Operational knowledge to improve HIV early diagnosis and treatment among vulnerable groups in Europe

Chafea Project Grant Nr: 2013 1101

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Acronym:

Euro HIV EDAT

FINAL REPORT

[Written by Cristina Agustí, Laura Fernàndez, Maite Arrillaga, Irena Klavs, Elsa Ricard, David Michels, Daniela Rojas, Nicolas Lorente, Per Slaaen Kaye, François Pichon, Anders Dahl, Matthias Kuske, Juan Hoyos, Luis de la Fuente, María José Belza, Tom Plateau, Eric Florence, Jakob Haff and Jordi Casabona on behalf of the Euro HIV EDAT Study Group]
[*January – 2018*]

Consumers, Health and Food Executive Agency

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Declaration by the project coordinator

I, as project coordinator of this project grant and in line with the obligations stated in the Grant Agreement declare that:

- The report represents an accurate description of the work carried out under this project grant for this reporting period;
- To my best knowledge, the financial statements that are being submitted as part of this report are in line with the actual work carried out and are consistent with the report on the resources used for the project and, if applicable, with the certificate of the financial statement.
- All beneficiaries, in particular non-profit public bodies, have declared to have verified their legal status. Any changes have been reported under section WP1 Coordination and project management, in accordance with the requirements of the Grant Agreement.

Name of the project coordinator:

Jordi Casabona Barbarà.

Signature:

Date:

January 30th 2018.

Specification of the project grant

Project title:	
Acronym:	Euro HIV EDAT
Date(s) of the Project:	April 2014 – September 2017
Starting date of the grant agreement:	01/04/2014
Duration of the grant agreement (in months):	42 months
EC co-funding:	1.179.927,00€
Priority area:	4.1 Improve citizens' health security
Sub-action:	4.1.1.1 Improve access to early diagnosis of HIV/AIDS and timely treatment and care of most vulnerable groups and in priority regions
Action:	4.1.1 Develop strategies and mechanisms for preventing, exchanging information on and responding to health threats from communicable and non-communicable diseases
Main partner information and contact person:	Fundació Institut d'Investigació en Ciències de la Salut Germans Trias I Pujol. Jordi Casabona i Barbarà
Partners involved in the Project (Institution, Acronym, Contact Person):	Catalan Institute of Oncology (ICO-CEEISCAT). Jordi Casabona i Barbarà. Projecte dels NOMS-Hispanosida (Hispanosida). Michael Meulbroek. Association AIDES (AIDES). Daniela Rojas. Fondet til bekæmpelse af AIDS (AIDS-Fondet). François Pichon. AidshilfeNRW e.V. (AIDS-Hilfe). Matthias Kuske. GAT-Grupo Português de Activistas sobre Tratamentos de VIH/SIDA – Pedro Santos (GAT). Luis Mendao. National Institute of Public Health (NIJZ). Irena Klavs. Društvo Kulturno, informacijsko in svetovalno središče Legebitra (Legebitra). Simon Maljevac. Institute of Tropical Medicine (ITM). Tom Plateau. Instituto de Salud Carlos III (ISCIII). Luis de la Fuente. ARAS - Romanian Association Against AIDS (ARAS). Mihai Lizandru. Consorcio Centro de Investigación Biomédica en Red del Área de Epidemiología y Salud Pública (CIBERESP). Juan Hoyos. Fondazione LILA Milano ONLUS (LILA MILANO). Lella Cosmaro. Positive Voice (POSITIVE VOICE). Sophocles Chanos.
List of collaborating partners:	Robert Koch Institute (Germany) Stop SIDA (Spain) Iskorak - Sexual and gender minorities rights centre (Croatia)

	Instituto de Saúde Pública da Universidade do Porto (ISPUP) (Portugal) Àmbit Prevenció (Spain) The National AIDS Centre (Poland) Helseutvalget for bedre homohelse/ Gay & Lesbian Health (Norway) Plus onlus (Italy) AIDS Action Europe (Netherlands) Fondazione LILA Milano ONLUS – Lega Italiana per la Lotta contro l'AIDS (Italy) Association of HIV affected women and their families "Demetra" (Lithuania) Agència de Salut Pública de Barcelona (Spain) PRAKSIS NGO (Greece) Leicester City Council Public Health Directorate (United Kingdom) Health Protection Agency (United Kingdom) Estonian Network of People Living with HIV(EHPV) (Estonia) Baltic HIV Association (Latvia) Safe Pulse of Youth (Serbia) Asociación Madrid Positivo (Spain) Associació Antisida de Lleida (Spain) Athens and Thessaloniki Checkpoints (Greece) Laboratory for Molecular Microbiology and Slovenian HIV/AIDS Reference Centre (Slovenia)
Keywords (using MESH terms):	1. HIV Infections/diagnosis 2. HIV Infections/prevention 3. Community Networks 4. Epidemiological Monitoring 5. Capacity Building

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An early draft was developed by Jordi Casabona (Centre d'Estudis Epidemiològics sobre les Infeccions de Transmissió Sexual i Sida de Catalunya – CEEISCAT, Spain), Cristina Agustí Benito (CEEISCAT), Laura Fernàndez López (CEEISCAT), Maite Arrillaga (CEEISCAT), Irena Klavs (National Institute of Public Health - NIJZ), Slovenia), Daniela Rojas and David Michels (Association AIDES –AIDES, France), Nicolas Lorente (CEEISCAT), Per Slaen Kaye, François Pichon and Anders Dahl (Fondet til bekæmpelse af AIDS - AIDS-Fondet, Denmark), Matthias Kuske (AidshilfeNRW e.V. - AIDS-Hilfe, Germany), Juan Hoyos, Luis de la Fuente and María José Belza (Instituto de Salud Carlos III - ISCII, Spain), Tom Plateau, Lieselot Ooms and Eric Florence (Institute of Tropical Medicine – ITM, Belgium) and Jakob Haff (External Evaluator).

The Final version of the Final Report was approved by the Steering Committee (SC). The members of the SC were: Jordi Casabona, Cristina Agustí Benito, Laura Fernàndez López, Nicolas Lorente, Irena Klavs, Tanja Kustec, Daniela Rojas, Per Slaen Kaye, François Pichon, Matthias Kuske, Juan Hoyos, Luis de la Fuente, Tom Plateau, Eric Florence, Michael Meulbroek, Ferran Pujol, Simon Matejak, Mitja Ćosić, Mihai Lixandru, Ricardo Fuertes, Daniel Simões, Sophocles Chanos, Nikos Dedes, and Lella Cosmaro.

Final Publishable Executive Summary

This is a comprehensive summary of your project. It should be formatted to be printed as a stand-alone paper document - extending to a maximum of three pages- to reach a wide audience, including the general public. Kindly ensure that it is of suitable quality to enable direct publication by CHAFEA.

Please structure your executive summary as follows:
A summary description of the project scope and objectives (general and specific).
A description of the work done, including programme, evaluation and dissemination activities.
The final results in terms of outputs and outcomes, and their potential impact and use by the target group (including benefits).
The strategic relevance and contribution to the EU Health Programme.
Conclusions and recommendations.
Please include available diagrams or photos illustrating the work of the project.

The number of new HIV diagnosis continues to rise in many European countries, being the epidemic largely concentrated in certain sub-populations, namely MSM (men who have sex with men), which account for the highest proportion of diagnoses, migrants and people who inject drugs. Recent data estimates that in EU Member States 30% of those infected are unaware of their infection and that many HIV diagnosed patients are entering care more than 1 year after diagnosis. Early HIV diagnosis and treatment have great benefits both at the individual (improving survival) and population level (decreasing transmission), therefore increasing the proportion of people with HIV who know they are infected and linking them to care is a critical public health priority.

Most-at-Risk Populations for becoming infected with HIV are more difficult to be reached in healthcare settings, thus community based voluntary counselling and testing services (CBVCTs), when specifically tailored to the target population and local context, may to increase early HIV diagnosis and treatment.

The overall purpose of the project Operational knowledge to improve HIV early diagnosis and treatment among vulnerable groups in Europe (Euro HIV EDAT) was to generate operational knowledge to better understand the role and impact of CBVCTs across Europe, as well as to study the use of innovative strategies based on new technologies and social networks, to increase early HIV/STI diagnosis and treatment among the most vulnerable groups. The project was aimed to generate harmonized monitoring and evaluation data from CBVTCs across Europe using the indicators and data collections instruments developed by the HIV-COBATEST Project (Grant Agreement number 2009 12 11) and to explore the acceptability, feasibility and effectiveness of innovative strategies, like point of care technologies for HIV and STI diagnosis, HIV self-testing and web based outreach and counselling approaches.

The specific objectives of the project were the following:

1. To monitor and evaluate (M&E) community based voluntary HIV counselling and testing (CBVCT) services in Europe.
2. To identify determinants for HIV test seeking behaviour and sexual risk behaviour among MSM in Europe.
3. To describe and improve approaches of linkage to health services for HIV among MSM in Europe.
4. To improve the implementation of CBVCT services specifically addressed to MSM in Europe.
5. To describe HIV testing patterns and to identify barriers to testing and care among migrant populations in Europe.
6. To assess acceptability and feasibility of innovative strategies and interventions aimed at increasing HIV counselling and testing.

To carry out the Euro HIV EDAT project a solid partnership was formed by 14 organizations from Spain, France, Germany, Portugal, Denmark, Belgium, Slovenia, Romania and Greece, including both non-governmental organisations (NGOs) and government agencies. The Main Partner of the project was the Centre for Epidemiological Studies on AIDS and STIs of Catalonia (CEEISCAT), Spain. The project counted on 14 Associated Partners: Catalan Institute of Oncology (ICO) (Spain), Projecte dels NOMS-Hispanosida (Spain), Association AIDES (France), Fondet til bekæmpelse af AIDS (AIDS Fondet) (Denmark), National Institute of Public Health (NIJZ) (Slovenia), Društvo Kulturno, informacijsko in svetovalno središče Legebitra (Slovenia), AidshilfeNRW e.V. (Germany), ARAS - Romanian Association Against AIDS (Romania), Institute Tropical Medicine (Belgium), Instituto de Salud Carlos III (ISCIII) (Spain), Consorcio Centro de Investigación Biomédica en Red (CIBER) (Spain), GAT-Grupo de Ativistas em Tratamentos (Portugal), Positive Voice (Greece) and Lila Milano (Italy). The project counted as well on the support from the 21 Collaborating Partners.

An internet based Toolkit to support NGOs that recently established or want to start a CBVCT Service/Checkpoint for MSM was developed (http://www.msm-checkpoints.eu/). The main project products are included in the Toolkit.

During 2015 and 2016 the community based voluntary HIV counselling and testing activities of the 41 services/networks, 39 of these from the COBATEST network, were monitored and evaluated. Data from a total of 168,409 clients tested for HIV in those CBVCT services/networks was collected and sent to the mainp and the WP4 leader following the instructions in the Guidelines for Data Collection for Monitoring and Evaluating CBVCT for HIV in the COBATEST Network. These guidelines were prepared and disseminated to all members of the COBATEST network and are available in the project website. The final report titled "Estimates of core indicators for monitoring and evaluation of community based voluntary counselling and testing (CBVCT) for HIV in the

COBATEST network" with the data for 2015 and 2016 was published on the project website.

"The guide to do it better in our CBVCT centre" developed by the HIV-COBATEST project was updated. A new tool for self-evaluation to identify barriers and facilitators for the implementation of good practices in CBVCT was developed and included in the guide as an annex and uploaded in the Toolkit for the implementation and evaluation of checkpoints for MSM developed by the project.

With the aim of identifying determinants for HIV test seeking behaviour and sexual risk behaviour among MSM in Europe, a cohort of seronegative for HIV MSM was established (COBA-Cohort). This cohort collects common data among 4,145 HIV-negative MSM attending 17 CBVCT services in 6 countries. The participating CBVCTs were: Positive Voice (Greece); Association AIDES (France); Lila Milano (Italy), AIDS-Fondet (Denmark); GAT (Portugal) and Legebitra (Slovenia). A report with the main results of the COBA Cohort Study was published on the project website.

A qualitative and a quantitative study to describe different mechanisms of linkage to care used by CBVCTs as well as their acceptability, feasibility and effectiveness among managers and clients were performed in a subset of checkpoints through interviews among staff and health professionals from the referral services and clients diagnosed with HIV infection at the participating checkpoints. A report titled "Description and improvement of different approaches of linkage to care for HIV among MSM in Europe" was published on the project website. Based on the results of this report, the guide titled "Optimal linkage to care among MSM: a practical guide for CBVCT's and Points of Care" was published in the project website and uploaded to the platform of the Toolkit.

A qualitative and a quantitative study describing the use of and barriers to using testing and care services for HIV/STI by migrant populations in the participating countries were conducted. Based on these results the guide titled "Guide of best practices to improve earlier testing and care among migrant populations in Europe" was published on the project website and included in the Toolkit.

With the objective of evaluating the acceptability and foreseeable impact of innovative HIV testing strategies among potential users and stakeholders, two studies were performed: an online survey among MSM recruited online; and, an online study among key stakeholders involved in the diagnostic process. A report titled "KAB/P study on the implementation of innovative HIV Testing strategies: Main results of a study conducted among MSM and stakeholders. Final Report" was published. Based on these results "Recommendations for the implementation of innovative HIV testing strategies in Europe" were published and uploaded to the Toolkit platform.

A pilot intervention to assess the acceptability and feasibility of an outreach intervention for HIV testing among MSM and migrants and online communication of test results was

implemented in 6 European countries (Belgium, Spain, Portugal, Denmark, Rumania and Slovenia). Two websites to delivery test results and post test counselling were developed (www.swab2know.eu and www.lapruebaencasa.com). An implementation manual for an integrated strategy for HIV testing using CBVCT, outreach and web based techniques titled "Swab2know: Manual for the development and implementation of an HIV testing approach using outreach and home sampling strategies and online communication of HIV test results" was published and included in the Toolkit.

Prevention of HIV is one of the top issues on the European public health agenda and the information generated by the project, will be crucial to know the patterns and understand the determinants of test seeking behaviours among MSM, as well as to identify barriers to access diagnosis and care by migrants. The outcomes of the Euro HIV EDAT project will contribute to decrease HIV/STI transmission, improve clinical outcomes and promote equity across Europe. Specific guidelines and manuals were developed for MSM and migrants, two of the most affected groups by the HIV/STI epidemics in Europe. The project will contribute to the improvement of CBVCT services and will inform policy makers to better contextualize these interventions within their national HIV Prevention Programs. Crucial data to better design preventive interventions aimed at increasing test uptake among MSM and migrants were provided. Information on acceptability, feasibility and effectiveness of innovative interventions as self-testing and outreach interventions and the use of new technologies for results and counselling delivery was generated. Specifics manuals were produced. Overall, the project outcomes will provide operational data and implementation manuals and guidelines to improve the effectiveness and scale up of testing and linkage to care programs, as well as some new tools to increase access to them. The project will thus contribute to better informing policy makers from European Member States and ultimately to reducing transmission of HIV and other STIs, as well as to improving clinical outputs of HIV and STI patients across Europe.

More detailed information on the project and the project products are available on the project website: https://eurohivedat.eu/

Initial scope of the Project

Background and project scope

- You may copy from the Grant Agreement, Annex I. Please make sure that the text is updated and reflects the correct timing.

The number of new HIV diagnosis continues to raise in many European countries, in 2015, 153407 HIV diagnoses were reported by 50 of the 53 countries in the WHO European Region, of which 29747 were reported by the countries in the European Union and European Economic Area (EU/EEA)[1]. The surveillance results suggest that HIV transmission continues in many countries, with an overall rate of 7.6 diagnoses per 100 000 population for the WHO European Region and 6.3 in the EU/EEA. The European Commission has identified some Priority Regions that are suffering the highest burden of the HIV epidemics[2]. The Commission recognises the need to step up cooperation among EU Member States, candidate, potential candidate, and other neighbouring countries, and to support countries to develop tailor-made strategies to introduce effective prevention measures. This applies to Eastern European Neighbourhood Policy (ENP) area countries and the Russian Federation[2]. In these regions, the HIV epidemic is concentrated in most at risk populations, but there is a potential to drift into the general population as heterosexual transmission is increasing. The rates are the highest in the East of the Region. The four countries with the highest rates of HIV diagnoses in 2015 in the EU/EEA were Estonia (20.6), Latvia (19.8) and Malta (14.2)[1]. The main transmission mode varies by geographical area. In the EU/EEA the epidemic has been largely concentrated in certain sub-populations, namely MSM (38.7% of new HIV diagnoses), migrants (they represent more than one third of the heterosexually acquired HIV cases reported), and people who inject drugs (PWID) (5.4%).

The proportion of all HIV diagnoses attributed to sex between men increased over the recent period from 33% of cases in 2005 to 42% of cases in 2015. Between 2005 and 2015, increases were observed in the majority of EU/EEA countries, with substantial increases noted in Bulgaria, Cyprus, Ireland, and Malta in recent years. Cases attributed to MSM increased over the period both in men born outside of the reporting country and

[1] European Centre for Disease Prevention and Control/WHO Regional Office for Europe. HIV/AIDS surveillance in Europe 2015. Stockholm: ECDC; 2016. Available at https://ecdc.europa.eu/sites/portal/files/media/en/publications/Publications/HIV-AIDS-surveillance-Europe-2015.pdf (accessed 3 November 2017)

[2] Commission of The European Communities. Communication from the Commission to the European Parliament, the Council, the European Economic and Social Committee and The Committee of the Regions. Combating HIV/AIDS in the European Union and neighbouring countries, 2009 -2013. Brussels, 26.10.2009. COM(2009)569 final.

in native cases[1]. In contrast, the number of cases among PWID has decreased by 44%[1]. Regarding migrant population, countries with at least half of the new HIV diagnoses among people originating from outside of the reporting country were Sweden (75%), Luxembourg (71%), Iceland (67%), Ireland (65%), Norway (60%), Denmark (59%), Finland (54%), France (53%), Belgium (52%), and Malta (51%). The highest proportion of people presenting at a later stage of HIV infection (CD4 <350 cells/mm3) was observed among people who acquired HIV through injecting drug use (58%) and heterosexual contact (57%). The smallest proportion with CD4 counts lower than 350 cells per mm3 was observed among men who acquired HIV through sex with another man (37%)[1].

Recent data estimates that in EU Member States 30% of those infected are unaware of their infection and that many HIV diagnosed patients are entering care more than 1 year after diagnosis[3]. Early HIV diagnosis and treatment has great benefits both at the individual (improving survival) and population level (decreasing transmission)[4], therefore increasing the proportion of people with HIV who know that they are infected and linking them to care is a critical public health priority. While IDU can be reached at harm reduction services, parts of both other at higher risk key populations, MSM and migrants that may be difficult to be reached in health care settings, can be partly reached in CBVCTs, when specifically tailored to the target population and local context, more efficient to increase early HIV diagnosis and consequent linkage to treatment.

It is accepted that STI enhance HIV transmission and that in Europe MSM are disproportionately affected also by other STI, being outbreaks of syphilis, LGV and other STI including HCV, as has been reported from different cities[5,6,7]. Currently point of care technologies which can provide a rapid screening diagnosis for some of these STI are available and their potential use in CBVCTs for MSM (Checkpoints) can further expand diagnosis and treatment of these STI.

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[3] Hamers, F., & Phillips, A. (2008). Diagnosed and undiagnosed HIV-infected populations in Europe. HIV Medicine, 9(Suppl.2), 6-12. doi: 10.1111/j.1468-1293.2008.00584.x

[4] Aldaz P, Castilla J, Moreno-Iribas C, Irisarri C, Floristán Y, Sola-Boneta J, et al. Cambios en la mortalidad y en las causas de defunción en las personas con diagnóstico de infección por el VIH, 1985-2004. Enferm Infecc Microbiol Clin. 2007; 25:5–10.

[5] Savage EJ, Hughes G, Ison C, Lowndes CM; European Surveillance of Sexually Transmitted Infections network. Syphilis and gonorrhoea in men who have sex with men: a European overview. Euro Surveill. 2009 Nov 26;14(47). doi:pii: 19417.

[6] Martin-Iguacel R, Llibre JM, Nielsen H, Heras E, Matas L, Lugo R, Clotet B, Sirera G. Lymphogranuloma venereum proctocolitis: a silent endemic disease in men who have sex with men in industrialised countries. Eur J Clin Microbiol Infect Dis. 2010 Aug;29(8):917-25. doi: 10.1007/s10096-010-0959-2. Epub 2010 May 28. Review.

[7] Price H, Gilson R, Mercey D, Copas A, Parry J, Nardone A, Hart G. Hepatitis C in men who have sex with men in London - a community survey. HIV Med. 2013 Jun 18. doi: 10.1111/hiv.12050.

High infection rates in MSM populations argue for the need to develop and test prevention strategies for these populations. The current guidelines recommend HIV testing for MSM once a year or more frequently according to risk assessment. Previous studies have shown that these recommendations are not always implemented. The EMIS Project showed that the proportion of participating MSM who had never been tested for HIV varied between 16% in France and 57% in Lithuania[8]. On the other hand, according to SIALON I findings, the HIV prevalence among MSM attending the gay venues ranged from 17.0% in Barcelona to 2.6% in Prague. Over half the respondents were unaware of their HIV positive status. This proportion was slightly lower only in Barcelona, but very high (nearly 80%) in Ljubljana and Bucharest[9]. A cohort of HIV-negative MSM significantly contributes to the development of health promotion programs aiming at prevention of new infection. This kind of longitudinal studies offer the opportunity to describe patterns of HIV testing seeking behaviour, to be aware of possible changes in risk factors for HIV infection over time and to monitor trends in HIV incidence continuously. This data will be crucial to better design preventive interventions aimed and increasing testing uptake among MSM as well as to improve messages to warrant the necessary frequency of testing among this population. Reporting HIV incidence data is also a very important measure that can describe the rate at which HIV is spreading in a target population, predict future trends of HIV prevalence, and quantify number of new infections that ocurred during a certain period of time. The estimation of the incidence allows also identifying specific subgroups that are more affected within a targeted population. In Barcelona, the ITACA cohort of seronegative MSM showed that the incidence rate of HIV infection in migrants was almost double in comparison to the incidence among Spanish participants.[10]. This kind of information allows designing specific preventive interventions for specific groups of the targeted population. Limited data exist on risk factors for incident HIV infection. A few cohort studies have been conducted in Western countries. In Sydney, a study measuring HIV incidence among 1426 MSM at the end of a 4-year study period in 2006, reported an HIV incidence of 0.87

[8] Ulrich Marcus; Ford Hickson; Peter Weatherburn; Axel J. Schmidt; The EMIS Network (2012): Prevalence of HIV among MSM in Europe: comparison of self-reported diagnoses from a large scale internet survey and existing national estimates. *BMC Public Health, 12*: 978.

[9] Breveglieri M, Castellani E, Foschia JP, Furegato M, Gios L, Mirandola M, Muñoz R, Folch Toda C, Gyrik J, Krampac I, Nita I, Prochazka I, Solinc M, Stanekova D, Stehlikova D, Zoltan AR. Sialon Quantitative Report on HIV/Syphilis prevalence and risk behaviour among MSM. 2010.

[10] Ferrer L, Esteve A, Meulbroek M, Loureiro, Ditzel E,, Folch C, et al. *High incidence among MSM in Barcelona (Catalonia, Spain): The ITACA Cohort*. Presented at the Conference: Men, Men, Sex and HIV (FEMP 2011): the future of European Prevention among MSM; 10-11 nov. 2011; Stockholm, Sweden

per 100 person-years [11] In similar studies in the United States and Canada, researchers followed-up 3257 and 1587 HIV negative MSM, reported the HIV incidence of 1.55 per 100 person-years and 2 per 100 person-years, respectively[12,13]. In Amsterdam, cohort of MSM HIV-1 incidence rates decreased from 8.6/100 person-years in 1985 to 1.3/100 person-years in 1992; remained relatively stable around 1.0/100 person-years between 1992 and 1996, and slowly increased to 2.0/100 person-years in 200914. In Spain, it increased from 1.91 to 3.28 per 100 person-years from 2002 to 2003[15]. The implementation of a HIV-negative MSM cohort in different European countries sharing methodology and data would contribute to better understanding the current determinants of HIV spread within the MSM community in Europe.

An increasing body of evidence supports the role of sexual networks; many of them based on the Internet and smart phones apps, in the propagation of HIV/STI among MSM. The synergistic effects of using outreach strategies and self testing to increase access to test together with web and new technologies based tools to deliver counselling and care information, can increase uptake of testing among individuals most at risk (MSM and migrants) ensuring confidentiality, counselling and linkage to health care.

General objective of the project

- You may copy from the Grant Agreement, Annex I. Please make sure that the text is updated and reflects the correct timing.

The purpose of the project was to generate operational knowledge to better understand the role and impact of CBVCTs, to explore the use of innovative strategies based on new technologies and to increase early HIV/STI diagnosis and treatment in Europe among the most affected groups. The project was aimed to generate harmonized monitoring and evaluation data from CBVTCs across Europe using the Indicators and Data Collections Instruments developed by the COBATEST Project and to explore the acceptability,

[11] Jin F, Prestage GP, McDonald A, et al. Trend in HIV incidence in a cohort of homosexual men in Sydney: Data from the health in men study. Sex Health 2008; 5:109 –112.

[12] Buchbinder SP, Vittinghoff E, Heagerty PJ, et al. Sexual risk, nitrite inhalant use, and lack of circumcision associated with HIV seroconversion in men who have sex with men in the United States. J Acquir Immun Defic Syndr 2005; 39:82– 89

[13] Lavoie E, Alary M, Remis RS, et al. Determinants of HIV seroconversion among men who have sex with men living in a low HIV incidence population in the era of highly active antiretroviral therapies. Sex Transm Dis 2008; 35:25–29.

[14] Jansen I, Geskus R, Davidovich U, Jurriaans S, Coutinho R, Prins M, et al. Ongoing HIV-1 transmission among men who have sex with men in Amsterdam: A 25-year prospective cohort study. AIDS, 2011; 25: 493-501

[15] Hurtado I, Alastrue I, Ferreros I, et al. Trends in HIV testing, serial HIV prevalence and HIV incidence among people attending a Center for AIDS prevention from 1988 to 2003. Sex Transm Infect 2007; 83:23–28.

feasibility and effectiveness of innovative strategies, like Point of Care technologies for HIV and STI diagnosis, HIV self-testing and web based outreach and counselling approaches. The information provided is crucial to learn about patterns and determinants of test seeking behaviours among MSM, and to identify barriers to access diagnosis and care by migrants. A Toolkit for the implementation of Checkpoints specifically addressed to MSM and web based applications to deliver test results and counselling, has been developed. These tools could be scaled up in other countries.

Specific objective(s) of the project

- You may copy from the Grant Agreement, Annex I. Please make sure that the text is updated and reflects the correct timing.

The specific objectives of the project ere:

1. To monitor and evaluate community based voluntary HIV counselling and testing (CBVCT) services in Europe.
2. To identify determinants for HIV test seeking behaviour and sexual risk behaviour among MSM in Europe.
3. To describe and to improve approaches of linkage to health services for HIV/STI among MSM in Europe.
4. To improve the implementation and evaluation of CBVCT services specifically addressed to MSM in Europe.
5. To describe HIV testing patterns and to identify barriers to testing and care among migrant populations in Europe.
6. To assess acceptability and feasibility of innovative strategies and interventions aimed at increasing HIV counselling and testing.

Targeted groups

- Please refer to direct and indirect target groups
  You may copy from the Grant Agreement, Annex I. Please make sure that the text is updated and reflects the correct timing.

The target entities of the project were CBVCT programmes and services participating in the already existing European network (COBATEST network) (WP4), as well as some of the largest CBVCTs for MSM (Checkpoints) in Europe (WP 5, 6 and 7). Since in Europe there were few available data about HIV /STI testing access and patterns among migrants, civil associations specific addressed to migrants/ethnic minorities were the target within WP8. To ensure scientific rigour as well as implementation commitment

from Public Health administrations both academic and Public Health departments were also included in the project.

The target populations of the project were the most-at-risk groups and vulnerable groups, taking into account epidemiological (core groups) and structural criteria (social vulnerability): Objective 1: MSM, IDU, MIGRANTS, SWs, YOUTH, other; Objective 2-4: MSM; Objective 5: MIGRANTS; Objective 6: MSM, IDU, MIGRANTS, SWs, YOUTH, other. Finally, apart from HIV, both syphilis and HCV, two of the pathological entities with the major burden of disease among MSM and other vulnerable groups were targeted in the project.

Priority Regions that are suffering the highest burden of the HIV epidemics were taken into consideration. CBVCTs from Eastern Europe, Eastern European Neighbourhood Policy (ENP) area countries and the Russian Federation were invited to become a member of the COBATEST network. Capacity building intervention for the implementation of checkpoints specifically addressed to MSM was held in Slovenia. A toolkit for the implementation of checkpoints specifically addressed to MSM was translated into different languages, Russian, Romanian and Slovene included, and also disseminated in Eastern Europe, ENP countries and the Russian Federation.

Expected impact and outcomes of the project

- You may copy from the Grant Agreement, Annex I. Please make sure that the text is updated and reflects the correct timing.

1. Guidelines for Monitoring and Evaluating CBVCT for HIV in the COBATEST network have been developed. The data collection instruments have been implemented and standardized information on monitoring and evaluation CBVCT in the COBATEST network has been provided. This information and Guidelines for M&E will contribute to the improvement of these services and will inform policy makers to better contextualize these interventions within their national HIV Prevention, Treatment and Care Programs.

2. The "Guide to do it better" developed by the COBATEST Project has been updated and a self evaluation tool for CBVCT services. The Guide is intended to provide some ideas, but above all, some existing practices, on how CBVCT centres can implement and offer their services. Respecting the value of "learning by doing", some NGOs and other establishments already performing CBVCT have worked together in order to collect their experiences and inspire new practices. We believe that being aware of these different practices might inspire new ways of reaching the populations most affected by HIV infection as well as more varied and better ways of performing counselling and testing and, consequently, reducing HIV incidence.

3. To collect longitudinal data from clients of a number of MSM Checkpoints gives a unique opportunity to describe the patterns and the determinants for using these services. This data is crucial to better design preventive interventions aimed and increasing test uptake among MSM as well as to improve messages to warranty the necessary frequency of testing among this population.

4. The analysis of the different strategies used by the different sites and countries to link clients of CBVCTs with a reactive HIV test result to a referral health care provider for confirmation and eventually for treatment, will allow CBVCTs and referral centres to identify the most appropriate strategy and increase effectiveness. Thus resulting in improving early treatment and better clinical outcomes. Based on this analysis practical guidelines for linkage to care for MSM for checkpoints have been developed.

4. A Toolkit for guiding implementation and evaluation of checkpoints for MSM and its dissemination with a training activity will contribute to increase the number of existing resources, to improve the quality of the services and to help monitoring and evaluating them. The tool has been translated to different languages, including Slovene; Romanian and Russian with the aim of enhance the implementation of checkpoints in these priority regions and to improve the quality of the activities of the already existing CBVCT services for MSM.

5. Migrants are disproportionately affected by the HIV/STI epidemics. Data gathered will contribute to better understanding how migrant population envisages testing and which particular barriers encounter. The collected information has allowed the development of a guide of best practices to improve earlier testing and care among migrant populations in Europe. Both will contribute to better design preventive intervention aimed at improving HIV/STI knowledge and access to test and care, as well as to improve coverage of already existing programs.

6. Information on the acceptability, effectiveness and potential impact of new strategies like "home testing", web based outreach programs and the use of new technologies for delivering counselling has been collected in a report. This report has allowed assessing recommendations for the implementation of innovative HIV testing strategies and will contribute to improve its roll-out in Europe.

7. Information on the acceptability and feasibility of outreach HIV testing activities for MSM and migrants, as well as the use of a website to deliver the results and offer post-test counselling has been obtained through an interventional pilot study in 6 European countries. This data has contributed to the build up of an implementation manual for an integrated strategy for HIV testing using outreach and web based techniques. This integrated strategy could be a valuable instrument to improve early diagnosis and linkage to care in key populations and it could be easily replicate and scale up in other countries.

8. Overall the project outcomes have provided operational data and implementation manuals and guidelines to improve the effectiveness and scale up of testing and linkage to care programs, as well as some new tools to increase access to them.

Deliverables of the project

Please fill the table for each deliverable in the grant agreement
Please delete respective subsections, if your grant agreement foresees less than 10 deliverables

Deliverable 01:

Title of deliverable	**Interim and Final Report, including evaluation plan**
Deliverable number in grant agreement	1
Nature (eg. report, book, website etc.)	Report
Delivery date to CHAFEA	Interim Report: M23 February 26th 2016 Final Report: M42 + 2 November 30th 2017
Specific remarks on this deliverable	None
Can the deliverable be published at CHAFEA's project database?	Interim Report: No Final Report: Yes

Deliverable 02:

Title of deliverable	**Final Conference, dissemination strategy and dissemination materials**
Deliverable number in grant agreement	2
Nature (eg. report, book, website etc.)	Conference, brochure, Dissemination Plan, project website.
Delivery date to CHAFEA	Final Conference: M42 September 19th 2017. Brochure: M3 June 2014 Dissemination Plan: M3 June 2014 Project website: M3 June 2014
Specific remarks on this deliverable	None
Can the deliverable be published at CHAFEA's project database?	Yes

Deliverable 03:

Title of deliverable	**Guidelines for Data Collection for Monitoring and Evaluation of Community Based Voluntary Counselling and Testing (CBVCT) for HIV in the**

	COBATEST Network
Deliverable number in grant agreement	3
Nature (eg. report, book, website etc.)	Guidelines
Delivery date to CHAFEA	M9 December 2014
Specific remarks on this deliverable	This deliverable has been translated to Spanish
Can the deliverable be published at CHAFEA's project database?	Yes

Deliverable 04:

Title of deliverable	**Report on the description of determinants for HIV test seeking behaviour among MSM in Europe**
Deliverable number in grant agreement	4
Nature (eg. report, book, website etc.)	Report
Delivery date to CHAFEA	M42 + 2 November 2017
Specific remarks on this deliverable	None
Can the deliverable be published at CHAFEA's project database?	Yes

Deliverable 05:

Title of deliverable	**Optimal linkage to care among MSM: a practical guide for CBVCT's and Points of Care**
Deliverable number in grant agreement	5
Nature (eg. report, book, website etc.)	Guidelines
Delivery date to CHAFEA	M40 July 2017
Specific remarks on this deliverable	This deliverable has been translated to: French, Catalan, German, Portuguese, Slovenian and Spanish.
Can the deliverable be published at CHAFEA's project database?	Yes

Deliverable 06:

Title of deliverable	**Toolkit for the implementation and evaluation of Checkpoints for MSM**
Deliverable number in grant agreement	6
Nature (eg. report, book, website etc.)	Website
Delivery date to CHAFEA	M40 July 2017
Specific remarks on this deliverable	This deliverable has been translated to: French, Catalan, German, Portuguese, Rumanian, Russian, Slovenian and Spanish.
Can the deliverable be published at CHAFEA's project database?	Yes

Deliverable 07:

Title of deliverable	**Guide to best practices to improve early testing and care among migrant populations in Europe**
Deliverable number in grant agreement	7
Nature (eg. report, book, website etc.)	Guidelines
Delivery date to CHAFEA	M40 July 2017
Specific remarks on this deliverable	This deliverable has been translated to: French, Catalan, German, Portuguese, Slovenian and Spanish.
Can the deliverable be published at CHAFEA's project database?	Yes

Deliverable 08:

Title of deliverable	**Recommendations For the roll-out of innovative HIV testing strategies based on the results of a study conducted among MSM and stakeholders**
Deliverable number in grant agreement	8
Nature (eg. report, book, website etc.)	Recommendations
Delivery date to CHAFEA	M42 September 2017
Specific remarks on this deliverable	None

Can the deliverable be published at CHAFEA's project database?	Yes

Deliverable 09:

Title of deliverable	**Swab2know: Manual for the development and implementation of an HIV testing approach using outreach and home sampling strategies and online communication of HIV test results**
Deliverable number in grant agreement	9
Nature (eg. report, book, website etc.)	Report
Delivery date to CHAFEA	M42 + 2 November 2017
Specific remarks on this deliverable	None
Can the deliverable be published at CHAFEA's project database?	Yes

Deliverable 10:

Title of deliverable	**Web based application to deliver test results and provide counselling in different languages**
Deliverable number in grant agreement	10
Nature (eg. report, book, website etc.)	Websites
Delivery date to CHAFEA	M40 July 2017
Specific remarks on this deliverable	https://www.swab2know.eu/ is available in: French, Catalan, Danish, Flemish, German, Portuguese, Rumanian, Slovenian and Spanish. http://lapruebaencasa.com/ is available in: French, Catalan, Danish, Flemish, German, Portuguese, Rumanian, Slovenian and Spanish.
Can the deliverable be published at CHAFEA's project database?	Yes

Project implementation

Main activities carried out including methods and means.

- Please describe the work carried out, as it has taken place
- Please describe changes to the original planning
- Why did changes occur?
-

In order to achieve the project objectives the following methods and means have been applied:

WP4. To monitor and evaluate community based voluntary HIV counselling and testing (CBVCT) services in Europe.

This WP had two different tasks:

- Task 1. A qualitative and a quantitative study has been implemented to describe the impact of the "A guide to do it better" developed by the COBATEST project. Coordinated by AIDES.
- Task 2. Standardised data collection and analysis of CBVCT activities of the services members of the COBATEST network. Coordinated by NIJZ.

Task1. Impact of the "A guide to do it better in our CBVCT centres" Engaging CBVCT in self-assessment process. Coordinated by AIDES

With the aim of describing the dissemination of the "Guide to do it better in our CBVCT centre" developed by the HIV-COBATEST project and to implement a self-evaluation process in CBVCT involved in the redaction of the guide, a qualitative and a quantitative study were implemented.

The following activities were performed:

A survey to assess the dissemination of the guide was implemented among the Associated partners of the project and the members of the COBATEST Network. An online anonymous questionnaire was developed and sent by email to all participants. Several reminders were sent to increase the response rate. The data was analysed by AIDES and a report was developed.

A **self-evaluation process** was conducted by the staff of the participating CBVCT (AIDES, AIDS Fondet, AIDS-Hilfe, Ath Checkpoint, BCN Checkpoint, GAT Portugal and Legebitra). This process allowed evaluating the guide at the same time that it allowed learning how to conduct a self-evaluation. The conduction of this self-evaluation process provided input to build guidance tools to ensure best implementation of quality in CBVCT.

A working group was established with representatives of each participating Associated Partner.

The self-evaluation was developed with multiple grids designed from the main quality criteria of the guide by the working group. Drafts were developed by AIDES and were reviewed and approved by the working group. The grids were translated to the languages of the participating countries.

Focus groups with employees, facilitators and/or volunteers, professionals and community partners, managers and clients from each community, were conducted in each participating CBVCT. The purpose of these focus groups was firstly to identify how practices are developed by CBVCT and secondly to test the proposed grids as well as to offer advice to the implementation of the process of self-evaluation in CBVCT.

The grids were completed during the focus groups and then sent to AIDES.

A content analysis was carried out (based on data collected through the self-evaluation grids) in order to identify what and how practices and experiences are developed by different CBVCT.

At the end of the focus groups, each participating CBVCT completed a questionnaire based on the focus groups experience that focused on: the self-assessment process (participants, implementation arrangements, etc.) and levers and barriers to conducting a self-evaluation process. Filled in questionnaires were sent to AIDES who analysed the data.

Based on the experience of the participating CBVCT in the self evaluation process, a new **tool the self-evaluation** was designed to allow implementing the continuous improvement of quality because it supports reflection on practices and opens the dialogue within the team. The tool includes a definitive grid and a set of recommendations to conduct a self evaluation process. This tool was included in the Toolkit for the Implementation and Evaluation of Checkpoints for MSM. Furthermore, the Guide to do it better was updated. The tool was included as an annex.

Task 2. Standardised data collection and analysis of CBVCT activities of the services members of the COBATEST network. Coordinated by NIJZ.

The objectives of WP4 Task 2 were to develop the Guidelines for Data Collection for Monitoring and Evaluation (M&E) of Community Based Voluntary Counselling and Testing (CBVCT) for HIV in the COBATEST Network and to implement these data collection instruments to collect standardized information on monitoring and evaluation CBVCT in the COBATEST network.

A working group was formed; it was lead by NIJZ.

The document "Draft Guidelines for Data Collection for Monitoring and Evaluation of Community Based Voluntary Counselling and Testing (CBVCT) for HIV in the COBATEST Network" were prepared by Irena Klavs and Tanja Kustec (NIJZ) in close collaboration with Laura Fernàndez-López (ICO-CEEISCAT, Spain). The guidelines were discussed with

the members of the working group and other participants at the workshop in Antwerp on 10th and 11th December 2014.

The final Guidelines for Data Collection for Monitoring and Evaluation (M&E) of Community Based Voluntary Counselling and Testing (CBVCT) for HIV in the COBATEST Network (the deliverable of the WP4) were published on the project website www.eurohivedat.org) and distributed to all COBATEST Network members and beyond in December 2014 as planned.

Respective data collection instruments were used to collect standardized information on monitoring and evaluation CBVCT in the COBATEST network and some other CBVCT services or networks in Europe from 1st January 2015 onwards.

Data submitted to NIJZ and/or ICO-CEEISCAT for the period 2015 and 2016 were analysed at the NIJZ. Two interim reports were prepared:

- Estimates of core indicators for monitoring and evaluation of community-based voluntary counselling and testing (CBVCT) for HIV in the COBATEST network: First interim report, Data for the first half of 2015;
- Estimates of core indicators for monitoring and evaluation of community-based voluntary counselling and testing (CBVCT) for HIV in the COBATEST network: second interim report, Data for 2015;

The 1st interim report was distributed to all members of the COBATEST Network and some other CBVCT services or networks that contributed the data for the first half of 2015 in July 2016 and the 2nd interim report to all members of the COBATEST Network and some other CBVCT services or networks that contributed the data for the year 2015 in February 2017. Both reports are available in the restricted area of the project website.

The final report "Estimates of core indicators for monitoring and evaluation of community-based voluntary counselling and testing (CBVCT) for HIV in the COBATEST network: Final report, Data for 2015 and 2016" (milestone) was published in June 2017 according to planned timeline on the project web site (www.eurohivedat.org). It was also distributed to all members of the COBATEST network and some other CBVCT services or networks that contributed the data for 2015 and/or 2016.

WP5. Follow up and longitudinal analysis of clients attending MSM Checkpoints.

The objective of WP5 was to identify determinants for HIV test seeking behaviour and sexual risk behaviour among MSM in Europe. A prospective study among clients of CBVCT services specially addressed to MSM was established. Standardized data collection and active follow-up of client during 2 years was performed. The participating countries were: Denmark, France, Greece, Italy, Portugal and Slovenia.

A working group was established, it was lead by CEEISCAT. A literature review was conducted. A workshop to discuss the contents of the data collection form with representatives of all participating Associated partners was organized in Barcelona in July 2014. A draft protocol and the data collection form were designed by CEEISCAT and discussed and approved by the working group. The protocol was sent to health authorities in each partner country for their approval. A web based data collection application was developed and included in the project website.

The participants enrolment and data collection started in February 2015. Data was periodically submitted to the WP leader or entered at the web tool for data entry.

The WP leader performed the activities of cohort monitoring, data management and preliminary analysis, preparation of abstracts and submission to national/international congresses. Updates on the progress of the WP were presented at the WP leaders meeting in Madrid (May 2016) and at the SC meeting in Malta (January 2017)

A final report was developed by CEEISCAT and approved by the working group and the SC. The report was published in the project website.

WP6. Description and improvement of different approaches of linkage to care for HIV/STIs among MSM in Europe.

The objective of WP6 was to describe and improve approaches of linkage to health services for HIV among MSM in Europe.

A working group was established. It was coordinated by the WP6 leaders (AIDS Fondet). Mapping of current linkage to care strategies was performed through a literature review and a quantitative survey of how many MSM with reactive HIV tests are linked to care distributed to all members of the COBATEST Network. A qualitative study was implemented in seven countries (Denmark, France, Spain, Germany, Slovenia, Portugal and Rumania) to describe and evaluate different approaches for linkage to care. The draft protocol and the interview guide were discussed among the members of the working group. The interview guide was piloted before developing the final version. CBVCT managers and health care professionals were interviewed describing the cooperation between the CBVCTs and the health care system, capturing difficulties and challenges but also successes and the context for these. The interviews were performed by AIDS Fondet and data was analysed by them.

After that, a quantitative study was implemented. A survey addressed to MSM with experience of having a reactive HIV-test in a CBVCT and later linked to care was performed in each participating country. The recruitment of the participating MSM was done by the participating checkpoints. Data was analysed by AIDS Fondet.

A report titled "Description and improvement of different approaches of linkage to care for HIV among MSM in Europe" was published in the project website.

Based on the results of this report, the guide titled "Optimal linkage to care among MSM: a practical guide for CBVCT's and Points of Care" was published in the project website. Translations to Catalan, Spanish, German, French, Portuguese and Slovenian are available. The practical guide was integrated in the platform of the Toolkit for the Implementation and evaluation of Checkpoints for MSM.

WP7. Development of a Toolkit for implementation and evaluation of MSM Checkpoints.

The aim of WP7 was to develop an internet based Toolkit to support NGOs that recently established or want to start a CBVCT Service/Checkpoint for MSM.Together with a Working Group of 12 associated partners, which all operate Checkpoints in their countries, a Toolkit was developed. The coordinator of the working group was AIDS Hilfe. To gain an overview about successful running Checkpoints and their strategy/needs a collection of good practices of the associated partners was performed. The structure and content of the Toolkit was discussed with the partners in an expert meeting in November 2015 in Berlin.

The Toolkit is structured in 6 major chapters:

- Operating a Checkpoint
    - Regulatory and legal framework
    - Financial viability and sustainability
    - Participation
    - Collaboration
- CBVCT services and Organizational Needs
    - Infrastructure
    - Materials
    - Human Resources
    - Monitoring and Evaluation
- Counselling and Linkage to Care
- Communication
- Advocacy
- Quality Improvement and Innovation

The Toolkit draft was developed by an expert and agreed upon in the Working Group. Based on this the Toolkit content was written by the expert.

The Toolkit was evaluated in a training workshop in Ljubljana (October 2016) with participants from recently established Checkpoints from all over Europe. Videos from the workshop were integrated in the published Toolkit.

The Toolkit website was designed and programmed and the content transferred. The Toolkit was published on www.msm-checkpoints.eu and www.eurohivedat.eu

Translations into Catalan, Spanish, German, French, Portuguese, Slovenian, Romanian and Russian were provided and integrated in the platform.
Main deliverables of the project and their translations were uploaded in the Toolkit. A map with MSM Checkpoints with (Sept 2017) 111 Checkpoints was integrated.

WP8 Rapid assessment on access to HIV testing and care for migrant populations in Europe.

The objective of WP8 was to describe HIV testing patterns and identify barriers to testing and care among migrant populations in Europe.
A qualitative study and a quantitative study were implemented to describe the use, barriers, meaning and impact on the access to HIV screening and linkage to care of migrants in the participating countries.
A working group coordinated by AIDES was established.
A draft of the national reports providing a state of the art on the issue of migrants, HIV and access to test and care in each of the 6 participating countries (Slovenia, Portugal, Denmark, Belgium, Spain and France) was developed. A workshop was held in December 2014 in Antwerp to discuss the national reports and the next steps. The national reports were provided by the participating Associated partners. The national reports were validated by the National Focal Points of HIV of each participating country.
A qualitative study was performed. It aimed to gather in-depth insights on the barriers and the facilitators for HIV testing in both the health care services and CBVCTs but also to generate new data on the linkage to care for migrant population (Sub-Saharan Africa and Latin America) in the participating countries. This research was conducted for a period of eight months in 5 participating countries (Belgium, Denmark, France, Germany and Portugal). The study consisted of carrying out a qualitative study based on 5 focus groups conducted with key informants in the participating countries and 49 semi-structured interviews conducted among first generation HIV-/HIV+ migrants from Sub-Saharan Africa and Latin America. A report with the results of the qualitative study was published in the project website.
After that, a quantitative study was conducted in order to get information on sociodemographics background, testing history and strategies (CBVCT and classical health system), HIV stage at the moment of the HIV diagnosis, feeling of belonging to different communities (migrant, MSM, IDU, SW, others) knowledge on HIV testing structures and access to treatment and care, among migrants living in 5 participating countries. A questionnaire collecting both socio-demographic and behavioural data was developed to describe access to and barriers for access to HIV testing in CBVCT services and health care systems was distributed among migrants in the participating countries (based on the national report, qualitative study and other sources of information). The

recruitment was performed by the participating CBVCTs, the completed questionnaires were sent to AIDES where the data was analysed.
Based on the results of the national reports and the qualitative and quantitative studies a draft of the 'Guide of best practices to improve earlier testing and care among migrant populations in Europe' was developed by AIDES and internally reviewed by the working group. The final version of the guide was published on the project website and uploaded in the Toolkit. Translations to Catalan, Spanish, German, French, Portuguese and Slovenian were provided.

WP9. KAP/B survey and pilot intervention on innovative strategies and interventions.
WP9 had two tasks:

- Task 1. KAP/B survey on innovative strategies and interventions.
- Task 2. Interventional study to assess the acceptability and feasibility of outreach testing activities and web based delivering test result.

Task 1. KAP/B survey on innovative strategies and interventions. Coordinated by ISCIII.
The objective of WP 9 Task 1 was to evaluate the acceptability and foreseeable impact of innovative testing strategies, aimed at promoting early diagnosis based on the opinion of potential users and stakeholders. To do so two studies we performed: The potential users study: an online survey among men who have sex with men recruited online; and, the stakeholders study: an online study among key stakeholders involved in the diagnostic process.
A working group coordinated by ISCIII was established.
A draft protocol of the KAP/B survey on potential users and start data collection was developed by ISCIII and discussed and approved by the members of the working group. The online questionnaire was translated to the languages of the participating countries (Belgium, Denmark, Germany, Greece, Portugal, Romania, Slovenia and Spain). All participating partners piloted the online questionnaire. In order to start the data collection process, the questionnaires were programmed on survey monkey in the following languages: English, Spanish, Portuguese, Danish, German, Greek, Romanian, Slovenian and Dutch. A banner was designed in collaboration with CEEISCAT and ISCIII. A draft version of the banner was circulated among the associated partners and the final version was produced after receiving their comments. The definitive version included the message "And you, how do you like it?" The message was translated to all 8 languages and incorporated into the banner. The dating website Planet Romeo was selected to conduct the transnational campaign. Additionally, a smaller size dating website (Bareback

nation) as well as Aids Action Europe and the COBATEST network contributed to the transnational recruitment. Partners identified the potential websites at national level for potential users and informed the WP leaders who contacted them. Each associated partner was asked to identify national level gay dating websites that could to allocate the survey and NGOs and gay media that could be interested in participating in the process. Data from the questionnaires was analysed by ISCIII.

A study on stakeholders study was performed with the aim of knowing the opinion towards each of the new testing strategies analysed and to gain knowledge on the potential role to be played by the different stakeholders if the new strategies were to be introduced. A draft version of the data collection instrument for stakeholders and the protocol of the study were developed by ISCIII and discussed and approved by the working group. The participating countries were the same eight than in the KAB/P survey. Associated partners identified key stakeholders and recruited them. The participating stakeholders answered an online questionnaire recruited. Data was analysed by ISCIII.

A report with the results of the KAB/P survey for potential users and the survey for stakeholders was developed by ISCIII. The final draft was approved by the working group and it was published in the project website. Based on the obtained results, a draft version of the Recommendations for the implementation of innovative strategies and interventions aimed to increase HIV testing among different was developed. The Final version was approved by the working group and the Steering Committee. The Recommendations were published in the project website and integrated in the Toolkit platform.

Task 2. Interventional study to assess the acceptability and feasibility of outreach testing activities and web based delivering test result. Coordinated by ITM.

The objective of WP 9 Task 2 was to evaluate the acceptability and feasibility of the implementation of a pilot intervention for an HIV testing strategy using outreach and online communication of test results.

A working group was established. It was coordinated by ITM.

A draft protocol was developed by ITM, based on their experience with the Swab2know study. The participating countries were: Belgium, Denmark, Germany, Portugal, Romania, Slovenia and Spain. The final version of the protocol was approved by the working group. Apart from the protocol, a manual for lab technicians, and field workers was developed. The study protocol was submitted for ethical clearance in each participating country.

A training session on the field work and the laboratories procedures was conducted in Antwerp in December 2014.

A Website to deliver HIV-test results was developed and is online since July 2015 (www.swab2know.eu). The different country-specific websites, in all partners' languages, were put online as soon as partners translated all necessary documents. In December 2015, the last version was uploaded. During the project meeting in Berlin (November 2015), the website and its functionalities were presented to all partners.

A website to deliver online counselling was developed by the Main Partner in collaboration with the NGO STOP SIDA. The contents of this website were adapted to MSM, migrants and sex workers. All contents were translated to the languages of the participating countries. The contents were adapted to local context of each participating country. This website was linked to the swab2know website.

Each participating Associated partner implemented the intervention in their own country. Targeted populations were MSM, migrant populations, female sex workers and male sex workers. Samples were collected via outreach and online sampling (only in Belgium). HIV-tests were executed in the respective laboratories. Test results were communicated through a secured website. Each reactive sample needed confirmation using state-of-the-art procedures on a blood sample.

ITM analysed the data of each test performed and the final results were presented at the Final Conference.

Based on the experience a manual titled "Swab2know: Manual for the development and implementation of an HIV testing approach using outreach and home sampling strategies and online communication of HIV test results" was published on the project website and included in the platform of the Toolkit.

Coordination with other projects or activities at European, National and International level

Which activities have been carried out?
Which problems occurred and how did you solve them?

The Euro HIV EDAT project was implemented in close collaboration with OptTEST project. In order to find out synergies between both projects, to avoid the risk of overlapping and increasing the visibility of project results, there were several activities:

- Organisation of a Joint Meeting of both projects in Madrid, ISCIII. May 28th 2016.
- Organisation of a joint Final Conference together with OptTEST and the launch of the INTEGRATE Joint Action.

- A unified joint Report of the Final Conference with OptTEST was developed and published.

OptTEST and Euro HIV EDAT projects included a WP on linkage to care. Euro HIV EDAT focused on the community and OptTEST on medical settings. Coordination and meetings with Opt-test and Dorthe Raben at CHIP and AIDS Fondet took place during the project. A working group on linkage to care was created with representatives of WP6 leaders of Euro HIV EDAT (AIDS Fondet, Denmark) and WP4 OptTEST (HPE, United Kingdom) and representatives of the Main partner of both projects. The working group met in Malta in January 31st 2017.

The Toolkit for the implementation and evaluation of Checkpoints for MSM was developed in collaboration with ESTICOM, Quality Action, OptTEST, Checkpoints in Europe, AIDS ACTION EUROPE and Deutsche AIDS-Hilfe.

The WP8 of Euro HIV EDAT has common issues with others European or national project as: Correlation Network – European Network Social Inclusion and Health (2005-2008), Aids and Mobility – AIDS and Mobility Europe (2007-2010); The "Imp.AC.T. network" study (2008-2013); The ECDC technical report "Migrant health : HIV testing and counselling in migrant populations and ethnic minorities in EU/EEA/EFTA Member States" (2009); The Eurosupport Network – Eurosupport 6 (2009 – 2013); Bordernet work network – Highly active eprevention : scale up HIV/AIDS/STI prevention, diagnostic and therapy across sectors and borders in Central and Eastern Europe and South East Europe (2010 – 2012); The aMASE Study (2013-2015) and The ANRS Parcours Study (2012 – 2014). The results and products of theses projects were taken into account during the implementation of WP8.

WP9 task 1 initiated collaboration with the team in charge of the HIV TEST TOI/MEME study in France. This project had similar aims and it was agreed to initiate a collaboration to elaborate a scientific publication.

Questions from the EMIS study were included in the questionnaires of WP5 in order to collect similar indicators that could be useful to identify the selection bias of our sample compared with a larger pan-European one.

The PI of Euro HIV EDAT and the coordinator of the WP5 collaborated with Maria Prins and Sheena McCormack (appointed as leads of the prevention package in the name of Eurocoord for applying to the H2020 proposal) in order to include the WP5 cohort (namely the COBA-cohort) in the proposal. Unfortunately founds were not allocated to that project.

Collaboration with ISKORAK, an NGO running CBVCT services for MSM in Croatia, was approached since they wanted to implement a similar cohort of HIV-negative MSM in their CBVCT services. ISKORAK thus decided to include almost all questions from the WP5 questionnaire, but the Health Ministry that was supposed to found the project finally

decided against it, without giving a specific reason. During a seminar about community-based research in Porto (Portugal), where the WP5 leader was invited to talk about the COBA-Cohort, a local NGO (Abraço) expressed its willingness to join the project.

In July 2017, the WP5 leader organised a meeting in Barcelona with participating sites and possible new sites that expressed willingness to join the project (ISKORAK, Abraço and Gais Positius from Barcelona). All participating partners shared their experience with COBA-Cohort (implementation, strengths and weaknesses of the project) and expressed their willingness to continue recruiting/following COBA-cohort's participants. A cooperation agreement will be prepared in order to formalise the collaboration of all existing/new partners of COBA-Cohort after the Euro HIV EDAT project.

The COBATEST Network, the maintenance of the Toolkit and the COBA-Cohort were included in the proposal of Aids Action Europe for an Operating Grant to get resources to maintain and improve the developed tools, the data analysis and the organisation of periodical meetings.

Sponsorship

Who contributed in which way to your project?

None

Project Coordination (WP 1)

Which activities have been carried out? This section could include the following:
Partnership management of tasks and achievements
Management structure description, summary of the steering committee, advisory - board
Description of the internal communication channels
Monitoring and supervision
Impact of possible deviations from the planned milestones and deliverables, if any
List of project meetings, dates, venues, annotated agenda, action oriented minutes
Amendments incurred or requested during the reporting period
Changes in the partnership, if any
Any changes to the legal status of any of the beneficiaries
Impact of possible deviations from the planned milestones and deliverables, if any
Subcontracting rules applied and description of the process for implementing the public procurement (E5 subcontracting cost), if applicable
Conclusions

Which problems occurred and how did you solve them?

Partnership management of tasks and achievements:

The overall objective of WP1 was, within the dedicated budget, to coordinate the Technical, financial and administrative aspects of the action by providing CHAFEA with all required documents and information, particularly in relation to payments requests.

The WP leader of the project was FIGTP. The FIGTIP kept the role of main partner and was responsible of the project administrative and financial management, while ICO-CEEISCAT, as Associated Partner took on the technical coordination of the project.

The *deliverables* of WP1 were: Interim and Final Report, including evaluation plan.

The *milestones* of WP1 were:

- First Steering Committee meeting and Start up meeting (M2-May 2014).
- Second Steering Committee meeting (M18-Sep 2015).
- Third Steering Committee meeting (M42-Sep 2017).
- Interim Report (M21 + 2-Feb 2016).
- Final Report (M42 + 2 -Nov 2017)

There were two *key documents* ruling the action:

- The Grant Agreement: Contract signed with the Executive Agency and the Main Partner. The Grant Agreement: established the terms and conditions of the grant awarded to carry out the Action. Contains Special Conditions (purpose, duration, financing, payments, reporting periods), General Conditions (legal, administrative & financial) and Annexes:
    - Annex I: Description of the Action (Technical Annex)
    - Annex II: Estimated budget of the Action (Financial Annex)
    - Annex III: Instructions concerning the eligibility or travel and subsistence expenses if Commission's rule apply
    - Annex IV: Letters of mandate provided to the coordinator by the co-beneficiaries.
    - Annex V -VI: Reporting requirements
    - Annex VII: Model terms of reference for the audit certificate on the financial statements.
- The Co-operation Agreement, internal document that specified and supplemented the conditions stated in the Grant Agreement.

Coordination among WPs:

Executive level:

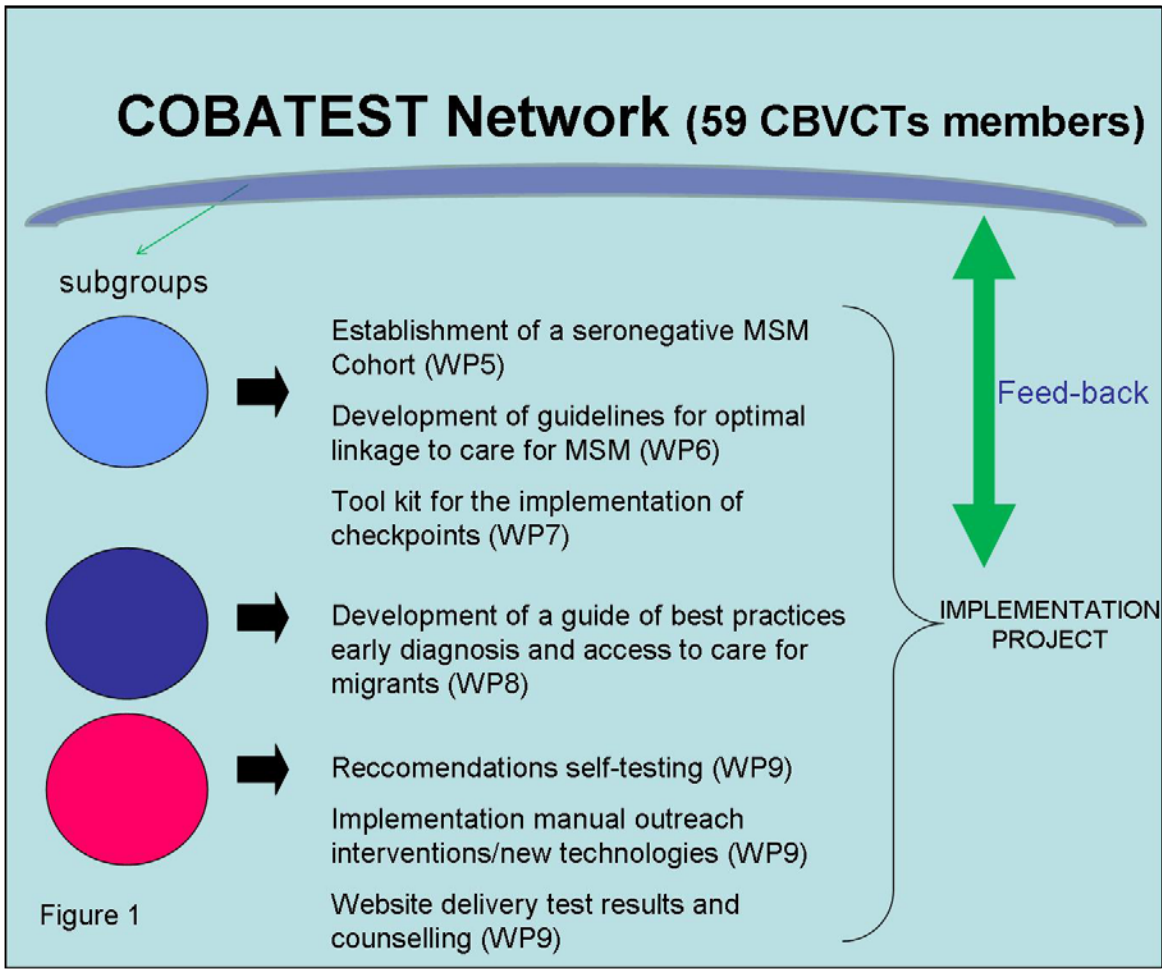

Figure 1. Coordination among Work Packages at conceptual level.

The Euro HIV EDAT project was built on the existing COBATEST network of CBVCTs. This network was the unifying thread of the proposal. Some CBVCT services who are members of the network participated in some of the activities planned in the project.

The biggest group of participating CBVCTs in the project have been collecting standardised data for Monitoring and Evaluation of CBVCT for HIV (WP4).

A subset of CBVCTs specifically addressed to MSM (checkpoints) participated in the establishment of a seronegative MSM cohort (WP5), developed a guide for optimal linkage to care for MSM attending checkpoints (WP6) and set up a toolkit for the implementation of new checkpoints (WP7).

Some CBVCTs participated in the development of a guide of best practices to improve earlier testing and care among migrant populations in Europe (WP8).

Another group of CBVCTs worked on the development of recommendations for the implementation of innovative HIV testing strategies among different populations, an implementation manual for an integrated strategy for HIV Testing using outreach and

web based techniques and a Web based application to deliver test results and provide counselling in different languages (WP9).

All deliverables produced by the project informed the COBATEST network and will contribute improving the quality of its services as well as the harmonization of practices. The manuals and guidelines generated by the project would improve CBVCT activities as well as linkage to care for those diagnosed of HIV infection in the CBVCTs that are members of the network. The deliverables would also facilitate to scale up community testing practices across Europe and eventually to increase access to diagnosis and care for PLWH

Conceptual level:

Cascade of treatment-Continuum of care:

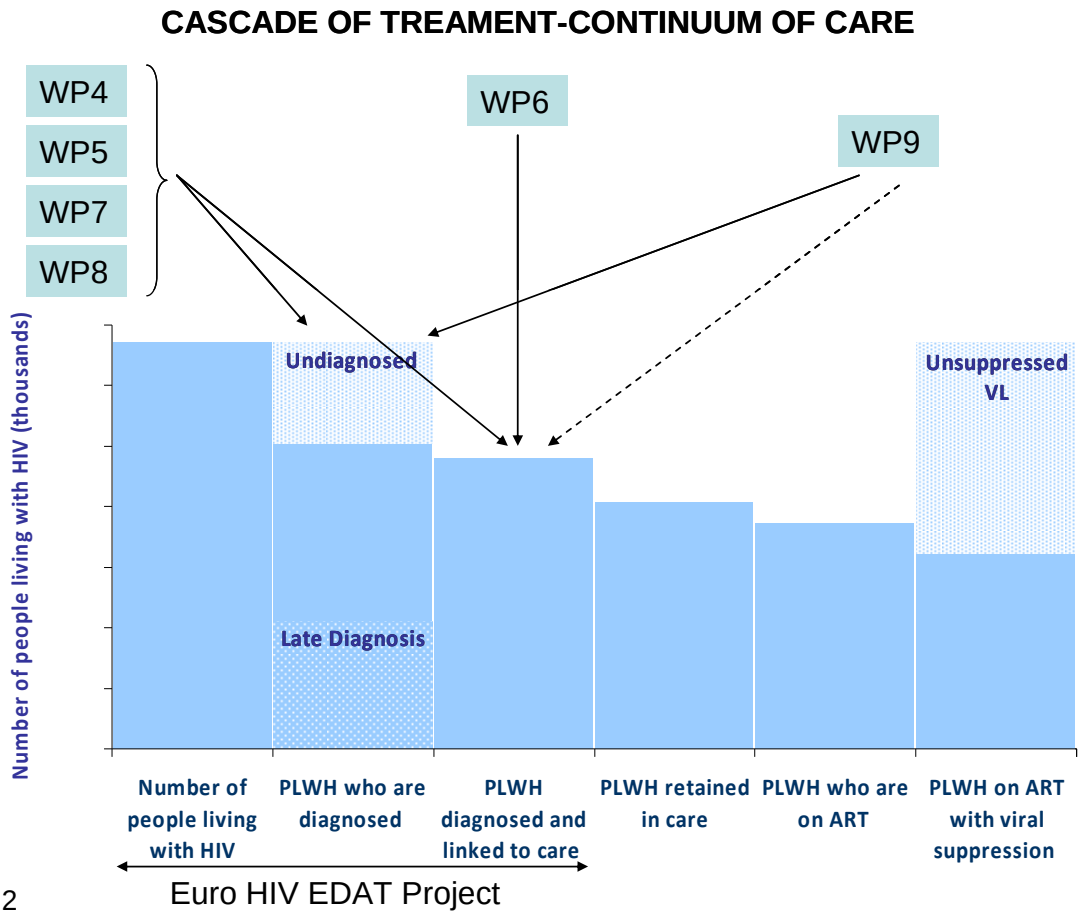

Figure 2

Figure 2. Contribution of the Work packages of the project to the HIV cascade of treatment-continuum of care.

The Euro HIV EDAT project will improve early diagnosis and timely linkage to care of two of the most affected populations by HIV in Europe: MSM and migrants. In particular, it will contribute to decrease the percentage of HIV + people who do not know they are infected, as well as the percentage of HIV + persons not in care. Figure 2 shows the

contribution of the different Work Packages in the HIV Services Cascade or Continuum of care.

Decision making

All decisions concerning the project implementation were taken by the SC by voting. In voting, each associated partner had one vote. Only Associated Partners attending the meeting may vote. The main partner will have just one vote.

All decisions were taken by the majority of the votes of the present AP.

Any decision requiring a vote at a SC meeting had been identified as such on the pre-meeting agenda, unless there was unanimous agreement to vote on a decision at that meeting and all beneficiaries were present or represented.

Any decision required or permitted to be taken by the SC as set out above was taken:

- in meetings,
- via teleconference, and/or
- via email

Conflict management:

The conflict management followed these steps:

- Definition of the problem
- Brainstorming of all possible solutions
- Elimination of the unacceptable solutions
- Choosing a solution to try out
- Planning of the implementation of the solution
- Giving it a specific trial period
- Implementation of the plan
- After the specified time period, coming back together and evaluation of the effectiveness of the solution tried
- If it is working, stick to it. If it's not working, go back to the brainstorm list and choose another solution, or go back to brainstorming and start over.

Management structure description:

Along with the main beneficiary (FIGTP), 14 Associated partners from 9 European countries (Spain, France, Germany, Denmark, Portugal, Romania, Belgium, Greece, Italy and Slovenia) and 21 partners from 15 European countries (Germany, Spain, Croatia, Poland, Norway, Italy, Netherlands, Lithuania, United Kingdom, Estonia, Serbia, Latvia, Portugal, Greece and Slovenia) constituted the network's consortium.

The management plan (Annex WP1) and the Partnership Internal agreement (internal agreement, Annex WP1) determined the steering structure, levels of management and stipulated the individual tasks of Main (coordinator) and Associated (co-beneficiaries) partners.

The Partnership Internal agreement, that supplemented the provision of the Grant Agreement, by specifying the organisation of the work among beneficiaries and setting out partners' rights and obligations was agreed upon and signed on April 2014, after an iterative process with updates on the first version circulated on February 2014. The document is attached as annex to WP1.

The management structure was kept and implemented as planned in the technical annex. The efficiency of the project management has been ensured using a sound and simple organisational structure, clearly assigning obligations and rights to the different participants in the project.

Main Partner (MP):

The MP had full responsibility to ensure that the project was implemented according to the Grant Agreement.

The MP was responsible for the Technical and Financial management of the action.

The MP was the intermediate between the EAHC and the Associated Partners.

The MP was the sole recipient of payments on behalf of all of the partners, the MP ensured that all appropriate payments were made to the Associated Partners and informed the CHAFEA of the distribution of the funding among partners and the date of transfers of funds.

The MP was responsible, in the event of audits, checks or evaluations, for providing all necessary documents.

Organization of the Main Partner:

Principal Investigator:

- Jordi Casabona: jcasabona@iconcologia.net

Project Managers:

- Cristina Agustí: cagusti@iconcologia.net
- Laura Fernàndez: lflopez@iconcologia.net

Administrative and financial Officer:

- Maite Arrillaga: hivcobatestmanagement@gmail.com

The Associated Partners (APs):

The APs participated in the project, for which theirs costs were borne and to which they contributed financially.

APs were responsible for the feasibility and implementation of the project at local level. They also had the role of adapting tools and methods to the local social and legal context in order to have a shared protocol.

The MP and its APs concluded an internal co-operation agreement regarding their internal operation and co-ordination. That included all necessary aspects for the management of the partners and the implementation of the action.

Each APs forwarded to the MP the data needed to draw up the reports, financial statements and other documents.

The APs informed the MP immediately of any event liable to substantially affect or delay the implementation of the action.

The APs informed the MP of transfers between items of eligible costs.

The APs provided the MP with all the necessary documents in the event of audits, checks or evaluations.

The APs were:

1. Catalan Institute of Oncology (ICO-CEEISCAT) (Spain)
2. Projecte dels Noms-Hispanosida (HISPANOSIDA) (Spain)
3. Association AIDES (AIDES) (France)
4. Fondet til bekæmpelse af AIDS (AIDS FONDET) (Denmark)
5. AidshilfeNRW e.V. (AH NRW) (Germany)
6. GAT-Grupo de Ativistas em Tratamentos (GAT) (Portugal)
7. National Institute of Public Health (NIJZ) (Slovenia)
8. Društvo Kulturno, informacijsko in svetovalno središče Legebitra (LEGEBITRA) (Slovenia)
9. Prins Leopold Institute for Tropical Medicine (ITM) (Belgium)
10. Instituto de Salud Carlos III (ISCIII) (Spain)
11. Romanian Association Against AIDS (ARAS) (Romania)
12. Consorcio Centro de Investigación Biomédica en Red (CIBER) (Spain)
13. Positive Voice (POSITIVE VOICE) (Greece)
14. Fondazione LILA Milano ONLUS (Italy)

Collaborating Partners (CPs):

The CPs increased the technical and scientific content of the project, as well its relevance for different users in the Community.

The CPs had no contractual relationship with the EAHC, nor did they receive any EC funding.

The CPs of the project were:

1. Robert Koch Institute (Germany)
2. Stop SIDA (Spain)

3. Iskorak - Sexual and gender minorities rights centre (Croatia)
4. Instituto de Saúde Pública da Universidade do Porto (ISPUP) (Portugal)
5. Àmbit Prevenció (Spain)
6. The National AIDS Centre (Poland)
7. Helseutvalget for bedre homohelse/ Gay & Lesbian Health (Norway)
8. Plus onlus (Italy)
9. AIDS Action Europe (Netherlands)
10. Association of HIV affected women and their families "Demetra" (Lithuania)
11. Agència de Salut Pública de Barcelona (Spain)
12. PRAKSIS NGO (Greece)
13. Leicester City Council Public Health Directorate (United Kingdom)
14. Health Protection Agency (United Kingdom)
15. Estonian Network of People Living with HIV(EHPV) (Estonia)
16. Baltic HIV Association (Latvia)
17. Safe Pulse of Youth (Serbia)
18. Asociación Madrid Positivo (Spain)
19. Associació Antisida de Lleida (Spain)
20. Athens and Thessaloniki Checkpoints (Greece)
21. Laboratory for Molecular Microbiology, Institute of Microbiology and Immunology, Medical Faculty, University of Ljubljana (Slovenian HIV/AIDS Reference Centre), (Slovenia)

Steering Committee:

A Project Steering Committee (SC) was established. The SC was composed of one duly authorised representative of each AP and 2 representatives from the technical coordinator of the project (ICO-CEESCAT). The SC was chaired by the Principal Investigator of the project (Jordi Casabona) or its deputy (Cristina Agustí).

Each representative had a deputy. The deputy could participate in SC meetings in replacement of the authorised representative or together with the latter.

Authorised representatives and deputies received notifications of SC meetings, agendas, minutes and any other communications concerning the SC.

Each beneficiary had the right to invite to the SC meetings the members of staff whom they consider appropriate to invite in consideration of the topics in the agenda. Independently from the number of representatives participating in a meeting, each Beneficiary had the right to one and only one vote.

After having informed the others in writing, each AP had the right to replace its representative and/or its deputy, although it used all reasonable endeavours to maintain the continuity of its representation.

The SC decided all fundamental questions and issues regarding cooperation during the Project implementation and ensured the evaluation of the project activities.
The SC responsibilities were:

- Reviewing and proposing to the beneficiaries' budget transfers in accordance with the Agreement.
- Making proposals to the beneficiaries for the review and/or amendment of the terms of the Agreement, including Annex I.
- Agreeing press releases and joint publications by the parties with regard to the Action.
- Assisting the Co-ordinator to prepare reports on the whole Action.
- Making proposals to the beneficiaries (other than the defaulting party) to service notices on a defaulting party in accordance with Section 8.5 and 8.6 and to assign the defaulting party's tasks to specific entity(ies) (preferably chosen among the remaining parties).
- Reviewing financial statements before they are submitted to the European Commission for checking their consistency with the work actually carried out and with the results achieved by each beneficiary.
- Approval of the internal dispute resolution mechanism to be proposed by the Coordinator.

Composition of the SC:
Chair: Jordi Casabona
Members:

- Cristina Agustí
- Laura Fernàndez
- Projecte dels NOMS-Hispanosida (HISPANOSIDA) (Spain)
    - Representative: Michael Meulbroek
    - Deputy: Ferran Pujol
- Association AIDES (AIDES) (France)
    - Representative: Daniela Rojas
    - Deputy: Sarah Benayoun
- Fondet til bekæmpelse af AIDS (AIDS FONDET) (Denmark)
    - Representative: Per Slaen Kaye
    - Deputy: François Pichon
- National Institute of Public Health (NIJZ) (Slovenia)
    - Representative: Irena Klavs
    - Deputy: Tanja Kustec

- Društvo Kulturno, informacijsko in svetovalno središče Legebitra (LEGEBITRA) (Slovenia)
    - Representative: Simon Maljevac
    - Deputy: Mitja Ćosić
- AidshilfeNRW e.V. (AH NRW) (Germany)
    - Representative: Matthias Kuske
    - Deputy: Stephan Gellrich
- Romanian Association Against AIDS (ARAS) (Romania)
    - Representative: Mihai Lixandru
    - Deputy: Liliana Velica
- Prins Leopold Institute for Tropical Medicine (ITM) (Belgium)
    - Representative: Eric Florence
    - Deputy: Tom Plateau
- Instituto de Salud Carlos III (ISCIII) (Spain)
    - Representative: Luis de la Fuente
    - Deputy: Juan Hoyos
- Consorcio Centro de Investigación Biomédica en Red (CIBER) (Spain)
- GAT- Grupo de Ativistas em Tratamentos (GAT) (Portugal)
    - Representative: Ricardo Fuertes
    - Deputy: Daniel Simões
- Positive Voice, (POSITIVE VOICE) Greece.
    - Representative: Sophocles Chanos
    - Deputy: Nicos Dedes
- Fondazione LILA Milano ONLUS
    - Representative: Lella Cosmaro

Advisory board:

The SC was supported by an *Advisory Board (AB)* composed by the Euro HIV EDAT Project Officer from EAHC and representatives of key organizations as ECDC, WHO Europe, UNAIDS, representatives from NGOs, private sector and research centres. The AB gave technical advice to the SC, they coordinate with the SC in order to avoid the overlapping with other initiatives and; they contributed to promoting and disseminating the project, including the Euro HIV EDAT Project in the agendas of their institutions.

Members:

1. Cinthia Menel-Lemos, Project Officer from the European Commission. Consumers, Health and Food Executive Agency (CHAFEA)
2. European Centre for Disease Prevention and Control (ECDC): Lara Tavoschi
3. World Health Organisation (WHO): Igor Toskin

4. WHO Regional Office for Europe (WHO/Europe): Martin C. Donoghoe
5. HIV in Europe: Dorthe Raven
6. European AIDS Treatment Group (EATG): Luís Mendau
7. Eurosupport project: Christiana Nöstlinger. Institute Tropical Medicine (Belgium).
8. Quality Action: Matthias Wentzlaff-Eggebert. Federal Centre for Health Education (Germany).
9. London School of Tropical Medicine (United Kingdom): Tim Rhodes.
10. Laussane University Institute of Social and Preventive Medicine: Stéphanie Lociciro

WP leaders:

A leader was appointed for each work package: the ICO-CEEISCAT, as a Main Partner concentrated more work packages leadership, they coordinated WP1, 2 and 5. AIDS Fondet led WP3 and WP6. The NIJZ, AIDS Hilfe, AIDES and ITM lead the work packages 4, 7, 8 and 9 respectively. Furthermore, two WP: WP4 and WP9 were organized as two different tasks. Regarding WP4, Task 1 titled The impact of the "A guide to doing it better in our CBVCT centres" developed by the HIV-COBATEST project was lead by AIDES, the Task 2. Guidelines for Monitoring and Evaluation (M&E) CBVCT was lead by NIJZ. WP9 was also divided in two different tasks: Task 1. KAP/B Survey, was coordinated by ISCIII and the Task 2. Interventional study was led by ITM. There were a strong coordination between tasks coordinators and WP leaders.

The leaders of each work package were responsible of monitoring the implementation of activities, the achievement of objectives and the production and dissemination of deliverables linked to each work package. The WP leaders and the task coordinators maintained close communication with the main partner manager via phone and e-mail.

The WP leaders were:

- WP3 leader: Fondet til bekæmpelse af AIDS (AIDS Fondet) (Denmark)
- WP 4 leader: National Institute of Public Health (Slovenia).
- WP 5 leader: Centre for Epidemiological Studies on HIV/AIDS and STIs of Catalonia (CEEISCAT) (Spain).
- WP 6 leader: Fondet til bekæmpelse af AIDS (AIDS Fondet) (Denmark)
- WP7 leader: AidshilfeNRW e.V. (Germany)
- WP8 leader: Association AIDES (France)
- WP9 leader: Institute Tropical Medicine (Belgium)

Summary of the steering committee and general project meetings minutes:

There have been 5 face to face Steering Committees. Advisory Board Members were invited to all meetings. No meetings with only members of the Advisory Board have been

held. Furthermore there have been 3 teleconferences with the members of the SC. The Project Officer of CHAFEA has participated in all face-to-face SC meetings and TC with the exception of the 2nd SC meeting due to agenda incompatibilities.

- **1st SC meeting**: The main objective was to discuss the first year work plan and task distribution, communication, networking, dissemination and evaluation plan, decision making, strategies for conflict management, ethical aspects of the research protocols, and administrative and organizational information. The list of the scheduled meetings and workshops of the project was agreed. It was decided to submit a 1st Amendment to the Grant Agreement to the CHAFEA on June 30th 2014.
- **SC TC 10/03/2015**: An update of the progress of all WP was presented by the WP leaders. It was reminded that each partner has to comply with their national laws regarding ethical approvals. Discrepancies between BCN Checkpoint and the Main Partner were discussed regarding their participation in WP5. It was agreed to make a final decision on the BCN Checkpoint participation by the end of March 2015. It was agreed to use "Swab2Know by EURO HIV EDAT", with the new logo designed by ITM. Jordi also offered the possibility – for those centres where "Swab2know" is not very meaningful – to adapt the name "swab2know" to their local contexts. It was agreed to have a TC every 3 months. A summary and update of the different WP for each TC will be distributed among SC members before the next TCs. It will be included in the minutes.
- **SC TC 16/06/2015**: An update of the progress of all WP was presented by the WP leaders. A summary of the annual evaluation report was presented. Follow up of the BCN Checkpoint process. It was agreed to organise a TC of WP5 WG to discuss it. The contact person in AIDS Hilfe left the organisation. They will send to MP names of WP7 coordinator, SC representative, and WP4, Wp5, WP6, WP8 & WP9 contacts. It was agreed that the second Amendment will be submitted by June 30th 2015.
- **SC TC 30/09/2015**: An update of the progress of all WP was presented by the WP leaders. The SC agreed on the proposed budget transfer, for an amount of 12,556€ and 7,534€ of funding, from Barcelona check-point to Athens Checkpoint to support the Greek participation in WP5. The submission to the CHAFEA of the 2nd Amendment to the Grant Agreement was still pending. Partners were called to send their suggestions for changes. The coordinator of the Task 1 of WP4 left AIDES. It was concluded they will send the contact details of her substitute as soon as they have one. It was suggested to have a face to face meeting in 2016 with WP leaders. As WP leaders TCs were being held every 2 months, it was agreed reducing the frequency of the SC TC to twice a year.

- **2nd SC meeting**: The main objective was to update on the progress of the ongoing WPs and to start the preparation of the Interim Report. Partners were informed that the 2nd Amendment to the Grant Agreement was submitted to the CHAFEA on October 30th 2015. A schedule was agreed to prepare the Interim Report. WP leaders were invited to participate in the annual meeting of OptTEST Project in Madrid May 2016. A joint meeting with the coordinators of OptTEST and a meeting exclusive for WP leaders of the Euro HIV EDAT Meeting was planned. It was agreed to have the Final Conference together with the OptTEST project (if possible). It was planned to be in September 2017 in Brussels.
- **Extraordinary Steering Committee meeting**, Instituto de Salud Carlos III, Madrid, Spain: An update of the progress of all WPs was presented by the WP leaders. Partners were informed that he 2nd Amendment to the Grant Agreement was accepted and that a 3rd Amendment will be sent to the CHAFEA before the summer. The amendment included: withdrawal of Aidshilfe NRW from the collaboration in WP 5 and the Task 2 of WP9 (it was planned to distribut their budget to other partners). Lila Milano became an Associated Partner participating in WP5. Concern about the delays in WP4 Task 2 was expressed by partners and the project officer. WP5 leader informed that a tablet based questionnaire to save time in data entry was being developed. WP6 leaders explained that coordination with WP4 of OptTEST was being difficult because they were working in a different level (health care settings versus community based level). It was agreed to cooperate with them in dissemination activities. Regarding the toolkit (WP7), Matthias Wentzlaff-Eggebert was suggested for developing the toolkit with the collaboration of the working group. It was agreed to expand the data collection period of WP9 Task 2 until June 30th 2017.
- **Extraordinary Steering Committee, HepHIV 2017 Conference**: Partners were informed that the spine project funded by ECDC on quality assurance started and the project on POC promoted by WHO will start soon. CEEISCAT explained that they will coordinate the WP6 on integration of testing data collected in CBVCT services in formal surveillance systems of the new Joint Action INTEGRATE coordinated by CHIP. It was agreed that funds will be searched to warrant the sustainability of COBA-Cohort and Swab2Know after the end of the project. WP5 leader informed that tablet based questionnaire will be ready soon. WP6 leader draft report on the qualitative and quantitative study was ready and it was planned to be distributed among the working group; and, that a meeting of the Joint Group on Linkage to care will be held during the HepHIV 2017 Conference. The toolkit was finished and was being programmed. National Reports of WP8 were finished and AIDES distributed a draft table of contents of the Guide.

Preliminary results of the online survey of WP9 Task1 were planned to be presented at the HepHIV 2017 conference. Recruitment of WP9 Task2 was ongoing in most of the participating countries. Denmark had started but they were not using the website to communicate the results, further discussion on it was pending. It was agreed that the final report will include an explanation of the problems encountered during the recruitment.

- 3rd Steering Committee meeting: The sustainability of the COBA Cohort, the Toolkit and the COBATEST network was discussed. CEEISCAT presented the template of the Final Report and the calendars of the Final Technical and Financial Report. Jakob Haff presented the preliminary results of the usefulness survey send to the Associated and Collaborating partners, members of the Advisory Board and National Focal Points. It was agreed that a 3rd reminder will be sent. Laura Fernàndez presented the results of a quality assurance study on the data collected by the COBATEST network. This study was commissioned by ECDC. CHAFEA asked CEEISCAT to provide CHAFEA with a description of the objectives, activities performed and the dates when CHAFEA was informed about the contract with ECDC and the signature of this contract. It was agreed to share data with ECDC for the update of the Testing Guidelines published in 2010 together with HIV in Europe. Finally, main challenges and achievements of the project were discussed.

Description of the internal communication channels:

The concept for internal communication was prepared by the Main Partner and discussed with all Associated partners during the Kick- Off Meeting (M2, Luxembourg) and distributed through the meeting's documentation.

Internally, research activities, production of final deliverables, final conference and administrative aspects were coordinated through weekly contacts by email, telephone conferences and fax as well as through the SC meetings/TCs and WP leaders TC.

A mailing list to exchange documents with stakeholders of the project was created and a periodically updated project website was set up with interim project results and study protocols to ensure availability for Associated and Collaborating Partners, as well as other stakeholders.

Interim reports and evaluation reports were shared among partners.

Five Steering Committee meetings were organized: First SC meeting was held in Luxemburg (April 2014), the Second SC Meeting was held in Berlin (November 2015) and the Third SC Meeting was held coinciding with the Final Conference (September 2017). Two extraordinary SC meeting were organised coinciding with the Joint Meeting with

OptTEST held in Madrid in May 2016 and the other one during HepHIV 2017 Conference in Malta in January 2017.

Teleconferences with all members of the SC were scheduled during the reporting period. It was decided to decrease their frequency to twice a year and to hold TC with WP leaders every two months. SC TCs and WP leaders were chaired by the PI and the Project Managers of the project. Cinthia Menel-Lemos, Project Officer of the CHAFEA was invited in all SC meetings and TCs with the SC members and WP leaders TCs, as well as in relevant TCs of some WPs.

Monographic teleconferences were also held for several WP in order to discuss the development of protocols and questionnaires and coordinate the field work.

Several levels of internal communication could be outlined.

- Main Partner – all Associated partners (project coordination mailing group, meetings),
- Main Partner – individual Associated partner (bilateral communication, virtual and face to face meetings)
- Main Partner – all partners –associated and collaborating partners (mailing groups, general meetings)
- Main Partner – WP-leaders (email/Skype/phone, meetings, steering committee meeting)
- Main Partner – CHAFEA (project coordination mailing group , email, meetings)

Monitoring and supervision:

Annual Work Plans for all WPs (Horizontal and Core) were developed during the first two months of every year (see Annex WP1). The Annual Work Plans were developed by the Main Partner and WP leaders. The final versions were distributed among all partners and uploaded on the project website. No specific work plans for each WP were done.

TCs with WP leaders were held every two months. The WP leaders or Task leaders prepared a brief update of the status of their WP or Tasks and send them to CEEISCAT. These summaries were distributed among WP leaders and the Project Officer before the TC and then were included in the minutes and were distributed among all Associated partners.

A common calendar of all planned activities, milestones and deadlines were developed by the Main Partner with the collaboration of all WP leaders. This calendar was available in the project website.

The Main partner held weekly contacts by email and telephone with WP leaders and task leaders in order to discuss research activities and the production of final deliverables. Strong emphasis was done to keep the agreed deadlines.

Technical and financial management and reporting:

The interim report was submitted in February 2016 based on data gathered till month 21 that is till 31st December 2015. Two internal intermediate financial assessments were carried out at month 12 and month 36, to check the project implementation and to detect any potential significant deviation in order to facilitate corrective actions, if needed. Moreover, the internal section of the project website was prepared so as to allow partners to upload timesheets and expenses forms and invoices on a monthly basis, facilitating thus the following up of the project.

Three amendments, two of them with budgetary transfers among the partners have been processed to accommodate the changes in the consortium (inclusion of 2 new partners: Positive Voice from Greece and Lila Milano from Italy mainly due to changes in WP5, with the withdrawal from this WP of Hispanosida as well as of Aids Hilfe that did not succeed in getting the ethical clearance to carry out the activities foreseen in this WP).

List of project meetings, dates, venues, annotated agenda, action oriented minutes:

General Meetings:

- Kick off meeting, European Commission, Jean Monet Building, Luxemburg, 26/05/2014.
- Joint Meeting Euro HIV EDAT and OptTEST Projects, Instituto de Salud Carlos III, Madrid, Spain, 18/05/2016.

SC Face to face meetings:

- Joint Final Conference Euro HIV EDAT and OptTEST Projects & launch of INTEGRATE Joint Action, Thon Hotel, Brussels, Belgium, 19/09/2017.

SC Face to face meetings:

- 1st Steering Committee meeting, European Commission, Jean Monet Building, Luxemburg, 25/05/2014
- 2nd Steering Committee meeting, Tagungszentrum Neue Mälzerei, Berlin, 27/11/2015
- Extraordinary Steering Committee meeting, Instituto de Salud Carlos III, Madrid, Spain, 17/05/2016.
- Extraordinary Steering Committee meeting during the HepHIV 2017 Conference, Corinthia Hotel, St Julian's, Malta, 31/02/2017.
- 3rd Steering Committee meeting, DG Santé, Brussels, Belgium, 18/09/2017.

Training sessions:

- Training sessions, Institute of Tropical Medicine, Antwerp, Belgium, 9-11/12/2014.
- EURO HIV EDAT Training Ljubljana on the Toolkit for implementation and evaluation of MSM Checkpoints, Hotel Park, Ljubljana, Slovenia, 14-16/10/2016.

Teleconferences Steering Committee:

- SC TC 10/03/2015
- SC TC 16/06/2015
- SC TC 30/09/2015

Teleconferences WP leaders:

- WP leaders TC 22/09/2015
- WP leaders TC 19/02/2016
- WP leaders TC 29/04/2016
- WP leaders TC 23/06/2016
- WP leaders TC 04/10/2016
- WP leaders TC 14/12/2016
- WP leaders TC 07/04/2017
- WP leaders TC 26/06/2017

WP4 meetings:

During the implementation period of the project the WP4 leaders and the main partner periodically maintained meetings over the phone and multiple contacts by email.

Two workshops for WP4 were held in Antwerp 9-11th December 2014: One to prepare the field work of Task 1; and another one to present the draft Guidelines developed by the Task 2.

The Main Partner held several meetings with AIDS Action Europe and EATG to consolidate the COBATEST network:

- Meeting COBATEST Network, University of Amsterdam, Amsterdam, Netherlands, 30/07/2015.
- Meeting COBATEST Network, Berlin, 2-3/10/2015.
- Meeting COBATEST Network, Tagungszentrum Neue Mälzerei, Berlin 27/11/2015

Four TCs were held:

- TC WP4 27/03/2015
- TC WP4 01/07/2015
- TC WP4 12/06/2016
- TC WP4 23/06/2016

WP5 meetings:

A Workshop was organised during the 1st SC meeting held in Luxemburg (M2).

A face to face meeting was organised in the Public Health Agency of Catalonia, Barcelona (Spain) in July 7th 2014 with representatives of some of the participating checkpoints and the Instituto de Saúde Pública da Universidade do Porto (ISPUP).

The WP5 "Back to the future" meeting was held in the Public Health Agency of Catalonia, Barcelona (Spain) in July 6th 2017.

Several TC were organized by the WP5 leaders (ICO-CEEISCAT) to coordinate the WP:

- TC WP5 03/03/2014
- TC WP5 27/01/2015
- TC WP5 09/04/2015
- TC WP5 20/05/2015
- TC WP5 03/07/2015
- TC WP5 30/09/2015
- TC WP5 27/10/2015
- TC WP5 15/01/2016
- TC WP5 12/04/2016
- TC WP5 08/07/2016
- TC WP5 19/01/2017
- TC WP5 27/04/2017

WP6 meetings:

During the implementation period of the project the WP6 leaders and the Main Partner periodically maintained meetings over the phone and multiple contacts by email.

A workshop to prepare the field work was held in Antwerp 9-11th December 2014.

Two TCs were held:

- TC WP6 06/07/2016
- TC WP6 27/10/2016

WP7 meetings:

During the implementation period of the project the WP7 leaders and the main partner periodically maintained several meetings over the phone and multiple contacts by email.

Several TC were organized by the Main Partner in collaboration with the WP7 leaders with the members of the working group of the WP:

- TC WP7 15/10/2015
- TC WP7 26/05/2016
- TC WP7 04/05/2016
- TC WP7 06/09/2016
- TC WP7 02/11/2016
- TC WP7 20/04/2017

An Expert Meeting was organised by the WP leaders for the development of the toolkit, Tagungszentrum Neue Mälzerei, Berlin, November 26th 2015.

The EURO HIV EDAT Training Ljubljana on the Toolkit for implementation and evaluation of MSM Checkpoints was organized by Legebitra in collaboration with the WP7 leader and the Main Partner in the Hotel Park, Ljubljana, Slovenia, from 14th to 16th October 2016.

WP8 meetings:

During the implementation period of the project the WP8 leaders and the main partner periodically maintained meetings over the phone and multiple contacts by email.

A workshop to prepare the field work was held in Antwerp 9-11th December 2014.
Several TC were organized by the Main Partner in collaboration with the WP8 leaders with the members of the working group of the WP:

- TC WP8 10/11/2015 (WP leader + Legebitra + Main Partner)
- TC WP8 10/11/2015 (WP leader + AIDS Hilfe NRW + Main Partner)
- TC WP8 18/04/2017
- TC WP8 24/06/2016
- TC WP8 30/05/2016

WP9 meetings:
A workshop to prepare the field work was held in Antwerp 9-11th December 2014.
During the implementation period of the project the WP9 leaders and the main partner periodically maintained meetings over the phone and multiple contacts by email. Several informal face to face meetings were held with Task leaders and the Main partner coinciding with external meetings and conferences.
Two TC were organized by the Main Partner in collaboration with the WP9 leaders with the members of the working group of the WP:

- TC WP9 08/03/2016
- TC WP9 13/04/2016

Amendments incurred or requested during the reporting period:
Three Amendments to the Grant Agreement incurred during the project period.

- 1st Amendment, June 30th 2014 (M3). The month of achievement of the following deliverables were changed: Deliverable 3 (from M8 to M9) and Deliverable 5 (from M36 to M33). Some milestones and its month of achievement were changed as well (WP4, WP5, WP6 and WP8). The table of indicators was updated to reflect all changes agreed in the start-up meeting. Names of staff taking part in the project and CVs were updated and some minor changes in the budget were requested.
  Replacement of two legal entities, IVZ-Slovenia and CIBERESP-Spain, by NIJZ and CIBER respectively was included. New Collaborating partners were included.
- 2nd Amendment, October 30th 2015. The month of achievement of the Deliverable 5 "Optimal linkage to care among MSM: A practical guide for CBVCT's and Points of Care" (M33), changed to (M36). Some milestones and its month of achievement changed (WP1, WP4, WP5, WP6, WP 7, WP8 and WP9). The table of indicators was updated with all the changes agreed. Names of staff taking part in the project and CVs were updated. A new associated partner, POSITIVE VOICE, from Greece, was added to the project, to take over the role of HISPANOSIDA in WP5. The legal name of the Portuguese partner GAT was updated.

- 3rd Amendment, July 21st 2016. Lila Milano ONLUS from Italy was added as Associated Partner to take over the role in WP5 of AIDS Hilfe which withdrawed from WP5 and 9 due to the lack of ethics clearance. Annex I and II were modified with data from these two partners as well as with update on the schedule of the following milestones: Development of 3 interim reports of WP4 Task 2 with data on M&E indicators for the COBATEST network (M21, M27, and M33). Changed to: Development of 2 interim reports with data on M&E indicators for the COBATEST network (M28, M31). Field test version of the toolkit of WP7 (M26), changed to M30. Training sessions (Ljubljana and Romania) of WP7 (M28), merged into a single Training session in Ljubljana (M31). Table of indicators, changes in staff and adjustments on budget and Co-funding requested from the community budget were included. Budget transfers among some beneficiaries were done: AIDSHILFEwas no longer involved in WP5 and WP9 (since February 2016) and the remaining budget from these WPs was transferred to LILA MILANO (since 1st July 2016) and to other Associated Partners that increased the number of centres involved in the WP5 study. ARAS transferred the budget foreseen for the organization of the Romanian training session to LEGEBITRA, as both sessions were merged into a single training session, with a greater impact, that was held in Slovenia.

Changes in the partnership, if any:

A new associated partner, POSITIVE VOICE, from Greece, was added to the project, to take over the role of HISPANOSIDA in WP5.

Lila Milano ONLUS from Italy was added as Associated Partner to take over the role in WP5 of AIDS Hilfe which withdrawed from WP5 and 9 due to the lack of ethics clearance.

Following Collaborating partners were included:

- Madrid Positivo, Spain
- Associació Antisida de Lleida, Spain
- Athens and Thessaloniki checkpoints, Greece
- Laboratory for Molecular Diagnostics, Institute of Microbiology and Immunology, Medical Faculty, University of Ljubljana (Slovenian HIV/AIDS Reference Centre), Slovenia.

There was a replacement of two legal entities, IVZ-Slovenia and CIBERESP-Spain, by NIJZ and CIBER respectively, due to national restructuring having merged regional institutes (Slovenia) and different research groups (Spain). The staff involved in the project from both organizations remained unchanged.

The legal name of the Portuguese partner GAT was been updated.

Any changes to the legal status of any of the beneficiaries:

None.

Impact of possible deviations from the planned milestones and deliverables, if any:

Changes on some milestones and the deadline of several deliverables were requested to the CHAFEA thought the 1st, the 2nd and 3rd Amendments. These changes did not affect the planned activities of other WPs, and they did not have any impact in the deadline of the Final Report.

Subcontracting rules applied and description of the process for implementing the public procurement (E5 subcontracting cost), if applicable:

The following partners have incurred into subcontracting costs:

Beneficiary number 1 FIGTIP (website creation; logo design + brochure; hosting and technical support; website WP5 data entry tool forml questionnaires for tablets and Outreach counselling material and samples collection for WP9)

Beneficiaries number 4 AIDES (WP8 quantitative study questionnaires data capture)

Beneficiaries number 5, AIDES-Fondet, number 7., GAT, number 12, ARAS (laboratory analysis linked to WP9 activities).

Beneficiary number 9, LEGEBITRA (WP9 laboratory analysis and WP7 video production and translation)

Beneficiary number 10 ITM (WP9 webdata entry platform development).

Beneficiary number 13, CIBER, WP9 survey promotion and dissemination.

The subcontracted items are clearly identifiable in the estimated budget set out in Annex II, and all beneficiaries have complied with their organizations procurement rules.

Which problems occurred and how did you solve them?

There were delays in the core WPs. Some deadlines of milestones and deliverables were changed in the three submitted Amendments with no impact on the schedule of the project final outcomes.

WP leaders reported that there was low degree of response from some partners. Several delays in the accomplishment of deadlines occurred. This situation was solved through the intervention of the main partner who prompted them by e-mail and telephone. During the whole project period there was a good communication between WP leaders and the main partner. If the WP leaders encountered some problems in the response of some partners, they contacted the main partner who acted as a mediator.

The coordinators of the Task 1 of WP4, WP7 and WP8 left their organisations during the study period. It took a while to find a replacement and to update them on the functioning

of the project. The Main Partner had bilateral meeting with them in order to update them on the progress of the project and the requirements of their WPs.

There were some discrepancies with one of the participating checkpoints (HISPANOSIDA). After several discussions and not having reached an agreement they left the WP5. The SC and the Project Officer from CHAFEA were duly informed. The decision was approved by the SC as well as by the Project Officer. This change was included in the 2nd Amendment to the Grant Agreement sent to the CHAFEA in November 2015. A new associated partner, POSITIVE VOICE, from Greece, was added to the project, to take over the role of HISPANOSIDA in WP5.

Germany (AIDS Hilfe NRW) did not obtain the ethics clearance from their ethical committee and withdrawed from WP5 and 9. A new partner, Lila Milano ONLUS, was included in the project as Associated Partner to take over the role of AIDS Hilfe in WP5. The SC and the Project Officer from CHAFEA were duly informed. The decision was approved by the SC as well as by the Project Officer. This change was included in the 3rd Amendment to the Grant Agreement sent to the CHAFEA in July 2016.

France (AIDES) started the data collection of WP5 later than the other partners because of a delay in obtaining the ethical clearance. To obtain it was a long procedure with different committees involved. It was agreed by the working group to extend the recruitment period to 18 months for all participating Checkpoints.

There were considerable delays in the planned schedule of WP9 Task2. These delays were caused by three major reasons: Internal issues at ITM: the person allocated to the project for the design of the website, was absent due to major health issues for many months. Finally, he was resigned from ITM and he was replaced by a colleague. Also, staff changes in the organization caused a minor delay. External issues with website developer: ITM was working with an external company for website development. The responsible developer there suffered from serious health issues, also causing a delay. Whereas the materials were delivered later, and activities started later among most participating sites, the question raised whether the targets (in terms of number of executed tests for each partner) could be reached. The working group agreed to extend the recruitment period until June 30th (6 extra months) in order to leave enough time to participating partners to achieve the targets. Partners were closely supported where possible by ITM and CEEISCAT.

The KAB/P survey of WP9 Task 1 overlapped with one performed in France in the same period in which AIDES was also involved "V3T VIH: Teste_Toi-meme" (V3T study). It not only overlapped in time but also in terms of some of the study aims and study population. An additional partner (Positive Voice, Greece), that initially was not included in WP9 Task1, was incorporated. The V3T study and WP9-task 1 teams reached to an agreement of sharing French data. To do so, a number of questions from the

questionnaire used in France were incorporated and adapted. However, the ethical committee of the French Agence nationale de recherche sur le sida et les hépatites virales (ANRS) did not allow including French data on the report of this WP. It was agreed to prepare a combined publication once V3T and Euro HIV EDAT projects have already published their main results separately. This will a) probably reach a greater audience b) it will produce results of higher scientific value and c) it will establish a potential future line of collaboration with AIDES, INSERM and ANRS.

Other problems related to WP9 Task2 were staff changes in the participating partners, a workshop to train the field workers and the laboratory staff was done in December 2014. When the recruitment started many of the involved workers of many associated partners changed and they did not receive the training. That hindered the implementation of the pilot intervention. It was solved through the development of a detailed manual for field workers that was distributed among the participating partners and bilateral contacts with the WP leader and the partners.

Also in WP9 task2, in Romania, 6 HIV reactive results of 103 tests performed (5,8%) where confirmed negative. The central laboratory of the study in ITM contacted the Romanian laboratory to find an explanation and to prevent more false positives.

On 15 September of 2017 the Spanish Government published an ordered to block the accounts of several different state enterprises and institutions in Catalonia including our institution FIGTP. This serious action obliged the Main Partner to follow an established procedure to be able to make all payments. In accordance with this order the FIGTP cannot dispose of its finances and must ask permission for each movement of funds, this affects payment of bills, transfers, cash withdrawals, foreign payments, guarantees and financial deposits etc. All payments mainly related to the Final Conference were authorised by the Spanish Government and some delays occurred. This caused a delay in the reimbursements and in the preparation of the Final Financial Report

Conclusions:

We conclude that the coordination of the project worked well. The Main Partner has undertaken the actions needed to achieve the planned objectives. A management structure was developed as described in the Management Plan and the Grant and Cooperation Agreements. There have been several problems during the project implementation that caused some delays in meeting the deadlines for some milestones and some deliverables, but CHAFEA was duly informed and these delays were incorporated into three amendments to the Grant Agreement. The final outcomes of the project have not been affected by these delays. However, due to the difficult political situation in Catalonia and the blocking of the FIGTP bank's account, an official request for

two months extension of the deadline of the Final Report was submitted to CHAFEA with the approval of all members of the SC of the project.

Financial management

Did you incur fewer costs of more than 10% to the estimated budget of the grant agreement?
If yes, please describe the major reasons for that.
Did you have difficulties in the financial management of the project?

No significant financial deviations have taken place. Total amount of expenses has been in line with the budget and the detailed information is provided in the financial report.

As explained above there have been 3 amendments, 2 of them having a financial impact. Two new partners have been added to the project and some transfer of funding have taken place at the consortium level.

The project financial status has been closely monitored throughout the project. Templates to report on Staff activities as well as any external cost incurred during the project implantation were distributed at the beginning of the project and a folder was created at the project website to allow each partner to upload these data. The financial interim report was prepared at M21 and there have been two additional financial internal reports to control the degree of expenditures and use of resources. Besides the global analysis carried out by the Main partner, all associated partners were provided with a comparative analysis of their degree of expenditure against their individual budgets.

There have been some difficulties in closing the final financial report due to several reasons. On one hand, the political situation in Catalonia and the specific payment procedures established that affect the coordinator's organisation capacity to process the payments, which entailed the request for an extension on the submission of the final report and on the other hand, due to the difificulties that the associated partner AIDES has experienced to produce its own financial statement on time due to internal organisational changes, that delayed a bit the submission of the report.

Project Results and Visibility

Dissemination activities during and after the project

Please describe shortly the dissemination activities carried out during and after the end of the project.
How can CHAFEA or the EC further communicate on this project?
This section could include the following:
Description of the key messages.
Visual project identity, including project logo, etc
Activities undertaken to ensure that the results and deliverables have reached the target groups: stakeholder matrix - analysis / target group identification, dissemination content, dissemination means, timing (…)
Problems encountered
How were problems resolved /limitations

Dissemination activities carried out during and after the end of the project:

Dissemination Plan:

A draft Dissemination Plan was developed by the Main Partner and discussed during the Kick off meeting held in Luxemburg in M2. It was agreed by all partners to ensure adequacy to local, social, cultural context and views of the target group. The final version of the plan was developed in M3 and it was distributed among all partners. It was also uploaded on the project website. The Dissemination plan reflected the communication strategy of the project.

Results were disseminated at European and national/regional level.

The dissemination of project products was achieved through the project website, upload of the project products at the HIV clearing house of AIDS Action Europe, project's mailing and partner national mailing groups, project and partner's websites, and the CHAFEA website and HIV projects' mailing list.

Project brochure:

A booklet or brochure for the presentation of the project was designed and disseminated at early stage (M3). This leaflet was discussed and agreed by all partners. The leaflet was uploaded to the project website; it was distributed to all partners, to the EU Commission, the CHAFEA and other stakeholders. Printed copies of the brochure were distributed in project meetings and in conferences and congresses where the project was presented.

Project website:

A periodically updated project website was set up with project results to ensure their availability for Associated and Collaborating Partners, as well as other stakeholders: https://eurohivedat.eu/.

All project deliverables are available at the project website.

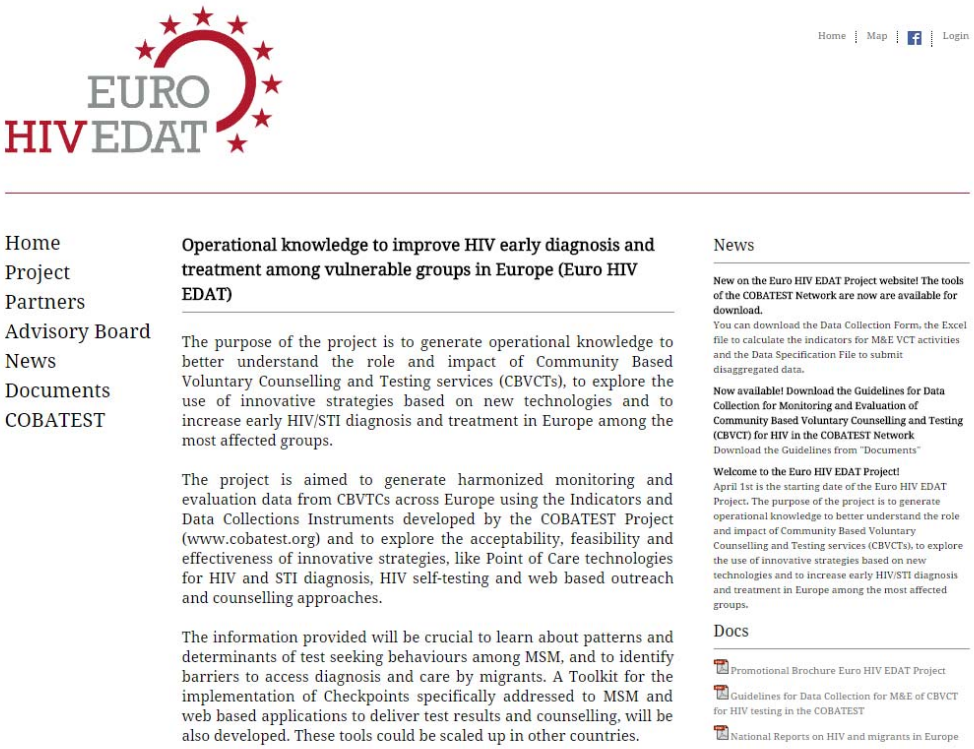

Figure 3. Website of the Euro HIV EDAT Project.

A Web-based collaboration and scheduling applications was specifically designed for use in HIV-COBATEST Project.

The website has two different areas:

- Public Area: General description of the project (Objectives, participants). It contains: Documents, News, Partners, Contact and links to Facebook.
- Private Area: WP description (activities, milestones and deliverables), grid/calendar. Administrative and Financial area. It includes the **COBATEST network data entry tool and the** WP5 Cohort **data entry tool**.

The project website received 40,993 visits since April 1st 2014 to September 30th 2017. In that period the website had 34,579 different visitors.

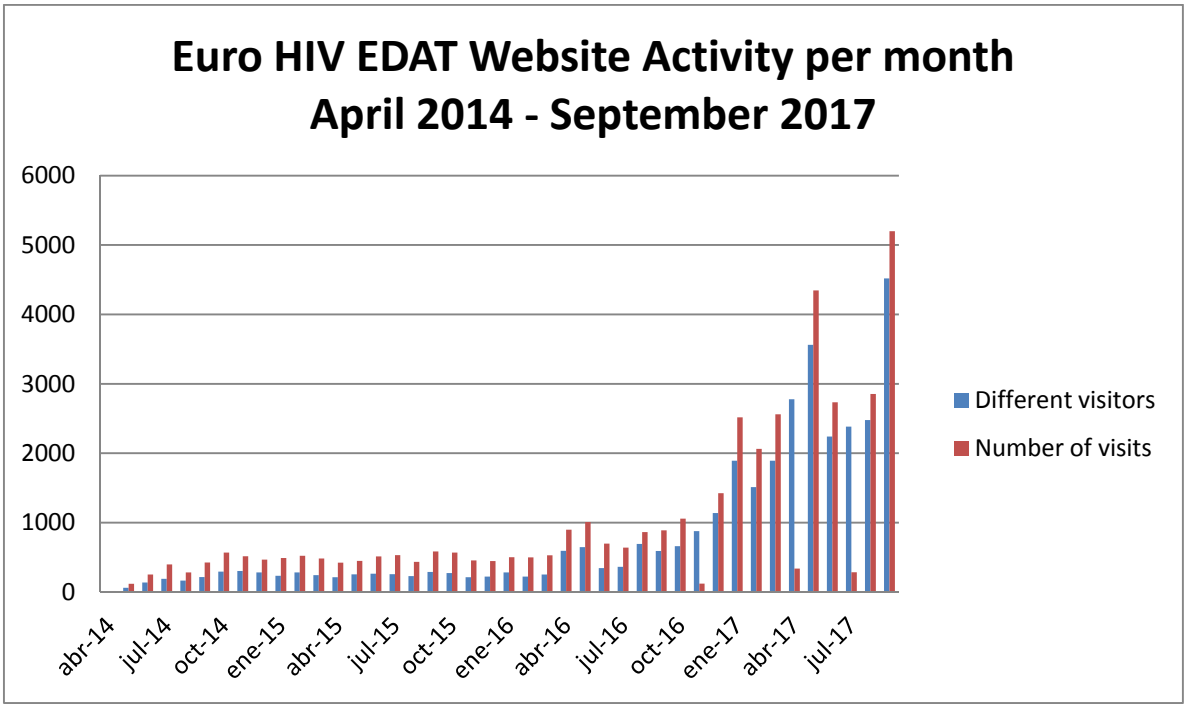

Figure 4. Visits to the project website and number of different visitants during the implementation period.

The total data traffic generated between April 1st 2014 and September 30th 2017 was: 25,209.65 MB.

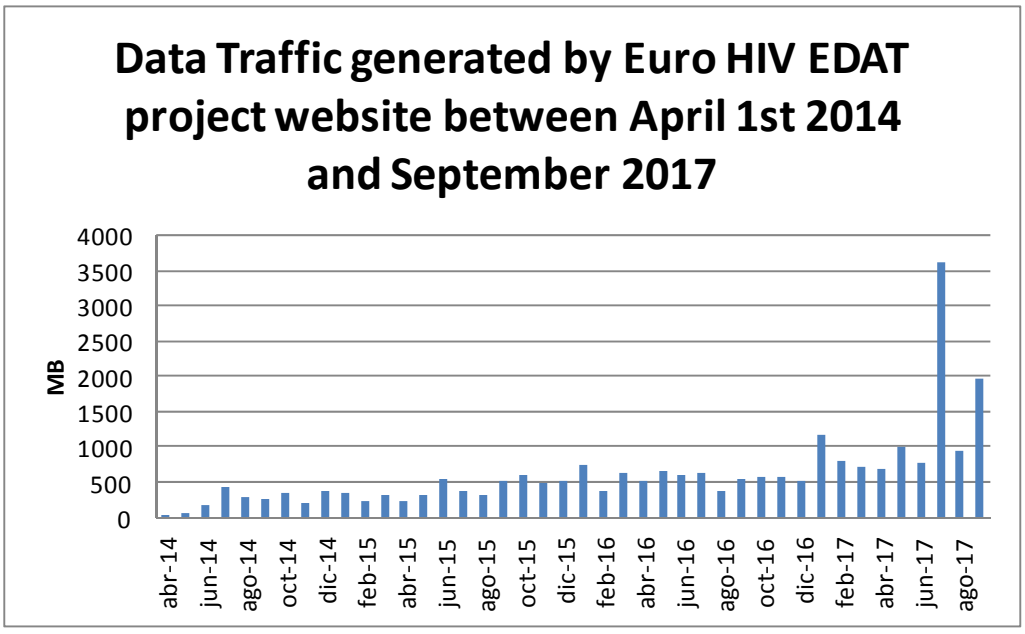

Figure 5. Data traffic generated by the Euro HIV EDAT project website during the study period.

Facebook Page:

A Facebook website of the project was also created in order to further disseminate the activities of the Project: http://www.facebook.com/EUROHIVEDAT

Figure 6. Facebook page of the project.

Project Newsletter

During the reporting period a newsletter about the progress of the project was distributed among Associated and Collaborating Partners, Advisory Board Members and other relevant stakeholders.

Project results Scientific Dissemination:

The scientific dissemination was ensured by the submission of abstracts to a scientific conference (minimum 1/year), and the elaboration of scientific articles (at least 1 per work package) is expected.

Specific authorship criteria were defined for the publications by the SC at the 1st SC meeting. The criteria have been included in the Dissemination Plan.

Several Writing Committees were and will be created, one for each main project deliverable and for each scientific article.

In each publication EU co funding and EU logo will be acknowledged. The flowing statement will be included:

- "The Euro HIV EDAT project is co funded by European Commission with Grant Agreement number 2013 11 01 for the period 2014-2017"

The scientific publications are included in the final report.

The Euro HIV EDAT Study Group was created. The composition of the group is: The PI, the Project Managers, the Steering Committee members, the people involved in Data Management and statistical analysis, the participating researchers from the Associated Partners and the Collaborating Partner, and, finally, people involved in technical support.

Scientific articles:

At least 1 scientific article for each Core WP is expected.

The following articles were published:

- Title: The COBATEST network: A platform to perform monitoring and evaluation of HIV community-based testing practices in Europe and conduct operational research.
  Authors: Fernàndez-López L, Reyes-Urueña J, Agustí C, Kustec T, Klavs I, Casabona C; COBATEST Network group.
  Journal: AIDS Care. 2016;28 Suppl 1:32-6.
- Title: COBA-Cohort: a prospective cohort of HIV-negative men who have sex with men attending community-based HIV testing services in 6 European Countries (a study protocol).
  Authors: Lorente N, Fernàndez-López L, Fuertes R, Rojas Castro D, Pichon F, Cigan B, Chanos S, Meireles P, Lucas R, Morel S, Slaaen Kaye P, Agustí C, Klavs I, Platteau T, Casabona J; Euro HIV EDAT Study Group.
  Journal: BMJ Open. 2016 Jul 13;6(7):e011314.
- Title: Swab2know: An HIV-Testing Strategy Using Oral Fluid Samples and Online Communication of Test Results for Men Who Have Sex With Men in Belgium
  Authors: Platteau T, Fransen K, Apers L, Kenyon C, Albers L, Vermoesen T, Loos J, Florence E.
  Journal: J Med Internet Res 2015;17(9):e213
- Title: Knowledge, actual and potential use of HIV self-sampling testing kits among MSM recruited in 8 European countries
  Authors: Hoyos, J.; Maté, T.; Belza, M.J.; Agustí, C.; Chanos, S.; Pichon, F.; Kuske, M.; Cigan, B.; Fuertes, R.; Ooms, L.; Stefanescu, R.; Cabeza de Vaca, C.; Arranz, B.; de la Fuente, L.
  Journal: HIV Medicine (In press).
- Title: The COBATEST network: Monitoring and Evaluation of HIV community-based practices in Europe, 2014-2016
  Authors: L Fernàndez-López, J Reyes-Urueña, C Agustí, T Kustec, M Serdt, I Klavs, J Casabona and the COBATEST Network group.
  Journal: HIV Medicine (In press).

Conference/Congress communications:

- HepHIV 2014 Conference: HIV and Viral Hepatitis: Challenges of Timely Testing and Care. Barcelona (Spain), 5-7 October 2014. Three communications were presented:
  - Operational knowledge to improve HIV early diagnosis and treatment among vulnerable groups in Europe (Euro HIV EDAT Project).
  - Core indicators to monitor community based voluntary counselling and testing (CBVCT) for HIV.
  - The COBATEST network: A platform to perform monitoring and evaluation of HIV community-based testing practices in Europe as well as operational research.
- 12th International AIDS Impact Conference, Amsterdam (Netherlands), 28-30th July 2015. Three communications were presented:
  - European project EURO HIV EDAT (operating knowledge to improve early diagnosis and treatment of HIV among vulnerable groups in Europe).
  - The COBATEST network: A platform to perform monitoring and evaluation of HIV community-based testing practices in Europe as well as operational research
  - Launch of a cohort of HIV negative men who have sex with men in community-based checkpoints of 6 European Countries (the Euro HIV EDAT project).
- XVII Congreso Nacional sobre el Sida e Infecciones de Transmisión Sexual (ITS). San Sebastián (Spain), 6-8th May 2015. Two communications were presented:
  - Proyecto europeo EURO HIV EDAT (Conocimiento operativo para mejorar el diagnóstico precoz del VIH y su tratamiento entre grupos vulnerables en Europa).
  - La red COBATEST: Una plataforma para monitorizar y evaluar las prácticas de consejo asistido y prueba del VIH de base comunitaria en Europa.
  - Inicio de una cohorte de hombres seronegativos que tienen sexo con hombres, en checkpoints de 6 países europeos.
- 17th IUSTI World Congress. Marrakech, Morocco, from 9 to 12th May 2016. Two communications were presented:
  - HIV Test seeking behaviour in a network of Community Based VCT centres (COBATEST network).
  - Monitoring and evaluation of Community Based Voluntary Counselling and Testing services (CBVCTs) in Europe: the COBATEST and EUROEDAT Projects.

- XVII Congreso Nacional sobre el Sida e ITS "Buscando Oportunidades para el Diagnóstcio Precoz del VIH"), Madrid (Spain), 5th May de 2016. The following communications were presented:
    - Búsqueda de la prueba del VIH en una red europea de centros de cribado y consejo asistido de base comunitaria (CBVCTs) (Red COBATEST, 2013-2015).
- XVIII Congreso Nacional sobre el Sida e ITS ("VIH y VHC: dos epidemias convergentes"), Sevilla (Spain), 22 – 24th March de 2017. The following communication was presented:
    - Descripción preliminar de una cohorte europea de hombres seronegativos que tienen sexo con hombres reclutados en servicios comunitarios de cribado del VIH (COBA-Cohort)
- HIV Prevention England Conference 2017, May 18th 2017, London, United Kingdom. The following communication was presented:
    - Toolkit for the implementation and evaluation of Checkpoints for MSM.
- 8th DOEAK Deutsch-Österreichischer AIDS Kongress, 14-17 June 2017, Salzburg, Austria. The following communication was presented:
    - Toolkit zur Implementierung und Qualitätssicherung von Checkpoints für MSM.
- HepHIV 2017 Conference. 31 January-2 February 2017. St. George's Bay, Malta. The following communications were presented:
    - Core indicators for monitoring and evaluation of community based voluntary counselling and testing (CBVCT) for HIV in the COBATEST network, 1st half 2015 data.
    - Euro HIV EDAT: HIV-testing using oral fluid samples and online communication of test results.
    - Euro HIV EDAT project (WP8): A qualitative study to better understand the barriers and facilitators to early diagnosis and linkage to care among migrant populations in Europe (Belgium, Denmark, France, Spain, Portugal).
    - COBA-Cohort: Preliminary results of a pan-European cohort of HIV negative MSM in community-based voluntary counselling and testing services.
    - The COBATEST network: Opportunities and challenges of a European network of community-based voluntary counselling and testing services for HIV.
    - The COBATEST network: A platform to perform monitoring and evaluation of HIV community-based testing practices in Europe.

  - Knowledge and actual versus potential use of HIV self-testing and self-sampling testing kits in 8 European countries.
  - Euro HIV EDAT project (WP7): Development of a Toolkit for the implementation and evaluation of community-based voluntary counselling and testing services and checkpoints for MSM.
  - Euro HIV EDAT project (WP4T1): Development of a self-evaluation tool in order to improve the impact of the guide "To do it better in our community-based voluntary counselling and testing services".
- XXXIV Reunión Annual Sociedad Española de Epidemiología (SEE), Sevilla, Spain, 14-16th September 2016. The following communication was presented:
  - Búsqueda de la prueba del VIH en una red europea de centros comunitarios de cribado (Red COBATEST, 2013-2015)
- XXXV Reunión Annual Sociedad Española de Epidemiología (SEE), Barcelona, Spain, 6-8th September 2017. The following communications were presented:
  - Resultados de una intervención piloto para la oferta de la prueba del VIH en actividades de outreach y consulta de los resultados online.
  - Patrones de realización del test del VIH en HSH que acuden a servicios comunitarios de cribado en Europa (COBA-Cohort).
- 21st International Workshop on HIV and Hepatitis Observational Databases (IWHOD). Lisbon, Portugal, 30th March – 1st April 2017. The following communication was presented:
  - Patterns of behaviour and attitudes towards HIV-testing, sexuality and PrEP in a European cohort of HIV-negative MSM: a latent transition analysis application (COBA-Cohort study)
- 19th European Health Forum Gastein, 28-30 September 2016, (Austria). The following communication was presented:
  - Euro HIV EDAT PROJECT: Access to HIV testing and linkage to care for migrant populations in Europe (WP8)
- 3rd BREACH symposium, November 21st, 2014; Brussels, Belgium. The following communication was presented:
  - HIV testing strategies swab2know.
- 2017 National HIV Prevention England. London (United Kingdom), 12 and 13th September 2017. The following communication was presented:
  - Quality assurance and innovation in CBVCT projects/Checkpoints for MSM (WP7).

- 5th International Symposium on Sexually transmitted infections-New horizons. Brijuni Islands (Croatia), 22-24th September 2017. The following communication was presented:
    - Monitoring and evaluation of community based voluntary counselling and testing for HIV in Europe: Results of Euro HIV EDAT Project.
- Congresso Nazionale ICAR 2017, Italian Conference on AIDS and Antiviral Research - Siena, 12-14th June 2017 - Università degli Studi di Siena. The following communication was presented:
    - Preliminary Italian results in the COBA Cohort study, a pan-European cohort of HIV negative MSM enrolled in community-based voluntary counselling and testing services"
- Conference on Migrants and Health actions funded under the Health Programme 2008-2013 and 2014-2020. The following communication was presented:
    - Euro HIV EDAT Project: Access to HIV testing and linkage to care for migrant populations in Europe (WP8).
- 9th IAS Conference on HIV Science. Paris, France, 23-26th July 2017. The following communication was presented:
    - HIV Testing patterns in MSM attending community based voluntary counselling and testing services in Europe: preliminary results from COBACohort (The Euro HIV EDAT Project)
- 22nd Meeting of the Alp-Danube-Adria Society for Sexually Transmitted Infections and Infections of the Skin. Brijuni Islands, Croatia, September 24 2017. The following communication was presented:
    - Monitoring and evaluation of community based voluntary counselling and testing for HIV in Europe: Results of Euro HIV EDAT Project.
- 13th AIDS Impact International Conference. Cap Town, South Africa, November 13-15th 2017. The following communication will be presented:
    - Use of HIV testing services in statutory healthcare and Community Based Voluntary Counselling and Testing services and testing preferences of migrant populations from Belgium, Denmark, France, Portugal and Spain. Results from Euro HIV EDAT.

Presentation of the project in relevant meetings:

- 1st ECDC Advisory Group Meeting. Monitoring the HIV response in Europe. Stockholm, 15-16 October 2015.
- 24th HIV/AIDS Think Tank Meeting. 24-25 November 2015, Luxembourg, HITEC Building, 2/280

- HIV Testing Guidance Evaluation. ECDC Expert Meeting, Stockholm, Sweden, 28-29th January 2016.
- Verbandstag Aidshilfe NRW e.V., Cologne, Germany, 31st March – 1st April 2017.
- Workshop of MSM Checkpoints/prevention teams Austria, Salzburg, 23-24 February 2017.
- MSM Expert Meeting Berlin, Germany, 4–6 August 2017.
- HIV im Dialog, Berlin, Germany, 6-7 October 2017.
- Seminário "Respostas comunitárias ao VIH, outras infeções sexualmente transmissíveis e às drogas". Instituto de Saúde Pública da Universidade do Porto (ISPUP), Portugal, 24th February 2017.

Dissemination at country level:

Each Associated Partner took responsibility on disseminating deliverables in their own country. To ensure the dissemination of the main deliverables at country level, they were translated to the languages of the participating countries. Furthermore, the Main Partner prepared a model of a cover letter to present the main deliverables of the project to the stakeholders of the partners. Partners were asked to translate this letter to their own language (or to use it as an example) and to distribute it with the pdf files of the main deliverables among their stakeholders.

Final Conference:

The Final Conference (Brussels, M42) was particularly addressed to policy makers and health authorities because its main purpose was to raise awareness of the importance of improving early diagnosis of HIV infection and highlight the effectiveness of CBVCT helping to promote early HIV diagnosis in hard-to-reach groups. The Final Conference was held together with OptTEST Project and back-to.back with the launching of the new Joint Action INTEGRATE in order to increase the visibility of these projects and to improve the dissemination of the results of the projects.

The project findings and further research questions to be answered for a future project development, and the final evaluation of the results, were also presented among the project partners at the Final Conference.

About 120 people attended the Final Conference. Key participants were policy makers, health authorities, as well as EU Commission, EU/ national/ regional health authorities, National HIV-Surveillance, health care professionals, epidemiologists, HIV/AIDS Civil Society Forum, Think Tank MS and HIV/AIDS organizations.

The Euro HIV EDAT Project and the OptTEST Principal Investigators were the Chairs of the conference.

English was the working language.

A USB memory stick with all deliverables of the project was distributed among all attendants during the Final Conference.

How can CHAFEA or the EC further communicate on this project?

CHAFEA has already been very helpful in the dissemination of the project results and products. During the study period CHAFEA has invited us to several workshops organised and funded by them in relevant European Conferences as: AIDS Impact, Amsterdam July 2015 and HepHIV 2017, Malta January 2016.

Thanks to our Project Officer we learned about the existence of the EU Health Policy Platform. We believe it's a very good tool to disseminate the project deliverables and we hope they will be uploaded in the platform as soon as possible. Furthermore, the organisation of monographic webinars about the project in the platform will be a good opportunity to disseminate the project results and products.

The use website of CHAFEA and their mailing list of EU Health projects would be also helpful tools for the project results dissemination.

Description of the key messages

Community-based voluntary, counselling and testing (CBVCT) is recognized as a good model for improving early HIV diagnosis, which allows to reach the most vulnerable and hard-to-reach key populations. The project, co-financed by the European Commission (CHAFEA) (2014-2017) (Grant Agreement No. 2013 1101), aimed to generate operational knowledge to better understand the role and impact of CBVCT centres, explore the use of innovative strategies based on new technologies and increase early HIV diagnosis and access to treatment in Europe among the most affected groups. The specific objectives were: 1) To monitor and evaluate (M&E) community based voluntary HIV counselling and testing (CBVCT) services in Europe; 2) To identify determinants for HIV test seeking behaviour and sexual risk behaviour among MSM in Europe; 3) To describe and improve approaches of linkage to health services for HIV/STI among MSM in Europe; 4) To improve the implementation of CBVCT services specifically addressed to MSM in Europe; 5) To describe HIV testing patterns and identify barriers to testing and care among migrant populations in Europe; 6) To assess acceptability and feasibility of innovative strategies and interventions aimed at increasing HIV counselling and testing.

The project, led by CEEISCAT, counted with the participation of 14 associated partners from 8 European countries and 21 collaborating partners. Associated partners included both NGOs and government agencies, so different sensibilities from different key populations, sexual orientations and policy contexts were taken into account in the design.

The target entities of the project were CBVCT programmes and services participating in the already existing European network (COBATEST network), as well as some of the largest CBVCTs specifically for MSM (Checkpoints) in Europe. The project had an important emphasis in two of the most affected populations: 1.- MSM, which are both a core group (high prevalence with a high level of contacts and exposure among its members) and a vulnerable group (stigma and discrimination), and 2.- Migrants, a very heterogeneous and changing population across Europe, but one of the most socially vulnerable group, representing in some countries half of the new HIV diagnosis.
Overall, the project outcomes provided operational data and implementation manuals and guidelines to improve the effectiveness and scale up of testing and linkage to care programs, as well as some new tools to increase access to them.
Regarding the monitoring and evaluation of CBVCT, 31 services/networks, 29 from the COBATEST network, sent their data for 2015 and 2016. A total of 168,409 clients were tested for HIV in those CBVCT services/networks and the proportion of clients with a HIV reactive test result was 1.3%.
With the aim of describing testing patterns among MSM in Europe, a cohort of seronegative for HIV MSM was established (COBA-Cohort). This cohort collects common data among 4,145 HIV-negative MSM attending 17 community-based voluntary counselling and testing (CBVCT) services in 6 countries.
The "Guide to do it better in our CBVCTs" developed by the HIV-COBATEST Project was updated and a self evaluation tool for CBVCTs has been included. Guidelines to improve linkage to care for MSM for CBVCTs have been launched as well as a guide to improve early diagnosis and linkage to care for migrants in Europe.
A Toolkit for the implementation of Checkpoints was developed and translated to several languages (http://msm-checkpoints.eu/).

A KAP/B survey among potential users of home HIV testing and other stakeholders was conducted showing highly favourable position among MSM in 8 European countries towards self testing. Recommendations for implementation of innovative HIV testing strategies in Europe were developed.

Finally, an HIV-Testing strategy using oral fluid samples and online communication of test results for MSM and migrants in 6 European countries (Swab2know by Euro HIV EDAT) showed high satisfaction among participants, it helped us to reach the target population, both in numbers of tests executed and in newly diagnosed HIV infections. An implementation manual for an integrated strategy for HIV testing using CBVCT, outreach and web based techniques were developed, as well as a website to deliver test results and post test counselling online (www.swab2know.eu).

All Euro HIV EDAT products are available at the project website: www.eurohivedat.eu. The results of the projects were presented at international conferences and in scientific journals.

Visual project identity, including project logo, etc:

A logo of the Euro HIV EDAT Project was designed and distributed among partners. Two versions of the logo were designed:

Figure 7. Square logo of the Euro HIV EDAT project.

Figure 8. Horizontal logo of the Euro HIV EDAT project.

This logo was chose, among other options, by the SC in the 1st SC meeting held in Luxemburg in M2. The logos included in all the documentation related to the project. The logo of the EU Commission was also included. A stationery template for word files and power point presentations were designed including both logos. These templates were distributed among project partners and were available on the project website.
A second logo was created for the interventional study of the Task2 of WP9. The decision of creating a new logo was approved by the SC. This logo is included in the website developed to deliver HIV results (www.swab2know.eu).

Figure 9. Logo Swab2know Project by Euro HIV EDAT.

In order to increase the visibility of the interventional study T-shirts for the field workers were designed.

Figure 10. Logo of the T-shirt for the field workers of the interventional study WP9 Task2.

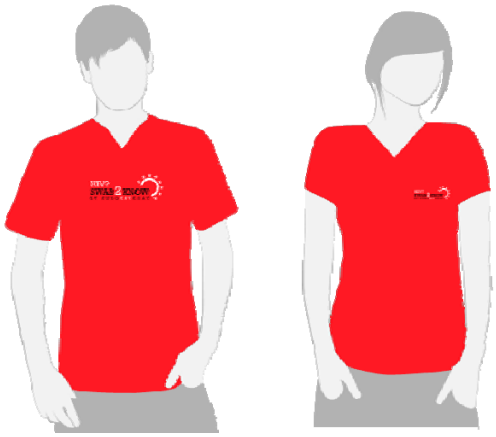

Figure 11. Design of the T-shirt for the field workers of the interventional study WP9 Task2.

A business card was designed to be used in the interventional study. This card was provided to the participants. It included the link to the website to get the test results and a tag with the sample ID was pasted. It was translated and adapted to the local contexts.

Figure 12. Design of the business cards of the interventional study WP9 Task2.

A banner was designed for the dissemination of the KAP/B survey on potential users of innovative HIV testing strategies of WP9 Task 1. The message was translated to all 8 languages and incorporated into the banner. The banner was uploaded in Gay Romeo and Bareback Nation websites and national gay dating websites of the participating countries.

Figure 13. Banner promotion KAP/B survey on potential users of innovative HIV testing strategies of WP9 Task 1

The Visual project identity was achieved through the project's website, brochure (Annex WP2) and linkage of the website to relevant European platforms/ networks (AIDS Action Europe).

Activities undertaken to ensure that the results and deliverables have reached the target groups: stakeholder matrix - analysis / target group identification, dissemination content, dissemination means, timing (…):

Stakeholder matrix - analysis / target group identification:

The dissemination strategy was based on a stakeholder analysis. A stakeholder is anyone who has a vested interest in the project or will be affected by its outcomes. A stakeholder analysis was an exercise in which stakeholders were identified, listed, and assessed in term of their interest in the project and importance for the its success and further dissemination.

The following **audiences** were being considered:

- *Internal audience*. The members of the project consortium and their institutions need to stay well informed about the progress of the project. Adequate internal dissemination can also ensure that the project has a high profile.
- *Other projects*. Sharing project results with coordinators and key actors of projects dealing with similar topics, both within the programme and in others, has and will ensure visibility and uptake of results, and provide opportunities to receive feedback, share experiences and discuss joint problems and issues.
- *External stakeholders*. Persons who will benefit from the outcomes of the project, as well as "opinion makers" such as researchers, policy makers, publishers, online hosts, etc., can act as catalysts for the dissemination process.
- *The community*. It is likely that certain elements of the project, such as guidelines, methods, manuals, recommendations, reports, evaluation criteria, questionnaires, etc. can be used by a wider audience than the specific target group. These elements will be shared with the wider community through articles, conference presentations, case studies, etc.

The following audiences were identified for the project dissemination:

1. Project team: Associated and Collaborating Partners
2. European Commission. European Commission. Consumers, Health and Food Executive Agency (CHAFEA)
3. European Centre for Disease Prevention and Control (ECDC)
4. WHO Regional Office for Europe (WHO/Europe)
5. World Health Organisation (WHO)
6. Joint United Nations Programme on HIV/AIDS (UNAIDS)
7. HIV in Europe Initiative
8. European AIDS Treatment Group (EATG)
9. HIV Networks

10. Coordinators of European HIV Projects
11. Civil Society Forum for HIV/AIDS
12. HIV/AIDS Think Tank
13. AIDS Action Europe
14. HIV/AIDS organizations
15. Members of the COBATEST Network of CBVCTs services
16. European CBVCT services
17. HIV/AIDS NGOs and organizations
18. Governmental Health Agencies-Public Health Institutes
19. Regional and Provincial Administration Bodies
20. Local Administration Bodies
21. Health care professionals and epidemiologists
22. Universities, Research Institutes, Training Centres
23. Voluntary Associations
24. Most-at-risk groups, such as men who have sex with men and vulnerable groups such as immigrants.
25. General Population

Target audience identified for each project deliverable:

N°	Title	Distribution Channel	Target Audience
1	**Interim and Final Report, including evaluation plan**	*Internal distribution: mailing list, project web site.* *External distribution: mailing list*	Project team: Associated and Collaborating Partners. EC officers.
2	**Final Conference, dissemination strategy and dissemination materials**	*Internal distribution: mailing list, project web site.* *External distribution: press, public area of project web site, Partners websites, partners mailing list*	EC, EAHC, ECDC, WHO-Europe, UNAIDS, HIV Networks, National HIV Surveillance and Public Health Institutes of participating countries, Civil Society Forum, HIV/AIDS organizations, COBATEST Network, CBVCTs services, coordinators European HIV Projects
3	**Guidelines for Data Collection for Monitoring and Evaluating CBVCT for HIV in the COBATEST network**	*Internal distribution: mailing list, project web site.* *External distribution: Scientific publications, communications in conferences, public area of project web site, Partners websites*	EC, EAHC, ECDC, WHO-Europe, UNAIDS, HIV in Europe, National HIV Surveillance and Public Health Institutes of participating countries, Civil Society Forum, COBATEST Network, CBVCTs services
4	**Report on the description of determinants for HIV test seeking behaviour and sexual risk behaviour among MSM in Europe**	*Internal distribution: mailing list, project web site.* *External distribution: Scientific publications, communications in*	EC, EAHC, ECDC, WHO-Europe, UNAIDS, National HIV Surveillance and Public Health Institutes of participating countries, HIV/AIDS organizations,

		conferences, public area of project web site, Partners websites	COBATEST Network, CBVCTs services, Gay NGOs
5	**Optimal linkage to care among MSM: A practical guide for CBVCT's and Points of Care**	Internal distribution: mailing list, project web site. External distribution: Scientific publications, communications in conferences, public area of project web site, Partners websites	EC, EAHC, ECDC, WHO-Europe, UNAIDS,HIV in Europe, National HIV Surveillance and Public Health Institutes of participating countries, HIV/AIDS organizations, COBATEST Network, CBVCTs services, Gay NGOs
6	**Toolkit on the implementation of CBVCT services for MSM (Checkpoints)**	Internal distribution: mailing list, project web site. External distribution: Scientific publications, press, communications in conferences, public area of project web site, Partners websites	EC, EAHC, ECDC, WHO-Europe, UNAIDS, HIV in Europe, National HIV Surveillance and Public Health Institutes of participating countries, HIV/AIDS organizations, COBATEST Network, CBVCTs services, Gay NGOs, Civil Society Forum
7	**Guide of best practices to improve earlier testing and care among migrant populations in Europe**	Internal distribution: mailing list, project web site. External distribution: Scientific publications, communications in conferences, public area of project web site, Partners websites	EC, EAHC, ECDC, WHO-Europe, UNAIDS,HIV in Europe, National HIV Surveillance and Public Health Institutes of participating countries, HIV/AIDS organizations, COBATEST Network, CBVCTs services, migrant NGOs
8	**Recommendations for the implementation of innovative HIV testing strategies among different populations**	Internal distribution: mailing list, project web site. External distribution: Scientific publications, communications in conferences, public area of project web site, Partners websites	EC, EAHC, ECDC, WHO-Europe, UNAIDS,HIV in Europe, National HIV Surveillance and Public Health Institutes of participating countries, HIV/AIDS organizations, COBATEST Network, CBVCTs services, Civil Society Forum
9	**Implementation Manual for an integrated strategy for HIV Testing using CBVCT, outreach and web based techniques**	*Internal distribution: mailing list, project web site. External distribution: Scientific publications, communications in conferences, public area of project web site, Partners websites*	EC, EAHC, ECDC, WHO-Europe, UNAIDS, National HIV Surveillance and Public Health Institutes of participating countries, HIV/AIDS organizations, COBATEST Network, CBVCTs services
10	**Web based application to deliver test results and provide counselling in different languages**	*Internal distribution: mailing list, project web site. External distribution: Scientific publications, communications in conferences, public area of project web site, Partners websites*	EC, EAHC, ECDC, WHO-Europe, UNAIDS, National HIV Surveillance and Public Health Institutes of participating countries, HIV/AIDS organizations, COBATEST Network, CBVCTs services, Gay NGOs, migrant NGOs, Civil Society Forum

Project Advisory Board:

The Euro HIV EDAT project Advisory Board comprised a number of leading persons from across Europe. These were identified as key stakeholders that were really important to the success of the project can ensure the project had a high profile and that the results

were made known. The members of the Advisory Board ensured visibility and uptake of results. They assisted in disseminating the project results both through the organizations they represent, and through using their contacts to set up meetings between project partners and key individuals who can promote the deployment of Euro HIV EDAT Project in the European countries.

Dissemination content

The outcomes of the Euro HIV EDAT Project has and will contribute to decrease HIV/STI transmission, improve clinical outcomes and promote equity across Europe. Specific guidelines and manuals were developed targeted for MSM and migrants, two of the most affected groups by the HIV/STI epidemics in Europe. The project has and will contribute to the improvement of CBVCT services and has and will inform policy makers to better contextualize these interventions within their national HIV Prevention Programs. Crucial data to better design preventive interventions aimed and increasing test uptake among MSM and migrants were provided. Information on acceptability, feasibility and effectiveness of innovative interventions as self-testing and outreach interventions and the use of new technologies for results and counselling delivery were made. A specific manual for an integrated strategy for HIV testing using CBVCT, outreach and web based techniques was developed. Overall, the project outcomes have and will provide operational data and implementation manuals and guidelines to improve the effectiveness and scale up of testing and linkage to care programs, as well as some new tools to increase access to them.

Dissemination means

The following methods were used to disseminate the project results:

- Newsletters, flyers and press releases created awareness about the project.
- Reports, journal articles, and websites transmitted information about the project.
- Conference presentations and websites promoted the project and its outcomes.

Relation of the methods that were used for project dissemination:

Method	***Purpose***	***Hints and Tips***
Newsletter Awareness	Inform	Project newsletter can be used to announce the project, give regular updates, develop a profile, and get buy-in.
Project website	Awareness Inform Engage Promote	A project website is one of the most versatile dissemination tools. It can contain information for different audiences. Add to it regularly so people keep coming back. Sell the project and engage the community.
Project Facebook page	Awareness Inform Engage	

	Promote	
Press releases	Awareness	A press release is a formal announcement to the national press. Projects can issue one to announce important achievements. It takes skill to write a press release and get it to the right media.
Flyers /brochures	Awareness	Flyers in printed form can be handed out at conferences or to colleagues at the partners' institutions. An electronic version (e.g. PDF file) can also be circulated electronically.
Programme meetings	Engage	Programme meetings are excellent opportunities for projects to learn from each other, discuss common issues, and get feedback on their work.
Conference presentation	Engage Promote	National and international conferences are an important opportunity to share the project achievements with experts in the field. Most convenient conferences should be selected where it will have an impact, and ones that will attract the experts of interest.
Conference poster	Engage Promote	A poster session at a conference will be more appropriate to present work in progress. The project work will be presented in poster format, and present it to delegates who attend the session. It may not be as glamorous as doing a presentation in the auditorium, but it is an excellent way to engage people, gauge their reactions, and get one-to-one feedback.
Workshops Engage		Workshops are small interactive events held to achieve a specific objective. A workshop can be used to get feedback from users on a demo or from experts on particular issues. The emphasis of a workshop should be on discussion, not presentations.
Journal articles	Inform	Any and every opportunity should be taken to get articles published about the project. Peer reviewed journals in relevant disciplines near the end of the project when data will be available and results to report will be considered. Copies of all publications will be posted on the project website.
Reports and other documents	Inform	Reports on specific topics will be posted on the project website so they are accessible to a wide audience. Also posted will be: guidelines, methods, evaluation criteria, toolkits, protocols or questionnaires.

Involvement of the collaborating partners during the project implementation:

Collaborating Partners, who had no contractual relationship with the CHAFEA, nor did they receive any EC, contributed to the dissemination of the project results at European

and at country level. The group of Collaborating partners was heterogeneous. It was composed by CBVCTs, Public Health Agencies and research institutes. Collaborating partners ensured visibility and uptake of results. They assisted in disseminating the project results both through the organizations they represent, and through using their contacts to set up meetings between project partners and key individuals who can promote the deployment of Euro HIV EDAT Project in the European countries.
All deliverables were distributed among the Collaborating Partners. Collaborating Partners were invited to the Kick Off meeting held in Luxemburg at M2 and to the Final Conference held in Brussels (M42).
It has to be highlighted that AIDS Action Europe was a Collaborating partner of the project. They collaborated in the dissemination of the project results and activities though their website, their Facebook page and the Clearinghouse.

Problems encountered

Each Associated partner was responsible of the dissemination of the project results in their own country. Although all Associated partners reported on the presentations made at conferences and congresses in their countries, the Main partner has had little control on the dissemination carried out in each of the participating countries.
As a separate part of the evaluation process a usefulness survey was carried out at the end of the project period as part of the outcome evaluation. The survey was designed and the results analyzed by the external evaluator. The objective of this survey was to assess the usefulness of the main project reports. The survey was performed among all CBVCTs members of the HIV-COBATEST network and the National Focal Points (NFP) plus Advisory Board members and Associated and Collaborating Partners of the Euro HIV EDAT project.

How were problems resolved /limitations

The Main Partner actively asked about project results dissemination at country level to all Associated Partners.

Project website

Please give the address of the project website
Are deliverables and further project documentation(s) available?
How long will the project website be available after the project?

A periodically updated project website was set up with project results to ensure their availability for Associated and Collaborating Partners, as well as other stakeholders: https://eurohivedat.eu/.

All project deliverables and reports are available at the project website.

It is expected that the project website will be available 6 months after the end of the project.

The Toolkit for the implementation and Evaluation of MSM Checkpoints (WP7) is available online: http://www.msm-checkpoints.eu/. This toolkit includes the most of the deliverables of the Euro HIV EDAT project. Funds have been requested through the proposal sent by AIDS Action Europe for an Operating Grant to update and maintain the toolkit website.

Publication, Abstracts, Articles

Please list the publications arising from this project.
Where are they accessible?

Brochures:

- **Promotional brochure of the Euro HIV EDAT Project**: https://eurohivedat.eu/arxius/ehe_docsmenu_docsmenu_doc_91-EUROHIVEDAT_triptic_versio_definitiva_3rd_Amendment.pdf
- **Promotional brochure WP8:** https://eurohivedat.eu/arxius/ehe_docsmenu_docsmenu_doc_117-Information_brochure_WP8_english.pdf

Reports, guidelines and recommendations:

- **A guide to do it better in our CBVCT centres: Core practices in some European CBVCT centres**:
  - English: https://eurohivedat.eu/arxius/ehe_docsmenu_docsmenu_doc_119-Guide_ToDoItBetter_EnglishVersion_FINAL_01032017.pdf
  - French: https://eurohivedat.eu/arxius/ehe_docsmenu_docsmenu_doc_120-Guide_ToDoItBetter_French_VF_09062017.pdf
  - Spanish: https://eurohivedat.eu/arxius/ehe_docsmenu_docsmenu_doc_121-Guide_ToDoItBetter_Spanish_VF_09062017.pdf
  - Catalan: https://eurohivedat.eu/arxius/ehe_docsmenu_docsmenu_doc_122-Guide_ToDoItBetter_Catalan_VF_09062017.pdf
  - German: https://eurohivedat.eu/arxius/ehe_docsmenu_docsmenu_doc_123-Guide_ToDoItBetter_German_VF_09062017.pdf

  - Portuguese: https://eurohivedat.eu/arxius/ehe_docsmenu_docsmenu_doc_124-Guide_ToDoItBetter_Portuguese_VF_09062017.pdf
  - Romanian: https://eurohivedat.eu/arxius/ehe_docsmenu_docsmenu_doc_125-Guide_ToDoItBetter_Romanian_VF_09062017.pdf
  - Slovenian: https://eurohivedat.eu/arxius/ehe_docsmenu_docsmenu_doc_126-Guide_ToDoItBetter_Slovene_VF_09062017.pdf
- (Deliverable number 3) **Guidelines for Data Collection for Monitoring and Evaluation of Community Based Voluntary Counselling and Testing (CBVCT) for HIV in the COBATEST Network**:
  - English: https://eurohivedat.eu/arxius/ehe_docsmenu_docsmenu_doc_106-20131101_D03_00_OTH_1_EN_PS.PDF
  - Spanish: https://eurohivedat.eu/arxius/ehe_docsmenu_docsmenu_doc_161-20131101_D03_00_OTH_1_ES_PS.pdf
- **Estimates of core indicators for monitoring and evaluation of community based voluntary counselling and testing (CBVCT) for HIV in the COBATEST network**: https://eurohivedat.eu/arxius/ehe_docsmenu_docsmenu_doc_141-Final_report_WP4_Euro_HIV_EDAT_2015_and_2016_FINAL.pdf
- (Deliverable number 4**) COBA-Cohort: Report on the determinants of HIV test-seeking behaviour among MSM in Europe:** https://eurohivedat.eu/arxius/ehe_docsmenu_docsmenu_doc_162-Final_report_WP5_Euro_HIV_EDAT.pdf .
- **Description and improvement of different approaches of linkage to care for HIV among MSM in Europe. Data report**: https://eurohivedat.eu/arxius/ehe_docsmenu_docsmenu_doc_127-EURO_HIV_EDAT_WP_6_Data_Report_FINAL.pdf
- (Deliverable number 5) **Optimal linkage to care among MSM: a practical guide for CBVCT's and Points of Care**:
  - English: https://eurohivedat.eu/arxius/ehe_docsmenu_docsmenu_doc_128-20131101_D05_00_OTH_1_EN_PS.pdf
  - Spanish: https://eurohivedat.eu/arxius/ehe_docsmenu_docsmenu_doc_129-20131101_D05_00_OTH_1_ES_PS.pdf

  - Catalan: https://eurohivedat.eu/arxius/ehe_docsmenu_docsmenu_doc_130-20131101_D05_00_OTH_1_CA_PS.pdf
  - Slovenian: https://eurohivedat.eu/arxius/ehe_docsmenu_docsmenu_doc_131-20131101_D05_00_OTH_1_SE_PS.pdf
  - French: https://eurohivedat.eu/arxius/ehe_docsmenu_docsmenu_doc_132-20131101_D05_00_OTH_1_FR_PS.pdf
  - Portuguese: https://eurohivedat.eu/arxius/ehe_docsmenu_docsmenu_doc_140-20131101_D05_00_OTH_1_PT_PS.pdf
  - German: https://eurohivedat.eu/arxius/ehe_docsmenu_docsmenu_doc_157-20131101_D05_00_OTH_1_DE_PS.pdf

- (Deliverable number 6) **Toolkit for the implementation and evaluation of Checkpoints for MSM**: http://msm-checkpoints.eu/
- **Synthesis of the National Reports on access to HIV testing and linkage to care among migrants in Europe**: https://eurohivedat.eu/arxius/ehe_docsmenu_docsmenu_doc_115-National_Reports_Synthesis_WP8_Euro_HIV_EDAT_Finale_version.pdf
- **Access to HIV testing and linkage to care for migrants in Europe: Qualitative study report**: https://eurohivedat.eu/arxius/ehe_docsmenu_docsmenu_doc_118-Euro_HIV_EDAT_WP8_Qualitative_data_analysis_130217.pdf
- (Deliverable number 7) **Guide to best practices to improve early testing and care among migrant populations in Europe**:
  - English: https://eurohivedat.eu/arxius/ehe_docsmenu_docsmenu_doc_133-20131101_D07_00_OTH_1_EN_PS.pdf
  - German: https://eurohivedat.eu/arxius/ehe_docsmenu_docsmenu_doc_134-20131101_D07_00_OTH_1_DE_PS.pdf
  - Portuguese: https://eurohivedat.eu/arxius/ehe_docsmenu_docsmenu_doc_135-20131101_D07_00_OTH_1_PT_PS.pdf
  - Slovenian: https://eurohivedat.eu/arxius/ehe_docsmenu_docsmenu_doc_136-20131101_D07_00_OTH_1_SE_PS.pdf
  - Spanish: https://eurohivedat.eu/arxius/ehe_docsmenu_docsmenu_doc_137-20131101_D07_00_OTH_1_ES_PS.pdf

  - Catalan: https://eurohivedat.eu/arxius/ehe_docsmenu_docsmenu_doc_138-20131101_D07_00_OTH_1_CA_PS.pdf
  - French: https://eurohivedat.eu/arxius/ehe_docsmenu_docsmenu_doc_139-20131101_D07_00_OTH_1_FR_PS.pdf
- **KAB/P study on the implementation of innovative HIV Testing strategies: Main results of a study conducted among MSM and stakeholders. Final Report**: https://eurohivedat.eu/arxius/ehe_docsmenu_docsmenu_doc_154-Final_Report_KABP_study_on_the_implementation_of_innovative_HIV_testing_strategies.pdf
- (Deliverable number 8) **Recommendations For the roll-out of innovative HIV testing strategies based on the results of a study conducted among MSM and stakeholders**: https://eurohivedat.eu/arxius/ehe_docsmenu_docsmenu_doc_155-20131101_D08_00_OTH_1_EN_PS.pdf
- (Deliverable number 9) **Swab2know: Manual for the development and implementation of an HIV testing approach using outreach and home sampling strategies and online communication of HIV test results.** https://eurohivedat.eu/arxius/ehe_docsmenu_docsmenu_doc_160-Euro_HIV_EDAT_Deliverable_Manual_WP9_2_V2_0_FINAL.pdf
- (Deliverable number 10) **Web based application to deliver test results and provide counselling in different languages**: https://www.swab2know.eu/ and http://lapruebaencasa.com/

Evaluation of the project

Please describe the evaluation activities carried out
If this is a recurrent project, please compare your findings to earlier projects
Description of process and outcome evaluation.
Evaluation methodology: Evaluation questions, design, method, measurement instruments, task, responsibilities and timing.
Monitoring Tools developed for data collection.
Problems encountered and suggestions for improvement

The document 'Euro HIV EDAT. Final evaluation report' has been written by external evaluator Jakob Haff, January 2018. Please check Annex Final Evaluation Report.

This report concerns the evaluation of the process, output and outcome of the Euro HIV EDAT project including the results of a usefulness survey among stakeholders.

In chapter 3 each of the six core work packages is evaluated by achievement of objectives, deliverables, and the targets of the evaluation indicators, adding results from the usefulness survey.
In chapter 4 the methodology of the usefulness survey and the more general results of the survey are presented.
Chapter 5 contains a brief summary of the report and conclusions.
The evaluation of the HIV Euro EDAT project has been carried out by the external evaluator according to the Evaluation Plan and the work description of the evaluator.
The formal basis of the evaluation process has been the internal documents of the EDAT project, first of all the Technical Annexes plus amendments and the annual work plans. The evaluation has thus taken into account agreed changes and modifications of the project, also when assessing whether targets have been met and milestones etc. have been achieved.
The evaluator has followed the progress of the EDAT project throughout the entire project period, from the preparation of the evaluation including the Evaluation Plan and the development of the evaluation indicators and onwards.
The results of the continuous evaluation have been published by the evaluator in three annual reports: 1st Year Evaluation Report (after M12), 2nd Year Evaluation Report (after M24), and 3rd Year Evaluation Report (after M36) plus the WP3 (Evaluation) section of the Interim Report of the EDAT project (M21).
This report sums up the achievements of the entire project period and documents the progress of the final months of the project since the publication of the 3rd Year Evaluation Report (June 2017).

Participant or partner feedback

Did you make a participant and/or partner feedback survey?
What were the major issues stated?
How useful were the deliverables perceived and why?

As part of the evaluation a usefulness survey among stakeholders of the EDAT project has been carried out when the project was coming to an end in the summer and autumn of 2017.
It was decided to divide stakeholders in two groups.

1) Group 1: Associated partners, collaborating partners, members of the advisory board, and national focal points for HIV from EU countries.
2) Group 2: Associated partners, collaborating partners, and all CBVCTs in the COBATEST network.

The questionnaire for group 1 would have a more political and general focus whereas the questionnaire for group 2 focused on more practical aspects – it consisted of rather detailed questions about six selected main products of the EDAT project plus one question about overall usefulness, all in all 31 questions. The questionnaire for group 1 included questions about three of the main products and a series of broader questions about the contributions and value of the EDAT project, in total 24 questions.

The questionnaires were designed as online self-administered questionnaires with closed questions of which most had the form of a statement and a Likert scale (from strongly agree to strongly disagree). In the questionnaires there were links to the relevant main products, and in the end of each questionnaire there was a field for comments.

The usefulness survey has shown very positive results regarding almost every aspect of the EDAT project. Respondents in both groups gave very positive assessments of the concrete products of the project. Stakeholders think highly of the achievements of the project. Concerning the project's accomplishments in terms of being appropriate for local contexts, meeting local needs, having additional value and achieving its aim in each country, clear majorities of stakeholders are positive. The same applies to the possible sustainability of the EDAT project and stakeholders' perception of the future need for improving CBVCT services.

Process evaluation

Please use the indicators set out in the Grant Agreement
Provide concrete numbers for the indicators
Please discuss the numbers in relation to the target and your specific objectives

As part of the annual evaluations three internal process evaluations have been carried out among the associated partners including the main partner. The evaluator each year developed and distributed an online questionnaire with closed questions and open text fields for comments in order to allow for qualitative input. The focus of these internal surveys was the satisfaction with the internal communication, the collaboration, the main partner's coordination, each WP-leader's coordination of their WP, the meetings and seminars (both physical and TCs), the level of information, the internal documents and other tools for managing the project etc. The purpose of the internal process evaluations was not only to monitor, but also to give recommendations for improvements of the internal processes. The internal survey of the 3rd Year Evaluation included comments and recommendations from the associated partners for future similar projects.

The results of the internal process evaluations are documented in the three annual evaluation reports (see Annexes WP3).

The evaluator has monitored the progress of the process, output and outcome of the EDAT project M1-M42.
All WP-leaders took part in the periodical evaluations after each project year. Progress was monitored according to the work plan of each year as well as other internal documents including the Technical Annexes, with a strong focus on the evaluation indicators targets.
Each annual report (and the Interim Report of M21) has documented the progress of activities, milestones, deliverables and evaluation indicators targets.
The documentation needed for the periodical reports was provided by means of extensive communication (email and telephone) with each WP-leader and with the main partner.
Furthermore, the evaluator has participated in the start up-meeting in Luxembourg in May 2014 (M2), the SC meeting in Madrid in May 2016 (M26) and the final conference in Bruxelles in September 2017 (M42). The evaluator also throughout the project period has had various face-to-face meetings with the main partner in Barcelona and has participated in TCs with the SC, the main partner and CHAFEA.
The evaluator throughout the project period has had close cooperation with the main partner who provided indispensable and most valuable information and assistance.

INDICATORS

WP4. Standardised data collection and analysis from a European network of CBVCT services for monitoring and evaluation.

Task 1. The impact of the 'A guide to doing it better in our CBVCT centres' developed by the HIV-COBATEST project.

	1. Process indicators
A	Data collected for cartography of dissemination of the Guide to doing it better. *Result: Done (see note)* **Target achieved**
B	Grid for self-evaluation discussed in Working Group. *Result: Done* **Target achieved**
C	Number of self-evaluation groups performed among CBVCT staff, with a target of at least 1 self-evaluation group in each participating country (only Associated Partners that are CBVCT) and a total of at least 7. *Result: Self-evaluation groups have been performed in each of the 7 participating countries. A total of*

	10 groups have been performed **Target achieved**
D	Revision of the Guide to doing it better performed. *Result: Done* **Target achieved**

Concerning indicators A1 and A2: It was decided that the 'cartography' should be made as a survey with a questionnaire to all original recipients of the Guide asking about the dissemination and the quality of the guide.
WP4, task 1 performed all tasks described in the process, output and outcome indicators and achieved all of its targets (and over-achieved target C1).

Task 2. Guidelines for Monitoring and Evaluation (M&E) CBVCT

	1. Process indicators
E	Number of CBVCT services to which the guidelines were distributed / Number of CBVCTs that were members of the HIV-COBATEST network in M7, with a target of 100%. *Result: 40 / 40 = 100%* **Target achieved**

WP4, task 2 performed all tasks described in the process, output and outcome indicators and achieved all of its targets (and over-achieved target E2).

WP5 - Follow up and longitudinal analysis of clients attending MSM Checkpoints

	1. Process indicators
F	List of CBVCT services specifically addressed to MSM (Checkpoints) to be invited to participate in the prospective study, with a target of at least 5. *Result: 21 CBVCTs were invited (and 17 were enrolled)* **Target achieved**

WP5 performed all tasks described in the process, output and outcome indicators and achieved its targets to a satisfactory degree (and over-achieved target F2).

WP6. Description and improvement of different approaches of linkage to care for HIV/STIs among MSM in Europe.

	1. Process indicators
G	An interview guide is drafted. *Result: Done* **Target achieved**
H	Number of questionnaires submitted by CBVCT clients, with a target of at least 3 in each participating country (only Associated Partners that are Checkpoints). *Result: A total of 53 questionnaires were submitted in the 6 participating countries (ranging between 3 and 12 per country).* **Target achieved.**
I	Number of interviews performed with CBVCT managers, with a target of at least 6 (only Associated Partners that are Checkpoints). *Result: 6 interviews have been performed* **Target achieved**
J	Number of interviews performed with health professionals, with a target of at least 6 (only Associated Partners that are Checkpoints). *Result: 6 interviews have been performed* **Target achieved**

WP6 performed all tasks described in the process, output and outcome indicators and achieved all of its targets (and over-achieved target H1).

WP7. Development of a Toolkit for implementation and evaluation of MSM Checkpoints

	1. Process indicators
K	Number of attendants at the experts' meeting (Berlin, M18) / Number of invited to the meeting, with a target of 60%. *Result: 18 / 19 = 95%* **Target achieved**
L	List of managers of CBVCT services to be invited to the training session to be held in Ljubljana. *Result: Done* **Target achieved**
M	Indicator N/A

Concerning M1-M3: Indicators M1-M3 regarding a training session in Romania is no longer relevant because that training session was cancelled and resources reallocated to the training session in Ljubljana.

WP7 performed all tasks described in the process, output and outcome indicators and achieved all of its targets (and over-achieved targets K1 and L3).

WP8. Rapid assessment on access to HIV testing and care for migrant populations in Europe.

	1. Process indicators
N	Number of countries that agree to participate in the qualitative and quantitative study, with a target of 5. *Result: 7 countries agreed to participate* **Target achieved**
O	Number of focus groups with migrants performed, with a target of at least 1 interview performed in each participating country (only Associated Partners), with a target of 5. *Result: 1 focus group conducted in each of the 5 participating countries* **Target achieved**
P	Number of interviews with key informants performed, with a target of at least 1 interview performed in each participating country and a total of at least 5. *Result: At least 1 interview performed in each of the 5 participating countries, with a total of 49 interviews.* **Target achieved**
Q	Questionnaire to describe access and barriers for HIV testing in CBVCT services and health care systems distributed among migrants in the participating countries. *Result: Done* **Target achieved**

WP8 performed all tasks described in the process, output and outcome indicators and achieved its targets to a satisfactory degree (and over-achieved target N1 and P1).

WP9. KAP/B survey and pilot intervention on innovative strategies and interventions.

Task 1. KAP/B Survey

	1. Process indicators
R	Questionnaire to assess the acceptability, feasibility and foreseeable impact of innovative strategies distributed among clients of CBVCTs and website users in participating countries. *Result: Done* **Target achieved**
S	Number of interviews with key stakeholders from different European countries, with a target of at least 2 interviews per participating country. *Result: In all participating countries far more than 2 interviews were obtained (see note)* **Target achieved**

Concerning S1: They were not face-to-face interviews but an online tool. In seven of the eight participating countries between 19 and 43 interviews were obtained, and in Spain alone 514. The total number obtained was 737.

WP9, task 1 performed all tasks described in the process, output and outcome indicators and achieved all of its targets (and over-achieved targets R2 and S1).

Task 2. Interventional study

	1. Process indicators
T	Number of people accepting the oral test, with a target of at least 250 per participating country and a total of 3500. *Result: In 3 countries the target of 250 was met, in the other 3 countries it was not met.* *Total number of participants: 3201 (see note)* **Target not achieved**
U	Questionnaire to assess the acceptability and feasibility of the outreach intervention distributed among individuals accepting to use oral test in each participating country, with a target of at least 6 countries. *Result: Questionnaire distributed in 3 countries.* **Target not achieved**

Concerning indicator T1: Neither the target of 250 testers per country nor the total of 3500 have been met. Regarding the target of 250 per country, the WP-leader has suggested that miscommunication with the lab in one of the countries and budgetary problems were among the causes for not reaching the target.

Regarding the target of 3500, the WP-leader has stated that the main reason for not reaching the target was that two large countries (France, Germany) withdrew.

The WP-leader has stated that this minor under-achievement (target is reached by more than 90%) has not reduced the quality of the results of WP9.

Concerning indicator U1: The indicator refers to the acceptability questionnaire. This questionnaire was only distributed in three of six participating countries. The WP-leader has stated that the main reason for not achieving the target in 3 countries was technical problems with the website.

WP9, task 2 did not achieve the target of indicator U1 which reduces the total achievements regarding assessment of acceptability. Feasibility, however, has been demonstrated in the outreach intervention.

The other tasks described in the process, output and outcome indicators and the targets of them have been achieved to a satisfactory degree (and targets T2 and U2 have been over-achieved).

Output evaluation

Please use the indicators set out in the Grant Agreement
Provide concrete numbers for the indicators
Please discuss the numbers in relation to the target and your specific objectives

INDICATORS

WP4. Standardised data collection and analysis from a European network of CBVCT services for monitoring and evaluation.

Task 1. The impact of the 'A guide to doing it better in our CBVCT centres' developed by the HIV-COBATEST project.

	2. Output indicators
A	Cartography of dissemination of the Guide to doing it better drawn up. *Result: Done (see note)* **Target achieved**
B	Grid for self-evaluation finalised. *Result: Done* **Target achieved**
C	A list of themes is produced, identified from the self-evaluation groups, relevant for adjusting the Guide to doing it better. *Result: Done* **Target achieved**
D	Revised version of the Guide to doing it better published. *Result: Done* **Target achieved**

WP4, task 1 performed all tasks described in the process, output and outcome indicators and achieved all of its targets (and over-achieved target C1).

Task 2. Guidelines for Monitoring and Evaluation (M&E) CBVCT

	2. Output indicators
E	Number of CBVCT services in the HIV-COBATEST network which have committed to participate in data collection for WP4 by M10 and submitted 'level one' M&E data for the last data collection period (M28-M33) by M36 / Number of CBVCTs, members of the HIV-COBATEST network, that committed to participate in data collection for WP4 by M10, with a target of 60%. *Result: Numerator (by M36): 31. Denominator (by M10): 37. 31 / 37 = 84%.* **Target achieved**

WP4, task 2 performed all tasks described in the process, output and outcome indicators and achieved all of its targets (and over-achieved target E2).

WP5. Follow up and longitudinal analysis of clients attending MSM Checkpoints

	2. Output indicators
F	Number of Checkpoints enrolled in the prospective study that have reported data to the main partner based on the protocol of the study at least once by M35 / Number of Checkpoints enrolled in the prospective study, with a target of 75%. *Result: 17 / 17 = 100%* **Target achieved**

WP5 performed all tasks described in the process, output and outcome indicators and achieved its targets to a satisfactory degree (and over-achieved target F2).

WP6. Description and improvement of different approaches of linkage to care for HIV/STIs among MSM in Europe.

	2. Output indicators
G	The interview guide is pilot tested. *Result: Done* **Target achieved**
H	A list of themes is produced, identified from the questionnaires, relevant for structuring the practical guide for linkage to care in MSM Checkpoints. *Result: Done* **Target achieved**
I	A list of themes is produced, identified from the interviews, relevant for structuring the practical guide for linkage to care in MSM Checkpoints. *Result: Done* **Target achieved**
J	A list of themes is produced, identified from the interviews, relevant for structuring the practical guide for linkage to care in MSM Checkpoints. *Result: Done* **Target achieved**

WP6 performed all tasks described in the process, output and outcome indicators and achieved all of its targets (and over-achieved target H1).

WP7. Development of a Toolkit for implementation and evaluation of MSM Checkpoints

	2. Output indicators
K	Objectives and outline of the toolkit developed at the experts' meeting. *Result: Done* **Target achieved**
L	Number of managers of CBVCT services that attended the training session, with a target of at least 25. *Result: 27 participants from 13 countries* **Target achieved.**
M	Indicator N/A

Concerning M1-M3: Indicators M1-M3 regarding a training session in Romania is no longer relevant because that training session was cancelled and resources reallocated to the training session in Ljubljana.

WP7 performed all tasks described in the process, output and outcome indicators and achieved all of its targets (and over-achieved targets K1 and L3).

WP8. Rapid assessment on access to HIV testing and care for migrant populations in Europe.

	2. Output indicators
N	
O	A list is produced of themes, identified from the focus groups on the use of testing, meaning of testing and perceived facilitators and barriers to HIV screening and linkage to care of migrants in the participating countries. *Result: Done* **Target achieved**
P	A list is produced of themes, identified from the interviews on the use of testing, meaning of testing and perceived facilitators and barriers to HIV screening and linkage to care of migrants in the participating countries. *Result: Done* **Target achieved**
Q	Number of migrants who completed the questionnaire, with a target of at least 50 migrants per participating country. *Result: In 3 of the 6 participating countries less than 50 respondents were obtained, in 3 countries (many) more than 50 respondents were obtained (see note)* **Target not achieved**

Concerning indicator Q2: A total of 457 respondents (vs. the stipulated minimum of 300) was obtained (with a range between 6 and 257 per country and an average of approx. 75). The WP-leader has stated that not reaching the stipulated number of respondents in three countries has had no significant implications for the quality of the study (see 3rd Year Evaluation Report for details).
WP8 performed all tasks described in the process, output and outcome indicators and achieved its targets to a satisfactory degree (and over-achieved target N1 and P1).

WP9. KAP/B survey and pilot intervention on innovative strategies and interventions.

Task 1. KAP/B Survey

	2. Output indicators
R	Number of individuals who completed the questionnaire, with a target of at least 50 clients of CBVCTs and 50 website users per participating country. *Result: In each of the 9 participating countries (many) more than 50 website user respondents were obtained with a total of more than 11.000 respondents (see note)* **Target achieved**
S	A list is produced of themes, identified from the interviews on the acceptability of different innovative testing strategies and the potential role that CBVCT services could play in home- and self-testing. *Result: Done* **Target achieved**

Concerning R2: The target of 50 CBVCT clients is irrelevant because the strategy of data collection changed and this part of data collection was given up.
WP9, task 1 performed all tasks described in the process, output and outcome indicators and achieved all of its targets (and over-achieved targets R2 and S1).

Task 2. Interventional study

	2. Output indicators
T	Number of individuals tested that get the result through the secure website or during a face-to-face consultation in a CBVCT service, with a target of 65%. *Result: 2520 / 3201 = 79%* **Target achieved**
U	Number of individuals that complete the questionnaire / Number of individuals accepting to use oral test, with a target of 90% *Result: 100% of participants filled in the questionnaire* **Target achieved**

Concerning indicator U2: The indicator refers to the questionnaire about sociodemographic, behavioural and previous HIV-testing data of the participants which must be filled in in order to be able to participate.

The other tasks described in the process, output and outcome indicators and the targets of them have been achieved to a satisfactory degree (and targets T2 and U2 have been over-achieved).

Outcome evaluation

Please use the indicators set out in the Grant Agreement
Provide concrete numbers for the indicators
Please discuss the numbers in relation to the target and your specific objectives

INDICATORS

WP4. Standardised data collection and analysis from a European network of CBVCT services for monitoring and evaluation.

Task 1. The impact of the 'A guide to doing it better in our CBVCT centres' developed by the HIV-COBATEST project.

	3. Outcome indicators
A	
B	
C	Summary of suggested good practices and recommendations from all performed self-evaluation groups that contributes to improve the Guide to doing it better. *Result: Done* **Target achieved**
D	General guide for self-evaluation in CBVCTs published. *Result: Done* **Target achieved**

WP4, task 1 performed all tasks described in the process, output and outcome indicators and achieved all of its targets (and over-achieved target C1).

Task 2. Guidelines for Monitoring and Evaluation (M&E) CBVCT

	3. Outcome indicators
E	Final M&E Report published on the Euro HIV-EDAT website by M39. *Result: Done* **Target achieved**

WP4, task 2 performed all tasks described in the process, output and outcome indicators and achieved all of its targets (and over-achieved target E2).

WP5. Follow up and longitudinal analysis of clients attending MSM Checkpoints

	3. Outcome indicators
F	Number of MSM who are enrolled in the cohort and have answered the baseline questionnaire by M21, with a target of 3000. *By M21 approx. 1200 men had been enrolled (see note)* **Target not achieved**

Concerning indicator F3: The target was not met by M21, but by M28 3120 men had been enrolled, and by M36 a total of 4171. Reasons for the delays in enrolment have been explained in the annual evaluation reports. Among the measures taken by the WP-leader to overcome the deficit were recruitment of a much larger number of CBVCTs and extension of the study period. The WP-leader has stated that it will be possible to reach the five research objectives of this WP (with the possible exception of estimating HIV-incidence), and that the final sample size is sufficient to reach the specific objective of WP5.

WP5 performed all tasks described in the process, output and outcome indicators and achieved its targets to a satisfactory degree (and over-achieved target F2).

WP6. Description and improvement of different approaches of linkage to care for HIV/STIs among MSM in Europe.

	3. Outcome indicators
G	The interview guide is finalised by M11. *Result: Done (see note)* **Target achieved**
H	Summary of suggested good practices and recommendations from all submitted questionnaires that contributes to the development of the practical guide for linkage to care in MSM Checkpoints. *Result: Done* **Target achieved**
I	Summary of suggested good practices and recommendations from all performed interviews that contributes to the development of the practical guide for linkage to care in MSM Checkpoints. *Result: Done* **Target achieved**
J	Summary of suggested good practices and recommendations from all performed interviews that contributes to the development of the practical guide for linkage to care in MSM Checkpoints. *Result: Done* **Target achieved**

Concerning G3: In the 1st Amendment to the Technical Annex of the EDAT project it was decided to postpone the deadline beyond M11.
WP6 performed all tasks described in the process, output and outcome indicators and achieved all of its targets (and over-achieved target H1).

WP7. Development of a Toolkit for implementation and evaluation of MSM Checkpoints

	3. Outcome indicators
K	
L	Number of managers of CBVCT services that attended the training session that find the training session interesting and useful / Number of managers of CBVCT services that attended the training session, with a target of 85%. *Result: Satisfaction rate was above 99%* **Target achieved**
M	Indicator N/A

Concerning M1-M3: Indicators M1-M3 regarding a training session in Romania is no longer relevant because that training session was cancelled and resources reallocated to the training session in Ljubljana.
WP7 performed all tasks described in the process, output and outcome indicators and achieved all of its targets (and over-achieved targets K1 and L3).

WP8. Rapid assessment on access to HIV testing and care for migrant populations in Europe.

	3. Outcome indicators
N	
O	Summary of suggested good practices and recommendations from all performed focus groups that contributes to the development of the Guide of best practices to improve earlier testing and care among migrant populations in Europe. *Result: Done* **Target achieved**
P	Summary of suggested good practices and recommendations from all performed interviews that contributes to the development of the Guide of best practices to improve earlier testing and care among migrant populations in Europe. *Result: Done* **Target achieved**
Q	Summary of suggested good practices and recommendations from the data obtained from the survey that contributes to the development of the Guide of best practices to improve earlier testing and care among migrant populations in Europe. *Result: Done* **Target achieved**

WP8 performed all tasks described in the process, output and outcome indicators and achieved its targets to a satisfactory degree (and over-achieved target N1 and P1).

WP9. KAP/B survey and pilot intervention on innovative strategies and interventions.

Task 1. KAP/B Survey

	3. Outcome indicators
R	Summary of suggested good practices and recommendations from the data obtained from the survey that contributes to the development of the Recommendations for the implementation of innovative HIV testing strategies among different populations. *Result: Done* **Target achieved**
S	Summary of suggested good practices and recommendations from the data obtained from all performed interviews that contributes to the development of the Recommendations for the implementation of innovative HIV testing strategies among different populations. *Result: Done* **Target achieved**

WP9, task 1 performed all tasks described in the process, output and outcome indicators and achieved all of its targets (and over-achieved targets R2 and S1).

Task 2. Interventional study

	3. Outcome indicators
T	Number of individuals that order sampling kits to repeat the oral test / Number of individuals that have been offered the possibility to repeat the test, with a target of 25%. *Result: 601 / 1555 = 39% (see note).* **Target achieved**
U	Summary of suggested good practices and recommendations from the data obtained from the survey that contributes to the development of the Implementation Manual for an integrated strategy for HIV testing using outreach and web based techniques. *Result: Done* **Target achieved**

Concerning indicator T3: Only in one of the participating countries (Belgium) the possibility of ordering a sampling kit was offered. Therefore, the result has been

calculated among Belgian participants. The WP-leader has stated that the number of persons who ordered a sampling kit cannot be calculated exactly, because the number 601 refers to the number of sampling kits ordered, and in some cases the same person could have ordered more than one kit. However, the WP-leader has stated that this fact might only lead to a small over-calculation.

The other tasks described in the process, output and outcome indicators and the targets of them have been achieved to a satisfactory degree (and targets T2 and U2 have been over-achieved).

Discussion in relation to project objectives

Did you achieve your objectives?
Please state clear reasons, why you think you achieved and/or did not achieve the project's specific and general objectives!
Please support your arguments with objective numbers and verifiable sources!

We can affirm that the consortium achieved the planned objectives.

Objective 1: To monitor and evaluate community based voluntary HIV counselling and testing (CBVCT) services in Europe.

During 2015 and 2016 the community based voluntary HIV counselling and testing activities of the 41 CBVCT services/networks, 39 from the COBATEST network, were monitored and evaluated. Data from a total of 168,409 clients tested for HIV in those CBVCT services/networks was collected and sent to the Main Partner and the WP4 leader following the instructions included in the Guidelines for Data Collection for Monitoring and Evaluating CBVCT for HIV in the COBATEST Network. These guidelines were prepared and disseminated to all members of the COBATEST network and published on the project website by M9, as planned:
(https://eurohivedat.eu/arxius/ehe_docsmenu_docsmenu_doc_106-20131101_D03_00_OTH_1_EN_PS.PDF)
Two brief interim reports with data on M&E indicators were prepared by WP4 leader and distributed to the participating CBVCT services. The Final report titled"Estimates of core indicators for monitoring and evaluation of community based voluntary counselling and testing (CBVCT) for HIV in the COBATEST network" was published on the project website in M39, as planned:
https://eurohivedat.eu/arxius/ehe_docsmenu_docsmenu_doc_141-Final_report_WP4_Euro_HIV_EDAT_2015_and_2016_FINAL.pdf
The results of the COBATEST Network were also published in two scientific articles:
Fernàndez-López L, Reyes-Urueña J, Agustí C, Kustec T, Klavs I, Casabona C; COBATEST Network group. The COBATEST network: a platform to perform monitoring and evaluation of HIV community-based testing practices in Europe and conduct operational research. AIDS Care. 2016;28 Suppl 1:32-6. doi: 10.1080/09540121.2016.1146218. Epub 2016 Feb 17.
L Fernàndez-López, J Reyes-Urueña, C Agustí, T Kustec, M Serdt, I Klavs, J Casabona and the COBATEST Network group. The COBATEST network: Monitoring and Evaluation of HIV community-based practices in Europe, 2014-2016. HIV Medicine (in press).
The results were also presented at several international conferences and relevant meetings (See pages 63-67).

Objective 2: To identify determinants for HIV test seeking behaviour and sexual risk behaviour among MSM in Europe.

A cohort of seronegative for HIV MSM was established (COBA-Cohort). This cohort collects common data among 4,145 HIV-negative MSM attending 17 community-based voluntary counselling and testing (CBVCT) services in 6 countries. The participating CBVCTs were: Positive Voice (Greece); Association AIDES (France); Lila Milano (Italy), AIDS-Fondet (Denmark); GAT (Portugal) and Legebitra (Slovenia). All these CBVCTs are members of the COBATEST Network of CBVCTs. BCN Checkpoint (Spain) and Aidshilfe(Germany) droped off during the study period.

The protocol of the cohort was published in 2016: Lorente N, Fernàndez-López L, Fuertes R, Rojas Castro D, Pichon F, Cigan B, Chanos S, Meireles P, Lucas R, Morel S, Slaaen Kaye P, Agustí C, Klavs I, Platteau T, Casabona J; Euro HIV EDAT Study Group. COBA-Cohort: a prospective cohort of HIV-negative men who have sex with men, attending community-based HIV testing services in five European countries (a study protocol). BMJ Open. 2016 Jul 13;6(7):e011314. doi: 10.1136/bmjopen-2016-011314.

A report was published with the main results of the COBA Cohort Study; it is available at (https://eurohivedat.eu/arxius/ehe_docsmenu_docsmenu_doc_162-Final_report_WP5_Euro_HIV_EDAT.pdf). The report describes the patterns of CBVCT use in MSM, identifies determinants of HIV/STI test seeking behaviour in MSM, assesses the HIV infection incidence rate in MSM, identifies potential risk factors for seroconversion in MSM and describes determinants for sexual risk behaviour in MSM.

The results were also presented at several international conferences and relevant meetings (See pages 63-67).

Objective 3: To describe and to improve approaches of linkage to health services for HIV/STI among MSM in Europe.

A report titled "Description and improvement of different approaches of linkage to care for HIV among MSM in Europe" was published. This report included: 1) The results of a mapping of current linkage to care strategies in Europe. 2) The results of a qualitative study where CBVCT managers and health care professionals in seven countries (Denmark, France, Spain, Germany, Slovenia, Portugal and Rumania) were interviewed describing the cooperation between the CBVCTs and the health care system, capturing difficulties and challenges but also successes and the context for these. 3) The results of a survey addressed to MSM with experience of having a reactive HIV-test in a CBVCT and later linked to care also. 4) The results of interviews conducted with MSM about their experiences of having a reactive HIV-test in a CBVCT and later being linked to care. The report is available at: https://eurohivedat.eu/arxius/ehe_docsmenu_docsmenu_doc_127-EURO_HIV_EDAT_WP_6_Data_Report_FINAL.pdf

Based on the results of this report, the guide titled "Optimal linkage to care among MSM: a practical guide for CBVCT's and Points of Care" was published (https://eurohivedat.eu/arxius/ehe_docsmenu_docsmenu_doc_128-20131101_D05_00_OTH_1_EN_PS.pdf). Translations to Catalan, Spanish, German, French, Portuguese and Slovenian are available. The practical guide was integrated in the platform of the Toolkit for the Implementation and evaluation of Checkpoints for MSM.
The results were also presented at several international conferences and relevant meetings (See pages 63-67).

Objective 4: To improve the implementation and evaluation of CBVCT services specifically addressed to MSM in Europe.

A Toolkit to support NGOs that recently established or want to start a CBVCT Service/Checkpoint for MSM was developed. It provides the main information needed for planning and operating a Checkpoint and/or to assure the quality of services. It can also be used as a systematic self-evaluation-tool. The Toolkit is published on www.msm-checkpoints.eu and www.eurohivedat.eu.
The Toolkit draft was developed by an expert and agreed upon in the Working Group. Based on this the Toolkit content was written by the expert. The Toolkit was evaluated in a training workshop in Ljubljana with participants from recently funded Checkpoints from all over Europe. Videos from the workshop were integrated in the published Toolkit. The Toolkit website was designed and programmed and the content transferred. Translations into Catalan, Spanish, German, French, Portuguese, Slovenian, Romanian and Russian were conducted and integrated in the platform. A map with MSM Checkpoints with (Sept 2017) 111 Checkpoints was integrated.
The results were also presented at several international conferences and relevant meetings (See pages 63-67).

Objective 5: To describe HIV testing patterns and to identify barriers to testing and care among migrant populations in Europe.

National reports providing a state of the art on the issue of migrants, HIV and access to test and care in each of the 6 participating countries (Slovenia, Portugal, Denmark, Belgium, Spain and France) were developed. After that, a qualitative study and a quantitative study were implemented to describe the use, barriers, meaning and impact on the access to HIV screening and linkage to care of migrants in six European countries.
The results of the National reports are available at: https://eurohivedat.eu/arxius/ehe_docsmenu_docsmenu_doc_115-National_Reports_Synthesis_WP8_Euro_HIV_EDAT_Finale_version.pdf. A Report titled "Access to HIV testing and linkage to care for migrants in Europe: Qualitative study

report" (https://eurohivedat.eu/arxius/ehe_docsmenu_docsmenu_doc_118-Euro_HIV_EDAT_WP8_Qualitative_data_analysis_130217.pdf) was published. Based on both documents the "Guide to best practices to improve early testing and care among migrant populations in Europe" was developed and published (https://eurohivedat.eu/arxius/ehe_docsmenu_docsmenu_doc_133-20131101_D07_00_OTH_1_EN_PS.pdf). This guide defines some key elements of an effective HIV testing and care programme for migrant populations. Best practice guidelines should help to address perceived barriers to testing and build on facilitators identified in community based research. Translations into Catalan, Spanish, German, French, Portuguese and Slovenian were conducted and integrated in the platform of the Toolkit for the Implementation and evaluation of Checkpoints for MSM.
The results were also presented at several international conferences and relevant meetings (See pages 63-67).

Objective 6: To assess acceptability and feasibility of innovative strategies and interventions aimed at increasing HIV counselling and testing.

A KAB/P study on the implementation of innovative HIV Testing strategies conducted among MSM and stakeholders was implemented. The objective of the study was to evaluate the acceptability and foreseeable impact of innovative testing strategies, aimed at promoting early diagnosis based on the opinion of potential users and stakeholders. The study had two sub studies: 1) The potential users study: an online survey among men who have sex with men recruited online. 2) The stakeholders study: an online study among key stakeholders involved in the diagnostic process.
A report titled: "KAB/P study on the implementation of innovative HIV Testing strategies: Main results of a study conducted among MSM and stakeholders. Final Report" was published. It is available at: https://eurohivedat.eu/arxius/ehe_docsmenu_docsmenu_doc_154-Final_Report_KABP_study_on_the_implementation_of_innovative_HIV_testing_strategies.pdf . Based on these results "Recommendations for the implementation of innovative HIV testing strategies in Europe" were published. They are available at: https://eurohivedat.eu/arxius/ehe_docsmenu_docsmenu_doc_155-20131101_D08_00_OTH_1_EN_PS.pdf .
On the other hand, a pilot intervention to assess the acceptability and feasibility of an outreach intervention for HIV testing among MSM and migrants and Online Communication of Test Results was implemented in 6 European countries (Belgium, Spain, Portugal, Denmark, Rumania and Slovenia). Two websites to delivery test results and post test counselling were developed (www.swab2know.eu and www.lapruebaencasa.com). They were translated to the languages of the participating

countries. An implementation manual for an integrated strategy for HIV testing using CBVCT, outreach and web based techniques was developed. It is available at: **Swab2know: Manual for the development and implementation of an HIV testing approach using outreach and home sampling strategies and online communication of HIV test results.** https://eurohivedat.eu/arxius/ehe_docsmenu_docsmenu_doc_160-Euro_HIV_EDAT_Deliverable_Manual_WP9_2_V2_0_FINAL.pdf

Both the recommendations and the implementation manual integrated in the platform of the Toolkit for the Implementation and evaluation of Checkpoints for MSM.

The results were also presented at several international conferences and relevant meetings (See pages 63-67).

Major results and key findings

Please shortly summarise the major results of this project
Please shortly summarise the key findings and messages

WP4:

This WP had two different tasks:

- Task 1. A qualitative and a quantitative study has been implemented to describe the impact of the "A guide to do it better" developed by the COBATEST project. Coordinated by AIDES.
- Task 2. Standardised data collection and analysis of CBVCT activities of the services members of the COBATEST network. Coordinated by NIJZ.

WP4 Task 1:

A qualitative and a quantitative study to describe the impact of the "A guide to do it better" developed by the COBATEST project were implemented. A self-evaluation process allowed to evaluate the appropriateness of the COBATEST guide "to do it better in our CBVCT centre", to identify barriers and facilitators for the implementation of good practices in the participating CBVCT, and finally to improve the guide. A survey to evaluate the dissemination of the guide was performed among Associated and Collaborating partners and CBVCT members of the COBATEST network. The guide was mainly disseminated in the year of its publication (2012). The main mode of dissemination used, in the organizations as well as externally, was the email. Only few particiapating CBVCTs organized a presentation of the guide. Main reasons given were the lack of time and inadequate local. In addition to the analysis of the questionnaire, a research of web posting about the Guide "To doing it better" was done. Few HIV-related websites leads to the Euro HIV EDAT website. We highlight: AIDS Action Europe website.

The Associated Partners performed a process of self-evaluation. The self-evaluation allowed to identify the shortcoming and to exchange with the team about the good professional practices. A new tool for self-evaluation was developed. This tool should allow implementing the continuous improvement of quality because it supports reflection on practices and opens the dialogue within the team. The "Guide to do it better in our CBVCTs" was updated and this self evaluation tool for CBVCTs was included. The self-assessment tool provides a standard to assess whether or not the adequate professional practices -- as outlined in the guide, "To do better in our CBVCT centres" --are being implemented. The tool was translated to Catalan, Spanish, German, French, Portuguese and Slovenian. The tool is available on the project website (https://eurohivedat.eu/arxius/ehe_docsmenu_docsmenu_doc_119-Guide_ToDoItBetter_EnglishVersion_FINAL_01032017.pdf) and it is included in the Toolkit for implementation and evaluation of checkpoints for MSM (www.msm-checkpoints.eu).

WP4 Task 2:

The draft for the Deliverable titled "Draft Guidelines for Data Collection for Monitoring and Evaluation of Community Based Voluntary Counselling and Testing (CBVCT) for HIV in the COBATEST Network" was prepared by Irena Klavs and Tanja Kustec (NIJZ) in close collaboration with Laura Fernàndez-López (ICO-CEEISCAT, Spain). The guidelines were discussed with the members of the WP4-T2 working group and other participants at the workshop in Antwerp on 10th and 11th December 2014.

The final Guidelines for Data Collection for Monitoring and Evaluation (M&E) of Community Based Voluntary Counselling and Testing (CBVCT) for HIV in the COBATEST Network (the deliverable of the WP4) were published on the project website www.eurohivedat.org) and distributed to all COBATEST network members and beyond in December 2014 as planned.

Data submitted to NIJZ and/or ICO-CEEISCAT for the period 2015 and 2016 were analysed at the NIJZ. Two interim reports were prepared: in July 2016 and February 2017.

The final report "Estimates of core indicators for monitoring and evaluation of community-based voluntary counselling and testing (CBVCT) for HIV in the COBATEST network: Final report, Data for 2015 and 2016" was published in June 2017 according to planned timeline on the project web site: (https://eurohivedat.eu/arxius/ehe_docsmenu_docsmenu_doc_141-Final_report_WP4_Euro_HIV_EDAT_2015_and_2016_FINAL.pdf). It was also distributed to all members of the COBATEST network and some other CBVCT services or networks that contributed the data for 2015 and/or 2016.

The NIJZ received data for 2015 and/or 2016 from 39 CBVCT services/networks, members of the COBATEST network, from 14 European countries (Austria, Chez Republic, Croatia, Denmark, France, Germany, Italy, Latvia, Lithuania, Poland, Portugal, Slovenia, Spain and Ukraine). In addition, data were also submitted by the Spanish BCN and Swiss Checkpoints (Basel, Bern, Geneva, Lausanne and Zurich). The objective was to develop and implement standardized procedures for Monitoring and evaluation of CBVCT activities.

The estimates for core CBVCT M&E indicators according to the data submitted for the year 2015 and 2016 varied between different CBVCT services/networks.

The total number of clients tested for HIV with a screening test in 37 CBVCT services/networks that submitted data to NIJZ or CEEISCAT for the year 2015 was 95,493 and for the year 2016, in 38 CBVCT services/networks 72,916.

With the exception of three, all CBVCT services/networks submitted complete information on HIV screening test result for 2015 and 2016. The proportion of clients with HIV reactive screening HIV test result varied between individual CBVCT services/networks from 0% to 5.7% in 2015, the respective mean was 1.7% and the median 1.3%. For 2016, the proportion of clients with HIV reactive screening HIV test result varied between individual CBVCT services/networks from 0% to 8.4%, the respective mean was 1.8% and the median 1.3%.

Numerous CBVCT services/networks had not submitted information on confirmatory testing of clients with reactive screening HIV test results and few CBVCT services/networks submitted information needed for estimating successful linkage to care. Anecdotal evidence suggested that some CBVCT services/networks (e. g. Catalan CBVCT services Network) may have such information, however the data entry using a COBATEST web-based approach is conducted before such information becomes available.

Only four different CBVCT services/networks submitted information on cost per client tested for HIV for both years and only one on cost per one HIV infection diagnosed. Since some CBVCT services/networks also perform other services in addition to HIV counselling and testing (e.g. comprehensive STI-testing, STI treatment and HIV treatment at Swiss Checkpoints), it would be a challenge to try to estimate the cost of the service per client tested for HIV only..

For individual participating CBVCT services/networks, the estimates for CBVCT M&E indicators presented in this report provided an opportunity to compare their own performance to that of other CBVCT services/networks within the COBATEST network, which may have contributed to the improvement of their own service, if considered necessary.

Caution is necessary when interpreting this data, as these CBVCT M&E estimates are not representative of all CBVCT testing going on in Europe. However, our results confirm the

feasibility of systematically collecting information on CBVCT for HIV, the usefulness of the CBVCT M&E indicators developed in the COBATEST Project as well as the potential use of such data for monitoring an evaluation CBVCT for HIV at regional and national level.

WP5:

By the end of the Euro HIV EDAT study period, 4,276 MSM were enrolled in the COBA-Cohort (until 30th June in Greece and Italy, until 31st March in the other participating sites). After cleaning the database, removing incomplete questionnaires and individuals not meeting the inclusion criteria, the final sample size of the cohort was 3,976 MSM.

Overall, 28% of the sample had at least one follow-up visit, and among these, the median time in follow-up varied from 4 to 6 months for the 3 sites who started enrolling in 2016, and from 8 to 11 months for those who started enrolling in 2015.

WP6:

The qualitative and quantitative studies showed the following key findings:

Linkage to care:

When the CBVCTs have knowledge of a confirmatory HIV-test, a very high number of people tested in a CBVCT are linked to care. The knowledge of the level of linkage to care is less impressive when the CBVCT does not have knowledge of a confirmatory HIV-test following the reactive test in CBVCT.

Getting reliable information on success or failure of linkage to care is a problem in most countries because of confidentiality issues.

A little more than half of the CBVCTs receive information about the result of the confirmatory test although this information is often *informal*.

Linkage of MSM to care

No specific problems in linking MSM to care from CBVCTs were observed. A number of more general barriers to linkage to care that were not specifically related to the MSM group were detected: Reference to a HIV-unit far away from where client lives; Being underage (young people can't get tested without parents' consent) ; Possibility that HIV-unit refuses to accept HIV+ clients because the hospital department is overcrowded.

Experience from CBVCT and health care system

Having a close coordination between the CBVCT and the health care system was important for a successful linkage to care. Both health care professionals and the CBVCT managers assessed the cooperation between CBVCTs and the health care system as very good and efficient.

Clients' experience

Most clients with a reactive HIV test were helped with a specific appointment at the HIV-unit and linkage to care was arranged quickly. Nine out of ten clients had an appointment with the health care system within two weeks.
Participating clients described the referral practice between CBVCTs and the health care system as very good and efficient.

WP7:

A Toolkit to support NGOs that recently established or wanted to establish a CBVCT Service/Checkpoint for MSM was developed. The Toolkit was published on www.msm-checkpoints.eu and it has been translated to Catalan, Spanish, German, French, Portuguese, Slovenian, Romanian and Russian.
It is structured in 6 major chapters:

- Operating a Checkpoint
  - Regulatory and legal framework
  - Financial viability and sustainability
  - Participation
  - Collaboration
- CBVCT services and Organizational Needs
  - Infrastructure
  - Materials
  - Human Resources
  - Monitoring and Evaluation
- Counselling and Linkage to Care
- Communication
- Advocacy
- Quality Improvement and Innovation

The Toolkit got excellent feedback after its publication, from checkpoints as well as from experts and users. It was rated very helpful for establishing new checkpoints and approving the quality of services of existing checkpoints. Feedback showed that it was not only useful for checkpoints that serve MSM, but also for other types of CBVCTs.

WP8:

National reports showed that legal definitions and representations varied greatly from one country to the other. The term "migrant" in this project was associated to the definition provided by the Council of Europe: "any person who lives temporarily or permanently in a country where he or she was not born, and has acquired some significant social ties to this country".

Sub-Saharan Africans (SSA) represented on a European scale the more vulnerable or most-at-risk migrant population for HIV, and Latin America and the Caribbean (LAC) the second most vulnerable. Indeed, in 2014, in Europe, four in ten people diagnosed with HIV were migrants and four in ten migrants were from Sub-Saharan Africa and one and a half were from Latin America. Thus, SSA migrants are a relevant target group for this project in all participating countries such as LAC migrants for Spain and Portugal.

A significant diversity existed within the EU Member States regarding policy and legal frameworks for access to healthcare and HIV services. Among our panel countries, half of the country's associated partners (Denmark, Germany, Slovenia and Spain) provided for no more than emergency services for irregular migrants (with some exceptions regarding some specific categories of irregular migrants like pregnant women or under-18).

Therefore, these countries did not provide access to anti-retroviral treatment for asylum seekers and irregular migrants except Spain which implemented a specific legislation regarding infectious disease. However the other half (Belgium, France and Portugal) entitled irregular migrants to access health care including anti-retroviral treatment on equal grounds as nationals. Regarding this last one, the associated partners reported that administrative procedures can often constitute a barrier for migrants to enjoy their entitlements.

The qualitative and quantitative studies confirmed that migrants constituted a disproportionately affected group for HIV infection.

In terms of access to healthcare, even when they were entitled to healthcare coverage, migrants often face structural difficulties preventing them from benefiting from effective healthcare coverage.

In terms of access to HIV/AIDS prevention, treatment and care, HIV testing was commonly offered anonymously and free of charge, none of our panel countries restricted access to ART for regular migrants and for irregular migrants ART access differed widely from a country to another.

Despite the availability of testing and care, they are not always effective and accessible for migrants faced a large number of social, financial, cultural, psychosocial and linguistic obstacles. These barriers, real or perceived, might be either related to the care providers or system, and/or to the migrants themselves.

WP9

This WP had two different tasks:

- Task 1. KAP/B survey on innovative strategies and interventions
- Task 2. Interventional study to assess the acceptability and feasibility of outreach testing activities and web based delivering test result

WP9. Task 1:

Nine thousand five hundred and sixty two potential users and 737 stakeholders were recruited.

The main results of the *potential users study* were:

Self sampling:

Knowledge about the existence of self-sampling kits was reported by 25.5% (from 18.8% in Spain to 47.2% in Belgium) and past use by 1.1% (n=69) (from 0.3% in Greece to 8.9% in Belgium). Almost seven in ten (from 62.1% in Spain to 82.1% in Romania) reported that they would have used a self-sampling kit had it already been available. Some 70.8% (from 59.1% in Greece to 79.9% in Portugal) reported that they would prefer to receive their result through a non-face-to-face method.

Self-testing

Knowledge about the existence of self-testing was reported by 21.1% of the respondents (from 11.1% in Romania to 30.6% in Belgium). Past use was reported by 2.7% (from 0.1% in Romania to 4.5% in Germany) of the participants. Some 77.7% (from 69.8% in Germany to 88.3% in Portugal) reported being in favour of self-testing. Approximately sixty percent of the participants (60.3%) reported that they would be willing to pay 25-30 Euros for a self-test. However, among respondents in Portugal and Romania this percentage was <50% (41.7% and 47.2% respectively). The percentage of participants reporting that they would have used a self-test had it already been available was of 76.4% (from 70.3% in Belgium to 91.3% in Romania).

Rapid testing

Having undergone a rapid test in the past was reported by 20.7% of the respondents, 58.1% of which were carried out in the last 12 months (21.4% in the last 3 months). CBOs/NGOs were the most frequently reported site of last rapid testing episode occurrence across all countries (48.2%), with the exception of Belgium and Romania, where Sexual health clinics (52.6%) and Healthcare settings non-specialized in HIV/STIs (31.7%) respectively, were the most reported sites. Primary care (24.5%) was identified as the preferred setting to seek for a rapid test by respondents from Belgium (37.8%) and Germany (32.7%); CBOs/NGOs (22.5%) was the preferred site for respondents from Denmark (33.3%), Portugal (38.2%) and Slovenia (37.8%); Sexual health clinics (19.3%) were the favourite setting for Greek (28.1%) and Spanish participants (28.8%); whereas the private laboratory was the preferred setting for participants living in Romania (25.3%).

Patterns of use, least and most preferred testing options

If all testing options were available, 42.3% of the participants would mainly use one testing option and occasionally would choose a second one. This was the most common pattern of use of testing options across all countries with the exception of Slovenia where

35.4% of the respondents would only use one testing option. Self-testing (31.8%) was the preferred testing option across all countries with the exception of Greece and Romania, where conventional testing at a sexual health clinic was the preferred testing option (29.7% and 28.9% respectively).

Regarding the stakeholders study:

Self sampling

Knowledge about the existence of self-sampling was reported by more than 60% of all stakeholders, with the exception of healthcare professionals from countries from South EU (52.2%), Spain (33.9%) and stakeholders working in CBOs in South EU countries (54.3%). The majority of DM/PHP from North EU (71.4%) and central EU (66.7%), healthcare professionals from north EU (63.9%) and Spain (54.2%) as well as CBO professionals from North EU (75.7%) and Central EU (50%) reported a favourable personal position towards self-sampling. DM/PHP from South EU (50%) and Spain (53.8%), healthcare professionals from South EU (63.6%) and central EU (57.1%) as well as CBO professionals from Spain (56.9%), reported "not being sure" about their personal position. Except DM/PHP and CBO professionals from South EU countries, the majority of all other stakeholders thought that the population they serve would have used self-testing if already available (from 51.5% in Spanish CBO members to 80.0% in North EU DM/PHP). The majority of all stakeholders - from 55.3% in Spanish CBO members to 87.5% in Central EU CBO members- considered that individuals from their target population would prefer a non-face-to-face method to receive a negative test result. If the test was to come back positive, stakeholders thought that people would prefer a face-to-face method (from 50.0% in North European DM/PHP to 87.5% in South European DM/PHP). The majority of all stakeholders –from 50.0% in South EU DM/PHP and Central EU CBO members to 83.3% in Central EU DM/PHP and South EU health care professionals- considered that the approval of self-sampling would lead to a slight-moderate increase of testing frequency among MSM.

Self testing

The knowledge about the existence of self-testing kits was well above 60% mark (from 66.7% in Central EU DM/PHP to 100% in South EU DM/PHP) among all the stakeholders surveyed, with the exception of healthcare professionals from countries from South EU (42.9%) and Spain (32.2%), and stakeholders working in CBOs in South EU (45.5%). A favourable position towards self-testing was reported by the majority DM/PHP in North EU countries (46.2%) and Spain (55.2%); health care professionals in North EU (60.0%) and Spain (67.5%) and CBO professionals from North EU (59.4%) and Central EU (54.5%). Among the rest the most common position was "not being sure". All stakeholders thought that the population they work with would not be willing to pay 25-30 Euros for a self-test, with the exception of DM/PHP from countries in central EU

(50%), health care professionals from North EU countries (62.1%) and CBO professionals also from North EU (50%). With the exception of DM/PHP from South EU (countries), the majority of all other stakeholders thought that the population they serve would have used self-testing if already available (from 54.5% in Central EU CBO members to 89.7% in North EU health care professionals). Across all regions, the majority of DM/PHP, healthcare and CBO professionals considered that, if available, self-testing would lead to a slight/moderate increase of the testing frequency among MSM (proportions ranged from 43.8% in Central EU health care professionals to 83.3% in Central EU DM/PHP). The exception to this rule was observed among DM/PHP and CBO workers from South EU countries who thought that it could lead to a substantial variation (88.9% and 60% respectively).

Rapid testing

According to a proportion of between 60% and 100% of all stakeholders, having used a rapid test in the past has made people more or much more likely to use it again in the future. The majority (between 50% and 100%) also reported that past use of a rapid test has made people more or much more likely to increase their testing frequency. Almost all stakeholders identified CBOs/NGOs as the site that their target population would choose to undergo a rapid test (percentages ranged from 36.4% to 71.4%), with the exception of DM/PHP from Central EU who identified Sexual health clinics and healthcare settings not-specialized in HIV/STIs (40% each), healthcare professionals from North EU who identified Sexual health clinics (55.6%) and Spanish healthcare professionals who identified primary care as the favourite setting to seek for an HIV test (41.3%).

WP9. Task 2:

Two websites to delivery test results and post test counselling were developed (www.swab2know.eu and www.lapruebaencasa.com). They were translated to the languages of the participating countries. An implementation manual for an integrated strategy for HIV testing using CBVCT, outreach and web based techniques was developed. It is available at: https://eurohivedat.eu/arxius/ehe_docsmenu_docsmenu_doc_160-Euro_HIV_EDAT_Deliverable_Manual_WP9_2_V2_0_FINAL.pdf.

The manual includes detailed information for the development and implementation of an HIV testing approach using outreach and home sampling strategies and online communication of test results. The following phases were defined: Development, preparation, implementation and evaluation. The annexes include: The swab2know protocol, the manual for field workers, the standard procedures for the use of Genscreen and for human IgG determination, instructions for the use of DPP rapid tests and the messages that are communicated to participants.

Regarding the pilot intervention, in the reporting period (01/09/2015 – 30/09/2017), 3,802 tests were executed. Whereas some people participated more than once (using an online testing approach), the number of unique participants is somewhat lower than the number of tests. In total, 3,201 people participated in the swab2know study. Members from different key populations participated in the project: MSM (n=2,368, 73.9%), Migrants (n=408, 12.7%), female sex workers (n=367, 11.6%), and male sex workers (n=58, 1.8%). Participants stemmed from Belgium (n=1555, 48.6%), Denmark (n=202, 6.3%), Portugal (n=207, 6.5%), Romania (n=134, 4.2%), Slovenia (n=250, 7.8%) and Spain (n=853, 26.6%).

	Female sex workers	Male sex workers	Migrants	Men who have sex with men	Total (%)
ITM (BE)	0	58	228	1269	1,555 (48,6)
AIDS Fondet (DK)	0	0	45	157	202 (6,3)
CEEISCAT (ES)	160	0	135	558	853 (26,6)
GAT (PT)	207	0	0	0	207 (6,5)
ARAS (RO)	0	0	0	134	134 (4,2)
Legebitra (SL)	0	0	0	250	250 (7,8)
Total	**367**	**58**	**408**	**2368**	**3,201 (100)**

Of 3,201 participants, 34 (1.0%) were newly diagnosed with HIV. These were participants with a reactive test result, and confirmed HIV positive test using state of the art testing protocols. They were also previously unaware of their HIV-positive status. Those who were aware were excluded from this analysis.

Proportion of new diagnoses with HIV: with a proportion people newly diagnosed with HIV above 1%, the yield was far beyond 0.1%, the internationally agreed cut-off point for cost-effectiveness of an HIV testing approach.

There were also some participants with a false reactive result. A test result was catalogued as false reactive, if a reactive (or weak reactive) test result was confirmed HIV negative on a blood sample. The vast majority (n=51) of false reactive test results stemmed from weak reactive test results, but some occurred after an initial reactive result (n=10). Most of the latter false reactive results could be attributed to issues with the tests executed in the laboratory.

Target groups and added value

How does the target group(s) benefit from this project?
Please describe the added value of the project for the EU citizen.
Which added value has the EU co-funding given to the project?

Target groups:

The target entities of the project were CBVCT programmes and services participating in the already existing European network (COBATEST network) (WP4), as well as some of

the largest CBVCTs specifically to MSM (Checkpoints) in Europe (WP 5, 6 and 7). Since in Europe there are few available data about HIV testing access and patterns among migrants, civil associations specific addressed to migrants/ethnic minorities were the target of WP8. To insure scientific rigour as well as implementation commitment from Public Health administrations both academic and Public Health departments were also included in the project. The main target groups of the Toolkit were: Organizations that want to start/establish a Checkpoint for MSM and Existing MSM-Checkpoints that want to assure and/or to improve their quality.

The target population of the project were the most-at-risk groups and vulnerable groups, taking into account epidemiological (core groups) and structural criteria (social vulnerability): Objective 1: MSM, IDU, MIGRANTS, SWs, YOUTH, other; Objective 2-4: MSM; Objective 5: MIGRANTS; Objective 6: MSM, IDU, MIGRANTS, SWs, YOUTH, other. Finally, apart from HIV, both Syphilis and HCV, two of the pathological entities with the major burden of disease among MSM and other vulnerable groups were targeted in the project.

Added value:

The importance and the added value of community-based research must be highlighted. Such kind of research projects, involving community health workers and researchers in the whole process of the study implementation is particularly relevant and allows producing valid scientific data.

The Euro HIV EDAT project:

1) Was based on strong epidemiological evidence.

2) It fell within priorities of the European Health Program.

3) It was built on the experience of HIV-COBATEST Project.

4) It was interdisciplinary at all levels of planning and implementing.

5) It included NGOs with extensive field experience and public health experts with strong scientific background.

6) Had insured communication with previous EU projects like BORDERNET Project and Eurosupport6.

7) Had established synergic relationships with other initiatives like OptTEST Project, Correlation network and Civil Society Forum who will helped on dissemination of the project across European NGOs.

8) The PI of the project and WP9 leaders are members of the SC of HIV in Europe, ensuring coordination with projects implemented from this initiative.

9) ECDC, UNAIDS and WHO were part of the Advisory Board helping to avoid duplication with other initiatives, as well as an efficient dissemination of the results.

10) Knowledge generated from the project will inform both policy makers and executers.

11) Implementation data generated from the project will be useful for scaling up across Europe.
12) The project contributed to consolidate alliances between NGOs and GO.
13) Results will have political incidence to improve and harmonize policies aimed at facilitating access to diagnosis and care for HIV.
14) The operational research component contributed to the emerging areas of implementing and program sciences.
15) Home testing is a polemic issue already approved in US, UK, France and Portugal; although not normalized in Europe, most likely it will during next years. Assessing its impact, will help to reduces potential side effects.
16) Social networks and new technologies were incorporated as innovative concepts to be used as both outreach strategies and information delivery tools for providing results and counselling. They have been proven as effective; these strategies could be easily scaled up and exported to other countries, having a relevant impact in the provision of care across Europe.
17) As spine off of these strategies new IT development applications can be identified.

Specific added value WP7: The Toolkit was not only useful for Checkpoints for MSM, but also for all other CBVCT services, no matter for which target groups. The Toolkit can also be used for the annual planning for Checkpoints.

Specific added value WP9 Task1: The work carried out in the context of WP9-task 1, has represented a great opportunity to gain knowledge on several aspects of the three diagnostic strategies assessed: self-testing, self-sampling and rapid testing. The collaboration of the associated partners has made it possible to gather information from 8 different countries simultaneously. They identified the most efficient ways of recruiting both potential users and stakeholders. Without the context of the project it would have been difficult to establish this network to recruit participants from 8 countries.
Given the high burden of HIV in the MSM population in Europe, the WP9 Task1 has targeted this population. The deliverables that have been produced (report & recommendations) are accessible for everyone but they were designed with decision makers/public health professionals, advocates and other professionals that want to get an overview of all three diagnostic options in order to guide future decisions about their implementation. Additionally, the future collaboration with AIDES and INSERM will provide the opportunity to assess the differences between a country where self-testing has been legal for some time with a number of countries where it was not at the moment of the data collection.

Further use of the project results

How could the project results best be further used?
How can policy makers use the project results?
How can health professionals and/or public health professionals use your project results?
How can patients/citizens best use your project results?
Which further dissemination activities would be necessary for that?

WP4

Task 1: The dissemination of the updated version of the Guide to do it better and the implementation of the self evaluation process in the CBVCT services will allow improving their voluntary counselling and testing activity. The included best practices and recommendations in the Guide are easily applicable for other infections as STIs and viral hepatitis.

Task 2: CBVCT services/networks need to increase and consolidate collaboration with organisations responsible for coordinating national or regional HIV surveillance and monitoring and evaluation in their respective countries or regions to be able to obtain estimates for some of these CBVCT M&E indicators.

The «Estimates of core indicators for monitoring and evaluation of community based voluntary counselling and testing (CBVCT) for HIV in the COBATEST network" was presented at the Dublin Declaration Advisory Group Meeting, ECDC, Stockholm, 16-17th October 2017. It was agreed (in plenary) that 2 indicators will be included into the Dublin questionnaire:

- Screening HIV test reactivity rate at CBVCT services in member states.
- Percentage of new HIV diagnoses in member states with the 1st reactive screening HIV test at CBVCT service AND asking for both of these questions in addition to the overall data also for the data stratified by key population groups.
- Furthermore ECDC is very interested in including the COBATEST network data into analyses of the Dublin Declaration monitoring report.

A subset of indicators for monitoring and evaluation of CBVCT activity will be identified and adapted to assess the impact of the European Testing Week (ETW) related to HIV, viral hepatitis and STIs testing and linkage to care, as part of the actions undertaken in WP6 of the INTEGRATE Joint Action. The title of this WP is "Monitoring and evaluation to HIV, STIs and HCV testing and linkage to care". This WP aims to describe methods and drivers/barriers for integration of testing and linkage to care data on HIV, sexually transmitted infections (STIs) and viral hepatitis from European healthcare settings and CBVCT services; and to support the integration of testing and linkage to care data from CBVCT services into national surveillance and monitoring and evaluation systems on HIV, STIs and hepatitis C virus. This WP is built on the experience of HIV-COBATEST and Euro HIV EDAT projects.

WP5

The WP5 results will be particularly useful to better know the dynamic of HIV among MSM in Europe, but also for CBVCT services to better know the problems and needs of their clients. The COBA-Cohort is a good platform to implement further research studies being the only collaborative group of 6 seronegative MSMS cohorts across Europe. The collaboration allows comparisons between European countries and can provide datasets to address novel research questions. The COBA-Cohort was included in the application for an Operating Grant lead by AIDS Action Europe to ensure its sustainability.

WP6

We envisage that the findings of WP6 (Linkage to care) will be beneficial to the INTEGRATE Joint Action (specifically WP 5 and 6), which will in part also focus on linkage to care. Also the work of ECDC to define a proxy for linkage to care may benefit from the findings of WP6 of the Euro HIV EDAT project.

WP7

The future of the Toolkit in its existing form is secured for the next years by Aidshilfe NRW. We also work on solutions for the future development and extension of the Toolkit and its content. The Toolkit was already used and implemented by checkpoints in all over Europe. The user statistics with around 2,700 unique visitors per month show a stable high interest in the Toolkit and its tools. As we work intensely on the sustainability and future development of the Toolkit the further use in the future will be secured.

The Toolkit is not only useful for checkpoints for MSM, but also for all other CBVCT-services, no matter for which target group. The Toolkit can also be used for the annual planning for checkpoints.

WP8

The key elements of an effective HIV testing and care programme for migrant populations included in the Guide developed by WP8 of Euro HIV EDAT can be adapted for other infections sexually transmitted infections, viral hepatitis and tuberculosis. The best practices and recommendations included in the Guide could benefit to the WP2 of the INTEGRATE Joint Action titled "Policy development and sustainability" that aims to develop and implement pilot actions for the monitoring of patient experience in testing and linkage to care among people newly diagnosed and living with HIV, hepatitis and/or TB to support potential uptake of best practice and evidence-based policy recommendations.

WP9

Task1: Both the report and the recommendations have been made available in the Euro HIV EDAT website. They have also allowed us to obtain a dataset that will be used for more specific analyses that will be published in scientific journals. Furthermore, the obtained results will be useful for the WP5 of the INTEGRATE Joint Action titled WP5 - Integrating testing and linkage to care of STIs/HIV/viral Hepatitis/TB. This WP includes actions undertaken to facilitate the expansion of HIV home/self-testing and home sampling programmes in Europe.

Task 2: The HIV testing strategy based on outreach activities and online communication of test results (WP9 Task 2) has been shown as acceptable and cost effective for diminishing the size of the hidden epidemic. Therefore, we hope to sustain the offer of outreach oral fluid testing with a delayed communication of test results via online tools, and hope to expand the approach with online ordering of packages (home sampling). We are also convinced that the approach may benefit from adding tests for other sexually transmitted infections, such as chlamydia, gonorrhoea and syphilis.

The Swab2know intervention could be taken into account as a good example for the WP7 of the INTEGRATE Joint Action. The objective of this WP is to improve the use of ICT tools in combination prevention (the integration of biomedical, behavioural and structural interventions) by adapting and piloting innovative information and communication technology programs, with the objective to broadly disseminate and deliver HIV, STIs, hepatitis and TB prevention information, education and support to people belonging to groups most at risk and/or hard to reach (MSM, PWID, migrants, sex workers) and to secure prompt linkage to care.

Major problems and lessons learned

Which major problems did the project face?
Were these problems addressed in your Risk analysis and contingency planning?
Were these problems unforeseen?
How did you handle them?
Which lessons did you learn from organising this project?

WP4 Task 1:

The WP leading team changed several times in 2015. This problem didn't allow ensuring proper monitoring of the work package. The turnover of the contact persons in each participating CBVCT also affected the action. There have been communication issues n between the WP leader and the participating Associated partners (incomplete mailing lists, not enough reminders, unclear working group deadlines). The different deadlines have not been respected particularly regarding the organization of self-evaluation sessions in the participating CBVCT services. There has been lack of feedbacks on the

drafts distributed among the members of the working group. The deadlines concerning the translation of the Guide to do it better and its inclusion in the online platform of the toolkit (WP7) have not been respected.
The former WP leader was replaced, in December 2015. This leader stayed until the end of project allowing ensuring the good process of the project. The new WP leader allowed a slight shift of the deadlines and understandood and respected the specific challenges of each participating organization. Regarding to the deadlines several reminders were done.

WP4 Task 2:
The WP leader, NIJZ, underestimated the amount of work required to analyze the data of the COBATEST Network. It was a difficult task. Important delays occurred in the delivery of the interim reports due to the low response of some CBVCT services, the high variety of the quality of the data received and the sick leave of the person in charge of the analysis in NIJZ. Concerns on these delays were expressed by the SC and the Project Officer and it was suggested to remove one interim report and to assure the compliance of the planned deadlines in the pending interim and Final Report. The secong interim report and in the final report were delivered in time.

WP5:
Delays were experienced in WP5, mainly for two reasons:

- The difficulty to obtain ethical clearance in several countries: it took almost one year for France, and it was not possible in Germany (the ethical committee requested a physician in the venues where the study was implemented, which was not possible in those community-based structures) so they had to leave the WP5
- The field work preparation, the study implementation was more time-consuming than initially thought: protocol staff training, data collection tools translations, questionnaire change for the partners already running a cohort, when the CBVCT staff had to present/propose the study participation to all eligible MSM, to enter the data from the questionnaires on the web-based data collection tool, etc.

There were some discrepancies with one of the initially participating checkpoints (HISPANOSIDA). After several discussions and not having reached an agreement they left the WP5. The SC and the Project Officer from CHAFEA were duly informed. The decision was approved by the SC as well as by the Project Officer. This change was included in the 2nd Amendment to the Grant Agreement sent to the CHAFEA in November 2015. The withdrawal of one of the biggest sites (BCN Checkpoint) from the WP5 made WP5 leader concerned regarding the possibility to reach a final sample size that would be large enough to address all the WP5 specific objectives. A new associated partner,

POSITIVE VOICE, from Greece, was added to the project, to take over the role of HISPANOSIDA in WP5. Later on, Lila Milano from Italy was also added to the WP5.
As mentioned above, obtaining the ethical clearance in each country was one of the main encountered problems. This should be taken into account for next study implementation in community-based organizations.
The implementation of tablet-based questionnaires in the participating CBVCTs considerably reduced the workload of the staff.

WP6:
There were a few delays in this WP due to staff changes in the Danish AIDS-Foundation in two rounds, both in January 2015 and in October/November 2016 which affected the work of this WP. A Field Coordinator, Anders Dahl, was hired to carry out the interviews, the survey, the report and the deliverable. After engaging Anders Dahl only short delays occurred.

WP7:
The major encountered problems were organizational problems were solved within the project frame. Feedback from the workgroup partners was not always fast to get, which could be solved by telephone conferences on important project steps and regular e-mail-reminders. The inclusion of the texts and the different translations into the web platform was consuming more time and resources than expected. A challenge will still be the sustainability, but we are working on solutions and we invested into the future of the Toolkit also on own resources.
Coordination of the Toolkit process took longer than expected, feedbacks were often quite slow. Personnel problems resulted in severe delays, which could be solved afterwards. Of the two planned training workshops only one was conducted, mainly for budget reasons but also due to staff changes and low response in ARAS (Romania). The budget of the project was also crucial as the development costs rose higher due to project changes (e.g. development of the content by an expert instead of the project group).
Personnel change led to optimized project coordination. It was important for the project that the new coordinator, Matthias Kuske, had experience and knowledge in Checkpoints and their services to solve the limitations that occurred. The Toolkit content was developed by an expert instead of members of the Working Group as they had no sufficient resources to perform this task. The budget issues were solved by a higher co-budgeting by Aidshilfe NRW.

WP8:

At the beginning of the project, WP leaders decided to use a qualitative approach, called "Rapid Assessment Process" (RAP). This method is defined as intensive, team-based qualitative inquiry using triangulation, iterative data analysis, and additional data collection to quickly develop a preliminary understanding of a situation from the insider's perspective. But this method appeared too complex to implement. It was decided to use a more classical approach.

The migrant populations of Germany and Slovenia appeared as very specific with specific characteristics. It was decided to not perform the qualitative study in these countries. This decision had the approval of the SC.

For the quantitative study, a minimum of 50 respondents was fixed in the protocol. However, in 3 participating countries, less than 50 respondents were enrolled. WP leaders pointed to the fact that on average approximately 75 respondents were recruited per country with a total of 457. This was sufficient for statistical analysis as the aim was not to make comparisons.

WP9 Task1:

There was limited funding for the data collection process. Funding available for data collection was complemented with additional funding provided the ISCIII research group.

The KAB/P survey overlapped with one performed in France in the same period in which AIDES was also involved "V3T VIH: Teste_Toi-meme" (V3T study). It not only overlapped in time but also in terms of some of the study aims and study population. An additional partner (Positive Voice, Greece), that initially was not included in WP9 Task1, was incorporated. The V3T study and WP9-task 1 teams reached to an agreement of sharing French data. To do so, a number of questions from the questionnaire used in France were incorporated and adapted. However, the ethical committee of the French Agence Nationale de Recherche sur le Sida et les Hépatites Virales (ANRS) did not allow including French data on the report of this WP. It was agreed to prepare a combined publication once V3T and Euro HIV EDAT projects have already published their main results separately. This will a) probably reach a greater audience b) produce results of higher scientific value and c) establish a potential future line of collaboration with AIDES, INSERM and ANRS.

There were delays in the translation of the questionnaire (related to the overlap issue with the French study) and the identification of national regional websites for recruitment of participants. There were low degree of response from some partners and deadlines were not always met sometimes because the staff in charge of tasks of several Associated Partners changed and was not notified to WP leaders. Constant

communication was of key importance. These delays did not affect reaching the milestone on time.

Difficulties to recruit on-site participants were encountered. The working group was unsuccessful in the on-site recruitment of people attending CBVCT. Several recruitment procedures were designed to get people to participate but the sample size was very low. It was decided to increase the sample size of the participants recruited through dating websites.

WP9 Task2:

There were considerable delays in the planned schedule of WP9 Task2. These delays were caused by three major reasons: Internal issues at ITM: the person allocated to the project for the design of the website, was absent due to major health issues for many months. Finally, he was resigned from ITM and he was replaced by a colleague. Also, staff changes in the organization caused a minor delay. External issues with website developer: ITM was working with an external company for website development. The responsible developer suffered from serious health issues, also causing a delay. Whereas the materials were delivered later, and activities started later among most participating sites, the question raised whether the targets (in terms of number of executed tests for each partner) could be reached. The working group agreed to extend the recruitment period until June 30th (6 extra months) in order to leave enough time to participating partners to achieve the targets. Partners were closely supported where possible by ITM and CEEISCAT.

Other problems related to WP9 Task2 were staff changes in the participating partners, a workshop to train the field workers and the laboratory staff was done in December 2014. When the recruitment started many of the involved workers of many associated partners changed and they did not receive the training. That hindered the implementation of the pilot intervention. It was solved through the development of a detailed manual for field workers that was distributed among the participating partners and bilateral contacts with the WP leader and the partners.

In Romania, 6 HIV reactive results of 103 tests performed (5,8%) where confirmed negative. The central laboratory of the study in ITM contacted the Romanian laboratory to find an explanation and to prevent such a high proportion of false positive results.

Future recommendations

What would you do different, if you would plan this project with your knowledge of today?
Which recommendations can you give to other project coordinators?

With our knowledge of today:

- We would implement earlier in the project the periodical WP leaders teleconferences. These TCs have been very useful to update the status of al WPs and allowed the coordination among WPs.
- We would allocate more resources in the budget for the organisation of more face-to-face meetings during the implementations period. Three SC meetings were planned and two extraordinary SC meetings were organised, not having specific budget for these meetings made impossible fro some o the Associated Partners to attend.
- We would also allocate more resources in the budget for the dissemination of the project; this would allow us to publish newsletters of the project more frequently and to publish the scientific articles with the project results in open access journals.

The most important recommendation that we can give to other project coordinators is the same recommendation that our Project Office gave us in Luxemburg during the Kick Off meeting of the project: "If you fail to plan, you are planning to fail". This quote by Benjamin Franklin means that planning is the key for success. Project coordinators and WP leaders should invest efforts and time in planning the activities, the calendars, the reporting, the internal and external communication and the evaluation.

Other recommendation that we believe is essential is to involve community organisations in all phases of the project implementation, that means in the conceptualization, design, performance, results discussion, development of the reports/guidelines/toolkits, dissemination of the project results and evaluation. This allows taking into account from the design different sensibilities from different key populations, sexual orientations and policy contexts. No strategies and programs addressed to specific key populations should be developed by any researcher/policy maker without the full and direct participation of members of the group(s) affected by those strategies and programs.

Specific recommendations of each WP:

WP4 Task 1:

The updated Guide to do it better has the potential of improving the practices of the CBVCT services giving examples of best practices and promoting the implementation of a self-evaluation process in these centres. The major recommendation is to work hard in

the dissemination of the Guide. Efforts are asked to all Partners in order to disseminate the Guide at European and national level.

WP4 Task 2:

Although the suggested indicators were designed to help CBVCT services/networks to assess and to improve the quality of their own services, data for a few selected M&E indicators, could be considered for M&E CBVCT as a part of national HIV testing and counselling programmes. Such indicators are: screening HIV test reactivity rate, proportion of clients with positive confirmatory HIV test result and proportion of clients with confirmed HIV infection linked to health care.

In addition, such indicators could be included into monitoring European efforts to increase early diagnosis and linkage to care. Inclusion of some such indicators into monitoring Dublin declaration was already discussed with representatives of the European Centre for Disease Prevention and Control (ECDC).

To obtain meaningful estimates for all CBVCT M&E indicators from data submitted in disaggregated format, it is important to submit as complete data as possible for all respective variables (questions) in the future data collection rounds.

Necessary resources should be invested in quality control to identify gaps and specific local needs in the data collection and data management procedures, so that data completeness and quality is improved.

As information about the proportion of clients with confirmed HIV infection successfully linked to health care is very valuable, all CBVCT services/networks that currently do not collect such information, might want to explore possibilities to obtain such information, for example from facilities to which their clients with positive HIV screening test result are referred to for HIV confirmatory testing and/or health care.

Capacity building on data collection and quality issues is needed.

WP5:

Obtaining the ethical clearance in each participating country was one of the main encountered problems. This should be taken into account for next studies implementations in community-based organizations.

As mentioned before, the implementation of tablet-based questionnaires in the checkpoints participating in the cohort considerably reduced the workload of the staff; the use of technology hence needs to be generalized when feasible in order to make study implementation easier in community-based settings.

WP6:

Is necessary to develop a definition of linkage to care that will be also usable for CBVCT.

Evidence should be generated to show that CBVCTs in Europe are performing highly successful job in providing cost effective HIV testing finding high proportion of HIV positive individuals. CBVCTs contribute to a large degree in finding the undiagnosed, but in many countries the work of CBVCTs is invisible in the surveillance systems. Community based voluntary counselling and testing activities should be integrated in the formal surveillance systems at national level and also at a European level.
In general, linkage to care of MSM from CBVCTs in the 6 countries we have examined is highly effective. Further work regarding structural barriers hindering optimal linkage to care needs to be undertaken.

WP7:
Sustainability of the Toolkit should be planned as early as possible and also be part of the original project plan and proposal. It was crucial for the development of the Toolkit as well as the sustainability to have a good contact, overview and contacts to other European projects and partners.

WP8:
It is recommended to extend health coverage for migrant populations in Europe by removing the condition of residency and cumbersome administrative requirements, by preventing their being reported to immigration services.
Best practice guidelines for setting up an effective HIV testing and linkage to care programme for migrant populations. The following key elements are suggested for an effective HIV testing and care programme among migrant populations:

- Reaching migrant populations by developing a relevant communication strategy, relying on intermediaries such as social/cultural mediators and implementing innovative intervention strategies.
- Offering adapted HIV services to promote HIV testing and care tailored to the specific needs of migrant populations.
- Promoting CBVCT programmes with HIV rapid testing alongside pre- and post-test counselling. Exploring the use of innovative testing methods that enable outreach activities. Favouring community-based staff.
- Strengthening linkage to care and improving retention in care of migrant populations, notably by promoting cooperation between statutory healthcare services and CBVCTs, and by involving migrant populations in the care process to make it more collaborative and adapted to the clients' needs.

WP9 Task1:

Given the favourable position towards self-testing expressed by MSM, the high potential use in this group and that the price does not seem to be a determinant barrier, we recommend that national regulations and guidelines should urgently incorporate this methodology as a diagnostic option to reduce the number of individuals who remain undiagnosed. This is reinforced by the fact that, if available, self-testing would be the preferred testing option for MSM.

Self-sampling has also a high potential use since the majority of MSM from all 8 participating countries reported that they would have used it if already available. However, they do not consider it would occupy a central role in their testing habits if made available. Thus, we recommend its consideration as a future testing option that could probably complement already existing strategies.

The high prevalence of untested MSM residing in Romania and the low proportion that reported having ever undergone rapid testing suggests the need to develop MSM specific rapid testing programmes in the community and other settings to increase testing rates in this country.

WP9 Task2:

New technologies facilitate novel HIV testing approaches, and will need to be further developed in order to increase the uptake of HIV testing among key populations. Early adoption of new technologies and turning them into practice are crucial elements for researchers and health care providers to remain relevant and attractive for users they aim to reach.

A way to normalize HIV testing is shifting the testing service delivery towards a more convenient and accessible model for members of key populations. Apart from free and anonymous HIV testing for key populations in community or health care settings, the HIV self-sampling can be valuable in achieving this goal. The HIV testing approach described in the implementation manual developed by WP9 Task2 includes sample collection during outreach activities and a home-sampling approach for members from key populations. The results provided evidence for feasibility, and acceptance.

Innovative testing approaches by adopting the newest technology should guide the development of testing projects. Online activities, convenience and easiness to use will gain importance, and health care workers and community based organizations should follow this evolution.

Further remarks

Please state further remarks that you find noteworthy

On 15 September of 2017 the Spanish Government published an ordered to block the accounts of several different state enterprises and institutions in Catalonia including our institution FIGTP. This serious action obliged the Main Partner to follow an established procedure to be able to make all payments. In accord with this order the FIGTP cannot dispose of its finances and must ask permission for each movement of funds, this affects payment of bills, transfers, cash withdrawals, foreign payments, guarantees and financial deposits etc. All payments mainly related to the Final Conference were authorised by the Spanish Government and some delays occurred. This caused a delay in the reimbursements and in the preparation of the Final Financial Report. On November 13th 2017 an official request for a two months extension of the deadline of the Final Report was submitted to CHAFEA with the approval of all members of the SC of the project.