



Jackie Morton

Community perspective on whether we have the right testing strategies in Europe

Chair of European Aids Treatment Group (EATG), Brussels

Summary

- Who is the community?
- WHO recommendations
- Continuum of care
- HIV & Hepatitis testing strategies
- Community examples & challenges

Who is the community?

FOCUS for this presentation:

- People at risk
- People not at-risk but affected
- Key populations
- Activists
- Members of disease specific organisations
- Wider interested community
- Funders

WHO – GLOBAL LEVEL

Recommend using different approaches and differing testing strategies

- HIV self testing and partner notification services (launched 1 December 2016)
- Guidelines on hepatitis B and C testing.
- Point-of-care diagnostic test, particularly appropriate for low-resourced countries

http://www.who.int/medicines/news/prequal_hvc/en/

European Centre for Disease Protection and Control (ECDC)

Continuum of care data :

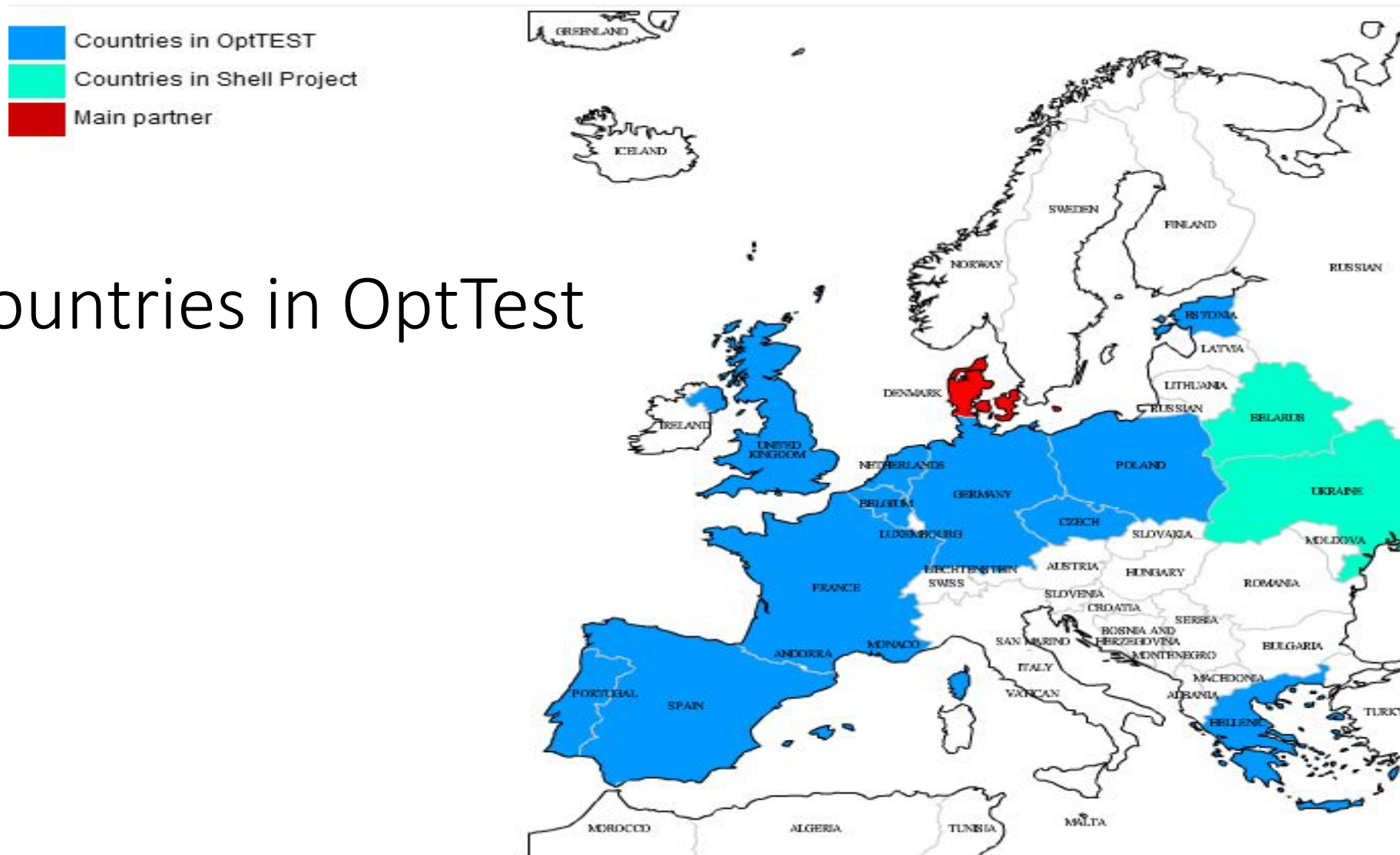
- 78% of responding countries had breakpoints relating to diagnosis
- 41% in linkage to care and
- 48% in getting people in care onto treatment.
- Moreover, most break points (other than initial diagnosis) were far greater in non- European Economic Area (EEA)
- Three times greater in linkage to care (78% vs 22%) and in Antiretroviral therapy (ART) to viral load (VL) suppression (60% vs 21%) and more than double from entry into care to accessing ART (75% vs 35%).



OptTEST –

OPTIMISING TESTING AND LINKAGE TO CARE FOR HIV ACROSS EUROPE

- aims to help reduce the number of undiagnosed people with HIV infection in the European region and to promote timely treatment and
- three year project co-funded by the EU Commission
- started on 1st July 2014



Countries in OptTest

HIV Testing in European Countries

<http://legalbarriers.peoplewithhiveurope.org/>

European countries surveyed = 43

- Countries restricting who can legally do HIV testing 31
- Countries allowing testing in NGO/Community settings 32
- Countries allowing testing in outreach settings 32
- Countries allowing self-testing (home testing) 9
- Countries with postal sampling pilots/projects 3

OptTest - Literature review on legal & regulatory barriers to HIV testing & care.

Key findings:

- Sex workers
- Gay propaganda
- Transgender
- People who inject drugs (PWID)
- Migrants
- Prisoners

OptTest - Literature review on legal & regulatory barriers to HIV testing & care.

- Testing regulations and practice
- Regulations which impact on the continuum of care beyond testing
- Financial barriers
- Regulations which hinder anonymity
- Regulatory barriers (Indirect): lack of guidelines for best practice in testing and care

Hepatitis Testing in European Countries

WHO European Region - target of diagnosing and treating at least 50% of people living with hepatitis by 2020.

Recommendations:

- develop and roll out national viral hepatitis testing guidelines;
- offer hepatitis testing as part of a yearly health check-up to all people who use drugs and to all prisoners upon entrance into jail, on an opt-out basis;
- strengthen national laboratories to provide quality diagnosis of acute and chronic hepatitis;
- make quality and affordable diagnostics available and accessible, including different testing approaches;
- ensure confidentiality of test results and share results in a way that avoids stigma and links patients to proper care and treatment; and
- train health care workers on viral hepatitis testing and diagnosis.

Country level strategies

Challenge bureaucracy on testing:

- Medical centres only;
- Medical personnel only;
- Strict guidelines on populations or
- Exclusion of some populations
- Evidence base
- Partnerships with research agencies

Community strategies

- Community based centres
- Equal partners in care
- Data collection
- Collaboration between NGOs & official testing sites
- Mobile testing
- Rapid access testing
- Self testing
- Funding

Impact of funding withdrawal:

- One of many examples of the impact of funding cuts is Romania, in which HIV infection rates among people who use drugs rose significantly after the Global Fund's withdrawal in 2010.
- At that time, 4.2% of new HIV infections were related to intravenous drug use.
- That percentage rose to 49.2% by 2013 after harm reduction programmes were defunded

David Barr & Jeff Hoover (Dec 2016) The Fremont Center, **Action plan to reverse destructive HIV financing trends in middle-income countries**, david@thefremontcenter.org

EATG

Analysis of members, n= 26 responses: 17 countries in EU

- WHO guidelines
- Testing strategies used
- Good practice
- Poor practice
- Challenges
- Ideas for change

Call to action:

1. Seek the increase of HIV testing to non-medical and community settings.
2. Promote community-based testing services for/with marginalised & vulnerable groups, in collaboration with NGOs,
3. Support lay providers to conduct HIV /hepatitis rapid testing.
4. Replace specialist pre-test 'counselling' with pre-test discussion.
5. Remove any requirements for a detailed sexual and/or drug-taking history before offering an HIV/Hepatitis test.
6. Challenge national and local policies that create barriers for vulnerable populations to access testing

H.I.V. Cases Surpass a Million in Russia, but Little Is Done

By [Neil macfarquhar](#) Dec. 28, 2016

- In 2016, 100,000 new infections are anticipated, about 275 daily. It is the largest H.I.V. epidemic in Europe and among the highest rates of infection globally. Vadim Pokrovsky, the longtime head of the Moscow-based Federal AIDS Center
- H.I.V./AIDS NGO's labelled as "foreign agents" because they received grants from abroad

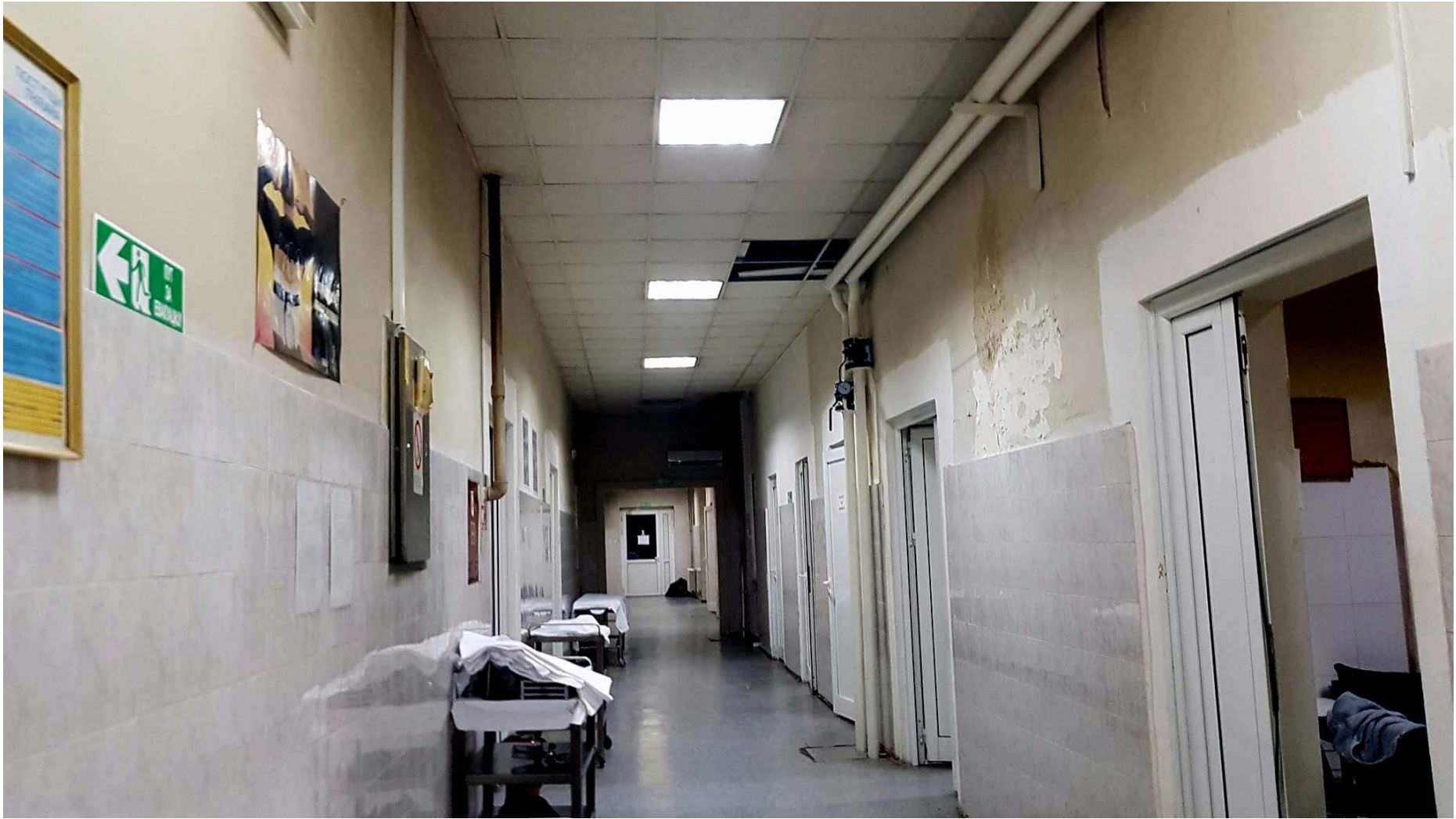
https://www.nytimes.com/2016/12/28/world/europe/russia-hivepidemic.html?_r=0

H.I.V. Cases Surpass a Million in Russia, but Little Is Done

By [Neil macfarquhar](#) Dec. 28, 2016 New York Times.

- Russia has made some progress - a national strategy exists
- H.I.V. tests backed by Svetlana Medvedeva, the wife of the prime minister
- “This is Russia, so everything has to be top down to get anything done.” Quoted in the new York Times article. Dr. Vinogradova at the St. Petersburg AIDS Center

Main hallway Belgrade Clinic, Serbia.



Discussion with patient



Patient's toilet





Thank you

- Alain Volny Anne
- Brian West
- Bryan Teixeira
- Lisa Power
- Luís Mendão
- Tamás Bereczky
- EATG members