

HIV Testing and Counseling (HTC) in EECa: entry point for curbing the HIV epidemic

Eurasian Harm Reduction Network (EHRN)
Eurasian Coalition on Male Health (ECOM)

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OVERVIEW

- HIV/AIDS in Eastern Europe and Central Asia
- HIV testing and counselling among key populations
- Barriers to HIV testing and counselling
- Ways forward

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HIV/AIDS in EECA

2011 marks a critical point in the global fight against HIV/AIDS but...

the EECA region is faced with the fastest HIV growth in the world:

- 250% increase in the estimated number of people living with HIV
- An estimated 160 000 new HIV infections in 2010
- Russian Federation and Ukraine account for nearly 90% of the estimated number of people newly infected with HIV in Europe

EECA regional data (2011)

- 43% of cases newly reported in 2010 were people who inject drugs, slightly less than the 48% heterosexual cases
- 60% of those living with HIV are people who inject drugs, but injecting drug users account for only 22% of those receiving ART.

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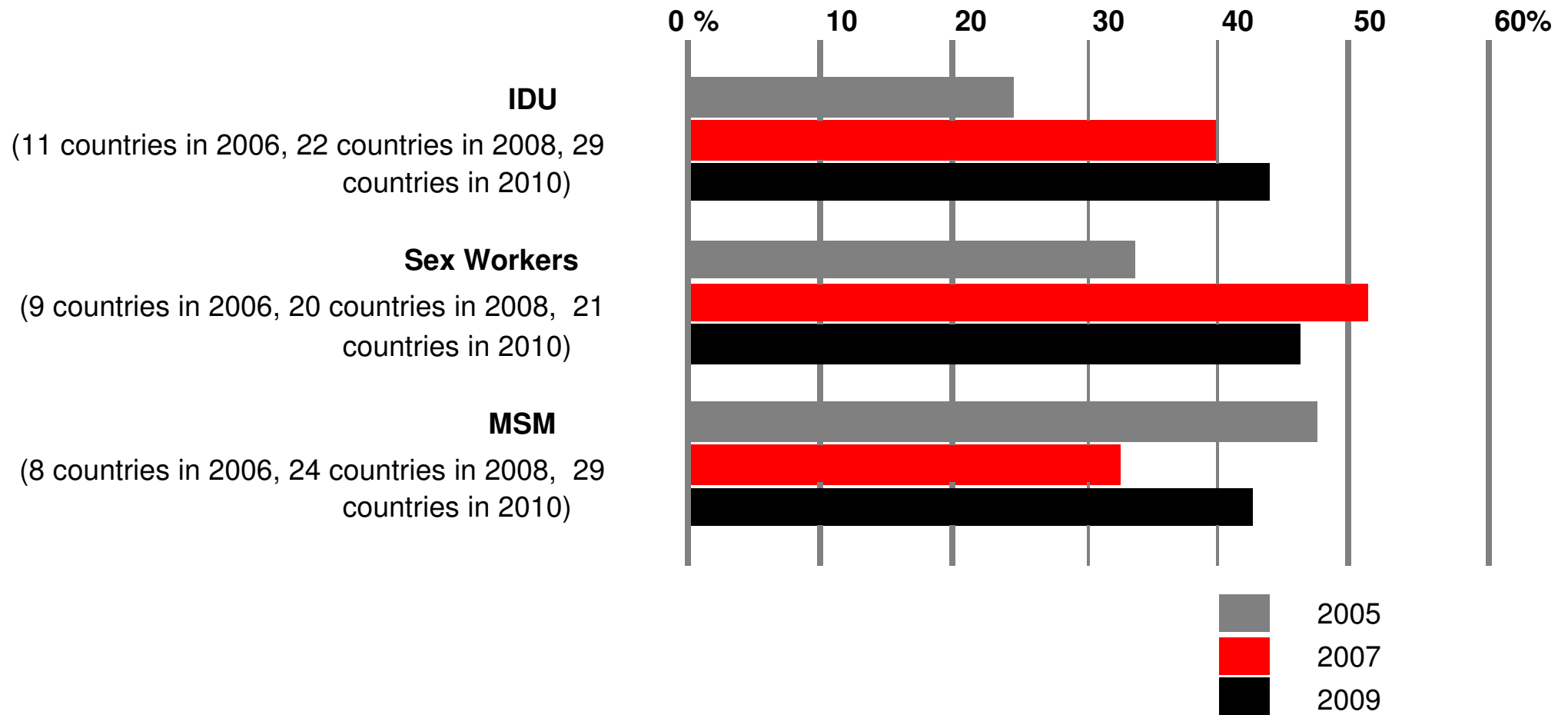
More tests – the same access

- There is increase in tests performed in health care settings in EECA
- This does not result in improved access of key populations to HTC and other HIV services
- The vast majority of tests are performed not among the groups that should be targeted in the first place – key populations

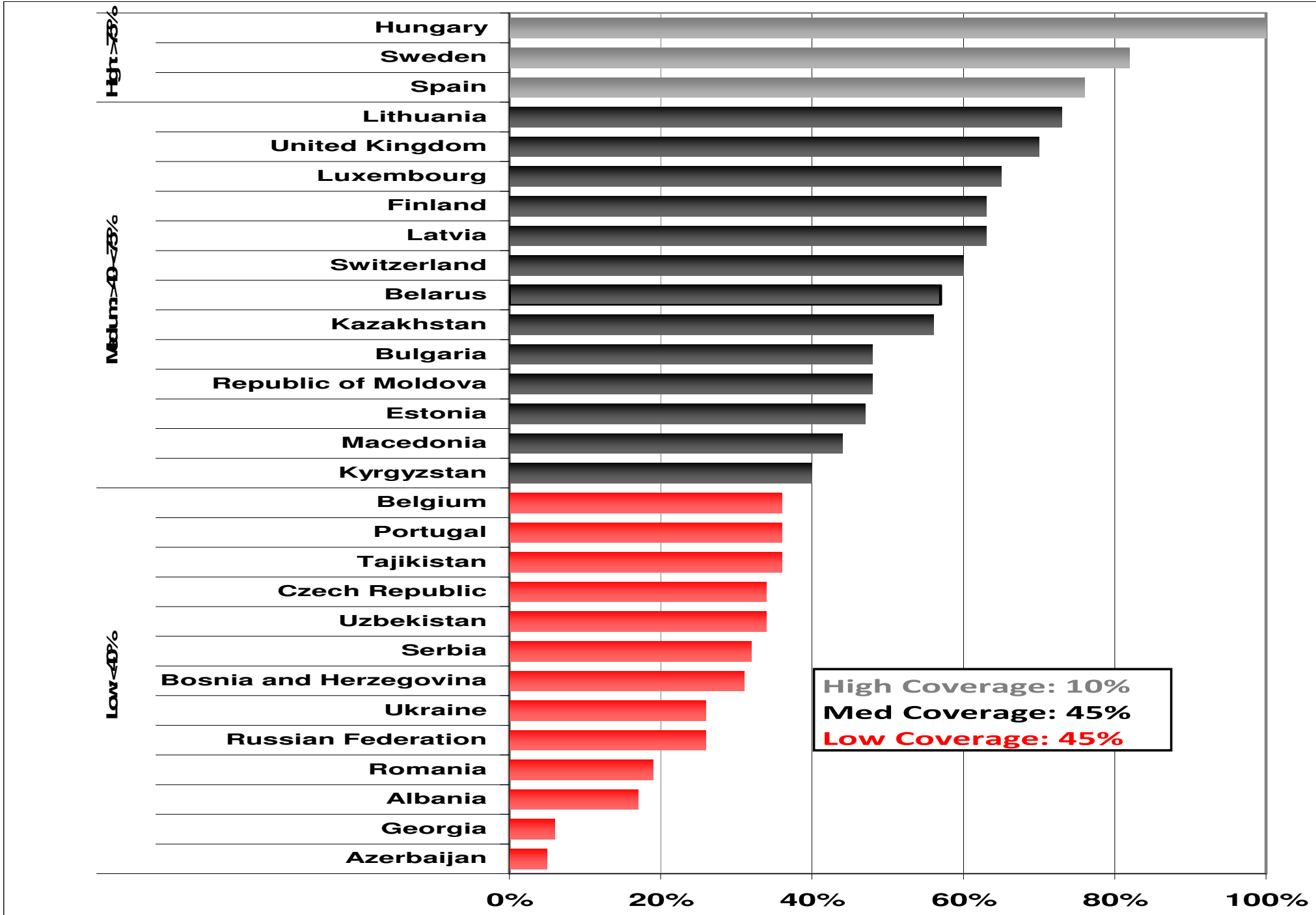
HIV testing and counselling for selected populations in Europe and Central Asia, *source: AIDSInfo*

HIV testing and counseling for selected populations

Median percent of respondents who reported receiving an HIV test and learning their results in preceding 12 months



Coverage of HIV testing among IDUs, 2009



High Coverage: 10%
 Med Coverage: 45%
 Low Coverage: 45%

Many PLHIV remain undiagnosed

In some countries in Eastern Europe and Central Asia, more than 60% of people with HIV remain undiagnosed:

In Ukraine, an estimated 75% of all PLHIV are unaware of their HIV status.

In Russian Federation, 53% of IDUs who tested HIV-positive in a study in St Petersburg did not know they were infected, versus 73% of those in Yekaterinburg and 80% of those in Omsk.

Late diagnosis remains an alarming challenge

- Alarming rates of the late diagnosis demonstrates that HTC is not adequately provided

in Georgia, 45.5% of patients met the criteria of late HIV diagnosis

In Infectious diseases hospital in Moscow every 6th person diagnosed with HIV was already in the stage of AIDS

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Barriers to HTC (1)

- Many countries employ mandatory, compulsory policies and practices of HIV testing
- In all EECA countries, individuals need local registration documents to get HIV certificate, or to get free of charge HIV confirmation testing

Barriers to HTC (2)

- Stigma and discrimination – confidentiality breach by healthcare workers, disclosure of the diagnosis, violence because of sexual orientation etc:

In Belarus, results of the Stigma Index Survey conducted among PLHIV reveal that 40.5% of respondents experienced disclosure of their diagnosis and confidentiality breach by health care workers; 15.5% were refused medical care

Barriers to HTC (3)

- Human rights violations - ignoring informed consent, physical and sexual abuses from police

In Kyrgyzstan, 64.2% of interviewed sex-workers faced physical violence from police; 89.5% - sexual violence; 100% reported police extortion.

Barriers to HTC (4)

- Repressive legislation – criminalization of drug use and prostitution, criminalization of homosexual behavior

Drug policy is reported as a barrier to treatment in 63% of the ECA countries.

Two countries of EECA have criminal sanctions for homosexual behavior.

Migrants and HIV-testing

- 8 countries of EECA have some form of restriction on the entry, stay and residence of people living with HIV based on their HIV status
- Restrictions prohibiting migrants living with HIV from getting residency lead many of them to avoid HIV-testing out of fear of being deported

Some things to keep in mind

Is it important to offer counselling?

- Medical doctors lack time for counselling - best practices show that having a specialist (psychologist, social worker, peer consultant) for that purpose ensures that proper counselling is provided
- There are some concerns about quality of counselling during HTC - no quality control is done

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Ways Forward

- HTC must account for specific needs of hard-to-reach populations - must expand beyond clinical settings and be community-based and low threshold.
- Rapid testing must be universally available for screening purposes in community based and outreach programs.

Ways Forward

- Governments must repeal laws that discriminate against key populations, eliminate mandatory testing and ensure their access to voluntary and confidential HIV-services and treatment.
- Civil society must take a lead in advocating for reducing barriers to HTC, thus contributing to HTC increase among key populations throughout the region.

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