

The Appeal to Scale up HTC Access in EECA

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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** (EECA) 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 status¹ and every second HIV-positive person in Europe is diagnosed late²;

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 (HIV testing, counselling) 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 Key Populations³ (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 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;

¹ Hamers FF&Philips AN, Diagnosed and undiagnosed HIV-infected populations in Europe. HIV Medicine, 2008

² http://www.ecdc.europa.eu/en/press/news/_layouts/forms/News_DispForm.aspx?List=8db7286c-fe2d-476c-9133-18ff4cb1b568&ID=1121

³ People Living with HIV (PLWH), People who inject drugs (PWID), Men who have sex with men (MSM), sex workers, transgender people, adolescents

4. To apply innovative technologies for HIV testing aimed to bring medical services closer to the client (viral load, CD4, Hepatitis, Sexually Transmitted Infections, Tuberculosis, 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 KP 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.