



# HIV testing in Europe: From policy to effectiveness

**10<sup>th</sup> Think Tank meeting  
Brussels, 9-10 April 2008**

Françoise Hamers  
Scientific Advice Unit, ECDC

[ecdc.europa.eu](http://ecdc.europa.eu)

# Background



- About 30% of people living with HIV in EU countries are unaware of their infection;
- There is evidence that opportunities are being missed to diagnose HIV infections in EU countries, particularly in health care settings;
- US CDC (2006) and WHO (2007): guidelines on provider initiated HIV testing and counselling in health facilities:
  - Efforts needed to increase the uptake of HIV testing
  - Health facilities as a key-point of contact
  - Recommendation of opting out approach

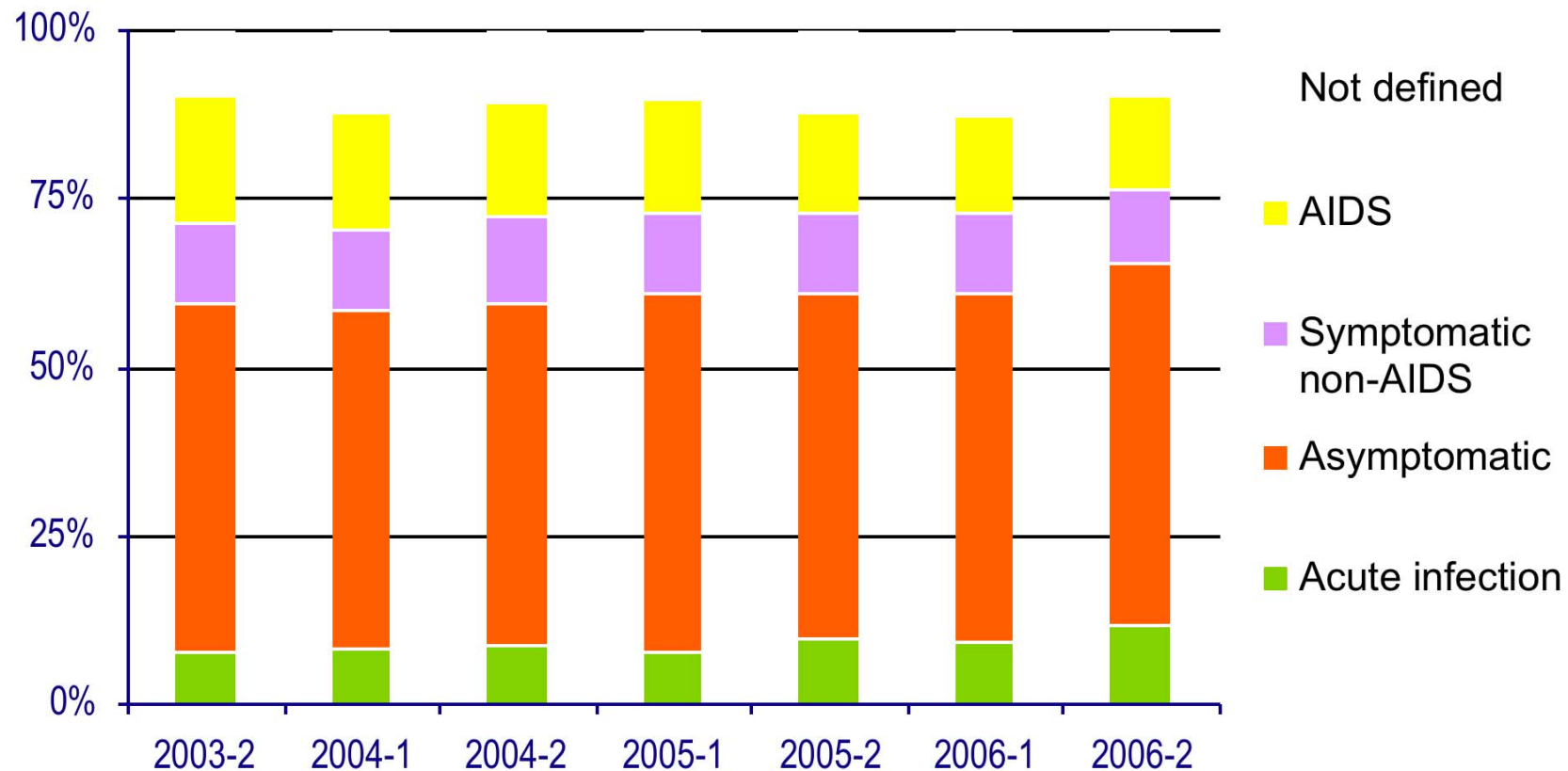


# Estimated proportion of HIV-infected persons unaware of their infection in EU



Country	Estimated % HIV-infected persons unaware of their infection
Czech Republic	20-25%
Denmark	15-20%
France	30%
Germany	25-30%
Italy	25%
Latvia	50%
Netherland	40%
Poland	>50%
Slovakia	20-30%
Sweden	12-20%
UK	30%
<b>Total EU</b>	<b>About 30%</b>

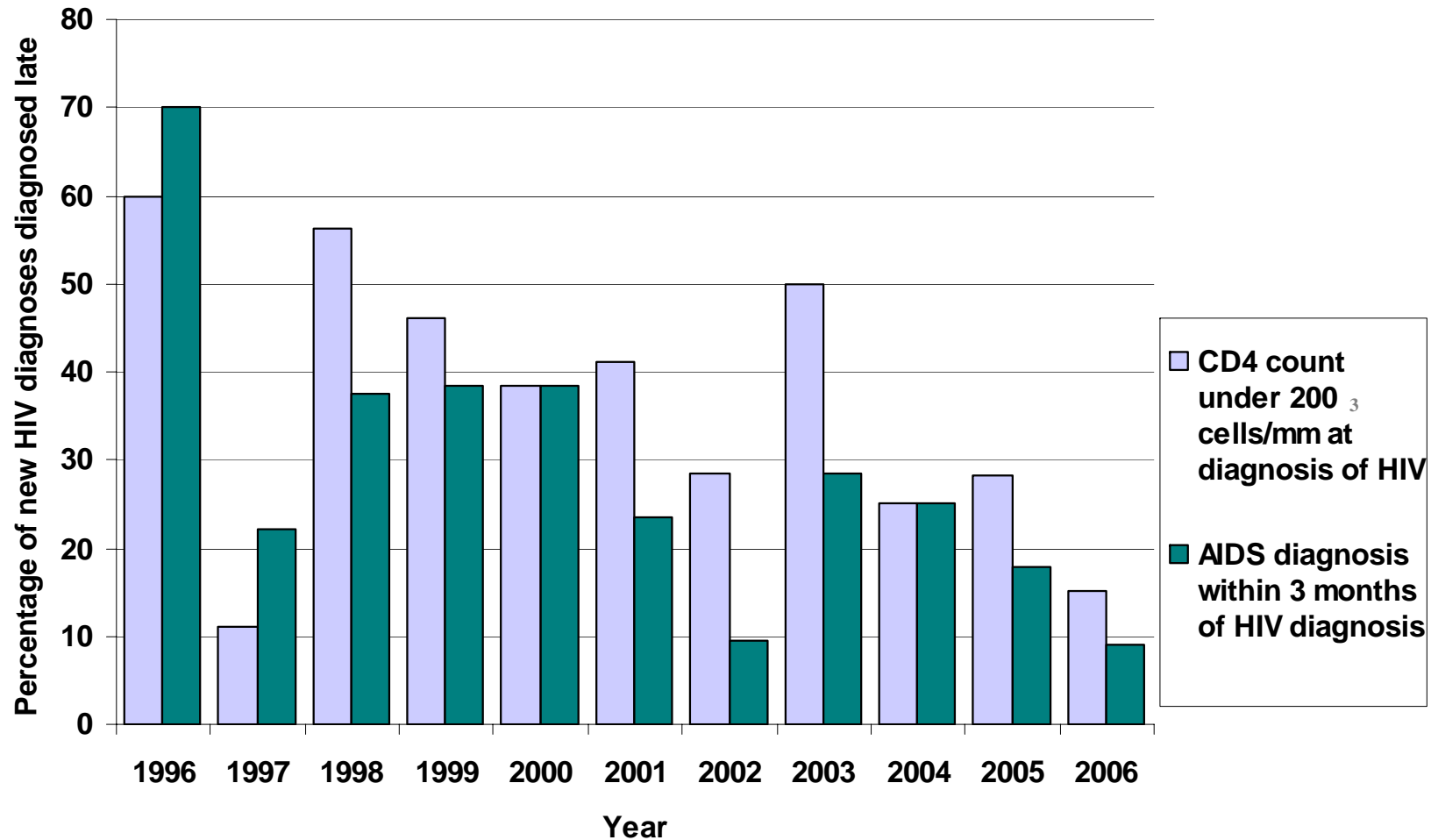
# Clinical stage at HIV diagnosis, France, 2003-06



Source: InVS

Données au 31/03/2007, redressées pour les délais de déclaration mais non corrigées pour la sous déclaration

# CD4 count and AIDS status at HIV diagnosis, Slovenia, 1996-2006



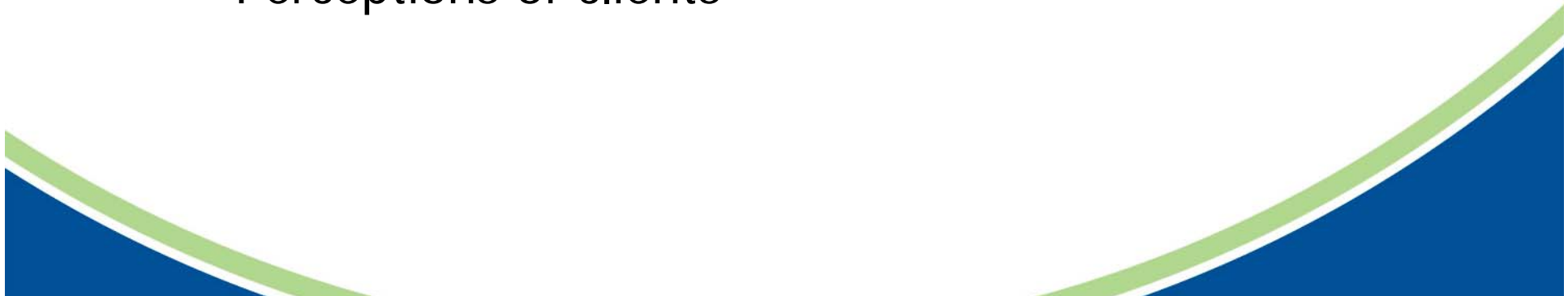
Data source: HIV/AIDS/death reports to the Institute of Public Health of the Republic of Slovenia. Reports received by the end of October 2007.



## Background (cont'd)



- Need for ECDC to provide evidence-based advice for improving access, offer, uptake and effectiveness of HIV testing & counselling in the EU;
- Lack of systematic review of HIV testing & counselling policies and practices;
- Lack of knowledge on barriers to HIV testing & counselling considering:
  - Legal, administrative and financial factors
  - Attitudes and practices of health care providers
  - Perceptions of clients



# Literature review: Barriers to HIV testing



	<b>Policy level</b>	<b>Health care provider level</b>	<b>Client level</b>
<b>People with STIs</b>	Financial constraints in NIS	?	?
<b>People with TB</b>	Collaboration TB/HIV services not effective nor fully equipped	?	Stigmatisation Lack of information
<b>Commercial sex workers</b>	Repressive legislation	Limited resources to reach out	Stigmatisation Lack of legal documents
<b>Injecting Drug Users</b>	Repressive legislation	?	Fear
<b>Men who have Sex with Men</b>	?	?	Fear Lack of perceived risk



# “Assessment of HIV testing in the EU: from policy to effectiveness”



- ECDC open call for tender (July 2007)
- Project awarded to ICRH (University of Ghent)
- November 1st, 2007 – October 31, 2008
- Project consortium:
  - ICHR, Ghent University, Belgium (Lead)
  - National Institute for Health Development, Estonia
  - Helsinki University, Finland
  - Institute of Mother and Child, Poland
  - University of Porto Medical School, Portugal





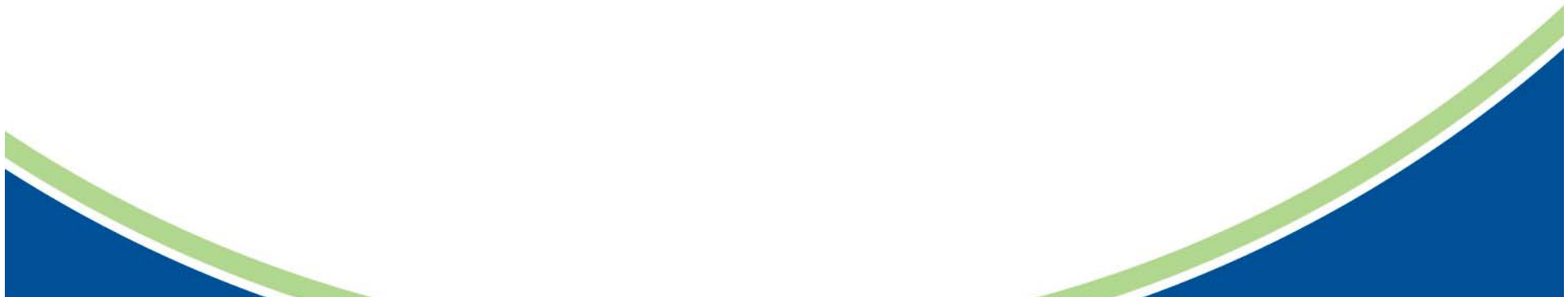
# Objective 1



To map HIV testing policies and guidelines in the EU Member States

Methods:

- Questionnaire survey among key-informants within the ministries of health, health authorities and professional organisations in each of the EU Member States



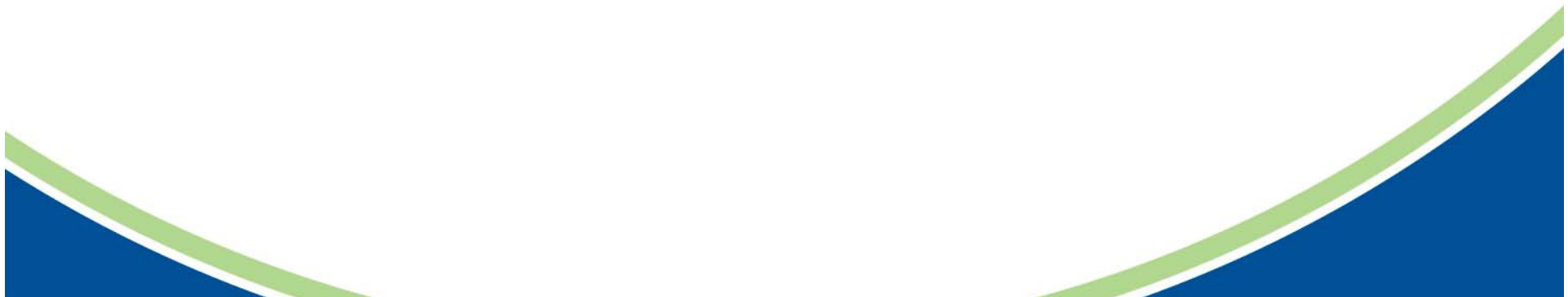
## Objective 2



To identify practices and barriers with regard to HIV testing & counselling

Methods: in 5 example countries:

- Questionnaire survey on access to HIV testing (policy level)
- Structured interviews on the provision of HIV testing services (health care provider level)
- Semi-structured interviews on perceptions with regard to HIV testing & counselling (client level)



## Objective 3



To develop a theoretical framework and a model to improve the effectiveness of HIV testing & counselling

Methods:

- Applying the Peter Piot-Lieve Fransen Model to HIV testing & counselling
- Applicable to specific populations/settings
- Consensus development conference on specific recommendations to ECDC



# Expert Meeting, 21-22 January 2008



- First expert meeting to launch the project and to validate the plan of action for the survey on HIV testing practices
- Second meeting, at the end of the project, to discuss the results of the study and to define public health priorities



# Aim of the Expert Meeting



- To reflect and discuss on critical issues pertaining to HIV testing
- To feed the ongoing research project
- To strengthen the plan of action for the survey on HIV testing & counselling practices



# Outcomes of the expert meeting



- A set of specific research questions on HIV testing practices and barrier
- Recommendations to strengthen the plan of action for the survey on HIV testing & counselling practices.

**Report will be published soon on ECDC website**



# Why is testing delayed? At health care level



- Lack of awareness of sero-conversion symptoms and indicator diseases
- Fear of being accused of discrimination
- Structural and cost constraints





# Why is testing delayed? At individual level:



- Ignorance
  - Low risk perception
  - Lack of knowledge of the existence of effective treatment
  - Lack of knowledge about testing possibilities
- Fear of illness
  - Loss of health and well being
  - Loss of autonomy
  - Death



# Why is testing delayed?

## At individual level:



- Fear of rejection, discrimination
  - Partner, family, friends
  - Job loss – insurance – mortgage
  - Peer discrimination/internalized stigma
- Fear of consequences of the law
  - Criminal liability
  - Travel and residency restrictions
  - Drug use
  - Sex work



# Pre- and post-test counselling



Setting	Barriers to offering testing	Barriers to counselling
Primary health care (public health)	<ul style="list-style-type: none"> <li>- Cost</li> <li>- Testing as a subjective right in the public health system</li> <li>- Perceptions of risk</li> <li>- Personal sensitivity</li> <li>- Resident/non-resident policy</li> </ul>	<ul style="list-style-type: none"> <li>- Time</li> <li>- Organisation</li> <li>- Dislink in <i>time</i> of testing and counselling</li> <li>- Attitudes</li> </ul>
Secondary and tertiary health care	<ul style="list-style-type: none"> <li>- Perceptions of responsibilities testing is preventive medicine</li> </ul>	<ul style="list-style-type: none"> <li>- Time</li> <li>- Perception of responsibility</li> <li>- Attitudes</li> </ul>
Low threshold setting	<ul style="list-style-type: none"> <li>- Lisencing issues</li> <li>- Professional mistrust or "jealousy"</li> </ul>	<ul style="list-style-type: none"> <li>- Facilities</li> <li>- Time</li> <li>- Lack of training</li> </ul>

Slide presented by Mika Salminen

# Need for European Guidance on HIV testing



In order to assure the way forward and to push action in this field of HIV testing and counselling, there is also a need:

- To close the gap between testing and treatment
- To motivate national health care services
- To share experiences (good practices) in HIV testing and counselling
- To overcome the barriers to testing and counselling
- To improve HIV/AIDS surveillance, including data on late diagnosis





**Thank you !**

[www.ecdc.europa.eu](http://www.ecdc.europa.eu)

**This paper was produced for a meeting organized by Health & Consumer Protection DG and represents the views of its author on the subject. These views have not been adopted or in any way approved by the Commission and should not be relied upon as a statement of the Commission's or Health & Consumer Protection DG's views. The European Commission does not guarantee the accuracy of the data included in this paper, nor does it accept responsibility for any use made thereof.**