



## **Current practices in community-based HIV testing and counselling in Eastern Europe and Central Asia region, 2014**

*International Charitable Organization “East Europe and Central Asia Union of People Living with HIV” report as part of the project “Promotion of HIV testing and treatment programs among key affected populations and reduction of stigma and discrimination towards HIV-positive people in medical settings” supported by the UNAIDS Regional Support Team in Eastern Europe and Central Asia*

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## INTRODUCTION

Nowadays a global scale-up of HIV testing and counseling (HTC) is commonly considered to be an integral part of HIV prevention. Thus, effective counseling helps prevent HIV-infection; people living with HIV who are aware of their HIV status can take measures to reduce the risk of transmitting the virus to their sexual partners and partners of injecting drugs; and pregnant women who know their HIV status, may reduce the risk to infect their child almost to zero level<sup>1</sup>.

Improved access to HTC is especially important for key populations at higher risk, who rarely address health care facilities that deliver HIV testing services. Thus, there is an urgent need to remove barriers to enrolment of key populations at higher risk in HTC programmes and to expand testing in order to improve the treatment coverage of key populations, as an integral part of scaling up towards 90-90-90 initiative<sup>2</sup>.

According to WHO Consolidated ARV guidelines 2013<sup>3</sup>, in all HIV epidemic settings, community-based HTC for key populations, with linkage to prevention, care and treatment services is strongly recommended. In this regard, the considerations below should to be emphasized<sup>4</sup>:

- Community-based HTC models offer great potential to reach people and places not previously served. Also, they may detect infections earlier in their course than facility-

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<sup>1</sup>International HIV/AIDS Alliance in Ukraine. *Counselling and testing for HIV based on rapid tests as part of HIV prevention projects for populations at higher risk of HIV infection*. Available at: [http://www.aidsalliance.org.ua/ru/library/our/2012/dkt\\_preview.pdf](http://www.aidsalliance.org.ua/ru/library/our/2012/dkt_preview.pdf)

<sup>2</sup>Joint United Nations Programme on HIV/AIDS (UNAIDS). *90-90-90 - An ambitious treatment target to help end the AIDS epidemic*. Available via URL: <http://www.unaids.org/en/resources/documents/2014/90-90-90>

<sup>3</sup>World Health Organization. *Consolidated ARV guidelines*, June 2013. Available via URL:

<http://www.who.int/hiv/pub/guidelines/arv2013/clinical/testingintro/en/index2.html>

<sup>4</sup>World Health Organization. *Service delivery approaches to HIV testing and counselling (HTC): a strategic HTC programme framework*. 2012

based testing. Earlier detection enables earlier treatment, which in turn yields better treatment and prevention outcomes;

- Community-based HTC services are expected to help build public trust, protect human rights and reduce stigma and discrimination, that should improve access to healthcare services for people living with HIV and to become a bridge and entry point to health services (UNAIDS, 2010);
- Community-based models are expected to remove structural, logistic and social barriers to HTC, including — in the case of home-based and mobile or outreach HTC — costs associated with transportation to facility-based services (UNAIDS, 2010).

As part of the project "Promotion of HIV testing and treatment programmes among the key affected populations and reduction of stigma and discrimination towards HIV-positive people in medical settings", supported by the UNAIDS Regional Office in EECA, the ICO "East Europe and Central Asia Union of People Living With HIV" (ECUO, [ecuo.org](http://ecuo.org)) reviewed the current practices in community-based HTC models in EECA (hereinafter referred to as the Report).

The Report is designed to marshal the evidence around effective community-based HTC models in EECA countries, to summarize and describe the most successful or/and interesting HTC models which could be adapted and launched in other countries of the region in order to support advocacy of the better implementation models for HIV testing as part of scale-up up towards the 90-90-90 target.

Review of the current practices in community-based HTC models was carried out in November and December 2014 and studied the experiences gained in the EECA countries. The analysis was based on the detailed questionnaire that was widely disseminated among the target audience, i.e. communities and organizations of people living with HIV in the EECA countries.

Data related to the eight current HTC practices implemented in five EECA countries was collected and analyzed. Five practices were selected for the detailed description in the given Report based on the criteria below:

- effective linkage from testing to further treatment/prevention services;
- successful coverage/reach of the target group with HTC services;
- effective management of HTC projects, including cost-effectiveness;
- important lessons learnt and experiences gained throughout the implementation of HTC projects.

## **OVERVIEW OF THE COMMUNITY-BASED HTC MODELS**

Whereas over the last decade HIV testing saw considerable innovations, prioritization of resources is hampered due to lack of controlled studies that help compare different HIV testing interventions. WHO and UNAIDS studies show proven effectiveness of community-based HTC models that could be adapted to the context of the specific country, could be combined to

reinforce each other and launched to expand access to HTC so that to fast-track achievement of the 90-90-90 target.

WHO defines several community-based HTC models<sup>5</sup>. Below are the main advantages and disadvantages of each model:

<b>Advantages</b>	<b>Disadvantages</b>
<b>Model 1: National Campaigns</b>	
<b>Target audience:</b> general population, key populations at higher risk	
<ul style="list-style-type: none"> <li>• Potential to reach high numbers of individuals</li> <li>• Can be integrated with other disease prevention campaigns</li> </ul>	<ul style="list-style-type: none"> <li>• Much planning required</li> <li>• Requires intensive management and commitment of resources, particularly in general campaigns</li> <li>• May not adequately link people to prevention and care services</li> <li>• HTC campaigns for the general population may have limited impact in low-level and concentrated epidemics, as the percentage diagnosed with HIV may be very low</li> </ul>
<b>Model 2: Home-based testing</b>	
<b>Target audience:</b> general population or partners, parents, children, other household members of known or suspect HIV or TB index patients	
<ul style="list-style-type: none"> <li>• Improves access for rural and vulnerable populations that are underserved by the formal health care system or who have limited access to services</li> <li>• May reach people earlier in the course of infection than facility-based approach</li> <li>• Avoids clients' transportation costs to facilities</li> <li>• Less stigma than associated with visiting HTC facilities</li> <li>• Improve access to HTC for serodiscordant couples</li> <li>• Can be used where community health workers are already visiting households to provide other services, such as TB- or ARV related services</li> </ul>	<ul style="list-style-type: none"> <li>• Concerns exist for the safety of health-care providers conducting home visits</li> <li>• Health-care providers may be expected to travel long distances</li> <li>• Depending on time of day, home visits may not provide access to people in formal employment</li> <li>• Ensuring quality of HIV testing is a challenge, as well as privacy and confidentiality may be difficult to protect</li> <li>• Possible stigmatization of homes visited by health care providers (may vary depending on epidemic setting)</li> <li>• May not be cost-effective in generalized epidemics, as the majority of households are not visited — only those where someone has already been identified as having HIV</li> </ul>

<sup>5</sup> World Health Organization. *Service delivery approaches to HIV testing and counselling (HTC): a strategic HTC programme framework*. 2012

<b>Model 3: Outreach</b>	
<b>Target audience:</b> specific communities and key populations at higher risk	
<ul style="list-style-type: none"> <li>Provides access to hard-to-reach key populations</li> </ul>	<ul style="list-style-type: none"> <li>Resource-intensive</li> <li>Referrals may be difficult if referral services are distant</li> <li>Ensuring quality of HIV testing may be difficult</li> </ul>
<b>Model 4: Workplace and school-based</b>	
<b>Target audience:</b> populations in formal employment or in school	
<ul style="list-style-type: none"> <li>Provides access on-site to people with limited access to services due to employment or school commitments</li> <li>Can also reach partners, spouses and children of employees</li> </ul>	<ul style="list-style-type: none"> <li>Concerns over confidentiality and potential for intentional or unintentional coercion</li> <li>Linkages to care are variable</li> </ul>

Moreover, UNAIDS offers to improve access to testing via innovative approaches to HTC with proven effectiveness with few of them are described below:

- Self-testing**

There is growing interest in the potential of self-testing technologies, which allow people to take a sample of blood or oral fluid, use a test kit, and interpret the result themselves. Self-testing may improve access to HIV testing, especially for people who have concerns about confidentiality in healthcare facilities. Furthermore, self-testing may increase the range of settings in which testing occurs, make testing more convenient and have advantages in terms of individual autonomy<sup>6</sup>.

Countries need to consider the appropriate role for self-testing within their national strategies. In some settings, self-testing kits could be made available to selected populations, with distribution by healthcare professionals or trained volunteers. Elsewhere, tests may be more widely available through retail facilities. In either case, financing from governments or donors could help make the tests free or affordable to the end-user.

The first population-based HIV self-testing study in Malawi has showed high acceptability of HIV oral fluid self-testing and in fact the preferred modality of testing for 91.9% of study participants, with 78% effective linkage into care<sup>7</sup>.

<sup>6</sup> WHO & UNAIDS. *A short technical update on self-testing for HIV*. Geneva: UNAIDS, 2014

<sup>7</sup> Choko AT, Desmond N, Webb EL, et al. (2011) *The Uptake and Accuracy of Oral Kits for HIV Self-Testing in High HIV Prevalence Setting: A Cross-Sectional Feasibility Study in Blantyre, Malawi*. PLoS Med 8(10): e1001102. doi:10.1371/journal.pmed.1001102

- **Social network approaches**

Peer-driven strategies in which people living with HIV or those with sexually transmitted infections encourage individuals in their social networks to take an HIV test have proven to be efficient approaches to reducing undiagnosed infection. Some studies have shown that this approach worked better than traditional forms. Social network approaches do not necessarily involve contacting sexual partners, but instead friends and other people in their social network. The approach is based on the premise that individuals at higher risk of infection tend to associate with other people who have similar behaviors. Even in the context of a generalized HIV epidemic, infections are not evenly distributed, but clustered in social networks.

Projects in seven US cities worked with community organizations that target specific populations with high rates of undiagnosed infection, such as black men who have sex with men (MSM), homeless people and people who inject drugs. People living with HIV were trained in how to discuss HIV testing with their social contacts; individuals who came forward for testing were then also encouraged to recruit other people in their social network for testing. Across the seven cities, 422 people became recruiters and 3,172 people were tested. Among those tested, 177 people were newly diagnosed with HIV, indicating a prevalence of 5.6% in those testing as part of the project - considerably higher than at other testing sites in the United States. It was necessary to engage 2.4 recruiters to make one new diagnosis.<sup>8</sup>

There are many community-based HTC models that proved their effectiveness and are used globally by various countries depending on the regional context, target audience, external environment, etc. Some HTC models might be implemented simultaneously and therefore reinforce each other in order to reach the most tangible results with the view of scale-up towards the 90-90-90 target, when a massive effort to expand a range of modalities might be required.

## **OVERVIEW OF CURRENT PRACTICES IN THE IMPLEMENTATION OF COMMUNITY-BASED HTC MODELS IN EECA REGION**

### **1. Systematic approach to ensure linkage to care services: rapid testing programme implemented by the Estonian Network of People Living with HIV**

**Country:** Estonia

**Organization:** Estonian Network of People Living with HIV

**Target audience:** key populations at higher risk

**Number of HIV-positive cases:** 348/apr. 12,000 tests in 2013

**Good performance:** systematic approach to linkage to care and services

**Linkage to treatment and care:** 40%

The Estonian Network of People Living with HIV has been delivering rapid HIV testing services since 2009. Initially, such HIV testing programmes were targeted at the general population

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<sup>8</sup> Kimbrough, L. *Accessing social networks with high rates of undiagnosed HIV infection: the Social Networks Demonstration Project*. American Journal of Public Health, 99, 1093-99. 2009

through street actions and public events. Unfortunately, this approach failed to reach key populations at higher risk. Therefore, the organization changed its HIV testing strategy and since 2013, it has been focusing on approaches that help attract key populations at higher risk to HTC and further treatment and prevention as part of the rapid HIV testing programme (RTP), implemented by AIDS Healthcare Foundation.

Supported by the National Institute of Health Development and AIDS Healthcare Foundation (AHF), the rapid HIV testing programme delivers HTC services in settings, where representatives of key populations could be reached (MSM clubs, places where sex work locations, social houses, etc.). The programme offers rapid HIV tests based on sampling blood with a finger prick. If necessary, testing and treatment linkage manager and assistant ensure further link to treatment and care, based on case management approach, and encourage key populations to receive their test results.

### **Target audience, coverage, HTC settings and testing systems**

The target audience is MSM, sex workers, people who inject drugs, vulnerable groups (people living in social houses or homeless people, etc.).

The Estonian Network of People Living with HIV delivers HTC services to key populations through visits to MSM clubs, sex work locations, social houses, etc. Rapid blood testing with a finger prick is used. If the client tests positive, he/she is referred to a medical center to confirm the test result.

### **Team, cost-effectiveness, funding sources and legal environment**

Implemented by the Estonian Network of People Living with HIV, the HTC programme includes the team below:

- Testing and treatment linkage manager (40 hours per week);
- Assistant to testing and treatment linkage manager (40 hours per week);
- Medical staff are hired to implement specific actions or events on a contract basis between the Network and the medical facility licensed to deliver HIV testing (12 actions per year).

Monthly coverage with HTC services is about 1,000 people. During four years, HTC services were delivered to 31,603 people. In 2013, 348 people were tested positive, including first-time testers and those re-tested and not on ART. A total of 135 people (40%) were successfully linked to treatment services. The majority of people diagnosed with HIV were socially unprotected and unstable people, including those who inject drugs. The most effective way to enroll them in treatment programmes proved to be support throughout the registration process in a medical facility and arrangement for a medical consultation.

Lack of state and donor funding of social support hampers full coverage (100%) of all those in need of social services and impedes linkage between testing and treatment.

Advocacy efforts of the Estonian Network of People Living with HIV helped include rapid testing in the HIV testing and treatment recommendations issued by the Estonian Ministry of Social Affairs. However, the local legislation entitles NGOs to deliver HIV testing services (invasive methods) subject to the contract with a medical facility. Such an approach hinders HTC services delivery by NGOs on their own.

HTC programmes in Estonia are supported by the National Institute of Health Development and AIDS Healthcare Foundation (AHF).

### Detection rate and linkage to treatment

Detection rate is recorded in special electronic forms that have data on the number of detected cases and patients linked to treatment services.

This is how clients are linked to treatment and care services:

- Manager responsible for testing and treatment linkage (manager) conducts post-testing counselling for HIV-positive clients;
- Manager records contact details of the client (phone number and e-mail) and provides the client with an invitation to visit a doctor, which upon usage will bring the client a EUR 5 certificate that can be used in a grocery store. Moreover, the Estonian Network of People Living with HIV covers costs associated with the first visit to a doctor;
- Manager coordinates a follow-up meeting with the client and arranges for an appointment in a medical facility on the date and time that works best for the client;
- Manager meets the client and brings him/her to the doctor by office car or meets the client directly at the medical facility;
- The client gets tested in the medical facility and then receives a EUR 5 certificate;
- The client receives another certificate, when he/she reverts to the center to get results of the test;
- Manager inserts the client's data into electronic database (results of CD4 test is a proof the efficient linkage arranged);
- Case is closed; the client is referred to the treatment care and support programme.

### Advantages

- Attractiveness to the target audience
- Fast testing results
- Ability to monitor and collect data on HTC programmes
- Support and friendly supervision by testing and treatment linkage manager helps to initiate treatment efficiently and further refer the client to care and support programmes

### Disadvantages

- High programmatic costs and limited financial resources



## 2. Effective collaboration with stakeholders and target audience at all stages: HTC programmes for sex workers in Ukraine

**Country:** Ukraine

**Organization:** All-Ukrainian Charitable Organization “CONVICTUS UKRAINE” (CONVICTUS UKRAINE)

**Target audience:** sex workers

**Good performance:** effective collaboration with stakeholders and target audience at all stages

**Linkage to treatment and care:** over 80%

**Links with governmental bodies:** very high

CONVICTUS UKRAINE delivers HTC services to key populations at higher risk of HIV. This is how CONVICTUS UKRAINE handles HTC among sex workers in Kyiv city. Estimated number of sex workers in the capital of Ukraine is about 10,700 people. CONVICTUS UKRAINE delivers its services to over 3,000 sex workers annually with 60% of them receiving HTC services twice a year. Thus, every fourth sex worker in Kyiv is a client of CONVICTUS UKRAINE.

Supported by ICF “International HIV/AIDS Alliance in Ukraine” - the recipient of the Global Fund to Fight AIDS, Tuberculosis and Malaria (the Global Fund) - HTC services are provided by means of “Profitest” (*New Vision Diagnostics*) in venues friendly to sex workers, including mobile ambulatories, mobile points, and the Community-led Center located in the friendly neighborhood.

The efficient linkage to treatment services is ensured through all-level effective collaboration and strong partnership with governmental bodies, involved into HTC services delivery, such as AIDS centers at different levels, trust points, district hospitals, etc.

### Target audience, coverage, HTC settings and testing systems

Target audience is sex workers of Kyiv city (the capital of Ukraine), including:

- Sex workers based in "brothels";
- Sex workers based in apartments and working in organized groups;
- Sex workers, providing services on the streets;
- Sex workers, providing services on highways and bypass roads;
- Independent sex workers;
- Transgender sex workers (often involved into sex work to raise money for sex reassignment);
- Male sex workers providing services to both men and women.

HTC programmes reach out to the target audience via thematic pages in social media and through mailing lists that include sex workers, who are informed about possibilities to get tested by means of HTC and to receive associated services. Also, HTC programmes envisage regular visits to brothels, apartments and other places, where sex workers can be met.

CONVICTUS UKRAINE does not provide its clients with incentives or gifts to facilitate enrollment in HTC programmes. It is information about advantages of HTC programmes that mainly motivates the target audience. Sex workers learn about friendly specialists, confidentiality and support in getting medical aid, if necessary. This approach has shown efficiency, given the specifics of commercial sex work in Kyiv, where 90% of sex workers do not have resident registration in Kyiv and therefore have considerable difficulties with access to medical facilities.

Moreover, sex work organizers and clients often request that HTC be conducted in their neighborhoods so that they are able to receive HTC services (they commonly have sexual contacts with sex workers).

Below are the settings for HTC services:

- mobile points at sex work locations – apartments, brothels and massage saloons – premises, where it is possible to find a separate room for HTC;
- well-equipped mobile ambulatories that help to reach street sex workers;
- the community-led center provides the clients with regular access to HTC services in the safe space and reachable location in the very center of the city.

“Profitest” (*New Vision Diagnostics*) is used to detect antibodies to HIV ½ (ITP02002 TC 40).

### **Team, cost-effectiveness, funding sources and legal environment**

The team below delivers HTC services:

- outreach and social workers trained in VCT;
- laboratory doctors, who do blood sampling and interpret test results;
- case managers, who provide social support to HIV-positive clients.

The team of the outreach/ social worker and the laboratory doctor delivers HTC services to nearly 25 people per day. Approximately 35 sex workers are covered through outreach visits. Case managers provide services to about five clients per day, while each manager follows up on 25-30 cases monthly.

Implemented by CONVICTUS UKRAINE, the HTC model conforms to the Ukrainian legislation, specifically it complies with the Executive Order of the Ministry of Health #415 “On improvement of HIV voluntary counselling and testing”.

ICF “International HIV/AIDS Alliance in Ukraine”, the recipient of the Global Fund, is the major funding source of the HTC programme.

### **Detection rate and linkage to treatment**

The laboratory doctor records detection rate in the register for HIV testing, where each testing case is documented. Also, effective linkages of clients to AIDS centers are recorded in another

specific register. All data are entered into the SyrEx database and are monitored by the HTC programme manager.

The case manager supplies HIV-positive clients with relevant information about social support available and motivates him/her to get treated, while making the clients aware of advantages that treatment brings. The case can be started solely subject to the informed consent to be signed by the client. An individual plan of support is developed for each client and can be adjusted on request. Medical staff cooperates with CONVICTUS UKRAINE on a voluntary basis and ensure that treatment is effective.

According to the SyrEx data, over 80% of HIV-positive clients are retained across the treatment cascade and support programmes.

The key success of the efficient linkage to treatment services is ensured through all-level effective collaboration and strong partnership with governmental bodies, involved into HTC services delivery, such as AIDS centers at different levels, trust points, district hospitals, etc.

### Advantages

- Alternative forms of HTC and different ways to access HTC (the client has a choice)
- Long hours for HTC services uptake from 11 am to 12 pm (only venues can be changed)
- Bigger number of clients covered with HTC services simultaneously
- Efficient linkages to treatment thanks to support of the case manager
- Legal environment

### Disadvantages

- Higher costs incurred by case managers as compared to other HTC models

## 3. Optimization of resources for rapid testing: HTC for women who inject drugs in Kyrgyzstan

**Country:** Kyrgyzstan

**Organization:** Public Foundation “Asteria” (Asteria)

**Target audience:** women who inject drugs

**Number of HIV-positive cases:** 22/226 in 2014

**Good performance:** options for optimization of resources within HTC programmes

**Linkage to treatment and care:** 40-50%

Public Foundation “Asteria” was established by women who inject drugs in 2009. Regular flow of the clients enables on-going coverage of the target audience with HTC services.

Located in the shelter for women who inject drugs, the NGO delivers HTC services by means of saliva tests (OraQuick) that are friendly to people who inject drugs, whose veins are too damaged to draw blood. The HTC programme is supported by the Global Fund. Saliva-based tests enable NGO staff to deliver HTC services without involvement of medical workers. This

optimizes the use of resources. However, collaboration between the NGO and AIDS Center needs to be strengthened in order to improve the performance of the HTC programme and to further optimize costs.

### **Target audience, coverage, HTC settings and testing systems**

People who inject drugs and their sexual partners are the basic target audience.

Based in the shelter for women who inject drugs, Asteria is able to deliver HTC services to the target audience on-site.

Mobile credits are an additional incentive for clients to enroll in the HTC programme. Those who test via HTC receive mobile credits worth USD 4. This initiative is supported by the Global Fund.

Saliva tests (OraQuick) deliver accurate results in about 20 minutes. In case the client tests positive, he/she is referred to the AIDS Center to validate the test results in the laboratory. Additionally, saliva tests do not require venous blood draw that is regarded as an advantage, especially for those who have damaged veins due to drug injection.

### **Team, cost-effectiveness, funding sources and legal environment**

The team below delivers HTC services:

- Peer-to-peer consultant;
- Social services coordinator;
- Director of the Public Foundation.

Asteria staff delivers HTC services as part of their main duties within the projects implemented by the organization and therefore, they do not get any extra payment for HTC provision. The team consists of representatives of the community of women who inject drugs that are trained and certified to deliver HTC.

According to the Kyrgyz legislation, Asteria staff can provide HTC services independently, i.e. without involvement of medical workers, as saliva-based HIV testing does not require blood sampling.

In 2014, Asteria delivered HTC services to a total of 226 people who inject drugs, including 10% of them who tested positive for HIV and 4-5% of those diagnosed with HIV, who contacted AIDS centers to confirm test results.

However, the legislation of the Republic of Kyrgyzstan enables solely the AIDS Center to diagnose HIV, based on three analyses - two ELISAs and one IB - regardless of rapid test results. Such an approach partially excludes additional economic benefits that rapid testing brings.

Test systems are procured as part of the Global Fund-supported programmes via the UNDP office in Kyrgyzstan.

### Detection rate and linkage to treatment

Cases detected are recorded in the register for HIV testing results as well as in the register for mobile credits.

Unfortunately, the linkage to treatment services lacks efficiency as the AIDS Center does not provide Asteria with feedback on validated positive test results due to confidentiality. This significantly complicates further support of the clients enrolled in the HTC programmes implemented by the organization.

### Advantages

- Cost savings for the organization (additional staff is not required)
- Cost savings for the clients (reduced transportation costs)
- HIV testing for the clients who inject drugs and have damaged veins due to drug injection

### Disadvantages

- Lack of feedback on validated test results from the AIDS Center
- Three mandatory tests by the AIDS Center regardless of the rapid test. This considerably complicates HIV diagnosis in people who inject drugs and who have too damaged veins to perform blood sampling. Also, the clients are less likely to revert to the AIDS Center to confirm their HIV status, based on three tests.

## 4. NGO-based remote work of the medical staff: HTC programmes in Lithuania

**Country:** Lithuania

**Organization:** Association “Demetra”

**Target audience:** key populations at higher risk of HIV

**Good performance:** capacity to deliver NGO-based HTC services assisted by medical workers, given the local legislation provides for testing solely in medical facilities

**Linkage to treatment and care:** 90%

Association “Demetra” (Demetra) delivers HTC services to key populations at higher risk of HIV as part of the HIV rapid testing programme (RTP), implemented by AIDS Healthcare Foundation. This is an advocacy initiative that provides people all over the world with convenient and free of charge HIV testing.

The Lithuanian legislation provides for HTC services to be delivered solely by medical facilities. To remove this barrier and ensure delivery of HTC services within the framework of the RTP implemented by Demetra, a remote workplace for the licensed medical staff was established. NSTI (HIV 1/2) testing system helps diagnose HIV infection. The HTC services programme gets support from the municipality and AIDS Healthcare Foundation (AHF).

## **Target audience, coverage, HTC settings and testing systems**

The activities are targeted at people who inject drugs, sex workers, MSM, former prisoners, migrants and homeless people.

Collaboration with social and rehabilitation centers, anonymous groups, night clubs for MSM and others helps deliver HTC services to the target audience. One of the main venues for HTC provision is the office of Demetra.

NSTI (HIV 1/2) testing system is used to ensure quality detection of antibodies to HIV in blood.

## **Team, cost-effectiveness, funding sources and legal environment**

The team below delivers HTC services:

- Medical worker – 1 person, 80 hours per month;
- Social workers – 2 persons, 4 hours per day each;
- Testing and treatment linkage coordinator – 1 person, 8 hours per day;
- Peer consultant – 1 person, 2 hours per day.

Daily coverage with HTC services amounts to 7-8 clients. Mobile outreach helps reach out to about 120 people per day. Around 100 clients visit the office every day.

While the Lithuanian legislation provides for HTC services to be delivered solely by medical facilities, pre- and post-testing counselling can be provided by qualified social workers, who took specific courses of eight academical hours. Demetra-based remote workplace for the medical staff of the health care facility licensed to deliver medical services enables this Association to provide HTC services. The organization pays salary to the medical staff in accordance with the contract signed with the medical facility.

AHF is a major funding source to support the HTC programme. Municipal authorities cover rent pay, some utilities and communication costs.

## **Detection rate and linkage to treatment**

Once the rapid test shows a positive result, a specific form is filled in and the client is referred to the laboratory to confirm the diagnosis. Demetra receives the result of the laboratory testing within 3 days. In case the laboratory confirms the HIV case, the organization registers the client. Also, the client is registered with the health insurance system and then is referred to the family doctor, who in turn refers him/her to the infectious diseases doctor and makes a record in the state register. Once the client is registered by the infectious diseases doctor, CD4 test is performed.

The testing and treatment linkage coordinator or the social worker provides support to the client throughout the entire treatment cascade. They follow up on whether the client is adherent to the prescribed treatment and have a regular contact with the infectious diseases doctor.

Records kept by Demetra and the infectious diseases doctor are validated for consistency on a monthly basis. As of today, this approach has helped ensure up to 90% of successful linkages from testing to treatment within the first month after the client has tested HIV-positive.

### Advantages

- Confidential, quick and accessible testing, especially for key populations at higher risk
- Ensured linkage between testing and treatment/support for clients
- Decreased stigma index related to HIV/AIDS
- Increased level of awareness about HIV/AIDS

### Disadvantages

- Low motivation of medical staff to pursue this type of HTC model

## 5. Creating favorable environment for the target audience: HTC programmes for prisoners in Ukraine

**Country:** Ukraine

**Organization:** Charitable Organization “Light of Hope”

**Target audience:** prisoners

**Number of HIV-positive cases:** 117/2273 in 2013

**Good performance:** favorable environment for the target audience

**Linkage to treatment and care:** 90%

**Linkage with government bodies:** very high

Charitable Organization “Light of Hope” (Life of Hope) delivers HTC services to key populations at higher risk of HIV, including people who inject drugs and their partners, commercial sex workers and prisoners.

HTC services are provided at medical units of correctional facilities and the detention center. HTC is based on rapid tests HIV 1/2 and Alere TM Determine TM by *New Vision Diagnostics* and *InTecPRODUCTS.INC* paired with HBsAb by *New Vision Diagnostics* to diagnose hepatitis B, hepatitis C and syphilis.

ICF “International HIV/AIDS Alliance in Ukraine”, the All-Ukrainian Network of People Living with HIV and William J. Clinton Foundation provide support for the HTC programmes implemented by Light of Hope. The organization carries out HTC activities in cooperation with the Directorate of the Ukrainian Correctional Service in Poltava oblast. The key success factor of the target audience coverage and linkage to treatment services is favorable and friendly environment for the prisoners enrolled in HTC.

## Target audience, coverage, HTC settings and testing systems

Prisoners in correctional facilities and those kept in the detention center in Poltava and Poltava oblast, Ukraine, are the target audience.

HTC services are delivered at medical units of correctional facilities and the detention center through:

- Rapid test (*New Vision Diagnostics*);
- Rapid test (*InTecPRODUCTS.INC*);
- Test HIV 1/2, Alere TM Determine TM.

In addition to tests for HIV, the tests below are used:

- Test strip HBsAb by *New Vision Diagnostics* to diagnose hepatitis B;
- Test strip by *New Vision Diagnostics* to diagnose hepatitis C;
- Test strip by *New Vision Diagnostics* to diagnose syphilis.

## Team, cost-effectiveness, funding sources and legal environment

Conducted by the social worker from Light of Hope, group pre-testing counselling precedes delivery of HTC services at medical units of correctional facilities performed by the medical staff. In case the client tests positive for HIV, the medical staff conduct post-testing counselling.

Below are detection rates reported from 2011 to 2013:

	2011	2012	2013
Number of tests conducted	1,500	3,855	2,273
Number of HIV-positive cases	132	130	117

Light of Hope implements the HTC programmes in accordance with the "Procedures for voluntary HIV counselling and testing" under the Executive Order # 415 of the Ukrainian Ministry of Health as of 19.08.2005.

Funded by ICF "International HIV/AIDS Alliance in Ukraine", the All-Ukrainian Network of People Living with HIV and William J. Clinton Foundation, the HTC programmes are implemented in cooperation with the Directorate of the Ukrainian Correctional Service in Poltava oblast.

## Detection rate and linkage to treatment

HTC results are recorded in the register for voluntary HTC along with the register for detection of antibodies to HIV by means of rapid / simple tests.

Provided the penal facility detects an HIV-positive case, Light of Hope should transport the blood sample to the AIDS Center for laboratory testing. If the positive test result is confirmed,



the organization is expected to deliver relevant services envisaged in facility-based care and support programmes for people living with HIV. Clients have an opportunity to participate in self-support groups and attend informational courses aimed to facilitate adherence to ART. Also, social workers provide individual counselling upon request. If needed, the organization delivers treatment related to opportunistic infections that is funded by the Charity Foundation “ANTIAIDS”.

### **Advantages**

- Convenient HTC delivery settings
- Fast test results
- Further support provided HIV case has been detected and confirmed

### **Disadvantages**

- Existing barriers from the clients’ side (health neglect and fear of stigmatization due to confidentiality breach)

## Conclusions and recommendations

1. Favorable environment with convenient and safe spaces and workable time for HTC services is one of the key success factors that helps enroll key populations at higher risk in HTC programmes. Services should be provided in friendly settings as part of mobile outreach visits to MSM clubs, sex work locations, etc. or otherwise HIV testing should be delivered through trusted NGOs.
2. Effective linkage of HTC clients that tested positive to further treatment and support services is an issue for many NGOs that implement HTC programmes. Lessons learnt show that the efforts below help ensure efficient linkages between testing and treatment:
  - a. to establish and strengthen tight and fruitful collaboration between NGOs and medical facilities, including AIDS centers, hospitals, etc. (CONVICTUS UKRAINE);
  - b. to make sure the team has a staff member solely responsible for linkages of HTC clients diagnosed with HIV to treatment services such as case manager, testing and treatment linkage manager/coordinator, social worker, etc. regardless of increased costs related to HTC programmes (the Estonian Network of People Living with HIV, Association “Demetra”, CONVICTUS UKRAINE and Charitable Organization “Light of Hope”).
3. Additional incentives help increase enrolment in HTC programmes (Public Foundation “Asteria”) and link HIV-positive individuals to treatment (the Estonian Network of People Living with HIV and CONVICTUS UKRAINE).
4. Saliva rapid HIV testing can be considered as one of the most useful and appropriate testing methods to implement community-based HTC models:
  - a. in several countries it allows to avoid assistance of medical staff throughout testing as the blood sampling is not required, therefore saliva-based rapid testing can decrease costs associated with the team involved into HTC services delivery;
  - b. it makes testing more friendly to people who inject drugs and have damaged veins that exclude the blood sampling.
5. In case community-based HTC models are subject to mandatory involvement of the medical staff, the steps below might be considered:
  - a. to sign a contract with the medical facility on NGO-based remote workplace for the medical staff (Association “Demetra”);
  - b. to involve medical staff in specific events (the Estonian Network of People Living with HIV);
  - c. to collaborate with the medical staff at points of HTC service delivery (Charitable Organization “Light of Hope”).

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