

Generalitat de Catalunya **Agència de Salut Pública de Catalunya**

THE COBATEST NETWORK:

A PLATFORM OF HIV COMMUNITY BASED TESTING PRACTICES IN EUROPE

Laura Fernàndez, CEEISCAT

Iflopez@iconcologia.net

Luxembourg, November 25th



HIV-COBATEST project (2010-2013)

HIV Community-based practices in Europe

co-funded by the Executive Agency for Health and Consumer (EAHC) under the EU Public Health Programme.



General objetives:

- 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.









Euro HIV-EDAT Project (2014-2017)

Operational knowledge to improve HIV early diagnosis and treatment among vulnerable groups in Europe

co-funded by the Executive Agency for Health and Consumer (EAHC) under the EU Public Health Programme.





Operational knowledge to improve HIV early diagnosis and treatment among vulnerable groups in Europe

Co-funding from the Consumers, Health and Food Executive Agency (CHAFEA) under the EU Public Health Programme for the period April 2014-September 2017 (Grant Agreemen N°20131101).

Specific objetives:

- 1. To monitor and evaluate CBVCT services in Europe;
- 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









Network's objectives and participants

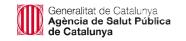
Objectives:

- To develop and implement standardized questionnaires and procedures for monitoring and evaluation of CBVCT activity.
- To evaluate the potential impact of CBVCT services in the improvement of HIV early diagnosis and linkage to care.
- □ To consolidate a network of CBVCT services in which to perform operational research.
- To use the network for advocacy and good practices dissemination.

40 CBVCTs of 18 European countries

(Germany, Denmark, Chez Republic, Poland, France, Slovenia, Belgium, Romania, Portugal, Lithuania, Latvia, UK, Hungary, Ukraine, Austria, Greece, Italy and Spain)













Methodology

STANDARDIZED DATA COLLECTION FORM Core indicators for M&E Web based tool for data entry HIV TESTING DATA COLLECTION FORM Testing site: CBVCT office Outdoors/ Sex work v Date of visit: Sauna/sex v User's unique identifier (used by the CBVCT service): Nº of older Nº of old brothers sisten User's unique identifier (COBATEST): **Hiv Test** COBATEST NETWORK DATA COLLECTION FORM CORE INDICATORS TO MONITOR COMMUNITY BASED Pag 1. Pag 2 Pag 3 Pag 4 VOLUNTARY COUNSELLING AND TESTING (CBVCT) FOR HIV Tourist Municiapality or home town: Reasons for HIV testing: (multiresponse HIV TESTING DATA COLLECTION FORM: Guidelines for CBVCT services Name of the CBVCT site:: |ICO-CEEISCAT Unprotected vaginal sex Unprotected analises Before dropping using condom with my partne Unprotected oral sex I wish to have a boby City of CBVCT: Regular control Only to know my health status Testing site: CBVCT office Episode of sharing injection material Field-test version Date visit: 7 ▼ July ▼ 2015 Reasons for come to this CBVCT service to be tested: (multiresponse) I've come here before I've seen this CEVCT in a pamphlet A friend told me about this CBVCT Dwa found this CRVCT in internal Client's unique identifier (used by the CBVCT service) Previous HIV tests: HIV test in the past? Identifier: HIV test in the last 12 months in this CRVCT facility? Yes No Don't know Sex in the last 12 months with: July 2012 or Client's unique identifier (COBATEST) Condom use in the last sexual relation with penetration ? Exchange of sex for drugs or money in the last 12 months? Gender: Male Female Transgender STI diagnosed in the last 12 months? Yes No Don't know Date of birth Unprotected sex with penetration in the last 12 months with: Sex workers: Yes No Don't know IDU: Yes No Don't know #Older brothers: #Older sisters: In linitial lette Yes No Don't know Yes No Don't know Intravenous drug use? Client characteristics data: Share of materials of injection in the last 12 months, as: Syringes or needles? Spoons, filters, water, ...? Yos No Foreign national O Yes O No O Don't know

Municipality or home town

Generalitat de Catalunya Agència de Salut Pública de Catalunya

entre d'Estadio Epidemiològica sobre les Infeccions de Transmissió acusi i Stela de Cabalunea



HIV-C BATEST

Metodología

- CBVCTs participating in the network can share their data in different ways:
 - Using the COBATEST common tools (Standardized questionnaire and the web-based data entry tool)
 - Sending disaggregated data according to the data file specifications prepared by the NIPH.
 - Sending aggregated data using EXCEL reporting form to report the core CBVCT indicators for M&E











Results

Preliminary data (centres using common tools)

- 26 CBVCT centres from 7 different countries*
- Period analyzed: January 2013 June 2015
- Most of the centres started introducing data in January 2014

Number of test per year

Year	N tests	N centres
2013	2229	9
2014	9266	20
2015* (January – June)	4036	23

15,550 tests performed



13,602 clients tested

1.72%



234 reactive screening tests







^{*}Spain, Denmark, Greece, Italy, Lithuania, Latvia, Ukraine



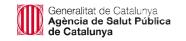
Results 2014



1.58%

	Clients tested for HIV			
		N	%	
Gender	Male 9,266 tests Femaleperformed Transgender	6057 2370 125	8,554 clients tested 1.5%	
Age gro	oups			
	<20	728	8.7%	
>=21-35		4795	57.6%	
	>=36-50	2238	26.9%	
	>50	566	6.8%	
Migrant	S			
yes		2811	32.9%	
Risk Gr	oups			
	UDI	134	1.6%	
	Male sex worker	346	4.1%	
	MSM	3267	38.8%	
	Women sex worker	365	4.3%	
	Heterosexual women	1983	23.5%	
	Heterosexual men	2334	27.7%	

Clients tested for HIV			
135 reactive		N	%
Ty iscrétes1iusg d			
testsid bloo	d test	6717	78.5%
Rapid oral	test	1679	19.6%
Conventional test		156	1.8%
Testing sites			
CBVCT office		7556	88.3%
Outoors/Van		23	0,3%
Sex work venue		56	0.7%
Sauna/sex venue		176	2.1%
Public vent	ue	48	0.6%
Amusement venue		192	2.2%
Other		503	5.9%
Previous HIV test			
yes		5500	64.3%













CBVCT 5 Number of clients with reactive screening HIV test result

TOTAL	All	Males	Females	<25	>=25
% of clients with reactive screening HIV test result	1.58%	1.93%	1.09%	1.51%	2.0%

Key Population Groups

Migrants	All	Males	Females	<25	>=25
% of clients with reactive screening HIV test result	2.24%	2.65%	1.50%	2.47%	2.12%
MSM	All	Males	Females	<25	>=25
% of clients with reactive screening HIV test result	3.13%	3.13%	-	3.67%	3.00%
SW	All	Males	Females	<25	>=25
% of clients with reactive screening HIV test result	4.02%	7.69%	0.54%	6.38%	3.51%
IDU	All	Males	Females	<25	>=25
% of clients with reactive screening HIV test result	0.00%	0.00%	0.00%	0.00%	0.00%









HIV-C BATEST

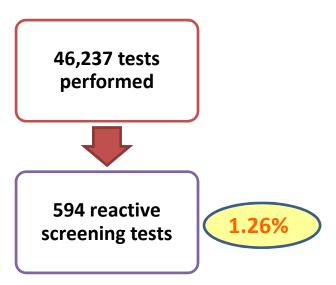
Results

Data received 1st semester 2015:

31 CBVCT centres from 12 different countries*

*Spain, Denmark, Italy, Latvia, Ukraine, Croatia, Austria, Portugal, France, Slovenia, Poland and Czech Republic

- 23 CBVCT used data entry tool
- 4 CBVCT sent disaggregated data
- 4 CBVCT sent aggregated data













Opportunities and challenges

Opportunities	Challenges
 Interest of ECDC in the potential use of data collected in CBVCTs for formal surveillance systems. Generate strategic information, as has stated the Consolidated Strategic Information Guidelines published recently by WHO. Provide important information for the continuum of prevention, care, treatment and support, improving some information gaps at the level of prevention and HIV testing and also at the level of linkage to care. To implement complementary operational projects (WHO POC STI tests validation, MSM sero-negative cohort) TO STRENGHT COLLABORATION ACROSS SECTORS AND ORGANIZATIONS. AVOID DUPLICATION. GAIN EFFICIENCY. More opportunities for fund raising (i.e. Operating Grants) 	 Duplication with other initiatives and networks Too many non-coordinated requests to centres. Lack of retention of the participating CBVCT services Quality of information submitted to the network







Conclusions

- The COBATEST project has contributed to standardize indicators and data collection instruments used by CBVCT across Europe.
- The COBATEST network has proven the feasibility of actually collecting standardized data from CBVCT in different countries.
- Quality of the data will improve if the network can be sustainable over time and it increases its coverage.
- This information can contribute to improve CBVCT services, to better assess the services cascade and to advocate for these services in the HIV national plans.
- The ECDC is interested in the potential use of data collected in CBVCTs for formal surveillance systems.
- We encourage countries to ask to their CBVCT services to collect these indicators and incorporate them in their national plans.
- We offer our help in the process, offering the COBATEST standardized tools, and offering help in the data analysis.
- To strength collaboration across sectors and organizations. To avoid duplications with other initiatives. To gain efficiency.





