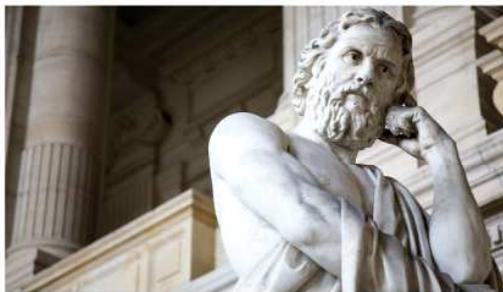


# Conference Report

21 January 2008



## HIV in Europe 2007

Working Together for  
Optimal Testing and Earlier Care

PREPARED BY

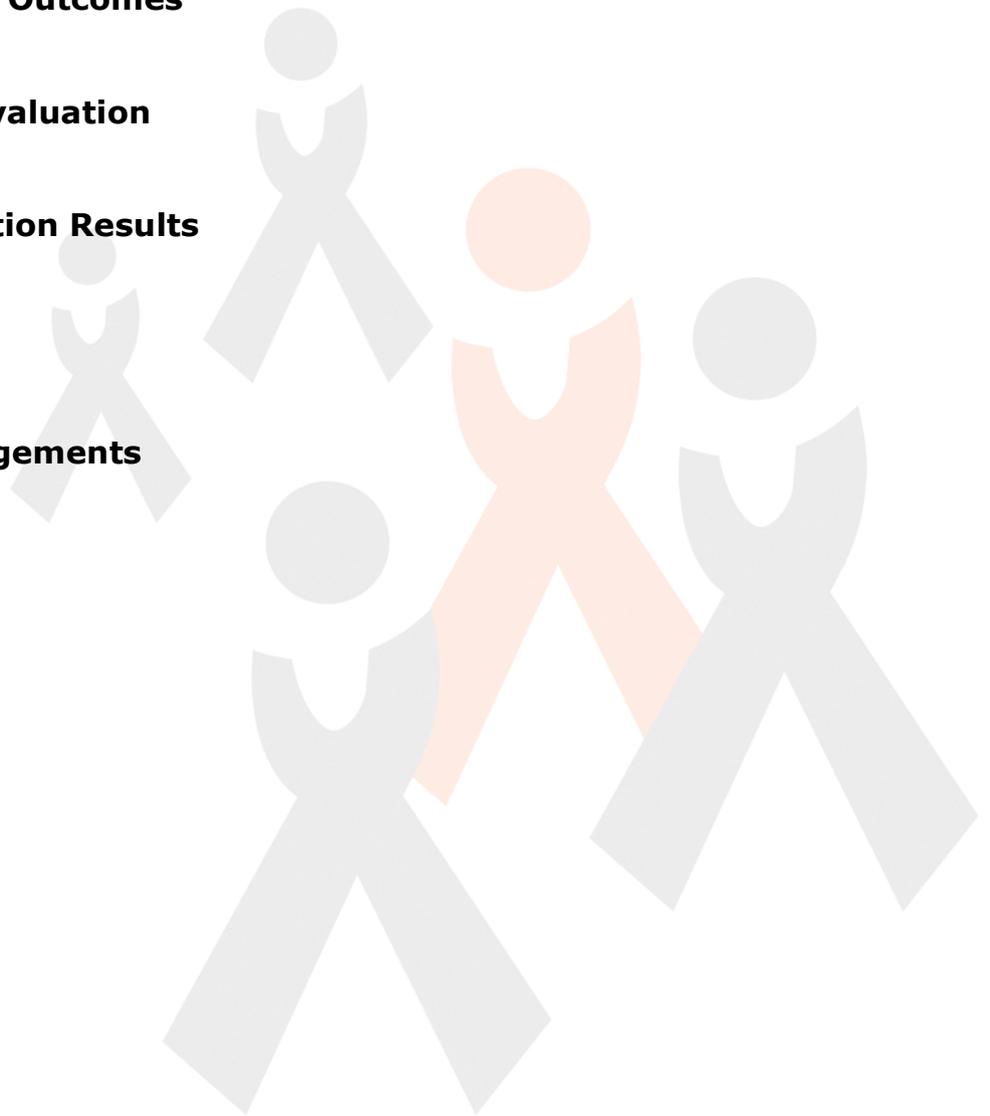
**WEBER SHANDWICK**

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Advocacy starts here.



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## I. Executive Summary



### Introduction

The HIV in Europe conference organised on 26-27 November 2007 in Brussels, Belgium was the first of its kind: a unique opportunity to bring together all the stakeholders with an interest in HIV/AIDS in Europe – clinicians, NGOs, patient groups, policy-makers and other advocates. Key European stakeholders agreed to a common understanding in optimising diagnosis and the need for earlier care. The ultimate aim is to improve patient outcomes, reduce HIV-related morbidity and mortality, and decrease the spread of HIV.

This report aims to support the results and success of this conference and to provide useful feedback that would help in the planning and organization of upcoming meetings in 2008 in order to implement actions, as well as a follow up meeting in 2009.

### Meeting Objectives

‘Working together for Optimal Testing and Earlier Care’ has three main objectives:

- To highlight the rising number of people living with HIV in Europe who are unaware of their serostatus
- To identify political, structural, clinical and social barriers to achieving optimal testing and counseling, and earlier care for HIV/AIDS
- To promote public health best practices and guidance found in Europe with regard to HIV testing, counseling and care

### Main Outcomes

The presentation of the call to action to the delegates of HIV in Europe 2007 was very successful and received widespread support. Alongside the co-chairs and their respective organizations, a considerable number of participants from the three stakeholder groups made significant and specific commitments, to disseminate new perspectives on HIV-testing across the continent. This call to action will hopefully lead to changes moving towards optimal testing and earlier care for HIV across the European region.

The conference was very well attended with more than 300 delegates from 44 countries. The comprehensive geographical representation provided the conference with interesting country by country comparisons, sharing of best practices and a good international working atmosphere.

In addition, the presence of a number of media representatives at the conference ensured that the discussion and messages from the proceedings were disseminated to a wider audience of patients and general public.

## II. Conference Overview



### Steering Committee

Members from top organizations across Europe came together for the HIV in Europe 2007 Steering Committee, to offer their expertise, advice and guidance in all aspects of the conference and ongoing activities for the HIV in Europe ongoing activities.

The Steering Committee is an independent group of HIV experts and was instrumental in helping achieve the aims and objectives of the HIV in Europe conference, with members advising on the content, format and logistics of the 2007 event.

### *HIV in Europe 2007 – Steering Committee*

#### **The Co-Chairs**



**Prof Jens Lundgren**  
University of Copenhagen  
Denmark



**Ton Coenen**  
AIDS Action Europe  
The Netherlands

#### **Sexually Transmitted Infections/HIV/AIDS Programme, WHO Regional Office for Europe.**



**Dr Srdan Matic**  
Regional adviser of the Sexually Transmitted Infections/HIV/AIDS Programme at WHO Europe.



**Jeffrey V. Lazarus**  
Advocacy and community relations officer there as well as on the faculty of Copenhagen University.

#### **Members**



**Nikos Dedes**  
European AIDS Treatment Group (EATG)  
Greece



**Dr José Gatell**  
Head, Infectious Diseases & AIDS Units, Hospital Clinic  
Professor of Medicine, University of Barcelona, Spain

## II. Conference Overview



**Prof Brian Gazzard**

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

**Anton Kotenko**

Assistant of the Secretariat  
East European & Central Asian Union of PLWH Organizations (ECUO), Ukraine



**Prof Henrique Barros**

National Coordinator of HIV/AIDS infections  
Portugal



**Prof Dr 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



**Raminta Stuikyte**

Director  
Central and Eastern European Harm Reduction Network (CEEHRN), Lithuania



**Prof Dr John de Wit**

Professor of Sociology, Utrecht University  
The Netherlands

### Observers



**Dr Françoise Hamers**

Senior Expert, HIV/STI Coordination Unit of Scientific Advice  
European Centre for Disease Prevention and Control (ECDC) Sweden



**Dr Kevin Fenton**

Director of the National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (NCHHSTP), U.S. Centers for Disease Control and Prevention (CDC), U.S.

## II. Conference Overview



### Conference agenda

Monday, 26 Nov 2007		
	Session Subject/Title	Speaker(s)
08.15 – 09.00	<b>Registration</b>	
09.00 – 09.15	<b>Opening of the Conference</b>	Moderator: Srdan Matic Co-Chairs
09.15 – 09.30	<b>Welcome Speech</b>	Markos Kyprianou
09.30 – 09.50	<b>Plenary Session I</b> HIV in Europe: Epidemiological data	Françoise Hamers
09.50 – 10.20	<b>Plenary Session II</b> Diagnosed and undiagnosed HIV in Europe: where we are and what we should aim for	Andrew Phillips
10.20 – 10.50	<b>Coffee Break</b>	
10.50 – 11.15	<b>Plenary Session III</b> HIV in Europe: how are we as a continent dealing with the virus – a multi-country analysis	Richard Coker & Sandra Mounier-Jack
11.15 – 12.15	<b>Plenary Session IV</b> Optimal testing and earlier care: the patient's and people's perspective	<b>Moderator: Ton Coenen</b> Bernard Forbes Gennady Roshchupkin Rhon Reynolds
12.15 – 13.15	<b>LUNCH</b>	
13.15 – 15.00	<b>Breakout Session 1A</b> Earlier Care in Europe: Clinician's perspective	<b>Moderator: Jose Gatell</b> Nathan Clumeck Amanda Mocroft Christine Katlama Juergen Rockstroh
13.15 – 15.00	<b>Breakout Session 1B</b> Earlier, Decent Care: The patient perspective the ideal for HIV+ in Europe	<b>Moderator: Nikos Dedes</b> Ted Karpf Donna Higgins Vitaly Djuma Henrik Arildsen
13.15 – 15.00	<b>Breakout Session 1C</b> Earlier Care in Europe: Crafting a policy for a continent	<b>Moderator: Henrique Barros</b> Wolfgang Philipp Lali Khotenashvilli Ruslan Malyuta Valerie Delpech
15.00 – 15.30	<b>Coffee Break</b>	
15.30 – 16.30	<b>Plenary Session V(Panel)</b> Getting people into care: Working Together to bring policy, clinical practice and patient support to bear on affecting change in Europe	Joint Moderators and Rapporteurs
16.30 – 16.45	Close of day one	Co-Chairs
17.15 – 18.30	Clinical review of EACS indicator disease guidance document	<b>Moderator: Jens Lundgren</b> Brian Gazzard Nathan Clumeck Antonella D'Arminio Monforte
20.00 – 22.30	Dinner	

## II. Conference Overview



Tuesday, 27 Nov 2007		
	Session Subject/Title	Potential Speaker(s)
08.45 – 10.45	<b>Plenary Session VI (Presentation + Panel)</b> Consideration of testing as a route to improved patient outcomes <i>One nation's approach: routine testing in the US</i>  <i>The European and East</i> <i>European approaches to testing</i> <i>Other approach: the introduction of European guidance</i> <i>Panel</i>	<b>Moderator: Prof Joep Lange</b>  Dr Kevin Fenton, US CDC Ken Mayer, Brown Univ, USA Jens Lundgren  Brian Gazzard / Nathan Clumeck/ A. D'Arminio Monforte Moderator: Dr Jose Zuniga
10.45 – 11.15	<b>Coffee Break</b>	
11.15 – 12.15	<b>Plenary Session VII</b> <b>Current issues around testing</b> <i>Testing – the issues</i> <b>The law and testing:</b> legal implications of testing and diagnosis across Europe <i>Testing – the issues</i> <b>To test or not to test: psychosocial perspective of testing</b> <i>Testing – the issues</i> <b>Testing and migrant populations:</b> silence and fear in an expanding Europe <i>Testing – the issues</i> <b>Testing and intravenous drug users:</b> challenges and approaches to effective testing	<b>Moderator: Jeff Lazarus</b>  Matthew Weait  John de Wit  Iris Shiripinda  Lucas Wiessing
12.15 – 13.15	<b>LUNCH</b>	
13.15 – 14.45	<b>Breakout Session 2A, 3A:</b> How do we overcome barriers to testing?	Conference Moderators
13.15 – 14.45	<b>Breakout Session 2B, 3B:</b> Where should testing occur and who should be tested?	Conference Moderators
13.15 – 14.45	<b>Breakout Session 2C, 3C:</b> How to move the debate on optimal testing?	Conference Moderators
14.45 – 15.00	<b>Room Change (coffee available)</b>	
15.00 – 16.00	<b>Plenary Session VIII (Panel)</b> <b>Hope for the future:</b> <b>Europe working together in HIV</b> <i>Report back – Moderated debate on breakout sessions</i>	Joint Moderators
16.00 – 16.15	<b>Adoption of the Call to Action</b>	Georgs Andrejevs Ton Coenen
16.15 – 16.30	<b>Summing up and conclusions</b>	Jens Lundgren Srdan Matic & Jeff V Lazarus

Plenary and breakout sessions were held during the two-day conference to clarify the problems and define key issues and barriers (on day 1) and apply lessons learnt whilst outlining collaborative solutions (on day 2).

## II. Conference Overview



### Plenary sessions in brief

#### **Plenary Session I**

**Title:** HIV in Europe: Epidemiological data  
**Speaker:** Francoise Hamers  
**Synopsis:** Geographic and time epidemiological data, populations at highest risk in Europe and trends in delayed HIV diagnosis showed the number of persons living with HIV is increasing in the EU and in neighbouring countries as well as considering the diversity of the epidemic across the region requires adapted local response since levels of HIV transmission remain high in certain populations at increased risk, in particular MSM in western Europe and IDU in eastern Europe.

#### **Plenary Session II**

**Title:** Diagnosed and undiagnosed HIV in Europe: where we are and what we should aim for  
**Speaker:** Andrew Phillips  
**Synopsis:** Available surveillance data and projection models show how the potential for reporting of new cases of AIDS, together with the time of HIV diagnosis, can be an important focus to provide the basis for improved estimates of the number of undiagnosed infections in Europe.

#### **Plenary Session III**

**Title:** HIV in Europe: how are we as a continent dealing with the virus – a multi-country analysis  
**Speaker:** Richard Coker & Sandra Mounier-Jack  
**Synopsis:** Conclusions from observational studies suggest that late diagnoses show testing inadequate, inconsistent and diverse. This was highlighted in addition to health systems functioning inadequately in support of individuals and public health imperatives, and with inequities within countries and across Europe.

#### **Plenary Session IV**

**Title:** Optimal testing and earlier care: the patient's and people's perspective  
**Speaker:** Ton Coenen (mod), Bernard Forbes, Gennady Roshchupkin, Rhon Reynolds  
**Synopsis:** After the morning plenary sessions dedicated to defining the problem and communicating the numbers and data around HIV in Europe and her neighbours, this session highlighted the personal issues faced by those who are already living with HIV and the challenges for advocacy groups working to ensure optimal testing and earlier care for all populations in Europe, including the most vulnerable.

## II. Conference Overview



### Plenary Session V

**Title:** Getting people into care: Working Together to bring policy, clinical practice and patient support to bear on affecting change in Europe

**Speaker:** Joint moderator and rapporteurs

**Synopsis:** Day One breakout sessions preceding this session were devoted to 'defining the problem' specific to each stakeholder group represented at the Conference: specifically clinicians, policymakers and advocates assembled in the breakouts in their own groups. This session was a 'report back' from these discussions, in which delegates identified problems/issues to be addressed in Day Two breakouts in mixed, cross-stakeholder groups.

### Plenary Session VI

**Title:** Consideration of testing as a route to improved patient outcomes

**Speaker:** Prof Joep Lange (mod), Dr Kevin Fenton, Ken Mayer, Jens Lundgren, Brian Gazzard, Nathan Clumeck, A.D'Arminio Montforte

**Synopsis:** Looking at the current setting in Europe for testing and treating HIV, this session demonstrated the case for targeted testing guidance using indicator diseases or situations, increased efforts to inform the full range of healthcare providers of validated 'triggers to test' and integrated efforts to ensure stigma/rejection are minimized.

### Plenary Session VII

**Title:** Current issues around testing

**Speaker:** Jeff Lazarus (mod), Matthew Wait, John de Wit, Iris Shiripinda, Lucas Wiessing

**Synopsis:** Discussions highlighted the various non-medical issues linked with optimizing HIV testing, in addition to considering the management of patient outcomes, access to testing raises concern for societies from a psychological and legal perspective. This included a fascinating review of legal positions that can affect testing programs and define the consequences of diagnosis.

### Plenary Session VIII

**Title:** Hope for the future: Europe working together in HIV

**Speaker:** Joint moderators

**Synopsis:** Following lively debate in mixed, cross-stakeholder breakout sessions, moderators reported back on specific actions agreed in breakout sessions for delegates to take back to their home countries/organizations. These were reported back to the final plenary session before the adoption of the Call to Action by Prof Georgs Andrejevs

## II. Conference Overview



Obstacles to optimal testing/earlier care identified during breakout sessions were as follows:

### ***Access to testing***

Patient related:

- Lack of perception of being at risk
- Lack of knowledge on testing possibilities
- Fear of positive results
- Concerns about lack of confidentiality (Eastern Europe)

Health system related:

- Populations marginalised and excluded (migrants)
- Geographic location

### ***Access to treatment and care:***

Patient related:

- Concerns about lack of confidentiality (Eastern Europe)

Health System related:

- Medical facilities lacking
- Too few trained staff
- Geographic location

### ***Societal issues:***

- Focusing on socio-demographics/risk provides limited understanding.
  - Explanations beyond description of obvious differences between communities
  - Differences between sub-groups are small in well-adjusted communities
- Psychosocial factors contribute to the explanation of HIV-testing.
  - Vulnerability may moderate the association between risk-taking and HIV testing
  - Perceived benefits may exert more influence than perceived costs/barriers
- Lay perceptions of costs/benefits may be different from expert opinion.
  - Perspective of those concerned needs to be taken into account
- Stigma and other social concerns seem crucial barriers.
  - Those close to us rather than anonymous social context at large
  - Promotion of testing needs to encompass fighting social stigma

## II. Conference Overview



Consequently, actions to help overcome a number of these obstacles were identified to be the following:

- Introduce an Indicator Disease Guidance for clinicians to optimize testing through identification of diseases
- Consider incentives for service providers to optimise testing and counseling
- Work to decriminalize HIV-related laws, including the removal of travel restrictions applying a human rights framework

### Conference partners

The conference was also honoured to have the endorsement of the European Commission and the European Parliament translated into concrete commitments for each of the European Institutions.

The incredible diversity of expertise and leadership represented by the wide range of speakers, moderators and panelists from the WHO Europe region, and their invaluable contribution, all provided to the success of the Conference.

It is with the generosity, partnership and support of the sponsors that made the HIV in Europe Conference such a great success. Specific donations were contributed towards the travel for Eastern European delegates, the formal dinner, delegate bags and of course towards the entire event. The sponsorship received in total, came up to approximately 400, 000 euros.

### III. Conference Outcomes



The presentation of the Call to Action to the delegates of HIV in Europe 2007 was supported by the European Parliament and received widespread support from delegates.

Alongside the co-chairs and their respective organizations, a considerable number of participants from the three stakeholder groups made significant and specific commitments, to disseminate new perspectives on HIV-testing across the continent.

This call to action hopefully will lead to changes moving towards optimal testing and earlier care for HIV across the European region.

#### Call to Action

Commitments adopted by the European Parliament on 27th November 2007

- Acknowledge that earlier diagnosis and care is urgently needed to improve the lives of people living with HIV and reduce transmission
- Develop more precise estimates – size, characteristics, etc – of the undiagnosed population
- Communicate the benefits of earlier care and reduce barriers to testing
- Implement evidence-based testing and treatment guidelines in every country
- Commit the necessary political, financial and human resources for their timely implementation

Below are some of the individual commitments collected at the conference and submitted via the HIV in Europe website subsequently:

#### ECDC

- By the end of 2008, ECDC commits to have conducted a study to assess HIV testing policies and practices to identify barriers to accessing HIV testing in the EU.

#### UNICEF

- By the end of 2008, UNICEF commits to strengthen HIV testing policies among pregnant women in Eastern Europe

#### International Association of Physicians in AIDS Care

- Disseminate clinical management toolkits and job aids to support European clinicians in promoting testing, conducting, counselling and delivery of HIV/AIDS care and treatment

#### Federal Ministry of Health, Germany

- Make HIV testing an item on the agenda of the chief medical officer

### III. Conference Outcomes



#### Ministry of Health, Portugal

- Ensure that anyone testing positive has access to treatment, care and support regardless of his/her legal status

#### WHO, Switzerland

- Influence funders to increase funds directed to operational research on the operationalisation of testing and counselling and on effective referral services between care and treatment

#### National Institute for Public Health, Netherlands

- Convince and communicate with my colleague policy makers to implement opting out testing at STI clinics (if proven to be effective) and selectively screening at primary health care settings

#### Ministry of Health, Turkey

- Increase the awareness on HIV and education of benefits of care/treatment of general and also vulnerable populations

#### Royal Free Hospital, UK

- Increase awareness of the need for HIV testing among clinicians, testing for hepatitis, glandular fever and other indicators conditions, using laboratory reports

#### AIDES, France

- Implement (for the first time ever in France) rapid test services (anonymous and confidential) that reach specific vulnerable communities

#### Social Aids Committee, Poland

- We commit to open additional VCT centers in Poland and train as many staff as possible to work in VCTs

#### Romanian Association Against Aids

- Advocate for free access to counselling and testing services

#### Conference Follow-up

The HIV in Europe website has been updated since the Conference, with slide presentations, calls to actions and videos of the plenary sessions from the conference. These materials can be accessed from the resources page at [www.hiveurope2007.eu](http://www.hiveurope2007.eu).

The press release and an online video of the b-roll are also available in the media centre page.

## IV. Media Relations Results and Analysis



### Introduction

The media campaign around the conference consisted of three main components. These involved securing press attendance at the conference, arranging for interviews with steering committee members and generating coverage, on as wide a scale as possible, to ensure dissemination of the key messages to support the objectives of the conference.

### Press attendance at the conference

Overall, the media attendance during the conference was pleasing: 35 journalists from 12 different countries attended the press conference with 9 of them attending the whole conference.

Of the 35 journalists:

- 7 were reporting for primary care publications from Austria, Belgium, France, Germany, Spain and the UK.
- 13 were representing broadcast networks in Belgium, Czech Republic, France, Germany, Poland, Spain and Switzerland.
- 9 were writing for dailies in Belgium, Germany, Poland, Portugal and Spain.
- 5 were representing newswires from the Czech Republic, Poland, Spain, Ukraine and a Pan European newswire.
- 1 online EU website

### Interviews given before or during the conference

In total, 29 interviews were given in the run up to and during the conference by several members of the steering committee including Jens Lundgren, Jeffrey Lazarus, Ton Coenen, Raminta Stuikyte, Brian Gazzard, Josep María Gatell and Henrique Barros. Markos Kyprianou, Commissioner for Health and Consumer Protection at the European Commission and Georgs Andrejevs, Member of the European Parliament, also gave interviews to several media outlets.

### Media Coverage of the conference

The resulting media coverage, below, was analysed from articles published between the 16 November and the 19 December 2007.

In that period, a total of 160 articles/media clips were generated across 23 countries<sup>1</sup>.

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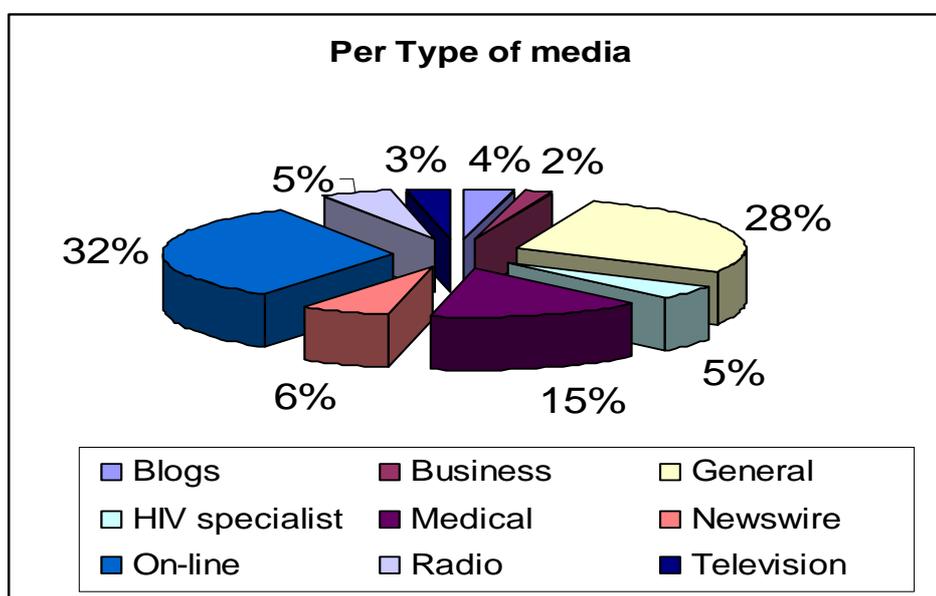
<sup>1</sup> Australia, Belgium, China, Czech Republic, Denmark, Estonia, Germany, global Websites, Hungary, Iceland, Italy, Mexico, Pan European publications, Poland, Romania, Slovenia, Spain, Switzerland, Thailand, The Netherlands, Ukraine, United Kingdom and United States of America.

## IV. Media Relations Results and Analysis



Of these,

- 6 were issued on "blogs"
- 3 in business newspapers
- 44 in daily and weekly newspapers
- 8 in HIV specialist publications
- 24 in primary care publications
- 10 by newswires
- 52 on-line
- 8 on the radio
- 5 on television



### Key messages

The conference was covered in a positive tone in 56,5% of the articles while 43,4% of the coverage was purely factual. There was no negative coverage. The key messages of the conference were largely reported in the media coverage:

- 71,7% of the coverage mentioned that "HIV is on the rise in Europe and early care and diagnosis are needed to tackle the epidemic";
- 36,2% stressed that "HIV and AIDS have a social and economic impact; testing and care should go hand in hand";
- A further 24,6% added that "equal access to care is essential. People living with HIV/AIDS need care, treatment and support, not discrimination".

## IV. Media Relations Results and Analysis



### Key facts

As far as the key facts are concerned, 85.5% of the coverage reported that there are now "2.4 million people living with HIV/AIDS in the 53 countries of the European Region and that the number has doubled in the last 6 years".

Most importantly for the conference objectives, 83.3% stated that "more than half of the people living with HIV are unaware of the serostatus" and 53,6% mentioned that "late diagnosis is a significant problem as 30% of the people living with HIV/AIDS are diagnosed when they already should have started the treatment".

### Quantitative Analysis

#### *Per type of media*

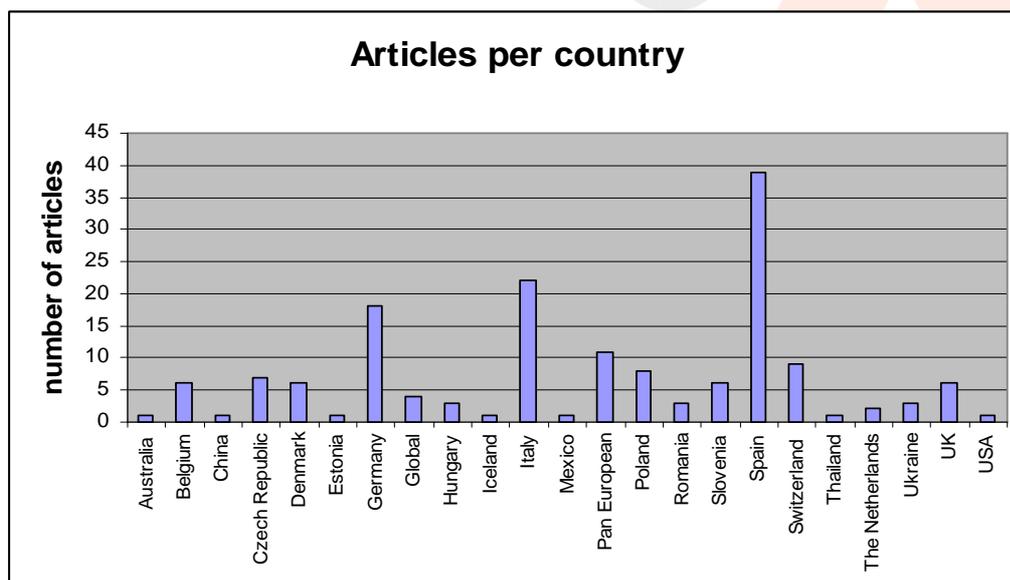
The major part of the publications that reported on the HIV in Europe 2007 conference were on-line media (52 posted articles), followed closely by dailies and weeklies (44 articles published).

#### *Per country*

Three countries had extensive coverage: Spain, Italy and Germany.

In several countries, the articles published used the same source, either the press release or information from newswires. However, each of the publications has different audiences, which increases the reach.

For example, the article written by Paul Kirby of the BBC has been used in several publications from different countries: Australia, China, Thailand, UK, USA and Global publications.



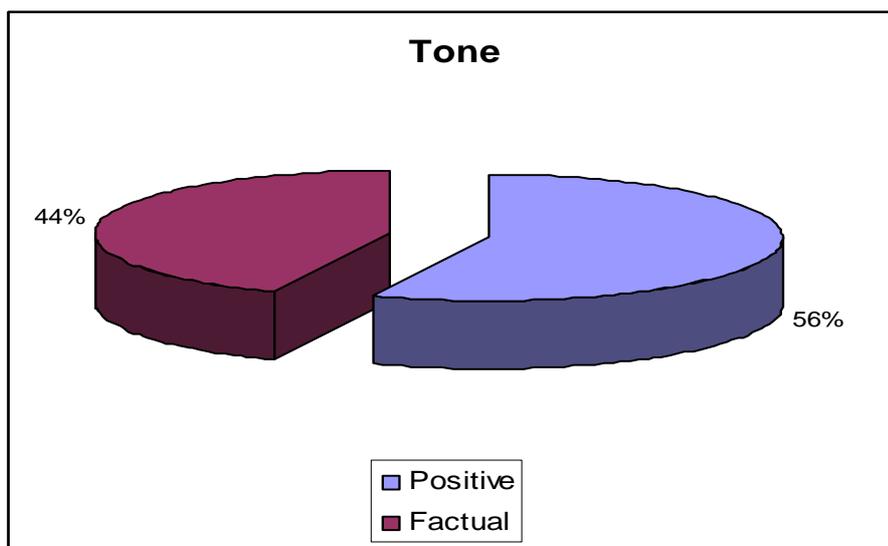
## IV. Media Relations Results and Analysis



### Qualitative analysis

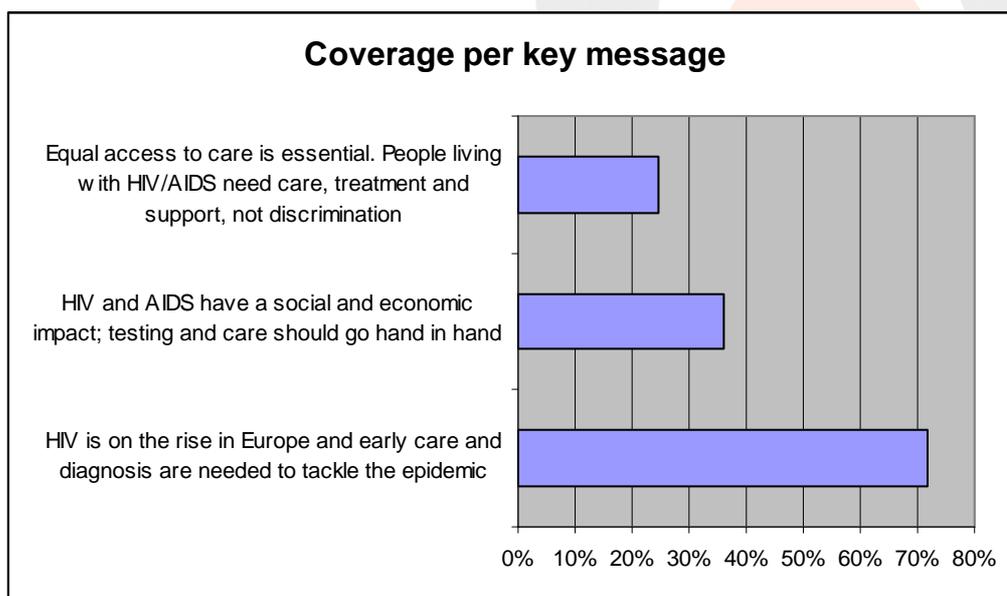
#### Tone

Of the 138 analyzed articles, 56,5%(78 articles) had a positive tone and 43,5% (60 articles) were purely factual.



#### Coverage per Message

The key message mostly taken up was "HIV is on the rise in Europe and early care and diagnosis are needed to tackle the epidemic".

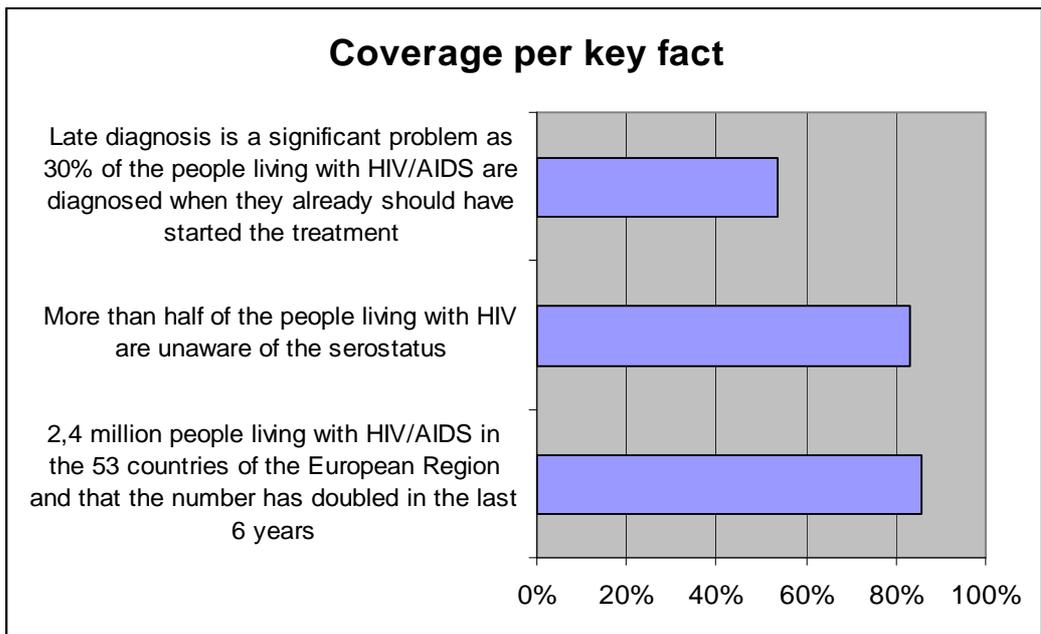


## IV. Media Relations Results and Analysis



### Coverage per key fact

The two key facts that were mostly taken up were "2,4 million people living with HIV/AIDS in the 53 countries of the European Region and that the number has doubled in the last 6 years" and " more than half of the people living with HIV are unaware of the serostatus".



## V. Delegate Evaluation



**87%**

**Said expectations were *exceeded or met***

**81%**

**Rated the meeting *excellent or very good***

### Introduction

The following section provides an analysis and evaluation of the HIV in Europe 2007 Conference held in Brussels on the 26<sup>th</sup> and 27<sup>th</sup> November 2007 from delegates' perspectives. It examines the perceived success and challenges of this two-day event for all stakeholder groups (advocacy, policy makers and health care professionals) as well as key observations for reflection when planning future events.

More than 300 delegates from 44 countries attended this Conference. Evaluation forms were distributed to delegates so as to get feedback on how all the different sessions and breakouts were informative and useful. In addition, delegates could comment on sessions that were the most/least useful, and on areas with room for improvement.

See section VII Appendix 1 for a more detailed analysis.

This evaluation aims to support the results and success of this conference and provide useful feedback that would help in the planning and organization of upcoming meetings in 2008 in order to implement actions, as well as a follow up tentatively scheduled for 2009.

### Summary of Results/Key Observations/Considerations

#### *Overall Meeting Evaluation*

Overall, the meeting was judged a great success by delegates with over 81 per cent rating the entire meeting as Excellent or Very Good, and an overwhelming 87 per cent of delegates said that the meeting either Met or Exceeded their expectations. Other evaluation metrics also showed high satisfaction with three-quarters or more delegates stating that time spent on items such as presentations, breakout sessions, Q&A, presenting back sessions and social/networking opportunities were Just Right.

## V. Delegate Evaluation



### *Plenary Sessions*

Across all delegate responses, there was a high level of appreciation for the plenary sessions. Many delegates found these sessions to be informative, clearly presented and relevant to their interests. Moreover, they tackled the practical issues and identified underlying problems, whilst providing room for further discussion.

### *Breakout Sessions*

The positive overall feedback was further underlined by the positive reception from delegates regarding these breakout sessions. The discussions were lively, interactive, encouraged debate, sharing of best practices and ideas in order to promote practical implementation and calls to action, and delegates appreciated this time for discussion. However many commented on the fact that these sessions were too short and provided too little time for case studies and for the sharing of examples of best practice.

### Recommendations

One key consideration for the future is that less time should be spent on the plenary session and more time should be allocated to small group discussions. This would help to encourage people to be more interactive, give their opinions and ideas and be more involved in subjects of debate and discussion. Furthermore this would promote the sharing of success stories and examples of best practice, which would lead to delegates agreeing upon the next steps whilst assuming responsibility and commitment to bring these forward. In general, people felt that these group discussions were one of the most valuable tools of the conference.

Another point for reflection is that stakeholders from the industry should also take part in these plenary sessions and present their viewpoint to ensure all principal stakeholders in the area of HIV testing and patient care get a chance to present their views and participate in the debate.

Finally, there was widespread agreement that the HIV in Europe initiative should not be 'only a meeting every two years', but an ongoing program of engagement across the WHO Europe region. Please see the Next Steps section for initial activities planned over the coming 12 months.

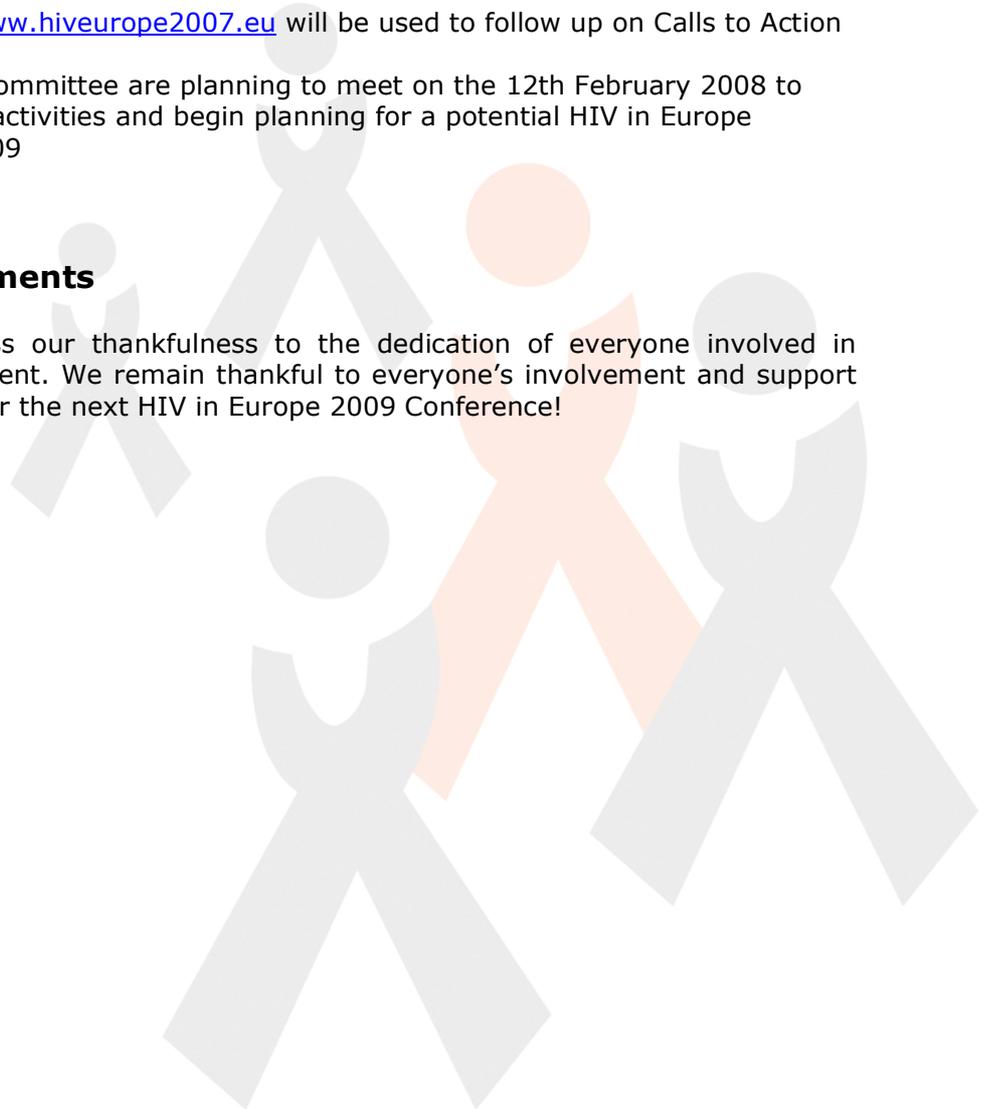
## VI. Next Steps



- “Testing Times” report from London School of Hygiene and Tropical Medicine is to be published in March
- A 32-pages supplement on topics related to the conference is scheduled to be published in HIV Medicine magazine in July 2008
- An Indicator Disease Guidance developed under the leadership of the Steering Committee and EACS (Professors Brian Gazzard and Nathan Clumeck) to provide a publicly available list of specific indicator diseases for which, if at least 1% of all cases is HIV positive, HIV testing would be recommended.
- Multi-country study report that will identify internationally used indicators and evaluate countries’ response to HIV/AIDS control.
- The website [www.hiveurope2007.eu](http://www.hiveurope2007.eu) will be used to follow up on Calls to Action
- The Steering Committee are planning to meet on the 12th February 2008 to discuss future activities and begin planning for a potential HIV in Europe Conference 2009

## VII. Acknowledgements

We would like to express our thankfulness to the dedication of everyone involved in staging this successful event. We remain thankful to everyone’s involvement and support and hope to see you all for the next HIV in Europe 2009 Conference!



## VIII. Appendix 1

### Detailed results from feedback received from participants on the conference plenary and breakdown sessions

Scales:

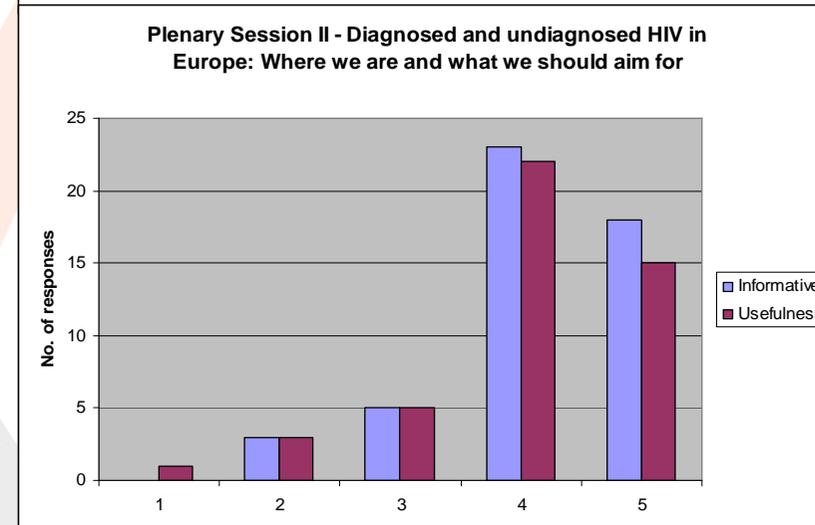
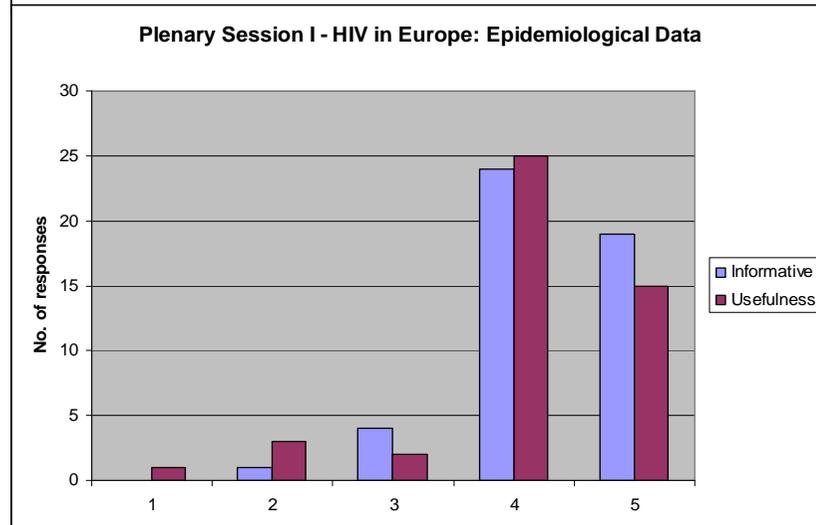
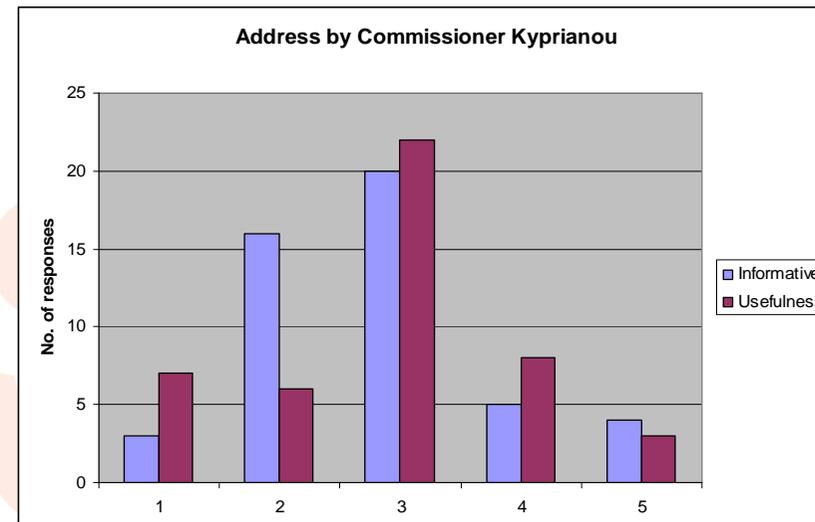
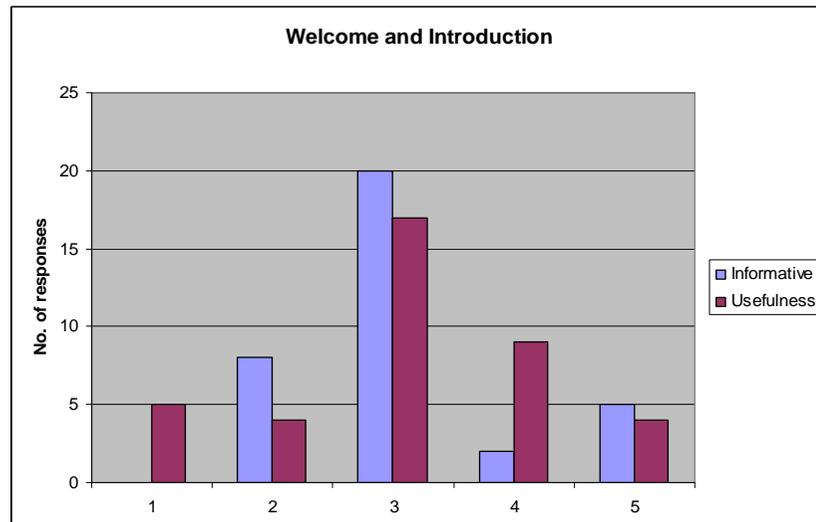
5 = Extremely Informative/Useful

4 = Very Informative/Useful

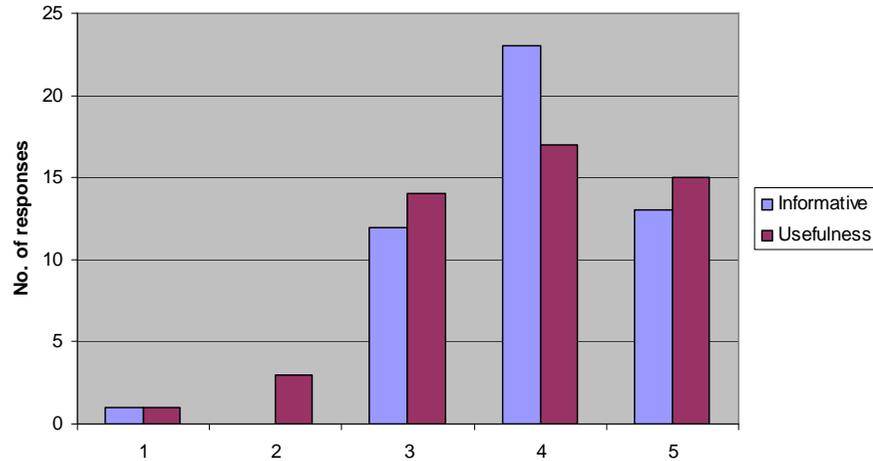
3 = Fairly Informative/Useful

2 = Not very Informative/Useful

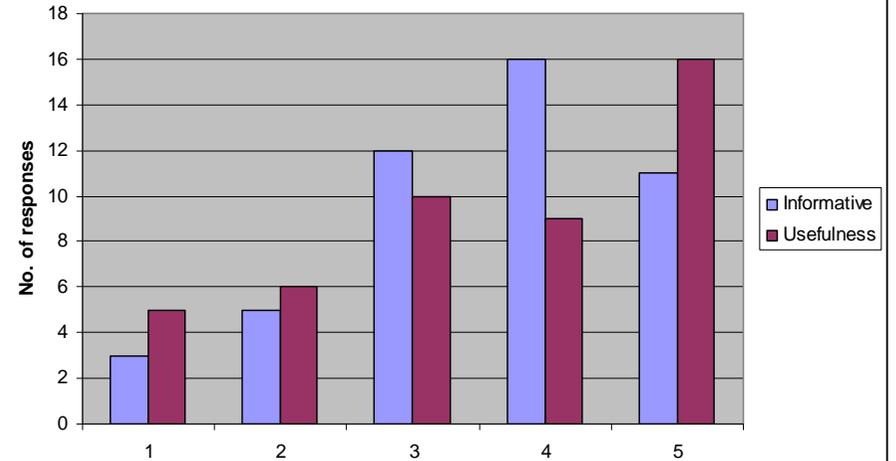
1 = Not at all Informative/Useful



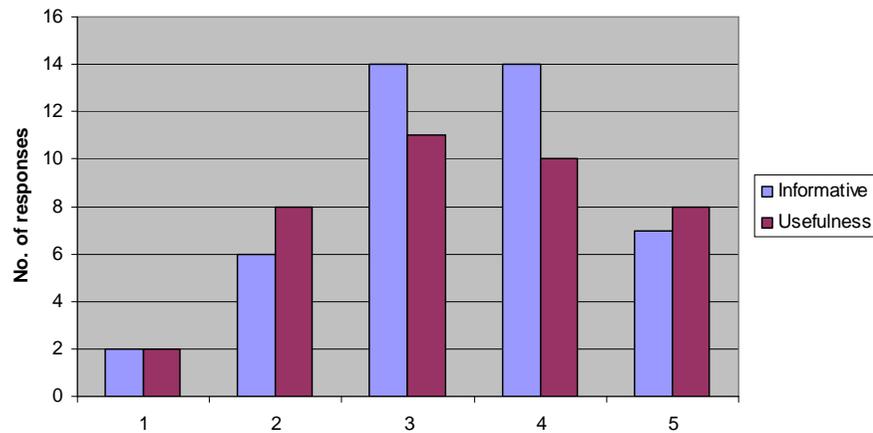
**Plenary Session III - HIV in Europe: How we are as a continent dealing with the virus - a multi country analysis**



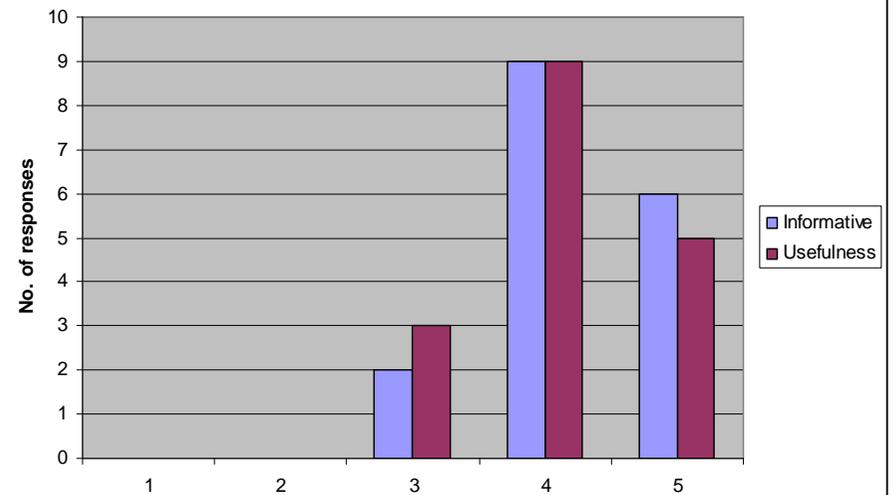
**Plenary Session IV - Optimal testing and earlier care: the patient's and people's perspective**



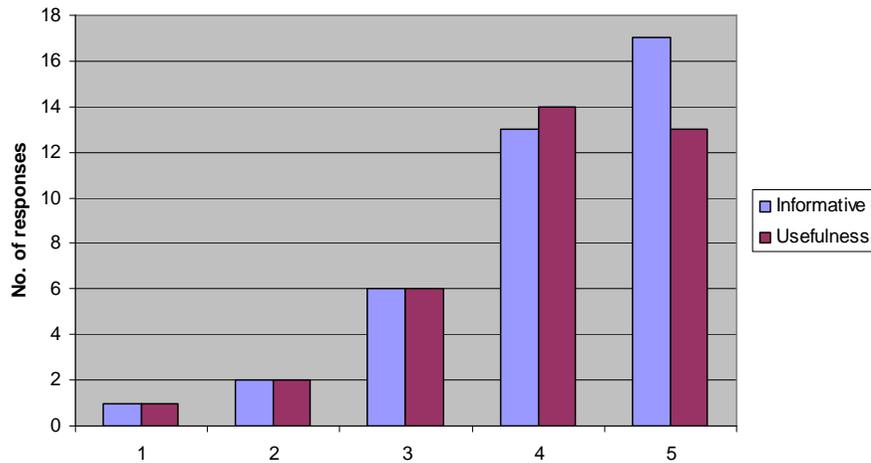
**Plenary Session V - Getting people into care: Working together to bring policy, clinical practice and patient support to bear on affecting change in Europe**



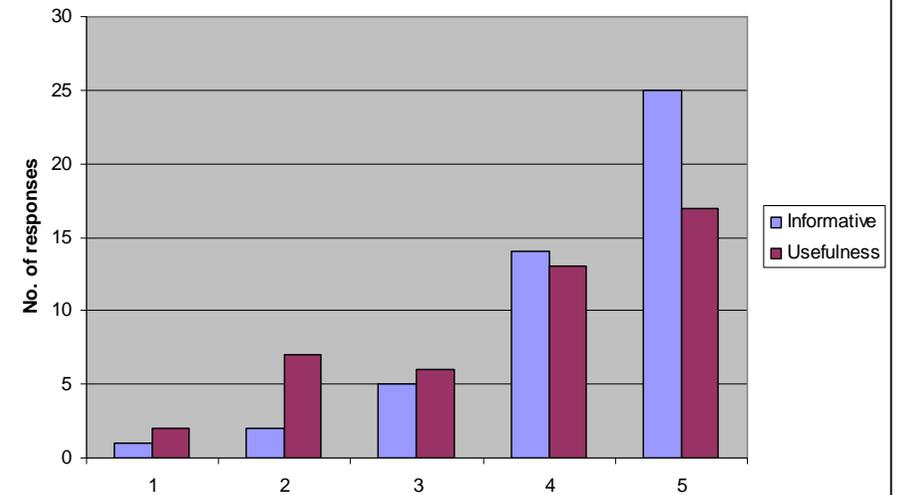
**Clinical review of EACS indicator disease guidance document**



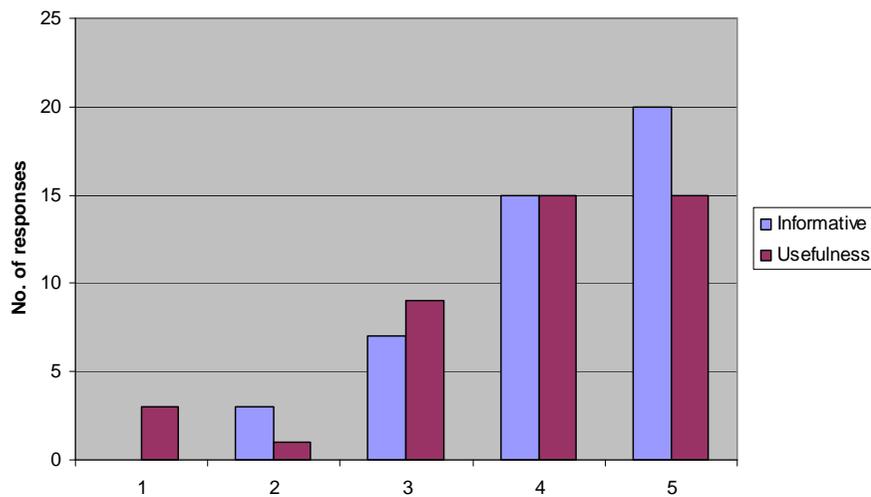
**Plenary Session VI - Consideration of testing as a route to improved patient outcomes**



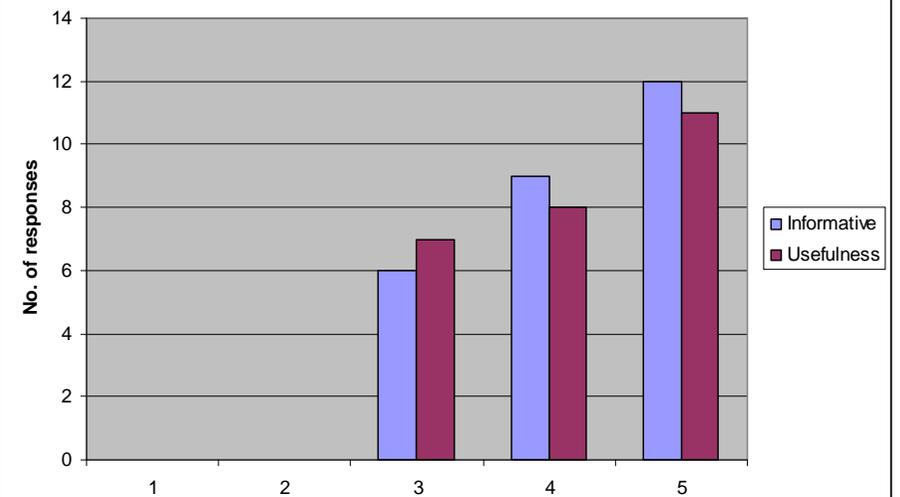
**One nation's approach: routine testing in the US**

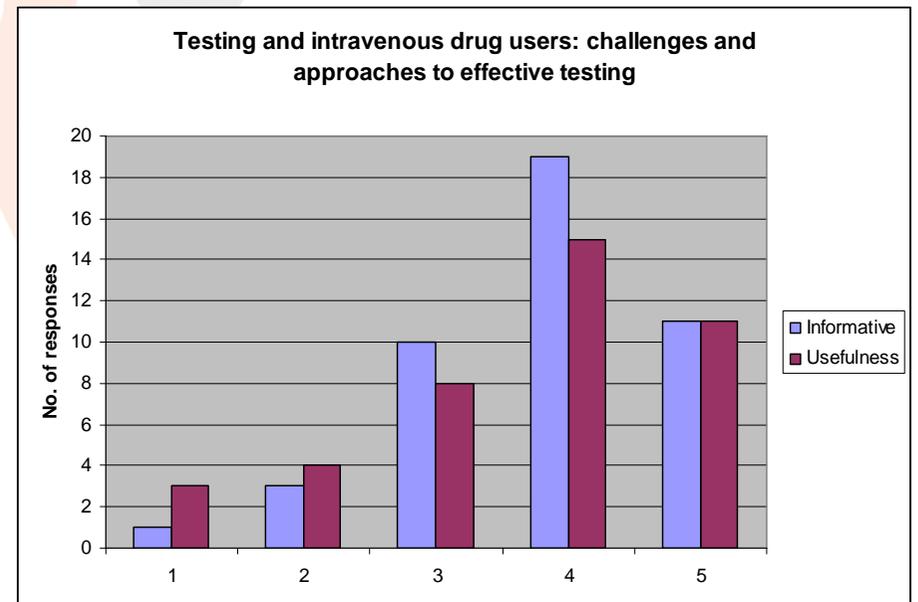
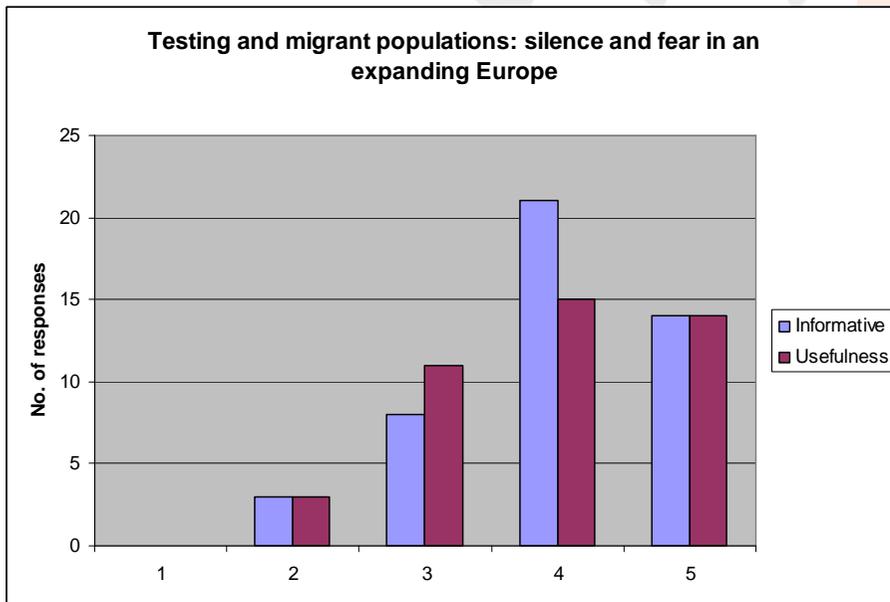
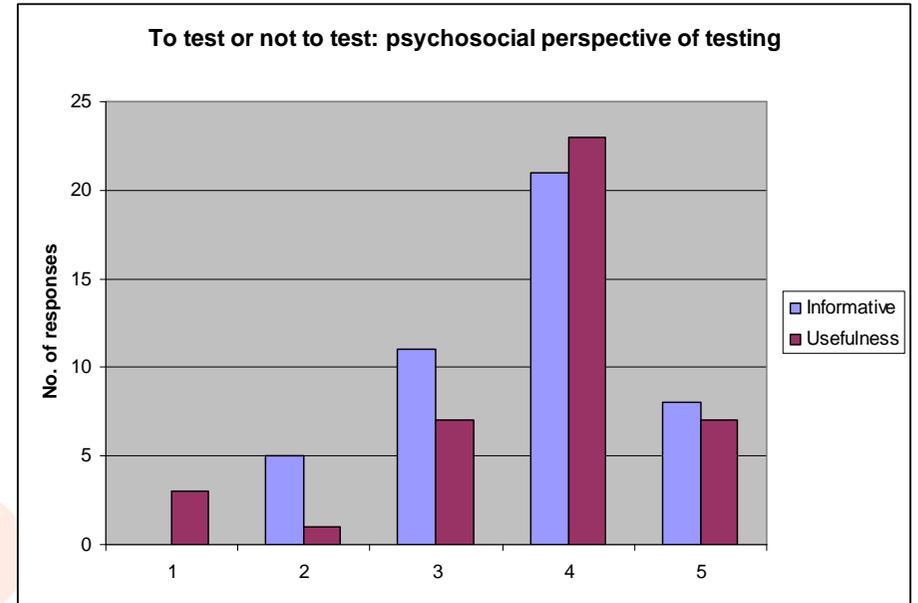
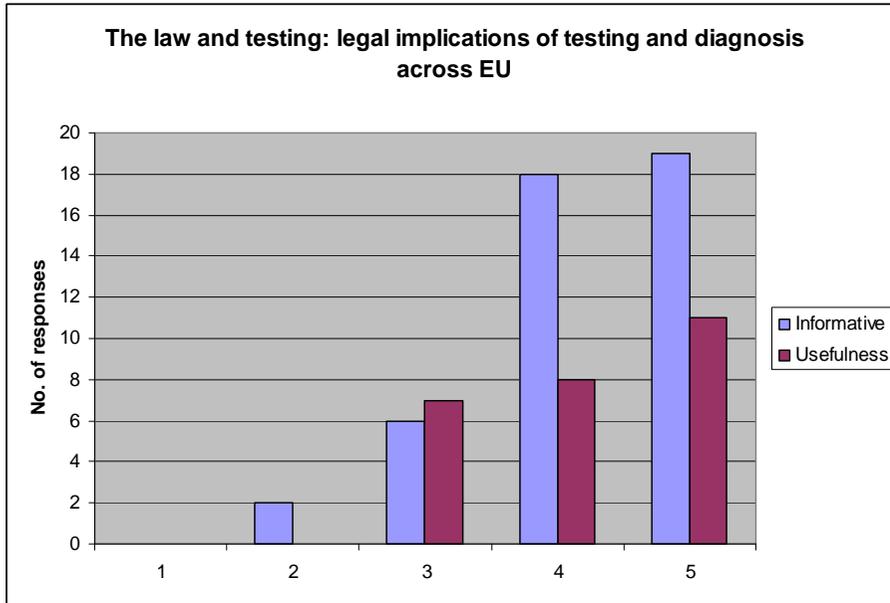


**Other approach: the introduction of EU guidance**

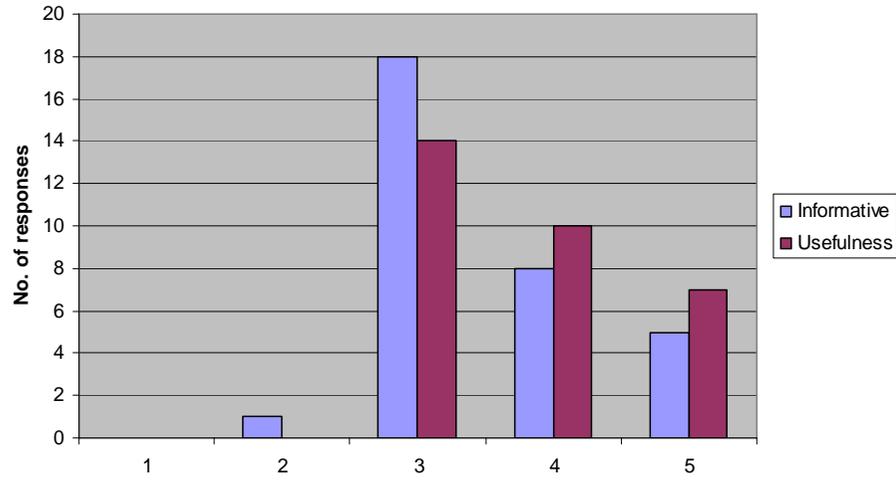


**Plenary Session VII - Current issues around testing**

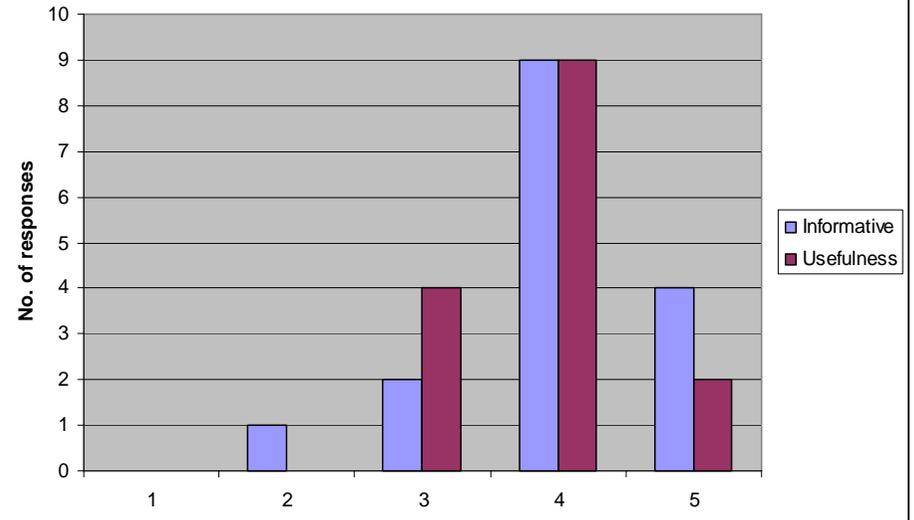




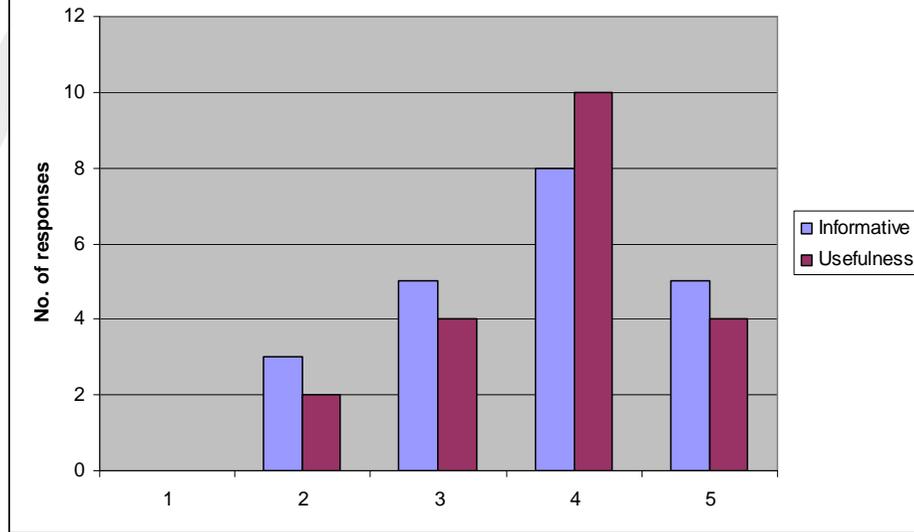
**PLenary Session VIII - Hope for the future: Europe working together in HIV**



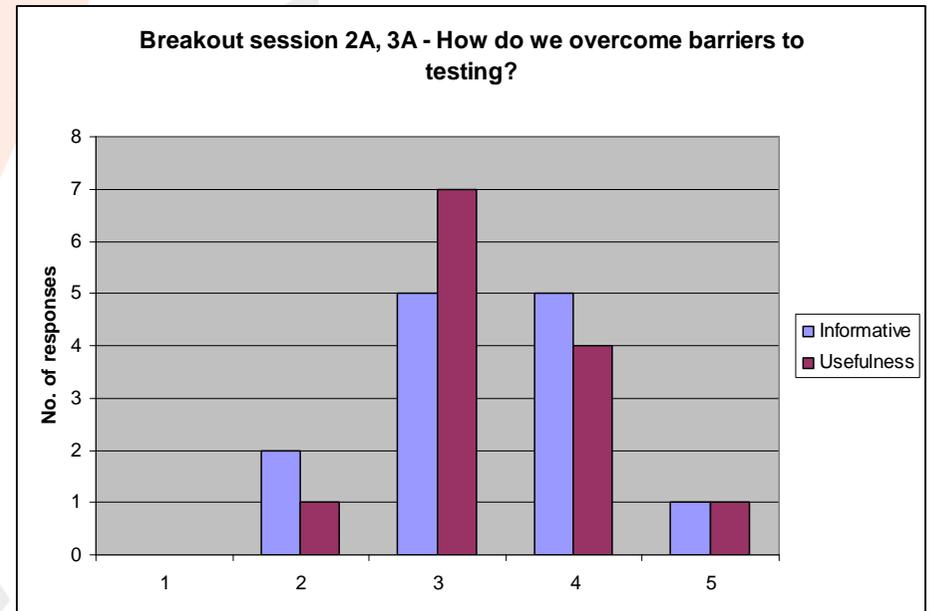
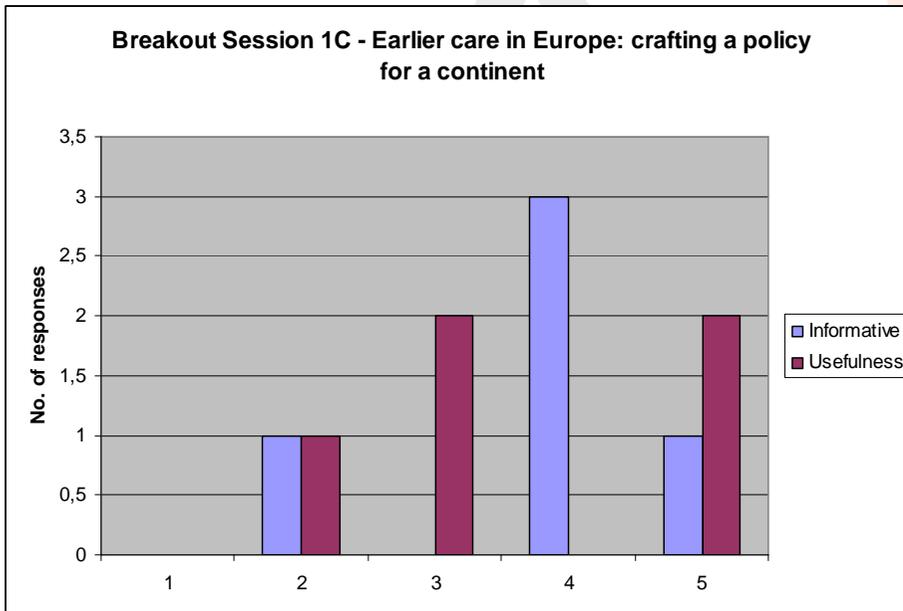
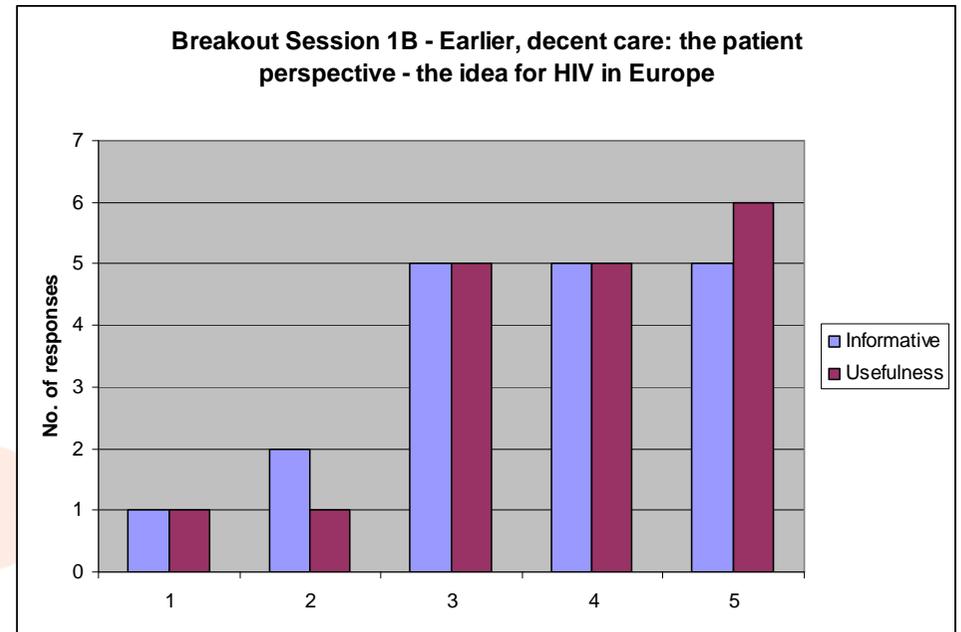
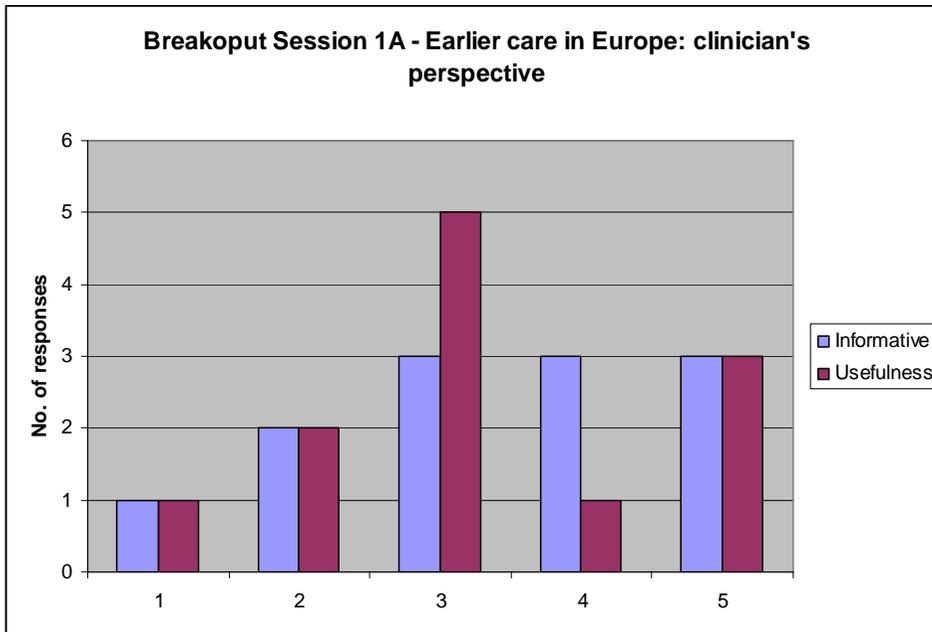
**Summing up of conference and conclusions**



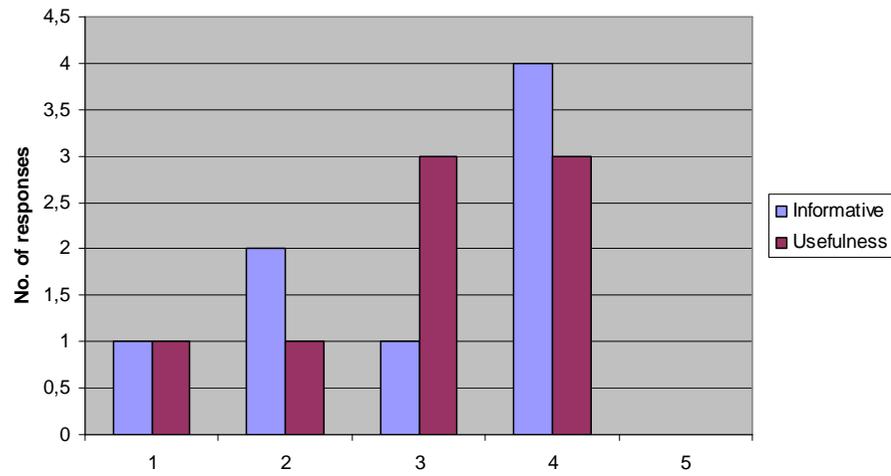
**Adoption of the call to action**



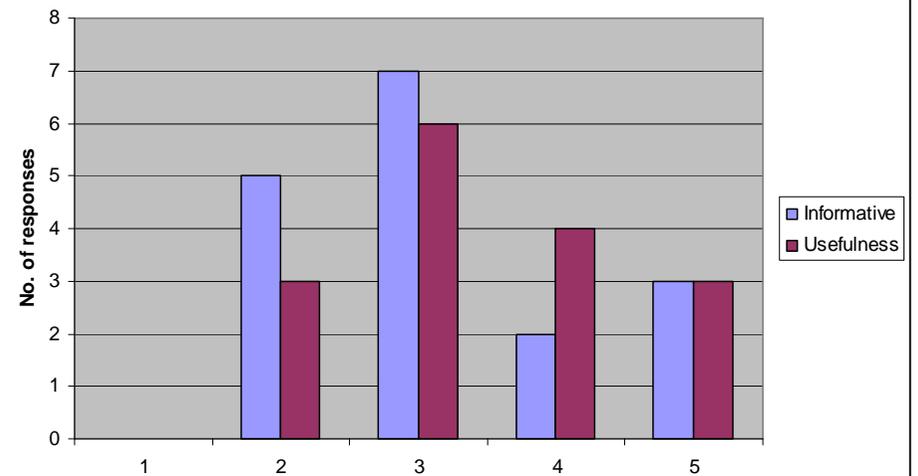
## Interactive Sessions – Detailed Breakdown of Responses



**Breakout session 2B, 3B - Where should testing occur and who should be tested?**



**Breakout session 2C, 3C - How to move the debate on optimal testing?**

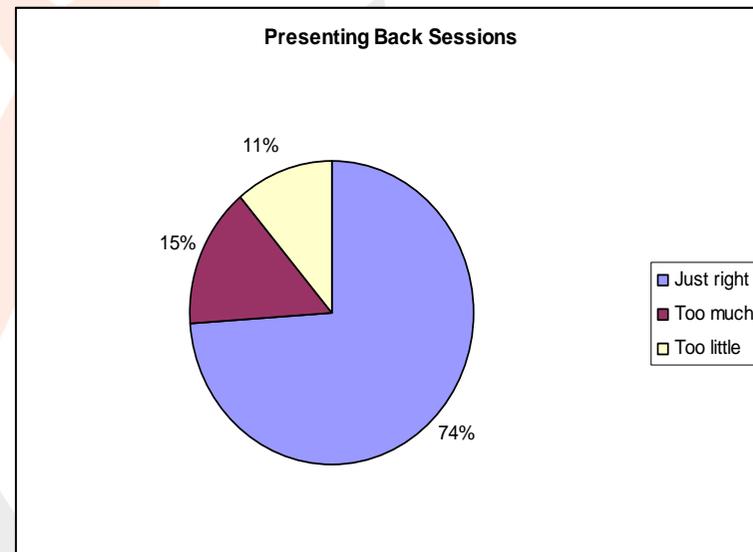
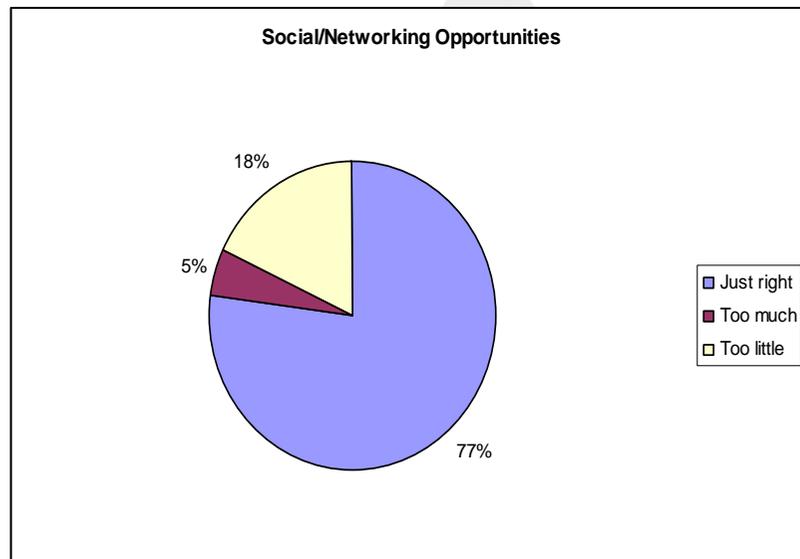
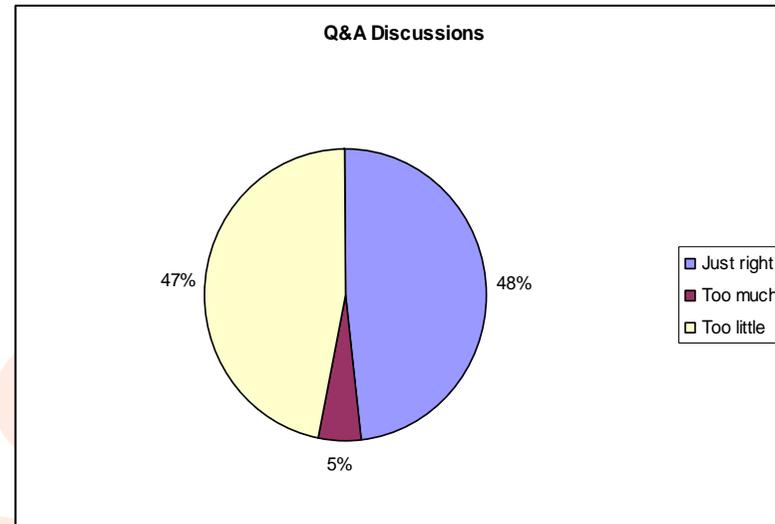
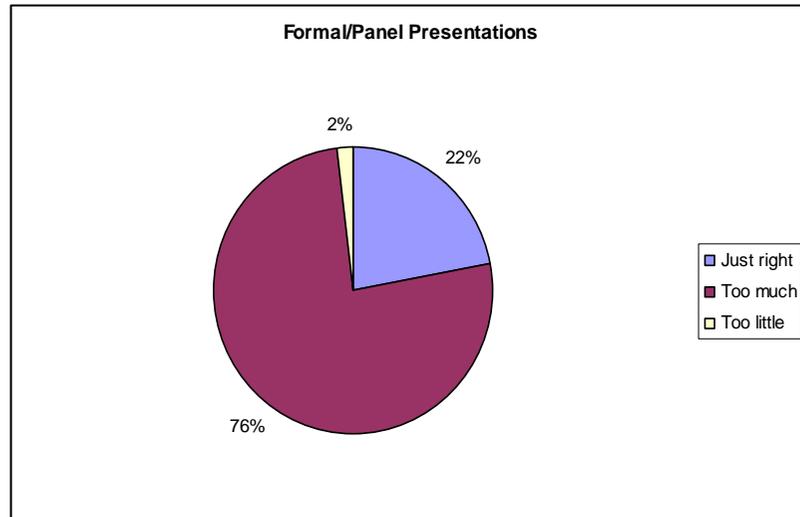


## Comments

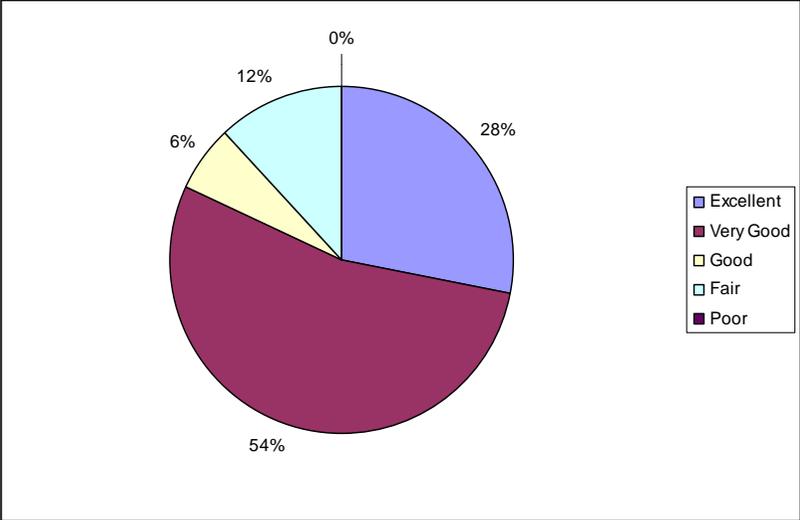
### In your opinion, which session was most useful to you and why?

- Data sessions – very informative
- Plenary session VII – brought us to reality of how people are affected by testing, counseling and early testing
- Kevin Fenton and Matthew Weait – Kevin provided great inspiration as to what we can do. Matthew provided clarity on the legal implications regarding health
- Indicator disease guidance and session VI
- All panel discussions, rather than hundreds of presentations
- Testing and intravenous drug users – it was the most practical and impactful (aside from Kevin Fenton's talk)
- Testing the issues, clinical review
- All those where I learned what is happening in the East
- Plenary session VI: "One nation's approach: Routine testing in the US" – new information, I agree with this concept
- Epidemiological data – showed big differences within Europe (already known) but advanced value and information on different epidemiological events occurring within Europe
- Day two informing session. There was some real debate about how to move the testing policy forward
- Plenary VI – most relevant for my organization's work to support/promote improvements in HIV diagnosis
- Break out session 1A – due to my professional occupation
- The dinner: networking between physicians, policy-makers and advocates
- Interactive session, but could have been more interactive
- Breakout session 1B – good and participative debate
- Stigma – impact on testing (because I find this combination very important)
- Current issues around testing
- Plenary session VI – very informative
- Breakout session 1B – interactive
- Plenary session III, IV, VI and VII – the most practical issues
- How do we overcome barriers to testing. Diverse opinions from different regions in Europe to address barriers and problems as well as different possible solutions to overcome them that might be applicable in the field I work in
- Indicator disease guidance – new approach to increase HIV testing
- Plenary session II and III – they gave important information, identified the problems and justified the need for action
- Plenary session VII – peoples' experiences
- Breakout 3A – overcoming the barriers stopping us from providing necessary health services to everyone with the EU is a key issue. I believe we approached it in the best way we could and all points heard were extremely interesting and useful
- Plenary session VI – best discussion of what works and what doesn't (or nearest)
- Plenary session I – good data clearly presented
- EACS indicator disease – practically based, potential action
- Issues around testing
- The group work was great, leading to an action that will be a result of the conference with all participants having a possibility to be active, great! Thanks a lot!
- Plenary session I and II – good summary of magnitude of the problem

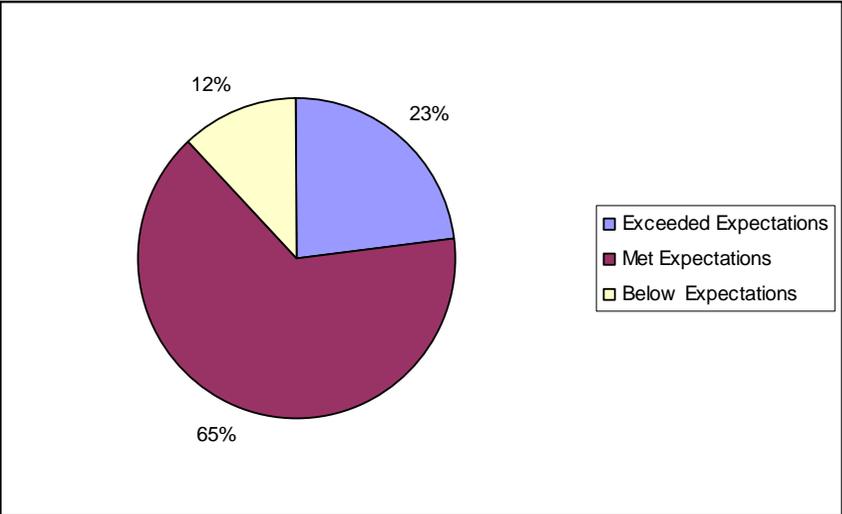
**How appropriate was the time spent on each of the following agenda items?**



**Overall, how would you rate the entire meeting?**



**Overall, how did the meeting meet your expectations?**



**Were there any areas not covered in the programme that you would have liked to have seen?**

- Migration and the migration political discourse. Next time, should invite and ensure participation of African advocates – this is the whitest conference I've been to for years
- Would have valued acknowledgement of differing responsibilities between countries and demand for more improvement from "Western" countries
- Yes, antenatal testing being a very important part for women and families. The woman being the child bearer and carer is bound to be more vulnerable during pregnancies and support network around her during this time in her life needs to be catered for separately
- Action plans to recommendations
- Linking care and testing with prevention
- Examples of best practices
- Concrete solutions for definition issues (for example opting out)
- Impact, experiences and obstacles related with outreach counseling and testing
- International access to therapy
- Discussion on generics
- More space for commercial sex workers and prisoners - their issues related to testing and care
- Rapid HIV testing
- Concrete experiences of new proposal of HIV testing in Europe (in community groups, emergency)
- The role of STD/AIDS checkpoints for MSM in raising awareness of testing demand
- More time reviewing evidence of what works and what doesn't to increase testing
- Sessions to share good practice/ideas
- Pregnancy issues for HIV positive females
- More of gender and more women (is possible) participating since women are equal/more affected