



SPECIAL REPORT

HIV testing

**Monitoring implementation of the Dublin Declaration on
Partnership to Fight HIV/AIDS in Europe and Central Asia:
2017 progress report**

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This report of the European Centre for Disease Prevention and Control (ECDC) was coordinated by Teymur Noori, with technical support from Anastasia Pharris, Andrew J. Amato-Gauci, Jan C. Semenza, Lara Tavoschi, Denis Coulombier and Piotr Kramarz.

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Erratum: on 3 May 2017 Figure 2 was changed to include Ireland in the 10-20% range (light green) instead of having no data (grey).

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* This designation is without prejudice to positions on status, and is in line with UNSC 1244 and the ICJ Opinion on the Kosovo Declaration of Independence.

Why is HIV testing so important?

Despite progress, rates of HIV testing among populations most at risk of HIV in Europe and Central Asia remain low and a significant number of people living with HIV still do not know that they are infected. In addition, late diagnosis rates remain high for HIV, with nearly half of all HIV cases in Europe and Central Asia diagnosed at a late stage. Earlier diagnosis enables people to start treatment sooner, which increases their chances of living a long and healthy life and reduces the risk of HIV being transmitted to other people.

This report highlights key findings concerning HIV testing in Europe and Central Asia, resulting from data reported to the European Centre for Disease Prevention and Control (ECDC) and the World Health Organization's Regional Office for Europe by 48 countries for the 2016 round of Dublin Declaration monitoring and surveillance data. It summarises data on rates of testing and late diagnosis; factors contributing to low rates of testing and high rates of late diagnosis, and the extent to which new and innovative approaches - with the potential to increase availability of testing and diagnosis for those who do not know their status - are reflected in policy, guidelines and service delivery.

What are the main challenges?

Testing rates¹ among populations at most risk of HIV are low. Although rates of HIV testing vary considerably across Europe and Central Asia, the data suggest that they are below 50% among key populations in many countries (Table 1). Among the 38 countries reporting testing data, 21% (eight countries) reported data that were five years old or more for one or more key populations. Less than half of countries have testing data for people who inject drugs and less than one-third have testing data for sex workers and prisoners. Very few countries are able to report data on HIV testing rates among migrants (see reported data in Annex 1).

Table 1. Summary of data on rates of HIV testing in key populations reported for Dublin Declaration monitoring, (n=48) 2016

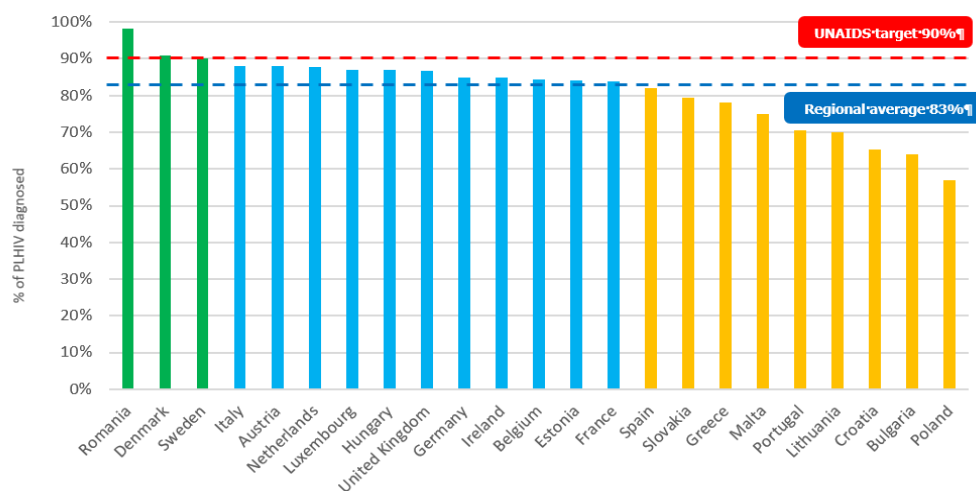
Key population	Number of countries reporting data	Range of testing rates	Number of countries reporting testing rates of 50% or less
Men who have sex with men	33	19–87%	21
People who inject drugs	26	4–96%	16
Sex workers	16	6–83%	9
Prisoners	16	2.5–78%	9
Migrants from high-prevalence countries	8	4–62%	7
Undocumented migrants	1	16.7%	1

Many people living with HIV in the EU/EEA have not been diagnosed. In the 23 EU/EEA countries with data for both stages, an estimated 821 000 people are living with HIV, 680 000 of whom have been diagnosed (83%; range 57–98%) (Figure 1, Annex 2). This means that one in six people living with HIV (PLHIV) (17%; range 2–43%) in these countries have undiagnosed HIV infection. A modelled estimate of the proportion of people living with HIV who are undiagnosed arrived at a similar figure, estimating that 15% of people living with HIV in the 31 countries of the EU/EEA, or 122 000, were not yet diagnosed.²

¹ Defined by UNAIDS as number of people tested for HIV during the past 12 months and who know their results. https://aidsreportingtool.unaids.org/static/docs/GARPR_Guidelines_2016_EN.pdf

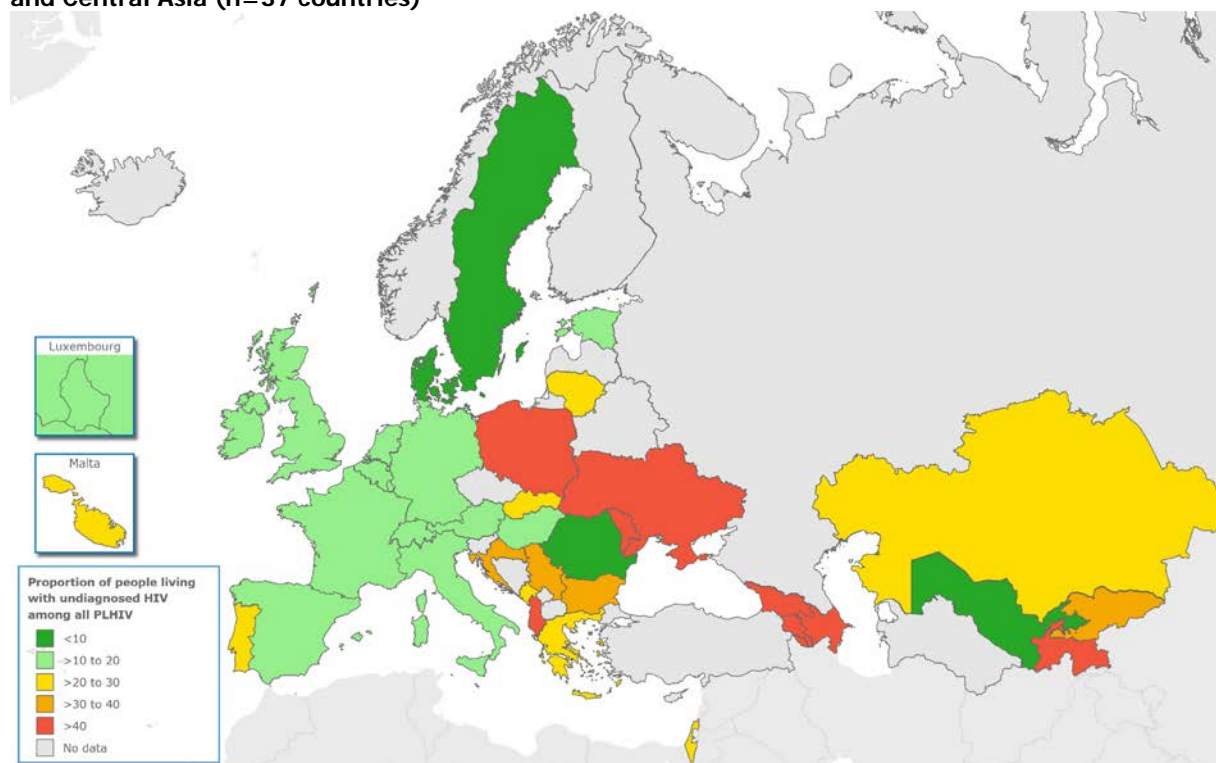
² Pharris A, Quinten C, Noori T, Amato-Gauci AJ, van Sighem A, the ECDC HIV/AIDS Surveillance and Dublin Declaration Monitoring Networks. Estimating HIV incidence and number of undiagnosed individuals living with HIV in the European Union/European Economic Area, 2015. Euro Surveill. 2016;21(48):pii=30417. DOI: <http://dx.doi.org/10.2807/1560-7917.ES.2016.21.48.30417>

Figure 1. Proportion of people living with HIV who have been diagnosed, EU/EEA countries (n=23)³



The undiagnosed fraction is higher in non-EU/EEA countries. In the 14 non-EU/EEA countries with data for both stages, an estimated 378,000 people are living with HIV, of whom 219,000 have been diagnosed (58%; range 38%-82%). This means that more than two in five PLHIV (42%; range 18-62%) in these countries have undiagnosed HIV infection.

Figure 2. Proportion of people living with undiagnosed HIV among all people living with HIV, Europe and Central Asia (n=37 countries)⁴



³ Latest data available reported by countries in March 2016. See Annex 2 showing which year reported data relates to.

⁴ Latest data available reported by countries in March 2016. See Annex 2 showing which year reported data relates to.

Just under half of all HIV cases are diagnosed late in the EU/EEA. Although the proportion of cases reported as late presenters in the EU/EEA has declined slightly, rates of late diagnosis are still unacceptably high. In 2015, among cases where information on CD4 cell count at the time of diagnosis was available, 47% were diagnosed late (CD4 cell count <350/mm³), and 28% of cases had advanced HIV infection (CD4 cell count <200/mm³).⁵ The proportion of those diagnosed late was over 50% in nine countries: Austria, Estonia, Greece, Italy, Latvia, Lithuania, Romania, Slovenia and Sweden. The proportion of late presenters is highest among people who acquired HIV through injecting drug use (58%) and lowest among men who acquired HIV through sex between men (37%). Migrants⁶ from sub-Saharan Africa (56%) and south and south-east Asia (57%) are more likely to be diagnosed late than non-migrants (47%).

More than half of cases are diagnosed late in non-EU/EEA countries. In 2015, in non-EU/EEA countries, 51% of all HIV cases were diagnosed late⁷, and 28% had advanced HIV infection when they were diagnosed. The proportion of those diagnosed late was higher than 50% in nine countries: Albania, Armenia, the Former Yugoslav Republic of Macedonia, Georgia, Israel, Kyrgyzstan, Moldova, Montenegro and Tajikistan.

What factors contribute to low testing rates and high rates of late diagnosis?

There are gaps in HIV testing services for key populations. Countries are most likely to report that there are gaps in testing services for migrants – 15/39 (38%) of countries reported gaps in services for undocumented migrants and 11/37 (30%) reported gaps in services for migrants from high-prevalence countries. However, 11/41 (27%) countries also highlighted gaps in testing services for men who have sex with men, 9/39 (23%) for sex workers, 7/39 (18%) for people who inject drugs and 6/39 (15%) for prisoners. In addition, two countries noted that there are gaps in HIV testing services for transgender people.

Table 2. Countries reporting major gaps in HIV testing services for key populations, 2016

Key population	Countries reporting gaps	Countries not reporting gaps	Countries reporting gaps in HIV testing services
Undocumented migrants (n=39 countries)	15	24	Austria, Azerbaijan, Croatia, Finland, Georgia, Germany, Ireland, Italy, Kazakhstan, Latvia, Norway, Portugal, Sweden, Switzerland, Ukraine
Migrants from high prevalence countries (n=37)	11	26	Croatia, Cyprus, Finland, Georgia, Ireland, Italy, Kazakhstan, Latvia, Sweden, Switzerland, Ukraine
Men who have sex with men (n=41)	11	30	Bosnia and Herzegovina, Croatia, Cyprus, Estonia, Finland, Greece, Ireland, Latvia, Lithuania, Montenegro, Serbia
Sex workers (n=39)	9	30	Croatia, Cyprus, Estonia, Finland, Ireland, Italy, Latvia, Montenegro, Serbia,
People who inject drugs (n=39)	7	32	Croatia, Cyprus, Estonia, Ireland, Latvia, Montenegro, Serbia
Prisoners (n=39)	6	33	Croatia, Ireland, Latvia, Montenegro, Serbia, Switzerland

The main barriers to effective provision of HIV testing services are related to availability of community-based services, funding, and health professionals' knowledge and attitudes. Availability of community-based testing services was reported to be a particular barrier with respect to men who have sex with men (22 countries), people who inject drugs (21 countries) and sex workers (21 countries). Sustainable funding for testing services was reported to be an issue for all key populations, but particularly as regards services for men who have sex with men (21 countries), sex workers (21 countries) and people who inject drugs (20 countries).

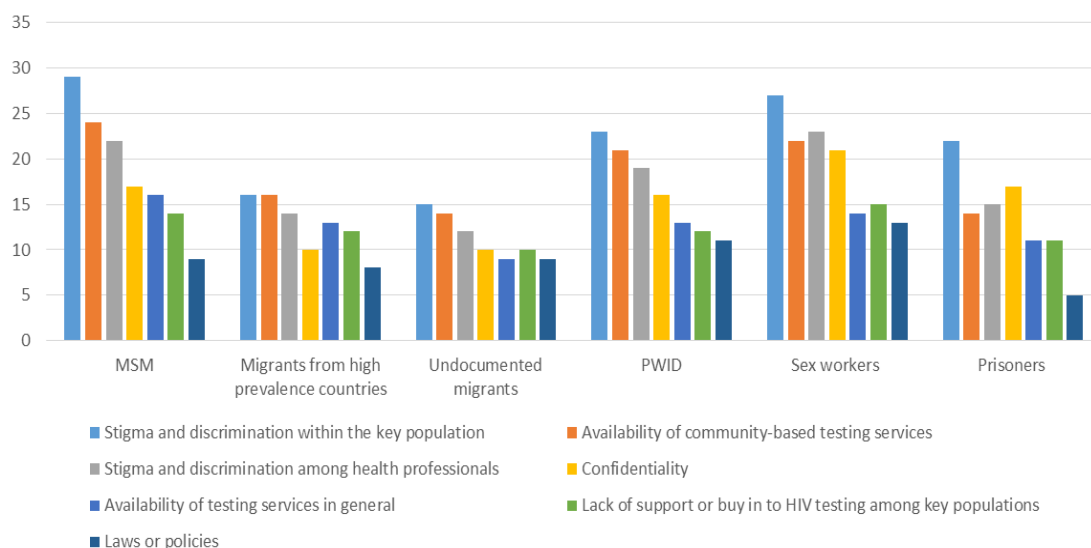
The main barriers to increasing the uptake of HIV testing among key populations are stigma and discrimination within the key population and among health professionals, and limited availability of community-based testing services. Again, country responses were fairly consistent across the key populations most affected by HIV in Europe (Figure 3).

⁵ Information on cell count at the time of diagnosis was provided by 24 countries for 75% of cases diagnosed in adults and adolescents in those countries. Source: European Centre for Disease Prevention and Control/WHO Regional Office for Europe. HIV/AIDS surveillance in Europe 2015. Stockholm: ECDC; 2016

⁶ Migrants are defined here as all persons born outside of the country in which the diagnosis was made.

⁷ Based on data reported by 16 countries.

Figure 3. Number of countries reporting challenges or barriers to increasing the uptake of HIV testing, 2016



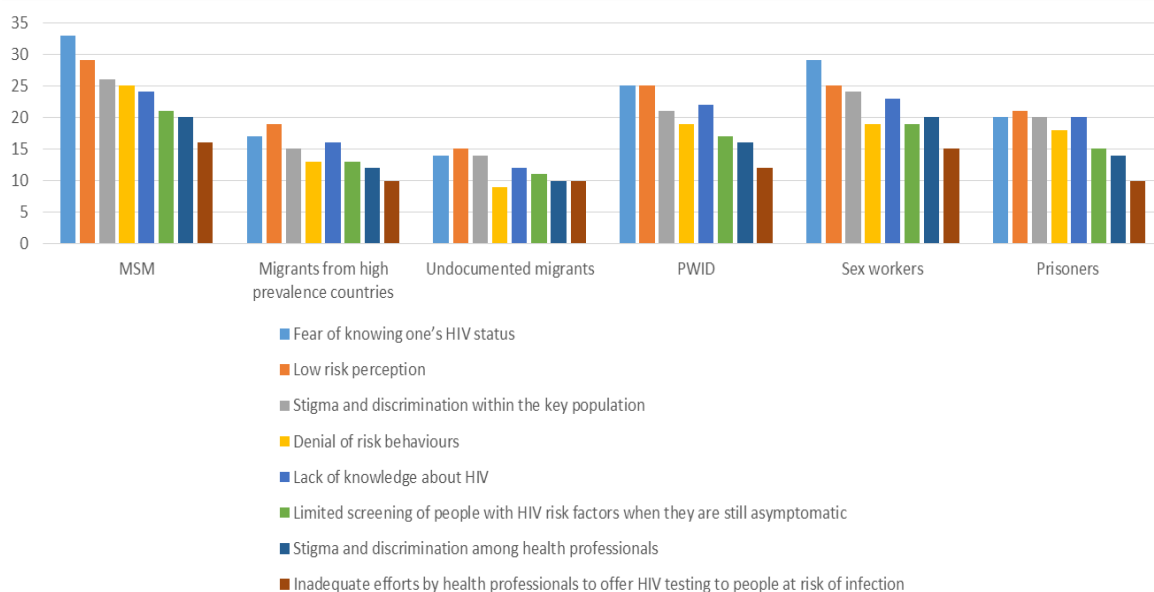
Criminalisation remains a barrier to provision and uptake of testing in some countries. A number of countries reported that certain laws may limit access to or uptake of HIV testing: 11 specified criminalisation of HIV exposure, eight criminalisation of HIV non-disclosure, and five criminalisation of sex work (Table 3).

Table 3. Countries reporting that laws or policies may limit access to or uptake of HIV testing among key populations, 2016 (n=48)

Laws and policies limiting access to or uptake of HIV testing	Yes	No
Criminalisation of HIV exposure	11 Austria, Cyprus, Czech Republic, Finland, Georgia, Germany, Norway, Poland, Serbia, Sweden, Ukraine	37
Criminalisation of HIV non-disclosure	8 Finland, Georgia, Iceland, Malta, Serbia, Sweden, Tajikistan, Turkey	40
Criminalisation of sex work	5 Croatia, Montenegro, Romania, Serbia, Ukraine	42

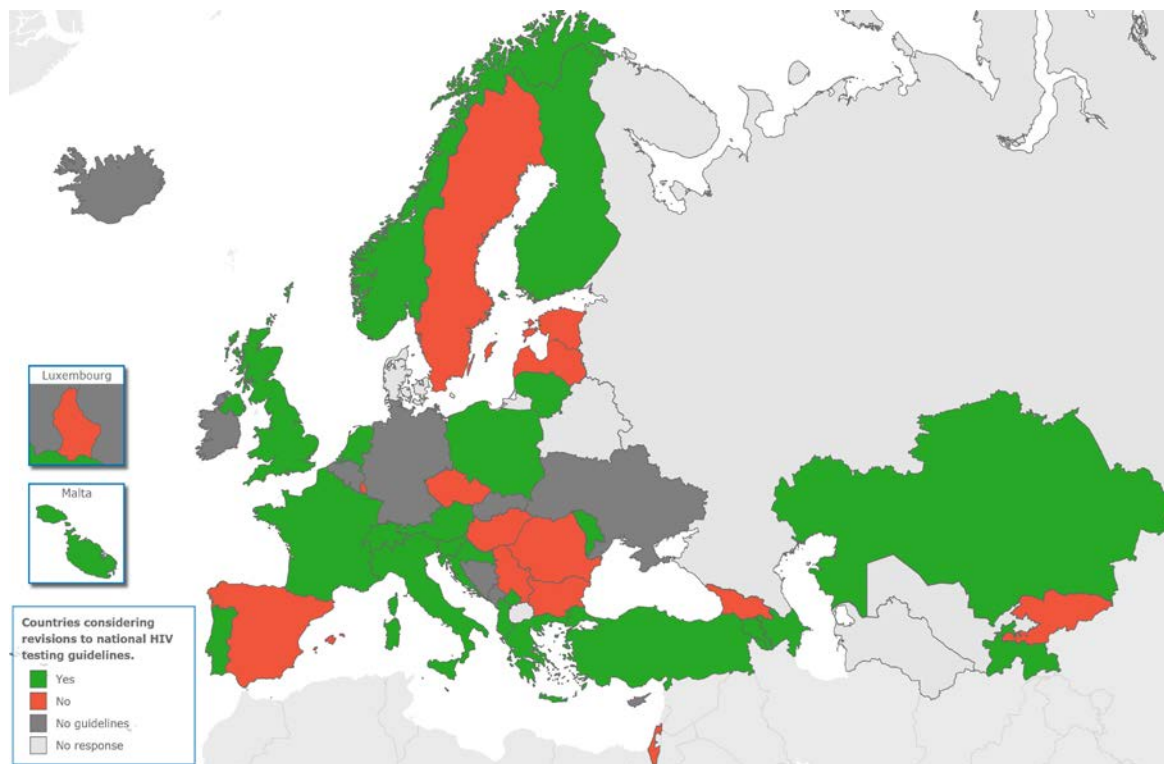
Factors contributing to late diagnosis include fear of knowing one’s HIV status, low risk perception, denial of risk factors, and stigma and discrimination within the key population. A considerable number of countries report that these factors contribute to late diagnosis among men who have sex with men and people who inject drugs in particular (Figure 4). Lack of knowledge about HIV was cited as a factor by a surprisingly high number of countries. Country responses also confirm that more needs to be done to ensure that health professionals offer HIV testing to people who are at risk of infection and to tackle stigma and discrimination among health professionals.

Figure 4. Number of countries reporting factors contributing to late diagnosis



Some countries lack national HIV testing guidelines or up-to-date guidelines. Thirty-eight countries reported that they have national HIV testing guidelines and ten that they did no. A total of 23 countries are currently considering revisions to their national testing guidelines (Figure 5). Reasons for updating guidelines include addition of rapid testing and new testing technologies, increased emphasis on community-based testing, possible inclusion of self-testing, changes in lower and upper age limits, improvement of quality control and infection control and changes in recommendations on testing frequency.

Figure 5. Countries currently considering revisions to their national HIV testing guidelines



What is the current status of new and innovative approaches to testing?

New strategies are needed to improve the uptake and frequency of testing and to encourage earlier testing, in order to reduce the number of people who still do not know their HIV status or who are diagnosed late. There is growing evidence that community-based services can increase the availability, accessibility and uptake of HIV testing for those who are most at risk and most likely to have an undiagnosed infection^{8 9}.

Community-based HIV testing delivered by trained non-medical staff can be effective in reaching key populations or more acceptable to them since they may be reluctant to seek care from health facilities or health professionals.¹⁰ Innovative approaches, including home-sampling and self-testing, also show promise. In addition, there is growing evidence that indicator condition-guided testing in health facilities and voluntary partner notification can help to identify people who may have undiagnosed HIV infection¹¹.

New and innovative approaches to testing

- Community testing is conducted outside of conventional health facilities and can be delivered by trained medical staff or trained non-medical people.
- Home-sampling allows a person to collect their own blood or saliva using a home-sampling kit and send it to a laboratory for analysis. The laboratory will notify the person of the results online or by telephone.
- Self-testing allows a person to collect a specimen, perform a test, and see and interpret their own results.
- HIV indicator condition-guided testing links various conditions such as sexually transmitted infections to an elevated risk of HIV infection. If a patient has any of these conditions and does not know their HIV status, an HIV test is strongly recommended.

Only one in three countries authorises delivery of community-based testing by non-medical staff.

While 36 countries in Europe and Central Asia have laws or policies that authorise community-based testing delivered by medical staff, only 14 countries have laws or policies that authorise community-based testing delivered by trained non-medical staff, and 16 countries have laws and policies that prevent this (Figure 6; Annexes 3a and 3b). Community-based testing delivered by non-medical staff is included in guidelines in only 11 countries.

Use of home sampling or self-testing kits is authorised in very few countries. Only eight countries have laws or policies that authorise home-sampling kits and only six have laws or policies that authorise self-testing kits. Home sampling kits are not authorised in five countries and self-testing kits are not authorised in eight countries (Figure 7; Annexes 3c and 3d). Most countries do not have applicable laws or policies, reflecting the relatively recent advent of these approaches to HIV testing. National HIV testing guidelines include home-sampling in only three countries and self-testing in only two countries.

⁸ WHO. Consolidated guidelines on HIV testing services 2015. Geneva, 2015.

http://apps.who.int/iris/bitstream/10665/179870/1/9789241508926_eng.pdf?ua=1&ua=1

⁹ ECDC. HIV testing: increasing uptake and effectiveness in the European Union. Stockholm: ECDC, 2010.

http://ecdc.europa.eu/en/publications/Publications/101129_GUI_HIV_testing.pdf

¹⁰ WHO. WHO recommends HIV testing by lay providers. Policy brief. July 2015.

http://apps.who.int/iris/bitstream/10665/179519/1/WHO_HIV_2015.14_eng.pdf?ua=1&ua=1

¹¹ WHO. Guidelines on HIV self-testing and partner notification: supplement to consolidated guidelines on HIV testing services. Geneva, 2016. <http://apps.who.int/iris/bitstream/10665/251655/1/9789241549868-eng.pdf?ua=1>

Figure 6. Countries with laws or policies that authorise or prevent community-based testing delivered by medical and non-medical staff, 2016

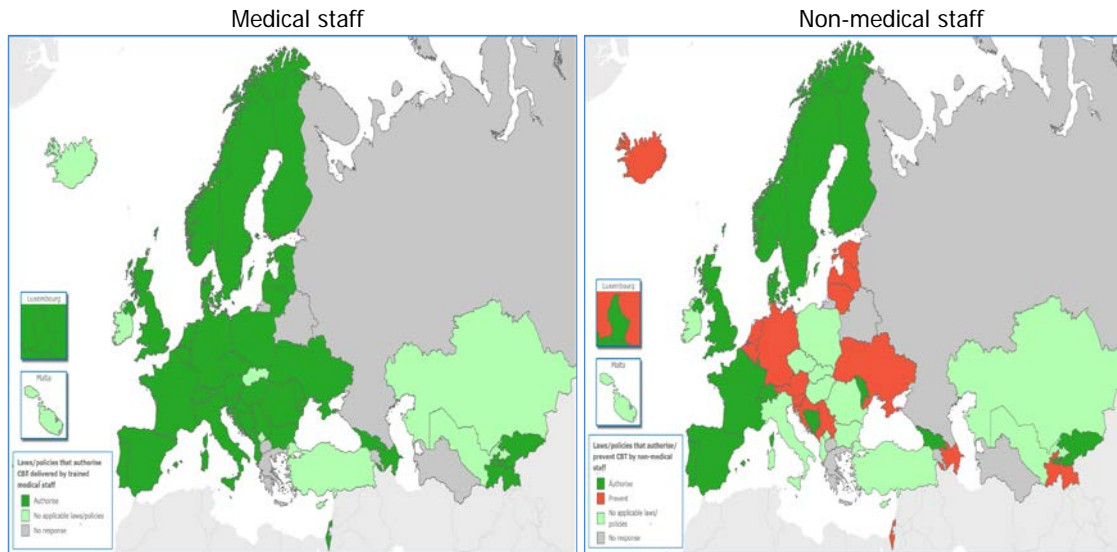
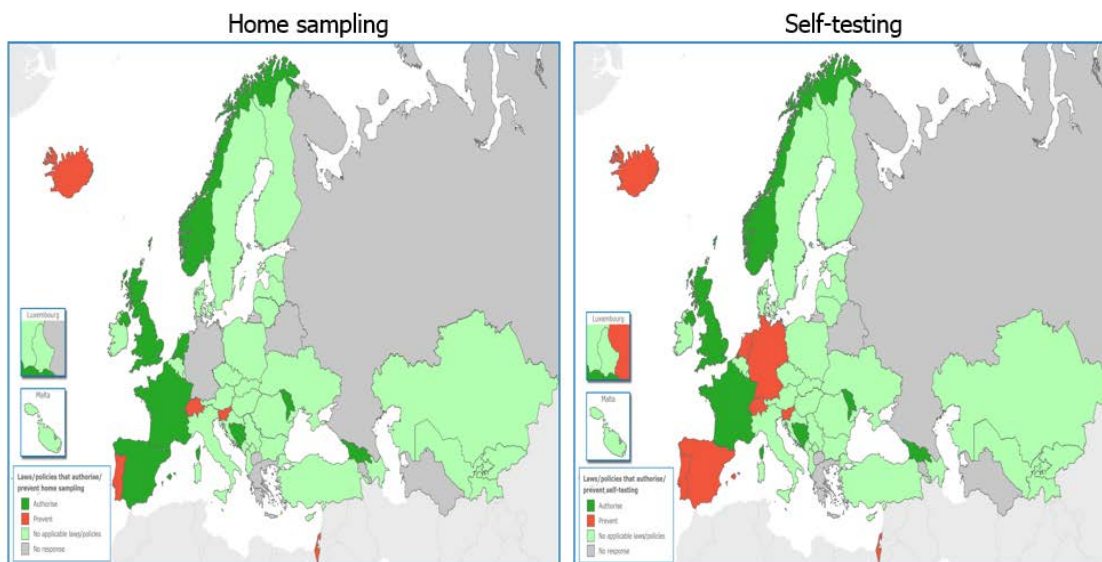
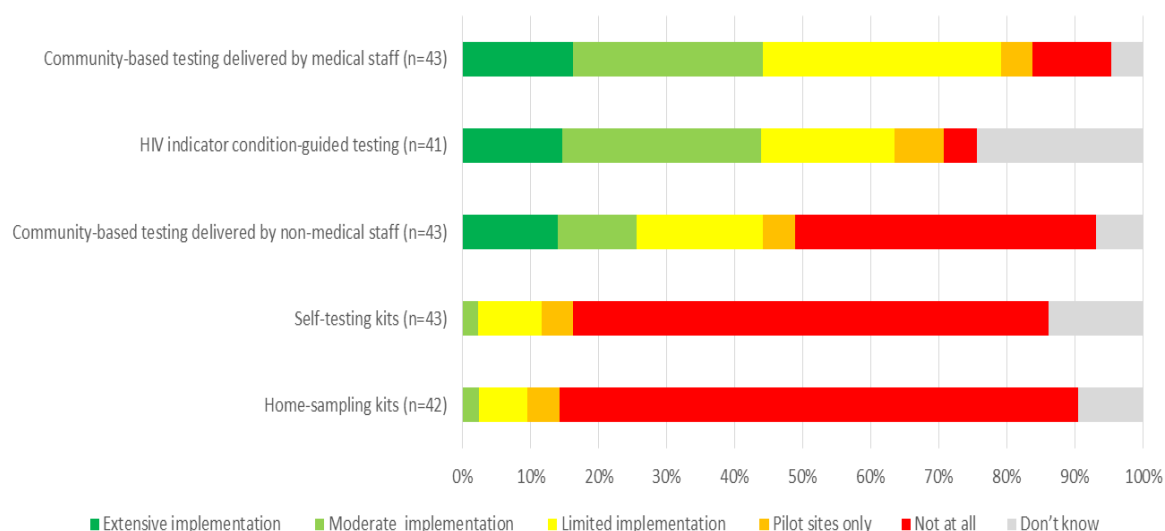


Figure 7. Countries with laws or policies that authorise or prevent use of home sampling and self-testing kits, 2016



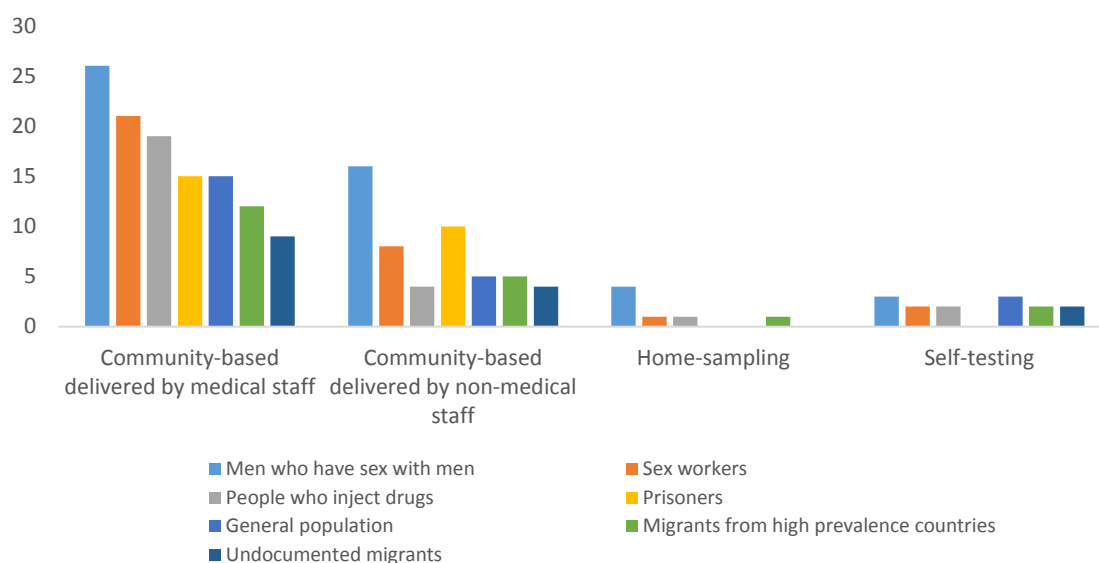
Implementation of these approaches to HIV testing is very limited. Countries are more likely to report implementation of community-based testing delivered by medical staff than by non-medical staff, although few report extensive implementation of either approach (Figure 8; Annexes 3a and 3b). Only four countries report any implementation of home sampling and only five countries report this for self-testing (Annexes 3c and 3d).

Figure 8. Proportion of countries implementing different approaches to HIV testing, 2016

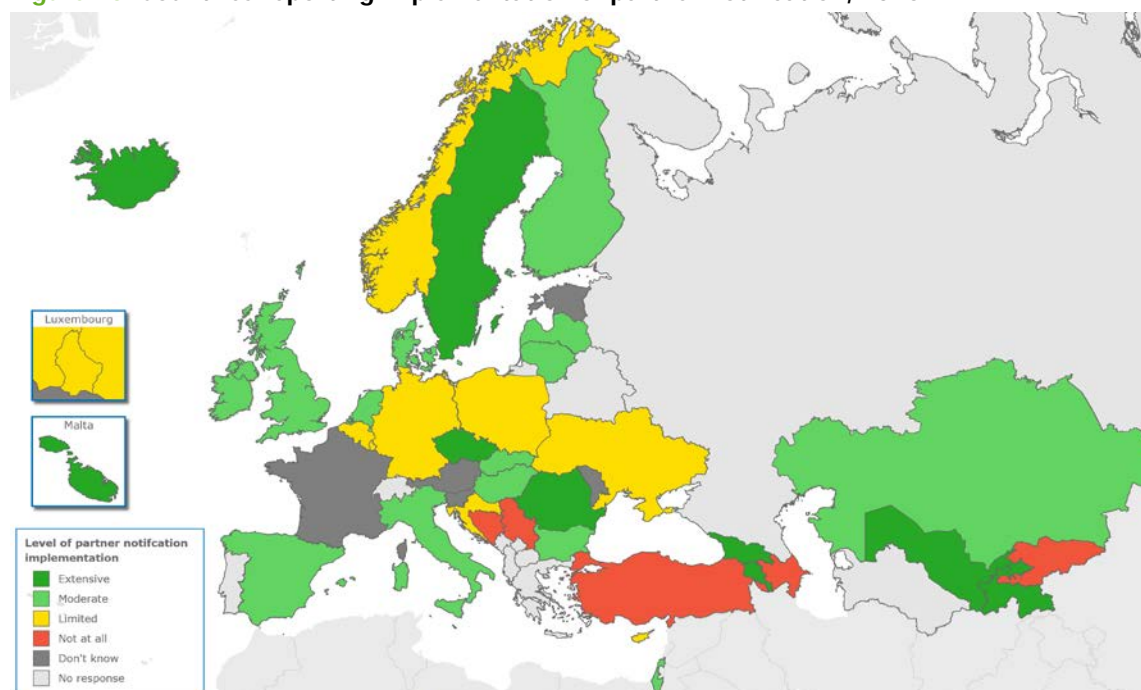


Current efforts to increase access to testing for key populations focus on expanding community-based testing delivered by medical staff. More countries report that efforts are underway or planned to increase community-based testing delivered by medical staff than to increase community-based testing delivered by non-medical staff (Figure 9). Few countries are currently taking steps to increase use of home-sampling or self-testing. Overall, populations targeted by these efforts are those most at risk of HIV and often the hardest to reach.

Figure 9. Number of countries reporting efforts to use different approaches to increase access to HIV testing for key populations, 2016.



Less than half of the countries in Europe and Central Asia include partner notification in their national HIV testing guidelines. Although partner notification is included in national HIV testing guidelines in 20 countries, it is only widely implemented in a few countries (Figure 10; Annex 3e). However, a number of countries report that efforts are underway or planned to increase use of partner notification among key populations (Table 4), with most efforts focusing on men who have sex with men, sex workers and people who inject drugs.

Figure 10. Countries reporting implementation of partner notification, 2016**Table 4. Number of countries reporting efforts underway to increase use of partner notification among key populations, 2016**

	MSM (n=43)	PWID (n=41)	Prisoners (n=40)	Sex workers (n=40)	Migrants from high- prevalence countries (n=37)	Undocumented migrants (n=36)
Yes	16 (37%)	10 (24%)	8 (20%)	12 (30%)	7 (19%)	5 (14%)
Planned	7 (16%)	6 (15%)	5 (13%)	5 (13%)	3 (8%)	3 (8%)

HIV indicator condition-guided testing is included in national HIV testing guidelines in more than half of the countries in Europe and Central Asia, but few countries report extensive implementation. HIV indicator condition-guided testing is included in national guidelines in 28 countries. A similar number of countries report some degree of implementation of HIV indicator condition-guided testing, but only six countries report extensive implementation of this approach (Annex 3f). The specific indicator conditions included in national guidelines vary.

Priority areas for action

There is an urgent need to increase access to and uptake of HIV testing among key populations, especially for those who are most at risk or harder to reach within these populations, in order to reduce the proportion of people living with HIV who do not know their status and who are diagnosed late in the EU/EEA.

Specific options for action include:

- Ensure national HIV testing policies incorporate innovative approaches to HIV testing – including community-based testing, self-testing and home-sampling – and allocate adequate resources to support implementation and availability of these approaches.
- Reduce missed opportunities for HIV diagnosis in health services, particularly in primary care and other clinical settings, including through routine or opt-out testing where appropriate, and implementing indicator condition-guided testing.
- Develop more focused and effective case detection approaches to reach the harder-to-reach undiagnosed individuals within key populations, including through expanded use of voluntary partner notification.

Annex 1. Rates of testing among key populations (testing rate; timeframe; national/sub-national data; year, sample size)

Country	MSM	Migrants	Undocumented migrants	PWID	Prisoners	Sex workers	Other pops
Albania	20.5% (12 months; sub-national; 2011; 200)			41.7% (12 months; sub-national; 2011; 200)			
Andorra							
Armenia	51.2% (12 months; national; 2014; 300)			26% (12 months; national; 2014; 300)	49.7% (12 months; national; 2014; 350)	56.7% (12 months; national; 2014; 300)	
Austria	30% (12 months; sub-national; 2015; 6,734)	4% (12 months; sub-national; 2015; 6,734)					
Azerbaijan	24.5% (12 months; national; 2011; 200)			3.92% (12 months; national; 2011; 1,200)		12% (12 months; national; 2011; 300)	
Belarus							
Belgium	68.1% (12 months; sub-national; 2013; 367)	42.6% (12 months; sub-national; 2014; 720)					
Bosnia and Herzegovina	35.5% (12 months; national; 2015; 391)			22.8% (12 months; national; 2015; 975)		27.5% (12 months; national; 2015; 204)	
Bulgaria	54.04% (12 months; sub-national; 2012; 132)			62.48% (12 months; sub-national; 2012; 614)	59.17% (12 months; sub-national; 2011; 702)	74.71% (12 months; sub-national; 2012; 103)	
Croatia	31.9% (12 months; national; 2012; 529)						
Cyprus	64% (12 months; sub-national; 2014; 200)			13% (12 months; national; 2014; 266)			
Czech Rep	50% (sub-national; 2010; 2,200)						
Denmark							
Estonia	37% (12 months; national; 2013; 265)			59% (12 months; sub-national; 2014; 350)		69% (12 months; sub-national; 2011; 210)	Adult population 16-49 years 17% (12 months; national)
Finland	51% (24 months; national; 2015; 1 100)			61% (12 months; national; 2014; 549)		60% (12 months; national; 2013; 227)	
France	52% (12 months; national; 2011; 7 521)	35.5% (12 months; sub-national; 2011; 3,981)		94% (ever tested; national; 2011; 1 568)			
Georgia	38.4% (12 months; national; 2015; 415)			25.98% (12 months; national; 2015; 2 037)	44.9% (12 months; national; 2015; 300)	53.65% (12 months; national; 2014; 277)	
Germany	38.5% (12 months; national; 2013-2014; 15 297)			64.1% [1 210/1 887 including those diagnosed with HIV in last 12 months] (12 months; sub-national; 2011-2012; 1 887/2,077 data available)			
Greece	28.4% (12 months; national; 2010; 2,944 <25 yrs)	62% (12 months; national; 2014-15; 100)	16.7% (12 months; 2014-15; 126)	62.1% (12 months; national; 2014; 823)			General 21.3%, migrants 25%, Roma 4.3% (12 months; national; 2014-2016; general 5619, migrants 504, Roma 534)

Country	MSM	Migrants	Undocumented migrants	PWID	Prisoners	Sex workers	Other pops
Hungary		3% (12 months; national; 2015; 42,801)			2.5% (12 months; national; 2015; 454)		
Iceland							
Ireland							
Israel							
Italy				38.7% (12 months; national; 2014; 123 904)			
Kazakhstan	64.4% (12 months; sub-national; 2015; 822)			65.4% (12 months; national; 2014; 4 426)	77.7% (12 months; national; 2014; 2 543)	83.5% (12 months; national; 2015; 2 522)	
Kosovo ¹²	47% (12 months; sub-national; 2014; 217)			19% (12 months; sub-national; 2014; 499)	7% (2015)	28% (12 months; sub-national; 2014; 60)	
Kyrgyzstan	40% (12 months; national; 2013; 190)			43% (12 months; national; 2013; 904)	41.2% (12 months; national; 2013; 750)	56% (12 months; national; 2013; 855)	
Latvia	26.8% (12 months; national; 2013; 646)			10% (12 months; national; 10 034)	26% (12 months; national; 2014; 1 603)		
Liechtenstein							
Lithuania					86.9% (12 months; national; 2015; 12 995)		
Luxembourg				96% (other; national; 2015; 838)			100% (political asylum seekers aged 14+; since 5/2012; 894)
Macedonia FYRM							
Malta							
Moldova	24.3% (12 months; sub-national; 2013; 250)			47.3% (12 months; sub-national; 2012; 365)	7.6% (12 months; national; 2012; 528)	22.1% (12 months; sub-national; 2012; 364)	
Monaco							
Montenegro	35% (12 months; sub-national; 2014; 120)			18.7% (12 months; sub-national; 2013; 402)	13.9% (tested before incarceration; national; 2012; 309)	5.8% (12 months; sub-national; 2015; 209)	Merchant mariners 21.3% (12 months; national; 2013, 1,131)
Netherlands	HIV testing coverage in STI clinics was 99.3%(N=29 418; N=499 were not tested for HIV among which N= 176 were registered as opt out). Note: this does not include MSM testing in primary care or other settings.	(from Surinam, Dutch Antilles, Turkey, Morocco/North Africa/Sub-Sahara Africa/East Europe/Middle-South America/Asia): HIV testing coverage in STI clinics was 82.1% (N= 26.542; N=5.806 were not tested for HIV of which N= 1.600 were registered as opt out). Note: does not include migrants testing in primary care or other settings. NB: percentages of HIV testing among migrants are relatively low because those under 25 years are not standard tested for HIV (only if additional risk/behavioural factors are present)				HIV testing coverage in STI clinics was 97,7%(N= 6.532; N=155 were not tested for HIV amongst which N= 24 were registered as opt out). Note: this does not include CSW testing in primary care or other settings.	
Norway							

¹² This designation is without prejudice to positions on status, and is in line with UNSC 1244 and the ICJ Opinion on the Kosovo Declaration of Independence.

Country	MSM	Migrants	Undocumented migrants	PWID	Prisoners	Sex workers	Other pops
Poland	19.1% (among all VCT clients) (12 months; sub-national; 2014; 17 496 (men tested in VCTs))			6.2%(IDU among all VCT clients) (12 months; 2014)			
Portugal		37.4% (12 months; sub-national; 2015; 326)			every inmate is tested in the admission and at least once a year (12 months; national; 2014; 13 864)		General population 27% (12 months; national; 2015; 422)
Romania	Under assessment (12 months; national; 2015)			12 month: 26.4%, sub-national level	12 months: 882 in 2015, national level	2 months: 19.7 % sub-national level	<ul style="list-style-type: none"> • General population: 346 032 tests in 2015: • HIV Testing by request, occasional: and others: 51% • HIV testing in TB pts: 3.42% • HIV testing in pregnant women: 39.2% <p>Comments: In Romania we have 19 HIV testing lines, that include risk populations (MSM, PWID, SWs) hence many of them feature as being tested "by request or as occasional tests", for confidentiality reasons.</p>
Russia							
San Marino							
Serbia	36.3% (12 months; sub-national; 2013; 400)			19.3%(12 months; sub-national; 2013; 399)	21.4% (12 months; national;2013; 543)	49.2% (12 months; sub-national; 2013; 250)	Roma youth aged 15–24 yrs: 4% (12 months; sub-national; 2013; 450)
Slovakia							
Slovenia	56% (12 months; sub-national; 2015; 89)				4.7% (12 months; national; 2015; 4,083)		
Spain	44.4% (12 months; national; 2010; 12,196)				59.33% (12 months; national; 2015; 328 880 tests carried out on inmates)		General population: 25.59% (at least once in life; national; 2015; 1 899)
Sweden	43.1% (12 months; national; 2013; 2 251)						
Switzerland	40% (12 months; national; 2014; 834)	50% (12 months; national; 2013-14; 745)		55% (12 months; national; 2011; 773)			
Tajikistan							
Turkey							
Turkmenistan							
UK	HIV testing coverage was 87% and HIV testing uptake	Information is not collected on the immigration status of people testing for HIV.	Information is not collected on the immigration status of	Among people who inject drugs that were in contact with drug	HIV testing coverage was 59% and HIV	HIV testing coverage was 85% and HIV	Black African populations: HIV testing coverage was 77%

Country	MSM	Migrants	Undocumented migrants	PWID	Prisoners	Sex workers	Other pops
	was 95% in MSM presenting to GUM/STI clinics (note: GUM/STI setting service data in England; this does not include MSM testing in primary care other community settings) (12 months; national; Jan-Dec 2014; Coverage: 104 028 eligible new GUM attendees; Uptake: 127,900 eligible new GUM episodes offered testing. (note: HIV test coverage measures the percentage of eligible new GUM attendees in whom a HIV test was accepted; HIV test uptake measures the number of eligible new GUM episodes where a HIV test was accepted as a percentage of those where a HIV test was offered.)	Test uptake and coverage breakdowns are not currently reported by country of birth.	people testing for HIV. Testing information for undocumented migrants may be included in current GUM testing as testing services are free and confidential.	treatment services, 77% report ever having had a voluntary confidential test for HIV (note: includes data for England, Wales and N Ireland; self-reported uptake) (ever; sub-national; Jan-Dec 2014; 2 915)	testing uptake was 84% in prisoners screened by GUM/STI clinics (note: this is not representative of the UK prison population as not all prisons screen HIV using GUM/STI clinics; opt-out blood-borne virus testing in prisons in currently underway) (12 months; national; Jan-Dec 2014; Coverage: 3,960 eligible new GUM attendees; Uptake: 2 824 eligible new GUM episodes offered testing. (note: HIV test coverage measures the percentage of eligible new GUM attendees in whom a HIV test was accepted; HIV test uptake measures the number of eligible new GUM episodes where a HIV test was accepted as a percentage of those where a HIV test was offered.)	testing uptake was 92% in sex workers presenting to GUM/STI clinics (note: may not be representative of the entire sex worker population). (12 months; national; Jan-Dec 2014; Coverage: 4 697 eligible new GUM attendees; Uptake: 5 895 eligible new GUM episodes offered testing. (note: HIV test coverage measures the percentage of eligible new GUM attendees in whom a HIV test was accepted; HIV test uptake measures the number of eligible new GUM episodes where a HIV test was accepted as a percentage of those where a HIV test was offered.)	and HIV testing uptake was 85% in black African people presenting to GUM/STI clinics (note: includes GUM/STI settings in England only; this does not include testing in primary care or other community settings) (12 months; national; Jan-Dec 2014; Coverage: 54 441 eligible new GUM attendees; Uptake: 56 169 eligible new GUM episodes offered testing. (note: HIV test coverage measures the percentage of eligible new GUM attendees in whom a HIV test was accepted; HIV test uptake measures the number of eligible new GUM episodes where a HIV test was accepted as a percentage of those where a HIV test was offered.)
Ukraine	54.6% (12 months; national; 2015; 4 550)			38.5% (12 months; national; 2015; 9 405)	40.3% (12 months; national; 2013; 1 471)	55.9% (12 months; national; 2015; 4 300)	
Uzbekistan	56.1% (12 months; national; 2015; 305)			31.8% (12 months; national; 2015; 5 600)		35.9% (12 months; national; 2015; 3 362)	

Annex 2. Proportion of people living with HIV diagnosed in Europe and Central Asia (n=36)

Country	PLHIV	Diagnosed	Percentage diagnosed	Percentage undiagnosed	Year
Romania	14 000	13 766	98%	2%	2015
Denmark	5 500	5 000	91%	9%	2014
Sweden	7 718	6 946	90%	10%	2015
Italy	127 324	112 222	88%	12%	2012
Austria	6 527	5 745	88%	12%	2013
Netherlands	22 900	20 083	88%	12%	2015
Luxembourg	1 065	927	87%	13%	2015
Hungary	3 067	2 667	87%	13%	2015
United Kingdom	101 200	87 700	87%	13%	2015
Germany	84 700	72 000	85%	15%	2015
Ireland	6 180	5 253	85%	15%	2015
Belgium	17 744	14 977	84%	16%	2014
Estonia	11 000	9 263	84%	16%	2015-2016
France	153 100	128 300	84%	16%	2013
Spain	141 000	115 620	82%	18%	2013-2014
Switzerland	16 500	13 500	82%	18%	2012
Slovakia	850	674	79%	21%	2015
Greece	14 200	11 096	78%	22%	2013
Kazakhstan	23 000	17 726	77%	23%	2015
Montenegro	194	147	76%	24%	2015
Malta	394	295	75%	25%	2015
Israel	9 720	7 171	74%	26%	2015
Portugal	59 365	41 793	70%	30%	2014
Lithuania	3 100	2 173	70%	30%	2015
Croatia	1 680	1 097	65%	35%	2015
Bulgaria	3 543	2 267	64%	36%	2015
Serbia	3 100	1 956	63%	37%	2014
Poland	35 000	19 915	57%	43%	2015-2016
Moldova	17 985	10 213	57%	43%	2015
Ukraine	223 000	126 604	57%	43%	2015
Kyrgyzstan	8 500	4 767	56%	44%	2015
Azerbaijan	8 798	4 704	53%	47%	2015
Uzbekistan	36 553	19 026	52%	48%	2015
Albania	1 400	698	50%	50%	2015
Armenia	3 600	1 714	48%	52%	2015
Georgia	9 600	4 339	45%	55%	2015
Tajikistan	16 000	6 117	38%	62%	2015

Annex 3A. Policies, guidelines, and implementation of community-based testing delivered by trained medical professionals in Europe and Central Asia, 2016*

	Laws or policies that authorise or prevent?	In national testing guidelines?	Scale of implementation
Albania	A	N	Limited
Andorra	n/a	No guidelines	Not implemented
Armenia		N	
Austria	A	Y	Limited
Azerbaijan	A	Y	Not implemented
Belarus			
Belgium	A	No guidelines	Limited
Bosnia and Herzegovina	A	Y	Extensive
Bulgaria	A	Y	Moderate
Croatia	A	Y	Limited
Cyprus	n/a	No guidelines	Not implemented
Czech Republic	A	Y	Limited
Denmark	A	Y	Moderate
Estonia	A	N	Limited
Finland	A	Y	Moderate
France	A	Y	Extensive
Georgia	A	N	Limited
Germany	A	No guidelines	Moderate
Greece			
Hungary	A	Y	Moderate
Iceland	n/a	No guidelines	Limited
Ireland	n/a	No guidelines	Limited
Israel	A	Y	Extensive
Italy	A	Y	Limited
Kazakhstan	n/a	N	Not implemented
Kosovo [†]	n/a		
Kyrgyzstan	A	Y	Not implemented
Latvia	A	Y	Moderate
Liechtenstein			
Lithuania	A	Y	Moderate
Luxembourg	A	Y	Moderate
Macedonia The Former Yugoslav Republic Of			
Malta	n/a	Y	Moderate
Moldova	A	Y	Moderate
Monaco			
Montenegro	A	No guidelines	
Netherlands	A	N	Moderate
Norway	A	N	Limited
Poland	A	Y	Extensive
Portugal	A	N	Extensive
Romania	A	Y	Extensive
Russia			
San Marino			
Serbia	A	Y	Limited
Slovakia	n/a	No guidelines	
Slovenia	A	Y	Limited
Spain	A	Y	Limited
Sweden	A	Y	Limited
Switzerland	A	Y	Extensive
Tajikistan	A	N	Not implemented
Turkey	n/a	N	Not implemented
Turkmenistan			
Ukraine	A	No guidelines	Limited
United Kingdom	A	Y	Moderate
Uzbekistan	n/a	Y	Not implemented

[†] This designation is without prejudice to positions on status, and is in line with UNSC 1244 and the ICJ Opinion on the Kosovo Declaration of Independence.

* Blank cells indicate that the country has not responded to the Dublin questionnaire or to that particular question; A= policies that authorise; n/a= no applicable laws or policies; Y= Yes, this is in the guidelines; N=not in the guidelines; 'No guidelines' means that the country does not have current HIV testing guidelines.

Annex 3B. Policies, guidelines, and implementation of community-based testing by non-medical staff (i.e. trained lay people) in Europe and Central Asia, 2016*

	Laws or policies that authorise or prevent?	In national testing guidelines?	Scale of implementation
Albania	n/a	N	Limited
Andorra	n/a	No guidelines	Not implemented
Armenia		N	
Austria	P	N	Not implemented
Azerbaijan	P	N	Not implemented
Belarus			
Belgium	P	No guidelines	Limited
Bosnia and Herzegovina	A	Y	Limited
Bulgaria	n/a	N	Not implemented
Croatia	P	N	Not implemented
Cyprus	n/a	No guidelines	Limited
Czech Republic	n/a	N	Not implemented
Denmark	A	Y	Extensive
Estonia	P	N	Not implemented
Finland	A	Y	Moderate
France	A	Y	Extensive
Georgia	A	N	Extensive
Germany	P	No guidelines	Not implemented
Greece			
Hungary	n/a	N	Not implemented
Iceland	P	No guidelines	Not implemented
Ireland	n/a	No guidelines	Limited
Israel	P	N	Not implemented
Italy	n/a	N	Not implemented
Kazakhstan	n/a	N	Not implemented
Kosovo [†]	n/a		
Kyrgyzstan	A	Y	Moderate
Latvia	P	N	Not implemented
Liechtenstein			
Lithuania	P	N	Not implemented
Luxembourg	A	Y	Moderate
Macedonia The Former Yugoslav Republic Of			
Malta	n/a	N	Not implemented
Moldova	A	Y	Moderate
Monaco			
Montenegro	P	No guidelines	
Netherlands	P	N	Limited
Norway	A	N	Limited
Poland	n/a	N	Not implemented
Portugal	A	N	Moderate
Romania	n/a	N	Not implemented
Russia			
San Marino			
Serbia	P	N	Not implemented
Slovakia	n/a	No guidelines	
Slovenia	P	N	Not implemented
Spain	A	Y	Extensive
Sweden	A	Y	Limited
Switzerland	A	Y	Extensive
Tajikistan	P	N	Not implemented
Turkey	n/a	N	Not implemented
Turkmenistan			
Ukraine	P	No guidelines	Extensive
United Kingdom	A	Y	Moderate
Uzbekistan	n/a	N	Not implemented

[†] This designation is without prejudice to positions on status, and is in line with UNSC 1244 and the ICJ Opinion on the Kosovo Declaration of Independence

*Blank cells indicate that the country has not responded to the Dublin questionnaire or to that particular question; A= policies/laws that authorise; P=policies/laws that prevent; n/a= no applicable laws or policies; Y= Yes, this is in the guidelines; N=not in the guidelines; 'No guidelines' means that the country does not have current HIV testing guidelines.

Annex 3C: Policies, guidelines and implementation of home sampling* in Europe and Central Asia, 2016

	Laws or policies that authorise or prevent?	In national testing guidelines?	Scale of implementation
Albania	n/a	N	Not implemented
Andorra	n/a	No guidelines	Don't know
Armenia		N	
Austria	n/a	N	Not implemented
Azerbaijan	n/a	N	Not implemented
Belarus			
Belgium	n/a	No guidelines	Limited
Bosnia and Herzegovina	A	Y	Not implemented
Bulgaria	n/a	N	Not implemented
Croatia	n/a	N	Not implemented
Cyprus	n/a	No guidelines	Not implemented
Czech Republic	n/a	N	Not implemented
Denmark	n/a	N	Not implemented
Estonia	n/a	N	Not implemented
Finland	n/a	N	Not implemented
France	A	N	Not implemented
Georgia	A	N	Not implemented
Germany		No guidelines	Not implemented
Greece			
Hungary	n/a	N	Don't know
Iceland	P	No guidelines	Not implemented
Ireland	n/a	No guidelines	Limited
Israel	P	N	Not implemented
Italy	n/a	N	Not implemented
Kazakhstan	n/a	N	
Kosovo [†]	n/a		
Kyrgyzstan	n/a	N	Not implemented
Latvia	n/a	N	Not implemented
Liechtenstein			
Lithuania	n/a	N	Not implemented
Luxembourg	n/a	N	Not implemented
Macedonia The Former Yugoslav Republic Of			
Malta	n/a	N	Not implemented
Moldova	A	Y	Limited
Monaco			
Montenegro	n/a	No guidelines	
Netherlands	A	N	Limited
Norway	A	N	Limited
Poland	n/a	N	Not implemented
Portugal	P	N	Not implemented
Romania	n/a	N	Not implemented
Russia			
San Marino			
Serbia	n/a	N	Not implemented
Slovakia	n/a	No guidelines	
Slovenia	P	N	Don't know
Spain	A	N	Not implemented
Sweden	n/a	N	Not implemented
Switzerland	P	N	Not implemented
Tajikistan	n/a	N	Not implemented
Turkey	n/a	N	Not implemented
Turkmenistan			Not implemented
Ukraine	n/a	No guidelines	Not implemented
United Kingdom	A	Y	Moderate
Uzbekistan	n/a	N	Not implemented

* Blank cells indicate that the country has not responded to the Dublin questionnaire or to that particular question; A= policies/laws that authorise; P=policies/laws that prevent; n/a= no applicable laws or policies; Y= Yes, this is in the guidelines; N=not in the guidelines; No guidelines means that the country does not have current HIV testing guidelines

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Annex 3D: Policies, guidelines, and implementation of self-testing* in Europe and Central Asia, 2016

	Laws or policies that authorise or prevent?	In national testing guidelines?	Scale of implementation
Albania	n/a	N	Not implemented
Andorra	n/a	No guidelines	Don't know
Armenia		N	
Austria	n/a	N	Not implemented
Azerbaijan	n/a	N	Not implemented
Belarus			
Belgium	n/a	No guidelines	Limited
Bosnia and Herzegovina	A	N	Not implemented
Bulgaria	n/a	N	Not implemented
Croatia	n/a	N	Not implemented
Cyprus	n/a	No guidelines	Not implemented
Czech Republic	n/a	N	Not implemented
Denmark	n/a	N	Not implemented
Estonia	n/a	N	Not implemented
Finland	n/a	N	Not implemented
France	A	Y	Moderate
Georgia	A	N	Not implemented
Germany	P	No guidelines	Not implemented
Greece			
Hungary	n/a	N	Don't know
Iceland	P	No guidelines	Not implemented
Ireland	n/a	No guidelines	Limited
Israel	P	N	Not implemented
Italy	n/a	N	Not implemented
Kazakhstan	n/a	N	Don't know
Kosovo [†]	n/a		-
Kyrgyzstan	n/a	N	Not implemented
Latvia	n/a	N	Not implemented
Liechtenstein			
Lithuania	n/a	N	Not implemented
Luxembourg	n/a	N	Not implemented
Macedonia The Former Yugoslav Republic Of			
Malta	n/a	N	Not implemented
Moldova	A		Limited
Monaco			
Montenegro	n/a	No guidelines	
Netherlands	P	N	Limited
Norway	A	N	Not implemented
Poland	n/a	N	Not implemented
Portugal	P	N	Not implemented
Romania	n/a	N	Not implemented
Russia			
San Marino			
Serbia	n/a	N	Not implemented
Slovakia	n/a	No guidelines	
Slovenia	P	N	Don't know
Spain	P	N	Not implemented
Sweden	n/a	N	Not implemented
Switzerland	P	N	Not implemented
Tajikistan	n/a	N	Not implemented
Turkey	n/a	N	Not implemented
Turkmenistan			
Ukraine	n/a	No guidelines	Limited
United Kingdom	A	Y	Limited
Uzbekistan	n/a	N	Not implemented

* Blank cells indicate that the country has not responded to the Dublin questionnaire or to that particular question; A= policies/laws that authorise; P=policies/laws that prevent; n/a= no applicable laws or policies; Y= Yes, this is in the guidelines; N=not in the guidelines; No guidelines means that the country does not have current HIV testing guidelines

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Annex 3E: Policies, guidelines, and implementation of partner notification* in Europe and Central Asia, 2016

	In national testing guidelines?	Scale of implementation
Albania	N	
Andorra	No guidelines	Don't know
Armenia	Y	Extensive
Austria	N	Don't know
Azerbaijan	N	Not implemented
Belarus		
Belgium	No guidelines	Limited
Bosnia and Herzegovina	N	Not implemented
Bulgaria	Y	Moderate
Croatia	Y	Limited
Cyprus	No guidelines	Limited
Czech Republic	Y	Extensive
Denmark	Y	Moderate
Estonia	Y	Don't know
Finland	Y	Extensive
France	N	Limited
Georgia	Y	Extensive
Germany	No guidelines	Limited
Greece		
Hungary	No guidelines	Moderate
Iceland	No guidelines	Extensive
Ireland	No guidelines	Moderate
Israel	Y	Moderate
Italy	N	Not implemented
Kazakhstan	No guidelines	Moderate
Kosovo [†]		
Kyrgyzstan	N	Not implemented
Latvia	N	Moderate
Liechtenstein		
Lithuania	Y	Moderate
Luxembourg	Y	Limited
Macedonia The Former Yugoslav Republic Of		
Malta	Y	Extensive
Moldova	N	Don't know
Monaco		
Montenegro	No guidelines	
Netherlands	Y	Moderate
Norway	Y	Limited
Poland	N	Limited
Portugal	N	
Romania	Y	Extensive
Russia		
San Marino		
Serbia	N	Not implemented
Slovakia	No guidelines	Moderate
Slovenia	Y	Don't know
Spain	N	Moderate
Sweden	Y	Extensive
Switzerland	N	
Tajikistan	Y	Extensive
Turkey	Don't know	Not implemented
Turkmenistan		
Ukraine	No guidelines	Limited
United Kingdom	Y	Moderate
Uzbekistan	Y	Extensive

* Blank cells indicate that the country has not responded to the Dublin questionnaire or to that particular question; A= policies/laws that authorise; P=policies/laws that prevent; n/a= no applicable laws or policies; Y= Yes, this is in the guidelines; N=not in the guidelines; No guidelines means that the country does not have current HIV testing guidelines

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Annex 3F: Policies, guidelines and implementation of indicator-condition testing* in Europe and Central Asia, 2016

	In national testing guidelines?	Scale of implementation
Albania	N	Moderate
Andorra	No guidelines	Don't know
Armenia	Y	Moderate
Austria	N	Limited
Azerbaijan	Y	Extensive
Belarus		
Belgium	No guidelines	Don't know
Bosnia and Herzegovina	Y	Limited
Bulgaria	Y	Moderate
Croatia	Y	Moderate
Cyprus	No guidelines	Limited
Czech Republic	N	
Denmark	Y	Moderate
Estonia	Y	Moderate
Finland	Y	Moderate
France	Y	Extensive
Georgia	Y	Limited
Germany	No guidelines	
Greece		
Hungary	No guidelines	Not implemented
Iceland	No guidelines	
Ireland	No guidelines	Don't know
Israel	Y	Don't know
Italy	Y	Limited
Kazakhstan	Y	Extensive
Kosovo [†]	N	Moderate
Kyrgyzstan	Y	Extensive
Latvia	N	Not implemented
Liechtenstein		
Lithuania	Y	Moderate
Luxembourg	Y	Don't know
Macedonia The Former Yugoslav Republic Of		
Malta	Y	Moderate
Moldova	Y	Moderate
Monaco		
Montenegro	No guidelines	
Netherlands	N	Limited
Norway	Y	Don't know
Poland	N	Moderate
Portugal	Y	Don't know
Romania	Y	Extensive
Russia		
San Marino		
Serbia	N	Limited
Slovakia	No guidelines	
Slovenia	Y	Don't know
Spain	Y	Don't know
Sweden	N	Limited
Switzerland	Y	Don't know
Tajikistan	Y	Moderate
Turkey	Y	Don't know
Turkmenistan		
Ukraine	No guidelines	Limited
United Kingdom	Y	Limited
Uzbekistan	Y	Extensive

* Blank cells indicate that the country has not responded to the Dublin questionnaire or to that particular question; A= policies/laws that authorise; P=policies/laws that prevent; n/a= no applicable laws or policies; Y= Yes, this is in the guidelines; N=not in the guidelines; No guidelines means that the country does not have current HIV testing guidelines

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