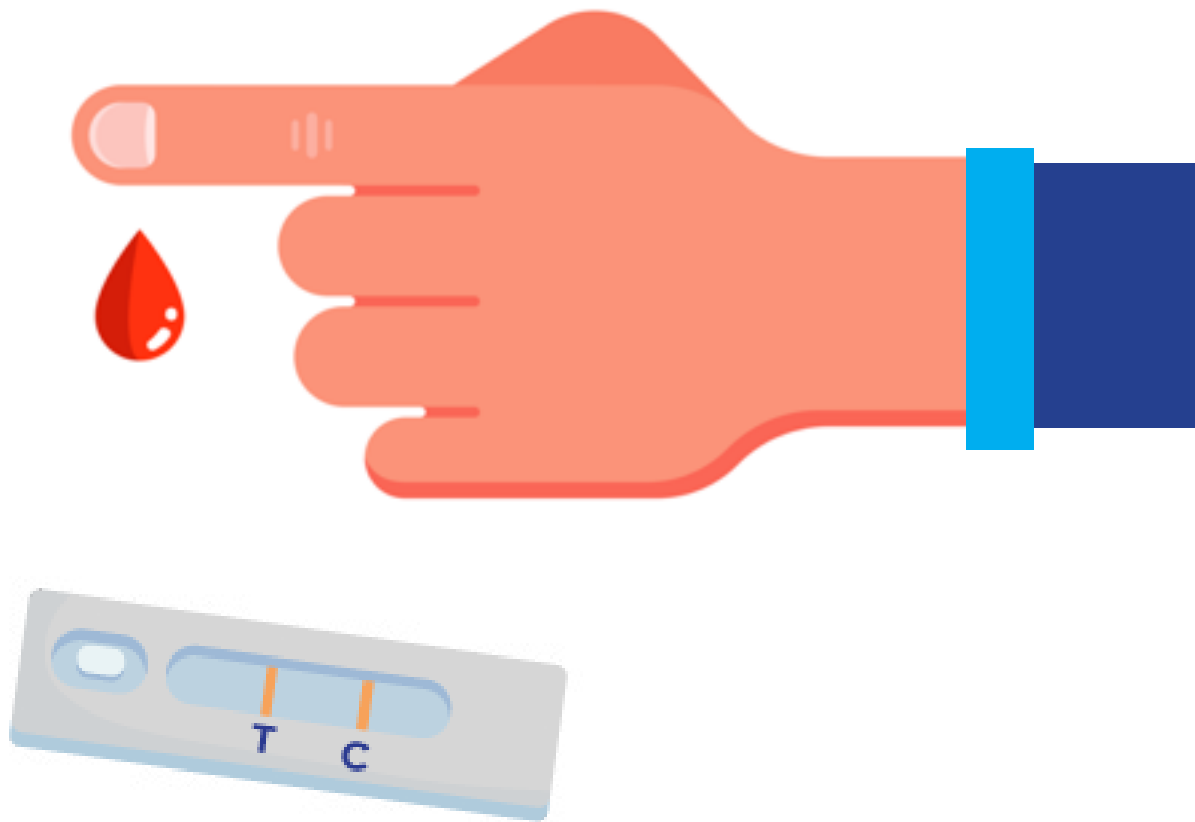
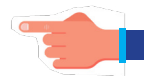


# Approach on the Offer and Access to Rapid HIV Testing in Panama



[www.pruebasvihpanama.org](http://www.pruebasvihpanama.org)



# SUMMARY

## I. INTRODUCTION

AIDS HEALTHCARE FOUNDATION PANAMA (AHF PANAMA) inaugurated its HIV Rapid Testing Center on December 1, 2020, offering free, confidential and safe counseling, diagnosis and linkage to treatment services, from the testing center and in session's community. In this way, it contributes to the national response to HIV and the 95-95-95 Goals that seek to put an end to HIV/AIDS by the year 2030. In compliance with national regulations, it has a medical technologist and a staff counselor/liaison. To confirm diagnoses, we apply the algorithm established for the first level of care, that is, two rapid tests of different brands. The blood sample is extracted by capillary puncture and strictly complies with biosafety and quality measures, as well as with national guidelines for linking to treatment and notification of cases.

Based on the model and the experience developed, AHF Panama identifies obstacles and barriers to service provision and decides, in consultation with the National HIV Program, to carry out a consultancy to highlight weaknesses and identify opportunities for expanding and strengthening the service, supply and access to rapid HIV tests in Panama.

This summary prepared by AHF Panama is based on the Results Report presented by the Consultant Antonio Manuel Tercero González and his team, which is publicly accessible and can be found on the AHF page Panama ([www.pruebasvihpanama.org](http://www.pruebasvihpanama.org)).



## II. SPECIFIC OBJECTIVES

- 1.1 Identify the gaps between the international technical guidelines and recommendations for the early detection of HIV and the current offer in public and private sector health facilities, according to current national regulations.
- 1.2 Determine the legal, economic, geographic, social and cultural barriers for the access of the general population and people at high risk of acquiring the infection, including key populations, to rapid HIV tests in the Republic of Panama.
- 1.3 Establish gaps and weaknesses in the processes of promotion, active search, counselling, screening and diagnosis of HIV for effective linkage to care and treatment among high-risk groups and the general population.
- 1.4 Specify viable opportunities and strategies for expanding and strengthening the supply of an access to rapid HIV tests in the Republic of Panama.
- 1.5 Define the bases for the review of guidelines, standards and care guides for the offer of rapid HIV tests in community settings.

## METHODOLOGY

A review of the international technical guidelines and national regulations that govern and regulate the institutional offer of rapid HIV tests in the national territory was made.



Through a qualitative cross-sectional study, it was possible to observe, analyze and verify the current situation of the institutional supply and access to rapid HIV tests in the Republic of Panama, including the application of the algorithm for the screening and diagnosis of positive cases. For the field research, interviews and surveys were conducted, duly agreed upon and endorsed by the National HIV Program, to actors, allies, and beneficiaries of the national response to HIV, including health personnel, the general population, and key populations.

## IV. FINDINGS AND CONCLUSIONS

Although national regulations are aligned with international commitments and guidelines on HIV/AIDS, there are gaps between these provisions and their application.

The national regulatory framework is clear regarding to the promotion and offer of rapid HIV testing to the population at highest risk in all public health facilities. Among other aspects, it establishes: the free test, advice (pre and post test), informed consent, confidentiality, registration and notification of cases, support for effective linkage, as well as regency and supervision by the Ministry of Health in the due application of the same one. Similarly, the regulations establish the participation of private laboratories and non-governmental organizations in the promotion and performance of rapid HIV tests.

However, the implementation of the guidelines, norms and regulations is limited. On the other hand, the NGOs dedicated to providing this service and the populations that demand it encounter obstacles and barriers that prevent them from achieving better results.

Marked differences were found in the offer of HIV testing services between facilities, and even more so between regions, where rural areas present more disadvantages. Some health centers, especially in rural settings, do not offer HIV testing services, seeing the need to refer patients to regional hospitals. References are limited to pregnant women or patients with suspected or symptomatic STIs.



There is an absence of standardized processes between the facilities, evidencing programmatic and budgetary limitations, such as lack of human resources, lack of supplies and rapid tests, and lack of spaces for pre- and post-test counseling, among others. It is alleged that there is a lack of laboratory equipment or reagents for the confirmation of reactive cases, when the algorithm establishes the confirmation of the diagnosis through 2 rapid tests of different brands.

Although the rapid HIV test is a simplified technology with proven efficacy, safety and easy application, it was shown that in all the health facilities visited, the extraction of the blood sample is done by vein and not by capillary puncture.

The rapid HIV test and the established algorithm determine that the result can be ready in less than 20 minutes (as being negative) and 45 to 60 minutes (as being positive) including post-counseling and coordination for linkage. However, cases were found in which patients had to wait up to 4 weeks to obtain a result. This delay in the delivery of results affects the possibility of reinforcing prevention measures or linking new diagnoses to antiretroviral treatment clinics.

It is also recognized that the ionic human resource, medical technologists, is poorly distributed or in many cases is not available to work in areas of difficult access. On the other hand, there is the fact that there are not enough medical technologists to meet the demand of state facilities, private facilities and civil society activities.

Resolution No. 1476 of October 30, 2018 represented an important advance in that it establishes the guidelines to facilitate access to the diagnosis of infectious and contagious diseases in areas of difficult and very difficult access, where there is no clinical laboratory, with the participation of health personnel and collaborators assigned to the Ministry of Health after training.



In this sense, the opportunity to open the compass is identified so that this progress is replicated in urban centers and key populations, taking into account vulnerability and risk criteria, in addition to geographic ones.

On the other hand, it was found that the non-governmental organizations that offer the free rapid testing service comply with what is established by the regulations and the algorithm. They rely on digital platforms to promote the service at flexible hours and suitable for key populations, offer pre- and post-test advice, ensure user confidentiality, confirm or refer positive cases immediately, offer support and accompaniment for linking to treatment clinics, they work on assisted notification of sexual contacts and carry out community sessions periodically, reaching and bringing the high-risk population closer to the test.

However, they point out obstacles and determining factors that prevent greater participation or contribution to the national response and the fulfillment of the country's goals. Among the main ones stand out: the lack of economic resources and financial sustainability, non-compliance of the MINSA with agreements and commitments of the social contracting strategy, lack of quotas and limited hours in CTARV and CLAM to meet the generated demand, dependence on medical technologists and practice extraction of blood sample by vein.

The main demand of civil society organizations so that Panama can approach the goals established for the year 2030, is based on a greater allocation of resources by the State for the social contracting strategy and the revision of the current regulations to make it more flexible and to allow the participation of non-laboratory staff assigned to MINSA and NGOs, duly trained and certified to apply rapid HIV tests.

In relation to access to HIV testing, the surveys applied to the general population and key populations identified situations and factors that, added



to the weak supply of the public sector, represent great barriers to access to timely diagnosis and treatment. Ignorance about HIV and AIDS persists, as well as the consequent stigma and social discrimination towards people living with HIV. Lack of information and education about the rapid test and the importance of knowing the serological status.

The lack of information on the offer of free services constitutes another barrier. The charge for the test in some public health facilities and the requirements for carrying out the test, such as a doctor's order and quota, are added to the reasons that they indicate as barriers to access.

Regarding the National Response to HIV, strengths and opportunities are identified, such as:

- 💧 There is an organized health system, there is a National HIV Program, and there is sufficient technical capacity and trained personnel.
- 💧 International technical cooperation.
- 💧 Good relationship between civil society and government.
- 💧 Human resource with experience and sufficient technical capacity to propose and make decisions.
- 💧 CLAM model.




However, opinions persist that point to expressing that the State does not have the capacity nor does it have the necessary resources to respond to the needs of the population in terms of HIV prevention, diagnosis and care. On the other hand, the lack of updated data and figures make it difficult to have reliable estimates for decision-making, planning and budgeting of the national response.



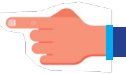
Among the opportunities of the current situation, the regulation of the use of self-tests or self-administered HIV tests is seen as an alternative to close the diagnostic gap. However, there are concerns about how to ensure counseling, information on available services and linkage to treatment mainly.

## V. RECOMMENDATIONS

This approach on the supply and access to rapid HIV tests allows to highlight and analyze the deficiencies and opportunities faced by the actors and allies of the national response to HIV, especially in those aspects related to prevention, diagnosis and linkage to treatment. The following recommendations are made with the aim of proposing feasible measures to strengthen and expand the offer and access to timely diagnosis of HIV, in line with international commitments and national objectives to end HIV/AIDS as a public health problem for 2030. Here are the most outstanding:

-  Invest resources in staff training and compliance supervision to ensure the proper and effective implementation of care guides and protocols according to national regulations.
-  Standardize procedures for the offer of rapid HIV tests, according to the algorithm established in all public health facilities, and allocate resources for its implementation, such as trained human resources, tests and supplies, referral system or link to treatment clinics, notification and traceability of cases and contacts. Provide health centers with a space where rapid tests can be carried out, guaranteeing compliance with the algorithm in a confidential, assisted (advice), consented, and safe manner.
-  Supervise and strengthen the application of the algorithm established for the diagnosis of cases through two rapid tests of different brands in the facilities of the first level of attention and community. Ensure that the principles of confidentiality, advice, voluntariness, consent and immediate delivery of results are complied with.





- 🔴 Implement the capillary puncture method for the processing of the blood sample through rapid tests.
- 🔴 Eliminate the charge for the HIV test in accordance with current regulations.
- 🔴 Review the requirement for a medical order to perform a rapid HIV test.
- 🔴 Reduce the waiting time for the delivery of results and improve linkage processes, by applying the algorithm established for diagnosis in first-level care facilities and compliance with the protocol for linking cases to CTARV or CLAM.
- 🔴 Strengthen the promotion and expand the offer of the service, including community days in collaboration with the communities and NGOs.
- 🔴 Review current regulations, including Resolution No. 1476 to open the compass in areas of higher concentration and incidence of cases so that other health personnel and collaborators assigned to the Ministry of Health, after training, can perform rapid HIV tests.
- 🔴 Improve information systems (data and sources) and estimation processes to determine the country's status against the goals set.
- 🔴 Strengthen the coordinated work between Civil Society, Cooperation International, MINSA and CSS.
- 🔴 Implement and strengthen sexual education programs and aspects related to HIV/AIDS from a comprehensive approach, and thus combat the stigma and discrimination that accompanies this disease, distancing the individual from timely diagnosis and treatment.
- 🔴 Enforce legal provisions for the protection of human rights.