



**EUROPEAN COMMISSION**  
DIRECTORATE-GENERAL FOR HEALTH AND FOOD SAFETY

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

SANTE DDG1 - C3/JLS

## **REPORT ON THE 3RD HIV/AIDS, HEPATITIS AND TUBERCULOSIS THINK TANK MEETING**

**HELD ON 15 AND 16 MAY 2018**

### **1. PRELIMINARY REMARK**

This report summarises the main considerations developed by participants in the meeting.

Presentations are available for all members of the dedicated group created on the Health Policy Platform at: <https://webgate.ec.europa.eu/hpf/network/home/2>

### **2. PARTICIPANTS**

#### **2.1. From Commission**

DG SANTE, CHAFEA

#### **2.2. From EU Member States**

AT, CY, DE, FI, HR, IT, LU, LT, NL, PT, SV

#### **2.3. From EEA, applicant and neighbouring countries**

NO, RU

#### **2.4. Civil Society Forum representatives**

EATG, AAE, Correlation Network, EHRA

#### **2.5. Observers**

ECDC, EMCDDA, WHO, UNAIDS, IOM, BEAC

### **3. TOPICS ADDRESSED DURING THE MEETING**

#### **3.1. Commission activities since the last meeting**

DG SANTE informed the Think Tank about the progresses made in developing the Commission Staff Working Document on HIV/AIDS, Viral Hepatitis and Tuberculosis. The official publication should take place before AIDS 2018.

#### **3.2. Outcome document from the Estonian Presidency conference on HIV and TB – EE and DG SANTE**

The Estonian presidency has finalised the outcome document of the Tallinn conference and it has been distributed to the Think Tank members before the meeting.

#### **3.3. Outcome of the PrEP Summit held in February 2018**

UNAIDS colleague reported on the PrEP summit and confirmed that compared to three years ago (previous summit) there is a stronger activism to improve access to PrEP.

A technical consultation will be organized by UNAIDS and ECDC and a letter will be addressed by UNAIDS to UN Member States to follow-up on the implementation of PrEP.

ECDC confirmed that the use of PrEP cannot be correlated to an increase in STI's, it is not the only factor to be taken into account to explain the global increasing trend in STI's; rising testing frequency also increases a number of newly identified cases.

Pilot projects and first reflexions on possibility to allow PrEP treatment and on the best ways how to allow its use are ongoing in several Member States. They welcomed organisation of the above-mentioned technical consultation.

#### **3.4. Outcome of the International Liver Congress 2018 – ECDC**

ECDC reported on the main topics addressed during the International Liver Congress 2018 in Paris where one of the main concerns was the impact of DAA treatment cost on access to treatment.

ECDC is progressively rolling out an improved monitoring of hepatitis.

#### **3.5. Outcome of the VIth International EECA AIDS Conference – UNAIDS**

UNAIDS colleagues reported on the VIth International EECA AIDS Conference that was held in Moscow where 63 countries were represented (3.000 participants, 40 official delegations).

There is a global concern about the funding decrease by the Global Fund which is not replaced by other sources of financing which prevents the scaling up of the response to the epidemics in scope and intensity.

In EECA countries the epidemic is getting worse and the first official figures released by Russia at the conference (1.000.000 persons contaminated of which 870.000 diagnosed and 350.000 under treatment in 2017) are preoccupying.

DE (present at the conference) confirmed that countries of this region would welcome help in terms of training and exchange of views/good practices with countries/specialists.

### **3.6. Preparation of UN General Assembly event on TB on 26 September 2018 in New-York in 2018 – DG SANTE & WHO & UNAIDS**

The WHO colleague recalled the steps and milestones to be completed before the High Level Meeting on TB at the UN General Assembly on 26 September and insisted on the necessity of setting up the Accountability Framework foreseen in the draft final declaration.

DG SANTE confirmed that Commissioner Andriukaitis would attend the HLM in New-York.

ECDC informed participants about the first discussion they had with Member States about the Accountability Framework and confirmed that it would be further discussed during the next TB Network meeting to take place in Stockholm, end of May.

### **3.7. Follow-up on previous exchanges**

#### *3.7.1. Prices of the anti HCV DAA in Europe*

An exchange of views was held on the price level for these drugs in Member States.

NL informed that their Public Health Agency had published an advice in March confirming that use of DAA was cost effective and that a pilot conducted in Amsterdam had been extended as the first results proved positive.

#### *3.7.2. Pilot projects for the implementation of PrEP*

Discussed under point 3.3 above

#### *3.7.3. Reimbursement of PrEP*

Discussed under point 3.3 above

#### *3.7.4. Self-testing*

AT, DE, EE, FI, HR, IT, LU, LT, NL, NO and PT reported on the stage of development and size of the different pilot projects that are run for the deployment of self-testing in their respective countries and on the different approaches retained as regards the reimbursement or non-reimbursement of self-test kits.

In many cases, regulations and/or laws forbidding self-testing and testing by non-healthcare workers need to be revised before launching such pilots. Choice of the channel through which self-tests would be made available to the public (shops, pharmacists, ...) can also prove to be difficult depending on national regulations and habits. In some countries self-tests are considered a "medical

device" and this can influence the possibility to use different distribution channels.

### **3.8. Commission Participation at AIDS 2018**

DG SANTE confirmed that Commissioner Andriukaitis would deliver a keynote speech in AIDS 2018 on 24 July, that HA-REACT, ESTICOM and INTEGRATE projects would hold satellite sessions and that the Commission would be present on the Global Market with a 54 m<sup>2</sup> booth.

CHAFEA informed about publishing the detailed programme of all the Commission services' contributions/participation.

### **3.9. Feedback from 18-19 December CSF meeting**

See attached Executive Summary of the Civil Society Forum Minutes available under the following link: [http://www.aidsactioneurope.org/en/event/eu-hiv-aids-hepatitis-and-tuberculosis-civil-society-forum-december-2017?position=1&list=knuSAn0X945k0dxOS5y\\_hEQ04u5aGSObuFhsRMODrmY](http://www.aidsactioneurope.org/en/event/eu-hiv-aids-hepatitis-and-tuberculosis-civil-society-forum-december-2017?position=1&list=knuSAn0X945k0dxOS5y_hEQ04u5aGSObuFhsRMODrmY)

### **3.10. Feedback from the 19 December Think Tank meeting**

DG SANTE informed the CSF Coordination Team of the topics addressed during the first day of the meeting of the Think Tank as described in points 3.1 to 3.8 above.

### **3.11. New EMCDDA initiative on promoting HCV testing in drug treatment settings**

EMCDDA introduced its new initiative on promoting HCV testing in drug treatment settings which focuses on the implementation aspects and on the need to share barriers and problems encountered.

EMCDDA has developed an on-line tool for awareness raising and knowledge sharing for drug services and drug users.

### **3.12. One van for testing all 4 conditions**

Further information collected since the last meeting and a draft questionnaire that could be submitted to Members of the Think Tank to collect more comprehensive information on the existing mobile units were presented to the participants.

Think Tank members, the CSF coordination team and CHAFEA colleague described examples of existing pilot projects.

It was agreed that the ongoing pilots (which cover all 4 conditions) could be used to demonstrate efficiency of this approach based on reaching out towards vulnerable populations in countries, where it not yet possible due to existing legal barriers.

The need to ensure a proper translation of the existing material before it can be used in another country, as well as to adapt the vocabulary taking into account cultural differences, was underlined by the participants.

### **3.13. Member States experiences in integrating services to improve quality of care & barriers encountered by Member States for effective linkage to care**

Both HA-REACT and INTEGRATE (including the results of Op-TEST project) joint actions representatives introduced briefly the work being performed by these two on-going joint actions.

Through a significant number of pilots conducted in several countries with different organisation of the Health system and different approaches to tackling the four conditions, both projects identified barriers to the deployment of innovative approaches and means to work around such barriers. This information could provide other Member States with insights on how to approach and manage the needed changes.

## **4. NEXT MEETING**

The next meeting will be held in Brussels to allow a common meeting of both CSF on HIV/AIDS, hepatitis and tuberculosis and CSF on Drugs. The retained dates are 7 & 8 November 2018.