



Offering rapid screening for HIV, HCV & syphilis to key populations attending community testing services

Partner Organisation(s):

National Reference Centre for HIV/AIDS prevention,
Slovak Medical University in Bratislava

Contact

<http://eng.szu.sk/>



OVERVIEW

Slovakia is a country with low prevalence but increasing incidence of HIV. Between 1985 and 2019 there have been 1174 confirmed HIV infections with 102 occurring in 2019.

A pilot intervention was launched to offer rapid screening for HIV, HCV and syphilis to clients attending community testing services run by the non-governmental organisations (NGOs) Prima, Odyseus and Dom svetla Slovensko from March to August 2019. All three participating NGOs had prior experiencing with HIV and STI testing as well as harm reduction programmes.

APPROACH

01

All three participating NGOs had **well-trained staff** so no additional training was required for the pilot.

02

All clients attending 3 community testing sites or outreach services **were offered HIV, HCV & syphilis testing**. The screening was done with EC marked rapid tests.

03

Testing data was gathered and **reported to the national surveillance** and M&E systems in Slovakia.

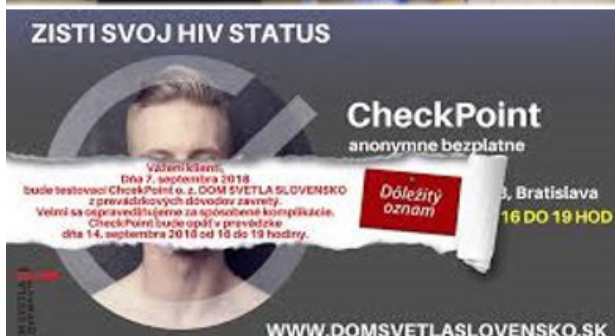
04

Clients from **Dom svetla Slovensko** have filled a **questionnaire on www.hiv-testovanie.sk**. NGO Odyseus and Prima have used **questionnaires developed within Integrate**.

05

Participants with reactive tests were referred to **confirmatory testing** (HIV to National Referral Centre for HIV/AIDS prevention, HCV & syphilis to dermatology & hepatology clinics).

Country Case Study: Slovakia



HIGHLIGHTS

A total of **675** clients enrolled in the pilot and screened for HIV and for at least 1 other infection.

Most clients with reactive HCV and syphilis results were unable to proceed to confirmatory testing.



2 CONFIRMED HIV CASES



410 SCREENED FOR HCV
with 10 reactive tests



457 SCREENED FOR SYPHILIS
with 8 having reactive tests

LESSONS LEARNED



The pilot showed that **community testing** services can be a **cost-effective intervention**, which covers a gap in otherwise missed opportunities for multiple disease screening.



Several **barriers to access confirmatory testing and links to care** were also revealed. The main reasons were the **legal barriers** (e.g. lack of health insurance) as well as **structural barriers** such as distrust in state institutions, underestimation of the risk of untreated infections and fear of legal consequences of positive HIV status by clients.



The **barriers are particularly applicable in the treatment of Hepatitis C**. Despite being the most common disease among IDUs, national regulations stipulate abstinence as the only condition when IDUs can receive HCV treatment. These issues were discussed on the National Committee for HIV/AIDS prevention, but have not yet been resolved.



There is **potential to continue expanded testing offer on the permanent basis** provided availability of funding and restoration of the community testing services affected by the COVID-19 pandemic.

