

BARRIERS TO HCV COMMUNITY TESTING

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OVERVIEW

- To successfully eliminate HCV, it is critically important to reach first time testers, people who are not connected to clinical services, and members of key populations.
- Community testing has been recommended by ECDC and WHO, however access to community testing provided by non medical workers, and in non medical settings is a major challenge today.
- For a better understanding on what countries provide HCV community testing, and what the barriers are to provide community testing testing, we conducted a telephone survey with representatives from NGOs in EU member countries.
- Here is an overview of our findings

WHAT IS COMMUNITY TESTING?

- Community-based testing refers to the provision of testing services within the community, provided by representatives of the community, non-medical workers, peer workers, social workers, at venues frequented by affected and marginalized key populations.
- These settings can include: fixed venues, mobile testing units, outreach sites, peoples' homes, and community-based organizations such as: churches, mosques, parks, homeless shelters, needle and syringe programs, educational environments, and workplaces.

WHO WE SPOKE TO

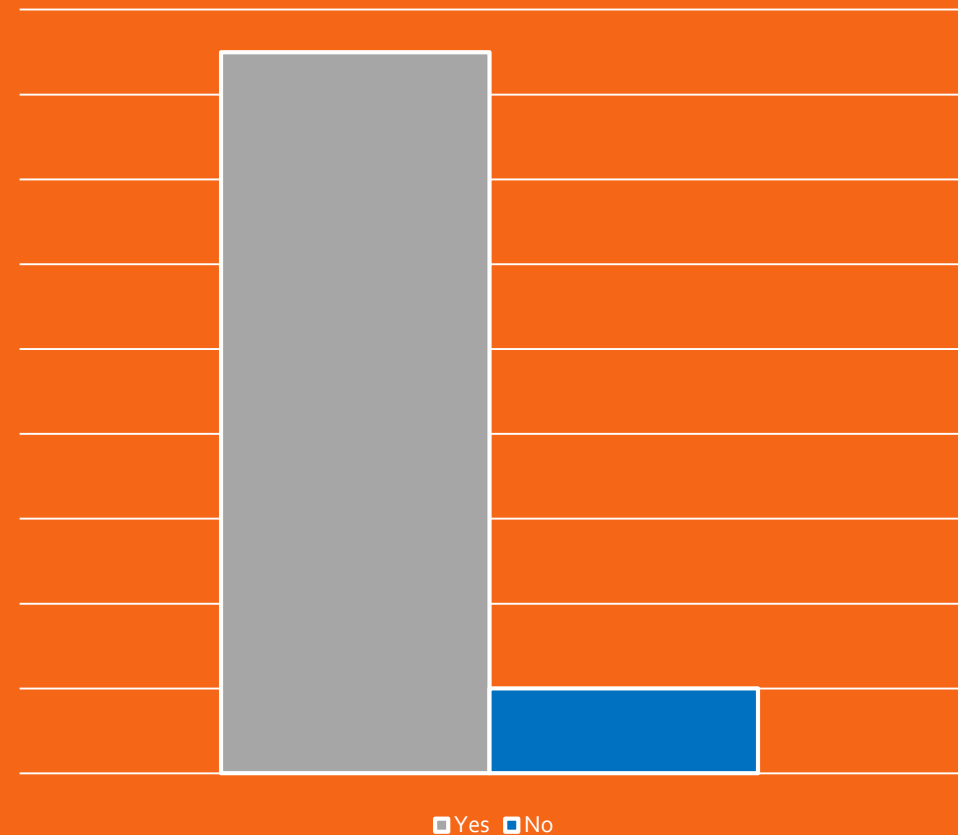
We thank representatives working in NGOs and health departments who participated in our telephone survey.

- Belgium
- Croatia
- Denmark
- Estonia
- Finland
- France
- Georgia
- Germany
- Greece
- Hungary
- Italy
- Norway
- Poland
- Portugal
- Romania
- Slovenia
- Scotland
- Spain
- Sweden
- UK

OUR FINDINGS

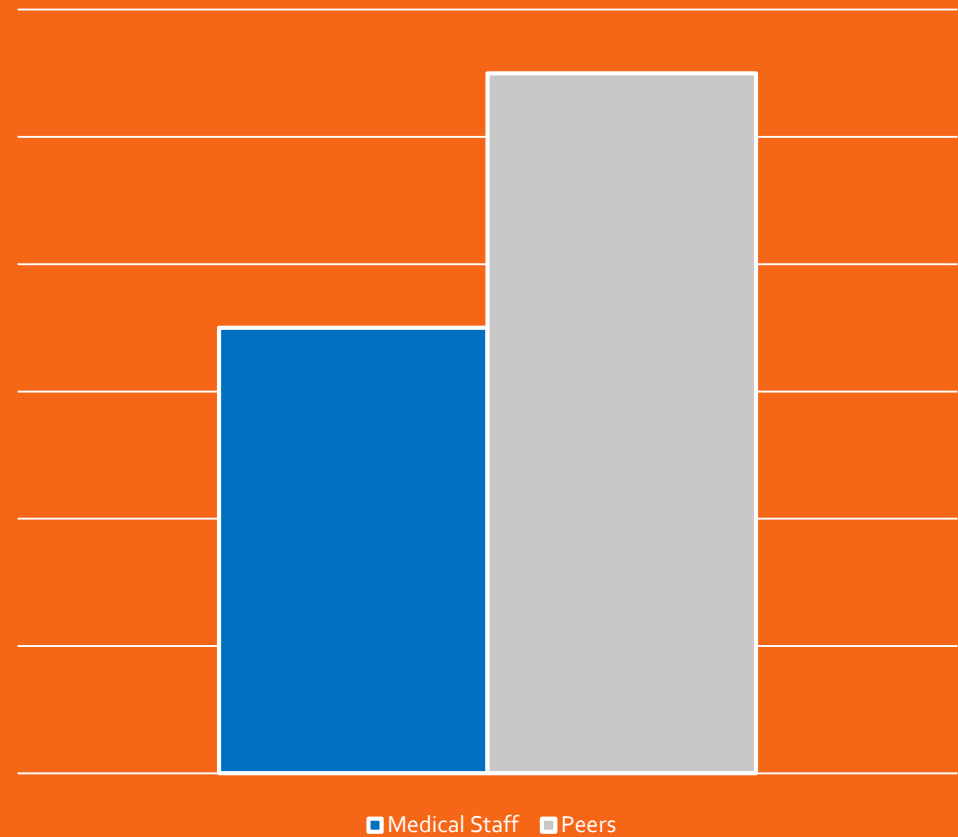
LEGAL OR REGULATORY ISSUES

- Are there legal and/or regulatory issues in your country Regarding HCV Community Testing?
- X % - Yes there are
- X % - No issues



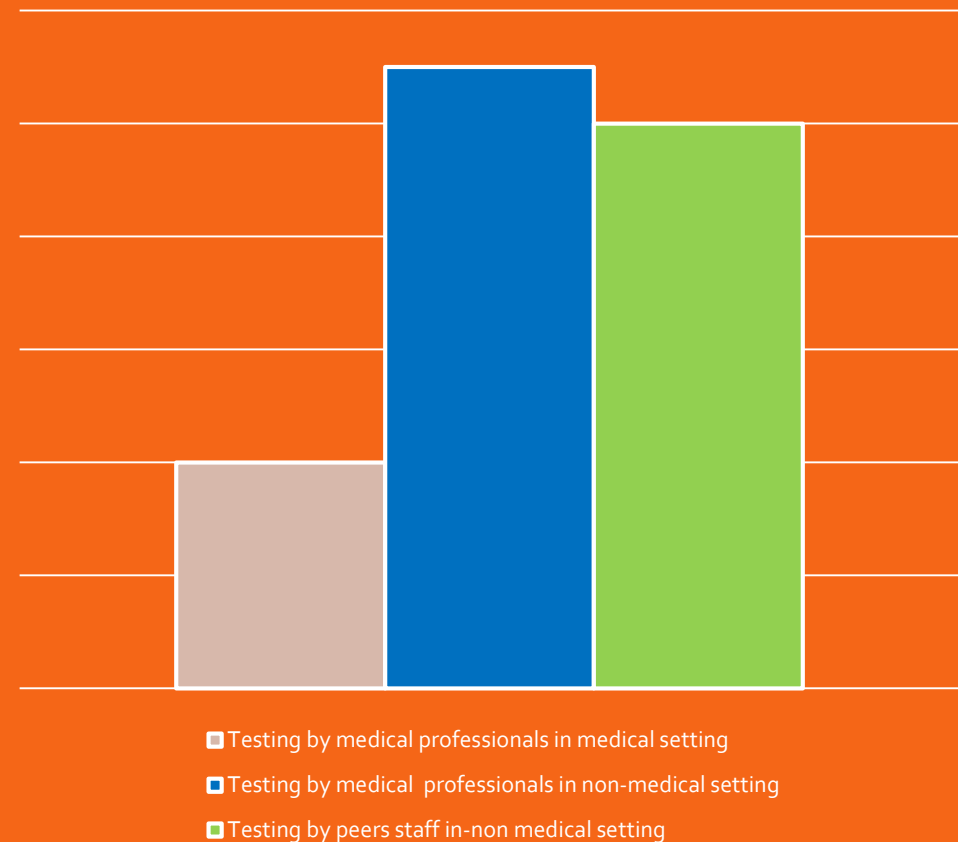
WHO PREFORMS TESTING

- Who is allowed to perform HCV Community Testing?
- X % Medical staff
- X % Peer workers



TYPE OF LEGAL OR REGULATORY ISSUES

- What kind of legal and/or regulatory issues do you know of?
- Testing by medical workers in medical setting
- Testing by medical workers in non-medical setting
- Testing by peers in non-medical setting

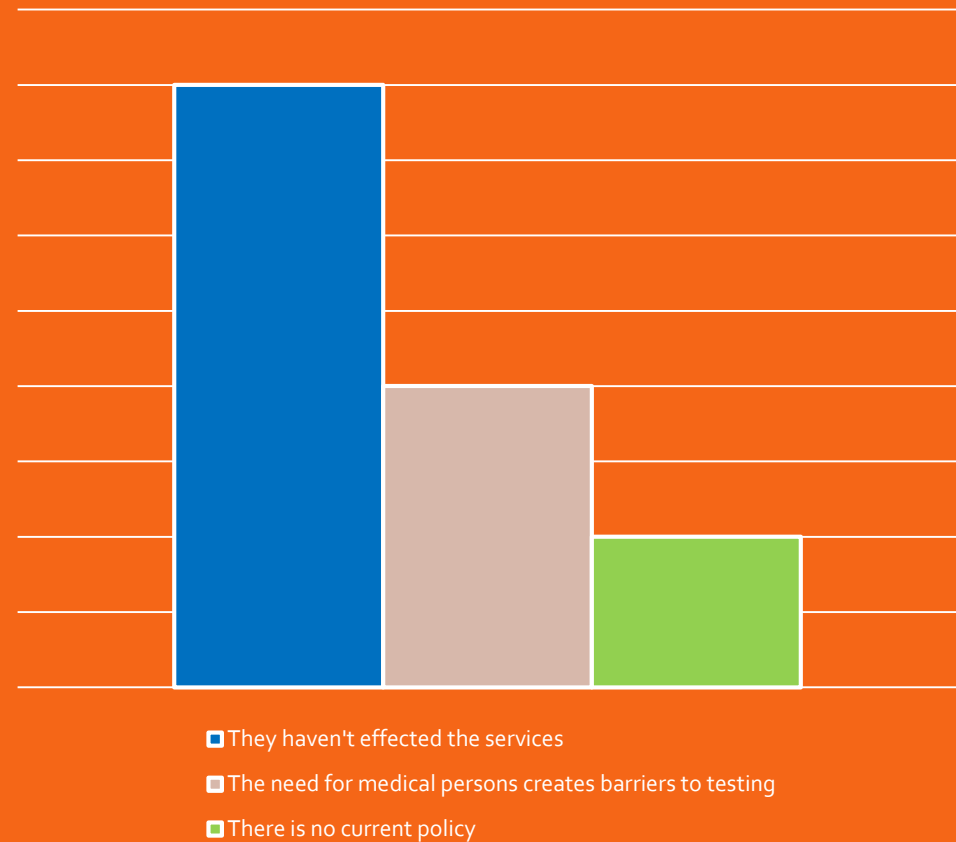


ESTONIA, SCOTLAND EXPERIENCE

- In Estonia not only does testing need to be provided in medical settings by medical workers, PWID not connected to OST will not be tested.
- Although Scotland has been very progressive in testing PWID and connecting people to treatment.
- There is priority to test only people who are likely to follow up for confirmation and treatment.

EFFECT OF LEGAL /REGULATORY ISSUES

- How has this effected providing HCV testing & Services?
- No effect on services
- Need for medical persons creates barriers to testing
- No current policy

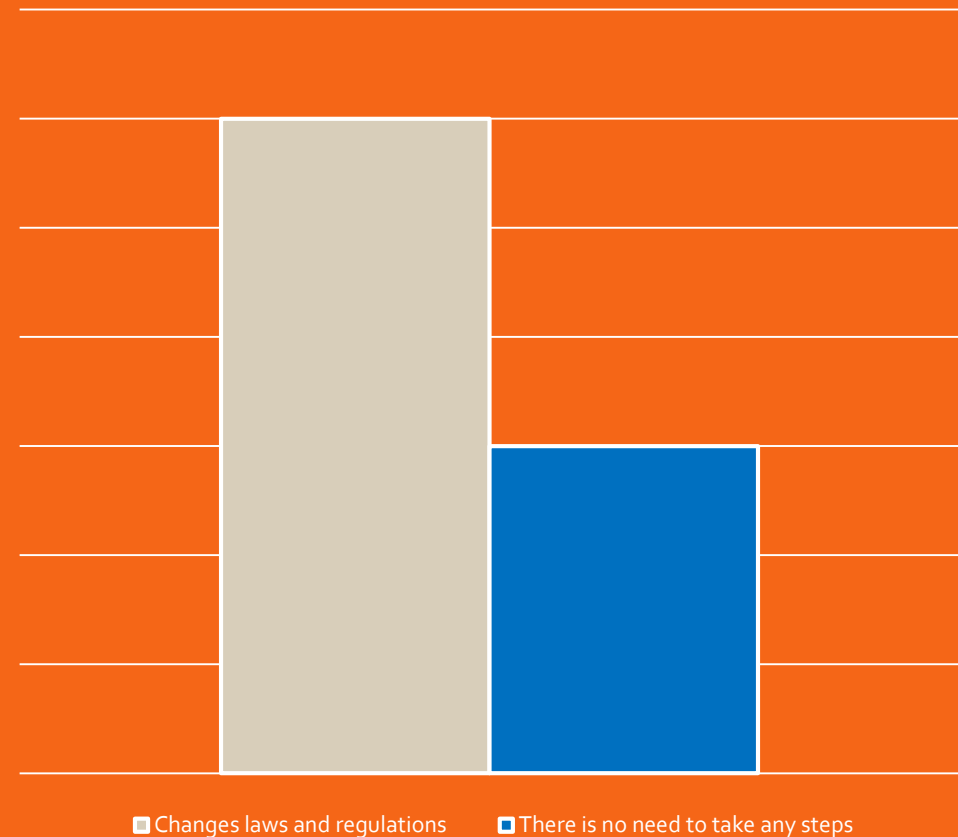


PORTUGAL EXPERIENCE

- The lack of policy/laws was an opportunity for the community to take action.
- Through community organizing GAT, and 20 other organisations developed and implemented guidance and regulations among themselves
- The experience of 20 organisations is now leverage to put in place national testing recommendations
- The Community Based Screening Network was named best practice by WHO

OVERCOME LEGAL/REGULATORY ISSUES

- What steps can be taken to overcome some of the legal and regulatory issues?
- Change laws and regulations
- No need to take any steps



CROATIA EXPERIENCE

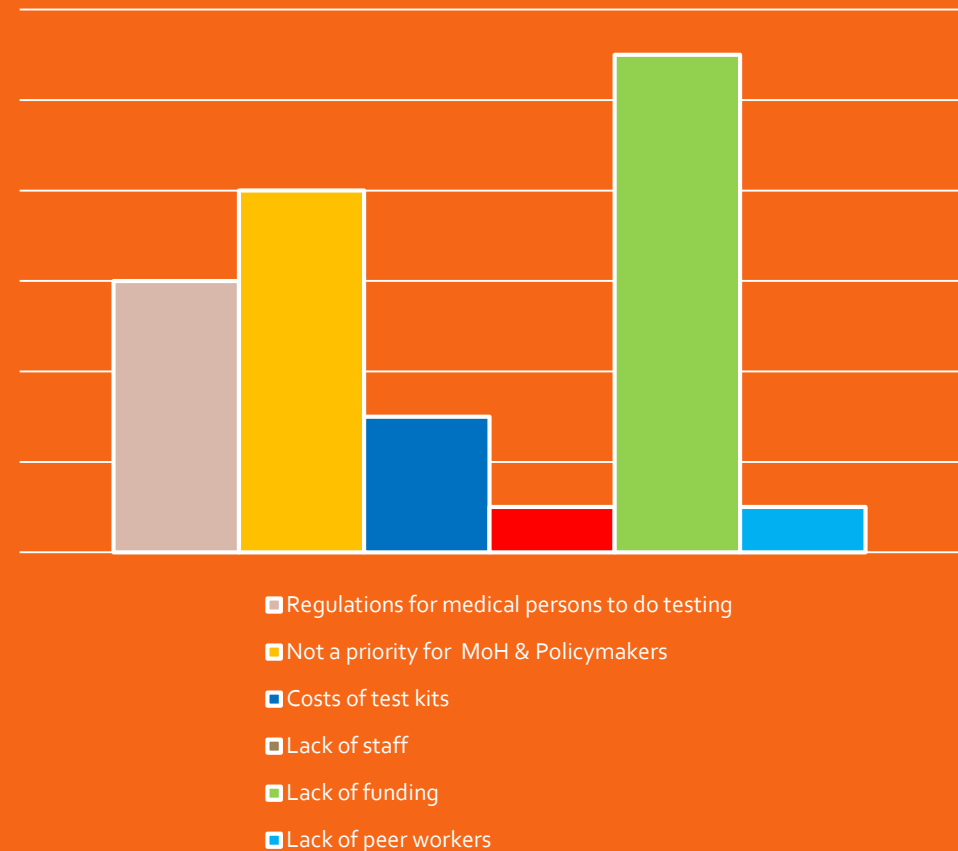
- Many organization's want to change policy that mandates medical workers to do testing.
- In Coratia, they seem to have a unique collaboration with medical workers.
- The MoH will pay for medical workers to work in NGOS

BOSINA, FINLAND, POLAND EXPERIENCE

- In Bosina, NGOs can not hire medical workers.
- All testing must be done in public health department test sites ,by medical workers hired by public health department.
- In Finland medical worker must do all testing. However even if the NGO has money to hire medical workers, many will not work in NSP and test PWID.
- Because of stigma
- In Poland all testing must be conducted by medical workers.
- Even when medical workers join mobile testing actions PWID are reluctant to get tested, because of stigma and mistrust.

BARRIERS TO SCALING UP HCV TESTING

- What barriers are there to scaling up HCV Community Testing
- Medical persons to do testing
- Not priority among policy makers
- Costs for test kits
- Lackof staff
- Lack of funding
- Lack of peer workers

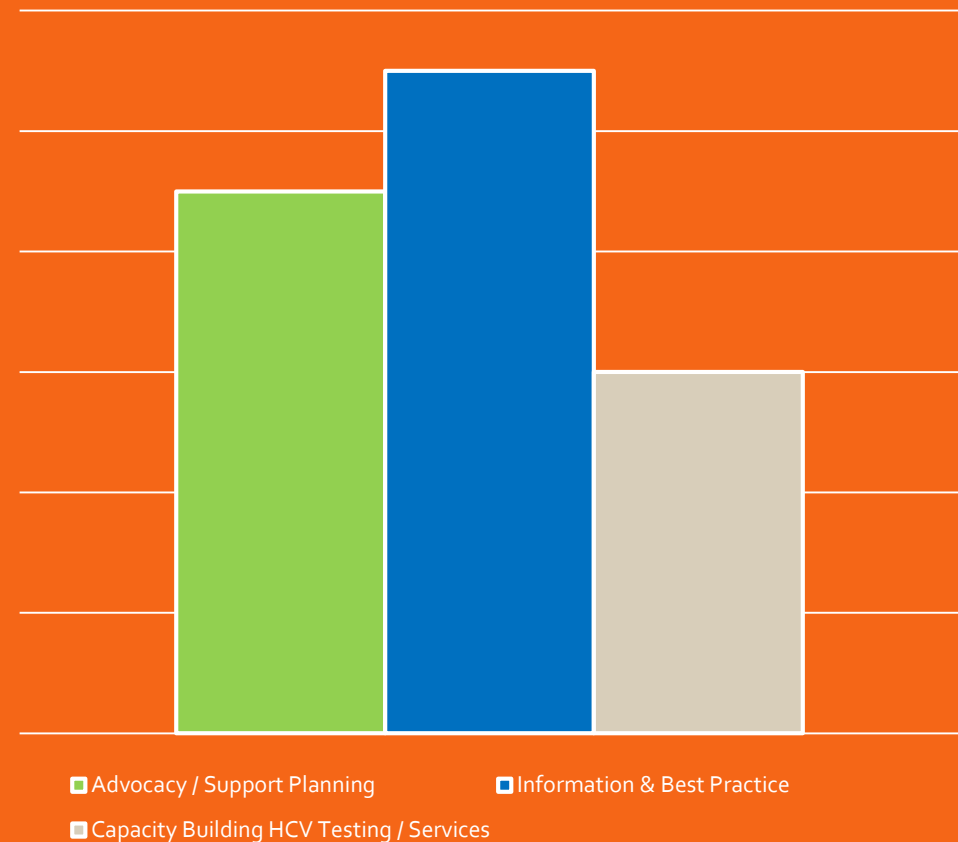


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- Because of stigma
- In Poland all testing must also be conducted by medical workers, even during mobile testing.
- What happens is PWID are reluctant to get tested, because of stigma and mistrust.

WHAT CAN CORRELATION DO

- What can Correlation do to support you?
- Advocacy support planning
- Information sharing and best practices
- Capacity building HCV testing and services



OUTCOMES SUMMARY

THANK YOU