HIV Testing & Human Rights: 
Right to Know
&
Right to Privacy

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Human Rights & Testing

✓ Right to health
✓ Right to privacy
✓ Effective public health
Jonathan Mann

Respect for human rights & public health are inextricably linked, not in opposition.
Right to health

- “Highest attainable standard of health”
  Intl. Convention on Economic, Social, Cultural Rights
- Right to be progressively realized within available resources—with elements that are of immediate effect
- In context of HIV, access to treatment has been interpreted by HR Council & UNHCR to be an immediately effective duty of states.
Just over half of countries in the world protect the right to health as a judicially enforceable individual right.

- South Africa: *Minister of Health v. Treatment Action Campaign*
- India: *Sahara House v. Union of India*
- Brazil: Rights to generics
Right to Know is Right to Treatment

• Testing as entry point to treatment
• Can’t realize without it
West & Central Africa

57%
What does RtH mean for testing?

- **Availability**: sufficient quantity of functioning public health and health care facilities, goods and services, as well as programs for all.
- **Accessibility**: accessible to everyone: non-discrimination, physical accessibility, economic accessibility, information accessibility.
- **Acceptability**: cater for the specific needs of diverse population groups and in accordance with international standards of medical ethics.
- **Quality**: scientifically and medically sound; safe, effective.
Different modalities have different yield & volume

<table>
<thead>
<tr>
<th>Volume Tested</th>
<th>Yield</th>
<th>Positive Value</th>
<th>Negative Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Botswana</td>
<td></td>
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<td></td>
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</tbody>
</table>
Monitor coverage

PITC in Malawi

<table>
<thead>
<tr>
<th>Service</th>
<th>Q1 Coverage</th>
<th>Q2 Coverage</th>
<th>Q3 Coverage</th>
<th>Q4 Coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td>ANC</td>
<td>99.4%</td>
<td>98.2%</td>
<td>82.7%</td>
<td>93.7%</td>
</tr>
<tr>
<td>MAT</td>
<td>93.7%</td>
<td>93.7%</td>
<td>98.2%</td>
<td>87.1%</td>
</tr>
<tr>
<td>STI</td>
<td>82.7%</td>
<td>93.7%</td>
<td>98.2%</td>
<td>95.2%</td>
</tr>
<tr>
<td>ADULT INPATIENT</td>
<td>99.4%</td>
<td>98.2%</td>
<td>82.7%</td>
<td>93.7%</td>
</tr>
<tr>
<td>Peds INPATIENT</td>
<td>93.7%</td>
<td>93.7%</td>
<td>98.2%</td>
<td>87.1%</td>
</tr>
<tr>
<td>NRU</td>
<td>93.7%</td>
<td>93.7%</td>
<td>98.2%</td>
<td>95.2%</td>
</tr>
<tr>
<td>OTP</td>
<td>93.7%</td>
<td>93.7%</td>
<td>98.2%</td>
<td>87.1%</td>
</tr>
<tr>
<td>SFP</td>
<td>93.7%</td>
<td>93.7%</td>
<td>98.2%</td>
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</tr>
</tbody>
</table>
Consider populations

Proportions of Male HIV Testing Clients by Age and Testing Modality, FY17

<table>
<thead>
<tr>
<th>Age Group</th>
<th>OPD PITC</th>
<th>Index Testing</th>
</tr>
</thead>
<tbody>
<tr>
<td>20-24 yrs</td>
<td>25.7%</td>
<td>39.8%</td>
</tr>
<tr>
<td>25-49 yrs</td>
<td>34.8%</td>
<td>48.4%</td>
</tr>
<tr>
<td>50+ yrs</td>
<td>40.4%</td>
<td>46.9%</td>
</tr>
</tbody>
</table>

Namibia

90-90-90 Targets Workshop | July 21-22, 2018 • Amsterdam
Rights presume universality...

Cascade coverage among prevalent adult stable HIV+

- % HIV+ w/ Prior Dx:
  - Baseline: 70%
  - Follow Up Year 1: 96%
  - Follow Up Year 2: 97%

- % Prior Dx ever on ART:
  - Baseline: 80%
  - Follow Up Year 1: 91%
  - Follow Up Year 2: 94%

- % Ever on ART w/ Supp:
  - Baseline: 86%
  - Follow Up Year 1: 89%
  - Follow Up Year 2: 90%

UNAIDS Target
HIV self testing

• 16 countries 2 years ago
• 40 countries at last report
• But many still “have” a policy but it is not implemented
Right to privacy

- Universal declaration of human rights
- Intl. Convention on Civil & Political Rights
- Part of the right to health under general comment 14 (acceptability)
Stigma is still real
Index texting / partner notification
High Yield

All together: High yield in Index Testing—High volumes with PITC

% Yield by Modality

We need all of the modalities in the:
- Right place
- Right time
- Right sub-population

FY18 Q1 Modality: contribution to positives (yield)
- Facility Index: 0.11% (33%)
- Comm. Index: 7% (40%)
- Targeted Mobile: 3% (15%)
- PITC: 89% (5%)
- Facility VCT: 0.6% (14%)
- Comm. VCT: 0.6% (12%)

% HIV_POS by Modality
Data-driven Shifts in Overall HIV Testing Strategies COP 2018

- FY17 (n=13,054,751)
- FY19 (8,482,254)

HTS Testing (other***)

- VMMC
- Community - Mobile, VCT***
- Community - Home Based
- Facility PMTCT
- Facility - TB Clinic
- PNS- Children***

Reduction in OPD Testing Index_TST to Account for >20% of HTS_PoS

35% reduction in Overall Testing

- IP training to improve HTS reporting
- Implement SOPs

90-90-90 Targets Workshop | July 21-22, 2018 • Amsterdam
Index Testing Scale-up

<table>
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<tr>
<th>COP 16 Results</th>
<th>COP17 Targets</th>
<th>COP 18 Proposed Targets</th>
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<tbody>
<tr>
<td>3,423</td>
<td>15,350</td>
<td>50,192</td>
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Ukraine
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<tr>
<th>Modality</th>
<th>COP16 Results</th>
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<th>COP18 Targets</th>
<th>Trend</th>
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<tr>
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<td>8,036</td>
<td>13,067</td>
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<td>HTS_Index</td>
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Botswana
Concerns with Index/PN

✓ Coercion
✓ Intimate partner violence
✓ Key populations disclosure
✓ Perception—just one case is enough
What is coercion?

2011 interview study of counselors: “some participants stated that after all attempts to encourage voluntary disclosure failed; they occasionally 'threatened' their patients to make them notify their partners.”

• ".... if I try other measures and don't succeed, I will tell you that if you don't do it I will do it for you. When you do that many will not want you to be the one to do it. They will rather prefer to do it themselves....." (Female counsellor, 48 years old)
• Incentives by what we measure
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Botswana
## Refusal rates

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## Intimate partner violence

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<th>Studies</th>
<th>Screened positive for IPV</th>
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<td>Henley, Catherine, et al. &quot;Scale-up and case-finding effectiveness of an HIV partner services program in Cameroon: an innovative HIV prevention intervention for developing countries.&quot; <em>Sexually transmitted diseases</em> 40.12 (2013): 909.</td>
<td>7%</td>
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Several qualitative studies have failed to find any IPV resulting from PN
Do our screening tools work?

“all of the included IPV screening tools need additional reliability and validity testing. For example, test retest reliability of the HITS, the WAST, and the PVS has not been studied. No studies reported the internal reliability of the PVS. One study documented the discriminant validity of the WAST, but further validation in other populations would be helpful..... screening tools had sensitivities and specificities that varied widely. For example, the sensitivities of the PVS ranged from 35% to 71%. A reported sensitivity of 35% is concerning because maximum sensitivity should be the goal for IPV screening tools.”

Key Populations: most receive services through public sector and never disclose

- Mozambique: KP “reached” 44,183
- Adult population: 17.2 million
- Total reached: 0.2%
Perception—just one case
Rights-Based Interventions: prevent violations + respond when (not if) they occur

- Clear legal and policy environment
- Human rights training
- Creation of rights violation reporting
- Legal support services
- Refusal rates as a measure of respect for right to refuse