ROME, November **25-26**, 2014

AUDITORIUM, MINISTRY OF HEALTH

EACS European AIDS Clinical Society MEETING

STANDARD of CARE for **HIV** and **COINFECTIONS** in **EUROPE**

Chairs: *A. Antinori, A. d'Arminio Monforte, C. Mussini*

Barriers to access to testing in Central and Eastern Europe

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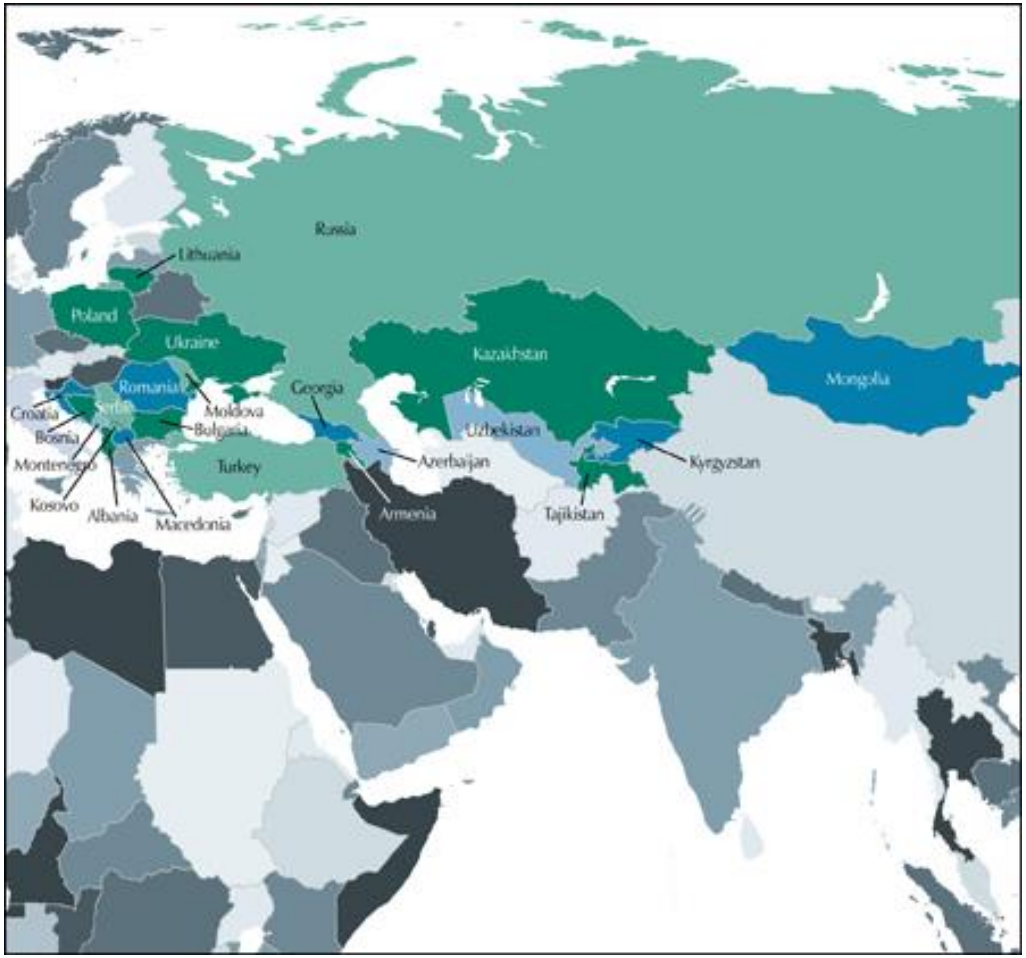
The region concerned



http://rvtinmissions.blogspot.hu/2012/01/january-update.html

What differences vs. the West?

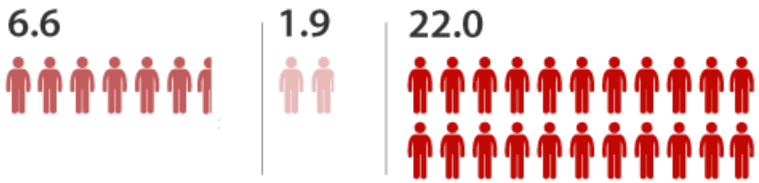
- Historical
  - Ethnic diversity
  - Religious diversity
  - Differences in the development trajectories
  - A history of dependency on the state/sovereign
- Cultural
- Structural

While there are huge differences within the region, there are also some common points

Numbers, numbers…

New HIV cases in the WHO European Region

Average number of new HIV cases per 100 000 people:



www.euro.who.int/aids

World Health Organization Europe

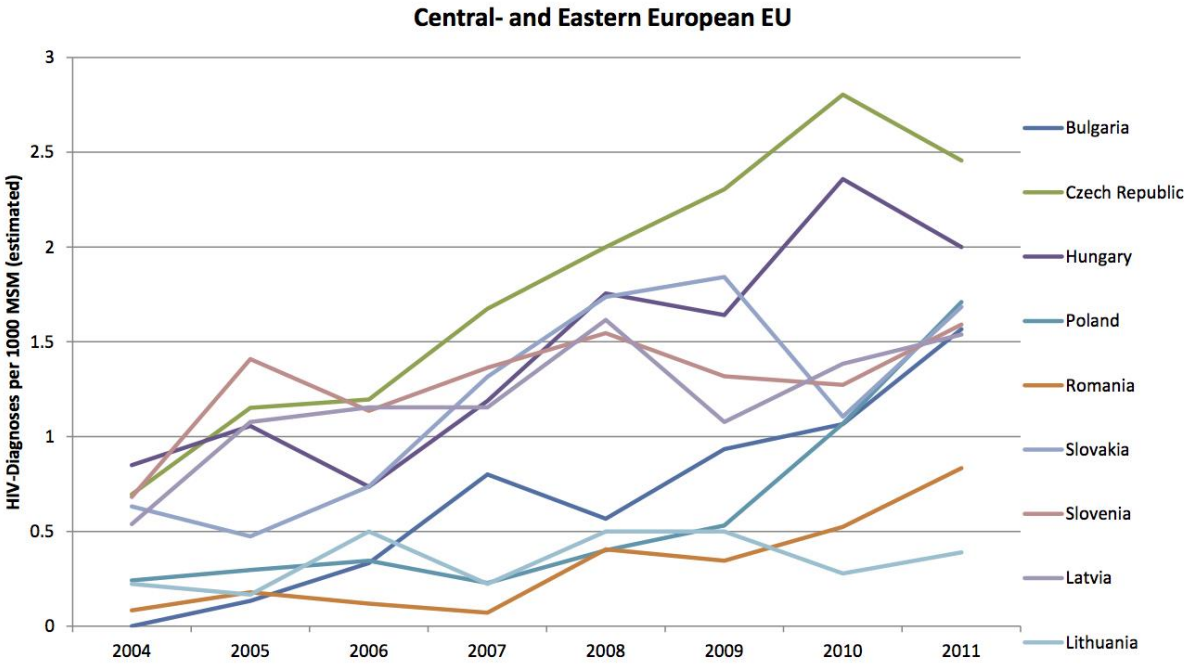
ecdc

More numbers!

- App. 1.4 million people in Russia, Eastern Europe and Central Asia living with HIV at the end of 2011*
- Rate of new infections increasing – MSM and IDU drive the epidemic*
- 21% increase in AIDS related deaths 2005-2011*
- Russia (8%-1.4% prevalence) and Ukraine (0.8% prevalence) face the largest problems*
- Some of the countries in the region and practically invisible to surveillance
- Late presenters: "55% satisfied the widest definition of being a late presenter between the years 2002 and 2005: by 2008 to 2010, this had reduced to 48%. The proportion with CD4 counts under 200 cells/mm3 had shrunk from 34 to 27% and who had AIDS upon diagnosis from 16 to 12%."** (BUT excluding Russia and a few other countries.)
- Prevalence in Sub-Saharan Africa dropped from 5.8% to 5% between 2005 and 2011*

- * http://www.avert.org/hiv-aids-russia-eastern-europe-central-asia.htm
- ** http://www.aidsmap.com/Late-testing-rates-declining-in-Europe-but-largely-in-gay-men/page/2783456/

New HIV diagnoses among MSM in Central- and Eastern Europe (as reported to ECDC)



Dr. Ulrich Marcus, Rober Koch-Institute, Berlin, UNAIDS Consultation, presented on 22/01/2014

Specific problems

- Medicalisation of testing
- Political climate/disincentive
- Stigma and discrimination
- Unawareness of “the big picture”, and synergistic epidemics
- Lack of information
- Lack of civil society activity
- Low prevalence – low interest
- Economic/financial hardship

The ECDC categories

- **Barriers on an individual level**
  - Low perception of risk (general population)
  - Fear (of death, stigma, discrimination, rejection
  - Lack of information (about health and health care)
  - Confidentiality
- **Barriers at the healthcare provider level**
  - Lack of and gaps in knowledge
  - Discrimination against PLH
  - Lack of money and time
  - Corruption
- **Barriers at the institutional level**
  - Corruption
  - Lack of policies
  - Political pressure
  - Low prevalence – little attention
  - Lack of capacities
  - Very weak NGO sector

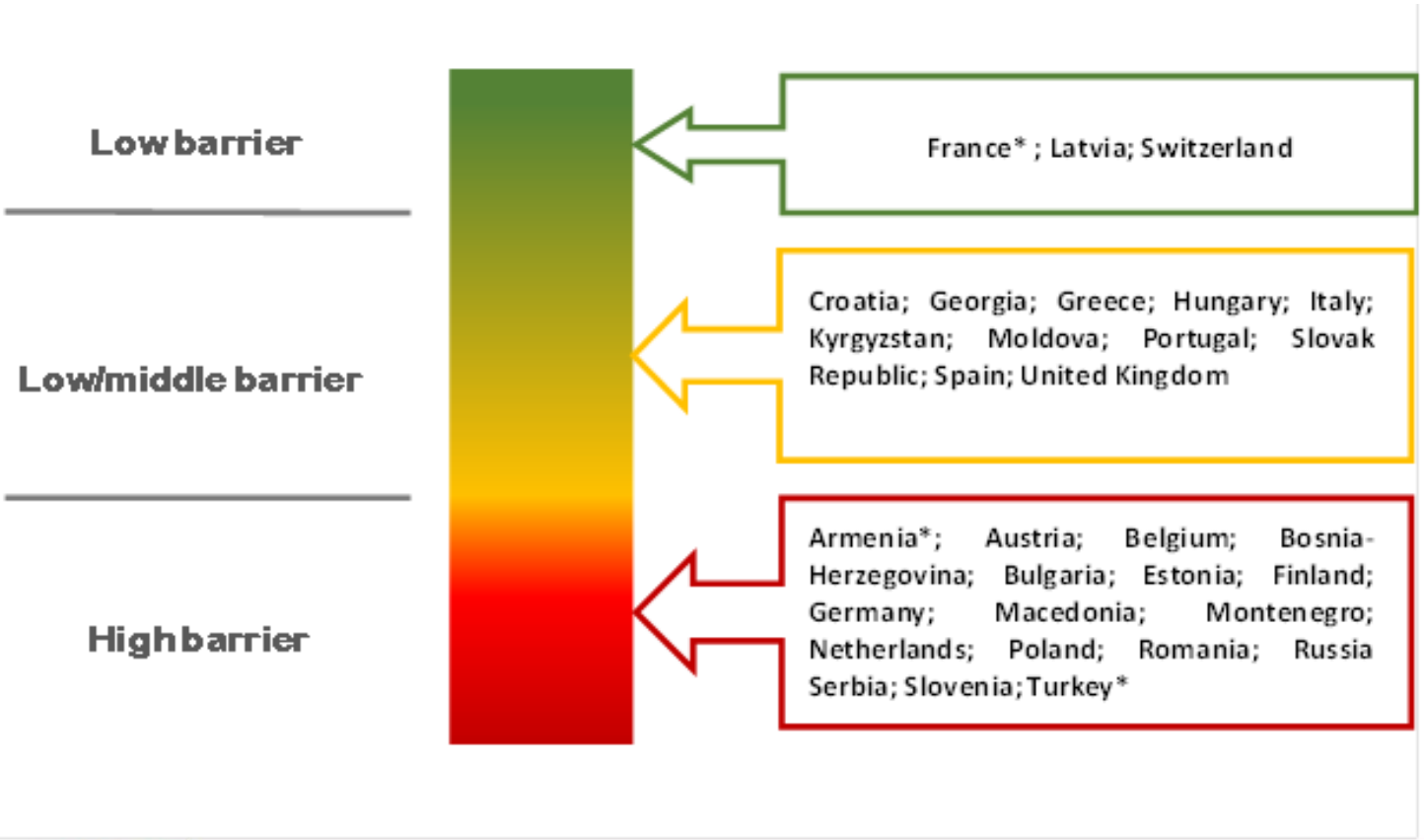
http://ecdc.europa.eu/en/publications/Publications/101129_TER_HIV_testing_evidence.pdf

Community based testing? – Not yet!

- "The main barrier in Lithuania is that rapid HIV test can be performed only in medical institutions. It is because rapid tests need capillary blood and it can be taken by perforating the skin. All procedures with perforating the skin belong to medical manipulations in special premises, etc. And discussions to reduce the threshold for rapid HIV test for risk groups till now was unsuccessful. And we need to use different cooperation models with friendly medical institutions for IDUs, MSM testing." (Loreta Stoneiné, HIV activist)
- "June 2013, WHO published the 'Clinical guidelines for HIV diagnosis and ARV drugs for HIV prevention'. This doc provides a summary of existing and new evidence-based clinical recommendations outlining a public health approach to diagnosing HIV infection with a focus on settings with limited health system capacity and resources. The use of rapid HIV diagnostic tests using blood from a finger-prick sample taken by trained lay counselors and community health workers has facilitated the expansion of HIV testing and counseling in community settings including homes, transport stations, religious facilities, schools, universities, workplaces and venues frequented by key populations. (Cristina Torró, HIV policy activist)

Community survey

Legal barriers to conduct rapid tests in Europe and Central Asia



Overcoming the barriers

- Mass media campaigns can have an impact on testing behavior in the short term.
- Reducing stigma around HIV testing and diagnosis can be addressed at the institutional level through 'normalization' of the testing procedure and the introduction of a universal offer of testing.
- Training healthcare providers can effectively increase HIV testing rates and improve healthcare providers' attitudes towards HIV and confidence in conducting a test.
- Written informed consent has been identified as a barrier to testing, and verbal informed consent is acceptable alternative and results in higher testing uptake.
- Brief post-test information may be given to those testing negative in place of counseling in innovative ways.
- Raise awareness of HIV and motivation to test.
- Optimal frequency of testing.
- Ensuring access to care and follow up after HIV diagnosis.
- Testing approaches by setting – local strategies work better
- Community based testing should be part of an overall, reasonable testing strategy

http://ecdc.europa.eu/en/publications/Publications/101129_TER_HIV_testing_evidence.pdf

What can be done?

- Set more realistic objectives
- Raise awareness
- Local approaches instead of exporting models from the West
- Education and empowerment of the local PLH communities

In order to retain people in the cascade of care, you need to establish the cascade of care first.