



SANTE DDG1 - C3/RV

REPORT ON THE 5TH EU HIV/AIDS, VIRAL HEPATITIS AND TUBERCULOSIS THINK TANK MEETING

HELD ON 18 AND 20 JUNE 2019

1. PRELIMINARY REMARKS

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)
- Consumers, Health, Agriculture and Food Executive Agency (CHAFEA)

2.2. From EU Member States

AT, CY, DE (AC), CZ, FI, FR (20/06), GR, HR, IT, LU (18/06), LT, LV, PL, PT, SE (VC), UK (20/06).

2.3. From EEA, candidate and neighbouring countries

RU

2.4. Civil Society Forum representatives (participated on 20/06/2019 only)

- Action Aids Europe
- 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)
- Northern Dimension (ND)

2.6. External speakers (participated on 20/06/2019 only)

- Dr Dominik Zenner, International Organization for Migration, representing the E-DETECT TB project¹
- Lella Cosmaro, LILA - the Italian League for Fighting AIDS, representing the INTEGRATE Joint Action²

3. TOPICS ADDRESSED DURING THE MEETING

3.1. Introduction and adoption of agenda

The draft agenda was adopted with one change: the presentation on the Commission Reflection Paper: Towards Sustainable Europe 2030 has been moved from point 4 of the agenda (Towards reaching the SDGs) to point 3 (Commission update).

3.2. Adoption of previous meeting minutes

As a follow-up of the previous meeting, EC mentioned that the Think Tank's mandate had been submitted for the signature of the Director General for Health and Food Safety and will be shared with the members once signed. The minutes were adopted without changes.

3.3. Commission update

EC gave a brief overview of the recent developments grouped under the following topics, namely:

3.3.1. Preparing next college priorities

The new Commission will select priorities for its next term, it is unclear now what these may be. HIV/AIDS, hepatitis and tuberculosis policy is a relevant part of the communicable diseases and cross-border health threats policy's framework.

3.3.2. Reflection Paper: Towards Sustainable Europe 2030

On 30 January 2019, the Commission has published the Reflection Paper 'Towards a Sustainable Europe by 2030' as part of the debate on the future of Europe. The paper forms part of the EU's firm commitment to deliver on the United Nations Sustainable Development Goals (SDGs), including on the Paris Agreement on Climate Change. It reveals that EU Member States have the second highest score on average for SDG 3 (Ensure healthy lives and promote well-being for all at all ages), which includes specific health targets to end by 2030 the epidemics of AIDS and tuberculosis, among other diseases, and to combat hepatitis and other communicable diseases. It also states that deaths in the EU due to HIV, tuberculosis and hepatitis fell rather steadily between 2002 and 2015. Nonetheless, communicable diseases, along with tobacco and excessive alcohol consumption, being overweight, lack of physical activity, mental health issues such as depression and suicide continue to adversely affect health and, together with demographic and social changes, they create additional burdens on the EU healthcare systems. Therefore, the paper seeks to steer the discussion on how the SDGs can be best achieved and how the EU can best contribute by 2030. It outlines three scenarios on how best to progress on the SDGs, namely: 1) An overarching

¹ Early detection of tuberculosis in Europe, <https://e-detecttb.eu/>

² Joint Action on integrating prevention, testing and linkage to care strategies across HIV, viral hepatitis, TB and STIs in Europe, <https://integrateja.eu/>

EU SDGs strategy to guide all actions by the EU and Member States; 2) Continued mainstreaming of the SDGs in all relevant EU policies by the Commission, but not enforcing Member States' action; and 3) Putting enhanced focus on external action while consolidating current sustainability ambition at EU level.

3.3.3. *Policy events and exchanges with civil society organizations*

The Commission regularly engages in the policy events to support the sustained efforts in tackling HIV/AIDS, TB and hepatitis epidemics. Commissioner Andriukaitis recorded the following video messages to express the support and engagement of the Commission, for example:

- A keynote speech at the HIV Outcomes' event "Improving long-term health and well-being of people living with HIV: learning from country experiences in chronic care" in November 2018;
- How can we support viral hepatitis elimination in line with the WHO Global Strategy and UN SDGs in 2019-2024 at ACHIEVE's event in December 2018;
- European Union's work towards ending HIV/AIDS related stigma and discrimination at the conference "What if... zero is possible" in Verona in March 2019.

DG SANTE opened the 4th European Harm Reduction Conference in Bucharest in November 2018, which also included a Closing meeting of the Joint Action on HIV and Co-infection Prevention and Harm Reduction (HA-REACT) funded under the EU Health Programme.

The Commission actively participated at the 6th HepHIV conference focusing on earlier and integrated testing and care of HIV and viral hepatitis, co-organised under the auspices of the Romanian Presidency by the EU funded 3-year Joint Action INTEGRATE and the HIV in Europe initiative in January 2019 in Bucharest. Commissioner Andriukaitis, in his recorded opening speech, underlined the importance of effective, coordinated testing and care at all levels in order to reach the SDGs target to end the epidemic of HIV/AIDS and reduce hepatitis by 2030. DG SANTE was in a panel of a plenary session "Fast track cities initiatives: How to expand to other disease areas" and moderated a plenary session "EU Health Project Symposium: Integrated Testing and Synergies", where several EU funded projects presented their activities on integrating services while tackling HIV/AIDS, TB and hepatitis. Colleagues from ECDC and EMCDDA gave presentations on relevant topics.

On 3 June 2019, the UN Secretary-General's report on galvanizing global ambition to end the AIDS epidemic after a decade of progress was presented during the 73rd session of the UN General Assembly. Ambassador Silvio Gonzato, Deputy Head of Delegation of European Union Delegation to the United Nations, delivered a statement on behalf of the European Union and its Member States, acknowledging the progress made, underlining the need of sustained efforts, and pledging commitment to support action to address HIV and AIDS at home, in the European neighbourhood, and globally, using all available financial, technical, and political instruments.

The Global Fund's (GF) 6th replenishment conference will take place in Lyon in October 2019. The Commission has always been a strong supporter of the GF and intends to make an ambitious pledge for the 2020-2022 replenishment, as in each replenishment cycle so far (i.e., more than EUR 2 billion since 2002 and EUR 475 million for 2017-2019). However, as the MFF 2021-2027 is not yet adopted, a specific pledge to the Fund cannot be indicated yet.

The Commission remains engaged to facilitate the involvement of the civil society in the policy implementation. At the request of three organizations (namely, the European Federation of National Organisations Working with the Homeless (FEANTSA), ACHIEVE coalition and HIV Outcomes association), DG SANTE met them in 2019 in to exchange views and to explain the EU policy framework and activities in HIV, TB and hepatitis field.

3.3.4. The EU Health Programme

The EU Health Programme High Level Conference will be held in Brussels on 30 September 2019³. It will be opened by Commissioner V. Andriukaitis and will go through the highlights of the implementation of the current health program with sessions devoted to each of its objectives. This will be done with a view to learning from the experience and looking forward and better preparing the health strand of the ESF+ program of the new (proposed) EU budget. All stakeholders are invited to participate.

Currently, the Union is funding 8 operational projects (including Joint Actions and operating grants) under the EU Health Programme and has invested over 12.2 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:

- 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.
- **HA-REACT Joint Action** (2015-2018, EUR 3.75 M) has come to an end on 31 January 2019: on HIV and co-infection prevention and harm reduction addressed gaps in the prevention of HIV/AIDS, TB and hepatitis among people who inject drugs (PWID). The closing event took place at the European Harm Reduction Conference in Bucharest on 21-23 November 2018. ECDC and EMCDDA were among the collaborating partners. HA-REACT was carried out in Latvia, Lithuania and Hungary, while Czech Republic and Poland were focus countries of the prison work package. The Joint Action tested 730 people who inject drugs for HIV and 371 people for hepatitis B and C, distributed 44.500 condoms and 213.700 syringes and needles, and to provide counselling services to 725 patients. It also trained 1.300 health care workers in prison and community settings. Study visits, trainings and workshops, a condom vending machine in a Czech prison, and a mobile unit offering harm reduction services for people who inject drugs – are examples of good practices that can be further duplicated.
- **ESTICOM project** (2016-2019, EUR 1.98 M): 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 at the Think Tank meeting in November 2018. A Dissemination workshop took place on 19 June, back-to-back with this meeting.
- **INTEGRATE Joint Action** (2017-2020, EUR 2M): 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 took place in Bucharest in January 2019. It has piloted a European Spring Testing Week in Lithuania, Slovakia, Italy, Croatia, Greece and Portugal in May 2018, where almost 1,900 people were tested for HIV and hepatitis. The Joint Action's work would be presented in detail on the second day of this Think Tank meeting.
- **HepCare Europe project** (2016-2019, EUR 1M): 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 the last Think Tank meeting in November 2018. The project screened more than 2000 people in Romania, Spain, Ireland and

³ http://ec.europa.eu/chafea/health/newsroom/news/18032019/index_en.htm

the UK, where over 700 or (34.2%) were actually infected with viral hepatitis C. Approximately 80% of the infected patients were then linked to care and treated with limitations due to national guidelines. HepCare also educated and upskilled over 500 health care professionals and trained 29 peers for peer support.

- **eDETECT-TB project** (2016-2019, EUR 1.8M): aims to contribute to a decline, and the eventual elimination of TB in the EU in line with the ECDC Action Plan and the WHO Europe TB Action Plan 2016 to 2020 and focuses on early detection and integrated management of tuberculosis in Europe in vulnerable populations. This will be achieved by evaluating evidence-based interventions, taking best practice approaches from countries, which have developed national strategic plans and provide a framework to support the adaptation and implementation of these measures. The project aims to strengthen care integration by using a "one-stop-shop" outreach approach, which brings together innovative TB screening and social support to high risk populations in Romania. A mobile health unit aiming to screen 12,500 persons per year was launched in Bucharest in November 2018. In 2018 alone, 1,784 people were screened with a Chest X-Ray in the mobile unit. In addition, the project has developed a first-ever migrant screening protocol for active TB in temporary settled migrants, with in-field evaluation of an m-Health system, including a phone application for on spot data recording, and retrospective analysis of the cascade of screening and care of active TB and latent TB infection. Almost 5,000 people were checked in Catania and Brescia, Italy. Two other outcomes of the project: 1) a toolkit to develop a national TB strategy, and 2) the first-ever European migrant screening database, were presented during this Think Tank meeting (see points 3.12.2 and 3.14.1).

3.3.5. *Progress in the adoption of the next Multiannual Financial Framework (2021-2027)*

During the last meeting, the Commission's proposal for the next Multiannual Financial Framework (2021-2027), more specifically: a Health strand of the European Social Fund Plus (ESF+); and a Health cluster in the future framework programme for research and development, Horizon Europe was presented. This time DG SANTE gave a short update on the adoption progress.

The Commission adopted the ESF+ proposal on 30 May 2018 with an overall budget of EUR 101.2B, including EUR 413 million for the Health strand. The European Parliament proposed increasing ESF+ funding by approximately 19% compared to the European Commission's proposal, including a 4% increase (or EUR 420 million) for the Health Strand. MEPs want to see more resources devoted to youth employability and to ensure equal opportunities for children at risk of poverty or social exclusion. A political dialogue on ESF+ should start in autumn.

The European Parliament and the Council, the co-legislators have provisionally agreed on the Horizon Europe legislative package. The partial political agreement on the Specific Programme for the Health Cluster of Horizon Europe also foresees research on prevention of infectious diseases. DG SANTE is actively involved in development of the Horizon Europe programme and in particular the Health cluster, where it is co-chairing Directors Group together with DG RTD.

A public consultation on a draft strategic plan with research priorities for the first years of this programme has been launched on 28 June 2019⁴. The process will also include the results of the discussions held during the European Research and Innovation Days, to be held in Brussels on 24-26 September 2019, as well as other possible initiatives. A similar consultation will also be organized for the ESF+.

The MFF is expected to be adopted before end 2019.

⁴ https://ec.europa.eu/eusurvey/runner/HorizonEurope_Codesign_2021-2024

3.3.6. Country Health Profiles

The Country Health Profiles give a snapshot of a population's state of health and key risk factors, along with a brief assessment of each health system's performance in terms of effectiveness, accessibility and resilience. They also include information on HIV/AIDS, hepatitis and TB where relevant in the country context.

The Country Health Profiles are prepared by the [OECD](#) and the [European Observatory on Health Systems and Policies](#) in cooperation with the European Commission. The profiles form the backbone of the *State of Health in the EU* cycle. Whereas the *Health at a Glance: Europe* report provides a comparative overview, the profiles offer country-specific assessments of the strengths and challenges facing individual health systems. The profiles use a standard structure and methodology, but the content is adapted to what is relevant for each EU country. EU countries are not ranked according to their overall performance, but assessed according to their national specificities and progress made.

Last time, the profiles were published in 2017. A new edition will be published in November 2019, after the consultation of Member States at the end of July 2019.

A Companion Report published along with the Country Health Profiles draws cross-cutting conclusions, links common policy priorities across EU countries, and explores the scope for mutual learning.

At the close of the two-year cycle, health authorities in EU countries can request voluntary exchanges with the experts behind the *State of Health in the EU*, to discuss findings and potential policy responses.

3.3.7. Health in drugs policy

Colleagues from the Directorate General for Migration and Home Affairs (DG HOME) had provided with a written input on the recent updates on health related issues in the EU drugs policy:

- People who inject drugs are a high-risk group for infectious diseases, in particular HIV and/or viral hepatitis. The 2013-2020 EU drugs strategy and its two consecutive action plans, which advocate an integrated, balanced and evidence-based approach to drugs policy, guides efforts at EU level. A public consultation/evaluation of the current EU drugs strategy will be launched in summer. All stakeholders are invited to participate.
- On 28 February 2019, the RO Presidency presented its lessons learned, multiplying elements, responses to the challenges posed by ensuring the continuity and consistency of drug treatment and care services, as well as the opportunities given by the implementation of case management by the institution of the national coordinator. Care services provided to people with substance use disorders, integrated and coordinated by case management, address the complex set of complementary, simultaneous or sequential medical, psychological and social interventions. In the discussion, Member States exchanged information and ideas for implementation and best practices on the issue of case management.
- The Resolution 62/6 on “Promoting measures to prevent and treat viral hepatitis C attributable to drug use”⁵ was adopted at the 62nd session of the United Nations Commission on Narcotic Drugs on 18-22 March 2019. It calls Member States to strengthen and accelerate their domestic and global efforts to implement the drug policy commitments, including the accessibility to and integration of services for the prevention, treatment and care of viral hepatitis and co-infections, like TB, HIV/AIDS and other blood-borne infectious diseases.

⁵ https://www.unodc.org/documents/commissions/CND/Drug_Resolutions/2010-2019/2019/CND_Resolution_62_7.pdf

3.4. Towards reaching the Sustainable Development Goals (SDGs)

3.4.1. Progress towards achieving the SDGs

When it comes to achieving SDGs targets, ECDC presented a disperse picture for the three diseases:

- For TB, while there is a relatively good progress in the EU, it is not sufficient to reach the SDG targets of 80% reduction in TB incidence and 90% reduction in number of TB deaths in 2030 compared to 2015. There is currently no data on families facing catastrophic costs due to TB, yet studies are being discussed or planned in PT, RO and UK, which may provide the information. Achieving the target of 85% successful treatment remains a challenge. It was discussed that in some countries this may be due to low treatment success rates (and higher death rates) in elderly people and people having alcohol problem. Lower treatment success rates may also be influenced by reporting patients as "lost to follow-up" or "not evaluated".
- For viral hepatitis, it is currently not possible to assess whether or not the EU is on track to achieve elimination of viral hepatitis as a major public health threat by 2030 SDG goals due to the lack of available data. ECDC presented the first EU/EEA monitoring system for hepatitis B and C rolled out in December 2018. The system is aligned with the WHO Global Health Sector Strategy on Viral Hepatitis 2016-2021 and focuses on prevention, testing and treatment. The deadline for reporting was end of January 2019 and all EU/EEA countries responded to the first data call. The data is currently being validated and a report will be launched in autumn 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). Estimates show that there has been progress on hepatitis B vaccination and blood safety, yet challenges remain in prevention, testing and treatment.
- For HIV, the EU is on track towards achieving the 90-90-90 targets (detect, treat, suppress) with continuous sustained efforts. Yet there are big differences among EU countries and some countries need more support than others. Lastly, a reverse shift in trends is needed in the Eastern non-EU countries.

EMCDDA presented its activities of HCV monitoring on a PWID-specific list of indicators that supports monitoring at EU level (the Elimination barometer), the latest European Drug Report of June 2019, the new EMCDDA initiative to promote HCV testing in drugs services, as well as the upcoming milestones and EMCDDA's cooperation with EU neighbourhood and accession countries. The Drug Report shows that while HIV incidence among PWID is declining, there have been local outbreaks linked to injecting of stimulants. International and European guidance recommends that every PWID should be tested for HCV at least once a year. A support package for promoting HCV testing in drug services is aligned with the framework for developing health and social responses included in the Responses Guide published in 2017 and 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 case studies illustrating new models of care for drugs services to promote HCV testing; and

3. The "Implementation" module includes a Knowledge Questionnaire that aims to refresh the knowledge and identify training needs around hepatitis C among practitioners working in drug services.

A first set of EMCDDA resources on hepatitis C will be launched on World Hepatitis Day 2019 and the remainder during Lisbon Addictions 2019 – the third European Conference on Addictive Behaviours and Dependencies which will take place from 23-25 October 2019 in Lisbon.

3.4.2. Round Table Discussion: Member States' Activities

Several countries actively discussed developments, activities and challenges at national level while tackling HIV, TB and hepatitis, as well as exchanged on the availability of generic drugs on the market (ARV, rifapentine, tuberculin skin testing, child-friendly formulations and others) and considered sharing experiences at the upcoming Think Tank meetings. FR and SE provided input in writing.

LV explained that HIV "Test and Treat" support was implemented in October 2018. Currently, 48% of tested people receive HIV treatment. Since 2019, the linkage from testing to treatment is financed by the state. People tested in low threshold services have a direct link to specialist testing and treatment. Following end of the HA-REACT Joint Action, the state continues financing the activities in a mobile unit providing testing, harm reduction and counselling services. LV highlighted that this good practice piloted by the 3rd EU Health Programme brings a real impact on the ground. Since 2019, people having contracted HCV with fibrosis F1 do receive treatment. In 2018, 1,700 patients were treated, while in 2019 so far, 1,500 patients have received treatment. For TB, algorithms have been developed for specialists on testing for TB and LTBI, including PLHIV. It should be explored how to keep PLHIV and PWID on treatment.

In **LT**, the second 90 target (linkage to care) is the main concern, as the majority of PLWHIV are also PWID. Cooperation among health care providers, social workers and NGOs needs to be strengthened. The current financial issues for low threshold services are expected to be solved before end 2019. TB incidence rate is getting lower, yet successful treatment rates of MDR-TB (approx. 40%) could be improved. Food vouchers and compensation for travel expenses helped to motivate patients to complete treatment with only 2 of 146 people having stopped treatment in Vilnius city since 2017. The draft of new TB Diagnostics and Treatment Guidelines have been prepared, taking into account recommendations of the latest guidance documents, and should therefore help improving indicators. For hepatitis, testing activities have been expanded by screening of pregnant women for hepatitis B since 1 January 2019.

In **FI**, National TB Prevention and Treatment Guidelines are being updated. MDR cases are treated according to WHO recommendations. Contact tracing was updated last year and the use of tuberculin tests is included in the TB Testing Guidance. Last week, recommendations were published for TB Screening and Treatment, including a follow-up from diagnostics to treatment outcomes. National PrEP guidelines were published in April 2019. PrEP can be prescribed by a doctor or physician who has enough knowledge of HIV. PrEP generics are available in pharmacies since May 2019.

In **HR**, HIV mainly affects MSM. The challenge is early diagnosis, while linkage to care and treatment are good. One of the biggest achievements is a successful implementation of the Global Fund's project and its transition into national system. A new PrEP pilot was started in autumn 2018, with 25 people being on PrEP in November 2018 and 95 people in June 2019. PrEP generics are available in pharmacies. The biggest gap in HBV and HCV is testing with estimated 70,000 people not having been tested yet. The draft National Hepatitis Action Plan is at the final stage of adoption and focuses on the education of GPs and other health care providers to raise

awareness about a need of testing. HR is a low TB burden country with a continuous decrease of TB incidence, where TB mainly affects the ageing population.

PL has reviewed the National HIV Testing Guidelines, which will include quick and self-tests. Even if not reimbursable, PrEP is largely available in pharmacies. ARVs' prices are not attractive and PL started negotiations with pharma to decrease them. Recently there was a workshop on integrated testing in Warsaw (organized by the INTEGRATE Joint Action), which was useful for identifying barriers to services. ECDC presented there the recent guidance on integrated HIV and viral hepatitis testing. TB is slowly decreasing and mainly affects elderly people.

In **PT**, for PLHIV, screening and treatment for LTBI is a challenge. In 2018, few hospitals implemented a fast-track access for high-risk groups. The 2017 guidelines will be updated in 2019–2020. People with HCV are being treated after 2-3 months waiting with over 90% success rate. The national recommendations provide for a systematic hepatitis screening of high risk groups and for a once-a-lifetime in general. TB treatment success rate is below 70% and there is a rise in childhood TB cases. Rifapentine is available since 2019 and there is a framework for education on diagnosing and managing LTBI.

In **LU**, self-tests will be sold in pharmacies and shops from end of July 2019. A PrEP project, which ended in April 2019, is now a programme. Discussions are ongoing about a possibility to provide hepatitis treatment in drug consumption settings. The second drug consumption room will be opened end of August 2019. LU is also looking for possibilities to provide housing for PLWHIV, who are on HCV treatment. Even if there is a low TB incidence in LU, it has increased by 30% and includes many MDR cases, mainly in asylum seekers from Eritrea.

In **AT**, TB has been decreasing since the last few years. Discussions are ongoing on the LTBI screening and target groups, including migrants, and where to set thresholds for high incidence countries. AT has the National HIV and Hepatitis Strategy, which contains national goals and 50 measures, as well as describes the current situation and target groups. HIV incidence rates are stable and slightly decreasing. HCV continuum care data is collected regionally, but not at national level. AT aims to improve the data on HBV and HCV. For HCV, a lot of work is being done by harm reduction services across the country, especially for testing PWID.

In **CY**, HIV screening services are mainly provided by NGOs, while ARV treatment is provided at a Clinique. There is work to be done on PrEP and on self-testing. TB rates are very low, despite increased numbers in migrants, including MDR and childhood cases. For HBV and HCV, there is good access to care. From June 2019, a new health system is based on primary care with the GPs being trained testing.

In **CZ**, PrEP is available and a total number of new HIV infections has been decreasing in 2017 and in 2018. Also, there are very low incidence rates of HBV and HCV, with the latter being mainly a concern among PWID.

In **SE**, almost 90% of TB cases are in immigrants, mainly from high incidence countries. The challenge is to diagnose promptly and screening of contacts to new cases is mandatory. General voluntary screening active and latent TB is carried out for asylum-seekers from high incidence countries (>100/100 000) and preventive treatment for LTBI is offered to people < 35 years or if risk factors. In 2017, the number of TB cases dropped by 27% compared to 2016, due to less immigrants. All isolates typed with whole genome sequencing and estimates show that only 15% of all cases diagnosed per year have been infected in SE. As the number of cases is related to migration, setting goals of number of cases to diagnose and treat is not relevant in SE. Among Swedish-born the TB incidence is already < 1 case per 100,000. There are five laboratories that diagnose TB, with automated reporting to the TB-register of positive findings resulting in close to

100% reporting of culture confirmed cases. There are usually only between 10 and 20 cases of MDR-TB (and XDR) diagnosed yearly. Treatment regimens for all are suggested by a national TB-board for complicated cases and the new WHO guidelines were implemented already in September 2018 after the WHO rapid communication on MDR-treatment in August 2018. Testing for LTBI and preventive treatment has been implemented in Sweden for many years. In practice though there is a discrepancy from the WHO guidelines, as not all PLHIV are screened or treated. Many HIV-specialists in SE are convinced that effective ART is enough and therefore do not always screen or offer preventive treatment. The national guidelines on TB prevention say they should, but the clinical HIV guidelines do not.

In **SE**, all people living with HCV are offered DAA treatment. Challenges are to reach risk groups with testing and treatment. Successes are the many newly opened needle exchange programmes (NEP) (at least one in almost every county). PHAS recommend expanding to mobile NEP's in order to reach more people.

In **FR**, the National Health Strategy 2018-2022 provides the framework for health policy. In the context of the national Sexual Health Strategy 2017-2030, the Sexual Health Roadmap 2018-2020, the End TB Roadmap 2019-2023, the Prevention Priority Plan 2018-2022, and the Support Plan for Healthcare System transformation, the Government has acknowledged the need to support innovative and evidenced-based initiatives at national and regional levels that reach out to target population. Flagship measures for HIV and sexual health include: reimbursement of condoms (since December 2018), "Regional testing week" initiative (HIV, STDs, hepatitis) in all French regions (including overseas) in 2019; a new free of charge HIV testing without prescription and appointment service is offered in all Paris and Nice medical testing laboratories; 4 pilot projects on community-based sexual health centres ("test and treat" Dean Street express model) are be launched in 2019; and a sexual health prevention program for young people (Condom Card) (3 pilot-regions). A new national Roadmap 2019-2023 to stop TB contains several levers of intervention to stop tuberculosis, including international commitment for global tuberculosis control.

3.5. Pre-exposure Prophylaxis: ECDC and Member States Activities

ECDC outlined the latest developments in the field. According to the 2018 data of Dublin monitoring process, in March 2019, PrEP was reimbursed in 9 EU/EEA countries, while 6 countries were carrying out pilot or research projects and 8 countries had non-reimbursable generics available in health-care settings. The data reveal that cost is a major obstacle to implement PrEP, while limited technical capacity to introduce PrEP properly is also a barrier.

ECDC also presented results of a 17-question survey that it carried out among users of the Hornet website mobile application coming from 55 countries in Europe and Central Asia. From over 12,000 respondents, only 10% responded that they were currently taking PrEP. Still, 85% respondents indicated their willingness to start using PrEP within the next six months. More than a half respondents are were using PrEP informally, mainly buying PrEP on 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. Results of this survey suggest that the formal PrEP roll-out in the European region is not meeting the demand in the community.

ECDC is currently in the process of developing minimum standards and principles for PrEP service delivery in the EU/EEA and a standardised monitoring tool of PrEP in the EU/EEA, which are is expected to be published in in the first half of 2020.

Several Member States shared their PrEP activities (see point 3.4 above).

In **SE**, after the first half-year's prescription of PrEP, the demand continues increasing. STIs are also on the rise. SE will carry out studies among users.

In **FR**, there are discussions on several PrEP-related actions, including enhanced communication for better uptake of PrEP by high-risk target audiences; training of professionals; and better targeted/increased financial resources towards structures with an important active file (STD centers, hospital consultations). The European market authorization (MA) requires Truvada to be initiated by physicians who are experienced with the management of HIV infection. Since Truvada treatment and PrEP share the same MA, authorising GP to prescribe PrEP requires a prior legal harmonisation. The measured impact of PrEP and screening is expected to show on the number of people discovering their HIV seropositive status in 2019-2020.

3.6. EU Health Policy Platform

The EU Health Policy Platform⁶ is an interactive tool to boost discussions about public health concerns, share knowledge and good practices. The Platform can be used to exchange with others, pool expertise in joint statements and disseminate actions among a wide audience. Most of the Think Tank's participants are already members of the dedicated network⁷ on the Platform. Due to time restrictions, a leaflet was distributed on how to use the Platform and, following requests from several participants, it was agreed that a presentation could be given at the upcoming meeting.

3.7. Feedback from 17-18 June CSF meeting

The CSF meeting discussed recent advocacy activities, exchanges on EU Presidencies, a new National Hepatitis Strategy in Romania, including a pilot using EU structural funds, entitling people without social insurance to receive HCV treatment (except in Bucharest region). CSF members also shared information on a recent HIV outbreak in prisons in LT; on challenges to get ARV because a prescription needs to be renewed monthly in LV; on the increase of homophobia and a number of crimes in CZ; and on a good practice of U=U campaign in PL. CSF underlined the need for support from governments on such campaigns. CSF co-chair also noted that even if FI has a new PrEP strategy, PrEP is not yet affordable and underlined the need for support from the government. CSF is carrying out a survey among its members on the stock outs of medicines and diagnostics in countries.

LT explained that the HIV outbreak in prisons has been solved with the National Insurance Fund taking over the financing.

CSF also discussed challenges in Central and Eastern Europe due to the GF's departure. The discussion concluded that there are ways to handle the transition and that the issue is not always the lack of money, but the political will and the way funds are used.

DG SANTE reiterated that the Commission is a strong supporter of the GF and intends to make a pledge for the 2020-2022 replenishment, as in each replenishment cycle so far. The sustainability, transition and co-financing policy of the GF outlines a framework for ensuring successful transitions from GF financing. This GF's policy is work in progress, and the Commission, through its presence on the GF board, ensures that this policy is successfully implemented.

Lastly, CSF praised outcomes of the ESTICOM project (see points 3.3.4 and 3.9) and underlined the need for a new EU-level project focusing on MSM.

⁶ <https://webgate.ec.europa.eu/hpf/>

⁷ <https://webgate.ec.europa.eu/hpf/network/home/2>

NB: A complete CSF meeting report can be found on the EU Health Policy Platform (<https://webgate.ec.europa.eu/hpf/item/item/18849>) and online⁸.

3.8. Feedback from the 18 June 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 3.6 above.

3.9. Feedback from the 19 June ESTICOM meeting

The project "European Surveys and Training to Improve MSM Community Health" (ESTICOM), funded by the 3rd EU Health Programme, held a Dissemination workshop in Luxembourg on 19 June. 76 participants included stakeholders from national authorities, scientists, researchers, academics, clinicians, civil society organisations, as well as representatives from the TT and the CSF and discussed the ways to maximise the utility of key learnings from ESTICOM, and how to sustain those benefits over time.

CHAFEA presented in detail the aims, methods and key achievements across the three main outcomes of the project, namely:

1. European online survey among MSM ([EMIS 2017](#))
2. Online survey about knowledge, attitudes, practices, and training needs of community health workers (CHW) providing services for MSM in the EU and neighbouring countries ([ECHOES](#)).
3. Development and pilot testing of training programme for MSM-focused community health workers ([ESTICOM TRAININGS](#)).

CHAFEA suggested that the EMIS report should be seen as a tool showing the needs and gaps in prevention and that the collected country level data should be used to take action. ECHOES report gives an insight on the CHW's activities and training needs. CHAFEA presented the process of piloting the trainings and developing training materials and explained that the final training materials will be available in August 2019. Discussions are still ongoing into which languages to translate training materials and what would be the best platform to host training material and to ensure sustainability of the project's outcomes.

ECDC commented that EMIS data complements the data collection from ECDC perspective. Behavioural data is very expensive to be collected and EMIS data adds a big value to understanding the gaps in the response. ECDC suggested that such a survey could be repeated in 6-7 years to enable an effective response.

UNAIDS commented that EMIS data supports the analysis of the UNAIDS global survey on LGBTI. UNAIDS will publish a relevant research article and suggests presenting it at the next TT meeting.

IT questioned the reliability of this self-reported data. CHAFEA explained that comparisons with data from other sources show (e.g. a survey in the UK) that questions and trends are similar and that the recruitment size adds to the reliability. This is the strongest survey worldwide based on methodology. ECDC confirmed that comparability is an asset and that there are more pros than cons. UNAIDS reiterated that several sources should be used to get a full picture and EMIS data is a crucial element. PT agreed that this data can help not only to implement, but also to tailor-make a response in each country, as it provides knowledge on specific points.

⁸ <https://www.aidsactioneurope.org/en/event/eu-hiv-aids-hepatitis-and-tuberculosis-csf-june-2019?position=0&list=zdiSJ3AbbEMhYYrGsSfCB11nbG00QrZWYwWbG198t7c>

UNAIDS added that we had a very limited knowledge on CHW and it will use the ECHOES report for advocacy in the communities. WHO suggested that it was very important to repeat such surveys, e.g. every 5 years.

AT suggested that similar data on migrants would be relevant. CHAFEA recalled that the E-DETECT TB project works on TB screening in migrants (see point 3.12.2).

3.10. Portugal's show case: A Call for Common Strategies on Drug Access, Diagnosis and Preventive Treatment of TB

PT presented the epidemiological situation in PT, where TB incidence rate decline (5.4% per year) is slightly faster than the EU average (4.7%) and the following key elements of TB action in PT based on three pillars of the End TB Strategy, namely:

1. Integrated TB care, including:
 - Institutional structure for the management of the National TB programme;
 - Reaching out to homeless people;
 - Management of MDR TB and XDR TB in accredited centres;
 - Integrated HIV, TB and drug dependency care centre in the North of Portugal;
 - Latent TB infection (LTBI) management, which helps to detect and treat more latent TB cases.
2. Bold policies and supportive systems, including:
 - intersectoral strategies to achieve equal access to quality healthcare services;
 - free medication to all TB and LTBI patients;
 - DOT promoting strategies;
 - free of charge medical support and monthly payment during illness leave;
 - migrants support.
3. Intensified research and innovation with the educational framework for health care staff and general public is in place since end of 2017 on:
 - Implementing the short course regimens in MDR and XDR reference centres;
 - The use of WGS to all MDR and XDR cases and in outbreaks;
 - Access to molecular tests and rapid identification of resistant Mt;
 - Possibility to preform HIV rapid tests in the outpatient TB centres;
 - National TB laboratory.

DG SANTE asked PT about the main difficulties to implement the integrated TB care and an advice to other MS on how to overcome such difficulties.

PT explained that there are two regions in PT having higher TB notification rates in clearly identified key populations and that one of the issues was reorganizing the special care centres to optimise them. Another very important aspect is active TB and LTBI management, where PLWHIV and migrants are not systematically screened. Sending HIV patients to TB patient centres to be screened for LTBI could be a barrier. NGOs do an essential work in finding migrants and screening them without compromising their rights. PT manages the detection of LTBI via clinical surveillance and examination, using IGRA TB tests and Mantoux tuberculin skin tests (TST). Even if this method is more costly, the results are more specific given that more than 95% of tested patients had been BCG vaccinated.

ECDC TB Program is also closely collaborating with the universities, therefore specific studies are done to improve the surveillance data and analyse it.

3.11. Global Strategy for TB Research and Innovation: Impact on Public Health

WHO is developing a Global Strategy for TB Research and Innovation (Global Strategy) in consultation with Member States, Civil Society, partners and other key stakeholders, for consideration by the Executive Board at its 146th session in January 2020.

The main goal of the strategy is to provide a framework of interventions to remove barriers in TB research and innovation process to help achieve the goals and targets of the End TB Strategy. The vision is breaking through the status quo and living up to the UNHLM-TB declaration to achieve the goals and targets of the End TB Strategy. The strategy has four strategic objectives to:

1. Create an enabling environment for TB innovation;
2. Increase financial investments in TB research and innovation;
3. Promote and improve approaches to data sharing;
4. Ensure equitable access to the benefits of research.

The strategy defines 17 research priorities for the European Region and distribution of those for the high burden countries, grouped under three themes: epidemiological research (2 priorities), innovation and fundamental research (4 priorities), and operational research (11 priorities).

ECDC commented that there is a lot work ongoing for vaccines, but we are not there yet. There are not many new drugs in a pipeline and it is more about new regimens. More work is needed in diagnostics and treatment of LTBI, as well as to reduce the duration of treatment, especially in the EU. Physicians are quite reluctant to do tests, as they do not trust the results.

DG SANTE and PT indicated that LTBI testing is most valuable in vulnerable groups, but not in general public. PT, FR and EE are considering switching from general vaccination of new-borns to vulnerable groups.

In SE, there is no national TB research strategy, but there are various TB research initiatives at different universities and institutes.

3.12. Sharing and Implementing Good Practices

3.12.1. *Impact and Sustainability of the Health Programme Pilots in Member States*

The Health Programme aims to pilot good practices that are further used and upscaled at national and local levels. The aim of the discussion was to see what is the impact of previously piloted and well-evaluated practices, as well as what could be done to boost sustainability in the future.

CHAFEA presented the Health Programme's impact evaluation framework, as well as the outcomes of the HA-REACT Joint Action (2015-2018, EUR 3.75 M), which has come to an end on 31 January 2019. It was carried out in LV, LT and HU, while CZ and PL were focus countries of the prison work package. Study visits, trainings and workshops, a condom vending machine in a Czech prison, and a mobile unit offering harm reduction services for people who inject drugs – are examples of good practices that can be further duplicated by Member States. Nonetheless, it is quite difficult to measure the impact of the outcomes on the target population. When it comes to sustainability, analysis of barriers is very important. HA-REACT has made an extensive barrier analysis, as well as analysis of all financing sources available to maintain the tools in activity at the end of the Joint Action.

LV confirmed that the mobile unit contributes to very tangible results, e.g. in needle exchange.

3.12.2. *Toolkit for National TB Strategies Development*

The e-DETECT TB project⁹ (2016-2019, EUR 1.8M) aims to contribute to a decline, and the eventual elimination of TB in the EU in line with the ECDC Action Plan and the WHO Europe TB Action Plan 2016 to 2020 and focuses on early detection and integrated management of tuberculosis in Europe in vulnerable populations. It carried out a survey in the 31 EU/EEA countries regarding implementation of national TB strategies and programmes. The results revealed that 17/31 of EU/EEA countries have a national TB strategy and most have defined organisational structure, but few a fully costed budgets.

The project has developed a draft EU/EEA-wide TB Strategy Toolkit together with Member States for Member States to support strategy development and implementation, which is ready to be piloted. It comprises core components of national strategic plans for TB prevention and control contains the following building blocks:

- An overview of the available TB control tools together with the EU/EEA-wide evidence and information on barriers and enablers to implementation.
- A menu of choices to support national TB programme representatives and focal points to be equipped to develop and implement locally-relevant strategies in their own context.

The final version of the toolkit has been published online after consultation with Member States.

DG SANTE invited member States to use the toolkit.

ECDC and WHO will carry out a country visit in NL to define and revise the TB National Strategy in June 2019. Member States can invite ECDC and WHO to provide with expertise and proposals for country-specific contexts.

SE has no national TB strategy. It was suggested to develop one some years back but the idea was not supported by Socialdepartementet. The strategy suggested was focused on securing financing for the current structure of TB-care, in order to avoid cut-backs to soon when numbers go down.

3.12.3. *Towards Integrated Early Diagnosis and Linkage to Care across HIV, TB, Hepatitis and STIs*

The INTEGRATE Joint Action¹⁰ (2017-2020, EUR 2M) aims to integrate early diagnosis and linkage to prevention and care of HIV, viral hepatitis, TB and STIs, while targeting key populations at increased risk of these infections.

It explores how effective tools for diagnosis and linkage to care in one disease area can be used in others. This is done through review of existing tools followed by adaption and piloting of the tools in other disease areas.

INTEGRATE presented the outcome of the mapping exercise of ICT-tools and a new integrated toolkit in development. The idea was to build-on lessons learned from previous European projects (OptTEST, EuroHIVEDat, HIV in Europe (now EuroTEST), European Testing Week). Existing ICT tools (115) for prevention, testing and linkage to care for HIV, viral hepatitis, TB and STIs have been evaluated, adapted, extended and will be implemented for one or more of the four diseases in selected pilot countries. The toolkit components include (among others): Test Locator, Risk Calculator, How Often to Test, Partner Notification, info on TB, PrEP, and U=U. It will be accessible via a web and a mobile application, while its components can be enabled or disabled per pilot country. The language has been adjusted to be understandable by all target groups.

The Joint Action also focuses on policy implementation and sustainability to make sure that Member States will take upon and implement the outcomes of the action.

⁹ <https://e-detecttb.eu/>

¹⁰ <https://integrateja.eu>

3.12.4. Public Health Best Practice Portal: "One-Stop Shop" of Good and Best Practices

DG SANTE has set up a portal to collect existing and best practices¹¹, where one can submit a practice to be evaluated. Member States in the Steering Group for Disease Prevention and Health Promotion can then select practices piloted under the EU health Programme to upscale at national level using EU funds.

It is important to note, that not only the Health Programme, but also other funding instruments could be sought for such upscaling (e.g. a Reform Delivery Tool and a Technical Support Instrument under the Reform Support Programme, or the European Investment Bank's funds). For example, **FR** has requested support from the Structural Reform Support Service (SRSS)¹² of the EC to fund consultancy for 3 pilots on HIV, STIs and HCV prevention and treatment for vulnerable groups. The application is very easy (up to 3 pages) and the deadline is end October. It is up to Member States to decide where they wish to invest and the support is on bilateral basis.

3.13. EU Presidency – Finland

FI presented a health related agenda of the upcoming Finnish Presidency of the EU Council. The theme of the Ministry of Social Affairs and Health will be "Economy of wellbeing". FI wants EU decision-makers to recognise how wellbeing leads to both economic growth and social and macroeconomic stability and how economic growth helps improve wellbeing. The EU should also strengthen the links between gender equality and economic policies. The aim is to ensure better wellbeing for EU citizens and more sustainable societies. The Ministry will organise three high-level events on silver economy, on economy of wellbeing and on gender equality.

On 4 October 2019 in Helsinki, an official side event of the Presidency "*Wellbeing Economy – a Way to Sustainability in the HIV and AIDS Response?*" will be held to discuss the need to reduce social inequalities, build sustainable, universal and more equitable health systems and improve health outcomes for all. ECDC and the INTEGRATE Joint Action will be speakers at the event.

The Council conclusions on health and wellbeing are expected to be adopted in December.

3.14. HIV/AIDS, Hepatitis and TB in Asylum Seekers and Irregular Residents

ECDC explained that most migrants¹³ entering the EU/EEA are healthy, but some sub-groups of migrants carry a disproportionate burden of infectious diseases and may have lower vaccination coverage depending on country of origin. There is no common approach to screening for infectious diseases among migrants in the EU/EEA. ECDC data show that TB in people of foreign origin¹⁴ represented 33.1% of all notified TB cases in the EU/EEA in 2017. This proportion has increased from 22.6% in 2008.

In December 2018, ECDC published public health guidance on screening for infectious diseases among newly arrived migrants to the EU/EEA. Evidence suggests that it is likely to be effective and cost-effective to screen migrants for active TB and LTBI, HIV, HCV, HBV, strongyloidiasis and schistosomiasis and that there is a benefit to enrolling migrants in vaccination programmes, depending on the burden of disease in migrants' countries of origin. While the guidance is to be adapted to each country's specific situation, there is a need for free screening, vaccination and care for key infectious disease for all migrants in the EU/EEA, including undocumented migrants.

¹¹ <https://webgate.ec.europa.eu/dyna/bp-portal/>

¹² https://ec.europa.eu/info/departments/structural-reform-support-service_en

¹³ A migrant is defined as any individual who lives in a country temporarily or permanently away from his or her usual place of residence for at least a year.

¹⁴ Foreign origin means that people are originating from other countries than the reporting country.

3.14.1. Portugal's show case: Facilitating Access to Health-Services

PT explained how it has been facilitating access to health care services of asylum seekers and irregular residents.

Access to health care services in PT is a legal right, even to people not holding any valid residence permit. Communicable diseases that pose danger or threat to public health (e.g. AIDS) are among the situations covered by this right. PT has been collecting the data about immigrants (AIDA asylum information database), which help to identify barriers that migrants face to access health care services. The barriers include culture, language, ignorance of legal rights, limited access to some specialists (e.g. mental health, dentists). PT does not have data on hepatitis in migrants, neither a policy for screening migrants for active TB and LTBI.

In 2019-2020, PT plans strengthening healthcare access in migrants by:

- assessing potential problems and improving strategies (including information on social network platforms as outreach means, raising HCV awareness about symptoms or risk behaviour, increasing rapidness of response, improving time to diagnosis and treatment); and by
- raising awareness and increasing screening of HIV, TB and viral hepatitis (via patient and population information and education, as well as work with NGO's to identify and refer migrants from high prevalence countries).

SE considers that all migrants should be offered testing for HBV, while all coming from high/medium prevalence countries should be offered testing for HCV. The challenge is the reach the persons and to follow-up vaccination and treatment when the move. Regarding TB, asylum seekers should be offered screening if from high incidence countries. In SE, all treatment of TB and LTBI is free of charge for all independently of their legal status.

3.14.2. European Migrant TB Screening Database: Building Multi-Country Evidence

The e-DETECT TB¹⁵ project (2016-2019, EUR 1.8M) aims to contribute to a decline, and the eventual elimination of TB in the EU in line with the ECDC Action Plan and the WHO Europe TB Action Plan 2016 to 2020 and focuses on early detection and integrated management of tuberculosis in Europe in vulnerable populations.

A study of the European Respiratory Society and WHO Europe study that there are diverse policies of TB screening among refugees arriving to the EU/EEA countries. A pan-European database is an important stepping stone to get closer to identifying effective and cost-effective ways of screening. The project has pooled the data on TB screening from Italy, The Netherlands, Sweden, and the UK, in compliance with the principles and standards of data protection and security. This is not a public database, but it can be accessed upon consultation and in close liaison with steering group of the WP6 of the project. Member States are welcome to join the project and provide the data by end October 2019, as well as to contact the project manager (<https://e-detecttb.eu/contact/>) for any further cooperation or question.

The project is currently performing an initial descriptive analysis and considers publishing different research articles based on this analysis, for example, on trends of screening and detection, and correlations between screening trends, migration trends, and TB incidence trends. The publications should start in 2019-2020.

¹⁵ <https://e-detecttb.eu/>

IT stressed the importance for the data to be analysed and made accessible to the Commission and Member States as soon as possible to bring the most added value in addressing public health issues.

3.15. Towards the Elimination of Viral Hepatitis

3.15.1. Monitoring the elimination of hepatitis C in England

Public Health England is monitoring the impact and coverage of services that are critical in driving down levels of HCV infection and HCV-related mortality and publishes yearly monitoring reports on the elimination of hepatitis C in England. They contain the monitoring metrics, public health recommendations, accompanying slide set, data tables and summary infographic.

The latest report of April 2019 shows a remarkable progress, e.g. of the estimated 113,000 people living with HCV, 11,557 accessed to treatment in 2017–2018, which is an increase of 22% comparing to 2016 and of 127% comparing to 2015. 56% PWID surveyed in 2017 were aware of their HCV infection and 60% of those surveyed reported adequate syringe and needle provision. The **UK** explained that to address the re-infections it is foreseen to go to prisons and test and treat immediately in one block.

The UK recommends three core elements needed to strengthen the surveillance and monitoring at national level:

1. Define key surveillance data and monitoring metrics that allow the impact and coverage of services that are critical in driving down levels of HCV infection and HCV-related mortality;
2. Produce a national annual report;
3. Establish a national multi-agency strategic group.

In **FR**, the "Hepatitis C elimination plan by 2025" aims to treat 120,000 patients by end 2022 and focuses on expanding access to DAAs for HCV treatment. Flagship measures include improved access to HCV treatment by extending prescription through ambulatory care and hospitals networks (since May 2019) and integrated "Test and Treat" support for chronic HCV in vulnerable populations.

3.15.2. WHO Public Health Guidance Supporting the Elimination of Viral Hepatitis

In 2016, WHO adopted the Global Health Sector Strategy for Viral Hepatitis 2016-2021 and the European Region Action Plan in 2017. The Action Plan's mid-term report will be presented to the Regional Committee in September 2019.

WHO has published several hepatitis guidelines, where the most recent include: "HCV treatment guidelines: Treat all" and "Cost effectiveness calculators for HBV/HCV" (2018), as well as "Strategic information guidelines for viral hepatitis" (2019). HBV PMTCT recommendations on antiviral medicine use in pregnancy are under development.

WHO invited Member States to contribute to the first ever "Compendium of good practices in viral hepatitis response", which is to be issued in October 2019.

In **SE**, PHAS just published recommendations how to collaborate towards the elimination of viral hepatitis, underlining the importance of closer collaboration for testing, vaccination and treatment and of more mobile NEP to reach new groups. SE has a national plan to monitor relevant indicators for elimination in conformity with the requirements of ECDC/WHO/EMCDDA.

3.16. AOB

Sharing good practices on procurements of medicines, **IT**'s show-case of facilitating access to health services for asylum seekers and UNAIDS article on LGBTI have been identified as topics for the discussion at the next meeting.

Member States (FR, DE, IT, LT) would like to have one face-to-face meeting per year allowing for more exchanges and several ad-hoc audio/video meetings of 1-2h on specific topics, if the current format was to be changed.

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