



Modernising HIV testing across Europe

How and why legal and regulatory barriers hinder
modern and efficient HIV testing across Europe

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Why does HIV testing need to change in your country?



Why does HIV testing need to change?

- To scale up testing interventions for 90/90/90
- To reach key populations
- To reach those at risk who are reluctant to test
- To reach those who do not/cannot use clinics
- To do more tests for less money
- To enable appropriate people to support testing
- To use new/improved testing technologies



What do we already know about legal and regulatory barriers to HIV testing in Europe?



What is known re: legal & regulatory barriers

OptTEST literature review identifies common barriers

Barring The Way To Health website shows them by country - updatable, searchable, cross-comparable

Dublin Declaration reports

Key population overview reports e.g. sex workers, migrants

How do you find out **your** key barriers in your country?

**What HIV testing
is (and isn't) being done
in your country?
What kind, by who and where?**



What testing is being done? (OptTEST data)

- 37/47 countries restricted who can do an HIV test (clinicians, mostly)
- 39/49 had legalised decentralised (community) testing (38 in outreach settings) (one ignoring law)
- 11/49 had legalised self testing - but only 2/49 have also regulated it to ensure quality (others ignoring law)
- 5/49 were doing or piloting “postal sampling” testing

**Who isn't getting access to testing
or taking up the testing that's
available?**



Who isn't being tested?

- At least 7/49 countries did not offer free testing to all key populations
- Migrants were least well served (4/49) with at least 13/49 countries also not offering access to treatment services to some or all migrants
- These include EU, EFTA and non EU/EFTA countries
- Many countries don't target key pops, particularly MSM/PWID, yet test e.g. all pregnant women twice
- Barriers vary by local laws and health regulations e.g. insurance based systems.

**What excuses do people make for
testing not being modernised
or made
more easily available?**



Reasons given for failure to modernise or target testing appropriately

- Guidance linked to older testing technologies not updated
- Custom and practice – system inertia
- Failure to legalise or make available rapid testing
- Clinician resistance to community based testing
- Unnecessary qualifications required despite simplified procedures
- Attachment to compulsory intensive pre-test counselling
- Over-cautiousness on safety
- Key populations “harder to reach”
- Denial of extent of key pops or real transmission rates

**What are you going to do about
this?**

How will you go about it?

What tools do you have?



Potential remedies

- Champion European testing guidance/best practice
- Document practical experience and successful pilots
- Cost-effectiveness data
- Challenge “custom & practice”
- Challenge denial of MSM etc. with data/stories
- Use comparative data across Europe in testing campaigns e.g, European HIV/Hep Testing Week
- Use OptTEST tools etc. to show others doing better
- “Nuclear option” – embarrass your government or doctors at conferences