

21-28
NOVEMBER
**EUROPEAN
HIV TESTING
WEEK**
2014
TALK HIV. TEST HIV.



EUROPEAN HIV TESTING WEEK 2014

Project Evaluation



Let's Talk HIV 
From the benefits of early testing to how to reach risk groups

Join @ECDC_EU and ask your questions to:

 European HIV testing week @EuroHIVtestweek Initiative aiming at making more people aware of their HIV status.

**25 November, 2014
14:00 CET**

Send your questions using hashtag **#talkHIV**

 **Tom Hayes @PositiveLad**
HIV+ Gay guy.
Ambassador for SavingLivesUK.
Advisor to the EU





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Abbreviations

ART - Antiretroviral therapy

CE – Central Europe

CSO - Civil Society Organisations

EE – Eastern Europe

EU – European Union

ECDC - European Centre for Disease Prevention and Control

HCP – Healthcare professionals

HiE – HIV in Europe

HIV – Human Immunodeficiency Virus

IDU – Intravenous drug use(r)

MSM – Men who have sex with men

NeLP - Network of low HIV prevalence countries of Central and South East Europe

NGO - Non-governmental organisation

PLHIV – People living with HIV

PWID – People who inject drugs

SC – Steering Committee

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 (HiE) initiative coordinated the launch of the second European HIV testing week (21st – 28th November, 2014). By building on existing networks this 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 further develop the public platform developed during the first European HIV testing week in 2013 to inspire testing week activities throughout the WHO European Region. The platform, in the form of a website (www.hivtestingweek.eu), was 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. New this year was a summary of resources to support regular HIV testing in healthcare settings as well as a 'success stories' page on the website.

Materials were adapted for regional use, including translations into key European languages (English, Spanish, Portuguese and Russian). Materials were further translated into other European languages upon request from the participants. The Facebook and Twitter accounts which were set up in 2013 were continuously updated with news from participants, partners and HIV testing relevant messages. Further, a Facebook group was set up this year as a forum in which the participating partners could share activities, experiences and challenges with one another.

The 2014 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, 709 organisations from 49 of the 53 countries in the WHO European Region had signed up to participate, compared to 477 in 2013. All activities during the testing week were formulated and driven by the participating partners.

To evaluate the testing week the HiE Secretariat created a post-testing week evaluation survey which was sent out to all participating partners asking them to report on experiences and activities during the testing week. Further, in order to gather more details on their successes and challenges, a template with open questions was distributed to selected participating partners across Europe.

The participating partners most frequently targeted men who have sex with men (MSM) (60.5%), general population (57.6%), youth (34.3%) and sex workers (34.3%) during the European HIV testing week. The most frequently reported testing week activities undertaken by participating partners included HIV testing activities (79.2%), awareness raising activities (76.5%) and advocacy initiatives (22.7%). Of those participating partners who reported carrying out HIV testing activities, 66.9% reported an increase in



testing performed at their organisation/hospital during the European HIV testing week (21-28 November 2014) compared to an average week and 19.5% reported a 200% increase or more (14% in 2013). Of the participating partners who reported carrying out HIV testing activities, 39.6% reported that someone tested positive during the European HIV testing week. The majority of those who reported finding someone HIV positive referred people to the relevant hospital, clinic or doctor (90.9%).

Many of the participating partners (39.6%) who reported carrying out HIV testing activities during the European HIV testing week, reported performing outreach HIV testing (outreach defined as outside their normal office/clinic). The target groups for outreach testing included MSM (61.1%), PWID (33.7%), sex workers (36.8%) and migrants and mobile populations (28.4%).

Of the participating partners who carried out novel HIV testing strategies (20.9%), 55.2% 'strongly agreed' and 37.9% 'agreed' to the following statement: *This new HIV testing project demonstrated a successful method of offering HIV test to individuals who would not otherwise have tested.*

The biggest challenges reported by the participating partners included lack of resources (37.8%) and individual barriers to testing (26.2%). Over one third (37.8%) of participating partners reported that they did not face any challenges (36% in 2013). Further, 88.4% reported that they are interested in participating in European HIV testing week again (66% in 2013).

Five organisations submitted the qualitative template and provided more detailed information about their experiences during the European HIV testing week.

Successes reported included collaborations with other civil society organisations, healthcare institutions and public health institutes to further broaden awareness and communication. New established task forces and collaboration across partners were relations that can benefit HIV testing beyond the European HIV testing week. More young people and the general population in general were reached, meaning that the activities reached further than the typically targeted at-risk population groups. In the NeLP Region there was a 109% increase in the number of participants, compared to last year, which greatly helped spread the news about HIV testing and the European HIV testing week.

Successes using dating apps, such as Grindr, were reported which helped reach the MSM community with "Broadcast messages". Other types of successful communication included representatives participating in TV and Radio shows to inform about HIV testing and the testing week.

The dedicated webpage (<http://www.hivtestingweek.eu>) had more than 26,000 views with the most number of visits during the European HIV testing week (21-28 November 2014). There was a total of 4,315 downloads of testing week material. English language material was downloaded 1,757 times, brand guidelines and logos 622 times and new 'success stories' for 2014 250 times. Key testing week messages reached several followers with around 1,000 'likes' on the Facebook page and 380 retweets of tweets in which @EuroHIVtestweek was mentioned.



Bioalytical Laboratories donated 2,000 testing kits to 16 countries for the European HIV testing week 2014. The countries in which the tests were distributed were: Austria, Croatia, Czech Republic, Denmark, Estonia, Finland, Germany, Greece, Holland, Ireland, Italy, Norway, Portugal, Romania and Sweden. Alere also donated 2,000 testing kits, although these have been received by the NGOs on the ground they did not arrive in time for the European HIV testing week, but will be used for subsequent local events.

Based upon this evaluation report, it is recommended that the European testing week continues as 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. It is also recommended to further engage the governments in the countries of the participants. There needs to be a greater national support in the countries to acknowledge this week as *the* European HIV testing week.

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 PLHIV in Europe are unaware of their status. Furthermore, of those PLHIV, 50% are diagnosed late (as defined by a CD4 count $< 350/\text{mm}^3$). Late diagnosis of HIV and delayed initiation of antiretroviral treatment (ART) 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 ART is also associated with higher medical costs. In response to these concerns, the HiE initiative coordinated the launch of the second European HIV testing week (21st - 28th November, 2014) and invited all interested organisations and networks in the WHO European Region (Annex 1) to participate, support dialogue, increase awareness and promote HIV testing. By building on existing networks and participating partners from the 2013 pilot testing week, this year's testing week continued to aim 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.

The 2013 working group (WG) continued their work in 2014 and the WG consisted of HiE Steering Committee (SC) members, HIV experts, civil society representatives, healthcare professionals (HCPs) and policy makers from across Europe. Their role was to formulate the strategies needed to develop and coordinate the second European HIV testing week. As the overarching aim was to increase HIV testing awareness, one central strategy was to further develop the public platform, an 'information hub' to inspire testing week activities throughout the European Region. The hub is in the form of a website



(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 update and maintain the website 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 updating and maintaining of the on-line platform and updating of all materials.

In 2013, the WG and HiE Secretariat approached pan-European HIV organisations, inviting them to offer their support for the testing week. Twenty-two endorsing organisations showed support by granting permission to use their logos on the European testing week website in 2013. They also made their support known through their own networks (e.g. banner advertising on their web platforms, press releases, conference announcements, etc.). These 22 continued their support of the European HIV testing week in 2014.

The 2013 strategy, that civil society, healthcare professionals, governmental and other policy organisations would be the participating partners of the testing week, was continued in 2014. Therefore, in July 2014, all 2013 participants were invited to 'Save the date' with an opt-out invitation to introduce the second testing week across the European Region. All were informed of the aims of the testing week and were provided links to the testing week website. Only one organisation did not wish to participate while the rest of the 2013 participants expressed interest in taking part in the 2014 testing week. Any additional interested parties were to sign up through the website portal. The WG had set a target of reaching 1,000 participants from 40 of the 53 WHO European countries. The number of participating partners reached 709, from 49 of the 53 WHO European Region countries.

The target populations of this year's testing week were populations at risk (to encourage them to get tested regularly), policy makers (who should be aware of the benefits of HIV testing and finally new this year was the focus on healthcare professionals (HCP) who should be offering HIV testing as part of routine care in specific settings and conditions.

Evaluation methods

Electronic survey

As was done in 2013, the WG decided to again evaluate this year's testing week. To do so the HiE Secretariat developed an electronic survey to be sent to all participating partners across Europe (Annex 2).

In 2013 participating partners reported that the survey was too long, therefore the number of questions was reduced from 91 in 2013 to 51 questions in 2014. Initial drafts of the survey were internally reviewed and revised after which a final version was approved by the WG and HiE SC.

All participants who had signed up for the testing week were asked to respond to the evaluation survey. Five electronic reminders were sent prior to the initial deadline (21 December 2014). However, due to a



disappointing response rate the deadline was postponed to 11 February 2015. In total, 7 electronic survey reminders were sent out and two e-mails from the HiE e-mail account with the survey link. Reminders and survey link was also sent out via the European HIV testing week Facebook and Twitter accounts. The final response rate to the electronic post-testing week evaluation survey was 24.3% (N=172).

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.

Written reporting from selected participants ('best practices')

In addition to responses to the electronic survey, a template to collect a more detailed qualitative input from participating partners was distributed (Annex 3). The template was reviewed by the WG and it was sent out to participating partners suggested by the WG and identified via survey data in which they had replied that would like to take part in a telephone interview. The template was sent out on 20 January with a deadline of 27 January.

Limitations

There are several limitations when conducting an evaluation by survey. The greatest limitation with the evaluation of the 2014 European HIV testing week is the relatively low response rate. Only 24.3% responded despite several reminders through the online data collection tool (REDCap) as well as personal e-mail reminders, and reminders sent out via social media.

Further, limited answers can be provided via a survey. The answering categories are pre-defined which limits the response options of the respondents. To overcome this barrier, an open, qualitative template was distributed to give more space for participants to describe their testing week. Another limitation is language barriers and cultural perceptions of the questions asked. Further, although the participants were informed of the possibility of responding in their own language the fact that the survey was provided in English only may have influenced who responded as well as the content of the responses.

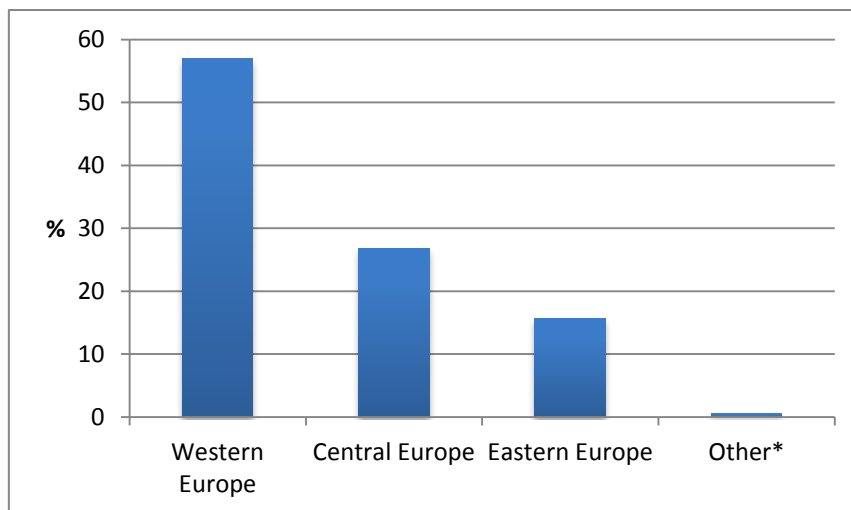
The qualitative template was sent out to select participating partners to gather more in-depth information. The selected participants had responded to the evaluation survey and/or represented particularly active participants. This means that these responses may not be representative of the testing week participants in general. However, highlighting these activities and giving these committed organisations the chance to report on their activities may serve as inspiration and 'role models' for other participants and future testing weeks.

Testing survey data: a descriptive overview

By 25 November 2014 709 participating partners from 49 of the 53 WHO European Region countries had signed up and pledged to undertake some kind of testing week activity (the four countries missing were Andorra, Monaco, San Marino and Turkmenistan). All who signed up were sent a post-testing week questionnaire on 1st December 2014. Of the 709 surveys sent out, 172 participating partners completed

and returned their survey (response rate = 24.3%). The respondents represented 40 of the 53 WHO European Region countries. The regional distribution of responses is presented in Figure 1 below.

Figure 1: Regional distribution of responses to the European HIV testing week evaluation survey (N=172)

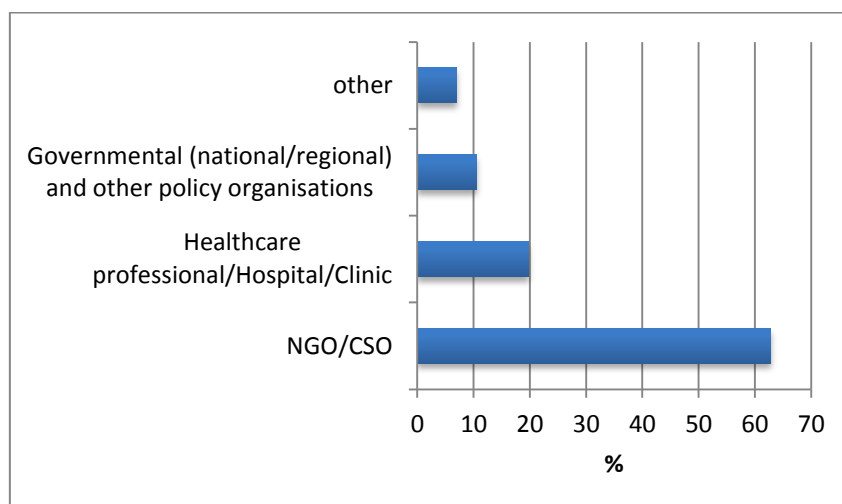


*One participant was from Alexandria, Egypt.

Types of participating partners

The majority of participating partners were NGOs/CSOs (62.8%), followed by healthcare professionals/hospitals/clinics (19.8%). Governmental (national/regional) and other policy organisations were the least represented (10.5%) (Figure 2).

Figure 2: Type of participating partner (N=172)



While NGOs/CSOs were the most frequent type of participating partner in all WHO Regions, there was some variation in terms of governmental (national/regional) and other policy organisational participation

and participating partners represented by healthcare professional/hospital/clinic. In WE 7.1% were governmental (national/regional) and other policy organisations, while these represented 11.1% and 17.4% in EE and CE, respectively. In EE, 25.9% of participants were healthcare professional/hospital/clinic, while these represented 21.4% and 15.2% in WE and CE, respectively.

Target populations

The participating partners were asked which populations they were targeting during the European HIV testing week. MSM were most frequently targeted (60.5%) followed by the general population (57.6%), youth (34.3%) and sex workers (34.3%). Pregnant women and prisoners were the least targeted populations during the European HIV testing week (5.8% and 7.6%) (Table 1). Examples of 'other' target populations were physicians and other healthcare professionals, homeless people and trafficking victims. There were some regional variations in the population groups targeted by participating partners (Table 1).

Table 1: Target populations during European HIV testing week

Target population	All (N=172)	CE (N=46)	EE (N=27)	WE (N=98)
Men who have sex with men	60.5%	50.0%	44.4%	69.4%
General population	57.6%	56.5%	55.6%	59.2%
Youth	35.6%	37.0%	40.7%	27.6%
People who inject drugs	34.3%	32.6%	40.7%	32.7%
Sex workers	34.3%	34.8%	25.9%	35.7%
Migrants and mobile populations	26.7%	2.2%	18.5%	39.8%
Patients with sexually transmitted infections	16.9%	15.2%	14.8%	17.3%
Immigrants originating from countries with generalised HIV epidemics	16.3%	0.0%	7.4%	26.5%
Other	9.9%	13.0%	7.4%	9.2%
Prisoners	7.6%	2.2%	25.9%	5.1%
Pregnant women	5.8%	4.3%	14.8%	3.1%

Examples of the most successful part of the testing week for the organization/country provided by the participating partners:

'Was possible to involve rapid HIV testing in hard to reach MSM categories: Internet users, dating sites, social networks and applications for smartphones for MSM. This is succeeded with the help consultation of social workers on the Internet and invitation to the testing community centre for gays and bisexuals.'

'Testing in migrant institutions where many people wanted to get tested. Over 50% increase compared to last year. 2014 we had 167 tests in 2013 we had 100 tests.'

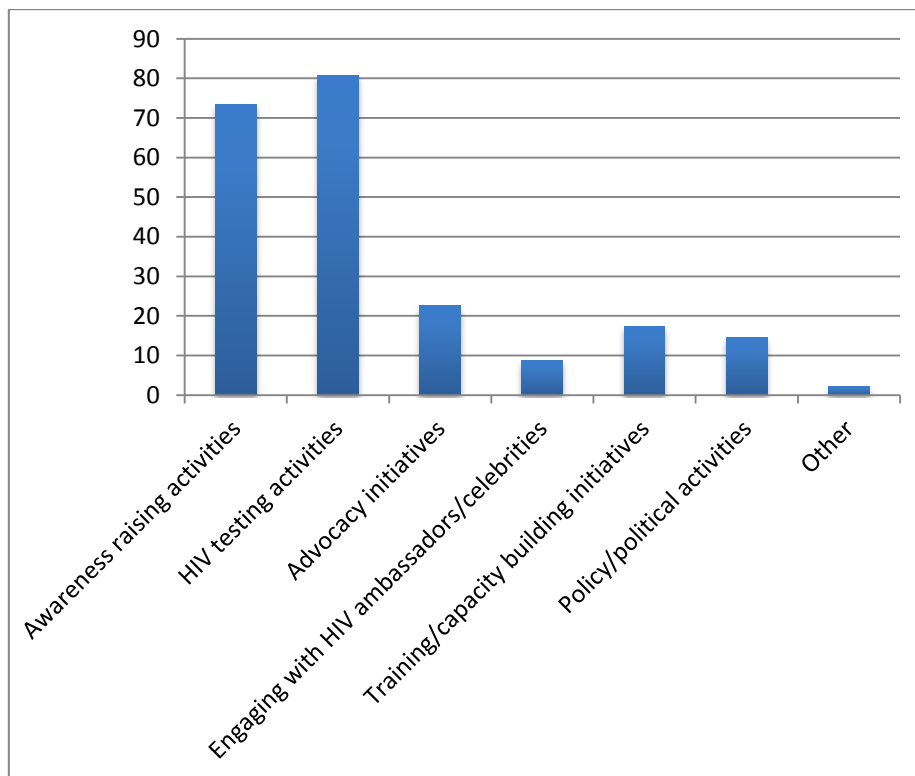
'We have tested 308 students during 5 days of action. To compare, from 1st January to 22 November there were tested 22 students.'

'The most successful was the work with the centres of primary health care. Physicians actively involved in the work on the preparation and conduct of the action.'

Activities

The participating partners were asked to categorise the activities that their organisations carried out during the European HIV testing week. HIV testing activities (79.2%) and awareness raising activities (76.5%) were the two most frequently reported by the European HIV testing week participants (Figure 3).

Figure 3: Type of activities during European HIV testing week (N=172)



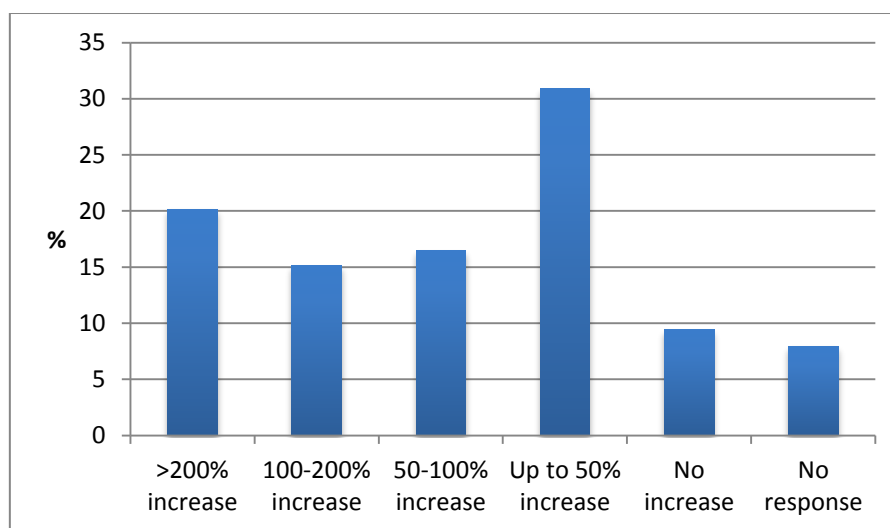
The participating partners in the three regions categorized their activities very similarly with the exception of *engaging with HIV ambassadors/celebrities*. In EE 18.5% reported carrying out this activity during the European HIV testing week, as opposed to 8.2% and 2.2% in WE and CE respectively.

Testing activities

The participating partners who reported carrying out testing activities during the European HIV testing week (N=139) were asked to provide details and more information about these testing activities.

The participants were asked to provide a rough estimate of the increase in HIV tests performed at their organisation/clinic/hospital during testing week compared to an average week. 19.5% of the participants reported a 200% increase or more, 16.1% a 100-200% increase and 17.8% a 50-100% increase (Figure 4).

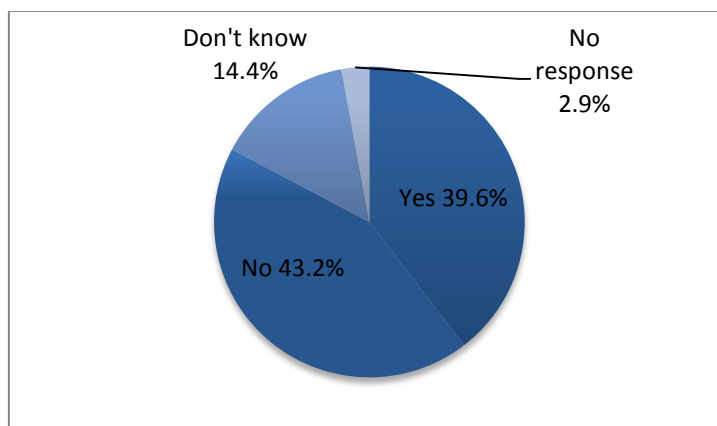
Figure 4: Increase in HIV testing rates during the European HIV testing week (compared to an average week) (N=139)



The participants carrying out testing activities were also asked to report what type of HIV test(s) they used during the testing week. The rapid test was most frequently used (61.9%) followed by HIV antibody/antigen test (31.7%) and the INSTI-test (1-minute test) (29.5%). The least reported test was home sampling/postal testing (5.0%). There was regional variations in the use of test: HIV antibody/antigen test (CE: 44.4%; EE: 22.7%; WE: 28.8%); Rapid test (CE: 77.8%; EE: 72.7%; WE: 51.3%); INSTI-test (1-minutes test) (CE: 5.6%; EE: 22.7%; WE: 41.3%); Saliva test (CE: 19.4%; EE: 4.5%; WE: x18.8%); Home sampling/postal testing (CE: 0%; EE:0%; WE: 7.5%).

Of the 139 participants who reported carrying out HIV testing activities during the testing week, the majority reported performing outreach HIV testing (outreach defined as outside their normal office/clinic) (Figure 5).

Figure 5: Participants reporting outreach testing during the European HIV testing week (N=139)



There was no regional difference in the reporting of outreach activities.

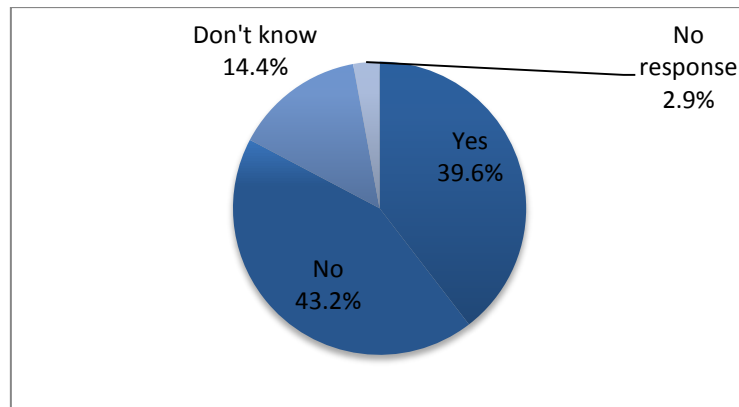
The participants who reported performing outreach testing (N=95), were asked to report their target group for outreach testing. The most frequently reported target group was the general population (61.1%), followed by MSM (52.6%) and youth (34.7%). The least reported target group was pregnant women (4.2%) (Table 2). There was no regional difference in terms of carrying out outreach activities, but some in the groups targeted (Table 2).

Table 2: Target group for outreach testing

Target Group	All (N=95)	CE (N=46)	EE (N=27)	WE (N=98)
General population	61.1%	54.2%	73.3%	61.8%
Men who have sex with men	52.6%	58.3%	40.0%	52.7%
Sex workers	36.8%	41.7%	33.3%	34.5%
Youth	34.7%	45.8%	46.7%	25.5%
People who inject drugs	33.7%	33.3%	53.3%	27.3%
Migrants and mobile populations	28.4%	0.0%	26.7%	41.8%
Immigrants originating from countries with generalised HIV epidemics	22.1%	0.0%	6.7%	34.5%
Other	9.5%	25.0%	0.0%	9.1%
Prisoners	8.4%	0.0%	33.3%	5.5%
Patients with sexually transmitted infections	8.4%	8.3%	6.67%	7.3%
Pregnant women	4.2%	4.2%	6.7%	3.6%

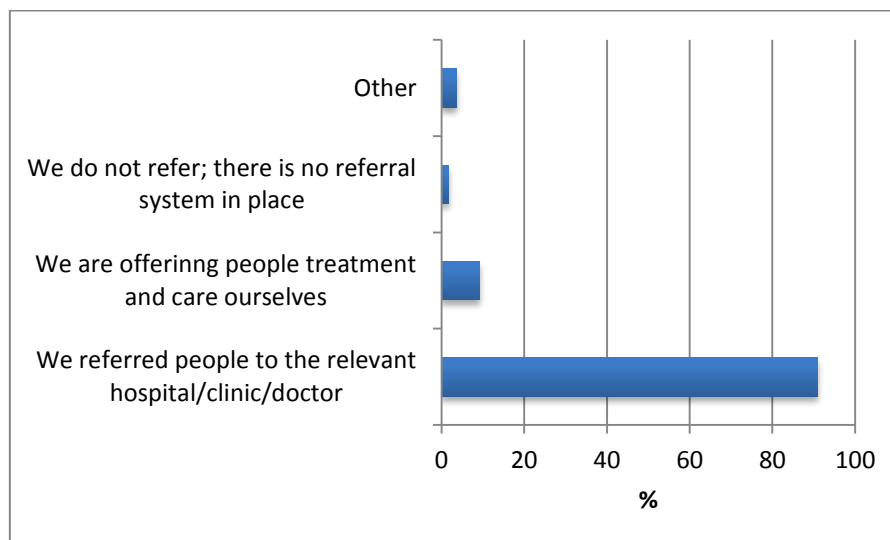
The participating partners during European HIV testing week who carried out HIV testing activities were asked whether anyone tested HIV positive around testing week. Of the 139 participating partners carrying out testing activities, 39.6% responded that someone tested HIV positive during European HIV testing week (Figure 6).

Figure 6: Participating partners reporting that someone tested HIV positive during the European HIV testing week (N=139)



The participating partners who responded yes to anybody testing HIV positive around testing week (N=55) were asked to report their practice in terms of referring people to HIV treatment and care. The majority reported referring people to the relevant hospital, clinic or doctor (90.9%) (Figure 7).

Figure 7: Referral of people who tested HIV positive to HIV treatment and care (N=55)



Of the 139 participants who carried out testing activities, 20.9% initiated novel HIV testing projects, while 74.8% did not and 4.3% did not answer the question. There was some regional variation in trying out new HIV testing activities (CE: 22.2%; EE: 9.1%; WE: 22.5%). The participating partners who initiated novel HIV testing projects were asked to describe what kind of new project they carried out:

'Testing for homeless people, and marginalized people in Copenhagen.'

'We provided Rapid HIV Testing inside a sauna. This is the first time it has happened in Ireland.'

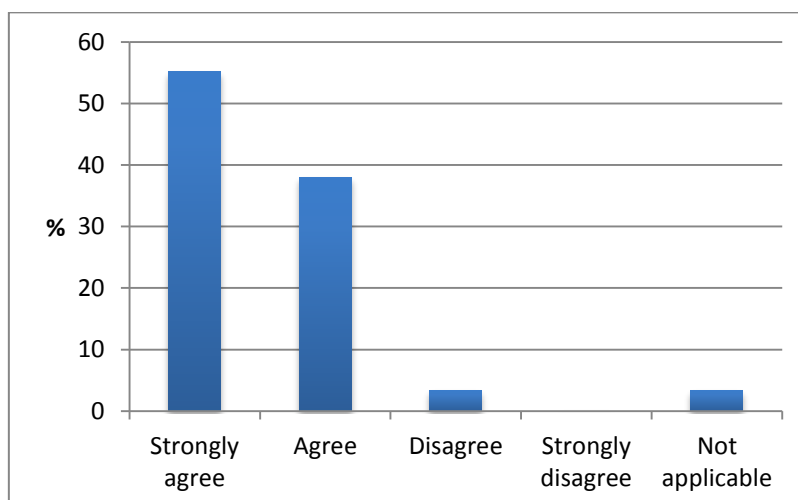
'Swab2Know on tour': we went to bars and clubs and asked the public if they wanted a free hiv-test sent to their home. If yes, they could order it with the tablet we had with us. More info: www.swab2know.be (also in English) and <http://www.mannenseks.be/schrijf-je-in-voor-gratis-hiv-test>.'

'We initiated testing in student dormitories. Students were never approached in such way, a lot of them know very little about sex, HIV and other STDs, but are very sexually active, and practically all of them manifest some form of risky behaviour, and we mean to maintain it in the future.'

'Grindr (MSM social networking site) promotion to increase awareness of testing options to all users.'

The 20.9% who did initiate novel HIV testing projects were asked to indicate how strongly they agreed with the following statement: 'This new HIV testing project demonstrated a successful method of offering HIV test to individuals who would not otherwise have tested.' The majority of the respondents strongly agreed with this statement (55.2%) (Figure 8).

Figure 8: Level of agreement with the following statement: This new HIV testing project demonstrated a successful method of offering HIV test to individuals who would not otherwise have tested. The majority of the respondents strongly agreed with this statement (N=29)



Some of the reasons the participating partners provided for agreeing with the above statement were:

'People still do not have knowledge about their risk so it was good possibility to inform them how testing is important.'

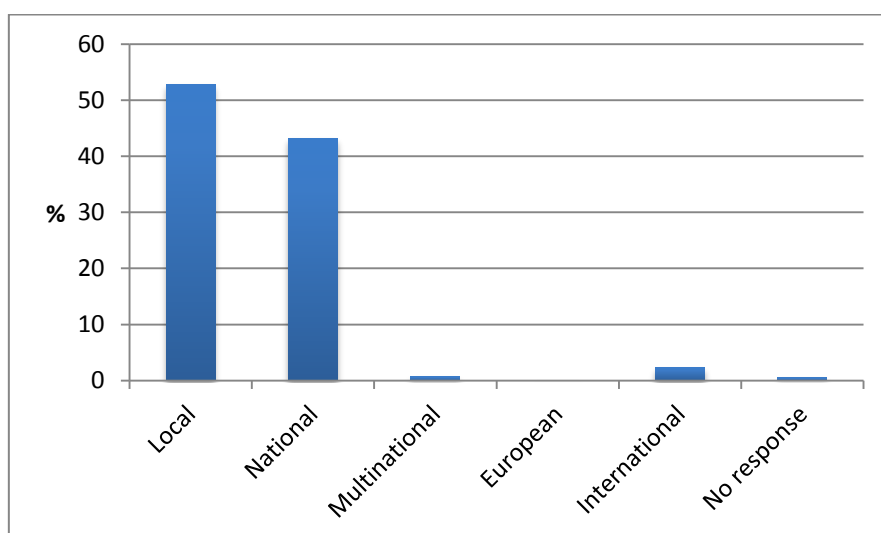
'The acceptance of an HIV test (when the test is offered) in general population is very high, in contrast what it has been suggested.'

'By taking testing to community settings and offering online we have reached people who would not ordinarily test.'

Collaboration with other organisations

The participants were asked to inform whether or not they collaborated with other organisations during the European HIV testing week. The majority of the participants responded that they did collaborate with other organisations (71.5%), 26.2% of the participants did not collaborate with other organisations, 1.2% did not know and 1.2% did not respond to the question. The participating partners that collaborated with other organisations during the European HIV testing week were asked to report on which level. Most collaborated on local level (52.8%), followed by national level (43.1%) (Figure 9).

Figure 9: Level on which the network collaborated (N=123)

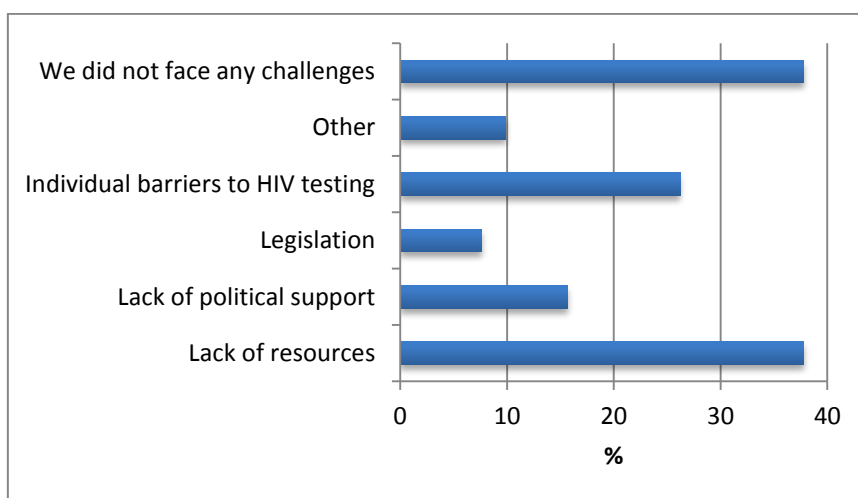


There was some regional variation regarding which level the network collaborated: Local (CE: 32.4%; EE: 61.9%; WE: 58.2%); National (CE: 58.8%; EE: 33.3%; WE: 37.3%); Multinational (CE: 5.9%; EE: 0.0%; WE: 0.0%); European (CE: 0.0%; EE: 0.0%; WE: 0.0%); International (CE: 2.9%; EE: 4.8%; WE: 3.0%);

Challenges and new experiences

The participating partners were asked to report on the biggest challenges during the European HIV testing week. The majority of the participating partners experienced lack of resources as the biggest challenge (37.8%) followed by individual barriers to testing (26.2%) (Figure 10).

Figure 10: Challenges experienced by the European HIV testing week participants (N=172)



There were regional differences in terms of experienced challenges during the European HIV testing week (Table 3).

Table 3: Challenges experienced by the European HIV testing week participants

Biggest challenges during the European HIV testing week	CE (N=46)	EE (N=27)	WE (N=98)
Lack of resources	50.0%	22.2%	36.7%
Lack of political support	23.3%	7.4%	14.3%
Legislation	6.5%	7.4%	8.2%
Individual barriers to HIV testing	30.4%	29.6%	23.5%
Other	8.7%	11.1%	10.2%
We did not face any challenges	37.0%	40.7%	37.8%

Further comments to challenges included:

'Country is in transition after end of GFTAM support - there is a threat to financial sustainability of some interventions, including testing and counseling. Political support is low - beyond health sector.'

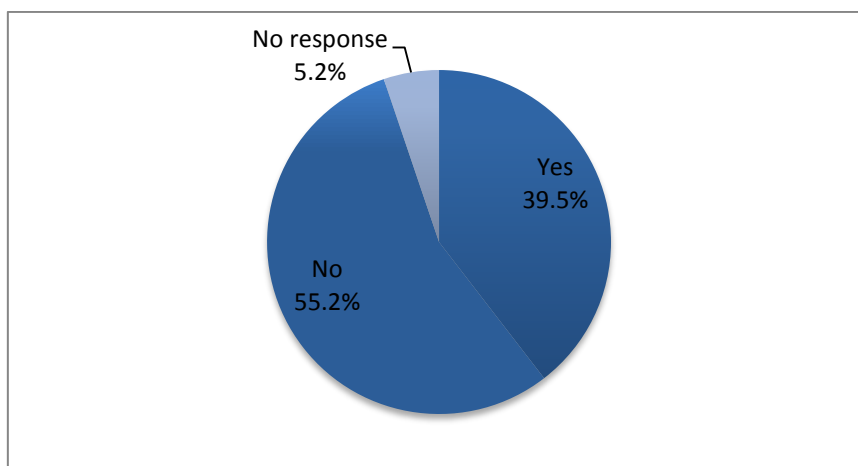
'Lack of time and people resources to manage more testing and to organize large campaigning on World AIDS Day'.

'Last year we were funded for a home-sampling service. This year that funding was withdrawn and we could no longer deliver this.'

To the question regarding whether they were aware of any negative outcomes of the European HIV testing week 163 participating partners (94.8%) responded no, while six (3.5%) responded yes and three (1.7%) did not respond to the question. The negative outcomes reported by the participating partners included observations such as increased fear of the consequences of testing and increased testing among people who have not been exposed to an actual risk and that the weather in end November is sometime a barrier to outdoor awareness raising activities.

The participating partners were also asked to respond to whether they had gained any new experience during the European HIV testing week to which the majority responded no (55.2%) (Figure 11). There were however some regional differences in new experiences gained: Yes (CE: 47.8%; EE: 33.3%; WE: 36.7%); No (CE: 47.8%; EE: 66.7%; WE: 36.7%); No response (CE: 4.3%; EE: 0.0%; WE: 7.1%).

Figure 11: Proportion of participating partners who gained new experience during European HIV testing week 2014 (N=172)



Examples of gained new experience included:

'We offered one evening open for testing during EHTW. We have no resources for this on a daily basis, but it did make it easier for people to get tested.'

1) We will be aiming to provide outreach testing inside the sauna every twelve weeks. 2) We will be creating a document for modelling partnership work around EHIVTW so potential venues will be clear about what is expected of them before we agree to work together.'

'Impact of media support in order to increase number of new tested clients'

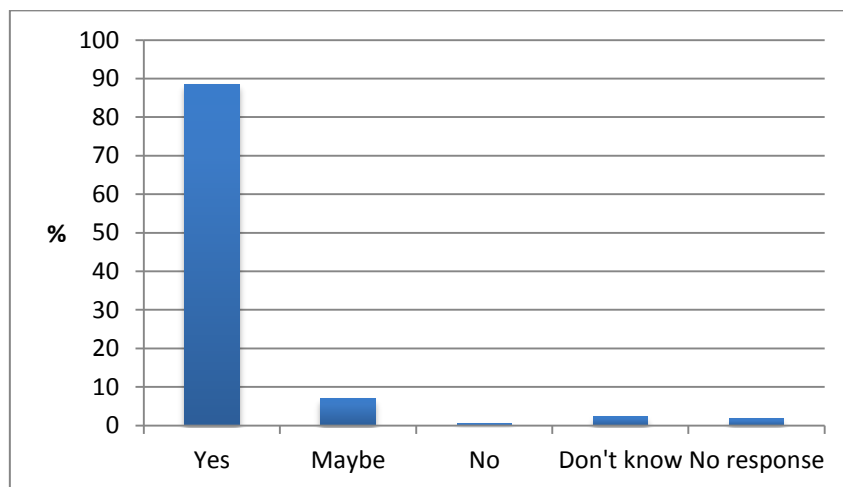
'When we offered full screening for Hep B, Hep C and HIV more people came forward to take the test. This takes the stigma away from a single HIV test.'

To the question whether participating partners developed new materials, 85 (49.4%) reported having developed their own materials while 47.7% had not and 2.9% did not respond to the question.

Future testing weeks

The majority of the participating partners responded that they would be interested in participating in the European HIV testing week again (88.4%) (Figure 12).

Figure 12: Proportion of participating partners who wish to participate in another European HIV testing week (N=172)



The one participating partner who did not wish to participate in the next European HIV testing week did not provide a reason why. Some of the reasons for participating again included:

'I think it's the most promising European activity, I have put a lot work in it in the past and I am sure to do better each year.'

'It's an important issue and the fact that it's going on all over Europe makes the message easier to sell.'

'It's a major opportunity to develop our work with other partners and promotion of the services we provide to the community.'

The participating partners provided suggestions for improving the European HIV testing week:

'Get the funding finalised and ready to go at least three weeks beforehand if not four. Ensure supports like test kits are available to projects at least two weeks beforehand. Employ a country liaison for each country to co-ordinate and centralise efforts and campaigns. This could also assist in dissemination of resources.'

'All the information available on the website was so helpful! Perhaps more information for the doctors. I thought the primary care poster was really great!'

'Joining up Hepatitis B, C and HIV screening programmes.'

'Centralised Planning and organisation support from European HIV testing week HQ - Too much time needed to organise activities alone.'

Experiences reported by participating partners – examples of 'best practices'

Q-Club, Serbia

Description of activities

Prior to the European HIV testing week, Q-Club initiated cooperation with other healthcare institutions and organisation in Serbia for joint action on a national level. This resulted in a coordinating meeting with the Institute for Public Health of Serbia, Institute for Public Health of Belgrade, Students' Healthcare Clinic of Belgrade, HIV/AIDS programme of UNDP Global Fund and HIV Project Office in the Ministry of Health and Association Duga. A national level targeted campaign was proposed during this meeting targeting MSM, students and youth. We have approached the institutions and organisations working in the field of HIV testing, and successfully included institutes and organisations for public health in eight major cities in Serbia in the campaign. The nationwide rapid testing campaign included 15 student dormitories in the following Serbian cities: Belgrade, Novi Sad, Niš, Kragujevac, Subotica, Čačak, Užice, Bor and Leskovac.

With the support of international partners, Q-Club has procured rapid HIV tests (combination of blood and oral fluid tests) which were used during the European HIV testing week.

In cooperation with the Belgrade Public Healthcare Institute, the National Public Healthcare Institute and Association Duga, Q-Club organised rapid HIV testing in Student dormitories in

Belgrade and with Belgrade Gay community during the European HIV testing week. There were 14 evening/night times testing sessions, and they included testing actions in seven students' dormitories while seven testing sessions were organised with the Gay Clubs in Belgrade and in known cruising spots. We have tested 243 people in Belgrade. Five of them were reactive, and all five of them were forwarded to the HIV Clinic and kept in care. There were 457 people tested within the national campaign.

The greatest success

What we consider our greatest success in 2014 was making a task force consisting of public healthcare institutions (like the Institute of Public Health of Serbia, Institute of Public Health of Belgrade, as well as institutes of other large cities in Serbia), civil society organisations and creating an informal network capable of providing a complete cycle of prevention and treatment, from outreach, to testing, but also providing support, keeping in care, and subsequent treatment.

The informal network is a capacity which can be used for providing and improving the situation regarding HIV testing in Serbia in the future as well.

New testing strategies which can be implemented beyond the European HIV testing week

We wish to continue with testing in students' dormitories and youth. It is our estimate that there is a great need for working with youth in general. Working with youth might lead to opening a check-point in Belgrade.

The new strategies we employed were in a joint approach between healthcare institutions and organisations. This cooperation enabled us to make a larger action and perform more tests within the campaign. It also helped us perform tests in places where no previous testing actions were performed (like student dormitories).

All testing was voluntary, confidential and combined with counselling. For testing with the gay community we used a mobile unit (medical van). We also developed good cooperation with the police department – they provided protection during testing with the Belgrade gay community. This strategy can be implemented beyond the European HIV testing week.

Reach of target populations not normally reached

We reached the transgender and MSM population, especially in places not previously covered by rapid testing actions. We also reached young people who are sexually very active, but have never tested before, and have very limited knowledge of HIV and STDs.

Change of practice/awareness for organization/country/target populations as a result of the European HIV testing week

The most significant change for us was to organise testing with a joint approach between institutions and civil society organisations and to pull our strengths together for this action.



We used the media to promote the European testing week, and the activities we organised. We prepared posters and flyers for promoting the actions, as well as vouchers for testing, to motivate people to get tested, but also posters for healthcare workers to recommend testing. Overall this action had a very positive response from the target groups and we deem it had a significant influence overall.

We were also unpleasantly surprised by the lack of knowledge of young people about safer sexual practices, HIV, STDs and sex in general, even though they are very sexually active. We will shape our future activities to counter that, but also intensify our rapid testing activities.

What will be carried on from this year's to next year's testing week

We have established a successful cooperation in the form of the informal task force between public healthcare institutions and civil society organisations for a more comprehensible approach to HIV testing and a more supportive model for people who test positive. The cooperation led to a very successful testing week.

In addition we have learned a lot on how to prepare and perform the action better next year. Unfortunately in 2014 we had limited resources because as a country from a low prevalence region we did not receive support from the international donors. In 2015 we will probably organise a similar action, hopefully of a larger scope, broadened for the things we did not have funding for this year. We will use the lessons learned from 2014, but also use experiences from other countries. Organise such an action in 2015 will require adequate funds and in preparation we will try to provide suitable fundraising.

PRAKSIS - Checkpoint – Centre for Life, Greece

Description of activities

During the European HIV testing week both the general population and most at risk groups were able to get tested free and anonymously in the fixed structures of Ath Checkpoint and Thess Checkpoints, PRAKSIS (Polyclinics in Athens and Thessaloniki, Day Centers for the Homeless in Athens and Thessaloniki) and in commercial hot spots in Athens and Thessaloniki.. PRAKSIS mobile units were performing tests in different Municipalities surrounding Athens throughout the whole week. Famous Greek people (actors, journalists, designers) got tested in order to promote testing and reduce stigma. Checkpoint and PRAKSIS employees participated in numerous TV and radio shows promoting HIV testing.

The greatest success

Engaging Universities, Technical Schools, Municipalities and Public Harm Reduction Bodies in order to promote testing to both vulnerable groups and general population.



New testing strategies which can be implemented beyond the European HIV testing week

The collaboration of the three organisations in the 1st Testing Week, led to a successful application for a joint program under the “We are all Citizens” of the eea grants. Together with Doctors of the World we have on-going activities in Athens, Thessaloniki and Crete.

Reach of target populations not normally reached

Youth and general population but also geographically diverse places.

Change of practice/awareness for organization/country/target populations as a result of the European HIV testing week

The need for regular testing was promoted through the media space and the “testing ambassadors”.

What will be carried on from this year’s to next year’s testing week

The collaborations and the continuous awareness which we will increase.

AIDS Fondet, Denmark

Description of activities

In our Copenhagen Checkpoint, we had two extra opening days, so we were open from Monday through Thursday 4-7 pm plus offered six flex tests outside opening hours. We tested 87 persons and found one positive for HIV and syphilis. We also offered HIV test onsite in different settings:

- Sundhedshuset in Christiania;
- Mændenes Hjem in Istedgade (predominantly drug users);
- Reden (a support facility for sex workers);
- Tingbjerg (a community centre for ethnic minorities);
- A sex club for MSM; and
- Testival: an HIV testing party for Ethnic Minorities.

In Aarhus, we tested in-house as usual and also onsite in MSM and ethnic settings (in total 36 tests – one syphilis positive / no HIV):

- Two sex clubs for MSM;
- VIA University College (health education students);
- Normal In-house opening hours.

The greatest success

Extra visibility in new areas in vulnerable populations and having success recruiting new MSM via “broadcast messages” on Grindr.



New testing strategies which can be implemented beyond the European HIV testing week

PR via dating apps (Grindr).

Reach of target populations not normally reached

We targeted other vulnerable populations than the ones we normally reach (sex workers and drug users).

Change of practice/awareness for organization/country/target populations as a result of the European HIV testing week

This is difficult to say at this point as it is still too new. But guess that it can be bigger and bigger year for year.

What will be carried on from this year's to next year's testing week

We think that the European HIV testing week provides a good opportunity for opening new doors, so we will probably do it again next year.

Association PROI, Bosnia and Herzegovina

Description of activities

From 21 to 28 November 2014, PROI took active part in European HIV testing week 2014. We've implemented activities to increase awareness of the personal and public health benefits of HIV testing. One of the activities was the preparation of cards with positive messages towards HIV testing with the aim to promote the main theme of ETW "Talk HIV. Test HIV"! We also designed some ETW posters in order to promote HIV testing among key at risk populations such as PWID and SWs. We placed posters in our drop-in centres and in the Institute for Alcoholism and other Toxicomania where PWID population frequently gathers.

On the first and the second day of ETW, in cooperation with Clinical Center University Sarajevo, PROI organized testing key of risk population - SW and PWID population in drop-in centres. 24 SWs and 16 PWID were tested. Sex workers have shown great interest for testing.

We have organized HIV testing in Sarajevo pharmacy for key at risk population and general population. Counsellors and doctors who have done counselling and testing were representatives of Clinical Centre University of Sarajevo. PROI representatives had street action in order to promote testing in pharmacy.

All ETW activities were promoted on the PROI Facebook page and webpage. A PROI representative was guest on the regional TV N1 talking about ETW 2014 in general and activities in Bosnia and Herzegovina.

The greatest success

The greatest success was that we established good cooperation with Clinical Centre University Sarajevo and Public Institution Pharmacy of Sarajevo. Both before and during the ETW they were our main partners. Since we have promoted our activities on FB and web page, a lot of people have shown great interest for testing, besides key at risk populations, a lot of young people asked us how they can get tested.



New testing strategies which can be implemented beyond the European HIV testing week

We should promote testing during the whole year. Since we did not have any HIV positive cases in the general population, we should more target key at risk population.

Reach of target populations not normally reached

Besides our target populations (PWID and SW), we reached a lot of people from general population through the pharmacy testing and outdoor testing, especially young people, couples, etc.

Change of practice/awareness for organization/country/target populations as a result of the European HIV testing week

It has changed, especially for our target populations. We were promoting ETW on regional television, Facebook, webpage and through the outreach activities, which means we had a lot of awareness raising activities about importance of testing. So our target populations felt less stigmatized and they were very interested in testing.

What will be carried on from this year's to next year's testing week

We will carry on from this year's testing week importance of good cooperation with other institutions, because we can reach more people that way. It was very helpful that we had insight into the activities of all the organizations and institutions who participated in ETW through Facebook, so when you think you have no idea, the idea just emerge when you see what other people in other countries are doing.

Network of low HIV prevalence countries of Central and South East Europe (NeLP)

(Albania, Austria, Bosnia and Herzegovina, Bulgaria, Croatia, Cyprus, Czech Republic, Greece, Hungary, Kosovo, Macedonia, Montenegro, Poland, Romania, Serbia, Slovakia, Slovenia and Turkey)

Description of activities

During European HIV testing week 2014 NeLP focused on communicating activities that were successfully implemented by our members. There was a lot of good work being done among NeLP countries, and we used the NeLP Facebook page, the ETW Facebook group and our mailing list to distribute information about the events as they were happening.

Most of our activities were in preparation of European HIV testing week activities on the local level which included the following:

- we shared information about ETW 2014 with members of our network,
- we shared good practices and success stories from ETW 2013,
- we encouraged people to sign up, and to get involved,
- we encouraged people to form local task forces around ETW,
- we encouraged people to share their plans for the ETW
- we encouraged translation of the ETW healthcare poster and other ETW materials,
- we motivated people to report on the good work they had on the NeLP and ETW Facebook pages during the ETW

- we are encouraging people to report on their good work to us or to the ETW

As a result we had a very significant increase (109%) of organisations from the NeLP Countries registering for ETW 2014.

We had local task forces forming around ETW in 10 out of 18 countries. These task forces would consist of organisations and healthcare institutions working with HIV prevention and demonstrated that in such synergy groups can achieve much more than individually.

We had additional activities being prepared and organised as a result of spreading ideas and regional plans.

The greatest success

The greatest success was organising the local groups in which the civil society and government healthcare institutions worked together bringing their strengths to the table and making a new synergy which should be a model for future co-operations.

Another great success was motivating more groups across the NeLP region to get involved in ETW. Increase of 109% is very significant, and it really helped spread the news about HIV testing (and testing in general) and ETW.

New testing strategies which can be implemented beyond the European HIV testing week

In 2014 NeLP started the Overcoming Obstacles to Testing (OOTT) program. Within it we put a heavy accent on co-operation and joint approaches to testing in order to get the best results, and developing cooperation between all levels of stakeholders. We encourage this co-operation on all levels, but when it comes to testing strategies, joining the civil society with healthcare institutions brings a lot of new ideas to the table, availability to the communities, linkage to care, support and additional prevention strategies.

In 2014 we had a clear demonstration that such an approach works, and the groups that were formed around ETW remain a capacity to be used for the next year, but also beyond this week.

In 2014 we had a regional information sharing mechanism, and a general knowledge pool, which had a significant influence on motivating people, generate new ideas, enable adaptation of ideas and experiences used previously in other countries.

Reach of target populations not normally reached

We did not perform testing as NeLP. However, the member organisations have had a significant increase in testing uptake, and testing availability among the key populations.



Change of practice/awareness for organization/country/target populations as a result of the European HIV testing week

There was a change in most of the countries. There were more activities done to promote testing, new approaches to testing and to the target populations, more availability of HIV testing, more uptake, more awareness among healthcare workers as well.

What will be carried on from this year's to next year's testing week

For the next years testing week we will carry on the good practices we had in 2014, and try to increase the number of NeLP countries that are involved in the same way. We will promote the benefits of community based and synergy based counselling and testing and outreach.

We are aware that there are NeLP countries where very little was done during the ETW. We will assess the obstacles that prevented their involvement, and attempt to find solutions to those obstacles and overcome them in the future, hopefully even for ETW 2015.

International collaboration - testing kits

A collaboration with Alere and Biolytical was established in 2014 as they were interested in donating testing kits to the European HIV testing week participants. The HiE Secretariat provided a list of participants in respective countries after which Alere and Biolytical took care of the distribution of kits.

Biolytical

BioLytical Laboratories donated 2,000 tests to 16 countries for European HIV testing week 2014. In order to maximize the reach they used existing distribution channels, including longstanding customer AIDS Healthcare Foundation (AHF) and their distributors. They were further able to cut shipping costs by disseminating tests to their distributors at Medica, the largest medical conference in the world, which was taking place in Dusseldorf, Germany prior to European HIV testing week.

The tests were distributed in the following countries: Portugal, Croatia, Greece, Ireland, Holland, Denmark, Sweden, Norway, Finland, Czech Republic, Estonia, Germany, Italy, Austria and Romania. We did not receive information about which organisations received the tests in time to include in the official evaluation of the European HIV testing week.

Overall impressions reported by Biolytical

‘We were surprised that stigma seems to be greater in Europe than in the United States. There are not a lot of Point of Care options for HIV testing, and most people appear to believe HIV is something that affects “other people” such as MSM, IDU or sex workers, not an issue that affects everyone and should be considered a part of routine healthcare.

We also got the impression that due to higher values on privacy HIV testing may skip POC and go straight to OTC, either at pharmacies or online.



We liked that the European HIV testing week initiative is about demedicalization of HIV testing because increased access is paramount to identifying positives and halting the epidemic. INSTI's 1-minute results make it unique because testing can be offered in a variety of novel stigma-free healthcare settings such as emergency rooms, correctional facilities, dental clinics, mobile/outreach, health fairs and pharmacies in addition to traditional clinical settings.'

Alere

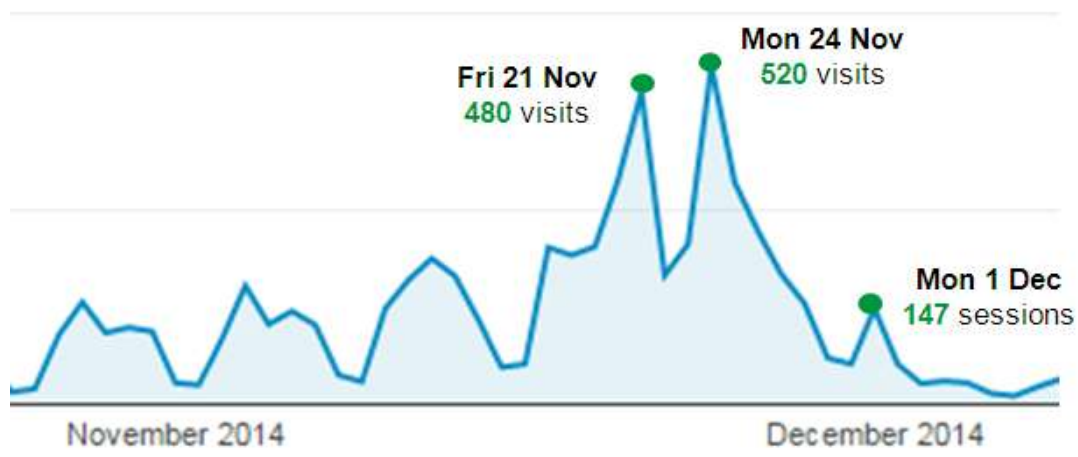
Alere also donated 2,000 testing kits to European HIV testing week participants. Although the kits were distributed to participants, they were not received in time for the European HIV testing week, but will be used in subsequent local events. We did not receive more information about Alere's experience of the European HIV testing week or which countries and organisations that received the test.

Website and social media activity

Website evaluation

The website had more than 26,000 views. The peak number of visits were during the testing week 2014 (Friday 21 November – Friday 28 November) with an additional spike during World AIDS day on Monday 1 December (Figure 13). Corresponding material download peak was on Monday 24 November with 191 downloads. The majority of visitors to the website were desktop users (84%), while 12% were mobile users and 3% tablet users. The re-launched testing week website 2014 attracted fewer visits than during the 2013 campaign (2013: 19,743, 2014: 10,029). However, the number of participants signed up increased significantly from 477 to 709, with a larger number of downloads. This suggests a greater engagement from a more targeted audience in 2014. The drop in visits could also be explained in part by the absence of a Google AdWords campaign this year, compared to 2013.

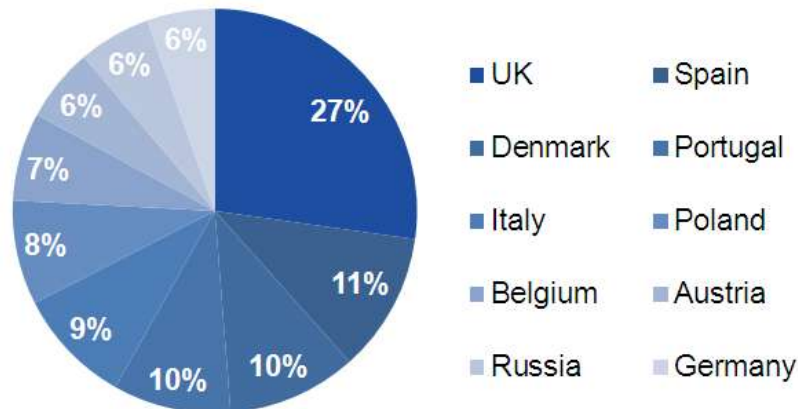
Figure 13: Peak traffic to website



The homepage was the most visited, followed by the *Get Involved* and *About* sections of the website. The new *success stories* page was also among the top visited with 628 views.

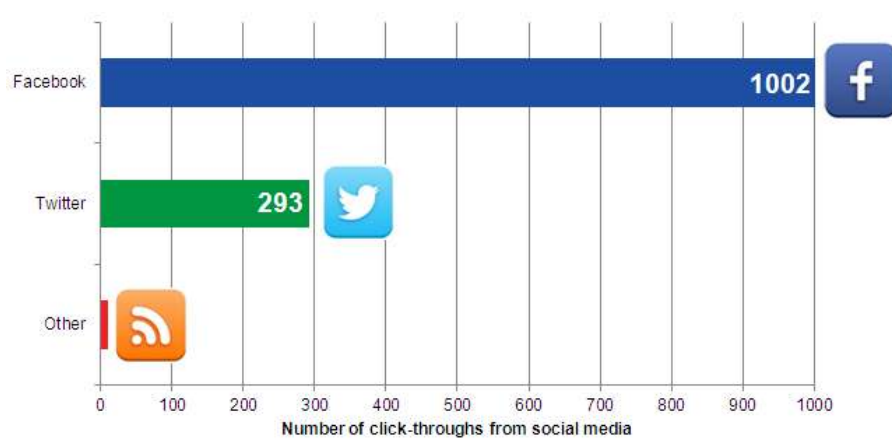
64% were new visitors and 36% were returning visitors. The website was viewed by visitors from across the globe, but 92% of website visitors were from Europe. The top 10 European countries visiting the site are illustrated in the figure below (Figure 14). All top 25 countries were in Europe.

Figure 14: Website visits by country



Almost a third (32%) of traffic came from users typing the web address directly into the address bar, followed closely by those searching for 'HIV testing week' or a related term through an online search engine (30%). Traffic directed from another site (e.g. HiE, participants) was 25% while 13% were directed to the site via social media (Facebook and Twitter). The majority of social media traffic to the website came from Facebook, likely due to the high volume of posts from HiE encouraging engagement (Figure 15).

Figure 15: Number of click-throughs from social media



There was a total of 4,315 downloads of testing week material. English language material was downloaded 1,757 times, brand guidelines and logos 622 times and new 'success stories' for 2014 250 times.



Social media activity

The Facebook page and Twitter profile were created on 17 September 2013 to communicate key messages, drive people to the website and engage with participants of the testing week. These profiles were continuously used throughout 2013 and 2014 to keep the momentum going, promote the 2013 evaluation report and to communicate about the planning and launch of the 2014 testing week.

The Facebook page

By the beginning of testing week 2014 the European HIV testing week Facebook page had 963 'likes' and by the end of the testing week (28 November) the page had 1,007 'likes' (www.facebook.com/EuroHIVtestweek). '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. The top three countries from which the 'likes' came from were Portugal (156), Denmark (124), United Kingdom (86).

During the testing week there were 10 posts published on the Facebook page by the HiE Secretariat and 51 by people following the page.

The Facebook group

New this year was the HIV testing week Facebook group set up by the HiE Secretariat. The group has 155 members and was set up as a forum in which the participants could share activities, experiences and challenges with one another. In addition to sharing photos and activities as was done on the Facebook page, this group allowed slightly more privacy as only participants of the testing week were invited to join.

The Twitter profile

The messages tweeted from the HiE Secretariat served to promote the testing week, its website and the information and materials available therein. Ninety-six tweets were sent out about the European HIV testing week (@EuroHIVtestweek) either by the HiE Secretariat or by partners and participating partners. The tweets in which @EuroHIVtestweek was mentioned were re-tweeted 380 times. The main messages tweeted (and re-tweeted) were primarily about HIV testing week activities, stressing the importance of HIV testing, and the number of people unaware of their HIV status. (See Appendix 4 for examples of notable tweets).

The Twitter chat

On 25 November 2014 ECDC (@ECDC_EU) arranged a Twitter chat with European HIV testing week (@EuroHIVtestweek) and Tom Hayes (@PositiveLad).

The chat was called *Let's talk HIV*. Using the hashtag #talkHIV allowed participants to ask questions directly to European HIV testing week or Tom Hayes. During the Twitter chat 42,919 accounts were reached, there were >25 contributors and this resulted in 251,488 impressions (see examples of questions and answers below).



The image shows a promotional banner for 'Let's Talk HIV' on the left and a screenshot of a Twitter thread on the right. The banner includes the ECDC logo and text: 'Let's Talk HIV From the benefits of early testing to how to reach risk groups'. It invites users to join @ECDC_EU and asks questions to: 'Join @ECDC_EU and ask your questions to:'. It also features a photo of Tom Hayes (@PositiveLad) and the text: 'European HIV testing week @EuroHIVtestweek Initiative aiming at making more people aware of their HIV status. 25 November, 2014 14:00 CET Send your questions using hashtag #talkHIV'. The Twitter thread includes tweets from @ECDC_EU, @SeniorPoz, and @H_S_Global, all discussing HIV testing and the #talkHIV hashtag.

Media coverage

To evaluate the levels of media coverage a specialist media monitoring agency was used.

From 20 November (the day before the beginning of European HIV testing week) to 1 December 2014 25 articles online covering the European HIV testing week were identified from 11 countries: Austria, Belgium, Bosnia & Herzegovina, Bulgaria, Denmark, Germany, Italy, Norway, Romania, Sweden and the United Kingdom.

Of the 25 articles, 23 were published online to advertise the background and purpose behind the European HIV testing week. Further, the date and testing locations were promoted in the various countries. Of the 25 articles which mentioned the European HIV testing week, two were articles published in Scientific Journals (Eurosurveillance and Lancet HIV).

Further, one press statement from the European Commission was also identified from the EU Health Commissioner with the following statement during the Ministerial Conference "Fighting against HIV/AIDS ten years after the Dublin Declaration"

"Early diagnosis is of utmost importance as a person who receives antiretroviral therapy early on will have a better health outcome and be less likely to transmit HIV to others. I therefore fully support European HIV testing week which takes place from 21 to 28 November."

Conclusions

The ultimate goal of the European HIV testing week was to make more people aware of their HIV status and reduce late diagnosis. 'Talk HIV. Test HIV.' was again the slogan in 2014 as it was in 2013.

The success and impact of the European HIV testing week cannot be viewed just by the number of 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. The large increase in participating partners from



2013 (477 organisation) to 2014 (709 organisations) is a sign that the interest in and impact of the European HIV testing week is large. However, the low survey response rate may suggest that the opt-out invitation to participate in the 2014 testing week has resulted in less engaged participants among the 709 participating partners.

One recurring success story reported in the evaluation survey was the opportunity to try out new HIV testing strategies and to perform outreach testing (70.3%). Further, the European HIV testing week provides a unique opportunity for organisations across Europe to stand united in increasing awareness of HIV testing and reducing the number of people unaware of their HIV status.

The European HIV testing week webpage (www.hivtestingweek.eu) performed well again this year. Participants appreciated the developed materials and there was great interest in the newly developed 'success stories' page with the most views this year (628 views). Further, the new focus on HCPs was appreciated and continued focus was suggested in the evaluation survey.

The continued use of the social media profiles (Facebook and Twitter) and the expansion of the Facebook European HIV testing week group proved to be useful channels for participants to engage and share messages and activities.

Recommendations

It is recommended that the European testing week becomes a regular annual event. HiE can function as the coordination Secretariat if funds are secured for running the Secretariat, which is a very time consuming task. Focus in future years should be on considering the logistics of including testing of hepatitis B and C and to increase the engagement of national governments to increase the recognition of the testing week in the European Region countries. Further, this year's provision of rapid HIV testing kits should be expanded as lack of funding and resources are among the largest challenges faced by the participating partners. Although funding is an issue for many of the organisations that took part in the European HIV 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;
- Allow more time to prepare and promote the next testing week (at least 7-8 months);

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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Appendices

Appendix 1: 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.

Appendix 2: Section of the electronic evaluation survey

European HIV testing week activities 2014

- 1 Please select the type of organisation you are responding on behalf of:
- NGO/CSO (Civil society organisation)
 - Healthcare professional/Hospital/Clinic
 - Governmental (national/regional) and other policy organisations
 - Other

If other, please specify:

- 2 Who was your target population during the European HIV testing week? (Please tick all that apply)
- Men who have sex with men
 - People who inject drugs
 - Sex workers
 - Migrants and mobile populations
 - Prisoners
 - Patients with sexually transmitted infections
 - Pregnant women
 - General population
 - Youth
 - Immigrants originating from countries with generalised HIV epidemics
 - Other

If other, please specify:

- 3 What was the most successful part of the testing week for your organisation/country?
- _____

- 4 How would you categorise the activity(ies) your organisation carried out during the European HIV testing week? (Please tick all that apply)
- Awareness raising activities
 - HIV testing activities
 - Advocacy initiatives
 - Engaging with HIV ambassadors/celebrities
 - Training/capacity building initiatives
 - Policy/political activities
 - Other

If other, please specify:

For those who ticked 'HIV Testing Activities' in Q4 above, please complete Q5 & 6, otherwise go to Q7.

- 5 What was the approximate increase (rough estimate) in HIV tests performed at your organisation/clinic/hospital during the HIV testing week compared to an average week?
- >200% increase
 - 100-200% increase
 - 50-100% increase
 - Up to 50% increase
 - No increase
- 5.1 What type of HIV test(s) did you use during the European HIV testing week? (Please tick all that apply)
- HIV antibody/antigen test
 - Rapid test
 - INSTI-test (1-minute test)
 - Saliva test
 - Home sampling/postal testing
 - Don't know



Appendix 3: Qualitative template

Template for participants – success stories – ETW 2014

Dear European HIV testing week participant,

Thanks again for agreeing to provide more in-depth descriptions of your/your organization's experiences and activities during the 2014 European HIV testing week. Please provide as much detail as possible and feel free to insert photos of activities that you would like to share.

The below questions are provided to outline a structure for the reported content. If you prefer to report other aspects/issues please feel free to do so.

Please provide responses to hie.rigshospitalet@regionh.dk by **27 January 2015**. The material will be included in this year's evaluation report. The text provided may be edited in order to standardize the language in the report.

Organisation: _____

Name of respondent: _____

E-mail of respondent: _____

Country: _____

1. Please describe details of your/your organization's activities during ETW:
2. What was your organization's greatest success during this year's ETW?
3. Did your organization try out any new testing strategies which can be implemented beyond the European HIV testing week?
4. Did you reach any target populations during ETW that you do not normally reach?
5. Has the European HIV testing week changed practice/awareness for your organization/country/target populations?
6. What will you carry on from this year's testing week to next year's testing week?



Appendix 4: Examples of social media posts



EU drugs agency @EMCDDA · Nov 21

European HIV testing week from 21-28 November 2014: #EuroHIVtestweek
@EuroHIVtestweek hivtestingweek.eu/home



← ↻ 5 ★ 1 ...

Expand



THT Scotland @THTScotland · Nov 21

Today is the start of @EuroHIVtestweek! We've got lots on from #Glasgow to #Dundee to make #HIV testing easy! facebook.com/THTScotland/ph...

← ↻ 5 ★ ...



ECDC @ECDC_EU · Nov 25

#HIV twitter chat ahead of #WorldAIDSDay: join us today 14:00 CET and ask your questions to @PositiveLad and @EuroHIVtestweek. Use #talkHIV

← ↻ 12 ★ 1 ...



European Youth Forum @Youth_Forum · Nov 26

There are 3.2M children and #youth worldwide living with HIV. Let's bring those numbers down. #GetTested #EuroHIVtestweek @EuroHIVtestweek

← ↻ 1 ★ 1 ...