Reaching the adolescent and youth
China’s O2O HIV Testing Model

Chinese Association of STD/AIDS Prevention and Control
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In China, from 2011 to 2015, the new reported number of HIV+ cases among young people (15-24) increased from 10 to 17 thousand (increase of 170%).

New reported HIV infection cases among Young student (15-24) increased from 1074 in 2011 to 3236 in 2015 (increase of 309%)

The unprotected male-to-male sex was the main mode of transmission.

In Guangzhou, the 3rd largest city of China with an epidemic among key populations, annual newly reported HIV infections in universities increased 8 folds in 2017 compared with that in 2010
## Facility based services available for all

<table>
<thead>
<tr>
<th>(already in place)</th>
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<tbody>
<tr>
<td>CDC</td>
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<tr>
<td>Hospitals</td>
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<td>Community health center, CBOs</td>
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<td>SRH clinics</td>
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## Youth Programs

<table>
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<th>(exist as project based)</th>
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<td>Peer education networks;</td>
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<td>HIV awareness campaigns;</td>
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<td>Sex education classes;</td>
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## O2O services model

(technology to bridge the gap)

- Linkage between youth and providers
- Alternative for adolescents seeking services
- Evolving (model A and B) over time, based on needs
What is the peer-based Online to Offline (O2O) model

From HIV testing to care and support
Peer-assisted

From health needs to services utilization
Peer as counsellor

From education to HIV testing mobilization
Peer-led activities

Offline Referral

- to Offline venue based HIV testing
- Online HIV Self Testing

Online and Offline Mobilization
O2O – Model A:
Complementing current venue-based VCT network

- Social media as entry point (online)
- Convenient offline service locations
- Peer-assisted counselling and referral
- Follow up, care and support
O2O – Model B: moving into HIVST era reaching young key populations from the cloud

- Online order
- Gender specific package
- Online peer-based counselling
- Offline Follow up, care and support

4 in 1 testing HIV/Syphilis/HBV/HCV
Findings

Client Profile

• Knowledge awareness 89.9% (Model A) 95.6% (Model B)
• Homosexual behavior 55.5%(Model A) 92.7% （Model B）
• Condom use 51.5%(Model A) 39.5% （Model B）
• Substance abuse(rush) 10.9%(Model A) 22% (Model B）

Feedback to services

• Friendly in appointment, privacy
• Convenience of HIV testing places
• High Satisfactory with peer counselors >90%
Findings

Output/outcome

• Over 240 adolescents who had high risk behaviors got tested in 10 months
• Over 80% tested were first-timers.
• 93.4% were happy to recommend it to others,
• 38.8% indicated willingness to test regularly.

Effective?

• Knowledge Increased 7.9%
• 25.3% Decreased number of Multiple sex partners
• Condom use rate increased 7.9%
Key Success Factors

Full engagement of adolescent-youth drew service closer to young users.

Problem-oriented, Client-centered services with timely adjustment and gradually expansion.

Innovative Technology
Utilizing popularity of internet and social media products as new entry point of service.

Enabling environment
Build trust and legitimacy, mainstreaming into local HIV response, and engage doorkeepers.
The ways to scale up in China

Policy-driven

- Model expansion to cities/programs
- AFHS Manual developed
- Capacity Building
- Advocacy at all levels
The ways to scale up in China

Social-Market driven
• Support to utilize popular online products
• Partnership with private sector
• Advocacy and build up platform for social-market players——thinking beyond the HIV sector
THANK YOU