

The role of the WHO

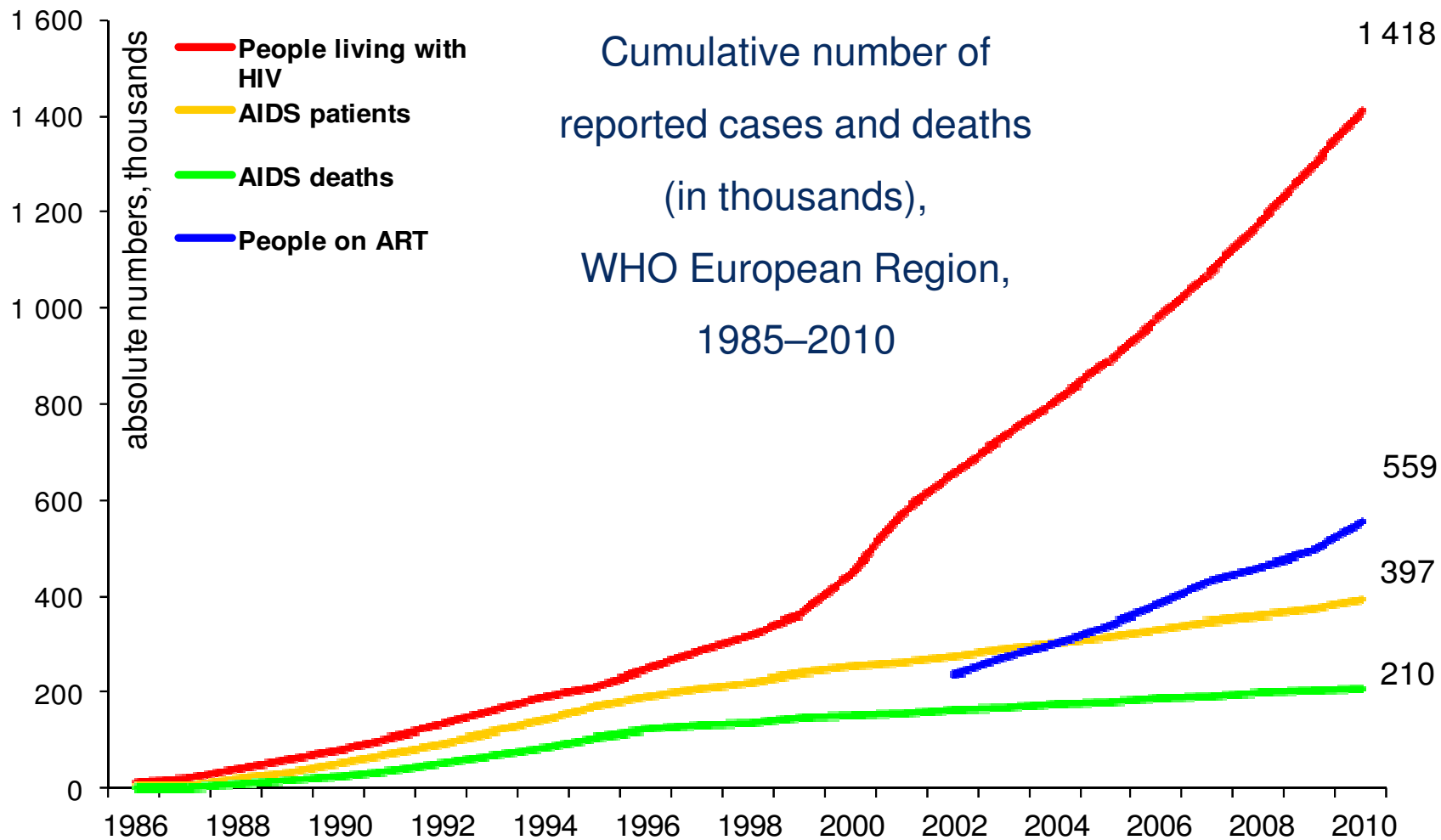
in optimal HIV testing and earlier care

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More new infections than access to treatment



Sources: ECDC/WHO. HIV/AIDS surveillance in Europe 2010. Stockholm: ECDC; 2011. UNGASS country progress reports 2010 for the Russian Federation and Ukraine. ART data from the WHO/UNICEF/UNAIDS monitoring and reporting on the Health Sector response to HIV/AIDS.



World Health
Organization

REGIONAL OFFICE FOR
Europe

HIV in Europe

Copenhagen,

19 – 20 March 2012

Scaling up HIV testing and counselling

A large proportion of people living with HIV remains unaware of their HIV status

- ▶ Late presentation for HIV care → late access to treatment
 → delayed prevention of transmission
- ▶ Structural, social barriers, stigma, discrimination, prevent access to HIV testing and counselling
- ▶ A major issue in many countries of eastern Europe and central Asia

WHO's Role

- ▶ Advocacy for sustained political commitment (53 Member States)
- ▶ Technical support in designing regional and national policies
- ▶ Evidence-informed and human rights' based policies (*e.g. Azerbaijan, Belarus, Latvia, Lithuania, Estonia, Bulgaria, Georgia, Republic of Moldova, Kyrgyzstan, Tajikistan, Turkmenistan, Ukraine, Uzbekistan*)
- ▶ Generating evidence for action (*e.g. Azerbaijan, Georgia, Kyrgyzstan, Tajikistan, Turkmenistan*)
- ▶ Further developing partnership and synergies (*e.g. UNAIDS, Global Fund, EC, ECDC, civil society*)

Success story in Ukraine

- ▶ **Rapid HIV testing offered** by state health care institutions, civil society settings, and outreach programs (*2008 pilot project followed by draft legislation, then 2009 new national guidelines; support by Clinton Health Access Initiative, and Gromashevky Institute of Epidemiology and Infectious Diseases*)
- ▶ New regulations led to **increased HIV testing and counseling** (*2010: 70580 IDUs, 13258 sex workers, 7644 MSM, 5120 prisoners, 530 street children*)
- ▶ **State – civil society partnership** (96 NGOs and 148 healthcare settings)
- ▶ Pilot projects to further expand HIV testing and counseling services

European Action Plan for HIV/AIDS 2012–2015

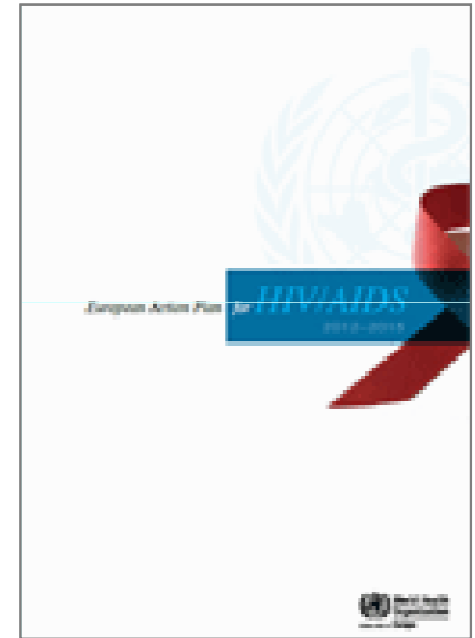
- Priorities , context, experience of the WHO European Region
- Contribution from all partners, including civil society
- Puts into action:
 - Getting to Zero: UNAIDS Strategy 2011–2015
 - WHO Global Health Sector Strategy for HIV 2011–2015
 - UN Political Declarations on HIV/AIDS
 - Contributes to the MDGs
- Coherent with:
 - EC communication on HIV/AIDS, 2009–2013
 - Dublin Declaration, 2004



European Action Plan for HIV/AIDS 2012–2015

4 strategic directions

1. Optimize HIV prevention, diagnosis, treatment, care, support outcomes
2. Leverage broader health outcomes through the HIV response
3. Build strong and sustainable health systems
4. Reduce vulnerability and the structural barriers to accessing services



European Action Plan for HIV/AIDS 2012–2015

- Sets objectives, targets, priority areas, actions -

HIV Treatment and Counselling Objective

- ▶ *To reduce the size of the undiagnosed population and the number of late HIV diagnoses, by expanding access to increasing early uptake of HTC services especially in key populations at higher risk*

Target by 2015

- ▶ *More than 90% of individuals in key populations at higher risk, and more than 95% of pregnant women and exposed infants, are tested and know their result*

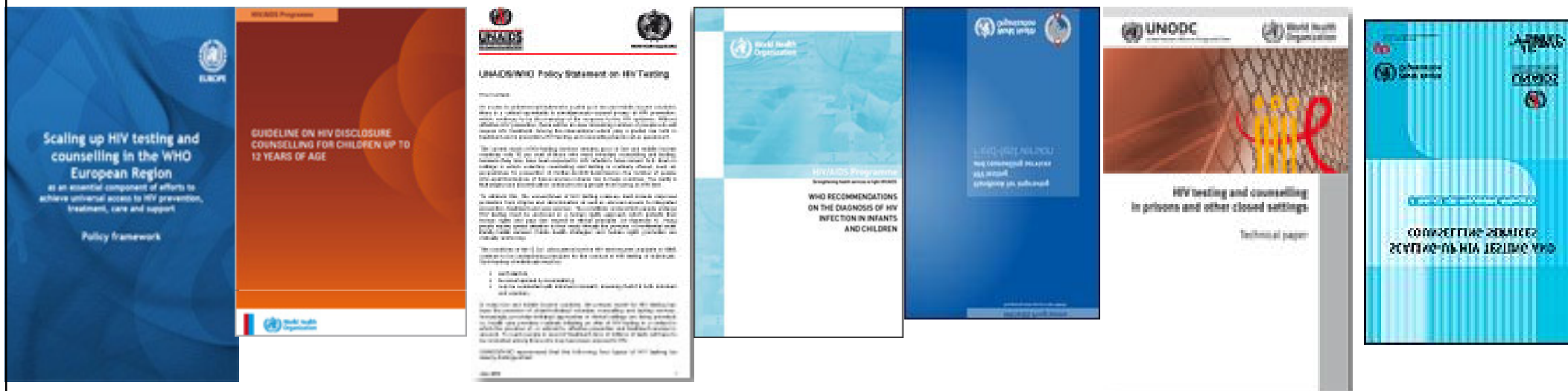
European Action Plan for HIV/AIDS 2012–2015:

- Priority Actions for HIV Testing and Counselling -

- ✓ Implement appropriate policy and service delivery models
- ✓ Promote partnership including with civil society
- ✓ Ensure testing services meet basic ethical standards
- ✓ Promote testing outside of medical services with non medical personnel
- ✓ Promote provider-initiated testing and counselling
- ✓ Everyone who is tested is referred
- ✓ provide testing in prison
- ✓ promote rapid testing



WHO HIV Testing and Counseling



www.euro.who.int/aids

<http://www.who.int/hiv/topics/vct/en>





Thank you