HepHIV 2017
31 JANUARY-2 FEBRUARY · MALTA
HIV and Viral Hepatitis: Challenges of Timely Testing and Care

10 Years HIV in Europe

Ton Coenen

OptTEST
OPTIMISING TESTING AND LINKAGE TO CARE FOR HIV ACROSS EUROPE

Co-funded by the 2nd Health Programme of the European Union

OptTEST by HiE Partners

HIV and Viral Hepatitis: Challenges of Timely Testing and Care

Aids Fonds

MEDFASH
MEDICAL FOUNDATION FOR HIV & SEXUAL HEALTH

GNP+ GLOBAL NETWORK OF PEOPLE LIVING WITH HIV

Tervise Arengu Instituut
National Institute for Health Development

EATG European AIDS Treatment Group

Inserm

Public Health England

MINISTERIO DE ECONOMÍA Y COMPETITIVIDAD

isc Instituto de Salud Carlos III

SSAT ST STEPHEN'S AIDS TRUST

chip Centre for Health & Infectious Disease Research

REGION H Rigshospitalet

HIV in Europe

Sponsors

- Financial support of the HIV in Europe initiative provided by: Gilead Sciences, Merck, Tibotec, Pfizer, Schering-Plough, Abbott, Boehringer Ingelheim, Bristol-Myers Squibb, GlaxoSmithKline, ViiV Healthcare, The European Commission under the Health Programme 2008-2013 and the Swedish Research Council

How to start a partnership

HepHIV 2017
31 JANUARY-2 FEBRUARY · MALTA
HIV and Viral Hepatitis: Challenges of Timely Testing and Care

- Leadership by Gilead
- Convening Partners and Rivals
- After the first conference: taking ownership
- Success helps the bonding
- Focus on results was the crucial factor
- Agenda combined medical issues (definition, indicator diseases), policy (EU) and civil society (stigma, criminalisation)

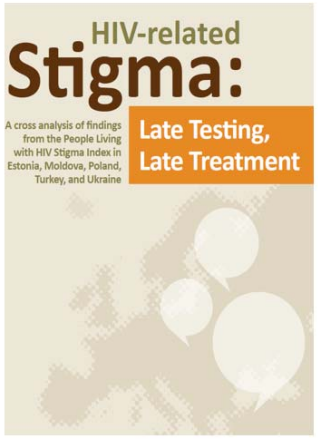
HIV in Europe
Working Together for Optimal Testing and Earlier Care

THE PEOPLE LIVING WITH HIV STIGMA INDEX

GNP+ GLOBAL NETWORK OF PEOPLE LIVING WITH HIV

What was done

- From 2009 within the WHO Europe region implementations have occurred in Belarus (370), Estonia (300), Germany (1148), Greece (500) , Kazakhstan, Kyrgyzstan, Republic of Moldova (403), Poland (502), Portugal (1060), Russian Federation, Turkey, Ukraine (1500 in 2010 and 1500 in 2015), United Kingdom, Uzbekistan.
- HIV in Europe support allowed for implementation of the index being tailored specifically to look at late testing and late treatment issues



- Advocacy initiatives and demonstration projects
- Lobbying by PLHIV organisations
- Re-configuration of service provision
- Increased ‘resilience’ of people living with HIV in the services they provided

HIV in Europe
Working Together for Optimal Testing and Earlier Care

THE PEOPLE LIVING WITH HIV STIGMA INDEX

GLOBAL NETWORK OF PEOPLE LIVING WITH HIV

Examples

- Belarus: A confidence and assertiveness course to raise the resilience of women PLHIV in accessing better care in a more timely fashion
- Estonia: Increased community based testing initiatives – embed in national guidelines since 2013
- Germany: Increased community testing initiatives
- Poland: Increased knowledge of rights and referral pathways amongst key populations
- Portugal: working with primary health providers to be more receptive and able to offer HIV testing
- Ukraine: changes to national protocols re confidentiality

- All of this work has given rise to allied and ongoing initiatives such as

HIV testing services:

Analysis of guidelines and perceptions of practice across the WHO European Region

UNSW AUSTRALIA

Never Stand Still | Arts & Social Sciences | Centre for Social Research in Health

Prof John de Wit & Dr Stephen Bell

In collaboration with
Dorthe Raben, Nino Tseretelli, Jordi Casabona, and Valerie Delpech (guideline review only)

HIV in Europe
Working Together for Optimal Testing and Earlier Care

Main conclusions across review and survey

- Important similarities across guidelines
  - Informed consent; pre-test information
  - Confidentiality; post-test discussion; referral positive result
- Important dissimilarities across guidelines
  - information on potential adverse consequences and harms
  - who should/can give positive result; delivery of negative result; little guidance on post-test discussion and referrals following negative test
- Important issues for practice across sub-regions
  - Obtaining informed consent; guidance on pre-test information
  - Difference in delivery/referral assistance by test result (and sub-region)
- Recommendations rely heavily on expert consultation
  - Unclear representation across sectors and sub-regions
  - Little new research identified on HIV testing process

What's next – what can HiE contribute?

- Strengthening evidence-base and knowledge exchange for appropriate HIV testing guidelines, policy and practice
  - Leverage HiE leadership, platforms and networks for collaborative action
  - Promoting use of systematic health promotion development principles
  - Acknowledge and draw on extensive social/behavioural science research
- Synthesizing evidence
  - Research and practice-based evidence; development, effect and use
  - Evaluations of HIV-testing models; multi-level barriers and enablers
  - Program of systematic reviews, meta-analyses and practice reports
- Generating evidence
  - Addressing critical evidence gaps and clarifying expert assumptions
  - Coordinated, multi-disciplinary research across contexts and settings
  - Facilitate research agenda, funding strategy, collaboration and dissemination

Barring the Way to Health: How legal & regulatory barriers are hindering modernising HIV testing across Europe

L Power[1], J Hows[2], SF Jakobsen[3], AI Von Lingen[4], for OptTEST by HIV in Europe

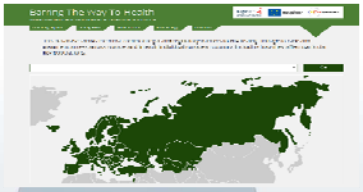
[1]OptTEST, Cardiff, UK; [2]GNP+, Amsterdam, Netherlands; [3] CHIP, Rigshospitalet, University of Copenhagen, Denmark; [4]European AIDS Treatment Group, Brussels, Belgium

BACKGROUND

HIV diagnoses across Europe need to be increased in order to benefit on an individual and population level from treatment and new prevention tools. Trials of new testing technologies such as community, postal and self-testing show increased uptake, acceptability to key populations with high levels of undiagnosed HIV. They are also cost-effective when appropriately targeted. Outdated guidelines and legal and regulatory barriers are cited as reasons for failure to adopt them. Healthcare entitlement regulations may also impact on targeting of key populations.

METHODS

In 2016 an initial literature review undertaken as part of the OptTEST project (*Optimising testing and linkage to care for HIV across Europe*) identified a wide range of legal and regulatory barriers to testing and treatment access in specific countries. A questionnaire to assess the extent of these legal and regulatory barriers across the WHO Europe region was developed by partners in the OptTEST project (GNP+, EATG) and an independent contractor. More than 160 individuals and organisations from 49 countries provided responses. The resulting website "Barring The Way To Health" provides an updatable, searchable, cross-comparable database of the most common barriers and key populations affected (accessible through: http://legalbarriers.peoplewithhiveurope.org).



RESULTS

Responses show that almost three quarters of countries surveyed used laws or regulations to restrict who can administer HIV tests. In most cases this was to specialist clinicians, who must either administer the test themselves or supervise its administration by others. In one notable case, the physician must be in the same building, but not necessarily in the same room. This hinders the adoption of self-testing technologies (11/49) including postal sampling (only 5/49). It also discourages community testing by increasing costs and decreasing the ability of community groups to do targeted outreach testing with those who are reluctant to attend hospitals.

Additionally, at least 7 countries did not offer free access to testing for all key populations. The most frequently restricted group, both for testing (4/49) and for access to treatment (13/49), were migrants. Migrants may be disenfranchised from state health services for a variety of reasons including being in fear of deportation and being unable to access state health systems even when legally resident.

Reasons given in the literature review and by individual respondents for the continued existence of a variety of these unnecessary restrictions included:

- failure to update guidance linked to old methods of testing
- custom and practice
- failure to legalise or make available rapid testing
- clinician resistance to community based testing
- attachment to compulsory intensive pre-test counselling
- caution on safety
- unnecessary qualifications required despite simplified procedures

European countries surveyed	**49**
Countries restricting who can legally administer HIV test	36+*
Countries with legal testing in NGO/community settings	38
Countries with legal testing in outreach settings	38
Countries allowing self-testing (home testing)	11
Countries allowing postal sampling	5
** 3 country respondents did not know*	

CONCLUSIONS

Intensified efforts are needed across Europe to increase access to modern HIV testing technologies and systems. European-wide best practice guidelines are helpful in this, as is documentation of practical experience. Country health systems should be encouraged to learn from successful pilots and projects elsewhere in Europe and to understand the cost-benefit implications of better targeted, simpler HIV testing taking full advantage of new technologies and scientific advances.

HIV clinicians, policy makers and service providers are encouraged to visit the "Barring The Way To Health" website to compare country strategies and initiatives and identify those with innovative practices providing greater access to testing.

OptTEST PARTNERS

www.OptTEST.eu

Co-funded by the 2nd Health Programme of the European Union

18-25 NOVEMBER 2016 EUROPEAN HIV-HEPATITIS TESTING WEEK
TEST.TREAT.PREVENT.
www.testingweek.eu

HIV in Europe
Working Together for Optimal Testing and Earlier Care
www.hiveurope.eu

European HIV-Hepatitis Testing Week 2016

Results from the 2016 evaluation

18-25 NOVEMBER EUROPEAN HIV-HEPATITIS TESTING WEEK 2016
TEST.TREAT.PREVENT.
www.testingweek.eu

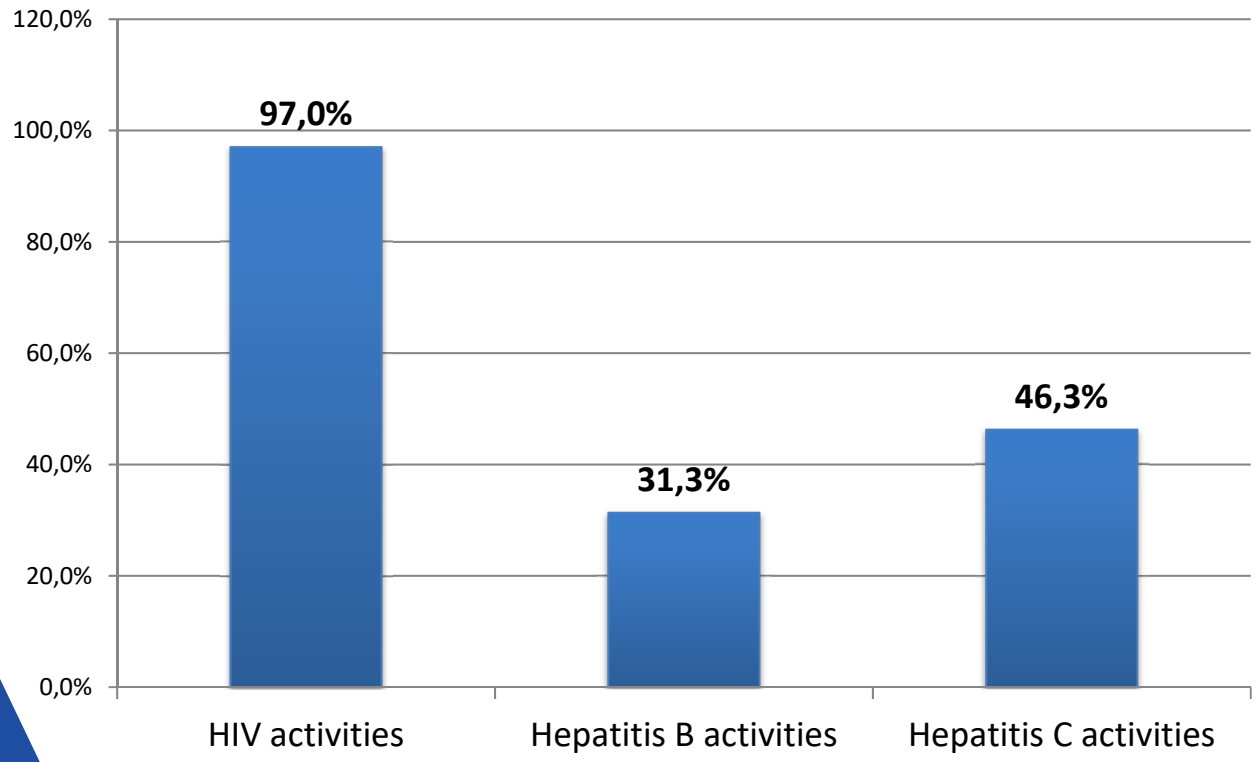
Background

- The 2016 European HIV-Hepatitis Testing Week took place from 18-25 November 2016.
- It was the fourth testing week, and the second to include viral hepatitis.
- European Testing Week offers partners across Europe the opportunity to unite to increase awareness of the benefits of testing.

Type of activities

- The majority of respondents carried out HIV activities (97.0%), followed by hepatitis C activities (46.3%), including testing activities (Figure 4).

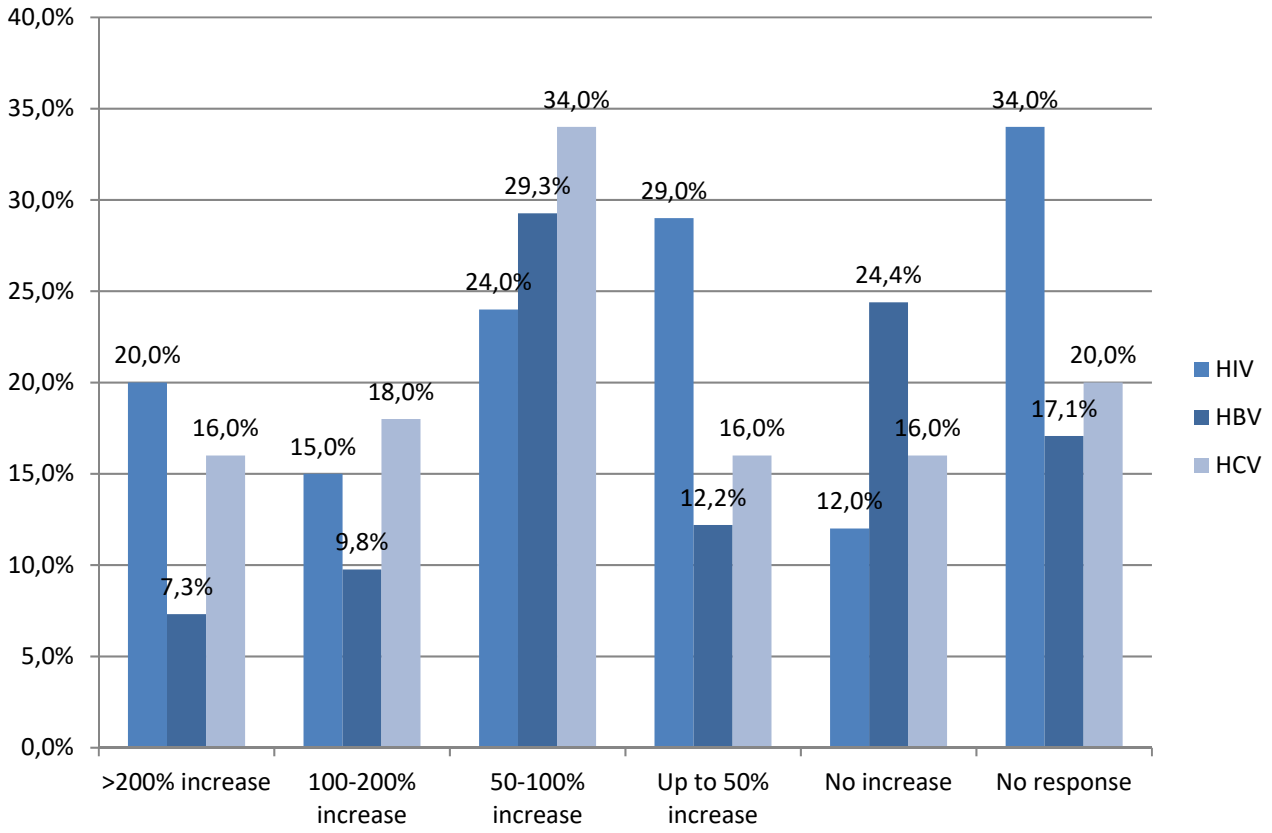
Figure 4: Activities during ETW (N=134)



HIV, HBV, HCV testing activities

All in all, the largest increase in testing was seen among those testing for HIV (Figure 6).

Figure 6: Increase in HIV, HBV and HCV testing

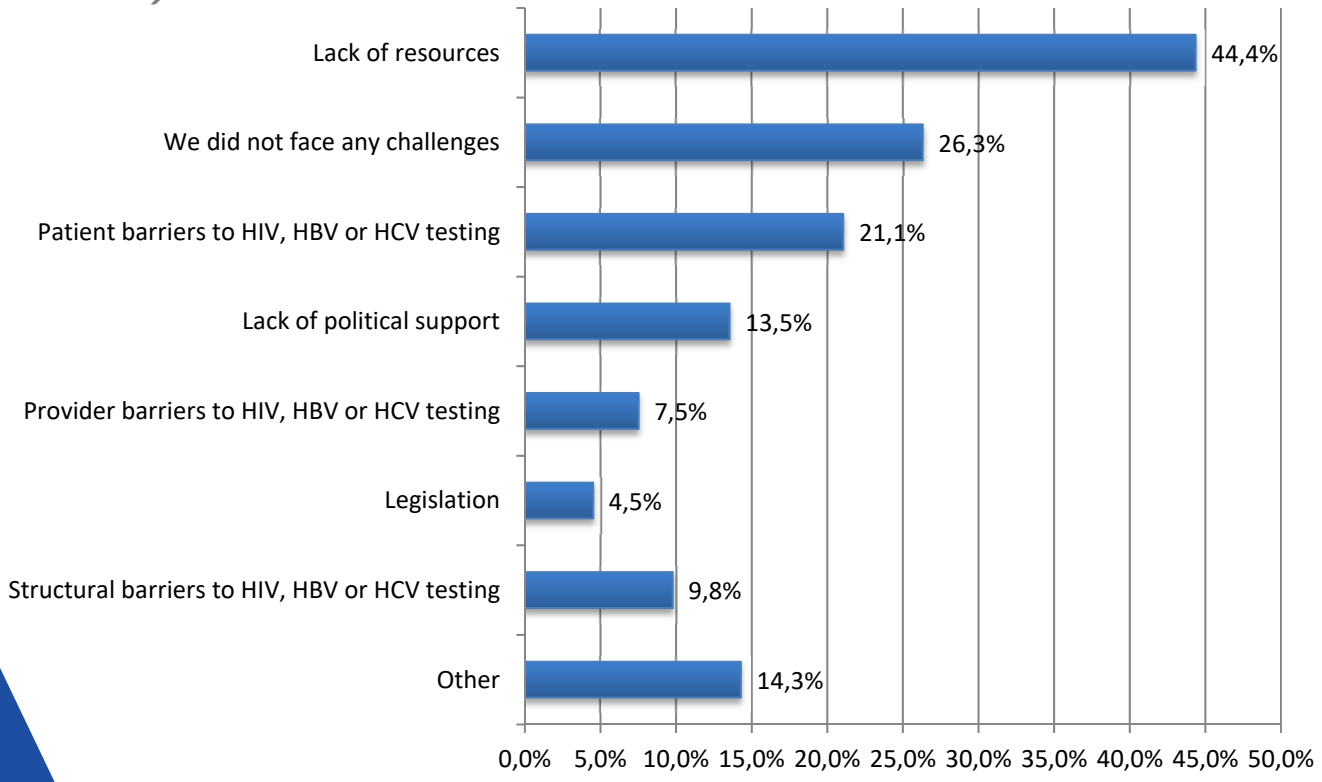


*Not for further circulation

Challenges and new experiences

The majority of the survey respondents experienced lack of resources as the biggest challenge (44.4%) followed by patent barriers to HIV, HBV or HCV testing (21.1%) (Figure 25).

Figure 25: Challenges experienced by participants (N=133)



HepHIV 2017

31 JANUARY-2 FEBRUARY·MALTA

HIV and Viral Hepatitis: Challenges of Timely Testing and Care

Results

HepHIV 2017
31 JANUARY-2 FEBRUARY · MALTA
HIV and Viral Hepatitis: Challenges of Timely Testing and Care

- A true partnership
- Taking ownership & setting the agenda
- Expanding HIV to Hepatitis

- Beyond the talking shop…..
- Results!!!

The challenges

HepHIV 2017
31 JANUARY-2 FEBRUARY · MALTA
HIV and Viral Hepatitis: Challenges of Timely Testing and Care

- Ongoing integration & still strong individually
- Less funding – stress on large partnership
- Build on each others strength, help on the weaker parts
- Keep it on the political agenda & funded
- Support for the most affected

The biggest challenge