

EuroTEST/European Testing Week & INTEGRATE JA National Stakeholder Meeting

11 April 2019

Croatian Institute of Public Health,
Zagreb, Croatia



EuroTEST

Working together for integrated
testing and earlier care

Addressing Hepatitis, HIV, STIs and TB

**EUROPEAN
TESTING
WEEK**
TEST.TREAT.PREVENT.
www.testingweek.eu



Integrate

Joint Action on integrating prevention, testing and linkage to
care strategies across HIV, viral hepatitis, TB and STIs in Europe



Co-funded by
the Health Programme
of the European Union

The meeting will focus on:

- the national practices in healthcare services and community settings in the implementation of testing on HIV, viral hepatitis and STIs
- existing barriers and challenges to testings (legal, organizational and systemic) at the level of state institutions, health care facilities and community-based organizations that impede integrated approach to diagnostics;
- Discussion to what extent these practices are consistent with international guidelines and recommendations.

MAIN AIM OF MEETING

To bring together regional, national and local stakeholders to discuss current testing strategies for HIV, viral hepatitis and sexually transmitted infections in Croatia with a focus on the following key points:

- Current testing policy and practices in Croatia;
- How to align with European and international testing guidelines;
- Gaps and barriers to testing for the individual, provider and institutional levels;
- How to improve testing strategies including integrated testing and de-medicalisation of testing and linkage to care

AGENDA -I

9.00-9.05	Welcome note by Deputy Director of Croatian Institute of Public Health	Ivana Pavić Šimetin, (CIPH)
9.05-9.15	Welcome remarks and introductions	Tatjana Nemeth Blažić (CIPH)
	Towards integrated testing	Moderators: M. Lana Kosanović, Tatjana Nemeth Blažić (CIPH), Sanja Belak Škugor
9.15-9.40	<p>JA Integrate - Joint Action on integrating prevention, testing and linkage to care strategies across HIV, viral hepatitis, TB and STIs in Europe</p> <p>Situational assessment:</p> <ul style="list-style-type: none"> • Current national testing policy on HIV, viral hepatitis and STIs • Current testing practices in specific settings • Planned policy updates <p>- 5 minutes for questions</p>	<p>Presenters:</p> <p>Dorthe Raben</p> <p>Tatjana Nemeth-Blazic (CIPH)</p> <p>Mirjana Lana Kosanović Ličina (NZJZAŠ)</p>
9.40-10.05	<p>Community perspective:</p> <ul style="list-style-type: none"> • CheckPoint Zagreb – HR case example • Experiences implementing national policy in community settings • Limitations and barriers to providing services <p>- 5 minutes for questions</p>	<p>Presenters:</p> <p>Arian Dišković (Croatian NGO HUHIV)</p> <p>Zoran Dominković (NGO Iskorak)</p>
10.05-10.30	<p>ECDC HIV and hepatitis Testing Guidance: Overview presentation:</p> <ul style="list-style-type: none"> • Main topics and guidance <p>- 5 minutes for questions</p>	<p>Presenter:</p> <p>Andrew Amato (ECDC)</p>

10.30-12.30	Discussion of testing policies and practices in Croatia <ul style="list-style-type: none"> - How can multi disease testing be scaled-up? - What are the barriers? - What needs to be changed? - How far is the reality from the ECDC guidance? 	Moderator: Sanja Belak Škugor
12.30-13.30	Lunch	
13.30-13.40	Summarisation of key points from morning presentations and discussion	Moderators: M. Lana Kosanović, Tatjana Nemeth Blažić (CIPH), Sanja Belak Škugor
	Examples of integrated testing and linkage to care	Moderators: Ben Collins (ReShape, International HIV Partnerships, ETW), Zoran Dominković (Iskorak)
13.40-14.00	HIV testing in practice and integration into care in Croatia <ul style="list-style-type: none"> - 5 minutes for questions 	Presenter: Josip Begovac (University Hospital of infectious diseases „Dr. Fran Mihaljević“)
14.00-14.20	Country case example: Mapping missed opportunities for testing in Portugal <ul style="list-style-type: none"> - 5 minutes for questions 	Presenter: Daniel Simões (GAT)
14.20-14.40	Country case example: Comprehensive testing services in Checkpoint Athens & Thess <ul style="list-style-type: none"> - 5 minutes for questions 	Presenter: Sophocles Chanos (Athens & Thess Checkpoint)
14.40-15:00	Country case example: Comprehensive approach to testing in MSM Checkpoint in Slovenia <ul style="list-style-type: none"> - 5 minutes for questions 	Presenters: Sebastjan Sitar & Mitja Čosić, (Legebitra)

AGENDA -III

15.00-15.30	Coffee break	
15.30-17.00	<p>Discussion</p> <ul style="list-style-type: none">- What can we learn from the country case examples?- Are the country case examples applicable in Croatia?	<p>Moderators: Siniša Zovko (Croatian Red Cross), Zoran Dominković (Iskorak)</p>
17.00-18.30	<p>Conclusions and Next Steps:</p> <ul style="list-style-type: none">• Conclusions and Action points from meeting• Recommendations and national agreements on priorities and next steps• Drafting of Consensus Paper	<p>Moderators: Tatjana Nemeth Blažić (CIPH), Sanja Belak Škugor</p>
18.30	End of meeting	
19.00	Dinner/Location Restaurant BOBAN, Gajeva 9, Zagreb	

National testing policy on HIV, viral hepatitis and STIs

EuroTEST/European Testing Week
& INTEGRATE JA National Stakeholder Meeting
INTEGRATE WP 5

Croatian Institute of Public Health

Zagreb, Croatia

April 11-12, 2019

Tatjana Nemeth Blažić



M.L.Kosanović Ličina



Outline

- **The national testing policy**
 - HIV, viral hepatitis, STIs integrated testing
 - management, implementation, specific settings practices
- **Existing barriers** (legal, organizational and systemic)
 - state institutions, health care facilities and community-based organizations
- **Policy updates planned**

Croatia- general information



Total population (2011)* 4. 284 889

- negative natural increment
- population growth rate: -0,12%
- People >65 years: 17 %

- 21 counties
- 428 municipalities
- 127 towns

Legal framework

- Health Care Protection Act
- Health Insurance Act
- Law on Protection of Population from Infectious Diseases
- Health Care Measures Program
- Personal data protection act
- Act on protection on patient's rights
- and others...

HIV testing

National policy or plan for HIV/AIDS prevention

- National HIV prevention and control program 2017-2021
- National HIV strategy- long tradition - since 1993 (1986)
- **Overarching goal:**
 - To strengthen the national response to HIV/AIDS epidemic in Croatia
 - To maintain a low level epidemic and decrease the risk of HIV infection and spread in the future
 - Linked to:
 - National strategy of combating drug abuse 2012-2017.
 - National strategy of development of health 2012-2020
 - Strategic plan of development of public health,
 - National strategy for Youth 2013-2017...



diagnosed

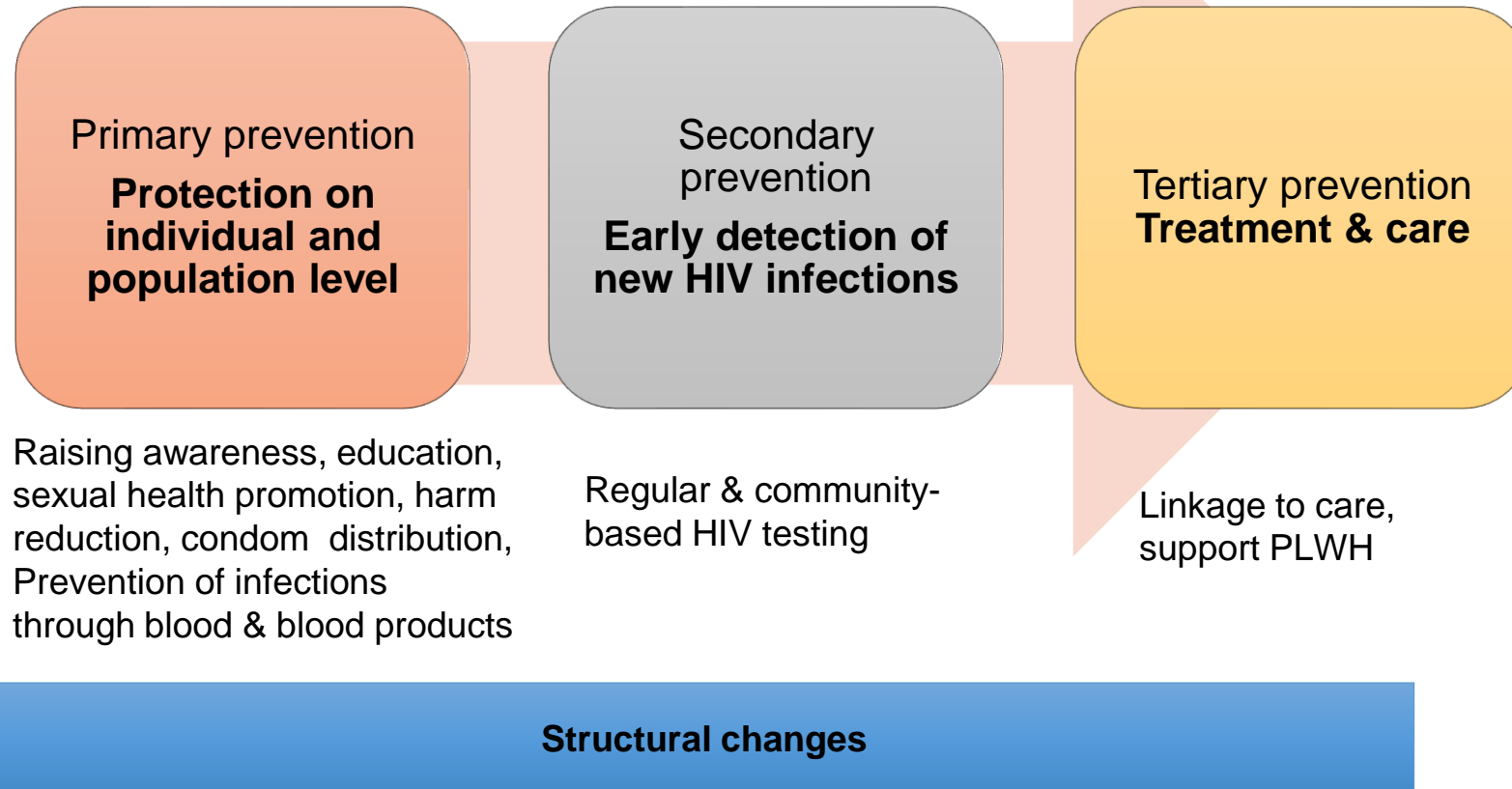


on treatment



Co-funded by
the Health Programme
of the European Union

National HIV prevention and control program



National HIV prevention and control program 2017-2021 - objectives

1. To strengthen surveillance (HIV/AIDS, STI, drug abuse)
2. Prevention among populations (key population, general population)
3. To increase access to HIV testing (early diagnosis) - VCTs
4. To ensure continuity of treatment & care for PLWH including decreasing stigma and discrimination
5. Implementation of standard protection measures
6. To ensure the safety of blood & blood products
7. To maintain good coordination among stakeholders

Who is testing organised for?

- Screening of blood/organ donors - mandatory
- Provider-initiated HIV testing
 - patients with symptoms (HIV indicator conditions)
 - PWID (all who enter in the treatment programs, and who are continually at risk)
 - pregnant women – not routinely, only with epidemiological or clinical indications
- Client-initiated testing and counselling (VCTs)
 - VCTs, anonymously and free of charge
 - Public Health Institutes, University Hospital for Infectious Diseases
 - Community based – NGOs in collaboration with Health facilities

Where to test?

Medical and administrative purposes

- health care facilities
- hospitals
- Public Health Institutes
- Centres of Outpatient Addiction Prevention and Treatment, therapeutic communities
- hospital-based inpatient treatment centers
- transfusion Medicine Institute
- dental and other polyclinics
- private laboratories

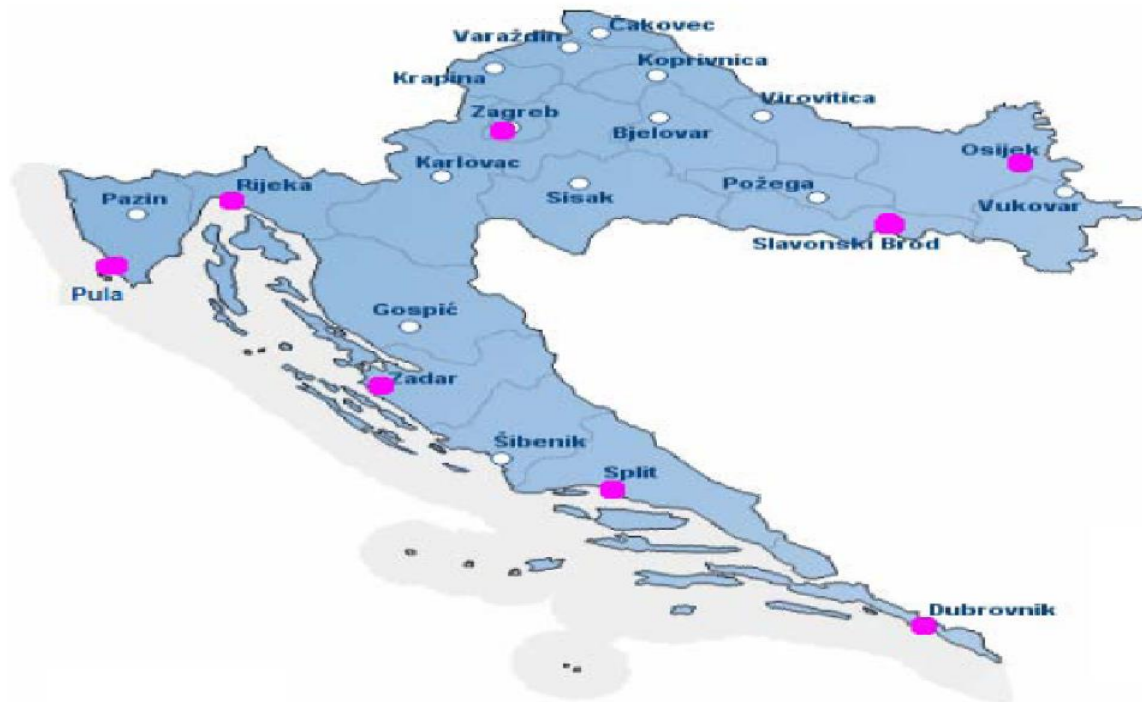
Client-initiated, anonymous and free

- VCTs
 - hospitals
 - Public Health Institutes
 - University Hospital for Infectious Diseases
 - community-based organizations: NGO in collaboration with medical professionals

Voluntary Counseling and Testing Centres (VCTs)

All at risk, persons with risk behaviour, or who want to check their HIV status

Referral to ART and care
(fully funded by health insurance)



Tablica 1. Prikaz kronologije otvaranja CST-a u Hrvatskoj

LOKACIJA CST-a	2003.	2004.	2005.	2006.
Split				
Rijeka				
Zagreb				
Osijek				
Zadar				
Dubrovnik				
Zatvorska bolnica				
Pula				
Slavonski Brod				

Period before Global Fond 2003-2006

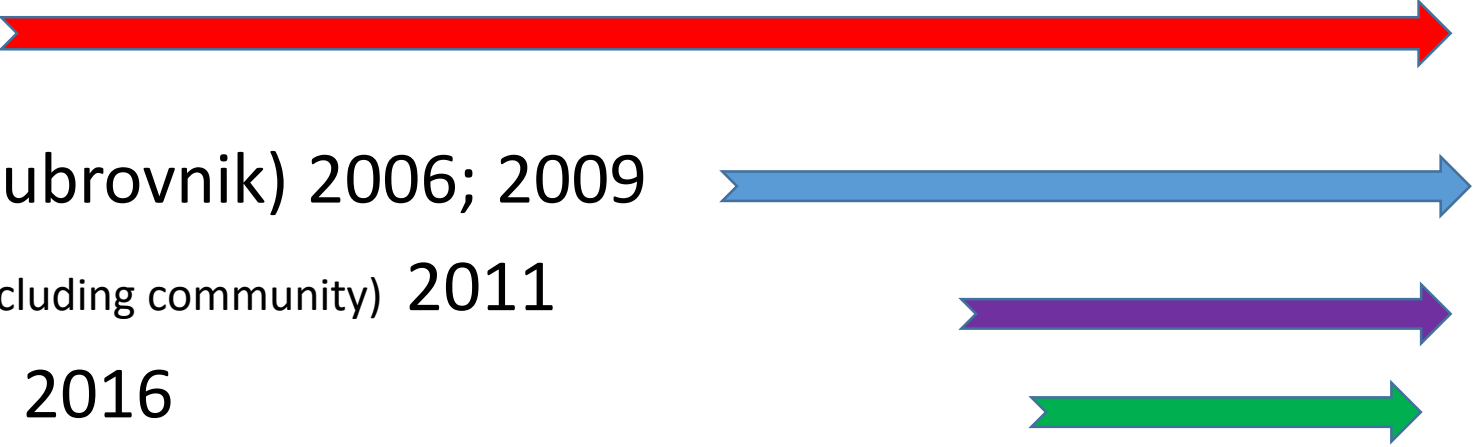
- only in University Hospital for Infectious Diseases (Zg)
- only directly out of pocket payment or referrals

Global Fond (2003-2006) :

VCTs- voluntary, free of charge, anonymous

10 Centres

Integrated testing and sexual health care

- HBV testing 2005
 - HCV testing 2005
 - Syphilis (CIPH-Zagreb, Dubrovnik) 2006; 2009
 - HBV vaccination (all VCTs including community) 2011
 - HPV vaccination (all VCTs) 2016
 - Testing campaign - gonorrhea and chlamydia - ETW 2015 Iskorak in collaboration with CIPH
- 

Integrated testing, comprehensive and public health approach

HIV testing

Dublin Declaration questionnaire, GARPR, GAM

- Client-initiated testing and counselling ✓
- Provider-initiated HIV testing in primary care - not routinely, IC ✓
- Provider-initiated HIV testing in secondary care - not routinely, IC ✓
- Routine HIV antenatal testing (only with medical indications) +/-
- Routine HIV testing in sexual health clinics +/-
- Community-based testing and counselling (by a trained medical professional) ✓
- HIV testing in other health settings (e.g. pharmacies) ✗
- Self-sampling ✗
- Assisted partner notification ✓
- HIV indicator condition-guided testing ✓

Hepatitis testing

National Strategy for Hepatitis Prevention and Control

- Based on a National Consensus Conference (February 2013) and Resolution on fight against viral hepatitis adopted by Croatian Parliament (2009)
- 2018 National strategy (in development) in the process of being adopted
 - Priority actions
 - Strengthening surveillance
 - Improvement of early detection people who are infected
- Before strategy:
 - all diagnostic, treatment, and prevention measures of hepatitis in Croatia is integrated and implemented within the control and prevention measures for all infectious diseases in Croatia
 - regulated by law:
 - Act on the Protection of Population from Infectious Diseases, Health Care Act, Health Care Measures Program and linked to other related strategies

National Strategy for Hepatitis Prevention and Control structure

1. **Situational analysis** (surveillance data, estimates, legal framework, treatment practice, current medical practice, linkage to other national health strategies and plans, financing of testing and treatment, the role of civil organizations/NGOs)
2. **Organizational structure**
3. **Priorities/ strategic goals**
 1. Short-term goals (2021)
 2. Long-term goals (2030)
 1. Activities
 2. Responsible implementators
 3. Other stakeholders/collaborators
 4. Monitoring & Evaluation

Goal:

Reduce the impact of viral hepatitis on people, society and economics by 2030

Objectives

- 1. To raise awareness of the general population and risk (key) populations about the risks and prevention of viral hepatitis; education of health workers (GPs)
- 2. To monitoring the health sector response (monitoring & evaluation, seroprevalence and biobehavioral studies ...)
- 3. To reduce new infections - 2030 without new infections
- 4. To reduce mortality caused by viral hepatitis (increasing early diagnosis and linkage to care, testing key populations – prisoners, PWID..., strenghtening of VCTs, normalization of testing – testing in primary healthcare settings, harm reduction programs)

Who is it organised for?

- Screening of blood/organ donors - mandatory
- Provider initiated
 - for patient with symptoms (medical indications, clinical or laboratory)
 - PWID (all who enter in the treatment programs)
 - Pregnant women – HBV routinely (law), HCV only with epidemiological or clinical indications
 - in the prison system
- Client initiated:
 - Anonymously and free of charge
 - VCTs at Public Health Institutes, University Hospital for Infectious Diseases
 - Community based – NGOs in collaboration with health facilities

STI testing

Sexually transmitted infections (STIs) prevention and control








- No national strategy or plan exclusively or primarily on the prevention and control of sexually transmitted infections (STIs)
- All diagnostic, treatment, and prevention measures of STIs in Croatia is integrated and implemented within the control and prevention measures for all infectious diseases in Croatia
 - regulated by Act on the Protection of Population from Infectious Diseases, Health Care Act, Health Care Measures Program and linked to other related strategies

STI testing

- STI diagnostic and treatment: free of charge, based on health insurance, universal public health insurance
- gynecologists
- dermatovenereology clinics, urological clinics
- free and anonymous testing – syphilis in some VCTs (CIPH, PHI Dubrovnik)
- The afternoon clinic ("one stop shop") - University Hospital for Infectious Diseases (men, Chlamydia, Syphilis, Gonorrhoea, HIV)

TESTING GUIDANCE

ECDC 2018 – main topics and recommendations

- Combined HIV-Hep C testing 
- IC-guided testing/testing in GP/hospital settings 
- Community testing/Lay provider testing  
- Self-sampling and self-testing 
- Contact tracing /Partner Notification 
 - Legislation on partner notification: compulsory, implementation not monitored
- Re-testing - testing frequency for at-risk populations  +/-



No mentioned in the strategies, no implemented



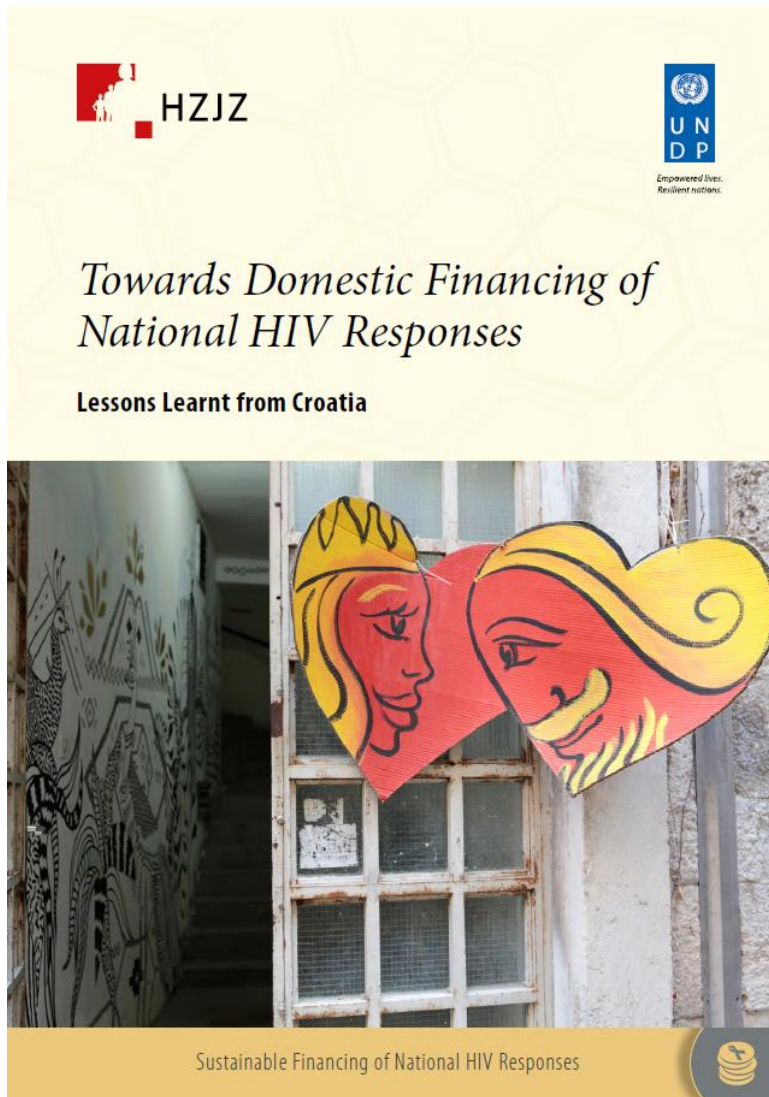
Mentioned in the strategies and well implemented

+/- Partly implemented

Main achievements

- Successfully implemented GF project „Scaling –up HIV/AIDS response in Croatia” 2003-2006, Objective 5. Increased access to voluntary counselling and testing services
- Sustainable financing of national HIV response - successful transition to national HIV financing after the GF project ended, continuity in implementation of programs
- Free and anonymous HIV testing - 10 VCTs established in public health facilities
- VCT expanded since 2006
 - Community testing implemented
 - Use of rapid testing (finger picking blood + oral)
 - Integrated testing (HBV, HCV, syphilis)
- Improvement in HIV / AIDS legislation: anti-discrimination law, improvements in labor legislation, improvements regarding criminalization of HIV transmission
- Multisectoral collaboration: Ministry of Health and other ministries → Croatian National Public Health Institute and 21 county institutes → NGOs

Greatest benefits – continuation of HIV/AIDS preventive activities



UNDP, 2015

1. INTRODUCTION	9
2. METHODOLOGY	11
3. SOCIO-ECONOMIC AND HEALTH SYSTEM OVERVIEW	12
4. KNOW YOUR EPIDEMIC	14
5. KNOW YOUR RESPONSE	16
6. THE ROLE OF NGOS IN THE NATIONAL HIV RESPONSE	18
6.1 The role of NGOs in concentrated epidemics	18
6.2 The role for NGOs in the Croatian national programme for HIV/AIDS prevention 2011-2015	18
6.3 The role of NGOs under the GF grants in Croatia	20
7. TRANSITIONING TO SUSTAINABLE NATIONAL HIV FINANCING: ACHIEVEMENTS AND CHALLENGES	22
7.1 Transition of governance structures	22
7.2 Transition of service provision through NGOs	23
7.3 Transition of the HIV service components	27
7.3.1 Prevention for key populations	27
7.3.2 Youth education and prevention	29
7.3.3 HIV counselling and testing	30
7.3.4 Surveillance, monitoring and evaluation	31
7.4 Scaling-up treatment, care and support	32
8. CONCLUSIONS	35

successful transition to national HIV financing after the GF project ended ➡ continuity in implementation of programs

Collaboration with NGOs

- NGOs implementing prevention programs in the field of HIV/AIDS, hepatitis and STIs in collaboration with health care institutions:

- CROATIAN RED CROSS
- HELP
- HEPATOS RIJEKA
- HUHIV
- INSTITUT
- ISKORAK (LGBT)
- LET
- NEOVISNOST
- TERRA
- PORAT

The NGOs specialized in certain areas (harm reduction, LGBT, psychosocial help, sex workers...) are included in national policy for HIV prevention

Compendium of good practices in the health sector response to HIV in the WHO European Region



<http://www.euro.who.int/en/publications/abstracts/compendium-of-good-pra>

CROATIA. Integration of community HIV and HCV testing through a comprehensive sexual health approach: HUHIV – CheckPoint Zagreb

Submitted by: Nemeth Blažić, Tatjana¹ | Delaš Aždajić, Marija² | Beganović, Tomislav³ | Dišković, Arian⁴ | Erceg, Maja^{2,4} | Kosanović Ličina, Mirjana Lana⁵ | Vince, Adriana⁴

¹Croatian Institute of Public Health; ²Sestre Milosrdnice University Hospital Centre; ³Croatian Association for HIV and Viral Hepatitis (CAHIV); ⁴University Hospital for Infectious Disease "Dr Fran Mihaljević"; ⁵Andrija Štampar Teaching Institute of Public Health

Background

In the period from 1985 to 2017, 1540 cases of HIV infection were documented in Croatia, 500 of which progressed to AIDS, resulting in 265 deaths. Most HIV/AIDS patients are male (88%). Almost all living with HIV in Croatia have been infected as a result of sexual contact and 5% as a result of drug use. Since 2013, the average annual number of reported HIV/AIDS cases has been 116, an increase of around 150% since 2004. This may be partly explained by a general increase in the number of infections, along with improved access to HIV testing following the introduction of free and anonymous counselling and testing in eight Croatian cities in 2004. The dominant mode of transmission is sexual contact representing 64% of all registered cases. MSM alone, 84% of all newly diagnosed cases. Although Croatia has a low incidence of HIV, the large increase in HIV cases per 100 000 population, the large increase in transmission via MSM are worrying. The number of registered cases of hepatitis C rose sharply in the 1990s, remained relatively stable until 2000, and has been decreasing since 2008. The overall prevalence of HIV and HCV infection is less than 1%.

Description of the good practice

In response to the HIV epidemic, decentralized access to VCT centres provides an excellent solution of HIV prevention, especially for youth and adolescents.

STRATEGIC DIRECTION 4. Financing for sustainability

CROATIA. Financial sustainability of the GFATM HIV/AIDS project: the Croatian experience of increasing domestic resources

Submitted by: Nemeth Blažić, Tatjana¹ | Kosanović Ličina, Mirjana Lana² | Jelavić, Melita³ | Jovović, Iva⁴ | Begovac, Josip¹ | Skoko Poljak, Dunja⁵

¹Croatian Institute of Public Health; ²Andrija Štampar Teaching Institute of Public Health; ³CSO Fight; ⁴University Hospital for Infectious Disease "Dr Fran Mihaljević"; ⁵Croatian Ministry of Health

Background

The annual HIV infection incidence in Croatia is about two per 100 000 population, underscoring Croatia as a relatively low-prevalence country. The dominant mode of HIV transmission is through sex between men; 64% of all registered cases are MSM and, in the last several years (2014–2017), more than 80% of newly diagnosed cases were MSM. A small increasing trend has been seen in the number of newly diagnosed cases of HIV infection in the past few years, which may be partly explained by a true increase in the number of infections as well as by increasing the number of tests following the introduction of voluntary, free and anonymous counselling and testing for HIV in eight Croatian cities since 2004. In the past five years, the average number of annually reported HIV cases was 100 (range 77–116), showing an increase of around 150% compared with pre-2004.

Prior to the implementation in 2004 of the GFATM project Scaling Up HIV/AIDS Response in Croatia, anonymous and free counselling and HIV testing were not available. HIV testing services were available at

received funds for the implementation of some priority areas of the national HIV/AIDS prevention strategy and programme. The MoH was the primary recipient of the GFATM donation and was the project coordinator (the total amount of the donation for the period 2003–2006 was US\$ 4 945 192).

The GFATM donation contributed significantly to the financing of activities aimed at improving HIV/AIDS, HBV, HCV and STIs surveillance system(s) through establishing voluntary, anonymous and free HIV testing sites, promoting health education, supporting national campaigns to reduce risk behaviours, conducting bio-behavioural research, providing psychosocial support for persons affected by HIV, initiating harm reduction programmes and NSPs for people who inject drugs and creating a system for collecting indicators and monitoring and evaluating HIV/AIDS programmes/activities. These services garnered intersectoral collaboration and support, including a large contribution from NGOs and CSOs involved in HIV prevention activities targeted at key populations in Croatia (e.g. MSM, SWs, migrants and people who inject drugs).

Barriers and actions

- Barriers:
 - MSM: the main reason is the perception of low risk; fear of results/that someone will find out that a person was tested, absence of will/time to get tested, not knowing where to get tested (studies 2007-2012)
 - High price of oral rapid tests, administrative barriers in procurement, only two rapid tests registered in Croatia
 - Uptake of testing influenced by stigma and discrimination, accessibility of testing sites in some parts of the country
 - Provision and uptake of testing services is limited by unfavourable laws in some risk groups, limited number of service providers for them, and hard to reach (sex workers)
- Actions:
 - Need more VCTs and strengthen community based testing/mobile testing team
 - Need more low cost (cheaper) rapid tests available
 - Need human resources, more finances

Challenges

- Capacity building in healthcare settings, VCTs and community settings (human resources, education, quality improvement)
- Increase HIV testing uptake among MSM and increase No of regular testing among MSM
- Testing other STIs
- Organizational and financial sustainability
- Targeted and innovative activities for key populations
- Monitoring and evaluation of testing activities
- Bio-behavioral studies, data for targeted testing, better coverage
- Maintain the level of achievement!

Some goals for upcoming period

- Maintain political will to sustain programs and try to increase funding
- To continue with the work of VCTs including strengthening of community based HIV testing within key populations
- To increase uptake of testing particularly for members of key groups
- Intensify health education and promotion HIV testing within MSM: emphasize the importance and benefits of regular testing and early diagnosis
- Intensify education on sexual health for youth
- Anti-stigma campaigns
- Improve M&E
- To continue with bio-behavioural studies, improving surveillance data:
 - Investigate non-testing patterns and low risk perception
 - to improve data quality
 - detailed analysis of trends, continuum of care and risks
 - STI surveys

SWOT ANALYSIS

Strengths

- Continuity in surveillance and prevention
- **Functional network of public health institutes and other stakeholders**
- Inclusiveness into IS ECDC/WHO
- **Collaboration of GO and NGO institutions**
- Innovation, networking, motivation (enough motivated people)

Weaknesses

- Lack of awareness of clinicians, stakeholders
- **Regional networks not equally strong**
- Lab data not epi linked
- **Lack of human resources**
- Organization of a health system within the prison system,
- **Administrative barriers (funding testing programs in prisons from Ministry of Health budget, funding NGOs)**
- Challenges of financing NGOs (gaps in the governmental funding, delays in allocation due to political situations, elections...)

Opportunities

- National strategy for viral hepatitis (in the process of adoption)
- **National strategy for STIs**
- Support from EU projects, education of staff about writing projects
- **Lobbying, advocacy**
- Inclusion into global partnerships, projects
- **Exchange of experience & good - meetings, workshops, EU projects - ECDC, WHO, EC- HIV Hep TB Think Tank EC**
- Better use of intersectoral collaboration
- Improve the monitoring and evaluation of preventive programmes

Threats

- Limited finances
- **Changes in the health system priorities**
- Changes in the health insurance funding
- **„Brain drain“**

Thank you

tatjana.nemeth-blazic@hzjz.hr

mirjanalana.kosanoviclicina@stampar.hr