Integrate

Joint Action on integrating prevention, testing and linkage to care strategies across HIV, viral hepatitis, TB and STIs in Europe

INTEGRATING PREVENTION, TESTING AND LINKAGE TO CARE STRATEGIES FOR HIV, VIRAL HEPATITIS, TB AND STIs: *A ROADMAP*

Increasing integrated early diagnosis and linkage to prevention and care across Europe.

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Integrating Prevention, Testing and Linkage to Care Strategies for HIV, viral hepatitis, TB and STIs Roadmap: Introduction

The Roadmap for Integrating Prevention, Testing and Linkage to Care Strategies for HIV, viral hepatitis, TB and STIs outlines general principles and country-specific recommendations as a basis for fostering changes in national policies, action plans, and/or clinical guidelines to meet global and national targets and commitments to reduce new cases of HIV, viral hepatitis, TB and STIs in Europe.

The Roadmap was developed through a consultative process among 29 INTEGRATE partners and national key actors and stakeholders in the pilot countries (Italy, Greece, Lithuania, Poland, Serbia, Spain, Slovakia and Slovenia). The INTEGRATE partners have been invited to contact national key actors in their respective countries to present to them the INTEGRATE pilot actions and consult them on the recommendations for integration of INTEGRATE pilot results at the country level. National key actors, identified through the stakeholder consultation, include institutions and bodies responsible for health policy planning, existing strategies and ongoing policy developments in relation to HIV, hepatitis, STIs and TB. Hence, the identified bodies have knowledge about policies, coordination mechanisms and plans that countries have put in place in order to ensure the sustainability of national responses and are able to guide national policies.

Combining efforts across the continuum of care for HIV, viral hepatitis, sexually transmitted infections (STIs) and tuberculosis (TB) infection is relevant due to high prevalence of co-infection and overlap in key populations and/or common modes of transmission. This Roadmap outlines general principles and recommendations relevant for all countries across Europe and 11 country-specific recommendation for the 8 countries where the INTEGRATE Joint Action has conducted pilot activities.

For the pilot countries, exceptional efforts are required at the European and national level to facilitate and support integration of deliverables and results of the Joint Action into national policies, action plans, and/or clinical guidelines. Where relevant, the Roadmap also aims to describe actions needed in order to integrate the pilot actions permanently in the national health system, to overcome any legal and regulatory barriers, to ensure the financial sustainability of the action, and to involve key actors in this process. Each pilot country's specific context was described in a previous Sustainability Plan, including country profiles of health policies and other structures relevant for the pilot actions.

Integration of prevention, testing and linkage to care strategies for HIV, viral hepatitis, TB and STIs remain a challenge

Despite tremendous progress in prevention methods and uptake of treatment, HIV, viral hepatitis B and C, sexually transmitted infections (STIs) and active and latent tuberculosis (TB) infection remain major public health concerns in Europe and globally.[1] To reach the European and global strategic targets concerted efforts are warranted to ensure that people who are infected are diagnosed early and enter the care system to control and prevent further transmission of these diseases. Furthermore, there is a high prevalence of co-infection due to overlap in key populations and/or common modes of transmission which underscores the need to combine efforts across the continuum of care. The challenge remains to address health inequalities that are preventing some groups, notably people living with HIV, TB, and viral hepatitis, vulnerable groups and minority ethnic communities, from accessing the services they need to live longer and healthier lives.

Achieving the European and global goal to end the epidemics of HIV, TB, and viral hepatitis by 2030 as part of the Sustainable development Goals requires scaling up efforts in prevention, testing and linkage to care and treatment
- EU, UNAIDS, UNODC and WHO

The Joint Action INTEGRATE (2017-2021) has used existing tools and knowledge from the field of HIV and collaborated with a broad group of stakeholders to improve the understanding of the shortcomings in linkage to hepatitis and STI care and urge integrated approaches. INTEGRATE has adopted a broad focus on key populations at increased risk of HIV, viral hepatitis, STIs and TB, mainly MSM, people who inject drugs, sex workers and migrants. There has been a primary focus on HIV, viral hepatitis and STIs, which share modes of transmission and to a lesser extent on TB, which is a different disease in terms of risk of acquisition. However, INTEGRATE has also implemented methods to improve testing for HIV in patients presenting with TB in hospital settings.

Analysis of testing data conducted by the organisation GAT in Portugal on overlap of key populations and co-infections clearly shows lost opportunities when testing projects and strategies adapt a non-integrated approach while stressing the potential for new diagnosis and linkage to care if integration across diseases and key populations is implemented (Figure 1 and 2).

Clearly, as Figure 1 illustrates, mono-disease or non-integrated testing projects and strategies imply lost opportunities for identification of co-infections and early linkage to care. Although available diagnostic technology and easy-to-use point of care tests facilitate broader availability of tests offered at various testing sites, many countries across Europe still have not made significant progress towards integration.

[1] WHO Europe 2016, Action plan for the health sector response to viral hepatitis in the WHO European Region, Copenhagen, 2016.

Figure 1: Co-infections among clients tested (2015-2018) (n=2474)

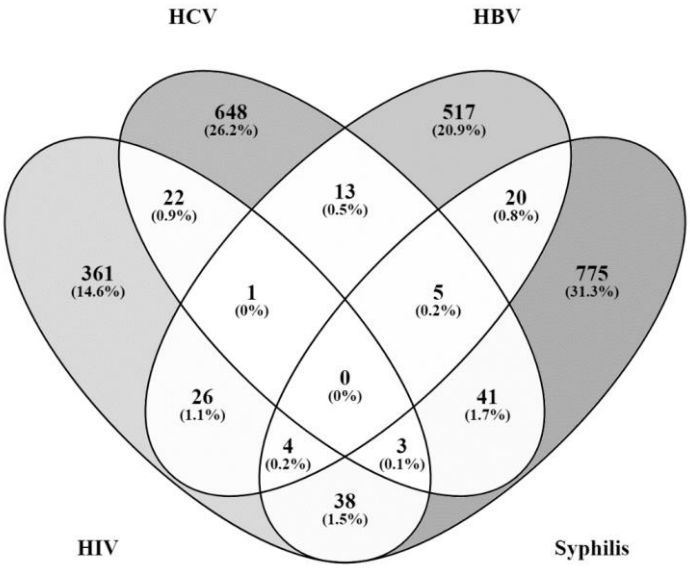
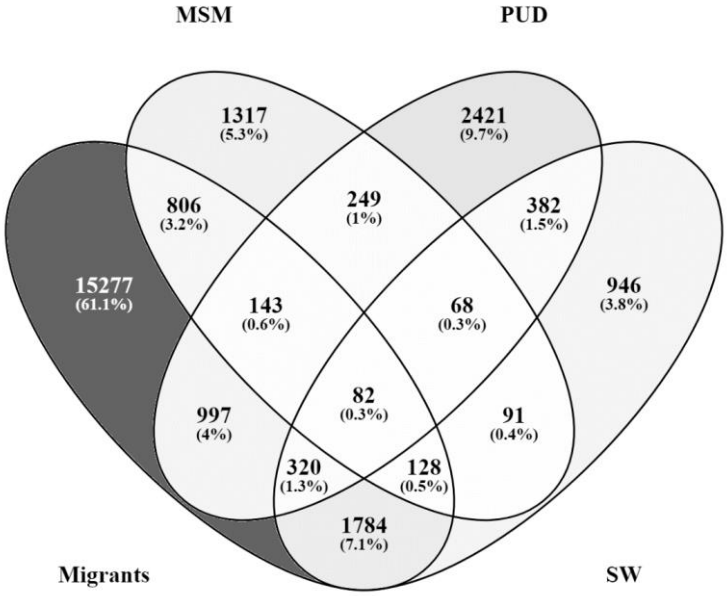


Figure 2: Key populations reached (2015-2018) (n=25,011) [2]



[2] GAT Project data: Of the 28 127 people tested (in 2015-2018) 3396 (12.1%) did not provide information that could be used to classify for a Key Population.

A call to action: a 6-point plan for accelerating integrated approaches at country level

This 6-point plan for accelerated action lays out the immediate concrete steps that each country can take to accelerate progress towards meeting its 2020 and 2030 commitments to eliminate HIV and hepatitis B and C, reduce late diagnosis and reduce co-infection among key target populations. Testing and early diagnosis, and subsequent linkage to treatment and secondary prevention services is key to controlling the epidemics.

1. *Target key populations most at risk*
   Countries will focus testing and prevention strategies on key populations at increased risk of HIV, viral hepatitis, STIs and TB infection, mainly MSM, people who inject drugs, sex workers and migrants. This will include modifying existing legal and regulatory barriers for key populations' access to and uptake of testing, prevention and care.

2. *Develop integrated approaches to prevention, testing and linkage to care across disease areas*
   Countries will focus on developing and strengthening integrated prevention, testing and treatment strategies for HIV/AIDS and co-infections (viral hepatitis, TB and STIs). This will include modifying any existing legal and regulatory barriers for such integrated approaches (e.g. disease specific mandates or budgets).

3. *Diversify testing strategies*
   Countries will adopt and support diversified testing strategies and programmes, including targeted testing in healthcare settings, such as Indicator Condition (IC) guided HIV testing, point-of-care testing by community organisations and healthcare professionals, and new and innovative testing strategies such as home-testing and home-sampling including routine emphasis on partner notification. This will entail modifying any existing legal and regulatory barriers for diversified testing strategies (e.g. legal restrictions on lay provider testing or self-testing).

4. *Support monitoring and surveillance*
   Countries will monitor progress and performance of testing programs and linkage to care locally and nationally at all levels, including community-based services. Any gaps in data collection are addressed.

5. *Monitor patient experience and outcomes*
   Countries will include patient-reported outcomes as an integrated part of monitoring and evaluation of the effectiveness of national, regional and local health systems because reduced barriers to testing and linkage to treatment and care and good quality of life leads to improved health outcomes and reduced costs.

6. *Expand combination prevention approaches*
   Countries should identify and implement effective HIV/STI prevention strategies for the different key affected groups combining social change and use of communication interventions, using information and communication technology (ICT) designed for specific populations and contexts, and have enhanced the adoption of prevention behaviours and the uptake of services.

What is holding us back?

The necessity, effectiveness and cost-effectiveness of integrated approaches are broadly recognized by stakeholders. However, when it comes to implementing and improving integration in countries a range of barriers are holding us back from achieving the desired changes and, hence, the global and European targets.

There are four main interrelated reasons for insufficient progress.

1. **Gaps in political leadership**

Political leadership to secure equal access to health care and adequate coverage for key affected population, healthy lives and zero-discrimination has often lacked. There are examples, however, such as the Fast-track cities network of cities and municipalities, which is driven by strong political leadership committed to reach the UNAIDS 90-90-90 targets by 2020 and now ending the epidemics of HIV, tuberculosis, and viral hepatitis by 2030. Leadership to launch concerted efforts for key populations at increased risk of HIV, STIs, HCV and TB infection, such as MSM, people who inject drugs, sex workers and migrants, is urgently required.

2. **Policy gaps**

Achieving full implementation of integrated approaches - across disease areas, key populations and sectors – often depends on additional efforts to create a conducive policy environment and address a range of factors that act as barriers. These include health systems with specialized institutions with restricted mandates (e.g. only allowed to focus on HIV), services that are only allowed to target specific populations (e.g. only MSM), different surveillance reporting requirements for different diseases hindering testing in community settings (e.g. STIs with obligatory case reporting), etc. Proper roll-out of integrated approaches, therefore, requires a thorough mapping and process of change of existing legal and administrative barriers.

3. **Gaps in financing**

Financial support for integrated approaches - across disease areas, key populations and sectors – is both crucial and complex. To move from specific project interventions to structural change and action requires funding to cover material and work-related costs, or even to integrate the specific intervention into the national health system. Therefore, in order to achieve structural changes fostering integrated approaches it is essential to involve key actors who have the power to decide how to allocate public funds.

4. **Lack of systematic implementation at scale**

Collaboration across sectors, settings and actors, including community and NGO settings, is key for implementation of integrated approaches at scale. However, the scale of implementation that NGOs can provide is unsystematic and highly unstable as NGOs rely on public and private funds as well as volunteer work. Public health systems, hence, play a key role in a systematic implementation and scaleup of integrated approaches.

Country specific recommendations for sustainability of pilot activities

The following INTEGRATE pilot countries and actions are covered by this Road Map:

1. Training and Procedures for Partner notification
    - Greece
    - Italy

2. Assessment of HIV Self-Testing availability and usability
    - Italy
    - Lithuania

3. Combination Prevention ICT Tool Usability
    - Italy
    - Lithuania

4. Integration of Testing Data from community testing sites into national surveillance systems:
    - Poland
    - Serbia
    - Slovakia
    - Slovenia
    - Spain

1. TRAINING AND PROCEDURES FOR PARTNER NOTIFICATION

GREECE

Pilot partner: National Public Health Organization **(NPHO/EODY)**

Introduction: pilot action results

Partner Notification (PN)/contact tracing (CT) represents a public health activity and it is an important strategy in infectious disease management with clinical as well as public health benefits. Utilizing a baseline survey of INTEGRATE partners and an in-depth mapping of pathways in selected countries (Ireland, Italy, Romania and Greece), INTEGRATE collected national guidelines and documents for partner notification (PN) into a public database, organized PN training programs and created standard operating procedures (SOPs) for integrated PN services for HIV/STIs and viral hepatitis B &C as well as CT for TB.
A key finding of the project was the difficulties of incorporating TB contact tracing. Experts highlighted that integrating TB contact tracing with the other disease areas would be difficult and likely unwarranted, both due to the different mode of transmission of TB and the well-established historical pathways for TB in public health systems. However, the success of TB services presents an ideal model to draw upon when strengthening other PN systems.

SWOT Analysis of pilot action results

	Helpful	Harmful

Internal *(in the given situation)*	**Strengths** - PN adapted to specific target groups (PWUD, MSM and migrants/refugees) - Public health special interest group on HIV/STIs that is looking at new partner notification practices - Consultation role of the National Public Health Organization involved in the pilot - Good health worker-patient relationship - Psychologists contribute to PN earning the trust to the health workers - Access to prevention, diagnosis and treatment for all patients in public health units	**Weaknesses** • Lack of time and resources • Insufficient staff training • Different modes of disease transmission • Lack of harmonisation with the GDPR requirements • Different disease areas operate under different pathways and protocols with HIV/STIs, hepatitis and TB all varying significantly in procedure and practice • PN/CT must be done in person. For HIV/STIs PN occurs through patient referral (assistance in disclosure of diagnosis to partners or family is offered by doctors and psychologists) -need for more staff • Differences in healthcare system pathways • Cultural differences (for migrants/refugees) • No standard EU/EEA guidelines • Responsibility for overseeing and conducting PN is not defined
External *(in perspective)*	**Opportunities** • PN specific trainings for staff on laws, regulations, guidelines and pathways • Creating a country specific SOP for PN, which incorporates information on all four disease areas • PN mapping demonstrating the pathways and procedures in place for partner notification • Creation of a public online repository of PN documents • Sharing experiences of PN/CT with other countries- exchange of practices • Set of quality standards	**Threats** • PN procedure is not formally established • Healthcare system influences the practice of PN/CT • Economic situation • Covid-19 pandemic • Stigma

Recommendations for the sustainability of the pilot action in a partner country

- Financing the health care system in order to achieve the goal of adequate human resources and high quality of health care services
- Strengthen the ability of the health system to provide accessible, affordable and acceptable services through patient-centred approaches
- Translate the SOPs
- Dissemination of knowledge and sharing of experience among consultants/ health care professionals and community staff
- Establish continuous training of staff who are or will be involved in partner notification services
- Continue regional, national and international partnerships in disease prevention, control and care issues as PN/CT
- Determine the locations where PN should take place, according to the needs of the general population and populations most in need.

Steps already taken in order to integrate pilot results into regular services/practices in the NHS

- From the very first steps of the PN pilot the stakeholders that contributed were aware of the outcomes and the results of each step through e-mails or meetings.
- Mapping of PN (flowchart, network of settings and involved stakeholders, variety of pathways)
- Training within health care settings as Infectious Diseases unit of A. Syggros hospital, councelling center and Department of Sexual health (former Simio+ at Polycliniki hospital) of EODY from our experts involved in the PN pilot
- During the last two years, the PN strategy was presented at national HIV/AIDS conferences.
- Articles to be published in BMC on PN/CT (publication would have a positive impact)
- NPHO during National HIV Action Plan drafting set PN as one of additional preventive interventions

REACHING AND ACTIVATING THE KEY ACTORS

Taking into consideration the Sustainability Recommendations, the Pilot results and the SWOT analysis, a description of next possible steps for the integration of pilot results in the NHS is described in the table below specifying which key actors are to be involved, why and how it is expected to involve them.

KEY ACTORS WHICH SHOULD BE REACHED/ACTIVATED			WHO MAY REACH/ACTIVATE THE KEY ACTOR?
	WHY: for which specific purpose do you want to approach this actor? What do you want to obtain from this actor?	**HOW:** Please indicate the way you may involve, directly or indirectly (through other actors) the identified key actor	**WHO:** actors who may be interested/in charge/more effective in reaching/activating the key actor, including your institution, other allies/entities/NGOs
TB/HIV/STIs departments. Health prefectures public health department The health/social workers of the RICs/Refugee's accommodation centers /detention centers – PHILOS project, IOM partner, UNHCR partner NGOs involved in TB/STI/HIV/Refugee/migration care Addiction organizations/National coordinator team on addiction	All referred actors are involved in sexual health – counselling and partner notification through their own programmes and ways of work What is aimed for their cooperation on the subject, their training on the SOPs and their input through their experience	The actors involved in the INTEGRATE project can get in touch with all key actors referred as most of them already work within common networks Develop guidelines and training material through cooperation with relevant scientific committees	All actors referred Directorate and departments of NPHO

Sexual health and family planning departments Refugee/migrant organizations ICH (Institute of Child Health) Testing and counselling services of NHPO HIV/ STI's private testing centres and clinics Scientific societies			

SHARING THE ROADMAP

Taking into consideration the actors identified above (key actors or intermediate actors who may reach them) the roadmap dissemination strategy is described in the following table.

TO WHOM	HOW (emails, bilateral meetings, institutional committees, conferences/seminars/webinars, participation in the final conference of the JA, etc.)	Will you be able to achieve this by the end of the JA?
To every actor	E-mails/bilateral meetings, webinars, seminars, informative material	Not all. More specifically, due to SARS-CoV2 there is no certainty for the seminars. Translating SOPs would give NPHO/EODY the opportunity to

		disseminate knowledge of the main principles and set the standard for PN helping all the stakeholders to be able to provide such services if needed.

ITALY

Pilot partner: Fondazione **LILA** Milano ONLUS - Lega Italiana per la Lotta contro l'AIDS

Introduction: pilot action results

Utilizing a baseline survey of Integrate partners and an in-depth mapping of pathways in selected countries (Ireland, Italy, Romania and Greece), Integrate collected national guidelines and documents for partner notification (PN) into a public database, organized PN training programs and created standard operating procedures (SOPs) for integrated PN services for HIV/STIs and viral hepatitis B &C as wells as CT for TB.

A key finding of the project was the difficulties of incorporating TB contact tracing. Experts highlighted that integrating TB contact tracing with the other disease areas would be difficult and likely unwarranted, both due to a different mode of transmission of TB and the well-established historical pathways for TB in the public health systems. However, the success of TB services presents an ideal model to draw upon when strengthening other PN systems.

SWOT Analysis of pilot action results

	Helpful	Harmful

Internal *(in the given situation)*	**Strengths** • HIV, hepatitis and STIs are dealt with in the same hospital divisions, i.e. infectious diseases units. This can facilitate adoption of the same procedures and pathways for PN (it is not the same for TB) • Contact tracing for TB has national guidelines and is properly managed • Community Health Workers (CHW)are interested in discussing how to perform PN activities in the context of community-based testing services with special attention to stigma, confidentiality, anonymity of clients • A PN training module for CHW was successfully piloted in Italy during the Integrate project and might be replicated • The Italian version of a PN anonymous ICT service is already available as a component of the RiskRadar app, which might facilitate patient referral by PN • PN assistance offered so far by healthcare professionals or community health workers in some regions/centres was considered professional, reliable and properly handled	**Weaknesses** • TB has a different tradition in Italy if compared to the other diseases • Difficult to apply present TB PN model to other disease areas • Lack of time and resources • Insufficient staff training • Different modes of disease transmission between TB and STIs • Changes brought by the introduction of GDPR have not been addressed in PN procedures • No standard EU guidelines to refer to • Presently responsibilities for overseeing and conducting PN are not defined

External *(in perspective)*	**Opportunities** • The present TB model of having assistants provide PN/CT in few regions/hospitals could work for other diseases, providing a more flexible model that relieves doctors from carrying out this task • Community-assisted PN potentially represents another solution to support healthcare staff in this task because it is delivered outside of clinical centres • The community approach can be tailored to different groups • Patient referral can be enhanced in several ways (e.g. by supplementing verbal information with some form of written resources; by promoting the RiskRadar PN component, giving to diagnosed patients the code to access it) • Community-basedtraining could be possible with the involvement of community health workers in PN, addressing the issue of stigma • PN-specific trainings for staff on laws, regulations, guidelines and pathways might be developed by drawing on the materials collected in the online repository during INTEGRATE • Discussion and approval of the draft Italian SOPs for PN that incorporate info on all four disease areas	**Threats** • No funds currently allocated for healthcare and community staff training on PN, and no healthcare staff yet designated to cover this task because of time constraints (and COVID-19). • GDPR issues, if not adequately addressed by relevant professionals/stakeholders (even outside the health sector), might prevent PN • No plan currently in place to discuss, approve and incorporate into the national guidelines PN SOPs developed during the Integrate project. The COVID-19 pandemic has further reduced the availability of financial and human resources for PN • Persistent stigma can make PN processes difficult and unacceptable to diagnosed patients

Recommendations for the sustainability of the pilot action in the partner country

- The work completed by Italian NGOs on PN during the INTEGRATE Joint Action has already been presented to the MoH during the National Stakeholder Meeting held in November 2019. When the COVID-19 emergency is over, it will be important to ask for a specific meeting during which to address the draft SOPs, their approval and implementation in the Italian context. It will be important to highlight the present recommendations on PN issued by WHO and the EU agencies as well as to stress the cost-effectiveness of this intervention.
- The objective is the inclusion of CT/PN procedures for the 4 disease areas in the Italian guidelines.
- The PN component of the INTEGRATE ICT tool - RiskRadar – might be implemented to facilitate anonymous patient referral by PN.

Steps already taken in order to integrate pilot's results into regular services/practices in the NHS

- Pilot training course on the PN principles, regulations and procedures for LILA community health workers (Sep 2019). Training module ready to be replicated for the healthcare and community staff
- Presentation of the PN pilot and Italian training on PN during the National Stakeholder Meeting (Nov 2019)
- Presentation of the importance of introducing PN for theItalian relevant stakeholders during the plenary opening session of the Italian Conference on AIDS and retroviruses (ICAR) on (Oct 2020)

REACHING AND ACTIVATING THE KEY ACTORS

Taking into consideration the Sustainability Recommendations, the Pilot results and the SWOT analysis, a description of next possible steps for the integration of pilot results in the NHS is described in the table below specifying which key actors are to be involved, why and how it is expected to involve them.

KEY ACTORS WHICH SHOULD BE REACHED/ACTIVATED			WHO MAY REACH/ACTIVATE THE KEY ACTOR?
WHO: key actors who should be reached/activated because of their key roles in policy planning, implementation, etc.	**WHY:** for which specific purpose do you want to approach this actor? What do you want to obtain from this actor?	**HOW:** Please indicate the way you may involve, directly or indirectly (through other actors) the identified key actor	**WHO:** actors who may be interested/in charge/more effective in reaching/activating the key actor, including your institution, other allies/entities/NGOs
Health Technical Committee (HTC), Minister of Health, Section L and M	To discuss and approve the Italian SOPs for PN and establish a plan for their introduction/ implementation in the healthcare and community settings	Periodic meetings of the Health Technical Committee	LILA, together with other interested NGOs and clinicians
NGOs at ICAR, Italian conference on HIV	To support the adoption of PN SOPs and introduce them in the community testing services	ICAR meetings; other community meetings and exchanges	LILA; other interested NGOs
National Institute of Health (ISS) + Ministry of Health	To support the promotion of PN procedures on their website and counsel on PN practices via a dedicated helpline	Emails and bilateral meetings	LILA; other interested NGOs and clinicians

Italian Privacy Guarantor (Garante della Privacy)	To review PN practices and ensure compliance with the GDPR regulations	Emails and meetings	LILA; Other interested NGOs and clinicians

SHARING THE ROADMAP

Taking into consideration the actors identified above (key actors or intermediate actors who may reach them) the roadmap dissemination strategy is described in the following table.

TO WHOM	HOW (emails, bilateral meetings, institutional committees, conferences/seminars/webinars, participation in the final conference of the JA, etc.)	Will you be able to do that by the end of the JA?
All actors involved	Emails/bilateral meetings, conferences, informative materials	No, because of the COVID-19 pandemic which had delayed all meetings and discussions on the agenda. Meetings will be hopefully restored in a few months.

2. ASSESSMENT OF HIV SELF-TESTING AVAILABILITY AND USABILITY

ITALY

Pilot partners: Fondazione **LILA** Milano ONLUS - Lega Italiana per la Lotta contro l'AIDS and **Arcigay** – Associazione LGBTI italiana

Introduction: pilot action results
Two separate surveys were conducted in order to understand barriers to the use of HIVST: usability and availability were the focus. Participants were recruited through community HIV testing sites. Participants self-completed a survey and performed an HIVST (Mylan Autotest) while being observed by a community health worker (CHW). The latter also completed a survey assessing the experience of the participant.

AVAILABILITY
HIVST is available in most pharmacies. This is encouraging and in line with a previous survey carried out in Milan. Cost differed by pharmacy, possibly according to the brand of HIVST available. This was not investigated by the survey, although only one pharmacy had two different brands available. Pharmacist commonly provided incorrect or no information at all about how to use the HIVST. Overall, most volunteers reported a positive experience, although some expressed concerns about privacy and stigma. This points to the need for further training of pharmacists on the use of HIVST so they can provide appropriate information. To further reduce barriers, HIVST should be easily accessible to customers, available on demand and ideally placed on the shelves to improve visibility. Vending machines would further allow for a high level of privacy and 24/7 access.

USABILITY
1 in 3 failed one or more steps while performing an HIVST, despite a high level of education. All interpreted the test result correctly, and there was a high level of interest in using HIVST in future, although many wanted additional support either via contact details of HIV support organisations or direct assistance of a health worker. From these findings, some suggestions may be made to improve the HIVST kits and make them more user-friendly, including:

· improving the information leaflet, using less text, more images, less technical language and a clear instruction to read the information leaflet before starting. Mylan provides a demonstration video online, and although users were free to use their mobile device to help them complete the HIVST and some of them were in doubt about how to proceed, none of them accessed the video. This suggests the information leaflet is the prime source of information for self-testers.

· providing additional lancets in the test kits to give another chance to draw blood. Currently, only one lancet is provided and if users fail to collect the right amount of blood (e.g. due to pricking the finger in the wrong place or vasoconstriction), they cannot try again and the test is unusable

· providing links for organisations that can provide additional support in performing the test, interpreting the result, and linkage to confirmatory testing in case of reactive HIVST results. Websites, telephone numbers and contact details should be printed on or alongside the information sheet

SWOT Analysis of pilot action results

	Helpful	Harmful
Internal origin *(in the given situation)*	**Strengths** • Available in most pharmacies (50% immediate, 30% on order) • Partial ease of use (43%) • Increased access to HIV test • Immediacy and anonymity • High level of interest in using HIVST	**Weaknesses** • not readily available over-the-counter • high cost for some people • Few Pharma/Tests in the Italian market • Lack of pre- & post-test counselling, personal support or appropriate referral • Many pharmacists aren't trained • Sometimes stigma and lack of privacy in pharmacies • Reported frequent mistakes (36%) administering tests probably due to low use of video instructions and high reliance on leaflet
External origin *(in perspective)*	**Opportunities** • Community-trained Pharma helpline operators or CHW involved (if funded) • NGOs are already involved in the PNAIDS updating process and in the Ministry HTC • Chance to include self-test data in the national monitoring system (ongoing revision) • Chance of involving the Order of Pharmacists	**Threats** • Costs of 24/7 helpline only in one pharma • Lack of political will • Lack of financial support

Recommendations for the sustainability of the pilot action in the partner country

1. Considering that self-testing is already available in the free market, but the packaging of self-tests provides only reference to the National AIDS Infoline and generic referral for linkage to care, the Roadmap may include a consultation with relevant key actors (Pharmaceutical Companies, DGs at the Ministry of Health and NGOs) about possible new and effective strategies to strengthen the linkage to care at least at the information level, such as:
   - 24/7 assistance through info lines or online support;
   - a system for easier and more direct referral to confirmation tests and to NGOs;
   - information aimed at reducing anxiety and denial in case of reactive results, including information and support given through a link to online resources with the involvement of NGOs.
2. Considering that self-testing is already foreseen in the PNAIDS but that a more detailed document addressing specific issues about testing is still under development due to the large involvement of stakeholders and to governmental changes, the Roadmap may include suggestions and recommendations about self-testing, including possible piloting activities and the issue of data collection.
3. Considering that the only way to bind the Regions in the health expenditure is through specific national funding provided under a special law, the LEAs definition or the yearly priority goals, the Roadmap may include consultation with key actors aiming at:
   - Including special funding dedicated to online support to people who self-test, as part of combination prevention and ICT tools strategies in the revision process of the law 135/90;
   - Including specific self-test goals and indicators in the LEAs;
   - Including specific self-test pilots as part of a combination prevention and ICT tools strategies among the yearly priority goals.
4. Considering that self-testing is already foreseen in the PNAIDS but that only Regions oversee the actual implementation of the plan, the Roadmap may include the identification of possible Regions where there are (or there may be) conditions for implementing local pilot projects aiming at:
   - promoting and increasing the use of self-tests especially among some key populations;
   - creating a local system of support and referral with the involvement of NGOs;
   - involving pharmacies in the information and support efforts beyond a purely commercialrole;
   - including an online strategy to promote and facilitate access to self-tests, and to give information and support for those who use self-test and are self-diagnosed.
5. Include in the Roadmap a consultation with the ISS and other relevant stakeholders about the inclusion of data about self-tests in the national HIV data collection system.

Steps already taken in order to integrate pilot's results into regular services/practices in the NHS

- Emails sent to Mylan/pharma
- Results of the pilot presented to the national stakeholder meeting and to ICAR conference
- Recently Arcigay and LILA started a dialogue with a new company which will enter the Italian market with a new HIV rapid self-test device: the dialogue aims also at improving access to self-test and effective information and linkage to care.

REACHING AND ACTIVATING THE KEY ACTORS

Taking into consideration the Sustainability Recommendations, the Pilot results and the SWOT analysis, a description of next possible steps for integration of pilot results in the NHS is described in the following table, specifying: which are the key actors to be involved, why and how is expected to involve them.

KEY ACTORS WHICH SHOULD BE REACHED/ACTIVATED			**WHO MAY REACH/ACTIVATE THE KEY ACTOR?**
WHO: key actors who should be reached/activated because of their key roles in policy planning, implementation, etc.	**WHY:** for which specific purpose do you want to approach this actor? What do you want to obtain from this actor?	**HOW:** Please indicate the way you may involve, directly or indirectly (through other actors) the identified key actor	**WHO:** actors who may be interested/in charge/more effective in reaching/activating the key actor, including your institution, other allies/entities/NGOs
Mylan (Pharma)	Propose: information leaflet improvement; double needle/lancet in the kit; link to the test finder in the RiskRadar app.	email; online meeting.	Arcigay and LILA

NGOs + Pharma	Propose shared project for online support and training of call center operators	email; online meeting; shared project	Arcigay and LILA
Ministry of Health	To share the updating of the self-test kit information (see above)	email; online meeting; HTC meeting	Arcigay and LILA
Regions	Propose self-test programs in some regions funded by RPP	email; online meeting.	Arcigay and LILA
Order of Pharmacists	Propose: more visibility of self-test kits in the shops; display of HIVSTs in vending machines; pilot projects for pharmacists training	email; online meeting; shared pilot projects	Arcigay and LILA
National Institute of Health (ISS) + Ministry of Health	To support the inclusion of previous self-test reactive result in the national surveillance system	email; online meeting; HTC meeting	Arcigay and LILA

SHARING THE ROADMAP

Taking into consideration the actors identified above (key actors or intermediate actors who may reach them) the Roadmap dissemination strategy is described in the following table.

TO WHOM	HOW (emails, bilateral meetings, institutional committees, conferences/seminars/webinars, participation in the final conference of the JA, etc.)	Will you be able to do that by the end of the JA?
HTC, consulting body to the Ministry of Health	Institutional committee meetings where Arcigay and LILA are members	YES
Ministry of Health	Invitation to the final JA Partnership Forum meeting	YES
Pharma/self-test companies	Bilateral meeting and emails	YES

LITHUANIA

Pilot partners: National Public Health Surveillance Laboratory (**NVSLP**) and Vilnius University Hospital Santaros Klinikos (**VULSK**)

Introduction: pilot action results

In Lithuania, HIV self-testing (HIVST) has had limited uptake and there is low public awareness of its availability. Two surveys were conducted in order to understand barriers to the use of HIVST. The first survey primarily assessed acceptability and also asked participants about their future preferences for use such as willingness to pay and information they would like to accompany the test. The second survey assessed HIVST usability where participants used an HIV self-test under the supervision of a community health care worker (CHW) and after the test was finished both the participant and the CHW completed a questionnaire evaluating the experience.

For the first survey assessing acceptability, participants were recruited through community HIV testing sites as well as social media. Awareness of HIVST (75%) was high among the 138 people who completed the survey. Privacy and confidentiality (70%) were the most common reason to use an HIVST whilst cost was reported as the main barrier by 60%, only 15% were willing to pay the current price. Almost half (42%) were concerned about doing the test incorrectly and 36% preferred that a trained person could discuss the result with them. Purchasing HIVST at a pharmacy (70%) or online (61%) was favoured and 68% would opt to simultaneously test for other infections.

For the second survey assessing usability, participants were recruited when they attended a community HIV testing site to test for HIV. Five testers agreed to participate and most completed the test very quickly. Only one participant read the information sheet carefully before starting the test and easily collected a sufficient amount of blood. All other participants struggled with the blood collection stage.

SWOT Analysis of pilot action results

	Helpful	Harmful

Internal *(in the given situation)*	**Strengths** • high awareness of HIVST availability • privacy and confidentiality highly valued • HIVST included in national HIV testing policies. • HIVST is possible to purchase from pharmacies	**Weaknesses** • home sampling not available in Lithuania and HIVST has limited uptake • no regulation related to home test and sampling • self-tests are not covered by any state/municipal programs/insurance • concerns about high price of self-tests • lack of information and lack of demand creation • lack of linkage to care • low public awareness of the inclusion of an HIVST strategy in the HIV testing policies • HIVST kits are not easy to access (need to be ordered in pharmacy). • The instructions of HIVST use are complicated • No cost-efficiency data provided to the policy planners
External *(in perspective)*	**Opportunities** • submit suggested revisions to the information sheet/test usage instruction (less technical language, more pictures, less text, NGO details) to Medita (distributor) • possible initiatives and advocacy about availability of home T/S, linkage to care and data reporting about home T/S in the context of the current National HIV/AIDS and STI Prevention and Control Programme 2018-2020 which aims at creating an integrated care model for HIV positive people. • possible integration into the next Action Plan 2021-2023 • the advantages of HIVST use during the COVID19 pandemic	**Threats** • lack of political will towards public health interventions • lack of financial support (to promote the HIVST) • other public health priorities for policy planning (COVID19)

Recommendations for the sustainability of the pilot action in the partner country

1. Considering that self-tests for HIV and some other STIs are already on the market at out-of-pocket expense and that both lack of regulation and lack of detailed information in the test packages are mentioned, a Roadmap may initially aim at starting a process for the introduction of more detailed and practical information on the packaging already sold in the pharmacies and/or online. Involvement of different key actors will be necessary: NGOs, Minister and Vice-minister, Public Health agencies involved in the HIV response, above all, pharma and pharmacies networks selling the tests.
2. In light of limited market regulation of self-tests, an assessment of what can be legally introduced as mandatory may be useful to inform next regulations.
3. Considering that distribution of self-tests became legal in some low threshold centers and/or NGOs although not widespread, the implementation of the National HIV/AIDS and STI Prevention and Control Programme 2018-2020 aiming at creating an integrated care model for HIV infected people may be used as an occasion to discuss possible projects of free-of-charge distribution including procedures for promoting and assuring linkage to care. INTEGRATE pilot results will be useful.
4. Considering that both INTEGRATE and the National Action Plan end in 2020, the Roadmap may include activities to promote discussion about INTEGRATE recommendations/results among the key actors involved in the definition of the next Action Plan 2021-2023, especially about possible more proactive strategies for self-test distribution and linkage to care in key populations.

Steps already taken in order to integrate pilot's results into regular services/practices in the NHS

- The test distributor was contacted with the list of proposals to update test instructions.
- Discussions on more wide use of HIV self-tests have taken place among selected stakeholders.
- HIVST related activities have been considered in the draft of the next HIV/STI action plan for 2021-2023.
- There was a small scale pilot of use of the HIVST during the COVID19 pandemic, which was well received and planned to be expanded.

REACHING AND ACTIVATING THE KEY ACTORS

Taking into consideration the Sustainability Recommendations, the Pilot results and the SWOT analysis, a description of next possible steps for integration of pilot results in the NHS is described in the following table, specifying: which are the key actors to be involved, why and how is expected to involve them.

KEY ACTORS WHICH SHOULD BE REACHED/ACTIVATED			WHO MAY REACH/ACTIVATE THE KEY ACTOR?
WHO: key actors who should be reached/activated because of their key roles in policy planning, implementation, etc.	**WHY:** for which specific purpose do you want to approach this actor? What do you want to obtain from this actor?	**HOW:** Please indicate the way you may involve, directly or indirectly (through other actors) the identified key actor	**WHO:** actors who may be interested/in charge/more effective in reaching/activating the key actor, including your institution, other allies/entities/NGOs
Minister of Health (MoH)	Supports changes in policy direction and makes the final approval. Leadership in public health is rather weak.	Directly	NGOs, Public Health specialists
Centre for Communicable Diseases and AIDS Responsible for coordinating the national response to HIV	One of the main stakeholders in response to the HIV epidemic	Directly and indirectly	NVSLP, MoH
NGOs (“Demetra”, Coalition “Galiu gyventi”)	The NGO dealing with policy and advocacy and working directly with clients.	Directly and indirectly	NVSLP, National HIV Coordination board
HIV/STI coordination board under the MoH	This is the platform of the main country stakeholders	Directly and indirectly	NVSLP, VULSK, NGOs
National Public Health Agency/Laboratory Network	Important stakeholder in forming the testing strategy	directly	Non relevant

Bureau of Public Health of larger Municipalities	May contribute to the promotion of the HIVSR tests at local level	Directly and indirectly	MoH, NGOs
Infectious disease doctors working with PLHIV	May distribute HIVST as index testing differentiated strategy	Directly	VULSK
Representatives of private sector (large chains of shopping malls or ST distributors)	May make access to the tests better by adding them to the assortment of medical commodities available over-the counter; distributor may be interested to promote the SR	By distributor	NGOs/VULSK, HIVST distributors

SHARING THE ROADMAP

Taking into consideration the actors identified above (key actors or intermediate actors who may reach them) the Roadmap dissemination strategy is described in the following table.

TO WHOM	HOW (emails, bilateral meetings, institutional committees, conferences/seminars/webinars, participation in the final conference of the JA, etc.)	Will you be able to do that by the end of the JA?
MoH	Emails; ZOOM calls	Yes
Country stakeholders	emails	Yes
Distributors of HIVST	Phone conversations, emails	Yes
NGOs working on Advocacy	ZOOM conference, Emails	Yes

3. COMBINATION PREVENTION ICT TOOL USABILITY

ITALY

Pilot partners: Fondazione **LILA** Milano ONLUS - Lega Italiana per la Lotta contro l'AIDS and **Arcigay** – Associazione LGBTI

Introduction: pilot action results

A desk review was conducted to map existing online tools, revealing that to date most of them had been launched as disease specific aids. In response, INTEGRATE developed an application – "RiskRadar for HIV, hepatitis, STIs and TB" – the first of its kind to provide integrated information, risk assessment, test finders and an anonymous partner notification service for all four disease areas. RiskRadar succeeded in integrating prevention information and messages for multiple diseases in one user-friendly tool available for both android and iPhones, supporting ongoing efforts to address missed opportunities for multiple disease messaging and testing. It is presently available in four EU languages (Croatian, English, Italian and Lithuanian)

SWOT Analysis of pilot action results

	Helpful	Harmful
Internal *(in the given situation)*	**Strengths** • Tool already tested and translated into Italian • Possibility to reach specific target groups (i.e. MSM)	**Weaknesses** • Lack of involvement of other associations during the testing phase might not properly involve them • The new national prevention plan doesn't include ICTs • Little current download of the app • Further development and maintenance need to be done at the European level

External *(in perspective)*	**Opportunities** • Richness of community associations which can be involved for further promotion • Voluntary work at the national level can help keep Italian data and information up to date • Public and/or private funding might support the promotion	**Threats** • The last national strategic plan for HIV and STIs has nothing about novel ICTs. • Lack of funding and political will • Lack of technical control at the national level

Recommendations for the sustainability of the pilot action in the partner country

1. Considering that the app has been developed at the European level, with the cooperation of a technical partner who has been taking care of the technical management and maintenance of the app, it is of fundamental importance to ensure apps updates and maintenance also at the European level, so that it can be used at a national level too.
2. Possibility that national/regional prevention plans support the promotion of the app as a means of prevention as well as the activities of translating and updating local information data that is needed to maintain the app.

Steps already taken in order to integrate pilot's results into regular services/practices in the NHS

- Presentation at the last ICAR conference, at the Ministry (national stakeholders meeting), letter to the Health Technical Committee asking for a meeting on the integration of Integrate pilot actions in Italy

REACHING AND ACTIVATING THE KEY ACTORS

Taking into consideration the Sustainability Recommendations, the Pilot results and the SWOT analysis, a description of next possible steps for integration of pilot results in the NHS is described in the following table, specifying: which are the key actors to be involved, why and how is expected to involve them.

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WHO: key actors who should be reached/activated because of their key roles in policy planning, implementation, etc.	**WHY:** for which specific purpose do you want to approach this actor? What do you want to obtain from this actor?	**HOW:** Please indicate the way you may involve, directly or indirectly (through other actors) the identified key actor	**WHO:** actors who may be interested/in charge/more effective in reaching/activating the key actor, including your institution, other allies/entities/NGOs
EU DG Health and other European stakeholders/initiatives	To obtain financial support for the future maintenance and update at the European level	Final partnership forum meeting and other bilateral meetings	CHIP, LILA and Arcigay
Health Technical Committee (HTC), Minister of Health, Section L and M,	To obtain financial support for the Italian updating and translation of the RiskRadar	Periodic meetings of the Health Technical Committee	LILA and Arcigay
Ngos at ICAR, Italian conference on HIV	To support the promotion of the RiskRadar	ICAR meetings	LILA and Arcigay
National Institute of Health (ISS) + Ministry of Health	To support the promotion of the RiskRadar on their website	Emails and bilateral meetings	LILA and Arcigay

SHARING THE ROADMAP

Taking into consideration the actors identified above (key actors or intermediate actors who may reach them) the Roadmap dissemination strategy is described in the following table.

TO WHOM	HOW (emails, bilateral meetings, institutional committees, conferences/seminars/webinars, participation in the final conference of the JA, etc.)	Will you be able to do that by the end of the JA?
HTC	Presentation during the institutional committee meetings	YES
Italian stakeholders involved in HIV/STIs preventions	Presentation at ICAR's RiskRadar final report meetings and emails	YES

LITHUANIA

Pilot partner: Centre for Communicable Diseases and AIDS (**ULAC**)

Introduction: pilot action results

Lithuanian partner participated in a desk review, which was conducted by an Italian partner in order to map existing online tools. In response, INTEGRATE developed the application – "RiskRadar for HIV, hepatitis, STIs and TB" to provide integrated disease specific information, risk assessment, test finders and an anonymous partner notification service for all four disease areas. RiskRadar succeeded in integrating prevention information and messages for multiple diseases in one user-friendly tool available for both android and iPhones, supporting ongoing efforts to address missed opportunities for multiple disease messaging and testing. It is presently available in four EU languages (Croatian, English, Italian and Lithuanian).

SWOT Analysis of pilot action results

	Helpful	Harmful
Internal *(in the given situation)*	**Strengths** • tool already tested and translated into Lithuanian • available to a wide audience • possibility to reach specific target groups (i.e. MSM, PWID) • adapted to the local needs (contact information)	**Weaknesses** • Uncertainty about how much money is needed and who will be in charge of updating the information on the ICT tool and monitoring its use among the population in the future. • Little current download of the app • Low uptake among risk groups due to the current epidemiological situation
External *(in perspective)*	**Opportunities** • involvement of ULAC in the discussion of the new "National Action plan for HIV/AIDS and STI prevention and control"	**Threats** • last National Action Plan for HIV and STIs had nothing about novel ICTs. • lack of funding and political will • risk of lack of support by Municipal Health Boards

	• new action plan may include combination prevention strategies based on ICT tools in order to fund the action • NGOs or other stakeholders at local level may be involved to dialogue with Municipal Health Boards	

Recommendations for the sustainability of the pilot action in the partner country

1. Considering that the National Action Plan ends in 2020, the Roadmap may include activities to promote discussion about INTEGRATE recommendations/results among the key actors involved in the definition of the next Action Plan 2021-2023, especially about the inclusion of combination strategies based on ICT tools, at least among those key populations that are already using mobiles and dating apps (MSM but also the general population using dating apps).
2. In order to ensure implementation of the health policy at the local level, the Roadmap should include the involvement of the *Municipal Health Boards* and all the relevant local stakeholders.
3. Further administration of the Lithuanian RiskRadar version is feasible in the country and needs to be discussed.

Steps already taken in order to integrate pilot's results into regular services/practices in the NHS

Activities based on the approach of HIV/STI/VH combination prevention are conducted in ULAC. To address risk groups, the national strategy contains joint actions for multiple diseases response.

REACHING AND ACTIVATING THE KEY ACTORS

Taking into consideration the Sustainability Recommendations, the Pilot results and the SWOT analysis, a description of next possible steps for integration of pilot results in the NHS is described in the following table, specifying: which are the key actors to be involved, why and how is expected to involve them.

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EU DG Health and other European stakeholders/initiatives	To obtain financial support for the future maintenance and update at European level	Final partnership forum meeting and other bilateral meetings	CHIP, LILA and Arcigay
Ministry of Health	To obtain financial support for the updating and translation of the RiskRadar in Lithuania	Development of the Action Plan 2021-2023	Centre for Communicable Diseases and AIDS NGOs Other members of the Coordination Board of the Action Plan 2021-2023
Public health bureaus of the municipalities	To support the promotion of the RiskRadar	Implementation of the Action Plan 2021-2023	Association of public health bureaus of the municipalities Centre for Communicable Diseases and AIDS

Low-threshold service sites, NGOs	To support the promotion of the RiskRadar	Implementation of the Action Plan 2021-2023	Public health bureaus of the municipalities Centre for Communicable Diseases and AIDS Drug, tobacco and alcohol control department

SHARING THE ROADMAP

Taking into consideration the actors identified above (key actors or intermediate actors who may reach them) the strategy on how to share the roadmap with them is described in the following table.

TO WHOM	HOW (emails, bilateral meetings, institutional committees, conferences/seminars/webinars, participation in the final conference of the JA, etc.)	Will you be able to do that by the end of the JA?
Lithuanian stakeholders involved in the HIV/STIs preventative measures	Presentation of the RiskRadar final report on the ULAC website, by email and during institutional meetings and sessions of the Coordination Board of the Action Plan 2021-2023 as well as participation in the final conference of the JA.	YES

4. INTEGRATION OF CBVCT TESTING AND LINKAGE TO CARE DATA INTO NATIONAL SURVEILLANCE SYSTEMS FOR HIV, VIRAL HEPATITIS AND STIS

POLAND

Pilot partner: National AIDS Centre Agency of the Ministry of Health (**NAC**)

Introduction: pilot action results

An effective national testing strategy, including monitoring and evaluation (M&E) framework, is critical in responding to HIV infection, other sexually transmitted infections (STIs), hepatitis B and hepatitis C infections. Community-based voluntary counselling and testing (CBVCT) has been shown to contribute to a sizeable proportion of new HIV diagnosis, especially among key populations.
In Poland, the National Aids Centre operates a network of approximately 30 CBVCT services offering HIV testing to 30000 clients annually, mainly from key populations. The network relies strongly on close cooperation between the governmental system and NGOs. Since 2016, the National Aids Centre has used an electronic data collection system to collect data from CBVCT services. In addition to HIV, some CBVCT services offer as their own activity testing for STIs and Hepatitis C, but as the mandate of the National Aids Centre until 2019 was only HIV, the legal framework did not allow data to be collected on these diseases. Collected data were analysed by the National Aids Centre and shared with the National Institute of Public Health – National Institute of Hygiene that is responsible for the national surveillance.

Pilot activities supported the extension of the National Aids Centre's mandate beyond HIV/AIDS to STI prevention; integration of STIs and viral hepatitis into the electronic VCT database; sharing data from the National Aids Centre CBVCT database with the National Institute of Public Health – National Institute of Hygiene; allowing linkage of positive CBVCT samples by confirmatory test number to improve completeness of behavioural data in national case-based surveillance, but without possibility to integrate case-based data on tested clients and registered patients in national case-based surveillance.

The pilot intended to assess feasibility of matching cases by existing variables (i.e. confirmatory test number) to understand to what extent data integration could improve the completeness of exposure category variables in the national case-based surveillance dataset. The pilot also intended to assess if linkage to care of the CBVCT clients who were diagnosed with HIV could be calculated through surveillance data.

The difficulties faced included: legal limitations as well as limited mandate of the National Aids Centre (only HIV prevention) that prevented integrated testing for other STIs in VCTs financed by the National Aids Centre, even in terms of data collection if sites performed integrated testing; lack of use in CBVCTs of a unique client identifier (UCI) so multiple results of a single person cannot be linked and problem propagates also to the national case-based surveillance as the cases diagnosed in CBVCT are reported anonymously by the labs.

The National Aids Centre CBVCT database was shared with the National Institute of Public Health – National Institute of Hygiene, allowing retrospective linkage of CBVCT records with the national case-based surveillance database. The pilot showed that integration of CBVCT and surveillance datasets is possible, although more work would be necessary to ensure a common, but not unique, identifier – the test number - is properly completed. More importantly, there were data protection issues which presented a barrier to integrating data from different sources, particularly with regard to guaranteeing full anonymity.

In August 2019 National Aids Centre's mandate was extended beyond HIV/AIDS to STI prevention, facilitating in the future the collection of routine testing data for STIs, HCV and HBV through the CBVCT online data collection system. Currently, the National Aids Centre is examining the possibility of introducing integrated testing for HIV and other STIs in all VCTs in Poland bearing in mind all legal, logistical and technical aspects of the project.

SWOT Analysis of pilot action results

	Helpful	Harmful
Internal *(in the given situation)*	**Strengths** • Existence of an online data collection tool and a centralized electronic CBVCT database. • Ongoing development of electronic application for reporting and management of NCBS data and integrated data presentation platform • Some CBVCT services are already performing testing for other STIs and HCV • Data protection and full anonymity for clients can be guaranteed through linkage of anonymous data	**Weaknesses** • Lack of common UCI across the CBVCT database and national case-based surveillance database • Limited mandate of the National Aids Centre (dedicated only to HIV prevention) prevented testing for other STIs in VCT services financed by the National Aids Centre. • Data protection issues about linkage of different databases and data ownership. • Lack of unique identifier in CBVCT system

	• Western blood number which existing in both database (CBVCT and NCBS) could be used to linkage behaviour data without use and compare with personal data • Linkage to care • Universal access to ARV treatment	• HIV rapid tests can only be performed by medical personnel. • Due to lack of insurance some clients who were tested in VCT cannot be linked to care and receive ART as well as treatment for hepatitis.
External *(in perspective)*	**Opportunities** • The extension of the National Aids Centre's mandate beyond HIV/AIDS to STIs prevention since August 2019 • Mandate extension may be a step towards future centrally funded, systematically integrated testing for several infections in VCTs. • National Aids Centre is examining the possibility of introducing integrated testing for HIV and other STIs in all VCTs • INTEGRATE project facilitated the cooperation among different stakeholders, mainly among National Aids Centre and National Institute of Public Health – National Institute of Hygiene	**Threats** • Lack of funding • Lack of political will in relation to legal change on data protection issues • Diversion of personnel to other threats (.e.g. COVID-19)

Recommendations for the sustainability of the pilot action in the partner country

Since projects about the establishment of epidemiological data collection platforms have been mentioned (Platforma P4-System Monitoriowania Zagrożeń and EpiBaza), a Roadmap may include consultation with the relevant actors working on those projects to discuss possible ways to improve STIs and HIV data collection in the context of those systems.

1. Since a legislative mechanism that allows the introduction of pilot actions about health has been mentioned, a Roadmap may include a consultation with all the relevant key actors who may be involved to propose a specific pilot program within that legal framework aiming at:
    - integrating STIs and HIV epidemiological data in the context of the above-mentioned platform;

- introducing classification and reporting systems that overcome the most highlighted barriers such as, for example, anonymity of HIV data, using anonymized unique identifier codes, like those piloted and used in other countries.

Steps already taken in order to integrate pilot's results into regular services/practices in the NHS

First pilot research offering the possibility to connect confirmatory test with linkage-to-care was started in 2016 in Test and Keep in Care research organized by prof. Justyna Kowalska and Magdalena Ankiersztejn-Bartczak, PhD. Factors responsible for an incomplete linkage to care after receiving an HIV diagnosis: preliminary results from the Test and Keep in Care (TAK) project M Ankiersztejn-Bartczak 1, E Firląg-Burkacka, H Czeszko-Paprocka, J Kubicka, A Cybula, A Horban, J D Kowalska PMID: 25123958 DOI: 10.1111/hiv.12175

Results were presented to experts and it was the first step to discuss ways of better organizing a linked-to-care system from CBVCT to HIV clinic.

REACHING AND ACTIVATING THE KEY ACTORS

Taking into consideration the Sustainability Recommendations, the Pilot results and the SWOT analysis, a description of next possible steps for integration of pilot results in the NHS is described in the following table, specifying: which key actors are to be involved, why and how it is expected to involve them.

KEY ACTORS WHICH SHOULD BE REACHED/ACTIVATED			**WHO MAY REACH/ACTIVATE THE KEY ACTOR?**
WHO: *key actors who should be reached/activated because of their key roles in policy planning, implementation, etc.*	***WHY:*** *for which specific purpose do you want to approach this actor? What do you want to obtain from this actor?*	***HOW:*** *Please indicate the way you may involve, directly or indirectly (through other actors) the identified key actor*	***WHO:*** *actors who may be interested/in charge/more effective in reaching/activating the key actor, including your institution, other allies/entities/NGOs*
Ministry of Health	Opinion and ability to execute legal changes based on identified barriers and opportunities	Directly	National Institute of Public Health – National Institute of Hygiene and National AIDS Centre

CBVCTs coordinators	The main group organizing CBVCTs	Seminar/ workshop	Counsellors for CBVCTs
NAC stakeholders	Decision on ways to integrate data	Meetings	National Institute of Public Health – National Institute of Hygiene – as partners
Polish AIDS Society experts	Clinician working with PLHIV	Expert meeting	National Institute of Public Health – National Institute of Hygiene and National AIDS Centre
NGOs	Clients views on integration anonymous data. Introducing how the integrated data are protected in in the VCT and in NCBS database.	Meetings, anonymous questionnaries	National Institute of Public Health – National Institute of Hygiene – as partners

SHARING THE ROADMAP

Taking into consideration the actors identified above (key actors or intermediate actors who may reach them) the Roadmap dissemination strategy is described in the following table.

TO WHOM	HOW (emails, bilateral meetings, institutional committees, conferences/seminars/webinars, participation in the final conference of the JA, etc.)	Will you be able to do that by the end of the JA?
Polish AIDS Society experts	Emails, meetings, conferences	Unclear due to COVID-19
National Institute of Public Health – National Institute of Hygiene – ECDC and TESSy focal point for HIV and STI	Emails, meetings, conferences	Unclear due to COVID-19
Ministry of Health	Emails, meetings, conferences	Unclear due to COVID-19

SERBIA

Pilot partner: Institute of Public Health of Serbia **(IPH)**

Introduction: pilot action results

The pilot in Serbia was specifically aimed at improving the voluntary counselling and testing forms to enable the identification of community-based testing and at improving the use of unique client identifier to monitor linkage to care.

An effective national testing strategy, including monitoring and evaluation (M&E) framework, is critical in responding to HIV infection, other sexually transmitted infections (STIs), hepatitis B and hepatitis C infections. Community-based voluntary counselling and testing (CBVCT) has been shown to contribute to a sizeable proportion of new HIV diagnosis, especially among key populations.

In Serbia different NGOs/civil society organisations were providing CBVCT services for HIV and occasionally for HCV (HBV and syphilis were offered on one or two occasions in the last eight years) in cooperation with district Institutes of Public Health in the mid-2019. Official CBVCT data for each client collected through VCT questionnaire were included in the National Voluntary, Counselling and Testing (VCT) database (administered by the district Institutes of Public Health), but were not identified as such, so it was not possible to see directly how many people were tested in the community. CBVCT data were included in the National HIV database as basic one: the unique client identifier and the HIV preventive services provided under that code, including VCT service if there is one provided, and administered mostly by NGOs. In the National HIV database data from the VCT questionnaire on basic socio-economic data, HIV risk, previous HIV testing, HIV and other STDs testing results is not included etc. Therefore, data from the National HIV database provides limited information, and as such can't be included in the VCT monitoring at the national level (inclusively with CBVCT data). Confirmatory testing is not part of the CBVCT activities. People with a reactive test should go/be referred to a health care facility to get a confirmatory test, but it was not possible to follow up and confirm if they went or noty test. So it is not possible to have linkage to care data. However, all confirmed HIV cases are included in the National registry of HIV infected people database. As opposed to the VCT database and National HIV database, this database doesn't use unique client identifier but rather personal data.

In Serbia, the main barriers faced were legal issues related to changing the VCT data collection instruments, and technical issues related to the modifications in the VCT database and to the implementation of the same unique client identifier (UCI) across the VCT and National registry of HIV infected people databases.

Pilot activities focused on improving electronic and paper VCT forms and the VCT database by including new questions and variables, allowing identification of CBVCT testing, and using a unique client identifier (UCI). Improvements in the VCT database were implemented to measure the contribution of CBVCT services in the total number of new HIV diagnoses.

At the same time, in the National registry of HIV infected people with data on diagnosed and reported HIV positive persons, which is administered by the Institute of Public Health of Serbia, a system to assign a VCT UCI for each reported HIV diagnosed case has been implemented in order to monitor linkage to care by matching cases across VCT and National registry of HIV infected people databases.

Technical issues were successfully tackled, since the Centre for Informatics and Biostatistics from the Institute of Public Health of Serbia was committed to supporting implementation of changes in both databases. Future integration of piloted changes in the VCT data collection instruments will require changes in the regulation in which VCT instruments and procedures are defined. Prior to the pilot, cooperation among NGOs and health institutions was occasional and broadly formalized for cooperation in all activities and largely did not focus on reaching key populations. During the pilot, the official model of agreement between NGOs and health institutions was developed, focusing on CBVCT implementation (roles and responsibilities of each party). Key stakeholders (including the Ministry of Health, regional/district Institutes of Public Health, other health institutions and NGOs involved in the pilot) were supportive in the implementation phase.The pilot in Serbia had significant impact on its national system of M&E and surveillance. It helped to initiate the process of revising national HIV response measurement instruments in the field of CBVCT. Moreover, the revision also prompted a discussion related to legal grounds for CBVCT, helping to define the legal framework for conducting CBVCT by NGOs and reporting on their CBVCT activities. The pilot has been the first step in the process of strengthening the integration of CBVCT data into the national M&E and surveillance system.

SWOT Analysis of pilot action results

	Helpful	Harmful

Internal *(in the given situation)*	**Strengths** ● Official CBVCT data for each client were already included in the National Voluntary, Counselling and Testing (VCT) database, although not recorded as such ● Partnership between health institutions and NGOs ● Good communication between all stakeholders, but particularly between the Ministry of Health, health institutions and community organisations (multisector Commission for HIV/AIDS and TB established by the Government)	**Weaknesses** ● Main issues regarding the change of VCT data collection instruments are legal depending on the general regulation of data collection and privacy protection ● Technical issues related to the modifications in the VCT database ● Technical issues related to the implementation of the same UCI across the VCT and National registry of HIV infected people databases ● Impact of COVID-19 pandemic on regular meetings of the Commission for HIV/AIDS and TB
External *(in perspective)*	**Opportunities** ● INTEGRATE pilot action proved that technical issues can be successfully addressed ● An official model of agreement between NGOs and health institutions was developed ● Key stakeholders (including the Ministry of Health, regional/district Institutes of Public Health, other health institutions and NGOs involved in the pilot) were supportive in the implementation phase ● Formalized structural collaboration may be directed to legal change regarding CBVCTs regulation, data monitoring regulation and CBVCT role in the STI strategies other than HIV strategies	**Threats** ● Political will about legal change ● Human capacities and other resources for CBVCT on HIV, hepatitis and STIs for identified key populations in a broader range ● Effectiveness and quality of CBVCT intervention ● Burdensome data entry tasks

	• Using UCI assists in monitoring the progress of individuals through the continuum of HIV prevention and care	

Recommendations from Sustainability Plan

- Since a National VCT Database seems to exist but for most of the respondents the VCT system is still one of the main issues to be addressed in order to improve M&E of CBVCT, a Roadmap may include consultation with the relevant key actors to improve the VCT database and integrate relevant data sets into the VCT database. These revisions/improvements also imply revision of the VCT questionnaire and development of rules and procedures for CBVCTs as an activity in line with the current legislation.

- Considering that lack of procedures and regulations of CBVCT functioning and reporting was mentioned, that a "National Strategy on prevention and control of HIV infection and AIDS, 2018-2025" already recognizes the CBVCT as one of the key preventive activities among key populations at risk and that many documents were mentioned as the ones which can improve organization of CBVCTs, a Roadmap may include a consultation with the relevant key actors who can have a role in the work in progress about those documents, such as a future National hepatitis strategy to include CBVCT as part of the strategy;

- Since the "Law on the Health Care" has been noted as a barrier for NGOs/CSOs to performing rapid HIV testing through CBVCTs without cooperation with IPHs/Health Institutions, because of the fundamental requirement that all medical activities/interventions (including screening interpreted implicitly as a "diagnosis") are restricted only to medical professionals as service providers, a RoadMap may include a consultation with all relevant key actors in order to introduce alternatively:

    - a reform of (changes in) the "Law on the Health Care" acknowledging the activities already in place through CBVCTs (fill the gap between the National Strategy on prevention and control of HIV infection and AIDS, where the role of the NGOs/CSOs is important and the Law which doesn't acknowledges this role).

Steps already taken in order to integrate pilot's results into regular services/practices in the NHS

In order to integrate pilot results into regular services/practices in the NHS, IPH already had several meetings with the representatives from the Ministry of Health, regional IPHs/health institutions in order to present results and to discuss the main challenges and further steps towards integration of CBVCT testing and linkage to care data into the national surveillance systems for HIV infection, viral hepatitis and STIs in the most optimal way. Also, we made a suggestion on the CBVCT procedures and reporting sent to the Ministry of Health for approval.

REACHING AND ACTIVATING THE KEY ACTORS

Taking into consideration the Sustainability Recommendations, the Pilot results and the SWOT analysis, a description of next possible steps for integration of pilot results in the NHS is described in the following table, specifying: which key actors are to be involved, why and how it is expected to involve them.

KEY ACTORS WHICH SHOULD BE REACHED/ACTIVATED			**WHO MAY REACH/ACTIVATE THE KEY ACTOR?**
WHO: *key actors who should be reached/activated because of their key roles in policy planning, implementation, etc.*	***WHY:*** *for which specific purpose do you want to approach this actor? What do you want to obtain from this actor?*	***HOW:*** *Please indicate the way you may involve, directly or indirectly (through other actors) the identified key actor*	***WHO:*** *actors who may be interested/in charge/more effective in reaching/activating the key actor, including your institution, other allies/entities/NGOs*

Ministry of Health of Republic of Serbia	Opinion and bringing about legal changes based on identified needs and proposals	Directly through meetings	IPH of Serbia
IPH of Serbia "Dr Milan Jovanovic Batut" (IPHS)	Proposal of changes in the CBVCT monitoring system (VCT questionnaires, VCT and other databases), as well as facilitating communication among all stakeholders	Directly	MoH, Regional IPHs, NGOs
Regional IPHs	Support and participation in defining the changes in the CBVCT monitoring system	Directly	IPH of Serbia, MoH, NGOs
Health institutions	Support to changes	Indirectly	
Non-governmental organizations	Support to changes	Indirectly	IPH of Serbia, MoH, Regional IPHs
Commission for HIV/AIDS and TB of Republic of Serbia (multisector body of the Government of Serbia)	Support to changes	Directly through meetings	MoH, IPH of Serbia, NGOs

Referent Laboratory for HIV and Hepatitis – Clinical Centre of Serbia	Support to changes	Indirectly	MoH, IPH of Serbia, Health institutions

SHARING THE ROADMAP

Taking into consideration the actors identified above (key actors or intermediate actors who may reach them) the Roadmap dissemination strategy is described in the following table.

TO WHOM	HOW (emails, bilateral meetings, institutional committees, conferences/seminars/webinars, participation in the final conference of the JA, etc.)	Will you be able to do that by the end of the JA?
Ministry of Health of Republic of Serbia	meetings, participation in the final conference of the JA	YES/NO Unclear due to COVID-19 but meetings could be organized online
Regional/district IPHs, other health institutions, reference labs	conference/meetings	Unclear due to COVID-19
Non-governmental organizations	conference/meetings	Unclear due to COVID-19

SLOVAKIA

Pilot partner: Slovak Medical University in Bratislava **(SMU)**

Introduction: pilot action results

An effective national testing strategy, including monitoring and evaluation (M&E) framework, is critical in responding to the HIV infection, other sexually transmitted infections (STIs), hepatitis B and hepatitis C infections. Community-based voluntary counselling and testing (CBVCT) has been shown to contribute to a sizeable proportion of new HIV diagnosis, especially among key populations.

In Slovakia, there are four CBVCT services performing HIV testing, one of them a checkpoint, is targeting MSM. Only one of the CBVCT services was collecting testing data with a questionnaire and there was no standardized CBVCT data base. In case of a reactive HIV result, CBVCT services cooperate with the National Reference Centre for HIV/AIDS prevention for the confirmatory testing and the National Reference Centre sends a report to the Institute of Public Health that in turn submits the result to the Epidemiological Information System.

There was no legislation regulating CBVCT services data integration with the national systems.

The pilot consisted of implementing an online standardised data collection instrument (from the COBATEST network) in the CBVCT services. In addition, there were negotiations with the National AIDS Committee and epidemiologists from the Ministry of Health and the Institute of Public Health to integrate a minimum set of CBVCT indicators into the national epidemiological information system.

Three CBVCT services participated in the pilot, performing tests for HIV, syphilis and HCV. Two services used the COBATEST Network online data collection tools, and the third service that was already using their own online questionnaire agreed to share the necessary data. The use of a standardised data collection tool for CBVCT services ensured the CBVCT indicators could be easily estimated. All positive cases were also linked with Slovakia's epidemiological information system.

Linkage to care for syphilis and HCV reactive cases is unknown anddepends on different circuits which were not actively involved in the pilot. Core indicators were not integrated into the Epidemiological Information System as the system only collects information on positive cases and not on all tests performed.

In Slovakia, the main barriers were the lack of standardized data collection tools; technical problems for integration of CBVCT data into Epidemiological Information System; legal issues related to access to healthcare for people without public health insurance and the fact that HCV treatment is not provided to people who use drugs. Nevertheless, data integration was facilitated by good relationship among the different stakeholders and the availability of a free, standardized data collection tool (the COBATEST Network tool).

In Slovakia, the pilot has been beneficial for CBVCT services, helping them to use the COBATEST Network free data collection tools to collect standardized data. The results of the pilot could help generate interest among the the stakeholders in the CBVCT services activities, in supporting them, and encourage partners to use the minimal set of indicators in the national surveillance system.

SWOT Analysis of pilot action results

	Helpful	Harmful
Internal *(in the given situation)*	**Strengths** • Existence of free standardized online data collection instruments (COBATEST Network tool) • Good relations among the different stakeholders (CBVCT service, National Reference Centre for HIV/AIDS prevention, Public Health institute, Slovak Ministry of Health)	**Weaknesses** • Lack of standardized data collection tools • Technical problems integrating CBVCT indicators into Epidemiological Information System. • Limited access to care and treatment: some clients tested in CBVCT services are not able to receive healthcare due to lack of public health insurance; people who use drugs are not allowed to receive HCV treatment. • Epidemiological Information System /EPIS/ only collects information on positive cases (diagnosis) not on the number of tested persons, limiting the use of core indicators • Since CBVCT offer anonymous testing, it is difficult to supervise linkage to care of clients with reactive/positive results.

External *(in perspective)*	**Opportunities** • Systematic data may be collected by CBVCTs thanks to the sharing of COBATEST Network free data collection tools • The results of the pilot could help the induce interest among the stakeholders in the CBVCT services activities • Results of a standardised data collection system among CBVCTs may encourage institutional stakeholders to use the minimal set of indicators in the national surveillance system • Possible inclusion of the data collection improvement in the next National Program on HIV/AIDS	**Threats** • Insufficient political interest about CBVCT activities • Impossibility of extending the national epidemiological system to the number of persons tested • Due to the acute need to address COVID-19 , implementation as well as the sustainability of the project results could be hampered until the end of this pandemic.

Recommendations for the sustainability of the pilot action in the partner country

1. Considering that a general system run by RÚVZ BB for collecting data about STDs, HIV and TB cases is mentioned, a Roadmap may foresee the involvement of the relevant actors of this system (RÚVZ BB, NCZI, National Institute of Public Health) but also of those who already are planning similar initiatives, i.e. previously mentioned Harm Reduction Platform, to highlight possible ways to:
    - include different data sources directly in the system (i.e. NGOs);
    - include into National HIV surveillance system data not only linked to the confirmatory diagnosis, but also testing;
    - elaborate a shared methodological frame for collecting data, avoiding the multiplication of different and non-communicating data collection systems and addressing the lack of systematic and institutionalized data processing capacity;
2. Considering several factors including the adoption in 2013 a law on a National eHealth Information System,, making reporting diagnosis mandatory under Law 355/2007, imminent expiration of the 'National Programme on HIV/AIDS prevention in Slovakia" in 2021 and clear acknowledgment of the NGOs role, the Roadmap may foresee the discussion with relevant institutional and political key actors about possible changes to be introduced in the relevant legislation in order to:
    - fill the gap between the National Program on HIV/AIDS where the role of NGOs is important and the law which doesn't acknowledge this role;

- introduce in the next National Program on HIV/AIDS that will be released after 2021 and/or in the next National plan for infectious diseases´ control in the Slovak Republic specific provision about the integration of all HIV data in the general reporting system, beyond the limits of the National AIDS Committee reporting;
- give stronger normative ground to the next National Program on HIV/AIDS and/or to the next National plan for infectious diseases´ control in the Slovak Republic.

Steps already taken in order to integrate pilot's results into regular services/practices in the NHS

- Head of NRC, Dr. Staneková, has send an official letter to assoc. prof. J. Mikas -chief hygienist. prof.EH. Hudečková – chief epidemiologist, prof. J Suvada – expert of the Slovak Ministry of Health, assoc. prof. M. Avdičová – head of Epid. department of the Inst.Public Health responsible for EPIS with task to help integrate minimal set of indicators to EPIS /Epidemiological information system/
- Dr. Staneková has discussed with epidemiologists assoc. prof. Avdičová and Dr. P. Truska the needs to integrate minimal set of indicators to EPIS /Epidemiological information system/. With Dr. Bražinová, who replaced Dr.Truska during Integrate project, she has also discussed the possibility to include into EPIS at a minimum the information that client with HIV-reactive result was initially tested at an NGO/CBVCT. She promised that this information will be collected.
- Basic information about goals of EU Integrate project, especially about the pilots, was processed and sent from NRC for HIV/AIDS prevention at SMU (NRC) to Public Health Institute in Bratislava (PHI) preparing the Report on the implementation of the National HIV / AIDS Prevention Program 2019. Subsequently results of pilots, minimum set if indicators and also recommendation to use this minimal set of indicators in the national surveillance system will be included into the Report on the implementation of the National HIV / AIDS Prevention Program 2020.
- NRC has prepared for the NGOs in Slovak language a basic reporting template which includes a basic set of indicators with the goal to collect this data each year and evaluate them in relationship to data regularly collected by NRC from GOs. This reporting template was already sent to 4 NGOs recently working in HIV/AIDS prevention in Slovakia. All collected data will be subsequently processed into the Report on the implementation of the National HIV / AIDS Prevention Program 2020.

REACHING AND ACTIVATING THE KEY ACTORS

Taking into consideration the Sustainability Recommendations, the Pilot results and the SWOT analysis, a description of next possible steps for integration of pilot results in the NHS is described in the following table, specifying: which are the key actors to be involved, why and how it is expected to involve them.

KEY ACTORS WHICH SHOULD BE REACHED/ACTIVATED			WHO MAY REACH/ACTIVATE THE KEY ACTOR?
WHO: *key actors who should be reached/activated because of their key roles in policy planning, implementation, etc.*	***WHY:*** *for which specific purpose do you want to approach this actor? What do you want to obtain from this actor?*	***HOW:*** *Please indicate the way you may involve, directly or indirectly (through other actors) the identified key actor*	***WHO:*** *actors who may be interested/in charge/more effective in reaching/activating the key actor, including your institution, other allies/entities/NGOs*
Chief Public Health Officer of the Slovak Republicand Chairman of the National AIDS committee, JánMikas, M.Sc., RNDr. MD, PhD.	Responsible for the National HIV/AIDS Prevention Plan in the Slovak Republic and chief hygienist	PhD. Júlia Adamčíková, IPH secretary of the chief hygienist	Head of ECDC advisory group, head of Integrate project
National Drug Coordinator Mgr. Nadežda Lobodášová	Responsible for the National Anti-Drug Strategy of the Slovak Republic	E-mail	
ECDC focal point, Epidemiologist assoc. prof. Alexandra Bražinová, PhD, MPH	focal point for HIV infection in Slovakia in ECDC	Personal meeting, E-mail	Head of ECDC advisory group, head of Integrate project
Epidemiologist Mária Avdičová, MD, PhD.	Responsible person from Slovakia for EPIS and TESSY	E-mail	Head of ECDC advisory group, head of Integrate project

Dr.Barbora Kuchárová - psychologist	Head of NGO Prima /CSW, IDU, harm reduction programmes/	E-mail, personal meeting	
Light House Mgr. DušanŠmida and /or Jirí Pavlát – social workers	contact on target group /mostly MSM, HIV-positive patients/	E-mail, personal meeting	
Mgr. Dominika Jašeková – social worker	Head of NGO Odyseus /CSW, IDU, harm reduction programmes/	E-mail, personal meeting	
Vesna Tomašik , Mgr.	Head of NGO Storm /harm reduction programmes/	E-mail	
Pavol Jačuška, prof, MD, PhD	chief expert for infectiology at the Slovak Ministry of Health	E-mail	
Ivan Solovič, MD, PhD.	Primary in the National Institute of Tuberculosis, Lung Diseases and Thoracic Surgery	E-mail	

SHARING THE ROADMAP

Taking into consideration the actors identified above (key actors or intermediate actors who may reach them) please list how you plan to share the roadmap with them.

TO WHOM	HOW (emails, bilateral meetings, institutional committees, conferences/seminars/webinars, participation in the final conference of the JA, etc.)	Will you be able to do that by the end of the JA?
Ján Mikas, M.Sc., RNDr. MD, PhD.	E-mail, participation in the final conference of the JA, message about project activities to the Report on the implementation of the National HIV / AIDS Prevention Program 2020	YES
Mgr. Nadežda Lobodášová	E-mail, participation in the final conference of the JA	YES
assoc. prof. Alexandra Bražinová, PhD, MPH	E-mail, participation in the final conference of the JA	YES
Mária Avdičová, MD, PhD.	E-mail, participation in the final conference of the JA	YES
Barbora Kuchárová, Dr.	E-mail, participation in the final conference of the JA	YES
Dominika Jašeková, Mgr.	E-mail, participation in the final conference of the JA	YES
Dušan Šmida	E-mail, participation in the final conference of the JA	YES
Jiří Pavlát	E-mail, participation in the final conference of the JA	YES
Vesna Tomašik, Mgr.	E-mail, participation in the final conference of the JA zdruzenie.storm@gmail.com	YES
Pavol Jačuška, prof, MD, PhD	E-mail, participation in the final conference of the JA	YES
Ivan Solovič, MD, PhD.	E-mail, participation in the final conference of the JA	YES

SLOVENIA

Pilot partner: *Nacionalni inštitut za javno zdravje* - National Institute of Public Health (**NIJZ**)

Introduction: pilot action results

An effective national testing strategy, including monitoring and evaluation (M&E) framework, is critical in responding to HIV infection, other sexually transmitted infections (STIs), hepatitis B and hepatitis C infections. Community-based voluntary counselling and testing (CBVCT) has been shown to contribute to a sizeable proportion of new HIV diagnosis, especially among men who have sex with men, the most important key population in Slovenia.

The only Slovenian CBVCT service, organised by the NGO Legebitra in collaboration with the Institute of Microbiology and Immunology, monitors and evaluates (M&E) their HIV testing activities for MSM with numerous CBVCT M&E indicators according to the methodology described in the documents Core indicators to monitor community based voluntary counselling and testing (CBVCT) for HIV Guidelines for CBVCT services, Field-test version and Guidelines for Data Collection for Monitoring and Evaluation of Community-based Voluntary Counselling and Testing (CBVCT) for HIV in the COBATEST network[3][4]. Collection of testing data at Legebitra CBVCT is not regulated by law.

The pilot action focused on the development and strengthening of the collaboration between Legebitra and the NIJZ in order to integrate selected testing M&E indicators agreed upon at the consensus meeting with all WP6 partners for all the infections tested for at CBVCT site Legebitra into the formal Slovenian national HIV, STIs and hepatitis surveillance and M&E system. An agreement was therefore reached between Legebitra (CBVCT service for MSM) and NIJZ about the list of core testing M&E indicators to be integrated into the national HIV, STIs and hepatitis surveillance systems and about the modality for data submission of the estimates for the agreed core testing M&E indicators from Legebitra to NIJZ. During the pilot Legebitra submitted the estimates for the agreed core testing M&E indicators to NIJZ for the first half of 2019.

Testing & linkage to health care data for HIV, STIs, HBV and HCV available at Legebitra has been integrated into the national surveillance and M&E system. After 2019, Legebitra will submit the estimates for the agreed core testing M&E indicators to NIJZ annually. These results will be included in the respective annual reports published by NIJZ.

[3] HIV-COBATEST Project. Core indicators to monitor community based voluntary counselling and testing (CBVCT) for HIV Guidelines for CBVCT services,Field-test version [Internet]. 2012 [cited 2019 Apr 23]. Available from: https://eurohivedat.eu/arxius/ehe_cdocsmenu_cdocsmenu_doc_3-CBVCT_core_indicators_field_test_version.pdf

[4] EURO HIV EDAT. Guidelines for Data Collection for Monitoring and Evaluation of Community Based Voluntary Counselling and Testing (CBVCT) for HIV in the COBATEST Network [Internet]. [cited 2017 Nov 29]. Available from: https://eurohivedat.eu/arxius/ehe_docsmenu_docsmenu_doc_106-20131101_D03_00_OTH_1_EN_PS.PDF

SWOT Analysis of pilot action results

	Helpful	Harmful
Internal *(in the given situation)*	**Strengths** • Ongoing collaboration between CBVCT Legebitra and NIJZ. • CBVCT data monitoring through the COBATEST network tool already in place.	**Weaknesses** • The current Communicable Diseases Act does not provide legal basis for the NIJZ to collect data on linkage to care for all these infections. • No reporting of anonymised individual data and no reporting of diagnosed infections from CBVCTs.
External *(in perspective)*	**Opportunities** • Collaboration further strengthened between CBVCT Legeibitra and NIJZ about integration of a minimum set of testing M&E indicators collected at Legibitra into the national surveillance and M&E systems for HIV, STIs and hepatitis. • Lessons learned through collaboration between Legebitra and NIJZ may contribute to the revision process of the Communicable Diseases Act and/or Act on Data Bases within Health Care in order to provide legal basis for the collection of testing and linkage to care M&E data for all these infections.	**Threats** • Lack of political will about legal change due to other competing priorities. • Lack of funding of the surveillance systems for HIV, STIs and hepatis.

Recommendations from Sustainability Plan: ***please update (modify, delete or add new ones) if necessary and rank them in order of priority***

1. Considering that inadequate legal provision has been mentioned as a barrier for many reasons (i.e., the role of CBVCTs, the lack of laboratory surveillance for all infections and linkage to care data) and that revision of the Slovenian Communicable Diseases Act has been envisioned, a

Roadmap may include consultation with all the key actors who may be involved in the revision process of the Communicable Diseases Act and/or Act on Data Bases within Health Care, in order to:
    - include linkage to care data for all the infections into respective national surveillance and M&E systems
    - include CBVCTs (Legebitra or others in the future) in the reporting system.
2. Considering that the collaboration between Legebitra and the NIJZ is already ongoing, the Roadmap may include the selection of few testing M&E indicators for all the infections tested for at the CBVCT site Legebitra to be integrated into the formal Slovenian national HIV, STIs and hepatitis surveillance and M&E system.

Steps already taken in order to integrate pilot's results into regular services/practices in the NHS

In 2019, changes with respect to mandatory laboratory surveillance for all infections, notification of diagnosed infections by all facilities performing microbiological testing and collection of linkage to care data for HIV, STIs, hepatitis B and hepatitis C have been included into current draft proposal of the new Communicable Diseases Act at the Ministry of Health. The revision process is ongoing.
Available HIV testing and linkage to care date from Legebitra have been included into the annual HIV surveillance report with the data for 2019, which was published by the NIJZ in 2020.

REACHING AND ACTIVATING THE KEY ACTORS

Taking into consideration the Sustainability Recommendations, the Pilot results and the SWOT analysis, a description of next possible steps for integration of pilot results in the NHS is described in the following table, specifying: which are the key actors to be involved, why and how it is expected to involve them.

KEY ACTORS WHICH SHOULD BE REACHED/ACTIVATED			**WHO MAY REACH/ACTIVATE THE KEY ACTOR?**
WHO: *key actors who should be reached/activated because of their key roles in policy planning, implementation, etc.*	***WHY:*** *for which specific purpose do you want to approach this actor? What do you want to obtain from this actor?*	***HOW:*** *Please indicate the way you may involve, directly or indirectly (through other actors) the identified key actor*	***WHO:*** *actors who may be interested/in charge/more effective in reaching/activating the key actor, including your*

			institution, other allies/entities/NGOs
Vesna Kerstin Petrič Director, Directorate of Public Health, Ministry of Health	Director, Directorate of Public Health, and Ministry of Health has been and will be a key actor in coordinating the preparation of the new Communicable Diseases Act proposal at the Ministry of Health.	Not relevant. She is already coordinating the working group for the preparation of the new Communicable Diseases Act proposal.	
Irena Klavs Head of HIV, STIs and Hepatitis Group, Communicable Diseases Centre, NIJZ	Klavs Head of HIV, STIs and Hepatitis Group, Communicable Diseases Centre, NIJZ has been and will be key actor in preparing respective text for surveillance of communicable diseases proposal for the new Communicable Diseases Act at the Ministry of Health.	Not relevant. She is already participating in the extended working group for the preparation of the new Communicable Diseases Act proposal at the Ministry of Health.	
Mitja Ćosić Senior HIV Officer, Legebitra	Senior HIV Officer at Legebitra has been and will be the key actor in collaboration between Legebitra and NIJZ and submission of testing M&E data from Legebitra to NIJZ.	Not relevant. He is already involved in the collaboration between Legebitra and NIJZ and submission of testing M&E data from Legebitra to NIJZ.	

SHARING THE ROADMAP

Taking into consideration the actors identified above (key actors or intermediate actors who may reach them) the strategy on how to share the roadmap with them is described in the following table.

Since the process with respect to mandatory laboratory surveillance for all infections, notification of diagnosed infections by all facilities performing microbiological testing and collection of linkage to care data for HIV and hepatitis B and hepatitis C to be included into current proposal of the Communicable Diseases Act at the Ministry of Health is already ongoing, there is no need to share the Roadmap with key actors.
Also, since available HIV testing and linkage to care data from Legebitra has been already included into the annual HIV surveillance report with the data for 2019, which was published by the NIJZ in 2020, there is no need to share the roadmap with key actors.

TO WHOM	HOW (emails, bilateral meetings, institutional committees, conferences/seminars/webinars, participation in the final conference of the JA, etc.)	Will you be able to do that by the end of the JA?
		YES/NO

SPAIN

Pilot partner: Centre d'Estudis Epidemiològics sobre les ITS i Sida de Catalunya **(CEEISCAT)**

Introduction: pilot action results

An effective national testing strategy, including monitoring and evaluation (M&E) framework, is critical in responding to HIV infection, other sexually transmitted infections (STIs), hepatitis B and hepatitis C infections. Community-based voluntary counselling and testing (CBVCT) has been shown to contribute to a sizeable proportion of new HIV diagnosis, especially among key populations.
It is crucial that in countries like Spain core CBVCT data on testing and linkage to care is integrated into the national surveillance and M&E systems for HIV, STIs, hepatitis B and hepatitis C virus. One of the objectives of the work package 6 "Monitoring and evaluation of HIV, STIs and HCV testing and linkage to care" was to support this integration.

The pilot study in Spain was focused on:

- the integration of HCV testing for HIV seronegative MSM/trans at high risk into the existing CBVCT Network in Catalonia, including the HCV testing and risk assessment questionnaire added to data collection tool;
- the assessment of the feasibility of the inclusion of a minimum set of 6 indicators in the existing CBVCT Network monitoring system.

The pilot followed a consensus meeting on a preliminary set of core indicators for M&E CBVCT for HIV, viral hepatitis and STIs to be integrated into the national surveillance and M&E systems.

The consensus indicators were feasible for the Catalan CBVCT network to collect but quality of data (missing data) could be improved, especially regarding confirmatory testing and first reactive tests.

A post-pilot meeting was held and a final consensus on a set of core indicators was reached. Analysis of the facilitators and barriers faced by each partner in implementing pilot activities was conducted to inform the recommendations and a consensus on 10 recommendations was reached. At a later ECDC Dublin Declaration Advisory Group meeting, representatives from five pilot countries were involved and also came to a consensus concerning the inclusion in the Dublin Declaration Questionnaire 2020 questions to collect data on the majority of the minimum set of CBVCT M&E indicators.

SWOT Analysis of pilot action results

	Helpful	Harmful
Internal *(in the given situation)*	**Strengths** • CBVCT networks already exist in 2 regions • Most of data included in the indicators set are already collected by CBVCTs • National Plan on HIV and AIDS already foresees the improvement of national data collection through a National CBVCT Network • In Catalonia there was involvement of all key stakeholders (CBVCT services, CEEISCAT, ASPCAT) • Integration of recommended indicators proved to be highly feasible	**Weaknesses** • Missing data, especially confirmatory tests • Regionalization of the health system, including the organization of CBVCTs • National impact for now limited to 1 region
External *(in perspective)*	**Opportunities** • National CBVCT Network formation is finished and there are plans to start collecting CBVCT data on 2021 • ECDC questions about some of the indicators may support the need for collecting data • The online application may have a role in technically facilitating the data collection	**Threats** • Participation in a National CBVCT Network is not mandatory • CBVCT lack of financial resources

Recommendations for the sustainability of the pilot action in the partner country

1. Considering that the last National Plan on HIV and AIDS seems to include a strategy to improve collection of data but has faced obstacles in its application. Nevertheless, the application for data collection has been finished, and data collection from CBVCT services at national level is planned to start in 2021. The Roadmap may include consultation with relevant key actors aiming to focus on how pilot actions can stimulate the implementation of the plan and the integration of the key CBVCT indicators in the national surveillance system.

2. Considering that the process of collection of data by CBVCTs is voluntary and not uniform across the country, a Roadmap may include consultation with relevant key actors about possible ways to improve willingness to share data, i.e. reward from National Plan on HIV and AIDS (financial or other kinds of support) or agreement about few common indicators.

Steps already taken in order to integrate pilot's results into regular services/practices in the NHS

- Contact with the Head of the Programme for Prevention, Control and Treatment of HIV, STIs and Viral Hepatitis of the Public Health Agency of Catalonia, in order to start the pilot in Catalonia.
- Contact with the head of the National Plan on HIV and AIDS, to discuss the implementation of the National CBVCT network and to discuss the collection of the key indicators.
- Contact with CESIDA (State HIV and AIDS NGOs Coordinator) to present the pilot and its results.

REACHING AND ACTIVATING THE KEY ACTORS

Taking into consideration the Sustainability Recommendations, the Pilot results and the SWOT analysis, a description of next possible steps for integration of pilot results in the NHS is described in the following table, specifying: which are the key actors to be involved, why and how is expected to involve them.

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WHO: *key actors who should be reached/activated because of their key roles in policy planning, implementation, etc.*	***WHY:*** *for which specific purpose do you want to approach this actor? What do you want to obtain from this actor?*	***HOW:*** *Please indicate the way you may involve, directly or indirectly (through other actors) the identified key actor*	***WHO:*** *actors who may be interested/in charge/more effective in reaching/activating the key actor, including your*

			institution, other allies/entities/NGOs
Head of the National Plan on HIV and AIDS.	She is Responsible for the establishment of the national network of CBVCT services. The head of the National Plan on HIV and AIDS is a key actor from the academic/political side.	To organize a meeting with the head of the National Plan on HIV and AIDS, to present the results of the pilots and to promote the use of the key indicators.	CEEISCAT and the Catalan Health Department.
Head of the Programme for Prevention, Control and Treatment of HIV, STIs and Viral Hepatitis of the Public Health Agency of Catalonia,	Responsible for the decision on implementing HCV testing in the Catalan CBVCT network.	To organize a meeting with the head of the Programme for Prevention, Control and Treatment of HIV, STIs and Viral Hepatitis of the Public Health Agency of Catalonia, and explain the pilot results, in order to continue with HCV testing in CBVCT network.	CEEISCAT
Someone from CESIDA, CESIDA (State HIV and AIDS NGOs Coordinator)	CESIDA is a national coordinator of NGOs working in the HIV/AIDS field, so is a key actor from the community side.	To organize a meeting with CESIDA, to present the results of the pilots and to help us promote the participation of the CBVCT services in the national network.	CEEISCAT

SHARING THE ROADMAP

Taking into consideration the actors identified above (key actors or intermediate actors who may reach them) the strategy on how to share the roadmap with them is described in the following table.

TO WHOM	HOW (emails, bilateral meetings, institutional committees, conferences/seminars/webinars, participation in the final conference of the JA, etc.)	Will you be able to do that by the end of the JA?
Head of the National Plan on HIV and AIDS.	Email and bilateral meetings. Invitation to participate in the final conference of the JA	YES
CESIDA (State HIV and AIDS NGOs Coordinator)	Email and bilateral meetings. Invitation to participate in the final conference of the JA	YES
Head of the Programme for Prevention, Control and Treatment of HIV, STIs and Viral Hepatitis of the Public Health Agency of Catalonia	Email and bilateral meetings. Invitation to participate in the final conference of the JA	YES

Consortium

Croatia

Hrvatski zavod za javno zdravstvo Croatian Institute of Public Health

Life Quality Improvement Association

Croatian association for HIV and viral hepatitis

ISKORAK

Denmark

Region Hovedstaden / CHIP

Estonia

Tervise Arengu Instituut
National Institute for Health Development

Tervise Arengu Instituut
National Institute for Health Development

Greece

Centre for Research & Technology Hellas, Institute of Applied Biosciences, Information Technologies institute

National Public Health Organization

Hungary

Semmelweis University

Ireland

University College Dublin, National university of Ireland Dublin

Italy

Arcigay Associazione LGBTI

Croce Rossa Italiana

Fondazione LILA Milano ONLUS - Lega Italiana per la Lotta contro l'AIDS

Fondazione Villa Maraini Onlus

Lithuania

National Public Health Surveillance Laboratory

Republican Centre for Addictive Disorders

Centre for Communicable Diseases and AIDS
Vilnius University Hospital Santaros Klinikos

Malta

Health Promotion and Disease Prevention

Poland

National AIDS Centre
Agency of the Ministry of Health

Romania

"Victor Babes" Clinical Hospital of Infectious Diseases and Pneumophtisiology Craiova

"Marius Nasta" Pneumophtisiology Institute

Institute of Public Health of Serbia "Dr Milan Jovanovic Batut"

Slovakia

Slovak Medical University in Bratislava

Slovenia

National Institute of Public Health Nacionalni inštitut za javno zdravje

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