

31 May 2023

EATG Diagnostics initiative for community-level service delivery

EATG mapping of diagnostics for self-testing of HIV and HCV



Access to and use of affordable, timely and quality testing tools in community settings.

Cross-country community research, community exchange and dialogue with stakeholders

Survey on HIV/HCV Self-testing kit pricing, availability, as well as of practical challenges and solutions

- 15-item online (Google Form) survey
- Input and review into survey draft by EATG members
- English and Russian communication to potential survey participants.
- Data collection: July-September 2021
- 70 respondents from 37 countries: 47 (EN) + 23 (RU)
- Vast majority affiliated with local NGO, 2 individuals
- Self-reported responses, some discrepancy in reporting for some countries

HIV/HCV ST pricing, availability, challenges & solutions

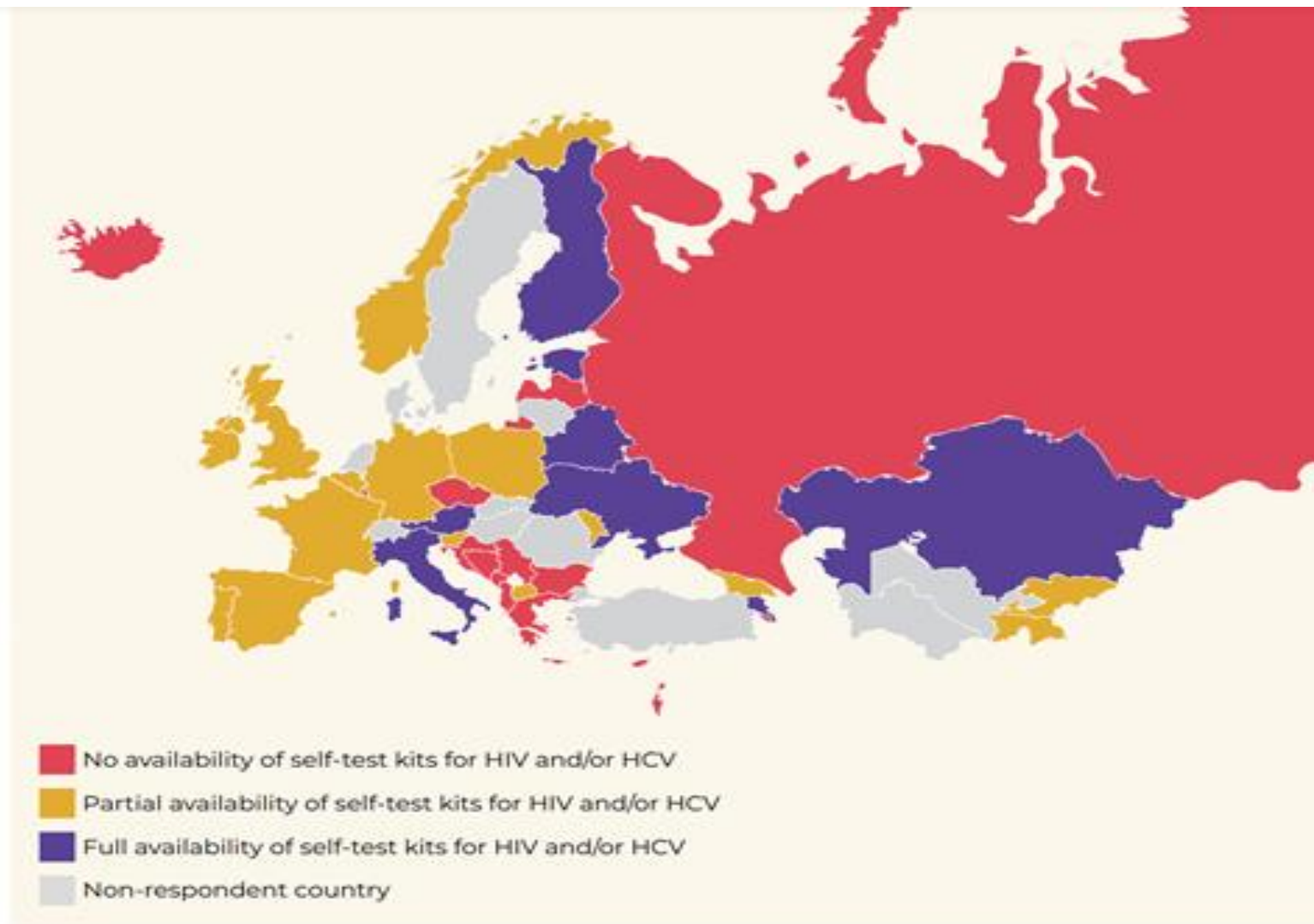


Figure 3.1. Country survey respondents by reported availability of self-test kits for HIV and/or HCV

Reported funding sources for free kits

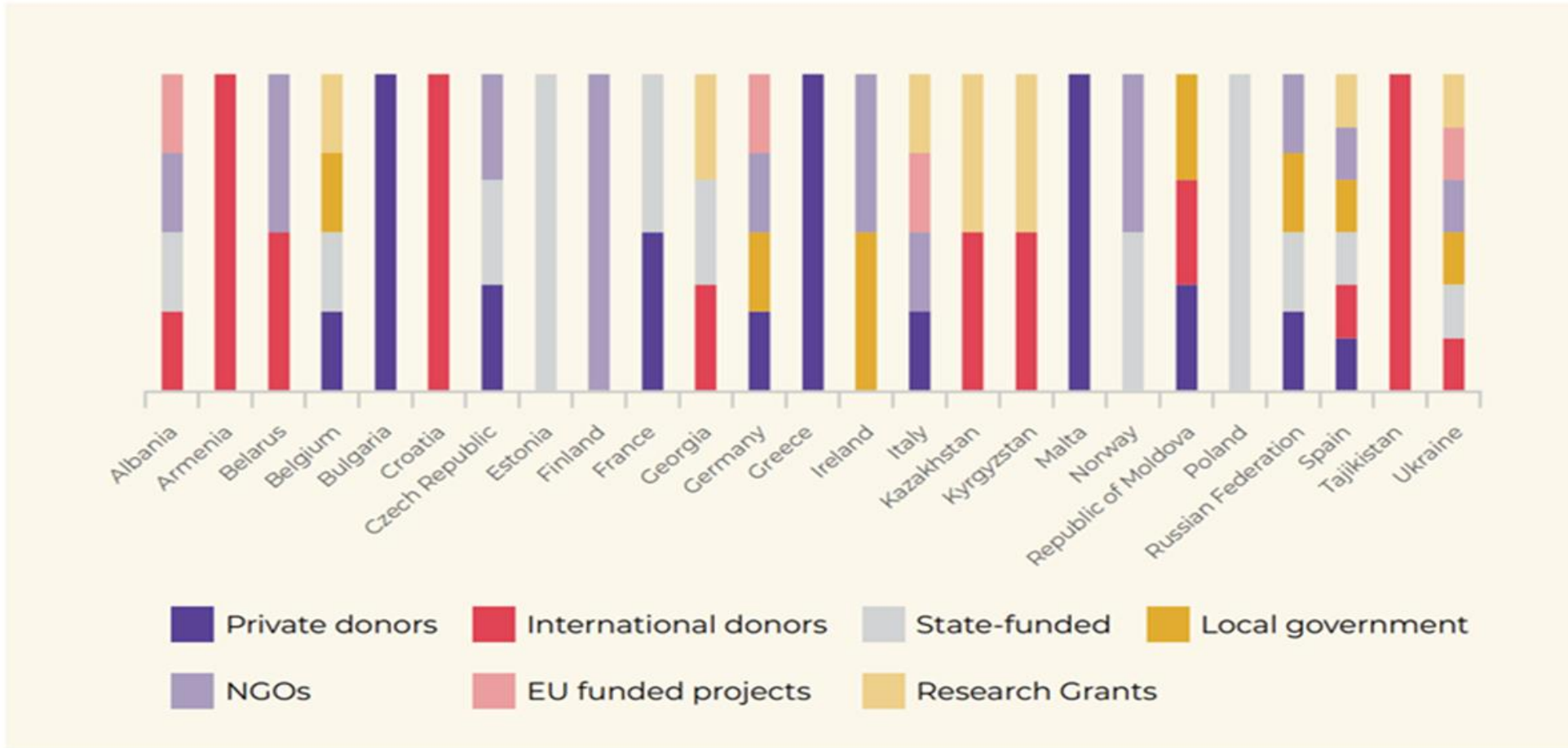


Figure 3.2. Cumulative country respondent reporting of funding sources for free HIVST kits

Table 3.3. Summary of country respondent reporting on factors preventing a country from establishing or maintaining self-test options for HIV and HCV

Category	Examples
<p>Community-level factors</p>	<ul style="list-style-type: none"> * Cost * Stigma * Lack of awareness * Lack of promotion to the general public * Poor knowledge of the option * Perception that medical professionals do not consider self-testing options as a priority or viewing self-testing as too innovative
<p>Administrative factors</p>	<ul style="list-style-type: none"> * HIV testing can only take place in clinical settings * Oral swab tests are more expensive than finger prick * Strict regulations and protocol on voluntary HIV testing and counselling * No HCVST policy /unavailable * HCVST kits lacking EC marking * Expansion of HIVST dependent on political will and mass distribution * Lack of appropriate and comprehensive local frameworks for monitoring and referrals * Additional investment in infrastructure and human resources of health authorities to distribute to the general population * HIVST only available during pilots for certain key populations * Local political will to respond to self-testing advocacy efforts * Bureaucracy and “old ways of thinking”
<p>Industry-related factors</p>	<ul style="list-style-type: none"> * Profit * Perceived lack of demand (as a result of lack of community awareness/education) * Small market * Unclear regulation

1 - Research aim

Country-specific policies, regulations, and practical factors

enabling or hindering community-level access to rapid diagnostic tests (RDTs) for self-testing of HIV and/or HCV

Armenia, Bosnia, and Herzegovina, Kazakhstan, Kyrgyzstan, Poland, Slovenia, and the Russian Federation.



2 - Methods

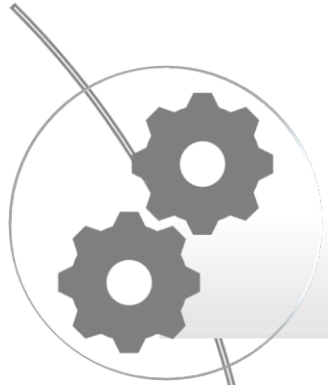


✓ **Self-testing is** "A process in which a person collects his or her own specimen (oral fluid or blood) and then performs a test and interprets the result, often in a private setting, either alone or with someone he or she trusts"

WHO Self-testing Guidelines: "HIV Self-testing and Partner Notification" and "Recommendations and Guidance on Hepatitis C Virus Self-testing"

Methods

- ✓ **WHEN:** October-November 2021
- ✓ **WHERE:** among key informants in Armenia, Bosnia and Herzegovina, Kazakhstan, Kyrgyzstan, Poland, Slovenia, and the Russian Federation (purposeful sampling of qualitative research)
- ✓ **HOW:** online semi-structured interviews in Russian and English with the use of the developed guide
- * *All interviews were analysed anonymously*
- * *All participants provided their informed consent*



Analysis



Data collection

- *7 countries*
- *18 interviews*
- *60 minutes*



Analysis

- *Debriefing forms*
- *Atlas.ti*
- *Deductive thematic coding analysis*

3 - Research Limitations



Limitations

- COVID-19 context
- Online format of the survey
- All respondents were representatives of community organizations
- Sampling was not sufficiently diverse
- Participants could provide socially acceptable responses
- Participants could miss important details (*recall bias*)
- Time limitations: saturation was not reached
- Simplified methodology of thematic coding analysis
- Results of qualitative research cannot be representative

4 - Results

and

Recommendations



Results

- ❖ Lack of a legal framework for HIV/HCV self-testing and/or implementation of existing laws in practice.

Key barriers to HIV/HCV self-testing on the national, institutional and individual levels for all Region:

- Information
 - ✓ Digital tools
- Stigma and confidentiality
- Funds
- Other factors:
 - ✓ Impact of SARS-COV-2 pandemic
 - ✓ Social and political situation in the country
 - ✓ Migration

Results

Provision of information:

- Inaccurate interpretation of "self-testing" results by respondents.
 - Lack of promotion of self-testing for HIV/HCV among key populations.
 - Mistrust and lack of knowledge among local authorities and healthcare professionals.
 - Low level of knowledge about HIV/HCV and sexual health among the general population.
- **Digital tools** (websites, hotlines, QR-codes with links to the video).

Results

➤ Stigma and confidentiality

- High level of stigmatization in the society in general and among health workers in particular.
 - ❖ ‘Normalization’ trends in the countries of Central and South-Eastern Europe.
- Division of stigma related to HIV and HCV. HIV-related stigma is more complicated, dominating and sustainable.
- Different levels of stigma towards representatives of different key populations.
- Sexual behavior and sexual relations, including sexual health issues are stigmatized.
 - ❖ Self-testing as a method to overcome stigma.

Results

➤ Funding

“It is complicated because poverty is everywhere. I think this economic component strongly affects the results” KG-3

- Governmental level: introduction of self-testing, free therapy.
- Community organizations: funding of the programs.
- Health care facilities and pharmacies: availability of test kits for HIV/HCV self-testing and their prices.

Results

➤ Other factors:

- ✓ Dual impact of SARS-COV-2 pandemic

*“The Covid-19 situation showed that this can be possible...
...we used the Covid-19 to implement this project” [HIVST in April 2022]”*

PL-1

- ✓ Social and political situation in the country
 - Influence of political philosophy, religion and propaganda...
- ✓ Migration

Recommendations

- Development and implementation of policies that regulate self-testing for HIV/HCV (dialogue between experts from civil society organizations and officials). *Policy gap analysis.*
- Integration of self-testing into the governmental strategies (with governmental funding).
- Ensuring availability and access to the test kits for HIV/HCV self-testing (dialogue with the manufacturers, suppliers, pharmacy workers and officials).
Price reduction.

Recommendations

- Raising awareness about HIV/HCV self-testing among key populations, officials, health care providers, representatives of civil society organizations. Increasing public awareness about HIV/HCV and sexual health.
- Reduction of the level of stigma and discrimination (training for health workers, pharmacy workers; special courses at medical educational institutions).
- Introduction of digital innovations.
- Learning and advocacy use of best practices in the introduction of digital health technologies and remote services.

Thank you for your attention!

Your feedback and comments are welcome

Acknowledgements

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December 2021 participants, EATG members

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