

Sustainability of Services for Key Populations in Eastern Europe and Central Asia – #SoS_project 2.0

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REGIONAL PARTNERSHIP SCALE

- ✓ The largest in geography regional GF project.
- ✓ 14 countries and 18 cities involved
- ✓ 3 years: 2022-2024



Objectives:

1. Institutionalizing effective models of, and processes in, HIV responses in the EECA region to impact the **HIV care cascade**
2. Removing barriers to services for key populations to promote quality health interventions based on **HR principles**; addressing **gender barriers** to services
3. **Budget advocacy** for sustainable services for key populations in the EECA region

HIV testing: activities in the frames of the #SoS_project 2.0 – 2022



Assessment of HIV testing guidelines in 7 countries of EECA – Belarus, Georgia, Kazakhstan, Kyrgyzstan, Moldova, Tajikistan, Uzbekistan



Comparative cost analysis of RDT-based vs current diagnostic algorithm in Georgia and Kazakhstan; sub regional meeting on the decentralization of HIV testing services and the simplification of HIV algorithms in November 2022 in Kazakhstan with participation of Georgia, Kazakhstan, Kyrgyzstan, Moldova, and Uzbekistan; establishment of virtual professional network for specialists from these countries



Current testing and treatment protocols analysis in 7 countries (Armenia, Moldova, Georgia, Kazakhstan, Kyrgyzstan, Uzbekistan, and Ukraine) and recommendations to align the national protocols with the WHO guidelines



South Eastern Europe Regional
TB and HIV Community Network

Assessment on policies, regulations, and practice of HIV rapid testing/self-testing in Albania, Montenegro, North Macedonia, and Serbia and recommendations



Assessment of readiness of health systems to decentralize HIV testing services in Armenia, Georgia, Moldova, Kazakhstan, Kyrgyzstan

Expanding access of key populations to HTS, reducing the time to receive test results, providing HTS by non-medical workers, the decentralization of HTS

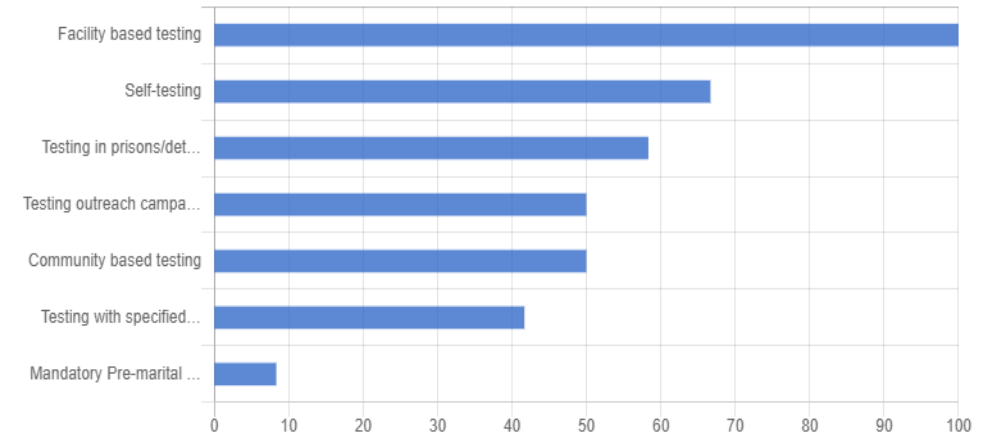
- **Access to self-testing is provided** in a number of countries (Georgia, Moldova, Kyrgyzstan, Kazakhstan, Tajikistan, Ukraine).
- **Indication** in the national protocols that **self-testing for HIV is offered as an additional method/approach to HIV testing services** (Georgia, Moldova, Tajikistan).
- **The self-testing service is not provided** – rapid tests through the pharmacy network can only be purchased by medical organizations (Uzbekistan).
- A few countries determine through their national policies the **possibility of participation of specialists with non-medical education**, who have undergone appropriate training, in the provision of testing services on the basis of NGOs (**Kyrgyzstan, Tajikistan, Moldova**).
- **Centralization of testing to establish HIV-positive status and the use of a suboptimal HIV testing algorithm** may lead to a **delay in obtaining the final result** - the long chain from testing to treatment in a number of countries (Kazakhstan, Uzbekistan).

HIV testing modalities

From the responses shared

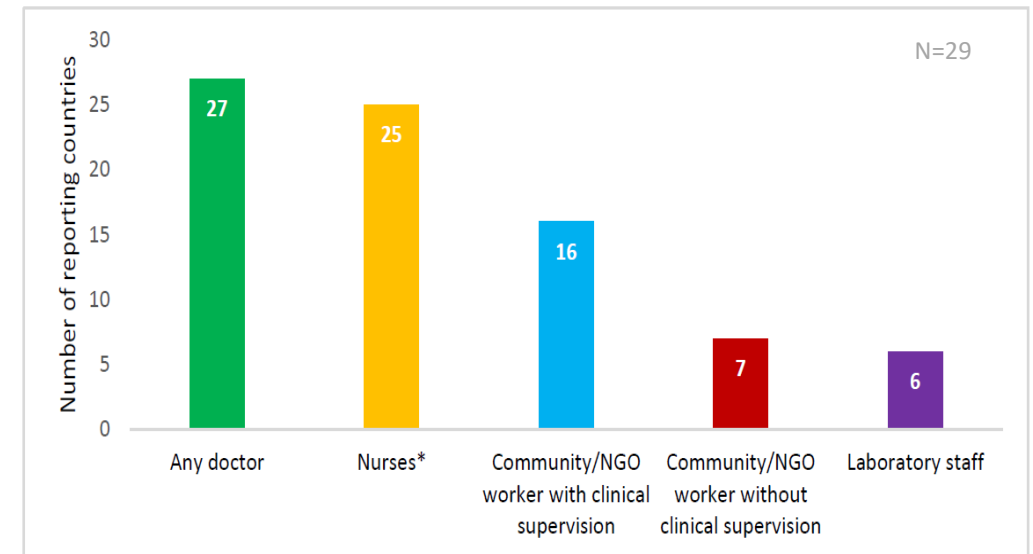
- HIV testing services are largely centralized in health facilities
- HIV-ST has been introduced in 67% of countries
- Only half of the countries that responded are implementing Community-based testing or targeted outreaches
- Trained lay providers are allowed to administer an HIV test in only 67% of the respondents
- There is need to decentralize HIV testing services to lay providers so that more people can easily access it.

Which approaches are countries using to find PLHIV?



Source: Submitted HTS country portfolios

Who is allowed to administer and HIV test?



Source: ECDC, Dublin Declaration 2022 report

Recommendations for national protocols

Cou ntry	Community based HIV testing services	Self-testing	Task sharing
Armenia	<p>Practice: Community-based testing is available through NGOs with support of the Global Fund (saliva tests).</p> <p>Clinical guidelines: not included in the protocol of 2019. In the Clinical guidelines on counseling, testing and laboratory diagnostics of HIV dated 2017, community based testing is mentioned as contradicting to the Constitution of Armenia</p>	<p>Practice: HIV self-testing kits have also been introduced with support from UNAIDS. As self-testing is a new initiative in Armenia, its implementation through pharmacies could be accompanied with counseling and demand generation activities performed by NGOs. In the Clinical guidelines on counseling, testing and laboratory diagnostics of HIV dated 2017, self-testing is allowed only in medical institution under supervision of medical staff</p>	<p>Practice: Not used</p> <p>In the Clinical guidelines on counseling, testing and laboratory diagnostics of HIV dated 2017, community based testing by non-medical staff is mentioned as contradicting to the Constitution of Armenia</p>
Kazakhstan	<p>Practice: HIV testing services (including anonymous testing) are provided by both hospitals and non-governmental organizations (using rapid tests).</p> <p>Clinical guidelines: express testing is allowed for KAPs on the basis of NGOs</p>	<p>Practice: Regulations/policies governing approaches to HTS provision do not reflect the possibility of self-testing. At the same time, there is the possibility of buying express tests at a pharmacy. Clinical guidelines: not included in the national protocol</p>	<p>Practice: testing is performed only by medical professionals.</p> <p>Clinical guidelines: only medical specialists can do testing.</p>
Kyrgyzstan	<p>Practice: express testing is held on the basis of NGOs since 2015</p> <p>Clinical guidelines: is included in the guidelines dated 2017</p>	<p>Practice: is used during 2 years.</p> <p>Clinical guidelines: currently not available; will be included in the protocol</p>	<p>Practice: trained outreach and social workers can do express testing. Clinical guidelines: not clearly indicated; need to include direct indication in the protocol</p>
Moldova	<p>Practice: NGOs have the ability to use rapid diagnostic tests - HIV / Syphilis, HBsAg and HCV for all key affected populations (IDU, MSM, SW and their sexual partners).</p> <p>Clinical guidelines: is included in the National guidelines on laboratory diagnostics of HIV dated 2018</p>	<p>Practice: The Pharmacy system have the possibility to distribute the tests for Self testing.</p> <p>Clinical guidelines: is included in the National guidelines on laboratory diagnostics of HIV dated 2019</p>	<p>Practice: For HIV testing, not only specialists with medical education are involved, but also those who do not have a special medical education, but have received appropriate training (using express tests).</p> <p>Clinical guidelines: is included in the National guidelines on laboratory diagnostics of HIV dated 2020</p>

Recommendations for national protocols

Cou ntry	Community based HIV testing services	Self-testing	Task sharing
Georgia	<p>Practice: HIV testing services are provided both in hospitals and non-governmental organizations.</p> <p>Clinical guidelines: National guidelines on epidemiological surveillance dated 2022 recommend testing at place of residence, in the offices of NGOs and outreach organizations</p>	<p>Practice: the country has a model of self-testing with the provision of tests through various models (delivery through NGOs, medical organizations, ordering via the Internet, pharmacies, dispensing machines).</p> <p>Clinical guidelines: National guidelines on epidemiological surveillance dated 2022 recommend self-testing, especially for KAPs</p>	<p>Practice: Nurses, sometime social workers</p> <p>Clinical guidelines: National guidelines on epidemiological surveillance dated 2022 recommend testing at place of residence, in the offices of NGOs and outreach organizations. At the same time, national policies did not reflect the possibility of testing for HIV by specialists without special medical education</p>
Tajikistan	<p>Practice: express testing is available on the basis of NGOs</p> <p>Clinical guidelines: is regulated in the VCT protocol using saliva tests dated 2016</p>	<p>Practice: Is used since 2021.</p> <p>Clinical guidelines: is regulated by the MoH order issued in 2019</p>	<p>Practice: trained outreach and social workers can do express testing.</p> <p>Clinical guidelines: is regulated in the VCT protocol using saliva tests dated 2016</p>
Ukraine	<p>Practice: is widely used</p>	<p>Practice: is available</p> <p>Clinical guidelines: will be included in the National guidelines dated 2023</p>	<p>Practice: assisted testing</p> <p>Clinical guidelines: will be possible included in the National guidelines dated 2023</p>
Uzbekistan	<p>Practice: HIV testing services are provided both on the basis of medical institutions and non-governmental organizations.</p> <p>Clinical guidelines: not included in the national protocol</p>	<p>Practice: The regulations/policies governing approaches to HTS provision reflect the model of assisted self-testing based on NGOs, but do not reflect the possibility of self-testing.</p> <p>Clinical guidelines: not included in the national protocol</p>	<p>Practice: trained outreach and social workers can do express testing.</p> <p>Clinical guidelines: not included in the national protocol</p>

#SOS_PROJECT 

Thanks for attention
