Integrate

Joint Action on integrating prevention, testing and linkage to care strategies across HIV, viral hepatitis, TB and STIs in Europe

Joint Integrate, EuroTEST and European Testing Week National Stakeholder Meeting
11 April 2019, Zagreb, Croatia

Meeting report

EuroTEST
Working together for integrated testing and earlier care
Addressing Hepatitis, HIV, STIs and TB

EUROPEAN TESTING WEEK
TEST.TREAT.PREVENT.
www.testingweek.eu

Co-funded by the Health Programme of the European Union

Co-funded by
the 3rd Health Programme
of the European Union under Grant
Agreement nº 761319

DATE	11 April 2019 09:00-18:30
VENUE	Croatian Institute of Public Health, Zagreb, Croatia
SUBJECT:	Joint INTEGRATE, EuroTEST and European Testing Week National Stakeholder Meeting

ACTION POINTS			
#	**DESCRIPTION**	**PERSON/PARTNER IN CHARGE**	**DEADLINE**
1	Draft a document of the suggested systematic changes to national testing strategies outlined below and share with all attendees for review and comments. The final document would then be presented at the next National AIDS Commission meeting, with representatives from different ministries	Croatian partners with support from CHIP, Integrate partners	Before the next National AIDS Commission meeting in Croatia

The National Stakeholder meeting was hosted by the Integrate JA held in collaboration with EuroTEST and European Testing Week in Zagreb, Croatia. Agenda and list of participants to be found in Appendix A and B.
The main aim of the meeting was to bring together regional, national and local stakeholders to discuss current testing strategies for HIV, viral hepatitis and sexually transmitted infections in Croatia with a focus on the following key points:

- Current testing policy and practices in Croatia;
- How to align with European and international testing guidelines;
- Gaps and barriers to testing for the individual, provider and institutional levels;
- How to improve testing strategies including integrated testing and de-medicalisation of testing and linkage to care.

1. Discussion and outcomes

Welcome

Tatjana Nemeth Blažić (CIPH) welcomed all Croatian stakeholders, Integrate JA partners and international presenters to the meeting. The meeting aim was to discuss current testing strategies for HIV, viral hepatitis and sexually transmitted infections (STIs) and help to improve integrated testing in Croatia. Ivana Pavic Šimetin, Deputy Director of the Croatian Institute of Public Health, opened the meeting and welcomed all attendees. In Croatia, 40% of all HIV infections are diagnosed late, however integrated testing could be a method to reduce late diagnosis and improve efforts to eliminate of HIV, viral hepatitis, STIs and TB. Within the past 25 years, as part of the work done with the Global Fund to improve surveillance, a surveillance system has been built in Croatia and helped to develop a network of

anonymous testing, however, there is still more work that has to be done in order to move toward integrated testing.

Towards integrated testing

Situational analysis

Tatjana Nemeth Blažić (CIPH) and Mirjana Lana Kosanović Ličina (CIPH) presented on current national testing policies for HIV, viral hepatitis and STIs, existing barriers and planned policy updates. In the early 1990s, Croatia established its first National HIV Strategy in order to strengthen the national response to the HIV/AIDS epidemic to maintain a low-level epidemic and decrease the risk of HIV infection and transmission.

For viral hepatitis, in 2018, a National strategy for viral hepatitis was developed but is still currently in the process of being adopted. The main aim of the national strategy is to reduce the impact of viral hepatitis on people, society and the economy by 2030 through raising awareness of the general population, key populations and health care workers (including general practitioners) about prevention and risks of viral hepatitis, improved monitoring of the health sector response, a reduction of new infections with no new infections by 2030 and reduce the mortality caused by viral hepatitis.

Currently in Croatia, there is no national strategy or plan exclusively or primarily for the prevention and control of sexually transmitted infections (STIs). All diagnostic, treatment, and prevention measures of STIs in Croatia is integrated and implemented within the control and prevention measures for all infectious diseases in Croatia.

The main barriers for testing of HIV, viral hepatitis and STIs on the patient-level include low perception of risk, fear of results/that someone will find out that a person was tested, absence of will/time to get tested and not knowing where to get tested. Additionally, uptake of testing can be largely influenced by stigma and discrimination, limiting accessibility of testing sites in some parts of the country. The high costs of oral rapid tests and the limited selection of rapid tests approved for use in Croatia also pose administrative barriers. On the legislative level, provision and uptake of testing services is limited by unfavourable laws in some risk groups which can limit the number of service providers who can provide them with care (particularly for sex workers).

The main challenges for testing in Croatia include capacity building in health care settings and community settings, increase of testing and re-testing of key groups in Croatia, especially for MSM, legislation on testing by non-medical staff to test for other STIs, upkeep of organisational and financial sustainability and improved surveillance.

Suggested actions to improve testing in Croatia include maintaining political will to sustain existing programmes and increase funding, strengthening community-based services particularly for key groups, securing more low-cost rapid test availability, intensify awareness on the importance of testing for key groups, promote more anti-stigma and discrimination awareness campaigns and improve surveillance.

Discussion

- There was a discussion that STI testing in Croatia needs the most improvement in the country, since there is no national plan or strategy.
- It was suggested that reluctancy from pharmacies in carrying self-tests could also be a barrier to providing more access to testing.

Introduction to INTEGRATE Joint Action

Dorthe Raben (CHIP/Integrate) provided an introduction to the INTEGRATE Joint Action. The overall objective of INTEGRATE, is to increase integrated early diagnosis and linkage to prevention and care of HIV, viral hepatitis, TB and STIs in EU member states by 2020. The method to achieve the objective is to examine existing tools for prevention, testing and linkage to care for HIV, viral hepatitis, TB and STIs and evaluate them to see if they can be adapted, extended and implemented for one or more of the four diseases in selected pilot countries. The national stakeholder meeting is part of the proposed interventions in the pilot countries to help establish dialogue in improving testing strategies.

Community perspective

NGO HUHIV/CAHIV

Arian Dišković (HUHIV) presented on HUHIV and their experience working in their community setting to address HIV, viral hepatitis and STIs. From their perspective, in order to effectively respond to HIV, viral hepatitis and STIs, there needs to be increased awareness for prevention of infection (increase knowledge in risk perception, awareness of transmission and making it the social norm), earlier detection of infection (effective testing approaches and quick linkage to care) and for all those who are tested positive are successfully on and retained into care and treatment. HUHIV's recommended response is to provide educational training for medical students and targeting efforts toward the youth and general public dealing with all behaviours that can lead to sexual and reproductive health risk. HUHIV's services and activities include psychosocial support, organising local and national public health awareness campaigns including targeted activities for key groups, the development of an educational mobile app and the establishment of CheckPoint Zagreb which provides community-based voluntary counselling and testing for HIV and HCV attributing to detecting 15% of new HIV infections in Croatia.

However, legislative barriers pose as a major challenge for NGOs due to the undefined regulation on rapid testing and who is allowed to conduct it (currently, non-medical staff are not allowed to do rapid testing) and no defined regulation on self-testing/sampling.

NGO ISKORAK

Zoran Dominković (ISKORAK) presented on ISKORAK's work and provided their perspective on current testing policies and practices from the community perspective. Since the HIV epidemic in Croatia is driven by MSM, ISKORAK primarily targets their services for MSM. ISKORAK provides free and anonymous testing for HIV and syphilis. From their perspective, in order to scale-up testing, there needs to be an increase in resources (more test kits, new MSM-friendly testing sites), changes in legislation to allow for the provision of lay provider testing and better-defined policy on self-testing/sampling. Additionally, current testing and linkage services need to improve—for ISKORAK, their goal is to have a

client linked to treatment within 72 hours, where some services in Croatia can take up to 2 weeks. Rapid tests need to be better utilised as from ISKORAK's experience, clients prefer rapid tests and the cost is lower. Testing needs to be better targeted to key groups and current counselling practices are often too long. Additionally, from their perspective, targeting educational training for general practitioners (GPs) may be ineffective because most LGBT people are not out to their GPs; GPs are often not skilled to talk about sex and the list of HIV indicator conditions (IC) is too long and unlikely for GPs to remember to test since Croatia is a low HIV prevalence country. Partner notification/contact tracing needs a modern approach taking into account the sex culture of MSM and more efforts should be made to destigmatise HIV and other STIs. In Croatia, there is a high burden of stigma for STIs.

ECDC HIV and hepatitis testing guidance: Overview presentation

Andrew Amato (ECDC) presented on the latest ECDC evidence-based public health guidance on HIV, hepatitis B and hepatitis C testing in the EU/EEA. The 2018 guidance was a result of an evaluation of the impact of the ECDC's 2010 HIV testing guidance, an ECDC survey that identified gaps in HBV and HCV testing policies and practices, new evidence and changing landscapes in the fields of HIV, HBV and HCV. The main objectives of the guidance were to provide an evidence-based framework to help EU/EEA countries develop, implement, monitor and evaluate their own national HBV, HCV and HIV testing guidelines and programmes, to support efforts to increase the coverage and uptake of HBV, HCV and HIV testing, while encouraging the integration of testing interventions for all three viruses and ultimately to contribute to reducing the number of individuals unaware of their infection by promoting early diagnosis and prompt linkage to care. The guidance development process began with systematic reviews, where the evidence was then synthesised into decision making tables, an expert panel then reviewed the evidence-based conclusions which led to the drafting and review of the final guidance. The guidance was settings-based by testing in health care settings including primary care, hospital and other health care settings and community settings, in addition to specific testing methods including self-testing/sampling and partner notification/contract tracing. The guidance also focused on which groups should be prioritised to test and the frequency to test. The guidance highlights the main elements of a monitoring framework for surveillance of HIV, HBV and HCV testing and case studies to exemplify the evidence.

Discussion

- A question was asked on whether the current guidance had recommendations on frequency of testing and use of PrEP. Currently, the guidance does not have specific recommendations on PrEP as it is being collected separately but the recommendation is to test every three months with a prescription of PrEP.
- ECDC decided to not include testing algorithms in the guidance since WHO is currently in the process of updating their guidelines and they did not want to duplicate the work.
- There was discussion on how ECDC and the audience define when a country has National Guidelines. Croatia does not have a specific written National Guidelines, but they have protocols developed by experts in the country. It was agreed that if in a national programme, there is a policy or chapter on testing, that should be considered the national testing guidelines/strategy and with the new guidance, ECDC is encouraging integrated testing guidelines for HIV, HBV and HCV with inclusion of targeted testing for at-risk groups.

Discussion of testing policies and practices in Croatia

Sanja Belak Škugor (University Hospital for Infectious Diseases, "Dr. Fran Mihaljević") moderated the discussion.

- Regarding the guidance, it was mentioned that its sometimes difficult to select which type of rapid screening test and provide quality control. The current guidance does not have a solution for selecting the most appropriate test, however, if possible, it may be advisable to have two options to ensure quality. The WHO has also their own guide for selection of tests for HIV and HCV.
- Legislation that does not support lay provider testing is one of the biggest barriers to scale-up of testing in Croatia. Self-testing is already a method of a non-medical person being able to test but it's important to link to care if the result is reactive. Additionally, the cost of self-tests is a huge barrier. It was mentioned that procurement of rapid HIV tests at low cost from manufacturers outside Croatia could be an option to keep costs down, however, in Croatia, there are medical laws that do not allow the procurement of tests from outside of the country. It was proposed that an action point from this meeting and going forward is to persuade National Stakeholders to lobby for cheaper rapid tests.
- From the perspective of GPs in Croatia, GPs need more education and both parties (health care and community) need to work together. There is motivation in primary healthcare to scale-up testing, but more emphasis is on hepatitis than HIV. Plans for educational workshops for GPs to remind them about IC-guided testing and leaflets were developed and published. However, the list of ICs is too long, therefore it has been proposed to narrow down to the most common ICs—mononucleosis-like illness and recurrently pneumonia. These two conditions have seen high prevalence of HIV infection. The strategy moving forward is to develop educational workshops for GPs on ICs and how to build in prompts and reminders for GPs to test for HIV when they encounter these conditions.
- Stigma and discrimination are widely known as key issues in Croatia but no solutions have been made. In Croatia, stigma and discrimination could be comparable with words like bullying and/or gossip. There needs to be more efforts to educate GPs to be more comfortable with talking about sexual health and embed into GP practice similarly to drug or alcohol use. However, the experience in Croatia is that training and e learning efforts have not made an impact with GPs and some refuse to participate or collaborate in educational activities because they believe that HIV is not an issue in Croatia. Even amongst medical students, there still exists misconceptions about HIV and interest in HIV education is declining.
    - It was agreed that there needs to be more combined efforts between health care providers and NGOs to create more innovative ways to get GPs to talk about sexual health with their patients. It's important to outline their role of GPs in the continuum of care of HIV in Croatia. Additionally, the most impactful element from past trainings has been the direct interaction with someone living with HIV. Most GPs have not interacted with someone living with HIV and incorporating a personal component to educational training can be valuable.
    - Informal efforts have also been made in developing a network of LGBT-friendly GPs—a few attendees of local NGOs have come out to their GPs and if they had a good experience, those GPs are added to a list of LGBT-friendly doctors. There needs to be a

larger concerted effort to build a network of LGBT-friendly doctors for the entire country.

- Funding continues to be a problem in Croatia. Current funding allows for sustainability of efforts, however, if they want to expand and move forward, more longer-term models need to be adapted.
- In Croatia, the prison system is not within health care budget which creates an administrative barrier for funding. Additionally, there is no protocol on testing in prisons and closed settings—testing is only done if the patient initiates the request.
- There was discussion on how dermo-venerology specialists could be better utilised. It was commented that they aren't be used enough in scale-up of testing efforts and it could be a way to remove stigma from GPs. These specialists mainly specialise in only dermatology and it was suggested to change how they work and increase more specialisation in venerology, especially within medical students.
- For partner notification, there needs to be more modernised ways to provide PN and offer all types of PN to patients.
- A recommendation made was to draft a national strategy focussing on test finding, testing and linkage to care a present the case to policy makers because it is vital to have policy supporting your efforts.

Examples of integrated testing and linkage to care

HIV testing in practice and integrated into care in Croatia

Professor Josip Begovac (University Hospital for Infectious Diseases, University of Zagreb School of Medicine) presented on his experience with HIV testing in practice and integration into care in Croatia. HIV testing in Croatia is offered in hospital-based laboratories, community-based centres, transfusion centres and outpatient services, however, the majority of HIV infections are detected in community-based testing. Linkage to care in Croatia is generally optimal, with almost 50% of those newly diagnosed with HIV are linked to care within seven days. Late diagnosis of HIV is still a challenge with more than 50% of newly diagnosed being late, however, this may be an overestimation and in actuality be recent HIV infections as CD4 count is only measure at initial visit. To move forward in Croatia, it was suggested that targeted testing needs to be expanded to achieve earlier diagnosis—especially through an expansion of community-based STI services to make it more accessible for MSM and expand PrEP services to test for HIV and STIs.

Country case example: Mapping missed opportunities for testing in Portugal

Daniel Simões (GAT Portugal) on behalf of the Community Based Screening Network team presented on GAT's experience with integrated testing efforts in Portugal. GAT provided the biggest push for integrated testing in Portugal, however, their success was attributed to the very close connections to the health care system and the acknowledgment that the system needs to respond to the needs of the population—and cannot expect the same structure for everyone. GAT along with 18 community-based organisations, including 27 testing sites, formed a Community Based Screening Network to upscale and integrate screening for HIV, viral hepatitis and sexually transmitted infections in Portugal. The model of the network includes training (counselling, screening, transmission and surveillance), provision of rapid

tests with external quality control with a reference laboratory and a universal data collection form with centralised data analysis. It was emphasised that verticalized services focusing on one key population is limiting service provision, therefore there needs to be a more detailed approach because clients have more complex needs.

Country case example: Comprehensive testing services in Checkpoint Athens and Thess

Sophocles Chanos (Athens & Thess Checkpoint) presented on their experience in Greece in providing comprehensive testing services. In Greece, the HIV epidemic is primarily driven by MSM, however, results from the 2010 EMIS survey showed that almost 50% of MSM did not know where to get an HIV test. Before the economic crisis in Greece, testing was offered for free, however, since then, a fee was established. This new fee in addition to diagnostic test kit stock out and discriminative behaviour from health care providers posed barriers to testing in Greece. As a result, community-based Checkpoints in Athens and Thess were developed to provide non-clinical, LBGT-friendly comprehensive services based on a peer to peer model for HIV, HBV and HCV. Challenges to their model include the legal framework for de-medicalisation of rapid testing and funding. A new strategic plan is being drafted in collaboration with the national stakeholders (policy makers, community reps, etc.) to allow better integration and provision of community-based testing.

Country case example: Comprehensive approach to testing in MSM Checkpoint in Slovenia

Mitja Ćosić (Legebitra) presented on how their organisation provides integrated testing in Slovenia. In Slovenia, the majority of new diagnosis of HIV are among MSM, however, due to stigma, many are afraid to seek testing from their GPs and GPs are not comfortable talking about sexual health with their patients. At Legebitra, their team are primarily lay providers, however, they employ a nurse and doctor (who counsels as a peer) to collect specimens to test for HIV, hepatitis B and C, gonorrhoea and syphilis. The Slovenian National HIV Strategy 2017-2025 stipulates provision of community-based testing for MSM and funds Legebitra's services however, they are currently the only community-based organisation providing services in Slovenia and they are limited to only testing MSM. Legebitra works closely with the Institute of Microbiology and Immunology, Faculty of Medicine and the Department of Infectious Diseases, Ljubljana University Medical Centre and therefore can provide effective linkage to care. For those who do not test with their organisation, clients must go to their GP and receive a referral which can be a long process and possibly lead to loss to follow-up.

Discussion of presentations

Siniša Zovko (Croatian Red Cross) and Zoran Dominković (ISKORAK) moderated the discussion of the country case presentations.

- From the clinician's perspective, Croatia has the opportunity to reduce the epidemic through the expansion of PrEP, expanding community-based targeted testing for MSM and offering STI testing for MSM as an opportunity to get more people to test. It was suggested that perhaps the goal in Croatia should be changed to more sexual health education instead of targeting the epidemic and move towards STI and sexual health as a broader target, broader movement, and using discussions about PrEP to also educate on STIs testing.
- Funding is still a big issue, especially for community-based organisations in Croatia. From the GAT/Portugal model, they negotiated a different reimbursement system for their services in

that they are funded per activity/test with a maximum cut off. They set the price for each test and the activity (medical consultations), and secure additional funding sources to top up. However, in Croatia, EU funding is scarce, and lack of staff/resources pose challenges.

- In order to improve testing strategies for MSM, key points for a system change were suggested: 1) Allow lay provider/non-medical staff to conduct testing, 2) Provide simpler rapid tests, 3) Allow for self-testing/sampling, 4) Improve awareness and education on sexual health, in general.

Conclusion and Next Steps

Tatjana Nemeth Blažić (CIPH) and Mirjana Lana Kosanović Ličina (CIPH) moderated the Conclusions and Next Steps discussion.

- It was agreed that the next steps after the meeting is to draft a document of the suggested systematic changes to national testing strategies outlined below and share with all attendees for review and comments. The final document would then be presented at the next National AIDS Commission meeting, with representatives from different ministries **(AP)**.
    - Adaptation of National Testing Strategy to include new recommendations on integrated testing;
    - Provision of more accessibility and de-medicalisation of rapid tests, including self-tests (negotiate lower prices, assurance of accuracy, procurement of more variety of test options to be available in the country and allowance of lay provider testing);
    - Developing tangible solutions for addressing stigma and discrimination by first, defining the problem and then defining the solutions (e.g. a broader approach—talking about sexual health in general to normalise HIV, encourage people living with HIV to be their own advocates, educate GPs/health care staff/medical students and form network of LGBT-friendly GPs;
    - Secure funds – local level, EU funds (national operational plans outlining priority for each of the countries, structural funds/social funds, operational projects, funds), national systems;
    - Prioritise key groups, including MSM, sex workers and PWID, in prevention, testing and linkage to care efforts – more modern methods to disseminate results and minimise loss to care;
    - Conduct cost effectiveness analysis of the benefits of the interventions to showcase funds used compared to funds saved and provide rationale for more testing.

The purpose of the INTEGRATE Joint Action is to push the agenda of integrated testing, the MoH in the countries all nominated the organisations to be part of the project. The aim of Integrate is to identity the barriers hindering integrated testing, and report back to EU Commission the key issues in that they will help influence change within the Ministries of Health.

The meeting was finalised at 17:30.

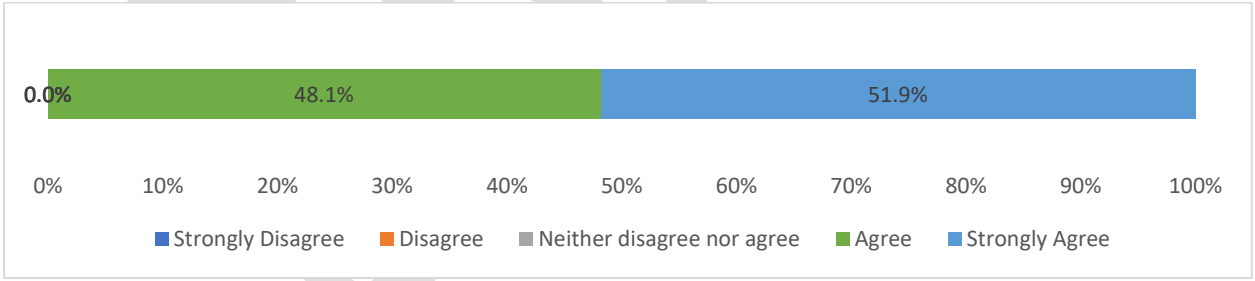
2. Meeting Evaluation

At the conclusion of the meeting, a short paper questionnaire was distributed to all attendees to provide feedback on the meeting. In total, 27 attendees completed the evaluation. Of the respondents, 44% were health care professionals, 26% were community health workers, 15% included social workers, psychologists and public health experts, 11% were other health-related occupations and 4% were government workers. In terms of occupational setting, 44% of respondents worked in community-based organisations, 37% worked in a public health institution, 7% worked in a hospital/clinic, 7% worked in other health-related setting and 4% worked in the government setting.

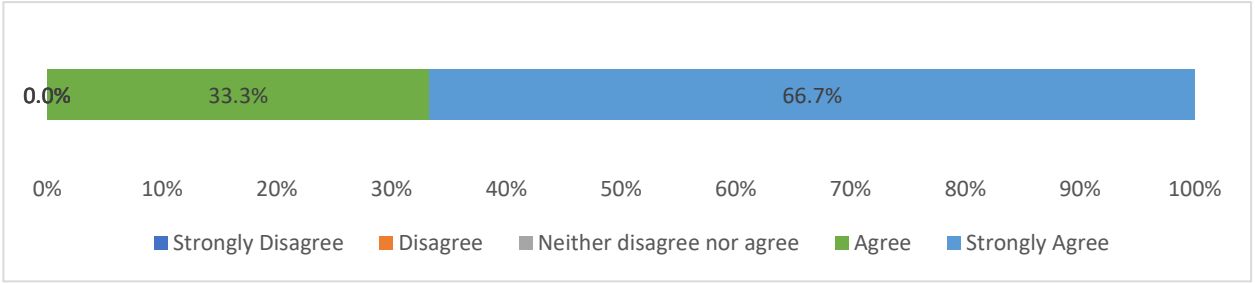
Attendees were asked to provide overall feedback on the meeting by grading their agreement based on a 5-point scale on seven statements: a score of 1 meaning they Strongly Disagreed with the statement to 5 meaning they Strongly Agreed with the presented statement.

All respondents agreed that the meeting met their expectations with more than half (51.9%) stated that they strongly agreed. All respondents agreed that the topics and presentations chosen were appropriate with 66.7% strongly agreeing. All respondents agreed that the presenters were engaging and well prepared with the vast majority (88.9%) strongly agreeing. The majority (74.1%) strongly agreed that the moderated discussions were useful and relevant and reported that there was good opportunity to discuss and network during breaks (77.8%). Although a large amount of respondents strongly agreed (66.7%) that there was a good representation of national stakeholders, 14.8% reported neither disagreeing or agreeing and 3.7% reported disagreeing with the statement. More than half (51.9%) strongly agreed that decisions/action points were made on how to move forward.

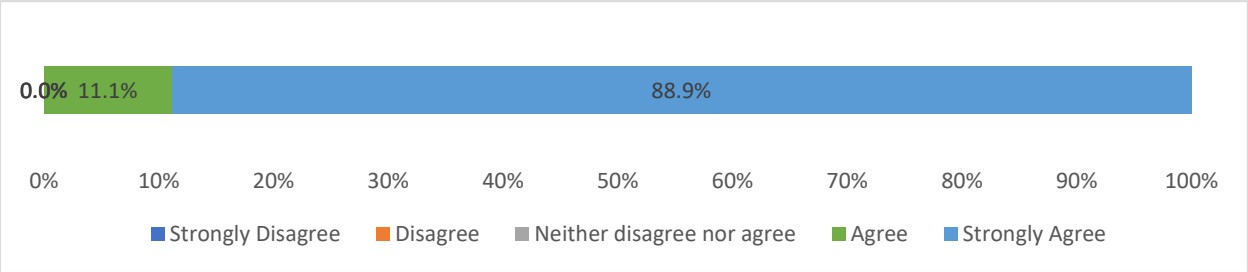
1. **The meeting met my expectations.**



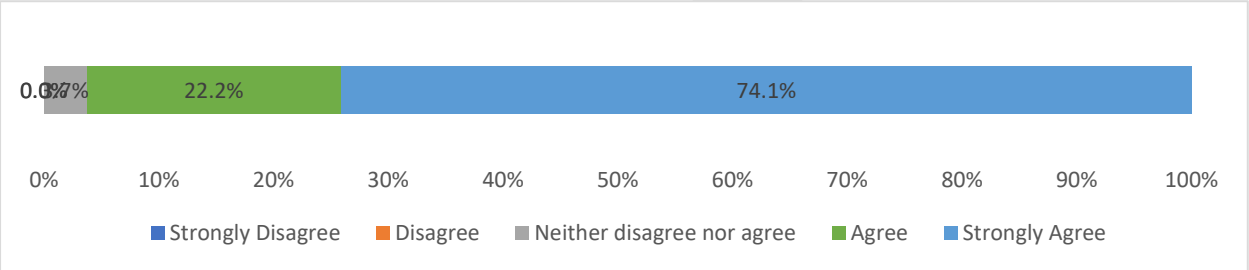
2. **The topics and presentations chosen were appropriate and useful.**



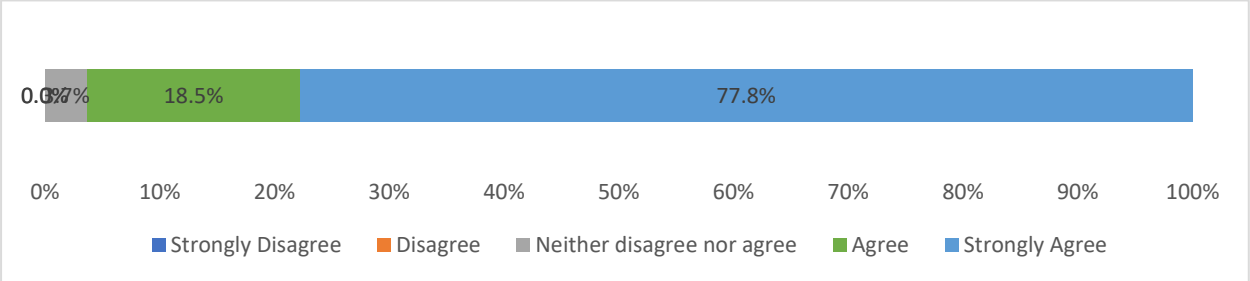
3. The presenters were engaging and well prepared.



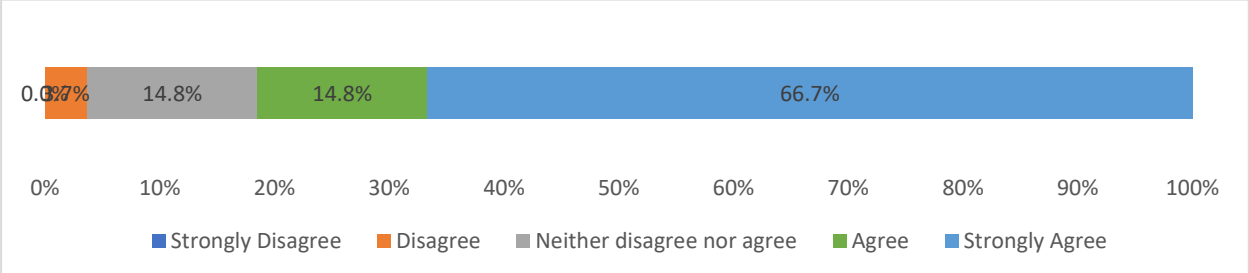
4. The moderated discussions were useful and relevant.



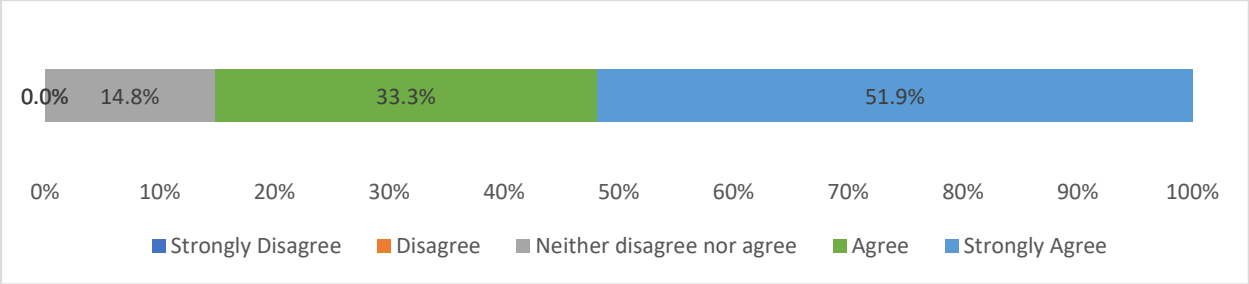
5. There was a good opportunity to discuss and network during breaks.



6. There was a good representation of all National stakeholders (NGOs/clinics/policy makers/experts etc). at the meeting.



7. Decisions/action points were made on how to move forward.



Respondents could also provide comments on topics that they would have liked to see and general comments on the meeting.

Report topics missing included:

"More on harm reduction."
" Decision makers' opinion"
"Policy makers missing"
"How to go from plan to action"
"Examples of strategies countries that successfully reduced stigma caused by religions"

General comments included:

"Absence of ministry was a problem and English training limits national stakeholders' communication"
"There just a few policy makers even though they were invited"
"More representation from healthcare system and decision makers"
"Too many presentations and slides - maybe more panel discussions"

Appendix A. Agenda

Time	Agenda	Presenter/Moderator
9.00-9.05	**Welcome note by Deputy Director of Croatian Institute of Public Health**	Ivana Pavić Šimetin, (CIPH)
9.05-9.15	**Welcome remarks and introductions**	Tatjana Nemeth Blažić (CIPH)
	Towards integrated testing	**Moderators: M. Lana Kosanović, Tatjana Nemeth Blažić (CIPH)**
9.15-9.25	JA Integrate - Joint Action on integrating prevention, testing and linkage to care strategies across HIV, viral hepatitis, TB and STIs in Europe	Presenter: Dorthe Raben
9.25-9.40	Situational assessment: • Current national testing policy on HIV, viral hepatitis and STIs • Current testing practices in specific settings • Planned policy updates - 5 minutes for questions	Presenters: Tatjana Nemeth-Blazic (CIPH) Mirjana Lana Kosanović Ličina ((TIPHAS)
9.40-10.05	Community perspective: • CheckPoint Zagreb – HR case example • Experiences implementing national policy in community settings • Limitations and barriers to providing services - 5 minutes for questions	Presenters: Arian Dišković (Croatian NGO HUHIV), Zoran Dominković (NGO Iskorak)
10.05-10.30	ECDC HIV and hepatitis Testing Guidance: Overview presentation: • Main topics and guidance - 5 minutes for questions	Presenter: Andrew Amato (ECDC)
10.30-10.50	**Coffee break**	
10.50-12.30	Discussion of testing policies and practices in Croatia - How can multi disease testing be scaled-up? - What are the barriers? - What needs to be changed? - How far is the reality from the ECDC guidance?	**Moderator:** **Sanja Belak Škugor, Tatjana Nemeth Blažić, M. Lana Kosanović**
12.30-13.30	**Lunch**	
13.30-13.40	**Summarisation of key points from morning presentations and discussion**	**Moderators:** **Tatjana Nemeth Blažić (CIPH), Sanja Belak Škugor**
	Examples of integrated testing and linkage to care	**Moderators:** **Ben Collins (ReShape, International HIV Partnerships, ETW), Zoran Dominković (Iskorak)**

13.40-14.00	HIV testing in practice and integration into care in Croatia - 5 minutes for questions	Presenter: Josip Begovac (University Hospital of infectious diseases „Dr. Fran Mihaljević“)
14.00-14.20	Country case example: Mapping missed opportunities for testing in Portugal - 5 minutes for questions	Presenter: Daniel Simões (GAT)
14:20-14:40	Country case example: Comprehensive testing services in Checkpoint Athens & Thess - 5 minutes for questions	Presenter: Sophocles Chanos (Athens & Thess Checkpoint)
14:40-15:00	Country case example: Comprehensive approach to testing in MSM Checkpoint in Slovenia - 5 minutes for questions	Presenters: Sebastjan Sitar & Mitja Ćosić, (Legebitra)
15.00-15.30	**Coffee break**	
15.30-17.00	**Discussion** - What can we learn from the country case examples? - Are the country case examples applicable in Croatia?	**Moderators:** **Siniša Zovko (Croatian Red Cross), Zoran Dominković (Iskorak)**
17.00- 18.30	**Conclusions and Next Steps:** • Conclusions and Action points from meeting • Recommendations and national agreements on priorities and next steps • Drafting of Consensus Paper	**Moderators:** **Tatjana Nemeth Blažić (CIPH)**
18.30	**End of meeting**	
19.00	**Dinner/Location** Restaurant BOBAN, Gajeva 9, Zagreb	

Appendix B. List of Participants

INTEGRATE Partners		
1.	Ana Slavikovski	KAM HIV, Croatia, GlaxoSmithKline d.o.o
2.	Andrew Amato	ECDC
3.	Arian Diskovic	HUHIV/Integrate
4.	Ariana Vince	University hospital for infectious diseases, "Dr. Fran Mihaljevic"
5.	Ben Collins	ReShape/IHP/ETW WG
6.	Bernard Kaić	Head of Epidemiology Division, CIPH
7.	Daniel Grubešić	Croatian Institute of Transfusion Medicine
8.	Daniel Simões	GAT/EuroTEST/ETW WG
9.	Danijela Fustin	HZJZ
10.	Darja Puškadija	VCT network, County Public Health Institute
11.	Dorthe Raben	EuroTEST/ETW/Integrate
12.	Dubravko Pogledić	NGO Iskorak/Integrate
13.	Hrvoje Tiljak	GP, University of Zagreb, School of Medicine
14.	Igor Ivić Hofman	VCT network, County Public Health Institute
15.	Iva Jovovic	FLIGHT/Integrate
16.	Iva Pem Novosel	VCT network, CIPH
17.	Josip Begovac	Reference Center for HIV/AIDS, University hospital for infectious diseases "Dr. Fran Mihaljević"
18.	Josip Kresović	NGO HUHIV/Integrate
19.	Josipa-Lovorka Andreić	CIPH
20.	Julijana Hađina	GP
21.	Karlo Kožul	VCT network, County Public Health Institute
22.	Katarina Zahariev Vuksinic	CIPH
23.	Kristina Brkić	CroMSIC representative Medical student
24.	Kristina Sekulić	VCT network, County Public Health Institute
25.	Lana Crnjac	European Liver Patients' Association
26.	Lauren Combs	EuroTEST/ETW/Integrate
27.	Maja Erceg	NGO HUHIV/Integrate
28.	Marija Delaš Aždajić	Sestre Milosrdnice University Hospital Center
29.	Marija Mašanović	VCT network, County Public Health Institute
30.	Marine Gogia	EATG/ETW WG
31.	Mirjana Lana Kosanović Ličina	NFP for HIV/AIDS, STI and hepatitis B/C (HASH programme), Teaching Institute of Public Health "Andrija Štampar" (TIPHAS)
32.	Mitja Ćosić	Legebitra
33.	Nada Duić	VCT network, County Public Health Institute
34.	Nevenka Mardešić	NGO HELP
35.	Petra Smoljo	CIPH/Integrate
36.	Petra Tomaš Petrić	VCT network, County Public Health Institute
37.	Rade Novičić	Prison and probation system directorate, Ministry of Justice

38.	Sanja Belak Škugor	University hospital for infectious diseases “Dr. Fran Mihaljević
39.	Sanja Mikulić	Head of Service for combating drugs abuse, CIPH
40.	Sebastjan Sitar	Legebitra
41.	Šime Zekan	University hospital for infectious diseases, “Dr. Fran Mihaljevic”
42.	Siniša Zovko	Croatian Red Cross
43.	Sophocles Chanos	Positive Voice/Athens & Thess Checkpoint
44.	Stine Finne Jakobsen	EuroTEST/Integrate
45.	Suzana Mušković	VCT network, County Public Health Institute
46.	Tanja Staraj Bajčić	VCT network, County Public Health Institute
47.	Tatjana Mušlin	Croatian Institute of Transfusion Medicine
48.	Tatjana Nemeth-Blazic	CIPH/Integrate
49.	Tatjana Vilibić Čavlek	CIPH
50.	Tomislav Beganovic	HUHIV/Integrate
51.	Tomislav Đidara	Ministry of Health of Republic of Croatia
52.	Vedrum Šćumć	HZJZ
53.	Vera Katalinic Jankovic	Ministry of Health of the Republic of Croatia, Assistant Minister
54.	Željko Petković	Assistant Director for combating drugs abuse, CIPH
55.	Zoran Dominković	Iskorak/Integrate
56.	Zoran Lešenko	NGO Hepatos Rijeka
57.	Zvonimir Penić	Ministry of justice, Prison and probation system