



# Democratizing HIV Testing and Linkage to Care through Community Checkpoints

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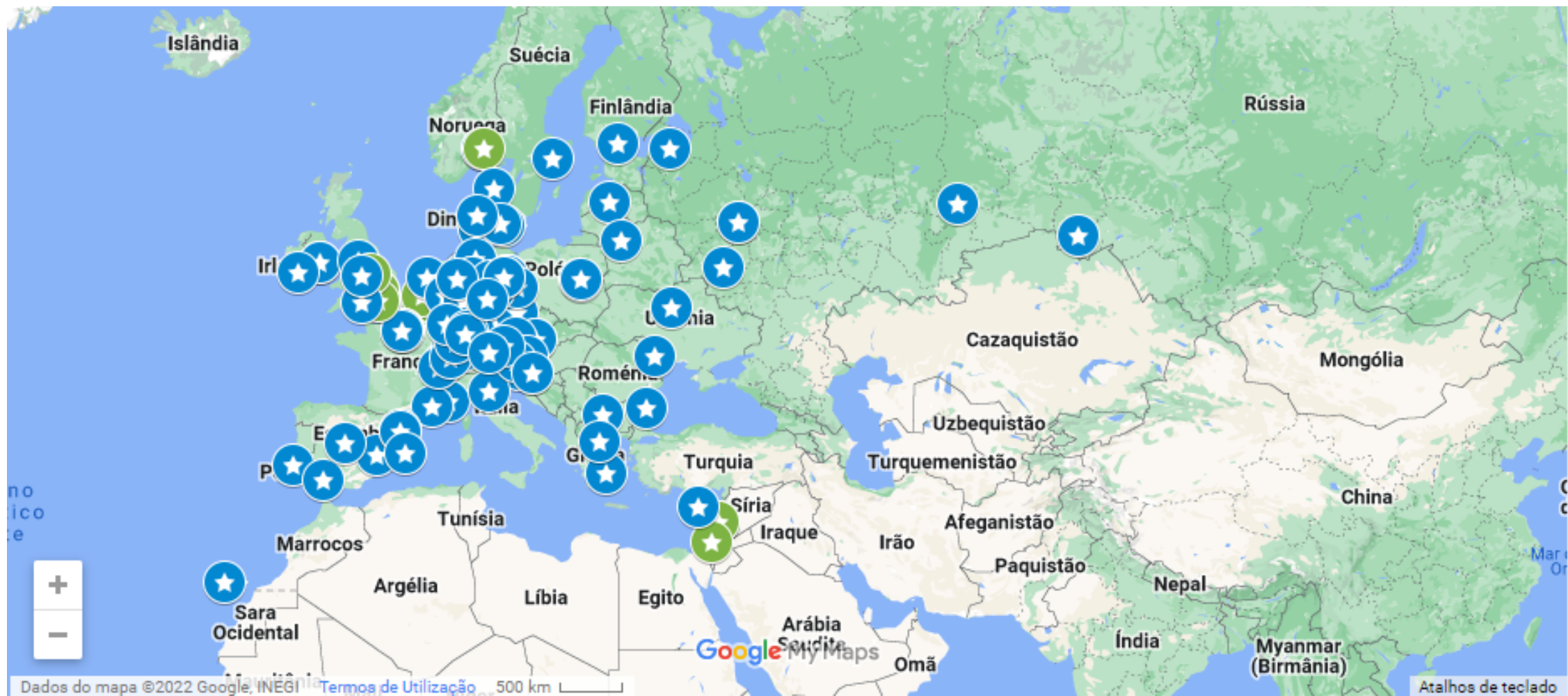


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Source: <https://www.msm-checkpoints.eu/content/pt/msm-checkpoints-in-europe/>

## Impact of Checkpoints on SLTC

increase the acceptability and uptake of rapid HIV testing among MSM  
(Campbell *et al.* 2018)

have high user satisfaction (Préau *et al.* 2016)

identify patients at an earlier stage of HIV infection than testing in clinical settings (Freeman- Romilly *et al.* 2017)

cost-effective in HIV detection (Perelman *et al.* 2016)





## What is a Checkpoint?

Nonclinical setting in a convenient urban location

Rapid testing provided by nonclinical healthcare staff and peers

Referral to and good partnership with specialized consultations



## Where did the *MSM* Checkpoints come from?

A successful pilot project called Checkpoint

Community response to HIV

Affiliated to associations of HIV activists/people living with HIV





## What do Checkpoints do?

HIV testing is used as a cornerstone node for access to HIV prevention  
Services tailored for HIV earlier detection and timely linkage  
Services are integrated  
Peers are enabled and involved  
Linkage to care and healthcare navigation is provided  
Strong partnerships are built

## High contribution, low public funding: Southern European Checkpoints' role in HIV detection in 4 countries

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## Result B: % of contribution of checkpoints to total number of new HIV diagnostics reported to ECDC

Checkpoints (country)	Column 1 % of country overall cases			Column 2 % of country cases in Men			Column 3 % of country cases in MSM			
	2015	2016	2017	2015	2016	2017	2015	2016	2017	
Aths and Thess (Greece)	23,45	15,19	19,72	26,49	22,18	24,42	28,54	38,06	43,49	≈37 in 100 MSM
BCN and Seville (Spain)	4,46	4,16	4,39	5,45	5,20	6,36	8,46	8,07	9,99	≈ 9 in 100 MSM
BLQ (Italy)	0,08	0,19	0,19	0,11	0,25	0,27	0,21	0,50	0,53	≈ 4 in 100 MSM
LX (Portugal)	8,04	7,30	8,68	10,82	10,40	14,84	20,66	20,63	29,16	≈23 in 100 MSM
<b>All checkpoints</b>	<b>4,73</b>	<b>4,01</b>	<b>4,41</b>	<b>6,06</b>	<b>5,20</b>	<b>6,35</b>	<b>10,30</b>	<b>9,17</b>	<b>11,26</b>	≈10 in 100 MSM



## Community-based voluntary counseling and testing services for HIV The economic argument

### AN ECONOMIC ANALYSIS OF CBVCT SERVICES WAS NECESSARY

The incidence of HIV among MSM has been increasing

Despite increasingly effective antiretroviral therapies, the number of HIV cases has not diminished among men who have sex with men (MSM) between 2004 and 2012, contrary to other transmission groups. Sex between men was also the first cause of new reported cases in Europe. Also, 36.7% of HIV-infected MSMs were detected at a late stage of the disease.

#### Early detection, diagnosis and treatment is a priority

Early detection of HIV, followed by early diagnosis and treatment, allows for a decrease in the risk of onward transmission, and for an increase in the life expectancy and the quality of life of people living with HIV (PLWHIV). It is a public health priority to increase the proportion of PLWHIV who are aware of their (positive) status, and link them to care.

#### CBVCT services represent an innovative strategy to increase early detection among MSM

Community-based voluntary counselling and testing (CBVCT) services have been implemented in several European cities, targeting MSMs. These services are non-clinical settings situated in convenient urban locations, using rapid testing provided by non-clinical healthcare staff and peers, with referral to and good partnership with specialized consultations.

#### CBVCT services have proven their effectiveness, but do they provide good value for money?

From several sides, it has been questioned whether CBVCT services, which achieved high rates of testing and counseling uptake, are cost-effective. Are additional costs of running CBVCT services worth it?

### SIX CBVCT SERVICES ACROSS EUROPE WERE ANALYZED

An economic study was performed in six CBVCT services from five European countries

We have collected retrospectively data from 6 CBVCT services, situated in Copenhagen, Paris, Lyon, Athens, Lisbon, and Ljubljana. Except for Ljubljana, all CBVCT services used rapid testing.

#### Comprehensive data on costs were collected for the year 2014

We have collected data on all resources used at all CBVCT services, namely on operating space, utilities, staff costs, test kits, capital costs, transportation, and communication.

#### Information on effectiveness was obtained for the year 2014

We have collected data on the number of HIV tests, number of HIV reactive tests, and number of HIV reactive tests successfully linked to care.

### MANY HIV CASES WERE DETECTED, AT A LOW COST

#### A high number of HIV cases have been detected

The annual number of HIV tests varied from 480 (Ljubljana) to 5,966 (Athens). The prevalence of HIV reactive tests varied from 0.6% (Lyon) to 3.2% (Lisbon). In line with values obtained in the literature for other CBVCT services.

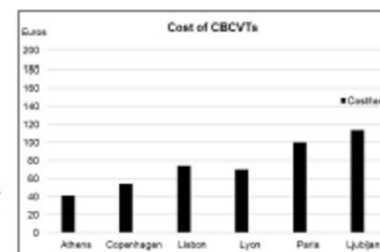
The linkage to care was above 80% in the four cities for which this information could be adequately collected.

#### We found a low cost per HIV test

The cost per HIV test varied from 41€ (Athens) to 113€ (Ljubljana) (figure 1), for a total cost varying from 54,390€ per year (Ljubljana) to 254,803€ (Athens).

#### We found a low cost per HIV reactive case

The cost per HIV reactive test varied from 1,966€ (Athens) to 9,065€ (Ljubljana). The scientific literature on this topic, mostly from the USA, points to values ranging from 1,391€ to 14,763€ per HIV reactive test in clinical and non-clinical settings.

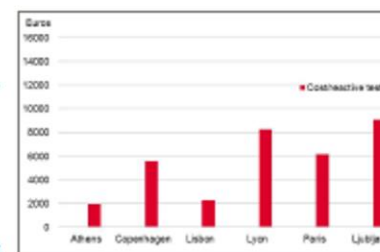


### CONCLUSION: AN EFFECTIVE AND LOW-COST STRATEGY

CBVCT services detect a high number of HIV cases at a relatively low cost across several European settings.

Peer testing and counseling reaches one of the most disproportionately-affected by HIV group, through integration in the community, use of less invasive methods, and the offering of supportive and non-judgmental approaches.

CBVCT services represent an effective and low-cost strategy for increasing the detection of HIV cases among MSM.



### POLICY IMPLICATIONS

CBVCT services have the potential to contribute to the public health objective of early detection of HIV, followed by early diagnosis and treatment.

There is evidence to pursue and reinforce the implementation of CBVCT services that often benefit from limited financial resources.

### FURTHER RESEARCH

The economic value of the CBVCT strategy should be measured in a longer-term perspective, integrating its impact on the HIV epidemics and on the quality of life and survival of early-detected patients. Future research should also try to find a way to differentiate on-site testing from outreach testing activities in order to be more accurate in the economic evaluation of testing costs.

Finally, although low costs have been observed, the affordability of the strategy must be evaluated in each country in the light of available budgets and future sustainability.

For more information: Perelman, J., Rosado, R., Amri, O., Morel, S., Rojas Castro, D., Chanco, S., ... Casabona, J. (2016). Economic evaluation of HIV testing for men who have sex with men in community-based organizations - results from six European cities. AIDS Care, 1-5. <https://doi.org/10.1080/09540121.2016.1271392>.



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# Checkpoints, helping democratize HIV SLTC

- Community-based testing
  - Peers-led testing
  - Self-testing / self-collection
  - Confirmatory HIV POC molecular testing onsite
- Multiple sites for testing
  - Fixed center
  - Outreach mobile units
  - Sex on-premises venues
- Demand generation
  - Word-to-mouth
  - Campaigns / advertising
  - Partner notification
- Referral to specialized consultations
  - Appointment booking
  - Escort to consultation site
  - Navigation on HIV-clinic premises
- Public health stakeholders
  - Accountability
  - Participation
  - Inclusion



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