

Objectives and Expected Outcomes of the Conference

Adrian Streinu-Cercel, Local co-chair, National Institute for Infectious Diseases “Prof. Dr. Matei Balș”, Carol Davila University of Medicine and Pharmacy, Bucharest, Romania

Jürgen Rockstroh, HIV in Europe Co-Chair, University of Bonn

Daniel Simões, HIV in Europe Co-Chair, GAT, Portugal

Co-chairs of the HepHIV 2019 Conference

Welcome to Bucharest

HepHIV **2019**
28-30 JANUARY · BUCHAREST

Adrian Streinu-Cercel, Local co-chair, National Institute for
Infectious Diseases “Prof. Dr. Matei Balș”, Carol Davila
University
of Medicine and Pharmacy, Bucharest, Romania

HepHIV 2019 Conference Objectives

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- Provide an overview of innovative initiatives and best practices on optimal testing and earlier care for HIV and viral hepatitis from different settings across Europe, including progress and challenges in the integration of services;
- Provide opportunities for multi-stakeholder dialogue to develop creative solutions to unresolved challenges in research and implementation of HIV and viral hepatitis, TB and STI policies and programmes to improve early diagnosis and care;
- Sustain and fuel the political discussion of testing policies, increase political commitment and public awareness by discussing how to translate global and regional goals, objectives and targets into local implementation plans.

The HepHIV2017 conference ended with a call to action which the HepHIV2019 Conference will follow up on:

HepHIV 2017
21 JANUARY - 2 FEBRUARY MALTA

HepHIV 2017 – Call for Action

All of us – people living with HIV and with viral hepatitis, civil society representatives, health professionals, public health officers and decision-makers, policymakers, representatives from European and national institutions, and researchers – need to keep collaborating closely to decrease the number of people initiating HIV and HCV treatment late, in order to improve long-term health outcomes and reduce onward transmission.

The year 2016 saw the adoption of the very first global health sector strategy on viral hepatitis, a turning point in efforts to fight the disease, and of a corresponding strategy on HIV. The participants in the HepHIV 2017 Conference call on all stakeholders to work together to achieve the targets and goals in these strategies, and to exceed them when possible, by implementing the following actions:

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:
 - tailor HIV and viral hepatitis screening strategies to each country's epidemics, including at the subnational level;
 - expand and support community-based testing for HIV and viral hepatitis by trained laypeople;
 - make self-testing and self-sampling an integral part of the testing toolkit;
 - educate general practitioners and other health care providers about testing strategies, including the importance of prompt referral to specialist care, and facilitate the implementation of indicator condition-guided testing;
 - develop new, affordable testing diagnostics, and utilize them; and
 - increase testing frequency and testing at early stages of infection when cost-effective, particularly in high-risk populations.
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 by:
 - telling the 21st century HIV and viral hepatitis story – that diagnosis and treatment can ensure a long and healthy life and stop onward transmission;
 - normalizing and expanding HIV and viral hepatitis testing;
 - promoting national and regional monitoring of stigma, discrimination and unjust criminalization; and
 - developing more effective interventions to combat stigma, discrimination and unjust criminalization.
10. Challenge policies that prevent undocumented migrants from accessing HIV and viral hepatitis prevention, testing, treatment and care.

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),
3. **Improve HIV and viral hepatitis testing strategies:**
 1. tailor HIV and viral hepatitis screening strategies to each country's epidemics, including at the subnational level;
 2. expand and support community-based testing for HIV and viral hepatitis by trained laypeople;
 3. make self-testing and self-sampling an integral part of the testing toolkit;
 4. educate general practitioners and other health care providers about testing strategies, including the importance of prompt referral to specialist care, and
 5. facilitate the implementation of indicator condition-guided testing;
 6. develop new, affordable testing diagnostics, and utilize them; and
 7. increase testing frequency and testing at early stages of infection when cost-effective, particularly in high-risk populations.
4. Create synergies between efforts to tackle communicable and non-communicable diseases by encouraging partnerships and collaborations, including **tandem testing**
5. **Advocate for stronger political leadership**
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** by:
 1. telling the 21st century HIV and viral hepatitis story – that diagnosis and treatment can ensure a long and healthy life and stop onward transmission;
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 3. promoting national and regional monitoring of stigma, discrimination and unjust criminalization; and
 4. developing more effective interventions to combat stigma, discrimination and unjust criminalization.
10. Challenge policies that prevent **undocumented migrants** from accessing HIV and viral hepatitis prevention, testing, treatment and care.

Conference Participants

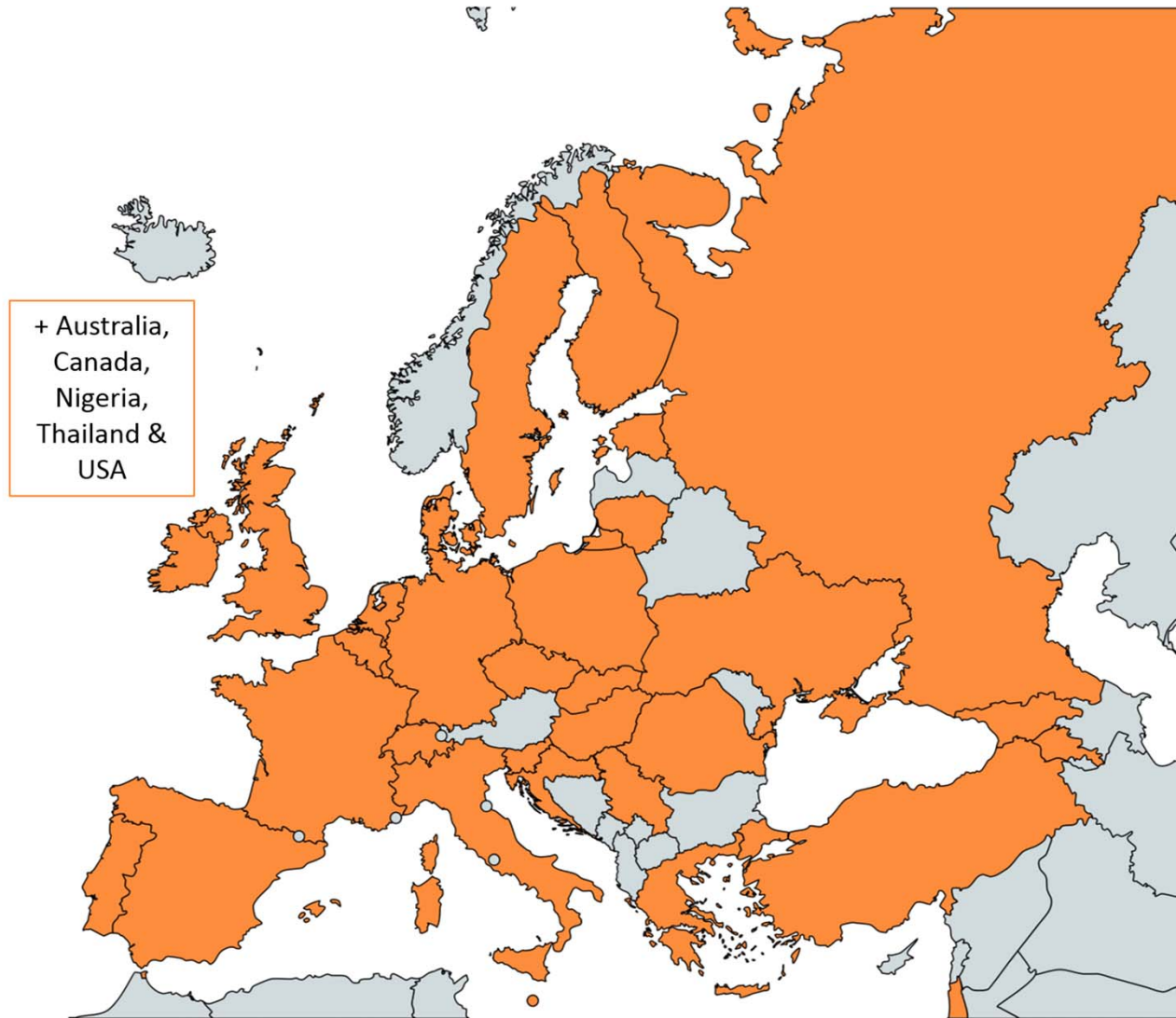
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243 participants from 37 countries

- Clinicians 14%
- Community representatives 36%
- Policymakers/Public Health Institutions 21%
- Social scientists, epidemiologists, statisticians 8%
- Others 21%

Countries at HepHIV 2019

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Programme

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- Plenary sessions (4)
- One Round Table Session and one Special Session with panel discussions
- EU Health Project Symposium
- Parallel abstract-driven sessions (4)
- Posters
 - Important part of the programme
 - Tuesday 16:15-17:00 and Wednesday 10:00-10:30
 - Best Poster Award
- Side meetings
 - Testing Week Meeting, Tuesday 12:40-13:20
 - Diagnostics Meeting, Tuesday 7:00-8:30

Social Programme

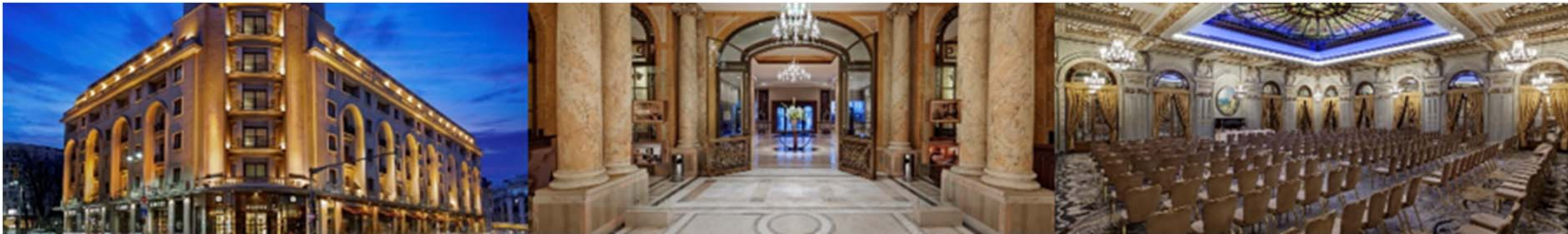
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Welcome Reception

Monday, 28 January 7.00 pm

Athénée Palace Hilton Bucharest

1-3 EPISCOPIEI ST., DISTRICT 1, BUCHAREST



Conference Dinner

Tuesday, 29 January 8.00 pm

Restaurant Caru' cu bere

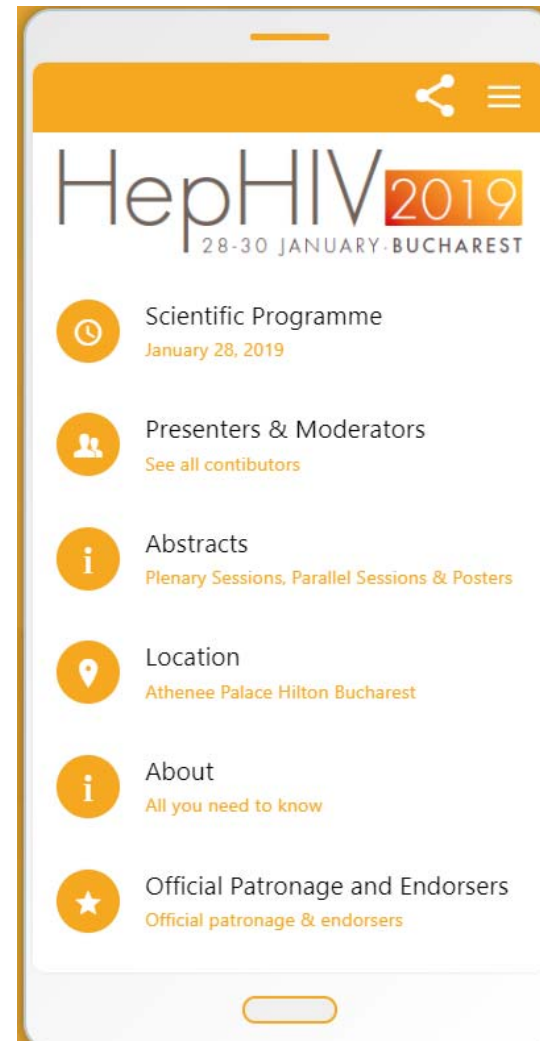
Stavropoleos 5, Old Town Area, Bucharest



Conference Programme App

Use the HepHIV 2019 Conference app and get the scientific programme, abstracts and all other conference information directly on your phone:

Download the app for your mobile phone here: <https://lineupr.com/hephiv/2019/> or scan the QR-code via your mobile phone:

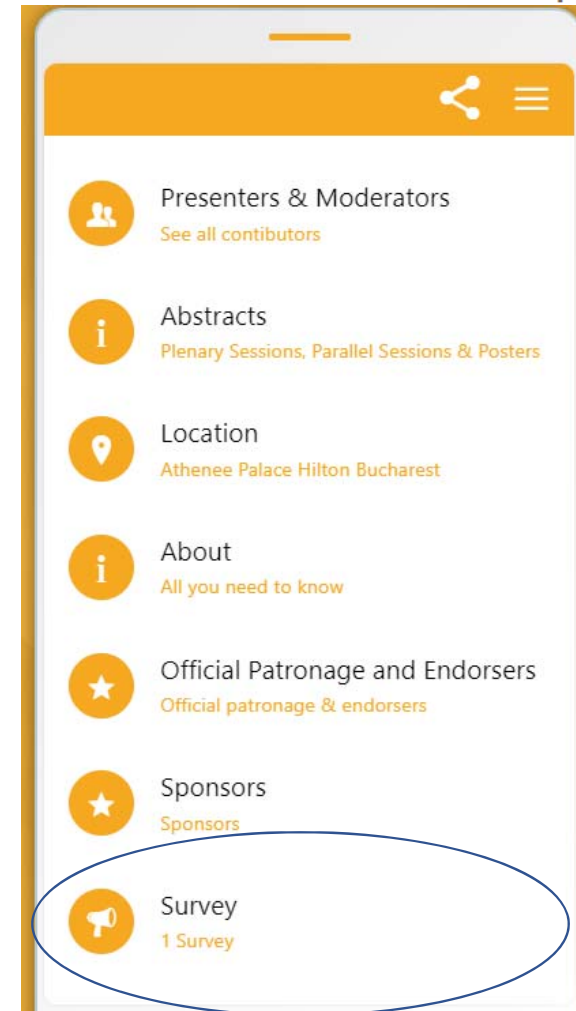


Best Poster Award

Vote for the BEST POSTER in the Conference App


Go to 'Survey' and Poll for Best Poster Award in the app. You can rate from 0-5 stars.

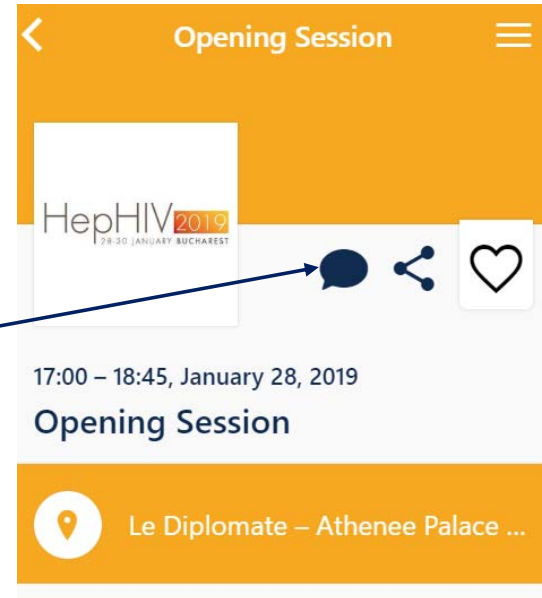
The Best Poster Award will be announced in the Closing Session.



Conference Evaluation

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Use the Conference App to rate the sessions. You can rate from 0-5 stars. Press the  icon shown under each session:



Please also fill out the evaluation form that will be shared on the last day of the conference and return it to the HepHIV 2019 Registration Desk.

Official Patronage and Endorsing Organisations

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The HepHIV 2019 Bucharest Conference is under the Patronage of the Romanian Presidency of the Council of the European Union



romania2019.eu
Romanian Presidency of the Council of the European Union

The HepHIV 2019 Bucharest Conference is under the official patronage of the European Commission



The European Commission: www.ec.europa.eu/commission

The HepHIV 2019 Bucharest Conference is endorsed by:



AIDS Action Europe: www.aidsactioneurope.org



Correlation Network: www.correlation-net.org



European AIDS Clinical Society: www.eacsociety.org



European Association for the Study of the Liver: www.easl.eu



European AIDS Treatment Group: www.eatg.org



ESTICOM: www.esticom.eu



HepCARE Europe: www.ucd.ie/medicine/hepcare/



University College Dublin: www.ucd.ie



UNITE Network: www.unitenetwork.org/



World Hepatitis Alliance: www.worldhepatitisalliance.org

Conference Organising Committee

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Adrian Streinu-Cercel	National Institute for Infectious Diseases “Prof. Dr. Matei Bals”, Carol Davila University of Medicine and Pharmacy, Bucharest, Romania (local chair)
Anca Streinu-Cercel	National Institute of Infectious Diseases “Prof Dr. Matei Bals”, Romania
Andrew Amato	European Centre for Disease Prevention and Control, ECDC, Sweden
Ann Sullivan	HiE SC/SSAT, Chelsea Westminster Hospital, United Kingdom
Corina Silvia Pop	Ministry of Health, Carol Davila University of Medicine and Pharmacy, Romania
Cristiana Oprea	Victor Babes Clinical Hospital for Infectious and Tropical Diseases/EACS Governing Board, Romania
Dagmar Hedrich	European Monitoring Centre for Drugs and Drug Addiction, EMCDDA, Portugal
Daniel Simões	GAT, Portugal (co-chair)
Deniz Gökengin	IUSTI Europe Guidelines group, Turkey
Eberhard Schatz	Correlation Network, The Netherlands
Eugenia Ghita	Marius Nasta Institute of Pneumophtisiology/INTEGRATE, Romania
Jack Lambert	University of Dublin/INTEGRATE/HEPCARE, Ireland
Jeff Lazarus	CHIP, Rigshospitalet, University of Copenhagen, Denmark
Jürgen Rockstroh	HIV Outpatient Clinic at the University of Bonn, Germany (co-chair)
Lara Tavochi	University of Pisa, Italy
Lella Cosmaro	Lila Milano/HiE SC/INTEGRATE, Italy
Marian Ursan	CARUSEL Association, Romania
Masoud Dara	WHO Europe, Denmark
Nicoleta Dascalu	ARAS, Romania
Nikos Dedes	European AIDS Treatment Group, EATG, Greece
Ricardo Baptista Leite	Member of Parliament, Institute of Health Sciences of Católica University of Portugal, Portugal
Sini Pasanen	Civil Society Forum, Finland
Tatjana Reic	European Liver Patients' Association, ELPA, Belgium
Tom Platteau	Institute of Tropical Medicine, Brussels, Belgium
Victor Grecu	Victor Babes Clinical Hospital of Infectious Diseases and Pneumophtisiology, Craiova/INTEGRATE, Romania

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