

Linkages Across the Continuum of HIV Services for Key Populations Affected by HIV Project (LINKAGES)

Cooperative Agreement No. AID-OAA-A-14-00045

THAILAND QUARTERLY PROGRESS REPORT
OCTOBER 1 – DECEMBER 31, 2018

FEBRUARY 1, 2019



Acronyms & Abbreviations

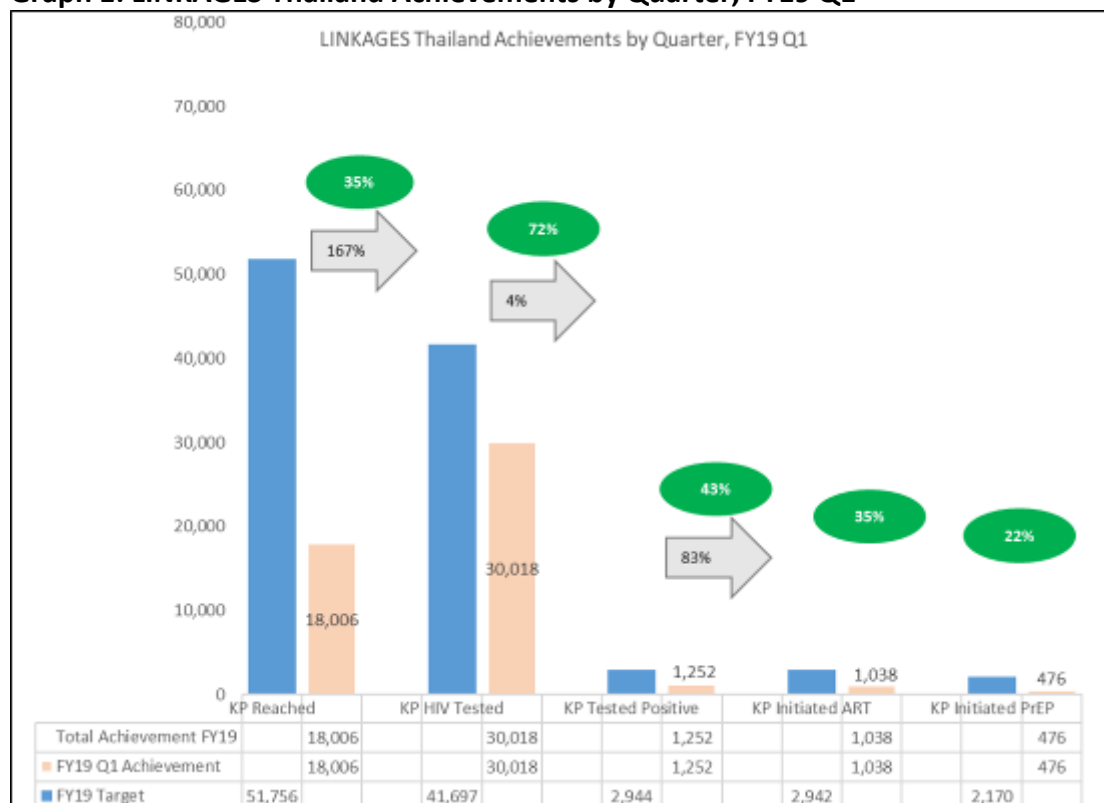
AIDS	Acquired Immune Deficiency Syndrome
amfAR	American Foundation for AIDS Research
APCOM	Asia-Pacific Coalition on Male Sexual Health
ART	Antiretroviral Therapy
ARV	Antiretroviral
BATS	Bureau of AIDS, TB and STIs
BKK	Bangkok
BMA	Bangkok Metropolitan Administration
CBO	Community-based Organization
CBS	Community-based Supporter
CD4	Cluster of Differentiation 4
CDC	Centers for Disease Control
CHC	Community Health Center
CHW	Community Health Worker
CPI	Consumer Price Index
CREC	Central Research Ethics Committee
CST	Care, Support and Treatment
C&C	Counseling & Care, Support and Treatment
DDC	Department of Disease Control
DIC	Drop-in Center
DQA	Data Quality Audit
DSD	Direct Service Delivery
DSD	Differentiated Service Delivery
EA	Expenditure Analysis
EPM	Enhanced Peer Mobilization/Mobilizer Model
F2F	Face-to-Face
FDA	Food and Drug Administration
FSW	Female Sex Worker
HCP	Health Care Provider
HITAP	Health Intervention and Technology Assessment Program
HIV	Human Immunodeficiency Virus
HIVST	HIV Self-testing
HTC	HIV Testing & Counseling
IAS	International AIDS Society
ICT	Information and Communication Technology
IP	Implementing Partner
IRB	Institutional Review Board
KP	Key Population
KPLHS	Key Population-led Health Services
M&E	Monitoring & Evaluation
MOU	Memorandum of Understanding
MoPH	Ministry of Public Health
MSM	Men who have Sex with Men
MSW	Male Sex Worker
NAP	National AIDS Program

NGO	Non-governmental Organization
NHSO	National Health Security Office
O2O	Online-to-Offline
OF	Oral Fluid
OI	Opportunistic infection
PATH	Program for Appropriate Technology in Health
PCM	Provincial Coordinating Mechanism
PEP	Post-exposure prophylaxis
PEPFAR	President's Emergency Plan for AIDS Relief
PHO	Provincial Health Office
PHSC	Protection of Human Subjects Committee
POC	Point-of-Care
PPAT	Planned Parenthood Association of Thailand
PR-DDC	MoPH Principal Recipient Administrative Office Department of Disease Control
PrEP	Pre-exposure Prophylaxis
PTY	Pattaya
PWID	People Who Inject Drugs
QA/QI	Quality Assessment/Quality Improvement
RDMA	Regional Development Mission Asia
RFA	Request for Applications
RNA	Ribonucleic Acid
RNR	Risk Network Referral
RRTTPR	Reach-Recruit-Test-Treat-Prevent-Retain
RSAT	Rainbow Sky Association of Thailand
RTCM	Real-time Cascade Monitoring
RTF	Raks Thai Foundation
SBCC	Social and Behavior Change Communications
SDART	Same-day ART
SESH	Social Entrepreneurship for Spreading Health
SIMS	Site Improvement through Monitoring System
SMS	Short Message Service
SOP	Standard Operating Procedure
STI	Sexually-transmitted Infection
SWING	Service Workers in Group
TA	Technical Assistance
TB	Tuberculosis
TG	Transgender
TGM	Transgender Man
TGSW	Transgender Sex Worker
TGW	Transgender Woman
TRCARC	Thai Red Cross AIDS Research Center
USAID	United States Agency for International Development
VPR	Voluntary Partner Referral
WHO	World Health Organization

Narrative I: Executive Summary

During Fiscal Year 2019 Quarter 1 (FY19 Q1), LINKAGES Thailand continued to work in close collaboration with existing local implementing partners (IPs) and expanded its support to other health care facilities to strengthen combination HIV prevention, care and treatment interventions among members of key populations (KPs), including men who have sex with men (MSM), male sex workers (MSWs), transgender women (TGs), transgender sex workers (TGSWs), and female sex workers (FSWs).

Graph 1: LINKAGES Thailand Achievements by Quarter, FY19 Q1



During this reporting period, LINKAGES reached a total of 18,006 KPs with HIV prevention education and commodities. Below is a full breakdown of HIV prevention, care and treatment services including Direct Service Delivery (DSD) and Technical Assistance (TA) combined:

- 12,566 MSM; 1,368 MSW; 1,962 TG; 1,372 FSW; and 738 TGSW were reached with HIV prevention interventions. The combined number of clients counted under KP_PREV this quarter includes 10,919 reached as the result of community-based interactions, while an additional 7,087 KPs were walk-in clients. This represents 35% of the annual KP_PREV target.
- 428 MSM, 11 MSW, 16 TG, 7 TGSW, and 14 FSW initiated PrEP for the first time, accounting for 22% of the annual PrEP_NEW target.

- 9,748 MSM; 643 MSW; 1,096 TG; 251 TGSW; 236 PWID; 1,823 FSW; 8,468 non-KP males; and 7,753 non-KP females received HIV testing and learned their test results. This reflects 72% of the annual HTS_TST target.
- Of the above, 612 MSM, 32 MSW, 52 TG, 17 TGSW, 17 FSW, 7 PWID, 307 non-KP males and 208 non-KP females tested HIV positive. The overall case-finding rate for FY19 Q1 was 4%, and the total of 1,252 newly diagnosed HIV-positive clients account for 43% of the HTS_TST_POS target for FY19.
- 571 MSM, 2 MSW, 44 TG, 7 TGSW, 4 PWID, and 7 FSW, as well as 246 non-KP males and 157 non-KP females started ART during this reporting period. In total, LINKAGES Thailand supported 1,038 HIV-positive individuals to initiate ART reflecting 35% of the TX_NEW target for FY19.
- 5,668 Antiretroviral Therapy (ART) clients received a viral load test in FY19 Q1, and 98% (5,539/5,668) had achieved viral suppression (TX_PLVS).

Specific programmatic achievements during this reporting period include the following:

- Given current levels of performance, LINKAGES partners are on track to meet FY 19 targets in all HIV cascade areas, including reach, HIV testing, HIV case finding, ART initiation, and PrEP. While the latter is slightly under one-quarter of the target for the year (22%), a major Pre-Exposure Prophylaxis (PrEP) promotion campaign together with increased emphasis on PrEP by providers with their high-risk clients who have received an HIV- result should lead to significantly higher rates of PrEP uptake during the year.
- In FY19 Q1, LINKAGES and its IPs continued to explore activities to improve coverage of key populations who prefer less of a face-to-face (F2F) outreach strategy. Partners reported a total of 2.6 million online engagements under the ON_CLICK indicator. Most of these engagements (55%) came as the result of posts (organic and boosted) on the official page(s) owned by LINKAGES Thailand’s implementing partners. An additional 33% were the result of online paid advertising, including Facebook and Google ad campaigns and advertising materials promoted via dating apps.
- APCOM accounts for the great majority of online engagements (97%) because of their ongoing support for the testBKK campaign. Most of their engagements came from Facebook advertisements and posting (where the most popular posts were related to their “Baitbus” Sexual Health Awareness gameshow series and a humorous HIV testing promotion funded by the Elton John Foundation) and YouTube, where APCOM continued to draw heavy traffic for episodes of the GayOK BKK web series.
- In FY19 Q1, there were 1,039 HIV testing reservations made via the Test Me Now platform – this is a 22% increase over the previous reporting period, and the largest number of reservations via Test Me Now since the platform was launched.

- Same-day ART (SDART) has now been scaled up in 6 provinces in Thailand, including Bangkok where it was first trialed, and is now being implemented in 9 hospitals. During this reporting period, 126 clients tested HIV positive in these hospitals, and 97% initiated SDART.
- National Health Security Office (NHSO) investments with community-based organizations (CBOs) continued to increase, totaling \$1.44 million in contracted commitments to LINKAGES-supported organizations. This contributes to the PEPFAR Incentive Fund (PIF) goal of strengthened country ownership and domestic financing of Thailand's leading and highest-performing Key Population-led Health Services (KP-LHS) organizations.

Specific challenges in this reporting period:

- While a few community partners saw HIV testing increases (Sisters, Caremat and RSAT Hat Yai), due in part to mobile testing activities, most community-based partners saw decreases during this period. This was due in part to staffing disruptions or shifts in clinic operating hours which caused fewer clients being brought in for facility-based testing services.
- While LINKAGES reached 22% of the PrEP_NEW target for FY19, the number of new PrEP acceptors this reporting period represents a 13% decrease from the previous quarter. Part of the reason for this reduction is a supply issue with the manufacturer of generic tenofovir-emtricitabine that supplies the Princess PrEP program (the Thai Government Pharmaceutical Organization); due to limited supply, LINKAGES partners in FY19 Q1 scaled back on offers of PrEP to HIV testing clients out of a desire to avoid a stock-out. The Thai Red Cross AIDS Research Centre (TRCARC), which manages PrEP supply for LINKAGES partners, has since instructed community health centers not to restrict offers of PrEP but to inform TRCARC if their supplies run low. As noted above, a major PrEP campaign planned to begin near the end of Quarter 2 together with additional training to partner staff on motivating high-risk HIV-negative clients to initiate PrEP should accelerate PrEP demand in the near future.

Narrative II: Achievements and key challenges encountered during the reporting period by thematic area:

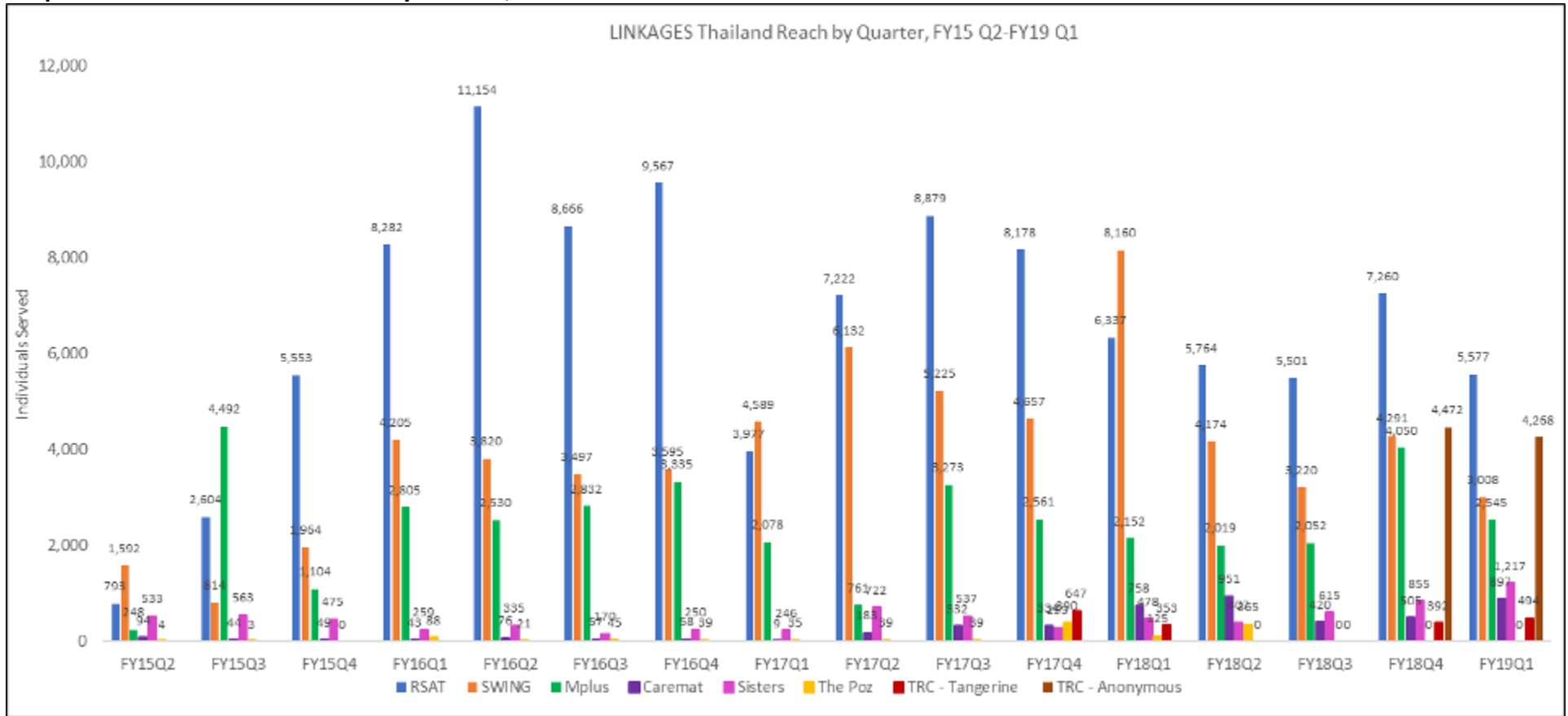
A. HIV prevention and linkage to HIV testing and counseling services

In FY19 Q1, LINKAGES Thailand implementing partners continued to provide HIV prevention and referral services through one-on-one outreach and HIV prevention education, small group activities and online/social media activities. Through this combination of HIV prevention activities, a total of 18,006 KPs were reached in Q1 – 12,566 MSM (70%), 1,368 MSW (8%), 1,962 TG (11%), 1,372 FSW (8%) and 738 TGSW (4%). Total KP_PREV performance during this reporting period reflects a 17% decrease compared to the FY18 Q4 performance of 21,825, with the sharpest decreases the result of staff rotation and organizational restructurings due to the lower budget from LINKAGES and the uncertainty of funding from NHSO. However, despite this instability, LINKAGES IPs achieved 35% of the FY19 annual KP_PREV target (18,006/51,756), which puts them well on track to achieve the expected level of coverage before the end of the fiscal year.

Among clients counted under the KP_PREV indicator, 10,919 (61%) were reached as the result of community-based interactions, while an additional 7,087 (39%) were walk-in clients at LINKAGES-supported community health centers (CHCs) who received the full package of prevention services and were reported under the KP_PREV indicator with the consent of USAID. Fully 60% of all walk-in clients were reported from the TRC Anonymous Clinic, which is to be expected given that this facility supports no outreach workers on its own. MSM accounted for most walk-in clients (87%) followed by TG (5%), FSW (3%), MSW (3%) and TGSW accounted only 1% of walk-in clients. This is at least in part explained by the fact that Sisters Pattaya, which had the largest number of TGSW walk-in clients during the previous quarter, shifted focus to outreach activities and the number of TGSW clients reached by outreach activities increased 28% (from 363 in FY18 Q4 to 466). However, LINKAGES will improve services at the community-based clinic to boost up the number of walk-in TGSW clients.

Among KP_PREV clients, 17,135 were referred to HIV testing services (95.16%), while 174 (1%) self-reported already being HIV-positive and an additional 697 (3.8%) declined referral to testing services. Known-positive clients were primarily MSM who walked in to CHCs to access services including CD4 screening and HIV care and support. While the majority of those who declined testing were MSM, as a population, TG declined at a much higher rate (15%, 285/1,962) compared with other key populations. While test refusal among TG clients was previously a concern at Sisters, the situation in Pattaya appears greatly improve during this reporting period. The highest rates of refusal were among TG women reached by RSAT Ubon Ratchathani (59%, 158/269), though refusal of referral at this site was also high among MSM clients (46%, 194/422). Reasons cited for these high rates of refusal were both clients' concerns about their potential test result and misunderstanding on the behalf of some outreach staff regarding the definition of "declined."

Graph 2: LINKAGES Thailand Reach by Quarter, FY15 Q2-FY19 Q1

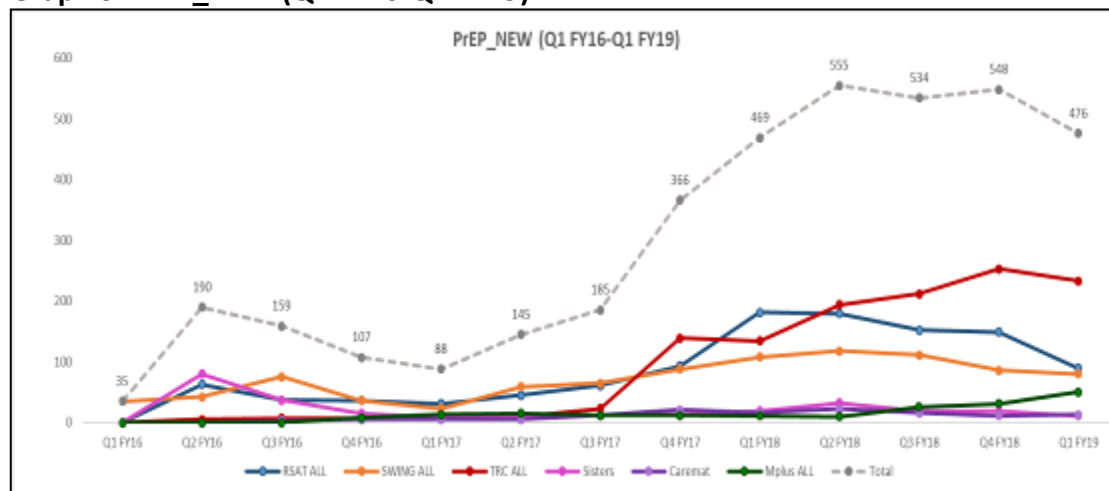


Concurrently, Tangerine was the only community health center to have clients of unknown HIV status walk in and yet refuse HIV testing services (41% of all 222 walk-in TG clients) – these were individuals seeking to access hormone testing at Tangerine who declined an HIV test. Particularly given that case-finding rates have historically been higher among this population than among other groups, the continued elevated rates of testing refusal among TG suggest an ongoing need to monitor more closely the quality of outreach interventions for this population, and to ensure that the provision of hormone services at CHCs continues to serve as an incentive to testing uptake rather than a distraction.

Pre-exposure Prophylaxis (PrEP)

During FY19 Q1, LINKAGES partners supported a total of 476 KPs¹ to receive PrEP for the first time under the Princess PrEP project. While this represents 22% of the PrEP_NEW target for FY19 (476/2,170), the number of new PrEP acceptors this reporting period represents a 13% decrease from the previous quarter (476 versus 548). PrEP reporting during this quarter includes clients served under TRC Anonymous Clinic’s fee-supported PrEP15 Program (n=210) and service delivery under the Princess PrEP program (n=266). Princess PrEP numbers also include clients who elected to enroll in TRCARC’s new on-demand PrEP service (n=52)² currently available at RSAT Bangkok, SWING Bangkok, and Mplus Chiang Mai.

Graph 3: PrEP_NEW (Q1 FY16-Q1 FY19)



The decline in new PrEP clients this quarter occurred despite the expansion of PrEP service availability: in Q1, LINKAGES and TRCARC supported Mplus and Chiang Rai and RSAT in Ubon Ratchathani to begin offering PrEP services, but initial uptake has been low. In Ubon Ratchathani specifically, PrEP is being made available for RSAT clients through a health facility-based pharmacy, until RSAT care and support staff can be certified to providing PrEP dispensing.

¹ 428 MSM, 11 MSW, 16 TG, 7 TGSW, 14 FSW

² 20 on-demand PrEP clients were previously daily PrEP clients who elected to switch to the new protocol; as these clients were existing PrEP users prior to enrolling in on-demand PrEP, they are not included in PrEP_NEW reporting.

At the organizational level, RSAT saw the largest decrease in PrEP uptake in this quarter (40% decrease), followed by Sisters. Part of the reason for this reduction is a supply issue with the manufacturer of generic tenofovir-emtricitabine that supplies the Princess PrEP program (the Thai Government Pharmaceutical Organization (GPO)); due to limited supply, LINKAGES partners in FY19 Q1 scaled back on offers of PrEP to HIV testing clients out of a desire to avoid a stock-out. The Thai Red Cross AIDS Research Centre (TRCARC), which manages PrEP supply for LINKAGES partners, has since instructed community health centers not to restrict offers of PrEP but to inform TRCARC if their supplies run low. However, the Thai Red Cross also acknowledges there are questions regarding the GPO's production capacity should PrEP demand increase dramatically.

There are additionally ongoing questions regarding the targeting of PrEP promotion. PrEP users under the Princess PrEP program have tended overwhelmingly to be MSM in their 20s and 30s, while PrEP use has been lowest among precisely those sub-populations (like sex workers and adolescents) who would benefit most from additional prevention options. Comparing to the PrEP uptake in FY18 Q4, every age group experienced negative growth in this reporting period excepting KPs aged 30-34 and 35-39, where PrEP uptake increased 30% and 19% respectively. The most significant reductions were among KPs aged 15 - 19 (-84%) and 20 - 24 (-26%). This performance is concerning as incidence data from Thailand indicates high risk of infection among KP adolescents.

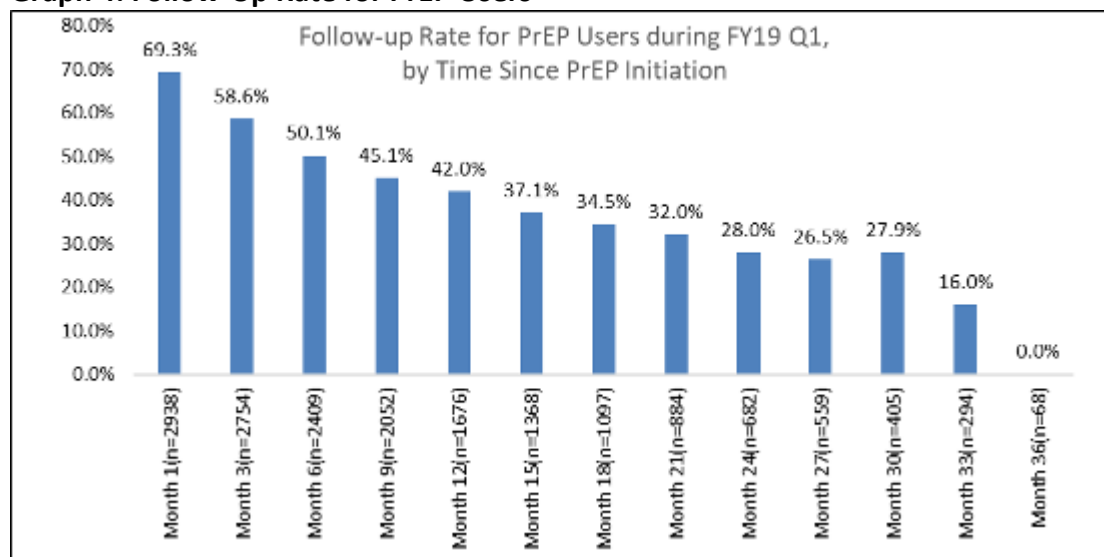
Table 1: PrEP_New by Age and Fiscal Year

PrEP_New	Age							Total
	15-19	20-24	25-29	30-34	35-39	40-49	50+	
FY18 Q1	18	107	175	138	104	91	43	676
FY18 Q2	27	133	170	112	62	41	10	555
FY18 Q3	66	115	147	93	61	43	9	534
FY18 Q4	56	122	158	80	57	57	18	548
FY19 Q1	9	90	147	104	68	41	17	476
Comparing FY18_Q4/FY19Q1	-84%	-26%	-7%	30%	19%	-28%	-6%	-13%

Data on PrEP uptake will inform the design of a new PrEP promotional campaign, current underway (see below) and will additionally be considered as LINKAGES works with partners to introduce an index testing model among HIV-positive clients (see Narrative II, Section B – HIV Counseling and Testing).

Finally, there remain questions about PrEP retention. Of 3,328 existing PrEP clients with follow-up visits scheduled for FY19 Q1, only 1,284 PrEP users came for follow-up (38.6%). Follow-up rates are shown below, disaggregated by follow-up visit month.

Graph 4: Follow-Up Rate for PrEP Users



To improve and facilitate the retention in PrEP care, as well as adherence, TRCARC will accelerate an action plan to address this challenge. This action plan includes:

- The development of mobile-health interventions, which is in process.
- Adjustment of PrEP data collection forms to facilitate documentation of the ‘PrEP cascade’. These data will provide insight into the PrEP cascade and can subsequently be used to strengthen the program. TRCARC will additionally integrate PrEP-related data collection forms used across several soon-to-be-implemented research studies. This will improve the documentation of risk-based adherence and retention.
- Finally, TRCARC is revising PrEP counseling protocols so that clients are advised to return for follow-up visits for HIV testing, regardless of PrEP continuation. A refresher training (as part of 1-2 trainings for STANDUP TEEN or Point of Concern (POC) study) is planned in the next few months to ensure this practice becomes standard of care in all CBOs offering PrEP services

Activities for Online Reach and Recruitment

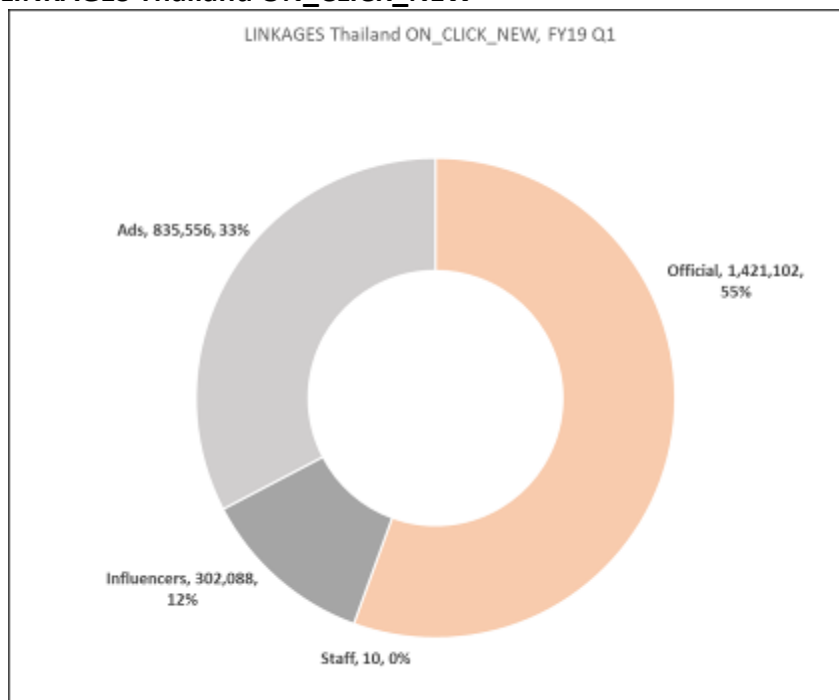
In FY19 Q1, LINKAGES and its IPs continued to explore activities to improve coverage of key populations who prefer less of a face-to-face (F2F) outreach strategy. LINKAGES continues to develop a strategy for quantifying and reporting online engagement and during this reporting period we worked with partners to refine a custom indicator (ON_CLICK) for reporting target audience interaction with HIV-related online content³ across a range of platforms⁴ that fall below the level of interaction necessary for reporting under KP_PREV but which nonetheless represent PEPFAR’s investment in online education and demand generation. Data for this custom indicator are collected using a combination of manual tracking and export of analytics data from social media platforms.

³ “Content” includes public profile post (feed/wall posts of an image, text, GIF, video, etc.), stories, ads, live video, or blog posts, as well as private messages to KP individuals that are related to HIV. It does not include content on a static website with no option for further engagement.

⁴ “Platforms” includes Facebook, Twitter, Instagram, YouTube, Google Ads, other online advertising and social media apps (where the post is made for public or large group viewing and engagement), as well as social messaging applications (Line, WhatsApp, FB Messenger).

LINKAGES currently defines ON_CLICK as “number of engagements⁵ with content posted online meant to increase the online presence of the HIV program (disaggregated by outreach approach).” This indicator measures the intensity of the program’s online presence by counting the number of times people engaged with content posted online during the reporting period. While this indicator may be reflective of the scale of the HIV program’s online promotional efforts, it is important to remember that engagement with online content cannot be reliably re-duplicated across partners or online platforms – therefore, the ON_CLICK number is a better proxy for the frequency of online engagement than the absolute number of individuals reached.

Graph 5: LINKAGES Thailand ON_CLICK_NEW



In FY19 Q1, LINKAGES partners reported a total of 2.6 million online engagements under the ON_CLICK indicator. Most of these engagements (55%) came as the result of posts (organic and boosted) on the official page(s) owned by LINKAGES Thailand’s implementing partners. An additional 33% were the result of online paid advertising, including Facebook and Google ad campaigns and advertising materials promoted via dating apps. Posts by paid or incentivized influencers made up 12% of online engagement, while social network outreach by program staff or volunteers was negligible in terms of enhancing audience engagement. In addition to ON_CLICK engagements, during this reporting period partners recorded 655 instances of one-to-one interaction with online program clients that did not meet the minimum criteria to be counted as KP_PREV, all of which were engaged through partners’ official social media accounts.

APCOM accounts for the great majority of online engagements (97%) because of their ongoing support for the testBKK campaign. Most of their engagements came from Facebook

⁵ “Engagements” includes reactions (like, dislike love, angry, etc.), shares, comments, link clicks (e.g. to subscribe, follow, register, or order of HIV prevention services/products, view, etc.) as well as personal messages related to HIV.

advertisements and posting (where the most popular posts were related to their “Baitbus” Sexual Health Awareness gameshow series and a humorous HIV testing promotion funded by the Elton John Foundation) and YouTube, where APCOM continued to draw heavy traffic for episodes of the GayOK BKK web series (which beginning in December is also being broadcast to a general population audience on Voice TV 21 every Saturday and Sunday from 10:30-11:30 pm). They also drew a relatively large number of engagements with a banner post encouraging HIV testing posted on the Joylada social reading application,⁶ and through episodes of GayOK BKK Season 2 on Line TV.

APCOM has continued to promote their testBKK campaign (see also Online to Offline, below); during this reporting period, the campaign recorded 2,426 new followers on their Facebook page (39.2% of whom were based in Bangkok and 79% of whom were males between the ages of 18-34) and 2,383 new YouTube subscribers, 34.5% of whom were living in Thailand. To commemorate World AIDS Day, APCOM also used funding from the Elton John Foundation to coordinate between testBKK and other regional testXXX platforms on Taking It, a mini campaign where numerous gay social influencers pledged to take an HIV testing. This mini campaign garnered significant attention in the international gay-targeted media, including stories by Gay Star News, Hornet, Gay.CH and GagaTai website.

In order to continue driving engagement with testBKK, APCOM during this reporting period worked to prepare a web-based reality television series (“Gay Games”) that will use known Thai social influencers popular within the gay community to engage in online contests and discuss HIV-related topics including HIV testing and PrEP. This strategy is based partially on analysis of previous testBKK data that indicated advertising campaigns using known and socially influential faces generated the lowest cost per landing page view in comparison to other approaches – it is anticipated that the use of social influencers will further boost coverage and audience engagement because the contestants will amplify the content via their own audiences. The series will comprise five “webisodes” each of which will include a pre-episode “bumper” scene and a mid-episode interstitial reinforcing key health-related messaging and including a link to the testBKK website and online test reservation services. APCOM completed principle photography for this reality series during FY19 Q1 and are in the process of revising based on LINKAGES feedback – the webisodes are expected to premiere in FY19 Q2.

Despite not implementing ongoing social media campaigns at the scale of testBKK, other partners continue to use social media platforms (most notably Facebook) to generate demand for their services. Tangerine and Mplus have extended their reach to hidden populations through online television shows and Facebook Live broadcasts by social media influencers. SWING Pattaya also completed an online media plan to promote hormones testing as a tool to get TG to the health center. RSAT, conversely, reported a very small number of social media-based engagements (3,108); however, they accounted for almost all the one-to-one interactions with online clients (603/655).

⁶ Joylada is an application popular with young females and gay men which features fictional accounts of relationships between men. APCOM has experimented with advertising on this platform as an attempt to reach into new MSM networks.

Online-to-Offline Conversion

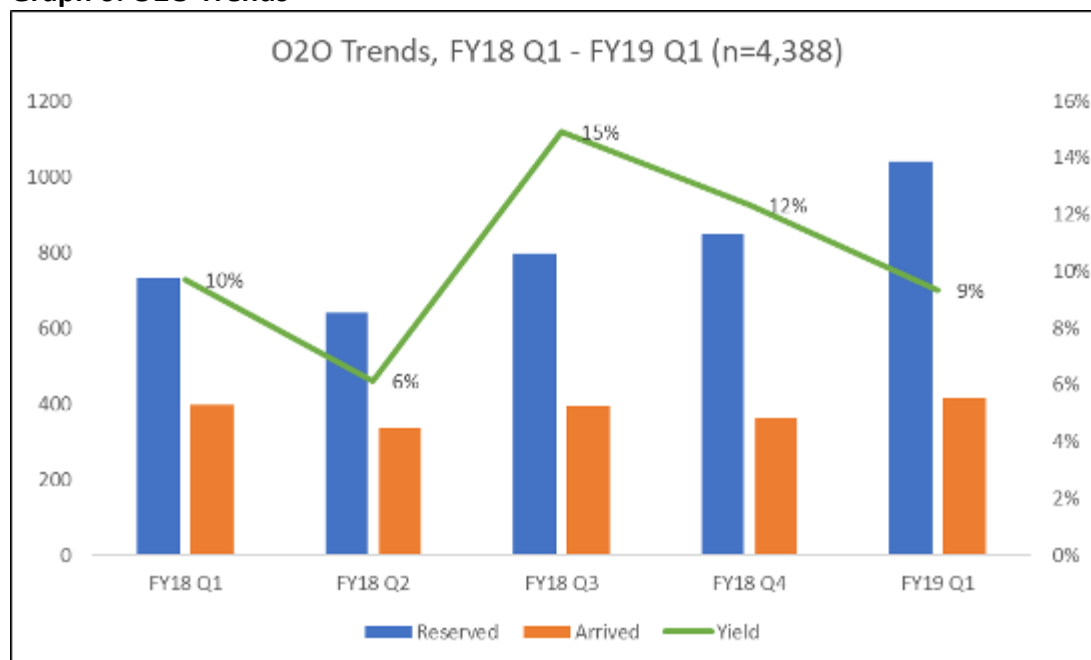
Online health promotion and audience engagement help to raise awareness of HIV prevention and HIV testing and treatment services, and to generate positive online norms around HIV prevention, testing and treatment; however, as with traditional venue-based outreach, the eventual goal is to “convert” online audiences into HIV testing clients. LINKAGES key tool for tracking conversion of online audience members to testing clients is the Test Me Now “online-to-offline” (O2O) platform, which is currently integrated into all LINKAGES-supported online promotional content, used by online outreach workers and social media influencers when referring individuals to testing, and is being used by staff at 15 clinics across 6 project sites⁷ to track client testing appointments.

In FY19 Q1, there were 1,039 HIV testing reservations made via the Test Me Now platform – this is a 22% increase over the previous reporting period, and the largest number of reservations via Test Me Now since the platform was launched. A total of 416 clients who made a reservation arrived at the clinic and were recorded as such by clinic staff – a 40% arrival rate is the lowest since LINKAGES began tracking online-to-offline conversions; however, because of the growth in reservation numbers, it remains the largest quarterly number of O2O recruits over the life of the project. Based on available data, O2O clients were overwhelmingly MSM (95%), and 74% were below the age of 30. Most O2O clients in FY19 Q1 had a previous history of HIV testing (72% versus 28%) based on client self-report. Bangkok clinics accounted for 83% of all O2O testing uptake, with RSAT Bangkok alone accounting for 48%. During this reporting period, LINKAGES worked at the request of the Bangkok Metropolitan Administration (BMA) to include three BMA clinics into the reservation system; however, these clinics accounted for only 43 reservations, of whom only 9 clients are recorded as having arrived (21%) with no data provided on testing outcomes. LINKAGES is negotiating with BMA to train clinic intake staff on appropriate use of the Test Me Now system to ensure data are captured appropriately.

LINKAGES continues to have problems with clinics reporting all required data via the O2O system; however, based on the 257 O2O clients for whom testing data were recorded, 24 tested HIV-positive for a testing yield of 9% (this represents a continuing decrease in O2O testing yield; however, this case-finding rate is still significantly higher than that achieved among face-to-face outreach clients).

⁷ Bangkok, Chiang Mai, Pattaya, Hat Yai, Ubon Ratchathani, Chiang Rai

Graph 6: O2O Trends



When disaggregated by mode of O2O recruitment, various models of asynchronous online advertising account for the majority of online reservations and arrived testing clients (71% of each). Online advertising and “direct referral”⁸ both showed case-finding rates of 10%, though given a much wider audience, online advertising contributing a larger total number of newly diagnosed positive clients. When broken down more fully, the highest case-finding rates were found among clients recruited via Facebook (22%) and the Hornet gay social networking application (13%) – though as discussed above, these yields are based on incomplete testing data and should be interpreted with caution.

Table 2: Breakdown of O2O Recruitment by Approach

Approach	Reserved	Arrived	Arrived	Testing Data Available	Positive	Yield
Outreach	23	6	26%	4	0	0%
Influencer	103	46	45%	31	1	3%
Advertising	740	294	40%	183	19	10%
Hornet				23	3	13%
YouTube				15	0	0%
Website				94	6	6%
Facebook				46	10	22%
Multiple				4	0	0%
Printed				1	0	0%
Direct	173	70	40%	39	4	10%

⁸ “Direct referral” means a client who arrived directly at the Test Me Now platform without clicking on an external link from another platform – i.e. by typing the URL directly into a web browser.

As noted in Table 2, APCOM accounts for most successful online engagement under the LINKAGES project – their combined marketing channels generated 436 reservations during this reporting period, with 108 clients arrived for testing. Consistent with the data above, their online content which resulted in the largest number of tests were via the TestBKK.org website (149 bookings, 40 actual tests uptake) and the testBKK YouTube Channel (30 bookings, 13 actual tests). APCOM concluded that the high number of reservations made through testBKK’s YouTube Channel, despite a very low marketing budget to promote the videos, demonstrates that testBKK’s web series and PSA videos can be a successful approached to test promotion among MSM. However, the largest number of reactive cases generated through APCOM referrals were via testBKK.org and ads on Hornet These data (and the overall decrease in testing yield as online recruitment has increased) indicate a need for more targeted approaches to online advertising, and particularly a focus on targeted Facebook recruitment and on more effective demand generation via Hornet and other similar applications. LINKAGES has been engaging with Hornet leadership on how to strengthen ad targeting and tracking via that platform, which will inform promotional approaches for our upcoming PrEP and U=U campaigns (see below).

Refreshing Approaches to Behavior Change Communications

Despite significant improvements over the life of the project, LINKAGES Thailand acknowledges continued gaps in HIV testing and treatment uptake among clients diagnosed HIV positive (see Narrative II, Subsections B and C) as well as lower-than-optimal rates of PrEP initiation among high-risk, HIV-negative clients (see above). In FY19, LINKAGES plans a number of targeted social media-based campaigns to reinvigorate demand for clinical services.

In FY19 Q1, LINKAGES worked with Commetive Productions on the design of a social media-based campaign to normalize HIV testing and treatment under the banner of “Undetectable = Untransmittable”. We engaged with an HIV-positive community advocate, who organized a group of HIV-positive volunteers, drawn from among LINKAGES Thailand’s target populations, who have agreed to be featured in a series of campaign materials sharing their experiences living positively with HIV and encouraging viewers to “Get tested, get treated, and get on with your life.” This will to our knowledge be the first campaign in Thailand to feature real HIV-positive individuals openly sharing their identities. Principle filming for the production of campaign materials has been completed, but (based in part on partner feedback) LINKAGES is currently working with Commetive to revise the creative contents and ensure that the final products contain a clear call to action and are linked to the umbrella “U=U” concept.

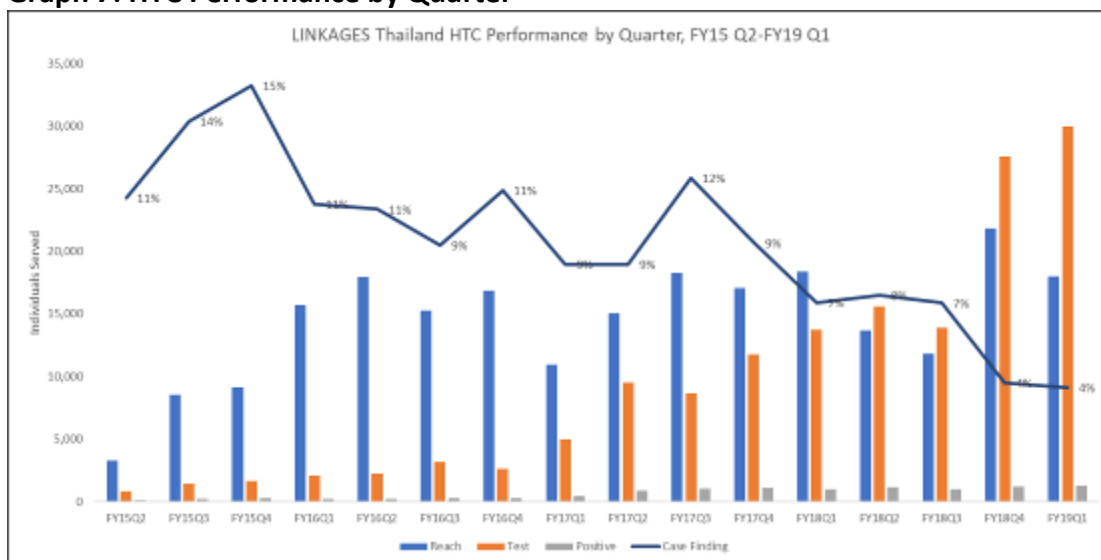


Image 1: Draft creative images from the Thailand U=U campaign.

LINKAGES additionally contracted Bangkok-based social change creative agency Love, Frankie to produce materials for a PrEP promotional campaign that will explicitly target early- and late-majority adopters within the high-risk MSM population by generating social norms around PrEP use. Love, Frankie will build off creative concepts developed under the Ready-PrEP-Go competition implemented by LINKAGES Thailand in FY18; however, there is a dearth of published qualitative data on community knowledge, beliefs and attitudes regarding PrEP in Thailand that could be used to guide adaptation of the Ready-PrEP-Go materials. Love, Frankie is therefore in the process of conducting rapid concept testing among MSM audiences in Bangkok to better understand what PrEP promotional messages and approaches might better resonate with this target audience. The MSM-focused PrEP campaign will complement “PrEP in the City”, a promotional campaign being developed by the Thai Red Cross AIDS Research Centre to explicitly target high-risk TG women.

B. HIV testing and counseling

Graph 7: HTC Performance by Quarter



In FY19 Q1, HIV counseling and testing services supported under the LINKAGES project provided HTS for 30,018 clients,⁹ of whom 13,797 (46%) were self-reported KPs¹⁰ and 16,221 (54%) were reported as members of the general population.¹¹ This level of service delivery is well beyond that anticipated in the first quarter, and accounts for 72% of the annual HTS_TST target (30,018/41,697). LINKAGES is discontinuing the reporting of a “reach-to-test” ratio as part of quarterly reporting – the combination of significant numbers of hospital-based testing clients and the lack of longitudinal client tracking under PEPFAR reporting renders this figure at best meaningless; at worst, such a skewed ratio may

⁹ 11,897 DSD; 18,121 TA

¹⁰ 9,748 MSM; 643 MSW; 1,096 TG; 251 TGSW; 236 PWID; 1,823 FSW

¹¹ 8,468 males; 7,753 females

contribute to significant misinterpretation of the effectiveness of face-to-face outreach as a testing recruitment strategy.

It should be noted that, in addition to the figures reported above, LINKAGES partners successfully referred 404 individuals for HIV testing by external testing providers;¹² these individuals do not count toward PEPFAR service delivery targets under the current MER definitions, and these are not included in the totals reported above, but they nonetheless represent improvements in cascade performance for the national HIV response.

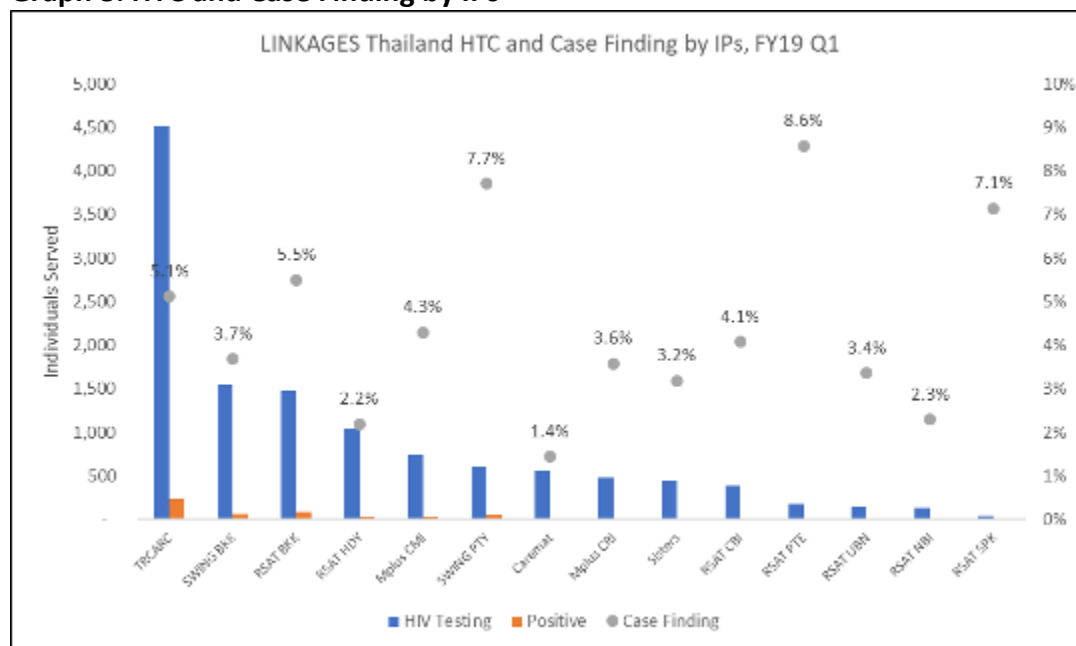
LINKAGES saw a net 9% increase in HTS service delivery over FY18 Q4 (from 27,568 to 30,018); during this period Sisters, Caremat and RSAT Hat Yai saw testing increases (91%, 53% and 42%, respectively) due in part to focusing on mobile testing activities conducted in locations beyond the urban core of their respective sites. However, most community-based partners saw decreases during this period. The most significant were at Mplus Chiang Mai (-63%) and SWING Pattaya (-55%), which saw significant decreases in testing uptake due in large part to staffing disruptions as a result of reduced PEPFAR budgetary support, and (in Pattaya specifically) a shift in clinic operating hours which has caused disruptions of staff working times and consequently fewer clients being brought in for facility-based testing services. LINKAGES is working with SWING Pattaya to reconsider their clinic hours and staff working times to ameliorate this issue; however, ongoing uncertainty around budgetary support for KPLHS services during a transition period and global disruptions because of the US government shutdown may continue to have an impact on partner operations into FY18 Q2.

Taken as a whole, HIV testing at KPLHS sites decreased 19% over the previous quarter (from 14,601 to 11,897), though all partners except SWING Pattaya met their quarterly testing targets. The most significant reason for the increase in testing numbers was HTS service delivery through the network of referral hospitals that have been receiving HIV testing and ART-related technical assistance from LINKAGES Thailand since FY17. During FY19 Q1, LINKAGES added another 31 referral hospitals,¹³ for a total of 132 healthcare facilities receiving LINKAGES TA for clinical service delivery. The impact of these healthcare facilities on LINKAGES service delivery will be discussed in further detail below.

¹² Most external referral to testing occurred in sites with KP-led outreach but limited access to PEPFAR-supported testing services; 59% came from RSAT Chonburi alone, which will open their KPLHS testing center in FY19 Q2.

¹³ 25 from Chiang Mai, 2 from Songkla, 2 from Ubonratchthani, 1 from Samutprakarn, and 1 from Pathumthani

Graph 8: HTC and Case Finding by IPs



*Data include testing and case-finding as a result of referrals not included in PEPFAR reporting totals

Of the 30,018 clients tested under PEPFAR support in FY19 Q1, 1,252 were diagnosed HIV positive, for a case-finding rate of 4%.¹⁴ The breakdown of case-finding by key population and according to MER definitions is as follows: 612 MSM, 32 MSW, 52 TG, 17 TGSW, 17 FSW, 7 PWID, 307 non-KP males and 208 non-KP females. This achievement represents 43% of the annual HTS_TST_POS target.

However, these numbers do not reflect the total scope of service delivery under the LINKAGES IPs, since (as described above) several partners successfully referred clients for testing that cannot be counted toward MER indicators. When all testing (including referral) is considered (as depicted above) the highest levels of testing uptake were from the Thai Red Cross Anonymous Clinic, while the highest case-finding rates were at RSAT Pathumthani, RSAT Samut Prakan, and SWING Pattaya (which despite their reduction in testing uptake achieved a notably higher case-finding rate than in the previous quarter). These partners credited higher case-finding rates to the targeted use of peer mobilizers with large, high-risk networks and (in Pattaya) to the promotion of hormone counseling and monitoring services via Facebook Live sessions. The lowest case-finding rate was at Caremat - a 1% case-finding rate calls into question Caremat’s strategy of achieving testing targets by expanding their reach to settings outside of the Chiang Mai urban core. This approach does not appear to be leading to the identification of large numbers of high-risk individuals.

Overall case-finding rates disaggregated by population (inclusive of linked testing results not counted toward PEPFAR indicators) are below:

¹⁴ 519 DSD; 733 TA

Table 3: Case Finding Rates by Population

Populations	Total Testing	Total Positives	Case Finding
MSM	10,088	637	6.3%
MSW	643	32	5.0%
TG	1,160	60	5.2%
TGSW	251	17	6.8%
FSW	1,823	17	<1%
PWID	236	7	3.0%
non-KP males	8,468	307	3.6%
non-KP females	7,753	208	2.7%
Total	30,422	1,285	4.2%
KP Total	14,201	770	5.4%

While case-finding rates are higher for self-reported KPs than among members of the general population, they are lower than would be anticipated for so-called “highest-risk populations”. As this report has shown, case-finding continues to decrease across the program and over time, and while some strategies (such as online recruitment via targeted social media platforms) have been shown to generate higher yield, these approaches have contributed relatively little to PEPFAR-supported service uptake in terms of overall numbers.

HIV Testing Service Delivery Models

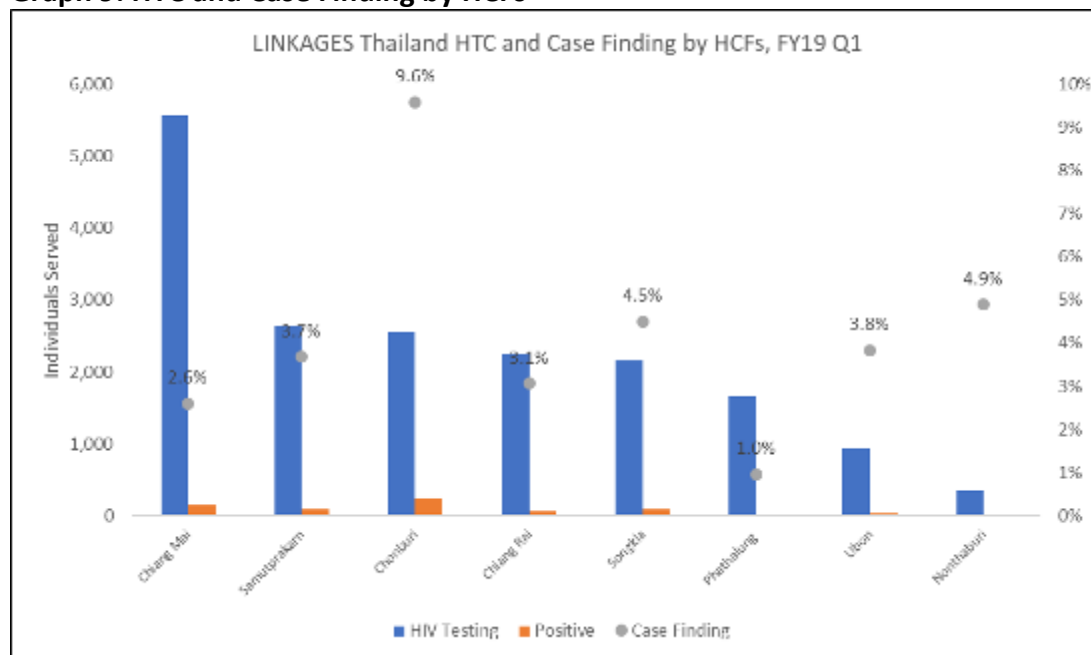
Among KPLHS sites in FY19 Q1, community health center-based HIV testing accounted for 69% of all HIV testing (8,184/11,897) with a 6% case-finding rate, while mobile testing approaches accounted for the remaining 31% (3,657/11,897), with a 1% case-finding rate. These figures are similar to those posted in FY18 Q4 – despite partners reporting a large-scale shift toward mobile testing, project data do not support any significant realignment of testing approaches on behalf of community partners. When mobile testing approaches are further disaggregated, event- and outreach-based mobile testing services accounted for 30% of total testing uptake (2% case-finding) while sauna-based mobile testing accounted for 1%, while only a 3% testing yield. Finally, a total of 53 individuals ordered an HIV self-test kit online (under LINKAGES’ HIV oral fluid screening study, discussed below); however, the case-finding rate among those clients cannot be confirmed until final study results are released, since a reactive oral fluid screening result cannot be counted toward case-finding in the absence of a confirmed blood test.

As noted above, 60% (n=18,121) of all HIV testing reported under LINKAGES for this reporting period was reported through public-sector healthcare facilities that receive PEPFAR-funded technical assistance for both HIV testing and ART service delivery. Among the clients provided PEPFAR-supported HIV testing this quarter through 132 healthcare facilities, 88% (16,034/18,121) were reported as members of the general population and 12% (2,087/18,121) were reported as KPs.¹⁵ The justification for counting non-KPs under the HTS_TST indicator is that, anecdotally, many KPs choose to access facility-based healthcare services but do not self-report as KPs, or hospitals do not record and report them as such. This justification is borne out by the fact that hospitals and community-based testing

¹⁵ 1,272 MSM; 23 MSW; 93 TG; 1 TGSW; 236 PWID; 462 FSW

services performed similarly in terms of case-finding, suggesting that their clients represent populations with similar levels of HIV risk. It is notable that case-finding at these healthcare facilities is not evenly distributed – facilities in Chonburi reported significantly higher case-finding, which is consistent with LINKAGES program data and epidemiological data indicating Pattaya is a major “hot spot” for the Thai epidemic. It is possible that relatively low testing performance at Sisters Pattaya is the result of trans women seeking hospital-based testing services instead; however, HIV-positive clients at Chonburi healthcare facilities did not self-report as TG/TGSW but as MSM (39/93, 42% yield), general population men (111/944, 12% yield), or general population women (94/1515, 6% yield).

Graph 9: HTC and Case Finding by HCFs



* Healthcare facilities in Pathumthani reported 24 HTS clients with 11 positive cases identified (45.8% yield); however, these figures are not displayed above because a recent review of data quality called into question whether under-reporting at Pathumthani is resulting in skewed data.

While KP clients represented a small proportion of individuals served at LINKAGES referral hospitals during this quarter, the case-finding rate among self-reported KPs was 11% (221/2,087). This is significantly higher than testing yield at LINKAGES-supported KPLHS sites, likely because individuals are more likely to present for HIV testing at a hospital during late-stage infection when they become symptomatic, which is borne out by data from previous reports documenting lower CD4 counts at baseline among HIV-positive healthcare facility clients than among KPLHS clients. This underlies the crucial role the formal healthcare sector plays in serving HIV-positive KP clients not reached by community partners, and why LINKAGES technical support is necessary to ensure these facilities continue to provide high-quality and KP-friendly services.

Index Testing and Risk Network Referral

Beginning in FY19, PEPFAR has placed considerable emphasis on index testing as a strategy for increasing case-finding through HIV testing services while reducing “over testing”. LINKAGES Thailand is working to introduce index testing approaches for our IPs; however, we are introducing two key innovations to the traditional index testing approach:

- (1) Recognizing the difficulties involved in implementing voluntary partner referral approaches (designed for individuals in committed heterosexual relationships) among KP populations, LINKAGES is developing a Risk Network Referral (RNR) model whereby HIV-positive KP clients will be encouraged to recruit both sexual partners AND high-risk members of their social networks and will be able to do so without the need to enumerate their sexual partners to a healthcare provider.
- (2) Rather than being concerned with “over-testing” among KP individuals with negative test results, LINKAGES will consider the identification of high-risk, HIV-negative KPs under the RNR model to be an opportunity for enhanced, targeted PrEP promotion.

LINKAGES has been implementing a Social Network Strategy (SNS) among clinic walk-in clients for several years – this strategy has consistently achieved high case-finding among small numbers of clients: over the life of the project, SNS has generated a 13.5% case-finding rate (96/713), which is significantly higher than traditional outreach (7.4%), peer mobilization (7.5%) or clinic walk-in (8.2%), albeit among a much smaller group of clients. The introduction of index testing will build upon this successful foundation, but instead of being offered to all clinic clients will focus on those who test HIV-positive or are considered extremely high-risk HIV negative.¹⁶

Following LINKAGES’ regional Treat and Test Strategy workshop conducted in Bangkok in May 2018, LINKAGES has worked with partners to introduce the concept of index testing. IPs have in principle agreed to introduce this model both by offering clients proactive assistance with Voluntary Partner

Referral, and by introducing RNR approach as an alternative index testing model. LINKAGES has finalized a conceptual framework for this approach is in the process of recruiting consultant to assist in developing an Index Testing and toolkit. We are also introducing a revision to the Me Now online recruitment platform (see graphic), so index clients who elect to their partners or friends

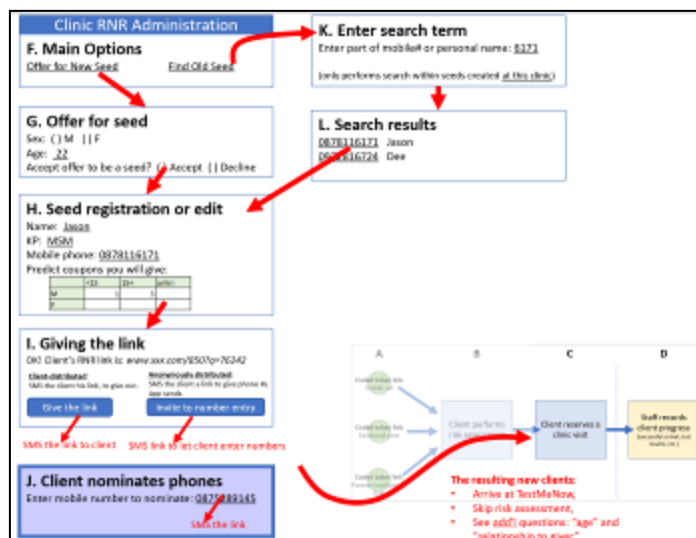


Image 2: Model of RNR implemented by Test Me Now

under an RNR approach may do so electronically and have the option to either recruit them directly or anonymously. LINKAGES will track the various approaches to index testing under this model to better determine which approaches are most acceptable to KP index clients and which generate the most efficient case-finding. We will also ensure appropriate data

¹⁶ For the purposes of index testing, partners will identify “high-risk negative” to be individuals who test negative for HIV but seroreactive on a rapid syphilis screening.

collection so that clients recruited under the innovative RNR model who are eligible under the MER HTS_INDEX indicator¹⁷ can be counted as such.

Gender-Affirming Care for TG Clients

TRCARC at the Tangerine Clinic is working to demonstrate that by integrating HIV testing and PrEP into a more “wrap-around” health services package, they can attract more clients to HIV services. For TG clients, this has meant the provision of gender-affirming healthcare services including hormone counseling and hormone level testing, which TRCARC data (reported previously) has linked to higher levels of reengagement with HIV testing and PrEP. During this reporting period, the Tangerine team provided TA to seven community health centers that are replicating the gender-affirmative hormone level monitoring service. Mplus Chiang Rai is the newest community health center to start gender-affirmative hormone level monitoring. The Tangerine team provided a one-day training on HIV and health services for transgender women to 20 staff from Mplus Chiang Rai. During the visit, the team also conducted a dry-run for gender-affirmative hormone level monitoring. This service at Mplus Chiang Rai was launched in December 2018.

TRCARC and Tangerine staff also supported the begin of clinic upgrades at the BMA-21 clinic and began discussing branding for the planned Tangerine@21 services to further expand the availability of TG-friendly services in Bangkok.

In total, 85 TG women received hormone level monitoring services across seven community health centers. Of those, 77 TG (90.6%) received an HIV test and 5 (6.5%) tested HIV-positive. In addition, 73 TG (85.9%) received syphilis testing and one tested reactive. Among those who tested HIV-negative, 11 TG were current PrEP users. While these results continue to support the thesis that hormone services can attract TG clients to HIV testing, the overall uptake of hormone level monitoring services was lower than anticipated due to uncertainty around LINKAGES funding that led to staff turnover and restructuring at RSAT sites.

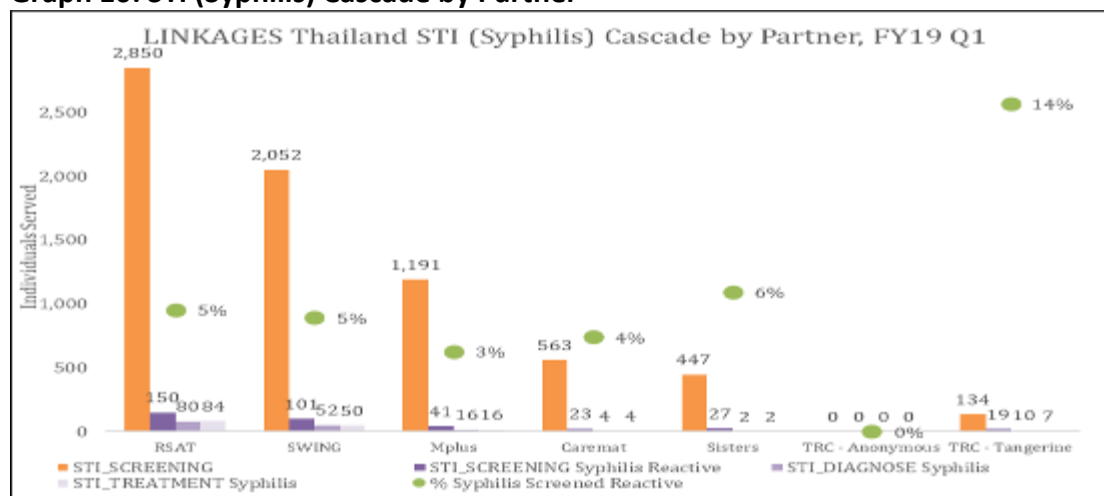
Integrated Syphilis Screening for HIV Testing Clients

Since FY14, all KPLHS clients who receive an HIV test through a community health center have been supported to receive a TPHA serological screening test for syphilis. LINKAGES has worked with IPs to develop SOPs, practice guidelines, and client flows, and has worked with the offices of prevention and disease control (OPDC) region 1 (Chiang Mai), region 6 (Chonburi), region 10 (Ubon Ratchathani), and region 12 (Songkla), so that these offices can serve as optional referral facilities to diagnose and treat STIs for those clients who do not want to receive treatment under their health benefit hospitals. In FY19, LINKAGES started to systematically collect data on STI screening, diagnosis and treatment. In Q1, 7,237 clients received TPHA screening for syphilis, and 372 (5%) were found TPHA-reactive. The highest reactive rates were among TGSWs (12%, 25/206), compared with TG and MSW (both 8%) and MSM (5%). Of reactive individuals, 188 (51%) were successfully referred for

¹⁷ Current MER guidance defines index testing as only that conducted among HIV-positive clients, and only when offered to their direct sexual partners or biological children. LINKAGES will disaggregate data accordingly.

confirmatory testing and 168 were confirmed to have active syphilis infection.¹⁸ Of these, 167 (99%) received treatment from a healthcare facility.

Graph 10: STI (Syphilis) Cascade by Partner



While a 91% treatment rate among confirmed syphilis-positive patients is encouraging, 177 (49%) of clients with TPHA reactive results have not been reported to have received any further investigation of syphilis infection. Those with active infection are at heightened risk of acquiring HIV and of spreading infection further; however, site visits have confirmed that care and support workers at LINKAGES IPs have insufficient STI knowledge or skills to support STI clients effectively. This is an urgent capacity building need to be addressed by LINKAGES and TRCARC during FY19.

Quality Assurance and Quality Improvement for HIV Testing and Counseling Services

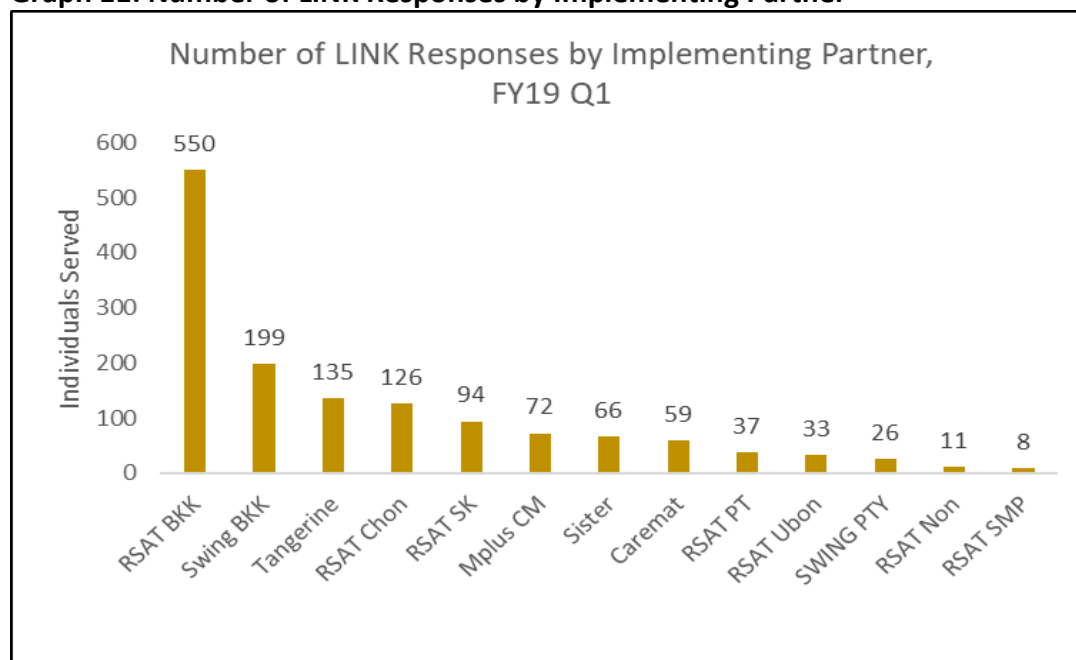
Building off of the results from quality assessments conducted in FY18, quality improvement activities in FY19 Q1 focused on SWING Pattaya, Caremat, Mplus Chiang Mai and Mplus Chiang Rai. LINKAGES Thailand staff worked with implementing partners to develop and update counseling and care support treatment SOPs with particular emphasis on managing TB screening and referral, transfer of health rights and continuous client follow-up, disclosure support, and the introduction of index testing procedures (as discussed above). It is noted that full introduction of index testing will require training of counseling and care and support staff, which is a shared responsibility between LINKAGES and the USAID Community Partnership (UCP) Project. In FY19 Q2, LINKAGES will work to ensure agreement and coordination with UCP staff for the rollout of index testing.

During this reporting period, LINKAGES also launched an automated client feedback system (LINK) to standardize measure of client satisfaction across LINKAGES implementing partners and to facilitate easier analysis of client satisfaction results. The LINK system, which has been introduced in multiple LINKAGES countries worldwide, is in Thailand linked to the eCascade system so that any client who receives outreach and/or testing services is

¹⁸ Of the remaining reactive screening clients, 14 were found to have a previously treated syphilis infection, 5 had other STI infections that resulted in a reactive screening test, and 1 was found not to have a prior syphilis infection, currently active syphilis, or any other STI.

automatically sent an SMS link to an online survey they may complete. Results are fed into an online dashboard that produces easy-to-understand visualizations so that partners can track feedback and identify any areas for improvement.

Graph 11: Number of LINK Responses by Implementing Partner



The LINK system was rolled out to 13 KPLHS service sites in 9 provinces - between October and December, 1,416 clients provided responses¹⁹ with most of the responses coming from RSAT Bangkok.

Clients reached by outreach workers (n=486) were generally very satisfied (61%) or satisfied (27%), though it is notable that among clients who provided responses on outreach contact, only half reported that the outreach session included an individualized HIV risk assessment. Outreach appeared more focused on provision of general HIV information (77% of clients) and/or condoms and lubricant (60% of clients).

Among HIV testing clients, 597 reported receiving services at KPLHS facilities and 16 received a community-based mobile test. More clients reported being very satisfied at KPLHS sites (72%) than at mobile clinics (64%); though no clients reported being unsatisfied, a minority of mobile clinic clients raised issue regarding rushed service from staff, concerns about confidentiality and some staff lacking knowledge and skills. Clients also had the option of providing written feedback via the web survey – the most common requests were for a greater variety of community-based services including ART, hormones and STI services; the most commonly cited complaints were regarding clinic working hours and waiting times.

Overall client feedback regarding KPLHS services was positive; of concern, a significant minority (28%) of clients who were recording in eCascade as having received either outreach or testing services, when followed up for this survey reported having received neither

¹⁹ 1,148 MSM; 149 TG; 14 MSW; 23 TG-SW; 38 FSW; 22 Non-KP males and 22 Non-KP females

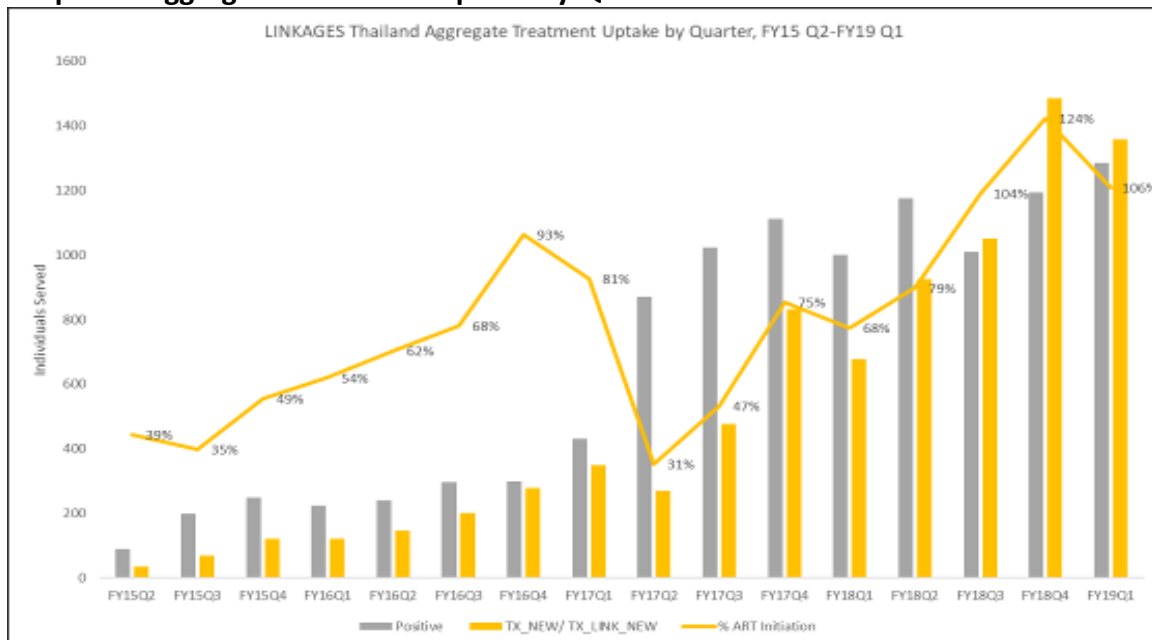
service. There are several potential explanations for this, including incorrect entry of telephone numbers or insufficiently clear survey questions; however, this finding bears further investigation. The majority of these “unserved” clients came from reporting Tangerine Clinic and RSAT Pathumthani; LINKAGES will follow-up to determine the reason for this discrepancy.

C. Treatment (provision of ART, linkage to ART and/or progress on ART uptake)

During this reporting period, 1,038²⁰ HIV-positive clients initiated ART either through LINKAGES implementing partners or at healthcare facilities receiving technical assistance under the LINKAGES project. The total breakdown in new ART clients was 571 MSM, 2 MSW, 44 TG, 7 TGSW, 4 PWID, and 7 FSW, as well as 246 non-KP males and 157 non-KP females. This represents 35% of the annual TX_NEW target (1,038/2,942).

LINKAGES also introduced a new custom indicator this quarter (TX_LINK_NEW) to account for HIV-positive clients who were provided support to enroll in ART services but whom, for reasons of local regulations or personal choice, enrolled in treatment at a provider not supported under the LINKAGES project. While under current Monitoring, Evaluation, and Reporting (MER) definitions these individuals cannot be counted toward achievement of the TX_NEW target, they are not lost to follow-up, and including them in reporting data allows for a fuller and more accurate picture of true cascade performance. During FY19 Q1, LINKAGES partners supported an additional 320 HIV-positive individuals²¹ to initiate ART under the HTS_NEW_LINK indicator, meaning total project performance with regards to ART uptake is 106%.²²

Graph 12: Aggregate Treatment Uptake by Quarter



²⁰ 283 DSD, 755 TA

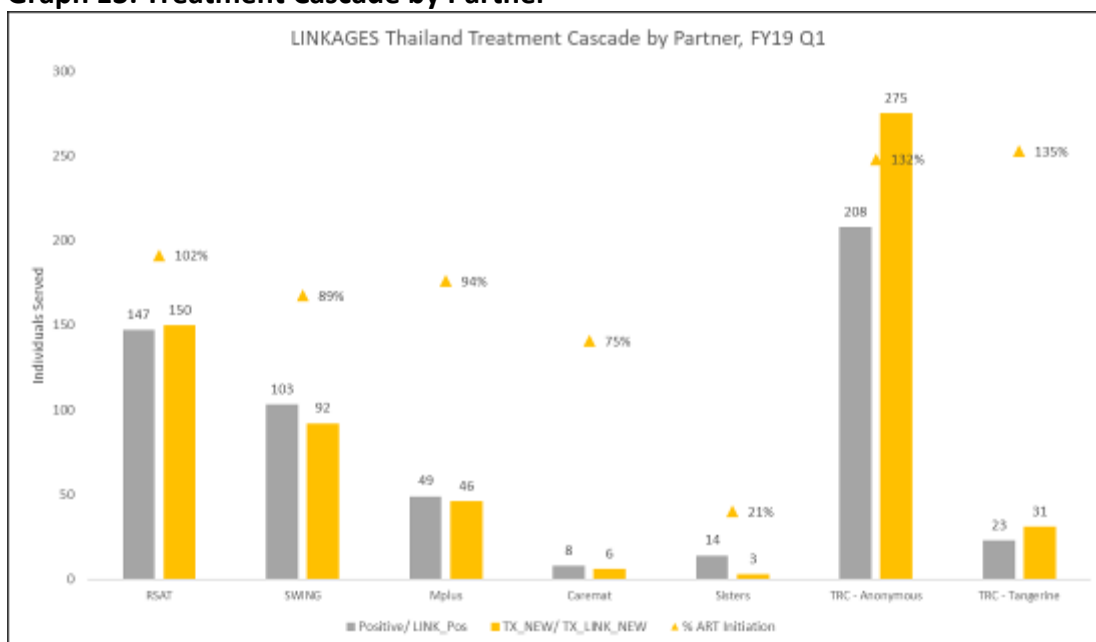
²¹ 244 MSM, 30 MSW, 28 TG, 8 TGSW, 8 FSW, 2 Non-KP Males

²² 1,358 total clients initiated on ART (TX_NEW + TX_LINK_NEW) / 1,285 HIV-positive clients (HTS_TST_POS + HTS_LINK_POS)

Total ART uptake (as per PEPFAR definitions) is 30% lower than in the previous quarter, though some of that gap is explained by the addition of the TX_LINK_NEW indicator, and the rest is likely less a function of low ART initiation performance in FY19 Q1 than a result of the unusually large increase in treatment initiation numbers in the previous quarter. At any rate, LINKAGES partners are on track to achieve the annual treatment initiation target, and the rate of treatment uptake among all newly identified positive KP clients is high. There is a noticeable treatment uptake gap among non-KP males and females (81% and 75% treatment uptake, respectively). These clients are counted under LINKAGES service delivery indicators because the hospitals where they are served receive PEPFAR-supported technical assistance; however, they are usually not served under community-based care and support programs that are implemented by and for KPs. The comparatively lower treatment uptake rates among these populations should be evidence of the necessity of additional treatment support for non-KP individuals (though this generally falls outside the scope of LINKAGES funding).

When ART uptake is disaggregated by KPLHS partner (inclusive of TX_LINK_NEW numbers), the rate of uptake this quarter was at or above 90% for all partners with the exception of Caremat in Chiang Mai and Sisters in Pattaya (both of which sites generated relatively small numbers of new positive cases to begin with). Low treatment uptake rates particularly among TG/TGSW in Pattaya is a known issue and has been attributed in part to limited ART service delivery sites in that city and to the mobile nature of the local KP population; despite these barriers, RSAT and SWING in Chonburi both achieved high rates of ART uptake. LINKAGES is working with TRCARC to investigate additional options for ART service delivery in Pattaya City, including potentially the identification of a same-day ART (SDART) site; in the meantime, LINKAGES also anticipates that within FY19 direct support for service delivery at Sisters will be phased out and further PEPFAR support for service delivery among TG/TGSW populations in this site will be integrated into SWING Pattaya’s scope of work.

Graph 13: Treatment Cascade by Partner



At those sites reporting high levels of ART uptake, IPs report that the key strategy to ongoing success in ART initiation has been by restructuring and formalizing the roles of care and support staff and developing strategic plans with concrete targets for reducing the time from diagnosis to ART initiation, and by building closer relationships with ART providers. In Bangkok, RSAT reports their clients have benefited significantly from the SDART services at the TRC Anonymous Clinic, while in Pathumthani and Nonthaburi, RSAT care and support workers have been allowed to join counseling sessions with nurses at key hospitals where RSAT transfers positive patients. They are subsequently responsible for supporting them to start treatment as soon as possible. Mplus also reports a positive working relationship with the nurse-counsellors at referral hospitals in Chiang Mai and Chiang Rai as a result of SDART service delivery workshops in those provinces; the outcome has been that Mplus clients are fast-tracked when they are referred to the hospitals for service.

Update on Same-Day ART

During the reporting period, 515 clients²³ tested HIV-positive at the TRC Anonymous Clinic, of whom 425 were eligible for SDART and 88% accepted enrollment in SDART services. When stratified by population, acceptability among the general population, MSM, and TGW was 82%, 89.7%, and 95.8%, respectively. The median (IQR) CD4 count at diagnosis was 284 (181.5-424) cells/mm³; the median (IQR) time from care engagement to ART initiation was 3 (2-9) days.

In addition to supporting higher treatment uptake in Bangkok, SDART has been scaled up in 5 additional provinces in Thailand²⁴ and is being implemented in 9 hospitals. During this reporting period, 126 clients tested HIV positive in these hospitals, and 97% agreed to receive SDART services. Of these, 71% initiated treatment: those without clinical concern (95%, 83/87) had a median time (IQR) from care engagement to ART initiation of 0 days (0-14); among those with clinical concerns (5%, 4/87) had a median time (IQR) of 20 days (15-29). Those who indicated willingness to initiate ART but who did not do so were referred out for further investigation of possible opportunistic infection(s) that may interfere with ART, which were primarily tuberculosis and cryptococcal meningitis. This suggests that the process of further investigation of suspected opportunistic infections in these hospitals is one of the major factors contributing to the delay in ART initiation. Further discussion on better and more efficient coordination between departments within a hospital is needed to facilitate timelier ART initiation among clients with suspected opportunistic infections (OIs).

In December, the TRCARC SDART team was invited to present the concept and recent findings from same-day ART in Ubon Ratchathani for 4 provinces in the northeast of Thailand. The overall reception of SDART was positive, and the hospitals are willing to implement; however, the main issue with some of the hospitals is that same-day HIV results are not available.²⁵ Moreover, most of the hospitals have expressed that they would be more inclined to implement SDART if it were included, with clear guideline and instruction, in the national treatment guidelines. In addition, they would like to know how they can

²³ 30% were from the general population, 65% were MSM, and 5% were TG women.

²⁴ Chiang Rai, Chiang Mai, Ubon Ratchathani, Chonburi, and Songkhla

²⁵ Thailand allows confirmatory HIV testing using a rapid test kit algorithm; however, not all hospitals use rapid test kits or prioritize the delivery of same-day test results. In order to close the final treatment initiation gap, this may be an issue for future advocacy within the healthcare system.

properly develop data collection systems to evaluate their performance, and the effectiveness of SDART when it is implemented. The TRCARC team have shared with them the current Electronic Client Record Form being used under the SDART pilot at the Anonymous Clinic, which includes key indicators for program evaluation.

During this reporting period, TRCARC has also taken a more in-depth look at SDART among adolescents²⁶ who represent a key high-risk population frequently underserved by HIV services. From the start of the program in July 2017 to December 2018, 110 of the 3,319 HIV-positive clients at the TRC Anonymous Clinic (3.3%) were aged 18 or below - among these, 100 met enrollment criteria (91%), and 95 (95%) of these agreed to enter SDART services. When stratified by gender, acceptability reflected that of the overall clients in the services, highest acceptability was observed in TGW and MSM (100% and 96%, respectively), followed by youth of the general population (88%).

Key issues emerging regarding provision of SDART among adolescents include a relatively high proportion being co-infected with HIV and Syphilis (28%) compared with the proportion of co-infected clients in the overall SDART client profile (25%). Additionally, despite high acceptance of SDART, a lower proportion of adolescent clients achieved viral suppression when compared to other age groups (78%, 25/32). However, the most pressing concern seen in clients aged 18 and below is a decline in retention. Of all adolescent clients who initiated ART, only 81% (61/75) were successfully referred to a long-term healthcare provider. When assessed retention 3, 6, and 12 months after ART initiation, 91%, 87%, and 80% were retained in care. Over the same time period, 1%, 2%, and 7% reported having discontinued ART. These issues have been raised with the Chulalongkorn University team, and TRCARC will hold a meeting in FY19 Q2 to further discuss future interventions to mitigate the aforementioned concerns.

D. Retention and care and support services

In FY19 Q1, 23,906 HIV-positive clients²⁷ were actively receiving ART services with LINKAGES support,²⁸ of whom 14% were self-reported as members of a key population while 86% were non-KP clients. This represents 362% (23,906/6,611) of the FY19 annual TX_CURR target; however, TX_CURR achievements are not cumulative across the fiscal year. Final achievement on this indicator for FY19 will depend on the total number of clients actively receiving ART as of the end of FY19 Q4.

Performance on the TX_CURR target is largely because LINKAGES has worked over the life of the project (but particularly in FY18) to provide technical assistance and successfully build relationships with key ART service providers across our nine provinces. As noted above, by the end of this quarter, LINKAGES had provided technical assistance for 132 healthcare facilities who are sharing data with the LINKAGES project.²⁹ (See below for further

²⁶ Defined here as clients aged 18 and below

²⁷ 2,788 MSM; 23 MSW; 231 TG; 11 TGSW; 64 FSW; 118 PWID; 10,196 Non-KP Males; 10,475 Non-KP Females

²⁸ 283 DSD; 23,623 TA

²⁹ This should not be interpreted to mean that 132 facilities received technical assistance within this reporting period. In order to count service delivery from a non-LINKAGES healthcare facility under TA achievement, LINKAGES must provide technical assistance at least twice per fiscal year. In Q1, LINKAGES reported achievements from any facility that received

information on technical assistance provided during this reporting period.) This explains the high proportion of “non-KP” TX_CURR clients. Non-LINKAGES healthcare facilities are much less likely to ask or record information on the KP status of their clients. Nonetheless these individuals represent a priority population of HIV-positive people who have benefited from PEPFAR-supported improvements to service delivery to increase the quality of their healthcare and decrease the risk of their transmitting infection onward – the decision to include these clients in reporting was discussed with, and approved by, USAID.

Strengthened Cascade Monitoring

In addition to tracking of TX_NEW and TX_CURR, PEPFAR MER guidance issued in October 2018 included new guidance on indicators to better monitor treatment provision and success: treatment morality (TX_ML) and viral load suppression (TX_PVLS). Performance-to-date on these indicators is discussed below; however, reporting is complicated as definitions for the indicators require access to data held by non-LINKAGES healthcare facilities. These data have historically not been included in data-sharing agreements between LINKAGES and these healthcare facilities, nor included in the scopes of work of provincial-level data coordinators supported by the LINKAGES project. In addition, many hospitals do not themselves have mechanisms in place for reporting aggregate data on longitudinal patient tracking. LINKAGES is working with hospitals and provincial health offices to consider how this gap may be reconciled.

Table 4: TX_ML by Population

TX_ML	No.	%	MSM	MSW	TG	TGSW	FSW	Male	Female
<i>Died</i>	24	1%	10	11	3	0	0	0	0
<i>Transferred</i>	73	3%	57	5	10	0	0	1	0
<i>Traced patient (Unable to locate)</i>	1,430	55%	830	364	129	73	27	2	5
<i>Not Contact</i>	992	38%	797	89	65	29	5	1	6
<i>Request not to Contact</i>	84	3%	65	3	7	6	3	0	0
	2,603		1,759	472	214	108	35	4	11

TX_ML is intended to drive improved tracing of patients to ensure patient outcomes are known and that appropriate programmatic action is being taken to locate patients that have missed clinical visits. Since the launch of the LINKAGES project, 4,783 key-population clients have been diagnosed HIV-positive with assistance of LINKAGES IPs. Among these, 2,603 were not retained by care and support staff:

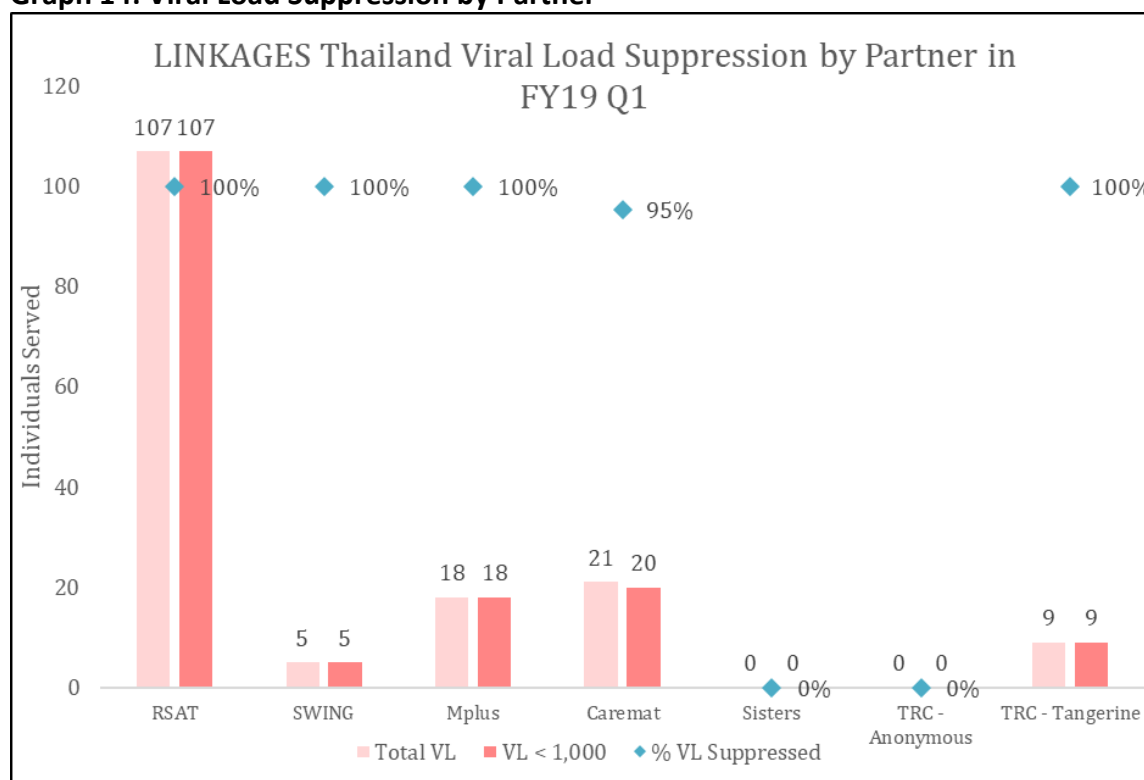
- 1% of these patients had died,
- 55% were uncontactable,
- staff did not attempt to follow up with 38% of patients during this reporting period,
- an additional 3% of clients asked LINKAGES partner staff not to contact them again.

However, the majority of HIV-positive clients receiving PEPFAR-supported treatment are not reported as KPs and are serviced primarily through public sector healthcare facilities. Thus,

TA in previous fiscal years, so long as they will receive additional TA at some point this year. Achievements are not reported for facilities which will receive future TA if they have never previously received PEPFAR support.

as explained above, reporting on the number of ART patients with no clinical contact since their last expected contact is incomplete.

Graph 14: Viral Load Suppression by Partner



In FY19, Q1, 5,668 ART clients received a viral load test, and 98%³⁰ (5,539/5,668) had achieved viral suppression (TX_PLVS). Most viral load (VL) testing data were provided by healthcare facilities - only 160 (3%) of clients were supported to obtain viral load results by IPs, though this number is expected to increase somewhat when point-of-care viral load testing machines are introduced at Community Health Centers under the POC STI study by TRCARC. For the moment, the percentage of VL suppression of clients supported by Caremat was lower than other IPs, (95%); this information reflects lower overall levels of adherence among Caremat’s clients. It is notable that, despite serving the largest number of HIV-positive clients among any LINKAGES implementing partner, including more than 2,200 clients under the SDART model since FY18, the TRC Anonymous Clinic reported no data on viral load monitoring. This is primarily because ART clients under the SDART model are transitioned to a long-term care provider before they become eligible for their first VL test – LINKAGES is currently in discussion with the TRCARC regarding whether the Anonymous Clinic can follow-up on VL monitoring among SDART patients to evaluate outcomes of SDART and for reporting purposes.

As with TX_ML above, insufficient data are available to provide a comprehensive report on the TX_PLVS indicator. This is because current MER guidance defines TX_PLVS as the percentage of ART patients with a suppressed viral load result (<1000 copies/ml) within the past 12 months. LINKAGES data-sharing agreements with healthcare facilities covers uptake

³⁰ 604 MSM; 8 MSW; 85 TGSW; 1 TGSW; 3 FSW; 14 PWID; 2,268 non-KP males; 2,556 non-KP females

of viral load testing, but not VL test results. While hospitals were willing to share this data for FY19 Q1, the LINKAGES project does not have access to historical data from FY18 Q2-4.

Despite this gap, we acknowledge that accurate information on viral load testing is an issue of key importance as LINKAGES joins the global effort to increase awareness of the U=U message. When promoting U=U, there is a tendency to treat viral suppression as a proxy for undetectable viral load levels. This is inaccurate. As noted above, Thailand ART guidelines consider any viral load below 1,000 copies/ml to be virally suppressed; however, current global best evidence indicates that for an HIV-positive individual to truly have no risk of transmitting infection, their viral load must be below 200 copies/ml,³¹ and it must be sustained at this level for at least 6 months. In order to provide ART patients with accurate information about their level of risk, viral load test results need to be available and need to be reliably tracked over time.

Technical Assistance and Capacity Building for Treatment, Care and Support

During this reporting period, LINKAGES provided training for 194 healthcare professionals from 85 extended network hospitals. To ensure that technical assistance provided under the LINKAGES project meets the needs of the healthcare facilities (i.e. “pull” TA rather than “push” TA), LINKAGES conducted a training needs survey, which generated 159 responses among which the most-requested areas for technical assistance were the following:

- HIV/AIDS treatment guidelines updates in 2019 – requested by 74% of respondents;
- STIs challenges in PrEP era (43%),
- PrEP & PEP prevention (37%), and
- metabolic co-morbidity in PLHIVs (30%).

The top two topics were selected the basis for technical assistance in Q1, which included 21 doctors, 33 pharmacists, 108 nurses, and 18 public health officers (PHOs)/medical technologists. An additional 14 care and support officers from LINKAGES IPs joined the trainings to gain more knowledge on treatment and care for HIV in key population groups to support clients effectively.

In addition to the TA trainings workshop, LINKAGES also conducted workshops with healthcare facilities to review project data and address needed improvements in KP data collection and analysis with 144 referral network hospitals.³² These meetings focused on identifying KPs’ gender identity, conducting accurate data entry, and using data to advocate with healthcare facility management to reduce gaps in HIV and ART services. The most commonly identified issues discussed during these workshop were:

- PHOs have insufficient HIV related data to advocate with provincial-level policymakers;
- HIV-positive clients diagnosed in a hospital setting had significantly lower median CD4 counts at baseline compared with clients diagnosed in the community (175 to

³¹ Note that viral load testing technology currently used by LINKAGES partners and healthcare facilities in Thailand can usually detect viral loads at a threshold well below 200 copies/ml.

³² Note that only 132 of these hospitals reported data during this quarter. This is because the remaining hospitals did not yet have the data systems nor personnel to reliably report service usage to LINKAGES. This will be addressed in the next quarter.

430 cell/ml compared 211 to 568 cell/ml) and hospital-based clients are being diagnosed when they have already begun to experience signs and symptoms of disease;

- Half of newly diagnosed PLHIV in Chiang Mai, Chiang Rai, Ubon Ratchathani, Songkla, and Chonburi had not initiated ART by the end of the previous fiscal year. Additionally, among those diagnosed at a hospital who did initiate ART, 49% had a median time to treatment initiation of more than 15 days.
- Viral suppression among hospital clients looks extremely good; however, a significant proportion of clients who are eligible for VL testing do not receive it. In Chiang Rai, for example, the percentage of those virally suppressed would have fallen from 99% to 82% if those patients eligible for testing but not tested had been included in the data.

Finally, during FY19 Q1 LINKAGES staff continued to conduct regular site visits to follow-up the clinic management, clinic flows, care & support practices, and treatment referral systems to ensure that CBO staff adhere to HIV related standards guidelines and the KPLHS standard operating procedure (SOP). During this reporting period, 14 KPLHS counselors and care and support staff received on the job training and coaching visits from FHI teams. Areas identified as needing addition support were:

- STIs knowledge and standard practice
- Viral load counseling
- Couple counseling for index testing
- High CST staff turnover rates
- Insufficient client record systems
- eCascade data use

To begin addressing these issues, 14 CST staff from Mplus Chiang Mai, Caremat, RSAT Ubon Ratchathani and RSAT Hat Yai, attended ART updates workshops conducted for healthcare professionals (see above). FHI 360, TRCARC-LINKAGES, and UCP will work to collaboratively support all IPs to be able to provide STI/HIV care that meets the minimum standards of practice.

E. Strategic information and monitoring and evaluation

LINKAGES held our annual M&E workshop in December 2018 with the following objectives:

- To clarify and explain the modifications of existing indicators and introduce the new indicators
- To explain the monthly and quarterly reporting processes
- To disseminate the key findings and discuss on the data quality and assurance processes
- To share and discuss on the use of data for programmatic improvement among partners

After the workshop, LINKAGES visited 5 implementing partner sites including RSAT Ubon Ratchathani, SWING Bangkok, SWING Pattaya, Sisters, and RSAT Bangkok to support the M&E teams of each IP in conducting Indicator Training with all staff at their respective organizations. This process will continue into Q2 with the remaining IPs. During some of

these visits, the M7E team also conducted Routine Data Quality Assurance (RDQA) sessions co-led by the IPs' M&E staff. This allowed LINKAGES to identify and address capacity gaps among IP staff and strengthen their skills at managing data, source documents, and databases. LINKAGES also successfully completed RDQA visits for both Tangerine and the TRC Anonymous Clinic, where they found that data were generally of high quality, but TRC struggles with storage of source documents due to space limitations. At LINKAGES recommendation, TRC will be transferring some older records to a central storage repository to ensure sufficient space for record keeping for ongoing project activities.

LINKAGES M&E staff also conducted training sessions on data collection tools and processes for Data Coordinators and other healthcare facility staff at meetings held to update 2019 HIV treatment information for extended network hospital staff (as described under Narrative II, Subsection D of this report). Trainings were held in Chiang Mai, Ubon Ratchathani, Songkhla, and Chiang Rai to ensure that the coordinators and staff who involved in data collection processes understand and enter their data correctly and accurately.

The M&E team also supported Care and Support Team strategic planning sessions for Caremat and Mplus in Chiang Mai to improve the understanding of staff, especially the care and support team, on their roles and responsibilities and the use of data in order to help the teams work more efficiently to achieve their goals.

Digital Tools for Strategic Information

The eCascade system, which refers to both the mobile data collection application as well as the data hub/dashboard for partner use, showed continued usage and growth in FY19 Q1. The number of unique individuals registered, deduplicated by Thai UIC code, rose to 119,085, reflecting a 10% increase in unique individuals over the previous quarter (and during a period when overall program reach actually declined – indicating improvement in the percentage of program clients who are registered in eCascade). Almost 291,000 forms in total have been filled out for those individuals, at an average of about 2.44 service forms per individual, an increase over the previous quarter's 2.31. This rate of forms per individual gradually rises, reflecting the continued engagement of individuals with our system over time.

During this quarter, LINKAGES also tested and launched new dashboard functionality to calculate and disaggregate the MER indicators based on eCascade data. The newly rolled-out feature aimed to ease and support each partner in using the eCascade data to monitor their own performance according to PEPFAR indicators, and also to help address the requirements from LINKAGES headquarters for more frequent submissions of indicator performance updates. However, an analysis based on FY19 Q1 reporting continues to show discrepancies between service delivery as reported by partners using traditional Excel spreadsheets, and service delivery as calculated by the eCascade View dashboard. LINKAGES will continue to make necessary adjustments to the indicator reporting function over the course of Q2.

As in previous months, our staff has continued to meet, engage, and advise the Thai Government MOPH team that is building the RTCM+ system. Our discussions involve not

only the goal of reinstating the automatic submission of eCascade data into RTCM+ (as it did up to October 2017 when the ministry chose to restart their system from scratch) but also general input and advisement on the data structures, categorizations, and methods used in their system's design.

LINKAGES also worked to improve the functionality of the online-to-offline recruitment tracking approach. LINKAGES Thailand's Test Me Now reservation app, which tracks the success of online recruitment methods, continues to develop:

- Test Me Now added the ability to provide a self-completed, anonymous online Risk Assessment, allowing users to get a sense of their HIV risk as an additional means to motivate people to get tested. This risk assessment will be promoted through separate advertisements and promotions emphasizing the value of learning one's risk. The risk assessment will only be introduced into certain promotions and client flows, not forced on all types of arriving clients, thus avoiding introducing obstruction into the experiences of users that expect direct access to the reservation tool.
- The application also now sends multiple SMS reminders to people that have made reservations, both reinforcing the reservation time and also giving a link to an encouraging video about the clinic experience.
- During this quarter, LINKAGES began to design the functionality that would also allow Test Me Now to serve as a vehicle to manage index testing client flows to support the new MER indicator on index testing. Since the end of Q1, LINKAGES has solidified those plans and is managing the procurement of these new features.
- In discussions with senior management of the dating app Hornet, both sides have expressed an interest in directing Hornet users to LINKAGES reservation apps. This would occur when Hornet determines that the user has not had a recent HIV test using their "Know Your Status" feature. The preferred approach, where a user would not simply be sent to the LINKAGES reservation websites but would rather set up the reservation within the screens of the Hornet app, would be a substantial engineering task but would very likely give rise to a greater flow of users through our Test Me Now tools than previously reached.
- The total of other countries building their O2O approaches on a direct copy of the Thailand app has now risen to four, with the addition of Sri Lanka to the previous Kenya, India, and Nepal. Vietnam and Indonesia have similar systems under consultation from our team.

As of the writing of this report, Thailand clients have created 4,603 reservations, 2,305 of which saw the client successfully arrive for their reservation. While a 50% success rate is generally better than that achieved through face-to-face outreach (roughly 30% across partners), this ratio has declined roughly 10% since Test Me Now was first launched, possibly as a result of newer member clinics being less likely to accurately record information on Test Me Now clients. The goal of ensuring that clinic staff take the time to ask clients if they had reserved, and mark them arrived, is a key theme in implementing this system.

F. Innovative HIV prevention research for more effective approaches to HIV epidemic control

The following are updates from the implementation science and research projects currently supported by LINKAGES:

Community-led Test and Treat cohort study. The study completed follow-up of HIV-negative cases as of FY18 Q3 and has now completed the follow-up of HIV-positive cases (through the end of December 2018). During this reporting period, a total of 32 HIV-positive cases presented at the scheduled visits at RSAT Bangkok, Caremat Chiang Mai and RSAT Hat Yai. TRCARC has been coordinating with implementing partners to complete all the CRFs and any missing data under this cohort to close out this study, which is expected to be completed by the end of January 2019.

HIV Self Testing Implementation Science. Since the beginning of the enrollment of the Oral Fluid Testing Study Phase 2 in June 2018, a total of 1,600 participants (970 MSM and 630 TG) were enrolled by October 2018.

Table 5: Self-Testing Approaches and Enrollment

KP	Sample Size	En-rolled	% Achievement	Testing Approach	Enrolled		Screened		Result		
					15-17 yrs.	≥18 yrs.	15-17 yrs.	≥18 yrs.	Negative	Positive/Reactive	Invalid/Can't Read
MSM	970	970	100%	Peer-Mediated	32	758	32	758	754	32	4
				Self-Testing	3	170	2	170	158	14	0
				Referral	1	6	1	5	6	0	0
TG	630	630	100%	Peer-Mediated	12	511	12	511	490	32	1
				Self-Testing	1	99	1	97	93	3	2
				Referral	0	7	0	7	6	1	0

A total of 1,313 participants (790 MSM and 523 TG), or 82% of the total participants to date, selected peer-mediated oral fluid testing, while 273 (17%) participants (173 MSM and 100 TG) selected unassisted HIVST. An additional 14 participants (7 MSM and 7 TG) chose to be referred to a community health center for blood-based HIV testing following the national testing algorithm. Peer-mediated screening, as observed during phase 1, remains the preferred screening option for both MSM and TG populations enrolled in this study. Based on this monitoring data, higher reactivity rates were observed among MSM who opted for unassisted HIVST (8.1%) compared to those who selected peer-mediated testing (4.1%). Among the 98 who selected unassisted HIVST and did the test by themselves, only three (3.1%) participants were screened reactive while out of 523 transgender women who selected peer-mediated screening, 30 (6.11%) were screened reactive.

After the completion of the study enrollment in October 2018, several site monitoring visits to each study site were conducted during November-December 2018 to ensure the correctness and completion of the data entry of the study, in particular follow-up

procedures. The Study Team began data management and analysis and expect that it will be completed in FY 2019 Quarter 2.

Regarding HIVST policy in Thailand, due to internal meetings between the Bureau of AIDS, Tuberculosis, and Sexually Transmitted Infections (BATS) and the Thai Food and Drug Administration (FDA), the Thai FDA accelerated the law revision process on the legality of HIV self-test. It amended relevant laws and regulations and announced those drafts for public hearings. The LINKAGES Study team provided comments on these drafts, especially adding “community-based organizations with the KPLHS model,” in addition to other health professionals who could be allowed to distribute HIV self-tests. Thai FDA held the 1st Committee Meeting to review the drafts on 26 December 2019. The Committee agreed in principle to the rationale and importance of HIV self-testing in Thailand, but there remain concerns about the legal terms in the drafts. As a result, the drafting team will revise the drafts, and follow-up meetings will be held in January-February 2019.

STI POC study. The study to evaluate the feasibility of integrating point-of-care (POC) testing for STIs and HIV viral load into community health centers for MSM and TGW will be launched in February 2019. The revised protocol (version 1.4), CRFs and questionnaires were approved by the Research Ethics Committee of Hat Yai Hospital on December 17, 2018 and submitted to Chulalongkorn IRB on December 28, 2018. To ensure smooth implementation of the study, 5 SOPs, including an SOP on STI specimen collection, were developed and approved. The Manual of Operating Procedures (MOP) for the study is currently under development and will be finalized by mid-January 2019.

The delay in implementing this study is primarily the result of a delay in procurement of the Gene Xpert machines and the CT/NG cartridges and VL cartridges. A coordination meeting between TRCARC, FHI 360 and Biomedica (distributor of Gene Xpert) about Gene Xpert installation will take place in January 2019 to address this issue. It is expected that shipment of all equipment and supplies to the participating CBOs will be complete by the end of January 2019. In addition, TRCARC has coordinated with USAID Community Partnership project on the provision of technical assistance to sites on STIs, treatment and specimen collection. As a result, UCP conducted a training of trainers in December 2018 for representatives from Mplus Chiang Mai, SWING Bangkok, and RSAT Bangkok who will train other CBO staff in early February 2019.

C_FREE. During this reporting period, LINKAGES supported Dreamlopmments to finalize price and contract negotiations with drug company Mylan, application for the importation permit for Myhep All, and submission of a revised study protocol for ethical review and clearance. The C-FREE study protocol was revised based on the new selected drug and per Thai FDA’s advice and recommendations; and was submitted to Protection of Human Subjects Committee (PHSC) and local IRB, Central Research Ethics Committee (CREC) in December 2018. FHI 360 PHSC approved the study protocol in December 2018 and CREC IRB will conduct an expedited review for the protocol amendments in January 2019. The C-FREE protocol expects to receive approval from all three IRBs in January 2019.

Dreamlopmments has also prepared the dossier for the Myhep All import permit application. The submission of the import permit will take place once the Mylan has supplied the bioequivalence study (conducted by Mylan) per Thai FDA's request.

At the site preparation level, each study nurse visited the study site (DIC or study- affiliated hospital) at least two days per week to engage with the study populations and community organizations and have completed weekly in-house training on the study protocol, counselling, harm reduction and related laboratory procedures. At the DICs, study nurses have been providing healthcare and HCV knowledge for DIC staff and clients, while at affiliated study hospitals, study nurses had been observing and received hands-on training on counselling, ART, methadone and laboratory procedures.

Participants enrolment of participants will begin once the C-FREE protocol receives approval from all three IRBs and the study drug is imported to Thailand.

STANDUP-TEEN. The protocol for this study was approved by Chulalongkorn IRB in October 2018 and by the ethical committee at Hat Yai Hospital in December 2018. Meanwhile, the protocol for the qualitative study to assess feasibility and perceptions of HIV self-testing (HIVST) among adolescent MSM and TGW who are on PrEP was approved by Mahidol University in October 2018, followed by a series of site initiations at 6 CBOs in 4 provinces in November 2018.³³ Data collection is expected to continue until January 2019, and information on perceptions towards HIVST/PrEP and barriers and enabling factors will be used to inform service delivery under the STANDUP TEEN study.

One of the major factors delaying implementation of STANDUP TEEN is the Thai FDA approval process for both OraQuick HIV self-testing (oral-fluid based) and Exacto HIV self-testing (blood based), both of which have been in process since October 2018. In the meantime, a training on Good Clinical Practices and Human Subject Protections was conducted in 1November 2018 to refresh CBO staff members' knowledge regarding conducting clinical research, ensuring the quality and integrity of study data, and ensuring the protection of human subjects.

In parallel, the study on PrEP adherence, conducted at the TRC Anonymous Clinic in collaboration with Chulalongkorn University, enrolled 24 HIV-negative MSM and 2 negative TG during this reporting period, resulting in a total enrolment of 98 participants by the end of December 2018. Challenges encountered in this study included the change of CBO staff responsible for this study at various CBO sites, as well as the occurrence of a similar study at CBOs with the same targeted groups (adolescent MSM and TGW). Plans to address these challenges include allocating one additional staff from the Department of Pediatrics to work with CBOs to facilitate recruitment, as well as discussion with CBOs for collaboration to prioritize the recruitment of this study.

iFACT. Enrollment in the iFACT study was completed by the end of this reporting period, with 20 HIV-negative and 20 HIV-positive TG women successfully recruited and enrolled. As of this writing, seven HIV-positive TG completed the full intensive PK at week 8, and eleven

³³ Mplus Chiang Mai, Caremat Chiang Mai, SWING Bangkok, SWING Pattaya, RSAT Bangkok and RSAT Hat Yai

HIV-positive participants completed the last visit at week 15, all with viral load suppression. However, one was lost to follow up at week 15.

In addition, a manuscript presenting results among the HIV-negative group has been submitted to JIAS, and a brochure to disseminate the key findings from the HIV-negative TG group was developed and received approval from LINKAGES to be distributed at the 3rd Asia-Pacific Regional Consultation on PrEP Implementation and the Transgender-Competent Care Workshop to be held in FY19 Q2.

G. Knowledge Management and Regional/Global Technical Leadership

During the first quarter of FY19, LINKAGES worked to complete video documentaries on NHSO support for community-led services and on the piloting of HIV self-testing in Thailand: both products are expected to be completed by FY19 Q2.

LINKAGES and TRCARC also worked together to prepare for major, regional knowledge sharing activities to be held in Q2 alongside the 21st Bangkok International Symposium on HIV Medicine. A full report on outcomes from the 3rd Asia-Pacific Regional Consultation on PrEP Implementation and the Transgender-Competent Care Workshop will be included in the FY19 Q2 narrative report.

Finally, LINKAGES worked with partners and our headquarters to prepare abstracts for submission to the 2019 International AIDS Society Conference on HIV Science, to be held in Mexico City in July 2019. The abstract submission deadline is in January 2019; however, LINKAGES worked with partners to ensure that strategic topics for abstracts were identified and a timeline was established for review by both LINKAGES headquarters and USAID. LINKAGES preliminarily submitted 23 potential abstract topics (21 from Thailand, 2 from Laos) for review by our headquarters – final submission to IAS will be discussed in the Q2 report.

H. Costing and financing of KP-LHS

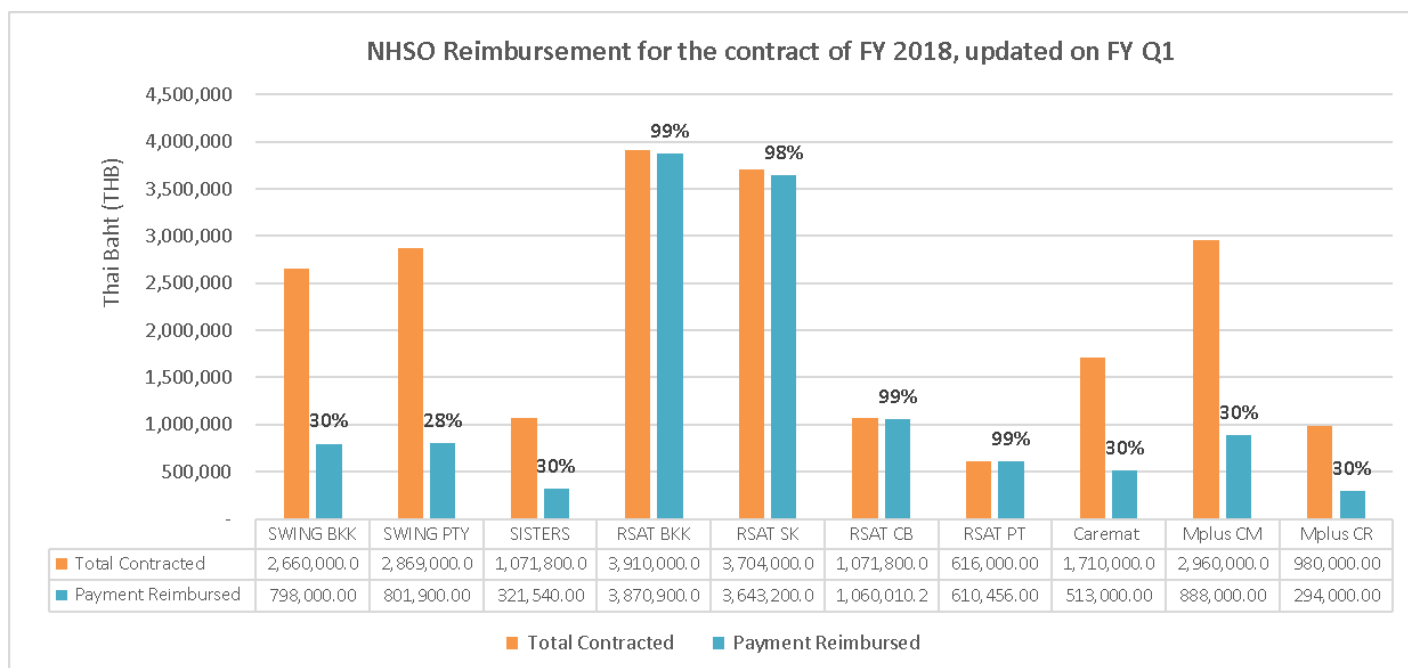
Cost Study. During FY19 Q1, the HITAP study team finished the first phase of data collection at five sites (out of 13 sites). These included 1. Bangkok Public Health Center 28 (BMA), 2. Roi-Et Hospital, 3. The Planned Parenthood Association of Thailand (PPAT) Kohn Kaen, 4. MReach Kohn Kaen, and 5. SISTERS Foundation in Pattaya, Chonburi. The second phase of the study will continue in Quarter 2, with data at the remaining 8 sites collected and analyzed.

Health financing. A LINKAGES consultant prepared a draft on social contracting experiences of China, India, and Malaysia and their implications for improving social contracting in Thailand. Highlights of this draft were shared with NHSO, HITAP, and IHPP at an informal meeting in December 2018. The draft will be updated during Quarter 2 with strengthened recommendations for Thailand and then incorporated into further work that IHPP will conduct on social contracting with support from UNAIDS.

Status of NHSO reimbursement. The status of reimbursements by NHSO for FY 18 with LINKAGES' partners is highlighted below. Increases in investments by NHSO have been

encouraged through advocacy efforts where LINKAGES has emphasized the case finding and ART initiation achievements of KP-HLS in HIV epicenters in Thailand and the need for NHSO to support CBOs as LINKAGES gradually reduces its financial support. This has been increasingly successful as NHSO augments its financing for these CSOs.

Graph 15: NHSO Reimbursement for the contract of FY18, updated on FY Q1



I. Capacity building and technical assistance, including collaboration with Global Fund partners and support to their program implementation

Capacity building and technical assistance provided in FY19 Q1 include the following:

Table 6: Capacity Building Provided in FY19

Date	Activity/details	Total no. of participants	Male	Female	Participants
2 November 2018	The Management of HIV/AIDS in MSM/TG Therapy and HIV Testing and Treatment Data, Chiang Mai	77	16	61	<ul style="list-style-type: none"> 68 staff from Chiang Mai Health Facilities 2 staff from Mplus 3 staff from Caremat 4 staff from FHI 360
26-27 November 2018	LINKAGES Thailand FY19 M&E workshop	19	11	8	<ul style="list-style-type: none"> 1 staff each from Caremat, Mplus Chiang Mai, Mplus Chiang Rai, SWING PTY and Sisters 2 staff from SWING BKK 3 staff from RSAT BKK and TRCARC 6 staff from FHI 360
29 November 2018	The Management of HIV/AIDS in MSM/TG Therapy and HIV Testing and Treatment Data, Ubon	75	19	56	<ul style="list-style-type: none"> 68 staff from Ubon Ratchathani Health Facilities 3 staff from FHI 360 4 staff from RSAT

Date	Activity/details	Total no. of participants	Male	Female	Participants
	Ratchathani				Ubonratchathani
7 December 2018	The Management of HIV/AIDS in MSM/TG Therapy and HIV Testing and Treatment Data, Songkhla	57	7	50	<ul style="list-style-type: none"> • 49 staff from Songkhla Health Facilities • 3 staff from FHI 360 • 5 staff from RSAT Ubon Ratchathani

In total, 228 individuals were trained during this reporting period: 53 males, 175 females.

Key events, TA and capacity-building activities organized during this quarter included the following:

- The Management of HIV/AIDS in MSM/TG Therapy and HIV Testing and Treatment Data, Chiang Mai
- LINKAGES Thailand FY19 M&E workshop to provide update on new indicators, and discuss progress, challenges and way forwards for data utilizations and data sharing. Please refer to M&E section for more details.
- The Management of HIV/AIDS in MSM/TG Therapy and HIV Testing and Treatment Data, Ubon Ratchathani
- The Management of HIV/AIDS in MSM/TG Therapy and HIV Testing and Treatment Data, Songkhla

III. Quarterly Financial Summary

Funding	Obligation	Expenditures this Quarter	Total Expenditures	Obligation Remaining
FS Thailand	\$12,946,092	\$249,627	\$12,830,072	\$116,020
FS Thailand Test and Treat	\$700,000		\$700,000	\$-
FS Thailand (OHA)	\$1,500,000	\$296,538	\$1,499,999	\$1
FS Thailand (Gamechanger COP16)	\$4,949,000	\$-	\$4,949,000	\$-
FS Thailand (Gamechanger COP17)	\$5,900,000	\$1,971,881	\$5,597,393	\$302,607

Table 7: Program level monitoring results (The results are required for eight indicators including KP_PREV, PrEP_NEW, PrEP_CURR, HTS_SELF, HTS_TST, HTS_INDEX, TX_NEW, and TX_CURR.)

Indicators (Type: PEPFAR vs. custom)	PEPFAR Type of support	Achievements/Targets			
		Q1	Year to Date	Annual Target	% target achieved
KP_PREV: Number of KPs reached with individual and/or small group level HIV preventive interventions that are based on evidence and/or meet the minimum standards required (PEPFAR)	DSD	18,006	18,006	51,756	35%
HTS_TST: Number of KPs who received HIV Testing and Counseling (HTC) services for HIV and received their test results (PEPFAR)	DSD	11,897	11,897		
	TA_SDI	18,121	18,121		
	Total	30,018	30,018	41,697	72%
HTS_INDEX: Number of individuals who were identified and tested using Index testing services and received their results (PEPFAR)	DSD	3	3		
	TA_SDI	0	0		
	Total	3	3	N/A	N/A
HTS_SELF: Number of individual HIV self-test kits distributed (PEPFAR)	DSD	214	214		
	TA_SDI	0	0		
	Total	214	214	1,600	13%
PrEP_NEW: Number of KPs who received antiretroviral pre-exposure prophylaxis to prevent HIV infection (PEPFAR)	DSD	476	476	2,170	22%
PrEP_CURR: Number of individuals, inclusive of those newly enrolled, that received oral antiretroviral pre-exposure prophylaxis to prevent HIV during the reporting period (PEPFAR)	DSD	1,505	1,505		
TX_NEW: Number of KPs newly enrolled on antiretroviral therapy (ART) (PEPFAR)	DSD	283	283		
	TA_SDI	755	755		
	Total	1,038	1,038	2,942	35%
TX_CURR**: Number of KPs currently receiving antiretroviral therapy (ART) (PEPFAR)	DSD	283	283		
	TA_SDI	23,623	23,623		
	Total	23,906	23,906	6,611	362%

Appendix 1: Performance under eCascade

During FY19 Q1, there were a total of 17,315 unique clients registered in eCascade (this figure is not equivalent to KP_PREV, as this number does not distinguish between wholly new clients and those reached in previous quarters of FY18). Of these clients, 6,271 were clinic walk-ins, while 11,044 were outreach clients, of whom 10,563 were referred for HIV testing. 10,992 clients received an HIV test – 46% of all clients reached. Testing uptake was higher among walk-in clients (95%) as compared to outreach clients (38.80% of all outreach clients referred to testing). The overall case-finding rate among all clients who received an HIV test was 5.1%.

When client recruitment is broken down more granularly, CBSs reached 9,067 clients and successfully referred 3,518 (39%) to testing services with a 3.5% case-finding rate. In comparison, PMs recruited 1,367 clients and tested 1,107 (81%) with a 5.4% case-finding rate. Testing yield among walk-ins was 5.3%. As seen in previous periods, the CHC-based social network strategy delivered relatively few new clients in this period (69 recruited, 64 tested) but with significantly higher case finding (14.1%). Online outreach accounted for 1,172 new clients and, consistent with findings from the O2O system, only 52.55% of those received an HIV test; however, the case-finding rate was 9.4%. Innovative strategies piloted under LINKAGES Thailand (peer mobilization, SNS, online-based outreach and recruitment) continue to demonstrate significant success in terms of higher rates of testing uptake and yield (these models combined account for 22.56% of all case-finding in Q1). However, they account for only 14.63% of overall project coverage.

Regarding peer mobilizers specifically, there was a dramatic drop of number of active PMs in FY19 Q1 as compared with FY 18 Q4 (59 vs. 361) but PMs were much more active – with an average of 23.20 new clients per active PM in FY19 Q1 versus 10.37 new clients per PM in FY18 Q4.

The implementing partners who utilized the PM approach the most in terms of absolute number of clients recruited in FY19 Q1 were Caremat (n=427), Swing Bangkok (n=275), Mplus Chiang Rai (n=196), Sister (n=138), Mplus Chiang Mai (n=124) and the rest was lower than a hundred clients. However, when viewed as a proportion of overall contribution to outreach recruitment, the biggest users of PMs this quarter were Caremat (73% of all outreach recruitment was by PMs), Mplus Chiang Rai (31%) and RSAT Chonburi (18%). PMs only accounted for 15% of outreach recruitment at Swing Bangkok. Meanwhile, PMs associated with RSAT Songkla only recruited 8 clients in Q1, out of a total of 1,021 outreach clients (1%).

Case-finding rates among PM clients were highest at Swing Pattaya (22.22%), Swing Bangkok (11.72%), RSAT Bangkok (8.11%), and RSAT Chonburi (5.71%). However, these rates were achieved among very small numbers of clients tested. SWING Bangkok PMs contributed the largest total number of newly diagnosed HIV-positive clients, with a case-finding rate of 11.72% among 239 PM clients who received HIV tests. Case-finding rates in Chiang Mai and Chiang Rai were 2.66% and 2.58% respectively, although this may reflect low background prevalence in those sites.

1,622 clients were registered as enrolled on ART in FY19 Q1. By the end of the quarter, the implementing partner with the lowest percentage of new HIV-positive clients initiating treatment was Sister Pattaya (21% treatment uptake), which reflects identified issues with the care and support team as Sisters, as well as structural challenges for KP clients looking to access ART in Pattaya. LINKAGES will keep looking closely on this. All other sites reported more than three-fourths of new HIV-positive clients on treatment.

Calculating a treatment uptake rate is of course highly dependent on time, and particularly among clients diagnosed late in the quarter, ART uptake is likely to improve. Viewed over the life of the project to date, fully 84% of all clients diagnosed HIV-positive under LINKAGES Thailand and registered in eCascade have initiated ART.

Annex B: PERFORMANCE OVERVIEW FOR FY19 FSW PERFORMANCE OVERVIEW FOR FY19

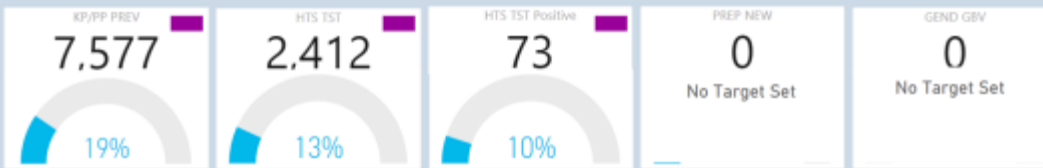


MSM PERFORMANCE OVERVIEW FOR FY19

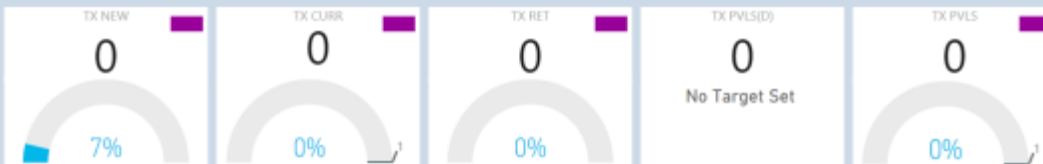
Summary

OGAC
USAID
Internal

Key MER Prevention Indicators



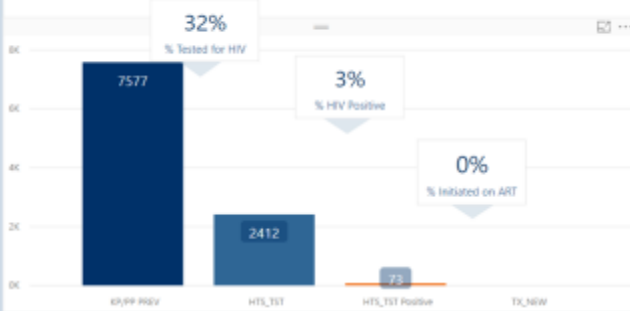
Key MER Treatment Indicators



Custom Indicators



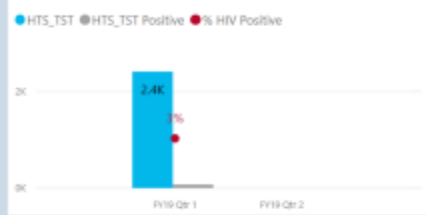
KP Cascade



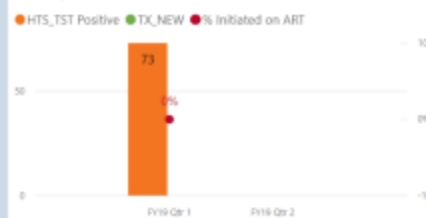
Currently on ART



HIV Case Identification



Linkage to ART

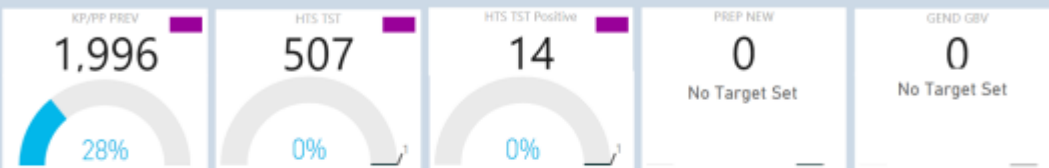


TG PERFORMANCE OVERVIEW FOR FY19

Summary



Key MER Prevention Indicators



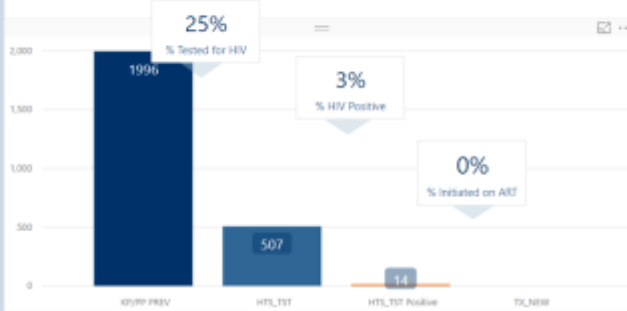
Key MER Treatment Indicators



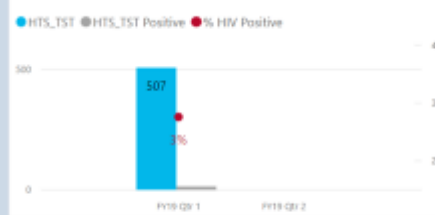
Custom Indicators



KP Cascade



HIV Case Identification



Linkage to ART



Currently on ART

