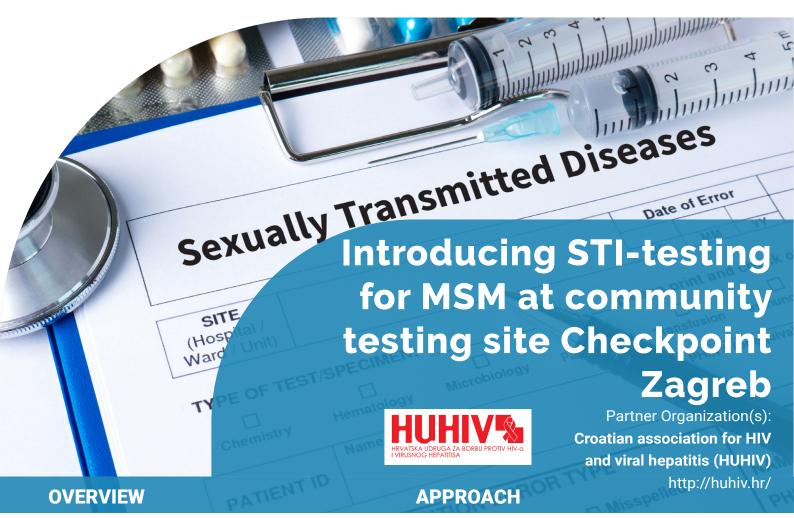
Country Case Study: Croatia





Croatian national response strategy for HIV allows for testing outside the health care system for key populations, while STIs testing is only allowed to take place within the formal health care setting. Moreover, current national legislation is punitive against certain vulnerable groups and there are reports of widespread discrimination and stigma within healthcare potentially limiting access to STI testing for the key populations.

The Croatian Association for HIV and viral hepatitis (HUHIV), implemented a 3-months pilot intervention to explore the feasibility of implementing STI testing outside of formal health care settings and its effectiveness in relation to the clients' needs. HUHIV obtained permission and additional funding from the local government for the pilot intervention targeting MSM after extensive lobbying efforts. A private company also donated chlamydia and gonorrhea tests. The pilot entailed expanding the testing service from rapid screening for HIV and HCV to rapid syphilis screening and laboratory chlamydia and gonorrhea testing.

- HUHIV established a collaboration with the University hospital for infectious diseases 'Fran Mihaljevic' for the laboratory processing of tests and treatment of positive cases.
- Professional health care workers from the partner hospital provided a one-day training on STIs for the Checkpoint staff including instructions on how to collect samples.
- Information about new expanded testing options was disseminated on MSM dating apps Planet Romeo and Grindr as well as the Checkpoint's official webpage.
- During the pilot counselors used a digital risk assesment tool to identify the clients' need for testing. The tool allowed for easy test requisition and an option for electronic test result notification.
- Clients with a reactive test result were offered counselling and linked to confirmatory testing and care.

Country Case Study: Croatia





HIGHLIGHTS

Detection of a notable number of previously undiagnosed STIs.

100% of positive chlamydia and gonorrhea results found were asymptomatic

Number of MSM clients tested for each disease:



144 SYPHILIS TESTS PERFORMED (2.1% POSITIVITY RATE)



89 CHLAMYDIA TESTS PERFORMED (12.4% POSITIVITY RATE)



89 GONORRHEA TESTS PERFORMED (6.7% POSITIVITY RATE)

LESSONS LEARNED



In the pilot, the offer of additional STI tests was restricted to MSM clients attending the Checkpoint. Overall, this client group reacted positively to the opportunity for STI testing outside the health care system.

Some had never tested, or not tested regularly, to avoid interaction with GPs and other medical professionals in hospitals. Some were unaware that they need testing for other STIs prior to being assessed by a counsellor at the Checkpoint.



Despite the delay in obtaining lab test results for chlamydia and gonorrhea, after receiving the results, the clients were instructed to visit the partner University hospital with an appointment, which was easily done by having Checkpoint results.



Close collaboration with key stakeholders was essential to ensure seamless flow adapted to the local legal framework from communication with the clients, to diagnosis, laboratory analysis and treatment referrals. It was also the foundation to continue the testing service and establishing it as a permanent service with financial support of the Croatian Ministry of Health. Result notifying system has also been implemented with test results (along with other rapid test results) via a web application.



The pilot found low rates of regular testers among the MSM and showed that integrated testing in existing community structures outside of traditional health care settings is feasible and effective and, therefore, should be considered as a key strategy to improve testing coverage among key population groups.