

From HIV-testing to Gay Health Centres: A Mapping of European “Checkpoints”

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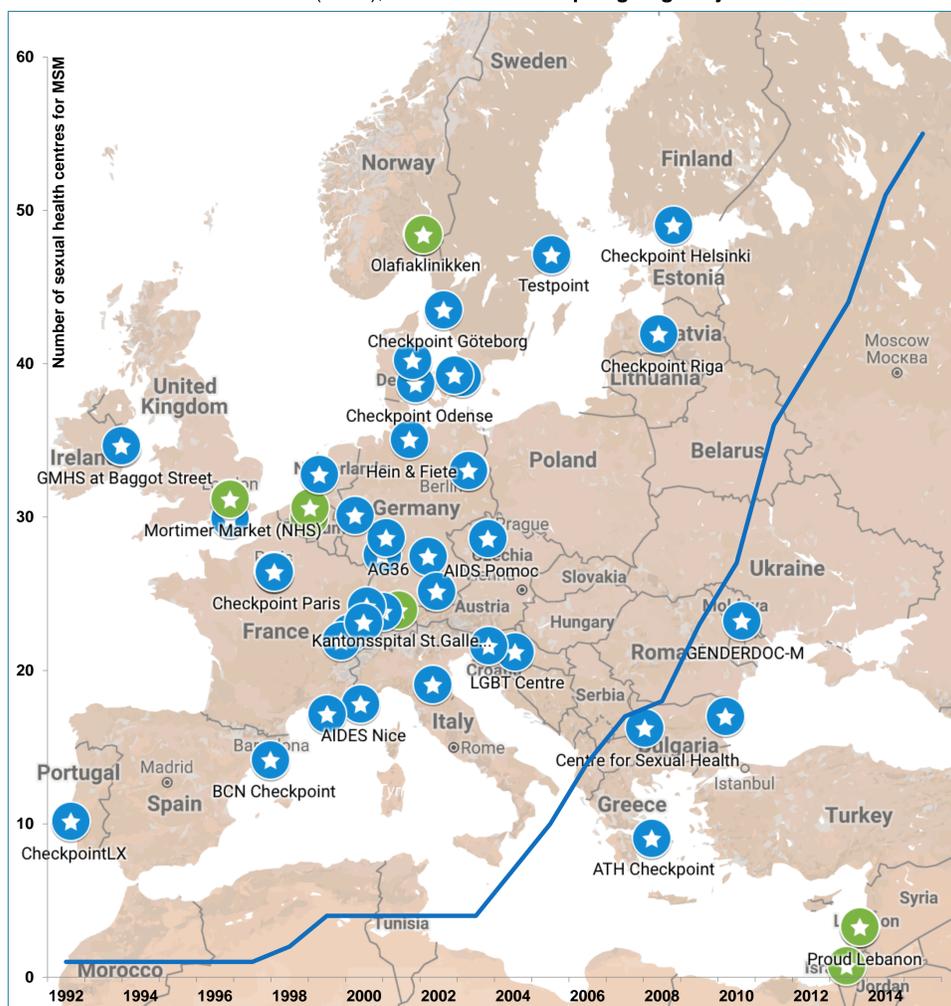
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Background

In Europe, HIV/STIs are concentrated in certain vulnerable groups, above all, men who have sex with men (MSM). For this reason, targeted HIV-testing interventions are paramount. In 2002, a community-based HIV-testing service using rapid HIV-tests was established in Amsterdam and given the name “Checkpoint”. Since then, the concept of community-based centres (CBCs) for HIV-testing and other sexual health services has spread throughout Europe, and many such centres have been established using the name “Checkpoint” (CP). Over the years, many centres have offered more comprehensive services regarding gay health, including testing for other sexually transmitted infections (STIs), counselling on drugs use, vaccination, and even provision of HIV treatment. The aim of this study to map community-based (and other) sexual health centres targeting gay and other MSM in Europe.

Figure 1 Geographical mapping of community-based (blue) and other (green) sexual health centres for men who have-sex with men (MSM); count over time. <https://goo.gl/OVjdnf>



Methods

In preparation of the second round of the European MSM Internet Survey (EMIS-2017), the EMIS-Network, consisting of more than 80 academic, governmental, and non-governmental organisations, was contacted by e-mail (08/2015) to identify “Checkpoints” and other sexual health centres for gay men throughout Europe. 56 centres were identified and 54 responded. Representatives for the centres were asked for the exact address of the centre, the year it opened (as an HIV-testing / gay health centre) and the current opening hours per week. Features in four categories were queried with 14 questions:

Screening: (1) Is a rapid HIV test available? (2) Is a rapid Syphilis test available? (3) Is anal/pharyngeal swabbing available for detection of asymptomatic gonorrhoea/chlamydia?

Medical prophylaxis and treatment: (4) Can STIs (gonorrhoea, chlamydia, syphilis, or herpes) be treated directly in the centre?

Or if not, is there a standard referral organised? (5) Is PEP (post-exposure prophylaxis) available in the centre? (6) Can MSM receive Hepatitis A/B vaccination in the centre? (7) Can MSM with HIV receive anti-retroviral treatment in the centre?

Counselling: (1) Is mental health counselling available in the centre? (2) Is drug-use counselling available (e.g. for chemsex drugs)? (3) Is trans* counselling available in the centre?

Community involvement: (4) Are gay physicians employed in, or closely attached to, the centre? (5) Of all centre’s non-medical staff, what percentage are gay men? (Binary cut-off at 50%) (6) Is outreach work organised by the centre? (7) Is MSM-related research organised by the centre?

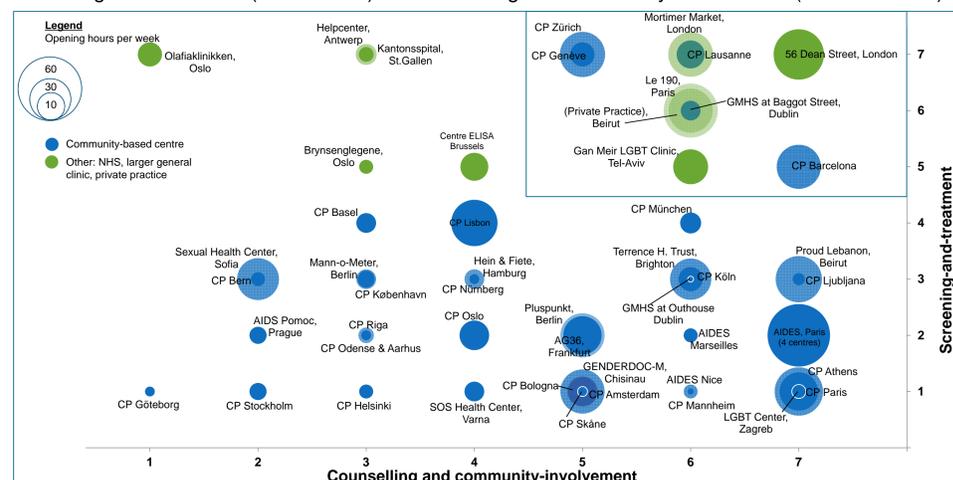
Results

Community-based centres (CBCs, N=44) were distinguished from traditional clinics/private practices (“clinics”, N=10), although such binary classification is not always clear-cut. The label “community-based”, in this context, involves ownership and/or decision power by a collective of gay men. The proportion of gay men among employees was 67% in CBCs and 41% in clinics. CP Riga and Odense had no gay men employed, while CP Amsterdam, Aarhus, Bern, Copenhagen reported less than 50%. The majority of CBCs (68%) and clinics (80%) had gay physicians employed or closely attached.

Figure 1 shows the geographical distribution of included centres (using Google Maps®) and can be accessed via the link in the legend.

The Google Map includes the geo-coordinates, address, website-URL, and opening year. **Figure 1** also shows a timeline for newly founded centres, with a steep increase after 2008, broadly due to newly founded “Checkpoints”.

Figure 2 Service mapping of community-based and other sexual health centres for MSM; scores for screening-and-treatment (vertical axis) vs. counselling and community-involvement (horizontal axis)



We calculated two scores based on the 14 answers given by representatives of the centres. **Figure 2** contrasts the two 7-point-scores: on the vertical axis the score for testing and (prophylactic) treatment, on the horizontal axis the score for counselling and community-involvement.

All centres offered rapid HIV-testing, most (66% of CBCs) offered syphilis-testing, some (39% of CBCs) also featured anal and pharyngeal swabbing. STI treatment was offered by 18% of CBCs, 69% had a standard referral organised. Vaccination against hepatitis A/B (18%), HIV-post-exposure-prophylaxis (11%), and particularly HIV-treatment (7%) were rarely offered by CBCs. As expected, clinics ranked high on the vertical axis, reaching a score of 5 or higher. Among CBCs, only the Swiss Checkpoints Geneva, Lausanne and Zurich; Checkpoint Barcelona, and GMHS-Dublin reached a high score.

Compared to the vertical score, the horizontal score for counselling and community involvement is more subject to individual interpretation, especially with respect to the availability of counselling for mental health (75% of CBCs; 80% of clinics), for transgender health (59%; 50%), and for drug use/addiction (57%; 60%). While in some smaller centres one counsellor covers all three areas, larger centres often employ highly specialised and qualified personnel for each area.

Nearly all CBCs (95%) and half (50%) of the clinics did outreach work, while 50% and 80%, respectively, organised MSM-related research.

Recommendations

The list is still incomplete, especially NHS services (UK) and clinics offering gay-friendly HIV-testing are missing. However we believe we covered all comprehensive sexual health services for MSM in Europe that fall into the upper right quadrant of **Figure 2**. The added value of maintaining up-to-date listing of CBCs is their use in online mapping services and integration in geo-location-based dating-apps targeting MSM. Experience with the European HIV-Testing-Week has shown that reaching out to MSM through push notifications with a spectrum of HIV services and opening times of Checkpoints is both cost-effective and accepted by the community.