COBATEST Annual Member Meeting

25th & 26th January 2024

Ca l'Alier – Centre d'Innovació Urbana de Barcelona

Barcelona, Spain

REPORT

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1. Aim and concept of the meeting

The COBATEST network organised its annual Member Meeting on 25th and 26th January 2024 in Barcelona to bring together members of the network and provide them with a space for discussion and exchange. The meeting serves as a platform for members to address the issues they face at a national and regional level, as well as for the network representatives to present the data and activities from the previous year. Members were also asked to consider how the network can support them in achieving their goals.

One of the goals of this year's Member Meeting was to focus on the needs and priorities of member organisations in order to improve their work, exchange good practice, and come up with possible solutions through group and plenary discussions. The Secretariat and the Steering Committee drafted the agenda, but the topics of the meeting were selected by the membership. They were invited to present interesting, innovative projects they have implemented, as well as to choose the topics of group discussions using the Open Space format.

This change in concept was based on the feedback from the previous Member Meeting, suggesting that more space and time were needed for formal and informal discussions among the participants, as well as that a bottom-up approach to creating the agenda might be more beneficial. This broadened the scope of the meeting, offered a better understanding of conditions and circumstances the member organizations are operating under, and allowed for a more comprehensive overview of issues and hurdles the organizations are facing in their work. Furthermore, this format enabled members to express their views on how the network can be improved in different aspects, which actions the network can take to facilitate the members' activities, and how COBATEST can build and strengthen CBVCT capacities in Europe and Central Asia.

This year, the meeting took place in Ca l'Alier, an urban innovation centre in Barcelona, situated in a former textile mill, which was transformed into an environmentally sustainable building. The meeting was attended by 53 participants from 25 countries. Simultaneous translation for English and Russian was provided and the facilitation was taken over by the COBATEST Secretariat and the members of the Steering Committee.

The meeting was made up of two parts. The first part consisted of presentations by the COBATEST Secretariat and members' presentations with subsequent Q&A sessions. The second part was reserved for discussions in working groups, focusing on priorities and needs of the member organizations. Before closing the meeting, the participants came together to share the results of group discussions – their findings, issues, and ideas.

Day 1 – 25th January 2024

2. Opening and welcome

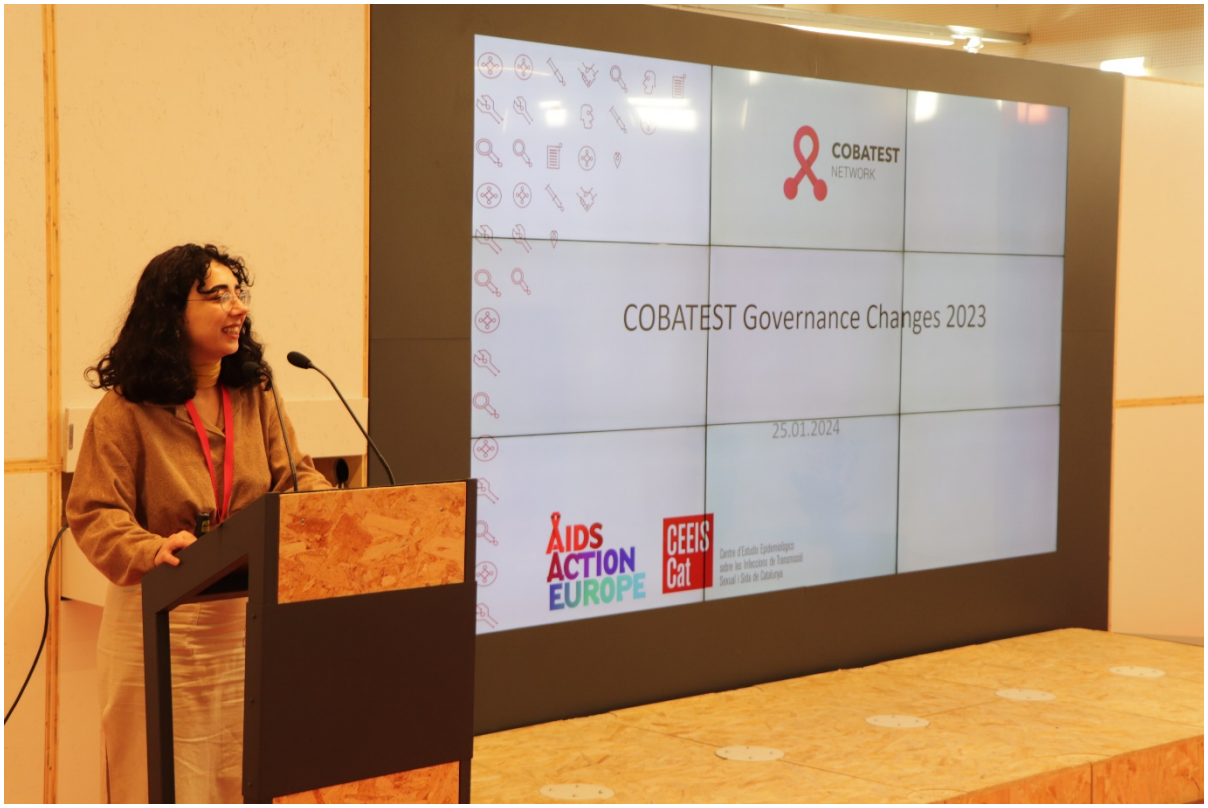
Jordi Casabona (CEEISCAT, COBATEST Steering Committee), opened the meeting by welcoming the participants and expressing his joy to see a sense of belonging and collaboration among the membership. Jordi wished everyone a pleasant meeting and productive discussions.

Christos Krasidis (AIDS Solidarity Movement, Cyprus / AAE, COBATEST Steering Committee) thanked CEEISCAT for hosting the meeting, stressing how important it is to have a network of people willing to work together, validating of each other's work on local and regional levels, and open to learning more about each other's realities. He pointed out that the organizers have allocated more time for participants to exchange and discuss, especially on the second day of the meeting.

Following the welcome address, the COBATEST Steering Committee introduced themselves to the attendees – including new SC members Mihai Lixandru (ARAS, Romania) and Nino Tsereteli (Tandgoma, Georgia).

A video message by Laurel Sprague, UNAIDS Chief of Community Mobilization, was shown too – in it, Sprague referred to the report of the last meeting of the UNAIDS Program Coordinating Board (PCB), which contains 25 case studies on HIV testing. This report shows that communities play a central role in testing and provision of HIV services. UNAIDS recognizes the importance of community leadership in this context and supports organizations led by and for the communities they serve. Especially in countries transitioning from Global Fund to home funding, community-led organizations need to be sustained through this transition. Sprague commended the organizations in the EECA region for their

adaptability, being able to continually provide services even in humanitarian settings and contexts such as the COVID pandemic. She also addressed two major barriers to access HIV services – criminalization and stigma & discrimination, which sometimes lead to harsh human rights violations. Sprague ender her message thanking the COBATEST member for the invitation and the work they do to provide members of their community with HIV services.



3. Governance Changes

Shabnam Abdullayeva (AAE, COBATEST Secretariat) presented the latest changes in governance of the network, which were agreed upon at the last SC Meeting on 14-15 December 2023. The changes relate to the election procedure (members *from civil society* can apply and vote; the SC reserves the right to review results, in order to ensure geographical, gender and key populations balance) and the decision making process (in case of a tied vote, the representatives of the secretariat have the deciding vote– in case AAE and CEEISCAT cannot reach an agreement, the active membership votes).

4. Presentations by members

Prior to the meeting, members were given the opportunity to suggest presentations on topics and projects that were important to them in 2023, on exciting activities they implemented, or on other lessons learned during the previous year. Three topics were selected and the attending members were given the chance to ask questions and discuss with the presenters.

4.1. The HIV and STI prevention and treatment program for MSM, SW and transgender people in Armenia

Sergey Gabrielyan and Arman Sahakyan (NGO New Generation, Armenia) presented their organization and its activities, focusing on the HIV Prevention Project. The project aims to support the implementation of HIV and AIDS Prevention National Strategic Program through awareness raising, peer to peer consultation, testing for HIV, and referral to healthcare. In 2023, over 12 000 people were tested for HIV and other STIs, and 108 people who had a reactive HIV test were referred to the National Centre for Infectious Diseases.

New Generation also runs a drop-in centre for key population and offers various other services (legal and psychological support, temporary housing, trainings…). The organization collaborates with medical institutions across the country and advocates for better access to healthcare services for PLWHIV in prisons.

Arman and Sergey also presented the Armenian HIV cascade for MSM and trans women. Low numbers of people receiving ARV therapy, as well as people receiving ARV therapy with a supressed viral load were explained by high levels of stigma and discrimination in healthcare and low awareness of the effectiveness of HIV treatment.

In order to bring the response on track, New Generation recommends and advocates for regular trainings among community outreach workers and HIV healthcare provides, integration of comprehensive packages of HIV-related services, better access to PrEP and PEP, and more self-testing opportunities. Furthermore, they call for amendments to the Charter of the Country Coordinating Mechanism against HIV/AIDS, Tuberculosis and Malaria (CCM), in order to ensure MSM and trans representation. Furthermore, New Generation advocates for a law ensuring equality and preventing discrimination to include sexual orientation and gender identity. Finally, an increase in capacities and funding of civil society organizations is needed in order to reach the 95-95-95 goals.

During the discussion, other participants pointed out similar exclusions of trans people from decision-making processes, and a lack of recognition of trans people by local governments.

Arman also stressed how dependent developing countries are on support and funding from international community, and identified traditional religious views and Russian political influence as great issues for public health in Armenia. Aside from that, drug use is criminalized in Armenia, which maked PWUD particularly vulnerable. On the other hand, Armenian migrants and refugees in Europe don’t get tested regularly due to a lack of trust in institutions and low levels of awareness.

It was suggested to counter stigma and discrimination in healthcare settings by accompanying people from vulnerable groups to state healthcare providers and/or picking up their medication, because it reduces the levels of discriminatory behavior. This, however, requires an authorization by the beneficiary. Sergey pointed out that peer-to-peer education in healthcare settings is the most efficient, because NGOs are not always trusted by doctors.

Another major issue are people who are diagnosed late – due to fears of being perceived as queer and/or denial, many people are not linked to healthcare on time. These fears also present a problem when NGOs apply for funding: people are reluctant to admit that they have sex with men, thereby skewing the relevant data.

4.2. Lite-BBS as a tool for increased HIV/STI testing uptake and linkage to care at the HIV prevention program in Georgia

Maka Gogia (Georgian Harm Reduction Network) started her presentation with information about the context. Being a transit country for drugs from Asia to Europe, Georgia faces increased drug abuse, which leads to an alarmingly high HCV prevalence (estimated 58,1% of PWID).

The bio-behavioural survey (BBS-lite) pilot study measured HIV and HCV prevalence among PWID, as well as HIV prevention, testing, and treatment coverage. The objective of the study was to demonstrate the feasibility of the methodology, compare the collected data to existing data from other methods, and identify strengths and weaknesses of the BBS-lite. Major differences between the standard Integrated Bio-Behavioural Survey (IBBS) and BBS-lite are different sampling methods and a shorter questionnaire. The questionnaire consist of ca. 40 pointed questions, not only focusing on research, but also on the needs of beneficiaries, in order to improve services.

The results of the pilot study show that the implementation of BBS-lite takes considerably less time that IBBS, that it can be implemented at a much lower cost, and that it offers more flexibility for interviewing the beneficiaries. Additionally, BBS-lite allows for frequent tracking of PWID for risk behaviour, access, and utilization of the harm reduction, testing, and treatment services, while outreach allows recruitment of PWID who would not come to harm reduction programs otherwise. Beneficiaries reacted positively to a shorter questionnaire and felt comfortable with the harm reduction services staff interviewing them.

Discussing the presentation with other participants, Maka announced that questions about chemsex have been included in the current survey. She further highlighted that as the drug scene constantly changes and new drugs become available on the darkweb, the BBS-lite survey offers an opportunity

to learn more about them. The Georgian HR Network offered their support to other organizations in the region with advocacy and implementation of BBS-lite.

A paper summarizing the pilot study was published in January 2024 in the International Journal of Drug Policy.

4.3. Results of HIV self-testing pilot program in an environment with structural challenges

Stefania Mihale shared information on Baylor Black Sea Foundation (Romania), which provides services for PLWH, free HIV and Hep testing, as well as guidance for linkage to care. Aiming to increase the coverage of HIV testing for young people at risk for HIV, the BBSF implemented an awareness-raising project on HIV self-testing in Romania. The project consisted of community awareness activities, distribution of HIV self-testing kits, and direct contact with representatives of high-risk groups, partners of PLWHA, and MSM. A follow up was conducted 14 days after test distribution.

Out of all participants, 86,47% have never been tested for HIV before. The participants had the most difficulties with sample-collection, but overall, the self-test were convenient and easy to use. Some of the participants saved their tests for later due to a perceived scarcity and high cost of the test (ca. 20€ per kit). The project also showed that introducing HIV self-testing kits needs further consideration, and that a benefits analysis should be implemented. Self-testing kits availability remains limited, and the accessibility remains low due to high costs. This pilot project was presented as a poster at HepHIV Conference 2023.

During the Q&A session, Stefania said that a phone number was given to participants to call in case they need psychological support, and a team of two people was in charge of answering the calls. No tests came were reactive. Members from Belgium, North Macedonia, and Italy shared their experiences with self-testing pilot projects. In all cases, the feedback was overwhelmingly positive and people felt comfortable taking the test. Implementing organizations were able to reach many people who have never been tested before, especially in rural areas. Another Romanian organization, ARAS, sends self-tests to people during Testing Week – before taking the test, they are given a questionnaire and shown a video on self-sampling, to ensure that they have sufficient information about the process. Oral self-sampling was proven to be easier to use (also because a lot of people have a fear of blood). Additionally, self-testing can be a good way to normalize testing in general – as was shown in Poland during the COVID pandemic. Self-testing is particularly useful for people who would not come either to community-based centres or to state hospitals. They can also be used as a provisional solution for new groups of migrants who do not have any specific services set up for their particular needs.

Arman highlighted that UN agencies can supply more affordable tests, and that the Global Fund can support self-testing programs too.

One of the obstacles for self-testing programs could be that they are not always anonymous. Some countries use codes which community workers can connect with contact information. Another issue is that self-testing programs can often be resource intensive. In terms of advocacy for self-testing, Christos recommended using a study, which suggests that a large majority of people are capable of taking the tests, as an advocacy tool.

5. Overview of COBATEST Network's 2022 data and activities implemented in 2023

Megi Gogishvili (CEEISCAT, COBATEST Secretariat) presented the work done in 2023 towards achieving the objectives of the network.

Research results on operational and structural realities of community-based testing centres in EECA during HIV/STI testing and data collection, as well as key population belonging and HIV associated factors among 60 European community-led testing centres from COBATEST network were presented at the AIDS Impact Conference in June 2023. Analyses of the Impact of COVID-19 on HIV-testing among community centres in Catalonia and of the factors associated with STI among GBMSM were presented at the SEE Conference in September 2023. At the HepHIV Conference in November 2023, CEEISCAT representatives spoke about HIV positive diagnosis among migrants compared to native-born in Europe and Central Asia and about chemsex, HIV testing and associated factors in GBMSM and transgender individuals among European community-based centers. A postern on the assessment of HIV self-testing and self-sampling use and intention to use among COBATEST Network members was shown at the same conference.

In the framework of projects CORE and BOOST, the COBATEST data collection tool was updated based on the input by implementing organizations and regional networks. A training on the data collection tool and a presentation of the appointment tool were held in June 2023. In December 2023, trainings on the new data collection forms were implemented. The Steering Committee election was held in Q4 of 2023 and two new SC members were selected by the membership.

The COBATEST network currently consists of 111 community-based voluntary counselling and testing service (CBVCT) centres in 29 European and 2 Central Asian countries. In 2022, data was submitted by 72 COBATEST members from 18 European and 2 Central Asian countries. The complete annual report will be published on the COBATEST website.

At the end of the presentation, Megi introduced the participants to the members of the COBATEST Secretariat (AAE and CEEISCAT).

6. Presentation on the structure of Day 2

Ismar Hacam (AAE, COBATEST Secretariat) presented the Open Space format, which was chosen as a structure for group discussions on the second day. The Open Space allows participants not only to choose the topics of the discussions themselves and focus on points relevant to them, but also creates a very flexible space for discussions without redundant formalities and restrictions. This format was chosen with the feedback from the last meeting in mind, aiming to provide the members with more time to get to know each other and exchange. The participants were presented with the guiding principles of Open Space and encouraged to think about and discuss potential topics: good practice they want to share with others, issues they are facing, activities and strategies they would like to know more about…

7. Closing of Day 1

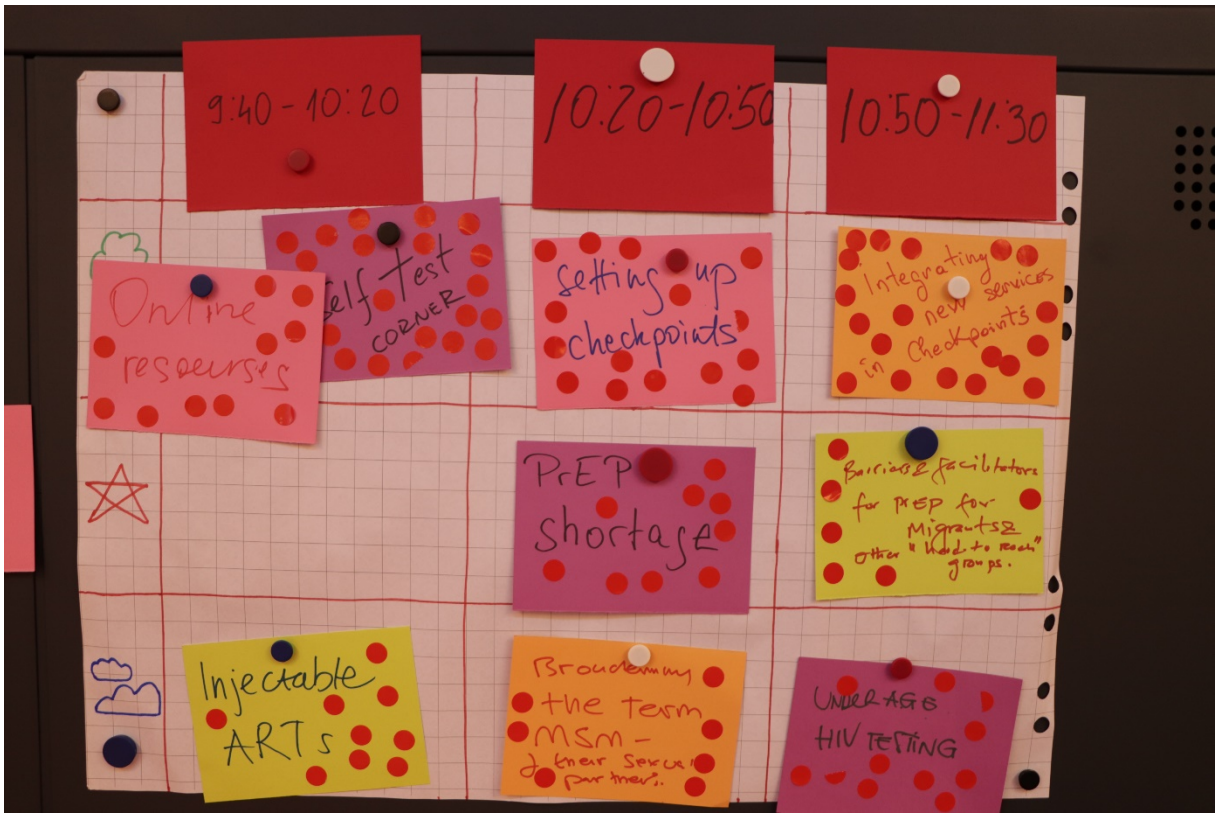
Megi closed the meeting by thanking the participants for their contributions and inviting them to attend a joint dinner at 20:00 h.

Day 2 – 26th January 2024

8. Group discussions

The second day of the meeting started with a brainstorm session, in which the participants were asked to write down topics they are interested in and put it up on a board with three timeslots and three discussion spaces. At the end of the session, eight topics were chosen by the participants:

The participants who suggested the topic were asked to provide a short introduction and an impulse for the discussions in their respective groups. After three discussion rounds (30 to 40 minutes long), everyone came together again and the discussion results were presented to the plenum. All member were given time to ask questions and share experiences and examples from their countries.



8.1. Self-testing / Online services

The conversation started with an example of online self-testing services in Tajikistan. These tests being available for everyone, however, bears a risk of people who order a test to be targeted by the police. HIV is still criminalized in Tajikistan and the police regularly targets MSM. What's needed is a way to implement these programs anonymously, without risking the safety of MSM and other key populations. Similar concerns were voiced by other member as well.

Many organizations offer self-tests for HIV and other STI such as Chlamydia and Gonorrhoea on site, combined with counselling (assisted self-testing). In Belgium and UK, for example, the people take samples themselves, which are then sent to the lab, while in countries like Serbia, medical professionals need to do it, but the results are available in a couple of minutes. Common issues with

self-tests are limited affordability, as well as long waiting times until the tests are delivered to testing sites. More affordable self-tests, made by companies from India, for example, are often not approved for use in the EU.

For more information about the legal framework around self-testing in Europe, HIV Justice Network was recommended as a good source.

In the plenary discussion, members shared the strategies they use to protect sensitive data of people getting self-tests (number codes, “burner” email addresses). It was also pointed out that total anonymity isn’t possible on the internet, but that we should strive to maximize the protection of sensitive data. In some countries, like Sweden, the anonymity is regulated by law: HIV tests can be anonymous, but other STI tests cannot. Furthermore, the anonymity stops if people are tested positive, in order to link them to care. Finally, it was highlighted that self-tests can significantly contribute to the normalization of testing.

8.2. Injectable ART/PrEP

Injectable ART is available in only in some countries, but only in hospitals (Italy), or with very specific eligibility criteria (Belgium), while others are in the process of getting injectable ART approved (Croatia).

One of the main benefits of injectables is less frequent intake – instead of taking a pill every day, PLWHIV can get one injection every few weeks. This means less stress about forgetting to take a daily dose, and it doesn’t remind people of their diagnosis every single day. However, patients who have received the injectable ART have reported that the injection was painful and left marks and bruises on the skin. The admission od injectable ART is impossible if people don’t have enough muscle tissues (due to side effects of other types of treatment) or if they have implants. Additionally, the period between two injections is shorter than the 3-month interval for blood tests, which means that patients need to visit the doctor more frequently. Problems also arise in case the person temporarily has limited mobility and cannot go to see their doctor – unclear what happens if they miss one dose or if it’s administered later.

Self-injections are currently not possible – only specially trained nurses are able to administer the injections, because the substance needs to be properly prepared (it’s not a straightforward shot like insulin). Another issue is the price – injectable ART is more expensive than oral.

The consensus of the plenary discussion was that more research is needed on injectable ART, and that it should not be seen as a replacement for oral ART, but rather as a complementary option for people who might benefit from it.

When it comes to injectable PrEP, it has similar issues as injectable ART. Furthermore, a study from France raised doubts about the effectiveness of injectable PrEP.

8.3. Setting up checkpoints

When setting up a community-based testing and counselling centres, the first thing to bear in mind is whether the checkpoint will address all key population, or one or more specific community. While the first type of checkpoints is more efficient, the second type can offer better, specialized services tailored to the needs of the community it focuses on.

It should be clear from the start what services the checkpoint will provide: What tests are going to be available? Will it include PrEP counselling? Can harm reduction services be set up as well? This might be limited by the political system and/or the healthcare system in individual countries. The regulations on who can conduct the testing and provide counselling vary across Europe and Central Asia. Additionally, different infections can be regulated differently and the legal framework often dictates what checkpoints can do. On the other hand, if there is no regulations, it can be difficult to apply for funding. The services might also be influenced by the services that are or are not provided by state healthcare institutions – in Germany, for example, most community checkpoints do not offer Hep B tests, due to very high vaccination rates. In countries like Poland, community-based organizations are highly dependent on the National AIDS Centre, which limits their flexibility to adapt to new contexts and implement changes.

Particular attention should be paid to the local environments – what works in one context might fail in a different one (opening hours, for example). Caution is advised when using a successful concept from different countries/cities as a blueprint.

Finally, a structured referral system needs to be set up, in order to successfully link people to healthcare providers.

The members from Armenia pointed out that buying the premises was very beneficial to them, not only for saving costs, but also for general sustainability (no fear that a contract might be cancelled or the rent raised). They have also shared positive experiences with integrating leisure activities and capacity building, which created more trust, provided a safe space for beneficiaries beyond just testing, and strengthened the community.

8.4. PrEP shortages

Many European countries are currently facing a shortage of medication used as PrEP (TDF/FTC). Additionally, there is a long-lasting shortage of doctors who can prescribe PrEP, as well as a lack of appointments with these doctors. Furthermore, non-white and trans people still face many barriers to accessing PrEP. Numbers among heterosexual people are also on the rise, and the limited availability of PrEP contributes to that.

In some states, there is often only one institution that has monopolized PrEP provision, thereby limiting the access for people who do not live in that particular place or have reduced mobility. Eligibility criteria often function as a barrier to access PrEP – in some countries, the criteria are based on sexual orientation, rather than sexual practices and actual level of risk. In Italy, on the other hand, anyone who had an STI in the last 6 months is eligible for PrEP. Due to this, some people get an STI on purpose in order to be eligible. The Greek legislators recently voted to make PrEP available for everyone. Secret social security numbers will be used to keep anonymity and protect PrEP users from stigmatization.

The group suggests putting pressure on legislators and medical professionals to remove restrictions to PrEP access (by relaxing eligibility criteria and allowing more healthcare workers to prescribe PrEP). For this, it would be useful to have research results as advocacy tools (legal framework analyses, proof of a lack of PrEP in relation to the needs of key populations).

8.5. Broadening the term MSM

The group suggests broadening the term to “MSM and their sexual partners”, in order to include people who don’t belong to the key populations. They also suggested to put more effort into normalization of testing and creating an image of testing centres as available to everyone regardless of gender and sexual orientation. One approach would be encouraging all people to come to the centres and, in a conversation with the workers, assess whether they can get help and support. It doesn’t mean testing for testing’s sake, but rather giving people information and asking if they *want* to get tested.

Another issue at hand is that by using the term MSM, whole identities are being reduced to sexual behaviour. There is a push inside the communities for identification beyond just sexual practice. This would be particularly beneficial for non-binary persons.

8.6. Integrating new services

The group discussed how testing centres can be transformed into "one-stop-shops" – spaces that offer multiple services based on individual needs of beneficiaries (not only testing, but harm reduction services, PrEP, community strengthening…).

The major challenges for integration are a lack of funding and staff training. On one hand, there is not enough funding to train enough people to be able to provide a wide array of services. On the other hand, as many organizations work with volunteers, it is challenging to make sure that people have acquired the necessary knowledge and skills. And without trained staff, it makes no sense to think about integration of new services.

AIDS Action Europe representatives highlighted the manual on harm reduction in the context of chemsex as a valuable source for integrating chemsex related services. They also announced a training of trainers in this field, planned for summer 2024.

8.7. PrEP for migrants

Taking up the previous discussions of PrEP shortages, the group called for COBATEST to use their position as a strong advocacy group and put the issue of PrEP provision for migrants on the table with decision makers on the European level.

The awareness of PrEP existing and U=U ist still not very high among healthcare professionals and the general population. The group agreed that information needs to be available to everyone, including migrants, in order not to lose nationals/naturalized citizens who are eligible as well.

8.8. Underage testing

A major issue in testing underage persons is that the legal age of consent is mostly under 18 years of age, but testing and, even more often, treatment are not available without parental consent. One such example is Italy, where underage persons can be tested for other STIs and even get abortions without parental consent, but cannot access HIV services without it.

In Croatia, doctors are allowed to test underage individuals if they assess that the person is mature enough, but most of them don't do it out of fear. In Armenia, all tests are anonymous and no one has to state their age, but parents must be present if the test comes back reactive. The situation is similar in Sweden, but beneficiaries are informed prior to the test that parent's presence will be required in case of a reactive test. However, underage persons cannot get tested for gonorrhoea and chlamydia. In Romania, the age of consent for sexually related issues was lowered to 16, while it's 17 in Cyprus (the previous regulation defined the age of consent for heterosexual people to be 16, but 18 for homosexual people, so an average was taken for the new legislation).

9. Feedback session and closing of the meeting

The attending members reacted positively to the new format, allowing more space and time for formal as well as informal exchange and discussions. Many participants were happy for getting the opportunity to talk face-to-face with community representatives from Eastern Europe and Central Asia. It was suggested that one and a half days would be more beneficial than two half days. Another suggestion was to include other key players and funders such as pharmaceutical companies or the Global Fund, at least for one Q&A session.

Lella Cosmaro (LILA Milano, Italy, Member of the COBATEST SC) gave the closing remarks in the name of the Steering Committee. Lella was glad that the new format was well accepted and expressed her hope that we will be able to have even more time next year. She once again stressed the importance of data as an advocacy tool, and asked the members to reflect on finding a balance between collecting good, relevant data and being as inclusive as possible.

Laura Fernandez-Lopez (CEEISCAT, COBATEST Secretariat) closed the meeting by thanking the participants, staff, and the interpreters, and wishing everyone a safe trip home.