Ways in which Legal and Regulatory Barriers Hinder the HIV Care Continuum and 90/90/90 Targets across Europe

L Power1, J Hows2, D Roben3, SF Jakobsen3, S Croxford4, for OptTEST by HIV in Europe
1Cardiff, UK; 2Ghent, Amsterdam, Netherlands; 3CHIP, Department of Infectious Diseases, Righospitalet; 4Public Health England, London, UK

BACKGROUND
Recent survey data from the European Centre for Disease Control (ECDC) [1] shows of responding countries in the World Health Organization (WHO) European Region: 78% had significant gaps in their national continuum of care relating to getting PHLV diagnosed; 41% had issues linking those diagnosed into care; 48% had break points in getting those in care on treatment. Break points involving care/treatment were found to be far greater in non-EAA countries but barriers exist across Europe. Two thirds of countries identified legal or policy issues as being contributory to these gaps (see Table 1).

METHODS
A literature review undertaken between January and October 2015 for the OptTEST project [2] to identify legal and regulatory barriers to quality HIV care for PHLV identified 54 salient documents, including academic and grey literature, describing a wide range of legal and regulatory barriers. A survey across Europe of the most common barriers identified in the review was undertaken by OptTEST in 2016 [3]. The database provided by this currently has responses from 31 countries and data compilation is ongoing.

LITERATURE REVIEW RESULTS
Legal barriers identified include:
• Criminalisation of HIV transmission and perceived exposure (14 papers)
• Criminalisation of key populations e.g. drug users (6 papers), migrants (8 papers), transgender people (4 papers), sex workers (9 papers) and “gay propaganda” or other laws restrictive of MSM (5 papers)
• Failure to provide legal protections for these groups (4 papers)

These acted to deter access to HIV services and to impede disclosure of risk activities which might impact on testing, treatment and care. Examples of this are:
• Imposition law deterred many undocumented migrants and even some legal migrants from access to healthcare
• Denial of/poor access to ART existed in a number of prison and immigration detention systems
• Sex work laws requiring reporting, mandatory testing and/or special surveillance
• HIV testing and care hampered by inability to address MSM issues explicitly
• Drug laws in particular (including arresting people outside drug facilities) were shown to act to increase HIV transmission and deter access to care, whereas their reform can directly act to reduce HIV transmission (e.g. in Portugal) [4]

Regulatory barriers were less well documented but there was extensive coverage of testing. Outdated guidelines, alongside restrictive practices and regulations, acted to hinder proven new testing technologies and settings, including:
• Restrictions on who can administer tests (6 papers)
• Requirement of extensive pre/post test counselling (2 papers)
• Limited testing sites and restricted types of test (3 papers)

Wider regulatory behaviours cited as creating barriers to the continuum of care included:
• Separation of healthcare into vertical specialities e.g. drugs care separate from HIV and TB, necessitating multiple referrals (5 papers)
• Lengthy and complex referral and appointment systems (6 papers)
• Failure to integrate healthcare and social support (1 paper)
• Denial of/poor access to ART existed in a number of prison and immigration detention systems (6 papers)
• Immigration law deterred many undocumented migrants and even some legal migrants from access to healthcare (5 papers)

SURVEY RESULTS
The survey of country regulations provides further information on restrictions on types of test available. Only 31 of 34 countries said free HIV testing was widely available to all who needed it. Less than one in five (6/31) allowed and implemented self-testing while less than one in ten (3/31) available. Only 17 of 31 countries said free HIV testing was widely available to all who needed it. Less than one in five (6/31)

CONCLUSIONS
Findings suggest a need for:
• Consistent, updated evidence-based guidelines for HIV testing and care across Europe and attention to implementation of such guidelines in all facilities
• Use of the emerging database to compare and confront unnecessarily restrictive practices in individual countries
• Reform of laws where they are based on stigma rather than evidence and practices where they are based on custom rather than current knowledge
• Better dialogue between policymakers, clinicians, NGOs and people with HIV and those in key populations about the legal and regulatory barriers which continue to hinder the achievement of a 90/90/90 care continuum.