Technical consultation for the Commonwealth of Independent States

Scaling up access to quality testing and counselling services – the important prerequisite in moving towards universal access to HIV/AIDS prevention, treatment, care and support

Yerevan, Republic of Armenia

18–20 April 2007

WORLD HEALTH ORGANIZATION
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Report

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Abstract

The technical consultation for the Commonwealth of Independent States (CIS) 'Scaling up access to quality testing and counselling services – the important prerequisite in moving towards universal access to HIV/AIDS prevention, treatment, care and support', was implemented with support provided by the WHO Regional Office for Europe. Its overall objectives were to discuss challenges and opportunities related to the availability of and access to quality testing and care (T&C) services in the CIS, to indicate normative guidance needs on T&C, and to develop recommendations on scaling up T&C services.

Issues addressed and discussed – with the aim of achieving a comprehensive overview of the current situation around T&C in the CIS – included policies, particularly legal aspects, strategies, issues related to programme planning and implementation, financial aspects and possible implications related to further scale-up of T&C services, T&C as it is viewed from treatment data monitoring perspectives, surveillance-related aspects and others.

Within the framework of recently developed WHO/UNAIDS 'Guidance on Provider-initiated HIV Testing and Counselling in Health Facilities', the consultation provided a forum for commenting on the draft guidance and sharing experience of providing T&C services delivered within the health care systems of participating CIS countries.

An outline and related recommendations have been developed for a planned T&C policy brief. The participants also drafted action plans on scaling up access to quality T&C services to move towards universal access, identifying major obstacles that need to be addressed and indicating possible solutions for further scaling up of T&C in their respective countries.

KEY WORDS
HIV infection
Acquired immunodeficiency syndrome
Testing and counselling
Universal access
European Region
Europe, eastern

Contents

Abbreviations

AIDS	Acquired immunodeficiency virus
CBO	Community-based organization
CIS	Commonwealth of Independent States
SW	Sex workers
HAART	Highly active antiretroviral treatment
HIV	Human immunodeficiency virus
IDU	Injecting drug users
M&E	Monitoring and evaluation
MSM	Men who have sex with men
MTCT	Mother to child transmission (of HIV)
NGO	Nongovernmental organization
PITC	Provider-initiated testing and counselling
PLHIV	People living with HIV
PMTCT	Prevention of mother to child transmission (of HIV)
STI	Sexually transmitted infection
T&C	Testing and counselling
UN	United Nations
UNAIDS	United Nations Joint Programme on HIV/AIDS
VCT	Voluntary counselling and testing
WHO	World Health Organization
WHO EURO	World Health Organization Regional Office for Europe

Introduction

Countries in the WHO European Region are making great efforts to achieve the ambitious goal of moving towards universal access to HIV/AIDS prevention, treatment, care and support services by 2010.

The expanded international support, improved coordination and communication, clear milestones, robust monitoring and evaluation, enhanced partnership and an intensified focus on strengthening health systems are all essential elements for achieving universal access. HIV testing and counselling (T&C) form the gateway to prevention, treatment, care and support for all in need. However, availability of and access to quality T&C services remain among the leading challenges in the majority of the countries of the Commonwealth of Independent States (CIS). Studies show that many people living with HIV are being diagnosed and treated too late to obtain the maximum benefit from available services. To ensure that people can exercise the right to know their HIV status and to benefit from increased access to prevention, treatment, care and support services, T&C must be radically scaled up.

Significant expansion of T&C services will be required, and mutually reinforcing key issues will need to be addressed, such as ethical considerations when conducting T&C, the reduction of HIV/AIDS-related stigma and discrimination, and the creation of a supportive legal and policy framework and adequate national capacities, including health care infrastructure, qualified staff and other necessary resources.

Responding to the current needs, WHO Regional Office for Europe organized and conducted a technical consultation for the CIS to further promote evidence- and human rights-based T&C policies, strategies, approaches and services, linking the particular country needs to the regional and global-level opportunities. The consultation was held in Yerevan, Armenia, 18–20 April 2007, hosted by the Ministry of Health, National Centre for AIDS Prevention.

The main objectives and expected results of the consultation were to:

- discuss challenges and opportunities related to availability of and access to quality T&C services in the CIS;
- indicate normative guidance needs on T&C;
- review the recently developed draft WHO ‘Guidance on Provider-initiated HIV Testing and Counselling in Health Facilities’;
- develop recommendations on scaling up T&C services in the CIS; and
- promote collaboration.

National colleagues representing the Parliamentary Committee on Health and Social Affairs, colleagues responsible for HIV/AIDS at the Ministry of Health, managers of national HIV/AIDS programmes, representatives of community-based organizations (CBOs) and nongovernmental organizations (NGOs), leading international technical experts, United Nations (UN) representatives, and international partner and donor organizations were invited to participate in the technical consultation. As Armenia was the host country, colleagues representing the government sector and major national and international stakeholders – including NGOs – were also invited to participate.

Is there a need to improve testing and counselling policies in Europe?

In the area of prevention, T&C could and should have a very strong and significant role and impact. The whole process of T&C – as part of a much larger set of prevention interventions – has an essential impact on preventing onward transmission from HIV-positive people to HIV-negative people, as well as helping those who have tested negative to keep their status. In the area of treatment, T&C services are to play a key role in facilitating access to necessary services.

Participants in the consultation provided a short overview of the current national T&C policies and practices, describing the availability and coverage of HIV T&C services for different population groups, with an emphasis on populations most at risk and vulnerable to HIV. The major challenges for scaling up availability of and access to quality T&C services for all in need were addressed and discussed.

In general, presentations and related discussion showed that significant progress has been achieved – T&C services exist in all participant countries, with related infrastructure including respective staff and essential referrals.

At the same time, all participants emphasized that despite progress achieved, there is still a long way to go to attain universal access to quality T&C services for all in need. A highly professional and critical overview has been undertaken by countries on the remaining challenges and opportunities. In summary, the following common patterns were observed:

- The rate of client-initiated T&C is low. Voluntary counselling and testing (VCT) is not really widespread.
- An increase in testing is being seen in a number of countries. However, the highest increase in testing is observed among pregnant women; testing among most-at-risk population groups remains low.
- In most of the CIS countries, testing is mainly performed for diagnostic purposes and also viewed as a tool for surveillance but T&C services are not fully used as an entry point to HIV/AIDS prevention, treatment, care and support services.
- Even though mandatory testing is not officially endorsed in the majority of the CIS, it actually exists in a number of countries: migrants are being tested to get their residence permits extended; patients who need to undergo surgery or certain other medical interventions are being tested for HIV; prisoners are often tested when entering the prison system in many countries; pre-employment testing is also widespread; etc.
- In the majority of CIS countries, HIV-positive people have the right not to disclose their HIV status, and partner notification should be done by or through HIV-positive people themselves. However, data suggest that, in practice in many CIS countries, partners could be traced or notified with or without the consent of an index patient.

The following were specified as major challenges for scaling up availability of and access to quality T&C services:

- Lack of human resources and well-trained personnel to deliver quality T&C services.
- Need to initiate and/or strengthen measures to monitor T&C quality, especially those related to counselling.
- Access to HIV/AIDS prevention, treatment, care and support services for those in need is limited because in most CIS countries the epidemic is in groups which are not

extensively tested and which, thus, cannot be referred to treatment, care and support services.

- Limited access to and availability of HIV/AIDS treatment and care impede a scale-up of testing (as availability of treatment is itself a great incentive to testing).
- The system of monitoring and supervision (in terms of quality) of T&C sites is not properly developed.
- The resources and leadership of NGOs/CBOs and other civil society groups are not sufficiently utilized in the T&C programmes.
- Low awareness of T&C services among the population.
- Stigma and discrimination against people living with HIV is still prevalent in the countries, which negatively affects the access to and utilization of T&C and other HIV/AIDS services.

WHO/UNAIDS draft 'Guidance on Provider-initiated HIV Testing and Counselling in Health Facilities'

The recently developed WHO/UNAIDS draft 'Guidance on Provider-initiated HIV Testing and Counselling (PITC) in Health Facilities', generated great interest among the participants and prompted intensive discussions.

The main purpose of the guidance on PITC is to guide countries as they expand HIV T&C services, aim to increase the number of people who know their HIV status, increase access to HIV treatment, care, prevention and support, and improve HIV treatment outcomes. It is important to view PITC as one component in a comprehensive strategy of widening availability and improving access to HIV T&C services. Commitment to expand access to HIV/AIDS prevention, treatment, care and support means that greater effort should be made to allow people to know their HIV status and have the possibility of easy access to the services they need.

It was emphasized that WHO and UNAIDS do not support mandatory or compulsory testing of individuals on public health grounds. PITC is neither mandatory nor compulsory, and the underlying "3 Cs" principles of any HIV T&C are *confidentiality*, being accompanied by *counselling*, and conducted only with informed *consent* (both informed and voluntary).

Analysis of specific terminology used in the guidance to describe different models of HIV T&C revealed that there is no need to use any additional terminology. Clearer language should be used to explain that within PITC the provider offers an HIV test and the patient is given the right to refuse. It should be clearly communicated to every patient that declining an HIV test will not affect their access to any services they need.

The need for making informed decisions about whether and how to implement PITC was emphasized. In low and concentrated epidemics decisions should be guided by an assessment of the epidemiological and social context. It was specifically emphasized that in such areas WHO and UNAIDS recommend implementing PITC in sexually transmitted infection (STI) settings, services for most-at-risk populations, antenatal, childbirth and postpartum health services, and in children with unexplained malnutrition or sub-optimal growth who are not responding to therapy.

Following the presentation on PITC, selected panel members further discussed possible implications of PITC in their particular health care settings. Panellists welcomed the WHO/UNAIDS initiative to actively address T&C, emphasizing the importance and timeliness of such guidance. Many panellists mentioned that PITC, in one form or another, is already being implemented in their countries. The issue here is that more attention should be paid to the quality of the services provided and the availability of an enabling environment. Panellists agreed that PITC should be integrated with basic HIV-related services and supported by an enabling legal and policy framework based on a human rights approach. Clear policies, laws and procedures should be established for informed consent, the right to privacy, beneficial disclosure, and partner notification.

The issues of criminalization of HIV, and stigma and discrimination against people living with HIV were given serious attention and actively discussed. The participants highlighted the crucial role of protection against discrimination and marginalization of people living with HIV, ensuring that human rights protection is granted and followed.

A lot of attention was given to the issues of confidentiality, informed consent and counselling. Panellists emphasized the need for the guidance to clearly differentiate PITC from mandatory, imposed testing. Every patient should be provided with knowledge about their right to refuse testing, otherwise all patients would be tested on a mandatory basis.

Again, the importance of actively promoting and focusing on the fundamental "3 Cs" principles in T&C service provision was stressed. Most importantly, health care providers should have the skills to implement these principles in practice. Providers should be given clear guidance and be sufficiently trained to be able to apply different approaches to different groups of the population to motivate them to get tested. However, most-at-risk population groups usually do not access health care facilities and, thus, miss the opportunity to get tested. Therefore, other forms of T&C should also be promoted, as PITC is just one form of T&C service provision. In this context, the role of civil society through e.g. NGOs and outreach workers, who have access to the most-at-risk population groups, takes on greater importance. Along with health care facilities, civil society should play an important role in both scaling up T&C services and, more importantly, in increasing their uptake.

The difference between counselling and providing information should be indicated more clearly. Professional counselling might not be necessary in all circumstances when HIV testing services are provided. When people just come in to the testing site, health providers can give quick information on HIV, how it is transmitted and what are the risky behaviours that lead to HIV acquisition and transmission. Information on the testing sites, tests performed and possible testing results can also be provided. This type of information can be provided by well-trained personnel, both medical and nonmedical. Professional counselling, however, implies detailed psycho-social, emotional and even psychiatric assessment of the person undergoing counselling and requires specially trained and highly qualified staff. In fact, people who test positive might be in need of such counselling, and staff at testing sites should be trained on how and when to refer clients to professional counsellors who, importantly, must be available. The need for supervision – as mentioned at the beginning of the report as one of the challenges faced – should be understood not as an administrative and/or punishment tool but as a means for professional growth and a skills-building opportunity. Counsellors should have access to a well-functioning network for mutual support, including urgent assistance when necessary.

It was emphasized that the increased availability of and access to HIV testing is not a goal in itself but should lead to expanded access to quality treatment, care, prevention and support services. Therefore, good referrals between testing sites and related services should exist and should be clearly communicated to the patient. Patients should be advised on the follow-up steps and actions to be taken, and every effort should be made to facilitate them.

The need to involve mass media and develop a communication strategy to inform the general population about PITC and available services was also stressed. The importance and consequences of knowing one's HIV status, the true voluntary nature of PITC, and the availability of treatment (as a true motivation for getting tested) should be clearly communicated, otherwise people might become afraid that they will be forcibly tested and will not seek out services. This is especially relevant to the countries of eastern Europe where the memory of mandatory, obligatory medical care, including testing, has not yet faded away.

Many participants also mentioned that, as WHO and UNAIDS guidelines possess a recommendatory character and countries should these recommendations to their local settings and health care systems, it would be important if the WHO/UNAIDS guidance on PITC became persuasive enough to help in advocacy efforts by serving as an effective tool for motivating decision-makers to take relevant actions.

Access to quality testing and counselling services for populations most at risk of and vulnerable to HIV

Several sessions at the consultation were devoted to discussion of what works and what does not work in improving access to T&C services for the most-at-risk population groups, and the related T&C needs as well as remaining challenges, barriers and ways to overcome them. The invited technical consultants shared their relevant experience with the participants, and the issues were summarized and recapitulated by participants within the panel discussions, as follows.

Improving access to T&C services for injecting drug users (IDUs) is one of the most important issues in the CIS, as most of the epidemics in the countries in this region are IDU-driven; therefore, sharing experience from Portugal was of great interest.

Recent experience from Portugal suggests that outreach-based and peer-added HIV interventions for drug users significantly decrease the prevalence of HIV infection among them. Programmes for IDUs in Portugal include needle and syringe exchange, opioid substitution therapy, and medically-assisted injection facilities. There are about 30,000 IDUs in Portugal who are in contact with various social and public health services, and half of them are reached by harm-reduction services. Portugal is currently seeing a decline in the number of both HIV cases and AIDS-related deaths. The number of reported cases of HIV among IDUs has also decreased; however, data suggest that, despite this decrease, there has been an increase in the reported AIDS cases among IDUs, thus suggesting that part of the IDU community is still among the late presenters.

There are about 18,000 patients on highly active antiretroviral treatment (HAART) in Portugal, and 30% of them are IDUs. Data on the effect of the needle exchange programme on HIV prevalence among IDUs in Portugal showed that there is a decline in HIV prevalence

attributed to the effects of the programme. Thus, significant initiatives for IDUs in Portugal, namely the launch of T&C programmes for IDUs, have generated a lot of interest. The introduction and promotion of simple, rapid tests is among the options to increase access to T&C services especially for those at risk and vulnerable to HIV. It was emphasized that simple, rapid tests have the potential to make a big impact, especially in areas with poor or underdeveloped laboratory infrastructure, and the involvement of lay personnel could be of great benefit.

Portuguese experience suggests that the recommendations should support routine testing wherever basic HIV care and prevention are available. Such an approach would improve efforts on prevention, allow infected people to receive care (such as cotrimoxazole prophylaxis), and normalize HIV testing. Prophylaxis against opportunistic infections is within the reach of even the poorest countries, and detection of those who will need it benefits the entire public health system. Portuguese experience also implies that AIDS programmes need to be able to make comparisons about what works and what does not work in the country, estimate resources required at country level and scale up access to HIV prevention services, ensuring its availability for those in need.

Reflecting on the Portuguese experience, the participants of the panel discussion agreed that:

- Programmes targeting IDUs need to be 'client-focused' and responsive to their needs.
- Participants also supported statements on the need to promote testing to know HIV serostatus as a prevention measure. Indeed, there are benefits for those who test positive to know their HIV status in terms of risk reduction, counselling support and referrals to the services needed.
- However, the panellists questioned the possibility that knowing HIV status can lead to a change in risk behaviour for those who test negative.
- In addition, the participants highlighted the fact that in most CIS countries there might also be negative consequences of knowing the status of individuals in the context of stigma and discrimination.
- Use of rapid tests was also questioned by the panellists, as in most CIS countries there is a common distrust towards the sensitivity and specificity of rapid tests. Further advocacy and promotion of rapid tests among health professionals is needed in the countries to ensure scale-up of testing.

Community-based HIV T&C services are growing in importance, especially with regard to improving access to most-at-risk populations. Provision of T&C services in the communities was discussed with the example of the NGO response in the United Kingdom.

The United Kingdom does not have mandatory testing for everyone, and pre- and post-counselling has been replaced with pre- and post-test discussion. Antenatal screening is based on an 'opt out' approach, allowing pregnant women to decline testing with no implications for access to other services. The application of new technologies (e.g. the use of fast tests) has enabled an increase in testing.

There are HIV/STI community clinics across the country, and their main mission is to reduce the spread of HIV and promote good health. The availability of mobile drop-in clinics enables greater access to testing for people who otherwise will not attend health facilities because of fear of discrimination and marginalization. These community-based facilities offer nurse-led clinics, with nurses undertaking pre- and post-test discussions and performing HIV tests. They

use new technologies which allow easy detection of HIV – without the use of traditional laboratory equipment – and produce rapid results. Community clinics can also test for hepatitis and STIs, treat non-complex STIs, and provide contraception and hepatitis B vaccination services.

Findings from the evaluation of community-based clinical services in the United Kingdom suggest that services are acceptable for clients because they provide rapid tests, show a non-judgemental attitude and provide psychological support, and no prior appointment is needed.

The United Kingdom has also chosen to increase targeted testing at STI clinics. Among the main reasons to increase testing are high rates of late diagnosis and undiagnosed HIV. Improved HIV testing in antenatal and STI clinics has led to an increased uptake of voluntary and confidential HIV testing (up to 80% among heterosexuals and men who have sex with men (MSM) in 2005), and the percentage of HIV-infected people remaining undiagnosed after a clinic visit has significantly decreased (about 20% in heterosexuals and about 40% in MSM in 2005). To maintain and improve these results, it was found necessary to continue testing in antenatal and STI clinics, reduce barriers to testing in other settings – such as primary health care facilities and tuberculosis (TB) clinics – and provide access to treatment for those tested.

It was concluded that the issue of how, when, where and who to test must be driven by benefit to the patient. There is a need to increase awareness and skills among health professionals to 'normalize' testing, to ensure timely diagnosis, and proper referral of patients. Early diagnosis and access to treatment remain crucial in reducing undiagnosed infection and transmission of HIV.

Within the respective panel discussions, the panellists in general supported the idea of mobile community-based clinics and agreed that the United Kingdom's experience could be replicated in their countries. The discussions included the following points:

- To date, mobile HIV testing, counselling and treatment services already exist in many CIS countries. They provide pre- and post-test counselling, rapid HIV tests, psychological support, and referral to social rehabilitation services for IDUs and to other medical services. As in the United Kingdom, mobile VCT sites are also well accepted by the clients, as these mobile teams show a tolerant and non-judgemental attitude to IDUs, provide them with access to services including treatment, and offer psycho-social support.
- Panellists also shared concerns expressed in a number of expert presentations regarding late presenters and late HIV or AIDS diagnosis. Again, this problem regards targeting and reaching the right groups of the population for testing.
- Panellists stressed the need for the provision of regular information to the population about the availability and affordability of T&C services, including pre- and post-test counselling.
- It is important to inform users of the services about what is going to happen in relation to testing and referral to another medical facility.
- The only humanistic incentive for testing is the availability of antiretroviral treatment, and it should be made available to all in need.
- CIS countries currently rely on support from the Global Fund to Fight AIDS, Tuberculosis and Malaria to ensure uninterrupted treatment of people living with HIV. However, each country should also consider how to ensure continuous antiretroviral treatment, even when the Global Fund support has ended.

Consideration of the needs of users of T&C services was seen as being of paramount importance. Swiss experience on users' needs was presented and discussed at the consultation. It showed that, despite high rates of HIV testing in the general population in Switzerland, a significant percentage of people still learn that they are HIV-positive when having a symptomatic manifestation. Thus, it must be asked whether the right people are being tested and whether the T&C services offered meet the needs of vulnerable communities. In addition, it is important to bear in mind that vulnerable communities are vulnerable not only to HIV but also in a wide range of legal, political, social and institutional ways. This includes illegal status and denial of any social acceptance for IDUs, institutional and social discrimination against MSM and sex workers, and illegal status, stigma and discrimination against migrants from high-prevalence countries.

Swiss experience suggests that the main objectives for VCT services include 1) free informed consent, 2) provision of information to people about their serostatus, 3) provision of prevention tools to empower people in their behaviour and 4) showing solidarity so that people at risk receive professional, emotional and social support for their decisions about HIV.

When analysing T&C services from the perspective of their users, it was found that users need respect for their identity and lifestyle, strict confidentiality and anonymity when required, informed consent, and no pressure to test 'just for the sake of testing'. Clients of T&C services need non-judgemental counselling to encourage them to practise safer behaviour, as well as emotional, psychological and medical support at a professional level. The availability of free and unrestricted antiretroviral treatment is of utmost importance. T&C service users also expect respect for their reproductive health rights, including the right to counselling for pregnant women with HIV and the right to counselling for couples (both HIV-positive and serodiscordant) who want to have children. For people testing HIV-positive, information about peer support groups, treatment literacy and follow-up should be offered. It was concluded that T&C are needed and wanted by people who have been exposed to risks, but, first and foremost, they must be beneficial to them and to their communities.

The panellists shared concerns about the need to target the right population groups with the right services and stressed that there is no need to waste resources by testing people who do not need it. While the role of NGOs and CBOs has been increasingly recognized, it was emphasized that governments should play a leading role and should have the responsibility of ensuring evidence-based policy and normative guidance in health care delivery. The necessity for a strong partnership between the state and civil society for ensuring the availability and accessibility of T&C services for the most-at-risk population groups was emphasized.

Discussing different forms of counselling, the panellists agreed that, depending on circumstances, it is possible to replace counselling with simple discussion and provision of information on prevention, available treatment and care. Nevertheless, the panellists highlighted the role and importance of professional counsellors in addressing psycho-social and emotional issues with clients, especially for those who test HIV-positive. Participants in the panel discussion also stressed the importance of not only providing counselling in medical facilities but also involving NGOs in this process. In the panellists' opinion, post-test counselling of people living with HIV is and should be different from pre-test counselling. Often, the counsellor needs to be able to address psychological issues with people living with

HIV. It is, however, important to remember that counselling is not psychotherapy, and, to address psychotherapeutic issues with people living with HIV, medical psychotherapy services should be made available to them.

T&C in penitentiary institutions remains of high importance, since the number of people living with HIV is still high in penitentiary settings in the CIS.

Experience from Kyrgyzstan was of great interest. At present, the state supports 13 needle and syringe exchange sites in 11 penitentiary institutions in Kyrgyzstan. A WHO project was implemented in selected penitentiary institutions in Kyrgyzstan, aiming to prevent the spread of HIV and support early detection of TB among prisoners. As a result, the quality of services provided has been improved, VCT is promoted, and support is given for early access to treatment and care services, including TB. The project demonstrated the need to further improve the legal and regulatory basis for the provision of quality medical services to prisoners, to support related capacity-building of service providers, and to further expand access to VCT within the system.

Major issues to be considered by national testing and counselling policies

A number of sessions at the workshop were aimed at discussing policy, including legal and human rights issues, surveillance aspects, and economic and quality implications in relation to national HIV T&C policies and practices. Expert presentations were followed by panel discussions, and the following issues arose.

T&C issues to be addressed by national legislation to ensure a rights-based approach
The workshop participants emphasized and actively discussed the rights-based approach as the main approach to be applied to national legislation when addressing the issues of HIV T&C.

The respect, protection and promotion of human rights are fundamental to prevent HIV transmission, reduce vulnerability to HIV, and mitigate the impact of HIV/AIDS. A number of human rights have particular significance in an HIV epidemic, which need to be protected. Among the most important are the rights: to life, health, freedom and security; to be free from discrimination; to freedom of movement; to work, marriage and family; to education; and to adequate standards of living. Supportive legal frameworks have to be in place in countries to maximize positive outcomes and minimize potential harm to the person being tested. Supportive legal frameworks are defined by a number of international documents, such as the Universal Declaration on Human Rights (1948), the Declaration of Commitment on HIV/AIDS (2001) and regional binding and non-binding documents, including the European Conventions on Human Rights (1950), the European Social Charter (1965), the Dublin Declaration on Partnership to Fight HIV/AIDS in Europe and Central Asia (2004) and various European Union directives.

Development of national legislation on HIV T&C should be based on an assessment of local epidemiology and research results, and should take into consideration national circumstances such as social, cultural, legal and economic peculiarities, as well as available health care resources. Core issues to be addressed by national legislation in relation to T&C include

access, informed consent, confidentiality, disclosure, maintenance of register and medical records, and protection against stigma and discrimination. Each of these core issues needs detailed consideration and should be reflected in the legislative documents. For example, when delineating principles and methods of an informed consent, it should be specified that all types of testing should be accompanied by informed consent. Information to be given when consenting must be adequate for the person to be able to make decisions regarding the testing. It should include clinical and prevention benefits of testing, risks related to testing, available alternatives to testing, and available follow-up services. It should also specify the person's right to refuse testing and assurance that declining the test will not affect the patient's access to services.

In addition to core issues, there are a number of broader issues to be considered when addressing national HIV T&C legislation. These include the entire array of employment issues such as guidance on workplace HIV/AIDS policies, discrimination at work or in connection with work, and criminal liability for discrimination. The issues of insurance coverage, transmission of HIV as a criminal offence, media law, education, and HIV and social welfare also need to be carefully addressed.

Supporting the statements on the need for national legislation to ensure a rights-based approach when addressing T&C issues, the panellists highlighted the necessity to introduce changes in their national legislations to ensure social and legal protection of all rights of people living with HIV. The main emphasis of the national legislation should be on protection against stigma and discrimination towards people living with HIV. In many CIS countries, along with laws regarding HIV, some aspects of other related laws and normative documents should also be changed. For example, lower customs duties should be introduced for importing essential medical products (e.g. antiretrovirals). However, the panellists also agreed that existence of the supportive laws and legal framework does not always guarantee protection against stigma and discrimination towards people living with HIV in real life, and there are many contradictions in the existing laws. In fact, while the laws regarding HIV state that any forms of discrimination against people living with HIV are prohibited, the existence of an article in the criminal code, which qualifies putting somebody in danger of infection with HIV as a criminal offence, itself creates the basis for discrimination.

It was concluded that each country should decide for itself on a set of normative documents needed to support national legislation on HIV T&C. The country should choose whether there is a need for a separate or integrated HIV-specific legislation, the codes of conduct in guiding how to obtain informed consent, how to ensure confidentiality, and how to define responsibilities. Training manuals on quality T&C and on how to manage confidentiality and disclosure issues should also be in place.

Delivery of quality T&C services was considered the main prerequisite to ensure availability, accessibility, affordability and safety of T&C services. Experience accumulated in a number of countries suggests that, along with supportive legislation in favour of quality HIV/AIDS service provision, a number of legal and normative documents need to be in place to create an enabling environment for equal access to quality T&C services to all in need.

It was stressed that unified or standardized, evidence- and human rights-based T&C approaches should be adopted to ensure quality of T&C service delivery. Quality T&C should be available everywhere throughout the country, both at state and NGO or CBO sites. Limited

access to quality services and a lack of well-trained personnel – especially in remote rural areas – were identified as problems. The role of quality counselling was particularly addressed, emphasizing the fact that pre- and post-HIV test counselling remains a sensitive and weak part of T&C service delivery in many CIS countries.

When reviewing experiences of challenges and opportunities for HIV counselling, it was identified that counsellors' concerns are mostly related to their lack of knowledge or experience, and emotional and psychological reactions. It was also stressed that, in general, counsellors have limited knowledge on how to conduct sexual risk assessment, in particular related to MSM.

There is a little experience among counsellors of post-test counselling of individuals who test HIV-positive. The leading emotional problems experienced by counsellors included the following: being too emotional; getting too involved; feelings of powerlessness, hopelessness and uncertainty when notifying an HIV-positive test result; and worries about how to handle emotional reactions from clients who have just been notified about their HIV-positive test result. The challenges that counsellors usually identified for themselves included: how to increase self-awareness about strengths and shortcomings; concerns about the quality of services provided; their personal professional role; and their ability to keep clients who tested negative in the office to discuss risk reduction strategies.

Capacity-building issues remain among the leading challenges. To build appropriate capacity, it was recommended to include T&C skills development in both in-service and post-graduate curricula. The important role of civil society in ensuring access to and quality of T&C services was emphasized. It was also strongly recommended that organizations of people living with HIV could act as 'watchdogs' to ensure human rights approaches and monitoring of T&C service quality.

It was stressed that civil society should not be viewed as a competitor in a negative sense but as an equal partner, ensuring its involvement in T&C-related decision-making and in all aspects of service planning and delivery, ranging from national strategic plans to programme development and implementation, service delivery and quality monitoring.

Influence of national testing policies on national surveillance data; partner notification. HIV testing policies and practices heavily influence and have an impact on national epidemiological figures. The need for data protection was particularly stressed and addressed. The maintaining of patient confidentiality and privacy is of paramount importance.

According to the data from EuroHIV, partner notification practices differ widely in Europe, with four countries practising mandatory partner notification and 33 countries running voluntary notification. An in-depth evaluation of the processes and performance of contact notification and tracing needs to be done to assess the extent to which they comply with a human rights-based approach.

To improve the reporting, completeness, comparability and quality of surveillance data, it was agreed that the use of code-based identifiers is important. It would allow duplicate HIV reports to be identified and eliminated. The importance of cross-linking HIV surveillance data with national mortality databases and national health information systems was highlighted,

since this enables data to be used for public health interventions, such as programme planning, monitoring, evaluation, etc.

When discussing issues of disclosure, it was stressed that it remains a very sensitive matter and requires serious attention and a careful, rights-based approach. It was agreed and accepted that while countries currently have laws, regulations and norms that state that disclosure should be done on a voluntary basis, it is not always followed in practice.

It was stressed within the panel discussion that a legal framework with standardized norms and procedures that address in detail all aspects of data collection, analysis and presentation – including protection issues – is the basis for ensuring the quality and confidentiality of the T&C data. Nevertheless, the panellists also agreed that difficulties arise when implementing all these steps in practice. For example, everybody agreed that the best approach for protecting data is the introduction of a data coding system. However, for antiretroviral treatment it is not always possible to operate with coded information when referring patients or organizing their follow-up and care, especially with insurance-related cases. Ultimately, providing quality treatment and care, ensuring confidentiality, and respecting a patient's rights have to be core principles in quality service provision.

Experience from the Netherlands was used to discuss T&C scale-up needs from the perspective of ***monitoring HIV/AIDS patients' treatment data.***

The findings from monitoring HIV/AIDS patients' treatment data suggest that a reduction in risk behaviour, timely diagnoses and the initiation of HAART have resulted in a retraction of the epidemic in the Netherlands. However, new HIV infections continued to increase, especially among MSM, and thus prevention, focused on reducing transmission through risky behaviour, was and remains crucial in reducing the HIV epidemic.

As the major policy implication, in the Netherlands it was concluded that T&C should again focus on high-risk behaviour, with the aim of providing timely and effective antiretroviral treatment for those who test positive to substantially impact on the epidemic.

Economic implications of scaling up T&C interventions in concentrated epidemics were among the issues of highest interest and relevance for the representatives of the CIS.

From an economic perspective, the concept of scaling up means going to scale in a planned, coordinated and systematic manner, including monitoring the coverage reached and sustained. Need, capacity and approach taken to scale up T&C services are the key elements in this process.

The main question when calculating the 'need' for HIV T&C is how many people is it possible and feasible to reach without resource constraints. Need, therefore, should be calculated based on those who might benefit directly from T&C intervention.

Experience from scaling up T&C interventions showed that the optimal response for scaling up T&C services in concentrated epidemics is to target the high-risk groups. Three main principles for scaling up T&C services are the right focus, sufficient and efficient coverage, and quality programmes. When scaling up, both effect and costs need to be considered.

However, it is also important to assure that cost-effectiveness considerations do not influence public health issues.

The participants discussed how to ensure that resource constraints do not hinder T&C promotion and that cost-effectiveness issues do not influence public health values. The following issues were stressed:

- The need for rational use of the limited resources by targeting them at the most effective interventions.
- An effective M&E system is vital to identify effective interventions and to allocate resources to them.
- The necessity of integrating some of the T&C services into the general health care system, thus minimizing costs and increasing their availability and accessibility.
- It was also emphasized that scaling up T&C is only a small part of the comprehensive set of actions needed to achieve universal access to HIV/AIDS prevention, treatment, care and support.

Among the possible actions to take to address resource constraints, the following issues, approaches and measures were suggested:

- employment of price-reduction strategies,
- use of rapid tests and new testing technologies,
- use of local budget resources,
- the need to advocate increased state allocations into the health sector,
- considering the possibility of state budget financing through the medical insurance system. Provision of services to those insured would be covered through the insurance package, while services to those not insured would be covered from local budgets or, as an alternative, paid services could be offered.

Draft framework for European testing and counselling policy brief

During one of the Working Group sessions the participants, divided into three working groups, prepared the draft framework outlining major issues to be addressed by a European T&C policy brief that the WHO Regional Office for Europe plans to develop.

The draft framework was actively discussed at the plenary session that followed. The following major issues were indicated as needing to be addressed by the policy brief:

- Introduction (along with a justification briefly outlining the accumulated experience)
- Terminology, definitions, and main principles of T&C; types of testing; and a short overview of universal access to T&C
- Epidemiological background to be considered; T&C goals and objectives
- Policy and strategy for different population groups
- Normative guidance, standards, and service delivery issues, including collaboration and integration with other HIV/AIDS services
- Legal issues
- Financial issues
- Laboratory diagnosis, testing strategies, algorithms and related issues
- Data collection, storage, analysis, presentation and dissemination; use of data for decision-making
- Link between HIV/AIDS testing and surveillance

- Role of NGOs and civil society in T&C policy development and service delivery
- Monitoring and evaluation, and quality assurance issues
- Scaling up access towards achieving universal access to T&C, and implications thereof.

The participants agreed that the policy brief should be a policy document outlining general principles and strategic approaches to T&C. It should provide clear definitions of different types of T&C, emphasizing that the underlying principle for all types of testing is that it is voluntary. It was especially stressed that the consultation is the first step in the extensive process of development of a Europe-wide policy document on T&C.

Among other normative documents that also need to be developed to assist countries in scaling up T&C services, participants principally recommended standard formats and templates (such as reporting, informed consent, and referral), standard monitoring and evaluation indicators, testing algorithms and counselling standards, and an ethical codex. These and other normative documents will aim to provide a clear and detailed explanation of the entire process of T&C. For example, it was recommended to develop separate guidelines on counselling and testing, including definitions for both, types and order of counselling, different types and strategies of HIV testing, methods of laboratory diagnosis, etc.

Additional normative documents should specify the legal and financial issues of T&C, including the rights and responsibilities of people with HIV-positive test results, financing of the T&C, and legal documents for HIV testing. Special attention was given to data collection, storage and analysis. The participants highlighted the need to develop standard forms for data collection and to develop mechanisms for data storage and analysis. To standardize M&E of the quality of T&C services, it was recommended to develop M&E indicators and standard procedures to conduct M&E and supervision, and to delineate the role of NGOs in this process.

Draft action plan on scaling up access to quality testing and counselling services to move towards universal access

Having identified the importance of improved access to T&C services for an effective response to HIV/AIDS, the participants in the consultation developed a draft action plan on scaling up access to quality T&C services to move towards universal access. The major problems that need to be addressed, major obstacles, challenges and possible solutions for further scaling up of T&C in their respective countries were discussed.

The following major obstacles and challenges to scaling up T&C service were identified:

- Stigma and discrimination against people living with HIV
- Lack of:
    - coverage and quality of T&C services provided to groups most at risk of and vulnerable to HIV
    - sustainable financing of T&C services
    - integrated and standardized M&E system
    - quality counselling
    - T&C-related infrastructure
    - civil society involvement in T&C service provision

    - counselling services
    - counsellors in general, and especially qualified ones
    - coordination between the governmental and nongovernmental sector
    - informed decision-making by the government officials responsible for health services
- Poorly developed legal and normative framework addressing groups most at risk of and vulnerable to HIV
- Challenges related to laboratory diagnosis, including a lack of laboratory networks and access to simple, rapid tests
- Poorly developed VCT network.

Reflecting on the existing challenges, draft action plans have been developed that indicate major actions to be undertaken, including an entire range of interventions aimed at the improvement of the availability, accessibility, affordability, acceptability and quality of T&C services. Targeted interventions to the vulnerable groups, integration of the VCT system into the existing national health system, state-supported training and professional development of national cadres, improvement of legislation and normative documents, and better coordination and collaboration between the governmental and nongovernmental sectors were especially emphasized. To monitor progress on the implementation of Dublin commitments on T&C, the participants suggested various indicators measuring access to and coverage, quality, impact and outcome of T&C services.

Conclusions and recommendations of the consultation

The consultation concluded with a discussion that synthesized the main points and recommendations, as follows:

- The WHO/UNAIDS PITC guidance may be an important tool in further scaling up T&C services in combination with other approaches and when appropriate. However, clearer language should be used to explain that within PITC the provider offers an HIV test and the patient is given the right to refuse.
- It was stressed that T&C is an important component of the comprehensive strategy to achieve universal access to HIV/AIDS prevention, treatment, care and support.
- A variety of settings should be taken into account when planning to scale up T&C services, as T&C takes place in multiple settings and is delivered by different providers, including penitentiary institutions. Access to T&C services will be significantly improved by the wide involvement of civil society organizations.
- T&C has multiple purposes. The key principle is that – regardless of risk-taking behaviour – there should be easy access to T&C for all in need. In addition to being the significant and necessary first step towards prevention, antiretroviral treatment and care, T&C can also be the entry point for other health care interventions.
- T&C should reflect and respond to the needs of diverse populations. T&C services should be scaled up to reach population groups most at risk of and vulnerable to HIV. Tailoring services to the needs of clients is essential, so efforts should be made to promote client-centred health services, and a client- and human rights-based approach should be the cornerstone of T&C policies and practices. In the CIS, the HIV epidemic is at a low-level or concentrated stage, and the T&C services should reflect the scope and scale recommended for this stage of the epidemic.

- Quality of T&C services should be of paramount importance. The need for both in-service training and post-graduate education of health care personnel was identified as among essential actions to be undertaken to contribute to capacity-building needed to provide quality T&C services.
- Health system aspects of T&C should be especially taken into consideration, by promoting wide integration and incorporation of T&C services within the existing health systems to ensure sustainability and effective functioning. Health systems need to be flexible to address individual patient needs. A supportive health system environment should also include broad, equal access to client-friendly services.
- Legal aspects play a significant role in scaling up access to quality T&C services. Evidence- and human rights-based approaches are essential when developing HIV T&C-related national legislation, policies and practices.
- Financial and economic aspects of T&C should be given serious consideration. A year-on-year increase in state allocations to deliver T&C services is essential. Rational use of the limited resources – by targeting them at the most effective interventions – is critical. Effective M&E systems are of vital importance to identify effective interventions and to allocate resources to them.
- The development of a European T&C policy brief was recognized as an important step in assisting CIS countries in further scaling up access to quality T&C services. It was suggested that, to reflect the experience of the CIS, a working group comprised of two representatives from each country should be established to support preparation of the document. Implementation of regular T&C-related consultations by WHO/UNAIDS was recognized as being of high importance in contributing to T&C scale-up. WHO was asked to publish a report on the consultation and to share it with participants as well as with other relevant stakeholders.

ANNEX 1

Technical consultation on universal access to HIV/AIDS prevention, treatment, care and support, Yerevan, Armenia

Yerevan, Armenia, 18–20 April 2007

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ANNEX 2

WHO Technical Consultation for CIS

"Scaling up access to quality T&C services - the important prerequisite in moving towards Universal access to HIV/AIDS prevention, treatment, care and support "

Yerevan, 18-20 April 2007

PROGRAMME

DAY 1, 18 April 2007

Time	Subject	Presenter/facilitator
08.30 - 09.00	**Registration**	
	Plenary session	
09.00 - 09.30	Welcoming remarks	**S. Matic** WHO EURO Regional Adviser for STI/HIV/AIDS **B. Lindblad** Director, UNAIDS Regional Support Team for Eastern Europe and Central Asia **N. Davidyan** Minister of Health, Armenia **E. Danielyan** Head of WHO Country Office for Armenia
	Objectives of the Consultation	
09.30 - 10.00	**Is there a need to improve T&C policies in Europe?**	**S. Matic,** WHO EURO
10.00 - 10.30	**Country presentations** (*5 minutes for each presentation):* **Short overview of current national T&C policies/practices:** • *Have HIV T&C policies/practices been changed over for the past 2 years?* • *What is the availability of and coverage by voluntary, anonymous/confidential, free HIV T&C services for women, men and adolescents with an emphasis on populations most at risk and vulnerable to HIV (please, provide data in a table format as shown in an attachment to this programme)?* • *What groups/individuals and under which circumstances undergo*	**Chair of the session** **ARMENIAN Delegation**

mandatory/compulsory HIV Testing? Is disclosure of HIV status and partner tracing mandatory?

- *What is the quality of T&C services provided?*
- *What are the major challenges for scaling up availability of and access to quality T&C for all in need?*

Countries:

• **Armenia**	**Arshak Papoyan** Head of the Epidemiological Surveillance Department, National AIDS Centre
• **Azerbaijan**	
• **Belarus**	**Marina Mazik** Head of the Department of Hygiene, Epidemiology and Prophylaxis, MoH
• **Georgia**	**Nino Badridze**, Head of Epidemiological Department, Infectious Diseases, AIDS & Clinical Immunology Research Centre
• **Kazakhstan**	**Aigul Katrenova** Chief Expert of the State Sanitary Service, MOH
• **Kyrgyzstan**	**Aikul Ismailova** Head of the Unit of HIV/AIDS Epidemiology and Prevention, National AIDS Centre, MoH

10.30 - 10.45 **Coffee break**

10.45 - 11.15 **Plenary session:**
Country presentations *(cont'd)*

Chair of the session

AZERBAIJANI Delegation

• **Republic of Moldova**	**Stepan Gheorghita** Deputy Director of the National Centre for Preventive Medicine, Director of the National AIDS Centre
• **Russian Federation**	**Natalia Ladnaya** Senior Scientific Researcher Federal AIDS Center
• **Tajikistan**	

	• **Turkmenistan**	**Charymurad Karliyev** Department of Epidemiology and Infectious Diseases, Medical Institute
	• **Ukraine**	**Lyudmyla Storozhuk** Deputy Director of the AIDS Centre
	• **Uzbekistan**	**Dilorom Babakhodjaeva** Physician-Infectious disease specialist Republican AIDS Centre
11.15 - 12.00	Questions & Discussion	
12.00 - 13.00	**Lunch**	
13.00 - 13.20		**Chair of the session** **BELARUSIAN Delegation**
	Overview of the recently developed WHO/UNAIDS draft "Guidance on Provider-initiated HIV Testing and Counselling in Health Facilities"	**D. Higgins** WHO HQ
13.20 - 14.30	Questions & Discussion	
	Panel discussion: Points for discussion: *How to ensure that:* ✓ *PITC is viewed as a one component in a comprehensive strategy of widening availability and improving access to HIV testing and counselling services* ✓ *Call for scaling up of HIV Testing is not perceived/understood as a promotion of mandatory/imposed testing but that informed consent, confidentiality and counseling are given the centrality* ✓ *Scaled up access to HIV testing does not lead to increased human rights' violation, stigma, discrimination and violence* ✓ *Increased availability of and access to HIV testing is not a goal in itself but leads to improved access to prevention, treatment, care and, support services*	**Panellists:** **A. Papoyan,** Armenia **M. Mazik**, Belarus **N. Badridze,** Georgia **B. Estebesova**, Kyrgyzstan **V. Calistru,** Moldova **A. Khramov**, Russian Federation **L. Schonnesson,** Sweden **L. Storozhuk,** Ukraine **V. Delpech,** United Kigdom
14.30 - 14.50	**Coffee break**	
	Access to quality T&C services for populations most at risk of and vulnerable to HIV - challenges, opportunities	**Chair of the session** **GEORGIAN Delegation**
14.50 - 15.10	Improving access to T&C services for IDUs: what works/ what does not - most recent experience from Portugal	**H. Barros** National HIV/AIDS Coordinator, Portugal
15.10 - 15.30	UK's NGO response to HIV testing and counselling	**J. Redding** Terrence Higgins Trust, United Kingdom

15.30 - 15.50	Testing and Counselling: What are the needs of the users? Swiss experiences	**F. Wasserfallen** European AIDS Treatment Group (EATG), Swiss AIDS Federation
15.50 - 16.10	T&C in penitentiary institutions - experience from Kyrgyzstan	**R. Muratalieva** Deputy Director of Medical Service Department of Execute Penalty Ministry of Justice Kyrgyzstan
16.10 - 17.00	**Panel discussion** - pointing out challenges, barriers - sharing experiences *How to ensure that:* ✓ *Quality T&C services targeting most at risk populations are widely available, accessible, affordable and acceptable* ✓ *Effective communication strategy is contracted ensuring community mobilization and involvement* ✓ *Increased access to HIV testing is followed by increased uptake of those services*	**Panellists:** **L. Shahbazyan,** Armenia **V. Kovaleva**, Belarus **A. Gamkrelidze,** Georgia **A. Isakova,** Kyrgyzstan **S. Gheorghita,** Moldova **N. Ladnaya,** Russian Federation **V. Shlemskaya**, Russian Federation **L. Schonnesson,** Sweden **F. Wasserfallen,** Switzerland **B. Akramov,** Tajikistan **S. Osipova,** Ukraine **J. Redding,** United Kingdom

DAY 2, 19 April 2007

	Plenary session: What are the major issues to be considered by national T&C policies?	**Chair of the session** **KAZAKH Delegation**
09.00 - 09.20	Successes and challenges of HIV testing in the UK	**V. Delpech** Health protection Agency, UK
09.20 - 09.40	T&C issues to be addressed by national legislation ensuring right-based approach.	**K.Turkovic** Zagreb Law School, Croatia
09.40 - 10.00	National legislation supporting the development of a quality T&C system in Kyrgyzstan	**A. Maripov** Chairman Committee for Health and Social Policy Parliament of the Kyrgyz Republic
10.00-11.00	Questions & Discussion	
	Panel discussion: Issues to be addressed/Points for discussion: ✓ *Quality T&C services are available, accessible, affordable, acceptable and safe* ✓ *Equal access to HIV T&C is guaranteed/secured regardless of gender, age and what population group one belongs to* ✓ *National legislation address HIV T&C related aspects in a rights based manner and protection against stigma, discrimination and*	**Panellists:** **E. Hovhannisyan,** Armenia **M. Mazik,** Belarus **O. Toidze,** Georgia **B. Estebesova,** Kyrgyzstan, **V.Eremciuc,** Moldova **V. Shlemskaya**, Russian Federation **L. Schonnesson,** Sweden

	violence is granted ✓ *Should legislation on HIV/AIDS be separate from other health legislation?*	**F. Wasserfallen,** Switzerland **V. Delpech,** United Kingdom
11.00 - 11.30	**Coffee break**	
11.30 - 11.50	.	**Chair of the session** **KYRGYZ Delegation**
	Influence of National testing policies on national surveillance data. Data protection and contact tracing practices in Europe	**A.Nardone** EURO HIV, France
11.50 - 12.10	Role of quality counselling in quality T&C services delivery. Short overview of current challenges, opportunities based on most recent experiences from Central and Eastern Europe	**L. Schonnesson** Karolinska Institute, Sweden
12.10 - 13.00	Questions & Discussion	
	Panel discussion: Issues to be addressed/Points for discussion: *How to ensure that:* ✓ *T&C data are protected* ✓ *Disclosure is voluntary* ✓ *Human rights' based approach is a basis for partner tracing* ✓ *Quality counselling is widely available*	**Panellists:** **L. Shahbazyan,** Armenia **V. Kovaleva**, Belarus **N. Sebut**, Belarus **A. Nardone,** France **A. Rekhviashvili,** Georgia **A. Ismailova,** Kyrgyzstan **V. Eremciuc,** Moldova **V. Mitkov**, Russian Federation **L. Schonnesson,** Sweden **F. Wasserfallen,** Switzerland **F. Salimov,** Tajikistan **S. Osipova,** Ukraine **V. Delpech,** United Kingdom **J. Redding,** United Kingdom
13.00 - 14.00	**Lunch**	
14.00 - 16.00	**Working Group Session I:**	**Chair of the session** **MOLDOVIAN Delegation**
14.00 - 14.10	**Introduction to Working Group Session I** **1. Developing draft framework for European T&C Policy Brief** • *To indicate and give a short outline of the major issues to be addressed by a European T&C Policy Brief that is planned to be prepared by WHO EURO in collaboration with national and international partners* **2. Indicating normative guidance needs on**	**L. Khotenashvili** WHO EURO

T&C

- *To indicate what normative documents (guidelines, protocols, tools etc) addressing T&C issues, other than mentioned in European T&C Policy Brief , are needed to be developed to assist countries in scaling up T&C*

Hints to be given by facilitators addressing major issues to be considered when preparing the draft framework (Anita, Antony, Henrique, Françoise, Frank, Ksenija, Lena, Jackie, Valerie: 1-2 slides and not more than 2 minutes for each facilitator)

Groups:
N1 - ARM, MLD,UZB, TKM
N2 - AZE, RUS, BEL, KAZ
N3 - GEO, UKR, KGZ, TAJ

Facilitators:
N1 François, Lena, Valerie,
N2 Anita, Henrique, Jackie
N3 Antony, Frank, Ksenija

15.00 - 15.30 **Coffee break**

16.00 - 17.00 **Plenary session:** — **Chair of the session**

Presentations of Working Groups –
15 minutes presentation followed by 15 minutes discussion

RUSSIAN Delegation

Presentation of 2 working groups
Questions & Discussion

DAY 3, 20 April 2007

09.00 - 09.30 **Plenary session:** — **Chair of the session**

Presentations of Working Groups *(cont'd from day 2)*

TAJIK Delegation

Presentation of 3rd Working Group
15 minutes presentation followed by 15 minutes discussion

09.30 - 09.50 Scaling up T&C as it looks from treatment data monitoring perspectives: the applied research outcomes and the policy implications it generates - Dutch experience — **F. de Wolf**, HIV Monitoring Foundation, The Netherlands

09.50 - 10.10 T&C - an economic perspective — **A. Alban**, Health Economist, Denmark

10.10 - 11.00 Questions & Discussion

Panel discussion:

Panellists:
A. Papoyan, Armenia
M. Mazik, Belarus
A. Nardone, France

How to ensure that:
- ✓ *resource constraints are not stopping T&C*

	promotion ✓ *Cost implications do not become an unsolved barrier for T&C scaling up* ✓ *Cost effectiveness issues are not influencing public health values* ✓ *Quality T&C services are available, accessible, affordable, acceptable and safe* ✓ *Effective M&E system is in place ensuring quality and sustainability*	**N. Badridze**, Georgia **A. Isakova**, Kyrgyzstan **V. Calistru**, Moldova **V. Mitkov,** Russian Federation **L. Schonnesson**, Sweden **B. Akramov**, Tajikistan **L. Storozhuk**, Ukraine **V. Delpech**, United Kingdom
11.00 - 11.30	**Coffee break**	
11.30 - 15.00	**Working Group Session II:**	**Chair of the session** **TURKMEN Delegation**
11.30 - 11.40	**Introduction to Working Group Session II** **Monitoring of Progress on Dublin Declaration implementation - *commitments on T&C*** **1. Development of outline of draft Action Plans on scaling up access to quality T&C services to move towards universal access** • Indicate the major obstacles/challenges and possible solutions for further scaling up of T&C , addressing availability, accessibility, affordability, acceptability and quality of T&C services in your respective countries *(format is attached to the programme)* • Suggest the indicators to monitor progress on implementation of Dublin commitments **2. Development of consultations' recommendations** ***(separately by participants and facilitators)*** **Hints to be given by facilitators** addressing major issues to be considered when preparing the draft framework (Anita, Antony, Henrique, Françoise, Frank, Ksenija, Lena, Jackie, Valerie: 1-2 slides and not more than 2 minutes for each facilitator)	**L. Khotenashvili** WHO EURO
	Groups: **N1** - ARM, MLD,UZB, TKM **N2** - AZE, RUS, BEL, KAZ **N3** - GEO, UKR, KGZ, TAJ	**Facilitators**: **N1** François, Lena, Valerie, **N2** Anita, Henrique, Jackie **N3** Antony, Frank, Ksenija
13.00 - 14.00	**Lunch**	
14.00 - 15.00	**Working Group Session II:** *cont'd*	
15.00 - 15.15	**Coffee break**	
	Plenary session:	**Chair of the session**

		UKRAINIAN Delegation
15.15 - 16.00	Presentations of Working Groups (15 *minutes for each presentation)*	
16.00 - 16.30	Questions & Discussion	
16.30 - 17.00	General Discussion	**Chair of the session**
		UZBEK Delegation
	Recommendations	
	Next steps	
	Closing remarks	**E. Danielyan** Head of WHO Country Office for Armenia **S. Matic** WHO EURO