



COBATEST
NETWORK

Monitoring Community-Based Voluntary Counselling and
Testing (CBVCT) Services

Guidelines for Aggregated Data Submission

2018

Introduction

This document was prepared for members of the COBATEST network that use their own data collection system (not the COBATEST online tool), as guidance on how to submit the data for aggregated monitoring and evaluation (M&E) indicators. The guidelines provide the list of indicators required for completing the Excel of CBVCT M&E indicators. The CBVCT indicator data should be extracted from the CBVCT services own data management system and prepared according to the specifications.

CBVCT M&E data files should be submitted to the COBATEST Network annually, by the following deadlines:

Data for the period:	Should be submitted by:
1st January 2017 - 31st December 2017	31st March 2018
1st January 2018 - 31st December 2018	31st March 2019
1st January 2019 - 31st December 2019	31st March 2020

Acknowledgements

The document is based on the “Core indicators to monitor HIV diagnosis at community based voluntary counselling and testing (CBVCT) services” which was developed within the project “HIV community-based testing practices in Europe” (HIV-COBATEST) with co-funding from the Executive Agency for Health and Consumers (EAHC) under the EU Public Health Programme (Grant Agreement N° 2009 12 11). An early draft was developed by Irena Klavs (National Institute of Public Health-NIPH, Slovenia) in collaboration with Jordi Casabona (Centre d'Estudis Epidemiològics sobre les Infeccions de Transmissió Sexual i Sida de Catalunya – CEEISCAT, Spain), Cristina Agustí Benito (CEEISCAT), Laura Fernández López (CEEISCAT), Eduardo Ditzel (Projecte dels NOMS-HISPANOSIDA, Spain), Miha Lobnik (LEGEBITRA, Slovenia), and Per Slaaen Kaye (STOP AIDS, AIDS-Foundation, Denmark).

Consensus on the list of core and optional CBVCT indicators was reached on the draft document at the Workshop on the Core Group of Indicators to Monitor HIV Diagnosis in CBVCT Services in Barcelona on 24th of May 2012. Special thanks to Tobias Alfven (Joint United Nations Programme on HIV/AIDS - UNAIDS, Switzerland) for his contribution to the workshop and all his suggestions on how to improve the document. In addition to all individuals mentioned above, the following individuals participated at the workshop: Elena Adán (CAS Lluís Companys – Creu Roja, Spain), Maite Arrillaga (CEEISCAT), Alison Brown (Health Protection Agency-HPA, UK), Michele Breveglieri (ULSS 20, Italy), Laia Ferrer (CEEISCAT), Ricardo Fuertes (CheckpointLX, Portugal), Frank Funz (AIDS-Hilfe, Germany), Martina Furegato (ULSS 20, Italy), Jakob Haff (AIDS-Foundation, Denmark), Michael Meulbroek (Projecte dels NOMS-HISPANOSIDA, Spain), Adriana Morales Sida, (Stop Spain), Galina Musat (ARAS, Romania), Félix Pérez (Projecte dels NOMS-HISPANOSIDA, Spain), Ivo Procházka (Institute of Sexology, Czech Republic), Ferran Pujol (Projecte dels NOMS-HISPANOSIDA, Spain), Daniela Rojas Castro (Association AIDES, France), Giorgio Sandrini (Italy), (Arcigay, Sílvia Silva (Àmbit Prevenció-Àmbit Dona, Spain), Igor Sobolev (Estonian Network of Living People with HIV, Estonia), Július Szabó (Ceska společnost AIDS pomoc, Czech Republic), Inga Upmace (The Baltic HIV association, Latvia), and Iwona Wawer (National AIDS Centre of Poland).

After the Workshop on the Core Group of Indicators to Monitor HIV Diagnosis in CBVCT Services, the document was sent for final comments to all members of the HIV-COBATEST Steering Committee and the members of the Advisory Board of the HIV-COBATEST Project who were: Cinthia Lemos, Menel-HIV-COBATEST Project Officer (Executive Agency for Health and Consumers – EAHC, Luxemburg), Marita Van der Laar (European Centre for Disease Prevention and Control – ECDC, Sweden), Luisa Frescura (UNAIDS), Martin C. Donoghoe (World Health Organisation – WHO, Europe, Denmark), Brenda Spencer (Laussane University Institute of Social and Preventive Medicine, Switzerland), Ricardo Fernandes (European AIDS Treatment Group, Belgium), Jens D. Lundgren (National University Hospital & University of Copenhagen HIV programme and HIV in Europe, Denmark).

The preparation of the final document was coordinated by Irena Klavs and Cristina Agustí Benito through several rounds of review by e-mail and teleconferences and the contribution of Jordi Casabona, Laura Fernández López, Eduardo Ditzel, Miha Lobnik, and Per Slaaen Kaye.

CBVCT Indicators

Although the list of core CBVCT indicators suggested above for M&E CBVCT services is already rather long, individual CBVCT sites may decide to monitor a few additional indicators that are relevant to their specific CBVCT service objectives and targets or are requested for monitoring by funding agencies or donors. Such additional indicators could include indicators on counselling quality and content, client satisfaction, counsellors' requirements and satisfaction, etc. This might require not only more extensive data collection but also more complex data collection methods (e.g. exit interviews to monitor clients' satisfaction (9) or direct observation of interaction between clients and providers to monitor adherence to national HTC service quality standards) and should be considered carefully.

Core CBVCT indicators for CBVCT services offering HIV screening

Firstly, CBVCTs will complete contextual descriptive data about the service such as: type of test used, staff involved, key populations targetted, data collection tool used (standardised questionnaire, online tool etc).

All these indicators, except for the latter two, should also be monitored in "disaggregated" form by gender (male, female, transgender), age (<25 and 25+ years old) and key population at risk (MSM, SW, IDU, migrants).

If a client is in two or more key populations, they should be recorded as such (e.g. an IDU SW would be recorded in two categories and then once in "All").

Screening tests may be Enzyme-linked immunosorbent assay (ELISA) HIV test or rapid HIV test. Please specify in the contextual data.

CBVCT 1: Number of clients tested for HIV with a screening test

To count number of clients, unique identifier must be used to eliminate duplicate tests and to link information obtained at different visits from the same client and information about the same client received from other services (e.g. HIV testing laboratory). For an example of the unique identifier recommended by COBATEST, see Annex 1.

CBVCT 2: Proportion of clients who reported to have been previously tested for HIV

$$\frac{\text{Number of clients who reported to have been previously tested for HIV}}{\text{Number of clients tested for HIV with a screening test}} \times 100$$

CBVCT 3: Proportion of clients who reported to have been tested for HIV during preceding 12 months

$$\frac{\text{Number of clients who reported to have been tested for HIV in previous 12 months}}{\text{Number of clients tested for HIV with a screening test}} \times 100$$

CBVCT 4: Proportion of clients who reported to have been tested for HIV at the same CBVCT facility during preceding 12 months

$$\frac{\text{Number of clients who reported to have been tested for HIV in previous 12 months in same CBVCT facility}}{\text{Number of clients tested for HIV with a screening test}} \times 100$$

CBVCT 5: Proportion of clients with reactive screening HIV test result

$$\frac{\text{Number of clients with a reactive screening test}}{\text{Number of clients tested for HIV with a screening test}} \times 100$$

CBVCT 6: Proportion of clients tested for HIV with a screening test who received the results

$$\frac{\text{Number of clients with reactive screening test who received results}}{\text{Number of clients with a reactive HIV screening test}} \times 100$$

CBVCT 7: Proportion of clients with reactive screening HIV test result who were tested with confirmatory HIV test

For clients who have a reactive HIV test, confirmatory testing usually takes place in a healthcare facility with a fourth-generation test. Recording of this will depend on the client reporting back to the CBVCT or giving permission to be followed-up.

$$\frac{\text{Number of clients with reactive screening test who were tested with confirmatory HIV test}}{\text{Number of clients with a reactive HIV screening test}} \times 100$$

CBVCT 8: Proportion of clients with positive confirmatory HIV test result

$$\frac{\text{Number of clients with positive confirmatory HIV test}}{\text{Number of clients with a reactive HIV screening test}} \times 100$$

CBVCT 9: Proportion of clients with false positive results

$$\frac{\text{Number of clients with false positive result}}{\text{Number of clients with a reactive HIV screening test}} \times 100$$

Optional CBVCT indicators for CBVCT services offering HIV screening

CBVCT 10: Cost per client screened for HIV

$$\frac{\text{Total operational cost of the CBVCT service}}{\text{Number of clients tested with a HIV screening test}}$$

CBVCT 11: Cost per confirmed HIV diagnosis

$$\frac{\text{Total operational cost of the CBVCT service}}{\text{Number of clients with confirmed HIV infection}}$$

CBVCT 12: Proportion of clients with confirmed HIV diagnosis who were linked to healthcare

The OptTest definition of linkage to care: the proportion of patients seen for HIV care (measured by first CD4 count and/or viral load and/or attendance date and/or treatment start date). Most CBVCT services collect linkage to care based on first attendance date at healthcare facility. Prompt linkage is: linkage within 3 months of diagnosis. Recording of this variable will depend on the client consenting to share this information either themselves or through the health system.

$$\frac{\text{Number of clients with confirmed HIV infection who were linked to care}}{\text{Number of clients with confirmed HIV infection first screened in CBVCT}} \times 100$$

CBVCT 12: Proportion of clients who tested HIV positive at CBVCT sites who were diagnosed late

Late diagnosis is defined as CD4 cells count of <350 CD4 cell/mm³ within three months after HIV diagnosis.

$$\frac{\text{Number of clients with confirmed HIV infection who were linked to care}}{\text{Number of clients with confirmed HIV infection first screened in CBVCT}} \times 100$$

Core CBVCT indicators for CBVCT services offering HCV/Syphilis/other screening

If your CBVCT offers screening for HCV or syphilis, complete a extra sheet on the Excel for each disease. The tests used should be specified in the first sheet in contextual information.

Indicators CBVCT1-8 should also be monitored in “disaggregated” form by gender (male, female, transgender), age (<25 and 25+ years old) and key population at risk (MSM, SW, IDU, migrants).

If a client is in two or more key populations, they should be recorded as such (e.g. an IDU SW would be recorded in two categories and then once in “All”).

CBVCT STI 1: Number of clients tested for [HCV or syphilis] with a screening test

To count number of clients, a CBVCT service specific clients’ unique identifiers must be used to eliminate duplicates. For an example of the unique identifier recommended by COBATEST, see Annex 1.

CBVCT STI 2: Proportion of clients who reported to have been previously tested for [HCV or syphilis]

$$\frac{\text{Number of clients who reported to have been previously tested for [HCV or syphilis]}}{\text{Number of clients tested for [HCV or syphilis] with a screening test}} \times 100$$

CBVCT STI 3: Proportion of clients who reported to have been previously diagnosed with [HCV or syphilis]

$$\frac{\text{Number of clients who reported to have been previously diagnosed with [HCV or syphilis]}}{\text{Number of clients tested for [HCV or syphilis] with a screening test}} \times 100$$

CBVCT STI 4: Proportion of clients who reported to have been previously diagnosed with [HCV or syphilis] during preceding 12 months

$$\frac{\text{Number of clients who reported to have been diagnosed with [HCV or syphilis] during preceding 12 months}}{\text{Number of clients tested for [HCV or syphilis] with a screening test}} \times 100$$

CBVCT STI 5: Proportion of clients with reactive screening [HCV or syphilis] test result

$$\frac{\text{Number of clients with a reactive screening test}}{\text{Number of clients tested for [HCV or syphilis] with a screening test}} \times 100$$

CBVCT STI 6: Proportion of clients with reactive screening [HCV or syphilis] test result who were tested with confirmatory [HCV or syphilis] test

$$\frac{\text{Number of clients with reactive screening test who were tested with confirmatory [HCV or syphilis] test}}{\text{Number of clients with a reactive [HCV or syphilis] screening test}} \times 100$$

CBVCT STI 7: Proportion of clients with [HCV or syphilis] diagnosis of active infection

$$\frac{\text{Number of clients with positive confirmatory [HCV or syphilis] test}}{\text{Number of clients with a reactive [HCV or syphilis] screening test}} \times 100$$

CBVCT STI 8: Proportion of clients with [HCV or syphilis] diagnosis of old infection

$$\frac{\text{Number of clients with diagnosis of old infection}}{\text{Number of clients tested with a [HCV or syphilis] screening test}} \times 100$$

CBVCT STI 9: Cost per client screened for [HCV or syphilis]

$$\frac{\text{Total operational cost of the CBVCT service}}{\text{Number of clients tested with a HIV screening test}}$$

CBVCT STI 10: Cost per confirmed [HCV or syphilis] diagnosis

$$\frac{\text{Total operational cost of the CBVCT service}}{\text{Number of clients with confirmed HIV infection}}$$

CBVCT 11: Proportion of clients with confirmed [HCV or syphilis] diagnosis who were linked to healthcare

$$\frac{\text{Number of clients with confirmed [HCV or syphilis] infection who were linked to care}}{\text{Number of clients with confirmed [HCV or syphilis] infection first screened in CBVCT}} \times 100$$

Pre-test counselling:

Pre-test/pre-result counselling performed? Yes No Don't know

Screening HIV test :

Date of specimen collection:
Day Month Year

Type of test used: Blood rapid test Oral rapid test Conventional blood test (Elisa)

Screening test result: Reactive Non reactive

Did the client receive the screening HIV test result? Yes No Don't know → Date of receiving screening test result:
Day Month Year

Post-test counselling:

Post-test HIV counselling performed? Yes No Don't know

Confirmatory HIV test:

Confirmatory test performed? Yes No Don't know → Date of specimen collection:
Day Month Year

Confirmatory HIV test result: Positive Negative Inconclusive

Did the client receive the confirmatory HIV test result? Yes No Don't know → Date of receiving confirmatory test result:
Day Month Year

Access to health system for those HIV positive:

Patient linked to healthcare system? Yes No Don't know → Date of linkage:
Day Month Year

First CD4 count result: ----- → Date of the first CD4 count:
Day Month Year

MODULE B

Syphilis test:

Previous syphilis diagnosis? Yes No Don't know → Date of last syphilis diagnoses:
Day Month Year

Syphilis test performed? Yes No Don't know → Date of specimen collection:
Day Month Year

Type of test used: Rapid test Conventional test

Rapid test result: Reactive Non reactive

Diagnosis test performed? Yes No Don't know → Date of specimen collection:
Day Month Year

Syphilis diagnosis: Active infection Serological scar (old or cured infection) Not known

HCV test:

Previous HCV diagnosis? Yes No Don't know → Date of last HCV diagnoses:
Day Month Year

HCV test performed? Yes No Don't know → Date of specimen collection:
Day Month Year

Type of test used: Rapid oral test Rapid blood test Conventional test

Rapid test result: Reactive Non reactive

HCV RNA test performed? Yes No Don't know → Date of specimen collection:
Day Month Year

HCV diagnosis: Active infection Serological scar (old or cured infection) Not known

Hepatitis A and B vaccination:

Vaccination for Hepatitis A (with all required dosis)? Yes No Don't know

Vaccination for Hepatitis B (with all required dosis)? Yes No Don't know

Comments: -----