



# The EU HIV/AIDS Civil Society Forum

15th HIV/AIDS Civil Society Forum Luxembourg June 4-5, 2012

Cobatest project – Overview of the project and presentation of qualitative study results

Jordi Casabona, Director of CEEISCAT  
jcasabona@iconcologia.net



- Background
- The COBATEST Project
- Preliminary results
- Next steps



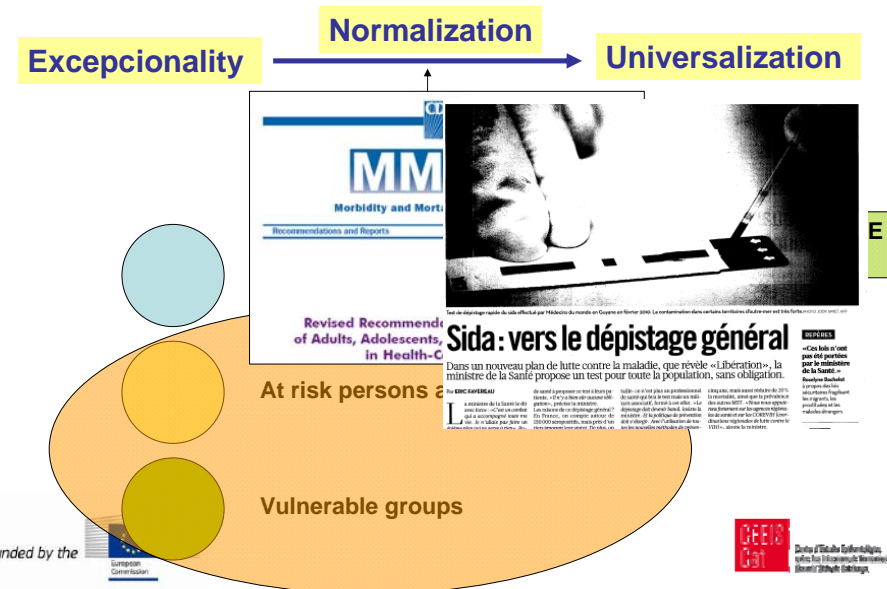
With the current available scientific evidence on the impact of early HIV diagnosis, both at individual and population level, from a public health perspective the operational objective of intervention is:

**To increase the number of HIV + persons who know they are infected**

Without forgetting that the main objective of public health should be to prevent HIV and other STIs !!!

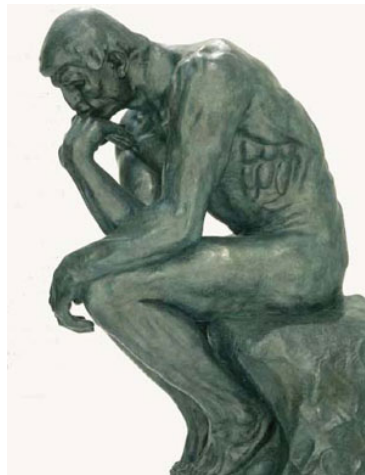


## TESTING CRITERIA



Who should be tested?  
 How to test?  
 Where to test?  
 How often to test?  
 Who should test?  
 ...

PROGRAMATIC ISSUES



## TERMINOLOGY

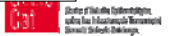
### Who ?

- Voluntary Counselling and Testing (VCT)
- Client initiated HIV Testing and Counselling
- Provider initiated HIV Testing and Counselling
  - opt. out
  - opt. in

Home HIV test should be approved, FDA panel rules  
 By **Lena H. Sun**, Updated: Tuesday, May 15, 2:00 PM

An expert panel voted Tuesday to recommend that the Food and Drug Administration approve the first over-the-counter HIV test, saying that the overwhelming benefit of identifying new infections and averting transmission far outweighs risks of missing some people who are infected or of unanswered questions about who might use the test and how they would act upon learning the results.

- Community based
- Outreach
- Point of care



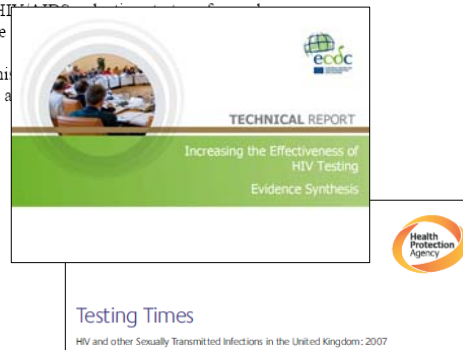
## EUROPEAN PARLIAMENT



4. Calls on the Commission and the Member States to ensure that HIV testing remain free and anonymous;
5. Calls on the Commission to establish an HIV testing strategy for vulnerable groups and groups known to be at high risk;
6. Calls on the Council to instruct the Commission to ensure the implementation of evidence-based testing and counselling in the WHO European Region.



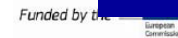
**Scaling up HIV testing and counselling in the WHO European Region**  
 as an essential component of efforts to achieve universal access to HIV prevention, treatment, care and support  
 Policy framework



## Characteristics of the epidemiology and temporal trends of late presenters in Europe

Joanne Reekie for the late presenters working group of COHERE in EuroCoord

- 87,262 individuals presented for care
- 46,733 (53.5%, 95%CI 53.2-53.9) late presentation
- 28,691 (32.9%, 95%CI 32.6-33.2) presentation with advanced disease
- 12,008 (14%) presented with AIDS
  - 2434 (20%) *Pneumocystis jirovecii* pneumonia (PCP)
  - 1752 (15%) Cytomegalovirus disease (CMV)
  - 1464 (12%) Oesophageal candidiasis



# HIV infection and AIDS in the European Union and European Economic Area, 2010

G Likatavicius (gledrius.likatavicius@ecdc.europa.eu)\*, M J van de Laar\*  
 L. European Centre for Disease Prevention and Control (ECDC), Stockholm, Sweden

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 Euro Surveill. 2011;16(12):20103. Available online: <http://www.eurosurveillance.org/ViewArticle.aspx?ArticleId=20103>

Article published on 1 December 2011

Reported numbers of newly diagnosed HIV infections\* in people with known CD4 cell counts and those with CD4 cell counts <350 cells/μl, by transmission mode, 15 European Union countries, 2010

| Country        | Number of newly diagnosed HIV infections in patients with a known CD4 cell count (%) <sup>a</sup> | Number of newly diagnosed HIV infections in patients with CD4 cell count <350 cells/μl (%) | Percentage of newly diagnosed HIV infections in patients with CD4 cell count <350 cells/μl, by transmission mode |                    |                 |                              |         |
|----------------|---|--|--|--------------------|-----------------|------------------------------|---------|
|                |   |  | Heterosexual   | Injecting drug use | Sex between MSM | Mother-to-child transmission | Unknown |
| Belgium        | 620 (52.4)  | 240 (38.7)   | 51.0   | 75.0               | 24.1            | 0.0                          | 46.2    |
| Bulgaria       | 113 (71.1)  | 52 (46.0)  | 54.8   | 39.1               | 32.1            | NR                           | NR      |
| Cyprus         | 22 (53.7)   | 10 (45.5)  | 44.4   | NR                 | 45.5            | NR                           | 0.0     |
| Czech Republic | 158 (87.8)  | 40 (25.3)  | 46.7   | 33.3               | 19.2            | NR                           | 40      |
| Denmark        | 227 (83.5)  | 127 (55.9)   | 61.1   | 50.0               | 50.5            | NR                           | 57.1    |
| France         | 2,270 (57.8)  | 1,178 (51.9)   | 59.3   | 58.9               | 37.6            | 100.0                        | 67.6    |
| Italy          | 2,063 (71.8)  | 1,101 (53.4)   | 57.4   | 63.7               | 45.1            | 0.0                          | 54.8    |
| Latvia         | 157 (58.1)  | 89 (56.7)  | 50.5   | 71.4               | 62.5            | NR                           | 53.8    |
| Luxembourg     | 31 (70.5)   | 16 (51.6)  | 42.9   | NR                 | 58.8            | NR                           | NR      |
| Netherlands    | 843 (85.4)  | 422 (50.1)   | 62.5   | 50.0               | 43.0            | NR                           | 78.9    |
| Romania        | 125 (88.7)  | 51 (40.8)  | 39.7   | 0.0                | 28.0            | NR                           | 56.7    |
| Slovakia       | 22 (78.6)   | 6 (27.3)   | 33.3   | 100.0              | 22.2            | NR                           | NR      |
| Slovenia       | 33 (94.3)   | 17 (51.5)  | 71.4   | NR                 | 46.2            | NR                           | NR      |
| Spain          | 2,438 (84.2)  | 1,109 (45.5)   | 55.1   | 56.8               | 36.4            | NR                           | 49.6    |
| United Kingdom | 5,485 (83.2)  | 2699 (49.2)  | 59.5   | 46.1               | 38.0            | 41.9                         | 52.9    |
| Total          | 14,607 (74.4)   | 7,157 (49.0)   | -  | -                  | -               | -                            | -       |

NR: no new diagnoses reported; MSM: men who have sex with men.

\* In patients older than 14 years, diagnosed in 2010.

<sup>a</sup> Proportion of HIV infections with CD4 cell count reported among the total number of reported HIV infections.

Source: [2].

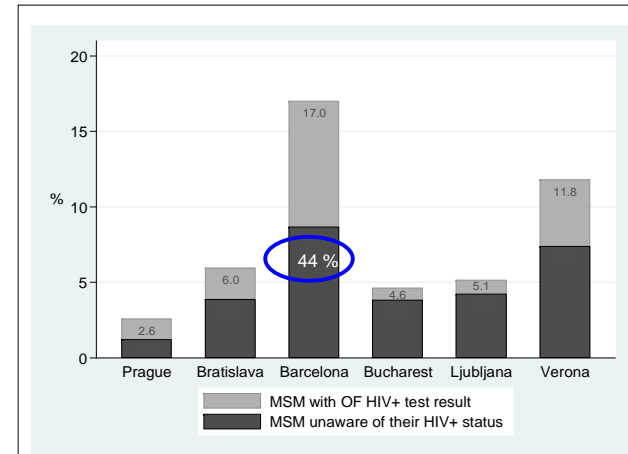
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SIALON I PROJECT



"Capacity Building in HIV/Syphilis Prevalence Estimation Using Noninvasive Methods Among MSM in Southern and Eastern Europe". The Sialon project has received funding from the European Commission under the Public Health Program, 2003–2008.

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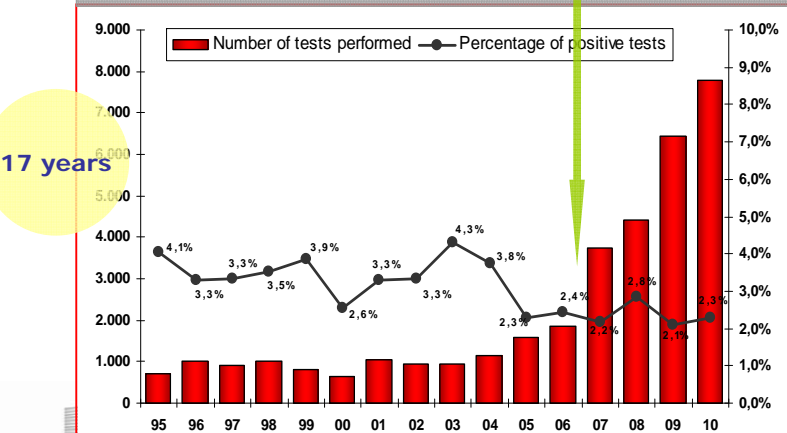
SIALON I PROJECT



ORIGINAL RESEARCH ARTICLE

## Impact of the introduction of rapid HIV testing in the Voluntary Counseling and Testing sites network of Catalonia, Spain

L. Fernández BSc PhD<sup>1</sup>, B. Rifà BSc<sup>2</sup>, F. Pujol<sup>1</sup>, J. Becerra BScWork<sup>1</sup>, M. Pérez BA BScWork<sup>1</sup>, M. Meroño BScWork<sup>1</sup>, K. Zaragoza BScWork<sup>1</sup>, A. Rafel BScWork<sup>1</sup>, O. Díaz BA BScWork<sup>1</sup>, A. Avellaneda BA PhD<sup>1</sup>, M. J. Casado BA MPH<sup>1</sup>, A. Giménez MD MPH<sup>1</sup> and J. Casabona MD MPH<sup>1</sup>195



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Study periode

2010-2013

Funded by the



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**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 thorough 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.



**Main Partner:**

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

**COBATEST Associated Partners:**

- Projecte dels Noms-Hispanosida (Spain)
- Regional Centre for Health Promotion Veneto (Italy)
- Association AIDES (France)
- STOP AIDS – Gay Men’s HIV-Organization (Denmark)
- Institute of Sexology, Medical Faculty, Charles University (Czech Republic)
- Institute of Public Health of the Republic of Slovenia (Slovenia)
- National AIDS Centre (Poland)
- AIDS-Hilfe NRW e.V. (Germany) .



- Main Partner
- ★ Associated Partner
- ★ Collaborative Partner



**COBATEST Collaborating Partners:**

1. Arcigay (Italy) Michele Breveglieri;
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 & Department HIV/STI Centre for Infections Health Protection Agency (UK)
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 VIH/SIDA (Portugal)
13. National AIDS Commission (Portugal)
14. LEGEBITRA (Solvenia)
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  
15 NGOs  
19 countries



**Workpackages :**

- WP1 Coordination of the project (CEEISCAT, SPAIN)
- WP2 Dissemination (CEEISCAT, SPAIN)
- WP3 Evaluation (STOP AIDS, DENMARK)
- **WP4 Cross-national survey on the implementation of CBVCT and services** (REG VENETON, ITALY)
- **WP5 Qualitative study and code of good practices for the implementation of CBVCT** (AIDES, FRANCE)
- **WP6 Core group of indicators to monitor HIV diagnosis from CBVCT** (IPH, SLOVENIA)
- **WP7 Standardize protocol for data collection from CBVCT** (CEEISCAT, SPAIN)
- **WP8 Acceptability and feasibility study of introducing the rapid oral test in the CBVCT network** (CEEISCAT, SPAIN)



# Aplicability

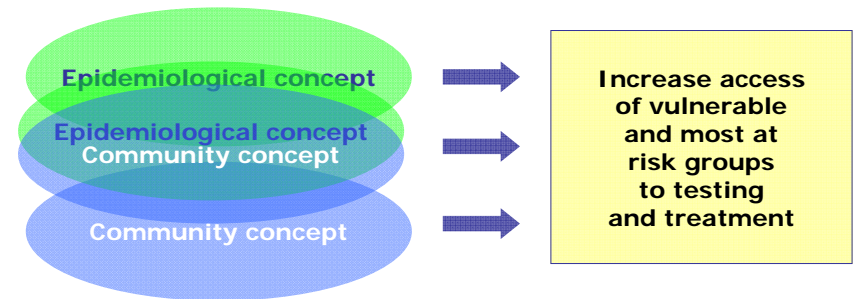
- Complement and expand the surveys and guidelines done by ECDC, WHO and other organizations
- Standardize procedures
- Facilitate monitoring and evaluation across Europe
- Increase national funding for CBVCT and improve national policies
- Consolidate a network of CBVCTs in which to perform operational research (determinants of test seeking behaviour, impact of rapid testing techniques, effectiveness of different counselling approaches, impact of HIV diagnosis on sexual behaviour, ...)
- . . .



| ACTION                     | PURPOSE                   | PRODUCT       | TARGET                          |
|----------------------------|---------------------------|---------------|---------------------------------|
| National Based Survey      | Diagnosis of situation    | Report + .... | NGOs, GOs, academia             |
| Qualitative study          | Diagnosis of situation    | Report + ...  | NGOs, GOs, academia             |
| Code of Good Practices     | Recommendation            | Report + ...  | CBVCTs                          |
| Core Indicators            | Recommendation            | Report + ...  | CBVCTs<br>National HIV programs |
| Data collection instrument | Operational research tool | Protocol      | COBATEST network participants   |
| Data collection Tool       | Operational research tool | Protocol      | COBATEST network participants   |

## Challenges:

- definition criteria for CBVCT
- terminology
- response rate and representativeness
- internal coordination (timing, ...)
- avoiding overlapping with other on going initiatives
- include new sites and new countries (funding, ...)
- European Commission administrative requests
- ...



**COBATEST definition of community based voluntary counseling and testing**



## COBATEST definition:

CBVCT is any program or service that offers HIV counselling and testing on a voluntary basis **outside 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.



- There is not a common definition of CBVCT across countries and even the concept is differently understood.
- The COBATEST definition has been highly accepted, but according to the data collected it seems not sufficiently specific.
- Although there are many CBVCT activities they are not systematically registered at the country level. National focal points, especially in large countries, seems not be aware of all CBVCT activities.
- There are marked differences in the implementation of CBVCT across and within countries (management, community involvement, performance practices).
- Saliva test are not used in any of the contacted CBVCTs, but blood rapid test are the most common approach used in them. Nevertheless only in 59 % of the countries rapid technologies are formally recommended.
- Although most of the analyzed CBVCT are not specifically addressed to one particular group, MSM were targeted in most of them.



## Participating Countries

### National Focal Points



22 NFP and 3 Regional Focal Points responded, with a response rate *at country level* of 71%.



### CBVCTs



41 CBVCTs in 19 countries were contacted and **39 responded**. In 7 countries more than one CBVCT answered: Denmark, Germany, Italy, Poland, Spain, Switzerland and United Kingdom.



## RESULTS: Choosing a CBVCT vs. formal health setting (users)

- A friendly physical atmosphere.**  
"Compare to XXXX, to just sit there and wait, then you have to follow the red line. Here you not just a number, your are not anonymous in an unpleasant way". (FG-5)
- Time to make the test, time to wait vs. traumatic waiting.**  
"In other centers the results come back days later, as far as I know... from my experience it has been weeks later... and you go in and pick up an envelope and that's it. That may be fine or it may not be fine. It doesn't matter, if you want it that way. I don't think it's wrong. But here it's different. First of all it's instantaneous. You get the result back almost immediately and secondly ...the feedback, especially in the case of a bad result..." (FG-8)
- Closer and non-judgmental staff.**  
"That's easy: I can go there completely open, just being gay, don't have to worry about it. In public health service I feel regarded suspicious and strange". (FG-5)
- Counselling vs. Moralizing.**  
"Yes, here we can talk openly about our doubts and we are never judged by anyone. I mean, no matter how my sexual practices are, the guys here are always open to listen and to inform you. It's the complete opposite from the family doctor, where they judge you even by taking the test". (FG-8)
- Anonymity/Free**
- Differences from managers and users**



CORE INDICATORS TO MONITOR  
COMMUNITY BASED  
VOLUNTARY COUNSELLING AND TESTING (CBVCT)  
FOR HIV

Guidelines for CBVCT services

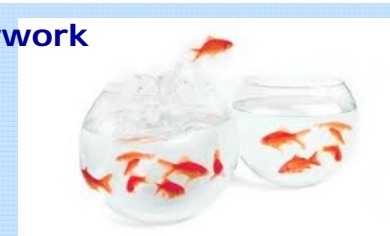
Draft version 0.3  
22<sup>nd</sup> May 2012

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## European COBATEST Network

23 sites  
10 countries



- Advocacy
- Operational research
- Impact

- Involvement of NGOs and civil society
- Political commitment
- Technical support
- Monitoring and evaluation

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

Funded by the



Generalitat de Catalunya  
Agència de Salut Pública  
de Catalunya



Thanks for your attention

Muchas gracias  
por su atención !

Agustí

Eskerrik asko  
zure arretagatik!

Manédez

Moitas grazas  
pola súa atención!

Moltes mercès  
per la seva atenció !

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