



Outreach integrated testing for HIV, viral hepatitis and STIs for PWID

Partner Organisation(s):

National AIDS Centre

<https://aids.gov.pl>

Foundation of Social Education

<https://www.fes.edu.pl>

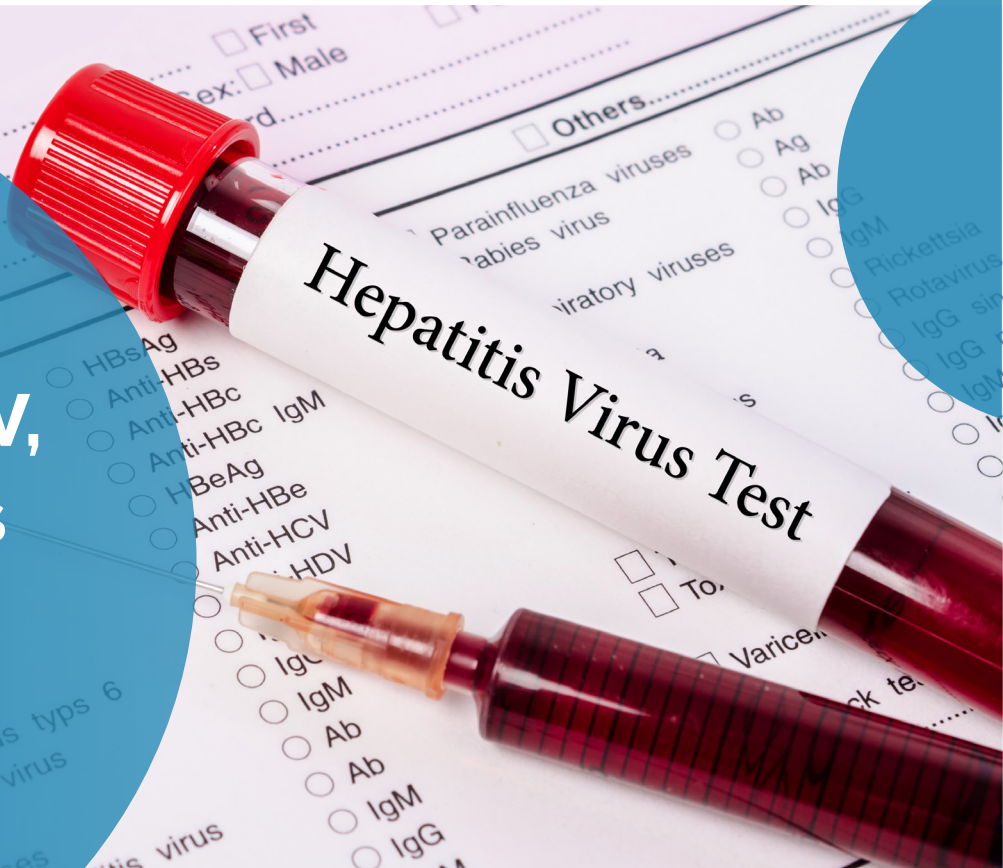


OVERVIEW

Polish HIV response strategy is built on a partnership between governmental structures and community. Key-population groups prefer the non-clinical sites because of their anonymity and non-judgemental services. For viral hepatitis and STIs there are no regulations allowing testing in community setting nor are lay-providers allowed to conduct testing.

A pilot project aiming to optimise testing coverage for people who inject and/or use drugs (PWID/PWUD) for the HIV, HCV and syphilis infections was implemented by the National AIDS Centre (NAC) in Poland in cooperation with the Foundation for Social Education.

The intervention piloted the provision of integrated testing in addition to harm reduction, medical care and social support services for the PWID experiencing homelessness via an outreach mobile service.



APPROACH



The **mobile testing unit** travelled to four vacant properties in Warsaw and offered the services.



All interested clients were offered **integrated testing** as part of the pilot project.



Participants asked to complete a **questionnaire on risk behavior**, previous testing and other related questions.



Clients with a **reactive screening result** were directed to specialised clinics for **confirmatory testing and linkage to treatment and care**.

Country Case Study: Poland



LESSONS LEARNED



The **mobile testing unit** proved to be an effective way to bring integrated rapid screening for HIV, HCV and STIs to target groups not regularly attending medical settings.



In Poland **testing for HIV in community** and outreach settings is conducted anonymously according to the client's expectations and standards of confidentiality so no data leakage is feasible. At the same time, **it is not possible to conduct follow-up on linkage to specialist care for new positive cases**. However, this can be addressed by introducing unique patient identifiers that would also facilitate and improve data collection from testing sites (e.g. avoid duplicate diagnosis).



Follow-up and access to treatment within primary care settings for hepatitis patients with a reactive test also poses a barrier as many in this key group are not comfortable engaging with the formal health care system. Current national guidelines also exclude psychoactive substance users from HCV treatment.

HIGHLIGHTS



101 CLIENTS
TESTED AT MOBILE
TESTING UNIT



7 OUT OF **101**
TESTED POSITIVE
FOR HCV



**NO NEW DETECTION
OF HIV OR SYPHILIS**