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

JORDI CASABONA
jcasabona@iconcologia.net
• Background
• The Project
• Results and Outputs
• Conclusions
• Potential impact
• Further steps
HIV DIAGNOSIS MONITORING IN CATALONIA

- activity
- coverage
- adequacy
- % late diagnosis
- % recent infections

MONITORATGE DEL DIAGNÓSTIC DE LA INFECCIÓ DEL VIH A CATALUNYA

- Xarxa de laboratoris hospitalaris (a partir 1993)
- Xarxa de laboratoris d’atenció primària (a partir 1998)
- Estudis transversals periòdics per al monitoratge de conductes (a partir 1993)
- Estudis específics sobre la cobertura de les PDAA* HIV (1993)
- Estudi de cohort multicèntrica de seropositius (PISCIS) (a partir 1998)

Sistema d’informació de nous diagnòstics d’infecció pel VIH (a partir 2001)

Registre casos de sida (a partir 1987)

*PDAA Prova de Detección d’Anticoros Anti VIH

Centres que atenen població general
- ACASC (Barcelona)
- ACAS Girona
- Actua Valles (Sabadell i Terrassa)
- Associació Antisida de Lleida
- ASSEXORATgn (Tarragona)**

Centres que atenen població HSH
- BCN-Checkpoint (Barcelona)
- Stop Sida (Barcelona)
- Gaia Positius (Barcelona)

Centres que atenen població jove
- Centres que atenen població UDYP
- SAPS-Creu Roja (Barcelona)
- CAIS-Creu (Tarragona)

Centres que atenen població TS
- XARXA DEVO
- Àmbit Dona (Barcelona)
- CJAS (Barcelona)
Impact of the introduction of rapid HIV testing in the Voluntary Counselling and Testing sites network of Catalonia, Spain

L Fernández-Lopez BSc PhD†, B Rifà BSc†, F Pujol§, J Becerra BSocWork**, M Pérez BA BSocWork††, M Merino BPsych††, K Zaragoza BSocWork§§, A Rafel BSocWork***, O Díaz BA BSocWork†††, A Avellaneda BA RN†††, M J Casado BA MPH†, A Giménez MD MPH‡ and J Casabona MD MPH†§§

16 years
Services cascade for Catalonia (Spain)

23% of all new HIV diagnosis

- Number of people living with HIV: 33600
- PLWH who are diagnosed: 
  - Late Diagnosis: 75%
- PLWH diagnosed and linked to care: 71%
- PLWH retained in care: 61%
- PLWH who are on ART: 55%
- PLWH on ART with viral suppression: 48%

†Percentage with respect to total PLWH
HIV-COBATEST

HIV Community based testing practices in Europe

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.
**MAIN PARTNER:**

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

**ASSOCIATED PARTNERS:**

1. Projecte dels Noms (Spain) **Ferran Pujol, Eduardo Ditzel, Fèlix Pérez, Michael Meulbroek**
2. Regional Centre for Health Promotion/ULSS20 (Italy), **Michele Breveglieri, Martina Furegato, Jean-Pierre Foschia**
3. AIDES (France) **Jean Marie Le Gall, Daniela Rojas**
4. AIDS Fondet (Denmark) **Klaus Legau, Per Slaaen Kaye, François Pichon, Ole Markussen,**
5. Institute of Sexology, Medical Faculty, Charles University (Czech Republic) **Ivo Prochazca**
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 Haff**
COBATEST Collaborating Partners:

1. Arcigay (Italy)
2. SkUC (Slovenia)
3. Laboratory for Molecular Microbiology and Slovenian HIV/AIDS Reference Centre (Slovenia)
4. Ceska spolecnost 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 assistència de la Sida, Generalitat de Catalunya (Spàin)
12. G.A.T. Grupo de Activistas VIH/SIDA (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)
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)
"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 Breveglieri – 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
...
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
...
A guide to doing it better in our CBVCT centres.
Core practices in some European CBVCT centres
Laura Ríos Guardiola, Jean-Marie Le Gall
Beata Umubyeyi-Mairesse
HIV-COBATEST Project Steering Committee

1. The community-based approach in CBVCT services.
2. CBVCT implementation among and with populations.
3. Staff and people involved in CBVCT programmes.
4. Tests used.
5. The use of counseling in CBVCT.
6. CBVCT practices.
7. 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
WEB BASED APPS FOR DATA COLLECTION

STANDARDIZED DATA COLLECTION FORMS

PROPOSED COBATEST UNIQUE IDENTIFIER
COBATEST CBVCT network

DEVO network

- CJAS
- BCN Checkpoint
- SAPS-Creu Roja
- Stop Sida
- Associació anti-sida de Lleida
- ACASC
- Actua Vallès
- Àmbit Dona
- ACAS Girona
- Gais Positius
- Creu Roja TGN
- ASSEXORA'TGN

Andalusia network

- ADHARA (Sevilla)
- Triángula (Sevilla)
- Médicos del mundo (Sevilla)
- Atenea (Sevilla)
- A.L.A.T. (Cádiz)
- Centro de acogida "ALMADIA" (Cádiz)
- Centro social polivalente "Mujer GADES" (Cádiz)
- SILOE (Cádiz)
- Triángulo (Cádiz)
- Comité Ciudadano Antisida (Cádiz)
- Coordinadora "Despierta" (Cádiz)
- Proyecto Hombre (Cádiz)
- Cruz Roja (Cádiz)
- Asociación Arrabales (Huelva)
- Comité Antisida (Huelva)
- Fundación Triángulo (Huelva)
- Cruz Roja (Huelva)
- ASIMA (Málaga)
- ACCEM (Málaga)
- Colega Torremolinos (Málaga)
- Concordia (Málaga)
- Médicos del Mundo (Málaga)
- Mujer Emancipada (Málaga)

Other SPAIN

- Algarabía (Tenerife)
- Quérote mais (Galicia)
- CATS (Murcia)
- AVACOS (Valencia)
- COGAM (Madrid)
- ALAS (Balears)
- ACCAS (Cantabria)
- Lazos Pro Solidaridades (Ferrol, Galicia)
- OMSIDA (Zaragoza)
- Sidalava (Vitoria-Gasteiz)
- Lambda (Valencia)

Other European countries

- AIDS Hilfe (Germany)
- STOP AIDS (Denmark)
- Ceska spolecnost AIDS pomoc (Chez Republic)
- CBVCT network Poland
- AIDES (France)
- LEGEBITRA (Slovenia)
- Help Centre (Belgium)
- ARAS (Romania)
- CheckpointLX (Portugal)
- PRAKISIS (Greece)
- DEMETRA (Lituania)
- LASS (UK)
- LILA MILANO (Italy)
- DEVO Network

59 CBVCTs of 16 European countries
Acceptability, feasibility, and impact of introducing the rapid oral test in the CBVCT network.
Laura fernàndez, Cristina Agustí, Jordi Casabona (CEEISCAT)

<table>
<thead>
<tr>
<th>Question</th>
<th>nº of answers</th>
<th>% of answers</th>
</tr>
</thead>
<tbody>
<tr>
<td>With what kind of test have you been tested?</td>
<td>n=747</td>
<td>66,8%</td>
</tr>
<tr>
<td> Rapid oral test + Rapid blood test</td>
<td>499</td>
<td>66,8%</td>
</tr>
<tr>
<td> Rapid oral test + Conventional test</td>
<td>248</td>
<td>33,2%</td>
</tr>
<tr>
<td>What kind of test have you found more comfortable?</td>
<td>n=468</td>
<td></td>
</tr>
<tr>
<td> Rapid oral test</td>
<td>333</td>
<td>71,2%</td>
</tr>
<tr>
<td> Rapid blood test</td>
<td>115</td>
<td>24,6%</td>
</tr>
<tr>
<td> Both tests</td>
<td>20</td>
<td>4,3%</td>
</tr>
<tr>
<td>If you have been tested with rapid oral test + rapid blood test</td>
<td>n=249</td>
<td></td>
</tr>
<tr>
<td> Rapid oral test</td>
<td>209</td>
<td>83,9%</td>
</tr>
<tr>
<td> Conventional test</td>
<td>40</td>
<td>16,1%</td>
</tr>
<tr>
<td>What kind of test do you prefer?</td>
<td>n=493</td>
<td></td>
</tr>
<tr>
<td> Rapid oral test</td>
<td>234</td>
<td>47,5%</td>
</tr>
<tr>
<td> Rapid blood test</td>
<td>221</td>
<td>44,8%</td>
</tr>
<tr>
<td> Both tests</td>
<td>38</td>
<td>7,7%</td>
</tr>
<tr>
<td>If you have been tested with rapid oral test + conventional test</td>
<td>n=242</td>
<td></td>
</tr>
<tr>
<td> Rapid oral test</td>
<td>160</td>
<td>66,1%</td>
</tr>
<tr>
<td> Conventional test</td>
<td>82</td>
<td>33,9%</td>
</tr>
<tr>
<td>Do you trust the result of the rapid oral test?</td>
<td>n=741</td>
<td></td>
</tr>
<tr>
<td> Yes</td>
<td>290</td>
<td>39,1%</td>
</tr>
<tr>
<td> No, I trust more the result of rapid bloodtest</td>
<td>284</td>
<td>38,3%</td>
</tr>
<tr>
<td> No, I trust more the result of conventional test</td>
<td>167</td>
<td>22,5%</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Question</th>
<th>nº of answers</th>
<th>% of answers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Technical complexity of the rapid oral test:</td>
<td>n=67</td>
<td></td>
</tr>
<tr>
<td> Complex</td>
<td>0</td>
<td>0,0%</td>
</tr>
<tr>
<td> Not very easy</td>
<td>8</td>
<td>11,9%</td>
</tr>
<tr>
<td> Easy</td>
<td>38</td>
<td>56,7%</td>
</tr>
<tr>
<td> Very easy</td>
<td>21</td>
<td>31,3%</td>
</tr>
<tr>
<td>Results interpretation of the rapid oral test:</td>
<td>n=66</td>
<td></td>
</tr>
<tr>
<td> Complex</td>
<td>1</td>
<td>1,5%</td>
</tr>
<tr>
<td> Not very easy</td>
<td>16</td>
<td>24,2%</td>
</tr>
<tr>
<td> Easy</td>
<td>31</td>
<td>47,0%</td>
</tr>
<tr>
<td> Very easy</td>
<td>18</td>
<td>27,3%</td>
</tr>
<tr>
<td>Confidence in the result obtained with the rapid oral test:</td>
<td>n=67</td>
<td></td>
</tr>
<tr>
<td> Completely</td>
<td>24</td>
<td>35,8%</td>
</tr>
<tr>
<td> Partially</td>
<td>39</td>
<td>58,2%</td>
</tr>
<tr>
<td> I don't trust</td>
<td>4</td>
<td>6,0%</td>
</tr>
<tr>
<td>Do you think it would be useful/helpful to have test in your service?</td>
<td>n=67</td>
<td></td>
</tr>
<tr>
<td> Yes</td>
<td>38</td>
<td>56,7%</td>
</tr>
<tr>
<td> No</td>
<td>38</td>
<td>10,4%</td>
</tr>
<tr>
<td> I’m not sure</td>
<td>38</td>
<td>32,8%</td>
</tr>
</tbody>
</table>
Implementation of Community-Based Voluntary Counseling and Testing (CBVCT) Programs and Services

QUALITATIVE STUDY REPORT
WPS

Daniela Rojas Castro
Guillemette Quatrènère
Jean-Marie Le Gall
HIV-COBATEST Project Steering Committee

July 2012
"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."

Evaluation: HIV-COBATEST. Usefulness Survey
SOME CONCLUSIONS

- Although CBVCTs are widely spread in Europe, there is a lack of information at national level.
- CBVCTs seem to perform well and they address the more affected groups, but there is an extremely mixed 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 seem to be two important perceived characteristics of CBVCTs.
- Although rapid blood test is widely used, the oral fluid test is very seldom used.
- Oral fluid test is very well accepted by both clients and providers and its implementation is feasible; nevertheless there is the “feeling” that it has a worse performance.
- Oral fluid test is easy to introduced in settings where rapid test was not used at all. It is more difficult to be introduced in settings where rapid syphilis test is considered relevant.
- …
THE COBATEST PROJECT HAS CONTRIBUTED TO:

- consolidated the concept of Community Based Testing in Europe
- increased policy awareness on CBVCT
- produced and updated a 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 research questions to be addressed
- ...
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.

EUROPEAN HIV EARLY DIAGNOSIS AND ACCESS TO TREATMENT PROJECT


Monitoring and evaluation
New technologies
MSM
Migrant population
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 Partners: Collaborating Partners:

1. ICO (Spain) 1. Robert Koch Institute (Germany)
2. BCNCheckpoint 2. Stop SIDA (Spain)
3. AIDES (France) 3. Iskorak - Sexual and gender minorities (Croatia)
4. AIDS Fondet 4. Instituto de Saúde Pública da Universidade do Porto (IP) (Portugal)
5. National Institute of Public Health (Slovenia) 5. Àmbit Prevenció (Spain)
6. LEGEBITRAIS 6. The National AIDS Centre (Poland)
7. AIDS-Hilfe (Germany) 7. Helseutvalget for bedre homohelse/ Gay & Lesbian Health (Norway)
8. ARAS (Romania) 8. Plus onlus (Italy)
9. Checkpoint LX (Portugal) 9. Instituto de Saúde Pública da Universidade do Porto (ISPUP) (Portugal)
10. Institute Tropical Medicine (Belgium) 10. Fondazione LILA Milano ONLUS – Lega Italiana per la Lotta contro l’ AIDS (Italy)
11. ISCIII (Spain) 11. Association of HIV affected women and their families “Demetra” (Lithuania)
12. CIBERESP (Spain) 12. Agència de Salut Pública de Barcelona (Spain)
13. PRAKSIS NGO (Greece) 13. Health Protection Agency (United Kingdom)
14. Leicester City Council Public Health Directorate (United Kingdom) 14. Estonian Network of People Living with HIV (EHPV) (Estonia)
15. Baltic HIV Association (Latvia) 16. Safe Pulse of Youth (Serbia)
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 care: a practical guide for CBVCT’s and Points of Care
4. **Toolkit** on the implementation of CBVCT services for MSM (Checkpoints)
5. **Guide of best practices** to improve earlier 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 Fernàndez

Maite Arrillaga

Luigi Bertinato, Regione del Veneto/ULSS20 (Italy)
Jean-Marie Le Gall, Association AIDES (France)
Klaus Legau and Jakob Haff, AIDS Pondet (Denmark)
Michael Wurm, AIDS-Hilfe (Germany)
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 Waver, National AIDS Centre of Poland