

COBATEST
NETWORK

Legal and policy environment of community-based testing in the WHO European Region

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Centre d'Estudis Epidemiològics
sobre les Infeccions de Transmissió
Sexual i Sida de Catalunya



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Background

- Community-based voluntarily counselling and testing (CBVCT) services play crucial role in reaching the most vulnerable groups and supporting them in learning their HIV status, accessing treatment and care.
 - In many countries of the WHO European Region, such services are as facing number of barriers, among them not being funded by national institutions, and CSOs struggle to give stability and continuity to their activities.
 - Despite these hardships, community-based services proved essential in times of the COVID-19 pandemic throughout which they ensured everyone still had access to testing, care and other necessary support.
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- Project *“Community Led and Based HIV Services - Key to Ending the HIV Epidemic in Europe and Central Asia”*
 - Pilot campaign on self-testing in Italy “JUSTLiLa”
 - COBATEST Appointment tool and experience with self-testing of the COBATEST network
 - Policy and legal barriers analysis from civil society perspective



Methodology and Coverage

- 38 responses from 28 countries in Europe and Central Asia, representing diverse epidemiological, political, geographical, and economic contexts.
- Data collected from COBATEST Network member- and partner-organizations through a standardized questionnaire.
- Questionnaire analysis focused on general information, legal and policy situation of community-based testing, and legal and policy situation of HIV self-testing.
- Desk research conducted to provide an overview of relevant international and European policies, guidelines, and strategies.

Countries included:

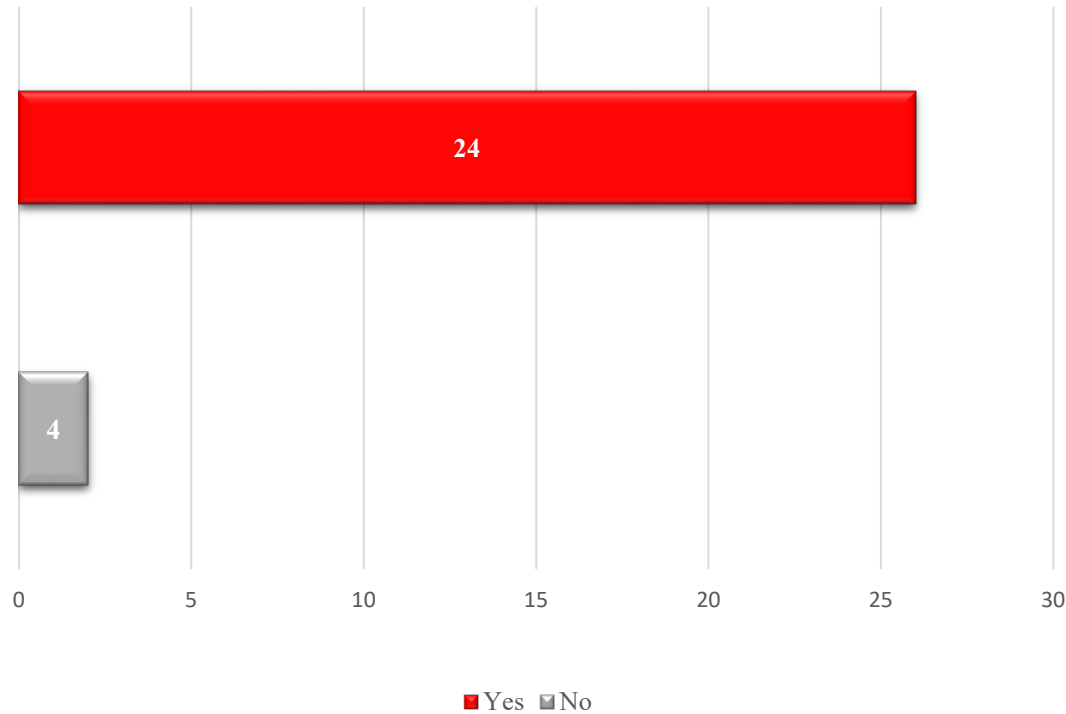


- Armenia
- Austria
- Belgium
- Croatia
- Cyprus
- Czechia
- Denmark
- Estonia
- Georgia
- Germany

- Hungary
- Ireland
- Italy
- Kyrgyzstan
- Latvia
- Malta
- Moldova
- Poland
- Portugal
- Romania

- Russia
- Serbia
- Slovakia
- Slovenia
- Spain
- Sweden
- Turkey
- Ukraine

Availability of community-based testing services



- In 24 of the 28 countries, community-based testing is reported to be legal or legal with some exceptions.
- Despite the legal framework, there may be variations in the practical implementation and accessibility of community-based testing services.
- In Turkey and Hungary, local CSOs can only provide community-based services in the form of counseling, and individuals seeking testing are commonly referred to healthcare facilities.
- Grey area: Romania and Cyprus

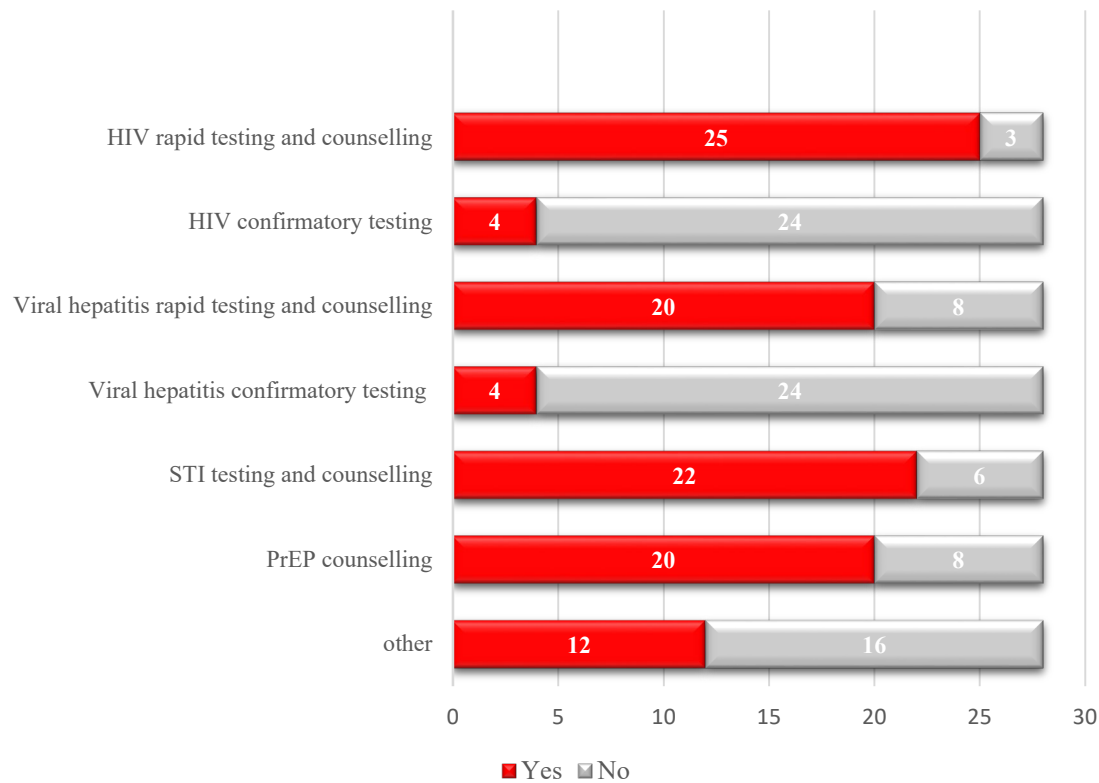


Monthly HIV Community In-House Testing

- Despite community-based testing being legal and available in most of the respondent countries, there are considerable differences in the practical use of CBVCT testing.
- Factors influencing these differences include legal barriers, funding constraints, access to healthcare, stigma-free testing, and availability of self-testing kits.
- The number of monthly CBVCT tests per 100,000 inhabitants varies across countries, with Georgia performing the highest average of 98.3 tests and Malta reporting the lowest average of 0.19 tests.

Which services are provided?

Which of the following services are provided by your organisation?

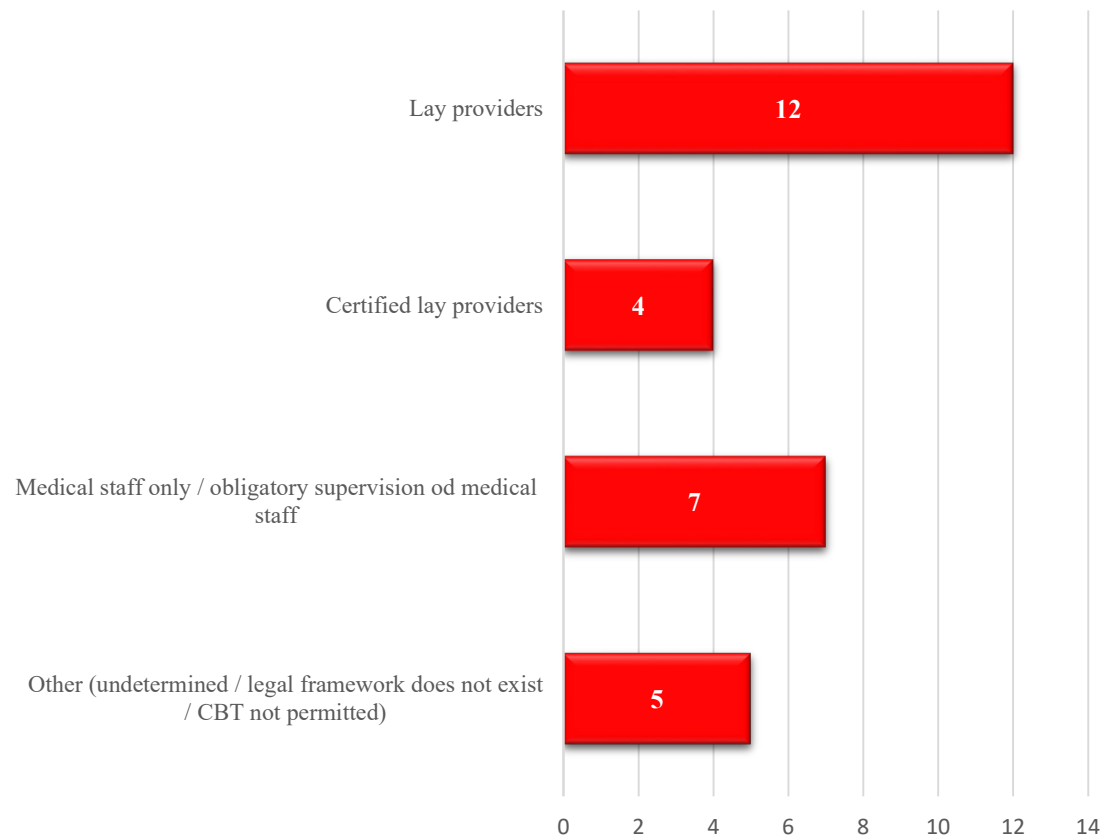


The range of testing options provided by CSOs varies based on national regulations.

- Only 4 out of the 28 countries allow CSOs to collect blood samples for confirmatory HIV testing, which are evaluated externally in clinical laboratory settings.
- Medical professionals are typically required to perform blood sampling, limiting the ability of CSOs without medical staff to provide this service. Individuals with reactive rapid tests are referred to healthcare facilities for further testing.

Qualifications necessary for the performance of rapid HIV testing

Who can perform rapid testing in your country?

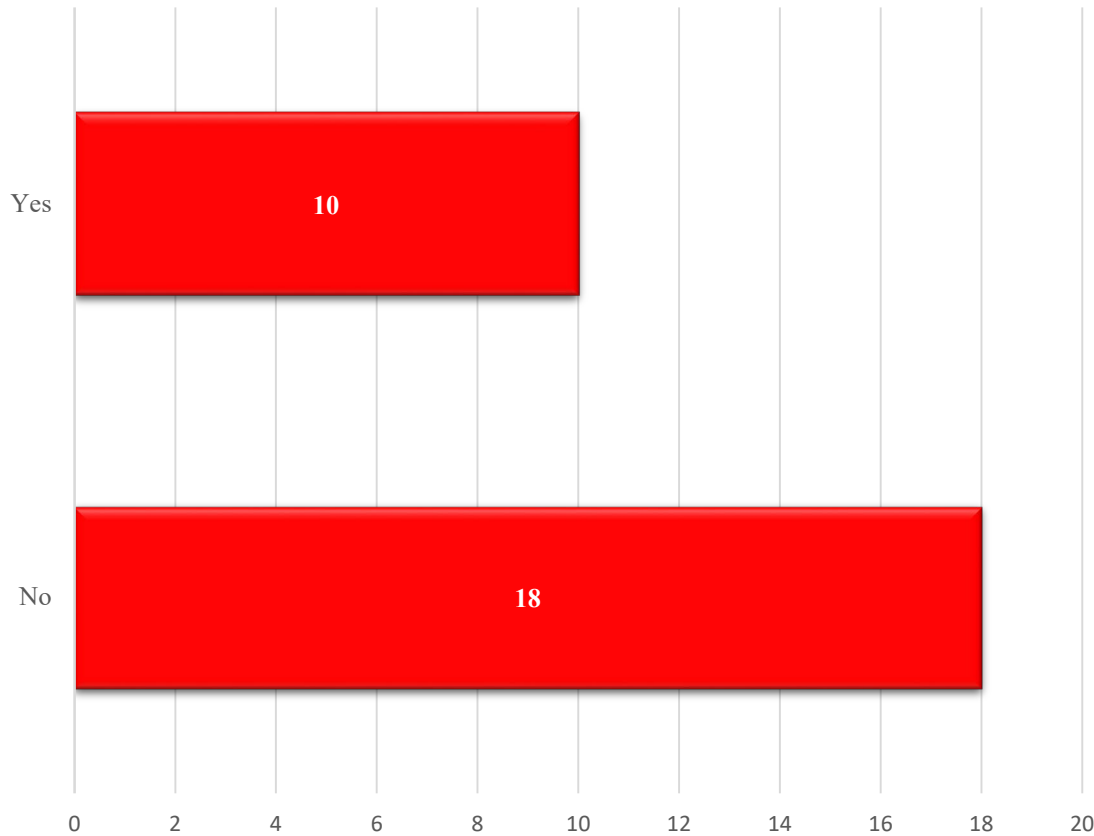


- Qualifications needed to legally perform rapid HIV testing is largely dependent on the level of attention given to HIV response in each country.
- In countries, where there is a strong focus on HIV and STI prevention, official national training for lay providers is available (e.g. Italy, Belgium, Germany) after which they are legally allowed to perform the testing.
- In other countries, training is provided by the CSOs themselves and is considered to be sufficient (e.g. Georgia, Ireland, Portugal, etc.).
- In some countries, rapid HIV testing can reportedly be only performed by medical staff or under the supervision of medical staff (e.g. Austria, Croatia, Czechia, etc.) due to which the local CSOs must either have medical staff on their premises, or they have to closely cooperate with HIV clinics.
- In several of the countries, however, the necessary qualifications of the person performing HIV testing depends on the licence held by the service provider. The requirements vary between organisations and regions (e.g. Denmark, Sweden, Serbia, etc.).



Availability of national training for lay providers

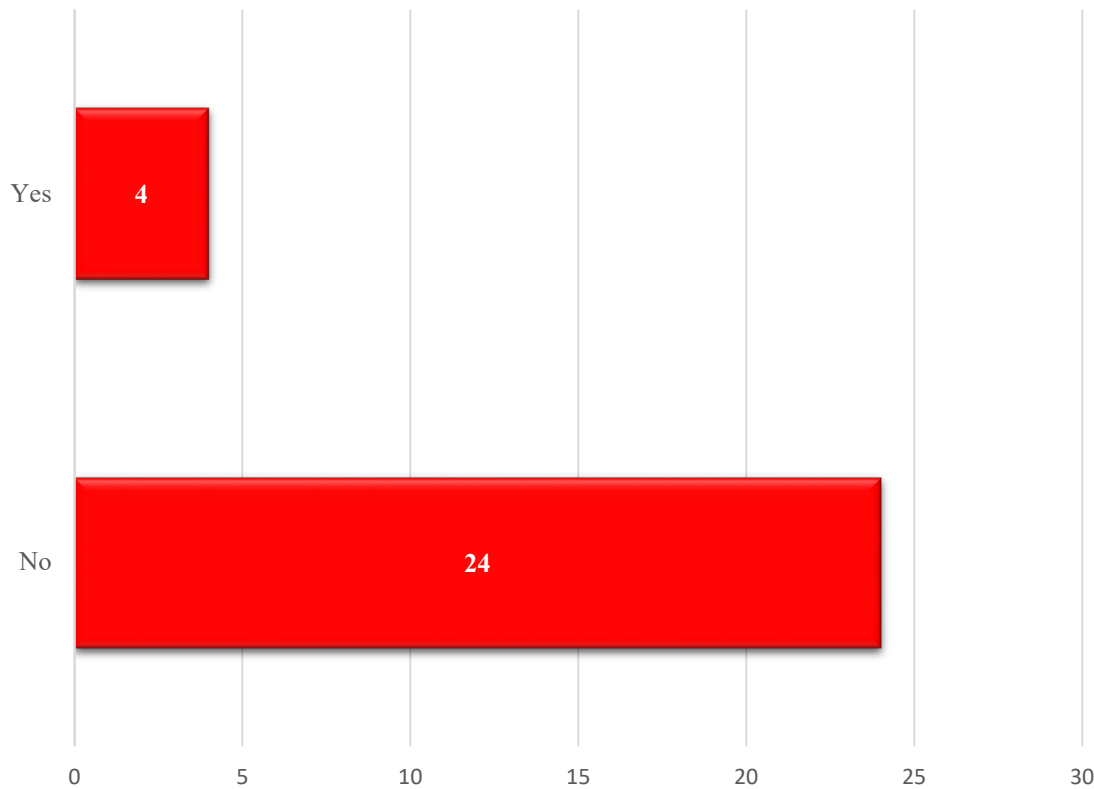
Are there national trainings for lay providers?



- Official national training (i.e. training organized by a public/state body) is indicated to be available in 10 of the 28 respondent countries. Such training is often available from national HIV centres.
- In the remaining countries where rapid HIV testing may be performed by lay providers or certified lay providers, HIV rapid testing training is usually one of the core activities of the local CSOs – training is available within the organisation offering HIV rapid testing.

Confirmatory HIV testing

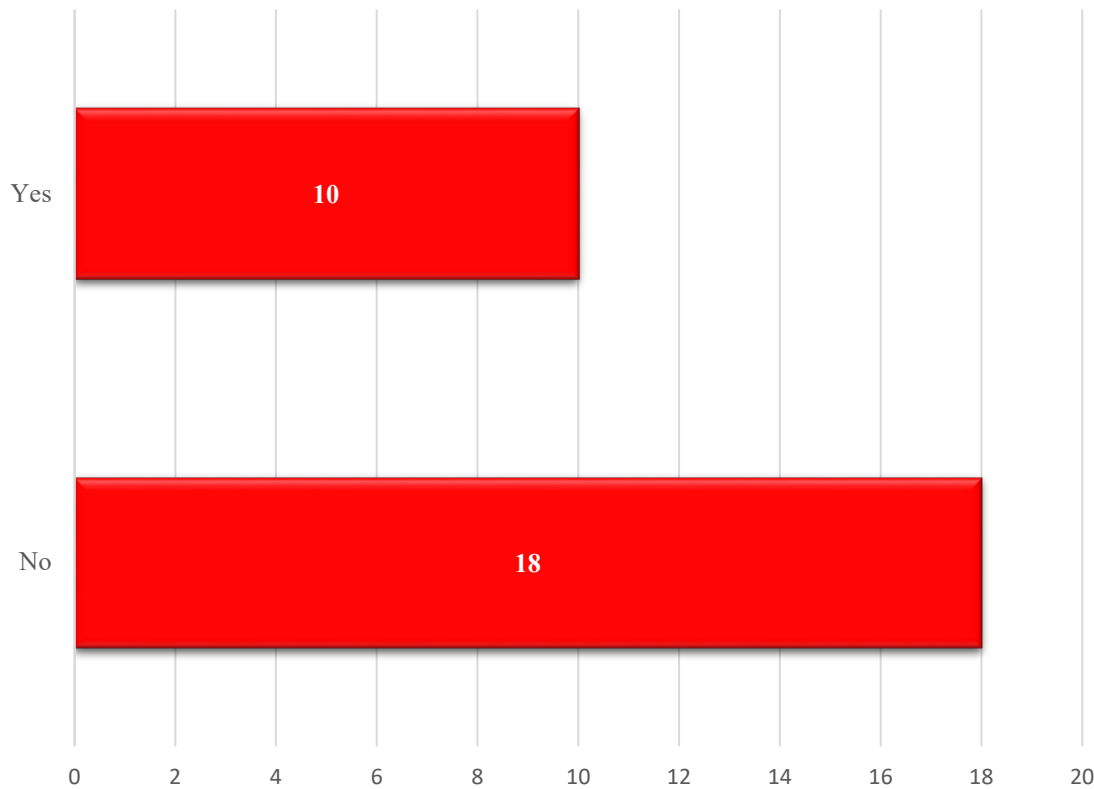
If a rapid HIV test is reactive, can your organisation perform a confirmatory test?



- In the majority of countries (24 out of 28), CSOs cannot perform a confirmatory test if the HIV rapid test result is reactive.
- Patients with reactive rapid test results are referred to local healthcare providers, infectious disease clinics, or hospitals for confirmatory testing.
- However, in four countries (such as Austria and Poland), CSOs equipped for the task can conduct confirmatory tests or collect blood samples for external laboratory evaluation.
- Slovenia only laboratory testing

Linkage to care

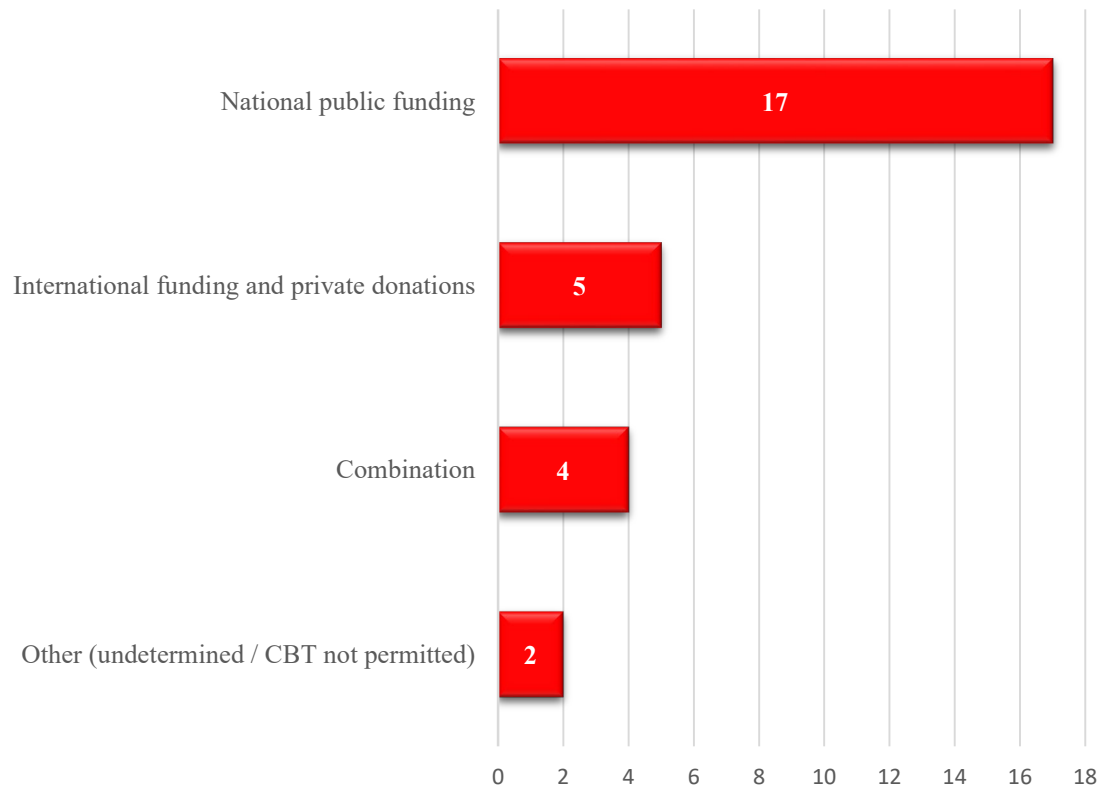
Are patients regularly accompanied to the appointment for confirmatory testing?



- Linkage to care, ensuring that individuals with HIV receive appropriate medical care, is reported to be ensured in all respondent countries.
- In 10 out of the 28 countries, CSOs stated that they regularly accompany patients to their confirmatory test appointments, subject to patient consent.
- CSOs may assist patients by booking them for confirmatory testing at clinics or hospitals.
- Once a rapid HIV test result is reactive, CSOs strive to facilitate the linkage to care for individuals, ensuring they receive necessary treatment and support.
- Confirmatory testing is often stated to be free of charge, ensuring its accessibility to all individuals, regardless of financial constraints.

Funding of test-kits

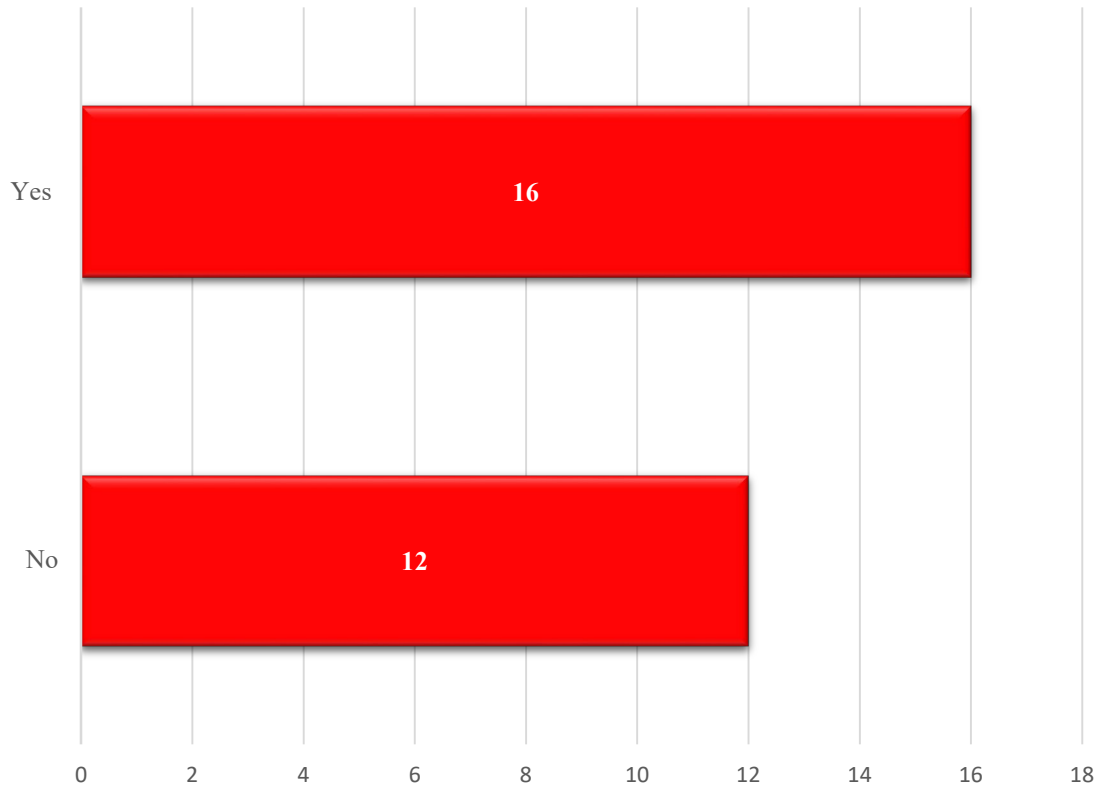
What is the predominant source of test-kit funding?



- The overall funding for community-based testing services varies across countries.
- While many CSOs receive public funding for their activities, the funding for test kits themselves may not always be covered.
- Some CSOs rely on donations from pharmaceutical companies or purchase test kits from privately funded budgets.
- In countries like Kyrgyzstan and Russia, test kits may be partly financed through international sources such as UNDP or Global Fund funding.
- The dependence on external funding sources for test kits poses challenges for the sustainability and availability of community-based testing services.

Inclusion of CBVCT testing results in the national surveillance system

Is the data from the CBVCT testing included in the national surveillance system?



- In 16 out of the 28 countries, data obtained from CBVCT testing activities are reported to national bodies, often in an anonymized form due to the anonymous nature of CBVCT services.
- Since most of the CSOs are not legally allowed to perform confirmatory testing, which has to be performed in clinical settings, it can be assumed that in the remaining 12 countries the CBVCT test results are at least to some extent (when reactive) reflected in the national surveillance system.

Identified Advocacy Topics

- Several recurrent advocacy topics emerged from the survey responses.
- These topics can be categorized into three groups
 - Financial
 - Legal
 - Systemic

Financial Advocacy Issues

- Financial advocacy focuses on addressing the non-inclusion of CBVCT services in national HIV plans/guidelines.
- Advocacy efforts should aim to secure sustainable funding for CBVCT services and ensure their integration into national HIV responses.
- Grant application processes should be streamlined to reduce the administrative burden on CSOs and provide more stable funding for their activities.

Legal Advocacy Issues

- Legal advocacy focuses on addressing the recognition and prohibition of testing by lay providers.
- Advocacy efforts should seek to promote policy changes that allow trained lay providers to perform rapid HIV testing independently.

Systemic Advocacy Issues

- Systemic advocacy focuses on increasing recognition and support for CSOs and their work.
- Advocacy efforts should call for better resources, capacity building, and collaboration opportunities for CSOs in the HIV response.
- Emphasize the need for enhanced awareness programs and campaigns to promote testing and adherence to existing national HIV plans and guidelines.
- The need for better communication and data sharing between CSOs and national health authorities underscores the importance of comprehensive data collection for monitoring and evaluating the HIV and viral hepatitis response. Advocacy efforts should aim to strengthen data inclusion and compilation mechanisms to ensure that CBVCT data is integrated into national surveillance systems effectively.

Global AIDS Strategy 2021 - 2026

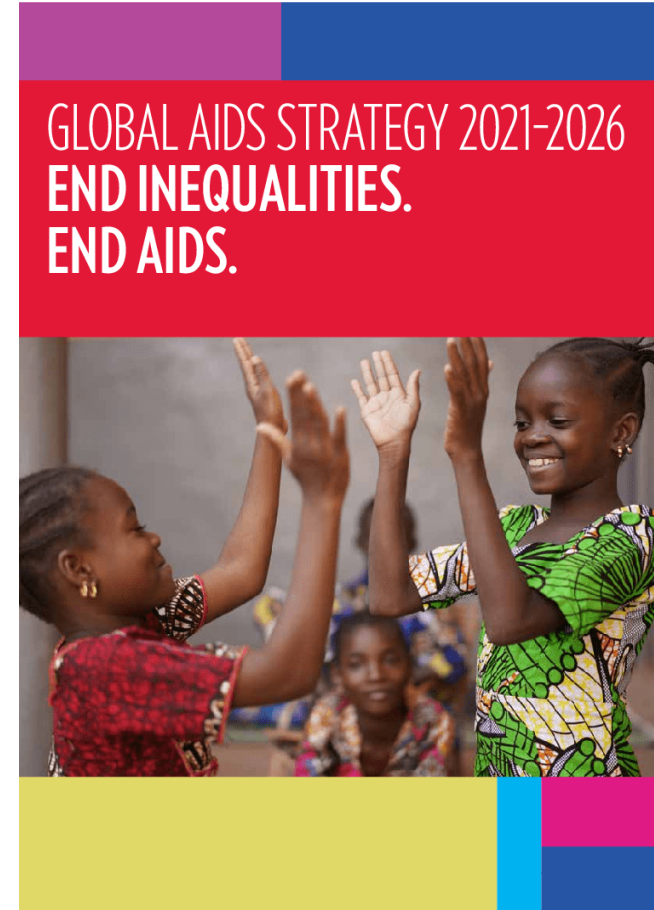
The Global AIDS Strategy 2021–2026 is focused on reducing inequalities

The Strategy builds on three interlinked strategic priorities:

Strategic Priority 1: maximize equitable and equal access to HIV services and solutions;

Strategic Priority 2: break down barriers to achieving HIV outcomes;

Strategic Priority 3: fully resource and sustain efficient HIV responses and integrate them into systems for health, social protection, humanitarian settings and pandemic responses.





Removing Barriers to Testing, Treatment, and Care



- It is crucial to address societal, legal, and regulatory barriers that impede access to testing, prevention, treatment, and care.



- The UNAIDS 2025 targets have been updated to guide global efforts. These targets aim to achieve the following:



- 95% of all people living with HIV know their HIV status



- 95% of people who know their HIV-positive status initiate treatment



- 95% of those receiving treatment reach suppressed viral loads.



- To meet these targets, a differentiated approach to diagnosis, prevention, and treatment of HIV is essential.



Community-Based Testing Services

- Community-based testing has been recommended by the World Health Organization (WHO) since 2013, with the goal of expanding testing frequency and coverage, particularly among key populations and their partners.
- Community-based testing services can be delivered through different approaches, such as fixed locations, mobile outreach, or community events. This approach facilitates access to testing for individuals who may face barriers in accessing healthcare facilities.
- The WHO emphasizes the importance of trained lay providers and peers in conducting HIV rapid diagnostic tests as part of community-based testing services. National regulations and policies should support the involvement of these trained individuals, following the task-sharing approach to alleviate the burden on the healthcare system.



Differentiated Approach to Diagnosis and Testing

- The differentiated approach to HIV diagnosis and testing involves a combination of testing methods to reach diverse populations effectively:
 - Facility-based testing
 - Community-based testing services
 - HIV self-testing



Strategies to Improve Access to HIV Testing

- To make HIV testing services more accessible, the World Health Organization (WHO) outlines several strategies:
 - Integration
 - Decentralization
 - Task Sharing

Role of Community-Based Testing Services

- WHO provides specific recommendations on the role of community-based HIV testing services within national settings based on the HIV burden:
 - In high-HIV-burden settings, community-based HIV testing services are recommended in addition to routine facility-based HIV testing, targeting all populations, particularly key populations.
 - In low-HIV-burden settings, community-based HIV testing services are recommended in addition to routine facility-based HIV testing, focusing on key populations.
- Trained lay providers who have received proper training and supervision to use rapid HIV tests can independently conduct safe and effective community-based HIV testing services.



Training for Community-Based Testing

- The World Health Organization (WHO) recommends that trained lay providers and peers are most suitable for conducting HIV rapid diagnostic tests as part of community-based testing services.
- These trained individuals can effectively perform HIV testing and contribute to expanding testing coverage, especially in areas facing a shortage of medical professionals.
- National regulations and policies should enable and support trained lay providers to conduct HIV testing, aligning with the task-sharing approach that helps alleviate the burden on the healthcare system.



ECDC Priorities for Action

- The European Centre for Disease Prevention and Control (ECDC) recommends community-based testing and self-testing as effective interventions to increase the coverage of HIV testing and early diagnosis in Europe and Central Asia.
- However, some countries in the region have outdated national guidelines for HIV testing, which may not align with the latest international and professional guidelines. Thus, one of the ECDC's identified priorities for action is to review and update national HIV testing guidelines.
- By aligning national guidelines with the latest recommendations, countries can ensure that their testing protocols address key populations, recommend appropriate testing frequencies, and incorporate best practices.
- Other priorities for action set out by ECDC include expanding the range of HIV testing, removing restrictions on who can perform HIV testing, reducing the cost of testing, and streamlining monitoring systems.
- These actions can contribute to improving testing accessibility, accuracy, and effectiveness in the region.

Conclusion

- Community-based testing (CBVCT) plays a crucial role in expanding access to HIV and viral hepatitis testing and reaching key populations.
- Despite progress, policy and legal barriers continue to impede the full implementation of CBVCT services across Europe and Central Asia.
- Financial challenges, legal restrictions on lay providers, and systemic issues hinder the scale-up and sustainability of CBVCT services.
- To overcome these barriers, it is crucial to adopt and implement international guidelines and recommendations, such as those provided by the World Health Organization (WHO) and the European Centre for Disease Prevention and Control (ECDC).

Conclusion

- The ultimate goal is to strengthen community-based testing, enhance access to testing services, and contribute to ending the HIV and viral hepatitis epidemics.
- Key strategies include training and supporting lay providers, integrating HIV services with other health services, decentralizing testing to improve accessibility, and leveraging task sharing to address healthcare workforce shortages.
- Additionally, HIV self-testing has emerged as an effective approach to reach individuals who might not otherwise access testing services, with appropriate guidelines and confirmatory testing protocols in place.
- Addressing these barriers and implementing these strategies will contribute to expanding testing coverage, reaching key populations, and ultimately improving early diagnosis and treatment outcomes for HIV and viral hepatitis.