



HIV in Europe

Working Together for Optimal
Testing and Earlier Care

www.hiveurope.eu

Outcomes of the HIV in Europe Initiative

Annual Report 2017

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Introduction

Dedicated to improving early HIV diagnosis and care throughout the European Region, HIV in Europe provides a European platform for the exchange of research findings and the promotion of related activities. Over the past 10 years, the HIV in Europe initiative has played a critical role in the HIV response by uniting policymakers, community activists, clinicians, researchers and many other stakeholders who work in the HIV arena. HIV in Europe has worked to increase HIV awareness, roll out HIV testing, fight HIV-related stigma and criminalization and reduce late presentation. The initiative's signal achievements include the initiation of European Testing Week at hundreds of sites across Europe; the studies identifying the indicator diseases that should trigger an HIV test (HIDES I and II); and the development of consensus definitions for late presentation of HIV and, more recently, viral hepatitis. Along with the other, these undertakings have been instrumental in improving HIV and hepatitis awareness, testing and linkage to care throughout the European region. New guidelines introduced in the last few years on starting treatment as soon as possible make this important collegiate upstream work more vital than ever.

The initiative is directed by the Steering Committee, which is an independent group of experts who represent civil society, research institutions, policy bodies, health systems and public health institutions. It is led by one co-chair who was a clinician and one who is a community representative. There are also several observers, from the WHO Regional Office for Europe, the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA), the European Centre for Disease Prevention and Control (ECDC), UNAIDS Regional Support Team ECA and Hepatitis B & C Public Policy Association.

The Policy Secretariat of the HIV in Europe Initiative is based with the European AIDS Treatment Group (EATG) and the Secretariat, which oversees the day-to-day running of HIV in Europe and its various projects, is based with CHIP, Copenhagen.

From the initiation, the initiative has obtained support from industry sponsors to conduct its activities, underwrite the biennial conferences, and to focus on activities in the Eastern European region, and in recent years the European Commission has been a major co-funder of HiE activities.



Activities and status of projects and results in 2017

HepHIV 2017 Conference: HIV and Viral Hepatitis: Challenges of Timely Testing and Care

The 2nd HepHIV Conference was held in Malta from 31 January to 2 February 2017. In total, 258 people attended the three day conference from all over the world and from civil societies, policymakers, health professionals and European public health institutions, both as participants and partners. (<http://hiveurope.eu/Conferences/HepHIV2017>).

For the evaluation of the conference 85 participants replied. The overall evaluation of the conference was positive, and 22% found it “extremely useful”. This is supported by 99% of participants deeming that the conference met or exceeded their expectations. Overall, comments regarding the entire conference included: “*Best practices and great data;*” “*I very much appreciated the dialogue although still feel frustration about limited work in EECA.*” The full evaluation report is found [here](#).

In addition to the evaluation report and press and media report from the conference, a supplement in HIV Medicine is being developed based on some of the presentations at the conference and this will be published in early 2018.

As an outcome of the conference the HIV in Europe: Call to Action 2017-2019 was drafted. It contains 10 main points where action is required:

1. Improve surveillance of viral hepatitis and the late presentation of viral hepatitis, and support ECDC efforts in this area.
2. Improve the monitoring and evaluation of programmes and services with respect to testing and linkage to care for HIV, viral hepatitis and sexually transmitted infections, (STIs), and promote the sharing of their best practices.
3. Improve HIV and viral hepatitis testing strategies.
4. Create synergies between efforts to tackle communicable and non-communicable diseases by encouraging partnerships and collaborations, including tandem testing, among people working with HIV, viral hepatitis, TB and STIs.
5. Advocate for stronger political leadership in implementing evidence-based public health interventions by the EU and its member states, as well as by other governments and international agencies in the WHO European Region.
6. Remove all restrictions on direct-acting antiviral (DAA) therapy for hepatitis C, and make it immediately available for all people living with active hepatitis C.
7. Drawing on the support and involvement of all stakeholders, urge governments to negotiate effectively to ensure universal access to DAA therapy.
8. Make pre-exposure prophylaxis (PrEP) available to everyone who needs it, as an integral part of HIV prevention.
9. Scale up efforts to combat stigma and discrimination.
10. Challenge policies that prevent undocumented migrants from accessing HIV and viral hepatitis prevention, testing, treatment and care.

With outset in the Call to Action, the HIV in Europe Initiative is working to:

1. Monitor and share research and best practices on HIV and viral hepatitis testing standards in order to improve practice and policy;
2. Stimulate the scientific development of activities and events to inform the European agenda on optimal testing and earlier care;
3. Review data and studies on the impact of counselling and HIV/STI testing on risk behaviour and support a consensus process to agree on optimal counselling practices;
4. Facilitate the implementation and assessment of HIV indicator condition guided testing;
5. Identify and reduce barriers to testing and linkage to care that include human rights, stigmatisation, discrimination and criminalisation;
6. Continue supporting the implementation of novel models to estimate the number of infected but not yet diagnosed individuals;
7. Assess the cost-effectiveness of different HIV testing strategies in settings across Europe;
8. Investigate linkages and collaboration between HIV and viral hepatitis testing and access to care; and
9. Support the international institutions and agencies (European Commission, European Centre for Disease Prevention and Control (ECDC), WHO Regional Office for Europe, European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) and UNAIDS to increase their engagement in working for optimal testing and earlier care and reinforce collaborative links.

Optimising testing and linkage to care for HIV across Europe - OptTEST

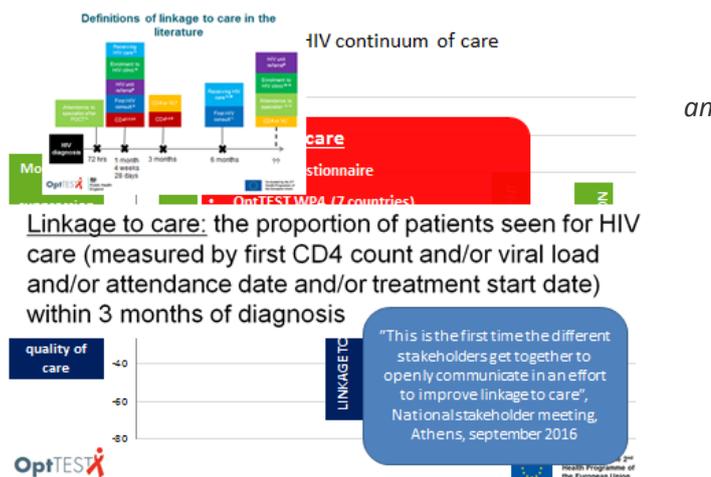
This project ran from July 2014 to September 2017 and its overall aim was to contribute towards a reduction in the number of people who are living with undiagnosed HIV and those who are diagnosed at a late stage of infection in the European region as well as promote timely treatment and care.

The project website www.opttest.eu displays all deliverables, tools, guidelines and best-practice manuals, developed throughout the project. In addition, there have also been a number of presentations at scientific conferences and publications coming out of the project – strengthening the conclusions and possibilities for sustainability and transferability to other countries and organisations.

All outcomes and tools have been made available in several of the languages of the project’s pilot sites (English, French, Spanish, Estonian and Portuguese) and some of the tools/guidelines/methods have also been made available in Russian.

What were the outcomes?

The main *outcomes of OptTEST* have been increased awareness about the benefits of early testing and optimal treatment among health professionals, policymakers and the European HIV community at large; implementation of specific HIV testing





policies in EU member states and collaboration with national initiatives.

The project has contributed to a better understanding of the treatment cascade and obstacles to effective treatment access and variations in different European settings and regions. *An expert-agreed European definition of linkage to care*, endorsed by the ECDC, has led to a common definition to monitor and drive improvements in linkage to care following an HIV diagnosis. The work has been instrumental to support processes of data collection and collaborations at national levels through the engagement of a number of countries in an effort to improve linkage to care by bringing together local and national stakeholders to discuss the cascade of care – in Greece, Poland, Portugal and Spain.

OptTEST has increased testing offer and uptake in identified health care settings through indicator condition (IC) guided HIV testing through the creation of local evidence bases for IC based HIV-testing and generation of local data to support decision and actions. OptTEST has provided proof of concept that IC-guided testing is feasible and should be promoted not only top down (e.g. guidelines) but also bottom up

by increasing awareness and identifying champions among health care staff.

OptTEST has supported the implementation of cost-effective testing strategies adapted to different epidemics; with a main outcome being an algorithm that can help consider the most cost-effective strategy for testing according to GDP and national epidemic. This work has already informed policy changes in France and local data is seen as an important tool to change HIV testing guidance.

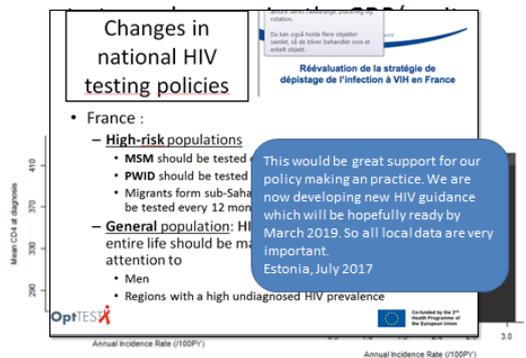
Based on previous Stigma Index work, a final outcome has been the implementation of evidence-based strategies to overcome the testing and treatment hurdles that stigma creates in 5 countries, as well as focused and pragmatic

advocacy for a more supportive legal and policy environment for people living with HIV and key affected populations. This is supported by *the first easily accessible picture of the vastly different (and often contradictory) legal and regulatory laws and practices that impact on HIV testing and HIV treatment access* across, not just the EU, but the WHO Europe region. The resource is available online, as a dynamic tool which can be updated according to feedback from stakeholders. A series of case studies, briefings, and guidance to inform best practice and advocacy to reduce barriers to and increase treatment access and continuity is also available.

OptTEST has produced evidence based recommendations and best practice guidance relevant for the healthcare and policy decision makers, legislators and regulators of national HIV programmes and policies (EU Think Tank, national authorities) and international public health bodies (ECDC, EU Think Tank, WHO, UNAIDS). Information the significant gaps and variability in the quality of HIV surveillance data, can be used to highlight the need

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Heat maps considering the most cost-effective



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to strengthen current data collection mechanisms to national policy makers and ECDC. The OptTEST project has contributed with new public health knowledge on the most important barriers to HIV testing and timely treatment and has therefore focused on existing priorities in the field as described in the EU Health strategy, the 2nd health program and the European Action plan for HIV/AIDS 2012-2015.

With HIV/AIDS perceived as a cross-border public health threat, *cross-border collaboration and agreement are of utmost importance*. The outcomes of OptTEST are in themselves “products” – tools, definitions etc that support coordination and transferability across borders in the EU. The project process in itself has been instrumental in building up partnerships across sectors and ensuring sharing of lessons across borders. In this way, OptTEST has had an impact on EU and public health policies and has had a positive implication of citizens’ health. OptTEST has further contributed to decreasing health inequalities in Europe, as key populations, the final beneficiaries of project, belong to the most marginalized groups in Europe (people who inject drugs, sex workers, migrants, men who have sex with men). The project contributed with a better understanding of barriers testing within these groups as well as suggesting evidence-based tools to ensure their better access to testing and treatment.



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European HIV-Hepatitis Testing Week

The fifth European Testing Week (ETW) took place during the last week of November 2017 (17 - 24 November). This was the third time where viral hepatitis was included. The aim of ETW is to offer partners across Europe the opportunity to unite for one week to increase awareness regarding the benefits of HIV and hepatitis testing, and encourage provider-initiated testing, so that more people become knowledgeable about their risks, understand that there is effective treatment available and are aware of their HIV and/or hepatitis status.

The project website is central in the communication with interested parties to help kick-start and support ideas and activities for the ETW. ETW also uses [Twitter](#) and [Facebook](#) as platforms where participants can share posts, “like” ETW or tweet with the hashtag #Eurotestweek. Many stakeholders post photos, describe their testing activities and stay updated on news and activities from the coordination secretariat and other participants.

In 2017, close to 600 participants across 52 countries signed up to participate representing a large diversity of participants (of these 185 were new participants). In 2017 ETW had 39 Endorsers/Sponsors – of which 6 were new this year. The ETW working group in collaboration with the two HIV in Europe secretariats ensured support and input from a broad range of stakeholders for the ETW 2017 by reaching out to community organisations, agencies, government agencies and international organisations for their support and involvement. The participants include the following types of organisations:

- Governmental (national/regional) and other policy organizations: 35
- Healthcare professional/Hospital/Clinic: 73
- NGO/CSO (Civil society organization): 179
- Others: 18

- Blanks: 293

A variety of different activities took place which were formulated and driven by the participants. Among the participants 156 submitted the evaluation survey, which equals a 26% response rate. Of the respondents, 67% came from NGO/CSOs followed by some type of healthcare facility, and 77% reported dedicating or allocating staff to organise/coordinate their Testing Week activities. Of respondents 64% reported allocating resources (testing kits, education materials, etc), while 67% reported that they did **not** fundraise to help fund TW activities. The majority of the TW activities were targeted towards MSM, followed by general population and people who inject drugs. Almost all respondents (95%) reported doing HIV activities and almost 32% of all respondents reported doing TW activities for HBV, HCV and HIV. Of the respondents 9 stated that they did not perform activities, and the **most commonly cited reason was lack of staff** followed by **lack of funding**.

In 2017, the [European Test Finder](#) was translated into additional languages – now available in 16 languages. The resource helps users to find out where they can have a test for HIV, hepatitis or other sexually transmitted infections across the WHO European region. Again this year, three of the most popular dating apps for men who have sex with men in Europe (Grindr, Hornet and Planet Romeo) provided free advertising to promote the [European Test Finder](#) to millions of European users, this year also outside the EU. In 2017 Hornet sent out messages in 53 counties and Grindr sent out messages in 39 countries.

Overall visitor data for the Test Finder : 17-24 November:

- Total Visits: 36,475
- Total Unique Visitors: 34,986
- Total page views: 73,379
- Peak days were Saturday 18 November (10,037 visits) and Weds 22 November (9,355 visits).

Visitor to the Test Finder came from 44 countries – the Top 5- countries were:

Country	Number of visits	Percentage
Russia	5716	16.8%
Spain	4363	12.8%
Germany	2757	8.1%
United Kingdom	2433	7.2%
France	2104	6.2%

In 2017 a specific **joint statement** (available [in ten different languages](#)) was developed by an informal alliance of key and most affected population and regional groups and networks. The statement emphasises the importance of developing testing goals that take into consideration and address the obstacles many people face in trying to access safe and voluntary testing, combination prevention and linkage to care. It is linked to **ETW fact sheets #9 and #10** that were developed with key population advocates, which provide guidance for working with key populations groups.

HIV and hepatitis testing guidance in the EU/EEA

In 2016, the European Centre for Disease Prevention and Control (ECDC) commissioned an update to the ECDC guidance on HIV testing: increasing uptake and effectiveness in the European Union published in December 2010 which HIV in Europe was contracted to do. The project runs over three years (2016-2018)

and the budget is 240.000 Euro. The aim of the update is to develop an evidence-based public health guidance to provide EU/EEA countries with an evidence-based framework to support the further development of integrated national HBV, HCV, and HIV testing policies in the EU/EEA. The integrated guidance will be published in late 2018.

This work is conducted in a consortium with PHE, SSAT and EATG and draws on a previous the evaluation conducted in 2015-2016 by the same consortium on the impact and effectiveness of the ECDC 2010 HIV testing guidance (article with results published in December 2017:
<http://www.eurosurveillance.org/content/10.2807/1560-7917.ES.2017.22.48.17-00323>)

Joint Action on integrating prevention, testing and link to care strategies across HIV, viral hepatitis, TB and STIs in Europe (INTEGRATE)

The secretariat of HIV in Europe (CHIP/RegionH) is coordinating the Joint Action on integrating prevention, testing and link to care strategies across HIV, viral hepatitis, TB and STIs in Europe - INTEGRATE. INTEGRATE runs over three years (September 2017-August 2020) and the budget is 2.5 Million EUR with an 80% co-funding from the 3rd EU Health Programme. The project was launched 20 September 2017 at a kick-off meeting in Brussels.

INTEGRATE unites 29 partners from 16 countries (Croatia, Denmark, Estonia, Greece, Hungary, Ireland, Italy, Lithuania, Malta, Poland, Romania, Serbia, Slovakia, Slovenia, Spain, and UK). The partners are Public Health institutions, Hospitals (infectious disease and research departments), NGOs and Universities. The main objective of INTEGRATE is to integrate early diagnosis and linkage to prevention and care of HIV, viral hepatitis, TB and STIs in EU member states by 2020. INTEGRATE focuses on how effective tools for diagnosis and linkage to care in one disease area can be used in others.

INTEGRATE is building on activities from OptTEST, Euro HIVEdat, HIV in Europe and other relevant EU projects and EU institutions working with HIV, Hepatitis, TB and STIs testing and linkage to care. INTEGRATE provides a platform to disseminate and exchange best practice among Member States and facilitate discussions on innovations and emerging issues within the four diseases. In this respect, INTEGRATE is a shared European effort that extends beyond the partners and can create important synergies across European stakeholders, projects and initiatives.

The HIV & HCV Testing Resource Centre

Since 2016 HIV in Europe has an online resource centre of peer-reviewed scientific articles on HIV and HCV testing and national HIV and HCV testing guidelines in the 53 countries of the WHO European Region on the [HIV in Europe website](#). This is continuously updated and maintained to provide up to date and relevant information and resources to those interested in testing and linkage to care.

In 2017 work began to analyse the national HCV testing guidelines and map the current situation across Europe in terms of HCV testing (where can people test; who can conduct the testing), and a manuscript for publication is being drafted.

Late Presentation for Viral Hepatitis

In May 2017 the article [Late presentation of chronic viral hepatitis for medical care: a consensus definition](#) was published in BMC Med. This was the result of 2 year of work by the European consensus working group on late presentation for Viral Hepatitis Care. This work began in early 2015 when a group of viral hepatitis experts within the HIV Europe Initiative formed a working group to develop a consensus definition for viral hepatitis. After discussions, meetings and several reviews the final two agreed upon definitions were approved by the EASL GB in early October 2015 and on Thursday 22 October EASL and HIV in Europe announced a consensus definition of late presentation for viral hepatitis. The announcement coincided with the European AIDS Conference in Barcelona and aims to encourage policy makers, health professionals, public health institutions and civil society organisations to implement this definition to improve the European surveillance of and response to the viral hepatitis epidemic.

Policy and advocacy status and results in 2017

The Advocacy Secretariat of the HIV in Europe Initiative is based with the European AIDS Treatment Group (EATG). EATG advocates for optimal testing and care for the HIV in Europe Initiative and promotes its projects and achievements.

Advocacy for increased political attention to HIV and co-infections and investment in targeted services for key populations in the last year aimed at securing the adoption of a pan-European ministerial declaration setting targets with clear indicators and an EU policy framework to improve the European response to HIV/AIDS, as well as viral hepatitis and tuberculosis co-infections across the continent. Through the Civil Society Forum there was active engagement during 2017 with the European Commission services, EU Presidencies and European parliament to advance the development of a new and updated policy framework integrating the response the HIV, TB and viral hepatitis epidemics.

The Advocacy Secretariat participated in the EU Presidency Conferences in Malta (January) and Estonia (December) and provided feedback in the making of both outcome documents. The secretariat made the case for a contributed to a European Parliament resolution on HIV, TB, viral hepatitis and a parliamentary question to the European Commission that were adopted in October. The resolution calls amongst others for an integrated policy framework and monitoring at European level to complement national efforts; for investments in adequate and targeted services; for further cooperation with Eastern European and Central Asian countries and South Eastern Europe. It also calls to increase the accessibility of testing for key affected populations.

The June and December Civil Society Forum and Think Tank meetings addressed innovative testing strategies, including presentations from OptTEST and European Testing Week.

Advocacy has not resulted in a new pan-European Ministerial and EU policy framework on HIV, TB, viral hepatitis and STIs. However, important milestone were reached:

- The Civil Society Forum and Think Tank were expanded to cover HIV, TB, viral hepatitis (and STIs).
- Two consecutive EU Presidencies (Malta and Estonia) addressed HIV via senior level policy events. The Malta Presidency delivered a Declaration that was presented to EU Ministers of Health in June. Language and messages around key populations, de-medicalised and decentralised testing were included and strengthened. Estonia was working on releasing an outcome document for early 2018.
- The European Commission leadership gave the green light for the development of Staff Working Document on HIV, TB, viral hepatitis and STIs, which is more of integrated analysis than a political document.

The advocacy secretariat has also worked on strengthening the capacity of communities to address legal and regulatory barriers to testing and treatment effectively, drawing on materials developed by HIV in Europe. For instance, in October, EATG's training for new treatment advocates (STEP UP) addressed testing used the OptTEST advocacy toolkit. In September, a workshop to address problematic laws and regulations hindering access to testing and care for key populations was organised thanks in part to OptTEST support and materials. It brought together pan-European networks, advocates at national level and persons working with migrants, people who inject drugs, sex workers, person living with HIV to explore the lessons learned from recent advocacy efforts and tools that could be used to support them. This workshop also contributed to further cross sectoral alliances collaborations.

List of HIV in Europe publications, presentations and press in 2017

Journal articles

- D Raben et al. Review / The HepHIV 2017 Conference in Malta: joining forces for the earlier diagnosis of HIV and viral hepatitis. *HIV Medicine* (forthcoming)
- L. Power, J. Hows, SF Jakobsen, A.-I. Von Lingen – for OptTEST by HiE. Barring the Way to Health: how legal and regulatory barriers hinder modernising HIV testing across Europe. 2018. *HIV Medicine* (forthcoming)
- K. Rüütel, L. Lemsalu for OptTET by HiE. Monitoring HIV-indicator condition guided HIV testing in Estonia *HIV Medicine* (forthcoming)
- S. Croxford, F. Burns, A. Copas, A. Pharris, V. Delpech, OptTEST for HIV in Europe. Factors associated with delayed linkage to care following HIV diagnosis in the WHO European Region. *HIV Medicine* (forthcoming) *Supplement*
- FJ. Manzanares, Gamarra M, Perez-Elias MJ, Del Amo J, Hernando V, OptTEST Research group. Review of HIV testing recommendations for HIV indicator conditions in specialty and primary care guidelines in Spain. *BMC Public Health* (forthcoming)
- MJ Fuster, Bolúmar-Montero F, Molero F, Del Amo J, Alventosa J. A psychosocial analysis of Spanish judgements addressing the sexual transmission of HIV: 1996-2016". *AIDS Care* (forthcoming)
- G Mabileau, Del Amo, Rüütel K, Paltiel AD, Lemsalu L, Díaz A, Martín Fernández J, Walensky RP, Freedberg KA, Yazdanpanah Y - for OptTEST by HiE. Effectiveness and Cost-effectiveness of HIV Screening Strategies Across Europe. (forthcoming)
- S Croxford, Fiona Burns, Andrew Copas, Zheng Yin, Alison E Brown, Dorthe Raben, Valerie C Delpech on behalf of the OptTEST project. Monitoring linkage to care in Europe. *HIV Medicine* (forthcoming)
- S Croxford, Zheng Yin, Fiona Burns, Andrew Copas, Katy Town, Sarika Desai, Andrew Skingsley, Valerie C Delpech on behalf of the OptTEST project. Linkage to HIV care following diagnosis in the WHO European Region: a systematic review and meta-analysis, 2006-2017. *PLOS ONE* (forthcoming)
- A Sullivan, I Sperle, D Raben, A Amato-Gauci, J Lundgren, Y Yazdanpanah, SF Jakobsen, L Tavošchi. HIV testing in Europe: Evaluating the impact, added value, relevance and usability of the European Centre for Disease Prevention and Control (ECDC)'s 2010 HIV testing guidance. In *EUROSURVEILLANCE*, Vol.22(48), 30/Nov/2017. (link: <http://www.eurosurveillance.org/content/10.2807/1560-7917.ES.2017.22.48.17-00323>)
- S Mauss, Pol S, Buti M, Duffell E, Gore C, Lazarus JV, der Grient HL, Lundgren J, Mozalevskis A, Raben D, Schatz E, Wiktor S, Rockstroh JK; Late presentation of chronic viral hepatitis for medical care: a consensus definition. European consensus working group on late presentation for Viral Hepatitis Care. *BMC Medicine* (2017) 15:92 (link: <https://www.ncbi.nlm.nih.gov/pubmed/28464883>)
- J Kowalska, Grzeszczuk A, Pyziak-Kowalska K et al. Shaping the HIV epidemic in Poland – proceedings from the first Polish workshop on cascade of care in HIV. *HIV AIDS Rev* 2017; 16. Open access on: opttest.eu: [link](#); Termedia.pl: [link](#)

Presentations and posters

- HepHIV 2017 Malta. OptTEST at Oral presentations & Posters :
 - [Test and link to care: How do we measure our success?](#) By Valerie Delpech (PHE)



- [Indicator Condition-Guided HIV testing – progress and challenges](#). By Ann Sullivan (SSAT)
- [Cost-effectiveness of HIV testing: frequency and target groups](#). By Yazdan Yazdanpanah (INSERM)
- [Factors for Delayed Linkage to Care Following HIV Diagnosis in the WHO European Region](#). By Sara Croxford (PHE) et al.
- [Monitoring HIV Indicator Condition-Based HIV Testing in Estonia](#). By Kristi Rütel & Liis Lemsalu (NIHD)
- [Barring the Way to Health: How Legal and Regulatory Barriers Hinder Modernising HIV Testing across Europe](#). By Lisa Power et al.
- Monitoring anonymous HIV testing in Estonia in 2005–2015. By Rütel, K., Kallavus, K., Tomera I (NIHD)
- [Review of Specialty Guidelines on HIV Testing Recommendations for HIV Indicator Conditions in Spain](#). By Vicky Hernando et al. (ISCIH)
- [HIV Testing Improvement in Primary Care through OptTEST’s Indicator Condition-Guided Testing: The Tool-1 and Plan-Do-Study-Act Experience in Catalonia](#), 2017. Rossie Lugo et al
- [Monitoring of HIV Testing Guidance Implementation in Estonia](#). 2017. By Kristi Ruutel & Liis Lemsalu (NIHD)
- G Mabileau et al. Effectiveness and Cost-Effectiveness of HIV Screening Strategies Across Europe. February 2017, Seattle, USA: Conference on Retroviruses and Opportunistic Infections (CROI). [Poster #1028](#)
- J del Amo. Coste-efectividad de la realización de la prueba de VIH en atención primaria en España, Invited talk in the meeting of SEISIDA (Spanish Multidisciplinary society on HIV/AIDS); 22-24 March 2017, Sevilla: XVIII National Congress on AIDS and STIs. [Presentation](#)
- J del Amo. OptTEST Research group. Recomendación de la prueba del VIH en guías de práctica clínica: diferencias entre enfermedades definitorias de sida y condiciones indicadoras. [Poster](#)
- S Croxford, V Delpech. Factors for delayed linkage to care following HIV diagnosis in the Western Europe; 4-7 April 2017, Liverpool, UK: British HIV Association 2017. [Poster](#)
- Joint Euro HIV Edat-OptTEST Final Conference & Launch of INTEGRATE Joint Action, 19 September 2017, Brussels, Belgium. OptTEST presentations:
 - D Raben. [The OptTEST Project - overall conclusions/outcomes](#).
 - E Lord. [How to enhance provider initiated testing](#).
 - R Bilidas. [Advocacy tool kits overcoming Sigma and regulatory barriers](#).
 - J Hows. [Demonstration projects overcoming Sigma and regulatory barriers](#).
 - A Sullivan. [IC-guided testing interventions](#).
 - S Croxford. [Linkage to care in Europe](#).
 - J del Amo. [Modelling data on cost-effectiveness of HIV testing strategies](#).
 - K Ruutel. [Costeffectiveness Estonia](#).
 - A Sullivan. [Monitoring and testing in health care settings](#).
 - D Raben. [INTEGRATE overview](#).



- V Delpech. [Regional workshops](#).

Reports

- Joint Euro HIV Edat-OptTEST Final Conference & Launch of INTEGRATE Joint Action, 19 September 2017, Brussels, Belgium: [Meeting report](#)
- Presentation of guidelines revision Spanish specialty guidelines. National Stakeholder meeting: Optimizing HIV testing and linkage to care in Spain. 14 September 2017. Madrid: [Meeting Report](#):
- Regional meeting “Improving early diagnosis in primary care in Catalonia and in Europe” in collaboration with CEEISCAT, Barcelona University Hospital Clinic and the Public Health Agency of Catalonia, 10 July 2017, Barcelona, Spain: [Meeting report](#)
- National stakeholder meeting organised by GAT (Group of Treatment Activists in Portugal) and Ser+(Association to prevent and challenge HIV/AIDS), 5-6 June 2017, Lisbon, Portugal: [Country meeting report](#):
- Réévaluation de la stratégie de dépistage de l’infection à VIH en France, by HAS. Mar. 2017. [Include OptTEST WP6 results for France. (Available at: https://www.has-sante.fr/portail/upload/docs/application/pdf/2017-03/dir2/reevaluation_de_la_strategie_depistage_vih_-_recommandation.pdf)
- EU Health Programme Projects' Symposium, Malta, 31 January 2017: [Proceedings](#)
- OptTEST Policy Brief: [Scaling up early diagnosis for HIV through diversifying HIV testing approaches beyond clinical settings \(in English\)](#)
- OptTEST Policy Brief: [Scaling up early diagnosis for HIV through expanded implementation of provider-initiated HIV testing \(in English\)](#)
- S Croxford, Z Yin, A Skingsley. Linkage to HIV care following diagnosis in the WHO European Region: systematic review and metadata analysis, 2006-2015. PROSPERO 2016:CRD42016033707
 - Linkage to care country reports: [Czech Republic](#) ; [Estonia](#) ; [France](#) ; [Poland](#) ; [Portugal](#); [Spain](#)

Videos and press

- Joint Euro HIV Edat-OptTEST Final Conference & Launch of INTEGRATE Joint Action, 19 September 2017, Brussels, Belgium: [Opening words by Jean-Luc Sion, Chafea](#)
- Video-interview with EATG member and [GAT](#) activist [Daniel Simões](#) about his experience with [OptTEST by HiE](#) and [Euro HIV EDAT Project](#) over the last few years, and also what the key recommendations are from these two projects that will now become merged and continued in the INTEGRATE Joint Action https://www.youtube.com/watch?v=_mmkd-Keu7Q&feature=youtu.be
- Video- interview with Lisa Power on OptTEST https://www.youtube.com/watch?v=Q_4l-2BJgMw&feature=youtu.be
- Video-interview Dorthe Raben of CHIP on ETW and HiE https://www.youtube.com/watch?v=-B_SEOSBDPY
- [Interview with Jeff Lazarus from CHIP and HIV in Europe attending the HepHIV2017 Conference.](#)
- E. Lord. How to Enhance Provider Initiated HIV Testing: Review of national speciality guidelines` recommendations for HIV testing in Spain, UK and Estonia. Presentation from OptTEST Final Conference, 19 September 2017 Brussels: <https://www.youtube.com/watch?v=cebrl5QOYD4>
- L. Power. Interview on Barriers to HIV testing and treatment. with by [NAM - the HIV/AIDS information charity](#), September 2017: <http://www.aidsmap.com/What-are-the-barriers-to-HIV-test.../.../>
- e-News: Health and Food Safety Directorate General, 19/9, 2017. Pres release in relation to Final Conference, Brussels. <http://ec.europa.eu/newsroom/sante/newsletter-specific-archive->

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Next steps – 2018-2020

Broadening the scope of HIV in Europe – focusing on integrated testing for communicable diseases

Dedicated to improving earlier diagnosis and care throughout the European Region, the HIV in Europe initiative provides a European platform for the exchange of research findings and the promotion of related activities. Over the past 10 years, the initiative has played a critical role in the HIV response by uniting clinicians, community activists, policymakers and researchers to ensure that people are diagnosed early and linked to care and treatment.

The impact of late diagnosis on individuals and health systems is an urgent problem in Europe. Undiagnosed HIV and viral hepatitis – as well as TB, causes unnecessary morbidity and mortality for the affected individual and involves an increased risk of unintentional transmission. Despite the knowledge that earlier testing and care is cost-effective, too many individuals still get diagnosed far too late.

Since 2014, the work of the initiative has also encompassed testing for hepatitis B and C, given the many interlinkages and institutionalized with the HepHIV Conferences (Barcelona 2014, Malta 2017, Bucharest 2019). Since then, the Steering Committee of the initiative has discussed to broaden even further the scope of the initiative to encompass the tendency to address infectious diseases more broadly and less disease specific due to the overlap in transmission routes and most-at risk populations, reflected also in the European Commission new policy framework on HIV/AIDS, TB and hepatitis – and the Joint Action INTEGRATE (Integrating prevention, testing and linkage to care strategies across HIV, viral hepatitis, TB and STIs in Europe) www.integrateja.eu.

The HIV in Europe initiative has decided to broaden its scope of work. The overall objective of the initiative remains the same - focus is on testing – in combination when appropriate for HIV, hepatitis B and C, TB and STIs. To reflect this broadening of scope, the Initiative will change its name. Currently discussions are ongoing and hopefully the new name can be announced at HepHIV 2019 in Bucharest.

Ongoing and approved projects

The work of the Initiative is based on the voluntary engagement of the steering committee members and limited funding for the two secretariats (at CHIP in Copenhagen and EATG in Brussels). The steering committee decides how funding is allocated to the different projects and HIV in Europe remains committed to remain as an ‘initiative’ (not an organisation), which initiates new research and influences processes.

In order to continue implementation of existing projects, initiate new projects and maintain the secretariat functions of the HIV in Europe Initiative it is imperative to seek funds for the period 2018–2020, as described below. The Initiative has developed a work plan for 2018-2020 where the projects (recurrent and new proposals) are described individually in order to the potential funders to review and decide which activities in particular they would like to support.

Table 1. On-going and approved projects for 2018-2020

Project	Description	Expected Outcome	Period
Secretariat function, advocacy and communication			
HiE Secretariat: Coordination, fundraising and policy activities; advocacy	HIV in Europe Secretariat (administration, IT, coordination, fundraising and advocacy), support for Steering Committee members, travel, materials print, advocacy plan and development	Efficient coordination of the Initiative's projects and advocacy activities. Make HIV in Europe's agenda widely known	2018-2020
Communication, dissemination and media approach	The implementation and dissemination of results of finalised and ongoing projects	Communication strategy/ Project results widely disseminated and duplicated/integrated in other organisations/studies; update on website and online resource center; Website and Social media communication	2018-2020
Ongoing projects			
Coordination of the Joint Action INTEGRATE	EU co –funded Joint Action INTEGRATE (2017-2020)	Overall coordination	2018-2020
ECDC HIV testing guidance	Development of new testing guidance	Draft guidance based on systematic literature review; case studies; expert panel discussions; Inclusion of guidance of hepatitis testing	2018-2019

Biennial conferences	HepHIV 2019 Bucharest	Prepare and conduct 2019 conference which will cover also STIs and TB; To promote dissemination and visibility of 2019-conference results	2018-2020
European Testing Week	Providing support to participating partners across the WHO European Region, who want to undertake HIV and viral hepatitis testing activities, and increase awareness/normalisation of HIV and viral hepatitis testing; Promote the European Test Finder and disseminate through mobile dating apps	Build on the results of the previous testing weeks, to help increase the number of individuals, who are aware of their HIV and viral hepatitis status; Translation and dissemination of European Test Finder; In 2018 and 2019 expand ETW to include testing for STIs and TB and target additional key populations	2018-2020
New project proposals			
Continued dissemination and sustainability of OptTEST outputs	Continuation of outcomes; updating of tools and online resources	Indicator condition guided HIV testing tools and training materials; Stigma and legal barriers to HIV testing uptake and provision; updating of tools and database on stigma; updating of models and methods on linkage to care; updating of models on Cost-effectiveness of HIV testing	2018-2020
Hepatitis late presentations definition pilot project	Pilot project to test the two developed hepatitis late presentation definitions	Reimbursement of 10 countries/sites; data collection and analysis; publication	2018-2020

Expanding eastwards - INTEGRATE activities in Eastern Europe and CCAA	Addition to the EU co –funded Joint Action INTEGRATE (2017- 2020)	Engagement with stakeholders and sites in Eastern Europe and CCAA; and expansion of activities to non-EU countries in particular to Ukraine, Belarus and Georgia	2018-2020
Diagnostics	Pilot project to implement hepatitis rapid tests as way to identify the app 80% undiagnosed	Secure cross-fertilization between HIV and Hep C; Draw on experience from the HIV field with rapid tests; led by a working group that includes hepatitis experts	2019-2020

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HIV in Europe Steering Committee

Co-Chair: **Jürgen Rockstroh**, Professor of Medicine University of Bonn and Head of an HIV outpatient clinic, Germany.

[**Co-Chair:** **Brian West**, Board of Directors, European AIDS Treatment Group, (EATG), Scotland stepped down in 2017 – a new co-chair will be selected in 2018]

Members: Yusef Azad, Director of Strategy, National AIDS Trust, UK; Jordi Casabona, Scientific Director, Center for HIV/STI Epidemiological Studies of Catalonia, (CEEISCAT); Lella Cosmaro, Fondazione LILA Milan, Italy; Nikos Dedes, European AIDS Treatment Group (EATG), Greece; Valerie Delpuch, Public Health England, London, United Kingdom; José Gatell, Head, Infectious Diseases & AIDS Units, Clinical Institute of Medicine & Dermatology, Hospital Clinic, Professor of Medicine, University of Barcelona, Spain; Brian Gazzard, Professor of Medicine, Imperial College School of Medicine, HIV Research Director, Chelsea & Westminster Hospital, UK; Igor Karpov, Professor, Department of Infectious Diseases, Belarus State Medical University; Stefan Mauss, Center for HIV and Hepatogastroenterology, Germany; Jack Lambert, Consultant in Infectious diseases, Mater Misericordiae University Hospital Dublin, Professor at UCD School of Medicine, Ireland; Jefferey Lazarus, Professor of International Health Systems, University of Copenhagen, Denmark; Jens Lundgren, Professor, Director of CHIP, University of Copenhagen & Rigshospitalet, Denmark; Liudmyla Maistat, Policy and Advocacy Manager, The Medicines Patent Pool, Geneva, Switzerland; Mojca Maticic, Professor in Infectious Diseases and Epidemiology at the Medical Faculty, University of Ljubljana, Slovenia and head of the Viral Hepatitis Unit at the Clinic for Infectious Diseases and Febrile Illnesses, University Medical Centre Ljubljana, and Head of the Outpatient STI Service at the same University Medical Centre; Stefan Mauss, Center for HIV and Hepatogastroenterology; Tom Platteau, mental health scientist and sexologist at the HIV/STI clinic of the Institute of Tropical Medicine in Antwerp; Stanislas Pol, Professor of Hepatology and Gastroenterology, Université Paris Descartes, Paris, France; Daniel Simões, GAT, Portugal; Ann Sullivan, SSAT, Chelsea Westminster Hospital, UK; Anders Sönnnerborg, MD, PhD, Professor, Department of Medicine Karolinska University Hospital, Sweden; Nino Tsereteli, Executive Director of “Center for Information and Counselling on Reproductive Health – Tanadgoma”, Georgia; John de Wit, Professor and Director, Centre for Social Research in Health, The University of New South Wales, and Visiting Professor of Social Psychology of Health and Sexuality, Utrecht University; Yazdan Yazdanpanah, INSERM, France; Wim Zuilhof, Manager of the National HIV and STI prevention programs for MSM and ethnic minorities, STI Aids Netherlands.

Observers: Public Health England (PHE), Represented by Kevin Fenton; WHO Regional Office for Europe, Communicable Disease Unit, Represented by Masoud Dara (alternate – Elene Vovc); European Centre for Disease Prevention and Control (ECDC), represented by Andrew Amato; European Monitoring Centre for

Drugs and Drug Addiction (EMCDDA), represented by Lucas Wiessing, epidemiologist, principal scientist; UNAIDS Regional Support Team ECA, Represented by Jean-Elie Malkin; Hepatitis B & C Public Policy Association, represented by Angelos Hatzakis

Partners of OptTEST by HiE

CHIP, Rigshospitalet, University of Copenhagen, Denmark; AIDS Fonds, Netherlands; European AIDS Treatment Group (EATG), Belgium; Institut national de la santé et de la recherche médicale (Inserm), France; Instituto de Salud Carlos III, Spain; Medical Foundation for HIV & Sexual Health (MEDFASH – withdraw November 2016), UK; Public Health England (PHE), UK; Saint Stephen’s AIDS Trust (SSAT), UK; Tervise Arengu Instituut (National Institute for Health Development), Estonia; The Global Network of PLHIV (GNP+), Netherlands.

Partners of INTEGRATE

CHIP – RegionH (DK); CERTH - Centre for Research & Technology Hellas, Institute of Applied Biosciences, Information Technologies institute (Greece); NIHD - National Institute for Health Development (EE); ICO – Catalan Institute for Oncology/Instituto Catalán de Oncología (ES); NIJZ - National Institute of Public Health/ Nacionalni inštitut za javno zdravje (Slovakia); UCD - University College Dublin (Ireland); LILA MILANO - Fondazione LILA Milano ONLUS - Lega Italiana per la Lotta contro l'AIDS (Italy); FVM – Fondazione Villa Maraini Onlus (Italy); NAC – National AIDS Centre Agency of the Ministry of Health (Poland); PHE - Public Health England (UK); CIPH - Hrvatski Zavod za Javno Zdravstvo (Croatian Institute of Public Health) (Croatia); FLIGHT - Life Quality Improvement Association (Croatia); IDIBAPS – Consorci Institut d’Investigacions Biomèdicas August Pi i Sunyer (Spain); ARCIGAY - Arcigay Associazione LGBTI Italiana (Italy); CRI - Croce Rossa Italiana (Italy); KEELPNO - Hellenic Centre for Disease Control and Prevention (Greece); VULSK - Vilnius University Hospital SANTARIŠKIŲ Klinikos (Lithuania); NVSPL – National Public Health Surveillance Laboratory (Lithuania); VPLC – Vilnius Centre for Addictive Disorders (Lithuania); ULAC - Centre for Communicable Diseases and AIDS (Lithuania); CHIDPVB – “Victor Babes” Clinical hospital of infectious diseases and pneumophtisiology Craiova (Romania); IPH – Institut of Public Health of Republic of Serbia “Dr Milan Jovanovic Batut” (Serbia); SMU - Slovak Medical University in Bratislava (Slovakia); ISPLN – Instituto de salud pública y laboral de Navarra (Spain); IPMN – “Marius Nasta” Institute of pneumophtisiology (Romania); HUHIV – Croatian association for HIV and viral hepatitis (Croatia); ISKORAK (Croatia); MFH– Health Promotion and Disease Prevention (Malta); SU - Semmelweis University (Hungary)