

14-21 MAY 2021  
**Spring EUROPEAN TESTING WEEK**  
[www.testingweek.eu](http://www.testingweek.eu)



# Spring European Testing Week

14-21 May 2021

Results from the 2021 SETW

The collage features several key elements:

- Top Left:** A poster for 'talleres' (workshops) on sexual health for the LGBTQ+ community, held online on May 19th from 18:30 to 20:00.
- Top Center:** A graphic stating '9 out of 10 people living with viral hepatitis are unaware. Spread the word and get tested!' with the NOhep logo.
- Top Right:** A graphic for Bergamo, Italy, announcing a second week of free and anonymous HIV testing.
- Middle Left:** A map of Europe with the text 'LASS HINGEHEN UND TESTEN' (Let's go and get tested).
- Middle Right:** A poster from NHS for 'Spring European HIV-Hepatitis Testing Week 14th-21st May 2021 Drop-in BBV testing clinics at Achieve'.
- Bottom Left:** A graphic for '2021 Bahar #EUROTESTWEEK' (2021 Spring #EUROTESTWEEK).
- Bottom Center:** A map of Italy with callouts for testing events in various cities: Lila Como, Lila Trentino, Lila Milano, Lila Toscana, Lila Livorno, and Lila Cagliari.
- Bottom Right:** A graphic from Cruz Roja España with the text '¡HAZTE LA PRUEBA!' (Get tested!) and 'PRUEBAS RÁPIDAS VIH' (Rapid HIV tests).
- Far Right:** A graphic from NHS stating 'Too many people in the EU and WHO Europe region are still living with hepatitis B and C'.
- Bottom Far Right:** A graphic for the '2021 SETW Survey' with a deadline of June 2021.

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# Background and methods

# Spring European Testing Week

- The first Spring European Testing Week (SETW) was piloted in May 2018 in collaboration with the European Liver Patients' Association (ELPA) and the EU-funded INTEGRATE Joint Action.
- With the success from the first pilot, SETW has become a permanent event within the ETW initiative.
- Now occurring biannually, the May and November ETWs offers partners across Europe the opportunity to unite to increase awareness of the benefits of testing for HIV and/or viral hepatitis.



# Spring 2021 ETW theme statement

- During the planning of the SETW 2021 campaign, the **COVID-19 pandemic** (caused by SARS-CoV-2) continued to have profound effects across world. After a year of continued strain on health services and shift of prioritisation away from services for HIV, viral hepatitis and STIs, the 2021 SETW theme highlighted the importance of joint efforts to respond to COVID-19 **and** the continued response to HIV, viral hepatitis and STIs.
- The 2021 SETW took place from **14 – 21 May**.



**You are part of the solution! Please keep up your efforts!**

**We need Covid-19 response and testing for HIV, viral hepatitis and STIs  
Integrate testing whenever possible**

*"One thing we've learned from Covid-19: We are all one Europe, and we need to work together. Covid-19 is not going to go away. It will transition likely from pandemic to endemic. We will be needing a continuing Covid-19 response for the foreseeable future. At the same time, we will need to rebuild health services weakened by the Covid response and seriously plan for future health outbreaks."*

*Quote from Professor Michel Kazatchkine,  
Special Advisor to the Joint UN Programme on HIV/AIDS in Eastern Europe and Central Asia,  
Member of The Independent Panel for Pandemic Preparedness and Response*

First, we thank the frontline workers, health services, testing services, and community organisations working so hard to respond to Covid-19 and maintain essential HIV, viral hepatitis and STI services. We honour and remember those who have died for their efforts.

Covid-19 response has drawn attention, staff, funding and resources from other health priorities, including HIV, viral hepatitis and STI response. In October 2020, UNAIDS reported "significant decreases in HIV testing services in nearly all countries with available data". A number of surveys have reported similar trends across Europe.<sup>11</sup> While a number of countries have rebounded to pre-COVID-19 testing levels, in other countries, testing remains low.

**This Spring European Testing Week we won't be going back to "testing as usual".**

As Michel Kazatchkine says above, Covid-19 response will be essential for the foreseeable future. We will continue to need innovative ways – and funding – to adapt testing services for other infectious diseases. Many of you are doing that. Please see examples of innovation [here](#).

This is why it is particularly urgent that we unite now to raise awareness of the importance of ensuring access to testing as an essential health service, especially for marginalised and stigmatised populations such as sex workers, people who use drugs, LGBTQ+ and migrants who are often most at risk and most in need of targeted services.

*"...the question in 2020 has to be what effect the pandemic will have had on testing by the end of 2021. For now, our message has to be to protect the progress of the last decade by continuing to prioritize HIV testing and getting treatment to those who need it. We cannot allow the pandemic to rob us of an AIDS-free future that is within our grasp."*

*Quote from Dr Hans Kluge, WHO Regional Director for Europe*

<sup>11</sup> Impact of the COVID-19 pandemic on testing services for HIV, viral hepatitis and sexually transmitted infections in the WHO European Region, March to August 2020":  
<https://www.eurosurveillance.org/content/10.2807/1560-7917.ES.2020.25.47.2001943/>

1

# Evaluation methods

- Due to the ongoing COVID-19 pandemic and expectation that many organisations would be unable participate, the SETW survey was **further shortened to nine questions** to encourage maximum participation.
- This adapted **online survey** was developed in REDCap and distributed to **all within the ETW network**, including past and present participants.
- **Two newsletters** and several **online posts on social media** were shared with requests to participate in the evaluation and published prior to the survey deadline (26 June 2020).
- **Limitations** include:
  - Limited participation due to service closures
  - Limited answering possibilities due to pre-defined answer categories
  - Possible language barriers and perceptions of questions asked
  - Majority of questions are optional and not required for the respondent to answer
  - Communication issues regarding newsletter dissemination

# Survey data – a descriptive overview

# Survey data – a descriptive overview

For past Spring ETWs, participants were asked to **re-register their organisation** even if they had previously participated in past Spring and/or Autumn ETWs.

- For the Spring 2021 ETW, it was decided to **carry over all past ETW participants onto the upcoming ETW.**
- By the end of the Spring 2021 ETW, there were **648 organisations** registered to participate on the ETW website
- **11** completed the evaluation survey for a **response rate of 1.7%** (compared to 31% from the 2020 SETW)
- Respondents represented **9 of the 53 countries** in the WHO European Region and the majority were from **Western Europe (82%)**

# Survey data a descriptive overview

Figure 1. Regional distribution of participants (N=648) and respondents (N=11) by WHO European Regions

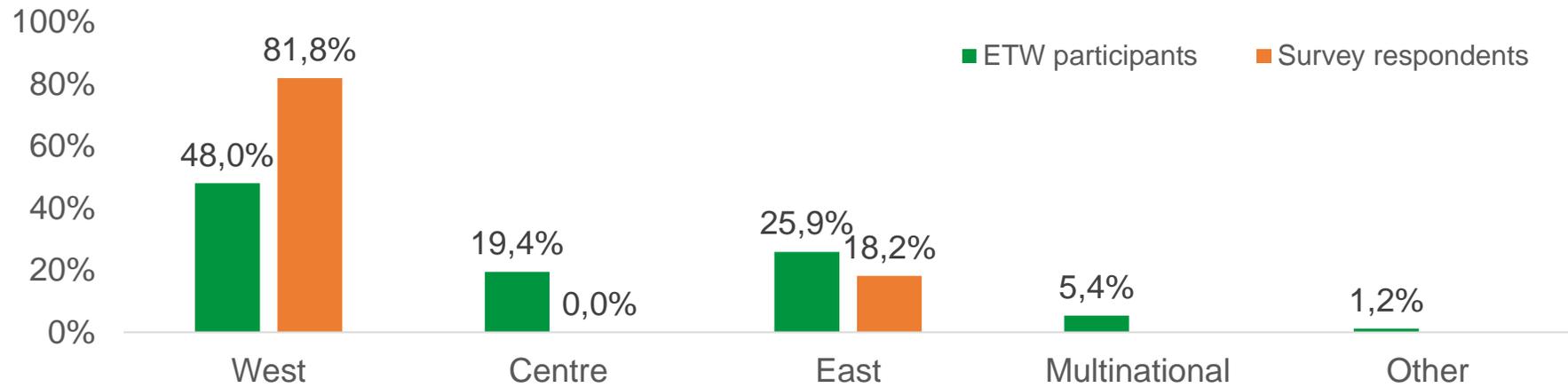
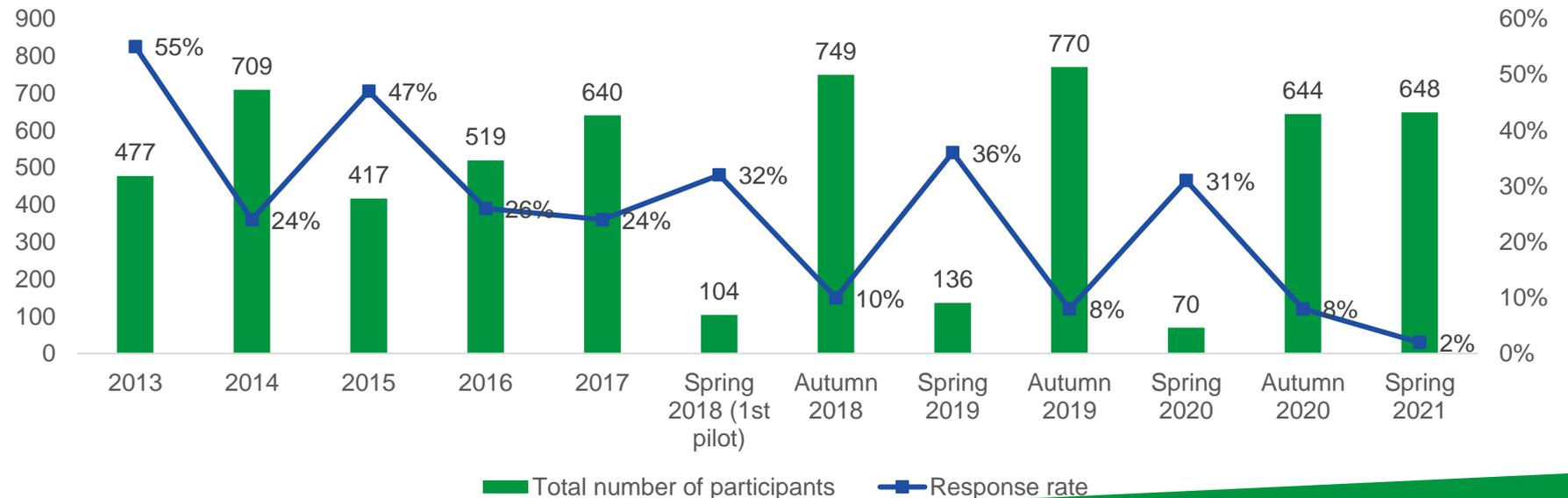


Figure 2. Total number of registered ETW organisations and survey response rate from 2013 – Spring 2021



# SETW 2021 organisations/respondents by country

1-4-21  
 Spring  
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 2021

West	# orgs	# respondents	Centre	# orgs	# respondents	East	# orgs	# respondents
Austria	8		Albania	3		Armenia	3	
Belgium	18	2	Bosnia & Herzegovina	3		Azerbaijan	4	
Denmark	8		Bulgaria	9		Belarus	2	
Finland	4		Croatia	15		Estonia	3	
France	10		Cyprus	2		Georgia	9	
Germany	27	1	Czech Republic	10		Kazakhstan	2	
Greece	5		Hungary	11		Kyrgyzstan	2	
Iceland	1		The former Yugoslav Republic of Macedonia	7		Latvia	5	
Ireland	11		Montenegro	3		Lithuania	47	1
Israel	3		Poland	18		Moldova	5	
Italy	44	2	Romania	9		Russia	16	
Luxembourg	9		Serbia	10		Tajikistan	4	
Malta	4		Slovakia	4		Turkmenistan		
Monaco			Slovenia	18		Ukraine	64	1
Netherlands	3	1	Turkey	4		Uzbekistan	1	
Norway	10							
Portugal	46	1						
San Marino								
Spain	49	1						
Sweden	12							
Switzerland	5							
UK	39	1						
						Multinational	35	

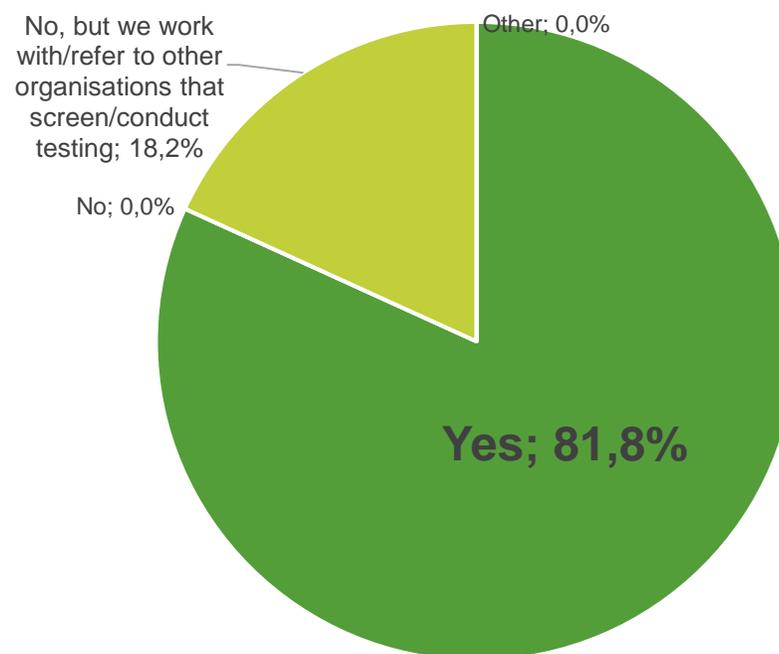
# SETW 2021 participating organisations

# Type of organisation & Services provided

91% of respondents (N=10) represented NGOs/CSOs with 1 who responded as a health care setting/hospital/clinic.

- Respondents were asked if screening and testing was part of their regular day-to-day services and the majority (82%) reported that testing was part of their regular services.

Figure 3. Testing as part of regular services (N=11)

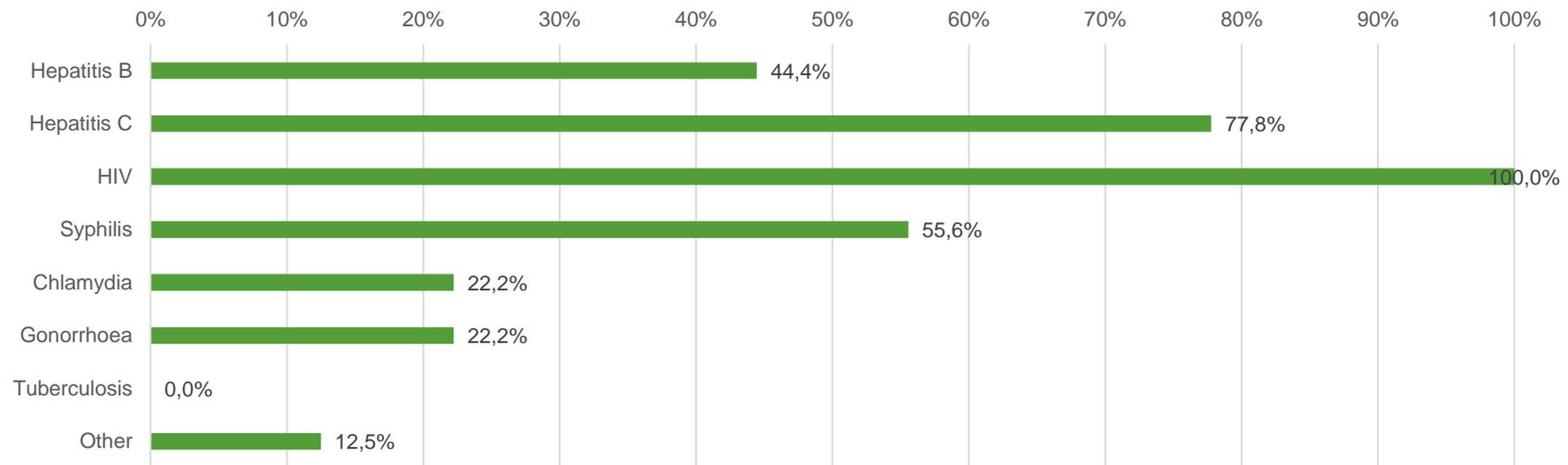


# Tested conditions

Of those who reported testing as part of their regular services, they were asked for which conditions

- The majority reported testing for **HIV (100%)**, followed by **hepatitis C (78%)** and **syphilis (56%)**

Figure 4. Types of conditions tested through regular services\* (N=11)



Other conditions included: Hepatitis A

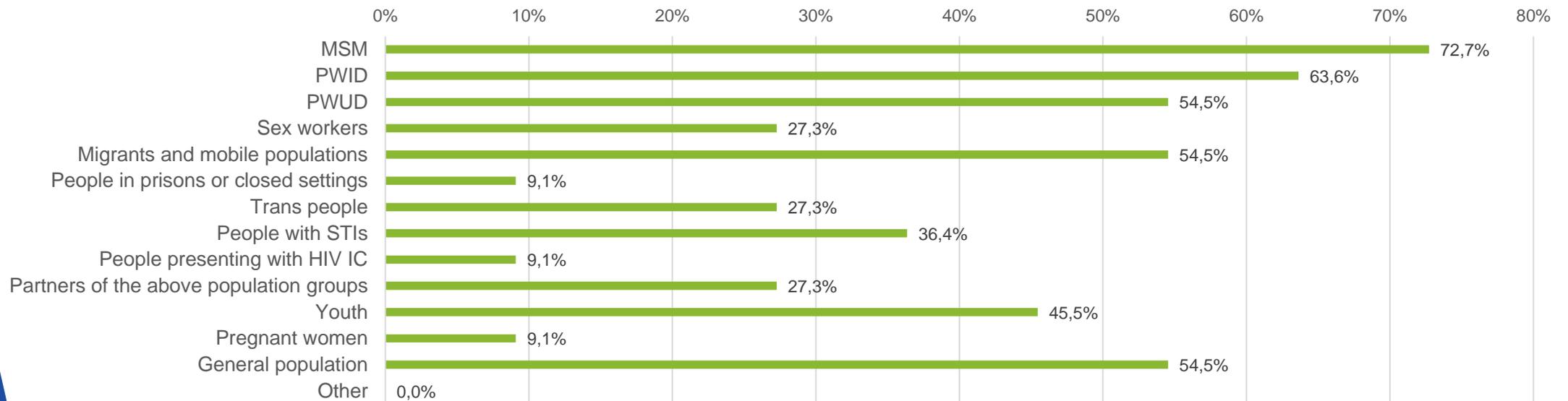
\*Respondents could choose more than one answer option

# Key groups

Respondents were asked to identify which main key groups access their normal services

- The majority reported **MSM (72%)**, followed by the **PWID (64%)** and **PWUD, migrants and mobile populations and the general population (54%)**

Figure 5. Main key groups that access services\* (N=11)



\*Respondents could choose more than one answer option

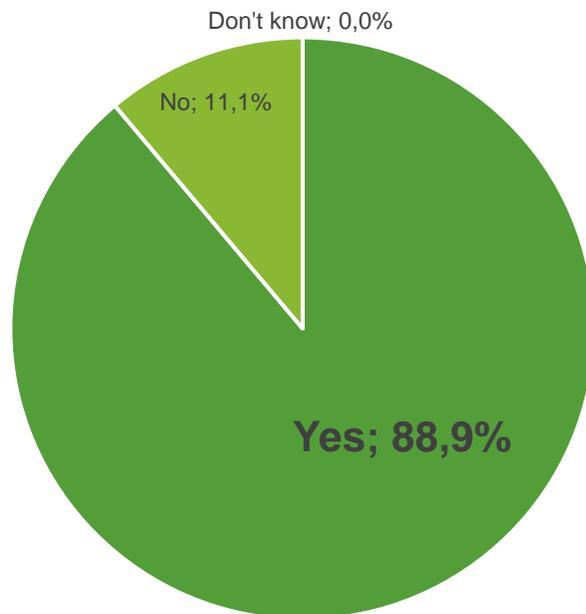
# Impact of COVID-19

# Impact of COVID-19 on services

Respondents who indicated that their organisation provides testing were asked if services were impacted by the COVID-19 pandemic during the last 6 months.

- The majority of respondents (89%) stated **yes**.

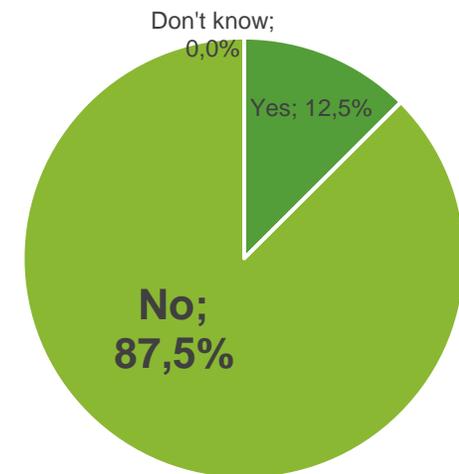
Figure 6. Impact of COVID-19 on services in the past 6 months (N=9)



Additionally, respondents were asked if testing levels were "back to normal" (i.e. similar testing volume as pre-COVID)

The majority (88%) stated **No**, their testing levels are not "back to normal" as comparable to pre-COVID.

Figure 7. Current testing volume compared to pre-COVID (N=8)



# Impact of COVID-19 on services

- Respondents who answered that their testing services had **not returned “back to normal” pre-COVID** were asked to specify, including the following answers:

*“The number of employees who can be present at the same time is limited, which complicates the reception. This complicates the deployment of our HIV rapid test project (not enough staff).” (Org. in Western European region)*

*[Translation] “Due to the confinement measures, some are still in force, it is not possible for us to develop some/actions, interventions, for example, recreational events.” (Org. in Western European region)*

*“Less face to face, priority for high risk patients and prescribing” (Org. in Western European region)*

*“It affects the capacity of the premises in which we carry out tests” (Org. in Western European region)*

*“The rule to access testing services only by making an appointment has decreased the number of people tested and tests offered. Prior to COVID, during “testing days” our premises were overcrowded and this obviously cannot happen now.” (Org. in Western European region)*

*“Less people come for tests” (Org. in Eastern European region)*

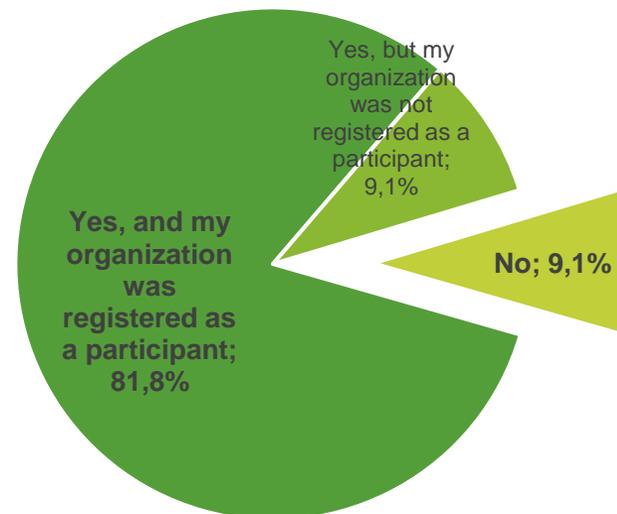
# SETW 2021 activities

# Activities

Respondents were asked to indicate if they participated in the Spring 2021 ETW and indicate if they were registered on the ETW website.

- The **majority (82%)** stated they **participated** and **were registered**.

Figure 8. Participation and registration for the 2021 Spring ETW (N=11)



Of those who answered "No," they were asked to indicate the reason why.

The **one respondent** who indicated No, stated that that ETW was **not prioritised by management**.

# Activities

Respondents who indicated that they participated in the Spring 2021 ETW were asked if this was the **first time their organisation had participated in ETW**. If **No**, they were also asked **when they previously participated**.

Figure 9. First time participating in ETW (N=10)

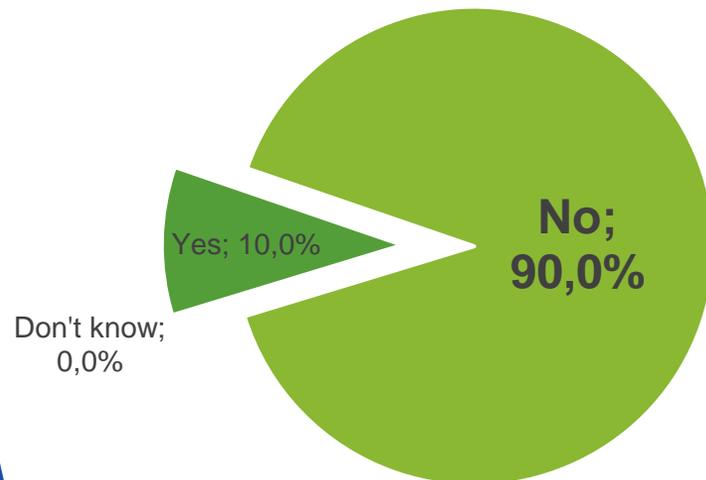
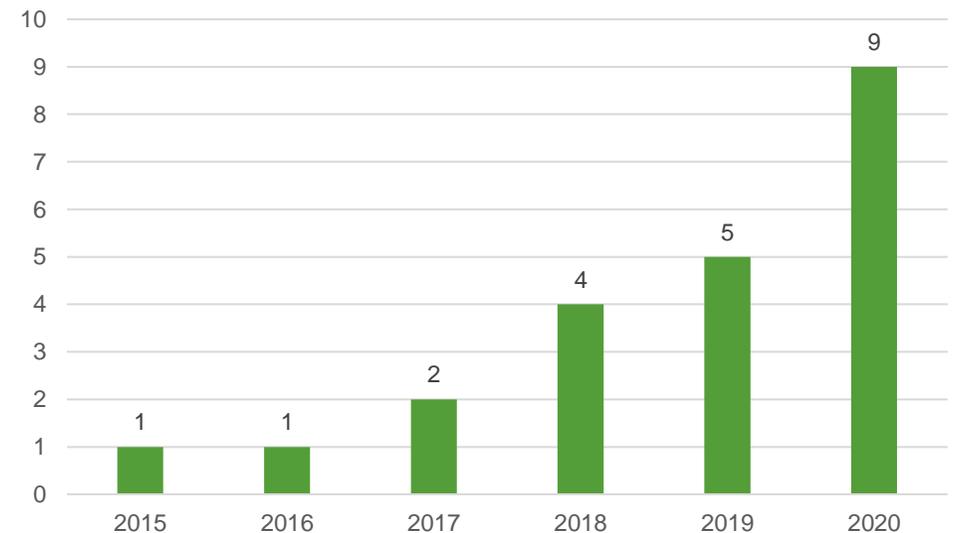


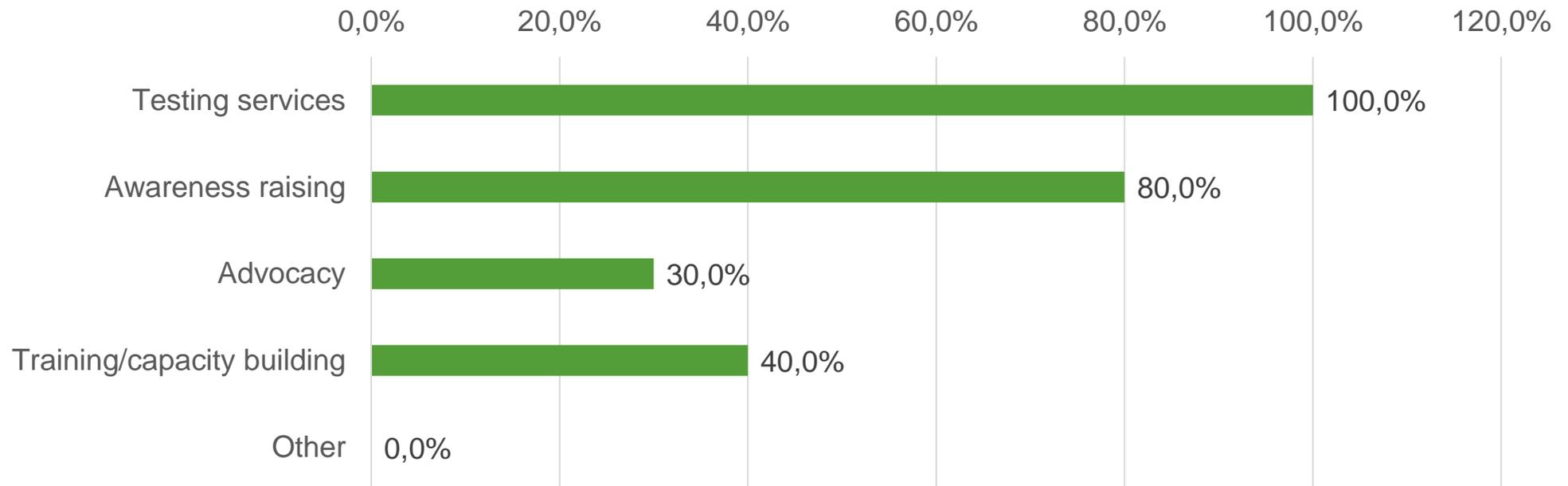
Figure 10. Participation in past ETWS (N=10)



# Types of activities

- The majority of respondents reported doing **testing (100%)** followed by **awareness raising (80%)** and **training/capacity building (40%)**

Figure 11. Types of activities for 2021 SETW\* (N=10)



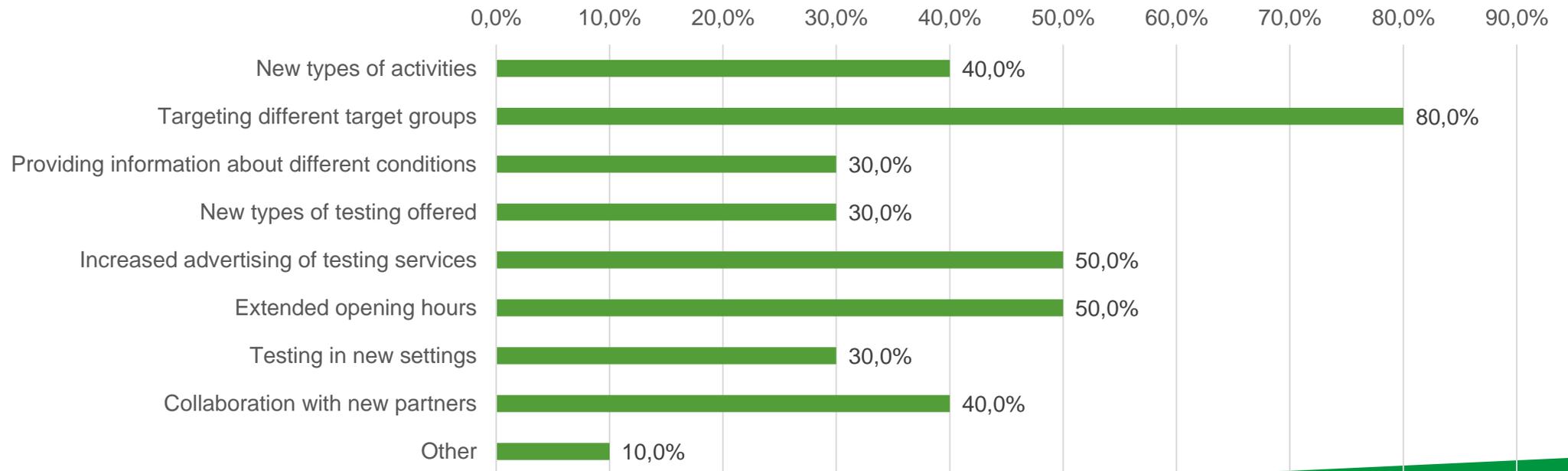
\*Respondents could choose more than one answer option

# Spring 2021 ETW

Respondents were asked what they did differently during the Spring 2021 ETW compared to their normal services.

- The majority of the respondents (80%) indicated they targeted different groups, followed by increased advertising of testing services and extended opening hours (50%).

Figure 12. Different activities for Spring ETW compared to normal services (N=10)



# New activities for SETW 2021

Respondents were asked to **describe the new activities** they organised for SETW 2021.

Responses included:

- *“We included mini lectures on HIV prevention”*
- *“We are an organization/federation of ... family planning centers. - 1 center offered free STIs testings - 1 center offered rapid HIV/syphilis testing in partnership with an LGBTQI+ organization (targeting MSM and trans/intersex people) We also promoted our rapid HIV testing project (without special activities) and communicated about the testing week, including relaying the activities of others organizations.”*
- *[Translated] “We stimulated and contacted different entities, there was a greater focus on testing in secondary schools and vocational education.”*
- *“using van, high intensity test and treat days”*

# New activities for SETW 2021

For **new testing activities**, respondents elaborated further sharing:

- *“1 family planning center offered rapid HIV testings, which it doesn't usually do.”*
- *“Distribution of self-tests”*

For activities where testing was implemented in a **new setting**, respondents included:

- *“we offer testing services in shelters and care services for homeless, migrants and IDU”*
- *“van, pop up clinics”*
- *[Translated] “Due to the corona pandemic, it was possible to pick up tests and then be accompanied by telephone during the implementation. In addition, tests were sent in individual cases (and the implementation was then accompanied by telephone).”*

One respondent added:

- *“Thanks to a very recent change in legislation, we were able to offer testing services totally managed by lay providers (healthcare providers are no longer required on site).”*

# Change in testing volume

Respondents were asked what was the approximate change in tests performed during Spring ETW, compared to an average week before Spring ETW.

Figure 13. Estimated increase in tests during the Spring ETW (N=5)

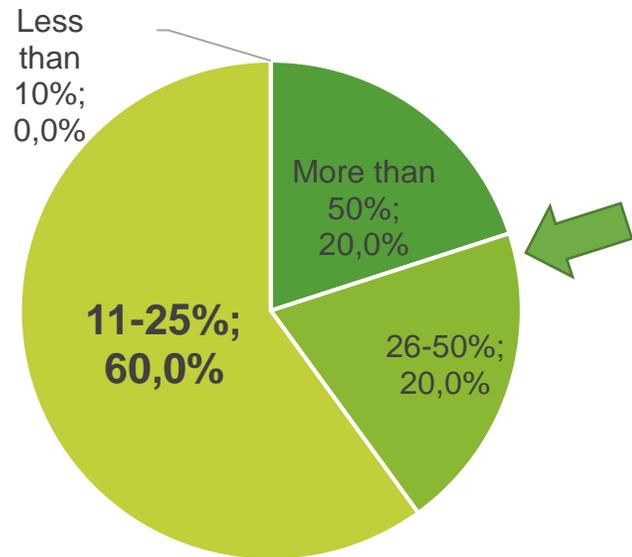


Figure 14. Approximated change in tests during the Spring ETW (N=10)

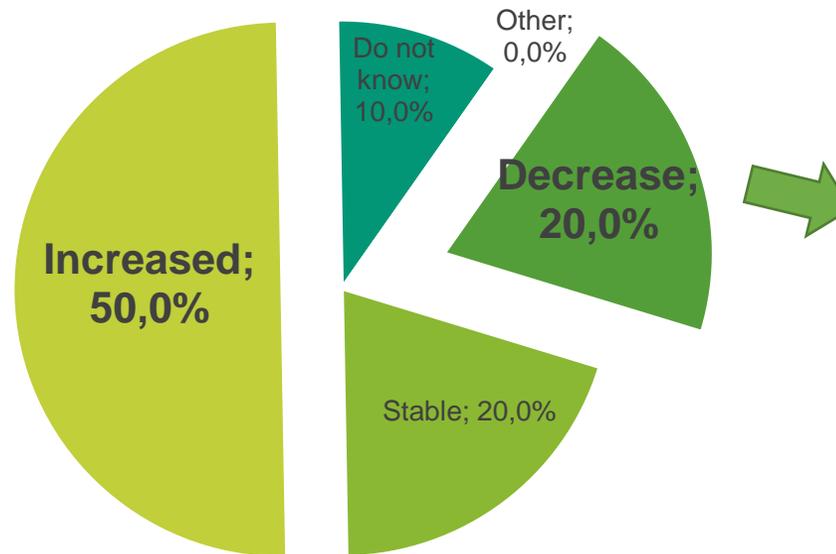
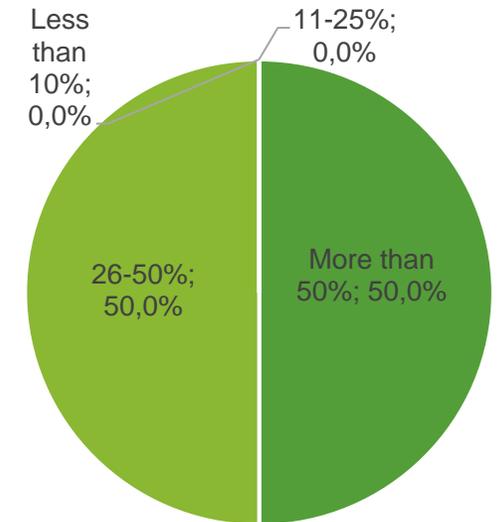


Figure 15. Estimated decrease in tests during the Spring ETW (N=2)



# Change in testing volume

Respondents who indicated a **decrease in testing volume** commented:

- *“we are limited due to covid restriction to organize more testing activities in outreach”*
- *“COVID measures prevented many from getting tested.”*

Respondents who indicated a **increase in testing volume** commented:

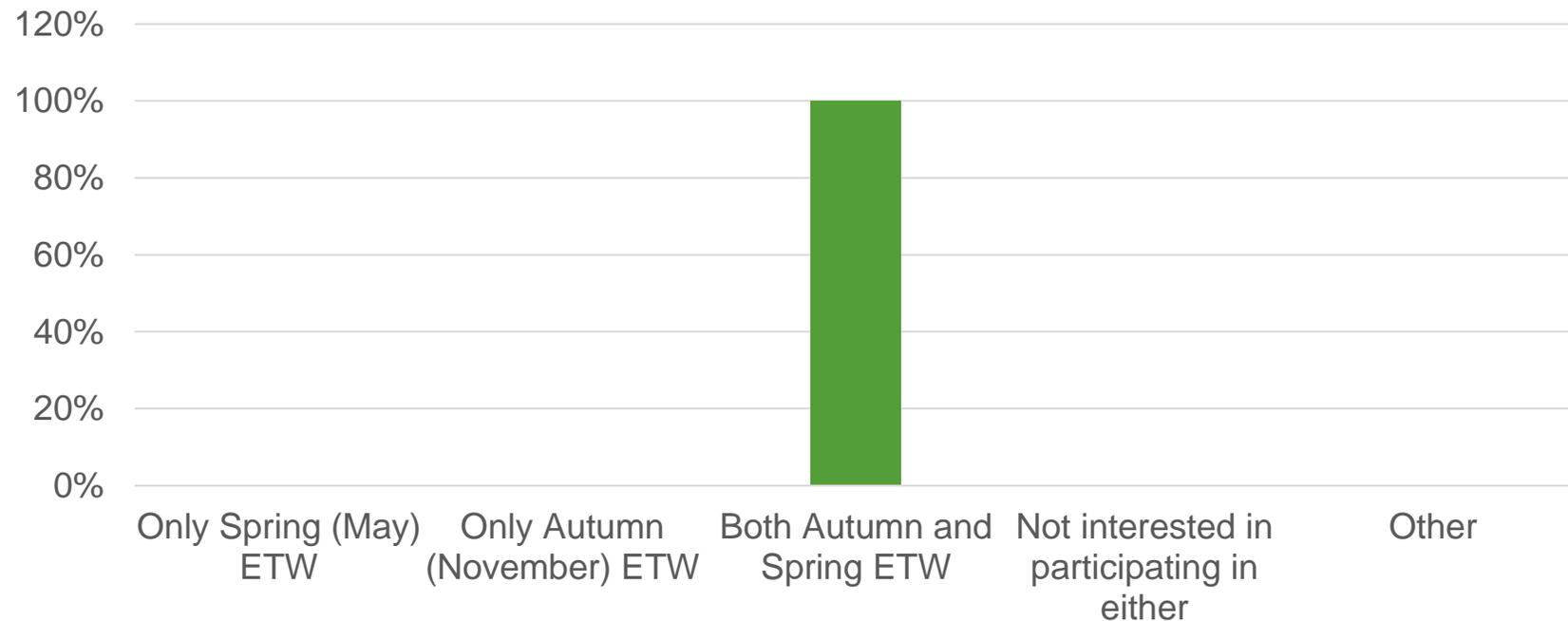
- *“The proposal was very successful among university students contacted by email from the University”*
- *“targeted testing rather than drop in to the service”*

# Future ETWs

# Participating in future ETWs

- 100% of respondents reported interest in participating in both Spring and Autumn ETWs.

Figure 16. Interest in participating in future ETWs (N=10)



# Feedback on ETW

# Feedback on ETW

For the first time, respondents were asked to **provide recommendations on how to increase the impact of ETW**. Responses included:

- *“more communication to promote our activities in the different key population network”*
- *“joined up services, webinar (happy to be involved) engaging with multi agency stakeholders”*
- *[Translated] “Video spots for TV / cinema would be cool!”*

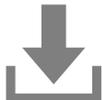
Respondents were also asked for suggestions as to how the **ETW Secretariat might support local ETW activities**. Suggestions included:

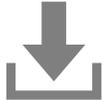
- *“communicating directly with us”*
- *“Sharing the outcomes of testing week activities to help with local advocacy efforts to support ETW”*

# Materials downloads

# ETW materials downloads (Top 5)



 **15**  
downloads

  **12**  
downloads

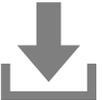
ETW word template (Spring 2021)



 **12**  
downloads

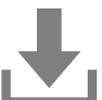
Factsheet 1

**186**  
total downloads of testing week materials

  **13**  
downloads

ETW word template (no date)



 **21**  
downloads

# Media coverage

# Media coverage

- A publication search was conducted utilising the media service, Meltwater
- In total, **65** online articles were found for the 2021 Spring ETW
  - Search was limited due to language restrictions and less accessibility of publications in local media
- International organisations including the WHO Regional Office for Europe, published online articles on SETW



# Conclusions

# Conclusions

- To encourage survey completion, the **survey was simplified** and since the COVID-19 pandemic continues to affect services for HIV, viral hepatitis and STIs, **COVID-19-related follow-up questions** were included in the survey similarly to 2020.
- However, despite the shortened survey, the initiative had a **significantly low response rate**.
  - The low response rate could be due to numerous factors including the continuing effects from the COVID-19 pandemic (e.g. priorities shifted to the COVID-19 response, limited capacity, etc), survey fatigue, language issues, etc.
  - Additionally, **different from past SETWs, all participants** who signed-up for past ETWs (for both Spring and Autumn) **were carried over** to the 2021 SETW, therefore the denominator used to calculate the response rate was much higher than previous SETWs.
  - Due to the low response rate, a **true representative analysis of the activities** conducted for SETW is **not possible** therefore **conclusions from this data** need to be **interpreted with this bias**.
  - This low response rate despite the shortened and simplified survey indicates that the process to evaluate the initiative needs to be improved and the way that **all data** is captured for ETW should be consolidated

# Conclusions

- Similar to previous ETWs, the majority of survey respondents were from NGOs/CSOs, who offer screening/testing for HIV, HCV and syphilis for MSM and PWID
- COVID-19 continues to affect participant's ability to provide testing services and testing volume levels have not returned to levels seen before the pandemic
- The majority of the respondents had previous participated in past ETWs, which indicates that many who participate are familiar with the initiative and might not need as much support/materials as previous years
- New for ETW, respondents were asked what they did differently for ETW and the majority reported that they targeted different target groups, suggesting that they may be using ETW as a way to reach different clients.
- Most respondents reported an increased in testing during ETW, with most estimating a moderate increase between 11-25%. The small portion of those who reported decreases in testing during ETW reported decreases in a range from 26% to more than 50%. For future ETW evaluations, respondents should be able to comment on any reported decreases in testing as this could be an important indicator of the effectiveness of ETW.

# Acknowledgements

- The EuroTEST Secretariat would like to express their sincerest thanks to the following people and organisations for all their hard work and contributions during the development, coordination and execution of the third Spring ETW and its subsequent evaluation:
  - The 648 registered ETW organisations, 11 survey respondents, and 44 endorsing organisations
  - The Working Group: Josip Begovac, Ben Collins, Nikos Dedes, Valerie Delpech, Zoran Dominkovic, Jason Farrell, Marine Gogia, Cary James, Chamut Kifetew, Tudor Kovacs, Takudzwa Mukiwa, Teymur Noori, Sini Pasanen, Daniel Simões, Dorthe Raben, Ann-Isabelle von Lingen, Tonni van Moonfort, Chris Wingrove, and Anna Zakowicz
- The evaluation was completed by Lauren Combs with assistance from Cæcilie Bom Kahama, Olena Valdenmaier and Emilie Werenberg with inputs from Dorthe Raben, the EuroTEST SC and the ETW WG.

# Financial statement

# Financial statement

- European Testing Week is coordinated under the EuroTEST initiative is governed by an independent Steering Committee (SC). The Coordinating Centre is at CHIP, Rigshospitalet and the political secretariat is at EATG.
- The conditions of funding the initiative are approved by the SC. Industry sponsors are invited to quarterly updates but do not participate in the SC.
- The EuroTEST initiative has received funding and grants from Gilead Sciences, ViiV Healthcare, Janssen, Merck/MSD, AbbVie, and the European Commission under the 3<sup>rd</sup> and 2<sup>nd</sup> Health Programmes and European Centre for Disease Prevention and Control (ECDC).