

# Speaker's Profile



## Kannan Mariyappan

Senior Program Officer, PATH, India

- He has completed post-graduate in Social Work and Diploma in Public Health. He has over 20 years of working experience in the field of public health, especially in HIV and Hepatitis program.
- He has worked majorly with key population program in India and has good working knowledge about South Asian countries. He has actively contributed to developing and finalising the key population program's operational guidelines, costing guidelines, training module development and monitoring mechanism in India along with management of Technical Support Units across the country.
- He has worked at State, National and South-Asia region and worked with FHI360, National AIDS Control Organisation, WHO SEARO, etc.
- Areas of interest: Strengthening Community engagement in Research; Fostering Partnership for sustainability
- Currently, leading STAR HIV self-testing and STAR HCV self-testing studies in India for PATH.

**Speaking Topic** – STAR HIVST Virtual model experiences and challenges

April 28, 2023

# STAR/India's experience supporting virtual/online HIV self-testing distribution and ensuring linkage to offline services

Kannan Mariyappan, Senior Program Officer, PATH, India



- **Agenda**

- ❑ Project Overview
  - ❑ Purpose and objectives
  - ❑ Advisory mechanisms
- ❑ Virtual Model and social media campaign
  - ❑ Phase 1 with learnings
  - ❑ Phase 2 with learnings
- ❑ Study cascade for virtual model
- ❑ Linkage and preference
- ❑ Achievements
- ❑ Take home message



- 
- **Project Overview**



# Purpose of the study

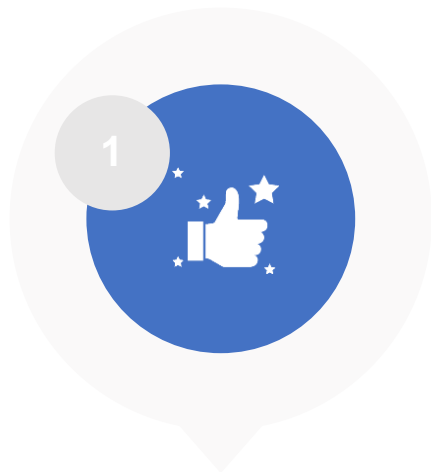


Demonstrate the feasibility and acceptability of HIV self-testing (HIVST) among different key population groups and generate evidence to inform an HIVST policy in India



# Objectives

---



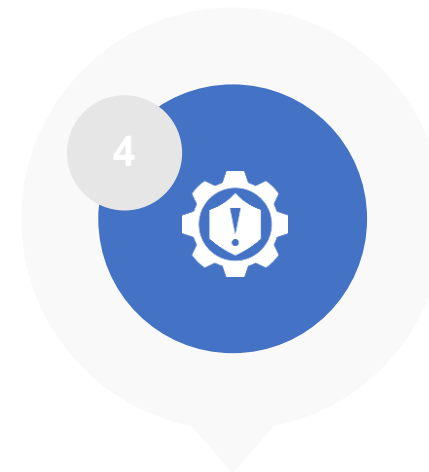
To assess the feasibility, acceptability, and demand of HIVST across specific populations and models



To assess the preference for blood- or oral fluid-based HIVST kits and approaches (assisted and unassisted)



To assess linkage to services, including prevention, confirmatory HIV testing, and treatment initiation, following negative and positive results, respectively, among the HIVST users



To identify the challenges to the linkages and any social harm following HIVST

# Advisory and community monitoring

## Community Advisory Board (CAB)

- 10 to 12 representatives from KPs
- Equal representation
- Met once in every three months

## PATH India HIV Self-testing Project Advisory Group (PISPAG)

- Chaired by Dr. JVR Prasada Rao
- Experts from research, program, policy, development partners to advise for policy level advocacy
- NACO, ICMR, NARI, WHO, UNAIDS, USAID, CDC and ILO representatives
- Provide strategic guidance to the project
- Met once in every three months



## State Oversight Committee (SOC)

- At state level, with members from the KP community, DAPCU and SACS
- Monitor the project implementation
- Support grievances redressal
- Study participant can contact SOC
- Met once in every three months

## Community Monitoring Board (CMB)

- Local leaders from key population and communities at district level
- Support grievance redressal
- Ensured that project activities are ethically conducted
- Met once in every month



- **Virtual model and social media campaign**





# Phases of virtual model

The virtual model implemented in two phases.

Changes and campaign approach changed based on first phase.

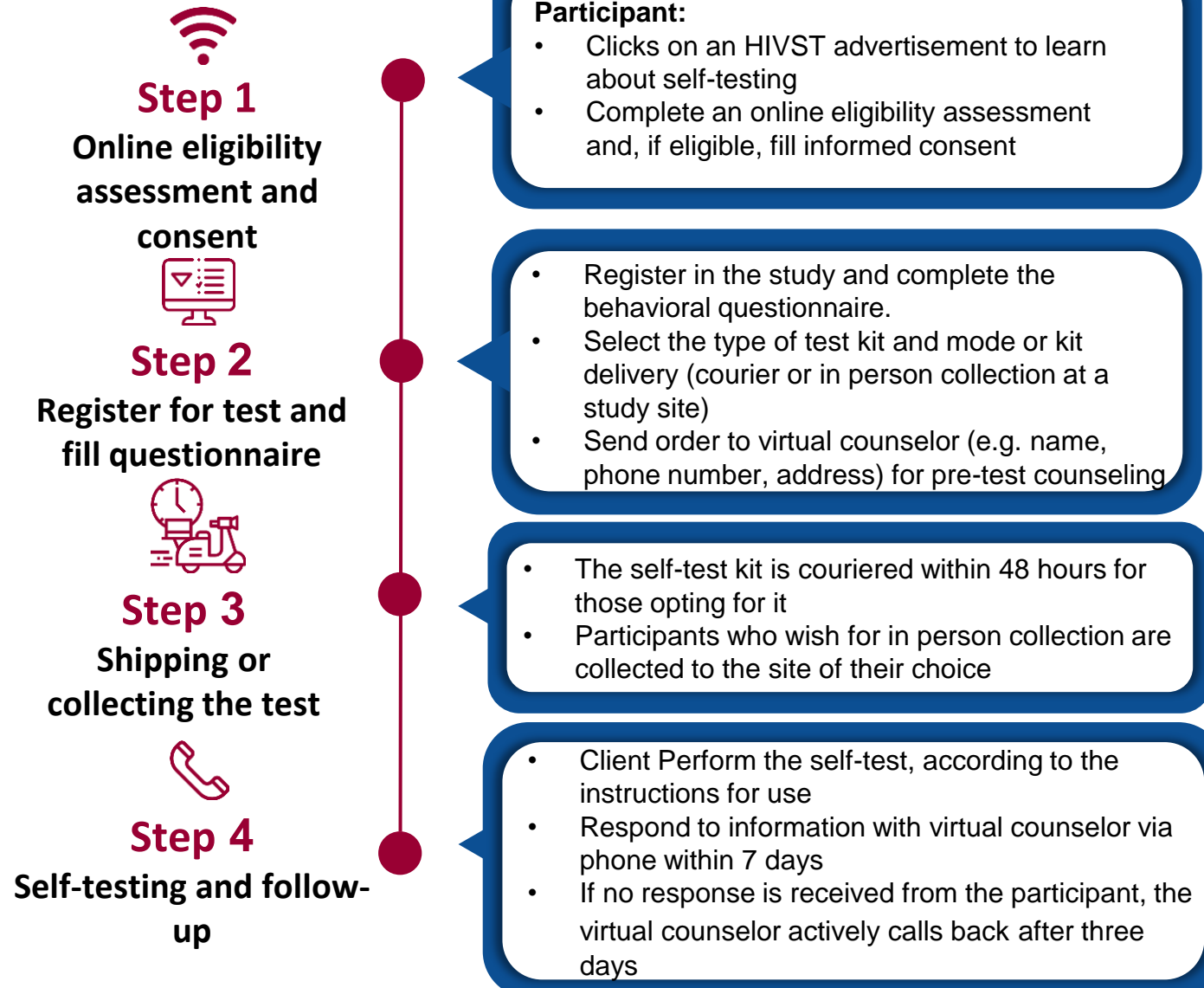
Each phases had different experiences.

Phase 1: Mar 2021 – June 2021

Phase 2: Dec 2022 – Mar 2023

The screenshot shows a web browser displaying the 'About STAR HIV Self-Test' page on the website [sahayindia.org/SelfTesting](http://sahayindia.org/SelfTesting). The page features a video player for 'STAR HIV Self Test General AV Video English' with a thumbnail showing a clipboard with 'HIV Test Result' and a clock indicating '5-20 minutes'. To the right, there is a graphic titled 'MY WAY MY TEST' with the text 'HIV Self-Testing' and a list of benefits: 'No partner consent needed', 'Quick results', and 'Confidential'. The page also includes a language selection menu and social media sharing icons.

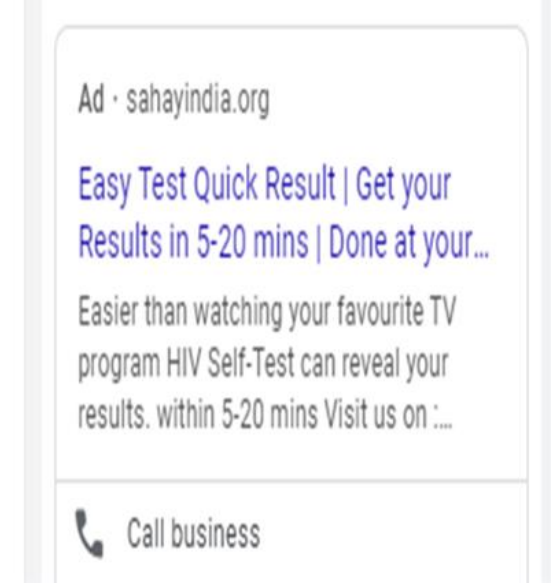
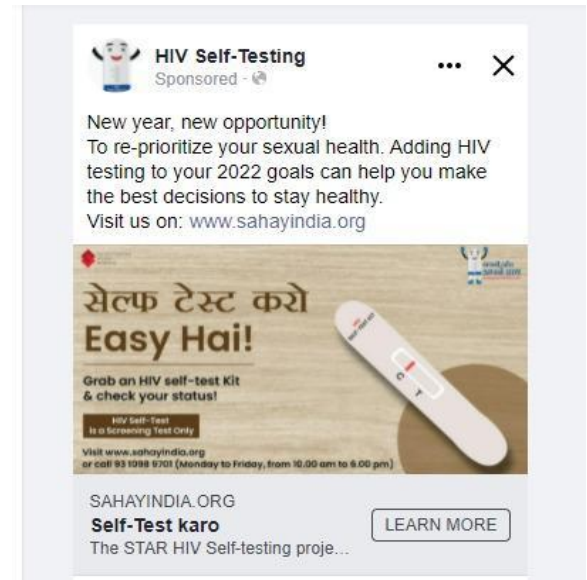
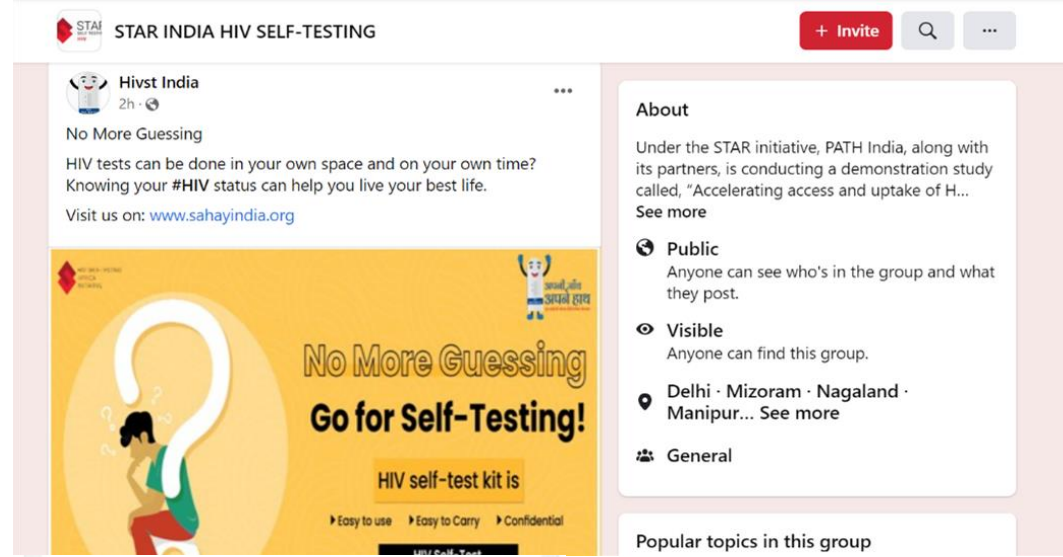
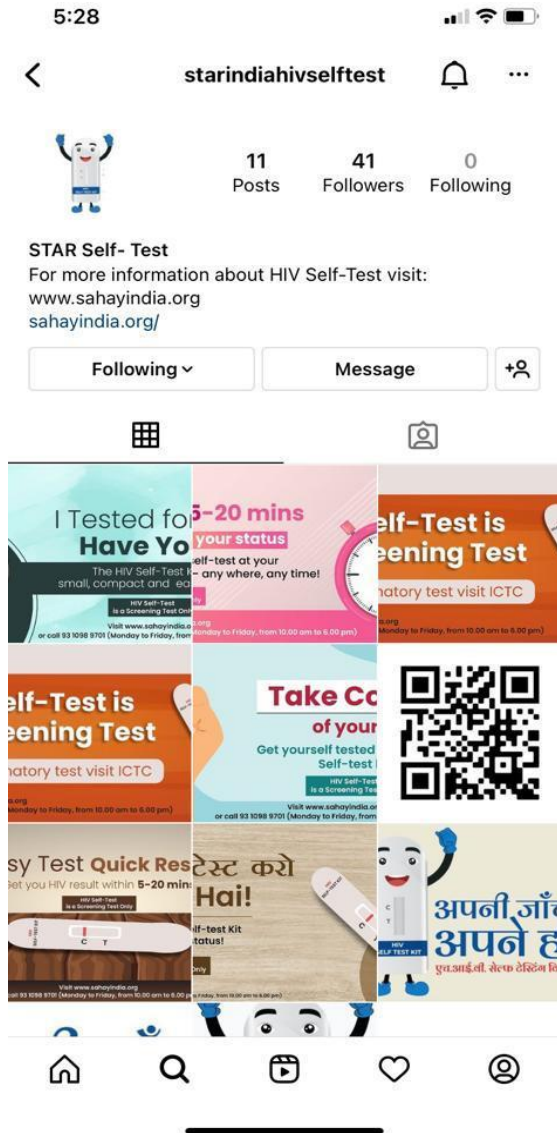
# Virtual distribution of HIV self-test kits – Phase 1



## The virtual counselor needs to do:

- ✓ Prepare a self-test kit (information sheet + HIVST videos and resources + Contact information + delivery note)
- ✓ Contact the courier to send the kit or inform the study site for in person pickup
- ✓ Conduct pre-test and post-test counseling
- ✓ Follow up and support participants when needed
- ✓ Data collection and reporting

- Demand generation using social media and SEO



# • Learning on the platform design from Phase I

- ❖ Multiple staff and participants reported that the process of ordering kits on the virtual platform was tedious
- ❖ Based on attention span of an average virtual user, a participant should not have to answer more than 5/6 questions and spend more than 5 minutes before ordering the test kit

- ❖ Total of 452 participants registered and 186 (41%) received HIVST kits
- ❖ Do not need to fill the behavioural and feedback questionnaire
- ❖ No virtual demonstration and counselling
- ❖ Virtual counsellor and outreach team does the follow up and WhatsApp outreach to provide relevant counselling and demonstration videos in addition to calls from helpline number
- ❖ Utilization of Google Analytics to evaluate engagement on the SAHAY website
- ❖ Social media campaign through LGBTQI community and health influencers (focus on conversion rate)
- ❖ Develop pop-up information on
  - ❖ HIV self-test kits and free deliver on SAHAY website
  - ❖ Emphasis on data privacy
  - ❖ Unmarked packaging and delivery of kits

अपनी जाँच अपने हाथ  
एच.आई.वी. रोकथाम किट के साथ

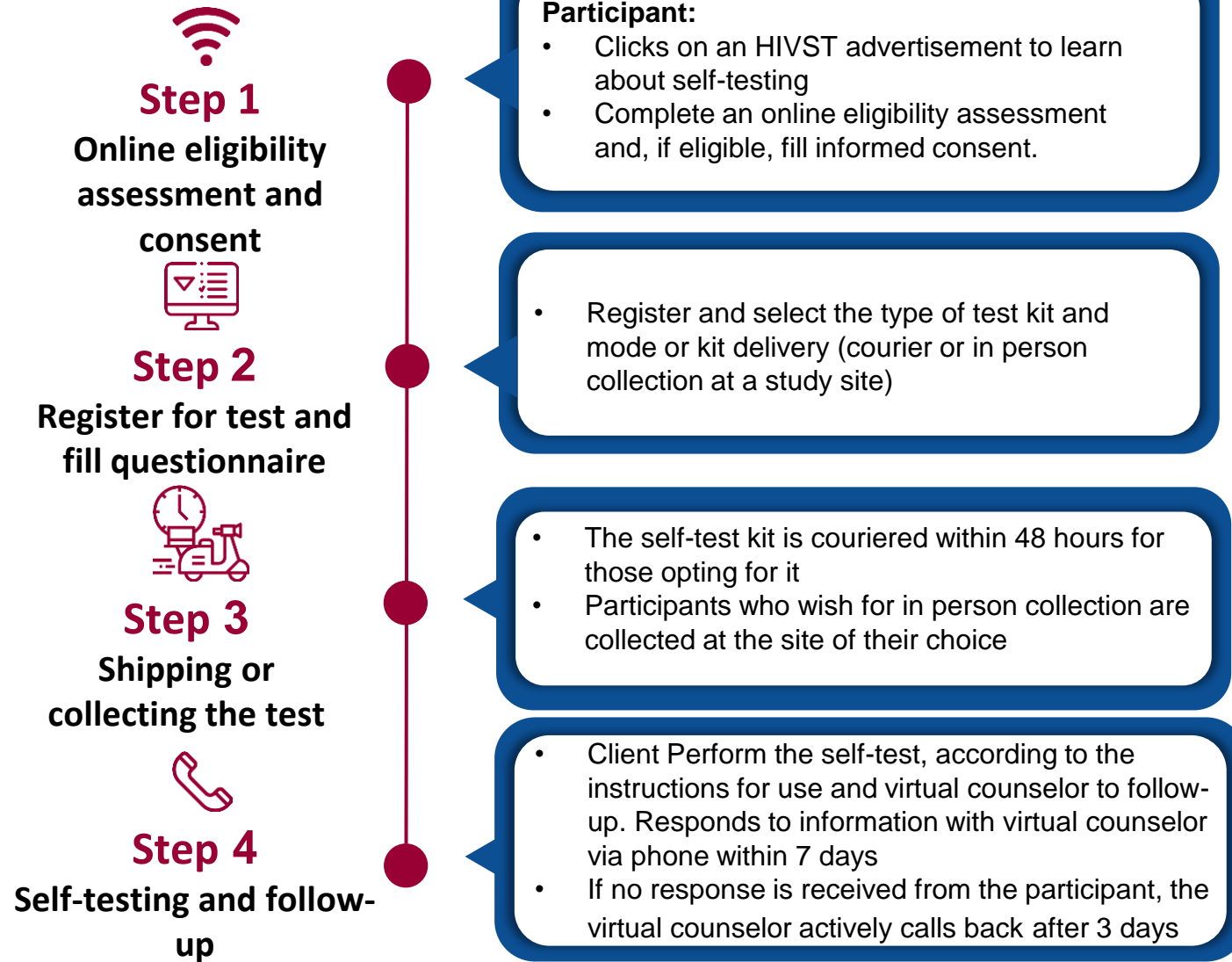
1. HIV self-test kit and its delivery within a week is FREE of cost.
2. Counsellor will contact you within 24-48 hours.
3. The delivery package is unmarked, and no one will know what you are ordering.
4. Personal information is kept strictly confidential.

---

1. एचआईवी स्व-परीक्षण किट डोरस्टेप डिलीवरी, एक सप्ताह के भीतर नि:शुल्क की जाती है।
2. काउंसलर आपसे 24-48 घंटों के भीतर संपर्क करेगा।
3. डिलीवरी पैकेज से किसी को पता नहीं चलेगा कि आप क्या ऑर्डर कर रहे हैं।
4. व्यक्तिगत जानकारी को सख्ती से गोपनीय रखा जाता है।



# Virtual distribution of HIV self-test kits – Phase 2



## The virtual counselor needs to do:

- ✓ Prepare a self-test kit (information sheet + HIVST videos and resources + Contact information + delivery note)
- ✓ Contact the courier to send the kit or inform the study site for in person pickup
- ✓ Conduct pre-test and post-test counseling
- ✓ Follow up and support participants when needed
- ✓ Data collection and reporting

# Demand generation using influencers

## Step 1

**Identifying the influencers**  
on social media with AI

## Step 2

**Onboarding the influencers**  
Briefing the influencers  
on expectations, posting  
plan and content

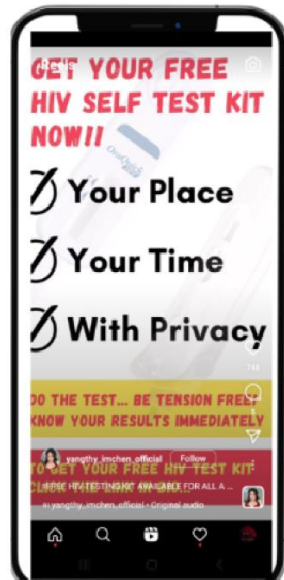
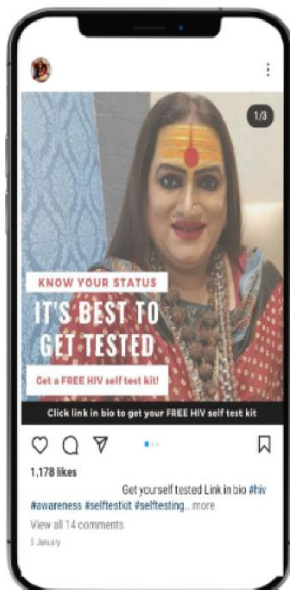
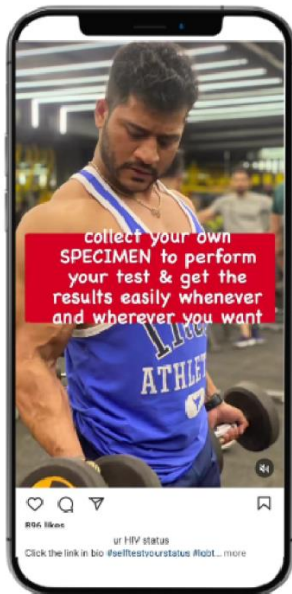
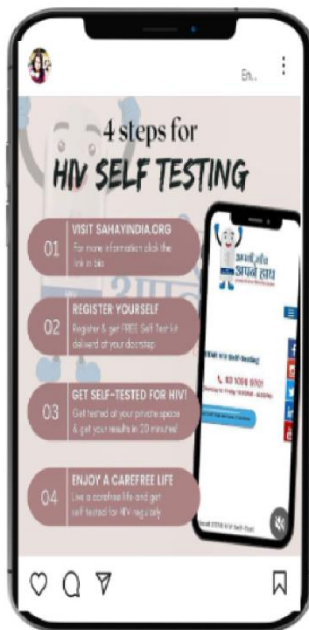
## Step 3

**Content dissemination**  
Sharing the trackable  
links with the influencers

## Step 4

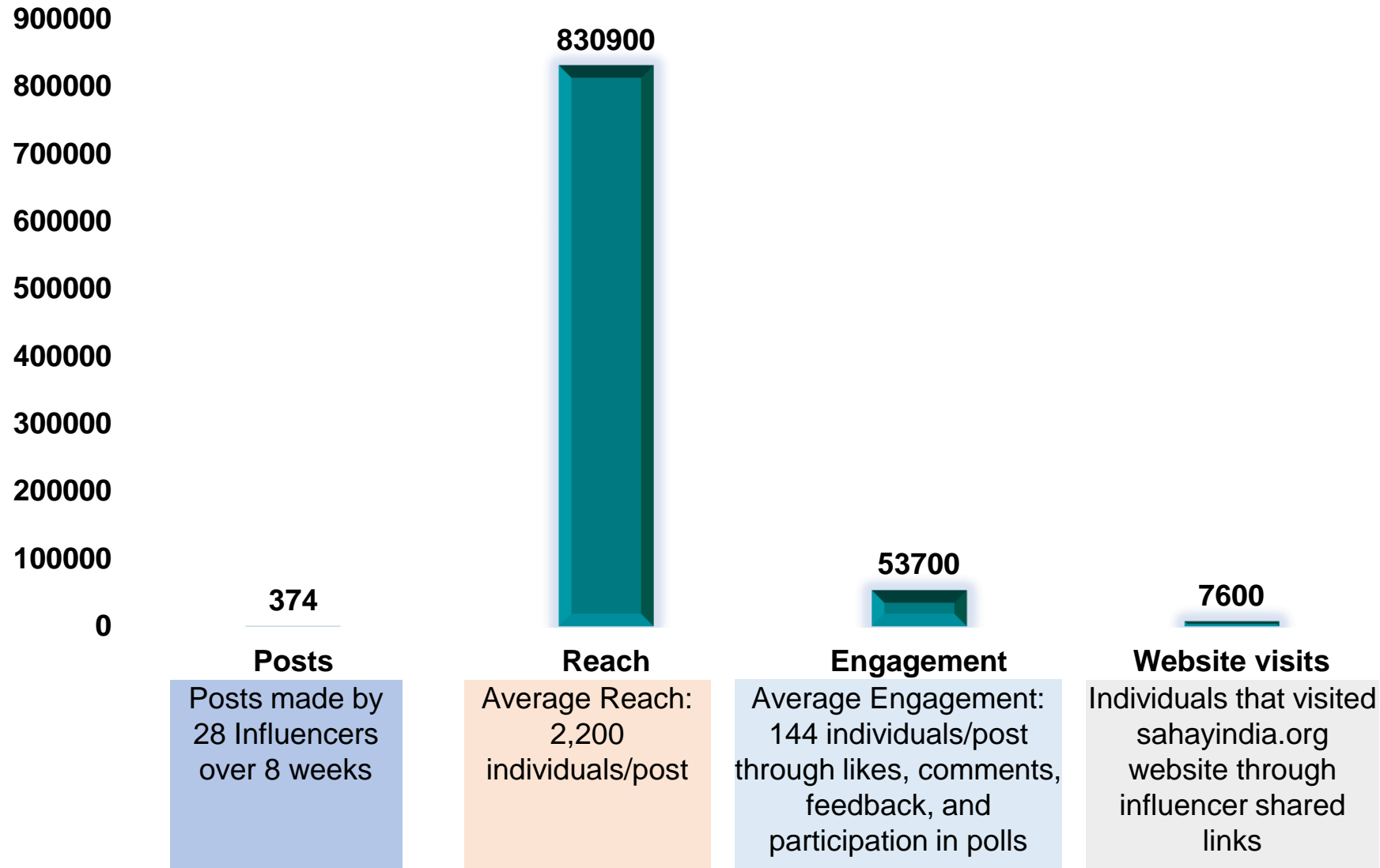
**Influencer Management**  
Ensuring the influencers are  
actively posting and  
encouraging the audiences  
to take action

# Examples of influencer posts





- Demand Generation: Social Media (Dec 2022 to Feb 2023)**



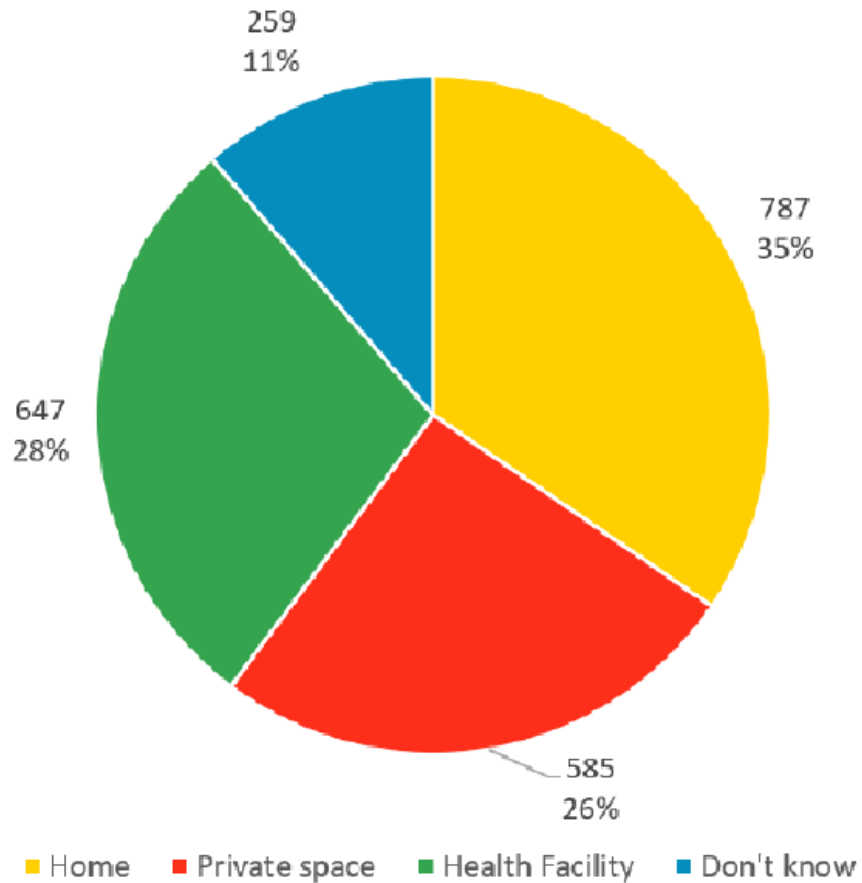
**Highest engagement was observed for quizzes and posts demonstrating the use of HIVST kits**



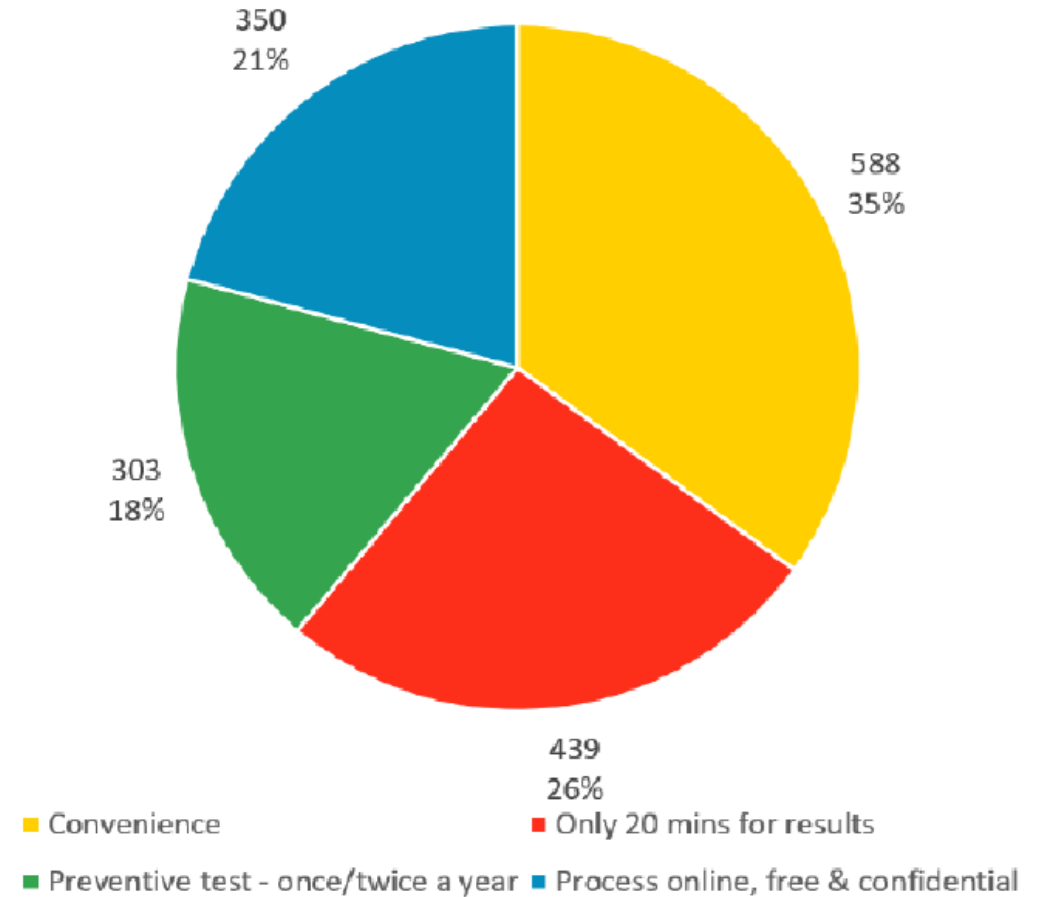


# Poll results

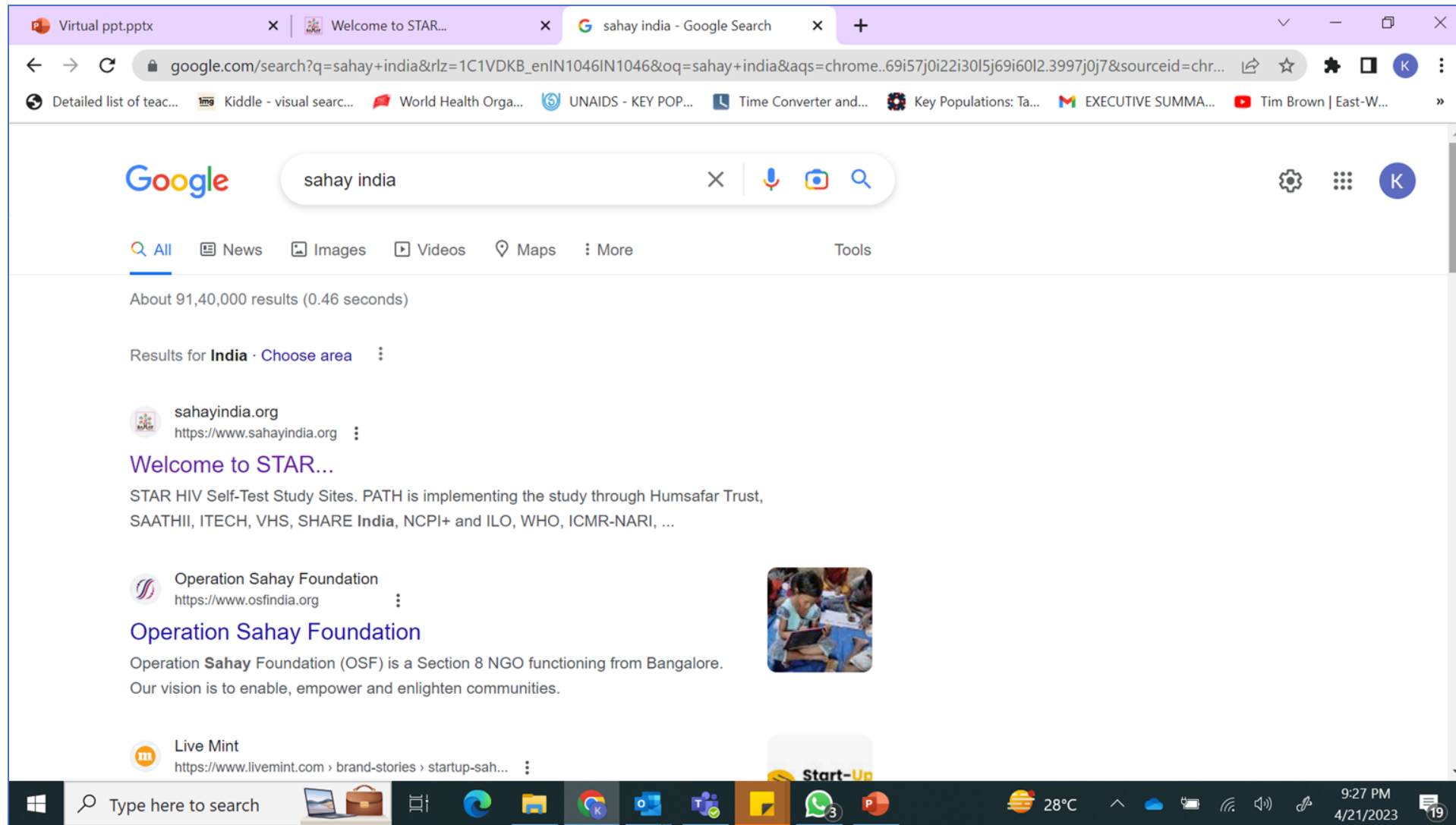
## Where would you prefer to get yourself tested for HIV?



## Top Reason to use a HIV Self-test Kit -



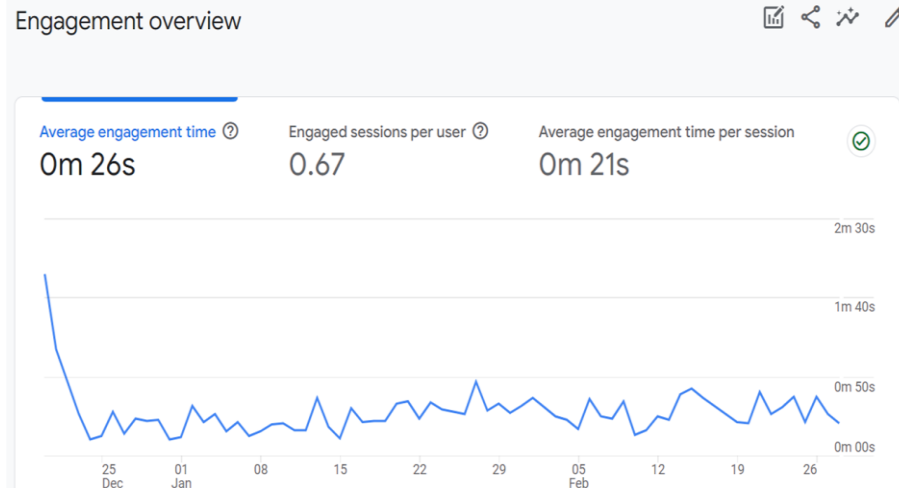
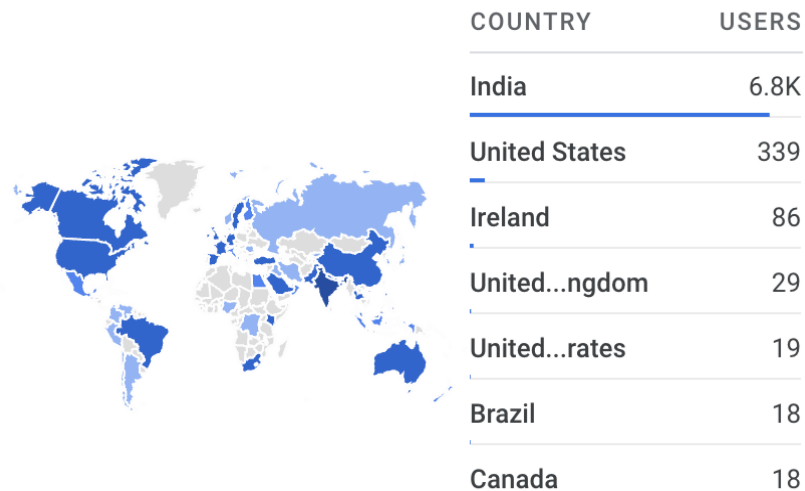
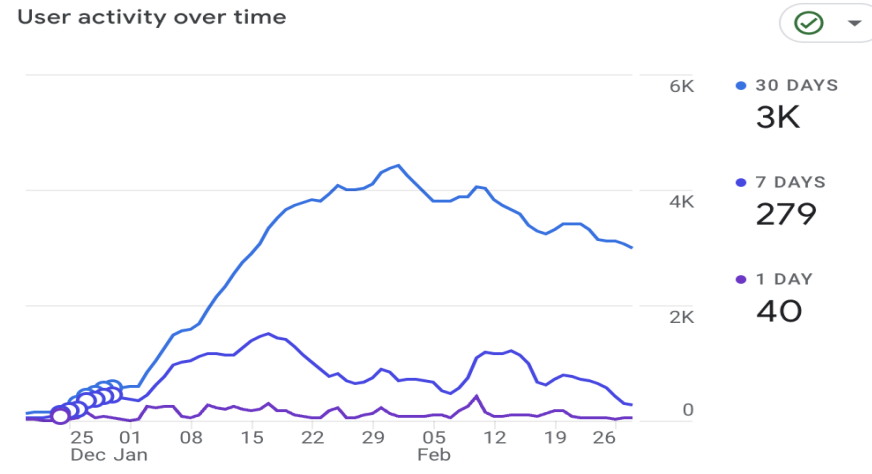
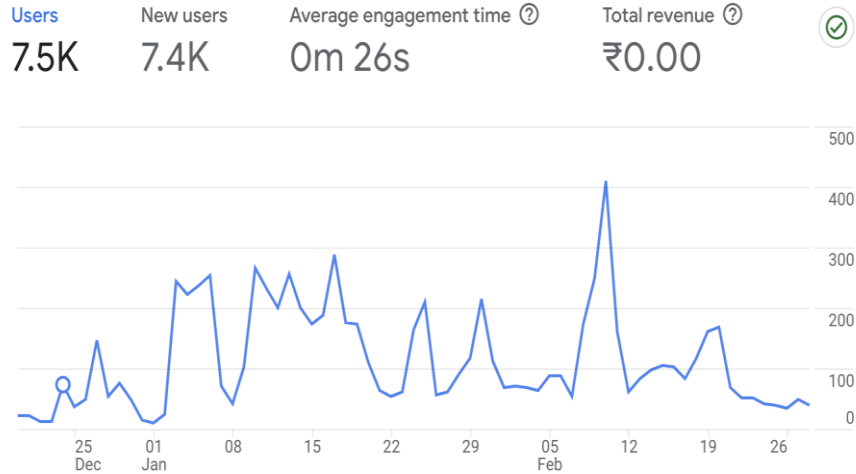
# Search Engine Optimization



As a result of social media campaign through Facebook, Instagram and influencer marketing with proper tagline, the website came on top search in Google

Instagram hashtag (#): <https://www.instagram.com/explore/tags/selftestyourstatus/>

# Google analytics of virtual platform (Dec 2022 to Feb 2023)



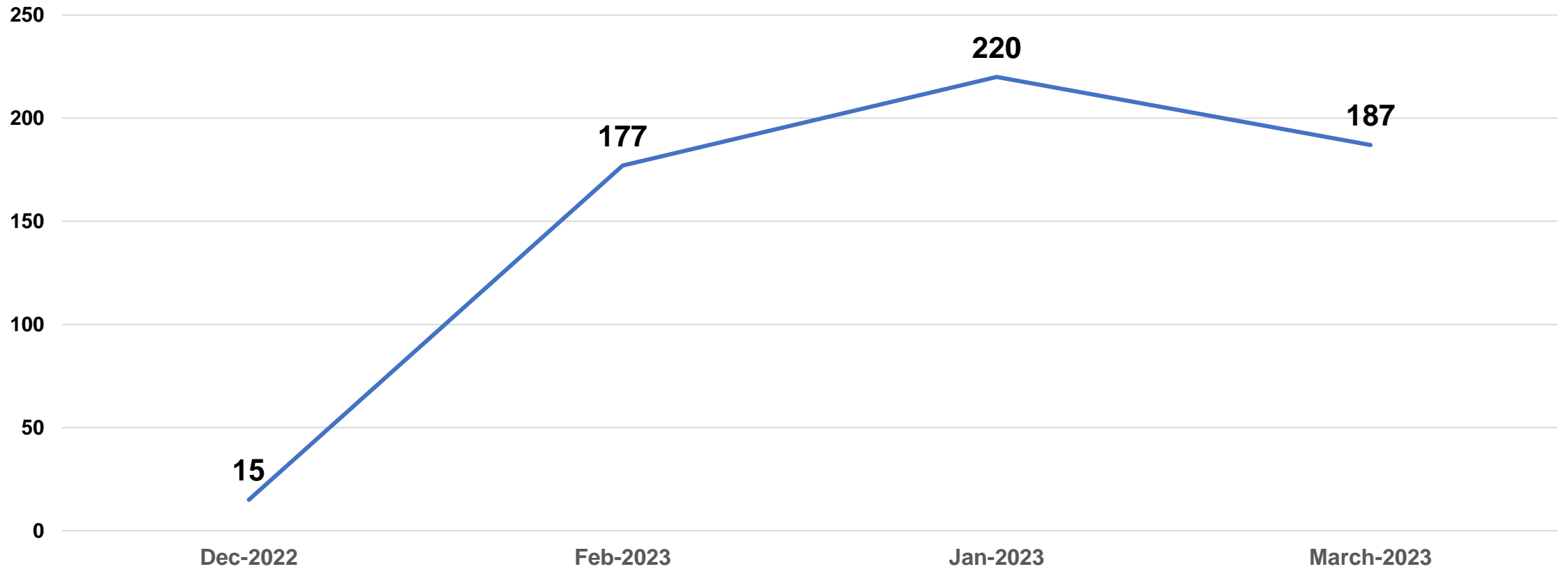
## Additional analytics tracked:

- Language preferences
- Type of mobile and desktop users
- Performance by cities, countries and days
- Time spend on the page

- ## Learning from Phase 2

- ❖ Development of hashtag (#) to track the performance
- ❖ Traffic to the website depends upon the type of influencers engaged
- ❖ Popup message provided welcome and trust building among the visitors and influencers
- ❖ Able to track the campaign through Google Analytics
- ❖ Real time tracking is very important
- ❖ Enhanced search engine optimization
- ❖ Mixed methods to be adopted (demand generation and social media campaign)
- ❖ Dedicated social media campaign efforts required
- ❖ Engagement of clients and response time is key for conversion rate
- ❖ Challenges in conversion rate which is client ordering the kits

# Kit distribution on virtual platform (Dec 2022 – March 2023)

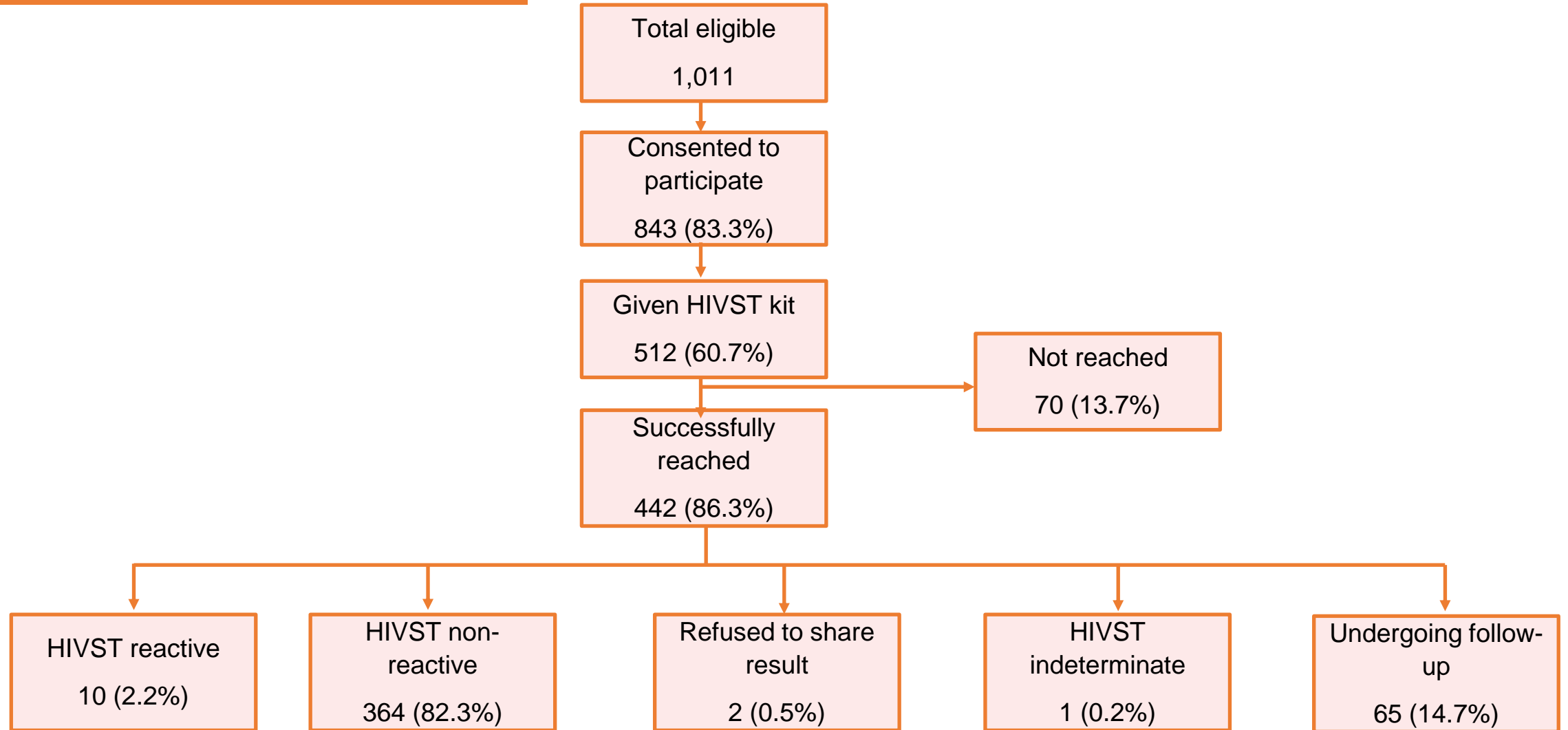




- **Study Cascade for virtual model**



- **Study cascade 1/2**

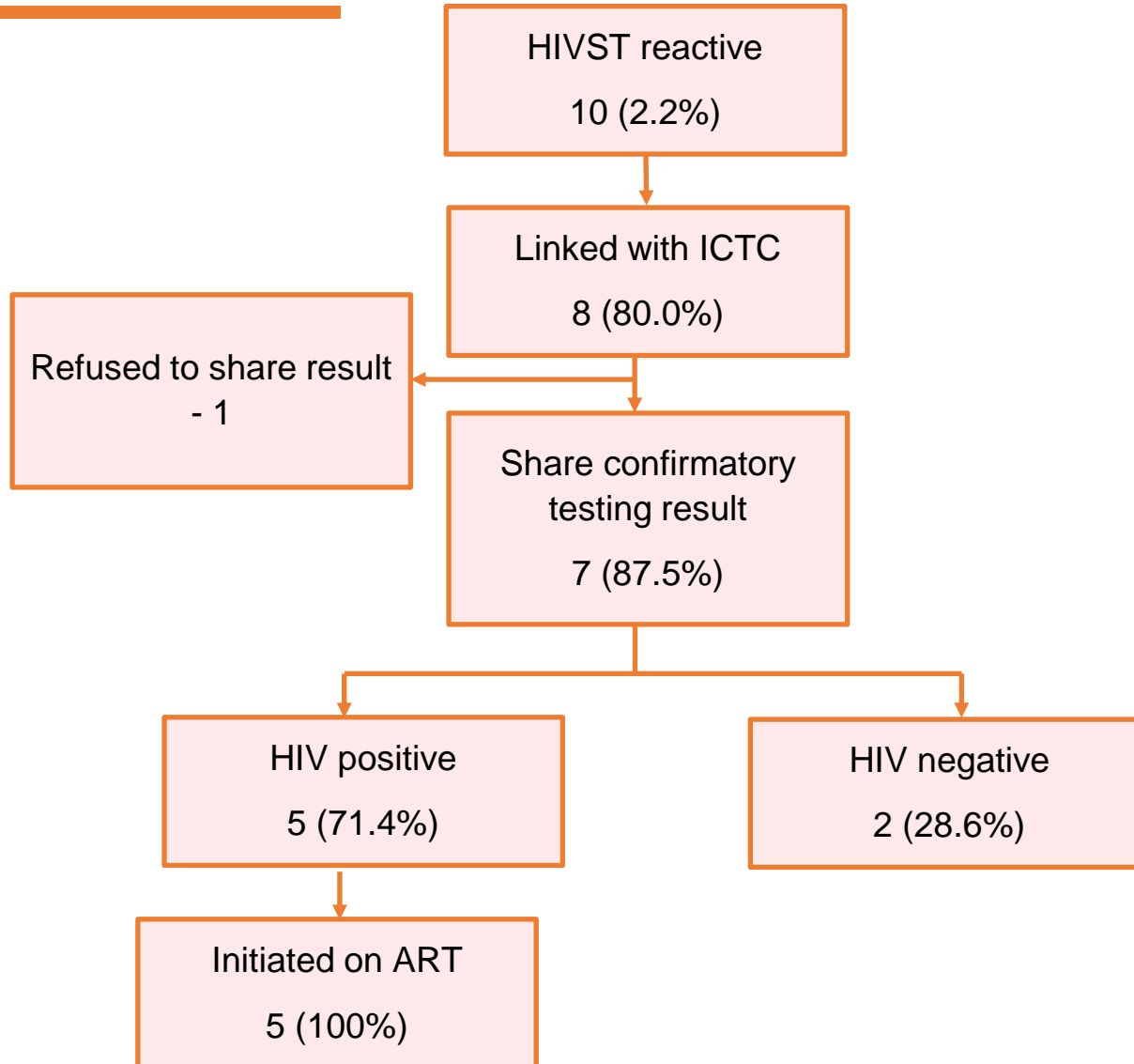


*\*This data is incomplete as there are data entry under progress and need to consider the gap of 6 months between first phase and second phase due to delay in extension process.*

\* March 2022 – March 2023

- Study cascade 2/2

---



\* March 2022 – March 2023

*\*This data is incomplete as there are data entry under progress and need to consider the gap of 6 months between first phase and second phase due to delay in extension process.*



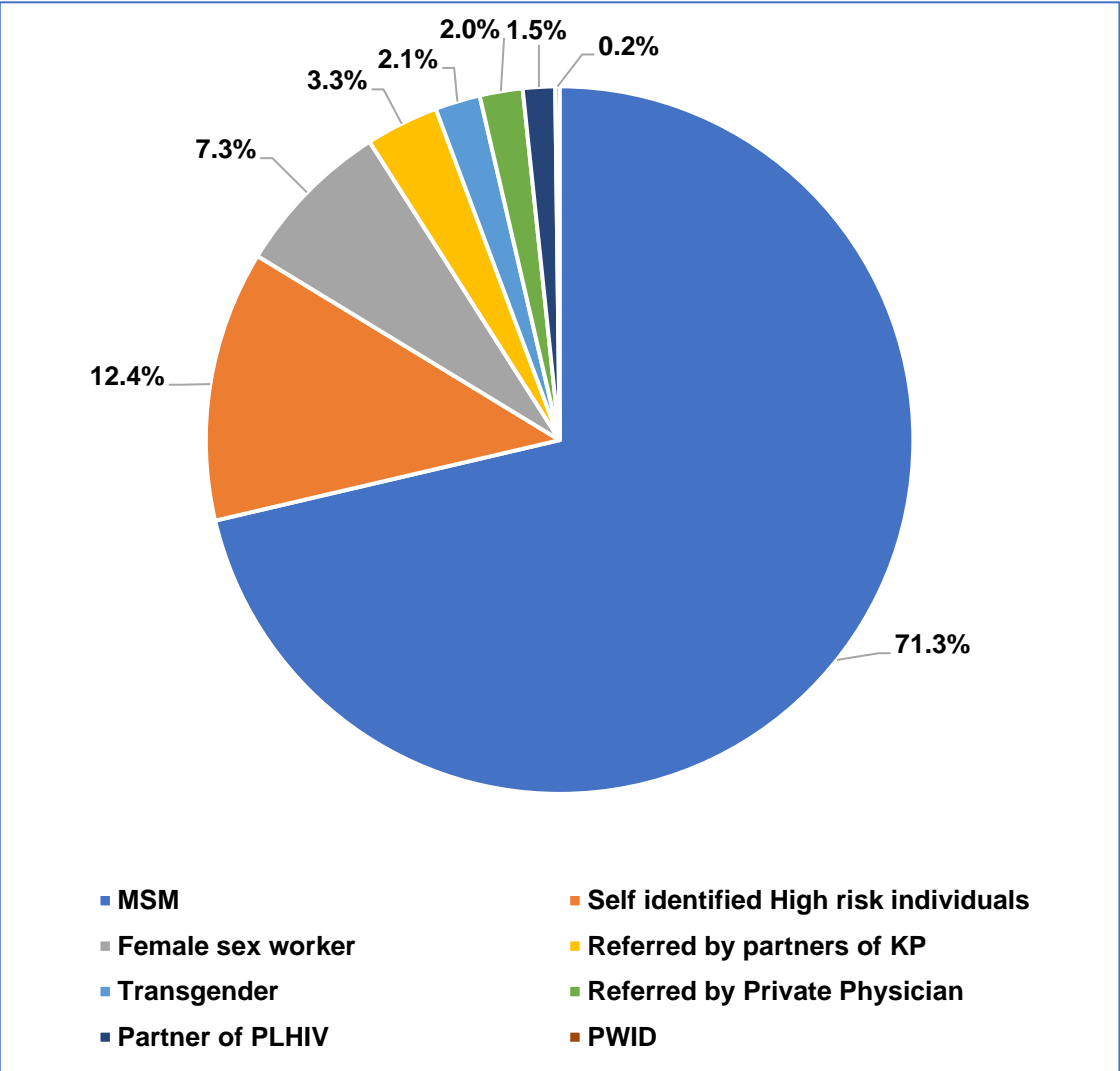


- 
- **Linkage and preference**

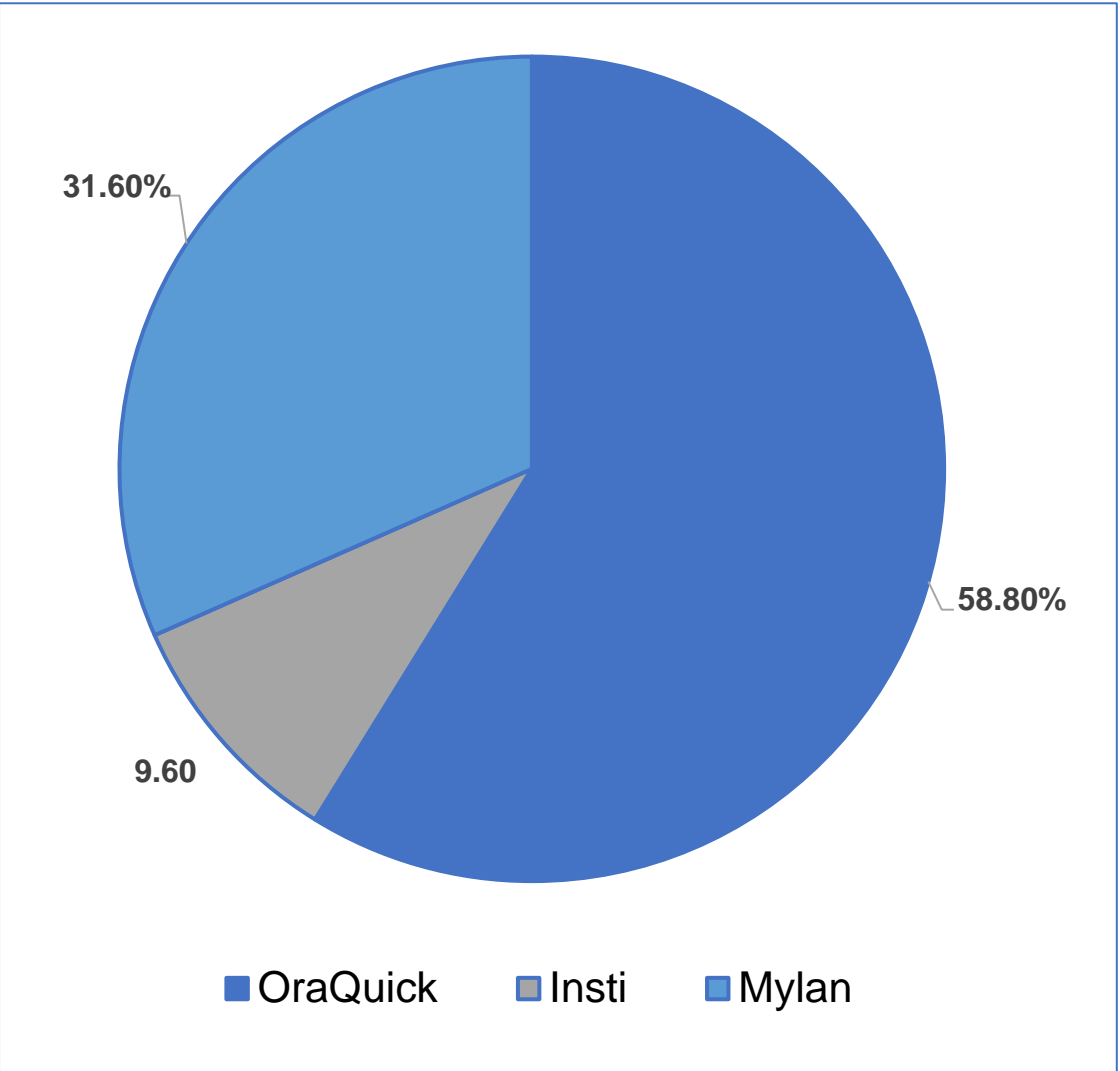


# Overview of Participant Profile

### Population

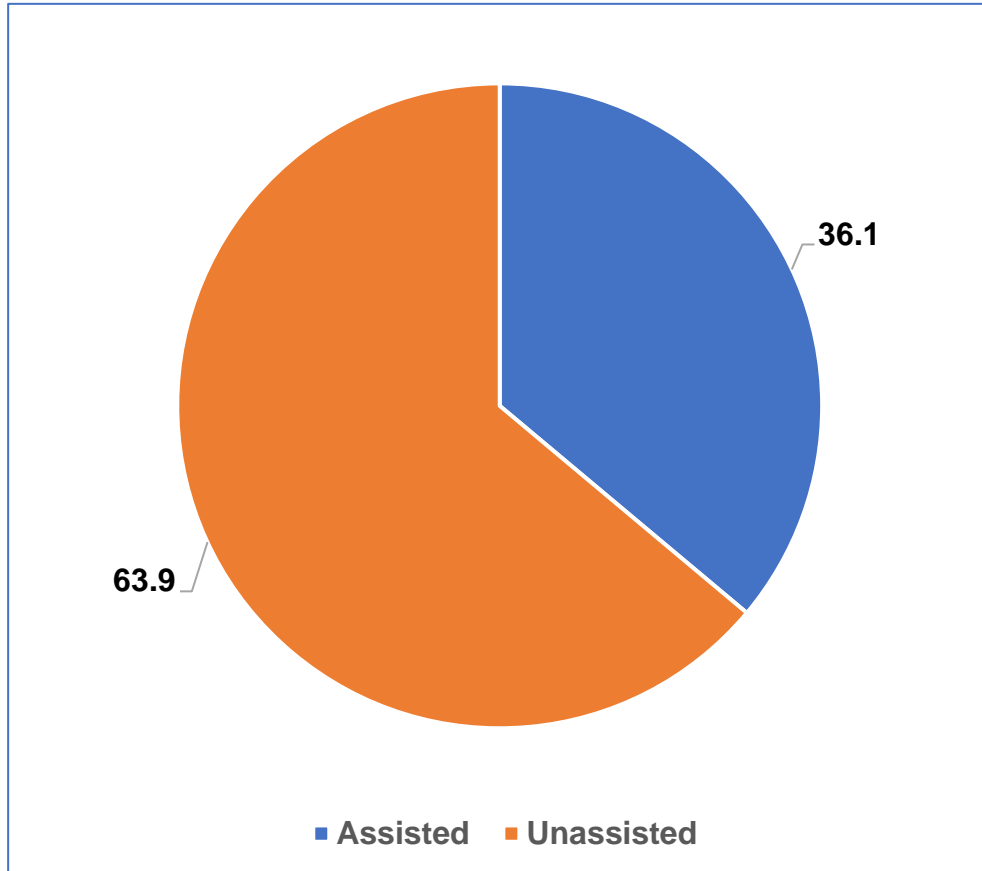


### Test kit type wise distribution

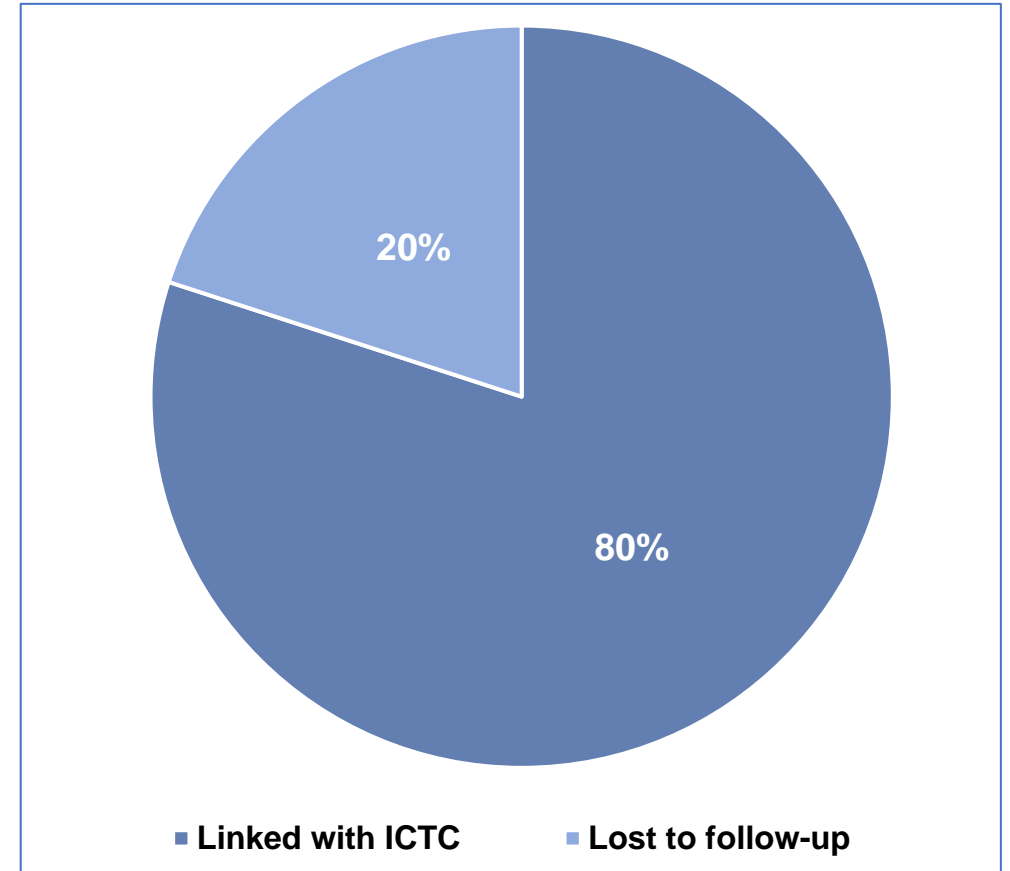


# Overview of Participant Profile

## Testing Approach



## Linkage for Screened Reactive





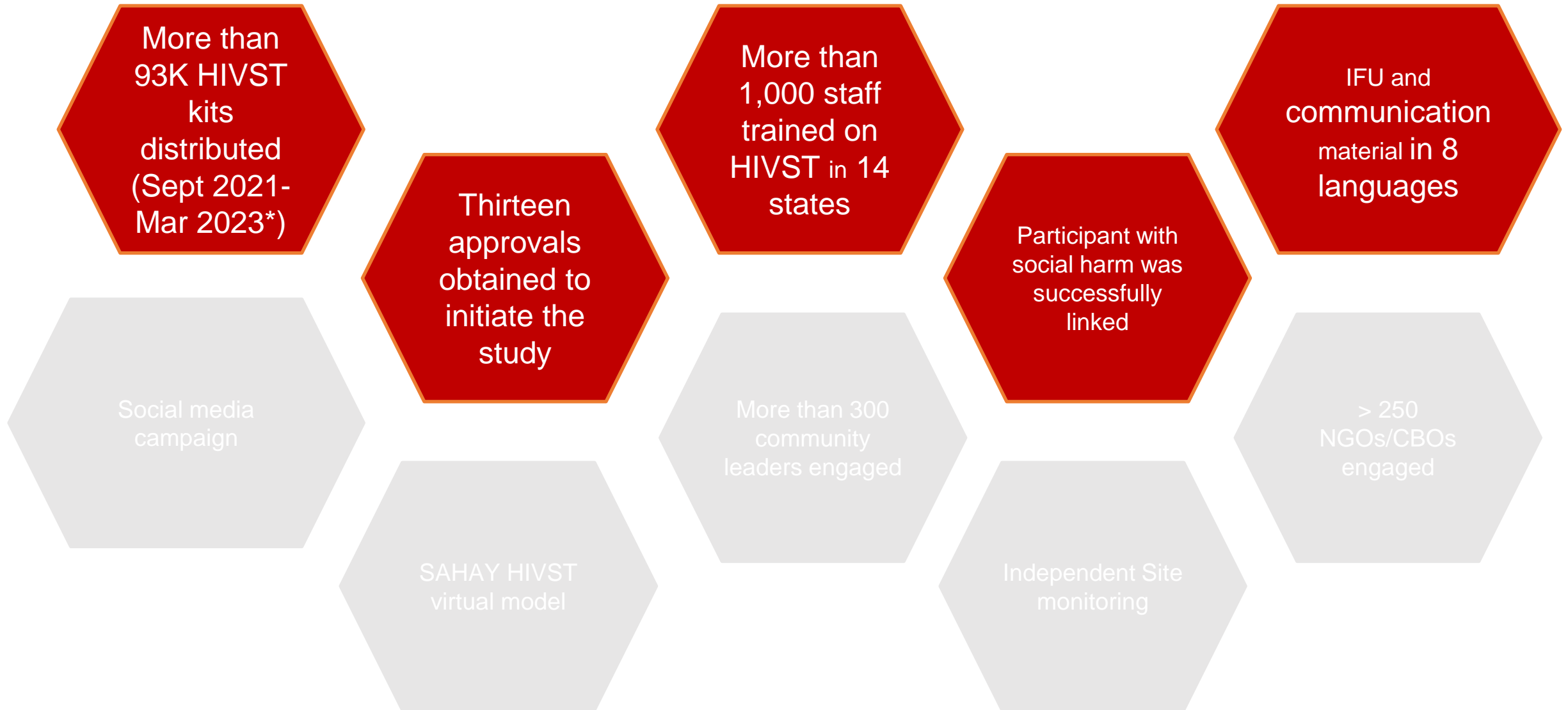
---

- **Achievements**



# HIVST Key Achievements

---



\* Need to consider the gap of 6 months between first phase and second phase due to delay in extension process

# Acknowledgements to partners and communities



**PATH**

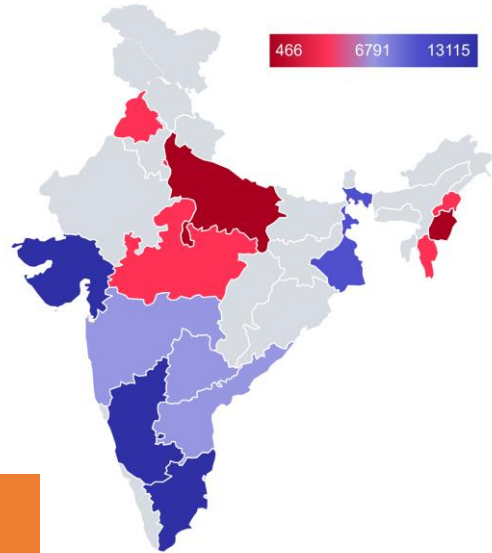
▶◊::▲◊◆//☹◻◊

# Regulatory and ethical approvals



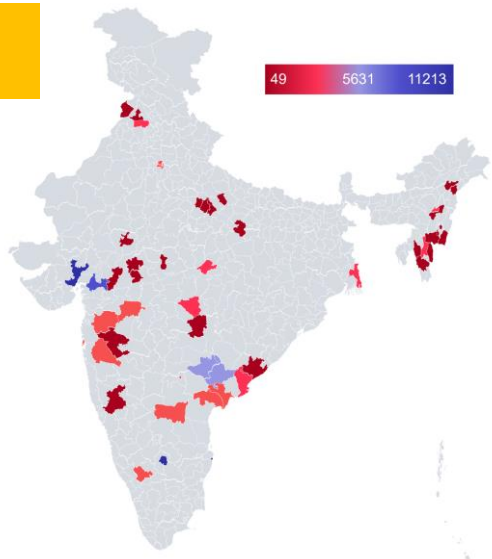


# Project duration and distribution models



14 states

50 districts



## DURATION

Approvals: 18 months  
 Kit distribution : 09 months



## KEY POPULATION GROUPS

- ✦ FSW
- ✦ MSM
- ✦ H/TG
- ✦ PWID



## OTHER POPULATION GROUPS

- Employee of industries
- Partner of a PLHIV
- Partner/clients of KPs
- Referred by identified pvt provider
- Self-identified high-risk individuals

## IMPLEMENTATION MODELS



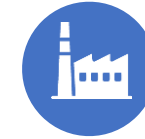
Community-based model



Private provider model



PLHIV network led model



Workplace model



Virtual model

# Inclusion and exclusion criteria

---

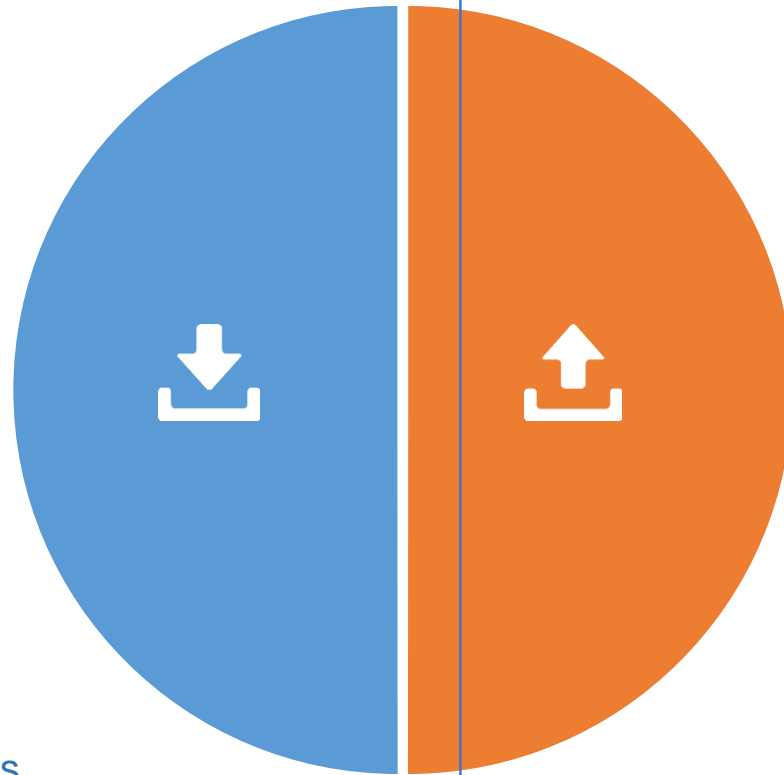
18 years of age or older

Voluntarily agree to participate in the study

Able and willing to provide written informed consent or provide a trusted witness

Self-identify as one of the following

- FSW, MSM, H/TG, or IDU
- Employee of industries
- Partner of a PLHIV
- Partner/clients of key population.
- Self-identified high-risk individuals
- Referred by identified private provider



Known HIV positive

Known pregnant women

Participant already enrolled in the study and previously completed HIVST (unless there is a compelling reason for re-testing)

Currently using PrEP or on antiretroviral treatment

Infected with Hepatitis B or C virus, or HTLV (only for OraQuick)

*FSW, female sex worker; H/TG, Hijra/transgender; HTLV, human T-lymphotropic virus; IDU, injecting drug user; MSM, men who have sex with men; PLHIV, people living with HIV; PrEP, pre-exposure prophylaxis*