

Regional Consultation for representatives of Eastern Europe and Central Asia

**Scaling up access to HIV testing and counselling services is an
imperative for reaching 90-90-90 targets in
Eastern Europe and Central Asia**

**Yerevan, Armenia
20-22 May 2015**

Report on the outcomes of the Regional Consultation

Acronyms

AIDS	acquired immunodeficiency syndrome
ART	antiretroviral therapy
CCM	Country Coordination Mechanism
CD4	CD4 – T-lymphocytes cells that contain the receptor CD4
CT	consulting and testing
EECA	Eastern Europe and Central Asia
GF	Global Fund to Fight AIDS, Tuberculosis and Malaria
HIV	Human Immunodeficiency Virus
KP	key population
LGBT	lesbian, gay, bisexual, transsexual and transgender people
M&E	monitoring and evaluation
MSM	men who have sex with men
NGO/NPO	non-government /non-profit organizations
PEP	post-exposure prophylaxis
PLHIV	people living with HIV
PMTCT	prevention of mother-to-child transmission
PrEP	pre-exposure prophylaxis
PWID	people who inject drugs
STD	sexually transmitted diseases
SW	sex workers
TB	tuberculosis
UNAIDS	Joint United Nations Programme on HIV/AIDS
VCT	voluntary counselling and testing
WHO	World Health Organization

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Background

Towards the goal of ending the AIDS epidemic by 2030, the global community is coalescing around a new post-2015 HIV treatment target. By 2020: (a) 90% of all people living with HIV will know their HIV status; (b) 90% of all people with diagnosed HIV infection will receive antiretroviral therapy; and (c) 90% of all people receiving antiretroviral therapy achieve viral suppression. Modelling commissioned by UNAIDS indicates that achievement of the 90-90-90 target would effectively end the epidemic by 2030 by generating sharp reductions in new HIV infections and AIDS-related deaths.

HIV testing is a precursor to treatment and care and available diagnostic tools must be effectively leveraged to achieve the 90-90-90 target. Today more than 19 million people living with HIV (PLHIV) globally do not know their status¹ and an average of one in three individuals living with HIV in Europe is unaware of their infection²; ECDC data as of 2014 shows that every second HIV-positive person in Europe is diagnosed late³. Improving access to HIV testing and counselling (HTC) especially for key populations in Eastern Europe and Central Asia (EECA) region remains a key priority to reach the 90-90-90 target, particularly in places where knowledge of status is a key limiting condition for treatment scale up. In addition, evidence shows that PLHIV who know their status reduce the risk of transmitting the virus to their sexual partners and partners of injecting drugs; pregnant women who know their HIV status, may reduce the risk to infect their child almost to zero level⁴.

The Consultation was organized as part of the UNAIDS EECA-supported project "Promotion of HIV testing and treatment programs among the key affected populations and reduction of stigma and discrimination towards HIV-positive people in the medical settings" implemented by ICF "East Europe and Central Asia Union of PLWH" (ECUO, www.ecuo.org).

Goal of the Consultation was to generate regional commitment and develop action plan to close the HIV testing gap in order to ensure that all PLHIV know their HIV status and are linked to HIV treatment and care in EECA.

Objectives:

1. To share experience on HTC programs implemented in EECA, present best community-based HTC models in EECA, and discuss the possibility of these models adaptation and implementation in other countries of the region.
2. To present results of the analysis of legislative and policy barriers to the introduction and effective operation of community-based HIV testing and counselling conducted by ECUO in seven countries of EECA.
3. To develop recommendations on policy and legal reforms that would scale up HTC and facilitate community-based HIV testing and at the same time provide an adequate quality.

¹<http://www.unaids.org/en/resources/presscentre/pressreleaseandstatementarchive/2014/july/20140716prgagapreport>

² Hamers FF&Philips AN, Diagnosed and undiagnosed HIV-infected populations in Europe. HIV Medicine, 2008

³ http://www.ecdc.europa.eu/en/press/news/layouts/forms/News_DispForm.aspx?List=8db7286c-fe2d-476c-9133-18ff4cb1b568&ID=1121

⁴"Consulting and testing for HIV using quick tests within the framework of preventive projects among populations with higher risk of HIV infection," the publication of the International HIV/AIDS Alliance in Ukraine

4. To develop recommendations on testing strategies to reach the first 90 and ensuring strong and effective linkages between “testing” and “treatment” components of the HIV-care continuum in EECA.

The Regional Consultation called together country officials, technical experts, regional networks of PLHIV, men who have sex with men (MSM), commercial sex workers, people who inject drugs (PWID), representatives of key affected populations (KP), and non-governmental organizations (NGO). In addition, UNAIDS co-sponsors were involved in consultation processes.

Session 1 – Introduction

The Regional Consultation for representatives of EECA “Scaling up access to HIV testing and counselling services is an imperative for reaching 90-90-90 targets” took place in Yerevan, Armenia, on 20-22 May 2015.

Vinay P. Saldanha opened the meeting by saying that the goal of “90% of all people living with HIV who know their HIV status” is an entry point that impacts further fight against HIV/AIDS. In order to scale up treatment and contain stigma and discrimination, HIV-positive people have to know their status. Nowadays we face the challenge to soundly encourage people to test for HIV, given ART is available. EECA has a wide experience in HIV testing but to ensure an appropriate coverage of timely HIV testing new approaches are needed. Home testing is quite common around the world, tests are available in pharmacies, counselling is delivered via Internet and diagnosis of primary HIV cases is performed by communities. Vinay P. Saldanha expressed hope that the meeting would give a great opportunity to discuss new approaches to testing and develop recommendations for further implementation in the region.

In his greeting Vladimir Zhovtyak stressed the importance of HIV testing scale-up as 90% of PLHIV who know their status is currently the main goal in the fight against HIV epidemic in the region. Many countries are approaching the second 90% and third 90%, whereas every second PLHIV does not know his/her status. At present, new HIV testing technologies are available. Programs that link HIV-positive people to medical settings are in place. It is important to remember that HIV testing scale-up implies a tight linkage between testing and treatment programs. Vladimir Zhovtyak expressed confidence that best practices related to HIV testing to be discussed throughout the meeting would be successfully introduced in the region.

Bradley Busetto greeted the participants of the gathering and pointed out the importance of involvement of Armenia governmental officials and representatives of AIDS services in the event. He set Armenia as an example of the country that has a real opportunity to end the AIDS epidemic. In order to reach this goal, one needs to reach out to undiagnosed population groups that do not know their HIV status. Bradley Busetto called on the participants to find creative ways to effective solutions for EECA.

Vaan Pogosyan, Deputy Health Minister of Armenia, expressed his gratitude for selecting Armenia as the venue of the meeting. He noted the progress in fighting HIV/AIDS in the country, particularly in terms of scale-up of programs for timely HIV detection that mobile brigades contributed to. Deputy Health Minister highlighted increased access to information and raised awareness of the population about HIV

along with the grown number of people tested for HIV and those who started treatment. However, new efficient approaches need to be explored to respond to the epidemic, especially in the light of the decreased funding by the Global Fund to Fight AIDS, Tuberculosis and Malaria (GF).

Samvel Grigoryan underlined the right timing of the meeting as achievement of the second and the third goal under the 90-90-90 initiative is only possible subject to the first 90 fulfilled. He noted that presently new approaches to HIV detection are needed along with a comprehensive understanding of the epidemic, services integration, strengthened infrastructure and increased staff capacity as well as attraction of more investments. He expressed hope that countries' best practices would allow to ensure a better HIV testing coverage not only at the national but also at the regional level.

Session 2 – Context overview

International and national financial implications for HIV testing towards the 90-90-90 target (José Antonio Izazola, UNAIDS HQ)

José Antonio Izazola started with the overview of how HIV/AIDS response is funded at the moment. He noted that in 2013, low- and middle income countries spent \$19,1 mln. to respond to the epidemic. That said, in 20 low-income countries 75-100% funding came from international sources.

Mr Izazola underlined that in low- and middle income countries the review of targets to address the epidemic and pursue of the Fast-Track strategy to end AIDS by 2030 over the period of 2015-2030 would allow to avert 28 mln. new HIV cases and 21 mln. AIDS-related deaths. HIV testing targets will need substantial additional investment of a total of \$1,3 billion by 2030. Achievement of the first 90 will require a considerable growth of costs on testing in EECA, whereas to ensure progress in detection of new HIV cases 80% of KP has to be covered. When providing access to testing for KP, focus needs to be made not only on testing as such but also on ensuring access to further treatment so that to achieve second and third 90.

Mr Izazola pointed out that the main steps below would help reach the first 90:

- ✓ To focus major efforts on regions/areas with the highest number of HIV cases;
- ✓ To ensure access to services, primarily for KP;
- ✓ To strengthen community-based testing programs with further linkage to treatment;
- ✓ To introduce innovative technologies;
- ✓ To make efficient use of resources and ensure continuous supplies.

The testing challenge to reach 90-90-90 (Martina Brostrom, UNAIDS HQ)

Martina Brostrom noted a substantial progress towards the 2011 target of 15 mln. people with access to treatment. A broad discussion among stakeholders resulted in the development of the 90-90-90 concept to help define new treatment targets. 90-90-90 will guide the post-2015 AIDS response and implies a dramatic change in how targets to address the epidemic are set. The concept includes components below:

1. 90% of all people living with HIV will know their HIV status;
2. 90% of all people with diagnosed HIV infection will receive antiretroviral therapy; and

3. 90% of all people receiving antiretroviral therapy will have viral suppression.

M. Brostrom stressed that the 90-90-90 initiative is a new paradigm that envisages: 1) shift in focus from treatment coverage towards provision of treatment cascade; 2) approach to treatment not only as a way to decrease mortality but also as a prevention measure; 3) provision of equal access for all people in need; and 4) substantial financial investments instead of a gradual increase in funding.

Achieving the first 90 might be the hardest challenge. To date, only 46% of adults and 24% of children living with HIV globally know their status. Access to HIV testing is limited due to numerous barriers, including:

- Medicalization of HIV testing and undue requirements to licensing;
- Low integration of HIV testing into other services;
- Stigma and discrimination;
- Age limits for HIV test, when the parents' consent is needed;
- Remote HIV services;
- Ineffective referral systems;
- Discontinued supplies.

Barriers depend on the context, but in general new approaches to provision of HIV testing and use of new technologies are needed. The new testing paradigm has to build on three basic elements: 1) advocacy and communications; 2) comprehensive modification of policy and programs based on country/regional context and specifics of various population groups. M. Brostrom noted that in order to achieve the HIV testing target we would need to review testing procedures so that to move away from time-consuming counselling that often includes personal details submission; to leverage motives to encourage population to test for HIV (incentives and bonuses); to remove political barriers that hinder people from testing; to provide a strong linkage to treatment programs; and to massively scale up community-based testing. Provision of access to testing for children remains a certain challenge. It particularly depends on the introduction of new technologies and approaches. Access to self-testing moves HIV testing from the medical dimension to social dimension and makes testing comfortable and suitable. Therefore, self-testing has to be made available as soon as possible. Globally there are numerous best practices to scale up access to HIV testing that help gain high detection rates that could have a similar effect in the EECA countries.

Getting back to the participants on their questions, M. Brostrom underlined that UNAIDS considers human rights violations as a barrier to HIV testing and therefore supports solely voluntary testing, whereas counselling could be enhanced through the cut duration of sessions, removal of personal questions, heavy paperwork and mandatory written consent. As for necessary investments towards reaching 90-90-90, the speaker noted that now experts are working on such calculations and possible forecast of expenditures for each country is under discussion. Besides, lower prices for HIV tests and antiretrovirals make it possible to save money. Also, she said that HIV testing scale-up among children is one of the toughest challenges and a family-based approach to HIV services for children and adolescents could be a possible solution. In response to the concerns expressed by the participants with regard to probable human rights violations caused by the need to achieve high testing targets (coerced testing and testing without informed consent), M. Brostrom stressed the need to ensure safe conditions throughout testing procedures, to strengthen the role of communities in provision of services related to

HIV testing and to adopt every target at the country level based on the policy context and NGO capacity.

Scaling up HIV testing and counseling services (Gayane Ghukasyan, WHO Regional Office for Europe, Country Office in Armenia)

Gayane Ghukasyan started the presentation with the overview of the main targets related to scaling up HIV testing services, i.e. 1) to detect the biggest possible number of PLHIV by provision of quality services to individuals, couples and families; 2) to ensure efficient referral system for uptake of prevention, treatment and care services based on HIV status; 3) to support and scale up high impact interventions aimed to decrease HIV transmission, morbidity and mortality (ART, prevention of mother-to-child transmission (PMTCT), pre-exposure prophylaxis (PrEP), post-exposure prophylaxis (PEP)).

The European region data show that more than 50% of PLHIV are diagnosed late – 49% are diagnosed with CD4 <350 and 27 % with CD4<200. G. Ghukasyan pointed out that majority of patients drop out of the treatment cascade at the stage between HIV detection and treatment initiation. This happens due to inefficient referral and linkage to next treatment cascade phases. Moreover, even a considerable increase in those tested for HIV does not lead to an increase in the number of detected cases. G. Ghukasyan highlighted the steps below needed to scale up HIV testing coverage:

- HTC services should be provided in line with the key components — the “5 Cs” — (consent, confidentiality, counselling, correct test results, connection/linkage to subsequent services);
- HTC policies and practices should be reviewed so as to eliminate all non-voluntary forms of testing;
- In order to detect as many PLHIV as possible a mix of testing models that match clients’ needs to be used, especially when it comes to KP;
- Community-based HIV testing programs need to expand; rapid tests should be promoted; non-medical settings need to be involved into the offer of HTC services;
- Effective monitoring and evaluation (M&E) systems and operational research should provide reliable data to evaluate testing programs.

G. Ghukasyan highlighted the 2012 strategic policy framework for service delivery approaches to HTC developed by WHO. Also, the speaker outlined advantages and drawbacks of various services delivery models (provider-initiated HIV testing and community-based testing). G. Ghukasyan said that WHO Consolidated HTC Guidelines would be finalized in 2015. They will help countries prioritize their testing strategies.

In response to the presentation above the participants stressed the importance of WHO that helps support cooperation between communities and governments.

Session 3 – Technological innovations

HIV diagnosis technology pipeline (Trevor Peter, the Clinton Health Access Initiative)

The presentation provided an overview of availability and usage of rapid HIV tests. To date, there are many 3rd and 4th generation rapid tests that help fast-track HIV detection and expand ART coverage. A wide range of products is available on the market. They can be used in different testing contexts and algorithms at a relatively low price (< \$1-2). However, studies show substantial gaps in usage of rapid tests due to the lack of compliance with testing protocols and storage conditions.

The speaker described in detail innovations in HIV rapid testing. For example, INSTI test delivers results in 60 seconds. With OraQuick® In-Home HIV Test there is no need to draw blood and testing can be done in comfortable conditions. All in all, manufacturers continue developing new products for self-testing, both oral fluid and blood-based. It is of importance to note that technologies are in place to facilitate self-testing, in particular mobile applications. Thus, HIVSmart helps obtain information on HIV and testing process along with the possibility to use 24 hour help line.

Early diagnosis among newborns was considered thoroughly. It was noted that less than 40% of newborn babies at risk are covered with early HIV diagnosis. Despite a tangible progress in scale-up of early detection among children, there are considerable gaps related to testing and treatment cascade.

The expert highlighted the main barriers that hinder introduction of new testing technologies:

- Small and uncertain market;
- Difficulties in securing investments to complete development and commercialization;
- Complicated regulatory approval and registration pathways;
- Slow evaluations of new technologies due to their limited use;
- Unpredictable procurement practices;
- Competition with the existing platforms;
- Difficult quality assurance.

Session 4 – KP access to testing (Stasa Plecas, SWAN)

In the presentation, Stasa Plecas focused on the main barriers and challenges linked to access to HIV testing for sex-workers:

- Lack of sustainable voluntary HTC;
- Insufficient involvement of sex workers into planning and monitoring of HIV testing programs;
- Shortage of peer consultants as part of HIV testing initiatives;
- Lack of data on HIV testing among sex workers;
- Breach of confidentiality of HIV test results, including societal blame and criminalization of sex work;
- Limited access to HIV testing for internal and external migrants, mandatory submission of passport in order to take a test and availability of testing opportunities only in places of residence;
- Stigma and discrimination;
- Low quality of services and lack of understanding of sex workers' challenges;
- Issues related to men and transgender people involved in sex work.

S. Plecas suggested possible solutions to tackle the challenges above. They include assessment of testing barriers; sensitization of services providers; introduction of community-based approaches; focus on the needs of migrants and mobile population groups; removal of structural barriers, punitive legislation and compulsory testing.

Access of MSM to testing in the EECA region (Gennady Roshchupkin, Eurasian Coalition on Male Health (EKOM))

Gennady Roshchupkin presented the results of the expert survey on HTC availability and quality among

gays, other MSM and transgender individuals in the region. The speaker pointed out the lack of data on treatment and support coverage among MSM and transgender individuals.

The experts considered a waiting time before delivery of test results (1-7 days) as a barrier to testing and consequent drop out of care services. A positive trend is an increased access to rapid tests, both blood and oral fluid-based. Community-based organizations in majority of countries find opportunities to use rapid tests within their projects both in cooperation with medical facilities and without involvement of medical staff. Despite a grown awareness about HIV, diagnosis and treatment, counselling remains a service in demand, whereas pre-test counselling is performed in less than 50% of tests. With negative HIV tests, post-test counselling is performed rarely or is not provided at all. When positive, post-test counselling is performed in almost 50% of cases.

The expert survey resulted in the recommendations on HTC programs below:

Testing

- To lower prices on rapid tests; to provide sustainable funding from national and international sources;
- To reduce stigma towards gays and other MSM, in the first place among medical staff; reduce internal homophobia among LGBT; reduce stigma towards PLHIV among LGBT;
- To provide effective mechanisms that help protect victims of discrimination based on sexuality and/or HIV status;
- To ensure better access to quality HIV treatment and support services;
- To increase geographical accessibility of HIV testing; to develop community-based services; to extensively introduce rapid tests; to provide quality counselling and pre- and post-test follow-up;
- To institutionalize the usage of rapid tests; to authorize NGO staff to perform testing.

Counselling

- To increase staff salaries and allowances for volunteers, HTC counsellors working in NGOs and medical settings; to ensure funding of NGO communities that provide counselling;
- To reduce homophobia and transphobia among medical staff and social workers; to endorse community-based volunteer initiatives aimed to provide peer support in health issues;
- To ensure access to quality treatment services related to HIV, concomitant diseases and sexual health services;
- To apply evidence-based practices;
- To train staff and volunteers on a regular basis;
- To develop community-based services;
- To introduce an effective M&E system to follow up on availability and quality of counselling;
- To institutionalize cooperation between medical facilities and community-based NGOs;
- To ensure effective mechanisms to protect victims of discrimination based on sexuality and/or HIV status;
- To humanize sex reassignment.

The discussion that followed the presentation included sharing the experience gained by Anti-AIDS Association in saliva-based rapid testing among MSM, which considerably improved coverage of this population group and helped ensure an effective referral to treatment programs. Also, the participants raised the issue of an approach to testing as a purely medical procedure that limits NGO capacity to

perform testing. The speaker noted that these days self-testing shows a grown independence of clients and demonstrates a changing role of the physician in the testing process. The region has practices and mechanisms for self-testing through joint efforts of NGO and state institutions. Governments need to further formalize this issue.

Barriers to access of people using drugs to HIV testing services (Igor Gordon, The Eurasian Harm Reduction Network (EHRN))

Igor Gordon started with the overview of HIV prevalence among PWID in EECA. Despite select countries report high coverage rates of HIV testing among PWID, in reality this population group encounters numerous barriers, when it comes to access to HIV testing. I. Gordon highlighted challenges and barriers below with regard to PWID access to HIV testing:

- Deficient surveillance and monitoring systems that lead to gaps in data and lack of evidence base related to KP;
- Stigma and discrimination (internal and external);
- Lack of evidence-based approaches to provision of HIV testing services and follow-up on diagnosed PLHIV;
- Low coverage of harm reduction services (syringe sharing programs and substitution therapy) and their low quality;
- Impact of the Russian Federation on harm reduction policy and HIV prevention and treatment services in the entire region;
- Insufficient government investments;
- Withdrawal of donors from many countries of the region;
- Criminalization of drug use;
- Lack of approaches aimed to prevent HIV transmission to sexual partners of PWID.

To respond to the challenges above, I. Gordon suggested that efforts below should help scale up HIV testing coverage among PWID:

- To ensure strong evidence base for advocacy;
- To ensure budget advocacy at the national and regional levels;
- To strengthen reforms of the existing healthcare systems and to create new ones;
- To scale up harm reduction programs with proper funding and institutional sustainability;
- To advance community-based HIV testing;
- To facilitate creation of non-punitive favorable legal environment and law enforcement practices that help PWID enjoy their rights;
- To strengthen PWID communities so as to ensure more active involvement in advocacy and delivery of services.

Adolescents living with HIV: towards overcoming stigma and discrimination and increased access to HIV testing (Olya Panfilova, East Europe & Central Asia Union of PLWH (ECUO))

Olya Panfilova highlighted the fact that services for children and adolescents affected by HIV/AIDS had not been supported via GF grants for a certain period of time. Given that GF funds were the only funding source to support services for children and adolescents in many countries, nowadays this population group does not have any access to essential HIV services and parents/foster parents are not able to ensure adolescents' adherence to ART. The main barrier encountered by adolescents in access to HIV testing is the age limit that varies between 14 and 18 years of age from country to country. Yet, select organizations manage to deliver HIV testing services to adolescents below 18 y.o. but in case of

positive test results their registration in a medical setting is only possible subject to parents'/foster parents' consent. The speaker pointed out the activities below to scale up adolescents' access to HIV testing:

- To establish a network of adolescents-oriented organizations with support of ECUO;
- To change approaches to delivery of services for HIV-positive adolescents;
- To modify social and professional standards for medical staff and social workers;
- To attract leaders among adolescents as peer consultants to provide services.

Session 5 - Policy and legislation barriers to testing in the countries of Eastern Europe and Central Asia

HIV testing and human rights (Naira Sargsyan, UNAIDS RST)

Naira Sargsyan stated off by emphasizing the role of human rights protection as a major prerequisite for universal access to HIV-related services. The new WHO guidelines for KP say that the basic strategies to ensure favorable environment for HIV-related services delivery are decriminalization of vulnerable behavior, reduction of stigma and discrimination, empowerment of communities and prevention of violence against KP representatives.

To date, 59 countries in the world and 16 EECA countries have adopted legislation criminalizing HIV exposure and transmission. Legislations of the majority of countries envisage administrative punishment for sex work. Select countries have punitive laws and unfavorable societal environment towards LGBT. Mandatory or compulsory testing of select population groups is still in place (KP, the general population). N. Sargsyan stressed that WHO and UNAIDS do not support mandatory or compulsory HIV testing of individuals on public health grounds. For whatever purpose, testing has to be initiated on the basis of informed consent.

A number of legislation barriers hinder scale-up of HIV testing. These are difficulties in licensing of medical services provision. This limits use of rapid tests by NGOs. Among other barriers are legally supported inequality between men and women and high rates of gender-based violence; age limit that hinders the youth from access to testing and other HIV services; strong stigma and discrimination among services providers.

Human rights issues have to be integrated into national strategic HIV/AIDS programs so as to ensure favorable legal environment for expanded access to HIV testing. It is necessary to provide the continuum of services through an effective referral of diagnosed PLHIV to treatment programs. Besides, tangible efforts have to be made towards training of services providers with the focus on informed consent, confidentiality, non-discriminatory approaches, ensured universal measures of precaution, etc. Certain efforts have to be made to fight discrimination and violence practiced by law enforcement bodies. Programs to reduce stigma and discrimination play an important role in creating favorable social environment that help provide access to HIV prevention and treatment services. Active involvement of PLHIV and KP representatives in planning, implementation and monitoring of HIV testing and treatment programs is a main prerequisite for access to services for these population groups. There is a need to strengthen community networks and organizations that build their work on the "peer-to-peer" principle as a mechanism to support testing and further treatment.

Legislative and policy barriers to community-based HTC in the countries of Eastern Europe and Central Asia (Hovhannes Madoyan, Real World Real People)

Hovhannes Madoyan shared results of the analytical review of legislative and policy barriers to community-based HTC in seven EECA countries. The review was built on three components: 1) licensing; 2) confidentiality; 3) human rights.

HIV testing in the reviewed countries is considered to be a medical procedure that needs licensing. Legislative regulations related to licensing are a major barrier to scale-up of community-based HIV testing programs. According to the regulations, only medical staff is entitled to deliver testing services mainly in medical settings. This approach excludes community-based organizations from HIV testing programs by default. To get a license an NGO needs funds that are disproportionate to its financial capacity and is an unprofitable undertaking. Apart from this, licensing incurs considerable expenditure on staff and removal of used tests and consumables. While licensing requirements help ensure quality and safety, rapid tests requirements are often unsound and hinder development of community-based testing programs. Nowadays the role of community-based organizations has mainly to do with outreach, motivational interviewing, pre-test counselling and referral of clients to medical facilities that provide HIV testing.

The review of confidentiality and human rights issues directly proves the need for expanded community-based HIV testing. It is clear that community-based organizations and NGOs provide safer testing in terms safeguarding confidentiality and human rights. Punitive policies with regard to drug use, sex work, same-sex relations and fear of possible violations of rights as a result of status disclosure by medical staff stop KP from testing in public healthcare facilities. Grown rates of the epidemic in the region call for immediate response in order to ensure safe environment for HIV testing that would allow NGOs and community-based organizations to become equal partners in HIV testing delivery.

The review helped formulate recommendations on community-based testing scale-up for governments, community-based organizations/NGOs, donors and international organizations.

Recommendations for governments:

- ✓ To develop and implement community-based HIV testing interventions;
- ✓ To streamline the requirements for NGO licensing;
- ✓ To elaborate necessary guidelines and protocols on community-based rapid HIV testing;
- ✓ To provide community-based organizations with technical support so that to ensure proper quality and validity of HTC, safety and confidentiality;
- ✓ To revise legislations in order to remove discriminatory regulations that hinder access to HIV testing for KP.

Recommendations for community-based organizations and NGOs:

- ✓ To advocate for favorable environment to help introduce community-based HTC;
- ✓ To improve capacity of community-based organizations and NGOs for quality services delivery;

- ✓ To collect, document and exchange best practices at the country and regional levels;
- ✓ To cooperate with government institutions so as to meet technical requirements for the use of rapid tests, including necessary equipment, development of standard procedures, staff training and confidentiality procedures;
- ✓ To raise funds that allow to meet necessary requirements.

Recommendations for donors and international organizations:

- ✓ To provide technical assistance to help enhance capacity of community-based organizations for them to meet necessary requirements for HIV testing;
- ✓ To provide technical assistance to governments in development and implementation of the plan aimed to scale up community-based HIV testing;
- ✓ To ensure support at the regional and country level for the organizations that advocate for community-based HIV testing;
- ✓ To support collection and exchange of best practices at the regional and international level;
- ✓ To provide community-based organizations with resources needed to meet the requirements for delivery of HIV testing services.

During the discussion the participants noted that licensing issues are not only about HIV testing delivery but also about dissemination of any other medical tools. Therefore, there should be a comprehensive approach to these issues. The participants agreed that the need to obtain proper licenses to carry out medical practice by community-based organizations is economically unsound and inappropriate. The major challenge is to regulate the use of rapid tests by non-medical facilities and non-medical personnel.

Session 6 – Redesigning HIV testing programs

Targeted and flexible model of rapid testing programs in Europe (Andrey Zlobin, AHF Europe Bureau)

Andrey Zlobin presented the model of rapid HIV testing developed by AHF. It enables delivery of affordable, comfortable and gratis HIV testing globally. The model includes rapid testing and immediate linkage to care and support for individuals with positive results of HIV test. This approach helps detect HIV cases at early stage, ensure timely treatment, avert new HIV cases due to treatment and behavioral change and reduce TB burden. The model is designed for vulnerable groups of population affected by HIV. Testing and follow-up to ensure uptake of healthcare services is available at low CD4 threshold, free of charge and impose minimum requirements to the client. Testing is performed solely with tests that do not need to draw venous blood (capillary blood and sampling blood with a finger prick). The client is informed immediately about the test result whether it is negative or positive.

Awareness campaigns complement delivery of services. They are meant to inform the general population about availability of rapid testing and possibilities to find out HIV status easily and quickly. All clients with positive test results are referred to healthcare facilities to verify them and get medical aid. A. Zlobin shared the data on the number of tests performed in the countries involved into the initiative and outlined plans for 2015-2016: 1) to increase detection of primary HIV infections; 2) to expand the geography of cooperation in the region; 3) to improve approaches to referral and treatment follow-up; 4) to launch a single database.

Testing early is testing young (Ruslan Malyuta, UNICEF Regional Office for Central and Eastern Europe /CIS)

Ruslan Malyuta started off by the review of HIV prevalence among adolescents and youth and underlined that the percentage of people who do not know their HIV status and those who take test is much higher among adolescents than among adults.

R. Malyuta shared the results of the survey based on computer-assisted self-interviewing and aimed to collect quantitative and qualitative data on HTC knowledge, attitudes, practices and experiences of youth. The survey was distributed via Internet and tablets given to young people as part of outreach. A total of 3,700 young people from five countries participated in the survey.

The survey showed that more than 50% of respondents are sexually active (57%), while only 35% use condoms. Majority of youth have never used injecting drugs. According to complex risk indicators, 39% respondents are at low risk of acquiring HIV, 41% are at medium risk and 12% are at high risk of contracting HIV-infection. As for knowledge levels, 30% of young people are very well aware of HIV, 40% have a medium level of knowledge and 30% know very little. Multiple factor analysis of HIV testing probability shows that individuals at 20-24 years of age are most likely to test for HIV and at the same time they are very well aware about HIV, being part of the group at highest risk of acquiring the infection. Thus, youth with high risk behaviours are much more motivated to test for HIV. Responses of young individuals who have never had HIV test helped define the causes of avoiding testing:

- Total lack of motivation - "I have never thought about this";
- Fear of positive test results, the need to register in a medical setting, societal blame and possible status disclosure;
- Need to obtain parental consent to test for HIV.

Young people appeared to be mostly driven by the wish to know their status and the need to get access to education, employment, visa, etc. subject to HIV test.

In the second part of the presentation R. Malyuta shared the results of the survey on recent infections conducted in Ukraine in 2013-2015. During the survey 6,370 HIV tests were performed and 467 cases were diagnosed. Special tests helped detect 29 recent infections among 467 diagnosed cases. The analysis of recent infection cases showed the results below:

- Most recent HIV cases have been detected among young men of 16-25 years of age;
- MSM are associated with the highest number of recent infection cases that account for 33% of a total number of detected recent HIV cases;
- At the same time, share of drug users in the total number of recent infections amounts to 2.6%.

These observations indicate that in Kiev and Kiev region young MSM are at higher risk of HIV. The scope of the analysis does not give grounds to talk about trends in the country although the analysis results show that early HIV detection needs testing coverage among adolescents and youth.

Access to HIV testing in St. Petersburg and Leningrad oblast (Juliya Godunova, E.V.A)

Juliya Godunova shared the experience gained from HIV rapid testing among the population of St. Petersburg and Leningrad oblast. Testing was delivered at a mobile clinic (station squares, highways, factories) and in medical settings (drug abuse clinics and dispensaries). As a result, the barriers to testing below were defined:

- Shortage of information in media, Internet and places where HIV affected groups can be reached;
- Operational barriers: limited working hours of the testing point/station and remoteness of testing services;
- Need to license rapid testing provided via mobile points;
- Rare advice to test for HIV by medical staff;
- Negative attitudes to HIV-positive individuals from the public as a whole and from healthcare workers;
- Negligent attitude to health among the general population and KP;
- Fears, scare to learn test results.

Juliya Godunova presented basic quantitative data on the rapid HIV testing initiative by the total number of diagnosed clients, distribution by sex and risk behaviours. She noted that 73% of HIV-positive clients were linked to medical facilities. Important success factors had to do with availability of a trained linkage manager (testing and treatment linkage manager) at a mobile point and access to contact persons (nurses, doctors, social workers) during eight hours per day. Next step should be expansion of rapid testing programs with active involvement of PLHIV community supported by government funding.

Access of migrant population to HIV testing through mobile medical services in Armenia (Arshak Papoyan, National Center for AIDS Prevention, Armenia)

Arshak Papoyan reviewed the epidemiological HIV/AIDS situation in Armenia and touched on the impact of labor migration on HIV spread. The HIV program for migrants offers a complex package of services, including HIV testing. The program covers 100 settlements and involves mobile medical brigades based in local medical facilities (policlinics, rural ambulatories, and feldsher points) and the mobile clinic. The program encompasses the services below:

- Outreach oriented at local population;
- HIV, Hepatitis B and Hepatitis C testing and counselling;
- Referral of eligible migrant workers and their family members to test for sexually transmitted diseases in the Republican AIDS Center;
- Tests for syphilis;
- Medical consultations;
- Survey-based TB screening;
- Mobile clinic-based ultrasonic testing.

In 2014, 580 visits were conducted and a total of 10,802 migrant workers, their partners and community representatives were screened. Nineteen of them were diagnosed with HIV and were registered in the AIDS Center that provided relevant treatment, care and support.

Community-based HIV testing in the countries of Eastern Europe and Central Asia: best practices (Yuliya Raskevich, ECUO)

Yuliya Raskevich highlighted the importance of community-based testing that helps reach out to KP and provide early HIV detection so as to ensure timely treatment initiation. The speaker reviewed five best practices in community-based HIV testing:

- Estonian Network of PLHIV: testing of main vulnerable groups, efficient referral to treatment and care after testing;
- CF “CONVICTUS UKRAINE”: testing programs for sex workers; effective collaboration with stakeholders and target audiences;
- Public Foundation “Asteria”, Kyrgyzstan: coverage of women who inject drugs with HIV testing and cost-effectiveness of testing;
- NGO “Demetra”, Lithuania: NGO-based testing despite the unfavourable legislation;
- Charitable Organization “Light of Hope”, Ukraine: providing HIV testing in penal facilities in Poltava and Poltava oblast and ensuring favourable conditions for vulnerable groups.

The review showed that favourable conditions and friendly environment throughout HIV testing is the key success factor that helps enrol vulnerable groups in HIV testing programs. Cooperation between NGOs and governments has to be ensured in order to have an efficient referral system. Also, it is necessary to involve staff responsible for testing-treatment linkages. Saliva rapid testing helps avoid involvement of medical staff and favours more friendly environment. Signing a contract with medical facilities allows to attract medical staff and stay within the legislative frameworks.

Community-based rapid testing of women who inject drugs in Kyrgyzstan (Irena Yermolayeva, Asteria, Kyrgyzstan)

Irena Yermolayeva presented lessons learnt from HIV testing of women who inject drugs based on sampling saliva. “Mobile units” (mobile phone credits) worth USD 3, 5 that are given to the clients who tested for HIV helped improve clients’ motivation for testing. The program diagnosed a total of 622 women and their sexual partners and 10% of them proved to be HIV-positive. This model enables testing in non-medical settings, provides friendly environment and helps obtain quick test results. Also, the model helps provide additional services, solve clients’ problems and enables on-site HIV testing.

I. Yermolayeva pointed out the challenges below:

- Need to verify rapid test results in AIDS Center reduces motivation to test for HIV;
- Insufficient links with AIDS centers, lack of feedback on the client’s visits to AIDS center and test results;
- Staff turnover caused by high emotional stress;
- Difficulties with removal of used tests, partially due to limited funding;
- Lack of program sustainability.

Is involvement of affected communities in testing services and linkage to treatment important? Experience of Estonia (Latsin Aliyev, Estonian Network of PLHIV)

Latsin Aliyev shared the experience gained through the implementation of the HIV testing and treatment program that envisages timely detection, support at treatment start and psychological and

social counselling of PLHIV aimed to better access to ART and adherence to treatment. The target audiences are PWID, MSM, vulnerable groups, newly detected PLHIV and PLHIV who dropped out of healthcare services. The model provides for community-based testing (social boarding houses, syringe sharing programs, trust points, rehab centers, street testing and MSM clubs), involvement of linkage- and case-managers to ensure adherence to treatment at therapy initiation and community support programs. Linkage- and case managers help guide the client in the healthcare system and provide follow-up throughout every stage of medical services uptake.

L. Aliyev highlighted the importance of team efforts that help obtain best results, ensure synergy of services delivered by NGO, healthcare providers and public sector. Also, the speaker emphasized a great capacity of volunteer initiatives in ensuring access to HIV testing and treatment.

In the long run, sustainability of the rapid testing program can be provided via its integration into the public healthcare system. The model has to be viewed as an additional tool that complements the existing approaches to testing aimed to reach people not previously served via conventional testing.

Below are key factors that should help sustain rapid testing programs in the long run:

- ✓ Rapid testing program as a testing model for KP;
- ✓ Rapid testing program is funded by government;
- ✓ The rapid testing model is integrated into the public healthcare system;
- ✓ KP communities are involved into planning, implementation (peer testing) and evaluation of testing programs;
- ✓ Rapid testing program is integrated into other services for KP (harm reduction programs, Hepatitis and TB testing programs, substitution therapy, ART, TB and Hepatitis C treatment, etc.)
- ✓ Trained and qualified personnel;
- ✓ State-supported M&E system, where groups are disintegrated.

Testing within the framework of HIV prevention programs of AUCO "Convictus Ukraine" (Evgeniya Kuvshinova, "Convictus Ukraine")

Evgeniya Kuvshinova presented lessons learnt from HIV testing among sex workers and their clients based on: 1) specialized counselling center; 2) mobile ambulatory; 3) mobile points (in places where clients could be reached). Social and outreach workers deliver services and help the client test for HIV, provide motivation counselling, interpret test results and refer the client to the case manager. Case managers provide a package of services related to registration, ensure adherence to ART and assist in social and household issues.

In 2014, a total of 3,871 clients tested for HIV, including 3,717 females, 23 males and 131 transgender individuals. Apart from HIV testing and treatment follow-up, clients are able to test for Hepatitis B, syphilis, chlamydia and gonorrhoea, receive special medical consultations, legal aid, psychological support, services to prevent violence and support to violence victims, participate in self-support groups, get consumables (condoms, lubricants and chlorhexidine). The staff are able to distribute tests among clients so as to increase testing coverage.

Session 7 - Reinventing advocacy and communications for HIV testing

The expansion of voluntary HIV rapid testing in Belarus: barriers and ways to overcome them (Sergej Kruchinin, Expert Council of the HIV/AIDS Information Strategy in the Republic of Belarus)

As part of the HIV/AIDS information strategy in Belarus, efforts were made to create a single information space that would help reduce the spread of HIV and its impact. Before the information strategy had been introduced almost half of printed materials and visual aids (47%) did not meet the requirements for HIV/AIDS information materials and they had incorrect stigma-friendly terminology. Strategy implementation led to a sharp reduction in incorrect terminology in media. Every single information material (100%) prepared jointly with the Ministry of Health goes through expert evaluation in terms of compliance with standards. Besides, there was an increase in HIV testing uptake in 2013.

S. Kruchinin touched upon the barriers to HIV rapid tests in pharmacies and pointed at lack of the relevant regulation under “Sanitary norms and rules”, lack of awareness campaigns aimed to inform the general population about ways to receive pre-medical testing and further steps under various testing scenarios.

HIV testing of people using drugs and linkages to treatment programs based on harm reduction programs in Ukraine (Yelena German, Alliance Ukraine)

Yelena German started off by the review of quantitative results of the HIV testing program for IDU based on mobile ambulatories, community centers, fixed-site syringe exchange, outreach routes and secondary syringe exchange. Also, the speaker shared the model of assisted testing that envisages motivation counselling, testing follow-up, post-test counselling and linkage to the AIDS center or the CITI project, if necessary.

Y. German presented the CITI project that provides testing-treatment linkages and early access to treatment for IDU. Thanks to a wide range of efforts by case managers this approach helps ensure the timely linkage to medical facilities and start of ART by HIV-positive clients of harm reduction projects. It also helps build up a meaningful dialogue between HIV-positive clients and medical staff and ensure follow-up at every stage of enrolment in a healthcare facility and ART prescription (tests, examinations, doctor appointments, re-issue of official documents, residence permit, etc.). From March 2013 to December 2014, 6,209 individuals participated in the CITI project, where 3,073 IDU were linked to AIDS centers and 2,778 IDU started ART. This approach helps gain a sharp reduction in the time between enrolment and treatment initiation and improves clients’ motivation to adhere to treatment through better delivery of healthcare services and friendly environment.

Do Tell Your Friend Campaign, Regional Journalist Award (Yulia Raskevich, ECUO)

Yulia Raskevich gave an overview of the information campaigns and activities implemented by ECUO aimed to raise awareness of the general population about HIV and advocate for testing:

- Do Tell Your Friend Campaign as part of the World Vision-supported project is a solely digital project that shifted onto real actions;
- Dance and Test Initiative involved partners from various sectors (international airport in Georgia and entertainment centers in Azerbaijan). This two-week action helped inform 250 000 people and deliver testing to 850 individuals;

- Do Everything on Time (DoTellYourFriend.org) is a friendly campaign that disseminates promotional items and helps compile a list of facilities in the entire EECA region, where HIV testing is available;
- Regional Journalist Award helped conduct trainings on “AIDS dissidents”, myths and importance of timely testing and early treatment and now helps monitor HIV/AIDS write-ups and select best media pieces.

Campaign “Dive Safely!” (Lena Kiryushina, UNAIDS RST EECA)

Lena Kiryushina emphasized the UNAIDS substantial experience in organization of prevention and information campaigns as part of major sports events. Such campaigns help easily and quickly reach out to large audiences, especially via new media and inform about ways to prevent, treat and test for HIV. Thus, the recent campaign Think Wise as part of the Cricket World Cup allowed to reach 600 mln. viewers thanks to www.youtube.com and social media. The global Protect the Goal campaign enabled 100,000 supporters in various Brazilian cities and towns to have rapid test for HIV during the World Cup.

The Dive safely! project is a joint initiative of the Organizing Committee of the 2015 FINA World Championships in Kazan, the Ministry of Health of Tatarstan, the nongovernmental organization *New Century* and UNAIDS. The main components of the Dive safely! project were training sessions and workshops on HIV prevention for volunteers and staff of the Championships, a media campaign featuring sports and showbiz celebrities as well as public figures. Also, the project encompassed the testing component that helped provide a universal access to rapid saliva-based HIV testing during the Championships available at a special pavilion. Tests were delivered by doctors from the Republican AIDS Center of Tatarstan and volunteers. The project involved the International Youth Red Ribbon Team – a group of young celebrities from the nine EECA countries.

European HIV Testing Week Initiative – involvement of the EECA region (Olga Aleksandrova, ECUO)

Olga Aleksandrova gave a brief overview of the European HIV Testing Week Initiative in EECA, which mainly aimed to raise awareness of the largest number of people possible about the importance of early HIV testing. The activities as part the European HIV Testing Week Initiative took place on 22-29 November 2014 and included mobile and fixed-site testing points, meetings, concerts, performances and dissemination of information materials. A special campaign was organized in social media.

The European HIV Testing Week Initiative helped call again on governments and advocate for increased funding. O. Aleksandrova underlined that such large-scale campaigns with the coverage of the whole region can offer advocacy resources that are more powerful than country-level activities.

UNAIDS EECA “Know your partner, know your status” campaign (Snizhana Kolomiiets, UNAIDS RST EECA)

Snizhana Kolomiiets jointly with Sergii Kozhevnikov, a representative of the marketing arm agency, shared the concept of the “Know your partner, know your status” campaign that aims 1) to sensitize the general population to HIV testing; 2) to improve uptake of HIV testing services by the general population; 3) to launch a social movement meant to raise awareness of HIV and scale up HIV testing coverage.

The participants shared their feedback on the campaign concept and design and recommended to widen the target audience under the campaign to include adolescents.

Session 8 - Development of recommendations and action plans for 2015-2016

The participants split into three groups, where they discussed recommendations on new approaches to HIV testing. The outcomes of the group work are presented below and follow the topics discussed.

Recommendations for EECA countries on HIV testing advocacy and communications

Below are advocacy and communications activity areas for EECA countries towards the first 90 outlined by the group participants:

- To identify priorities towards the HIV testing target for each country in the region;
- To reduce/eliminate stigma and discrimination and stigmatizing attitudes towards KP;
- To increase demand for testing among both the general population and KP;
- To adopt country plans aimed to ensure shift from donor funding onto government funding that would include testing programs;
- To advocate for access to different testing models;
- To strengthen the role of civil society in HIV testing delivery;
- To legislate consideration of HIV testing effectiveness based on the number of enrolled for treatment individuals at the national and international levels;
- To increase the number of KP representatives tested for HIV;
- To develop effective mechanisms for testing that help minimize stigma and optimize costs.

As part of the proposed activity areas, interventions below were elaborated:

- To conduct the scope analysis of HIV testing at the regional and country level and make suggestions on how to change approaches to HIV testing so as to ensure referral of patients to public facilities. The package should include a rationale, list of necessary activities and indicators. The rationale should encompass surveys that compare effectiveness of the existing and suggested HIV testing strategies;
- To develop and implement information strategy aimed to reduce societal stigma attached to KP and to reduce instances of self-stigma;
- To carry out Stigma Index Survey in the countries of the region;
- To develop new testing mechanisms;
- To carry out awareness campaign oriented at HIV treatment access;
- To pursue budget advocacy;
- To legally approve introduction of rapid HIV testing through a relevant executive order of the Ministry of Health;
- To share best practices in community-based HIV testing with governments;
- To simplify requirements for provision of HTC by NGOs and community-based organizations; to develop and officially approve community-based HIV testing model;
- To create favourable legal environment for NGOs so that to enable them to participate in tenders for social services related to HIV testing;
- To develop and include in national and international testing standards the requirements for enrolment of diagnosed individuals in treatment programs as the integral part of testing procedures;
- To develop indicators that show effectiveness of services related to testing-treatment linkages;
- To introduce indicators that show the client's satisfaction with HIV testing services;
- To approve M&E indicators that show KP involvement into delivery of services throughout the

- entire treatment cascade with these indicators included in national M&E systems;
- To conduct cost analysis of HIV testing and analyse costs of the delivery of testing services per client; to carry out cost-effectiveness analysis of HIV testing programs in the countries;
- To introduce the indicator of HIV testing frequency at the UNAIDS level;
- To consider appropriateness of the introduction of the country-level cost-effectiveness indicator per HIV-positive case linked to treatment, given the need to apply differential indicators of cost-effectiveness for various KP and cases (for example, pregnant women);
- To explore the opportunity to merge procurement of test systems at the regional/sub-regional levels;
- To advocate for lowering prices by HIV tests manufacturers.

Redesigning HIV testing programs

The group participants highlighted the necessity to build up policy related to HIV testing based on the following principles: 1) access to testing; 2) simplicity of the system; 3) cost-effectiveness that envisages the highest possible HIV detection rates, given the current phase of the epidemic and effective linkage to treatment and support programs; 4) sustainability of testing programs; 5) KP-related stigma and discrimination reduction. Thus, the group suggested activity areas below:

- To ensure compliance of national standards and regulations with the recommendations of international organizations;
- To include Country Coordination Mechanism in monitoring of HTC effectiveness;
- To streamline the procedures for HIV diagnosis in order to minimize the time for test delivery and final diagnosis;
- To involve community-based organizations to help ensure access to HTC for these communities;
- To provide the large-scale introduction of rapid HIV testing and universal access of the general population to rapid HIV testing; to scale up HIV testing initiated by medical staff and social workers;
- To scale up HIV testing programs in non-medical settings; to enable non-medical personnel to deliver HIV testing, primarily outreach workers;
- To provide job opportunities and ensure working conditions for peer consultants both in NGOs and municipal and government facilities that deliver HIV care and support services to vulnerable communities;
- To actively involve KP representatives into planning and assessment of HIV testing programs;
- To provide access to HIV testing for KP through the expansion of the geography of HIV testing, the increased number of HIV testing points, including mobile points, and flexible working hours of testing services;
- To facilitate sales of rapid HIV tests in pharmacies through supportive pre- and post-test counselling for HIV tests consumers and programs of referral and follow-up for individuals with self-testing;
- To improve access to HIV rapid testing for adolescents to make it available starting with the age of sexual debut; to offer them primarily saliva-based rapid HIV tests that can be used with assistant's help or independently; to ensure referral and follow-up systems tailored for adolescents;
- To provide access to a complex rapid testing (HIV, TB, Hepatitis, STI) for KP and adolescents in the first place;
- To advocate full or partial funding of local HIV testing programs from local budgets;
- To develop a single online training course based on modules designed for consultants that deliver counselling for HIV testing;
- To streamline technical requirements for rapid HIV test points and procedures for obtaining licenses, if necessary;

- To introduce assisted HIV testing;
- To enable obtaining test results online;
- To develop and introduce a unified M&E system for HTC programs based on international recommendations that would enable both quantitative monitoring and quality assurance of HTC programs, including such indicators as satisfaction of the client with services and HTC cost-effectiveness;
- To provide quick and effective response to instances of discrimination during HIV testing (denial of access to HIV testing or coerced testing) and to cases of confidentiality breach;
- To legislate ban on coerced HIV testing;
- To increase frequency of HIV testing, especially among KP;
- To ensure flexibility of HIV testing programs that are highly responsive to dynamic demand for HIV testing.

Recommendations on introduction of technological innovations in HIV testing in EECA

When developing the recommendations, the group participants stressed the necessity to focus efforts on making use of the existing innovations that proved their effectiveness rather than develop new technologies. To date, there are quite enough best practices in HIV testing based on technological innovations that need studying and a large-scale introduction in EECA. Also, the participants highlighted the absolute need to minimize possible risks associated with the launch of modern technologies (electronic data leakage, efforts to streamline coerced HIV testing, etc.).

The group participants outlined activity areas and interventions below:

- To decrease patient loss that occurs before the test results are known (EIA) through fast-track testing procedures based on the use of two rapid tests to diagnose the infection;
- To expedite the process of registration by streamlining norms that regulate procedures for diagnosis verification at the enrolment stage;
- To improve motivation to seek HIV testing through delivery of complex integrated services, for example access to test for other infections (TB, Hepatitis, STI);
- To introduce portable technologies solutions to bring services closer to the client (CD4, viral load test);
- To develop and launch a single information system of serosurveillance for HIV that would include data on NGO-based testing;
- To implement incentive strategies aimed to encourage as many people as possible to test for HIV and based on Internet services, mobile applications, information campaigns, provision of bonuses for uptake of HIV testing services;
- To increase the number of testing points through involvement of family doctors, private clinics; to establish computerized testing points.

Session 9 – Next steps

Based on the discussions during the last session, the participants mapped out next steps to undertake in EECA until 2016 in order to scale up HIV testing and achieve the target of “90% of all people living with HIV knowing their HIV status”:

1. To agree on and sign the Appeal on Scaling-up Access to HTC in EECA (Annex 1);
2. To elaborate the annex to the Address that would include the whole set of recommendations developed throughout the Regional Consultation and submit the documents to relevant ministries;
3. To ensure a wide access to the documents so as to receive feedback from stakeholders;

4. To ensure UNAIDS support aimed to advocate for the Address at the governmental level; to involve WHO, UNICEF and other agencies into advocacy efforts in the countries where UNAIDS offices are not present;
5. With support of UN agencies, GF and other donors to develop action plans that could be integrated into National HIV/AIDS Programs;
6. To develop and include in the National HIV/AIDS Programs a set of HTC indicators. To address GF with the request to revise HIV testing indicators;
7. UNAIDS will assess whether patients and services providers are able to select, purchase and use HIV test kits and drugs to treat and prevent HIV-infection and other diseases related to HIV in EECA;
8. To unify the strategy and recommendations developed by WHO and UNAIDS, using same indicators, terminology and approaches;
9. To ensure a wide dissemination of the Regional Consultation outcomes among all stakeholders;
10. To correlate the Regional Consultation outcomes with the programs implemented by organizations and to further develop them as part of these programs;
11. To coordinate all the documents with the participants of the Regional Consultation before their dissemination;
12. To organize a meeting to follow up on the progress in implementation of the recommendations in the EECA countries in May 2016.

Annex 1: The Appeal to Scale up HTC Access in EECA

22 May 2015

Original language: Russian

Regional Consultation on scaling up access to HIV testing and counselling services as an imperative for reaching 90-90-90 targets in Eastern Europe and Central Asia.

Yerevan, Armenia, 20-22 May 2015.

We, the participants of the Regional Consultation on **scaling up access to HIV testing and counselling services as an imperative for reaching 90-90-90 targets in Eastern Europe and Central Asia** that took place in Yerevan, Armenia, on 20-22 May 2015, driven by the UNAIDS treatment 90-90-90 target and a Fast-Track strategy to end the AIDS epidemic by 2030;

given that an average of one in three individuals living with HIV in Europe is unaware of their status⁵ and every second HIV-positive person in Europe is diagnosed late⁶;

acknowledging the underlying role of the first target – 90% of all people living with HIV will know their HIV status – as a way to achieve progress in attracting patients to ART and maintaining their undetectable viral load;

recognizing the need for immediate action to scale up HIV testing in EECA;

drawing on the evidence base in support of earlier HIV treatment initiation that helps achieve better treatment outcomes and better results in prevention of HIV transmission;

have signed this Appeal, where we recommend that the following interventions should be taken by governments in order to ensure scale-up of HTC access in EECA:

1. To review the legislation so as to reduce barriers to a wide coverage of HTC services and to remove discriminatory regulations that violate human rights and complicate access to services for KP provided both by government facilities and NGOs; to protect human rights throughout HIV testing in line with WHO recommendations;
2. To develop and introduce mechanisms for interaction between government institutions and civil society organizations in order to ensure access to HTC services, including testing in public healthcare settings, community-based testing and self-testing;
3. To provide a large-scale introduction of rapid HIV testing, including rapid tests that do not need blood sampling, for all population groups with quality assurance in place both in

⁵ Hamers FF&Philips AN, Diagnosed and undiagnosed HIV-infected populations in Europe. HIV Medicine, 2008

⁶http://www.ecdc.europa.eu/en/press/news/layouts/forms/News_DispForm.aspx?List=8db7286c-fe2d-476c-9133-18ff4cb1b568&ID=1121

medical settings and in NGOs; to introduce rapid testing that excludes blood sampling (noninvasive methods) to be delivered at NGOs by trained non-medical personnel and to be automatically integrated with further treatment, care and support programs;

4. To apply innovative technologies for HIV testing aimed to bring medical services closer to the client (viral load, CD4, Hepatitis, STI, TB, etc.);
5. To review and improve the HTC strategy and practices with the focus on KP through streamlined and fast-track procedures for diagnosis and verification of the “HIV-infection” diagnosis in order to reduce the time between diagnosis and treatment initiation;
6. To scale up access to HIV testing for KP based on an increased number of testing points and involvement of general practitioners (family doctors, specialized medical facilities, healthcare facilities), NGOs; to introduce regular testing, in particular among KP, based on the country context;
7. To involve KP⁷ as consultants and staff into creation and delivery of HTC services aimed to provide timely detection and adherence to treatment among KP;
8. To develop a curriculum that would help expand the number of specialists skilled in HTC quality services delivery;
9. To develop and adopt the plan aimed to ensure shift from donor funding of HIV testing programs onto government funding with an effective allocation of resources;
10. To simplify the requirements for NGOs to get licensed that would help scale up access to community-based HIV testing for KP;
11. To initiate efforts towards cutting HIV testing costs, including lowering prices of tests and reagents; to involve representatives of WHO, UNAIDS and NGOs into advocacy efforts aimed to reduce the price level.

⁷ PLHIV, PWID, MSM, sex workers, transgender people, adolescents

Annex 2: Agenda

Regional Consultation on scaling up access to HIV testing and counselling services as an imperative for reaching 90-90-90 targets in Eastern Europe and Central Asia

Yerevan, Armenia, 20-22 May 2015.

Original language: Russian

Day 1: Wednesday 20 May		
Time	Session I	Speaker
Session I: Welcome and Introduction		
09:00-09:30	Registration, networking and morning coffee	
09:30-10:00	Welcoming remarks	<p>Vinay P. Saldanha, UNAIDS Regional Director for Eastern Europe and Central Asia (via Skype)</p> <p>Vladimir Zhovtyak, President, East Europe & Central Asia Union of People Living with HIV</p> <p>Bradley Busetto, UN Resident Coordinator, Armenia</p> <p>Representative of the Ministry of Health of the Republic of Armenia</p> <p>Samvel Grigoryan, Director of the National Center for AIDS Prevention, Armenia</p>
10:00-10:10	Aim of the meeting, objectives, main outputs Agenda and logistic information	<p>Naira Sargsyan, UNAIDS RST EECA</p> <p>Zarina Mansurkhodjaeva, UNAIDS RST EECA</p>
Session II: Setting the Scene		
Chair: Naira Sargsyan, UNAIDS RST for Eastern Europe and Central Asia		
10:10-11:15	<p>The testing challenge to reach 90-90-90</p> <p>Scaling up HIV testing and counseling services</p> <p>Achieving the first 90 - financial implications (video presentation)</p> <p>Discussion</p>	<p>Martina Brostrom, UNAIDS HQ</p> <p>Gayane Ghukasyan, WHO Regional Office for Europe, Country Office in Armenia</p> <p>José Antonio Izazola, UNAIDS HQ</p> <p>All participants</p>
11:15-11:30	Coffee-break	
Session III: Technological Innovations		
Chair: Martina Brostrom, UNAIDS HQ		
11:30-12:00	HIV diagnosis technology pipeline	Trevor Peter, the Clinton Health Access Initiative

	Discussion	All participants
Session IV: Key populations access to testing in the countries of Eastern Europe and Central Asia Chair: Anna Rusanovich, Republican Centre of Hygiene, Epidemiology and Public Health, Belarus		
12:00-13:00	HIV testing among sex workers: barriers and challenges	Stasa Plecas, SWAN
	Access of MSM to testing in the EECA region	Vitaly Djuma, EKOM
	Barriers to access of people using drugs to HIV testing services	Igor Gordon, EHRN
	Adolescents living with HIV: towards overcoming stigma and discrimination and increased access to HIV testing	Olya Panfilova, ECUO
	Discussion	All participants
13:00-14:00	Lunch	
Session V: Policy and legislation barriers to testing in the countries of Eastern Europe and Central Asia Chair: Vitaly Djuma, Chairman of the Governing Board of the Eurasian Coalition on Male Health		
14:00-14:45	HIV testing and human rights	Naira Sargsyan, UNAIDS RST EECA
	Legislative and policy barriers to community-based HTC in the countries of Eastern Europe and Central Asia – an overview	Hovhannes Madoyan, Real World Real People
	Discussion	All participants
Session VI: Redesigning HIV testing programs Chair: Samvel Grigoryan, Director of the National Center for AIDS Prevention. Armenia		
14:45-16:00	Targeted and flexible model of rapid testing programs in Europe	Andrey Zlobin, AHF Europe Bureau
	Access to HIV testing in St. Petersburg and Leningrad oblast	Juliya Godunova, E.V.A
	Testing Early is Testing Young	Ruslan Malyuta, UNICEF RO CEE/CIS
	Access of migrant population to HIV testing through mobile medical services in Armenia	Arshak Papoyan, National Center for AIDS Prevention, Armenia
	Discussion	All participants
	Mobile clinic - site visit	
16:00-16:15	Coffee-break	
16:15– 18:00	Community-based HIV testing in the countries of Eastern Europe and Central Asia: best practices	Yuliya Raskevich, ECUO
	Community-based express testing of women who inject drugs in Kyrgyzstan	Irena Yermolayeva, Asteria, Kyrgyzstan
	Is involvement of affected communities in testing services and linkage to treatment important? Experience of Estonia	Latsin Aliyev, Estonian Network of PLHIV

	Testing within the framework of HIV prevention programs of AUCO "Convictus Ukraine" Discussion	Evgeniya Kuvshinova, Convictus Ukraine All participants
19:00	Welcome dinner	
Day 2: Thursday 21 May		
Session VII: Reinventing advocacy and communication for HIV testing Chair: Olga Aleksandrova, East Europe & Central Asia Union of People Living with HIV		
09:00-10:15	Messaging to increase demand generation - the case for HIV testing: European HIV Testing Week Initiative – involvement of the EECA region The expansion of voluntary HIV rapid testing in Belarus: barriers and ways to overcome them HIV testing of people u drugs and linkages to treatment programs based on harm reductions programs in Ukraine Do Tell Your Friend Campaign, Regional Journalist Award “Dive Safely! Легкой воды!” campaign Discussion	Olga Aleksandrova, ECUO Sergej Kruchinin, Expert Council of the HIV/AIDS Information Strategy in the Republic of Belarus Yelena German, Alliance Ukraine Yulia Raskevich, ECUO Lena Kiryushina, UNAIDS RST EECA All participants
10:15-11:15	UNAIDS EECA “Know your partner, know your status” campaign Focus group discussion	Snizhana Kolomiiets, UNAIDS RST
11:15-11:30	Coffee-break	
Session VIII: Development of recommendations and action plans for 2015-2016		
11:30- 13:00	Group work I: 1. Reinventing advocacy on HIV testing 2. Redesigning HIV testing programmes (all kinds of testing) 3. Introduction of technological innovations	Instructions. Olga Aleksandrova, ECUO Facilitators: Olga Aleksandrova, Gennady Roshchupkin, Evgeniya Kuvshinova
13:00-14:00	Lunch	
14:00 – 14:45	Group work I (cont.) Working group presentations Discussion	All participants
14:45 - 15:45	Group work II: Development of a sub-regional plan of action for overcoming legal and policy barriers to HIV Testing (home-based testing, rapid tests, community-based testing, etc)	Instructions. Naira Sargsyan, UNAIDS RST 3 groups: Caucasus, Central Asia, Eastern Europe
15:45-16:00	Coffee-break	
16:00-16:40	Working group presentations Discussion	All participants

16:40-17:20	Group work III: Development of a sub-regional advocacy plans on involvement of CBOs in the implementation of HTC within the framework of national strategic plans and programmes funded by the state budget	Julia Godunova, E.V.A. 3 groups: Caucasus, Central Asia, Eastern Europe
17:20-18:00	Working group presentations Discussion	All participants
Day 3: Friday 22 May		
09:00-11:00	Development of a Declaration to the Governments to officially adopt and operationalise the 90-90-90 targets, and support revision of legal and policy barriers for access of people in need to HTC services	Naira Sargsyan, UNAIDS RST Vladimir Zhovtyak, ECUO All participants
11:00-11:30	Coffee-break	
Session IX: Moving forward		
11:30-13:00	Plenary discussion: an agreement on key next steps to promote the Declaration and ensure that concrete steps are taken to fast-track access to testing towards the 90-90-90 targets at country and regional levels by 30 May 2016. Closing	Naira Sargsyan, UNAIDS RST Vladimir Zhovtyak, ECUO
13:00-14:00	Lunch	
Departure		

Annex 3: List of participants

Regional Consultation on scaling up access to HIV testing and counselling services as an imperative for reaching 90-90-90 targets in Eastern Europe and Central Asia

Yerevan, Armenia, 20-22 May 2015.

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