

Legal and Policy Barriers to the Provision of Community-based Testing Services in Europe and Central Asia



The objective of this study was to assess the policy and legal barriers to community-based testing (CBVCT) of HIV and viral hepatitis in European and Central Asian countries. The study aimed to identify challenges hindering the full implementation of CBVCT services and to provide insights for targeted advocacy efforts. This report was developed as part of the project “Community Led and Based HIV Services – Key to Ending the HIV Epidemic in Europe and Central Asia” in partnership with CEEISCAT and Lila Milano. The project was part of the “Zeroing In – Ending the HIV Epidemic” grant by Gilead Sciences Ltd.

RESULTS

The analysis revealed that CBVCT services are becoming common in the HIV response, with availability in all respondent countries to some extent. However, legal and policy barriers vary across countries, including restrictions on testing by lay providers and non-inclusion of CBVCT services in national HIV plans. Financial challenges, such as the need for annual grant applications, also affect the sustainability of CBVCT services. In 16 out of 28 countries, data from CBVCT activities were reported to national bodies, but improved data collection and communication are needed to strengthen monitoring and evaluation.

CONCLUSION

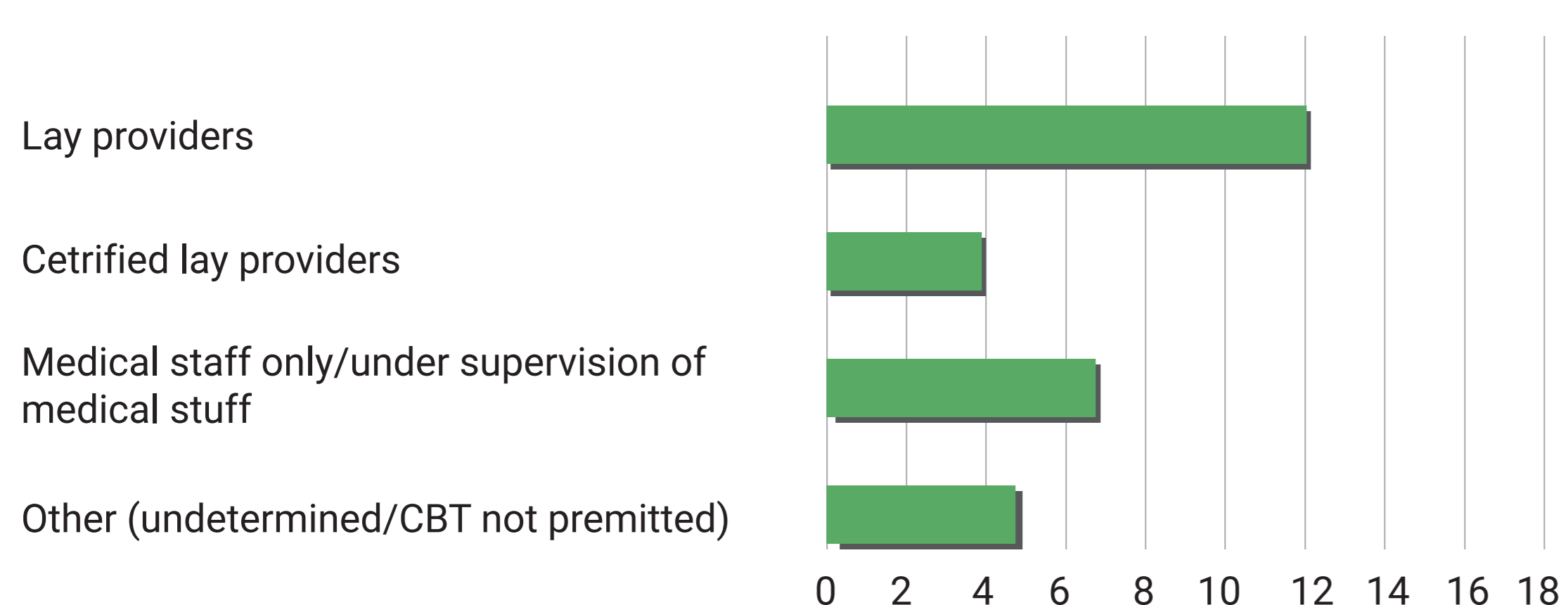
The findings highlight the need for targeted advocacy to address policy and legal barriers to CBVCT. Advocacy towards financial barriers should focus on securing sustainable funding and streamlining grant processes for CBVCT services. Advocacy towards legal barriers should aim to promote policy changes that empower trained lay providers to conduct rapid HIV testing.

Advocacy towards structural barriers is essential to enhance recognition and support for community-based organizations, promote awareness programs, and ensure adherence to existing national HIV plans and guidelines. By addressing these barriers and advocating for change, we can strengthen community-based testing efforts, improve access to testing services, and work towards ending the HIV and viral hepatitis epidemics in the region.

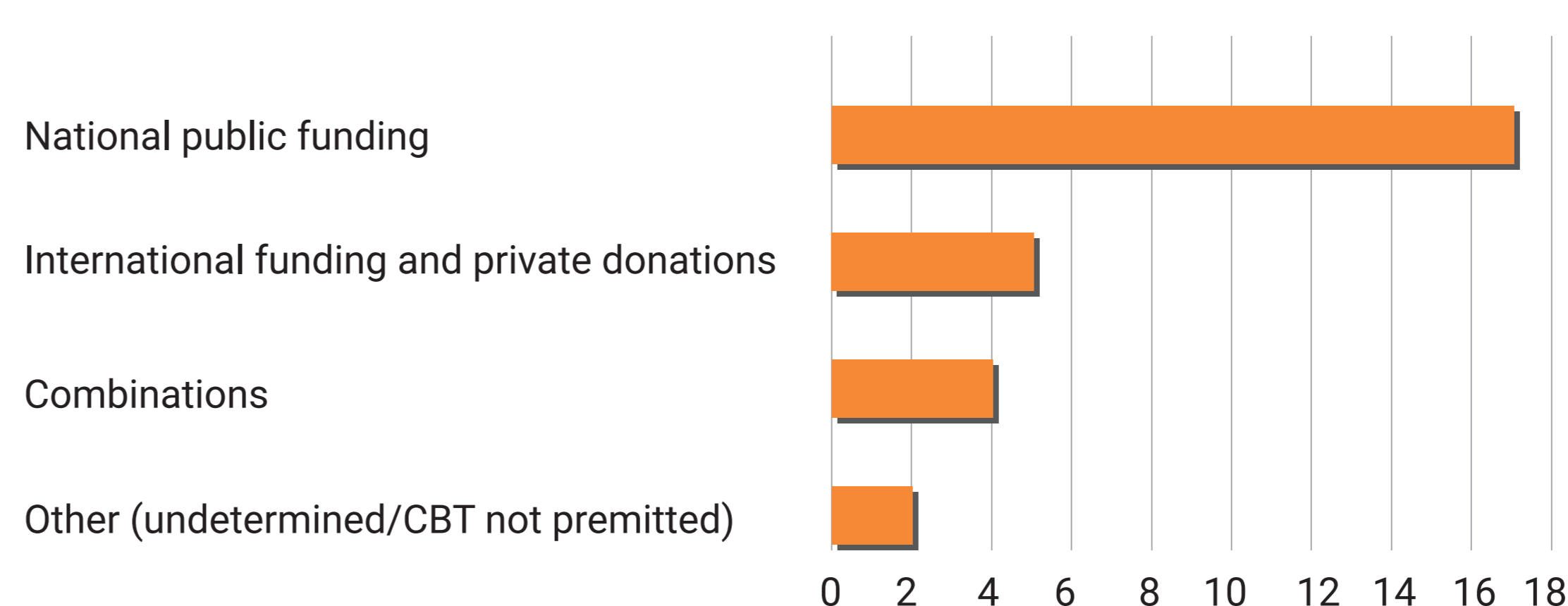
METHODS

A survey was conducted among members and partner organizations of AIDS Action Europe and the COBATEST Network. The structured questionnaire covered areas such as the availability of CBVCT services, the legal and policy situation regarding community-based testing, and the inclusion of CBVCT results in national surveillance systems as reported by the civil society. Desk research was also undertaken to gather relevant international and European policies, guidelines, and strategies. 38 responses from 28 countries in Europe and Central Asia were received, representing diverse epidemiological, political, geographical, and economic contexts (Armenia, Austria, Belgium, Croatia, Cyprus, Czechia, Denmark, Estonia, Georgia, Germany, Hungary, Ireland, Italy, Kyrgyzstan, Latvia, Malta, Moldova, Poland, Portugal, Romania, Russia, Serbia, Slovakia, Slovenia, Spain, Sweden, Turkey, Ukraine).

WHO CAN PERFORM RAPID HIV TESTING IN YOUR COUNTRY?



WHAT IS PREDOMINANT SOURCE OF TEST-KIT FUNDING?



LEGAL AND STRUCTURAL BARRIERS

Advocacy towards structural and legal barriers that CBVCTs face should focus on:

- lack of integration of CBVCT services into national HIV guidelines and/or outdated policies;
- harmonising national policies with international guidelines, particularly regarding HIV testing protocols;
- addressing the recognition and/or prohibition of testing by lay providers;
- integration of CBVCT data into national surveillance systems.

FINANCIAL BARRIERS

Advocacy towards financial challenges that CBVCTs face should focus on:

- addressing the non-inclusion of CBVCT services in national HIV plans/guidelines;
- securing sustainable funding for CBVCT services and ensure their integration into national HIV responses;
- reduce the administrative burden on CSOs when applying for funding;
- lowering prices for diagnostics.