

# European HIV testing week 2013

## Project evaluation

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## Abbreviations

AHF - AIDS Healthcare Foundation

ART - Antiretroviral Treatment

CE – Central Europe

CSO - Civil Society Organisations

EE – Eastern Europe

EU – European Union

HCP – Healthcare professionals

HiE – HIV in Europe

HIV – Human Immunodeficiency Virus

IDU – Intravenous drug use(r)

MSM – Men who have sex with men

NGO - Non-governmental organisation

PLHIV – People living with HIV

SC – Steering Committee

SE – Southern Europe

STIs – Sexually Transmitted Infections

SW – Sex worker

WAD – World AIDS Day

WE – Western Europe

WG – Working Group

WHO – World Health Organization

VTC – Voluntary Testing and Counselling

## Executive Summary

Currently, it is estimated that 30-50% of the 2.3 million people living with HIV (PLHIV) in Europe are unaware of their HIV status. Furthermore, of those PLHIV, 50% are diagnosed late. In response to these concerns, the HIV in Europe initiative coordinated the launch of the first European HIV testing week (22th - 29th November, 2013). By building on existing networks, this pilot project aimed to increase the proportion of people aware of their HIV status, and to reduce late HIV diagnosis and stigma through the normalising of HIV testing.

The central strategy was to create a public platform to inspire testing week activities throughout the European Region. The platform was in the form of a website ([www.hivtestingweek.eu](http://www.hivtestingweek.eu)), developed specifically to act as a single locale for interested parties to readily obtain information and download materials, and to help kick-start and support ideas/activities for testing week. Materials available for download included a specifically designed testing week logo, an up-to-date dossier of evidence for HIV testing strategies and various tool kits, which provided practical advice on implementing and evaluating testing week activities. Materials were further adapted for regional use, including translations into the key European languages (English, Spanish, Portuguese and Russian). Materials were further translated into other European languages when demand deemed it necessary. Dedicated Facebook and Twitter accounts were also created and linked to the main website. The testing week targeted three key groups: populations at risk (to encourage them to get tested regularly); healthcare professionals (who should be offering HIV tests as part of routine care in specific settings and conditions); and policy makers (who should be aware of the benefits of HIV testing). By the official start of the testing week, 477 organisations from 47 of the 53 countries of Europe had signed up to participate. All activities during the testing week were formulated and driven by the participating partners, they being most aware of needs in their respective settings.

To evaluate the testing week pilot with both qualitative and quantitative data, the HIV in Europe (HiE) secretariat created a post-testing week survey and undertook several brief telephone interviews with selected individuals to elaborate on their testing week experiences. Furthermore, respondents were stratified by region, with spokespersons providing greater detail for their own 'country profile' (Estonia, Ukraine, Slovenia, Greece, Portugal & England).

Testing week activities undertaken by participating partners included awareness raising (70%), HIV testing (including novel outreach activities and pilot projects -75%), advocacy (20%) and capacity building (15%). Types of novel testing projects included 'outreach' by testing in locations where hard-to-reach population groups were known to frequent; for example, using mobile units, testing in bars, nightclubs and saunas to target MSM, and testing from an outreach tent or in a shopping mall. Of those participating partners who reported a testing week pilot project, 82.3% 'agreed' or 'strongly agreed' that they were successful in reaching new HIV testing audiences.

Approximately 65% of participating partners who carried out HIV testing activities reported increases in testing during the week, with 14% reporting a 200% or more increase in HIV testing uptake from 22 - 29th November. Other reported successes included a noticeable increase in media coverage during the testing week, gaining new experiences as a direct result of testing week activities and enjoying closer cooperation with other participating partners.

Over one third (36%) of participating partners answered that they did not face any challenges during testing week, with 66% of all participating organisations stating that they would definitely participate again in future European testing weeks. Furthermore, 68% agreed that the best timing of future testing weeks was the week leading up to World AIDS Day.

Of those who did express opinion over challenges, 30% answered that there were a lack of resources (26% 'financial'; 15% 'manpower'), with 21% mentioning individual barriers to HIV testing, which included problems of stigma and discrimination, or a lack of confidentiality.

From qualitative data (gleaned from questionnaires and telephone interviews from participating partners and testing week Working Group members), a perceived lack of time to prepare for testing week was another challenge noted. Despite this, the general consensus was that considering the constraints in time from the pilot's conception to the testing week launch (approx. 7 months), the rates of participation and sign up across Europe reached far beyond initial expectations. The shortage of time probably led to many participating partners who joined the testing week campaign using existing testing strategies. However, qualitative data further revealed that testing week presented some participating partners with an opportunity to think outside the box for testing activities. This led to novel approaches for pilot testing programmes, especially when attempting to offer HIV tests to individuals, who would not otherwise have been tested.

The dedicated webpage (<http://www.hivtestingweek.eu>) had 50,216 page views in total, with the testing week logo, the dossier of evidence and the testing week implementation handbook being the three most popular downloads (1,258; 627; and 499, respectively). Key testing week messages reached tens of thousands through the dedicated Facebook page (approximately 84,000) and hundreds of thousands through Twitter (approximately 670,000 timeline deliveries between Sept. and Dec 2013). However, it was noted that the vast majority of activity through social media was generated via HiE and testing week supporting organisations, with little evidence of these sites being used to generate debate and the exchange of ideas/information from the participating partners themselves.

Based upon this evaluation report, it is recommended that the European testing week becomes a regular annual event, though this is dependent on financial resources being secured at HiE. Currently, participating partners are reliant on their own fundraising to support testing week activities; at this time, HiE can only provide the platform from which testing week can be launched and does not have the extra resources to set up a funding scheme. Focus in future years should be on tuning key messages and target audiences, for instance by including testing of hepatitis B and C, and the targeting of primary healthcare settings. Other recommendations include using the website more as a platform for sharing of information (e.g. individuals' own experiences of what worked well and what didn't), and utilizing data provided by all participating partners to develop and expand upon existing testing week networks. There is also the need to assess and evaluate the impact of testing week over the long-term. This not only refers to any impact on decision/policy makers (which traditionally takes a longer time to emerge) but also on long-term testing offer and uptake rates and that activities remain cost-effective by targeting people most at risk.

## Background

Currently, it is estimated that 30-50% of the 2.3 million people living with HIV (PLHIV) in Europe are unaware of their status. Furthermore, of those PLHIV, 50% are diagnosed late (as defined by a CD4 count < 350/mm<sup>3</sup>). Late diagnosis of HIV and delayed initiation of antiretroviral treatment decreases the clinical benefits to the individual, and reduces the preventive value of knowing your status and receiving treatment in order to reduce further HIV transmission. Delaying initiation of antiretroviral treatment is also associated with higher medical costs. In response to these concerns, the HIV in Europe initiative (HiE) coordinated the launch of the first European HIV testing week (22th - 29th November, 2013) and invited all interested organisations and networks in the WHO European Region<sup>1</sup> to participate, support dialogue, increase awareness and promote HIV testing. By building on existing networks, this pilot aimed to increase the proportion of people who are aware of their HIV status, reduce late HIV diagnosis and reduce HIV-related stigma through the normalising of HIV testing.

A working group (WG) was formed, which consisted of HiE steering committee members, HIV experts, civil society representatives, healthcare professionals (HCPs) and policy makers from across Europe (see Appendix). Their role was to formulate the strategies needed to develop and coordinate the first European testing week pilot. As the overarching aim was to increase HIV testing awareness, one central strategy was to create a public platform, which could act as an 'information hub' to inspire testing week activities throughout the European Region. The hub was in the form of a website ([www.hivtestingweek.eu](http://www.hivtestingweek.eu)), developed specifically to act as a single locale for interested parties to readily obtain information and materials, to help kick-start and support ideas and activities for Testing Week. To achieve this end, the HiE Secretariat collaborated with Packer Forbes, an independent healthcare communications consultancy based in London, England. They provided the technical and logistical support needed for the creation of the on-line platform and development of all materials.

The WG and HiE secretariat also approached pan-European HIV organisations, inviting them to offer their support for the testing week. Nineteen endorsing organisations showed support by granting permission to use their logos on the European testing week website. They also made their support known through their own networks (e.g. banner advertising on their web platforms, press releases, conference announcements, etc.).

The strategy was that civil society, healthcare professionals, governmental and other policy organisations would be the participating partners of the testing week pilot. Therefore, in July 2013, all potential participants were invited to 'Save the date' as a means of introducing the testing week pilot across the European Region. All were informed of the aims of testing week pilot and were provided links to the testing week website. Any interested parties willing to become participating partners in the testing week pilot were to sign up through the website portal. The WG set a target of 100 participating partners to sign up from 10 different European countries. By the testing week start date, the number of participating partners had reached 477, from 47 of the 53 WHO European Region countries.

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<sup>1</sup> See Appendix for the full list of the 53 countries that make up the WHO European Region

## Evaluation methods

The WG decided to evaluate the testing week pilot and to achieve this end, the HiE secretariat created a post-testing week survey. Initial drafts were internally reviewed and revised, with the final version being face validated by the experts of the WG and the HiE SC.

All who had signed up to participate in the European HIV testing week by 22<sup>nd</sup> November (N= 477) were asked to respond to the post-testing week survey. Four electronic reminders were sent out before the 21<sup>st</sup> December 2013 deadline. A disappointing response rate (33%) led to the survey deadline being extended to 25<sup>th</sup> January 2014. Two further emails and one telephone reminder were issued in the two weeks prior to this new deadline. The final response rate to the post-testing week survey was N = 269 (55%). Survey data were collected and managed using REDCap electronic data capture tools, hosted at HiE <sup>2</sup>.

The evaluation was to include qualitative analyses from certain members of the WG, supporting organisations, participating partners and individuals deemed 'national focal points' to the testing week pilot in England, Estonia, Greece, Portugal, Slovenia and Ukraine, to act as 'regional representatives'. Text responses from the surveys were assessed and appropriate individuals/organisations were subsequently invited to participate in a brief (20-30 minute) telephone interview to elaborate on their testing week experiences. Separate interview guides for participating partners, WG and supporting organisation members were created, internally reviewed and revised before being distributed, in advance, to those who were to be interviewed.

There are always limitations when conducting an evaluation by survey. Firstly, despite the fact that its content was internally reviewed and face validated by the WG and HiE SC, a questionnaire can never capture all information useful to an evaluation. Secondly, the response rate to the survey was only 55%, despite extending the deadline twice and implementing phone call reminders. Thirdly, there is no way of knowing if the persons designated to filled out the questionnaire had the most appropriate knowledge regarding their organisation's testing week activities. Fourthly, six countries were identified for more in-depth analyses and interviews; however, they were chosen partly due to their high activity/participation rate during the testing week and may not be representative of all other countries in their region. Finally, though the questionnaire was face validated by the WG, its content may not be culturally transferable (i.e. the meaning of the questions may have been perceived differently from country to country).

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<sup>2</sup> Paul A. Harris, Robert Taylor, Robert Thielke, Jonathon Payne, Nathaniel Gonzalez, Jose G. Conde, Research electronic data capture (REDCap) - A metadata-driven methodology and workflow process for providing translational research informatics support, J Biomed Inform. 2009 Apr;42(2):377-81.

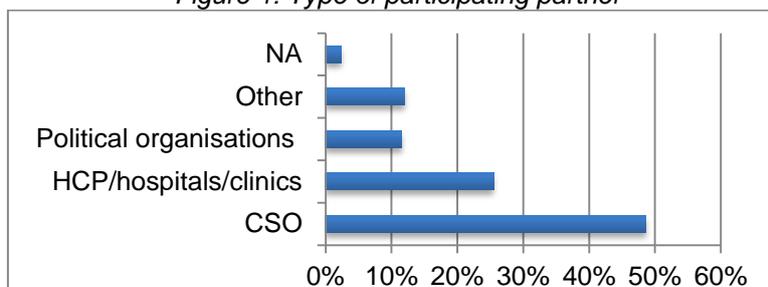
## Testing week survey data: a descriptive overview

By 22<sup>nd</sup> November 2013, 477 participating organisations from 49 of the 53 WHO European region countries signed up and pledged to undertake some kind of testing week activity. All who signed up were sent a post-testing week questionnaire on 1<sup>st</sup> December. Of the 477 surveys sent out, 259 participating partners completed and returned their surveys (response rate = 55%). Response data were stratified by WHO European Region (Western Europe (WE), Central Europe (CE) and Eastern Europe (EE)). For the most part, the three regions reported similar data; only where there were >10 % variation between Regions were such differences reported in these analyses.

### Types of participating partners

The majority of the participating partners were CSOs (48.6%), followed by HCP (25.5%). Governmental/political organisations, NGOs and 'others' were the least represented; 2.3% did not answer the question (Figure 1).

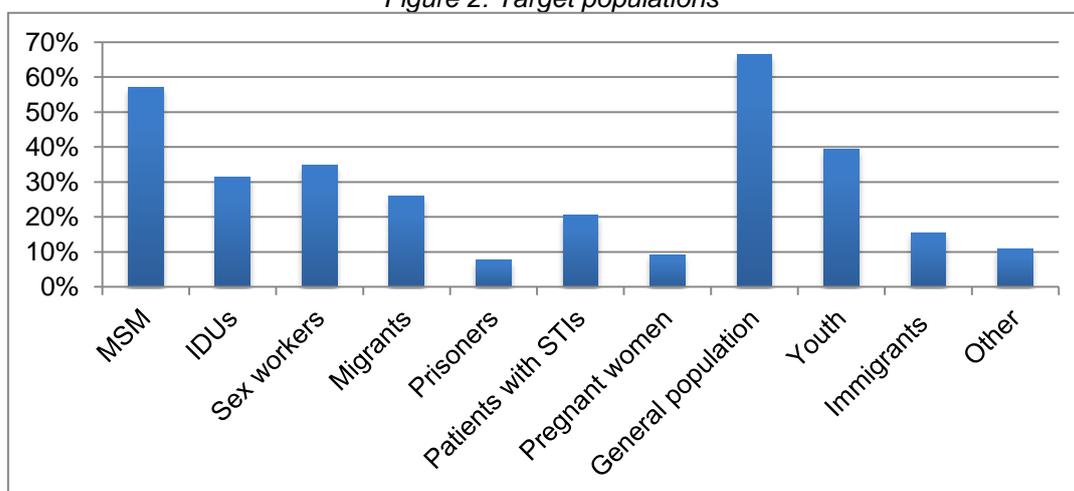
Figure 1: Type of participating partner



### Target populations

The participating partners were asked which populations they were targeting during the European HIV testing week. The general population was most frequently targeted (66.4%) followed by men who have sex with men (MSM) (57.1%) and youth (39.4%). Pregnant women and prisoners were the least targeted groups during the testing week (9.3% and 7.7% - Figure 2).

Figure 2: Target populations

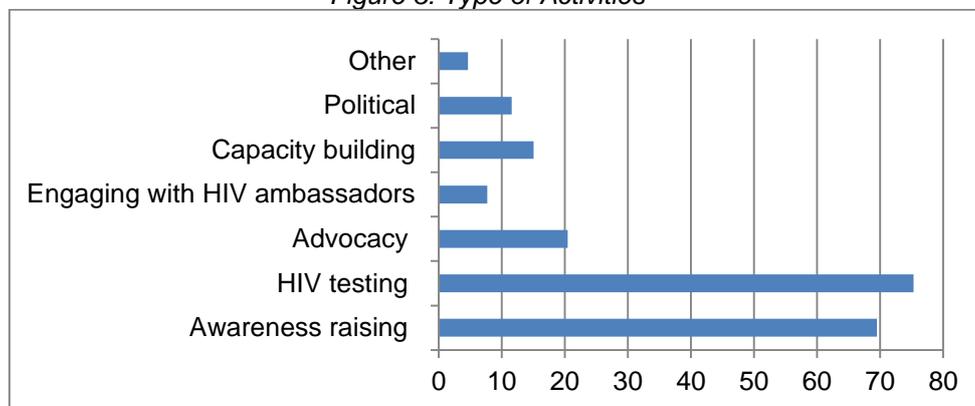


There were regional variations in the types of groups targeted by participating partners: MSM (WE 64%; CE 57%; EE 39%); IDU (WE 26%; CE 29%; EE 48%); sex workers (WE 35%; CE 27%; EE 40%); migrants (WE 33%; CE 9%; EE 19%); prisoners (WE 8%; CE 0%; EE 21%); youth (WE 15%; CE 49%; EE 58%); immigrants (WE 23%; CE 0%; EE 7%).

## Activities

The participating partners were asked how they would categorise activities that their organisations carried out during the European HIV testing week. 'HIV testing' and 'awareness-raising' activities were the two most frequently reported (Figure 3).

Figure 3: Type of Activities



Participating partners were asked to provide written descriptions of their testing week activities. 245 of the 259 organisations who returned their survey provided a text description. 150 of these were from WE, 53 from EE, and 42 from CE.

### Testing activities

One of the most common activities described related to HIV testing were outreach testing activities at certain locations (i.e. universities, prisons, nightclubs, in the streets and in front of public buildings). Other testing activities were specifically aimed at reaching a certain target population, such as sex workers, IDUs, the homeless, MSM and migrants.

Some organisations also initiated activities to increase number of individuals being tested during the testing week, by extending opening hours at clinics and introducing rapid HIV testing kits. Other examples included the testing of public figures (for example, the Ambassador to the Netherlands in Brussels and the Israeli Minister of Health), as well as addressing barriers to HIV testing.

*"[...] estimates that thousands were reached with all these activities that accounted for the largest mobilization to date in Spain in favour of HIV prevention and promotion of regular HIV testing among the MSM community."*  
**BCN Checkpoint (Spain)**

### Information and awareness raising

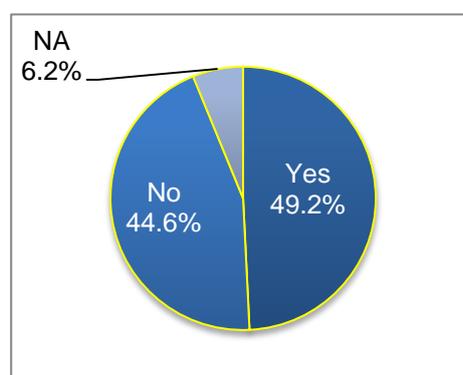
Increasing information and raising awareness about HIV and the benefits of early testing and treatment were other themes characteristic of the testing week activities. These included campaigns, press conferences, and distribution of educational materials and condoms, the making

and wearing HIV testing week t-shirts and banners, as well as famous artists in Slovenia and Greece publically promoting the testing week pilot (*unfortunately, no names provided*). Workshops and promotion of HIV testing guidelines, as well as seminars for medical professionals were also activities held during the European HIV testing week.

### Outreach activities

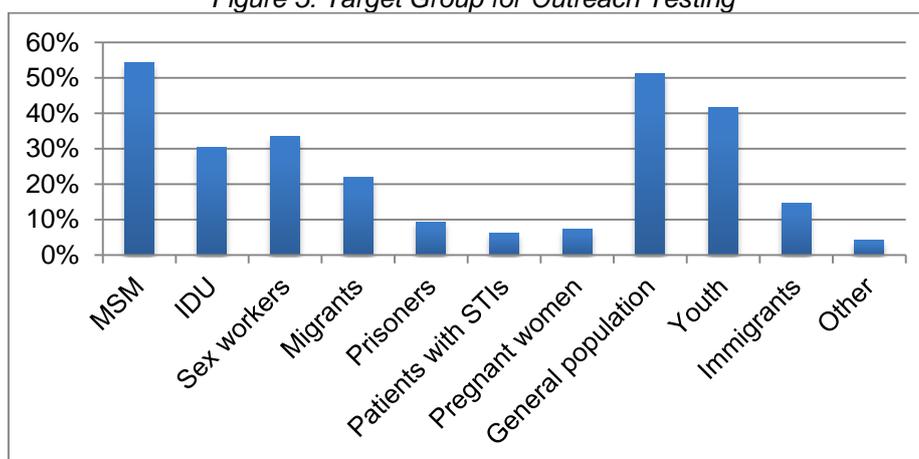
Participating partners were asked whether or not they performed outreach HIV testing activities during the European HIV testing week (outreach being defined as ‘outside their normal office/clinic’ duties). Almost half of the participating partners reported performing outreach activities (Figure 4).

Figure 4: Outreach Activities



Those that performed outreach activities (N=96) were asked who was their target group(s) for outreach testing activities (Figure 5). The most frequently reported groups were MSM (54.2%), general population (51.0%) and youth (41.7%). The least frequently reported groups were prisoners (9.4%), pregnant women (7.3%) and patients with STIs (6.3%).

Figure 5: Target Group for Outreach Testing



Greater numbers of outreach projects during testing week occurred in EE (70%) compared with WE and CE (44% and 42%, respectively).

## Pilot projects

Participating partners were asked whether they carried out any kind of HIV testing pilot project during the European HIV testing week (pilot project defined as a type of project that has not been carried out by the organisation before). The majority did not carry out a HIV testing pilot project during the European HIV testing week (79.0%).

Of those that did, 33 participating partners specified what kind of pilot project they carried out. These included 'outreach' by testing in locations where hard-to-reach population groups were known to frequent. This involved travelling around in mobile units to different regions and cities, testing in bars, nightclubs and saunas to target MSM, but also testing from an outreach tent, from the office of the participating partners, or in a shopping mall. Other types of pilot projects included using mobile phone texting to increase HIV testing uptake. Some participating partners also initiated 'opt-out' testing for all patients attending clinics and hospitals, performed awareness-raising by handing out flyers at schools, some (EATG, Ex-Aequo and Doctors of the World (Médecins du Monde)) even joined forces and set up a testing site outside of the European Parliament building in Brussels.

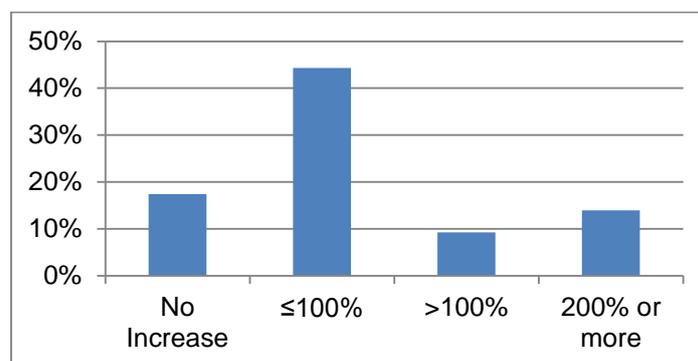
The majority of those reporting a pilot project either 'strongly agreed' (52.9%) or 'agreed' (29.4%) that their pilot HIV testing project had demonstrated a successful method of offering HIV tests to individuals, who would not otherwise have been tested.

## HIV testing

### Testing rates during the testing week

The participating organisations that carried out HIV testing activities during the European HIV testing week (N=195) were also asked to indicate the HIV testing rate during the week, compared to the usual weekly average. As shown in Figure 6, though around 17% indicated no increase, around 65% of all participating partners who carried out testing activities reported increases in testing rates (44% reported an increase of up to 99% during the testing week; 9% reported more than double the usual rate of testing; and 14% reported a 200% or more increase in HIV testing rates during the testing week).

Figure 6: Increase in HIV testing rates during the European HIV testing week (compared to an average week)

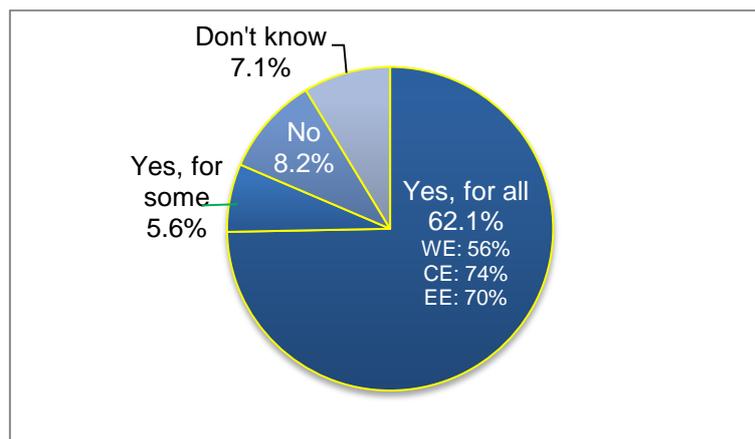


## Linkage to care

Those who carried out testing activities (N=195), were asked to report on linkage to treatment and care after positive diagnosis. From these data, 58% reported that they referred people to treatment and care, 16.4% offered treatment and care themselves, and 3.6% reported that no referral system was in place.

Antiretroviral treatment (ART) was reported to be available and free of charge to the majority of those people diagnosed with HIV (62.1% - Figure 7). However, these reported figures were much lower than expected (e.g. WE: 59%); this may have been due to misinterpretation of the survey question: 'Was ART available and free of charge to those diagnosed with HIV during the European HIV testing week', with confusion possibly stemming from the '...during the European HIV testing week' suffix. Despite this, these data highlight the need for a more thorough assessment of linkage to care within a European context, as it is an important step within the HIV treatment cascade.

Figure 7: Availability of ART to those diagnosed



## Experiences

### Success 'themes'

One section of the questionnaire asked for details of experiences and challenges in the form of text responses. Of those who responded, 199 participating partners (118 from WE, 36 from CE, and 45 from EE) provided opinions as to what was the most successful parts of the European testing week. Though it was not feasible to address and summarize all answers provided, several themes emerged during data analysis.

*'...we had good media coverage and were on the cover of a magazine for doctors, as well had a three page article in the magazine.'*

*'...big media coverage from National and International Press'*

*'We managed relatively broad media coverage.'*

- **Media coverage:** Most reported a noticeable increase in media coverage during the testing week, also stating how important it was to help get the information of early testing out to the general public and high-risk groups (see also 'Media coverage' section)

- **New outreach projects:** Many who developed new outreach projects specifically as activities for testing week considered them a success, with plenty of examples of participating partners trying innovative approaches to seek out new venues for testing during the week.

*'We found very interesting the journeys we spent at the streets, because we had the opportunity to contact with people who never heard about HIV before, we could give them information and we made several quick tests'*

*'The new things we tried out were to offer anonymous HIV test at a gay bar - the response was very good.'*

*'Outreach testing events as proof that this approach was acceptable locally, community HIV testing in new venues'*

- **Increase in testing rates:** When compared to the previous week, there was a notable increase in HIV testing rates (see also Fig. 6).

*'An increase in the number of people attending to take an HIV test'*

*'...reaching a higher number of people tested'*

*'Big numbers of people who came to testing – usually we have from 1-4 persons weekly (average 2 persons). During the testing week 11 persons come to do the test'*

*'Doubling our quota of people coming in for testing that week ...'*

*'We managed to reach people who never had an HIV test before and usually have sex without condoms.'*

*'Managing to reach more people and influenced them to go for an HIV test, out of which nearly 30 people tested.'*

- **Gaining new experiences** emerged as another success theme across all regions, with 36% of all participating partners further considering adding new practices/revising existing practices as a direct result of their testing week activities (WE: 33%; CE: 40%;EE: 39%).

*'We are hoping to deliver outreach testing within gay bars/sauna on a more regular basis'*

*'We will consider implementing more outreach initiatives'*

*'Keep community testing and keep trying new venues and settings'*

Furthermore, participating partners who were successful in performing new outreach testing wanted to incorporate outreach in future work; for example, of the 32 organisations from WE, who specified (with text) that they were currently considering adding new practices/revising existing practices, 12 of these explicitly mentioning outreach work in some form.

- **Advantage of networking** and closer cooperation with other partners were also emerging themes

**‘...strengthened the partnership with the other agencies around the country’**

**‘Greater and wider networking provides better results’**

**‘There was greater awareness and greater engagement between institutions’**

**‘Collaborations are effective when one has little else staff’**

### Challenges

Over one third (36%) of participating partners answered that they did not face any challenges. Of those who did express opinion over challenges, 30% answered that there were a lack of resources (26% ‘financial’; 15% ‘manpower’ resources), with 21% mentioning individual barriers to HIV testing. Individual barriers seemed a bigger challenge in CE (28%), compared to 18% in EE, and 21% in WE.

Individual barriers described included problems of stigma and discrimination, or a lack of confidentiality. To a lesser degree, lack of political support (12%) was considered a challenge, but there were notable differences between the regions (EE: 7%; WE: 8.9%; CE: 27%).

Lack of test kits/equipment was considered a bigger challenge in CE and EE than in WE (13%, 12% and 3%, respectively). One challenge also noted by the WG was the shortage of time to plan and implement the European testing week; this was also reflected in participating partners’ responses.

***‘This year’s testing week taught us that we need to use more resources to market the testing week to attract more people to get tested’***

***‘Planning a media campaign to test week for six months to attract more supporters to the initiative’***

***‘In order to have a bigger impact, we must organise a longer and stronger information campaign among the general public, with more and specific information and on different communication media’***

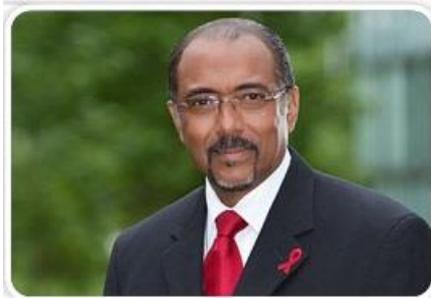
### Experiences from supporting organisations

The motivation to support testing week came from the apparent need in Europe to improve the numbers of those who know their HIV status. All supporting organisations recognised the importance of earlier diagnosis, including the missed opportunities for testing in healthcare settings.

Each organisation supported in different ways, from including the testing week logo on their website, to issuing statements of support, publishing articles and plugging the testing week at their annual conference. More importantly, they also provided the vast network of contacts with which testing week messages could potentially reach tens of thousands of individuals across Europe.

Some striking examples of support include:

- The AIDS Health Care Foundation (AHF) set aside funds for participating partners from Estonia, Greece, Lithuania, Russia, Ukraine, Portugal and the Netherlands. Participating partners could send proposals describing activities that should include rapid testing among high risk groups and outreach activities. Around 30 organisations applied and 12 were funded with up to 5,000 US \$ each. The winning organisations used the European testing week logo in their outreach work.
- The East Europe and Central Asia Union of PLHIV (ECUO) were very active in involving all their member organisations in the 15 different East European and Central Asian countries in the European testing week. ECUO made a written digest of experiences from seven of these countries (Armenia, Azerbaijan, Georgia, Russia, Belarus, Lithuania, and Estonia) and is currently only available in Russian. ECUO also provided financial support to Armenia in order to carry out a round table discussion, support events, etc.
- The Executive director of UNAIDS, Michel Sidibé provided very early on a detailed statement as to the importance of the European testing week in expanding access to HIV testing and treatment.



***"People have the right to know their HIV status. It is essential that new approaches are generated to enable and empower people to access HIV testing without fear of stigma, discrimination or criminalisation. Community driven initiatives such as the European HIV testing week are an important contribution to ensuring that more people know their status and can access lifesaving treatment. It is an important***

***contribution to Treatment 2015, UNAIDS' initiative to rapidly expand access to treatment."***

- The Terrence Higgins Trust, already supporting England's national HIV testing week, ensured the European testing week logo was available on national promotional materials.

Though all spokespersons from the interviewed supporting organisations stated that it was hard to gauge any long-term impact, the general consensus was that support would be continued and expanded upon if the European testing week became an annual event. However, some interesting examples of long-term impact are already emerging, for example within Turkey, which was a country slow to sign on and respond to the European testing week pilot.

In Turkey, after the testing week was over, an on-line petition was generated and presented to government in Istanbul with over 5000 signatures. The petition highlighted the need to re-stock the VTC centres, whose stores of supplies had been in steady decline since the Global Fund reduced contributions some years previously. Furthermore, AHF plan to fund more organisations for testing outreach activities in 2014, and ECUO are still carrying on with their work started during the testing week.

Ideas for the future included promoting discussion around why people choose not to test (stigma, criminalisation, lack of information, etc.) and further highlighting the importance of earlier testing.

## Experiences from the Working Group

The general consensus from the WG was that considering the constraints in time from the pilot's conception to the testing week launch (approx. 7 months), the rates of participation and sign up across Europe reached far beyond their initial expectations. In their opinion, the pilot was a great success. The workload was considered heavy, but seemed to be shared well amongst the group members, and described by one as an enjoyable and productive work experience. Some expressed the thoughtfulness of the tools and materials available on the testing week website and also considered that the workload would most likely be less next time, if testing week was to be repeated in 2014.

Regarding the long-term impact of the testing week, many from the WG take heart from the lessons learned between England's first and second National testing week programme, and believe that a lasting impact is more likely to be felt if there is continuity (i.e. if the European testing week became an annual event). This is especially relevant for impacting upon policy makers, who generally have a track record of being slow to engage in such initiatives. It was considered difficult to gauge if the right target audiences were reached by the participating partners. Furthermore, the impact cannot be viewed as the number of tests offered, or uptake of tests alone; awareness-raising issues and any anti-stigma consequences must also be considered, though this is often difficult to estimate.

Ideas for the future included starting preparations for the European testing week much earlier (latest by April 2014), keeping up the momentum in the dedicated social media sites, and using the testing week concept not just for testing activities, but also as a platform on which ideas on advocacy, outreach, etc. could be built and supported. The website could also be improved upon to provide good (and poor) working examples to guide others, and making it clearer the availability of other languages. Other ideas included greater targeting of Primary HCP and including other infectious diseases, not just HIV.

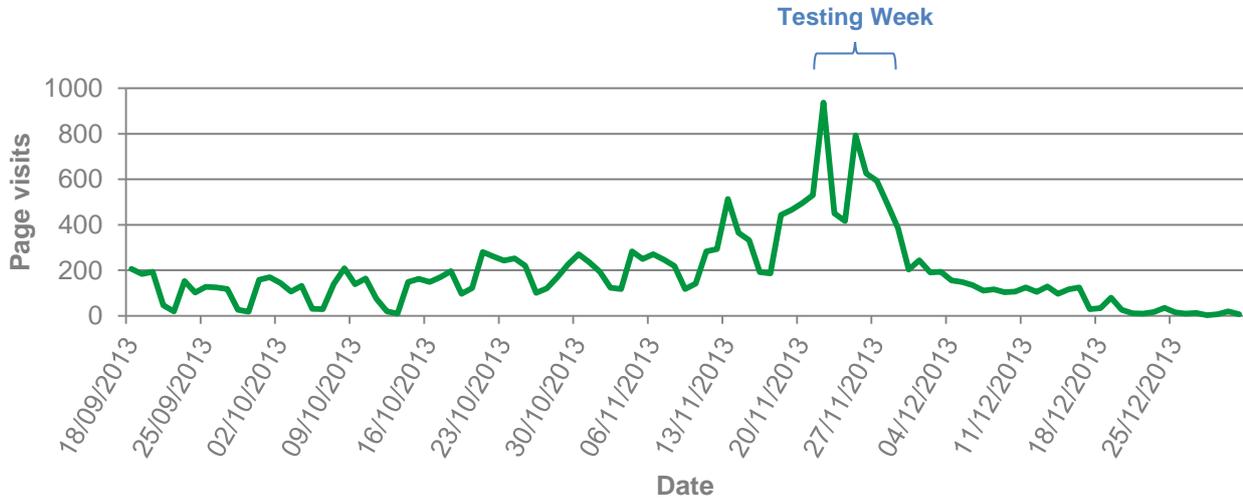
The issue of sustainability was raised also, i.e. how feasible would it be to maintain the programme, in 'real cost' terms. The issue of cost-effectiveness was also raised when considering the targeting of general populations for HIV testing vs. more at-risk groups.

## Website and social media activity

### Website evaluation

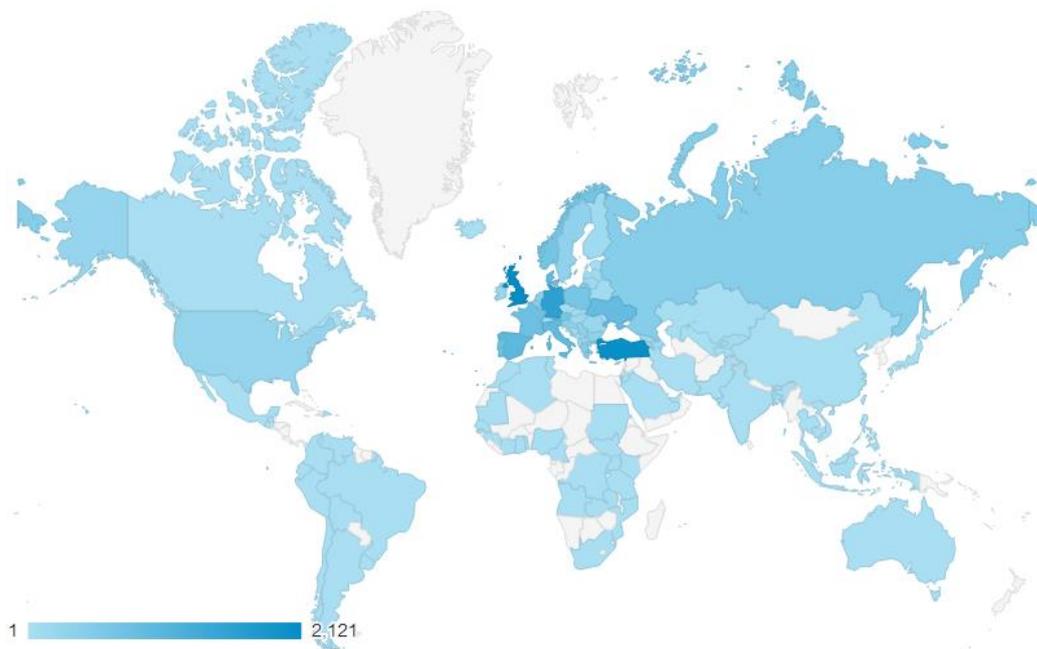
The website had more than 19,700 views, with 70% of these being first-time visitors (around 13,800 of all views). There were 50,216 page views in total, with peak website traffic during the testing week itself (22-29 November, 2013, see Figure 8), The majority (47%) of website visits were sourced from referrals (i.e. followed a link to the website). 1,698 website visits (8%) were directed from a social media website. The average visit was 2 minutes 54 seconds, with 2.54 pages being visited.

Figure 8: Trends in the number of website visits over time



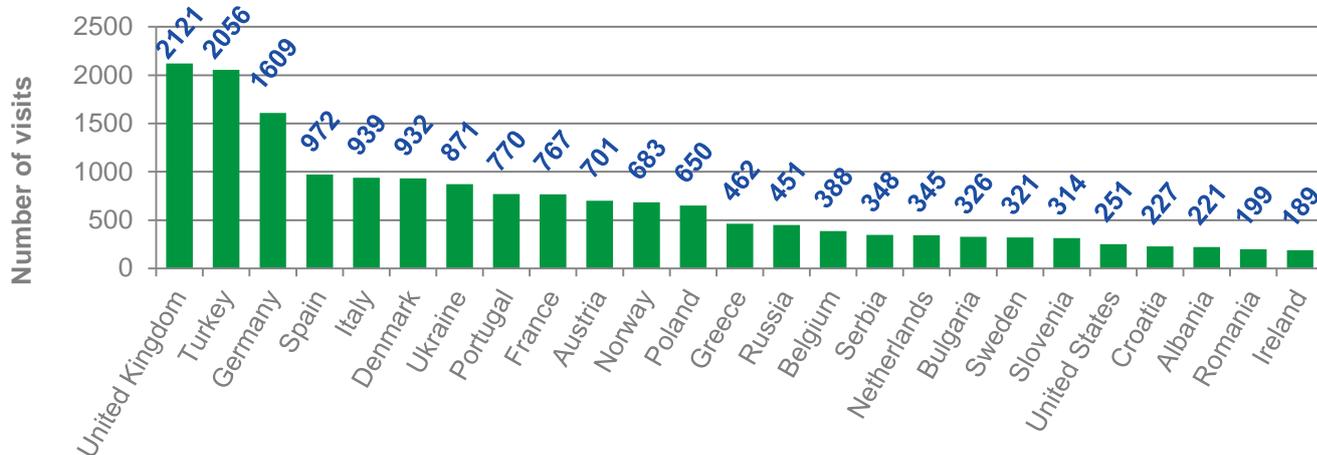
Most visitors were on desktop computers and 17% used mobiles or tablets to access the website. Visits to the website were seen from all over the world, but the vast majority (83%) were from Europe (Figure 9).

Figure 9: Countries visiting the Website



Out of the top 25 countries visiting the website, 24 were European. Ukraine, Spain, Germany, Portugal and the UK had high numbers of website visits and also the highest number of organisations signed up to take part. Figure 10 shows the top 25 countries per number of visits

Figure 10



The homepage was the most seen by visitors, with the ‘HIV testing week materials’ and ‘About HIV testing week’ pages being the next most visited pages.

The three most popular downloads from the testing week materials section were: testing week logos (1,258 downloads), Toolkit 3 – Dossier of evidence (627 downloads), Toolkit 2 – testing week implementation handbook (499 downloads). 165 documents were uploaded to the Sharing Centre on the website; 160 documents were downloaded from the Sharing Centre by users.

The materials were available in 12 languages; the six most-used languages (based on download numbers) were: English, Portuguese, Spanish, Russian, Ukrainian, and French.

## Social media activity

Branded Facebook and Twitter profiles were generated on 17th September 2013 to: drive target groups to the website, communicate key messages, inform availability of new support materials, encourage participating partners to share activities to build momentum. Participating partners were further encouraged to set up their own social media pages and blog about the testing week in order to reach a wider audience.

### The Facebook page

By the end of November 2013, the HIV testing week Facebook page had 680 ‘likes’ ([www.facebook.com/EuroHIVtestweek](http://www.facebook.com/EuroHIVtestweek)); as of 14<sup>th</sup> March 2014, they stood at 742. ‘Likes’ were primarily from participating partners of the European HIV testing week, but also included organisations that supported the testing week, such as ECUO (East Europe & Central Asia Union of PLHIV), AIDS Action Europe and UNAIDS. During the monitored period (Figure 17), there were 240 posts published on the Facebook page; the 240 posts received 1,162 likes, 65 comments and the content was shared 343 times. In less than three months, more than 84,000 people saw testing week messages, with 11 countries engaging with the testing week pilot via Facebook. In less than

three months, more than 84,000 people saw testing week messages, with 11 countries engaging with the testing week pilot via Facebook.

### The Twitter profile

The messages tweeted from the HIV in Europe Secretariat served to promote the testing week, its website and the information and materials available therein. Eighty-two tweets were sent out about the European HIV testing week (@EuroHIVtestweek) either by the HIV in Europe Secretariat or by partners and participating partners from 13th September 2013 to 17th December 2013. The hashtag for the European HIV testing week (#EuroHIVtestweek) was used 422 times by the HIV in Europe Secretariat and by others tweeting about the testing week. This resulted in over 670,000 timeline deliveries.

The main messages tweeted (and re-tweeted) were about HIV testing week activities, stressing the importance of HIV testing, and the number of people unaware of their HIV status. With 145 re-tweets during the HIV testing week and with @EuroHIVtestweek mentioned by organizations with many followers, over 420,000 people saw tweets containing testing week key messages (See Appendix for examples of notable tweets).

### Media coverage

To evaluate the levels of media coverage, two media monitoring methods were used: Google alerts and a specialist media monitoring agency. Media coverage was analysed to evaluate media activity across participating countries and key message penetration amongst the target audiences by: mentioning of key terms; origin of coverage; publication audience; coverage tone; key messages; and spokespeople. By 31<sup>st</sup> December 2013, 143 pieces of online coverage were secured, with 24 of the 49 participating countries securing coverage in their own countries.

The publication audience groups were the general public, HCW, policy makers and at-risk populations. 71% of the coverage was secured in publications aimed at the general public, with 40% being secured in publications aimed at the other target audiences (some publications are aimed at more than one target group).

Tone was measured to ascertain its level of positivity (positive, neutral or negative); 95% of articles were positive in tone, 5% were neutral and there were no articles negative in tone. Furthermore, 95% of articles contained at least one of the 4 key testing week messages (see Appendix), 78% contained two and 13% of all secured articles contained all four key messages.

Participating organisations were encouraged to work with key opinion makers during the testing week to act as media spokespeople in order to increase the credibility of testing week messages and engage with target audiences. Coverage was analysed to identify how many pieces contained a quote from a spokesperson and to identify the 'type' of spokesperson.

- 60% of articles included a quote from at least one spokesperson
- The majority of spokespeople were from civil society and not-for-profit organisations – 65 quotes were included from this group

- Four articles included a quote from an HIV in Europe spokesperson and seven articles included a quote from one of the working group members
- 47 articles included a quote from a spokesperson within the target groups:
  - 23 contained a quote from a policy maker
  - 23 contained a quote from a clinician
  - 1 contained a quote from a nurse
  - 8 articles included a quote from a celebrity

## Country Profiles

### Eastern Europe

#### Estonia

Estonia has a population of 1.3 million people and it is estimated that between 7,200 and 11,000 people are living with HIV (prevalence 1.0-1.6 %) <sup>3</sup> ; thus Estonia has the most severe HIV epidemic in the WHO Europe region. In 2011, the number of cases related to IDU behaviour still exceeded the number of cases of heterosexual transmission among the general non-injecting population and there was no proof of any major HIV epidemic among other risk groups (for example, MSM). <sup>4</sup> In the last five years, the HIV prevalence rate among IDUs has been stable but very high. <sup>4</sup>

Only one organisation from Estonia signed up for European HIV testing week, the Estonian Network of People Living with HIV (ENPLHIV). Since 2009, this organisation has promoted and implemented rapid HIV testing, focusing on community-based interventions and targeting MSM, IDUs, SWs and socially disadvantaged people.

During the European testing week, ENPLHIV focused on homeless people, IDUs and MSM by visiting 'social houses', night shelters and MSM clubs. This was the first time in Estonia that HIV testing was offered at such venues and a large number of people (471 in total) were tested. From these, there were 79 HIV positive cases, of which 15 (3.2%) were identified as 'new'. In total, 19 individuals were referred to the medical centre for confirmatory testing and treatment.

Unfortunately, it was not possible from data received to elicit the proportion of homeless, IDUs and MSM who were diagnosed positive from the 79 HIV positive individuals identified. Therefore, it is not possible to corroborate the conclusions from the WHO Estonia report. <sup>4</sup> However, the number of positive cases did not surprise the staff from ENPLHIV - "***this is expected among this group***".

Due to the success of the targeted interventions during testing week, further work with these groups is planned for the future. One major barrier for outreach testing efforts in Estonia is that only registered nurses or doctors are allowed to carry out HIV testing. ENPLHIV, therefore, has to enter

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<sup>3</sup> Global report: UNAIDS report on the global AIDS epidemic 2013, UNAIDS 2013.  
[http://www.unaids.org/en/media/unaids/contentassets/documents/epidemiology/2013/gr2013/UNAIDS\\_Global\\_Report\\_2013\\_en.pdf](http://www.unaids.org/en/media/unaids/contentassets/documents/epidemiology/2013/gr2013/UNAIDS_Global_Report_2013_en.pdf)

<sup>4</sup> HIV Epidemic in Estonia: Analysis of Strategic Information: Case study, WHO, 2011.  
[http://www.euro.who.int/\\_\\_data/assets/pdf\\_file/0020/155630/e96096.pdf](http://www.euro.who.int/__data/assets/pdf_file/0020/155630/e96096.pdf)

into agreements with various institutions to arrange a nurse or a doctor for outreach work; this is a very bureaucratic and time consuming process. However, the expenses for such medical staff are paid for by the government and the test-kits are financed by AHF.

ENPLHIV used the templates from the European HIV testing week when writing press releases, but media coverage was not impressive.

For future testing weeks, it is the hope that governmental offices will support efforts and maybe this can be achieved by 2014 if the HIV in Europe secretariat **“addressed government institutions more directly”**.

### Ukraine

A total of 44.5 million people are living in Ukraine and this country is experiencing one of the most severe HIV epidemics in WHO European Region (HIV prevalence at 0.9 %) <sup>5</sup>; furthermore, the epidemic continues to develop. The 21,177 new cases of HIV infection in 2011 was the highest number of reported new infections since surveillance was introduced in 1987. <sup>6</sup>

A total of 70 organisations/clinics signed up to the European HIV testing week (the highest number of participating organisations/clinics of all countries. Many different activities were carried out in Ukraine; testing prisoners, making video lectures for school and university students, arranging seminars for HCPs, arranging press conferences, arranging street marches, distributing information on HIV testing and delivering information campaigns in local media.

At one of the regional HIV/AIDS centres, they distributed information to almost all of the 24 clinics in their region. Most of these clinics focused on HIV testing during testing week, with some testing twice as many people compared to an average week. Some clinics extended their opening hours and this was a great success, as almost half of people coming for HIV testing came in the afternoon, a time when the clinics were usually closed. Continued afternoon opening hours are now being considered.

The same regional HIV/AIDS centre also organised training for almost 100 medical staff on issues like prophylaxis, testing, diagnostics, treatment and care of PLHIV. In their region, 4,369 people were tested and 28 were found to be HIV positive.

All HIV testing organisations, except three, reported increase in HIV testing compared to normal weekly testing activities.

One of the gay CSOs also reported a successful testing week. They used the rapid test in outreach activities targeting MSM at a community centre and gay saunas. This organisation tested 100 MSM, of which three were found to be HIV positive; these individuals were further referred to confirm the results.

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<sup>5</sup> Global report: UNAIDS report on the global AIDS epidemic 2013, UNAIDS 2013.  
[http://www.unaids.org/en/media/unaids/contentassets/documents/epidemiology/2013/gr2013/UNAIDS\\_Global\\_Report\\_2013\\_en.pdf](http://www.unaids.org/en/media/unaids/contentassets/documents/epidemiology/2013/gr2013/UNAIDS_Global_Report_2013_en.pdf)

<sup>6</sup> Ukraine Harmonized AIDS Response Progress Report, Ministry of Health of Ukraine, 2012.  
[http://www.unaids.org/en/dataanalysis/knowyourresponse/countryprogressreports/2012countries/ce\\_UA\\_Narrative\\_Report%5B1%5D.pdf](http://www.unaids.org/en/dataanalysis/knowyourresponse/countryprogressreports/2012countries/ce_UA_Narrative_Report%5B1%5D.pdf)

Some of the participants commented that better cooperation between the different organisations would be preferable in the future, and that support from local government institutions would also have strengthened the efforts in testing week. It was also suggested to use the East European version of Facebook – vk.com - next time.

## Central Europe

### Slovenia

Slovenia is a low-level HIV epidemic country. The population is 2 million people and it is estimated that less than 1000 people are living with HIV.<sup>7</sup> The most affected group in Slovenia are MSM. In 2011, 81.4 % of newly diagnosed HIV infections with information on transmission mode were MSM. On the other hand, there is yet no evidence of a substantial HIV infection burden among IDUs. The level of testing for HIV infection is among the lowest in EU.<sup>8</sup> In 2011, the HIV testing rate per 100 inhabitants was 1.9.

A total of 12 organisations/clinics participated in the European HIV testing Week and half of these filled in the post-test questionnaire.

Very early on there was strong leadership from the Ministry of Health to take up the HIV testing week concept in Slovenia. The Ministry of Health and the National Institute of Public Health were lead in organising the testing week and, among other things, organised a national conference together with WHO to draw attention to the European testing week. All stakeholders (CSOs, medical associations, clinicians, researchers, WHO and Ministry of Health) discussed testing approaches and barriers to testing (especially regarding issues of confidentiality at Primary HC settings) in Slovenia.

The Ministry of Health also supported the regional Public Health Institutes with promotional materials (condoms, red ribbons, leaflets, testing week material, banners, etc.) and also ran an internet advertising campaign during testing week.

HIV testing was also scaled-up at all major testing facilities during the testing week (both governmental and NGOs). Awareness raising activities and distribution of condoms occurred at universities, on the streets, with the specific targeting of MSM. A concert with a famous Slovenian pop group was also arranged.

As a result of the strong involvement from many partners, media attention and coverage was extensive, much more extensive than on a 'normal' World AIDS Day.

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<sup>7</sup> WHO (2013) Key facts on HIV epidemic in Slovenia and progress in 2011:

[http://www.euro.who.int/\\_data/assets/pdf\\_file/0003/191091/Slovenia-HIVAIDS-Country-Profile-2011-revision-2012-final.pdf](http://www.euro.who.int/_data/assets/pdf_file/0003/191091/Slovenia-HIVAIDS-Country-Profile-2011-revision-2012-final.pdf)

<sup>8</sup> WHO (2013) Focus on HIV testing on World Aids Day in Slovenia

<http://www.euro.who.int/en/countries/slovenia/news/news/2014/01/focus-on-hiv-testing-on-world-aids-day-in-slovenia>

Slovenia has provided a good example of how all stakeholders can unite. This was naturally facilitated by the fact that Slovenia is a small country and that the Ministry of Health took a strong and early lead in encouraging partners to participate in the European testing week.

## Southern Europe

### Greece

Greece has a population of almost 11 million people and it is estimated that between 9,300 and 13,000 people are living with HIV (prevalence 0.1 - 0.2 %) <sup>9</sup>. The HIV epidemic in Greece is concentrated on high-risk behaviour groups and the most affected sub-groups include MSM and IDUs.

However, until 2011, there was an unusually low number of HIV infections among IDUs - from 2000 to 2010, 9 to 19 cases were reported annually among IDUs (representing 2.0 - 3.7 % of the total newly diagnosed HIV infections in Greece). In 2011, however, 256 cases of new HIV infections were reported among IDUs, representing 27% of all reported HIV cases that year<sup>10</sup>.

The high number of HIV infections among IDUs continued in 2012, where 314 cases were registered in the first eight months. The outbreak of HIV infections among IDUs is considered to be due to a combination of factors, the most important being the reduced provision of preventive services prior to this recent outbreak.

In Greece, six organisations/clinics participated in the European HIV testing week of which three filled in the post-test questionnaire. The participating CSOs performed outreach during testing week in Athens, Thessaloniki and Piraeus and focused also on visiting homeless shelters. One of the Check Points also extended opening hours until midnight. In one of the organisations, there was an increase of more than 200 % in performed HIV tests compared to an average week.

Media attention was huge and in Athens, the Mayor and a deputy Minister were tested for HIV, alongside the Ambassador for the Netherlands and a number of famous Greek actors and pop stars. Overall, the testing week in Greece was considered a success for the participating organisations. Continued outreach has been performed as a result of the reported successes during testing week. Furthermore, retaining the extended opening hours of testing centres is being considered.

It has been further suggested that countries such as Greece, who are still facing fiscal difficulties after the Global financial crisis of 2008, should be able to apply for and receive funding for much needed HIV testing resources, e.g. staff, testing kits, etc.

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<sup>9</sup> <http://www.unaids.org/en/regionscountries/countries/greece/>

<sup>10</sup> ECDC Technical report – Risk assessment on HIV in Greece  
<http://www.ecdc.europa.eu/en/publications/publications/20121130-risk-assessment-hiv-in-greece.pdf>

## Portugal

Portugal has a population of 10.5 million people. It is estimated that 38,000-62,000 people are living with HIV, which makes Portugal a country with one of the highest prevalence rates of HIV within Europe (prevalence of 0.5-0.9 %). IDUs are the largest affected group, with a HIV-prevalence of 9.2 % at the national level, and with local prevalence rates of up to 40-50 %. This increase has been attributed, in part, to the recognised decline in distribution of clean needles, since 2005 and the prevalence of hepatitis C virus among IDUs is also above 40 %. The prevalence rate of HIV is high among SWs too, at an estimated at 9 % making Portugal one of the top-five countries in EU with the highest HIV rates among of SWs.

Portugal celebrated the 30<sup>th</sup> year of WAD in 2013, which put greater attention on WAD than normal. The European testing week, just prior to WAD, benefitted from this, too. The European testing week became a national event with a total of 34 organisations/clinics participating – this being exceeded only by Ukraine, Spain and Germany<sup>11</sup>. Furthermore, the Portuguese National HIV conference was used as a platform to promote the testing week pilot. There was good cooperation between CSOs and the political system, including the National Health System.

There was significant media coverage both in television and newspapers, which included coverage of Members of Parliament being tested for HIV on National television.

A large number of CSOs performed rapid testing, distributed condoms, lubricants and leaflets, and offered counselling. Outreach testing was also a part of the activities for many organisations, including setting up a tent in Lisbon's city centre. By doing outreach testing, many people who had never been tested for HIV before were tested during the week.

At one hospital, all staff in the Infectious Diseases Department were trained to use rapid tests and afterwards all in-patients were offered HIV testing on a special 'HIV Testing Day' during testing week. Experiences gained from this initiative were that stigma was much less than expected, with the offer of testing being accepted by the majority of people. Also at some Health Centres (centres where 15-20 General Practitioners are working together), they offered HIV testing to all patients during 'HIV Testing Day'.

Two hospitals and two CSOs reported an increase in HIV testing of more than 200 % compared to an average week.

At another hospital, HCP (doctors and nurses) working in the International Vaccination Centre were trained on early detection of HIV.

Greater outreach activities and involvement of health service centres were mentioned in the post-testing week survey as areas of improvement: ***"We have to think about how to implement rapid HIV testing within health centres"***.

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<sup>11</sup> In relation to population size, Portugal was the country with the highest number of participating organisations/clinics.

## Northern Europe

### England

The United Kingdom (of which England is a part) reported the highest number of new HIV cases in the EU/EEA in 2011, with the overall prevalence in 2011 at 1.5 per 1,000 population<sup>12</sup>. However, HIV is an infection that disproportionately affects two key populations: black Africans and MSM. In 2011, HIV prevalence was approximately 30 times higher for these groups than the general population (MSM: 47 per 1,000; the black African community: 37 per 1,000)<sup>13</sup>. Rates of new HIV diagnoses and HIV prevalence continue to be significantly higher in London than elsewhere in England (or the UK) with 18 of the 20 local authorities with the highest prevalence of HIV infection being found within the city<sup>3</sup>.

In 2013, England was in its second year of running a National HIV testing week, organised by the Terrence Higgins Trust on behalf of 'HIV Prevention England', a coalition of over 30 partners from across the country. Twenty two participating partners from England also signed up for European testing week activities. Not surprisingly, the European HIV testing week messages and activities (which occurred during the same week) were diluted by already well-planned regional and local activities. There was even one suggestion that the European campaign (with the different posters and logos) might have added some confusion to the now established National programme. However, others considered it exciting to be part of a much bigger picture and saw how the National and European campaigns can work well together: European at a higher policy level, National in a practical level.

Testing activities included outreach to gay bars and saunas, with a testing week pledge photo gallery ('the Big Picture' campaign), training of community testing 'champions', and opt-out testing in hospital emergency departments and outpatient clinics. Some of these activities are still on-going, including the Big Picture campaign, rapid testing and opt-out policies in some hospital admissions clinics.

General consensus was that European testing week materials were little used in England, as the National materials were better prepared with a local focus. However, if given more time to plan, this situation may change.

Identified areas for improvement for future testing weeks included earlier planning and better communication/dialogue between groups/departments/organisations, with one suggestion of the reintroduction of HIV prevention coordinators for hospitals and clinics, to put prevention back into a wider context.

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<sup>12</sup> WHO country profile: [http://www.euro.who.int/\\_\\_data/assets/pdf\\_file/0019/191143/UK-HIVAIDS-Country-Profile-2011-revision-2012-final.pdf](http://www.euro.who.int/__data/assets/pdf_file/0019/191143/UK-HIVAIDS-Country-Profile-2011-revision-2012-final.pdf)

<sup>13</sup> HIV in the UK report 2012: [http://www.hpa.org.uk/webc/HPAwebFile/HPAweb\\_C/1317137200016](http://www.hpa.org.uk/webc/HPAwebFile/HPAweb_C/1317137200016)

## The Future

### Participating in future testing weeks

When asked, 66% of participating organisations stated that they would definitely participate again in future European testing weeks, 19.5% were undecided and 1.5% said 'no' to future participation. 13% did not answer this question. There were no discernible differences between European regions (WE, CE and EE).

Some reasons given to participate again included:

*'This first experience has been encouraging and challenging, and we can consider it as a pilot experience. With all the things we have learned about programming outdoor activities, calling the media and involving politicians, we hope next year to be more efficient in our proposal.'* WE

*'...want next time to expand our activities outside the hospital and involve primary physicians.'* WE

*'Conducted in the future, this could be a good tool to make people more aware where they can get tested and raise their awareness of the importance of testing if exposed to risk.'* CE

*'It is important to do project on an international level because they are more effective.'* CE

*'It is a great opportunity to mobilise various organisation working in the field of HIV/AIDS and make them work together to achieve better results for at least one week. Great motivator.'* EE

*'Good opportunity for networking, advocacy and raising awareness campaign.'* EE

Reasons against future participation came only from Germany:

*'We will focus on national and regional testing weeks'*

*'To me it does not make much sense to take part as a regional Gesundheitsamt - if that is not in line with others (Gesundheitsämter in cities and counties) in the region. If the City of Cologne does not participate, Gummersbach should not appear to be 'big in HIV-Testing'.*

### Suggestions for improvement

When asked what the HIV in Europe Secretariat could provide better for future testing weeks, individual suggestions included:

**WE:** *a complete German translation of European HIV testing week materials; links to media such as music channels to reach youth; flyers with appealing images already made up in different languages; and funding.*

**CE:** *No improvements necessary; reducing the length of questionnaires; providing a platform to exchange experiences and build upon, networking contacts; more promotion before testing week; and funding.*

**EE:** *No improvements necessary; technical support; strengthen the political impact of the Initiative at the regional level; and funding.*

Other suggestions for overall improvements to the European testing week experience included increasing the time needed to prepare for and promote testing week activities (see 'challenges' section also); having a 'global' HIV testing week; increasing the timescale to 2 weeks; including other STIs in the testing week concept; greater provision of promotional materials (pens, calendars, etc.); greater support from HIV ambassadors; and funding.

### Timing of future testing Weeks

The opinions of the spokespersons from supporting organisations seemed divided regarding the timing of future testing weeks. Though all supported an annual testing event, some thought that its current timing (the last week in November) was a good lead up to WAD, while others considered it better to have two separate events (WAD and testing week) several months apart, not just to deliver different messages but also to spread the workload that each event generated.

There were also differences of opinion regarding future timing of the next European testing week within the WG, with some wanting a second separate event apart from WAD, maybe in the summer months, whereas others considered it a good lead up to (and indeed separate from) WAD.

From the survey data, of those participating partners who responded to this question, 68% (176/259) agreed that the best timing of future testing weeks was the week leading up to World AIDS Day (WAD) (64% WE; 69% CE; 77% EE).

Reasons given (from the survey data) for changing the timing from late November included detracting from WAD events; focus on HIV testing should be at another time of the year, and; it being too close to Christmas.

However, there were a couple of suggestions that the testing week should immediately follow WAD:

*'the world is awash with Red Ribbons and info about HIV [after WAD]...that's the time to promote testing...';*

*'...it was the week after ETW we got the numbers calling for tests.'*

## Conclusions

The ultimate goal of the European HIV testing week was to make more people aware of their HIV status and reduce late diagnosis by communicating the benefits of HIV testing, 'Talk HIV. Test HIV.' being the slogan in 2013.

Gauging the success and impact of this pilot programme cannot be viewed just by the number or tests offered or their uptake alone; awareness-raising issues and any anti-stigma consequences must also be considered, though they are often difficult to estimate.

Considering the short time (around 6 months) between the creation of the testing week 'idea' and its eventual implementation by 477 organisations across 49 of the 53 countries of Europe, the first European testing week has been heralded as a success by many.

One recurring success story reported in survey data was that testing week presented an opportunity to think outside the box for those participating partners performing testing activities. This led to novel approaches for pilot programmes and the majority of those reporting a pilot project either 'strongly agreed' (52.9%) or 'agreed' (29.4%) that their pilot HIV testing project had demonstrated a successful method of offering HIV tests to individuals, who would not otherwise have been tested.

The dedicated webpage ([www.hivtestingweek.eu](http://www.hivtestingweek.eu)) performed well not just as a focal point but as a source of information, with the testing week logo, the dossier of evidence and the testing week implementation handbook being the three most popular downloads (1,258, 627 and 499, respectively).

The further use of on-line social media meant that key testing week messages (see Appendix) reached tens of thousands of people through the dedicated Facebook page (approximately 84,000), and hundreds of thousands through Twitter (approximately 670,000 timeline deliveries between Sept- Dec, 2013).

One striking example of how an established HIV organisation could support the testing week came from the AIDS Health Care Foundation (AHF), who set aside funds for participating partners from Estonia, Greece, Lithuania, Russia, Ukraine, Portugal and the Netherlands. Of the 30 organisations who applied for funding, 12 received up to 5,000 US \$ each and used the European testing week logo in their outreach activities.

Lessons learned from England's own first national testing week programme (now preparing for its third year) seem to suggest that an even greater impact is to be expected if the European testing week pilot becomes a regular annual event.

### Recommendations

It is recommended that the European testing week becomes a regular annual event. HIV in Europe can function as the coordination secretariat if funds are secure for running the secretariat, which is a very time consuming task. The focus on collecting data from the participating organisations by regular contact and online questionnaires has required time and resources. Focus in future years should be on tuning the messages, for instance by specifically targeting primary healthcare professional in 2014, and also consider the logistics of including testing of hepatitis B and C in later years. A lot of energy was put into developing the website and tools and collecting materials, which will "only" need updating in future years.

Although funding is an issue for many of the organisations that took part in the pilot testing week, it is recommended that HIV in Europe does not enter into administering a funding scheme programme.

#### Overall recommendations:

- Consider the logistics of including testing of Hepatitis B and C in future testing weeks (a joint venture vs. two separate testing weeks around world hepatitis day/WAD, respectively).
- Allow more time to prepare and promote the next testing week (at least 7-8 months)
- Target Primary healthcare in 2014
- Use the website/platform for more sharing of information (good and bad practice) - provision of a monitored/moderated 'forum' for all interested parties/participating partners
- Add the testing week to the EU programme
- Highlight how 'HIV today' is different from HIV in the late 80s and 1990s

#### Specific comments:

- Try to engage FIFA (the International Football Federation) as ambassadors
- Use the East European version of Facebook (vk.com)
- Re-assessment of costing/budgets for repeat projects (is the testing week sustainable?)
- Allow for a national expression of testing week under the umbrella of the European testing week (successful examples include England and Portugal)
- Try to enrol Michel Kazatchkine (Special Envoy for HIV/AIDS in Eastern Europe and Central Asia) into the WG
- Future use of data to identify participating partners within regions, published on-line to allow for the generation of new testing week networks

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The evaluation report was written by Nick Giordano with input from Dorthe Raben, Maiken Mansfield, Anders Dahl and Ida Sperle (*CHIP*), Ben Collins (*EATG*), Brian West (*AAE*), Jens Lundgren (*CHIP*), and Valerie Delpech and Vicky Gilbert (*Public Health England*).

#### Financial statement

The HIV in Europe initiative is governed by an independent steering committee. The Coordinating Centre is at the University of Copenhagen, the political secretariat at the EATG and all funds are received and administered by AIDS Fonds Netherlands. The conditions of funding the initiative are approved by the Steering Committee. Industry sponsors are invited to quarterly updates but do not participate in the Steering Committee. Financial support of the initiative provided by: EAHC, Gilead Sciences, Merck, Tibotec, Pfizer, Schering-Plough, Abbott, Boehringer Ingelheim, Bristol-Myers Squibb, GlaxoSmithKline, ViiV Healthcare, UNICEF and the Swedish Research Council.

## Appendix

### Countries in the WHO European region:

**Western Europe:** Andorra, Austria, Belgium, Denmark, Finland, France, Germany, Greece, Iceland, Ireland, Israel, Italy, Luxembourg, Malta, Monaco, Netherlands, Norway, Portugal, San Marino, Spain, Sweden, Switzerland, United Kingdom of Great Britain and Northern Ireland.

**Central Europe:** Albania, Bosnia and Herzegovina, Bulgaria, Croatia, Cyprus, Czech Republic, Hungary, Montenegro, Poland, Romania, Serbia, Slovakia, Slovenia, the former Yugoslav Republic of Macedonia, Turkey.

**Eastern Europe:** Armenia, Azerbaijan, Belarus, Estonia, Georgia, Kazakhstan, Kyrgyzstan, Latvia, Lithuania, Republic of Moldova, Russian Federation, Tajikistan, Turkmenistan, Ukraine, Uzbekistan.

### The European HIV testing week working group composition

The working group comprises representatives from the following networks and organisations:

- AAE (AIDS Action Europe): **Brian West**
- AHF Europe (AIDS Healthcare Foundation Europe): **Anna Zakowicz**
- EACS (European AIDS Clinical Society): **Josip Begovac**
- EATG (European AIDS Treatment Group): **Ann Isabelle von Lingen & Ben Collins**
- GAT (Grupo Português de Ativistas sobre Tratamentos de VIH/SIDA (Portuguese Group of activists on HIV/AIDS treatments)): **Ricardo Fernandes**
- HIV in Europe: **Nikos Dedes & Valerie Delpech**
- Terrence Higgins Trust: **Lisa Power**

The project was managed by the HIV in Europe secretariat who can be contacted at: [hiveurope@cphiv.dk](mailto:hiveurope@cphiv.dk)

### Key messages for the European HIV testing week

#### *The four key message groups are:*

Get tested for HIV

The benefits of testing for HIV

HIV should be a national priority for policy makers

HCPs should be offering HIV tests

**Some notable tweets:**



**UNAIDS** @UNAIDS

Know your #HIV status: First European testing week takes off.  
[ow.ly/reMiN](http://ow.ly/reMiN) @EuroHIVtestweek

 Retweeted by EuroHIVtestweek



**ECDC HIV/AIDS** @ECDC\_HIVAIDS

#HIV #EU: 1 in 2 diagnosed late, shows 2012 data. Early diagnosis allows HIV+ people live longer, healthier lives #PHEchat #EuroHIVtestweek

 Retweeted by EuroHIVtestweek



**WHO/Europe** @WHO\_Europe

21 Nov

About 850,000-900,000 Europeans are HIV positive but not aware of it. Spread the word about HIV testing #Eurotestweek [bit.ly/1a43Wae](http://bit.ly/1a43Wae)

 Retweeted by EuroHIVtestweek



**EATG** @EATGx

21 Nov

@EuroHIVtestweek on 26 Nov, info on HIV testing and rapid tests provided on Place Luxembourg next to the European Parliament in BXL



**AIDS Healthcare** @AIDSHealthcare

Follow @OutofClosetAMS for all #EuroHIVTestWeek events in #Amsterdam >> [on.fb.me/196NFfm](https://on.fb.me/196NFfm) #gettested #knowyourstatus



**ECDC** @ECDC\_EU

22 Nov

"Talk HIV, test HIV": ECDC welcomes first European #HIV testing week [bit.ly/1i1qigF](http://bit.ly/1i1qigF) #EuroHIVtestweek