

Building an HIV combination prevention services checklist to assess their availability and access by key populations

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SCOPE - Strategic Community HIV Prevention Empowerment

- Support community engagement for access to HIV combination prevention for inadequately served communities
- Develop and validate checklist of population-specific standards for the delivery of effective HIV combination prevention services, including testing
- Enable rapid community assessments of services at a local level
- Facilitate the identification of points for improvement
- Support advocacy efforts for upscaling and improving the quality of HIV combination prevention.

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Partners in building the Checklist

Eurasian Coalition on Health, Rights, Gender and Sexual Diversity (ECOM)

European Network of People who Use Drugs (EuroNPUD) "

European Sex Workers Rights Alliance (ESWA)

ILGA Europe;

ReShape / IHP / Chemsex forum,

Sex Workers' Rights Advocacy Network (SWAN);

Transgender Europe (TGEU)

SCOPE project community expert group





Process

October-November 2022

Meetings with key population networks:

- Agree on definition of combination prevention;
- key components for KP specific prevention services;
- Discuss critical issues to include

November-December 2022

- Produce draft checklists for review
- After revision, transfer checklists onto survey format

March 2023

- Feedback data to KP networks
- Adjust draft checklists according to survey responses and feedback received

April-May 2023

- First version of checklists shared for tests
- Finalised structured report

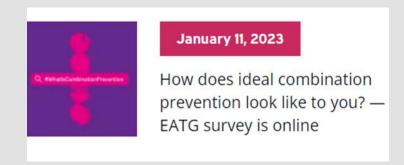




The Survey

- 24 Q, socio-demographic information, 9 sections:
 - Structural considerations/context in which services operate
 - 2. Sexual health services
 - 3. Support services
 - 4. Service delivery/way services are provided
 - 5. Transgender and gender diverse specific services
 - 6. Services for persons who use drugs
 - 7. Services for Chemsex users
 - 8. Services for Sex workers
 - 9. Services for migrants, mobile populations and displaced persons

- quantitative: rate relevance of each proposed standard or service
- qualitative: suggest important points missing for each of the sections



- EN, RU
- From 10/01 15/02/2023





Results

• 85 persons responded - from 26 countries,

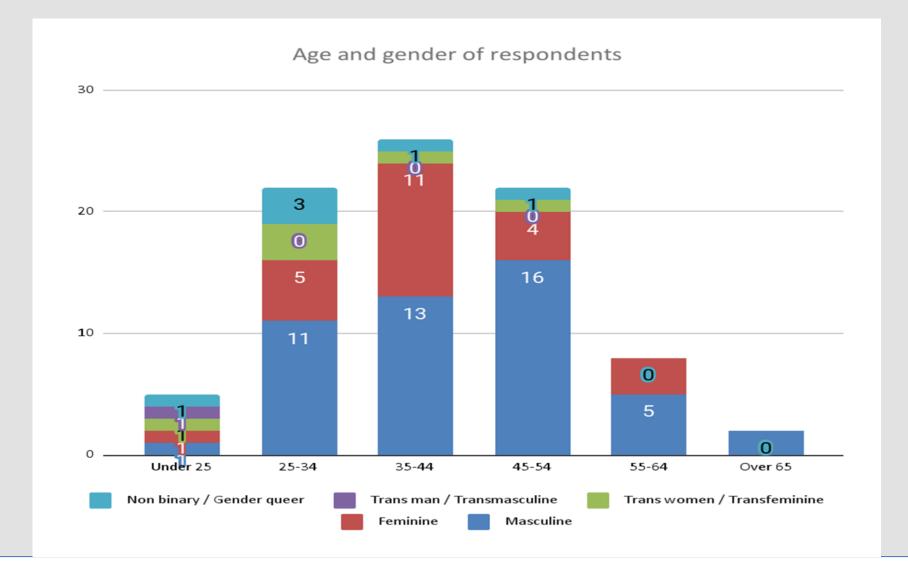
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- 18 Western and Central Europe: Belgium, Estonia, France, Germany, Greece, Hungary, Ireland, Italy, North Macedonia, Norway, Poland, Portugal, Romania, Slovenia, Spain, Sweden, Switzerland and the United Kingdom
- 5 Eastern Europe: Armenia, Georgia, Moldova, Russia and Ukraine
- 3 Central Asia: Khazakhstan, Kyrgystan, Tajikistan
- Portugal (10), Georgia (9), Kazakhstan (8), Greece (6) and the Russian Federation (6)





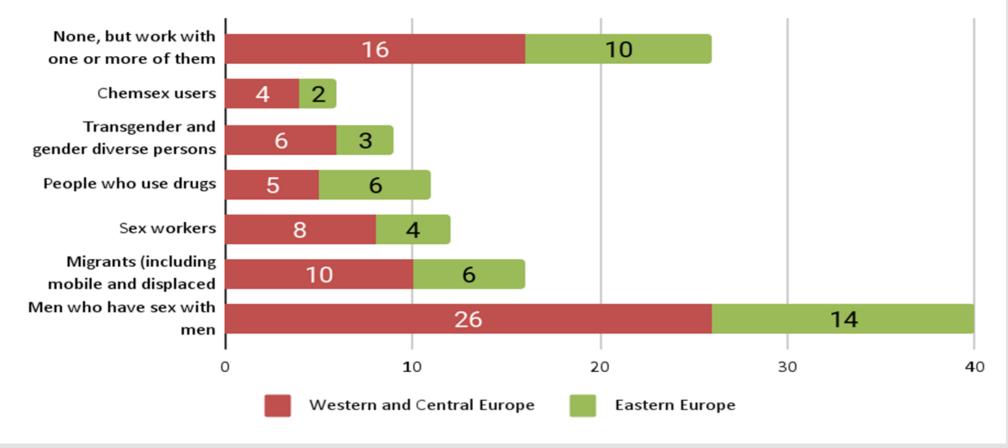
Results







Self identification of respondents with key populations by Sub-Region (multiple responses possible)







over 40% of respondents work in organisations that are in contact with men who have sex with men (48.2%; 41 responses)

sex workers (48.2%; 41 responses)

people who use drugs (45.9%; 39 responses)

migrants (43.5%; 37 responses)

31 respondents (36.5%) reported working with transgender or gender diverse persons,

29 (34.1%) reported working with chemsex users.

24 respondents reported not working in an organisation that works with key populations (28.2%).





Survey Results

- Over 70% considered all standards and services proposed as important or essential
- 75% considered the majority of services proposed essential.





Structural considerations/context in which services operate

Quantitative assessment		•					
		Essential	Important	Not important	I don't know	I don't want to respond	Total
other co-infections regardless of the person's insurance (has a health insurance or not) or residency status (legal in the	EN	50	3	1	0	1	55
	RU	28	2	0	0	0	30
	Total	78	5	1	0	1	85
	%	91,8%	5,9%	1,2%	0,0%	1,2%	
criminalise same sex relations	EN	49	6	0	0	0	55
	RU	17	10	2	1	0	30
	Total	66	16	2	1	0	85
	%	77,6%	18,8%	2,4%	1,2%	0,0%	
criminalise sex work	EN	41	14	0	0	0	55
	RU	16	12	2	0	0	30
	Total	57	26	2	0	0	85
	%	67,1%	30,6%	2,4%	0,0%	0,0%	
Legal and regulatory framework in the country does not criminalise drug use	EN	37	18	0	0	0	55
	RU	14	13	2	1		30
	Total	51	31	2	1	0	85
	%	60,0%	36,5%	2,4%	1,2%	0,0%	
accessible in public services	EN	38	15	2	0	0	55
	RU	14	11	3	2	0	30
	Total	52	26	5	2	0	85
	%	61,2%	30,6%	5,9%	2,4%	0,0%	
situations of stigma and discrimination	EN	50	5	0	0	0	55
	RU	27	3	0	0	0	30
	Total	77	8	0	0	0	85
	%	90,6%	9,4%	0,0%	0,0%	0,0%	





Quantitative assessment							
		Essential	Important	Not important	I don't know	I dont want to	Total
	EN	41	11	2	0	respond	EE
Provision of condoms and lubricant	RU	41 20	11 9	3	0	0	55 30
		_		1	0	0	
	Total	61	20	4 70/	0	0	85
	% FN	71,8%	23,5%	4,7%	0,0%	0,0%	EE
Provision of voluntary HIV testing and counselling	EN	50 27))	0	0	0	55
	RU	77	3	0	0	0	30 85
	Total		8	0	•	0	83
	% 5 N	90,6%	9,4%	0,0%	0,0%	0,0%	
Provision of or referral to viral hepatitis, tuberculosis, and sexually transmitted infection testing	EN	49	5	0	1	0	55
	RU	24	6	0	0	0	30
	Total	73	11	0	1	0	85
	%	85,9%	12,9%	0,0%	1,2%	0,0%	F.4
Testing and counselling available during flexible hours/days	EN	36	19	0	0	1	56
	RU	20	9	1	0	0	30
	Total	56	28	1	0	1	86
	%	65,1%	32,6%	1,2%	0,0%	1,2%	
Referral to or direct access to Post Exposure prophylaxis (PEP), Pre-Exposure Prophylaxis (PrEP) initiation and monitoring services	EN	45	9	0	0	0	54
	RU	21	8	0	1	0	30
	Total	66	17	0	1	0	84
	%	78,6%	20,2%	0,0%	1,2%	0,0%	
Provision of or referral to sexual and reproductive	EN	38	15	1	0	1	55
health counselling and services adapted to sexual	RU	17	13	0	0	0	30
practices (including, as necessary, access to	Total	55	28	1	0	1	85
contraception and family planning services, safe							
abortion services, pregnancy testing, gynaecological,	%	64,7%	32,9%	1,2%	0,0%	1,2%	
ore and post-natal healthcare and male circumcision)	70	01,770	32,770	1,270	0,070	1,2/0	
ore and post-natal nealthcare and male circumcision)	ΓNI	22	10	2	4	0	EE
Referral or direct access to HPV vaccination	EN	33	19	2	1	0	55
	RU	15	12	5	0	0	30
	Total	48	31	D 5 00/	1 20/	0.00/	85
	% 	56,5%	36,5%	5,9%	1,2%	0,0%	
All non-medical services listed here can be provided by both public health services and Non-Governmental	EN	37	16	1	1	0	55
	RU	23	4	2	1	0	30
/ Community based organisations	Total	60	20	3	2	0	85
7 Community based organisations	0/	70.6%	72 5%	2.5%	2 4%	0.0%	

Discussing results and adapting the tool

- 2 levels of classification for the proposed standards and services did not make sense.
- After discussion with partners, adjustments were made to scoring, cost of services included
- Score rating against the "ideal" scenario, in a country where all services are possible to implement, and all structural considerations are in place
- Score to rate the service against what is possible to implement in the respective country (and thus excluding from the calculations all things that are not possible to be implemented)
- Organisations consulted higher expectations for a service checklist for combination prevention
- Request for a comprehensive tool to thoroughly assess HIV combination prevention services for key populations, to include more qualitative information on effective access to services, as well as cost related issues, amongst other topics.





The Combination Prevention Checklist

Section 1 - Structural considerations/context

Section 2 - Sexual health services for all key populations

Section 3 - Support services for all key populations

Section 4 - Service delivery/way services are provided

Section 5 - Transgender and gender diverse specific services (6)

Section 6 - Services for persons who use drugs (10 items)

Section 7 - Services for Chemsex users (9 items)

Section 8 - Services for Sex workers (4 items)

Section 9 - Services for migrants, mobile populations and displaced persons (8 items)

В	C	U	E.	F	U	
HIV co	embination prevention services checklist to assess	their ava	ilability an	d access by	key popul	ati
	Part 1 – For all combination prevention services, regardless of organization/service works with					
	Section 1 - Structural considerations/context in which services	Yes	No			
	Universal access to prevention and treatment of HIV and other co-infections					
	regardless of the person's insurance (has a health insurance or not) or					
	residency status (legal in the country or not)					
	Legal and regulatory framework in the country does not criminalise same sex					
	relations					
	Legal and regulatory framework in the country does not criminalise sex work					
	Legal and regulatory framework in the country does not criminalise drug use					
	Name and gender change procedures are allowed and accessible in public services					
	Laws and regulations are in place to protect persons in situations of stigma and discrimination					
	Section 2 - Sexual health services for all key populations	Yes, available for free	Yes, available with a cost	No, not available	Not possible in this	
	Provision of internal and external condoms and lubricant					
	Pre and post-test counseling available but not mandatory, and adapted to					
	the needs and practices of the person testing		ш	Ц	ш	
	Provision of voluntary HIV testing and counselling					
	Linkage to combination prevention and support services upon negative test result					
	Provision of or referral to viral hepatitis, tuberculosis, and sexually transmitted					
	infection testing			u	u	
	Testing and counselling available during flexible hours ldays					
	Referral to or direct access to Post Exposure prophylaxis (PEP), Pre- Exposure Prophylaxis (PrEP) initiation and monitoring services					
	Provision of or referral to sexual and reproductive health counselling and					
	services adapted to sexual practices (including, as necessary, access to					
	contraception and family planning services, safe abortion services,					
	pregnancy testing, gynaecological, pre and post-natal healthcare and male. Referral or direct access to vaccination, according to local epidemiology.		_			
	and taking into account greater potential exposure of specific key					
	populations (consider in particular HAV, HBV, Mpox, HPV)					
All non-medical services listed here can be provided by both public health				_		
services and Non-Governmental / Community based organisations						
	Comments (any identified issues on access, quality, availability, finances or					
Instructions Checklist Ref and calc		+				

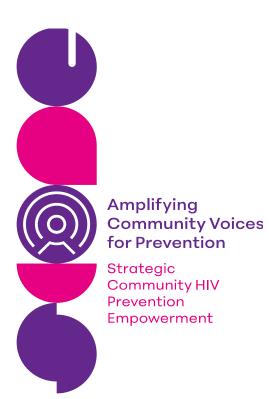




- Community organisations are currently testing the current version of the tool to assess the need for further improvements/refinements;
- Complementary pathways to be considered:
 - O An assessment guide: to support those using the checklist to conduct a more thorough assessment of services, including issues of effective access, access barriers, among others (going beyond existence of services and into real world access).
 - This would need to be done in more of an interview/focus group format.
 - O Repository of guidelines, case studies and other support materials, to support organisations in addressing identified gaps in their service provision is also being considered.
 - This component may be harder to implement due to the constant need of updating.







THANK YOU!

Questions?

For more information, please visit https://www.eatg.org/projects/scope/

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