

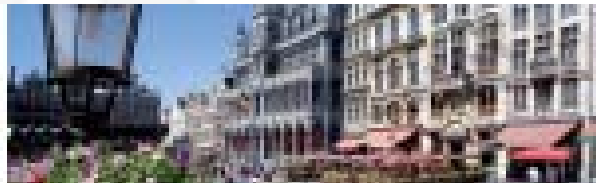


HIV in Europe 2007

Working Together for
Optimal Testing and Earlier Care
25 - 27 November 2007, Brussels

HIV in Europe 2007

Conference outcomes achievements, learnings and 2008 plans



Conference 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 counselling, and earlier care for HIV/AIDS

To promote public health best practices and guidance found in Europe with regard to HIV testing, counselling and care

Conference Vision

In a unique collaboration, key European stakeholders will agree to a common understanding on the role of HIV testing and counselling in optimising diagnosis and the need for earlier care. The ultimate aim is to improve patient outcomes, reduce HIV-related morbidity and mortality for those infected, and decrease HIV incidence across the region.

Endorsing Organisations & Sponsors



HIV in Europe 2007
Working Together for
Optimal Testing and Earlier Care

Delegate Attendance

- **More than 300 delegates attended the conference, invited from 53 countries of WHO Europe Region**
- **The following countries were represented at the conference:**
 - Albania (1)
 - Armenia (4)
 - Austria (6)
 - Azerbaijan (1)
 - Belarus (2)
 - Belgium (40)
 - Bosnia and Herzegovina (2)
 - Bulgaria (3)
 - Croatia (2)
 - Czech Republic (5)
 - Denmark (20)
 - Estonia (6)
 - Finland (4)
 - France (10)
 - Georgia (1)
 - Germany (19)
 - Ghana (1)
 - Greece (5)
 - Hungary (2)
 - Italy (12)
 - Latvia (3)
 - Lithuania (10)
 - Luxembourg (2)
 - Macedonia, the Former Yugoslav Republic of (4)
 - Moldova, Republic of (1)
 - Montenegro (1)
 - Netherlands (15)
 - Norway (2)
 - Poland (9)
 - Portugal (24)
 - Romania (2)
 - Russian Federation (4)
 - Serbia (11)
 - Serbia and Montenegro (2)
 - Slovakia (Slovak Republic) (2)
 - Slovenia (3)
 - Spain (15)
 - Sweden (11)
 - Switzerland (9)
 - Turkey (1)
 - Ukraine (2)
 - United Kingdom (29)
 - United States (2) (faculty)
 - Uzbekistan (1)



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Establishing the problem



Markos Kyprianou

EU Commissioner for Health & Consumer Protection

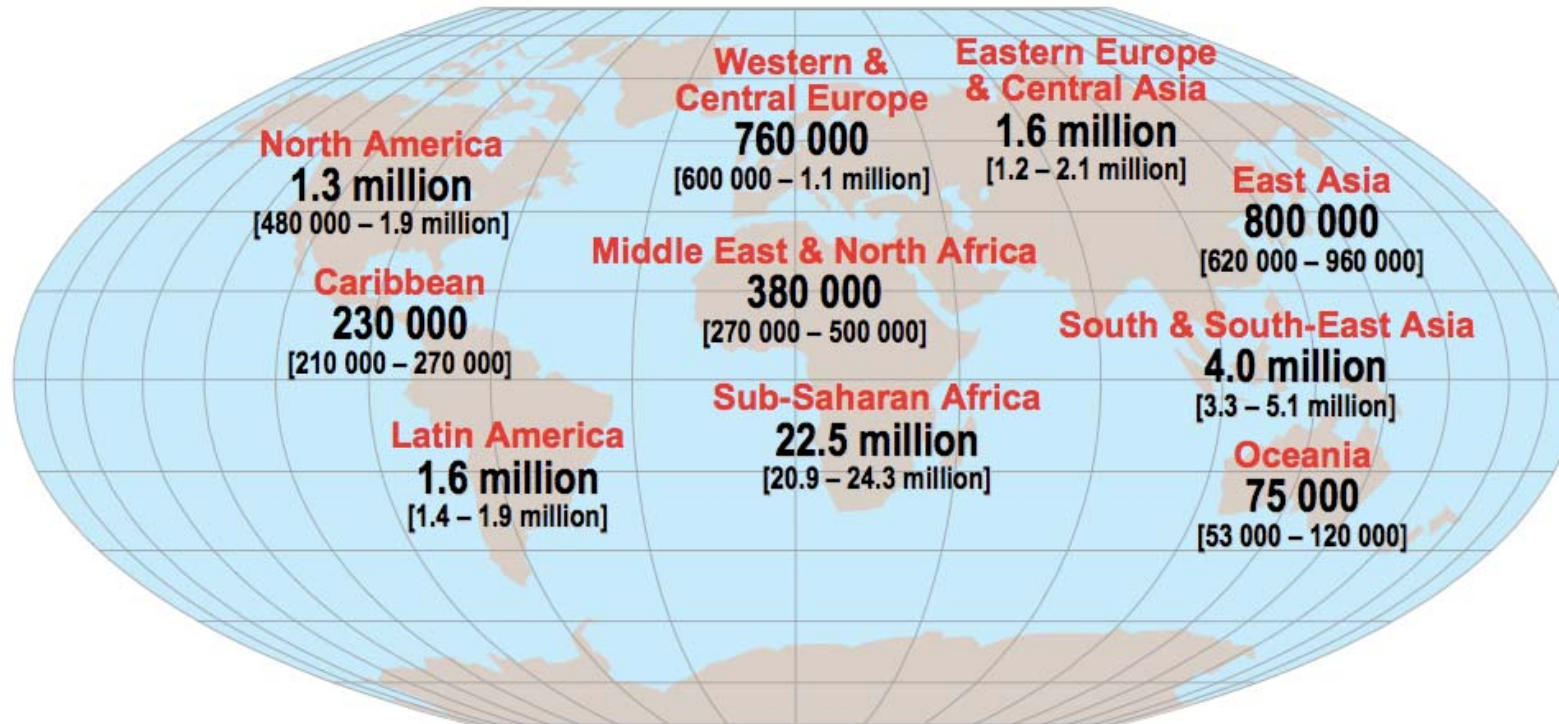
“Taking up HIV treatment and testing is particularly important today. Both issues have a key European dimension and both require our full attention.”

“HIV tests should be provided free of charge and must consequently include a proper follow-up in terms of guidance, support, treatment and care. This is a basic responsibility of all societies across Europe.



Getting tested early on means gaining access to HIV care, treatment and support.

Adults and Children estimated to be living with HIV in 2007



Total: 33.2 (30.6–36.1) million

Estimated proportion of HIV-infected persons unaware of their infection

Country	Estimated % HIV-infected persons unaware of their infection
Czech Republic	20-25%
Denmark	15-20%
France	30%
Germany	25-30%
Italy	25%
Latvia	50%
Netherland	40%
Poland	>50%
Slovakia	20-30%
Sweden	12-20%
UK	30%
Total EU	About 30%

Modelled Estimates for Adults for Europe end 2006



	All Europe WHO Region	Western Europe
Living or ever lived with HIV	2, 890, 000	1, 130, 000
Ever diagnosed with HIV	1, 620, 000	820, 000
Ever developed AIDS	460, 000	320, 000
Cumulative deaths	480, 000	330, 000
Currently living with HIV	2, 340, 000	700, 000
Diagnosed (%)	1, 110, 000 (48%)	450, 000 (65%)
Undiagnosed (%)	1, 220, 000 (52%)	250, 000 (35%)

Defining the issues: LSTMH



- “Testing Times” Report from London School of Tropical Medicine and Hygiene
- A multi-country analysis of the state of testing and care in the EU region and neighbours
- **Key finding:** nine different definitions of ‘late presentation’ in published literature
- Late presenters suffer greater morbidity and mortality
- 24 % of all HIV positive deaths due to late presentation
- Transmission 3.5 higher among persons unaware
- Great barriers to treatment: 3 % of IDU in Russia

Defining the issues: Modelling to define the problem



- Andrew Phillips of University College London modelled potential interventions of therapies*
 - **Models can help to generate a coherent whole from the various sources of surveillance data**
 - **Modelling suggests that were it possible to achieve complete diagnosis of HIV from 2008 this would have the potential to prevent up to 2000 deaths in Western Europe in 2009**
 - **If complete diagnosis were coupled with availability of ART throughout Europe as in Western Europe it would be predicted to prevent in excess of 90,000 deaths in 2009**
 - **Coupled with very early use of ART the number of deaths averted in 2009 would be predicted to be over 100,000 - of which 4000 in Western Europe**

* such interventions, while obviously not feasible within this time scale, illustrate the scope for benefit from moving towards such targets

Defining the issue: ECDC



- The diversity of the epidemic across the region requires adapted local response
- Levels of HIV transmission remains high in certain populations at increased risk, in particular MSM in western Europe and IDU in eastern Europe
- A high proportion of HIV infected persons is unaware of their infection - about a third in the EU
- ECDC believes in scaling up access to HIV testing as a key strategy to curb the epidemic
- ECDC will coordinate the surveillance of HIV/AIDS in Europe from January 2008 together with WHO-EURO

Barriers – 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)
- Fear of stigmatization

Health system related:

- Populations marginalized and excluded (migrants)
- Geographic location

Barriers – 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
 - Discrimination
- Only 8 countries give universal access to ART
 - 3 countries provide no access to migrants-documented or not, non nationals and non residents
 - Populations poorly covered for ART
 - Uninsured individuals (no access in 4 countries)
 - Undocumented migrants (no legal free access in 13 countries)

Social/Psychological Barriers



- Barriers and facilitators mostly located in individuals
 - System characteristics are under-researched
- 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

Legal Barriers



- If we want to increase testing, or the offering of testing, we need to recognize that this may contribute indirectly to the criminalization of reckless HIV exposure and transmission
- Those who approve of criminalizing reckless exposure and transmission of HIV need to recognize that this may constitute a barrier to the goal of increased testing, especially among vulnerable populations
- HIV exposure and transmission **MUST** be seen through the lens of public health policy and **NOT** as a problem for which the criminal law can provide a solution



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Actions from the Conference



Conference *Call to Action*



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

Adopted by the European Parliament on 27th November 2007

Commitments from delegates



- **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
- **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

Commitments from delegates



- **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

HIV in Europe:

Strategies for overcoming obstacles to optimal testing/earlier care

Barrier:

Action:

Medical practice



Indicator Disease Guidance

- People present too late to receive full benefit from care and treatment

Public health



Incentives for service providers to optimise testing and counselling (applying “3 C’s” principles)

- Human and financial costs associated with the undiagnosed and late presentation

Social environment



Work to decriminalise HIV-related laws, including remove travel restrictions applying a human rights framework

- Stigma – multi-faceted, complex issue

Recommended actions from breakout groups



- Share transferable campaigns and educational tools (evaluate effect and use the media)
- Deliver in all medical schools across Europe by pressure through CMO meeting to nurses and pharmacists (clear messages, use the media)
- Obtain details and write to all Nation States to demand they implement this on public health grounds with support of European-wide clinical and advocacy organisation
- Obtain high level political commitment on universal access to high quality, confidential and accessible testing
- Steering Committee to come up with concrete proposals to engage their specialities to obtain buy in for the call for action
- Ensure hard data on prevalence and missed opportunities for testing
- Assemble data to define appropriate messages regarding benefits of testing to communicate with specific audiences (include media)
- Broad education and awareness campaign among physicians (including codes of conduct)
- Offer free testing to groups beyond traditional risk categories

Breakout groups (continued)



- Create a “better” practice document to inform an EU Directive on optimal testing and care guidelines
- Leverage existing pan-EU mechanisms for ensuring HIV issues remain high on agenda (e.g., Think Tank)
- Media think tank to educate peer journalists
- Request European Commissioner to consider a Council recommendation on early testing to foster access to prevention, treatment, care for HIV/Aids – send letter to 27 EU Health Ministers before EU Council in Portugal, based on the recommendations of this conference to significantly reduce the proportion of people diagnosed late
- Propose WHO Europe to agree with EACS on one consistent standard for treatment across Europe
- Commit that we will work together with actors in our countries of operation to communicate the benefits of early diagnosis, care and treatment
- All parties should involve community-based organisations in all policy making and agenda-setting actions
- Ask national departments of health to provide comprehensive training for all healthcare providers on clinical info around HIV; best practice in testing and relevant social issues



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Evaluation



Evaluation: Delegate feedback

87 %

said expectations were *exceeded* or *met*

81 %

rated the meeting *excellent* or *very good*



External communications: media

- 35 journalists attended HIV in Europe press conference
 - From 12 different countries
- Steering Committee members have given 29 interviews
- 151 articles have been published in 23 countries about the conference/testing and care in WHO Euro region

DS
De Standaard
ONLINE

LIDOVÉ
NOVINY

el mundo.es

DIARIO
MEDICO.COM

ANSA

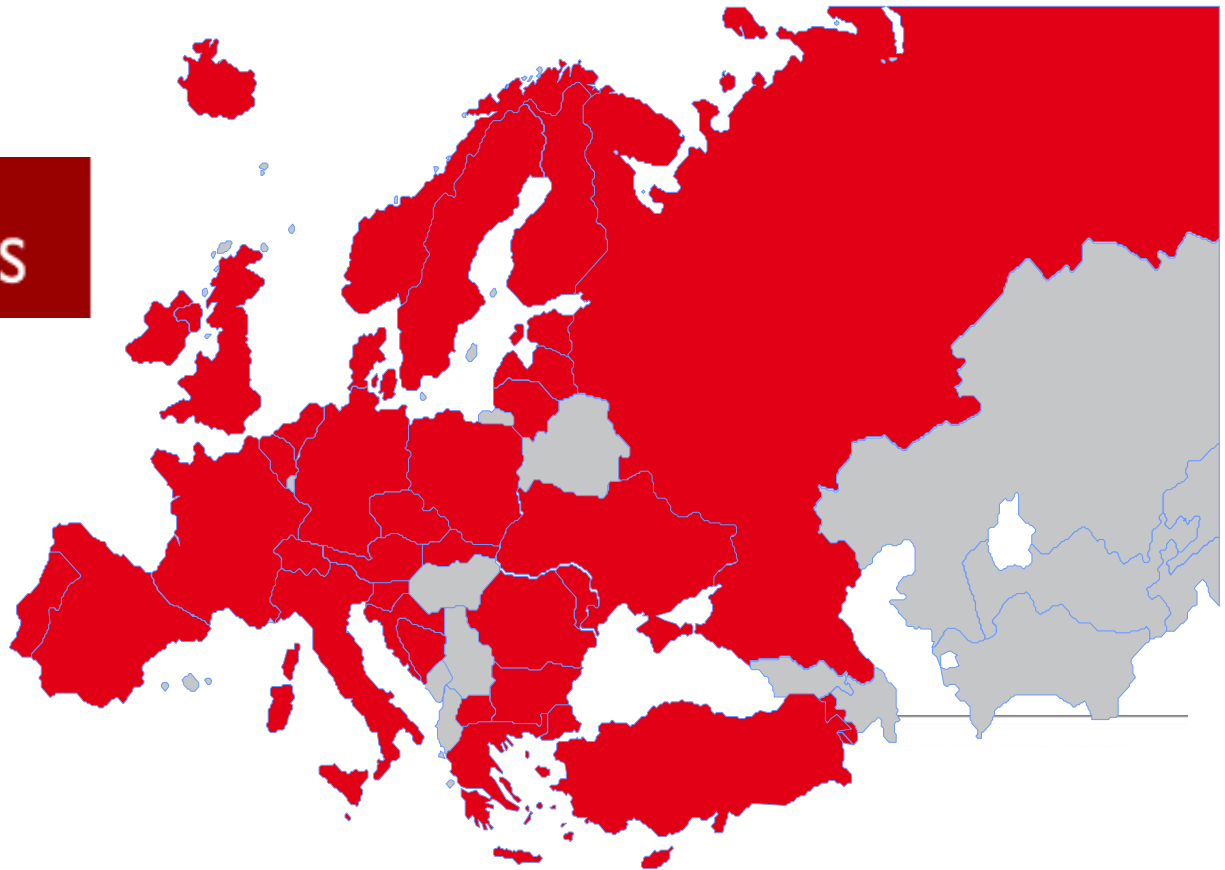
EurActiv
.com

FT

EFE:

FINANCIAL
TIMES

BBC
NEWS



DIARIO MEDICO

La cifra de personas infectadas por VIH se ha duplicado en los últimos seis años
26 November 2007
Categorías: VIH
[+] Traducción: Con. Wikidoc, P.A., 2007. 04:00:30 WESTCOT.

Según datos presentados en la Conferencia Europea sobre el VIH 2007, el número de nuevas infecciones en Europa occidental se ha multiplicado por dos en los últimos seis años. De hecho, el total de personas que viven con el VIH en la Unión Europea sigue creciendo rápidamente desde el año 2000.

Los datos controlados en parte el informe presentado la semana pasada por Unicef a la Organización Mundial de la Salud (OMS) que muestra un claro aumento de la prevalencia de VIH/SIDA por infección. Se estima que 3,6 millones de personas viven con el VIH en Europa y Asia central, y que unos 100 millones de habitantes de la Unión Europea, en 2006, se han desplazado desde los 17.000 casos reportados en los 50 países de la Región de Europa de la OMS.

Desde la primera de los conferencias, el total de personas infectadas por VIH en Europa occidental se ha duplicado en los últimos seis años. La mayoría de las personas infectadas en Europa occidental son mujeres.

La primera, conocer la infección.

Según los estadísticos de esa región que residen en el extranjero en el extranjero en un momento determinado de su vida, más de la mitad de las personas infectadas por VIH en Europa occidental son mujeres.

Según el informe, miembro de la Oficina Regional de la OMS para Europa, el número de personas infectadas por VIH en Europa occidental se ha duplicado en los últimos seis años.

Por su parte, Tim Cameron, presidente de la OMS para Europa, dijo que el número de personas infectadas por VIH en Europa occidental se ha duplicado en los últimos seis años.

la Repubblica

Aids, allarme Europa raddoppiati contagi HIV - Bruxelles
126 words
27 November 2007
La Repubblica

Italian
[+] Copyright: LA REPUBBLICA

BRUXELLES - Il numero di persone che hanno contratto l'Hiv si è raddoppiato negli ultimi sei anni in Europa. Più della metà di queste, in tutto 760 mila, non sono consapevoli di avere contratto il virus e hanno una probabilità tre volte maggiore di trasmetterlo rispetto a chi è risultato positivo al test. I SIDA sono americani a Bruxelles dove sono riuniti rappresentanti Ue, Oms, esperti e politici. C'è un allarme perché altri dieci anni in Europa circa 3 milioni di persone

EL MUNDO

CIENCIA
Los nuevos casos de sida en Europa se han duplicado en una década
ANITA GARCÍA, Corresponsal
126 palabras
27 Noviembre 2007
El Mundo
[+] Traducción: Con. Wikidoc, P.A., 2007. 04:00:30 WESTCOT.

Los nuevos casos de sida en Europa se han duplicado en una década

BRUXELAS - El número de infecciones con el virus del sida se ha duplicado de promedio en Europa en los últimos seis años. La parte buena de la noticia es que más de la mitad de las personas que se infectan, según el informe de esa oficina, no saben que lo han hecho. El informe de esa oficina es el más reciente de la OMS, el organismo de la Organización Mundial de la Salud (OMS), en el que se estima que 3,6 millones de personas viven con el VIH en Europa y Asia central, y que unos 100 millones de habitantes de la Unión Europea, en 2006, se han desplazado desde los 17.000 casos reportados en los 50 países de la Región de Europa de la OMS.

De Standaard

2004: 200
Aids risk in Europe risk for last approach
127 words
27 November 2007
De Standaard
[+] Traducción: Con. Wikidoc, P.A., 2007. 04:00:30 WESTCOT.

And compared with most other countries, the number of people who have contracted the virus in Europe has doubled in the last decade.

Los datos controlados en parte el informe presentado la semana pasada por Unicef a la Organización Mundial de la Salud (OMS) que muestra un claro aumento de la prevalencia de VIH/SIDA por infección. Se estima que 3,6 millones de personas viven con el VIH en Europa y Asia central, y que unos 100 millones de habitantes de la Unión Europea, en 2006, se han desplazado desde los 17.000 casos reportados en los 50 países de la Región de Europa de la OMS.

L'ANNA

AIDS: ESPERTEI, RADDOPPIA NUMERO DI CONTAGIATI HIV IN EUROPA.
126 words
26 November 2007
21:07
ANSA-Health Service
Italian
[+] Copyright: ANSA

Sono circa 760 mila le persone che hanno contratto il virus del sida negli ultimi sei anni in Europa. Più della metà di queste, in tutto 760 mila, non sono consapevoli di avere contratto il virus e hanno una probabilità tre volte maggiore di trasmetterlo rispetto a chi è risultato positivo al test. I SIDA sono americani a Bruxelles dove sono riuniti rappresentanti Ue, Oms, esperti e politici. C'è un allarme perché altri dieci anni in Europa circa 3 milioni di persone

Secondo i dati pubblicati dalla Oms, il numero di persone che hanno contratto il virus del sida negli ultimi sei anni in Europa ha raddoppiato.

FT **Financial Times** **FINANCIAL TIMES**

Who were not born in the US did not run for the highest office

Continuous interest rates system would face drawbacks

Recognise HIV as a significant issue across Europe

Meet European with HIV start treatment too late

NR. 193. MONDAG, 5. NOVEMBER 2007

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Aids experts call for more tests

By Paul Kirby
EU reporter, BBC News

The Aids crisis In Depth

LATEST NEWS

- World 'losing fight against Aids'
- Malawi urges national Aids test
- 'Sharp drop' in India Aids levels
- Brazil gets cut-price Aids drug
- HIV origin 'found in wild chimps'

FEATURES

- Russia's children HIV-positive children face a bleak future in Russia, the BBC's Emma Simpson finds
- 'Why I abstain from sex'
- 'I am not afraid of Aids'
- Hope amid Malawi's Aids crisis
- 'Bug chasers': Fantasy or fact?
- 'My life with HIV'

BACKGROUND

- Timeline: 25 years of HIV/Aids
- The biology of Aids
- HIV guide: Region-by-region

VIDEO AND AUDIO | **watani TV reports**

More than 300 European health experts are calling for earlier HIV testing to tackle increasing infection rates.

They are attending a conference in Brussels, described as the first time patients, policy-makers and physicians have gathered in the same room.

One proposal being considered is for wider testing for people considered to be low-risk.

There were 86,912 new infections reported in the World Health Organization's European region in 2006.

'Remember Me'

Delegates at the conference agreed that the impact of late HIV diagnosis on individuals and healthcare was an urgent problem.

ÄRZTE ZEITUNG
DIE HINZIGE TAGESZEITUNG ZUR GESUNDHEIT

NACHRICHTEN UND BERICHTE | **ÄRZTE ZEITUNG 5**

Bei der HIV-Früherkennung sind Hausärzte gefragt

Jeder zweite Virusträger in Europa weiß nichts von seiner Infektion / Assoziierte Erkrankungen deuten auf die Infektion hin

In Europa werden HIV-Infektionen oft erst sehr spät erkannt.

Ein Drittel der Betroffenen sind und werden daher erst spät behandelt. „Die Situation ist in Europa zweigeteilt“, sagt Professor Jens Lundgren von der Universität Kopenhagen in Dänemark. So sind im Westen 30 Prozent der HIV-Infizierten nicht diagnostiziert. Doch werden die meisten HIV-Infektionen bei Migranten aus den EU-Ländern und Vätern von UN- und BIU-Organisationen und nationalen Gesundheitsbehörden diskutiert werden. Teilnehmen werden HIV-Experten und Virologen von UN- und BIU-Organisationen und nationalen Gesundheitsbehörden.

7 **Care**



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2008 plans and next steps




Next steps

- Use website www.hiveurope2007.eu to follow up on Calls to Action
- “**Testing Times**” report from London School of Hygiene and Tropical Medicine to be published in March
- 32-page supplement in ***HIV Medicine*** to be published July 2008 (reprints available for IAS Congress)
- **Steering Committee** to meet 12 February, Copenhagen, to discuss future activities. Discussion to include:
 - Brussels-based policy activities and how SC can support
 - SC presence at international meetings
 - Priorities/preparations for proposed 2009 Conference
- SC to offer support for **national organisations** to roll out local activities

Sponsorship requested from existing sponsors for:

- Ongoing media features and supplements
- Completion of EACS Indicator Disease Guidance
- European institution lobbying and PA initiatives
- Information dissemination at 2008 congresses, e.g.
 - 2nd Eastern EU/Central Asia AIDS Conference
 - Harm Reduction
 - International AIDS Conference
 - 11th European Health Forum
 - EUPHA
 - 8th International Congress on Drug Therapy in HIV Infection
- Ongoing Secretariat support
- Planning for HIV in Europe 2009



HIV in Europe 2007
Working Together for
Optimal Testing and Earlier Care

HIV in Europe 2007
Secretariat: Weber Shandwick
Rue Wiertz 50 - B-1050 Bruxelles
Tel: +32 2 282 1620 - Fax: + 32 2 230 14 96
Email: secretariat@hiv-europe2007.eu

DATE: 20 November 2007
TO: Sponsors of the HIV in Europe Conference 2007
FR: Ton Coenen, AIDS Action Europe
Jens Lundgren, University of Copenhagen
Nikos Dedes, European AIDS Treatment Group
CC: HIV in Europe Steering Committee
RE: Request for support for ongoing HIV in Europe initiatives

HIV in Europe Conference - acknowledgements

As the organising co-Chairs of the HIV in Europe initiative, may we first of all, on behalf of the entire Steering Committee, thank you for your generous support in making the *HIV in Europe 2007: Working Together for Optimal Testing and Earlier Care* Conference a reality. The momentum and enthusiasm around the Conference continues to build and, with your help, we have been able to put together what we believe will be a truly unique event. To ensure that the Conference is the beginning of lasting change in the fight to reduce the infection rates across Europe, we ask you to consider continuing your involvement and support in tackling HIV in Europe.

Beyond the specific mission of the Conference, it is our belief that together we can work to ensure that the issues raised during the Conference continue to be addressed and momentum for change is maintained. It is our responsibility to add longevity to the Conference by carrying the impetus on to HIV meetings in 2008 and beyond, influence policies and raise testing to a higher priority.

Immediate Conference follow-up

As outlined in previous outputs that are being

Multi-country analysis
The study will identify response to HIV/AIDS

The Call for Action
The Call for Action will on all stakeholders and

The website - www.hiv-europe2007.eu
Prior and during the Conference will be the main vehicle for the Conference information on all the

Why stay on board?




The cause will not change:

- We will work to increase the number of people who are tested
- We will work to increase the number of people who receive earlier care
- We will work to improve patient outcomes for those who test positive

And so, in order to meet a minimum programme of continuing activities, we are asking each of you, as founding sponsors of the HIV in Europe initiative, to consider contributing €40,000 towards the 2008 programme. We as a Steering Committee need your ongoing support to deliver these promises and to follow up on the Calls to Action issued during the Conference.

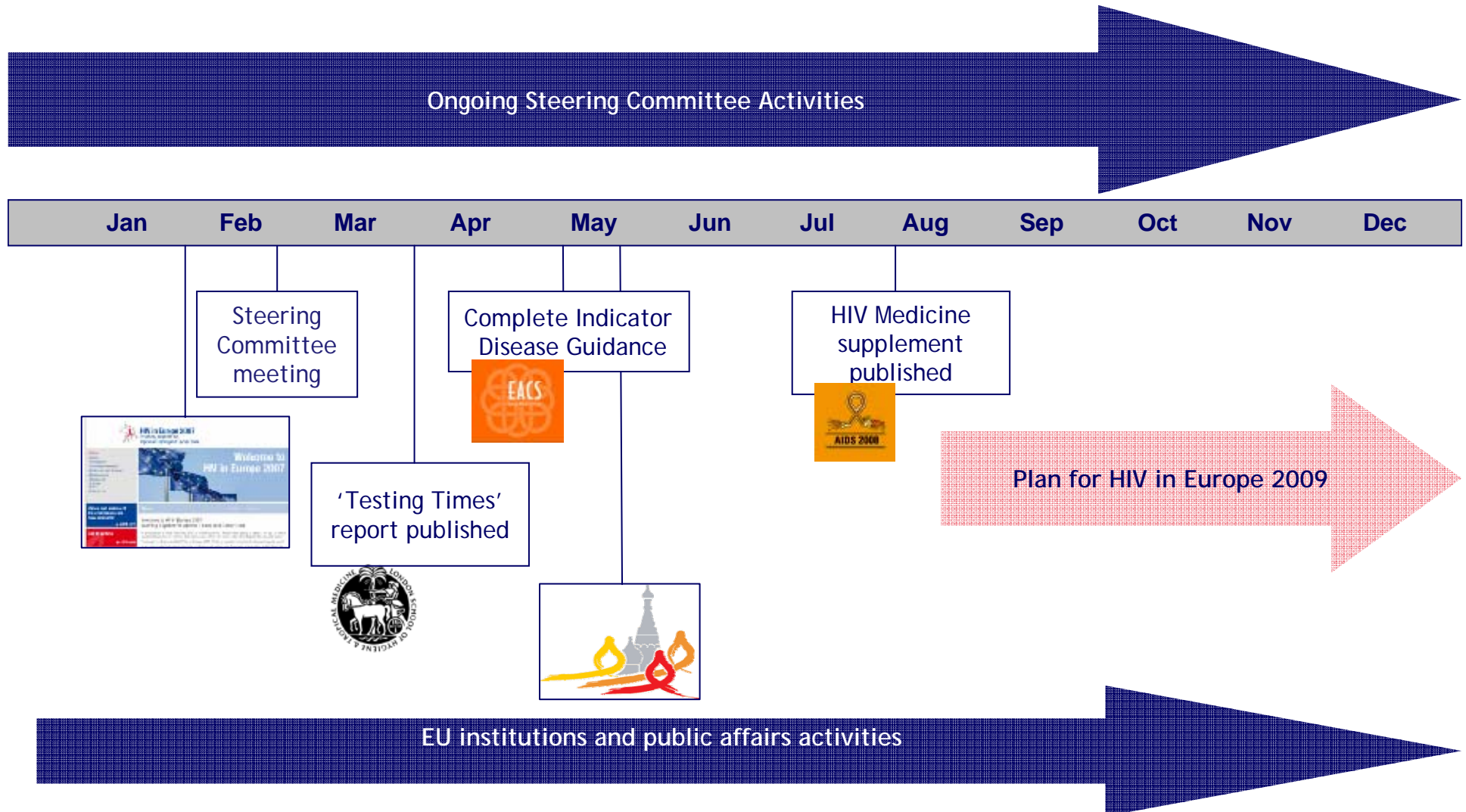
It is our belief that the *HIV in Europe 2007* Conference will be the platform to initiate the changes, and the years to come, the ground on which to implement those changes.

Yours sincerely,



Ton Coenen Jens Lundgren Nikos Dedes
Steering Committee of HIV in Europe 2007

Timeline



This paper was produced for a meeting organized by Health & Consumer Protection DG and represents the views of its author on the subject. These views have not been adopted or in any way approved by the Commission and should not be relied upon as a statement of the Commission's or Health & Consumer Protection DG's views. The European Commission does not guarantee the accuracy of the data included in this paper, nor does it accept responsibility for any use made thereof.