Minutes from the COBATEST Annual Meeting 2020, part 2

Date: June 18th, 2021, 10:00h – 13:00h
Place: online via Zoom
Participation: 35 representatives of COBATEST network attended the meeting

Agenda

1. Welcome and Introduction

a. Introduction to the topic of the Meeting: Community service provision in times of the Covid pandemic.
b. Underneath this overarching theme of the meeting, we envisage to facilitate discussion on the following topics in two sub-groups. Each participant will be randomly allocated to a group for a period of time, after which they will switch. This will allow collection of the input of all COBATEST members in all topics discussed. The main theme of the meeting is separated into two strands.
Presenter:
Jordi Casabona, CEEISCAT, Spain

2. Working Groups

Topic 1: Strategies and technologies utilized in CBVCTs during time of COVID pandemic.
Naming the challenges and experiences during COVID:

a. Testing during pandemic;
b. Self-testing and self-sampling;
c. Counselling around PrEP;
d. Counselling around Chemsex.

Moderators:
Christos Krasidis, ASM, Cyprus and Daniel Simões, GAT, Portugal.
Reporter:
One of the attendees.

Topic 2: Data driven advocacy during time of COVID pandemic.
a. Data collection and data quality assurance;
b. How to use data to advocate for CBVCT services;
c. How checkpoints can analyse their data and what to learn from it;
d. Testing (securing number of tests needed, type of tests used, provision).

Moderators:
Lella Cosmaro, Lila Milano, Italy and Laura Fernandez, CEEISCAT, Spain.
Reporter:
One of the attendees.

2. Moderators and reporters are switched for the groups so all attendees can provide their opinions and experiences with the topics of Group 1 and Group 2.

3. Presentation of working group results in plenary.
Presenter:
Carlo Kantwerk, Deutsche Aidshilfe, Germany.
Presenter:
Maria Viscoli, ANLAIDS Sezione Regionale Ligure ONLUS, Italy.
Presenter:
Makinder Chahal, Trade Sexual Health, United Kingdom.

4. Governance.
Presenter:
Oksana Panochenko, AidsActionEurope, Germany.

5. Summary and AOB.
Presenter:
Sebastian Meyer, StopSida, Spain.

Meeting Remarks

1. Welcome and Introduction

a. Welcome

Megi Gogishvili welcomed participants and made remarks on format and on technical part of the online meeting. An especially welcome was extended to new members of COBATEST network. Megi went through the agenda of the meeting. The COBATEST Steering Committee decided to focus on community service provision in times of the COVID pandemic, specifically on two topics:

a. Strategies and technologies utilized in CBVCTs during time of COVID pandemic.
b. Data driven advocacy during time of COVID pandemic.

Oksana Panochenko presented herself as a new representative of Aids Action Europe, replacing Michael Krone, and welcomed all participants. Oksana highlighted that during first half of this yearly meeting in November 2020 the steering committee chose to concentrate more on presentations made by the network members, but this meeting aimed to give all participants an opportunity to share their experiences, concerns, and more practical solutions of challenges faced during COVID-19 pandemic.

b. Introduction

Jordi Casabona, started introduction to the meeting with thanking Michael Krone for years of hard work with COBATEST network. Jordi continued with a short presentation on HIV and COVID, highlighting the drastic decrease in HIV testing since the start of the pandemic. Key points made in the presentation were:

- Health system and reporting system has been disrupted because of the pandemic, especially during lockdown.
    a. Data on HIV testing disruption was presented and analyzed in Euro surveillance report with participation of COBATEST network. The report assessed impact of COVID on HIV-testing on different level of health services (community, primary healthcare, secondary healthcare, national level institutions). The huge decrease of testing at all levels of the cascade was found particularly among community services. Findings from this report was presented in HepHIV meeting by Laura Fernandez, analyzing subset of the data collected as part of Euro surveillance report, highlighting not only impact of the COVID on HIV testing in community-based testing services,

but also reasons of the decrease in testing such as lack of staff members, lack of resources, users feeling uncomfortable especially when they were redirected to hospital or clinical settings. New strategies employed by the community centers were also mentioned during HepHIV conference such as home testing, self-testing, and other similar campaigns. Besides content of this data analyze, Jordi thought it was also important to highlight this research project because it reflected mostly the work of COBATEST network and was named as best communication of the HepHIV conference. Jordi thanked contribution made by the COBATEST network.

- COVID is not pandemic, but syndemic because it impacts or is impacted by other epidemics like obesity, and variables like socio-cultural factors, economical level, and so on. It was evident right from the beginning that COVID would impact all aforementioned levels. Different type of research has been designed to assess impact of COVID-19 on HIV-testing and also to find ways towards recovery. Some of them are:
  a. The European men-who-have-sex-with-men internet survey (EMIS survey) that analyzed even inequalities within MSM as well reasons of why they don't go to test. Among many reasons of not testing, Jordi highlighted some of them like: younger age, being unemployed, and living in small cities.
  b. UN Research Roadmap for the COVID-19 recovery underlined several priorities in its framework. Jordi thought that the three priorities which talked about health services were most relevant for COBATEST network. Specifically: 1.How should health systems be designed so that they are responsive, adaptable ,and accessible when needed; 2. How can health systems eliminate discrimination in the service delivery and become drivers of critical thinking and society; and 3. How can health systems engage communities, build trust and support, and collective response to manage health threats. Jordi thought that COBATEST network is in very good condition to discuss and try to fit this framework. Furthermore, he is positive that the network could integrate into this research if they could identify projects, experiences, data which could illustrate some of the issues highlighted in UN research Roadmap.

2.

Topic 1: Strategies and technologies utilized in CBVCTs during time of COVID pandemic.

Group 1 was led by Christos Krasidis, ASM, Cyprus and Daniel Simões, GAT, Portugal. Presenter selected for the first topic for group 1 was Carlo Kantwerk, Deutsche Aidshilfe, Germany. Below is given summary of the discussion of group 1 on the first topic, strategies and technologies utilized in CBVCTs during time of COVID pandemic. Main points made were:

- **Magdalena Poczta, FSE, Poland.** *Challenges:* questionable effectiveness of therapists working online, centres closed during lockdown, looking for funding for self-testing as funds provided by National Aids Centre (NAC) are

unpredictable. *Strategies employed:* designating special help-line for testing, mailing 1500 free test kits (60% of users who took the test were new to HIV-testing), getting employees of the CBVCT vaccinated. *Uncertainties:* lack of new opening plans for CBVCTs, need for more testing, more harm reduction activities.

- **Davor Dubravic, HUHIV, Croatia.** *Challenges:* less interest in HIV-testing, more reactive results this year caused by decrease in testing during 2020, travelling to testing centres became more difficult for people living in rural areas, only one user could enter a centre due to COVID-19. *Strategies employed*: providing self-testing option to the users but mostly utilized among MSM in Croatia and just in Zagreb (hoping to have this option in the whole country). *Uncertainties:* Unclarity in incidence of other STI infection due to decrease in testing during the pandemic, and uncertainty if people were still focused on risk of getting HIV or other STIs during the pandemic.
- **Simón Englebert. SidaSol, Belgium.** *Challenges:*decrease in testing during long period of time when COVID-19 started, lack of motivation for users to come in for testing, and delays in referral for PrEP.
- **Sherihane Bens, Aide Info SIDA, Belgium.** *Challenges:*no testing possible during lockdown from march to July 2020, people afraid to come in for testing due to pandemic (people started showing interest in testing again but less appointments made during the end of the year), less questions were asked about PrEP. *Strategies employed:* consultations over the phone until summer (July) when testing started again, information about self-tests were disseminated but no self-tests sold. *Uncertainties:* hoping for more interest in testing during summer as people want to interact more among each other.
- **Rubén Mora, Stop SIDA, Spain.** *Challenges:* no testing was possible during lockdown and PrEP services stopped as well, *Strategies employed:* offering online counselling (especially for sex workers). *Uncertainties:* they hope testing will restart again.
- **Tresors Kouadio, Plateforme Prevention SIDA, Belgium.***Challenges:*no testing possible during lockdown from march to July 2020, difficulty to recruit medical staff. *Strategies employed:* self-testing services. *Uncertainties:* how to open testing services with more STIs testing, how to better reach out to women with information on HIV and STIs testing.
- **Ditte Maria Bjerno Nielsen, AIDS Fondet, Denmark.** *Challenges:* no testing done during 4 weeks in march, counselling process during pandemic was very difficult due to the barriers like masks, required documentation and lack of ability to have close communication with people visiting the centre. *Other:* Surprisingly, more people were tested in 2020 than in 2019.
- **Daniel Simões, GAT, Portugal.***Challenges:* Complete shutdown led to decrease in testing, requirement of appointment has been established and open doors policy has been cancelled leading to problems for many users to test due to difficulties with scheduling, no support was provided from the government to set up new and safe ways to communicate with users. *Strategies employed:* providing masks as harm reduction, testing teams divided to avoid risk of

COVID infection. *Other:* first 3 months of 2021 was not productive in testing but increase in testing is showed since April.

- **Carlo Kantwerk, Deutsche Aidshilfe, Germany.***Strategies employed:* health self-sampling service due to changes in consultation process that led to big increase in users utilizing the services, self-test kits mailed to users, phone consultations provided leading to increase in users utilizing the services and also seemed to reach the right clients. Sixty percent of users tested in 2020 were new to testing or did not test within the last 12 months.

Group 2. Presenter selected for topic 1 for group 2 was Makinder Chahal, Trade Sexual Health, United Kingdom. Below is given summary of the discussion of group 2 on the first topic, strategies and technologies utilized in CBVCTs during time of COVID pandemic. Main points made were:

- **Riga, Latvia.** *Challenges:*No testing was done because checkpoint was closed during 2 months because of lockdown (the center reopened in summer). They also highlighted that people were not coming in for testing because they were not sure what was legal or illegal during the lockdown or in-between. *Strategies employed:*Checkpoint dedicated to drug users remained open and they utilized literal 'hole in the door testing' strategy. During winter time rest of the center started accepting visits but with shorter consultation times (20 minute slots). Currently everything is functioning as before.
- **Leicester, UK**. *Challenges:* They couldn't perform in-person testing anymore. Self-testing kits employed had problems because sometimes people didn't collect enough blood for testing. Also the center couldn't collect information on the testing results because it was automatically send to the local health service center. They also lacked provision to provide free condoms and lube in community spaces and bars. *Strategies employed:* The center started sending out STI/HIV self-testing kits to the physical location of users. They also started providing demo videos and remote assistance for the users so they would perform tests correctly.
- **Spain.** *Challenges:* The centers were closed down during 3 months and no tests could be performed in-person. After re-opening, they found decrease in tests performed in general population due to movement limitations/restrictions imposed by the government. *Strategies employed:* After re-opening, they took safety measures including maintenance of social distance/hygiene and office ventilation improvement. *Other:* After re-opening they found increase in the number of sex workers accessing testing services.
- **Ukraine.** *Challenges:* No testing was done because checkpoint was closed during 2 months because of lockdown (the center reopened in summer). *Strategies employed*: Self-testing kits for STI and HIV was proposed to the users. They also provided face masks and hand sanitizers together with the HIV and STI testing kits. Doctors' online assistance (Viber/WhatsApp) was provided in order to facilitate correct use of the testing kits.

- **Ex Aequo, Belgium.** *Challenges:* After 1st lockdown testing was available only by appointment. They tested only 121 users. Tests were performed only in the center and not in outreach venues. They had shortage in counselling provisions. In addition drug-use and Chemsex were identified as problematic issues at the moment. The center was unable to provide effective risk reduction tools during times of the pandemic. *Strategies employed:* The center started provision of self-testing kits and increased online support provided to encourage screening.
- **Cyprus.** *Challenges:*Services provided changed from drop-in to appointment-only format and they started requiring indication of contact information. This new procedures affected negatively on the feeling of security for the people getting tested. In addition, all outreach pop-up testing locations were closed down. They also encountered problem with testing north part of Cyprus because people were not allowed to cross during the lockdown. In addition due to lack of funding they couldn't implement many new strategies like self-testing to overcome the problems of not being able to perform more testing in-person or not being able to reach northern side of Cyprus. They also identified increase in risky behavior among users while at the same time they couldn't implement advocacy for accessing PREP/Chemsex services because all attention was directed to COVID procedures. They also lacked provision to provide free condoms and lube in community spaces and bars. *Strategies employed:* COVID protocol has been implemented to deal with the situation in organized manner. All trainings or meetings were moved online for the safety of staff members but this impacted productivity of the center.
- **Denmark.** *Challenges:*Clinics were closed until winter 2020-2021. With second lockdown only general health service centers were allowed to reopen but with restrictions. They also found increase in incidence on many fronts, specifically among: STI (Chlamydia, Gonorrhea, Syphilis) cases, medication adherence decreased, drug use increased (price for crystal meth dropped significantly almost taking over cocaine), cases with problems with mental health (anxiety, increased feeling of loneliness impacted sexual behaviors), and increase in late-HIV diagnoses. They also found increased use of PREP because people were shamed into having sexual life while breaking restrictions due to COVID that resulted in increased demand for the medication. In addition, the centers had problems connecting with users in rural areas because their previous suppliers were serving processes employed to battle COVID.
- **Netherlands.***Challenges:* They no longer could provide in-person testing for asymptomatic for Chlamydia and Gonorrhea.
- **Moldova.***Strategies employed:* They began testing in the street to decrease COVID risks. Delivery of PrEP to the communities became also an issue.

Topic 2: Data driven advocacy during time of COVID pandemic.

Group 1 was led by Lella Cosmaro, Lila Milano, Italy and Laura Fernandez, CEEISCAT, Spain. Presenter selected for topic 2 for group 1 was Carlo Kantwerk, Deutsche Aidshilfe, Germany. Below is given summary of the discussion of group 2 on the second topic, data driven advocacy during time of COVID pandemic. Main points made were:

- *Data collection and data quality assurance*
    a. Davor Dubravic, HUHIV, Croatia reported no problem in terms of data collection and submission to COBATEST because they are very familiar with data collection and reporting procedures.
    b. Ditte Maria Bjerno Nielsen, AIDS Fondet, Denmark, didn't identify any problems with data collection during Covid-19, but did highlight that limited time available for a conversation with each user was an issue in terms of asking all the questions on the form.
    c. Sherihane Bens, Aide Info SIDA, Belgium, explained that they have specific staff members responsible for data input and that questions on the form are very straight forward and simple to fill in. They are filling in the data directly into COBATEST tool. Sherihane, permits the idea that there might be some inconsistencies in data, but they perform monthly quality checks of the information inputted in the system.
    d. Carlo Kantwerk, Deutsche Aidshilfe, Germany, expressed difficulty in providing data for COBATEST because the data collection form does not fit into forms utilized by many CBVCTs in Germany. Carlo expressed helpfulness to have a call with COBATEST coordination to see which information would be helpful to provide or collect for them, because they see the data collection form as too extensive. Carlo expressed that they can't ask a user to stay for a long time-period and this could create a problem in the future or effect HIV-testing. He also thought it would be great to have a short training on abilities of COBATEST tool and how it can be useful for them.
- *How to use data to advocate for CBVCT services*
    a. Ditte Maria Bjerno Nielsen, AIDS Fondet, Denmark, is not publishing data collected by the centre, but they do report this data to national institute, to local stakeholders, and data is also shared with other CBVCTs.
    b. Sherihane Bens, Aide Info SIDA, Belgium, stated that no proper analysis of collected data is done but they do follow trends identified, and use data for annual reports.
- *How checkpoints can analyse their data and what to learn from it*
    a. Lella Cosmaro, Lila Milano, Italy highlighted importance of use of collected data to evaluate testing services provided and to analyse found trends in testing.
    b. Tresors Kouadio, Plateforme Prevention SIDA, Belgium, talked about importance of including collected annual data in national reports on HIV-testing.
- *Testing (securing number of tests needed, type of tests used, provision)*

a. Ferenc Bagyinsky, AIDS Action Europe, Germany expressed concern about sensitivity of pricing of the tests, but did also inform that funding for tests was increasing in Germany.
b. Magdalena Poczta, FSE, Poland, expressed that they have different sources of funding for tests utilized: some from public authorities, some from industry. She also highlighted price sensitivity issue.
c. Rubén Mora, Stop SIDA, Spain expressed that the test kits are provided from Public Health authorities, however they did have problems with supplying of this tests that were not connected with COVID-19. Rubén also highlighted that they receive different funding for blood or oral tests. He also raised an issue with availability of qualified staff members to do testing, specifically, for HIV-testing there is no need for an employee to have a clinician background, but for STI they need a staff member with a clinical training.

Group 2. Presenter selected for topic 2 for group 2 was Maria Viscoli, ANLAIDS Sezione Regionale Ligure ONLUS, Italy. Below is given summary of the discussion of group 2 on the second topic, strategies and technologies utilized in CBVCTs during time of COVID pandemic. Main points made were:

- *Data Collection and data quality assurance*
  a. In case of most of the participants data is collected in excel file and after inputted in COBATEST tool or emailed in this format.
  b. Most of the participants have medical staff collecting the data. In case of Baltic HIV Association, Latvia, medical staff received training on how to input the data when number of tests performed increased and they required more staff members to fill in the forms. Also, they don't collect all data requested by COBATEST because they don't have any use for this extra information.
  c. In case of Baltic HIV association, Latvia, they have a different person checking the quality of inputted data.
  d. In case of Fulcrum UA, Ukraine, problem is know the results of testing when self-testing kits are being used.
  e. Coordination of the network from CEEISCAT (Megi Gogishvili and Laura Fernandez) expressed that any CBVCT who has some problems with data collection or analysis or any questions regarding the topic or require training to use COBATEST tool should not hesitate to contact them.
- *How to use data to advocate for CBVCT services*
  a. Baltic HIV Association, Latvia, doesn't extract or use data from COBATEST tool because they don't know how they can utilize it. On the other hand Fulcrum UA, Ukraine, is using collected data to report to their donors. They also use it during campaigns about importance of HIV-testing.
  b. Members from Catalunya, Spain, reported no problems in data collection, analysis or its further utilization.
- *How checkpoints can analyse their data and what to learn from it*
  a. Centres from Italy are trying to collect data from all CBCTs in the country and advocate integration of collected data in the national dataset.

b. Belgium is collected data from all of their CBVCTs and is generating same indicators as in COBATEST yearly report.

- *Testing (securing number of tests needed, type of tests used, provision)*
  a. Fulcrum UA, Ukraine, is providing self-testing, saliva testing, and blood testing options to their users. Ninety percent of the users select blood test options, because this type of test not only look at HIV, but it also includes Hepatitis test and STI test.
  b. In Latvia, government provides the test and they are using blood test. Saliva test or self-testing kits are not available. Baltic HIV Association, Latvia, highlighted a problem with having a lot of false negative cases. They are struggling with obtaining better HIV screening tests.

3. **History and updates on the COBATEST network governance** was provided by Oksana Panochenko, AidsActionEurope, Germany. Main points made were:

   - First Steering Committee (SC) or transitioning Steering Committee was formed in 2018. The purpose of this committee was to develop all documents for government network by October, 2021. Documents developed by first Steering Committee are: governance documents, Steering Committee terms of reference, secretariat terms of reference, members terms of reference, Steering Committee members election procedure. All this documents will be published on COBATEST network website.
   - Implementation of direct election procedures (network members electing Steering Committee members):
     a. SC will consist of 6-8 people.
     b. 2 fixed sits for coordination staff from CEEISCAT and Aids Action Europe.
     c. One network member has one vote;
     d. Only one member from each CBVCT can become part of SC.
     e. 3 months election procedure: In august 2021 call for application for new SC members will be announced. The call will be opened during 4 weeks and will require a member's resume, motivation letter, and recommendation letter from their organization. Information about the candidates will be published on COBATEST website so the network members can familiarize themselves with everyone running for the positions. In October all members will vote for the candidates through election tool provided, which will be available online during 2 weeks. Candidates will be voted-in with simple majority. Within next 2 weeks after the end of the election the results will be announced to all COBATEST members. By an end of October 2021 we will have new SC formed.

4. **Summary and conclusive points** were provided by Sebastian Meyer, StopSida, Spain. Sebastian highlighted importance of sharing CBVCTs experience among the network members and how different regions of the Europe have absolutely different testing realities thus strategies employed in each country addressing testing processes varies a lot. He also motivated other members to propose their candidacy to form the part of the

Steering Committee 2021. In the end, Sebastian thanked everyone for organizing, for participating, and for attending the meeting.