Results inHealth
Evidence, Innovation and Practice

EXTERNAL EVALUATION OF THE INTEGRATE PROJECT

Final Report

Aryanti Radyowijati and Matthias Wentzlaff-Eggebert

Submitted by ResultsinHealth

25 November 2019

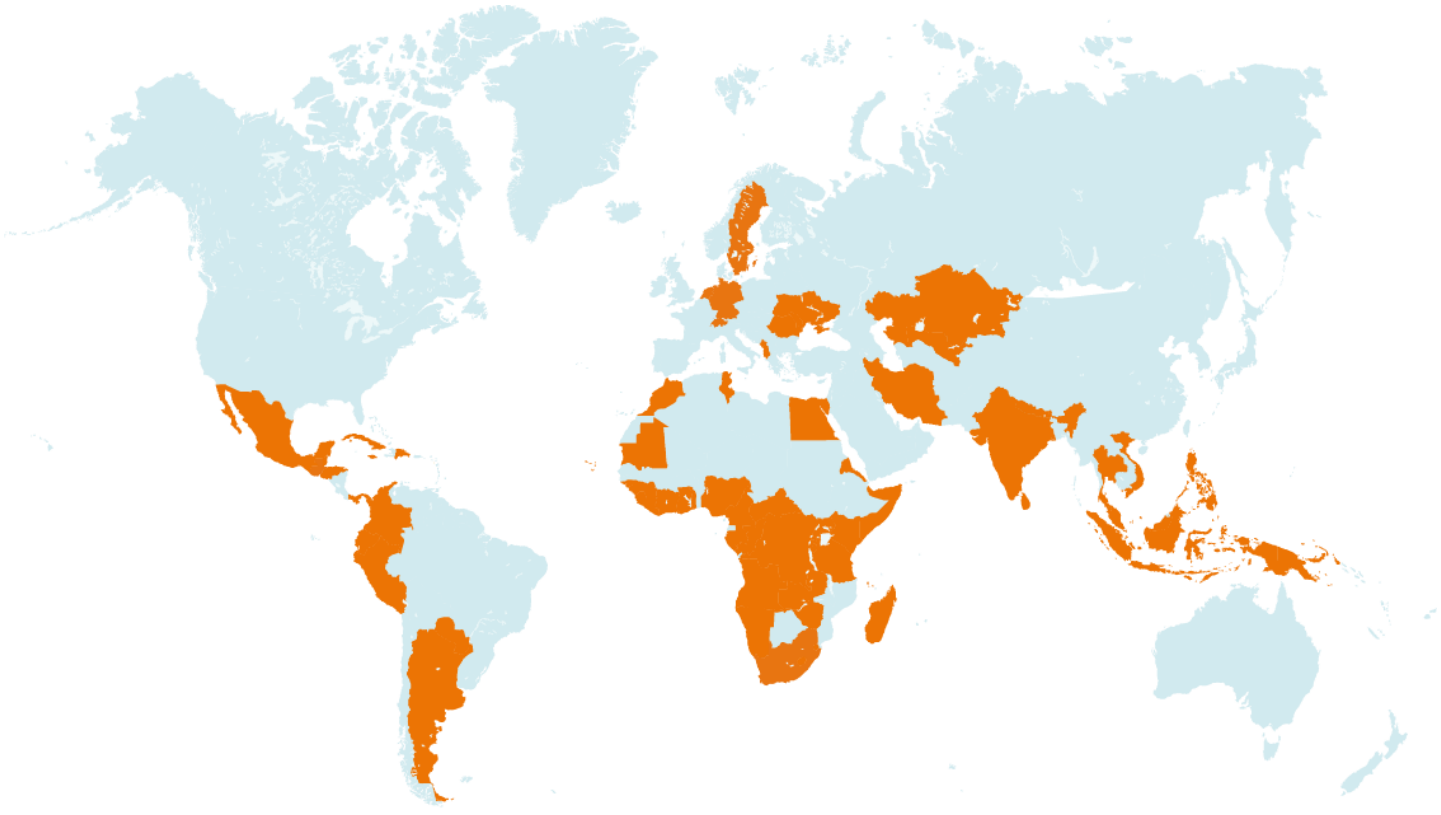
working for health and development

About ResultsinHealth

ResultsinHealth is an international public health advisory agency. We are a trusted advisor to governments and leading healthcare developmental agencies around the world.
We stand for innovation, professionalism and impact.

Our approach is pragmatic with a focus on results. We assess challenges from all angles – best practice, accountability and transparency are at the heart of what we do.

We offer clients and advisory firms the technical insight, analysis and capacity building needed to bring about improvements in health and development.



ResultsinHealth | Zijlbaan 46, 2352 BN Leiderdorp | The Netherlands
T. +31 (0)71 760 1200 | office@resultsinhealth.org | www.resultsinhealth.org

Table of Contents

List of Abbreviations

AG	Advisory Group
AIDS	Acquired Immune Deficiency Syndrome
ART	Antiretroviral Therapy
CHAFEA	Consumers, Health, Agriculture and Food Executive Agency
CHIP	Centre of Excellence for Health, Immunity and Infections
COBATEST	Community-Based Testing Practices in Europe
Co-LP	Co-lead Partner
DMS	Document Management System
E-DETECT TB	Early Detection of Tuberculosis Consortium
ECDC	European Centre for Disease Prevention and Control
EEA	European Economic Area
EMCDDA	European Monitoring Centre for Drugs and Drug Addiction
ESTICOM	European Surveys and Training to Improve MSM Community Health
ETW	European Testing Week
EU	European Union
EU HEPCARE EUROPE	EU Hepatitis Care Europe
EURO HIV EDAT	HIV Early Diagnosis and Treatment among vulnerable groups in Europe
F2F	Face-to-face
FGD	Focus Group Discussion
HA-REACT	Join Action on HIV and Co-infection Prevention and Harm Reduction
HCV	Hepatitis C Infection
HIV	Human Immunodeficiency Virus
ICT	Information and Communication Technology
JA	Joint Action
KII	Key Informant Interviews
LP	Lead Partner
M&E	Monitoring and Evaluation
MSM	Men who have sex with men
OptTEST	Optimising Testing and linkage to care for HIV across Europe
PHE	Public Health England
PLHIV	People Living with HIV
RiH	ResultsinHealth
STI	Sexual Transmitted Infection
TB	Tuberculosis
TC	Teleconference
UNAIDS	United Nations Programme on HIV/AIDS
WHO	World Health Organisation
WP	Work Package

List of Tables / Figures/Box

Figures

Tables

[1] The axis shows the number of responses

1. Introduction

The INTEGRATE project (Joint Action on integrating prevention, testing and linkage to care strategies across HIV, Viral Hepatitis, TB & STIs in Europe) is a three-year project funded by the EU Comission's Health Programme. The project build on the efforts, tools and outcomes of previously or simultaneously implemented projacts such as: EURO HIV EDAT, the COBATEST network, OptTEST, EU HEPCARE EUROPE, HA-REACT, E-DETECT TB, ESTICOM, and the Euro Test (previously HIV in Europe) initiative.

The INTEGRATE project brings together 28 partners across 15 countries with the overall objective to improve timely diagnosis and linkage to care for the reduction of new HIV, viral hepatitis, TB and STI infections in EU Member States by 2020. Specifically, the aims of the project are to:

- strengthen national policy on integrated activities related to early diagnosis of HIV, viral hepatitis, TB and STI's and linkage to care by 2020 in EU member states,
- increase the normalisation of testing and linkage to care for HIV, viral hepatitis, TB and STI's in EU member states by 2020, to improve the monitoring and evaluation (M&E) of testing and linkage to care for HIV, viral hepatitis and STIs and integration of data into national surveillance and M&E systems in EU member states by 2020,
- improve the use of Information and Communication Technology (ICT) tools and partner notification in combination prevention for HIV, viral hepatitis, TB and STIs in the EU member states by 2020,
- improve the capacity of health care professionals, civil society organisations and public health institutions on integration of diagnosis and linkage to care for HIV, viral hepatitis, TB and STIs in EU member states by 2020.

The work within the INTEGRATE JA project is divided into 8 Work Packages (4 horizontal and 4 core WP).

Horizontal Work Packages		
1	Coordination	LP: Region H/CHIP (Denmark)
2	Dissemination	LP: CERTH (Greece)
3	Monitoring and Evaluation	LP: LILA MILANO (Italy) Co-LP: PHE (UK)
4	Policy development and sustainability	LP: ARCIGAY (Italy) Co-LP: TAI (Estonia)
Core Work Packages		
5	Integrating testing and linkage to care	LP: Region H/CHIP (Denmark) Co-LP: PHE (UK)
6	Monitoring of HIV, STIs and viral hepatitis testing and linkage to care	LP: ICO-CEEISCAT (Spain) Co-LP: NIJZ (Slovenia)
7	Improving use of ICT tools and partner notification in combination prevention	LP: UCD (Ireland) Co-LP: LILA MILANO (Italy)
8	Capacity building	LP: VILA MARAINI (Italy) Co-LP: NAC (Poland)

Table 1: Work Packages within INTEGRATE JA

It is supported by a Steering Committee consisting of representatives from the Work Package lead and co-lead organisations, an Advisory Board of topic experts, community representatives and Third Sector stakeholders, and a Partnership Forum consisting of the head of each of the 29 partner organisations[2].

The INTEGRATE JA project officially started on 1st of September 2017. As part of the requirements from the EU Commission, an external evaluation needs to be conducted to assess the achievements of the project against the overall and specific objectives in the first two years.

[2] A List of INTEGRATE partners can be found in Annex 1

2. Objectives and Scope of the External Evaluation

2.1. Objectives

The overall goal of the external evaluation is to evaluate the process, progress and implementation of the project to date, and generate recommendations that will improve working methods and coordination, and fine-tune and adjust activities and priorities in the last part of the project.

The output for the external evaluation is a report aligning with the end of Year 2 activities, which will complement internal evaluation reports at the end of Year 1 and Year 3.

The evaluation is conducted by a team of two evaluators (Aryanti Radyowijati MD, MPH, MA and Matthias Wentzlaff-Eggebert, Master of Management (Community Management).

2.2. Scope

The evaluation covers the period from month 1 (1st September 2017) to approximately month 24 (31st August 2019) and has the following scope:

1. Evaluate the progress of INTEGRATE in meeting its overall aims,
2. Answer the specific evaluation questions for the evaluation,
3. Assess progress and early impact of the pilot activities.

Apart from evaluating the progress of INTEGRATE JA in meeting its overall aims, the six questions to be answered by the evaluation are:

1. Is the project on its way to accomplish its expected outcomes and actions?
2. How effective is the project in promoting and facilitating cross-sector working across disease areas and disciplines?
3. How effective is the coordination of the project and how well are the partners working together?
4. What is the progress of the different pilot activities? And what are their enablers and barriers?
5. Are the planned specific activities feasible over the next 12 months?
6. How useful are the indicators to measure progress and impact?

The evaluation engaged relevant stakeholders on every level of involvement in a process of reflection and learning. It should reflect progress and expectations as perceived by all the different levels of the INTEGRATE project including donors, partners, stakeholders and coordination.

3. Methodology

3.1. Stages of Evaluation

We conducted this assignment in 6 stages. The stages, activities and number of days spent are listed in the table below.

Stages		Number of days spent
Stage 1	Preparation and Kick-off meeting	3
Stage 2	Development of detailed evaluation plan including the tools	3.5
Stage 3	Document and Literature review	4
Stage 4	Online survey among INTEGRATE project partners	3
Stage 5	Key Informant Interviews and Focus Group Discussion	12
Stage 6	Data analysis and report writing	7
	Total number of days	**32.5**

Table 2: Stages and number of days of the evaluation

3.1.1. Stage 1 – Preparation and Kick-off meeting

In this stage we worked closely with PHE and Lila Milano in fine-tuning the evaluation objectives, processes and methods. For this purpose, the external evaluators attended a one-day kick-off meeting with LILA Milano, represented by Lella Cosmaro, in Milan on Monday, 22nd July 2019. The results of the Kick-off meeting were used to develop the detailed plan for the evaluation. During this stage, the external evaluators also studied relevant documents. The Inception report was submitted timely and accepted.

3.1.2. Stage 2 – Development of detailed evaluation plan including the tools

Based on results of the kick-off meeting, we develop the data collection tools: Online survey for INTEGRATE project partners and Advisory Board members; Key Informant Interviews (KII) for members of INTEGRATE Steering group, and Focus Group Discussions (FGD) for members of INTEGRATE Advisory Board and INTEGRATE project partners.

In developing the data collection tools, we used the below evaluation question as guidance:

Evaluation Questions	Suggested Themes	Main data collection methods
Is the project on its way to accomplish its expected outcomes and actions?	Project Achievements	Review of project documentation (project report and progress report) and activity reports
How effective is the project in promoting and facilitating cross-sector working across disease areas and disciplines?	Project Effectiveness	Online survey KII
How effective is the coordination of the project and how well are the partners working together?	Project Coordination	Online Survey KII
What is the progress of the different pilot activities? And what are their enablers and barriers?	Project Achievements on piloting activities	Document review Online Survey KII
Are the planned specific activities feasible over the next 12 months?	Project Planning	Document review (baseline) KII
How useful are the indicators to measure progress and impact?	Project M&E Indicator	Document review (baseline) KII

Table 3: Evaluation questions

Theme 1: Project Achievements

Project achievements were measured based on the INTEGRATE project's logical framework. INTEGRATE's project input, activities, output, and outcomes were identified and used as reference points for actual achievements. Data on project achievements was derived from the current indicator-based and narrative activity and M&E reports.

Theme 2 - Project Effectiveness

Project effectiveness within this evaluation is meant to describe the effectiveness of collaboration between partners in promoting and facilitating cooperation between the different sectors and disciplines involved in prevention, testing and care for HIV, viral hepatitis, STI and TB in Europe. The relevant sectors and stakeholders were identified through document review and in consultation with the coordinator and WP 3 of the INTEGRATE JA project. The definition of effectiveness of collaboration was informed by criteria for participation based on Participatory Quality Development[3]. These include:

- Participation includes ownership, i.e. the power to make choices. The more influence people exercise in a decision-making process, the stronger is their participation.
- Participatory Quality Development places a major emphasis on ownership by target groups and service providers (particularly front-line workers) because they are the stakeholders who possess local knowledge and who contribute significantly to the success of interventions.
- Self-reflection and successful local stakeholder collaboration promote the further development of participation. Depending on the conditions in the project's operating environment, participation can be realised to varying degrees. The task at hand is to find the appropriate level of participation for the prevailing conditions.

Apart from participation, effectiveness was also assessed through identification of any in-country changes, as perceived by the partners, that occurred around the issues of integrating prevention and care of HIV, TB, STI and Hepatitis (type of change, scale of change, cause of changes and attribution of changes). The development of commonly applicable criteria for effectiveness was guided by the responses received through the online survey, KII and online focus groups.

Theme 3 – Project Coordination

Within this theme, the extent and intensity of collaboration between the different partners were described including supporting factors and barriers experienced by the different partners. Similar to theme 2, the effectiveness of coordination was based on quality improvement criteria derived from the "Succeed" quality improvement questionnaire (https://www.qualityaction.eu/succeed.php) for example:

- Does each of the stakeholders understand and agree with the goals of the project?
- Do all the key stakeholders have an opportunity to participate in the planning/implementation/monitoring of the project?
- Is the division of responsibility clear between the project management team and others in the decision- making hierarchy?
- Does the project track the extent of stakeholder participation?
- Have stakeholders made formal commitments about their participation in the project?
- Are there regular mechanisms for communicating with stakeholders?
- Are there opportunities for network members to build their capacity to participate in the project?
- Have you set aside resources in the project for training network members?
- Does the project encourage and support 'enthusiasts' (i.e. committed and active advocates/ supporters/volunteers) of the project?

[3] See www.pq-hiv.de/en

Data for this theme was collected through document review, online survey and KII.

Theme 4 – Project achievements on pilot activities

Within the INTEGRATE project, several pilot activities were undertaken. The pilot activities are intended to contribute towards integration of systems and actors within and between the 4 diseases, conducted by the different partners of INTEGRATE JA and took/take place in different countries.

The pilot activities (see question 4 above) undertaken by partners as part of the INTEGRATE JA and to be included in the external evaluation are:

WP	Pilot activities	Participating organisations (countries) (see partner list for full names)
WP4	4.3 Patient experience Survey	CHIDPVB (Romania); ISPLN (Spain); FLIGHT (Croatia); HUHIV (Croatia)
WP5	5.1 Integrated testing, including Development of pilot evaluation indicators (piloted as part of the WP5 pilots)	VULSK (Lithuania); RPLC (Lithuania); SMU (Slovakia); NPHO (formerly KEELPNO, Greece); FVM (Italy); CRI (Italy); NAC (Poland); ISKORAK (Croatia); HUHIV (Croatia); CIPH (Croatia); NIJZ (Slovenia); IPH (Serbia); TAI (Estonia)
	5.2 Tools to implement IC guided testing in clinics; specialty guideline review	CHIDPVB (Romania); VULSK (Lithuania); IDIBAPS (Spain)
	5.3 Tools to implement home/self-testing	NVSPL (Lithuania); LILA (Italy); ARCIGAY (Italy); UCD (Ireland)
WP6	6.2 Integration of testing data from community into national surveillance	IPH (Serbia); CEEISCAT (Spain); SMU (Slovakia); NAC (Poland); TAI (Estonia); NIJZ (Slovenia)
WP7	7.1 ICT tools for combination prevention	RPLC (Lithuania); ULAC (Lithuania); LILA (Italy); ARCIGAY (Italy); ISKORAK (Croatia)
	7.2 Tools for implementation of partner notification	IPMN (Romania); NPHO (formerly KEELPNO, Greece); LILA (Italy); UCD (Ireland)

Table 4: Pilot activities of INTEGRATE JA

For the pilot activities, we focused particularly on the progress of pilot activities. The current state of the pilot activities was assessed based on activity reports; and information for the enablers and barriers to completion in the remaining year (as perceived by the respondents) will be obtained through key informant interviews (KII) and online focus group discussions (FGD). We then focused on pilot activities as a separate line of investigation in the analysis and in the report, including specific recommendations regarding the completion of pilot activities.

Theme 5 – Project Planning

The feasibility of planning for specific activities over the next 12 months was assessed against SMART criteria using the information from the INTEGRATE project logical framework (see theme 1), the current project achievements (theme 1), the effectiveness of collaboration (theme 2) and coordination (theme 3). The analysis of this information provided an indication on the feasibility of executing the planned activities and achievements of the project output and outcomes over the next 12 months.

A SMART assessment of goals uses the criteria:

- *S* pecific (simple, sensible, significance)
- *M* easurable (meaningfull, motivating)
- *A* chievable (agreed, attainable)
- *R* ealistic (Reasonable, resourced, realistic, results-based) and
- *T* ime-bound (time specific; time/resource-limited).

An example of a SMART goal is '*Within the next 6 months, recruit 5 new community-based testing volunteers from the local MSM community using the existing friendship networks of the current team*.' – its concrete nature makes it specific, the number makes it measurable, its size makes it achievable, the existing networks make it realistic and the number of months makes it time-bound.

For this theme, information from other themes was used in combination with information obtained through KII.

Theme 6 – Assessment of the indicators used to measure progress and impact

To assess the usefulness of the indicators currently used to measure progress and impact, a review of current project monitoring and evaluation against the measurement of the intended project progress and impact was conducted. Existing indicators (including the changes made to indicators in the Amendment to the Joint Action Agreement with CHAFEA) were assessed for their relevance, accuracy, importance, feasibility, credibility, validity and distinctiveness. For this theme, information was gathered through document review and KII.

The data collection methods proposed for this assignment are described in stages 3, 4 and 5.

3.1.3. Stage 3 – Document and Literature review

The purpose of the document review is to collect information on project achievements, project planning and the project's M&E indicators.

For the document review, the following data extraction form was developed:

Work package, Milestones and Deliverables	Timing			
	Intended	Realized		
		Early	On time	Late
Milestones/Activities				
Deliverables				

3.1.4. Stage 4 – Online survey among INTEGRATE project partners

The online survey was designed to collect information on project effectiveness, project coordination and the project achievements regarding pilot activities.

The survey was targeted to INTEGRATE project partners and members of the Advisory Group. The survey consisted of 37 questions (see below for questions distribution within the survey). The survey could be completed in ca. 30 minutes, and in more than one session.

Distribution of questions in the INTEGRATE online survey							
Q1	Background	Q11	Most Important Achievement	Q21	Project Coordination	Q31	Project Coordination
Q2		Q12	Biggest Challenge	Q22		Q32	
Q3	Project Effectiveness	Q13	Project Effectiveness	Q23		Q33	
Q4		Q14	Project Achievements regarding Pilot Activities	Q24		Q34	
Q5		Q15		Q25		Q35	
Q6		Q16	Project Coordination	Q26		Q36	
Q7		Q17		Q27		Q37	
Q8		Q18		Q28			
Q9		Q19		Q29			
Q10	Overall Progress	Q20		Q30			

Table 5: Distribution of questions in online survey

The survey was developed in collaboration with WP3, WP7 and WP1.

We used the Survey Monkey platform for the online survey. The survey was launched on 15th September 2019 and was initially planned to be online up to the 27th September 2019. However, due to a rather low initial response rate, the survey was extended to October 11, 2019. Reminders were sent by ResultsinHealth (1 week after the launch of the survey) and by WP1 at the end of September.

3.1.5. Stage 5 – Key Informant Interviews and Focus Group Discussions

The KII and FGD were designed to collect information on project effectiveness, project coordination, project achievements regarding pilot activities, project planning and the project's M&E indicators.

We organised nine online key informant interviews (KII) using a teleconferencing platform for all members of the Steering Group (SG), with one or two interviews for each work package (WP), except for WP1 (Coordination). For WP1, we conducted a separate face-to-face interview with the coordinators in Copenhagen. For the INTEGRATE partners, we organised five online focus group discussions (FGD) through three consecutive online scheduling polls with several date and time options offered each time.

We received 26 responses from a total of 28 partner organisations we approached. Two partner organisations did not respond to any of the three calls to participate in an online focus group. Two participants were unable to connect due to internal IT security provisions. In this case, we conducted a telephone interview instead. One participant decided to withdraw from an interview and one was unable to connect for technical reasons. Both were offered to provide written responses and one answered that they thought their concerns had already been covered by other participants.

For members of the INTEGRATE Advisory Group (AG), we organised two online focus group discussions (FGD) through two online scheduling polls with several options offered each time.

We took detailed, almost verbatim notes throughout the interviews, which formed the basis for the analysis. We also recorded the interviews, but only for backup purposes (no transcripts were made). All participants provided their consent in written form and/or verbally on the recording. Excerpts from the KII/FGD data quoted in this report are taken from these notes, and have been edited for clarity and de-identified where necessary.

The discussion guides for both the KII and FGD, as well as the consent form are provided in Annex 1.

3.1.6. Stage 6 – Data processing and analysis

The data obtained through the online survey and KII was treated according to internationally recognized ethical standards, while respecting the rules of the European GDPR (General Data Protection Regulation).

Confidentiality and anonymity were maintained throughout the evaluation. Questionnaires and other data collection tools were identified and referred to only by numbers and encrypted. For the online survey, KII and FGD, written informed consent was obtained from each respondent prior to being interviewed.

3.2. Timeline

	July		August				September				October			
Week	30	31	32	33	34	35	36	37	38	39	40	41	42	43
Stage 1	22/7													
Stage 2				16/8										
Stage 3														
Stage 4														
Stage 5														
Stage 6														

Table 6: Timeline

Note:
Starting date is 22 July 2019
Stage 1 – Kick-off meeting report was submitted
Stage 2 – Submission of Draft Evaluation Plan (12 August 2019), Final Evaluation Plan (16 August 2019)
Stage 3 – Document review and interview with CHIP
Stage 4 – Online survey – online from 26th August 2019
Stage 5 – KII and FGD
Stage 6 – Report writing

4. Findings

4.1. Data Sources

4.1.1. List of Documents reviewed:

The documents reviewed for this evaluation are:

- Year 1 Evaluation Report
- 1st Periodic Technical Report
- INTEGRATE Joint Action 2017 – 2020: Work Plan
- 2nd Periodic Technical Report – October 2019

4.1.2. Respondents to the Online Survey:

In total, 42 questionnaires were completed (9 Advisory Group members, 16 partner organisation representatives and 17 work package leads/co-leads), representing a total response rate of 87,5% (see Figure 1). Based on the IP addresses of respondents, the survey was completed from 20 different countries (see Figure 2).

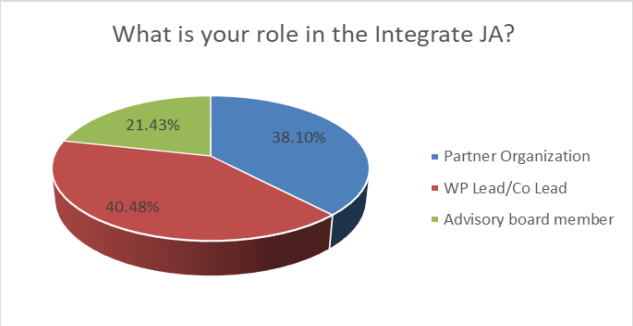


Figure 1: Distribution of survey respondents in the INTEGRATE JA

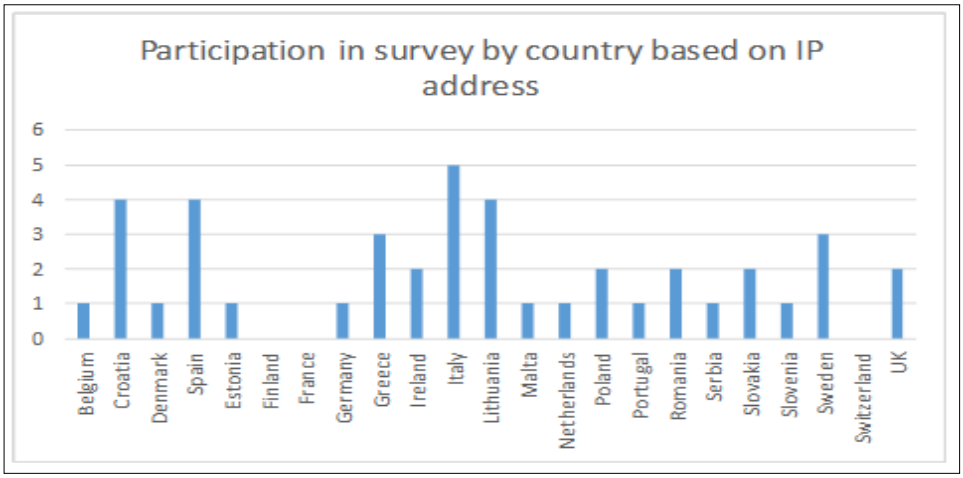


Figure 2: Participation in survey by country based on IP address[4]

[4] Please note that Finland, France and Switzerland are not participating in INTEGRATE, but appear in the graph for technical reasons.

4.1.3. Respondents in KII and FGD:

We conducted 17 interviews and focus groups with a total of 33 participants. All work packages were represented by a total of 15 participants in ten KII. Some Steering Group members participated in more than one KII as they are involved in several work packages. Four members of the AG participated in two FGD. Another twelve unique respondents participated in five online FGD for project partners who are not WP leads or co-leads.

Number	Format and Group	Participants
1	Online KII: Steering Group, WP2	2
2	Online KII: Steering Group, WP3	2
3	Online KII: Steering Group, WP4	1
4	Online KII: Steering Group, WP4	1
5	Online KII: Steering Group, WP5	2
6	Online KII: Steering Group, WP6	2
7	Online KII: Steering Group, WP7	2
8	Online KII: Steering Group, WP8	1
9	Telephone KII: Steering Group, WP8	2
10	Face-to-face KII: Coordinator, WP1	2
11	Online FGD: Advisory Group	3
12	Online FGD: Advisory Group	1
13	Online FGD: Project Partners	3
14	Online FGD: Project Partners	3
15	Online FGD: Project Partners	3
16	Online FGD: Project Partners	2
17	Online FGD: Project Partners	1
	Total	**33**

Of the 28 partner organisations, 26 were represented in either the key informant interviews and/or the online focus groups. Overall, only one participating country was not represented in either the KII or FGD.

4.2. Project Achievements

Evaluation Question 1: Is the project is on its way to accomplish its expected tasks and outcomes? The answers to this question indicate whether activities took place and deliverables were completed in a timely fashion, and they give some indication of the outcomes and impact of INTEGRATE.

4.2.1. Findings from the Document Review

Data extracted from the reviewed documents include project progress up to the end of the 2nd year in terms of intended and actual milestones and deliverables, their timing (on time, early or late), and the type of output by work package (see Annex 2) up to September 2019. From this information, it can be concluded that the INTEGRATE project is on its way to accomplish its expected outputs.

4.2.2. Findings from the Online Survey

The majority of respondents to the online survey (more than 70%) rate the overall progress of the INTEGRATE project as good (69%) or excellent (4%). Another 22% consider progress to be on track. When asked about their most important achievements as a part of INTEGRATE, respondents' answers can be grouped into the following:

- Meetings: The regional workshop in Warsaw (June 2019), planning for the annual partnership forum in Rome (November 2019) and the national stakeholder meetings

- Improved collaboration: collaboration within the INTEGRATE project, collaboration between NGO and other stakeholders within national systems in conducting pilot activities, moving the issue of integration higher up on the agenda
- Consensus on the core indicators for monitoring and evaluation for testing in the community to be included in national surveillance, monitoring and evaluation systems
- Changes in knowledge and practice: ways of thinking with a stronger community focus, increased knowledge of best practices at the national level, development of the patients' experience survey
- Improved availability of services: availability of HIV and hepatitis testing, availability of integrated testing for HIV and TB, and results of the pilot on integrated testing
- Improvements in partner notification training and the creation of SOPs for partner notification expected to be adopted at the national level in Italy, Greece and Ireland.

Apart from important achievements, project partners also listed their challenges in implementing the INTEGRATE project – see box 1.

Box 1. Challenges faced by project partners:

- **Collaboration and cooperation** with multiple partners from different countries, due to the different needs of partners and the different contexts in each country
- **Lack of clarity and/or information** regarding the activities, outcomes and current status of the INTEGRATE project; keeping up with information; WP leaders not sharing info with partners within WP
- **Receiving timely communication** from certain partners has been difficult, leading to long delays in activities. Additionally, it is difficult to get responses or feedback on completed activities/documents from other partners; limited opportunities to exchange information with other countries
- **Keeping the project on track:** prioritising the work of the Joint Action amongst the other demands of daily work; the organisation of the 1st regional workshop
- **Securing financing** for the activities as national budgets and the INTEGRATE budget are subject to different regulations and accounting procedures; financial reporting; limited resources (financial and human resources); staff turnover
- **Limited supports from decision makers:** lack of positive attitude from staff; lack of political will for change in the way things have been done for the last 20 years
- **Eliminating barriers** that arise before being able to start a pilot; many had not been anticipated.

A few respondents did not provide answers to this question due to having limited knowledge or involvement in INTEGRATE.

4.2.3. Findings from the KII and FGD

We asked respondents about the impact of INTEGRATE on their own organisations, as well as on their regional and national responses to the four diseases. Most respondents describe some general impacts they have noticed towards the expected outcomes of the project.

> *I think it was a really good concept to integrate these diseases. That was already a statement in itself and a step forward. And working on that now, in the form of a major project, is a positive result. Now we have to see what concrete things will be done. (Advisory Group focus group discussion)*[5]

[5] Excerpts from the KII/FGD data quoted in this report are taken from notes taken during KII and FGD, and have been edited for clarity and de-identified where necessary.

These include raising awareness and creating interest in the topic of integration within their organisations, and building collaborations and having discussions with other stakeholders in their region or country.

> *But results do exist in building capacity within the organisation, networking, better standing through receiving EU funding and collaboration within the country and with the national government institute. (Partner focus group discussion)*

> *We discovered new challenges specific to infectious diseases, e.g. around privacy, anonymity, it's not the same doctor-patient relationship with communicable diseases. These are interesting challenges for us. (Steering Group key informant interviews)*

> *It's more about making connections with other parts of the system, getting conversations going, using the project as a springboard. (Steering Group key informant interviews)*

> *We notice more networking, more opportunities, more outputs outside of our organisation. Increased awareness and more talk, but not more action yet. (Partner focus group discussion)*

> *There is some impact. We discuss it with the MoH, and we have national meetings. We also reviewed our guidelines, and now we'd like to integrate it also into other guidelines. (Partner focus group discussion)*

One respondent from the Advisory Group confirmed the importance of these noticeably intensifying discussions on the topic of integration:

> *I remember both national meetings I was at, that the discussions were in-depth and that there was a good mix of stakeholders present, interested in improving their own work. Sitting down, speaking out and discussing. This is extremely good, and it can only happen at the national level, so the purpose is a roadmap for change at the national level. (Advisory Group focus group discussion)*

Respondents also emphasised the important and sometimes unexpectedly complex process of adapting the original outcomes and actions to their respective local operating environments.

> *At the beginning I thought that the project would make a practical contribution to testing and linkage to care for our target groups. But during the project we didn't have the chance to work on integration directly for our target group. It was organised in a different way. Now the impact is different, it's more about the integration of data. Not what I expected, but nevertheless important. We want to use it to facilitate access to testing for migrants. (Steering Group key informant interviews)*

> *It's a large group of partners, we had to give everyone a task. People could say what they were interested in. Partners chose their activities. That's why it is the way it is now. For some pilots this is difficult, i.e. not one methodology working across the situation, but a long process adapting to each country. (Steering Group key informant interviews)*

Concrete outcomes are mentioned by partners whose implementation of INTEGRATE pilot actions is advanced. Respondents who are at earlier stages in their implementation of pilot actions don't report noticeable outcomes yet, but they express confidence that they will achieve them.

> *We didn't have a huge impact yet because our main activity, the pilot, is just starting. (Partner focus group discussion)*

Our pilot is delayed but we are confident it can be finished. (Partner focus group discussion)

Components of INTEGRATE (objectives, tasks, pilots) that would meet the SMART criteria for goals and objectives (Specific, Measurable, Acceptable, Realistic and Time-bound) from the outset seem to have progressed more smoothly, and are now close to being finalised as planned. These components are also more likely to be those that are clinically based, and respondents judged them to be easier to implement because of the structured way of working within clinical settings.

Positive impact, all five branches cooperate in implementation for hepatitis c testing and HIV, and staff receive information how to provide this service. (Partner focus group discussion)

4.2.4. Concluding remarks for Project Achievement

The document review and the online survey indicate that the INTEGRATE project has achieved good progress. The biggest achievements mentioned are face-to-face meetings as part of INTEGRATE, collaboration with partners, consensus on the core indicators for M&E for community-based testing, changes in knowledge and practices related to community-based work and partner notification, and an increased availability of HIV and hepatitis testing, including integrated testing.

In the KII and FGD, respondents seemed for the most part confident that the project is moving towards achieving its expected outcomes, at least that it is setting a direction that will continue to be pursued beyond the project timeline. Members of the Steering Group are aware of the status of their deliverables and have detailed knowledge about individual delays in specific locations. They seemed hopeful, if a little concerned, that outstanding tasks will be completed. Their concerns relate to the fact that, as WP leads and members of the steering group, they not only feel responsible for the overall completion of tasks, but are also aware that they need to leave enough time to analyse and write up results. On the other hand, participants in the partner focus group discussions appeared to be confident that they would complete their delayed tasks on time.

Challenges faced range from collaboration with less responsive or committed partners, some gaps in communication within and between work packages, limited resources (financial and human resources), limited support for the concept of integration from some stakeholders, and the administrative workload of the INTEGRATE project.

4.3. Project Effectiveness

Evaluation Question 2: How effective is the project in promoting and facilitating cross-sector working across disease areas and disciplines? The answers to this evaluation question should provide an indication of how the results of INTEGRATE may promote and facilitate cross-sector working across disease areas and disciplines within as well as beyond the project period.

4.3.1. Findings from the Online Survey

We asked respondents to indicate if they observe or experience any movement towards integration, either within one disease area, between disease areas or between different stakeholders.

Twenty-two respondents (65%) reported that they have observed and experienced work towards integration of activities and/or systems between prevention and care ***within*** one of the disease areas (HIV, TB, STI or hepatitis) in their own country. Examples are the integration of information about the prevention and treatment of HIV, testing and treatment of hepatitis C, and on the implementation of community testing, including monitoring indicators.

Regarding integration **between** (or across) diseases, 24 respondents (70%) observed and experienced one or more of the following: an extension of the organisation's mandate beyond HIV, combined testing for hepatitis C and HIV (also during ETW), provision of integrated testing and treatment of STIs and HIV; integration of testing, prevention and control of HIV and hepatitis.

Integration **between stakeholders** was observed or experienced by 25 respondents (73%): at the organisational level (integration of testing within one organisation); between different levels of care (CBVCT and the hospitals); between different actors (NGO testing sites, clinical care and surveillance experts/public health institutes), between NGOs, government and the private sector (at 'checkpoints'), as well as more collaboration between infectious disease experts and pharmacologists.

Respondents also mentioned examples of the results of these kinds of integration:

- Increased availability and quality of integrated HIV and STI testing, and HIV and hepatitis C (especially among PWID)
- Development of legislation on integrated services at the drafting stage; linkage to care activities in low-threshold services sites
- A CBVCT service targeting MSM is reporting testing data to their respective National Institute of Public Health
- Involvement of key stakeholders such as NGO, public institutions and MoH representatives in national meetings (e.g. in Italy).

Further, respondents were also asked to indicate if their organisation **initiates** or **contributes** to any of the types of integration mentioned above. Thirty respondents (88%) claimed to be the initiator of and/or contributor to such integration. Twenty-three respondents (67%) reported that their organisation participates in the decision-making process for one or more of the mentioned types of integration, either at the national, regional or local level (including within their own organisation).

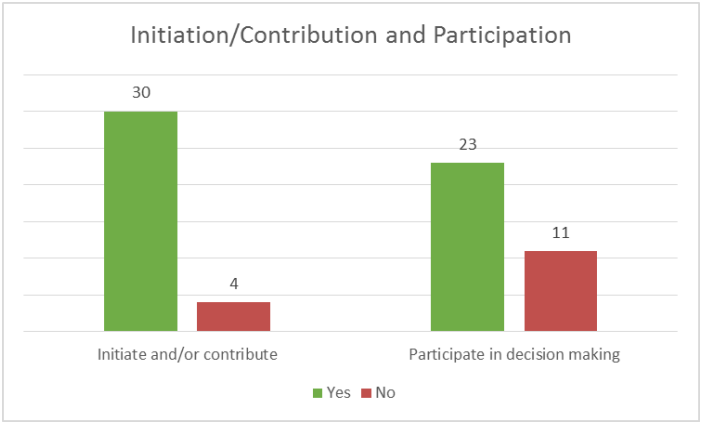


Figure 3: Initiation and/or Contribution and Participation in INTEGRATE

Regarding their level of engagement with INTEGRATE, 29 respondents (85%) thought that they are very engaged or somewhat engaged. Five respondents (15%) reported that they are either not very engaged or not engaged at all.

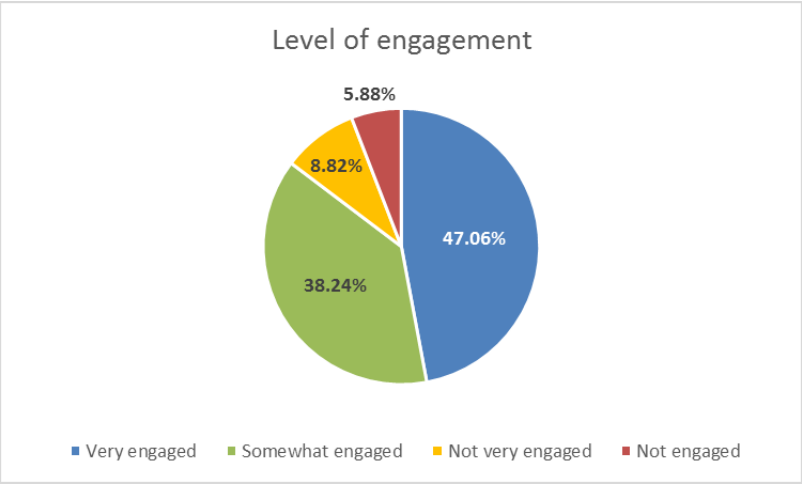


Figure 4: Level of engagement

Regarding their level of **participation** in the INTEGRATE project, respondents were asked to indicate whether their organisation has contributed meaningfully to its results, has a clear understanding of its overall aims and purpose, their own roles and responsibilities, and whether they are confident that their organisation will be able to carry out its assigned tasks (see Figure 5). The results showed that the large majority of respondents 'agree' or 'strongly agree' to the statement above, indicating their high level of participation in INTEGRATE.

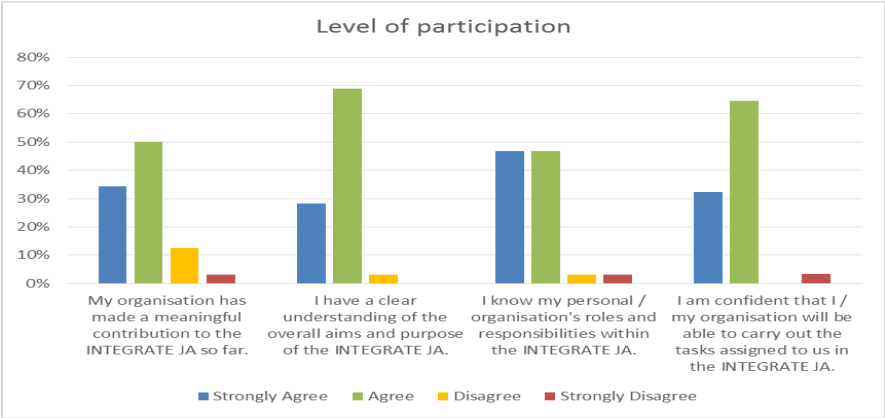


Figure 5: Level of participation

Despite these positive results, there was also feedback from some respondents that they felt left out, either due to the focus of their own organisation lying elsewhere, the limited involvement of their own organisation (by choice), limited information about the INTEGRATE project, or limited opportunity to engage with other stakeholders at the national government or EU level due to legal, administrative or procedural barriers.

4.3.2. Findings from the KII and FGD

Both non-governmental organisations (NGO), including community-based organisations, and government organisations (GO) such as Ministries of Health (MoH) and public health institutes are seen as necessary stakeholders. If they are not both engaged in a country, respondents expect change to be limited. Respondents often mention the national stakeholder meetings taking place as part of INTEGRATE as very important events for local change and sustainability.

For sustainability, what I wanted to focus on is creating a kind of pathway to have a deeper and more effective link between organisations and the political world. (Steering Group key informant interviews)

We want to focus the meeting to push the ministry to integrate data into national surveillance. It's not happening now – a pity because we collect a lot of data. We will talk about this during the national meeting. We hope for some changes in procedures as a result. (Steering Group key informant interviews)

We could have meetings again at the national level and try to inform them of the INTEGRATE results, to try again to start the national network. We tried at the beginning of the pilots to start another regional network; the region has many service provision sites. But there were political problems, so we could not involve them in the pilot. However, they are still thinking about it. We will try to see if they can do it after the JA. (Steering Group key informant interviews)

Having a mix of partners nominated from each country is important to most respondents, NGO and GO representatives alike.

Three community-based organisations were nominated, so it works well, and public health as well. (Partner focus group discussion)

The cooperation with NGOs is more flexible now. Now this is all easier for us. (Steering Group key informant interviews)

It could be stronger if our ministry could have been part of the project, this was not the case. In the future, it would be interesting to involve them more deeply in the action. (Partner focus group discussion)

I agree we need a government body also. We need someone who has the power to influence a bit more. (Partner focus group discussion)

The funding arrangements for Joint Actions can be an additional barrier for NGO participation, unless MoH are aware of this and provide the necessary support.

Not having community partners nominated in many countries is a great limitation. The nomination process is flawed when it does not involve key stakeholders. The requirement for own contributions limits participation of smaller NGOs unless they are funded for it especially by their national governments. (Advisory Group focus group discussion)

If the nomination process did not result in a balanced mix of key stakeholders, respondents reported that this was compensated for through existing stakeholder partnerships or subcontracting arrangements in some cases.

Our country did not nominate NGOs, but there is one large NGO without whose participation it's not possible to increase testing for hepatitis c. They participate in national stakeholder meetings and training. But not officially as Joint Action partners. (Partner focus group discussion)

We have an ideal NGO partner because we wanted to promote linkage to care from CBVCT. This organisation did not try to apply. So, we made sure to put in resources to subcontract them. We have a good relationship. (Partner focus group discussion)

The authority that MoH or MoH-based institutions have over stakeholders can provide a 'push' factor to get collaborations started.

> *About vulnerable groups: community-based NGOs are not considered part of the health system. We wanted to learn from other countries' experience in integrating those missing pieces into the general health system e.g. self-testing with referral for treatment. (Steering Group key informant interviews)*

> *It represents all main areas, the only part that is not represented is somebody from the MoH itself. This would be good when it gets a little bit difficult. We are not all directly under the Ministry. I have to ask people to do things, they do it only because of our existing prior collegial relationships, not out of duty to the Ministry. If there was somebody from the MoH it would be easier. (Partner focus group discussion)*

Although many respondents pointed to the lack of NGO nominations in many participating countries, a lack of interest from GO can also become a barrier to sustainability in other cases.

> *There is no communication with the ministry. The MoH is having a dissemination day next week on Joint Action programs, but ours is the only Joint Action left out of the agenda. They forgot about us; they don't ask any questions. (Partner focus group discussion)*

> *We reported, we sent deliverables (to the MoH). All we got was 'thank you very much'. (Partner focus group discussion)*

Respondents also found ways to exert the 'pull' factor that an NGO can provide on decision makers, even if no GO was nominated for the Joint Action.

> *We will organise one of the main events on the premises of the Ministry. This is part of our effort to include them in the results. (Partner focus group discussion)*

The closer the partners are to direct service provision, the more specific their goals were for the Joint Action.

> *Our main focus was the integration of CBVCT into the regional surveillance system, so the focus was to introduce hepatitis c testing into CBVCT, as HIV and syphilis are already included. We can do that now. (Steering Group key informant interviews*)

In some cases, they were on their way to implement these even before the project started, but used the Joint Action to boost this process.

> *Actually, we are doing the job as we did before the Joint Action, but during the project we are even more motivated to achieve our goals. (Partner focus group discussion)*

Some partners without pilots in their own country perceived their role to be that of providing expert advice to other partners, which made it more difficult for them to judge the local impact of their work. During the KII, one respondent reflected that, in hindsight, some local activities might have added a useful dimension to their participation in the Joint Action.

> *We don't have actual INTEGRATE activities in our organisation. We could have put some of this in the curriculum for young doctors, for example. There are overlaps and co-morbidities. Highlighting that would have been a good idea. (Steering Group key informant interviews)*

Involvement at the EU level can be an important source of legitimisation. For some countries more than others, involvement in an EU project appears to bring prestige in a number of ways.

> *When you present your results, the INTEGRATE project is a good reference, especially when you present to decision makers and those who control investment in health. Especially if you present on your participation in EU projects. And this will help our future effort. (Partner focus group discussion)*

> *The fact that we have more visibility, more contacts on the EU level, is very important. (Steering Group key informant interviews)*

> *They (decision makers) came, and they listened because it was an EU-funded meeting. (Partner focus group discussion)*

> *A lot of people from Europe coming was very important. To show that our country is part of the EU. So, funding mechanisms from the EU are important. (Partner focus group discussion)*

However, if prestige was the sole motivation for participating, it can become a barrier. Without naming specific partners, some respondents suggested that this does occur within the partnership, and that it results in a lack of real commitment to perform the agreed tasks.

The EU level can also be used to apply a 'push' factor to decision makers - international projects can help push for change at the national level, or break the deadlock left behind by past conflicts or lack of cooperation.

> *We have more opportunities of influencing change together with others. Good relationships with the other NGO partners in our country, this gave us the strength to be more influential on what we would like to achieve. We hope to be in a position to be heard, and be an interlocutor at the ministerial advisory council, which has worked. Being part of a big European project gives us more clout to speak there. (Steering Group key informant interviews)*

> *The extension of the mandate of our organisation beyond HIV is partly related to INTEGRATE, given that we had applied for it already years ago. Several factors contributed, including a critical mass in the EU of countries who have integrated testing. (Steering Group key informant interviews)*

> *The pressure generated by the project moved everything faster. (Steering Group key informant interviews)*

> *I want to underscore the interaction of international groups and dysfunctional local stakeholder groups. People have signed on to a Joint Action, and this should mean that they signed on to do things. I have witnessed in this Joint Action that this has required them to interact at the local level with people they had not been on good terms with, or had even undermined in the past. It's a very worthy effort, because it means that other stakeholders are being listened to in their countries also. (Advisory Group focus group discussion)*

4.3.3. Concluding Remarks on Project Effectiveness

Work towards integration was observed or experienced by the majority of INTEGRATE project partners. Integration occurred within a specific disease, across diseases and between stakeholders in all 4 disease areas.

Furthermore, INTEGRATE project partners claimed to have initiated and to be involved in decision making processes, and report an adequate level of engagement and participation in integration activities.

Given the key role it plays in the effectiveness of joint activities, many respondents recommended a review of EU Commission regulations and their implementation in order to promote the principle of a balanced NGO/GO stakeholder representation.

> *From my perspective, we got in, but many NGOs are not satisfied with how it works. Whoever finds out about the call, they write to the Ministry and it is approved. There needs to be a change for NGO participation, a national call or tender. (Partner focus group discussion)*
>
> *NGOs are jealous if they didn't get to participate. It's luck if you find out (that a Joint Action is planned and open for nominations). (Partner focus group discussion)*
>
> *It needs more EU regulation about how many participants per country. It should be at least one NGO and one from the government. (Partner focus group discussion)*

The nature of and Member States' uneven compliance with the current nomination process for Joint Actions fails to ensure the kind of stakeholder participation that is essential to effect sustainable change in the multi-sector response to these four diseases. Responses during the KII and FGD discussions indicate that a 'pull/push' dynamic is necessary for cross-sector collaborations to effect change. Members of the SG as well as members of the AG also felt strongly about this issue.

> *There is a fault embedded in how the partners have been nominated. National authorities need to monitor the implementation. Especially if a Joint Action wants to change policies and systems, you need institutions who can steward that change. A number of countries are represented by NGOs only. Some of the NGOs don't have support within their country, even though they have been nominated by their MoH. This undermines the Joint Action. It makes it difficult for NGOs to foster change if they have no support from the ministry that nominated them. (Steering Group key informant interviews)*
>
> *The current EU mechanisms don't serve the objectives. There must be alternative participation mechanisms, so that people who are actually interested in making things happen can participate. (Advisory Group focus group discussion)*
>
> *In that sense, even for the Commission, there is something in this that should be considered: If countries are provided funds with an objective, they have to make a commitment to do something towards that. Meetings on the NGO level are very good, even without high level buy-in they can find solutions at the lower level and impact people's lives. But at the structural level, if it does not change there, they are blocked. Creating an opportunity to have the different perspectives is a huge advantage; public health institutions don't have the complete picture. (Advisory Group focus group discussion)*

Considering these 'push and pull' dynamics, respondents strongly suggested the inclusion and involvement of different actors to facilitate cross-sector collaboration across disease areas and health disciplines, especially in countries where such collaborations are not yet a well-established component of public health responses.

4.4. Project Coordination

Evaluation Question 3 focuses on the effectiveness of project coordination, and how well the partners are working together. To answer this question, we looked at the various activities led by the WP, and at the roles of coordinators, Steering Group (SG) and Advisory Group (AG).

4.4.1. Findings from the Online Survey

Regarding project coordination, we asked INTEGRATE partners to indicate how well they work together by providing a self-assessment on the effectiveness of the elements listed below:

	Elements of collaboration
WP1	Overall coordination (communication, support, guidance and linking of work between the different work packages)
WP 2	Effectiveness of the dissemination and promotion of INTEGRATE activities
WP4	Effectiveness in providing input for the development of the sustainability roadmaps
WP5	Effectiveness of communication, guidance and support regarding the integration of testing and linkage to care
WP6	Effectiveness of communication, guidance and support towards the monitoring of HIV, STIs and viral hepatitis
WP7	Effectiveness of communication, guidance and support towards improving the use of ICT tools and partner notification in combination prevention
WP8	Effectiveness of communication, guidance and support for capacity building

Table 7: Elements of working together in WP

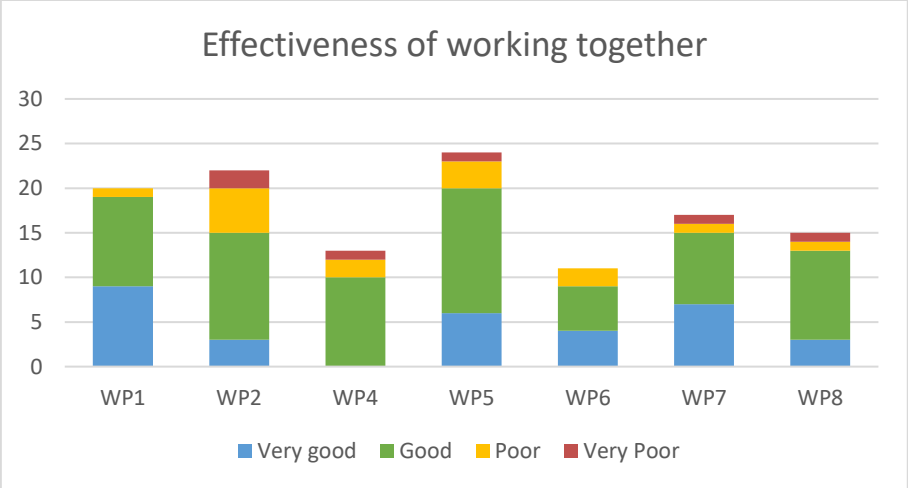


Figure 6: Communication, guidance and support effectiveness within WP[6]

The large majority of respondents considered the effectiveness of working together with WP1, WP2, WP4, WP5, WP6, WP7 and WP8 to be 'good' or 'very good'. Except for WP1 and WP6, a small proportion of respondents considered the effectiveness of working together to be 'poor' or 'very poor'. While overall still positive, WP2 received a higher proportion of negative ratings than the other WP.

The following tools and resources created by WP2 were used by respondents: templates (for reporting, minutes and presentations), the website and internet portal, and promotional leaflets. If respondents reported that they did not use these, their reason was that they did not need them.

[6] The axis shows the number of responses

Regarding the role of Advisory Group (AG) within the INTEGRATE project, the large majority of INTEGRATE project partners have a good understanding of the role of the AG, but very few have worked directly with individual members.

4.4.2. Findings from the KII and FGD

A large number of respondents expressed their appreciation for the work of the coordinators, WP1.

> *We feel supported and monitored in a good way by the coordinators. We are very happy with the main beneficiary. (Steering Group key informant interviews)*

> *There are several levels of communication, first of all with the coordinators, there we get reasonably good communication regarding the administrative topics. Maybe in that we could get a bit more leadership and direction on the content also. (Partner focus group discussion)*

Many reflected on the complexities of the project and the resulting difficulties in coordinating it.

> *It took 6 to 12 months to get your head around the project. (Steering Group key informant interviews)*

> *Expectations are unjustifiably high compared to what can actually be achieved in a Joint Action. The expectation is that national systems will be better at the end of the Joint Action. It is a classic case of over-enthusiasm. I overestimated what can be done. (Steering Group key informant interviews)*

> *The problem is that there are too many partners with limited resources, it's difficult to get a contribution from them. This makes things very complicated. If you ask them for something, they say they don't have the resources to provide it. (Steering Group key informant interviews)*

> *I agree, this is a really complicated project with a lot of WP. We should establish good communication of results of Work Packages, so other partners know what stages have been done. During the partner meeting, we were split between WP, so we missed out on cross-over between Work Packages. (Partner focus group discussion)*

> *I am not so clear about the whole thing; I'm not surprised that it's somewhat confused. (Advisory Group focus group discussion)*

> *These concepts we are acting under within this project, such as 'integration', are generally not very well understood by individuals. (Advisory Group focus group discussion)*

Despite the complexities, respondents were positive about communication and collaboration within the SG, and also between WP leads and co-leads. They also considered it to be positive between individual partners and the coordinators, and between active AG members and their WP counterparts.

> *It's different for us WP leads because we have the Steering Group and teleconferences, so we get updates. (Partner focus group discussion)*

> *We communicate with CHIP, mostly by email, we have scientific coordination teleconferences, the partnership forum meeting, so I mean this is general communication. (Partner focus group discussion)*

I had regular contact with the coordinator on integrating testing, participated in national meetings and project meetings, spoke at national meetings, and brought our country's experience to the table. (Advisory Group focus group discussion)

However, gaps in communication and coordination appear to exist between WP leads and other WP partners.

In our WP it's good with the WP lead, but not so good with others in the WP, because the leads are meeting more one on one with each partner. (Partner focus group discussion)

Communication between WP leads and other partners – maybe it could be improved. Because at the beginning we were informed about every stage in our task; but after we finished the desk review, there was no more direct information from the WP lead, only at some national meetings were we able to find out more. (Partner focus group discussion)

To synchronise all the different timings with many partners, establishing deadlines. They are each also engaged in other activities. Their needs are very different. It's difficult to try to make everybody happy. Difficult to get things done while staying friendly and relaxed. Having to rush the pilots now makes it difficult. (Steering Group key informant interviews)

It's easier to lose track if you are not involved at the core. (Steering Group key informant interviews)

Communication was also reported to be less successful between the different WP.

Minutes have too many details. It would be nice to get a monthly, short, three-line summary from each work package. That would be good. (Partner focus group discussion)

We only get information from the WP we are closely involved in. For example, we have a budget for one of the cross-cutting WP, but receive no information from its lead. (Partner focus group discussion)

I don't have any connection with the partners other than the workshop experience in Poland. Hopefully the same will also happen in Rome and Estonia. (Partner focus group discussion)

We need to improve communication with WP leaders and with the other WP, for example what's happening in one of the WP. We don't get regular updates. We don't ask a lot of questions; we follow on twitter, but we need better communication between work packages. (Partner focus group discussion)

More direct communication from WP leads, notification of status of project activities. (Partner focus group discussion)

AG members who don't have a defined role in a specific WP expressed a sense of missing out on information.

I have to say that, in recent months I didn't hear a lot, nor was I requested to comment or act or anything. (Advisory Group focus group discussion)

There was no continuous stream of emails or updates or requests. (Advisory Group focus group discussion)

I had expected to be involved more. (Advisory Group focus group discussion)

I visited the website and saw nothing on publications or results yet. They are not visible yet, and I hope in the last several months the partners can switch to promoting the results. (Advisory Group focus group discussion)

However, AG members show a great eagerness to learn about results, wanting to promote them and use them in their own organisations and networks.

But we would be interested in helping promote these issues, to cascade information through our channels. (Advisory Group focus group discussion)

They also express the hope that information will be accessible to non-partners.

What could be a way that other organisations could use the information, besides inviting specific people to meetings? Other countries are in the same situation. Still only the people who are really involved in the Joint Action get most out of it. This is unfortunate. (Advisory Group focus group discussion)

It's really important to discuss ways that project outputs can be disseminated to countries and stakeholders that are not taking part in the Joint Action. (Advisory Group focus group discussion)

The importance of this is also recognised at the level of the SG.

What to do with all the output so that it is used by people? I have seen many platforms that disappear after one year because no one takes care of them. It's not very well defined what we will do with the output. It should be interactive. This should be discussed and redefined. (Steering Group key informant interviews)

Inside countries, communication and coordination appear to depend on the specific local set-up and stakeholder networks. The complexity of the project tends to exacerbate any existing communication gaps.

We only collaborate with the coordinator, CHIP, and we don't have other stakeholders in the country. Because we are from the MoH and it's all national. But we work well with CHIP. (Partner focus group discussion)

When they talk about communication, partners often mention the face-to-face meetings, suggesting that these are important to them. Face-to-face interaction seems to be the preferred mode for exchanging experiences and learning.

What I hope and expect is to exploit to the maximum the face-to-face meetings. Topics are very complex, and face-to-face working is a lot better. Sometimes we sent a lot of questions by email, and the answers were not so detailed. Talking is always better. (Steering Group key informant interviews)

One thing is the partnership forum once per year. One at the start, and they are really good. We can get progress reports and they also allow us to interact with international partners on what we have in common and are interested in. (Partner focus group discussion)

And regarding collaboration with INTEGRATE partners from other countries, we had an INTEGRATE partnership meeting in our country, so we got to know many others, exchanging best practices. (Partner focus group discussion)

But it's not enough to have only one partnership forum and one newsletter per year to communicate. When we communicate with leaders of different WPs, it's very rare that we have an opportunity to share results, recommendations. (Partner focus group discussion)

We are eagerly awaiting the partnership forum in Rome. (Partner focus group discussion)

Participants greatly appreciated the first capacity building workshop and welcomed the change to open these workshops to all partners.

During the workshop we had a chance to discuss this, and the vice-minister was there and someone representing a public institution. As a result, the mission of our organisation has been enlarged, we can now work on hepatitis c and other diseases, and work with NGOs on integrated testing. (Steering Group key informant interviews)

I would like to highlight that, at the beginning, not all partners were included in the capacity building. But after the second meeting it was decided that all should be able to take part in the regional workshops. I really enjoyed taking part in the first in Poland, regarding testing and barriers. It was a unique opportunity to share experiences between countries. We have an opportunity to learn from each other here. This is a big plus, that all can take part in the workshops. The topics were also very well chosen. (Partner focus group discussion)

Other channels, such as the website and newsletters are seen as less successful.

Well, I am a little disappointed when I consult the website. There is nothing on it yet, after all these activities over two years. Only two newsletters. Ongoing promotion could have been done better and should increase for the rest of the project. (Advisory Group focus group discussion)

The KII and FGD also indicated that there were barriers to relevant and interesting content being produced for website newsletter and social media channels. Reasons include a lack of capacity to respond to requests for news, many different timelines for project components and dissemination events, and some lack of clarity regarding the responsibilities for these tasks.

We tried to push a little bit, but not very successfully - often they don't have the resources to respond. We would like to inform about what is going on in each country. The thing that came up is that, when we asked partners, they found it hard to provide clear statements to describe their main outcomes. We need clear messages to communicate. (Steering Group key informant interviews)

On another level, international connections and exchange are some of the most frequently and emphatically mentioned benefits of participating in the Joint Action.

The most valuable is to interact with other organisations who have similar challenges. (Steering Group key informant interviews)

The big benefit of sharing information is getting to know the other experts and networks in Europe. We have a benefit from national stakeholder meetings in April this year and last year. And ongoing is some document based on the conclusions of the national stakeholder meeting. This document

will contribute to improving and strengthening the integration of testing. Also, for raising the awareness of national decision makers. (Partner focus group discussion)

What we need is to see best practice from other places. To communicate that best practice in order to implement it in our national settings. With decision-makers and influencers. We have a lot of legal obstacles to implementing new opportunities that western countries have already implemented. We are in the process of working on structural barriers, it's a long-term process. (Partner focus group discussion)

Besides this WP, we are very eager to learn from others, to listen or to share results of the pilots on partner notification. This is the key issue in every country. Eager to learn from those who piloted to see the results. And we are interested to know what the prevention app for more use of the screening/testing/CBVCT etc. can do. So, we are very eagerly waiting to hear the results from other pilots, to decide what is applicable in our country, and what is not. (Partner focus group discussion)

4.4.3. Concluding remarks for Project Coordination

Our findings show that all the basic structures and processes of coordinating this large and complex Joint Action are in place. This applies to both administrative and content coordination. While some communication channels operate more efficiently than others, the gaps are well-defined and can easily be addressed collaboratively by the SG and project partners.

Overall, respondents to the online survey, KII and FGD feel that not enough work has been done to date to focus and disseminate information both internally and externally, and that there is a great opportunity to focus on this in the remaining year of the project.

Increased attention to communication between WP leads and their partners, between the different WP and with the AG can help reach a common understanding of the status of the overall project as well as its individual components.

The importance of face-to-face meetings will only increase as the exchange of results and learning becomes the main focus of the project.

We suggest that at this point in the project, there is an opportunity to clarify the difference between ticking boxes to meet obligations and responsibilities with respect to the Grant Agreement, and being committed to the ultimate goals, to continuous improvement in the direction of the spirit of the project, and to reflecting upon progress, and documenting failures and learning as well as successes.

4.5. Project Achievements in Piloting Activities

Evaluation question 4 is about progress of the different pilot activities and their enablers and barriers.

4.5.1. Findings from the Online Survey

The progress of pilot activities within the INTEGRATE Project is presented below:

WP	Pilot activities	Participating organisations (countries) (see partner list for full names)	% of response on on the progress		
			on track	Not on Track	Do not know
WP4	4.3 Patient experience Survey	CHIDPVB (Romania); ISPLN (Spain); FLIGHT (Croatia); HUHIV (Croatia)	**45,5**	**9**	**45,5**
WP5	5.1 Integrated testing, including Development of pilot evaluation indicators (piloted as part of the WP5 pilots)	VULSK (Lithuania); RPLC (Lithuania); SMU (Slovakia); NPHO (formerly KEELPNO, Greece); FVM (Italy); CRI (Italy); NAC (Poland); ISKORAK (Croatia); HUHIV (Croatia); CIPH (Croatia); NIJZ (Slovenia); IPH (Serbia); TAI (Estonia)	**66**	**10**	**24**
	5.2 Tools to implement IC guided testing in clinics; specialty guideline review	CHIDPVB (Romania); VULSK (Lithuania); IDIBAPS (Spain)	**33**	**17**	**50**
	5.3 Tools to implement home/self-testing	NVSPL (Lithuania); LILA (Italy); ARCIGAY (Italy); UCD (Ireland)	**45**	**10**	**45**
WP6	6.2 Integration of testing data from community into national surveillance	IPH (Serbia); CEEISCAT (Spain); SMU (Slovakia); NAC (Poland); TAI (Estonia); NIJZ (Slovenia)	**36**	**28**	**36**
WP7	7.1 ICT tools for combination prevention	RPLC (Lithuania); ULAC (Lithuania); LILA (Italy); ARCIGAY (Italy); ISKORAK (Croatia)	**29**	**29**	**42**
	7.2 Tools for implementation of partner notification	IPMN (Romania); NPHO (formerly KEELPNO, Greece); LILA (Italy); UCD (Ireland)	**30**	**30**	**40**

Table 8: Progress of pilot activities within INTEGRATE

Respondents considered the pilot activities to be reasonably on track (according to schedule). Good progress on pilot activities can in some cases be directly attributed to INTEGRATE activities (e.g. integrated testing). In other cases, it may be partly due the fact that these activities had started prior to the pilot. Some of the pilot activities, such as the patient experience surveys and others, started later than originally planned, e.g. due to organisational issues, but are now underway and recoverable. One challenge that respondents mentioned was the lack of information and or delay in receiving specific information about the details of pilot activities.

4.5.2. Findings from the KII and FGD

Many partners expressed confidence that their pilot activities have or will have positive outcomes. Respondents report overall good response rates, patient outcomes, testing numbers etc. in cases where work on the pilot has actually started.

> *HIV testing increased in patients with TB. And quality of life. For the pilot, it's going very well. (Partner focus group discussion)*

Steering group members expressed more concerns and focussed more on local structural factors causing delays (e.g. ethics approval, de-funding of services) than local partners. The pilot of the ICT tool is the only one where partners also raised some concerns. These concerns are based on delays in beginning the actual tool development after the initial research phase, a hiatus in communication after the research phase and the amount of compromises needed to have a uniform pilot and also reflect the needs of local target groups as much as possible. Some partners worry that there is now a lack of

time left to get sufficient data to evaluate the pilot. However, respondents expressed confidence that there will be at least some useful data to report.

Structural barriers to pilot implementation mentioned by several respondents include financing, lack of human resources, existing conflicts between organisations, the limited legal mandate of some GO, other legal barriers, and federated states with regional differences.

> *We have some public health institutions, some NGOs doing this pilot. It's a bit more difficult to implement the pilots with them. They are diverse, and some have been stopped along the way due to e.g. legal barriers, administrative barriers or financial limitations. (Steering Group key informant interviews)*

> *In INTEGRATE, finances are allocated in a bad way: I am working anyhow and receive my salary, but I need financing for the tests. This is what we need to be more efficient with these projects. (Partner focus group discussion)*

> *There are barriers to achieving the steps within complex health systems. There are questions of money, the political commitment to put money towards something. HIV and STI are not the most well-funded areas of medicine. Barriers are economic and structural. Not all partners are aware of all the pieces of the puzzle in their health systems. Some pilots are very complex. Even public institutions are not aware of all components of their health system. For NGOs, it's easy to point the finger at institutions. When you are an institution, you realise how difficult it is. (Steering Group key informant interviews)*

> *We didn't have the option to continue with the other centres (that also provided services to the target group) because they were closed after a change in government. But we are happy with the results we got. We had a good response from the clients. Not only about the tests, but also in relation to self-care. A lot of people went to the doctor more than they did before. (Partner focus group discussion)*

> *The reasons for difficulties, e.g. those I have with one organisation, are old difficulties with agreeing on things, these are relationship difficulties that have been established long ago. (Partner focus group discussion)*

Where tasks depend on preceding work by others or contributions from partners, lack of commitment or capacity from some partners was reported to have a large impact, holding up progress for everyone else. The perceived lack of options to respond to this has frustrated the committed partners, who thought they had been facing barriers and resourcing issues of their own, yet still managed to complete their tasks. This seemed to affect motivation.

> *We'll try to set a realistic pathway. Some barriers to achieving the WP objectives are that we depend on the partners' willingness. (Steering Group key informant interviews)*

> *Things should happen a lot faster when we need partners to respond and complete tasks. (Steering Group key informant interviews)*

> *We need a more intensive commitment from the partners who are doing pilots. (Steering Group key informant interviews)*

When adapting to local conditions, respondents commented on having to hold back on some of their wishes to enable pilots to be common across sites, but also on gains made through this negotiation process.

> *With the pilots, we lose something in the compromise on our local requirements, but we win something through collaboration with other countries. The impact will be after the pilots are finished. (Partner focus group discussion)*

> *There's no good solution to that, to do something that's very specific to you but also contribute at the European level. We have to do something for ourselves but translate it for everyone. There are not always the skills to do that translation. This is frustrating for the team sometimes. (Steering Group key informant interviews)*

> *Regarding the pilots, the challenging thing is the difference between the countries. We can't have the same pilot in all countries, we have different pilots. (Steering Group key informant interviews)*

> *Once we set up pilots, and it was clear what that might look like, we had good engagement. (Steering Group key informant interviews)*

Respondents commented on the different roles of NGO and GO in such an ambitious project, and on the need to manage the tensions that naturally occur between actors with inherently different, even opposite perspectives. They also acknowledged the need of NGO to voice their frustrations and be heard.

> *We NGOs need an opportunity to complain, and then we're ready to hear from other countries! (Partner focus group discussion)*

> *The state sector is not very good at using EU funding. But the NGO sector is very well trained to do it. (Partner focus group discussion)*

> *Only NGOs are flexible and can react to changes quickly. National institutions can't react quickly. (Partner focus group discussion)*

> *Qualitative change happens in HIV between the community-based movement and groups of organisations that don't have much connection to those communities anymore. There are worse than good examples. Regaining some connection with communities is most essential because key populations are not doing well. (Advisory Group focus group discussion)*

One respondent suggested that the delays resulting from the need to adapt pilot activities to local target groups and conditions could have been avoided if they had been able to participate more centrally in the planning phase of the Joint Action (in this case the respondent's organisation had become aware of the opportunity to be nominated quite late).

> *The lesson we learnt was to get more involved at the beginning, when the overall coordinators and WP leads are selected. If no partner from your country is selected for these, you are late in getting involved and have no say in planning the project. If Joint Actions are continued, or some other kind of EU process, we have to be more involved in designing it and nominate ourselves as WP leaders. (Partner focus group discussion)*

4.5.3. Concluding Remarks for Project Achievements on Piloting Activities

The pilot activities within INTEGRATE are generally on track. Delays in starting some pilots occurred for known reasons, but they are recoverable. The confidence expressed by respondents implies that at least some valuable results and learning can be expected of the still outstanding pilot activities, as long as they are well adapted to local conditions, well planned and tailored to the needs of the target groups.

It seems important in reporting on the Joint Action to document very clearly the successes achieved despite particular barriers, and to document learning and recommendations towards overcoming them, and to include analyses of failures.

> *Sometimes we focus on what has been difficult, but some countries have been able to challenge barriers (e.g. legislation). We are seeing changes on the ground; we should all also recognise and talk about the achievements. (Steering Group key informant interviews)*

> *Some of these things can be interesting for generating evidence at a national level if that's possible. If you can't finish the sustainability roadmap for a particular country, at least finish the pilot and the analysis, and publish it. (Advisory Group focus group discussion)*

> *Partner notification: It would be interesting to have experiences documented about how to do it in acceptable ways. (Advisory Group focus group discussion)*

The recommendations in the roadmaps to be developed specifically for each country that implemented a pilot should be made more widely available in some form in order not to miss opportunities for introducing pilot results to other partners. This would make them more sustainable across countries. Sharing roadmap recommendations presents an opportunity to maximise the effect of the pilot activities.

4.6. Project Planning

Evaluation question 5 deals with the feasibility of the planned specific activities over the next 12 months.

4.6.1. Findings from the Online Survey

Respondents from online survey suggest that for the next 12 months, INTEGRATE should consider consolidating its efforts, continue to focus on collaboration, pilot activities and practical results, and on producing the deliverables. The project should ensure that there are opportunities during the remaining face-to-face events to showcase and discuss the outputs and learning of INTEGRATE, and allow time for interaction with relevant stakeholders. Given the good results so far, they suggested to identify those goals that will be achieved and amend those that, realistically, cannot be reached.

4.6.2. Findings from the KII and FGD

Overall, respondents were confident that they will finish their pilots with some interesting results, even if there are delays and changes.

> *All countries will measure at least some quantitative indicators. But there will be a lot more measuring and reporting of challenges and barriers. I did not expect this in advance. (Steering Group key informant interviews)*

> *We can still adjust things now. (Steering Group key informant interviews)*

We will definitely do the pilot. At worst, it will be some lessons learnt. At best, the prevention app will be well received by our target group. (Partner focus group discussion)

We will have enough time to do all these things. (Partner focus group discussion)

Their concerns were more about having enough time to analyse and disseminate the results. Respondents strongly recommend a strict focus on the feasible for the remaining project period.

Write the main deliverables down with firm deadlines. Prevent the workplan from mushrooming and then having to reduce it again. Concentrate on the main things and stick to them. (Steering Group key informant interviews)

Decide what is realistic and achievable, put efforts towards partners who are active. (Partner focus group discussion)

Sometimes more clarity about the objectives and activities. Even for the pilots, objectives and how to achieve them changed over time. (Partner focus group discussion)

Respondents suggest that the large number of partners and their differences in motivation, commitment and actual effort put the achievement of some objectives at risk. They draw attention to the fact that a Joint Action is conceived with the assumption that all partners will do what they committed to at the outset. This appears not always to be the case, however. There is a palpable level of frustration among partners who not only fulfil their own commitments, but feel like they are making up for what others don't deliver, in order not to put the whole task at risk.

Put in the effort that we committed to putting in at the beginning. If everyone did that, there would not be a big problem in getting to the end of the project. (Steering Group key informant interviews)

So, I recommend keeping the motivation and to really, really fulfil the goals of the project. (Partner focus group discussion)

With regard to the roadmaps, respondents suggest that the next steps at the local level are what will keep the work going. They therefore recommend a continued focus on country-level sustainability, albeit with lower expectations as to how many of these next steps can be implemented within the project period.

Roadmaps are important, with small steps, but they need national commitment. (Advisory Group focus group discussion)

We acted as a constant reminder for partners to think about sustainability. It is not automatic. As we work on the roadmaps, we think that some of them are going to achieve sustainability of their pilot actions. (Steering Group key informant interviews)

There will be country-specific recommendations in the roadmap, but they won't be undertaken within the timeline (which was the original expectation). Countries should be aware of that, but I am not sure that they all have an understanding of either the original or the current scope and purpose of the roadmap. (Steering Group key informant interviews)

To ensure the successful implementation of the roadmaps at the national level, respondents made the following suggestions:

- Improve communication and coordination to ensure stakeholder buy-in, especially from national stakeholders
- Advise MoH ahead of completion that a roadmap is being developed in order to increase their commitment to implement it when they receive the competed document
- Increase the level of advocacy to create the political will to simplify access to government services, and increase the involvement of the MoH, e.g. by creating a national platform to guide the implementation of the sustainability roadmap
- Mobilise external supports, for instance at the EU level, to issue recommendations regarding changes that should be made by Member States
- Increase human and financial resources to ensure that they are adequate and sustainable.

4.6.3. Concluding Remarks for Project Planning

Within the scope and timeframe of the JA, the original expectations for pilots were unrealistic in some respects. Especially developing a sustainability roadmap based on the results of the pilot, implementing it and gathering feedback on it before the end of the project period. These challenges are compounded by the structural barriers mentioned earlier (finances, decision-making authority, stakeholder collaboration, legal barriers etc.).

We recommend checking that the workplan for the remaining project period meets SMART criteria (see also Section 4.7.2 on indicators). This means reducing existing expectations if necessary, and avoiding tasks expanding again in any way in the remaining year. One AG respondent suggested some useful questions to use for this purpose.

> *Would it be better to finish something rather than start everything? It's important to agree with stakeholders on the country level on the most important tasks. But are there any useless parts that can be left out? It's ok to leave some things out if they turn out not to be the best choice after all. If it seems too much to finish everything, leave something out. (Advisory Group focus group discussion)*

We also recommend raising the profile of the roadmaps, e.g. by including a presentation about roadmaps in all future meetings. Sustainability may be enhanced if all partners become increasingly familiar with the roadmaps. Although if the original design of the roadmap component of INTEGRATE (which included their implementation and evaluation within the project timeline) may have been ambitious, they can still serve as excellent guides to ensure sustainability.

4.7. Project M&E Indicators

Evaluation question 6 is about the use of the current indicators to measure progress and impact. The answer to this question indicates to what extent the current M&E indicators are appropriate.

4.7.1. Findings from the KII and FGD

Respondents are keen to document and make useable everything that is produced by INTEGRATE: products, evidence, knowledge, learning, tools, structural changes and specific methods. This would assist in making the benefits experienced from particular components of the Joint Action more broadly accessible and sustainable. One example are the national stakeholder meetings, which respondents considered essential catalysts for progress.

The model of national meetings should be documented. These should happen even without the JA. (Advisory Group focus group discussion)

We are at a stage of actually trying to bring people together, to work in a more integrating fashion, we are still struggling to see if it makes any difference. (Advisory Group focus group discussion)

Actually, focussing on the process, not just the outputs, as indicators of success of the project. It's not necessarily the final toolkit, but also new networks, connections, NGOs talking to government organisations and changes in rules, regulations, procedures, relationships, collaborations etc. That's one of the biggest successes of Joint Actions. (Steering Group key informant interviews)

Documenting challenges and failures within a framework of self-reflection was also seen as an important component of measuring the overall achievements of the Joint Action.

The only thing I would add, if people can decide in their local projects what they think they can't do, then they should commit to actually having some formal closure in order to document where they are at, honestly and transparently, without blame. This would be very valuable. Because even unsuccessful or unfinished work can contribute, because others will be influenced and can learn from it. A clear understanding of what the elements were that were done or were successful, rather than just letting it disappear because it was not finished. (Advisory Group focus group discussion)

State what their hope would be for the next steps: Those involved might be sad that they failed, but others might be glad to know so they don't have to make the same mistakes. (Advisory Group focus group discussion)

On the other hand, respondents do also feel that Joint Actions have to aim high enough at the outset in order to push stakeholders together and to disrupt systems sufficiently to create the possibility of change. In this context, process towards change should be what is measured and described as an outcome, not only whether a particular indicator was achieved or not.

The Joint Action should now focus on the results, to reach results and communicate the results and compare and to have conclusions. Not just to achieve the objectives on paper, but to describe what was proven to work, what was proven not to work, some lessons learnt through this project. (Partner focus group discussion)

Sharing best practices is the most important objective of the project. To disseminate them to institutional stakeholders, to push them on new policies for the future. (Partner focus group discussion)

I think it's mostly about sharing results and what we learned, what did go well, what didn't go well, to be honest about those things, that should be the main focus. About the lessons learnt. Because there was not that much of exchange between the WPs, so in the last year we can focus on that, on learning from the whole action and the pilots. (Partner focus group discussion)

4.7.2. Results from a Review of Current M&E Indicators

As part of the KII with the coordinators representing WP1, we jointly conducted a review of the current indicators specified in the grant agreement. This review was based on the findings from all other components of this evaluation. The review resulted in specific recommendations regarding some of the indicators. Indicators not mentioned here were considered appropriate and achievable.

Specific Objective 1, output indicator (3):

> *Proportion of users that download material, engage in exchange of best practices and in discussions concerning innovations (web analysis, Y3)*

Given the preference of INTEGRATE partners to exchange best practices and discuss innovations during face-to-face meetings, the data source for this indicator should include evidence from meeting reports.

Specific Objective 2, output indicator (3):

> *Proportion of JA partners in the 4 pilot/demonstration projects that plan to include patient experience surveys in their routine activities (evaluation survey) (Yearly internal evaluation survey year 3)*

Given the delay in these pilots and the large need for adaptation to local circumstances documented in this evaluation, it is unrealistic to expect that a substantial number of partners will have integrated a patient experience survey into their routine activities by the end of the project, and might not be able to do so on an annual basis. To reflect significant developments towards this objective, this indicator should be changed to the number of partners planning to integrate patient experience surveys into their work at intervals of at least every three years.

Specific Objective 2, outcome/impact indicator (1):

> *Number of JA partner countries that have revised/ incorporate integrated approaches to early diagnosis of HIV and co-infections in their national policies, national programmes or other strategies plans and clinical guidance (Yearly internal evaluation survey year 3)*

Given the steps required to achieve national consensus on policy changes, the need for buy-in from decision makers, as well as the barriers reported in this evaluation, this indicator will not capture all substantial progress made towards policy change regarding integration. As recommended by respondents, attempts and steps should also be documented to disseminate lessons learnt. We therefore recommend to change this indicator to 'Number of documented steps within JA partner countries towards revisions / incorporation of integrated approaches …'.

Specific Objective 2, outcome/impact indicator (2):

> *Number of organisations who have revised their strategic plans, clinical guidance, or annual work plans to include integrated approaches to early diagnosis of HIV and co-infections with a focus on patient-centred care (Yearly internal evaluation survey year 3)*

For the same reasons as described for Specific Objective 2, outcome/impact indicator (1), we recommend to change this indicator to 'Number of documented steps by organisations to revise their strategic plans, clinical guidance …'.

Specific Objective 3, outcome/impact indicator (3):

> *Proportion of National health institutions and CSOs approached in EU member states and Serbia that find toolkit useful or very useful to plan and implement home/self-testing or self-sampling programme (survey to NFP).*

Given the delays in the production of the toolkit and the uneven levels of stakeholder collaboration within EU member states, it is unrealistic to expect feedback on the disseminated toolkit by the end of the project timeline. In order to produce meaningful evidence of the work performed, and to document learning, we recommend to change this indicator to 'Number of National health institutions and CSOs in partner countries who were consulted in the production of the toolkit and number of organisations the toolkit was disseminated to, including any feedback received.'

Specific Objective 4, process indicator (2):

> *Proportion of NFP responding to survey on current testing and linkage to care data collection, integration approaches, processes and barriers and facilitators (survey)*

Given that the results of this evaluation indicate uneven levels of stakeholder collaboration within partner countries, and given the feedback regarding the over-surveying of NFPs, we recommend to change this indicator to 'Number of agreed changes reported by partners on current testing and linkage to care data collection, and number of documented integration approaches, processes, barriers and facilitators (Year 3 internal evaluation survey)'.

Specific Objective 4, outcome/impact indicator (1):

> *Number of impact indicators of ETW that are assessed and incorporated in all pilot countries (meeting report)*

During the implementation of the JA, it became clear that only process and output impact indicators would be incorporated into ETW. The work on ETW indicators was moved to Specific Objective 5. We therefore recommend to change this indicator to 'Number of process and output indicators of ETW that are used and incorporated in all pilot countries (meeting report)' and move it to Specific Objective 5 as an output indicator.

Specific Objective 4, outcome/impact indicator (3):

> *Number of indicators adopted for the Dublin monitoring system, in agreement with the Dublin Declaration working group and in collaboration with ECDC (meeting report)*

Given the need to preserve the internal integrity and year-to-year comparability of the Dublin Declaration monitoring system, measuring outcome/impact of this specific objective by the number of indicators adopted into the Dublin system is unrealistic. Integration may result from changes to the analysis, changes in indicators, or agreement on additional data sources. We therefore recommend to change this indicator to 'Number of data integration issues resolved in agreement with ECDC in order to harmonise national and Dublin Declaration surveillance and M&E systems with regard to monitoring testing and linkage to care for HIV, viral hepatitis and STIs (meeting report)'

Specific Objective 5, output indicator (2):

> *Technical report for healthcare workers on partner notification is disseminated to national stakeholders and decision-makers. This is a secondary prevention guidance document which will include HIV, STIS, Hepatitis and TB guidance (publication)*

Stakeholder feedback and this evaluation indicate that information about partner notification is not the barrier to its adoption. Rather, there are barriers to its practical implementation, such as allocating responsibility for it at testing sites and staff competency in this complex area. We therefore recommend to change this to a training indicator, e.g. 'Number of training activities held in partner countries to facilitate the introduction of partner notification at testing sites, including documentation of the relevant training topics (year 3 internal evaluations survey)'.

Specific Objective 5, outcome/impact indicator (1):

> *Number of organisations in JA partner countries who have introduced the adapted ICT-based tools in their work reaching key populations (yearly internal evaluation survey year 3)*

Given the delay in the development of the tool and the adjusted timing of the pilots, mainly due to the need to reach consensus in order to make the tool useable with respect to the large differences in local target group needs and preferences, we recommend to change this indicator to an output indicator referring to pilot activities, e.g. 'Number of organisations in JA partner countries who have piloted the adapted ICT-based tools in their work reaching key populations (yearly internal evaluation survey year 3)'.

Specific Objective 6, output indicator (1):

> *Proportion of visitors of the action's website who have downloaded the training tools (web site data)*

Given the adjusted timing of training tools being finalised, it is unrealistic to measure the acceptance of the training tools using website data within the project time frame. There is also no evidence to support a target of 20% as the proportion of visitors to the website who are likely have a need for training tools. We therefore recommend deleting this indicator.

5. Conclusion and Recommendations

5.1. Limitations of this External Evaluation

Limiting factors to this evaluation include timing, positive bias based on partner engagement and language barriers.

Due to some delays caused by a partner withdrawing from WP3 (Evaluation) and the subsequent changes to the evaluation plan for the Joint Action meant that preparation time and overall scope of the evaluation were limited. In addition, the respondent recruitment and data collection component needed to start as close to the end of the summer vacation period as possible in order to finalise the evaluation in time for the second partnership forum in November 2019. This may have had some impact on survey response rates. Some invitations to partners to select dates for KII and FGD via an online meeting scheduling application also returned some 'out of office' replies indicating vacation absences into September. This may have left some respondents little time to organise their work in order to be able to participate with enough time for self-reflection. However, the overall response rate of 88% of partners is still very good.

It is always possible with evaluations of this kind that some respondents are reluctant to provide any feedback they may perceive to be disrespectful to their partners, WP leads and co-leads, or the coordinator. Despite assurances, they may also perceive that there is a possibility of repercussions. Or they may feel embarrassed about being behind schedule in their tasks. Not only personal, but also cultural and historical factors may have an impact in this respect. We tried to mix participants from different countries and organisations in the FGD to avoid distortions in the responses, but as external evaluators we were not in a position to anticipate which constellations of individuals may cause some respondents to hold back their true thoughts. In one instance, it appears that one respondent declined to participate in a FGD because of who else was participating. However, the tone and atmosphere of the KII and FGD were lively and open.

These factors may mean that individuals or partner organisations who are disengaged, dissatisfied, behind schedule may not have responded to some or all the opportunities offered to contribute to this evaluation. We can therefore not exclude a certain bias towards positive responses.

In addition, the vast majority of INTEGRATE partners do not speak English as their first language. Despite all respondents having a working command of English, the transactional language of the project, it could not be avoided that some meaning, concepts and nuances were lost during communication. This may have put some respondents at a disadvantage, especially during KII and FGD interactions.

5.2. Concluding Remarks

Overall, the evaluation shows that the project is on track. There are some delays, but all are recoverable within the remaining project period. The project has already had practical as well as structural impacts in many partner countries, ranging from the specific integration of additional tests into services provided to key populations, to increased stakeholder collaboration on the national level.

According to the project partners, INTEGRATE is effective in promoting and facilitating cross-sector working across disease areas and disciplines. Coordination and collaboration within INTEGRATE are effective. Respondents made specific suggestions to improve internal and external communication.

The pilot activities are overall on track, with some starting late but now well underway. However, some data collection might be limited as a result. The time available to analyse data and implement roadmap recommendations is also more limited than anticipated.

Overall, the specific activities planned for the remaining project period are feasible. It would be beneficial to refocus some in respect of the time and resources available and adjust expectations by revising some indicators.

The evaluation responses suggest that results and effectiveness as measured through the specific objectives and indicators do not reflect the total current and potential impact of INTEGRATE. It is important not to underestimate the demonstration effect embedded in this multi-country, multi-level project: if something can be shown to work in one country, it might enable others to see larger possibilities in their own countries. Especially valuable examples are countries where significant barriers had to be overcome, or countries that are perceived to be at a disadvantage or 'lagging behind' in some way. If others can see the parallels to their own country, the demonstration effect can be a crucial catalyst and motivator.

There is some learning in these results for future large European projects. They point to the use of SMART objectives that are well-adapted to local conditions. However, in some cases there is not enough information or an established stakeholder partnership in existence to enable SMART goals to be established during the submission phase. Having such detailed objectives should therefore not be an exclusion criterion for project components during the submission phase. In these cases, perhaps developing SMART objectives for a particular project component with all relevant local stakeholders could be explicitly named as the first deliverable.

5.3. Recommendations

5.3.1. Recommendations to the Project Coordinator

Guidance

In addition to the necessary leadership in and assistance with administrative processes – for which they received very positive feedback – the coordinators could provide stronger guidance with respect to the project content in order to ensure a focus on concrete outcomes and achievable tasks for the remainder of INTEGRATE.

Advocacy

Partners look to the Commission, but also to the coordinators for support to promote policy development at the national level. Consider using the prestige of the Joint Action in consultation with local partners, e.g. through a letter from the coordinators recommending implementation of the sustainability roadmaps to national decision makers.

Spiderweb communications

The reported gaps in communication suggest that it is currently star-shaped, with direct lines of communication between the coordinator and the steering group, and between the coordinator and individual partners. What is missing are the 'ring road' connections: the communication network would work better if it resembled a spiderweb, with lateral as well as vertical connections. This applies especially to communication between work packages, but also between countries and partners.

Cut your losses

Two years of work on INTEGRATE have clearly shown what can and can't be achieved. Where non-delivery by some partners is holding up progress for others, consider proceeding without their

contribution. Document the outcomes that are being achieved despite barriers, as well as the failures and learning. Encourage partners who can't deliver to document their reasons rather than keep promising to deliver on unrealistic expectations. Partner contributions have to be timely, otherwise pilots and final results cannot be reasonably achieved.

Adaptation

Lift the profile of adaptation in all dissemination and reporting activities. Show that it is a key task throughout all aspects of the Joint Action. Ensure it is not seen as an indicator of failure, but as a sign of strength and capacity. Report on needs and reasons for adaptation, on the proposals that address them, and report on adaptations made. Find ways to document how partners adopt results from other WP or pilots that they are not formally involved in.

Pivot to external audiences

The coordinators are well respected and we have the impression that partners expect them to set the tone for the collaboration. We recommend concentrating on communicating outwards, on clear messages and recommendations, and on the making the project results easy to access and to understand.

Shift the weight of the collaborative effort towards disseminating the benefits beyond the partnership. This is a cultural shift that will require a change in language. For example, change the internal language from being dominated by administrative references ('WP8', '5.1') to terms that outsiders will understand and can place into the context of integration of the health system responses to HIV, STI, viral hepatitis and TB themselves. In collaboration with WP2, create a glossary of such terms and use it consistently, internally and externally. This would greatly assist the dissemination of results and learning. It is important that a wider audience is not required to learn the internal language and structure of INTEGRATE before being able to draw on its benefits.

> *It would be good if there is an outcome, something simple that is useful, that we can read about it on the website, very simple to understand: what INTEGRATE did, why did it work, why didn't it work, what to do next, any sustainable solutions. Not being afraid of being simple. Resist the pressure to sound comprehensive and detailed and complex. (Advisory Group focus group discussion)*
>
> *To be outcome-focussed. To gather everything together now, to have a clear message, to speak with a clear voice rather than making lots of noise. We need to have a message to convey. (Steering Group key informant interviews)*
>
> *One integrated message is what we are missing right now. (Steering Group key informant interviews)*
>
> *I think that, in a project of this extent, now is the period to disseminate the results and promote them. (Advisory Group focus group discussion)*

'Make them hungry' - promote exchange and learning

Interaction between partners does not seem to occur easily using indirect communication. Face-to-face meetings (forums, workshops) seem to promote this interaction and are highly valued by partners. They see it as their only real chance of having a free-flowing exchange with other partners.

Consider revising the structure for the partnership forums to maximise exchange between WP and between pilots. Consider fewer agenda items to avoid having to work in parallel sessions. Allow time for free-flowing exchange by limiting presentations to short updates, avoiding technical detail. This may

give partners more opportunities to inspire each other and motivate them to follow up on the details – 'make them hungry for more'. Consider extending the duration of the partnership forums if possible.

5.3.2. Recommendations to the Project Partners

Reality check

WP leads and WP partners still diverge in their level of confidence about finalising pilot activities. We recommend that they perform a joint 'reality check' to reach a common understanding of the status of each individual pilot activity and a clear and shares timeline to completion.

Adaptation

Value the process of adaptation where it is necessary. This includes adaptation to country and regional operating environments (structural barriers, capacity), as well as adaptation to delays and the evolving project trajectory; this may mean redefining expectations, but also documenting unexpected outcomes, changes and learning. It requires thinking in terms of achievements, learning and next steps. Recommendations can not only to be derived from original intentions, but also from failures, dead ends and unexpected positive outcomes.

We recommend specific revisions to two areas of work: communication (WP2) and training tools (WP8):

Communication

Consider revising the overall approach to creating content by using journalistic methods. This means identifying topics in consultation with the coordinator, then interviewing relevant partners, condensing and translating the information into accessible language and style, then feeding it into the different communication channels. The SG should work together to identify and recruit the necessary supplementary capacity and expertise.

This journalistic approach should then focus on face-to-face meetings, collecting content there to be disseminated to a wider audience, including non-partner countries and organisations. Concentrate on short and simple information and updates, communicating results and learning. One WP has already indicated this shift towards a more concise format:

> *We are discussing how to present the results in a coherent way if the work has been so diverse. We are opting for a qualitative description with one-page summaries. (Steering Group key informant interviews)*

We recommend that the SG dedicates time to assist WP2 in redefining communication goals and strategies in the last year of the project. Work on a way to ensure that all WP and partners think about which of their results should be communicated to which stakeholders and how. This seems to be what audiences prefer:

> *Make it practical: Showing something that you can take with you without reading 150 pages. (Advisory Group focus group discussion)*

It is important that all partners work collaboratively with WP2 on this readjustment. It needs two components: WP and partners working to become clearer about what their key messages are. And INTEGRATE finding out what internal and external audiences really want to know about its work. Then, messages and dissemination channels can be chosen appropriately.

Training tools

Based on the evaluation responses, we recommend the intended training tools to be interactive and accessible. It is important to choose a platform that is maintained beyond the end of INTEGRATE, so that the tools remain useable after the Joint Action ends. We recommend an integrated set of modular online tools including links to existing online resources from previous EU projects (HIV EDAT, OptTEST, Quality Action, HA-REACT etc.) where appropriate to avoid duplication. We also recommend to structure training tools from a user perspective.

5.3.3. Recommendations to the Advisory Group

Based on their responses to the evaluation, we expect interaction with the Advisory Group to intensify as more project results become available.

The AG offers a great opportunity for partners to test key messages about their results and learning that are intended for external audiences. The recommended changes to the communication component of INTEGRATE described above should address some of the concerns regarding being informed that AG members raised in the evaluation.

We recommend that the SG conduct a brief review of the areas of interest of individual AG members and ask the relevant WP to approach individual AG members accordingly. The high level of engagement of individual evaluation respondents from the AG who have a particular interest in specific aspect of INTEGRATE suggest that this may be more effective than broadcasting general information to the AG and expect that AG members will self-select and initiate contact with individual WP.

Annex 1. Results of Document Review

Work package, Deliverables and Milestones	Timing			
	Intended	Realized		
		Early	On time	Delayed
Work Package 1				
Deliverables				
D1.1. Interim report year 1	M12 Aug'18		x	
D1.2. Interim report year 2	M24 Aug '19		x	
D1.3. Final report	M36 Aug '20	NA		
Milestones				
MS1. JA work plan and Standard Operating Procedure (SOP)	M6 Feb '18			x
MS2. Consortium Agreement	M4 Dec '17			x
MS3. Establishment of Steering Committee, Partnership Forum and Advisory Board	M1 Sep '17		x	
Work Package 2				
Deliverables				
D2.1. JA Leaflet	M3 Nov '17		x	
D2.2. Layman version of final report	M36 Aug '20	NA		
D2.3. Website	M3 Nov '17		x	
D2.4. Dissemination Plan	M4 Dec '17		x	
D2.5. Newsletters	M36 Aug '20	NA		
D2.6. Website and knowledge component updates	M36 Aug '20	NA		
Milestones				
MS4. Matrix for analysis of existing knowledge platforms	M4 Dec '17		X	
MS5. Website and social media presence	M3 Nov '17		X	
MS6. Dissemination Plan	M6 Feb '18		X	
MS7. User manuals for JA website	M12 Aug '18		X	
MS8. Draft conference programs	M20 Apr '19		x	
Work Package 3				
Deliverables				
D3.1. Interim internal evaluation report year 1	M12 Aug '18		x	
D3.2. Interim internal evaluation report year 2	M24 Aug '19		x	
D3.3. Midterm external evaluation	M18 Feb '19			x
D3.4. Final external evaluation report	M36 Aug '20	NA		
D3.5. Evaluation Plan	M4 Dec '17			
Milestones				
MS9. Evaluation Plan	M6 Feb '18		x	
MS10. Partner surveys and interview guide for in-depth interviews with LP/Co-LP	M30 Feb '20	NA		
MS11. TORs for external evaluations	M11 Jul '18		x	
Work Package 4				
Deliverables				
D4.1. Sustainability plan	M12 Aug '18			x
D4.2. Report/Roadmap on results of pilot activities	M24 Aug '19			x
D4.3. Patient experience toolkit	M32 Apr '20	NA		
Milestones				
MS12. Stakeholder consultation meeting report identifying key actors	M8 Apr '18		x	
MS13. Overview of the cost-effectiveness of piloted activities	M12 Aug '18		x	
MS14. Presentation of sustainability plan	M12 Aug '18		x	
MS15. Presentation of roadmap for policy change, action plan and guideline review	M18 Feb '19		x	
MS16. Meeting report from stakeholder consultation	M9 May '18		x	

Work package, Deliverables and Milestones	Timing			
	Intended	Realized		
		Early	On time	Delayed
MS17. Protocol patient experience survey	M12 Aug '18			x
MS18. Pilot patient experience survey	M32 Apr '20	NA		
Work Package 5				
Deliverables				
D5.1. Innovative and integrated approaches for testing information package	M24 Aug '19		x	
D5.2. Toolkit to increase testing and linkage to care in health care settings	M30 Feb '20	NA		
D5.3. HIV home sampling and home-testing and linkage to care toolkit	M34 Jun '20	NA		
Milestones				
MS19. Partner meeting to discuss ETW tools	M6 Feb '18		x	
MS20. ETW materials include where relevant, promotion of testing for STIs and sexual health promotion	M12 Aug '18		x	
MS21. Piloting integrated ETW tools	M24 Aug '19		x	
MS22. Review of IC tools for inclusion of hepatitis/STI and TB	M18 Feb '19		x	
MS23. Review of HIV home/self-testing	M12 Aug '18		x	
MS24. Prepare regional workshop on home/self-testing	M18 Feb '19		x	
MS25. Pilot home/self-testing toolkit	M26 Oct '19	NA		
MS45. Pilot IC guided testing tools	M28 Dec '19	NA		
Work Package 6				
Deliverables				
D6.1. Consensus set of indicators to assess the impact of the ETW on testing	M26 Oct '19	NA		
D6.2. Consensus recommendations for collection and integration of CBVCT testing and linkage to care data on national surveillance systems for HIV, viral hepatitis and STIs	M29 Jan '20	NA		
Milestones				
MS26. Needs assessment for ETW impact evaluation	M8 Apr '18		x	
MS27. Meeting with JA partners to discuss ETW indicators	M13 Sep '18		x	
MS28. Pilot test of ETW indicators	M18 Feb '19		x	
MS29. Meeting for final consensus on indicators to monitor and evaluate the ETW impact	M25 Sep '19		x	
MS30. Report on current data collection on testing and linkage to care	M11 Jul '18		x	
MS31. Consensus meeting on testing and linkage to care data indicators for integration into surveillance and M&E systems	M14 Oct '18	NA		
MS32. Pilots for CBVCT services on data integration	M25 Sep '19		x	
MS33. Second consensus meeting on key indicators for CBVCT services	M26 Oct '19	NA		
Work Package 7				
Deliverables				
D7.1. Review of existing ICT based prevention programmes and their effectiveness report	M12 Aug '18			x
D7.2. Report on existing ICT-based prevention programmes and their effectiveness	M35 Jul '20	NA		
D7.3. Partner Notification Usefulness Technical Report	M34 Jun '20	NA		
Milestones				
MS34. Review of ICT based prevention programmes	M12 Aug '18			x
MS35. Adaptation of existing ICT based prevention programmes	M18 Feb '19			x
MS36. Pilot study of adapted ICT-based prevention tools	M30 Feb '20	NA		
MS37. Report on pilot results	M35 Jul '20	NA		
MS38. Partner notification mapping exercise	M9 May '18			x

Work package, Deliverables and Milestones	Timing			
	Intended	Realized		
		Early	On time	Delayed
MS39. Survey on partner notification	M24 Aug '19		x	
MS40. Report on partner notification	M30 Feb '20	NA		
Work Package 8				
Deliverables				
D8.1. INTEGRATE online learning courses	M24 Aug '19		x	
D8.2. INTEGRATE Regional workshops for capacity building	M34 Jun '20	NA		
Milestones				
MS41. Survey on training needs	M3 Nov '17		x	
MS42. Planning of the three regional workshops	M12 Aug '18		x	
MS43. Online learning formatting	M24 Aug '19		x	
MS44. Workshop evaluation reports	M34 Jun '20	NA		

Note:
NA = Not applicabe - these activities are beyond the period covered in the external evaluation

Annex 2. Data Collection Tools

(provided as separate files)