

IN FOCUS

COVID-19, HUMAN RIGHTS AND WHAT WE CAN
LEARN FROM THE HIV WORK

TESTING IS NOT ENOUGH!

Aligning public health activities with human rights and modern
approaches to health promotion

Outlook

What measures can we take to overcome the corona crisis, limit its consequences or use scarce resources efficiently? Every day we experience uncertainties and contradictions on these questions among scientists, health experts, politicians and in society. We must all strive for a broad consensus to overcome the global COVID-19 pandemic. With our publications IM FOKUS we want to stimulate discussion and promote opinion-forming: We write based on our experience of HIV work. We are not interested in COVID-19 to be equated with HIV, but to discuss which experiences from HIV work could be helpful in dealing with COVID-19. We do not intend to replace scientific papers, nor can we present the current state of knowledge comprehensively and conclusively.

What tests deliver and when they have a benefit

Testing for SARS-CoV-2 infections is considered key to controlling the Corona 19 pandemic. However, what initially appears to be a sensible measure, such as testing of travellers returning home, not only encounters technical difficulties, but must be constantly re-evaluated by weighing up conceivable benefits and harms.

Testing is not a simple technical act

Generally speaking, a corona test is a methodical procedure with an instrument designed to confirm the assumption that the person tested meets the characteristic of being a "carrier of SARS-CoV-2". This

admittedly abstract description opens the view to a number of crucial points that should be clarified before a test is performed: What are the implications of a test for the person tested? Who has access to a test and who does not? Who can agree to the test being carried out and under what conditions? What is the importance of counselling, education, and information? Under what circumstances can tests be made compulsory and by whom? How reliable are tests, i.e. what do they actually measure? Does the test result allow a statement about infectivity and risk of transmission? What is the individual benefit of a test if there is no treatment or access to treatment and what is the collective benefit? Can a benefit be inferred for treatment of an individual or for public health? Who evaluates a test result health professionals, public authorities, service providers? Who derives which recommendations for action or regulations from it?

The incomplete list of questions makes it clear that testing is not a simple technical act, but a complex health policy measure with many consequences, the intention, effects and consequences of which must be evaluated. In the end, tested persons are assigned to a category such as healthy or infectious, with sometimes considerable consequences for the individual.

Experiences from testing for HIV

In the area of HIV, we have learned that we must overcome outdated strategies of disease control to be successful. Coercive measures justified by testing

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have serious disadvantages for tested persons and ultimately damage the health protection of all. Jonathan Mann, the Director of the Global AIDS Programme of the World Health Organisation (WHO), initiated the paradigm shift as early as the late 1980s. He made social determinants and human rights the cornerstones of public health. The identification of "cases" or the measures taken to trace infection chains can bring carriers of pathogens into conflict with the law. Tested persons are hastily and uncritically categorised into "groups" or "clusters". Every member of a group is generally accused of immoral or dangerous behaviour. The group thus becomes a threat to public health.

We experience daily that exclusion caused by stereotypes and measures against supposedly infectious persons lead to the fact that they are no longer reached by education, prevention and care. For "risk groups", blanket restrictions of liberty, isolation measures or quarantine obligations are imposed. The danger is that structural, social or political conditions that lead to an increased risk of infection are ignored. As a result, the problems of structures and conditions that cause illness remain unsolved. The involvement of affected individuals and groups and respect for their rights are key to the successful implementation of public health measures.



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COVID-19 does not affect everyone in the same way. Some people have an increased risk of exposure compared to the average population. Examples are medical and nursing staff, people living together in close quarters such as collective centres, prisons, old people's homes, nursing homes or security guards or teachers, groups such as migrant workers, seasonal

workers, asylum seekers, travellers (to risk areas) or socially disadvantaged people in our society. Only through their participation and respect for their self-determination can the greatest possible benefit for all be achieved. The benefits must not only be seen in economic terms. Implemented measures must be continuously reassessed. Criteria for success are the orientation towards science, human rights, participation and active involvement.

Considering the global perspective

In the face of the corona pandemic, we must not think only locally and nationally. The corona crisis will only be solved globally. As far as testing is concerned, our actions are already having a serious, thoroughly detrimental impact on the ability of the international community to cope with the COVID-19 pandemic on a global scale. By developing and using resources in the health sector, we have an influence on their global availability. At the moment we do not show enough solidarity to share our knowledge and technology lead. On some continents, such as Africa, or in some countries, far too little testing has been done so far. In addition to providing technology, we should also participate in the development and adaptation of testing strategies based on research. One benefit for us would be to be better informed about the global

What remains to be done and should be respected

We are committed to promoting public health by seeking to maximise the fullest possible benefits for all. This is achieved when actions are technically efficient or knowledge-based and when the needs and requirements of those groups for whom it is most difficult to implement these actions are taken into account. We consider it vital that

- the measures are systematically reassessed and continuously adapted to new evidence,
- the policy-makers communicate the measures initiated in a scientifically substantiated and transparent manner, in particular if restrictions and limitations of liberty rights are derived from them,

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- all public health directives on testing and the associated control measures are subject to systematic democratic control,
- adequate and effective education and informed consent are provided during testing,
- well-prepared and comprehensible information is made available in all necessary languages and communicated through detailed advice,
- tested persons receive clear instructions for all conceivable test outcomes, such as positive, negative or undefined test results,
- it is made clear to tested persons, on the one hand, that diagnostic tests such as a PCR - examination or antigen tests provide a snapshot of the situation and therefore compliance with the comprehensive Anti-SARS-CoV-2 hygiene and behaviour rules - continue to be useful and important; on the other hand it is conveyed, that SARS-CoV-2 antibody tests mainly have an epidemiological significance,
- tested persons with their consent are actively involved in the identification and counselling of contact persons,
- tested persons are informed about the confidentiality of their data, as well as personal and legal consequences that test results might entail,
- test strategies are reviewed for the impact they have on the exclusion of groups and individuals, which means, among other things, that a positive test result opens up access to health services and care for everyone, regardless of insurance status,
- the public health sector is provided with sufficient human and up-to-date technical resources to effectively trace chains of contact,
- test measures related to an event, but then offered without financial or administrative access restrictions and, as mentioned above, combined with information and advice,
- instead of conducting mass tests, specific groups with increased risks, such as nursing and health care staff, teachers and educators, are given the opportunity to have regular tests,
- Germany shows global solidarity with regard to access to testing and the development of meaningful strategies.

What to avoid

The obligation of the governments to ensure public health and, for example, to protect vulnerable groups or people with risk factors, must not lead to the systematic undermining of human rights. Restrictions must always be limited in time and democratically legitimised.

Good communication in times of crisis does not include the categorical regulation of measures. Experts, politicians and decision-makers acting in this way encourage distrust and resistance. It is clear that decisions and orders have to be withdrawn again and again due to new findings. In this sense, political competition that does not serve public health must be avoided. It damages trust in public action in the long term.



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In the so-called risk communication on COVID-19, official and academic communication and in the media, language should be used with care. Access to testing must not be made more difficult by blaming and exclusion. Not only risk behaviour, but also the context and structural conditions that enable transmission must be taken into account.

Even for experts, testing is a complicated subject. In particular, the evaluation of test statistics is often misunderstood or given too little consideration. Reliable and generally understandable information should be published by independent certified institutes. All media bear a special responsibility to avoid misinformation.

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During a pandemic, it is not in the public health interest to create unnecessary financial barriers to testing. Uncertainty about funding and bureaucratic hurdles reduce access and acceptance. Due to the possibility of SARS-CoV-2 transmission in the phase of infection before symptoms appear, the possibility of free testing in this phase must be created, for example, if contact with a sick person has been reported.

If you wish to know more

- Robert-Koch Institut; Hinweise zur Testung von Patienten auf Infektion mit dem neuartigen SARS-CoV-2; <https://kurzelinks.de/RKI-Corona-Teste-Strategie>
- WDR - Quarks: Wie funktioniert ein Corona-Test: <https://kurzelinks.de/WDR-QUARKS-Teste-Funktion>
- Mueller, C. Coronavirus: Wie Testen und Kontaktverfolgung funktionieren. <https://kurzelinks.de/Medium-Pueyo-Mueller-Testen>
- <https://bit.ly/3844Jvg>

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