COBATEST
NETWORK

European Network of Community-Based Voluntary Counselling and Testing Services

2021 Report

Monitoring and Evaluation

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Spain

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ACCAS
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Actuavallès
Spain

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Àmbit Prevenció
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Asociación SOMOS LGT
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CASDA
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Denmark

AIDS Hilfe Wien
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Antwerp (Helpcenter)
Belgium

Brussels (Elisa Center)
Belgium

Czech AIDS Help Society
Czech Republic

Deutsche AIDS Hilfe
Germany

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Ex Aequo
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Serbia

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Moldova

Health Without Borders Checkpoint Sofia
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HERA
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HUHIV
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Poland

National AIDS Centre
Poland

Alliance Global
Ukraine

ASM Cyprus
Cyprus

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Italy

Arcigay Varese APS
Italy

Cittadinanzattiva
Campania APS
Italy

Rain Arcigay
Caserta ODV
Italy

Salute Arcigay Firenze
Altre Sponde APS
Italy

Arcigay Ferrara
Italy

Coming-Aut LGBTI+
Community Center APS
Italy

Arcigay Friuli ODV
Italy

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BACKGROUND

The COVID-19 pandemic has substantially changed landscape of health service delivery, increasing challenges during access to health care and further exacerbating health inequities among people living with HIV and persons at higher risk for contracting HIV (1). In 2021, the pandemic persisted which resulted in economic distress for many HIV at-risk-population groups and in rise of experienced stigma and discrimination. Thus, it came to no surprise when challenges in maintaining clinical appointments/follow-ups and alternation in adherence to the medication uptake have also been detected (2).

In 2020, the first year of the pandemic, the 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 (3,4,5). 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 (3). Various studies also found decrease in demand for HIV consultations (in-person or online) in 2020 compared to 2019 (4,5). The results of comparing HIV/STI testing data received from 2020 to 2021 still show that the numbers have not yet reached pre-pandemic trends (6).

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. (7). 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 (8-12). Conversely, late HIV-diagnoses could impact the effectiveness of antiretroviral therapy (13) and achievement of viral suppression (14).

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 (7), 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 (15,16), and have expanded in the EU/EEA since 2010 through a variety of service delivery models (17).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 (18)impacting the first 90 set by UNAIDS (19). Offering testing in the community also potentially reduces the stigma and discrimination faced by key populations (15).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 (20), thus and it can be considered even more crucial in meeting higher target percentile set by the UNAIDS for 2030 (21).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 (21).

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 2021, based on the submitted data. With the aim of contributing to the scientific data on the impact of the COVID-19 on HIV testing among vulnerable populations in specific regions represented in COBATEST network, separate heading has been dedicated to the topic, exploring the data provided by members from Eastern Europe and Central Asian (EECA). It should also be mentioned that starting 2021, COBATEST has particularly concentrated on EECA and their integration into the network through launching region-specific projects and intensive outreach initiatives.

COBATEST NETWORK

110 centres in 27 European and 2 Central Asian countries

Figure 1. COBATEST network map

In 2021 data was submitted by 70 COBATEST members from 19 European and 2 Central Asian countries. Specifically from: Austria, Belgium, Croatia, Denmark, France, Germany, Italy, Kyrgyzstan, Latvia, Moldova, Poland, Portugal, Romania, Russia, Serbia, Slovakia, Slovenia, Spain, Tajikistan, and United Kingdom.

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, which 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 as part of EECA Gilead grant.

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 will start in January 2022 and will last for 18 months.

STEERING COMMITTEE

In 2019, 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 (2019-2021), 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, Croatia)
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:

1. Jordi Casabona (CEEISCAT Spain)
2. 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 Ljubljana, 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.

Fernàndez-López L, Reyes-Urueña J, Agustí C, Kustec T, Klavs I, Casabona C. The COBATEST network: a platform to perform monitoring and evaluation of HIV community-based testing practices in Europe and conduct operational research. *AIDS Care*. 2016; 0121(April):1-5.

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

The COBATEST network: monitoring and evaluation of HIVcommunity-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 non-foreign 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 L, Reyes-Urueña J, Agustí C, et al. The COBATEST network: monitoring and evaluation of HIV community-based practices in Europe, 2014–2016. *HIV Med*. 2018;19:21-26.

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, et al. Assessing the quality of routine HIV testing data in the community setting 'COBATEST Network.' *Int J STD AIDS*. 2019;30(10):999-1008.

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 Universitat Autònoma 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

- Oral communication “Búsqueda de la prueba del VIH en una red europea de centros comunitarios de cribado (CBVCTs) (Red COBATEST, 2013-2015).” FernàndezLópez L, ReyesUrueñaJ, Agustí C, Kustec T, Klavs I, Casabona J. XXXIV Reunión Científica de la SEE, XI Congresso da Associação Portuguesa de Epidemiología;Sevilla.14-16 set. 2016
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- Oral communication “The COBATEST Study Group. HIV Test seeking behaviour in a network of CommunityBased VCT centres (COBATEST network, 2013-2015).” L, ReyesUrueña J, Agustí C, Kustec T, Irena K, Casabona J. 17th IUSTI World Congress; Marrakesh. 9-12 May 2016

2017

- Poster “Monitoring and evaluation of community based voluntary counselling and testing for HIV in Europe: Results of Euro HIV EDAT Project.” Klavs I, Kustec T, Serdt M, Fernandez-Lopez L, Casabona J, Agusti Benito C, Reyes Urena JM, Rojas Castro D, Fugon L, Pichon F, Kaye PS, Cigan B, Vukelič B, Kuske M, Simoes D, Derendinger S, Schmidt AJ; COBATEST Network. The 5th International Symposium Sexually Transmitted Infecions - New Horizons Joined wwith 22nd Meedint of the Alp-Danube-Adria Society for Sexually Transmitted Infections and Infections of Skin, with the Annual Meeting of the Croatian Society of the Croatian Medical Association for Sexually Transmitted Diseases; Brijuni Islands (Croatia). 2017 Sept 22-24
- Poster “Red COBATEST: Datos de los centros comunitarios de cribado del VIH en España.”Ribas J, Fernàndez-López L, Casabona J y centros españoles de la Red COBATEST. XVIII Congreso Nacional sobre el Sida e ITS (SEISIDA); Sevilla. 22-24 March 2017

- Poster “The COBATEST network: Opportunities and challenges of a European network of community-based voluntary counselling and testing services for HIV.”Fernàndez-López L, Reyes-Urueña J, Agustí C, Klavs I, Kustec T, Casabona J; the COBATEST Network group. HepHIV 2017 Conference: HIV and Viral Hepatitis: Challenges of Timely Testing and Care; Malta. 2017 Jan 31 - Febr 2
- Poster “Core indicators for monitoring and evaluation of community based voluntary counselling and testing (CBVCT) for HIV in the COBATEST network, 1st half 2015 data.” Klavs I, Kustec T, Fernandez Lopez L, Casabona J, Agusti Benito C, Reyes Urena JM, Rojas Castro D, Pichon F, Slaaen Kaye P, Cigan B, Kuske M, Dan M, Musat G, Platteau T, Simoes D, FugonL; COBATEST Network. HepHIV 2017 Conference: HIV and Viral Hepatitis: Challenges of Timely Testing and Care; Malta. 2017 Jan 31 - Febr 2
- Oral communication “The COBATEST network: A platform to perform monitoring and evaluation of HIV community-based testing practices in Europe.” Fernàndez-López L, Reyes-Urueña J, Agustí C, Klavs I, Kustec T, Casabona J; and the COBATEST Network Group. HepHIV 2017 Conference: HIV and Viral Hepatitis: Challenges of Timely Testing and Care; Malta. 2017 Jan 31 - Febr 2
- Oral communication “Community HIV testing in PWID: data from the COBATEST network.” Fernàndez-López L, et al. Lisbon Addictions 2017. Second european conference on addictive behaviours and dependences. 24-26 octubre 2017

2018

- Oral communication “Assessing the quality of routine HIV testing data in the community setting “THE COBATEST NETWORK”. Reyes-Urueña J, Fernàndez-Lopez L, Montoliu A, Conway A, Tavoschi L, Klavs I, Cosmaro L, Eibl I, Dominković Z. XXXVI Reunión Científica de la SEE, XIII Congresso da Associação Portuguesa de Epidemiologia (APE), Lisboa (Portugal). 11-14 setembre 2018

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)

2020

- No oral or poster presentations have been made in 2020 due to COVID-19 and limitations imposed by the pandemic.

2021

- Oral communication “Evolution of key indicators for Community-based Voluntary Counselling and Testing activity in Europe: COBATEST Network 2017-19”. Gogishvili M, Fernàndez-López L, Casabona J.COBATEST Network Study Group.HepHIV 2020; May 5-7; Virtual conference.
- Oral communication “Community-Based Voluntary Counselling and Testing for HIV, Syphilis and HCV in Europe: COBATEST Network 2019”. Gogishvili M, Fernàndez-López L, Casabona J.COBATEST Network Study Group.HepHIV 2020; May 5-7; Virtual conference.

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 2021, by the extended deadline of 30 July 2022. The extension of the deadline was necessary to allow some centres enough time to perform quality data check and reporting. 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 2.

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 2015-2020, 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 in the end of the results section.

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=28423; AIDES, N=15513; AIDS FONDET, N=3589; Ex Aaequo, N=148). The indicators in this report present the total number of persons tested (from 70 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 CBVCTs offer rapid testing) and the clients receiving the confirmatory test result on-site (as the majority of CBVCTs 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 indicators, 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=102) are included in the number of reactive tests (CBVCT5) and reported in the indicator CBVCT 8. Of all false positives, 70 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=1428), 275 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 fifth 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 2014-21

One separate section in the results of this report presents the evolution of data collected in the COBATEST Network over the period 2014-21. 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 till 2020 is taken from last year's annual report and this report.

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

In report 2020 additional section was added to present comparison of the data collected in 2019 and 2020. The data compared only centres who send in the data in 2019 and in 2020. These 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.

Forty-one 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. If discussed by centre, 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.

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.

Data collection from CBVCTs EECA: 2015-2021

The final section of the results of this report presents progression of the data collected from the CBVCTs located in EECA region from 2015 to 2021. Considering current unstable economic and political situation created due to war in Ukraine, it is important we pay more attention to the region and monitor HIV/STI testing activities in EECA. This will allow us to provide adequate assistance to our fellow member CBVCTs. This type of monitoring will also help COBATEST to ensure successful integration of the EECA CBVCTs into the network as well as to shed the light on the important work each community testing centre is doing in their respective countries.

Participating centres

In 2021 testing data was submitted by 70 COBATEST members from 19 European (Austria, Belgium, Croatia, Denmark, France, Germany, Italy, Latvia, Moldova, Poland, Portugal, Romania, Russia, Serbia, Slovakia, Slovenia, Spain, and United Kingdom) and 2 Central Asian countries (Tajikistan and Kyrgyzstan).

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 who submitted data in 2021.

Method of Data Submission	Organisation	Target Population	Country	Type of Test Used
COBATEST Data Collection Online Tool	ACAS Girona	General population	Spain	Rapid (blood)
	ACASC	General population	Spain	Rapid (blood)
	ACAVIH	General population	Spain	Rapid (blood)
	ACCAS	MSM, SW*	Spain	Rapid (oral)
	Actuavallès	General population	Spain	Laboratory and Rapid (blood)
	Aide Info Sida	General population	Belgium	Rapid (Blood)
	Aimer Jeunes (FLCPF)**	General population	Belgium	Rapid (blood)
	Àmbit Prevenció	SW*	Spain	Rapid (blood
	ANLAIDS Sezione Regionale Ligure ONLUS	General population	Italy	Rapid (oral)
	ARAS	General population, MSM*	Romania	Rapid (blood)
	ASA Associazione solidarietá AIDS		Italy	
	Asociación SOMOS LGTB+	MSM, SW, PWID*	Spain	Rapid (oral)
	Assexora'Tgn	General population	Spain	Rapid (blood)
	Associació Antisida Lleida	General population	Spain	Rapid (blood)
	Associació Lambda	MSM, LGBTQ*	Spain	Rapid (oral)
	Associació LGTBIQ+	MSM*	Spain	Rapid (Blood)
	AVACOS-H	General population	Spain	Rapid (oral)
	Bergamo Fast Track City	General population	Italy	Rapid (blood)
	CAS/ARDS Lluis Companys, Creu Roja	PWID*	Spain	Laboratory (blood)
	CASDA	General population	Spain	Rapid (blood and oral)
	CCASiPA	General population	Spain	Rapid (oral)
	Centre Athena Centrum	General population	Belgium	
	Centre de Planning Familial Verviers	General population	Belgium	Rapid (blood)
	Checkpoint Milano	General population	Italy	Rapid (blood)
	CIBE Marítim	General population	Spain	Rapid (blood)
	CJAS	Young people	Spain	Rapid (blood)
	Creu Roja Tarragona	General population	Spain	Rapid (blood)
	Fondazione LILA Milano	General population	Italy	Rapid (blood and oral)
	Gais Positius	General population	Spain	Rapid (blood)
	Jette (FLCPF)**	General population	Belgium	Rapid (blood)
	Mediterrània LGTBI	Young people, MSM*	Spain	Rapid (Blood)
	Latina Check Point	General population	Italy	

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

** 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	Marolles (FLCPF)**	General population	Belgium	Rapid (blood)
	Mujer Gades	General population	Spain	Rapid (oral)
	Odyseus	General population	Slovakia	Rapid (blood)
	OMSIDA	General population	Spain	Rapid (blood and oral)
	PlateForme Prevention Sida	General population	Belgium	Rapid (blood)
	Roma Checkpoint	MSM*	Italy	
	Stop Sida	MSM, SW*	Spain	Rapid (blood)
	Torino Fast Track City	General population	Italy	
	Uccle (FLCPF)**	General population	Belgium	Rapid (blood)
Disaggregated Data	AIDS Fondet	MSM, TSW, migrants from high prevalence areas and their partners*	Denmark	Rapid (blood and oral)
	Aids Hilfe Wien	General population	Austria	Laboratory and rapid (blood)
	ELISA Center (Brussels)		Belgium	
	Exaequo	MSM, SW, PWID*	Belgium	Rapid (blood)
	Médecins du Monde Belgique	General population	Belgium	Laboratory and rapid (blood)
	SidaSol (Liège)	High-at-risk groups	Belgium	Laboratory and rapid (blood)
	Violett	SW*	Belgium	Laboratory (blood)
Aggregated Data	Aides	General population	France	Rapid (blood)
	Almada (GAT)	General population	Portugal	Rapid (blood)
	Asocijacija DUGA / Association RAINBOW	MSM, trans people	Serbia	Rapid (blood)
	Baltic HIV Association	MSM	Latvia	Rapid (blood)
	Checkpoint LX (GAT)	MSM*	Portugal	Rapid (blood)
	Croatian Association for HIV and Hepatitis (CAHIV)	General population	Croatia	Rapid (oral)
	Deutsche Aidshilfe Checkpoint Network	General population	Germany	Rapid (oral)
	Equal Opportunities Tajikistan	MSM, LGBTQ, SW*	Tajikistan	Laboratory (blood) and rapid (oral)
	Espaço Intendente (GAT)	SW*	Portugal	Rapid (blood)
	GAT'AFRIK (GAT)	Migrant population	Portugal	Rapid (blood)
	GENDERDOC-M	MSM*	Moldova	Rapid (blood and oral)
	IN-Mouraria (GAT)	PWID*	Portugal	Rapid (blood)

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

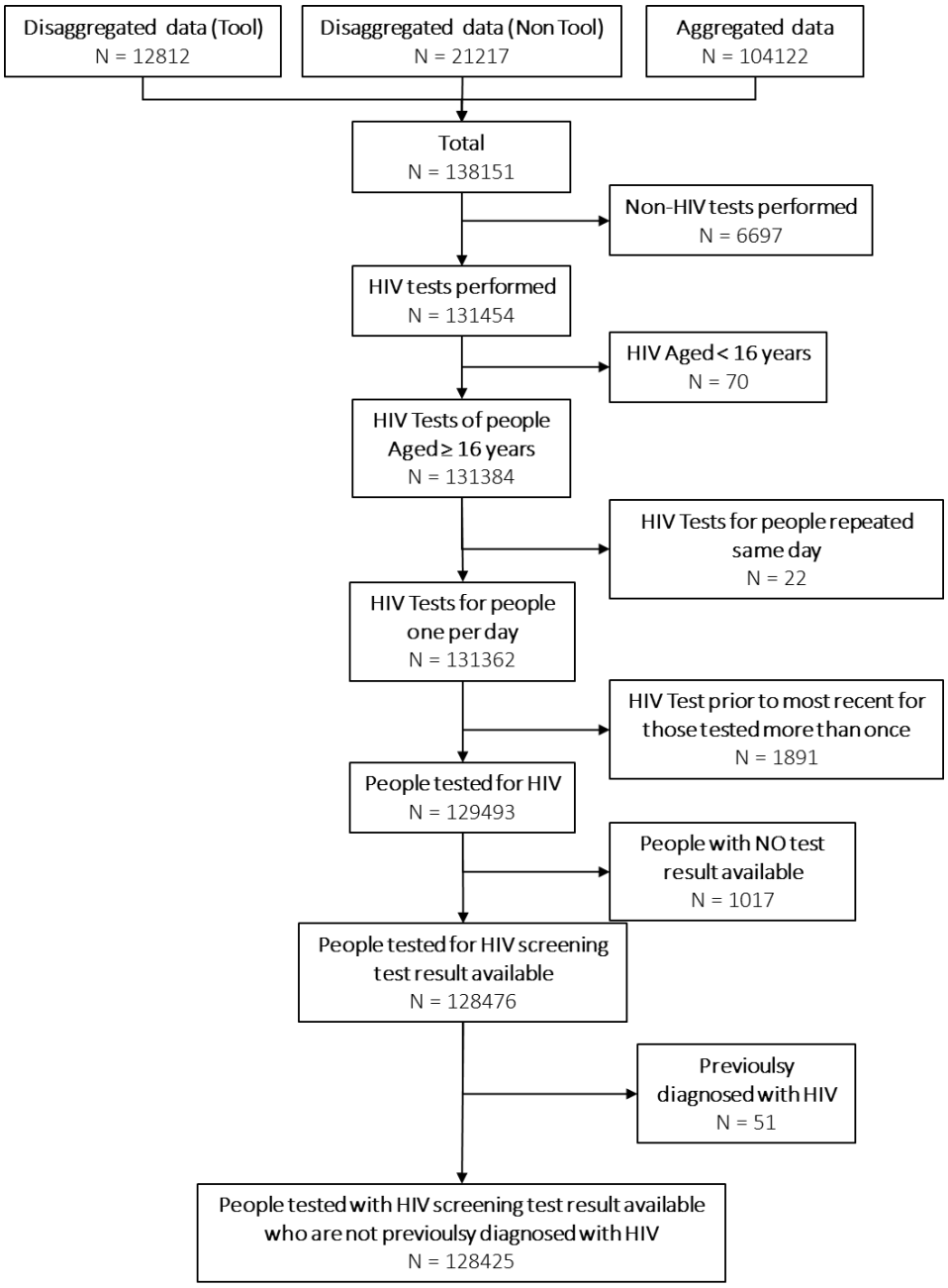
Method of Data Submission	Organisation	Target Population	Country	Type of Test Used
Aggregated Data	Legebitra	MSM*	Slovenia	Laboratory (blood)
	Lisbon Cohort (GAT)	MSM*	Portugal	Rapid (blood)
	Move-se (GAT)	MSM, PWID, Migrant population, SW*	Portugal	Rapid (blood)
	National AIDS Centre	General population	Poland	Lab and rapid (blood)
	PCVM (MDM & GAT)	PWID*	Portugal	Rapid (blood)
	Podruga Osh	Women (SW, transgender, PWID, ex-prisoners)*	Kyrgyzstan	Rapid (oral)
	Setúbal (GAT)	General population	Portugal	Rapid (blood)
	Trade Sexual Health (UK)	General population	UK	Rapid (Blood)
	Unmode	PWID	Russia	Rapid (blood, oral)
	Volunteer			

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

RESULTS

Data received by the COBATEST Network for 2021 were submitted by 66 members (70 if separately including 4 Betested centres) from 19 European countries (Austria, Belgium, Croatia, Denmark, France, Germany, Italy, Latvia, Moldova, Poland, Portugal, Romania, Russia, Serbia, Slovakia, Slovenia, Spain, and United Kingdom) and 2 Central Asian countries (Tajikistan and Kyrgyzstan) before July31st 2022. Table 1 shows the member CBVCTs and their characteristics who were able to submit data for 2021. Figure 2 shows the flowchart of data submission. Cases were excluded if the tester was aged <16 (n=70), if the test was not the most recent test by that person in 2021 (n=1891), and if there was no HIV test result (n=1017).

Figure 2. Flowchart of HIV testing data submission - COBATEST Network2021



HIV Screening

Summary of people screened for HIV in the COBATEST Network 2021

This year the COBATEST Network collected data on 128425people screened for HIV in 66 centres in 21 countries. Of these, 1428 (1.1%) had reactive tests. Clients aged 25 or less had a higher proportion of reactive tests than over 25-year-olds. Transgender people had a higher proportion of reactive tests than females and males and the average of the study population. PWIDs 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. More than half of people tested (56.1%) had previously been tested for HIV, 29.1% had been tested in the last 12 months and 11.8% 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, behavioural practice that has improved even more in 2021, specifically 21% increase have been detected in people tested last 12 months compared to 2020 and 15.2% compared to 2019. This increase could be attributed to intensified outreach programs employed after the pandemic and/or to people adapting to the reality of living in times of COVID-19 thus giving even more importance to early diagnosis than before, however these data should be interpreted in caution since no additional statistical analysis has been performed. Of all people tested, 0.08% 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. Of all persons tested 0.9% took a confirmatory test, out of which 96.8% were positive (9.6% less than in 2020). Of all persons tested 0.9% were tested positive, compared to 0.7% in 2020.

Table 2. Summary of persons screened for HIV.

		Total N	Reactive n	Reactive %
Persons tested		128425	1428	1.11
Age Group	<25	32698	190	0.58
	>=25	78331	1163	1.48
Gender	Male	85412	1079	1.26
	Female	41110	305	0.74
	Transgender	1107	42	3.79
Migrant		25620	365	1.42
PWID		4404	379	8.61
SW	MSW	1098	30	2.73
	FSW	7294	34	0.47
	TSW	500	33	6.6
MSM		49758	635	1.28
Previous HIV test		72061		
Tested in last 12 months		37361		
Test last 12 months in this CBVCT		15104		
False positive		64		
Confirmatory HIV test		1153		
Positive confirmatory HIV test		1116		

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

Indicator CBVCT1: People screened for HIV – 2021

Of 66 reporting centres, two did not report any data on age of client (n=16,899), 1 did not report data on MSM (n=66), seven did not report the variable sex worker (n=38,111), nine did not report the variable PWID (n=25030) and five did not report the variable migrant (n=17081). When interpreting incompletes of the data submitted it should be kept in mind that not all centres serve all key-populations, thus besides age category, lack of information on a group could be due to the type of CBVCT.

People can be counted 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) (38.7% of all people tested) followed by migrants (19.9%), sex workers (SW) (6.9%) and people who inject drugs (PWID) (3.4%) (CBVCT 1). Some CBVCT have services specifically for transgender SW (TSW), explaining the high proportion of transgender people who are in the SW category (45.2%). The proportion of migrants is higher in transgender people (46.3%) than in women (23.9%) and men (17.9%).The distribution and difference among key-

population group doesn't vary from that of 2020. More than twice as many males were tested than females. More than half of all males tested were MSM.

Table 3. Persons tested for HIV by key population, gender, and age groups (CBVCT1)

		All	Males	Females	Transgender	<25 years old	25+ years old
MSM	n	49758	49375	0	425	11971	27507
	%	38.7	57.8	0	38.4	36.6	35.1
SW	n	8921	1098	7294	500	3303	5430
	%	6.9	1.3	17.7	45.2	10.1	6.9
PWID	n	4404	3324	928	56	627	3516
	%	3.4	3.9	2.3	5.1	1.9	4.5
Migrants	n	25620	15264	9815	513	5445	19923
	%	19.9	17.9	23.9	46.3	16.7	25.4
All	n	128425	85412	41110	1107	32698	78331
	%	100	100	100	100	100	100

Indicator CBVCT2: Proportion of clients who reported to have been previously tested for HIV – 2021

All 66 centres reported indicator 2, or if a person has been previously tested for HIV.

More than half of all people tested for HIV reported having had a previous test (56.11%). A higher proportion of men reported being previously tested compared to women. Across genders, transgender people have the highest proportion of previous testing (75.34%). More than half of persons (60.17%) previously tested were 25 years or older. All key populations report higher proportion of previous testing compared to all testers. Above presented distribution and difference among key population groups, gender, and age are similar than that of reported in 2020. Among key populations MSM (73.96%) have highest proportion of previously tested, compared to 2020 when SW had highest proportion of persons previously tested (74.43%).

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

Table 4. Persons previously tested for HIV by key population, gender, and age-groups (CBVCT2)

		All	Males	Females	Transgender	<25 years old	25+ years old
MSM	**Proportion (%)** of clients who reported to have been previously tested for HIV	73.96	73.9	0	77.41	57.51	79.05
	Numerator: number of clients who reported to have been previously tested for HIV	36801	36490	0	329	6884	21744
SW	**Proportion (%)** of clients who reported to have been previously tested for HIV	69.15	80.97	65.99	90	63.91	72.32
	Numerator: number of clients who reported to have been previously tested for HIV	6169	889	4813	450	2111	3927
PWID	**Proportion (%)** of clients who reported to have been previously tested for HIV	58.76	60.56	56.57	89.29	57.74	59.81
	Numerator: number of clients who reported to have been previously tested for HIV	2588	2013	525	50	362	2103
Migrants	**Proportion (%)** of clients who reported to have been previously tested for HIV	63.17	64.79	59.4	88.89	48.72	66.77
	Numerator: number of clients who reported to have been previously tested for HIV	16183	9889	5830	456	2653	13303
All	**Proportion (%)** of clients who reported to have been previously tested for HIV	56.11	62.53	48.14	75.34	39.44	60.17
	Numerator: number of clients who reported to have been previously tested for HIV	72061	53409	19792	834	12897	47132

Indicator CBVCT3: Proportion of clients who reported to have been tested for HIV during preceding 12 months– 2021.

Of 66 reporting centres, one did not report this indicator (n=66) and are not included in the denominator.

Like 2020 (26.64% tested during last 12 months), only 29.09% of persons tested for HIV reported having had a previous test in the last 12 months in 2021. Highest proportion tested among key-population is among SW (46.93%) and MSM (45.51%). Transgender sex workers have highest proportion in testing during last 12 months if compared across genders or across key-population groups, or in total of persons tested. Above presented distribution and difference among key population groups and gender are similar than that of reported in 2020. Women have lowest

proportion in testing during last 12 months if compared across genders, key-populations, or in total of persons tested.

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

Table 5. Persons tested for HIV during previous 12 months by key population, gender, age-groups (CBVCT3)

		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	45.51	45.43	0	51.53	36.07	46.12
	Numerator: number of clients who reported to have been tested for HIV during preceding 12 months	22645	22433	0	219	4318	12686
SW	**Proportion (%)** of clients who reported to have been tested for HIV during preceding 12 months	46.93	52.73	44.97	63.6	42.72	49.76
	Numerator: number of clients who reported to have been tested for HIV during preceding 12 months	4187	579	3280	318	1411	2702
PWID	**Proportion (%)** of clients who reported to have been tested for HIV during preceding 12 months	31.2	33.69	24.25	53.57	28.39	41.33
	Numerator: number of clients who reported to have been tested for HIV during preceding 12 months	1374	1120	225	30	178	1453
Migrants	**Proportion (%)** of clients who reported to have been tested for HIV during preceding 12 months	30	32.81	24.11	59.84	24.68	31.1
	Numerator: number of clients who reported to have been tested for HIV during preceding 12 months	7686	5008	2366	307	1344	6197
All	**Proportion (%)** of clients who reported to have been tested for HIV during preceding 12 months	29.09	33.45	19.52	48.06	24.09	29.08
	Numerator: number of clients who reported to have been tested for HIV during preceding 12 months	37361	28568	8025	532	7876	22779

Indicator CBVCT4: Proportion of clients who reported to have been tested for HIV at the same CBVCT facility during preceding 12 months– 2021.

Of 66 reporting centres, five did not report this indicator (n=8886) and are not included in the denominator.

Within genders, higher proportion of transgender people returned to the same CBVCT within 12 months, similar to 2020. Compared to other key populations, MSM have had higher proportion of return to the same CBVCT centre for a test during last 12 months, while in 2020 SW had highest proportion in the same indicator. PWIDs have lowest proportion of return for testing in the same CBVCT across key population groups, and females among genders groups. Lowest proportion of return for testing is among female PWIDs. Increase in percentage of persons returning to test in the same CBVCT has been shown in all key populations, gender categories, and in total persons tested compared to 2020 and 2019.

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

Table 6. Persons tested for HIV during previous 12 months in the same CBVCT facility by key population, gender, and age-groups (CBVCT4)

		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	20.62	20.52	0	31.76	13.36	15.27
	Numerator: number of clients who reported to have been tested for HIV at the same CBVCT facility during preceding 12 months	10260	10130	0	135	1599	4199
SW	**Proportion (%)** of clients who reported to have been tested for HIV at the same CBVCT facility during preceding 12 months	15.63	21.31	13.81	29.4	10.23	18.6
	Numerator: number of clients who reported to have been tested for HIV at the same CBVCT facility during preceding 12 months	1394	234	1007	147	338	1010
PWID	**Proportion (%)** of clients who reported to have been tested for HIV at the same CBVCT facility during preceding 12 months	6.83	8.57	1.4	3.57	0.96	8.28
	Numerator: number of clients who reported to have been tested for HIV at the same CBVCT facility during preceding 12 months	301	285	13	2	6	291
Migrants	**Proportion (%)** of clients who reported to have been tested for HIV at the same CBVCT facility during preceding 12 months	8.73	7.56	9.57	23.59	5.91	8.91
	Numerator: number of clients who reported to have been tested for HIV at the same CBVCT facility during preceding 12 months	2236	1154	939	121	322	1775
All	**Proportion (%)** of clients who reported to have been tested for HIV at the same CBVCT facility during preceding 12 months	11.76	14.08	6.68	20.33	7.83	9.42
	Numerator: number of clients who reported to have been tested for HIV at the same CBVCT facility during preceding 12 months	15104	12023	2747	225	2561	7377

Indicator CBVCT5: Proportion of clients with reactive HIV screening test result– 2021

Reporting a HIV screening test result was a criteria to be included in the HIV indicators. All centers have reported this indicator.

Transgender population have the highest proportion of reactive tests among all genders and total persons tested. PWIDs have highest proportion of reactive tests among all key population groups. Similar to 2020, female PWIDs have overall highest proportion of reactive tests. Transgender migrants have 2nd highest overall proportion of reaction tests and male PWIDs have 3rd highest. Similar to 2020, females 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, 2019, and 2020.

The proportion of reactive tests among transgender in all key sub-populations (besides PWIDs) 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.

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

Table 7. Persons with reactive HIV screening test result by key population, gender, age-groups (CBVCT5)

		All	Males	Females	Transgender	<25 years old	25+ years old
MSM	**Proportion (%)** of clients with HIV reactive screening HIV test result	1.28	1.25	0	4.94	1.02	1.65
	Numerator: number of clients with reactive screening HIV test result	635	615	0	21	122	453
SW	**Proportion (%)** of clients with HIV reactive screening HIV test result	1.08	2.73	0.47	6.6	0.36	1.51
	Numerator: number of clients with reactive screening HIV test result	96	30	34	33	12	82
PWID	**Proportion (%)** of clients with HIV reactive screening HIV test result	8.61	6.98	15.84	0	3.51	10.04
	Numerator: number of clients with reactive screening HIV test result	379	232	147	0	22	353
Migrants	**Proportion (%)** of clients with HIV reactive screening HIV test result	1.42	1.67	0.75	7.21	0.88	1.56
	Numerator: number of clients with reactive screening HIV test result	365	255	74	37	48	311
All	**Proportion (%)** of clients with HIV reactive screening HIV test result	1.11	1.26	0.74	3.79	0.58	1.48
	Numerator: number of clients with reactive screening HIV test result	1428	1079	305	42	190	1163

Figure 3.1 and 3.2 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 6.5% (not including two outliers of 10% and 38.1%), with a mean of 2.09% and median of 0.8%.

Centres with the highest proportion of reactive tests include Unmode (Russia) with 38.1%, Aimer Jeunes (Betested, Belgium) with 10% and Checkpoint LX (Portugal) with 6.5%. As in 2020, AIDES (France) and National AIDS Centre (Poland) report most 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 and 34.2% in year 2021.

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

Figure 3.1. Number of persons tested for HIV and percentage of reactive test results.

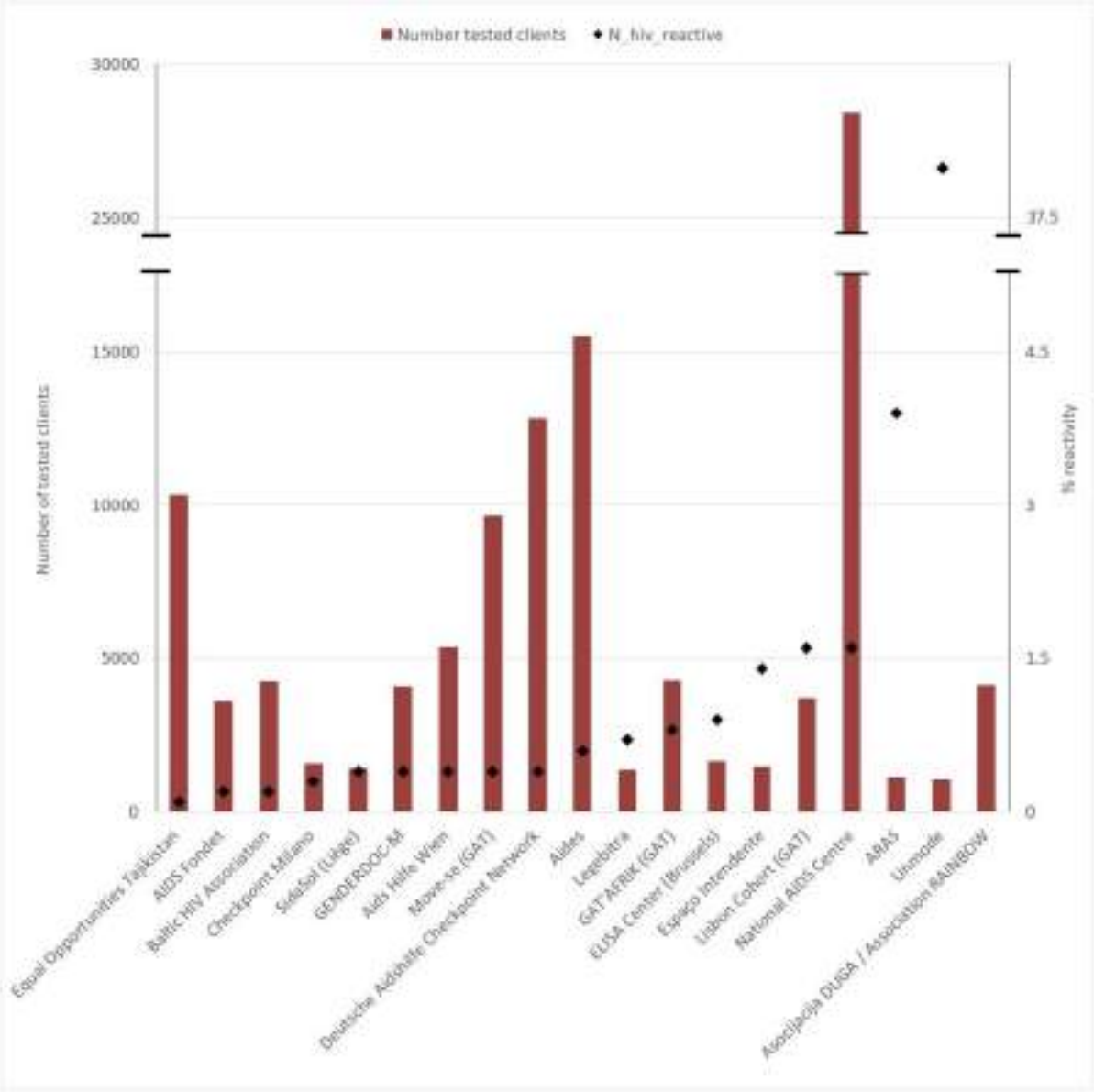
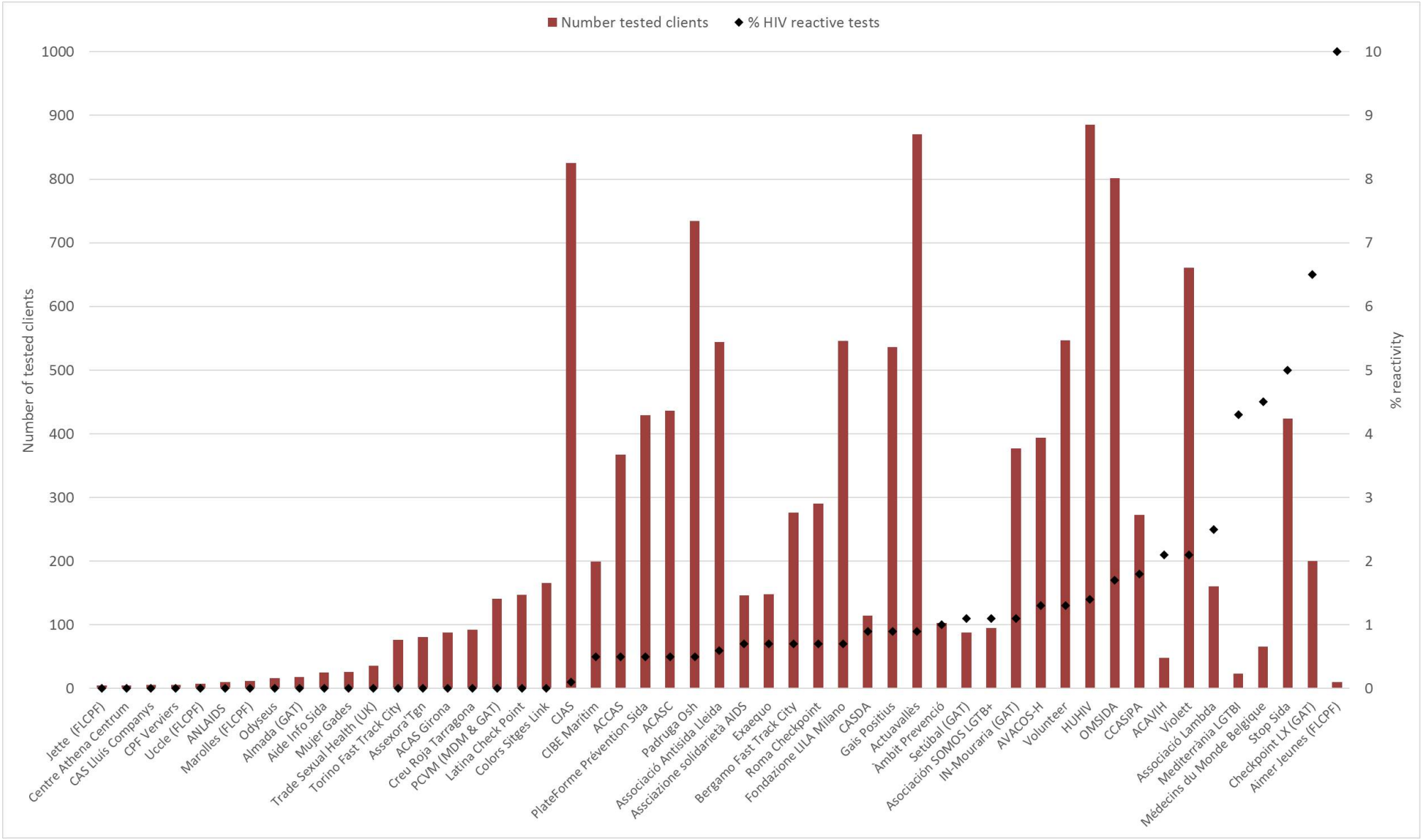


Figure 3.2. Number of persons tested for HIV and percentage of reactive test results.



Indicator CBVCT6: Proportion of clients with reactive HIV screening test result who were tested with confirmatory HIV test– 2021.

Of 66 reporting centres, 24 did not report this indicator (n=6506) 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). PWIDs have a higher proportion of confirmatory testing compared to all key populations. This may indicate that the follow-up for PWIDs is better than for other key populations, or that centres with good reporting of this indicator are more likely to target PWIDs. Similar to 2020, males have a higher proportion (82.76%) of confirmatory testing compared to all genders. Migrants have lowest proportion (59.45%) confirmatory testing compared to all key population groups. Migrant females have lowest proportion (50%) of confirmatory test done among all genders and key population groups, and PWID females highest (91.84%). Proportion of confirmatory tests among migrants across all gender groups is lower than in any other key-population. This indicates that the follow-up for migrants should be improved or centres targeting migrants didn't report the data. Higher proportion of persons aged less than 25 have done confirmatory test compared to persons 25 and older.

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

Table 8. Clients with reactive HIV screening test who were tested with confirmatory HIV test by key population, gender, age-groups (CBVCT6)

		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	80	79.84	0	80.95	90.16	80.57
	Numerator: number of clients with reactive screening HIV test result who were tested with confirmatory HIV test	508	491	0	17	110	365
SW	**Proportion (%)** of clients with reactive screening HIV test result who were tested with confirmatory HIV test	73.96	66.67	82.35	72.73	66.67	74.39
	Numerator: number of clients with reactive screening HIV test result who were tested with confirmatory HIV test	71	20	28	24	8	61
PWID	**Proportion (%)** of clients with reactive screening HIV test result who were tested with confirmatory HIV test	90.24	89.22	91.84	0	90.91	90.65
	Numerator: number of clients with reactive screening HIV test result who were tested with confirmatory HIV test	342	207	135	0	20	320
Migrants	**Proportion (%)** of clients with reactive screening HIV test result who were tested with confirmatory HIV test	59.45	61.18	50	64.86	72.92	56.91
	Numerator: number of clients with reactive screening HIV test result who were tested with confirmatory HIV test	217	156	37	24	35	177
All	**Proportion (%)** of clients with reactive screening HIV test result who were tested with confirmatory HIV test	80.74	82.76	77.38	61.9	87.89	81
	Numerator: number of clients with reactive screening HIV test result who were tested with confirmatory HIV test	1153	893	236	26	167	942

Indicator CBVCT7: Proportion of clients with positive confirmatory HIV test result– 2021

Of 66 reporting centres, 24 did not report this indicator (n=6506). These are not included in the denominator.

Similar to 2020, transgender have higher proportion of positive confirmatory diagnoses standing alone than any other key population and gender (besides PWID as no transgender PWID has been registered with reactive test result). PWIDs have higher proportion of positive confirmatory diagnoses among key-population groups. Female PWIDs have higher proportion (13.9%) of positive confirmatory diagnoses among all key-population groups and genders. Similar to 2020, here as well females have lowest proportion of confirmatory diagnoses among all gender (0.54%), and migrant females (0.35%) and SW females (0.34%) have lower proportion among all genders and key-population groups.

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

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

Table 9. Persons with positive confirmatory HIV test by key population, gender, and age-groups (CBVCT7)

		All	Males	Females	Transgender	<25 years old	25+ years old
MSM	**Proportion (%)** of clients with positive confirmatory HIV test result	0.99	0.97	0	3.76	0.89	1.27
	Numerator: number of clients with positive confirmatory HIV test result	494	479	0	16	106	350
SW	**Proportion (%)** of clients with positive confirmatory HIV test result	0.74	1.73	0.34	4.6	0.24	1.03
	Numerator: number of clients with positive confirmatory HIV test result	66	19	25	23	8	56
PWID	**Proportion (%)** of clients with positive confirmatory HIV test result	7.61	6.2	13.9	0	3.19	8.9
	Numerator: number of clients with positive confirmatory HIV test result	335	206	129	0	20	313
Migrants	**Proportion (%)** of clients with positive confirmatory HIV test result	0.81	0.98	0.35	4.48	0.59	0.85
	Numerator: number of clients with positive confirmatory HIV test result	207	150	34	23	32	170
All	**Proportion (%)** of clients with positive confirmatory HIV test result	0.87	1.02	0.54	2.26	0.49	1.17
	Numerator: number of clients with positive confirmatory HIV test result	1116	868	223	25	159	916

Indicator CBVCT8: Proportion of clients with false positive test result– 2021

Of 66 reporting centres, 24 did not report the result of confirmatory tests (n=6506) 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 0.08%, compared to0.07% in 2020 and 0.09% in 2019. Across all genders, highest proportion of false-positives were detected among transgender (similar to 2020) and PWIDs across key-population. Female PWIDs have highest proportion of false positive (0.43%) among all key-population and gender groups.

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

Table 10. Persons with false positive test result by key population, gender, and age-groups (CBVCT8)

		All	Males	Females	Transgender	<25 years old	25+ years old
MSM	**Proportion (%)** of clients with false positive results	0.07	0.07	0	0.24	0.06	0.09
	Numerator: number of clients with false positive result	35	34	0	1	7	26
SW	**Proportion (%)** of clients with false positive results	0.04	0	0.04	0.2	0	0.07
	Numerator: number of clients with false positive result	4	0	3	1	0	4
PWID	**Proportion (%)** of clients with false positive results	0.27	0.24	0.43	0	0	0.34
	Numerator: number of clients with false positive result	12	8	4	0	0	12
Migrants	**Proportion (%)** of clients with false positive results	0.05	0.05	0.05	0.19	0.04	0.06
	Numerator: number of clients with false positive result	13	7	5	1	2	11
All	**Proportion (%)** of clients with false positive results	0.08	0.08	0.08	0.09	0.08	0.09
	Numerator: number of clients with false positive result	102	70	31	1	27	72

Indicator CBVCT9: Number of clients needed to test to find a positive HIV result – 2021.

Of 66 reporting centres, 24 did not report confirmatory HIV test result (n=6506). 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, 2019, and 2020 data, in 2021 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 (besides PWIDs). Notably, the NTT among transgender went from 107.8 in 2018 to 46.26 in 2019 and slightly increased in 2020 to 55.2 and again decreased in 2020 to 44.3. In 2021 PWIDs have lowest number of NTT in all genders and key population groups, compared to 2020 where MSM had lowest NTT. Overall decrease has been shown in all key populations (besides MSM where a slight increase was found) and gender categories in 2021 compared to 2020.This data allows members with limited resources to prioritise screening strategies.

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

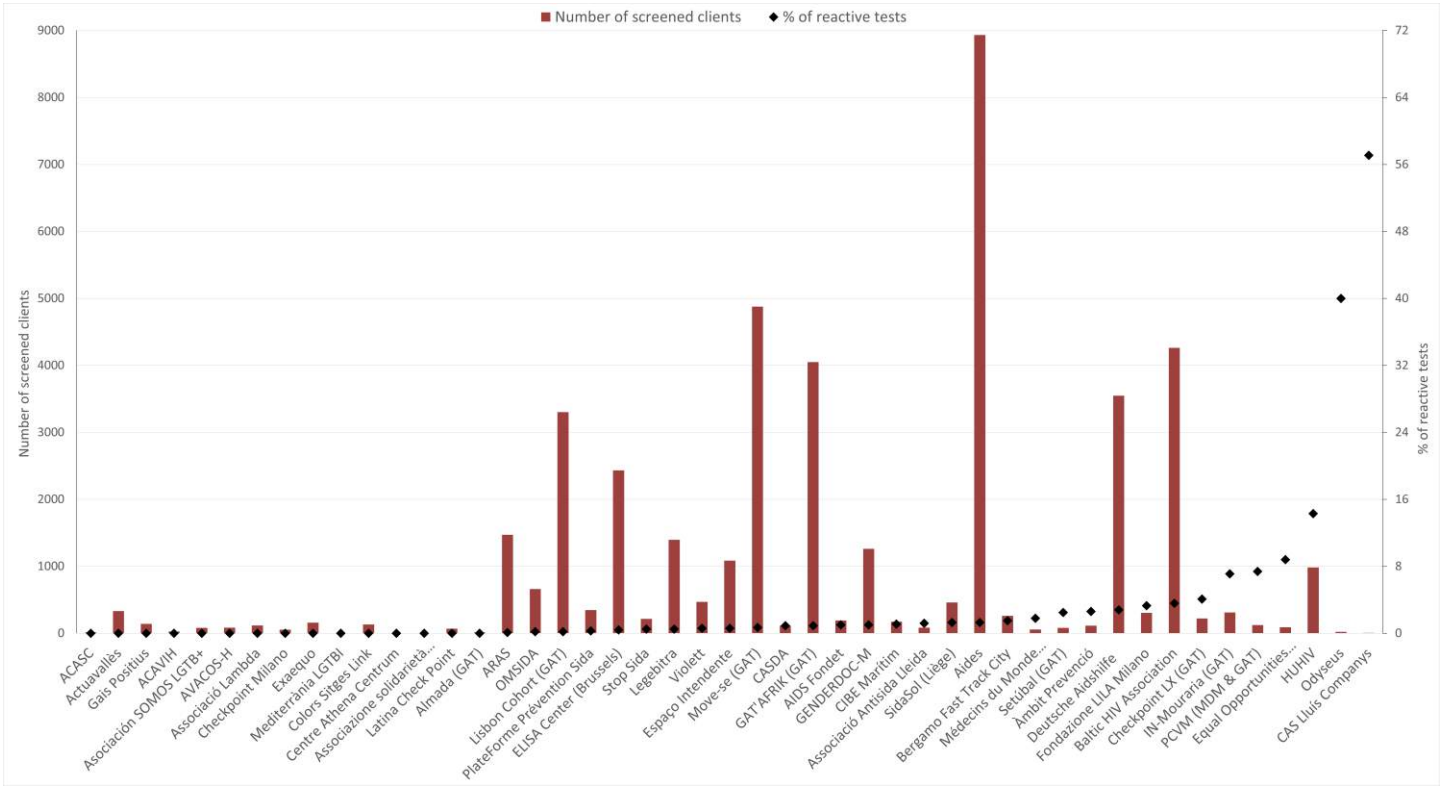
Table 11. Number of clients needed to test to find a positive HIV result (CBVCT9)

	All	Males	Females	Transgender	<25 years old	25+ years old
MSM (n)	100.7	103.1	0	26.6	112.9	78.6
SW (n)	135.2	57.8	291.8	21.7	412.9	97
PWID (n)	13.1	16.1	7.2	Inf	31.4	11.2
Migrants (n)	123.8	101.8	288.7	22.3	170.2	117.2
All (n)	115.1	98.4	184.3	44.3	205.6	85.5

HCV Screening – 2021

Figure 4 shows the 47 centres who submitted data on HCV screening of 43,152 persons. Of all people tested, 718 had a reactive test (1.7%). Aides (France) and Move-se (Portugal) performed the biggest number of HCV screening tests. The highest proportion of reactive tests was found in CAS/ARDS Lluís Companys, Creu Roja (Spain; 57.1% or 4/7persons), whose target population is PWIDs, Odyseus (Slovakia; 40% or 8/20 persons),who serve general population, Croatian Association for HIV and Hepatitis (CAHIV) (Croatia; 14.3% or 141/983 persons), who serve general population, and Equal Opportunities (Tajikistan; 8.8% or 8/91 persons) whose target populations are MSM, SW, and LGBTQ.

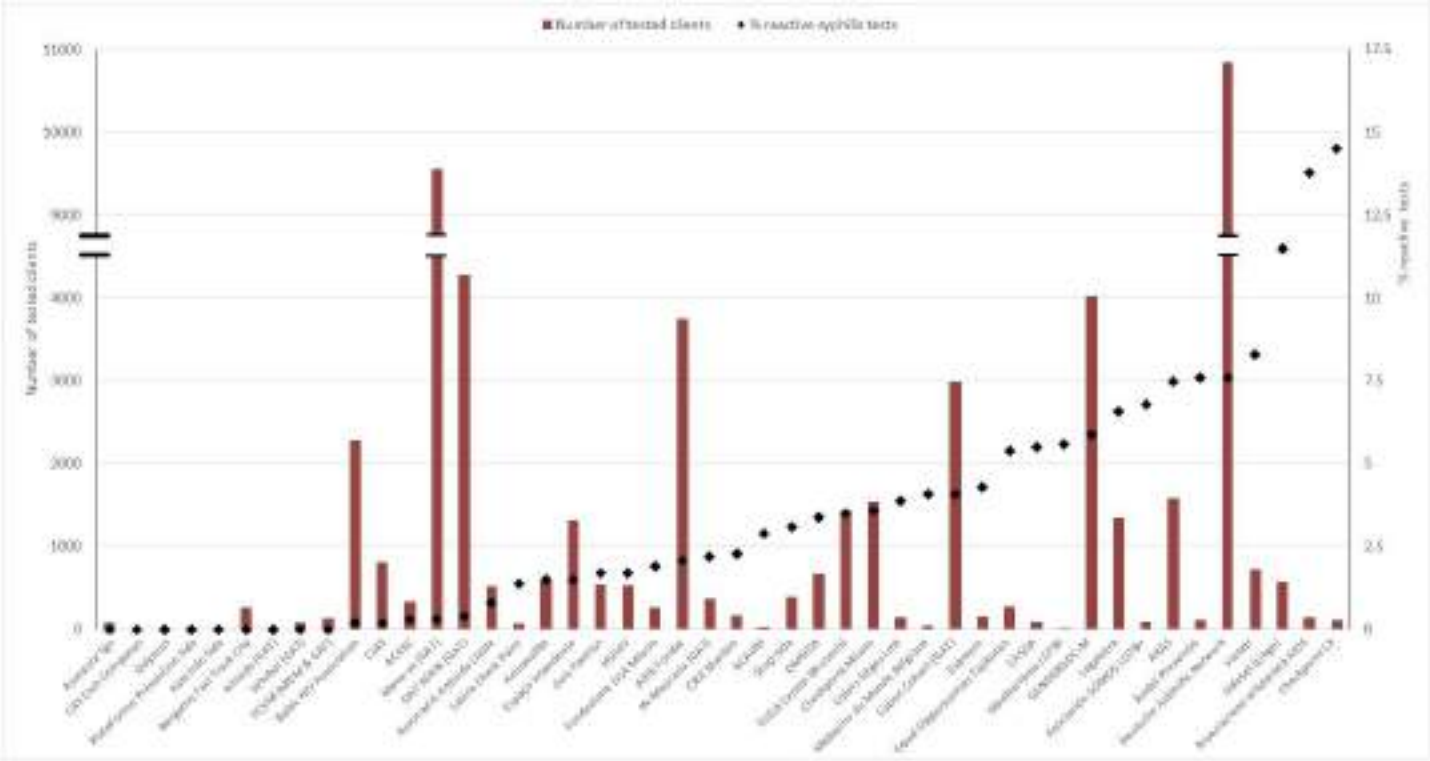
Figure 4. Persons tested for HCV and percentage of reactive test results.



Syphilis Screening – 2021

Figure 5 shows that in 2021, 46 centres submitted data on 53,476 persons screened for syphilis. Of all people screened, 2761 (5.2%) of tests were reactive. The highest proportion of reactive tests was found in Checkpoint LX (Portugal, 14.5% or 17/117 persons), whose target population is MSM, ASA Associazione solidarietà AIDS (Italy; 13.8% or 20/145 persons) whose target population is MSM, and SidaSol (Belgium, 11.5% or 66/573), whose target population are high-at-risk groups. Move-se (Portugal; 9569 persons) and Deutsche Aidshilfe Checkpoint Network (Germany; 10852 persons) performed highest testing.

Figure 5. Persons tested for Syphilis and percentage of reactive test results.



People screened for HIV - COBATEST Network (2014-2021)

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 and from 2017 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.

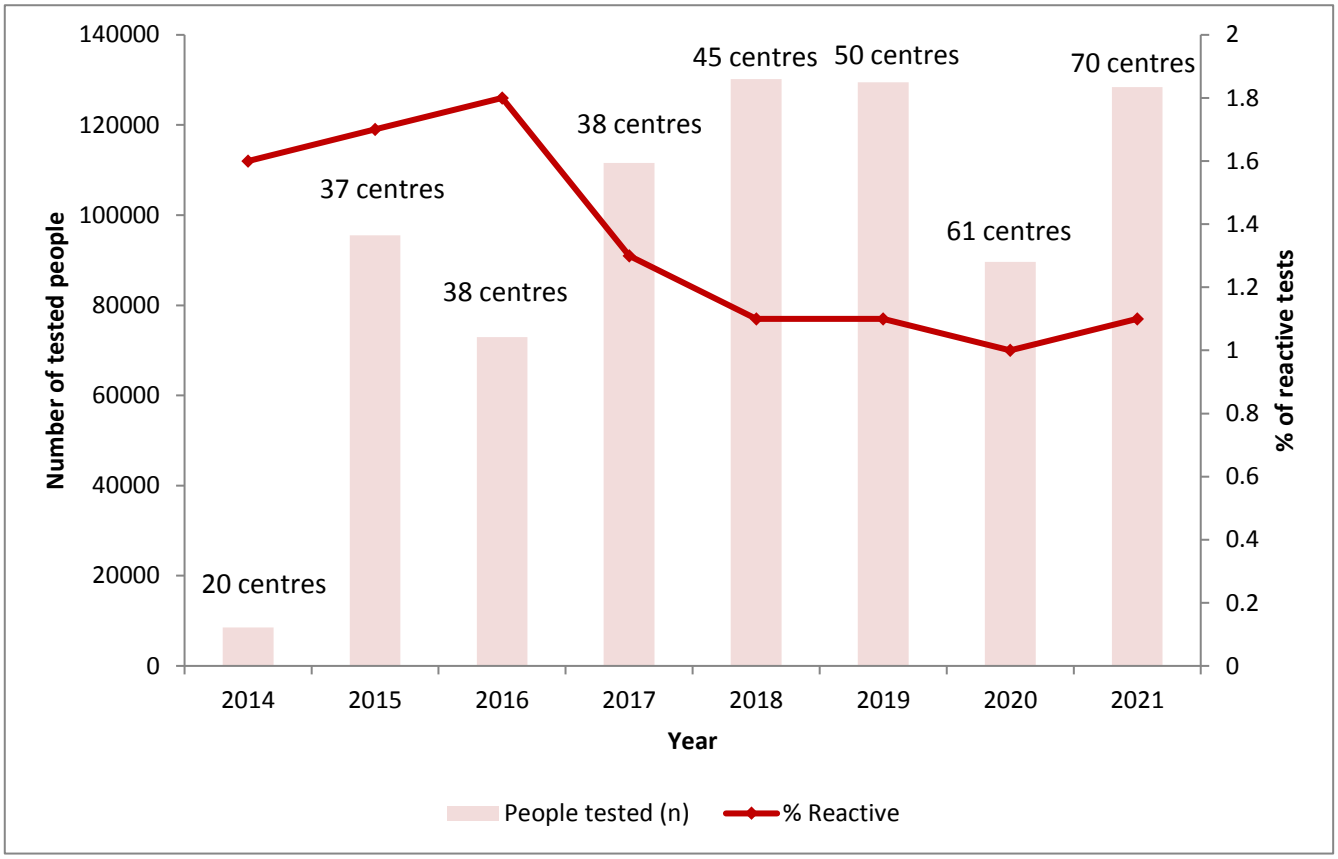
Table 12.Persons tested for HIV by year: 2014-2021

	2014	2015	2016	2017	2018	2019	2020	2021
Participating centres (n)	20	37	38	38	45	50	55	70
People tested (n)	8554	95493	72916	111579	130164	129484	89649	128425
People with a reactive HIV screening test (%)	1.6	1.7*	1.8*	1.3	1.1	1.1	1	1.1
People with a reactive HIV screening test (n)	135	825	609	1,421	1471	1407	934	1428
People tested with a confirmatory test (%, as % of all reactive results)	63	71.8*	80.1*	73.3	83	81.6	71.7	81
People with positive confirmatory test result (%)	0.8	1.5*	2.1*	0.8	0.8	0.8	0.7	0.9

BeTested centers count separately.
*Average of all centres

In 2021, the COBATEST Network members submitting data grew to 66 CBVCTs. The data comprised of 128425 people tested for HIV. Over the eight 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 (89649 persons tested) 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. In 2021, number of persons tested were almost identical to that of pre-pandemic, however in 2019 only 50 members submit the data while in 2021 sixteen more CBVCTs sent in the data. The proportion of reactive tests was highest in 2016 (1.8%) and lowest in 2020 (1%). In 2021 1.1% of people tested had reactive test results. The number of centres participating has risen from 20 in 2014 to 66 in 2021 (Figure 6). The proportion of all people tested with a confirmed HIV diagnosis has stayed stable since 2014 (ranging between 0.7% to 0.9%), disregarding 2015 and 2016 when this indicator was calculated as an average of all centres (Table 12).

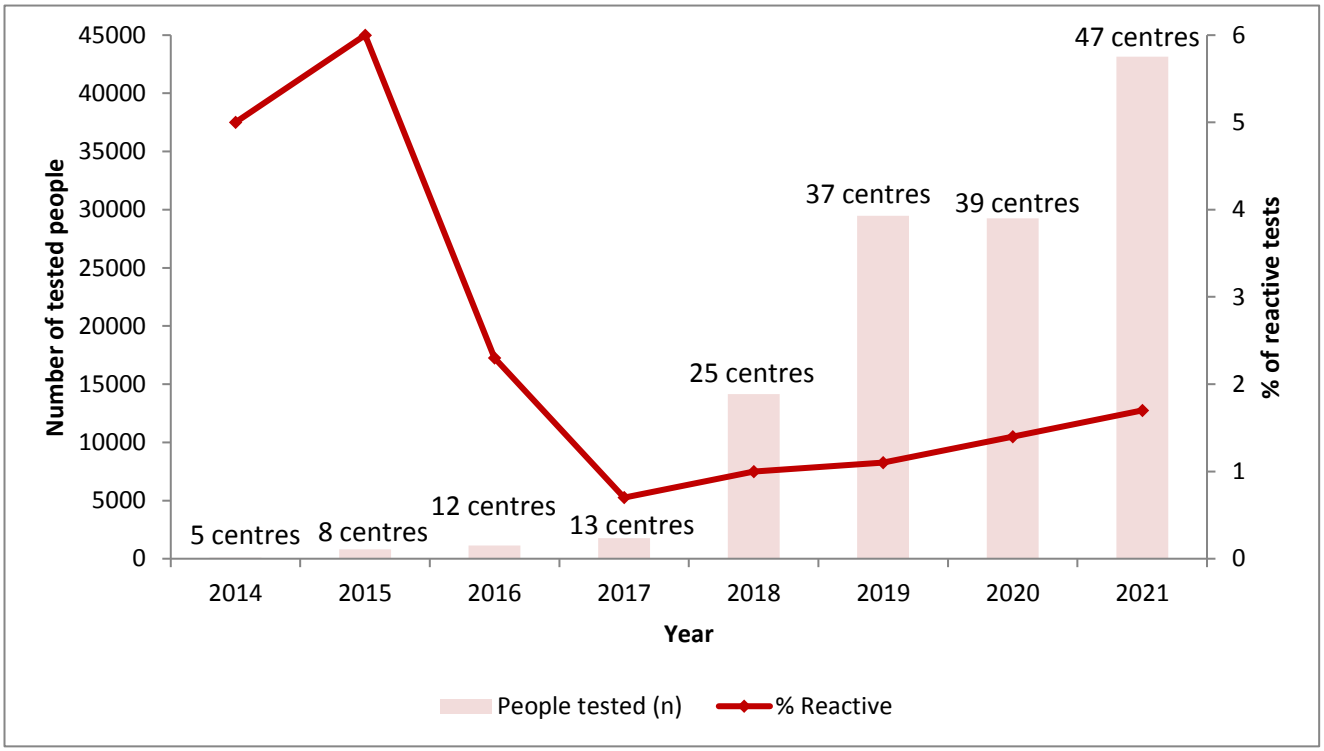
Figure 6. Number of people screened for HIV, proportion of reactive tests and number of centres submitting data by year - COBATEST Network 2014-2021



People screened for hepatitis C - COBATEST Network (2014-2021)

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 (please see figure 7). 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. Specifically, in 2014, only 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. In 2021, upward trend of reporting on HCV testing is again found. Eight more centres reported data on HCV testing compared to 2020. In addition, number of HCV tests performed increased approximately by 32% compared to 2020 and 2019. Percentage of reactive tests reported is 1.7%, which is 0.4% more than in 2020, and 0.6% more than in 2019.

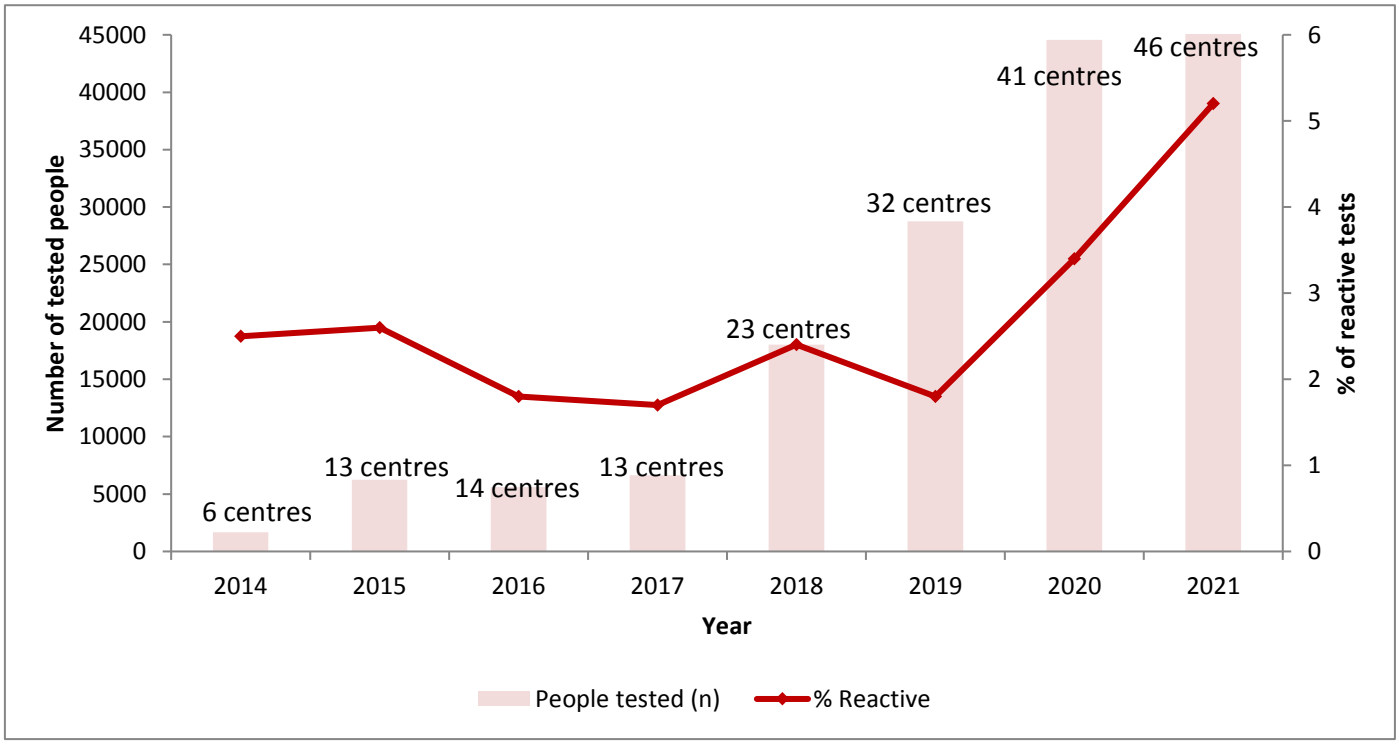
Figure 7. Number of people screened for Hepatitis C, proportion of reactive tests and number of centres submitting data by year - COBATEST Network 2014-2021



People screened for Syphilis - COBATEST Network (2014-2021)

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 (please see figure 8). 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%, and 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%. Upward trend maintained in 2021, specifically out of 53476 persons tested for syphilis (by 46 centers), 5.2% reactive results. 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 impact syphilis testing, similarly, 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, further maintaining this trend in 2021.

Figure 8. Number of people screened for syphilis, proportion of reactive tests and number of centres submitting data by year - COBATEST Network 2014-2021



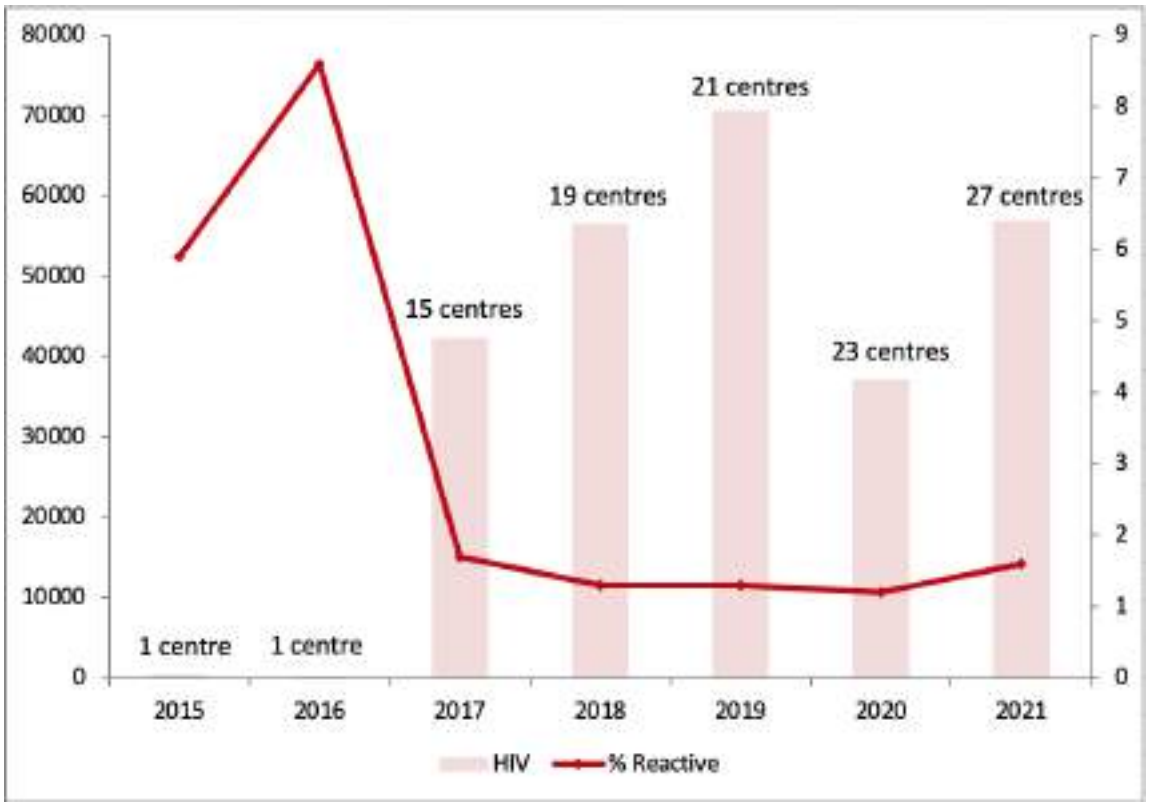
CBVCT data collection and membership from EECA: 2015-2021

Progression of membership and data collection

From 2015-2021, twenty-seven CBVCTs from EECA have become members of COBATEST, however only 21 centers submitted data during this period. Six CBVCTs have become members of the network but have never submitted data. Figure 9 shows progression of the membership and HIV testing data submission. Specifically in 2015, COBATEST had just 1 member center from EECA, specifically from Ukraine, who submitted data on 536 HIV tests performed. Same 1 center was the only member from the region in 2016, submitting data on 173 tests performed. In 2017, COBATEST experienced an exponential increase in membership from EECA. Specifically, 14 new members submitted data on 42369 tests performed. From there on, the proportion of data submitted increased approximately 15% - 25% yearly, up until 2020, however number of new members increased slightly, ranging from 2 to 4 new CBVCTs yearly. In 2020, approximately 50% less tests were reported compared to 2019 (from 70 643 HIV tests to 37 173 tests reported). This could be attributed to COVID-19 epidemic, as similar decrease, has been found in data submitted by all COBATEST members in 2020. However, this is just an assumption and no additional analysis has been performed about the impact of COVID-19 on COBATEST members. Approximately, 30% increase in data submitted has been found in 2021. In addition, as a result of pilot outreach project in EECA, COBATEST had for the first-time members joining from Eastern European countries outside of EU and Central Asia countries, specifically from Georgia, Russia, Tajikistan and Kyrgyzstan.

The proportion of reactive test results varied from 1.3% to 1.7%, lowest being from 2018 to 2020. The given range doesn't include 2015 and 2016 when COBATEST had only 1 member from EECA. The proportion of reactive test results for this 1 center was 5.9% in 2015 and 8.6% in 2016.

Figure 9. Number of people screened for HIV, proportion of reactive tests and number of EECA centres submitting data by year - COBATEST Network 2015-2021



Summary of people screened for HIV

In total 264,491 HIV tests performed have been reported by 21 EECA CBVCTs from 2015 to 2021. Data consisted of predominantly male testers, and MSM being largest group among key population. Out of all people tested, 62.6% persons tested were 25 years old or more. Only 0.2%of people tested were transgender. This distribution is very similar to that of, general data submitted yearly by all COBATEST network members, besides percentage of persons tested who identified as migrants, which usually comprise, at least, 15% of the key population. Out of total persons tested 1.5% (3909n) had reactive test results, out of which 96% performed confirmatory test. Out of total persons tested, 1.24% (3298n) had positive HIV diagnosis.

Table 13. Total persons tested by age, gender, key population, and key indicators: EECA 2015-2021

		Total N	Reactive n	Reactive %
Persons tested		264491	3909	1.5
Age Group	<25	165617	631	0.9
	≥25	71257	2655	1.6
Gender	Male	188118	3076	1.6
	Female	75911	578	0.8
	Transgender	462	23	5.0
Migrant		8124	233	2.9
PWID		4954	385	7.7
SW		7319	39	0.5
MSM		105082	2248	2.1
Previous HIV test		116030		
Tested in last 12 months		38006		
Test last 12 months in this CBVCT		15186		
Confirmatory HIV test		3750		
Positive confirmatory HIV test		3298		
Number of persons needed to be tested per HIV diagnosis		80.2		

Transgender had highest proportion of reactive test results (5%) among gender when data was grouped from 2015-2021. By key-population group PWIDs had highest proportion of reactive test results (7.7%). Sex workers had lowest proportion of reactive test (0.5) by key population group, and females across the gender (0.8%).

Out of total population tested throughout the period, 43.9% (116030n) have been previously tested. Of all persons, 14.4% (38006n) have tested during last 12 months, out of which 40% returned to the same CBVCT. To find one HIV diagnosis 80.2 persons needed to be tested as an average for the period of 2015-2021. Overall, while gradual increase in membership and testing data has been found, only 7 members have demonstrated consistent commitment to yearly data collection.

DISCUSSION

Role of CBVCT centres as focal point for information gathering on testing patterns among high-at-risk populations for HIV/STI infections as well as ability to grasp hard to reach groups has been previously found (20,22). During past two years importance of work done by CBVCTs increased even more considering challenges and limitations brought by COVID-19 pandemic around the world. As CBVCTs have been found to be most effective in reaching high-at-risk population groups (20), currently it's more important than ever to work towards scaling up services provided by the community testing centres to address influx of a new high-at-risk population group as well as to recuperate HIV/STI testing trends of before COVID-19 outbreak. Collaboration among CBVCT centres increases the knowledge pool about groups most vulnerable to the infections and how to reach them more effectively. In this context work of COBATEST network is especially valuable considering scarcity of international networks of CBVCT centres.

COBATEST network has been growing since 2014, collecting valuable standardized testing data on HIV/STI, forming new collaborations within the network, and giving a hand to information sharing on best-practices on HIV/STI testing and counselling. Number of active participants increased from 20 centres in 2014 to 66 centres in 2021. Besides individual centres from 29 member 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, in Germany, Deutsche Aidshilfe collecting data from 30 checkpoints country-wide, and in Georgia, Harm Reduction Network (GHRN) coordinating 26 non-governmental 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. This previously could not have been possible due to lack of standardized data collection tool.

Due to effectiveness of the COBATEST network, data collection was gradually expanded to HCV and Syphilis besides HIV testing. Number of CBVCT centres reporting data on HCV increased from 5 (in 2014) to 47 (in 2021) and for Syphilis from 6 to 46. Reporting of HCV/Syphilis data will increase even more since COBATEST member NAC successful negotiated with Polish government implementation of standardized data collection process for other STIs across the country (besides HIV) starting 2022. Up until 2022, data on HCV and Syphilis was provided just by one COBATEST member from Poland, specifically FSE, however now standardized data will

be collected across the country. The standardized format of data collected by COBATEST members allows multi use of acquired information, starting from individual growth of CBVCT centres, such as improving outreach activities and servicing key-population groups, to supporting advocacy efforts in the field.

Continues growth of the network, also led COBATEST to Eastern European countries outside of European Union (EU) and Central Asian region. Data from EECA grew 30% in 2021 compared to 2020. Specifically, 44% (56980n) of the data reported by all COBATEST members in 2021 was received from EECA members. Out of which 36% (20866n) was from EECA countries outside of EU. This growth gives the network possibility to learn from different type of CBVCT services provided in EECA and share best practices of the community centres in EU to the new members from the two regions. COBATEST's content has also been adapting to the constant growth the network is experiencing. Specifically, 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 last 8 years and adjusted to the needs of its members.

In 2021, the COBATEST network reported almost identical number of persons tested (128,425n) as in before COVID-19 in 2019 (129,484n). The steady growing tendency previously shown among data collected by COBATEST members 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 (3,4,5) 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. In 2021, their efforts are recognized in the reported data where the 30% decrease in testing that was found in 2020 has been completely recuperated.

There are few 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 66 CBVCT centres from 19 European and 2 Central Asian countries are not representative of the whole region or a country of each member. Nevertheless, 8 out of 19 countries (Belgium, France, Germany, Italy, Poland, Portugal, Slovakia and Spain) provide data registered from more than 1 centre that increase generalizability of the data in their respective countries. Polish, Belgium and Catalonian (Spain) members are national networks (regional in the case of Catalonia), thus 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.

CONCLUSIONS

The 2021 COBATEST Network report demonstrates that, member CBVCTs have actively and successfully worked on recuperating testing and outreach activities practiced pre-COVID-19. However, it is not yet clear if 30% increase in HIV/STI testing is just a rebound after the year of the pandemic or it translates into being back to the tendencies expected for 2021, if COVID-19 didn't occur. Further studies are needed to research if HIV/STI testing is 'back to normality' as it relates to tendencies expected for 2021 (if the service disruption didn't occur) or CBVCT services provided are just back to the pre-pandemic levels.

It is evident that continues presence of COVID-19 had extensive impact on HIV testing and treatment, thus it must be taken into consideration when planning CBVCT services provided in 2022. The crisis created by the pandemic had direct impact on and further increased social and economic disadvantages experienced by population high-at-risk for contracting HIV and groups who already faced obstacles to access HIV care and treatment. Disproportional impact of COVID-19 was found among PLHIV living in low-and-middle income countries, and in rural and poverty areas (1). Thus, it becomes even more important to conduct regional analysis of collected data by COBATEST network to further inform respective countries and/or CBVCTs on those impacted the most by the pandemic.

In this context, increase in members from EECA region has enriched standardized data collected by the network, which will allow detection of the differences among HIV/STI services provided in very different economic and political environments. These will give an opportunity to all members to learn from best practices of community testing centres in Europe as well as in Central Asia and form international/intercultural collaborations.

Furthermore, 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 that 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, which further highlights the dedication of COBATEST members to the network.

The data collected by the members of the network can also be utilized to demonstrate to international organizations the value of CBVCT centres in providing services to hard-to-reach populations across Europe and Central Asia. In addition, the results presented in yearly reports can be utilized for advocacy efforts on national level. Richness and magnitude of collected data shows potential in performing further analysis to identify gaps in HIV testing across member countries.

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. These recommendations are continues from 2020 to 2021 due to the importance of the topics addressed and because COVID-19 impacted magnitude of improvements that could be achieved in 2020. Five recommendations based on 2021 report and other economic and political factors are:

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. *Update:* This training is already planned and will be held in June 2022.
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. *Update:* New STI data collection form has been developed and approved by COBATEST steering committee. The form consists of questions on chlamydia, gonorrhoea and hepatitis B.

Furthermore, utilizing data from 2020, 2021 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 due to needs created by COVID-19 pandemic in 2020 that persisted through-out 2021.

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ANNEX 1. INDICATORS BY CENTRE WITH CORRESPONDING ESTIMATES OF INDICATORS CONSIDERING MISSING INFORMATION (EMV)

Indicator CBVCT 2: proportion of clients who reported to have been previously tested for HIV by centre with corresponding estimates of indicators considering missing information (EMV)

	Persons screened for HIV	CBVCT 2			
		n	%	Missing	EMV
Associació Antisida Lleida	544	206	37.9	2	38
ACASC	436	278	63.8	2	64.1
ACAS Girona	88	52	59.1	0	59.1
Actuavallès	870	557	64	19	65.5
Àmbit Prevenció	103	99	96.1	0	96.1
Assexora'Tgn	81	65	80.2	1	81.2
CAS/ARDS Lluís Companys, Creu Roja	6	6	100	0	100
CJAS	825	352	42.7	84	47.5
Creu Roja Tarragona	92	23	25	3	25.8
Gais Positius	536	444	82.8	2	83.1
Stop Sida	424	358	84.4	5	85.4
ACAVIH	48	35	72.9	2	76.1
ACCAS	367	126	34.3	5	34.8
Asociación SOMOS LGTB+	95	73	76.8	0	76.8
AVACOS-H	394	200	50.8	0	50.8
Associació Lambda	160	125	78.1	2	79.1
CCASiPA	273	154	56.4	1	56.6
CASDA	114	77	67.5	1	68.1
CIBE Marítim	199	151	75.9	10	79.9
Mujer Gades	26	22	84.6	0	84.6
OMSIDA	801	425	53.1	5	53.4
AIDS Fondet	3589	2684	74.8	24	75.3
Deutsche Aidshilfe Checkpoint Network	12823	8448	65.9	-	-
Aides	15513	10609	68.4	-	-
Baltic HIV Association	4258	932	21.9	-	-
ARAS	1137	823	72.4	5	72.7
Checkpoint LX	200	129	64.5	-	-
Fondazione LILA Milano	546	314	57.5	18	59.5
Checkpoint Milano	1583	1131	71.4	5	71.7
Legebitra	1374	1206	87.8	-	-
Odyseus	16	6	37.5	2	42.9
BeTested - Aimer Jeunes (FLCPF)	10	4	40	3	57.1
BeTested - Marolles (FLCPF)	12	7	58.3	2	70
PlateForme Prévention Sida	429	244	56.9	13	58.7
BeTested - Jette (FLCPF)	5	4	80	0	80
BeTested - Uccle (FLCPF)	7	6	85.7	0	85.7
Médecins du Monde Belgique	66	19	28.8	39	70.4

	Persons screened for HIV	CBVCT 2			
		n	%	Missing	EMV
SidaSol (Liège)	1420	983	69.2	3	69.4
Violett	661	407	61.6	197	87.7
Exaequo	148	137	92.6	1	93.2
Aids Hilfe Wien	5366	3151	58.7	203	61
National AIDS Centre	28423	12658	44.5	-	-
Asocijacija DUGA / Association RAINBOW	4144	3016	72.8	-	-
Croatian Association for HIV and Hepatitis (HUHIV)	885	518	58.5	-	-
GENDERDOC-M	4076	3120	76.5	-	-
ELISA Center (Brussels)	1656	1628	98.3	28	100
Espaço Intendente	1464	948	64.8	-	-
GAT'AFRIK (GAT)	4290	1720	40.1	-	-
IN-Mouraria (GAT)	377	270	71.6	-	-
Move-se (GAT)	9645	4736	49.1	-	-
Aide Info Sida	25	18	72	1	75
Mediterrània LGTBI	23	18	78.3	0	78.3
Colors Sitges Link	166	145	87.3	1	87.9
Centre de Planning Familial Verviers	6	1	16.7	3	33.3
Centre Athena Centrum	5	2	40	0	40
ANLAIDS Sezione Regionale Ligure ONLUS	10	5	50	1	55.6
ASA Associazione solidarietà AIDS	146	121	82.9	0	82.9
Bergamo Fast Track City	276	121	43.8	10	45.5
Latina Check Point	147	68	46.3	2	46.9
Roma Checkpoint	290	228	78.6	2	79.2
Torino Fast Track City	76	47	61.8	0	61.8
Equal Opportunities Tajikistan	10350	3154	30.5	-	-
Padruga Osh	734	513	69.9	-	-
Trade Sexual Health (UK)	36	9	25	-	-
Unmode	1035	277	26.8	-	-
Volunteer	547	232	42.4	-	-
Lisbon Cohort (GAT)	3701	3252	87.9	-	-
Almada (GAT)	18	6	33.3	-	-
Setúbal (GAT)	88	49	55.7	-	-
PCVM (MDM & GAT)	141	109	77.3	-	-

% = 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.

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 considering missing information (EMV)

	Persons screened for HIV	CBVCT 3			
		n	%	Missing	EMV
Associació Antisida Lleida	544	102	18.8	23	19.6
ACASC	436	90	20.6	18	21.5
ACAS Girona	88	22	25	0	25
Actuavallès	870	342	39.3	55	42
Àmbit Prevenció	103	68	66	6	70.1
Assexora'Tgn	81	36	44.4	1	45
CAS/ARDS Lluís Companys, Creu Roja	6	5	83.3	0	83.3
CJAS	825	-	-	-	-
Creu Roja Tarragona	92	13	14.1	3	14.6
Gais Positius	536	229	42.7	3	43
Stop Sida	424	218	51.4	22	54.2
ACAVIH	48	17	35.4	3	37.8
ACCAS	367	62	16.9	8	17.3
Asociación SOMOS LGTB+	95	48	50.5	0	50.5
AVACOS-H	394	94	23.9	1	23.9
Associació Lambda	160	60	37.5	2	38
CCASiPA	273	64	23.4	1	23.5
CASDA	114	36	31.6	2	32.1
CIBE Marítim	199	70	35.2	19	38.9
Mujer Gades	26	6	23.1	1	24
OMSIDA	801	220	27.5	13	27.9
AIDS Fondet	3589	1687	47	1506	81
Deutsche Aidshilfe Checkpoint Network	12823	3725	29	-	-
Aides	15513	4868	31.4	-	-
Baltic HIV Association	4258	115	2.7	-	-
ARAS	1137	605	53.2	5	53.4
Checkpoint LX	200	41	20.5	-	-
Fondazione LILA Milano	546	118	21.6	19	22.4
Checkpoint Milano	1583	609	38.5	13	38.8
Legebitra	1374	696	50.7	-	-
Odyseus	16	1	6.2	7	11.1
BeTested - Aimer Jeunes (FLCPF)	10	1	10	4	16.7
BeTested - Marolles (FLCPF)	12	2	16.7	3	22.2
PlateForme Prévention Sida	429	109	25.4	31	27.4
BeTested - Jette (FLCPF)	5	2	40	0	40
BeTested - Uccle (FLCPF)	7	3	42.9	2	60
Médecins du Monde Belgique	66	-	-	-	-

	Persons screened for HIV	CBVCT 3			
		n	%	Missing	EMV
SidaSol (Liège)	1420	610	43	452	63
Violett	661	206	31.2	206	45.3
Exaequo	148	93	62.8	16	70.5
Aids Hilfe Wien	5366	765	14.3	294	15.1
National AIDS Centre	28423	3957	13.9	-	-
Asocijacija DUGA / Association RAINBOW	4144	2550	61.5	-	-
Croatian Association for HIV and Hepatitis (CAHIV)	885	90	10.2	-	-
GENDERDOC-M	4076	2920	71.6	-	-
ELISA Center (Brussels)	1656	1618	97.7	10	98.3
Espaço Intendente	1464	433	29.6	-	-
GAT'AFRIK (GAT)	4290	576	13.4	-	-
IN-Mouraria (GAT)	377	116	30.8	-	-
Move-se (GAT)	9645	1647	17.1	-	-
Aide Info Sida	25	4	16	15	40
Mediterrània LGTBI	23	11	47.8	0	47.8
Colors Sitges Link	166	93	56	1	56.4
Centre de Planning Familial Verviers	6	-	-	-	-
Centre Athena Centrum	5	-	-	-	-
ANLAIDS Sezione Regionale Ligure ONLUS	10	3	30	1	33.3
ASA Associazione solidarietà AIDS	146	56	38.4	3	39.2
Bergamo Fast Track City	276	58	21	14	22.1
Latina Check Point	147	18	12.2	20	14.2
Roma Checkpoint	290	98	33.8	30	37.7
Torino Fast Track City	76	23	30.3	1	30.7
Equal Opportunities Tajikistan	10350	4133	39.9	-	-
Padruga Osh	734	513	69.9	-	-
Trade Sexual Health (UK)	36	2	5.6	-	-
Unmode	1035	177	17.1	-	-
Volunteer	547	232	42.4	-	-
Lisbon Cohort (GAT)	3701	1887	51	-	-
Almada (GAT)	18	4	22.2	-	-
Setúbal (GAT)	88	23	26.1	-	-
PCVM (MDM & GAT)	141	61	43.3	-	-

% = 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.

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 considering missing information (EMV)

	Persons screened for HIV	CBVCT 4			
		n	%	Missing	EMV
Associació Antisida Lleida	544	71	13.1	11	13.3
ACASC	436	49	11.2	24	11.9
ACAS Girona	88	15	17	0	17
Actuavallès	870	181	20.8	47	22
Àmbit Prevenció	103	54	52.4	1	52.9
Assexora'Tgn	81	13	16	1	16.2
CAS/ARDS Lluís Companys, Creu Roja	6	2	33.3	0	33.3
CJAS	825	-	-	-	-
Creu Roja Tarragona	92	-	-	-	-
Gais Positius	536	76	14.2	7	14.4
Stop Sida	424	107	25.2	45	28.2
ACAVIH	48	4	8.3	0	8.3
ACCAS	367	40	10.9	8	11.1
Asociación SOMOS LGTB+	95	20	21.1	0	21.1
AVACOS-H	394	30	7.6	2	7.7
Associació Lambda	160	14	8.8	2	8.9
CCASiPA	273	37	13.6	6	13.9
CASDA	114	25	21.9	1	22.1
CIBE Marítim	199	27	13.6	3	13.8
Mujer Gades	26	1	3.8	0	3.8
OMSIDA	801	112	14	83	15.6
AIDS Fondet	3589	-	-	-	-
Deutsche Aidshilfe Checkpoint Network	12823	1858	14.5	-	-
Aides	15513	-	-	-	-
Baltic HIV Association	4258	-	-	-	-
ARAS	1137	378	33.2	5	33.4
Checkpoint LX	200	-	-	-	-
Fondazione LILA Milano	546	37	6.8	8	6.9
Checkpoint Milano	1583	244	15.4	39	15.8
Legebitra	1374	640	46.6	-	-
Odyseus	16	1	6.2	1	6.7
BeTested - Aimer Jeunes (FLCPF)	10	-	-	-	-
BeTested - Marolles (FLCPF)	12	-	-	-	-
PlateForme Prévention Sida	429	31	7.2	14	7.5
BeTested - Jette (FLCPF)	5	-	-	-	-
BeTested - Uccle (FLCPF)	7	-	-	-	-
Médecins du Monde Belgique	66	-	-	-	-

	Persons screened for HIV	CBVCT 4			
		n	%	Missing	EMV
SidaSol (Liège)	1420	148	10.4	0	10.4
Violett	661	136	20.6	203	29.7
Exaequo	148	-	-	-	-
Aids Hilfe Wien	5366	765	14.3	294	15.1
National AIDS Centre	28423	-	-	-	-
Asocijacija DUGA / Association RAINBOW	4144	2144	51.7	-	-
Croatian Association for HIV and Hepatitis (CAHIV)	885	32	3.6	-	-
GENDERDOC-M	4076	2920	71.6	-	-
ELISA Center (Brussels)	1656	1604	96.9	0	96.9
Espaço Intendente	1464	165	11.3	-	-
GAT'AFRIK (GAT)	4290	361	8.4	-	-
IN-Mouraria (GAT)	377	51	13.5	-	-
Move-se (GAT)	9645	994	10.3	-	-
Aide Info Sida	25	1	4	2	4.3
Mediterrània LGTBI	23	7	30.4	1	31.8
Colors Sitges Link	166	32	19.3	9	20.4
Centre de Planning Familial Verviers	6	-	-	-	-
Centre Athena Centrum	5	-	-	-	-
ANLAIDS Sezione Regionale Ligure ONLUS	10	-	-	-	-
ASA Associazione solidarietà AIDS	146	21	14.4	2	14.6
Bergamo Fast Track City	276	37	13.4	7	13.8
Latina Check Point	147	2	1.4	13	1.5
Roma Checkpoint	290	4	1.4	220	5.7
Torino Fast Track City	76	9	11.8	9	13.4
Equal Opportunities Tajikistan	10350	277	2.7	-	-
Padruga Osh	734	513	69.9	-	-
Trade Sexual Health (UK)	36	0	0	-	-
Unmode	1035	-	-	-	-
Volunteer	547	232	42.4	-	-
Lisbon Cohort (GAT)	3701	531	14.3	-	-
Almada (GAT)	18	2	11.1	-	-
Setúbal (GAT)	88	12	13.6	-	-
PCVM (MDM & GAT)	141	37	26.2	-	-

% = 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.

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

	Persons screened for HIV	CBVCT 5	
		n	%
Associació Antisida Lleida	544	3	0.6
ACASC	436	2	0.5
ACAS Girona	88	-	-
Actuavallès	870	8	0.9
Àmbit Prevenció	103	1	1
Assexora'Tgn	81	-	-
CAS/ARDS Lluís Companys, Creu Roja	6	-	-
CJAS	825	1	0.1
Creu Roja Tarragona	92	-	-
Gais Positius	536	5	0.9
Stop Sida	424	21	5
ACAVIH	48	1	2.1
ACCAS	367	2	0.5
Asociación SOMOS LGTB+	95	1	1.1
AVACOS-H	394	5	1.3
Associació Lambda	160	4	2.5
CCASiPA	273	5	1.8
CASDA	114	1	0.9
CIBE Marítim	199	1	0.5
Mujer Gades	26	-	-
OMSIDA	801	14	1.7
AIDS Fondet	3589	8	0.2
Deutsche Aidshilfe Checkpoint Network	12823	49	0.4
Aides	15513	98	0.6
Baltic HIV Association	4258	8	0.2
ARAS	1137	44	3.9
Checkpoint LX	200	13	6.5
Fondazione LILA Milano	546	4	0.7
Checkpoint Milano	1583	4	0.3
Legebitra	1374	9	0.7
Odyseus	16	-	-
BeTested - Aimer Jeunes (FLCPF)	10	1	10
BeTested - Marolles (FLCPF)	12	-	-
PlateForme Prévention Sida	429	2	0.5
BeTested - Jette (FLCPF)	5	-	-
BeTested - Uccle (FLCPF)	7	-	-
Médecins du Monde Belgique	66	3	4.5

	Persons screened for HIV	CBVCT 5	
		n	%
SidaSol (Liège)	1420	5	0.4
Violett	661	14	2.1
Exaequo	148	1	0.7
Aids Hilfe Wien	5366	22	0.4
National AIDS Centre	28423	448	1.6
Asocijacija DUGA / Association RAINBOW	4144	-	-
Croatian Association for HIV and Hepatitis (CAHIV)	885	12	1.4
GENDERDOC-M	4076	16	0.4
ELISA Center (Brussels)	1656	15	0.9
Espaço Intendente	1464	20	1.4
GAT'AFRIK (GAT)	4290	35	0.8
IN-Mouraria (GAT)	377	4	1.1
Move-se (GAT)	9645	37	0.4
Aide Info Sida	25	-	-
Mediterrània LGTBI	23	1	4.3
Colors Sitges Link	166	-	-
Centre de Planning Familial Verviers	6	-	-
Centre Athena Centrum	5	-	-
ANLAIDS Sezione Regionale Ligure ONLUS	10	-	-
ASA Associazione solidarietà AIDS	146	1	0.7
Bergamo Fast Track City	276	2	0.7
Latina Check Point	147	-	-
Roma Checkpoint	290	2	0.7
Torino Fast Track City	76	-	-
Equal Opportunities Tajikistan	10350	10	0.1
Padruga Osh	734	4	0.5
Trade Sexual Health (UK)	36	0	0
Unmode	1035	394	38.1
Volunteer	547	7	1.3
Lisbon Cohort (GAT)	3701	59	1.6
Almada (GAT)	18	0	0
Setúbal (GAT)	88	1	1.1
PCVM (MDM & GAT)	141	0	0

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

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 considering missing information (EMV)

	Persons with reactive HIV result	CBVCT 6			
		n	%	Missing	EMV
Associació Antisida Lleida	3	1	33.3	0	33.3
ACASC	2	-	-	-	-
ACAS Girona	-	-	-	-	-
Actuavallès	8	7	87.5	1	100
Àmbit Prevenció	1	1	100	0	100
Assexora'Tgn	-	-	-	-	-
CAS/ARDS Lluís Companys, Creu Roja	-	-	-	-	-
CJAS	1	-	-	-	-
Creu Roja Tarragona	-	-	-	-	-
Gais Positius	5	5	100	0	100
Stop Sida	21	14	66.7	7	100
ACAVIH	1	-	-	-	-
ACCAS	2	1	50	1	100
Asociación SOMOS LGTB+	1	-	-	-	-
AVACOS-H	5	5	100	0	100
Associació Lambda	4	4	100	0	100
CCASiPA	5	4	80	1	100
CASDA	1	1	100	0	100
CIBE Marítim	1	-	-	-	-
Mujer Gades	-	-	-	-	-
OMSIDA	14	10	71.4	2	83.3
AIDS Fondet	8	7	87.5	1	100
Deutsche Aidshilfe Checkpoint Network	49	23	46.9	-	-
Aides	98	44	44.9	-	-
Baltic HIV Association	8	-	-	-	-
ARAS	44	39	88.6	5	100
Checkpoint LX	13	-	-	-	-
Fondazione LILA Milano	4	3	75	1	100
Checkpoint Milano	4	1	25	3	100
Legebitra	9	8	88.9	-	-
Odyseus	-	-	-	-	-
BeTested - Aimer Jeunes (FLCPF)	1	-	-	-	-
BeTested - Marolles (FLCPF)	-	-	-	-	-
PlateForme Prévention Sida	2	1	50	1	100
BeTested - Jette (FLCPF)	-	-	-	-	-
BeTested - Uccle (FLCPF)	-	-	-	-	-
Médecins du Monde Belgique	3	-	-	-	-

	Persons with reactive HIV result	CBVCT 6			
		n	%	Missing	EMV
SidaSol (Liège)	5	5	100	0	100
Violett	14	14	100	0	100
Exaequo	1	1	100	0	100
Aids Hilfe Wien	22	22	100	0	100
National AIDS Centre	448	448	100	-	-
Asocijacija DUGA / Association RAINBOW	-	-	-	-	-
Croatian Association for HIV and Hepatitis (CAHIV)	12	12	100	-	-
GENDERDOC-M	16	15	93.8	-	-
ELISA Center (Brussels)	15	12	80	3	100
Espaço Intendente	20	-	-	-	-
GAT'AFRIK (GAT)	35	-	-	-	-
IN-Mouraria (GAT)	4	-	-	-	-
Move-se (GAT)	37	-	-	-	-
Aide Info Sida	-	-	-	-	-
Mediterrània LGTBI	1	-	-	-	-
Colors Sitges Link	-	-	-	-	-
Centre de Planning Familial Verviers	-	-	-	-	-
Centre Athena Centrum	-	-	-	-	-
ANLAIDS Sezione Regionale Ligure ONLUS	-	-	-	-	-
ASA Associazione solidarietà AIDS	1	-	-	-	-
Bergamo Fast Track City	2	1	50	1	100
Latina Check Point	-	-	-	-	-
Roma Checkpoint	2	-	-	-	-
Torino Fast Track City	-	-	-	-	-
Equal Opportunities Tajikistan	10	10	100	-	-
Padruga Osh	4	4	100	-	-
Trade Sexual Health (UK)	0	-	-	-	-
Unmode	394	377	95.7	-	-
Volunteer	7	2	28.6	-	-
Lisbon Cohort (GAT)	59	51	86.4	-	-
Almada (GAT)	0	-	-	-	-
Setúbal (GAT)	1	-	-	-	-
PCVM (MDM & GAT)	0	-	-	-	-

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

Indicator CBVCT 7: Proportion of clients with positive confirmatory HIV test result by centre with corresponding estimates of indicators considering missing information (EMV)

	Persons screened for HIV	CBVCT 7			
		n	%	Missing	EMV
Associació Antisida Lleida	544	1	0.2	543	100
ACASC	436	-	-	-	-
ACAS Girona	88	-	-	-	-
Actuavallès	870	6	0.7	863	85.7
Àmbit Prevenció	103	1	1	102	100
Assexora'Tgn	81	-	-	-	-
CAS/ARDS Lluís Companys, Creu Roja	6	-	-	-	-
CJAS	825	-	-	-	-
Creu Roja Tarragona	92	-	-	-	-
Gais Positius	536	5	0.9	531	100
Stop Sida	424	13	3.1	410	92.9
ACAVIH	48	-	-	-	-
ACCAS	367	-	-	-	-
Asociación SOMOS LGTB+	95	-	-	-	-
AVACOS-H	394	3	0.8	391	100
Associació Lambda	160	4	2.5	156	100
CCASiPA	273	2	0.7	269	50
CASDA	114	1	0.9	113	100
CIBE Marítim	199	-	-	-	-
Mujer Gades	26	-	-	-	-
OMSIDA	801	10	1.2	791	100
AIDS Fondet	3589	-	-	-	-
Deutsche Aidshilfe Checkpoint Network	12823	20	0.2	-	-
Aides	15513	40	0.3	-	-
Baltic HIV Association	4258	-	-	-	-
ARAS	1137	38	3.3	1098	97.4
Checkpoint LX	200	-	-	-	-
Fondazione LILA Milano	546	2	0.4	543	66.7
Checkpoint Milano	1583	1	0.1	1582	100
Legebitra	1374	7	0.5	-	-
Odyseus	16	-	-	-	-
BeTested - Aimer Jeunes (FLCPF)	10	-	-	-	-
BeTested - Marolles (FLCPF)	12	-	-	-	-
PlateForme Prévention Sida	429	1	0.2	428	100
BeTested - Jette (FLCPF)	5	-	-	-	-
BeTested - Uccle (FLCPF)	7	-	-	-	-
Médecins du Monde Belgique	66	-	-	-	-

	Persons screened for HIV	CBVCT 7			
		n	%	Missing	EMV
SidaSol (Liège)	1420	5	0.4	1415	100
Violett	661	13	2	647	92.9
Exaequo	148	1	0.7	147	100
Aids Hilfe Wien	5366	17	0.3	5343	73.9
National AIDS Centre	28423	448	1.6	-	-
Asocijacija DUGA / Association RAINBOW	4144	-	-	-	-
Croatian Association for HIV and Hepatitis (CAHIV)	885	11	1.2	-	-
GENDERDOC-M	4076	15	0.4	-	-
ELISA Center (Brussels)	1656	10	0.6	1642	71.4
Espaço Intendente	1464	-	-	-	-
GAT'AFRIK (GAT)	4290	-	-	-	-
IN-Mouraria (GAT)	377	-	-	-	-
Move-se (GAT)	9645	-	-	-	-
Aide Info Sida	25	-	-	-	-
Mediterrània LGTBI	23	-	-	-	-
Colors Sitges Link	166	-	-	-	-
Centre de Planning Familial Verviers	6	-	-	-	-
Centre Athena Centrum	5	-	-	-	-
ANLAIDS Sezione Regionale Ligure ONLUS	10	-	-	-	-
ASA Associazione solidarietà AIDS	146	-	-	-	-
Bergamo Fast Track City	276	1	0.4	275	100
Latina Check Point	147	-	-	-	-
Roma Checkpoint	290	-	-	-	-
Torino Fast Track City	76	-	-	-	-
Equal Opportunities Tajikistan	10350	10	0.1	-	-
Padruga Osh	734	4	0.5	-	-
Trade Sexual Health (UK)	36	-	-	-	-
Unmode	1035	373	36	-	-
Volunteer	547	2	0.4	-	-
Lisbon Cohort (GAT)	3701	51	1.4	-	-
Almada (GAT)	18	-	-	-	-
Setúbal (GAT)	88	-	-	-	-
PCVM (MDM & GAT)	141	-	-	-	-

% = 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. COMPLETNESS 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														
Actuavallès														
Àmbit Prevenció														
Assexora'Tgn														
CAS Lluís Companys/SAPS														
CJAS														
Creu Roja Tarragona														
Gais Positius														
Stop Sida														
ACAVIH														
ACCAS														
ASOCIACIÓN SOMOS LGT														
AVACOS-H														
Associació Lambda														
CCASiPA														
CASDA														
CIBE Marítim														
Mujer Gades														
OMSIDA														
AIDS Fondet														
ARAS														
LILA Milano														
Checkpoint Milano														
Odyseus														
Aimer Jeunes														
Marolles														
Plate-Forme														
Jette														
Uccle														
Medecins du monde														
Sidasol														

= Center reported this indicator

	AgeGroup	MSM	SW	PWID	Migrant	CBVCT1	CBVCT2	CBVCT3	CBVCT4	CBVCT5	CBVCT6	CBVCT7	CBVCT8	CBVCT9
Violett														
Exaequo														
Aids Hilfe Wien														
ELISA Center (Brussels)														
Aide Info Sida														
Mediterrània LGTBI														
Colors Sitges Link														
Verviers														
Athena Centrum														
ANLAIDS														
ASA														
Bergamo														
Latina Chp														
Roma Chp														
Torino														
Deutsche AIDS-Hilfe														
Aides														
Baltic HIV Association														
Checkpoint LX														
Legebitra														
Poland														
DugaRainbow														
HUHIV														
GENDERDOC-M Moldavia														
Espaço														
Gatafrik														
In-Mouraria														
Move-se														
EqualOpportunities														
Padruga														
TradeSexualHealth														
Unmode														
Volunteer														
LisbonCohort														
Almada														
Setubal														
PCVM														

= 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	544	3	0.6
ACASC	436	2	0.5
ACAS Girona	88	0	0
Actuavallès	870	8	0.9
Àmbit Prevenció	103	1	1
Assexora'Tgn	81	0	0
CAS Lluís Companys	6	0	0
CJAS	825	1	0.1
Creu Roja Tarragona	92	0	0
Gais Positius	536	5	0.9
Stop Sida	424	21	5
ACAVIH	48	1	2.1
ACCAS	367	2	0.5
Asociación SOMOS LGTB+	95	1	1.1
AVACOS-H	394	5	1.3
Associació Lambda	160	4	2.5
CCASiPA	273	5	1.8
CASDA	114	1	0.9
CIBE Marítim	199	1	0.5
Mujer Gades	26	0	0
OMSIDA	801	14	1.7
AIDS Fondet	3589	8	0.2
Deutsche Aidshilfe	12823	49	0.4
Aides	15513	98	0.6
Baltic HIV Association	4258	8	0.2
ARAS	1137	44	3.9
Checkpoint LX	200	13	6.5
Fondazione LILA Milano	546	4	0.7
Checkpoint Milano	1583	4	0.3
Legebitra	1374	9	0.7
Odyseus	16	0	0
Aimer Jeunes	10	1	10
Marolles	12	0	0
PlateForme Prévention Sida	429	2	0.5
Jette	5	0	0
Uccle	7	0	0
Médecins du Monde Belgique	66	3	4.5
SidaSol (Liège)	1420	5	0.4
Violett	661	14	2.1
Exaequo	148	1	0.7
Aids Hilfe Wien	5366	22	0.4
National AIDS Centre	28423	448	1.6

	People tested (N)	Reactive tests (n)	Reactive tests (%)
Association RAINBOW	4144	-	-
HUHIV	885	12	1.4
GENDERDOC-M	4076	16	0.4
ELISA Center (Brussels)	1656	15	0.9
Espaço Intendente	1464	20	1.4
GAT'AFRIK (GAT)	4290	35	0.8
IN-Mouraria (GAT)	377	4	1.1
Move-se (GAT)	9645	37	0.4
Aide Info Sida	25	0	0
Mediterrània LGTBI	23	1	4.3
Colors Sitges Link	166	0	0
Centre de Planning Familial Verviers	6	0	0
Centre Athena Centrum	5	0	0
ANLAIDS	10	0	0
Associazione solidarietà AIDS	146	1	0.7
Bergamo Fast Track City	276	2	0.7
Latina Check Point	147	0	0
Roma Checkpoint	290	2	0.7
Torino Fast Track City	76	0	0
Equal Opportunities Tajikistan	10350	10	0.1
Padruga Osh	734	4	0.5
Trade Sexual Health (UK)	36	0	0
Unmode	1035	394	38.1
Volunteer	547	7	1.3
Lisbon Cohort (GAT)	3701	59	1.6
Almada (GAT)	18	0	0
Setúbal (GAT)	88	1	1.1
PCVM (MDM & GAT)	141	0	0

ANNEX 4: PEOPLE SCREENED FOR SYPHILIS (N) AND REACTIVE TESTS (N,%) BY CENTRE IN THE COBATEST NETWORK 2020

	People tested (N)	Reactive tests (n)	Reactive tests (%)
Associació Antisida Lleida	519	4	0.8
ACASC	333	1	0.3
Actuavallès	592	9	1.5
Àmbit Prevenció	118	9	7.6
Assexora'Tgn	75	0	0
CAS Lluís Companys	4	0	0
CJAS	810	2	0.2
Gais Positius	543	9	1.7
Stop Sida	388	12	3.1
ACAVIH	34	1	2.9
Asociación SOMOS LGTB+	88	6	6.8
CASDA	91	5	5.5
CIBE Marítim	175	4	2.3
OMSIDA	670	23	3.4
AIDS Fondet	3744	79	2.1
ARAS	1592	119	7.5
Fondazione LILA Milano	269	5	1.9
Checkpoint Milano	1546	56	3.6
Odyseus	17	0	0
PlateForme Prévention Sida	22	0	0
Médecins du Monde Belgique	49	2	4.1
SidaSol (Liège)	573	66	11.5
Violett	734	61	8.3
Exaequo	164	7	4.3
ELISA Center (Brussels)	1441	50	3.5
Aide Info Sida	25	0	0
Mediterrània LGTBI	18	1	5.6
Colors Sitges Link	152	6	3.9
Associazione solidarietà AIDS	145	20	13.8
Bergamo Fast Track City	263	0	0
Latina Check Point	70	1	1.4
Deutsche Aidshilfe	10852	829	7.6
Aides	-	-	-
Baltic HIV Association	2291	5	0.2
Checkpoint LX	117	17	14.5
Legebitra	1341	88	6.6
National AIDS Centre	-	-	-
Association RAINBOW	-	-	-
HUHIV	528	9	1.7
GENDERDOC-M	4029	236	5.9
Espaço Intendente	1322	20	1.5

	People tested (N)	Reactive tests (n)	Reactive tests (%)
GAT'AFRIK (GAT)	4281	16	0.4
IN-Mouraria (GAT)	367	8	2.2
Move-se (GAT)	9569	31	0.3
Equal Opportunities Tajikistan	277	15	5.4
Padruga Osh	-	-	-
Trade Sexual Health (UK)	-	-	-
Unmode	-	-	-
Volunteer	-	-	-
Lisbon Cohort (GAT)	2997	123	4.1
Almada (GAT)	17	0	0
Setúbal (GAT)	83	0	0
PCVM (MDM & GAT)	141	0	0

ANNEX 5: PEOPLE SCREENED FOR HEPATITIS C (N) AND REACTIVE TESTS (N, %) BY CENTRE IN THE COBATEST NETWORK 2020

	People tested (N)	Reactive tests (n)	Reactive tests (%)
Associació Antisida Lleida	85	1	1.2
ACASC	16	0	0
Actuavallès	333	0	0
Àmbit Prevenció	114	3	2.6
CAS Lluís Companys	7	4	57.1
Gais Positius	142	0	0
Stop Sida	216	1	0.5
ACAVIH	28	0	0
Asociación SOMOS LGTB+	82	0	0
AVACOS-H	85	0	0
Associació Lambda	116	0	0
CASDA	115	1	0.9
CIBE Marítim	174	2	1.1
OMSIDA	661	1	0.2
AIDS Fondet	192	2	1
ARAS	1472	1	0.1
Fondazione LILA Milano	306	10	3.3
Checkpoint Milano	55	0	0
Odyseus	20	8	40
PlateForme Prévention Sida	346	1	0.3
Médecins du Monde Belgique	56	1	1.8
SidaSol (Liège)	461	6	1.3
Violett	470	3	0.6
Exaequo	159	0	0
ELISA Center (Brussels)	2433	10	0.4
Mediterrània LGTBI	3	0	0
Colors Sitges Link	133	0	0
Centre Athena Centrum	4	0	0
Associazione solidarietà AIDS	4	0	0
Bergamo Fast Track City	261	4	1.5
Latina Check Point	70	0	0
Deutsche Aidshilfe	3548	98	2.8
Aides	8932	117	1.3
Baltic HIV Association	4261	153	3.6
Checkpoint LX	222	9	4.1
Legebitra	1396	7	0.5
National AIDS Centre	-	-	-
Association RAINBOW	-	-	-
HUHIV	983	141	14.3
GENDERDOC-M	1260	12	1
Espaço Intendente	1084	6	0.6

	People tested (N)	Reactive tests (n)	Reactive tests (%)
GAT'AFRIK (GAT)	4048	38	0.9
IN-Mouraria (GAT)	311	22	7.1
Move-se (GAT)	4876	32	0.7
Equal Opportunities Tajikistan	91	8	8.8
Padruga Osh	-	-	-
Trade Sexual Health (UK)	-	-	-
Unmode	-	-	-
Volunteer	-	-	-
Lisbon Cohort (GAT)	3303	5	0.2
Almada (GAT)	15	0	0
Setúbal (GAT)	81	2	2.5
PCVM (MDM & GAT)	122	9	7.4

ANNEX 6: PEOPLE SCREENED FOR HIV (N) AND REACTIVE TESTS (N, %) BY SOCIODEMOGRAPHIC CHARACTERISTICS OF TESTER AND CENTRE IN THE COBATEST NETWORK 2020

		Roma Checkpoint			Checkpoint Milano			Fondazione LILA Milano		
		Total (N)	Reactive (n)	Reactive (%)	Total (N)	Reactive (n)	Reactive (%)	Total (N)	Reactive (n)	Reactive (%)
Persons tested		290	2	0.7	1583	4	0.3	546	4	0.7
Age Group	<25	94	0	0	471	0	0	125	1	0.8
	>=25	196	2	1	1111	4	0.4	421	3	0.7
Gender	Male	238	2	0.8	1158	3	0.3	399	2	0.5
	Female	45	0	0	414	0	0	144	1	0.7
	Transgender	6	0	0	10	1	10	3	1	33.3
Migrant	Yes	29	1	3.4	200	2	1	156	2	1.3
PWID		5	0	0	3	0	0	17	1	5.9
SW	MSW	13	0	0	33	0	0	28	0	0
	FSW	0	0		9	0	0	6	0	0
	TSW	1	0	0	2	0	0	1	1	100
MSM		228	0	0	967	4	0.4	123	2	1.6
Previous HIV test		228			1131			314		
Tested in last 12 months		98			609			118		
Test last 12 months in this CBVCT		4			244			37		
False positive		0			0			1		
Confirmatory HIV test		0			1			3		
Positive confirmatory HIV test		0			1			2		

		Associazione solidarietà AIDS			ACASC			Bergamo Fast Track City		
		Total (N)	Reactive (n)	Reactive (%)	Total (N)	Reactive (n)	Reactive (%)	Total (N)	Reactive (n)	Reactive (%)
Persons tested		146	1	0.7	436	2	0.5	276	2	0.7
Age Group	<25	23	0	0	109	0	0	122	0	0
	>=25	123	1	0.8	327	2	0.6	154	2	1.3
Gender	Male	122	1	0.8	279	1	0.4	147	2	1.4
	Female	22	0	0	152	0	0	127	0	0
	Transgender	0	0		5	1	20	0	0	
Migrant	Yes	17	0	0	157	1	0.6	43	0	0
PWID		0	0		5	0	0	2	0	0
SW	MSW	3	0	0	6	0	0	3	0	0
	FSW	0	0		42	0	0	2	0	0
	TSW	0	0		2	0	0	0	0	
MSM		108	1	0.9	160	1	0.6	44	2	4.5
Previous HIV test		121			278			121		
Tested in last 12 months		56			90			58		
Test last 12 months in this CBVCT		21			49			37		
False positive		0			0			0		
Confirmatory HIV test		0			0			1		
Positive confirmatory HIV test		0			0			1		

		Colors Sitges Link			Latina Check Point			Asociación SOMOS LGTB+		
		Total (N)	Reactive (n)	Reactive (%)	Total (N)	Reactive (n)	Reactive (%)	Total (N)	Reactive (n)	Reactive (%)
Persons tested		166	0	0	147	0	0	95	1	1.1
Age Group	<25	14	0	0	48	0	0	25	1	4
	>=25	152	0	0	99	0	0	70	0	0
Gender	Male	159	0	0	78	0	0	79	1	1.3
	Female	4	0	0	68	0	0	11	0	0
	Transgender	2	0	0	0	0		4	0	0
Migrant	Yes	87	0	0	2	0	0	37	0	0
PWID		1	0	0	0	0		2	0	0
SW	MSW	1	0	0	2	0	0	12	0	0
	FSW	0	0		1	0	0	1	0	0
	TSW	0	0		0	0		2	0	0
MSM		159	0	0	22	0	0	67	1	1.5
Previous HIV test		145			68			73		
Tested in last 12 months		93			18			48		
Test last 12 months in this CBVCT		32			2			20		
False positive		0			0			0		
Confirmatory HIV test		0			0			0		
Positive confirmatory HIV test		0			0			0		

		Jette (FLCPF)			Mujer Gades			Exaequo		
		Total (N)	Reactive (n)	Reactive (%)	Total (N)	Reactive (n)	Reactive (%)	Total (N)	Reactive (n)	Reactive (%)
Persons tested		5	0	0	26	0	0	148	1	0.7
Age Group	<25	0	0		4	0	0	25	1	4
	>=25	5	0	0	21	0	0	117	0	0
Gender	Male	5	0	0	5	0	0	141	1	0.7
	Female	0	0		21	0	0	2	0	0
	Transgender	0	0		0	0		4	0	0
Migrant	Yes	2	0	0	22	0	0	0	0	
PWID		0	0		0	0		5	0	0
SW	MSW	0	0		2	0	0	4	0	0
	FSW	0	0		17	0	0	0	0	
	TSW	0	0		0	0		0	0	
MSM		2	0	0	5	0	0	142	1	0.7
Previous HIV test		4			22			137		
Tested in last 12 months		2			6			93		
Test last 12 months in this CBVCT		0			1			0		
False positive		0			0			0		
Confirmatory HIV test		0			0			1		
Positive confirmatory HIV test		0			0			1		

		Aimer Jeunes (FLCPF)			CJAS			ANLAIDS		
		Total (N)	Reactive (n)	Reactive (%)	Total (N)	Reactive (n)	Reactive (%)	Total (N)	Reactive (n)	Reactive (%)
Persons tested		10	1	10	825	1	0.1	10	0	0
Age Group	<25	3	0	0	558	1	0.2	4	0	0
	>=25	7	1	14.3	267	0	0	6	0	0
Gender	Male	8	1	12.5	280	1	0.4	7	0	0
	Female	2	0	0	530	0	0	3	0	0
	Transgender	0	0		0	0		0	0	
Migrant	Yes	3	1	33.3	246	0	0	0	0	
PWID		0	0		5	0	0	0	0	
SW	MSW	0	0		1	0	0	1	0	0
	FSW	0	0		5	0	0	0	0	
	TSW	0	0		0	0		0	0	
MSM		5	1	20	80	1	1.2	4	0	0
Previous HIV test		4			352			5		
Tested in last 12 months		1			0			3		
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		

		Stop Sida			CASDA			CIBE Marítim		
		Total (N)	Reactive (n)	Reactive (%)	Total (N)	Reactive (n)	Reactive (%)	Total (N)	Reactive (n)	Reactive (%)
Persons tested		424	21	5	114	1	0.9	199	1	0.5
Age Group	<25	77	2	2.6	27	0	0	39	0	0
	>=25	347	19	5.5	87	1	1.1	160	1	0.6
Gender	Male	254	8	3.1	70	1	1.4	164	1	0.6
	Female	77	0	0	40	0	0	35	0	0
	Transgender	93	13	14	4	0	0	0	0	
Migrant	Yes	310	20	6.5	33	0	0	74	0	0
PWID		4	1	25	1	0	0	5	0	0
SW	MSW	106	2	1.9	7	0	0	6	0	0
	FSW	12	0	0	4	0	0	0	0	
	TSW	87	12	13.8	3	0	0	0	0	
MSM		302	19	6.3	60	1	1.7	115	1	0.9
Previous HIV test		358			77			151		
Tested in last 12 months		218			36			70		
Test last 12 months in this CBVCT		107			25			27		
False positive		1			0			0		
Confirmatory HIV test		14			1			0		
Positive confirmatory HIV test		13			1			0		

		CCASiPA			CAS Lluís Companys			Associació Antisida Lleida		
		Total (N)	Reactive (n)	Reactive (%)	Total (N)	Reactive (n)	Reactive (%)	Total (N)	Reactive (n)	Reactive (%)
Persons tested		273	5	1.8	6	0	0	544	3	0.6
Age Group	<25	98	0	0	0	0		317	0	0
	>=25	175	5	2.9	6	0	0	227	3	1.3
Gender	Male	136	4	2.9	6	0	0	245	3	1.2
	Female	124	1	0.8	0	0		296	0	0
	Transgender	13	0	0	0	0		3	0	0
Migrant	Yes	94	3	3.2	4	0	0	148	2	1.4
PWID		10	0	0	5	0	0	3	0	0
SW	MSW	5	0	0	1	0	0	14	2	14.3
	FSW	25	1	4	0	0		73	0	0
	TSW	11	0	0	0	0		2	0	0
MSM		80	2	2.5	1	0	0	130	1	0.8
Previous HIV test		154			6			206		
Tested in last 12 months		64			5			102		
Test last 12 months in this CBVCT		37			2			71		
False positive		2			0			0		
Confirmatory HIV test		4			0			1		
Positive confirmatory HIV test		2			0			1		

		OMSIDA			AVACOS-H			Gais Positius		
		Total (N)	Reactive (n)	Reactive (%)	Total (N)	Reactive (n)	Reactive (%)	Total (N)	Reactive (n)	Reactive (%)
Persons tested		801	14	1.7	394	5	1.3	536	5	0.9
Age Group	<25	253	5	2	181	0	0	117	2	1.7
	>=25	548	9	1.6	213	5	2.3	419	3	0.7
Gender	Male	527	10	1.9	238	4	1.7	416	4	1
	Female	262	2	0.8	152	0	0	114	1	0.9
	Transgender	12	2	16.7	4	1	25	6	0	0
Migrant	Yes	274	12	4.4	136	4	2.9	244	2	0.8
PWID		2	0	0	2	0	0	3	0	0
SW	MSW	22	0	0	6	1	16.7	3	0	0
	FSW	35	0	0	2	0	0	13	0	0
	TSW	9	2	22.2	3	1	33.3	1	0	0
MSM		344	10	2.9	139	5	3.6	316	4	1.3
Previous HIV test		425			200			444		
Tested in last 12 months		220			94			229		
Test last 12 months in this CBVCT		112			30			76		
False positive		0			0			0		
Confirmatory HIV test		10			5			5		
Positive confirmatory HIV test		10			3			5		

		Actuavallès			ACCAS			ACAS Girona		
		Total (N)	Reactive (n)	Reactive (%)	Total (N)	Reactive (n)	Reactive (%)	Total (N)	Reactive (n)	Reactive (%)
Persons tested		870	8	0.9	367	2	0.5	88	0	0
Age Group	<25	242	1	0.4	237	1	0.4	27	0	0
	>=25	628	7	1.1	130	1	0.8	61	0	0
Gender	Male	406	6	1.5	168	2	1.2	33	0	0
	Female	452	1	0.2	191	0	0	53	0	0
	Transgender	12	1	8.3	8	0	0	2	0	0
Migrant	Yes	394	6	1.5	111	1	0.9	35	0	0
PWID		6	0	0	4	0	0	0	0	
SW	MSW	12	1	8.3	5	0	0	5	0	0
	FSW	262	0	0	31	0	0	21	0	0
	TSW	10	1	10	7	0	0	1	0	0
MSM		297	6	2	66	0	0	23	0	0
Previous HIV test		557			126			52		
Tested in last 12 months		342			62			22		
Test last 12 months in this CBVCT		181			40			15		
False positive		1			0			0		
Confirmatory HIV test		7			1			0		
Positive confirmatory HIV test		6			0			0		

		Creu Roja Tarragona			Mediterrània LGTBI			Torino Fast Track City		
		Total (N)	Reactive (n)	Reactive (%)	Total (N)	Reactive (n)	Reactive (%)	Total (N)	Reactive (n)	Reactive (%)
Persons tested		92	0	0	23	1	4.3	76	0	0
Age Group	<25	53	0	0	2	0	0	19	0	0
	>=25	39	0	0	21	1	4.8	57	0	0
Gender	Male	35	0	0	20	1	5	46	0	0
	Female	56	0	0	3	0	0	30	0	0
	Transgender	1	0	0	0	0		0	0	
Migrant	Yes	32	0	0	4	0	0	6	0	0
PWID		0	0		0	0		0	0	
SW	MSW	1	0	0	0	0		3	0	0
	FSW	5	0	0	0	0		0	0	
	TSW	1	0	0	0	0		0	0	
MSM		10	0	0	19	1	5.3	35	0	0
Previous HIV test		23			18			47		
Tested in last 12 months		13			11			23		
Test last 12 months in this CBVCT		0			7			9		
False positive		0			0			0		
Confirmatory HIV test		0			0			0		
Positive confirmatory HIV test		0			0			0		

		Àmbit Prevenció			Centre Athena Centrum			Centre de Planning Familial Verviers		
		Total (N)	Reactive (n)	Reactive (%)	Total (N)	Reactive (n)	Reactive (%)	Total (N)	Reactive (n)	Reactive (%)
Persons tested		103	1	1	5	0	0	6	0	0
Age Group	<25	8	0	0	3	0	0	3	0	0
	>=25	95	1	1.1	2	0	0	3	0	0
Gender	Male	9	0	0	1	0	0	2	0	0
	Female	49	1	2	4	0	0	4	0	0
	Transgender	45	0	0	0	0		0	0	
Migrant	Yes	83	1	1.2	5	0	0	1	0	0
PWID		5	0	0	0	0		0	0	
SW	MSW	7	0	0	0	0		1	0	0
	FSW	44	1	2.3	0	0		0	0	
	TSW	39	0	0	0	0		0	0	
MSM		53	0	0	0	0		0	0	
Previous HIV test		99			2			1		
Tested in last 12 months		68			0			0		
Test last 12 months in this CBVCT		54			0			0		
False positive		0			0			0		
Confirmatory HIV test		1			0			0		
Positive confirmatory HIV test		1			0			0		

		Aide Info Sida			Violett			ELISA Center (Brussels)		
		Total (N)	Reactive (n)	Reactive (%)	Total (N)	Reactive (n)	Reactive (%)	Total (N)	Reactive (n)	Reactive (%)
Persons tested		25	0	0	661	14	2.1	1656	15	0.9
Age Group	<25	10	0	0	102	0	0	347	0	0
	>=25	15	0	0	559	14	2.5	900	8	0.9
Gender	Male	16	0	0	83	6	7.2	1254	15	1.2
	Female	9	0	0	505	2	0.4	390	0	0
	Transgender	0	0		73	6	8.2	12	0	0
Migrant	Yes	11	0	0	564	14	2.5	299	5	1.7
PWID		0	0		0	0		4	0	0
SW	MSW	2	0	0	83	6	7.2	14	1	7.1
	FSW	1	0	0	505	2	0.4	3	0	0
	TSW	0	0		73	6	8.2	3	0	0
MSM		8	0	0	62	4	6.5	645	12	1.9
Previous HIV test		18			407			1628		
Tested in last 12 months		4			206			1618		
Test last 12 months in this CBVCT		1			136			1604		
False positive		0			1			3		
Confirmatory HIV test		0			14			12		
Positive confirmatory HIV test		0			13			10		

		Aids Hilfe Wien			Médecins du Monde Belgique			PlateForme Prévention Sida		
		Total (N)	Reactive (n)	Reactive (%)	Total (N)	Reactive (n)	Reactive (%)	Total (N)	Reactive (n)	Reactive (%)
Persons tested		5366	22	0.4	66	3	4.5	429	2	0.5
Age Group	<25	1671	5	0.3	9	0	0	147	1	0.7
	>=25	3695	17	0.5	54	3	5.6	273	1	0.4
Gender	Male	3138	19	0.6	47	3	6.4	271	2	0.7
	Female	2211	3	0.1	17	0	0	155	0	0
	Transgender	17	0	0	0	0		1	0	0
Migrant	Yes	126	2	1.6	0	0		295	2	0.7
PWID		6	0	0	0	0		5	0	0
SW	MSW	4	0	0	0	0		21	0	0
	FSW	2	0	0	0	0		18	0	0
	TSW	0	0		0	0		0	0	
MSM		1431	14	1	0	0		52	1	1.9
Previous HIV test		3151			19			244		
Tested in last 12 months		765			0			109		
Test last 12 months in this CBVCT		765			0			31		
False positive		5			0			0		
Confirmatory HIV test		22			0			1		
Positive confirmatory HIV test		17			0			1		

		Associació Lambda			ACAVIH			ARAS		
		Total (N)	Reactive (n)	Reactive (%)	Total (N)	Reactive (n)	Reactive (%)	Total (N)	Reactive (n)	Reactive (%)
Persons tested		160	4	2.5	48	1	2.1	1137	44	3.9
Age Group	<25	46	1	2.2	12	0	0	631	18	2.9
	>=25	114	3	2.6	36	1	2.8	506	26	5.1
Gender	Male	140	4	2.9	32	1	3.1	1021	44	4.3
	Female	15	0	0	13	0	0	95	0	0
	Transgender	5	0	0	3	0	0	21	0	0
Migrant	Yes	50	2	4	19	1	5.3	69	0	0
PWID		0	0		1	0	0	5	0	0
SW	MSW	5	0	0	1	0	0	34	3	8.8
	FSW	0	0		0	0		1	0	0
	TSW	2	0	0	1	0	0	0	0	
MSM		140	4	2.9	32	1	3.1	1011	44	4.4
Previous HIV test		125			35			823		
Tested in last 12 months		60			17			605		
Test last 12 months in this CBVCT		14			4			378		
False positive		0			0			1		
Confirmatory HIV test		4			0			39		
Positive confirmatory HIV test		4			0			38		

		Assexora'Tgn			Uccle (FLCPF)			Marolles (FLCPF)		
		Total (N)	Reactive (n)	Reactive (%)	Total (N)	Reactive (n)	Reactive (%)	Total (N)	Reactive (n)	Reactive (%)
Persons tested		81	0	0	7	0	0	12	0	0
Age Group	<25	21	0	0	2	0	0	2	0	0
	>=25	60	0	0	5	0	0	5	0	0
Gender	Male	63	0	0	3	0	0	7	0	0
	Female	18	0	0	4	0	0	5	0	0
	Transgender	0	0		0	0		0	0	
Migrant	Yes	26	0	0	1	0	0	3	0	0
PWID		0	0		0	0		0	0	
SW	MSW	1	0	0	0	0		0	0	
	FSW	9	0	0	0	0		0	0	
	TSW	0	0		0	0		0	0	
MSM		54	0	0	1	0	0	1	0	0
Previous HIV test		65			6			7		
Tested in last 12 months		36			3			2		
Test last 12 months in this CBVCT		13			0			0		
False positive		0			0			0		
Confirmatory HIV test		0			0			0		
Positive confirmatory HIV test		0			0			0		

		Odyseus			AIDS Fondet			SidaSol (Liège)		
		Total (N)	Reactive (n)	Reactive (%)	Total (N)	Reactive (n)	Reactive (%)	Total (N)	Reactive (n)	Reactive (%)
Persons tested		16	0	0	3589	8	0.2	1420	5	0.4
Age Group	<25	2	0	0	932	3	0.3	409	0	0
	>=25	8	0	0	2657	5	0.2	1010	5	0.5
Gender	Male	5	0	0	3273	8	0.2	1012	4	0.4
	Female	11	0	0	197	0	0	398	0	0
	Transgender	0	0		119	0	0	10	1	10
Migrant	Yes	2	0	0	957	4	0.4	332	3	0.9
PWID		6	0	0	0	0		13	1	7.7
SW	MSW	0	0		0	0		22	0	0
	FSW	2	0	0	0	0		10	0	0
	TSW	0	0		0	0		4	1	25
MSM		1	0	0	3086	8	0.3	446	4	0.9
Previous HIV test		6			2684			983		
Tested in last 12 months		1			1687			610		
Test last 12 months in this CBVCT		1			0			148		
False positive		0			0			0		
Confirmatory HIV test		0			7			5		
Positive confirmatory HIV test		0			0			5		

		AIDES			ALMADA GAT			Baltic HIV Association		
		Total (N)	Reactive (n)	Reactive (%)	Total (N)	Reactive (n)	Reactive (%)	Total (N)	Reactive (n)	Reactive (%)
Persons tested		15513	98	0.6	18	0	0	4258	8	0.2
Age Group	<25	4220	16	0.4	5	0	0	508	0	0
	>=25	11293	82	0.7	13	0	0	3750	8	0.2
Gender	Male	11031	63	0.6	12	0	0	1999	3	0.2
	Female	4245	29	0.7	6	0	0	2256	5	0.2
	Transgender	237	6	2.5	0	0		3	0	0
Migrant	Yes	7295	69	0.9	5	0	0	59	1	1.7
PWID		2194	15	0.7	0	0		68	1	1.5
SW	MSW	326	6	1.8	0	0		1	0	0
	FSW	653	2	0.3	0	0		1	0	0
	TSW	128	6	4.7	0	0		0	0	
MSM		3958	37	0.9	6	0	0	141	1	0.7
Previous HIV test		10609			6			932		
Tested in last 12 months		4868			4			115		
Test last 12 months in this CBVCT		0			2			0		
False positive		4			0			0		
Confirmatory HIV test		44			0			0		
Positive confirmatory HIV test		40			0			0		

		CheckpointLX GAT			Deustche AIDS Hilfe			DUGA & RAINBOW		
		Total (N)	Reactive (n)	Reactive (%)	Total (N)	Reactive (n)	Reactive (%)	Total (N)	Reactive (n)	Reactive (%)
Persons tested		200	13	6.5	12823	49	0.4	4144	0	0
Age Group	<25	47	1	2.1	0	0		1855	0	0
	>=25	152	12	7.9	0	0		2289	0	0
Gender	Male	110	13	11.8	8932	42	0.5	4098	0	0
	Female	87	0	0	2995	2	0.1	0	0	
	Transgender	0	0		155	1	0.6	46	0	0
Migrant	Yes	110	12	10.9	94	1	1.1	11	0	0
PWID		2	1	50	256	4	1.6	0	0	
SW	MSW	2	0	0	55	1	1.8	7	0	0
	FSW	2	0	0	73	0	0	0	0	
	TSW	0	0		8	0	0	29	0	0
MSM		23	12	52.2	6173	36	0.6	4097	21	0.5
Previous HIV test		129			8448			3016		
Tested in last 12 months		41			3725			2550		
Test last 12 months in this CBVCT		0			1858			2144		
False positive		0			3			0		
Confirmatory HIV test		0			23			0		
Positive confirmatory HIV test		0			20			0		

		Equal Opportunities Tajikistan			Espaço Intendente GAT			GAT'AFRIK GAT		
		Total (N)	Reactive (n)	Reactive (%)	Total (N)	Reactive (n)	Reactive (%)	Total (N)	Reactive (n)	Reactive (%)
Persons tested		10350	10	0.1	1464	20	1.4	4290	35	0.8
Age Group	<25	4950	7	0.1	428	5	1.2	698	2	0.3
	>=25	5398	2	0	994	14	1.4	3591	33	0.9
Gender	Male	6200	6	0.1	663	15	2.3	1965	19	1
	Female	4150	4	0.1	701	2	0.3	2315	15	0.6
	Transgender	12	1	8.3	68	3	4.4	10	1	10
Migrant	Yes	0	0		951	18	1.9	2616	31	1.2
PWID		0	0		11	1	9.1	32	0	0
SW	MSW	0	0		90	3	3.3	0	0	
	FSW	4150	4	0.1	261	2	0.8	0	0	
	TSW	0	0		53	1	1.9	0	0	
MSM		6200	6	0.1	350	13	3.7	239	11	4.6
Previous HIV test		3154			948			1720		
Tested in last 12 months		4133			433			576		
Test last 12 months in this CBVCT		277			165			361		
False positive		0			0			0		
Confirmatory HIV test		10			0			0		
Positive confirmatory HIV test		10			0			0		

		GENDERDOC-M			HUHIV			IN-Mouraria GAT		
		Total (N)	Reactive (n)	Reactive (%)	Total (N)	Reactive (n)	Reactive (%)	Total (N)	Reactive (n)	Reactive (%)
Persons tested		4076	16	0.4	885	12	1.4	377	4	1.1
Age Group	<25	0	0		253	1	0.4	44	0	0
	>=25	0	0		632	11	1.7	330	4	1.2
Gender	Male	4037	16	0.4	772	11	1.4	257	3	1.2
	Female	0	0		113	1	0.9	116	1	0.9
	Transgender	39	0	0	0	0		0	0	
Migrant	Yes	0	0		0	0		182	4	2.2
PWID		0	0		56	0	0	48	0	0
SW	MSW	0	0		0	0		18	1	5.6
	FSW	0	0		0	0		15	0	0
	TSW	0	0		0	0		0	0	
MSM		4076	16	0.4	591	11	1.9	66	2	3
Previous HIV test		3120			518			270		
Tested in last 12 months		2920			90			116		
Test last 12 months in this CBVCT		2920			32			51		
False positive		0			0			0		
Confirmatory HIV test		15			12			0		
Positive confirmatory HIV test		15			11			0		

		Legebitra			Lisbon GAT			Move-se GAT		
		Total (N)	Reactive (n)	Reactive (%)	Total (N)	Reactive (n)	Reactive (%)	Total (N)	Reactive (n)	Reactive (%)
Persons tested		1374	9	0.7	3701	59	1.6	9645	37	0.4
Age Group	<25	280	1	0.4	771	8	1	1977	1	0.1
	>=25	1094	8	0.7	2924	50	1.7	7667	36	0.5
Gender	Male	1374	9	0.7	3688	58	1.6	3771	24	0.6
	Female	0	0		0	0		5856	12	0.2
	Transgender	0	0		13	1	7.7	18	1	5.6
Migrant	Yes	0	0		1623	33	2	5048	22	0.4
PWID		0	0		30	2	6.7	74	4	5.4
SW	MSW	0	0		62	1	1.6	32	1	3.1
	FSW	0	0		0	0		197	0	0
	TSW	0	0		1	0	0	12	1	8.3
MSM		1374	9	0.7	3688	58	1.6	424	12	2.8
Previous HIV test		1206			3252			4736		
Tested in last 12 months		696			1887			1647		
Test last 12 months in this CBVCT		640			531			994		
False positive		1			0			0		
Confirmatory HIV test		8			51			0		
Positive confirmatory HIV test		7			51			0		

		PCVM (MDM & GAT) GAT			Podruga Tajikistan			Polish National AIDS Center		
		Total (N)	Reactive (n)	Reactive (%)	Total (N)	Reactive (n)	Reactive (%)	Total (N)	Reactive (n)	Reactive (%)
Persons tested		141	0	0	734	4	0.5	28423	448	1.6
Age Group	<25	16	0	0	59	1	1.7	8777	81	0.9
	>=25	125	0	0	675	3	0.4	19646	367	1.9
Gender	Male	96	0	0	4	1	25	18943	401	2.1
	Female	45	0	0	730	3	0.4	9478	47	0.5
	Transgender	0	0		4	1	25	0	0	
Migrant	Yes	42	0	0	0	0		1790	80	4.5
PWID		29	0	0	0	0		13	0	0
SW	MSW	0	0		4	1	25	0	0	
	FSW	0	0		730	3	0.4	0	0	
	TSW	0	0		4	1	25	0	0	
MSM		16	0	0	0	0		7208	230	3.2
Previous HIV test		109			513			12658		
Tested in last 12 months		61			513			3957		
Test last 12 months in this CBVCT		37			513			0		
False positive		0			0			70		
Confirmatory HIV test		0			4			448		
Positive confirmatory HIV test		0			4			448		

		Setúbal GAT			Trade Sexual Health			Unmode			Volunteer		
		Total (N)	Reactive (n)	Reactive (%)	Total (N)	Reactive (n)	Reactive (%)	Total (N)	Reactive (n)	Reactive (%)	Total (N)	Reactive (n)	Reactive (%)
Persons tested		88	1	1.1	36	0	0	1035	394	38.1	547	7	1.3
Age Group	<25	25	0	0	28	0	0	86	23	26.7	0	0	
	>=25	63	1	1.6	8	0	0	949	371	39.1	547	7	1.3
Gender	Male	50	1	2	13	0	0	608	224	36.8	543	5	0.9
	Female	37	0	0	20	0	0	427	170	39.8	3	2	66.7
	Transgender	1	0	0	3	0	0	0	0		0	0	
Migrant	Yes	24	1	4.2	23	0	0	4	2	50	0	0	
PWID		4	0	0	0	0		905	341	37.7	547	7	1.3
SW	MSW	0	0		0	0		1	0	0	0	0	
	FSW	0	0		0	0		51	19	37.3	0	0	
	TSW	0	0		0	0		0	0		0	0	
MSM		4	0	0	32	0	0	16	4	25	0	0	
Previous HIV test		49			9			277			232		
Tested in last 12 months		23			2			177			232		
Test last 12 months in this CBVCT		12			0			0			232		
False positive		0			0			4			5		
Confirmatory HIV test		0			0			377			2		
Positive confirmatory HIV test		0			0			373			2		