



Factsheet 6 HIV Policy factsheet

Why free, confidential and voluntary HIV testing needs to be a national priority

Fast facts

- 2,3 million people are living with HIV in the WHO European Region¹
- At least one in five PLHIV (People living with HIV) are unaware that they are HIV positive¹
- Over 50% of people living with HIV are diagnosed late^{1,2,3}
- Late diagnosis can result in:^{3,4}
 - o Increased morbidity and mortality
 - o Increased **costs** to the healthcare system
 - Higher chance of onward transmission
- More new HIV infections and late diagnoses occur when access to free, confidential and voluntary testing is limited

Increasing access to, and acceptance of, free, confidential and voluntary HIV testing including linkage to treatment and care needs to be a priority for governments across Europe

• In [insert country] there are [insert number] people living with HIV; of those it is estimated that [insert number] are unaware of their HIV status go here to obtain the most recent figures for your country/region

European Testing Week aims to encourage the universal adoption and implementation of national HIV testing guidelines,

as well as WHO guidelines on HIV testing services which aim to scale up and improve HIV testing and the 2018 ECDC public health guidance which encourages the integration of testing for HIV, hepatitis B and C. These guidelines include the following recommendations:^{5,6}

 Voluntary, confidential and free HIV testing should be routinely offered to all key populations and made available in a variety of settings, such as at STI clinics, drug dependency services, and among patients with HIV indicator conditions attending a range of healthcare services (e.g. patients with tuberculosis, viral hepatitis or lymphoma)⁵



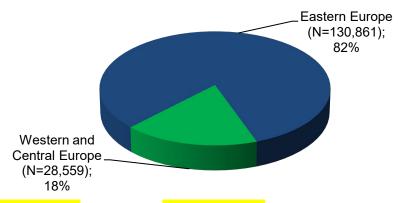


- Community-based HIV testing services for key populations, with linkage to prevention, treatment and care services, is recommended in addition to provider initiated testing⁵
 - Lay providers who are trained and supervised should be able to independently conduct safe and effective HIV testing using RDTs⁵
- Retesting should be offered "at least once a year and up to every three months depending on ongoing risk, sexual behaviour, history of sexually transmitted infections, use of pre- or post-exposure prophylaxis (PrEP, PEP) and local HIV prevalence or incidence" to those at risk, and more frequent voluntary retesting should be offered and available⁶
- Robust monitoring and evaluation should be conducted as an essential component of an HIV testing programme to ensure that the programme provides high quality HIV testing^{5,6}

HIV continues to be an active epidemic in Europe

- 2.3 million people are living with HIV in the European Region¹
 - In 2017, there were 159 420 newly diagnosed infections were reported in 50 of the 53 countries in the WHO European region¹

BREAKDOWN OF REPORTED NEW CASES OF HIV INFECTION ACROSS CENTRAL, WESTERN, AND EASTERN EUROPE, 2017^{1**}



- In [insert country] there are [insert number] people living with HIV; of those, it
 is estimated that [insert number] are unaware of their HIV status go here to
 obtain the most recent figures for your country/region
- Increasing access to HIV testing will help to increase the number of people aware of their HIV status and, in turn, reduce onward transmission

HIV testing is cost effective





- People diagnosed late incur higher HIV treatment expenditures over their lifetime than those who are diagnosed early
 - Medical expenses for late diagnosis are up to 3.7 times higher than expenses for timely diagnosis and treatment^{7,8}
 - Even after 7 to 8 years, late diagnosis is still associated with higher cumulative expenses
 - Even when undiagnosed HIV prevalence is as low as 0.1%, HIV testing initiatives are still cost effective^{7,8}
- New testing technology offers a variety of cost-effective rapid HIV testing kits that are now available across Europe and should be used to improve access to testing

There are more new HIV infections and late diagnoses when access to free, confidential and voluntary testing is limited

- Access to free, confidential and voluntary HIV testing varies from country to country across Europe, despite European guideline recommendations
- It is estimated that **54% of all new HIV infections** derive from people who are **not aware of their positive HIV status**¹⁰

Why has the incidence of new HIV infections not decreased?

- In some Eastern European countries, laws exist that criminalise people living with HIV, as do laws that criminalise sex workers, people who inject drugs and men who have sex with men which can be a barrier to timely HIV testing¹¹
- Fear associated with HIV, along with worries about stigma and discrimination, can prevent people from seeking an HIV test, as well as difficulty accessing testing services¹²
- Healthcare providers may have a lack of knowledge or training, insufficient time to offer testing or there may be a context of inadequate reimbursement. This leads to many missed opportunities for HIV testing within healthcare setting encounters^{13,14,15}





Steps to overcome barriers to increasing access to and uptake of free, confidential and voluntary HIV testing

- 1. **Tackle** any patient, healthcare-provider or institutional/policy-level **barriers** that are preventing the introduction of HIV testing initiatives
- 2. **Adopt European HIV testing guidelines** or implement national ones to offer free, confidential and voluntary HIV testing
- 3. **Reduce stigma** associated with HIV by communicating the benefits of HIV testing and treatment advances to populations at higher risk of HIV and those who should be offering tests

Countries in the WHO European Region

Western: Andorra, Austria, Belgium, Denmark, Finland, France, Germany, Greece, Iceland, Ireland, Israel, Italy, Luxembourg, Malta, Monaco, Netherlands, Norway, Portugal, San Marino, Spain, Sweden, Switzerland, United Kingdom.

Central: Albania, Bosnia and Herzegovina, Bulgaria, Croatia, Cyprus, Czech Republic, Hungary, the former Yugoslav Republic of Macedonia, Montenegro, Poland, Romania, Serbia, Slovakia, Slovenia, Turkey.

Eastern: Armenia, Azerbaijan, Belarus, Estonia, Georgia, Kazakhstan, Kyrgyzstan, Latvia, Lithuania, Moldova, Russia, Tajikistan, Turkmenistan, Ukraine, Uzbekistan.

References

- 1. European Centre for Disease Prevention and Control/ WHO Regional Office for Europe. HIV/AIDS surveillance in Europe 2017. Stockholm: ECDC; 2018.
- European Centre for Disease Prevention and Control. Thematic report: Continuum of HIV care. Monitoring implementation
 of the Dublin Declaration on Partnership to Fight HIV/AIDS in Europe and Central Asia: 2017 progress report. Stockholm:
 FCDC: 2017
- 3. European late presenter working group: Late presentation of HIV infection: A consensus definition, HIV Medicine 2010
- 4. Mocroft A et al. Risk Factors and Outcomes for Late Presentation for HIV-Positive Persons in Europe: Results from the Collaboration of Observational HIV Epidemiological Research Europe Study (COHERE). PLoS Med, 2013
- 5. World Health Organization. Consolidated Guidelines on HIV Testing Services. Geneva: WHO; 2015.
- 6. European Centre for Disease Prevention and Control. Public health guidance on HIV, hepatitis B and C testing in the EU/EEA An integrated approach. Stockholm: ECDC; 2018.
- Krentz, HB & Gill MJ. Cost of medical care for HIV-infected patients within a regional population from 1997 to 2006. HIV Medicine (2008), 9, 721–730.
- 8. Fleishman JA, Yehia BR, Moore RD, Gebo KA& HIV Research Network . The Economic Burden of Late Entry Into Medical Care for Patients With HIV Infection. Med Care. 2010 December; 48(12): 1071–1079.
- Campsmith ML et al. Undiagnosed HIV prevalence among adults and adolescents in the United States at the end of 2006.
 J Acquir Immune Defic Syndr. 2010;53:619-624.
- 10. Marks G et al. Estimating sexual transmission of HIV from persons aware and unaware that they are infected with the virus in the US AIDS 2006, 20:1447–1450.
- 11. Global Commission on HIV and the Law. HIV and the Law: Risks, Rights & Health. UNDP, HIV/AIDS Group, 2012.
- 12. Deblonde J et al. Barriers to HIV testing in Europe: a systematic review. European Journal of Public Health, 2010, Vol. 20, No. 4, 422–432
- 13. Mounier-Jack S et al. HIV testing strategies across European countries. HIV Medicine (2008), 9 (Suppl. 2), 13–19.
- 14. Sullivan AK, Raben D, Reekie J, Rayment M, Mocroft A, et al. (2013) Feasibility and effectiveness of indicator condition-guided testing for HIV: results from HIDES I (HIV Indicator Diseases across Europe Study). PLoS One 8: e52845.
- 15. Partridge DG et al. HIV testing: the boundaries. A survey of HIV testing practices and barriers to more widespread testing in a British teaching hospital International Journal of STD & AIDS 2009; 20: 427-428.