

SHORT COMMUNICATION

The use and impact of European Testing Week regional awareness campaigns to increase HIV and viral hepatitis testing coverage

Dorthe Raben¹ | C. B. Kahama¹ | L. Combs¹ | Annemarie Stengaard¹ |
J. K. Rockstroh² | Daniel Simões³ | Ben Collins⁴ | on behalf of the European
Testing Week Working Group and the EuroTEST Steering Committee

¹CHIP, Rigshospitalet, University of Copenhagen, Copenhagen, Denmark

²Department of Medicine I, University Hospital Bonn, Bonn, Germany

³CoalitionPLUS, Paris, France

⁴ReShape/International HIV Partnerships, London, UK

Correspondence

C. B. Kahama, CHIP, Rigshospitalet, University of Copenhagen, Copenhagen, Denmark.

Email: caecilie.bom.kahama@regionh.dk

Abstract

Introduction: Since 2013, the European Testing Week (ETW) awareness campaign has become a key regional event influencing testing efforts for HIV, viral hepatitis, and sexually transmitted infections (STIs) through participation of 720 organizations. Here, we report on a survey from May to June 2022 aimed at assessing the participant-reported impact of the campaign.

Methods: All past and current participating organizations were asked to complete an online questionnaire between 12 May and 17 June 2022. Multiple choice and open-text questions included organization information, usage of ETW to engage in local testing-related activities, and the effect of a regional campaign to reach a wider audience and generate impact.

Results: Of the 52 respondents, 34 (65%) stated first participating in ETW 5–10 years ago. ETW was used for awareness raising by 40 respondents (83%), new testing activities by 37 (77%), advocacy initiatives by 15 (31%), and training/capacity building by 18 (38%). For awareness raising, 95% used ETW to highlight the importance of and to encourage testing; for new testing activities, 74% used ETW to reach new groups. In total, 44 (85%) reported added benefits of a Europe-wide campaign compared with national/local campaigns, particularly the increased visibility and collaboration opportunities. Impact at the local level was observed by 24 (51%), and impact at a national level was observed by 20 (43%). A total of 28 (79%) reported increases in the number of tests performed and 25 (75%) reported increases in clients accessing services.

Conclusions: Regional awareness campaigns reach wider audiences, boost local and national efforts to increase testing, and sensitize key populations about the critical value of testing compared with local/national campaigns.

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KEYWORDS

awareness, campaign, hepatitis, HIV, testing

INTRODUCTION

Late diagnosis of HIV and viral hepatitis continues to be a problem across Europe and beyond. An estimated one in five people living with HIV do not know their status, and half are diagnosed late in the World Health Organization (WHO) European region [1–4]. An estimated 80% of people with hepatitis B virus (HBV) infection and 73% of those with hepatitis C virus (HCV) infection are unaware of their infection in the European Union (EU)/European Economic area (EEA) [5]. The consequences of this for individual and public health and for healthcare-related costs are well documented [6–9]. The need to improve national testing programmes to address this is crucial, and several European guidelines and projects have been developed over the last decade to support and further strengthen early diagnosis at national levels [10–14].

Among these efforts, the EuroTEST Initiative has built a European platform where independent experts from civil society, policy institutions, healthcare, and European public health institutions work toward influencing policy, knowledge sharing, and building the evidence base to support earlier diagnosis and care of people with HIV, viral hepatitis, sexually transmitted infections (STIs), and tuberculosis across Europe [15, 16].

In 2013, EuroTEST initiated European Testing Week (ETW), which has since become a key regional awareness campaign event that influences testing efforts for HIV, viral hepatitis, and STIs; 720 organizations participate and organize local activities annually [17, 18].

ETW is guided by a working group that provides strategic direction. The secretariat coordinates, promotes, and evaluates the campaigns, organizes webinars and events, and provides support to participants. A campaign website hosts resources and campaign materials, newsletters, theme statements and key messages, videos, and social media channels (Facebook, Instagram, Twitter, YouTube) for information and sharing campaign activities.

This short report presents the results of an online survey conducted in 2022 to assess the reported impact of ETW and how it has been used locally. Although other approaches are being used to evaluate use and reach of ETW [18], this broader assessment is the first of its kind for the initiative. It was also designed to help understand how to strategically move the ETW initiative forward.

MATERIALS AND METHODS

All past and current participating organizations from 2013 to 2021 (a total of 665 at the time of survey dissemination) were asked to complete an online questionnaire in REDCap [19] between 12 May and 17 June 2022 [20]. The survey included multiple choice and open-text questions regarding organization information, use of ETW to engage in local testing-related activities, observed effect of regional campaigns to reach a wider audience, and recommendations for strengthening the campaign. Reminders (via ETW newsletters, direct email, and posts on ETW social media channels) were sent before the survey deadline (extended from 6 to 17 June 2022). As an incentive to provide feedback, the ETW secretariat offered a free trip to the 2023 HepHIV Madrid Conference [21] for two respondents.

RESULTS

The survey was completed by 52 respondents representing current and former ETW participants from 20 of the 53 countries in the WHO European region, and the majority (36 [69%]) were from Western Europe. The country with the highest number of responses was Italy (14), followed by Portugal (eight), Spain (four), and Croatia (four). Not all questions were mandatory, resulting in slightly differing response numbers for each question. The majority of respondents (38 [73%]) represented non-governmental organizations/civil society organizations, followed by representatives from healthcare settings/hospitals/clinics (9 [17%]). Other respondents (e.g. research or education facilities) constituted 10% of respondents. In total, 34 of the respondents (65%) reported participating in ETW for the first time 5–10 years ago, 10 (19%) first participated 3–5 years ago, two (4%) <3 years ago, four (8%) first participated in the last ETW, and two (4%) did not know when they first participated.

When asked which type of activities participating organizations have organized for ETW, 40 (83%) reported using ETW for awareness raising, 37 (77%) for organizing new testing activities, 15 (31%) for advocacy initiatives, and 18 (38%) for training or capacity-building initiatives. Healthcare facilities mainly used ETW for new testing activities (8 [89%]) and awareness raising (6 [67%]), whereas non-governmental organizations mainly used ETW for awareness raising (30 [79%]), followed by new

testing activities (27 [71%]), advocacy and capacity building (both 14 [37%]).

Of the 40 respondents who reported organizing awareness-raising activities, 38 (95%) reported raising awareness on the importance and benefits of testing and encouraging people to get tested. Of the 37 respondents who had used ETW to engage in new testing activities, 26 (74%) reported reaching different target groups during ETW than they normally reach, and 19 (54%) of them used ETW to try out new, innovative testing approaches. Among the 15 respondents who reported organizing advocacy-related activities, 12 (80%) had addressed decision-makers and policy-makers, and 10 (67%) reported promotion of testing policy changes. Of the 18 respondents who reported engaging in training/capacity-building-related activities for ETW, 14 (82%) had performed staff training on issues related to testing and 12 (71%) had organized trainings on testing issues for volunteers.

A total of 44 respondents (85%) reported a perceived benefit of ETW being a Europe-wide initiative compared with participating in national or local initiatives or

campaigns. Among this group, the majority (88%) reported that participating in the ETW campaign created more visibility for their services than a local campaign, (Figure 1). In line with this, 41 (85%) respondents reported that they prefer to sign up on the ETW website (which is voluntary) to demonstrate that they take part in the campaign. Among benefits reported, 13 (33%) respondents indicated that ETW created opportunities for collaboration. Signing up on the website also enables other participants to see potential collaborators for ETW activities, and 22 (46%) reported seeing an added value of participants signing up to be able to see other participants. Other benefits reported were improved funding opportunities (5 [13%]) and sharing experiences (3 [8%]).

Respondents were also asked whether they had observed any impact of their ETW activities and at what level. Most reported impact at the local level (24 of 47 respondents), whereas 20 had seen an impact at a national level and 13 at a regional (multi-country) level (Figure 2). As examples of observed impact, 28 of 36 respondents (78%) reported increases in the total

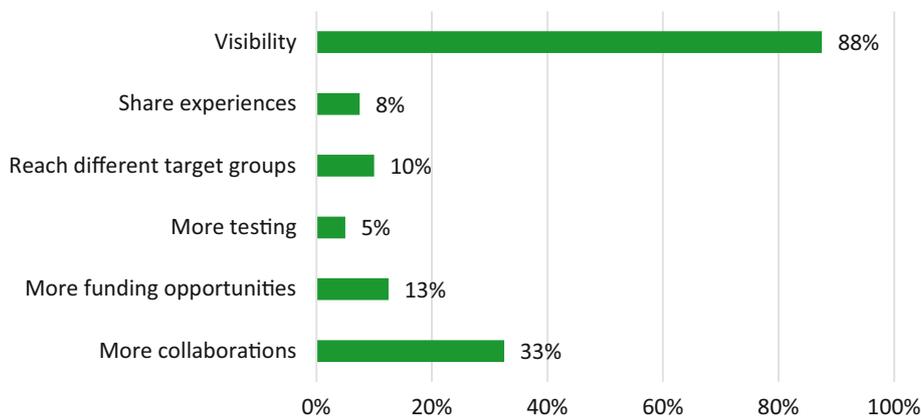


FIGURE 1 Examples of benefits of European Testing Week being a Europe-wide initiative, categorized from free-text responses ($N = 40$).

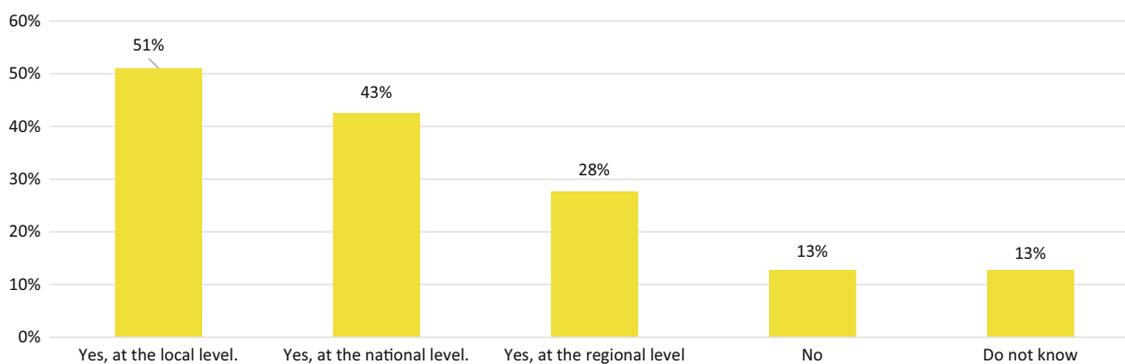


FIGURE 2 Impact of local European Testing Week activities at different levels. In this context, impact could include (but is not limited to) increased number of viewers to social media posts, increased total number of clients accessing services, increased support from local or national policy bodies etc. ($N = 47$).

number of tests performed, increases in the total number of clients accessing their services (25 [75%]), increased engagement with their social media posts (25 [70%]), and increased support from policy bodies (10 [28%]).

The ETW website provides various campaign materials for participants to download and use. Respondents were asked to indicate which ETW support materials they would like to have available for future ETWs. The top five materials were logos, key messages, posters, web banners, and fact sheets. Similar to results from previous post-ETW evaluations [18], the ETW logo is the most widely used ETW support material. Participants who have been participating in ETW for more than 3 years are also still using those materials. This finding could influence decisions on which materials to keep updated.

Comments on how to improve ETW in the future included several responses highlighting expanding the campaign more to the healthcare system (with the help and involvement of family doctors and nurses) and increasing the reach of the public administration level to institutionalize the campaign and engage more decision-makers and media. Funding needs in support of testing activities were also mentioned.

DISCUSSION AND CONCLUSION

This assessment examined the use and impact of ETW as reported by current and former participating organizations. Although ETW is in its 10th year, organizations that have been participating in ETW for many years still see the benefit of participating each year, with a majority reporting that ETW helps to boost the visibility and impact of their activities.

Our findings suggest that regional awareness campaigns such as ETW can reach a wider audience and boost local and national efforts to increase testing coverage and accessibility, thereby sensitizing key populations to the critical value of testing for HIV, viral hepatitis, and STIs despite competing health concerns and priorities such as COVID-19.

One of the most reported benefits of participating in a Europe-wide campaign was the increased visibility, highlighting how ETW helps to boost local campaigns. In relation to the impact of local ETW activities, most respondents reported increases in the total number of clients and tests performed, which further highlights how ETW can increase awareness and contribute to getting more people tested. The network that ETW constitutes provides a platform for bringing together different types of participants (community organizations, healthcare institutions, policy institutions, and educational institutions) and enables

participants to find collaborators, share experiences and ideas, and access relevant information through newsletters and events. Although it is difficult to accurately quantify the impact of ETW on testing, this finding is in line with results reported previously [22, 23, 24]. Previous ETW evaluation efforts have documented marked increases in testing volume during ETW and sustained increases in integrated HIV, HBV, HCV, and STI testing (compared with single-condition testing) [22]. A recent systematic review of papers using social marketing campaigns to increase the uptake of HIV testing found that testing increases could be documented in 38% of campaigns/studies and that campaign effectiveness varied by context and that it was difficult to draw firm conclusions regarding 'true' campaign effectiveness due to the overall low quality of the evaluation designs used in most of the studies [24].

Furthermore, the impact of ETW is not limited to immediate effects on testing uptake since the participants represent a variety of different actors who engage in many different forms of ETW activities with different timespans of expected effects, including testing, awareness raising, advocacy for changes in testing policies and guidelines, and capacity building related to testing.

While hampering comparisons with other social marketing testing campaigns, these broader campaign aims and the combination of participants from different sectors (community organizations, healthcare providers, policy makers, educational institutions, etc.) who work toward the same objectives create opportunities for campaign collaboration and synergies between different local or national ETW efforts. Comparison limitations aside, initiatives that help improve testing awareness and uptake at regional, national, and local levels help support Europe to reach the UNAIDS 95-95-95 targets for HIV and the WHO targets to eliminate viral hepatitis by 2030 [25, 26].

Limitations of our findings include the fact that many current or former ETW participants did not take part in the survey, impeding the representativeness of the results. If, for example, survey respondents represented the more active and engaged ETW participants, results may be biased toward more positive perceptions of the campaign. In an effort to address reporting fatigue and boost the response rate, a decision has been made to discontinue biannual post-campaign evaluation surveys for participants and only ask participants to respond to impact surveys every second year. Results will continue to be fed back to participants. Another limitation was that some answering possibilities were limited by the pre-defined answer categories. Possible language barriers and related differing perceptions of the questions asked cannot be excluded. Further, most of the questions were optional and not required for respondents to be able to submit their response, resulting in some data missingness for some of the questions.

In conclusion, the survey results can be used to continuously adjust the campaign to sustain its relevance. The assessment will be repeated every second year as a new supplementary method to evaluate the impact of ETW and take participants' suggestions into account when designing the biannual campaigns. ETW remains a relevant European campaign that adds value and generates impact at multiple levels.

AUTHOR CONTRIBUTIONS

All authors contributed important intellectual content to this manuscript. LC and CBK were responsible for the development of the survey, with input and comments from the ETW working group, especially BC, and from DR and ARS. LC created the survey in REDCap. DBK disseminated the survey. LC compiled the results and performed the data analysis. DR wrote the first draft of the manuscript. CBK and ARS finalized the manuscript. All authors commented on the draft and approved the final manuscript.

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REFERENCES

1. WHO Regional Office for Europe, European Centre for Disease Prevention and Control. *HIV/AIDS Surveillance in Europe 2022–2021 Data*. WHO Regional Office for Europe; 2022 Available from: <https://www.who.int/europe/publications/i/item/9789289058636>
2. European Centre for Disease Prevention and Control (ECDC). *Continuum of HIV Care. Monitoring Implementation of the Dublin Declaration on Partnership to Fight HIV/AIDS in Europe and Central Asia: 2021 Progress Report*. ECDC; 2022 Available from: <https://www.ecdc.europa.eu/sites/default/files/documents/Dublin-Continuum-of-HIV-care-2021-progress-report-final-with-covers-updated.pdf>
3. Croxford S, Stengaard AR, Brännström J, et al. For the EuroTEST HIV late diagnosis definition working group. Late diagnosis of HIV: an updated consensus definition. *HIV Med*. 2022; 23(11):1202–1208. doi:10.1111/hiv.13425
4. Mauss S, Pol S, Buti M, et al. Late presentation of chronic viral hepatitis for medical care: a consensus definition. *BMC Med*. 2017;15(1):92. doi:10.1186/s12916-017-0856-y
5. European Centre for Disease Prevention and Control (ECDC). *Monitoring the Responses to Hepatitis B and C Epidemics in EU/EEA Member States, 2019*. ECDC; 2020 Available from: <https://www.ecdc.europa.eu/sites/default/files/documents/hepatitis-B-C-monitoring-responses-hepatitis-B-C-epidemics-EU-EEA-Member-States-2019.pdf>
6. Lanoy E, Mary-Krause M, Tattevin P, et al. Frequency, determinants and consequences of delayed access to care for HIV infection in France. *Antiviral Ther*. 2007;12:89–96. doi:10.1177/135965350701200111
7. Marks G, Crepez N, Janssen RS. Estimating sexual transmission of HIV from persons aware and unaware that they are infected with the virus in the USA. *Aids*. 2006;20(10):1447–14450. doi:10.1097/01.aids.0000233579.79714.8d
8. Yazdanpanah Y, Sloan CE, Charlois-Ou C, et al. Routine HIV screening in France; clinical impact and cost-effectiveness. *PLoS One*. 2010;5(10):e13132. doi:10.1371/journal.pone.0013132
9. Paltiel AD, Weinstein MC, Kimmel MD, et al. Expanded screening for HIV in the United States – an analysis of cost-effectiveness. *N Engl J Med*. 2005;352(6):570–585. doi:10.1056/NEJMsa042088
10. European Centre for Disease Prevention and Control (ECDC). *Public Health Guidance on HIV, Hepatitis B and C Testing in the EU/EEA. An Integrated Approach*. ECDC; 2018 Available from: https://www.ecdc.europa.eu/sites/default/files/documents/hiv-hep-testing-guidance_0.pdf
11. World Health Organization. *Consolidated Guidelines on HIV Testing Services*. WHO; 2019 Available from: <https://www.who.int/publications/i/item/978-92-4-155058-1>
12. HIV in Europe Initiative. *HIV Indicator Conditions: Guidance for Implementing HIV Testing in Adults in Health Care Settings*. HIV in Europe; 2012 Available from: <https://eurotest.org/Testing-Tools/Integrated-testing-in-health-care-settings/HIV-Indicator-Conditions>
13. Sullivan AK, Raben D, Reekie J, et al. Feasibility and effectiveness of indicator condition-guided testing for HIV: results from HIDES I (HIV indicator diseases across Europe study). *PLoS One*. 2013;8(1):e52845. doi:10.1371/journal.pone.0052845
14. Raben D, Sullivan AK, Mocroft A, et al. Improving the evidence for indicator condition guided HIV testing in Europe: Results from the HIDES II Study – 2012–2015. *PLoS One*. 2019; 14(8):e0220108. doi:10.1371/journal.pone.0220108
15. The HIV in Europe Initiative – The First 10 years. Connecting stakeholders to promote early testing and care, 2007–2017. Available from: https://eurotest.org/Portals/0/Documents/170028_CHIP_10%20years_v9_final.pdf
16. *EuroTEST Initiative*. EuroTEST; 2023 Available from: <https://www.eurotest.org>
17. European Testing Week. Copenhagen: European Testing Week. 2023 Available from: <https://www.testingweek.eu/>
18. European Testing Week. Evaluation reports. European Testing Week. Results from the November 2021 ETW evaluation. 2021 Available from: https://www.testingweek.eu/media/usbh1ewl/nov-2021-etw-evaluation-report_final.pdf
19. Harris PA, Taylor R, Thielke R, Payne J, Gonzalez N, Conde JG. Research electronic data capture (REDCap)—a metadata-driven methodology and workflow process for providing translational research informatics support. *J Biomed Inform*. 2009;42(2):377–381. doi:10.1016/j.jbi.2008.08.010

20. European Testing Week. *Special 2022 Spring Survey Assessment from European Testing Week (ETW)*. ETW; 2022 Available from: <https://www.chip-crf.info/redcap/surveys/?s=FFT833HNMN>
21. EuroTEST Initiative. *HepHIV 2023 Madrid Conference*. EuroTEST Initiative; 2023 Available from: <https://eurotest.org/conferences/hephiv-2023-madrid-conference/>
22. European Testing Week. *Results from the November 2021 ETW Evaluation*. ETW; 2021 Available from: https://www.testingweek.eu/media/usbh1ewl/nov-2021-etw-evaluation-report_final.pdf
23. Olawepo JO, Pharr JR, Kachen A. The use of social marketing campaigns to increase HIV testing uptake: a systematic review. *AIDS Care*. 2019;31(2):153-162. doi:10.1080/09540121.2018.1533631
24. Van Handel M, Mulatu MS. Effectiveness of the U.S. national HIV testing day campaigns in promoting HIV testing: evidence from CDC-funded HIV testing sites, 2010. *Public Health Rep*. 2014;129:446-454. doi:10.1177/003335491412900508
25. Joint United Nations Programme on HIV/AIDS (UNAIDS). *Prevailing against pandemics by putting people at the Centre*. World AIDS Day Report 2020. 2020 Available from: https://aidstargets2025.unaids.org/assets/images/prevailing-against-pandemics_en.pdf
26. World Health Organization (WHO). *Global Health Sector Strategies on, Respectively, HIV, Viral Hepatitis and Sexually Transmitted Infections for the Period 2022–2030 (GHSS)*. WHO; 2022 Available from: <https://www.who.int/teams/global-hiv-hepatitis-and-stis-programmes/strategies/global-health-sector-strategies>

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APPENDIX A

European Testing Week Working Group

Anastasia Pharris, European Centre for Disease Prevention and Control (ECDC), Sweden; Anna Zakowicz, AIDS Healthcare Foundation, Netherlands; Ann-Isabelle Von Lingen, European AIDS Treatment Group (EATG), Belgium; Ann Piercy, Gender Orientation, Sexual Health, HIV (GOSHH), Ireland; Ben Collins, ReShape/International HIV Partnerships, United Kingdom; Cary James, World Hepatitis Alliance, United Kingdom; Daniel Simões, Coalition Plus & University of Porto & Grupo de Ativistas em Tratamentos (GAT), Portugal; Dorthie Raben, Centre of Excellence for Health, Immunity and Infections (CHIP), Denmark; Igor Gordon, Eurasian Harm Reduction Association, Estonia; John S. Lambert, University College Dublin, Ireland; Janko Belin, AREAL TRIBE & EuroNPUD, Slovenia; Jason Farrell, Choices Support Center & Correlation Network, Netherlands; Jonas Demant, Brugernes Akademi/

User's Academy, Denmark; Jorge Garrido, Apoyo Positivo, Spain; Josip Begovac, EACS, Croatia; Jules James, European Sex Workers Rights Alliance (ESWA), Belgium; Laura Fernández-López, Centre d'Estudis Epidemiològics sobre les Infeccions de Transmissió Sexual i Sida de Catalunya (CEEISCAT), Spain, and CIBER Epidemiología y Salud Pública (CIBERESP), Spain; Luca Stevansson, European Sex Workers Rights Alliance (ESWA), Belgium; Magdalena Ankiersztejn-Bartczak, Foundation for Social Education & EATG, Poland; Marine Gogia, Georgian Harm Reduction Network, Georgia; Milan Mishkovikj, European Liver Patients' Association (ELPA) & Hepar Centar-Bitola, North Macedonia; Nikos Dedes, Positive Voice & European AIDS Treatment Group (EATG), Greece; Oksana Panochenko, AIDS Action Europe, Germany; Sini Pasanen, HIV Finland, Finland; Tajinder Tiwana, World Hepatitis Alliance, United Kingdom; Takudzwa Mukiwa, Terrence Higgins Trust, United Kingdom; Teymur Noori, European Centre for Disease Prevention and Control (ECDC), Sweden; Tom Platteau, Antwerp Institute of Tropical Medicine, Belgium; Tonni van Moonfort, EuroNPUD, Netherlands; Tudor Kovacs, IGLYO, Romania; Valerie Delpuch, independent consultant, United Kingdom; Zoran Dominković, ISKORAK, Croatia.

EuroTEST Steering Committee

Anastasia Pharris, European Centre for Disease Prevention and Control (ECDC), Sweden; Ann K. Sullivan, Chelsea & Westminster Hospital, United Kingdom; Ann-Isabelle von Lingen, European AIDS Treatment Group (EATG), Belgium; Brian Gazzard, Chelsea & Westminster Hospital, United Kingdom; Cary James, World Hepatitis Alliance, United Kingdom; Daniel Simões, CoalitionPLUS, France & Grupo de Ativistas em Tratamentos (GAT), Portugal (Co-chair); Daniela Rojas Castro, Coalition PLUS, France; Erika Duffell, European Centre for Disease Prevention and Control (ECDC), Sweden; Ferenc Bagyinszky, AIDS Action Europe, Germany; Francesco Negro, University Hospitals Geneva & European Association for the Study of the Liver (EASL), Switzerland; Igor Karpov, Belarus State Medical University, Belarus; Irith De Baetselier, Antwerp Institute of Tropical Medicine, Belgium; John S. Lambert, University College Dublin (UCD), Ireland; Jeffrey Lazarus, Barcelona Institute for Global Health, Spain; Jens Lundgren, Centre of Excellence for Health, Immunity and Infections (CHIP), University of Copenhagen, Denmark; Johanna Brännström, Department of Infectious Diseases, South Hospital & Institute of Medicine, Karolinska Institute, Stockholm, Sweden; Jordi Casabona, Centre d'Estudis Epidemiològics sobre les Infeccions de Transmissió Sexual i Sida de Catalunya (CEEISCAT), Spain, CIBER Epidemiología y Salud

Pública (CIBERESP), Spain; Jürgen Rockstroh, University of Bonn, Germany (Co-chair); Kira Grazava, TB Coalition Europe, Ukraine; Lella Cosmaro, Lila Milano, Italy; Liudmyla Maistat, Medicines Patent Pool, Switzerland; Magnus Unemo, WHO Collaborating Centre for Gonorrhoea and Other STIs, National Reference Laboratory for STIs, Örebro University Hospital, Sweden; Mark Vermeulen, Aidsfonds – Soa Aids Nederland, Netherlands; Mojca Matičič, University Medical Centre Ljubljana, Slovenia; Stela Bivol, WHO Regional Office for Europe, Denmark; Nikos Dedes, European AIDS Treatment Group (EATG) & Positive Voice, Greece;

Nino Tsereteli, Center for Information and Counselling on Reproductive Health – Tanadgoma, Georgia; Rajul Patel, Southampton University Hospitals, Southampton & International Union against Sexually Transmitted Infections (IUSTI), United Kingdom; Teymur Noori, European Centre for Disease Prevention and Control (ECDC), Sweden; Thomas Seyler, European Monitoring Centre for Drugs and Drug Addiction (EMDCCA), Portugal; Tom Platteau, Antwerp Institute of Tropical Medicine, Belgium; Valerie Delpech, independent consultant, United Kingdom; Yazdan Yazdanpanah, ANRS Maladies Infectieuses Emergentes, France.