

15-22 MAY 2020
Spring EUROPEAN TESTING WEEK
www.testingweek.eu



Spring European Testing Week

15-22 May 2020

Results from the 2020 SETW

The collage includes several promotional materials:

- French poster:** > Dépistage VIH et Hépatite C sur rendez-vous les lundis et mercredis de 12h à 15h dans nos locaux > Demande gratuite d'autotest sur www.preventionsida.org ou au 0467 80 78 79
- CESIDA poster:** #PONTEAPUNTO
- FEANTSA poster:** FEANTSA supports #EuroTestWeek. HCV/HCB/HIV testing and treatment should be flexible, tailor-made, low threshold and integrated so that homeless people are able access them, together with other support.
- VIH? OUI NON poster:** Illustration of diverse people.
- Continuons à #TesterTraiterPrévenir même en temps de COVID-19**
- English text box:** The European Testing Week has helped to decrease the number of individuals who are HIV-positive but do not know their diagnosis, as well as identify patients with chronic hepatitis and link them to advances in hepatitis treatment. Testing and subsequent linkage to care are clearly the most important pillars in ending the HIV and viral hepatitis epidemic. Prof. Jürgen Rockstroh, MD, EACS President.
- Spanish poster:** SEMANA EUROPEA DE LA PRUEBA. ESTIGMA EN EL COLECTIVO LGTBQ Y LA SALUD SEXUAL. 21 MAYO: 19 CO EL WE. ¡VÍA IG DIRECTO! 19in20
- North Hampshire poster:** NORTH HAMPSHIRE. POSTAL HIV & STI TEST KITS #EUROTESTWEEK. www.tvps.org.uk

Contents

Section	Slide number
Background and methods	3
Survey data – a descriptive overview	8
SETW 2020 participating organisations	12
SETW 2020 activities	16
Impact of COVID-19	23
Future ETWs	31
Materials downloads	33
Online activities	35
Media coverage	40
Conclusions	42
Financial statement	47

Background and methods

Background

- The first Spring European Testing Week (SETW) was piloted in May 2018 in collaboration with the European Liver Patients' Association (ELPA) and the 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.



Special COVID-19 campaign

- During the planning of the SETW 2020 campaign, the **COVID-19 pandemic** (caused by SARS-CoV-2) was making profound effects across world and ETW participants were finding themselves **shifting their focus to the COVID-19 response** and/or **closing their doors** for an indeterminate period of time.
- Considering this, the **2020 SETW**, planned for **15-22 May**, proceeded but with a primary focus on **virtual-based SETW-related activities**.
- The ETW secretariat recommended **two key focus areas**:
 1. **Sharing experiences** from the HIV, viral hepatitis and sexually transmitted infection fields to work in unison against COVID-19.
 2. Continuing to remind the European community that **HIV, viral hepatitis and STI prevention, testing, care and support services are essential services and must continue to be supported**, especially during times of crisis.



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EuroTEST
Working together for integrated
testing and earlier care

Dear European Testing Week network,

The COVID-19 pandemic is affecting everyone at the moment and public health responses to the outbreak are rapidly evolving. In light of this, the **Spring European Testing Week (SETW)**, planned for **15-22 May 2020** will occur but not in the same way as previous years. We suggest proceeding with the week, but to primarily focus on **virtual-based SETW-related activities**. By using ETW's diverse online network and hosting ETW activities virtually, promotion for awareness on the importance of services for HIV, viral hepatitis and sexually transmitted infections (STI), especially in times of emergency, can continue while also creating a platform for knowledge-sharing on how you and/or your organisation have adapted services in response to the COVID-19 pandemic.

We recognise that many within the ETW network have had to shift their focus to the COVID-19 response and we stand in solidarity with them as they work on the frontlines of the pandemic. We also recognise that many organisations who have had to close their doors during this time will face uncertainty after the crisis is resolved. It is likely that the people vulnerable to HIV, viral hepatitis and STIs will have great need for services affected by the pandemic. The work of organisations that support them is needed now more than ever, therefore, we want to use Spring European Testing Week to recognise that

- **HIV, viral hepatitis and STI prevention, testing, care and support services are essential services, which must continue to be supported**
- **We must all unite to use our diverse expertise, experiences and lessons learned to support efforts against COVID-19.**

We know from past experiences that cutting back on services can increase new infections, shortages and more stigma and discrimination. We cannot lose sight of the continued work that needs to be done to prevent the transmission of these infections, especially during times of crisis. People vulnerable to HIV, hepatitis B (HBV) and hepatitis C (HCV) overlap with groups at-risk of COVID-19 including people living with HIV with immune suppression and/or advanced chronic viral hepatitis, migrants, persons with tuberculosis, people who use drugs, sex workers, people in prisons and closed settings, and people experiencing homelessness. Furthermore, these groups continue to experience stigma and barriers in accessing prevention, testing and care, which will be further worsened by the ongoing crisis. Together, we can inform the public health response to the COVID-19 pandemic with lessons already learned from the HIV, viral hepatitis and STI responses. In particular, how to lead effective, community-led and community-influenced efforts to support work towards earlier diagnosis.

This Spring European Testing Week 2020, we are asking those who can participate to continue to advocate and raise awareness on the importance of HIV, viral hepatitis and STI services through online platforms and to also share how you and your organisation is supporting your community during this global pandemic.

How will the virtual SETW work?

Due to the recommended physical distancing measures put in place throughout the world, we expect that most activities during this time will be focused primarily online and/or by phone. However, if your organisation is capable of coordinating other activities that are

Background

- In the WHO European Region:
 - Around one in five people living with HIV are unaware of their infection.
 - 15 million people are estimated to be infected with hepatitis B and 14 million people are estimated to be chronically infected with hepatitis C in the region.
- The purpose of the European Testing Week (ETW) is increase access to testing and promote awareness on the benefits of earlier hepatitis and HIV testing in the WHO European Region.

Evaluation methods

- Due to the COVID-19 pandemic and expectation that many organisations would be unable participate, the **typical post-ETW survey** was **re-developed** to measure **six core indicators** and include **four questions on the impact of COVID-19 on services**.
- This adapted **online survey** was developed in REDCap was distributed to **all within the ETW network**, including past and present participants.
- **Two newsletters** and several **online posts on social media** were sent 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

- By the end of the 2020 SETW, there were **70 organisations** registered to participate on the ETW website (**46%↓** from the 2019 SETW)
 - Of those, **16** were new for May 2020
- **22** completed the evaluation survey for a **response rate of 31%** (compared to 36% from the 2019 SETW)
- Respondents represented **13 of the 53 countries** in the WHO European Region and the majority were from **Western Europe (64%)**

Survey data a descriptive overview

Figure 1. Regional distribution of participants (N=70) and respondents (N=22) by WHO European Regions

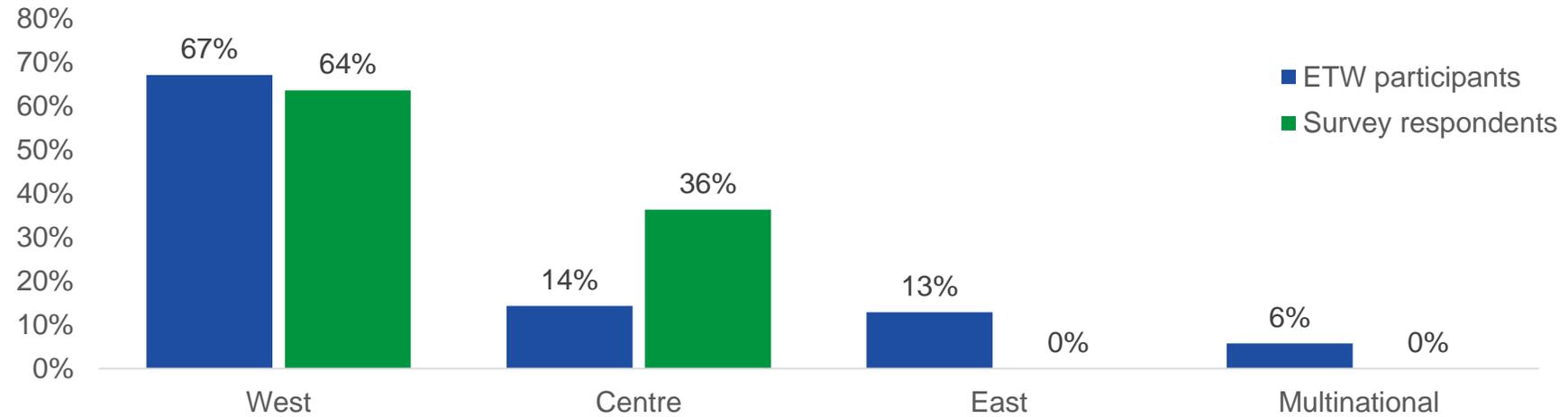
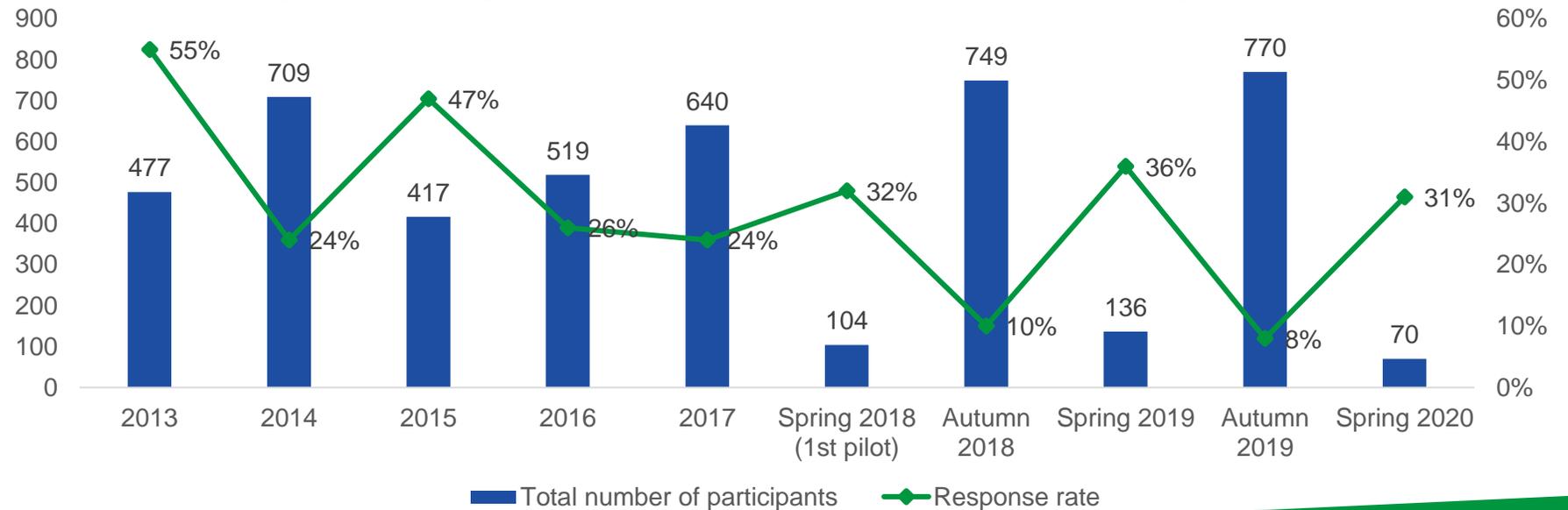


Figure 2. Total number of registered ETW organisations and survey response rate from 2013 – Spring 2020



SETW 2020 organisations/respondents by country

West	# orgs	# respondents	Centre	# orgs	# respondents	East	# orgs	# respondents
Austria	3		Albania	1		Armenia		
Belgium			Bosnia & Herzegovina			Azerbaijan	1	
Denmark			Bulgaria	1	1	Belarus		
Finland	1		Croatia	1	1	Estonia		
France			Cyprus			Georgia		
Germany	1	1	Czech Republic	2	2	Kazakhstan		
Greece	3		Hungary		1	Kyrgyzstan		
Iceland			The former Yugoslav Republic of Macedonia			Latvia		
Ireland			Montenegro			Lithuania	2	
Israel			Poland			Moldova		
Italy	8	3	Romania	1		Russia		
Luxembourg	1	1	Serbia	2	2	Tajikistan		
Malta	1		Slovakia			Turkmenistan		
Monaco			Slovenia	2	1	Ukraine	5	
Netherlands			Turkey			Uzbekistan	1	
Norway								
Portugal	14	3						
San Marino						Multinational	4	
Spain	6	4						
Sweden	4							
Switzerland								
UK	5	1						

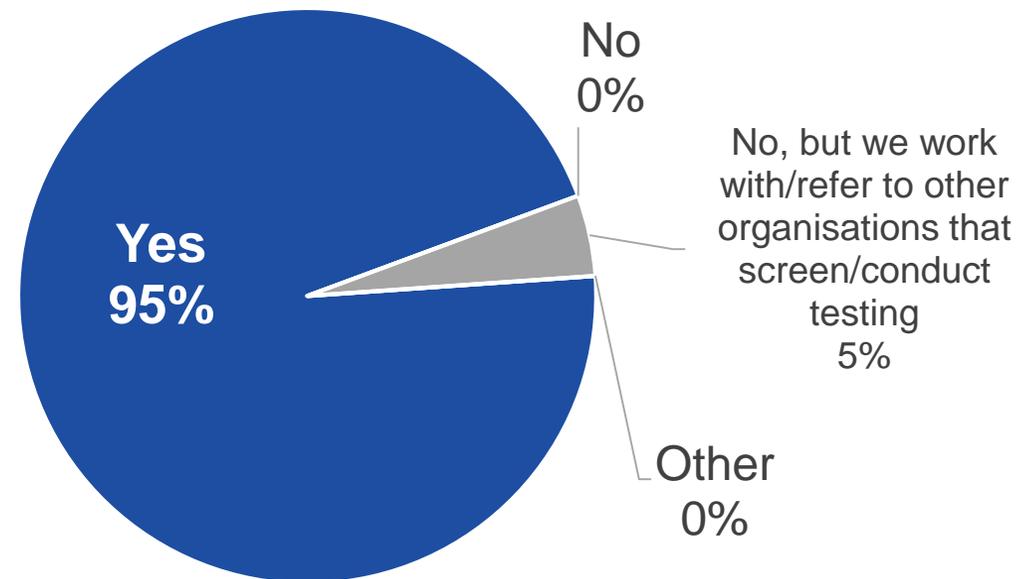
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SETW 2020 participating organisations

Type of organisation & Services provided

- 100% of respondents (N=22) represented NGOs/CSOs.
- Respondents were asked if screening and testing was part of their regular day-to-day services and the majority (83%) reported that testing was part of their regular services.

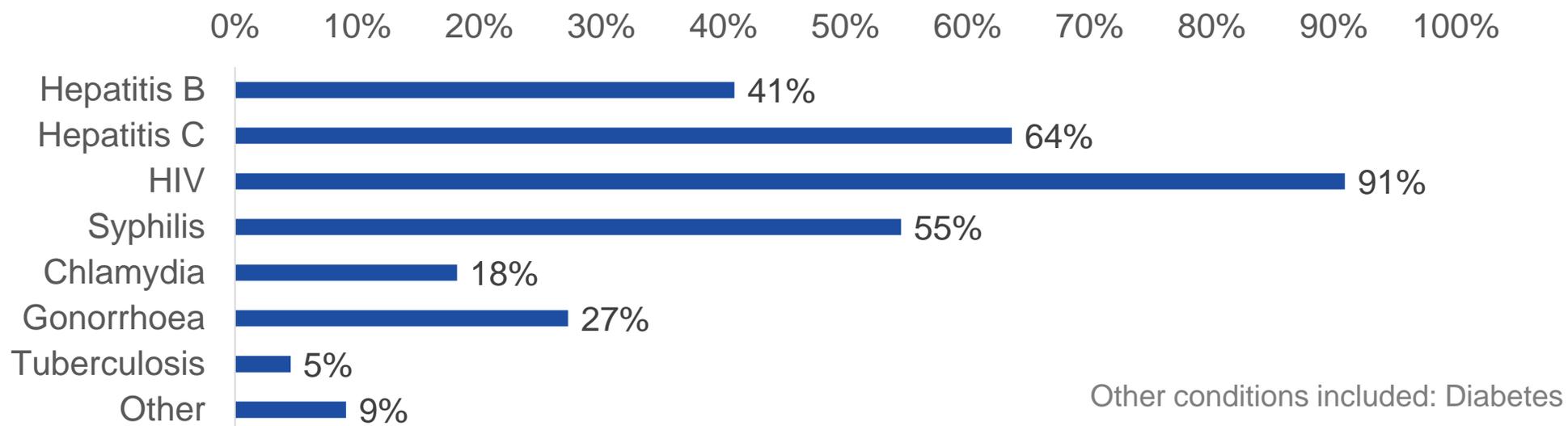
Figure 3. Testing as part of regular services (N=22)



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 (91%)**, followed by **hepatitis C (64%)** and **syphilis (55%)**

Figure 4. Types of conditions tested through regular services* (N=22)

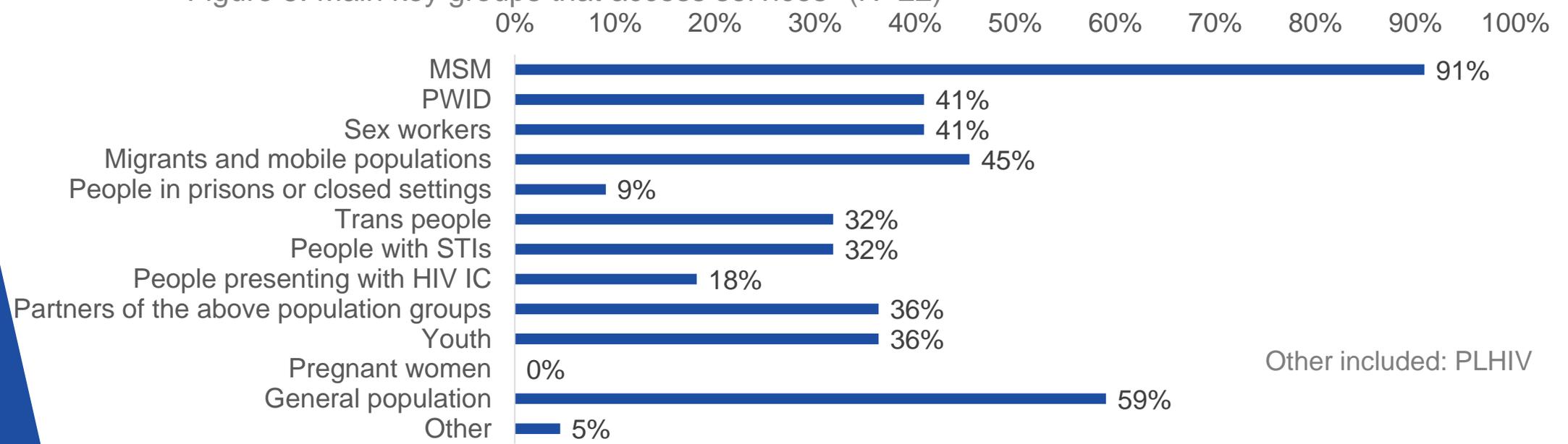


*Respondents could choose more than one answer option

Key groups

- Respondents were asked to identify which main key groups access their normal services
- The majority reported **MSM (91%)**, followed by the **general population (59%)** and **migrants and mobile populations (45%)**
 - This was the **first time** that **migrants and mobile populations** have been identified within the top 3 key groups identified

Figure 5. Main key groups that access services* (N=22)



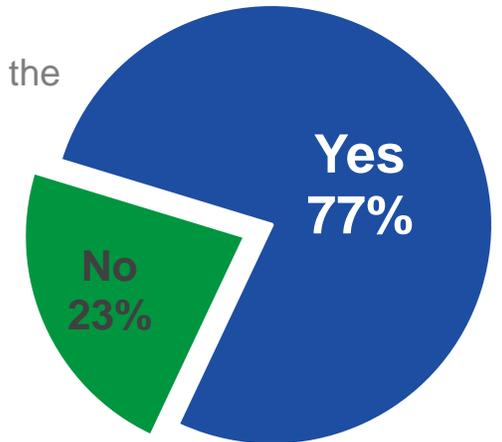
*Respondents could choose more than one answer option

SETW 2020 activities

Activities

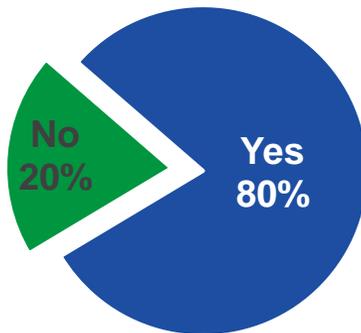
- All respondents are asked if they implemented activities for SETW. The majority (77%) stated yes.

Figure 6. Implemented activities for the 2019 SETW (N=22)



- If they indicated 'No,' they are asked if it was because of COVID-19 restrictions. The majority (80%) stated Yes.

Figure 7. Percentage reporting that COVID-19 restrictions prohibited participation in SETW 2020 (N=5)



- Of those who reported 'Yes,' they were asked to provide a brief description on how COVID-19 affected their planned activities, which included:
 - Governmental restrictions
 - We decided not to take part.
 - During the COVID-19 epidemic we were also hit by an [natural disaster]. While COVID-19 restrictions are lifting we cannot organise testing as our building was severely damaged. The COVID-19 situation has also made searching for an alternative venue more difficult. In addition, there is a legal requirement that doctors must perform tests. Most of our doctors are epidemiologists and infectologist whose workload has increased due to epidemic so they have limited time to work on community based testing.
 - We planned to a few testing events but because of COVID-19 we were unable to go ahead with the events and we were not ready for an online-based campaign

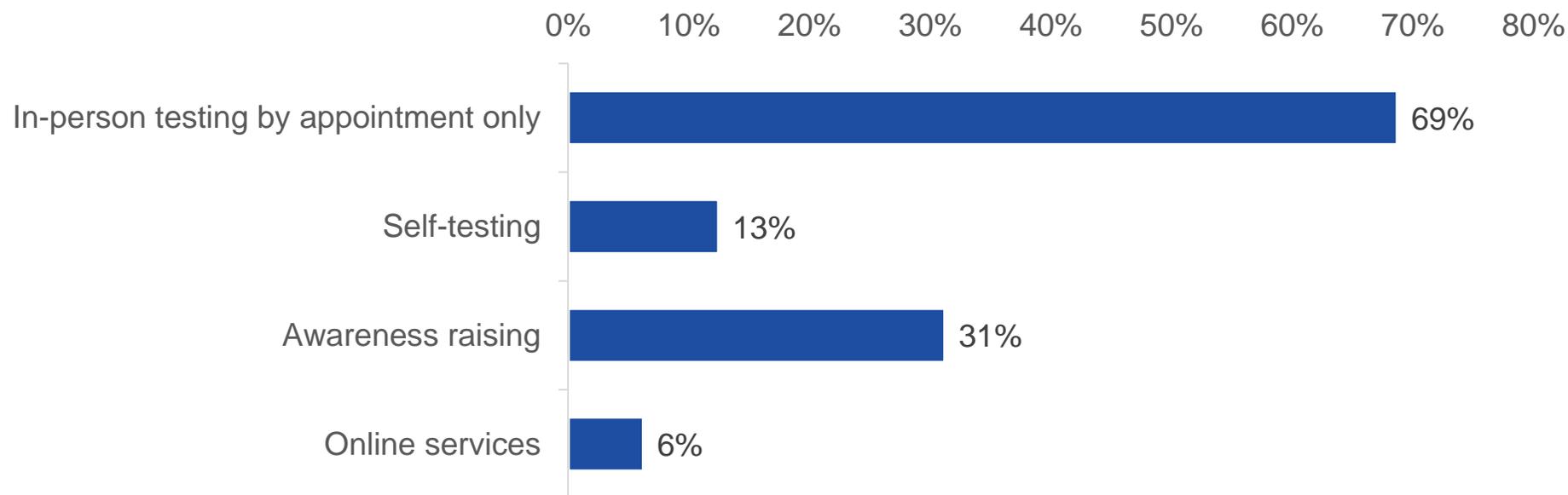
Activities

- For SETW 2020, respondents were asked to *briefly describe your SETW activities including; targeted groups, conditions, type of activity, setting, collaborations etc.* in free-text format
 - Responses were then analysed and categorised into the most commonly reported indicators

Types of activities

- The majority of respondents reported doing **in-person testing by appointment only (69%)** followed by **awareness raising (31%)** and **self-testing (13%)**.

Figure 8. Types of activities for 2020 SETW* (N=16)

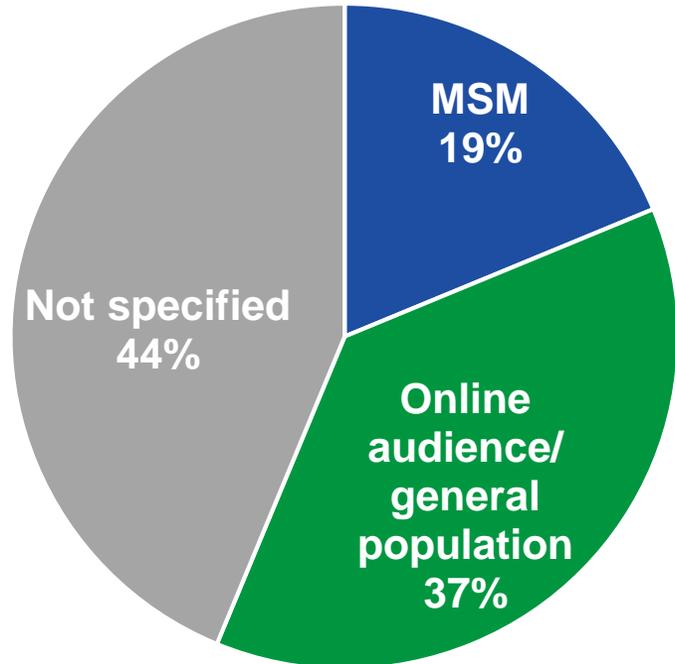


*Respondents could choose more than one answer option

Targeted populations

- The most commonly mentioned groups that were targeted for SETW 2020 were categorised as **MSM** (19%), **Not specified** (44%) and **Online audience/general population** (38%)

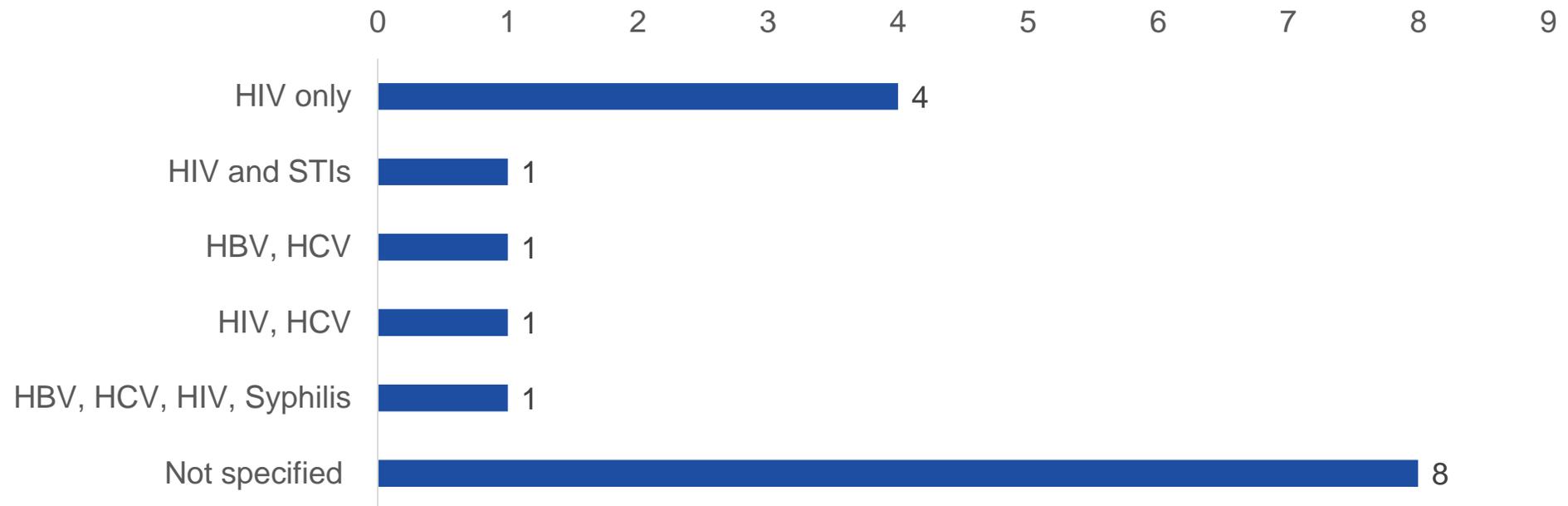
Figure 9. Targeted populations for 2020 SETW activities (N=16)



Targeted conditions

- Respondents answers were categorised in the following answer options.

Figure 10. Specific conditions targeted for 2020 SETW (N=16)



ETW activities

[Translation] “We began to test on the 18th. Dissemination on social networks. Informational videos and posters. Live chat on Instagram.”

“We provided (appointment-only) testing on two days and were active on fb and MSM social applications.”

[Translation] “Free self-test offer FB campaign and Google display indicating that it is the ETW and that the service is available for information, support and support.”

“Extended testing hours”

“We simply promoted the STW on our website and social media, passing on messages on the importance of getting tested.”

“Luckily, prevention measures regarding COVID - 19 were mitigated in the period when 2020 SPRING ETW ACTIVITIES began, so we were able to start and implement rapid testing activities among the MSM population, in cooperation with the Infectious Diseases Clinic in [CITY]. During the state of emergency that was in force in the country on the occasion of COVID-19, a large number of people were already inquiring when we planned to start testing and the interest was great. Rapid testing was realized in our [center]...”

“During 2020 Spring ETW we organized standard counselling and testing services with special precaution measures such as usage of protective masks, gloves and protective visors (provided not only to our staff but to the each client, too) as well as application of the means for disinfection, before and after each intervention. The information given by the counsellors also include basic information on the measure of protection from COVID-19 and its potential joint impact with HIV AIDS...”

“We [did] just free HIV and HEP C testing, clients must order before, and testing it’s just in our centers. Condoms for free.”

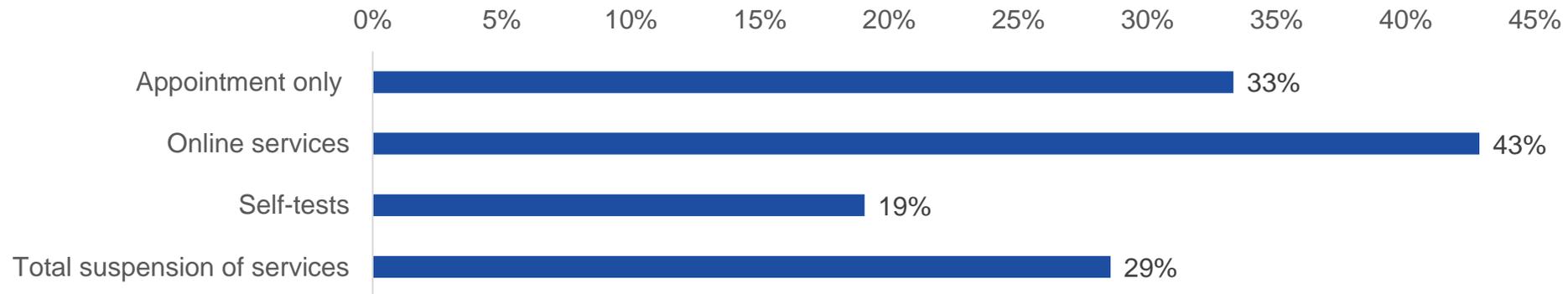
“We made publications and a visual campaign in Facebook, Twitter and instagram.”

Impact of COVID-19

Impact of COVID-19 on services

- Respondents were asked to briefly describe how their organisation's services had been impacted/or adapted during the COVID-19 pandemic
- Free-text responses were categorised into **four main indicators***:
 1. Shift to appointment-only services
 2. Shift to online services
 3. Provision of self-tests
 4. Total suspension of services
- **Many respondents (43%)** reported a shift to **providing online services** during the initial outbreak

Figure 11. Categorisation of change in services due to COVID-19 (N=21)



*Some organisations reported multiple changes in services during the pandemic

Examples of the impact on services

No drop in appointments, only booked ones for HIV testing

Services involving personal contact were suspended from mid-March until mid-May. We were available on phone/zoom/e-mail.

We have been impacted and had to close down our Drop in services and also move our support activities online. These has affected the ability of holistic approach in many of our cases.

We had to close our testing services due to the lockdown from the beginning of March. Services will open again in mid-June and people will access them only by appointment and complying with the specific protocols for COVID prevention.

[Translation] The HIV testing service has been suspended and telephone, web and social media inquiries have been made by telephone.

[We had] to suspend the test and our activities, also the workers hours and a lot of activities

We do popup tests at events, venues, etc. Due to the official lockdown, there were no events, and so our service has stopped.

Switch from walk-in testing to appointment-only testing, added provision of self-tests to our testing tools

No more personal meetings but online

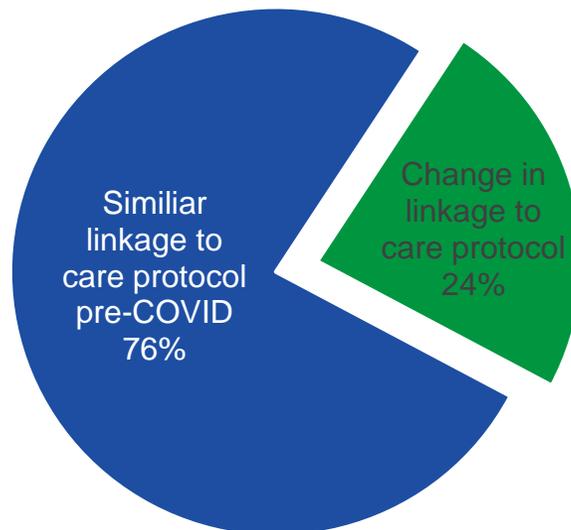
We had to stop all counselling and testing services in person - we offered online counselling but uptake was low.

We had to stop all our activities and put on hold are service including counselling and testing, the only services still active are phone counselling and online counselling.

Linkage to care during COVID-19

- For the respondents who were providing testing during the pandemic, they were asked how they were engaging in follow-up and linkage to care.
- Free-text responses were categorised into two main indicators:
 1. Linkage to care protocols were the same as per pre-COVID
 2. Change/adaptation in linkage to care protocol/procedures
- The majority of respondents (76%) reported providing linkage to care similarly to procedures before COVID-19

Figure 12. Categorisation of change in linkage to care due to COVID-19 (N=17)



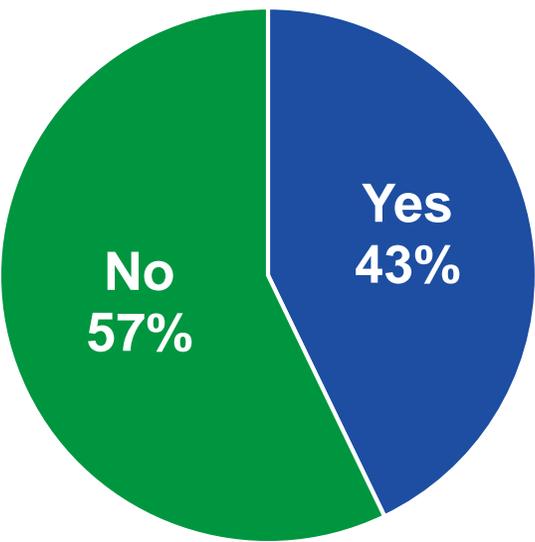
Of those who reported a change in how to implement linkage to care (24%), responses included:

- *Solely via online counselling.*
- *[Translation] The tests will be done by appointment. A protocol has been established with the territorial clinical centers for the follow up in case of reactivity to the test*
- *During COVID-19 the contact and coordination with hospital and health care system has been fluent and daily. We have dealt with many people with treatment access' problems, and PrEP management too, and new protocols and services have been organized and coordinated beside us.*
- *Linkage to care now it's harder, but we do it anyway, the way it's possible at the time*

Increase in demand for services

- Respondents were asked if they observed an increase in demand for services during the pandemic. Unsurprisingly, **more than half (57%)** reported **No increase**, however, **43%** reported **an increase**.

Figure 11. Percentage reporting an increase in demand for services during the pandemic (N=21)



Increase in demand for services

- If respondents answered **No increase**, they were asked to briefly explain why. Answers included:
 - *[Translation] There has been no significant increase. It stays more or less as always*
 - *[Translation] [In their opinion] the focus has shifted almost entirely from HIV to Corona. However, at the beginning of the pandemic, we also had to reduce our offers very much and had to work completely from our home office, [due to limited capacity and closures]*
 - *[Translation] During the lockdown period, requests for information decreased. Right now they are returning to the usual numbers*
 - *People stopped request[ing] testing service, although we were also publishing the cancellation because of COVID, so all the issues related with testing and prevention, except PrEP programs, were frozen. Instead of testing, people were looking for psychological and social support, basics and mental health have been the main issues and interventions in demand.*
 - *We observed an increase amount or calls the first weeks and then a huge decrease of calls.*
 - *We more or less received the usual requests (but our helpline reduced opening hours during the lockdown). People called or wrote to find out when we would restore testing services and the way to access them. Some people called to get information about COVID and testing for COVID. We offered tele-counselling.*

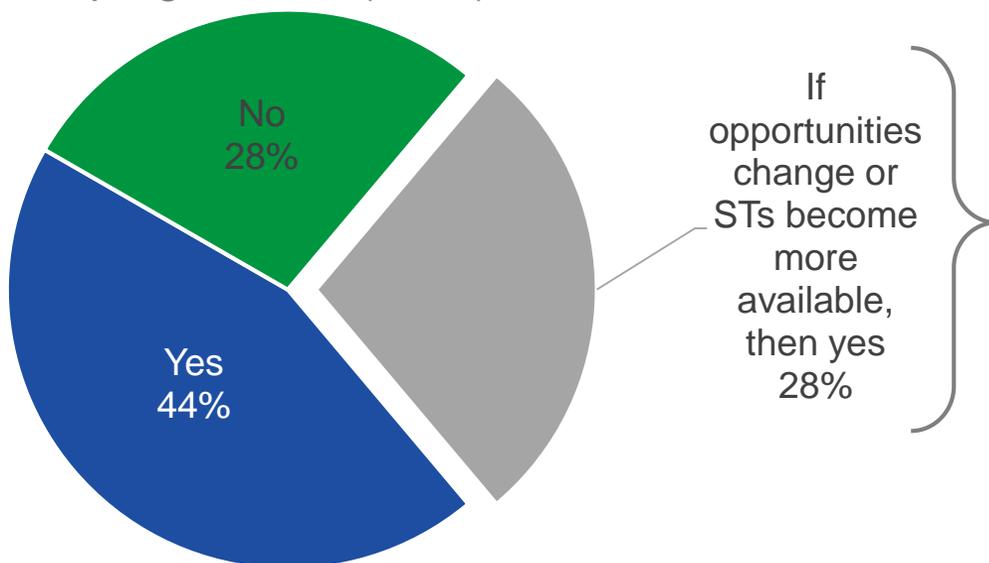
Increase in demand for services

- If respondents answered **Yes to an increase**, they were asked to briefly explain. Answers included:
 - *The need was even greater due to the fact that most of the services of this kind were completely unavailable to our target population during the first two weeks of the epidemic outbreak. Also, the need for psychological support was great at that time as well as need for information regarding possible impact of COVID-19 on persons who live with HIV/AIDS.*
 - *Mental health support, pastoral care for LGBTIQ folks*
 - *Regular clients asking for testing possibilities via various social media surfaces.*
 - *There were more questions about testing, as almost all services have stopped providing services.*
 - *Slightly higher traffic due to extended opening hours*
 - *Many people have approached us through social networks and our cyber educator service helpline expressing the need for HIV and STI testing. We must be clear that though advise on sex and dating during coronavirus pandemic and confinement has been present in contact apps, web pages, government announcements and our NGOs social networks, some people has had sex or used chems and sex during this time. Since Prep services have been interrupted in the area due to hospital overload and not yet initiated, quite a big amount of people need urgent screening.*
 - *Need of psychological support. We have started personal consultation via viber, zoom and etc, with psychologist and patients with hepatitis, who are in great need to talk about their fears and current health and mental state.*
 - *"pocket" disinfection, gloves and drape. In addition, a leaflet with information for the target group we distribution for free in our key groups.*
 - *With the open of the community-based testing centres, there has been observed a gradually increase in all testing centres*

Self-testing/ self-sampling

- Respondents were asked if their organisation was considering **adopting or expanding self-testing and/or self-sampling services during the pandemic.**
- Free-text responses were categorised into **three main indicators:**
 1. Yes
 2. No
 3. If opportunities change or SS/STs become more available, then yes
- Many reported **Yes (44%)**, while 28% reported **No** and 28% reported that they **were considering but at present time, it was not possible to implement.**

Figure 12. Percentage reporting consideration of adopting or expanding self-testing and/or self-sampling services (N=18)



Of those who responded that they would be interested to expand services to include ST/SS, responses included:

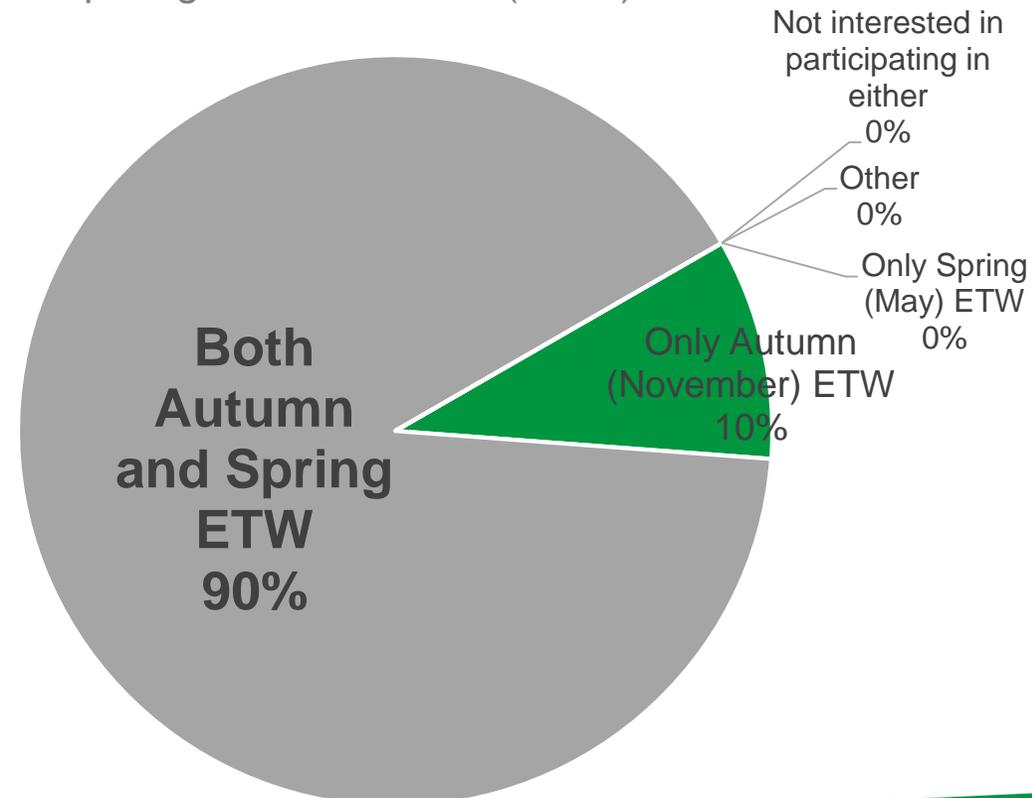
- *We intend to work on the new services in the future, and the most important one will be the introduction of self-testing for our clients.*
- *By now, with all the services and offices that we have, and the huge economical barrier the self-testing supposes, we are not engaged in any self-test program, but we promote it as an option. If companies made it more affordable in prices for NGO it would make it easier and more open to our communities.*
- *We will suggest people to buy self-test kits in pharmacies if they do not want to wait for the appointment date/time, since we now need to regulate access. Of course this implies a cost for clients.*

Future ETWs

Participating in future ETWs

- The majority of respondents (91%) reported interest in participating in both Spring and Autumn ETWs.

Figure 13. Interest in participating in future ETWs (N=21)



Materials downloads

ETW materials downloads (Top 5)

15-22 MAY 2020
spring
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15-22 MAY 2020
spring
EUROPEAN
TESTING
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↓ 39
downloads



↓ 34
downloads

COVID-19
announcement

210
total downloads
of testing week
materials



↓ 20
downloads



↓ 8
downloads

ETW word
template

15-22 MAY 2020
spring
EUROPEAN
HIV-HEPATITIS
TESTING
WEEK
TEST.TREAT.PREVENT.
www.testingweek.eu

↓ 17
downloads

Online activities

SETW 2020/COVID-19 online activities

- For SETW 2020, the initiative organised **online activities and videos** to help promote the 2020 SETW. There were **three types of video series** recorded for SETW:
 1. Pre-recorded videos of **Country case examples** of how organisations throughout Europe have **adapted their services during the early COVID-19 pandemic** (from Serbia, Portugal, Czech Republic and Georgia);
 2. Pre-recorded video of Ricardo Fernandes from GAT-Portugal sharing his **expert point-of-view on the impact of service closures due to the COVID-19 pandemic**;
 3. A live **INTEGRATE webinar** showcasing **pilots** where they assessed knowledge gaps in **HIV self-testing in Lithuania and Italy**.

Video views analytics (as of 28 July 2020)

- All videos (including the live webinar) were recorded and posted online on the ETW Youtube page, ETW website and promoted via social media.
 - The **country case example** videos have an average of **27 views**;
 - The **expert video** has **14 views**;
 - The **online webinar** video has **36 views**



Webinar analytics

- For the live webinar, interested participants were asked to register for the webinar via event management service, EventBrite.
 - 56 registrants for the webinar
 - 426 views of the webinar registration page
 - 22 participants in the live webinar

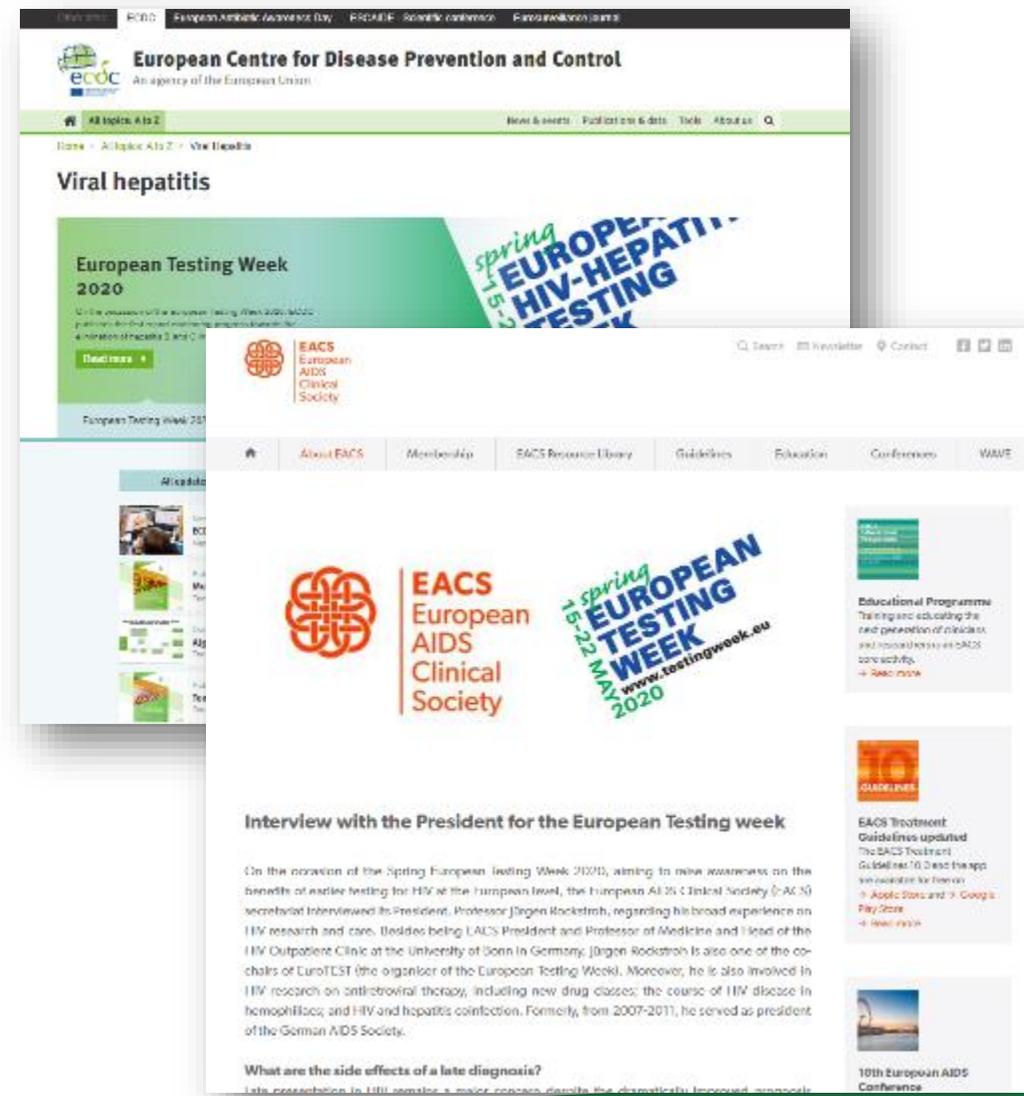
Webinar evaluation

- Everyone who attended the live webinar and/or registered via EventBrite, were asked to complete a short evaluation survey
- **Five participants** completed the online survey
 - All came from the **Western European region** with the **4 of 5** coming from the **UK** and **1** from **Belgium**;
 - Survey respondents came from **majority NGOs**, found the webinar format **easy to use**, the **length (1 hour)** was **acceptable**, the **time was convenient**, they would be **likely to participate** in a **future ETW webinar**.

Media coverage

Media coverage

- A publication search was conducted utilising the media service, Meltwater
- In total, **15** online articles were found for the 2020 Spring ETW
 - Search was limited due to language restrictions and less accessibility of publications in local media
- International organisations including the European Centre for Disease Prevention and Control and the European AIDS Clinical Society, published online articles on SETW



Conclusions

Conclusions

- To encourage survey completion, the survey was simplified for the SETW 2020 and questions that have been typically asked quantitatively (multiple choice or yes/no answers) were asked in free-text form. As a result, all free text answers were reviewed and categorised into the most common answers.
- Despite the COVID-19 pandemic severely affecting the number of participants and activities for the Spring 2020 ETW, it still served as an important reminder for communities, healthcare workers and policy makers that services for HIV, viral hepatitis and STIs are crucial especially during a pandemic.
- Although many organisations reported limited capacity and/or total service closures, many adapted to find alternatives to provide services while adhering to local health and safety precautions to mitigate service disruption.
- Similarly to past ETWs, the majority of participating organisations and respondents came from the Western European region, therefore, future assessments should focus on countries in Central and Eastern Europe and the initiative should improve dissemination of information in this region.
- All survey respondents were from NGOs/CSOs, which could indicate that the health care professionals and/or government representatives that typically complete the survey were called to the COVID-19 response.

Conclusions

- Comparable to the November 2019 evaluation, the majority of respondents reported that testing was part of their regular services and HIV, followed by syphilis and HCV were the most commonly tested condition.
- New to ETW, when asked which key groups regularly access respondent's services, migrants and mobile populations was the third most reported group.
- Respondents reported being greatly impacted by COVID-19, with many planned activities and services being cancelled due to closures.
- As expected, the number of respondents who reported participating in SETW was not as high as previous years, compared to Spring ETW 2019 (92%), however, the number of respondents who reported being able to still provide a form of testing despite national restrictions was unexpected.
- Most activities were conducted online which supported the initiative's focus for SETW 2020. However, there were a few respondents who reported conducting only HIV-related activities therefore, future messaging should emphasise the importance of targeting more than one condition.
- Of those who reported doing testing activities for SETW 2020, the majority reported that although there were challenges in providing linkage to care after a reactive result, protocols were still in place to ensure people were linked to care despite the restrictive circumstances.

Conclusions

- A surprising number of respondents reported an **increase in demand for services during the pandemic** with many requesting more **online and mental health support**.
- For the first time, respondents were asked if their organisation was **considering adopting or expanding self-testing and/or self-sampling**, and found a large portion who were planning to or if STs become more available in their respective country, they were willing to consider, which signifies a **growing interest** in these tests.
- With the **majority of respondents** reporting interest in participating in **both a Spring and Autumn ETW**, it further supports the **continuation of the initiative** and ongoing interest from stakeholders.
- New for SETW 2020, the initiative provided **free social media banners** which were downloaded and used; therefore, the secretariat should consider providing this material in the future.
- For the first time, the initiative organised a series of **videos**, including pre-recorded and live webinars. They show promising impact and serve as a **new method in showcasing good practice examples**.

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Financial statement

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- 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.
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