HIV in Europe
Working Together for Optimal Testing and Earlier Care

HIV IN EUROPE - WORKING TOGETHER FOR OPTIMAL TESTING AND EARLIER CARE

2009 Follow-up Meeting
2nd and 3rd of November 2009, The Nobel Forum, Stockholm

Conference Report

www.hiveurope.eu

CONTENT

EXECUTIVE SUMMARY

Introduction

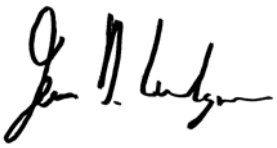
The HIV in Europe Conference, held under the auspices of the Swedish Presidency of the European Union on 2-3 November 2009 at the Nobel Forum in Stockholm, Sweden, gathered key European stakeholders to discuss prevailing obstacles to HIV testing and to present concrete results derived from the initiative. The conference was a technical follow-up meeting from the first HIV in Europe conference held in Brussels in November 2007 identifying key barriers to earlier testing and optimal care. The ultimate and long term aim of the initiative is to decrease the number of HIV patients presenting late for care.

The HIV in Europe initiative and the conference in Stockholm inscribe themselves in a context where HIV remains a major public health and human rights challenge in the European region. There is widespread commitment to universal access to HIV prevention, treatment, care and support and consensus that earlier diagnosis and treatment are essential, both for individuals and for societies, but often a lack of political leadership. There is progress with access to treatment, but significant challenges remain – for instance only 23% of those in need in Eastern Europe and Central Asia are on ART, with even lower coverage for injecting drug users, bearing witness of huge differences across the European region. Stigmatisation and discrimination and other human rights abuses persist, as does the criminalization of HIV – with a different situation in different countries.

This report aims to support the results and success of the conference and to provide helpful feedback that might help in the planning and organisation of concrete projects and dissemination of the results of them. The research issues adressed by the HIV in Europe initiative will have implications beyond Europe.

On behalf of the Steering Committee of HIV in Europe,

Ton Coenen
Executive Director Aids Fonds
& Soa Aids Nederland
Co-chair HIV in Europe



Jens Lundgren, MD, DMSc
Professor University of Copenhagen Director,
Copenhagen HIV Programme
Co-chair HIV in Europe

Objectives of the HIV in Europe 2009 Follow-up Meeting

- To inform leaders, including key policy makers and donors, in order to increase their commitment to ensuring that HIV infected patients enter care earlier in the course of their infection than is currently the case.
- To provide opportunities for a multi-stakeholder dialogue to develop creative solutions to unresolved challenges in research and implementation of HIV policies and programmes to improve early diagnosis and care of HIV across Europe.
- To increase public awareness of the problems associated with late presentation for HIV care.
- To renew the focus of the initiative and adopt a revised and renewed HIV in Europe Call to Action.
- To provide an overview of initiatives and best practices on optimal testing and earlier care.
- To discuss HIV in Europe ongoing projects and present concrete results.
- To discuss how best to implement current and future results (ensure collaboration with ECDC and WHO Euro).

Main outcomes

One of the first important outcomes of the HIV in Europe initiative has been the initiation of a consensus process in order to identify and begin to implement a unified definition of late presentation. Surveillance to identify the exact extent of the problem of late diagnosis of HIV has been complicated because there existed more than 20 different definitions. A common definition of what exactly the term "late presenter" means is essential if late presentation is to be more effectively dealt with by public health authorities across Europe and elsewhere. The definition, presented at the Stockholm conference, is: an individual presenting with a CD4 count below 350 or with an AIDS diagnosis. See website for details: http://www.hiveurope.eu/DiscussionForum/tabid/83/Default.aspx

Another important issue discussed during the conference was that most patients presenting late with HIV have been in contact with the health system on several occasions prior to being diagnosed. In order to optimise testing within specific diseases associated with HIV, a first list of indicator diseases was presented. These diseases are currently tested for HIV prevalence in clinics all over Europe in order to inform indicator disease guided testing. It was argued that audits should be made already now to secure that patients presenting with AIDS defining events are tested for HIV.

Estimations of the size of the infected population remain very unreliable, and a more comprehensive and concerted approach can help all countries to produce more robust data. The project initiated by HIV in Europe and presented at the conference aims to discuss innovative ways to estimate the number of the infected but not yet diagnosed population in order to develop clear guidance for countries on how to estimate the number.

Also, the legal premise for HIV patients varies around Europe and the project on criminalisation aims at performing a legal review in order to gain a better understanding of how criminalisation deters testing and transmission. Stigma and discrimination continue to be a critical barrier to universal access to prevention, treatment, care and support. Through the stigma index more precise data on the extent of stigma across Europe and its impact on decisions about testing and treatment uptake will be gathered in order to base future action on evidence.

CONFERENCE OVERVIEW

The HIV in Europe Conference, held under the auspices of the Swedish Presidency of the European Union, gathered key European constituencies to discuss the prevailing obstacles to testing and present concrete results derived from the initiative.

HIV in Europe is an innovative initiative bringing together people from different backgrounds. At the conference, delegates from 25 countries participated (15 EU member countries and 10 outside the EU), with 36 civil society representatives, 34 researchers/health professionals, 22 policy makers and 9 industry sponsors.

HIV IN EUROPE - STEERING COMMITTEE

The Steering Committee is an independent group of HIV experts and is instrumental in helping achieve the aims and objectives of HIV in Europe.

The Co-Chairs

Ton Coenen
Steering Committee, AIDS Action Europe, Netherlands
Executive Director, STI AIDS, Netherlands

Jens Lundgren
Professor & Chief Physician,
University of Copenhagen & Rigshospitalet
Director, Copenhagen HIV Programme, Denmark

Members

Henrique Barros
National Coordinator of HIV/AIDS, Portugal

Nikos Dedes
Chair, Policy Working Group
European AIDS Treatment Group (EATG), Greece

José Gatell
Head, Infectious Diseases & AIDS Units, Clinical Institute of Medicine & Dermatology, Hospital Clinic
Professor of Medicine, University of Barcelona, Spain

Brian Gazzard
Professor of Medicine, Imperial College School of Medicine
HIV Research Director, Chelsea & Westminster Hospital, UK

Igor Karpov
Professor, Department of Infectious Disease
Belarus State Medical University, Belarus

Jürgen Rockstroh
Professor of Medicine
University of Bonn and Head of an HIV outpatient clinic, Germany

Jean-Luc Romero
President
Elus locaux Contre le Sida, France

Anders Sönnerborg
MD, PhD, Professor, Department of Medicine
Karolinska University Hospital, Sweden

Gregory Vergus
Regional Coordinator
International Treatment Preparedness Coalition, Russia

John de Wit
Professor of Sociology, Utrecht University
The Netherlands

Observers

WHO Regional Office for Europe, STI/HIV/AIDS Programme
Represented by Smiljka de Lussigny, technical and advocacy officer

European Centre for Disease Prevention and Control (ECDC)
Represented by Marita van de Laar, senior expert and programme coordinator

European Monitoring Centre for Drugs and Drug Addiction (EMCDDA)
Represented by Lucas Wiessing, epidemiologist, principal scientist

The Global Fund to Fight AIDS, Tuberculosis and Malaria
Represented by Dr Jeffrey V. Lazarus,senior specialist and team leader

SUNDAY 1 NOVEMBER 2009

Venue: Clarion Hotel Sign, Östra Järnvägsgatan 35, Stockholm

17.00 – 18.45, WHO Regional Office for Europe working meeting on Regional HIV testing and counselling policy framework

19.00 – 21.00, HIV in Europe Welcome Reception

MONDAY 2 NOVEMBER 2009

Venue: Nobel Forum, Karolinska Institute, Nobels väg 1, Stockholm

TIME	SESSION	MODERATORS AND SPEAKERS
08.00 – 08.45	Registration	
08.45 – 09.00	Welcome and Introduction to working groups	Ton Coenen and Jens Lundgren, Co-Chairs of HIV in Europe
09.00 – 10.30	Working Groups	
	A. Late Presenters and the Infected not yet Diagnosed Population	Andrew Phillips, Frank de Wolf
	B. HIV Indicator Diseases Across Europe	Jürgen Rockstroh, José Gatell, Antonella d'Arminio Monforte,
	C. The People Living with HIV Stigma Index	Julian Hows
	D. Criminalisation of HIV	Matthew Weait
10.30 – 11.00	**Coffee Break**	
11.00 – 13.00	Working Groups – continued	
13.00 – 14.00	**Lunch**	
	Registration	
	OPENING SESSION	Moderator: Anders Sönnerborg
14.00 – 15.00	Welcome to HIV in Europe 2009	
	Key note speech – Swedish Presidency of the European Union	Ewa Björling, Swedish Minister for Trade
	Key note speech – European Commission	Gisela Lange, European Commission
	Welcome note from Karolinska Institute	Harriet Wallberg-Henriksson, President, Karolinska Institute
	HIV IN EUROPE	Moderator: Nikos Dedes
15.00 – 16.00	European Parliament Resolution on HIV/AIDS: early diagnosis and early care	Christofer Fjellner, European Parliament
	ECDC's role in the fight against HIV/AIDS in Europe	Marita van de Laar, ECDC
	Developing WHO EURO Regional T&C Policy framework	Martin Donoghoe, WHO Europe
	HIV in Europe – call to action update	Ton Coenen and Jens Lundgren, Co-Chairs of HIV in Europe
16.00 – 16.30	**Coffee Break**	
	LATE PRESENTATION AND THE UNDIAGNOSED POPULATION	Moderator: Andrea Antinori
16.30 – 17.30	Models of how to estimate the size of the infected not yet diagnosed pool of patients	Andrew Phillips, UCL
	Methods for establishing the extent of HIV Epidemics and trends in Prevalence	Geoffrey P. Garnett, Imperial College London and UNAIDS
	How to implement a consensus definition of "late presentation"	José Gatell
17.30 – 18.30	Discussion	
19.30 – 20.00	Drinks – Clarion Hotel Sign	
20.00	Dinner – Clarion Hotel Sign	

TUESDAY 3 NOVEMBER 2009

TIME	SESSION	MODERATORS AND SPEAKERS
8.30 – 8.45	Conclusions from Day 1	Ralf Jürgens, rapporteur
	TARGETED TESTING – OPTIMAL TESTING? BEST PRACTICES	Moderator: Frank de Wolf
8.45 – 9.30	Índicator Disease Guided Testing	Antonella D'Arminio Monforte
	Dutch (prevention and) Testing Guidelines	Rebecca van Riel, Ministry of Health, Netherlands
	EMCDDA: Guidance on Provider-initiated Voluntary Medical Examination, Testing and Counselling for Infectious Diseases in IDUs	Hans Blystad
09.30 – 10.00	Discussion	
10.00 – 10.45	Panel Discussion on testing and late presentation among specific transmission groups	Moderator: Jens Lundgren. Fabio Patruno, Ulrich Marcus, Julia del Amo
10.45 – 11.15	**Coffee Break**	
	BARRIERS FOR EARLIER TESTING	Moderator: Jeffrey V. Lazarus.
11.15 – 11.45	The Criminalisation of HIV infection - Overview of legislation in Europe	Matthew Weait
	The People Living with HIV Stigma Index	Julian Hows, GNP+
11.45 – 12.30	Discussion	
12.30 – 13.30	**Lunch**	
	THE MOMENTUM ENSUED SINCE 2007 - THE NEED FOR POLITICAL ACTION?	
13.30 – 14.30		Moderator: Marita van de Laar
	Feedback from HIV Europe Portugal 2009 Conference	Luís Mendão, GAT
	Feedback from HIV Europe France: the new recommendation from the French National Authority for Health	Dominique Costagliola
	Feedback from HIV Europe Spain: Late presenters and detection of PHI: A community approach	Ferran Pujol, Hispanosida
	Outlook on the Spanish EU Presidency 2010	Olivia Castillo Soria, Head, AIDS Plan Secretary, Ministry of Health, Spain
	HIV IN EUROPE – THE WAY FORWARD	Moderator: Anders Sönnerborg
14.30 – 15.30	Summing Up and Conclusions	Ralf Jürgens, rapporteur
	Call to Action renewed	
	Next Steps	Ton Coenen and Jens Lundgren
15.30 – 16.00	**Coffee Break and End**	

WORKING GROUP SESSIONS IN BRIEF

A. Late Presenters and the Infected not yet Diagnosed Population

Working group leads:

Andrew Phillips, UCL, UK
Frank de Wolf, Academic Medical Center Amsterdam

Synopsis:

Late Presenters

The working group meeting around late presenters discussed the limitations of the many definitions existing and a presentation was made of the new definition. The group discussed ways of implementing a standard definition and how best to ensure that this goes further into an implementation phase. It was agreed the best approach was to get it published so that it could be referenced in the literature. Thereafter approaching journal editors to ensure that articles are reviewed with this definition in mind.

Estimating the size of the infected not yet diagnosed population

As a starting point in tackling the problem of undiagnosed HIV in Europe, it is important that we develop clear guidance for countries on how to estimate the number of undiagnosed patients, and what data are needed to do this. Among countries that currently produce estimates of the number of undiagnosed people, most use only one approach. At least three different types of approach exist. Since they use different data they should provide independent estimates. If it is possible to use all approaches this will provide the greatest insight. Simple guidance is however needed for countries on how to use the various approaches and could help all countries produce more robust estimates.

The working group discussed the various ways to implement this and some of the advantages, challenges, and limitations of various methods. Their suggestions for implementation were as follows:

- Produce document on guidance for countries on methods for estimating prevalence of undiagnosed infection, given current state of the field. The guidance document on methods will evolve to include more extensive data modelling approaches.
- Through ECDC, try to encourage countries to implement estimations, which should help to stimulate more complete collection of surveillance data. This process will be part of an ongoing process of evaluating the relative value of alternative approaches.

Furthermore the group discussed a dynamic iterative approach was needed to implement based on numerous considerations:

- Political will to identify undiagnosed HIV is an issue in some countries (who want to down-play extent of HIV prevalence).
- In some populations (e.g. MSM in Western Europe) a high proportion undiagnosed has been previously tested. In STD clinics, a high proportion of people offered tests accept. It seems that there is often not a resistance to testing but rather a lack of sufficiently frequent opportunities to easily test. But resistance to testing is certainly an issue in some regions and groups.
- Lack of resources in some countries for HIV testing, as well as for ART. Lack of full treatment access will be a factor hampering presentation for testing.
- Anecdotal reports that frequent testers are often treated judgementally when returning frequently for testing. Self-testing an option to pursue? (Currently illegal in most countries).
- Belief that in some countries there is policy to not provide ART to marginalised groups as they are thought to be expendable.
- CD4 count at diagnosis available in ~ 10 countries.
- Individual-based HIV and AIDS reporting widespread but not universal.
- AIDS surveillance still considered useful despite that some countries indicate that they may stop collecting data.
- # HIV tests per year is asked for (and provided by 13/53 countries) – difficult to collect, and very difficult to relate to data on risk behaviour.

B. HIV Indicator Diseases Across Europe

Working group leads:

Jose Gatell, Hospital Clínic de Barcelona, Barcelona, Spain
Antonella d'Arminio Monforte, Clinica delle Malattie Infettive, Milan, Italy
Jürgen Rockstroh, University of Bonn, Germany

Synopsis:
The working group discussed the pilot phase of the indicator diseases project initiated by HIV in Europe and launched in May 2009, in which eight indicator diseases have been identified to assess HIV prevalence. These include:

1. Presenting for care of a sexually transmitted disease (including gonorrhoea, syphilis and other ulcerative genital conditions and chlamydia),
2. Presenting for care of malignant lymphoma, irrespective of type
3. Presenting for care of cervical or anal dysplasia or cancer,
4. Presenting for care of herpes zoster in a person younger than 65 years,
5. Hepatitis B or C virus infection (acute or chronic – and irrespective of time of diagnosis relative to time of survey),
6. Presenting with ongoing mononucleosis-like illness
7. Presenting with unexplained leukocytopenia or thrombocytopenia lasting at least 4 weeks
8. Presenting with seborrheic dermatitis / exanthema

It was discussed that data from the surveys will show prevalence in specific settings that should be compared with overall prevalence in the countries surveyed, and that the focus on indicator diseases to increase testing will need a country specific analysis of where people are not tested as well as an analysis of what this tool will mean in terms of getting people tested earlier. Also, clinicians' barriers not to test were discussed, which should initiate audits of why this is not being done as well as interaction and awareness raising among clinicians within different specialities.

The working group produced the following table to further clarify what an indicator disease means.

Indicator disease - a disease indicating that HIV test should be considered/performed

AIDS defining events	Diseases associated with high HIV prevalence	Diseases with implication for clinical management	Differential diagnosis

Further outcomes of the discussions were that:

- Efforts should be made to reach a wide range of medical disciplines involved in indications for HIV testing.
- All AIDS defining events should lead to HIV testing, which is often not the case in many countries.
- Any indication for HIV testing is complementary to current guidelines/policies.
- Testing for HIV has to be effective/useful in terms of counselling and all aspects of medical care including access to ART.

C. Stigma Index

Working group lead:
Julian Hows, GNP+

Synopsis:
The Stigma Index Working Group heard a presentation by Julian Hows from the Global Network of People Living with HIV/AIDS (GNP+) about how the work on the People Living with HIV Stigma Index is progressing. Julian Hows emphasized that we know that stigmatisation is one of the major barriers for both early HIV testing and earlier initiation of HIV treatment, but needed an evidence-based took – the stigma index – to better measure stigma in various settings and various countries and understand how exactly stigma impacts what we try to achieve.

Many countries in Eastern Europe and Central Asia are already involved, and ultimately the goal is to roll out the project in as many countries as possible. The Working Group heard from representatives of some of the organizations implementing the project at country level, including from Turkey, Poland, Belarus and Uzbekistan. Everyone agreed that the project is very important, as a tool to empower people living with HIV to take action against stigma, and to gain additional evidence about the impact of stigma on people's lives and their health-seeking behaviours. Participants emphasized the huge differences between countries in Western Europe and those in Eastern Europe and Central Asia, where barriers to testing, prevention, treatment and care may be much greater and include lack of access to ART, discriminatory laws, stigma, and bad police practices.

It was highlighted that HIV in Europe could serve to create a unique alliance between people living with HIV and community activists on one side and clinicians on the other, saying that "we need clinicians to become advocates for stigma reduction, decriminalization, better policies and laws, and human rights more broadly". Finally, it was emphasized that efforts to gather more evidence about stigma at country level are important, but that follow-up action will be crucial. "There has been a lot of research on stigma and discrimination already, and we know a lot about what works and what does not work to reduce stigma and fight discrimination. The problem is that the needed interventions are not being funded and implemented as part of national AIDS plans. Often, lip-service is paid to stigma and discrimination, but concerted, well-funded, long-term action is needed. That is what HIV in Europe needs to advocate for".

D. Criminalisation of HIV

Working group lead:

Matthew Weait, Birkbeck College, University of London

Synopsis:

The working group discussed the preliminary analysis and evaluation of the HIV transmission/exposure laws in 5 countries presented by Matthew Weait. The project on criminalisation aims at performing a legal review in order to gain a better understanding of how criminalisation deters testing and transmission.

The differences in the degree of criminalisation, use of public health powers and prosecution guidance were discussed, and examples given of discrimination against prisoners with HIV, and of how anti-discrimination legislation is not always effective in achieving its goals.

The synopsis is based on feedback from the working group presented at the plenary session.

PLENARY SESSIONS IN BRIEF

HIV in Europe

The session 'set the stage' of the conference, providing background on the context in which the HIV in Europe initiative inscribes itself.

The keynote addresses were delivered by Swedish minister for trade Ewa Björling and the EC Communication on combating HIV/AIDS in the EU and neighbourhood, released in October 2009, was presented by Gisela Lange who underlined the importance of political leadership, civil society involvement and human right protection. Swedish MEP Christopher Fjellner presented the European Parliament Resolution on early diagnosis and testing, adopted in November 2008 based on the call to action from the first HIV in Europe conference held in Brussels in 2007.

The Co-Chairs of HIV in Europe, Ton Coenen and Jens Lundgren underlined that as long as we have a situation where 1/3 to 1/2 people do not know their status and present late for care we have a lot of work to do in the region. The HIV in Europe initiative is only one step in a long process. They urged participants to enter into discussions of how we can achieve real implementation of our recommendations.

Late Presentation and the Undiagnosed Population

The session discussed how and why countries need to know the number of people living with HIV in various groups as a starting point for planning prevention measures and clinical care needs. It was argued that this requires estimation of the number with undiagnosed HIV. At least three different types of approaches exist. If possible, using all approaches will provide the greatest insight. One novel approach based on reported simultaneous HIV/AIDS cases was presented. The approach builds on information on CD4 count at diagnosis and will be particularly well suited to estimate the number of undiagnosed people with a low CD4 count.

It was underlined that simple guidance is needed for countries on how to use the various approaches and the HIV in Europe initiated project aims at producing guidance for countries on methods for estimating prevalence of undiagnosed infection and, through ECDC, encourage countries to implement estimations in order to stimulate more complete collection of surveillance data.

Surveillance to identify the exact extent of the problem of late diagnosis of HIV has been complicated because there existed more than 20 different definitions. A common definition of what exactly the term "late presenter" means is essential if late presentation is to be more effectively dealt with by public health authorities across Europe and elsewhere. The definition is an individual presenting with a CD4 count below 350 or with an AIDS diagnosis. A common definition will make the problem of late presentation more "visible", improve surveillance data and comparison between countries, facilitate identification of risk factors in a common way, and serve as a quality control marker for public health policies and academic initiatives promoting earlier diagnosis.

Following the conference, the working group behind the consensus definition will publish a position paper focusing on the definition, the rationale behind it and its potential consequences. The paper will be made available to editors of main journals and suggest they request authors of papers on "late presentation" to perform and report at least a sub-analysis using the definition.

Targeted Testing – Optimal Testing? Best practices

The session discussed different approaches to how testing can be optimised to get more people diagnosed earlier in the course of their infection. From a clinical view, indicator disease guided testing was discussed as a novel method for optimal testing in Europe.

From a political view, there were presentations of testing guidelines on national level and testing guidelines focusing on specific transmission groups. It was discussed how such guidelines – including indicator diseases guided testing – are implemented and monitored and what role national health bodies, European organisation, physicians and patient organisations should play in this respect.

The session also discussed what can be done to facilitate access to and uptake of HIV testing and counselling (and to maximize benefits from testing and counselling), including improving the quality of testing and counselling services, expanding alternatives to traditional on-site, clinical HIV-antibody testing & using rapid tests and providing tests in locations and in conditions that are convenient to clients, improving links and access to treatment, care and support, and making the social, legal and policy environment more supportive, introducing PITC in prenatal care and in certain other health-care settings, using targeted campaigns to encourage uptake of HIV testing.

A challenge for the future will be to develop a common set of testing guidelines, as current approach to testing varies a lot in different settings, and it was questioned whether these are all relevant and needed or reflecting inadequate evidence of what is needed around testing.

Panel Discussion on testing and late presentation among specific transmission groups

The panel session discussed testing among specific transmission groups. It was argued that testing by itself cannot reduce risk taking if it is not linked to councelling, since 50% who test positive have been tested before. However, evidence show that earlier testing is helpful in changing behaviour in those testing positive. There is lack of knowledge on how testing has to be done to also have preventive effects and of what type of councelling works.

Many countries report an increase in the number of MSM that are recently infected (UK, Netherlands). The role of treatment in prevention of transmission was also discussed. In relation to migrants it was argued that we need to look at their legal status and the misconceptions of the right to health care, which plays a role in the willingness to test.

It is crucial that testing and treatment offers are linked to the needs of specific transmission groups, for instance intravenious drug users, on practical as well as political level. The challenge remains to link testing to universal access to care and the dilemma in promoting testing initiatives without reassuring access to quality care and rights should be taken into account in the future.

Barriers for Earlier Testing

The session presented and discussed the two ongoing projects supported by HIV in Europe aimed at reducing barriers to testing and treatment.

The legal premise for HIV patients varies around Europe and the project on criminalisation aims at performing a legal review in order to gain a better understanding of how criminalisation deters testing and transmission. The preliminary analysis and evaluation of the HIV transmission/exposure laws in 5 countries reflecting different legal traditions/approaches in Hungary, The Netherlands, Sweden, Switzerland, England and Wales was presented by Matthew Weait.

The presentation focused on the substantial variation in the degree of criminalisation and use of public health powers, that prosecution guidance is uncommon, the evidence of discrimination against prisoners with HIV, and how the shared responsibility is not articulated in the law, and that anti-discrimination legislation is not always effective in achieving its goals.

The People Living with HIV Stigma Index was presented by Julian Hows. The index provides a tool that will measure and detect changing trends in stigma and discrimination experienced by people living with HIV. In the initiative, the process is just as important as the outcome. It aims to address stigma relating to HIV while also advocating on key barriers and issues perpetuating stigma - a key obstacle to HIV treatment, prevention, care and support.

The momentum ensued since 2007 – the need for political action?

This session of the conference presented some of the key national initiatives and meetings – in Portugal, France and Spain - that have ensued over the last two years resulting from the HIV in Europe 2007 conference, taking stock of the results of the various initiatives, including community lead initiatives that can be considered best practises in the field of early diagnosis of HIV.

HIV in Europe – way forward

Based on the previous sessions, this session presented the result of the conference. Furthermore, a renewed "call to action" spelled out the specific political support and action on member state and European level needed to ensure coherent and evidence-based policymaking and implementation on HIV early diagnosis and care throughout the European Union.

- To promote early testing and treatment throughout the European and Central Asian region.
- To keep early testing and treatment on the political agenda in Europe and Central Asia.
- To identify and stimulate the implementation of best practices.
- To support the implementation of the consensus on late presentation.
- To develop one model to estimate the number of people infected yet not diagnosed.
- To develop and implement indicator disease guided testing.
- To stimulate an evidence base on and reduce barriers to testing regarding human rights, stigmatisation, discrimination and criminalisation.
- To stimulate health professionals, policy makers and civil society including people living with HIV to advocate and collaborate.

This call to action will guide the work of HIV in Europe the coming years not least in their collaboration with responsible implementing organisation, the outcome of which will hopefully lead to changes moving towards optimal testing and care for HIV across the European region.

Conference Partners

The conference was held under the auspices of the Swedish presidency of the European Union.

The diversity of expertise and leadership represented provided to the success of the meeting.

It is with generosity, partnership and support of the sponsors that made the meeting successful. Financial support of the HIV in Europe initiative in 2009 has been given by Gilead Sciences, Merck, Tibotec, Pfizer, Schering-Plough, Abbott, Boehringer Ingelheim, Bristol-Myers Squibb, Glaxo-SmithKline and the Swedish Research Council. Specific donations were contributed towards the travel of speakers, media activities and welcome reception and towards the implementation of the five ongoing HIV in Europe projects.

Conference Follow-up

The annual EACS conference took place in Cologne on 11-14 November 2009. Frequent references was made to the HIV in Europe initiative, the consensus definition on late presentation featured in several presentations and the HIV in Europe lunch session was very well attended.

The HIV in Europe website has been updated since the Conference, with slide presentations and videos and will continue to be updated as results of the ongoing projects are presented. Please visit www.hiveurope.eu

Media Relations

An informal press briefing was held with Jens Lundgren and Ton Coenen, Co-chairs of HIV in Europe.

For transparency and accessibility, the conference was webcasted and will be accessible after the conference. During and after the conference, the webcasting has been viewed more than 1000 times. Webcasting the conference was an effective and appreciated way of reaching out to both local and international interest groups and media. HIV in Europe will continuously be working with internal information, communicating throughout the European network and creating communication strategies.

The key message of the press material was the presentation of the consensus definition of late presentation. The conference was covered in Swedish, Danish and Norwegian media.

NEXT STEPS

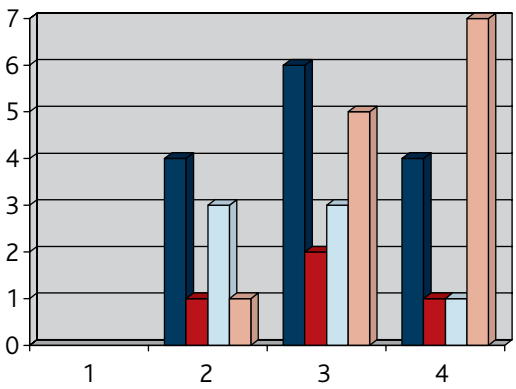
The central goal of HIV in Europe is still to promote testing and treatment throughout Europe and Central Asia in order to decrease the number of HIV patients presenting late for care. This should be done by further developing and implementing:

- The consensus definition of late presentation.
- Models for estimation of people infected not yet diagnosed.
- Indicator disease guided testing.
- Evidence based strategies to reduce the barriers to testing due to stigmatisation, discrimination and criminalisation.
- Stimulate health professionals, policy makers, civil society, PLHIV to advocate and collaborate together.
- Advocate for council conclusions on earlier diagnosis and care.

DELEGATE EVALUATION

Number of Attendees: 103
Number of Questionnaires Received Day 1: 42
Number of Questionnaires Received Day 2: 26

Working Group Evaluations



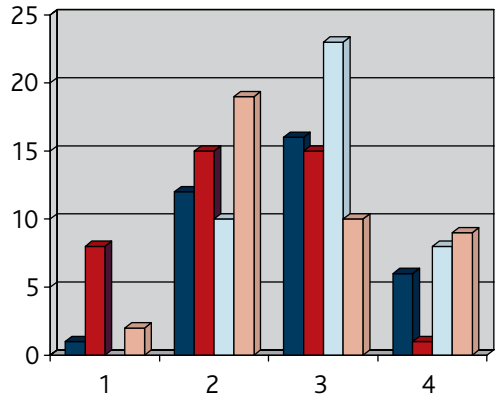
Working Group Session and (number of responses)

- Late Presenters (14)
- Indicator Disease (4)
- Stigma (7)
- Criminalisation (13)

1=Not at all Informative/Useful 2=Somewhat Informative/Useful
3=Very Informative/Useful 4=Extremely Informative/Useful

MONDAY, 2 NOVEMBER 2009 RESPONSES

Opening Session



Session and (number of responses)

- Welcome (35)
- Swedish presidency of EU (40)
- EC on HIV/AIDS (41)
- Welcome from Karolinska (40)

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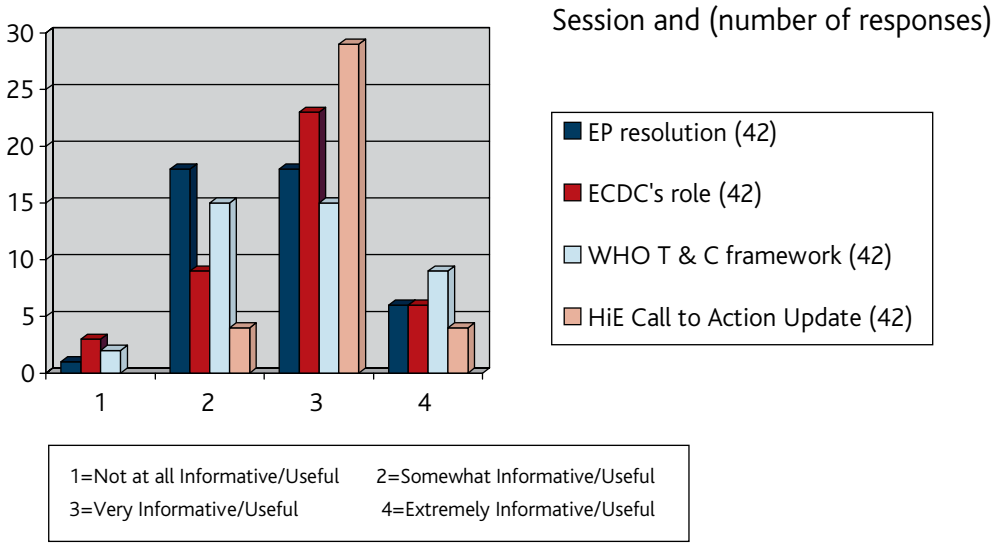
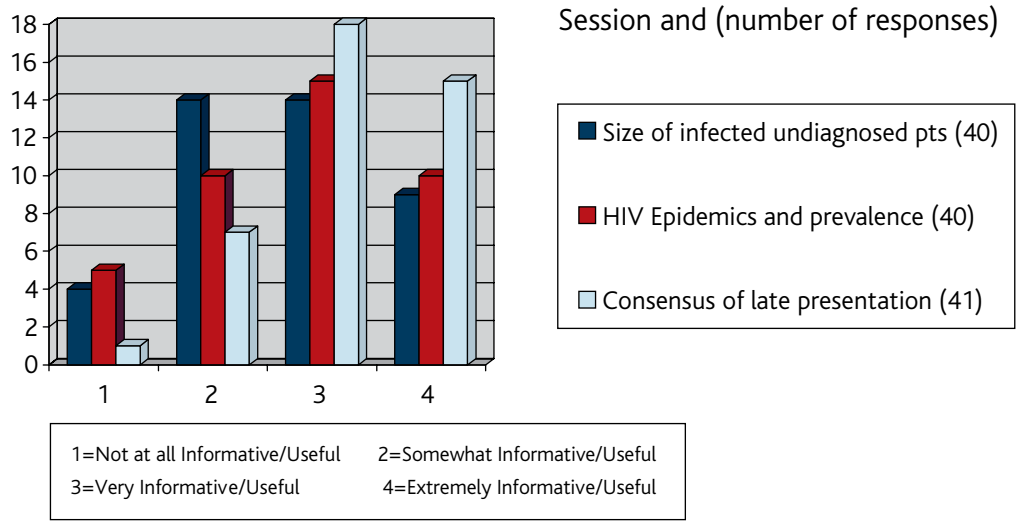
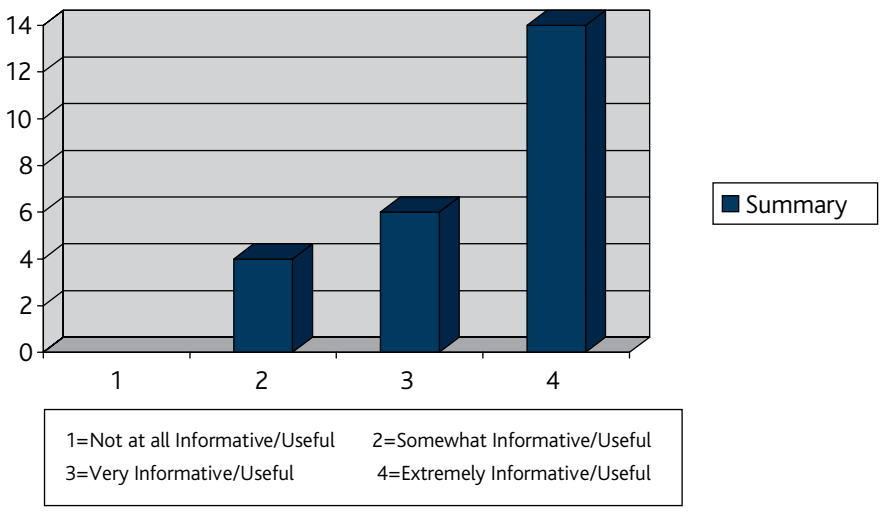
HIV in Europe



Late Presentation and the Undiagnosed Population

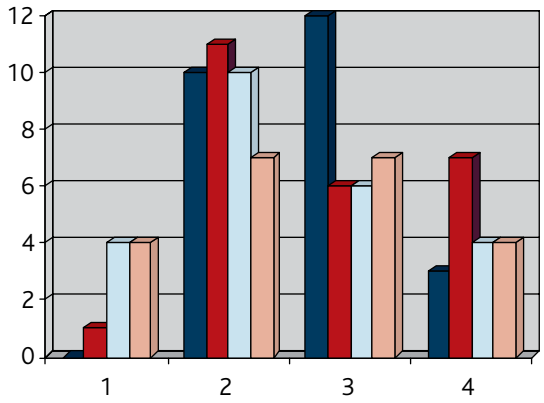


Conclusions from Day 1



TUESDAY, 3 NOVEMBER 2009 RESPONSES

Targeted Testing- Optimal Testing? Best Practices

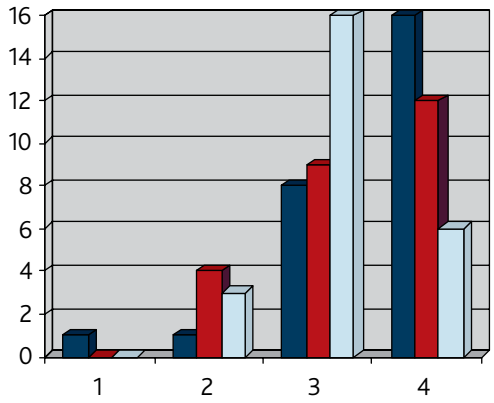


Session and (number of responses)

- Indicator Disease (25)
- Dutch testing guidelines (25)
- EMCDDA Testing Guidelines (24)
- Panel Discussion (22)

1=Not at all Informative/Useful 2=Somewhat Informative/Useful
3=Very Informative/Useful 4=Extremely Informative/Useful

Barriers for Earlier Testing

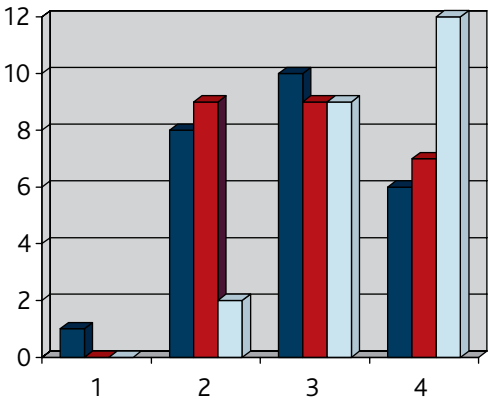


Session and (number of responses)

- Criminalisation (26)
- Stigma (26)
- Discussion (25)

1=Not at all Informative/Useful 2=Somewhat Informative/Useful
3=Very Informative/Useful 4=Extremely Informative/Useful

The momentum ensued since 2007 – The need for political action?

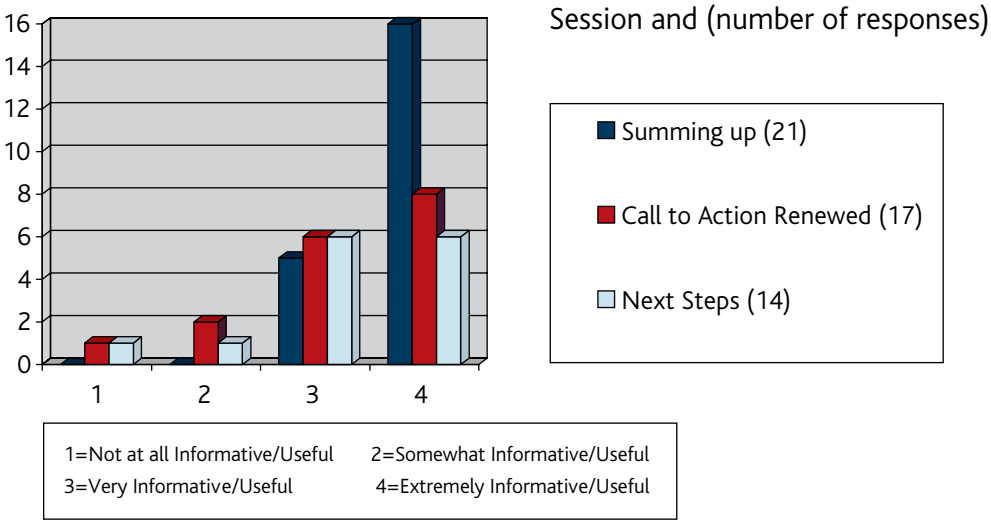


Session and (number of responses)

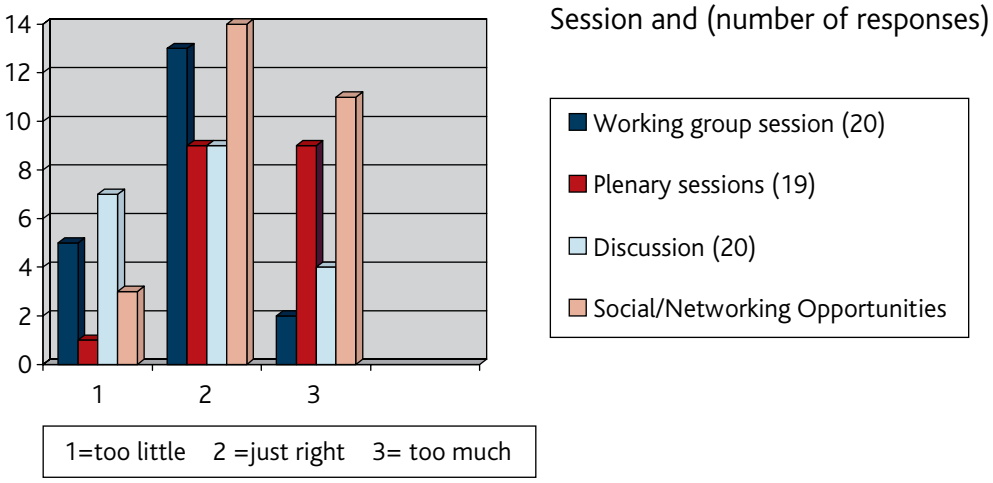
- Feedback from HIV Portugal Conference (25)
- Feedback from HIV France (25)
- Feedback from HIV Europe Spain (23)

1=Not at all Informative/Useful 2=Somewhat Informative/Useful
3=Very Informative/Useful 4=Extremely Informative/Useful

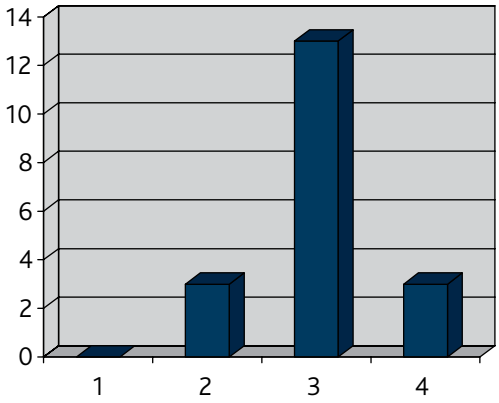
HIV in Europe- The Way Forward



How appropriate was the time spent on each of the items?

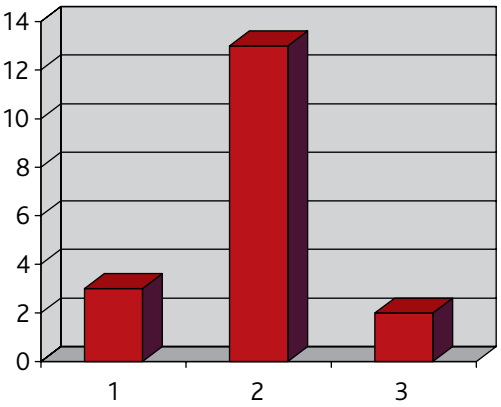


Overall how would you rate the meeting (19)



1=Poor 2=Fair 3=Good 4=Excellent

Overall how did the meeting meet your expectations (19)



1=Below Expectations 2=Met Expectations 3=Exceeded Expectations

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