



## ECDC GUIDANCE

# HIV testing: Increasing uptake and effectiveness in the European Union

In brief

## Scope and purpose of this guidance

This evidence-based guidance is designed to inform the development, monitoring and evaluation of national HIV testing strategies or programmes in the countries of the European Union (EU) and the European Economic Area (EEA).

### Why is it important to test for HIV?

Across Europe the number of people infected with HIV continues to rise and the problem of late diagnosis has been described in many countries. There is strong evidence that earlier treatment reduces morbidity and mortality but many people with HIV remain undiagnosed until late in the course of infection. As HIV infection may have almost no symptoms for many years, testing is the only way to achieve early diagnosis, enabling early referral for treatment and care. People diagnosed early may also be less likely to transmit the virus to others because of both lower infectivity when treated and changes in sexual and drug injecting behaviour. Mother-to-child transmission can be effectively prevented by HIV testing and treatment of pregnant women. Early diagnosis of HIV thus has great benefits for both the individual and the community and is a critical public health priority.

### Core principles for national HIV testing strategies

#### **HIV testing should be voluntary, confidential and undertaken with informed consent**

There should be easy access to voluntary testing for everyone and special efforts need to be made to ensure this for groups most at risk for and vulnerable to HIV. These will include people who are hidden or marginalised in society, for whom access to testing should be encouraged without coercion or breach of confidentiality.

#### **Ensure access to treatment, care and prevention services**

The single biggest benefit of HIV testing is access to treatment. Providing universal access to treatment and care, prevention and support services, with clear referral pathways, must be a cornerstone of national HIV testing strategies.

#### **Show political commitment**

Government priority for the HIV testing programme will be required in order to achieve impact. This will need to be supported by financial investment, with monitoring to ensure that the funds are used in a cost-effective way.

**Reduce stigma**

The stigma that is still attached to HIV is a barrier to testing, especially among communities that are themselves stigmatised and among healthcare workers. 'Normalising' testing, e.g. making the process more like that for other screening and diagnostic tests, can help counter this, although testing must remain voluntary.

**Remove legal and financial barriers**

Testing strategies should find ways to overcome legal and financial disincentives to testing. Such barriers may include policies of criminal prosecution for HIV transmission, and the requirement to pay for treatment where this is unaffordable. With the exception of mandatory testing of blood and tissue donations anti-discrimination legislation and policies to prevent mandatory testing for any group in any setting should be considered.

**Make access to HIV testing an integral part of national strategies**

Any national strategies for the prevention and treatment of HIV, other sexually transmitted infections (STIs), viral hepatitis, tuberculosis and other HIV indicator diseases must include HIV testing, with appropriate targeting, as a key element. Opportunities to increase access to, and uptake of, voluntary confidential HIV testing should also be identified within other relevant national strategies, such as those targeting pregnant women, drug use, sex work or healthcare in prisons.

**Develop and implement an HIV testing strategy with the participation of stakeholders**

Use available information about HIV and related issues nationally and locally to clarify what needs to be achieved and prioritised. Encapsulate this in a set of strategic aims and objectives, so that everyone involved or affected has a shared understanding. Developing the strategy requires the participation of all major stakeholders to build a coalition around shared objectives, including people living with HIV, representatives of communities most affected, civil society, prevention agencies, professionals with expertise in HIV testing and others with a role in implementing the strategy.

## Develop a national HIV testing strategy

### Whom to test?

Know your epidemic and identify groups most at risk. An effective national approach to HIV testing will rely on having an understanding of the epidemic at local and national level. Testing programmes should aim to reach those at risk of infection and to prioritise those at highest risk.

Review surveillance and other relevant data, including information on undiagnosed HIV and late diagnosis, to build an understanding of the epidemic and time trends at regional and national level. Some groups are especially at risk for HIV, including men who have sex with men; injecting drug users; migrants, especially from countries with higher prevalence; the sexual partners of individuals in all of these groups; and the children of HIV-positive mothers. Such subpopulations and/or their risk are often hidden and stigmatised. Special surveys will need to be conducted to find out about the levels of HIV among these groups, their rates of HIV testing, and relevant knowledge, attitudes and behaviour in order to inform interventions to increase their uptake of HIV testing.

Supplementary data on other STIs, sexual and drug injecting behaviours in the general populations, as well as in groups at risk of HIV, should also be reviewed.

### Where to test?

**Consider logistics**

Plan how the HIV testing programme will be implemented and tackle logistical challenges. These may include how the healthcare system is delivered, whether there is access to free healthcare, the preparedness of community services, counselling and support, how to ensure that care pathways are in place for access to HIV treatment, and how confidentiality can be assured.

**Make testing available in a variety of settings**

Use knowledge of the epidemic and groups at risk to make informed decisions about where to offer HIV testing. Also consider who is currently accessing HIV testing in which settings. Because of the diversity of needs and the barriers to testing, a range of services should be offered to maximise access. Identify action needed to establish new services or change practice in existing healthcare settings or community services. Evaluate whether regulations that may act as obstacles to testing in community settings, including use of point-of-care tests or the requirement for tests to be performed only by specific professionals, could be relaxed without compromising testing quality.

## Aim at offering HIV testing

- Dedicated HIV testing services, to provide easy and safe access to HIV testing alone or combined with other tests.
- Settings where HIV testing should be universally offered: services for people at risk (STI services, IDU services); antenatal services; services for clinical diagnosis and management of HIV indicator conditions; and other settings where undiagnosed HIV prevalence is known or estimated to be high.
- All other healthcare settings, where people should be able to request testing or where professionals should be ready to offer it and be vigilant to when it is needed.
- Testing sites in the community, including outreach services, to reach people at high risk of HIV who may be hidden or marginalised and not in touch with traditional healthcare services. Such services should be established with the involvement of the target populations.

## When to test?

### Provide guidance on testing frequency

More frequent testing is advisable for people who have ongoing risk behaviour. For example, some countries recommend that men who have sex with men should test annually or more often depending on sexual behaviour. Current guidance from the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) recommends regular offering of tests to injecting drug users at least once every six to 12 months.

## How to test?

### Raise public awareness

To seek and accept HIV testing, the public, and especially groups at higher risk of HIV, need to understand its benefits. A strategic approach to communication is needed, using a range of different channels. Visible and high-level support from opinion formers, including politicians, community leaders and celebrities, and supportive and accurate coverage in the media, can all be used to raise awareness.

### Ensure confidentiality

Confidentiality is a fundamental principle in healthcare but because of the stigma attached to HIV and the behaviours through which it may be transmitted, it is critically important for HIV testing. Relevant professional guidance and national legal requirements should be followed. A lack of confidence may act as a barrier to accessing HIV testing services. Clear policies on confidentiality, and publicity about the policies in settings providing testing, can help to overcome this barrier. HIV testing should always be offered and discussed in privacy. The option of anonymous testing should be available.

### Raise professional awareness and train the workforce

Awareness, confidence and competence of professionals to offer HIV testing can be raised by training. HIV testing can be offered by any appropriately trained and skilled healthcare worker, and expanding HIV testing will require a wider workforce that is confident and competent to offer it. With appropriate training and quality assurance, non-healthcare workers may also offer HIV testing. Members of the workforce need to understand the benefits of HIV testing and overcome the barriers that inhibit their ability and willingness to offer it. These include lack of confidence, difficulties in talking about sex or stigmatised behaviours, anxiety about giving a positive result and discriminatory attitudes towards people at risk or affected by HIV.

### Pre-test discussion

Brief pre-test discussion, covering the benefits of testing and the practical arrangements for taking the test and giving results, has been shown to be acceptable and effective in helping to increase testing uptake. The main purpose is to ensure informed consent, which should be documented but does not have to include signed written consent. This is in line with other medical investigations and is part of the normalisation of HIV testing. A detailed sexual or injecting history is not required before offering an HIV test. However, for certain individuals, or in settings where sexual health and/or drug use is within the scope of the services, a brief risk assessment or more extensive pre-test counselling may be indicated, e.g. in case of continued risk exposure. This should always be available and staff should know how to refer to skilled counsellors.

### Use appropriate testing technologies

Identify the HIV tests available and assess their respective benefits for testing in different contexts, including rapid (point-of-care) tests. Testing technology is constantly evolving and expert advice should be sought to keep the choice of tests under regular review. All reactive tests should be confirmed and WHO guidelines on this should be followed. National guidelines for applying a minimum standard of quality assurance for diagnostic testing are essential to ensure high-quality practice and methodological standardisation and reliability.

### Always give results

Every effort should be made to ensure that people who have had an HIV test are informed of the result, whether positive or negative. When giving positive results, ensure that staff are available to provide post-test counselling and that also links to appropriate HIV treatment and support services are in place for referral. People at high risk of HIV who receive a negative test result may also benefit from counselling and referral to appropriate prevention services.

## Ensure access to HIV treatment, care and prevention

### Access to antiretroviral therapy

It is essential for all HIV testing programmes to have clear mechanisms to ensure that people who test positive are integrated into HIV treatment and care. There should be universal access to antiretroviral therapy across Europe. Inability to afford the cost should not prevent access to treatment, and solutions need to be found to overcome this barrier to universal access. Referral pathways should be in place from all HIV testing sites to ensure that people receive a specialist consultation promptly after receiving a positive HIV test result. This consultation should include assessment of when to start antiretroviral therapy and needs for other health and social care and support.

### Access to psychosocial support and prevention services

Psychosocial support should be immediately accessible following a positive test result. For people who test positive, referral to specialist care should include access to support for the prevention of further transmission of HIV. For people who test negative, referral to counselling and support for HIV prevention should also be available where there is significant ongoing risk of exposure or upon request.

## Follow up: Monitoring and evaluation

Monitoring and evaluation (M&E) is an essential component of an HIV testing programme and ensures that the programme is fit for purpose and provides high-quality HIV testing. A well designed M&E system will inform policies, improve the quality and effectiveness of interventions and therefore guide future resource allocation of the programme. National surveillance data include new diagnoses and the proportion of individuals who present late. Estimates of the undiagnosed are important to monitor the impact of a programme. Expanding testing in new settings will require robust monitoring and evaluation to ensure high-quality HIV testing. The success of local interventions to promote HIV testing can be assessed according to five criteria: Feasibility; Aceptability; effectiveness and Cost-effectiveness; Target populations are reached; and Sustainability (FACTS). Clear, well-defined and measurable indicators can assist in monitoring these criteria and provide a standard method of reporting findings at the local and (inter)national level.

This Guidance In Brief accompanies the full ECDC Guidance *HIV testing: Increasing uptake and effectiveness in the European Union* and the Technical Report *HIV testing: Increasing uptake and effectiveness in the European Union: Evidence synthesis for Guidance on HIV testing*.