



COBATEST

NETWORK

Minutes from the COBATEST Annual Meeting 2020

Date: December 3rd 2020, 10:00h – 14:00h

Place: online via Zoom

Participation: 40 representatives of COBATEST network attended the meeting

Agenda

1. Welcome and Introduction

Presenter(s):

Michael Krone, AIDS Action Europe, Germany.

2. Presentation 1: Results and overview of European-region survey assessment to measure the impact of the COVID-19 pandemic on testing services for HIV, viral hepatitis and sexually transmitted infections.

Presenter(s):

1. Daniel Simões, GAT, Portugal.

2. Laura Fernández López, CEEISCAT, Spain

3. Presentation 2: Member presentations on good practices and challenges during times of COVID-19.

Presenter(s):

1. Andrii Chernyshev and Andrii Bogoslavets, Alliance Global, Ukraine.

2. Manuel Gómez Ortega, Adhara – Sevilla Checkpoint, Spain.

3. Davor Dubravić, Croatian Association for HIV and Viral Hepatitis, Croatia.

4. Veaceslav Mulear, GENDERDOC-M, Moldova.

5. Magdalena Ankiersztejn-Bartczak, Foundation for Social Education, Poland.

6. Lella Cosmaro, Lila Milano, Italy.
- 4. Presentation 3: COBATEST members exchanging ideas on pros and cons of opening community based testing facilities for SARS-CoV-2 testing.**
Presenter(s):
 1. Sebastian Meyer, Stop Sida, Spain.
 2. Christos Krasidis, AIDS Solidarity Movement, Cyprus.
- 5. Presentation 4: Overview of COBATEST Network Report 2019**
Presenter(s):
 Megi Gogishvili, CEEISCAT, Spain
- 6. Presentation 4: COBATEST network, next steps**
Presenter(s):
 1. Michael Krone, AIDS Action Europe, Germany (COBATEST governance)
 2. Jordi Casabona, CEEISCAT, Spain (IV COBATEST meeting, on-going topics, and closing remarks)

Presentation Remarks

1. Welcome and Introduction

Remarks on online setting of the meeting: The COBATEST Steering Committee decided to focus on COVID-19 and its impact for this year's meeting. Another online meeting will be conducted in March/April 2021 on other important issues.

2. Presentation 1: Results and overview of European-region survey assessment to measure the impact of the COVID-19 pandemic on testing services for HIV, viral hepatitis and sexually transmitted infections.

- Daniel Simões presented on the process of the European-region survey assessment and its main preliminary results. He stated that main objective of the European-region survey assessment was to assess the impact of COVID-19 on HIV, viral hepatitis and STI testing in the WHO European Region. The findings of the assessment showed first 3 months of COVID-19 massive decrease was present in testing (over 60% countries stated that less than 50% people were testing during this time period). Decrease persisted in June and August, however few organizations experienced a slight increase in number of persons testing in their facilities. Community-based organizations have been most impacted during COVID-19. In general, need of financial support and additional human resources has been expressed.
- The article with the results of the European-region survey assessment is available at <https://www.eurosurveillance.org/content/10.2807/1560-7917.ES.2020.25.47.2001943>.
- Daniel also mentioned their collaboration with WHO on collecting case studies on good practices during COVID-19. The survey is available until end of the year at <https://virtuallibrary.euro.who.int/index.php/vl/CallForSubmissions>.
- Daniel also pointed to the 7th biennial conference on optimal testing and earlier care hosted by the EuroTEST Initiative happening in Lisbon, Portugal & virtually on 5-7

May 2021. More details available at <http://www.eurotest.org/Conferences/HepHIV-2021-Lisbon-Conference>.

- More details on the findings and conclusions can be found in Daniel's PowerPoint presentation.
- Laura Fernández López presented data analyzed from the European-region survey assessment from all community sites compared to the preliminary results presented from Daniel that looked at just on one part of the dataset.
- Key findings presented by Laura Fernández López:
 1. 71 CBOs from 28 different countries completed the survey. The most of the sites were testing for HIV, Hepatitis C and Syphilis.
 2. Main key groups of the majority of the sites were gay, bisexuals, MSM.
 3. All participating CBOs but one (98.59%) reported movement restrictions imposed in their countries that could affect people access to services.
 4. Decrease has been found in number of persons testing compared to same period in 2019 - from 68% to 81%.
 5. Main reason for observed declines in testing volume was site closed during lockdown (69%).
 6. More details on the findings and conclusions can be found in Laura's PowerPoint presentation.

Additional notes originated from Q&A:

It has been pointed out that main concern with findings of the assessment is future impact or the importance of decrease in testing. The decrease will have negative impact on individual population and on the public health in general, due to the contagious nature of the infectious diseases and the significant effect on individual health. Lack of access to testing also decreases access to prevention and treatment. Rapid mitigation plans and continuity in testing services provision are important during such crises. Many organizations are adapting to the new reality, coming up with solutions.

3. Presentation 2: Member presentations on good practices and challenges during times of COVID-19.

Christos Krasidis, AIDS Solidarity Movement, Cyprus, moderated following presentations.

1. Andrii Chernyshev and Andrii Bogoslavets, Alliance Global, Ukraine.
- Andrii presented background information on Alliance Global and data on cascade of HIV care in Ukraine. He further described programs developed or adjusted to COVID-19 period in Ukraine, specifically: SafeBox (self-testing kits for HIV); the national information and advertising campaigns on MSM involvement to testing for HIV, viral hepatitis and STIs **Gettest** and on involvement to the pre-exposure HIV prophylaxis **PrEP.com.ua**; PrEP-taxi and getting a free premium account on Hornet;

the awareness raising projects, and the shelter programs providing temporary residence to MSM and transgender population in Ukraine.

- More details about the programs can be found in Andrii Chernyshev and Andrii Bogoslavets PowerPoint presentation.

2. Manuel Gómez Ortega, Adhara – Sevilla Checkpoint, Spain.

- Manuel could not attend the meeting.

3. Davor Dubravić, Croatian Association for HIV and Viral Hepatitis, Croatia.

- Davor presented background information on Croatian Association for HIV and Viral Hepatitis. He presented information on how the Association adapted to limitations imposed by COVID-19 by modifying their risk assessment program, implemented HIV self-testing, and digitalized their checkpoint (online appointments, psychosocial support by phone, feedback surveys on the changes implemented, awareness raising ads).
- More details about the programs can be found in Davor's PowerPoint presentation.

4. Veaceslav Mulear, GENDERDOC-M, Moldova.

- Veaceslav could not attend the meeting.

5. Magdalena Ankiersztejn-Bartczak, Foundation for Social Education (FSE), Poland.

- Magdalena presented background information on Foundation for Social Education and summary of care provided in Poland in the field of HIV and other infectious diseases. She presented information on how FSE adapted to limitations imposed by COVID-19 by providing opportunity to order HIV self-testing to be delivered at home free of charge. They also started providing services by phone through implementing testing help line, and increased awareness raising projects.
- More details about the programs and data on testing services provided in the center can be found in Magdalena's PowerPoint presentation.

6. Lella Cosmaro, Fondazione LILA Milano, Italy.

- Lella presented background information on LILA Milano and summary of the care provided. Lella presented the protocol they developed to ensure that testing services are provided during lockdowns of COVID-19. She also discussed key processes of the protocol. Lella also mentioned that there are a lot volunteers and staff members who are willing to work during lockdowns, however they are also people who do not want to risk their health during such crises. The protocol is called a "work in progress document" because if the situation changes and requires additional measures, it will be modified and new approval of the protocol will be requested. Remote self-testing services are also provided by the center. This protocol has been shared with other centers in Italy and all the main community testing sites are employing the same new procedures to provide testing services during the times of COVID-19.
- More details about the protocol can be found in Lella's PowerPoint presentation.

Additional notes originated from Q&A:

Foundation for Social Education (FSE), Poland

- HIV criminalization in Poland was discussed. Magdalena pointed out that a mobile unit has been introduced because people are not coming in for testing. Because of homophobia in the country, awareness raising ads are not directed towards key-populations. If FSE organizes their own initiatives or direct awareness raising projects towards key-populations, they are being audited by Ministry of Justice. She also expressed lack of available data on the key-populations (even if such research has been done) due to homophobia and lack of interest in these groups by the government.
- In case of reactive test results in Poland, FSE refers them to nearest open healthcare center to perform a lab test. Clients can also come-in to FSE to re-test, however according to Magdalena, healthcare centers will perform this test much quicker.
- Not having an insurance is not an issue in Poland, and Magdalena expresses that they do not have many clients who are migrants. However, if a client lacks insurance they put them in contact with a doctor and a social worker to receive further guidance on how to apply for an insurance. She also mentioned that in case of out-of-pocket payment for the insurance, the price is fairly inexpensive in Poland.
- The center utilized public media to raise awareness about their self-testing program, and it has proven to be effective.

Croatian Association for HIV and Viral Hepatitis, Croatia

- Davor commented on the availability of the feedback from participants who use HIV self-tests. He commented that the center includes a separate instruction leaflet in the kit box for self-testing, explaining in detail where (website) and how they can log-in and provide their results. While Davor does not yet have official results since the project is still on-going, he comments that most of the utilizers of self-test kits provide the results through the indicated webpage.
- In case of reactive tests Davor commented that clients have the phone number of an infectiology resident on-call to give them a guidance on what to do if the result is reactive. The center also provides phone numbers of 3 on-call psychologists for therapeutic support.
- The center does not have many cases where clients lack insurance; however if such case arises, these persons are referred to a doctor who further guides them throughout the process.

LILA Milano, Italy

- Lella commented that people are very receptive of measures implemented due to COVID-19. She refers to taking clients' temperature upon entry in the center, protective clothing and gloves worn by staff and volunteers, masks and periodic sanitation procedures of the premises.
- Promotion on social media is sufficient for attracting clients (however, self-testing is a new project thus promotion just started).

- Lella also mentioned that it was not difficult to set up their new program developed due to COVID-19, because of good relations with National Institute of Infectious Diseases.
- Lella raised a problematic issue of connecting clients to care in the rural areas of Italy, since LILA Milano does not possess updated contact information of all doctors across the country. Daniel Simões shared their experience to this point. He commented that after 2 to 3 years of collecting contact information of all the hospitals and all the responsible departments within the health centers, they created a comprehensive list, which was then shared as an official document/referral circuit by the Ministry of Health of Portugal.

Milano checkpoint, Italy

- Pietro Vinti shared the center's unexpected experience of effective promotion of their testing services. He explained that a beauty influencer visited their center for HIV-testing. Afterwards she shared her experience on Instagram. Her post generated bookings for testing appointments in the following two weeks in just one day. This person had 20 000-25 000 followers on Instagram. The same thing - immediate bookings for 3 week testing appointments - happened after another influencer tagged the checkpoint on Instagram after the visit to the center. Pietro raised the question of worthiness to create an alliance with 'influencers' to reach the general population and raise awareness on provided services. Daniel Simões showed an interest in the topic, but emphasized the need of educating ourselves on using tools such as Instagram and necessity of developing clear processes on utilizing these type of sources for testing promotion purposes.

4. Presentation 3: COBATEST members exchanging ideas on pros and cons of opening community based testing facilities for SARS-CoV-2 testing.

Jordi Casabona Barbara, CEEISCAT, Spain, moderated the following role-play debate, for the sake of exchanging ideas.

1. Sebastian Meyer, Stop Sida, Spain.
 - Sebastian argued pro utilizing community-based testing facilities for SARS-CoV-2 testing. He proposed to perform an acceptability and feasibility study to see how current clients of community testing sites react to having COVID-19 testing in their centers. Sebastian argued that community-based testing facilities are serving vulnerable populations who otherwise might not have easy access to the services (such as trans women, male sex workers, chemsex users, migrants). Thus he proposes providing COVID-19 testing only to these populations as a complementary service, instead of promoting it to the general population. However, he does point out that community-based testing facilities staff and Community Health Workers will require training on how to perform COVID-19 testing before such services can be provided to the target populations.
2. Christos Krasidis, AIDS Solidarity Movement, Cyprus.
 - Christos argued against utilizing community-based testing facilities for SARS-CoV-2 testing. Contra arguments and questions raised by Christos were as follows:

- A. Capacity of the centers: not all community-based testing facilities have enough space or staff to perform COVID-19 testing together with their regular testing services. Their capacity and ability to grow and gain the necessary skills to provide such services in a very limited timeframe is questionable.
- B. Possible loss or damage of the safe-space already created by the centers, provided to clients of specific groups and communities: for example, sex workers and/or the transgender population access community-based facilities because they feel they provide a safe space for them, offering a non-judgmental environment. Many of the marginalized groups the centers serve do not have access to the services we offer elsewhere, or if they do, they are often miss-treated in public hospitals, or other type of state/private health centers. Thus, if we open our doors to the general population, this could negatively affect the safer space we have created for the communities and groups we are already serving. How will Men who have Sex with Men, Trans people, Migrants, Sex Workers, People who use drugs and/or engage in ChemSex feel, when our centers become ‘walk-in centers’ for the general population? Would this effect their sense of security, their sense of trust, their sense of a safe-space?
- C. Legal Frame: In many countries, a lot of CBVCT Centers / Checkpoints are operating in a grey zone, legally. Will performing COVID-19 tests solve these legal issues or raise additional legal issues?
- D. Community Health Workers’ Training: To train staff in order to provide COVID-19 testing could be an opportunity to attract governmental funding and to receive recognition of the important work community-based facilities do. Specifically, are we able to manage possible damage to the primary mission of community testing sites caused by opening up to the general population? Are we willing to take the risks? Are we prepared? Will we be able to continue providing high quality services to our community and the populations we already serve?

Additional notes originated from Q&A:

- Pietro, Milano Checkpoint, raised a question on the impact of results of COVID-19 testing on the served vulnerable populations. He argued that the clients might develop a false sense of security after testing negative for COVID-19, leading to possible transmission of the infection to others in the future (in case they get infected with COVID-19 after testing). He gave an example of sex workers or chemsex users who maintain relationships with many people, due to the nature of their work or lifestyle. Pietro suggested to perform tests for COVID-19 just to the symptomatic portion of vulnerable populations that centers already serve. Sebastian answered Pietro’s comment by saying that this is an important limitation. According to his experience, many sex-workers or chemsex users are worried about COVID-19, however they do not have access to testing due to lack of health insurance. Sebastian argued that this barrier should be taken away and COVID-19 testing should be provided to vulnerable populations (who are at risk for SARS-CoV2) by the centers they currently access. Caroline Simons (Violet, Belgium), also argued that there is no difference between the reactions (referring to a false-sense of security) of the vulnerable populations and those of the general population.

5. Presentation 4: Overview of COBATEST Network Report 2019

Megi Gogishvili, CEEISCAT, Spain

- Megi presented findings and recommendations from data provided by 50 COBATEST network members in 2019. Total of 129,366 people were tested. Majority male (72%), 40.7 % MSM, and only 1.1% of transgender people tested were PWID.
- More details on the findings and further recommendations can be found in Megi's PowerPoint presentation.

6. Presentation 4: COBATEST network, next steps

Michael Krone, AIDS Action Europe, Germany (COBATEST network governance)

- Michael took up the discussions during the last meeting in December 2019 regarding the COBATEST Membership ToR. Mainly, five issues were debated: whether members need to be registered in their countries, whether only non-for-profit organizations should be able to become members, the definition of CBVCT, quality of data and voting rights.
- The results of that discussion were worked into the ToR by the Steering Committee. The draft had been sent out to the members before the meeting. No concerns were raised during the meeting. Members of the COBATEST network were given the chance to give feedback on the draft by December 18th 2020 via email.
- With regard to the other governance documents, the Steering Committee (SC) finalized the ToR for the current, transitioning Steering Committee. Until March-April 2021, the SC plans to develop the ToR for the Secretariat and the future SC, as well as the election procedures for the future SC.
- More details on COBATEST network governance can be found in Michael's PowerPoint presentation.

Jordi Casabona, CEEISCAT, Spain (IV COBATEST meeting, on-going topics, and closing remarks)

- Jordi proposed developing a policy brief based on this meeting concentrating on the impact of COVID-19 on CBVCT services.
- The 2nd half of COBATEST network yearly meeting will take place on April 22, 2021, again online.
- Jordi thanked everyone for organizing, for participating, and for attending the meeting.