RESPONDING TO **HIV/AIDS, VIRAL HEPATITIS AND TUBERCULOSIS** RISE IN THE EU

EU HEALTH PROGRAMME CONTRIBUTION
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INTRODUCTION

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In Europe, HIV/AIDS, viral hepatitis, sexually transmitted infections and tuberculosis pose the greatest risk to key population groups that are often socially marginalised and may be subject to social stigma, such as prisoners, injecting drug users, homeless people, migrants, as well as men who have sex with men (MSM).

Social conditions further aggravate the possibility to reach out to these groups and create barriers for people to access essential health services for prevention, diagnosis, treatment and care. These barriers require specifically tailored measures to ensure that prevention and medical care efforts are effective.

Since 2003, three Public Health Programmes have identified the need for an integrated approach to the response to HIV/AIDS, viral hepatitis, sexually transmitted infections and tuberculosis epidemics. Pilots in several EU Member States, have demonstrated the added value of the integration of efforts at various levels ensuring:

- a continuum of care: from testing to follow-up of early diagnosis and treatment, including confirmation of diagnostic, linkage to care, retention into care and reduction of risky behaviours;
- cooperation across institutions and administrations: from public health to cross-cutting approaches including social services, access to the health care system, equality of treatment for key populations, and fighting against discrimination and stigma;
- fundamental rights and promoting changes in existing regulations, or legislations to improve access for the most vulnerable social groups to prevention packages, including early diagnosis, treatment and harm reduction measures;
- outreach towards all persons at risk: from low threshold primary health care settings to community health services, including homeless hosting wards, prisons, and safe injecting houses for people who use drugs; and associating health care professionals and social workers, community associations, civil society NGOs and peer support groups of key populations.

Integration of tools and policies is also at the core of the Staff Working Document on combatting HIV/AIDS, viral hepatitis and tuberculosis, and whose main aim is to present the existing policy frameworks, approaches, guidance, experiences and best practices that were used, transposed and adapted to help the EU Member States improve their response and reach the Sustainable Development Goals by 2030.

Member States’ decision makers, national institutions, civil society organisations and stakeholders who want to develop new, effective actions to improve the situation of HIV, viral hepatitis, sexually transmitted infections and tuberculosis will have access to the Health Policy Platform section that provides:

- outlines the different policy support tools available at EU level;
- shows good practices with reference to the implementation strategies and paths followed in previous actions, as well as full access to the public deliverables.

Whereas in some parts of the European Union, the on-going outbreaks have come under control, in other parts of the EU, the rate of new infections is increasing at a preoccupying rhythm in key populations. Therefore, there is no room for complacency and sustained efforts must be maintained.

The objective is that we work with Member States and stakeholders to remain fully committed to support and help coordinate Member States actions toward eliminating HIV/AIDS, viral hepatitis, sexually transmitted infections and tuberculosis in the future, based on the most effective, efficient and proven interventions.

1  https://webgate.ec.europa.eu/hpf/
RESPONDING TO HIV/AIDS, VIRAL HEPATITIS AND TUBERCULOSIS RISE WITH THE EU HEALTH PROGRAMME SUPPORT

By encouraging cooperation between EU experts, civil society, community associations and public institutions, the Health programme contributes to building public health capacities. It creates a knowledge brokering hub where the transferability of best practices in the field of HIV/AIDS, viral hepatitis and tuberculosis can be promoted. The health programme interventions promote evidence-based policies and practices that effectively address the needs of sexual health promotion and disease prevention across the continuum of care.

In the third phase of the Health Programme 2014-20, the EU has invested over EUR 11.6 million as co-funding for activities implemented by participating countries organisations. These activities worked to address priorities such as: tackling existing challenges related to prevention, early detection and linkage to care, and harm reduction of HIV/AIDS, viral hepatitis and tuberculosis.

The Health Programme actions have identified, piloted and implemented best practices that contribute to fulfilling the EU policies which target the groups that reflect the European-concentrated epidemic. They focus on the needs of Men who have Sex with Men (MSM), people who use drugs (PWUD), migrants, ethnic minorities, prisoners and sex workers.

This brochure presents a selection of 11 actions that are on-going or recently finalised, and their concrete results will be presented during the AIDS 2018 conference. The specific Health Programme actions results can be consulted in the Health Programme database (https://web-gate.ec.europa.eu/chafea_pdb/health/).

HA-REACT

The HA-REACT Joint Action is expected to contribute to the overall objective of zero new HIV infections, reduced HCV and TB among PWID in the EU by 2020. Its purpose is to improve capacity to respond to HIV and co-infection risks and provide harm reduction information with focus on people who inject drugs in the EU. Several activities have been carried out across the EU so far.

In order to improve early diagnosis of HIV, TB and viral hepatitis as well as linkage to care for PWID, an interactive training manual on HIV, HCV and TB testing in low threshold settings for PWID, with special focus on women and peers was developed.

In order to improve scale-up harm reduction services in the EU, based on Latvian and Lithuanian case studies, study visits, workshops on improving harm reduction measures were made. In Latvia, a mobile unit is working at the National exchange of needles and syringes programme (NSP).

To increase harm reduction and improve continuity of care for PWID in prisons, trainings have been organised in Warsaw and Luxembourg. A condom distribution pilot is underway in a Czech prison. Prison health information materials are online (http://harmreduction.eu).

To improve the provision of integrated HIV, HCV and TB treatment and harm reduction for PWID, workshops – study visits to Portugal were held for Estonian and Czech experts, to learn about integrating harm reduction services in the mobile unit.

In order to update national programmes to overcome barriers to responding to HIV, TB and HCV-related needs of PWID in the EU, a survey on barriers to access of harm reduction services, meetings on financing of harm reduction services and their sustainability were organised. A guidance on funding mechanisms was developed.

3 PWID – people who inject drugs.
INTEGRATE focuses on how effective tools for diagnosis and linkage to care in one disease area can be used in others. This is done through review of existing tools, followed by adaptation and piloting of the tools in other disease areas. The INTEGRATE JA main objective is to integrate early diagnosis and linkage to prevention and care of HIV, viral hepatitis, TB and STIs in EU Member States by 2020.

INTEGRATE focuses on capacity building and knowledge sharing among partners. And central is the work to identify best practices in testing and linkage to care, and efforts to improve sustainability at the national level through policy development.

The main activities of INTEGRATE are:

- Mappings and literature reviews on main topics (partner notification, self-testing, ICT-tools, integrated testing, national surveillance integration of data)
- Pilot implementation projects in 12 countries testing tools and interventions across the main topics and disease areas
- Regional Workshops to be held in Estonia, Italy and Poland in 2019-2020 for training purposes

ESTICOM's purpose is to strengthen the community response and raise awareness about the persisting legal, structural, political and social barriers hindering a more effective response to the syndemics of HIV, hepatitis B and hepatitis C viruses, and other sexually transmitted infections (STI) among gay, bisexual and other men that have sex with men (MSM). To achieve this purpose, three interlinked objectives were defined.

A European online survey of community health workers (ECHOES). A review of available knowledge and trainings for community health workers (CHW) working with MSM in Europe informed the development of a questionnaire. This first ever survey for European CHW was translated in 16 languages, went online from October 2017 to January 2018, and had 1,035 respondents from 36 countries. The ECHOES survey report is expected in early 2019.

A European online survey of MSM community health workers (EMIS-2017): A literature review was undertaken to inform the design of the EMIS 2017 questionnaire. The EMIS 2017 survey went online in 33 languages, from October 2017 to January 2018, with 137,000 responses. The EMIS 2017 survey report is expected in early 2019.

A Training for MSM-focussed Community Health Workers (CHW). The Training Programme’s aim is to increase the knowledge and skills of CHW in order to improve access to HIV, STI, viral hepatitis prevention and health care for MSM. A Training of Trainers programme and National Pilot trainings have been prepared. The final training programme will be revised by August 2019.

4 Syndemic: synergistic epidemic is the aggregation of two or more concurrent or sequential epidemics or disease clusters in a population with biological interactions, which exacerbate the prognosis and burden of disease.
EARLY DETECTION OF TUBERCULOSIS CONSORTIUM (E-DETECT TB)

The overall objective of E-DETECT TB is to contribute to a decline, and the eventual elimination, of TB in the EU by addressing TB in key vulnerable groups identified through the surveillance system in each respective country.

To ensure early diagnosis in vulnerable populations and to strengthen care integration using an outreach strategy, a van was equipped with a digital mobile screening unit, it is set to screen vulnerable groups of TB in Romania and Bulgaria.

To evaluate approaches to consolidate migrant TB detection and improve European cross-border management, active and latent TB screening in Italy took place. The screening of newly arrived migrants in Sicily and latent TB of settled migrants in Brescia was undertaken.

E-DETECT TB has established a multi-country database on migrant TB screening to inform the identification and harmonisation of cost-effective migrant screening strategies in the EU.

To support the development of action plans in EU/EEA Member States and to inform an expert meeting to develop a TB strategy toolkit, a survey was carried out.

BRIDGING THE GAP IN THE TREATMENT OF HEPATITIS C (HEPCARE EUROPE)

The HepCare Europe project objective is to improve access to HCV testing and treatment among key risk groups, through community outreach and the integration of primary and secondary care services.

In order to improve screening and linkage to care for vulnerable populations, over 2,000 people have been screened in community and prison settings, 728 (34.2%) were HCV positive.

HepCare Europe has linked to care the patients found positive for hepatitis virus and effectively treated patients, using an outreach nurse and peer support programme.

An educational programme has been created on HCV management and a cost effectiveness evaluation of the HepCare Europe Model is in progress.

AIDS ACTION EUROPE – STRONGER TOGETHER (AAE)

The AAE network is a unique player with substantial added value for European policy making and programme implementation in the response to HIV/AIDS, TB and viral hepatitis.

In 2018, AAE’s activities address core thematic areas. AAE:

- contributes effectively to the HIV, TB and hepatitis response by serving as secretariat of and co-chairing the EU HIV/AIDS, Hepatitis and TB Civil Society Forum;
- provides platforms to communicate and facilitate collaboration, linking and learning through AAE Clearinghouse (CH), website and social media;
- supports and facilitates national and regional advocacy efforts on ‘Affordability of medicines and access to treatment’, by organising trainings and webinars.
STRENGTHENING THE ROLE OF CIVIL SOCIETY WITHIN THE TB RESPONSE IN EUROPE – TB COALITION NETWORK (TBEC)

Established 2009, TB Europe Coalition is a network of civil society organisations and individuals from across WHO Europe region. The network aims to support civil society organisations and activists in their advocacy role at national level, and to coordinate and carry out evidence-based TB policy advocacy at regional and international level.

In 2018, TB Europe Coalition will work in four key areas:
- Governance and Accountability: with registration as a legal entity in the Netherlands;
- Communications and Outreach: with members via TBEC website, social media;
- Policy and Partnerships: advocacy at national, regional and global levels ahead of the UN High Level meeting on TB;
- Skills and Knowledge: capacity building activities for TBEC members, ranging from webinars and country-based workshops.

EUROPEAN HARM REDUCTION NETWORK (CORRELATION)

The overall objective of Correlation Network is to improve the access to and the quality of harm reduction services for PWUD, and to enhance policies and practices that increase their social inclusion.

The 2018 annual work plan is organised in the network pillars:
- Strengthen the network and the collaboration with and between members and partners
- Monitoring, data collection and evidence in drug use and harm reduction
- Capacity building and knowledge exchange with an online training hub and the European Harm Reduction Conference organised in 21-23 November 2018, Bucharest
- Advocacy for sufficient coverage of harm reduction programmes in Europe.

OPERATIONAL KNOWLEDGE TO IMPROVE HIV EARLY DIAGNOSIS AND TREATMENT AMONG VULNERABLE GROUPS IN EUROPE (EURO HIV EDAT)

The Euro HIV EDAT project aimed to generate knowledge to better understand the role and impact of CBVCT centres, explore the use of innovative strategies based on new technologies, and increase early HIV diagnosis and access to treatment in Europe among the most affected groups.

Key achievements include:
Monitoring & Evaluation of CBVCT, 31 CB-VCT services from the COBATEST network reported a total of 168,409 clients tested for HIV, with 1.3% HIV reactive tests (https://eurohivedat.eu/arxius/ehe_docsmenu_docsmenu_doc_106-20131101_D03_00_OTH_1_EN_PS.PDF)

Toolkit for the implementation of Checkpoints – translated to several languages, including most of the outputs of EUROHIVEDAT (http://msm-checkpoints.eu/content/fr/)

5  PWUD: People who use drugs.
OPTIMISING TESTING AND LINKAGE TO CARE FOR HIV ACROSS EUROPE – OptTEST

The OptTEST project aim was to contribute towards a reduction in the number of people who are living with undiagnosed HIV, and those who are diagnosed at a late stage of infection in Europe. It also promoted timely treatment and care. The OptTEST project has contributed to:

- better understanding of the treatment cascade and obstacles to effective treatment access, and variations in different settings and regions;
- increased testing offers and uptake in identified health care settings through indicator condition (IC) guided HIV testing;
- evidence-based strategies to overcome the testing and treatment hurdles that stigma create was developed.

CAPACITY BUILDING IN COMBINING TARGETED PREVENTION WITH MEANINGFUL HIV SURVEILLANCE AMONG MEN WHO HAVE SEX WITH MEN (SIALON II)

The Sialon II project aim was to implement innovative surveillance methodologies for hard to reach populations, like MSM, in line with the SGSS approach. Sialon's main outcomes were:

- bio-behaviour survey with 4,116 MSM tested for HIV using Time-Location Sampling (TLS), and in the Respondent-Driven Sampling (RDS) survey, MSM were also tested for Syphilis and viral hepatitis B and C.
- Global AIDS Monitoring indicators (GAM) estimates, such as the HIV prevalence estimates (GAM 1.14) ranging from 2.4% in Stockholm to 18.0% in Bucharest.

FIND OUT MORE

Directorate-General for Health and Food Safety of the European Commission (DG SANTE)
https://ec.europa.eu/health/communicable_diseases/sexually_transmitted_infections_en

European Centre for Disease Prevention and Control (ECDC)

European Monitoring Centre for Drugs and Drug Addiction (EMCDDA)

Consumer, Health, Agriculture and Food Safety Agency (Chafea)