

Evaluation Report

HepHIV 2017 Conference
Malta (31 January – 2 February 2017)



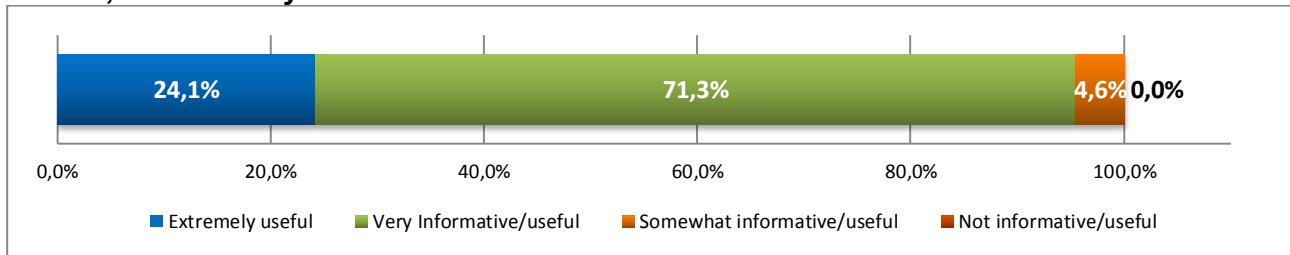
Table of Contents

Overall impression	3
Plenary sessions	4
Opening session	5
Plenary session 1: Surveillance and monitoring and evaluation of testing	6
Plenary session 2: Mixing testing strategies: community and health care settings	6
Plenary session 3: Continuum of care and improving linkage to care	7
Plenary session 4: New point of care diagnostics, affordability and cost-effectiveness.....	7
Special session on PrEP: Influence of PrEP and new treatment paradigms on testing pathways	8
Roundtable Discussion 1: Hepatitis C and unequal access to treatment in Europe	8
Roundtable Discussion 2: Role of stigma and criminalisation in discouraging testing	9
Parallel Sessions	9
Parallel session 1	9
Parallel session 2	9
Parallel session 3	10
Parallel session 4	10
Closing session	11

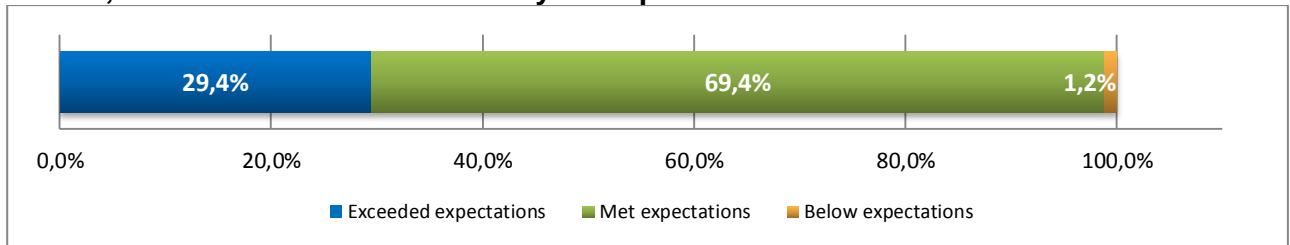
Overall impression

The HepHIV 2017 Malta conference was attended by 258 people from all over the world. The overall evaluation of the conference was **positive**, with 22% of the 85 participants evaluating the conference as *extremely useful*. This is supported by **99% of participants** deeming that the conference met or exceeded their expectations.

Overall, how would you rate the entire conference?



Overall, how did the conference meet your expectations?



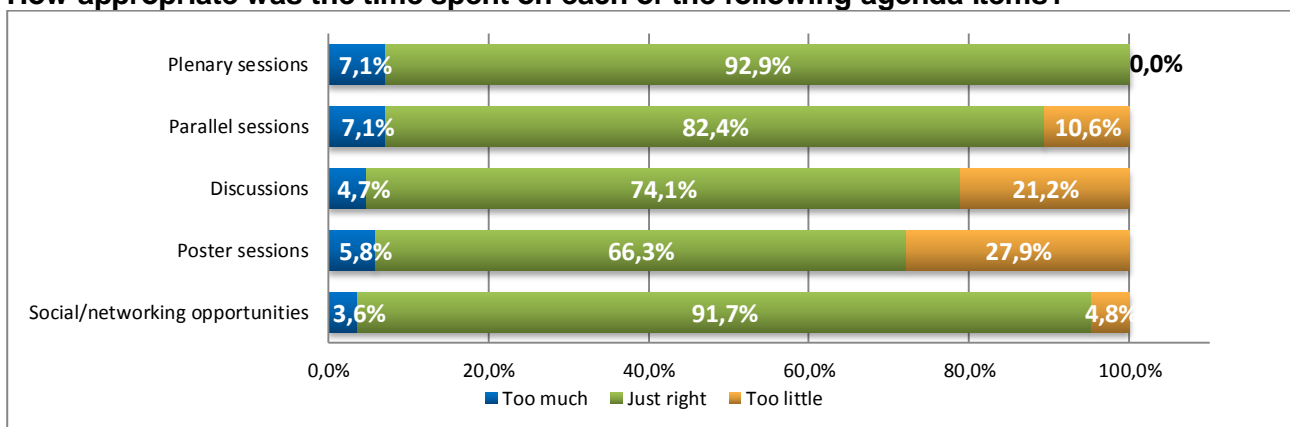
Overall, comments regarding the entire conference included:

“Best practices and great data;”

“I very much appreciated the dialogue although still feel frustration about limited work in EECA.”

In terms of time spent on the various agenda items, the majority responded that the time allotted was just right. However, some respondents felt that there was not enough time for poster sessions.

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



Comments regarding the time allotment for each session claimed that they were **“perfect”** and had **“good balance.”**

Suggestions and other comments for improvement included:

“More parallel sessions might improve the quality of the discussions, as groups are smaller;”

*“Great networking opportunities were much appreciated. I had **too little time to see the posters**, though;”*

*“Panel discussions a bit **too long** and touching on **general issues**;”*

*“It would have been useful to include some **thematic working groups**, in order to give participants the possibility to **discuss and exchange ideas**;”*

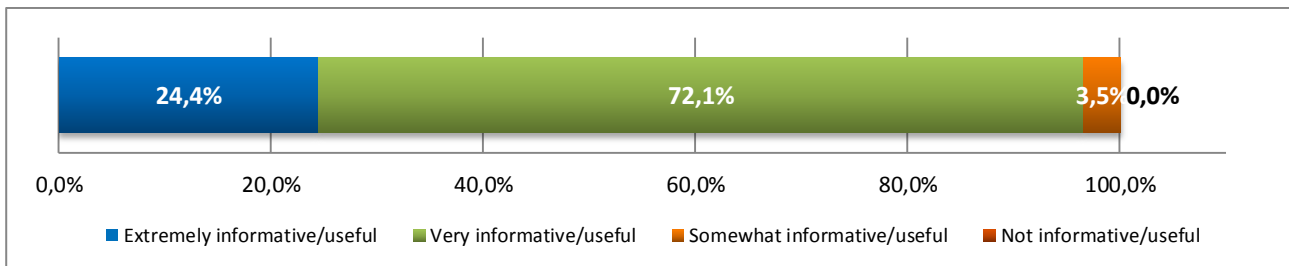
*“Found that particularly the panel discussion were closer to being an additional 10 mins presentation/political statement by each panel member, while leaving **shorter time for discussion**;”*

*“It was good, but it there was a lot of **repetition of speakers** and report of certain projects. There is so much variety going on in Europe, it would be great to see that **better represented**.”*

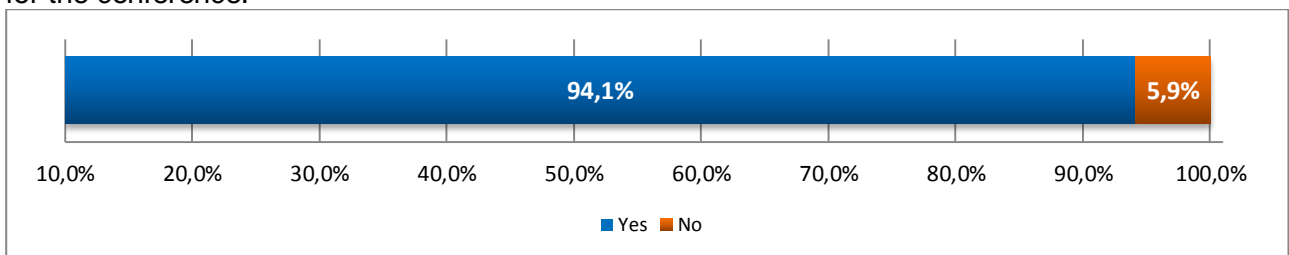
Plenary sessions

The overall impression of the presentations from the entire conference was positive, with the majority saying that they were *extremely informative/useful* or *informative/useful*.

What was your overall impression of the presentations?



The overwhelming majority of respondents (**94%**) thought that the topics chosen *were appropriate* for the conference.



Comments on the overall topics presented at the conference included:

*“There was **a lot of overlap** in the plenary presentations - ask speakers to present **more case studies and specific examples** instead of general overviews;”*

*“As discussions indicated, there is a lot of interest and understanding that **structural barriers as stigma and discrimination, homophobia, criminalisation, rights violations**, are of great interest to the audience. I would like to see such issues better reflected in the programme.”*

Some respondents said they wanted more presentations on **hepatitis C** and **drug users**. Others thought there was *too much focus* on **testing** and **men who have sex with men** in comparison to other risk groups. A focus on **Eastern European and Central Asian (EECA)** countries was frequently noted in addition to *more information* on **PrEP, TasP and practical challenges to stigma and discrimination**.

A large number of respondents felt that there were topics missed at the conference. Missed topics included:

- “...strategising and advocating for prevention, testing and treatment responses;”*
- “Link with TB, especially relevant for people who use drugs;”*
- “Ageing with HIV/HCV;”*
- “...more information coming from Russia;”*
- “More on migration and East Europe;”*
- “A little more on primary care testing/linkage and inequalities of care through Europe;”*
- “Progress on PrEP (i.e. injectable PrEP);”*
- “... more exchange between East & West will be necessary!!;”*
- “ChemSex, PEP, Hepatitis B;”*
- “1) practical ways of integrating services 2) ways of convening the pharmacy prices;”*
- “Notification partners;”*
- “Not enough learnings of HIV shared/uptaken by the HCV community;”*
- “Role of communities in service delivery and sustainable community systems.”*

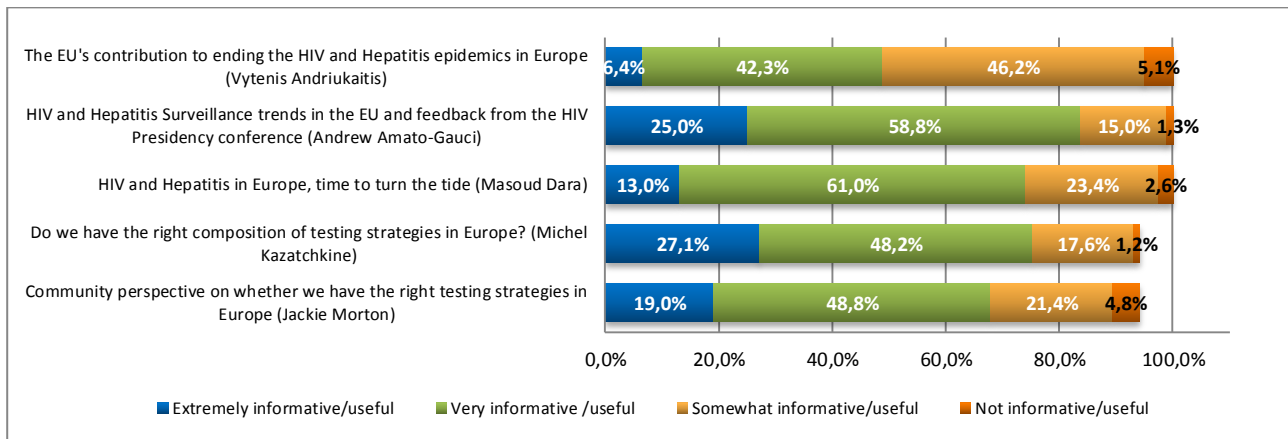
One participant suggested for the conference to serve as a “springboard” in order to collect “very high level data on HIV and hep[atitis] testing across Europe.” The data would have to be “easily reportable and would need to agree on frequency.” The data could then be disaggregated by: country/city; place of testing - non-traditional medical settings, community based, home testing/home sampling, (+/- traditional healthcare settings - antenatal, sexual health clinics); do people self-refer for testing - if not how are they found?; reason for testing; diagnostic testing; screening testing based on indicator condition, risk group, local prevalence etc.; type of HIV test used; who does the testing?(Doctor, nurse, HCA, community worker etc.); who provides the funding?; number of tests done; Number of positive/reactive results and number of people linked to care.

Additionally, suggestions for future presentation topics included HIV and other co-infections (i.e. STIs and TB), focus on other key populations especially sex workers, more coverage on PrEP, and more integration and information from EECA region.

Opening session

Vytenis Andriukaitis of the European Commissioner for Health and Food Safety, addressed the audience via a video presentation. Andrew Amato, Head of the HIV/STI/viral Hepatitis programme

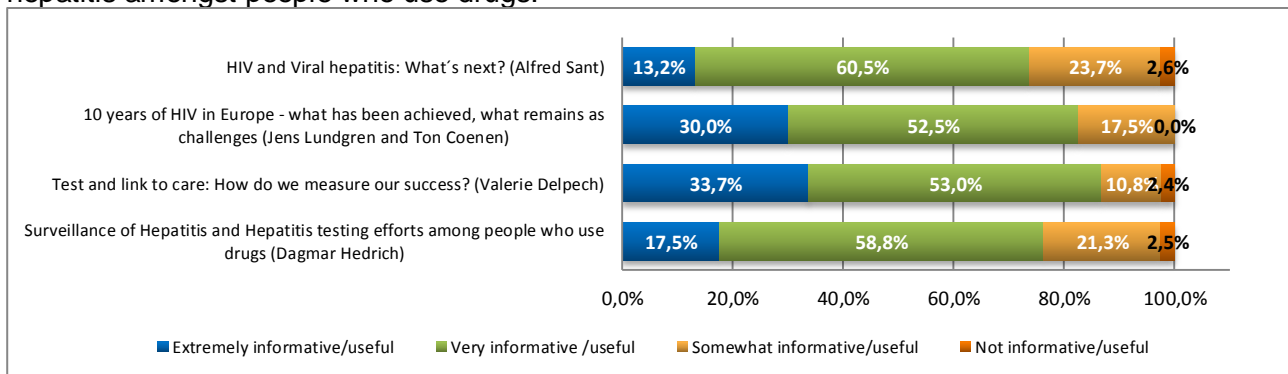
at the European Centre for Disease Prevention and Control (ECDC) then gave a presentation on the current trends in HIV and hepatitis surveillance in the EU/EEA. Following was Masoud Dara of the WHO Regional Office for Europe who also presented on HIV and Hepatitis in Europe highlighting the key challenges for the region. Michel Kazatchkine of the UN Secretary-General's Special Envoy on HIV/AIDS in Eastern Europe and Central Asia discussed the efficacy of current testing practices in Europe in his presentation. Lastly, Jackie Morton of the European AIDS Treatment Group presented on the community's perspective of current HIV testing strategies.



The majority of the comments regarding the opening session said that there was too much overlap between the key note speakers. While they enjoyed the session, it was a bit “*too much of the same.*”

Plenary session 1: Surveillance and monitoring and evaluation of testing

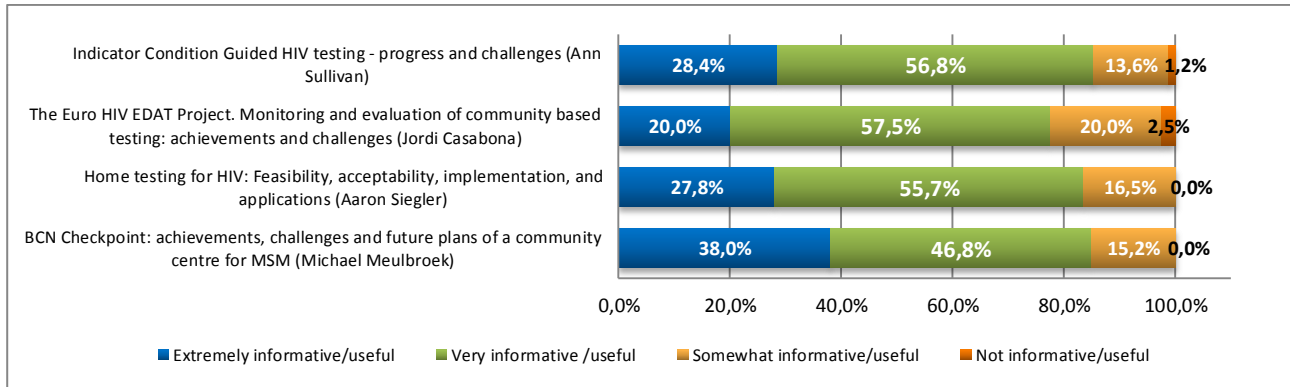
Plenary session 1 was moderated by Teymur Noori (ECDC) and Tatjana Reic (ELPA). The first presentation in Plenary session 1 was a video from Alfred Sant of the European Parliament. The next two presentations were from Tom Coenen of Rutgers and Jens Lundgren from CHIP Rigshospitalet, where they both described the achievements of the HIV in Europe initiative over the past 10 years and what to expect in the years to come. Next, Valerie Delpech of Public Health England presented on how to measure linkage to care. And lastly, Dagmar Hedrich of the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) presented on surveillance of hepatitis amongst people who use drugs.



Plenary session 2: Mixing testing strategies: community and health care settings

Plenary session 2 was moderated by Wim Zuilhof (STI AIDS Netherlands) and Jackie Morton (EATG). Ann Sullivan of St. Stephen's AIDS Trust (SSAT) gave the first presentation for Plenary

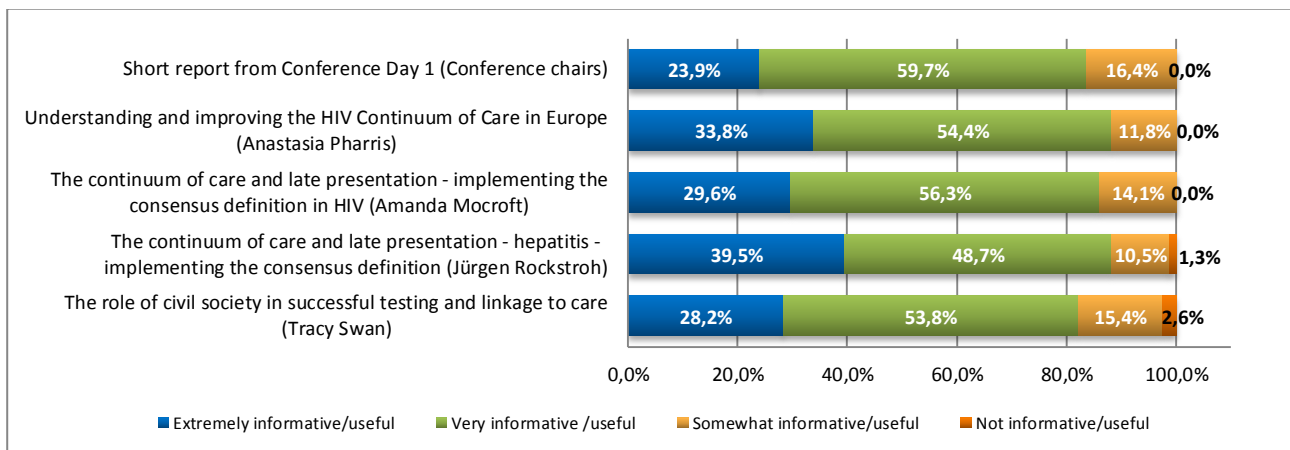
session 2. She presented on the progress and challenges with indicator condition guided testing. Jordi Casabona of Euro HIV EDAT presented next on the achievements and challenges with the Euro HIV EDAT initiative. Aaron Siegler was third to present and discussed the feasibility for HIV home testing in the U.S. Lastly, Michael Meulbroek of BCN Checkpoint discussed the efforts being made in MSM communities throughout Europe.



Commenters noted that they would have preferred a presentation from a European pilot study on home testing for HIV.

Plenary session 3: Continuum of care and improving linkage to care

The conference chairs started Plenary session 3 with a short report on the proceedings from the conference. Anastasia Pharris of ECDC soon followed where she presented on the HIV continuum of care in Europe. Amanda Mcroft of University College London also presented on the HIV continuum of care in addition to implementing the consensus definition of late presentation of HIV. Jürgen Rockstroh of the University of Bonn presented on the continuum of care for hepatitis as well as the late presentation definition. Lastly, Tracy Swan of Treatment Action Group discussed the role of civil society organizations and their role in HIV testing services.

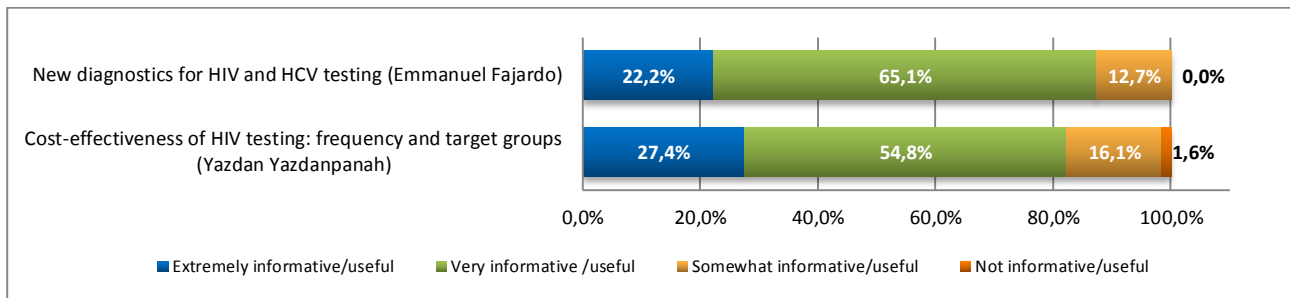


The short report was commented to be **very useful**.

Plenary session 4: New point of care diagnostics, affordability and cost-effectiveness

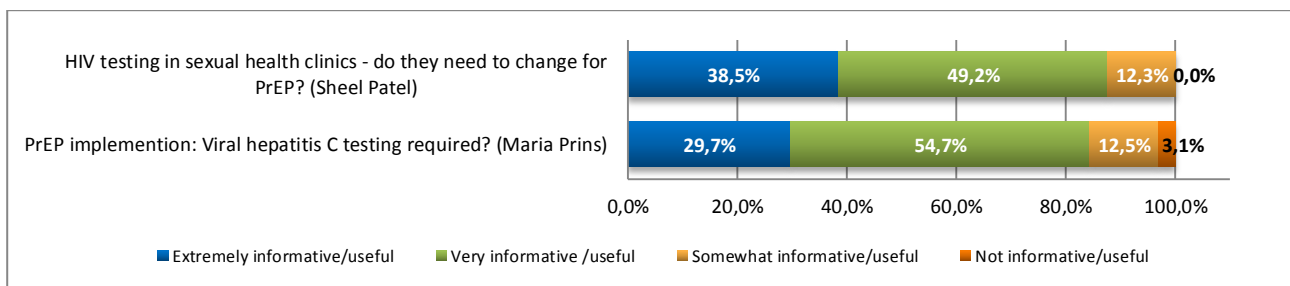
Emmanuel Fajardo from Médecins Sans Frontières started Plenary session 4 with his presentation on the latest findings of point of care diagnostics for HIV and HCV. Closing out this session was

Yazdan Yazdanpanah from the French National Institute of Health and Medical Research (INSERM) who presented on the cost-effectiveness of targeting HIV testing to key groups.



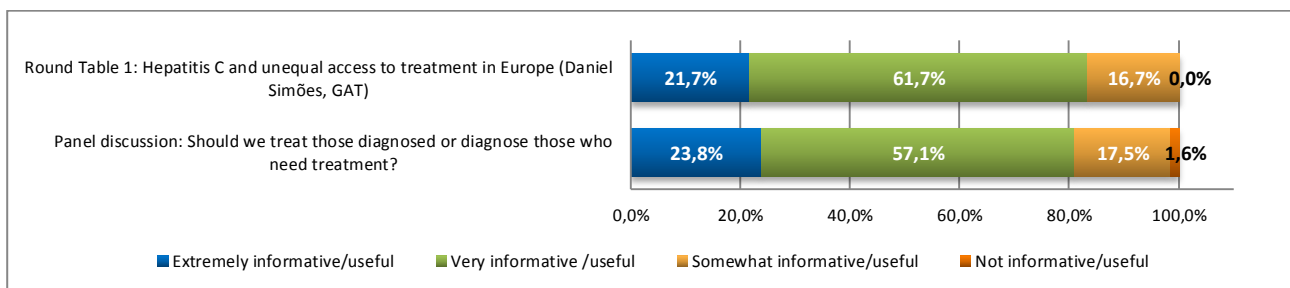
Special session on PrEP: Influence of PrEP and new treatment paradigms on testing pathways

Sheel Patel of Chelsea and Westminster Hospital presented on current findings of PrEP services in sexual health clinics and Maria Prins of the Academic Medical Center presented on whether testing for HCV is required when implementing PrEP.



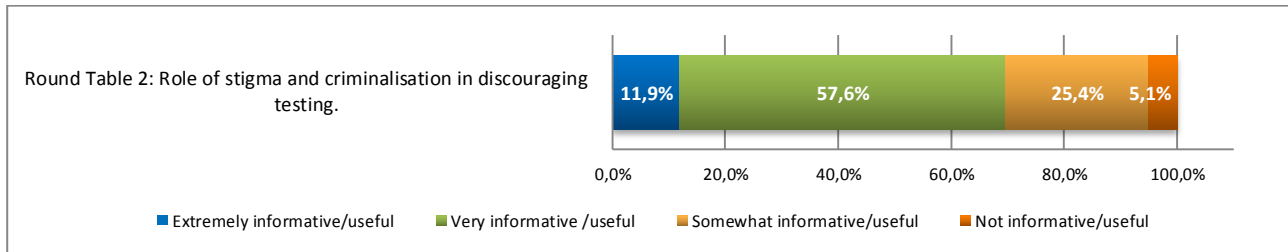
Roundtable Discussion 1: Hepatitis C and unequal access to treatment in Europe

Daniel Simões of Grupo de Ativistas em Tratamentos (GAT) presented for the round table discussion on unequal treatment access for HCV. This was then followed by a panel discussion on whether practitioners should treat those diagnosed or diagnose those who need treatment. Panel members included: Daniel Simões (GAT), Nikoloz Chkhartishvili (Infectious Diseases, AIDS and Clinical Immunology Research Center), Tatjana Reic (ELPA), Margaret Hellard (Burnet Institute), Jürgen Rockstroh (University of Bonn), Anton Basenko (Alliance for Public Health) and Philippa Easterbrook (WHO).



Roundtable Discussion 2: Role of stigma and criminalisation in discouraging testing

Nikos Dedes of EATG and Valerie Delpech of PHE lead the round table discussion on the role of stigma and criminalisation in HIV testing. The topic was further discussed with a panel discussion that included Julian Hows (GNP+), Lisa Power (OptTEST), Alexandrina Iovita (UNAIDS), Edwin Bernard (HIV Justice Network) and Raoul Fransen-dos Santos (International Civil Society Support).

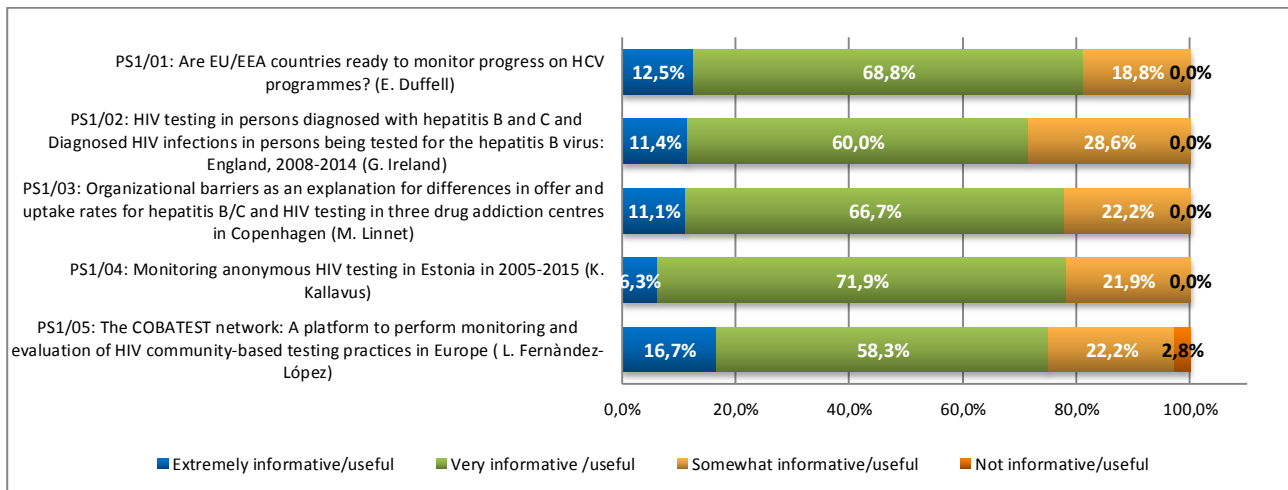


One comment regarding the roundtable discussions mentioned that it would have been beneficial to have *more discussion on practical solutions* to the barriers to HIV testing.

Parallel Sessions

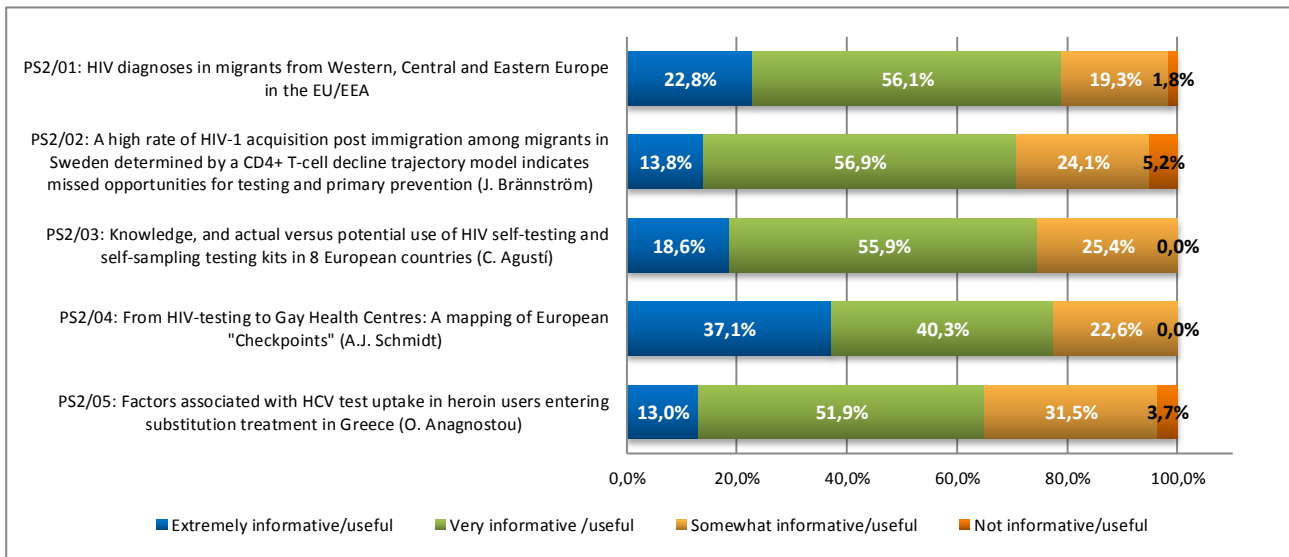
Parallel session 1

Parallel session 1 focused on monitoring for HIV and viral hepatitis. This session was moderated by Antons Mozalevskis (WHO) and Tom Platteau (Institute of Tropical Medicine).



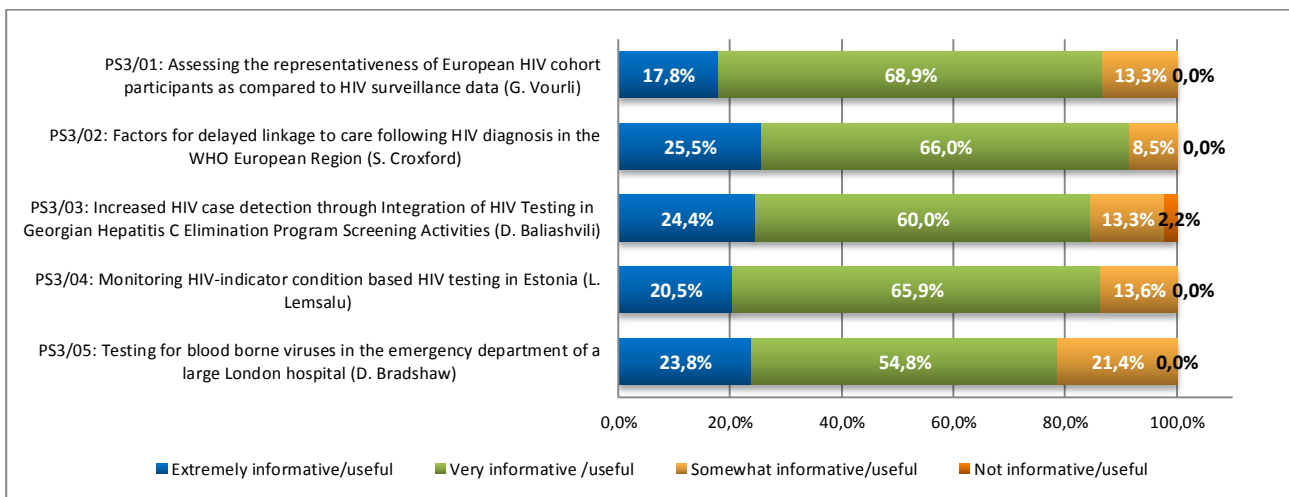
Parallel session 2

Parallel session 2 focused on testing strategies in key affected populations. The moderators for this session were Pierre van Damme (Viral Hepatitis Prevention Board) and Lella Cosmaro (Fondazione LILA Milano ONLUS).



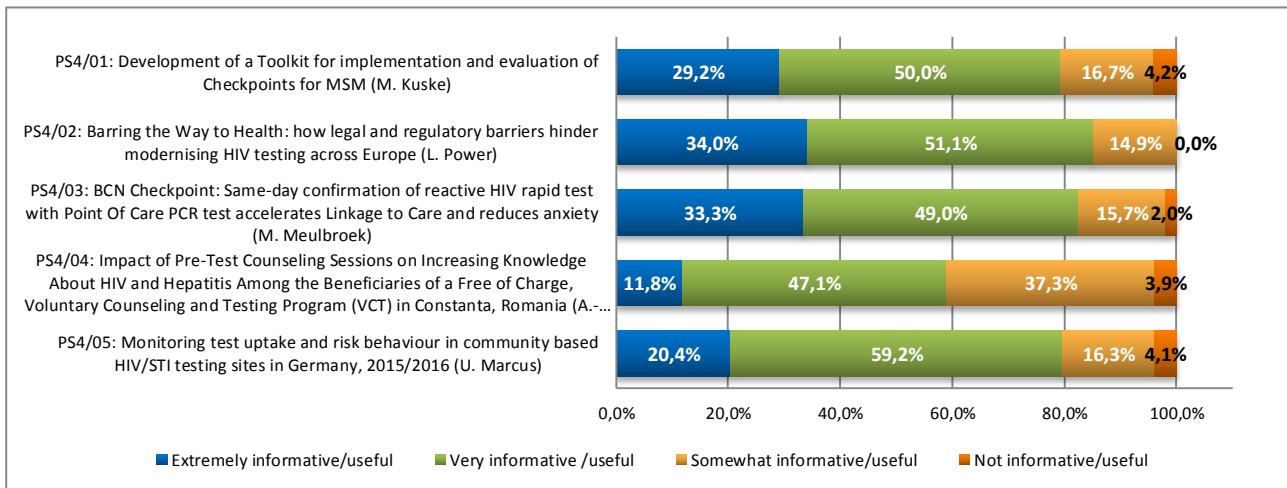
Parallel session 3

Parallel session 3 focused on the challenges of testing and linking to care in health care settings. This session was moderated by Ann Sullivan (SSAT) and Fiona Godfrey (EASL).



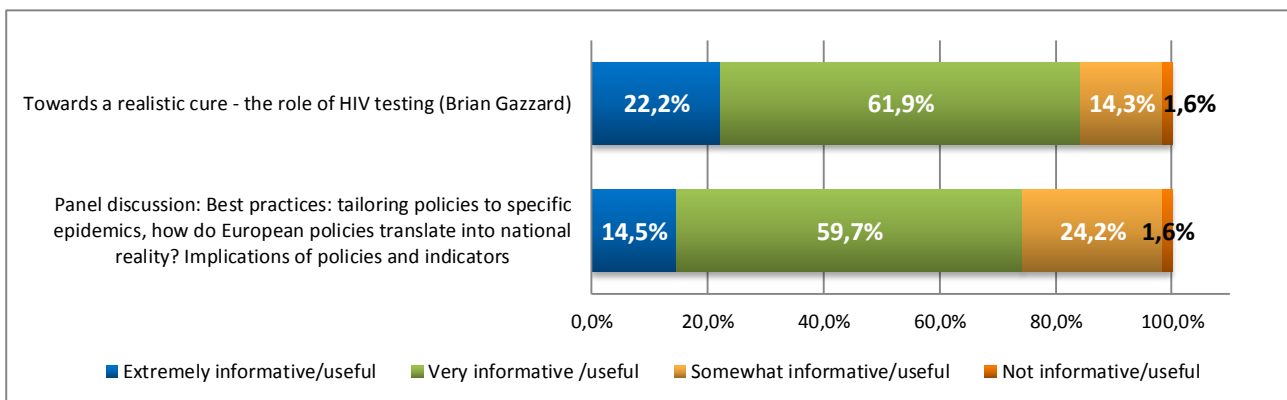
Parallel session 4

Parallel session 4 focused on community testing. Per Slaaen Kaye (Euro HIV EDAT) and Ben Collins (International HIV Partnerships) moderated this session.



Closing session

Brian Gazzard of Chelsea and Westminster Hospital presented then on the realities of a HIV cure and how testing is the key. The conference was concluded with a panel discussion on tailoring policies to specific epidemics and how European policies can translate into national reality.



Comments on the overall conference were generally positive. Positive comments included:

*“Overall this was a **great conference. Extremely well planned and organised. Bringing together groups of people who would not normally get an opportunity to meet to exchange information and views.**”*

The voting system was thought to be a **good way** to engage attendees during the conference.

However, there were many overlapping comments that requested **more time for discussion** and suggested to have **fewer panelists** in order to facilitate **more time for in-depth discussions**. Further suggestions included having more **free time for networking** and **side meetings** while having **less plenary sessions** but **more parallel sessions**. Respondents frequently commented that there was **a lot of overlap** in the topics discussed and would have liked for all of the presenters to arrange beforehand with other speakers to ensure no repetition. In regards to the venue, a respondent would have preferred **bigger break out rooms** to better house the parallel sessions.