

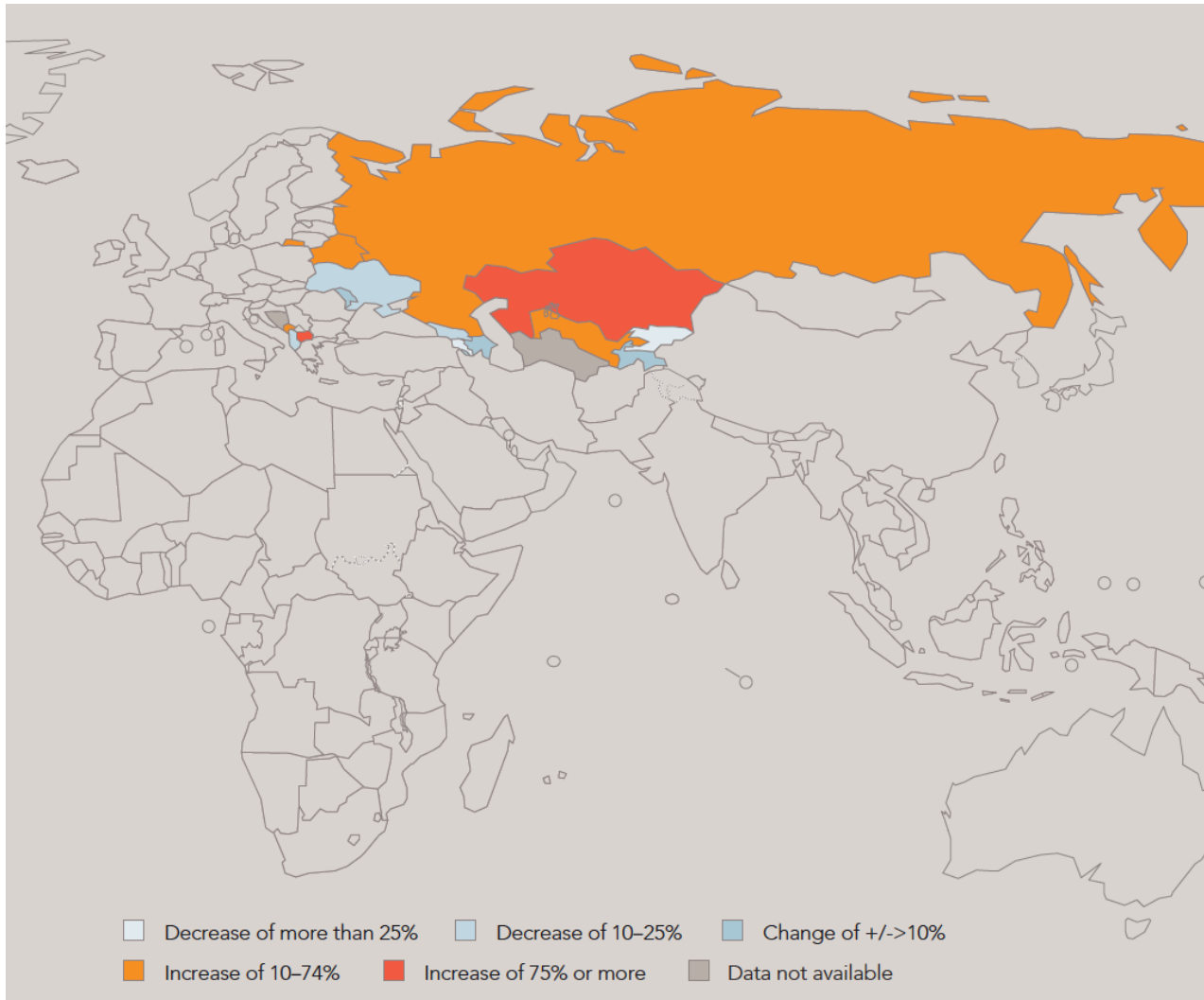


Operational and structural realities of community-based testing centres in Eastern Europe and Central Asia during HIV/STI testing and data collection

Megi Gogishvili, DrPH

Co-authors: Gennady Roschchupkin, Vitaly Djuma, Miguel Alarcon Gutierrez, Jordi Casabona, Laura Fernández López, and COBATEST Network Study Group

HIV pandemic in Eastern Europe and Central Asia



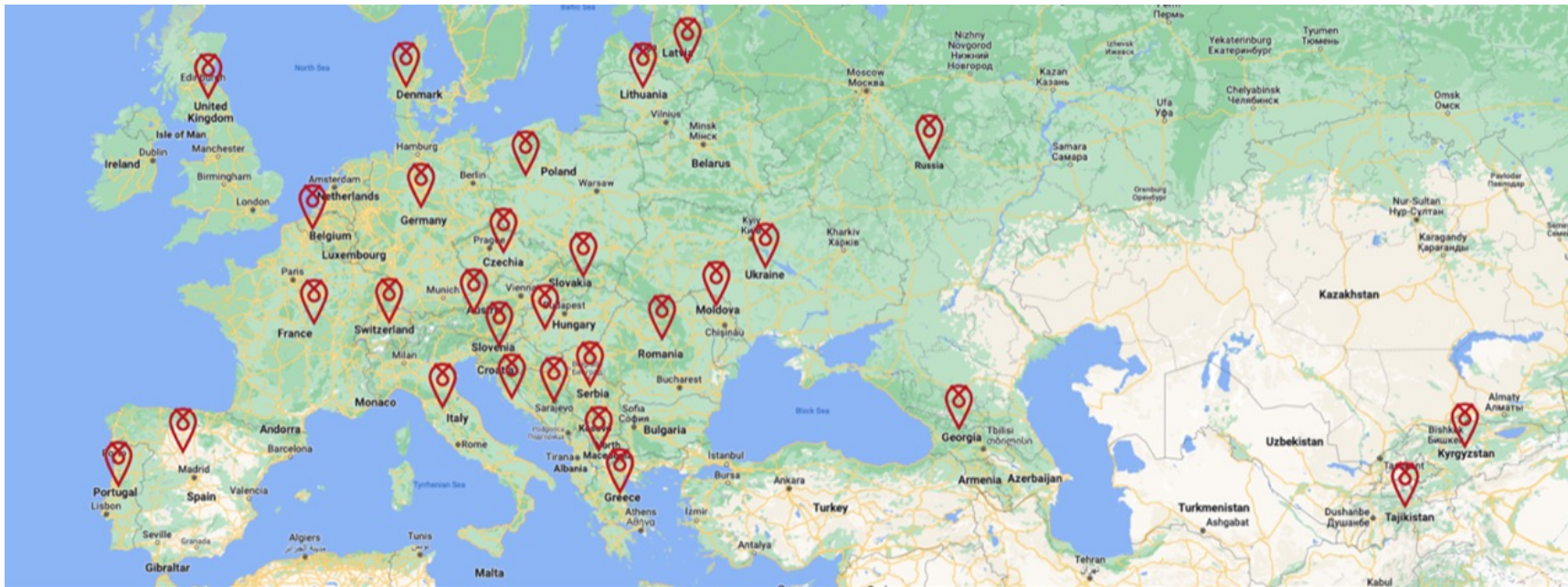
Percentage change in HIV incidence among adults in EECA:2010-2017 (UNAIDS, 2018)

- Eastern Europe and Central Asia (EECA) are some of the few regions in the world where HIV infection continues to rise among vulnerable groups.
- From 2010 to 2021, increase of 48% (from 60 000 to 180 000) was found in new HIV infection in EECA (UNAIDS, 2018).
- Social and structural barriers as well as lack of access to earlier diagnosis and treatment are one of the main associated factors to high HIV incidence in EECA.
- Community-based testing and voluntary counseling (CBVCTs) centers have been considered as effective strategy for improving access to testing, prevention, and treatment services (Suthar et al., 2013; Pottie et al., 2014).



COBATEST NETWORK

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 105 members from 27 European and 2 Central Asian countries.

Objectives: To identify and describe operational profile of CBVCTs in EECA, and obstacles encountered by these services while providing testing, follow-ups and linkage to care.

Methods

An assessment was performed by means of a questionnaire developed by CEEISCAT and Eurasian Coalition on Male Health (ECOM).

Information collected on:

- Operational details;
- Testing performed;
- Data collection performed;
- Present challenges for testing and possibility for improvements for testing in their country.



Study period: 1 September 2022 to 31 November 2022.

Data collection: An online questionnaire was disseminated by COBATEST, ECOM, Aids Foundation East and West (AFEW), and AIDS Action Europe to their member CBVCTs from EECA.

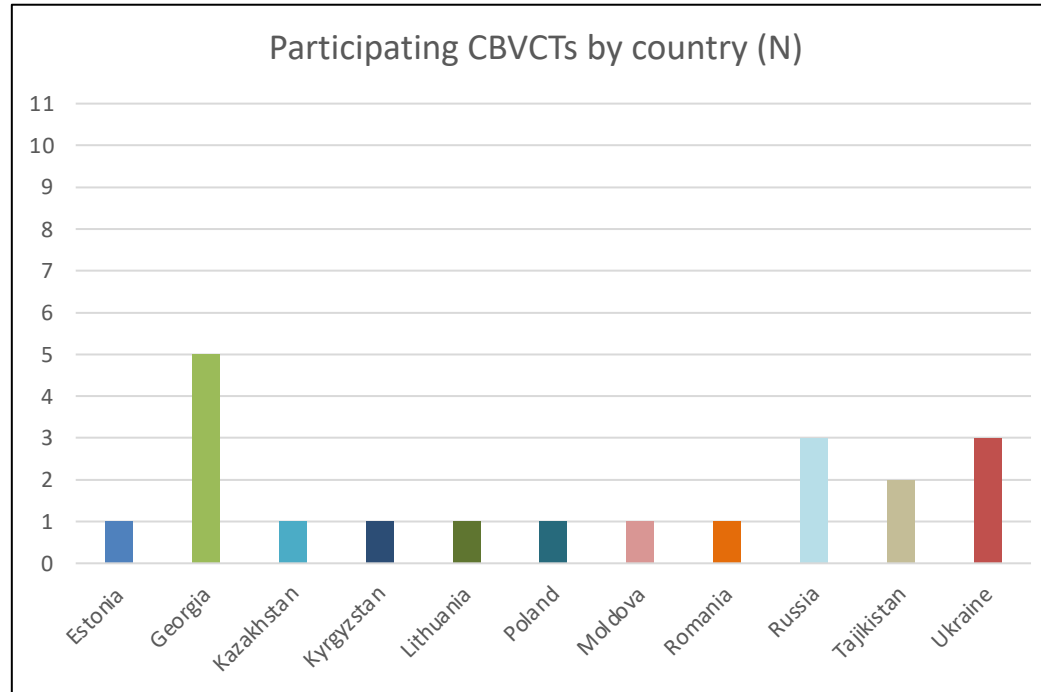
Inclusion criteria: Non-governmental community centers who perform HIV/STI testing.

Data analysis:

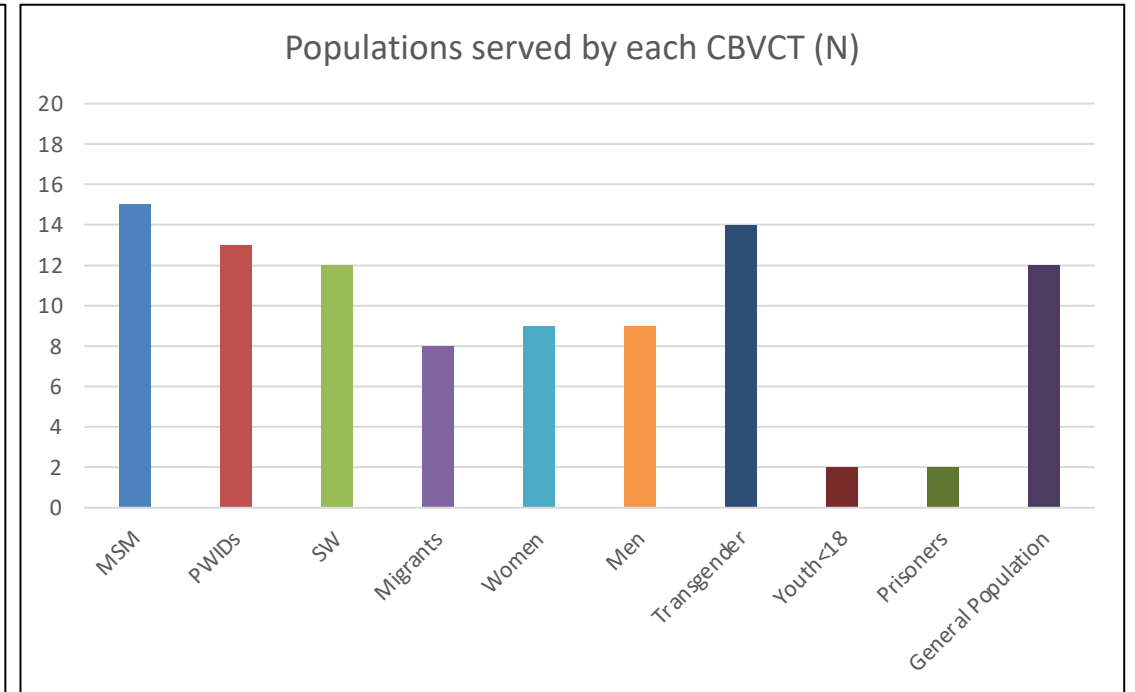
- Descriptive analysis (operational details, testing, and data collection performed).
- Thematic analysis (present challenges for testing and possibility for improvements).

Operational Details

Descriptive analysis

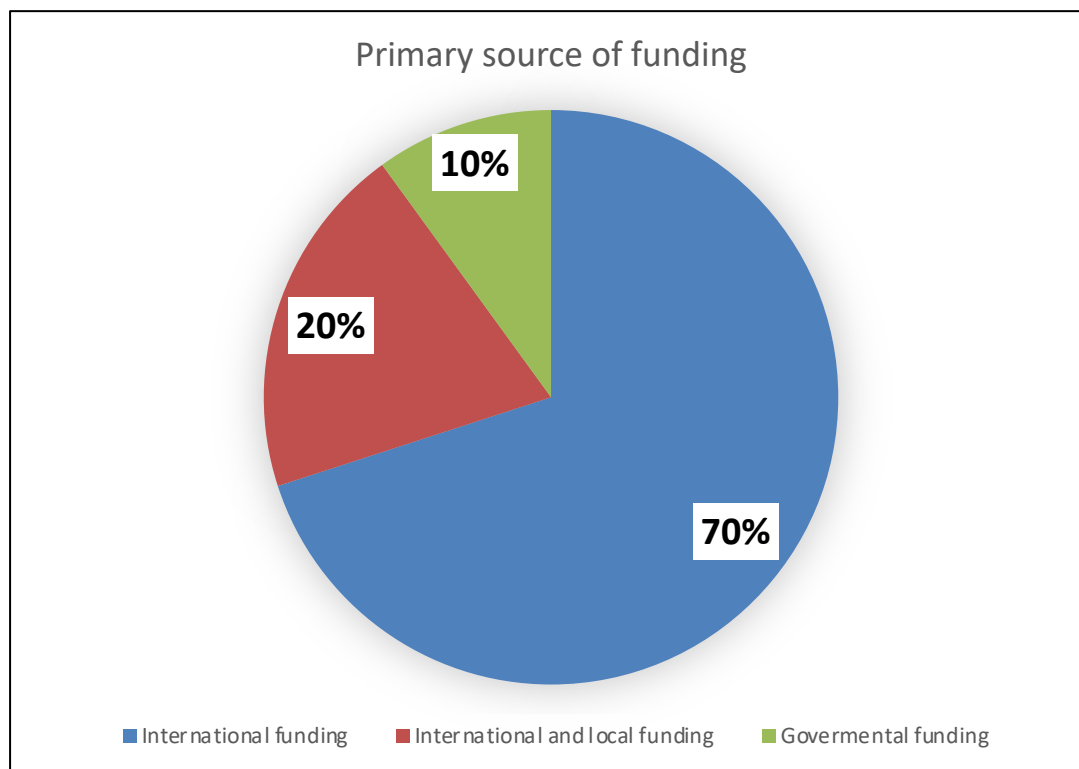


- 20 CBVCTs participated from 8 Eastern European and 3 Central Asian countries.
- 16/20 participants were from Eastern European countries.



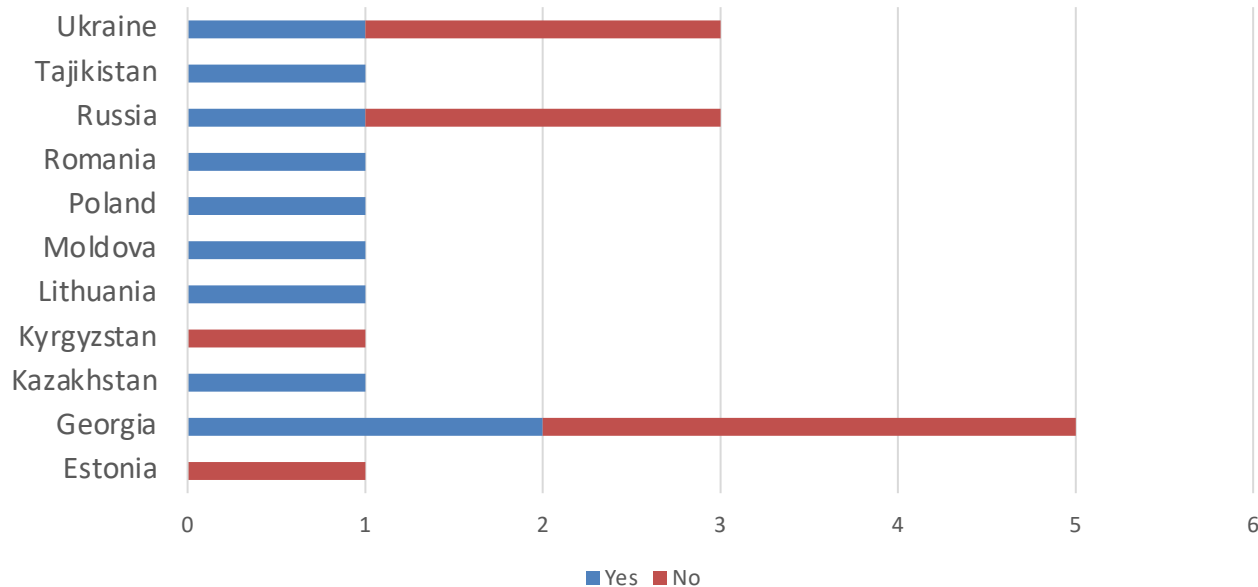
- All centers test more than one key-population group.
- Target testing groups of majority of the CBVCTs are MSM (15/20), PWIDs (13/20), SW (12/20), and transgender population (14/20)

- All respondent CBVCTs are members of at least 1 network. 9 CBVCTs are members of COBATEST.



- All CBVCTs receive funding for their day-to-day operations and/or projects
- 11 CBVCTs are primarily funded by an international organization.
- 4 CBVCTs (Lithuania, Russia (1), Estonia, Poland) are primarily funded by their government.
- 5 CBVCTs (Ukraine (1), Georgia (4)) are somewhat equally funded both by international and by their government.

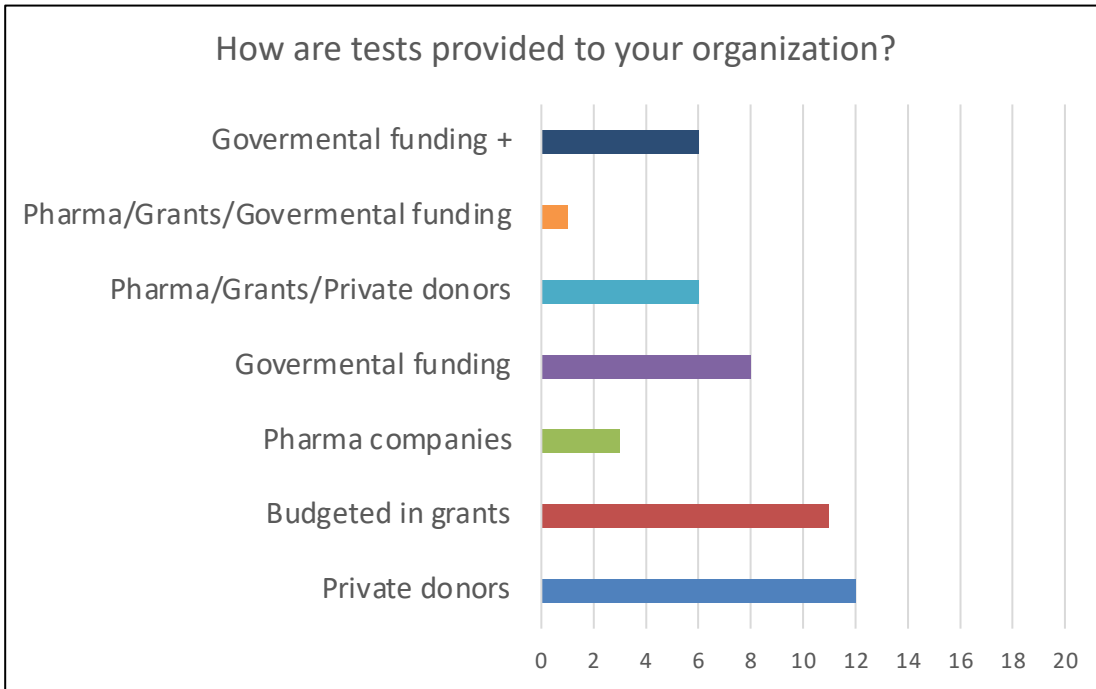
Are there any legislation regulating community based testing or delivery of provisions to the clients in your country?



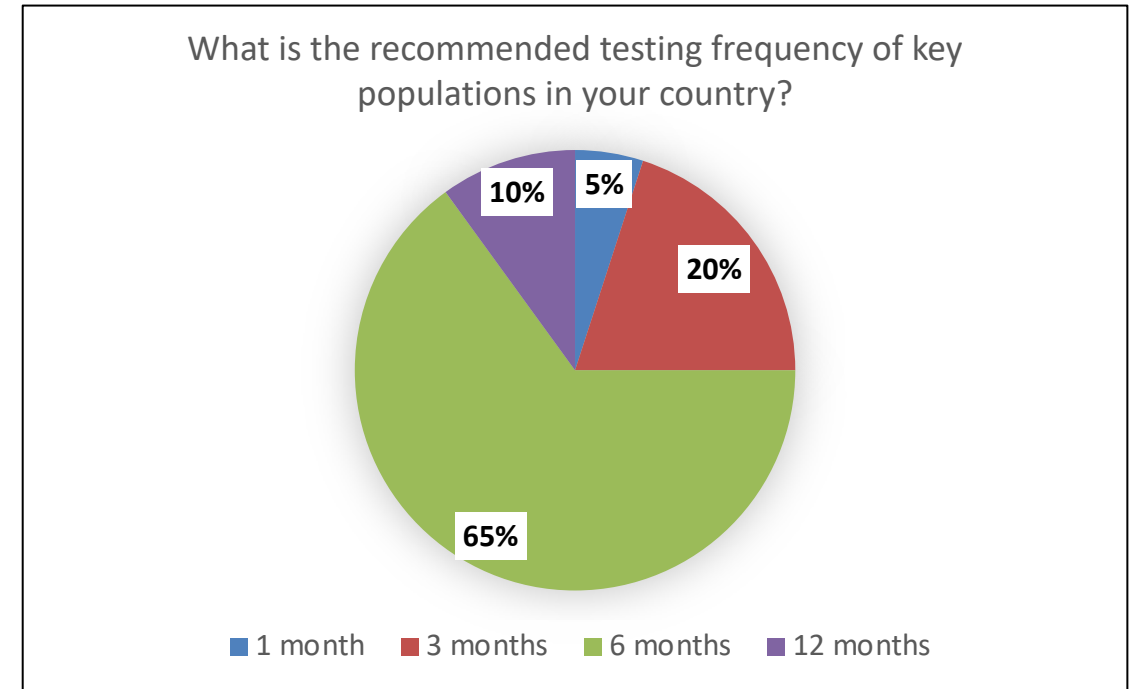
CBVCTs from 2/11 countries responded that no such legislation exist, from 6 countries that there are such legislations, and CBVCTs from 3 countries answered yes (Georgia 2/5, Ukraine 1/3, Russia 1/3) and no.

CBVCTs' Knowledge on the existing legislations:

- 9 CBVCTs could identify a legislation regulating CBVCTs or service provision for STI/HIV.
- 3 CBVCTs (Ukraine, Kyrgyzstan, Romania) responded that there is no laws regulating community-based testing (just providing of provisions).
- 4 CBVCTs (Lithuania, Moldova, Poland, Georgia) responded that they had official instructions, protocols, recommendations. However, not identified existence of actual legislation.
- 4 CBVCTs (Ukraine, Russia, Kazakhstan, Lithuania) responded that testing cannot be done by non-medical or licensed staff.

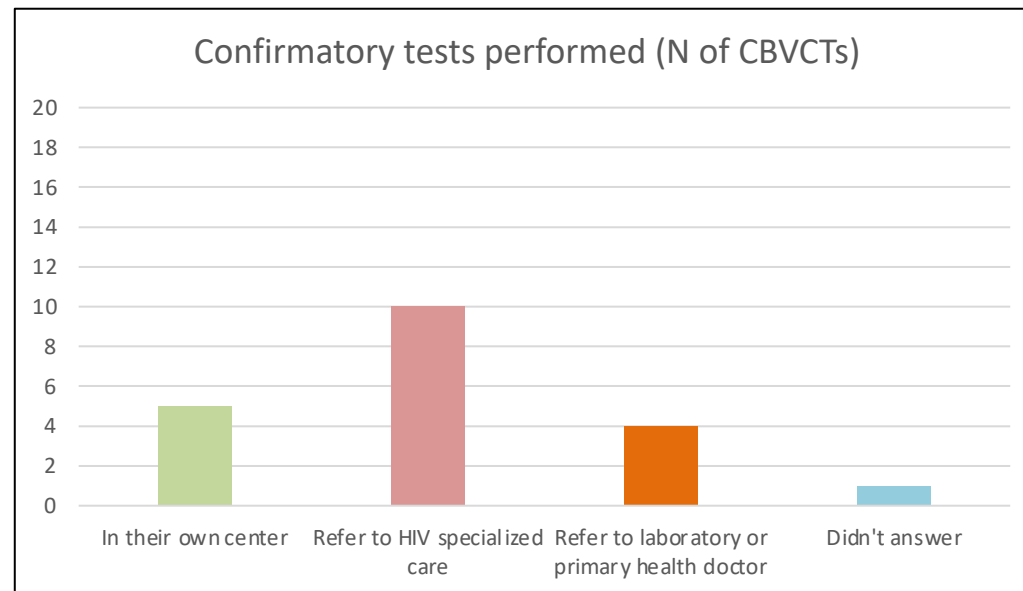
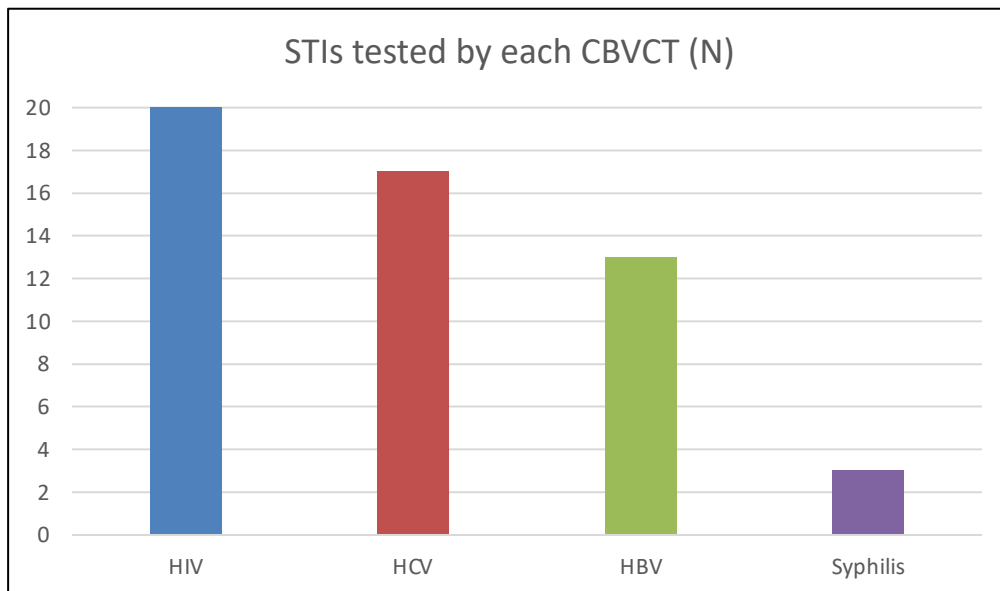


- Two primary source named by the CBVCTs for test provision (or fund for purchasing) were private donors (12 CBVCTs) and budgeting of test purchasing in the grants applied (11 CBVCTs)
- 10/20 CBVCTs named more than one source of test provision.



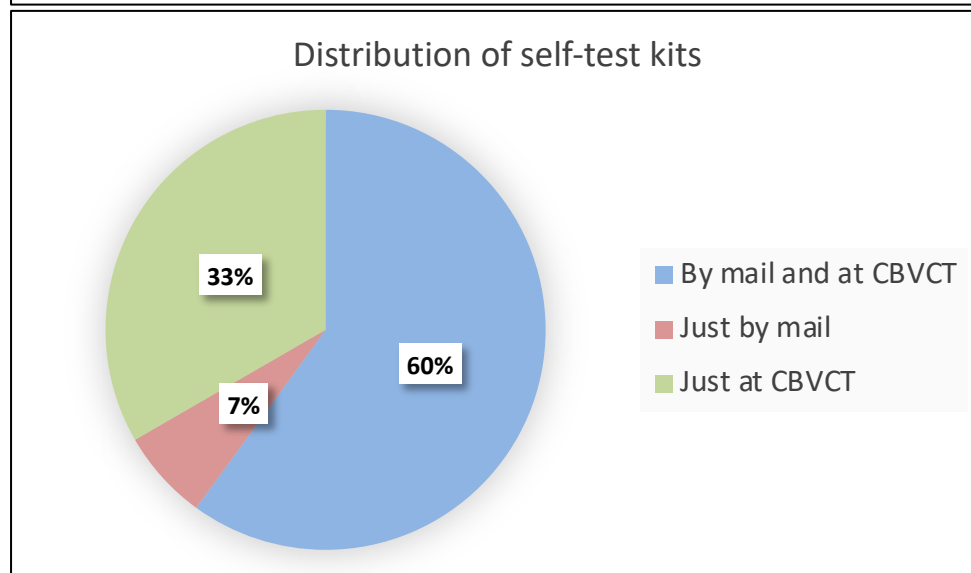
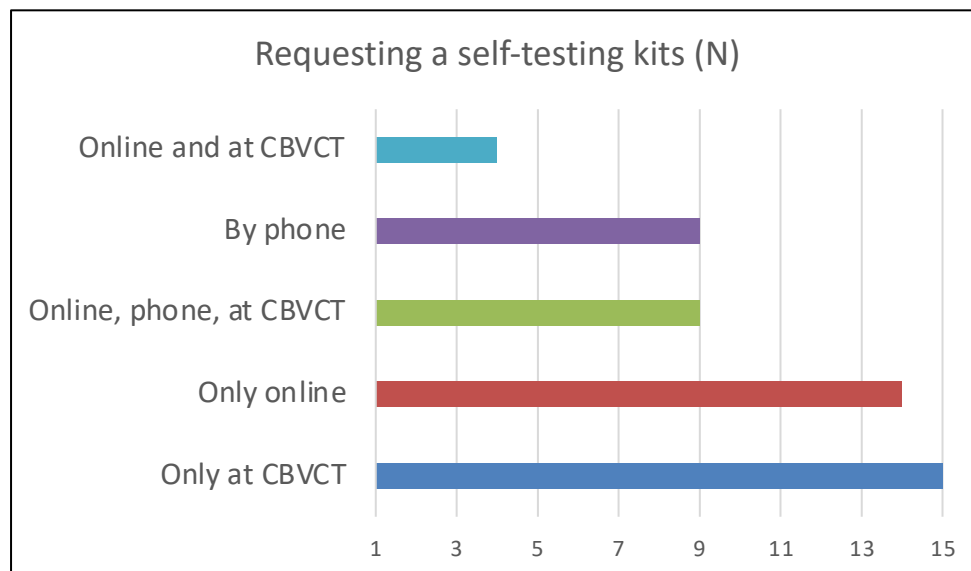
- 13/20 CBVCTs responded that recommended routine testing is every 6 months.
- 5 CBVCTs responded that it was not enough (Ukraine (1), Russia (1), Kazakhstan, Estonia, Romania), and 3 that not always (Russia (2), Tajikistan (1)).

Testing performed

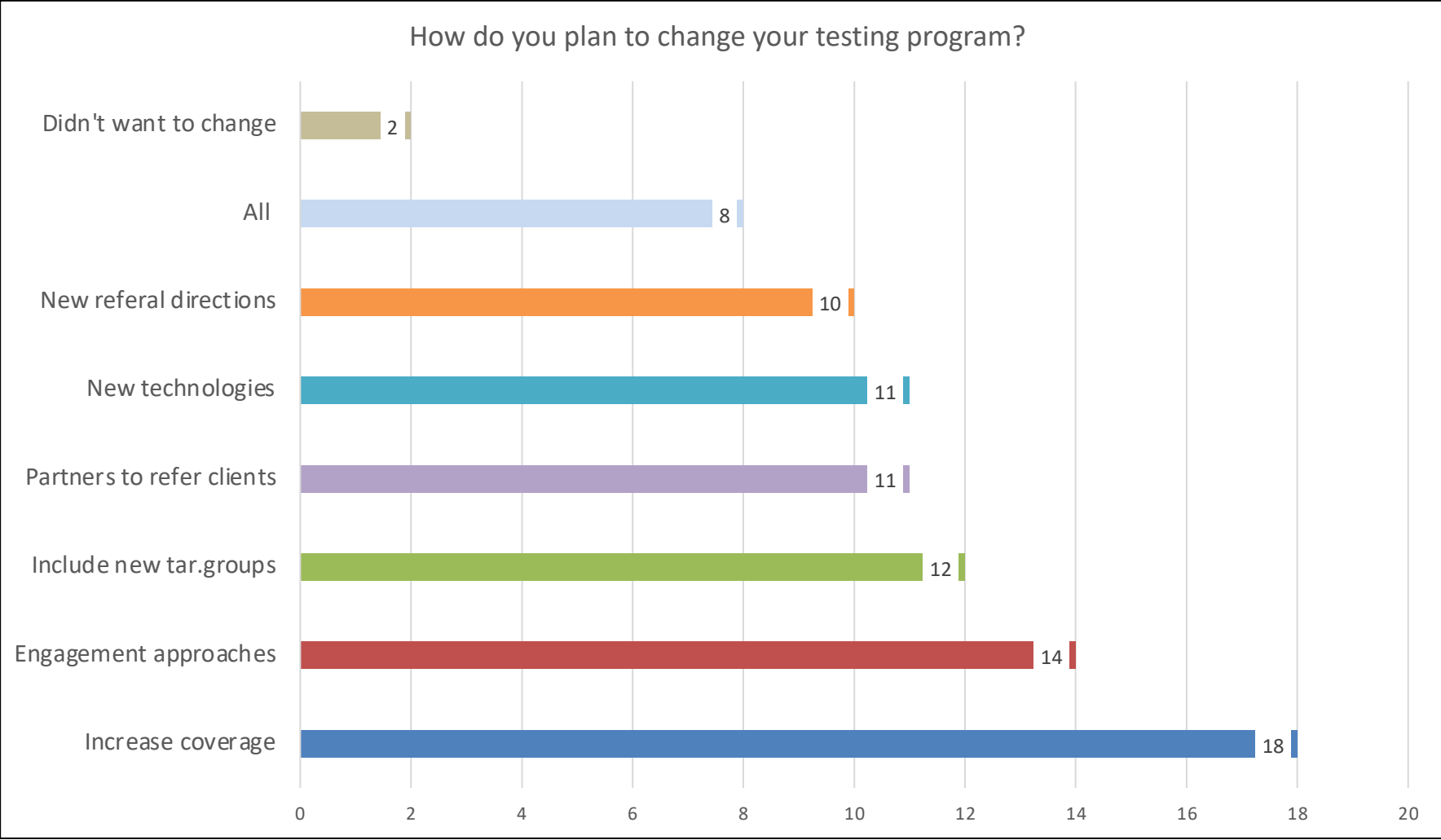


- All centers test for more than one STI, besides a CBVCT from Kazakhstan who performs testing only on HIV. Only 3 (CBVCTs from Georgia, Moldova, and Poland) test for Syphilis.
- 13/20 CBVCTs utilize just rapid tests, 1 performs only laboratory testing (Georgia), and 5 perform both rapid and laboratory testing (Ukraine, Tajikistan, Moldova, Poland, Georgia).

- Most of the CBVCTs refer their clients to HIV specialized care centres for confirmatory testing, and only 5 (from Georgia, Kyrgyzstan, Poland, Russia, Ukraine) can perform it in their centres
- 17 CBVCTs receive confirmatory test results done outside of their centres.

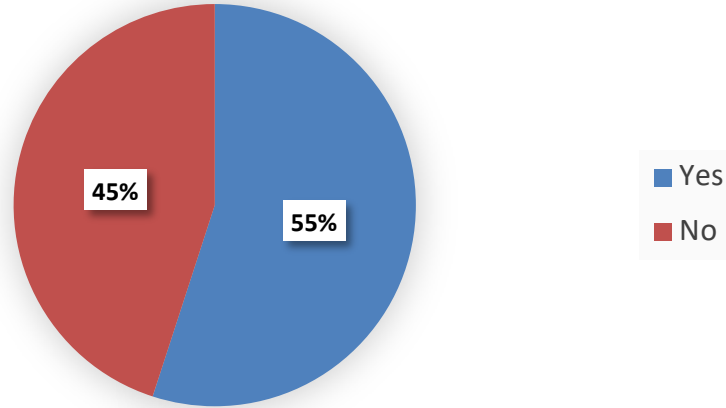


- All CBVCTs provide self-testing kits besides 1 from Romania, Kazakhstan, Kyrgyzstan, Ukraine (1/3) and Russia (1/3). In most of the CBVCTs clients can request the kit online, by phone, or in-person (9/15).
- 9/15 CBVCTs distribute the kits by mail and at CBVCT, while in 5 centres it is available just at CBVCT, and in 1 just by mail. 7/15 CBVCTs mail the kits everywhere in their country, 2 just in their region and 5 just in their city.
- 2 CBVCTs receive the results of self-test kits more than 75% of the time, 6 CBVCTs receive results 50-75% of the time, 2 CBVCTs 25-50% of the time, 5 CBVCTs receive results less than 25% of the time.
- All CBVCTs follow-up with a client if they receive the result.

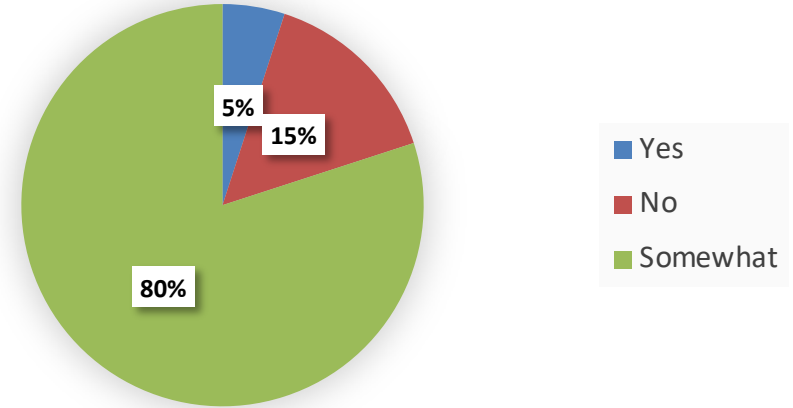


Data collection

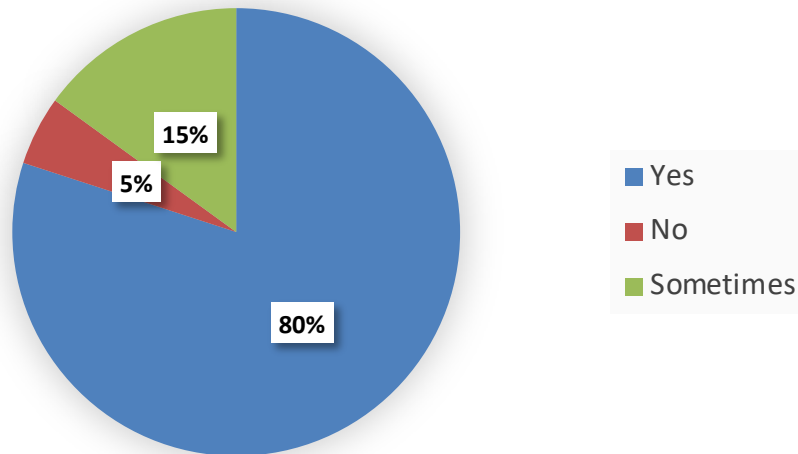
Do you have enough personnel for data collection?



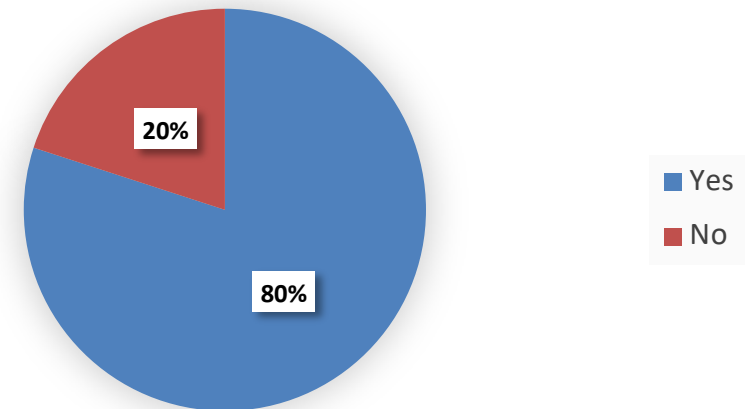
Personnel who perform data collection are trained for it?

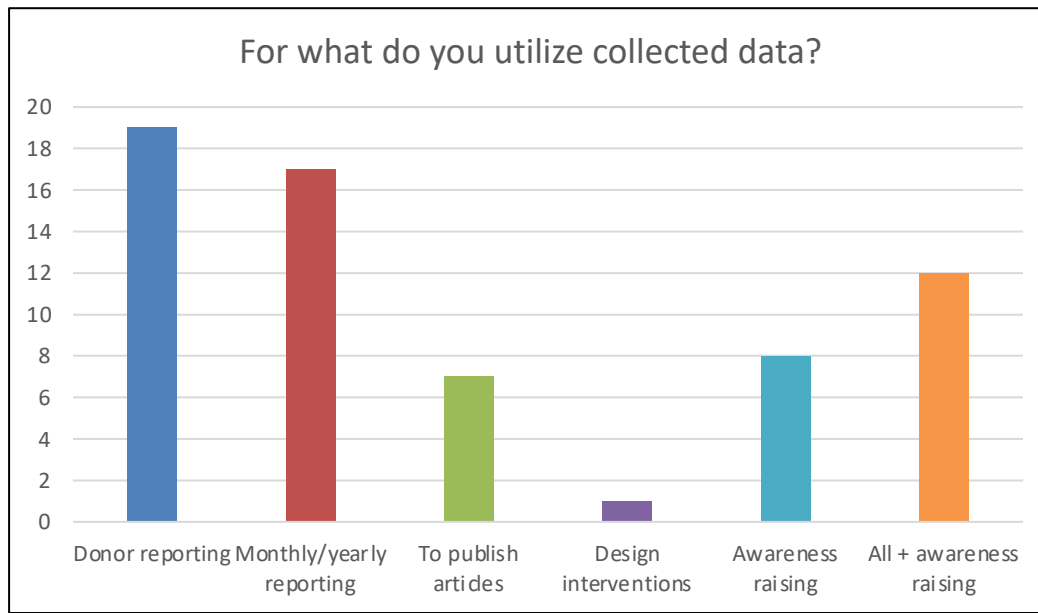


Do you perform quality check of collected data?

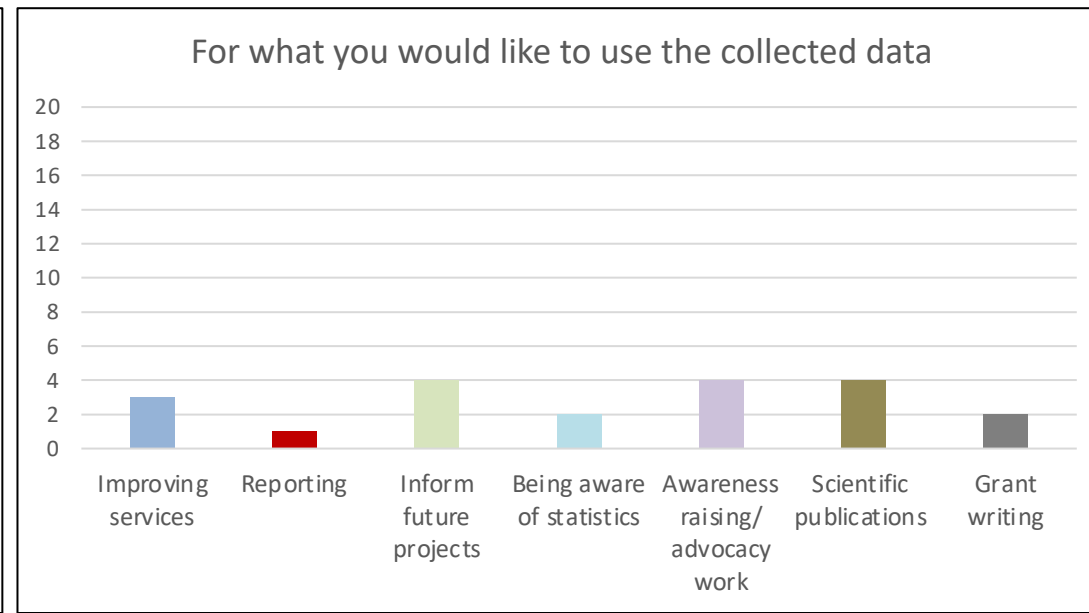


Do you have an employee(s) who can extract, manage, and analyze the data collected?





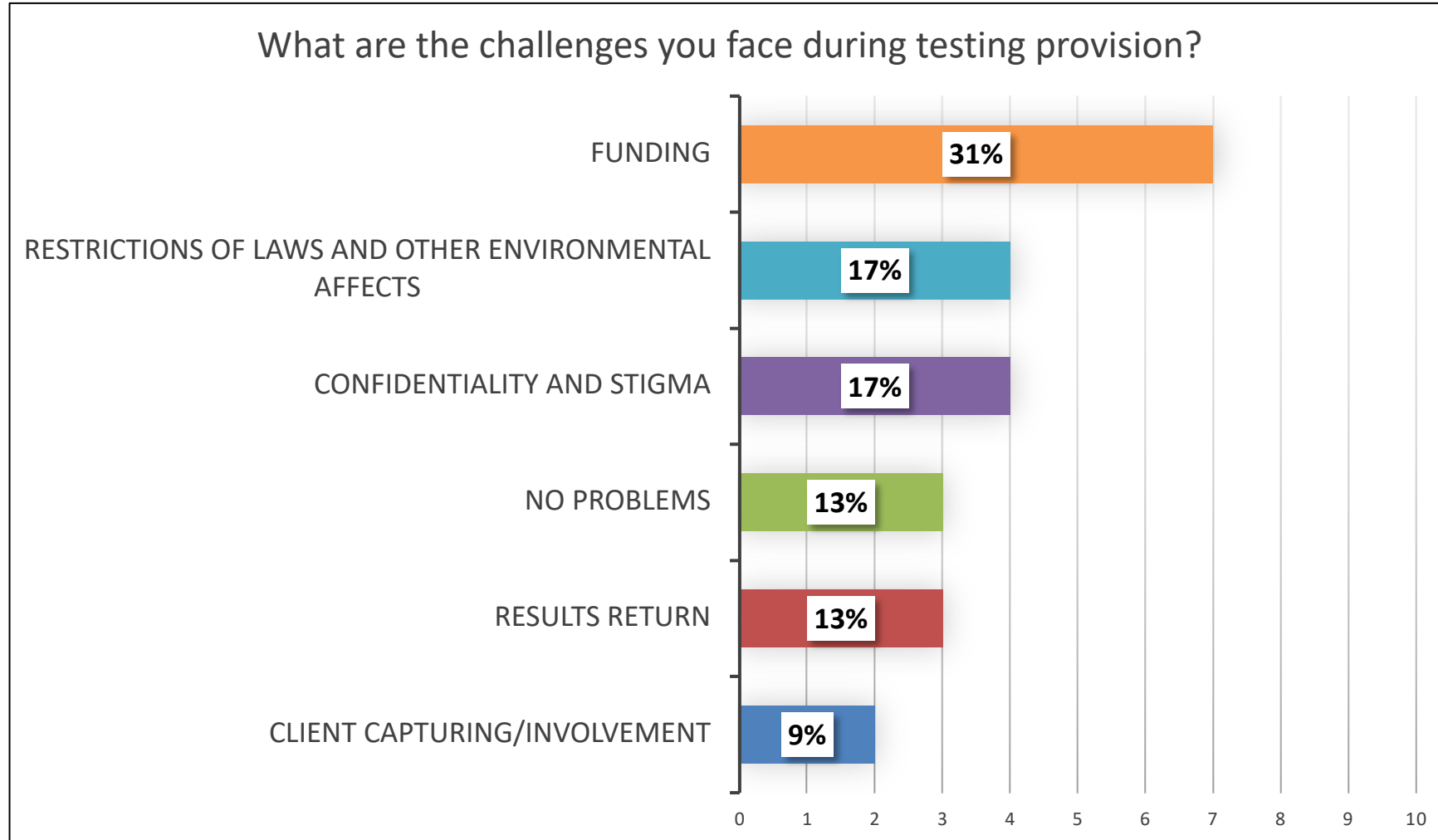
- 19/20 CBVCTs utilize collected data for donor report.
- Only 1 center (CBVCT from Moldova) utilizes collected data to design interventions.
- 12 CBVCTs utilize collected data for all listed purposes.



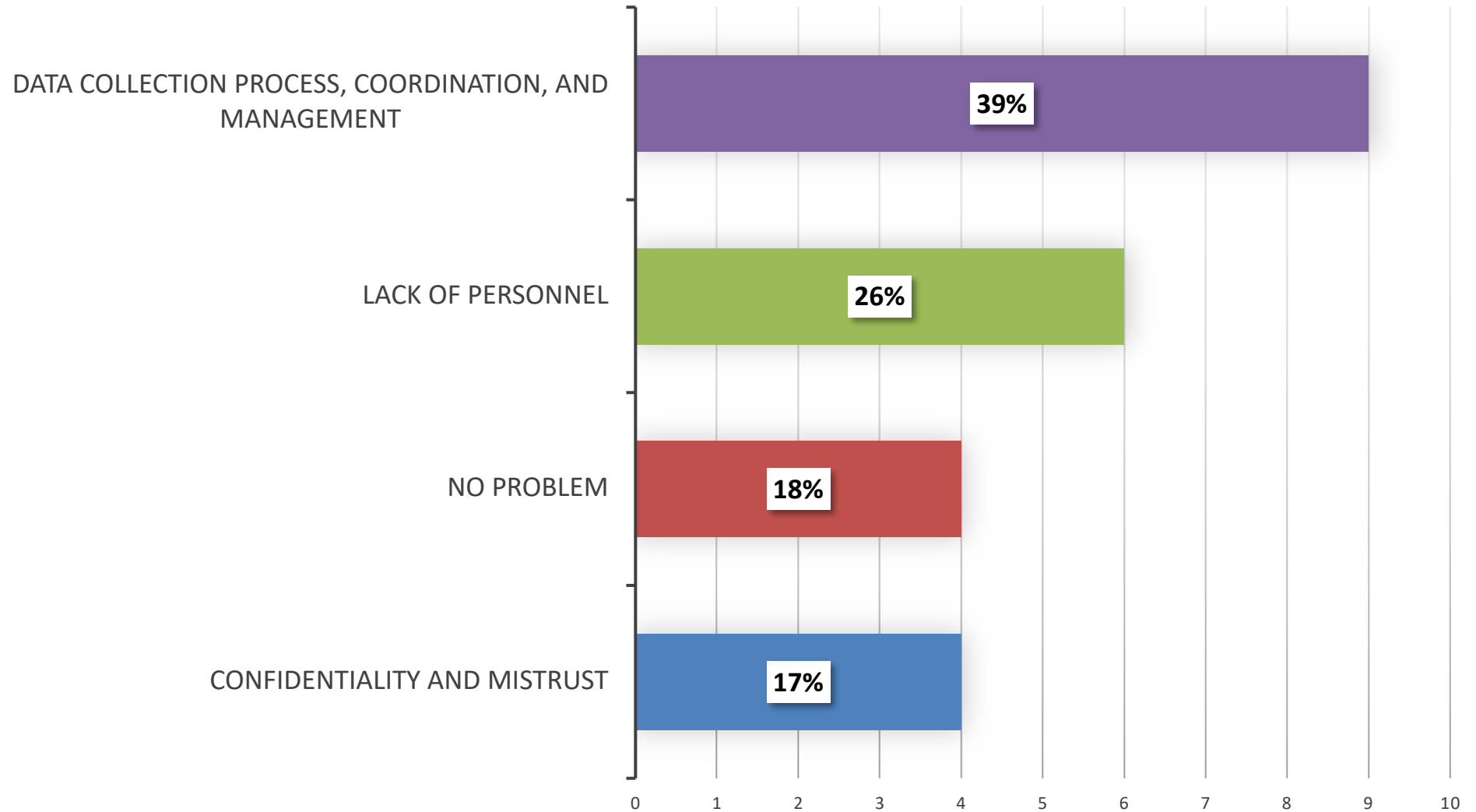
- 17/20 CBVCTs expressed wish to utilize the data for other purposes besides donor reporting (governmental or private) or their own yearly report.
- 3 most repeated purpose of data utilization was to inform future projects/interventions, awareness raising purposes and for advocacy work, and to publish scientific articles.

Challenges and future improvements

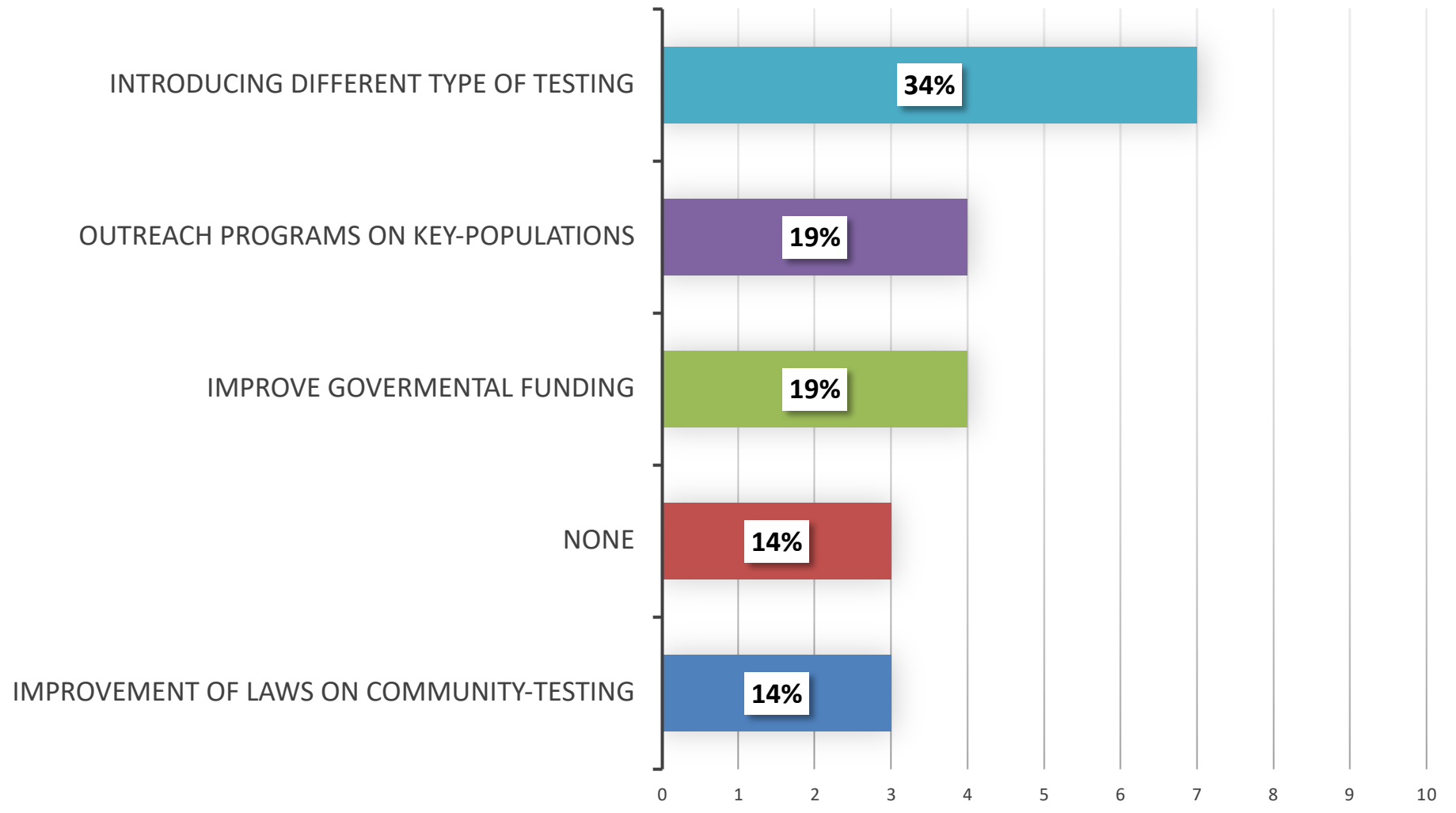
Thematic analysis



What are the challenges you face during data collection?



How HIV-testing and service provision can be improved in your country?





Conclusions

Community-based voluntary counseling and testing centers are limited by laws during testing and service provision.

Funding is an issue when it comes to testing or data collection.

CBVCTs lack staff and/or qualified personnel to perform data collection and analysis.

There is an increasing interest in incorporated self-test and self-sampling kits as one of the testing services.

Participating CBVCTs

NGO Estonian Network of People Living with HIV
Estonia

NGO Podruga Osh
Kyrgyzstan

Autonomous non-profit organization for the prevention
of socially significant diseases "New Life"
Russia

Georgian Harm Reduction Network
Georgia

Association of HIV affected women and their families
Demetra
Lithuania

NGO Volunteer
Tajikistan

Center for Information and Counseling on Reproductive
Health TANADGOMA
Georgia

GENDERDOC-M, Information Centre
Moldova

Equal Opportunities
Tajikistan

IEP Imedi
Georgia

Foundation for Social Education
Poland

menZDRAV-Ukraine
Ukraine

Akeso
Georgia

Baylor Black Sea Foundation
Romania

Tochka
Ukraine

Step to future
Georgia

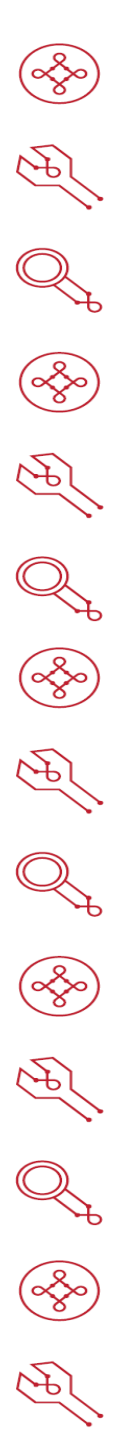
LaSky
Russia

Alliance Global
Ukraine

OO "Human Health Institute"
Kazakhstan

AHO CPH Project April
Russia





COBATEST
NETWORK

Thank you!