



SANTE DDG1 - C3/RV

REPORT ON THE 4TH HIV/AIDS, HEPATITIS AND TUBERCULOSIS THINK TANK MEETING

HELD ON 07 AND 08 NOVEMBER 2018

1. PRELIMINARY REMARK

This report summarises the main considerations developed by participants during the Think Tank meeting.

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

- Directorate General for Health and Food Safety (DG SANTE)
- Directorate General for Research and Innovation (DG RTD)

2.2. From EU Member States

AT, BG, DE, CZ, DK, FI, FR, GR, HR, IT, LU, LT, LV and SI.

2.3. From EEA, applicant and neighbouring countries

NO, MD and RU.

2.4. Civil Society Forum representatives (participated on 08/11/2018 only)

- Action Aids Europe
- Global Health Advocates
- Correlation Network
- European AIDS Treatment Group

2.5. Observers

- European Centre for Disease Prevention and Control (ECDC)
- European Monitoring Centre for Drugs and Drug Addiction (EMCDDA)
- World Health Organization's Regional Office for Europe (WHO)
- Joint United Nations Programme on HIV and AIDS (UNAIDS)

2.6. External speakers (participated on 08/11/2018 only)

- Hendrik Streeck, Institute of HIV Research at the University Duisburg-Essen
- Ford Hickson, London School of Hygiene & Tropical Medicine
- Jack Lambert, Infectious Diseases at Mater Misericordiae University Hospital, University College Dublin School of Medicine
- Walter Cullen, University College Dublin School of Medicine

3. TOPICS ADDRESSED DURING THE MEETING

3.1. Introduction and adoption of agenda

The draft agenda was adopted with one change: PT's show cases were not to be presented due to a justified absence of the speaker.

3.2. Adoption of previous meeting minutes

Meeting minutes of the previous two meetings were adopted without changes.

3.3. Update of the Think Tank's mandate

The Think Tank's mandate will be updated to reflect the extension to viral hepatitis and tuberculosis. Rules of procedure will also be adopted by a written procedure. Members will receive a proposal for their comments.

Action: SANTE C3 to share draft update with TT

3.4. Future of Think Tank meetings

An active discussion took place on whether the current frequency and format of the Think Tank meetings should be changed in the future. The participants consider the meetings useful and their frequency appropriate. It was suggested to have a fewer topics on the agenda and more round-table discussions, focusing on issues that are not covered by other expert meetings, as well as on finding common strategic approaches. Furthermore, it was proposed to analyse which research activities are relevant to public health. In addition, the Think Tank meetings could be organized back-to-back with other conferences or expert meetings. Finally, the following topics were proposed for the future meetings: how to finance, implement and manage the integration of prevention and care in health systems; addressing stigma and discrimination; harm reduction measures for people who inject drugs, including irregular residents; measures to tackle chemsex; facilitating access to health-services for irregular residents; issues of quality access to PrEP; and multidrug resistant tuberculosis.

Action: active participation of TT representatives in setting the agenda and identifying topics

3.5. Commission activities since the last meeting

The Commission presented the Staff Working Document on Combatting HIV/AIDS, Viral Hepatitis and Tuberculosis in the European Union and neighbouring countries (SWD), as well as the ongoing Health Programme projects; the Commission's proposal for the next multiannual financial framework; health-related priorities of the Romanian presidency; upcoming research projects and the Commission's participation in policy events.

The SWD was published in July 2018 just ahead of the AIDS 2018 conference in Amsterdam. It examines the state of play, available policy instruments and actions, as well as outlines good practice interventions to address early diagnosis, prevention and linkage to care. The document reveals that there is a heterogeneous picture as to how and when Member States will reach the SDGs, in particular SDG 3, and that more efforts are clearly needed in certain countries and in certain sectors towards reaching the SDGs. Epidemiological data reveal that HIV/AIDS, hepatitis and tuberculosis disproportionately affect the most vulnerable – the poor and people living in precarious situations, migrants, the homeless, as well as people often object to a social stigma, like people who inject drugs, sex workers or, for HIV, men having sex with men. To succeed in tackling these three epidemics there is a need to outreach these risk groups and to involve their representatives in relevant actions. The Commission supports actions to combat HIV/AIDS, viral hepatitis and tuberculosis through the EU Health Programme, the EU Framework Programmes for Research, the Development Cooperation Instrument and the European Neighbourhood and Partnership Instrument. The Commission further provides funding to the Global Fund to Fight AIDS, Tuberculosis and Malaria.

Currently, the Union is funding 8 operational projects (including Joint Actions and operating grants) under the EU Health Programme and has invested almost 12 million euros (see short descriptions below). These projects focus on vulnerable groups, such as migrants, prisoners or people who inject drugs, as well as groups potentially object to social stigma like men who have sex with men. The approach has been to integrate early diagnosis and linkage to prevention and care of HIV, viral hepatitis, TB and sexually transmitted infections. Detailed activity reports of the projects had been shared as background documents for the meeting and would be uploaded to the Health Policy Platform after the meeting.

1. Operating grants have been awarded to: Aids Action Europe, TB Coalition Europe and Correlation network. Work of these organizations has been instrumental in tackling the three epidemics on the ground, raising awareness and fighting stigma and discrimination.
2. HA-REACT Joint Action on HIV and co-infection prevention and harm reduction addresses gaps in the prevention of HIV/AIDS, TB and hepatitis among PWID. The closing event will take place at the European Harm Reduction Conference in Bucharest on 21-23 November.
3. ESTICOM project covers European surveys and training to improve community health amongst MSM. First results of the project were presented at AIDS 2018 conference in Amsterdam in July and on the second day of this Think Tank meeting. The final distribution of the project's results is foreseen to take place in June 2019 back-to-back with the CSF and TT meetings.
4. INTEGRATE Joint Action seeks to increase integrated early diagnosis and linkage to prevention and care of HIV, viral hepatitis, TB and STI's by 2020. The Partnership Forum in conjunction with the HEPHIV2019 Conference will take place in Bucharest in January 2019.
5. HepCare Europe project focuses on providing an innovative 'integrated care' model for HCV treatment based on the joint participation of primary and speciality care practitioners to allow for more efficient use of limited specialist resources. The project's results were presented on the second day of this Think Tank meeting.
6. eDETECT-TB focuses on early detection and integrated management of tuberculosis in Europe for migrants and PWID. The project carried out a survey in the 31 EU/EEA countries regarding implementation of national TB strategies and

programmes and presented its results during the expert meeting in Leiden on 24 October. The results revealed that 9 countries do not have or have no intention to implement such strategies. The official launch of the eDETECT-TB van in Bucharest was on 20 November.

The Commission published its proposals for the next Multiannual Financial Framework (MFF) for 2021-2027 in May and June this year. The negotiations on the proposal are ongoing to find a unanimous agreement with the two co-legislators possibly before the European Parliament elections. The former Health Programme has been embedded into a Health strand of the European Social Fund+ (or ESF+). This will lead to more coherence between the operational programmes and structural funds. The Health strand has a dedicated budget of € 413 million for 27 MS. Comparing to the Health Programme's 2014-2020 envelope of EUR 449M for 28 MS, this can be considered stable or even slightly increased. The main operational objectives of the ESF+ health strand are strengthening crisis preparedness, management and response against cross border-health threats; empowering health systems; supporting EU health legislation; and integrated cross-national work. Actions eligible under the ESF+ health strand include policy analysis and implementation; capacity building of networks and partners; as well as communication and dissemination. The implementation of the Health strand will remain under the sole authority of the Commissioner for Health, and all operational aspects will be managed by DG SANTE. The novelty in the proposal is the increased coherence, complementarity and synergies with other Programmes to be achieved through a specific governance structure described in Article 29 for the Health strand. The Steering Group on Disease Prevention and Health Promotion will involve Member States health authorities in advising the Commission on the work plans for the Health strand and on the health policy perspective in other policies and support mechanisms, thus increasing their overall coordination and added value.

As part of the EU's proposal for the MFF, the Commission published its proposal for Horizon Europe, an ambitious €100 billion research and innovation programme that will succeed Horizon 2020. The proposed budget of €100 billion will make Horizon Europe the biggest EU research and innovation programme ever. Suggested budget for the Health cluster of the pillar 2 is €7.7 billion. Horizon Europe programme is being designed as a continuation or evolution of H2020 and will comprise three main pillars: 1) open science (bottom up approach); 2) global challenges (programming) and 3) open innovation (bottom up approach). The global challenges pillar is organised in five thematic clusters, one exclusively devoted to Health. Implementation of the pillar will be carried out through traditional calls for proposals and partnerships and also via 'missions' ('portfolios of actions to achieve measurable results for a given impact within a set timeframe'). There are six areas of intervention for health: 1) health throughout the life course; 2) environmental and social health determinants; 3) non-communicable and rare diseases; 4) infectious diseases; 5) tools, technologies and digital solutions for health and care; and 6) health care systems. The suggested governance is based on principles ensuring a collegiate, cross-sectoral co-creation approach across services. DG SANTE is actively involved in development of the whole Horizon Europe programme and in particular Pillar 2, Cluster 1 on Health, where it is co-chairing Directors Group together with DG RTD.

Antimicrobial resistance, vaccines and access to medicines will be both priority areas of the Romanian presidency of the Council of the EU. A conference on antimicrobial resistance is planned on 28 February-1 March in Bucharest, and council conclusions are planned. Vaccines and access to medicines will be the subject of the informal Health Council discussion in April. A vaccine workshop is planned to take place at technical level on exchange of best practices in May.

Regarding the upcoming research projects, the Commission explained that in 2017, following discussions between DG RTD and the Russian Ministry of Science and Higher Education, it published a topic on research on HIV, tuberculosis and/or hepatitis C in patients with mono-, co-infections and/or comorbidities in the context of fostering collaboration with the Russian Federation, with a commitment of 10 million euros. The Commission is currently preparing the grants for the 3 projects with the following scientific agenda: 1) development of a novel TB test for rapid screening and identification of drug-resistant TB, 2) improvement of testing and treatment outcome for TB, HIV and HCV infected people making use of adults cohorts, 3) better understand the epidemiology, disease progression, treatment and outcomes of HIV, TB and HCV in pregnant women, children and adolescents, and 4) eradication of chronic HCV. Furthermore, in 2018 the Commission has published a topic on stratified host-directed approaches to improve prevention, treatment and/or cure of infectious diseases, from which additional projects addressing HIV/AIDS might be funded. The proposals addressing this topic are currently under evaluation, with results expected in July 2019.

The Commission explained how it demonstrated its support to MS in fighting the three epidemics at the following policy events: the regional conference on screening for viral hepatitis and HIV in Sofia in June, AIDS 2018 in Amsterdam in July, UNHLM on TB in New York in September, as well as the European Health Forum in Gastein and the Lung Health Conference in The Hague in October.

The Regional Conference in Sofia on Screening and prevention for viral hepatitis and HIV in CEE, organized under auspices of the Bulgarian Presidency of the Council of the EU, gathered stakeholders from 10 countries (BG, BA, CZ, GR, HR, HU, LV, MK, PL, RO) and issued the Call for action upon the national authorities and all other stakeholders from the CEE region, listing 13 different actions to tackle viral hepatitis and HIV at national level. The Commission reiterated its commitment to support MS actions in combatting viral hepatitis and its co-infections and presented different policy instruments that could be mobilized to combat HIV/AIDS, viral hepatitis and tuberculosis.

The Commission (SANTE, RTD, CHAFEA, ECDC & EMCDDA) was actively involved in the 22nd International AIDS Conference in Amsterdam in July 2018. It organized a series of events to promote the EU Health Programme actions to showcase the results of past and ongoing activities in the field, including three symposiums on: harm reduction for people who inject drugs, European surveys and trainings to improve MSM community health, and addressing cross-border treatment needs and ensuring earlier diagnosis of migrants, homeless, prisoners and other vulnerable populations with co-infections. Other sessions were included in the “Meet and greet” programme with participation of the European Commission and Health Programme networks. On the top of that, Commissioner Andriukaitis delivered the key note speech at a high level Symposium organised jointly by the European Commission and UNAIDS entitled "Implementing SDG agenda to leave no one behind: Innovations in Europe on the fast track to ending AIDS".

At the first-ever United Nations High-Level Meeting on TB, Commissioner Andriukaitis delivered the EU statement reiterating the EU's commitment to support MS in fighting TB. The speech focused on strengthening public health systems as the cornerstone to an effective TB response to ensure affordable access to diagnostics, treatment and care; on combatting multi-drug resistant TB; and on investing in research, in particular for new effective drugs and a new vaccine. The meeting resulted in a political declaration committing countries to accelerate national and collective actions, investments and innovations towards the "end TB epidemic by 2030"

response, a sub target under Sustainable Development Goal 3.3. (More details on the commitments are available under point 3.7.)

The Commission actively participated at the European Health Forum in Gastein, that was organized under auspices of Austrian Presidency. Commissioner Andriukaitis delivered a video message stressing the need for multi-stakeholder approaches to reach the goals, maintaining that "health is no longer responsibility of those working in health sector". SANTE Deputy Director General Martin Seychell and Director of Public health, country knowledge, crisis management John F. Ryan underlined the importance of sustainable and patient-centred healthcare systems, improved vaccination coverage, as well as targeted efforts to outreach to vulnerable and hard-to-reach groups, in striving towards reaching the SDGs. As part of the forum, ECDC organized the session "Will we reach the targets in the Sustainable Development Goal for health by 2030?", which explored the status in the EU with regard to HIV/AIDS, viral hepatitis and tuberculosis, and whether Europe is on track to reach the Sustainable Development Goal for health. The session highlighted the remaining challenges and actions needed to end AIDS and TB, and eliminate viral hepatitis as a public health threat by 2030.

SANTE participated in the Ministerial Forum at the 49th Union World Lung Health Conference, and attended a high level roundtable together with representatives from India, Myanmar, Sri Lanka, Brazil, Indonesia and Zimbabwe. The aim was to share countries' experiences, challenges and successes and to build on the political commitments made at the first-ever UNHLM on TB on September 26. The Commission presented how the EU supports its Member States in striving to achieve the SDGs. Furthermore, EU's multi-sectoral action and successes in fighting TB and other treats to lung health were promoted. In addition, a Health Programme stand was organized with E-DETECT TB project, INTEGRATE Joint Action and ECDC, while TB Coalition Europe had a separate booth. Finally, several information sessions were scheduled to present the ongoing projects, as well as the new EU Standards for TB care and guidance on Programmatic management of latent TB.

3.6. Member States update of new developments/activities

BG expressed the importance of having integrated social and health services for vulnerable groups (like Roma and sex workers) and presented structural and financial barriers while implementing relevant social health programmes (e.g., harm reduction).

BG and DE suggested sharing country-level experiences on how to finance, implement and manage the integrated care services at the next Think Tank meeting. The Commission pointed-out that this issue should also be reported to the Steering Group on Disease Prevention and Health Promotion.

LU informed that the law will be changed in Luxembourg on mandatory notification of infectious disease. Consequently, laboratories will notify more infectious diseases and the rates are expected to increase accordingly.

Since October, LV has implemented an approach to "test & treat" PLWHIV. In 2018, a memorandum was signed with NGOs. The main challenge remains how to outreach to the target populations and how to implement early diagnostics and services. LV appreciated that the HA-REACT Joint Action has helped improving the outreach work. An additional mobile unit service has been implemented in LV and the work will continue form the state budget. In 2018, LV started working to improve access to HCV treatment to everybody. However, budget and financing are the main obstacles for project implementation.

HR informed the participants that a pilot project on PrEP involving around 20 MSM started in October 2018 in Zagreb as part of the National HIV/AIDS Prevention and

Control Strategy. In addition, a draft National Strategy for Viral Hepatitis Prevention is in the final stage of being adopted. The strategy is based on goals of WHO Global health sector strategy for hepatitis with the focus on improvement of surveillance data, early detection – target testing, more engagement of primary health care workers, education of health care workers, students and school experts.

SI government has adopted a National HIV Prevention and Control Strategy 2017–2025, comprising aims and measures in four focus areas, namely: HIV prevention; early diagnosis of HIV infection; HIV treatment, medical care, and prophylaxis; and preventing stigmatisation and discrimination and empowering people living with HIV. One of measures is an ongoing demonstration project of pre-exposure prophylaxis (PrEP) among approximately 50 MSM at higher risk. The aim is to evaluate feasibility, acceptability and safety of PrEP in preventing HIV infection among MSM. The project's results will be assessed by the end of 2019 and will guide the decision on PrEP implementation into national HIV prevention guidelines. In addition, since 2017 the Ministry of health has been funding a chemsex project, being implemented by three NGOs, following an increase of risk behaviour in MSM who use drugs during sexual encounters. Among various preventive activities aiming to reduce risk behaviours and related harms, the programme also aims to strengthen and enhance newly gained competencies of expert- and peer- staff of partner organisations. According to available data, the pattern of injecting psychoactive substances for chemsex is not widely spread in Slovenia. Yet, Slovenia suggested discussing other MS' experiences in tackling chemsex at the next Think Tank meeting.

DE shared that self-tests are available in Germany since October. In addition, PrEP implementation should be finished by mid-2019.

In FI, PrEP can currently be bought in pharmacies and ordered online for 50 euro. DAA treatment has been transferred from specialized health care to primary healthcare institutions.

FR informed that a new health strategy 2018-2022¹ has been submitted to PP for consultation, including sexual health. One of its modules focuses on health services for students including preventive activities like promotion of sexual health. The first road map for the next three years of the national sexual health strategy² will start in 2019. In addition, following good practices in London and San Francisco, new community sexual health centres will be opened in cities to improve screening of HIV, STIs and viral hepatitis. Furthermore, FR has adopted a strategy setting national targets for HCV elimination by 2025 and focusing on actions to increase access to treatment, to increase a number of rapid tests, and to experiment an integrated "test and treat" services for HCV outside health centres, especially in drug user centres. Following the UNHLM on TB, the Ministry of Health will adopt before end 2019 a national roadmap on TB elimination by 2022.

LT explained that since July 2018, people living with HIV are being screened for LTBI. In addition, the “treat all” approach for PLWHIV has been adopted in February 2018 and is currently being rolled out. From 2019, pregnant women will be screened for hepatitis B (HBsAg) during the first 13 weeks of pregnancy. Furthermore, the development of Hepatitis Prevention and Control Action Plan is planned in 2019.

BG presented two new national programmes: one on viral hepatitis B and another on TB. Following Sofia's conference, a consensus has been reached among the Ministry of Health, the Parliament, NGOs and the WHO Regional Office to start a National

¹ https://solidarites-sante.gouv.fr/IMG/pdf/dossier_sns_2017_synthesev6-10p_anglaisv2.pdf

² National sexual health strategy Agenda 2030: https://solidarites-sante.gouv.fr/IMG/pdf/strategie_sante_sexuelle_def_ang.pdf; Sexual health road map 2018-2030: https://solidarites-sante.gouv.fr/IMG/pdf/feuille_de_route_pnsps_sante_sexuelle.pdf

plan for HVB prevention and control. When it comes to HCV, the treatment is only available for people possessing health insurance, while around 800,000 people do not have any health insurance. When it comes to TB, the government is currently covering all TB, multi- and extensively- drug resistant TB testing, treatment and hospitalization costs.

In AT, self-testing for HIV is available in pharmacies since July 2018, following a necessary change of the legislation. To facilitate the correct use of self-tests, a hotline has been established, informational leaflets are being distributed by Aidshilfe and instructional leaflets have been developed for pharmacies.

AT also mentioned that while HIV/AIDS, viral hepatitis and TB were not priority for Austrian presidency, several meetings on access to medicines took place in September. In addition, there was a conference on matching health needs held in September and AMR would be one of the major topics at a symposium of chief medical and dental officers in November.

IT informed participants that self-testing is available in pharmacies since one year. The pilot for PrEP has been designed with more than 100 000 patients having already bought it. In addition, there are several programs to improve social and emotional wellbeing of patients with pulmonary fibrosis, their partners and other family caregivers, in addition to its physical impact. There is also a project aiming to evaluate impact of HIV and TB, including drug resistant TB. Finally, new guidelines for HIV treatment should be issued by mid-2019.

GR presented a new action plan to combat HIV and highlighted two major challenges: sustainability of harm reduction services and budget on HIV. There is a significant shortage of specialized healthcare settings, while the austerity measures make it challenging to maintain good quality of services. Finally, GR noted that one third of patients are migrants.

3.7. Towards the SDGs: outcome of policy meetings

First, the Commission presented actions from the [Call for action](#) issued by participants at the regional conference on screening and prevention for viral hepatitis and HIV in CEE in Sofia, where national governments were called to undertake concrete steps to tackle viral hepatitis C and HIV at national level, including setting measurable targets to follow-up the progress.

Then, the Commission reviewed the targets from the [political declaration "United to end Tuberculosis: an urgent global response to a global epidemic"](#), which was officially adopted at the level of head of state on 10 October 2018. Commitments include, among others, reaching-out people with TB and with drug resistant TB care and prevention within frame of UHC and leaving no one behind, increasing financing (especially from domestic sources), intensifying research and innovation with new tools, and the accountability for multi-sectoral response using WHO framework. ECDC data reveal that in the EU/EEA, there are still around 4,000 adults and 3,500 children who have not yet been diagnosed. 28.5% of TB cases in adults are not successfully treated or unknown. It is estimated that around 400 MDR TB cases remain undiagnosed, while 62.5% of MDR TB cases are not successfully treated or unknown. Diagnosis and treatment of TB and of LTBI is not (or not completely) free in all EU/EEA countries. According to data reported by three MS, not even half of children under 5 years-old who have contacts with a TB patient receive LTBI treatment. Data on several commitments is not collected at EU level, like tackling stigma and discrimination. Lastly, the current data reporting deadline to TESSy is too late to have the data included in the WHO 2020 progress report. The Commission asked MS to reflect if the deadline could be adjusted accordingly.

Finally, ECDC presented outcomes of its session *"Will we reach the targets in the Sustainable Development Goal for health by 2030?"* organized as part of the European Health Forum in Gastein. The session included interactive voting, active participation and a balanced panel of interested parties. When it comes to achieving SDGs targets, a different picture can be seen for the three diseases. For hepatitis, currently available data is not sufficient to declare if the goals can be reached. For HIV, the EU is on track towards achieving the 90-90-90 targets (detect, treat, suppress) with continuous sustained efforts. Yet a reverse shift in trends is needed in the Eastern non-EU countries. For TB, while there is a relatively good progress in the EU, there is clear room for improvement in the rest of Europe. One of the main issues remains a lack of medications for drug-resistant TB. Sustained efforts need to be focused on early detection of infection in vulnerable populations, like homeless, migrants, etc.

3.8. Round table discussion: what's next

Several countries actively discussed the distance left towards reaching the SDGs at national level, actions and challenges, as well as national implementations of the UNGA HLM political declaration. Finally, participants reflected how they could be supported in reaching the SDGs targets for hepatitis, tuberculosis and HIV/AIDS.

LT presented several examples of the ongoing activities that should be implemented by the next Think Tank meeting. If their implementation is successful, the TB-related targets might be reachable. Despite continuous decrease of overall TB incidence in Lithuania since 2007, the current rate of decline must be accelerated in order to achieve the End TB Strategy target of below 10 incident TB cases per 100,000 population by 2035. In addition, there are high rates of multidrug- and extensively-drug resistant TB, with increasing numbers of the latter. One example of good practice is the implementation of DOTS cabinets and provision of incentives/enablers for TB patients. Experience in Vilnius demonstrated that using incentives/enablers (food vouchers and reimbursement of travel expenses) in DOTS cabinets can be efficient. Expansion of network of DOTS cabinets and social support in other municipalities is ongoing. Despite the fact that many doctors consider a forced hospitalization a solution, a pilot is planned in one-two municipalities to test the ECDC's guidance on integrated care with patient-centred approach, including shorter hospitalization periods. Anti-TB drugs (including newly registered bedaquiline, delamanid and linezolid) are procured centrally and distributed to inpatient TB hospitals and outpatient DOTS rooms since June 2016 and are free of charge for patients. However wider access to new anti-TB drugs must be ensured. Despite a good progress, there is still a number of challenges to be overcome, like intersectoral, financial and personnel barriers; personal data security issue; and rising cases of extensively drug-resistant TB.

For HIV, LT reported that the incidence rate of new HIV infections has increased from 5.4 per 100,000 in 2011 to 9.3 per 100,000 in 2017. The epidemic is concentrated mainly among PWID. In 2017, according to UNAIDS estimate there were 2,800 people living with HIV in Lithuania. Based on 2016 data, 90-90-90's estimates in Lithuania were 82-30-82. To expand HIV testing services for target groups, it is foreseen to make a free-of-charge HIV testing available at primary health care settings, to review the legislation allowing non-health workers to perform rapid HIV testing for key populations, and to increase a number and coverage of preventive services provided to PWID, including HIV testing. Until 2017, the linkage to treatment and care was very low (30%) in Lithuania. 'Treat all' approach has been adopted since February 2018 and it is expected to improve linkage to care coverage. In addition, it is foreseen to create an integrated patient flow algorithm for HIV care: from diagnosis to treatment and retaining in treatment, including integration of

services related to coinfections and comorbidities (TB, viral hepatitis, addictive disorders). The model will also consider linkage to care for people living with HIV who have finished their prison sentence.

HR explained that it is a low prevalence country (<0,1%) , while annual HIV incidence rate of about 2 per 100,000. MSM are the most affected population. It is estimated that of 1600 people living with HIV in Croatia, 300 are not aware of their status. HIV is under the enhanced infectious disease surveillance that is a legal obligation in Croatia. The 1992 National HIV/AIDS Strategy has recently been updated for the period of 2017-2021 following the agreement in the National Committee for HIV Prevention and Control. The strategy comprises the 90-90-90 targets and PrEP (depending on possibilities). Remaining challenges include intensifying prevention measures for MSM, increasing testing coverage, improving quality of HIV prevention programmes and implementation of sexual health education at school, as well as public health literacy, finishing development and implementation of an improved electronic HIV epidemiological data collection system.

In HR, the overall prevalence of HBV and HCV in general population is low (< 1 %), yet among PWID, HBV prevalence increases to 3% and HCV prevalence jumps-up to 40%. Since 2017, both infections are under the enhanced infectious disease surveillance in-line with the ECDC reporting protocol. A new national strategy (mentioned under point 3.6 above) is in its final stage of adoption. The key challenges include improving surveillance data, as well as increasing testing coverage and early diagnosis.

HR told to participants, that it is a low TB burden country with a continuous decrease of TB incidence, where drug resistant TB cases account for 1% of all TB cases. TB mainly affects the aging population. Since 1993, TB treatment and care has been decentralized from TB dispensaries to primary healthcare settings. The epidemic is under the enhanced infectious disease surveillance. Since more than ten years, the National TB Strategy has been guiding efforts for TB diagnostics, treatment and surveillance. It is currently under revision and should be updated by end 2018. The remaining challenges include improvement of surveillance data regarding the treatment outcome, as well as reducing a number of new TB cases to \approx 300 starting with 2021.

LV revealed that TB incidence is rather high, but decreasing in Latvia. The country faces similar challenges as Lithuania. The patients usually need social assistance and involvement of municipalities to reach out these vulnerable populations. Following the new guidelines on LTBI diagnostics for PLWHIV, a new procedure will be implemented how to improve detection of LTBI among PWLHIV and to provide relevant treatment. LV considers that reaching the SDGs targets is possible given that incidence rates are decreasing.

DE is confident to certainly reach HIV-related targets with a national strategy successfully guiding the efforts at national level. However, DE shared its concern of having no sufficient information on where does it stand with reaching hepatitis-related targets. The key challenge is that doctors who treat addiction to drugs are reluctant to treat hepatitis. Therefore, Germany started a campaign to include hepatitis treatment in PWUD. Just like for hepatitis, and due to the decentralised system, DE does not have sufficient data on gaps towards reaching TB-related targets. DE pointed-out that while there is a lot of available data, for instance, measured in hospitals as part of clinical guidelines, it is not comparable and not available at national level. DE underlined that many TB measures are taken at lander level.

AT related to Germany's situation. For HIV, AT knows where it stands regarding reaching the SDGs targets. However, this is not the case for TB and hepatitis. AT therefore inquired if relevant monitoring schemes were foreseen at EU level.

ECDC explained that it has worked with EMCDDA and the WHO to develop a hepatitis monitoring tool to collect data from existing sources and so to reduce the reporting burden on countries as much as possible. Given that the existing data was not available for certain indicators, ECDC has also developed a simplified tool to collect data directly from national authorities. The tool is still a subject to approval by stakeholders at the forthcoming Advisory Forum meeting in December 2018 and the first set of data should be collected in 2019. Regarding TB monitoring scheme, ECDC is currently reviewing the current monitoring framework but could not provide more details at this stage. EMCDDA complemented that it has gathered data for hepatitis among PWID by combining already available indicators.

3.9. Pre-exposure Prophylaxis: latest developments

ECDC presented the latest developments in the field. According to the 2018 data of Dublin monitoring process, PrEP is reimbursed in 7 EU/EEA countries, while 6 countries are carrying out pilot or research projects and 8 countries have non-reimbursed generics available in health-care settings. The data reveal that cost is a major obstacle to import PrEP, while limited technical capacity to introduce PrEP properly is also worrisome. ECDC presented results of a 17-question survey that it carried out among users of Hornet website coming from 55 countries in Europe and Central Asia. From over 12,000 respondents, only 10% responded that they were taking PrEP. More than a half respondents are using PrEP informally, where majority is buying PrEP in the internet or obtaining it from friends. More importantly, more than one third revealed they had not shared the fact of taking PrEP with their physician. Nonetheless, 85% respondents indicated their willingness to start using PrEP within the next six months. Results of this survey suggest that the formal PrEP roll-out in the European region is not meeting the demand in the community.

Being a frontrunner in introducing PrEP, FR shared its reflections on how to introduce a proper delivery service. In FR, estimated 10,000 people are currently using PrEP, namely: 10,405 people initiated PrEP by Truvada (or generics) between January 2016 and June 2018, more than half of them (nearly 5,500) since July 2017. This number has been constantly increasing since 2016, with nearly 500 new users per month in the first half of 2018³. In the beginning, patients could get prescriptions in hospitals and in screening centres with a possibility to obtain a prescription from general practitioners (GP). However, there is no data available if GP are well informed of PrEP and if they are aware if their patients are taking it. There are 300 points of access to PrEP in FR. However, in Paris area, people are queuing for an appointment, while there is not much frequency in smaller cities. In the beginning, every centre could prescribe PrEP, but currently only a few centres for MSM can do it. Following an assessment study that is currently being carried out by a regional health agency, FR will renew its strategies to access to PrEP. The aim will be to facilitate access to other people than MSM, like migrants and women.

In NO, PrEP has been available for everyone with a significant risk for HIV since the beginning of 2017. The first centre in NO was gay friendly and people were sent there to start using PrEP. Given a high frequency during the first year, over 10 points of care have been opened since. The government did not organize any official

³ <https://ansm.sante.fr/S-informer/Actualite/Plus-de-10-000-personnes-ont-initie-une-prophylaxie-pre-exposition-PrEP-au-VIH-par-Truvada-ou-generiques-Point-d-Information>

campaign, neither outreach activities due to concerns about insufficient clinical-technical capacity. Nonetheless, information on where to obtain PrEP was spread by NGOs and by peers, especially MSM. An evaluation study is currently ongoing with the expected results before end 2018. Depending of the results, an outreach campaign might be carried out in the future.

LU informed participants of a project, running since 2017 until April 2019, with 80 people using PrEP. Given positive results so far, it will become a program. PrEP is available to everybody, while costs are covered by the national health insurance. People who work, but do not live in Luxembourg, can have their prescription in Luxembourg and then buy it in their place of residence. For example, in Koblenz there is a centre where PrEP is available for 70 euro.

DE mentioned that a legislative process is currently ongoing in Germany. DE pointed out that one discussion point was if use of PrEP could be linked to the increasing number of STIs. ECDC suggested that the increased number of STIs might be linked to enhanced testing activity.

UNAIDS commented that while the mainstream availability is a positive development, the service and access should be made optimal too. All informal users should be catalysers to make PrEP structures accessible. The widely spread informal use shows that the existing services are not appropriate. Access to PrEP could embed a holistic approach stimulating access to screening and treatment of STIs and HIV, addressing stigma, etc.

Another issue discussed by participants were reasons of dropouts. WHO would come up with updated recommendations for continuous use of PrEP, as well as with an implementation tool and monitoring recommendations, which are currently in their final stage of development.

3.10. Forthcoming events in 2018-2019

The following upcoming events were briefly presented by the Commission:

- DG SANTE will make an opening speech and will moderate a panel discussion at the 4th European Harm Reduction Conference and Closing of HA-REACT Joint Action in Bucharest on 21-23 November;
- Commissioner Andriukaitis will deliver a key-note speech by video message at HIV Outcomes event "Improving long-term health and well-being of people living with HIV: Learning from country experiences in chronic care" in Brussels, on 27 November;
- DG SANTE will moderate the EU Health Symposium at the "HepHIV2019 Bucharest Conference: Challenges of Timely and Integrated Testing and Care" on 29–30 January 2019.

3.11. Feedback from CSF meeting

CSF co-chairs explained that this year, in addition to the usual CSF meeting on 6 November, two other meetings were organised: the Civil Society Involvement (CSI) Conference on 5 November, organized by the Correlation Network, and a joint meeting with the Civil Society Forum on drugs on 7 November, organized by DG HOME and DG SANTE.

The CSI Conference presented outcomes of the CSI in Drug Policy Project (funded under the EU Justice Programme in 2017-2018) and highlighted the importance of CSI in drug policy. The project assessed CSI in 28 MS by looking into mechanisms used to involve CSOs in drug policy and identified the following levels of involvement: information sharing (the lowest level), consultation, dialogue and

partnership. The assessment revealed that all MS have some level of involvement (10 countries – somewhat low, 6 – medium, 10 – somewhat high, 2 – very high involvement). In CZ, for instance, the CSI is very high due to a well elaborated structure to involve CSOs in drug policy. In addition, the project developed a roadmap for civil society organizations (CSOs) to build civil society structures aiming at meaningful CSI in the decision making process (e.g., consultation mechanisms with state agencies; leadership, technical capacity and building relationships; research, monitoring and evaluation as a tool to increase evidence; media and public awareness; and community involvement). Finally, the project developed national action plans on a pilot scale in six European countries: Bulgaria, the Netherlands, Italy, Ireland and Slovenia. Furthermore, speakers presented CSI in drug policy at UN, EU and at national level (CZ, PT, IE and IT). CSOs from the two fora told about their activities and accessed the role and limitations of CSI (e.g. pressure due to populism and lack of funding in HU, RO, BG, RU and UA).

During the regular CSF meeting on 06 November, participants split into four working groups (WG) and agreed on the upcoming actions:

- WG1 on advocacy to keep health on the political agenda and sustain funding for health related issues will continue advocacy at the European Parliament (EP) to keep health on the agenda with the increased budget and will aim to obtain an agenda point on health at the Council of the European Union. In addition, WG1 will replicate the CSF statement to encourage to support strong health in the next MFF and to continue development funding, especially for Eastern Neighbourhood Partners.
- WG2 on access to treatment and affordability of medicines and diagnostics will carry out a short survey on DAA for HCV, PrEP Truvada and on one or more TB drugs regarding the actual and real prices, availability in countries and populations, as well as availability of generics.
- WG3 to address stigma, legal and regulatory barriers and human rights violations will assemble 10-15 questions/topics that will be assessed from national and from CSOs perspectives. In addition, it will draft a report of good practices to address stigma and discrimination. SCF suggested using these documents as a basis for discussion at the next Think Tank meeting.
- WG4 on implementation of combination prevention decided to develop a non-discriminatory and non-moralistic integrated prevention model for HIV, viral hepatitis and tuberculosis. In addition, the group suggested that the ESTICOM project report should include data analysis at national level, as well as suggestions for actions at both: national and EU level.

In addition, the CSF highlighted that it considered the recently published SWD not to be a satisfactory instrument to tackle HIV/AIDS, viral hepatitis and tuberculosis epidemics. It also pointed out that the transition from the Global Fund seems to cause issues in some countries. In Bulgaria, for example, there is a big gap for funding harm reduction services, while in Romania there are stock-outs of HIV treatment. CSF is also concerned about the Romanian government's intentions to use structural funds for HIV and TB treatment which should be covered by national programmes. Finally, CSF expressed interest in getting involved in any ongoing discussions between the Commission and the Russian Federation.

At the first-ever joint meeting with the Civil Society Forum on Drugs on 07 November, both fora identified areas of common interest and committed to work together to:

- develop advocacy tools highlighting the need to establish comprehensive funding platforms for the drugs and health-related challenges in relevant financial instruments, notably in the Health strand of the ESF+,
- reduce legal and other barriers to access to HIV, hepatitis, TB and harm reduction services,
- achieve quality standards and integration of social and health services in prisons and detention centres.

3.12. Feedback from the 07 November Think Tank meeting

The Commission 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 3.10 above.

3.13. New Prevention Tools on the Horizon: The European HIV & STI Prevention Network

Prof. Dr. med. Hendrik Streeck, Director of the Institute for HIV Research in Germany, presented his ongoing study on HIV and sexually transmitted infections (STIs).

The European HIV&STI Trial Network (STIPnet) is designed to develop, test, implement and evaluate modern and novel HIV & STI prevention methods. It aims to synergize HIV & STI prevention efforts, to obtain better knowledge on the HIV and STI epidemic, to use the established cohort to test novel prevention methods. STPnet is currently based in FR, DE, IT, PL, ES and HU, but the network is seeking new partnerships. It will longitudinally follow about individuals at increased risk for HIV and STI infections and will test every three months for HIV, hepatitis A, B, C, Gonorrhoea, Mycoplasma Genitalium, Syphilis and Chlamydia Trachomatis. Thus, by December 2019, the study might suggest some indications if PrEP has an impact on spreading of STIs. It is expected that almost 5000 individuals will have finished the study by December 2020 and hopes to serve as a basis for future HIV and STI prevention trials.

Professor Streeck also presented a similar 12-month-long cohort study in Germany, called BRAHMS, aiming to evaluate the incidence of HIV subtype B among MSM at-risk and determine the feasibility of conducting an HIV vaccine efficacy trial there in the future. The study seeks to observe 1000 HIV uninfected MSM, transgender and intersex participants at 10 study sites across Germany, screening them for HIV and other STIs. To date now the study enrolled ~700 individuals at risk. Early data demonstrates a ~5% 3-months incidence of the most common STIs in Germany of which many of them are located pharyngeally and rectally.

From the prevention pipeline for the HIV & STI syndemic, the Janssen Mosaic vaccine's (Ad26.Mos.HIV) phase 2b animal testing results were briefly presented. Promising results are expected in 2023-2024.

DE complemented that it considers this public-scientific partnership very helpful to monitor national situation and to inform policy strategy. DE also suggested that any country may join the STIPnet.

3.14. U=U Campaign in Germany

The Undetectable = Untransmittable (U=U) campaign is based on the following statement: “A person living with HIV who has undetectable viral load does not transmit HIV to their partners”. Results of recent studies provided with scientific evidence to support this statement. This is very important for preventing stigma and

discrimination against PLWHIV, as prejudice on how HIV is transmitted is still widespread. Around the World AIDS Day, DE will launch a social media campaign developed and implemented by the German AIDS Hilfe. The campaign will be based on three pillars: 1) information about the medical facts; 2) short video clips; and 3) statements of high-profile stakeholders.

Participants revealed that similar campaigns are ongoing or will be carried out in IT, FR, SI, UK, AT and NO. Some countries will use U=U message as part of the European Testing Week's campaign. The Commission suggested including it in the Commission's statement for the World AIDS Day.

While everybody welcomed the U=U statement helping to prevent stigma and discrimination, some participants were concerned that this might influence increased transmission of STIs.

DE, FR, ECDC and UNAIDS underlined a significant lack of awareness and importance of a clear scientific explanation in such campaigns.

3.15. European Testing Week: Are You In?

ECDC presented the [European Testing Week](#) (ETW) initiative that was launched by HIV in Europe in 2013 to increase testing efforts and raise awareness of the benefits of early HIV and viral hepatitis B and C testing. The initiative also contributes to reducing discrimination, to upscaling outreach activities, as well as provides a platform to exchange information and resources. To find a convenient test location people can use the [European Test Finder](#) available in 16 languages. Included in the WHO compendium of good practices in the health sector in response to HIV, the testing week will take place from 23-30 November 2018 with more than 700 participating organizations. The Commission endorsed this initiative in 2013, 2014, 2015 and has been asked to patronage the Testing Week 2018.

MS were asked if they were participating and if they would be willing to support this initiative. Participants actively related to the ETW and shared activities at national level. CZ, LT, LV and SI explained that they take part in the initiative, which is supported by the government, and confirmed a positive impact of the initiative, as well as usefulness of the "European umbrella".

Other countries shared similar initiatives at national level. Even though FR does not take part in the ETW, a national testing week is organized the last week of November as part of the National Sexual Health Strategy. In BG, a joint campaign is carried out by the government, health care institutions and NGOs and is widely advertised, including on television. Mobile units are placed in the malls and universities to attract young people, as well as in places for vulnerable populations. In FI, a campaign on the importance of HIV testing took place in prisons. NO pointed-out that every week should be a testing week and shared that in Norway NGOs are encouraged to implement all kinds of rapid tests, while the government takes care of publicity in magazines and websites targeting the focus groups.

FR expressed an interest in having the ETW material available in French, while SI suggested that short educational videos would be effective on social media.

UNAIDS and WHO proposed highlighting the ETW on their websites, while WHO also distributed the information to their partners and country offices.

3.16. ESTICOM: First results of survey reports and their impact on design of national trainings

Dr Ulrich Marcus, ESTICOM Project Coordinator, senior epidemiologist in the HIV/STI/Hepatitis unit, Department for Infectious Diseases Epidemiology, Robert

Koch Institute (RKI) in Berlin, and Dr Ford Hickson, Assistant Professor in Health Promotion at London School of Hygiene & Tropical Medicine, presented interim results of the ESTICOM project.

The first-ever 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 (ECHOES) and on the training programme, the European online survey among MSM (EMIS) were presented.

ECHOES online questionnaire was available in 16 languages. The aim was to assess knowledge, attitudes and practices of CHW, to understand who CHW are, what, where and how are they working, what barriers and challenges they face, and finally to identify skills, knowledge and training needs. The highest participation rate was achieved in Scandinavian countries, LT, MD, AT, SI, HR and ES, while the largest numbers of participants came from DE, ES, UK and FR. More than two thirds of participants identified themselves to be homosexual or bisexual and the majority work in private and/or non-profit organizations. Most of the CHW activities were placed along the continuum of care, starting with prevention activities, counselling and testing, linkage to care, access to treatment and to chronic care. Several sources, including the survey, revealed that CHW have a very limited or no access to training, especially in EE countries, while the suggested training was without any standardized curricula, nor certification. CHW also miss collaboration with CHW from other countries, and identified lack of skills ranging from communication to cultural competency and management, monitoring and evaluation. Training programmes were developed with emphasis on competencies and adapted to local contexts, using integrated conceptual, pedagogical and innovative approaches, as well as incentives, recognition and certification. The modules focus on four specific aims: to increase access to prevention; to improve linkage to and retention in care as well as the quality of care; to improve integration of services; and to reduce stigma and discrimination. To identify training needs for national contexts, four two-day workshops for trainers were organized in Berlin, Warsaw, Vilnius and Athens with 61 participants from 27 countries. Meanwhile, 20 national pilot trainings have been implemented for 21 MS, as well as for RU, MD, RS and CH. Participants observed that focus on attitudes, skills and on cultural competency, as well as synergy with national training programmes, implementation strategy, facilitator's role and accessibility of materials are crucial to success of the programme. Final outputs will consist of a Training-of-Trainers Guide and Toolbox Training Modules for face-to-face and e-learning⁴.

EMIS online questionnaire was available in 33 languages. The relative response per 10,000 men was highest in MT, NO, SE, and IE, while the absolute sample size was highest in DE, UK, IT, FR and ES. Three quarters of all respondents came from paid-for promotion on dating platforms, while local NGOs and social media accounted for 17% of all respondents. Roughly one third of respondents were less than 30 years old, majority identified as gay and were single. 13% consider themselves as ethnic or racial minority in the country they lived in. Compared with EMIS 2010 fewer men had sex with a steady partner and more had sex with a non-steady partner. Condom use was less common in 2017 than 2010 when anal intercourse occurred with either type of partner. The need analysis demonstrated high basic HIV knowledge on testing and transmission but serious lack of access to PEP, PrEP and hepatitis vaccine. Less than 6% had been spoken to personally by a health professional about PrEP. Finally, more than a half of respondents knew what PrEP was, but way fewer were aware of how and why it might be used. More information is available on: <http://sigmaresearch.org.uk/local/item/emis-2017-cr1>.

⁴ <https://www.esticom.eu/Webs/ESTICOM/EN/training-programme/training-programme-node.html>

3.17. Towards the elimination of viral hepatitis among PWID: the evolving HCV policy landscape in Europe

EMCDDA presented results of a recent [review of HCV policies in Europe](#) that the agency has carried out, addressed progress and challenges in monitoring elimination among PWID and gave an update on another EMCDDA project aiming to support countries in identifying barriers to HCV testing in drug treatment settings.

With PWID being a major target population for HCV elimination and with equitable access to hepatitis treatment being one of the progress indicators towards the global elimination goal, WHO defined the existence of a national hepatitis plan as an important 2018-milestone for countries in the European Region. EMCDDA assessed national hepatitis policies in the EU MS and NO whether they promote or limit access to HCV treatment and care for PWID. A fast progress has been noted from three MS having national hepatitis policies until 1999 to 17 EU MS and NO in March 2018, including global elimination targets. Still, 9 EU countries excluded people using drugs from accessing HCV treatment in spring 2018.

Concerning hepatitis monitoring, ECDC has developed a new HCV and HBV monitoring platform (see point 3.18 below). In addition, EMCDDA is working on a PWID-specific list of indicators (the Elimination barometer) to assess the progress towards hepatitis elimination among PWID in Europe.

EMCDDA has developed a support package for promoting HCV testing in drug services, which is aligned with the framework for developing health and social responses included in the Responses Guide published in 2017. The package has three modules for three target groups, namely:

1. The "Problem definition" module is a multidisciplinary workshop aiming to identify strengths and weaknesses in current activities, as well as barriers and facilitators to improvement for those involved in planning and developing of programmes and services;
2. The "Response selection" is a compendium of best testing practices for staff in services; and
3. The "Implementation" module includes for drug services to raise awareness among staff and to promote testing among PWID.

Finally, EMCDDA presented a joint ECDC/EMCDDA guidance for prison settings on active case finding, prevention and control of blood-borne viruses, including harm reduction services. Currently the implementation is the best in Scandinavian countries.

3.18. Beyond surveillance: monitoring hepatitis B and C

ECDC presented a newly developed HCV and HBV Monitoring Framework to better monitor EU/EEA countries implementation of programmes tackling hepatitis B and C as part of their SDGs commitment.

The World Health Organization's European Action Plan for the health sector response to viral hepatitis provides a framework towards achieving the SDG goals for viral hepatitis and all EU Member States have committed themselves to implementing this Action plan.

ECDC has worked with the WHO Regional Office for Europe and EMCDDA to facilitate the monitoring of these actions and to reduce the reporting burden as much as possible. The data will be collected from various existing sources and an ad hoc survey tool will be used where no data is available. The tool has been revised and is to be rolled out in 2019.

Reports of this monitoring will help to provide a more comprehensive overview of the progress in tackling these infections with regards to seven targets set by WHO Europe (including hepatitis B vaccination coverage among new-borns and infants, blood and injection safety in healthcare settings, distribution of sterile needles and syringes to PWID, and diagnosis and treatment).

3.19. HEPCARE: A new model of integrated care – how to replicate the good practice in more countries

Professor Jack Lambert, Consultant in Infectious Diseases at Mater Misericordiae University Hospital and UCD Clinical Professor at the UCD School of Medicine, and Professor Walter Cullen, GP in Dublin City and Professor of Urban General Practice at UCD School of Medicine, presented intermediate results of the HepCare Europe project (HepCare) as well as briefly introduced the INTEGRATE JA.

HepCare is collaboration between five institutions across four MS (IE, UK, ES and RO). It focuses on providing an innovative ‘integrated care’ model for HCV treatment based on the joint participation of primary and speciality care practitioners to allow for more efficient use of limited specialist resources. So far the project has developed, implemented and evaluated interventions to improve the identification, evaluation and treatment of HCV in vulnerable populations (homeless, prisons, PWID). HepCare has used a number of novel approaches, like Point of Care testing with HCV oral tests to screen and non-invasive Fibroscan technology in the community to assess severity of Liver disease, and created novel collaborations between community stakeholders, primary care and specialty physicians.

To date the project has screened 2079 patients in community and prison settings of which 728 (34.2%) were HCV Ab positive. 19% had active infection (RNA positive n= 397). 7% of those screened were new cases of active HCV infection (n= 136). It has linked to care the patients found positive and treated patients with limitations due to country guidelines on treatment. Linkage and treatment is still ongoing as the project is in its third year. The project has trained over 500 Health Care Professionals (120 were planned) and recruited 29 peers for peer support (4 were planned).

The impact and needs in participating countries were different, namely:

- In IE, the project linked-up stakeholders, developed an advocacy document (HEPMAP) disseminated to the Health Service Executive, and the largest of Ireland’s hospital groups (IEHG) is planning to adopt the Hepcare vision and to create a new service within its structure. Finally, 53% of patients have commenced treatment. This is an important result comparing a rate of 3% among a similar population of HCV positive people who inject drugs from the Dublin area.
- In RO, HepCare helped to overcome social barriers (social insurance, ID card, etc.) for over 500 patients and successfully impacted on HCV treatment policies towards at-risk populations by promoting the recent removal of disease-based and laboratory restrictions. Since September 2018, it is possible to treat all patients, even though social barriers remain to date.
- In ES, the project involved stakeholders in drug addition units, therapeutic communities, NGOs and primary care centres, within 20-100 km from the Hospital de Valme setting and promoted an approach to diagnose HCV in a single blood draw, with re-flex determination of HCV-RNA in those anti-HCV Ab positive samples. The experience has been proposed in a formal protocol, adopted in Andalusia and proposed at national level. Given its effectiveness, other tertiary care centres in Andalusia, Valencia and Galicia have started or are considering applying this model.

- The project in London identified 48% of all screened patients as being infected and is supporting those into treatment using peer support. The project's distinct model of care has inspired and enabled other services to launch their own mobile screening services to access hard to reach clients directly, to work with clients with HCV, to outreach and link people to treatment, or to implement a regular screening programme.

Despite the achievements, there are still many challenges to be addressed. Firstly, there is a lack of integrated primary and secondary care services that provide good linkage to care. Secondly, 20% of infected people do not have access to treatment and care. These people are most at risk of transmitting the disease and often have multiple health problems (e.g., infectious diseases, homelessness, mental, etc.). Finally, the project results show that a different model of care needs to be developed for each country. For example, while reengagement activities are important in many developed countries, the "seek & treat" method is the most appropriate in RO.

The Hepcare Europe initiative intends to expand to other areas in the EU, to increase a number of patients accessing treatment and to contribute to rapid scaling up of testing and treatment. It also plans targeting "high transmitter" groups for primary prevention, harm reduction, diagnosis and treatment. Moreover, the consortium is set to re-engaging patients with hepatitis C infection onto the HCV care pathway by developing patient centred interventions and enabling treatment in primary care, general practice and other community-based clinical sites.

Finally, Prof. Lambert acknowledged the Commission's policy of integration of disease areas. He briefly introduced the [INTEGRATE JA](#) aiming to increase early diagnosis and linkage to prevention and care of HIV, viral hepatitis, TB and STIs in the EU, and presented the epidemiological situation. Lessons learned from HepCare project in targeting multiple diseases, involving community in treatment and reaching at risk populations will be used in the joint action's activities.

The Commission welcomed the project's intermediate results. It further commented that while scaling-up is not possible under the Health Programme, one can submit a good practice on the EU [Best Practice Portal](#) for assessment, which then might be selected by MS health authorities in the Steering Group on Prevention and Promotion for further investment of EU funds. This Think Tank meeting is yet another possibility to promote the model to participating countries.

FR expressed a strong interest in HepCare project and explained that its new HCV Elimination Strategy, which will start in 2019, covers similar actions to those developed by the project, including PWID.

In NO, the National Hepatitis Strategy has been implemented since two years. It also includes some activities mentioned in HepCare project, e.g. mobile units implemented by NGOs and clinical care. NO suggested sharing the first year's results with the Think Tank members.

4. NEXT MEETING

The next meeting's date would be fixed before end 2018 to take place in June 2019.