

The HIV-COBATEST Project: Survey on Community-Based Testing Services in Europe

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1. Purpose

To **contribute to promote early HIV diagnosis** in Europe by means of improving the implementation, monitoring and evaluation of Community-Based Voluntary Counseling and Testing (CBVCT) practices

2. The specific objectives are:

1. To gain a thorough **understanding of CBVCT** programmes 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 VCT.



3. Target of the project

Target entities: the CBVCT services. The results obtained in the project may improve the implementation and operation of participating CBVCT sites and similar facilities or services around Europe.

Target populations: most-at-risk groups, such as intravenous drug users, men who have sex with men, commercial sex workers, immigrants, young people, and especially hard-to-reach populations.



3. HIV-Cobatest Project core work packages:

- WP1. **Coordination** of the project;
- WP2. **Dissemination** of the project;
- WP3. **Evaluation** of the project;
- WP4. **Cross-national survey** on the implementation of CBVCT programmes;
- WP5. **Qualitative study** and code of good practice for the implementation of CBVCT programmes and services;
- WP6. **Core group of indicators** to monitor HIV diagnosis from CBVCT services;
- WP7. **Standardised protocol** for data collection from CBVCT centres;
- WP8. Acceptability, feasibility, and impact of **introducing the rapid oral test** in the CBVCT network.



4. Cross-National Survey on the implementation of CBVCT programmes

OBJECTS:

- to ascertain **how CBVCT programmes are being implemented**;
- to describe **the national policies** on CB testing practices;
- to assess **how many CBVCT** programmes exist in each country and describe their characteristics;

METHOD:

Case definition: a study definition of “CBVCT” was proposed for the purpose of the survey.

National Focal Points (NFPs) in all EU/EFTA countries were contacted. **CBVCTs** were then contacted thanks to the information provided by the NFPs and by other key informants.

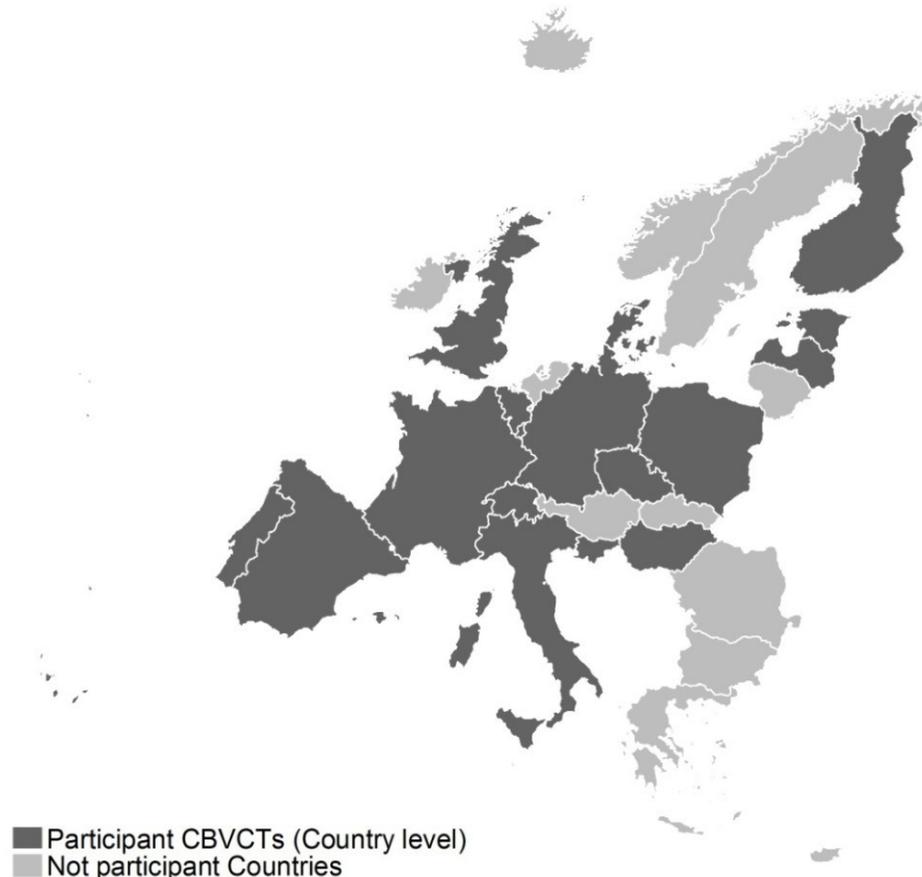
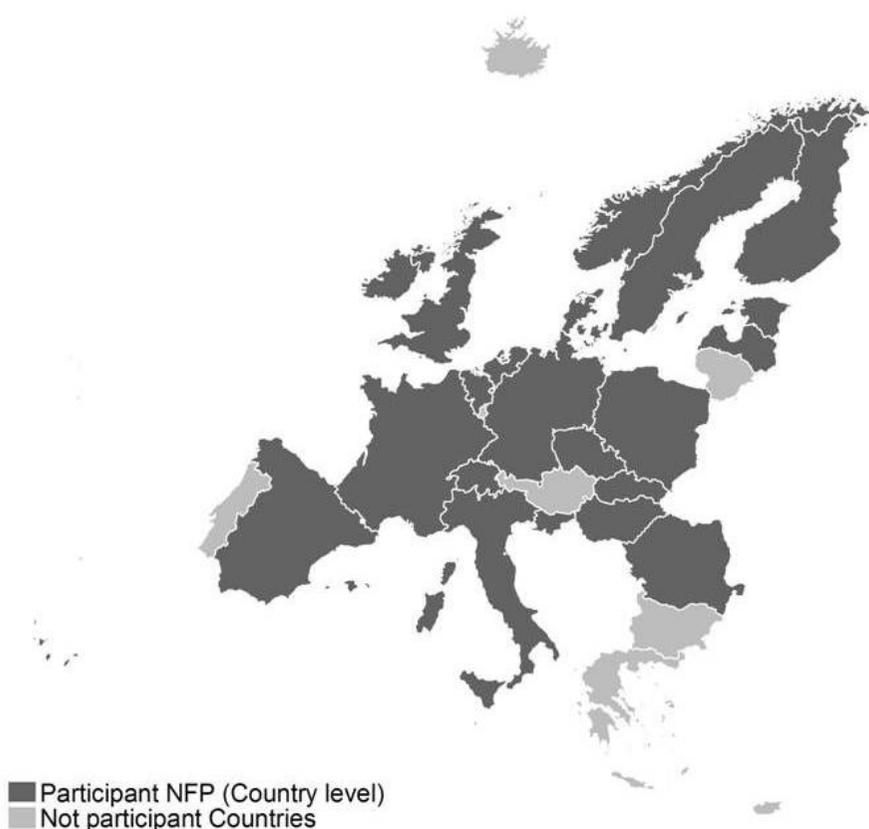
A questionnaire tool was piloted in 8 Countries. Following the piloting phase conclusions, 2 different questionnaires were developed according to the kind of target (one for National Focal Points and one for individual CBVCT managers).



5. Participating Countries

National Focal Points

Map: List of participant CBVCTs (Country level)



22 NFP and 3 Regional Focal Points responded, with a response rate *at country level* of 71%.



6. Defining CBVCTs: the HIV-COBATEST proposal

Any **program or service** which:

- offers **voluntary HIV counselling and testing as its main purpose** and activity;
- **targets specific groups** of the population most at risk in the area;
- is **clearly adapted and accessible** to the communities to whom it is addressed.

More specifically the CBVCT should have the following characteristics:

- should be **operated in the same context and community** where it was originally set up and perceived as a reference point by the target group;
- it should be **easily accessible and clearly adapted to the specific needs** of the target group;
- it **ensures the participation of the community.**

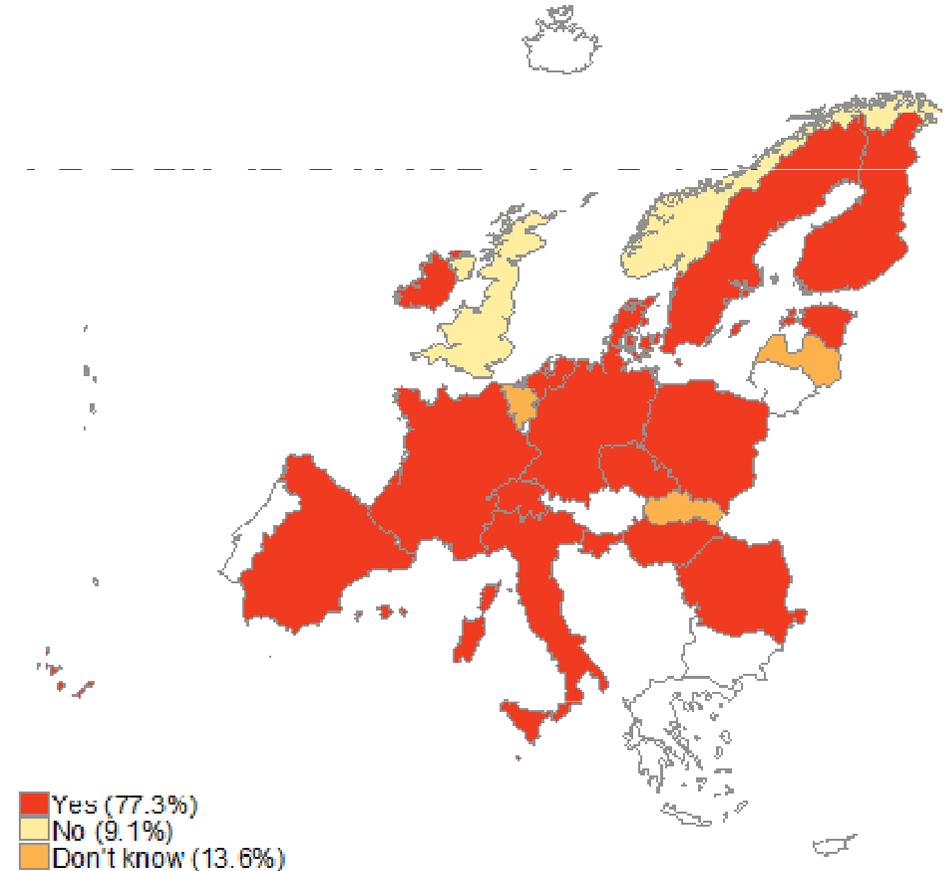
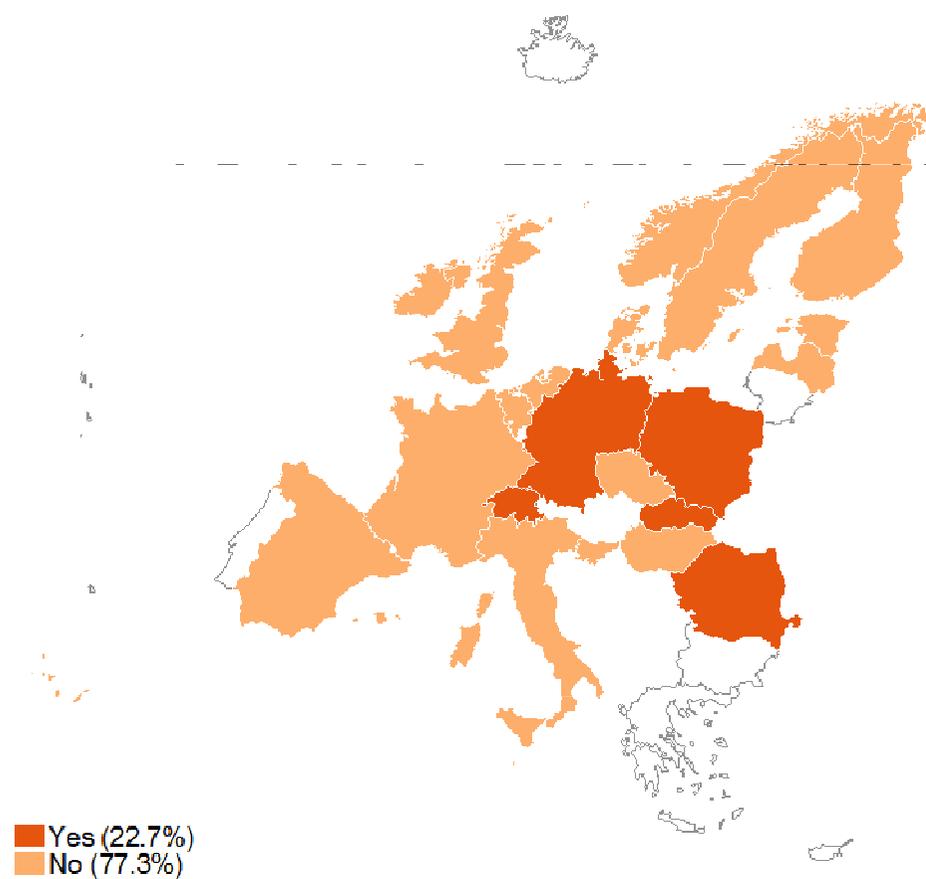
There were no restrictions concerning the physical location, staff characteristics, funding source or whether the service is provided for free or at a cost.



7. Defining CBVCTs: the state of the art

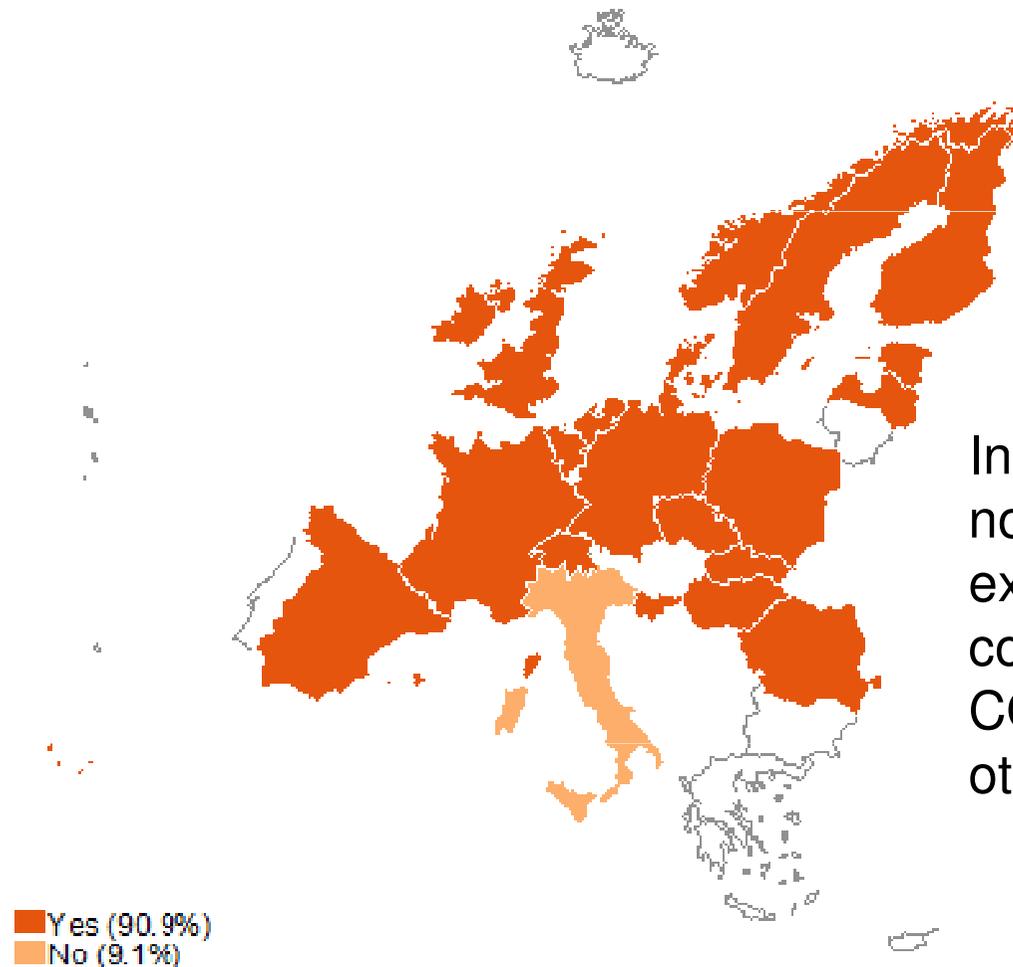
Existance of a definition at country level

Agreement with COBATEST definition



8. Existing CBVCTs in Europe

Existence of CBVCTs at country level, according to National Focal Points



In Italy the NFP was not aware of a locally existing CBVCT contacted by COBATEST through other informants.



9. National regulations and strategies about CBVCTs

- 15 NFP and Regional Focal Points (60%) reported governmental/regional regulation covering HIV testing in CBVCT (12 on 22 responding countries);
- 12 (48%) reported a strategic plan for the implementation of CBVCTs (11 on 22 responding countries).



10. Involvement of the Community according to the CBVCTs

Kind of involvement	N	%	Needs assessment	N	%
Needs assessment	13	33.3	Interviews with key people	19	48.7
Participation in planning	10	25.6	Regular meetings	19	48.7
Community management	14	35.9	Focus groups	10	25.6
Involvement in the implementation	25	64.1	Surveys among target group	12	30.8



11. Use of Rapid Tests

14 NFPs and regional FP (58%) reported that HIV rapid test on blood is accepted and/or recommended in their country (13 on 22 responding countries).



➡ In 2 of the countries where the NFPs didn't report rapid test acceptance/recommendation, this kind of testing method was used by responding CBVCTs.

➡ Rapid Test is the most common HIV testing method in CBVCTs. 30 of them (76.9%) reported HIV rapid test use on blood (13 on 17 responding countries).

Only 5 NFPs and regional FP (22%) reported that oral fluid rapid test is accepted and/or recommended in their country (5 on 22 responding countries).



➡ No CBVCT reported oral fluid rapid tests use.



12. Conclusion

- CBVCTs are present in most EU and EFTA countries, although being a secondary source of testing.
- There is not a common definition of what is a CBVCT service across Europe and the proposed CBVCT service definition by the HIV-COBATEST project was highly accepted.
- This study shows marked differences in the implementation of CBVCT across Europe (management, community involvement, performance practices).
- In only half of the countries strategic plans for the implementation of CBVCTs were reported, and in slightly more than a half regulation of CBVCT services was reported.
- In 59% of the responding countries rapid test is accepted/recommended, although , rapid tests are used in 76.9% in European CBVCTs.
- Most of the countries do not have a policy on monitoring these services, nor a set of specific indicators to do it.



13. Recommendation

- There is the need to reinforce the community based approach for testing in Europe.
- A common definition of CBVCT should be agreed in order to define a common conceptual framework for community-based HIV testing in Europe and for its best practices.
- Common regulations, strategies and procedures should be proposed, both at European and at country level, in order to ensure uniformity regarding the offer of facilitated access to HIV testing through CBVCTs.
- Rapid Test use should be clearly considered and regulated as a practical way of performing HIV test in CBVCTs, both in western and eastern countries.



14. Partners:

Main Partner and Technical Coordinator:

- Centre for Epidemiological Studies on HIV/AIDS and STIs of Catalonia (CEEISCAT), (GOV), SPAIN. Technical Coordinator HIV-COBATEST project: **Cristina Agustí.**

COBATEST Associated Partners:

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- Association AIDES (France) Jean Marie Le Gall;
- STOP AIDS – Gay Men´s HIV-Organization (Denmark) Klaus Legau;
- Institute of Sexology, Medical Faculty, Charles University (Czech Republic) Ivo Prochazca;
- Institute of Public Health of the Republic of Slovenia (Slovenia) Irena Klavs,
- National AIDS Centre (Poland) Anna Marzec;
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15. Partners:

COBATEST Collaborating Partners:

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- Public Health Agency of Latvia (Latvia) Inga Upmace,
- Programa per a la prevenció y assistència de la Sida, Generalitat de Catalunya (Spain) Albert Giménez,
- G.A.T. Grupo de Activistas VIH/SIDA (Portugal) Luis Mendau,
- National AIDS Commission (Portugal) Joana Bettencourt ,
- LEGEBITRA (Solvenia) Miha Lobnik,
- Aidsberodung Croix-Rouge (Luxemburg) Yan Huberty,
- Deutsche AIDS-Hilfe e.V. (Germany) Armin Schafberger,
- Institute of Tropical Medicine (Belgium)Tom Platteau.
- Estonian Network of People Living with HIV (Estonia) Igor Sobolev,
- Safe Pulse of Youth (Serbia) Aleksandar Skundric,
- ARAS (Romania) Galina Musat,.
- ISPUD (Portugal) Henrique Barros.

