Training report

Improved Treatment and Care Access (ITACA)

Treatment Cascades in Central and South East Europe

13th to 15th of May 2016, Warsaw, Poland

Contents

Introduction

"Improved Treatment and Care Access (ITACA): Treatment Cascades in Central and South East Europe" was a regional training project on advocacy for universal access to treatment and development, analysis and the use of treatment cascades as advocacy tools.

Since the HIV treatment cascades (also referred to as HIV continuum of care) were first described in the US in 2011, there has been a growing interest in use of this tool. It can be used to monitor the quality of HIV care for people living with HIV (PLHIV) and to assess the extent to which viral suppression is occurring at population level and contributing to efforts to further reduce HIV transmission.

Attempts to compare and aggregate data to form HIV treatment cascades in countries of Central and South East Europe (C&SEE) have been very limited, and data has been limited, with different approaches to data collection in the region. Development of HIV treatment cascades requires cooperation by stakeholders from all levels of response to HIV, and from the aspect of Community organization, the treatment cascades present a valuable advocacy tool used for attaining universal access to treatment and diagnostics for PLHIV.

To build the necessary capacities within the community organisations in C&SEE for development interpretation and adequate use of HIV treatment cascades in the context of universal access, a training was organized in cooperation by the European AIDS Treatment Group (EATG) and the Network of Low Prevalence Countries of Central and South East Europe (NeLP) and it took place in Warsaw, Poland, from Friday, 13th May to Sunday, 15th May 2016.

Key Points and Results

The training included 24 activists from the community and civil society organizations working in the field of HIV, from 17 countries of C&SEE region working in the field of HIV advocacy, treatment and care.

Even though the participants had similar levels of knowledge about both treatment cascades and advocating for universal access, they came from different backgrounds and their knowledge pertained to different aspects of these topics. Therefore among the key goals for the training was to bring the level of knowledge and understanding to the same common basic level regarding:

- universal access to treatment and diagnostics,
- data collection and data interpretation,
- monitoring
- treatment cascades as a tool, and
- roles of the civil society and advocacy strategies.

The treatment cascades component of the training aimed at building the necessary capacities for making of general HIV treatment cascades but also to teach how to interpret them in the context of outreach, counselling and testing, linkage to care, adherence and viral suppression of PLHIV, as well as for planning and developing suitable actions at the community level, both as advocacy or direct intervention.

The advocacy component of the training was focused on promoting the concept of universal access to treatment and diagnostics. It also included discussions about key existing issues to access to ARV treatment and diagnostics in Central and South East Europe and identifying appropriate advocacy strategies to overcome them, both on national level or as joined cooperation between countries.

Overall, the training surpassed the expectations of the organizers and affirmed their ideas that treatment cascades are an appropriate and possibly necessary tool for low prevalence settings of C&SEE. All participants took an active role in the training, particularly motivated by the quality of the data for their countries, and made significant contributions to the success of the training.

Follow-up grant scheme of mini-grants was provided for participants to advocate for treatment cascades in their countries, and within that scheme 4 mini-grants were awarded.

Preparation of the Training

This training was independently developed and implemented by EATG and NeLP. It was made possible through generous sponsorship from Bristol-Myers Squibb.

For promotion and preparation of the training a website www.itaca-training.com was prepared, and it included key information about the training as well as on-line application.

Selection of the trainers was done by NeLP and EATG. Information about the training and an open call for trainers was published using all the EATG and NeLP communication channels in December 2015. There were 6 trainer applicants for the training. Criteria for their selection included knowledge on HIV treatment cascades; experience with HIV based activism and experience in delivering HIV-related trainings. The selected trainers were Magdalena Ankiersztejn-Bartczak and Kiromiddin Gulov.

Curriculum for the training, along with the training slides and exercises were prepared in cooperation between the selected trainers and the coordinating representatives from the EATG and NeLP. The agenda for the training is given as Annex 1 of this training. In order to facilitate preparation of the training, and to gauge the level of knowledge of participants on the topic a pre-meeting survey was distributed among the selected participants.

An additional expert from the ECDC, Chantal Quinten, was included in the agenda. The aim of her presentation was to present the current situation regarding data collection in the C&SEE region, the importance of a coordinated approach to data collection between countries, but also how to use national/regional data to calculate the total number of PLHIV.

Invitations for participants in the training were sent to organisations from the C&SEE region, which includes 18 countries (Albania, Austria, Bosnia & Herzegovina, Bulgaria, Croatia, Cyprus, Czech Republic, Greece, Hungary, Kosovo, Macedonia, Montenegro, Poland, Romania, Serbia, Slovakia, Slovenia and Turkey), and they were distributed using both EATG and NeLP communication channels.

There were 54 participant applicants in total. Training numbers were limited by the project budget, so 25 applicants were selected to be supported for participation in the training. The selection criteria included involvement of participants in the HIV/AIDS advocacy in their country, regionally or internationally and their ability to verbalise how they expect treatment cascades will be used in their work. The selection process was done successfully and it achieved a balance in experience, field of work, but also gender representation.

Total of 24 participants took part in the training. The complete list of participants is given as Annex 2 of this report.

EATG and NeLP acknowledge that Bristol-Myers Squibb has not had any control or input into the structure or content of the initiative.

Friday, 13th of May

The training was opened by Kristjan Jachnowitsch from the EATG, who gave an overview of the goals of the training, as well as a brief overview of expectations from participants and results expected to emerge from the training. The opening was followed by introduction of participants, and their expectations from this training.

What do we want: universal access to diagnosis and treatment

The introductory session provided an overview of what universal access to diagnostics and treatment for PLHIV is, and why it is important. Magdalena Ankiersztejn-Bartczak started the presentation by presenting the UN 90-90-90 target goals, putting them in context of the current reality globally, and particularly in the C&SEE region.

This session presented all the relevant steps that make out continuum of HIV care, some of the standards which should be observed while implementing these steps and the role the civil society plays in their successful implementation. Particular accent was given to two of the key regional issues – barriers for treatment cascades – estimation of population affected by HIV, and dangerously low levels of HIV testing.

Group exercise following the session was about advocacy, and what advocacy means to the participants who had to present advocacy in a single word, which resulted with.

> *Tool, lobbying, pressure, continuing process, influence, speaking, empowerment, human rights, figures, evidence, improvement, standing for someone/something, research, improvement, protection, giving voice to the voiceless, fight, activism, alliances, changing, politics, arguments, agency, role models, engagement.*

Discussion following the group exercise elaborated further on what those one words meant to participants, but also gave some examples of advocacy work from Greece, Serbia and Slovenia.

How do we get universal access? Advocacy for universal access to HIV treatment

The second session immediately followed up on the group exercise in the previous session. It stressed that HIV/AIDS activism and civil society remain crucial for the HIV/AIDS response and that activism constitutes a global public good, deserving investment commensurate with the part it plays in improving health outcomes.

Magdalena Ankiersztejn-Bartczak further elaborated on some of the aspects of universal access, what role they play in lives of PLHIV and why they are important for public health of individual countries. She gave a brief step-by-step guide on what constitutes treatment cascades, what those elements demonstrate – particularly the gaps – in the national response to HIV, as well as what would be the role for improvement of those gaps.

Group exercise that followed the session was on how to advocate for specific steps of the treatment cascade, and what techniques we can use to advocate for treatment cascade.

Site visit 1 Warsaw Clinic for Infectious Diseases

HIV ward of the Warsaw Clinic for infectious diseases has a reputation of an institution providing very comprehensive care to the patients who undergo the treatment there. For that reason the Clinic was selected as one of the study visit locations during this training.

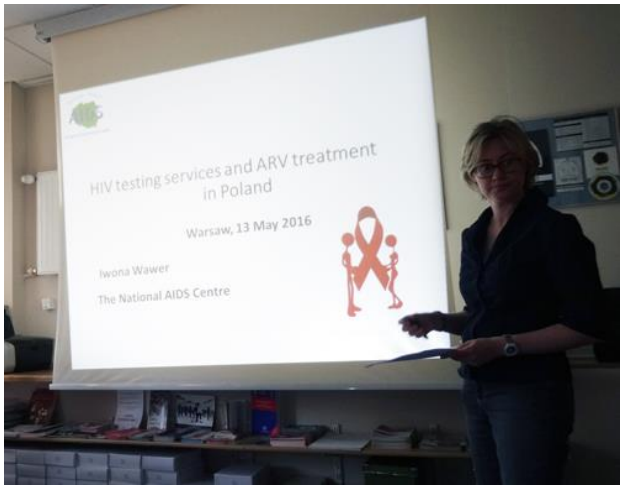
Our host during the study visit was dr Justyna Kowalska, one of the epidemiologists working in the Warsaw Clinic. Dr Kowalska was very open while presenting the work of the Clinic.

The Warsaw Clinic is rather unique in providing services for PLHIV in the NeLP region in the sense of the comprehensiveness of services, but also in confidentiality of its beneficiaries. The way the Clinic works was initially modeled on functioning of HIV Clinics in Los Angeles at the beginning of the HIV/AIDS pandemic. It has changed since to accommodate the needs specific for Poland, but it retained the holistic approach and inclusion of medical experts of other specialties in treatment of PLHIV (including rheumatologist, internal medical specialist, nephrologists, dermato-venerologist, gynecologist, psychiatrist, psychologist, etc.).

Dr Kowalska is one of the key experts in all the data collection and compilation process in the preparation of development of treatment cascades in Poland, so in her presentation she included the unique aspect of relevance of comprehensive treatment and care in this process.

Following the presentation dr Kowalska, was very forthcoming in answering all the questions directed by the group.

Site visit 2 Foundation for Social Education



The second site for the study visit was the Foundation for Social Education – one of the Polish civil society organisations working in the field of HIV/AIDS. Agata Kwiatkowska in her presentation of work of the Foundation included the overview of their achievements the last years, presentation of the Test and Keep in Care project ongoing since 2012 which puts a big accent on reducing obstacles to testing in Poland and their recent ***Test 2015 #Pozytywni*** campaign.

The study visit also introduced the levels of cooperation the Foundation has with other HIV stakeholders, and to demonstrate that the visit included a presentation by Iwona Wawer from the National AIDS Centre on availability of HIV testing services and ARV treatment in Poland and a Presentation by Marta Niedźwiedzka from the National Institute of Public Health and Hygiene on the Epidemiological situation of HIV in Poland and challenges.

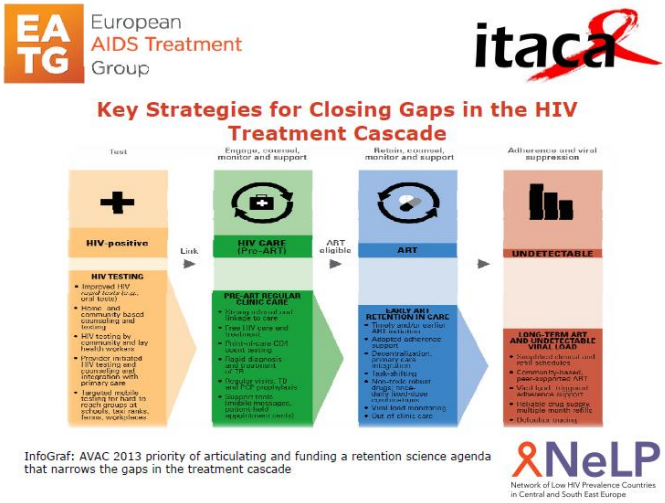
Saturday, 14th of May

The second day was very narrowly focused on treatment cascades, definitions, history, challenges some countries have had with developing them, what the treatment cascades helped them recognise and how it helped them plan mitigating strategies and actions.

HIV Treatment Cascades and care services

The first session of the second day was focused on what HIV treatment cascade is, what are the key elements of HIV treatment cascades and some challenges relating to treatment cascades.

Kiromiddin Gulov presented that the main reason that treatment cascades were developed was to recognize the various steps necessary for everyone who needs HIV care to remain engaged in it – from an initial stage of getting tested for HIV to being able to suppress the virus through treatment. Subsequently treatment cascades showed clearly the gaps in response to HIV.



InfoGraf: AVAC 2013 priority of articulating and funding a retention science agenda that narrows the gaps in the treatment cascade

He followed up with examples of treatment cascades that have already been developed, like the US, UK, Georgia, Estonia and presented some challenges people developing those cascades faced, mostly with data collection and reliability of attained data.

Countries of C&SEE are low prevalence countries, and they share the problem of severe lack of attention to HIV related issues due to low numbers. That links to what individual organisations and networks can do in order to direct attention, but also what they can do to reduce the gaps in the response to HIV. In order to do that, organisations would have to have the capacity of accurately interpreting treatment cascades and recognising their role in reducing the gaps.

In the group exercise that followed the presentation every group was given an example of several existing HIV treatment cascades with the task of interpreting the columns of treatment cascade and explaining what they present. Debriefing demonstrated that most of the participants had the basic grasp of treatment cascades, and could recognise the differences and the gaps.

Conceptual framework of metrics for monitoring the cascade of HIV testing, care and treatment services

In his presentation Kiromiddin Gulov presented the metrics for monitoring the cascade of HIV testing, care and treatment services. Monitoring is a key aspect of treatment cascades. Along with identifying the gaps of HIV responses, it can be used to monitor how services are being provided to mitigate those gaps.

This session included key steps in developing treatment cascades, with key data sources for each step. Different modelling methods for developing treatment cascades were also presented and how data is showed in those various models.

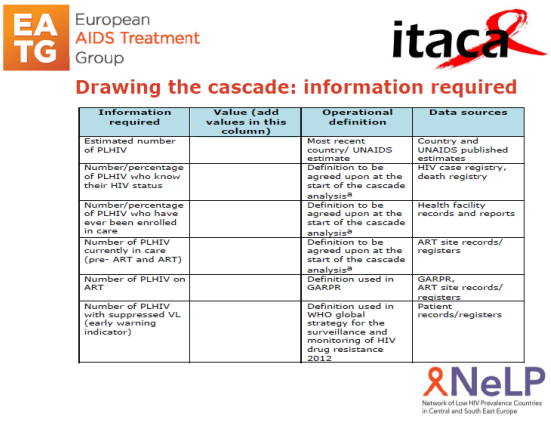
Metrics used for development of treatment cascades will vary depending on the environment where the HIV treatment cascade is being developed, and there are several models proposed for gathering the data, like the Gardner model, Cross-sectional model, CDC model and Institute of Medicine Model. All of them have to be similar in the type of data they gather and answer same questions, in order to be comparable. However, data collection requires a level of flexibility.

The group work in this session was for each of the five groups to produce a model of a treatment cascade, and in the debriefing describe how they would gather data, how would they monitor the data, and what would be their conclusions based on their experience in their own countries.

This exercise demonstrated that the participants had a good grasp of the techniques and data collection methods.

HIV test–treat–retain and cross-sectional cascade – data requirements and analysis

Kiromiddin Gulov in this session stressed the importance of data, which is the key element of every segment of the HIV treatment cascade. The training has already discussed some sources of data, and techniques of obtaining data. Key role of data is to demonstrate the situation – and in the case of HIV treatment cascade is to demonstrate the problems.



Drawing the cascade: information required

Information required	Value (add values in this column)	Operational definition	Data sources
Estimated number of PLHIV		Most recent country/ UNAIDS estimate	Country and UNAIDS published estimates
Number/percentage of PLHIV who know their HIV status		Definition to be agreed upon at the start of the cascade analysis[a]	HIV case registry, death registry
Number/percentage of PLHIV who have ever been enrolled in care		Definition to be agreed upon at the start of the cascade analysis[a]	Health facility records and reports
Number of PLHIV currently in care (pre- ART and ART)		Definition to be agreed upon at the start of the cascade analysis[a]	ART site records/ registers
Number of PLHIV on ART		Definition used in GARPR	GARPR, ART site records/ registers
Number of PLHIV with suppressed VL (early warning indicator)		Definition used in WHO global strategy for the surveillance and monitoring of HIV drug resistance 2012	Patient records/registers

There is a group of tools and manuals developed by international organisations like WHO, UNAIDS, some regional and international networks with recommendations for collecting data and cooperation with the governments in the data collection process.

Cross-sectional cascade is a type of HIV treatment cascade that presents the situation regarding response to HIV based on each key population, by age and gender, and can be used for each specific group and each niche. Data includes information on all persons infected living with HIV who are alive at a specific point in time.

Kiromiddin Gulov further presented the recommended steps of an implementation process for preparing a cumulative cross-sectional treatment cascade on a national level, along with the stakeholders which should be engaged for each of those steps. This process helps define responsibility, both for creation of the cascades, but also for separate phases in the response to HIV.

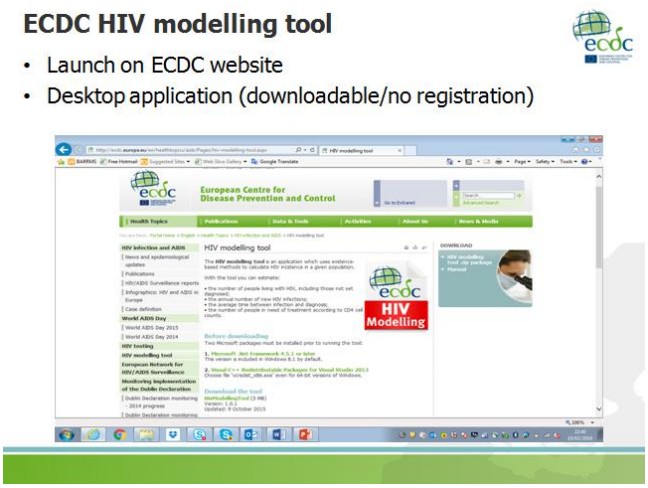
This session was continued with a discussion regarding efforts in each country of the C&SEE regarding development of treatment cascades, but also how far along individual countries have gotten in this process.

Some of the countries, like Greece, Macedonia and Serbia have even seen some sort of estimated treatment cascades presented at national meetings, but set only on estimated data. Some countries, like Austria, Czech Republic and Poland have already started preparation work and discussions among key stakeholders on preparing the cross-sectional treatment cascade. Croatia is the only country from the region that has actually developed a treatment cascade which currently being refined.

Some countries, on the other hand, like Turkey do not even have systematised data about HIV. The conclusion of the discussion that the civil society organisations have to increase their level of involvement with their governments in order to initiate or get higher level of participation of treatment cascade development.

How to use national/regional data to calculate the total number of people living with HIV (PLHIV)?

The very first column of the treatment cascade is based on an estimate worked out from population models, and it depends on the best existing data regarding HIV epidemics for each country. It is also problematic for a number of countries. So far there have been several models of population estimation based on various methodologies, like the London Method or the Incidence Method. Recently ECDC has developed a new modeling tool which is now available from the ECDC website.



In this session Chantal Quinten presented the tool, backgrounds for developing the tool, datasets used for obtaining an estimate, and the data the ECDC has to work with provided from each country. Even though European countries have taken on the obligation of reporting their data to the ECDC, that reporting is somewhat sporadic, of different levels of accuracy.

Presentation of the modelling tool was followed by presentation of data provided by each country which had a representative in the training. Most of the data was surprising for participants, and sometimes was at odds with official data provided by institutions of that country.

The discussion that followed the presentations put the accent on the necessity of adequate data, data monitoring and suitable metrics which was discussed during the first session of the day.

Sunday, 15th of May

The last day of the training was focused on concrete actions CSOs can undertake, partnerships they can develop, advocacy actions they can plan in order to help develop treatment cascades, but also what programs they can develop to decrease the gaps identified by treatment cascades.

Engagement of community and CSOs on treatment cascades

One of the key questions for the CSOs is in which way their organisation can better engage people living with HIV in the treatment cascade?

Magdalena Ankiersztejn-Bartczak stressed that it is not generally the CSOs who will be developing treatment cascades, as it is an effort of many HIV stakeholders in each country. However, CSOs can advocate.

There are numerous levels of advocacy CSOs can engage in, starting from individual advocacy, building relationships, strengthening and mobilising the community to better meet the needs of the current generation, advocating for a better and more modern and responsive healthcare system, and also advocating for better and more responsive healthcare policies. There are also a number of services that the CSOs can provide to mitigate for the identified gaps in the response to HIV. Build partnerships, international networks, perform research.

Magdalena Ankiersztejn-Bartczak gave a step-by-step overview of good examples of organizational engagement within each step of the treatment cascade.

As a very good example from the C&SEE region the session included a brief presentation by Zoran Domiković on how treatment cascade is being developed in Croatia.

Croatia is the only country in the C&SEE region that has developed a data based treatment cascade and is currently undergoing refinement so that the treatment cascade would present the exact situation regarding HIV response in Croatia.

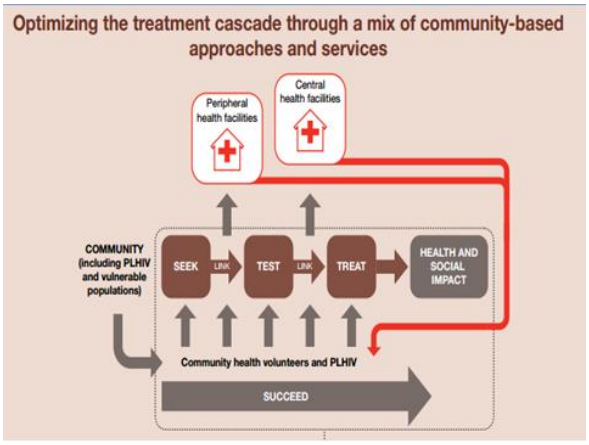
This presentation gave an overview on how the treatment cascade development started, which stakeholders were introduced and when, how were CSOs engaged in the process, which reviews were necessary to refine the cascade, as well as which are future steps in this process.

Building the cascade – Identifying barriers

The final session was about success. The plans discussed whether on national or international levels make sense only if they can be implemented successfully.

Magdalena Ankiersztejn-Bartczak stressed that it is easy to identify barriers, and that identifying them is only an important first step in overcoming the identified barriers. Many organizations, including IFRC and GNP+ are promoting the seek-test-treat-succeed model which is particularly linked to work of CSOs. They include:

- empowering communities to provide support for retention and re-engagement into care
- integrating HIV testing and counselling and antiretroviral therapy services with other health and social services
- development issues and addressing structural barriers through optimizing positive health
- dignity and prevention throughout the treatment cascade



The community can link services, the community can bring them closer to home, and it is the community that can integrate those services to reduce the loss of follow-up.

The session was continued by group work of identifying barriers for treatment cascades, and what would be adequate actions for overcoming those obstacles. The groups were formed based on geographical location of countries participants are from, with similar issues. In all the groups' low impact of low prevalence surfaced as a problem, which resulted with the lack of political will and lack of funding, lack of collaboration and communication between stakeholders.

In the closing of this final session, Kristjan Jachnowitsch presented the sub-granting scheme that would be following this training in order to further support development of treatment cascades, and an opportunity for participants to utilize the knowledge and skills gained in the training. The presentation included the topic of the training, presented the basic criteria and deadlines for submitting the proposal, as well as deadlines until which the projects supported by the sub-granting scheme should be finished.

Annex 1: Agenda of the Training

Thursday, 12 May 2016	
20:00	**Dinner and unofficial welcome**
Friday, 13 May 2016	
08:30 – 09:00	**Registration**
09:00 – 09:30	**Opening and Introduction**
9:30 – 11:00	**What do we want: universal access to diagnosis and treatment** *Magdalena Ankiersztejn-Bartczak*
11:00 – 11:30	**Coffee Break**
11:30 – 13:00	**How do we get universal access? Advocacy for universal access to HIV treatment** *Magdalena Ankiersztejn-Bartczak*
13:00 – 14:30	Site visit 1 Warsaw Clinic for Infectious Diseases
15:00 – 16:00	**Lunch**
16:00 – 18:00	Site visit 2 Foundation for Social Education
20:00	**Dinner**
Saturday, 14 May 2016	
09:00 – 10:30	**HIV Treatment Cascades and care services** *Kiromiddin Gulov*
10:30 – 11:00	**Coffee Break**
11:00 – 12:30	**Conceptual framework of metrics for monitoring the cascade of HIV testing, care and treatment services** *Kiromiddin Gulov*
12:30 – 13:30	**Lunch**

Saturday, 14 May 2016	
13:30 – 15:00	**HIV test–treat–retain and cross-sectional cascade – data requirements and analysis** *Kiromiddin Gulov*
15:00 – 15:30	**Coffee Break**
15:30 – 17:00	**How to use national/regional data to calculate the total number of people living with HIV? Specifics of data collection in the region. A modelling approach** *Chantal Quinten*
17:00 – 17:30	**Information on the application process for follow-up projects** *Kristjan Jachnowitsch, Rade Kuzmanović*
20:00	**Dinner**
Sunday, 15 May 2016	
09:00 – 10:15	**Engagement of community and civil society organizations on treatment cascades** *Magdalena Ankiersztejn-Bartczak, Kiromiddin Gulov*
10:15 – 10:45	**Coffee Break**
10:45 – 12:15	**Building the cascade – Workshop to identify barriers for developing accurate and honest treatment cascades** *Magdalena Ankiersztejn-Bartczak, Kiromiddin Gulov*
12:15 – 12:30	**Closing remarks and evaluation** *Kristjan Jachnowitsch, Rade Kuzmanović*
13:00	**Lunch**

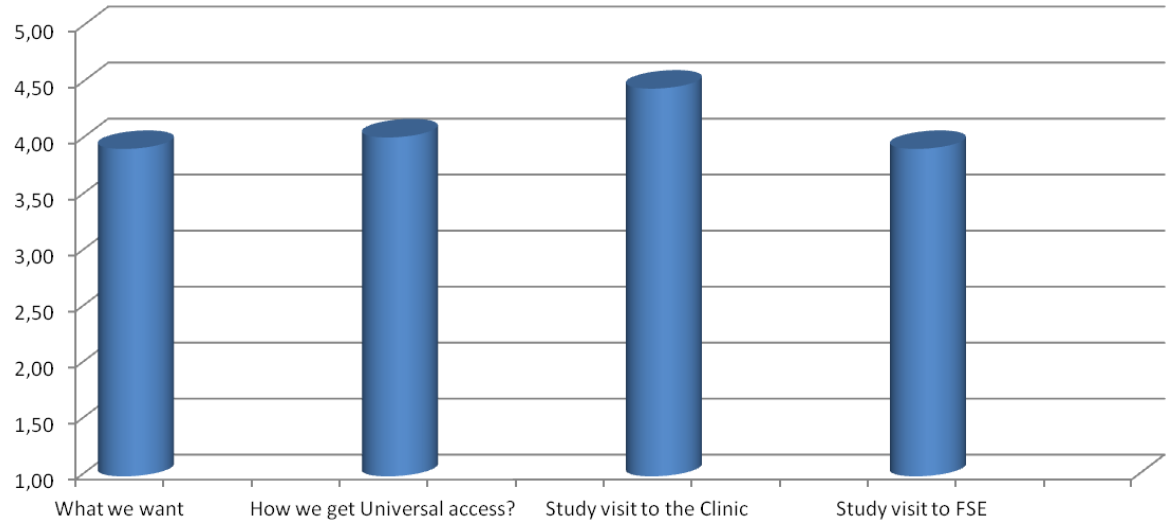
Annex 2: List of Participants

Participants	
Olimbi Hoxhaj	Albania
Besjana Xhani	Albania
Isabell Eibl	Austria
Belma Lepir-Cviko	B&H
Dalibor Miholjčić	B&H
Momchil Baev	Bulgaria
Zoran Dominković	Croatia
Ivana Benković	Croatia
Zoe Kakota	Cyprus
Robert Hejzak	Czech Republic
Koen Block	EATG
Aleksandros Tanskidis	Greece
Apostolos Kaloganis	Greece
Valbon Krasniqi	Kosovo
Kire Blagoevski	Macedonia
Trajche Janushev	Macedonia
Petar Belada	Montenegro
Dagmara Kraus	Poland
Agata Dziuban	Poland
Ioan Petre	Romania
Bogdan Hadarag	Romania
Bratislav Prokić	Serbia
Miran Šolinc	Slovenia
Fatih Kara	Turkey
Trainers	
Magdalena Ankiersztejn-Bartczak	Poland
Kiromiddin Gulov	Moldova
Chantal Quinten	ECDC
Organizers	
Kristjan Jachnowitsch	EATG
Rade Kuzmanović	NeLP

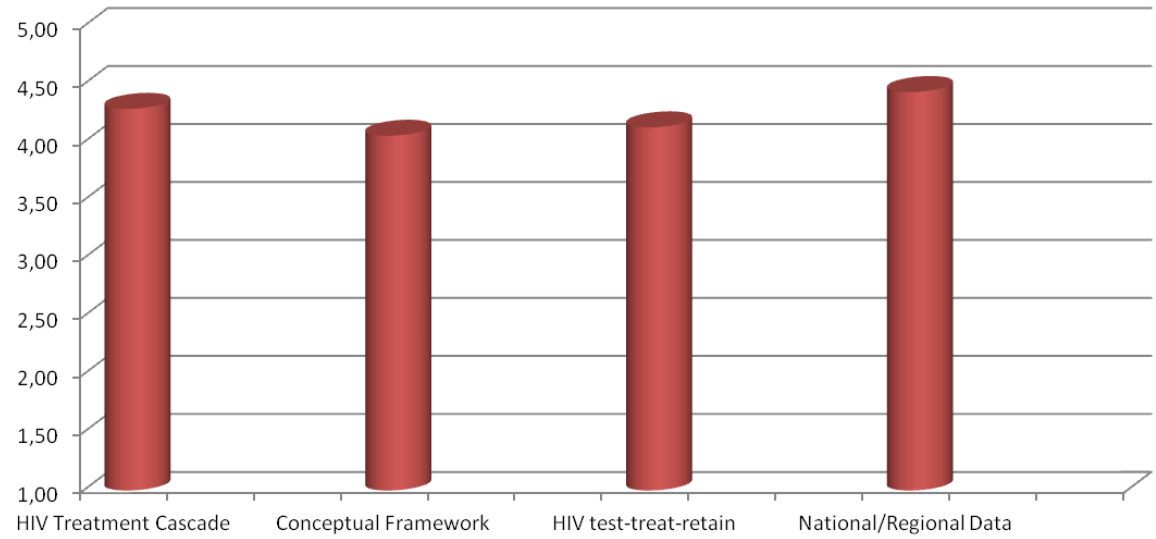
Annex 3: Training Evaluation

Participants have provided feedback about individual aspects of the training. Their feedback included the knowledge they gained during the training, the suitability of the content of individual sessions, and their opinion about the relevancy of the sessions. They were also asked to recognize a key point of learning they had for each day, and their opinion on how useful that would be to take home. Finally, they were asked for feedback on organization of the training and accommodation.

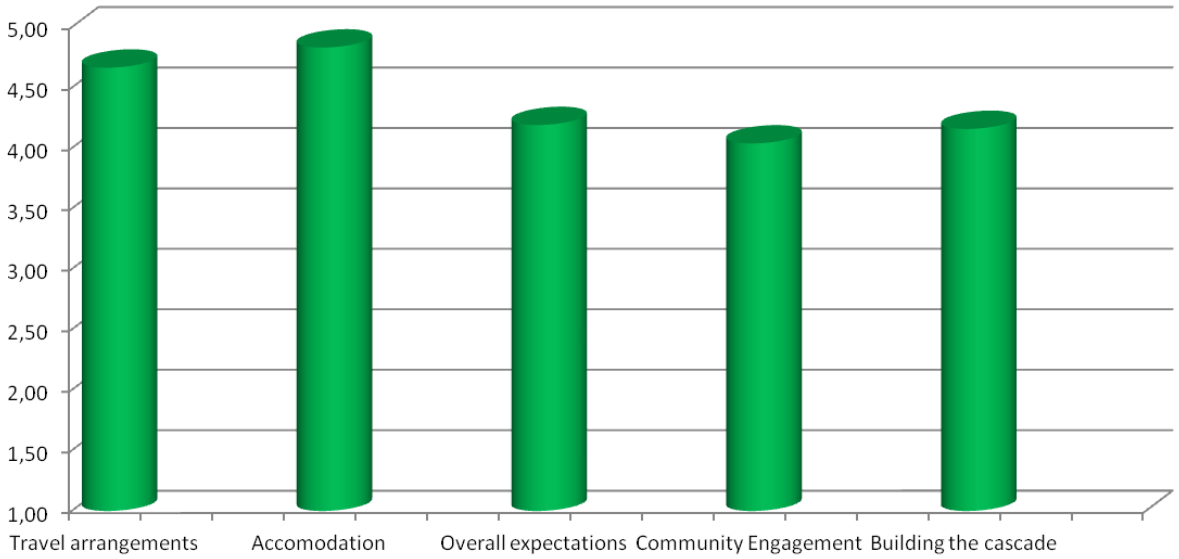
Day 1:



Day 2:



Day 3 and the overall experience:



HIV treatment cascades are a new concept. The novelty of the concept for both Europe and the C&SEE Region made communicating the goals of the training and building expectations of participants with different backgrounds to match those goals challenging. However based on the participants evaluation we are satisfied that in the preparation of the training we rose up to that challenge.

As all the evaluation marks were above 4 (in the range of 1 to 5, 1 being not satisfied at all, and 5 being completely satisfied) the evaluation tells us that the training has been successful and that the goals set for the trainings were responding to an existing and recognised need.

Particularly successful and thus marked highest by the participants were the Study visit sessions to the HIV Clinic in Warsaw, and to the Foundation for Social Education. According to one of the participants: ***The clinic was so amazing, the doctor was so passionate and straightforward. A great example of how things should be done. Poland is lucky with such practitioner and such quality of services.***

The study visit was closely followed by the ECDC presentation and subsequent discussion about data collection in individual countries of C&SEE and need for a systematised data collection system, as well as the example of the treatment cascade building process which is currently under way in Croatia.

In their individual comments the participants recognised the importance of treatment cascades as a topic for their environment and that one of the key things they would take home would be: ***Basic knowledge of treatment cascade, from which points we should start when we will start building the system, how to reduce the gap.***

Annex 4: Follow-up Sub-grants

In order to support the efforts of training participants in advocating for treatment cascades and have an opportunity to utilize the knowledge and skills gained in the training, a scheme of follow-up sub-grants was provided ensuing the training.

The sub-grants would aim to further develop capacities in the countries/country in order to foster the development of treatment cascades in the country or region. Due to allocated funds for sub-granting our intention was to support 3-5 projects.

The criteria used for selection process of the projects were the following:

- Relevance to setting a framework for Treatment Cascade
- Importance and added value of the project for the community
- Budget being appropriate
- Candidate is able to show why his project is special and should be funded

The following projects have been awarded with sub-grants:

- **"Zero Drafts of Treatment Cascades**" – a regional project focussing on experience exchange and the development of Treatment Cascade zero drafts in Serbia, Macedonia, Bosnia and Herzegovina and Montenegro following the successful Croatian example.
- **"Increase awareness on new model and new approach to HIV prevention and treatment in Albania"** – This project aims to increase awareness on treatment cascade from developed and revised standard operating procedures, protocols and guidelines in Albania.
- **"From Treatment Cascade to case management"** – The project foresees to bring together all key stakeholders involved in the national HIV programming during two round-table events and jointly establish a methodology for establishing the HIV treatment cascade in the Czech Republic, including data collection mechanism.
- **"Rapid Test Training for HIV"** – This project foresees strengthening the capacities of the Cypriot community on the use of rapid testing as a basis for establishing a Checkpoint in Nicosia.