



EUROPEAN COMMISSION
DIRECTORATE-GENERAL FOR HEALTH AND FOOD SAFETY

Public health, country knowledge, crisis management
Crisis management and preparedness in health

Luxembourg,
SANTE DDG1 - C3/JLS

REPORT ON THE 1ST HIV/AIDS, HEPATITIS AND TUBERCULOSIS THINK TANK MEETING

HELD ON 21 AND 22 JUNE 2017

1. PRELIMINARY REMARK

This report is not a verbatim of all that was said during the meeting of the Think Tank, it summarises the main considerations developed by participants.

Presentations are available for all members of the dedicated group created on the Health Policy Platform at the following address

<https://webgate.ec.europa.eu/hpf/network/home/2>

2. PARTICIPANTS

2.1. From Commission

DG SANTE

- John-F. Ryan - Director SANTE C Public health, country knowledge, crisis management,
- Wolfgang Philipp - Acting Head of Unit of SANTE C3 Crisis management and preparedness in health
- Jean-Luc Sion - Policy Officer in charge of the HIV/AIDS, viral Hepatitis and Tuberculosis file
- Miriam Casula – Trainee
- Jürgen Scheftlein – Policy Officer in charge of the Health Policy Platform
- Abigail Moreno Gines – Health Policy Platform

CHAFEA

- Cinthia Menel-Lemos Project Officer CHAFEA 2 – Public Health

DG RTD

- Alessandra Martini Project Officer - Scientific Research / HIV/AIDS
RTD.DDG2.E.3 Fighting infectious diseases and advancing public health

- Hannu LAANG (RTD); Project Officer - Scientific Research / Tuberculosis RTD.DDG2.E.3 Fighting infectious diseases and advancing public health

DG HOME

- Andrzej Kosnikowski Policy Officer HOME.DDG2.D.3 Organised Crime and Drugs Policy

2.2. From EU Member States

We still have 3 Member States, Greece (EL), Ireland (IE) and Italy (IT) which have not designated their official representatives to the Think Tank;

- | | |
|---------------------------------|----|
| • Irene Kaszoni-Ruckerl | AT |
| • Veronika Šikolova, | CZ |
| • Ines Perea | DE |
| • Jan Fouchard | DK |
| • Aljona Kurbatova | EE |
| • Henrikki Brummer-Korvenkontio | FI |
| • Jean-Christophe Comboroure | FR |
| • Iva Pejnović Franelić | HR |
| • Patrick Hoffmann | LU |
| • Jurgita Pakalniskiene | LT |
| • Vija Ozoliņa | LV |
| • Marcel De Kort | NL |
| • Anna Marzec-Bogusławska | PL |
| • Isabel Aldir | PT |
| • Irena Klavs | SI |
| • Koye Balogun | UK |

SP participated in Audio, MT for their presentation only

The following Member States could not be present: BE, BG, CY, HU, RO, SE SK

2.3. From EEA, applicant and neighbouring countries

- | | |
|-----------------------|---------------------|
| • Johan Myrberg Arild | NO |
| • Vladimir Shoukhov | Governmental Russia |

2.4. Civil Society Forum representatives

- | | |
|---------------------------|-----------|
| • Sini Pasanen | CSF – AAE |
| • Andrej Senih | CSF-EATG |
| • Michael Krone | CSF - AAE |
| • Ann Isabelle Von Lingen | CSF-EATG |

2.5. Observers

ECDC: Amato Andrew, Teymur Noori, Marieke Van Der Werf

EMCDDA: Isabelle Giraudon

TB programme of the Barents Euro-Arctic Council (BEAC): Zaza Tsertelli

WHO: Martin Christopher Donoghoe

UNAIDS: Henning Mikkelsen

3. TOPICS ADDRESSED DURING THE MEETING

3.1. Introduction and adoption of agenda

Wolfgang Philipp, briefly welcomed participants and recalled that

- The HIV/AIDS Think Tank and the HIV/AIDS Civil Society Forum have been renewed to better include the two additional diseases of viral hepatitis (B and C) and tuberculosis.
- The organisation of the work of the Think Tank and the future cooperation with the Civil Society Forum need to be redefined to properly take into account the three diseases (instead of just HIV/AIDS).
- The HIV Action Plan 2014-2016 has come to an end without being renewed
- Many projects on HIV, Hepatitis B&C and Tuberculosis continue to be supported through the Health and Research Programmes.

3.2. Adoption of previous meeting minutes

No previous minutes were available.

3.3. Introduction of new members

All present members took this opportunity to introduce themselves.

At some point during the meeting some of the Members of the Think Tank highlighted the fact that, for most of them they were not necessarily competent for all three diseases covered by the new perimeter of competences of the Think Tank.

It was then agreed that, on an ad-hoc basis and when deemed necessary/appropriate, they could invite colleagues with the necessary competence (on Tuberculosis, for instance) to join the meeting.

3.4. Commission activities since the last meeting

SANTE C3 Chair outlined the political activities since the last meeting of the Think Tank:

3.4.1. SDG Communication

- The political commitment at EU level to act on HIV/AIDS, viral hepatitis B & C and tuberculosis was reaffirmed in the Communication on Sustainable European Future, adopted on 22 November 2016 where the Commission reiterated its political commitment to: "help support Member States in their efforts to end the epidemics of AIDS and TB and reduce Hepatitis".
- The focus will now be on supporting the implementation of concrete actions at national level by Member States in their national efforts to reach the renewed international targets and goals on HIV/AIDS, hepatitis and tuberculosis which all EU Member States have recently subscribed to. More needs to be

done now to implement the objectives contained in these internationally agreed normative documents.

3.4.2. *European Parliament Resolution.*

Before the meeting of the Think Tank, the ENVI Committee adopted a draft motion for a resolution which has been submitted to the EP plenary vote on 6th July 2017, co-sponsors call on the Commission and the Member States:

- to develop a comprehensive EU Policy Framework addressing HIV/AIDS, TB and Hepatitis C, bearing in mind the different situation and specific challenges of EU Member States and their neighbouring countries,
- to strengthen work with communities and vulnerable people through multi-sectorial cooperation, and
- to ensure the adequate level of spending and resource mobilisation necessary to achieve SDG 3.

Since the meeting

The Resolution on the EU's response to HIV/AIDS, Tuberculosis and Hepatitis C EP was adopted on 6th July 2017 by show of hands. During the debate at the plenary on 3rd July 2017 the MEPs made similar remarks/requests as the ones reflected by the adopted Resolution:

- requested the Commission to present a policy framework/strategy on HIV/AIDS TB and hepatitis to help Member States meet the SDG targets on these three diseases ,
- requested the Commission to replace the HIV/AIDS Action Plan which expired in 2016;
- stressed the need to facilitate access to affordable innovative treatments also for the most vulnerable groups and
- to work on combatting the social stigma associated with HIV infection;
- to tackling the emerging antimicrobial resistance crisis, including funding research and development of new vaccines as well as innovative and patient-centred approaches, diagnostics and treatment for tuberculosis.

3.5. Update from EU Presidencies – Malta – Estonia – The Netherlands

3.5.1. Malta Declaration & Follow-up

Charmaine Gauci from the Maltese Presidency team gave a detailed presentation on the Malta Declaration.

Malta had planned to give a follow-up to the 2004 Dublin Declaration on Partnership to Fight HIV/AIDS in Europe and Central Asia (signed by Health Ministers from the WHO European region) and the Ministerial conference on HIV organised by the Italian EU Presidency in 2014.

The Maltese Presidency organised a technical expert meeting on HIV/AIDS on 30-31 January 2017 in collaboration with the ECDC.

3.5.2. Informal Council meetings

During the informal EPSCO meeting on 20 March 2017, the so-called "Malta Declaration" which remains rather high-level in terms of recommendations (pointing to overall issues that need to be addressed like: testing, prevention, access to treatment, etc.) was supported by Member States.

The debate centred on the Member States commitments (in the context of the UN High Level Meeting in 2016 and the Sustainable Development Goals) to end HIV/AIDS by 2030. Calls for a new EU policy framework/strategy came from Slovakia and The Netherlands.

3.5.3. Estonian Presidency Conference 12&13 December 2017 Tallinn

This official event in the programme of the Estonian Presidency will build on the Malta Declaration on HIV/AIDS "Call for fast tracking actions on HIV towards ending the AIDS epidemic by 2020 in the European Union" and on the Tallinn Charter "Health Systems for Health and Wealth".

The objectives of the meeting will be to:

- continue discussions started by the Maltese Presidency with the emphasis on financing HIV and TB services and ensuring their sustainable integration into national health systems;
- identify and share good practices to overcome the challenges in transition to domestic funding and sustainable health planning and integration of HIV and TB response to national health systems.

The meeting intends, as a result, to develop and endorse recommendations on ensuring sustainable funding of HIV and TB response and its integration to health systems that include:

- Identification of key challenges, gaps and needs;
- Establishment of key principles and resources needed to achieve success;
- Different strategies based on good practices from other countries and additional regional and national solutions (social contracting laws, transition planning processes etc).

The Estonian Presidency will target to limit participation to 100 participants from:

- Ministries of Health and Finances of the EU Member States
- the governmental institutions from Eastern Partnership and Balkan countries in transition
- the European Commission: DG SANTE, DG DEVCO, DG NEAR
- international organisations: WHO, GF, UNAIDS and relevant EU and UN technical agencies including the World Bank.

3.5.4. *AIDS 2018 23-27 July 2018 Amsterdam*

The Netherlands would want to focus this meeting on the following aspects:

- Key populations contaminated by HIV/AIDS in terms of access to testing and care
- Social determinants, factors generating discrimination and stigma and human rights aspects
- Eastern Europe and central Asia countries being severely hit by the pandemic (Russian interpretation will be available to facilitate exchanges)

In order to fuel the exchange of experiences, the Netherlands intend to showcase their positive experiences and practices which demonstrated efficiency implemented in the country.

Further information should be available in the coming months.

DE suggested that the Commission could hire a booth on the Global Market of the event to showcase its action and provide an opportunity to MS (which would not be in a position to hire such a booth) to be represented on the Commission stand.

3.6. Welcome address by John-F Ryan Director SANTE C

In his welcome address to the members of the Think Tank, John-F Ryan confirmed that he was glad to have revived the Civil Society Forum (CSF) and the Think Tank (TT) by extending their mandate to HIV, TB and Hepatitis. He also welcomed the fact that membership of the CSF & TT continues to encompass neighbourhood countries to support NGO's in these countries.

He considered that it was now important to define what each group can bring to the improvement of the situation regarding these three conditions and announced that the Commission will use both groups as sounding boards to identify and discuss issues which concern the public health policy within the frame defined by the Sustainable Development Goals (SDGs); for instance the:

- necessary reinforcement of surveillance and alert systems
- gaps in knowledge which could be addressed through research
- vulnerable groups, stigma and discrimination
- access to effective, accessible and resilient health systems

The present focus on SDGs should be considered as an opportunity to further develop concrete actions to mitigate the epidemics of HIV/AIDS, viral hepatitis and tuberculosis.

The forthcoming Amsterdam AIDS 2018 conference will be another good occasion to identify, develop and disseminate best practices with demonstrated concrete efficiency.

He also informed that the European Commission was reflecting on developing further actions/documents addressing existing and emerging public health threats/communicable diseases, including HIV/AIDS, hepatitis and TB.

A Communication will be developed in the context of research and preparedness/surveillance of emerging and re-emerging communicable diseases. This will also resume in a stronger linkage to the WHO International Health Regulations, research, surveillance, use of the digital single market tools and accessibility of new medical technologies. The research agenda will be an important component of the document. In the process, the European Commission will investigate how to improve surveillance using up to date technique to better understand what is happening in real time, including via the use of the digital single market tools and in line with data protection rules.

He further informed the TT that, under Decision 1082 (2013) a process is already in place to improve surveillance; the list of diseases under surveillance and their case definitions are being reviewed with ECDC, and in line with WHO definitions. An Implementing Act is being prepared to formalize this and it will confirm a common data collection approach for several diseases by WHO Euro and ECDC. Sharing of risk assessments also occurs between WHO and the Commission.

He finally highlighted the existence of the Health Policy Platform as a potential user-friendly tool for supporting the work of the Think Tank.

3.7. New Think Tank Mandate

The previous Think Tank's mandate was as follows:

- (1) The recent conference “Breaking the Barriers - Partnership to fight HIV/AIDS in Europe and Central Asia” (Dublin, 23-24 February 2004) has highlighted the magnitude of the HIV/AIDS problem in Eastern Europe and Central Asia, and listed possible actions in the "Dublin Declaration" adopted at the end of the conference. The High Level Committee on Health discussed the issue in its meeting in Dublin on April 26-27 and decided to establish a Think Tank to follow up the development and measures in this field. In the light of this growing HIV/AIDS epidemic, there is a clear need to have a dedicated working group or Think Tank on HIV/AIDS with representation of the Member States, Candidate Countries and the EEA Countries.
- (2) The mandate of this group relates to HIV/AIDS in the EU and neighbouring countries as appropriate:

- (3) exchanging information and contributing to a coordinated approach to combat HIV/AIDS, focusing on the European Union and the neighbouring countries;
- (4) serve as a venue for informal consultation between the Commission, the Member States, the Candidate Countries and the EEA Countries.
- (5) Membership of the group will extend to all Member States, Candidate Countries and the EEA Countries.
- (6) The group will meet as needed and will be co-ordinated by DG SANCO.

It is obviously outdated, SANTE C3 will propose, for the next meeting, and on the basis of the new mandate that the Think Tank and Civil Society Forum will define for their work, a new mandate directed towards covering the viral Hepatitis and Tuberculosis as well as HIV/AIDS and towards identifying concrete measures that could be easily transposed from one Member State to the others.

3.8. Health Programme Priorities 2018-2020

3.8.1. Brief update on the on-going projects

Cinthia Menel-Lemos from CHAFEA updated the Think Tank about the evolution of the on-going projects financed by the Health Programme.

She concluded her presentation by specifically drawing the attention of the Think Tank on :

- the final joint conference of both EURO-HIV EDAT and OptTEST projects on 18 and 19 September 2017,
- the launch of the new INTEGRATE Joint Action 2016 on 19 and 20 September 2017,
- the online survey "European MSM Internet Survey (EMIS 2017)" for the collection of data useful for the planning of HIV and STI prevention and care programmes for MSM and the monitoring of national progress in this area that will be launched in September until November 2017,
- the online survey "European Community Health Worker Online Survey (ECHOES 2017)" about the knowledge, attitudes, practices and training needs of community health workers working with MSM that will be launched in October until December 2017.

3.9. Proposals retained in the Multi-annual planning of the Health Programme

SANTE informed the Think Tank of the decision taken to cancel the 2018 Joint Action to support effective interventions against HIV/AIDS and project on implementation of best practices in community based services on HIV/AIDS.

Think Tank members expressed their concern that this was a missed opportunity to strengthen dissemination and implementation of best practices

at a time where the recrudescence of the epidemic among vulnerable populations was witnessed particularly among men having sex with men (see also point 3.17 hereunder).

3.10. Identification of future main priorities for funding

Future support from the Health Programme will only be available if concrete and robust projects/joint actions can be demonstrated to have an EU added value and to strongly reflect Member States priorities as defined by the Think Tank.

Think Tank members and the CSF coordination team suggested that the Joint Action originally foreseen for 2018 should be proposed again for 2019 and its perimeter extended to HIV/AIDS, viral hepatitis, tuberculosis and Sexually Transmitted Infections (STI's).

3.11. Follow-up on previous discussions on PrEP and Self-testing

3.11.1. Pre-Exposure Prophylaxis

Following a presentation by FR of their pilot action on PrEP which is running for more than a year, NO, PT and LU informed the Think Tank about the starting of experiences in their respective countries.

The exchange of views confirmed that the situation can be quite different from one MS to the other as regards Health Care Workers (HCW), civil society and public opinion approaches toward introduction of PrEP. In countries where PrEP treatments are not available through the health care system, the pressure for the introduction of PrEP treatment might increase due to the fact that the availability of such treatment via Internet allows some people to access it.

It was generally agreed that efforts should be maintained when PrEP is available, to avoid that more classic prevention measures are still implemented as the use of condom, for instance, is not only successful for the prevention of HIV/AIDS, but is also very important for preventing STI's.

ECDC highlighted the need to properly monitor the deployment and implementation of PrEP and to standardize the data collected in this regard.

3.11.2. Self Test

Several Member States confirmed that a change of the existing legislation was required to allow self-testing. The exchanges on this issue during the Think Tank meetings have provided valuable information and experience that allowed a better analysis of the situation. Among others, the Lithuanian representative confirmed that the Lithuanian Ministry of Health is working to amend regulations to enable community based testing delivered by medical staff, including possibility to distribute self-tests at the low threshold settings.

CHAFEA confirmed that the OptTEST (testing and linkage to care) and Euro HIV EDAT (early diagnostic and treatment) would provide interesting results/information on the existing situation, the barriers encountered and the

possible approaches to circumvent these barriers. The final reports of both projects are expected end of 2017.

The CSF stressed the importance of diversifying HIV testing approaches beyond medical settings, including more testing in non-medical settings, HIV testing delivered by trained lay providers and HIV self-testing and home sampling, in order to reach the first 90 of the 90-90-90 targets.

3.12. Organisation of the work of the Civil Society Forum

The members of the CSF Coordination team informed the Think Tank that the renewed CSF now integrates HIV/AIDS, viral hepatitis and TB. It is composed of a mix of pan European and regional networks, local community based organisations and other civil society organisations representing key affected populations and patients.

The CSF mandate and overall work plan will need to be developed.

There was a discussion on the setting-up of the coordination team of the CSF to reflect its expanded mandate on TB and viral hepatitis, the members present at the meeting decided to have an election on options of formulating the new coordination team which should consist of five organisations.

3.13. Feedback from 20-21 June CSF meeting

See Executive summary available on the Health Policy Platform.

3.14. Future cooperation with CSF

It was agreed that the cooperation between the CSF and the Think Tank would continue to be organized as in the past; i.e. CSF will meet from Day1 until midday of DAY2, the Think Tank will start its meeting beginning of the afternoon of DAY2 and the CSF coordination team will report to the Think Tank and participate to the meeting on DAY3.

3.15. The electronic Personal Health Record; EU tool for health assessment of migrants

This presentation was cancelled as the colleagues from IOM could not be present at the meeting. It will be proposed on the agenda of the next meeting of the Think tank.

It was replaced by a presentation by RTD

3.16. Updates on Horizon 2020 activities for HIV/AIDS & TB

Alessandra Martini gave a presentation highlighting Horizon 2020 activities for HIV/AIDS Hepatitis and Hannu Laang on the TB.

Several members of the Think Tank enquired about the relative unbalance between the volume of research dedicated to HIV/AIDS and the research on TB and hepatitis. As a matter of interest it was highlighted that 5 slides in the presentation were about HIV/AIDS related research, 2 slides about TB research and no slide about Hepatitis research.

RTD confirmed that the H2020 topics are broad and HIV/AIDS and TB have been given equal footing during the H2020 calls for proposals. There might be different reasons that explain this difference. It is possible that less proposals submitted to call for proposals, or simply that fewer proposals have been successful in passing the evaluation of proposals performed by independent experts. The need for the TB and hepatitis research community to be more structure in participating to the H2020 calls was stressed.

3.17. Exchange of views on the rapidly expanding HIV epidemics among men who have sex with men.

Following a presentation by both Henning Mikkelsen (UNAIDS) and Andrew Amato (ECDC), concern over the epidemic among MSM in Central and South-eastern Europe was discussed.

There is an alarming increase of HIV-infections among MSM especially in South Eastern Europe where a lack of structures, political will and mobilisation to respond to this development seem to prevail.

In general, the situation in those countries where Global Fund has withdrawn from funding is alarming. Services delivered by community are discontinued due to lack of funding in the wake of Global Fund exit. WHO Europe stressed that Ukraine is on a good way to provide a workable transition plan after the Global Fund withdraws from the country.

The Think Tank noted that the MSM group requires special focus as HIV is only one of infections with a high prevalence. ECDC noted that STI's are up and underreported among MSM and an epidemic of hepatitis A has also been detected in this group.

ECDC will organise a meeting on prevention for MSM and migrants on 18-19 October 2017. Moreover, ECDC communicated that it is developing guidance on how to use tools and apps to reach out to gay men.

On 10 July Henning Mikkelsen distributed to all members of the Think Tank what he described as a "Call for action and background paper, concerning the alarming situation in newer EU member states - Bulgaria, the Czech Republic, Croatia, Cyprus, Estonia, Hungary, Latvia, Lithuania, Malta, Poland, Romania, Slovakia and Slovenia - and EU candidate countries - Albania, Bosnia and Herzegovina, the Former Yugoslavian Republic of Macedonia (FYROM), Montenegro, Serbia, and Turkey".

3.18. Monitoring of targets under international agreements

ECDC & EMCDDA introduced the exchange of views by presenting the situation as regards the identification of the various indicators under SDGs, UNAIDS, WHO, UNGA Political Declaration that could be retained to monitor progress. They highlighted the necessary changes to the existing data collection system and indicators definitions.

WHO and UNAIDS confirmed that their indicators had been aligned and that they were available to further elaborate on their good collaboration with ECDC and EMCDDA.

All participants agreed to consider that, whereas the monitoring and surveillance of HIV/AIDS and TB already are at a level that will allow proper follow-up of the SDG's (although adaptations are needed), the situation as regards monitoring of Hepatitis will require significant efforts and investment to reach the same level as for the two other conditions.

It was later acknowledged that, although ready and willing to help, the Think Tank members were not systematically in a situation where they can initiate all necessary adaptation of the data collecting systems to generate the changes of indicators required to properly monitor the SDG's.

3.19. Process that could be set-up to extend the Dublin Monitoring to viral hepatitis and tuberculosis.

The Think Tank acknowledged that while a new expanded Dublin Declaration could be helpful to improve surveillance and monitoring progresses, the SDGs, UN high level declarations, and the WHO action plans already provide the mandate to do so.

Interest in expert workshops supported by ECDC on how to improve monitoring and surveillance and on how to address data gaps was confirmed.

3.20. The ESTICOM project

Ulrich Marcus, coordinator of the ESTICOM project introduced ESTICOM. This project aims to deliver evidence about the sexual health of MSM across Europe. Its main objectives are:

- A European online survey among MSM (European MSM Internet Survey - EMIS 2017) which aims to generate data useful for the planning of HIV and STI prevention and care programmes for MSM, and to monitor national progress in this area by comparing its results with those of previous surveys, such as EMIS 2010.
- An online survey about knowledge, attitudes, practices, and training needs of community health workers (CHW) who provide counselling, testing, and psychosocial care and support services for MSM in the EU and neighbouring countries (the European Community Health Worker Online Survey - ECHOES). This is a survey that, in this form, has never been conducted before.
- Development and pilot testing of a training programme for MSM-focused community health workers, intended to be adaptable for all EU countries. The training programme will contribute to improving the quality of prevention, counselling and early diagnosis services HIV, STIs and viral hepatitis among MSM.

Both surveys will be launched at the end of September 2017.

3.21. Any Other Business

3.21.1. Access to treatment – Joint Procurement

Following an exchange of views on the impact of treatment prices on the access to care several Member States enquired about the possible improvements that could be secured through the use of the existing joint procurement mechanism.

SANTE will provide a comprehensive information on such possibilities during the next meeting of the Think Tank.

3.21.2. Presentation of the Health Policy Platform

The EU Health Policy Platform was introduced during the meeting. It is an innovative and interactive online tool meant to be the main communication channel between DG SANTE, its health stakeholders and its Commission expert and stakeholder groups. The Think tank agreed that this tool be used for the preparation, organization and follow-up of future meetings and exchanges between its members.

SANTE will forward the necessary information as to registration and use before the next meeting.

4. NEXT MEETING

Considering all other significant events in the agenda the next meeting will be held on 19 and 20 December 2017.

As of 2018, meetings will be held in April and October as used to be the case previously.