Tele-PrEP during the Delta COVID-19 outbreak in Vietnam: Use of remote client engagement and home-delivery of pre-exposure prophylaxis and HIV self-test kits to maintain client access during lockdown

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Background

The COVID-19 Delta variant surged in Vietnam from July through October 2021 overwhelming healthcare services and leading to rapid closure of in-person healthcare & restricted ability to travel, threatening PrEP access to among 12,300 individuals on pre-exposure prophylaxis (PrEP) in Hanoi, Ho Chi Minh City and Dong Nai province that were supported through the USAID/PATH Healthy Markets project.

Description

In response, the USAID/PATH Healthy Markets project worked closely with the Ministry of Health (MOH) to define emergency guidance for remote PrEP counseling and home-delivery of three-month PrEP prescriptions and HIV self-test kits (INSTI HIV Self Test) for client-led HIV monitoring. Providers from 31 clinics (12 key population (KP)-led, 1 private and 18 public) were rapidly supported to put in place systems for remote PrEP and were equipped with adequate HVST kits to enable sustained remote PrEP services.

PrEP clinics contacted clients to identify who planned to continue PrEP use during lock-down and calculated which clients required refills by when. Clinics then dispatched the PrEP prescription and HIV self-tests by courier or by clinic staff depending on the locality. In some cases, medicines and test kits needed to be physically handed through quarantine blockades to the client.

Clinic staff then arranged a video call with the client and supported them as needed with using the HVST kit and answered any questions about the test results, refills or other needs. Follow-up consultation between clients and providers took place primarily through Zalo, a popular messaging app in Vietnam.

Figure 1. Tele-PrEP service flow

Remote PrEP services were available to those continuing on PrEP from end of July to end of October 2021 when lockdowns were lifted. Clients in Ho Chi Minh City and Hanoi were asked about their experiences with the Telehealth PrEP intervention as part of routine continuous quality improvement (CQI) client feedback surveys to inform future service delivery.

Figure 2. Opting for telehealth PrEP during lock-down by province

Very importantly, 3-month PrEP continuation among PrEP clients during this time remained high at 93%. PrEP prescriptions and HVST kits were primarily delivered by KP peers or clinic staff (84% in HCMC, 93% in Dong Nai and 100% in Hanoi) but delivery via post, family/friends and Grab were also used in HCMC and Dong Nai.

Among the 123 clients that provided CQI feedback on telehealth PrEP during lock-down, 97% were MSM and among all lived on average 8.6km away from their clinic that prescribes PrEP.

The majority engaged with their clinic providers through smartphone (95%) and used a blend of tools for communication: messenger (88.4%), video calls (82.6%) and phone call (78.5%).

In terms of feedback and preferences related to the telehealth PrEP service, the majority felt it to be more convenient, safer, more confidential and less expensive.

Only 5 respondents stated they did not like receiving tele-PrEP because they had concerns about the quality, equipment needed, or limiting opportunities for testing.

Figure 3. Reasons for preferring or not for preferring telehealth PrEP

Overall, there were strong preferences for either using mixed remote/onsite (78%) or fully remote PrEP services (15%) and the majority reported feeling very comfortable (71%) with receiving future teleconsultations for PrEP.

Figure 4. Telehealth PrEP preferences in the future

In terms of HIV self-testing as part of the tele-PrEP service, 89% reported being comfortable or very comfortable using an HVST as part of PrEP services. In addition, 96.1% of respondents stated they would be willing to use HVST as part of routine telehealth PrEP services in the future.

Figure 5. Acceptability of using HIV self-testing for PrEP monitoring at home

Conclusion

Tele-PrEP including HVST for home monitoring of HIV status enabled PrEP services to continue during a severe COVID-19 lockdown. Clients reported acceptability of the model and future interest in a blend of both remote and in clinic care. Offering tele-PrEP and using HVST for remote client-led HIV status monitoring may make PrEP accessible to a greater number of PrEP users in Vietnam, and at lower cost, further increasing uptake and use.