Monitoring and evaluation of CBVCT: data to improve practice

Purpose: to contextualize the contribution of the COBATEST and EUROHIVEDAT Projects in the current efforts to improve M&A of CBVCT in Europe

Jordi Casabona
Figure 11. Relative risks of community-based HTC versus facility-based HTC among key populations. The risk of an outcome in community-based testing, while the denominator was the risk of an outcome in facility-based testing. doi:10.1371/journal.pmed.1001496.g011
**Monitoring** is the routine tracking of key elements of a programme or project and its intended outcomes. It usually includes information from record keeping and surveys – both population and client-based.

**Evaluation** is a rigorous, scientifically-based collection of information about programme activities, characteristics, and outcomes that determine the merit or worth of a specific programme. Evaluation studies are used to improve programmes and inform decisions about future resource allocations.

**Monitoring & Evaluation**
M&E is an embedded concept and constitutive part of every project or programme design ("must be"). M&E is not an imposed control instrument by the donor or an optional accessory ("nice to have") of any project or programme. M&E is ideally understood as dialogue on development and its progress between all stakeholders.

WHO, 2007
HIV-DEVO 2015

Proyecto HIV-DEVO en Cataluña
12 centros

Range: 20 to 7,000 test/year and 0 to 3.4 HIV prevalence.
1. MONITORING

<table>
<thead>
<tr>
<th>QUESTION</th>
<th>PARAMETERS</th>
</tr>
</thead>
<tbody>
<tr>
<td>HOW MUCH TESTING ?</td>
<td>Absolute numbers and population rates by administrative areas.</td>
</tr>
<tr>
<td>WHERE IS HAPPENING ?</td>
<td>Health care settings: hospital, primary care, ST unit, ... Non-Health care settings: NGO site, outreach program, home testing, ...</td>
</tr>
<tr>
<td>WHO IS BEING TESTED ?</td>
<td>Demographics: age, gender, transmission group. Reason for testing: clinical diagnosis, pregnancy screening, at risk groups screening, ...</td>
</tr>
<tr>
<td>WHICH IS THE PREVALENCE ?</td>
<td>Reactivity and positivity rates.</td>
</tr>
</tbody>
</table>
2.- EVALUATION

To assess the hability and operational determinants to diagnose and link to care (treatment) earlier (effectiveness) and eventually the cost associated in doing so (cost-effectiveness).

Data on data of last test, reason for testing, testing site and modality, lag time across health care levels, CD4 and VL at diagnosis, date of initiating treatment, cost, ...
Key points:

• improve estimates of populations size
• promote the use of a number of scalable and flexible metrics
• when possible include already existing data sources
• integrate programmatic data to national information systems

Implementation of community-based testing by non-medical staff in Europe and Central Asia
WHAT I'S GOING ON IN EUROPE ON CBVCT SERVICES?

HOW COULD WE MEASURE IT?

WHAT INFORMATION IS ACTUALLY BEING COLLECTED?

HOW COULD WE IMPROVE THE PERFORMANCE OF CBVCT SERVICES?

11 GOs
19 NGOs
4 Public Health research groups
18 countries
HIV-COBATEST PROJECT
CROSS-NATIONAL SURVEY ON THE
IMPLEMENTATION OF CBVCT PROGRAMMES

QUANTITATIVE REPORT

IMPLEMENTATION OF COMMUNITY-BASED VOLUNTARY
COUNSELING AND TESTING (CBVCT)
PROGRAMS AND SERVICES

Diagnosis of situation

ORIGINAL RESEARCH ARTICLE

Heterogeneity of community-based voluntary, counselling and testing services for HIV in Europe: the HIV-COBATEST survey

Juliana Reyes-Urueña¹, Michele Breveglieri²,³ Martina Furegato²,⁴ Laura Fernández-López¹,⁵,⁶, Cristina Agusti¹,⁵,⁶ and Jordi Casabona¹,⁵,⁶,⁷
The COBATEST network: a platform to perform monitoring and evaluation of HIV community-based testing practices in Europe and conduct operational research.

Core indicators to monitor community-based voluntary counselling and testing (CBVCT) for HIV.

Guidelines for CBVCT services.

Field-test version.

July 2012.

Standardized data collection forms.

Web-based apps for data collection.

45 CBVCTs of 19 European countries:
(Germany, Denmark, Chez Republic, Poland, France, Slovenia, Belgium, Romania, Portugal, Lithuania, Latvia, UK, Hungary, Ukraine, Austria, Greece, Switzerland, Italy and Spain.)
PRELIMINARY RESULTS - 2015

95,493 clients were tested for HIV (screening) (range: 8 - 43,097).

Of 34 CBVCTs with at least 1 reactive HIV screening test result, 6 had not submitted information on HIV confirmatory testing results.

Of 22 CBVCTs (complete information), 14 reported 100% of reactive results had been tested with confirmatory tests and of other 8 the % varied: 42.5% - 99.5%.

Of 6 CBVCTs (complete information), positivity rate varied: 0.3% - 3.4%.

Data from centres using common tools (25 CBVCT centres from 7 different countries (Spain, Denmark, Greece, Italy, Lithuania, Latvia, Ukraine) (10,300 tests performed, 9,102 clients tested):

1.27 % overall prevalence
confirmation and linking to care rates: 70 and 65.5 %.
Data from centres using common tools

- 25 CBVCT centres from 7 different countries (Spain, Denmark, Greece, Italy, Lithuania, Latvia, Ukraine)

<table>
<thead>
<tr>
<th>All clients</th>
<th>All</th>
<th>Males</th>
<th>Females</th>
<th>&lt;25</th>
<th>&gt;=25</th>
</tr>
</thead>
<tbody>
<tr>
<td>% of clients with a reactive screening HIV test result</td>
<td>1,9%</td>
<td>2,4%</td>
<td>0,4%</td>
<td>1,2%</td>
<td>2,1%</td>
</tr>
<tr>
<td>Numerator</td>
<td>170</td>
<td>161</td>
<td>9</td>
<td>27</td>
<td>139</td>
</tr>
<tr>
<td>Denominator</td>
<td>9102</td>
<td>6748</td>
<td>2350</td>
<td>2324</td>
<td>6566</td>
</tr>
</tbody>
</table>

**Key groups**

<table>
<thead>
<tr>
<th>MSM</th>
<th>All</th>
<th>Males</th>
<th>Females</th>
<th>&lt;25</th>
<th>&gt;=25</th>
</tr>
</thead>
<tbody>
<tr>
<td>% of clients with a reactive screening HIV test result</td>
<td>2,6%</td>
<td>2,6%</td>
<td>2,3%</td>
<td>3,6%</td>
<td></td>
</tr>
<tr>
<td>Numerator</td>
<td>114</td>
<td>114</td>
<td>25</td>
<td>117</td>
<td></td>
</tr>
<tr>
<td>Denominator</td>
<td>4399</td>
<td>4399</td>
<td>1081</td>
<td>3234</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>IDU</th>
<th>All</th>
<th>Males</th>
<th>Females</th>
<th>&lt;25</th>
<th>&gt;=25</th>
</tr>
</thead>
<tbody>
<tr>
<td>% of clients with a reactive screening HIV test result</td>
<td>1,9%</td>
<td>2,6%</td>
<td>0,0%</td>
<td>0,0%</td>
<td>2,2%</td>
</tr>
<tr>
<td>Numerator</td>
<td>2</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>Denominator</td>
<td>104</td>
<td>77</td>
<td>26</td>
<td>12</td>
<td>90</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SW</th>
<th>All</th>
<th>Males</th>
<th>Females</th>
<th>&lt;25</th>
<th>&gt;=25</th>
</tr>
</thead>
<tbody>
<tr>
<td>% of clients with a reactive screening HIV test result</td>
<td>3,0%</td>
<td>6,3%</td>
<td>0,2%</td>
<td>1,4%</td>
<td>3,3%</td>
</tr>
<tr>
<td>Numerator</td>
<td>26</td>
<td>25</td>
<td>1</td>
<td>2</td>
<td>23</td>
</tr>
<tr>
<td>Denominator</td>
<td>872</td>
<td>395</td>
<td>477</td>
<td>142</td>
<td>705</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Migrants</th>
<th>All</th>
<th>Males</th>
<th>Females</th>
<th>&lt;25</th>
<th>&gt;=25</th>
</tr>
</thead>
<tbody>
<tr>
<td>% of clients with a reactive screening HIV test result</td>
<td>2,3%</td>
<td>3,2%</td>
<td>0,7%</td>
<td>1,6%</td>
<td>2,6%</td>
</tr>
<tr>
<td>Numerator</td>
<td>65</td>
<td>58</td>
<td>7</td>
<td>10</td>
<td>53</td>
</tr>
<tr>
<td>Denominator</td>
<td>2794</td>
<td>1823</td>
<td>971</td>
<td>643</td>
<td>2077</td>
</tr>
<tr>
<td>Country</td>
<td>Organization</td>
<td>Percentage</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>-------------</td>
<td>------------------------------------------------------------------------------</td>
<td>------------</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Poland</td>
<td>30 Voluntary Counselling and Testing Centres</td>
<td>N/A</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Poland</td>
<td>Foundation for Social Education</td>
<td>80 %</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ukraine</td>
<td>Community Centre for gays and bisexuals</td>
<td>N/A</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>France</td>
<td>Checkpoint-Paris</td>
<td>95 %</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>France</td>
<td>AIDES</td>
<td>N/A</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Greece</td>
<td>Athens Checkpoint</td>
<td>90 %</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Portugal</td>
<td>CheckpointLX / GAT</td>
<td>100 %</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Spain</td>
<td>BCN Checkpoint</td>
<td>100 %</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Spain</td>
<td>Associació Ciutadana Antisida De Catalunya</td>
<td>100 %</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Italy</td>
<td>Fondazione LILA Milano ONLUS</td>
<td>*) 71 %</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Denmark</td>
<td>Checkpoint Copenhagen</td>
<td>90 %</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Latvia</td>
<td>Checkpoint for MSM (NGO “Baltic HIV Association”)</td>
<td>N/A</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Austria</td>
<td>Aids-hilfe Wien</td>
<td>N/A</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Germany</td>
<td>Stadt Essen</td>
<td>90 %</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Germany</td>
<td>Hagen e.V.</td>
<td>N/A</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

15 sites from 11 countries filled in and returned questionnaires. Percentage of reactive hiv MSM linked to care ranged from 71% to 100%. Overall linkage to care: ranged from 53% to 100%.

*) This is what they know – there can be more people linked to care
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,6 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

N : 3.562 MSM
Diagnosis of situation

Operational definition

M&A indicators

Standardized data collections, instruments and tools

COBATEST network

M&A data analysis

Patterns, barriers and determinants of use

Services implementation and evaluation guides

Quality assurance

Data integrations with national surveillance systems

Plan

Define

Evaluate

Improve

Monitor

IMPROVING HIV TESTING AND COUNSELLING SERVICES
CHALLENGES FOR M&A CBVCTs

• Reach consensus on a minimum (but useful) data set
• Include specific quantitative CBVCT indicators/metrics in the Dublin Declaration

• Great heterogeneity in performance and data collecting. Need for standardization of procedures. Avoid duplications.
• Representativeness of the data at national and regional level
• Quality of the data. Work load at the community level.

• Need to use different sources of information (NGOs, hospital, laboratory, ...)
• Integration with national surveillance systems
• Need for an Unique Identifier?

• New technologies (home sampling/testing, point of care, outreach sampling, ...)
Implementation and programatic data and research.

Advocacy

M&A

Improving programs and services effectiveness
COMMUNITIES, CLINICS AND ACADEMIA

COOPERATION IN COMMUNITY BASED VOLUNTARY COUNSELLING AND TESTING: GOOD PRACTICES AND OBSTACLES

AIDS ACTION EUROPE SYMPOSIUM
3 PANEL PRESENTATIONS AND DISCUSSION

WEDNESDAY, 26 OCTOBER DURING LUNCH BREAK
12:15 – 13:30

LEVEL ROOM

CONFERENCE LUNCH WILL BE AVAILABLE FROM 12:00. PLEASE COME WITH YOUR LUNCH BAG DIRECTLY TO OUR SYMPOSIUM. REFRESHMENTS WILL BE PROVIDED

COMMUNITY

PUBLIC HEALTH AND ACADEMIA

POLICY MAKERS

Overall responsibility for strategic information systems, NGOs and others in a spirit of transparency, have access and contribute to the flow of information as a global public good. Dissemination and sharing of data among nations promote both understanding of the dynamics of how best to respond to HIV. Also, the consistency and availability of accountability and transparency of decisions in the health sector.

By analysis and regular formal reviews of the data, involving key stakeholders.
ASSOCIATED PARTNERS

WP4 T1 Elsa Ricard, AIDES, France
WP4 T2 Irena Klavs, Slovenia
WP5 Nicolas Lorente, CEEISCAT, Spain
WP6 Per Slaaen Kaye, Aids Fondet
WP7 Matthias Kuske, AIDS Hilefe NRW e.v, Germany.
WP8 Sarah Benayoun, AIDES, France
WP9 T1 Luis de la Fuente ICIII, Spain
WP9 T2 Tom Platteau, ITM, Belgium

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  - AIDS Fondet* (Denmark)
  - Fondazione LILA Milano* (Italy)
  - Demetra* (Lithuania)
  - Algarabía (Spain)*
  - AVACOS*
  - PRAKSIS*
  - CAS Gibraltar*
  - OMSIDA* (Spain)
  - StopSida* (Spain)
  - Àmbit Prevenció* (Spain)
  - Gais Positiús*(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 (Ukraine)
  - 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 (Chez 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)

CBVCT services marked with an asterisk are those which contributed with data for this analysis.
www.erohivedat.org

jcasabona@iconcologia.net

thanks