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OptTEST
OPTIMISING TESTING AND LINKAGE
TO CARE FOR HIV ACROSS EUROPE

Linkage to and retention in care: Experiences from Greece and challenges for the future

**OptTEST Meeting Report
National Stakeholder Meeting
Athens, Greece
Monday, 26th September 2016**

**Greek Association of people living with HIV/AIDS “Positive Voice”
&
Hellenic Centre for Disease Control and Prevention**

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Abbreviations

AMACS:	Athens Multicenter AIDS Cohort Study
ART:	Antiretroviral therapy
CBO:	Community-based organization
CBVCT:	Community Based Voluntary Counseling and Testing
DOT:	Directly observed therapy
ECDC:	European Centre for Disease Prevention and Control
EEMAA:	Hellenic Society for the Study and Control of AIDS
EKTEPN:	Greek Documentation and Monitoring Centre for Drugs
ELISA:	Enzyme-linked immunosorbent assay
HAART:	Highly active antiretroviral therapy
HBV:	Hepatitis B
HCDCP:	Hellenic Centre for Disease Control and Prevention
HCV:	Hepatitis C
HCW:	Health care worker
MSM:	Men who have sex with men
MTCT:	Mother-to-child transmission
M&E:	Monitoring and evaluation
NSRF:	National Strategic Reference Framework
OKANA:	National Organization Against Drug Use
PCR:	Polymerase Chain Reaction
PHE:	Public Health England
PLWHA:	People living with HIV/AIDS
PrEP:	Pre-exposure prophylaxis
PWID:	People who inject drugs
RDT:	Rapid diagnostic test
TasP:	Treatment as prevention
TB:	Tuberculosis
TESSy:	The European Surveillance System
VL:	Viral load
WB:	Western blot

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Introduction

There is currently a lack of available data on linkage to and retention in HIV care in Europe, with very few countries able to routinely monitor HIV quality of care measures, locally or nationally. Successful expansion of HIV testing must also be linked to prompt access to medical care, ARV uptake and high rates of retention.

The fourth Work Package (WP4) of the OptTEST project “**Optimising testing and linkage to care for HIV in Europe**” aims to increase knowledge on linkage to and retention in HIV care after diagnosis in Europe across geographical and health care settings and target groups by 2016.

An objective of WP4 was to engage partner countries (Greece, Spain, Estonia, Poland, Czech Republic, United Kingdom, to better understand barriers to linking and retaining patients in care. In an effort to work towards achieving this objective, **Greece** organised a meeting of relevant stakeholders entitled “*Linkage to and retention in care: experiences from Europe and Greece and challenges for the future*”. This one day meeting was held in Athens on the 26th of September (see agenda on **Annex 1**) and was organised by the Greek Association of People Living with HIV (PLWH) “Positive Voice” and endorsed by the Hellenic Centre for Disease Control and Prevention (HCDCP).

The scope of this meeting was to bring together relevant stakeholders, exchange experiences, learn from best practices stemming from abroad, identify challenges regarding monitoring and implementing linkage to and retention in care in Greece and strategize on how to improve.

Meeting participants (see **Annex 2**) included surveillance scientists, public health and research experts, HIV cohort leads and representatives from EU-funded projects, international agencies and civil society.

This report summarises the meeting presentations, discussions and action points going forward. Following a welcome session and introductions, **Dr. Theofilos Rosenberg** (HCDCP Chair) and **Mr. Nikos Dedes** (Positive Voice Chair), summarized the main objectives of the meeting. These were to:

- Explore linkage to and retention in care in Europe
- Compare European best practice to the situation in Greece
- Identify challenges regarding the quality of HIV care in Greece

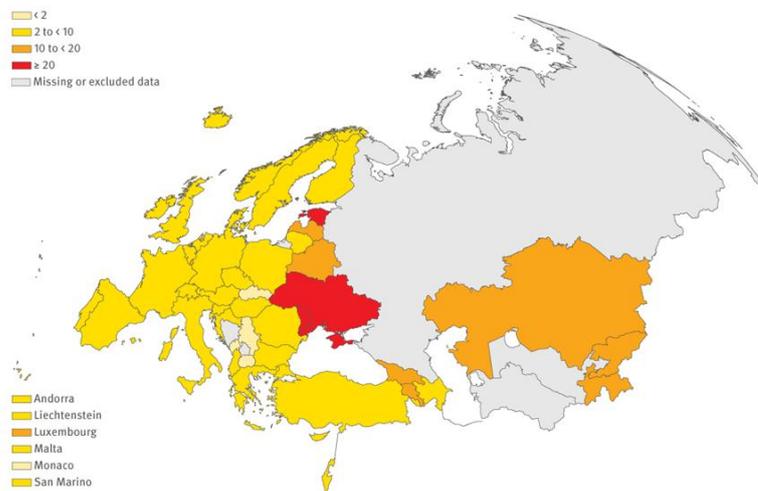
- Promote discussion and exchange between national HIV surveillance experts and cohorts concerning continuum of care data sources and measurement

Presentations

HIV epidemiology in Europe

Dr. Anastasia Pharris (ECDC) started by presenting the epidemiology of HIV in Europe (Figure 1), focusing on the characteristics of the epidemic in Greece compared to the rest of Europe, based on existing data.

Figure 1: New HIV diagnoses in the WHO Region, 2014



In Greece, men who have sex with men (MSM) remain the key population disproportionately affected by HIV, which is also the case for the majority of the Western EU countries. The vast majority of new infections in Greece are among men between 30-50 years of age.

Data also showed that 37% of new diagnoses in Europe were born abroad. The proportion of new HIV diagnoses in Greece among persons that were born abroad was significantly lower comparing to the EU average. Additionally, the percentage of newly diagnosed people born in countries with generalized epidemics was significantly lower in Greece. The proportion of HIV cases diagnosed late with $CD4 < 350$ cells/mm³, according to 2014 data, was 47% for the EU/EEA while Greece reported 51% of people diagnosed late. Recommendations by ECDC included:

- Evidence-based HIV prevention interventions tailored to the local epidemiological context and targeted at those most at risk should be sustained and scaled-up.

- Programmes for MSM should be a cornerstone of HIV prevention in all EU/EEA countries
- Given the high proportion of HIV cases among migrants in many EU/EEA countries, and evidence of post-migration HIV-acquisition, migrant-sensitive prevention services are crucial
- Keeping harm reduction levels high will continue to prevent HIV among people who inject drugs (PWID)
- Expansion of HIV counselling and testing will ensure early diagnosis and access to treatment; reducing late presentation and improving treatment outcomes.

Monitoring the HIV epidemic and quality of HIV care in the United Kingdom

Dr. Valerie Delpech (PHE) presented the current HIV quality of care indicators in the UK at the national and clinic level. An observational national cohort study of people living with diagnosed HIV enrolled at diagnosis and followed up at least annually was used, including data sources from the:

- National integrated HIV and AIDS Reporting System including new diagnoses reports, CD4 laboratory reports and clinic records
- Positive Voices (PV): adults randomly selected from HIV clinics – invited to complete a web-based, cross-sectional survey to collect information on behavioural and healthcare needs

In the UK, free and accessible HIV treatment and care has resulted in large-scale treatment coverage: in 2014, an estimated 83% of all PLWH had been diagnosed, 75% of all PLWH were on antiretroviral therapy and 70% of all PLWH had an undetectable viral load (less than 200 copies / UL). This figure is close to the ambitious UNAIDS target of 73% of all PLWH being virologically suppressed, as laid out in the 90-90-90 goals (90% of people living with HIV being diagnosed, 90% diagnosed on antiretroviral treatment (ART) and 90% viral suppression for those on ART by 2020).

Retention in care in the UK was high but gaps in the care cascade were highlighted. Although guidelines in the UK suggest that patients should be referred to care within two weeks from diagnosis, on the long term follow-up it is estimated that around 4,000-5,000 people are lost to follow-up, which is approximately 5%.

In 2014 in the UK, all subpopulations of people living with HIV have reached the UNAIDS targets of 90% diagnosed on ART and 90% VL suppression for those on ART. There is no indication of inequalities in HIV care received

through the National Health Service by gender, ethnicity and HIV exposure. Young people living with diagnosed HIV have however suboptimal outcomes. Improvements over time are due to earlier prescribing and uptake of ART to prevent HIV transmission as per British HIV Association guidelines and as well as an open cohort effect. The current continuum of care model doesn't include time as an element, particularly; the time lags between HIV seroconversion and diagnosis and between HIV diagnosis to ART initiation. Monitoring of AIDS episodes and deaths rates remains critical.

Concluding the session, the roles of diagnostics, IT solutions and phylogenetics were mentioned as something that we'll see more of, within the next 5 years. The prevention toolbox on HIV might be full but there should be always considerations to tailor interventions in accordance with different needs. The impact of PrEP and TasP, in combination with expanded testing in homes and outreach settings give us plenty of tools to work with. The importance of monitoring, care models, co morbidities and complexities was also underlined, while the issue of health inequalities and social determinants of health remains. Last but not least, the engagement of patients and of the broader community in healthcare delivery and research is crucial in order to improve the HIV response.

Linkage to care and retention in care as national quality of care measures

Ms. Sara Croxford (PHE) explained the importance of monitoring the quality of HIV patient care and the meaning of linkage to and retention in care. Sara introduced the OptTEST project, aimed at optimising testing and linkage to care for HIV in Europe. As part of WP4 of the OptTEST project working definitions for linkage to and retention in care were agreed as follows:

- Prompt linkage to care: the proportion of patients seen for HIV care (measure by 1st CD4 and/or VL and/or attendance date and/or treatment starting date) within 3 months of diagnosis
- Retention in care: the proportion of those who have at least two clinic visits within 12 months

Sara presented an analysis carried out as part of the OptTEST project using 2010-2014 data submitted as part of the European surveillance of HIV – The European Surveillance System (TESSy). The aim of the work was to understand the feasibility of using TESSy data to routinely monitor linkage to care in Europe by applying the above definition to produce comparable estimates. The Greek estimates of linkage were presented and discussed among the meeting participants (Tables 1 and 2).

Table 1 – Completeness of data submitted to TESSy from Greece

Completeness	Diagnosis year					Total
	2010	2011	2012	2013	2014	
New diagnoses of HIV	639	953	1,142	864	714	4,312
New diagnoses with complete diagnosis date	583	900	1,060	786	650	3,979
% complete diagnosis date	91%	94%	93%	91%	91%	92%
New diagnoses with CD4 count and date reported	251	579	745	626	516	2,717
% CD4 count and date reported	39%	61%	65%	72%	72%	63%
New diagnoses with complete CD4 count and date reported	225	534	669	558	461	2,447
% complete CD4 count and date reported	90%	92%	90%	89%	89%	90%
Number of deaths by diagnosis year	35	42	54	38	17	186
Deaths with complete death date	35	40	51	36	17	179
% complete death date	100%	95%	94%	95%	100%	96%

Table 2 – Linkage to care analysis using data submitted to TESSy from Greece

	Diagnosis year					Total
	2010	2011	2012	2013	2014	
Total new diagnoses (2010-2014)	639	953	1,142	864	714	4,312
Previously positive (hivstatus=PREVPOS)	0	0	0	0	0	0
Previously in care (CD4 >-14 days)	0	0	0	0	0	0
Death within 3 months	6	6	17	15	6	50
No CD4 data	389	374	398	238	198	1,597
Number included in analysis	244	573	727	611	510	2,665
CD4 in 0-4 days	244	573	727	611	510	2,665
CD4 in 5-14 days	0	0	0	0	0	0
CD4 in 15-28 days	0	0	0	0	0	0
CD4 in 29-91 days	0	0	0	0	0	0
CD4 in 92-365 days	0	0	0	0	0	0
CD4 >365 days	0	0	0	0	0	0
Linkage within 3 months	100%	100%	100%	100%	100%	100%
Linkage within 3 months (CD4 missing=failure)	39%	61%	65%	72%	72%	63%

Sara concluded by highlighting:

- The variability in reporting and surveillance systems makes interpreting linkage to care estimates and changes over time difficult
- The analyses highlight the importance of complete date reporting for both linkage and retention
- The caveats that should be considered when interpreting TESSy data with regard to linkage to and retention in care should be identified.
- A survey has been circulated by OptTEST to national surveillance focal points to better understand the TESSy estimates of linkage to care.

WP6 – Euro HIV EDAT - Description and improvement of different approaches of linkage to care for HIV/STIs among MSM in Europe

Mr. Anders Dahl (AIDS Fondet) presented work package 6 (WP6) of the Euro HIV EDAT project. Euro HIV EDAT aims to generate operational knowledge to better understand the role and impact of Community Based Voluntary Counseling and Testing Centers (CBVCTs), to explore the use of innovative strategies based on new technologies and to increase early HIV/STI diagnosis and treatment in Europe among the most affected groups. WP6 in particular is a core work package involved in data collection and a pilot study of point of care testing and linkage to health services for HIV/STI in MSM CBVCTs.

As part of WP6, questionnaires were sent to a large number of CBVCT's across Europe and CBVCT managers and Health Care Workers (HCW) were interviewed to understand the different approaches to linking HIV-positive patients. In addition, a second questionnaire will be collected from 6 countries, which will assess the experience of HIV positive MSM linked to care from Checkpoints.

Preliminary analysis of data from 12 countries showed the percentages of successful linkage to care ranged from 53% to 100%. Working conditions among different CBVCT's in Europe are diverse, as some testing sites do PCR-tests onsite, while others take blood samples and send them to laboratories. The legislation regarding HIV testing and announcement varies, as in some countries the presence of a doctor is required.

Furthermore, the good cooperation between CBVCT's and HIV-units was highlighted as a necessary element for successful linkage to care. In many countries there is a form of 'fast track' at the HIV-unit when a client has a positive test result. Overall, no specific problems in linking MSM to care from Checkpoints were identified. As far as the reliability of information regarding success or failure of linkage to care is concerned, confidentiality issues were identified as a major barrier. However, unofficial data through informal contact between CBVCT's and HIV-units showed no significant problems.

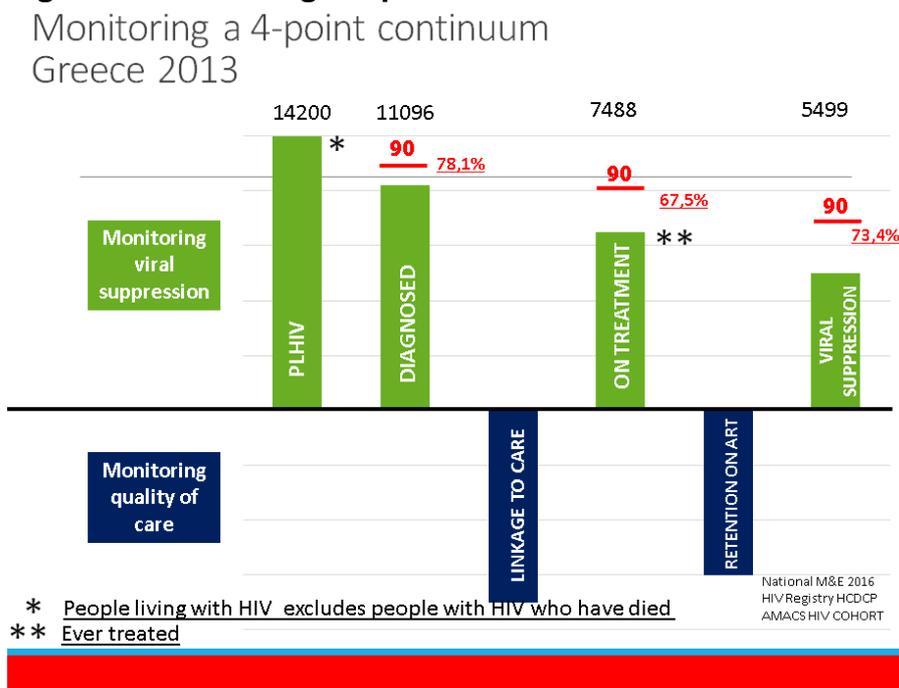
The final version of the practical guide for WP6 is expected to be ready for delivery by the end of May 2017.

Know your epidemic - Know your response and quality of care. Where we are and where we want to be in 2020. Analysis from the national Monitoring and Evaluation (M&E) system

Mrs. Vasileia Konte (HCDCP) presented the Greek national strategic plan on HIV monitoring and evaluation (M&E), highlighting the broader role of M&E in improving the HIV response. The strategic information that derives from the national M&E system is essential in order to assess the current situation and plan improved interventions in order to reach the WHO goals for 2030.

In Greece, the HIV prevalence in the general population is reported to be 0.06 (0.01-0.41). It is significantly higher in MSM (7.1%) and in PWID (6.4%-8.5%) and migrants from high prevalence countries (2.6%). In 2013, Greece had: 14,200 people living with HIV, 11,096 people diagnosed (78.1%), 7,488 people on treatment (67.5%) and 5,497 people virally suppressed (73.4%) (Figure 2).

Figure 2: Monitoring a 4 point continuum – Greece 2013



There is room to improve the monitoring of linkage to care in Greece. HIV cases are reported to the HCDCP mainly from HIV Clinics or HIV laboratory reference centers when there is a confirmed diagnosis. HIV clinics in Greece should work with the HCDCP to provide HIV registry numbers on all cases linked to HIV care following diagnosis. Further analysis of this data could be used to determine which cases don't meet the standard for prompt linkage. Monitoring of HIV can be improved by adding the following variables to the

data collection form: site first reactive, site of confirmatory test, information on procedure to ensure linkage to care, date of CD4 count and the first attendance date. Quality improvement procedures designed to enhance linkage to care should be implemented (e.g. guidelines on linkage to care for all possible sites of diagnosis (hospitals, community services) and audit on linkage to care in services providing HIV testing).

Athens Multicenter AIDS Cohort Study (AMACS)

Mr. Nikos Pantazis (AMACS) presented information on the Athens Multicenter AIDS Cohort Study which began in 1996 and its aims are to:

- Establish a large database of HIV+ individuals in Greece
- Enable investigation of the trends in the course of the disease in the era of HAART
- Monitor and describe temporal trends in the frequency of AIDS-defining events and/or of AIDS and non-AIDS related deaths
- Assess the long-term efficacy of Highly Active Antiretroviral Treatment (HAART)
- Identify factors associated with immune - virologic response to HAART
- Monitor and describe the temporal trends in the rates of development of resistance

AMACS is a collaborative, open, ongoing, population-based cohort study which gathers retrospective and prospective data on patients diagnosed with HIV. Its international collaborations includes COHERE, HIV-CAUSAL, CASCADE and EuroCoord whereas the geographical coverage of the cohort includes 14 out of 16 HIV-units across the country.

Cohort data were used to give an overview of the characteristics of people in HIV care in Greece. Over three quarters (77.7%) of the 7,593 people in HIV care alive at the end of 2013 were retained in care (i.e. had at least one clinic visit, exam or treatment within this year). Lower retention in care of individuals originating outside of Greece (57.8%) was reported, comparing to Greeks (82.0%) ($p < 0.001$). Retention was higher among MSM compared to both PWID and heterosexuals (82.0% vs. 74.5% vs. 72.4%; $p < 0.001$).

Nevertheless, gaps in care exist. In specific: 39.7 % of patients had at least one transient gap longer than 12 months while in care. There was no difference reported between individuals originated from Greece and other countries (40.3% vs. 39.0%, $p = 0.384$). Lower rates of transient gaps in IDUs

(30.2% in IDUs vs. 39.9% in MSM vs. 43.3% in Other, $p < 0.01$) were also reported.

Retrospective analysis of data from the registry of HIV+ PWID linked to Infectious Medical Units

Miss Magdalena Pylli (HCDCP), firstly presented the epidemiology of HIV in Greece as well as the procedure of linkage to care and secondly she talked about a retrospective study among HIV+ PWIDs who were linked to care during the 3 year period 2011-2013.

In Greece, HIV screening is carried out in national HIV/AIDS reference and control centers, public hospitals/laboratories, private hospitals, community settings, correctional facilities, in primary care, STI clinics, harm reduction services, antenatal clinics and specialized clinics such as TB clinics. All positive tests are confirmed at the national HIV/AIDS reference and control centers. HIV care is provided in the country's 16 infectious disease units and through 8 outpatient clinics for HIV patients. Individuals diagnosed HIV-positive should arrange their HIV care appointment at their convenience. Linkage to care is defined as the first appointment in a medical HIV unit after the initial diagnosis. Patterns of linkage to care differ in regard to the primary unit of testing and the target population. Individuals with a reactive test result tested in the community setting are being referred to an HIV unit which is in close collaboration with the NGO. Similar situation is applied in case of an HIV positive result conducted in the voluntary counseling and testing services that are operating in the HIV/AIDS control and reference centers. Linkage to care for hospitalized patients, PWID and prisoners, differs. In this case health care providers, other psychosocial health care professionals or members of NGOs are actively being engaged to the linkage of these people.

A retrospective study of HIV+ PWIDs who linked to infectious medical units, was conducted by the HIV office of the HCDCP during 2011-2013. In this study, effective linkage to care was defined as the first lab test (CD4/VL) within 3 months from the diagnosis date. Of 251 PWID, 163 were linked to care successfully (64.9%). The median time to linkage was 53 days (IQR: 18-171). Over two-thirds (70.78%) of PWID achieved 95% adherence to ARV therapy during the last 6 months. Higher proportion of lost to follow up observed among those who had not started ARVs.

“OKANA” barriers / challenges for linkage to and retention in care

Ms. Olga Anagnostou (OKANA) presented information about the Organization against Drugs (OKANA). Established in 1995, OKANA is the only organization working with PWID that is legally allowed to offer opiate

substitution therapy (OST) in Greece. OKANA's work covers prevention, treatment and care for PWID and social reintegration. Programmes include substitution treatment units, "drug-free" treatment units for young adults and low threshold facilities.

Data from the Greek Documentation and Monitoring Centre for Drugs (EKTEPN) report of 2016 showed there are currently 17,000 heroin users in the country, out of which 5000 were identifying as "injectors", 2,000 injectors are located in Athens. One of five heroin injectors is thought to share needles.

Between 2011 and 2015, 1,232 PWID were diagnosed as HIV+, while in 2014, there were 36 AIDS cases among 106 diagnosed (34%). A third (30%) of HIV+ PWID diagnosed during the HIV epidemics are currently under substitution, leaving 70% not accessing substitution therapy.

The additional burden of the economic crisis and the results of austerity policies and budget cuts towards the vulnerable population of PWID were discussed. OKANA today, counts 54 substitution treatment units in "cooperation" (cohabitation) with the general public or psychiatric hospitals. The majority of the geographical distribution of OKANA substitution units is focused in the two major cities of Greece (Athens and Thessaloniki). The eligibility criteria for OST in Greece are as follows: long-term heroin users aged >20 who have already tried to detoxify in a drug-free programme and long-term intravenous heroin users ≥35 may be admitted, even if they have not previously tried to detoxify. However, opiate drug users that live with HIV can enter the program as "exceptional admissions" and gain priority.

PWID can currently receive primary health care, laboratory testing, vaccination and referral for specialist treatment at OKANA. OKANA sees a large number of patients, has wide geographical coverage, high retention rates, and takes a holistic approach. However, barriers to OKANA delivering an optimal service include: lack of financial resources (not enough medical staff, lack of vaccination supply), a resistance to harm reduction from state organizations and society and stigma.

Presentation by a Greek HIV specialist on hindrances faced in the HIV clinic on linkage and retention issues

Dr. Eleni Kakalou (Evangelismos Hospital), a physician at the infectious diseases' unit of Evangelismos hospital, gave insights from the scope of her work at the HIV clinic. In total, 1,200 HIV patients are receiving care from the clinic of Evangelismos, with up to 200 HIV+ migrants. The clinic employs three full time physicians, one nurse and one psychologist. HIV testing is done using ELISA and Western Blot as they are not allowed to do rapid tests. A

new digital system to enroll patients' profiles and medical history was introduced at the clinic in October which will improve clinic information management and the broader monitoring of the patients' health.

The current issue the clinic is facing is the lack of physical space in the hospital needed to provide services for such a large number of patients. As well, given there is only one clinic nurse patients have to wait up to 60 days to book an appointment for blood sample collections (routine blood testing). Language is a barrier to delivering HIV care to migrant populations, especially for French-speaking African people.

The National Strategic Reference Framework (NSRF) funded "EvMELia" project was presented, which was a collaboration between OKANA and three infectious diseases units in Athens. Through outreach activities, 117 people were diagnosed in the programme through Rapid Diagnostic Testing (RDT). After the funding stopped, the programme almost collapsed. Six months after the program ended 65 patients were retained in care. The retention of migrant PWID is very low, as only 35% of them are on ART and even less of them achieve viral suppression. Overall, the EvMELia project improved linkage to care and retention in care.

Conclusions

In the discussion following the talk, participants identified that a critical area for improvement in Greece is linking newly diagnosed patients to infectious disease units to start ART. It was suggested that interventions to improve linkage to and retention in care should be focused mainly on PWID and migrants, as these are already high among MSM. Participants highlighted the need for regular meetings (two per year) hosted by the HCDCP with relevant stakeholders in prevention and care including infectious disease units, OKANA, community groups etc. In these meetings, in-house HIV data could be reviewed. A database for recording and registering of experiences between HIV clinics, HCDCP experts, Civil Society, specialists and OKANA medical doctors was proposed to better share information.

OptTEST partners suggested that HIV data collection could be further improved, particularly the collection of first CD4 data used to monitor linkage to care. Improved data collection mechanisms would allow Greece to better monitor the quality of HIV patient care following diagnosis. A detailed data algorithm describing the current data flow and how data are communicated from different HIV clinics to the HCDCP would also aid in monitoring the ability to assess patient outcomes. PHE volunteered to send their current HIV surveillance data algorithm to share best practice from the UK. It was also argued among meeting participants that there is a need for clearer definitions of linkage to and retention in care, which would require consensus from a number of stakeholders from different levels.

All of the participants agreed that there is a need to review the needs of HIV units and that a case should be made to the Ministry of Health to increase funding. New, young and aspiring HIV clinicians need to be trained and be motivated to stay and work in Greece. It was highlighted that STIs, HIV and hepatitis are top priorities for the director of the HCDCP.

The OptTEST meeting on linkage to and retention in care issues in Athens, Greece, provided an opportunity to bring together key HIV stakeholders such as experts and people from the community to openly communicate in an effort to improve linkage to care and to also diminish lost to follow up cases in Greece in future.

Annex 1: OptTEST Meeting Agenda

OptTEST Meeting, Athens, Greece

Greek Association of PLWHA “Positive Voice” & HCDCP

Monday, 26th September 2016

Linkage to and retention in care: Experiences from Europe and Greece and challenges for the future

Session 1	Introduction
09.15 - 09.30	Opening: PV (<i>Dedes</i>) – HCDCP (<i>Rosenberg</i>)
Session 2	Part I What’s going on around Europe
09.30 – 10:00	HIV epidemiology in Europe- Skype Presentation. <i>Anastasia Pharris</i>
10.00 – 10:30	Who benefits from monitoring HIV epidemic and quality of care: Example from England. <i>Valerie Delpech</i>
10:30 – 11:00	Linkage to care and retention in care as national quality of care measures - analysis of TESSy Data. <i>Sara Croxford</i>
11:00 – 11:30	Linkage to care from CBVCTs / Checkpoints among MSM in Europe. <i>Anders Dahl</i>
11.30 – 11.45	Coffee Break
Session 3	Part II What’s going on in Greece
11.45 – 12.15	Know your epidemic - Know your response and quality of care. Where we are and where we want to be in 2020. Analysis from the national M&E system. <i>Vasileia Konte</i>
12.15 – 12.45	AMACS Greek HIV Cohort. <i>Nikos Pantazis</i>
12.45 -13:15	Retrospective analysis of data from the registry of PWID +HIV linked to Infectious Medical Units. <i>Magdalini Pylli</i>
13.15 – 14.15	Lunch
14.15 – 14.45	Community based testing experience/barriers faced in linkage to care from the Ath & Thess Checkpoints. <i>Sophocles Chanos</i>
14.45 – 15.15	OKANA barriers/challenges for linkage to and retention in care. <i>Olga Anagnostou</i>
15.15– 15:45	Presentation by a Greek HIV specialist on hindrances faced in the HIV clinic on linkage and retention issues. <i>Eleni Kakalou</i>
Session 4	Next steps
15.45– 16.45	Future goals and action points - Plenary discussion
16.45 – 17:00	Closure

Annex 2: OptTEST Meeting Participants

Hellenic Centre for Disease Control and Prevention (HCDCP):

- Mr. Rosenberg (Head - HCDCP)
- Mrs. Giannopoulou (HCDCP – Office for Psychosocial Support and Psychotherapeutic Interventions)
- Ms. Issari (HCDCP - HIV office)
- Mrs. Konte (HCDCP - HIV office)
- Mrs. Nikolopoulou (HCDCP – Counselling Center and Hotline for HIV/AIDS)
- Mrs. Paraskeva (HCDCP – HIV Office & Member of the Hellenic Society for the study and control of AIDS)
- Mrs. Pavlopoulou (HCDCP – Community Interventions Office)
- Ms. Pylli (HCDCP - HIV office)
- Mr. Raftopoulos (HCDCP - HIV office)

Positive Voice

- Mr. Atzemis (Harm reduction, the Greek Association of PLWHA "Positive Voice")
- Mr. Chanos (Head, Checkpoint)
- Mr. Dedes (Head, the Greek Association of PLWHA "Positive Voice")

International Invitees & Speakers

- Ms. Ankierstejn-Bartczak (Chair – Foundation of Social Education - Poland)
- Ms. Croxford (Public Health England, optTEST, UK)
- Mr. Dahl (WP6 EURO HIV EDAT - AIDS Fondet - Denmark)
- Dr. Delpesch (Public Health England, optTEST, UK)
- Mr. Mameletzis (WHO – HIV Office, Switzerland)
- Dr. Pharris (ECDC, Sweden)
- Ms. Raben (CHIP, HIV in Europe, Denmark)
-

HIV National Experts

- Mrs. Anagnostou (OKANA: National Organisation Against Drug Use, Substitution Treatment Units]
- Mrs. Kakalou (Euaggelismos Hospital - Athens)
- Mr. Tsiodras (Attikon University Hospital - Athens)
- Mrs. Mpotsi (Siggros Hospital - Athens)
- Mr. Pantazis (Department of Hygiene, Epidemiology & Medical Statistics, Medical School, National & Kapodistrian University of Athens, "AMACS" Greek HIV Cohort)
- Mr. Paraskevis (Department of Hygiene, Epidemiology & Medical Statistics, Medical School, National & Kapodistrian University of Athens)
- Ms. Touloumi (Department of Hygiene, Epidemiology & Medical

Statistics, Medical School, National & Kapodistrian Uni. of Athens,
"AMACS" Greek HIV Cohort)



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OptTEST PARTNERS



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