

HepHIV 2023 Conference Call to Action

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

- 1. Invest in measuring the impact of stigma on the offer and uptake of testing in community and healthcare settings and implement interventions to address it**
 - Routinely collect local qualitative and quantitative data to ensure progress is evaluated towards the UNAIDS 2025 target of less than 10% of people living with HIV and key populations experiencing stigma and discrimination (ECDC collaborative work on stigma survey).
 - Explore and invest in synergies to reduce infectious disease-related stigma from a holistic public health approach that includes mental health and well-being.
 - Fund and design research and programming to implement interventions that reduce stigma, at both structural (reviewing of laws and regulations) and implementation level (education programmes).
 - Adapt public health communication to incorporate clear and anti-stigma messaging, for instance that people living with HIV who have an undetectable viral load have zero risk of transmitting HIV to their sexual partner(s) (U=U).
 - Utilise the full potential of European networks for knowledge sharing and dissemination of key messages– increasing knowledge is key!

- 2. Intensify efforts to design culturally competent prevention, testing and care services for migrant and displaced populations**
 - Increase discussion regarding the health of all migrant populations across the EU/EEA, while continuing to support those suffering the consequences of the war in Ukraine.
 - Design programs and service delivery models that are tailored to community needs. Services, not populations, are hard to reach!
 - Strengthen and empower community advocates and promote peer-to-peer support.
 - Advocate for continued funding across the European region specifically for migrant related interventions.
 - Don't miss an opportunity to offer testing to migrant populations.

- 3. Improve surveillance, monitoring and reporting and use data to inform evidence-based decision-making and programme development**
 - Collect data that can evaluate the impact and cost-effectiveness of differentiated service delivery strategies in high and low prevalence settings, populations, and areas.
 - Monitor the number of late diagnoses by key population at local level and implement population-specific strategies to reduce time for diagnosis and linkage to care initiation.



- Use surveillance data to monitor potential outbreaks, map increased incidence among specific population groups and/or regions, and tailor public health responses to address changes in epidemic patterns.
 - Use absolute numbers in addition to proportions to assess progress towards elimination efforts and reduction of the undiagnosed populations across the European region.
- 4. Strengthen collaboration between governments and implementers around testing and linkage to care to ensure sustainable political commitment and appropriate resource allocation**
- Identify new potential partners to strengthen collaborative work – i.e. municipalities and care centers.
 - Formally recognise community health workers as part of the health workforce.
 - Ensure political and programmatic leadership and commitment to abandon ineffective strategies or interventions, as well as ensure the use of available resources for tailored, innovative, and cost-effective approaches.
 - Work across sectors with all stakeholders, particularly affected communities and apply lessons learned from the HIV sector to strengthen elimination strategies in other disease areas.
 - Ensure universal access and availability of affordable, state of the art treatment and testing kits across the region.
 - Strategically evaluate investments as testing becomes less cost effective as some countries near elimination.
- 5. Amplify efforts to address the gaps and inequalities for key populations beyond testing services**
- Introduce or scale-up a wide range of prevention and testing approaches, including self-testing and self-sampling as well as interventions to support re-engagement in care among people lost to follow-up, especially in areas where testing services are not accessible.
 - Ensure that adequate regulations for medical devices are in place and document validation studies for less documented approaches or tests, such as self-sampling.
 - Tailor prevention, testing and post-test services to the needs and local context of the service users.
- 6. Design and implement integrated responses to HIV, viral hepatitis, STIs and TB**
- Continue to highlight the benefits of integrated testing.
 - Normalise HIV, HBV, HCV, STI and TB testing and decentralise testing across healthcare settings and according to local epidemiology.
 - Break down silos between disease areas, and ensure no opportunities are missed to provide integrated testing to those who can benefit most.
 - Recommend opt-out testing in emergency departments in high prevalence areas;
 - Undertake pilots to determine positivity if not available
 - Optimise pathways, improve linkage to care and retain motivation of ED doctors.
 - Ensure that pathways are improved to act on opportunities to re-engage those previously diagnosed and lost to care/follow-up.

This Call to Action reflects outcomes from the HepHIV2023 Madrid Conference and covers key topics presented and discussed during the conference. It is not meant to be exhaustive and does not cover everything addressed within each thematic area.

The EuroTEST Steering Committee aims to have clear actions around the topics raised in the Call to Action moving into the next two-year period to the next HepHIV Conference. The dates and location of the next HepHIV Conference will be announced in first half of 2024.