

# Objectives and expected outcomes of the conference Ton Coenen, Executive Director Aids Fonds/Aids Action Europe & Jens Lundgren, Prof., MD DMSc, University of Copenhagen and Rigshospitalet, Denmark

Co-chairs of the HIV in Europe Initiative



#### HIV in Europe Initiative Objectives

To highlight the rising number of people living with HIV in Europe who are unaware of their serostatus

To identify political, structural, clinical and social barriers to achieving optimal testing and counselling, and earlier care for HIV/AIDS

To promote public health best practices and guidance found in Europe with regard to HIV testing, counselling and care



## Structure and content of the initiative

#### Governance:

- Steering Committee (8 members, 2 co-chairs)
  - Representation from patient advocacy, policy makers, health professionals and European public health institutions (WHO-Europe and ECDC, Global Fund, UNAIDS, EMCDDA and US CDC)
- HIV in Europe Secretariat
  - Political EATG offices in Brussels
  - Financial Aids Fonds Nederlands
  - Operational Copenhagen HIV Programme

Key projects since start in 2007

- Consensus definition of late presentation
- Size of infected not yet diagnosed population
- Indicator condition guided HIV testing
- People living with HIV Stigma index
- Criminalization of PLHIV



## **Conference objectives**

- Provide an overview of European innovative initiatives and best practices on optimal testing and earlier care
- 2. Accompany the debate at European Union HIV/AIDS Civil Society Forum and Think Tank level on HIV testing
- **3.** Provide opportunities for multi-stakeholder dialogue
- **4.** Increase public awareness and public health commitment
- 5. Present data available on temporal trends of late presenters and the undiagnosed population and data on the cost-effectiveness of HIV testing.
- Discuss HIV testing and linkage to care and testing among key populations and the role of new HIV testing diagnostic technologies



## **Conference** participants

#### • 323 participants from 46 countries

- Clinicians (74) 25%
- Community representatives (121) 37%
- Policymaker (49) 15%
- Others (social scientists, epidemiologist, statisticians) (49) 15%
- Media, Industry etc (30) 9%



#### Programme

- Plenary sessions (5)
- Parallel abstract-driven sessions (6)
- Posters (64 + 34 (oral abstracts))
- Social programme
- Side meetings
- Closing reception
- Changes in the programme
- Recording
- Interpretation



