





Community Based HIV testing practices in Europe (HIV-COBATEST).



The EU HIV/AIDS Civil Society Forum

Agenda of the 18th HIV/AIDS Civil Society Forum
Luxembourg, December 9-10, 2013

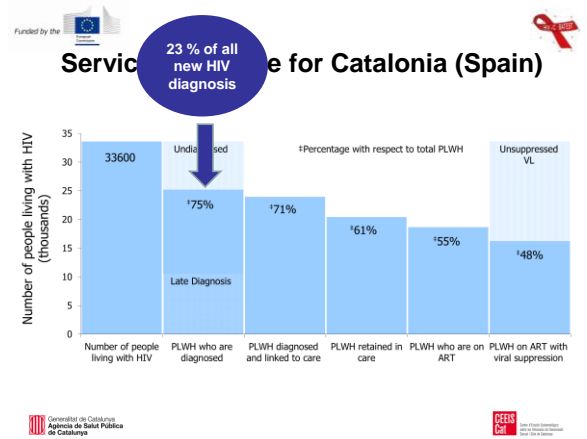
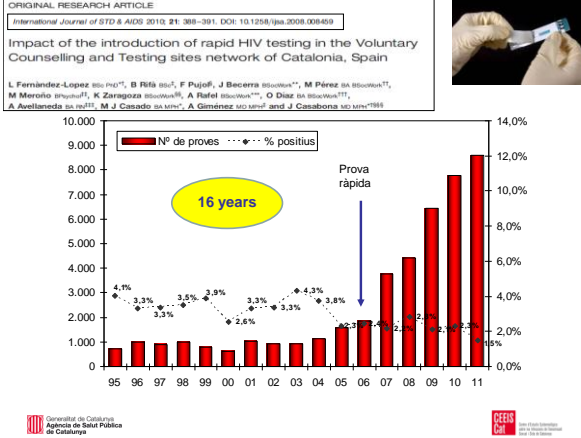
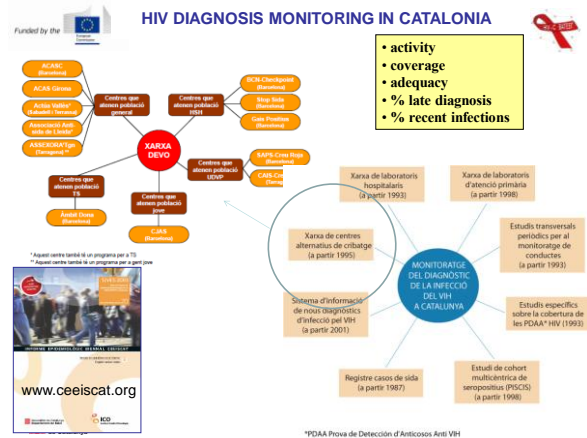
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- Background
- The Project
- Results and Outputs
- Conclusions
- Potential impact
- Further steps





HIV-COBATEST

HIV Community based testing practices in Europe

Funded by the 

2010-2013






Purpose :

To contribute to promote early HIV diagnosis in Europe by means of improving the implementation, monitoring and evaluation of community-based counseling and testing practices (CBVCT)

Specific objectives :

1. To gain a deep understanding of CBVCT programs and services in different countries.
2. To identify and describe good practices in the implementation of CBVCT.
3. To identify a core group of indicators that can be used to monitor and evaluate CBVCT.
4. To establish a network of community-based VCT in which to perform operational research
- 5.- To assess the acceptability, feasibility and impact of introducing oral rapid test technologies at community-based VCTs.



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MAIN PARTNER:

Centre for Epidemiological Studies on HIV/AIDS and STIs of Catalonia (CEEISCAT) (Spain)

ASSOCIATED PARTNERS:

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3. AIDES (France) **Jean Marie Le Gall, Daniela Rojas**
4. AIDS Fondet (Denmark) **Klaus Legau, Per Sjaalen Kaye, François Pichon, Ole Markussen,**
5. Institute of Sexology, Medical Faculty, Charles University (Czech Republic) **Ivo Prochazka**
6. National Institute of Public Health (Slovenia) **Irena Klavs**
7. National AIDS Centre (Poland) **Iwona Wawer**
8. AIDS-Hilfe NRW e.V. (Germany) **Michael Wurm**

— External Evaluator: **Jakob Hafl**



COBATEST Collaborating Partners:

1. Arcigay (Italy)
2. SkUC (Slovenia)
3. Laboratory for Molecular Microbiology and Slovenian HIV/AIDS Reference Centre (Slovenia)
4. Ceska společnost AIDS pomoc (Czech Republic)
5. Romanian Monitoring Center for Drugs and Drug Addiction National Antidrug Agency (Romania)
6. Karolinska University Hospital (Sweden)
7. Institute of Public Health of Montenegro (Montenegro) **Boban Mugosa;**
8. PROLEPSIS (Greece)
9. Sexual Health Promotion & Health Protection Agency (Luxembourg)
10. Public Health Agency of Latvia (Latvia)
11. Programa per a la prevenció y asistencia de la Sida, Generalitat de Catalunya (Spain)
12. G.A.T. Grupo de Activistas (Spain)
13. National AIDS Commission (Portugal)
14. LEGEBITRA (Slovenia)
15. Aidsberodung Croix-Rouge (Luxemburg)
16. Deutsche AIDS-Hilfe e.V. (Germany)
17. Institute of Tropical Medicine (Belgium)
18. Estonian Network of People Living with HIV (Estonia)
19. Safe Pulse of Youth (Serbia)
20. ARAS (Romania)
21. ISPUD (Portugal)

13 GOs Department HIV/STI Centre for Infections Health Protection Agency (UK)

16 NGOs Public Health Agency of Latvia (Latvia)

19 countries (Spain)



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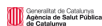
Work Packages

Horizontal WP:

1. **Coordination** of the project (FIGTIP, Spain)
2. **Dissemination** of the project (ICO-CEEISCAT, Spain)
3. **Evaluation** of the project (STOP AIDS, Denmark)

Core WP:

4. **Cross-national survey** on the implementation of CBVCT programmes (Regione Veneto/ULSS 20, Italy)
5. **Qualitative study and code of good practice** for the implementation of CBVCT programmes and services (AIDES, France)
6. **Core group of indicators** to monitor HIV diagnosis from VCT services. (Institute of Public Health, Slovenia)
7. **Standardised protocol for data collection** from CBVCT centres (EEISCAT, Spain)
8. **Acceptability, feasibility, and impact** of introducing the rapid oral test in the CBVCT network (CEEISCAT, Spain)



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COBATEST definition:

"CBVCT is any program or service that offers HIV counselling and testing on a voluntary basis outside the formal health facilities and that has been designed to target specific groups of the population most at risk and is clearly adapted for and accessible to those communities. Moreover, these services should ensure the active participation of the community with the involvement of community representatives either in planning or implementing HIV testing interventions and strategies"

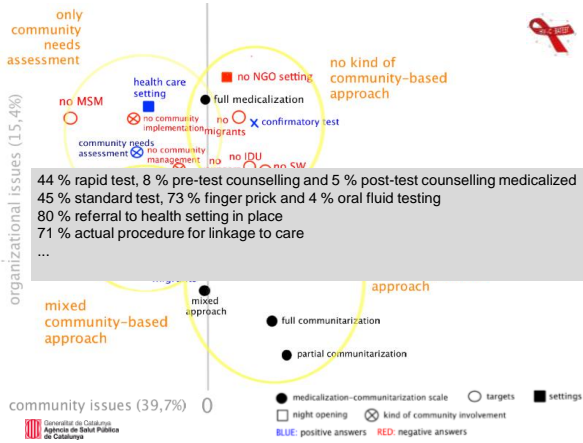


Cross-national survey on the implementation of CBVCT programmes
 Michele Breviglieri – Martina Furegato
 Ufficio Relazioni Internazionali – ULSS20 – Veneto Region (Italy)

Lack of a standard definition
 80% NFPs reported presence of CBVCTs
 50 % testing is always free
 56 % have regulations on CBVCTs
 64% has some recommendation on rapid testing
 ...

Yes (56%)
No (44%)





44 % rapid test, 8 % pre-test counselling and 5 % post-test counselling medicalized
 45 % standard test, 73 % finger prick and 4 % oral fluid testing
 80 % referral to health setting in place
 71 % actual procedure for linkage to care

Implementation of Community-Based Voluntary Counseling and Testing (CBVCT) Programs and Services. Qualitative study report.

Daniela Rojas Castro, Guillemette Quatremère, Jean-Marie Le Gall



A guide to doing it better in our CBVCT centres. Core practices in some European CBVCT centres

Laura Rios Guardiola, Jean-Marie Le Gall
 Beata Umbyeji-Mairesse
 HIV-COBATEST Project Steering Committee

- The community-based approach in CBVCT services.
- CBVCT implementation among and with populations.
- Staff and people involved in CBVCT programmes.
- Tests used.
- The use of counseling in CBVCT.
- CBVCT practices.
- Monitoring and evaluation

Core group of indicators to monitor HIV diagnosis from VCT services

Irena Klavs. National Institute of Public Health (Slovenia)

- Total number of suggested indicators: 18**
- 11 Mandatory indicators
 - 5 optional indicators
 - 2 additional indicators

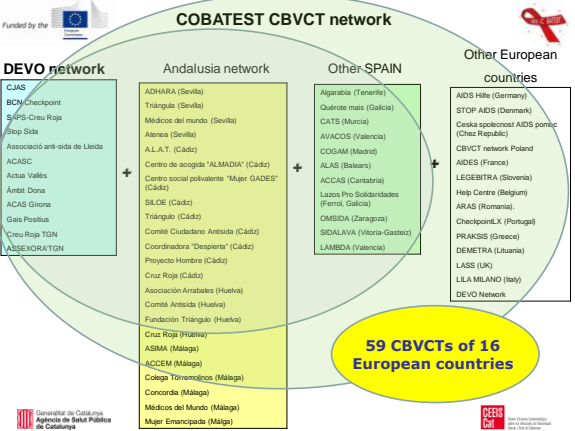
- "Mandatory" (11 indicators):**
- Activity and previous HIV tests: 4 indicators
 - Screening and confirmatory results: 5 indicators
 - Post test counselling: 2 indicators

- Optional (5 indicators):**
- Pre and post test counselling: 3
 - Cost per tested and diagnosed client: 2

- Additional (2 indicators):**
- Linkage to care: 1
 - Late presenters: 1

European Network of CBVCT services and programmes.

Laura Fernández, Cristina Agustí, Jordi Casabona



Acceptability, feasibility, and impact of introducing the rapid oral test in the CBVCT network.

Laura fernández, Cristina Agustí, Jordi Casabona (CEEISCAT)

Question	nr of answers	% of answers
With what kind of test have you been tested?	n=929	
Rapid oral test + Rapid blood test	499	66.9%
Rapid oral test + Conventional test	248	33.2%
What kind of test have you found more comfortable?	n=659	
Rapid oral test	313	71.2%
Rapid blood test	115	24.0%
Both tests	20	4.3%
If you have been tested with rapid oral test + conventional test	n=249	
Rapid oral test	209	83.9%
Conventional test	40	16.1%
What kind of test do you prefer?	n=693	
Rapid oral test	234	47.5%
Rapid blood test	211	41.8%
Both tests	38	7.7%
If you have been tested with rapid oral test + conventional test	n=252	
Rapid oral test	140	66.1%
Conventional test	82	39.9%
Do you trust the result of the rapid oral test?	n=928	
Yes	590	63.7%
No	266	28.7%
I don't know	167	23.5%

- Client's acceptability
- Provider's acceptability
- Feasibility
- Actual choice

Question	nr of answers	% of answers
Technical complexity of the rapid oral test:	n=67	
Complex	0	0.0%
Not very easy	8	11.9%
Easy	38	56.7%
Very easy	21	31.3%
Results interpretation of the rapid oral test:	n=66	
Complex	1	1.5%
Not very easy	16	24.2%
Easy	31	47.0%
Very easy	18	27.3%
Confidence in the result obtained with the rapid oral test:	n=67	
Completely	24	35.8%
Partially	39	58.2%
I don't trust	4	6.0%
Do you think it would be useful/helpful to have test in your service?	n=67	
Yes	56	83.6%
No	10	14.9%
I'm not sure	1	1.5%

www.cobatest.org

Funded by the Evaluation: HIV-COBATEST. Usefulness Survey

Please state your opinion about the following statement: "The HIV-COBATEST Project has made a significant contribution to obtaining this objective in my country."

Strongly agree	48.5%
Agree	46.3%
Neither agree nor disagree	2.8%
Disagree	2.8%
Strongly disagree	2.8%
W don't know / cannot answer	2.8%

"The main general objective of the HIV-COBATEST project is to promote early diagnosis of HIV infection in Europe by improving the implementation and evaluation of community-based testing practices."

Strongly agree	88.5%
Agree	88.5%
Neither agree nor disagree	10.5%
Disagree	10.5%
Strongly disagree	10.5%
W don't know / cannot answer	10.5%

Conselleria de Catalunya, Agència de Salut Pública de Catalunya

Funded by the **SOME CONCLUSIONS**

- Although CBVCTs are widely spread in Europe, there is a lack of information at national level.
- CBVCTs seems to perform well and they address the more affected groups , but there is an extremely mix pattern of practices and lack of standardized procedures.
- Paying and medicalization of CBVCTs seems to be two potential relevant barriers.
- Peer approach and access to information seems to be two important perceived characteristics of CBVCTs
- Although rapid blood test is widely use, the oral fluid test is very seldom used.
- Oral fluid test is very well accepted by both clients and providers and it's implementation is feasible; nevertheless there is the "feeling" that it has a worse performance.
- Oral fluid test is easy to introduced in setting were rapid test was not used at all. It is more difficult to be introduced in settings were rapid syphilis test is considered relevant.
- ...

Funded by the **THE COBATEST PROJECT HAS CONTRIBUTED TO :**

- consolidated the concept of Community Based Testing in Europe
- increased policy awareness on CBVCT
- produced and updated data set on current CBVCT resources in Europe
- facilitated alliances between NGOs-GOs- academic institutions and private sector
- established a network to perform community based operational and implementation research
- provided harmonized data collection instruments and indicators to be used across countries
- introduced rapid testing in countries where they were not accepted/allowed (ie. Poland)
- improved monitoring and evaluation of services and programs (ie. Spain)
- identify new reserach questions to be addressed
- ...

Funded by the **STRATEGIC CONCLUSIONS**

1. CBVCT and outreach programs should be taken more seriously by policy makers and they should be incorporated in their National Action Plans.
2. Restrictive legislation and medical coorporativism have been a barrier for doing so.
3. NGOs need to introduce methodological issues and quality assurance issues in their practices.
4. The collaboration of public health specialists and community members is crucial in the design, implementation and monitoring & evaluation of CBVCT and outreach programs.
5. Introducing operational research and using program science approaches are crucial for increasing the cost-effectiveness of CBVCT and outreach programs.

EURO HIV-EDAT PROJECT (2014-2017)

Funded by the **EUROPEAN HIV EARLY DIAGNOSIS AND ACCESS TO TREATMENT PROJECT**

EURO HIV-EDAT PROJECT (2014-2017)

Project selection from **Call for Proposals 2013**

Monitoring and evaluation New technologies MSM Migrant population

Conselleria de Catalunya, Agència de Salut Pública de Catalunya



Purpose:

- To generate operational knowledge to better understand the role and impact of Community Based Voluntary Counselling and Testing services (CBVCTs) across Europe, as well as to study the use of innovative strategies based on new technologies and social networks, to increase early HIV/STI diagnosis and treatment among the most vulnerable groups.

Specific objectives :

1. To monitor and evaluate CBVCT services in Europe;
2. To identify determinants for HIV test seeking behaviour and sexual risk behaviour among MSM in Europe;
3. To describe and improve approaches of point of care and linkage to health services for HIV/STI among MSM in Europe;
4. To improve the implementation of CBVCT services specifically addressed to MSM in Europe;
5. To describe HIV testing patterns and identify barriers to testing and care among migrant populations in Europe;
6. To assess acceptability and feasibility of innovative strategies and interventions aimed at increasing HIV counselling and testing



Associated Part Collaborating Partners:

1. ICO (Spain)
2. BCNCheckpoints (Spain)
3. AIDES (France)
4. AIDS Fondet (Denmark)
5. National Institute of Health (Spain)
6. LESBET (Spain)
7. AIDS-Hilfe (Germany)
8. ARAS (Romania)
9. Checkpoint (UK)
10. Institute Tropic (Italy)
11. ISCIII (Spain)
12. CIBERESP (Spain)
13. Robert Koch Institute (Germany)
14. Stop SIDA (Spain)
15. Iskorak (Sexual and gender minorities) (Croatia)
16. Instituto de Saúde Pública da Universidade do Porto (Portugal)
17. Àmbit Prevenció (Spain)
18. The National AIDS Centre (Poland)
19. Helsevetnet (for bedre homøhelse/ G) (Norway)
20. Plus onlus (Italy)
21. 18 countries in Europe (Netherlands)
22. Fondazione LILA Milano ONLUS - Lega (Italy)
23. Association of HIV affected women and their families "Demetra" (Lithuania)
24. Agència de Salut Pública de Barcelona (Spain)
25. PRAKSIS NGO (Greece)
26. Leicester City Council Public Health Directorate (United Kingdom)
27. Health Protection Agency (United Kingdom)
28. Estonian Network of People Living with HIV(EHPV) (Estonia)
29. Baltic HIV Association (Latvia)
30. Safe Pulse of Youth (Serbia)



Working Together for Optimal Testing and Earlier Care

contro l'AIDS



Horizontal WP:

1. Coordination of the project (FIGTIP, Spain)
2. Dissemination of the project (ICO-CEEISCAT, Spain)
3. Evaluation of the project (AIDS Fondet, Denmark)

Core WP:

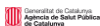
4. Standardised data collection and analysis from a European network of CBVCT services for monitoring and evaluation (Institute of Public Health, Slovenia)
5. Follow up and longitudinal analysis of clients attending MSM Checkpoints (ICO-CEEISCAT, Spain)
6. Data collection and pilot study on Point of Care and linkage to health services for HIV/STI in MSM Checkpoints (AIDS Fondet, Denmark).
7. Development of a Toolkit for implementation and evaluation of MSM Checkpoints (AIDS-Hilfe, Germany)
8. Rapid assessment on access to HIV testing and care for migrant populations in Europe (AIDES, France)
9. KAP/B survey and pilot intervention on innovative strategies and interventions (ITM, Belgium)



Deliverables:

1. Guidelines for Data Collection for Monitoring and Evaluating CBVCT for HIV in the COBATEST network
2. Report on the description of determinants for HIV test seeking behaviour and sexual risk behaviour among MSM in Europe
3. Optimal linkage to health services and guide for CBVCT's and Points of Care for MSM
4. Toolkit on the implementation and evaluation of MSM Checkpoints
5. Guide of best practices for testing and care among migrant populations in Europe
6. Recommendations for the implementation of innovative HIV testing strategies among different populations
7. Implementation Manual for an integrated strategy for HIV Testing using CBVCT, outreach and web based techniques
8. Web based application to deliver test results and provide counselling in different languages

Starting date: April 2014



Thank you !

STEERING COMMITTEE

Jordi Casabona
Cristina Agustí
Laura Fernández

Maitte Arrillaga



Luigi Bertinato, Regione del Veneto/ULSS20 (Italy)
Jean-Marie Le Gall, Association AIDES (France)
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Michael Meulbroek, Projecte dels Noms Hispanosida (Spain)
Ivo Prochazka, Institute of Sexology (Czech Republic)
Irena Klavs, Institute of Public Health of the Republic of Slovenia
Iwona Wawer, National AIDS Centre of Poland

