



HIV in Europe 2007

Working Together for
Optimal Testing and Earlier Care
25 - 27 November 2007, Brussels

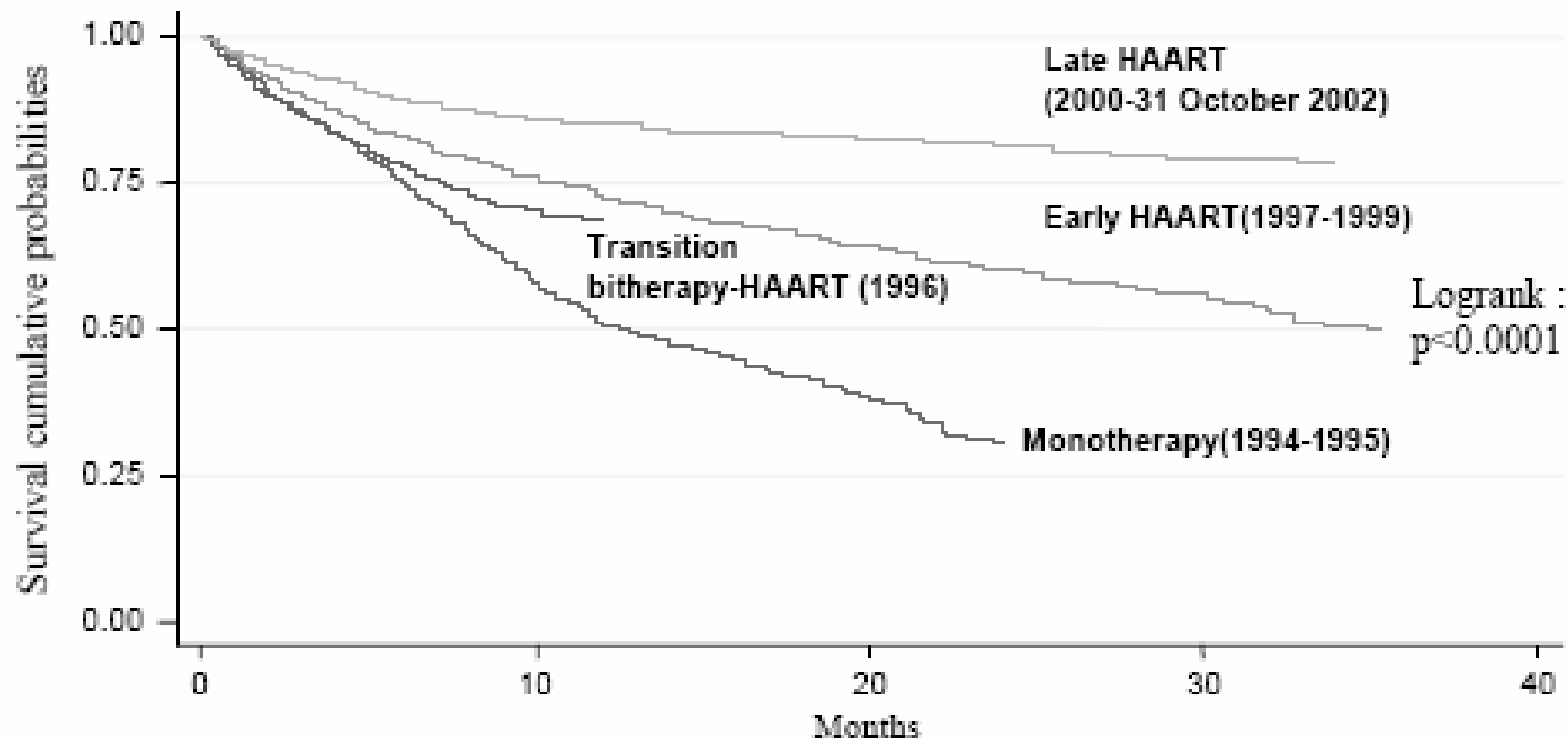
Testing times: Unmet need in testing, treatment, and care for HIV/AIDS in Europe

Dr Richard Coker

London School of Hygiene & Tropical Medicine



ART ushered in new era in management of HIV/AIDS

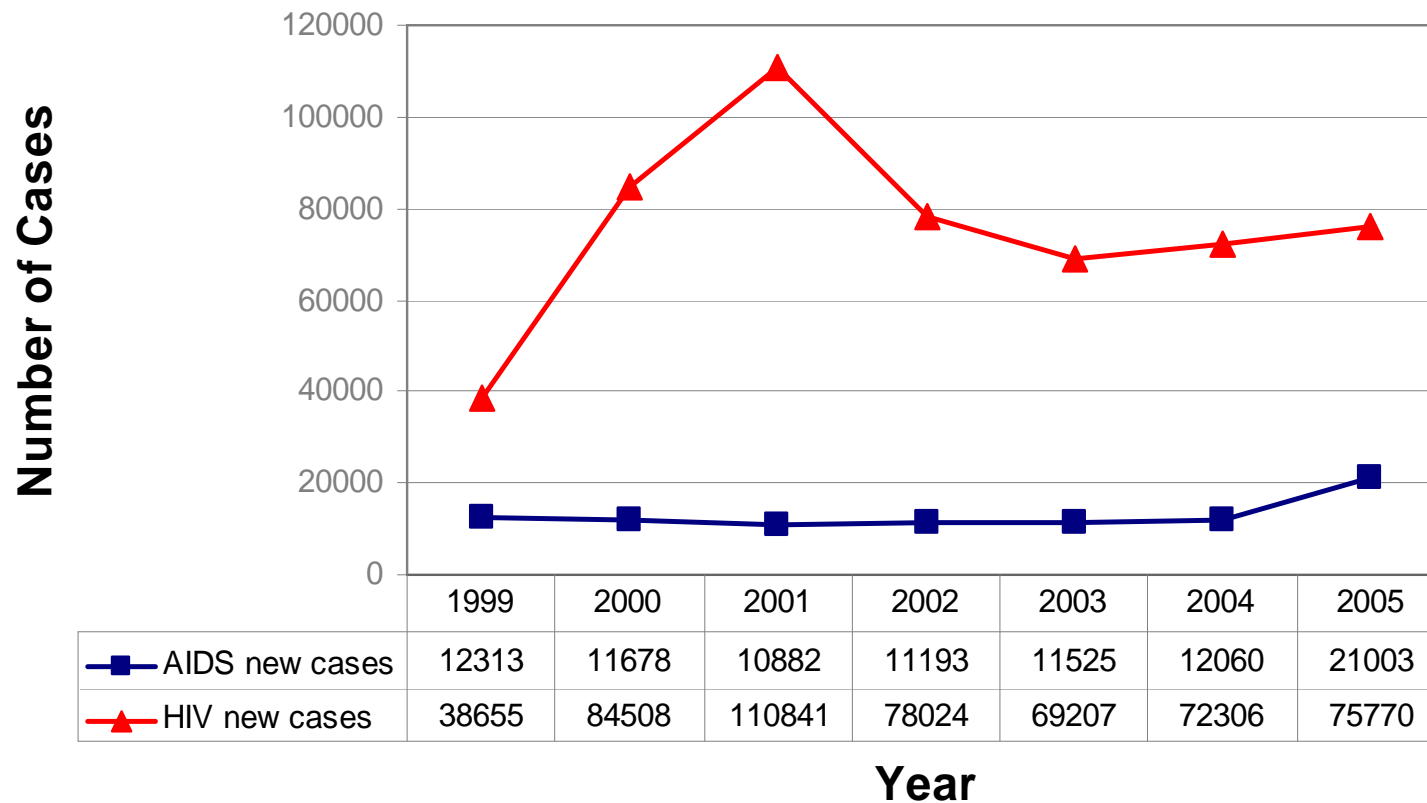


Survival pre- and post-HAART*

*From Couzigou et al., 2007

But ART has not improved overall European control of the epidemic

European countries: AIDS and HIV Incidences



Source: EuroHIV, Incl. EU27, N, CH, Belarus, Moldavia, Russian Federation, Ukraine

Late presentation is a crucial issue

- Late presenters suffer greater morbidity and mortality
- Represent a challenge to prevention of onward transmission and public health challenge
- Represent a failure of health system to respond to 'need':
 - Testing
 - Treatment and care

Late presentation: Individual risks

Increased risk of death, greater morbidity

- More likely to die of AIDS defining illness
- 24% of all HIV positive deaths due to late presentation¹
- Risk increases as immune function deteriorates and treatment opportunities lost
- 77% of all AIDS related deaths, late presenters²
- More opportunistic infections, etc

¹ BHIVA, 2007

² Ciancio et al, 2006

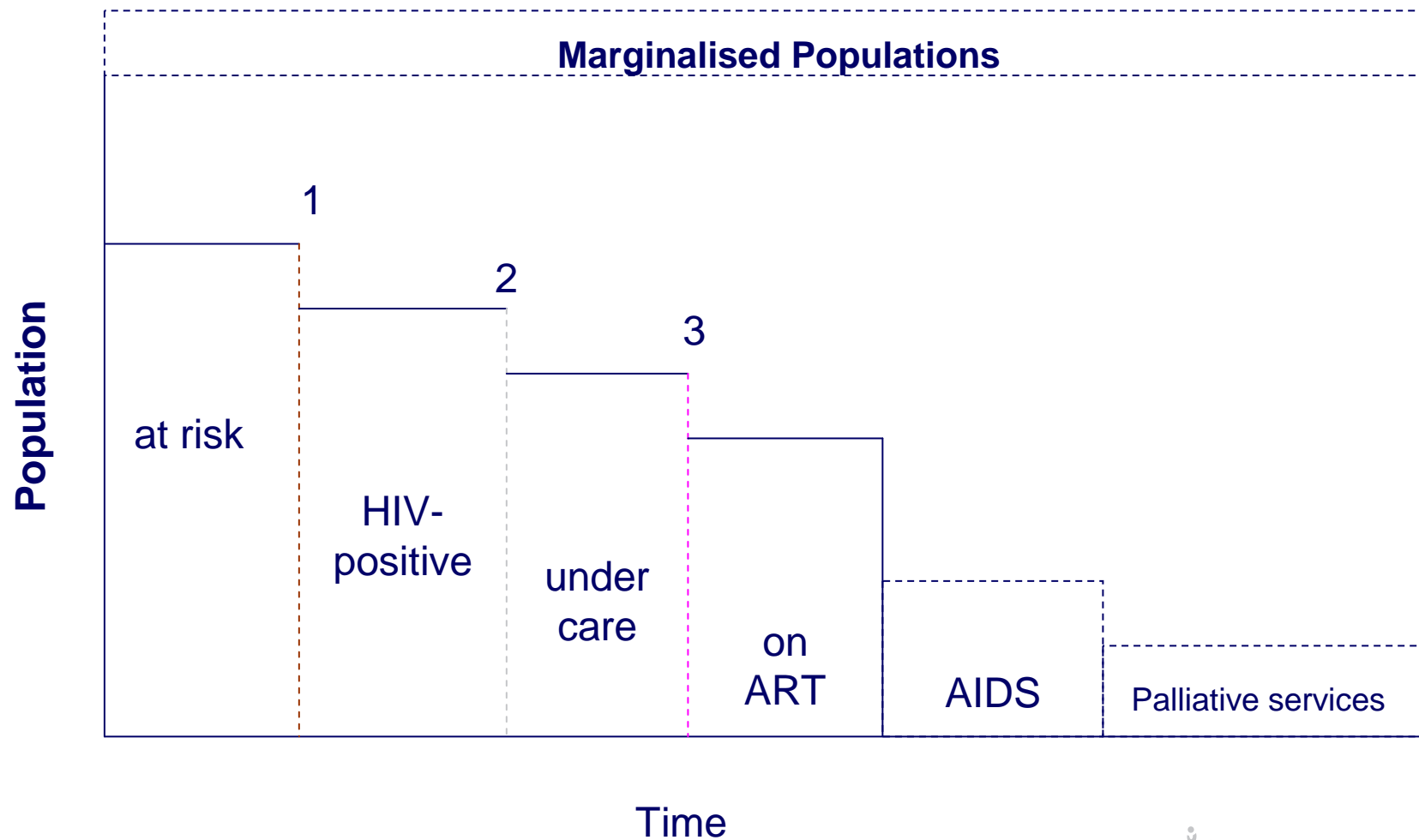
Late presentation: Impact on public health

“Estimated transmission is 3.5 times higher among persons who are unaware of their infection than among persons who are aware of their infection”

Marks al, Aids, June 26, 2006

“New HIV sexual infections could be reduced by 30% if all infected persons learn of their HIV status and adopt behaviour similar to those adopted by persons already aware of their infection”

Conceptualising unmet 'need'



How late presentation is defined

38 studies = 9 definitions

Numerators

CD4 count:	Co-incident HIV and AIDS	Time between HIV and AIDS diagnosis:
<50 (2 studies)		<1 year (3 studies)
<200 (9 studies)	(5 studies)	<8 months (1 study)
<350 (3 studies)		<6 months (3 studies)
		<3 months (8 studies)
		<1 month (4 studies)

Denominators

Total number of
people with HIV in
the study
(France, Italy, UK)

Total number of
people with AIDS in
the study
(Spain, Italy)

Studies conducted in:

Australia, Denmark, England, France, Italy, Poland, Spain, Sweden, UK, US



HIV in Europe 2007
Working Together for
Optimal Testing and Earlier Care

Who presents late and why

Who

- Migrant groups
- Older individuals
- Heterosexuals
- Men
- People living in low HIV prevalence areas

Why

- Low prevalence area
- Lack of knowledge about HIV
- Perceived risk, low
- Stigma
- Health system barriers

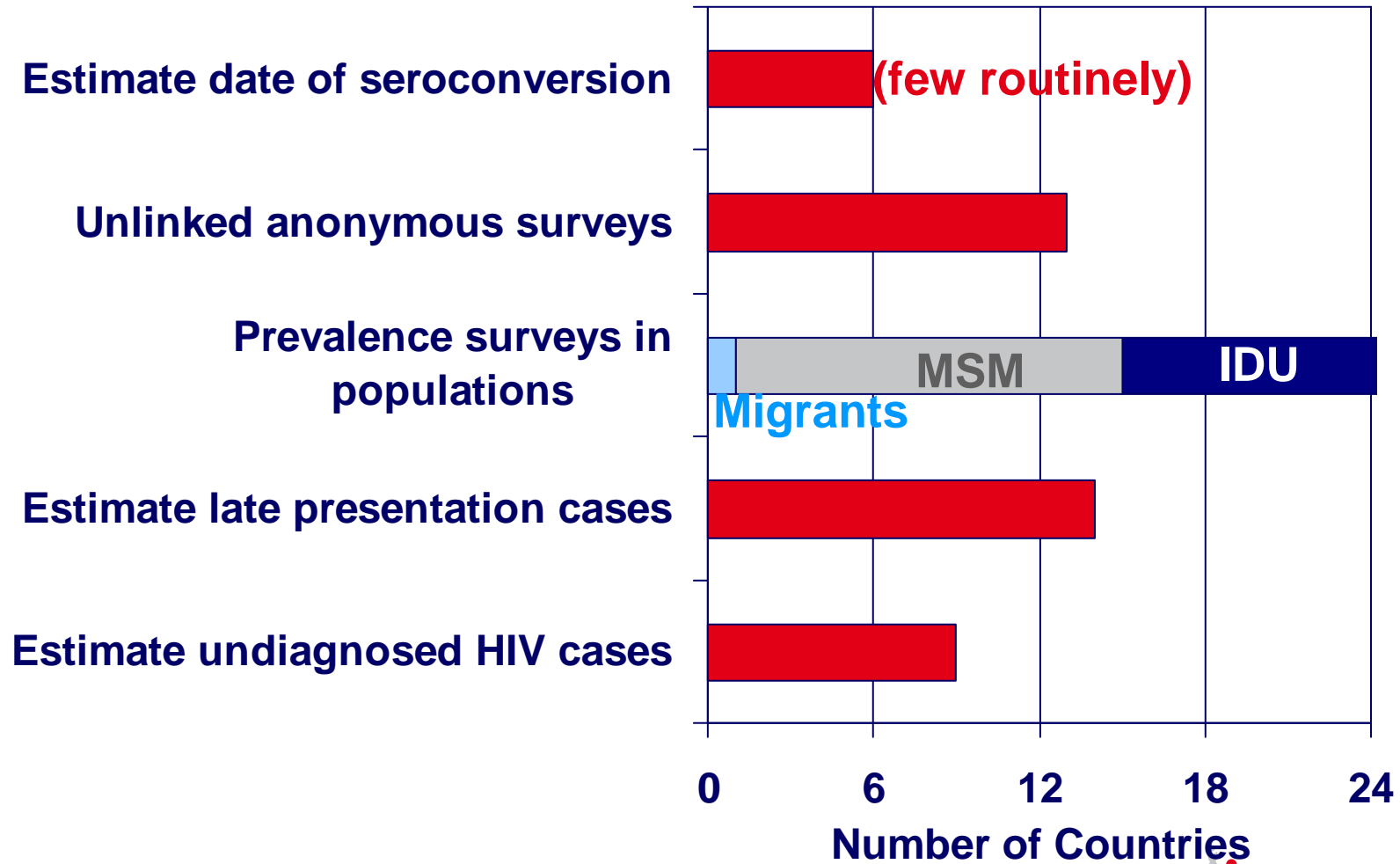
Audit of policy and practice in response to unmet need across Europe: Method

- 33 countries surveyed (EU 27 + Norway, Switzerland, Belarus, Russia, Moldova, Ukraine)
- Respondents were identified through the WHO European Regional Office and through the LSHTM network
- Areas surveyed:
 - Methods, tools and proxies used to assess unmet needs
 - Testing policy and access
 - Treatment and care policy and access
- Conducted during September 2007

Completed questionnaires	PLWHA (registered)	Non-respondents	PLWHA (registered)
Austria	7,143	Belgium	18,443
Bulgaria	698	Cyprus	364
Belarus	7,038	Finland	1,763
Czech Republic	787	Ireland	4,096
Denmark	3,191	Latvia	3,759
Estonia	5,343	Lithuania	1,142
France	63,629	Luxembourg	660
Germany	23,633	Romania	17,023
Greece	7,427	Sweden	6,718
Hungary	1,232		
Italy	42,638		
Malta	193		
Moldova, Republic	3,275		
Netherlands	10,008		
Norway	2,965		
Poland	10,349		
Portugal	26,646		
Russian Federation	344,490		
Slovakia	142		
Slovenia	240		
Spain	67,020		
Switzerland	25,823		
Ukraine	101,330		
United Kingdom	74,210		

Results:

Estimating unmet need

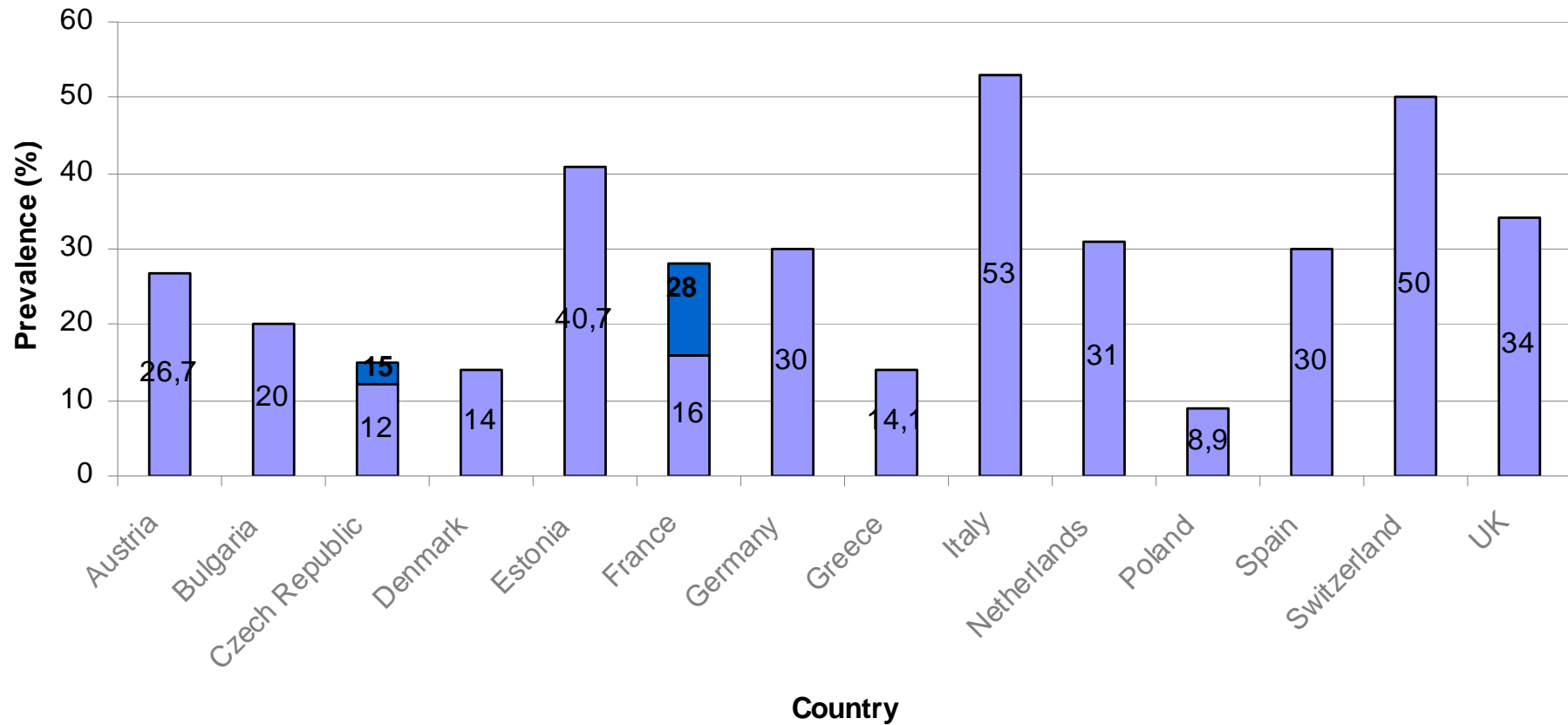


Results:

Late presentation across Europe

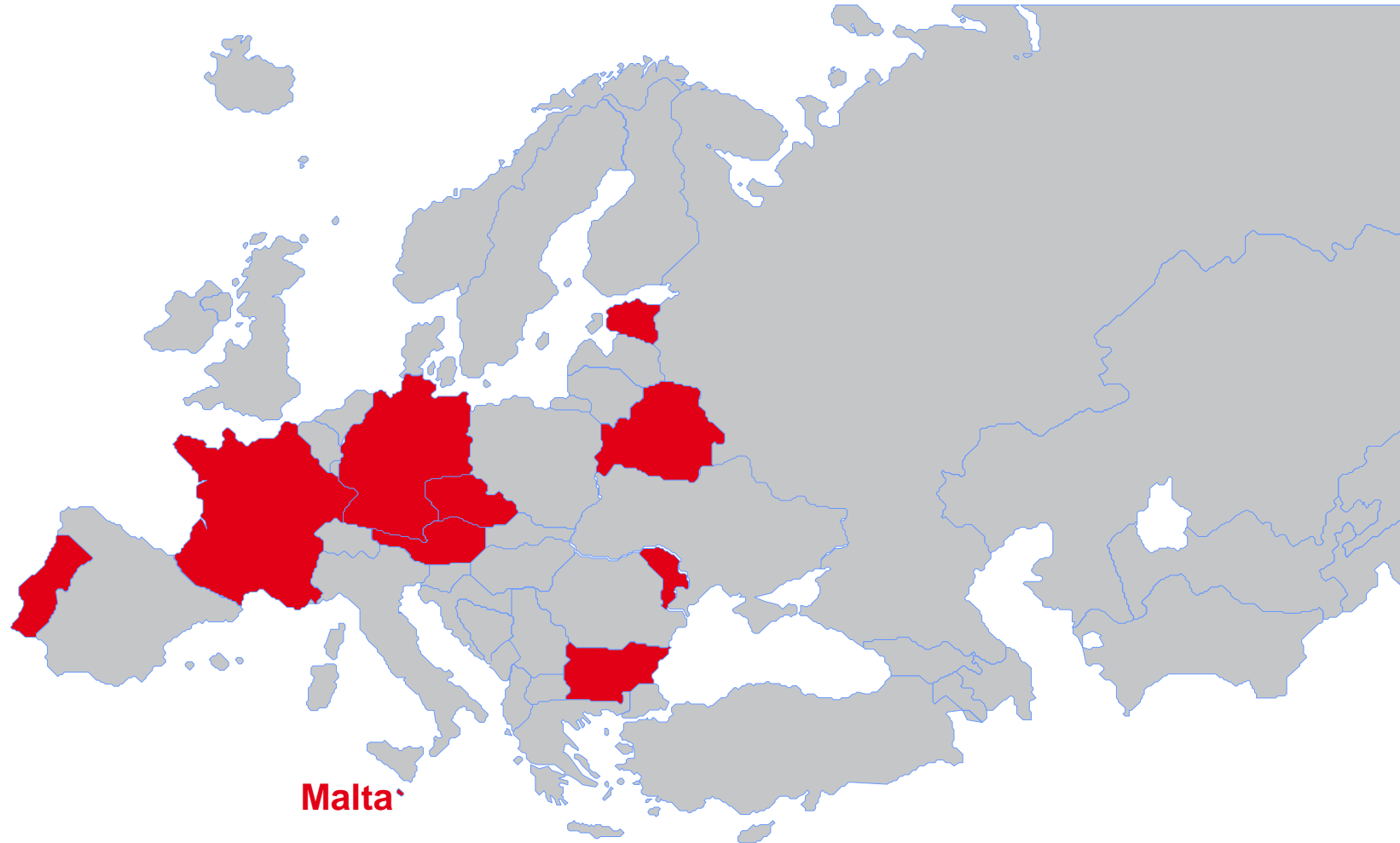


Country Estimates



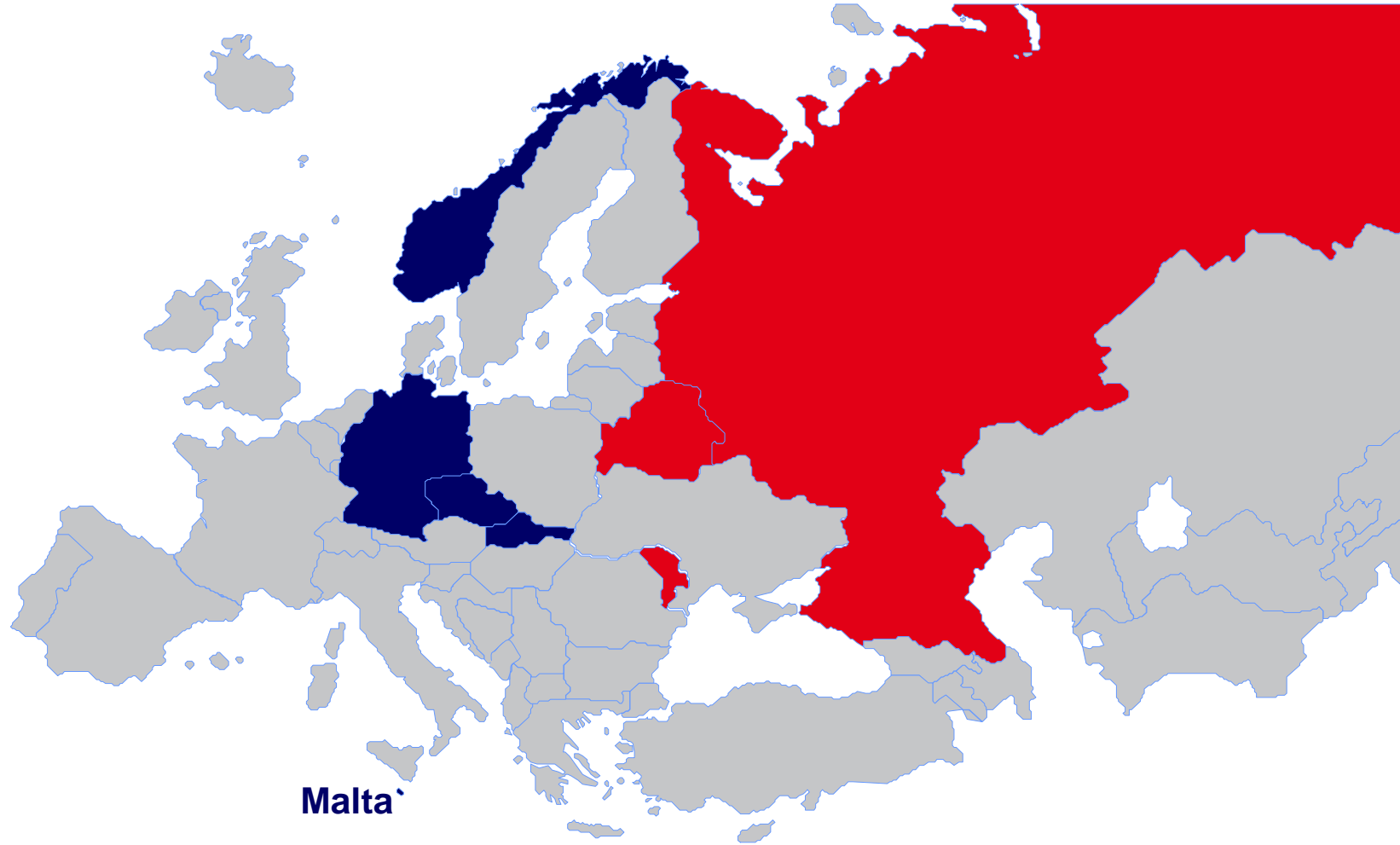
Estonia: hetero (63%), MSM (63%), IDU (14%)
Switzerland: IDU (18%), MSM (22%), hetero (32%, 64%)
UK: MSM (22%), IDU (28%), hetero men (37%), hetero men (47%)

Testing policy: Countries carrying out routine testing in all facilities surveyed*



Among 24 countries: STI patients (n=22), pregnant women (n=20),
new TB patients (n=16), prisoners (n=13)

Testing policy: Countries carrying out regular HIV testing for migrants



Mandatory

Offered, not mandatory



HIV in Europe 2007
Working Together for
Optimal Testing and Earlier Care

Testing policy: Countries carrying out provider initiated opt-out testing



What is “opt out” testing?

Guidelines on HIV testing (in our country) in pregnancy are ambiguous so far

HIV tests are done when it is client or provider initiated in line with clinical and epidemiological indications, with informed consent, voluntary counselling and testing
– opt out self-declared country

The definition of opt out is not clear

In some health care facilities, patients are tested without being asked for consent
– opt in country

Opt out is not supported by policy but done [in practice]

Results: Access to testing

- Free HIV testing is widely provided in Europe
- Access through primary care varies depending on health systems
- Vulnerable populations (migrants, uninsured) can access free testing ONLY through confidential testing in a limited number of countries

Results: Access to testing

Patient related:

- Lack of perception of being at risk
- Lack of knowledge on testing possibilities
- Fear of positive results
- Concerns about lack of confidentiality (Eastern Europe)

Health system related:

- Populations marginalised and excluded (migrants)
- Geographic location

Results: Treatment and care policy

- Most countries monitor CD4 at HIV diagnosis and a majority monitor resistance
- Most countries indicate they have treatment guidelines, consistent with WHO recommendations
- 14 countries estimate the % of patients who interrupted treatment due to loss to follow (5-15%)
- 11 countries say they carry out interventions to outreach diagnosed patients

Results: Access to treatment and care

Patient related:

- Concerns about lack of confidentiality (Eastern Europe)

Health system related:

- Medical facilities lacking
- Too few trained staff
- Geographic location

Results: Access to treatment and care

- Only 8 countries give universal access to ART
- 3 countries provide no access to migrants-
documented or not, non nationals and non residents
- Populations poorly covered for ART
 - Uninsured individuals (no access in 4 countries)
 - Undocumented migrants (no legal free access in 13 country)

Conclusions

Testing

- Late diagnoses show testing inadequate, inconsistent and diverse
 - Individual and public health implications
 - Need for coherent and consistent approach to support evaluation and monitoring to inform policy and practice reform
 - Lesson learning across Europe

Treatment and care

- Health systems function inadequately in support of individuals and public health imperatives
- Inequitable within countries and across Europe
- Polarisation of provision
West vs East