Democratizing HIV Testing and Linkage to Care through Community Checkpoints

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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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¹Checkpoint LX - GAT, Lisbon, Portugal; ²BCN Checkpoint - Projecte dels NOMS Hispanoida,
Barcelona, Spain; ³Ath Checkpoint - Positive Voice, Athens, Greece; ⁴Thess Checkpoint - Positive
Voice, Thessaloniki, Greece; ⁵BLQ Checkpoint - Plus Onlus, Bologna, Italy; ⁶Sevilla Checkpoint -
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Result B: % of contribution of checkpoints to total number of new HIV diagnostics reported to ECDC

<table>
<thead>
<tr>
<th>Checkpoints (country)</th>
<th>Column 1 % of country overall cases</th>
<th>Column 2 % of country cases in Men</th>
<th>Column 3 % of country cases in MSM</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aths and Thess (Greece)</td>
<td>23,45</td>
<td>15,19</td>
<td>19,72</td>
</tr>
<tr>
<td>BCN and Seville (Spain)</td>
<td>4,46</td>
<td>4,16</td>
<td>4,39</td>
</tr>
<tr>
<td>BLQ (Italy)</td>
<td>0,08</td>
<td>0,19</td>
<td>0,19</td>
</tr>
<tr>
<td>LX (Portugal)</td>
<td>8,04</td>
<td>7,30</td>
<td>8,68</td>
</tr>
<tr>
<td>All checkpoints</td>
<td>4,73</td>
<td>4,01</td>
<td>4,41</td>
</tr>
</tbody>
</table>

=37 in 100 MSM
= 4 in 100 MSM
=23 in 100 MSM
=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 increas-
ing due to the rapid spread of HIV. In many countries, 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, 38.7% 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
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 counseling and testing
(CBVCT) services have been implemented in sev-
everal European cities, targeting MSM. These services are non-clinical settings situated in convenient urb
an locations, using rapid testing provided by non-
oclinical healthcare staff and peers, with referral
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 test-
ing 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 retrospective data from six
CBVCT services, situated in Copenhagen, Paris,
London, 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, util-
ities, 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 re-
active 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 cases varied from 460
(Ljubljana) to 5,965 (Athens). The prevalence of HIV
reactive tests varied from 0.8% (Ljubljana) to 1.2% (Los
Angeles), with values obtained in the literature for
other CBVCT services.

The linkage to care was above 60% 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 414 (Athens) to
$11,434 (Ljubljana) (Figure 1). For a total cost varying
from $54,390 per year in Ljubljana to $284,823 per
year in Athens.

We found a low cost per HIV reactive case
The cost per HIV reactive test varied from 1,966
(Athens) to 9,096 (Ljubljana). The average la-
terations on this topic, mostly from the USA, to val-
ues ranging from 1,369 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 set-
ing. Peer testing and counseling reaches one of the
most disproportionately-affected by HIV group,
through integration in the community, use of test
innovative 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 im-
plementation of CBVCT services, which often benef-
fit from limited financial resources.

FURTHER RESEARCH
The economic value of the CBVCT strategy
should be measured in a long-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
each country in the light of available budgets and future sustainability.
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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