



Joint Final Conference
Euro HIV EDAT and OptTEST Projects
&
Launch of INTEGRATE Joint Action

19 September 2017 Brussels

Acknowledgments

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Joint Final Conference Euro HIV EDAT and OptTEST Projects & Launch of INTEGRATE Joint Action

On 19 September 2017 an open conference was held in Brussels at Thon City Hotel to present policy relevant outcomes from the two EU-co financed projects Optimising testing and linkage to care for HIV across Europe (OptTEST) – and Operational knowledge to improve HIV early diagnosis and treatment among vulnerable groups in Europe (Euro HIV EDAT), which were finalized by the end of September 2017 after three years of intense work.

Conference opening

Welcome and introduction

As chairs Jean-Luc Sion (DG Santé) and Cinthia Menel-Lemos (Chafea) welcomed the participants to the Joint Final Conference of Euro HIV EDAT and OptTEST. They thanked all partners in the two projects for the hard work done and the positive conclusions reached and highlighted that such actions as OptTEST and Euro HIV EDAT are important, effective and needed as part of the work in Europe on reducing costs in the health care system and improve the health of the populations.



EURO HIV EDAT Overall conclusions

Jordi Casabona (CEEISCAT, Coordinator Euro HIV EDAT) presented the main findings and tools from the project.

Community-based voluntary, counselling and testing (CBVCT) are recognized as a good model for improving early HIV diagnosis, they allow to reach the most vulnerable and hard-to-reach populations.

The Euro HIV EDAT project aimed to generate operational knowledge to better understand the role and impact of CBVCT centres, explore the use of innovative strategies based on new technologies and increase early HIV diagnosis

and access to treatment in Europe among the most affected groups.

The project, led by CEEISCAT, counted with the participation of 14 associated partners from 8 European countries and 21 collaborating partners. Associated partners included both NGOs and

government agencies, so different sensibilities from different key populations, sexual orientations and policy contexts were taken into account from the design.

During 2015 and 2016 the community based voluntary HIV counselling and testing activities of the 41 services/networks from the COBATEST network were monitored and evaluated. Data from a total of 168,409 clients tested for HIV on those CBVCT services was collected following the instructions included in the Guidelines for Data Collection for Monitoring and Evaluating CBVCT for HIV in the COBATEST Network. A total of 168,409 clients were tested for HIV on those CBVCT services and the proportion of clients with a HIV reactive test was 1.3%. Estimates of core indicators for monitoring and evaluation of community based voluntary counselling and testing (CBVCT) for HIV in the COBATEST network has been published.

With the aim of describing testing patterns among MSM in Europe, a cohort of seronegative for HIV MSM was established (COBA-Cohort). This cohort collects common data among 4,145 HIV-negative MSM attending 17 community-based voluntary counselling and testing (CBVCT) services in 6 countries. The participating CBVCTs were: Positive Voice (Greece); Association AIDES (France); Lila Milano (Italy), AIDS-Fondet (Denmark); GAT (Portugal) and Legebitra (Slovenia). All these CBVCTs are members of the COBATEST Network of CBVCTs.

The “Guide to do it better in our CBVCTs” developed by the HIV-COBATEST Project has been updated and a self-evaluation tool for CBVCTs has been included. Guidelines to improve linkage to care for MSM for CBVCTs have been launched as well as a guide to improve early diagnosis and linkage to care for migrants in Europe.

A Toolkit for the implementation of Checkpoints has been developed and translated to several languages (<http://msm-checkpoints.eu/content/>).

A KAP/B survey among potential users of home HIV testing and other stakeholders was performed showing highly favorable position among MSM in 8 European countries towards self-testing.

Finally, an HIV-Testing strategy using oral fluid samples and online communication of test results for MSM and migrants in 6 European countries (Swab2know by Euro HIV EDAT) has shown high satisfaction among participants, it helped us to reach the target population, both in numbers of tests executed and in newly diagnosed HIV infections.

Overall, the project outcomes provide operational data and implementation manuals and guidelines to improve the effectiveness and scale up of testing and linkage to care programs, as well as some new tools to increase access to them. The project has consolidated the concept of CBVCT, changed and improved practices, increased communication between national actors and facilitated referral services across countries.

To work in a Continuum of Care basis, to know and prioritize key populations and to include new technologies (home sampling/testing, point of care, outreach sampling) are crucial to consolidate effectiveness of CBVCT across Europe.

All Euro HIV EDAT products are available at the project website: www.eurohivedat.eu. The results of the projects have been presented at international conferences and in scientific journals.

The OptTEST Project - overall conclusions/outcomes and today's programme

Dorthe Raben (CHIP, Coordinator OptTEST) presented a brief overview of the key outcomes of the OptTEST project. OptTEST has been working on optimising testing and linkage to care for HIV in Europe within the framework of the HIV in Europe initiative gathering stakeholders from health care settings, policy makers and civil society. The main focus has been on testing in health care settings and systemic barriers to testing. OptTEST's 5 specific objectives were presented with the related main conclusions and outputs.

1. To improve multi-profession and multi-country stakeholder dialogue
 - Stakeholders have included national health care authorities, health care providers and different decision makers and community as well as scientific networks. All who have been reached through a series of meetings both at national and European level.
 - Stakeholders have all met at conferences. Especially the HepHIV 2017 Conference in Malta during the Maltese EU presidency which OptTEST was part of planning. The conference had 268 participants from 42 countries.
 - Stakeholders have also been reached through social media with support from EATG.
2. To increase knowledge on linkage to care and retention in care.
 - The work has been led by Valerie Delpach and Sara Croxford from PHE in UK. In close collaboration with ECDC the work has focused on ensuring a better understanding of the definitions of linkage to care used and proposed as consensus definition to ease comparisons and monitor progress in the future. The work has been instrumental to support processes of data collection and collaborations at national level.
3. To suggest evidence-based solutions to provider barriers to testing through implementation of indicator condition guided HIV testing and tools to support its implementation in health care setting.
 - The work has been led by Ann Sullivan and Caroline Rae from SSAT in UK and has involved a number of clinics also outside the EU through a shell project by HIV in Europe.
 - Online tools have been developed to audit/monitor testing for HIV indicator conditions. The tools have included how to audit implementation of the strategy in the clinics and to continuously follow how many patients were offered an HIV test on weekly basis.
 - Further the tools have been helping departments setting up HIV testing in clinics where this has not been part of routine practice and the conclusion is that such simple tools can improve testing offers in clinical practise. Tools have been translated into a number of languages.
4. To assemble and evaluate existing HIV testing strategies.
 - The work was led by Yazdan Yazdanpanah from INSERM, France in collaboration with Kristi Rüütel TAI Estonia and Julia del Amo in Madrid.
 - The main outcome of the work is an algorithm that can help consider the most cost-effective strategy for testing according to GDP and national epidemic. The work has already informed policy changes in France and local data is seen as an important tool to change HIV testing guidance.

5. To increase knowledge of how stigma and legal barriers affect uptake of HIV.
 - The work was led by Julian Hows from GNP+ and Lisa Power.
 - A database has been developed gathering data on legal and regulatory barriers to HIV testing, linkage to care and treatment and a number of Tip sheets have been developed.

All OptTEST deliverables can be found on OptTEST website <http://www.opttest.eu/> including the tools and collection of best practices, presentations and publications from the project.



Session 1: Ways to overcome barriers to HIV testing with new approaches

Chaired by Jean-Luc Sion (DG Santé), Cinthia Menel-Lemos (Chafea) and Tom Platteau (Institute of Tropical Medicine, Belgium) this session focused on approaches to HIV testing which have proven efficient in overcoming barriers. Common for the presentation is the emphasis on providing easy to follow recommendations and best practise and tips, which are applicable across countries and settings for improved HIV testing coverage.



How to Enhance Provider Initiated HIV Testing: Review of national speciality guidelines' recommendations for HIV testing in Spain and UK (OptTEST)

Emily Lord (SSAT) gave a presentation of the methodology and results of the work on guideline reviews in Estonia, Spain and UK. Here non-HIV specialty guidelines were reviewed in order to see if and how HIV testing in AIDS defining conditions were recommended or not.

The work concluded that Indicator Condition guided HIV testing is acceptable and feasible and is an important part of the strategy to disrupt HIV transmission and promoting earlier diagnosis. However medical specialists managing indicator guided conditions may be unaware of the testing recommendations, prevalence of undiagnosed HIV among patients with the IC and the cost of not making an early diagnosis.

Presentation of the Guide of best practices to improve earlier testing and care among migrant populations in Europe developed by EuroHIV EDAT

Daniela Rojas (Coalition Plus) presented the guide which translates findings from quantitative and qualitative community-based research studies conducted under the Euro HIV EDAT project WP8 into practical guidelines aimed at improving HIV testing and linkage to care for migrant populations in Europe. The guide is available at:

https://eurohivedat.eu/arxiu/ehe_docsmenu_docsmenu_doc_133-WP8_GUIDE_EDAT_FINAL.pdf. It has been translated to: French, Catalan, German, Portuguese, Slovenian and Spanish.

How demonstration projects have overcome stigma, legal and regulatory barriers (OptTEST)

Rafail Bilidas (Positive Voice) presented examples of the cases studies based on the legal and regulatory barriers website and the demonstration projects in Belarus, Estonia, Poland, Portugal, Germany, Greece and Ukraine.

Advocacy tool-kits on how to address legal and regulatory barriers hindering HIV testing

Julian Hows (GNP+) presented an overview of the work done with stigma and legal and regulatory barriers. A legal and regulatory barriers website with country specific information has been developed together with Tips sheets and case studies to be used for advocacy – all tools which can be found on the OptTEST website <http://www.opttest.eu/Tools/Addressing-Legal-And-Regulatory-Barriers-To-Testing> . Further demonstration projects have been done in Belarus, Estonia, Poland, Portugal, Germany, Greece and Ukraine and best practise manuals are being finalised - <http://www.opttest.eu/Tools/Addressing-Stigma>.



Discussion

Following the presentations the audience engaged in a discussion. The first part of the discussion addressed **migrant access to testing and care**. The first question on the EURO HIV EDAT Guide was whether it covers hepatitis. The answer was it is focused on HIV.

A participant stressed that when you hear “access for all”, in fact it leaves out undocumented migrants. These are one of the most vulnerable groups. A participant from Portugal noted that a law to enable access HIV, TB, Hepatitis and STI testing and treatment for migrants is due next month.

A participant noted that a case study about sensitizing primary health care providers for HIV testing in Portugal was being finalized and the report is coming out this week.

One participant raised concern about the translation of the EU **In Vitro Diagnostics Regulation** into national context. This may raise issues.

A participant from Lithuania denounced the barriers for HIV testing for CBVCT services in her country. Testing has been prohibited because gaps in national legislation.

There participants discussed work to remove **legal and regulatory barriers to community testing**. A participant gave the example of Lithuania where there is a positive evolution after resistance. It was noted that EU projects can be a support in such advocacy.

ECDC is reviewing its **testing guidelines**. It will provide scientific evidence that can be used for policy reform. It was also noted that Dublin monitoring report on the subject.

A participant asked for examples of country legislation/regulation for testing outside of medical settings that could be used as reference in national discussion. In that context, OptTEST produced two policy briefs of which look at diversifying testing via testing beyond medical settings. It does not cover national rules but provides a summary of policy reference and international guidelines and published evidence so far on community and self-testing testing. They are available on the OptTEST website. A joint policy brief of OptTEST and Euro HIV EDAT projects was suggested.

Referring to the guideline review Emily Lord (SSAT), it was mentioned that the guideline committees had not been contacted about the results. A lot of work still remains.

Session 2: Tools for innovative testing strategies

The following session was chaired by Jeffrey Lazarus (HiE) and Nikos Dedes (Positive Voice) and had a focus on different tools which have been developed to support the implementation of innovative HIV testing strategies across different types of settings – from clinics to CBVCTs to home-testing and for different key populations. The case presentations focused on showing the impact and outcomes achieved through the pilot application of these tools.

How the IC-guided testing interventions have impacted on clinics’ HIV testing rates (comparing baseline and now) (OptTEST)

Ann Sullivan (SSAT, UK) presented the work conducted in OptTEST works stream on IC-guided testing in health care settings. A range of tools and interactive service design modules have been developed

to support the implementation of HIV testing and the tools have included how to audit implementation of the strategy in clinics. Some of the tools have also been translated and adapted to local contexts. Piloting the tools in the Czech Republic, Estonia, France, Greece, Poland, Spain and UK has shown that these simple tools can improve testing offers in clinical practice – including emergency departments and general practice. Tools can be found on the OptTEST website <http://www.opttest.eu/Tools/Implementing-Indicator-Condition-IC-Guided-Testing>

Results of the Swab2know results, a pilot intervention to improve early diagnosis of HIV addressed to MSM and migrants (Euro HIV EDAT)

Tom Platteau (Institute of Tropical Medicine, Belgium) presented the pilot intervention which was implemented in Belgium, Denmark, Portugal, Rumania, Slovenia and Spain. HIV testing was offered in outreach sessions and results were delivered through a secure website. Three thousand seven



hundred fourteen tests were performed with a percentage of 0,9% of positive tests for HIV. Recommendations for the implementation of innovative HIV testing strategies among different populations. Juan Hoyos (ISCIII): These recommendations are based on the results of a KAB/P study on the implementation of innovative HIV testing strategies. An online survey among potential users and other stakeholders was performed. The reports and the recommendations are available at:

https://eurohivedat.eu/arxiu/ehe_docsmenu_docsmenu doc 154-Final Report KABP study on the implementation of innovative HIV testing strategies.pdf;

and

https://eurohivedat.eu/arxiu/ehe_docsmenu_docsmenu doc 155-Final RECOMMENDATIONS WP9 TASK1.pdf.

How to implement and evaluate Checkpoints for MSM: Presentation of new toolkit (Euro HIV EDAT)

Matthias Kuske (AIDS Hilfe NRW e.v) presented an internet based Toolkit to support NGOs that recently established or want to start a CBVCT Service/Checkpoint for MSM (<http://msm-checkpoints.eu>). The toolkit includes main information needed for planning and operating a Checkpoint and to assure quality of services. It also includes a map of MSM checkpoints in Europe. The toolkit is available in French, Catalan, German, Portuguese, Rumanian, Russian, Slovenian and Spanish.

Discussion

After the presentations questions were asked to the presenters. On the Swab2know – project in particular the following were asked:

How was privacy handled? The person joining the programme has to create an account with email and password. It receives a unique sample code that is linked to an email address. To get a result it has to provide the email and sample code (a long number).

Cost? Around 40 € per participants: including staff and shipment of test

What about false negative? Validation is crucial. It is undertaken by the lab that carries out quality checks also by adding other samples

Why is the project using website and not mobile phone texting? What is the follow up? The website allows for more detailed and tailored information compared to SMS. Then, it is true that the responsibility lies in the participants. That said, there is follow up on reactive results. The project staff check if the person picked up their results via the website. There is follow up and an offer post-test counselling

There is also an issue of confidentiality, for instance, in the case of sex workers.

In the pilot in Spain: the participants will get up to four reminders. There is also an individual responsibility.

Which type of test? Anti-body tests are being used. Participants should be informed about the caveats. If participants report recent risk, the project staffs facilitate linkage to a blood test.

High number of false reactive: Participants raised the concern about the high number of false reactive results. Quality control checks are being performed in the central laboratory in ITM. Most of the false reactive tests are weak reactive.

Why are results not delivered on the spot? Especially, as in person results facilitate linkage to care? It was considered that receiving the results right away might deter test seeking in some cases. For instance, an outreach testing activity setting is not always compatible with proper post-test counselling.

Detection of primary infection? The test did not recognise antigen P24.

How to do you deal with false positive since it generates anxiety and could lead people to lose faith in the test? It was noted that while a weak reactive result is almost always a false positive, lab advise against saying that to the client. We contact people to explain that a weak reactive result could false reactive but that it needs to be checked state of the art diagnostic tool. So far, experience indicates that there has not been a loss of confidence in the reliability of the test.

Recommendations innovative HIV testing strategies:

Are there some regional variation on acceptance and resistance to self-testing and self-sampling?

It was noted that there is less enthusiasm in Greece and Portugal and resistance from decision-makers from Spain. Community based centres were also not enthusiastic with self-testing.

A participant asked if the survey included HIV positive participants, the impact of receiving a positive result should be taken into account. The answer was that the data presented only included self-reported HIV negative participants. Different profiles of participants will be analysed.

IC-guided testing interventions:

Guidance on increasing testing high prevalence areas, what about people who don't have risk behaviour? Doctors should also use medical judgement for people who are testing but reporting no risk.

What was the impact of pop-up windows in IC testing? In the pilot, some doctors stressed that the pop-up came up too late - some time the person was nearly at the door step. Pop ups should be improved.



Session 3: Improving linkage to care

The session on improving linkage to care was chaired by Julia del Amo (ISCIH) and Daniel Simões (EATG/GAT) and the focus was on the challenges to adequately link people to care. The session gave an overview of current data collection on linkage to care across European countries with case examples of CBVCTs linkage of MSM to care.

Improvement in linkage to care data collection (Greece, Poland, Portugal) (OptTEST) – outcome of WP4

Sara Croxford (PHE, UK) presented the work done in close collaboration with ECDC on proposing a consensus definition on linkage to care. The expert-agreed definition to be used for public health monitoring suggested by OptTEST is: Linkage to care is the proportion of patients seen for HIV care (measured by first CD4 count and/or viral load and/or attendance date and/or treatment start date). Prompt linkage is: linkage within 3 months of diagnosis. More information about the work and results can be found on the OptTEST website: <http://www.opttest.eu/Tools/Improving-Linkage-To-HIV-Care>.

How checkpoints can improve linkage to care for MSM presentation of the “Optimal linkage to care among MSM: A practical guide for CBVCTs and points of care” developed by Euro HIV EDAT-project

Anders Dahl (AIDS Fondet) told that the results showed no specific problems in linking MSM to care from CBVCTs/checkpoints. The guide is based in a qualitative and quantitative study performed in managers and health staff in 7 European countries (Denmark, France, Germany, Greece, Portugal, Slovenia and Spain) and HIV-positive MSM linked to care from checkpoints. Both documents are available in the following links: Report:

https://eurohivedat.eu/arxiu/ehe_docsmenu_docsmenu_doc_127-EURO_HIV_EDAT_WP_6_Data_Report_FINAL.pdf. Guide: https://eurohivedat.eu/arxiu/ehe_docsmenu_docsmenu_doc_128-EURO_HIV_EDAT_WP_6_Practical_Guide_FINAL.pdf. The guide has been translated to: French, Catalan, German, Portuguese, Slovenian and Spanish.

Discussion

While linkage to care remains a challenge – what kind of support is provided afterwards? The kind of support that community organisations can provide to individuals is what *keeps* people on treatment. This is a key factor for adherence.

In many countries there is a very strict definition for diagnosis, which results in linking people to care even before the official diagnosis.

A participant agreed with the suggested definition for linkage to care but remarked that there is a variety of definitions of diagnosis across countries and that affect the rates of linkage to care.

Session 4: Cost-effectiveness and monitoring of HIV testing

The following session on cost-effectiveness and monitoring of HIV testing was chaired by Lara Tavošchi (ECDC) and Yazdan Yazdanpanah (INSERM). The session focused on practical tools and indicators that have proven useful to monitor testing activities in health care settings and CBVCTs, on test seeking behaviour and on cost-effectiveness of different HIV testing strategies.

How to monitor and evaluate CBVCT activities: - COBATEST network: Follow up of indicators to monitor and evaluate testing activities. COBA-Cohort: test seeking behaviour and testing patterns among MSM in Europe

The first part of this was presented by Irena Klavs who presented the indicators for M&E of CBVCT activities used in the COBATEST Network and the results of 2015 and 2016 of the 39 CBVCT services/networks from 14 European countries members of the network. The report can be downloaded from: https://eurohivedat.eu/arxiu/ehe_docsmenu_docsmenu_doc_141-Final_report_WP4_Euro_HIV_EDAT_2015_and_2016_FINAL.pdf.

Nicolas Lorente presented the preliminary results of a multicenter HIV-negative cohort of MSM recruited and followed-up by 17 CBVCT services from Denmark, France, Greece, Italy, Portugal and Slovenia. Four thousand one hundred forty five participants were enrolled, 27,6% of them had at least one visit of follow up.

Modelling data on cost-effectiveness of HIV testing strategies to influence national testing policies in Estonia, France and Spain (OptTEST)

Julia del Amo (ISCIII, Spain) and Kristi Rüütel (NIHD, Estonia) presented the work and findings from OptTEST work on cost-effectiveness focusing on France, Spain and Estonia. Through mathematical modelling the work produced specific conclusions on the most cost-effective testing strategies and testing frequency for both general populations and key populations in the pilot countries. Findings which have already prompted changes in national HIV testing policies in France and will also be incorporated in the revision of Spanish guidelines. In Estonia this was the first modelling of cost-

effectiveness on HIV testing ever done and also here the results will influence the upcoming new HIV guidance. All findings and results from the work in OptTEST can also be extrapolated to other European countries. More information about the work and results can be found on the OptTEST website: <http://www.opttest.eu/Tools/Assessing-Cost-Effectiveness-Of-Testing>

Monitoring and testing in health care settings

Ann Sullivan (SSAT, UK) elaborated on the challenges of monitoring HIV Indicator-guided testing in health care settings. The guidelines review conducted in OptTEST showed that few IC guidelines recommend HIV testing. Thus the IC specialists are unlikely to consider HIV testing as standard care for IC, and hence this is not part of the routine data collection and required reporting for the treatment of patients with IC. The minimum data required to monitor HIV IC testing programme in health care setting include: a) Number of patients presenting to with IC; b) Number having an HIV test, and c) Number testing positive (reactive/confirmed). OptTEST has developed an online tool where clinics can register this data and draw reports.

Discussion

COBA-cohort and data on sex workers? It is a challenge because people going to checkpoints but do not report that they are sex workers in a context where stigma of sex work is high.

What rate was used to determine the cost-effectiveness? The researchers carried out analysis with min and max cost, as well as a sensitivity analysis. Increasing the frequency of testing it made it more and more expensive

What was study's the impact on guidelines: In Spain, there is a commitment to integrate findings in guidelines but whether it is actually done remains a question. In Estonia, it is unlikely that PWID could test every 3 months, once every 6 months would already be a progress and also on risk behaviour should be taken into account.

How can other countries use this modelling? A table was created so that by inserting key data on CD4 at diagnosis, incidence and prevalence, cost of testing and treatment, GDP, countries can see where they stand.

Can it be argued that adding STIs and hepatitis testing will increase cost-effectiveness? Testing should not be one type of testing. Testing should be seen to be a basket of testing approaches. If limited ourselves to Elisa tests, we will not reach some population. We should not put one strategy against the other.

INTEGRATE Joint Action Kick-off meeting

Thon Hotel City Brussels, 19 September 2017

Opening Session: Linking experiences from previous and ongoing EU-funded projects to INTEGRATE

Jean-Luc Sion (DGSanté) and Sini Pasanen (CSF co-chair) welcomed the participants to the launch of INTEGRATE Joint Action. It was highlighted that the Joint Action is building on previous EU funded projects as INTEGRATE is building on OptTEST and EURO HIV EDAT. The EU Member States have signed the Sustainable development goals to reach the 90/90/90 goals in order to eradicate the HIV and TB epidemics and reducing viral Hepatitis. With visionary approaches such as INTEGRATE the Member States will be brought closer to these goals.

As part of the first session an overview of INTEGRATE was given by the coordinator and a number of EU funded projects which INTEGRATE builds on and will work in collaboration with, were introduced.

Joint Action INTEGRATE overview

Dorthe Raben (CHIP), the coordinator for INTEGRATE, gave a general introduction and an overview of the Joint Action (Presentation #1).

- The overall objective of INTEGRATE is to increase integrated early diagnosis and linkage to prevention and care of HIV, Viral hepatitis, TB and STIs in EU member states by 2020.
- INTEGRATE builds on a number of previous and ongoing EU funded projects.
- INTEGRATE addresses the continued challenge in controlling the epidemics in Europe and thrives to support collaboration between different stakeholders involved in prevention, diagnosis and linkage to care for these diseases
- INTEGRATE has as a main activity to evaluate how effective tools for diagnosis and linkage to care in one disease area can be used in other disease areas in combination. Since most partners and previous projects have had a focus on HIV – this will in many cases be the point of departure in the adaptation of existing tools. The review process will evaluate strengths and weaknesses and provide recommendations for which tools that have the potential to be adapted to be used in other diseases and which have not proven effective
- The horizontal Work Packages 1-4 will focus on Coordination, Dissemination, evaluation and sustainability of the JA.
- WP4 will develop a sustainability plan for the JA and work to facilitate the integration of deliverables into national policies and action plans by the development of country specific road maps and national stakeholder activities. The WP4 will work closely with the core WPs to discuss country level opportunities for policy change. A specific activity will develop a patient experience toolkit for evidence based policy recommendations

- WP5 is focusing on testing and bridging work from OptTEST on IC guided testing as well as piloting integrated testing approaches in key populations in collaboration with the European Testing Week and on home testing.
- WP6 is working to improve monitoring systems and will have activities that are combined with WP5 on monitoring of testing week as well as building on work in EuroHIVEdat and OptTEST. This WP has been thoroughly discussed with colleagues at ECDC.
- WP7 has the objective to improve information and communication technology (ICT) tools in combination prevention and will link these activities to the testing activities of WP5. This will also be done with the second work stream of the WP focusing on partner notification and improvements in all of the disease areas. Close collaboration with WHO to ensure coordination and synergy with WHO policy work on partner notification has already started.
- WP8 should – like WP4 – be seen as a cross cutting WP aiming to identify training needs among partners and it will conduct 3 regional workshops during the project period. The first regional workshop is planned for Poland in 2018 and will focus on partner notification and testing in health care settings. The 2nd will take place in Italy in year 2. Then there will be a conference in Romania in 2019 in conjunction with the HepHIV conference and during the Romanian EU presidency. The 3rd regional workshop in Estonia is later in year 3.
- It is the ambition of INTEGRATE to seek to involve countries and partners that are not partners in INTEGRATE in order to ensure synergies and sustainability of the actions

Regional Workshops – using methodology of country meetings developed in OptTEST

Valerie Delpech (PHE) Co-Lead Partner in INTEGRATE WP5 and previous partner in OptTEST presented experiences from OptTEST with national meetings gathering different stakeholders within HIV testing and linkage to care (Presentation #2).

- In OptTEST there has been 6 country meetings focusing on issues within HIV testing and linkage to care relevant for the country in question.
- The meetings have enabled a process of collaboration in the countries and have been successful in linking key stakeholders together.
- The aim of the regional workshops in INTEGRATE is depending on the topic of the workshop to bring together the providers and actors on national level, based on the needs of the patients. The meetings are unique opportunities for collaboration among representatives for public health, clinicians and community and national decision makers. The goal is to facilitate national changes and improvements in testing and linkage to care.



HepCare Europe and linkage to prevention and partner notification

Jack Lambert (UCD) Lead Partner in INTEGRATE WP7 and coordinator for HepCare Europe gave an overview of the project (Presentation #3).

- The objective of HepCare is to improve access to HCV testing and treatment among key risk groups, including drug users and homeless through outreach to the community and integration of primary and secondary care services.
- The main focus areas of work are: Screening, Linkage to care, Peer advocacy support and inter-professional education between primary and secondary care levels.
- HepCare has so far shown that integration between agencies and health services are needed in order to reach the vulnerable patient populations. Health services must follow the patient and not be placed in a hospital setting. Vulnerable populations often have multiple co-morbidities which need to be addressed. A one size fits all approach to testing and treatment is not working and the concept of 'personalised medicines' needs consideration.

E-DETECT-TB Early detection and treatment of TB in Europe

Gerard de Vries (KNCVTB) presented the work done in the EU project E-DETECT-TB on early diagnosis of TB among vulnerable populations (Presentation #4).

- E-DETECT-TB is focusing on bringing partners together to share their experiences and exploit new technologies and advances in knowledge to TB control. The objective is to:
 - Ensure early diagnosis in the vulnerable populations (homeless, Roma, people with history of drug use and prisoners) in Romania and Bulgaria
 - To strengthen care integration through outreach especially in Romania.
 - To evaluate approaches for migrant TB detection
 - To support the development of action plans in member states
- WP4 is focusing on Outreach community and prison screening in Romania and Bulgaria. A mobile van to be used for screening with digital x-ray and computer automated reading (CAD4TB) and molecular tests (Xpert MTB/RIF) is being developed and staffs are being trained.
- Further there is a focus on collaboration with healthcare and other providers and opportunities for integrated testing for HIV and Hepatitis.

HA-REACT Testing and linkage to care

Alexandra Gurinova (Deutsche AIDS-Hilfe) gave an overview of Joint Action on HIV and co-infection prevention and harm reduction (HA-REACT) with a focus on the work with testing and linkage to care and improved provision of integrated HIV, HCV, TB treatment and harm reduction for PWID (Presentation #5).

- The objective of HA-REACT is to work for improved capacity to respond to HIV and co-infection risks and provide harm reduction with specific focus on people who inject drugs (PWID) in the EU.
- WP4 'Testing and linkage to care' and WP7 'Integrated care' are especially relevant to the work planned by INTEGRATE and collaboration between the two Joint Actions will be ensured.

Discussion

Following the presentations and clarifying questions a few points on the focus and aim of INTEGRATE was discussed by presenters and meeting participants:

- It was clarified that INTEGRATE will focus on testing and linkage to care and not on the care component – this is beyond the scope of the JA. Tools developed for OptTEST e.g. on IC testing can be adapted to hepatitis etc. Moreover, the specialty guideline review will be expanded to other diseases and the national workshop model can be applied to other disease areas.
- The challenge for INTEGRATE will be to combine all the different diseases in many different countries. While the context is different, the common denominator is vulnerability of certain populations.
- While barriers exist, the four diseases (HIV, Hepatitis, TB and STIs) are not that far apart – the same doctors are often covering them all. Rather than a challenge, the focus on integrating the four diseases should be seen as an opportunity to bring the best practices together.
- The role of the community in INTEGRATE was discussed. There are a number of community organisations among the INTEGRATE partners. WP4 and WP8 are led by civil society organisations and all community organisations will be active participants in the workshops and activities.

Panel discussion: Moving towards integration of HIV, hepatitis, TB and STIs

Moderated by Jens Lundgren (CHIP) and Luís Mendão (EATG/GAT) the panel involved: John F. Ryan (Director of DGSanté), Carmen Figueroa (WHO HQ), Elena Vovc (WHO, Europe), Gerard de Vries (KNCV), Jack Lambert (UCD), Lara Tavoschi (ECDC) Michael Krone (ADIS Action Europe), Valerie Delpech (PHE) and Yazdan Yazdanpanah (INSERM).



Starting the panel debate, John F. Ryan (DGSanté) thanked the JA partners for the work in putting INTEGRATE together and stressed, that Joint Actions are important building blocks in policy making and in these processes the Commission need strong partners in Member States when further developing policy in the area of integration of the four disease areas. He further elaborated on the EU Commission's stand and point of view on the opportunities for INTEGRATE to be involved in policy development.

- The Joint Action members and participants in the audience were recommended to use INTEGRATE to influence policy – especially since a new Commission will be appointed and

the new multi annual financial framework negotiated and agreed upon during the lifetime of the JA. The case for specific EU action(s) should be made by articulating research questions, recommending surveillance improvements, joint procurements etc. The European Parliament and Council should also be addressed.

- It was further highlighted that the Commissioner is strongly interested in reporting on the Sustainable Development Goals (SDGs) which are also considered very important for Europe. The Commission linked internal and external action in reaching the SDGs. It linked it to the 2020 agenda and beyond.
- The Commission's work within the area has solid legal base in Decision No 1082/2013 on serious cross-border threats. It has the mandate to introduce measure for preparedness, including surveillance and has been used to establish an effective alerting system - recently used for social events on hepatitis A. A joint procurement mechanism for medical counter-measures (pandemic flu vaccine, hep c, equipment and other measures) is also part of the legal basis. It also has funding programmes in research, development cooperation, drug policy and neighbourhood policy.
- The next milestone for the Commission will be the white paper on infectious disease, planned to be published together with action plans (staff working document) in the beginning of 2018. In December the Estonian Presidency conference will further address the financing of HIV and TB programmes after the Global Fund exit from the European region. The Commission will also engage with the ministerial conference on TB on the SDGs.
- The Commission is increasingly committed to health security and in the coming years there will be a stronger focus on implementation of good practices which have been produced in big numbers up until now.



The panel discussed the **issues around surveillance** in relation to monitoring and evaluation of the four disease areas and the possibilities to build on the existing experiences and systems in order to be able to collect more and better information from which actions can be taken.

- It was emphasised that there is a surveillance system at European level but some surveillance systems are stronger and more advanced such as HIV and TB since they incorporate elements of monitoring and not just case based surveillance. The information collected via the existing system on viral hepatitis is not actionable and needs improvement.

- The information on co-infections is very limited.
- There is a need to do some architectural work on surveillance and it was mentioned that INTEGRATE JA hopefully will produce some clear and functional examples of how this can function.
- There is a need for evidence based models which can be replicated in national policies, especially in Eastern Europe where the integration of the disease areas is very limited and the data on referrals is very different than the policies and where countries only report on referrals.
- It was recommended to further integrate WHO-ECDC surveillance monitoring.
- It was noted that evidence and data is essential but that sometimes we need to act before there is substantial evidence and data - Chemsex being a good example of this situation. The community saw this practice growing and needed to get gay and drug user supporting services together to act before there was data backing these observations. Sometimes learning by doing is the best way to go.



The panel discussed **community engagement** as an important component in the work of integrating the four disease areas in the work with the vulnerable populations.

- It was argued that the integrated approach is not that new. Vulnerable populations have always needed an integrated prevention approach and community organisations have already done a lot within this area.
- There is a need to identify the gaps and the areas where community organisations are not present enough to reach the populations.
- It was agreed that community engagement is one of the most important achievements in HIV and that we must learn from it in the other disease areas also.



The panel addressed the need for **implementation** of known tools as well as integration.

- The Commission referred to its approach on chronic disease where it focuses on implementation of best practices and supports member states on a demand basis. It was recommended to have a look at these mechanisms and see if it fits the communicable disease area.
- There is a big gap in translating evidence into practice. The planned regional meetings under INTEGRATE could provide support for this.
- The inequality between member states and key populations was raised. There seems to be an established palette of best practises and interventions but they are implemented very differently across countries.
- It was noted that on the other hand, while there is a lot work done to develop implementations tools, a number of important legal and regulatory barriers remain to be addressed. Interventions need to be implemented but often resources and political will are missing.

On the discussion of the **research agenda**, it was recommended to involve beneficiaries in research.

- More participative research is needed from the beginning.
- It was highlighted that there is a lot of evidence gathered and a lot of scientific advice available but the big challenge is to translate these into practices – there is a huge gap.
- INTEGRATE JA was discussed to be a potential opportunity for translating evidence and scientific advice into programmatic data and implementation projects.

It was stated, that integration has four dimensions: 1) across profession and sector of testing and care; 2) across settings: community and health care; 3) Patient centred care; 4) testing data into national surveillance systems.



As part of the **concluding remarks** the areas in which the discussions in the panel would like to see INTEGRATE be active and play a role were re-captured.

- INTEGRATE should:
 - Focus on its political place in the bigger picture and get involved in the upcoming changes and policy processes in the Commission. In a coordinated way use the issues around integration to get involved in the political focus.
 - Identify best practises across diseases and implement and develop technical tools and at the same time identify those barriers, that are not technical such as funding and legal barriers, but which are preventing best practises from being implemented.
 - Ensure that surveillance and epidemiology guides the efforts.
 - In relation to co-infection focus on where there is overlap in the communities of patients.

The gap between the knowledge we have and the implementation we do, is frightening
Luís Mendão (GAT)

Annex 1 – Agenda

Joint Final Conference Euro HIV EDAT and OptTEST Projects & launch of INTEGRATE Joint Action

Thon Hotel City, Avenue du Boulevard 17, 1210 Brussels, Belgium

Morning - 19 September 2017 Joint Final Conference Euro HIV EDAT and OptTEST Projects		
08:30 – 09:15	Welcome and introduction	Chair: Jean-Luc Sion (DG Santé) and Cinthia Menel-Lemos (Chafea)
08:30 – 08:45	Welcome	Jean-Luc Sion (DG Santé)
08:45 – 09:00	EURO HIV EDAT Overall conclusions	Jordi Casabona (CEEISCAT)
09:00 – 09:15	The OptTEST Project - overall conclusions/outcomes and today's programme	Dorthe Raben (CHIP)
09:15 – 10:15	Session 1: Ways to overcome barriers to HIV testing with new approaches	Chairs: Jean-Luc Sion (DG Santé), Cinthia Menel-Lemos (Chafea) and Tom Platteau (Institute of Tropical Medicine, Belgium)
09:15 – 09:25	How to Enhance Provider Initiated HIV Testing: Review of national speciality guidelines' recommendations for HIV testing in Spain, UK and Estonia (OptTEST)	Emily Lord (SSAT)
09:25 – 09:35	Presentation of the Guide of best practices to improve earlier testing and care among migrant populations in Europe developed by Euro HIV EDAT	Daniela Rojas (Coalition Plus)
09:35 – 09:45	How demonstration projects have overcome stigma, legal and regulatory barriers (OptTEST)	Julian Hows (GNP+)
09:45 – 09:55	Advocacy tool-kits on how to address legal and regulatory barriers hindering HIV testing (OptTEST)	Rafail Bilidas (Positive Voice) and Julian Hows (GNP+)
09:55 – 10:15	Discussion	
10:15 – 10:45	Coffee Break	
10:45 – 12:00	Session 2: Tools for innovative testing strategies	Chair: Jeffrey Lazarus (HiE) and Nikos Dedes (Positive Voice)
10:45 – 10:55	How the IC-guided testing interventions have impacted on clinics' HIV testing rates: comparing baseline and now (OptTEST)	Ann Sullivan (SSAT)
10:55 – 11:05	Swab2know: a pilot intervention for key populations to improve early diagnosis and linkage to care (Euro HIV EDAT)	Tom Platteau (Institute of Tropical Medicine, Belgium)
11:05 – 11:15	Recommendations for the implementation of innovative HIV testing strategies among different populations.	Juan Hoyos (ISCIII)
11:15 – 11:25	How to implement Checkpoints: Presentation of new toolkit (Euro HIV EDAT)	Matthias Kuske (AIDS Hilfe NRW e.v)

11:25 – 12:00	Discussion	
12:00 – 13:00	Lunch	
13:00 – 13:30	Session 3: Improving linkage to care	Chair: Julia del Amo (ISCIH) and Daniel Simões (EATG/GAT)
13:00 – 13:10	Linkage to care in Europe – outcomes of WP4 (OptTEST)	Sara Croxford (PHE)
13:10 – 13:20	How Checkpoints/CBVCTs can improve linkage to care for MSM. Presentation of the “Optimal linkage to care among MSM: A practical guide for CBVCTs and points of care” developed by Euro HIV EDAT-project	Anders Dahl (AIDS Fondet)
13:20 – 13:30	Discussion	
13:30 – 14:30	Session 4: Cost-effectiveness and monitoring of HIV testing	Chair: Lara Tavoschi (ECDC) and Yazdan Yazdanpanah (INSERM)
13:30 – 13:50	How to monitor and evaluate CBVCT activities: <ul style="list-style-type: none"> - COBATEST network: Follow up of indicators to monitor and evaluate testing activities. - COBA-Cohort: test seeking behaviour and testing patterns among MSM in Europe. 	Irena Klavs (NIJZ) and Nicolas Lorente (CEEISCAT)
13:50 – 14:00	Modelling data on cost-effectiveness of HIV testing strategies in France, Estonia and Spain- Findings and policy impact (OptTEST)	Julia del Amo (ISCIH) and Kristi Rüütel (NIHD)
14:00 – 14:10	Monitoring and testing in health care settings	Ann Sullivan (SSAT)
14:10 – 14:30	Discussion	
14:30 – 15:00	Coffee Break	

Afternoon - 19 September 2017 Launch of INTEGRATE Joint Action

15:00 – 17:00	Linking experiences from previous and ongoing EU-funded projects to INTEGRATE	Chair: Jean-Luc Sion (DG Santé) and Sini Pasanen (CSF co-chair)
15:00 – 15:15	Joint Action INTEGRATE – overview	Dorthe Raben (CHIP)
15:15 – 15:30	Regional workshops – using the methodology of country meetings experiences in OptTEST: From analysis of surveillance data to national processes of improvement in linkage to care data collection	Valerie Delpech (PHE)
15:30 – 15:45	Continuum of care base monitoring and evaluation of HIV, STI and HCV testing: bringing in Euro HIV EDAT, OptTEST and European Testing Week	Jordi Casabona (CEEISCAT)
15:45 – 16:00	HepCARE Europe and linkage to prevention and partner notification	Jack Lambert (UCD)

16:00 – 16:15	E-DETECT - TB and Outreach for early diagnosis and strengthen care integration in vulnerable populations in Eastern Europe (WP4)	Gerard de Vries (KNCV)
16:15 – 16:30	HA-REACT- WP4 Testing and linkage to care; WP7 Improved provision of integrated HIV, HCV, TB treatment and harm reduction for PWID	Alexandra Gurinova (Deutsche AIDS-Hilfe)
16:30 – 17:00	Questions and discussions	
17:00 – 17:15	Coffee break	
17:15 – 18:30	Panel Discussion - Moving towards integration of HIV, hepatitis, TB and STIs	Moderators: Jens Lundgren (CHIP) and Luís Mendão (EATG/GAT)
	Panel will discuss: <ul style="list-style-type: none"> • How is the European Commission envisioning the move towards integration of HIV, hepatitis, STIs & TB? • How can collaboration across projects, initiatives and Member States in these matters be improved? • How do we secure sustainability of activities and initiatives, future updates? 	Alexandra Gurinova (Deutsche AIDS-Hilfe) Carmen Figueroa (WHO HQ) Elena Vovc (WHO Europe) Gerard de Vries (KNCV) Jack Lambert (UCD) John F. Ryan (Director DG Santé) Lara Tavoschi (ECDC) Michael Krone (AIDS Action Europe) Valerie Delpech (PHE) Yazdan Yazdanpanah (INSERM)
18:30 – 20:15	Reception	

Annex 2 - Presentations

OptTEST presentations available at www.opttest.eu

- The OptTEST Project - overall conclusions/outcomes and today's programme Dorte Raben (CHIP)
- How to Enhance Provider Initiated HIV Testing: Review of national speciality guidelines' recommendations for HIV testing in Spain, UK and Estonia (OptTEST) Emily Lord (SSAT)
- How demonstration projects have overcome stigma, legal and regulatory barriers (OptTEST) Rafail Bilidas (Positive Voice)
- Advocacy tool-kits on how to address legal and regulatory barriers hindering HIV testing (OptTEST) Julian Hows (GNP+)
- How the IC-guided testing interventions have impacted on clinics' HIV testing rates: comparing baseline and now (OptTEST) Ann Sullivan (SSAT)
- Linkage to care in Europe – outcomes of WP4 (OptTEST) Sara Croxford (PHE)
- Modelling data on cost-effectiveness of HIV testing strategies in France, Estonia and Spain- Findings and policy impact (OptTEST) Julia del Amo (ISCIII) and Kristi Rüütel (NIHD)
- Monitoring and testing in health care settings Ann Sullivan (SSAT)

Euro HIV EDAT presentations are available at <https://eurohivedat.eu/>

- Euro HIV EDAT Project overview Jordi Casabona (CEEISCAT)
- Presentation of the Guide of best practices to improve earlier testing and care among migrant populations in Europe developed by Euro HIV EDAT Daniela Rojas (Coalition Plus)
- Swab2know: a pilot intervention for key populations to improve early diagnosis and linkage to care (Euro HIV EDAT) Tom Platteau (Institute of Tropical Medicine, Belgium)
- Recommendations for the implementation of innovative HIV testing strategies among different populations. Juan Hoyos (ISCIII)
- How to implement Checkpoints: Presentation of new toolkit (Euro HIV EDAT) Matthias Kuske (AIDS Hilfe NRW e.v)
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- COBA-Cohort: test seeking behaviour and testing patterns among MSM in Europe. Nicolas Lorente (CEEISCAT)

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- Joint Action INTEGRATE – overview Dorte Raben (CHIP)
- Regional workshops – using the methodology of country meetings experiences in OptTEST: From analysis of surveillance data to national processes of improvement in linkage to care data collection Valerie Delpech (PHE)
- HepCARE Europe and linkage to prevention and partner notification Jack Lambert (UCD)

- E-DETECT - TB and Outreach for early diagnosis and strengthen care integration in vulnerable populations in Eastern Europe (WP4) Gerard de Vries (KNCV)
- HA-REACT- WP4 Testing and linkage to care; WP7 Improved provision of integrated HIV, HCV, TB treatment and harm reduction for PWID Alexandra Gurinova (Deutsche AIDS-Hilfe)

Annex 3: List of participants

Agathe R Léon	Hospital Clinic-IDIBAPS	Spain
Alberto Capitan	Actua Vallés	Spain
Alena Davies	AHF Europe	Netherlands
Alexandra Gurinova	Deutsche AIDS-Hilfe/HA-REACT	Germany
Anders Dahl	AIDS Fondet	Denmark
André Sasse	Belgian Institute of Public Health,	Belgium
Andreu Camps	Stop Sida	Spain
Andy Dyson	Merck Sharp & Dohme	Belgium
Ann Isabelle von Lingen	EATG	Belgium
Ann Sullivan	SSAT	UK
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Anna Zakowicz	AHF Europe	Netherlands
Anne Raahauge	CHIP	Denmark
Antonella Sammut	Ministry for Health	Malta
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Arian Diskovic	Croatian association for HIV and viral hepatitis	croatia
Aurelie Marchande	Hanover Communications	
Barrie Dwyer	Terrence Higgins Trust	UK
Beatriz Arranz Alvarez	Instituto de Salud Carlos III	Spain
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Carmen Figueroa	WHO HQ	Geneva
Caroline Rae	SSAT	UK
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Charlotte Glassco	Fipra International	
Christiana Noestlinger	ITM	Belgium

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Daniel Simões	GAT	Portugal
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Danijela Simic	Institute of Public Health, Serbia	
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Dorthe Raben	CHIP	Denmark
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Elena Vovc	WHO Europe	Denmark
Elsa Ricard	AIDES	France
Emily Lord	SSAT	UK
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Fabian Colle	Alias	
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Françoise Lequarre	CRS Liege	Belgium
Gerard de Vries	E-DETECT	Netherlands
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Irena Klavs	National Institute of Public Health	Slovenia

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Julia Del Amo	Instituto de Salud Carlos III	Spain
Julian Hows	GNP+	Netherlands
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Katerina Isari	Hellenic Centre for Disease Control and prevention	Belgium
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Konstantinos Protopapas	Attikon University Hospital	Greece
Kristi Rüütel	National Institute for Health Development	Estonia
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Mariana Vicente	EATG	Belgium
Marianna Fotiadou	AIDS Healthcare Foundation	
Marie Lavayssière	Occitauine Europe	
Marine Faure	European Respiratory Society	Belgium
Mark Sergeant	Sensoa	Belgium
Marta Mit Jana Penella	Associació Antisida Lleida	Spain
Matthias Kuske	Aidshilfe NRW	Germany
Maxime Maes	International Committee on the Rights of Sex Workers in Europe, Netherlands/UK	
Meaghan Hall	Public Health England	UK
Mercè Meroño	Àmbit Prevenció	Spain
Michael Krone	AIDS Action Europe	Germany
Michele Breveglieri	ARCIGAY Associazione LGBTI Italy,	Italy
Mihai Lixandru	ARAS	Romania
Mitja Čosić	Legebitra	Slovenia
Mojca Serdt	National Institute of Public Health	Slovenia
Monica Habecova		
Nadia Gasbarrini	Fondazione Villa Maraini Onlus	Italy
Nicolas Lorente	CEEISCAT/ICO	Spain
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Sandra Van den Eynde Sensoa Belgium

Sara Croxford Public Health England UK

Sara Martin Interel Belgium

Sascha Moore Boffi Groupe sida Genève Switzerland

Saulius Caplinskas Centre for Communicable Diseases and AIDS Lithuania

Silvia Zaccari Italian Red Cross Italy

Simon Englebert Sida Sol Belgium

Sini Pasanen Civil Society Forum - CSF (co-chair) Finland

Sophie Noya Merck Sharp & Dohme Belgium

Sophocles Chanos Positive Voice Greece

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Trandafir Bogdan-Adrian ETW		
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Valerie Delpech	Public Health England	UK
Veronique Leray	Gilead Science	
Victor Lonel Grecu	Victor Babes Clinical Hospital of Infectious Diseases and Pneumophtisiology, Romania	
Werner Leber	Queen Mary University of London, UK	
Yazdan Yazdanpanah	INSERM France	
Zoran Dominkovic	ISKORAK	Croatia