



**EECA  
INTERACT**

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Science for action on HIV, TB, and viral  
hepatitis in Eastern Europe and Central Asia

## **CBVCT quality data collection from EECA: COBATEST network data 2015-2021**

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## Introduction















- Monitoring and evaluation (M&E) of HIV testing and linkage to care data, enables researchers and policy-makers to make informed decision and increase efficiency of interventions.
- Most of Eastern Europe and Central Asia (EECA) countries have alarmingly increasing numbers of HIV incidence, and their processes of quality data collection and analysis requires strengthening.
- Community-based voluntary counselling and testing (CBVCT) has been shown to contribute to a sizeable proportion of new HIV diagnoses, especially among key populations.



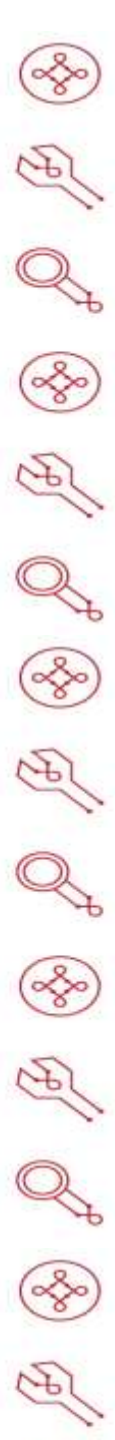
The COBATEST Network links organizations across Europe and Central Asia who offer community-based voluntary counselling and STI/HIV testing (CBVCT) services and promotes testing, early diagnosis and linkage to care in at-risk populations.



The network consists of 89 members from 28 European and 2 Central Asian countries out of which 27 centers are from 20 ECA countries.

	<b>COBATEST member center</b>	<b>Country</b>
	Baltic HIV Associati	Latvia
	ARAS	Romania
	Demetra	Lithuania
	Fulcrum UA	Ukraine
	Czech AIDS Help Society	Czech Republic
	Asocijacija Duga / Rainbow	Serbia
	GenderdocM	Moldova
	HUHIV (Croatian Association for HIV and Hepatitis (CAHIV))	Croatia
	HERA	Macedonia
	Legebitra	Slovenia
	National AIDS Centre Poland	Poland
	Háttér Society	Hungary
	Odysseus	Slovakia
	Prima	Slovakia
	Alliance Global	Ukraine
	Health Without Borders/Checkpoint Sofia	Bulgaria
	Iskorak	Croatia
	Partnerships in health	Bosnia and Herzegovina
	Anonymous AIDS Association	Hungary
	NGO Volunteer	Tajikistan
	Equal Opportunities	Tajikistan
	Unmode - community Movement for Access to Justice	Russia
	NGO Podruga Osh	Kyrgystan
	Center for Information and Counseling on Reproductive Health TANADGOMA	Georgia
	Georgian Harm Reduction Network	Georgia
	Checkpoint Belgrade	Romania
	Baylor Black Sea Foundation	Serbia





**Objectives:** To describe progression of membership and quality data collection from the network's members from EECA.

### **Methods**

**Data:** COBATEST member centers from EECA that submitted complete data in any given year, specifically between 2015 and 2021, were included in this study. In total 21 centers from 19 EECA countries were included. Specifically centers from: Bosnia and Herzegovina, Bulgaria, Croatia, Czech Republic, Georgia, Hungary, Kyrgyzstan, Latvia, Lithuania, Macedonia, Moldova, Poland, Romania, Russia, Serbia, Slovakia, Slovenia, Tajikistan, Ukraine.

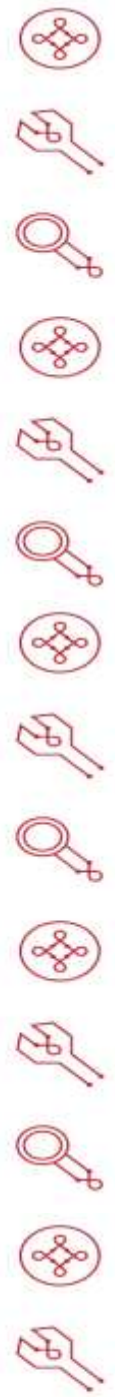
**Study period:** 1 January 2015 to 31 December 2021.

**Data collection tool:** COBATEST standardized data reporting tools (free online tool or reported through excel files).

**Exclusion criteria:** People were excluded if aged < 16, previously diagnosed (for HIV data) and if test results were not available. Only one record per client (most recent one) was kept in the final dataset.

### **Data analysis:**

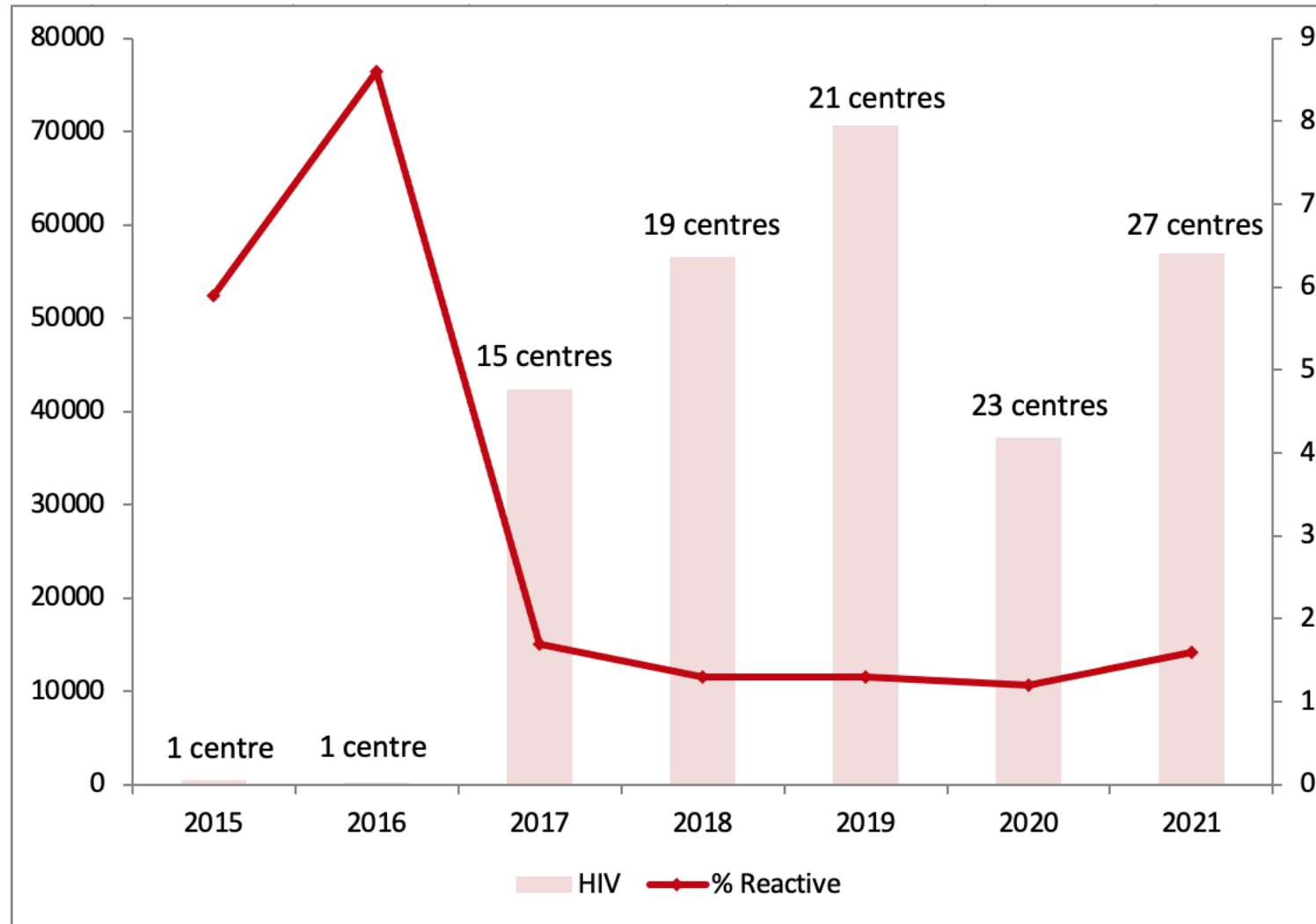
- Descriptive analysis of the data was performed.
- Descriptive data analysis demonstrating progression of some key indicators among CBVCT activities for members from EECA have also been performed from 2015 to 2021.



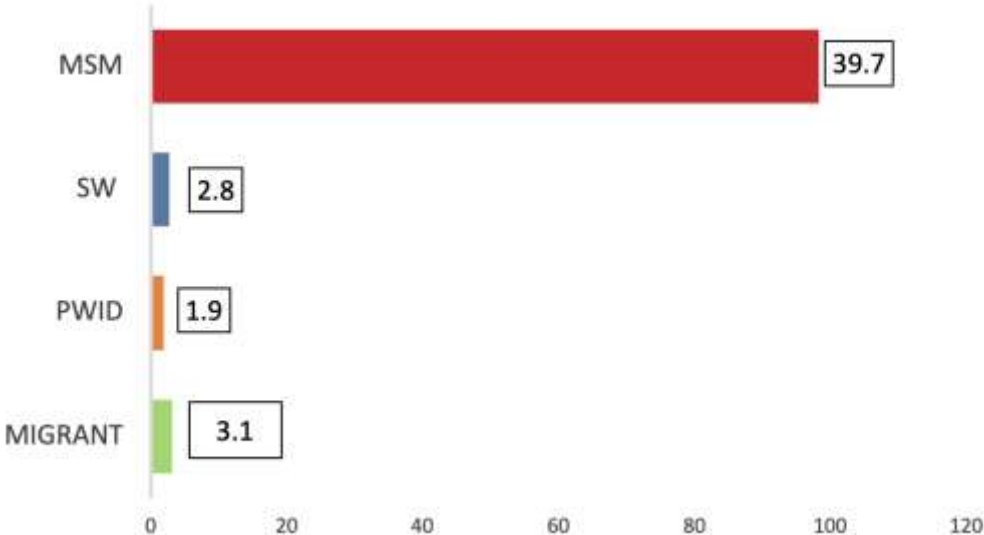
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# Summary of data collected by members from EECA: 2015-2021

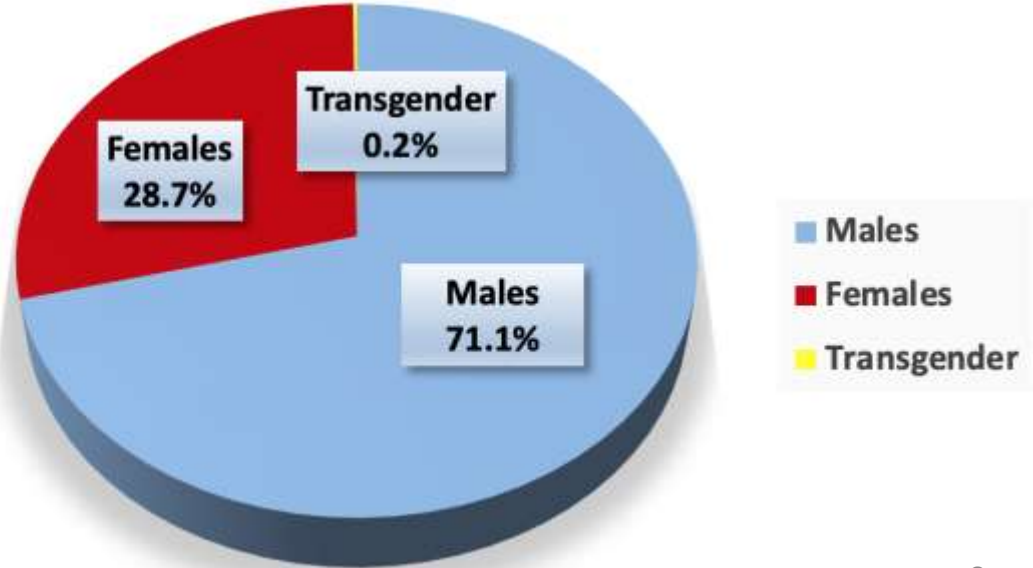
# Data collection and membership progression from EECA: 2015- 2021



# Total persons screened for HIV by EECA member centers: 2015 – 2021 (%)

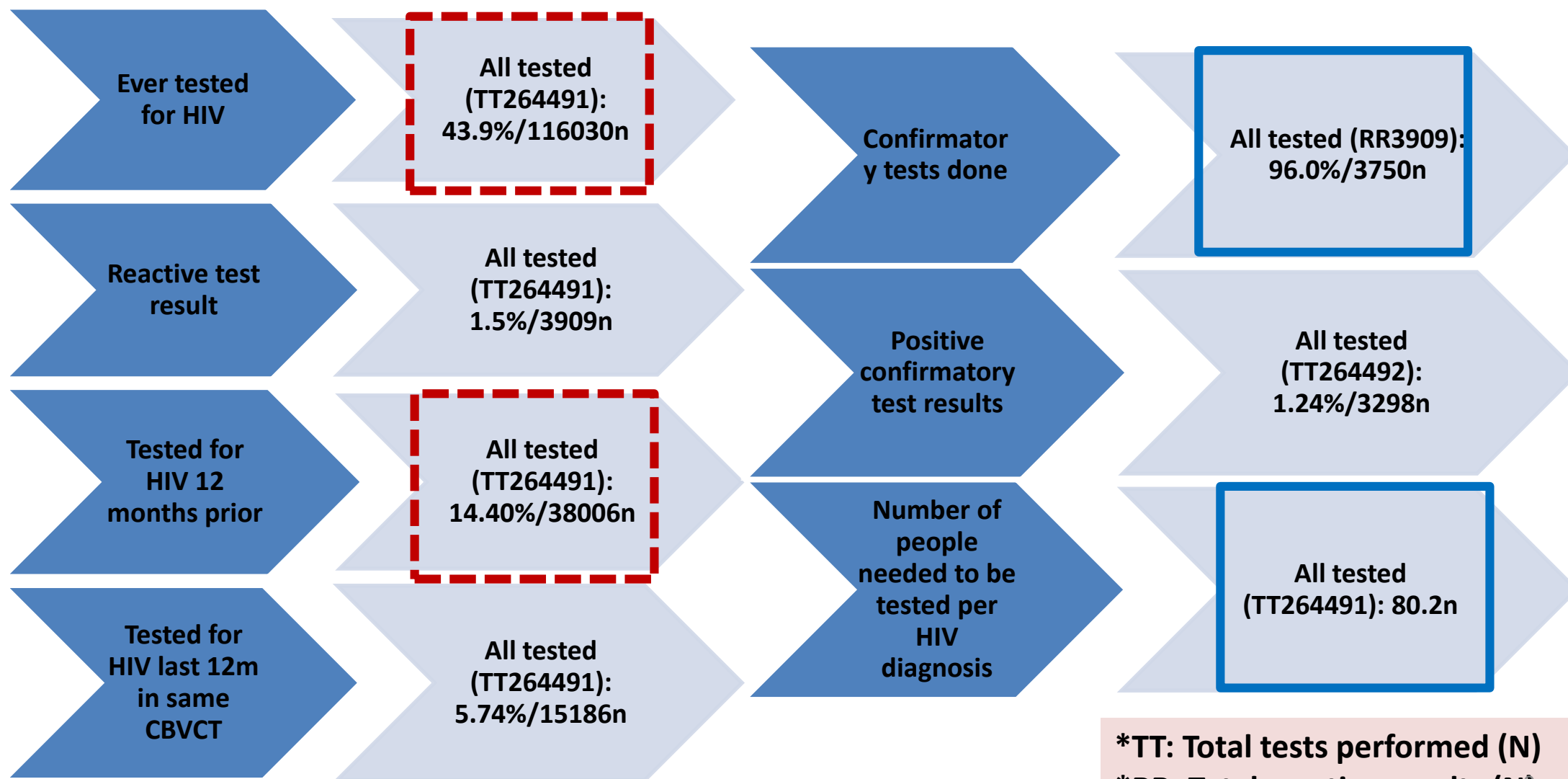


- 264,491 people tested
- Majority male (71.1%)
- Age: 62.6% equal or more than 25 years old
- 39.7% MSM
- Only 0.2% of people tested were transgender

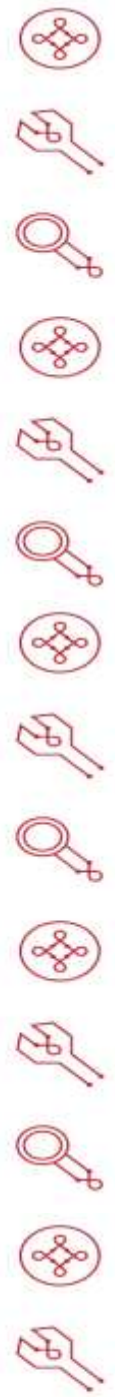




# Key results by indicator for total persons screened in 2015 - 2021



\*TT: Total tests performed (N)  
\*RR: Total reactive results (N)

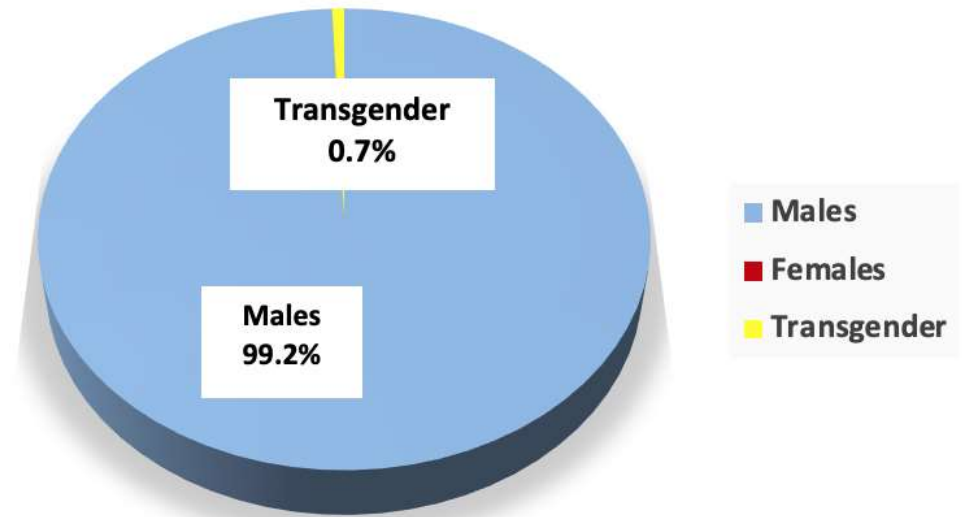
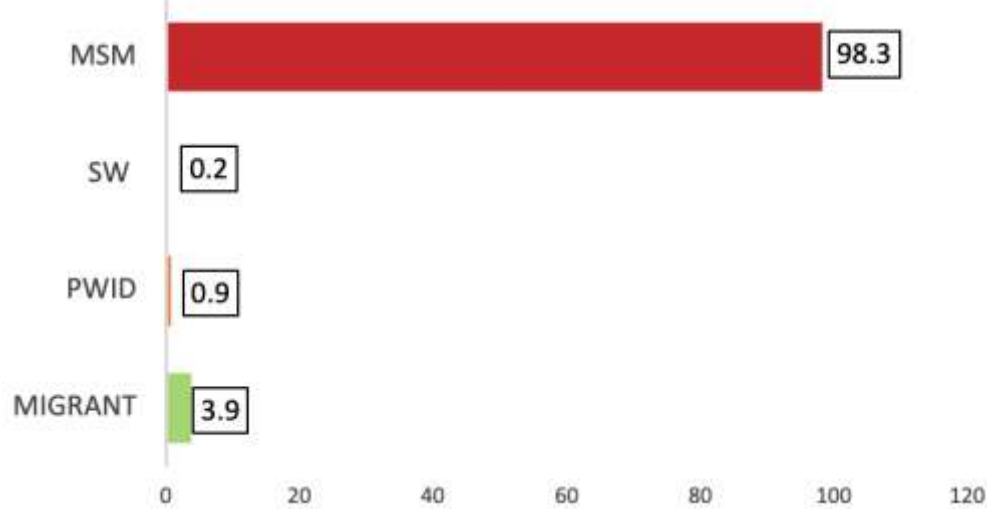


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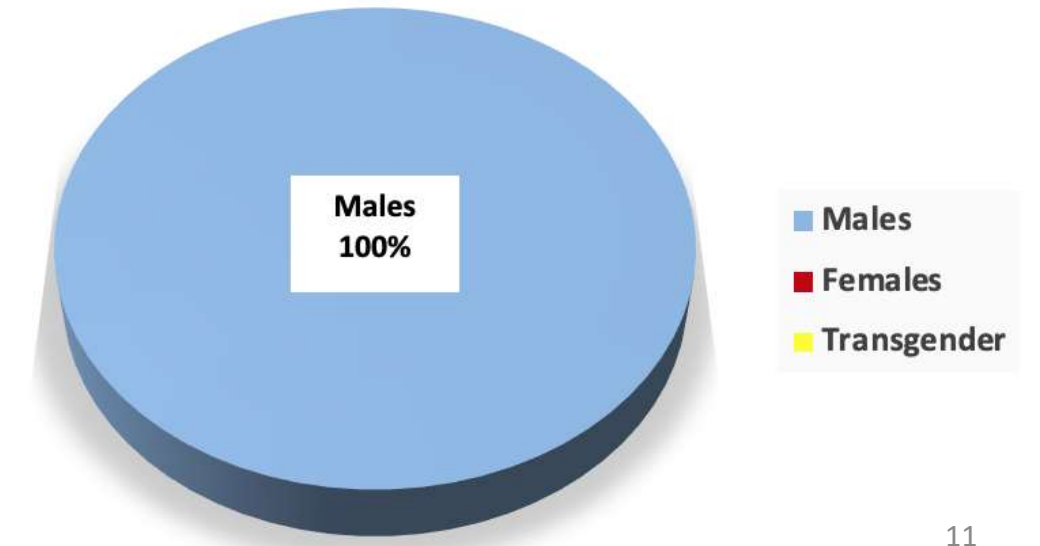
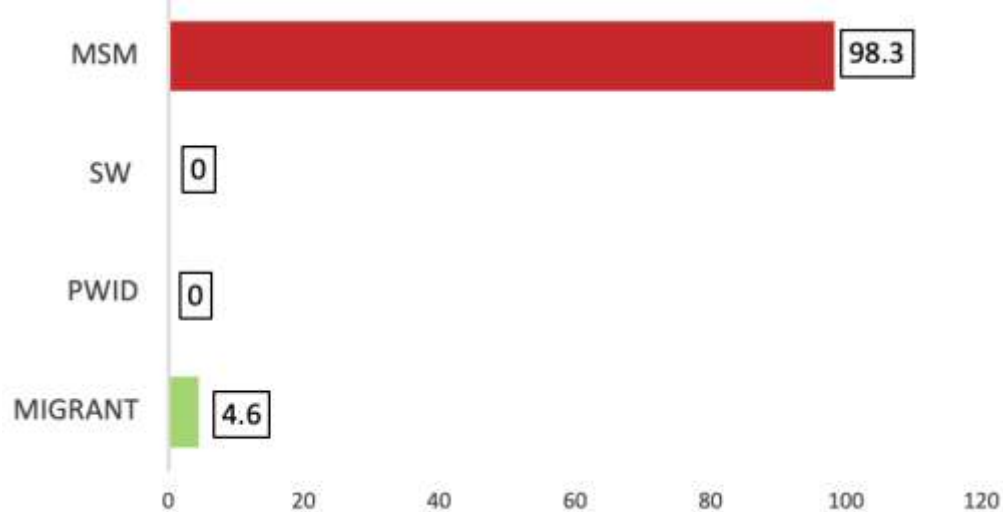
# Data collected by members from EECA by year: 2015- 2021

# Persons screened for HIV by EECA member centers by key populations: 2015 – 2016 (%)

2015 (1 center - 536n)

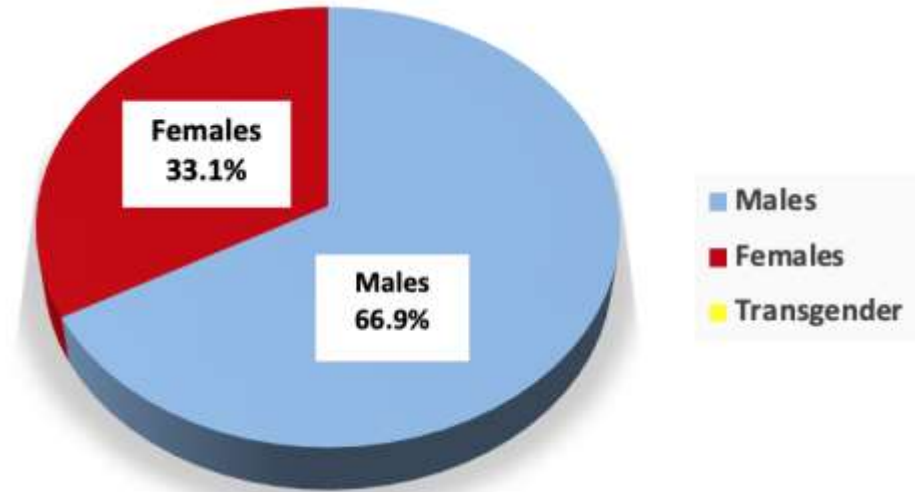
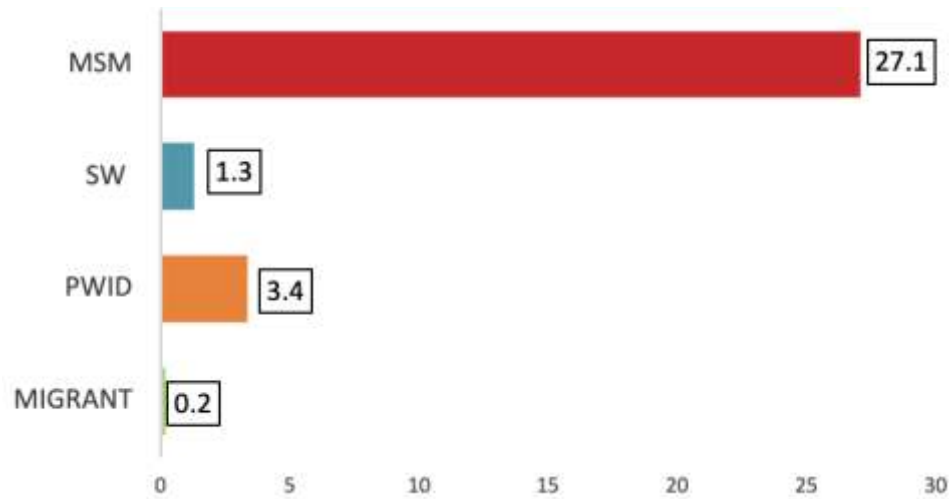


2016 (1 center - 173n)

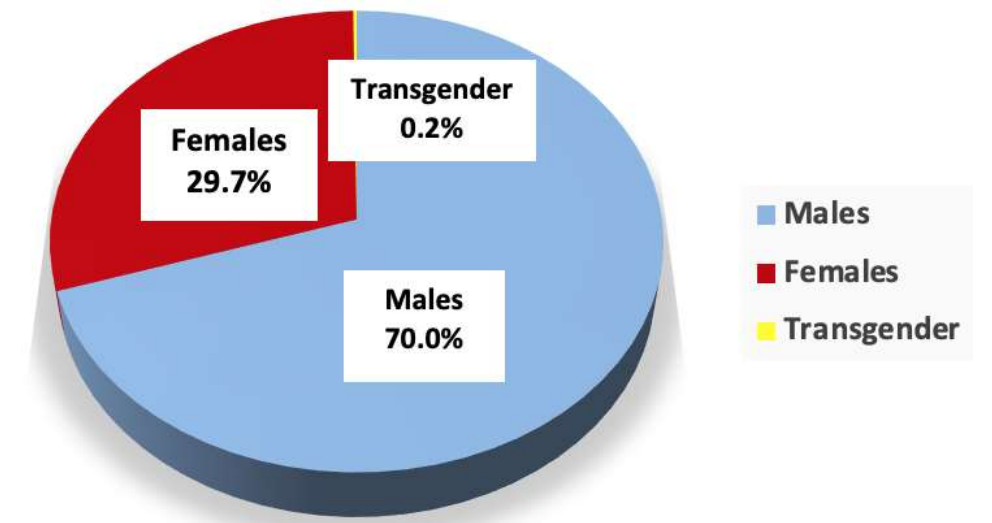
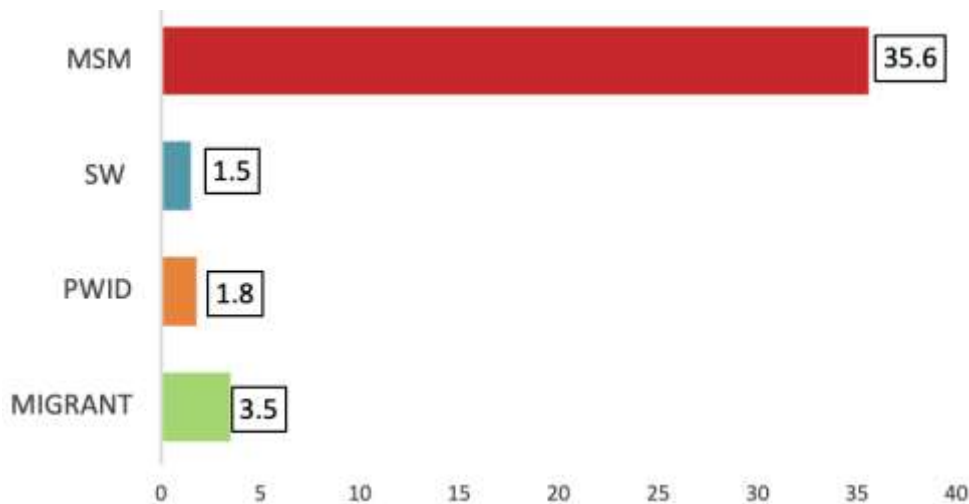


# Persons screened for HIV by EECA member centers by key populations: 2017 – 2018 (%)

**2017 (9 centers - 42,369n)**

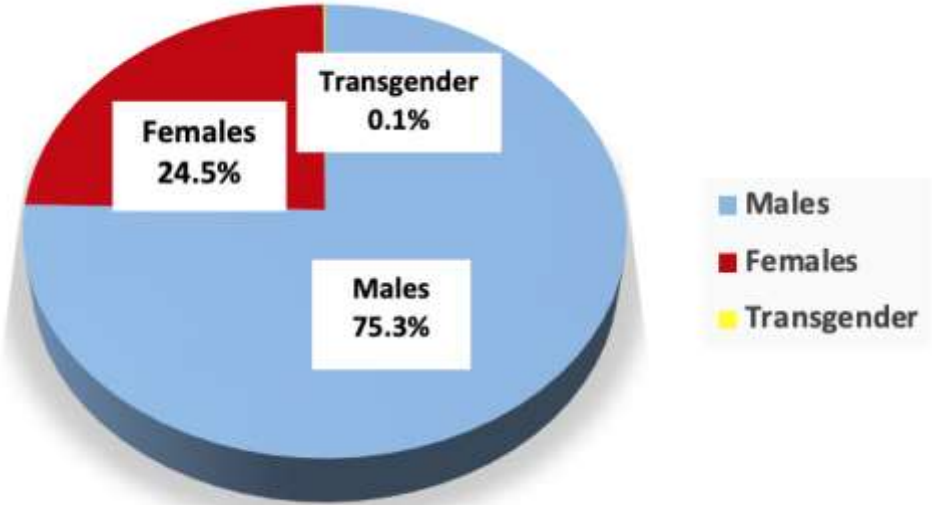
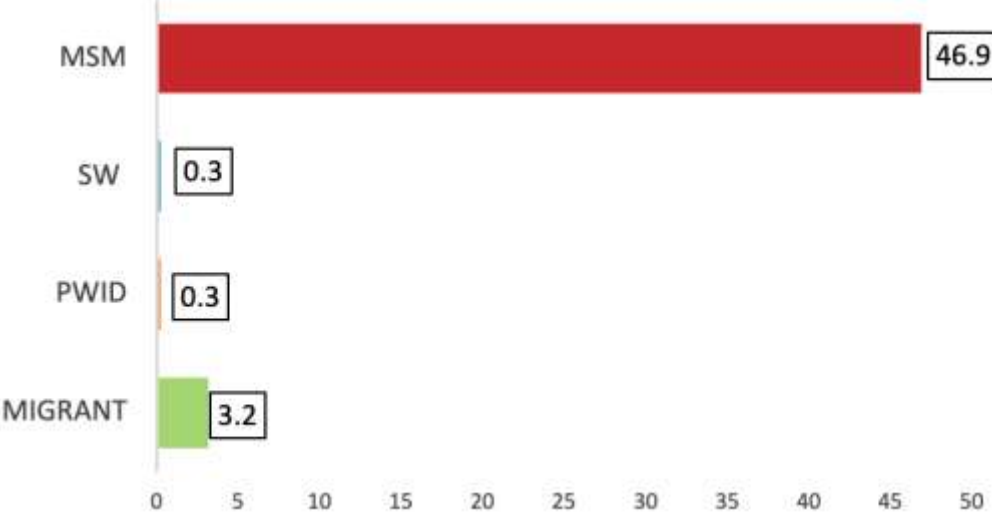


**2018 (11 centers - 56,617n)**

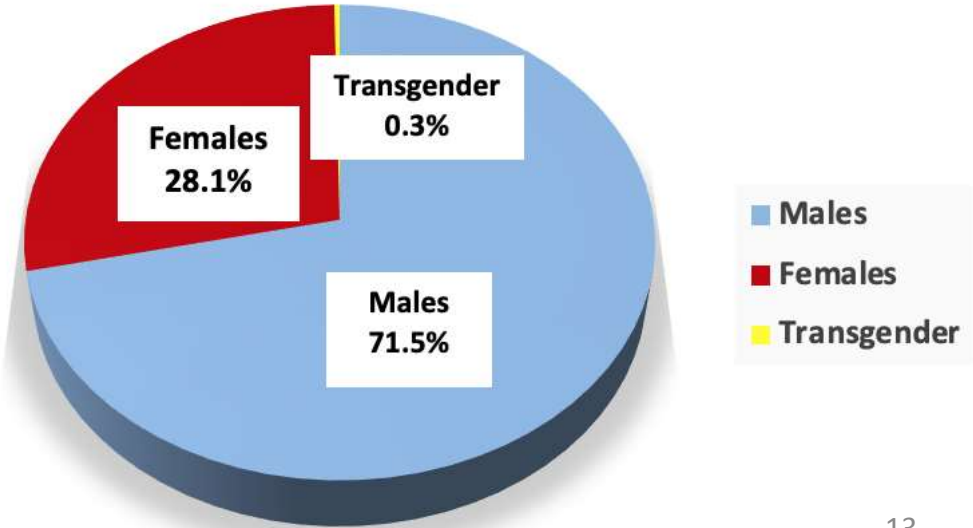
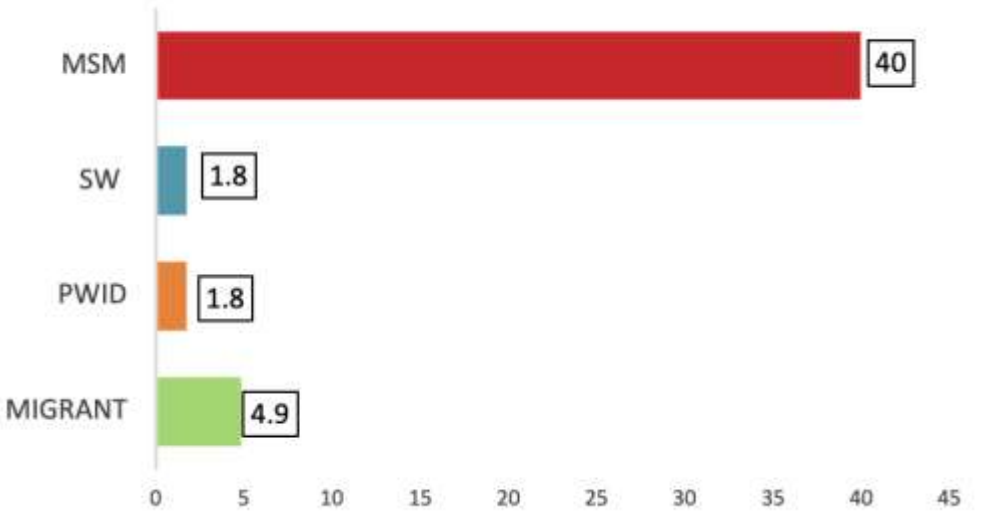


# Persons screened for HIV by EECA member centers by key populations: 2019 – 2020 (%)

2019 (14 centers - 70,643n)



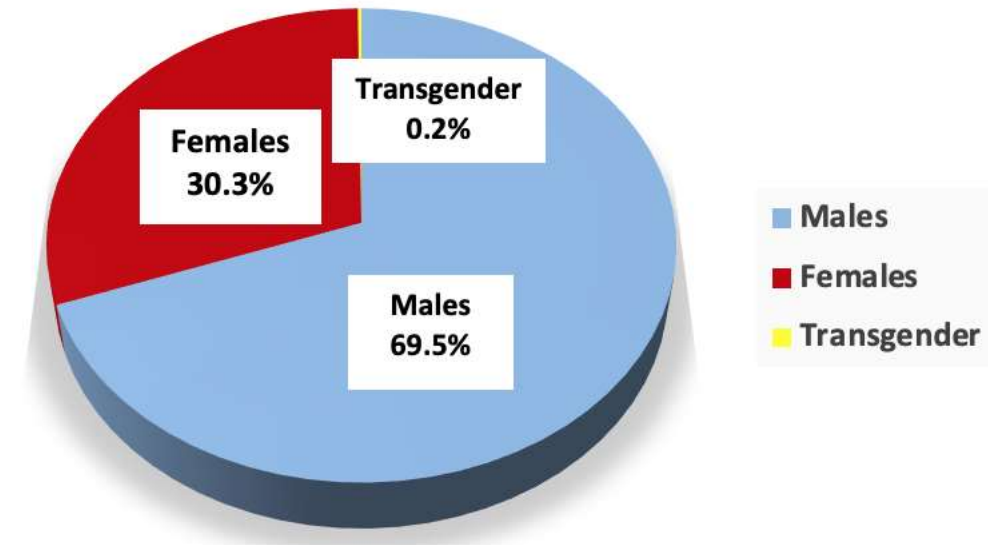
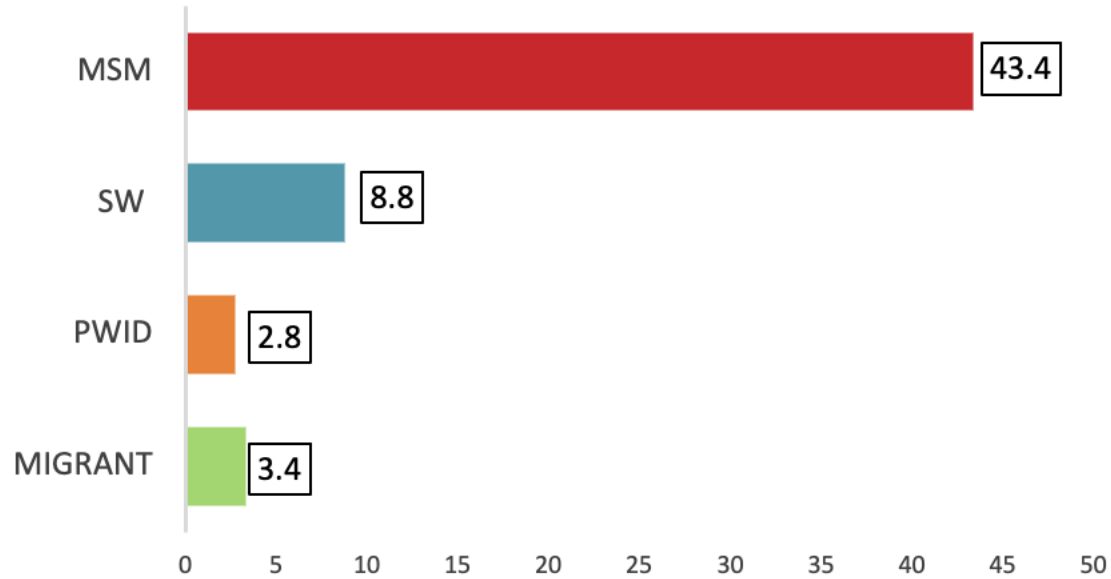
2020 (10 centers - 37,173n)



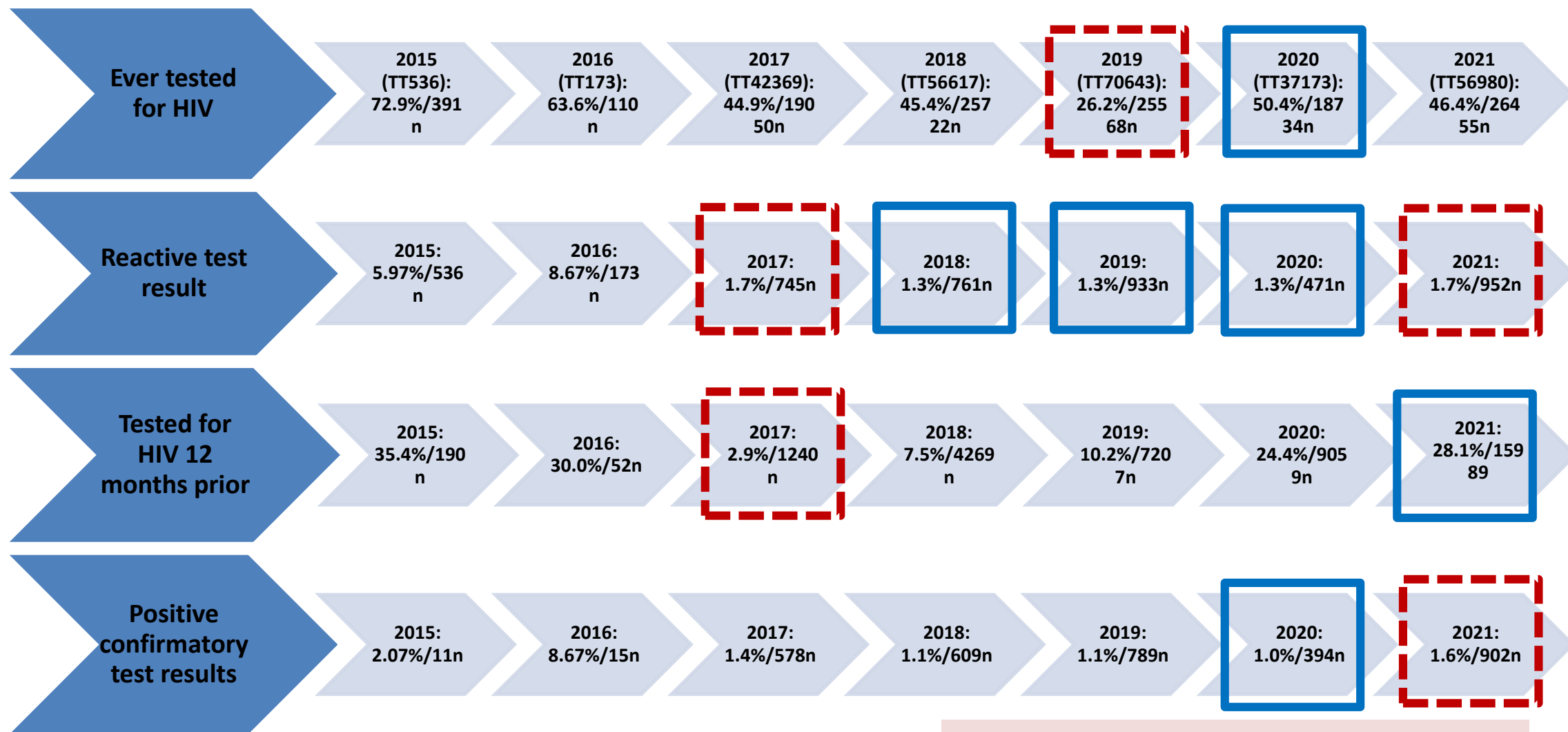


# Persons screened for HIV by EECA member centers by key populations: 2021 (%)

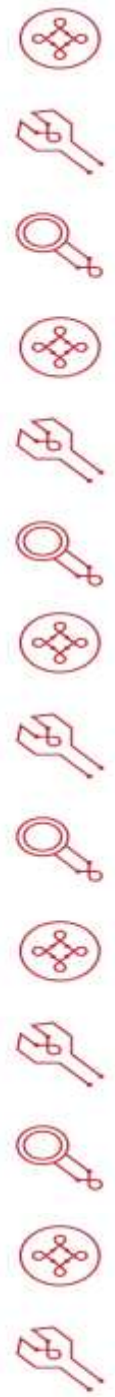
2021 (12 centers - 56,980n)



# Key results by indicator and by year: 2015 - 2021



\*TT: Total tests performed during given year (N). 15



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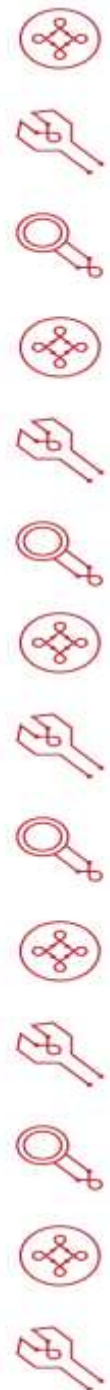
## Limitations

Not all members have the capacity to provide information required to calculate all the indicators of the report every year or provide data using unique identifiers.

Lack of biologic data.

Generalizability of the results.

Data was not always reported by the same centers every year.



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## Conclusions

- There is big gap between HIV testing among MSM and other vulnerable groups in EECA, specifically among transgender people, PWID, and SW.
- Low percentage of persons tested during past 12 months and high proportion of reactive test results indicates need of increase in testing outreach programs in EECA.
- Overall, increase in participation from EECA members has been found in COBATEST network, but data submission is not consistent throughout 5 years.
- Importance and lack of support in data collection and reporting.

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**Thank you!**