

# HIV SELF-TESTING FILLS THE GAP IN NEW CASE FINDING AMONG KEY POPULATIONS DURING COVID-19 IN PHNOM PENH, CAMBODIA



Sopha Niith,<sup>1</sup> Dalen Nhim,<sup>1</sup> Kimhai So,<sup>1</sup> Channara Rin,<sup>1</sup> Sopheap Seng,<sup>1</sup> Sereyvisith Sokhan,<sup>1</sup> Vichea Ouk,<sup>2</sup> Vanseng Lan,<sup>2</sup> Chea Chankosalmony,<sup>2</sup> Lavy Long,<sup>3</sup> Por Srun Seng,<sup>4</sup> Vichet Kem,<sup>5</sup> Steve Wignall<sup>1</sup>  
<sup>1</sup>FHI 360, EpiC project, Cambodia <sup>2</sup>National Center for HIV/AIDS, Dermatology and STD (NCHADS), Cambodia <sup>3</sup>Municipal Health Department, Cambodia <sup>4</sup>KHANA, Cambodia <sup>5</sup>Men's Health Cambodia

## BACKGROUND

Nearly half the estimated 100,000 key population (KP) members in Cambodia live in Phnom Penh. These include men who have sex with men (MSM), female entertainment workers (FEW), transgender people, and people who use or inject drugs (PWUD/PWID). In Quarter 4 of 2019, prior to the detection of COVID-19, approximately 26,725 KP members in Phnom Penh were reached in person by outreach workers (OWs), and 8,780 had finger prick testing for HIV, with 121 positive cases (1.38%) found.

Finger prick testing numbers were reduced by half in a similar quarter in 2020 and to near zero in 2021 due to COVID-19 lockdowns and travel restrictions. The National Center for HIV, AIDS, Dermatology and Sexually Transmitted Infections (NCHADS) and its implementation partners quickly adapted their response in order to ensure continued HIV testing for KPs at risk and enrolling people testing positive in care.

## DESCRIPTION

As movements in the city were restricted, the NCHADS Behavior Change Communication Unit contacted implementing partners including community-based organizations (CBOs) and encouraged them to shift their approach, asking OWs to reach KPs at risk via dating apps, Facebook, Instagram, and other popular social media. CBOs responded and intensified their virtual and online social media outreach and were supplied with OraQuick® HIV self-testing (HIVST) kits. OWs met clients online, provided counseling on the importance of testing and, if clients agreed, arrangements were made to deliver or pick up HIVST kits. If results were reactive, clients were referred for confirmatory testing and enrollment in care.

From October to December 2020, before the COVID-19 lockdown, of 25,000 KPs reached, 13,618 were tested in person and 150 were found HIV positive (1.1%) (Figure 1). During the lockdown (April–June 2021), only 594 were tested (572 through HIVST). Of the 572 receiving a self-testing kit and reporting their results, 129 were confirmed positive (21.7%), and all were enrolled in antiretroviral therapy (ART).



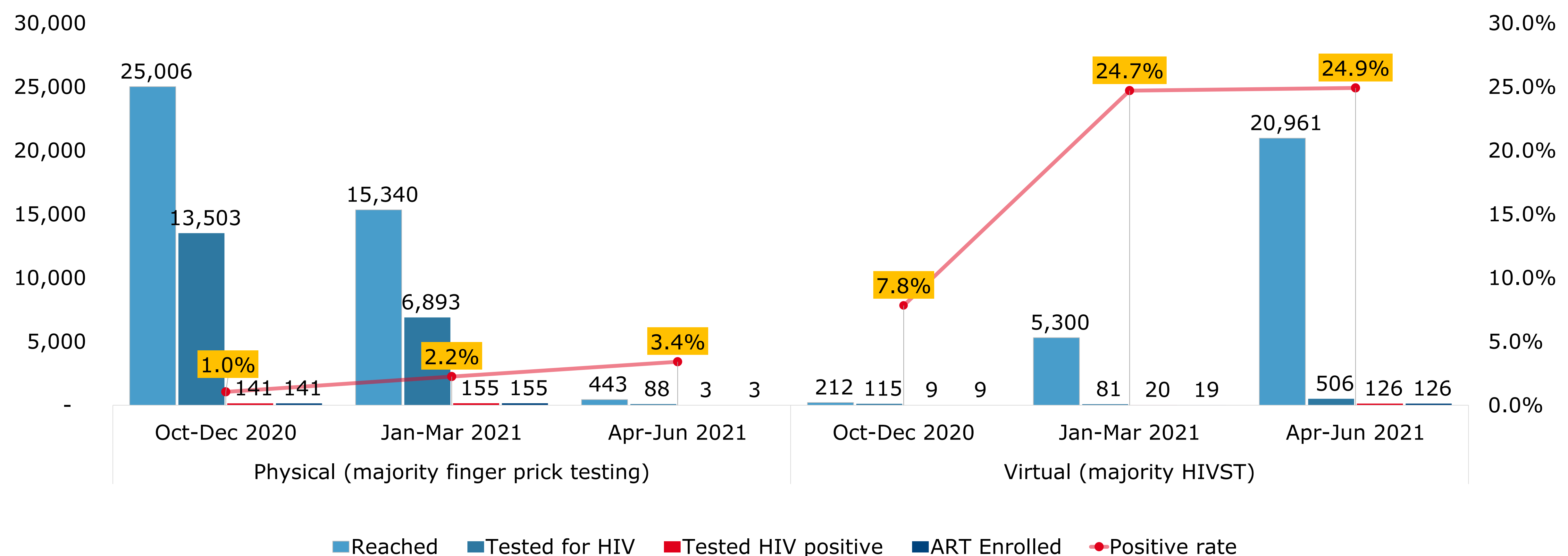
## LESSONS LEARNED

Focused online outreach, effective counseling, and facilitation of self-testing can find as many high-risk HIV-positive individuals as more labor-intensive in-person screening of those who may be at lower risk. There was no significant loss to follow-up as clients moved from self-testing to finding a reactive result, confirmatory testing, and enrollment in ART.

## CONCLUSIONS

As COVID-19 restrictions are reduced and CBOs may opt to return to traditional in-person outreach and testing, virtual outreach and self-care approaches for those at risk should continue. A hybrid model of physical hot-spot-focused in-person outreach combined with virtual outreach to those online with the provision of HIVST may produce better results for HIV case detection.

Figure 1. HIV testing cascade of key population members in Phnom Penh by quarter



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