COBATEST
NETWORK

European Network of Community-Based Voluntary Counselling and Testing Services

2018 Report
Monitoring and Evaluation

This report was coordinated and prepared by Anna Conway, Laura Fernàndez López and Jordi Casabona at the Center for Epidemiological Studies on HIV/AIDS and STI of Catalonia (CEEISCAT), Catalonia, Spain.

We thank the COBATEST Network Steering Committee and members for reviewing the document.

We thank all our members for participating in the Network and working to submit their testing data to inform this report.

The COBATEST Network is coordinated by the Center for Epidemiological Studies on HIV/AIDS and STI of Catalonia (CEEISCAT) and AIDS Action Europe

Since 2018, the COBATEST Network has been funded by an operating grant from the European Union Health Programme

Co-funded by the Health Programme of the European Union

Printing of this report was supported by a grant from Gilead Sciences Europe Ltd.

Suggested citation:
Conway A, Fernàndez López L, Casabona J for the COBATEST Steering Committee. COBATEST Network 2018 Report: Monitoring and Evaluation. Barcelona: CEEISCAT; 2019.

COBATEST members who submitted data for this report

OMSIDA

Spain

Asociacija Duga

Serbia

lambda - colectivo LGTB+ por la diversidad sexual, de género y familiar

Spain

GENDERDOC-M

Moldova

AIDS Fondet

Denmark

DEMETRA

Lithuania

Lila Milano ONLUS

Italy

Creu Roja Tarragona

Spain

Asociación GADES, Cádiz

Spain

ACCAS, Asociación Ciudadana Cántabra Anti Sida

Spain

Aids Hilfe Wien

Austria

Health without Borders Bulgaria

Bulgaria

Centre Jove d'Anticoncepció i Sexualitat "CJAS"

Spain

Associació Ciutadana Anti-SIDA de Catalunya "ACASC"

Spain

Àmbit Prevenció

Spain

STOP-SIDA

Spain

CAS/ARD Lluís Companys

Spain

Asociación ADHARA, Sevilla

Spain

ACAS Girona

Spain

Actua Vallès

Spain

Fulcrum

Ukraine

Asociatia Romana Anti-SIDA

Romania

Gais Positius

Spain

Comité Anti-Sida Asturias (CCASiPA)

Spain

Asociación Valenciana de VIH, SIDA y Hepatitis "AVACOS-H"

Spain

Abraço

Portugal

BaltHIV

Latvia

Assexora'TGN

Spain

HUHIV

Croatia

Legebitra

Slovenia

Grupo de Ativistas em Tratmentos (GAT)

Portugal

AIDES

France

Poland CBVCT Network (Data submission coordinatec by the National AIDS Centre o the Ministry of Health)

Poland

Associació Anti-SIDA de Lleida

Spain

CASDA - Asociación Ciudadana Contra el SIDA

Spain

HERA

Macedonia

Plate-forme Prévention SIDA

Belgium

Ex Aequo

Belgium

Asociacion SOMOS LGBT+ de Aragón

Spain

Associació Ciutadana d'Alacant pel VIH, ACAVIH

Spain

Česká Společnost AIDS Pomoc (ČSAP)

Czech Republic

Deutsche AIDS-Hilfe

Germany

COBATEST members who could not submit data for this report

Alliance Global

Ukraine

Iskorak

Croatia

AIDS Solidarity Movement

Cyprus

Checkpoints Zurich, Vaud, Basel, Genève, Bern

Switzerland

CONTENTS

1. BACKGROUND

The COBATEST Network links organisations across Europe who offer community-based voluntary counselling and STI/HIV testing (CBVCT) services and promotes testing, early diagnosis and linkage to care in higher risk populations.

In recent years, the efforts to reach the 90-90-90 targets advocated by the Joint United Nations Programme on HIV/AIDS (UNAIDS), have led to an improvement in accessibility and coverage of testing programmes, which in turn reduce the number of people living with undiagnosed HIV infection and increase early diagnoses (1). The most recent guidance from the ECDC recommends that HIV/viral hepatitis testing take place at any level of the healthcare system or in community settings (2) and recent guidance from the WHO recommends lay providers who are trained and supervised can independently conduct safe and effective HIV testing using rapid diagnostic tests (3). Monitoring and evaluation (M&E) is an essential component of any effective testing programme. Monitoring and evaluation data permit continuous evaluation of targets as well as assessment of programme effectiveness, efficiency and impact. Such data can prove invaluable in planning improvements to HIV prevention strategies (1).

CBVCT services are considered an effective strategy for HIV testing, especially for key populations (4,5), and have expanded in the EU/EEA since 2010 through a variety of service delivery models (6) This strategy has been proven to increase the availability, accessibility and uptake of HIV testing in order to reduce the number of people who do not know their HIV status or who are diagnosed late (7) impacting the first 90 set by UNAIDS (8). Offering testing in the community also potentially reduces the stigma and discrimination faced by key populations (4).

Scaling up of the CBVCT service model was considered to have huge potential to contribute to achieving the 90-90-90 target by 2020 (9), but the scale up in Europe has been thwarted by limited funding, poor integration with national HIV programmes and regulatory barriers. There is a need for guidance to clearly address these implementation challenges, including M&E, and a need to assist countries in the development of national policies and their implementation and evaluation (10).

Since 2014, COBATEST Network members have submitted testing data from their CBVCT services. Here, our aim is to describe the COBATEST Network in its current form and describe the testing activity for 2018, based on the submitted data.

COBATEST NETWORK

2018 data submission

45 members in 20 countries

Network objectives

The COBATEST Network has the following six objectives:

1. To promote and to increase visibility of community health work, including community-based testing for HIV/STI/viral hepatitis/TB across Europe.

2. To advocate for the inclusion of community-based testing in national policies and HIV/STI/viral hepatitis/TB national plans across Europe.

3. To generate, analyse and disseminate harmonised community based testing data and indicators to be used at local, national and regional level and to improve the quality of such data.

4. To strive to be representative of the reality of CBVCT in the WHO European region.

5. To increase the quality of CBVCT services in the WHO European region through capacity building and advocacy based on the needs of clients

6. To promote synergies and alliances with other stakeholders working with key populations and in particular with the prevention and control of HIV/STI/viral hepatitis/TB at the community level.

Network timeline

The COBATEST Network has evolved within a number of different projects.

HIV-COBATEST (2010-13)

In the scope of the HIV-COBATEST Project, co-funded by the European Commission, the COBATEST Network was established. The main partner of the project was the Centre for Epidemiological Studies on HIV/AIDS and STI of Catalonia (CEEISCAT), Catalonia, Spain. The general objective of the project was to promote early diagnosis of HIV infection in Europe by improving the implementation and evaluation of community-based testing (CBVCT) practices.

The main outputs included:

- Core indicators to monitor HIV diagnosis at CBVCT services
- Qualitative Study Report Implementation of CBVCT programs
- Survey on Community-Based Testing Services in Europe
- HIV-COBATEST Network of CBVCT services
- A guide to do it better in our CBVCT centres
- Implementation oral rapid test: acceptability and feasibility
- Final Report

Full reports are available on the website www.cobatest.org.

Euro HIV-EDAT (2014-17)

The COBATEST Network continued to grow under the Euro HIV-EDAT project, funded by the European Commission with a project grant from the Consumers, Health, Agriculture and Food Executive Agency (Chafea). The overall purpose of the project was to generate operational knowledge to better understand the role and impact of CBVCTs across Europe, to study the use of innovative strategies based on new technologies and social networks, in order to increase early HIV/STI diagnosis and treatment among the groups at highest risk of HIV.

The main outputs included:

- Estimates of core indicators for M&E for CBVCT for HIV in the COBATEST Network
- Guide to improve early diagnosis and linkage to care among migrants
- Practical guide for CBVCTs for linkage to care for MSM
- Recommendations for the roll-out of innovative HIV testing strategies
- Implementation manual Swab2know by Euro HIV EDAT
- Determinants of HIV test-seeking behaviour among MSM in EU
- Final report EURO HIV-EDAT

The specific outputs that now guide data collection in the COBATEST Network are:

- COBATEST data collection form
- Guidelines for data collection for M&E of HIV testing

Full reports are available on the website www.cobatest.org.

Gilead EMEA grant (2017-18)

The Centre for Epidemiological Studies on HIV/AIDS and STI of Catalonia (CEEISCAT) applied for and received a grant for 12 months from Gilead to cover the operational costs of the COBATEST Network for the same period. With the grant, the Network was able to contract a coordinator to consolidate and improve management of the network. The online data collection tool was improved and more CBVCT services were recruited to take part in the Network. A communication strategy was put in place, including a new logo, to improve the brand identity of the COBATEST Network.

The main outputs included:

- COBATEST Network annual report 2017
- Members meeting 2018

Grant from European Commission through AIDS Action Europe (2018-)

Since 2018 and in the framework of an Operating Grant from the European Commission (2018-21), the Centre for Epidemiological Studies on HIV/AIDS and STI of Catalonia (CEEISCAT) and AIDS Action Europe (AAE) have stablished a collaboration to coordinate the COBATEST Network, organise regular meetings and conduct the annual monitoring and evaluation report of testing activity in the Network.

AAE is a regional network of a diverse group of more than 420 NGOs, national networks and community-based groups, most of which are AIDS service organisations, in 47 countries spanning the WHO European Region. The collaboration will ensure COBATEST data is being utilised as an advocacy tool and allow the Network to better respond to members' needs and offer opportunities to build the capacity of member organisations.

In the context of the AAE collaboration, a COBATEST Network Steering Committee has been established to improve the governance of the Network.

Steering committee

A Steering Committee for the COBATEST Network has been identified as a necessity to improve the governance of the network and to ensure the sustainability of the Network's activities.

The first Steering Committee members will serve until October 2021 in a transition process . The first period will be used to set up the governance structure, including the creation of terms of reference (ToR) for SC Members and COBATEST Network Members. Moreover, election procedures for Steering Committee members by the network members will be established in order to prepare the first elections. During this transition period (2019-21), the Steering Committee will consist of 8 members, two seats in the Steering Committee are held by AIDS Action Europe as the coordinators of the network and two by CEEISCAT as coordinators of monitoring and evaluation. Additionally, the Steering Committee includes four people that represent national and local CBVCT services.

The Steering Committee members are as follows:

Jordi Casabona (CEEISCAT)
Andrii Chernyshev (Alliance Global, Ukraine)
Lella Cosmaro (Fondazione LILA Milano, Italy)
Laura Fernàndez López (CEEISCAT)
Christos Krasidis (AIDS Action Europe)
Michael Krone (AIDS Action Europe)
Sebastian Meyer (Comitè 1r de Desembre, Catalonia)
Daniel Simões (GAT, Portugal)

Recognition of the COBATEST Network

The COBATEST Network continues to be a reference point for CBVCT services in Europe and beyond, demonstrated in 2018 by its inclusion as an example of good practice in WHO and ECDC guidance.

WHO - Compendium of good practices in the health sector response to HIV in the WHO European Region

From December 2017 to April 2018, the WHO Regional Office for Europe collected good practices in implementation of the action plan for the health sector response to HIV and compiled them in this compendium. The COBATEST was cited as an example of good practice under the heading of "Knowledge for focused action", demonstrating geographical scope, data impact and sustainability.

ECDC - Public health guidance on HIV, hepatitis B and C testing in the EU/EEA

ECDC provides this evidence-based guidance on integrated testing of hepatitis B (HBV), hepatitis C (HCV) and HIV to support Member States in their efforts to improve case detection and uptake of testing programmes as part of the global effort to eliminate viral hepatitis and HIV as public health threats by 2030. Case studies were selected through a scoring system and the COBATEST Network is listed in the section "Community testing". The role of the COBATEST Network in strengthening the case for community-based service delivery models as an integral part of the HIV strategic investments is noted. The COBATEST network is commended as an example and a motivation for some countries to start national networks of community-based service delivery.

Assessing the quality of routine HIV testing data in the community setting – COBATEST Network

A report investigating the quality of data collected in the COBATEST Network was commissioned by the European Centre for Disease Prevention and Control (ECDC), coordinated by Juliana Reyes-Urueña and Laura Fernandez-Lopez (CEEISCAT) with the support of Lara Tavoschi (ECDC).

The study aimed to assess the quality of data collected in the network from 2015 to 2016. A survey was completed by 34 COBATEST Network members and an evaluation was performed of data quality based on three dimensions: transcription validity, completeness and consistency. The weakest area that was identified was data management processes. Only 8.8% of services had a written procedure to address data quality errors, 29.4% had any procedure to resolve discrepancies and 35.3% performed quality control. We found that 41.2% of services utilised the COBATEST data, 11.8% made decisions based on the COBATEST data and 61.8% analysed their data in an independent manner for internal purposes. The study concluded that while services have reliable data to support planning and management of services, improvements to quality procedures would ensure data are translated into evidence. This evidence would support further expansion of CBVCT services in the EU/EEA, including the integration of CBVCT-generated data into national surveillance systems.

> *Reyes-Urueña, J., Fernàndez-Lopez, L., Montoliu, A., Conway, A., Tavosch, L., Klavs, I., COBATEST Network Study Group (2019). Assessing the quality of routine HIV testing data in the community setting 'COBATEST Network.' International Journal of STD and AIDS. https://doi.org/10.1177/0956462419857572*

The full report is available on the website www.cobatest.org.

2. METHODS

In order to be considered a member of the COBATEST Network, an organisation must offer community-based voluntary counselling and testing (CBVCT) services and agree to complete the minimum activities required from members. To be included in this report, members must have submitted data for the period 1 January-31 December 2018, by the deadline of 31 April 2019. The participating centres and their characteristics are described in Table 1.

Data submission

There are three ways for members to submit data; corresponding instructions for each can be found on the COBATEST website. This standardised data collection ensures data is comparable and can be analysed together.

COBATEST Online Data Collection Tool

Our free online tool is a data collection solution for members who want to store and analyse data in a secure and user-friendly way. For each consultation, a corresponding questionnaire is completed online. This builds a database for each centre which can be consulted or extracted in Excel format at any time. The tool also offers the possibility to create ready-made graphs and reports with the centre's data, making it ideal for centres with time constraints or low capacity.

Disaggregated data submission

Members that already have a data collection system in place can submit data in disaggregated format via email. The data should be prepared according to the document "Guidelines for Disaggregated Data Submission" and submitted as an Excel via email.

Aggregated data collection

Members that cannot prepare data in disaggregated form can submit a summary of the COBATEST core indicators via email. The data should be prepared according to the document "Guidelines for Aggregated Data Submission" and submitted as an Excel via email. The core indicators are available in the document "Estimates of core indicators for monitoring and evaluation of community-based voluntary counselling and testing (CBVCT) for HIV in the COBATEST Network" (11). The core indicators are calculated for the total of the data submitted for the year 2018.

The flowchart of data submission can be seen in Figure 1.

COBATEST unique identifier

For all centres that submitted disaggregated data, clients' unique identifiers were used to count number of persons tested. In the case that someone was tested more than once during the year, their most recent questionnaire was considered.

Using data from the previous published reports for the years 2015-16 and 2017, together with this year's data, the number of people tested for HIV, syphilis and hepatitis C, % of reactive screening tests and number of participating centres are presented for each year 2014-18.

Centres submitting aggregated data were asked to report number of persons tested, not number of tests. Two COBATEST Network members who account for a large share of tests (n=70,778) do not use a unique identifier, meaning they could only report total number of tests. The indicators in this report present the total number of persons tested (From 43 centres) combined with the total number of tests for the two centres previously mentioned. Throughout the report this is referred to as persons tested, but it is likely an overestimate of the number of persons tested (assuming some people in the three centres have been tested more than once during the year).

Core indicators

The report presents nine core CBVCT indicators for HIV testing and a summary of tests and reactive results for HCV and syphilis testing. Seven of the HIV core indicators are taken from the eleven core indicators defined in the Euro HIV EDAT project. The indicators that have not been used from the original 11 concern the clients receiving the result of the test (as the majority of services offer rapid testing) and the clients receiving the confirmatory test result on-site (as the majority of services do not offer confirmatory testing on-site). Two new indicators have been added that were not defined in the context of Euro HIV EDAT: false positive results as a proportion of reactive tests and number needed to test to find a confirmed HIV diagnosis.

Each indicator is shown by age, sex and key population. We instruct members to report clients in more than one key population when appropriate, meaning the total number tested is not a sum of all key populations and the total includes those in no key population. In each section, the formula for each indicator is presented alongside the calculated indicator and respective numerator. At the start of each section, the number of centres which did not report the indicator and total number of tests corresponding to those centres are noted. These tests were then excluded in the calculation of the indicator. A summary of completeness of indicator reporting for all centres is presented in Annex 1.

Centres that submitted disaggregated data reported missing information. After excluding centres who did not report the indicator, the total number of people tested was used as the denominator for CBVCT 1, 2, 3, 4, 5 and 7, whether or not there was missing data at the individual case level. To see the impact of this missing data, in Annex 2 we report the number of cases with missing data for each indicator in each centre. In Annex 2 we also report the indicator for each centre and the total, after excluding the missing data from the denominator.

Information on transgender people that have sex with men are reported in the MSM category but, for members those that submit data using the tool, it is more accurately considered MSM/ transgender people who have sex with men, because the COBATEST form does not record if the transgender person is a man or woman.

A test was considered a false reactive if it was reported as a reactive screening test and negative confirmatory test. The false positives (n=105) are included in the number of reactive tests (CBVCT5) and reported in the indicator CBVCT 8. Of all false positives, 86 were reported from the Poland CBVCT Network where reporting is comprehensive as 100% of clients with a reactive test reportedly have confirmatory testing in-house. Of all reactive tests, 359 did not report a confirmatory test.

During the data cleaning phase, inconsistencies in the data were identified and flagged up to the corresponding member organisation. With the extra information provided by the member organisation, it was decided whether or not to include the cases in the analysis. Cases which reported previous diagnosis for HIV were not included in the analysis for HIV screening.

For the second year, we are incorporating the indicator: Number Needed to Test (NNT, CBVCT9) to find one HIV infection. The total number of persons tested is divided by the number of confirmed HIV infections to give the number needed to test to find one HIV infection for each key population. This indicator will help CBVCTs to efficiently use limited resources and target services.

The data on number of people screened for hepatitis C and syphilis in the centres and proportion (%) of reactive results is presented in two graphs in the report and two tables in the annex. As with HIV screening, in the case of one person being screened more than once for hepatitis C or syphilis, only their most recent test was included.

Evolution of the COBATEST Network 2014-18

The final section of the results presents the evolution of data collected in the COBATEST Network over the period 2014-18. In 2014, the Network only collected data from sites using the COBATEST tool (7). The data for the years 2015-16 is taken from the Euro HIV EDAT report "Estimates of core indicators for monitoring and evaluation of CBVCT for HIV in the COBATEST Network" (11) which reports the average of the centres' indicators rather than calculating the indicators based on the sum of all centres. The data from 2017 and 2018 is taken from last year's annual report and this report.

Participating centres

Data on testing in CBVCT services in 2018 was submitted by 45 COBATEST members from 20 European countries (Austria, Belgium, Bulgaria, Croatia, Czech Republic, Denmark, France, Germany, Italy, Latvia, Lithuania, Macedonia, Moldova, Poland, Portugal, Romania, Serbia, Slovenia, Spain and Ukraine). Of those services, 43 offer HIV testing with a rapid test. The majority of services offer testing to the general population and 21 report targeting key populations such as men who have sex with men, sex workers, people who inject drugs and migrants. A more detailed description is presented in Table 1.

Table 1. Description of COBATEST Network Members 2018

Method of data submission	Organisation	Target Population	Country	Type of test used
COBATEST Data Collection Online Tool	CCASiPA	General population	Spain	Rapid (oral)
	Antisida Lleida	General population	Spain	Rapid (blood)
	ACASC	General population	Spain	Rapid (blood)
	ACAVIH	General population	Spain	Rapid (oral)
	ACCAS	MSM, SW	Spain	Rapid (oral)
	AIDS Fondet	MSM, TSW, migrants from high prevalence areas and their partners	Denmark	Rapid (blood and oral)
	ACAS Girona	General population	Spain	Rapid (blood)
	Asociación SOMOS LGT	MSM, SW, PWID	Spain	Rapid (oral)
	AVACOS-H	General population	Spain	Rapid (oral)
	Actuavallès	General population	Spain	Rapid (blood)
	Assexora'Tgn	General population	Spain	Rapid (blood)
	Associació Lambda	MSM , LGBT	Spain	Rapid (oral)
	Baltic HIV Association	MSM	Latvia	Rapid (blood)
	CAS/ARDS Lluís Companys, Creu Roja	PWID	Spain	Laboratory (blood)
	CASDA	General population	Spain	Rapid (blood and oral)
	ARAS	General population, MSM^	Romania	Rapid
	CJAS	Young people	Spain	Rapid (blood)
	Creu Roja Tarragona	General population	Spain	Rapid

*MSM= men who have sex with men, SW= sex workers, TSW= trans sex workers, PWID= people who inject drugs. ^The data in the report only reflects ARAS' programmes for MSM.

Method of data submission	Organisation	Target Population	Country	Type of test used
COBATEST Data Collection Online Tool	Demetra	General population	Lithuania	Rapid (blood)
	Fondazione LILA Milano	General population	Italy	Rapid (blood and oral)
	Gais Positius	General population	Spain	Rapid (blood)
	Mujer Gades	General population	Spain	Rapid (oral)
	OMSIDA	General population	Spain	Rapid (oral)
	StopSida	MSM, SW	Spain	Rapid (blood)
	Àmbit Prevenció	SW	Spain	Rapid (blood)
Disaggregated data	AIDS Hilfe Wien	General population	Austria	Laboratory and rapid (blood)
	Ex Aequo	MSM	Belgium	
	Adhara	MSM, general population	Spain	Laboratory and rapid (blood and oral)
	Plate-Forme Prévention Sida	Migrants	Belgium	Rapid (blood)
	Deutsche AIDS Hilfe	General population	Germany	Laboratory and rapid (blood and oral)
	Fulcrum UA	MSM	Ukraine	Rapid (blood)
Aggregated data	HERA	General population	Macedonia	Rapid (blood)
	Czech AIDS Help Society	MSM, young people, general population	Czech Republic	Laboratory and rapid (blood)
	Move-se	Migrants, PWID, MSM, SW	Portugal	Rapid (blood)
	AIDES	General population	France	Rapid (blood)
	GENDERDOC-M	MSM	Moldova	Rapid (blood and oral)
	Association Rainbow	MSM, trans people	Serbia	Rapid (blood)
	HUHIV	General population	Croatia	Rapid (oral)
	InMouraria	PWID	Portugal	Rapid (blood)
	National AIDS Centre Poland	General population	Poland	
	Checkpoint Sofia	General population	Bulgaria	Rapid (blood)
	Abraço	General population, MSM^	Portugal	Rapid (blood)
	Intendente	SW, migrants	Portugal	Rapid (blood)
	LxCheckpoint	MSM	Portugal	Rapid (blood)
	Legebitra	MSM	Slovenia	Laboratory (blood)

*MSM= men who have sex with men, SW= sex workers, PWID= people who inject drugs. ^The data in the report only reflects Abraço's programmes for MSM.

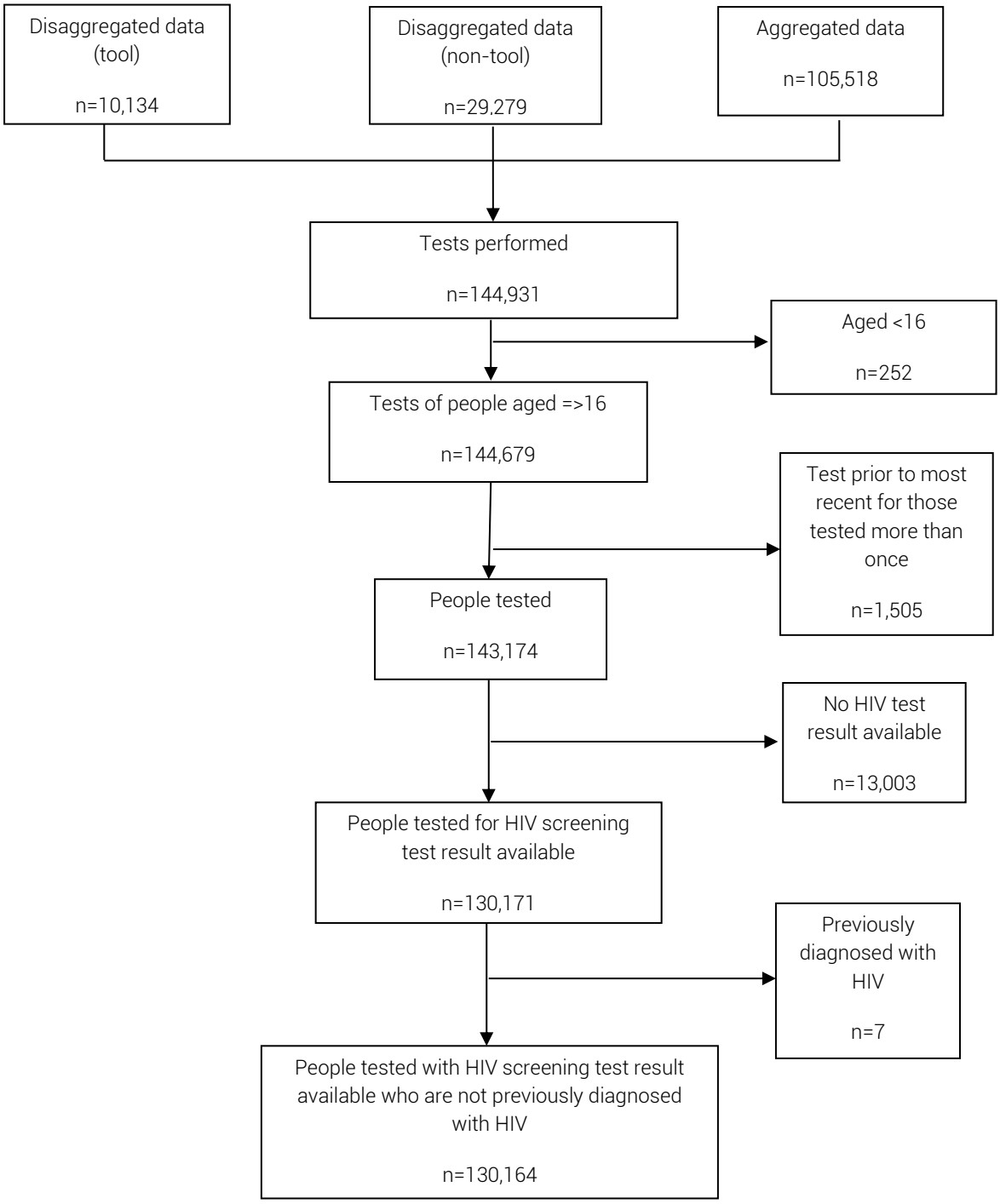
Method of data submission	Organisation	Target Population	Country	Type of test used
Members that could not submit data for this report	ASM Cyprus	General population	Cyprus	Rapid (blood)
	Alliance Global	MSM	Ukraine	Rapid (blood)
	Iskorak	MSM	Croatia	Rapid (blood)
	Swiss Checkpoints	MSM	Switzerland	Laboratory and rapid (blood)

*MSM= men who have sex with men, SW= sex workers, PWID= people who inject drugs.

3. RESULTS

Data received by the COBATEST Network for 2018 were submitted by 45 members from 20 European countries (Austria, Belgium, Bulgaria, Croatia, Czech Republic, Denmark, France, Germany, Italy, Latvia, Lithuania, Macedonia, Moldova, Poland, Portugal, Romania, Serbia, Slovenia, Spain and Ukraine), before the 1st June 2019. Table 1 shows the participating 45 CBVCT services/networks and their characteristics The list also includes four COBATEST Network members who were not able to submit data for 2018 or whose data has not yet been incorporated because it was submitted after the 2019 deadline. Figure 1 shows the flowchart of data submission. Cases were excluded if the tester was aged <16 (n=252), if the test was not the most recent test by that person in 2018 (n=1,505), if there was no HIV test result (n=13,003) or if the person had been previously diagnosed with HIV (n=7).

Figure 1. Flowchart of HIV testing data submission - COBATEST Network 2018



Summary of people screened for HIV in the COBATEST Network 2018

This year the COBATEST Network collected data on 130,164 people screened for HIV in 45 centres in 20 countries. Of these, 1,471 (1.1%) had reactive tests. Clients aged over 25 had a higher proportion of reactive tests than under 25s. Males and transgender people had a higher proportion of reactive tests than the average of the study population. Male sex workers and transgender sex workers had a higher proportion of reactive tests than any other key population, while female sex workers had a lower proportion of reactive tests than the whole study population. More than half (53.5%) of people tested had previously been tested for HIV, 18.2% had been tested in the last 12 months and 1.6% had been tested in the last 12 months in the same CBVCT. This shows that a significant proportion of people have regular testing built into their routine healthcare. Of all people tested, 0.08% were reported to have received a false reactive result. This likely an underestimate, given that many CBVCTs do not offer confirmatory testing on-site and follow-up of confirmatory test results is not always performed/reported.

		Total	Reactive	Reactive
		N	n	%
Persons tested		130,164	1,471	1.1%
Age Group	*<25*	35,301	294	0.8%
	≥25	84,633	1,071	1.3%
Gender	*Male*	90,498	1,267	1.4%
	Female	38,795	188	0.5%
	Transgender	691	14	2.0%
Migrant	*Yes*	27,089	374	1.4%
PWID		2,560	21	0.8%
SW	*MSW*	1,336	41	3.1%
	FSW	2,782	9	0.3%
	TSW	303	11	3.6%
MSM		46,125	949	2.1%
Previous HIV test		69,669		
Tested in last12 months		25,010		
Test last 12 months in this CBVCT		5,346		
False positive		105		
Confirmatory HIV test		1,086		
Positive confirmatory HIV test		918		

*Two members counted only tests, not people

CBVCT 1: People screened for HIV - 2018

Of 45 reporting centres, two did not report any data on age of client (n=3,898), seven did not report the variable sex worker (n= 47,795), seven did not report the variable PWID (n= 11,474) and seven did not report the variable migrant (n= 11,927).

People can be recorded in more than one key population, thus the sum of all key populations and people in no key population will not be the same as the total number of people tested. The largest key population is men who have sex with men (MSM)/ transgender people who have sex with men (35.4% of all people tested) followed by migrants (20.8%), sex workers (SW) (3.4%) and people who inject drugs (PWID) (2.0%) (CBVCT 1). Some CBVCT services have services specifically for trans SW (TSW), explaining the high proportion of trans people who are in the SW category (43.8%). The proportion of migrants is higher in trans people (46.3%) than in men (19.9%) and women (22.4%).

More than twice as many males were tested than females. Around half of all males tested were MSM. The majority of females tested did not report to be in any key population.

The number of transgender people tested is likely to be underestimated, as 8/45 members did not report this information.

		All	Males	Females	Transgender	<25 years old	25+ years old
MSM	n	46,125	45,543	NA	582	11,777	29,245
	%	35.4	50.3	NA	84.2	33.4	34.6
SW	n	4,429	1,336	2,782	303	1,095	3,320
	%	3.4	1.5	7.2	43.8	3.1	3.9
PWID	n	2,560	2,082	461	17	434	2,122
	%	2.0	2.3	1.2	2.5	1.2	2.5
Migrants	n	27,089	18,048	8,673	320	6,065	19,224
	%	20.8	19.9	22.4	46.3	17.2	22.7
All	n	130,164	90,498	38,795	691	35,301	84,633
	%	100	100	100	100	100	100

CBVCT 2: Proportion of clients who reported to have been previously tested for HIV - 2018

Of 45 reporting centres, one did not report this indicator (n=5,010) and are not included in the denominator.

Half of all people tested for HIV reported having had a previous test (53.5%). A higher proportion of men reported being previously tested compared to women. All key populations are more likely to report previous testing compared to all people tested. In key populations, transgender people have the highest proportion of previous testing. All key populations report a notable higher proportion of previous testing compared to all testers.

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

		All	Males	Females	Transgender	<25 years old	25+ years old
MSM	Proportion (%) of clients who reported to have been previously tested for HIV	73.1	73.0	NA	80.2	66.7	78.5
	Numerator: number of clients who reported to have been previously tested for HIV	33728	33261	NA	467	7854	22966
SW	Proportion (%) of clients who reported to have been previously tested for HIV	74.2	74.9	71.7	94.1	62.2	78.2
	Numerator: number of clients who reported to have been previously tested for HIV	3288	1000	1995	285	681	2596
PWID	Proportion (%) of clients who reported to have been previously tested for HIV	62.3	62.3	61.2	88.2	36.4	67.5
	Numerator: number of clients who reported to have been previously tested for HIV	1594	1297	282	15	158	1433
Migrants	Proportion (%) of clients who reported to have been previously tested for HIV	65.2	65.2	64.3	91.9	52.0	70.2
	Numerator: number of clients who reported to have been previously tested for HIV	17671	11775	5578	294	3156	13497
All	Proportion (%) of clients who reported to have been previously tested for HIV	53.5	57.3	44.3	78.6	39.6	60.0
	Numerator: number of clients who reported to have been previously tested for HIV	69669	51878	17172	543	13971	50758

CBVCT 3: Proportion of clients who reported to have been tested for HIV during preceding 12 months - 2018

Of 45 reporting centres, five did not report this indicator (n=43,953) and are not included in the denominator.

A fifth of persons tested for HIV reported having had a previous test in the last 12 months. Given the proportion of missing data for this indicator (see Annex 1), the results for this indicator should be considered relatively, to compare between key populations, gender and age categories. The majority of the key populations being tested in the COBATEST network are not meeting WHO recommendations that MSM, SW, PWID and transgender people be tested at least every 12 months, showing regular testing has not been incorporated into their health routine.

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

		All	Males	Females	Transgender	<25 years old	25+ years old
MSM	Proportion (%) of clients who reported to have been tested for HIV during preceding 12 months	30.0	29.8	NA	43.1	21.6	31.9
	Numerator: number of clients who reported to have been tested for HIV during preceding 12 months	13844	13593	NA	251	2540	9338
SW	Proportion (%) of clients who reported to have been tested for HIV during preceding 12 months	43.2	44.4	39.9	67.3	39.8	44.4
	Numerator: number of clients who reported to have been tested for HIV during preceding 12 months	1913	593	1111	204	436	1475
PWID	Proportion (%) of clients who reported to have been tested for HIV during preceding 12 months	23.3	23.4	21.0	70.6	16.1	24.8
	Numerator: number of clients who reported to have been tested for HIV during preceding 12 months	597	488	97	12	70	527
Migrants	Proportion (%) of clients who reported to have been tested for HIV during preceding 12 months	27.8	27.4	27.3	61.3	24.0	29.7
	Numerator: number of clients who reported to have been tested for HIV during preceding 12 months	7522	4950	2365	196	1456	5713
All	Proportion (%) of clients who reported to have been tested for HIV during preceding 12 months	19.2	21.2	14.2	39.2	14.1	20.9
	Numerator: number of clients who reported to have been tested for HIV during preceding 12 months	25010	19188	5520	271	4990	17662

CBVCT 4: Proportion of clients who reported to have been tested for HIV at the same CBVCT facility during preceding 12 months - 2018

Of 45 reporting centres, nine did not report this indicator (n=84,412) and are not included in the denominator.

Higher proportions of key populations return to the same CBVCT within 12 months for a test compared to the average proportion amongst all testers (CBVCT 4), with the exception of people who inject drugs (PWID). The high proportion of centres which did not report this indicator makes it difficult to draw conclusions but from the available data it appears CBVCT services are suitable for most key populations who return for testing more often compared to the whole study population.

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

		All	Males	Females	Transgender	<25 years old	25+ years old
MSM	% of clients tested for HIV at the same CBVCT facility during preceding 12 months	8.3	8.3	NA	10.5	5.9	7.7
	Number of clients tested for HIV at the same CBVCT facility during preceding 12 months	3832	3771	NA	61	692	2266
SW	% of clients tested for HIV at the same CBVCT facility during preceding 12 months	8.5	9.1	7.0	18.5	5.0	9.6
	Number of clients tested for HIV at the same CBVCT facility during preceding 12 months	375	121	195	56	55	319
PWID	% of clients tested for HIV at the same CBVCT facility during preceding 12 months	2.0	2.0	1.7	0.0	1.4	2.1
	Number of clients tested for HIV at the same CBVCT facility during preceding 12 months	50	42	8	0	6	44
Migrants	% of clients tested for HIV at the same CBVCT facility during preceding 12 months	4.6	4.8	3.4	17.8	2.2	3.9
	Number of clients tested for HIV at the same CBVCT facility during preceding 12 months	1233	873	299	57	136	751
All	% of clients tested for HIV at the same CBVCT facility during preceding 12 months	4.1	5.0	2.0	9.3	2.6	3.7
	Number of clients tested for HIV at the same CBVCT facility during preceding 12 months	5346	4511	762	64	927	3170

CBVCT 5: Proportion of clients with reactive HIV screening test result - 2018

Reporting a HIV screening test result was a criteria to be included in the HIV indicators.

The highest proportion of reactive tests is among men who have sex with men (MSM), sex workers (SW) and transgender people (CBVCT 5). The percentage of reactive tests in PWID was lower than that of the total study population.

The proportion of reactive tests is higher among transgender people than men and women. The small number of tests of transgender people reported, reinforces the need to improve data collection so there is more reliable data to inform testing strategies in this population.

The proportion of reactive tests among male SW (MSW) and transgender SW (TSW) is much higher than female (SW). This indicates that FSW are a relatively low risk group and screening interventions should target MSW and TSW.

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

		All	Males	Females	Transgender	<25 years old	25+ years old
MSM	Proportion (%) of clients with HIV reactive screening HIV test result	2.1	2.1	NA	2.1	1.9	2.2
	Numerator: number of clients with reactive screening HIV test result	949	937	NA	12	218	646
SW	Proportion (%) of clients with HIV reactive screening HIV test result	1.4	3.1	0.3	3.6	1.6	1.3
	Numerator: number of clients with reactive screening HIV test result	61	41	9	11	17	43
PWID	Proportion (%) of clients with HIV reactive screening HIV test result	0.8	0.9	0.4	5.9	2.1	1.5
	Numerator: number of clients with reactive screening HIV test result	21	18	2	1	9	31
Migrants	Proportion (%) of clients with HIV reactive screening HIV test result	1.4	1.5	1.0	3.8	1.0	1.5
	Numerator: number of clients with reactive screening HIV test result	374	272	90	12	63	290
All	Proportion (%) of clients with HIV reactive screening HIV test result	1.1	1.4	0.5	2.0	0.8	1.3
	Numerator: number of clients with reactive screening HIV test result	1471	1267	188	14	294	1071

CBVCT 5: Proportion of clients with reactive HIV screening test result - 2018

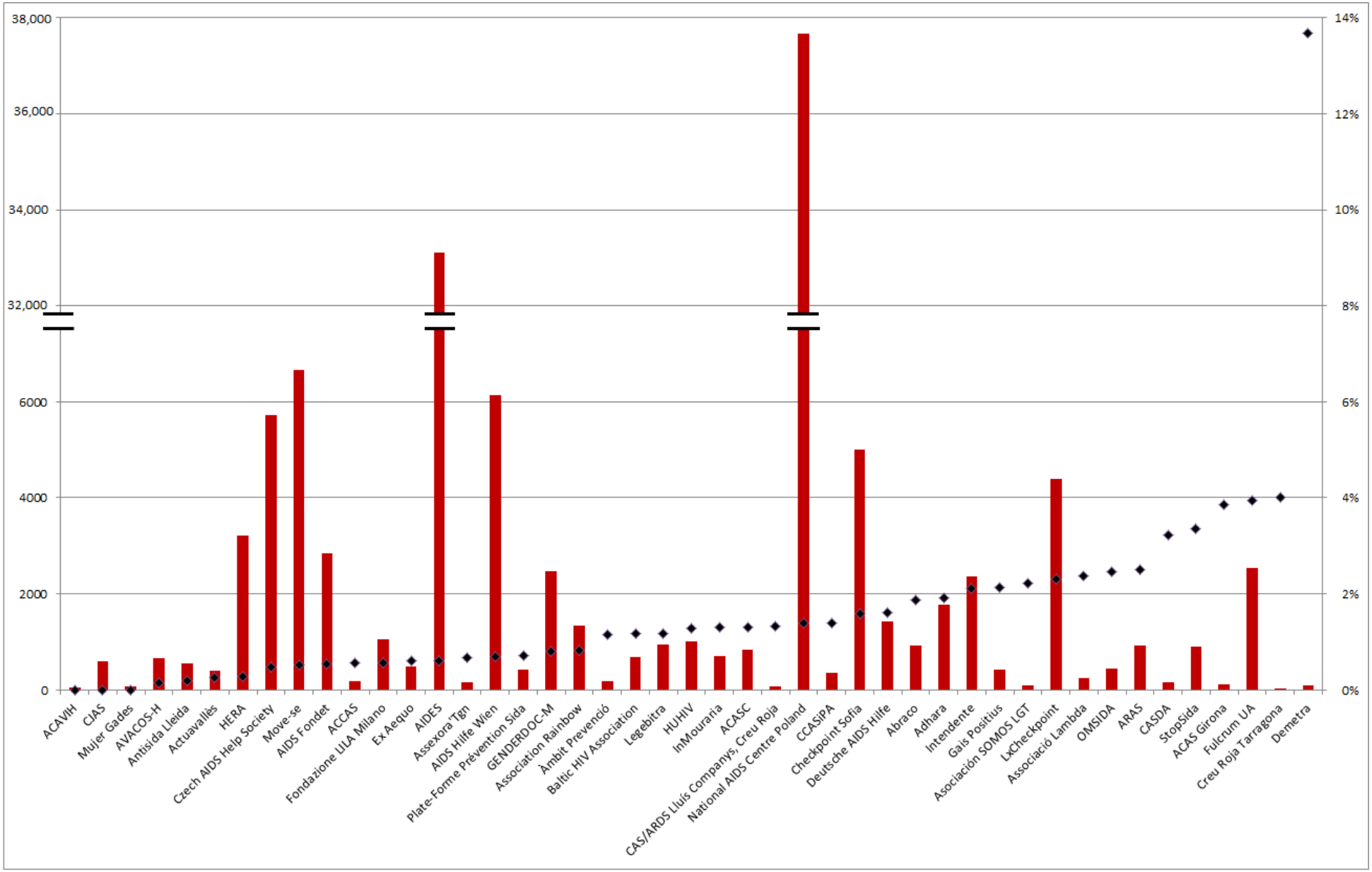
Reporting a HIV screening test result was a criteria to be included in the HIV indicators.

Figure 2 shows the high variability between COBATEST Network members, in terms of number of tests performed and prevalence of HIV in their testing population. The percentage of reactive tests among members varied from 0.0% to 13.7%, with a mean of 1.7% and median of 1.3%.

Centres with the highest proportion of reactive tests include Demetra (Lithuania) and Fulcrum (Ukraine). AIDES (France) and National AIDS Centre (Poland) report the majority of the tests performed. They both represent national networks of CBVCT services and as such each performed upwards of 26,000 more tests than other centres in the year 2018.

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

Figure 2. HIV Screening (N) and Reactive Tests (%) by centre in the COBATEST Network 2018



CBVCT 6: Proportion of clients with reactive HIV screening test result who were tested with confirmatory HIV test - 2018

Of 45 reporting centres, eight did not report this indicator (n=15,584) and their reactive results are not included in the denominator.

This indicator should be interpreted with caution as a low percentage could indicate a problem with reporting rather than few people having a confirmatory test. The reporting of this variable may affect reliability between centres (i.e. some centres record it when the client reports having a confirmatory test and in others the confirmatory test is performed in the centre). All key populations apart from MSM have a lower proportion of confirmatory testing compared to the average of the study population. This may indicate the follow-up for MSM is better than for other populations, or that centres with good reporting of this indicator are more likely to target MSM.

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

		All	Males	Females	Transgender	<25 years old	25+ years old
MSM	% of clients with reactive screening HIV test result who were tested with confirmatory HIV test	84.2	84.5	NA	58.3	77.5	69.5
	Number of clients with reactive screening HIV test result who were tested with confirmatory HIV test	698	691	NA	7	169	449
SW	% of clients with reactive screening HIV test result who were tested with confirmatory HIV test	75.0	80.0	66.7	63.6	62.5	79.1
	Number of clients with reactive screening HIV test result who were tested with confirmatory HIV test	45	32	6	7	10	34
PWID	% of clients with reactive screening HIV test result who were tested with confirmatory HIV test	55.6	53.3	100.0	0.0	11.1	32.1
	Number of clients with reactive screening HIV test result who were tested with confirmatory HIV test	10	8	2	0	1	9
Migrants	% of clients with reactive screening HIV test result who were tested with confirmatory HIV test	61.4	63.8	55.3	58.3	56.5	60.3
	Number of clients with reactive screening HIV test result who were tested with confirmatory HIV test	181	132	42	7	26	138
All	% of clients with reactive screening HIV test result who were tested with confirmatory HIV test	83.0	84.9	73.1	53.8	85.9	81.4
	Number of clients with reactive screening HIV test result who were tested with confirmatory HIV test	1086	957	122	7	225	767

CBVCT 7: Proportion of clients with positive confirmatory HIV test result - 2018

Of 44 reporting centres, nine did not report this indicator (n=18,423) and four (n=1,380) had no reactive test results. These are not included in the denominator.

The proportion of persons diagnosed with HIV is highest among MSM and is lower in PWID than the average of the total study population. The proportion of diagnoses is higher in sex workers than the average of the total study population, but when looking at gender MSW and TSW are at much higher risk than FSW.

This indicator is key to understanding the care cascade for people who receive a reactive HIV screening result in CBVCT services. More investigation is needed to understand the motives for CBVCT services not reporting this indicator.

$$\frac{\text{Number of clients with positive confirmatory HIV test}}{\text{Number of clients screened for HIV}} \times 100$$

		All	Males	Females	Transgender	<25 years old	25+ years old
MSM	% of clients with positive confirmatory HIV test result	1.7	1.7	NA	1.1	1.7	1.9
	Number of clients with positive confirmatory HIV test result	631	626	NA	5	145	412
SW	% of clients with positive confirmatory HIV test result	1.0	2.4	0.2	2.0	0.9	1.0
	Number of clients with positive confirmatory HIV test result	38	28	5	5	9	28
PWID	% of clients with positive confirmatory HIV test result	0.3	0.3	0.5	0.0	0.2	0.4
	Number of clients with positive confirmatory HIV test result	8	6	2	0	1	7
Migrants	% of clients with positive confirmatory HIV test result	0.9	1.0	0.8	1.9	0.6	1.0
	Number of clients with positive confirmatory HIV test result	188	137	46	5	30	144
All	% of clients with positive confirmatory HIV test result	0.8	1.1	0.2	0.9	0.6	0.9
	Number of clients with positive confirmatory HIV test result	918	834	79	5	182	654

CBVCT 8: Proportion of clients with false positive test result - 2018

Of 45 reporting centres, 11 did not report the result of confirmatory tests (n=28,772) and are not included in the denominator.

A false positive was considered a reactive screening test result followed by a negative confirmatory test result. In all key populations, the proportion of false positive results was under 0.1%.

$$\frac{\text{Number of clients with false positive test result}}{\text{Number of clients screened for HIV}} \times 100$$

		All	Males	Females	Transgender	<25 years old	25+ years old
MSM	% of clients with false positive results	0.08	0.08	NA	-	0.14	0.06
	Number of clients with false positive result	38	38	NA	0	17	17
SW	% of clients with false positive results	0.02	0.07	0.00	0.00	0.00	0.03
	Number of clients with false positive result	1	1	0	0	0	1
PWID	% of clients with false positive results	0.08	0.10	0.00	0.00	0.00	0.09
	Number of clients with false positive result	2	2	0	0	0	2
Migrants	% of clients with false positive results	0.03	0.03	0.01	0.00	0.02	0.02
	Number of clients with false positive result	7	6	1	0	1	3
All	% of clients with false positive results	0.08	0.08	0.08	0.00	0.10	0.07
	Number of clients with false positive result	105	76	30	0	34	61

CBVCT 9: Number of clients needed to test to find a positive HIV result - 2018

Of 45 reporting centres, ten did not report confirmatory HIV test result (n=28,772) and four (n=1,380) had no reactive test results. These are not included in the numerator.

Number of clients needed to test (NTT), shows screening amongst MSM, male sex workers, transgender sex workers and other transgender people is effective in diagnosing HIV. A relatively high number of females needed to be tested to find a positive HIV result but this was much lower in female migrants. This data allows members with limited resources to prioritise screening strategies.

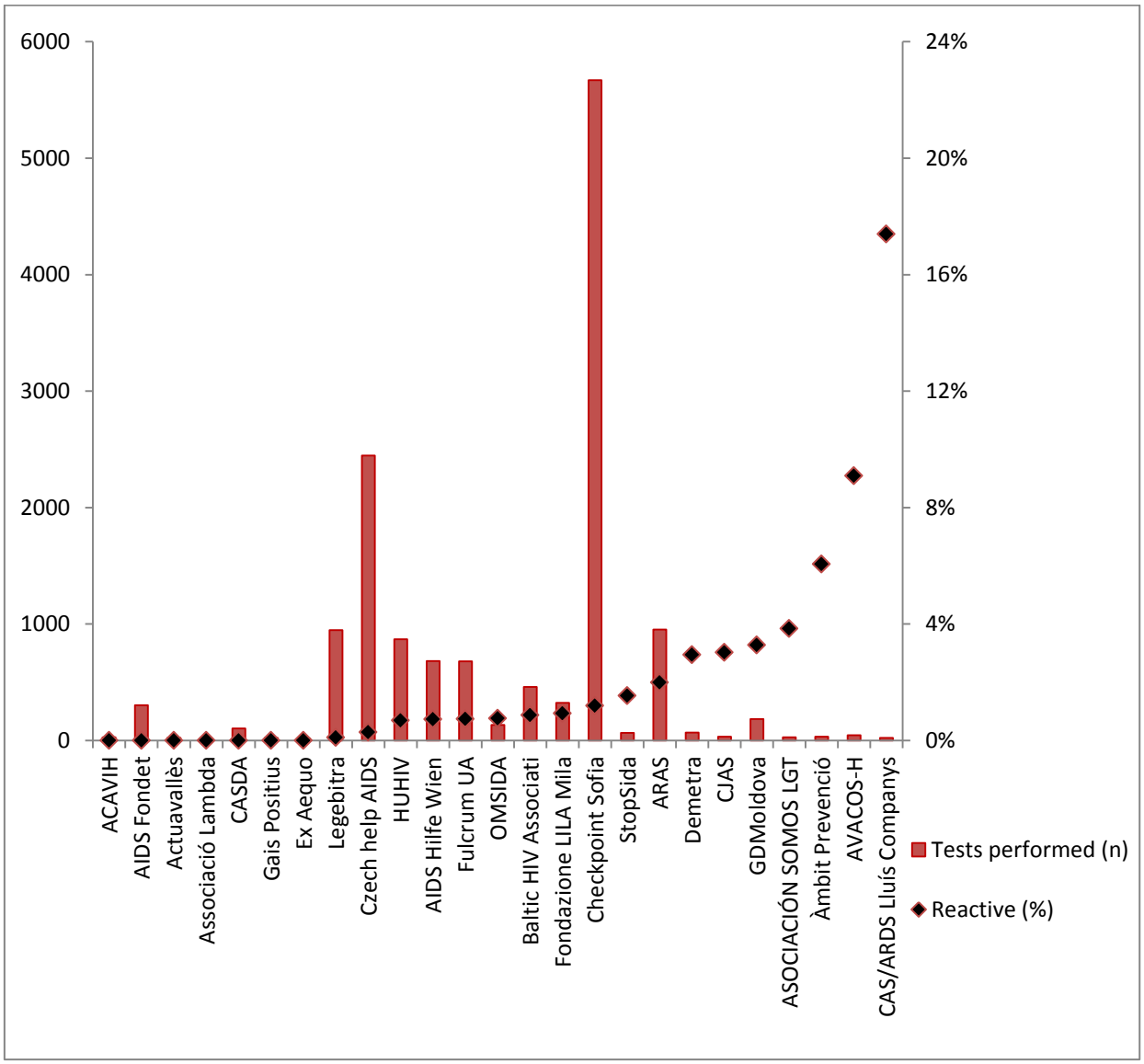
$$\frac{\text{Number of clients tested}}{\text{Number of clients with positive confirmatory HIV test}}$$

	All	Males	Females	Transgender	<25 years old	25+ years old
MSM	59.9	59.6	N/A	92.6	60.4	52.1
SW	101.5	42.5	482.0	51.0	111.0	101.7
IDU	294.3	318.5	213.0	-	427.0	274.7
Migrants	107.2	100.5	132.9	51.8	153.9	97.0
All	120.3	92.1	418.1	107.8	166.7	107.7

HCV Screening - 2018

Figure 3 shows the 25 centres who submitted data on HCV screening of 14,147 persons. This year for the first time the aggregated data tool was adapted to capture this information. Of all people tested, 140 had a reactive test (1.0%). CAS/ARDS Lluis Companys, Creu Roja has a target population of PWID and has a small number of HCV tests with a high proportion of reactive results. Members in the Czech Republic, Bulgaria and Romania are performing the biggest number of HCV screening tests.

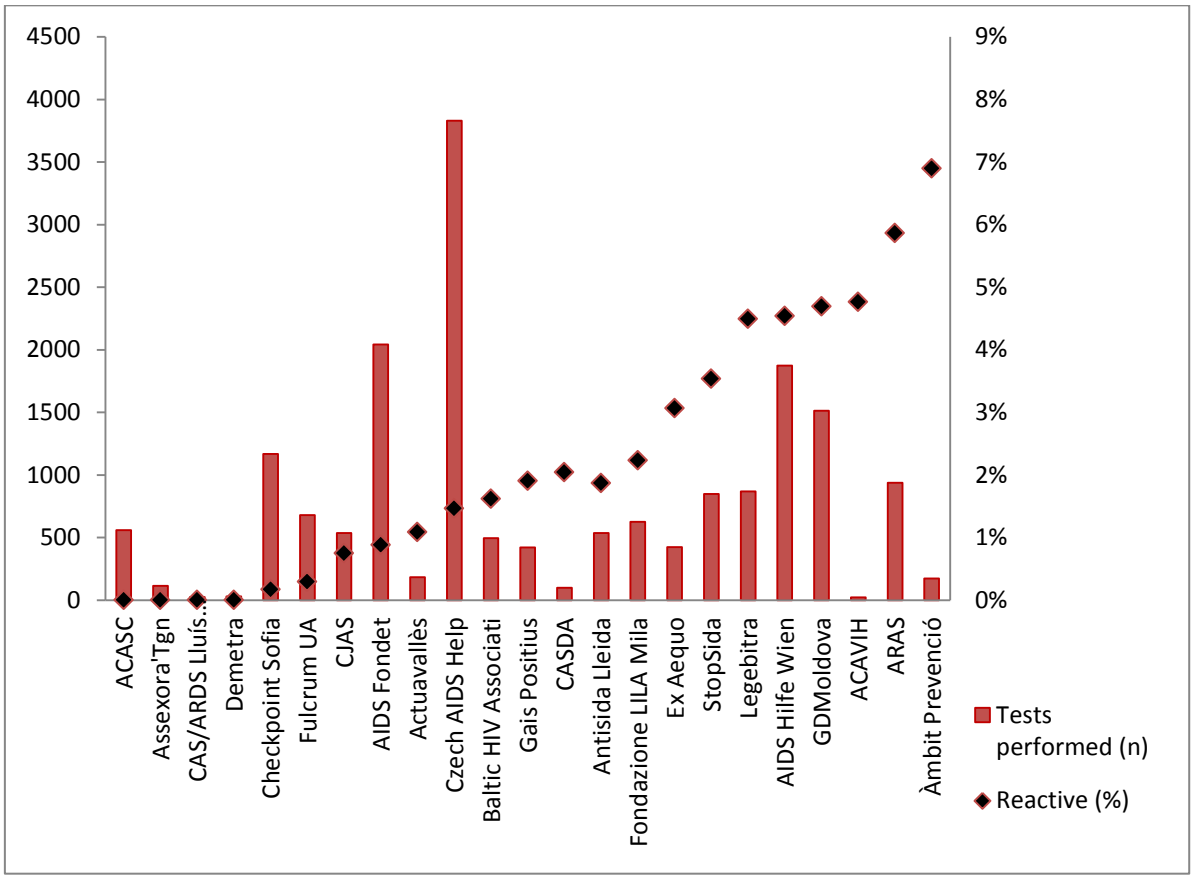
Figure 3. Hepatitis C Screening (N) and Reactive Tests (%) by centre in the COBATEST Network 2018



Syphilis Screening - 2018

Figure 4 shows that in 2018, 23 centres submitted data on 18,005 persons screened for syphilis. This year the aggregated tool was adapted for the first time to capture this information. Of all people screened, 432 (2.4%) of tests were reactive. The highest proportion of reactive tests was found in Ámbit Prevenció, the whose target population is sex workers, and ARAS.

Figure 4. Syphilis Screening (N) and Reactive Tests (%) in the COBATEST Network 2018



People screened for HIV - COBATEST Network (2014-18)

This section is a summary of testing activity in the COBATEST Network since 2014. In 2014, the COBATEST Network only collected data from services using the COBATEST online data collection tool. In 2014, 2017 and 2018, the indicators were calculated as a percentage of all tests performed, while in 2015 and 2016, the indicators were calculated as an average of all participating centres.

Table 2 People screened for HIV, screening results and confirmatory test results - COBATEST Network (2014-18)

	2014	2015	2016	2017	2018
Participating centres (n)	20	37	38	38	45
People tested (n)	8554	95,493	72,916	111,579	130,164
People with a reactive HIV screening test (%)	1.6	1.7*	1.8*	1.3	1.1
People with a reactive HIV screening test (n)	135	825	609	1,421	1,471
People tested with a confirmatory test (%, as % of all reactive results)	63	71.8*	80.1*	73.3	83
People with positive confirmatory test result (%)	0.8	1.5*	2.1*	0.8	0.8
*Average of all centres					

In 2018, the COBATEST Network grew to 45 members submitting data on 130,164 people tested for HIV. Over the five years of data from the Network, the number of HIV screening tests performed has varied from 8,554 in 2014 to 130,164 in 2018. The proportion of reactive tests was highest in 2016 (1.8%) and lowest in 2018 (1.1%). The number of centres participating has risen from 20 in 2014 to 45 in 2018 (Figure 5). The proportion of all people tested with a confirmed HIV diagnosis has stayed stable since 2014, disregarding 2015 and 2016 when this indicator was calculated as an average of all centres (Table 2).

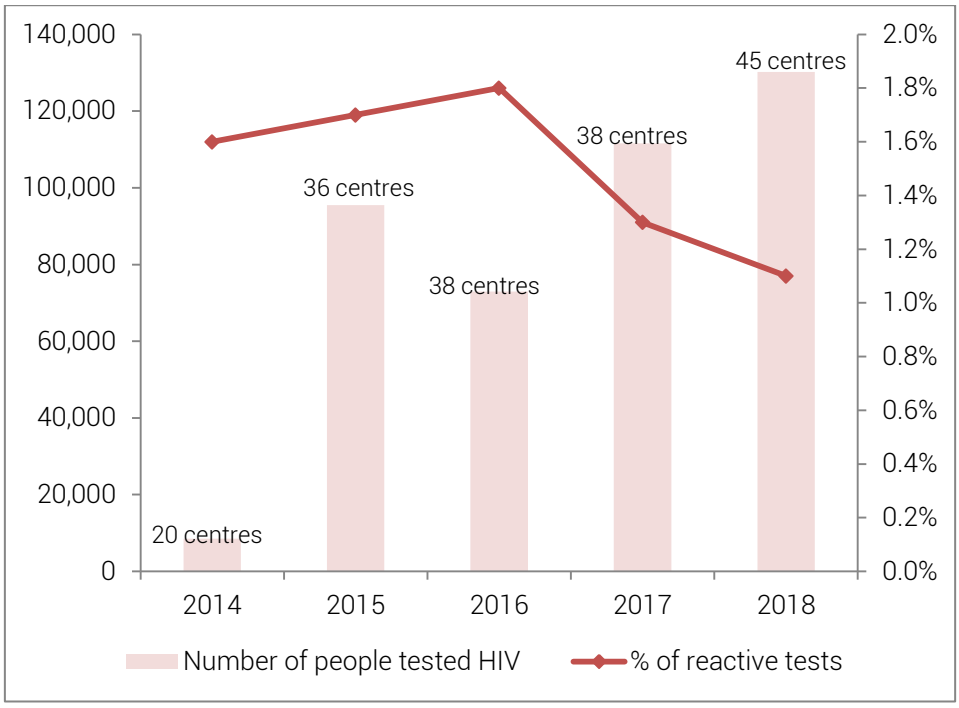


Figure 5 Number of people screened for HIV, proportion of reactive tests and number of centres submitting data by year - COBATEST Network 2015-18

People screened for hepatitis C - COBATEST Network (2014-18)

In 2018, for the first time, the aggregated data collection tool was adapted to collect data on hepatitis C testing - the increase in number of participating centres and people tested since 2017 reflect this. In 2014, 5 centres submitted their data on 81 people screened for HCV. This number grew to 14,147 people screened by 25 centres in 2018. The proportion of reactive screening tests has dropped from 5.0% in 2014 to 1.0% in 2018.

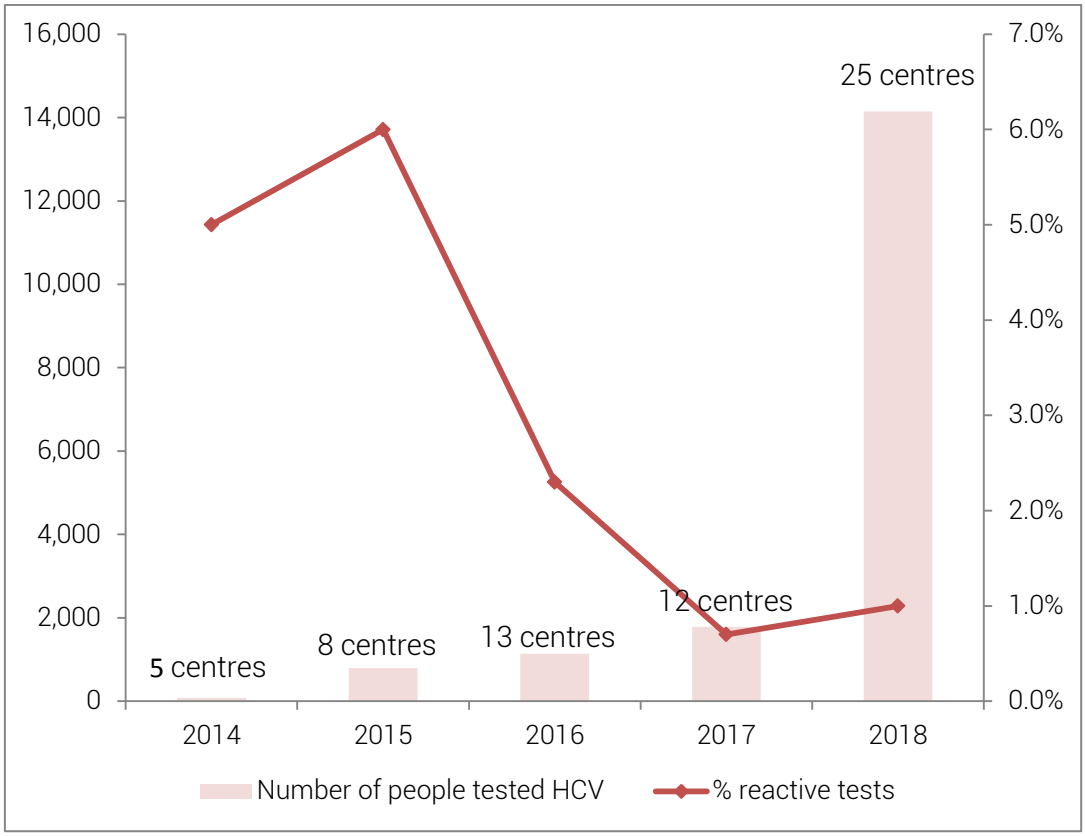


Figure 6 Number of people screened for Hepatitis C, proportion of reactive tests and number of centres submitting data by year - COBATEST Network 2015-18

People screened for Syphilis - COBATEST Network (2014-18)

In 2018, for the first time, the aggregated data collection tool was adapted to collect data on syphilis testing - the increase in number of participating centres and people tested since 2017 reflect this. In 2015, 13 centres submitted data on 6,251 people tested. This grew to 23 centres submitting data on 18,005 people tested in 2018. The proportion of reactive tests dropped from 2.6% in 2015 to 1.7% in 2017 and then rose again in 2018 to 2.4%.

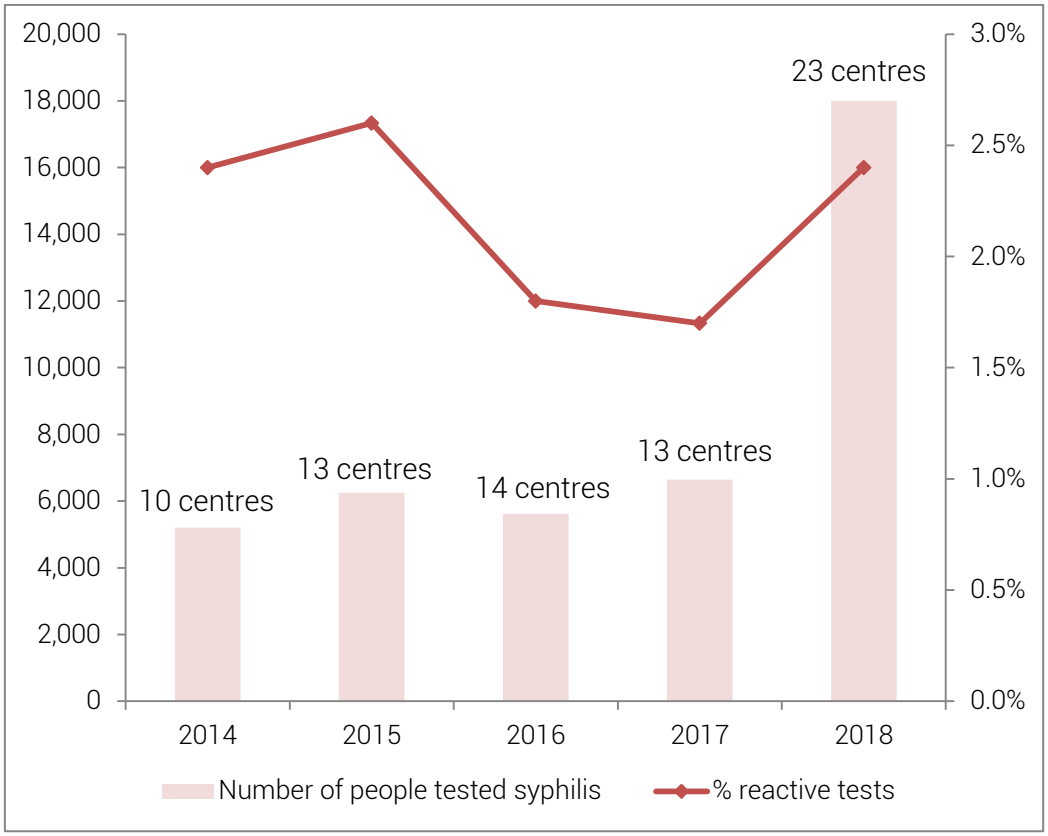


Figure 7 Number of people screned for syphilis, proportion of reactive tests and number of centres submitting data by year - COBATEST Network 2015-18

4. DISCUSSION

In 2018, the COBATEST Network collected testing data from the largest number of CBVCT services in its five year history. The standardisation of high quality testing data from the community in the European region is an opportunity for national surveillance systems to monitor the contribution of community-based services to the HIV, STI and hepatitis prevention strategy. This data is also useful for services' operational and advocacy efforts.

There were a number of limitations to the data presented in this report. Given the diversity of COBATEST members, many have their own data collection systems in place so their data must be standardised according to the COBATEST requirements. For centres that do not use a unique identifier, there is no way to count number of people tested. Therefore, the number of people tested is likely an overestimate as two of the members that contribute the biggest number of tests do not implement a unique identifier for clients.

Some members that use their own data collection tool do not collect the data required to calculate all COBATEST indicators. Those that do not report an indicator were excluded from the calculation for that indicator, making comparisons between indicators problematic i.e. it is not possible to directly compare proportion tested in last 12 months to proportion tested in last 12 months at same CBVCT, because the latter had fewer reporting centres. Centres which reported any data on an indicator, albeit with a high proportion of missing data, were included in the calculation of said indicator. An estimate of the effect of this missing data is reported in Annex 1. By identifying centres with a lot of missing data, we can focus technical support and capacity building efforts.

In the data collection guidelines, members are asked to use the OptTEST definition of linkage to care[1]. As the definition is so broad, it makes comparisons of linkage to care between centres difficult. To better understand this indicator, it would be useful to survey members and ask their processes for linkage to care.

COBATEST members do not represent the geographical spread of CBVCT services in Europe and, as such, the data in this report is not representative of CBVCT activity at the national or European level.

[1] 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)

5. CONCLUSIONS

The 2018 COBATEST Network report shows that CBVCT services across Europe are collecting a minimum set of testing data to facilitate the monitoring and evaluation of their services. This data can be used for donor reporting, advocacy efforts and to drive service improvements. The COBATEST online data collection tool continues to be useful for CBVCT services who do not have their own data collection system in place, and other members have reported their aggregated and disaggregated data according to the COBATEST Network requirements before the deadline. Most of the COBATEST members were able to report the majority of the CBVCT indicators.

With five years of data collected in the course of the history of the COBATEST Network, analysis of the data over time is now possible. Activity in the COBATEST Network has increased since the Euro HIV EDAT Work Package 4 final report. In 2018 we collected data on 130,164 people tested in 45 centres, compared to 111,579 clients tested for HIV in 38 CBVCT services in 2017, and, 72,916 clients tested in 38 CBVCT services in 2016.

There continue to be issues with the quality of the data in the COBATEST Network which are addressed in the report "Quality of HIV testing data in the community setting - COBATEST Network". Similarly to 2017, eight CBVCT services were unable to report "confirmatory test performed" and nine were unable to report "confirmatory test result". From the report it is understood that the reporting of confirmatory tests depends on the service pathways in the CBVCT. CBVCTs that are able to immediately refer clients for a confirmatory test and perform follow-up are more likely to record the variable.

The aggregated data reporting forms were adapted this year to capture CBVCT services that perform hepatitis C and syphilis testing. This resulted in 14 more centres than last year reporting data on hepatitis C screening, and 10 more centres than last year reporting data on syphilis screening.

The data collected through the COBATEST Network is of high quality and useful in informing decisions within the organisation, at the national and the European level. To get a better picture of the activity of all COBATEST Network members and to understand how they and the national surveillance systems use their data, a questionnaire for members is due in 2019.

The data collected in the COBATEST Network demonstrates the importance of testing key populations. By integrating this data into the national surveillance systems, countries can understand the role that CBVCT services play in improving gaps in the care cascade and increasing testing uptake among those most at risk of HIV, STIs and viral hepatitis.

The COBATEST Network has proven to be a useful platform to perform operational research and in the last two years the Network has participated in two key European projects. The COBATEST tool has been used in pilot activities in the Joint Action Integrate for countries who wish to collect quality testing data from CBVCT services to integrate into their national surveillance systems. Four COBATEST members have also participated in the WHO's Utility evaluation of Point of Care Tests in non-Clinical Settings for the Screening of HIV and Syphilis in MSM, to inform WHO's recommendations on new testing technologies. The Network will continue to promote operational research and the involvement of its members in collaborative International projects.

6. RECOMMENDATIONS

Integration of CBVCT data into national surveillance systems would improve understanding of how CBVCT activity is contributing to increasing HIV/HCV/syphilis testing uptake and diagnosis. Integration would allow countries to adapt their testing strategies to ensure they are reaching key populations. The COBATEST data collection tools are a low-resource way to collect this standardised data. With the momentum from European projects like the INTEGRATE Joint Action, which promotes the integration of HIV, viral hepatitis and STI testing data collection, it is a good time to use the COBATEST Network data to advocate for integration of CBVCT data into the national surveillance system.

An article based on the report "Quality of HIV testing data in the community setting - COBATEST Network" has been published in a 2019 edition of the International Journal of STD & AIDS and should be useful in advocacy efforts for promoting the integration of CBVCT service activity into national surveillance systems.

An update of all COBATEST members' activity and aims is necessary to compliment the qualitative data collection. To that end, a survey of COBATEST Network members is recommended. This could include questions on the CBVCT services' target populations, testing strategies, care pathways for clients who have a reactive test, processes to share data with regional or national surveillance systems as well as areas for capacity building.

Adapting the aggregated data submission tools has allowed many more COBATEST Network members to report their hepatitis C and syphilis screening activity. Members are also asked to report gender, age group and key populations for this testing activity which can be utilised to better understand how CBVCT services are improving diagnosis of hepatitis C and syphilis in these populations. The aforementioned survey of member activity should ask members about their testing algorithms, to understand who they are screening and for which diseases.

Annex 1: Indicators by centre with corresponding estimates of indicators taking into account missing information (EMV)

CBVCT 2 Proportion of clients who reported to have been previously tested for HIV by centre with corresponding estimates of indicators taking into account missing information (EMV)

	Persons screened for HIV	CBVCT2			
		n	%	missing	EMV
CCASiPA	352	167	47.4%	1	47.6%
Antisida Lleida	551	235	42.6%	0	42.6%
ACASC	791	480	60.7%	3	60.9%
ACAVIH	43	24	55.8%	2	58.5%
ACCAS	177	125	70.6%	0	70.6%
AIDS Fondet	2839	2168	76.4%	1	76.4%
ACAS Girona	101	61	60.4%	0	60.4%
ASOCIACIÓN SOMOS LGT	90	57	63.3%	1	64.0%
AVACOS-H	661	267	40.4%	0	40.4%
Actuavallès	397	240	60.5%	1	60.6%
Assexora'Tgn	137	100	73.0%	1	73.5%
Associació Lambda	210	150	71.4%	7	73.9%
Baltic HIV Associati	686	287	41.8%	1	41.9%
CAS/ARDS Lluís Companys	74	55	74.3%	5	79.7%
CASDA	153	74	48.4%	0	48.4%
ARAS	916	597	65.2%	7	65.7%
CJAS	549	189	34.4%	1	34.5%
Creu Roja Tarragona	25	17	68.0%	0	68.0%
Demetra	95	59	62.1%	0	62.1%
Fondazione LILA Mila	1040	633	60.9%	0	60.9%
Gais Positius	419	340	81.1%	0	81.1%
Mujer Gades	79	60	75.9%	0	75.9%
OMSIDA	444	254	57.2%	0	57.2%
StopSida	869	697	80.2%	1	80.3%
Àmbit Prevenció	173	159	91.9%	1	92.4%
AIDS Hilfe Wien	6128	3440	56.1%	390	60.0%
Ex Aequo	486	445	91.6%	5	92.5%
Adhara	1779	1163	65.4%	1	65.4%
Plate-Forme Prévention Sida	421	133	31.6%	72	38.1%
Deutsche AIDS Hilfe	1422	1121	78.8%	26	80.3%
Fulcrum UA	2539	1119	44.1%	902	68.4%
Czech AIDS Help Soc	5718	3202	56.0%		
Assoc Rainbow	1345	642	47.7%		
AIDES	33112	23547	71.1%		
HUHIV	1019	489	48.0%		
Checkp Sofia	-	-	-	-	-
NAC POland	37666	16101	42.7%		
Abraco	914	626	68.5%		
GENDERDOC-M	2475	1237	50.0%		
HERA	3220	1204	37.4%		
InMouraria	693	402	58.0%		
Move-se	6662	2939	44.1%		
LxCheckpoint	4381	2263	51.7%		
Intendente	2365	1315	55.6%		
Legebitra	938	785	83.7%		
Total	125154	69668	55.7%	1429	55.7%

% = numerator is n. Denominator is persons screened for HIV.
EMV = numerator is n. Denominator is persons screened for HIV minus number of missing (persons with no data reported for this indicator).
- = Centre did not report this indicator

CBVCT 3 Proportion of clients who reported to have been tested for HIV during preceding 12 months by centre with corresponding estimates of indicators taking into account missing information (EMV)

	Persons screened for HIV	CBVCT3			
		n	%	missing	EMV
CCASiPA	352	67	19.0%	187	40.6%
Antisida Lleida	551	119	21.6%	320	51.5%
ACASC	791	154	19.5%	311	32.1%
ACAVIH	43	5	11.6%	22	23.8%
ACCAS	177	61	34.5%	57	50.8%
AIDS Fondet	-	-	-	-	-
ACAS Girona	101	28	27.7%	40	45.9%
ASOCIACIÓN SOMOS LGT	90	33	36.7%	34	58.9%
AVACOS-H	661	78	11.8%	490	45.6%
Actuavallès	397	125	31.5%	167	54.3%
Assexora'Tgn	137	64	46.7%	39	65.3%
Associació Lambda	210	72	34.3%	92	61.0%
Baltic HIV Associati	686	159	23.2%	397	55.0%
CAS/ARDS Lluís Companys	74	27	36.5%	20	50.0%
CASDA	153	38	24.8%	79	51.4%
ARAS	916	422	46.1%	319	70.7%
CJAS	549	70	12.8%	361	37.2%
Creu Roja Tarragona	25	13	52.0%	9	81.3%
Demetra	95	27	28.4%	46	55.1%
Fondazione LILA Mila	1040	270	26.0%	411	42.9%
Gais Positius	419	209	49.9%	79	61.5%
Mujer Gades	79	24	30.4%	20	40.7%
OMSIDA	444	98	22.1%	202	40.5%
StopSida	869	392	45.1%	179	56.8%
Àmbit Prevenció	173	102	59.0%	16	65.0%
AIDS Hilfe Wien	6128	1092	17.8%	426	19.2%
Ex Aequo	486	322	66.3%	52	74.2%
Adhara	1779	655	36.8%	684	59.8%
Plate-Forme Prévention Sida	-	-	-	-	-
Deutsche AIDS Hilfe	1422	393	27.6%	301	35.1%
Fulcrum UA	-	-	-	-	-
Czech AIDS Help Soc	5718	1380	24.1%		
Assoc Rainbow	1345	319	23.7%		
AIDES	33112	12129	36.6%		
HUHIV	1019	229	22.5%		
Checkp Sofia	5010	1352	27.0%		
NAC POland	-	-	-	-	-
Abraco	914	429	46.9%		
GENDERDOC-M	2475	1237	50.0%		
HERA	-	-	-	-	-
InMouraria	693	163	23.5%		
Move-se	6662	579	8.7%		
LxCheckpoint	4381	956	21.8%		
Intendente	2365	621	26.3%		
Legebitra	938	496	52.9%		
Total	83479	25009	30.0%	5360	30.0%

% = numerator is n. Denominator is persons screened for HIV.
EMV = numerator is n. Denominator is persons screened for HIV minus number of missing (persons with no data reported for this indicator).
- = Centre did not report this indicator

CBVCT 4 Proportion of clients who reported to have been tested for HIV at the same CBVCT facility during preceding 12 months by centre with corresponding estimates of indicators taking into account missing information (EMV)

	Persons screened for HIV	CBVCT4			
		n	%	missing	EMV
CCASiPA	352	33	9.4%	192	20.6%
Antisida Lleida	551	127	23.0%	322	55.5%
ACASC	791	75	9.5%	356	17.2%
ACAVIH	43	6	14.0%	27	37.5%
ACCAS	177	38	21.5%	53	30.6%
AIDS Fondet	-	-	-	-	-
ACAS Girona	101	16	15.8%	40	26.2%
ASOCIACIÓN SOMOS LGT	90	8	8.9%	33	14.0%
AVACOS-H	661	27	4.1%	409	10.7%
Actuavallès	397	80	20.2%	195	39.6%
Assexora'Tgn	137	33	24.1%	37	33.0%
Associació Lambda	210	27	12.9%	86	21.8%
Baltic HIV Associati	686	119	17.3%	401	41.8%
CAS/ARDS Lluís Companys	74	21	28.4%	22	40.4%
CASDA	153	22	14.4%	83	31.4%
ARAS	916	196	21.4%	339	34.0%
CJAS	549	43	7.8%	377	25.0%
Creu Roja Tarragona	25	4	16.0%	8	23.5%
Demetra	95	26	27.4%	41	48.1%
Fondazione LILA Mila	1040	69	6.6%	413	11.0%
Gais Positius	419	74	17.7%	99	23.1%
Mujer Gades	79	9	11.4%	21	15.5%
OMSIDA	444	75	16.9%	231	35.2%
StopSida	869	203	23.4%	219	31.2%
Àmbit Prevenció	173	86	49.7%	15	54.4%
AIDS Hilfe Wien	6128	1092	17.8%	426	19.2%
Ex Aequo	486	17	3.5%	9	3.6%
Adhara	1779	252	14.2%	684	23.0%
Plate-Forme Prévention Sida	-	-	-	-	-
Deutsche AIDS Hilfe	-	-	-	-	-
Fulcrum UA	-	-	-	-	-
Czech AIDS Help Soc	5718	839	14.7%		
Assoc Rainbow	1345	211	15.7%		
AIDES	-	-	-	-	-
HUHIV	1019	137	13.4%		
Checkp Sofia	-	-	-	-	-
NAC POland	-	-	-	-	-
Abraco	-	-	-	-	-
GENDERDOC-M	2475	154	6.2%		
HERA	-	-	-	-	-
InMouraria	693	3	0.4%		
Move-se	6662	145	2.2%		
LxCheckpoint	4381	666	15.2%		
Intendente	2365	65	2.7%		
Legebitra	938	347	37.0%		
Total	43021	5345	12.4%	5138	12.4%

% = numerator is n. Denominator is persons screened for HIV.
EMV = numerator is n. Denominator is persons screened for HIV minus number of missing (persons with no data reported for this indicator).
- = Centre did not report this indicator

CBVCT 5 Proportion of clients with reactive screening HIV test result by centre with corresponding estimates of indicators taking into account missing information (EMV)

	Persons screened for HIV	CBVCT5	
		n	%
CCASiPA	352	5	1.4%
Antisida Lleida	551	1	0.2%
ACASC	791	11	1.4%
ACAVIH	43	0	0.0%
ACCAS	177	1	0.6%
AIDS Fondet	2839	15	0.5%
ACAS Girona	101	4	4.0%
ASOCIACIÓN SOMOS LGT	90	2	2.2%
AVACOS-H	661	1	0.2%
Actuavallès	397	1	0.3%
Assexora'Tgn	137	1	0.7%
Associació Lambda	210	6	2.9%
Baltic HIV Associati	686	8	1.2%
CAS/ARDS Lluís Companys	74	1	1.4%
CASDA	153	5	3.3%
ARAS	916	23	2.5%
CJAS	549	0	0.0%
Creu Roja Tarragona	25	1	4.0%
Demetra	95	13	13.7%
Fondazione LILA Mila	1040	6	0.6%
Gais Positius	419	9	2.1%
Mujer Gades	79	0	0.0%
OMSIDA	444	11	2.5%
StopSida	869	28	3.2%
Àmbit Prevenció	173	2	1.2%
AIDS Hilfe Wien	6128	42	0.7%
Ex Aequo	486	3	0.6%
Adhara	1779	34	1.9%
Plate-Forme Prévention Sida	421	3	0.7%
Deutsche AIDS Hilfe	1422	23	1.6%
Fulcrum UA	2539	100	3.9%
Czech AIDS Help Soc	5718	27	0.5%
Assoc Rainbow	1345	11	0.8%
AIDES	33112	203	0.6%
HUHIV	1019	13	1.3%
Checkp Sofia	5010	80	1.6%
NAC POland	37666	525	1.4%
Abraco	914	17	1.9%
GENDERDOC-M	2475	20	0.8%
HERA	3220	9	0.3%
InMouraria	693	9	1.3%
Move-se	6662	35	0.5%
LxCheckpoint	4381	101	2.3%
Intendente	2365	50	2.1%
Legebitra	938	7	0.7%

% = numerator is n. Denominator is persons screened for HIV.
EMV = numerator is n. Denominator is persons screened for HIV minus number of missing (persons with no data reported for this indicator).
- = Centre did not report this indicator

CBVCT 6 Proportion of clients with reactive screening HIV test result who were tested with confirmatory HIV test by centre with corresponding estimates of indicators taking into account missing information (EMV)

	Persons screened for HIV	CBVCT6			
		n	%	missing	EMV
CCASiPA	352	4	80.0%	1	100.0%
Antisida Lleida	-	-	-	-	-
ACASC	791	8	72.7%	1	80.0%
ACAVIH	-	-	-	-	-
ACCAS	177	0	0.0%	0	0.0%
AIDS Fondet	2839	13	86.7%	1	92.9%
ACAS Girona	101	4	100.0%	0	100.0%
ASOCIACIÓN SOMOS LGT	90	2	100.0%	0	100.0%
AVACOS-H	-	-	-	-	-
Actuavallès	397	1	100.0%	0	100.0%
Assexora'Tgn	137	1	100.0%	0	100.0%
Associació Lambda	210	4	66.7%	1	80.0%
Baltic HIV Associati	686	2	25.0%	6	100.0%
CAS/ARDS Lluís Companys	74	1	100.0%	0	100.0%
CASDA	153	3	60.0%	0	60.0%
ARAS	916	12	52.2%	9	85.7%
CJAS	-	-	-	-	-
Creu Roja Tarragona	25	1	100.0%	0	100.0%
Demetra	95	13	100.0%	0	100.0%
Fondazione LILA Mila	1040	5	83.3%	0	83.3%
Gais Positius	419	6	66.7%	0	66.7%
Mujer Gades	-	-	-	-	-
OMSIDA	444	9	81.8%	1	90.0%
StopSida	869	26	92.9%	2	100.0%
Àmbit Prevenció	-	-	-	-	-
AIDS Hilfe Wien	6128	36	85.7%	0	85.7%
Ex Aequo	486	3	100.0%	0	100.0%
Adhara	-	-	-	-	-
Plate-Forme Prévention Sida	-	-	-	-	-
Deutsche AIDS Hilfe	1422	10	43.5%	13	100.0%
Fulcrum UA	2539	100	100.0%	0	100.0%
Czech AIDS Help Soc	5718	22	81.5%		
Assoc Rainbow	1345	11	100.0%		
AIDES	33112	93	45.8%		
HUHIV	1019	13	100.0%		
Checkp Sofia	5010	80	100.0%		
NAC POland	37666	525	100.0%		
Abraco	-	-	-	-	-
GENDERDOC-M	2475	17	85.0%		
HERA	3220	9	100.0%		
InMouraria	-	-	-		
Move-se	-	-	-		
LxCheckpoint	-	-	-		
Intendente	-	-	-		
Legebitra	938	7			
Total	110893	1041	0.9%	35	0.9%

% = numerator is n. Denominator is persons screened for HIV.
EMV = numerator is n. Denominator is persons screened for HIV minus number of missing (persons with no data reported for this indicator).
- = Centre did not report this indicator

CBVCT 7 Proportion of clients with positive confirmatory HIV test result by centre with corresponding estimates of indicators taking into account missing information (EMV)

	Persons screened for HIV	CBVCT7			
		n	%	missing	EMV
CCASiPA	352	4	1.1%	1	100.0%
Antisida Lleida	-	-	-	-	-
ACASC	791	8	1.0%	1	80.0%
ACAVIH	43	0	0.0%	-	-
ACCAS	177	1	0.6%	0	100.0%
AIDS Fondet	-	-	-	1	-
ACAS Girona	101	4	4.0%	0	100.0%
ASOCIACIÓN SOMOS LGT	90	2	2.2%	0	100.0%
AVACOS-H	-	-	-	-	-
Actuavallès	397	1	0.3%	0	100.0%
Assexora'Tgn	137	1	0.7%	0	100.0%
Associació Lambda	210	2	1.0%	1	40.0%
Baltic HIV Associati	686	2	0.3%	6	100.0%
CAS/ARDS Lluís Companys	74	1	1.4%	0	100.0%
CASDA	153	2	1.3%	0	40.0%
ARAS	916	11	1.2%	9	78.6%
CJAS	-	-	-	-	-
Creu Roja Tarragona	25	1	4.0%	0	100.0%
Demetra	95	13	13.7%	0	100.0%
Fondazione LILA Mila	1040	5	0.5%	0	83.3%
Gais Positius	419	6	1.4%	0	66.7%
Mujer Gades	-	-	-	-	-
OMSIDA	444	10	2.3%	1	100.0%
StopSida	869	26	3.0%	2	100.0%
Àmbit Prevenció	173	0	0.0%	-	-
AIDS Hilfe Wien	6128	25	0.4%	0	59.5%
Ex Aequo	486	2	0.4%	0	66.7%
Adhara	1779	0	0.0%	-	-
Plate-Forme Prévention Sida	421	0	0.0%	-	-
Deutsche AIDS Hilfe	1422	6	0.4%	13	60.0%
Fulcrum UA	2539	100	3.9%	0	100.0%
Czech AIDS Help Soc	5718	22	0.4%		
Assoc Rainbow	1345	11	0.8%		
AIDES	33112	78	0.2%		
HUHIV	1019	12	1.2%		
Checkp Sofia	5010	80	1.6%		
NAC POland	37666	405	1.1%		
Abraco	-	-	-	-	-
GENDERDOC-M	2475	17	0.7%		
HERA	3220	9	0.3%		
InMouraria	-	-	-	-	-
Move-se	-	-	-	-	-
LxCheckpoint	-	-	-	-	-
Intendente	2365	44	1.9%		
Legebitra	938	7			
Total	112835	918	0.8%	35	0.8%

% = numerator is n. Denominator is persons screened for HIV.
EMV = numerator is n. Denominator is persons screened for HIV minus number of missing (persons with no data reported for this indicator).
- = Centre did not report this indicator

Annex 2. Completeness of indicator reporting by each COBATEST Network member

	Age	MSM	SW	PWID	Migrant	CBVCT1	CBVCT2	CBVCT3	CBVCT4	CBVCT5	CBVCT6	CBVCT7
CCASiPA												
Antisida Lleida												
ACASC												
ACAVIH												
ACCAS												
AIDS Fondet												
ACAS Girona												
ASOCIACIÓN SOMOS LGT												
AVACOS-H												
Actuavallès												
Assexora'Tgn												
Associació Lambda												
Baltic HIV Associati												
CAS/ARDS Lluís Companys												
CASDA												
ARAS												
CJAS												
Creu Roja Tarragona												
Demetra												
Fondazione LILA Mila												
Gais Positius												
Mujer Gades												

=Centre reported this indicator

Annex 2. Completeness of indicator reporting by each COBATEST Network member

	Age	MSM	SW	PWID	Migrant	CBVCT1	CBVCT2	CBVCT3	CBVCT4	CBVCT5	CBVCT6	CBVCT7
OMSIDA	■	■	■	■	■	■	■	■	■	■	■	■
StopSida	■	■	■	■	■	■	■	■	■	■	■	■
Àmbit Prevenció	■	■	■	■	■	■	■	■	■	■		
AIDS Hilfe Wien	■	■	■	■	■	■	■	■	■	■	■	■
Ex Aequo	■	■	■	■		■	■	■	■	■	■	■
Adhara	■	■	■	■	■	■	■	■	■	■		
Plate-Forme Prévention Sida	■	■			■	■	■			■		
Deutsche AIDS Hilfe		■	■	■	■	■	■	■		■	■	■
Fulcrum UA	■	■				■	■			■	■	■
Czech AIDS Help Soc	■	■	■	■	■	■	■	■	■	■	■	■
Assoc Rainbow	■	■	■			■	■	■	■	■	■	■
AIDES	■	■	■	■	■	■	■	■		■	■	■
HUHIV	■	■	■	■	■	■	■	■	■	■	■	■
Checkp Sofia	■	■	■	■	■	■		■		■	■	■
NAC POland	■	■		■	■	■	■			■	■	■
Abraco	■	■				■	■	■		■		
GENDERDOC-M		■				■	■	■	■	■	■	■
HERA	■	■	■	■		■	■			■	■	■
InMouraria	■	■	■	■	■	■	■	■	■	■		
Move-se	■	■	■	■	■	■	■	■	■	■		
LxCheckpoint	■	■	■	■	■	■	■	■	■	■		
Intendente	■	■	■	■	■	■	■	■	■	■	■	■
Legebitra	■	■				■	■	■	■	■	■	■

■ =Centre reported this indicator

Annex 3: People screened for HIV (N) and Reactive Tests (n, %) by centre in the COBATEST Network 2018

	People tested (n)	Reactive tests (n)	Reactive tests (%)
ACAVIH	43	0	0.0%
CJAS	549	0	0.0%
Mujer Gades	79	0	0.0%
AVACOS-H	661	1	0.2%
Antisida Lleida	551	1	0.2%
Actuavallès	397	1	0.3%
HERA	3220	9	0.3%
Czech AIDS Help Soc	5718	27	0.5%
Move-se	6662	35	0.5%
AIDS Fondet	2839	15	0.5%
ACCAS	177	1	0.6%
Fondazione LILA Mila	1040	6	0.6%
AIDES	33112	203	0.6%
Ex Aequo	486	3	0.6%
AIDS Hilfe Wien	6128	42	0.7%
Plate-Forme Prévention Sida	421	3	0.7%
Assexora'Tgn	137	1	0.7%
Legebitra	938	7	0.7%
GENDERDOC-M	2475	20	0.8%
Assoc Rainbow	1345	11	0.8%
Àmbit Prevenció	173	2	1.2%
Baltic HIV Associati	686	8	1.2%
HUHIV	1019	13	1.3%
InMouraria	693	9	1.3%
CAS/ARDS Lluís Companys	74	1	1.4%
ACASC	791	11	1.4%
NAC POland	37666	525	1.4%
CCASiPA	352	5	1.4%
Checkp Sofia	5010	80	1.6%
Deutsche AIDS Hilfe	1422	23	1.6%
Abraco	914	17	1.9%
Adhara	1779	34	1.9%
Intendente	2365	50	2.1%
Gais Positius	419	9	2.1%
ASOCIACIÓN SOMOS LGT	90	2	2.2%
LxCheckpoint	4381	101	2.3%
OMSIDA	444	11	2.5%
ARAS	916	23	2.5%
Associació Lambda	210	6	2.9%
StopSida	869	28	3.2%
CASDA	153	5	3.3%
Fulcrum UA	2539	100	3.9%
ACAS Girona	101	4	4.0%
Creu Roja Tarragona	25	1	4.0%
Demetra	95	13	13.7%

Annex 4: People screened for syphilis (N) and Reactive Tests (n, %) by centre in the COBATEST Network 2018

	Tests performed (n)	Reactive tests (n)	Reactive tests (%)
ACASC	560	0	0.0%
Assexora'Tgn	113	0	0.0%
CAS/ARDS Lluís Companys	26	0	0.0%
Demetra	31	0	0.0%
Checkpoint Sofia	1167	2	0.2%
Fulcrum UA	680	2	0.3%
CJAS	535	4	0.7%
AIDS Fondet	2042	18	0.9%
Actuavallès	184	2	1.1%
Czech AIDS Help	3831	56	1.5%
Baltic HIV Associati	495	8	1.6%
Gais Positius	420	8	1.9%
CASDA	98	2	2.0%
Antisida Lleida	535	10	1.9%
Fondazione LILA Mila	627	14	2.2%
Ex Aequo	424	13	3.1%
StopSida	848	30	3.5%
Legebitra	868	39	4.5%
AIDS Hilfe Wien	1874	85	4.5%
GDM-Moldova	1514	71	4.7%
ACAVIH	21	1	4.8%
ARAS	938	55	5.9%
Àmbit Prevenció	174	12	6.9%

Annex 5: People screened for Hepatitis C (N) and Reactive Tests (n, %) by centre in the COBATEST Network 2018

Centre name	Tests performed (n)	Reactive tests (n)	Reactive (%)
ACAVIH	28	0	0.0%
AIDS Fondet	303	0	0.0%
Actuavallès	23	0	0.0%
Associació Lambda	13	0	0.0%
CASDA	103	0	0.0%
Gais Positius	23	0	0.0%
Ex Aequo	18	0	0.0%
Legebitra	947	1	0.1%
Czech help AIDS	2446	7	0.3%
Fondazione LILA Mila	323	2	0.6%
HUHIV	869	6	0.7%
AIDS Hilfe Wien	683	5	0.7%
Fulcrum UA	680	5	0.7%
OMSIDA	132	1	0.8%
Baltic HIV Association	459	4	0.9%
Checkpoint Sofia	5669	68	1.2%
StopSida	65	1	1.5%
ARAS	953	19	2.0%
Demetra	68	2	2.9%
CJAS	33	1	3.0%
GENDERDOC-M	183	6	3.3%
Asociación SOMOS LGT	26	1	3.8%
Àmbit Prevenció	33	2	6.1%
AVACOS-H	44	4	9.1%
CAS/ARDS Lluís Companys	23	4	17.4%

Annex 6: HIV Screening (N) and Reactive Tests (n, %) by sociodemographic characteristics of tester and centre in the COBATEST Network 2018

		Abraço			ACAS Girona			ACASC		
		Total N	Reactive n	Reactive %	Total N	Reactive n	Reactive %	Total N	Reactive n	Reactive %
Persons tested		914	17	1.9%	101	4	4.0%	791	11	1.4%
Age Group	*<25*	352	7	2.0%	30	0	0.0%	138	2	1.4%
	≥25	562	10	1.8%	71	4	5.6%	648	9	1.4%
	Missing	0	0		0	0		5	0	0.0%
Gender	*Male*	702	16	2.3%	67	4	6.0%	477	10	2.1%
	Female	191	0	0.0%	29	0	0.0%	307	1	0.3%
	Transgender	5	1	20.0%	5	0	0.0%	7	0	0.0%
	Missing	16	0	0.0%	0	0		0	0	
Migrant	*Yes*	-	-	-	35	2	5.7%	313	9	2.9%
PWID	*PWID*	-	-	-	1	0	0.0%	6	0	0.0%
Sex worker	*MSW*	-	-	-	9	0	0.0%	20	0	0.0%
	FSW	-	-	-	11	0	0.0%	11	0	0.0%
	TSW	-	-	-	5	0	0.0%	0	0	
MSM	*MSM*	494	17	3.4%	42	4	9.5%	158	6	3.8%

		ACAVIH			ACCAS			Actua Vallès		
		Total N	Reactive n	Reactive %	Total N	Reactive n	Reactive %	Total N	Reactive n	Reactive %
Persons tested		43	0	0.0%	177	1	0.6%	397	1	0.3%
Age Group	*<25*	6			39	1	2.6%	160	0	0.0%
	≥25	37			137	0	0.0%	233	1	0.4%
	Missing	0			1	0	0.0%	4	0	0.0%
Gender	*Male*	27			93	1	1.1%	211	1	0.5%
	Female	14			78	0	0.0%	175	0	0.0%
	Transgender	2			6	0	0.0%	4	0	0.0%
	Missing	0			0	0		7	0	0.0%
Migrant	*Yes*	10			69	1	1.4%	131	0	0.0%
PWID	*Yes*	0			5	0	0.0%	1	0	0.0%
Sex worker	*MSW*	4			12	0	0.0%	13	0	0.0%
	FSW	1			35	0	0.0%	45	0	0.0%
	TSW	1			6	0	0.0%	1	0	0.0%
MSM	*Yes*	20			58	1	1.7%	133	1	0.8%

		Adhara			AIDES			AIDS Fondet		
		Total N	Reactive n	Reactive %	Total N	Reactive n	Reactive %	Total N	Reactive n	Reactive %
Persons tested		1,779	34	1.9%	33,112	203	0.6%	2,839	15	0.5%
Age Group	*<25*	524	9	1.7%	9,853	29	0.3%	610	1	0.2%
	≥25	1,255	25	2.0%	23,259	174	0.7%	2,160	13	0.6%
	Missing	0	0		0	0		69	1	1.4%
Gender	*Male*	1,476	32	2.2%	23,967	145	0.6%	2,481	13	0.5%
	Female	295	1	0.3%	8,910	52	0.6%	267	2	0.7%
	Transgender	8	1	12.5%	235	6	2.6%	91	0	0.0%
	Missing	0	0		0	0		0	0	
Migrant	*Yes*	233	7	3.0%	12,768	122	1.0%	622	7	1.1%
PWID	*Yes*	1	0	0.0%	1,124	9	0.8%	-	-	-
Sex worker	*MSW*	32	2	6.3%	555	8	1.4%	-	-	-
	FSW	41	0	0.0%	1,147	7	0.6%	-	-	-
	TSW	6	1	16.7%	133	6	4.5%	-	-	-
MSM	*Yes*	1,169	28	2.4%	10,166	107	1.1%	2,038	9	0.4%

		AIDS Hilfe Wien			Àmbit Prevenció			Antisida Lleida		
		Total	Reactive	Reactive	Total	Reactive	Reactive	Total	Reactive	Reactive
		N	n	%	N	n	%	N	n	%
Persons tested		6,128	42	0.7%	173	2	1.2%	551	1	0.2%
Age Group	*<25*	0	0		31	0	0.0%	266	1	0.4%
	≥25	0	0		141	2	1.4%	285	0	0.0%
	Missing	6,128	42	0.7%	1	0	0.0%	0	0	
Gender	*Male*	3,970	36	0.9%	21	1	4.8%	318	1	0.3%
	Female	2,149	6	0.3%	111	1	0.9%	229	0	0.0%
	Transgender	9	0	0.0%	41	0	0.0%	3	0	0.0%
	Missing	0	0		0	0		1	0	0.0%
Migrant	*Yes*	1,529	19	1.2%	143	1	0.7%	150	1	0.7%
PWID	*Yes*	4	0	0.0%	4	0	0.0%	1	0	0.0%
Sex worker	*MSW*	5	1	20.0%	16	0	0.0%	17	0	0.0%
	FSW	1	0	0.0%	98	0	0.0%	42	0	0.0%
	TSW	0	0		37	0	0.0%	3	0	0.0%
MSM	*Yes*	1,833	28	1.5%	61	1	1.6%	119	0	0.0%

		ARAS			Asociación SOMOS LGT			Assexora'Tgn		
		Total	Reactive	Reactive	Total	Reactive	Reactive	Total	Reactive	Reactive
		N	n	%	N	n	%	N	n	%
Persons tested		916	23	2.5%	90	2	2.2%	137	1	0.7%
Age Group	*<25*	364	7	1.9%	30	0	0.0%	44	1	2.3%
	≥25	552	16	2.9%	60	2	3.3%	93	0	0.0%
	Missing	0	0		0	0		0	0	
Gender	*Male*	903	23	2.5%	58	1	1.7%	96	1	1.0%
	Female	0	0		30	1	3.3%	40	0	0.0%
	Transgender	13	0	0.0%	2	0	0.0%	1	0	0.0%
	Missing	0	0		0	0		0	0	
Migrant	*Yes*	39	1	2.6%	21	0	0.0%	50	1	2.0%
PWID	*Yes*	8	0	0.0%	1	0	0.0%	0	0	
Sex worker	*MSW*	28	0	0.0%	9	0	0.0%	3	0	0.0%
	FSW	0	0		3	0	0.0%	13	0	0.0%
	TSW	5	0	0.0%	1	0	0.0%	1	0	0.0%
MSM	*Yes*	903	22	2.4%	53	1	1.9%	75	1	1.3%

		Association Rainbow			Associació Lambda			AVACOS-H		
		Total	Reactive	Reactive	Total	Reactive	Reactive	Total	Reactive	Reactive
		N	n	%	N	n	%	N	n	%
Persons tested		1,345	11	0.8%	210	6	2.9%	661	1	0.2%
Age Group	*<25*	505	7	1.4%	76	2	2.6%	339	0	0.0%
	≥25	840	4	0.5%	128	4	3.1%	322	1	0.3%
	Missing	-	-	-	6	0	0.0%	0	0	
Gender	*Male*	1,250	11	0.9%	195	6	3.1%	370	1	0.3%
	Female	63	0	0.0%	13	0	0.0%	290	0	0.0%
	Transgender	32	0	0.0%	2	0	0.0%	1	0	0.0%
	Missing	-	-	-	0	0		0	0	
Migrant	*Yes*	-	-	-	38	3	7.9%	152	0	0.0%
PWID	*Yes*	-	-	-	2	1	50.0%	0	0	
Sex worker	*MSW*	-	-	-	2	1	50.0%	1	0	0.0%
	FSW	63	0	0.0%	0	0		0	0	
	TSW	-	-	-	2	0	0.0%	1	0	0.0%
MSM	*Yes*	1,282	11	0.9%	190	6	3.2%	159	1	0.6%

		Baltic HIV Association			CAS/ARDS Lluís Companys, Creu Roja			CASDA		
		Total	Reactive	Reactive	Total	Reactive	Reactive	Total	Reactive	Reactive
		N	n	%	N	n	%	N	n	%
Persons tested		686	8	1.2%	74	1	1.4%	153	5	3.3%
Age Group	*<25*	253	4	1.6%	6	1	16.7%	44	0	0.0%
	≥25	431	4	0.9%	68	0	0.0%	109	5	4.6%
	Missing	2	0	0.0%	0	0		0	0	
Gender	*Male*	373	6	1.6%	61	1	1.6%	114	5	4.4%
	Female	307	2	0.7%	13	0	0.0%	39	0	0.0%
	Transgender	4	0	0.0%	-	-	-	-	-	-
	Missing	2	0	0.0%	-	-	-	-	-	-
Migrant	*Yes*	77	0	0.0%	48	1	2.1%	31	3	9.7%
PWID	*Yes*	5	0	0.0%	46	1	2.2%	1	0	0.0%
Sex worker	*MSW*	8	0	0.0%	2	0	0.0%	2	0	0.0%
	FSW	3	0	0.0%	-	-	-	-	-	-
	TSW	-	-	-	-	-	-	-	-	-
MSM	*Yes*	201	5	2.5%	2	0	0.0%	59	5	8.5%

		CCASiPA			Checkpoint Sofia			CJAS		
		Total N	Reactive n	Reactive %	Total N	Reactive n	Reactive %	Total N	Reactive n	Reactive %
Persons tested		352	5	1.4%	5,010	80	1.6%	549	0	
Age Group	*<25*	110	0	0.0%	1,029	10	1.0%	358		
	≥25	242	5	2.1%	3,981	70	1.8%	191		
	Missing	0	0		0	0		0		
Gender	*Male*	171	4	2.3%	2,787	78	2.8%	224		
	Female	173	1	0.6%	2,216	2	0.1%	324		
	Transgender	8	0	0.0%	7	0	0.0%	1		
	Missing	-	-	-	0	0		-		
Migrant	*Yes*	110	0	0.0%	9	0	0.0%	158		
PWID	*Yes*	9	1	11.1%	34	1	2.9%	-		
Sex worker	*MSW*	9	0	0.0%	9	0	0.0%	1		
	FSW	53	0	0.0%	38	0	0.0%	3		
	TSW	8	0	0.0%	-	-	-	-		
MSM	*Yes*	84	3	3.6%	1,514	78	5.2%	66		

		Creu Roja Tarragona			Czech AIDS Help Society			Demetra		
		Total	Reactive	Reactive	Total	Reactive	Reactive	Total	Reactive	Reactive
		N	n	%	N	n	%	N	n	%
Persons tested		25	1	4.0%	5,718	27	0.5%	95	13	13.7%
Age Group	*<25*	6	0	0.0%	1,520	2	0.1%	27	2	7.4%
	≥25	19	1	5.3%	4,198	25	0.6%	67	11	16.4%
	Missing	0	0		0	0		1	0	0.0%
Gender	*Male*	15	1	6.7%	3,894	24	0.6%	81	13	16.0%
	Female	10	0	0.0%	1,818	3	0.2%	14	0	0.0%
	Transgender	-	-	-	0	0		-	-	-
	Missing	-	-	-	6	0	0.0%	-	-	-
Migrant	*Yes*	7	1	14.3%	812	10	1.2%	4	0	0.0%
PWID	*Yes*	-	-	-	75	0	0.0%	6	0	0.0%
Sex worker	*MSW*	3	1	33.3%	62	1	1.6%	-	-	-
	FSW	5	0	0.0%	35	0	0.0%	-	-	-
	TSW	-	-	-	-	-	-	-	-	-
MSM	*Yes*	6	1	16.7%	2,168	19	0.9%	73	13	17.8%

		Deutsche AIDS Hilfe			Ex Aequo			Fondazione LILA Milano		
		Total N	Reactive n	Reactive %	Total N	Reactive n	Reactive %	Total N	Reactive n	Reactive %
Persons tested		1,422	23	1.6%	486	3	0.6%	1,040	6	0.6%
Age Group	*<25*	265	7	2.6%	95	0	0.0%	268	1	0.4%
	≥25	1,100	13	1.2%	381	3	0.8%	771	5	0.6%
	Missing	57	3	5.3%	10	0	0.0%	1	0	0.0%
Gender	*Male*	1,241	19	1.5%	463	3	0.6%	708	6	0.8%
	Female	99	0	0.0%	8	0	0.0%	328	0	0.0%
	Transgender	30	2	6.7%	4	0	0.0%	2	0	0.0%
	Missing	52	2	3.8%	11	0	0.0%	2	0	0.0%
Migrant	*Yes*	650	15	2.3%	-	-	-	181	2	1.1%
PWID	*Yes*	13	2	15.4%	4	0	0.0%	16	1	6.3%
Sex worker	*MSW*	77	2	2.6%	23	1	0	14	0	0
	FSW	-	-	-	3	0	0	3	0	0
	TSW	-	-	-	-	-	-	-	-	-
MSM	*Yes*	1,024	15	1.5%	448	3	0.7%	401	4	1.0%

		Fulcrum UA			Gais Positius			GENDERDOC-M		
		Total N	Reactive n	Reactive %	Total N	Reactive n	Reactive %	Total N	Reactive n	Reactive %
Persons tested		2,539	100	3.9%	419	9	2.1%	2,475	20	0.8%
Age Group	*<25*	745	24	3.2%	114	1	0.9%	-	-	-
	≥25	869	38	4.4%	305	8	2.6%	-	-	-
	Missing	925	38	4.1%	-	-	-	2,475	20	0.8%
Gender	*Male*	2,448	99	4.0%	361	9	2.5%	2,472	20	0.8%
	Female	71	1	1.4%	58	0	0.0%	-	-	-
	Transgender	20	0	0.0%	-	-	-	3	0	0.0%
	Missing	0	0		-	-	-	-	-	-
Migrant	*Yes*	-	-	-	156	5	3.2%	-	-	-
PWID	*Yes*	-	-	-	-	-	-	-	-	-
Sex worker	*MSW*	-	-	-	3	0	0.0%	-	-	-
	FSW	-	-	-	-	-	-	-	-	-
	TSW	-	-	-	-	-	-	-	-	-
MSM	*Yes*	2,000	92	4.6%	292	9	3.1%	2,475	20	0.8%

		HERA			HUHIV			InMouraria		
		Total N	Reactive n	Reactive %	Total N	Reactive n	Reactive %	Total N	Reactive n	Reactive %
Persons tested		3,220	9	0.3%	1,019	13	1.3%	693	9	1.3%
Age Group	*<25*	1,036	4	0.4%	236	3	1.3%	79	1	1.3%
	≥25	2,184	5	0.2%	783	10	1.3%	609	8	1.3%
	Missing	-	-	-	-	-	-	5	0	0.0%
Gender	*Male*	2,409	9	0.4%	724	12	1.7%	465	7	1.5%
	Female	754	0	0.0%	295	1	0.3%	228	2	0.9%
	Transgender	57	0	0.0%	-	-	-	-	-	-
	Missing	-	-	-	-	-	-	-	-	-
Migrant	*Yes*	-	-	-	2	0	0.0%	323	6	1.9%
PWID	*Yes*	926	0	0.0%	20	0	0.0%	113	2	1.8%
Sex worker	*MSW*	49	0	0.0%	-	-	-	24	1	4.2%
	FSW	608	0	0.0%	-	-	-	24	0	0.0%
	TSW	10	0	0.0%	-	-	-	-	-	-
MSM	*Yes*	1,627	9	0.6%	479	12	2.5%	75	3	4.0%

		Intendente			LxCheckpoint			Move-se		
		Total	Reactive	Reactive	Total	Reactive	Reactive	Total	Reactive	Reactive
		N	n	%	N	n	%	N	n	%
Persons tested		2365	50	2.1%	4,381	101	2.3%	6,662	35	0.5%
Age Group	*<25*	668	7	1.0%	1235	20	1.6%	1,052	4	0.4%
	≥25	1651	42	2.5%	3135	81	2.6%	5,128	30	0.6%
	Missing	46	1	2.2%	11	0	0.0%	482	1	0.2%
Gender	*Male*	1134	26	2.3%	4161	99	2.4%	3,161	18	0.6%
	Female	1230	24	2.0%	219	2	0.9%	3,420	17	0.5%
	Transgender	-	-	-	-	-	-	-	-	-
	Missing	1	0	0.0%	1	0	0.0%	81	0	0.0%
Migrant	*Yes*	1402	43	3.1%	1536	53	3.5%	3,358	20	0.6%
PWID	*Yes*	30	1	3.3%	22	0	0.0%	65	1	1.5%
Sex worker	*MSW*	183	11	6.0%	33	0	0.0%	16	0	0.0%
	FSW	319	1	0.3%	1	0	0.0%	105	0	0.0%
	TSW	-	-	-	-	-	-	-	-	-
MSM	*Yes*	394	18	4.6%	3904	96	2.5%	167	4	2.4%

		Mujer Gades			NAC Poland			OMSIDA		
		Total N	Reactive n	Reactive %	Total N	Reactive n	Reactive %	Total N	Reactive n	Reactive %
Persons tested		79	0		37,666	525	1.4%	444	11	2.5%
Age Group	*<25*	13			12,115	126	1.0%	137	2	1.5%
	≥25	66			25,551	399	1.6%	306	9	2.9%
	Missing	0			-	-	-	1	0	0.0%
Gender	*Male*	11			24,173	460	1.9%	317	9	2.8%
	Female	68			13,493	65	0.5%	126	2	1.6%
	Transgender	0			-	-	-	1	0	0.0%
	Missing	0			-	-	-	-	-	-
Migrant	*Yes*	61			1,077	7	0.6%	104	7	6.7%
PWID	*Yes*	0			10	1	10.0%	4	0	0.0%
Sex worker	*MSW*	1			-	-	-	20	0	0.0%
	FSW	57			-	-	-	4	1	25.0%
	TSW	0			-	-	-	-	-	-
MSM	*Yes*	9			7,988	253	3.2%	179	6	3.4%

		Plate-Forme Prévention Sida			StopSIDA			Legebitra		
		Total N	Reactive n	Reactive %	Total N	Reactive n	Reactive %	Total N	Reactive n	Reactive %
Persons tested		421	3	0.7%	869	30	3.5%	938	11	1.2%
Age Group	*<25*	101	0	0.0%	201	10	5.0%	223	0	0.0%
	≥25	320	3	0.9%	667	20	3.0%	715	11	1.5%
	Missing	-	-	-	1	0	0.0%	0	0	-
Gender	*Male*	313	2	0.6%	602	24	4.0%	938	11	1.2%
	Female	106	1	0.9%	180	1	0.6%	0		
	Transgender	-	-	-	87	5	5.7%	0		
	Missing	2	0	0.0%	0	0		0		
Migrant	*Yes*	194	2	1.0%	491	27	5.5%	-	-	-
PWID	*Yes*	-	-	-	3	0	0.0%	-	-	-
Sex worker	*MSW*	-	-	-	71	12	16.9%	-	-	-
	FSW	-	-	-	10		0.0%	-	-	-
	TSW	-	-	-	83	5	6.0%	-	-	-
MSM	*Yes*	43	0	0.0%	557	29	5.2%	938	11	1.2%