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EATG mapping of diagnostics for self- testing of HIV and HCV *preliminary results*

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ETW webinar: self-testing for hepatitis C, 8 November 2021



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Diagnostics initiative for community-level service delivery

- ⇒ Enhance access to and use of affordable, timely and quality testing tools in community settings.

- ⇒ Cross-country community **research**, community exchange and dialogue with stakeholders
 - community understanding on HIV/HCV ST pricing, availability, as well as of practical challenges and solutions (**survey**)
 - how the concept of self-testing is exercised and understood on the ground(country key informants interviews)
 - how to promote facilitators and/or address barriers to self-testing in a specific context (country key informants interviews)



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Mapping method

- 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

Respondents

- 70 respondents from 37 countries: 48 (EN) + 23 (RU)
- Vast majority affiliated with local NGO, 2 individuals
- Self-reported responses, some discrepancy in reporting for some countries



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Table 1. Survey respondent reporting on availability of HIV and/or HCV self-test kits

Situation reported	Country
Full availability of HIV and/or HCV self-test kits	Armenia *
	Austria
	Belarus
	Estonia
	Finland
	Italy *
	Kazakhstan
	Ukraine
Partial availability of HIV and/or HCV self-test kits	Belgium *
	Czechia
	France
	Georgia
	Germany
	Ireland
	Kyrgyzstan
	Malta
	Norway
	North Macedonia
	Poland
	Portugal
	Republic of Moldova
	Slovenia
	Spain
	Tajikistan *
UK	
No availability of HIV and/or HCV self-test kits	Albania
	Bosnia and Herzegovina
	Bulgaria
	Croatia
	Cyprus
	Greece
	Iceland
	Israel
	Latvia
	Montenegro
	Serbia
Russian Federation	



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Table 3. Cumulative country respondent reporting of funding sources for free HIVST kits

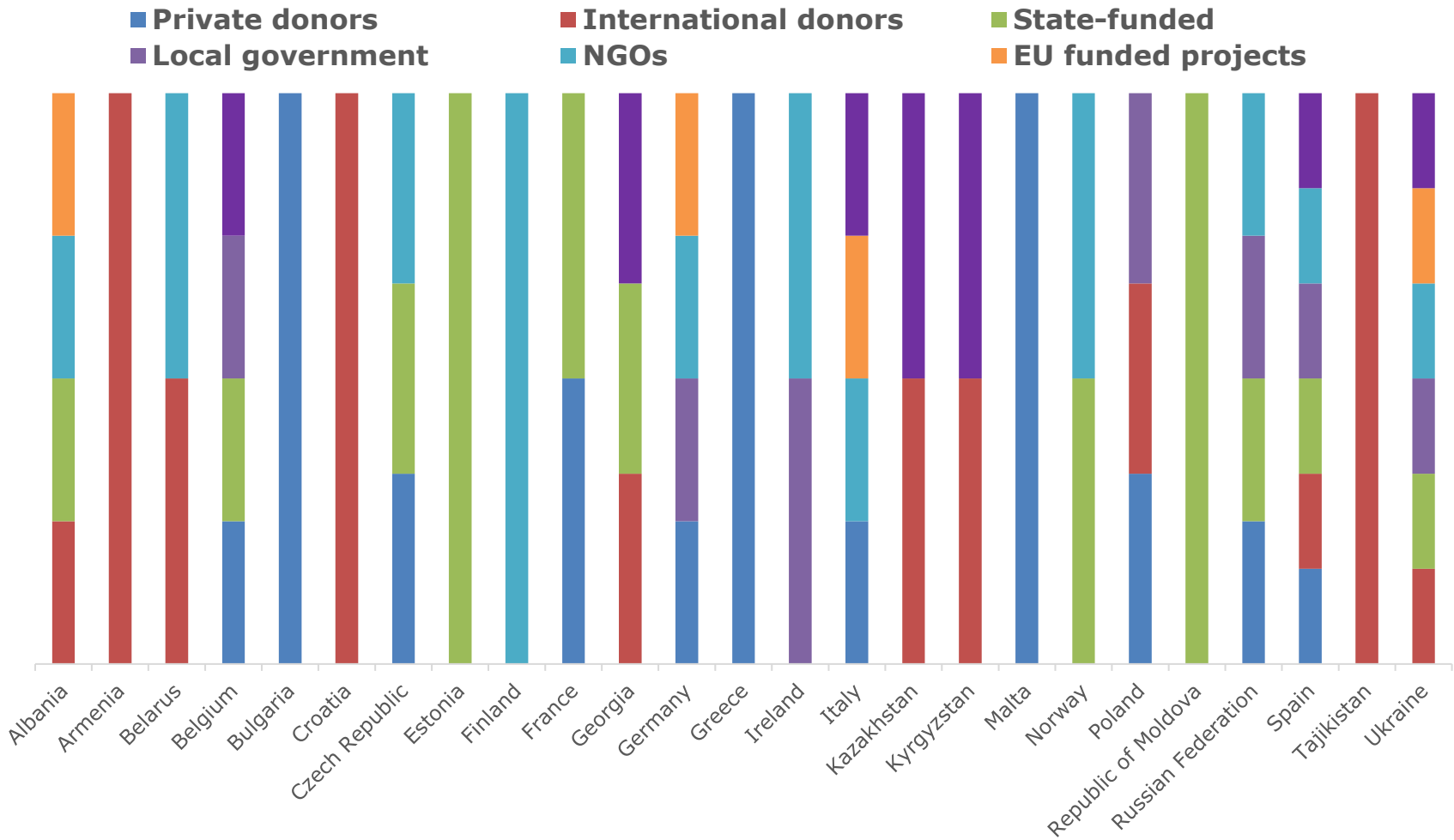
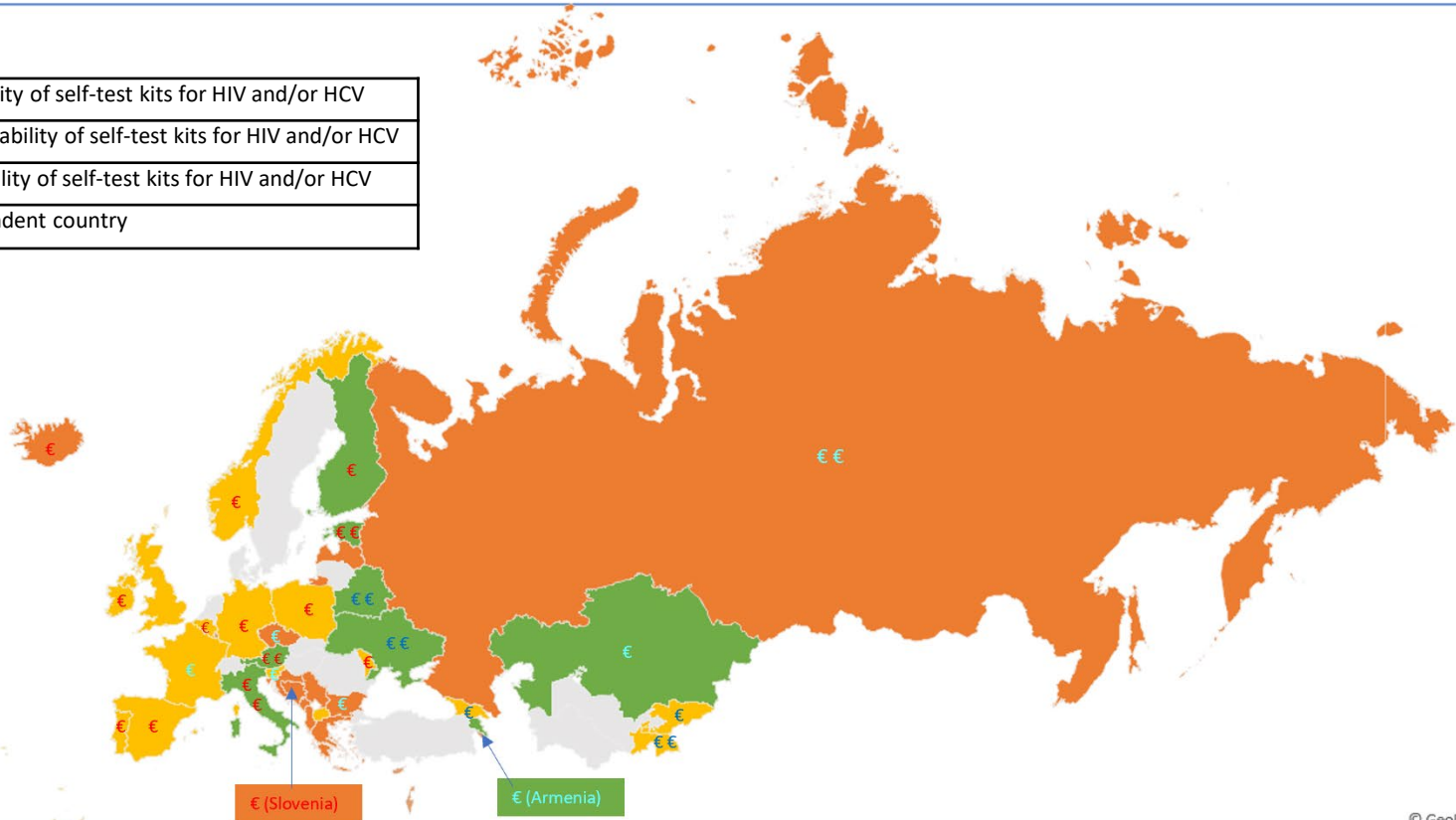




Figure 1. Country survey respondents by reported availability of self-test kits for HIV and/or HCV

	No availability of self-test kits for HIV and/or HCV
	Partial availability of self-test kits for HIV and/or HCV
	Full availability of self-test kits for HIV and/or HCV
	Non-respondent country



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Reported restrictions

1. No approved self-testing kits for HIV/HCV
2. No reference to ST in national programme => no funding for it
3. Requirement for all testing to be conducted by a healthcare professional, or within a diagnostic laboratory
4. HIVST kit distribution only to selected key populations
5. Limit of one HIVST kit distributed to an individual every three months
6. Minimum age requirements to access HIVST
7. Impact of local political context on other countries
8. Expired license on registration for certified self-tests for professional use
9. Legal sale of HIVST kits limited to pharmacy

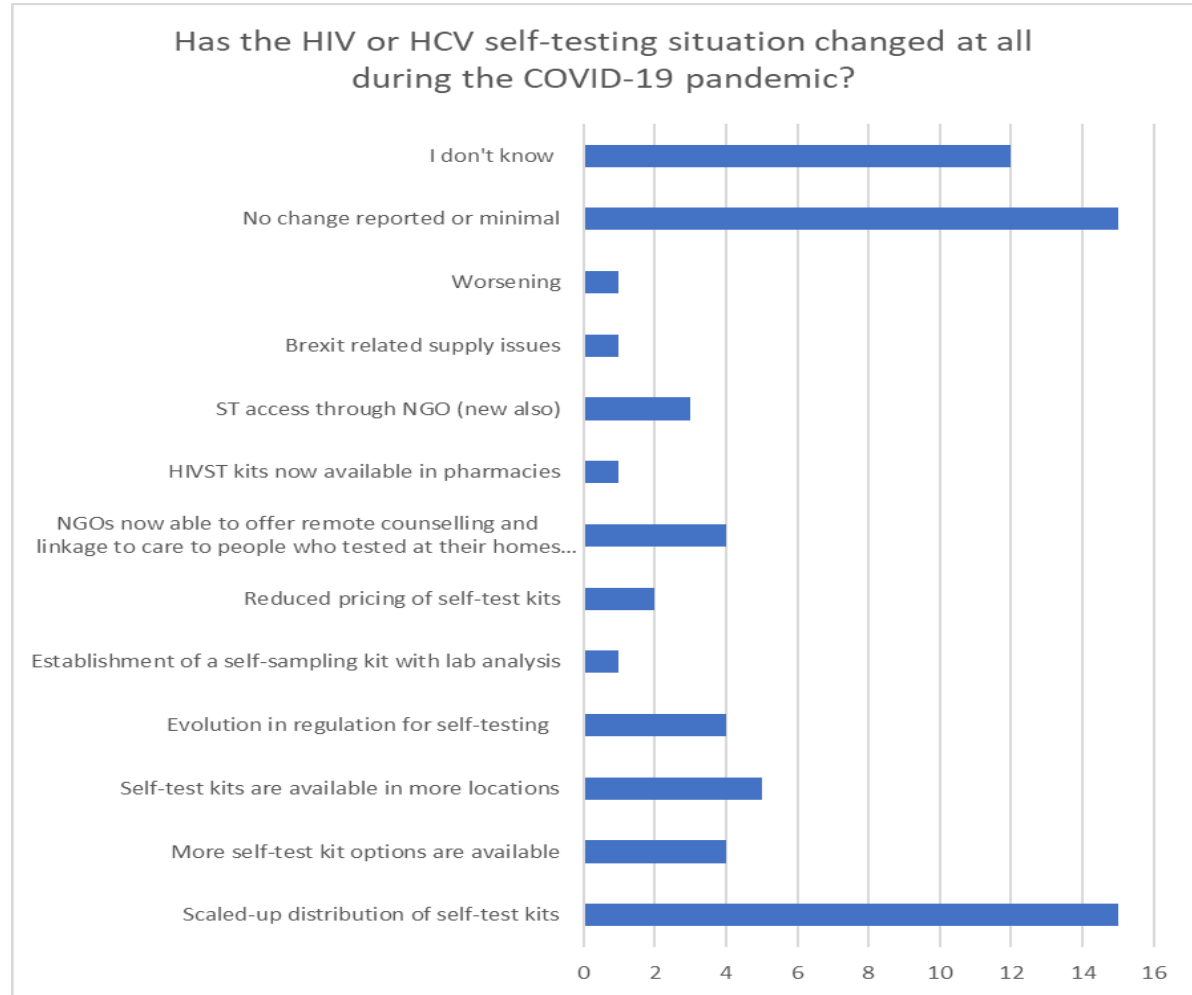




Table 4. Summary of country respondent reporting on factors preventing a country from establishing or maintaining self-test options for HIV and HCV

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 counseling • 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>Commercial-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



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Co-Lead project: Strengthening community leadership for decentralised access to HIV and HCV testing

- Gathering views and perceptions of key informants in selected countries in Europe and Central Asia towards community-level access to rapid diagnostic tests (RDTs) for self-testing of HIV and/or HCV among key groups
 - + factors and plausible ways to improve the situation in a given context
 - + supportive cross-country level action
- Community workshop (December)
- Policy and practice brief (December)



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Acknowledgments:

- Community representatives who shared and responded to the survey
- EATG Diagnostic Task group members
- EATG Combination Prevention Committee
- Co-Lead researchers
- Community key informants
- FIND for supporting the Co-Lead capacity-building and advocacy project