

Towards integrated testing – Community perspective

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INTEGRATE JA National Stakeholder Meeting
Croatian Association for HIV and Viral Hepatitis
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NGO CAHIV established in 1999

- **VISION**
 - Combating HIV, viral hepatitis and sexually transmitted diseases
- **MISSION**
 - Lead of Effective National and Regional Response of Communities in Combating HIV, Viral Hepatitis and Sexually Transmitted Diseases
- **OUR WAY OF WORK**
 - As a leading national civil society organization for HIV, viral hepatitis and sexual health, we work in partnership with state and local institutions, experts and other organizations that share our goals.
- **PEOPLE WE WORK FOR**
 - We are continuously working to improve health and social outcomes for all citizens who are at risk of infection or live with HIV and / or viral hepatitis. We pay particular attention to those who are at increased risk of infection or their quality of life is significantly damaged by the burden of chronic disease.

CAHIV main strategy:

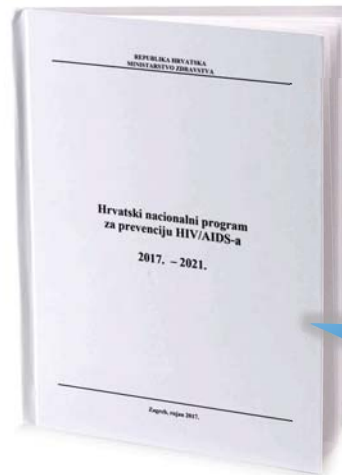
- education and prevention of further spread of HIV, viral hepatitis and other STIs
- psychosocial support for people living with HIV / hepatitis / STDs

Community experience: How to effectively response to HIV/hepatitis/STI challenge?

1. Prevent people from getting infected (risk perc., awar., social norms)
2. Early detection of those infected (eff.test.approach, fast refference)
3. All infected on continuous successful treatment (U=U; QoL assurance)



**SIMPLE
APPROACH**



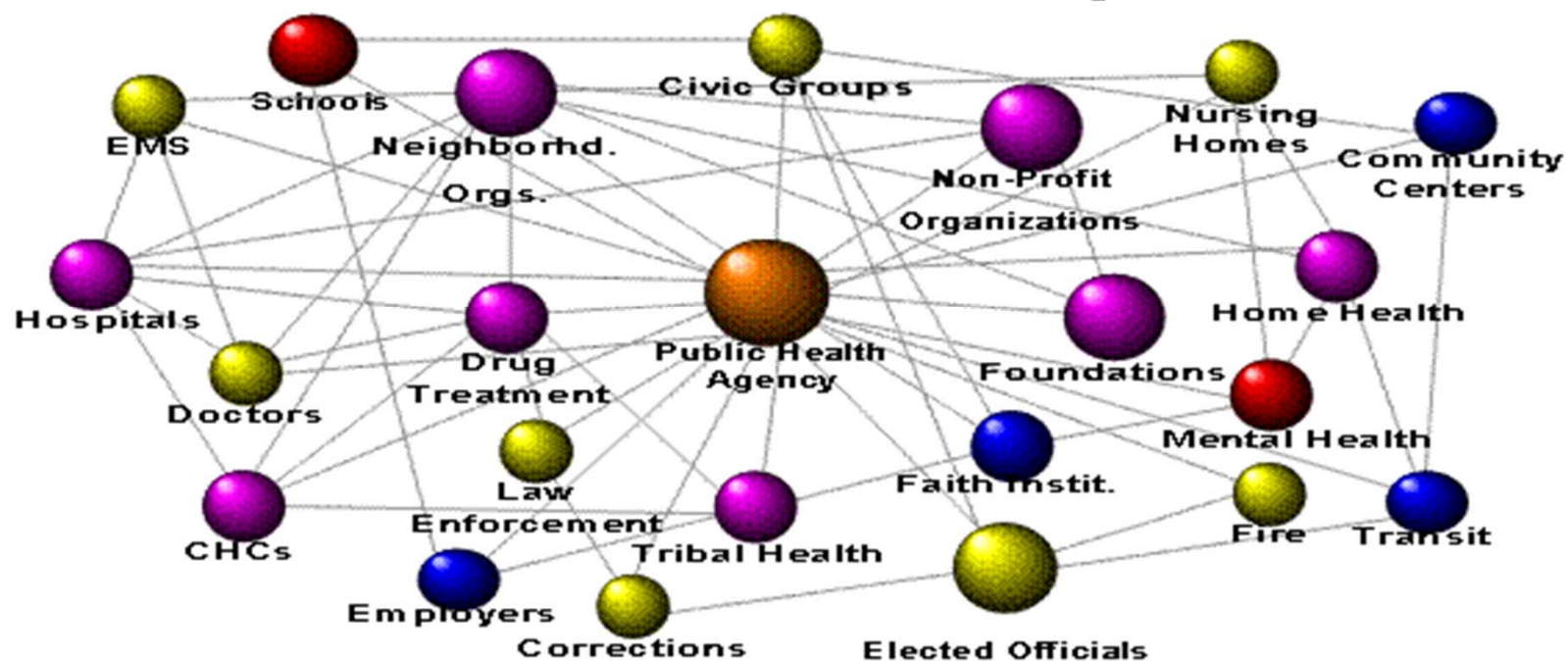
**Community perspective
on national prevention /
testing policies
in Croatia**

Let's repeat what is the situation

- **~ 1300 people living with HIV (98% treated)**
 - Some estimations say that the actual number is one third higher* (?)
 - Still ~40% of late presenters (?); ~80% diagnosed within HC system (?)
- **~ 20,000 people are not HCV diagnosed / not on treatment***
 - Where are they, who are they, how to reach them, how to screen them, how much it costs, who will do it...?
- **STI / STD - do we know how much there are actually out there?**
 - How much do they affect the reproductive health of the population, demography and costs of the health system?
 - How much do they affect more effective spread of infections including HIV?

The BIG picture

The Public Health System





SINERGY OF INSTITUTIONAL HEALTH SYSTEM AND SOCIAL COMMUNITY FOR

HEALTHY SOCIETY

CIVIL SOCIETY ORGANIZATIONS

Support for independent
interests and community needs, informed
individuals and patients

Support for continuous and quality
interdisciplinary care



An informed and activated social community



HUHV
CROATIAN ASSOCIATION FOR HIV AND VIRAL
HEPATITIS

SUPPORTING THE HEALTH SYSTEM:

Investing in future medical workers, students who will tomorrow work in healthcare system as well as existing medical workers thus investing in **building stronger, modernised, prepared and effective healthcare system** (educative materials, conferences, seminars, workshops...)



SUPPORTING THE COMMUNITY:

Investing our efforts primarily in youth and general public dealing with all behaviours that can lead to sexual and reproductive health risk, from the growing up of young people, gaining first knowledge about sexual and reproductive health, the application of the adopted knowledge, first sexual experiences, men who have sex with same or both sex, people who practice “different” sexual behaviours, people who have the habit of multiple sexual partners regardless of their relationship status (singles, married, having families), sexuality or sexual orientation, people experimenting with sexuality, drugs, selling or buying sex services, traveling or migrating, planning family, victims of (bisexual) infidelity, assault or drugs, having burden of stigmatised chronic disease, experiencing discrimination... **it's all about behaviour, diseases prevention and health protection.**

Learned strategy:

LET'S TALK ABOUT SEXHEALTH!

HOW?

- How can we talk about HIV if we don't talk about sex?
- Talking about sex is talking about sexual and reproductive health!
- It is about education, knowledge application, preventing risk behaviour, preventing infection, early diagnosis and providing adequate care
- **It means having a comprehensive approach to preventing disease and promoting healthy lifestyles and combining the area of mental, physical, sexual and social health.**

Health Consequences of STDs

- Various Cancers
- Infertility
- Ectopic pregnancy
- Miscarriage
- Persistent pain
- Death
- Other chronic conditions or illnesses



Providing Psychosocial Support

- @HUHIV Centre for Psychosocial support within the Clinic for infectious diseases Dr. Fran Mihaljević (patients)
- @HUHIV Counselling Centre for sexual and reproductive health
- Providing adequate support and reducing the dependence of the health system with appropriate recommendations



More than 700 psychosocial support provided annually
More than 2.000 people individually counselled annually

Organising national public health campaigns



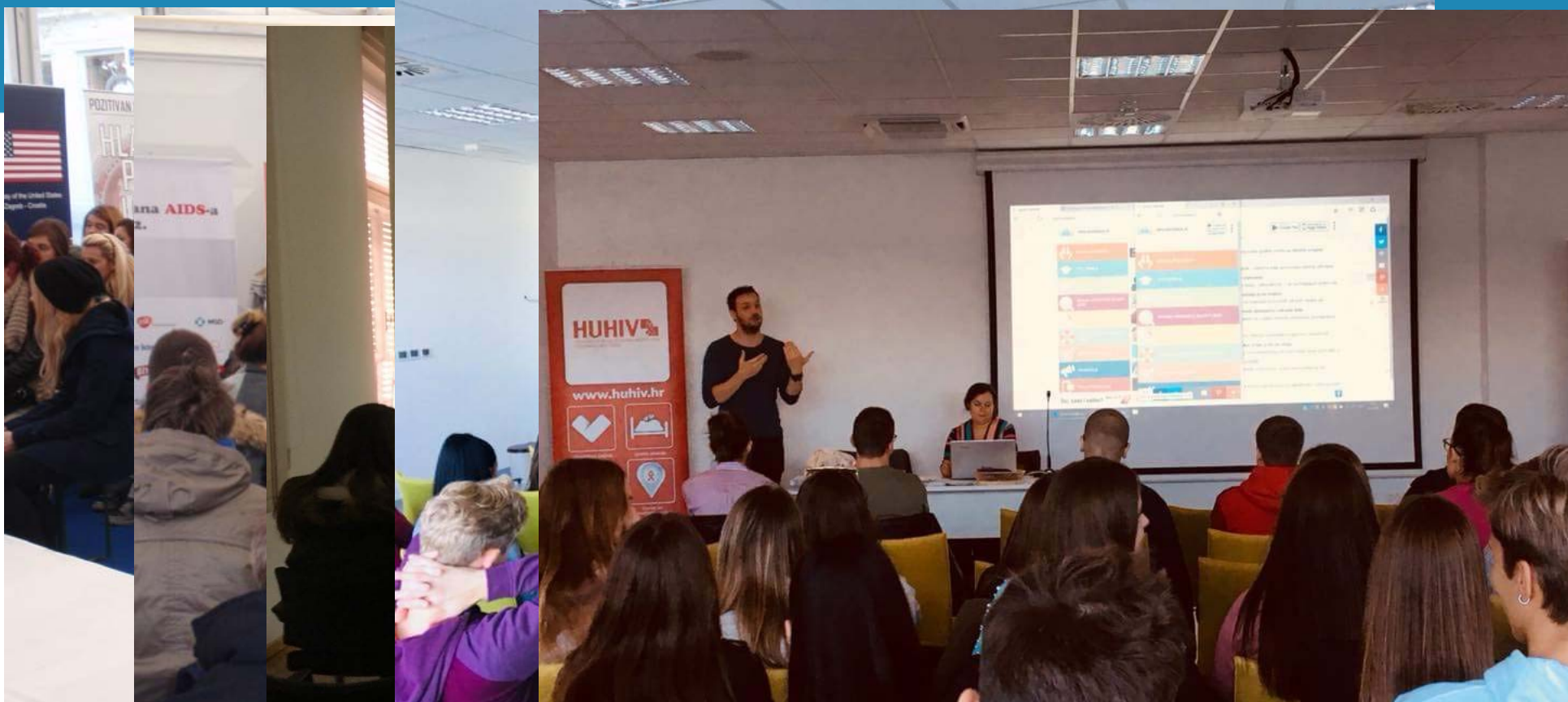
- 2 national public health campaigns per year (WAD, WHD)
- Over 500.000 people reached annually by digital media (public and targeted campaigns, HUHIV web sites, mobile apps, social networks, PR media...)
- Over 50.000 educational materials annually distributed to various organizations and target groups

Always interacting with people



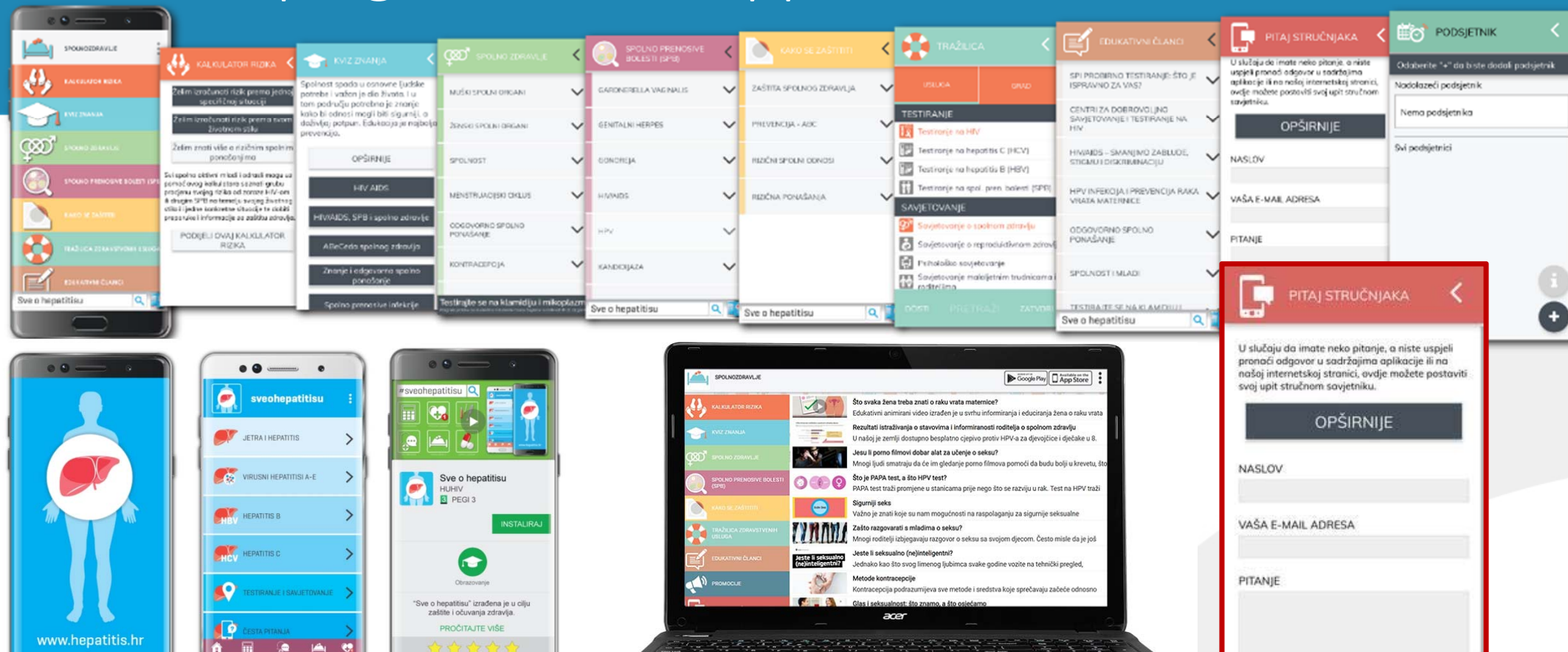
More than 10.000 people directly reached by interactive awareness and education approach

Organising educations and workshops



Over 500 youth annually participating in organized peer and expert educations

Developing innovative approaches and tools



MobApps – over 10.000 downloads; 100.000 screen views; Web – over 300.000 visits; **over 1.000 inquiries/y**

Effectively targeting the key population

Check your HIV and Hepatitis risk @ Spolno zdravlje & Sve o hepatitisu MobApp Risk Calculator and GetTested @ www.huhiv.hr/CheckPoint - with results in 20 min

18.-25.06.2018. PON / SRI / PET 16:00 - 19:30 www.huhiv.hr/checkpoint

PLANETROMEO



facebook



PR, media, web portals
Partner NGOs channels



CheckPoint Zagreb

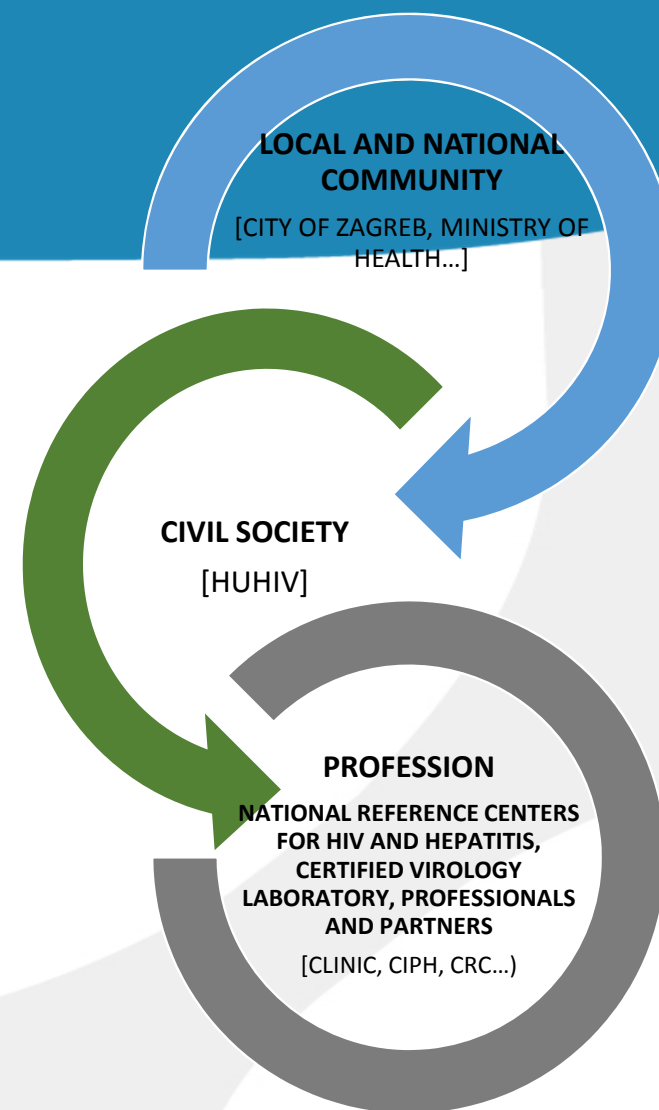
- Implemented in May 2013
- Community-based voluntary counseling and testing Centre
 - Center for Youth Health and Education, for voluntary, anonymous, confidential and free HIV and hepatitis C testing using rapid oral fluid tests with results in only 20 minutes
- Based on community - Increasing eligibility and eliminating institutional barriers
- NGO managed - Effectively attracting people at high risk
- Processes and protocols, quality assurance, testing tools, further care management
- Focused on behavioral, asymptomatic risk assessment approach





CheckPoint Zagreb

- Collaboration of:
 - HUHIV
 - City of Zagreb
 - University Hospital of Infectious Diseases
- All professional protocols were created by experts from the University Hospital for Infectious Diseases
- Quality control in the field of testing is carried out in the organization of the Department of Viral Medicine and Reference Centers for HIV and Viral Hepatitis, University Hospital of Infectious Diseases





CheckPoint
ZAGREB



DROP-IN

- Sexual health counselling, education, risk assessment, recommendations, support...
- Rapid HIV/HCV screening, STI screening references, vaccination references...
- Psychosocial support and assurance of entering into care

OUTREACH

- Targeted collaborations with CBOs and institutions (drug users NGOs, prison system...)
- Planned coverage, educations, screening and support



KLINIKA ZA INFektivNE BOLESTI
"Dr FRAN MIHALJEVIĆ"



Ministarstvo
zdravstva



HZJZ
HRVATSKI ZAVOD ZA
JAVNO ZDRAVSTVO

HU HIV
HRVATSKA UDRUGA ZA BORBU PROTIV HIV-a
I VIRUSNOG HEPATITISA

CheckPoint Zagreb results

2013 – 2018

- 8601 people individually educated and counselled
- 6798 people HIV/HCV tested based on risk assessment
- **130 HIV/HCV infections found (1,15% HIV+/1,08% HCV+)**

	FOCUS ON DROP-IN APPROACH	FOCUS ON OUTREACH APPROACH
M	92%	82%
F	8%	18%
Age	33 median (21-57)	38 median (21-55)
MSM	75.64% (36%bisex/4%married)	12%
Avg. number of sex partners in last 12 months	5.1	7.91
STI	29%	21%
Users of psychoactive drugs	25.60%	62%
PWID	1.28%	43%
Tattoo and/or piercing	29.48%	50%

Outreach results

- **CheckPoint outreach pilot** (*by HUHIV/Clinic team*)
 - Involved 2 counselling centres for PWID (just 2 days; what if more resources?)
 - 42 persons anti-HCV tested; 14 anti-HCV reactive (**33.3%**)
 - Counselling centre 1: 9/19 HCV (**47.4%**); counselling centre 2: 5/23 HCV (**21.8%**)
- **13 prisons and penitentiaries** (*17 visits by HUHIV / Prison Hospital team*)
 - 439 tested persons:
 - 327 anti-HCV tested – 31 reactive results (**9.48%**)
 - 392 anti-HIV tested – 1 reactive result (0.26%)
- **2 needle exchange centres, 2 therapeutic communities, 1 prison** (*by HUHIV / CRC team*)
 - 59 anti-HCV and anti-HIV tested persons:
 - 18/59 HCV reactive (**30.5%**) – 14/33 (42.4%) in needle exchange centre; 2/17 (11.8%) in therapeutic communities; 2/9 (22.2%) in prison
 - 0 HIV reactive

Data Reference: 2010-2011: HUHIV / Prison Hospital in Zagreb, Ministry of Justice; 2012: HUHIV / Croatian Red Cross; 2016: HUHIV – CheckPoint Zagreb CRC, Croatian Red Cross; HUHIV, Croatian Association for HIV and Viral Hepatitis; PWID, people who inject drugs.

Some achievements so far...

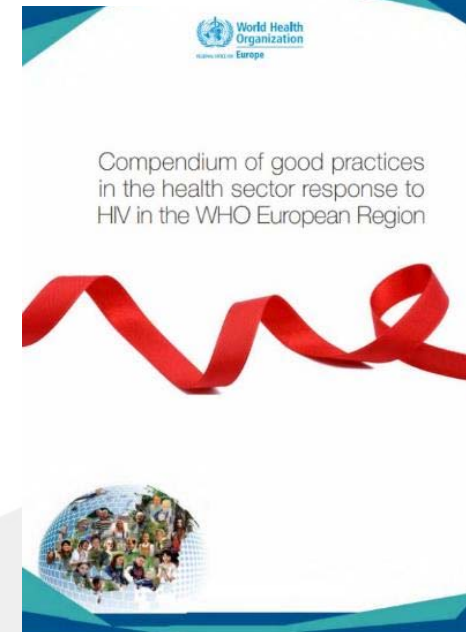
- The number of persons tested in Croatia has multiplied
- The habit of regular testing of key populations has increased
- CheckPoint Zagreb contributes to about 15% of new HIV infections in Croatia (over 20% together with all other CBVCTs)
- We reduced HIV stigma because we integrated HIV into sexual health - an integrated approach to sexual health
- Young people continually and increasingly ask, advise, take care of sexual health (over 2.000 individual support/y)
- We have achieved synergy with the profession and health system - integrated into CBVCT work, protocols, quality control, results and development

Some achievements so far...

- We still need to work, but we have reduced the proportion of late diagnosis (from over 50% before to now below 40%)
- Epidemiology influence - CP achieves an average 12 times higher performance than WHO testing efficiency recommendation (1/1000)
- Economy influence - The average annual cost of early diagnosed person treatment is about 2.5 times lower than late diagnosed* (*NOT including indirect costs of unconscious spread of infection*)
- We have become an upgrade to the healthcare system in all those segments where the health system can not reach itself
- We have integrated a comprehensive approach to sexual health combining the area of mental, physical, sexual and social health helping immediately or redirecting to appropriate services
- We have gained the trust of the people, i.e. the users of our services and we have positioned ourselves as a center for sexual health in Croatia

CheckPoint Zagreb acknowledgments

- **Comprehensive approach to preventing disease and promoting healthy lifestyles and combining the area of mental, physical, sexual and social health**
 - Collecting information about sexual and risk behavior in the community
 - Recommendations and linking to the relevant services according to the needs of individuals (STI testing, vaccination, addiction prevention, mental and psychosocial health ...)



Some comments, thoughts, discussion topics, call for action...

The activities of the HUHIV association have long ago outgrow the „non-profit organization” when we take into account the direct public health work and reach, the results achieved, integration into Health Standards, and most importantly, the needs of people and society...”

We test in average 1.000 people per year on HIV / HCV based on risk assessment

40% are first time testers out of 130 newly discovered HIV / HCV infections (approximately 1/100 HIV / HCV +)

- Are we aware that this is one of key indicators, that there are still lots of undiagnosed people out there and that continuity is necessary?
- During an average period of ignorance, late diagnosed person could infect up to 10 people!*

Although testing is conducted in accordance with the rules of effective healthcare approach, there is a need for more targeted testing (drop-in and outreach)

- We have proved that it is necessary, but we do not have enough financial resources even though we are all aware of long-term profitability (?)

~ 20% come up with information that they have, had or treated STD as a high risk indicator

- Alarming share! We can only ask how many people does not know?

Most of people ask if they can be tested on other, more frequent STIs apart from HIV and HCV

- How to, based on risk assessment, enable integrated testing, all in one place, speed up the process of diagnosis, relieve the health system, timely treat infections (cost effective), achieving true prevention of accidental spread or reducing risk behaviour

Over 50% of people are referred to be tested on other STIs according to risk assessment i.e. behavioural and asymptomatic approach

High-risk sexual behaviour - frequent partner change, sexual experimentation, 27% use alcohol or psychoactive drugs, over 70% irregular use of condoms, lack of awareness, influence on health and reproduction of society, unconscious spread of infection

- We are not able to provide the complete (integrated) service in one place
- We refer them to HC system that has many administrative obstacles (GP reference, talk with a doctor, lack of time, explanation of needs, focus only on clinical approach, rejection, stigma, unpleasant situations ...)
- We do not know how many people are lost regarding STI but also diagnosed HCV, which has an impact on individual health, an unconscious spread of infection in society and the health economy

1.000 people per year are seeking help and support for sexual and reproductive health via online support

Poor knowledge and concerns about the basics of human body and human growth, sexual maturation and protection of sexual and reproductive health

- **There is no continuous formal and focused sexual health education**

People are ignoring even clinical conditions with long-term worry and delaying visits to a doctor!

- **shame, fear, stigma, ignorance, lack of support**

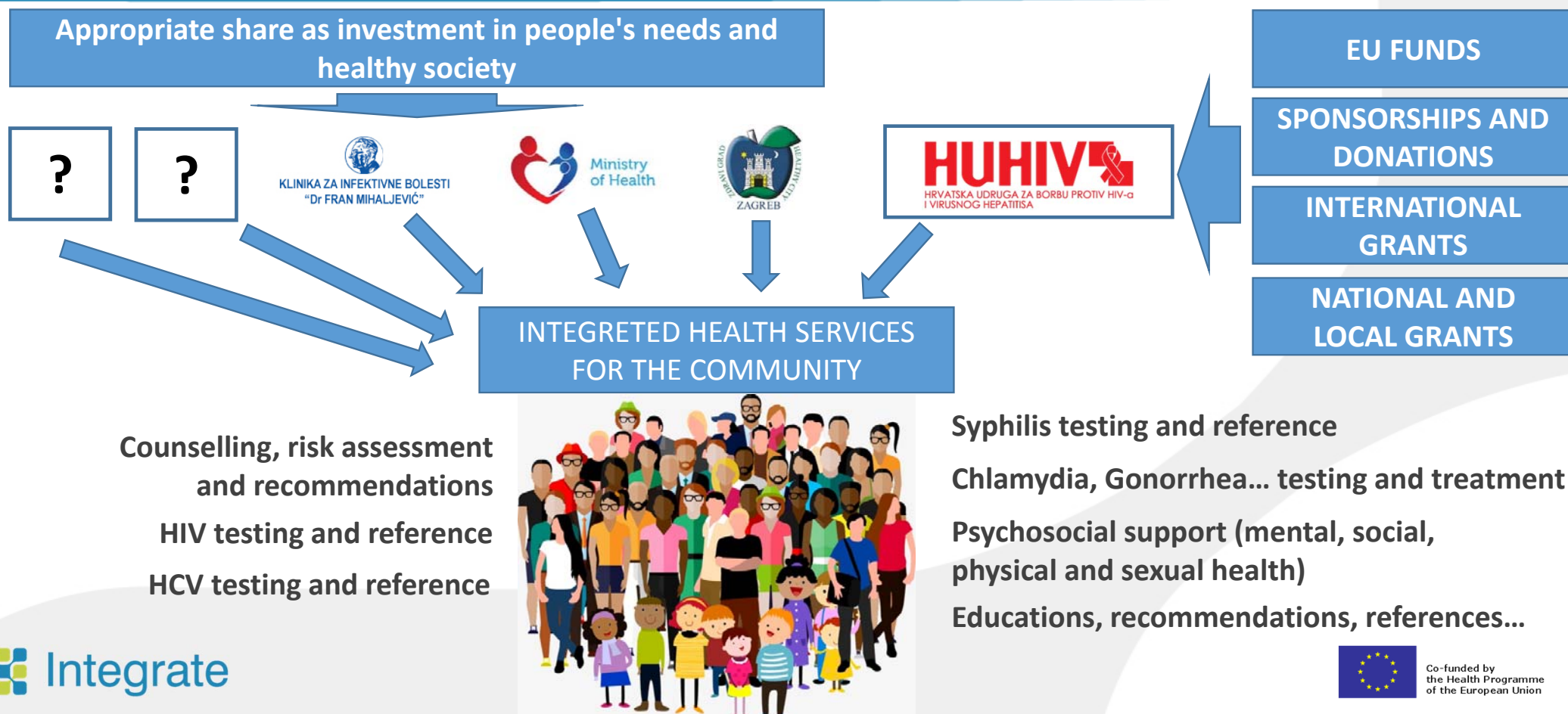
Incomplete or poor communication with parents, doctor, partner - resulting in further worries, lack of protective behaviour, further risk behaviour

- **Self-insecurity, long-term ignorance of risks and consequences, unsustainable environment**

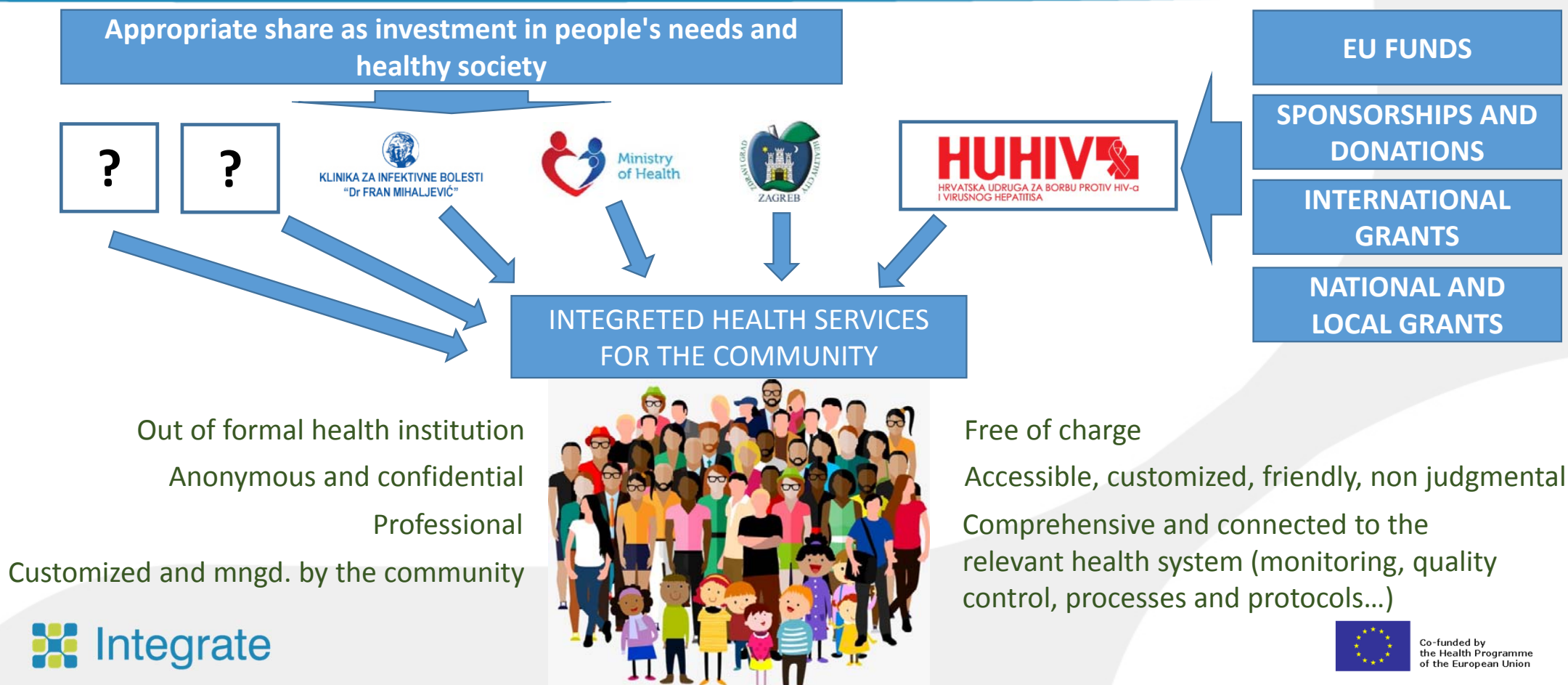
Limitations, barriers, opportunities to providing integrated services

- The legal regulation does not define rapid tests in terms of who can conduct testing, where, in what way - there is room for improvement in accordance with best practice
- Rapid Testing Technologies are developing fast and intended for non-institutional use, from screening tests to molecular diagnostics - how can we use it?
- Legislative regulations do not define self-testing and self-sampling
- What about putting home self test kits in pharmacies? YES/NO/WHY?
- What about remote online testing services (all STIs incl. HIV)?
- We have not talked about long-term models of continuous approach and progress in accordance with the world's best examples - as a real extended hand of the health system

Multi financing as long-term solution (?) for integrated testing and health support



Multi financing as long-term solution (?) for integrated testing and health support



Together We Can Achieve More

- The key is in the joint co-operation between individuals, institutions and the community (associations)
- The key is in prevention and investing in health
- Results and acknowledgments talk about the shift in society
- It's hard ... but we're heading in the right direction





Thank You

