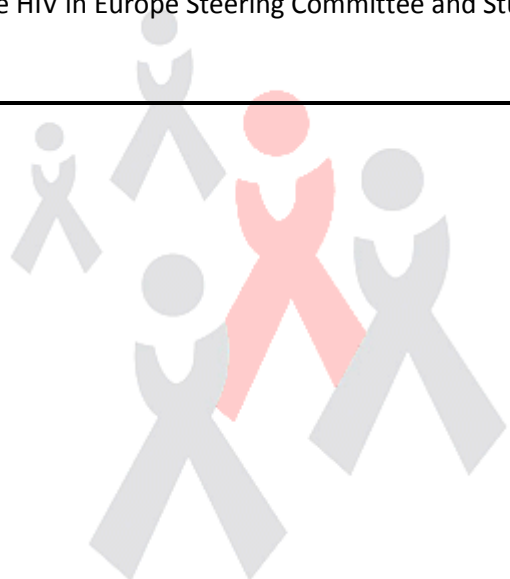


Outcomes of the HIV in Europe Initiative

Annual Report 2012

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1. Background

HIV in Europe is a pan-European initiative which started in Brussels in 2007. The initiative provides a European platform for exchange and activities to improve early diagnosis and care of HIV patients across Europe. Directed by an extensive and independent group of experts with representation from civil society, policy makers, health professionals and European public health institutions, the initiative is truly a pan-European collaborative effort.

HIV in Europe is not an organisation, but an initiative formed to inform policy-making/implementation, knowledge sharing, and to improve the evidence base on important issues related to earlier HIV testing and care. It is unique in its collaboration between stakeholders from both clinical, advocacy and public health policy levels, who all share the common objective of HIV in Europe which is to ensure that PLHIV enter care earlier in the course of their infection. The initiative is governed by an independent 14-member, 11-nation Steering Committee with an additional four observing members. The Steering committee is an independent group of HIV experts and is instrumental in helping achieve the aims and objectives of HIV in Europe.

2. Status 2012 and Next Steps

2012 was marked by the 3rd HIV in Europe Conference, held in Copenhagen, 19-20 March in conjunction with the Danish Presidency of the European Union and with financial support from the European Commission and <300 participants from 46 countries.

Following the conference, the Steering Committee of the Initiative has agreed to priorities and a project plan for the next two years that was presented and discussed at the IAS Conference in Washington in July 2012, along with a presentation of the initiative's results during the conference sessions.

Besides the projects that have been on-going since 2011 (HIDES 2 and the Stigma Index project phase 2), the finalization of phase 1 of HIDES and the guidance document, a list of new strategic and innovative projects have been identified and project concepts developed and discussed with the SC and other stakeholders.

The next step for the initiative will be to initiate these new projects (see project plan 2013-2014) and continue the advocacy and lobby for HIV testing and earlier care on the European political agenda. The planning of the next HIV in Europe Conference in 2014 will also be an important focus area.

3. Achievements and Project Results 2012

3.1 Copenhagen 2012 Conference

The HIV in Europe Copenhagen 2012 Conference was held 19-20 March 2012 at the University of Copenhagen. More than 300 participants from 46 countries participated, including the Danish Minister for Health, representatives from the European Commission, the European Parliament, WHO Europe the European Center for Disease Prevention and Control, the EATG, AIDS Action Europe and other leading NGOs. Some 25% of conference participants were clinicians; while 37% were community representatives; 15% policy-makers; 15% social scientists, epidemiologist and statisticians and the rest from the mass media

and private sector. The conference received financial support from the European Commission as part of the Health Programme 2008-2013.

Some of the key issues raised during the conference, which had more than 100 oral and poster presentations, were that there were an estimated 2.3 million people living with HIV (PLHIV) in the WHO European Region in 2010, including 1.5 million in Eastern and Central Europe. Although HIV testing in EECA is on the rise, the benefits of the expansion are minimal, since risk group members still constitute less than 1% of those tested. More than half of the PLHIV in the European Region are still classified as late presenters. While ART has expanded in most countries, the scale-up in EECA lags far behind the need.

The main outcomes of the HIV in Europe Copenhagen Conference 2012 were that it:

- Provided an overview of European innovative initiatives and best practices on optimal testing and earlier care, through conference proceedings and posters.
- Sustained and fueled the political discussion of the WHO EURO testing guidelines (2010), ECDC testing guidelines (2010), ECDC-EMCDDA Guidance "Prevention and control of infections among people who inject drugs" (2011), the EU Communication on HIV/AIDS and EP Resolution adopted 1 Dec 2011 and their implementation at national levels, all of which were discussed during the conference.
- Accompanied the debate at EU HIV/AIDS Civil Society Forum and Think Tank level on HIV testing, through presentation of results at these forums.
- Provided opportunities for multi-stakeholder dialogue to develop creative solutions to unresolved challenges in research and implementation of HIV policies and programmes to improve early diagnosis and care of HIV across Europe.
- Discussed and took forward the strategy for implementation of changes based on the concrete outcomes of the projects and the initiative.

The concrete deliverables are:

- Conference report and work plan and objectives 2012-13.
- Articles in European (news)papers, (see Press coverage)
- Consensus and engagement of broader HIV testing expert community related to next steps to improve the evidence base within the area of optimal testing and earlier care.
- Further execution and strategy for implementation of the collaborative projects, the outcome of which will be:
 1. Publication of paper describing the epidemiology of HIV presenters across the European continent from 2002-2011, which will thereafter be updated as an annual report to be distributed to the initiative, the Commission, WHO Europe and ECDC. Under review

2. Publication of the result of a survey to assess HIV prevalence for eight HIV indicator diseases across Europe and phase II to further define which diseases indicate a person should also be tested for HIV. Published in PloS One and phase 2 started.
3. How to implement and share results of the Stigma Index in the European region.
4. To dialogue on the cost-effectiveness of HIV testing and the considerations around how scaling up HIV testing can contribute to more sustainable health systems.

The conference has had an impact, including that by assisting and supporting the European Parliament and national HIV/AIDS committees, the resolutions and EU communication will be transformed into concrete - and evidence based – actions on earlier testing and care and the European network on optimal testing and earlier care has been strengthened.

The HIV in Europe Conference provided added value by its concrete results and shared expertise so that participants including patient advocates, clinicians, public health professionals and policy makers can work together moving the agenda forward. This is unique and critical. The conference and its format of participants and abstract driven sessions has been very positively evaluated and it is highly recommended to keep the momentum derived from the conference and the HIV in Europe initiative has been urged to organise another conference in 2014.

The conference proceedings, evaluation and press coverage are available at www.hiveurope.eu.

3.2 HIV in Europe Copenhagen 2012 Conference – Resources

[Proceedings of the Copenhagen 2012 Conference](#)

[Russian version of Conference Proceedings](#)

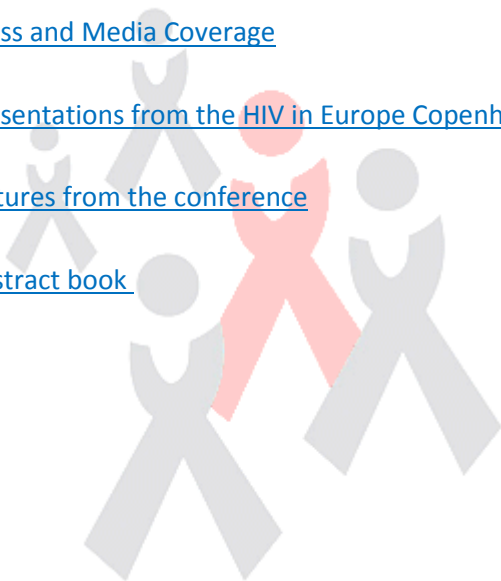
[Evaluation Report](#)

[Press and Media Coverage](#)

[Presentations from the HIV in Europe Copenhagen 2012 Conference](#)

[Pictures from the conference](#)

[Abstract book](#)



4. Call to Action 2012-2014

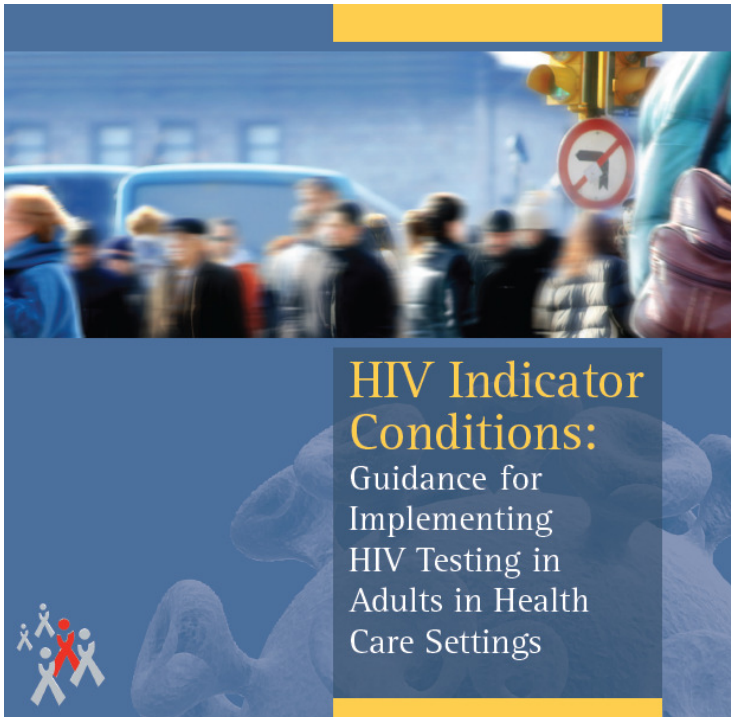
The following Call to Action was adopted by the HIV in Europe SC and will guide the actions for the next two years.

All of us - people living with HIV, civil society representatives, health professionals and decision-makers, policy workers, European Union and national institution representatives and researchers - need to continue to closely collaborate in order to save lives by decreasing the number of people starting HIV treatment late.

The HIV in Europe Initiative is working to:

1. Monitor and share research and best practices on HIV testing standards in order to improve practice and policy;
2. Stimulate the scientific development of activities and events to inform the European agenda on optimal testing and earlier care;
3. Review data and studies on the impact of counselling and HIV/STI testing on risk behaviour and support a consensus process to agree on optimal counselling practices;
4. Facilitate the implementation and assessment of HIV indicator condition guided testing;
5. Stimulate an evidence base on and reduce barriers to testing that include human rights, stigmatisation, discrimination and criminalisation;
6. Continue supporting the implementation of novel models to estimate the number of infected but not yet diagnosed individuals;
7. Investigate linkages and collaboration between HIV testing and hepatitis testing and access to care; and
8. Support the international institutions and agencies (European Commission, European Centre for Disease Prevention and Control (ECDC), WHO Regional Office for Europe, European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) and UNAIDS) to increase their engagement in working for optimal testing and earlier care and reinforce collaborative links.

5. Release of Guidance Document: “HIV Indicator Conditions: Guidance for Implementing HIV Testing in Adults in Health Care Settings” and results from the HIDES 1 Study (HIV Indicator Diseases across Europe Study).



“HIV Indicator Conditions: Guidance for Implementing HIV Testing in Adults in Health Care Settings” was developed by a panel of various medical specialties, and experts from the European Centre for Disease Prevention and Control (ECDC) and WHO Europe. It sets out how to diagnose people earlier and avoid late presentation.



The guidance in part builds on results from the HIDES I Study (HIV Indicator Conditions across Europe Study), which aimed to define the methodology of a European wide study of HIV prevalence in individuals presenting with one of eight indicator conditions/diseases (ID) and to identify those with an HIV prevalence of >0.1%, a level determined to be cost effective. Twenty per cent reported previously having potentially HIV-related symptoms and 52% had previously tested HIV negative (median time since last test: 1.58 years); which together with the median CD4 count at diagnosis (400 cell/uL) adds weight to this strategy being effective in diagnosing HIV at an earlier stage. All eight ID fulfilled the >0.1% criterion for cost-effectiveness, with the prevalence details in the table below:

HIV Indicator Conditions is available at www.hiveurope.eu and a summary is available in French, German, Spanish and Russian.

Feasibility and Effectiveness of Indicator Condition-Guided Testing for HIV: Results from HIDES I (HIV Indicator Diseases across Europe Study)

Results – HIV diagnoses per Indicator Condition

	HIV test	HIV+	Prevalence (95%CI)
Total	3588	66	1.84 (1.42-2.34)
STI	764	31	4.06 (2.78-5.71)
Malignant lymphoma	344	1	0.29 (0.01-1.61)
Cervical or anal dysplasia	542	2	0.37 (0.04-1.32)
Herpes Zoster <65yo	207	6	2.89 (1.07-6.21)
Hepatitis B/C	1099	4	0.36 (0.10-0.93)
On-going mononucleosis-like illness	441	17	3.85 (2.26-6.10)
Leuko/thrombocytopenia	94	3	3.19 (0.66-9.04)
Seborrheic dermatitis/exanthema	97	2	2.06 (0.25-7.24)

Manuscript under review in PLoS ONE

The HIDES study is being implemented in a phase II (2012-2013), allowing more robust prevalence data and regional comparisons and includes a number of additional potential indicator conditions. (www.hiveurope.eu).

6. Presentations, seminars, publications and press

Why do HIV cases keep rising in Russia? [Inside story on Aljazeera](#), 4 January 2013

Feasibility and Effectiveness of Indicator Condition-Guided Testing for HIV: Results from HIDES 1
Wednesday. [Article published 15 Jan 2013](#), PLoS ONE, January 2013, Volume 8, Issue 1, e52845

Seminar on the criminalisation of HIV transmission, exposure and non-disclosure organized in Berlin on 20 September 2012 by Deutsche AIDS Hilfe, EATG and IPPF with support of the HIV in Europe Initiative.
[Criminalisation Seminar Report](#)

Launch of European Guidelines

[Guidance document: HIV Indicator Conditions: Guidance for Implementing HIV Testing in Adults in Health Care Settings](#)

[Pdf-version](#)

HIV in Europe at IAS Washington July 2012

HIV in Europe presentation at the XIX International AIDS Conference, July 22-27, Washington DC USA
[Regional Session on Europe, 24 July, 16:30-18, session room 5](#)

HIV 2012 Spain

HIV 2012 Spain will be held in Madrid on May 29 2012.

[Programme HIV 2012 Spain](#)

Press release 15 March 2012

"The HIV epidemic in Eastern Europe is out of control and entering into care late is fuelling and HIV/TB epidemic"

[released 15 March 2012 - English](#)

Press release Thursday 1 March, 2012

HIV in Europe Copenhagen 2012 Conference

[Press release "New Indicator Disease reveal hidden HIV"](#)

The 2012 National Summit on HIV and Viral Hepatitis Diagnosis, Prevention, and Access to Care November 26-28, 2012, Washington, DC

[Reducing barriers to HIV testing – what influences testing offer and uptake? Lessons learned from the HIV in Europe Initiative](#), D Raben

7. Next steps: ongoing and approved project for 2013-2014

Project	Description	Expected outcome	Period
Coordination, communication, fundraising and political advocacy	Secretariat (coordination and political), support for steering committee members, travel, website, fundraising, communication, advocacy plan development.	Efficient coordination of the initiative's projects and advocacy activities. HIV in Europe agenda widely known.	Q1 2013-Q4 2014
Online exchange platform + internet-based interventions on promoting testing	Building on the success of the Copenhagen Conference, which demonstrated the degree of research and experience within HIV testing (more than 100 abstracts received), the SC agreed to expand this to an online exchange platform at http://www.hiveurope.eu/	Exchange of knowledge and ideas and preparation for the next HiE conference.	Q1 2013-Q4 2014

The implementation and dissemination of results of finalised and ongoing projects	HiE has produced and supported a number of publications in scientific journals and should support the wide distribution of results.	Project results widely disseminated and duplicated/integrated in other organisations/studies.	Q1 2013-Q4 2014
HIDES – phase 2	Screening of 14000 persons with 11 predefined indicator conditions.	2 presentations and publications and update of the guidance document.	Results by 2014
The Stigma Index – phase 2	Phase II "From evidence to Action" (2012-2013): Development of advocacy and actions in Estonia, Moldova, Poland, Turkey, Ukraine and Belarus	Report and country reports.	Result by 2013
HIV in Europe 2014 Conference	The HiE conferences in 2007, 2009 and 2012 have been of great success and important to strengthen collaboration and knowledge sharing across borders. There were more than 750 people at the three events. HIV in Europe 2014 Conference to be held in May 2014.	A fourth conference, addressing one of the key HIV issues in Europe will ensure that through the presentation of HiE project results and the platform for testing initiatives across Europe stakeholders from practitioners at the local level to the top policy-makers are aware of current issues in the field, including the achievements and the obstacles to success.	Q2 2014
5. Supplement in <i>HIV Medicine</i> on HIV testing and linkages to care in Europe	In 2008, HIV in Europe arranged a supplement in the peer-reviewed journal <i>HIV Medicine</i> based on the HIV in Europe 2007 (Conference) initiative: Issues challenges and opportunities for addressing optimal testing and earlier care. Since then, much research has been presented (not least at the HiE 2010 Conference) and not all has yet been published. Publishing summer 2013	<i>HIV Medicine</i> Supplement published and widely distributed on the websites of the initiative and its partners as well as by being indexed in PubMed/Medline and other relevant databases.	Q2-Q3 2013

6. Criminalisation of HIV and risk behaviours	Based on outcomes of meeting arranged for September 2012 by EATG/HIV in Europe Advocacy Secretariat, a concrete project proposal will be developed on the impact of criminalisation and legal aspects of testing and access to treatment.		2014
7. Evidence and practice of HIV counselling	Consensus definition of pre-test counselling – what is the evidence and what is the role of pre-test counselling/information in different settings? The role of post-test counselling – what works in reducing sexual risk taking and in scaling up HIV testing	Synthesis document on the evidence of pre-test counseling, best practice models, the role of post-test counselling	Q3 2013-Q3 2014
8. Hepatitis, particularly coinfection with HIV	Collaboration with hepatitis organisations on testing. Multidisciplinary research on hepatitis testing in Europe. Studies and advocacy related to HIV/hepatitis co infection.	A published review on viral hepatitis testing in Europe and a study on hepatitis/HIV testing linkages; collaboration with key hepatitis organisations like the Hepatitis Public Policy Association, the European Liver Patients Association and the World Hepatitis Alliance, to ensure that testing related activities in the region are coordinated and optimised and that guidelines are evidence-based.	Q1 2013-Q1 2014
9. The treatment cascade in Europe	From HIV testing to access to treatment – what are the obstacles across Europe?	Applied model for Europe	Q4 2013- 2014

Financial statement

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The HIV in Europe Steering Committee and Study Groups

HIV in Europe Steering Committee: Co-Chairs: Ton Coenen, AIDS Action Europe, Executive Director Aids Fonds & Soa Aids Nederland, Netherlands and Jens Lundgren, Professor & Chief Physician, University of Copenhagen & Rigshospitalet, Director, Copenhagen HIV Programme, Denmark, Members: Jordi Casabona, Scientific Director, Center for HIV/STI Epidemiological Studies of Catalonia Nikos Dedes, European AIDS Treatment Group (EATG), Greece, Valerie Delpech, Health Protection Agency, London, United Kingdom, José Gatell, Head, Infectious Diseases & AIDS Units, Clinical Institute of Medicine & Dermatology, Hospital Clinic, Professor of Medicine, University of Barcelona, Spain, Brian Gazzard, Professor of Medicine, Imperial College School of Medicine, HIV Research Director, Chelsea & Westminster Hospital, UK, Igor Karpov, Professor, Department of Infectious Diseases, Belarus State Medical University, Jürgen Rockstroh, Professor of Medicine University of Bonn and Head of an HIV outpatient clinic, Germany, Anders Sönerborg, MD, PhD, Professor, Department of Medicine Karolinska University Hospital, Sweden, Nino Tsereteli, Executive Director of “Center for Information and Counseling on Reproductive Health – Tanadgoma”, John de Wit, Professor and Director, National Centre in HIV Social Research, The University of New South Wales, and Visiting Professor of Social Psychology of Health and Sexuality, Utrecht University, Observers: WHO Regional Office for Europe, STI/HIV/AIDS Programme, Represented by Lali Kotenashvili, European Centre for Disease Prevention and Control (ECDC), Represented by Marita van de Laar, PhD, European Monitoring Centre for Drugs and Drug Addiction (EMCDDA), Represented by Lucas Wiessing, epidemiologist, principal scientist, The Global Fund to Fight AIDS, Tuberculosis and Malaria, Represented by Vitaly Zhumagliev, Centers for Disease Control and Prevention (CDC), Represented by Kevin Fenton, UNAIDS Regional Support Team ECA, Represented by Jean-Elie Malkin.

European Late Presenter Consensus working group: A Antinori, National Institute for Infectious Diseases “Lazzaro Spallanzani” IRCCS, Rome, Italy, T Coenen, Aids Fonds & Soa Aids Nederland, Amsterdam, the Netherlands, D Costagiola, INSERM, Paris, France, N Dedes, European AIDS Treatment Group, Brussels, Belgium, M Ellefson, National University Hospital and Univ. of Copenhagen, Copenhagen HIV Programme, Panum Institute, Denmark, J Gatell, Clinical Institute of Medicine & Dermatology, Hospital Clinic, University of Barcelona, Barcelona, Spain, E Girardi, National Institute for Infectious Diseases “Lazzaro Spallanzani” IRCCS, Rome, Italy, M Johnson, Royal Free Hampstead NHS Trust, London, UK, O Kirk, National University Hospital and Univ. of Copenhagen, Copenhagen HIV Programme, Panum Institute, Denmark, J Lundgren, National University Hospital and Univ. of Copenhagen, Copenhagen HIV Programme, Panum Institute, Denmark, A Mocroft, University College London Medical School, Royal Free Campus, London, UK, A d’Arminio Monforte, Department of Medicine, San Paolo Hospital, Milan, Italy, A Phillips, University College London Medical School, Royal Free Campus, London, UK, D Raben, National University Hospital and Univ. of Copenhagen, Copenhagen HIV Programme, Panum Institute, Denmark, J K Rockstroh, Medizinischen Universitätsklinik, Innere-Rheuma-Tropen Ambulanz, Bonn, Germany, C Sabin, University College London Medical School, Royal Free Campus, London, UK, A Sönerborg, Department of Infectious Diseases, Karolinska Institutet, Stockholm, Sweden, F de Wolf, HIV Monitoring Foundation, Amsterdam, the Netherlands.

Working Group on Estimation of HIV Prevalence in Europe (conveners: Andrew Phillips and Rebecca Lodwick, University College London Medical School, Royal Free Campus, London, UK)

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Panel on Guidance on Indicator Condition-Guided HIV testing in Adults: European Centre for Disease Prevention and Control, Sweden, represented by Marita van de Laar; WHO Europe, Denmark, represented by Lali Khotenashvili; Nathan Clumeck, CHU Saint-Pierre, Brussels, Belgium; Jose Gatell, Hospital Clínic – IDIBAPS, University of Barcelona, Spain; Brian Gazzard, Chelsea and Westminster Hospital, London, UK; Jens Lundgren, University of Copenhagen and Rigshospitalet, Copenhagen; Antonella d'Arminio Monforte, Infectious Diseases Unit, San Paolo University Hospital, Milan, Italy; Jürgen Rockstroh, Medizinischen Universitätsklinik, Bonn, Germany; Amanda Mcroft, University College London, UK; Ann Sullivan, Chelsea and Westminster Hospital, London, UK; Valerie Delpech, Health Protection Agency, UK; Martin Fisher, Royal Sussex County Hospital, Brighton, UK; Francesco Blasi, Alberto Mateelli, European Respiratory Society (ERS); Gabriele Arendt, Universitätsklinikum Neurologische Klinik Düsseldorf, Germany, European Neurological Society (ENS); Keith Radcliffe, European branch of the International Union against Sexually Transmitted Infections (IUSTI), Tallinn, Estonia; Deniz Gokengin, IUSTI Europe, Turkey; José Miro, Hospital Clinic IDIBAPS, University of Barcelona, Barcelona, Spain; Bruno Hoen, Centre Hospitalier Universitaire Hôpital Saint Jacques de Maladies Infectieuses et Tropicales, Besancon, France, on behalf of the European Society of Clinical Microbiology and Infectious Diseases (ESCMID); Erwin Tschachler, European Academy of Dermatology and Venereology (EADV); Anne-Françoise Gennotte, GP, Brussels VCT Center, Brussels; Mika Salminen, National Institute of Health and Welfare (THL), Helsinki, Finland (previously European Centre for Disease Prevention and Control).

The people living with HIV Stigma Index Advisory Group: Wojciech Tomczynski on behalf of ECUO (the Eastern European Network for People living with HIV), Henrik Arildsen on behalf of HIV Europe (the European Network for People living with HIV), Jurek Domaradzki on behalf of the European Aids Treatment Group, Julian Hows on behalf of GNP+, Ton Coenen on behalf of the HIV in Europe Steering Committee.

