



Barring the Way to Health: How Legal & Regulatory Barriers are Hindering Modernising HIV Testing across Europe

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BACKGROUND

HIV diagnoses across Europe need to be increased in order to benefit on an individual and population level from treatment and new prevention tools. Trials of new testing technologies such as community, postal and self-testing show increased uptake, acceptability to key populations with high levels of undiagnosed HIV. They are also cost-effective when appropriately targeted. Outdated guidelines and legal and regulatory barriers are cited as reasons for failure to adopt them. Healthcare entitlement regulations may also impact on targeting of key populations.

METHODS

In 2016 an initial literature review undertaken as part of the OptTEST project (*Optimising testing and linkage to care for HIV across Europe*) identified a wide range of legal and regulatory barriers to testing and treatment access in specific countries. A questionnaire to assess the extent of these legal and regulatory barriers across the WHO Europe region was developed by partners in the OptTEST project (GNP+, EATG) and an independent contractor. More than 160 individuals and organisations from 49 countries provided responses. The resulting website "Barring The Way To Health" provides an updatable, searchable, cross-comparable database of the most common barriers and key populations affected (accessible through: <http://legalbarriers.peoplewithhiveurope.org>).

RESULTS

Responses show that almost three quarters of countries surveyed used laws or regulations to restrict who can administer HIV tests. In most cases this was to specialist clinicians, who must either administer the test themselves or supervise its administration by others. In one notable case, the physician must be in the same building, but not necessarily in the same room. This hinders the adoption of self-testing technologies (11/49) including postal sampling (only 5/49). It also discourages community testing by increasing costs and decreasing the ability of community groups to do targeted outreach testing with those who are reluctant to attend hospitals.

Additionally, at least 7 countries did not offer free access to testing for all key populations. The most frequently restricted group, both for testing (4/49) and for access to treatment (13/49), were migrants. Migrants may be disenfranchised from state health services for a variety of reasons including being in fear of deportation and being unable to access state health systems even when legally resident.

Reasons given in the literature review and by individual respondents for the continued existence of a variety of these unnecessary restrictions included:

- > failure to update guidance linked to old methods of testing
- > custom and practice
- > failure to legalise or make available rapid testing
- > clinician resistance to community based testing
- > attachment to compulsory intensive pre-test counselling
- > caution on safety
- > unnecessary qualifications required despite simplified procedures

CONCLUSIONS

Intensified efforts are needed across Europe to increase access to modern HIV testing technologies and systems. European-wide best practice guidelines are helpful in this, as is documentation of practical experience. Country health systems should be encouraged to learn from successful pilots and projects elsewhere in Europe and to understand the cost-benefit implications of better targeted, simpler HIV testing taking full advantage of new technologies and scientific advances.

HIV clinicians, policy makers and service providers are encouraged to visit the "Barring The Way To Health" website to compare country strategies and initiatives and identify those with innovative practices providing greater access to testing.



European countries surveyed	49
Countries restricting who can legally administer HIV test	36+*
Countries with legal testing in NGO/community settings	38
Countries with legal testing in outreach settings	38
Countries allowing self-testing (home testing)	11
Countries allowing postal sampling	5
* 3 country respondents did not know	

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