



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

Year 1 Evaluation Report



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Executive Summary

This report presents the results of the Year 1 review of the INTEGRATE joint action. INTEGRATE is a three year project supported by the European Commission's Consumers, Health and Food Executive Agency (CHAFAEA). It is being implemented by a consortium led by the Centre for Health and Infectious Disease Research (CHIP) at Rigshospitalet, Denmark, with 29 partner organisations from 15 countries, supported by an Expert Advisory Board of 22 members. Its overall objective is to strengthen national policy on integrated activities related to early diagnosis of HIV, viral hepatitis, TB and STI's and linkage to care by 2020 in EU member states.

The evaluation was conducted in August 2018 by a two-person team from Public Health England, UK (PHE) and "Marius Nasta" Pneumophtisiology Institute, RO (IPMN). The evaluation focussed on process, progress, and implementation of the joint action in the first year. Data was collected through semi-structured interviews, progress (RAG) reporting and an online survey, synthesised and analysed using a mixed-methods approach.

Overall, project implementation and progress is broadly on track although there is variation between work packages. Much of the preparation work was done prior to the signing of the grant agreement, such as selection of pilot activities and partners, and establishing process and outcome indicators, which allowed the work to begin without delay. Much of the first year was spent establishing the INTEGRATE brand and identity, building relationships and collaborations, making baseline assessments, and refining, clarifying, and – at times – limiting the scope of the work plans.

INTEGRATE is a large, complex joint action with eight work packages, and each of the work packages involves multiple partners. Despite this, partners had a good understanding of their roles and responsibilities within the joint action, and how their work relates to the overall objectives. Communication within work packages (e.g. between leads and collaborating partners) and between work packages, is an area where there is scope for improvement as the project progresses. Work remains to ensure all partners feel they are able to contribute meaningfully.

Partners consider overall coordination of the project by CHIP to be effective with good communication through face-to-face meetings and teleconferences. The technical partner CERTH has put in place useful tools for promotion and dissemination, but more could be done to get partners more involved in promotion activities (e.g. via social media). The Advisory Board brings a deep and varied expertise and is valued by partners, but more can be done to ensure the available expertise is fully utilised.

There are examples where INTEGRATE has already made an impact on integrating testing and care, by building links between organisations in different disease areas and running a successful pilot of European Spring Testing Week for hepatitis and HIV. Partners found the workshop-based, face-to-face meeting in Zagreb particularly fruitful in the first year of this large joint action, and there is widespread support for further meetings in future.

A key challenge to date has been finding ways in which TB can be integrated with HIV, STIs and viral hepatitis, and the coordinator is undertaking a comprehensive analysis to address how the joint action will cover TB.

Overall, INTEGRATE has met partners' expectations as much as can be expected in the first year. The project infrastructure that was built in the first year will be vital to the success of the joint action in the next two years. There is a need to ensure INTEGRATE continues to build momentum into its second year, as more substantive elements of work get underway, and that partners increasingly take ownership of their work and that no partners are left behind.

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1. Introduction

The INTEGRATE project (Joint Action on integrating prevention, testing and link to care strategies across HIV, Viral Hepatitis, TB & STIs in Europe) is a three-year joint action (1 September 2017- 31 August 2020) funded by the EU Commission's Third Health Programme. The joint action has a total budget of €2.4 million of which €2 million is provided by CHAFEA and the rest cofounded. The expected outcomes of the Joint Action are to:

- strengthen national policy on integrated activities related to early diagnosis of HIV, viral hepatitis, TB and STI's and linkage to care by 2020 in EU member states,
- increase the normalisation of testing and linkage to care for HIV, viral hepatitis, TB and STI's in EU member states by 2020, to improve the monitoring and evaluation (M&E) of testing and linkage to care for HIV, viral hepatitis and STIs and integration of data into national surveillance and M&E systems in EU member states by 2020
- improve the use of Information and Communication Technology (ICT) tools and partner notification in combination prevention for HIV, viral hepatitis, TB and STIs in the EU member states by 2020.
- improve the capacity of health care professionals, civil society organizations and public health institutions on integration of diagnosis and linkage to care for HIV, viral hepatitis, TB and STIs in EU member states by 2020.

The joint action brings together 29 partners across 15 countries and builds on the efforts, tools and outcomes of previously or simultaneously implemented projects such as: EURO HIV EDAT, the COBATEST network, OptTEST, EU HEPICARE EUROPE, HA-REACT, E-DETECT TB, ESTICOM and HIV in Europe.

Table 1: List of Work Packages in INTEGRATE Joint Action

Work Package List		LP/Co-LP
Horizontal Work Packages		
1	Coordination	LP: RegionH/CHIP (Denmark)
2	Dissemination	LP: CERTH (Greece)
3	Monitoring and Evaluation	LP: IPMN (Romania) Co-LP: PHE (UK)
4	Policy development and sustainability	LP: ARCIGAY (Italy) Co-LP: TAI (Estonia)
8	Capacity building	LP: FVM (Italy) Co-LP: NAC (Poland)
Core Work Packages		
5	Integrating testing and linkage to care	LP: RegionH/CHIP (Denmark) Co-LP: PHE (UK)
6	Monitoring of HIV, STIs and viral hepatitis testing and linkage to care	LP: ICO (Spain) Co-LP: NIJZ (Slovenia)
7	Improving use of ICT tools and partner notification in combination prevention	LP: UCD (Ireland) Co-LP: LILA MILANO (Italy)

The project is coordinated by Region HOVEDSTADEN/CHIP/University of Copenhagen (Copenhagen, Denmark) and the work is split over 8 separately coordinated work packages (4 horizontal and 4 core). WPs 4, 5, 6 and 7 consist of projects that employ evidence-based measures to improve the monitoring and evaluation (M&E) of testing and linkage to care, integration of data into national surveillance, improve the use of Information and Communication Technology (ICT) tools and partner notification in combination prevention. WPs 1, 2, 3 and 8 are cross-cutting and aim to coordinate and create synergy between the work packages, build capacity of health care professionals, civil society organizations and public health institutions, to assure sustainability and policy development of the work undertaken during the JA, and to disseminate outputs resulting from the JA. The joint action is supported by a Steering Committee consisting of representatives from the Work Package lead and co-lead organisations, an Advisory Board of subject matter experts, community representatives and Third Sector stakeholders, and a Partnership Forum consisting of the head of each of the 29 partner organisations.

Project evaluations aim to comprehensively and systematically appraise the success of the project. The evaluation of the Joint Action (JA) INTEGRATE will involve both quantitative (questionnaires, surveys) and qualitative (in-depth interviews, RAG reporting) methods. It examines both process and impact of the core and horizontal work packages of the project, and measures progress against the overall and specific objectives of the INTEGRATE project (Table 1).

Table 2: Specific objectives of INTEGRATE

Specific Objective	Description
1	To support collaborative implementation of the Joint Action activities through timely reporting, dissemination and evaluation throughout the project period 2017-2020
2	To strengthen national policy on integrated activities related to early diagnosis of HIV, viral hepatitis, TB and STI's and linkage to care by 2020 in EU member states
3	To increase the normalisation of testing and linkage to care for HIV, viral hepatitis, TB and STI's in EU member states by 2020
4	To improve the monitoring and evaluation (M&E) of testing and linkage to care for HIV, viral hepatitis and STIs and integration of data into national surveillance and M&E systems in EU member states by 2020
5	To improve the use of Information and Communication Technology (ICT) tools and partner notification in combination prevention for HIV, viral hepatitis, TB and STIs in the EU member states by 2020.
6	To improve the capacity of health care professionals, civil society organizations and public health institutions on integration of diagnosis and linkage to care for HIV, viral hepatitis, TB and STIs in EU member states by 2020

2. Evaluation Methods

The Year One Evaluation Report covers the period from 1 September 2017 to 31 August 2018. In such large-scale, complex actions there is always an adjustment period at the start of the project and evaluating the level of achievement of the final aims and objectives is unrealistic. Thus, the year one evaluation focusses on the progress, process and implementation of the JA to date, and aims to identify areas for improvement and make practical recommendations for adjustments to ways of working and calibrate future work to align with the JAs overall aims.

The WP 3 leaders conducted the year 1 evaluation throughout August 2018. Data was collected through multiple channels:

1. RAG reports will be used to monitor the **progress** towards meeting milestones and process, output and outcome/output indicators.
2. A partner survey (online anonymous questionnaires) on the JA **process** to date including overall experience and with specific work packages, and suggestions for areas for improvement
3. In-depth phone interviews on **implementation** including monitoring of the project processes and collaboration

2.1 Data collection instruments

The evaluation will be performed using the following three data collection instruments applied as follows:

Instrument	Methods	Participants
RAG reporting	RAG reporting templates prefilled with milestones and deliverables and comments boxes	WP LPs with input from partners as needed
Partner survey	Online self-completed anonymous questionnaires	All partner organisations (one response per organisation) and Advisory Board members (including funders)
In-depth phone interviews	Semi-structured, topic-guide led Skype audio interview on challenges, lessons learned, cooperation and collaboration. Interviews took 30-50 minutes and recorded.	A joint interview for each WP with a representative from both the LPs and co-LP (where possible)

2.2 Data Analysis

An iterative, mixed-methods approach is used to analyse the quantitative and qualitative data collected during the evaluation process.

Statistical analysis of quantitative data had been performed using Microsoft Excel and STATA version 15 software (StataCorp LP, Texas, USA). Summary statistics (frequencies, means/median, ranges and distribution) have been

extracted and presented. Statistical tests have been performed as needed: chi-squared test for difference of proportions and t-test for difference of means.

Interviews were recorded, summarised from audio files, and results synthesised. Whenever possible, two evaluators cross-validated the analysis. Open text fields in the survey and RAG reports were thematically categorised and findings synthesised in the report.

As much as possible, qualitative and quantitative data has been triangulated to increase the validity of the overall findings and recommendations.

3. Findings

The findings of the process, progress, and implementation of the year 1 evaluation are below.

3.1 Progress (RAG) Reporting

RAG reports were received from the leads of all eight work packages. In the first year, there were 24 milestones and 7 deliverables due. A further one milestone and one deliverable from Year 2 were completed early in Year 1.

In total, 33 separate milestones and deliverables were included in the analysis. Progress towards the milestones and deliverables were coded as **On time**, **Early** or **Late** based on when they were completed against the expected month in the grant agreement. Summary results are shown in [Figure 1](#).

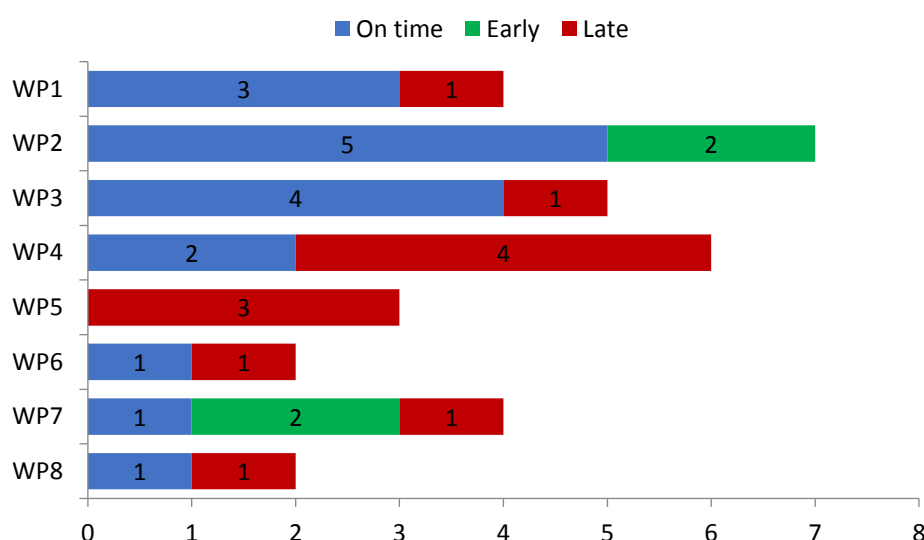


Figure 1: Progress toward milestones and deliverables in Year 1

3.1.1 By progress status

Overall, half (52%, 17/33) of milestones and deliverables were issued on schedule, and a further 12% (4/33) were completed ahead of schedule.

At the time of reporting, 12 milestones and deliverables were completed late or still in progress. Three had minor delays of 1-2 months but were completed within the year. Ten were not yet completed at the time of reporting. Of these, 5 were expected to complete in M13. Four reported delays of 3 months or more (1 from WP4, 2 from WP5 and 1 from WP8). No milestones or deliverables were cancelled or delayed without recovery. The circumstances around the delays are in [Section 3.1.3](#).

3.1.2 By output type

In the joint action, deliverables represent the physical outputs of the project produced by a work package and relating to a specific objective. Milestones represent the project checkpoints that signify an important decision making moment, often leading up to a deliverable.

The deliverables were largely completed on schedule. Of the eight deliverables in Year 1, five were completed on time and one was completed six months early. Two were late: 1) the Year 1 evaluation report (WP3) for which a

draft was submitted on schedule in M12 and the final report completed in M13 as agreed with the funders, and 2) the Sustainability plan (WP4) which was due in M12 and expected to be completed in M13 or M14.

Milestones were less likely to be completed on schedule, with 15 of 25 milestones completed early or on time, and 10 of 25 reported to have some delays. Further details are provided in [Section 3.1.3](#).

3.1.3 By work package

Work Package 1

WP1 had 3 milestones and 1 deliverable. The deliverable was the Interim report due in M12 and was completed on time. The Grant Agreement was also delivered on time, but had to be amended and resigned due to one partner leaving the consortium just before signing. The Steering Committee, Partnership Forum were established in M1, the first milestone for the whole joint action. The only area with delays was relating to *MS1: JA work plan and Standard Operating Procedure (SOP)* due in M6. This was split into two sub-milestones, and the SOP (MS1b) was completed in M9 slightly revised into an FAQ-type document per discussions with the Steering Committee. The JA Work Plan (MS1a) was delayed because of changes in activities in the core work packages and due to high workload and staff capacity in CHIP. MS1a is expected to be finalised M13 including updates for year 2.

Evaluator Comment: The WP1 LP (CHIP) made good progress toward implementing their assigned tasks in year 1. Delays to the JA Work Plan (MS1a) could have been anticipated as finer details were only worked out after discussion with associated partners in each work package and delineation of roles, so a M6 deadline may have been overly ambitious.

Work Package 2

WP2 was the work package with the greatest number of milestones and deliverables in Year 1, mainly relating to the creation of promotional materials and resources. WP2 also achieved great success, completing all 4 milestones and 3 deliverables on or ahead of schedule. Of particular note, the social media presence started on the day of the kick-off meeting in Brussels in September 2017, and the WP2 LP (CERTH) reported positive feedback on the website, but a main challenge is achieving more social media engagement from the JA partners.

Evaluator Comment: The WP2 LP (CERTH) was very industrious and effective in year 1, achieving all of their planned outputs on or ahead of schedule. The challenge is to continue engaging with partners to produce newsletters and website/resource updates and optimise social media engagement.

Work Package 3

WP3 had 3 milestones and 2 deliverables in year 1. One milestone and one deliverable related to the same output: the Evaluation Plan, which was completed in M6 as planned. The Terms of Reference for the external evaluator and the Internal Evaluation materials (interview guide, RAG template and survey questionnaire) were issued on time in M11 with feedback from the coordinator. The Year 1 Evaluation Report was due in M12 (August 2018). It was agreed at the Amsterdam meeting in July 2018 that due to public holidays in many European countries an August deadline was not feasible to ensure sufficient input and feedback from all partners, so it was agreed that a draft report would be submitted in M12, with a further month to fully analyse the data and finalise recommendations.

Evaluator Comment: The WP3 LP/co-LP (IPMN/PHE) produced milestones and deliverables on schedule in year 1. The agreement with the funders to produce the internal evaluation reports for Year 2 and Year 3 with an additional month (M25 and M37) to analyse and synthesise the data will ensure the report is not rush and will have maximum impact.

Work Package 4

WP4 had 1 deliverable and 5 milestones. The deliverable was the same as one milestone: the Sustainability plan, which was due in M12 but not yet completed due to delays in collecting information from partners. The Sustainability plan was expected to be completed “with a few weeks delay”. All milestones and deliverables relating to WP4 objectives 1 and 2 were delayed. However, one of these was a meeting report identifying key actors was delayed until M9 to coincide with the Zagreb meeting which took place slightly later than expected in M8. Work relating to *MS13: Overview of the cost-effectiveness of piloted activities* was not completed, and no information provided. Both milestones relating to WP4 objective 3 were on time, including a meeting report from a stakeholder consultation on the patient survey in Zagreb in M8 and a protocol for a patient experience survey.

Evaluator Comment: WP4 had the highest number of delayed milestones and deliverables, though one was due to reasons out of the LPs control and two were relating to the same output with a minor delay expected. After a slow start initially, LP/co-LP (ARCIGAY/TAI) have mostly recovered their timetable, but an amendment may be required if *MS13: Overview of the cost-effectiveness of piloted activities* is to be significantly delayed or cancelled. The coordinators should liaise with the LP/co-LP for advice on this.

Work Package 5

WP5 is the first of the three core work packages, and had 3 milestones due in year 1. All milestones reported some delays. The milestone to hold a partner meeting to discuss ETW tools due M6, was delayed until M9 due to the Zagreb meeting happening slightly later in M8.

There were significant delays/changes to the milestones *MS20: Adaptation of ETW materials include where relevant, promotion of testing for STIs and sexual health promotion* (due M12) and *MS23: Review of HIV home/self-sampling* (due M12).

- MS20 was revised after discussions with INTEGRATE partners at F2F meetings, teleconferences with pilot partners, and the European Testing Week (ETW) working group. Together it was agreed that it was not feasible to simply adapt the current ETW material. Due to differences in the service settings (e.g. community, NGOs, hospitals) and target populations, the information needs cannot be covered in one combined material. Instead, the ETW website and resources will be updated as per suggestions by the partners and the LP/co-LP will develop accessible materials that explain what TW is and how to get involved that can be easily and quickly translated.
- MS23 was initially drafted using six key data sources, however due to unexpected staffing issues as well as new data from some European countries and the mid-August publication of a WHO report on self-testing, which will be reviewed and incorporated into the situation report to ensure it is up-to-date in this rapidly-changing area. M23 has been delayed to M19/20.

Of note, a significant change was made to *MS21: Piloting integrated ETW tools*. After discussion with the partners, the proposed pilot activities were deemed not feasible due to national restrictions on resources and/or testing regulations. WP5 LP/co-LP and partners will re-develop the proposed pilot activities to focus on partner notification, ICT tools or integrated testing. However, some pilot actions were carried out, with five WP5 partners participated in the Spring Testing Week pilot of integrated testing efforts for hepatitis and HIV in May 2018.

Evaluator Comment: Despite delays to all 3 milestones in WP5, the LP/co-LP made significant effort to recover or adapt their work based on close communication with partners and pilot sites. Milestones have been reasonably adjusted based on feedback from collaborators in order to design materials and pilots that are feasible and acceptable. Staff changes and vacancies may impact on the delivery of milestones and have downstream impacts and safeguards should be in place to identify risks and mitigate impact.

Work Package 6

WP6 is the second core work package, and had 2 milestones due in year 1. The milestone on needs assessment for ETW impact evaluation was completed on time. A report on current data collection on testing and linkage to care due M12 was delayed by a month to include important pan-European data from Dublin Declaration and expected to be delivered in M13.

A milestone to hold a meeting with JA partners to discuss ETW indicators due in M13 and not in this analysis, but is noted because it is not clear when or how this meeting will be done as it was expected to take place in the 1st regional workshop in Poland in September 2018, now scheduled for June 2019. There was a general discussion of the indicators generally in the meeting in Zagreb in May 2018 (M9), but a more detailed consensus on the indicators for the pilots is needed before June 2019 and as no meetings are planned, perhaps must be done by mail and teleconference.

Evaluator Comment: While WP6 has made good progress on the scheduled milestones, there is a sense from these progress indicators that compared to the other core work packages, less progress has been made toward the objectives in year 1. This may be because the milestones and indicators do not truly reflect the work done, or perhaps less attention has been given to this WP. With two major pilot actions planned in WP6 for year two, the LP/co-LP should provide support and leadership to ensure that work planned for year 2 is on track and set up to be successful.

Work Package 7

WP7 is the third core work package and was due to complete 2 milestones in year 1: a Partner notification mapping exercise and a review of ICT based prevention programmes. One milestone was delivered on schedule, and one milestone completed 1 month late in M10. A further, 1 deliverable and 1 milestone were completed ahead of schedule: the milestone *MS39 Survey on Partner Notification* due M24 was completed early as part of the partner survey in M4, and deliverable *D7.1 Review of ICT tools* was due in M12 and completed in M18.

Evaluator Comment: The work of WP7 has made excellent progress and is ahead of schedule. The next stage for ICT prevention tools is technical and will be led by CERTH (WP2), but no issues are foreseen that might cause delay. The partner notification pilots will also start in year 2, and no delay is expected.

Work Package 8

WP8 on capacity building had two milestones in year 1. MS41 survey of training needs was completed on time as part of the partner survey in M4 and helped to define 3 thematic areas to produce the best value for member states. The more substantive work associated with *MS42 Planning of the three regional workshops* has started on schedule and is ongoing to define the participating organizations, experts and trainers for each workshop. It is marked as **Late** as due in M12; however, this is an ongoing activity and is not likely to be finished until the last meeting is finished in February 2020 (M30).

Evaluator Comment: Capacity building work is dependent on the outputs of the rest of the work packages and therefore mostly planning in the first year, and the LP/co-LP have made good progress to that end. However, the deadline of *MS42* is an ongoing activity and agreement or amendment with the funders to extend this to M30.

3.2 Partner Survey

Thirty-eight responses were received: 29 from partner organisations (of whom 11 were pilot sites and 11 were work package LP/co-LP) and 9 advisory board members. There was good representation from the core work packages WP5 and WP7 (Figure 1).

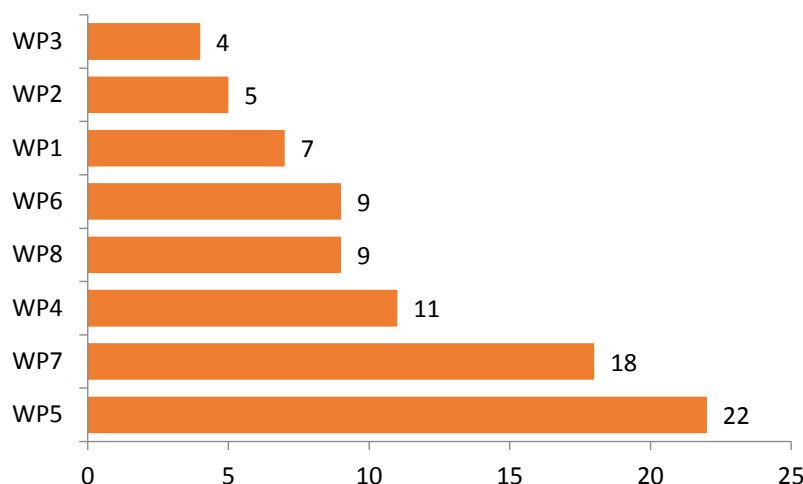


Figure 1: Distribution of Work Package involvement among survey respondents

3.2.1 Overall progress and experience to date

Two-thirds (63%) of the participants said that the overall progress of the joint action was good or excellent; with a further quarter saying progress was OK (satisfactory) (Figure 2).

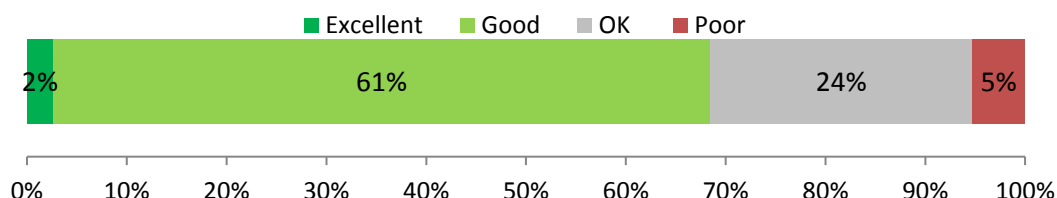


Figure 2: "Overall, how do you think INTEGRATE has progressed in the first year?"

Partner organisations (n=29) were asked statements a series of statements about their knowledge and experience with INTEGRATE to date (Figure 3). Agreement is reported as a response of "Agreed" or "Strongly Agreed."

Overall, 79% said they had a clear understanding of the overall aims and purpose of the JA and 90% knew their organisation's roles and responsibilities within the JA.

Three-quarters (75%) were confident that their organisation can carry out their assigned tasks, and two-thirds (72%) felt their organisation had made a meaningful contribution to the JA in the first year. Of note, only two partners indicated any disagreement to these statements: generally, the difference was responses of "Neither agree nor disagree" indicating that the respondent was ambivalent or lacked information to make a decision.

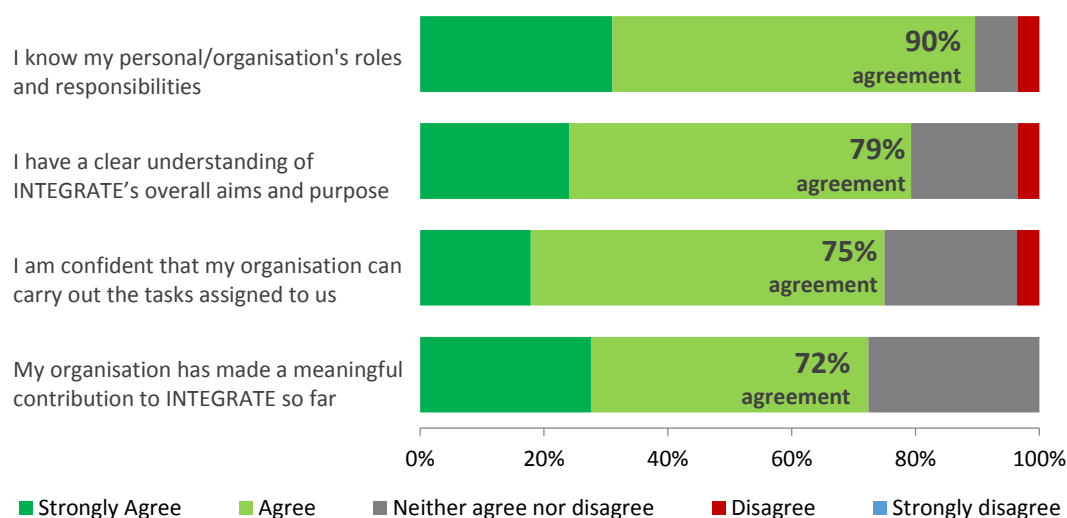


Figure 3: Proportion of Partner Organisations agreeing with statement on involvement with the Joint Action

One respondent gave a reason for their disagreement which focused on concern that some organisations had limited ability to truly implement the proposed changes in INTEGRATE due to legal barriers, limited mandate and/or political power in their country, while acknowledging the value of the project to raise awareness and provide arguments for the advantages of integration of services.

Advisory group members (n=9) were also asked these statements. Most advisory group members felt they knew their personal role and responsibility in the JA (87.5%), understood the aims and purposes (100%) and were confident they could carry out the tasks assigned to them (87.5%). However only 37.5% (3/8) agreed they had made a meaningful contribution so far, with a further 37.5% (3/8) neither agreeing or disagreeing, and 25% (2/8) disagreeing with the statement.

3.2.2 Expectations of the Joint Action

Participants were asked whether INTEGRATE had met their expectations with regards to workload, budget/finances, timelines, productivity/outputs, and improving skills and capacity building.

Expectations were mostly met with regard to timelines, indicated by three-quarters (74%) of partners (Figure 4). Expectations least met with regard to productivity/outputs and improving skills/capacity building with just under half of partners saying their expectations had been met to date, and the other half either said it was below expectations or "Don't know/Not applicable", likely due to most activities not yet underway.

A quarter (23%) said the workload was greater than they had expected. A similar proportion (26%) said the budget was less than expected.

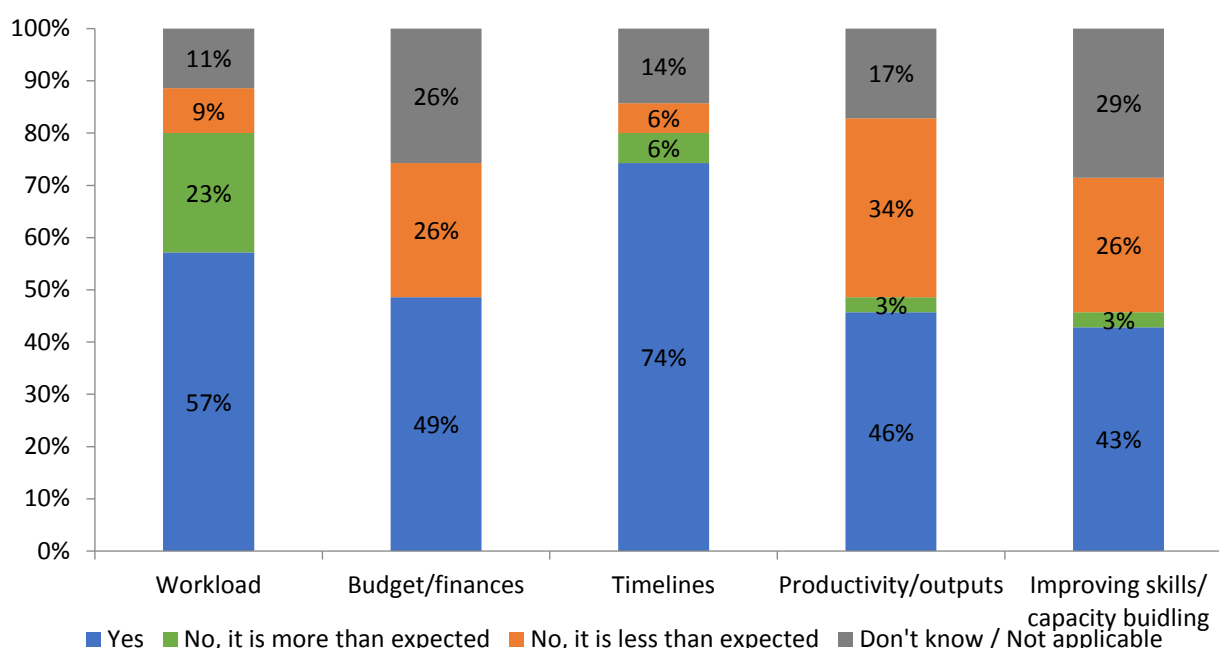


Figure 4: Has INTEGRATE met your expectations?

Partners were asked whether they understood the role of the Advisory Board. Around one in three were not sure of the role of Advisory Board (Figure 5). However, among those who understood the role of the Advisory Board, all found that it had been useful for their work, though it was acknowledged by some that it could be used more effectively.

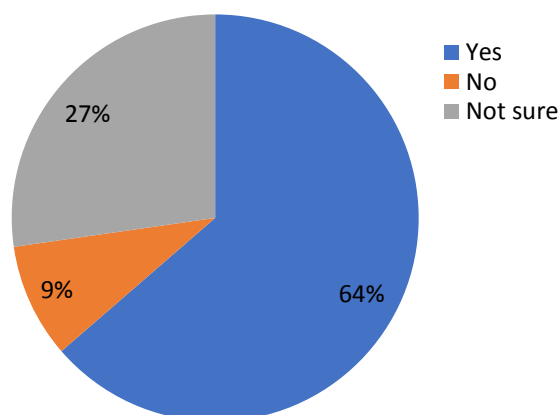


Figure 5: Do you understand the role of the Advisory Board?

3.2.3 Important achievements

When asked to describe their most important achievement in the first twelve months, participants frequently noted their contribution to and submission of key deliverables and milestones, such as the partner notification mapping exercise (WP7), desk review of ICT tools (WP7), sustainability plan (WP4), and evaluation tools (WP3). The newly integrated Spring HIV/Hepatitis Testing Week in May 2018 was specifically noted as an early success for the joint action by several partners, who felt that it enabled work that has been slow to evolve previously, such as better interaction on testing in hepatitis and HIV. Those who participated in European Spring Testing Week said it

helped them to understand the overall mission of the joint action and to bring together the benefits and best practices from the different disease areas.

Some partners noted how the groundwork from the first year helped focus their future work in the joint action. For example, the partner notification mapping exercise (WP7) helped to concentrate their pilot activities on understanding and addressing barriers and challenges to collecting partner notification data. Pilot sites noted how some preliminary work helped them to better understand their health systems, for example by mapping the barriers to data integration in WP5 and writing the health system profiles in WP4.

Partners noted that the first year was mainly spent bringing partners up to speed with the INTEGRATE objectives, clarifying the work package activities, and gaining understanding of their specific role in their respective work packages. It was noted that the collection of partners is very diverse, both in disease areas and organisational settings, coming to the joint action with varying levels of experience with European Commission projects. Thus the learning curve has been high for many organisations, and a key achievement to date has been to get all partners involved and engaged in the activities and meetings.

A few participants had already noticed improved collaboration, for example in one country a clinical institution is for the first time working with a local NGO to implement a pilot activity. Another example of useful collaboration was the high level engagement and valuable input into the ICT tool review (WP7) from partners across the joint action and the advisory board.

3.2.4 Key challenges

As expected, most challenges identified were around finances/resources, communication and building momentum to start the work.

It was noted that the project is not lacking enthusiasm and ambition, but that the main challenges to the implementation were structural, financial, and legal barriers. Many partners noted the limited funding for the joint action, and shared concerns about delivering their work within the allocated partner months and budget. One partner (from a former Soviet country) stated that implementation of the proposed work would require legislative changes (e.g. laws around self-testing and community-based testing) which are above their organisations mandate, which left them feeling a lack of effectiveness. Advisory board members found similar challenges in seeing their role in the broader project and finding time to participate in meetings. Partners also identified challenges within their own organisations, such as lack of support, help with financial reporting, and lack of human resources.

LP/co-LPs noted difficulty in getting partners involved in their WP activities (e.g. difficulty finding times for TCs, delays in getting feedback from all partners). Partner organisations noted the challenge in getting oriented to their role in a large, complex action and, at times, feeling a lack of both clarity or control over the work that they are expected to do.

Communication problems were a common theme, specifically between LPs and the partners in the work package, resulting in participants feeling they lacked information or a clear picture of how the work was developing. Others noted the difficulty in achieving tasks which required communication with organisations outside of the project.

Fully integrating TB into the project was also identified as a challenge and concern, if unable to effectively include it into the planned activities. Dedicated space for TB is needed, although there were no suggestions for how this could be done.

3.2.5 Coordination

Respondents were asked about the effectiveness of the WP1 Coordination LP CHIP/Region H (e.g. communication, support and guidance, linking of work between work packages).

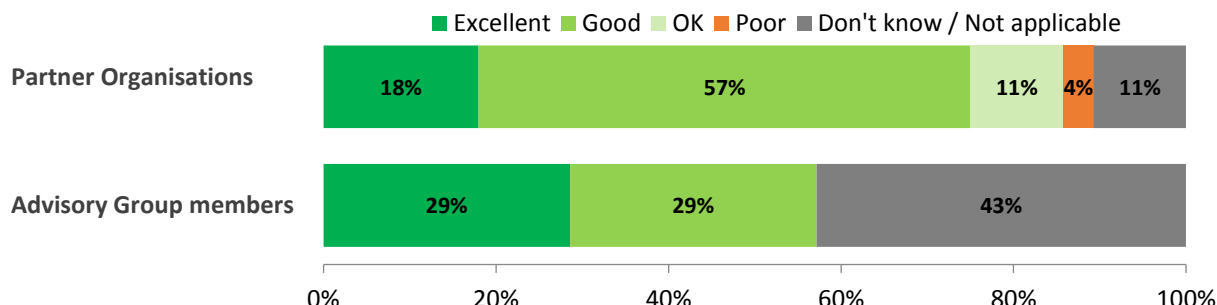


Figure6: Effectiveness of the coordination of the JA by WP1 LP CHIP/Region H

Three-quarters (75%) of partners felt that the effectiveness of the overall coordination by WP1 was good or excellent (Figure 6). A lower proportion (58%) of Advisory Group members felt coordination was good or excellent, with 43% saying they don't know or not applicable; it is not clear what the reason for this was. Further comments were however provided by 9 partners and it was noted that the WP1 LP staff were very professional and approachable, but suggestions included improving the communication on the work of all WPs, through more TCs and F2F meetings, providing more periodic or "continuous" progress updates/next steps on all WPs, or creating a "Steering Committee Update" to send to all partners and stakeholders rather than sharing minutes in the portal. One respondent noted they had not seen the JA Work Plan and SOP, one respondent suggested F2F meetings should be at least 4 hours to justify the trip and really tackle issues, and a further respondent noted an imbalance in the time CHIP/Region H has spent on coordination compared to their work in the core WPs.

3.2.6 Meetings

Respondents had a collectively positive experience of the three F2F INTEGRATE meetings in the first year in Brussels, Zagreb, and Amsterdam. All of the 30 participants said the meetings were well-organised and attended by the right mix of participants (after excluding 4 who did not attend any F2F meetings) (Figure 7).

Participant involvement was high (90%), and a clear majority (83%) reported it was useful in progressing their work. Several participants requested more F2F meetings to work together with colleagues to help move their work forward, citing difficulties in communications in TCs due to reception, technology, background noise and language barriers.

The F2F meeting in Zagreb in M9 was highlighted as particularly useful for interaction and reflection. Turnout to this meeting was high and partners stated that they felt that this was a turning point for the project. By this stage, planning had gone into the activities and pilots and so through the meeting partners were able to gain clarity and understanding of their tasks and responsibility and many reported progress was made in their work. The meeting was cited by one respondent as crucial to the success of their pilot. It was noted that follow-up discussions after the meeting could be improved.

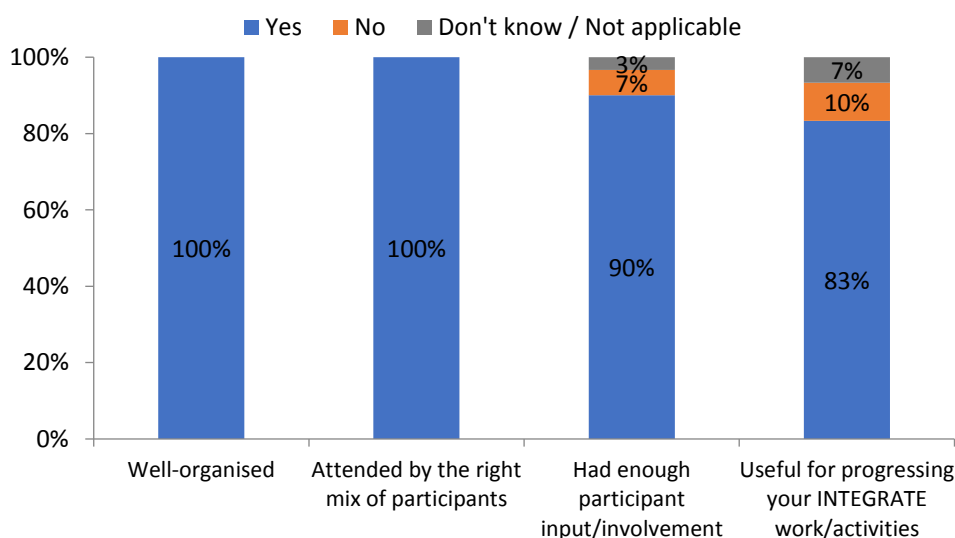


Figure7: Evaluation of the face-to-face meetings in year 1 of INTEGRATE

3.2.7 Dissemination work and promotional activities

Focus was given to the work of the technical partner CERTH, LP of WP2 Dissemination, as their dissemination tools and promotional activities were mostly due in year one. Respondents were asked about the effectiveness of the dissemination work and promotional activities led by WP2 lead CERTH (e.g. social media presence, newsletters, website updates).

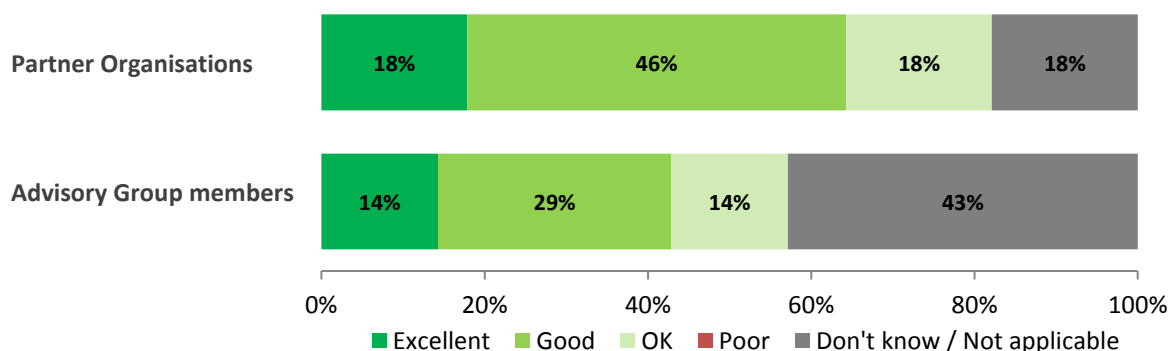


Figure 8: Effectiveness of the dissemination and promotional activities of the WP2 LP (CERTH)

Two-thirds (64%) of partners felt that the dissemination and promotional activities by WP2 were good or excellent (Figure 8). Suggestions to improve effectiveness included more frequent updates via newsletters, the JA Facebook page and other social media, more active engagement of partners internally to promote wider use of the resources and tools, with encouragement to ramp up promotional work as the pilots start up and results filter out.

Use of the tools and resources created by WP2 was high, with 88% (30/34) respondents having used at least one resource and one average reporting 2 resources used. The most popular was the JA website (integrateja.eu) used by 21 partners, followed by template documents (17), the internal portal (14), and promotional materials (11) (Figure 9). Only four respondents (2 partners and 2 advisory group members) had not used any of the resources: both partners said they were not aware of them and both advisory group members said they had no need.

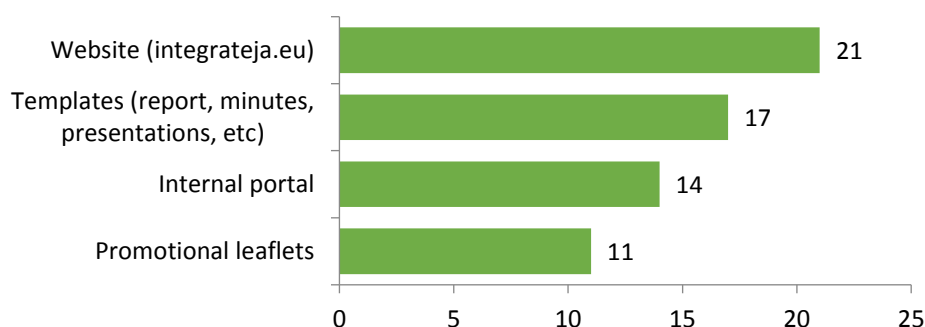


Figure 9: Use of tools and resources created by WP2 LP (CERTH)

General feedback on the tools and resources was very positive overall. A suggestion was made to create a fixed master version of the PowerPoint slides where the INTEGRATE branding elements on the slides cannot be moved.

Many participants had promoted the JA internally within their organisation, with 82% (23/28) of partners and 86% (6/7) advisory group members having done so through many channels including giving presentations to colleagues, sharing leaflets and newsletters, disseminating information via email lists, and posting information on their website or social media pages. A presentation to the Ministry of Health was also reported by two participants.

Three-quarters (76%; 26/34) felt enough was being done to raise awareness of the project externally, with a suggestion to provide more information that emphasises how INTEGRATE can benefit external organisations.

3.2.8 Individual work packages

Respondents who indicated their involvement in specific WPs at the start of the survey were routed to answer two questions on those WPs: 1) “How effective have you found the communication, guidance and support between WPX leads (ACRONYMS) and your organisation?” 2) “Please suggest any areas where WPX leads could improve”

WP7 was most effectively led according to their participating organisations with 88% (14/16) giving a “good” or “excellent” rating (Figure 10). Weaker approval levels were given for WP5, WP6, and WP8, and WP4 leadership was rated the least effective with 55% (6/11) giving a “good” rating. Of note, 38% (3/8) of WP6 participants and 25% (2/8) of WP8 participants said “Don’t know/not applicable”

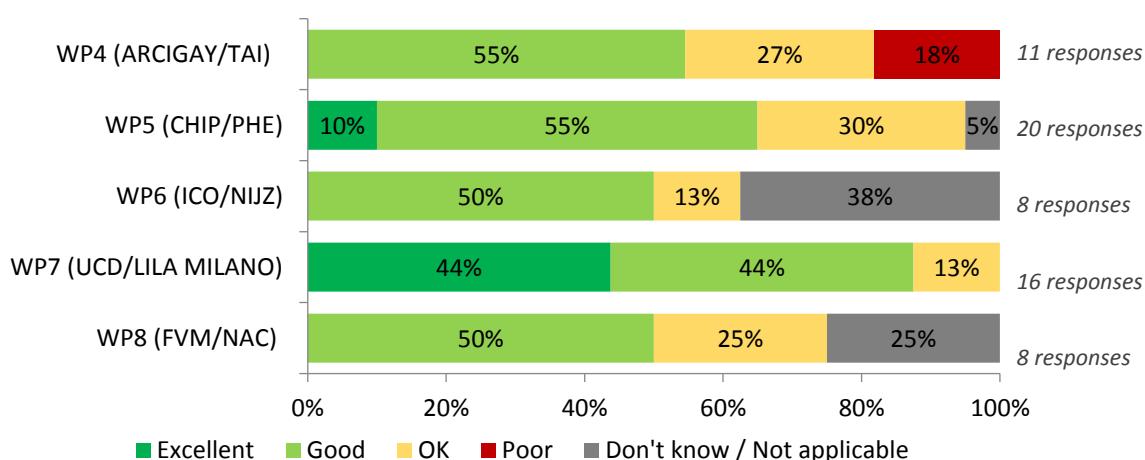


Figure 10: Effectiveness of WP LP/co-LP for WP4, WP5, WP6, WP7 and WP8

The following specific comments and suggestions were given for each work package by their associated partner organisations:

Work Package 4

- *“Sharing instructions, working documents and information with all partners in a timely manner, and providing feedback on documents prepared by the country team.”*
- *“In the first year a lot of issues have clarified through deliverables of WPs linked to WP4. As the other WPs work will be taken into consideration for the WP4 objectives and outcomes, it would help WP4 leads and organisations if the communication for WP4 had followed off of others.”*

Work Package 5

- *“The ETW website has a huge amount of good information that could be better accessed. I think we need a communication strategy that would lead to better linkage between the website and more interactive social media like Facebook, Twitter and Instagram. I'd like to see ETW better highlight the latest year's trends in testing and promote testing more clearly as a fundamental element of combination prevention, which is still not well understood or communicated.”*
- *“We found it strange that HIV tests cannot be bought by the project.”*
- *On pilots: “We have not yet defined our pilot activity.” “More indication on the starting and implementation of pilot activities.” “In general the pilot process is still a little unclear which creates confusion. In cases where partners are using subcontractors for the pilot and testing sites, more direct communication and meetings would be useful for the testing sites.”*
- *“Need of more guidance in some areas, e.g. perhaps a list of the next actions/steps in a six-month period with a short description of each one of them would be helpful.”*

Work Package 6

- *“There has been little contact from ICO&NIJZ, but our cooperation with the local partner is fine.”*
- *“Feedback on pilot proposals and timely instruction for further steps related to pilots needs to be provided.”*

Work Package 7

- *“Very good communication between the 2 WP leads, and among the SC and AB members and the Coordinator. The rest of the partners sometimes are left behind. We could do more to maintain the communication with the partners, but it is difficult because of the many engagements.”*
- *“Some planning would have been good before deliverables.”*
- *“Communication after our first task completed - desk review of internet educational tools, feedback information after sending list of tools from each participant”*

Work Package 8

- *“We have not had further feedback and communication after being initially asked about our availability and our specific disease areas. Preferably, WP leads should keep in touch with the partners, even if there is no progress for a while, in order to avoid communication gaps.”*
- *“Cooperation between the two WP leads is good. However, the scope of action is not clear and that makes the progress difficult.”*

3.3 In-depth interviews

The interviews conducted with the WP leaders and co-leaders were meant to gather data on

- Whether work package activities are being implemented and outputs produced as planned
- Experiences of cross-sector and interdisciplinary working
- The feasibility of planned activities and achieving milestones
- Areas for adjustment or improvement within your work packages to achieve the project goals

Seven interviews with duration between 35 and 60 minutes were conducted in spite of the challenges with the summer holiday when most partners were unavailable.

All WP leads and co-leads interviewed were open and willing to share their opinions and experience in order to generate suggestions about how to make things work better in the next two years of implementation of the Joint Action.

3.3.1 Implementing activities and producing output

All WP leaders interviewed proved to have a clear and thorough understanding of their WP objectives and to a great degree how to achieve them, especially at the end of the first year, time in which most of the core work packages (WP5, WP6, WP7) made efforts to define, focus and clarify their objectives. Uncertainties and unclear issues still persist although very few, being mostly generated by the interlinkage of the work packages and certain dependencies. In a WP leader's words, the first year was a *"mapping exercise"*, *partners needed to understand better what is INTEGRATE*, the coordinator team admitted that there has been *not a slow start, but a learning curve* which took a while to allow most partners to get to the same level of understanding of where we are going.

As stated by one WP co-lead *"the beginning tends to always be difficult because there are a lot of changes during the negotiation process and the last version of the grant is usually quite different of the initial one that the partners have agreed upon"*.

However, the coordinator expressed doubt that *we are there yet with all partners and with all WPs because there are a lot of different work streams*.

It has been unanimously recognized that INTEGRATE is a big and complex Joint Action with very many partners representing a diversity of disease areas, having various roles from health care service provider to health governmental agencies, therefore some challenges are inherent to making such a big and diverse consortium work on such a large scope.

Most WP leaders interviewed rated **the overall progress of their work package in the first year** as good or satisfactory, in some cases only some non-critical details like scheduling and aspects of some activities being still under discussion.

With a few exceptions – WP4 – the Sustainability Plan, stakeholders' consultation and the country profile as well as the Cost Effectiveness Study and the pilot on Partner Notification in WP7, most other issues which are not on schedule are non-critical, the WP leads and co-leads expressing satisfaction with how their efforts were converted into the current progress in their WPs.

The main reasons for unsatisfactory level of progress in these WPs are the staff change which seems to have affected greatly the WP4, a long process of clarification of the objectives in the core WPs, the universal challenge of integrating tuberculosis with the other disease areas. Other factors impeding on the achievement on time of

certain milestones are the dependencies between work packages, whatever delay in decision or clarity in one WP having an echo in the other interlinked WPs.

As a general rule in the dynamics of the WP progress, what is in a WP leader's words "a straightforward process" went well while the WPs whose objectives were too broad or complex generated confusion and debate requiring additional efforts for clarification.

The coordinator is quite happy with the overall Joint Action progress, most milestones being achieved and deliverables submitted in time, because, in their words, *the project is not driven by the lead partner; people have really geared up and taken responsibility in organizing the work and getting to know each other.*

When prompted to highlight **what has worked well in their WP process**, WP leads and co-leads listed *the good cooperation that we had with the co-leader* and the good collaboration with the coordinator.

The coordination team was unanimously mentioned as one that contributed to all WPs progress, making their presence felt through constant support and involvement. *"Their job as a coordinator of the project was really-really helpful, they were always supportive to help us understand what we have to do and to overcome the difficulties we had along our work."*

From WP7's point of view, *the collaboration of the other WPs in the assessment of the mapping matrix of the tools, the involvement and suggestions from the advisory board, as well as the collaboration with WP2* are other elements worth mentioning when discussing positive points, some that contributed to *a good feeling of team work.*

The Joint Action progress was also driven by some **aspects that have exceeded the expectations** of the people interviewed, the JA coordinator confessing that they *have been positively surprised by their [the partners'] engagement*, participation in the Steering Committee teleconferences (SC TC) being high and those attending always engaging in the discussions.

Another surprisingly positive element of opportunity highlighted by the coordinator resides in the *partners surrounding INTEGRATE, there is a lot of potential and good will around us and we really need to see the opportunities, a large group of organizations and individuals who are really interested in what is going on.* Apparently, such support is unique and should be used accordingly in order to make the most of this favourable environment.

The challenges section of the interview seems to have allowed all participants to open up and share the difficult moments they have experienced in the first year of the JA implementation.

One of the most significant challenges which had the greatest impact on how work packages progressed was the change of staff which affected considerably WP4.

Although the Coordinators got involved in managing this change by assisting and supporting the new staff members in charge with WP4, the lag was felt by most WP partners and some of the critical information they received they appreciate as being very useful but it came a little too late, at the end of the first year, the WP4 leader bitterly admitting that *now we realized that we have to come back to the WP partners to ask other things in the stakeholders' consultation, so having that information earlier would have been more helpful, of course.*

It has been noted by the WP leads and co-leads that they had to invest time to clarify and absorb a series of changes which generated a good amount of confusion. They stated that the application has undergone a series of changes in the evaluation stage and what has initially been agreed by the partners was rewritten and re-

negotiated in the JA pre-approval process. On the other hand, one of the WP co-leads stated that *the objectives have been formulated a bit over-ambitiously so we now have to adjust*. In a similar note, a WP leader admitted that after a series of debate regarding one of the objectives they *reached a nice compromise*. Other instances were mentioned when although the application process required for instance precise topics for training and clear scheduling of events, in implementation such issues can evolve according to present reality, therefore training topics have been decided upon after running a survey among the partners who expressed their present training needs and the re-scheduling of the regional workshops was required due to calendar conflicts with competing events not known at the time of application writing.

Another issue raised by one of the interlocutors is that it took some time until *partners understand exactly in the same way what the tasks are, where the focus should be, where to pay more attention*. This may have been caused by the partners' diversity across disease areas, countries, health care providers type and so on, which obviously resulted in different interpretations of the same objectives, so consensus needed to be achieved. One WP leader shared the same view with his co-lead admitting that the beginning of the work meant overcoming *several conceptual challenges, we integrated late in the process, adapted a little bit the scope once the project had started*. The same respondent emphasised that *working with the different levels of the health systems in different countries is an added challenge for the WP*.

Having to understand, refine, define and limit the objectives and scope of certain WPs has been raised as a particularly important challenge by two of the core WP leaders.

In the coordinator's own view, *one challenge has been the collaboration between WP leads and co-leads, across the WPs there were some challenges and probably also internally in each WP, we know of partners' frustrations with WP's leadership*. Instances in which the *lead partner has not communicated so clearly to them about the process, what they are supposed to do* were reported by various partners and required the coordinator's involvement.

However, issues in the communication with the WP lead partner or each WP's efforts in defining in practical terms (scope, measurable results expected, action points) did not escape the coordinator's awareness and direct intervention.

The coordinator also acknowledged the difficulty to engage all partners in the work, *people have confirmed their engagement after some dialogues, we hope that they will live up to their responsibility now*. Therefore, this first year meant more than the list of checked milestones and deliverables, it meant oiling this complicated mechanism in which 29 cogwheels function well enough so that the whole JA advances.

Communication issues came up often in the conversation, which is to be expected among the challenges in making such a big consortium work efficiently.

In spite of the timely and accurate attainment of their deliverables and milestones, WP2 focussed on communication and dissemination experienced their own challenges in creating an internal communication network, their success in the first year being mostly achieved through outwards communication. *We promoted a lot the Joint Action in social media but we do not have a lot of followers from the consortium, we do not receive a lot of input from the consortium*.

The WP leaders has found a sound justification for this in the early stage of the whole JA, in the reluctance of WP leaders to communicate and disseminate before having some facts and data worth making public. On the other hand, the WP leader believes that more persistence on their part would elicit more information from the partners and particularly from the WP leaders.

So far, according to all WP leads and co-leads interviewed, none of the WPs had to undergo major changes in the focus of your work / plans which gives everyone a feeling of a clear goal and direction.

3.3.2 Experiences with cross-sector working

None of the WP leaders interviewed reported having experienced any challenges in cross-sector working, as some horizontal work packages do not require such type of work, for instance, the dissemination WP, while others have not yet reached that point in the first year to be able to report on this.

Regarding the concept of integrating activities across the four disease areas (HIV, TB, STI and hepatitis) the coordinator expressed a strong feeling: *I don't think anyone is not supportive, there may be some structural barriers or regulatory barriers that makes it difficult to change things, but ... the idea of the integrating all the diseases is considered a good idea by everybody*, as another WP lead added.

Among the strong points which will ensure efficient work across different disciplines and disease areas as well as with partners from different sectors (e.g. NGO, clinical, academic, government) resides in precisely the consortium composition, which as the coordinator put it, is *a diverse group from different settings, which are already in the discussion so we're having inside perspectives from other sectors*.

Another strong point mentioned in this context by one of the core WPs leaders is that *the work done in the previous EU funded projects (OPTTEST, COBATEST, EUROHIV EDATA, HEPCARE, etc.) has been extremely helpful, that has facilitated some of these communications with the different sectors*. Due to these projects, the respondent felt that *relationships between public health administration and community have improved a lot*.

In anticipation of the time when each WP will have to engage with the appropriate stakeholders, some WP leaders shared their fears, that the information coming from institutions (public health authorities) will be biased, trying to give a good impression on the situation, better than in reality, whereas *NGOs are more likely to give a bad picture, they are more likely to point out what is not going well, but it is good to have a balance*.

One of the barriers that WP leaders are constantly preoccupied to address is the integration of the information systems which is going to require customized approaches and solutions as *difficulties are different in the different countries*.

Another WP leader expressed her disappointment after presenting the JA to the public health officials in her country because, she stated *we received their support, but in words, nothing more for now, there was no actual official commitment*.

However, some WP leaders have a more positive outlook on the matter of cross-sector working, regarding the regional workshops as an opportunity to stimulate a dialogue, *where the national stakeholders can meet maybe for the first time, we expect people will highlight the structural barriers but hopefully we will reach that level of understanding to achieve the integration*.

3.3.3 Communication

There is no single WP leader or co-lead who has not mentioned communication as a paramount factor for the success of their work. Especially horizontal WPs leads stressed out the fact that their work is depending on the other WPs work and progress and this makes partners' input and communication across WPs compulsory elements for them to achieve their objectives and support the work of the entire consortium.

All people interviewed greatly appreciated their **relationship with the Coordinator**, the communication, involvement and support received and acknowledged that communication was mainly successful among the WP leaders but not so among the partners working in some WPs or across the consortium.

All respondents were generally appreciative of the communication initiated by the coordinator who facilitated work in all WPs. Unanimously, a lot of the credit in handling and overcoming various challenges goes to the Coordinator who supported all WP leaders in their activities:

- *CHIP made a huge effort to coordinate and that has been crucial to solve some of these situations.*
- *the coordination work done by CHIP was very good*
- *we had quite a close communication with the coordinator, could express our thoughts and report on our progress*
- *she was really there to try to solve everything, to talk to everyone*
- *if partners have become passive, they started pushing us to be more active*
- *although remote, we are looked after, they have everything under control, the smooth way, the easy way but in fact, the efficient way, concluded another one of the WP leaders.*

These quotations come to respond to the Coordinator's wish: *We hope that people feel that they can always approach us, hope that we have achieved that now with most partners.*

For the first year, in the opinion of the WP leaders interviewed, less achieved was the communication across work packages, in terms of information sharing facilitation or the Coordinator urging WP leaders to actively engage in direct communication with the other partners in order to achieve what they need to achieve. This has been acutely felt by the dissemination WP but not less by the WP4. One of the WP leaders confessed, *there should be more link or connection between the different work packages in terms of communication because sometimes I have the impression that each WP is a separate entity, they are doing something separate from the rest of the project, so I still cannot see the project as a whole.* Some of this blockage is attributed by the interlocutor to the fact that some information requests may have overlapped: *It may have been that people thought they have already answered the same questions for other WPs and did not bother to answer our questions again.* Similarly, another WP leads declared *"we have little idea of what is the work of the partners, we are planning to talk a lot to our WP partners"*. That is certainly an issue that needs to be address both generally across the consortium as well as particularly for this disconnected partner.

Another WP leader shares his strange feeling regarding communication across the consortium so far, *because we followed this scheme of communication through the Steering Committee and the Coordinator CHIP wishes to have the full control of this communication given the large Consortium.* Concerning dissemination, the WP leader finds a viable explanation for the lack of response from the partners: *when we have more concrete outcomes from the Joint Action activities, like the pilot studies, this could be something triggering partners to get more involved in the Joint Action and the dissemination as well.*

Among the **communication strategies used** to ensure all WP partners collaborate, are up-to-date, information is disseminated downline, the WP leads and co-leads participant in the interview mentioned a mix of emails, TCs and when given the opportunity, the face to face meetings which are by far, regarded as the most efficient means of achieving successful communication and most importantly, response.

WP2 delivered specially tailored communication tools that can be used both internally and externally, they have set up the Joint Action website, integrated a Document Management System, created and maintained social media accounts for the JA, have written newsletters, created a visual identity and promotional materials for the project.

In spite of this wealth of communication means, communication seems to leave room for improvements, in the dissemination WP leader's words, *we would like to see more motivation and engagement from the partners, reinforce the communication*. This opinion is shared by the Coordinator who thinks that *DMS can be used more by WPs and by us, it is a place to share documents, it's not implemented fully, that could be improved*. Another WP leader's confession comes to confirm that there is need for better use of the JA internal resources: *I did not look at all the documents collected in the Joint Action so far*.

However, the dissemination WP leader is confident things will improve: *We have a great capacity as a consortium and this capacity has to be capitalized somehow, so the problem is to find ways to engage our consortium first to be committed to the dissemination activity and to provide some clear messages as to what INTEGRATE is actually doing and what will offer soon as outcomes, reinforce the credibility and the visibility of the Joint Action*.

At the same time, he is hopeful that *the partners would like to communicate concrete results and we are not there yet, as soon as we have some early findings, probably the WP leaders will be willing to promote a little bit the outcomes*.

In spite of their shortcomings which obviously leave room for improvements, the face to face meetings have been unanimously ranked as the most successful communication strategy, meeting the preference of most WP leads and co-leads interviewed.

The fact that the Coordinator tried to make the most of the meeting in Zagreb, Croatia and organize as many WP meetings as possible is seen some as by a WP co-lead as a *"very good call"* and *"although it was last minute involvement for UCD, gave us the ability to meet with the partners face to face and was immensely helpful"*. The WP 4 leadership, who was the most challenged in the first year, confirmed *"the extreme value of the face to face meetings"* and of this meeting in particular *"When we had the face to face meetings in Zagreb, then in Amsterdam, that was very helpful because I had the opportunity to talk to people and after Zagreb I received a lot of emails and answers just because I had talked with them, they knew me, and they were more likely to do the work and answer to me."*

Another virtue of a face to face meeting is that it really creates an environment no other communication means can: *"we cannot get that open, creative atmosphere going without being in the same room, open that brainstorming, get communication going"*. Another WP leader comes to consolidate that point of view *"very helpful to have some of the meetings that were held with other WPs, very helpful in focusing on the objective and narrowing the scope of the WP"*.

The only disadvantage the face to face meetings so far have, at least those organized as Steering Committee Meetings is that they always are way too short and do not allow enough time to cover all topics, both the general ones and the more particular, WP based ones. Most participants in the interview expressed the wish for more face to face meetings.

Some respondents proposed Skype video calls and even audio calls as an acceptable surrogate for the face to face meetings, emphasizing the fact that communication in small groups or one-on-one is the most likely to achieve anything, large gatherings even face to face being counterproductive.

Most participants to the interview agreed that teleconferences (TCs) are useful but mostly for information which is to be disseminated from the Coordinator to the WP leads (one to many) and less for interactions among the WPs. Another disadvantage of the TCs is that time runs up very quickly and many times, WP leaders do not have time to *“to make a point or express an opinion, say what their ideas are”*, raise a specific question, if time is not managed strictly.

Email messaging is also a means of communication most respondents used but they agreed it is not appropriate for clarifications or debates, being the least engaging and the easiest to ignore, especially as all partners are involved in many concurrent activities, struggling with work overload.

To support this point of view, the WP2, WP4 and WP8 had similar experiences *“we sent emails to all the partners in WP8 to have their input but the feedback that we received was very limited”*.

In certain cases, according to various stages in the communication, most means available have been used, *“... how difficult it was to clarify the object of the desk review, but I used both emails, TCs with the entire group of partners also private, or better said one-to-one telephone calls when necessary”*.

In what concerns the feasibility of the planned specific activities, while most WP leaders interviewed have achieved their milestones in time, according to plan, they all expressed being acutely aware that the first year was mostly exploratory and preparatory, aiming to achieve clarity of the work packages objectives, clearing confusion and getting to know each other so that they can work together. A recurring issue across all work packages is the fact that when application was written, planning of certain events was done without knowing about the schedule of other concurring events so some adjustments needed to be done in order to avoid overlap. Similarly, in the process of writing the application for the Joint Action, some aspects like the pilots focus or the training topics had to be specified while when the project started these needed to be adjusted according to the findings of the mapping exercises or the results of the partners' survey on their training needs.

A particular case is WP4 which seems to lag behind due to a staff change in the organization leading the work package, ARCIGAY. The intra-organisational hand over process and the rapid training of the new WP leader that the Coordinator got promptly involved in however seemed not to fully compensate for this change and ensure smooth continuation of the work, as partners expressed their ongoing confusion and low rating of the leader's ability to progress in the first year. WP5 has experienced a similar imbalance due to an unexpected maternity leave of one of the team members.

Understaffing and low resources have been mentioned by partners among the main challenges together with lack of clarity in some aspects of the Joint Action, reasons that some WP leaders find behind the insufficient engagement from partners across the consortium in the activities of their work packages.

In some cases, failing the delivery term is not the biggest concern when they think of the usefulness of their core result, a case in point being the WP7 objective 2 which aims to improve the use of partner notification as a secondary prevention tool by providing a technical report for implementation of HIV, viral hepatitis, STIs and TB partner notification, including descriptions of best practice in data monitoring of “positives” and linkage to care.

The development of a technical report for partner notification including a range of approaches for implementation that can be adapted to different country contexts, population groups and healthcare settings is not a simple task. The technical report will include legal recommendations, audit recommendations and indicator recommendations for monitoring found positives and linkage to care. The Partner Notification technical report will be a document used for implementation and it will endeavour to adapt existing best practice partner notification tools from one to another disease. In the WP7 co-lead's opinion *“we had to refocus the pilot in WP7 – partner notification and*

hopefully make a more targeted, impactful pilot study ... making a pilot study that works really well with NGOs, that works for hospitals and works for government organizations, that is quite difficult, across the combination of different sectors, across countries, and across disease areas, I'd rather get the focus of the pilot correct and have it a few months later than do another pilot that is the "same old, same old" and then conclude we should re-do it"

Most core WPs experienced delays due to the complexity of their tasks, clarifications and alignments required.

At the root of the situations when work plans needed to be adjusted we found both intrinsic and extrinsic factors: *"what we had to change was the topics of the workshops because the survey brought to light other topics, also to shift the date of the first workshop, we had to shift it almost 6 months"* because of other previous conflicting engagements of their partner. Or, *"we needed to re-calendar some of the meetings with the pilot studies and with ECDC"*, due to another meeting ECDC had planned at the same time.

Another WP lead shares their cause for delay *"a few month-delay of the cost effectiveness study (CES) because it has taken us more time than we thought to specify the Terms of Reference (ToR), we have quite a limited number of person-days allocated for the WP but the initial ToR have been very ambitious to cover a lot of issues"*

A constant theme that seems to be quoted as a delay factor and challenge at the same time is bringing everyone at the same level of understanding the objectives, narrowing down the scope of some objectives, focussing the objectives, or even making some compromise and making some over ambitious objectives more realistic. As some of the WP leads stated *"it's hard managing to keep to the scope or focus of INTEGRATE and know what our limits are"*.

As such delays are to be expected, even the Coordinator admits that *"what is a bit behind schedule in a lot of the WPs is the pilot work due to the fact that people needed to get a good understanding of the objectives, specific, concrete actions and the pilot work will roll out"*.

When invited to speak about their challenges, most WP leads and co-leads are in agreement that *"the integration of TB is, has been and continues to be our largest issue"*. This is an intrinsic challenge for the whole Joint Action and needs to be addressed by all partners, especially those involved in WPs that aim to at least pilot some integration models if not to actually achieve it. Equally challenging seem to be differences among the countries taking part in the Joint Action. WP7 seems to experience particular challenges in finding bridges towards integration when dealing with partner notification and contact tracing, especially due to the specific difference between tuberculosis and the other diseases and to vast differences among various legal frameworks relevant in each country.

The insufficient communication across the whole consortium is diagnosed similarly by the WP4 lead *"we have to make the sustainability plan and the recommendations for the pilot actions that we do not know anything about"* and the WP2 lead in charge with dissemination who feels there is not enough input coming directly from the partners but has in mind to be more proactive and approach partners individually. It is a constant challenge for the interlinked WPs to keep updated with what the others are doing and their level of progress.

Insufficient resources and time are quoted as important limitations by all WP leads and co-leads interviewed.

Last but not least, *"administrative things take up a lot of time and a lot of energy, necessary, but they should not be overshadowing the essence of the main work, partners have not had that experience yet."*

When asked about work plan adjustments, WP leaders referred basically to delays, their adjustments being more in how they approach their work.

Some actual work plan adjustments declared are those around the pilots, especially those pertaining to WP7:

“we’re going to have some delays in the future, specifically around the partner notification pilot but this is because we’re changing the pilot to be as effective and useful as we can”

“delays from now on because I think the toughest part will be now to adapt and develop an ICT tool to be piloted and since we do not know what the tool is yet, we are still deciding which tool we are going to develop because it needs to be selected, adapted and piloted”.

Some other work plan adjustments were caused by overlapping events, as it is the case with the regional workshop planned for October 2019 in Estonia conflicting with the ECDC meeting.

The interviews did not manage to elicit a significant input from the people interviewed about how the pilot actions can be improved to ensure maximum impact, as pilots are still being defined and undergoing the preparation phase. However, most respondents are confident that when pilots are defined clearly and have achieved some findings both WP leaders will be more motivated to share information and the interested public will engage more and will want to know more and eventually be more supportive.

3.3.4 Areas for adjustment or improvement

Exchange of information among the different WPs was mentioned as one area that could definitely be improved, several WPs admitting that they could be more pro-active in engaging the other partners and that directly contacting the partners could be more efficient.

Both WP2 and WP4 would like to communicate better with the WP partners and with the whole consortium as they are both in charge with horizontal WPs, dissemination and Policy development and sustainability. The WP 2 leader shared his commitment *“to reinforce a little the collaboration with the other partners, across the whole consortium, to reinforce the participation of the consortium in the dissemination activities, instead of waiting for feedback, to trigger a little bit the discussion among partners, to engage them more in live communication, send some reminders once every month or so, to report to us and provide some information”.*

Also the WP2 leader felt that there is need for better planning of events as only two week-notice before the AIDS Conference in Amsterdam was not enough to prepare promotional materials and ensure more visibility to the JA.

On the same note, the WP7 co-lead is sharing her plans *“we just need to sit down and try out ideas, discuss or modify them, but we’re trying to do that. Doing that in a more efficient way at the start I think so we can start moving the process along, that is an area that we need to improve on in the next year”.*

3.3.5 Other

When given the opportunity to bring up their most pressing issue, the WP leaders interviewed mentioned the small budget, especially insufficient travel budget but also limited resources to cover all activities –including dissemination or regional workshops. Deriving from this, most WPs expressed their wish to have more opportunity to interact and work in face to face meetings, convinced that *“It will get easier as we get to know each other, have F2F interactions”.* But in order to achieve that, they all agree that we need more than two hours which proved never enough to achieve something other than a quick update and not even that at times.

The WP2 would like *“to bring the most out of the capacity that this consortium has. It is very challenging, since we do not have a lot of resources as a consortium”* but at the same time he agrees that he may have to directly contact the leaders of the WPs in order to get information that WP 2 needs *“starting from September we will contact directly the WP leaders and speed up the process of information sharing”.*

The information sharing could also be achieved through the use of the DMS – the platform – that so far has not been used so much.

In spite of the challenges, one of the WP leaders brings a fresh, new perspective on things “*These pilots are a good opportunity to test some new activity*”.

4. Conclusions and Recommendations

The evaluation identified good levels of progress and achievement, in line with expectations at this early stage of the project where much of the effort has been invested in setup and planning.

The 18 month lead time to set the groundwork has been immensely beneficial to the joint action particularly to allow partners to have a clear plan of action and expectations at the outset, with measureable outputs. This was apparent in many of the core work packages already undertaking and completing some major deliverables such as the ICT tool review in WP7 and pilot for European Spring Testing Week in WP5. However, not all partners were on board during this development, or joined late, or come with little previous experience of working on EC projects. So despite this lead time much of the first year was spent building relationships, making connections, doing baseline assessments and refining, clarifying, and – at times – limiting the scope of the work plans.

To that end, engagement has largely been successful with most partners understanding their role and responsibilities in the joint action and how it relates to the overall objectives of the project. Partners found the overall coordination effective, and the promotional and dissemination tools and resources useful.

Furthermore, good progress has been made against proscribed milestones and deliverables, although there is some variation between work packages. A majority of the milestones and deliverables were completed on time or with minor delays. This is supported by survey data that found partners' expectations have been broadly met, especially with regard to timelines. Overall, the projects planned objectives and timelines in the first year were achievable and realistic. Current assessment of slippage is low.

There was particularly high level of engagement and enthusiasm in joint meetings during the first year, as partners unanimously agreed they were well-organised, had the right participant mix, and most reporting they were useful to progress their work. The Zagreb consortium meeting was considered particularly useful. Participants value F2F meetings to tackle and solve important issues, and to learn about work in other WPs and update partners on their work.

The project infrastructure that was built in the first year will be vital to the success of the joint action in the next two years. There is a need to ensure INTEGRATE continues to build momentum into its second year, as more substantive elements of work get underway, and that partners increasingly take ownership of their work.

The following recommendations are made:

Project management, coordination and communication:

- As work has evolved, there has emerged a need to adjust two milestones (possible amendment to grant agreement):
 1. **MS13 Cost-effectiveness of pilot actions in WP4: recommend to delay or cancel after a dialogue between the coordinator, WP4 LP/co-LP and the funder**
 2. **MS42 Planning of regional workshops in WP8: recommend to shift due date to M30**
- Changing the dates of meetings may have downstream impact on the work flow and delivery of milestones and deliverables, as evidenced by a minor delay to the Zagreb meeting. **CHIP should conduct a risk assessment of moving the first regional meeting in Poland from September 2018 to June 2019 on expected milestones and deliverable, and put in place safeguards to mitigate any potential impact or slippage, coordinating with funders and WP LP/co-LP to modify the grant agreement as needed.**

- Overall, engagement and involvement is good, but a quarter (28%) of partners did not feel they had made a meaningful contribution to date. **WP leads should make regular contact with partners to ensure all feel they are able to contribute meaningfully.**
- Communication between work packages is an area where there is scope for improvement as partners do not feel they have enough information about what other WPs are doing. WP LPs/co-LPs are not cascading Steering Committee updates as needed. This was particularly true for the horizontal work packages, who expressed this need as their activities are interlinked with the other WPs developments
- **WP LPs/co-LPs must be reminded of their responsibility to cascade minutes and documents from the Steering Committee meetings to their collaborating partners.**
- Partners have valued opportunities to provide input and comments on other work packages, and those who received comments felt they were valuable to inform/improve their work. **CHIP should further encourage collaboration and exchange of information among the different WPs and allow time for partners to provide input and comments at any point for other work packages.**
- The Advisory Board brings a deep and varied expertise and is valued by partners, but more can be done to ensure the available expertise is fully utilised. This has been partly because more members have been added over the year. **CHIP should ensure partners are aware of the terms of reference of the Advisory Group and internally publicise the membership and skillset.**
- A key challenge to date has been finding ways in which TB can be integrated with HIV, STIs and viral hepatitis. The coordinator has led a comprehensive analysis to address how the joint action will cover TB. **CHIP should discuss the findings with the funder. Any necessary adjustments should be made to work plans and indicators as a priority. Delays may result in continued uncertainty about the scope of work and not achieving agreed milestones.**
- Some organisations think they are responsible to enact progressive changes in countries where there are still strict legal barriers around who can test for HIV, what conditions can be tested for, where they can be tested, regulations on data reporting and sharing. However, this is not the expectation of CHAFAE. **CHAFAE and CHIP should reiterate to partners that these actions are meant to provide political levers for future change, and partners are not necessarily expected to enact all changes in all countries by the end of the JA.**
- Contacts and connections are made ad hoc or via the coordinator, and no central contact database is available to the partners. It would save time if partners could directly access and find relevant people or organisations quickly through. **CERTH and CHIP should establish an up-to-date, accessible directory shared inside the consortium, with contact details and a short description and tags attached to people on their areas of expertise.**
- To inform future evaluations and evidence the work process, **WP leads should document specific examples of how mapping and groundwork activities undertaken in year 1 have directly informed and focused the activities and physical outputs in years 2 and 3.**

Work package coordination

- Coordinators to avoid further slippage, **CHIP should monitor the five deliverables due in M13 to not lose ground and momentum**
- To its credit, 6 of the 8 work packages appear to be on schedule and executed with minimal disruption issue. However, weak performance with completing milestones and deliverables was linked to lower ratings for coordinators of that work package. Two work packages could benefit from additional intervention and assistance from the coordinators:

1. **WP4** – coordination was delayed by staff changes, but communications could be improved with partner organisations.
2. **WP6** – there was evidence of progress , however there were no physical outputs in year 1 and few responses to the survey suggesting more engagement with partner organisations and pilot sites may be needed.

Project meetings and activities

- Planned events can always be used as an opportunity to meet and have WP based discussions and exchanges. The planned regional meetings and the HepHIV meeting in Bucharest a good opportunity to interact face to face. **Recommend meetings when held should be scheduled ideally a full day but at least a half day. There should be separate sessions focused on each WP objectives as meetings with large attendance being less productive. Breakout meetings at HepHIV should be planned to focus on each work package where people can sit down together.** Such an opportunity would be more than welcome by all work packages, either before the conference or after, so this should be taken into account when making travel arrangements so people can accommodate this opportunity.

Project promotion and dissemination

- The tools and resources provided by CERTH have been useful and had good uptake, however minor adjustments and information could be made. **Recommend that CERTH generate a PowerPoint slides with fixed master slides that do not allow movement of the images/logos. Suggest creating a video tutorial on how to use the document management system and other tools available.**
- WP2 can organize a subscription to automated updates on the new files uploaded and new content publication. **CERTH to also publicise this option to partners so they can be informed new content is uploaded into the common place in real time.**
- More could be done to get partners involved in promotion activities (e.g. via social media). **CERTH should commit to being more pro-active in the next year to promote the tools and resources among the partners.**
- Access to the WP information is via CHIP rather than direct and would be helpful e to elicit more information on the WP progress and news by directly engaging the WP leaders and approaching the partners directly. **Recommend CHIP to facilitate a dedicated presentation of the tools and by the WP2 lead to the partners and reinforce the responsibility of the WP leaders to generate updates, news and content that can be taken further by WP2 to promote and disseminate.**
- Another means of keeping everyone up to date would be to circulate the presentation that is prepared for each SC TC. **Sharing of work plans and specific updates for each WP – in dedicated TC per WPs or internally circulated updates**
- In terms of maintaining everyone in the consortium constantly informed on what has been done, using the person months allocated to each partner for dissemination, **WP LP/co-LP should organize an update on their WP at least every two months (e.g a short video or report) and publish them internally for the other WPs to be able to keep up to date. For quick updates, visual representations as the RAG reports, very simple to read and interpret, could be made available for all WPs.**

Abbreviations

• AB	Advisory Board
• ART	Antiretroviral therapy
• CHAFEA	Consumers, Health, Agriculture and Food Executive Agency
• CHIP	Centre for Health and Infectious Disease Research
• DMS	Document Management System
• ECDC	European Centre for Disease Prevention and Control
• EEA	European Economic Area
• ETW	European Testing Week
• EU	European Union
• F2F	Face-to-face
• HA-REACT	Joint Action on HIV and co-infection prevention and harm reduction
• HCV	Hepatitis C Infection
• HIV	Human Immunodeficiency Virus
• ICT	Information and Communication Technology
• JA	Joint Action
• LP	Lead Partner
• Co-LP	Co-lead Partner
• M&E	Monitoring and Evaluation
• PLHIV	People living with HIV
• STI	Sexually Transmitted Infections
• TB	Tuberculosis
• TC	Teleconference
• WHO	World Health Organisation
• WP	Work Package

Appendix A. Interview Topic Guide

Year 1 Evaluation of INTEGRATE

In-depth Interview Topic Guide

To explore:

- Whether work package activities are being implemented and outputs produced as planned
- Experiences of cross-sector and interdisciplinary working
- The feasibility of planned activities and achieving milestones
- Areas for adjustment or improvement within your work packages to achieve the project goals

1. Introduction

2. Implementing activities and producing outputs

- In your view, how would you say your work package progressed in the first year overall?
- What has worked well in your work package process?
- What went better than expected?
- What has not worked well?
- Have you had to make any major changes the focus of your work / plans (e.g. populations targeted, infections targeted)

3. Experiences with cross-sector working

- To what extent has the concept of integrating activities across the four disease areas (HIV, TB, STI and hepatitis) been received by WP partners and stakeholders (e.g. has it been seen as appropriate and/or useful?) Who has been most supportive? Who has been least supportive?
- What challenges have you faced working across different disciplines and disease areas?
- What challenges have you faced working with partners from different sectors (e.g. NGO, clinical, academic, government)?
- What strategies for cross-sector working have worked well?

4. Communication

- Overall how do you feel the coordinators have done with communication with all JA partners to ensure the smooth running of the JA?
- What strategies have you used to ensure all your WP partners are up-to-date (e.g. information is disseminated downline) and to ensure everyone is working together? How have these worked for you?

5. Feasibility of planned specific activities

- In terms of the process, have you achieved everything you expected in the first year?
- Have you achieved your agreed milestones on time? *If not, why not?*
- What are the challenges or barriers you have faced?
- Do you expect to have to adjust your workplan to ensure your part of the project achieves its goals?
- How might the pilot actions be improved to ensure maximum impact?

6. Areas for adjustment or improvement

- Overall, do you see any areas of working that you will improve upon going forward?

7. Anything else you would like to add? Thanks for your time.

Consortium

Croatia		
	HRVATSKI ZAVOD ZA JAVNO ZDRAVSTVO	Hrvatski Zavod za Javno Zdravstvo Croatian Institute of Public Health
	LET	Life Quality Improvement Association
	HUHIV	Croatian association for HIV and viral hepatitis
	ISKORAK	ISKORAK
Denmark		
	chip	Region Hovedstaden / CHIP
Estonia		
	Tervise Arengu Instituut National Institute for Health Development	Tervise Arengu Instituut National Institute for Health Development
Greece		
	CERTH CENTRE FOR RESEARCH & TECHNOLOGY HELLAS	Centre for Research & Technology Hellas, Institute of Applied Biosciences, Information Technologies institute
	HECDCP HELLENIC CENTRE FOR DISEASE CONTROL & PREVENTION MINISTRY OF HEALTH	Hellenic Centre for Disease Control and Prevention
Hungary		
	Semmelweis University	Semmelweis University
Ireland		
	UCD UNIVERSITY COLLEGE DUBLIN	University College Dublin, National university of Ireland Dublin
Italy		
	ARCIGAY Associazione LGBTI Italiani	Arcigay Associazione LGBTI Italiana
	Croce Rossa Italiana	Croce Rossa Italiana
	LEGA ITALIANA PER LA LOTTA CONTRO L'AIDS LILA Milano ONLUS Fondazione di Partecipazione	Fondazione LILA Milano ONLUS - Lega Italiana per la Lotta contro l'AIDS
	Fondazione Villa Maraini Onlus	Fondazione Villa Maraini Onlus
Lithuania		
	Nacionalinė visuomenės sveikatos priežiūros laboratorija	National Public Health Surveillance Laboratory
		VILNIUS CENTRE FOR ADDICTIVE DISORDERS
		Užkrečiamųjų ligų ir AIDS centras
		Vilnius University Hospital SANTARIŠKIŲ Klinikos
		Malta
		health.gov.mt
		Poland
		National AIDS Centre Agency of the Ministry of Health
		Romania
		"Victor Babes" Clinical hospital of infectious diseases and pneumophthisiology Craiova
		"Marius Nasta" Institute of pneumoftiziology
		Institut of Public Health of Republic of Serbia "Dr Milan Jovanovic Batut"
		Slovakia Slovak Medical University in Bratislava
		Slovenia
		Nacionalni inštitut za javno zdravje
		Spain
		Centre d'Estudis Epidemiològics sobre les ITS i Sida de Catalunya
		Consorci Institut d'Investigacions Biomèdiques August Pi i Sunyer
		Instituto de salud pública y laboral de Navarra
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