COBATEST
NETWORK

European Network of Community-Based Voluntary Counselling and Testing Services

2020 Report

Monitoring and Evaluation

This report was coordinated and prepared by Megi Gogishvili, Laura Fernàndez-López, Jordi Aceiton, and Jordi Casabona at the Center for Epidemiological Studies on HIV/AIDS and STI of Catalonia (CEEISCAT), Catalonia, Spain.

We thank the COBATEST Network Steering Committee and members for reviewing the document. We thank all our members for participating in the Network and working to submit their testing data to inform this report.

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Foundation for Social Education
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Spain

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Asocijacija Duga
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Health Education and Research Association (HERA)

Macedonia

Grupo de Atletas em Tratamento (GAT)

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COBATEST members who could not submit data for this report

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Belgium

Fulcrum

Ukraine

DEMETRA

Lithuania

Alliance Global

Ukraine

Asociación ADHARA, Sevilla

Spain

HUHIV

Croatia

Iskorak

Croatia

AIDS Solidarity Movement

Cyprus

Health without Borders Bulgaria

Bulgaria

Trade Sexual Health

United Kingdom

COBATEST members registered in 2021 who will send data in 2022

Ancona Checkpoint

Italy

Centre Athena Centrum

Belgium

Equal Opportunities

Tajikistan

Sudmond

Tajikistan

Latina Checkpoint

Italy

Roma Checkpoint

Italy

AnlSPID

Russia

Podruga

Kazakstan

ANLAIDS Sezione Regionale Ligure ONLUS

Italy

Bergamo Fast Track City

Italy

Unmode

Russia

NGO Volunteer

Tajikistan

Torino Fast Track City

Italy

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1. BACKGROUND

On March 11 2020 the outbreak of the COVID-19 has been declared as a pandemic. At that time, health professionals in the field were already raising concerns about impact the pandemic would have on HIV prevention, testing, and care. As predicted, the COVID-19 pandemic has substantially impacted testing for HIV and other infectious diseases(1,2,3). Recent assessment of testing in WHO European region has demonstrated that 95% of participating testing centres (local and national) found decrease in testing especially during first three months of the COVID-19 pandemic, and 58% decrease from June to August of 2020 (1). Various studies also found decrease in demand for HIV consultations (in-person or online) in 2020 compared to 2019 (2,3).
Experienced decrease in HIV testing and preventive consultations sets back the efforts to reach the 95-95-95 targets advocated by the Joint United Nations Programme on HIV/AIDS (UNAIDS) by 2030, which already struggles working towards set goals due to the need of re-shaping interventions and health care systems developed around previously practiced HIV care cascade without taking into consideration change of patient behaviour and engagement in HIV care as time passes. (4). Decrease in testing and consultation seeking also raises concern due to the implications of early diagnoses on HIV incidence and care. Specifically, early diagnosis prevents HIV transmission, improves health outcomes of HIV-positive patients, and reduces the costs of the treatment (5-9). Conversely, late HIV-diagnoses could impact the effectiveness of antiretroviral therapy (10) and achievement of viral suppression (11).

Monitoring and evaluation (M&E) is an essential component of any effective testing programme. M&E data permit continuous evaluation of targets as well as assessment of programme effectiveness, efficiency and impact. Such data can prove invaluable in planning improvements to HIV prevention strategies (4), which is especially important now considering the impact of the COVID-19 pandemic on testing and consultation seeking. The COBATEST Network contributes both to M&E and to supporting organizations providing HIV/STI testing services. Specifically, the network links organisations across Europe who offer community-based voluntary counselling and STI/HIV testing (CBVCT) services and promotes testing, early diagnosis and linkage to care in higher risk populations.

CBVCT services are considered an effective strategy for HIV testing, especially for key populations (12,13), and have expanded in the EU/EEA since 2010 through a variety of service delivery models (14).This strategy has been proven to increase the availability, accessibility and uptake of HIV testing in order to reduce the number of people who do not know their HIV status or who are diagnosed late (15)impacting the first 90 set by UNAIDS (16). Offering testing in the community also potentially reduces the stigma and discrimination faced by key populations (12). In addition, due to patient-centred orientation of the services, CBVCT has a potential to further expand its role and become part of the strategy developed to achieve potentially 'fourth-90' of UNAIDS program, which goes beyond viral undetectability and concentrates on good health-related quality-of-life of PLHIV.

Scaling up of the CBVCT service model was considered to have huge potential to contribute to achieving the 90-90-90 target by 2020 (17), thus and it can be considered even more crucial in meeting higher target percentile set by the UNAIDS for 2030. However, the scale up in Europe has been thwarted by limited funding, poor integration with national HIV programmes and regulatory barriers. There is a need for guidance to clearly address these implementation challenges, including M&E, and a need to assist countries in the development of national policies and their implementation and evaluation (18).

Since 2014, COBATEST Network has been growing and its members have submitting testing data from their CBVCT services yearly. In this report, our aim is to describe the COBATEST Network in its current form and describe the testing activity for 2020, based on the submitted data. With the aim of

contributing to the scientific data on the impact of the Covid-19 pandemic on HIV testing across Europe, separate heading has been dedicated to the topic, exploring the data provided by the same members of the network in 2019 and 2020.

COBATEST NETWORK

89 centres in 27 European and 2 Central Asian countries

In 2020 data was submitted by 61 COBATEST members from 21 European countries. Specifically from: Austria, Belgium, Bosnia and Herzegovina, Croatia, Czech Republic, Denmark, France, Hungary, Italy, Latvia, Lithuania, Macedonia, Moldova, Poland, Portugal, Romania, Serbia, Slovakia, Slovenia, Spain and Ukraine.

Network objectives

The COBATEST Network has the following six objectives:

1. To promote and to increase visibility of community health work, including community-based testing for HIV/STI/viral hepatitis/TB across Europe.
2. To advocate for the inclusion of community-based testing in national policies and HIV/STI/viral hepatitis/TB national plans across Europe.
3. To generate, analyse and disseminate harmonised community based testing data and indicators to be used at local, national and regional level and to improve the quality of such data.
4. To strive to be representative of the reality of CBVCT in the WHO European region.
5. To increase the quality of CBVCT services in the WHO European region through capacity building and advocacy based on the needs of clients
6. To promote synergies and alliances with other stakeholders working with key populations and in particular with the prevention and control of HIV/STI/viral hepatitis/TB at the community level.

Network timeline

The COBATEST Network has evolved within a number of different projects.

HIV-COBATEST (2010-13)

In the scope of the HIV-COBATEST Project, co-funded by the European Commission, the COBATEST Network was established. The main partner of the project was the Centre for Epidemiological Studies on HIV/AIDS and STI of Catalonia (CEEISCAT), Catalonia, Spain. The general objective of the project was to promote early diagnosis of HIV infection in Europe by improving the implementation and evaluation of community-based testing (CBVCT) practices.

The main outputs included:

- Core indicators to monitor HIV diagnosis at CBVCT services
- Qualitative Study Report Implementation of CBVCT programs
- Survey on Community-Based Testing Services in Europe
- HIV-COBATEST Network of CBVCT services
- A guide to do it better in our CBVCT centres
- Implementation oral rapid test: acceptability and feasibility
- Final Report

Full reports are available on the website www.cobatest.org.

Euro HIV-EDAT (2014-17)

The COBATEST Network continued to grow under the Euro HIV-EDAT project, funded by the European Commission with a project grant from the Consumers, Health, Agriculture and Food Executive Agency (Chafea). The overall purpose of the project was to generate operational knowledge to better understand the role and impact of CBVCTs across Europe, to study the use of innovative strategies based on new technologies and social networks, in order to increase early HIV/STI diagnosis and treatment among the groups at highest risk of HIV.

The main outputs included:

- Estimates of core indicators for M&E for CBVCT for HIV in the COBATEST Network
- Guide to improve early diagnosis and linkage to care among migrants
- Practical guide for CBVCTs for linkage to care for MSM
- Recommendations for the roll-out of innovative HIV testing strategies
- Implementation manual Swab2know by Euro HIV EDAT
- Determinants of HIV test-seeking behaviour among MSM in EU
- Final report EURO HIV-EDAT

The specific outputs that now guide data collection in the COBATEST Network are:

- COBATEST data collection form
- Guidelines for data collection for M&E of HIV testing

Full reports are available on the website www.cobatest.org.

Gilead EMEA grant (2017-18)

The Centre for Epidemiological Studies on HIV/AIDS and STI of Catalonia (CEEISCAT) applied for and received a grant for 12 months from Gilead to cover the operational costs of the COBATEST Network for the same period. With the grant, the Network was able to contract a coordinator to consolidate and improve management of the network. The online data collection tool was improved and more CBVCT services were recruited to take part in the Network. A communication strategy was put in place, including a new logo, to improve the brand identity of the COBATEST Network.

The main outputs included:

- COBATEST Network annual report 2017
- Members meeting 2018

Grant from European Commission through AIDS Action Europe (2018-2021)

Since 2018 and in the framework of an Operating Grant from the European Commission (2018-21), the Centre for Epidemiological Studies on HIV/AIDS and STI of Catalonia (CEEISCAT) and AIDS Action Europe (AAE) have stablished a collaboration to coordinate the COBATEST Network, organise regular meetings and conduct the annual monitoring and evaluation report of testing activity in the Network.

AAE is a regional network of a diverse group of more than 420 NGOs, national networks and community-based groups, most of which are AIDS service organisations, in 47 countries spanning the WHO European Region. The collaboration will ensure COBATEST data is being utilised as an advocacy tool and allow the Network to better respond to members' needs and offer opportunities to build the capacity of member organisations.

In the context of the AAE collaboration, a COBATEST Network Steering Committee has been established to improve the governance of the Network.

Gilead grant 2019

CEEISCAT applied for and received a grant from Gilead to cover a COBATEST Network members meeting for 2019. With the grant, CEEISCAT could organize and cover expenses of all members to attend the meeting, that gave them the opportunity to meet in-person and share their experiences. This meeting generated new alliances, helped finalizing the Term of Reference document that ensures transparent governance processes, and it gave an opportunity to network members to discuss various issues and future possibilities of CBVCT services.

The main outputs included:

- COBATEST Network annual report 2018
- COBATEST members meeting December 4 to 5, 2019

Gilead grant 2022

In 2021, CEEISCAT developed a new project with the aim of providing support and visibility to the work done by CBVCT services in Eastern Europe and Central Asia (EECA) and to shed the light on HIV-testing situation in these two regions. In November 2021, the COBATEST network applied and was awarded Gilead grant to implement the project. As part of inclusion process in COBATEST network and to reach

out to the testing centers in EECA, CEEISCAT will implement various activities through-out 2022 including needs assessment, translation of the materials in Russian, and networking in the regions.

Gilead "Zeroing In - Ending the HIV Epidemic" grant 2022-2023

In 2021, consortium of Aids Action Europe, CEEISCAT, and Lila Milano developed a project aimed to increase and improve community-based testing services and processes and share innovative, adaptable good practices. The consortium applied for and was granted Gilead "Zeroing In - Ending the HIV Epidemic" grant. The project started January 2022 and will last for 18 months. The project consists of three different parts lead by each of the consortium members. Aids Action Europe will lead assessment of legal and policy barriers encountered by CBVCTS and explore innovative approaches implemented to address the issues. CEEISCAT work package will consist of building collaboration and network in EECA region, coordination of data collection and analysis among the members, and development and implementation of an online appointment tool. Lila Milano will run a pilot program on self-testing in Italy utilizing different source of media and collecting anonymous data on people utilizing the services, and obstacles encountered in order to inform other countries where HIV self-testing is not a common practice.

Steering committee

A Steering Committee for the COBATEST Network was identified as a necessity to improve the governance of the network and to ensure the sustainability of the Network's activities.

The first Steering Committee members served until end of December 2021 as a transitioning committee. The first period was used to set up the governance structure, create terms of reference (ToR) for SC Members and COBATEST Network Members. Moreover, election procedures for Steering Committee members by the network members were established in order to prepare the first elections. During this transition period (2019-21), the Steering Committee consisted of 8 members, two seats in the Steering Committee were held by AIDS Action Europe as the coordinators of the network and two by CEEISCAT as coordinators of monitoring and evaluation. Additionally, the Steering Committee included four people that represent national and local CBVCT services.

The temporary Steering Committee members consisted of:

Jordi Casabona (CEEISCAT)
Andrii Chernyshev (Alliance Global, Ukraine)
Lella Cosmaro (Fondazione LILA Milano, Italy)
Laura Fernàndez López (CEEISCAT)
Christos Krasidis (AIDS Action Europe)
Michael Krone (AIDS Action Europe)
Sebastian Meyer (Comitè 1r de Desembre, Catalonia)
Daniel Simões (GAT, Portugal)

All governance documents developed by the temporary Steering Committee can be found on COBATEST network's webpage here.

First elections of Steering Committee

In Fall 2021 COBATEST network initiated their first elections of Steering Committee. All members of the network were highly encouraged to send in their candidacy (from September 20th to October 17th) to become new members of the Steering Committee and of course to vote during the elections (from November 11th to November 25th). All active participants of the network who met the eligibility criteria and full-filled other details about the elections described in the Call for Applications document and the Elections Announcement document were able to apply for the positions.
As a result of the election process, the network elected 5 new members of the Steering Committee. The committee will serve from January 2022 till 2024.

The first elected Steering Committee member consists of:

1. Lella Cosmaro (Lila Milano, Italy)
2. Simon Randers (Colors Stiges Link, Spain)
3. Tresors Kouadio (Plateforme Prevention SIDA, Belgium)
4. Davor Dubravić (HUHIV/CAHIV, Croacia)
5. Marek Trčka (AIDS POMOC, Czech Republic)

Apart from 5 committee members, one fixed seat in the Steering Committee is held by AIDS Action Europe as the coordinators of the network and one fixed seat by CEEISCAT as coordinators of monitoring and evaluation. The two representatives are:

6. Jordi Casabona (CEEISCAT Spain)
7. Christos Krasidis(AIDS Action Europe, Germany)

Participation in other projects

Over the years, the COBATEST Network has proven to be a useful platform to perform operational research and it will continue active involvement on international arena to insure well-being of populations vulnerable to HIV infection and other STIs.
In last few years the Network has participated in two key European projects:

- Joint Action INTEGRATE: The COBATEST tool has been used in pilot activities in the Joint Action Integrate for countries who wish to collect quality testing data from CBVCT services to integrate into their national surveillance systems.
- ProSPeRo Study: Four COBATEST members have also participated in the WHO's Utility evaluation of Point of Care Tests in non-Clinical Settings for the Screening of HIV and Syphilis in Men who have sex with men (MSM), to inform WHO's recommendations on new testing technologies.

Recognition of the COBATEST Network

The COBATEST Network continues to be a reference point for CBVCT services in Europe and beyond, demonstrated in 2018 by its inclusion as an example of good practice in WHO and ECDC guidance.

WHO - Compendium of good practices in the health sector response to HIV in the WHO European Region

From December 2017 to April 2018, the WHO Regional Office for Europe collected good practices in implementation of the action plan for the health sector response to HIV and compiled them in this compendium. The COBATEST was cited as an example of good practice under the heading of "Knowledge for focused action", demonstrating geographical scope, data impact and sustainability.

ECDC - Public health guidance on HIV, hepatitis B and C testing in the EU/EEA

ECDC provides this evidence-based guidance on integrated testing of hepatitis B (HBV), hepatitis C (HCV) and HIV to support Member States in their efforts to improve case detection and uptake of testing programmes as part of the global effort to eliminate viral hepatitis and HIV as public health threats by 2030. Case studies were selected through a scoring system and the COBATEST Network is listed in the section "Community testing". The role of the COBATEST Network in strengthening the case for community-based service delivery models as an integral part of the HIV strategic investments is noted. The COBATEST network is commended as an example and a motivation for some countries to start national networks of community-based service delivery.

COBATEST Network Data Dissemination

Publications

The COBATEST network: a platform to perform monitoring and evaluation of HIV community-based testing practices in Europe and conduct operational research

This study was co-funded by the Consumers, Health, Agriculture and Food Executive Agency (CHAFEA) of the European Union, and co-authored by Laura Fernandez-Lopez (CEEISCAT), Juliana Reyes-Urueña (CEEISCAT), Cristina Agustí (CEEISCAT), Jordi Casabona (CEEISCAT, Public Health Agency of Catalunya (ASPC) Badalona, Spain and CIBER Epidemiology and Public Health (CIBERESP), Madrid, Spain), and Irena Klavs (National Institute of Public Health in Ljublana, Slovenia).

The objective of this study was to describe the data that have been collected during 2014 by the COBATEST network in order to provide an insight into testing activity of CBVCTs in Europe. In 2014, 40 CBVCTs of 18 European countries were participating in the network, and, from those, 20 CBVCTs were using the common COBATEST data collection tools. In these 20 CBVCTs, a total of 9266 HIV screening tests were performed on 8554 people, of which 1.58% (135/8554) were reactive and 51.1% (69/135) confirmed positive. Five cases were false positives, and 84.1% (58/69) of the confirmed positive cases were linked to care. Most of the tested individuals were men (70.8%), between 21 and 35 years of age (57.6%) and natives (67.1%). A higher proportion of men who had sex with men (MSM) (38.8%; 3267/8554) were tested compared to heterosexual men (27.7%) and women (23.5%). Rapid blood test was used in 78.5% of the cases and mostly performed in CBVCT offices (88.3%). Among sex workers (SWs), the percentage of reactive screening tests was particularly high (4.0%), especially among male SWs (7.7%) as compared to other risk groups, such as MSM (3.1%). The COBATEST network contributes to the availability of standardized information about the activity and impact of CBVCT centres in Europe. This information and standardized tools can help improve these services and inform decision-makers to better contextualize these interventions within their national HIV-prevention programmes.

L. Fernàndez-López, J. Reyes-Urueña, C. Agustí, T. Kustec, I. Klavs, C.Casabona & the COBATEST Network group (2016): The COBATEST network: a platform to perform monitoring and evaluation of HIV community-based testing practices in Europe and conduct operational research, AIDS Care.

The full article is available at https://doi.org/10.1080/09540121.2016.1146218.

The COBATEST network: monitoring and evaluation of HIV community-based practices in Europe, 2014–2016

The article was co-authored by Laura Fernàndez-Lopez (CEEISCAT), Juliana Reyes-Urueña (CEEISCAT), Cristina Agustí (CEEISCAT), Jordi Casabona (CEEISCAT, Public Health Agency of Catalunia (ASPC) Badalona, Spain and CIBER Epidemiology and Public Health (CIBERESP), Madrid, Spain), Irena Klavs, Tanja Kustec, and MojcaSerdt (National Institute of Public Health in Ljublana, Slovenia).

The objective of this study was to describe the data collected by the CBVCT services from the Community-based testing (COBATEST) network, from 2014 to 2016, in order to provide an insight into community-based voluntary counselling and testing (CBVCT) services' testing activity in Europe. A descriptive analysis of HIV testing activity in CBVCT services that are using the COBATEST tools (2014–2016) showed that, a total of 30 329 HIV tests were performed on 27 934 individuals, of which 1.8% were reactive. Of these reactive tests, 75.8% had a confirmatory test, 92.2% of those were confirmed as positive, and 90.38% of the confirmed positives were linked to care. The total number of tests performed over the study period increased 19.31%. The proportion of confirmatory tests increased from 63.0% to 90.0% and proportion linked to care increased from 84.1% to 93.8%. Most of the tested individuals were men (70.6%), aged between 21 and 35 years (58.5%) and nonforeign born (68.1%). A high proportion of individuals tested were men who have sex with men (MSM; 42.2%). The percentage of reactive screening tests was particularly high among transgender people (8.37%) and among male sex workers (6.38%). Repeat testers had a higher percentage of reactive tests (2.02%) than those tested for first time (1.1%). These results prove the feasibility of collecting standardized data from CBVCT services in different countries across Europe and demonstrate the usefulness of such data.

Fernàndez-López, Laura & Reyes-Urueña, Juliana & Agustí, Cristina & Kustec, T & Serdt, Mojca & Klavs, I. (2018). The COBATEST network: monitoring and evaluation of HIV community-based practices in Europe, 2014-2016. HIV Medicine. 19. 21-26. 10.1111/hiv.12592.

The full article is available at https://doi.org/10.1111/hiv.12592.

Assessing the quality of routine HIV testing data in the community setting – COBATEST Network

A report investigating the quality of data collected in the COBATEST Network was commissioned by the European Centre for Disease Prevention and Control (ECDC), coordinated by Juliana Reyes-Urueña and Laura Fernandez-Lopez (CEEISCAT) with the support of Lara Tavoschi (ECDC).

The study aimed to assess the quality of data collected in the network from 2015 to 2016. A survey was completed by 34 COBATEST Network members and an evaluation was performed of data quality based on three dimensions: transcription validity, completeness and consistency. The weakest area that was identified was data management processes. Only 8.8% of services had a written procedure to address data quality errors, 29.4% had any procedure to resolve discrepancies and 35.3% performed quality control. We found that 41.2% of services utilised the COBATEST data, 11.8% made decisions based on the COBATEST data and 61.8% analysed their data in an independent manner for internal purposes. The study concluded that while services have reliable data to support planning and

management of services, improvements to quality procedures would ensure data are translated into evidence. This evidence would support further expansion of CBVCT services in the EU/EEA, including the integration of CBVCT-generated data into national surveillance systems. The full report is available on the website www.cobatest.org.
An article based on the results of this report was developed:

Reyes-Urueña, J., Fernàndez-Lopez, L., Montoliu, A., Conway, A., Tavosch, L., Klavs, I., COBATEST Network Study Group (2019). Assessing the quality of routine HIV testing data in the community setting 'COBATEST Network.' International Journal of STD and AIDS.

The full article is available at https://doi.org/10.1177/0956462419857572

Hepatitis C Screening in Community-Based Voluntary Counselling and Testing Services in Europe: An Observational Study from the COBATEST Network 2014–2018

The article was co-authored by Anna Conway (CEEISCAT), Laura Fernandez-Lopez (CEEISCAT, Barcelona, Spain; Institute of Research in Sciences of Health Germans Trias and Pujol, Badalona, Spain; and CIBER Epidemiology and Public Health (CIBERESP), Madrid, Spain), Juliana Reyes-Urueña (CEEISCAT, Barcelona, Spain; and Institute of Research in Sciences of Health Germans Trias and Pujol, Badalona, Spain), , and Jordi Casabona (CEEISCAT, Barcelona, Spain; Institute of Research in Sciences of Health Germans Trias and Pujol, Badalona, Spain; CIBER Epidemiology and Public Health (CIBERESP), Madrid, Spain; and Department of Paediatrics, Obstetrics and Genecology and Preventive Medicine UniversitatAutonoma de Barcelona, Barcelona, Spain).

This study aimed to describe the population being screened for anti-HCV antibodies in the COBATEST Network and identify risk factors associated with a reactive HCV screening test result in the period 2014–2018. Clients aged > 16 screened for HCV in the period 2014–2018 at one of the Network's CBVCT services were included in the study. In the 5 year period, 7426 clients were screened for HCV in 22 centres in 10 countries and anti-HCV antibodies were detected in 113 (1.5%). The majority of people screened were aged 25–44, men who have sex with men (MSM), not HIV+ , not reporting a history of injecting drug use or sex work. Detection of anti-HCV antibodies was associated with being HIV + MSM (aOR 9.1, 95% CI 3.8; 21.8 compared to HIV-clients) and being a person who injects drugs (PWID, aOR 28.1, 95% CI 17.6; 45.0, compared to people with no history of injecting drug use). This study demonstrates that HIV-MSM with no history of injection drug use are using CBVCT services for HCV
screening, but reactive screening test is associated with being HIV+ or PWID. The integration of HCV screening into the CBVCT service model may widen access to testing for populations that may otherwise not be tested.

Conway, A., Fernàndez-López, L., Reyes-Urueña, J. et al. Hepatitis C Screening in Community-Based Voluntary Counselling and Testing Services in Europe: An Observational Study from the COBATEST Network 2014–2018. J Community Health 45, 606–614 (2020).

The full article is available at https://doi.org/10.1007/s10900-019-00780-0.

Conference presentations

2014

- Poster "The COBATEST network: A platform to perform monitoring and evaluation of HIV community-based testing practices in Europe as well as operational research." Fernàndez L, Agustí C, Casabona C, Klavs I, Rojas Castro D, Kaye PS, Fuertes R, Mussat G, Meliou M, Voudouri N and the HIV-COBATEST project study group. HepHIV 2014 Conference: HIV and Viral Hepatitis: Chanllenges of Timely Testing and Care; Barcelona. 5-7 October 2014

2015

- Poster "La red COBATEST: Una plataforma para monitorizar y evaluar las prácticas de consejo asistido y prueba del VIH de base comunitaria en Europa." Fernàndez L, Agustí C, Casabona C, Klavs I, Rojas Castro D, Kaye PS, Fuertes R, Mussat G, Meliou M, Voudouri N and the COBATEST network. XVII Congreso Nacional sobre el Sida e ITS; San Sebastián. May 6-8 2015

- Oral communication "La red COBATEST: una plataforma para monitorizar y evaluar las prácticas de consejo asistido y prueba del VIH de base comunitaria en Europa." Fernàndez-López L, Reyes J, Agustí C, Casabona J; COBATEST network. II Congreso ibero-americano de epidemiología y salud pública; Santiago de Compostela. 2015 Sept 2-4

- Oral communication "The COBATEST network: A platform to perform monitoring and evaluation of HIV community-based testing practices in Europe as well as operational research." Fernàndez-López L, Reyes J, Agustí C, Casabona J, Klavs I; The COBATEST Network. AIDS Impact 2015; Amsterdam (Nethernalds). 2015 Jul 28-31

2016

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2019

- Oral communication "Independent of injecting drug use, being a foreign national is associated with risk of reactive HCV screening in European community- based testing services in 2017"**.** Conway A, Lorente N, Fernàndez López L, Casabona J, COBATEST Network Study Group**.** HepHIV 2019; 2019 Jan 28-30; Bucharest (Romania)

Conference presentations in 2021

Evolution of key indicators for Community-based Voluntary Counselling and Testing activity in Europe: COBATEST Network 2017-19

The abstract was co-authored by Megi Gogishvili (CEEISCAT), Laura Fernàndez-López, and Jordi Casabona (CEEISCAT, Barcelona, Spain; Institute of Research in Sciences of Health Germans Trias and Pujol, Badalona, Spain; and CIBER Epidemiology and Public Health (CIBERESP), Madrid, Spain). The presentation of the abstract was accepted at HepHIV Lisbon virtual conference 2021 and was presented by Megi Gogishvili during May 5 to 7, 2021.

This study described the evolution of key indicators of CBVCT activity from 2017 to 2019 in Europe among COBATEST Network member centers. From 2017 to 2019**,** thirty-eight (2017) to fifty centers (2019) reported data using the COBATEST standardized data reporting tools. People were excluded if aged < 16, previously diagnosed or test results were not available. Only the most recent record per client was kept. Descriptive analysis of the data was performed. Of371,227 people tested for HIV, 1.2%were reactive and 76% performed confirmatory tests. Proportion of reactive tests has decreased from 1.3% in 2017 to 1.1% in 2019. Proportion of confirmatory tests performed increased in 2019 (81.6%)) compared to 2017 (72.6%) (Table 1). Most of tested individuals were consistently men across the years (69.5%-72.4%). Age gap decreased in 2019 with only 57% of the tested population being above 25 years old, compared 69.2% in 2017. Proportion of transgender population increased from 0.2% (251/111,579) in 2017 to 0.7% (879/129,484) in 2019. Proportion of testing among high-at-risk populations decreased across all groups (Migrants (from 20.8% (2018) to 17.7% (2019)); PWIDs (from 2.7% (2017) to 1.1% (2019)); SW (from 3.5% (2017) to 3.0% (2019))), besides among MSM were increase has been present throughout the years (from 36.3% in 2017 to 40.7% in 2019). Number of centres reporting data on HCV (12 to 37) and syphilis (13 to 32) has increased from 2017 to 2019. Number of people tested for HCV has increased from 1,781 (0.7% reactive) in 2017 to 29,471 (1.1% reactive) and also for syphilis, from 6,643 (1.7% reactive) to 28,747 (1.8% reactive) in 2019.

Conclusion drawn up from the data presented: There are still gaps in testing, especially among transgender people and PWID. Further comprehensive research is needed to understand testing behaviour of these groups so that CBVCTs can improve strategies tailored towards these clients.

Community-Based Voluntary Counselling and Testing for HIV, Syphilis and HCV in Europe: COBATEST Network 2019

The abstract was co-authored by Megi Gogishvili (CEEISCAT), Laura Fernàndez-López, and Jordi Casabona (CEEISCAT, Barcelona, Spain; Institute of Research in Sciences of Health Germans Trias and Pujol, Badalona, Spain; and CIBER Epidemiology and Public Health (CIBERESP), Madrid, Spain). The presentation of the abstract as a poster was accepted at HepHIV Lisbon virtual conference 2021 and was presented by Megi Gogishvili during May 5 to 7, 2021.

This study described cross-sectional panel of people tested in 2019 in European CBVCT centres members of the COBATEST Network. The testing data was collected by 50 CBVCT services in 19 countries during the period of 1 January 2019 to 31 December 2019, using the COBATEST standardized data reporting tools. 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. Descriptive analysis of the data was performed. Of129,484 people tested for HIV, 1.1%(n=1407) were reactive and 81.1% (n=1147) performed confirmatory tests, of which 86.4% (n=991) were positive. Most of tested individuals were men (72.4%; n=93,685), above 25 years old (57%; n=73,821), and natives (82.3%; n=106,620). Proportion of men who have sex with men (MSM) (40.7%;

52651/129,484) among tested population was higher, compared to other high-at-risk groups (Migrants (17.7%; 22,864), sex workers (SW) (3%; n=3,942), people who inject drugs (PWID) (1.1%; n=1,460), Transgender (0.7%; n=879)). A higher proportion of reactive tests were present among transgender population (3.6%; 32/879) compared to male (1.3%; 1202/93,685) and female (0.5%; 171/34,767). The proportion of reactive tests were higher among SW (1.9%; 73/3942) compared to other high-at-risk population groups (MSM 1.6% (865/52,651); PWID 1.6% (23/1460); Migrants 1.4% (325/22864)). Out of 50 centres, 37 reported data on HCV and 32 on Syphilis. Of 29,471 people tested for HCV 1.1% (n=329) were reactive. Of 28,747 people tested for Syphilis 1.8% (n=508) were reactive.

Conclusion drawn up from the data presented: There is a need for CBVCT centres to scale-up access to HIV testing for SW and PWIDs and help them be aware of their infection status and further link them to proper care and treatment. Taking into account that key populations for HIV infection are also at risk for STIs and HCV infections, it is important to integrate testing for those infections among services provided by CBVCT centres.

2. METHODS

In order to be considered a member of the COBATEST Network, an organisation must offer community-based voluntary counselling and testing (CBVCT) services and agree to complete the minimum activities required from members. To be included in this report, members must have submitted data for the period 1 January-31 December 2020, by the extended deadline of 30 July2021. The extension of the deadline was necessary due to extenuating circumstances produced by COVID-19 and consequent reorientation of the member centres' priorities. The participating centres and their characteristics are described in Table 1.

Data submission

There are three ways for members to submit data; corresponding instructions for each can be found on the COBATEST website. This standardised data collection ensures data is comparable and can be analysed together.

COBATEST Online Data Collection Tool

Our free online tool is a data collection solution for members who want to store and analyse data in a secure and user-friendly way. For each consultation, a corresponding questionnaire is completed online. This builds a database for each centre which can be consulted or extracted in Excel format at any time. The tool also offers the possibility to create ready-made graphs and reports with the centre's data, making it ideal for centres with time constraints or low capacity.

Disaggregated data submission

Members that already have a data collection system in place can submit data in disaggregated format via email. The data should be prepared according to the document "Guidelines for Disaggregated Data Submission" and submitted as an Excel via email.

Aggregated data collection

Members that cannot prepare data in disaggregated form can submit a summary of the COBATEST core indicators via email. The data should be prepared according to the document "Guidelines for

Aggregated Data Submission" and submitted as an Excel via email. The core indicators are available in the document "Estimates of core indicators for monitoring and evaluation of community-based voluntary counselling and testing (CBVCT) for HIV in the COBATEST Network" (11). The core indicators are calculated for the total of the data submitted for the year 2019.
The flowchart of data submission can be seen in Figure 1.

COBATEST unique identifier

For all centres that submitted disaggregated data, clients' unique identifiers were used to count number of persons tested. In the case that someone was tested more than once during the year, their most recent questionnaire was considered. Using data from the previous published reports for the years 2015-19, together with this year's data, the number of people tested for HIV, syphilis and hepatitis C, % of reactive screening tests and number of participating centres are presented for each year 2014-20.

Centres submitting aggregated data were asked to report number of persons tested, not number of tests, but there are 4 centres who do not use a unique identifier, reporting only number of tests (Poland, N=23,090; AIDES, N=13,982; AIDS FONDET, N=2,338; Ex Aaequo, N=452). The indicators in this report present the total number of persons tested (From 61 centres) combined with the total number of tests for the four centres previously mentioned. Throughout the report this is referred to as persons tested, but it is likely an overestimate of the number of persons tested (assuming some people in the four centres have been tested more than once during the year).

Core indicators

The report presents nine core CBVCT indicators for HIV testing and a summary of tests and reactive results for HCV and syphilis testing. Seven of the HIV core indicators are taken from the eleven core indicators defined in the Euro HIV EDAT project. The indicators that have not been used from the original 11 concern the clients receiving the result of the test (as the majority of services offer rapid testing) and the clients receiving the confirmatory test result on-site (as the majority of services do not offer confirmatory testing on-site). Two new indicators have been added that were not defined in the context of Euro HIV EDAT: false positive results as a proportion of reactive tests and number needed to test to find a confirmed HIV diagnosis.

Each indicator is shown by age, sex and key population. We instruct members to report clients in more than one key population when appropriate, meaning the total number tested is not a sum of all key populations and the total includes those in no key population. In each section, the formula for each indicator is presented alongside the calculated indicator and respective numerator. At the start of each section, the number of centres which did not report the indicator and total number of tests corresponding to those centres are noted. These tests were then excluded in the calculation of the indicator. A summary of completeness of indicator reporting for all centres is presented in Annex 1.

Centres that submitted disaggregated data reported missing information. After excluding centres who did not report the indicator, the total number of people tested was used as the denominator for CBVCT 1, 2, 3, 4, 5 and 7, whether or not there was missing data at the individual case level. To see the impact of this missing data, in Annex 2 we report the number of cases with missing data for each indicator in each centre. In Annex 2 we also report the indicator for each centre and the total, after excluding the missing data from the denominator.

Information on transgender people that have sex with men are reported in the MSM category but, for members those that submit data using the tool, it is more accurately considered MSM/ transgender people who have sex with men, because the COBATEST form does not record if the transgender person is a man or woman.

A test was considered a false reactive if it was reported as a reactive screening test and negative confirmatory test. The false positives (n=64) are included in the number of reactive tests (CBVCT5) and reported in the indicator CBVCT 8. Of all false positives, 51 were reported from the Poland CBVCT Network where reporting is comprehensive as 100% of clients with a reactive test reportedly have confirmatory testing in-house. Of all reactive tests (n=932), 263 did not report a confirmatory test.

During the data cleaning phase, inconsistencies in the data were identified and flagged up to the corresponding member organisation. With the extra information provided by the member organisation, it was decided whether or not to include the cases in the analysis. Cases which reported previous diagnosis for HIV were not included in the analysis for HIV screening.

For the fourth year, we are incorporating the indicator: Number Needed to Test (NNT, CBVCT9) to find one HIV infection. The total number of persons tested is divided by the number of confirmed HIV infections to give the number needed to test to find one HIV infection for each key population. This indicator will help CBVCTs to efficiently use limited resources and target services.

The data on number of people screened for hepatitis C and syphilis in the centres and proportion (%) of reactive results is presented in two graphs in the report and two tables in the annex. As with HIV screening, in the case of one person being screened more than once for hepatitis C or syphilis, only their most recent test was included.

Evolution of the COBATEST Network 2014-20

One separate section in the results of this report presents the evolution of data collected in the COBATEST Network over the period 2014-20. In 2014, the Network only collected data from sites using the COBATEST tool (7). The data for the years 2015-16 is taken from the Euro HIV EDAT report "Estimates of core indicators for monitoring and evaluation of CBVCT for HIV in the COBATEST Network" (11) which reports the average of the centres' indicators rather than calculating the indicators based on the sum of all centres. The data from 2017 till2019 is taken from last year's annual report and this report.

Impact of COVID-19 on HIV, HCV, and Syphilis testing in COBATEST Network

The final section of the results of this report presents comparison of the data collected in 2019 and 2020. The data compared are only of the centres who send in the data in 2019 and in 2020. This two years were selected in order to demonstrate the change in number of people tested pre COVID 19 and during first year of the pandemic. Also, comparison is not aimed to demonstrate differences among the countries rather than changes in testing in the same centre in 2019 and 2020. This decision was based on the fact that each country implemented different regulations and norms controlling spread of COVID-19 pandemic among its population which might have had resulted in different type of obstacles for HIV/STI testing in the respective countries. If notable difference was found between 2019 to 2020 in data analysed in CBVCT 1-7 the change was highlighted in the respective section dedicated to the indicator.

Participating centres

Data on testing in CBVCT services in 2020 was submitted by 61 COBATEST members from 21 European countries (Austria, Belgium, Bosnia and Herzegovina, Croatia, Czech Republic, Denmark, France, Hungary, Italy, Latvia, Lithuania, Macedonia, Moldova, Poland, Portugal, Romania, Serbia, Slovakia, Slovenia, Spain and Ukraine).

There are some national/regional CBVCT networks participating in the COBATEST network. In some cases, individual CBVCT centre of the regional/national network is sharing its data with the COBATEST network, as in Catalonia (Spain) (with 12 CBVCT services) and Belgium (with 13 services). In the case of Poland, the data from the national CBVCT services network is shared with the COBATEST network by the National AIDS Centre. In the case of France, AIDES is sharing with the COBATEST network the data from their CBVCT services all around the country (more than 70 sites).

Table 1. Description of COBATEST Network Members 2020

Method of Data Submission	Organisation	Target Population	Country	Type of Test Used
COBATEST Data Collection Online Tool	Aimer Jeunes (FLCPF)**	General population	Belgium	Rapid (blood)
	Marolles (FLCPF)**	General population	Belgium	Rapid (blood)
	SIPS (FLCPF)**	MSM, migrants	Belgium	Rapid (blood)
	Watermael-Boitsfort (FLCPF)**	General population	Belgium	Rapid (blood)
	PlateForme Prévention Sida	General population	Belgium	Rapid (blood)
	Uccle (FLCPF)**	General population	Belgium	Rapid (blood)
	Jette (FLCPF)**	General population	Belgium	Rapid (blood)
	Baltic HIV Association	MSM	Latvia	Rapid (blood)
	ARAS	General population, MSM*	Romania	Rapid (blood)
	CCASiPA	General population	Spain	Rapid (oral)
	Associació Antisida Lleida	General population	Spain	Rapid (blood)
	ACASC	General population	Spain	Rapid (blood)
	ACAVIH	General population	Spain	Rapid (blood)
	ACCAS	MSM, SW	Spain	Rapid (oral)
	ACAS Girona	General population	Spain	Rapid (blood)

*MSM= men who have sex with men, SW= sex workers, TSW= trans sex workers, PWID= people who inject drugs.
** Data for these centres is reported by Fédération Laïque de Centres de Planning Familial, Brussels, under the project BeTested. In the results these centers are represented together under the name BeTested.

Method of Data Submission	Organisation	Target Population	Country	Type of Test Used
COBATEST Data Collection Online Tool	Háttér Society	MSM*	Hungary	Rapid (blood)
	Asociación SOMOS LGTB+	MSM, SW, PWID*	Spain	Rapid (oral)
	AVACOS-H	General population	Spain	Rapid (oral)
	Actuavallès	General population	Spain	Laboratory andRapid (blood)
	Assexora'Tgn	General population	Spain	Rapid (blood)
	Associació Lambda	MSM , LGBTQ*	Spain	Rapid (oral)
	CAS/ARDS Lluís Companys, Creu Roja	PWID	Spain	Laboratory (blood)
	CASDA	General population	Spain	Rapid (blood and oral)
	Creu Roja Tarragona	General population	Spain	Rapid (blood)
	Háttér Society	MSM	Hungary	Rapid (blood)
	Fondazione LILA Milano	General population	Italy	Rapid (blood and oral)
	Checkpoint Milano	General population	Italy	Rapid (blood)
	Prima	SW, PWID	Slovakia	Rapid (blood)
	Odyseus	General population	Slovakia	Rapid (blood)
	Gais Positius	General population	Spain	Rapid (blood)
	Mujer Gades	General population	Spain	Rapid (oral)
	OMSIDA	General population	Spain	Rapid (blood and oral)
	Stop Sida	MSM, SW	Spain	Rapid (blood)
	Àmbit Prevenció	SW	Spain	Rapid (blood
	Castelló LGTBI	MSM, migrants	Spain	Rapid (oral)
	AIDE Info SIDA	General population	Belgium	Rapid (Blood)
	Partnerships in health	General population	Bosnia-Herzegovina	Rapid (blood and oral)
	Colors Sitges Link	MSM	Spain	Rapid (Blood)
	Mediterrània LGTBI	Young people, MSM	Spain	Rapid (Blood)
	Trade Sexual Health	General population	UK	Rapid (Blood)
	Centre de Planning Familial Verviers	-	Belgium	-

*MSM= men who have sex with men, SW= sex workers, PWID= people who inject drugs, LGBTQ= lesbian, gay, bisexual, transgender and queer.

Method of Data Submission	Organisation	Target Population	Country	Type of Test Used
Disaggregated Data	AIDS Hilfe Wien	General population	Austria	Laboratory and rapid (blood)
	Ex Aequo	MSM, SW, PWID	Belgium	Rapid (blood)
	Alias**	MSM, SW, PWID	Belgium	Rapid (blood)
	Medicins du Munde	General population	Belgium	Laboratory and rapid (blood)
	Espace P	SW	Belgium	Laboratory (blood)
	SidaSol (Liège)	High-at-risk groups	Belgium	Laboratory and rapid (blood)
	Violett	SW	Belgium	Laboratory (blood)
	HUHIV	General population	Croatia	Rapid (oral)
	Czech AIDS Help Society	MSM, young people, general population	Czech Republic	Laboratory and rapid (blood)
	AIDS Fondet	MSM, TSW, migrants from high prevalence areas and their partners	Denmark	Rapid (blood and oral)
	AIDES***	General population	France	Rapid (blood)
	Demetra	MSM	Lithuania	Rapid (blood)
	GENDERDOC-M	MSM	Moldova	Rapid (blood and oral)
	National AIDS Centre****	General population	Poland	Lab and rapid (blood)
	FES****	General	Poland	Laboratory and Rapid (Blood)
	Abraço	General population, MSM*	Portugal	Rapid (blood)
	Association Rainbow	MSM, trans people	Serbia	Rapid (blood)
	Legebitra	MSM	Slovenia	Laboratory (blood)
	Adhara	MSM, general population	Spain	Laboratory and rapid (blood and oral)
	Centre Jove d'Atenció a les Sexualitats (CJAS)	Young people	Spain	Rapid (blood)
	Fulcrum UA	MSM	Ukraine	Rapid (blood)
	Alliance Global	MSM	Ukraine	Rapid (blood)

*MSM= men who have sex with men, SW= sex workers, PWID= people who inject drugs.
** Data for Alias has been reported by Ex Aequo (mother centre). Thus Alias will not be appearing separately in the result tables.
*** AIDES is a mother centre that reports data for several centres in France.
**** National AIDS Centre in Poland reports data from the entire national network of CBVCT services. FES reports data on Syphilis and HCV separately on two centres that they manage. Data on HIV for these two centres is reported by National AIDS Centre.

Method of Data Submission	Organization	Target Population	Country	Type of Test Used
Aggregated Data	HIV-SAM	Sub-Saharan African immigrants	Belgium	Rapid (oral)
	Saser (Namur)	-	Belgium	-
	SIDA-IST (Charleroi)	-	Belgium	-
	HelpCenter (Antwerp)	Vulnerable populations at high-risk	Belgium	Rapid test, serologic test, confirmatory test
	Elisa Center (Brussels)	Vulnerable populations at high-risk	Belgium	Rapid test, serologic test, confirmatory test
	Swab2know	MSM*	Belgium	Rapid (oral)
	Health Without Borders/Checkpoint Sofia	General population	Bulgaria	Rapid (blood
	Iskorak	MSM	Croatia	Rapid (blood)
	AMS Cyprus	General population	Cyprus	Rapid (blood)
	Deutsche AIDS Hilfe	General population	Germany	Rapid (oral)
	HERA	General population	Macedonia	Rapid (blood)
	GAT	General population	Portugal	Rapid (blood)
	CIBE Marítim	General population	Spain	Rapid (blood)
Members Registered in 2021	Arcigay Gruppo Salute	-	Italy	-
	Centre Athena Centrum	-	Belgium	-
	Gay Center / Gay Help Line	-	Italy	-
	ANLAIDS Sezione Regionale Ligure ONLUS	General population, MSM, women, trans population, vulnerable populations at high-risk	Italy	Rapid (oral)
	Checkpoint LGBT+ association	General population	Italy	Rapid (blood)
	NGO Volunteer	PWID*, general population	Tajikistan	Rapid (blood, oral)
	Equal Opportunities	MSM, LGBTQ*, SW*	Tajikistan	Laboratory (blood) and rapid (oral)
	Arcigay Gruppo Salute	-	Italy	-

*MSM= men who have sex with men, SW= sex workers, PWID= people who inject drugs, LGBTQ= lesbian, gay, bisexual, transgender and queer.

Method of Data Submission	Organization	Target Population	Country	Type of Test Used
Members Registered in 2021	Unmode - community Movement for Access to Justice	PWID	Russia	Rapid (blood, oral)
	РРОО "Ковчег - АнтиСПИД"	PWID, MSM, SW, Trans population, Migrants	Russia	Rapid (blood, oral)
	Public Organization “Sudmand”	PWID	Tajikistan	Rapid (blood, oral)
	NGO Podruga Osh	Women (Sex workers, transgender,PWID, ex-prisoners).	Kyrgyzstan	Rapid (oral)
	Bergamo Fasht Track City	-	Italy	-
	Anconca Checkpoint	-	Italy	-
	Torino Fast Track City	-	Italy	-

*MSM= men who have sex with men, SW= sex workers, PWID= people who inject drugs.

3. RESULTS

Data received by the COBATEST Network for 2020 were submitted by 55 members (61 if separately including 6 Betested centres) from 21 European countries (Austria, Belgium, Bosnia and Herzegovina, Croatia, Czech Republic, Denmark, France, Hungary, Italy, Latvia, Lithuania, Macedonia, Moldova, Poland, Portugal, Romania, Serbia, Slovakia, Slovenia, Spain and Ukraine), before July 31st 2021. Table 1 shows the participating CBVCT services/networks and their characteristics. The list also includes additional 20 COBATEST Network members who were not able to submit data for 2020 and 13 new members of the network who were registered in 2021 thus did not submit data for 2020. Figure 1 shows the flowchart of data submission. Cases were excluded if the tester was aged <16 (n=19), if the test was not the most recent test by that person in 2020 (n=753), and if there was no HIV test result (n=455).

Figure 1. Flowchart of HIV testing data submission - COBATEST Network2020

Summary of people screened for HIV in the COBATEST Network 2020

This year the COBATEST Network collected data on 89,649 people screened for HIV in 55 centres in 21 countries. Of these, 934 (1.0%) had reactive tests. Clients aged over 25 had a higher proportion of reactive tests than under 25s. Transgender people had a higher proportion of reactive tests than the average of the study population. Transgender sex workers had a higher proportion of reactive tests than any other key population, while female sex workers had a lower proportion of reactive tests than the whole study population. Almost half (44.7%) of people tested had previously been tested for HIV, 8.1% had been tested in the last 12 months and 3.5% had been tested in the last 12 months in the same CBVCT. This shows that a significant proportion of people have regular testing built into their routine healthcare, however decrease of 5.8% has been detected in people tested last 12 months in 2020 compared to 2019. This decrease could be attributed to COVID-19 pandemic and barriers to testing it has imposed, however should be interpreted in caution since no additional statistical analysis has been performed. Of all people tested, 0.07% were reported to have received a false reactive result. This likely an underestimate, given that many CBVCTs do not offer confirmatory testing on-site and follow-up of confirmatory test results is not always performed/reported.

		Total	Reactive	Reactive
		N	n	%
Persons tested		89649	934	1.0
Age Group	<25	21046	154	0.7
	>=25	56328	678	1.2
Gender	Male	61627	753	1.2
	Female	26638	126	0.5
	Transgender	883	30	3.4
Migrant		21313	336	1.6
PWID		1723	21	1.2
SW	MSW	1671	37	2.2
	FSW	2717	3	0.1
	TSW	448	29	6.5
MSM		34526	568	1.6
Previous HIV test		49566		
Tested in last 12 months		23886		
Test last 12 months in this CBVCT		7145		
False positive		64		
Confirmatory HIV test		670		
Positive confirmatory HIV test		584		

*Four members, 2 with large n, counted only tests, not people.

CBVCT 1: People screened for HIV – 2020

Of 55 reporting centres, three did not report any data on age of client (n=11,423), six did not report the variable sex worker (n=28,750), six did not report the variable PWID (n=7744) and four did not report the variable migrant (n=3368).

People can be recorded in more than one key population, thus the sum of all key populations and people in no key population will not be the same as the total number of people tested. The largest key population is men who have sex with men (MSM)(38.5% of all people tested) followed by migrants (23.8%), sex workers (SW) (5.54%) and people who inject drugs (PWID) (1.9%) (CBVCT 1). Some CBVCT services have services specifically for trans SW (TSW), explaining the high proportion of trans people who are in the SW category (53.6%). The proportion of migrants is higher in trans people (46.2%) than in women (30.1%) and men (20.9%). In 2020, tested transgender women migrants increased by 13.6% compared to 2019. More than twice as many males were tested than females. More than half of all males tested were MSM. The number of transgender people tested is likely to be underestimated, as 14/55 members did not report this information.

		All	Males	Females	Transgender	<25 years old	25+ years old
MSM	**n**	34526	34127	NA	399	7419	19930
	%	38.5	55.4	NA	45.2	35.3	35.4
SW	**n**	4858	1671	2717	448	1031	3598
	%	5.4	2.7	10.2	50.7	4.9	6.4
PWID	**n**	1723	1456	252	12	268	1376
	%	1.9	2.4	0.9	1.4	1.3	2.4
Migrants	**n**	21313	12851	8019	408	4940	16027
	%	23.8	20.9	30.1	46.2	23.5	28.5
All	**n**	89649	61627	26638	883	21046	56328
	%	100	100	100	100	100	100

CBVCT 2: Proportion of clients who reported to have been previously tested for HIV – 2020

Of 55 reporting centres, one did not report this indicator (n=334) and are not included in the denominator.

Half of all people tested for HIV reported having had a previous test (55.29%). A higher proportion of men reported being previously tested compared to women. All key populations are more likely to report previous testing compared to all people tested. Across genders, transgender people have the highest proportion of previous testing (70.44%). Among key populations SW's (74.43%)have highest proportion of previously tested. All key populations (besides MSM, 52.65%) report a notable higher proportion of previous testing compared to all testers.

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

		All	Males	Females	Transgender	<25 years old	25+ years old
MSM	**Proportion (%)** of clients who reported to have been previously tested for HIV	65.57	65.43	NA	78.2	59.2	80.09
	Numerator: number of clients who reported to have been previously tested for HIV	22640	22328	NA	312	4392	15962
SW	**Proportion (%)** of clients who reported to have been previously tested for HIV	74.43	74.69	73.35	84.38	60.62	80.77
	Numerator: number of clients who reported to have been previously tested for HIV	3616	1248	1993	378	625	2906
PWID	**Proportion (%)** of clients who reported to have been previously tested for HIV	65.93	66.14	65.48	58.33	40.3	73.84
	Numerator: number of clients who reported to have been previously tested for HIV	1136	963	165	7	108	1016
Migrants	**Proportion (%)** of clients who reported to have been previously tested for HIV	64.96	65.64	63.04	83.09	49.43	70.49
	Numerator: number of clients who reported to have been previously tested for HIV	13845	8436	5055	339	2442	11298
All	**Proportion (%)** of clients who reported to have been previously tested for HIV	55.29	58.07	49.1	70.44	43.19	64.58
	Numerator: number of clients who reported to have been previously tested for HIV	49566	35789	13078	622	90897	36375

CBVCT 3: Proportion of clients who reported to have been tested for HIV during preceding 12 months– 2020

Of 55 reporting centres, three did not report this indicator (n=11,697) and are not included in the denominator.

Only 26.64% of persons tested for HIV reported having had a previous test in the last 12 months. Given the proportion of missing data for this indicator (see Annex 2), the results for this indicator should be considered relatively, to compare between key populations, gender and age categories.

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

		All	Males	Females	Transgender	25+ years old	25+ years old
MSM	**Proportion (%)** of clients who reported to have been tested for HIV during preceding 12 months	41.94	41.87	NA	47.62	41.95	48.79
	Numerator: number of clients who reported to have been tested for HIV during preceding 12 months	14480	14290	NA	190	3112	9724
SW	**Proportion (%)** of clients who reported to have been tested for HIV during preceding 12 months	38.9	42.43	34.08	56.47	34.72	41.05
	Numerator: number of clients who reported to have been tested for HIV during preceding 12 months	1890	709	926	253	358	1477
PWID	**Proportion (%)** of clients who reported to have been tested for HIV during preceding 12 months	22.69	22.66	23.02	25.0	19.4	24.42
	Numerator: number of clients who reported to have been tested for HIV during preceding 12 months	391	330	58	3	52	336
Migrants	**Proportion (%)** of clients who reported to have been tested for HIV during preceding 12 months	30.64	34.62	23.06	56.13	25.49	32.2
	Numerator: number of clients who reported to have been tested for HIV during preceding 12 months	6531	4449	1849	229	1259	51610
All	**Proportion (%)** of clients who reported to have been tested for HIV during preceding 12 months	26.64	31.17	16.11	42.02	24.91	29.91
	Numerator: number of clients who reported to have been tested for HIV during preceding 12 months	23886	19210	4292	371	5243	16849

CBVCT 4: Proportion of clients who reported to have been tested for HIV at the same CBVCT facility during preceding 12 months– 2020

Of 55 reporting centres, eleven did not report this indicator (n=54,141) and are not included in the denominator.

Higher proportions of key populations return to the same CBVCT within 12 months for a test compared to the average proportion amongst all testers (CBVCT 4). Within genders, higher proportion of transgenders returned to the same CBVCT within 12 months across the key populations. Compared to other key populations, sex workers have had higher proportion of return to the same CBVCT centre for a test during last 12 months. The high proportion of centres which did not report this indicator makes it difficult to draw conclusions but from the available data it appears CBVCT services are suitable for most key populations who return for testing more often compared to the whole study population. Increase in percentage of persons returning to test in the same CBVCT has been shown in all key populations and gender categories. This increase could be attributed to COVID-19 pandemic and experienced barriers to free movement, however it should be interpreted in caution since no additional analysis has been performed.

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

		All	Males	Females	Transgender	<25 years old	25+ years old
MSM	**Proportion (%)** of clients who reported to have been tested for HIV at the same CBVCT facility during preceding 12 months	14.07	13.86	NA	32.08	15.57	11.68
	Numerator: number of clients who reported to have been tested for HIV at the same CBVCT facility during preceding 12 months	4859	4731	NA	128	1155	2327
SW	**Proportion (%)** of clients who reported to have been tested for HIV at the same CBVCT facility during preceding 12 months	16.47	15.8	15.05	28.35	11.45	17.98
	Numerator: number of clients who reported to have been tested for HIV at the same CBVCT facility during preceding 12 months	800	264	409	127	118	647
PWID	**Proportion (%)** of clients who reported to have been tested for HIV at the same CBVCT facility during preceding 12 months	4.64	4.88	3.57	0	2.99	5.09
	Numerator: number of clients who reported to have been tested for HIV at the same CBVCT facility during preceding 12 months	80	71	9	0	8	70
Migrants	**Proportion (%)** of clients who reported to have been tested for HIV at the same CBVCT facility during preceding 12 months	7.79	7.22	7.92	24.02	5.49	8.11
	Numerator: number of clients who reported to have been tested for HIV at the same CBVCT facility during preceding 12 months	1661	928	635	98	271	1300
All	**Proportion (%)** of clients who reported to have been tested for HIV at the same CBVCT facility during preceding 12 months	7.97	9.35	4.62	16.99	8.04	7.03
	Numerator: number of clients who reported to have been tested for HIV at the same CBVCT facility during preceding 12 months	7145	5765	1230	150	1692	3961

CBVCT 5: Proportion of clients with reactive HIV screening test result– 2020

Reporting a HIV screening test result was a criteria to be included in the HIV indicators.

Transgender population have the highest proportion of reactive tests among all key populations. Female PWIDs have 2nd highest proportion of reactive tests, and male population (besides the category Male PWIDS) have 3rd highest proportion of reactive tests. Female have lowest reactive tests in all key populations (besides PWIDs) or gender category.

The proportion of reactive tests is higher among men than women. The small number of tests of transgender people reported, reinforces the need to improve data collection so there is more reliable data to inform testing strategies in this population. This number was also low in 2018 and 2019.

The proportion of reactive tests among transgender in all key sub-populations is much higher than for female and male in the same groups as well as in the total study population. This indicates that screening interventions should target transgender population specifically.

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

		All	Males	Females	Transgender	<25 years old	25+ years old
MSM	**Proportion (%)** of clients with HIV reactive screening HIV test result	1.65	1.61	NA	5.01	1.37	1.94
	Numerator: number of clients with reactive screening HIV test result	568	548	NA	20	102	387
SW	**Proportion (%)** of clients with HIV reactive screening HIV test result	1.46	2.21	0.11	6.47	1.16	1.5
	Numerator: number of clients with reactive screening HIV test result	71	37	3	29	12	55
PWID	**Proportion (%)** of clients with HIV reactive screening HIV test result	1.22	0.96	1.98	8.33	1.49	1.02
	Numerator: number of clients with reactive screening HIV test result	21	14	5	1	4	14
Migrants	**Proportion (%)** of clients with HIV reactive screening HIV test result	1.58	1.86	0.84	6.62	0.83	1.77
	Numerator: number of clients with reactive screening HIV test result	336	239	67	27	41	284
All	**Proportion (%)** of clients with HIV reactive screening HIV test result	1.04	1.22	0.47	3.4	0.73	1.2
	Numerator: number of clients with reactive screening HIV test result	934	753	126	30	154	678

CBVCT 5:Proportion of clients with reactive HIV screening test result–2020

Figure 2 and 2.1 shows the high variability between COBATEST Network members, in terms of number of tests performed and prevalence of HIV in their testing population. The percentage of reactive tests among members varied from 0.0% to 8.6%, with a mean of 2.37% and median of 0.9%.

Centres with the highest proportion of reactive tests include CAS/ARDS Lluís Companys, Creu Roja (Spain) and ARAS (Romania). AIDES (France) and National AIDS Centre (Poland) report the majority of the tests performed. They both represent national networks of CBVCT services and in total performed 41% of total tests reported in the year 2020.

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

Figure 2

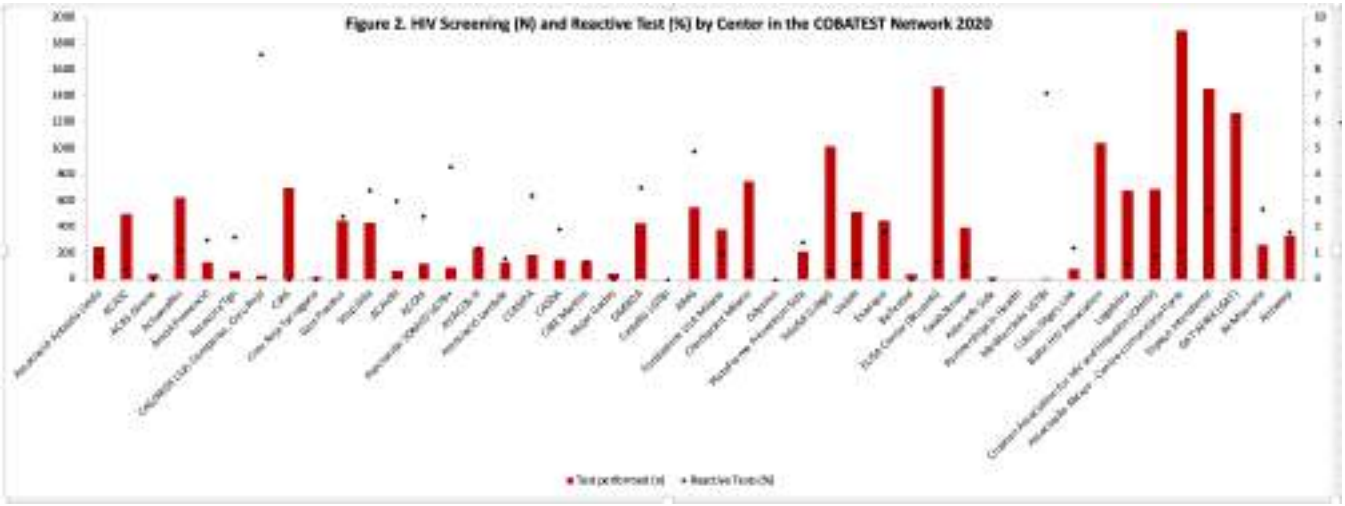
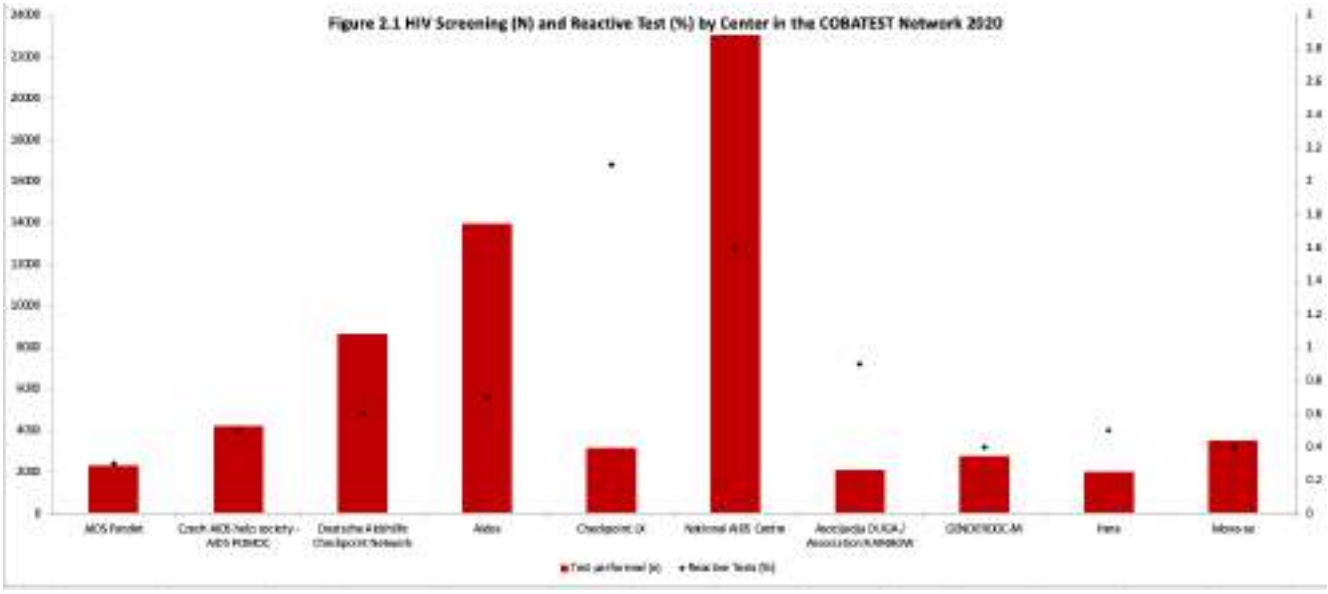


Figure 2.1



CBVCT 6: Proportion of clients with reactive HIV screening test result who were tested with confirmatory HIV test– 2020

Of 55 reporting centres, 14 did not report this indicator (n=14,716) and their reactive results are not included in the denominator.

This indicator should be interpreted with caution as a low percentage could indicate a problem with reporting rather than few people having a confirmatory test. The reporting of this variable may affect reliability between centres (i.e. some centres record it when the client reports having a confirmatory test and in others the confirmatory test is performed in the centre). MSM has a higher proportion of confirmatory testing compared to all key populations. Compared to 2019, PWID has lowest proportion of confirmatory testing done among all key populations. This may indicate the follow-up for MSM is better than for other key populations, or that centres with good reporting of this indicator are more likely to target MSM.

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

		All	Males	Females	Transgender	<25 years old	25+ years old
MSM	**Proportion (%)** of clients with reactive screening HIV test result who were tested with confirmatory HIV test	73.24	79.62	NA	80.0	79.41	72.35
	Numerator: number of clients with reactive screening HIV test result who were tested with confirmatory HIV test	416	387	NA	16	81	280
SW	**Proportion (%)** of clients with reactive screening HIV test result who were tested with confirmatory HIV test	49.3	45.95	33.33	58.62	66.67	48.15
	Numerator: number of clients with reactive screening HIV test result who were tested with confirmatory HIV test	35	17	1	17	8	26
PWID	**Proportion (%)** of clients with reactive screening HIV test result who were tested with confirmatory HIV test	38.1	42.86	40.0	0	100	28.57
	Numerator: number of clients with reactive screening HIV test result who were tested with confirmatory HIV test	8	6	2	0	4	4
Migrants	**Proportion (%)** of clients with reactive screening HIV test result who were tested with confirmatory HIV test	52.98	54.81	44.78	62.96	68.29	51.76
	Numerator: number of clients with reactive screening HIV test result who were tested with confirmatory HIV test	178	131	30	17	28	147
All	**Proportion (%)** of clients with reactive screening HIV test result who were tested with confirmatory HIV test	71.73	72.24	57.14	60.0	81.17	71.09
	Numerator: number of clients with reactive screening HIV test result who were tested with confirmatory HIV test	670	544	72	18	125	482

CBVCT 7: Proportion of clients with positive confirmatory HIV test result– 2020

Of 55 reporting centres, 14 did not report this indicator (n=14,716). These are not included in the denominator.

Transgender have higher proportion of positive confirmatory diagnoses than any other key population (besides PWID as no transgender PWID has been registered) and across the gender. MSM has the highest proportion of diagnoses when looking at key populations.

This indicator is key to understanding the care cascade for people who receive a reactive HIV screening result in CBVCT services. More investigation is needed to understand the motives for CBVCT services not reporting this indicator.

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

		All	Males	Females	Transgender	<25 years old	25+ years old
MSM	**Proportion (%)** of clients with positive confirmatory HIV test result	1.11	1.08	NA	3.26	1.02	1.24
	Numerator: number of clients with positive confirmatory HIV test result	383	379	NA	113	76	248
SW	**Proportion (%)** of clients with positive confirmatory HIV test result	0.62	0.9	0.04	3.12	0.78	0.56
	Numerator: number of clients with positive confirmatory HIV test result	30	15	1	14	8	20
PWID	**Proportion (%)** of clients with positive confirmatory HIV test result	0.46	0.41	0.79	0	1.49	0.29
	Numerator: number of clients with positive confirmatory HIV test result	8	6	2	0	4	4
Migrants	**Proportion (%)** of clients with positive confirmatory HIV test result	0.76	0.94	0.32	3.43	0.55	0.81
	Numerator: number of clients with positive confirmatory HIV test result	161	121	26	14	27	130
All	**Proportion (%)** of clients with positive confirmatory HIV test result	0.65	0.84	0.19	1.81	0.5	0.73
	Numerator: number of clients with positive confirmatory HIV test result	584	517	51	16	105	413

CBVCT 8:Proportion of clients with false positive test result– 2020

Of 55 reporting centres, 16 did not report the result of confirmatory tests (n=25,460) and are not included in the denominator.

A false positive was considered a reactive screening test result followed by a negative confirmatory test result. In all key populations, the proportion of false positive results is 0.07,% compared to 0.09% in 2019. Across all key populations and genders, highest proportion of false-positives were detected among transgender. In 2019 highest proportion of false-positives among all categories was detected among PWIDs while in 2020 there was no false positives registered among PWIDs.

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

		All	Males	Females	Transgender	<25 years old	25+ years old
MSM	**Proportion (%)** of clients with false positive results	0.06	0.05	NA	0.25	0.03	0.09
	Numerator: number of clients with false positive result	19	18	NA	1	2	17
SW	**Proportion (%)** of clients with false positive results	0.04	0	0.04	0.22	0	0.06
	Numerator: number of clients with false positive result	2	0	1	1	0	2
PWID	**Proportion (%)** of clients with false positive results	0	0	0	0	0	0
	Numerator: number of clients with false positive result	0	0	0	0	0	0
Migrants	**Proportion (%)** of clients with false positive results	0.02	0.02	0.02	0.25	0	0.03
	Numerator: number of clients with false positive result	5	2	2	1	0	5
All	**Proportion (%)** of clients with false positive results	0.07	0.07	0.08	0.11	0.08	0.09
	Numerator: number of clients with false positive result	64	43	20	1	16	48

CBVCT 9: Number of clients needed to test to find a positive HIV result – 2020

Of 55 reporting centres, 13 did not report confirmatory HIV test result (n=14,716). These are not included in the numerator.

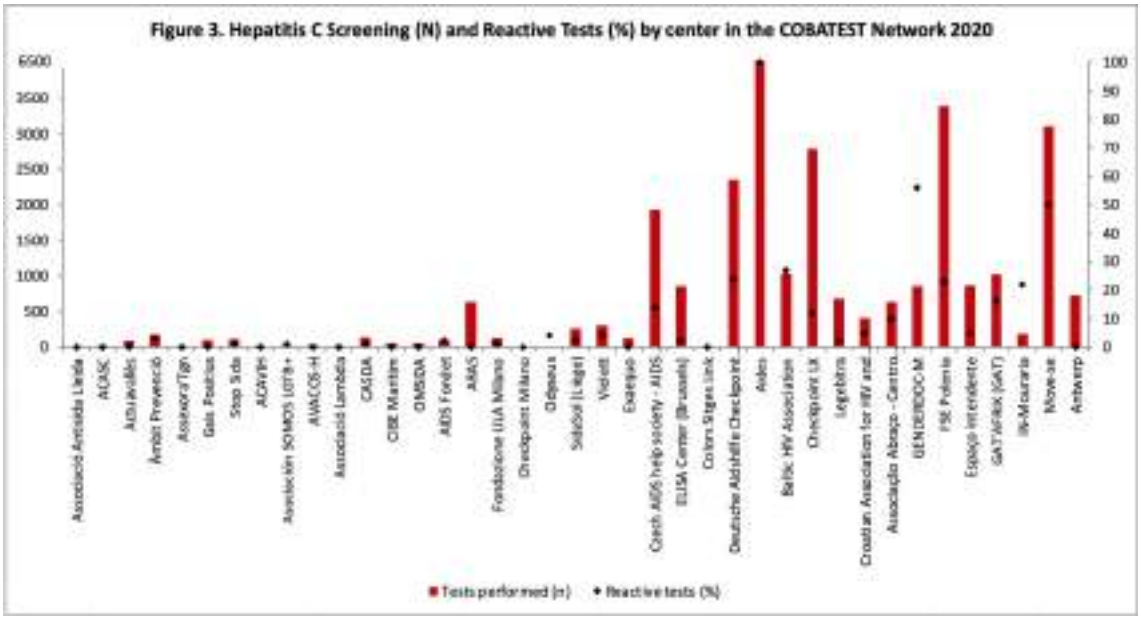
Number of clients needed to test (NTT), shows screening amongst MSM and transgender people in all categories as effective in diagnosing HIV. Similar to 2018 and 2019 data, in 2020 as well a relatively high number of females needed to be tested to find a positive HIV results, especially among female sex workers. Comparatively transgender population have lowest number of NTT. Notably, the NTT among transgender went from 107.8 in 2018 to 46.26 in 2019 and slightly increased in 2020 to 55.2. Overall increase has been shown in all key populations and gender categories in 2020 compared to 2019. However, number has doubled for female sex workers, specifically while only 779 persons had to be tested to find a positive HIV result, in 2020 this number increased to 2717. This data allows members with limited resources to prioritise screening strategies.

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

	All	Males	Females	Transgender	<25 years old	25+ years old
MSM (n)	90.1	92.2	NA	30.7	97.6	80.4
SW (n)	161.9	111.4	2717	32	128.9	179.9
PWID (n)	215.4	242.7	126	0	67	344
Migrants (n)	132.4	106.2	308.4	29.1	183	123.3
All (n)	153.5	119.2	522.3	55.2	200.4	136.4

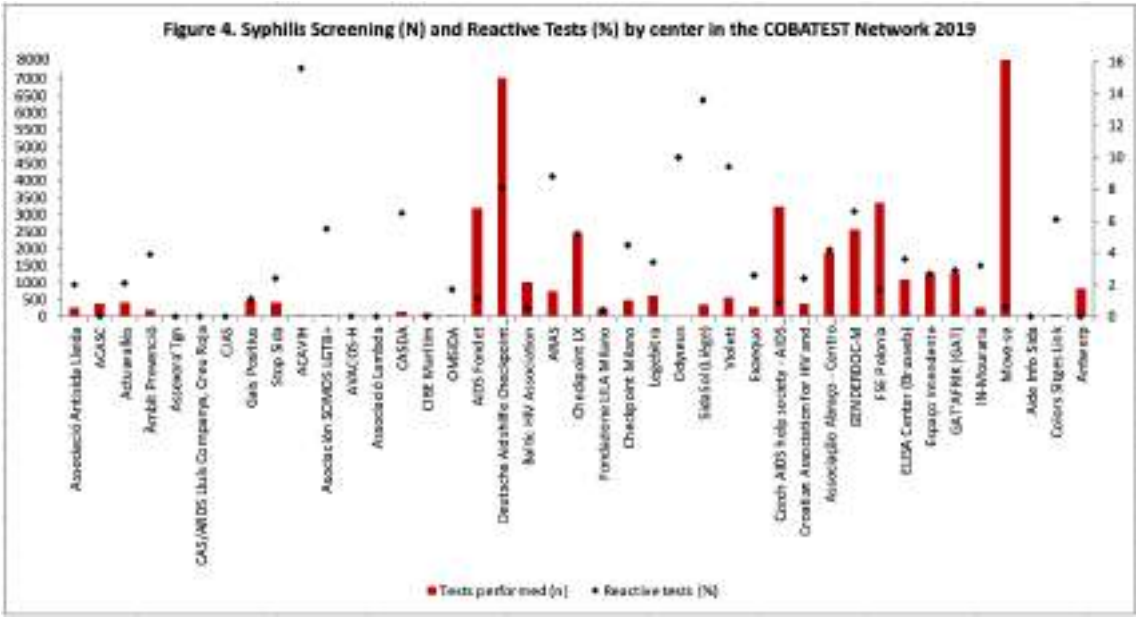
HCV Screening – 2020

Figure 3 shows the 39 centres who submitted data on HCV screening of 29,244 persons. Of all people tested, 397 had a reactive test (1.4%). FSE Polonia (Poland) and Aides (France) performed the biggest number of HCV screening tests. The highest proportion of reactive tests was found in Aides (France; 100% or 6051 persons), who serve general population, GENDERDOC-M (Moldova, 56% or 480/858), whose target population is MSM, and Move-se (Portugal, 50% or 1551/3102) whose target population is MSM, SW, migrants, and PWIDs.



Syphilis Screening – 2020

Figure 4 shows that in 2020, 41 centres submitted data on 44,548 persons screened for syphilis. Of all people screened, 1530(3.4%) of tests were reactive. Compared to HCV and HIV tests number of tests performed for Syphilis increased in 2020 as well as number of centres providing such testing. Specifically 32 centres tested for syphilis in 2019 while in 2020 eight more centres provided such services. Additionally only 28, 747 people were tested in 2019 while in 2020 number of tests done increased by 35.5%. The highest proportion of reactive tests was found in ACAVIH(Spain,15.6% or 7/45), SidaSol (Belgium, 13.6% or 48/352), whose target population are high-at-risk groups, Odyseus (Slovakia, 10% or 1/10), and Violett (Belgium; 9.4% or 556/52), whose target population are high-at-risk groups. Move-se (Portugal, 8702n) and Deutsche Aidshilfe Checkpoint Network (Germany, 7022n)) performed highest testing.



People screened for HIV - COBATEST Network (2014-20)

This section is a summary of testing activity in the COBATEST Network since 2014. In 2014, the COBATEST Network only collected data from services using the COBATEST online data collection tool. In 2014, 2017, 2018, and 2019 the indicators were calculated as a percentage of all tests performed, while in 2015 and 2016, the indicators were calculated as an average of all participating centres.

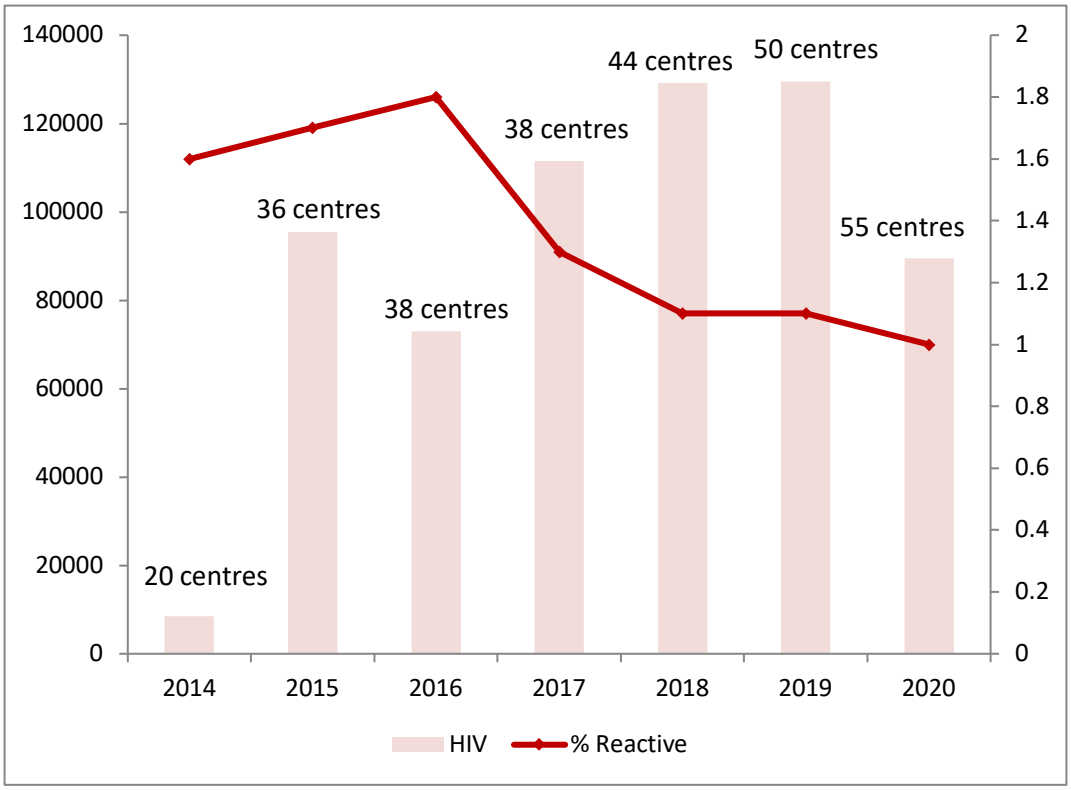
Table 2 People screened for HIV, screening results and confirmatory test results - COBATEST Network (2014-20)

	2014	2015	2016	2017	2018	2019	2020
Participating centres (n)	20	37	38	38	45	50	55
People tested (n)	8554	95493	72916	111579	130164	129484	89649
People with a reactive HIV screening test (%)	1.6	1.7*	1.8*	1.3	1.1	1.1	1
People with a reactive HIV screening test (n)	135	825	609	1,421	1471	1407	934
People tested with a confirmatory test (%, as % of all reactive results)	63	71.8*	80.1*	73.3	83	81.6	71.7
People with positive confirmatory test result (%)	0.8	1.5*	2.1*	0.8	0.8	0.8	0.7

*Average of all centres

In 2020, the COBATEST Network grew to 55 members submitting data on 89649 people tested for HIV. Over the five years of data from the Network, the number of HIV screening tests performed has varied from 8,554 in 2014 to 129484 in 2019. Decrease of 30.76% in population tested in 2020 can be attributed to COVID-19 pandemic and barriers to testing it caused, however no further analysis has been done on this point as part of this report. The proportion of reactive tests was highest in 2016 (1.8%) and lowest in 2020 (1%). The number of centres participating has risen from 20 in 2014 to 55 in 2020(Figure 5). The proportion of all people tested with a confirmed HIV diagnosis has stayed stable since 2014, disregarding 2015 and 2016 when this indicator was calculated as an average of all centres (Table 2)

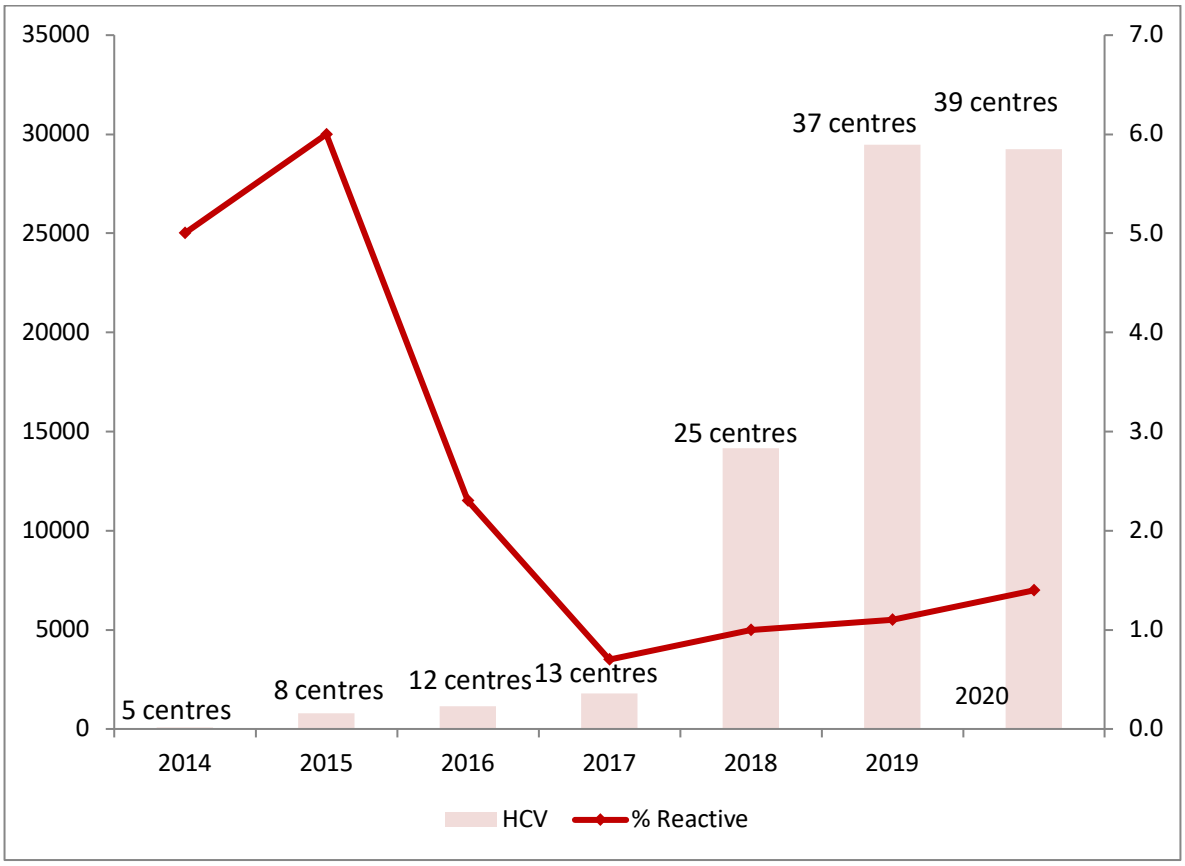
Figure 5 Number of people screened for HIV, proportion of reactive tests and number of centres submitting data by year - COBATEST Network 2014-20



People screened for hepatitis C - COBATEST Network (2014-20)

In 2018, for the first time, the aggregated data collection tool was adapted to collect data on hepatitis C testing - the increase in number of participating centres and people tested since 2017 reflect this. Growth is also showed in number of centres that send in the data on hepatitis C in 2019, further increasing number of people tested for HCV. Only slight increase was shown in 2020 in number of centres registered or persons tested. Specifically, in 2014, 5 centres submitted their data on 81 people screened for HCV. This number grew to 29471 people screened by 37 centres in 2019, and 39 centres in 2020 with 29,244 persons tested. The proportion of reactive screening tests has dropped from 5.0% in 2014 to 1.1% in 2019 and increases slightly in 2020 to 1.4%. Lack of upward trend in 2020 could be attributed to COVID-19 pandemic and barriers it put on testing. While assumptions could be made, there was no specific analysis done on impact of COVID-19 pandemic on HCV testing as part of this report.

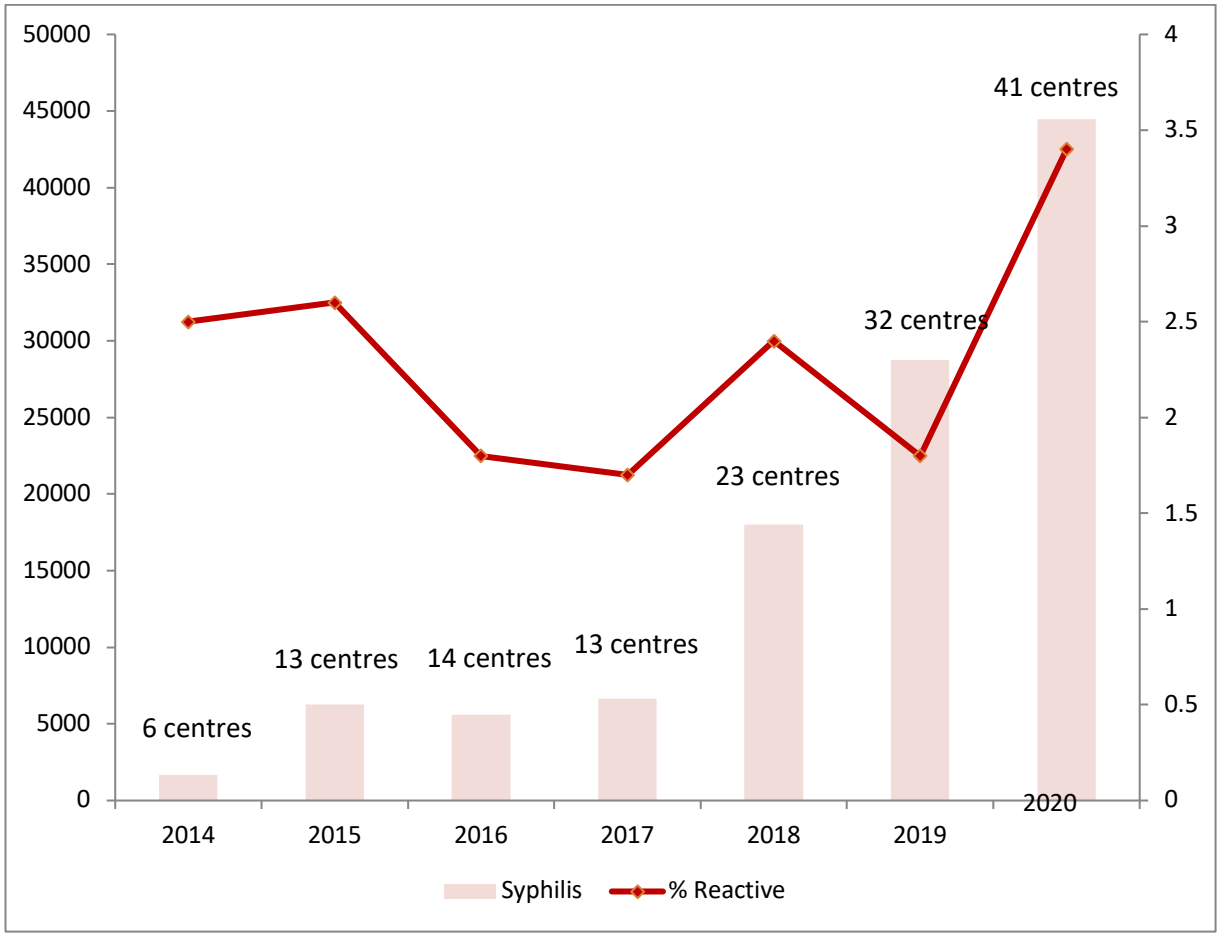
Figure 6 Number of people screened for Hepatitis C, proportion of reactive tests and number of centres submitting data by year - COBATEST Network 2014-20



People screened for Syphilis - COBATEST Network (2014-20)

In 2018, for the first time, the aggregated data collection tool was adapted to collect data on syphilis testing - the increase in number of participating centres and people tested since 2017 reflect this. In 2014, 6 centres submitted data on 1663 people tested. This grew to 32 centres submitting data on 28,747 people tested in 2019, further continuing upward trend in 2020, specifically 41 centres provided data on syphilis testing with total of 44,548 people tested. The proportion of reactive tests dropped from 2.5% in 2014 to 1.7% in 2017 and then rose again in 2018 to 2.4%. However in 2019 it again dropped to 1.8%, while in 2020 proportion of reactive tests was the highest during all years the data was collected as part of COBATEST, specifically it increased to 3.4%. It is notable to mention that in 2020 only increase in data collected was depicted in syphilis testing. Assumption has been made that COVID-19 has impacted decrease or only slight increase in testing for HIV and HCV, however it is not clear why the pandemic didn't effected syphilis testing, considering that restrictions set by governments influenced all STI testing (or any other services provided) in the same way. However, while number of syphilis tests done increased, reactive results among the testers also increased substantially compared to other years.

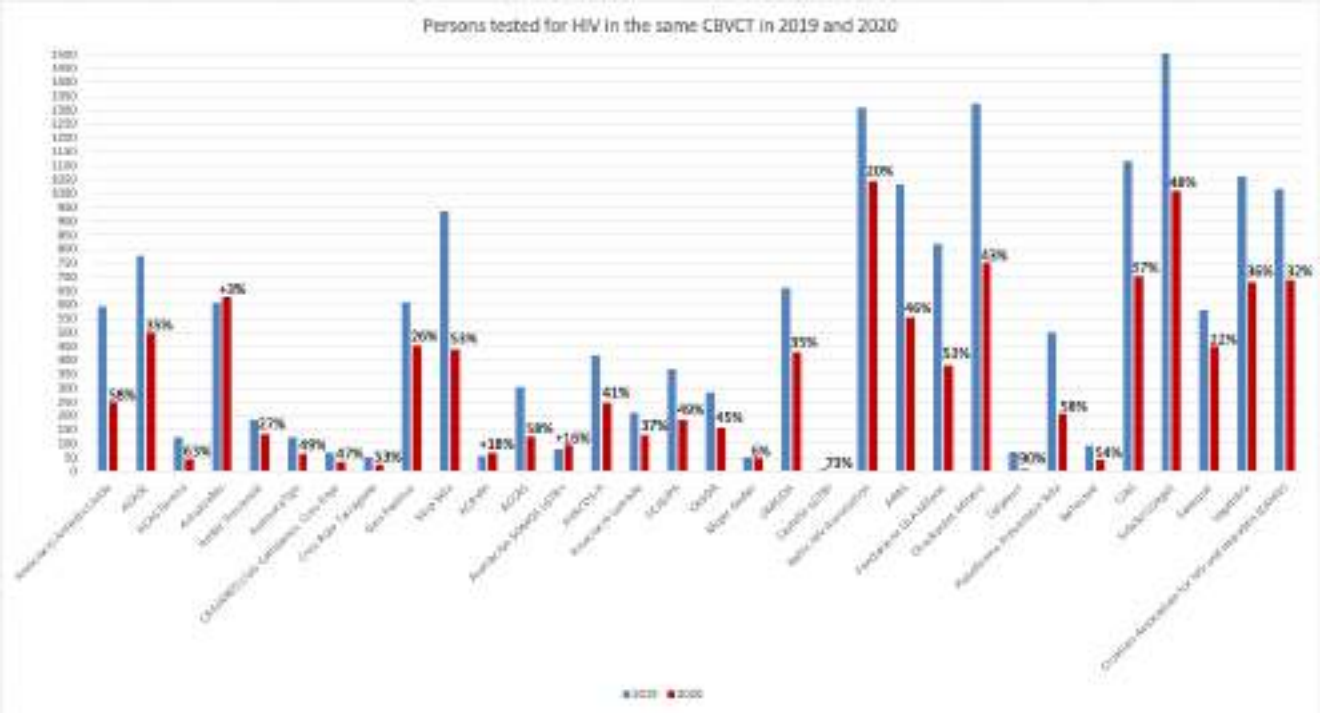
Figure 7 Number of people screened for syphilis, proportion of reactive tests and number of centres submitting data by year - COBATEST Network 2014-20



Changes in HIV testing pre and during COVID-19 pandemic

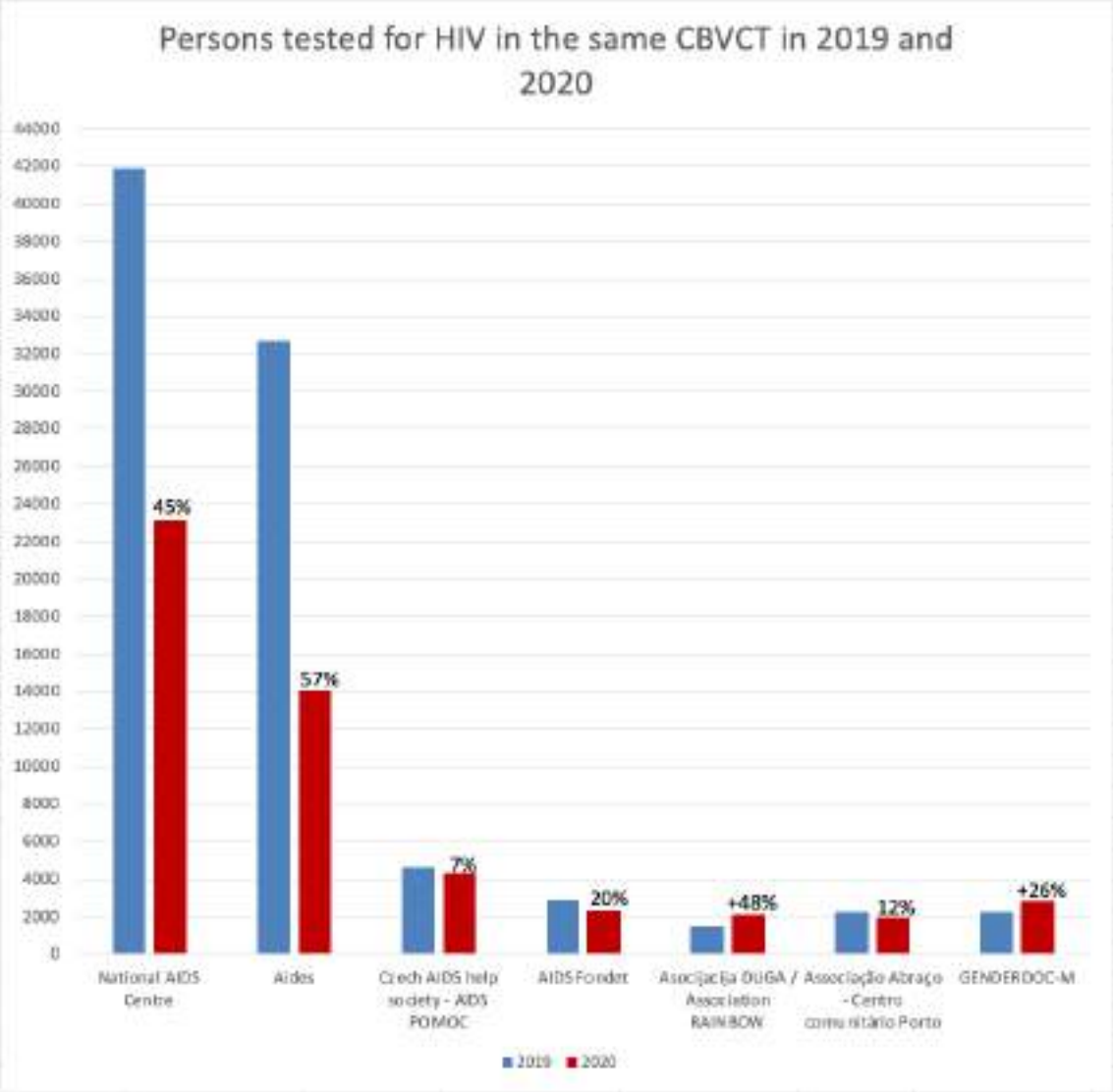
Same 41 COBATEST network members submitted data in 2019 and 2020. In total 111,117 persons were tested for HIV by these centres in 2019, and in 2020 the same 41 centres reported 70 084 persons tested. In 2020, 36.93% less persons were tested compared to 2019 in the same centres. Figure 8 and Figure 9 depict data provided by each centre in 2019 (blue columns) and 2020 (red columns) and percentage decrease in total persons tested in each year by centre. Due to vast difference in number of persons tested in given 41 centres, separate figures were created to clearly depict magnitude of drop in HIV testing.

Figure 8



Overall, substantial decrease in persons tested for HIV can be seen in most of these 41 centres, mostly ranging from 30% to 60% decrease compared to total reported in the same centres in 2019. There were few outliers which reported lower percentage decrease in HIV testing ranging from 6%-27%, specifically Mujer Gades (Spain, 6%), Czhech AIDS help society – AIDS POMOC (Czhech Republic, 7%), Associação Abraço – Centro comunitário Porto (Portugal; 12%), AIDS Fondet (Denmark, 20%), Exaequo (Belgium, 22%), Ámbit Prevenció (Spain, 27%). Three centres had reported more than 60% decrease in HIV testing in 2020 compared to 2019, specifically ACAS Girona (Spain; 63%), Castelló LGTBI (Spain; 78%), and Odyseus (Slovakia; 90%). Minor increase was found in 4 centres, specifically Actuavallès (Spain; +3%), Asociación SOMOS LGTB+ (Spain; +16%), ACAVIH (Spain; +18%), GENDEROC-M (Moldova, +26%). One centre reported substantial increase, specifically Assocation Duga / Association Rainbow (Serbia, +48%).

Figure 8.1



Overall, it can be assumed that changes or more especially drastic decrease in proportion of persons tested for HIV in 2020 compared to 2019 could be attributed to restrictions imposed by governments on free movement across the cities/towns/countries due to COVID-19 pandemic and also availability of these services during lockdowns. Difference in drastic or mild decrease, or slight increase in number of persons tested for HIV in given 41 centres can be attributed to the level of strictness of restrictions imposed by governments in their respective countries or even in regions. However, this data should be interpreted cautiously as no specific data has been collected on the impact of COVID-19 pandemic in these 41 centres and no deeper statistical analysis has been performed. In addition, actual change in number of persons tested should be kept in mind while interpreting the percentage data since in some cases increase or decrease could be caused due to couple of more/less persons tested, thus no actual substantial change has been present from one year to another.

4. DISCUSSION

CBVCT centres are focal point for information gathering on testing patterns among high-at-risk populations for HIV infection/HCV/Syphilis especially during COVID-19 pandemic. Collaboration among CBVCT centres increases the knowledge pool about groups most vulnerable to the infections and how to reach them more effectively. Furthermore, sharing data and innovative practices among CBVCT services can lead to substantial increase in HIV/HCV/Syphilis testing and to decrease in prevalence of late-diagnoses and subsequent adverse health outcomes. In this context work of COBATEST network is especially valuable considering scarcity of international networks of CBVCT centres.

COBATEST network as well as volume of the data collected has been gradually growing since its inception in 2014. Number of active participants increased from 20 centres in 2014 to 61 centres in 2020. Besides individual centres from 21member countries, COBATEST network is also comprised of 2 national networks from Belgium and Poland, one regional network in Catalonia (Spain), and an umbrella centre in France, AIDES, reporting for more than 70 centres all around the country. Due to representativeness of the data, the national/regional networks have an opportunity to learn from their yearly testing statistics and improve their outreach programs if needed, that previously could not have been possible due to lack of standardized data collection tool.

Even though the primary focus of the network from the beginning was HIV testing, data collection was also expanded to HCV and Syphilis due to the effectiveness of this collaboration. Number of CBVCT centres reporting data on HCV increased from 5 to 39 and for Syphilis from 6 to 41. The network included more Eastern European countries and for the first time it also extended to the countries from Central Asia. The standardized data collection tool developed specifically for this network has been adapted to this growth and updated according to the lessons learned through-out this 7 years. The volume and standardized format of collected data allows multi use of acquired information, starting for individual growth of CBVCT centres, to possibility to inform national surveillance systems and to support advocacy efforts in the field.

The INTEGRATE Joint Action (seeking to increase integrated early diagnosis and linkage to prevention and care of HIV, viral hepatitis, TB and STIs in EU Member States by 2020), has developed consensus indicators and recommendations for the integration of CBVCT data into respective national surveillance and M&E systems (19). Most of those indicators are based on the COBATEST indicators, and the data collection tools will be improved to also collect those recommended indicators not collected yet, as the ones measuring integrated testing for more than one infection.

Some of the COBATEST network members have participated in INTEGRATE Joint Action pilots, with the objective of CBVCT data integration into national surveillance and M&E systems: NAC from Poland (reporting from 30 sites around the country); the 12 centres from the Catalan regional network, 2 new members from Slovakia, and Legebitra from Slovenia. In most of the cases, the participation in the COBATEST network has facilitated the process of data integration in their respective national surveillance and M&E systems.

In 2019, the COBATEST network collected the largest number of tests performed for HIV infection/HCV/Syphilis during past 6 years. However, steady growing tendency was not continued in 2020, specifically 30.76% less number of persons were tested compared to 2019, although the number of centres reporting data has increased. Basing on the studies conducted on impact of COVID-19 on HIV/STI testing (1,2,3) it is safe to assume that unexpected change in

this tendency could be attributed to the pandemic. Multiple governmental restrictions on free movement of its residents, fear of the virus, inability of providing services during lockdowns, or lack of staff due to illness took its toll on providing efficient HIV/STI testing services. Nevertheless, COBATEST network members have implemented various innovative service provision processes (online or by-phone counselling, initiating or increasing self-testing kits, phone aid on explaining how to correctly use self-testing kits, providing COVID-19 testing together with HIV/STI testing) to assure that high-at-risk population were served even during COVID-19 pandemic.

There were a number of limitations to the data presented in this report. First, 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. This hinders process of data comparison across years and CBVCT centres. For those centres that do not use a unique identifier, it is impossible to determine if clients were tested more than once that could lead to overestimation on reported number of persons screened for HIV. However, standardized format of the data still provides useful information at least on HIV testing and demographic information of the clients to detect testing patterns across the years and improve efforts of the centres to reach high-at-risk groups.

Second limitation is lack of biologic data. Even though forms used for data collection do have a question on CD4 count of the client no such information is being collected by the centres since they do not have access to this test results. Data on CD4 count would inform us on prevalence of late HIV diagnoses among registered clients and point to hard to reach population groups who delay testing. Nevertheless, rich data collected on sociodemographic and risk-related behavioural variables also successfully point to high-at-risk population groups.

Third limitation is generalizability of the results. Data collected from 61 CBVCT centres from 21 countries across Europe are not representative of the whole region or a country of each member. Nevertheless, 7 out of 19 countries (France, Belgium, Spain, Italy, Poland, and Slovakia) provide data registered from more than 1 centre that increase generalizability of the data in their respective countries. In particular in Poland, Belgium and Catalonia (Spain) we can talk about national networks (regional in the case of Catalonia), so the data is representative of CBVCT activity in these countries/regions. The data is also representative in Slovenia, as Legebitra is the only CBVCT service in the country. In addition, tendency of gradual increase in the number of new participating centres due to the commitment and promotion of the network by the current members shows promising improvement of future generalizability of the data findings.

Fourth limitation is lack of supportive information due to original methodology used to report only selected indicators that prevented effective interpretation of data collected in 2019 and 2020 from the same CBVCTs with the aim of seeing impact of COVID-19. The collection of the data was focused on selected indicators only, thus while comparison of the two years can be done, interpretation of unexpected outcomes, such as increase in testing during the pandemic as a result of less restrictions from the side of the governments (or more support to CBVCTs), can only be considered as an assumption.

5. CONCLUSIONS

The 2020 COBATEST Network report demonstrates that, regardless a pandemic like COVID-19, CBVCTs are still eager to join the collaboration increasing value of the data collected even if the quantity of data provided is less than a year before. Currently, COBATEST network possesses 7 years of data collected across Europe and already in Central Asia using standardized format. Due to range of participating countries and the uniformity of the information collected, this data could serve as means of monitoring and evaluation of services provided by each of the participants. The COBATEST online data collection tool continues to be useful for CBVCT services who do not have their own data collection system in place. Even more, they are provided with the flexibility to adjust COBATEST tool to their needs to collect additional data that might be more useful to their environment and work. Members who do not wish to use online data collected tool have reported their aggregated and disaggregated data according to the COBATEST Network requirements which is always an option for any COBATEST member. Usually most of the COBATEST members are able to report the majority of the CBVCT indicators and surprisingly in 2020 as well, during the first year of COVID-19 pandemic. This further highlights the dedication of COBATEST members to the network.

COBATEST is in the process of adapting the reporting forms to include new indicators for other STI (as more centres are performing integrated testing for several infections), and new indicators recommended by INTEGRATE Joint Action. Adequate tasks and questions have been already developed and shared with the technological company responsible for its implementation. Further expanded data collected by the members of the network will even more demonstrate to international organizations the value of CBVCT centres to provide services to hard-to-reach populations across Europe. The results presented in yearly reports can also be utilized for advocacy efforts on national level. The comparison of the network's data from 2019 to 2020 is even more valuable in the time of COVID-19 pandemic as it demonstrates increase of obstacles to testing and its impact on high-at-risk populations. Richness and magnitude of collected data shows potential in performing further analysis to identify gaps created during COVID-19 pandemic with the aim to address them.

It is evident that COVID-19 pandemic has put to test many establishment including COBATEST network. It is noteworthy to point out that COBATEST network members have supported and empowered each other even more during these tough times where providing CBVCT services have been difficult due to many reasons such as restrictions imposed by governments to contain the pandemic, increased sense of fear among clients to reach out for help, and lack of staff members due to contamination with the virus. During this period the network members have actively shared challenges encountered as well as innovative ways they have developed to address these obstacles. Learning from each other have never been more important. The spirit and values of the network have been even more strengthened and reassured during 2020.

6. RECOMMENDATIONS

COBATEST network is dedicated to growth and improvement of formed collaboration. Reaching objectives set by the network is important part of this collaboration. Thus besides yearly analysis of the data, recommendations are made on how to improve the network and work done by the members based on the yearly reports and thoughts expressed by members during the meetings and other communications. Five recommendations based on year 2020 data are to:

1. Continue yearly data collection to facilitate development of large uniform dataset and raise awareness on work done by community-based centres.
2. Promote collection of disaggregated data to improve richness of acquired data
3. Conduct COBATEST member training on data collection using COBATEST tool or excel files.
4. Advocate for implementation of more testing outreach programs concentrating on vulnerable populations.
5. Explore possibility of data collection on other STIs by all COBATEST centres to be able to provide rich and comparable data on other infectious diseases.

The COBATEST network gives an opportunity to low-resource collection of the standardized data across Europe that is otherwise lacking in the region. Even more, collected data has a potential to aid the national surveillance systems of the European countries and strengthen their advocacy efforts. Most importantly, further improvement of the data collected and expansion of the COBATEST network's scope to other STIs could lead to development of more efficient ways to reach groups high-at-risk for these diseases. Strong cooperation among COBATEST members and inclusion of more national networks in this international collaboration could lead to collection of cross-country representative data that could demonstrate a path towards significant improvement in testing and outreach programs provided by CBVCT centres.

Integration of CBVCT data into national surveillance systems would improve understanding of how CBVCT activity is contributing to increasing HIV/HCV/syphilis testing uptake and diagnosis. Integration would allow countries to adapt their testing strategies to ensure they are reaching key populations. The COBATEST data collection tools are a low-resource way to collect this standardised data. With the momentum formed by European projects like the INTEGRATE Joint Action, which promotes the integration of HIV, viral hepatitis and STI testing data collection, it is crucial to put to work data collected by the COBATEST Network to advocate for integration of CBVCT data into the national surveillance system.

Furthermore, utilizing data from 2020 and subsequent years to analyse and demonstrate impact of COVID-19 on HIV/STI testing and counselling could shed the light on high-at-risk populations especially during pandemic. The magnitude of standardized data collected and variety of indicators analysed could lead to identifying gaps otherwise not noticeable. The size of the network and diversity of its members makes results achieved from analysis of collected data generalizable to many cultures and regions of Europe and Central Asia. Therefore, it is more important than ever to integrate data collected by COBATEST members into national surveillance systems and put them in use to serve more effectively vulnerable to HIV/STI populations, especially during new reality and new barriers created by COVID-19 pandemic.

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ANNEXES

Annex 1: Indicators by centre with corresponding estimates of indicators taking into account missing information (EMV)

CBVCT 2 Proportion of clients who reported to have been previously tested for HIV by centre with corresponding estimates of indicators taking into account missing information (EMV)

	Persons screened for HIV	CBVCT 2			
		n	%	Missing	EMV
Associació Antisida Lleida	250	148	59.2	0	59.2
ACASC	502	392	78.1	4	78.7
ACAS Girona	45	38	84.4	0	84.4
Actuavallès	627	476	75.9	3	76.3
Àmbit Prevenció	134	124	92.5	2	93.9
Assexora'Tgn	63	41	65.1	0	65.1
CAS/ARDS Lluís Companys, Creu Roja	35	32	91.4	0	91.4
CJAS	702	273	38.9	87	44.4
Creu Roja Tarragona	24	4	16.7	1	17.4
Gais Positius	453	354	78.1	0	78.1
Stop Sida	439	370	84.3	1	84.5
ACAVIH	66	48	72.7	3	76.2
ACCAS	126	83	65.9	0	65.9
Asociación SOMOS LGTB+	94	74	78.7	1	79.6
AVACOS-H	246	154	62.6	1	62.9
Associació Lambda	133	107	80.5	0	80.5
CCASiPA	187	129	69	0	69
CASDA	156	103	66	0	66
CIBE Marítim	145	89	61.4	8	65
Mujer Gades	47	39	83	0	83
OMSIDA	430	256	59.5	2	59.8
Castelló LGTBI	3	2	66.7	0	66.7
AIDS Fondet	2338	1894	81	11	81.4
Deutsche Aidshilfe					
Checkpoint Network	8650	2243	25.9	-	-
Aides	13982	10258	73.4	-	-
Baltic HIV Association	1043	623	59.7	-	-
ARAS	554	461	83.2	1	83.4
Checkpoint LX	3150	2490	79	-	-
Fondazione LILA Milano	383	227	59.3	1	59.4
Checkpoint Milano	752	534	71	3	71.3
Legebitra	680	585	86	-	-
Odyseus	7	5	71.4	2	100
PlateForme Prévention Sida	213	118	55.4	12	58.7
SidaSol (Liège)	1017	738	72.6	50	76.3
Violett	517	447	86.5	33	92.4
Exaequo	452	379	83.8	43	92.7
Czech AIDS help society - AIDS POMOC	4233	2249	53.1	0	53.1
National AIDS Centre	23090	10530	45.6	-	-

	Persons screened for HIV	CBVCT 2			
		n	%	Missing	EMV
Asocijacija DUGA / Association RAINBOW	2094	1275	60.9	-	-
Croatian Association for HIV and Hepatitis (CAHIV)	688	366	53.2	-	-
Associação Abraço - Centro comunitário Porto	1902	1188	62.5	-	-
GENDERDOC-M	2773	1670	60.2	-	-
BeTested	43	26	60.5	3	65
ELISA Center (Brussels)	1471	347	23.6	1121	99.1
Swab2know	396	269	67.9	65	81.3
Espaço Intendente	1459	693	47.5	-	-
GAT'AFRIK (GAT)	1278	481	37.6	-	-
Hera	2009	970	48.3	-	-
IN-Mouraria	263	134	51	-	-
Move-se	8853	4930	55.7	-	-
Aide Info Sida	19	16	84.2	0	84.2
Partnerships in Health	2	-	-	-	-
Mediterrània LGTBI	14	8	57.1	0	57.1
Colors Sitges Link	83	76	91.6	0	91.6
HelpCenter (Antwerp)	334	-	-	-	-
Total	**89649**	**49566**	**55.29%**	**1458**	**56%**

% = numerator is n. Denominator is persons screened for HIV.
EMV = numerator is n. Denominator is persons screened for HIV minus number of missing (persons with no data reported for this indicator).
- = Center did not report this indicator.

CBVCT 3 Proportion of clients who reported to have been tested for HIV during preceding 12 months by centre with corresponding estimates of indicators taking into account missing information (EMV)

	Persons screened for HIV	CBVCT 3			
		n	%	Missing	EMV
Associació Antisida Lleida	250	83	33.2	106	57.6
ACASC	502	124	24.7	115	32
ACAS Girona	45	23	51.1	7	60.5
Actuavallès	627	233	37.2	158	49.7
Àmbit Prevenció	134	73	54.5	20	64
Assexora'Tgn	63	21	33.3	22	51.2
CAS/ARDS Lluís Companys, Creu Roja	35	25	71.4	3	78.1
CJAS	702	-	-	-	-
Creu Roja Tarragona	24	1	4.2	22	50
Gais Positius	453	213	47	98	60
Stop Sida	439	221	50.3	96	64.4
ACAVIH	66	18	27.3	23	41.9
ACCAS	126	50	39.7	42	59.5
Asociación SOMOS LGTB+	94	41	43.6	21	56.2
AVACOS-H	246	70	28.5	92	45.5
Associació Lambda	133	50	37.6	27	47.2
CCASiPA	187	60	32.1	58	46.5
CASDA	156	49	31.4	53	47.6
CIBE Marítim	145	53	36.6	54	58.2
Mujer Gades	47	11	23.4	3	25
OMSIDA	430	118	27.4	175	46.3
Castelló LGTBI	3	2	66.7	1	100
AIDS Fondet	2338	1482	63.4	566	83.6
Deutsche Aidshilfe					
Checkpoint Network	8650	-	-	-	-
Aides	13982	4914	35.1	-	-
Baltic HIV Association	1043	256	24.5	-	-
ARAS	554	344	62.1	92	74.5
Checkpoint LX	3150	1471	46.7	-	-
Fondazione LILA Milano	383	77	20.1	162	34.8
Checkpoint Milano	752	309	41.1	225	58.6
Legebitra	680	465	68.4	-	-
Odyseus	7	-	-	-	-
PlateForme Prévention Sida	213	45	21.1	101	40.2
SidaSol (Liège)	1017	334	32.8	361	50.9
Violett	517	263	50.9	79	60
Exaequo	452	281	62.2	80	75.5
Czech AIDS help society - AIDS POMOC	4233	954	22.5	0	22.5
National AIDS Centre	23090	4206	18.2	-	-
Asocijacija DUGA / Association RAINBOW	2094	1130	54	-	-
Croatian Association for HIV and Hepatitis (CAHIV)	688	199	28.9	-	-
Associação Abraço - Centro comunitário Porto	1902	755	39.7	-	-
GENDERDOC-M	2773	1505	54.3	-	-

	Persons screened for HIV	CBVCT 3			
		n	%	Missing	EMV
BeTested	43	14	32.6	20	60.9
ELISA Center (Brussels)	1471	1420	96.5	21	97.9
Swab2know	396	183	46.2	65	55.3
Espaço Intendente	1459	319	21.9	-	-
GAT'AFRIK (GAT)	1278	158	12.4	-	-
Hera	2009	-	-	-	-
IN-Mouraria	263	68	25.9	-	-
Move-se	8853	1143	12.9	-	-
Aide Info Sida	19	6	31.6	11	75
Partnerships in Health	2	-	-	-	-
Mediterrània LGTBI	14	6	42.9	6	75
Colors Sitges Link	83	40	48.2	7	52.6
HelpCenter (Antwerp)	334	-	-	-	-
Total	**89649.00**	**23886.00**	**26.64%**	**2992**	**27.56%**

% = numerator is n. Denominator is persons screened for HIV.
EMV = numerator is n. Denominator is persons screened for HIV minus number of missing (persons with no data reported for this indicator).
- = Center did not report this indicator.

CBVCT 4 Proportion of clients who reported to have been tested for HIV at the same CBVCT facility during preceding 12 months by centre with corresponding estimates of indicators taking into account missing information (EMV)

	Persons screened for HIV	CBVCT 4			
		n	%	Missing	EMV
Associació Antisida Lleida	250	65	26	102	43.9
ACASC	502	137	27.3	136	37.4
ACAS Girona	45	10	22.2	7	26.3
Actuavallès	627	149	23.8	172	32.7
Àmbit Prevenció	134	59	44	11	48
Assexora'Tgn	63	12	19	22	29.3
CAS/ARDS Lluís Companys, Creu Roja	35	20	57.1	3	62.5
CJAS	702	-	-	-	-
Creu Roja Tarragona	24	-	-	-	-
Gais Positius	453	60	13.2	100	17
Stop Sida	439	113	25.7	107	34
ACAVIH	66	4	6.1	23	9.3
ACCAS	126	29	23	43	34.9
Asociación SOMOS LGTB+	94	15	16	20	20.3
AVACOS-H	246	30	12.2	95	19.9
Associació Lambda	133	18	13.5	28	17.1
CCASiPA	187	27	14.4	62	21.6
CASDA	156	29	18.6	53	28.2
CIBE Marítim	145	26	17.9	56	29.2
Mujer Gades	47	5	10.6	3	11.4
OMSIDA	430	45	10.5	272	28.5
Castelló LGTBI	3	1	33.3	2	100
AIDS Fondet	2338	-	-	-	-
Deutsche Aidshilfe					
Checkpoint Network	8650	-	-	-	-
Aides	13982	-	-	-	-
Baltic HIV Association	1043	67	6.4	-	-
ARAS	554	232	41.9	93	50.3
Checkpoint LX	3150	615	19.5	-	-
Fondazione LILA Milano	383	29	7.6	168	13.5
Checkpoint Milano	752	91	12.1	233	17.5
Legebitra	680	-	-	-	-
Odyseus	7	-	-	-	-
PlateForme Prévention Sida	213	13	6.1	95	11
SidaSol (Liège)	1017	101	9.9	822	51.8
Violett	517	191	36.9	254	72.6
Exaequo	452	-	-	-	-
Czech AIDS help society - AIDS POMOC	4233	182	4.3	0	4.3

	Persons screened for HIV	CBVCT 4			
		n	%	Missing	EMV
National AIDS Centre	23090	-	-	-	-
Asocijacija DUGA / Association RAINBOW	2094	1115	53.2	-	-
Croatian Association for HIV and Hepatitis (CAHIV)	688	143	20.8	-	-
Associação Abraço - Centro comunitário Porto	1902	-	-	-	-
GENDERDOC-M	2773	1280	46.2	-	-
BeTested	43	2	4.7	20	8.7
ELISA Center (Brussels)	1471	1381	93.9	0	93.9
Swab2know	396	17	4.3	147	6.8
Espaço Intendente	1459	146	10	-	-
GAT'AFRIK (GAT)	1278	80	6.3	-	-
Hera	2009	-	-	-	-
IN-Mouraria	263	39	14.8	-	-
Move-se	8853	557	6.3	-	-
Aide Info Sida	19	2	10.5	7	16.7
Partnerships in Health	2	-	-	-	-
Mediterrània LGTBI	14	2	14.3	6	25
Colors Sitges Link	83	6	7.2	11	8.3
HelpCenter (Antwerp)	334	-	-	-	-
Total	**89649**	**7145**	**8%**	**1763**	**8.12%**

% = numerator is n. Denominator is persons screened for HIV.
EMV = numerator is n. Denominator is persons screened for HIV minus number of missing (persons with no data reported for this indicator).
- = Center did not report this indicator.

CBVCT 5 Proportion of clients with reactive screening HIV test result by centre*

	Persons screened for HIV	CBVCT 5	
		n	%
Associació Antisida Lleida	250	2	0.8
ACASC	502	2	0.4
ACAS Girona	45	-	-
Actuavallès	627	7	1.1
Àmbit Prevenció	134	2	1.5
Assexora'Tgn	63	1	1.6
CAS/ARDS Lluís Companys, Creu Roja	35	3	8.6
CJAS	702	-	-
Creu Roja Tarragona	24	-	-
Gais Positius	453	11	2.4
Stop Sida	439	15	3.4
ACAVIH	66	2	3
ACCAS	126	3	2.4
Asociación SOMOS LGTB+	94	4	4.3
AVACOS-H	246	3	1.2
Associació Lambda	133	1	0.8
CCASiPA	187	6	3.2
CASDA	156	3	1.9
CIBE Marítim	145	1	0.7
Mujer Gades	47	-	-
OMSIDA	430	15	3.5
Castelló LGTBI	3	-	-
AIDS Fondet	2338	6	0.3
Deutsche Aidshilfe Checkpoint Network	8650	51	0.6
Aides	13982	91	0.7
Baltic HIV Association	1043	2	0.2
ARAS	554	27	4.9
Checkpoint LX	3150	66	2.1
Fondazione LILA Milano	383	4	1
Checkpoint Milano	752	2	0.3
Legebitra	680	4	0.6
Odyseus	7	-	-
PlateForme Prévention Sida	213	3	1.4
SidaSol (Liège)	1017	3	0.3
Violett	517	3	0.6
Exaequo	452	8	1.8
Czech AIDS help society - AIDS POMOC	4233	23	0.5
National AIDS Centre	23090	367	1.6
Asocijacija DUGA / Association RAINBOW	2094	18	0.9

	Persons screened for HIV	CBVCT 5	
		n	%
Croatian Association for HIV and Hepatitis (CAHIV)	688	6	0.9
Associação Abraço - Centro comunitário Porto	1902	21	1.1
GENDERDOC-M	2773	12	0.4
BeTested	43	-	-
ELISA Center (Brussels)	1471	10	0.7
Swab2know	396	2	0.5
Espaço Intendente	1459	39	2.7
GAT'AFRIK (GAT)	1278	24	1.9
Hera	2009	11	0.5
IN-Mouraria	263	7	2.7
Move-se	8853	34	0.4
Aide Info Sida	19	-	-
Partnerships in Health	2	1	50
Mediterrània LGTBI	14	1	7.1
Colors Sitges Link	83	1	1.2
HelpCenter (Antwerp)	334	6	1.8
Total	**89649**	**934**	**1.04%**

* Missing information (EMV) was deleted during data cleaning process.
% = numerator is n. Denominator is persons screened for HIV.
- = Center did not report this indicator.

CBVCT 6 Proportion of clients with reactive screening HIV test result who were tested with confirmatory HIV test by center with corresponding estimates of indicators taking into account missing information (EMV)

	Persons with reactive HIV result	CBVCT 5			
		n	%	Missing	EMV
Associació Antisida Lleida	2	1	50	0	50
ACASC	2	-	-	-	-
ACAS Girona	-	-	-	-	-
Actuavallès	7	7	100	0	100
Àmbit Prevenció	2	2	100	0	100
Assexora'Tgn	1	1	100	0	100
CAS/ARDS Lluís Companys, Creu Roja	3	3	100	0	100
CJAS	-	-	-	-	-
Creu Roja Tarragona	-	-	-	-	-
Gais Positius	11	7	63.6	2	77.8
Stop Sida	15	8	53.3	5	80
ACAVIH	2	-	-	-	-
ACCAS	3	1	33.3	2	100
Asociación SOMOS LGTB+	4	-	-	-	-
AVACOS-H	3	3	100	0	100
Associació Lambda	1	1	100	0	100
CCASiPA	6	6	100	0	100
CASDA	3	2	66.7	1	100
CIBE Marítim	1	1	100	0	100
Mujer Gades	-	-	-	-	-
OMSIDA	15	12	80	2	92.3
Castelló LGTBI	-	-	-	-	-
AIDS Fondet	6	6	100	0	100
Deutsche Aidshilfe					
Checkpoint Network	51	18	35.3	-	-
Aides	91	55	60.4	-	-
Baltic HIV Association	2	2	100	-	-
ARAS	27	22	81.5	3	91.7
Checkpoint LX	66	50	75.8	-	-
Fondazione LILA Milano	4	4	100	0	100
Checkpoint Milano	2	1	50	1	100
Legebitra	4	2	50	-	-
Odyseus	-	-	-	-	-
PlateForme Prévention Sida	3	3	100	0	100
SidaSol (Liège)	3	3	100	0	100
Violett	3	3	100	0	100
Exaequo	8	3	37.5	5	100
Czech AIDS help society - AIDS POMOC	23	14	60.9	0	60.9
National AIDS Centre	367	367	100	-	-

	Persons with reactive HIV result	CBVCT 5			
		n	%	Missing	EMV
Asocijacija DUGA / Association RAINBOW	18	18	100	-	-
Croatian Association for HIV and Hepatitis (CAHIV)	6	5	83.3	-	-
Associação Abraço - Centro comunitário Porto	21	-	-	-	-
GENDERDOC-M	12	12	100	-	-
BeTested	-	-	-	-	-
ELISA Center (Brussels)	10	5	50	5	100
Swab2know	2	2	100	0	100
Espaço Intendente	39	-	-	-	-
GAT'AFRIK (GAT)	24	-	-	-	-
Hera	11	11	100	-	-
IN-Mouraria	7	-	-	-	-
Move-se	34	-	-	-	-
Aide Info Sida	-	-	-	-	-
Partnerships in Health	1	1	100	0	100
Mediterrània LGTBI	1	1	100	0	100
Colors Sitges Link	1	1	100	0	100
HelpCenter (Antwerp)	6	6	100	-	-
Total	**934**	**670**	**71.73%**	**26**	**73.78%**

% = numerator is n. Denominator is persons screened for HIV.

EMV = numerator is n. Denominator is persons screened for HIV minus number of missing (persons with no data reported for this indicator).

- = Center did not report this indicator.

CBVCT 7 Proportion of clients with positive confirmatory HIV test result by centre with corresponding estimates of indicators taking into account missing information (EMV)

	Persons screened for HIV	CBVCT 7			
		n	%	Missing	EMV
Associació Antisida Lleida	250	1	0.4	249	100
ACASC	502	-	-	-	-
ACAS Girona	45	-	-	-	-
Actuavallès	627	6	1	621	100
Àmbit Prevenció	134	-	-	-	-
Assexora'Tgn	63	1	1.6	62	100
CAS/ARDS Lluís Companys, Creu Roja	35	3	8.6	32	100
CJAS	702	-	-	-	-
Creu Roja Tarragona	24	-	-	-	-
Gais Positius	453	7	1.5	446	100
Stop Sida	439	8	1.8	431	100
ACAVIH	66	-	-	-	-
ACCAS	126	1	0.8	125	100
Asociación SOMOS LGTB+	94	-	-	-	-
AVACOS-H	246	2	0.8	244	100
Associació Lambda	133	1	0.8	132	100
CCASiPA	187	6	3.2	181	100
CASDA	156	2	1.3	154	100
CIBE Marítim	145	1	0.7	144	100
Mujer Gades	47	-	-	-	-
OMSIDA	430	5	1.2	422	62.5
Castelló LGTBI	3	-	-	-	-
AIDS Fondet	2338	-	-	-	-
Deutsche Aidshilfe					
Checkpoint Network	8650	21	0.2	-	-
Aides	13982	47	0.3	-	-
Baltic HIV Association	1043	2	0.2	-	-
ARAS	554	21	3.8	533	100
Checkpoint LX	3150	49	1.6	-	-
Fondazione LILA Milano	383	4	1	379	100
Checkpoint Milano	752	2	0.3	749	66.7
Legebitra	680	2	0.3	-	-
Odyseus	7	-	-	-	-
PlateForme Prévention Sida	213	4	1.9	209	100
SidaSol (Liège)	1017	3	0.3	1014	100
Violett	517	3	0.6	514	100
Exaequo	452	3	0.7	449	100
Czech AIDS help society - AIDS POMOC	4233	14	0.3	4219	100
National AIDS Centre	23090	309	1.3	-	-
Asocijacija DUGA / Association RAINBOW	2094	18	0.9	-	-

	Persons screened for HIV	CBVCT 7			
		n	%	Missing	EMV
Croatian Association for HIV and Hepatitis (CAHIV)	688	5	0.7	-	-
Associação Abraço - Centro comunitário Porto	1902	-	-	-	-
GENDERDOC-M	2773	12	0.4	-	-
BeTested	43	-	-	-	-
ELISA Center (Brussels)	1471	3	0.2	1466	60
Swab2know	396	-	-	-	-
Espaço Intendente	1459	-	-	-	-
GAT'AFRIK (GAT)	1278	-	-	-	-
Hera	2009	11	0.5	-	-
IN-Mouraria	263	-	-	-	-
Move-se	8853	-	-	-	-
Aide Info Sida	19	-	-	-	-
Partnerships in Health	2	-	-	-	-
Mediterrània LGTBI	14	1	7.1	13	100
Colors Sitges Link	83	-	-	-	-
HelpCenter (Antwerp)	334	6	1.8	-	-
Total	**89649**	**584**	**0.65%**	**12788**	**0.76%**

% = numerator is n. Denominator is persons screened for HIV.

EMV = numerator is n. Denominator is persons screened for HIV minus number of missing (persons with no data reported for this indicator).

- = Center did not report this indicator.

Annex 2. Completeness of indicator reporting by each COBATEST Network member

	AgeGroup	MSM	SW	PWID	Migrant	CBVCT1	CBVCT2	CBVCT3	CBVCT4	CBVCT5	CBVCT6	CBVCT7	CBVCT8	CBVCT9
Associació Antisida Lleida	■	■	■	■	■	■	■	■	■	■	■	■	■	■
ACASC	■	■	■	■	■	■	■	■	■	■	■	■	■	■
ACAS Girona	■	■	■	■	■	■	■	■	■	■				
Actuavalle	■	■	■	■	■	■	■	■	■	■	■	■	■	■
Àmbit Proveció	■	■	■	■	■	■	■	■	■	■	■	■	■	■
AssessoraTge	■	■	■	■	■	■	■	■	■	■	■	■	■	■
CAS/AIDS Unit Company, Cruz Roja	■	■	■	■	■	■	■	■	■	■	■	■	■	■
CCAS	■	■	■	■	■	■	■			■				
Creu Roja Tarragona	■	■	■	■	■	■	■	■	■	■				
Gai Positius	■	■	■	■	■	■	■	■	■	■	■	■	■	■
Stop Sida	■	■	■	■	■	■	■	■	■	■	■	■	■	■
ACAVIM	■	■	■	■	■	■	■	■	■	■	■	■	■	■
ACCAS	■	■	■	■	■	■	■	■	■	■	■	■	■	■
Associación SOMOS LGTB+	■	■	■	■	■	■	■	■	■	■	■	■	■	■
AVACOS-H	■	■	■	■	■	■	■	■	■	■	■	■	■	■
Associació Lambda	■	■	■	■	■	■	■	■	■	■	■	■	■	■
CCASPA	■	■	■	■	■	■	■	■	■	■	■	■	■	■
CASDA	■	■	■	■	■	■	■	■	■	■	■	■	■	■
CRESIDA	■	■	■	■	■	■	■	■	■	■	■	■	■	■
Mujer Salud	■	■	■	■	■	■	■	■	■	■				
OMNIA	■	■	■	■	■	■	■	■	■	■	■	■	■	■
Castelló LGTBI	■	■	■	■	■	■	■	■	■	■	■	■	■	■
AIDS Fondat	■	■			■	■	■	■		■	■	■	■	■
ARAS	■	■	■	■	■	■	■	■	■	■	■	■	■	■
fondazione ISA Milano	■	■	■	■	■	■	■	■	■	■	■	■	■	■
Checkpoint Milano	■	■	■	■	■	■	■	■	■	■	■	■	■	■
Odyssea	■	■	■	■	■	■	■	■	■	■				
Plateforme Prévention Sida	■	■	■	■	■	■	■	■	■	■	■	■	■	■
Sidaïd	■	■	■	■	■	■	■	■	■	■	■	■	■	■
Violett	■	■	■	■	■	■	■	■	■	■	■	■	■	■
Exaequo	■	■	■	■		■	■	■		■	■	■	■	■
Czech AIDS help society - AIDS FOMOC	■	■	■	■	■	■	■	■	■	■	■	■	■	■
Bel'Ami	■	■	■	■	■	■	■	■	■	■				
ELSA Center (Brussels)	■	■	■	■	■	■	■	■	■	■	■	■	■	■
Sweb2know	■	■			■	■	■	■	■	■	■	■	■	■
Aide Info Sida	■	■	■	■	■	■	■	■	■	■				
Partnerships in Health	■	■	■	■	■	■	■			■	■	■	■	■
Mediterránia LGTBI	■	■	■	■	■	■	■	■	■	■	■	■	■	■
Colors Stigma Link	■	■	■	■	■	■	■	■	■	■	■	■	■	■
Deutsche Aidshilfe Checkpoint Network		■	■	■	■	■	■			■	■	■		■
Aidac	■	■	■	■	■	■	■	■	■	■	■	■	■	■
Baltic HIV Association	■	■	■	■	■	■	■	■	■	■	■	■	■	■
Checkpoint LX	■	■	■	■	■	■	■	■	■	■	■	■	■	■
Logebria	■	■				■	■	■		■	■	■	■	■
National AIDS Centre	■	■		■	■	■	■	■		■	■	■	■	■
Asociația IUSA / Association RAINBOW	■	■	■		■	■	■	■	■	■	■	■		■
Croatian Association for HIV and Hepatitis (CAHH)	■	■	■	■	■	■	■	■	■	■	■	■	■	■
Associação Abraço - Centro comunitário Porto	■	■	■	■	■	■	■	■		■	■	■	■	■
GEMBRIDGE-M		■				■	■	■	■	■	■	■	■	■
PSI Polonia														
Espacio Incidente	■	■	■	■	■	■	■	■	■	■				
DATAWIDE (DAT)	■	■	■	■	■	■	■	■	■	■				
Hola	■	■	■	■	■	■				■	■	■	■	■
Bi-Mujeres	■	■	■	■	■	■	■	■	■	■				
Move-ia	■	■	■	■	■	■	■	■	■	■				
Antwerp						■				■	■	■	■	■

■ = Center reported this indicator

Annex 3: People screened for HIV (N) and Reactive Tests (n, %) by center in the COBATEST Network 2020

	People tested (N)	Reactive tests (n)	Reactive tests (%)
Associació Antisida Lleida	250	2	0.8
ACASC	502	2	0.4
ACAS Girona	45	0	0
Actuavallès	627	7	1.1
Àmbit Prevenció	134	2	1.5
Assexora'Tgn	63	1	1.6
CAS/ARDS Lluís Companys, Creu Roja	35	3	8.6
CJAS	702	0	0
Creu Roja Tarragona	24	0	0
Gais Positius	453	11	2.4
Stop Sida	439	15	3.4
ACAVIH	66	2	3
ACCAS	126	3	2.4
Asociación SOMOS LGTB+	94	4	4.3
AVACOS-H	246	3	1.2
Associació Lambda	133	1	0.8
CCASiPA	187	6	3.2
CASDA	156	3	1.9
CIBE Marítim	145	1	0.7
Mujer Gades	47	0	0
OMSIDA	430	15	3.5
Castelló LGTBI	3	0	0
AIDS Fondet	2338	6	0.3
ARAS	554	27	4.9
Fondazione LILA Milano	383	4	1
Checkpoint Milano	752	2	0.3
Odyseus	7	0	0
PlateForme Prévention Sida	213	3	1.4
SidaSol (Liège)	1017	3	0.3
Violett	517	3	0.6
Exaequo	452	8	1.8
Czech AIDS help society - AIDS POMOC	4233	23	0.5
BeTested	43	0	0
ELISA Center (Brussels)	1471	10	0.7
Swab2know	396	2	0.5
Aide Info Sida	19	0	0
Partnerships in Health	2	1	50
Mediterrània LGTBI	14	1	7.1
Colors Sitges Link	83	1	1.2
Deutsche Aidshilfe Checkpoint Network	8650	51	0.6
Aides	13982	91	0.7
Baltic HIV Association	1043	2	0.2

	People tested (N)	Reactive tests (n)	Reactive tests (%)
Checkpoint LX	3150	66	2.1
Legebitra	680	4	0.6
National AIDS Centre	23090	367	1.6
Asocijacija DUGA / Association RAINBOW	2094	18	0.9
Croatian Association for HIV and Hepatitis (CAHIV)	688	6	0.9
Associação Abraço - Centro comunitário Porto	1902	21	1.1
GENDERDOC-M	2773	12	0.4
Espaço Intendente	1459	39	2.7
GAT'AFRIK (GAT)	1278	24	1.9
Hera	2009	11	0.5
IN-Mouraria	263	7	2.7
Move-se	8853	34	0.4
HelpCenter (Antwerp)	334	6	1.8

Annex 4: People screened for syphilis (N) and Reactive Tests (n, %) by centre in the COBATEST Network 2020

	Tests performed (N)	Reactive tests (n)	Reactive tests (%)
Associació Antisida Lleida	251	5	2
ACASC	380	-	-
Actuavallès	432	9	2.1
Àmbit Prevenció	181	7	3.9
Assexora'Tgn	58	-	-
CAS/ARDS Lluís Companys, Creu Roja	1	-	-
CJAS	3	-	-
Gais Positius	476	5	1.1
Stop Sida	425	10	2.4
ACAVIH	45	7	15.6
Asociación SOMOS LGTB+	55	3	5.5
AVACOS-H	35	-	-
Associació Lambda	16	-	-
CASDA	138	9	6.5
CIBE Marítim	105	-	-
OMSIDA	58	1	1.7
AIDS Fondet	3180	36	1.1
Deutsche Aidshilfe Checkpoint Network	7022	566	8.1
Baltic HIV Association	999	5	0.5
ARAS	746	66	8.8
Checkpoint LX	2463	128	5.2
Fondazione LILA Milano	227	1	0.4
Checkpoint Milano	490	22	4.5
Legebitra	621	21	3.4
Odyseus	10	1	10
SidaSol (Liège)	352	48	13.6
Violett	556	52	9.4
Exaequo	273	7	2.6
Czech AIDS help society - AIDS POMOC	3223	29	0.9

	Tests performed (N)	Reactive tests (n)	Reactive tests (%)
Croatian Association for HIV and Hepatitis (CAHIV)	379	9	2.4
Associação Abraço - Centro comunitário Porto	1906	80	4.2
GENDERDOC-M	2551	168	6.6
FSE Polonia	3358	57	1.7
ELISA Center (Brussels)	1107	40	3.6
Espaço Intendente	1297	35	2.7
GAT'AFRIK (GAT)	1281	37	2.9
IN-Mouraria	248	8	3.2
Move-se	8702	54	0.6
Aide Info Sida	19	-	-
Colors Sitges Link	66	4	6.1
HelpCenter (Antwerp)	813	-	-

Annex 5: People screened for Hepatitis C (N) and Reactive Tests (n, %) by centre in the COBATEST Network 2020

	Tests performed (n)	Reactive (n)	Reactive (%)
Associació Antisida Lleida	7	-	-
ACASC	21	-	-
Actuavallès	89	-	-
Àmbit Prevenció	170	3	1.8
Assexora'Tgn	1	-	-
Gais Positius	95	-	-
Stop Sida	103	1	1
ACAVIH	20	-	-
Asociación SOMOS LGTB+	30	1	3.3
AVACOS-H	32	-	-
Associació Lambda	13	-	-
CASDA	133	1	0.8
CIBE Marítim	49	-	-
OMSIDA	53	-	-
AIDS Fondet	92	2	2.2
Deutsche Aidshilfe Checkpoint Network	2354	24	1
Aides	6051	110	1.8
Baltic HIV Association	1039	27	2.6
ARAS	637	-	-
Checkpoint LX	2785	12	0.4
Fondazione LILA Milano	114	1	0.9
Checkpoint Milano	9	-	-
Legebitra	682	2	0.3
Odyseus	5	4	80
SidaSol (Liège)	261	2	0.8
Violett	304	4	1.3
Exaequo	115	-	-
Czech AIDS help society - AIDS POMOC	1931	14	0.7
Croatian Association for HIV and Hepatitis (CAHIV)	413	5	1.2
Associação Abraço - Centro comunitário Porto	633	10	1.6
GENDERDOC-M	858	56	6.5
FSE Polonia	3384	23	0.7
ELISA Center (Brussels)	853	2	0.2
Espaço Intendente	867	5	0.6
GAT'AFRIK (GAT)	1023	16	1.6
IN-Mouraria	184	22	12
Move-se	3102	50	1.6
Colors Sitges Link	4	-	-
HelpCenter (Antwerp)	728	0	0

Annex 6: People screened for HIV (N) and Reactive Tests (n, %) by sociodemographic characteristics of tester and centre in the COBATEST Network 2020

		Associació Antisida Lleida			ACASC			ACAS Girona		
		Total (N)	Reactive (n)	Reactive (%)	Total (N)	Reactive (n)	Reactive (%)	Total (N)	Reactive (n)	Reactive (%)
Persons tested		250	2	0.8	502	2	0.4	45	0	0
Age Group	<25	90	1	1.1	63	0	0	11	0	0
	>=25	160	1	0.6	439	2	0.5	34	0	0
Gender	Male	149	2	1.3	304	2	0.7	20	0	0
	Female	95	0	0	196	0	0	22	0	0
	Transgender	5	0	0	2	0	0	3	0	0
Migrant	Yes	101	1	1	178	1	0.6	32	0	0
PWID		0	0		2	0	0	0	0	
SW	MSW	12	1	8.3	7	0	0	8	0	0
	FSW	32	0	0	60	0	0	14	0	0
	TSW	3	0	0	0	0		1	0	0
MSM		84	1	1.2	148	1	0.7	21	0	0
Previous HIV test		148			392			38		
Tested in last 12 months		83			124			23		
Test last 12 months in this CBVCT		65			137			10		
False positive		0			0			0		
Confirmatory HIV test		1			0			0		
Positive confirmatory HIV test		1			0			0		

		Actuavallès			Àmbit Prevenció			Assexora'Tgn		
		Total (N)	Reactive (n)	Reactive (%)	Total (N)	Reactive (n)	Reactive (%)	Total (N)	Reactive (n)	Reactive (%)
Persons tested		627	7	1.1	134	2	1.5	63	1	1.6
Age Group	<25	155	0	0	16	0	0	24	0	0
	>=25	467	7	1.5	116	2	1.7	39	1	2.6
Gender	Male	284	3	1.1	17	1	5.9	52	1	1.9
	Female	322	0	0	65	0	0	10	0	0
	Transgender	20	4	20	52	1	1.9	1	0	0
Migrant	Yes	329	6	1.8	107	2	1.9	16	1	6.2
PWID		2	0	0	3	0	0	1	0	0
SW	MSW	8	0	0	17	1	5.9	3	0	0
	FSW	224	0	0	62	0	0	3	0	0
	TSW	19	4	21.1	51	1	2	1	0	0
MSM		233	7	3	68	2	2.9	36	1	2.8
Previous HIV test		476			124			41		
Tested in last 12 months		233			73			21		
Test last 12 months in this CBVCT		149			59			12		
False positive		0			0			0		
Confirmatory HIV test		7			2			1		
Positive confirmatory HIV test		6			0			1		

		CAS/ARDS Lluís Companys, Creu Roja			CJAS			Creu Roja Tarragona		
		Total (N)	Reactive (n)	Reactive (%)	Total (N)	Reactive (n)	Reactive (%)	Total (N)	Reactive (n)	Reactive (%)
Persons tested		35	3	8.6	702	0	0	24	0	0
Age Group	<25	1	1	100	458	0	0	9	0	0
	>=25	34	2	5.9	244	0	0	15	0	0
Gender	Male	30	2	6.7	242	0	0	13	0	0
	Female	5	1	20	449	0	0	10	0	0
	Transgender	0	0		0	0		1	0	0
Migrant	Yes	25	3	12	702	0	0	1	0	0
PWID		28	3	10.7	2	0	0	0	0	
SW	MSW	2	0	0	3	0	0	0	0	
	FSW	1	0	0	6	0	0	0	0	
	TSW	0	0		0	0		0	0	
MSM		4	0	0	61	0	0	1	0	0
Previous HIV test		32			273			4		
Tested in last 12 months		25			0			1		
Test last 12 months in this CBVCT		20			0			0		
False positive		0			0			0		
Confirmatory HIV test		3			0			0		
Positive confirmatory HIV test		3			0			0		

		Gais Positius			Stop Sida			ACAVIH		
		Total (N)	Reactive (n)	Reactive (%)	Total (N)	Reactive (n)	Reactive (%)	Total (N)	Reactive (n)	Reactive (%)
Persons tested		453	11	2.4	439	15	3.4	66	2	3
Age Group	<25	117	3	2.6	86	4	4.7	17	0	0
	>=25	336	8	2.4	325	9	2.8	43	2	4.7
Gender	Male	353	10	2.8	267	9	3.4	48	1	2.1
	Female	93	1	1.1	98	0	0	15	0	0
	Transgender	4	0	0	74	6	8.1	3	1	33.3
Migrant	Yes	222	6	2.7	293	13	4.4	13	1	7.7
PWID		1	0	0	4	0	0	0	0	
SW	MSW	4	0	0	66	8	12.1	1	0	0
	FSW	1	0	0	21	0	0	0	0	
	TSW	1	0	0	70	6	8.6	2	1	50
MSM		296	10	3.4	263	15	5.7	43	1	2.3
Previous HIV test		354			370			48		
Tested in last 12 months		213			221			18		
Test last 12 months in this CBVCT		60			113			4		
False positive		0			0			0		
Confirmatory HIV test		7			8			0		
Positive confirmatory HIV test		7			8			0		

		Asociación SOMOS LGTB+			AVACOS-H			Associació Lambda		
		Total (N)	Reactive (n)	Reactive (%)	Total (N)	Reactive (n)	Reactive (%)	Total (N)	Reactive (n)	Reactive (%)
Persons tested		94	4	4.3	246	3	1.2	133	1	0.8
Age Group	<25	26	0	0	84	1	1.2	35	0	0
	>=25	68	4	5.9	162	2	1.2	88	1	1.1
Gender	Male	68	4	5.9	165	3	1.8	120	1	0.8
	Female	16	0	0	81	0	0	10	0	0
	Transgender	10	0	0	0	0		3	0	0
Migrant	Yes	25	2	8	98	1	1	32	1	3.1
PWID		0	0		1	0	0	0	0	
SW	MSW	8	1	12.5	9	2	22.2	2	0	0
	FSW	1	0	0	4	0	0	0	0	
	TSW	4	0	0	0	0		1	0	0
MSM		70	3	4.3	95	3	3.2	121	1	0.8
Previous HIV test		74			154			107		
Tested in last 12 months		41			70			50		
Test last 12 months in this CBVCT		15			30			18		
False positive		0			0			0		
Confirmatory HIV test		0			3			1		
Positive confirmatory HIV test		0			2			1		

		CCASiPA			CASDA			CIBE Marítim		
		Total (N)	Reactive (n)	Reactive (%)	Total (N)	Reactive (n)	Reactive (%)	Total (N)	Reactive (n)	Reactive (%)
Persons tested		187	6	3.2	156	3	1.9	145	1	0.7
Age Group	<25	33	2	6.1	43	1	2.3	35	1	2.9
	>=25	154	4	2.6	113	2	1.8	110	0	0
Gender	Male	99	2	2	90	3	3.3	115	1	0.9
	Female	75	1	1.3	63	0	0	30	0	0
	Transgender	13	3	23.1	3	0	0	0	0	
Migrant	Yes	93	4	4.3	52	2	3.8	50	0	0
PWID		3	0	0	3	0	0	10	0	0
SW	MSW	8	0	0	11	1	9.1	3	0	0
	FSW	39	0	0	19	0	0	4	0	0
	TSW	13	3	23.1	2	0	0	0	0	
MSM		67	5	7.5	58	3	5.2	84	1	1.2
Previous HIV test		129			103			89		
Tested in last 12 months		60			49			53		
Test last 12 months in this CBVCT		27			29			26		
False positive		0			0			0		
Confirmatory HIV test		6			2			1		
Positive confirmatory HIV test		6			2			1		

		Mujer Gades			OMSIDA			Castelló LGTBI		
		Total (N)	Reactive (n)	Reactive (%)	Total (N)	Reactive (n)	Reactive (%)	Total (N)	Reactive (n)	Reactive (%)
Persons tested		47	0	0	430	15	3.5	3	0	0
Age Group	<25	3	0	0	99	0	0	0	0	
	>=25	43	0	0	331	15	4.5	3	0	0
Gender	Male	7	0	0	284	10	3.5	3	0	0
	Female	39	0	0	140	3	2.1	0	0	
	Transgender	1	0	0	6	2	33.3	0	0	
Migrant	Yes	39	0	0	174	12	6.9	0	0	
PWID		0	0		2	0	0	0	0	
SW	MSW	0	0		21	2	9.5	0	0	
	FSW	36	0	0	22	0	0	0	0	
	TSW	0	0		3	1	33.3	0	0	
MSM		7	0	0	178	10	5.6	3	0	0
Previous HIV test		39			256			2		
Tested in last 12 months		11			118			2		
Test last 12 months in this CBVCT		5			45			1		
False positive		0			3			0		
Confirmatory HIV test		0			12			0		
Positive confirmatory HIV test		0			5			0		

		AIDS Fondet			AIDS-Hilfe			AIDES		
		Total (N)	Reactive (n)	Reactive (%)	Total (N)	Reactive (n)	Reactive (%)	Total (N)	Reactive (n)	Reactive (%)
Persons tested		2338	6	0.3	8650	51	0.6	13982	91	0.7
Age Group	<25	526	1	0.2	0	0		3567	14	0.4
	>=25	1794	5	0.3	0	0		10415	77	0.7
Gender	Male	2153	6	0.3	6141	43	0.7	10342	70	0.7
	Female	130	0	0	1978	4	0.2	3430	16	0.5
	Transgender	55	0	0	97	1	1	210	5	2.4
Migrant	Yes	916	5	0.5	122	3	2.5	5943	47	0.8
PWID		0	0		74	3	4.1	552	6	1.1
SW	MSW	0	0		39	1	2.6	277	2	0.7
	FSW	0	0		53	0	0	514	0	0
	TSW	0	0		11	1	9.1	104	5	4.8
MSM		1960	6	0.3	4200	34	0.8	4354	49	1.1
Previous HIV test		1894			2243			10258		
Tested in last 12 months		1482			0			0		
Test last 12 months in this CBVCT		0			0			0		
False positive		0			0			5		
Confirmatory HIV test		6			18			55		
Positive confirmatory HIV test		0			21			47		

		Baltic HIV Association			ARAS			Checkpoint LX		
		Total (N)	Reactive (n)	Reactive (%)	Total (N)	Reactive (n)	Reactive (%)	Total (N)	Reactive (n)	Reactive (%)
Persons tested		1043	2	0.2	554	27	4.9	3150	66	2.1
Age Group	<25	240	0	0	241	13	5.4	715	11	1.5
	>=25	803	2	0.2	312	14	4.5	2430	55	2.3
Gender	Male	513	2	0.4	550	27	4.9	3059	64	2.1
	Female	529	0	0	2	0	0	79	2	2.5
	Transgender	0	0		2	0	0	12	0	0
Migrant	Yes	0	0		25	1	4	1399	43	3.1
PWID		17	0	0	5	0	0	17	0	0
SW	MSW	11	0	0	19	1	5.3	46	1	2.2
	FSW	0	0		0	0		0	0	
	TSW	0	0		1	0	0	1	0	0
MSM		112	1	0.9	546	27	4.9	2992	61	2
Previous HIV test		623			461			2490		
Tested in last 12 months		256			344			1471		
Test last 12 months in this CBVCT		67			232			615		
False positive		0			0			1		
Confirmatory HIV test		2			22			50		
Positive confirmatory HIV test		2			21			49		

		Fondazione LILA Milano			Checkpoint Milano			Legebitra		
		Total (N)	Reactive (n)	Reactive (%)	Total (N)	Reactive (n)	Reactive (%)	Total (N)	Reactive (n)	Reactive (%)
Persons tested		383	4	1	752	2	0.3	680	4	0.6
Age Group	<25	93	1	1.1	199	0	0	162	1	0.6
	>=25	290	3	1	553	2	0.4	549	3	0.5
Gender	Male	252	4	1.6	536	2	0.4	680	4	0.6
	Female	131	0	0	210	0	0	0	0	
	Transgender	0	0		6	0	0	0	0	
Migrant	Yes	76	1	1.3	69	2	2.9	0	0	
PWID		8	0	0	3	0	0	0	0	
SW	MSW	18	1	5.6	12	0	0	0	0	
	FSW	2	0	0	2	0	0	0	0	
	TSW	0	0		1	0	0	0	0	
MSM		89	3	3.4	432	2	0.5	680	4	0.6
Previous HIV test		227			534			585		
Tested in last 12 months		77			309			465		
Test last 12 months in this CBVCT		29			91			0		
False positive		0			0			0		
Confirmatory HIV test		4			1			2		
Positive confirmatory HIV test		4			2			2		

		Odyseus			PlateForme Prévention Sida			SidaSol (Liège)		
		Total (N)	Reactive (n)	Reactive (%)	Total (N)	Reactive (n)	Reactive (%)	Total (N)	Reactive (n)	Reactive (%)
Persons tested		7	0	0	213	3	1.4	1017	3	0.3
Age Group	<25	0	0		31	1	3.2	316	0	0
	>=25	6	0	0	138	2	1.4	650	3	0.5
Gender	Male	3	0	0	130	3	2.3	747	3	0.4
	Female	3	0	0	81	0	0	261	0	0
	Transgender	1	0	0	0	0		4	0	0
Migrant	Yes	0	0		172	1	0.6	246	3	1.2
PWID		4	0	0	2	0	0	128	0	0
SW	MSW	0	0		7	0	0	705	1	0.1
	FSW	2	0	0	7	0	0	247	0	0
	TSW	1	0	0	0	0		3	0	0
MSM		1	0	0	26	2	7.7	323	2	0.6
Previous HIV test		5			118			738		
Tested in last 12 months		0			45			334		
Test last 12 months in this CBVCT		0			13			101		
False positive		0			0			0		
Confirmatory HIV test		0			3			3		
Positive confirmatory HIV test		0			4			3		

		Violett			Exaequo			Czech AIDS help society – AIDS POMOC		
		Total (N)	Reactive (n)	Reactive (%)	Total (N)	Reactive (n)	Reactive (%)	Total (N)	Reactive (n)	Reactive (%)
Persons tested		517	3	0.6	452	8	1.8	4233	23	0.5
Age Group	<25	93	1	1.1	99	2	2	1210	3	0.2
	>=25	424	2	0.5	328	6	1.8	3023	20	0.7
Gender	Male	76	1	1.3	426	7	1.6	2735	21	0.8
	Female	398	0	0	4	0	0	1467	2	0.1
	Transgender	43	2	4.7	7	0	0	31	0	0
Migrant	Yes	411	3	0.7	0	0		569	4	0.7
PWID		0	0		6	1	16.7	67	2	3
SW	MSW	76	1	1.3	21	2	9.5	58	0	0
	FSW	398	0	0	0	0		27	1	3.7
	TSW	43	2	4.7	2	0	0	2	0	0
MSM		114	3	2.6	408	7	1.7	1638	18	1.1
Previous HIV test		447			379			2249		
Tested in last 12 months		263			281			954		
Test last 12 months in this CBVCT		191			0			182		
False positive		0			0			0		
Confirmatory HIV test		3			3			14		
Positive confirmatory HIV test		3			3			14		

		National Aids Center Poland			Association RAINBOW			HUHIV		
		Total (N)	Reactive (n)	Reactive (%)	Total (N)	Reactive (n)	Reactive (%)	Total (N)	Reactive (n)	Reactive (%)
Persons tested		23090	367	1.6	2094	18	0.9	688	6	0.9
Age Group	<25	6573	68	1	890	0	0	163	1	0.6
	>=25	16493	299	1.8	1204	0	0	525	5	1
Gender	Male	15293	314	2.1	2069	0	0	551	6	1.1
	Female	7797	53	0.7	0	0		135	0	0
	Transgender	0	0		25	0	0	2	0	0
Migrant	Yes	1212	52	4.3	5	0	0	1	0	0
PWID		18	1	5.6	0	0		11	0	0
SW	MSW	0	0		8	0	0	0	0	
	FSW	0	0		0	0		0	0	
	TSW	0	0		17	0	0	0	0	
MSM		5753	163	2.8	2064	18	0.9	378	5	1.3
Previous HIV test		10530			1275			366		
Tested in last 12 months		4206			1130			199		
Test last 12 months in this CBVCT		0			1115			143		
False positive		51			0			0		
Confirmatory HIV test		367			18			5		
Positive confirmatory HIV test		309			18			5		

		Abraço			GENDERDOC-M Moldavia			Uccle (FLCPF)		
		Total (N)	Reactive (n)	Reactive (%)	Total (N)	Reactive (n)	Reactive (%)	Total (N)	Reactive (n)	Reactive (%)
Persons tested		1902	21	1.1	2773	12	0.4	9	0	0
Age Group	<25	750	7	0.9	0	0		4	0	0
	>=25	1151	14	1.2	0	0		2	0	0
Gender	Male	1237	18	1.5	2757	12	0.4	2	0	0
	Female	654	3	0.5	0	0		6	0	0
	Transgender	4	0	0	16	0	0	1	0	0
Migrant	Yes	672	11	1.6	0	0		2	0	0
PWID		12	0	0	0	0		0	0	
SW	MSW	3	0	0	0	0		0	0	
	FSW	7	0	0	0	0		0	0	
	TSW	3	0	0	0	0		0	0	
MSM		820	18	2.2	2773	12	0.4	1	0	0
Previous HIV test		1188			1670			4		
Tested in last 12 months		755			1505			2		
Test last 12 months in this CBVCT		0			1280			0		
False positive		0			0			0		
Confirmatory HIV test		0			12			0		
Positive confirmatory HIV test		0			12			0		

		Jette (FLCPF)			Aimer Jeunes (FLCPF)			SIPS (FLCPF)		
		Total (N)	Reactive (n)	Reactive (%)	Total (N)	Reactive (n)	Reactive (%)	Total (N)	Reactive (n)	Reactive (%)
Persons tested		9	0	0	8	0	0	3	0	0
Age Group	<25	3	0	0	4	0	0	3	0	0
	>=25	6	0	0	1	0	0	0	0	
Gender	Male	8	0	0	3	0	0	2	0	0
	Female	1	0	0	5	0	0	1	0	0
	Transgender	0	0		0	0		0	0	
Migrant	Yes	8	0	0	1	0	0	0	0	
PWID		0	0		0	0		0	0	
SW	MSW	0	0		0	0		0	0	
	FSW	0	0		0	0		0	0	
	TSW	0	0		0	0		0	0	
MSM		4	0	0	1	0	0	0	0	
Previous HIV test		8			3			0		
Tested in last 12 months		5			1			0		
Test last 12 months in this CBVCT		0			0			0		
False positive		0			0			0		
Confirmatory HIV test		0			0			0		
Positive confirmatory HIV test		0			0			0		

		Marolles (FLCPF)			ELISA Center (Brussels)			Swab2know		
		Total (N)	Reactive (n)	Reactive (%)	Total (N)	Reactive (n)	Reactive (%)	Total (N)	Reactive (n)	Reactive (%)
Persons tested		14	0	0	1471	10	0.7	396	2	0.5
Age Group	<25	4	0	0	394	0	0	82	0	0
	>=25	3	0	0	862	5	0.6	314	2	0.6
Gender	Male	8	0	0	1108	9	0.8	395	2	0.5
	Female	6	0	0	356	1	0.3	1	0	0
	Transgender	0	0		7	0	0	0	0	
Migrant	Yes	2	0	0	264	4	1.5	1	0	0
PWID		0	0		5	1	20	0	0	
SW	MSW	0	0		18	2	11.1	0	0	
	FSW	0	0		2	0	0	0	0	
	TSW	0	0		3	0	0	0	0	
MSM		2	0	0	585	5	0.9	395	2	0.5
Previous HIV test		11			347			269		
Tested in last 12 months		6			1420			183		
Test last 12 months in this CBVCT		2			1381			17		
False positive		0			2			0		
Confirmatory HIV test		0			5			2		
Positive confirmatory HIV test		0			3			0		

		Expaço			Gatafrik			Hera		
		Total (N)	Reactive (n)	Reactive (%)	Total (N)	Reactive (n)	Reactive (%)	Total (N)	Reactive (n)	Reactive (%)
Persons tested		1459	39	2.7	1278	24	1.9	2009	11	0.5
Age Group	<25	386	6	1.6	251	1	0.4	585	0	0
	>=25	980	30	3.1	1026	23	2.2	1424	0	0
Gender	Male	687	27	3.9	628	9	1.4	1429	11	0.8
	Female	681	4	0.6	647	15	2.3	529	0	0
	Transgender	71	5	7	3	0	0	51	0	0
Migrant	Yes	988	32	3.2	875	21	2.4	0	0	0
PWID		18	0	0	8	0	0	554	0	0
SW	MSW	97	7	7.2	0	0		17	0	0
	FSW	274	1	0.4	0	0		484	0	0
	TSW	62	5	8.1	0	0		12	0	0
MSM		388	25	6.4	118	3	2.5	942	11	1.2
Previous HIV test		693			481			970		
Tested in last 12 months		319			158			0		
Test last 12 months in this CBVCT		146			80			0		
False positive		0			0			0		
Confirmatory HIV test		0			0			11		
Positive confirmatory HIV test		0			0			11		

		In-Mouraria			Move-se			Aide Info Sida		
		Total (N)	Reactive (n)	Reactive (%)	Total (N)	Reactive (n)	Reactive (%)	Total (N)	Reactive (n)	Reactive (%)
Persons tested		263	7	2.7	8853	34	0.4	19	0	0
Age Group	<25	37	1	2.7	1959	3	0.2	9	0	0
	>=25	225	6	2.7	6890	31	0.4	10	0	0
Gender	Male	185	7	3.8	3759	17	0.5	9	0	0
	Female	78	0	0	5068	17	0.3	10	0	0
	Transgender	0	0		26	0	0	0	0	
Migrant	Yes	107	5	4.7	4545	24	0.5	3	0	0
PWID		50	2	4	102	2	2	0	0	
SW	MSW	14	1	7.1	27	1	3.7	0	0	
	FSW	10	0	0	118	0	0	0	0	
	TSW	0	0		6	0	0	0	0	
MSM		48	4	8.3	294	10	3.4	3	0	0
Previous HIV test		134			4930			16		
Tested in last 12 months		68			1143			6		
Test last 12 months in this CBVCT		39			557			2		
False positive		0			0			0		
Confirmatory HIV test		0			0			0		
Positive confirmatory HIV test		0			0			0		

		Partnerships in Health			Mediterrània LGTBI			Colors Sitges Link		
		Total (N)	Reactive (n)	Reactive (%)	Total (N)	Reactive (n)	Reactive (%)	Total (N)	Reactive (n)	Reactive (%)
Persons tested		2	1	50	14	1	7.1	83	1	1.2
Age Group	<25	0	0		4	1	25	9	0	0
	>=25	2	1	50	10	0	0	74	1	1.4
Gender	Male	0	0		12	1	8.3	78	1	1.3
	Female	2	1	50	0	0		3	0	0
	Transgender	0	0		1	0	0	2	0	0
Migrant	Yes	0	0		3	0	0	47	0	0
PWID		0	0		0	0		0	0	
SW	MSW	0	0		0	0		2	0	0
	FSW	1	1	100	0	0		0	0	
	TSW	0	0		1	0	0	0	0	
MSM		0	0		13	1	7.7	77	1	1.3
Previous HIV test		0			8			76		
Tested in last 12 months		0			6			40		
Test last 12 months in this CBVCT		0			2			6		
False positive		1			0			1		
Confirmatory HIV test		1			1			1		
Positive confirmatory HIV test		0			1			0		

		HelpCenter (Antwerp)			FSE Polonia			ACCAS		
		Total (N)	Reactive (n)	Reactive (%)	Total (N)	Reactive (n)	Reactive (%)	Total (N)	Reactive (n)	Reactive (%)
Persons tested		334	6	1.8				126	3	2.4
Age Group	<25	0	0	0				39	2	5.1
	>=25	0	0	0				87	1	1.1
Gender	Male	270	4	1.5				64	3	4.7
	Female	64	2	3.1				57	0	0
	Transgender	0	0					5	0	0
Migrant	Yes	0	0	0				47	1	2.1
PWID		0	0					0	0	
SW	MSW	0	0					3	0	0
	FSW	0	0					20	0	0
	TSW	0	0					4	0	0
MSM		0	0	0	N/A			51	3	5.9
Previous HIV test		0						83		
Tested in last 12 months		0						50		
Test last 12 months in this CBVCT		0						29		
False positive		0						0		
Confirmatory HIV test		6						1		
Positive confirmatory HIV test		6						1		