

**SHORT COMMUNICATION**

# The HepHIV 2023 Madrid conference: A call to action for political leadership in reaching the sustainable development goals on earlier testing and linkage to care for HIV, viral hepatitis, and sexually transmitted infections

Daniel Simões<sup>1,2,3</sup> | Dorthe Raben<sup>4</sup> | Alejandro Bertó Moran<sup>5</sup> | Arkaitz Imaz<sup>6,7</sup> | Annemarie Rinder Stengaard<sup>4,5</sup> | Anne Raahauge<sup>4,5</sup> | Ann K. Sullivan<sup>8</sup> | Elena Vaughan<sup>9</sup> | Johanna Brännström<sup>10</sup> | Irith De Baetselier<sup>11</sup> | Tom Platteau<sup>11</sup> | Jordi Casabona<sup>12</sup> | Julia Del Amo<sup>13</sup> | on behalf of the 2023 HepHIV Conference Organising Committee and the EuroTEST Steering Committee

<sup>1</sup>Grupo de Ativistas em Tratamentos (GAT), Lisbon, Portugal

<sup>2</sup>EPIUnit – Instituto de Saúde Pública, Universidade do Porto, Porto, Portugal

<sup>3</sup>Laboratório para a Investigação Integrativa e Translacional em Saúde Populacional (ITR), Universidade do Porto, Porto, Portugal

<sup>4</sup>Centre of Excellence for Health, Immunity and Infections (CHIP), Rigshospitalet, University of Copenhagen, Copenhagen, Denmark

<sup>5</sup>ADAHARA, Seville, Spain

<sup>6</sup>Bellvitge University Hospital, Bellvitge Biomedical Research Institute (IDIBELL), University of Barcelona, L'Hospitalet de Llobregat, Barcelona, Spain

<sup>7</sup>Spanish Society of Infectious Diseases and Clinical Microbiology (SEIMC), Madrid, Spain

<sup>8</sup>Chelsea and Westminster Hospital NHS Foundation Trust, London, UK

<sup>9</sup>University of Galway, Galway, Ireland

<sup>10</sup>Department of Infectious Diseases, South Hospital & Institute of Medicine, Karolinska Institute, Stockholm, Sweden

<sup>11</sup>Institute of Tropical Medicine, Department of Clinical Sciences, Antwerp, Belgium

<sup>12</sup>El Centre d'Estudis Epidemiològics sobre les Infeccions de Transmissió Sexual i Sida de Catalunya (CEEISCAT), Barcelona, Spain

<sup>13</sup>HIV, STIs, Viral Hepatitis and Tuberculosis Control Division, Ministry of Health, Madrid, Spain

## Correspondence

Dorthe Raben, CHIP, Centre of Excellence for Health, Immunity and Infections, Rigshospitalet, University of Copenhagen, Blegdamsvej 9, DK-2100 Copenhagen Ø, Denmark.  
Email: [dorthe.raben@regionh.dk](mailto:dorthe.raben@regionh.dk)

## Abstract

**Introduction and Objectives:** The HepHIV 2023 Conference, held in Madrid in November 2023, highlighted how Europe is not on track to meet the United Nations (UN) sustainable development goals and Joint UN Programme on HIV/AIDS (UNAIDS) targets. This article presents the outcomes of the conference, which focus on ways to improve testing and linkage to care for HIV, viral hepatitis, and other sexually transmitted infections. HIV-related stigma and

Daniel Simões and Dorthe Raben shared first authorship.

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discrimination, a major barrier to progress, was a key concept of the conference and on the agenda of the Spanish Presidency of the European Union.

**Methods:** The HepHIV 2023 organizing committee, alongside the Spanish Ministry of Health, oversaw the conference organization and prepared the scientific programme based on abstract rankings. Key outcomes are derived from conference presentations and discussions.

**Results:** Conference presentations covered the obstacles that HIV-related stigma and discrimination continue to pose to access to services, models for data collection to better monitor progress in the future, and examples of legislative action that can be taken at national levels. Diversification of testing approaches was also highlighted, to reach key populations, (e.g. migrant populations), to increase testing offered in healthcare settings (e.g. emergency departments), and to account for different stages of epidemics across the region.

**Conclusion:** With a strong call for intensified action to address the impact of HIV-related stigma and discrimination on testing uptake, the conference concluded that strengthened collaboration is required between governments and implementers around testing and linkage to care. There is also an ongoing need to ensure sustainable political commitment and appropriate resource allocation to address gaps and inequalities in access for key populations and to focus on the implementation of integrated responses to HIV, viral hepatitis, and sexually transmitted infections.

#### KEYWORDS

HIV, SDGs, linkage to care, testing, viral hepatitis

## INTRODUCTION

The number of new HIV infections and AIDS-related deaths has declined over the last decade in the European Union (EU)/European Economic Area (EEA) and globally, but new infections are still rising in the World Health Organization (WHO) European Region, with the Eastern part of the region continuing to see increasing epidemics of HIV, viral hepatitis, and tuberculosis (TB). Approximately one in five people living with HIV in the WHO European Region remain undiagnosed [1, 2]. Late presentation for care has not declined significantly, signalling that testing programmes are not sufficiently effective. Addressing this is critical for the health of individuals and for the region to achieve the sustainable development goal of ending the HIV/AIDS epidemic by 2030.

In addition, more than 10% of people living with HIV report experiencing HIV-related stigma and discrimination in healthcare and community settings, hampering prevention, testing, and treatment efforts and indicating that further work is required to reach the goal of 'zero stigma' [3].

To address these ongoing challenges, since 2007, the EuroTEST initiative has hosted eight European conferences

focused on optimal testing and earlier care. This short paper reports from the latest HepHIV 2023 conference, which took place in Madrid, 13–15 November, in conjunction with the Spanish Presidency of the EU. The conference focused on progress and implementation of integrated testing, new technologies, and ensuring equity in the delivery of services for HIV, viral hepatitis, and sexually transmitted infections (STIs). Attendees discussed innovative strategies and technologies for prevention, earlier testing, and linkage to care and partner notification for key populations, especially migrants and mobile populations. The conference also particularly focused on the impact of stigma and strategies to mitigate it – a topic that was made a political priority area under the Spanish EU Presidency.

## METHODS

An organizing committee of 23 experts from 22 Spanish and other European organizations was assembled (2022–2023) to oversee the conference organization and prepare the scientific programme. The programme was structured into five plenary sessions, four abstract-driven sessions, three poster

sessions (including six poster categories), and five side meetings. Speakers for the plenary sessions were selected by the organizing committee, whereas the content of the abstract-driven sessions was determined through peer review of submitted abstracts.

Key outcomes arising from the conference presentations and discussions were summarized in the closing session, through participant evaluation with pre-defined questions available in the conference app and are presented in this short report.

In parallel, in preparation for the Spanish Presidency of the Council of the EU (July–December 2023), the Spanish Ministry of Health (Division for Control of HIV, Sexually Transmitted Diseases, Viral Hepatitis, and Tuberculosis) placed the elimination of stigma and discrimination associated with HIV as a political priority and arranged a high-level meeting entitled “HIV and human rights: Political action to achieve ZERO Stigma” in Seville on 15 September 2023.

## RESULTS

The HepHIV 2023 conference was attended by 185 participants from 32 countries. Of the attendees, 41% were community representatives; 22% were policy-makers/public health institution representatives; 16% were clinicians; 8% represented social scientists, epidemiologists, or statisticians; and 13% represented other groups. The scientific programme included research and interventions selected from 55 abstracts submitted from 16 countries.

### Stigma and discrimination in accessing testing services for HIV, viral hepatitis, TB and STIs

As part of the Spanish Presidency, and in alignment with the vision of the Spanish Ministry of Health, a main theme of the conference was to understand and discuss current data and evidence of stigma and discrimination as a barrier to testing. Presentations highlighted the need to address HIV-related stigma and discrimination as a key structural barrier preventing Europe from meeting the sustainable development goal and Joint United Nations Programme on HIV/AIDS (UNAIDS) targets. Several presenters addressed the importance of political support to take action to address HIV-related stigma, providing examples of good practice in reviewing and updating national legislation to remove HIV-related discriminatory laws and regulations in Spain [3–6]. For example, legislative reforms implemented in Spain removed some medical reasons for exclusion from public employment (HIV, psoriasis, coeliac disease, and diabetes

mellitus), which were still valid for exclusion from employment in state security forces, armed forces, customs surveillance bodies, and the penitentiary in 2023. Other reforms include Comprehensive Law 15/2022 of July 12 on equal treatment and non-discrimination, which for the first time now states that serological status cannot be used a reason to treat a person differently at the national level. The Sports Law 39/2022 also introduced measures in favour of equality and against any type of discrimination, making reference to discrimination due to HIV, and guaranteeing access to sport for any person. Finally, Royal Decree 426/2023 removed a requirement for a person to have an HIV-negative status to have and use weapons to provide private security services. This modification eliminates the barrier for people with HIV to provide armed private security functions [7–10].

HIV-related stigma in healthcare settings was also reported and documented, with clinicians describing the consequences of people being unable to access services. The persistent lack of data around HIV stigma is being addressed at European and national levels with surveys coordinated by the European Centre for Disease Prevention and Control (ECDC) in collaboration with the European AIDS Clinical Society and a forthcoming survey conducted by the World Hepatitis Alliance on stigma related to viral hepatitis [3]. Discussions also raised the missed opportunities to diagnose individuals who do not appear to be “at risk” for HIV, where stigma is among the reasons that people are not offered tests. Finally, it was recommended to always use person-centred language to avoid contributing to stigma (Peoples First Charter) [11].

### Integrated testing and integrated services

Several sessions discussed good practices of integrated testing interventions in different settings, with good examples from the United Kingdom, Portugal, France, Australia, and Spain [12]. The Fast Track City initiative was highlighted as a good model for enhancing cross-programme and cross-sector collaborations. It is important to be aware that situations vary widely across the European Region, requiring diversification and tailoring of testing approaches to local contexts. In some settings that are close to reaching the targets, such as London, it should be acknowledged that the closer we get to elimination, the harder and more costly it will be to find the remaining cases and secure funding and political commitment.

A well-documented challenge to implementation of integrated testing programmes is the silo-based nature of programmes (in terms of planning, delivery, and funding), competing clinical priorities, and national policies that are not always updated to account for the latest evidence and recommendations around integration.

Presentations and sessions discussed screening for blood-borne viruses in emergency departments as a highly effective, feasible, and cost-effective intervention in high-prevalence areas. Evidence shows that these programmes tend to identify people who are older, more ethnically diverse, and at a later stage of infection [2]. For these programmes to become successful, there needs to be a focus on optimizing pathways for effective linkage to care and to retain motivation of emergency department doctors with competing clinical priorities [12–15]. The positive outcomes from these pilot studies led to England's Department of Health recommending and funding routine opt-out testing in emergency rooms in London and other areas with high HIV prevalence as part of the national HIV Action Plan [16].

### Reaching migrants and mobile populations with services

A special session discussed lessons learned from testing implementation in migrant and displaced populations across Europe, including during the Ukrainian crisis. Migrants account for a significant proportion of people newly diagnosed with HIV in Europe (48% in the EU/EEA in 2022, defined as originating from outside the country in which the diagnosis was made). Although transmission occurs post-migration for many, a significant proportion have also been infected and/or diagnosed in another country before arrival (16.6% in the EU/EEA in 2022), largely reflecting the influx of people from Ukraine, a country with a high prevalence of HIV [2, 9]. Stigma, discrimination, racism, and legal barriers are the primary barriers to healthcare access for migrants. Presentations highlighted how non-governmental organizations in Ukraine and Poland have played a major role in facilitating and providing access to testing and treatment for Ukrainian refugees.

The session also highlighted the urgent need for inclusive health policies and scale-up strategies for delivering HIV testing, prevention, and treatment tailored to migrant populations. Healthcare policy must account for the need for earlier testing and treatment for migrants during the full migration process (pre, during, post).

### Outcome of conference evaluation and call to action

In total, 27% (n = 51) of conference participants responded to the conference evaluation: 92% of respondents agreed that the overall conference was useful and

informative, 96% agreed that it was relevant to their field of work and/or current research, and 94% were satisfied with the whole conference and felt it met their expectations. The overall impression of the presentations from the scientific programme was positive, with 96% indicating that the scientific programme was interesting and informative and 92% saying that the presentation topics were appropriate. There was consensus that the scientific programme covered a variety of disease areas (90%) and had a wide range of geographical representation (88%).

HepHIV 2023 concluded with a Call to Action with six areas for action in the field of earlier and integrated testing for HIV, viral hepatitis, STI, and TB (Table 1).

## DISCUSSION AND CONCLUSION

The HepHIV 2023 conference provided a platform to discuss the actions necessary for Europe to achieve the targets set for HIV, hepatitis, STIs, and TB. It specifically highlighted the need to invest in a systematic and coordinated approach to measuring the impact of stigma on the offer and uptake of testing in community and healthcare settings and to implement interventions to address it. The conference called for efforts to be intensified in designing culturally competent prevention; in providing testing and care services for migrant and displaced populations; in removing access barriers; and to improving epidemiological surveillance, monitoring, and evaluation to inform evidence-based decision-making and programme development.

The key points and results from the Spanish high-level meeting were discussed during the conference and are reflected in the technical document “Stigma and discrimination associated with HIV: The challenge”, prepared jointly by the Ministry of Health, the ECDC, WHO Europe, UNAIDS, and the Sociedad Española Interdisciplinaria del Sida (SEISIDA), and reviewed by more than 20 leading national and international institutions [6]. The document provides a roadmap for countries in the EU to combat HIV-related stigma and discrimination in various dimensions, including legal reforms, access to health care for the most vulnerable populations, addressing public service discrimination, promoting educational initiatives, and coordinating between political authorities and communities. The document was subsequently presented in the European Parliament on World Aids Day, 1 December 2023.

Several actions preceded the focus of the Spanish EU Presidency on stigma. Since 2018, Spain has focused on legislative actions, including the Social Pact for Non-discrimination and Equal Treatment associated with HIV 2018, and joining the UNAIDS global partnership of action to eliminate all forms of stigma and discrimination

**TABLE 1** HepHIV2023 madrid conference call to action.

We, the participants of the HepHIV 2023 conference, call on all stakeholders in the European region to work together towards the 2030 Sustainable Development Goals for HIV, viral hepatitis, sexually transmitted infections (STIs) and tuberculosis (TB) by implementing the following actions:

**1. Invest in measuring the impact of HIV-related stigma and discrimination on the offer and uptake of testing in community and healthcare settings and implement interventions to address it**

- Routinely collect local qualitative and quantitative data to ensure progress is evaluated towards the UNAIDS 2025 target of less than 10% of people living with HIV and key populations experiencing stigma and discrimination (ECDC collaborative work on stigma survey).
- Explore and invest in synergies to reduce infectious disease-related stigma from a holistic public health approach that includes mental health and well-being.
- Fund and design applied research on interventions aimed at reducing stigma, at both structural (reviewing of laws and regulations) and implementation level (education programmes).
- Adapt public health communication to incorporate clear and anti-stigma messaging, among others, that people living with HIV who have an undetectable viral load have zero risk of transmitting HIV to their sexual partner(s) (U=U) or via vertical transmission.
- Utilise the full potential of European networks for knowledge sharing and dissemination of key messages, – increasing knowledge is key!
- Information and consent remain a cornerstone for testing and empowerment

**2. Intensify efforts to design culturally competent prevention, testing and care services for migrant and displaced populations and remove access barriers**

- Increase discussion regarding the health of all migrant populations across the EU/EEA, while continuing to support those suffering the consequences of the war in Ukraine and elsewhere.
- Design programs and service delivery models that are tailored to community needs. Services, not populations, are hard to reach!
- Strengthen and empower community advocates and promote peer-to-peer support.
- Advocate for continued funding across the European region specifically for migrant related interventions.
- Expand access to testing for migrant populations.
- Testing must be accompanied with linkage to care in all occasions and for all people, particularly for vulnerable groups of migrants and displaced population.

**3. Improve epidemiological surveillance, monitoring and evaluation to inform evidence-based decision-making and programme development**

- Collect data that can evaluate the impact and cost-effectiveness of differentiated service delivery strategies in high and low prevalence settings, populations, and areas.
- Monitor the number of late diagnoses by key population at local level and implement population-specific strategies to reduce time for diagnosis and linkage to care initiation.
- Use surveillance data to monitor potential outbreaks, map increased incidence among specific population groups and/or regions, and tailor public health responses to address changes in epidemic patterns.

**4. Strengthen collaboration between governments and implementers around testing and linkage to care to ensure sustainable political commitment and appropriate resource allocation**

- Identify new potential partners to strengthen collaborative work – i.e. municipalities and care centers.
- Formally recognise community health workers as part of the health workforce.
- Ensure political and programmatic leadership and commitment to abandon ineffective strategies or interventions, as well as ensure the use of available resources for tailored, innovative, and cost-effective approaches.
- Work across sectors with all stakeholders, particularly affected communities and apply lessons learned from the HIV sector to strengthen elimination strategies in other disease areas.
- Ensure universal access and availability of affordable, state of the art treatment and testing kits across the region.

**5. Amplify efforts to address the gaps and inequalities for key populations beyond testing services**

- Introduce or scale-up a wide range of new prevention and testing approaches, including self-testing and self-sampling as well as interventions to support re-engagement in care among people lost to follow-up, especially in areas where testing services are not accessible.

(Continues)



TABLE 1 (Continued)

- Ensure that adequate regulations for medical devices are in place and updated to address the needs, as well as and document validation studies for less documented approaches or tests, such as self-sampling.
  - Tailor prevention, testing and post-test services to the needs and local context of the service users.
- 6. Design and implement integrated responses to HIV, viral hepatitis, STIs and TB**
- Continue to highlight the benefits of combined prevention and integrated testing.
  - Normalise HIV, HBV, HCV, STI and TB testing and decentralise testing across healthcare settings and according to local epidemiology.
  - Break down silos between disease areas, and ensure no opportunities are missed to provide integrated testing to those who can benefit most.
  - Recommend opt-out testing in emergency departments in high prevalence areas;
    - Undertake pilots to determine positivity if not available
    - Optimise pathways, improve linkage to care and retain motivation of ED doctors.
  - Ensure that pathways are improved to act on opportunities to re-engage those previously diagnosed and lost to care/follow-up.

associated with HIV – the second European country to do so.

The conference Call to Action reflects outcomes from the HepHIV 2023 Madrid conference and covers key topics presented and discussed during the conference. It is not intended to be exhaustive, nor does it cover everything addressed within each thematic area.

The success of the Spanish Ministry of Health in having the topic of HIV-related stigma and discrimination included on the national and European agenda demonstrated the need for further strengthening of collaboration between governments and implementers around testing and linkage to care. This will ensure sustainable political commitment and appropriate resource allocation in the future, and can serve as a model for other countries.

The conference participants called for European HIV, hepatitis, STI, and TB-specific actions to be integrated into national roadmaps and strategies and designed and implemented in multi-sectorial collaborative approaches across the region. Having a clear strategy linked with adequate resources and mobilizing all stakeholders is the only way that, as a society, we can ensure every single person has access to the healthcare services they need and that we reach the 2025 and 2030 international goals to help eliminate these threats.

#### AUTHOR CONTRIBUTIONS

All authors contributed to writing the manuscript on behalf of the HepHIV 2023 conference organizing committee and the EuroTEST steering committee. DR and DS led and coordinated the writing process while other authors provided specific content on the various sections.

All authors commented on the manuscript and approved the final manuscript.

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HepHIV 2023 conference organizing committee: Ann K. Sullivan, Chelsea & Westminster Hospital, United Kingdom; Alejandro Bertó Moran, National non-governmental organization (NGO)/patient representative. Coordinator of ADAHARA and founder Seville Check Point, Seville, Spain (local conference co-chair); Arkaitz Imaz, Spanish Society of Infectious Diseases (SEIMC) and Bellvitge Hospital, Barcelona, Spain (local conference co-chair); Ben Collins, ReShape/International HIV Partnerships, United Kingdom; Cary James, World Hepatitis Alliance, United Kingdom; Daniel Simões, GAT, Portugal (co-chair); Denis Onyango, Africa Advocacy Foundation, United Kingdom; Elena Vaughan, University of Galway, Ireland; Erika Duffell, European Centre for Disease Prevention and Control (ECDC), Sweden; Julia Del Amo, Director of the HIV, STIs, Viral Hepatitis and Tuberculosis Control Division, Ministry of Health, Spain (local conference co-chair); Jordi Casabona, Center for HIV/STI Epidemiological Studies of Catalonia (CEEISCAT), Spain; Jürgen Rockstroh, Department of Medicine I, University Hospital Bonn, Germany (co-chair); Lella Cosmaro, Fondazione LILA Milan, Italy; Teymur Noori, European Centre for Disease Prevention and Control (ECDC), Sweden; Magdalena Ankiersztejn-Bartczak, European AIDS Treatment Group (EATG), Poland; Maria Buti, EASL, Spain; Milan Mishkovicj, ELPA, Macedonia; Ricardo Baptista

Leite, UNITE Parliamentarians Network for Global Health, Portugal; Roberto Pérez Gayo, Correlation Network/C-EHRN, The Netherlands; Stefan Baral, Johns Hopkins Bloomberg School of Public Health, USA; Thomas Seyler, European Monitoring Centre for Drugs and Drug Addiction (EMCDDA), Portugal; Tom Platteau, Institute of Tropical Medicine, Department of Clinical Sciences, Antwerp, Belgium; Viatcheslav Grankov, WHO Regional Office for Europe, Denmark.

EuroTEST steering committee: Ann K. Sullivan, Chelsea & Westminster Hospital, United Kingdom; Ann-Isabelle von Lingen, European AIDS Treatment Group (EATG), Belgium; Ben Collins, ReShape/International HIV Partnerships, United Kingdom; Brian Gazzard, Chelsea & Westminster Hospital, United Kingdom; Cary James, World Hepatitis Alliance, United Kingdom; Daniel Simões, Grupo de Ativistas em Tratamentos (GAT), Portugal; Daniela Rojas Castro, Coalition PLUS, France; Ferenc Bagyinszky, AIDS Action Europe, Germany; Francesco Negro, University Hospitals Geneva & European Association for the Study of the Liver (EASL), Switzerland; Igor Karpov, Belarus State Medical University, Belarus; Irith De Baetselier, Institute of Tropical Medicine, Department of Clinical Sciences, Antwerp, Belgium; Jack S. Lambert, University College Dublin (UCD), Ireland; Jens Lundgren, University of Copenhagen; CHIP, Copenhagen, Denmark; Johanna Brännström, Department of Infectious Diseases, South Hospital & Institute of Medicine, Karolinska Institute, Stockholm, Sweden; Jordi Casabona, El Centre d'Estudis Epidemiològics sobre les Infeccions de Transmissió Sexual i Sida de Catalunya (CEEISCAT), Spain; Jürgen Rockstroh, University of Bonn, Germany; Kira Grazava, TB Coalition Europe, Ukraine; Lella Cosmaro, Lila Milano, Italy; Liudmyla Maistat, Medicines Patent Pool, Switzerland; Magnus Unemo, WHO Collaborating Centre for Gonorrhoea and Other STIs, National Reference Laboratory for STIs, Örebro University Hospital, Sweden; Mojca Matičič, University Medical Centre Ljubljana, Slovenia; Nikos Dedes, Positive Voice, Greece; Nino Tsereteli, Center for Information and Counselling on Reproductive Health – Tanadgoma, Georgia; Rajul Patel, Southampton University Hospitals, Southampton & International Union against Sexually Transmitted Infections (IUSTI), United Kingdom; Tom Platteau, Antwerp Institute of Tropical Medicine, Belgium; Valerie Delpech, Public Health in Northern New South Wales, Australia; Yazdan Yazdanpanah, ANRS Maladies Infectieuses Emergentes, France.

Observers to the EuroTEST steering committee: Anastasia Pharris, European Centre for Disease Prevention and Control (ECDC), Sweden; Stela Bivol, Viatcheslav

Grankov and Marcelo Naveira, WHO Regional Office for Europe, Denmark; Thomas Seyler, European Monitoring Centre for Drugs and Drug Addiction (EMDCCA), Portugal.

## ORCID

Arkaitz Imaz  <https://orcid.org/0000-0001-8411-1952>

Annemarie Rinder Stengaard  <https://orcid.org/0000-0002-9576-7487>

Tom Platteau  <https://orcid.org/0000-0002-5906-4530>

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