Core indicators for monitoring and evaluation of community based voluntary counselling and testing (CBVCT) for HIV in the COBATEST network, 1st half 2015 data

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COBATEST Network members who submitted the data for the first half of 2015:

• AIDS Hilfe Wien (Austria), Czech AIDS Help Societ Prague (Czech Republic), ISKORAK (Croatia), AIDS Fondet (Denmark), AIDES (France), Lila Milano ONLUS (Italy), Baltic HIV Association (Latvia), CBVCT centres Poland (Poland), Checkpoint (Portugal), IN-Mouraria (Portugal), MOVE-Se (Portugal), Legebitra (Slovenia), ADHARA (Spain), AVACOS-H (Spain), OMSIDA (Spain), Lambda (Spain), ACCAS (Spain), IAMKAIE (Spain), CAS Gibraltar (Spain), GADES (Spain), SILOE (Spain), STOP-SIDA (Spain, Catalonia), AJAS (Spain, Catalonia), ACTIVOS (Spain, Catalonia), AsessoraTgn (Spain, Catalonia), ACAS Girona (Spain, Catalonia), SAPS-Creu Roja (Spain, Catalonia), Creu Roja Tarragona (Spain, Catalonia), Gay-alliance Ukraine.

Background:

Community based voluntary counselling and testing (CBVCT) improves access to early HIV diagnosis for key populations at higher risk of HIV infection. The project Euro HIV EDAT is co-financed by the European Commission (CHAFEA) (2014-2017) (Grant Agreement No 20131101). The objective was to present the estimates for core indicators for monitoring and evaluation (M&E) of individual CBVCT services/networks for the first half of 2015 based on the data submitted to NIJZ and/or CEEISCAT.

Methods:

Data were collected by CBVCT services/networks participating in the COBATEST network during the period from 1st January to 30 June 2015 according to the Guidelines for data collection for monitoring and evaluation of CBVCT for HIV in the COBATEST network (published on the EURO HIV EDAT project website: https://eurohivedat.eu/). Descriptive analysis of data collected was conducted. No personal data of clients (e.g., name, address, etc.) were included in data submitted to ICO-CEEISCAT or the NIPH.

Results:

• Total number of clients tested with a screening test at these 33 CBVCT services/networks was 47,237 and varied between individual CBVCT services/networks from 9 to 20,815.
• The proportion of clients with HIV reactive screening test result varied between individual CBVCT services/networks from 0% to 10.2% (mean: 1.9%; median: 1.6%).
• Among 12 CBVCTs without missing information, the proportion of clients with reactive HIV screening test result with HIV confirmatory test varied from 42% to 100%.
• Eight CBVCT services/networks provided information that all their clients with a reactive HIV screening test result were tested with HIV confirmatory tests.
• Among 4 CBVCT services/networks with complete information on HIV confirmatory testing results, the positivity rate varied between 0.3% and 2.7%. The maximum estimated HIV positivity rate was 6.3%.
• Only one CBVCT service/network submitted information on cost per client tested (52 €), and cost per one HIV diagnosis (18,040 €).
• Among 9 CBVCTs that submitted complete information about the proportion of clients with confirmed HIV infections linked to health care, 7 reported 100% linkage and the other two 92% and 95%.

Conclusions:

The estimates for core CBVCT M&E indicators for the first half of 2015 vary between CBVCTs. For individual CBVCTs collating such estimates on European level provides opportunity for comparing their own performance to that of others within the COBATEST network. This may contribute to the improvement of such services.