



COBATEST

NETWORK

Minutes from the COBATEST Annual Meeting 2022

Date: November 15th at 1:00pm and November 16th at 9:00am
@Agència de Salut Pública de Catalunya (ASPCAT),
Carrer de Roc Boronat, 81, 95,
08005 Barcelona, Spain

Participation: 70 representatives of COBATEST network attended the meeting

Agenda

Day 1

1. Welcome and Introduction

Presenter(s):

Jordi Casabona, CEEISCAT, Spain

Christos Krasidis, AIDS Action Europe, Germany

2. COBATEST New Steering Committee In-person Presentation

Presenter(s):

- Lella Cosmaro, LILA Milano, Italy.

- Christos Krasidis, AIDS Action Europe, Germany.
- Davor Dubravčić, HUHIV, Croatia.
- Tresors Kouadio, Plate-forme, Belgium.
- Marek Trčka, Czech AIDS Help Society, Czech Republic.
- Jordi Casabona, CEEISCAT, Spain

3. Overview of COBATEST Network Report 2021 and presenting future plans for the data.

Presenter (s):

- Megi Gogishvili, CEEISCAT, Spain.
- Miguel Alarcón Gutiérrez, CEEISCAT, Spain.

4. Changes in COBATEST tool

Presenter (s):

- Megi Gogishvili, CEEISCAT, Spain.
- Laura Fernández López, CEEISCAT, Spain.

5. Presentations and Q&A by external organizations and networks.

Presenter(s):

1. Ben Collins, working group chair, European Testing Week.
2. Tanja Dittfeld, regional director for Europe, Fast-Track Cities Institute and IAPAC.
3. Roberto Pérez Gayo, Policy Officer at Correlation - European Harm Reduction Network - BOOST project.
4. Oksana Panochenko, AIDS Action Europe - CORE project.

Moderator: Jordi Casabona Barbarà, CEEISCAT, Spain.

6. Preliminary findings of the assessment of the legal and policy barriers to the provision of CBVCT and HIV self-testing.

Presenter(s):

- Oksana Panochenko, AIDS Action Europe, Germany.

Day 2

1. Internal discussion on the presentations from external organizations during day 1.

Moderator: Marek Trčka, Czech AIDS Help Society, Czech Republic.

2. Participants separated into working groups to discuss important topics for 2022. Each group selected a secretary from their group members who took notes on the main

points made by the group during the discussion which were presented to all members after the discussions. Topic discussed were:

I. Migration (Group 1)

- How does the influx of Ukrainian and other refugees affect community based services?

Moderator: Davor Dubravčić, HUHIV, Croatia.

II. Community services (Group 2)

- How to expand community based services (policy, legal issues)?
- How does the recognition of community-based services differ in different countries? Specifically, relations to public health services, sustainable funding, integration and collaboration with other actors in the system.

Moderator: Christos Krasidis, AIDS Solidarity Movement, Cyprus.

III. Role of COBATEST (Group 3)

- How can COBATEST support advocacy and development of CBVCT services?
- How do members see COBATEST, how can the network contribute to their work?

Moderator: Lella Cosmaro, LILA Milano, Italy.

3. Each group's presentations on action points highlighted during discussion of above listed three topics.

Moderator: Oksana Panochenko, AIDS Action Europe, Germany.

4. Feedback from the COBATEST network members on any kind of improvements for the governance or annual meeting structure.

Moderator (s):

- Tresors Kouadio, Plate-forme, Belgium.
- Christos Krasidis, AIDS Action Europe, Germany.

5. Closing points.

Presenter(s):

- Jordi Casabona Barbara, CEEISCAT, Spain.
- Christos Krasidis, AIDS Action Europe, Germany.

Meeting Remarks

Day 1

1. Welcome and Introduction

Jordi Casabona y Christos Krasidis welcomed all 70 COBATEST members to first in-person yearly meeting after 2019.

2. COBATEST New Steering Committee In-person Presentation

Each Steering Committee member presented themselves to COBATEST members assisting the yearly meeting. It was also mentioned that 7th elected member of the Steering Committee, Simon Randers, from Colors Stiges Link, Spain, had to step down due to health reasons. According to COBATEST Steering Committee ToR, Simon has right to present his substitute. If he will not present such substitute alternative procedure will be put in place in 2023.

3. Overview of COBATEST Network Report 2021 and presenting future plans for the data.

- Megi presented findings and recommendations from data provided by 71 COBATEST network members in 2021. Total of 128,409 people were tested on HIV. Majority male (66.7%), 38.5 % MSM, and only 0.9% of people tested were transgender. Forty-four centers submitted data on HCV for 40,822 tests performed with 5.2% reactive test results. Forty-six centres submitted data on 53,475 persons tested for Syphilis with 1.7% reactive test results. As in 2020, in 2021 as well the proportion of reactive tests (HIV) among transgender in all key populations were much higher than for females and males in the same groups, and among all study populations, besides among PWIDS. Summary of key results (looking at COBATEST indicators), showed that, as year before, in 2021 as well PWIDs and SW require more attention and that community-based centers should target more this key-populations while developing HIV outreach programs in the future.
- Miguel presented overview of data generated from COBATEST tool since 2013. Specifically 94,869 observations have been found in the system out of which 39,384 (42%) had COBATEST unique identifier indicated. Through assigning new ID variable data was recuperated for 73,233 observations, leaving us with the new total of 91,958. Miguel highlighted that data cleaning is a long process, however final dataset will allow us to perform cross-sectional studies and longitudinal studies. He also highlighted importance of such research and light it brings to work done by CBVCTS.

The presentation can be found [here](#).

4. Changes in COBATEST tool

Megi presented changes to COBATEST data collection form that were approved by COBATEST Steering Committee. Specifically following changes will be implemented from January 1, 2023:

1. Gender variable will have following responses: Man (cis), Woman (Cis), Transgender man, Transgender Woman, Non-binary.
2. In foreign nationality variable option of 'resident' will be changed by 'long term-stay' with following specifications available: foreign student, foreign worker, resident, asylum seeking migrant, refugee, undocumented migrant, naturalized citizen, and other.
3. Following question was added to the form: "Do you have access to free health care services".
4. Response to last HIV test performed will be changed to: a. less than 3 months, b. less than 12 months, c. more than 12 months, and d. don't know.
5. In the response of 'sex in the last 12 months with' following options will be present: man (cis/trans), woman (cis/trans), man (cis/trans) and woman (cis/trans).
6. Following risk behaviour responses will be deleted: a. Ever in jail, b. sex with known HIV positive partner.
7. Three questions from risk behaviour have been reformulated to: a. Received money, drugs, good or services for sex in the last 12 months, and b. condomless sex with penetration in the last 12 months.
8. Response to 'last time when intravenous drug was used' will be changed to: a. less than 3 months, b. less than 12 months, c. more than 12 months, and d. don't know.
9. In 'HIV test performed (and same question in HCV and Syphilis section)' response option of 'don't know' will be deleted.
10. In 'Screening test result' response option 'undetermined' will be added.
11. New question will be added in 'Screening HIV test' section, specifically: "Did you perform an extra test" -> if yes, which type of test (blood, oral, conventional) -> test result (reactive, non-reactive).
12. In Module B for Syphilis and for HCV following questions will be added: 'Previous syphilis/HCV test' (yes, no, don't know) -> if yes, 'last syphilis test performed' (less than 3 months, less than 12 months, more than 12 months, don't know).
13. In section of vaccination, following questions will be added: 'Vaccination for papilloma virus (yes, no, don't know)'.

Megi also presented new STI module C called 'Other STIs' which will be added in data collection tool and will also be provided in pdf format. One page form consists of following sections: A. Previous STI tests section, which gives options of selecting time-period test was done and also option of indicating which STI test was performed; B. Sections with more specific questions on chlamydia, gonorrhoea, and HVB.

In Q&A part of the presentation following comments and changes have been requested by COBATEST members:

1. Continue conversations about how to address variable 'gender' and its responses during data collection process. Two options have been proposed:
 - Organize a webinar on how we should address gender question during data collection.
 - Separate the question into 2 parts: first a question on gender assigned at birth, and the second question on if the person is transgender.
2. Elaborate a document with clear definition of questions and variables listed in the data submission instructions for aggregated and disaggregated data in excel format.
3. In the unique identifier (COBATEST) section in COBATEST form make following changes: below Gender description, indicate '(0 male, 1 female, 2 transgender men, transgender female or non-binary)'.
4. In 'gender' question, substitute 'male' for 'man' and 'female' for 'woman' and 'transgender male' for transgender man' and 'transgender female' for 'transgender woman'.
5. In the section 'STI vaccinations', add a question 'other vaccinations to consider' (yes, no, don't know) and if yes, which other.
6. Change word 'addictive' to 'psychoactive' in the following question: "shared utensils for other commonly used psychoactive substances." If yes, add a question "which other addictive substances." The answer should be in a text format.

5. Presentations and Q&A by external organizations and networks.

1. Presentation of Ben Collins, working group chair, on European Testing Week can be found [here](#).
2. Presentation of Tanja Dittfeld, regional director for Europe, Fast-Track Cities Institute and IAPAC can be found [here](#).
3. Presentation of Katrin Schiffer, Policy Officer at Correlation - European Harm Reduction Network - BOOST project can be found [here](#).
4. Presentation of Oksana Panochenko, AIDS Action Europe - CORE project can be found [here](#).

6. Preliminary findings of the assessment of the legal and policy barriers to the provision of CBVCT and HIV self-testing.

Oksana presented summary of the findings collected from 30 countries and 41 CBVCTs. The responses were given by following countries: Armenia, Austria, Belgium, Bulgaria, Croatia, Cyprus, Czech Republic, Denmark, Estonia, Finland, Georgia, Germany, Hungary, Ireland, Italy, Kyrgyzstan, Latvia, Malta, Moldova, Poland, Portugal, Russia, Romania, Serbia, Slovakia, Slovenia, Spain, Sweden, Turkey, Ukraine. Topics addressed in the

assessment were: national stand on CBVCTs, who can perform HIV-testing, is there a national training for lay providers, main funding sources, demand and supply-side barriers to testing, and HIV self-testing. The presentation of summary of the results can be found [here](#). The final report on the findings of the assessment will be finalized in January 2023.

Day 2

1. Marek Trčka moderated internal discussion on the presentations from external organizations during day 1.

Following comments were made by COBATEST members on the questions raised about external organizations presentations:

European Testing Week (ETW)

CBVCT involvement and promotion tactics:

- In Poland, CBVCTs need to look for external sponsors during the ETW and engage the media to promote and fund testing activities during this period.
- In Georgian, CBVCTs send out press releases, disseminate the information about ETW and their own testing activities during this period in local media as well as social Media.
- Some CBVCTs involve famous public figures to promote ETW and their own testing activities through videos in which they invite people to get tested. These videos are then posted on Facebook and Instagram. Some CBVCTs use social media to share personal stories of people living with HIV to motivate others to get tested.
- It has been noted that not always increase in testing happens during ETW, rather than after the week is over. It has been suggested to start ETW promotional activities at least 2 months before the actual week, promoting it through press releases, social media, and television.
- Some CBVCTs utilize ETW to also give visibility to the work done by them, and seek for opportunities to promote and to seek funding from other organizations (governmental and private).

How can the ETW help the COBATEST members? Would you be interested in funding? CBVCTs that do not participate in the ETW, what are the reasons?

- In Romania, International Testing Week takes place at the same week as ETW and the CBVCTs tend to get involve with ITW activities. ITW insures funding for participating CBVCTs. Besides financial resources, they provide ITW logo pins, t-shirts, banners and other promotional products. CBVCTs are given freedom to develop their own testing promotional campaigns.
- In Slovakia, testing outreach programs are targeting key populations groups, while the promotion within ETW is usually designed for general population. These CBVCTs feel like

key populations can't be reached with social media or other similar channels and that more targeting outreach work needs to be done. Lack of funding by ETW also influences their decision of not being a part of the event.

- In Barcelona, ETW is too close to 1st of December events, thus they don't want to shadow the importance of social projects that take place during this period.
- One CBVCT expressed that while they used to be a part of ETW, they stopped participating in 2022, due to lack of human and financial resources.
- Suggestion has been made that ETW organizers provide funding for promotional materials. The funding should go to local CBVCTs. It has also been noted that promotional campaigns just during one week is not enough and other similar events should be planned through-out the year.

Fast Track Cities:

Experienced benefits of being part of FTC.

- In Moldova, 2 cities are part of FTC and they found funding provided, by municipal programs as part of FTC, very helpful.
- In Milano, being part of FCT has not been found beneficial since local municipal programs do not get involved and do their part as part of FCT.
- In Portugal, 10 cities are part of FTC. GAT successfully works with the local governments of their municipalities, and together they develop awareness campaigns. Together they created a new community center.
- In Sevilla, CBVCTs successfully collaborate with the city council to develop mutual programs, since becoming part of FTC.
- Some participating CBVCTs found FTC as helpful tool to put HIV back on agenda in their local municipalities. They find it to be important to have continuous conversations about HIV testing and treatment. They also find it helpful to be in contact with and to collaborate with other fast track cities. In some cases, being part of FTC also opened up a door to networking and advocacy on governmental level. However, participating CBVCTs feel it will be more efficient if they could get involved in decision making too, rather than just implementation process of programs developed by the municipalities.
- Overall, problem of lack of commitment from the side of authorities to the FTC responsibilities has been expressed. Members thought that COBATEST could start the conversation with the FTC and see if they can make participating municipalities more financially accountable to committed responsibilities.

- 2. Participants separated into working groups to discuss important topics for 2022.** Each group selected a secretary from their group members, who took notes on the main points made by the group during the discussion, which were afterwards presented to all members after the discussions. Topic discussed were migration (moderated about by Davor Dubravac, HUHIV, Croatia.) , community services (moderated by Christos Krasidis, AIDS Solidarity Movement, Cyprus.), and role of COBATEST in supporting member CBVCTs

(moderated by Lella Cosmaro, LILA Milano, Italy). Main points made in each group are presented in the next section.

3. Each group presented following action points highlighted by their members during the discussions of above listed three topics.

A. Migration

Working group 1

- Problem of reaching out to refugee population has been identified by the group. Proposed solutions were to: a. utilize peer-to-peer channel to reach out to the new migrant groups that arrived in the country, and b. translate all information about testing in their communities in Ukrainian and spread information on testing through fliers and leaflets.

Working group 2

- Large influx of Ukrainian refugees have been identified in Romania, Poland and Portugal. Romania is mostly a transit country and the refugees are women and children, and people with disabilities among them. In Portugal most refugees access information testing/treatment through drug consumption rooms. This group also identified peer-to-peer channel as an effective tool to reach out to new migrant groups, also highlighting the need to assess needs of these groups.

Working group 3

- This group identified that testing are done well among refugees in their countries, however they have no knowledge if linkage to care happens after testing result is communicated to them. PWIDs and Sex works have been identified as most affected vulnerable group among arriving refugees. They also identified difficulties in reaching out to new immigrant groups and propose including a QR codes with translations in Ukrainian on information flyers.

Notes from the moderator of topic 'Migration' (Davor Dubravac, HUHIV, Croatia)

- Overall lack of funding to address influx of Ukrainian refugees has been identified by all groups.
- Davor expressed that we should always re-evaluate our understanding of what discrimination means because we may have implicit prejudice that we might not see at that moment and we should address it to improve and serve our clients better.

B. Community services

Working group 1

- Problems identified by this group are:
 - a. In Italy testing is completely legal, but there is a lack of funding.
 - b. In Belgium testing is legal, but there is lack of training on how to perform testing and treat clients, that is provided only every 3 years.
 - c. In North Macedonia there are legal barriers to testing, and funding is also a challenge.
 - d. In Czech Republic HIV testing is legal, however testing for syphilis and other STIs is not.
- Following solutions have been proposed:
 - a. Engage with governmental officials to solve funding problems and develop joint advocacy programs.
 - b. COBATEST could engage in advocacy conversations with governmental organizations. They could also try to negotiate lowering of test prices with pharma industry.

Working group 2

- Problems identified by this group are:
 - a. In Romania it is not clear if testing is legal or not. This makes the CBVCTs vulnerable and they cannot receive funding from the government to perform testing.
 - b. In Poland situation is similar to that of Romania. However, problem identified is naming positive results as reactive result.
 - c. Some members identified problems of funding to perform testing in the future.
 - d. Only 8 members share their data with the government.
- Following solutions have been proposed:
 - a. COBATEST can engage in advocacy of lowering the prices of self-test.
 - b. COBATEST could start conversations with the governments about legal status of testing and advocate for the improvement in this area.

Working group 3

- Problems identified by this group are:
 - a. Lack of funding in majority of CBVCTs. Usual source of funding identified by many of the members is Global Fund.
 - b. In Serbia, CBVCTs collect data and share it with the government without any funding from the authorities to perform such tasks.
 - c. In Tajikistan and Poland persistent structural stigma has been identified by the members. In Tajikistan, PLHIV are persecuted.

Notes from the moderator of topic 'Migration' (Christos Krasidis, AIDS Solidarity Movement, Cyprus)

- Christos highlighted importance to always keep in mind that testing is not just sheer act of testing, but also ability to create non-judgmental and safe environment for the clients.
- There is a problem of addressing challenge of joining testing and linkage to care into one activity.
- Testing and treatment have different challenges in different countries thus require tailored solutions.
- Lack of funding has been identified by all the groups which means we as COBATEST need to find a way to address this issue.

C. Role of COBATEST (Group 3)

Working group 1, 2, and 3

Following points were made by the members:

- a. COBATEST provides unique data, but there is unfulfilled potential. CBVCTs want to get more out of it.
- b. When new projects are initiated withing a CBVCT it is difficult to start from zero, thus it would be useful to be able to talk (have an online platform) to partners/other COBATEST members.
- c. It will be useful to have a database of COBATEST members with not just a list of names, but with specialties of each of them and details on what each member does.
- d. Providing capacity building trainings and manuals on focused issues or fields could be beneficial for the members.
- e. Creating a COBATEST endorsements process to support ideas and important activities of CBVCTs will add power to the work done by the members.
- f. Quarterly COBATEST online meetings with specific topics selected will be beneficial.
- g. Create a common Drive for the members to share resources and expertise on various relevant topics.
- h. COBATEST should be more active in advocating integration of data collected by CBVCTs in national surveillance systems and also in promoting work done by CBVCTs.
- i. Creating an organizational map of COBATEST will be helpful for the members to understand how the network works.
- j. There is a need of representation of Eastern Europe and Central Asia in the Steering committee.
- k. The members will benefit if COBATEST facilitates relationship between them and pharma companies when it comes to resources. Assistance in contacting

private organizations for funding and helping with grant applications will also be beneficial for all the members.

Notes from the moderator of topic 'Role of COBATEST' (Lella Cosmaro, LILA Milano, Italy)

- The value of COBATEST tool has been highlighted by the groups. It is important to discuss ways to benefit more from the data collected.
- There is a need to create a mode of information exchange and communication among members. Creating these 'platforms' will also allow members to help each other when needed. It should also be discussed to organize quarterly online meetings so that network is active throughout the year.
- It could be beneficial to organize annual meetings in different countries where participants could also visit checkpoints and learn how CBVCTs work in different places.

Notes made during the meeting from COBATEST secretariate addressing some of the points mentioned by the members:

- CEEISCAT plans to organize trainings as part of Zeroing In project on: how to use COBATEST tool, explain utility that CBVCTs can give to their own data, collect feedback to plan specific trainings on how to work with the data.
- The data is collected from all participants of the network, thus it belongs to all members. The CBVCTs are free to request the data from the secretariate and also collaborate with them on developing projects or articles.
- The CBVCTs can always offer important and urgent topics to be discussed during the meetings or express the need to organize an online meeting.
- Last few years COBATEST focused on building the membership, however now the network is moving more towards strengthening relationships between the members.

4. Feedback from the COBATEST network members on any kind of improvements for the governance or annual meeting structure.

Following points have been made by the members to improve future COBATEST meetings:

- First day of the meeting was full with presentations and not enough time was allocated to discussions or to ask questions. As a solution annual in-person meetings can be dedicated to discussions and group work, while online meetings can be allocated for the presentations.
- The members would benefit in visiting local CBVCTs to learn local best practices.
- Overall, there is a need to dedicate more time to discussion sections of the meeting. It would also be beneficial if members can pick and choose which discussion groups they want to attend depending on the topic that is more interesting to them.

- Time should be dedicated just for networking between CBVCTs since coffee breaks and lunch breaks are not enough time to meet and converse with everyone.
- More time should be dedicated to discussing important findings of the data collected during previous year and presented in the annual meeting.

5. Closing remarks.

Both Jordi Casabona Barbara, CEEISCAT, Spain and Christos Krasidis, AIDS Action Europe, Germany, showed their appreciation to all the participants for attending the annual meeting as well as to presenters and the organizers of the meeting, specifically Aids Action Europe and CEEISCAT.