HepHIV Conference 2021

Conference proceedings

Lisbon, Portugal & virtual
5-7 May 2021

HepHIV 2021
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OPENING SESSION: Progress and challenges in the European response to HIV, hepatitis, STIs and TB

Wednesday 5 May 2021

Welcome, conference objectives and overview

Conference participants[1] were welcomed to the HepHIV 2021 Lisbon & virtual conference, hosted under the Portuguese Presidency of the Council of the European Union, by conference co-chairs **Jürgen Rockstroh** (University of Bonn), **Daniel Simões** (Coalition Plus/GAT Portugal) and local co-chair **Ricardo Baptista Leite** (Portuguese MP, UNITE), and by **António Lacerda Sales** (Ministry of Health, Portugal) on behalf of the Minister of Health. They emphasised the need to work together to achieve the Sustainable Development Goals (SDGs) and ensure no-one is left behind, and noted the impact of COVID-19 on health services, including for HIV, viral hepatitis, sexually transmitted infections (STIs) and tuberculosis (TB) and, at the same time, the potential opportunity the pandemic presents to strengthen health systems, adopt innovative approaches and address inequities in access to health care. The conference objectives, summarised by **Dorthe Raben** (CHIP, University of Copenhagen), were to discuss challenges in reaching the SDGs related to HIV, hepatitis, STIs and TB, discuss progress and gaps in testing and care for people who inject or use drugs (PWID/PWUD), share best practices in combination prevention and integrated testing, and exchange lessons learned on the impact of COVID-19.

> *"It's time to unite"*
> Ricardo Baptista Leite, Portuguese MP, UNITE

The EU response on HIV, viral hepatitis and TB in the future

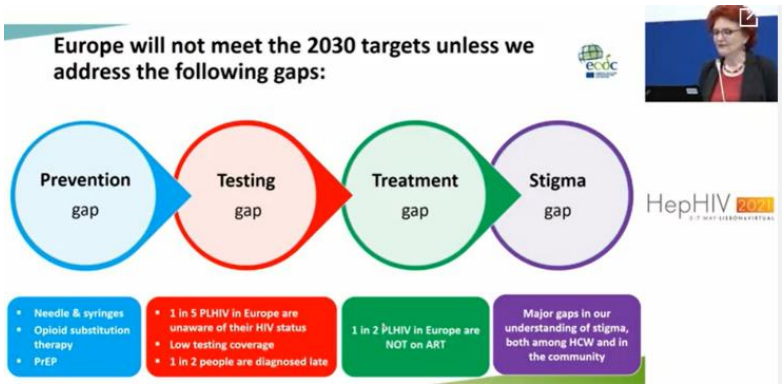
John Ryan (European Commission) noted that COVID-19 has highlighted inadequacies in the current system for cross-border health threats and outlined European Commission (EC) plans to respond. These include a new health package, with three elements: a new regulation on cross-border health threats; strengthening the European Centre for Disease Prevention and Control (ECDC) and its mandate; and strengthening the European Medicines Agency (EMA) and its mandate. In addition, the EC has a new pharmaceutical strategy to enhance development of and access to innovative medicines. The higher priority given to health is reflected in increased funding for heath and health research, with significant additional investment for the EU Health Programme, which has a budget of around €6 billion over 7 years, and the Horizon Programme. The EC is identifying priorities for the health programme, which will include funding for community organisations, and has established a health policy platform to encourage discussion between different stakeholders.

[1] A total of 432 participants from 54 countries attended the 2021 conference.

Post-2020 COVID-19 and progress towards the SDG targets

Andrea Ammon (ECDC) provided an overview of progress towards the Sustainable Development Goals (SDG) for HIV, hepatitis and TB in Europe. In 2019, an estimated 136,600 people were diagnosed with HIV in the WHO Europe Region, but the distribution is not equal – the number of cases and rates of infection are higher in countries in the east. There is also variation in progress towards the 2020 90:90:90 targets with countries in the West on track, but countries in the East and Centre facing challenges in reaching the treatment and viral suppression targets. Furthermore, Europe will not reach the 2030 targets unless gaps are addressed in prevention, testing and treatment. Opioid substitution therapy (OST) and pre-exposure prophylaxis (PrEP) coverage are sub-optimal, one in five people living with HIV (PLHIV) do not know their HIV status, one in two are diagnosed late and one in two are not on ART. Hepatitis B and C are a major public health threat, with an estimated 8.6 million people in the EU/European Economic Area (EEA) living with chronic hepatitis B or C infection. The prevalence of hepatitis C virus (HCV) infection is high in key populations, especially PWID and prisoners. Coverage of hepatitis prevention interventions is sub-optimal – only seven EU/EEA countries achieved the 2020 target of 95% coverage with hepatitis B virus (HBV) vaccination, only four the target of at least 40% coverage with OST and only 11 the target for provision of clean syringes. Only one in five people with HBV and one in four with HCV have been diagnosed, and available data suggest that only one in four people diagnosed with chronic HCV infection receive treatment. TB notification rates have continued to decline in the EU/EEA but treatment outcomes remain sub-optimal. Finally, rates of bacterial STI are very high and drug resistance is a major concern – more must be done to increase awareness and strengthen STI prevention.

> *"We need to address gaps – in prevention, testing, treatment, and stigma and discrimination"*
> Andrea Ammon, ECDC



The changed landscape – providing testing for HIV, STIs, hepatitis and TB in the era of COVID-19

Hans Kluge (WHO Regional Office for Europe) observed that COVID-19 has had a significant impact on health systems and the provision of essential services, and has exposed and exacerbated weaknesses in prevention, testing and care for HIV, hepatitis, STIs and TB and service provision for marginalised populations. The pandemic has reinforced the need for a people-centred approach, to strengthen health systems and to tackle stigma, discrimination and criminalisation, the importance of community organisations in providing services and reaching the most vulnerable, and the need for more responsive and effective approaches, especially to testing.

Portugal's progress in reaching global targets and interventions for integration of testing

Rui Portugal (Ministry of Health) described Portugal's progress in addressing HIV, hepatitis and TB. The 2020 90:90:90 targets for HIV have been achieved and new cases have steady decreased since 2000, especially among PWID, and between 2009 and 2019 new HIV infections have declined 45% overall, although the rate of new diagnoses is still among the highest in the EU. With respect to hepatitis, HBV vaccination has been implemented since 1994 and an estimated 40% of the population has immunity. HCV mainly affects PWID and PWUD, with 88% and 59% respectively estimated to be HCV antibody positive in 2018. Portugal aims to reduce viral hepatitis deaths by 65% and new infections by 90% by 2030 through prevention, testing, treatment, social support and elimination of stigma and discrimination. HCV treatment is a success story, with increasing numbers being treated and a 97% cure rate; however, the low number of community-based rapid tests conducted for HBV and HCV is a challenge. TB notification rates have fallen from 42.9 to 18 per 100,000 since 2000. Most TB cases are found in Lisbon (PLHIV and Migrants) and Oporto (Homeless and PWUD and Alcohol); the proportion of cases accounted for by migrants is increasing, reaching 25% in 2019. To accelerate progress, Portugal needs to increase HBV vaccination coverage in vulnerable populations, scale up HIV, HBV and HCV prevention and testing, and improve provision of and access to TB services for the most vulnerable.

Community perspective on enabling environments for integrated testing and linkage to care

Daniel Simões (Coalition Plus/GAT Portugal) set out what needs to be done to improve the response to HIV, hepatitis, STIs and TB in Europe. This includes addressing the determinants of ill health, inequalities in access to health care, and stigma and discrimination; provision of integrated services that go beyond single diseases to meet wider needs, for example, for housing and social support; and ensuring that affected populations have a voice.

> *"Systems need to be fit for purpose for everyone"*
> Daniel Simões, Coalition Plus/GAT Portugal

Discussion

Ricardo Baptista Leite highlighted the importance of health for sustainable development and of remaining focused on achieving the SDGs. **Rui Portugal** reinforced the need for a better understanding of and for more attention to be paid to the social aspects of health and the impact of issues such as stigma and discrimination. **John Ryan** also emphasised the need to reduce inequalities between and within countries, to uphold rights and to address the issue of criminalisation in countries in the wider European region.

John Ryan sounded a note of caution, suggesting that we should not under-estimate the economic impact of COVID-19 or expect the current focus on and funding for health due to COVID-19 to be sustained. **Andrea Ammon** agreed but said that we must use the current momentum to tackle the challenges associated with HIV, hepatitis, STIs and TB. **Nicole Seguy** (WHO Regional Office for Europe) concurred, noting that the pandemic represents an opportunity to strengthen health systems. Both **John Ryan** and **Daniel Simões** said that we need to improve communication with the public about the importance of HIV, hepatitis, STIs and TB, and that COVID-19 has shown how this can be done.

PLENARY SESSION 1: Impact of COVID-19 on prevention and testing services

Thursday 6 May 2021

Overview of the impact of COVID-19 on progress towards the SDG targets

Clifford Lane (NIAID) emphasised the importance of collaboration in the global research community to improve our understanding of COVID-19, develop effective prevention and treatment interventions, and prepare for future pandemics. Such collaboration has contributed to the rapid development of multiple vaccines, and the technologies used to develop vaccines for COVID-19 may be of value in finding vaccines for HIV and HCV. Equally, the response to COVID-19 can learn from HIV and hepatitis research, for example, clinical, observational and cohort studies that have helped to identify targets for therapeutic interventions and sub-groups of patients for which different treatments will be most effective. Continued partnership between US and European researchers will be critical but direct collaboration is limited by GDPR – and he encouraged European policy-makers to consider changes to current GDPR requirements to facilitate future collaboration.

Impact of COVID-19 on testing and linkage to care in the WHO European region

Ann Sullivan (Chelsea and Westminster Hospital) reported the findings of a survey to assess the impact of COVID-19 on HIV, viral hepatitis and STI testing in the WHO European region. Responses were received from 138 sites in 38 countries. The findings showed that during March-May 2020 the volume of testing was lower than during the same period in 2019 – more than half of sites reported a decrease of more than 50% in the number of HIV tests conducted and community testing sites were most affected – although by June-August 2020 the situation had improved. COVID-19 also had an adverse impact on linkage to care, with one in three community sites reporting problems between March and August 2020. Many sites adapted service provision – measures included telemedicine, reduced frequency of monitoring tests and follow-up visits, multi-month prescriptions and home delivery of medicines. Adaptations that are shown to have improved service quality and patient choice and enhanced testing and linkages to care should be integrated into service delivery.

Germany's first digital sexual health service provides COVID-safe remote STI testing and counselling

Carlo Kantwerk (DAH/Checkpoint) described how a digital sexual health service in Germany, s.a.m. Health, which enables users to test regularly for HIV, syphilis, gonorrhoea and chlamydia through home self-sampling, adapted to to COVID-19. As access to HIV and STI testing in health facilities was reduced, s.a.m Health expanded its geographical coverage and significantly increased the number of test kits sent out. The digital service was found to have reached an increased number of clients who are younger, living in rural areas and who have never been tested before or are new to regular testing. It has shown that there is a demand for this approach to testing and counselling, and that it can increase access to testing, reach new clients and increase regular testing. Plans to improve the service include reaching a wider range of clients, subsidising the cost of testing for low-income users, and expanding the number of checkpoints to ensure linkage to care.

Rapid HIV testing and linkage in rehabilitation centres during the COVID-19 pandemic in Russia

Victor Stanilevskiy (AIDS Health Care Foundation) explained how rehabilitation centres for PWID in the city of Yekaterinburg and Sverdlovsk Region in Russia maintained rapid HIV testing and linkage to care during COVID-19. Pre-COVID-19, clients with a reactive rapid test result were taken to a medical facility or AIDS centre for confirmatory testing, counselling and treatment. COVID-19 restricted travel

and access to AIDS centres, so the approach had to be adapted. Adaptations included using educational videos to train rehabilitation centre consultants to deliver pre- and post-test counselling, providing tests and medical supplies to rehabilitation centres, and developing protocols to ensure COVID-safe transport of clients. These adaptations enabled the centres to maintain rapid testing and achieve safe linkage to care – no clients, staff or drivers have been infected with COVID-19.

European testing week: Adaptation of testing services during the COVID-19 pandemic

Ben Collins (European Testing Week Working Group) described the findings from a survey of European testing sites to find out how services had been affected by and had adapted to COVID-19. Responses were received from 47 sites in 20 countries. Sites reported closures, reduced staffing, reallocation of staff to COVID-related services, reduced appointments and reduced client attendance. Adaptations included shifting from drop-in to appointment only testing and from face-to-face to remote services. More than one-third of sites expressed interest in providing self-testing and/or self-sampling services.

Discussion

In response to questions from participants, **Carlo Kantwerk** explained that the digital sexual health service is mainly used by men who have sex with men (MSM) – future plans include targeting the transgender population and increasing provision of chlamydia screening for women. **Victor Stanilevskiy** highlighted the importance of collaboration with government to ensure that models are adopted within government systems. He also explained that linkage to care is a challenge, because some clients who test positive leave the rehabilitation centre, often without notice, before they can be linked to care.

Ben Collins commented that innovation and flexibility will be critical in adapting to COVID-19. **Ann Sullivan** said that in the UK COVID-19 has catalysed consideration of alternatives to clinic screening for STIs, including expansion of home self-sampling. All speakers highlighted the need to apply lessons from COVID-19 – for example, the importance of clear, consistent messaging from experts and from other trusted information sources – and to use COVID-19 as an opportunity to advocate for funding, action to tackle health inequalities and changes in policies and regulations that limit progress in vaccine development, prevention, testing and treatment for HIV, hepatitis, STIs and TB.

> *"COVID-19 has shown there can be political will and funding – so we need to be vocal"*
> Ann Sullivan, Chelsea and Westminster Hospital

ABSTRACT SESSION 1: Use of new technologies to increase testing coverage

RiskRadar – the first integrated ICT tool on combination prevention for hepatitis, HIV, TB, STIs

Lella Cosmaro (Fondazione LILA Milano) provided an overview of the RiskRadar tool and feedback from users. RiskRadar is a web and mobile application, developed under the auspices of INTEGRATE, which includes information, a risk calculator, test site finder and anonymous partner notification for HIV, hepatitis, STIs and TB. Integration of TB was a challenge because of differences in routes of transmission. The tool, which is available in English, Croatian, Italian and Lithuanian, was downloaded by 830 users during July-December 2020. Of those who provided feedback on their experience of using the tool, 85% said they would use it again and 76% planned to take actions as a result of using it including seeking testing, getting advice and starting PrEP. Additional evaluation also found that, overall, user feedback was positive and the tool was well accepted, although the tool was more challenging for users who are less computer literate. Conference participants were asked to provide feedback to INTEGRATE, to inform decisions about the future of the tool.

An evaluation of the outcomes of an online HIV self-sampling service to inform risk communication and future online testing policy

Jennifer Taylor (SH:24) highlighted the key issues identified by an evaluation of SH:24, an online service that offers free self-sampling for HIV and other STIs. SH:24 has shown that self-sampling can increase access to HIV testing, including for those who have not previously been tested, and dema

nd is growing. Self-sampling assays must be highly sensitive but this means that there will be a number of false positive results. Although Dried Blood Spot sampling could potentially reduce false positive rates, it would involve higher costs and turnaround times associated with manual laboratory processing, and lover sensitivity for co-delivered Syphilis testing. Non-reactive results are communicated by SMS. Reactive results are communicated by telephone and this includes counselling provided by skilled and experienced sexual health nurses and referral for clinic-based confirmatory testing to confirm true positives and rule out false positives. This means that the small number of reactive service users have to wait 24-72 hours to receive the results of confirmatory testing, which

creates uncertainty and anxiety. The challenge is to deliver remote testing in a way that optimises the process and minimises anxiety. Introducing an additional Reactivity Level (RL) cut-off threshold to differentiate between higher and lower reactive results can improve the positive predictive value (PPV). More specifically, introducing an additional cut-off threshold with a RL of >30 could be used to refine counselling and reduce anxiety for people with lower reactive results. Further studies are needed to inform guidance and ensure quality standards across services.

Efficacy of an on-screen computer reminder for HIV screening in primary care based on indicator conditions – a cluster randomised controlled trial

Cristina Agustí (CEEISCAT) presented the findings of the randomised controlled trial, which involved 51 primary care teams in Barcelona. An on-screen reminder for HIV screening based on indicator conditions (IC) was used with the intervention primary care teams. Between June 2018 and May 2019, around 13,000 people were diagnosed with at least one HIV IC in Barcelona. The results showed that men, migrants, and patients aged over 50 with IC were more likely to be tested for HIV if their primary care team was the intervention group than those receiving care from teams in the control group. Based on further analysis, the study concluded that use of an electronic alert is effective in increasing HIV testing in men, patients aged over 50, patients who are of higher socio-economic status, and patients with an IC other than an STI or an AIDS-defining illness.

Breaking the chain? A once in a generation opportunity to find and treat HIV during the UK's COVID-19 lockdown

Anamika Basu (SH:24) described a campaign to increase HIV testing uptake during COVID-19 lockdown in 2020, which aimed to reach some of the estimated 6,600 PLHIV in the UK who are undiagnosed. The campaign included media and digital promotion of free home self-sampling targeting MSM and other high-risk populations including the black African community across England. More than 9,300 test kits were sent out and more than 6,000 were returned, of which 38 were reactive and 10 were confirmed as HIV positive. Analysis of users found that the campaign increased testing uptake among MSM and older age groups but had a less significant impact on testing uptake in the black African community. There is clearly demand for testing in geographical areas not previously covered by free online testing and digital promotion and self-sampling is effective in reaching MSM and increasing uptake of testing in this population. However, the campaign also shows that there is a need for face to face and other on digital approaches to encourage uptake of testing in some populations, such as the black African community, for whom digital marketing may be less effective or accessible.

Discussion

In response to comments from participants, the speakers anticipate that self-testing and self-sampling will become the norm across Europe, but also highlighted some of the barriers. **Lella Cosmaro** reported that, in Italy, kits for HIV self-testing can be bought in pharmacies, but self-sampling is not possible because of regulations restricting what can be sent in the mail. **Cristina Agustí** said that there are legal barriers to self-sampling and self-testing in Spain, although CEEISCAT hopes that the results of two pilots currently being conducted will change this. Similar barriers exist in other European countries. COVID-19 may help to overcome these barriers, as self-testing is now accepted and widely practised in many countries, but it will be critical to ensure that self-testing is linked to confirmatory testing, counselling and care.

> "*Self-testing is the future – we need to make it as easy and routine to test as possible but also ensure that people have access to the care and support they need*"
> Valerie Delpech, Public Health England (PHE)

PLENARY SESSION 2: Combination prevention in HIV, hepatitis, STIs and TB

Prevention is hard, combination is key – HIV/STI combination prevention in Scotland

Claudia Estcourt (Glasgow Caledonian University) described Scotland's PrEP programme, including successes and challenges, and what else needs to be done to eliminate HIV transmission. The programme, which started in mid-2017, has primarily targeted MSM. PrEP is delivered through sexual health clinics as part of combination prevention and a comprehensive package of sexual and reproductive health services. Evaluation of population-level impact showed that incidence of HIV in MSM prescribed PrEP declined by 75% – incidence also declined by 32% in MSM who had not been prescribed PrEP. A pilot project offering PrEP to PWID at risk of sexual transmission of HIV is working well but is resource intensive. Research conducted to identify the characteristics of people being newly diagnosed with HIV since the PrEP programme began found that they were less likely to be MSM or to have acquired infection in Scotland and more likely to be women. Qualitative research with black African and Caribbean women, PWID and transgender people found that these populations are unlikely to access PrEP through sexual health clinics and highlighted the need for alternative models of PrEP provision, within combination prevention, tailored to their needs and preferences. For example, PWID would prefer PrEP to be delivered through existing services and settings, such as outreach and community pharmacies, while transgender people would prefer PrEP to be provided within community-based and peer-delivered sexual health care.

Combination disease prevention in prisons – a comprehensive programme in Luxembourg

Patrick Hoffmann (Luxembourg Directorate of Health) presented an overview of combination prevention in two prisons in Luxembourg (both for male and female inmates) – many inmates are from Eastern European and African countries and are drug users. The programme, which is largely delivered by nurses, includes testing for HIV, HAV,HBV, HCV and syphilis and TB screening, hepatitis A virus (HAV) and HBV vaccination, OST, provision of clean injecting equipment, education, condoms and lubricant, and – a first in prisons – a safe tattoo component. Uptake of testing is very high and treatment is provided for those who test positive for infectious diseases and who want to be treated. The programme works with NGOs to ensure provision of follow up services outside of prison. Challenges include, initially, some staff resistance to the NEP, and losses to follow up when prisoners are released or leave the country. The experience in Luxembourg shows that it is feasible to provide effective combination prevention in a prison setting.

> *"It is not the place but the people"*
> Patrick Hoffmann, Luxembourg Directorate of Health

TB and HBV/HCV/HIV combined prevention activities in the Netherlands

Gerard de Vries (RIVM) summarised the TB situation in Europe and the Netherlands – in the latter there has been a steady decline in notification rates. In 2020 there was a significant fall in notifications, possible due to a combination of factors including the impact of COVID-19 on access to services and on migration. In the Netherlands TB patients are tested for HIV – around 2-3% are found to be positive each year – and, if they are from Africa or Asia or have specific risk factors, for HBV and HCV. In principle, eligible PLHIV are screened for latent TB infection. However, most HIV physicians in the Netherlands do not screen for latent TB infection (LTBI) at the time of HIV diagnosis and this represents a missed opportunity for TB prevention. Findings suggest that viral infections are common in people with TB, supporting an integrated screening approach.

The Get Tested LeEDs project – clinical impact and cost-effectiveness of opt-out emergency department testing for blood-borne viruses in England

Elizabeth Smout (PHE) reported on a 9-month study of testing for blood-borne viruses (BBVs) in a hospital emergency department in the city of Leeds, which has some of the highest rates of BBVs outside London, to see if this approach could increase detection of people with BBVs. Currently patients attending emergency departments in England are only routinely tested for HIV in areas with high prevalence. During the study period, more than 112,000 people attended the emergency department, around 16,000 were tested for two or more BBVs and overall prevalence of BBV among these was 2%. Economic evaluation showed that emergency department testing was cost-effective for HBV and HCV. Overall, the study showed that routine testing for BBVs in a hospital emergency department setting is acceptable, feasible, effective in identifying active infections and cost-effective. Ensuring the enhanced testing contributes to hepatitis elimination goals does, however, require effective linkage to care.

Discussion

In response to questions from participants, **Patrick Hoffmann** said that establishing links between inmates and NGOs before release is critical to continuation of treatment after people leave prison. He also said that commitment, collaboration with government and NGOs, and working in partnership with prisoners have been more important than funds for successful implementation of combination prevention in prison settings in Luxembourg. Flexibility is also critical, for example, in Luxembourg the prison service has added COVID testing and other measures to prevent transmission in prisons. **Claudia Estcourt** commented that one of the main challenges in implementing effective combination prevention is designing tailored interventions for diverse population groups and, in some contexts, for relatively small numbers of people who are at risk.

Various questions were asked about integrated approaches to testing. **Elizabeth Smout** noted that BBV testing in the hospital emergency department was integrated within existing routine blood testing to avoid adding to the workload of staff. **Gerard de Vries** suggested that integrated testing for TB, HIV and hepatitis is feasible if it is based on clear prioritisation of who is at risk.

There was also discussion about the impact of COVID-19. While this has clearly had an adverse effect on access to services, it has also catalysed more innovative and flexible approaches to service delivery, created awareness of the need for effective contact tracing, and highlighted the impact of health inequalities.

"Change isn't always about funding… find people who want to change something"

EU HEALTH PROJECT SYMPOSIUM: Lessons learned from the INTEGRATE Joint Action

A video presentation described the evolution and outcomes of the INTEGRATE Joint Action and some of the key lessons that have emerged. The Joint Action has strengthened integration between diseases, partners, services, guidance, tools and data, supported piloting and implementation of integrated approaches in a range of countries, and promoted collaboration and sharing of experience across Europe.

Discussion

The panel discussion considered the added value of Joint Actions and how these initiatives can influence policy. **Ana Burgos** (European Commission) reported that in future Joint Actions will be funded by the EU Health Programme, which will have a significant focus on disease prevention and health promotion. From her perspective, Joint Actions have a number of advantages as a funding instrument – they are flexible, enhance collaboration and capacity building in Member States, and provide an important platform for knowledge sharing and dissemination. **Teymur Noori** (ECDC) concurred, noting that Joint Actions are more flexible and more responsive to country needs than other financing instruments, and can bring together diverse stakeholders at country level, pool resources and promote cross-border collaboration. **Lella Cosmaro** (Lila Milano) said that involvement of national health ministries, for example, in nominating partners for Joint Actions, can provide an opportunity to influence policy. However, **Nadia Gasbarrini** (Villa Maraini) noted that in future it should be mandatory for participating countries to include community organisations in Joint Actions. **Ann Sullivan** (Chelsea and Westminster Hospital) highlighted the opportunity to build on alternative approaches developed in response to COVID-19, such as home testing and use of lay vaccinators, to influence national policies for other infectious diseases. **Thomas Seyler** (EMCDDA) noted that COVID-19 has shown the need to advocate for harm reduction services to be recognised as essential services and the potential for cost savings, for example through joint procurement of tests and treatments.

With respect to integration of services for HIV, hepatitis, STIs and TB, **Jordí Casabona** (CEEISCAT) said that integration should not be difficult as we are essentially addressing the same populations and the same modes of transmission – with the exception of TB. He and other panellists, including **Thomas Seyler** and **Valerie Delpech** (PHE), called for more implementation and cost-effectiveness research to provide evidence to support integrated approaches. **Jack Lambert** (University of Dublin) commented that an integrated approach that addresses the different needs of the client will also require a shift away from delivery of health care by separate specialists. **Valerie Delpech**, **Jeff Lazarus** (ISGlobal) and **Walter Cullen** (University of Dublin) all emphasised the critical importance of integration between health services and communities and of effective and meaningful engagement with key populations and communities who are most vulnerable to infectious diseases.

PLENARY SESSION 3: Implementing integrated testing strategies

Friday 7 May 2021

Experience in innovative approaches to testing for HIV, hepatitis and STIs

Raimonda Matulionyte (Vilnius University Hospital) described an 18-month pilot study from July 2018-December 2019 of integrated testing in a large dermatovenerology centre in Lithuania. The pilot took a phased approach, starting with indicator condition-guided testing for HIV and adding HCV testing for STI patients after 7 months and all patients with IC after 12 months, and HBV testing for STI patients after 12 months. Testing rates increased dramatically – from 10.6% to 71% for HIV, 0.8% to 83.3% for HCV and from 0.6% to 91.9% for HBV. Acceptance was high among patients and initial resistance from staff was overcome through training and sharing updates, but the additional collection of blood samples did increase the workload for nurses. The pilot has demonstrated the value of IC-guided testing and the feasibility of providing integrated testing.

Integrated screening for TB, HIV and HCV at the primary health care level

Maka Danelia (National Centre for Disease Control and Public Health, Georgia) presented the results of a pilot of integrated screening at primary care level for HIV, HVC and TB that was conducted in Samegrelo-Zemo Svaneti, the region of Georgia with the highest burden of these diseases. HCV in particular is a significant problem in Georgia and innovative approaches are required to achieve national screening targets. The pilot aimed to provide integrated screening for HIV, HCV and TB for 40% of the adult population using rapid tests for HIV and HCV and a standard questionnaire for TB. The pilot was preceded by awareness raising, training and clarification of roles and responsibilities of stakeholders at different levels. There was high interest in HCV testing in the population and more than 88,000 people were screened during the pilot, compared with a total of 58,000 before the pilot. Although the total number of people screened for HCV decreased by 51% in 2020 due to COVID-19, the decline at primary care level was far less dramatic at 12%. Based on the demonstrated success of the pilot, the regional government has allocated funds to sustain integrated screening in future, and all other regions in the country plan to adopt this approach.

Evolution of key indicators for community-based voluntary counselling and testing activity in Europe – COBATEST Network 2017-2019

Megi Gogishvili (CEEISCAT) summarised data from COBATEST community-based testing centres from 2017-2019. More than 320,000 people were tested for HIV at the centres during the 3-year period, and of these, 2,801 had a positive confirmatory test. The majority of people tested were male (around 70%). MSM represented around 40% and migrants around 20% of people tested, PWID and sex workers accounted for a very low proportion of those tested. Although transgender people represent a very small proportion of people seeking tests, there was an increase in this proportion between 2017 and 2019 from 0.2% to 0.7%. The number of centres providing HCV testing has increased, and consequently the tests conducted, which increased from less than 2,000 to around 30,000. There are, however, still gaps in testing, in particular for PWID and transgender people, and more research is required to determine how to improve testing services for these populations.

Implementing self-testing programmes during COVID-19

Robert Hejzak (Czech AIDS Help Society) described the experience of a self-testing programme in the Czech Republic during the pandemic. To provide some context, the Czech Republic has around 250 new HIV cases a year, mostly among MSM. Testing is the weakest element of the continuum of care and it is estimated that only 85% of PLHIV have been diagnosed. Provision of testing was adversely

affected during lockdowns in March and October-November 2020. To address this, the Czech AIDS Help Society switched from checkpoint testing to self-testing – a pilot of self-testing in 2018-2019 meant this could be done very rapidly. One of the first activities was an intensive marketing campaign, since awareness of self-testing was relatively low and this approach had also been actively discouraged by the government prior to COVID-19. Around 700 self-tests kits were distributed in 2020 and this made an important contribution to closing the gap in community testing. Of these, three people had reactive tests and all three contacted the Society so they were able to be linked to care. Feedback from users was positive and the majority were willing to pay for self-test kits if the cost was affordable i.e., below €13-14. The key issue now is to ensure that self-testing is integrated into national strategies rather than being seen only as an emergency measure.

Discussion

Participants asked about resistance or barriers to integrated testing in Georgia and Lithuania. **Maka Danelia** said that, in Georgia, integrated screening was well accepted by the public and by health care workers – education and training helped to ensure the latter accepted the approach. According to **Raimonda Matulionyte**, there was some resistance from physicians initially, mainly because of a lack of understanding of the need to test patients for other infectious diseases, but this has been addressed.

Robert Hejzak said that continuation of self-testing in the Czech Republic would require funding but it is hoped that the government will integrate this approach into the national programme. Ensuring that people with a reactive test are linked to care will be critical. **Megi Gogishvili** was asked why reaching PWID and transgender people is a challenge – although this has not been explored systematically, the most likely reason is stigma and discrimination. In response to questions about data collection and reporting and data protection, **Maka Danelia** said that, in Georgia, the main challenge was training health care workers in rural areas to ensure data was uploaded correctly. There are not data protection issues with the COBATEST centres as each client has a unique identifier; similarly, data collected by the Czech AIDS Help Society is anonymous. Finally, sustainability of these approaches and models will depend on evidence that demonstrates impact and cost-effectiveness, and advocacy with government for integration within national programmes.

ABSTRACT SESSION 2: Models of testing and linkage to care for PWID and PWUD

Testing and linkage to care services for 1,000 people who inject drugs from Bucharest through implementation of a three-level HCV elimination strategy

Raluca Teodorescu (Romanian Association against AIDS) described the comprehensive range of services provided for people with multiple vulnerabilities including PWID and the challenges that limit access to HCV treatment. There are an estimated 10,800 PWID in Bucharest and the prevalence of HCV in this population is 59%. Reaching PWID with testing and care is a key element of the HCV elimination strategy in Romania. During a pilot project targeting this population in October 2019, more than 1,500 PWID were counselled, 658 were tested for HCV and 210 had a reactive result. Of these, only 23% initiated HCV treatment, due in part to the impact of COVID-19 on hospital services and in part to inability to meet requirements for accessing HCV treatment, i.e. lack of a valid ID card, lack of health insurance and not being registered with a family physician.

Integrated harm reduction responses to HIV and viral hepatitis in the COVID-19 pandemic – a global overview

Sam Shirley-Beavan (Harm Reduction International) provided an overview of the status of integrated harm reduction services for HIV and hepatitis and the impact of COVID-19, which exacerbated an already worsening situation. During 2020, services in 80% of EU countries reported serious disruption to service delivery. COVID-19 limited outreach services and travel to fixed sites, disrupted income and social networks, and led to the partial or complete closure of services and the reallocation of resources and staff to the response to the epidemic. At the same time, harm reduction services showed remarkable resilience and flexibility, adopting alternative approaches to service delivery, for example, home delivery of OST and injecting equipment, provision of basic provisions, such as food, and personal protective equipment (PPE), and ensuring the drug consumption rooms were COVID-secure. A number of countries introduced policy changes, for example, allowing pharmacy prescribing and home delivery of OST and take-home OST, but very few countries designated harm reduction as an essential service.

> "*We need to protect harm reduction as an essential service, maintain reforms that have made services more accessible, and recognise the role of community-led services and organisations*"
> Sam Shirley-Beavan, Harm Reduction International

Feasibility of HCV micro-elimination: HCV testing & treatment in harm reduction services in Italy

Sara Mazzilli (University of Pisa) described targeted HCV testing and treatment for PWID through two harm reduction services in Milan. The prevalence of chronic HCV infection among PWID in Italy is around 40%. From 1 January 2019, oral HCV testing and HCV treatment were offered – prior to this the harm reduction centres only provided counselling and referral for HCV. Of the 587 clients offered HCV testing, 364 were found to be HCV antibody positive and 123 of these were RNA positive – of these, 92 received treatment and 91 were successfully treated. The study showed that decentralising HCV services to harm reduction centres can increase access to HCV testing and treatment and achieve high rates of treatment adherence. However, it also concluded that alternative approaches are required to reach drug users who are younger and who use drugs other than heroin, as they are less likely to use harm reduction centres.

Blood-borne virus testing in people who inject drugs with a history of sex work

Eva Emanuel (PHE) reported on the findings of an analysis of data collected through an annual survey of PWID in England, Wales and Northern Ireland, the aim of which was to compare BBVs, risk behaviours and access to services among PWID who engage in sex work and those who do not. In 2019, 3,053 PWID participated in the survey, of whom 70% were male and 30% were female. Overall, 14% had ever engaged in sex work, but female respondents were significantly more likely to report this than male respondents. Direct sharing of needles and syringes was found to be more frequent among both men and women who engage in sex work. Analysis of BBV prevalence and access to services showed that male PWID who engage in sex work were 3.5 times more likely to be HIV positive than those who do not, and a concerning proportion of PWID, both those who sell sex and those who do not, without recent BBV testing, despite the fact that most respondents had had some contact with health services during the previous 12 months.

HCV care for PWID in Europe – results from civil society-led monitoring

Rafaela Rigoni (European Harm Reduction Network) reported on the status of HCV care for PWID based on data reported in May-July 2020 by 35 focal points in cities across Europe. Almost all countries have guidance on HCV testing and treatment for PWID – the impact of guidance is mostly positive but in some countries guidance limits access to care, for example, where HCV testing in the community is restricted or HCV treatment can only be prescribed by specialists. In most countries HCV rapid testing is available to PWID in harm reduction services, drug treatment clinics and infectious disease clinics, but fewer countries provide access through general practitioners; very few countries report access to rapid tests in pharmacies or availability of self-testing. Confirmatory testing is mostly conducted at infectious disease clinics. With respect to treatment, direct acting antivirals (DAAs) are available in all countries but 13 countries reported restrictions, mostly related to active drug use. DAAs are also mostly only available at infectious disease clinics and other higher threshold sites; few countries provide treatment in low threshold settings including harm reduction services. Overall, as a result of restrictive policies, PWID do not have equal access to HCV care and there is a need for both integrated testing and treatment and provision of care in low threshold and community settings.

Discussion

In response to questions from participants, **Sara Mazzilli** said that currently in Italy HCV testing is provided by infectious disease specialists and treatment by nurses – allowing nurses to also conduct testing would help to increase access. She noted that linkage to HCV care is difficult for undocumented migrants – this population can access HIV treatment but for HCV treatment. She also highlighted the challenge of providing HCV testing and treatment for cocaine and amphetamine users who are less

likely to come to harm reduction centres. Other speakers emphasised the need to ensure that services for chemsex users offer HCV testing and treatment.

Sam Shirley-Beavan said there is a lack of data about uptake of HCV self-testing and linkage to care. In response to a question about whether or not digital services might facilitate access to services for PWID, he said that remote service provision due to COVID-19 has had some benefits, for example, increasing access to counselling and mental health support, but COVID-19 has increased isolation and limited access to the range of services that PWID need. **Rafaela Rigoni** commented that digital services have increased access for some PWID and have the potential to reach younger people in particular but cautioned that not everyone has access to digital media.

Speakers also commented on the impact of COVID-19 on service delivery. In some countries, the impact has been largely negative, due to closure of fixed sites and cessation of outreach services, and the opportunity provided by the pandemic to increase restrictions. In others, it has catalysed innovative approaches to service delivery, for example, postal testing and home delivery of injecting equipment and OST, but is it unclear whether or not these adaptations will be become the norm – alternative approaches will also need to be evaluated before they become permanent.

PLENARY SESSION 4: People who inject/use drugs

Keeping the HIV/hepatitis targets for PWID on track during the COVID-19 pandemic – European perspectives

Thomas Seyler (EMCDDA) provided an overview of progress towards HIV and hepatitis targets among PWID. The number of new HIV infections among PWID in the EU and Norway declined between 2009 and 2019 – in 2019 there were 837 new cases in this population representing 5.5% of all new infections – but there have been outbreaks in Greece, Romania, Luxembourg, Lithuania, Germany and Ireland during this period, a majority of which were linked to stimulant injecting. The picture is less positive for HCV with little evidence, based on available data, of a decline in transmission of HCV cases among PWID and half of new cases of HCV in the EU are linked injecting drug use. For both HIV and HCV incidence in this population, the EU was below target in 2019. One reason is sub-optimal coverage of prevention and harm reduction interventions including distribution of clean syringes and OST – in 2019, only Luxembourg and Norway had achieved coverage targets for these interventions. With respect to the continuum of care, only France achieved the 2020 90:90:90 targets for PWID living with HIV, and the EU has made limited documented progress towards continuum of care targets for HCV in this population. Despite innovation and adaptation, services for PWID have been adversely affected by COVID-19, and this has impacted testing and linkage to care for HIV and HCV. The impact of COVID-19 on drug use and services is documented in a recent EMCDDA report.[2]

New evidence on testing and linkage to care for PWID

Otilia Mardh (ECDC) presented the findings of an evidence review, conducted by Gesundheit Österreich to inform updated guidance to be published later this year, of interventions to increase linkage to care and adherence to treatment for PWID. The systematic review identified 25 studies (20 on HCV, four on HIV and one on TB) and eight interventions. Decisions on the strength of recommendations for each intervention were based on the quality of the evidence and inputs from an expert panel. Lack of evidence was a challenge, particularly with respect to interventions to improve linkage to care and treatment adherence for HBV and TB. The review findings suggest that a

[2] https://www.emcdda.europa.eu/system/files/publications/13745/TD0321143ENN_002.pdf

comprehensive and integrated approach to care and cooperation between health and other services can improve linkage to care and treatment adherence among PWID. Contingency management, telemedicine and peer interventions also have the potential to contribute, through addressing barriers to accessing health care faced by specific sub-populations of PWID.

Ensuring delivery of testing and linked services for PWID/PWUD during the COVID-19 pandemic

Marios Atzemis (Positive Voice) described measures taken to maintain services for PWID and PWUD in Athens. In addition to disrupting harm reduction services and HIV clinics, COVID-19 left many PWID without access to basic necessities such as food and water as well as adversely affecting their mental health. To address this, Positive Voice started distributing food and water as well as sterile injection equipment. One positive development resulting from the pandemic was the decision by the Municipality of Athens to open a homeless shelter for PWID. This ensured that basic needs were met, provided a safe space to conduct rapid testing for HIV, HCV and HBV and enabled those who tested positive to be linked to treatment and care. Ongoing challenges include stigma and discrimination, co-morbidities and unwillingness of some HIV clinicians to treat PWID. To help address this and ensure treatment adherence, clients are accompanied when they go for appointments and receive peer and other support.

> "*People don't need to be sober and drug-free to deserve food, shelter and kindness*"
> Marios Atzemis, Positive Voice

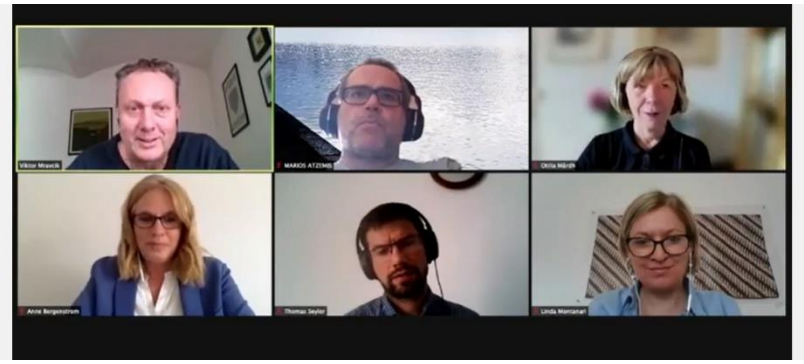
What is needed to promote prisons as a setting for case finding and treatment of infections among PWID?

Fadi Meroueh (Montpellier University Hospital) highlighted the high prevalence of HIV and hepatitis and lack of access to care in prisons in Europe, noting that we will not eliminate these infectious diseases unless we reach everyone including prisoners. He described health services provided at Villeneuve les Maguelone, a male prison with 950 inmates. All new arrivals are offered TB screening and testing for HIV, hepatitis A, B and C, syphilis and chlamydia; around 80% accept. HIV prevalence is 2.4% and HCV prevalence is 12% (compared with 0.2% and 1% respectively in the general population). DAAs were introduced in 2014 and since 2017 all HCV RNA positive patients have been treated. In 2020, the prison received 1,042 new arrivals and 73% accepted testing – all those diagnosed with HIV, HCV, HBV and syphilis were treated in accordance with national guidelines. Of the 332 who were eligible for HBV vaccination, only 147 accepted; the prison health service started offering HAV vaccination to eligible prisoners in 2021. Harm reduction measures include distribution of condoms, syringe kits and Naloxone. This experience shows that it is feasible to apply public health principles in prison settings and provide prisoners with equitable access to health care.

> "*Focus on the person, not the place. Everyone has the right to health care, wherever they may be*"
> Fadi Meroueh, Montpellier University Hospital

Discussion

Speakers highlighted the importance of building on flexible and innovative approaches adopted by harm reduction services in response to COVID-19 that have improved services for PWID and of ensuring that policy-makers understand the critical and essential role of harm reduction services. **Marios Atzemis** emphasised the need for adequate funding of harm reduction services, to pay harm reduction staff properly, and to tackle the inequalities that increase vulnerability to HIV, hepatitis and TB. A key challenge in Greece is provision of harm reduction services in prisons, due to official reluctance to acknowledge drug use in prisons.



Fadi Meroueh said that, in addition to providing COVID-19 testing and vaccination in Villeneuve les Maguelone, PPE measures have been adopted and newly arrived inmates are quarantined for 14 days to protect staff and prisoners. **Thomas Seyler** commented that everyone needs to be vaccinated against COVID-19, including marginalised populations such as PWID, if everyone is to be protected from the virus.

Coverage of harm reduction services remains sub-optimal in many European countries. In addition, harm reduction services, testing and linkage to care need to be available for migrants who use drugs, but in many countries they receive little support and, as discussed in previous presentations, have difficulties accessing treatment without documentation.

CLOSING SESSION: Integrating disease areas and settings

Summary of main issues emerging from the conference

Conference co-chair **Jürgen Rockstroh** (University of Bonn) provided a summary of some of the main issues emerging from the first two days of the conference. First, the conference has highlighted the diversity of the European region – in terms of health systems, affected populations and progress towards the SDGs - conference. Second, it has demonstrated how much more we need to do if Europe is to achieve targets for HIV, hepatitis and TB, and especially HIV and HCV targets for PWID, and the major gaps, in prevention, testing and treatment and in tackling stigma and discrimination. Third, it has made very clear the impact of COVID-19 and how the pandemic has exacerbated existing weaknesses in health and surveillance systems. Fourth, while COVID-19 has adversely affected the availability of existing services, it has also catalysed innovative and flexible approaches to service delivery, such as use of technology and self-testing, many of which have the potential to increase access to services and to reach people whose needs are not being met by existing models, as well as offering useful lessons and opportunities for advocacy. Fifth, it has shown that combination prevention and integrated testing and care are feasible in diverse settings and necessary, and that approaches need to be tailored to people's needs and circumstances.

Best Poster Award

He then announced **Laura Fernàndez-López** (CEEISCAT) as the winner of the Best Poster Award for her poster Impact of the COVID-19 pandemic on community-based testing for HIV, viral hepatitis and sexually transmitted infections in the WHO European region.

Panel discussion

This was followed by a panel discussion, moderated by **Michel Kazatchine** (UNAIDS) and **Jürgen Rockstroh**. Panellists were asked what we have learned from COVID-19 and what opportunities they see for strengthening integrated approaches to prevention, testing and care for HIV, hepatitis, STIs and TB. **Cary James** (World Hepatitis Alliance) highlighted the importance of putting people and community organisations at the centre of integration and of embracing technology and new ways of working. **Jens Lundgren** (CHIP, University of Copenhagen) said that a crisis leads to innovation and, as a result of COVID-19, policy-makers and the public now understand the importance of comprehensive testing and of funding the development of novel testing and vaccine technologies.

> *"Science has delivered"*
> Jens Lundgren, CHIP, University of Copenhagen

Andrew Winter (IUSTI Europe) suggested that we can take advantage of the increased laboratory capacity that has been established to manage COVID-19 testing and also noted that the pandemic has highlighted the importance of developing tests that meet standards for specificity and sensitivity. Progress towards integrated approaches and increased access to testing and treatment will require breaking down barriers between services and addressing legal and policy barriers that prevent, for example, self-testing, sending samples or treatments in the post, and point of care testing in pharmacies.

Panellists were also asked what needs to be done to reach those who are still not accessing prevention, testing and care. **Nikoloz Chkhartishvili** (IDACIRC, Georgia) said that there are barriers to progress, in particular in countries in the east of the region, including the lack of evidence-based policy, and stigma, discrimination and homophobia. More needs to be done to empower affected communities, scale up community-based delivery of services, and increase awareness of and demand for self-testing. **Yazdan Yazdanpanah** (ANRS, France) called for more emphasis on key populations, including increased patient involvement and greater efforts to address health inequalities. He also suggested that COVID-19 may represent an opportunity to address legal and policy barriers to partner notification and contact tracing.

Nicole Seguy highlighted the need for action to scale up testing, decentralise service delivery and simplify patient pathways, tackle barriers including stigma and discrimination and criminalisation, and ensure that STIs are not neglected. She also emphasised the importance of multidisciplinary and multi-sector approaches to address the range of problems faced by the most vulnerable populations. A specific change that could reduce delays in linkage to care would be a shift from use of western blot testing, which is still used in some countries for confirmatory testing, to rapid testing.

> "*We need to consider a population, not a disease*"
> Yazdan Yazdanpanah, ANRS

Finally, panellists were asked to comment on whether or not the voices of affected populations are adequately taken into account by policy-makers and health care providers. **Paul Sommerfeld** (TB Europe Coalition) said that, although patient voices and experience are critical in informing policy and practice, the structures and funding to ensure this happens do not always exist – for example, there is no effective mechanism to provide a voice for people affected by hepatitis. In addition, in some contexts there is still a "we know best" attitude among clinicians. **Nikos Dedes** (EATG) reiterated how COVID-19 has exposed health inequalities – between and within countries – and inequalities in access to vaccines and highlighted the potential risk of different diseases competing for priority in health services in contexts where resources are constrained.

Ricardo Baptista Leite said that we must remain focused on achieving the SDG and universal health care and continue to demonstrate that health is a prerequisite for development. Achieving the HIV, hepatitis and TB targets means we have to reach everyone, and we cannot do this without involving communities and community organisations. More specifically, COVID-19 has highlighted the importance of scientific and technological development but has also identified weaknesses and fragmentation in current R&D, manufacturing, procurement and distribution systems that need to be addressed.

In his closing remarks, conference co-chair **Daniel Simões** presented the draft Conference Call to Action (see below) and encouraged participants and partners to provide comments on the draft. He also thanked the conference hosts, organisers, speakers and participants for their contribution to the meeting and encouraged people to provide feedback using the evaluation forms. The date and location for the next conference will be announced later this year.

HepHIV 2021 Conference Call to Action

The HepHIV 2021 conference occurred at a critical moment – in the midst of the COVID-19 pandemic but still permitting reflection on the losses it has claimed awhile envisioning a healthier future. COVID-19 has demonstrated the ability of governments and international bodies to take extraordinary measures to control its transmission and saves lives.

We, the HepHIV 2021 conference participants, now knowing that this is possible, call on all stakeholders in the WHO European Region to apply the same urgency and continue to work together toward the 2030 global targets for HIV, viral hepatitis, sexually transmitted infections (STIs) and tuberculosis (TB) by implementing the following actions:

1. **Reclaim and ensure a sustained focus on prevention, testing and early treatment** of HIV, viral hepatitis, STIs and TB from all actors:
    - Policy makers
    - Funders and decisions makers
    - Communities affected
    - Clinicians and other health care workers
    - Researchers and public health experts
    - Pharmaceutical and diagnostic industry partners
    - The general public.

2. **Strengthen collaboration between government and implementers to ensure political commitment and appropriate resourcing**. COVID-19 has demonstrated the feasibility of global efforts to tackle infectious diseases, and we have an obligation to ensure that health remains a priority in the European political agenda and to reach the targets set for HIV, viral hepatitis, STIs and TB.

3. **Improve monitoring of the continuum of care steps** (including testing and late presentation as well as stigma, discrimination and criminalisation of drugs) of HIV, viral hepatitis, TB and STIs in a collaboration between European Institutions (ECDC and EMCDDA), WHO, national surveillance institutions and community organisations, and improve data integration across disease areas. COVID-19 has also highlighted the need for better disease monitoring across borders.

4. **Design and implement integrated responses to infectious diseases and conditions**, taking into consideration the need to:
    - **Promote collaboration and break down the silos among disease programmes** to ensure seamless provision of people-centred services;
    - **Challenge the vested interests in maintaining separate specialties**;
    - **Foster intersectoral collaboration and enhanced dialogue among stakeholders**, including the meaningful engagement of communities and civil society organizations in policy development and implementation;

- **Utilize most up to date and cost effective diagnostic technologies and testing strategies**, including multi-disease diagnostic platforms, novel diagnostic technologies developed in response to COVID-19, digital technology and broader use of self-testing/self-sampling, for timely confirmation of diagnosis and rapid linkage to care;
- **Increase awareness of the benefits of combination prevention**, encourage linkage and synergy among prevention tools, ensure access to all appropriate prevention tools to all key populations, to maximize prevention opportunities;
- **Highlight the effectiveness, missed opportunities and cost-effectiveness of integrated interventions** to address potential resistance to integration;
- **Investigate opportunities to include HIV, viral hepatitis, STI and TB testing within SARS-CoV-2 testing programmes** in high prevalence areas, settings or populations (e.g. emergency/intensive care units, prisons and homeless shelters).

5. Leverage the lessons learned from COVID-19 **public communication and health emergency handling to strengthen programmes for HIV, viral hepatitis, STIs and TB**, specifically to:
    - **Engage the general public** in the discussion and response to infectious diseases, leveraging the opportunities opened by COVID-19 to communicate with the general public on these subjects;
    - **Ensure that messaging is positive, clear and consistent**, originates from trustworthy sources, is relevant to the target groups, and includes a focus on the role of inequalities in controlling infectious diseases.

6. **Intensify efforts to address inequities in health which contribute fundamentally to poorer health outcomes** and reach those populations and regions most marginalised and affected by the epidemics. The right to health is a fundamental part of human rights and COVID-19 has made marginalisation more visible and more undeniable.

7. **Work to remove criminalising laws and policies and legal barriers to testing interventions**, including barriers to lay-provider testing, testing at home (e.g. supply of test kits by post) and partner notification by taking advantage of the change in how health service delivery has been changed during the COVID-19 pandemic.

8. **Advocate for universal access, availability and affordability of state-of-the art treatment and testing kits**, including joint procurement possibilities and use of all mechanisms foreseen in international trade agreements when necessary, to ensure affordable supply of diagnostics, treatment and vaccines for HIV, TB, viral hepatitis and STIs, which was shown feasible during the COVID19 pandemic.

Press and social media coverage

Press and media coverage

Contrary to previous HepHIV conferences and due to the virtual format, the 2021 conference did not host a dedicated press conference. However, a press release was circulated to a number of European and local Portuguese media outlets, resulting in published articles in Spanish and Portuguese with a total reach of 2 752 328 views.

Social media coverage

Although not promoted as actively as prior HepHIV conferences due to the online format, HepHIV 2021 was featured on several social media channels with an audience reach of 279 120 views. The hashtag #HepHIV21 was used ahead of and throughout the duration of the conference and generated over 550 000 impressions across different social media platforms.

Auspices and Endorsements

The HepHIV 2021 Lisbon & Virtual Conference was under the auspices of the Portuguese Presidency of the Council of the European Union

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Global Parliamentarians Network:
www.unitenetwork.org

World Hepatitis Alliance:
www.worldhepatitisalliance.org

A special session focusing on testing and linkage to care for people who inject/use drugs was organized in close collaboration with EMCDDA and ECDC.

Sponsors

The HepHIV 2021 Lisbon & Virtual Conference was organised jointly with the EU funded joint action INTEGRATE (2017-2021, www.integrateja.eu).

Integrate
Joint Action on integrating prevention, testing and linkage to care strategies across HIV, viral hepatitis, TB and STIs in Europe

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