



COBATEST

NETWORK

Minutes from the COBATEST Annual Meeting 2021

Date: December 15th, 2021, 10:00am – 14:00pm

Place: online via Zoom

Participation: 38 representatives of COBATEST network attended the meeting

Agenda

1. Welcome and Introduction

Presenter:

Jordi Casabona, CEEISCAT, Spain

Christos Krasidis, AIDS Solidarity Movement, Cyprus / AIDS Action Europe, Germany.

2. COBATEST Steering Committee Election Results

Presenter: Oksana Panochenko, AIDS Action Europe, Germany.

3. Overview of COBATEST Network Report 2020

Presenter: Megi Gogishvili, CEEISCAT, Spain.

4. Topic 1: The role of mental health in CBVCTs services.

Presenter:

- a. Tamas Bereczky, Patvocates, Germany - The role of communities in mental health support.
- b. Aura Roig, Metzineres, Spain - Services for women who use drugs and by women who use drugs. The value of inclusive services for mental health of communities.
- c. Christos Krasidis, AIDS Solidarity Movement, Cyprus - Use of gay apps in CBVCT Centres and mental health.
- d. Open discussion.

Moderator: Lella Cosmaro, LILA Milano, Italy.

5. Topic 2: CBVCTs services and ChemSex.

Presenters:

- a. Antonis Poullos, University of Crete / Positive Voice, Greece - Mental Health and ChemSex intersections: the need of a community based approach.
- b. Ben Collins, ChemSex Forum, the United Kingdom - Embracing polarities for best intersectional services around ChemSex.
- c. Gerard Funés, Stop Sida, Spain - ChemSex Support, a community intervention to address ChemSex in the context of CBVCTs.
- d. Open discussion.

Moderator: Christos Krasidis, AIDS Solidarity Movement, Cyprus.

6. Closing remarks.

Presenter: Sebastian Meyer, Stop Sida, Spain.

Meeting Remarks

1. Welcome and Introduction

Jordi Casabano welcomed participants to 5th COBATEST membership meeting and gave an overview of the origins of the network and objectives reached since it was founded in 2014. Jordi highlighted importance of dissemination of the data collected by the network in the shape of the produced yearly report and scientific articles published. He also underlined strong collaboration that has been developed and practiced among the members of the network through-out the years.

At the end of his presentation Jordi went through the agenda of the meeting. He ended the presentation announcing approval of Gilead grant that was conceded to the network in order to enlarge it's geographical scope to Eastern Europe and Central Asia.

Christos Krasidis also welcomed participants to the annual network meeting. Christos talked about how network has been developing through-out the years. He acknowledged work done by previous temporary Steering Committee. Christos presented topics of the annual meeting 2021, specifically:

- A. The role of mental health in CBVCTs services.
- B. CBVCTs services and ChemSex.

2. COBATEST Steering Committee Election Results

Oksana Panochenko extended her thank you to all network members for participating in the Steering Committee elections. She gave an overview of the election process and highlighted importance of direct elections and of giving more right to say to the members of the network.

Six applications were received for the position of Steering Committee member. Voting could be done from November 12th to November 25. In total of 58 members had a voting right or were considered as active members. Voting right was connected to data collection, specifically members were considered as active if they submitted data during past 2 years. In total 29 member organizations voted (50% of active members).

Five new Steering Committee members were selected, specifically:

- 1. Lella Cosmaro, LilaMilano, Italy;
- 2. Simon Randers, Colors Stiges Link, Spain;
- 3. Tresors Kouadio, Plateforme Prevention SIDA, Belgium;
- 4. Davor Dubravić, HUHIV/CAHIV, Croacia;
- 5. Marek Trčka, AIDS POMOC, Czech Republic.

Two fixed seats were left to secretariate of the network, compared to previously exercised 4 seats. These two fixed seats will be occupied by Jordi Casabano, CEEISCAT Spain and Christos Krasidis as a representative of AIDS Action Europe, Germany.

Oksana also highlighted lessons learned from Steering Committee Elections 2021:

- Importance of the maintenance of the balance of regional, gender and other identities representation in the Steering Committee. This topic will be tackled together with the new Steering Committee members.
- Importance of having contact information of the members up to date. This would require all members to always let secretariate know (in this case Megi Gogishvili) when they change their contact information or contact person.

Oksana ended her presentation extending her thank you for job well done to temporary Steering Committee members, specifically to Lella Cosmaro (LilaMilano, Italy), Christos Krasidis (AIDS Solidarity Movement, Cyprus), Sebastian Meyer (Stop Sida, Spain), Daniel Simões (GAT, Portugal), Andrii Chernyshev (Alliance Global, Ukraine). Oksana will continue to form part of the secretariate for COBATEST network, however fixed sit will be occupied by Christos Krasidis from the side of AIDS Action Europe, Germany.

3. Overview of COBATEST Network Report 2020

- Megi presented findings and recommendations from data provided by 60 COBATEST network members in 2020. Total of 89,560 people were tested. Majority male (68.7%), 38.5 % MSM, and only 1% of people tested were transgender.
- Graphs of data submitted on HIV testing from the centers in 2019 and 2020 were presented to see the impact of the COVID 19 on the testing performed by the members. In total of 41 members presented data in both years. In total 111,117 persons tested have been identified in 2019, and in 2020 same 41 centers reported 70 084 persons tested. Overall, substantial decrease in persons tested can be seen in most of these centers, mostly ranging from 30% to 60% decrease compared to total reported in 2019. More details on the findings and further recommendations can be found in Megi's PowerPoint presentation.
- Jordi Casabano (CEEISCAT, Spain) asked all members to contact the secretariate if they have any suggestions on how to improve data analysis or format of the yearly report in order to more efficiently present data collected by the network.
- Lella Cosmaro (LilaMilano, Italy), commented on 53% drop in testing in Lila Milano in 2020 compared to 2019. She explained that the drop in the testing was due to not only the first wave lockdown but also because of procedures of testing that has been put in place. Specifically they could no longer offer testing without previous appointment. No crowding in the premises were allowed. This procedure has been in place through-out 2021 and probably will continue in 2022. Magdalena Ankiersztein-Bartczak (Foundation for Social Education, Poland) also mentioned that in Poland same issue is present and it has highly impacted quantity of testing services provided.

4. Topic 1: The role of mental health in CBVCTs services.

Presentations:

A. Tamas Bereczky, Patvocates, Germany - The role of communities in mental health support. Main points made were:

- From research done among people living with HIV, cancer groups, and lung diseases: Substantial impact of the pandemic on mental health of people living with HIV has been found. No adequate services are provided for mental health issues for people living with HIV. In all disease groups (not just HIV): the feeling of being more depressed has been growing, a lot of conversations on sense of isolation, problems with keeping communities together at the time when it was/is difficult to interact, need for strengthening community care systems have been also found.
- Work done on quality of life of people living with HIV (fourth 90% of WHO goals) has been pushed back more into the background during pandemic. Quality of life was already not something organizations measured, dealt with or even tend to pay attention and during pandemic this topic has been forgotten. Not enough attention has been paid to comorbidities of living with HIV such as: substance use, medical interventions, life time changes.
- More people centred interventions are needed which includes mental health. The idea that your body and your mind are not different entities and both should be treated should be recognized more. Furthermore lack of access to peer support has been found, and necessity of having an access to social networks have become more important than ever.
- Similarities have been found between experiences of people living with HIV and people who got infected with COVID-19. Specifically, similar stigma and discrimination found between people living with HIV and people who got infected COVID-19 in the start of pandemic. Large similarities in epidemiology has also been found, specifically: higher prevalence of COVID-19 among people living in poverty and marginal populations. It has been concluded that there is a lot to learn from interventions done for HIV population and it can be translated to addressing problems occurring due to COVID-19.
- *Infodemic* is this phenomenal which is a flood of false misleading information imbedded in even larger flood of false misleading information. *Infodemic* is causing decrease in trust in science, research, and governments. This flood of misleading information has caused increased levels of insecurities, anxieties, and created even more isolation among people. This phenomenal has highlighted the need of addressing health literacy in general population.
- Study of a matrix of how mental disorders and HIV intersect and what are different factors that causes this intersection is an important issue to address. Proposed solutions were therapy together with other long term solutions as well. Mental health screening has been identified as first step in this process but problematic to perform due to pandemic and restrictions on socializations. Medication has been also found to be efficient but also problematic during pandemic. Antidepressants work much better if combined with psychotherapy. Psychotherapy has been

identified as very effective because relationships have found to be the main factor that heals during the process, especially when there is a problem to access your communities and networks for emotional support. There are different modalities and approaches to psychotherapy, however the main reason why it works is due to a contact with a person who is there to listen to you, provide care, and support. While psycho analysis and other types of therapy tools are extra help, what really was found to heal is having people around you pay attention to you and that this is exactly what psychotherapy provides.

- Need of systemic changes have also been identified such as task shifting and task sharing, specifically communities assuming tasks from the systems. There is also a need of designing holistic approaches and interventions where role of education about diseases is also included, community based health care centres are strengthened to more effectively normalize different diseases in the communities, and culture targeted operations are being used to address stigma and discrimination. There is also a need of post-pandemic reestablishment of the communities to counter isolation, which will be a first step to rebuilding and improving the system.
 - Mr.Bereczky ended his presentation highlighting the need to work with other communities from other diseases because we can share our experiences of solving the problems, as currently we are all dealing with same issues. Mr.Bereczky urged pioneering new system and forming collaborations among organizations addressing different diseases.
 - More details can be find in attached PowerPoint presented by Mr.Bereczky.
- B. Aura Roig, Metzineres, Spain - Services for women who use drugs and by women who use drugs. The value of inclusive services for mental health of communities.
- Women and gender non-conforming people are experiencing many problems but they are not accessing any services provided. The services provided are mostly concentrated on men. A lot of institutional barriers for them to get any kind of support. A lot of stigma and prejudice they are facing systematic barriers.
 - Feeling of belonging is crucial part that shelter designed for women and gender non-conforming people using drugs should provide. This is not possible in type of shelters predominantly available today since men who use drugs are also allowed in.
 - Women and gender non-confirming people who use drugs have multiple mental problems that go on not diagnosed due to lack of such services. Experience of stigma, isolation, and physical and institutional violence is frequently found in their lives.
 - History/objectives, new type of the shelter and services provided to the vulnerable population and overall work done by the organization, and analysis of their data can be found in attached PowerPoint presented by Ms.Roig.
- C. Christos Krasidis, AIDS Solidarity Movement, Cyprus - Use of gay apps in CBVCT Centres and mental health.
- Background information on the checkpoint: Cyprus Checkpoint was founded during European testing week in 2015 and almost immediately they started using

gay apps to approach specific population and gay groups living on the island. Cyprus is populated by just over 1 million inhabitants. In south of island mainly Greek speaking population are settled and in north of island mainly Turkish speaking communities reside, and there are also two smaller communities who speak English. There are a lot of dating apps utilized on the island, but most popular app is Grinder.

- How using gay apps by the checkpoint works: The checkpoint is contacting companies who manage different apps, and through paying them or just through collaboration they disseminate information using these apps. For example they used dating apps to disseminate ChemSex survey in 2019 (automatic message was sent out). Apart of information dissemination the checkpoint creates their own profile as an organization in all this apps managed by their team. There are multiple challenges with managing a profile in the name of the checkpoint on any of these apps and all issues are connected with internal team who are selected to manage the profile. First of all the profile has to be managed very carefully as it is a public image of the checkpoint in the community that can build trust within the community or can create negative image of the organization. Another important factor is that the profile should be managed by people who come from the community and know how these apps work and are aware of sensitivity of certain peculiarities of way these apps are used (for casual sex, dating, exploring). Having experience with these apps also means that the profile managers can find people who they might know or have had encounter with in real life. Due to this factor the need of providing training to the profile managers have been identified. The training taught them how to manage sensitive situations, crises management (even if they are not providing counselling services), complete information on the services needed and provided, such as where/when/how to test, etc. In addition due to personnel conflicts that might arise when profile managers also use these apps as an individual, importance of selfcare has been highlighted. With this in mind, in 2018 protocol was put in place detailing how profile managers should use these apps, how should they speak with other users, how should they manage some specific crises or personal questions from other users. From 2020, the checkpoint had also put in place psychosocial supervision for persons who manage this kind of profiles (just like with community health workers) due to impact this type of work can have on them.
- More details can be find in attached PowerPoint presented by Mr.Krasidis.

D. Open discussion.

- Rubén Mora, Stop SIDA, Spain: Agreed with importance of self-care and training for profile managers. He also mentioned that they also have profile managers 48hrs training, meetings every month for selfcare.
- Valentin Blaison, Exaequo ASBL, Brussels: Asked if the checkpoint ever gets blocked on Grinder by other users. Mr.Krasidis replied that yes all the time especially in the start but now it is happening less and less (ones and twice a year). They just create a new profile.

- Simon Randers, Colors Stiges Link, Spain: Asked if anyone used apps to notify their partners about their positive HIV or syphilis status. Mr.Krasidis answered that partner notifications through apps is personal choice of users, but the checkpoint doesn't use the app for that purposes. However, they support and empower users to tell their partners or persons they had sex with about their HIV or Syphilis status.

Moderator: Lella Cosmaro, LILA Milano, Italy.

5. Topic 2: CBVCTs services and ChemSex.

Presentations:

- e. Antonis Poullos, University of Crete / Positive Voice, Greece - Mental Health and ChemSex intersections: the need of a community based approach.
 - December 5th is anniversary of when homosexuality seized to be psychological disorder. Sexuality and its regulation in the society has always been major faced used in social prosecution of people. Mental health issues have always been a serious issue among LGBTIQ population. Suicide and development of chronic diseases is most common among these communities.
 - Approaches used to reach out and support vulnerable populations: Community approach that is designed in the context of collaboration between communities and scientists is most popular world-wide. Affirmative approach is necessary when dealing with diversity of sexualities and other identities. This approach aims to provide services were everyone is included and not discriminated due to their gender, race, or homophobic ideology. The services should be provided by professionals with particular experience in the field who have been trained to address issues that might arise in the context of vulnerable populations. Community approaches that have been designed according to the Affirmative Approach are there for ideal for affirmative action.
 - Mr.Poullos highlighted that substance use is not a mental health issue by itself, however it is closely related to mental health and other issue when it comes to substance abuse and addiction.
 - ChemSex is mainly to enhance sexual activity and pleasure, and to explore sexuality and connection. Many start using ChemSex to overcome adversity and deal with trauma. It is not pathological action. In case of addiction it can lead to depression, anxiety, psychosis, and loosing social networks among many other things.
 - Mr.Poullos highlighted need of development of harm reduction services specifically for ChemSex users. CBVCTs play major role in implementing affirmative approach and designing outreach programs aiming to provide support to the vulnerable populations. It is also important to provide training to the community workers so they can serve properly ChemSex users. Mr.Poullos also highlighted Importance of empowering communities to help each other.

- f. Ben Collins, ChemSex Forum, the United Kingdom - Embracing polarities for best intersectional services around ChemSex.
- First surfacing of article on ChemSex was in 2012 in Lancet Journal. The existence of the issue and necessity of services targeted to ChemSex users received large resistance from the community. There was darkness about the topic and refusal to recognize it from the side of the governments.
 - Integrated response are needed to provide services to ChemSex users. Services that exist for drug users are not well fitted for ChemSex users. The services provided to ChemSex users should include queer community, HIV and HCV health services, drug services, harm reduction services, therapeutic services, mental health services, services provided specifically to women.
 - Mr.Collins highlighted that CBVCTs are equipped to provide services to ChemSex users, however firstly they need to recognize that there are polarities that need to be addressed, specifically pleasure-risk-harm. Mr.Collins expressed that there are academics who deny existence of this harm. These academics consider that problematizing ChemSex is giving hand to stigmatizing ChemSex users. However, Mr.Collins considers that it is important to acknowledge presences of harm and to converse about seeked pleasure due to sense of loneliness. The conversation should developed in a way that it is healing and that also recognizes gay community stress.
 - Mr.Collins finished his presentation stressing importance of identifying new vulnerable populations to ChemSex (such as young women, GBMSM, and trasnpeople) use and also new drugs that are being utilized. Furthermore, provision of the services for harm reduction and abstinence is highly requested by the vulnerable populations.
- g. Gerard Funés, Stop Sida, Spain - ChemSex Support, a community intervention to address ChemSex in the context of CBVCTs.
- Description of the ChemSex Support and the Commission, services provided under each branch as well as experienced challenges can be found in attached PowerPoint presented by Mr. Funés.
 - Dedicating time to self-care has been identified as very important issue and is being address as part of the project through allocating time for sessions for emotional healing of the workers and volunteers.
 - Mr.Funés stressed trouble they have been experiencing in establishing connection with ChemSex users, because frequently the users have themselves strong stigma due to using ChemSex and over their sexuality. The community workers have been trying to solve these issues with counselling and with reminding the vulnerable populations that the services provided by them are anonymous and confidential services.
 - Mr.Funes identified usefulness of their online profile where general population can ask questions about ChemSex and get informed about the topic.
- h. Open discussion.
- Mr.Krasidis asked if gay apps could become addictive and how it can contribute to Chem addiction, drugs addiction, or sex addiction? Mr.Poulios answered that

extensive use of dating apps can be a facet to connection and that it should not be demonized. While the apps should not be considered as a problem it is connected to certain risks, specifically because it always promises better encounters thus producing a type of addiction. This sensation or search of better disconnects you from other people despite the fact that very apps purpose is to connect. Mr.Funés agreed with Mr.Poulios and added a problem of lack of judgement since it is an online tool which on one hand allows you to ask freely questions about topics like ChemSex, however information provided might be incorrect. This might led a user to get into ChemSex easily because they don't feel judged. Mr.Collins also agreed that online services are part of solutions but also pointed out that for addictive personality it can be a dangerous tool.

- Mr.Krasidis also expressed that it is hard to create services that target small group of ChemSex users and that it is very hard to convince stakeholders to invest in this specific services. He asked if anyone could relate or comment on best practices in the cases were target population is jut 10 or 20 people? Mr.Collins advised broadening the issues addressed rather than just concentrating on ChemSex. For example include other types of drugs besides ChemSex and also broaden communities that are connected with ChemSex. Mr.Poulios agreed with the idea and added that society that stigmatizes use of ChemSex also stigmatizes other issues connected with the issues addressed could be broadened.
- *Other comments made:*
 - A. Mr.Collins pointed out importance of following always changing nature of compulsions. With new addiction people are nothing like for example heroin users. They are highly functioning and they feel incredible pleasure from social media which drives there ediction with the idea that 'I'll be better expected if I do Chems with other people'.
 - B. Mr.Krasidis stressed mental health's connection with ChemSex and being accepted in the community. He pointed out that it gives users sense of belonging to a community and that this should be taken into consideration when addressing the issue.
 - C. Mr.Poulios highlighted the fact that while heteronormativity and its exigencies are highly discussed in social media, homonormativity normativity is not at all talked about. He pointed out importance of starting the conversation.
 - D. Magdalena Poczta, FSE, Poland, pointed out that ChemSex is not just among MSM population and a lot of HIV positive people are also using ChemSex. She pointed out hard political situation in Poland and need to talk about the ChemSex in the communities and to provision of the services. Ms.Poczta also pointed out another important factor when planning harm reduction interventions which is users addiction to drugs to have good sex and how this creates many more obstacles to stop using. She advices addressing the issue with joint work of Drug-user workers, Mental Health specialists, sexologist, and psychologist.

Moderator: Christos Krasidis, AIDS Solidarity Movement, Cyprus.

7. Closing remarks.

Presenter: Sebastian Meyer, Stop Sida, Spain.

Sebastian showed his appreciation to all the presenters of the meeting, to organizers of the meeting Aids Action Europe and CEEISCAT, and to all the members who attended it. He also thanked transitioning Steering Committee and welcomed new Steering Committee members. He extended his appreciation to Lella and Christos for staying in the new steering committee.

Sebastian highlighted importance of the topics discussed in the meeting and importance of helping CBVCT services to improve service provision that aligns with the aim of COBATEST network. He also pointed out that difficult political and economic situations in Eastern Europe should not be forgotten and taken into account, especially when most of the members are from Western Europe. He stressed that the network should work on helping the members to improve services provided and propose solutions to the multiple issues they have to face during day-to-day service provision.