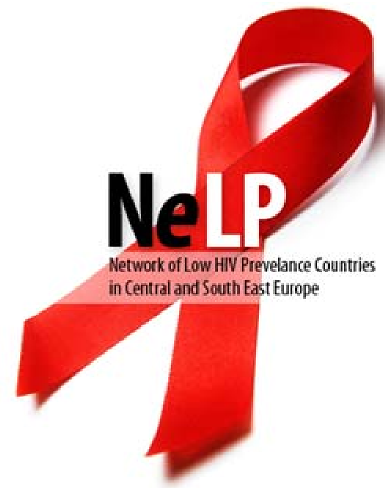


MEETING REPORT

Overcoming obstacles to testing

To launch NeLP's 2014 prevention and testing project

6th to 8th of June, Sarajevo, Bosnia and Herzegovina

NeLP - Network of HIV Low Prevalence Countries
in Central and South East Europe

June 2014

Table of Contents

Meeting Report **R1**

Introduction R1
Selection of committee candidates R3
Preparation for the meeting R3
Opening session R4
Identifying obstacles to testing R4
Suggestions for overcoming obstacles to testing R5
Milestones and responsibilities for further steps R5
Evaluation of the meeting and conclusion R6
List of annexes R7

Annexes

Meeting Agenda A1-1
Existing testing services in NeLP countries A2-1
Brief report regarding new HIV cases in NeLP countries in 2013 ...... A3-1
Brief report of activities during the European HIV testing week 2013 ...... A4-1
List of identified obstacles to HIV testing A5-1
List of identified solutions for overcoming obstacles to HIV testing A6-1
Defined Milestones and responsibilities for 2014 ...... A7-1

Overcoming Obstacles to Testing meeting

To launch NeLP's 2014 prevention and testing project

Sarajevo, Bosnia & Herzegovina, 6-8 June 2014

Meeting report

Introduction

NeLP, the Network of Low HIV prevalence countries in Central and South East Europe launched their Overcoming Obstacles to HIV Testing (OOTT) project at a meeting in Sarajevo, Bosnia & Herzegovina from 6 to 8 June 2014.

Central and South East Europe (C & SEE) have some of the lowest HIV testing rates in Europe. According to some estimates 30 to 50% of those already infected with HIV are yet to be identified. Therefore improved HIV prevention efforts and early detection have been key targets of the NeLP network since its inception in 2011, along with access to drugs and diagnostics, advocacy for human rights and international recognition of C & SEE as a low HIV prevalence region requiring strategies appropriate to that reality;. .

This regional approach to promote testing is the first of its kind in C & SEE and OOTT has linkage with HIV in Europe's European Testing Week 2014 initiative.

The OOTT meeting was originally envisioned as a satellite meeting to Partnerships in Health's West Balkan regional conference but unfortunately the conference was canceled due to severe flooding in the region. (NeLP and OOTT will participate in Partnerships in Health's proposed reschedule meeting in Autumn 2014.)

This report includes the key aspects of the meeting. The meeting was recorded with the consent of all the participants. Further details are available on request.

Crosscutting obstacles impacting all elements of society – policy and decision making at all levels, health care delivery and civil society:

- **Cultural, religious and local traditional values - so enriching for some - yet they encourage authoritarianism, sexism, homophobia, resulting in feelings of powerless-ness, cynicism and fear in the general population**
- **Low prevalence inhibits effective response**
- **Low perception of risk from HIV and subsequently low response**
- **Self-limiting expectations, amongst key stakeholders inside the government and in the general population, which inhibit effective response**
- **Cultural attitudes that favour treatment over prevention in health care in general**
- **Stigma and self-stigma related to HIV, and the discrimination and fears they generate**
- **General lack of knowledge about HIV, the life-saving benefits of HIV testing andARV treatment, etc**
- **Lack of coordination and communication amongst relevant stakeholders**
- **Lack of funding allocated for HIV testing and HIV-related activities and finally, and perhaps most important,**
- **Prolonged economic challenges confounded by the world economic crisis of 2008 leading to growing inequality, joblessness and migration**

Other important issues and obstacles:

- **Limited accessibility of easily to access testing sites and testing services**
- **Non-existent or deficient laws, national plans and guidelines for HIV testing**
- **Lack of targeted response, and low or non-existent inclusion of MARPs in testing**

IHP International HIV Partnerships

ViiV Healthcare

Q-Club Center for affirmation of positive living

Proposed solutions to impact all elements of society – policy and decision making at all levels, health care delivery and civil society:

- **Demonstrate and encourage cooperation and information sharing amongst all key stakeholders including people living with HIV or at risk of HIV, health care workers, community testing providers and local and national decision makers**
- **Advocate for accurate information about HIV treatment and care. HIV is preventable and treatable.**
- **Advocate for accurate information on the benefits of HIV testing and early detection. Late detection is dangerous for the person diagnosed and expensive for the health care system.**
- **Advocate for easy-to-access community HIV testing sites.**
- **Engage with key HIV stakeholders and opinion makers to ensure they understand and communicate accurate HIV and testing realities**
- **Challenge stigma and support people living with HIV or at risk of HIV.**
- **Challenge harmful gossip and cynicism.**
- **Share information locally and regionally on the current situation and best practices from the region**
- **Promote international activities like European HIV Testing Week on the local and regional level**
- **Whenever possible, develop local and national testing task forces, to coordinate testing activities, that involve a wide spectrum of key stakeholders including people living with HIV, and provide linkage through NeLP's OOTT project.**

Other important identified solutions

- **Advocate for new or improved laws, national plans and guidelines**
- **Advocate for researches and actions to provide evidence-based data**
- **Advocate for targeted HIV testing campaigns to reach and test MARPs**

Key steps in 2014

- **Develop local task forces, (opt in), where possible, and provide linkage through NeLP's OOTT project**
- **Upgrade NeLP's social media to enhance communication**
- **Advocate for research to obtain evidence based data**
- **Cooperate with the European testing week 2014**
- **Fundraise for NeLP and joined projects**

Other important steps

- **Distribute the meeting report and subsequent OOTT documents to ensure good understanding, cooperation and participation**

This report was written by Rade Kuzmanović, NeLP's administrator with edits from Nenad Petković, Q Club and Ben Collins, IHP.

NeLP's OOTT project's 2014 activities are supported by a grant from ViiV, developed by International HIV Partnerships (UK) in cooperation with Q Club (Belgrade, Serbia) and NeLP's Coordinating Committee. The grant also provides for a NeLP Secretariat based at Q Club and support for NeLP's social media and networking efforts. Funding for OOTT's 2015 activities is not yet secure.

Selection of committee candidates

Key point: Recruit a mix of key stakeholders representing all elements of the testing issue, with time to devote to OOTT 2014 activities.

Meeting numbers were limited by the budget. Invitations were sent to participants of NeLP's 3 previous meetings and NeLP's growing network of activists, clinicians, researchers and government officials.

Twenty-six qualified candidates applied for the meeting. The selection process ensured a balance between Central and South East Europe, HIV testing and prevention experts and activists from health care institutions and civil society organisations, some with ties to government. 12 participants attended the meeting:

- Redona Dudushi — Albania
- Isabell Eibl — Austria
- Belma Lepir-Cviko — Bosnia and Herzegovina
- Kamen Penkov — Bulgaria
- Zoran Dominković — Croatia
- Kvetuse Dessieova — Czech Republic
- Kriezis Spiros — Greece
- Ferenc Bagyinszky — Hungary
- Rumena Krastovska — Macedonia
- Aleksandra Marijanović — Montenegro
- Miran Šolinc — Slovenia
- Pınar Öktem — Turkey

Rade Kuzmanović, Q Club and NeLP's Administrator, Nenad Petković, Q Club and Ben Collins, IHP, coordinated the meeting.

Of NeLP countries, only Cyprus, Kosovo, Romania and Slovakia were unable to participate.

Preparation for the meeting

Key points: Involve participants in data collection and information sharing prior to the meeting, to establish expectations for committee memberships and participation.

The OOTT meeting was planned as a working meeting to launch NeLP's OOTT committee, identify and explore obstacles to testing, and propose opportunities to overcome these obstacles, both in the short term for 2014 and onward.

This required evidence-based data on HIV testing – which is sporadic and incomplete in most NeLP Countries. There was a pre-meeting survey to gather data from the participants, results of which were used as a basis for the work during the meeting.

In addition the participants were sent additional preparation materials including:

- HIV Testing: The Way Forward – UNAIDS,
- Access to early HIV and STI diagnostics for vulnerable groups – Self-assessment,
- Access to early HIV and STI diagnostics for vulnerable groups – Desk review,
- A short technical update on self-testing for HIV – UNAIDS and WHO.

Opening session

Key point: Share knowledge and understanding of best testing practices and what's available in the region.

Result: An advocacy tool for Turkey to demonstrate Turkey's sub standard testing options relative to other countries in the region.

The agenda for the meeting is included as Annex 1 to this document.

A participatory approach was encouraged throughout the meeting, starting with the Welcome session with introductions and icebreaker on Friday evening.

The *Opening session* on Saturday morning included a presentation on state-of-the-art HIV testing practices by Nenad Petković. The discussion initiated the first advocacy action of the NeLP OOTT committee – direct comparison of HIV testing activities in the NeLP countries as basis for advocating for better HIV testing conditions in Turkey – which of all NeLP countries is most in need of improvement. We received results for the comparison from all member countries of NeLP, not only from those represented in the meeting. The results of the comparison are included as Annex 2 to this document.

The *Opening session* also addressed and ad-hoc data gathering meta-research about the epidemiological situation in NeLP countries. Updated results of the meta-research are included as Annex 3 to this document. During the *opening session* results of European HIV Testing week were presented and discussed. Those results are included as Annex 4 to this document.

Identifying obstacles to testing

Key crosscutting obstacles are listed above. The complete list of obstacles identified during the meeting is included as Annex 5 of this document.

Identifying obstacles to HIV testing was a brainstorming session, where participants had an opportunity to list the known obstacles in their country. The brainstorming was constructive and moderated in such way to remove pessimism from people's attitudes so it brought about some key obstacles common for the region and cross cutting throughout all sections. People were open about how hard it is for them to do the testing-related work and campaigns, but in the form of constructive description of the problems.

The identified obstacles could be grouped into three general categories:

- Obstacle son individual level (people who need to get tested);
- Obstacles on health care level (people who should offer testing);
- Obstacles on policy/legislative level (decision and strategy makers).

Since the meeting had limited time for identification of obstacles, this list is by no means a comprehensive list of existing obstacles to testing. We will be encouraging members of NeLP to help in adding to it by identifying the obstacles that were not recognized during the meeting.

Suggestions for overcoming obstacles to testing

Key suggestions are listed above. The complete list of identified suggestions for overcoming the obstacles to testing is included as Annex 6 of this document.

Suggestions for overcoming obstacles to testing were defined within a two-part brainstorming segment of the meeting. This session began with success stories in the NeLP region including:

- Social and community mobilization for European HIV testing week 2013 in Slovenia;
- Ath Check-point, Athens, Greece;
- Check your status national action in Austria; and,
- European HIV testing week 2013 in Central and South East Europe.

The subsequent brainstorming followed the model of identified obstacles and grouped the proposed solutions into three general groups:

- Activities aimed at the individual level (for people who should get tested)
- Activities aimed at the community level (communities of MARPs and PLHIV)
- Activities aimed at the health care level (for people who should be offering testing)
- Advocacy activities aimed at the policy/legislative level (for decision and strategy makers)

In the first segment the suggestions were aimed at general solutions for the obstacles identified in the previous session, and in the second segment the suggestions were more focused on the activities NeLP could *implement* or *encourage* within 2014.

Maybe the most prominent activity planned for 2014 was cooperation with European HIV testing week 2014, which can serve as a tool for promoting HIV testing, talking openly about HIV and HIV testing, raising awareness and capacities and motivating advocacy.

Due to the limited time of the meeting this is by no means a comprehensive list of possible suggestions for overcoming obstacles to testing. We will be encouraging NeLP members to help in further identification of solutions we face which were not recognized during the meeting.

Milestones and responsibilities for further steps

The milestones and responsibilities defined during the meeting were set for the activities NeLP could implement or encourage within 2014.

We recognise that these activities are ambitious for a first effort with limited funding. We want to be clear with all participants that there is no *minimum* level of activity to participate in this NeLP testing project. What's on offer are suggestions and support. We encourage participants to opt-in to those suggestions they think are appropriate and achievable in their locale. We also encourage people to take the lead to develop even better suggestions and share them with all participants.

The milestones and responsibilities were defined on the following groups of activities:

- Reporting on the meeting
- Web presence of NeLP and Internet communication
- Research and evidence based data
- Forming of task forces
- Fundraising
- European HIV testing week 2014

The complete list of Milestones and responsibilities defined for 2014 during the meeting is included as Annex 7 of this document.

Evaluation of the meeting and conclusion

There were two levels of meeting evaluation:

- Evaluation done by the participants during the meeting on a comprehensive evaluation form
- Evaluation done by the organizers after the meeting.

The participant evaluation gauged satisfaction with travel and accommodation, preparation of the meeting, the content of the meeting and NeLP in general. All the participants of the meeting completed an evaluation.

The participants were happy with travel arrangements and accommodation. For future meetings we might consider a city with better air connections to other cities, and maybe, if funds allow, it add time for people to have time to see the city.

The participants were overall happy with the meeting. It mostly fulfilled their expectations, and for some of them even surpassed their expectations. The preparation materials helped in defining of participant expectations and the work done during the meeting helped put things into a workable structure and give a better perspective of the existing problems in the region.

The participants rated their satisfaction on expectations from the meeting with 4.58 (out of 5 being Well-exceeded expectations).

The individual sessions during the meeting were very well received. The participants felt that the introduction session was very informative, and that it helped get people up-to-speed and motivate a discussion. They expressed the highest satisfaction with the brainstorming session on obstacles to testing, as it outlined the difficult problems we all face, and many that NeLP countries share. Sessions on identifying solutions, and tools for overcoming obstacles for testing were also considered very useful, and they sparked a lot of good ideas. There were some comments that those sessions could have been done more elaborately so that they could tackle more concrete solutions to the identified obstacles. This should be taken into consideration for future meetings. Responsibilities of the OOTT group were very clearly presented and agreed upon; deadlines seemed realistic and viable, even though slightly optimistic.

The participants rated their satisfaction individual sessions with 4.47 (out of 5 being Well-exceeded expectations).

The main role participants recognized for NeLP, and on which they based their expectations for the future was for NeLP to provide information and provide capacity building on various topics needed in the NeLP region or individual countries, help in dissemination information and continue to organize meetings on key topics.

Evaluation done by the organizers gauged selection of participants, their involvement in the meeting and fulfillment of the meeting goals.

The organizers thought that the selection process was done very successfully, and it achieved a nice balance between people involved in HIV testing from health care and from the community groups. The meeting was also balanced by gender of the participants (7 female, 8 male), and it had a nice balance between people who were previously involved with NeLP and people who were attending a NeLP event for the first time.

The organizers thought that all of the participants have taken an active role in the meeting, and gave significant contributions to the results. The energy shared by the participants motivated and invigorated everyone for future activities within NeLP and the European HIV testing week 2014.

The organizers also thought that all of the goals of the meeting were met: a NeLP OOTT committee was formed, and it includes participants of the meeting and will also offer an opt-in for

everyone who applied for the meeting; we expect local task forces to be formed in at least half of the NeLP countries, starting with European testing week, but continuing with future activities.

An unexpected result of the meeting was a short video, which you can view by following this link.

Annexes

List of annexes to this report:

Annex 1 – Meeting agenda
Annex 2 – Existing testing services in NeLP countries, as identified at the Sarajevo meeting
Annex 3 – Brief report regarding new HIV cases in NeLP countries in 2013
Annex 4 – Brief report of activities during the European HIV testing week 2013
Annex 5 – List of identified obstacles to HIV testing
Annex 6 – List of identified solutions for overcoming obstacles to HIV testing
Annex 7 – Defined Milestones and responsibilities for 2014

Overcoming Obstacles to Testing meeting

To launch NeLP's 2014 prevention and testing project

Sarajevo, Bosnia & Herzegovina, 6-8 June 2014

Meeting Agenda

Friday, 6 June 2014

Time	Session
16:00 – 19:00	Arrival and accommodation of participants
19:00 – 20:30	**Official opening of the meeting**
	Welcome speech – Benjamin Collins, on behalf of NeLP CC
	Introduction of the participants
	Introducing meeting goals
20:30 – 21:30	*Dinner*

Saturday, 7 June 2014

Time	Session
09:00 – 09:10	**Preparation for the work and state of the art testing strategies**
	Presenting the meeting agenda
09:10 – 10:00	State of the art of HIV testing strategies
10:00 – 10:30	Brief analysis of the existing documents
	Definition of terminology
10:30 – 11:00	*Coffee break*
11:00 – 12:30	**Identifying the obstacles to testing**
	Pre-meeting survey results about the data we have.
	Discussion about the obstacles in NeLP countries
12:30 – 14:00	*Lunch*
14:00 – 15:30	**Identifying solutions for overcoming obstacles to testing**
	Good practices in the region
	New testing options and testing for hepatitis C and STIs
	Potential solutions to obstacles to testing
15:30 – 16:00	*Coffee break*

IHP International HIV Partnerships

ViiV Healthcare

Q-Club Center for affirmation of positive living

16:00 – 18:00 **Identifying tools to overcome obstacles to testing**

Discussion about regional and local solutions

Key stakeholders and local task forces

Use of social media

New partnerships

Funding

20:00 – 22:30 *Dinner*

Sunday – 8 June 2014

09:00 – 10:30 **Future steps for OOTT**

European HIV Testing Week (ETW) 2014

Interfacing with ETW

Local task forces

Plans and goals for 2014 in the region

10:30 – 11:00 *Coffee break*

11:00 – 12:30 **Defining the responsibilities and rules of the OOTT committee**

Defining milestones

Monitoring and evaluation plan of the actions in 2014

Evaluation and closing of the meeting

12:30 – 14:00 *Lunch*

14:00 - Departure of participants

Overcoming Obstacles to Testing meeting
To launch NeLP's 2014 prevention and testing project
Sarajevo, Bosnia & Herzegovina, 6-8 June 2014

Existing testing services in NeLP countries, as identified at the Sarajevo meeting

Result: Compiled list of existing testing services as basis for advocacy for improving the situation in certain countries in the region

	Rapid tests*	Testing in non-medical setting	Test can be practiced by non-medical staff	Mobile testing	Check-points, community-based	Anonymous testing	Not anonymous but confidential testing	Funding of testing centres (government, civil society etc?)
Albania	Yes	Yes	Yes - 2NGOs	No - for the moment	Yes	Yes	Yes	Government
Austria	Yes	Yes	No	No	No	Yes	Yes	Government and city
Bosnia and Herzegovina	Yes	Yes	No	Yes	Yes - Drop in	Yes	Yes	GFATM and government
Bulgaria	Yes	Yes - NGOs	No	Yes	Yes	Yes	Yes	GFATM and government
Croatia	Yes	Yes	No	No - only pilot	Yes	Yes	Yes	Government and city
Cyprus	TBD							
Czech Republic	Yes	Yes	No	Yes	No	Yes	Yes	Government
Greece	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes

IHP International HIV Partnerships

ViiV Healthcare

Q-Club Center for affirmation of positive living

Overcoming obstacles to testing meeting

6th to 8th of June, Sarajevo, Bosnia and Herzegovina

	Rapid tests*	Testing in non-medical setting	Test can be practiced by non-medical staff	Mobile testing	Check-points, community-based	Anonymous testing	Not anonymous but confidential testing	Funding of testing centres (government, civil society etc?)
Hungary	Campaigns needle exchange program	Campaigns needle exchange program	Yes - after completing course	No	No	Yes	Yes	Public and private funds
Kosovo	TBD							
Macedonia	Yes	Yes	No	Yes	No	Yes	Yes	GFATM and government
Montenegro	Yes	No	No - only educated HC staff	No - just counseling	No	Yes	Yes	GFATM, government and other donors
Romania	TBD							
Serbia	Yes	Yes	No	Yes	Yes	Yes	Yes	VCT – government CBVCT – CSOs and G
Slovakia	Yes	Yes	No	Yes	No	Yes	Yes	Public and private donors
Slovenia	Yes	Yes	No	Yes	Yes	Yes	Yes	Public and private
Turkey	No	No	No	No	No	No	Yes	Government

* Details on local restrictions on rapid test usage to be added shortly.

Brief report regarding new HIV cases in NeLP countries in 2013

- **Self reporting by local sources**
- **Prepared by BelmaLepir-Cviko, Association PROI, (Bosnia & Herzegovina) and NeLP**
- **Additional comments by Ben Collins, EATG, NeLP**

Note:

- Romania report data is not available because the national report hasn't been published yet.

Comments:

- Effective and accurate data collection remains a problem for many of the low prevalence countries of Central and South East Europe. Best regards to Belma Lepir-Cviko for gathering the information below.
- The figure at the end of the report demonstrates the clear differences in magnitude of the epidemic amongst the European West, Centre and East. It also demonstrates the most affected populations: MSM, heterosexual, people who inject drugs, other/unknown and mother-to-child in that order.
- The report demonstrates that many of the countries are reporting increasing rates of new diagnoses in recent years, especially Turkey.

1. ALBANIA

Please list your sources for this information.

- Total number of registered HIV infection from the first case registered - 671 (Men 469, Women 202)
- Estimation of total number of people living with HIV: 2002, Spectrum from WHO 700-1.000

Data for 2013

- Number of new HIV infections: 124
- Number of people known to be living with HIV: 699
- % Associated with mother to child transmission (MTCT): 3,7%
- % Associated with heterosexual exposure: 83%
- % Associated with people who inject drugs (PWID): 0,6%
- % Associated with gay men and other MSM: 10,2%
- % Other/not known: 0,6%
- % Late presenters: 43% (53 cases)
- Affected age group 25-45 years with (62.1%)
- Main route of transmission: sexual transmission (heterosexual)
- 70% of the total of the infected are male
- 320 treated with antiretroviral therapy
- Number of people tested in the latest year reported: 40 541
  - Voluntary testing 1861
  - Recommended testing 1202
  - Blood donors 37478
- Anything else to add about new diagnoses?; Was there more or less diagnoses than usual?; Any trends? Were there any new locations or clusters?: The trend is going up. Mostly late diagnoses.

Sources for this information: Institute of Public Health

2. AUSTRIA

- Number of people known to be living with HIV: Every year there are about 500 new diagnoses. In Austria Cohort there are approximately 1.000 participants
- Estimation of total number of people living with HIV: 8.000-15.000

Data for 2013

- Number of new HIV infections: 481
  - Additional information:
    - Vienna 263
    - Lower Austria 27
    - Upper Austria 36
    - Salzburg 31
    - Tirol 32
    - Karithia 19
    - Steria 53
    - Vorarlberg 16
    - Burgenland 4
  - % Associated with mother to child transmission (MTCT): 0%
  - % Associated with heterosexual exposure: no data available
  - % Associated with people who inject drugs (PWID): no data available
  - % Associated with gay men and other MSM: no data available
  - % Other/not known: no data available
  - % Late presenters: no data available
- Number of people tested in the latest year reported: about 500
- Anything else to add about new diagnoses?; Was there more or less diagnoses than usual?; Any trends? Were there any new locations or clusters?: Many late presenters. As the HIV infections don´t have to be reported (only AIDS cases) there is no statistical data on new diagnoses. All available statistical data are patients data in the Austrian cohort

Sources for this information: *Ministry of Health*

3. BOSNIA AND HERZEGOVINA

- Total number of registered HIV infections (from the first case registered in 1986): 245
- Estimation of total number of people living with HIV: Official number of HIV registered cases multiplied by seven: about 1.500 (unofficial estimation)

Data for 2013

- Number of people known to be living with HIV: 126
- Number of new HIV infections: 22
  - % Associated with mother to child transmission (MTCT): 0%
  - % Associated with heterosexual exposure: 51,4%
  - % Associated with people who inject drugs (PWID): 8,9%
  - % Associated with gay men and other MSM: 29,4%
  - % Other/not known: 0%
  - % Late presenters: 27% (6 cases)
  - Gender: Male 16, Female 6
  - Main route of transmission: Sexual transmission (heterosexual)
  - Cases of death in AIDS patients: 4 (3 men, 1 woman)
- Additional information: 91 persons are receiving ART
- Number of people tested in the latest year reported: 7.824

- Anything else to add about new diagnoses?; Was there more or less diagnoses than usual?; Any trends? Were there any new locations or clusters?: In the last five years, in Bosnia and Herzegovina the average number of new HIV infections is 16. For example in 2011 we had 10 new cases, in 2012 39, in 2013 22. In 2013 a larger number of new infections is evident, but comparing it with 2012 where we had 39 new cases is smaller. We can say trend is growing; number of new HIV cases is in growth, especially among MSM population.

Sources for this information: *Official web of Public Institute for Health: http://www.zzjzfbih.ba/oznaka/aids/ and organization Partnerships in Health http://www.partnershipsinhealth.ba/ from Sarajevo working in the field of HIV testing.*

4. BULGARIA

- Total number of registered HIV infections: 1889
- Estimation of total number of people living with HIV: no data available

Data for 2013

- Number of people known to be living with HIV: no data available
    - Number of new HIV infections: 181
    - % Associated with mother to child transmission (MTCT): 0,01%
    - % Associated with heterosexual exposure: 47%
    - % Associated with people who inject drugs (PWID): 16%
    - % Associated with gay men and other MSM: 37%
    - % Other/not known: 12% foreigners
    - % Late presenters: -
- Gender: Male 150, Female 31
- HIV positive pregnant women: 3

Additional information:

- Since 2011 there has been an increase in HIV numbers among MSM group: 37% (67 people) for 2013;
- 39% of newly registered in 2013 are young people aged 16-29 years;
- 16% or 29 people, of newly infected are PWID;
- At the end of 2013, a total number of 829 people living with HIV were registered for follow-up and 596 were receiving ART treatment.
- Number of people tested in the latest year reported: 228.405
- Anything else to add about new diagnoses?; Was there more or less diagnoses than usual?; Any trends? Were there any new locations or clusters?: The level of new HIV cases from the group of IDU has been decreased almost by half in the last year - from 26% in 2012 to 16% in 2013. The new diagnoses are primarily among MSM.

Sources for this information: *Ministry of Health*

5. CROATIA

- Total number of registered HIV infection from the first case registered - 1102
- Estimation of total number of people living with HIV: There are various estimates, some published report say 3 times the total diagnosed number (around 3.000). However recently, some experts say lower, e.g. survey among MSM has shown that 50% of HIV positive were not earlier aware of their infection.

Data for 2013:

- Number of people known to be living with HIV: 930 (1106 have been diagnosed since 1985 and 176 who have died)

- Number of new HIV infections: 71 (data from 2012)
    - % Associated with mother to child transmission (MTCT): 0%
    - % Associated with heterosexual exposure: 9,8%
    - % Associated with people who inject drugs (PWID): 1,4%
    - % Associated with gay men and other MSM: 87,3%
    - % Other/not known: 1,4%
    - % Late presenters:Not publicly available (can be obtained)
    - Main route of transmission: sexual transmission (87%)
    - Cases of death in AIDS patients: 8

Additional information:

- All persons infected by sexual transmission are older than 20 years;
- 56% of new HIV infections are in MSM population.
- Number of people tested in the latest year reported (2012):2.824
- Anything else to add about new diagnoses?; Was there more or less diagnoses than usual?; Any trends? Were there any new locations or clusters?: Most of the new infections are from MSM. This new trend has means that the proportion of MSM in total HIV cases in Croatia is increasing every year: 2008: 46%; 2009: 48%; 2010: 51%; 2011: 52%; 2012: 54.8% 2013: 56.1%. There is a steady growth every year. The number of total people living with HIV is growing about 10% every year.

Sources for this information: *Croatian Public Health Institute: Epidemiology of HIV and AIDS in Croatia. Reports for year 2012 and 2013 (some data is not available in 2013 report).*

6. CYPRUS

- Estimation of total number of people living with HIV: no data available

Data for 2013

- Number of people known to be living with HIV: 300
- Number of new HIV infections: 48 (data from 2012)
    - % Associated with mother to child transmission (MTCT): 0%
    - % Associated with heterosexual exposure: 8 (is this % or cases)?
    - % Associated with people who inject drugs (PWID): no data available
    - % Associated with gay men and other MSM: 40(% or cases)?
    - % Other/not known: -
    - % Late presenters:-
    - Number of new AIDS cases: 4
    - Gender: Male 30, Female 3
    - Cases of death in AIDS patients: 3
- Main route of transmission: sexual transmission
- Number of people tested in the latest year reported: about 100
- Anything else to add about new diagnoses?; Was there more or less diagnoses than usual?; Any trends? Were there any new locations or clusters?: In January 2014 we had 9 new incidents between the ages of 19 and 25.

Sources for this information: *Ministry of Health*

7. CZECH REPUBLIC

- Total number of registered HIV infection from the first case registered – 2221
- Estimation of total number of people living with HIV: medical experts estimate three times more than the above mentioned number. People working in NGO's dealing with HIV issues estimate five to ten more than the above mentioned number

Data for 2013

- Number of people known to be living with HIV: 2122
- Number of new HIV infections: 235
    - % Associated with mother to child transmission (MTCT): N/A
    - % Associated with heterosexual exposure: 18,7%
    - % Associated with people who inject drugs (PWID): 2,6%
    - % Associated with gay men and other MSM: 74,9% (176 cases)
    - % Other/not known: 2,1%
    - % Late presenters: 18%
    - Gender: Male 211=89,8%; Female 24 =10,2%
    - Main route of transmission: Sexual transmission (MSM)
    - Cases of death in AIDS patients: 9 (late diagnoses and rejection of ART)
- Number of people tested (2013): 7034

Anything else to add about new diagnoses?; Was there more or less diagnoses than usual?; Any trends? Were there any new locations or clusters?: 2013 is considered the worst year in the number of newly diagnosed people since 1985 in the Czech Republic. That is when the National Reference Laboratory for AIDS in Prague started its activity. The trend is undoubtedly increasing, with the highest increase in the capital city Prague. In other regions there is a rise of around 30%. The highest number of newly diagnosed among men having sex with men

Sources for this information: *National Reference Laboratory for AIDS in Prague All statistical data is processed by MiroslavHlavaty- Managing Director of Red Ribbon,o.s. and further distributed.*

8. GREECE

- Estimation of total number of people living with HIV: no data available

Data for 2013

- Number of people known to be living with HIV: 11.805
- Number of new HIV infections: 920
    - % Associated with mother to child transmission (MTCT): 0%
    - % Associated with heterosexual exposure: 13,2%
    - % Associated with people who inject drugs (PWID): 28,5%
    - % Associated with gay men and other MSM: 33,4%
    - % Other/not known: 24,7%
    - % Late presenters: -
    - Number of AIDS cases: 93
    - Gender (how many women/men): Male 1001, Female 179
    - Main route of transmission: Sexual transmission (MSM)
    - Cases of death in AIDS patients: 48 cases (causes: n/a)
- Number of people tested in the latest year reported:There's no national data. In athCheckpoint around 3.500 people were tested.
- Anything else to add about new diagnoses?; Was there more or less diagnoses than usual?; Any trends? Were there any new locations or clusters?: For some reason a lot of people were infected and listed as "unknown reason".

Sources for this information: *www.keelpno.gr*

9. HUNGARY

- Estimation of total number of people living with HIV: UNAIDS estimates from 2012: 2,600 - 4,800. Experts estimate the numbers to be somewhere between 5,000 and 8,000.

Data for 2013

- Number of people known to be living with HIV: 2.574
- Number of new HIV infections: 240
  - % Associated with mother to child transmission (MTCT): 1%
  - % Associated with heterosexual exposure: 10%
  - % Associated with people who inject drugs (PWID):1 case - registered as imported case (i.e. was infected via IDU abroad) since the beginning of year there has been reports from harm reduction services that they have found 6 HIV cases with rapid tests, these cases haven't been officially reported yet.
  - % Associated with gay men and other MSM: 66%
  - % Other/not known: 22,5%
  - % Late presenters:no data available, epidemiological reporting does not include cd4count at the time of diagnosis yet
  - Number of AIDS cases: 36
  - Gender: Male 92,5%, Female 7,5%
  - Main route of transmission: Sexual transmission (MSM 85%)
  - Causes of death in AIDS patients: 4

Additional information:

- There is a steady increase of new diagnosis each year (30-40%) with a 10% decline in the number of HIV-tests. Between 2007-2012 the number of new diagnosis doubled. There has been a similar increase in the number of AIDS diagnosis, which has been very sharp in the recent years, rising from 23 in 2008 to 48 in 2013. So far no IDUs have been diagnosed in Hungary but harm reduction services have been under political attack (local governments are getting ready for elections) since last November.
- Number of people tested in the latest year reported: Latest year reported was 2012, number of tests: 93.060 (9,5 tests/10,000 people).
- Anything else to add about new diagnoses?; Was there more or less diagnoses than usual?; Any trends? Were there any new locations or clusters?: There is a steadily increasing trend in the number of new diagnoses. There is also a yearly increase of AIDS cases which is an indicator of late diagnosis. Most of the AIDS cases are new HIV cases as well.

***Sources for this information**: National Centre for Epidemiology, ECDC, UNAIDS*

10. KOSOVO

- Estimation of total number of people living with HIV: no data available

Data for 2013

- Number of people known to be living with HIV: no data available
- Number of new HIV infections: 3
  - % Associated with mother to child transmission (MTCT): no data available
  - % Associated with heterosexual exposure: no data available
  - % Associated with people who inject drugs (PWID): no data available
  - % Associated with gay men and other MSM: no data available
  - % Other/not known: no data available
  - % Late presenters: no data available
  - Number of new AIDS cases: 1
  - Gender: Male 23, Female 7
  - Main route of transmission: Sexual transmission - heterosexual 21, MSM 8
- Number of people tested in the latest year reported: no data available

- Anything else to add about new diagnoses?; Was there more or less diagnoses than usual?; Any trends? Were there any new locations or clusters?:

Sources for this information: no data available

11. MACEDONIA

- Estimation of total number of people living with HIV: no data available

Data for 2013

- Number of people known to be living with HIV: 197
- Number of new HIV infections: 28
  - % Associated with mother to child transmission (MTCT): 1
  - % Associated with heterosexual exposure: 9%
  - % Associated with people who inject drugs (PWID): no data available
  - % Associated with gay men and other MSM: 18%
  - % Other/not known: -
  - % Late presenters:
  - Number of new AIDS cases: 8
  - Gender: Male 25, Female 2
  - Main route of transmission:
    - Sexual transmission (heterosexual 10)
    - MSM 16
    - Vertical transmission 1
- Number of people tested in the latest year reported: 1704 with VCT outreachvan
- Anything else to add about new diagnoses?; Was there more or less diagnoses than usual?; Any trends? Were there any new locations or clusters?: 2013 has the highest number of newly diagnosed since the beginning of the epidemic in Macedonia. Most of the cases are MSM.

Sources for this information: *Internal data base and official data from a Public Health Institute*

12. MONTENEGRO

- Estimation of total number of people living with HIV: unofficial estimation: 500-600

Data for 2013

- Number of people known to be living with HIV: 153 (cumulative number). Current number of PLHIV is114.
- Number of new HIV infections: 10
  - % Associated with mother to child transmission (MTCT): 0%
  - % Associated with heterosexual exposure: 10%
  - % Associated with people who inject drugs (PWID): 0%
  - % Associated with gay men and other MSM: 60%
  - % Other/not known: 30%
  - % Late presenters: 70%
  - Number of AIDS cases: 5
  - Gender: Male 10, Female 1
  - Main route of transmission: sexual transmission (3 reported MSM)
  - Cases of death in AIDS patients: 1

Additional information:

- One baby has been born of parents who are HIV positive but the delivery did not take place in Montenegro, because of distrust of patients.
- There is still no institutionalized form of psychological assistance for PLHIV and their families and partners.

- Analysis of PCR and CD4 are made to IPH and the treatment is carried out in the framework of the Infectious Diseases Clinic. Only two doctors have the responsibility to cure and writing prescriptions.
- The Department for HIV has one room with two beds.
- It is still a high degree of stigma, but there are not reported cases of discrimination.
- Number of people tested in the latest year reported:According to the Institute of Public Health in 2013.'s 22.839 HIV tested person (without testing for research purposes in which it was tested 403 members of the RA population, Podgorica, Bar, Tivat and Niksic). Of the total number tested, 20.437 persons have been tested in transfusion units (15.869 blood donors, new donors, and 4.699), 1.375 persons were tested at the Centre for Medical Microbiology, Institute of Public Health, and 1.027 people were tested in the counseling for confidential counseling and testing (VCT). Data on the number of people tested for HIV in the private laboratory facilities in Montenegro does not exist.
- Anything else to add about new diagnoses?; Was there more or less diagnoses than usual?; Any trends? Were there any new locations or clusters?: Typical number, usually more men and more frequent occurrence of late presenters. The average annual rate of 7 to 12 newly infected. Noticeable trend of new cases among the MSM population

Sources for this information: *Annual Report on HIV/AIDS, the Public Health Institute of Montenegro, 2013*

13. ROMANIA

National report is not yet published.

14. SERBIA

- Total number of registered HIV infection: 3001
- Estimation of total number of people living with HIV: ~3650

Data for 2013

- Number of people known to be living with HIV: about 1842
- Number of new HIV infections: 147
    - Number of AIDS cases: 44
    - Number of people to start ART: 84
    - % Associated with mother to child transmission (MTCT): from 1985-2012 - 1,6%, in 2013 - 1%
    - %Associated with heterosexual exposure: from 1985-2012 - 20,8% in 2013 - 14%
    - % Associated with people who inject drugs (PWID): from 1985-2012 - 40,05% in 2013 - 18%
    - % Associated with gay men and other MSM: from 1985-2012 – 19,2% in 2013 - 64%
    - % Other/not known: 10,8% in 2013 – 3%
    - % Late presenters: 29,9%
    - Registered cases in youth 15-29 years of age 22%
    - Main route of transmission: Sexual transmission (78%)
    - Cases of death in AIDS patients: 17
- Number of people tested in the latest year reported: about 9970
- Anything else to add about new diagnoses?; Was there more or less diagnoses than usual?; Any trends? Were there any new locations or clusters?: In 2013 there was a slight overall increase in number of tested people. This resulted with a slight increase of identified HIV positive people. The statistics and rations are similar to previous years. Most transmissions

happened sexually, and mostly among the MSM population. There was also a slight increase among young people (15-29).

Sources for this information:*Official information from the institute for public health "Dr. Milan JovanovićBatut" and Ministry of Health*

15. SLOVAKIA

- Total number of registered HIV infection: 512 Slovaks + 127 foreigners were confirmed HIV-positive
- Estimation of total number of people living with HIV: 1500-2000 (unofficial estimate)

Data for 2013

- Number of people known to be living with HIV: to the end of 2013 461
- Number of new HIV infections: 80 Slovaks + 3 foreigners
  - % Associated with mother to child transmission (MTCT): 0%
  - % Associated with heterosexual exposure: 24%
  - % Associated with people who inject drugs (PWID): 2%
  - % Associated with gay men and other MSM: 65%
  - % Other/not known: 9%
  - % Late presenters: -
  - Number of AIDS cases: 6
  - Gender (how many women/men): Male 70 , Female 10
  - Main route of transmission: Sexual transmission (%)
  - Cases of death in AIDS patients: 1
- Number of people tested in 2013:175.063
- Anything else to add about new diagnoses?; Was there more or less diagnoses than usual?; Any trends? Were there any new locations or clusters?:In 2013 there was an increase in total numbers. Most of patients are living in Bratislava. It was said to be a record number of new cases in the history of Slovakia. In 2012 it was 46 new diagnoses, in 2013 it was 83. However, there is no comparison of number of provided testing published yet (03/2014). There seem to be no changes in the trends related to locations - cities and Bratislava region remain for the highest numbers of HIV cases. Also majority of the new diagnoses remain identified within men who have sex with men. The age of HIV transmission in men decreased.

Sources for this information: *Report on the implementation of The National Programme on HIV/AIDS Prevention in Slovak Republic for 2013:*
http://www.uvzsr.sk/docs/info/epida/Sprava_o_plneni_NPP_HIV_AIDS_2013.pdf
E-mail communication with Regional Public Health Office representative
Website of the National Reference Centre on HIV/AIDS Prevention: http://hiv-aids.tym.sk/

16. SLOVENIA

- Estimation of total number of people living with HIV: 800-1.000

Data for 2013

- Number of people known to be living with HIV: 500
- Number of new HIV infections: 42
  - % Associated with mother to child transmission (MTCT): 0%
  - % Associated with heterosexual exposure: 21%
  - % Associated with people who inject drugs (PWID): 4%
  - % Associated with gay men and other MSM: 63%
  - % Other/not known: 16%
  - % Late presenters: 58%

- Number of AIDS cases: 8
- Gender: Male 33 (25 MSM), Female 5
- Main route of transmission: Sexual transmission (MSM)
- Cases of death in AIDS patients: 4

Additional information:

- Out of 33 there were 22 late diagnoses.
- Number of people tested in the latest year reported:1.6 /1000 in 2012. No data for 2013
- Anything else to add about new diagnoses?; Was there more or less diagnoses than usual?; Any trends? Were there any new locations or clusters?:4% less in comparison to the reported incidence in 2012. In 2013, MSM represented 63% of newly diagnosed cases in comparison to 73% in 2012 (16% other/undetermined transmission category in both years). During the period from 2004 to 2013, three cases of HIV among PWID were reported, one in 2012 and two in 2013. During the period from 2004 to 2013, three cases of mother-to child transmission (MTCT) of HIV infection were reported, the last one in 2011. In 2012 as well as in 2013, a substantial proportion of HIV diagnoses were late (64% and 58% respectively), with CD4 cell counts below 350 per mm3.

Sources for this information: *Country progress report 2013*

17. TURKEY

- Total number of registered HIV infection from the first case registered – 7050
- Estimation of total number of people living with HIV: 70.000 (official number multiplied by 10)

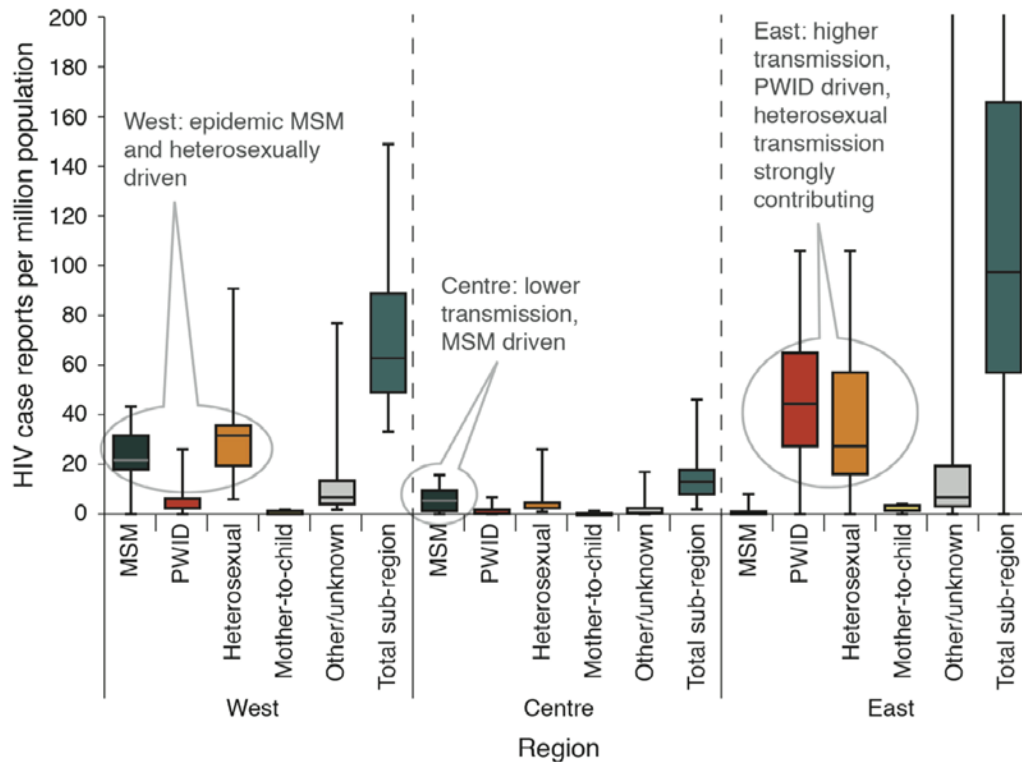
Data for 2013

- Number of new HIV infections: 1.068 (2012)
- Number of AIDS cases: 42
  - % Associated with mother to child transmission (MTCT): 1.1%
  - % Associated with heterosexual exposure: 46.1 %
  - % Associated with people who inject drugs (PWID): 1.9 %
  - % Associated with gay men and other MSM: 9.9 %
  - % Other/not known: 39.4 %
  - % Late presenters: not known
- Number of people known to be living with HIV:The number of people currently living with HIV is not known exactly, since there is no official data on the number of deaths.
- Number of people tested in the last year reported:There is no official data on this.
- Anything else to add about new diagnoses?; Was there more or less diagnoses than usual?; Any trends? Were there any new locations or clusters?:New diagnosis rise immensely each year. The Ministry of Health defends that this increase is due to the increased number of tests performed. Infection specialists state that this is because of increased heterosexual sex and sex work among 'foreign women'. New applicants to our association, on the other hand, indicate that there is considerable increase among men having sex with men and among young people.

Sources for this information:
a)Official data released by the Ministry (numbers reported as of June 2013).
b) Consultation with the Ministry and with infection specialists.
c) Observations and feed-backs from clients

Comparison of 5-year Averages of Reported HIV Cases by Exposure in the Three

From HIV in the European Region – Policy Brief



Source: ECDC and WHO Regional Office for Europe HIV/AIDS surveillance in Europe (2011) and Russian AIDS Centre Report (2011). ***Note:*** MSM = men who have sex with men; PWID = people who inject drugs; Boxes show the median score as a line and the 25th percentile and 75th percentile of the data distribution as the lower and upper parts of the box. The area in the box therefore represents the middle 50% of the observations. The "whiskers" show the smallest and largest observation. Centre: Heterosexual exposure much higher in one country (Cyprus) than in all the others, explaining the maximum of 26 cases per million population. East: "other/unknown" category has two outliers at high level (Estonia 303 cases per million, and Russian Federation 211 cases per million).

European Testing Week 2013 activities in NeLP region by country including who signed on and what was done.

1 Albania

Reporting: Redona Dudushi

The official list of organisations who signed on to ETW 2013:

- Center for Social Research in the Quality of Health
- Albanian Association of PLWHA
- Albanian Center for Population and Development
- Albanian Society of Infectious Disease
- Aksion Plus

Activities that occurred in the country:

In four districts were opened 4 VCT Centre. During this week was tested 420 person.

2 Austria

Reporting: Isabell Eibl

The official list of organisations who signed on to ETW 2013:

- AIDS Hilfe Wien
- AIDS-Hilfe Tirol
- AIDS-Hilfe Steiermark
- AIDS Hilfe Kärnten
- AIDSHILFE OBERÖSTERREICH
- AIDS-Hilfe Vorarlberg
- Österreichisches Aktionsbündnis gegen Aids
- AIDS-Hilfe Vorarlberg

Activities that occurred in the country:

VCT outside of the Aids Hilfe Wien Adressed gay and migrant organisations for support Asked doctors of MARP to test

3 Bosnia and Herzegovina

Reporting: Belma Lepir-Cviko

The official list of organisations who signed on to ETW 2013:

- Partnerships in Health
- NGO Action Against AIDS, Banja Luka
- World Vision BiH

Activities that occurred in the country:

Testing was organized in drop in centers for SW (sex workers) and PWID (people who inject drugs) population. Mobile units visited places and cities where VCCT centers do not exist and tested mostly key population at higher risk. In VCCT centers persons from general population could do the test also. There were a lot of web campaigns in 2013 regarding ETW organized by organization working in the field of HIV

4 Bulgaria

Reporting: Kamen Penkov

The official list of organisations who signed on to ETW 2013:

- Bulgarian Family Planning and Sexual Health Association
- Health without borders
- National Patients' Organisation
- Hope Against AIDS Foundation

Activities that occurred in the country:

Since 2001, the implementation of the National Programme for Prevention and Control of HIV and STIs in Bulgaria, including strengthening of the HIV/AIDS surveillance, monitoring and evaluation system, has been coordinated by the Ministry of Health.The system for routine HIV surveillance in Bulgaria is organized around the following major public health institutions throughout the country that provide HIV testing for diagnostic and screening purposes:

- 5 Centres for Haematology and Blood Transfusion (blood banks);
- 28 Regional Public Health Inspectorates;
- 14 STIs diagnosis and treatment centres, including STIs Clinics at Medical Universities, the National Centre of Infectious and Parasitic Diseases, the National Centre for Addictions.The programme supports the operation of a network of
- 19 Voluntary HIV Counselling and Testing (VCT) Centres,
- 12 mobile medical units (MMUs),
- 7 low-threshold centres for IDUs, and
- 7 health and social centres based in Roma communities.

HIV testing is provided anonymously. HIV case detection rate with VCT centres is 5 to 6 times more efficient than in diagnostic testing sites. There isn’t a report that describes all the activities. The focus was on different group/MSM, general population; CSW/. All the activities are implemented by the HIV Prevention and control program through the Ministry of Health .Dose of love association participate in these activities also. Our NGO has three low threshold centers for different vulnerable group and a mobile unit. We provide rapid testing for HIV, and testing for Hep.B Hep.C, syphilis.

5 Croatia

Reporting: Zoran Dominković

The official list of organisations who signed on to ETW 2013:

- Croatian association for HIV and viral hepatitis (CAHIV)
- Public Health Institute of Istrian County
- Iskorak (LGBT organisation)
- University Hospital for Infectious Diseases; Zagreb
- Croatian Public Health Institute
- Association HEPATOS RIJEKA
- Public Health Institute of Primorsko-Goranska County
- Association Lux Vitae

Activities that occurred in the country:

There isn't a report that describes all the activites, they were undertaken by each organisation individually. The focus was on special events for promoting testing, including community based testing.

6 Cyprus

Reporting: Stella Michaelidou, KYFA HIV/AIDS Center

The official list of organisations who signed on to ETW 2013:

- KYFA

Activities that occurred in the country:

We infomr the Ministry and the National Committee on HIV/AIDS that we have to start to organise HIV teseting days in cooperation with them.

7 Czech Republic

Reporting: Kvetuse Dessieova

The official list of organisations who signed on to ETW 2013:

- Art for life
- National AIDS reference laboratory
- Czech AIDS Help Society
- Red Ribbon

Activities that occurred in the country:

National Institute of Health
www.szu.cz/narodni-referencni-laborator-pro-aids

www.szu.cz
Extended hours of testing : 10 a.m. – 7p.m.
Plans for ETW 2014: in process

Art for Life
www.artforlife.cz
-Organised an auction of works of art donated from different artists {list of them on the website}, the money were offered partially for the operation of the Light House in Prague and partially for covering the testing costs in the Czech Aids Help Society
-promotion of testing in 2 gay clubs in Prague
Plans for ETW 2014: in process

The Czech AIDS Help Society
www.aids.pomoc.cz
-organised an event called Red ribbon {sale of red ribbons as a symbol of solidarity with people living with HIV AIDS}
-organised a public collection of money – money was allocated to the operation of the Light House
-extended hours of testing 10a.m. to 7p.m.
Plans for ETW 2014: in process

Red Ribbon.o.s.
www.redribbon-os.cz
-distribution of information leaflets about the importance of HIV testing
-condom distribution
-organised an information event in gay clubs-promotion of testing in MSM community
-collaboration with the National Institute of Health in testing
Plans for ETW 2014: in process

Bliss without Risk
www.rozkosbezrizika.cz
-organised testing in a mobile ambulance in Prague as well as outside of the capital city of Prague in a few regional cities
Plans for ETW 2014: in process

8 Greece

Reporting: Kriezis Spiros

The official list of organisations who signed on to ETW 2013:

- PRAKSIS NGO
- Positive Voice
- Ath Checkpoint
- Hellenic Centre for Disease Control and Prevention
- HIV Unit - 4th Department of Internal Medicine, ATTIKON University Hospital
- philanthropy.gr ltd.

Activities that occurred in the country:

Testing at Checkpoint and PRAKSIS

9 Hungary

Reporting: Ferenc Bagyinszky

The official list of organisations who signed on to ETW 2013:

- Hungarian Civil Liberties Union
- Anonymous AIDS Association
- Hatter Society
- Association of Hungarian Sex Workers
- PLUSS Hungarian Self-Help Organization of HIV-positive People
- Blue Point Drug Counselling and Outpatient Centre

Activities that occurred in the country:

Organized an extra testing day with one of the CBVCT services, writing articles (blog) about the importance of testing, posting on social media (FB), media appearences around WAD, short film on testing.

10 Kosovo

Reporting: Alban Gjonbalaj

The official list of organisations who signed on to ETW 2013:

- KAPHA
- Center for VCT for HIV/AIDS
- Kosova Population Foundation (KOPF)
- Labyrinth

11 Republic of Macedonia

Reporting: Rumena Krastovska

The official list of organisations who signed on to ETW 2013:

- HERA

Activities that occurred in the country:

Educational workshops and providing free HIV testing among teachers and students in several high schools in Skopje.

12 Montenegro

Reporting: Aleksandra Marjanović

The official list of organisations who signed on to ETW 2013:

- Montenegro HIV foundation

Activities that occurred in the country:

action nightly testing and testing days when not working during VT, promotion counseling in order of effectiveness of early detection of infection. VCT work on Monday and Tuesday afternoons. During the ETW 2013, VCT were working throughout the week and it was the action of night testing in seven cities where there are VCT centers. Promoted the test as effective preventive practice against late diagnosis, through the mass media (newspapers, local TV and radio stations). Together with the NGO Juventas campaign to combat homophobia as part of the project activities to strengthen health LGBTQ population was conducted on councelling field-tested among MSM

13 Romania

The official list of organisations who signed on to ETW 2013:

- ARAS – the Romanian Association Against AIDS
- Asociatia SENS POZITIV
- clinical hospital of infectious diseases "dr. victor babes" timisoara
- World Vision Romaniahttp://www.worldvision.ro

14 Serbia

Reporting: Rade Kuzmanović

The official list of organisations who signed on to ETW 2013:

- Q-club
- AS - Center for Empowerment of Young PLHIV
- Safe puls of youth - SPY
- NVO Asocijacija Duga
- Institute of public health Belgrade
- Association Red line
- Gay Lesbian Info Center

Activities that occurred in the country:

Translating Testing Week materials to BCMS

Promotion activities for the Testing Week, including promotion materials (posters, badges, links and news on websites of organisations), press conferences and releases.

Debate on promotion, financing and uptake of HIV testing in Serbia

Workshops in two high schools and three colleges, including school of medicine, school of organizational science, and school of communication and media.

Increased voluntary counseling and testing, including voluntary testing with mobile units in several towns in Serbia, testing with gay clubs in Belgrade, increased testing by the testing centers.

Workshops with MARPS on prevention and safe sex practices, followed by voluntary testing.

Public playing of HIV related movies. "

15 Slovakia

Reporting: Iveta Chovancova and Danica Stanekova, Slovakia

The official list of organisations who signed on to ETW 2013:

- ODYSEUS

Activities that occurred in the country:

Only C.A. Odyseus participated. Activities included - beginning of low-threshold testing for PWID and street-based sex workers. 4 infographics shared on Facebook page, 1 TV interview, 1 radio interview, update of HIV testing sites on www.hivaids.sk web-page, HIV quiz on one of the most read news websites www.sme.sk. World AIDS day,- promoting counselling and testing

16 Slovenia

Reporting: Miran Solinc

The official list of organisations who signed on to ETW 2013:

- NGO SKUC, project Magnus
- DIC LEGEBITRA- Testing point 4 MSM
- Ministry of Health of Slovenia
- Association for Harm Reduction - Stigma
- Društvo DIH - Enakopravni pod mavrico
- Slovenian Medical Students' International Committee
- Institute of Microbiology ana Imunology, Faculty of Medicine, University of Ljubljana
- Initiative Spread the word, not the virus!
- Institut of Public Health of the Republic of Slovenia
- Robert- Center for AIDS prevention and vulnerable groups
- INSTITUTE OF PUBLIC HEALTH CELJE
- Javni zavod Mladinski center Nova Gorica

Activities that occurred in the country:

Several nationally co-ordinated promotional activities aiming at reducing stigma of HIV testing were organized all over the country by regional units of the National Institute of Public Health and NGOs.

17 Turkey

Reporting: Pinar Oktem

- The official list of organisations who signed on to ETW 2013:
- Ege University HIV/AIDS Research and Practice Center (EGEHAUM)
- Positive Living Association (Pozitif Yasam Dernegi)
- Positive Living Association and "Pozitif Ses" Group
- Hacettepe AIDS Treatment and Research Center (HATAM)
- Social Policies Gender Identity and Sexual Orientation Studies Association

Activities that occurred in the country:

"Advocacy work targeted to the Ministry of Health, using documents translated within the Testing Week. Online/social media campaign, including a petition for re-opening the Voluntary Counselling and Testing Centres. Over 5000 signatures were collected. A seminar to medical school students (27 November 2013), giving the messages of the ETW tailored specifically to healthcare workers and introducing them the concept of 'indicator condition guided testing' (which is new in here).

Also, I'm sending you a screen shot of our social media campaign, in case you like to use. "

Multi-national

- International HIV Partnerships
- UNFPA/UN Care
- National Programme for HIV/AIDS
- East Europe and Central Asia Union of PLWHA
- NGO Center of psychosocial rehabilitation of chemically dependent youth „Krok za krokom"
- International HIV/AIDS Alliance in Ukraine Treatment Unit
- CF Unitus
- AAEGRO
- AIDS Healthcare Foundation
- Correlation Network
- UN Theme Group on HIV/AIDS- Croatia
- European AIDS Treatment Group
- Gaydar
- Médecins du Monde réseau international
- REDE POSITIVO

Obstacles to HIV testing as identified at the Sarajevo meeting

Result: Compiled list of identified obstacles to HIV testing in the countries of NeLP region

The list of obstacles that inhibit effective targeted HIV testing in the countries of the NeLP region was identified during the OOTT meeting in a group effort. These obstacles are mostly shared in the region while some characteristic for individual countries.

Cross-cutting obstacles impacting all elements of society – policy and decision making at all levels, health care delivery and civil society:

- **Cultural, religious and local traditional values so enriching for some yet they encourage authoritarianism, sexism, homophobia, resulting in feelings of powerlessness, cynicism and fear in the general population**
- **Low prevalence inhibits effective response**
- **Low perception of risk from HIV and subsequently low response**
- **Self limiting expectations which inhibit effective response**
- **Attitudes that favour treatment over prevention in health care in general**
- **Stigma and self-stigma related to HIV, and the discrimination and fears they generate**
- **General lack of knowledge about HIV, the importance of HIV testing, ARV treatment, etc**
- **Lack of coordination and communication between the relevant stakeholders**
- **Lack of funding allocated for HIV testing and HIV related activities and finally, and perhaps most important,**
- **Prolonged economic challenges confounded by the world economic crisis of 2008 leading to growing inequality, joblessness and migration**

Other important issues and obstacles:

- **Limited accessibility of testing sites and testing services**
- **Non-existing or deficient laws, strategies and guidelines for HIV testing**
- **Lack of targeted response, and low or non-existing inclusion of MARPs in testing**

The identified obstacles generally fall into one of the four levels

- individual level (people who need to be tested),
- community level (communities of MARPs and PLHIV)
- health care level (people who should offer the HIV testing), and
- policy/legislative level (decision and strategy makers).

This is not a comprehensive list of obstacles to testing, and can be additionally supplemented.

Individual level (people who need to be tested)

- Since HIV is generally a stigmatised topic and is often linked with other stigmatised behaviours, people have a lot of fears about testing, including:
    - **Fear of the unknown,** lack of knowledge about HIV and health in general;
    - **Fear of stigma** since people are afraid of being branded or discovered (as MSM, sex workers, IDUs, etc.);
    - **Fear of disclosure** where people are afraid others might learn their HIV status, and link it to perceived or real behaviour, which is already stigmatised.
    - **Fear of social rejection** as being potentially branded with stigmatised behaviours and thus socially ostracised.
    - **Fear of persecution** where stigmatised behaviours linked to HIV are being criminalised or otherwise legally or socially persecuted. Especially since there have been a number of cases of discrimination and injustice done, and the existing **legal mechanisms have failed to bring justice** to the wronged people.

  These fears are multiplied if an individual is a member of an already stigmatised social group.

- The NeLP region has the cultural habit of considering **treatment rather than prevention** towards health, which is reinforced by challenged economies, cultural prejudice, denial about HIV and real dangers from HIV. This impacts all levels, even on the individual level, where people have the attitude "That will not happen to me" or link HIV exclusively with stigmatised behaviours HIV is generally linked to, and thus do not get informed, regularly checked-up, tested, etc.
- The NeLP region includes countries where **religion is very strong** and influential, particularly on an individual level. Some regional religions have an openly hostile attitude towards some of the MARPS, and certain prevention methods (like condoms or contraception in general). Sex is often a taboo, and the influence of the church diminishes education about sex, including safe sex, problems that can arise, stigmatises pre-marital and extra-marital sex and deems STDs as a sin or punishment from the higher power, which in turn increases stigma and self-stigma and deters HIV testing and responsible sexual behaviour.
- Consequence of the cultural, religious and political trends there is a lot of **stigma and self-stigma** that have a detrimental effect on attitude towards prevention and testing.
- The link of HIV with stigmatised behaviours helps generate **bad information** and **prejudice** about HIV in general. This has been **"poisoned" by bad stories from the past**, reinforcing prejudice and resistance to learning about HIV.

- A very significant part of the **lack of knowledge** about HIV is **lack of knowledge about ARV** treatment, and the most often lack of knowledge manifests in the following aspects:
    - Some people do not know that effective treatment against HIV exists, and that it enables people to leave long and normal lives
    - While some people tend to think that taking ARV treatment is "easy" and akin to taking insulin, totally unaware of side effects and existing problems with stock-outs, resistances etc, so are unaware of real problems.
- There is a **limited participation of MARPS**, which a consequence of low prevalence or due to low number of people affected, which results with low perception of the need for, or ability for community action and participation, particularly if the community is linked with stigmatised behaviour. This increases several fold if a person is a member of more than one community linked with stigmatised behaviours.
- Currently there are **new groups or sub-groups of MARPS emerging** in some countries who are **not even recognised and acknowledged**, and thus people from those groups tend to be unaware of the risk they are in, and are thus out of reach of existing services in place for similar MARPS.

Examples of emerging MARPS:

- In some countries, like Serbia, Croatia, Turkey in poor environments youth and students who are generally MSM have sex for cash but do not identify as sex workers and are not reached by services provided for sex workers.
- In some countries Trans* population is often not covered by appropriate prevention and testing services.
- In some courtiers, certain MSM people engage in consuming drugs only and consistently with sex as an additional "buzz", but do not identify as drug users, and are not reached by any services provided for drug users.

- HIV-related activities are expensive and in some countries HIV tests are not free (or there is lack of information about free testing), so people tend to avoid the (free) tests due to **payment issues** or **unregulated healthcare security** issues.

Community (CSO) level

- In general, worldwide, response to HIV tends to increase with HIV prevalence. When people *perceive* there's a problem there is more likely to be a response. NeLP countries are low HIV prevalence countries – therefore response to HIV is still limited.
- Communities and community-based organisations in the NeLP region tend to **have limiting expectations** about the situation regarding HIV, which in turn doesn't motivate them to fight for improvement. This is not unique to HIV but more broadly experienced in many NeLP societies where self-stigma or negative country image, especially in times of prolonged economic hardship, can be quite common.
- There is a **lack of community coordination** in the NeLP countries including coordination between PLHIV community groups and MARP community groups. Even though there are some actions, people tend not to meet and share, they tend not to inform each other about activities, funding, etc, and seldom perform joined projects and

activities. There is also a lack of communication between HIV groups and human rights groups and official human rights institutions like ombudsman offices.

- This is a part of a bigger problem, which is a general **lack of coordination between stakeholders**, which influence the civil society and community-based organisations as well, so civil society organisations do not have the support or cooperation from government institutions, health care institutions or local business and cultural leaders.
- In certain countries, like Turkey and Cyprus, there is a **lack of community based-advocacy** for solving problems and obstacles, and improving the situation regarding HIV.
- There is challenge for some efforts between organisations and other members of the communities that arise from c**ompetition for financial and professional reasons** and can lead to **obstruction** which can weakens efforts.
- The community-based organisations of MARPS usually have a low level or lack of communication with the members of their communities, and tend not to invest into motivating the community to take part in their activities.
- Funding for community-based response to HIV is lacking or non existent, and there is a lack of capacities in the community to utilise the funding that is available for them.
- In most countries, CSOs are for legal reasons unable to perform HIV tests at all or without a health care professional or outside healthcare institutions, which in turn diminishes outreach to MARPS.

> ***For example:***
> - In 12 out of 17 NeLP countries testing can't be performed by non-medical staff.
> - Testing can be performed by non-medical staff after they would successfully complete a course on testing only in two countries.
> - We do not have confirmed data from three countries, but unofficially there can also be no testing by non-medical staff there as well.

- CSOs are often faced with general lacking or limited capacities to perform community-based testing, including funding, adequate facilities, knowledge about HIV, outreach, etc.

Healthcare level (people who should offer testing)

- In some countries, like Turkey, there are no testing sites, or like in Cyprus there is a very **limited number of testing sites**, and in cases where the testing sites are provided, they often have **limited accessibility**, which means short working times, very public locations (prone to increase stigma), or require a direction from a general practitioner.
- In some NeLP countries **guidelines for HIV testing are deficient or non-existent**. This opens HIV testing procedures to interpretation, and sometimes to unsatisfactory practices when provided.
- There is a **lack of knowledge among the healthcare staff and professionals** (in general practice) or even **misinformation by health care practitioners** about HIV, about MSM sex, about sex workers, IDUs, and generally about stigmatised behaviours. This lack of knowledge leads to **lack of awareness** about real dangers of HIV.

- **Language barriers** present a severe obstacle to communicating HIV testing and HIV-related issues to minorities and migrants.
- The NeLP region has the cultural habit of considering **treatment rather than prevention towards health**, which is evident in the health care system as well, so health care professionals tend to focus on curing and treating rather than preventing.
- The NeLP region includes countries where **religion is very strong** and influential, and it even affects health care, whether at the individual level of health care practitioners or on the level of rules and regulations in place those health care practitioners have to obey. This in turn generates stigma toward MARPS and inadequate care for them and for PLHIV.
- Due to stigma attached to some behaviours linked to HIV, **healthcare staff and professionals tend to be moralising, judgemental** towards patients, or just insensitive to stigma that goes with HIV or being part of MARPs. Gossip and fear of gossip in healthcare situations inhibit testing.
- **Campaigns for HIV testing tend to be targeted toward the wrong or "easier" populations**, to avoid issues like stigma, or simply to get the job done more easily. Campaigns are performed without outreach or without cooperation within the societies, so they tend not to reach segments of MARPS engaged in risky behaviour, and **do not have targeted or inclusive messages** for those populations.
- There are often **lacking or limited resources to reach targeted populations**, including funding, resources in health care institutions, and that even leads to **lack or no communication with MARPS.**
- There is a lack of positive messages from experts regarding HIV testing.
- In many NeLP countries **only health care practitioners can perform tests** and even counselling for HIV tests, which limits testing to be performed only in health care institutions or limits the mobility and availability of testing.
- Rapid "saliva" tests are too expensive, or their procurement procedure is too complicated, so they are bought in insufficient quantities or not at all.
- There is a lack of information about ARV treatment among health care professionals, particularly among general practitioners, both about the options, interactions, but as general information for people who would get an HIV test.
- Health care workers also tend to be **resistant to innovation** in the fields of HIV testing and implementing the innovations in their work.
- There is **a lack of understanding for underage issues** regarding HIV. Underage sex is a common reality, but often it is not treated as such. It is often an issue whether a minor should get tested at all, would s/he need the consent from parents, and whether the results should be given to the minor or parents.
- There is a **lack of coordination between healthcare institutions and in coordination with other stakeholders**. This diminishes organised response from the health care provider side, but also cooperation with civil society organisations. In some NeLP countries there have been no meetings on HIV at the national level for a long time, and only limited communication on the topic between the stakeholders.

- Due to perception of low priority there exist limited expectations among health care staff and professionals about how much can be done, or how much can change in their country.
- There is limited or no funding for HIV testing and HIV-related issues in the health care system, particularly in general practice.
- Health care practitioners are often faced with lack of motivation or even counter motivation for testing, and they are in turn producing counter motivation with people who should get tested.
- There is a lack of research in the region, health care professionals are often not included and often not informed about the results of the existing researches.

Legislative/policy level

In many NeLP countries one of the greatest issues on the government/policy concern laws, policies and strategies:

- In some NeLP countries the existing policies stigmatise or criminalise HIV or behaviours typically linked with HIV, which makes HIV testing harder.
- Some NeLP countries do not have policies/strategies that regulate HIV testing.
- Some countries on the other hand have excellent policies, but are lacking in implementation of those policies.
- Improper or non-existing or not-enforced policies create problems in several fields, including:
    - Patient anonymity, which is often being breached.
    - Rapid testing and community based testing is limited or non-existing, prohibited by the regulations.
    - Qualifications of people performing the tests, meaning that only medical personnel can carry out rapid tests.
    - Locations of testing sites, as in some NeLP counties regulations prescribe that testing can only be performed in health care institutions.
    - Criminalisation of certain behaviours, like sex workers/IDU
- In some NeLP countries there are no HIV and HIV testing strategies, or even bad HIV and HIV testing strategies.
- In some NeLP countries there is a **deficiency of "Rule of Law"**, in the sense that there are no mechanism for penalising cases where policies have not been enforced, which sends an open message that it is OK to break those laws, which in turn leads to:
    - Miss-action of governments – various discriminatory actions in order to swing votes
    - Molestation and discriminatory action by the police

  - Lack of prosecution when a clear injustice has been performed towards PLHIV or MARPS.

> ***Examples of deficient "Rule of Law"***
> - Government miss-action in Greece where certain politicians follow an obsolete low to organise outing and arresting sex workers who have HIV in order to gain political points.
> - Molestation and discrimination by the police is manifested in several NeLP countries (Greece, Romania) by police would wait in front of a harm reduction centre and then arrest or molest people who came to use the services of the centre
> - Lack of prosecution when a clear injustice has been performed is manifested by courts not implementing adequate legal action in cases where a PLHIV or a member of MARP has been demonstrably fired on basis on their health status or sexual orientation.

- In general there is a **lack of knowledge about HIV** and **lack of understanding and awareness** about HIV (and other STDs), which leads to **lack of sensitivity** among politicians and decision makers. **HIV is perceived as a low priority problem**, which in turn diminishes perceived priority to act, and severely **limits expectations** at the decision-making level.

- In many of the countries in the NeLP region there is a **lack of coordination between stakeholders** on all levels. In some NeLP countries there have been no meetings on HIV at the national level for a long time, and only limited communication on the topic between the stakeholders.
- Low perceived priority results with **lack of funding** for HIV testing and HIV-related activities by governments, but also by other donors (assumed responsibility of Global Fund).
- The NeLP region has the cultural habit of considering **treatment rather than prevention towards health**. This impacts all levels, and even the decision-maker level, and thus policies and strategies developed. This attitude dramatically impacts HIV (and other STD) testing. There is also prominent **cultural prejudice and denial** towards HIV testing and the seriousness of the problem.
- Part of the local culture in the region is **resistance to innovation and change**, including implementation of new technologies, and implementing evidence based changes.
- The NeLP region includes countries where **religion is very strong** and influential, with the influence stretching to decision-makers; laws and policies; lacing them with religious attitudes to HIV, prevention testing and other HIV related issues.
- Since HIV is related to stigmatised behaviours, decision-makers dedicate **limited resources to reach targeted populations**. There is even a **lack or no communication with MARPS**.
- There is a **limited number or complete lack of testing sites** in some NeLP countries.
- Even though underage sex is a reality, there is little or no **sensitivity to underage issues** and no correlating problems.

- Some of the new at risk populations are completely not acknowledged or perceived (like for example transpople*, economic crisis driven-students who have MSM sex for money), so they are not included in any strategies or prevention activities.
- There is a **lack of research** in the region, lack of evidence based data, **lack of cost-benefit analyses**, and even when data from researches is available, there is a **lack of application and respect of researches**, and that data is being discarded, not used as base for action. Governments play very limited roles in funding local research or the infrastructure to promote local research and international cooperation.
- There is a **lack of media coverage** of problems regarding HIV and HIV testing, and in the existing reports there is a **lack of media sensitivity** towards those problems.
- There is a lack of international attention. Since HIV is low prevalence there is little interest or information. However, we're happy to note this inattention is changing with European Testing Week, for example, including decision-makers from the NeLP region in its practices.

Overcoming Obstacles to Testing meeting
To launch NeLP's 2014 prevention and testing project
Sarajevo, Bosnia & Herzegovina, 6-8 June 2014

Suggestions for overcoming obstacles to HIV testing as identified at the Sarajevo meeting

Result: Compiled a list of proposed solutions to identified obstacles to testing in the countries of NeLP region.

The list of proposed solutions to help overcome some of the key obstacles that inhibit effective targeted HIV testing in the countries of the NeLP region was identified during the OOTT meeting in a group effort. These solutions include solutions that could be applied throughout the region as joined effort but also solutions that call for local action.

Proposed solutions to impact all elements of society – policy and decision making at all levels, health care delivery and civil society:

- **Demonstrate and encourage cooperation and information sharing amongst all key stakeholders including people living with HIV or at risk of HIV, health care workers, community testing providers and local and national decision makers**
- **Advocate for accurate information about HIV treatment and care. HIV is preventable and treatable.**
- **Advocate for accurate information on the benefits of HIV testing and early detection. Late detection is dangerous for the person diagnosed and expensive for the health care system.**
- **Advocate for easy-to-access community HIV testing sites.**
- **Engage with key HIV stakeholders and opinion makers to ensure they understand and communicate accurate HIV and testing realities**
- **Challenge stigma and support people living with HIV or at risk of HIV.**
- **Challenge harmful gossip and cynicism.**
- **Share information locally and regionally on the current situation and best practices from the region**
- **Promote international activities like European HIV Testing Week on the local and regional level**
- **Whenever possible, develop local and national testing task forces, to coordinate testing activities, that involve a wide spectrum of key stakeholders including people living with HIV, and provide linkage through NeLP's OOTT project.**

Other important identified solutions

- **Advocate for new or improved laws, national plans and guidelines**
- **Advocate for researches and actions to provide evidence-based data**
- **Advocate for targeted HIV testing campaigns to reach and test MARPs**

The identified solutions to obstacles generally fall into one of the four levels

- individual level (people who need to be tested),
- community level (communities of MARPs and PLHIV)
- health care level (people who should offer the HIV testing), and
- policy/legislative level (decision and strategy makers).

This is not a comprehensive list of solutions and actions that would help overcome obstacles to testing, and can be additionally supplemented.

IHP International HIV Partnerships
ViiV Healthcare
Q-Club Center for affirmation of positive living

Individual and community level

- Encourage cooperation of patient groups, on international and national levels, since that brings together patients with chronic/special needs, and socialise issues regarding HIV into a broader perspective.
- Provide a platform for “My testing story” testimonials from both people who tested negative and positive
- Organise social campaigns and social media campaigns, like:
    - “Living libraries”
    - Testing ambassadors
    - Test famous people in order to promote testing
- Promote human rights and education about human rights to people living with HIV and to MARPS and other marginalised groups
- Encourage disclosure of individual’s HIV status in practical conditions.
- Increase distribution and sharing information of NeLP about success stories from the countries from the NeLP region, but also from Europe, and potentially from ETW 2013. Maybe form a success stories platform or database which is easily searchable.
- Source and promote funding on local and international levels
- Organise local task forces/ workgroups, consisting of key testing stakeholders to increase cooperation, coordination, partnerships and funding in order to overcome obstacles to testing, and then make a force with a mandate to initiate change. The local task forces can be initiated on occasion of European testing week, or by increasing NeLP mailing list at start, and further encourage people.
- Organise media sensitivity training to improve reporting on HIV and MARPS, and pushing for presence of HIV testing in the region.
- Promote results from published existing research
- Perform additional research on specific issues and problems regarding treatment of HIV and HIV testing, and compile a report, followed with recommended solutions. See support and engagement of international institutions like WHO, UNAIDS, UNDP, ECDC.
- Develop a policy paper for every country for improvement of the assessed situation.

Healthcare provider level

- Initiate open discussion for health experts regarding pros and cons regarding testing as prevention and early detection. Involve media for local coverage.
- Large-scale trainings for HC workers on local and maybe regional level on sensitivity to HIV and clinical symptoms. Regional task force for these trainings in different countries.
- Study visits between various stakeholders in the region.

- Aim to support establishment of a check-point in every country, and maybe capital in NeLP countries which are friendly for MSM, IDUs, sex workers.
- Follow the route of migrants in the region to deal with health care issues of migrants and maybe provide health care coverage.
- Organise promotional testing, for example on occasion of ETW 2014

Policy/legislative level

- Advocate for improvement of law and policy in individual countries, among other things regarding criminalisation of behaviours related to HIV or transmission of HIV, and age limit for VCCT for HIV.
- Advocate for implementation of existing policies, particularly if they are good ones (using existing mechanisms in cooperation with others) regarding patient and human rights.
- Form a parliamentary group of politicians and work with them to get the topic of HIV to the parliament, and include politicians from abroad as support to implement change.
- Advocate for or organise periodical forums between stakeholders (patients, doctors, activists, stakeholders) in order to identify common goals, and finding a way to solve them.
- Advocate for home testing, available in pharmacies.
- Report, document and publish (visualise) discrimination in medical and work settings, as base to fight stigma and discrimination.
- Explore involvement of WHO's procurement center in the region in procurement of tests and medications, and have an estimate of how hard is it in any country to be involved with procurement by WHO.

Milestones for opt in activities within NeLP for 2014 as identified at the Sarajevo meeting

Result: Compiled list of activities to be performed by NeLP and to be encouraged by NeLP during 2014

The milestones for both activities *performed by* NeLP and activities *encouraged by* NeLP in individual countries were defined during the OOTT meeting in a group effort.

Key steps in 2014

- **Preparing the research for obtaining evidence based data**
- **Cooperation with the European testing week 2014**
- **Creating local task-forces (opt-in)**
- **Fundraising for NeLP and joined projects**

Other important steps

- Reporting on the meeting
- Improving web presence of NeLP
- Developing communication between NeLP and member countries

The milestones are based on the list of activities for 2014 identified during the NeLP OOTT meeting in Sarajevo.

We recognise that these activities are ambitious for a first effort with limited funding. We want to be clear with all participants that there is no *minimum* level of activity to participate in this NeLP testing project. What's on offer are suggestions and support. We encourage participants to opt-in to those suggestions they think are appropriate and achievable in their locale. We also encourage people to take the lead to develop even better suggestions and share them with all participants.

Reporting on the meeting

Report from the meeting should be developed for review by 30th of June. The draft of the report will be prepared by Rade at the NeLP secretariat.

Short video about the meeting should be done by 30th of June. Spiros will prepare the video.

List of successes stories off the pre-meeting survey about response to obstacle to HIV testing in the region should be finished by 30th of June. This list will be compiled by a joined effort from all participants reporting about the successes in their country.

Web presence and Internet communication

Country reports on the NeLP website, will be updated with the details gathered by Belma's research and the pre-meeting survey and data provided by ECDC. The deadline for the update will be 30th of June, and done by Belma and Ben.

The website will be updated by 31st of July by Rade.

Secretariat will distribute monthly updates and reminders about European Testing Week and local task forces to all participants, starting from 30th of June.

A recommendation on updating the Facebook page, twitter page, and other Internet presence will be prepared by the Secretariat by 30th of June, and sent to the entire group. In turn the group will review the recommendation and respond to it by 31st of July. Changes based on the accepted and modified recommendations will be implemented by 31st of August. The updates will be followed by a new announcement and call for “liking” the page. We will take into consideration all positive experiences from all the members.

Secretariat will distribute the information about the Google ad grant to other participants.

NeLP will participate in the HIV in Europe conference in Barcelona, and for that purpose an abstract on OOTT meeting and OOTT activities will be prepared by 10th of August by Ben and Rade. Other countries with success stories will be reminded by the previous reminder mail to prepare their abstracts.

Research

During 2014 we will put an accent on researches regarding HIV testing, in order to achieve better projections, but also to have better evidence based platform for further advocating and activities. We will push for research with UNAIDS, UNDP, WHO and ECDC. We will communicate the report from the meeting with them, which would be the first step for developing subsequent researches.

By July 31st Zoran, Redona, Isabell, Aleksandra, Belma and Rumena will propose the parameters of the research. The idea will be subsequently also communicated with the above-mentioned agencies in order to implement the research.

Task Forces

We encourage forming local testing task forces, where possible, and in whatever form possible. The task forces will be formed in order to improve the testing conditions and uptake on the national level, but also to prepare and coordinate implementation of ETW 2014.

The first contact in development of the local task forces will be to share the contacts of other stakeholders and potential members of the local task forces, so that they could be included in the NeLP mailing list.

NeLP will provide a resource base for Team building of the local task forces. The resources will be developed by Isabell and Belma, and communicated by the Secretariat.

The identified success stories will be published on Storify, and will include testing stories, by both HIV positive and negative people. These stories will start to be published by 31st of July.

Fundraising

Fundraising is a crucial element for future activities and sustainability of OOTT and of NeLP. Some, very limited funding is provided by the OOTT project.

However for a full scope of fundraising we need a list of resources and ideas that need to be funded. Several issues were already recognised for funding – like funding for capacity building for project cycle management, fundraising, advocacy, and their task-force needs, which will be recognised after the forming of the task forces.

We will need feedback from individual countries on what capacities need to be developed, and we may even go for organising a NeLP wide training if those capacities coincide.