GAT
Grupo de Ativistas em Tratamentos
Membro da Coligação Internacional Sida PLUS

CBVCT in Portugal: Achievements and Challenges

Luxembourg, November 2015

The Portuguese situation

HIV:
- Estimated 60-65.000 PLHIV
- Roughly 34.000 people in the system
- Concentrated epidemic: MSM, Migrants, PUD, SW (especially prevalent in trans people), prisons;
- Also concentrated geographically (Lisbon, Porto, Algarve)
- Huge need in terms of early diagnosis
- 225-250M€ in ARV expenses (public expenditure) – 25% of all Hospital medication budget

HCV:
- Estimated 104.000-156.000 PLHCV
- Mostly affecting PWID, also other drug users (smokers)
- 13.000 people in the health system, currently a little over 6000 in treatment with new DAA

Access obstacles and inequalities
- Affecting mostly foreigners staying, either regular and irregular, in Portugal

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Projects

CHECK POINT LX

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UNIDADE MÓVEL DE SAÚDE

CENTRO
ANTI-DISCRIMINAÇÃO
VIH E SIDA

IN MOURARIA

REDE DE RASTREIO

Community-based centre for free, anonymous and confidential HIV screening, counseling and linkage to care for men who have sex with men

CHECK POINT LX

De Abril 2011 a Junho 2015

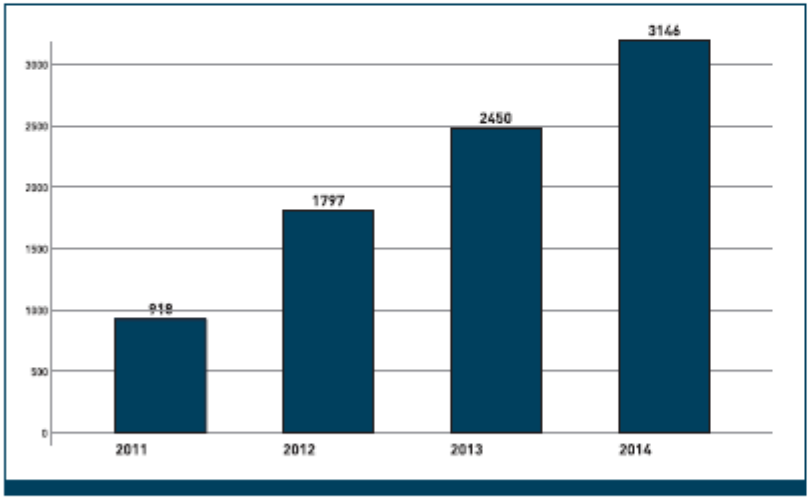
From April 2011 to Junho 2015

RELATÓRIO DE ACTIVIDADE DE ABRIL DE 2011 A DEZEMBRO DE 2014

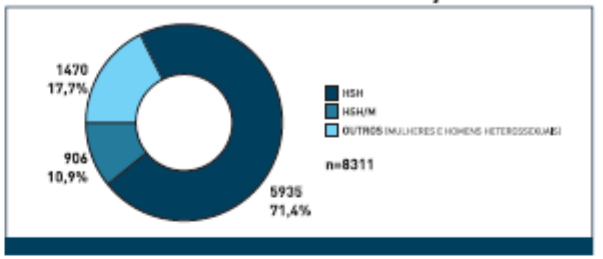
O CHECKPOINTLX É UM SERVIÇO ANÓNIMO, CONFIDENCIAL E GRATUITO, PARA RASTREIO RÁPIDO DO VIH, DIRIGIDO A HOMENS QUE TÊM SEXO COM HOMENS (HSH).

OFERECE ACONSELHAMENTO PERSONALIZADO, PROMOVENDO O ACESSO À PREVENÇÃO E À SAÚDE SEXUAL DE UMA FORMA MAIS EFICAZ E INTEGRADA NA REALIDADE DESTA COMUNIDADE.

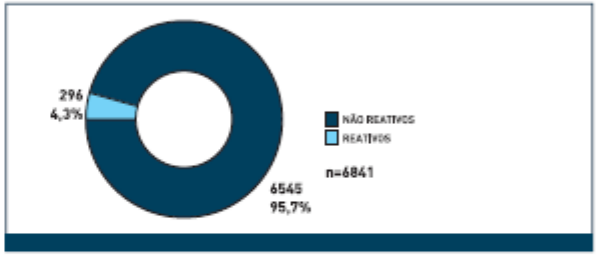
EVOLUÇÃO ANUAL DO TOTAL DE NÚMERO DE TESTES/ n=8311



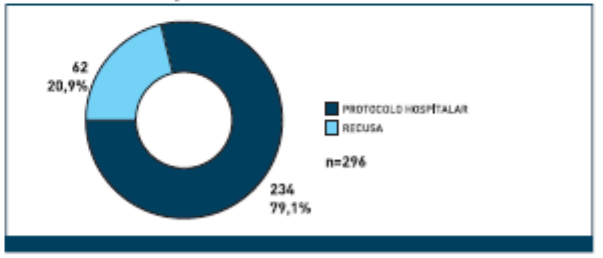
TOTAL DE TESTES POR ORIENTAÇÃO SEXUAL



RESULTADOS DOS TESTES EM HSH E HSH/M



REFERENCIAÇÕES HSH E HSH/M VIH REATIVOS



TESTE RÁPIDO VIH
RESULTADOS EM 30 MINUTOS
ANÓNIMO
CONFIDENCIAL
GRATUITO

CHECK POINT LX

O CHECKPOINTLX NECESSITA DO TEU CONTRIBUTO.

NIB 0035 0802 00005343930 09

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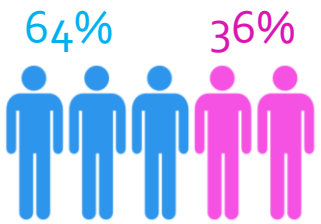
October 2012

April 2013

HIV/HCV rapid testing (2014 data)

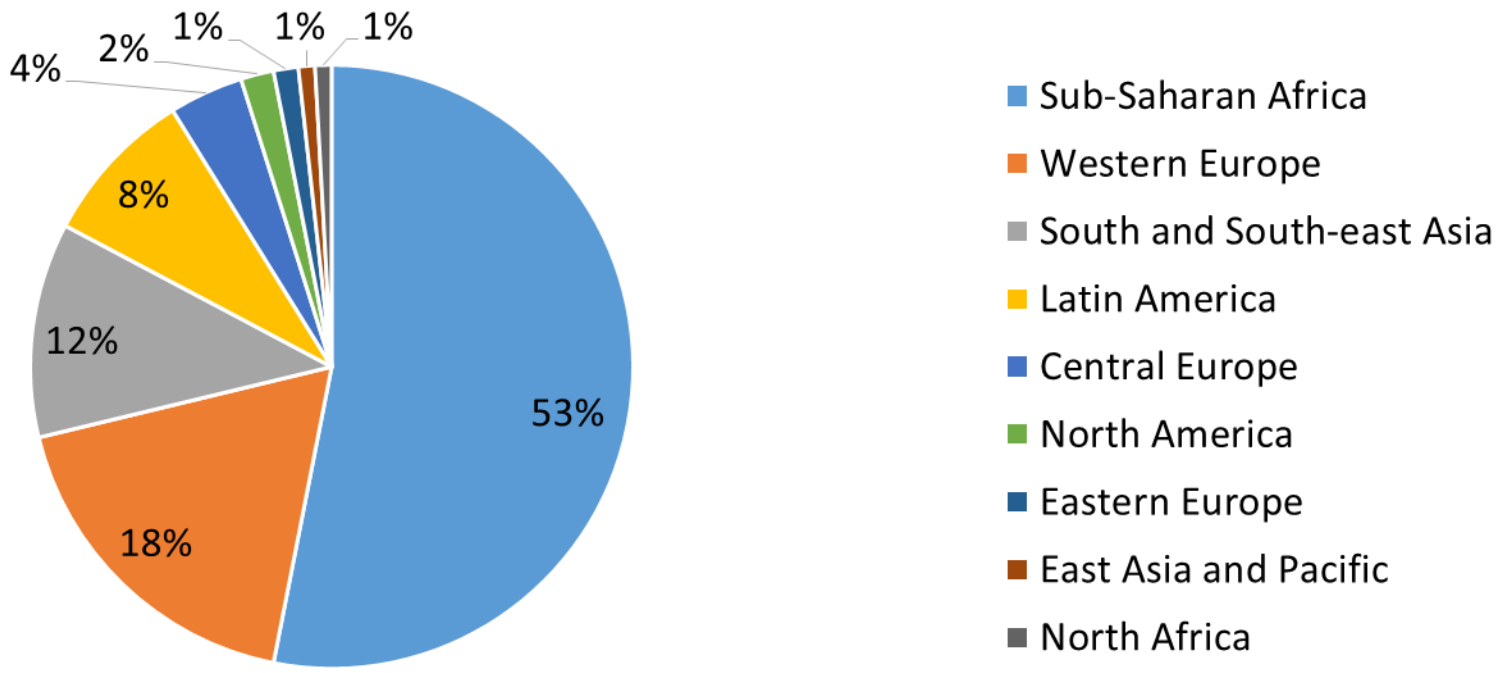
- 708 clients tested (**424 migrants**, 65 PUD, 219 other populations)
- **Reactive tests: HIV 1, 90%, HCV 1,96%, HBV 4,84%**
- **Most reactive cases were from Sub-Saharan countries**



Mean age
36 years

- 40% got tested for HIV for the first time
- 75% reported unprotected sex
- 55% have not used condom at last sexual intercourse
- 7% reported a STD in the last 12 months

Migrants by region of origin



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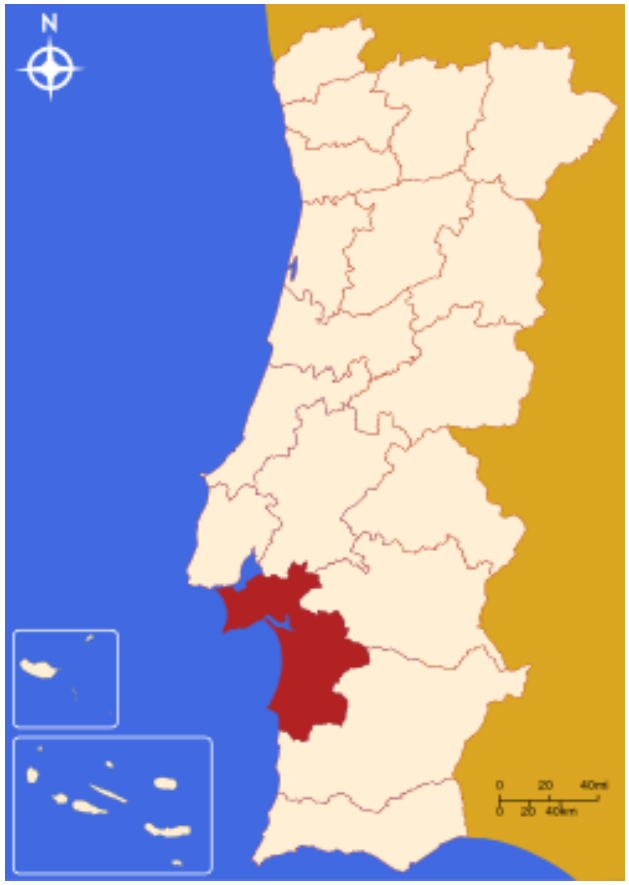
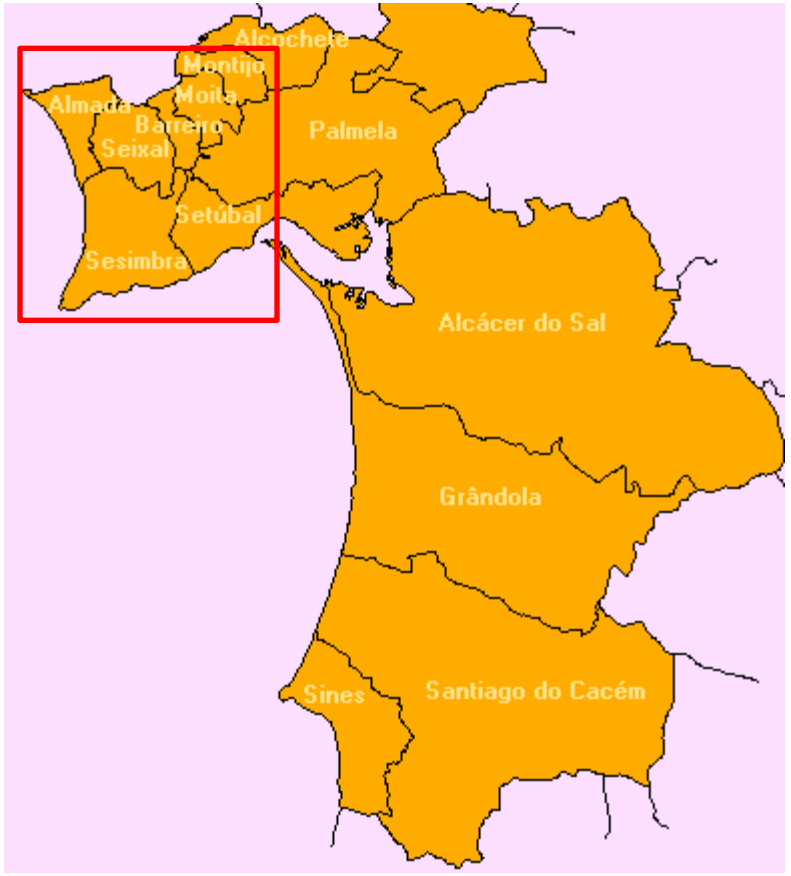
Intervention Area





Reactive tests per group and sex (Jan-Jul)

Men				
	HIV	HCV	HBV	SF
MIG	7	3	6	4
PUD	3	14	0	1
SW	1	1	0	0
MSM	2	2	0	2
NotA	0	1	0	0

Women				
	HIV	HCV	HBV	SF
MIG	4	1	0	0
PUD	0	7	0	0
SW	0	0	0	0
MSM				
NotA	0	0	1	0

Access obstacles and inequalities

Referral and after testing access to health care faces different and variable reading an interpretation of MoH policies, priorities, guidelines, and orientations.

We recently take charge of a case of a women, staying legally in the country, tested and diagnosed in NHS's hospital in September 2014 that only had access to a specialist appointment in November 2015, already in the AIDS stage.

The Anti Discrimination Centre (CAD) is preparing a collective action to overcome those well identified obstacles.

Vision

A national network of organizations that provide updated and adjusted information, prevention materials, VIH, HCV, HBV and Syphilis screening and linkage to healthcare services to key groups in proximity contexts, with the highest possible quality standard, while simultaneously being capable of generating knowledge that allows for adjustments to the national and local responses to these epidemics.

Community Based Screening Network

- Partnership between Civil Society, Academia and a Reference Laboratory;
- Training model and data collection procedure standardized;
- Local support to NGO's to improve responses and testing programs;
- Focused on Key Groups;
- HIV, Hepatitis and syphilis rapid testing made available on all partner NGOs;
- Currently 21 screening points from 13 organizations.

Total tests (2014) – GAT and partners

Testing Week

	January	February	March	April	May	June	July	August	September	October	November	December	Year results
# of tested for HIV	304	252	309	286	337	322	375	332	535	991	2206	456	6705
Total # of positive	12	11	12	8	11	10	9	10	6	22	28	14	153
% of seropositive	3,95%	4,37%	3,88%	2,80%	3,26%	3,11%	2,40%	3,01%	1,12%	2,22%	1,27%	3,07%	2,28%

In 2015, from January to October, the network (GAT and our partners) performed 6222 HIV tests, with 123 new reactive results (this data is preliminary).

Achievements

First CBVCT in Portugal (2011) – CheckpointLx
First experience with CB testing in several ONG (focus on SW and MSM) – PREVIH, 2012
Advocacy to allow for CB testing (regulator, NHD) – explanation of the directive published
Continuous advocacy towards a regulatory framework in PT
Peer testing in several groups (data to be published; progressive approach)
Literature review for regulation of CB Testing (2013)

Integrated screening approach (HIV, STI, Viral Heps)

Integrated approach: prevention, counselling, screening, linkage, escort and follow up (if clients want)

Capacity building, training, and test kit supply to NGO's
Participation in WHO testing guidelines review; COBATEST, EDAT

Partnership work with academia (surveys, cohort) and authorities (NAP, NHD, Lab, RAH - ERS)

Community Based Screening Network approved in 2015 – ongoing

Presentations and publications

The Lisbon Cohort of men who have sex with men
Incident risk factors as predictors of HIV seroconversion in the Lisbon cohort of men who have sex with men
X Congresso Nacional VIH.SIDA e XII Congresso Nacional de Doenças Infeciosas e Microbiologia Clínica
HIV Drug Glasgow
HepHIV2014
AIDS 2014
14th European AIDS ConferenceEACS
Sexual Transmited Infections journal
13º Encontro Nacional de Atualização em Infeciologia
PREVIH2
Estudo citológico da região anal e prevalência do vírus papiloma humano (HPV) em homens que têm sexo com homens (HSH) / Projeto CheckList - XI Congresso Nacional de Doenças Infeciosas e Microbiologia Clínica e IX Congresso Nacional sobre Sida
MSM HIV testing and linkage to care in Lisbon – HIV in Europe 2012
Benefícios da detecção precoce da infecção pelo VIH na comunidade HSH: a experiência do CheckpointLX - 8ªs Jornadas de Actualização em Doenças Infecciosas
CheckpointLX / MSM HIV testing and linkage to care in Lisbon - 12º Encontro Nacional de Actualização em Infecciologia
Cohort of men who have sex with men (MSM) / Lisbon / CheckpointLX - VIH Portugal
Providing anonymous, confidential and free HIV rapid testing and counselling for men who have sex with men (MSM) - FLAD HIV/SIDA Conference
Community-based HIV testing in a gay social venue in Lisbon - IAS2011

Challenges

- There is no regulatory or administrative established framework for community testing centres = must comply with rules established for NHS testing centres
- CBVT is not considered a “health service” rendered by the community, so funding is project based, meaning precarious, inconsistent and insufficient funds
- CB projects are not recognized as referral centres by most hospitals implying a referral to health centres, double testing and excessive length of time to get a medical appointment = lost to follow up
- Administrative procedures are not harmonized, each hospital and centre has each one rules and different interpretations of legislation and guidelines
- Cost of tests; there is no centralized purchase penalizing projects that do more tests are limited by budget.

To the future:

- Overcome present administrative and beaurocratic obstacles
- IT investment – dissemination, data collection and reporting; client follow up; referral
- Exchange of best practices: implementation networks; academia partners
- Solid and updated training models (IT partially would be perfect)
- Making tests simple and accessible – self testing is coming, we have to be better
- Pay per task models: fee updated with key groups, successful referrals, etc. (articulation with Health authorities)
- Client evaluation and improved outreach models (SW for example)

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Thank you!

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