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Community perspectives on self-testing for HIV and HCV in the WHO European region

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Background: The landscape of HIV and HCV testing service delivery models continues to evolve alongside the introduction of novel biomedical technologies and evidence-based testing guidelines. At the same time, late diagnoses of HIV and HCV persist in areas of the European WHO region. As part of the range of diverse testing offers, self-testing diagnostics have demonstrated to provided great opportunity to reach and engage key populations according to their specific needs.

In 2021, EATG in partnership with the Foundation for Innovative New Diagnostics (FIND) examined country-specific policies, regulations, and practical factors enabling or hindering availability and integration of HIV and HCV self-testing diagnostics as one of the ways to advance early diagnosis and linkage to care in most affected populations, in addition to healthcare provider-initiated testing and testing by trained lay provider.

Materials and Methods: An online cross-sectional survey was distributed between July and September 2021 to HIV and HCV-related community organisations within the European region on the availability and cost of self-testing kits for HIV and HCV. Based on the self-reported data on varying levels of self-test kit availability, 7 countries were selected for further qualitative analysis. A socio-ecological approach was used to carry out qualitative semi-structured interviews (SSIs) in English and Russian with key informants to understand community perspectives on self-testing for HIV and HCV in Armenia, Bosnia and

Herzegovina, Kazakhstan, Kyrgyzstan, Poland, Slovenia, and the Russian Federation.

Results: 70 individual responses from 37 countries in the region to the online survey. For the qualitative SSIs, a total of 18 online interviews (via Zoom, Skype, and Microsoft Teams) were analysed in four Eastern Europe/Central Asian and three Central/Southeastern European countries. Commonly reported barriers HIVST and HCVST included lack of comprehensive information relayed to community, high cost of kits, stigma, and discrimination.

Conclusions: To ensure HIVST and HCVST access and uptake by those who benefit the most, a three-prong approach is required. First, at policy-level: introduce a legal framework for HIV and HCV self-testing and monitor how it is implemented in the field. Second, funding for the implementation of self-testing with the full-service cycle and/or needed treatment and reducing the cost of self-testing kits. Third, improving understanding and awareness of the self-testing concept and advantages of self-testing among key populations, local authorities, and healthcare providers.