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The Euro HIV EDAT Project. Monitoring and evaluation of community based testing: achievements and challenges

Jordi Casabona



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EURO HIV EDAT
EURO HIV EDAT Project

HIV

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 Agreement N°20131101).



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HIV-COBATEST

HIV Community
based testing
practices in Europe

2010-2013



(2014-2017)



HIV in Europe
Working Together for Optimal
Testing and Earlier Care

OptTest
(2014-2017)

Community based testing

**Health settings
based testing**



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Standardized data collections instruments and tools

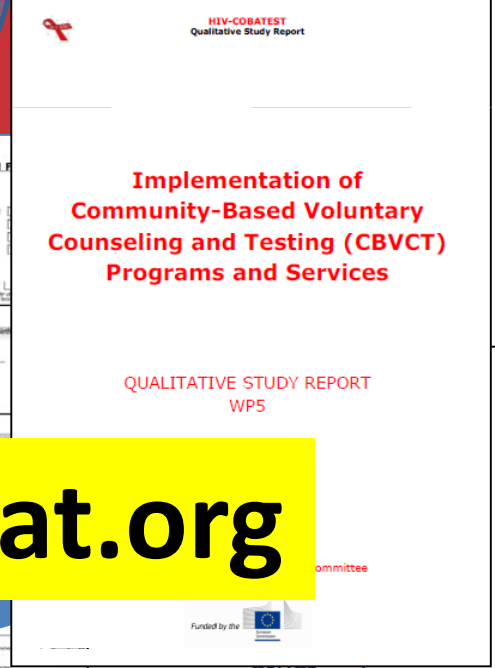
Implementation guidelines

COBATEST network

M&A indicators

Operational definition

Diagnosis of situation



www.eurohivedat.org

CBVCT centres
Core practices in some European CBVCT centres

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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

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Associated Partners:

1. IGO (Spain)
2. BCNCheckpoint-Hispanosida (Spain)
3. AIDES (France)
4. AIDS Fondet (Denmark)
5. National Institute of Public Health (Slovenia)
6. LEGEBITRA (Slovenia)
7. AIDS-Hilfe (Germany)
8. ARAS (Romania)
9. Checkpoint LX (Portugal)
10. Institute Tropical Medicine (Belgium)
11. ISCIII (Spain)
12. CIBERESP (Spain)

Collaborating Partners:

1. Robert Koch Institute (Germany)
2. Stop SIDA (Spain)
3. Iskorak - Sexual and gender minorities rights centre (Croatia)
4. Instituto de Saúde Pública da Universidade do Porto (ISPUP) (Portugal)
5. Àmbit Prevenció (Spain)
6. The National AIDS Centre (Poland)
7. Helseutvalget for bedre homohelse/ Gay & Lesbian Health (Norway)
8. Sonius (Italy)
9. IITAA for Europe (Netherlands)
10. Fondazione HA Milano ONLUS – Lega Italiana per la Lotta contro l'AIDS (Italy)
11. Association of HIV affected women and their families (Lithuania)
12. Agència de Salut Pública de Barcelona (Spain)
13. PRAKSIS NGO (Greece)
14. Leicester City Council Public Health Directorate (United Kingdom)
15. Health Protection Agency (United Kingdom)
16. Estonian Network of People Living with HIV(EHPV) (Estonia)
17. Baltic HIV Association (Latvia)
18. Safe Pulse of Youth (Serbia)

11 GOs

19 NGOs

4 Public Health

research groups

18 countries

Core WP:



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- 4.T1.- **Assessment of dissemination and use of the COBATEST “Guide for doing better” (AIDES, France)**
- 4.-T2.- **Standardised data collection and analysis from a European network of CBVCT services for monitoring and evaluation (Institute of Public Health, Slovenia)**
- 5.- **Longitudinal analysis of clients attending MSM Checkpoints (COBACOHORT) (ICO-CEEISCAT, Catalonia, Spain)**
- 6.- **Assessment of 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.T1.- **KAP/B survey on self-testing/sampling (Instituto Carlos III, Madrid, Spain)**
- 9.T2.- **Out reach sampling and web based pilot intervention (Institute Tropical Medicine, Antwerp)**

GUIDELINES AND TOOLS



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WP4 T1. Elsa Ricard,
AIDES, France. PO4/08

WP 7 MSM Toolkit. Matthias
Kuske, AIDS Hilfe NRW e.v,
Germany. PS4/01

HOW TO EVALUATE
COMMUNITY-
BASED
COUNSELING
TESTING



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-Eggebert (m.wentzlaffeggebert@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 (CHAFAEA), acting under the powers delegated by the Commission of the European Union (Agreement N° 2013 11 01).

The document was developed under the leadership of Matthias Wentzlaff-Eggebert (AIDS-Hilfe NRW e.V., German), Agusti Benito, Laura Fernández, Nicolas Lorente i J. Epidemiològics sobre les Infeccions de Transmissió CEEISCAT, Spain), Michael Meulbroek (BCN Chec Stéphane Morel and Elsa Ricard (Association AIDE Slaaen Kaye and (STOP AIDS, AIDS-Foundation, I Lobnik (LEGEBITRA, Slovenia), Sophocles Chanos Lixandru (ARAS, Romania), Tom Platteau (Institute Belgium), and Daniel Simões (GAT-Grupo Português de VIH/SIDA, Portugal). The draft version of the tool more input from the participants of a workshop with Checkpoints and 5 experts held in Ljubljana, 14th-16th October 2014.

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WP8. Sarah Benayoun, AIDES, France.

P04/04



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**SYNTHESIS
- NATIONAL REPORTS -**

BELGIUM DENMARK FRANCE



Information brochure - EURO HIV EDAT project

Objective

→ To conduct a state of the art on the WPs of the EURO HIV-ED, qualitative and quantitative studies

Specific objectives:

To state the different definitions of "migrants" and to characterize the migrant population in the participating countries.

To get information on and HIV organization mobilization in each participating country.

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.



Guide of Good Practices

DATA



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WP 4 T2. Irena Klavs, NIJZ, Slovenia; L. Fernandez, CEEISCAT, Spain. PO4/09 , PS1/05, PO1/04

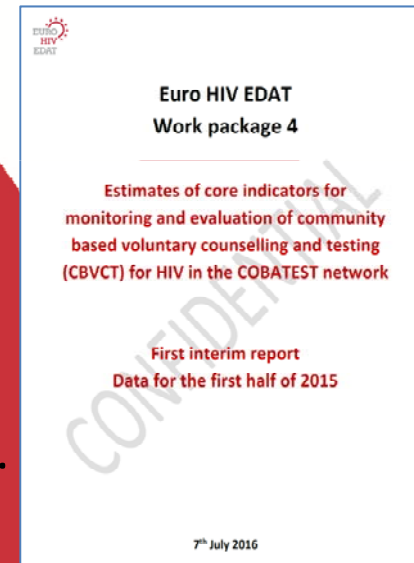
PRELIMINARY RESULTS - 2015

Agregated data:

95,493 clients tested for HIV (range : 8 - 43,097).
Confirmatory reported rate : 42,5-100%
Prevalence : 0.3%-3,4%

Data from centres COBATEST web based apps:

10,300 tests performed, 9.102 clients tested from 25 CBVCT centres from 7 different countries (Spain, Denmark, Greece, Italy, Lithuania, Latvia, Ukraine)
overall prevalence : 1.27%
confirmation rate : 70 %
overall linkage to care rate : 65,5 % .





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Results 2015 Data from centres using web based apps:

Clients tested for HIV

	N	%
Age groups (N= 8,890)		
<20	792	8,9%
>=21-35	5301	59,6%
>=36-50	2250	25,3%
>50	547	6,2%
Gender (N=9,098)		
Male	6603	72,6%
Female	2350	25,8%
Transgender	145	1,6%
Migrants (N= 8,745)		
yes	2794	31,9%
Transmission Groups (N= 8,925)		
IDU	104	1,2%
Male sex worker	391	4,4%
MSM	4055	45,4%
Women sex worker	464	5,2%
Heterosexual women	1857	20,8%
Heterosexual men	2054	23,0%

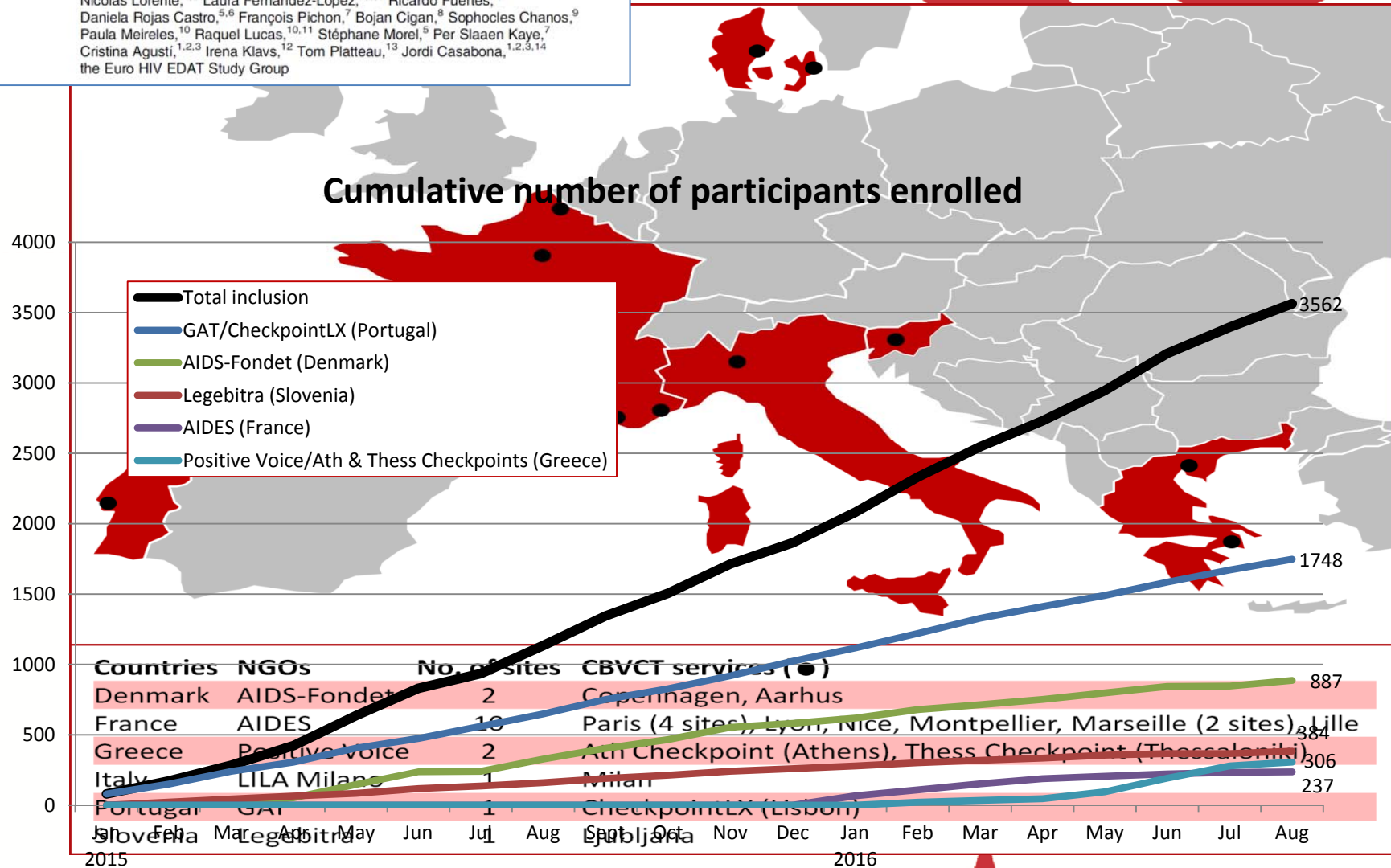
Clients tested for HIV

	N	%
Type of test used (N=9,095)		
Rapid blood test	7114	78,2%
Rapid oral test	1871	20,6%
Conventional test	110	1,2%
Testing sites (N=9,102)		
CBVCT office	8083	88,8%
Outdoors/Van	61	0,7%
Sex work venue	87	1,0%
Sauna/sex venue	146	1,6%
Public venue	187	2,1%
Amusement venue	355	3,9%
Needle exchange venue	31	0,3%
Other	152	1,7%
Previous HIV test (N=8,970)		
yes	5872	65,5%
no	3098	34,5%



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 Agustí,^{1,2,3} Irena Klavs,¹² Tom Platteau,¹³ Jordi Casabona,^{1,2,3,14} the Euro HIV EDAT Study Group



WP6. Per Slaaen Kaye, Aids Fondet, Denmark



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What is the percentage of MSM in the total number of people linked to (referred to) care		
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 – CheckpointLX / GAT		100 %
8. Spain – BCN Checkpoint		100 %
9. Spain – Associació Ciutadana Antisida De Catalunya		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		

15 sites from 11 countries

Percentage of reactive HIV linkaged to care: ranged from 53% to 100% (for MSM 71%-100%).

PILOT STUDIES



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WP9 T2. Tom Platteau, ITM Antwerp, Belgium. PO4/01



SPINE PROJECTS



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AIDS Care

Psychological and Socio-medical Aspects of AIDS/HIV

ISSN: 0954-0121 (Print) 1360-0451 (Online) Journal homepage: <http://www.tandfonline.com/loi/caic20>



Economic evaluation of HIV testing for men who have sex with men in community-based organizations – results from six European cities

Julian Perelman, Ricardo Rosado, Omar Amri, Stéphane Morel, Daniela Rojas Castro, Sophocles Chanos, Bojan Cigan, Miha Lobnik, Ricardo Fuertes, François Pichon, Per Slaaen Kaye, Cristina Agustí, Laura Fernández-López, Nicolas Lorente & Jordi Casabona

Economical
evaluation

Table 3. Cost-effectiveness of the participating community-based counselling and testing centres in 2014.

	Athens	Copenhagen	Lisbon	Lyon	Paris	Ljubljana
<i>Effectiveness</i>						
HIV tests	5966	20				
Reactive HIV tests (prevalence)	125 (2.1%)	2				
Reactive HIV tests linked to care (rate of linkage)	107 (85.6%)	2				
<i>Total costs, in PPP^a-adjusted euros</i>						
Total Costs	245,803	110,8				
<i>Cost-effectiveness, in PPP^a-adjusted euros</i>						
Cost per HIV test	41					
Cost per reactive HIV test	1966	55				
Cost per reactive HIV test linked to care	2297	55				

^aPPP-adjusted refers to the adjustment for PPP (see Methods section).

Policy brief

Community-based voluntary counselling and testing services for HIV The economic argument

AN ECONOMIC ANALYSIS OF CBVCT'S WAS NECESSARY

The incidence of HIV among MSM has been increasing

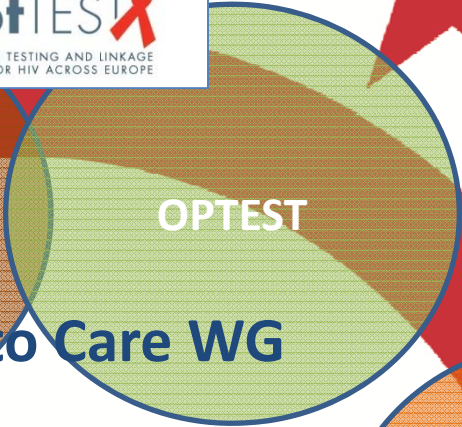
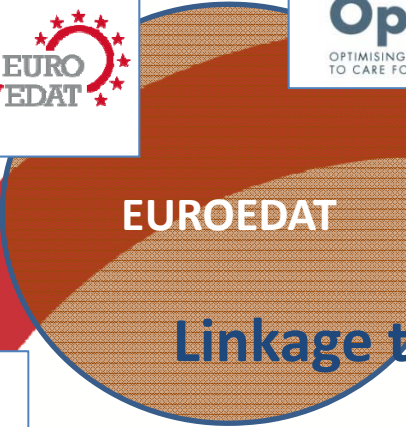
Despite increasingly effective antiretroviral therapies, the number of HIV cases has not diminished among men who have sex with men (MSM) between 2004 and 2012, contrary to other transmission groups. Sex between men was also the first cause of new reported cases in Europe, representing a share of 42%. Also, 36.7% of HIV-infected MSMs were detected at a late stage of the disease.

encouraging findings justify the additional costs of running CBVCTs.

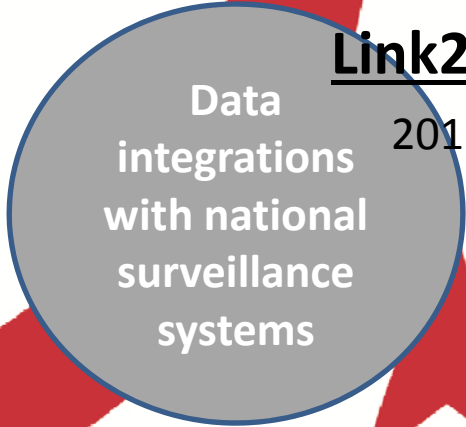
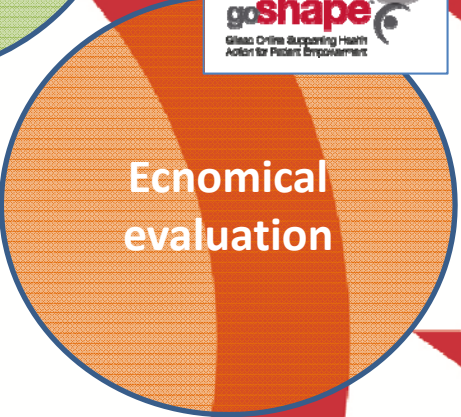
SIX CBVCT'S ACROSS EUROPE WERE ANALYZED

An economic study was performed in six CBVCTs from five European countries

We have collected retrospectively data from 6 CBVCTs, situated in Copenhagen, Paris, Lyon, Athens, Lisbon, and Ljubljana. Except for Ljubljana, all CBVCTs used rapid testing.



Linkage to Care WG



Link2care

2017-2020



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Main achievements:

- standardized procedures for program implementation and data collections
- a framework and platform for multisectorial collaboration
- comparable data (and gaps to improve) for both operational and advocacy purposes
- add evidence on the ability to reach the right groups and link.
- improve knowledge on the response, contribute with data to ECDC (Dublin declaration)
- stimulated national responses on M&A (ie. Spain)
- construct the basis for advancing on M&A (ie. WP6 in the Link2Care Project)
- generate spine projects
- contribute to have CBVCT in the public health agenda and create, policy awareness.



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Main challenges:

- Finalizing the deliverables on time and putting together the different pieces of the project !!!
- Increase dissemination and political incidence.
- Increasing synergies, have more actors on board.
- Continue to help national efforts on M&A CBVCTs
- Sustainability of the effort (COBATEST Network, COBACOHORT, SWAB to KNOW, web based apps, update guidelines, ...)

Are new testing approaches included in testing guidelines in the EU/EEA ? (2015)

Original research article

INTERNATIONAL JOURNAL OF
STD & AIDS

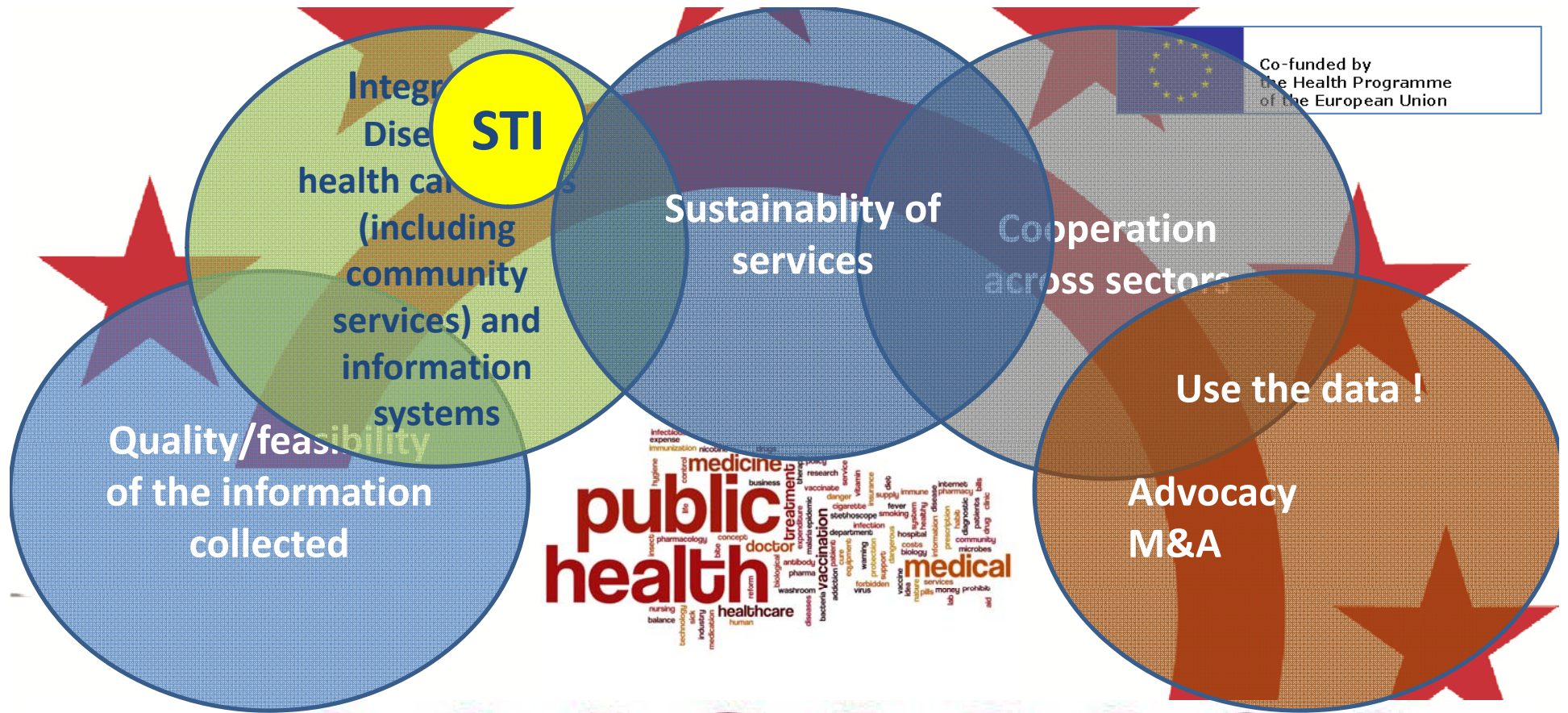
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DOI: 10.1177/0956462415623402
std.sagepub.com
SAGE

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 Agusti^{1,5,6} and Jordi Casabona^{1,5,6,7}

Testing types	Yes	No	No guidelines
Community-based testing delivered by trained medical staff	20	4	6
Community-based testing delivered by non-medical staff (e.g. trained lay people)	8	16	6
Home-sampling kits	1	23	6
Self-testing kits	2	22	6

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ALL PEOPLE



PEOPLE REACHED BY PREVENTION ACTIVITIES



PEOPLE TESTED



AWARE OF STATUS



ENROLLED IN CARE



ON TREATMENT



RETAINED ON TREATMENT



VIRAL LOAD SUPPRESSED



ACCESSING CHRONIC CARE

CONTINUUM OF SERVICES



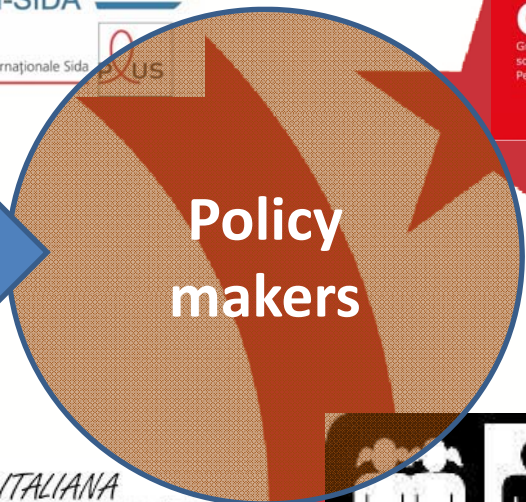
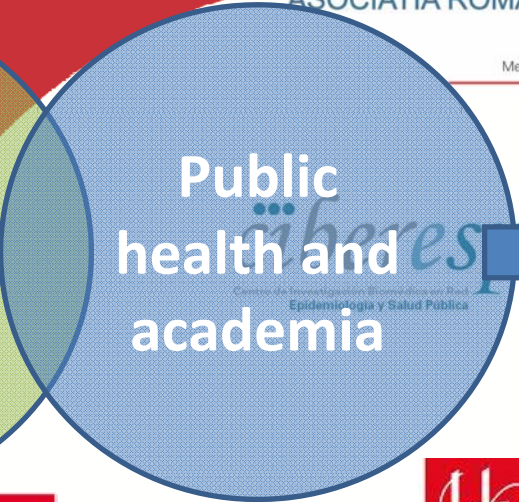
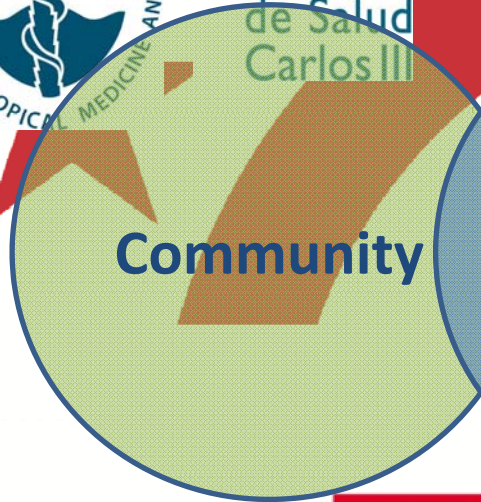
CONTINUUM OF CARE

ASSOCIATED PARTNERS

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Membră a Coaliției Internaționale Sida 

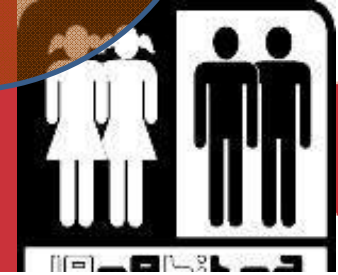


Centre d'Estudis Epidemiològics sobre les Infeccions de Transmissió Sexual i Sida de Catalunya



LEGA ITALIANA PER LA LOTTA CONTRO L'AIDS

LILA Milano GNLU
Fondazione di Partecipazione



Projecte dels NOMS

hispano *sida*



Membră de la Coaliția Internațională Sida 



AidshilfeNRW



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- 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 (Czech 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)

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