

# **Early diagnostics of HIV and STIs**

## **WP6**

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# General objective of WP6

- To intensify efforts for two years in early diagnosis of HIV and STIs for most at risk groups based on human rights and gender equity and to decrease the number of those unaware of their infection status

# Target groups

- Vulnerable and most-at-risk groups (injecting drug users, sex workers, Roma population, migrants, etc)
- Personnel of community based organizations (NGOs), health care institutions, local municipalities, etc

# Indicators

## Process Indicators:

- 3 models for early HIV/STIs diagnostic are peer reviewed by other experts and assessed by the partners participating in WP6 by M15.

## Output Indicators:

- 20 professionals exchange expertise in different models of early HIV/STIs diagnostic for most-at-risk groups (SWs, IDUs, Roma or any other vulnerable group) in M17.

## Outcome Indicators:

- 10% increase in rates of HIV/STIs diagnostic service utilization by clients from most-at-risk groups among the participating services in WP6 in M32.

# Barriers to early diagnostics of HIV and STIs

- Geographic barriers (distance from services, rural and inner-city health professional shortage areas);
- Socio-cultural barriers (client health beliefs and behaviors, practitioner beliefs and behaviors);
- Socioeconomic barriers (lack of health insurance, inability to pay out of pocket, poor education, lack of knowledge and information);
- Organizational barriers (lack of interpreters, long appointment wait times, opening hours, etc);
- Combinations of the previous factors – many disparities likely due to mixture of these factors.

# Ways to improve access and increase coverage

## I Increasing knowledge about issues among target groups (need for diagnostics in case of continued risk behaviours) and services:

- ✓ peer-to-peer programs
- ✓ individual counselling
- ✓ internet, mobile phones etc

## II Improving service provision:

- Increasing access to already available services:
  - ✓ Referrals and incentives
  - ✓ Peer-to-peer support
- Creating new services/sites:
  - ✓ Mobile services
  - ✓ Taking of the necessary equipment to the site (for example drop-in centre)

## **Example: Pilot program for intensified tuberculosis control among methadone substitution treatment patients in Estonia**

- The aim of the pilot program was to test alternative methods in referral to TB control services.
- A convenient sample of 112 methadone substitution treatment patients was recruited in a community-based treatment center.
- All participants were randomly assigned into:
  - 1) passive referral group (were instructed to schedule an appointment themselves) or
  - 2) active referral group (study personnel scheduled the appointment and reminded to keep it, were offered small incentive for attendance).
- 44% of participants (49/112) attended TB clinic:
  - ✓ 17 (30%) from passive referral group and
  - ✓ 32 (57%) from active referral group
- Results of the pilot program show the need to implement more active system of referral for TB services for methadone substitution treatment patients.



# WP6

- **Mapping** – description and assessment of the current situation and services related to HIV/STI VCT provision for vulnerable groups
- **Piloting** – piloting of new approaches to provide HIV/STI VCT services for vulnerable groups in order to increase the uptake of testing and thereby reduce the proportion of people unaware of their infection(s)
- **Assessment** – assessment of the outcomes of the piloting and development of the guidance for provision of HIV/STI VCT services for vulnerable groups in order to ensure early diagnosis and prevent further spread of infections

# **International technical advisory group (ITAG)**

- Consists of the representatives of each partner organization (country)
- Reviews the results of the “Mapping” exercise and advises on designing of the intervention
- Technical advice during implementation
- Final assessment of the piloting results
- Participation in drafting the practical recommendation guide comparing up-take, outcomes and cost-effectiveness of different approaches to early HIV/STI diagnostics