



## Implementing risk-assessment in Checkpoints to optimize testing services provision for MSM

Partner Organisation(s):  
National Public Health  
Organization (NPHO)

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### OVERVIEW

Community-based integrated screening for HIV, HCV, HBV and syphilis can be an effective way to reach otherwise unscreened key populations. The National Public Health Organization (NPHO) launched a pilot intervention in collaboration with the community testing sites in Athens and Thessaloniki.

The pilot took place at the Athens and Thessaloniki Checkpoints of Positive Voice, which were the first community-based HIV and other STIs prevention and rapid testing centres in Greece. It aimed to facilitate and optimize testing services provision by implementing a risk-assessment questionnaire to determine testing needs for each client. The main group seen at the Checkpoints were MSM and generally all clients were offered testing for HIV and for other infections.

### APPROACH

- Checkpoint staff received **training & capacity building from NPHO** on the management of co-infections & difficult cases and risk assessment and testing issues, proper advice for referral and linkage.
- Checkpoint staff developed **a new risk assessment tool** to facilitate the processes, streamline procedures and save time for both service providers and clients.
- The **risk assessment tool was used during the initial interview to identify clients' risks and needs**. It collected data on demographics, past testing, sexual behaviors, drug use (incl. chemsex), HBV vaccination, testing results, linkage to care, etc.
- The procedure was anonymous & confidential. The collected information was used to facilitate **individualised service provision and client-tailored testing** (e.g. HIV or multiple disease testing, preventive services, referrals & accompaniment).

# Country Case Study: Greece



Joint Action on integrating prevention, testing and linkage to care strategies across HIV, viral hepatitis, TB and STIs in Europe

## HIGHLIGHTS

The pilot was implemented during 12 months.



**5816** MSM CLIENTS  
TESTED FOR HIV &  
FILLED OUT THE RISK  
ASSESSMENT SURVEY



**97** HIV  
REACTIVE TESTS



**545** HBV TESTS  
PERFORMED WITH  
**10** REACTIVE TESTS



**538** HCV TESTS  
PERFORMED WITH  
**13** REACTIVE TESTS

## LESSONS LEARNED



Although the Checkpoint staff **found the rapid assessment helpful** in facilitating and optimising service provision for the MSM clients, they **also felt the questionnaire was too lengthy** collecting unnecessary data. Staff is currently working on a more concise version of the questionnaire.



Throughout the pilot period **NPHO also provided support through group sessions on a monthly basis** in addition to **individual staff training sessions offered upon request** contributing to better case management and further capacity building on testing and referral.



**Presence of co-infections** in some clients warranted the **need for staff training in handling** of such complex cases. The support and supervision sessions with the psychologists and other healthcare professionals from the NPHO contributed to better case-management while helping staff to cope with anxiety and heavy workload.



Despite the importance of providing multi-disease testing to MSM clients due to high-risk exposures, intermittent **availability of STI test kits (except HCV & HBV) posed a challenge**. Limited funding led to the Checkpoints running out of rapid syphilis tests. Ensuring **financial sustainability is key** to prevent service disruption and ensure continuity.



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