



Monitoring Community-Based Voluntary Counselling and
Testing (CBVCT)

GUIDELINES FOR AGGREGATED DATA SUBMISSION

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INTRODUCTION

This document was prepared for members of the COBATEST network that use their own data entry system (and not the COBATEST online tool), as guidance on how to submit aggregated data for monitoring and evaluation (M&E) indicators. The guidelines provide the list of indicators required for completing the Excel of CBVCT M&E indicators. The CBVCT indicator data should be extracted from the CBVCT services own data management system and prepared according to the specifications.

CBVCT M&E data files should be submitted to the COBATEST Network annually, by the following deadlines:

Data for the period:	Should be submitted by:
1st January 2017 - 31st December 2017	31st March 2018
1st January 2018 - 31st December 2018	31st March 2019
1st January 2019 - 31st December 2019	31st March 2020
1st January 2020 - 31st December 2020	31st March 2021
1st January 2021 - 31st December 2021	31st March 2022
1st January 2021 - 31st December 2022	31st March 2023
1st January 2022 - 31st December 2023	31st March 2024
1st January 2023 - 31st December 2024	31st March 2025
1st January 2022 - 31st December 2025	31st March 2026
1st January 2022 - 31st December 2026	31st March 2027

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Consensus on the list of core and optional CBVCT indicators was reached on the draft document at the Workshop on the Core Group of Indicators to Monitor HIV Diagnosis in CBVCT Services in th Barcelona on 24 of May 2012. Special thanks to Tobias Alfven (Joint United Nations Programme on HIV/AIDS - UNAIDS, Switzerland) for his contribution to the workshop and all his suggestions on how to improve the document.

In addition to all individuals mentioned above, the following individuals participated at the workshop: Elena Adán (CAS Lluís Companys – Creu Roja, Spain), Maite Arrillaga (CEEISCAT), Alison Brown (Health Protection Agency-HPA, UK), Michele Breveglieri (ULSS 20, Italy), Laia Ferrer (CEEISCAT), Ricardo Fuertes (CheckpointLX, Portugal), Frank Funz (AIDS-Hilfe, Germany), Martina Furegato (ULSS 20, Italy), Jakob Haff (AIDS-Foundation, Denmark), Michael Meulbroek (Projecte dels NOMS-HISPANOSIDA, Spain), Adriana Morales Sida, (Stop Spain), Galina Musat (ARAS, Romania), Félix Pérez (Projecte dels NOMS-HISPANOSIDA, Spain), Ivo Procházka (Institute of Sexology, Czech Republic), Ferran Pujol (Projecte dels NOMS-HISPANOSIDA, Spain), Daniela Rojas Castro (Association AIDES, France), Giorgio Sandrini Italy), (Arcigay, Sílvia Silva (Àmbit Prevenció-Àmbit Dona, Spain), Igor Sobolev (Estonian Network of Living People with HIV, Estonia),

Július Szabó (Česká společnost AIDS pomoci, Czech Republic), Inga Upmace (The Baltic HIV association, Latvia), and Iwona Wawer (National AIDS Centre of Poland).

After the Workshop on the Core Group of Indicators to Monitor HIV Diagnosis in CBVCT Services, the document was sent for final comments to all members of the HIV-COBATEST Steering Committee and the members of the Advisory Board of the HIV-COBATEST Project, who were: Cinthia Lemos, HIV-COBATEST Project Officer (Executive Agency for Health and Consumers – EAHC, Luxembourg), Marita Van der Laar (European Centre for Disease Prevention and Control – ECDC, Sweden), Luisa Frescura (UNAIDS), Martin C. Donoghoe (World Health Organisation – WHO, Europe, Denmark), Brenda Spencer (Lausanne University Institute of Social and Preventive Medicine, Switzerland), Ricardo Fernandes (European AIDS Treatment Group, Belgium), Jens D. Lundgren (National University Hospital & University of Copenhagen HIV programme and HIV in Europe, Denmark).

The preparation of the final document was coordinated by Irena Klavs and Cristina Agustí Benito through several rounds of review by e-mail and teleconferences and the contribution of Jordi Casabona, Laura Fernández López, Eduardo Ditzel, Miha Lobnik, and Per Slaaen Kaye.

CBVCT INDICATORS

Although the list of core CBVCT indicators suggested above for M&E CBVCT services is already rather long, individual CBVCT sites may decide to monitor a few additional indicators that are relevant to their specific CBVCT service objectives and targets or are requested for monitoring by funding agencies or donors. Such additional indicators could include indicators on counselling quality and content, client satisfaction, counsellors' requirements, and satisfaction, etc. This might require not only more extensive data collection but also more complex data collection methods (e.g. exit interviews to monitor clients' satisfaction (9) or direct observation of interaction between clients and providers to monitor adherence to national HTC service quality standards) and should be considered carefully.

Core CBVCT indicators for CBVCT services offering HIV screening

Firstly, CBVCTs will complete contextual descriptive data about the service such as: type of test used, staff involved, key populations targeted, data collection tool used (standardised questionnaire, online tool etc).

All these indicators, except for CBVCT 10 and CBVCT 11, should also be monitored in "disaggregated" form by gender (cisgender men, cisgender women, transgender men, transgender women, non-binary), age (<25 and 25+ years old) and key population at risk (MSM, SW, drug users, PWID, migrants).

If a client is in two or more key populations, they should be recorded as such (e.g. an PWID SW would be recorded in two categories and then once in "All").

Screening tests may be Enzyme-linked immunosorbent assay (ELISA) HIV test or rapid HIV test. Please specify in the contextual data.

CBVCT 1: Number of clients tested for HIV

To count number of clients, unique identifier must be used to eliminate duplicate tests and to link information obtained at different visits from the same client and information

about the same client received from other services (e.g. HIV testing laboratory). For an example of the unique identifier recommended by COBATEST, see Appendix 1.

CBVCT 2: Proportion of clients who reported to have been previously tested for HIV

$$\frac{\text{Number of clients who reported to have been previously tested for HIV}}{\text{Number of clients screened for HIV}} \times 100$$

CBVCT 3: Proportion of clients who reported to have been tested for HIV during preceding 12 months

$$\frac{\text{Number of clients who reported to have been previously tested for HIV in previous 12 months}}{\text{Number of clients screened for HIV}} \times 100$$

CBVCT 4: Proportion of clients with reactive screening HIV test result

$$\frac{\text{Number of clients with reactive screening test}}{\text{Number of clients screened for HIV}} \times 100$$

CBVCT 5: Proportion of clients with reactive HIV screening test result who were tested with confirmatory HIV test

For clients who have a reactive HIV test, confirmatory testing usually takes place in a healthcare facility with a fourth-generation test. Recording of this will depend on the client reporting back to the CBVCT or giving permission to be followed-up.

$$\frac{\text{Number of clients with reactive screening test who were tested with confirmatory HIV test}}{\text{Number of clients with a reactive HIV screening test}} \times 100$$

CBVCT 6: Proportion of clients with positive confirmatory HIV test result

$$\frac{\text{Number of clients with positive confirmatory HIV test}}{\text{Number of clients with a reactive HIV screening test}} \times 100$$

CBVCT 7: Proportion of clients with false positive results

$$\frac{\text{Number of clients with false positive result}}{\text{Number of clients screened for HIV}} \times 100$$

CBVCT 8: Number of clients needed to test to find a positive HIV result

$$\frac{\text{Number of clients tested}}{\text{Number of clients with positive confirmatory HIV test}} \times 100$$

Optional CBVCT indicators for CBVCT services offering HIV screening

CBVCT 9: Cost per client screened for HIV

$$\frac{\text{Total operational cost of the CBVCT service}}{\text{Number of clients screened for HIV}}$$

CBVCT 10: Cost per confirmed HIV diagnosis

$$\frac{\text{Total operational cost of the CBVCT service}}{\text{Number of clients with confirmed HIV infection}}$$

CBVCT 11: Proportion of clients with confirmed HIV diagnosis who were linked to healthcare

The OptTest definition of linkage to care: the proportion of patients seen for HIV care (measured by first CD4 count and/or viral load and/or attendance date and/or treatment start date). Most CBVCT services collect linkage to care based on first attendance date at healthcare facility. Prompt linkage is: linkage within 3 months of diagnosis. Recording of this variable will depend on the client consenting to share this information either themselves or through the health system.

$$\frac{\text{Number of clients with confirmed HIV infection who were linked to care}}{\text{Number of clients with confirmed HIV infection first screened in CBVCT}} \times 100$$

CBVCT 12: Proportion of clients who tested HIV positive at CBVCT sites who were diagnosed late

Late diagnosis is defined as CD4 cells count of <350 CD4 cell/mm³ within three months after HIV diagnosis.

$$\frac{\text{Number of clients with confirmed HIV infection who were diagnosed late}}{\text{Number of clients with confirmed HIV infection first screened in CBVCT}} \times 100$$

Core CBVCT indicators for CBVCT services offering HCV/Syphilis/other screening

If your CBVCT offers screening for HCV, syphilis, HBV or other complete an extra sheet on the Excel for each disease. The tests used should be specified in the first sheet in contextual information.

Indicators CBVCT ST 1-8 should also be monitored in “disaggregated” form by gender (cisgender men, cisgender women, transgender men, transgender women, non-binary), age (<25 and 25+ years old) and key population at risk (MSM, SW, drug users, PWID, migrants).

If a client is in two or more key populations, they should be recorded as such (e.g. an PWID SW would be recorded in two categories and then once in “All”).

CBVCT STI 1: Number of clients tested for [HCV/syphilis/HBV/other STI] with a screening test

To count number of clients, a CBVCT service specific clients’ unique identifiers must be used to eliminate duplicates. For an example of the unique identifier recommended by COBATEST, see Appendix 1.

CBVCT STI 2: Proportion of clients who reported to have been previously tested for [HCV/syphilis/HBV/other STI]

$$\frac{\text{Number of clients who reported to have been previously tested for [HCV or syphilis] infection}}{\text{Number of clients screened for [HCV/syphilis/HBV/other STI] infection}} \times 100$$

CBVCT STI 3: Proportion of clients who reported to have been previously diagnosed with [HCV/syphilis/HBV/other STI]

$$\frac{\text{Number of clients who reported to have been previously diagnosed for [HCV or syphilis] infection}}{\text{Number of clients screened for [HCV/syphilis/HBV/other STI] infection}} \times 100$$

CBVCT STI 4: Proportion of clients who reported to have been previously diagnosed with [HCV/syphilis/HBV/other STI] during preceding 12 months

$$\frac{\text{Number of clients who reported to have been previously diagnosed for [HCV or syphilis] infection in previous 12 month}}{\text{Number of clients screened for [HCV/syphilis/HBV/other STI] infection}} \times 100$$

CBVCT STI 5: Proportion of clients with reactive screening [HCV/syphilis/HBV/other STI] test result

$$\frac{\text{Number of clients with reactive screening test}}{\text{Number of clients screened [HCV/syphilis/HBV/other STI] infection}} \times 100$$

CBVCT STI 6: Proportion of clients with reactive screening [HCV/syphilis/HBV/other STI] test result who were tested with confirmatory [HCV/syphilis/HBV/other STI] test

$$\frac{\text{Number of clients with reactive screening test who were tested with confirmatory [HCV or syphilis] test}}{\text{Number of clients with a reactive [HCV/syphilis/HBV/other STI] screening test}} \times 100$$

CBVCT STI 7: Proportion of clients with [HCV/syphilis/HBV/other STI] diagnosis of active infection

$$\frac{\text{Number of clients with positive confrimatory [HCV or syphilis] test}}{\text{Number of clients with a reactive [HCV or syphilis] screening test}} \times 100$$

CBVCT STI 8: Proportion of clients with [HCV/syphilis/HBV/other STI] diagnosis of old infection

$$\frac{\text{Number of clients with diagnosis of old [HCV or syphilis] infection}}{\text{Number of clients screened for [HCV/syphilis/HBV/other STI] infection}} \times 100$$

CBVCT STI 9: Cost per client screened for [HCV/syphilis/HBV/other STI]

$$\frac{\text{Total operational cost of the CBVCT service}}{\text{Number of clients screened for [HCV/syphilis/HBV/other STI] infection}}$$

CBVCT STI 10: Cost per confirmed [HCV/syphilis/HBV/other STI] diagnosis

$$\frac{\text{Total operational cost of the CBVCT service}}{\text{Number of clients with confirmed [HCV/syphilis/HBV/other STI] infection}}$$

CBVCT STI 11: Proportion of clients with confirmed [HCV/syphilis/HBV/other STI] diagnosis who were linked to healthcare

$$\frac{\text{Number of clients with confirmed [HCV or syphilis] infection who were linked to care}}{\text{Number of clients with confirmed [HCV/syphilis/HBV/other STI] infection first screened in CBVCT}} \times 100$$

RECOMMENDATIONS FOR THE IMPLEMENTATION OF GUIDELINES FOR CBVCT SERVICES

Monitoring and evaluation (M&E) of CBVCT at individual service level requires the allocation of resources such as personnel time and logistic support which should be planned for. Help in preparing the data for submission can be requested from the coordinating organization of the COBATEST Network.

For individual CBVCT services, incorporating CBVCT indicators into their M&E will provide internationally standardized information for improving their services and enable them to compare their performance over time and to other similar services. Individual CBVCT services may also use such M&E results for advocating for CBVCT services in addition to health care-based HTC services and for providing evidence of their good performance and impact when seeking funding. Such standardized approach will also allow for comparability of CBVCT M&E data within the European HIV-COBATEST network, between CBVCT services in member states and at the international level.

The majority of necessary data items for the suggested CBVCT indicators can be collected at the CBVCT site through routine record keeping. For estimating the last two very important optional CBVCT indicators, additional information on clients who were diagnosed as HIV positive at CBVCT sites should be obtained from either healthcare services to which they were referred to or from the national HIV surveillance system. This will require involvement and cooperation of relevant local stakeholders and the use of a common unique identifier data. In negotiating access to such data, personal data protection issues should be considered carefully and, if necessary, a local medical ethical committee consent should be sought.

An example of a core CBVCT indicators data collection form is given in Appendix 2. This form was designed to be used by CBVCT services that will be members of the HIV-COBATEST network for sending the data to the HIV-COBATEST coordinator. The form can also be used to send the data to the national HIV/AIDS prevention, treatment, and care programme to be used for the purpose national of M&E of CBVCT within the national HTC programme.

APPENDIX 1. COBATEST UNIQUE IDENTIFIER

The COBATEST unique identifier is alphabetical and numerical and based on the answers to five questions.

User's Unique identifier (COBATEST):

<div>Gender</div> <div>(0 cis man, 1 cis woman, 2 trans man, trans woman or non-binary)</div>	<div>Day</div>	<div>Month of birth</div>	<div>Year</div>	<div>N of older brothers</div>	<div>N of older sisters</div>	<div>Initial letter of mother's name</div>
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Gender: numerical (0 cis man, 1 cis woman, 2 trans man, trans woman, non binary or other).

Date of birth: numerical (DDMMYYYY).

Number of older brothers: numerical.

Number of older sisters: numerical.

Initial letter of mother's first name: alphabetical.

APPENDIX 2: TESTING DATA COLLECTION FORM



HIV, SYPHILIS, HCV AND HBV TESTING DATA COLLECTION FORM

Name of the CBVCT site: _____ Testing site: ☐ CBVCT office ☐ Public venue (pharmacy, library)
 City of the CBVCT site: _____ ☐ Outdoors/Van ☐ Amusement venue (coffe, bar)
 Date of visit: _____ ☐ Sex work venue ☐ Needle exchange venue
 _____ ☐ Sauna/sex venue ☐ Other: _____
 Who provides the testing: ☐ Health professional ☐ Lay worker (no peer) ☐ Peer ☐ Other: _____
 User's Unique identifier (used by the CBVCT service): _____
 OR
 User's Unique identifier (COBATEST): _____
 (0 cis man, 1 cis woman, 2 trans man, trans woman or non-binary) Day Month Year N of older brothers N of older sisters Initial letter of mother's name

Client's characteristics:

Gender: ☐ Man (cis) ☐ Woman (cis) ☐ Trans man ☐ Trans woman ☐ Non-binary ☐ Other: _____ Date of birth: _____
 Foreign national: ☐ Yes ☐ No ☐ Don't know Country of birth: _____ Year of arrival to this country: (if migrant) _____
 Is the client a: ☐ Tourist ☐ Long-term stay ☐ Foreign student ☐ Foreign worker ☐ Asylum seeking migrant ☐ Refugee ☐ Undocumented migrant ☐ Naturalized citizen ☐ Resident ☐ Other: _____
 Municipality or home town: _____
 Do you have access to free health care services? ☐ Yes ☐ No ☐ Don't know ☐ Other: _____
 Have you been homeless during past 12 months? (living on the street, in a shelter, in a car...) ☐ Yes, currently ☐ Yes, but not currently ☐ No ☐ Don't know ☐ Refuse to answer

Reasons for testing: (multiresponse)

☐ Risk exposition ☐ For control/screening ☐ Window period in the last test ☐ Clinical symptoms

☐ Unprotected vaginal sex ☐ My partner asked me to ☐ Before dropping using condom with my partner ☐ I wish to have a baby ☐ Prenatal screening: before delivery ☐ Regular control ☐ Only to know my health status ☐ I want to start PrEP / Monitoring PrEP ☐ Other: _____
☐ Unprotected anal sex ☐ Broken condom ☐ Unprotected sex with sex worker ☐ My partner has tested positive recently ☐ Episode of sharing injection material ☐ Other: _____
☐ Other: _____

Reasons for selecting this CBVCT center to be tested: (multiresponse)

☐ I've come here before ☐ I've seen this CBVCT in a pamphlet ☐ I've found this CBVCT in internet ☐ Other: _____
☐ A friend told me about this CBVCT

Behavioural factors:

Sex in the last 12 months with (multianswer): ☐ Men (cis) ☐ Women (cis) ☐ Trans men ☐ Trans women ☐ Non-binary ☐ I haven't had sex ☐ Don't know
 Condom use in the last sexual relation with penetration ☐ Yes ☐ No ☐ Don't know
 Received money, drugs, good or services for sex in the last 12 months ☐ Yes ☐ No ☐ Don't know
 STI diagnosed in the last 12 months ☐ Yes ☐ No ☐ Don't know
 Drugs use? ☐ Yes ☐ No ☐ Don't know
 Drugs use route? (multianswer): ☐ Injecting ☐ Sniffing/Snorting ☐ Smoking ☐ Oral ☐ Other: _____
 Last time: ☐ Less than 30 days ☐ Less than 12 months ☐ Ever ☐ Don't know
 Main drugs used: ☐ Cannabis ☐ Cocaine / Crack cocaine ☐ Amphetamine / metamphetamine ☐ MDMA ☐ Heroin / other opioids ☐ New psychoactive substances ☐ Other: _____
 Using material of injection that were already used by others in the last 12 months, as: Syringes and/or needles ☐ Yes ☐ No ☐ Don't know
 Spoons, filters, water... ☐ Yes ☐ No ☐ Don't know
 Using other material for non-injecting drug use that were already used by others in the last 12 months? ☐ Yes ☐ No ☐ Don't know
 Have you injected drugs in prison? ☐ Yes ☐ No ☐ Never in prison ☐ Don't know
 Are you at opioid agonist treatment currently? ☐ Yes ☐ No ☐ Don't know

STI vaccinations:

Vaccination for Hepatitis A (with all required dosis) ☐ Yes ☐ No ☐ Don't know
 Vaccination for Hepatitis B (with all required dosis) ☐ Yes ☐ No ☐ Don't know
 Vaccination for Papilloma virus (with all required dosis) ☐ Yes ☐ No ☐ Don't know
 Vaccination for Mpox (with all required dosis) ☐ Yes ☐ No ☐ Don't know

