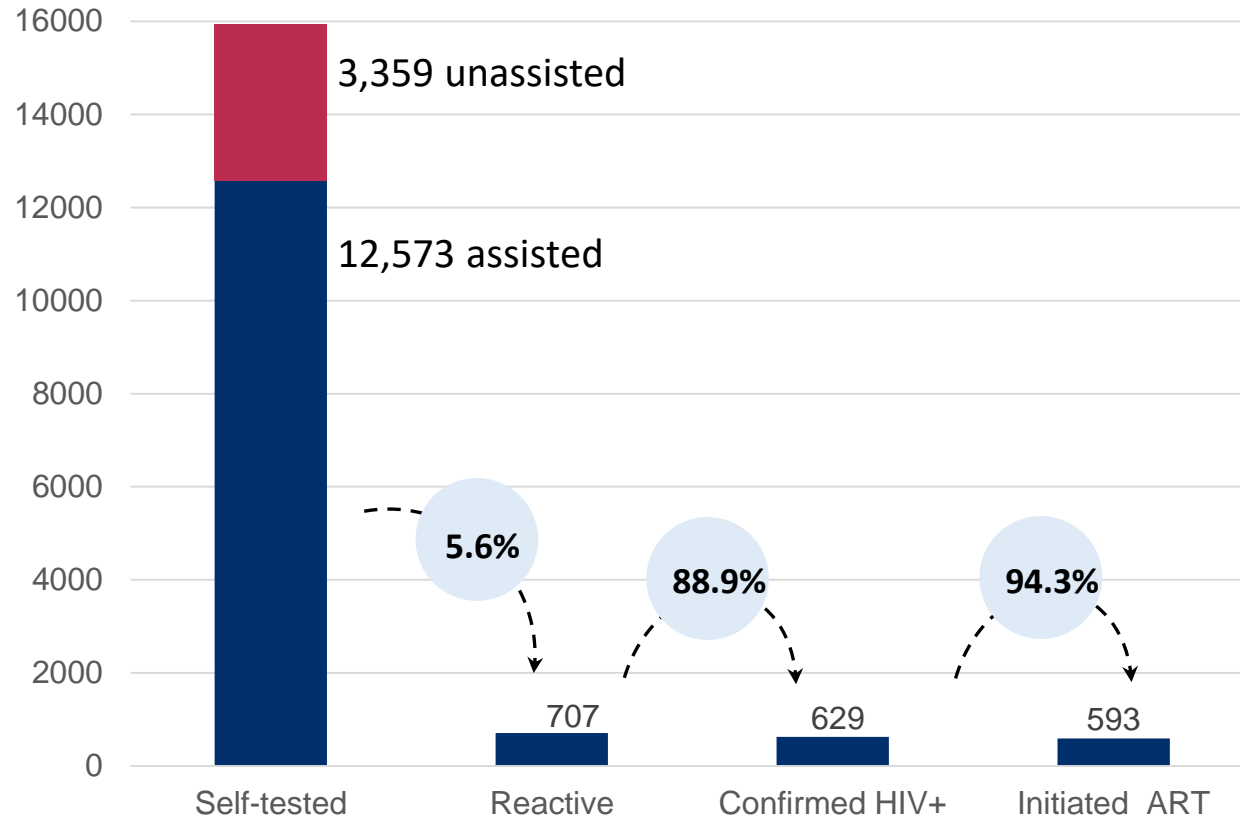
HIV positivity rates among first-time and infrequent testers



Source: Green KE, Bao NV, Huang TTP, et al. From conventional to disruptive: upturning the HIV testing status quo among men who have sex with men in Vietnam. Journal of the International AIDS Society. July 2018; doi: 10.1002/jia2.25127.; Bao NV, Green KE, Huang TTP, et al. Lay provider HIV testing: A promising strategy to reach the undiagnosed key populations in Vietnam. PloS One. January 2019. doi:https://doi.org/10.1371/journal.pone.0210063.

KPs offer HIV self-testing services

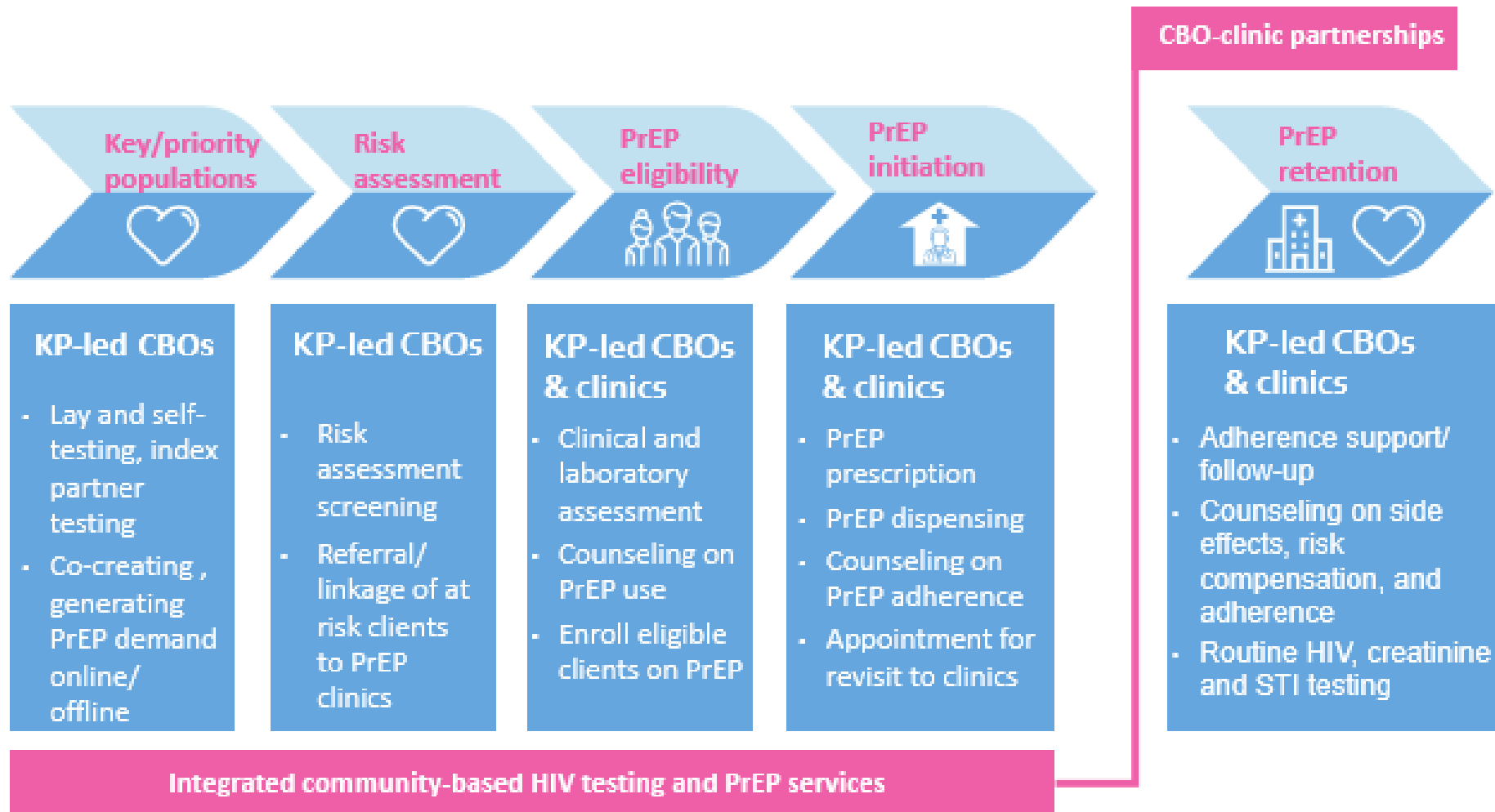
HIV self-testing (assisted) cascade among KPs, May 2016–March 2020



“I decided to choose self-testing as it is quick and can be done privately. With conventional testing, I have to go to a public facility at a certain time, which may not be convenient. In the past, I have sometimes also had to see not-so-nice doctors. The counseling by the CBO was open and friendly, and I could take the test whenever was convenient for me.”

HIV self-testing client, HCMC

KP-led PrEP service delivery model



Community stewardship:

- KP-led CBOs paired with PrEP public/private clinics
- KP-led PrEP clinics

Feedback mechanisms:

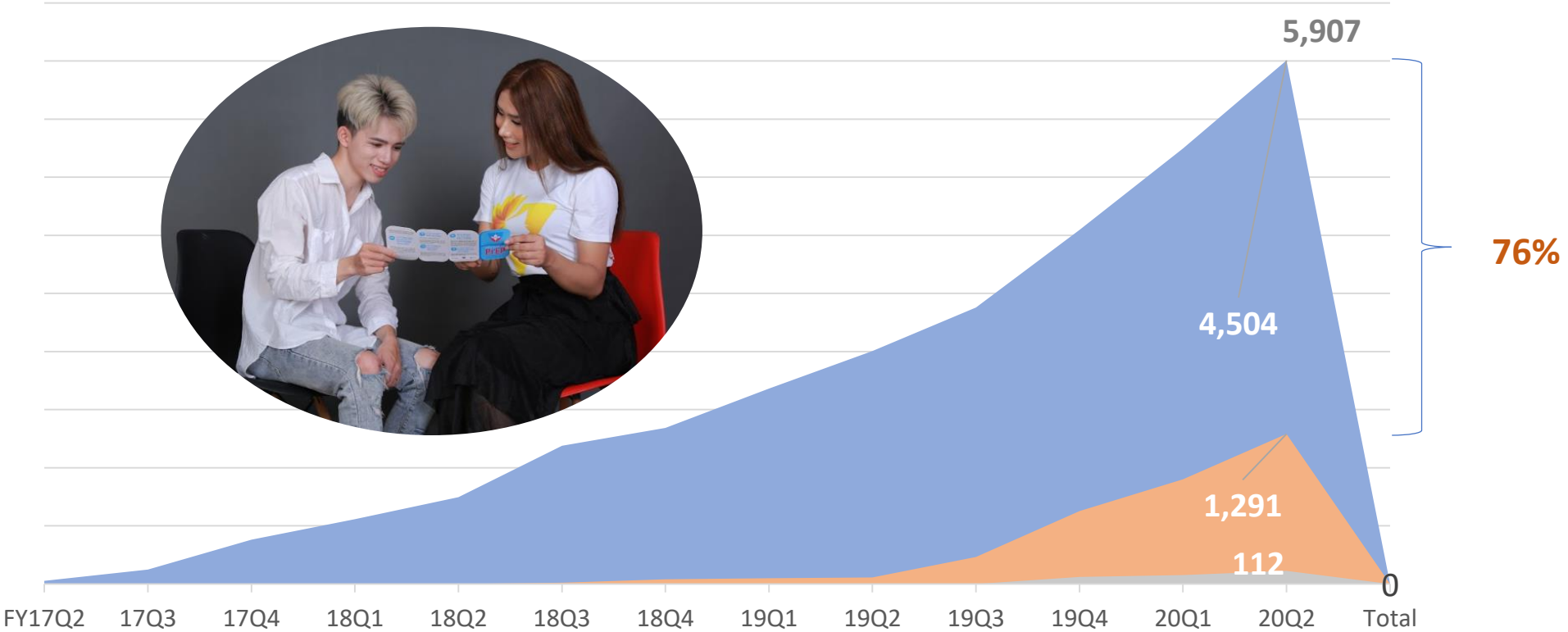
- Exit client survey
- Online survey
- Routine focus group discussions embedded in CQI cycles addressing specific quality issues

Iterative continuous quality improvement (CQI): Community leadership and feedback

KP-led clinics are preferred by PrEP users

Cumulative PrEP users by type of clinic and quarter
March 2017–March 2020

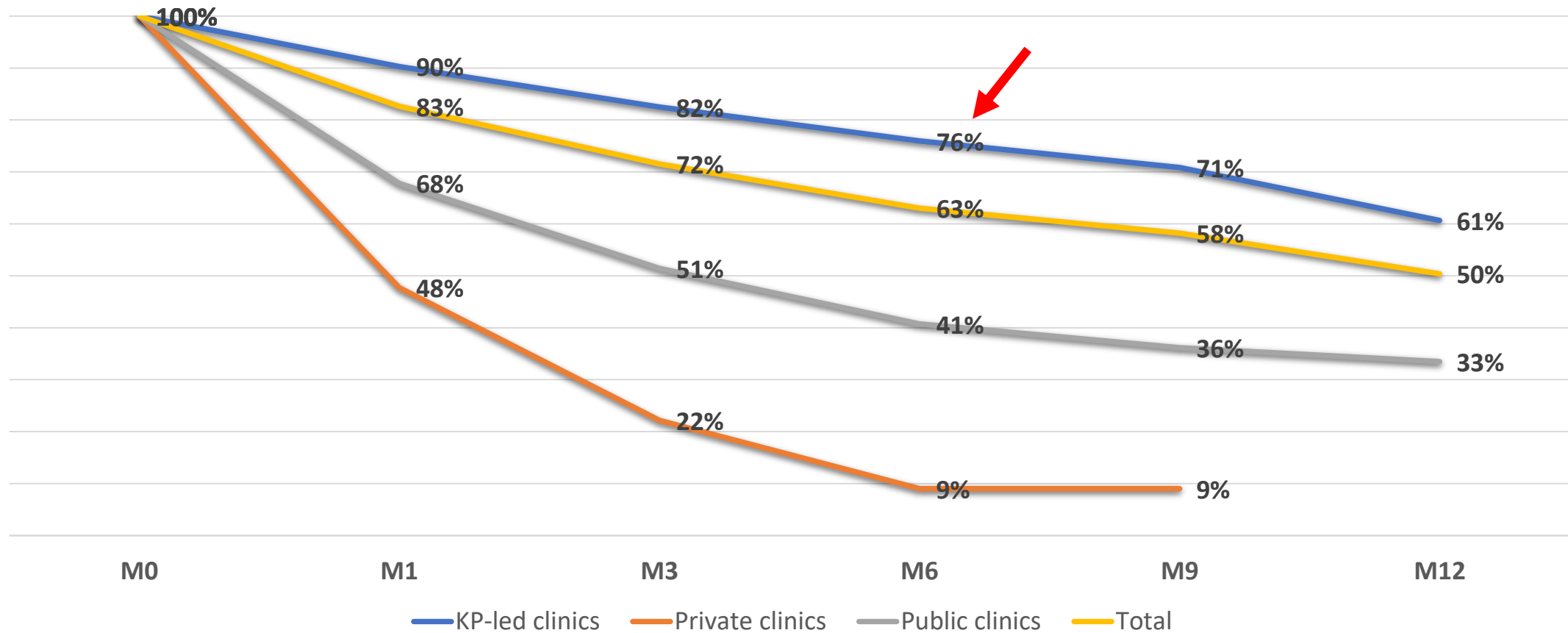
■ KP-led clinics (n = 4) ■ Public clinics (n = 13) ■ Private clinics (n = 1)



Source: USAID/PATH Healthy Markets implemented in Hanoi, HCMC, and Dong Nai, MER FY17, 18, 19, 20 (Q1 & Q2).

KP-led clinics retain higher PrEP continuation rate

PrEP continuation rate by type of clinic and month
March 2018–March 2020



Source: USAID/PATH Healthy Markets implemented in Hanoi, HCMC, and Dong Nai, MER FY18, 19, 20 (Q1 & Q2).

Lessons Learned

- **KP-led CBOs, social enterprises, and KP-led/owned clinics** are highly capable of providing a range of health services related to HIV and beyond.
- **KP-led HIV services:**
 - Are feasible, acceptable, and often preferred by KPs.
 - Offer more choices for KPs to increase their access to services.
 - Are an effective and sustainable approach to reach yet-unreached KPs, which is critical to achieve goals to end AIDS.
 - Represent a social impact investment that saves lives and improves the livelihoods of KP communities.
 - Have been included in the revised draft HIV Law and National Strategy to End AIDS by 2030.





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