



Co-funded by
the Health Programme
of the European Union

Monitoring and evaluation of CBVCT: data to improve practice

EUROPEAN

TREATMENT

**Purpose: to contextualize the contribution of the
COBATEST and EUROHIVEDAT Projects in the
current efforts to improve M&A of CBVCT in Europe**

Jordi Casabona



Centre d'Estudis Epidemiològics
sobre les Infeccions de Transmissió
Sexual i Sida de Catalunya



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



Testing and and Meta-Analysis of

Robert J. Wong³, Jay S. Rajan⁴,
Granich⁸, Eyerusalem K. Negussie¹,



TECHNICAL REPORT

HIV testing: Increasing uptake and effectiveness in the European Union

Evidence synthesis for Guidance on HIV testing

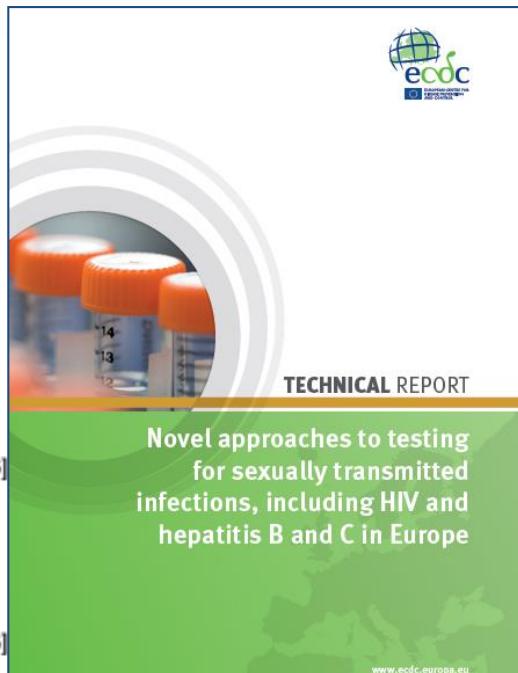
www.ecdc.europa.eu

First-time tester

- Bingham (MSM, USA) [113]
- DiFranceisco (MSM and PWID, USA) [116]
- Lahuerta (MSM, Guatemala) [108]
- Lahuerta (FSW, Guatemala) [108]
- Smith (MSM, USA) [96]

HIV positivity rate

- DiFranceisco (MSM and PWID, USA) [116]
- Lahuerta (MSM, Guatemala) [108]
- Lahuerta (FSW, Guatemala) [108]
- Nhurod (FSW, Thailand) [101]
- Shrestha (MSM, PWID, and FSW, USA) [122]
- Yin (MSM, China) [123]



Novel approaches to testing for sexually transmitted infections, including HIV and hepatitis B and C in Europe

	17	438	10	161	0.02
	17	81	48	319	1.39 (0.85 - 2.29)
	20	1679	20	855	0.51 (0.28 - 0.94)
	23	421	24	1041	2.36 (1.35 - 4.15)



Co-funded by
the Health Programme
of the European Union

Community-based HIV Testing and Counselling

Relative Risk

95% CI)

(1.03 - 1.17)
(1.42 - 1.65)
(1.27 - 3.93)
(1.08 - 1.13)
(1.18 - 1.59)
(0.72 - 1.30)
(0.26 - 0.43)
(0.91 - 1.39)
(0.03 - 0.33)
(0.29 - 1.34)



GUIDELINES



CONSOLIDATED GUIDELINES ON HIV TESTING SERVICES

5Cs: CONSENT, CONFIDENTIALITY, COUNSELLING,
CORRECT RESULTS AND CONNECTION

JULY 2015

HIV TESTING SERVICES

Figure 11. Relative risks of community-based HTC versus facility-based HTC among key populations. The figure shows the relative risk of an outcome in community-based testing, while the denominator was the risk of an outcome in facility-based testing. The data is presented in a 2x6 grid. The first column contains the outcome names, the second column contains the number of studies, the third column contains the number of events, the fourth column contains the relative risk, the fifth column contains the 95% confidence interval, and the sixth column contains the p-value.

doi:10.1371/journal.pmed.1001496.g011



Co-funded by
the Health Programme
of the European Union

Monitoring is the routine tracking of key elements of a programme or project and its intended outcomes. It usually includes information from record keeping and surveys – both population and client-based.

Evaluation is a rigorous, scientifically-based collection of information about programme activities, characteristics, and outcomes that determine the merit or worth of a specific programme. Evaluation studies are used to improve programmes and inform decisions about future resource allocations.

WHO, 2007

Monitoring & Evaluation

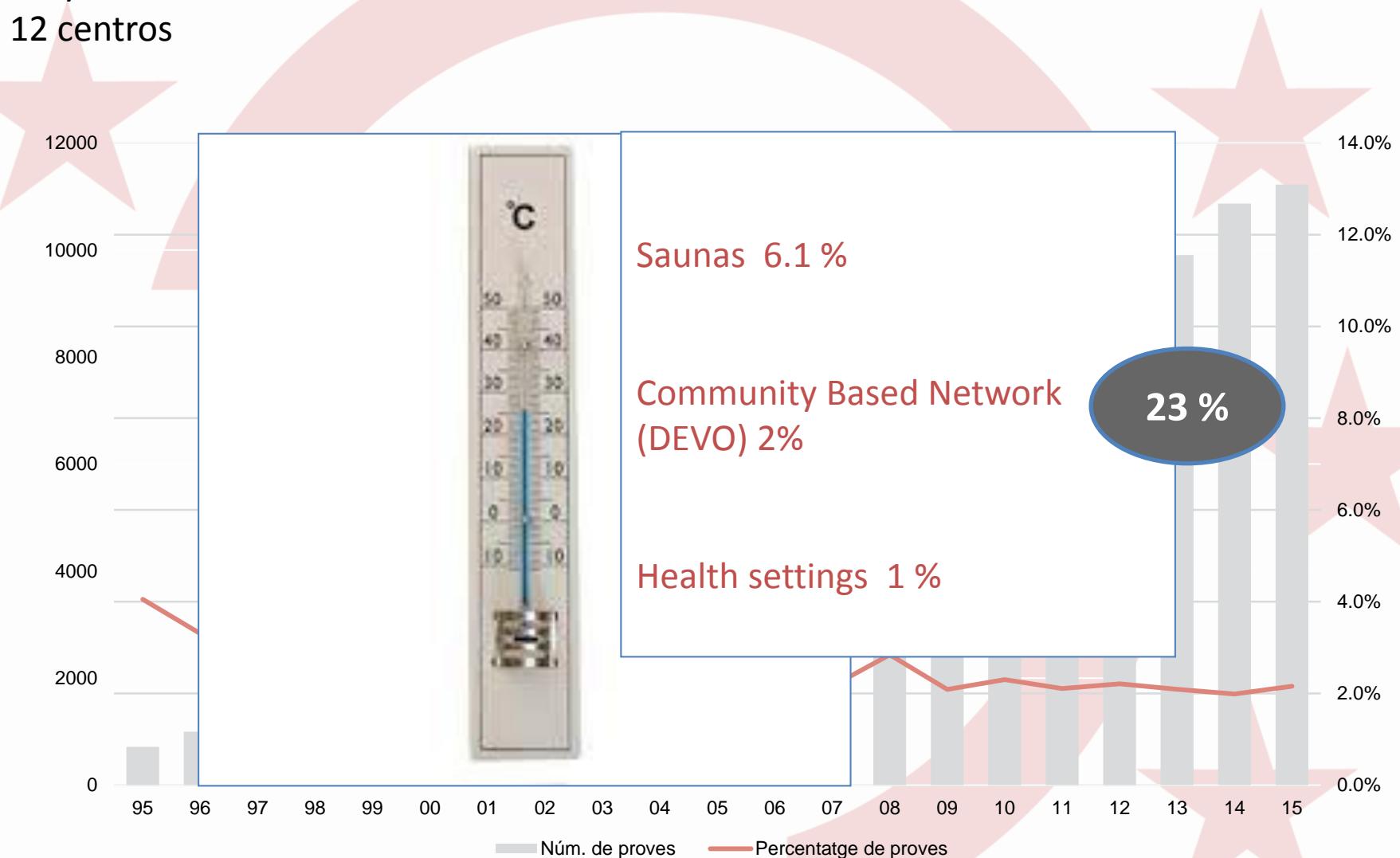
M&E is an embedded concept and constitutive part of every project or programme design (“must be”). M&E is not an imposed control instrument by the donor or an optional accessory (“nice to have”) of any project or programme. M&E is ideally understood as dialogue on development and its progress between all stakeholders.

HIV-DEVO 2015

Proyecto HIV-DEVO en Cataluña
12 centros



Co-funded by
the Health Programme
of the European Union



Range : 20 to 7.000 test/year and 0 a to 3.4 HIV prevalence.



1.- MONITORING

QUESTION	PARAMETERS
HOW MUCH TESTING ?	Absolute numbers and population rates by administrative areas.
WHERE IS HAPPENING ?	Health care settings: hospital, primary care, ST unit, ... Non-Health care settings: NGO site, outreach program, home testing, ...
WHO IS BEING TESTED ?	Demographics: age, gender, transmission group. Reason for testing: clinical diagnosis, pregnancy screening, at risk groups screening, ...
WHICH IS THE PREVALENCE ?	Reactivity and positivity rates.

2.- EVALUATION

To assess the ability and operational determinants to diagnose and link to care (treatment) earlier (effectiveness) and eventually the cost associated in doing so (cost-effectiveness).

Data on data of last test, reason for testing, testing site and modality, lag time across health care levels, CD4 and VL at diagnosis, date of initiating treatment, cost, ...



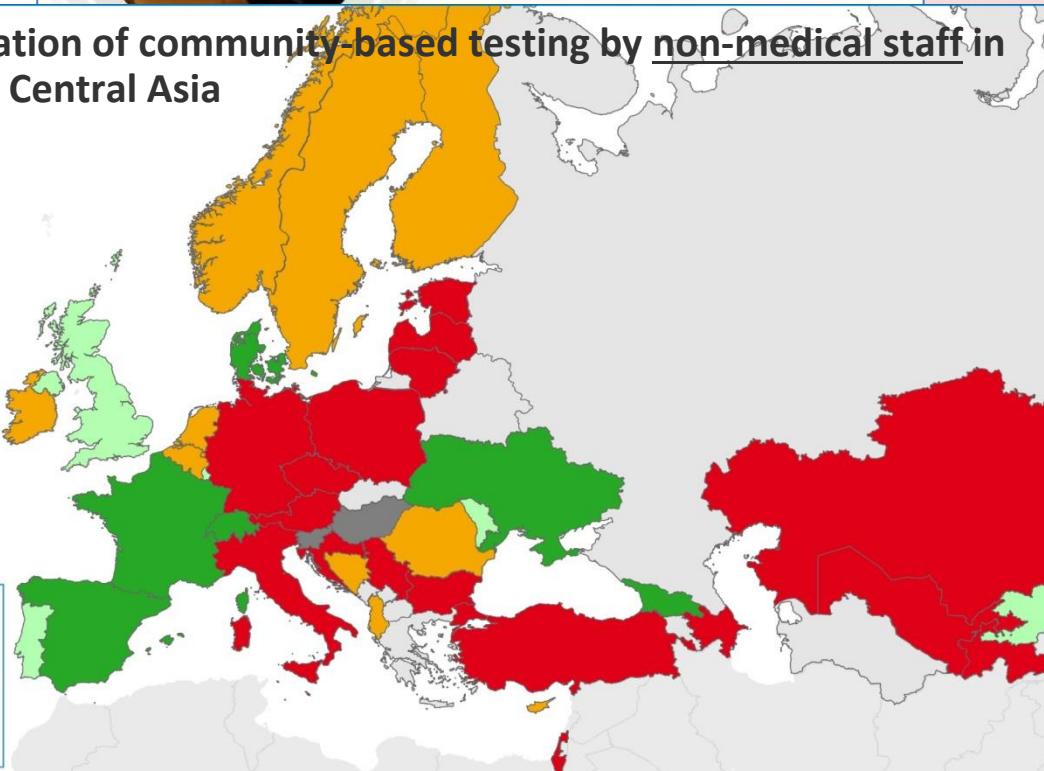
MEETIN
Mo
L Tavosch
1. Europe
2. Indep
Corresp

Implementation of community-based testing by non-medical staff in Europe and Central Asia



How widely implemented is CBT by non-medical staff in your country?

Extensive
Moderate
Limited
No
Do not know
No response



Key points:

- improve estim
- promote the u
- when possible
- integrate pro
- ...

WHAT'S GOING ON IN EUROPE ON
CBVCT SERVICES ?

HOW COULD WE MEASURE IT ?

WHAT INFORMATION IS ACTUALLY
BEING COLLECTED ?

HOW COULD WE IMPROVE THE
PERFORMANCE OF CBVCT SERVICES ?



**11 GOs
19 NGOs
4 Public Health
research groups**

18 countries



HIV-COBATEST PROJECT
CROSS-NATIONAL SURVEY ON THE
IMPLEMENTATION OF CBVCT PROGRAMMES

QUANTITATIVE REPORT



HIV-COBATEST
Qualitative Study Report

Implementation of
Community-Based Voluntary
Counseling and Testing (CBVCT)
Programs and Services

■ Yes (56%)
■ No (44%)

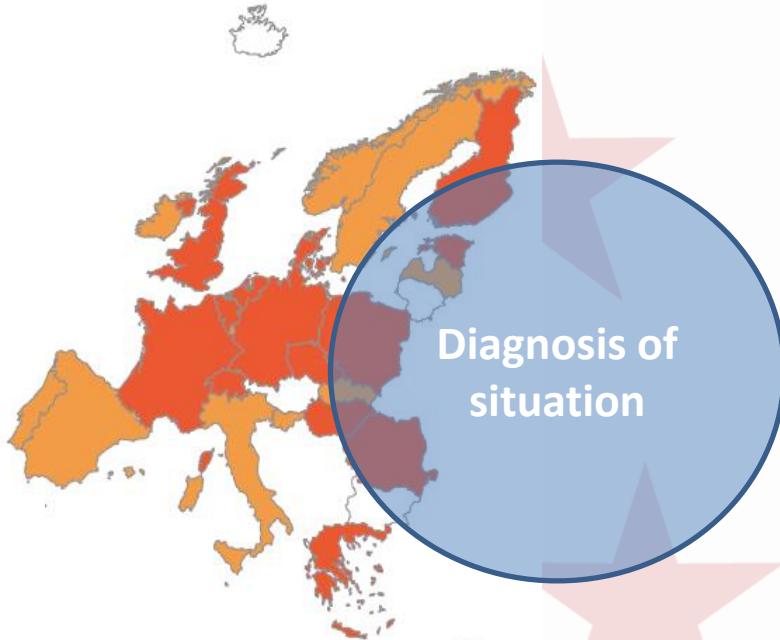
QUALITATIV

Daniel
Guillem
Jean-
HIV-COBATEST Pr

Funded by



Co-f
the I
of th



Original research article

**Heterogeneity of community-based
voluntary, counselling and testing
services for HIV in Europe: the
HIV-COBATEST survey**

Juliana Reyes-Urueña¹, Michele Breveglieri^{2,3},
Martina Furegato^{2,4}, Laura Fernández-López^{1,5,6},
Cristina Agustí^{1,5,6} and Jordi Casabona^{1,5,6,7}

INTERNATIONAL JOURNAL OF
STD & AIDS

International Journal of STD & AIDS
0(0) 1–11

© The Author(s) 2015
Reprints and permissions:
sagepub.co.uk/journalsPermissions.nav
DOI: 10.1177/0956462415623402
std.sagepub.com

SAGE



AIDS CARE, 2016
VOL. 28, NO. S1, 32-36
<http://dx.doi.org/10.1080/09540121.2016.1146218>

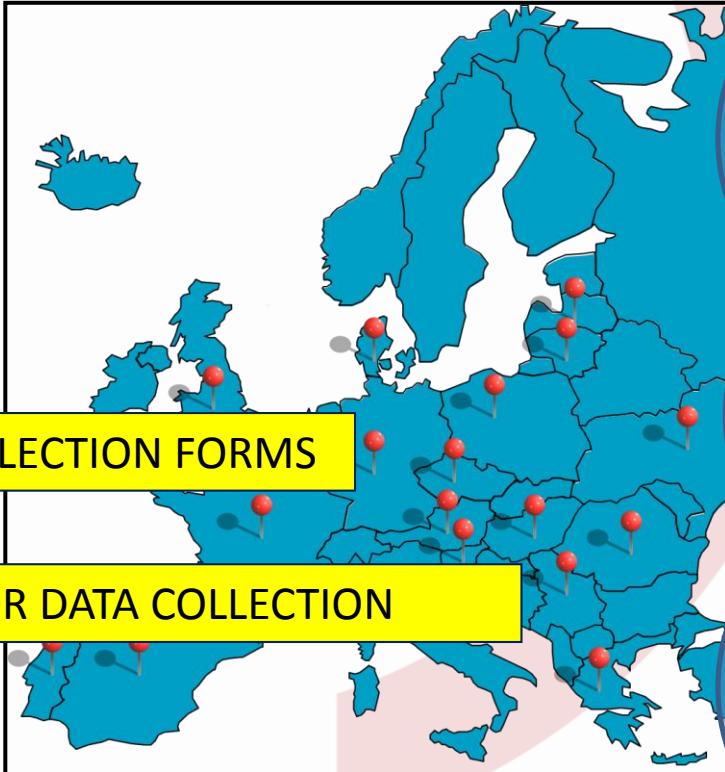
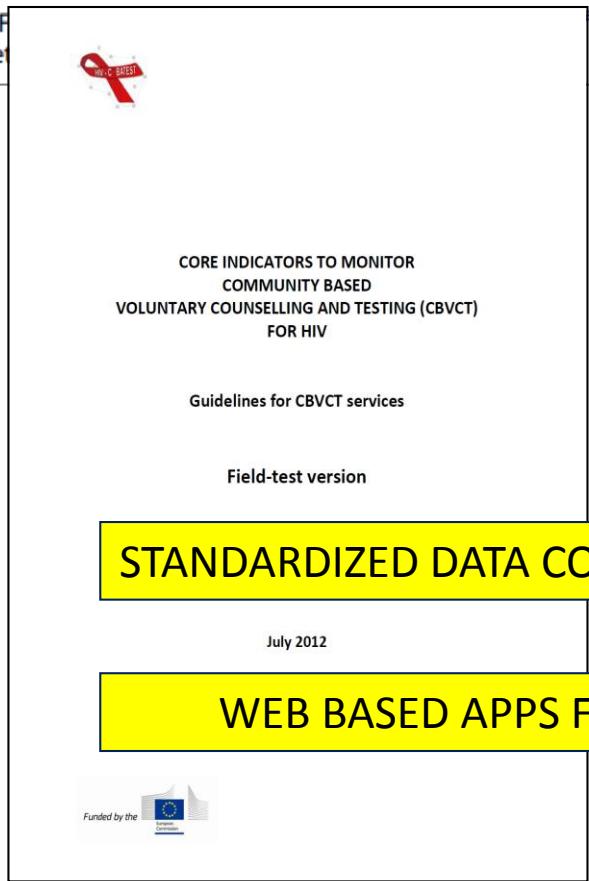
 Routledge
Taylor & Francis Group

OPEN ACCESS

The COBATEST network: a platform to perform monitoring and evaluation of HIV community-based testing practices in Europe and conduct operational research

L. P.
Net

^{a,b}, T. Kustec^c, I. Klavs^c, C. Casabona^{a,b} and the COBATEST



45 CBVCTs of 19 European countries

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

COBATEST
network

Standardized
data
collections
instruments
and tools

M&A
indicators

PRELIMINARY RESULTS - 2015

95,493 clients were tested for HIV (screening)(range : 8 - 43,097).

Of 34 CBVCTs with at least 1 reactive HIV screening test result, 6 had not submitted information on HIV confirmatory testing results.

Of 22 CBVCTs (complete information), 14 reported 100% of reactive results had been tested with confirmatory tests and of other 8 the % varied: 42.5% - 99.5%.

Of 6 CBVCTs (complete information) positivity rate varied: 0.5% - 3.4%.



Quality
assurance

Data from centres using common tools (25 CBVCT centres from 7 different countries (Spain, Denmark, Greece, Italy, Lithuania, Latvia, Ukraine)(**10,300 tests performed, 9,102 clients tested**):

1,27 % overall prevalence

confirmation and linking to care rates : 70 and 65,5 % .

M&A data
analysis



Co-funded by
the Health Programme
of the European Union

Data from centres using common tools

- 25 CBVCT centres from 7 different countries (Spain, Denmark, Greece, Italy, Lithuania, Latvia, Ukraine)

All clients	All	Males	Females	<25	>=25
% of clients with a reactive screening HIV test result	1,9%	2,4%	0,4%	1,2%	2,1%
Numerator	170	161	9	27	139
Denominator	9102	6748	2350	2324	6566

Key groups

MSM	All	Males	Females	<25	>=25
% of clients with a reactive screening HIV test result	2,6%	2,6%		2,3%	3,6%
Numerator	114	114		25	117
Denominator	4399	4399		1081	3234

IDU	All	Males	Females	<25	>=25
% of clients with a reactive screening HIV test result	1,9%	2,6%	0,0%	0,0%	2,2%
Numerator	2	2	0	0	2
Denominator	104	77	26	12	90

SW	All	Males	Females	<25	>=25
% of clients with a reactive screening HIV test result	3,0%	6,3%	0,2%	1,4%	3,3%
Numerator	26	25	1	2	23
Denominator	872	395	477	142	705

Migrants	All	Males	Females	<25	>=25
% of clients with a reactive screening HIV test result	2,3%	3,2%	0,7%	1,6%	2,6%
Numerator	65	58	7	10	53
Denominator	2794	1823	971	643	2077

M&A data
analysis

WP6

M&A data analysis

What is the percentage of MSM in the total number of people linked to (referred to) care		Co-funded by
1. Poland – 30 Voluntary Counselling and Testing Centres		N/A
2. Poland – Foundation for Social Education		80 %
3. Ukraine – Community Centre for gays and bisexuals		N/A
4. France – Checkpoint-Paris		95 %
5. France – AIDES		N/A
6. Greece – Athens Checkpoint		90 %
7. Portugal – Checkpoint LX / CAT		100 %

15 sites from 11 countries filled in and returned questionnaires.
 Percentage of reactive hiv MSM linked to care ranged from 71% to 100%
 Overall linkage to care: ranged from 53% to 100%.

10. Italy – Fondazione LILA Milano ONLUS	*)	71 %
11. Denmark – Checkpoint Copenhagen		90 %
12. Latvia – Checkpoint for MSM (NGO “Baltic HIV Association”)		N/A
13. Austria – Aids-hilfe Wien		N/A
14. Germany – Stadt Essen		90 %
15. Germany – Hagen e.V.		N/A

*) This is what they know – there can be more people linked to care

WP 7

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 Umtyvey-Maressa
HIV-COBATEST Project
WFS Working Group

Funded by the

Euro HIV EDAT Work Package 7:

Toolkit for the implementation of CBVCT services for MSM
(CBVCTs)

Final Draft

Coordination: Matthias Kuske (Matthias@kuske.de)

Author: Matthias Wentzlaff-Eggerbert (m.wentzlaffeggerbert@gmail.com)

The document "Toolkit for the implementation of CBVCT services for MSM (CBVCTs)" has been developed within the project "Operational knowledge to improve HIV early diagnosis and treatment among vulnerable groups in Europe" (Euro HIV EDAT) with co-funding from the Consumers, Health and Food Executive Agency (CHAFEA), acting under the powers delegated by the Commission of I Agreement N° 2013 11 01.

The document was developed under the leadership Wentzlaff-Eggerbert (AIDS-Hilfe NRW e.V., German Agusti Benito, Laura Fernandez, Nicolas Lorente i i Epidemiologics sobre les Infeccions de Transmissió CEIISCAT, Spain), Michael Meulbroek (BCN Chec Stéphane Morel and Elsa Richard (Association AIDE Stéphane Karamé) (STI P AIDS-FOS-Foundation, L Johnik (LEGBIT), Slovenia), Soraia Soares, Cláudio Lixandru (ARAS, Romania), Tom Platteau (Institute de VIH/SIDA, Portugal). The draft version of the too more input from the participants of a workshop with Checkpoints and 5 experts held in Ljubljana, 14th-16

Contents

- Introduction.....
- History/Background.....
- Acknowledgements.....
- Scope.....
- Limitations.....
- How to use this toolkit.....
- Checklists, guidance and tools, action plans.....
- Using the toolkit for planning.....
- Using the toolkit for quality assurance.....
- Using the toolkit for quality improvement.....
- Operating Environment
- Regulatory and Legal Frameworks.....

HOW TO EVALUATE
COMMUNITY-
BASED VOLUNTEER
COUNSELLOR
TESTING

A self-evalu

HIV-COBATEST – Euro HIV EDAT
A GUIDE
TO DO IT
BETTER IN
OUR CBVCT
CENTRES

Core practices in some European CBVCT centres

Laura Rios Guardiola
Jean-Marie Le Gall
Beata Umtyvey-Maressa
HIV-COBATEST Project Steering Committee
WFS Working Group
Update by the WP4T1 Working Group of Euro HIV Edat

Funded by the



BMJ Open COBA-Cohort: a prospective cohort of HIV-negative men who have sex with men, attending community-based HIV testing services in five European countries (a study protocol)

Nicolas Lorente,^{1,2} Laura Fernández-López,^{1,2,3} Ricardo Fuertes,⁴ Daniela Rojas Castro,^{5,6} François Pichon,⁷ Bojan Cigan,⁸ Sophocles Chanos,⁹ Paula Meireles,¹⁰ Raquel Lucas,^{10,11} Stéphane Morel,⁵ Per Slaaen Kaye,⁷ Cristina Agusti,^{1,2,3} Irena Klavs,¹² Tom Platteau,¹³ Jordi Casabona,^{1,2,3,14} the Euro HIV EDAT Study Group



Co-funded by
the Health Programme
of the European Union

N : 3.562 MSM

Patterns,
barriers and
determinants
of use

SYNTHESIS - NATIONAL REPORTS-



Objective

→ To conduct a state of the art on the issues of migration and HIV in the countries participating in the WP6 of the EURO HIV-EDAT project. The information collected will provide a basis for the qualitative and quantitative studies that will be carried out within the WP8 - EURO HIV-EDAT.

Specific objectives

- To state the different definitions of "migrant" and to characterize the migrant population in the participating countries.
- To identify what information is available on the issue of migration & HIV in each participating country (prevalence, migration data, HIV services, HIV testing services...).
- To describe access and barriers for HIV testing in CBVCTs* and classical health care among the main community migrant populations in each participating country.
- To get information on migrant and HIV organizations and mobilization in each participating country.
- To identify what resources can be used for the qualitative study (characterization of migrant population and identification of key informants).



Information brochure - EURO HIV EDAT project

A study to better understand and improve early access to HIV testing and linkage to care among migrant populations in Europe.

Background

The number of new HIV diagnosis continues to rise in many European countries, being the epidemic largely concentrated in certain sub-populations, namely MSM (with the highest proportion of diagnosis), migrants and IDU. Recent data estimates that in EU Member States 30% of those infected are unaware of their infection and that many HIV diagnosed patients are entering care more than 1 year after diagnosis. Early HIV diagnosis and treatments are great benefits both at the individual level (improving survival) and population level (decreasing transmission).

Most-at-Risk Populations to reach for becoming infected with HIV are more difficultly reached in health care settings being Community Based Voluntary Counselling and Testing services (CBVCTs), when specifically tailored to the target population and local context, more efficient to increase early HIV diagnosis and treatment.

The Euro HIV EDAT project is built on the existing COBATEST network of CBVCTs established by the European Project HIV-COBATEST. This network is the unifying thread of the proposal. A subset of CBVCT services who are members of the network will participate in the activities planned in the project.



Standardized data collections instruments and tools

M&A indicators

Operational definition

Diagnosis of situation

COBATEST network

M&A data analysis

Patterns, barriers and determinants of use

Services implementation and evaluation guide



Quality assurance

Data integrations with national surveillance systems

Plan

Evaluate

Define

Improve

Monitor



Co-funded by the Health Prog of the European



CHALLENGES FOR M&A CBVCTs

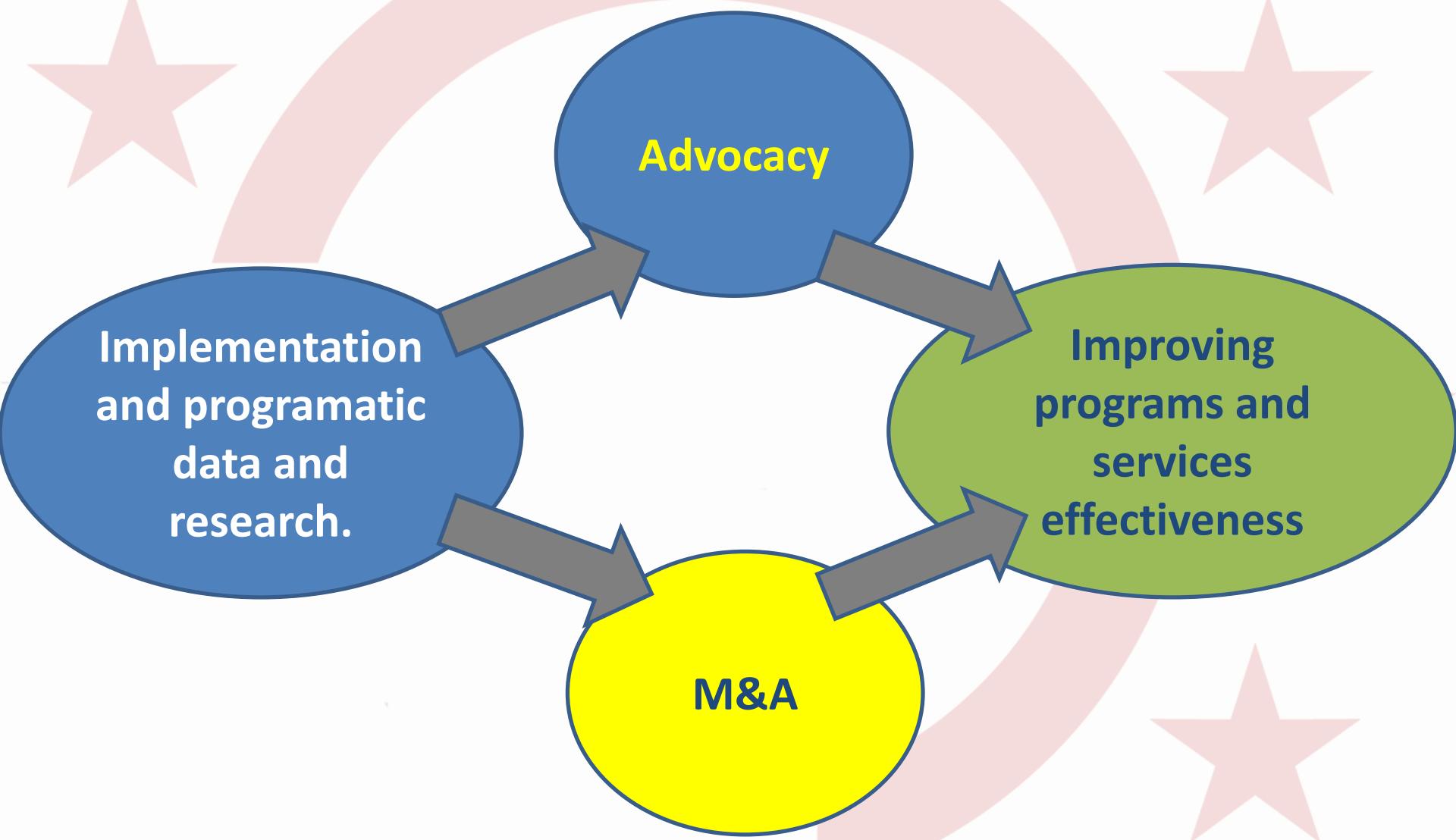


Co-funded by
the Health Programme
of the European Union

- Reach consensus on a minimum (but useful) data set
- Include specific quantitative CBVCT indicators/metrics in the Dublin Declaration
- Great heterogeneity in performance and data collecting.
Need for standardization of procedures. Avoid duplications.
- Representativeness of the data at national and regional level
- Quality of the data. Work load at the community level.
- Need to use different sources of information (NGOs, hospital, laboratory, ...)
- Integration with national surveillance systems
- Need for an Unique Identifier ?
- New technologies (home sampling/testing, point of care, outreach sampling, ...)



Co-funded by
the Health Programme
of the European Union



HIV GLASGOW 2016

COMMUNITIES,
CLINICS AND ACADEMIA



COOPERATION IN COMMUNITY
BASED VOLUNTARY COUNSELLING
AND TESTING: GOOD PRACTICES
AND OBSTACLES



AIDS ACTION EUROPE SYMPOSIUM
3 PANEL PRESENTATIONS AND DISCUSSION

WEDNESDAY, 26 OCTOBER
DURING LUNCH BREAK
12:15 – 13:30

LEVEN ROOM

CONFERENCE LUNCH WILL BE AVAILABLE FROM
12:00. PLEASE COME WITH YOUR LUNCH BAG DI-
RECTLY TO OUR SYMPOSIUM.
REFRESHMENTS WILL BE PROVIDED

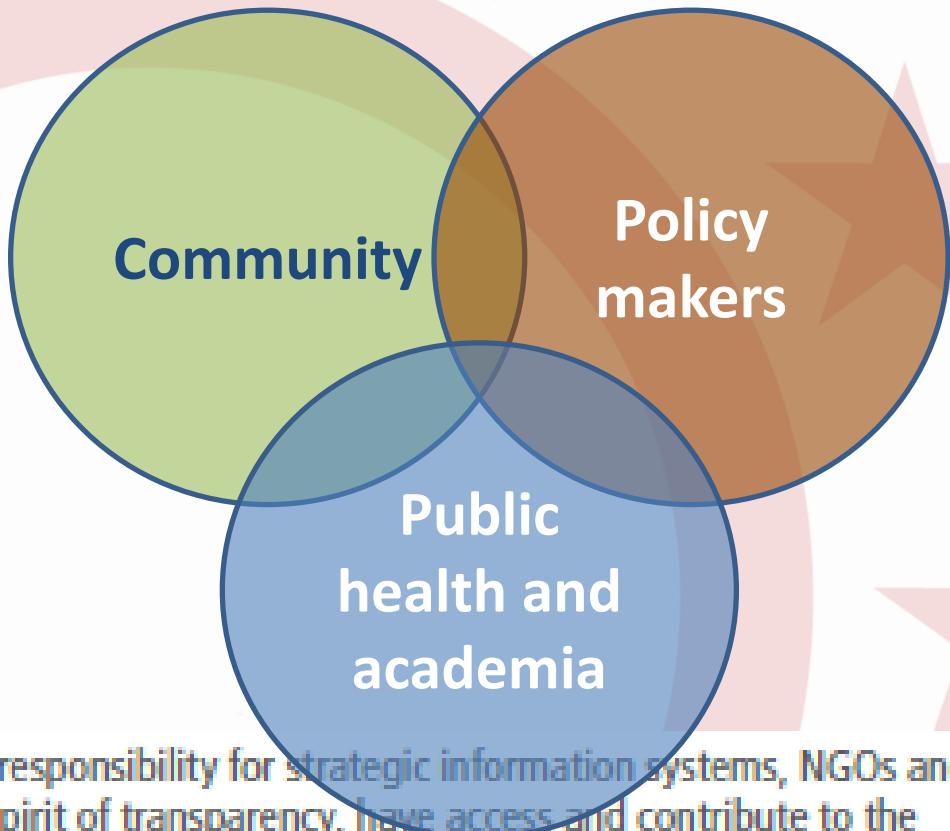


Co-funded by
the Health Programme
of the European Union

AIDS
ACTION
EUROPE



Co-funded by
the Health Programme
of the European Union



overall responsibility for strategic information systems, NGOs and in a spirit of transparency, have access and contribute to the his information as a global public good. Dissemination and sharing and among nations promote both understanding of the dynamics of t how best to respond to HIV. Also, the consistency and availability e accountability and transparency of decisions in the health sector. by analysis and regular formal reviews of the data, involving key rove programmes.

ASSOCIATED PARTNERS



Co-funded by
the Health Programme
of the European Union



WP4 T1 Elsa Ricard, AIDES, France

WP4 T2 Irena Klavs, Slovenia

WP5 Nicolas Lorente, CEEISCAT, Spain

WP6 Per Slaaen Kaye, Aids Fondet

WP7 Matthias Kuske, AIDS Hilfe NRW e.v, Germany.

WP8 Sarah Benayoun, AIDES, France

WP9 T1 Luis de la Fuente ICIIL, Spain

WP9 T2 Tom Platteau, ITM, Belgium



NIJZ

Nacionalni inštitut
za javno zdravje



Projecte dels NOMS
hispano*sida*

AidshilfeNRW



Acknowledgements

- We are grateful to all colleagues from the CBVCT centres participating in the COBATEST network for their collaboration in the network :

- AIDS Fondet* (Denmark)
- Fondazione LILA Milano* (Italy)
- Demetra* (Lithuania)
- Algarabía (Spain)*
- AVACOS*
- PRAKSIS*
- CAS Gibraltar*
- OMSIDA* (Spain)
- StopSida* (Spain)
- Àmbit Prevenció* (Spain)
- Gais Positius* (Spain)
- SAPS-Creu Roja* (Spain)
- Centre Jove d'Anticoncepció i Sexualitat* (CJAS) (Spain)
- Creu Roja Tarragona* (Spain),
- Actuavallès* (Spain)
- ACASC* (Spain)
- Associació Antisida de Lleida* (Spain)
- Assexora'Tgn* (Spain)
- ACCAS* (Spain)
- Baltic HIV Association* (Latvia)
- ACAS Girona* (Spain)
- Asociación SILOÉ* (Spain)
- Associació Lambda* (Spain)
- Centro Social Polivalente Mujer Gades* (Spain)
- IEMEKAIE* (Spain)
- Gay-alliance (Ukraina)
- Asociación Concordia* (Spain)
- Cruz Roja Córdoba (Spain)
- Asociación ADHARA (Spain)
- Proyecto Hombre (Spain)
- Concordia Marbella (Spain)
- AIDS-Hilfe NRW e.V (Germany)
- ARAS-AsociataRomana
- Anti-SIDA (Romania)
- Checkpoint LX (Portugal)
- Association AIDES (France)
- Legebitra (Slovenia)
- Czech AIDS Help Societ (Chez Republic)
- Association "Prevent" (Serbia)
- Positive Voice (Greece)
- AIDS Hilfe Wien (Austria)
- CBVCT network Poland
- LASS (UK)
- Le Kioske (France)
- Anonymous AIDS Association (Hungary)
- ISKORAK (Croatia)

CBVCT services marked with an asterisk are those which contributed with data for this analysis.



Co-funded by
the Health Programme
of the European Union

www.erohivedat.org

thanks

jcasabona@iconcologia.net