



ECDC update to the Think Tank

Teymur Noori, ECDC
23 November 2015
EU Commission Think Tank on HIV/AIDS, Luxembourg

Outline

- Dublin outputs 2015
- Epidemiological overview
- Priorities for action
- European HIV Test Finder



Dublin Reports 2015



Key population reports



Evidence briefs



ECDC EVIDENCE BRIEF
August 2013

HIV and treatment

Monitoring implementation of the Dublin Declaration on partnership to fight HIV/AIDS in Europe and Central Asia

ECDC EVIDENCE BRIEF
August 2013

HIV data

Monitoring implementation of the Dublin Declaration on partnership to fight HIV/AIDS in Europe and Central Asia

ECDC EVIDENCE BRIEF
August 2013

HIV and leadership

Monitoring implementation of the Dublin Declaration on partnership to fight HIV/AIDS in Europe and Central Asia

ECDC EVIDENCE BRIEF
August 2013

HIV prevention in Europe

Monitoring implementation of the Dublin Declaration on partnership to fight HIV/AIDS in Europe and Central Asia

ECDC EVIDENCE BRIEF
August 2013

HIV testing in Europe

Monitoring implementation of the Dublin Declaration on partnership to fight HIV/AIDS in Europe and Central Asia

ECDC EVIDENCE BRIEF
August 2013

HIV and men who have sex with men

Monitoring implementation of the Dublin Declaration on partnership to fight HIV/AIDS in Europe and Central Asia

Dublin Declaration

This ECDC evidence brief summarises key issues and priorities for action in Europe. It draws on country data reported to ECDC for Dublin Declaration monitoring and UNAIDS global reporting in 2012 and 2014 and surveillance data reported by countries to ECDC and WHO Europe since 2004.

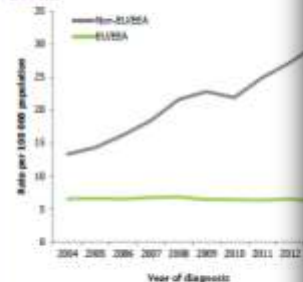


Following ECDC's 2010 and 2012 thematic reports and evidence briefs present the main findings, discuss key issues, and assess the progress made since 2012 in Europe's response to HIV.

Why is HIV prevention important in Europe?

The number of people who are newly infected with HIV each year is unacceptably high. Despite the existence of proven prevention methods, 1.36 million people were newly infected with HIV in Europe in 2012. Rates of new infection show no signs of declining. During the last 10 years, 1.3 million people have been newly infected in the EU/EEA and 1.2 million in non-EU/EEA countries.

Figure 1. Rate of newly reported HIV cases in EU/EEA and non-EU/EEA, 2004-2012¹



¹ European Centre for Disease Prevention and Control/WHO Regional Office for Europe, HIV/AIDS surveillance in Europe, ECDC, 2014.

Suggested citation: European Centre for Disease Prevention and Control, Evidence brief: HIV prevention in Europe, ECDC, 2013.

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Dublin Declaration

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Why is HIV testing so important?

Low rates of testing mean that many people who may need HIV treatment (antiretroviral therapy, ART) are not receiving it because they have not been diagnosed.

Early diagnosis enables people with HIV to start treatment at a more appropriate time, which increases their chances of living a long, healthy life and reduces the risk of transmitting HIV to other people.

More testing decreases the proportion of those who are infected but who may not be aware of their status, and who otherwise might transmit the virus unknowingly.

HIV testing is also critical for people who do not have HIV, because they can take steps to remain uninfected.

What are the main HIV testing challenges in Europe?

Many people at high risk of infection have not been tested for HIV in the last year. Testing rates are too low in those populations who are at the greatest risk of HIV infection. In the majority of countries, fewer than half of men who have sex with men – and fewer than half of people who inject drugs – were tested for HIV in the last year.

Low HIV testing:
Less than 50%
of members of key populations were tested last year.

Suggested citation: European Centre for Disease Prevention and Control, Evidence brief: HIV testing in Europe, Stockholm, ECDC, 2013.

© European Centre for Disease Prevention and Control, Stockholm, 2013.

Why focus on men who have sex with men?

Men who have sex with men are the main mode of HIV transmission in the EU/EEA. In 2012, 76% of all newly diagnosed HIV cases were in men who have sex with men in 15 countries, more than 50% of all new HIV diagnoses were in the population¹.

Figure 1. Percentage of new HIV diagnoses acquired through sex between men (MSM) of all reported HIV diagnoses with known mode of HIV transmission, by country, EU/EEA, 2012 (n=12 458)¹



¹ European Centre for Disease Prevention and Control/WHO Regional Office for Europe, HIV/AIDS surveillance in Europe 2013.

Suggested citation: European Centre for Disease Prevention and Control, Evidence brief: HIV and men who have sex with men, ECDC, 2013.

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ECDC SPECIAL REPORT

From Dublin to Rome: ten years of responding to HIV in Europe and Central Asia

Summary report

Background

In 2004, European and Central Asian countries held a high-level conference 'Breaking the Barriers – Partnership to fight HIV/AIDS in Europe and Central Asia.' The conference resulted in the Dublin Declaration, which aimed to galvanise political action to tackle the epidemic in the region. This brief summarises what has been achieved since 2004, areas where there has been less progress, and priorities for future action. It draws on data reported by countries as part of their monitoring activities for the Dublin Declaration and for UNAIDS global reporting in 2010, 2012 and 2014, and on surveillance data reported by countries to ECDC and WHO's Regional Office for Europe since 2004. In November 2014, the Italian Presidency to the EU Council will host a ministerial conference in Rome to reflect on achievements since the adoption of the Dublin Declaration in 2004 and to propose a new political declaration, focusing on aspects of the response that need attention.

Main achievements

Overall, there has been strong political leadership on HIV in the EU/EEA. Many countries have taken the political decisions required to respond to the epidemic. They have focused resources on the populations most at risk of HIV, provided prevention and testing services and ensured that people with HIV have access to life-saving treatment. In 2014, 80% of EU/EEA countries reported that their prevention funding targets the populations most affected by HIV. Countries have taken steps to create a supportive environment for delivery of services. Governments have worked in partnership with civil society organisations to strengthen and expand the HIV response and civil society organisations have played an important role in providing HIV services across the region and are recognised as an essential partner in almost all EU/EEA countries.

Many EU/EEA countries have expanded prevention programmes for populations most at risk of HIV infection. Country decisions to prioritise funding for those most at risk of HIV infection have resulted in improvements in the coverage and reach of prevention programmes for these populations. In 2014, 90% of EU/EEA countries reported that HIV prevention is delivered at scale¹ for people who inject drugs; 77% reported the same for men who have sex with men; and 67% for sex workers. Although coverage varies largely within and between countries, 93% of EU/EEA countries report that effective policies and laws exist regarding the provision of needle and syringe programmes for people who inject drugs and that these laws are implemented.

¹ In the ECDC questionnaire to monitor the implementation of the Dublin Declaration, 'at scale' was defined as 'at the scale required to meet the needs of the majority of the key population'.

Suggested citation: European Centre for Disease Prevention and Control. From Dublin to Rome: ten years of responding to HIV in Europe and Central Asia. Stockholm, ECDC, 2014. Stockholm, November 2014. ISBN 978-92-9193-607-6. doi 10.2900/42152. Catalogue number TQ-07-14-018-EN-N

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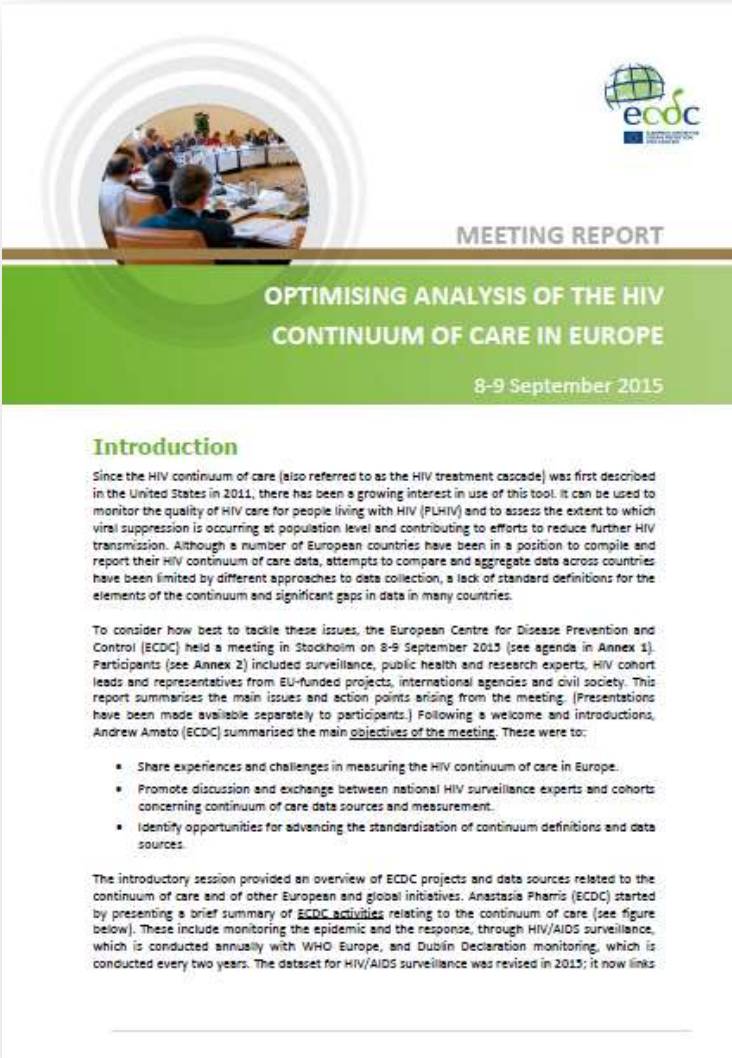
SPECIAL REPORT

Thematic report: HIV continuum of care


Monitoring implementation of the Dublin Declaration on Partnership to Fight HIV/AIDS in Europe and Central Asia: 2014 progress report

www.ecdc.europa.eu

Optimising analysis of the HIV continuum of care in Europe



The cover of the meeting report features a circular photograph of a meeting in progress, with several people seated around a table. The ECDC logo is positioned in the top right corner of the cover. A green horizontal band across the middle contains the title and date. The main text area is white with a light green background for the 'Introduction' section.


MEETING REPORT

OPTIMISING ANALYSIS OF THE HIV CONTINUUM OF CARE IN EUROPE

8-9 September 2015

Introduction

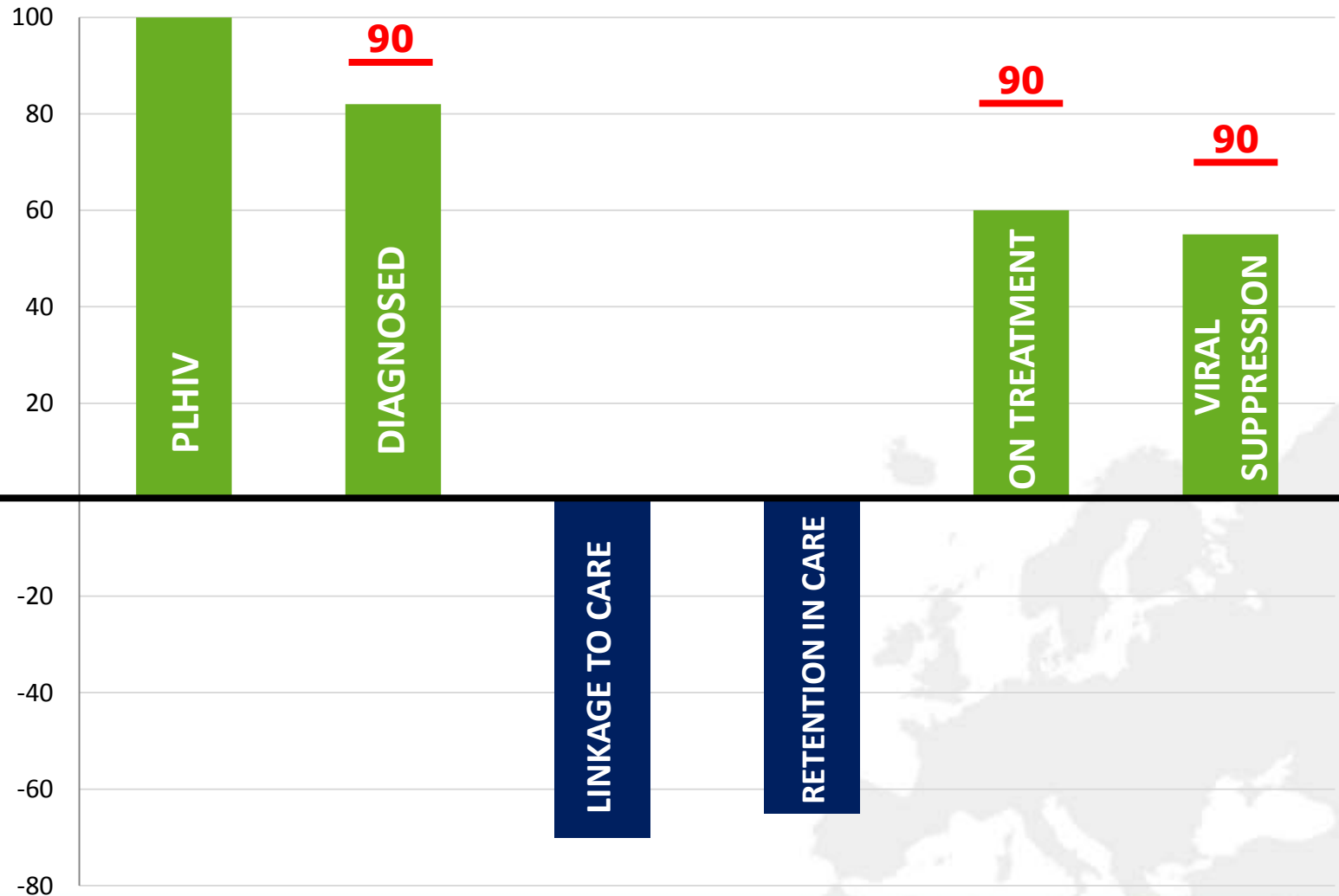
Since the HIV continuum of care (also referred to as the HIV treatment cascade) was first described in the United States in 2011, there has been a growing interest in use of this tool. It can be used to monitor the quality of HIV care for people living with HIV (PLHIV) and to assess the extent to which viral suppression is occurring at population level and contributing to efforts to reduce further HIV transmission. Although a number of European countries have been in a position to compile and report their HIV continuum of care data, attempts to compare and aggregate data across countries have been limited by different approaches to data collection, a lack of standard definitions for the elements of the continuum and significant gaps in data in many countries.

To consider how best to tackle these issues, the European Centre for Disease Prevention and Control (ECDC) held a meeting in Stockholm on 8-9 September 2015 (see agenda in Annex 1). Participants (see Annex 2) included surveillance, public health and research experts, HIV cohort leads and representatives from EU-funded projects, international agencies and civil society. This report summarises the main issues and action points arising from the meeting. (Presentations have been made available separately to participants.) Following a welcome and introductions, Andrew Amato (ECDC) summarized the main objectives of the meeting. These were to:

- Share experiences and challenges in measuring the HIV continuum of care in Europe.
- Promote discussion and exchange between national HIV surveillance experts and cohorts concerning continuum of care data sources and measurement.
- Identify opportunities for advancing the standardisation of continuum definitions and data sources.

The introductory session provided an overview of ECDC projects and data sources related to the continuum of care and of other European and global initiatives. Anastasia Pharris (ECDC) started by presenting a brief summary of ECDC activities relating to the continuum of care (see figure below). These include monitoring the epidemic and the response, through HIV/AIDS surveillance, which is conducted annually with WHO Europe, and Dublin Declaration monitoring, which is conducted every two years. The dataset for HIV/AIDS surveillance was revised in 2015; it now links

Monitoring a 4-point continuum



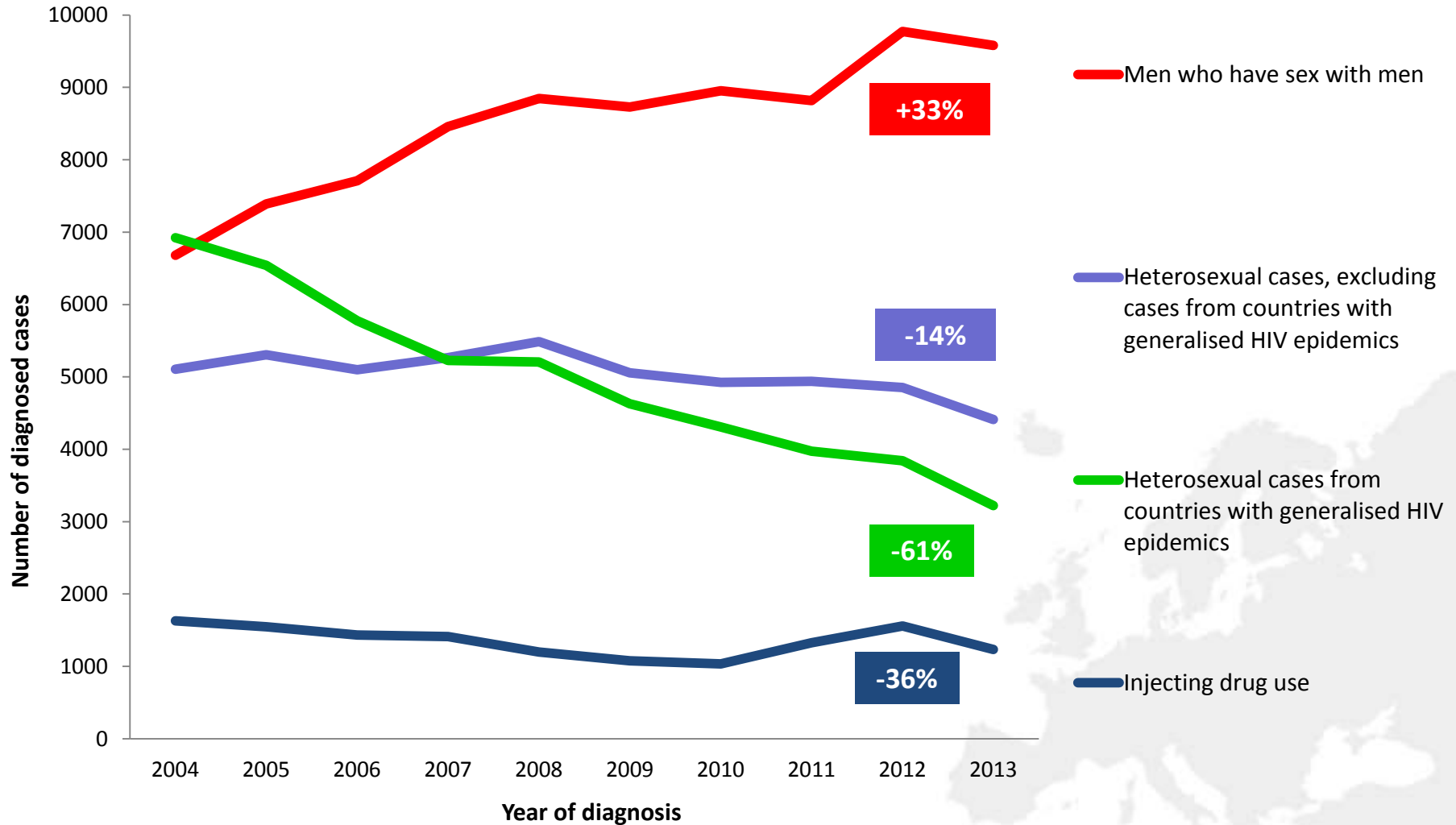
Monitoring
viral
suppression

Monitoring
quality of
care

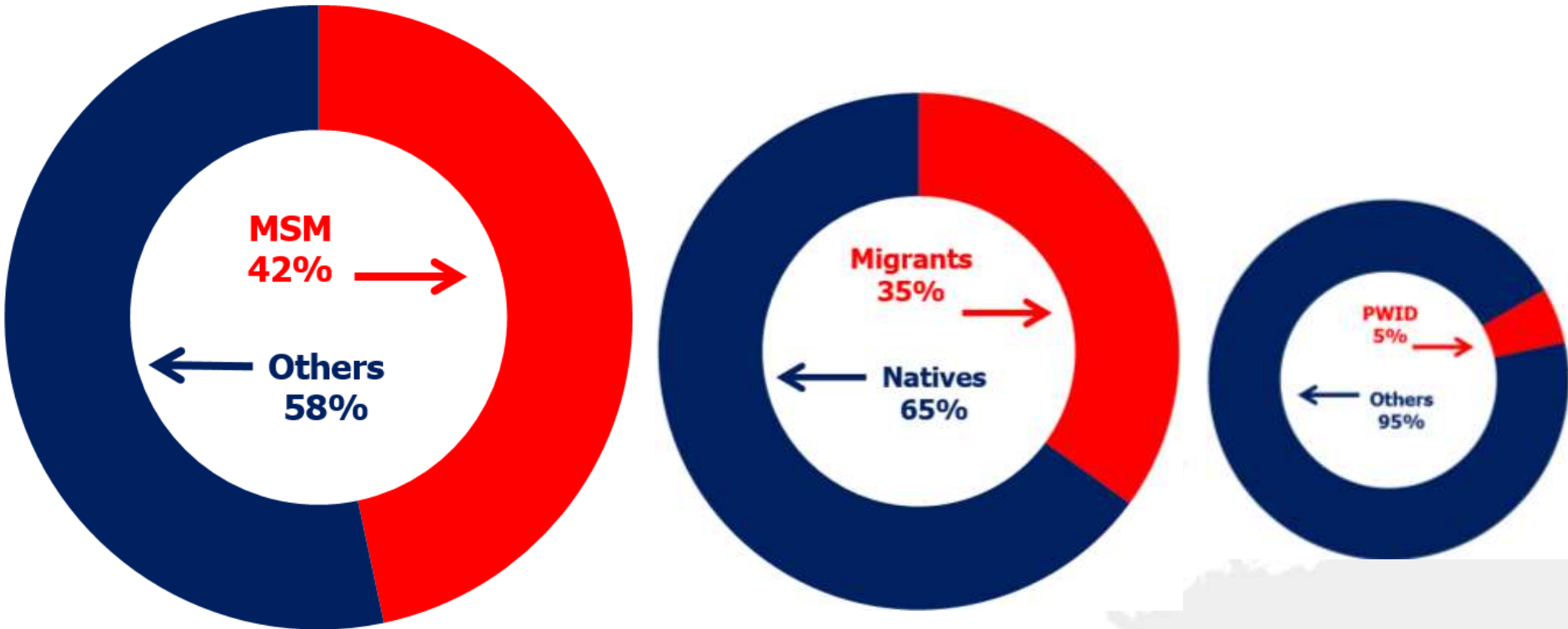
Epidemiological overview of HIV in the EU/EEA



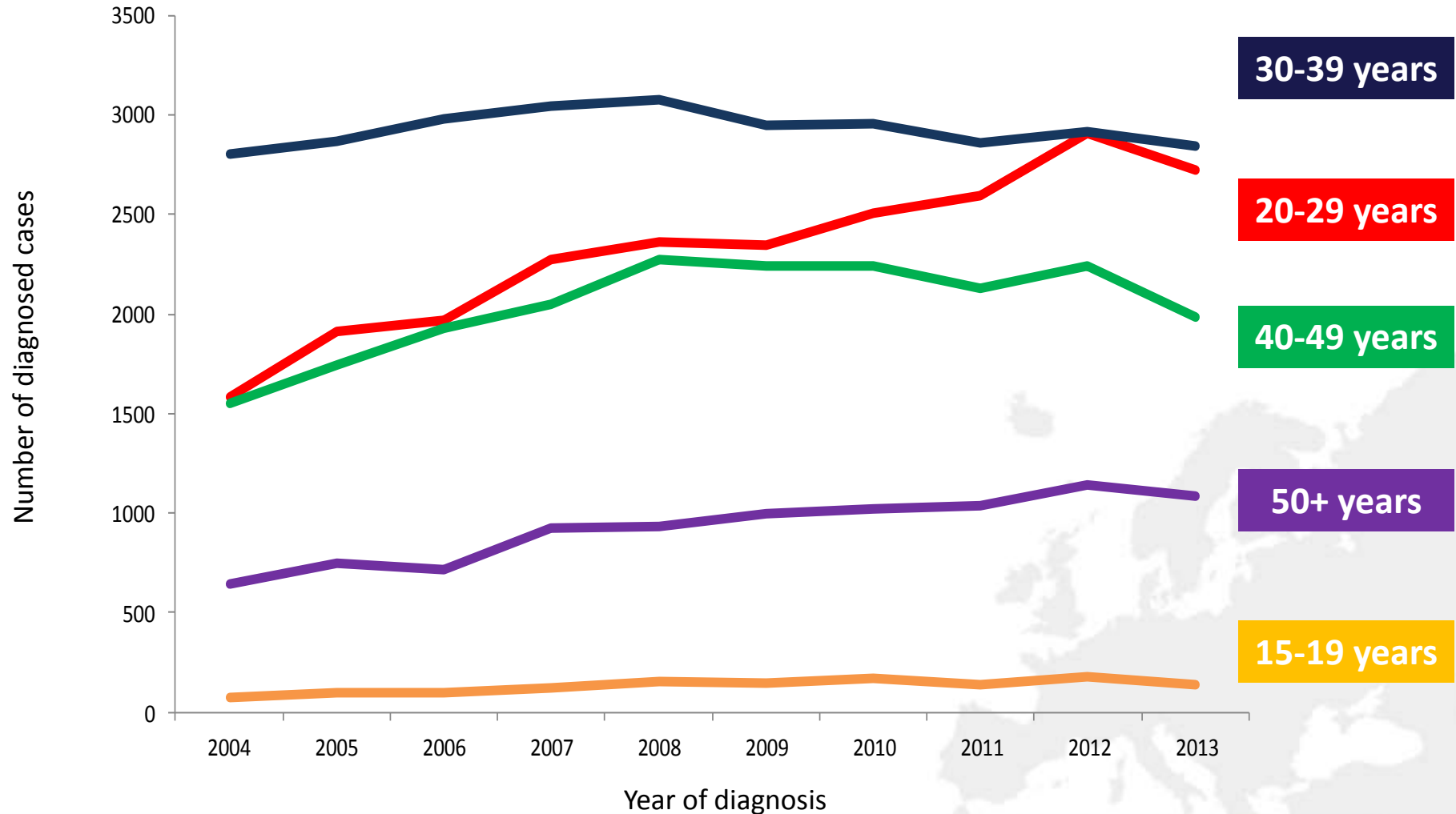
HIV infections diagnosed, EU/EEA 2004-2013, transmission mode and origin



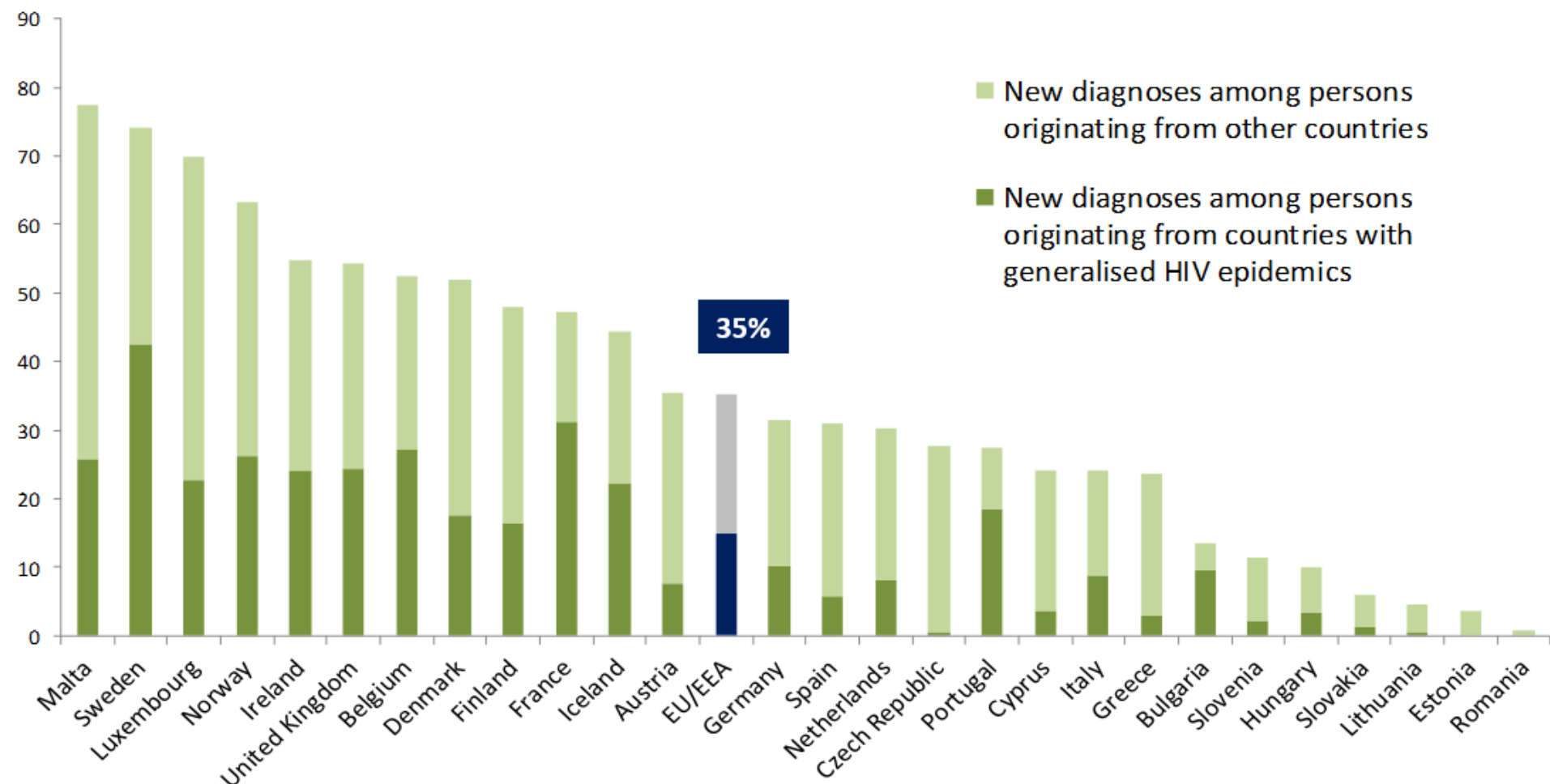
Burden of HIV in key populations in the EU/EEA (2013)



HIV diagnoses attributed to sex between men by age group and year, EU/EEA

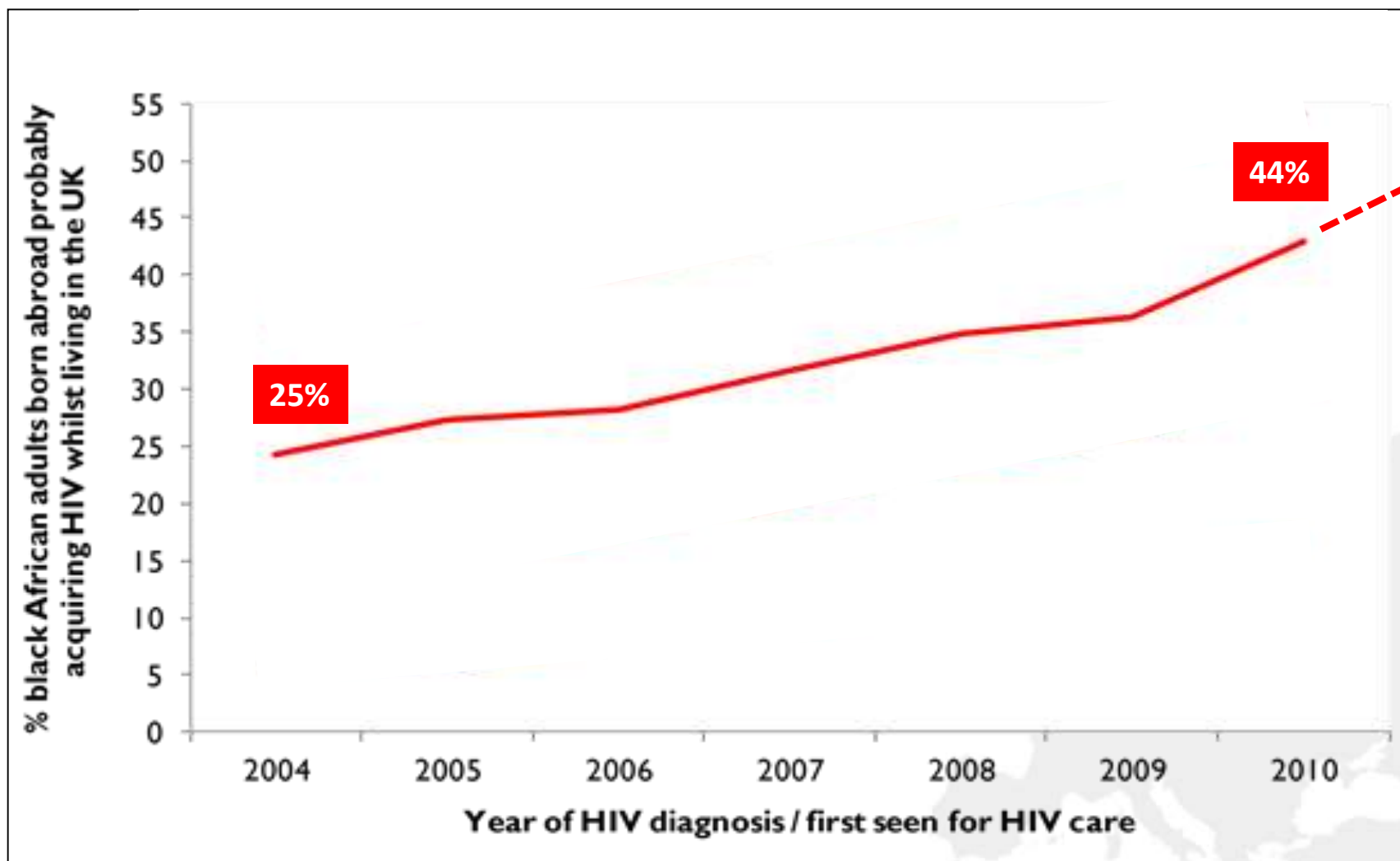


Proportion HIV diagnoses among migrants*, by country of report, EU/EEA, 2013 (n= 29 157)



* Among cases with known region of origin; There were no cases reported among migrants in Croatia, Latvia or Poland

HIV acquisition after arrival to the EU



Percentage of countries reporting major gaps in HIV prevention programmes for MARPS



Key population	Percentage of countries reporting major gaps in HIV prevention programmes	
	EU/EEA countries	Non-EU/EEA countries
Men who have sex with men	67%	72%
Prisoners	67%	55%
Undocumented migrants	50%	62%
People who inject drugs	46%	65%
Migrants in general	36%	47%

Late diagnosis is a critical issue in the EU/EEA (2013)



47%

of those with a CD4
count reported are
diagnosis late

Number of people living with HIV receiving treatment in Europe and Central Asia

(in 29 countries reporting consistent data since 2009)

30%
of PLHIV
unaware
of their
HIV status

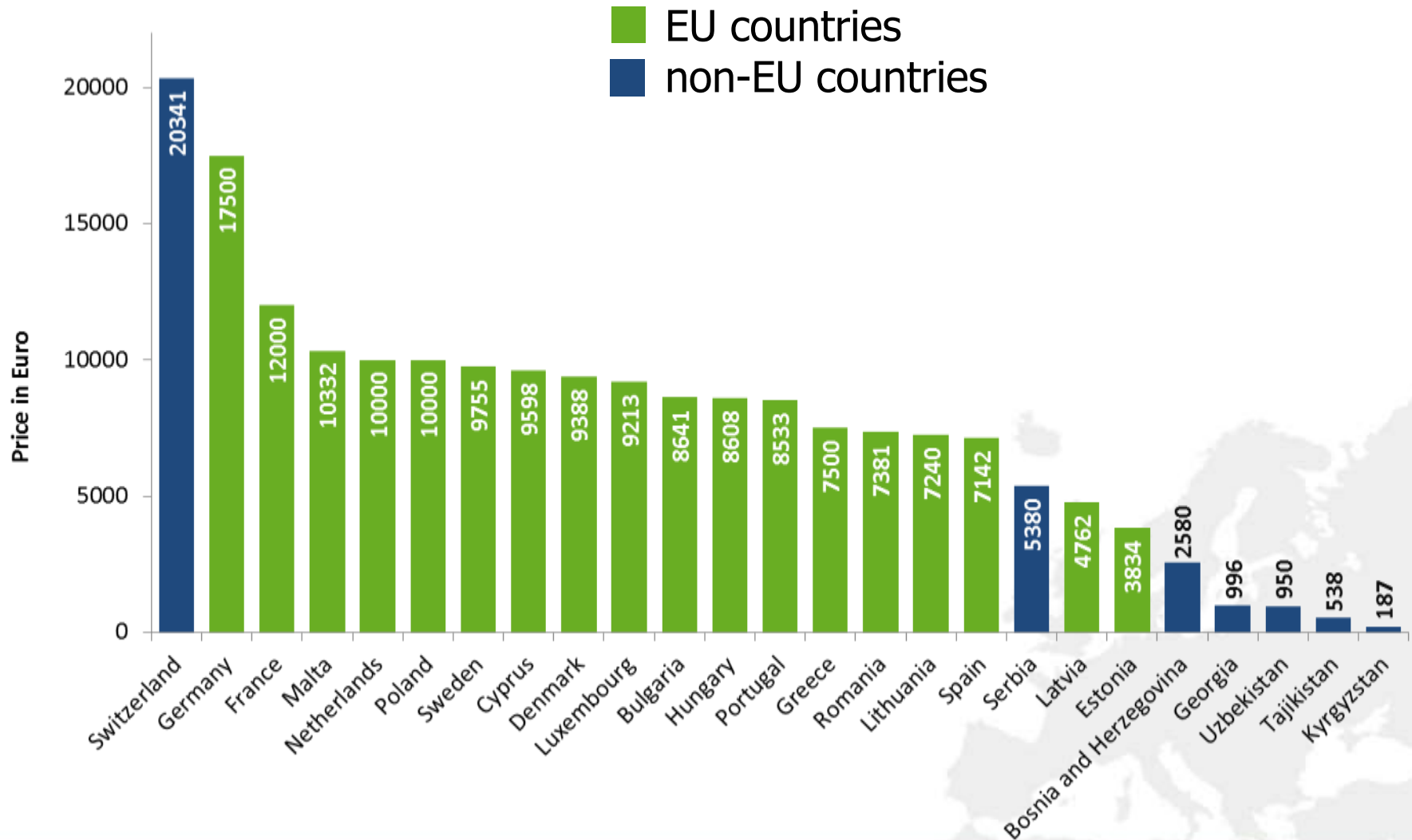


CD4 threshold for initiating HIV treatment (2014)



<p>Initiation regardless of CD4 cell count</p>	<p>5 Austria, France, Italy, Portugal, Romania</p>
<p>500 cells/mm³</p>	<p>15 Belgium, Bosnia and Herzegovina, Czech Republic, Estonia, Finland, Georgia, Iceland, Israel, Malta, Netherlands, Poland, Slovakia, Spain, Sweden, Turkey</p>
<p>350 cells/mm³</p>	<p>27 Albania, Armenia, Azerbaijan, Belarus, Bulgaria, Croatia, Cyprus, Denmark, Germany, Greece, Hungary, Ireland, Kazakhstan, Kosovo, Kyrgyzstan, Lithuania, Luxembourg, Moldova, Montenegro, Norway, Serbia, Slovenia, Switzerland, Tajikistan, Ukraine, United Kingdom, Uzbekistan</p>
<p>200 cells/mm³</p>	<p>1 Latvia</p>
<p>No data reported</p>	<p>7 Andorra, The former Yugoslav Republic of Macedonia, Liechtenstein, Monaco, Russia, San Marino, Turkmenistan</p>

Average ART cost (€) per patient and year, 2013

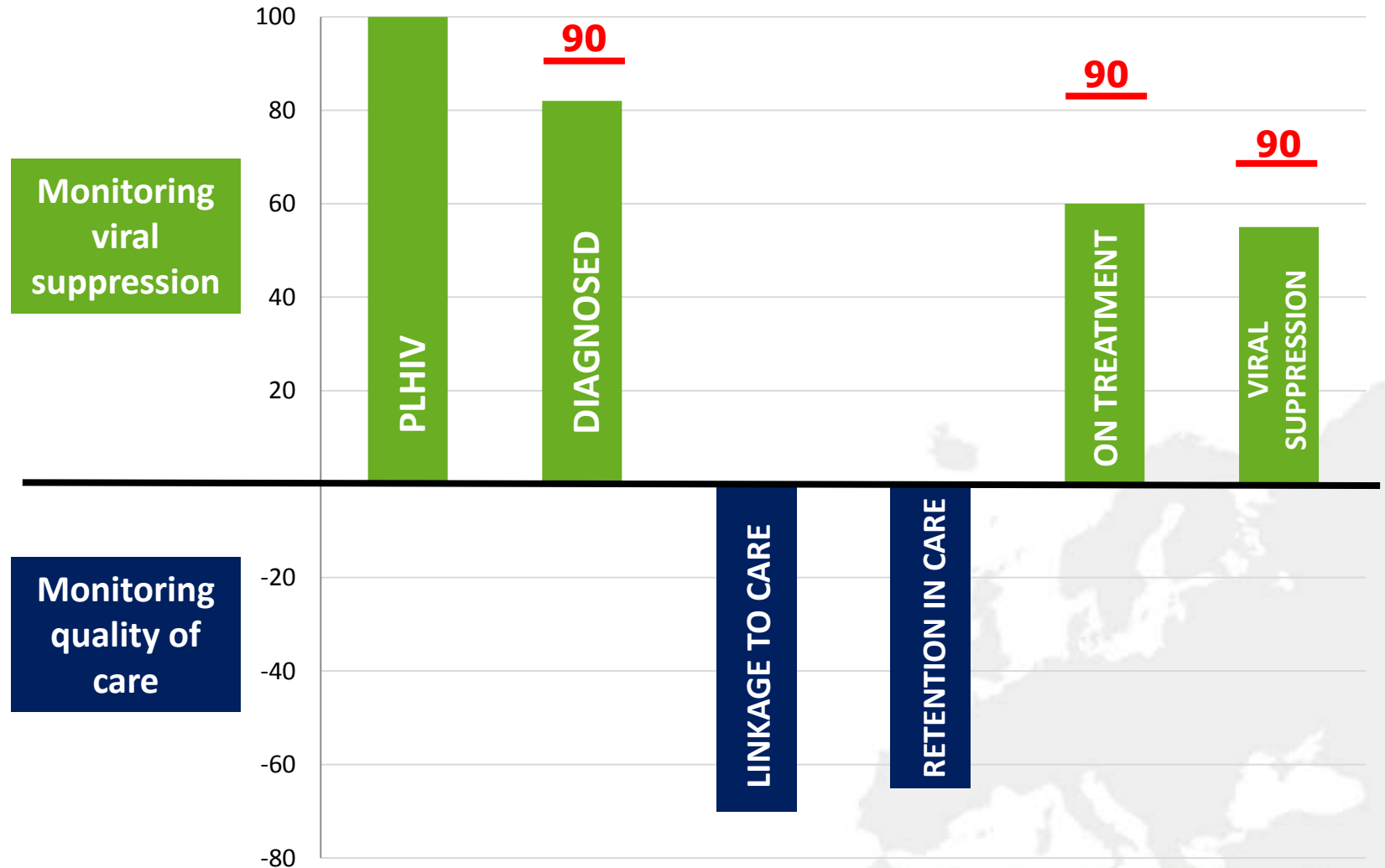




Monitoring Framework: Dublin Declaration 2016

Priorities

Monitoring framework: Priorities 2016



1. Prioritising prevention

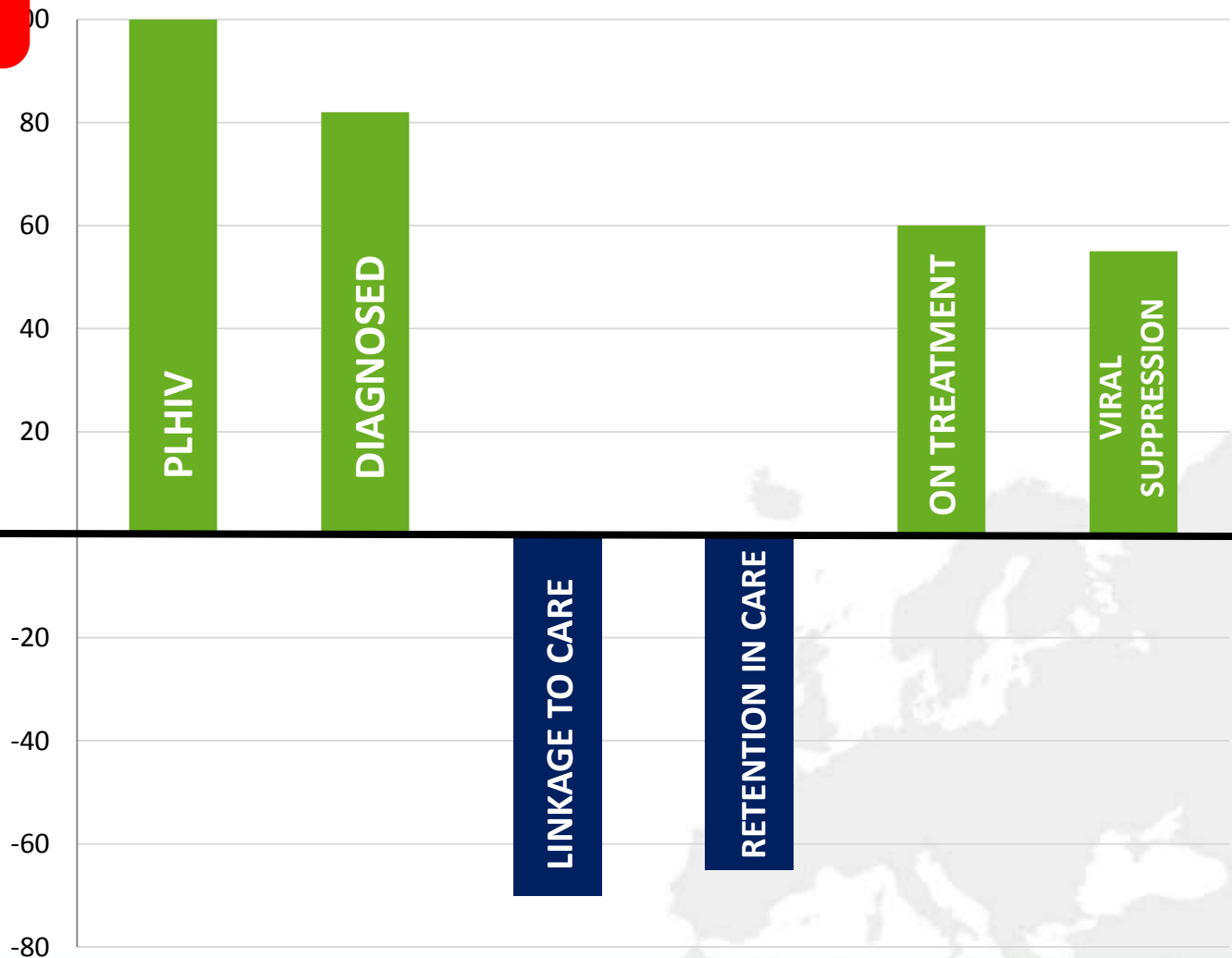
People not yet infected with HIV

PRIORITY 1

Prevention

Monitoring
viral
suppression

Monitoring
quality of
care

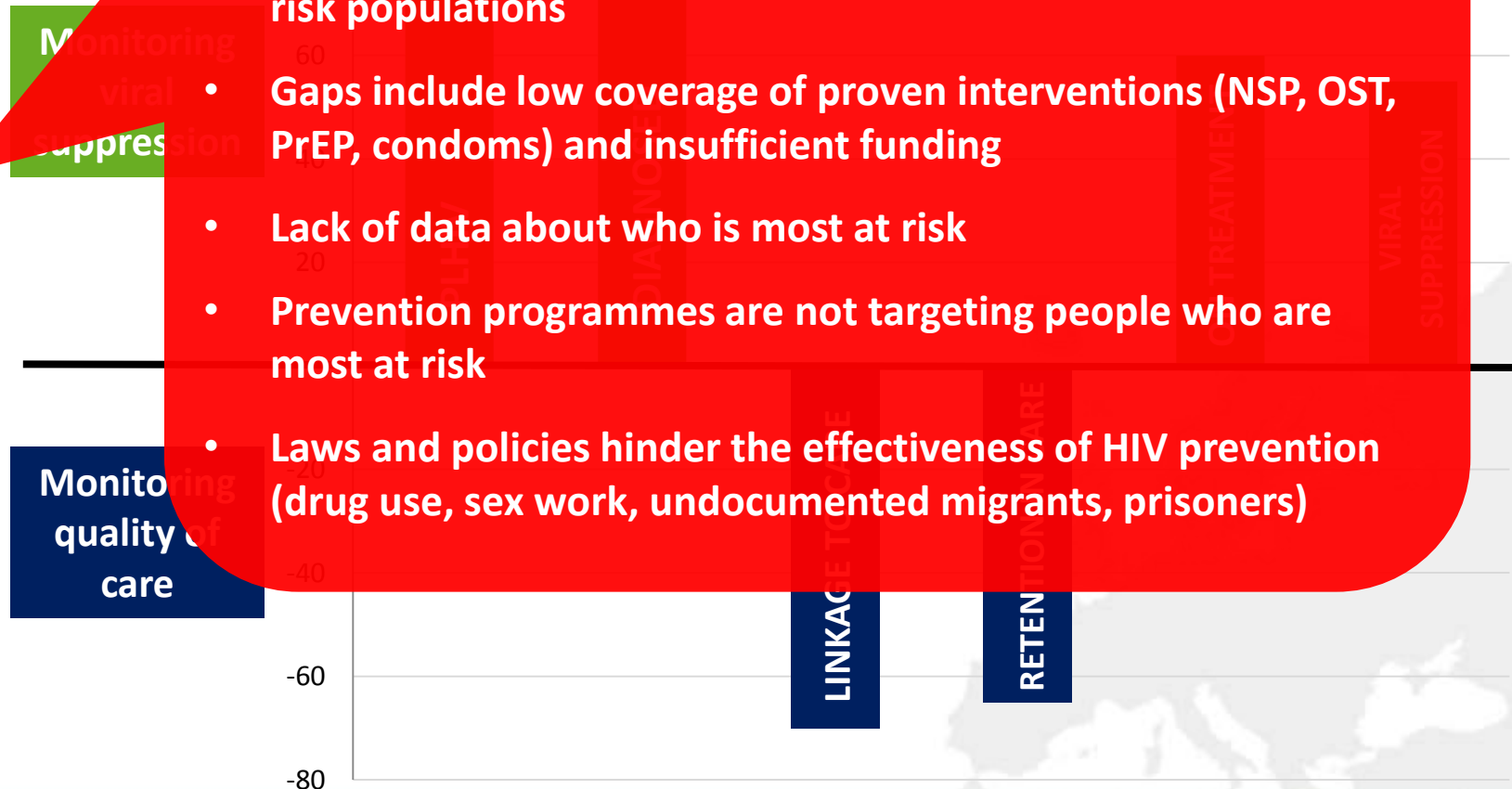


Gaps in prevention

People not yet infected with HIV

PREVENTION AS PREVENTION (PasP)

- Major gaps reported in prevention programmes for most at risk populations
- Gaps include low coverage of proven interventions (NSP, OST, PrEP, condoms) and insufficient funding
- Lack of data about who is most at risk
- Prevention programmes are not targeting people who are most at risk
- Laws and policies hinder the effectiveness of HIV prevention (drug use, sex work, undocumented migrants, prisoners)



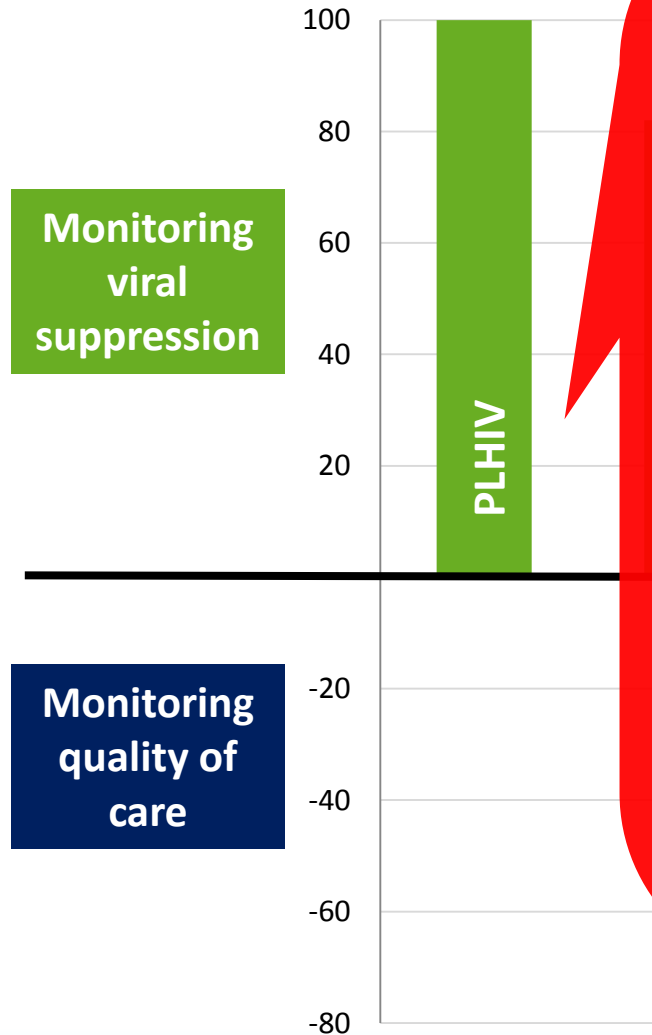
2. Prioritising testing

People not yet infected with HIV



Gaps in testing

People not yet infected with HIV



TESTING

- Many people at high risk of infection have not been tested for HIV in the last year
- Nearly half of all HIV cases are diagnosed late
- The undiagnosed account for the majority of new infections
- Provision and uptake of testing services is limited by unfavourable laws and policies (drug use, sex work, undocumented migrants)
- Testing programmes are not targeted
- Consider community-based testing, self-testing, home-sampling, etc.

3. Prioritising treatment

People not yet infected with HIV

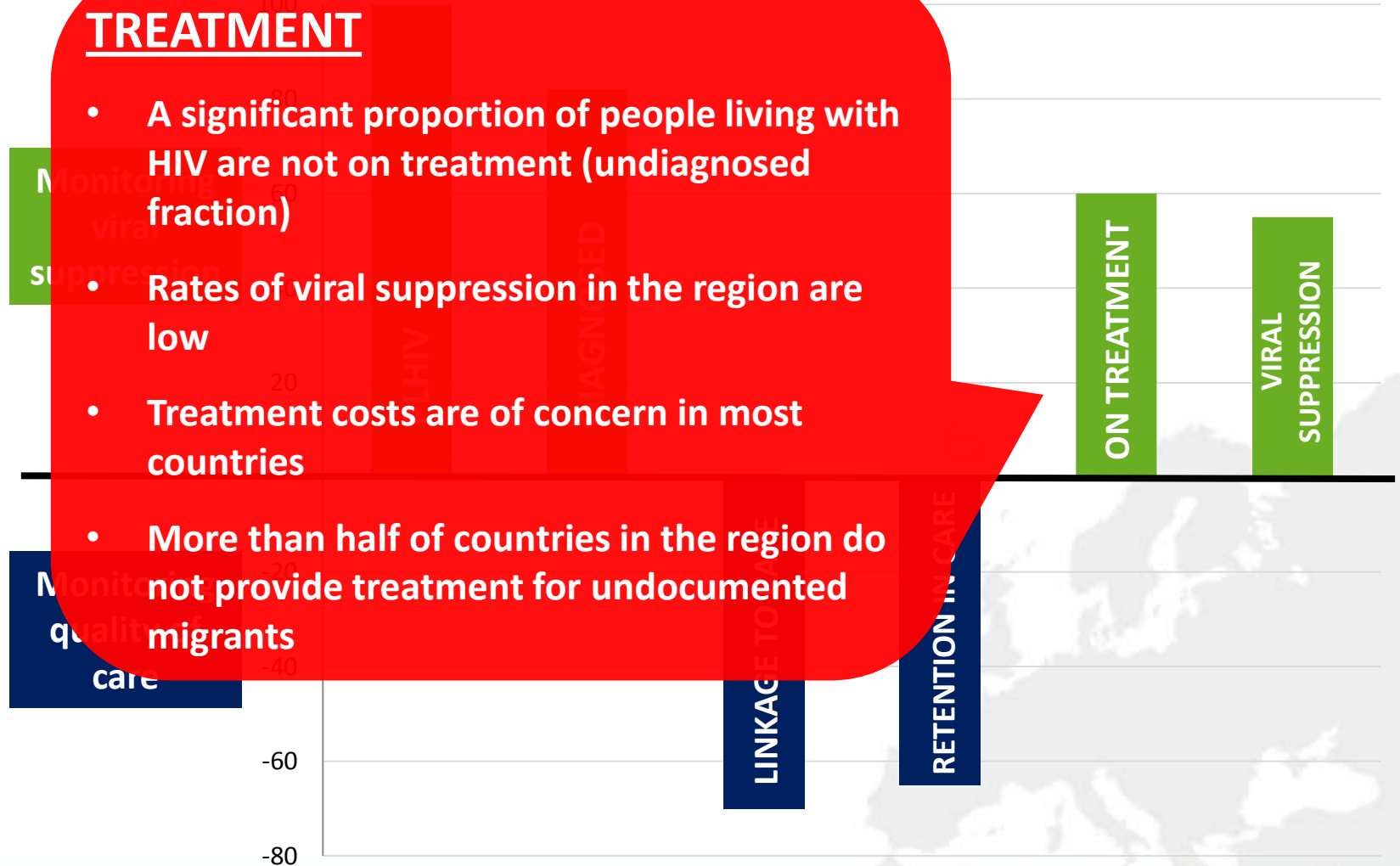


Gaps in treatment

People not yet infected with HIV

TREATMENT

- A significant proportion of people living with HIV are not on treatment (undiagnosed fraction)
- Rates of viral suppression in the region are low
- Treatment costs are of concern in most countries
- More than half of countries in the region do not provide treatment for undocumented migrants



Priorities

PRIORITY 1
Prevention

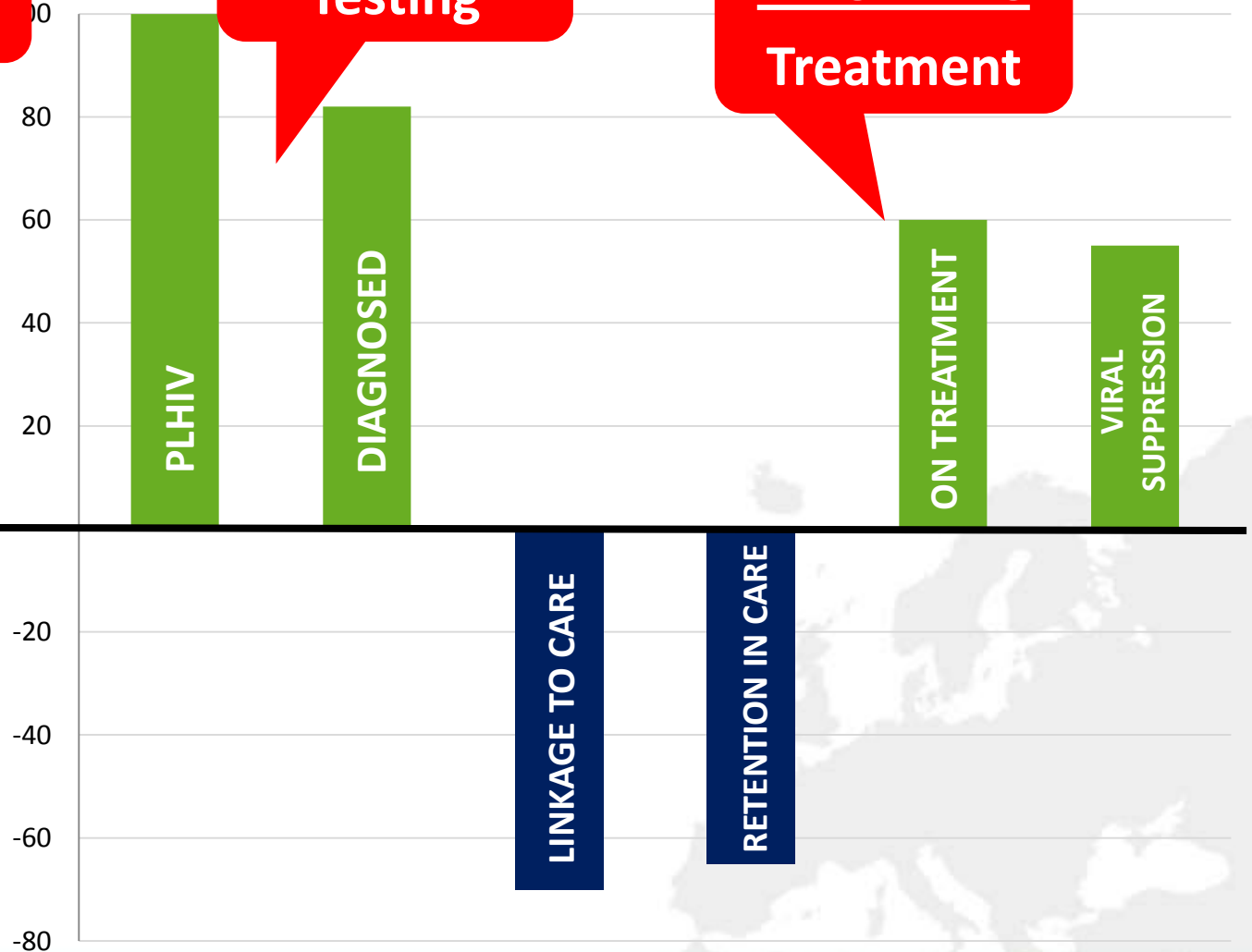
PRIORITY 2
Testing

PRIORITY 3
Treatment

People not yet infected with HIV

Monitoring
viral
suppression

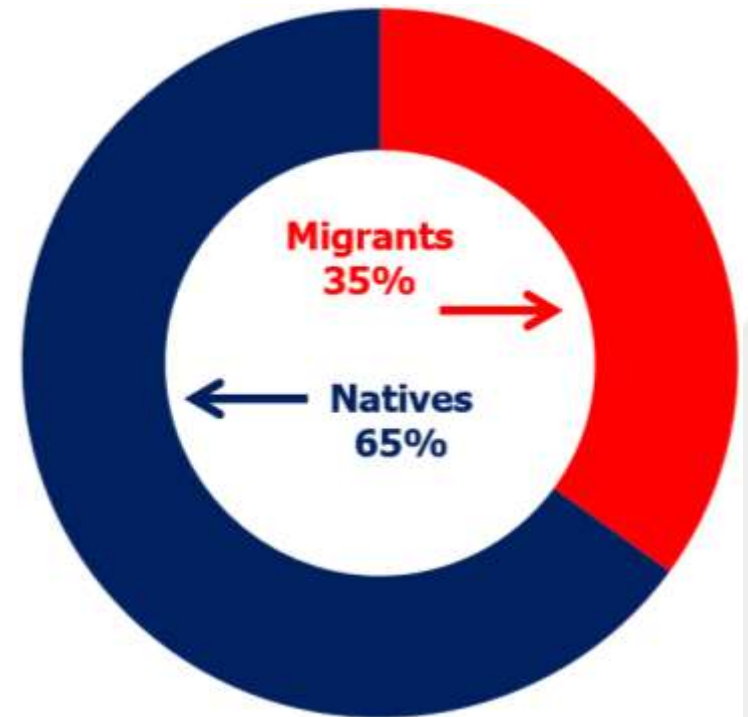
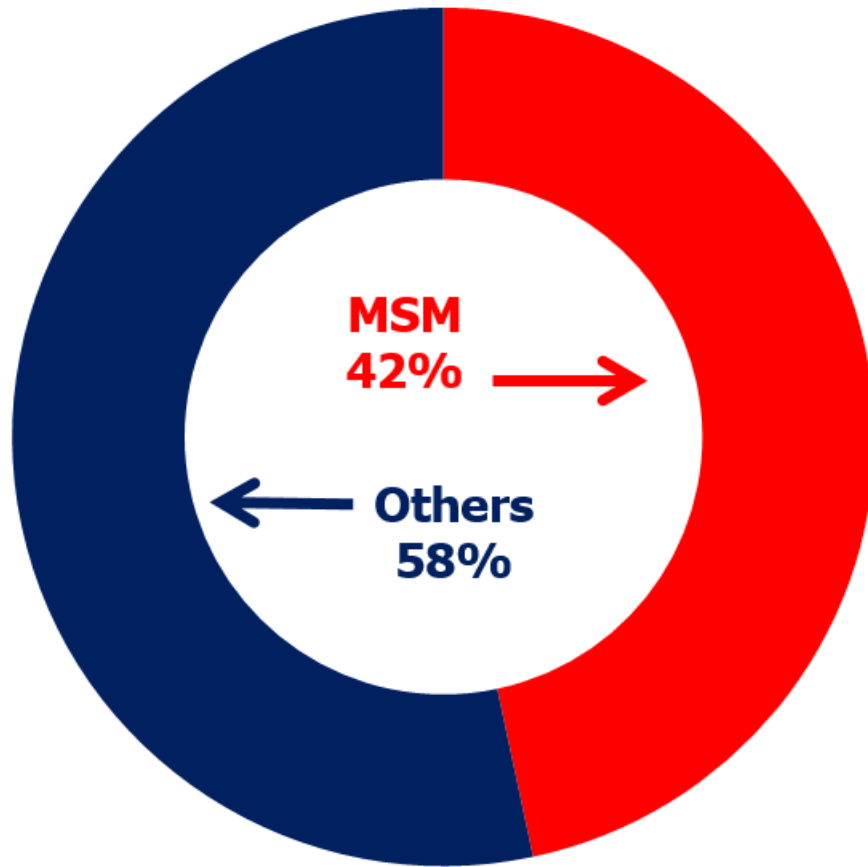
Monitoring
quality of
care



LINKAGE TO CARE

RETENTION IN CARE

Prioritising MSM and migrants



Thank you

Andrew Amato
Anastasia Pharris

teymur.noori@ecdc.europa.eu



European HIV Test Finder

www.aidsmap.com/euHIVtest



**European
HIV-Hepatitis
Testing Week**
20 – 27 November 2015

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MORE AND
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European HIV Test Finder



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Low graphics | Text only

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Resources

European HIV Test Finder

Find out where you can have an HIV test across the European Union

Use our *European HIV test finder* to find an HIV testing centre convenient to you.

First select your country using the drop down menu. Then either select a state or town from the second drop down menu or enter your location.

[En](#) | [Es](#) | [Fr](#) | [Pt](#) | [Ru](#)

Please select your country

and select a town / state

or enter your post / zip code

Display results

- As a list
- On a map

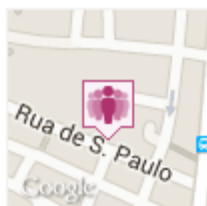
If you would like to add details of your HIV testing services, please tell us about your service.

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Associação Positivo

Lisboa

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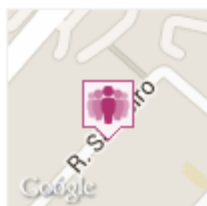
E info@positivo.org.pt

W <http://www.positivo.org.pt>

Main address

Rua de São Paulo, n.º216 1º A/B, 1200-0429 Lisboa

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Centro de Aconselhamento e Detecção Precoce do VIH - Lapa (Lisboa)

Lisboa

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T +351 21 393 01 51/2

Main address

Centro de Saúde da Lapa, Rua de São Ciro, nº 36, 1200-831 Lisboa

HIV testing

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Lisboa

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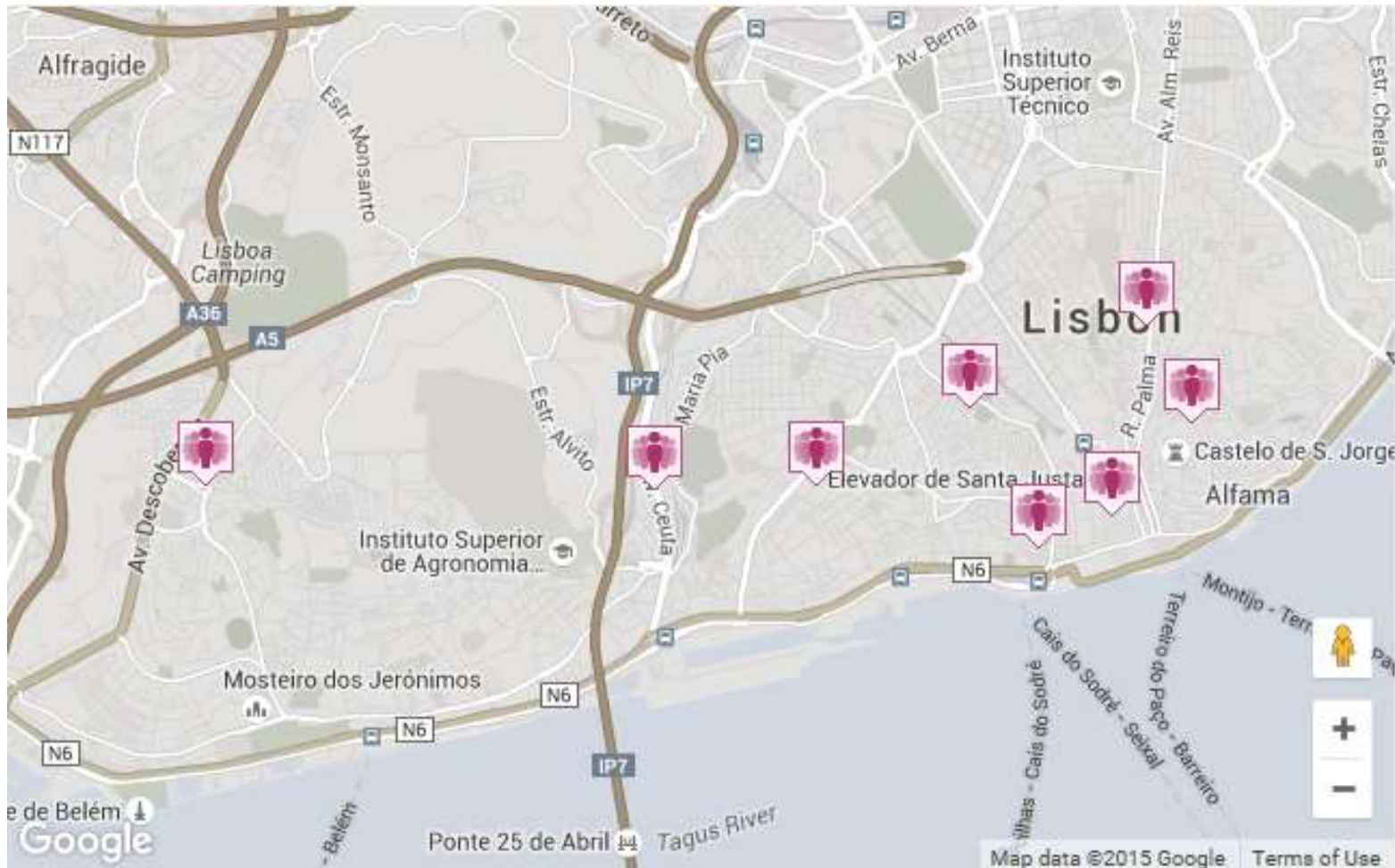
E geral@checkpointlx.com

W <http://www.checkpointlx.com/>

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Hornet
Gay Social Network



Let's Meet On Hornet!
Find dates and new friends from near and afar!



PLANETROMEO

Home Help & Service About us Users Guide Clubs Events

User Login

Profile Name

Password

As last time

Remember Me

Rated

Login

Forgot Password? Activate SSL

Welcome to our Community

108 354
Users online worldwide

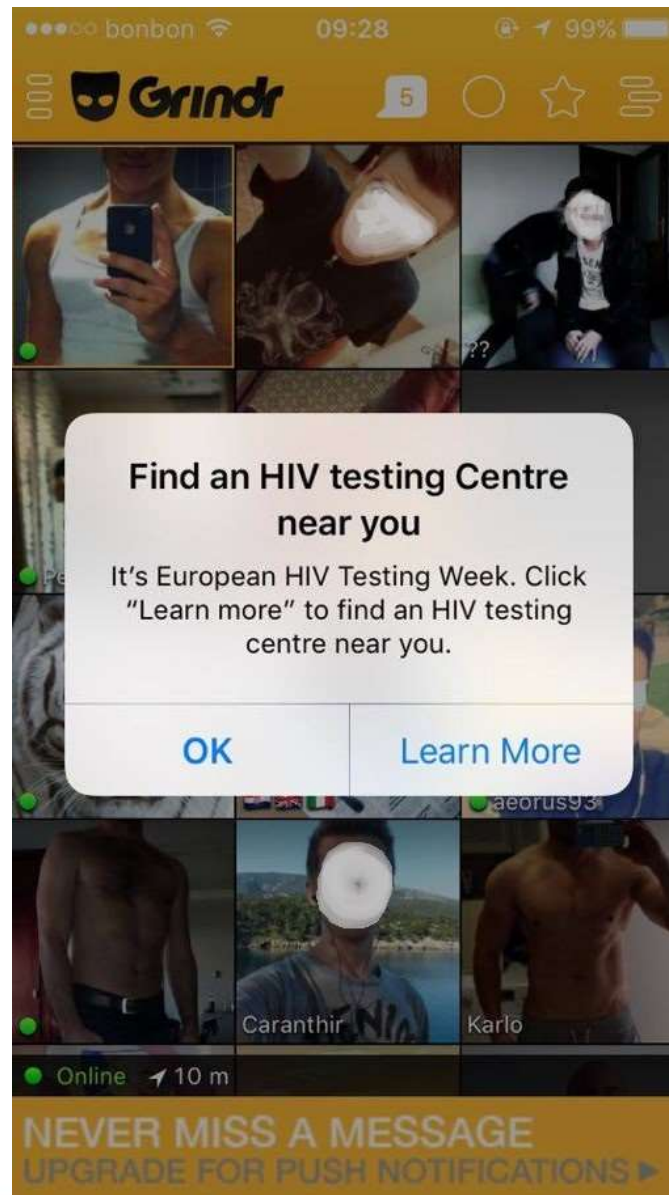
2 462
Hot local guys

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It's quick & easy

We're different!
Just like you, we like guys! What began as a home-made website has grown into one of the biggest communities for gay, bisexual and transgender men on the Planet! Find out why for yourself!

We're in your area!
From horny hook-ups to the man of your dreams, find what you need with our powerful search engine. Free and unrestricted. You never know, HE might be waiting just around the corner!

We're free to use!
All our important functions are free for everybody. Send unlimited messages. Check out as many profiles as you can. No strings attached. Sign up now and make our Planet yours.



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TANGO 17:33 65 %
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European HIV Test Finder

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Use our *European HIV test finder* to find an HIV testing centre convenient to you.

First select your country using the drop down menu. Then either select a state or town from the second drop down menu or enter your location.

En | Es | Fr | Pt | Ru

Please select your country

and select a town / state

or enter your post / zip code

Display results

As a list
 On a map



Roll-out of push messages on Hornet and Planet Romeo



- Hornet
 - 6.500 push messages every minute between 09:00-17:00 (Monday)

- Planet Romeo
 - Banner adds on their 'paid for' services only (Monday-Sunday)



Roll-out of push messages on Grindr

Monday	Tuesday	Wednesday	Thursday	Friday
Netherlands	Bulgaria	Estonia	Belgium	Austria
Portugal	Croatia	Finland	Denmark	Czech Republic
Spain	Republic of Cyprus	Ireland	France	Germany
Sweden	Greece	Latvia	Hungary	Poland
	Italy	Lithuania	Luxembourg	Slovakia
	Malta	UK		Romania
	Slovenia			

Results

Monday: 15,698 'click-throughs' to the Test Finder
26,138 testing site page views

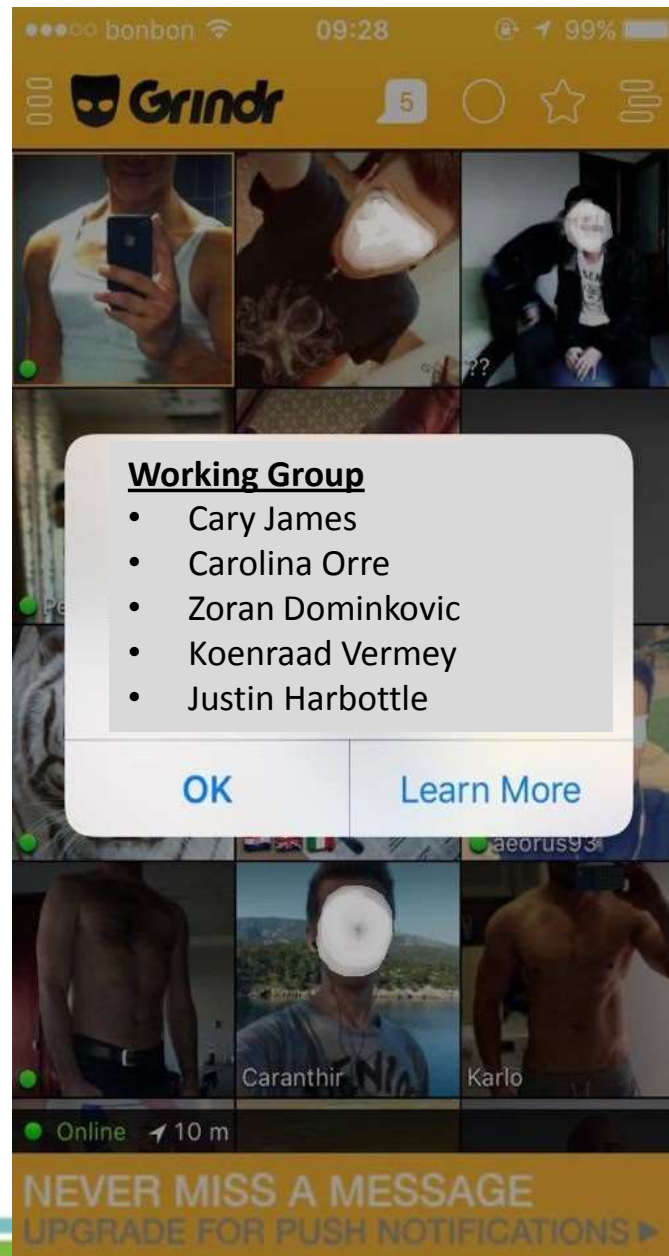
Tuesday:

Wednesday:

Thursday:

Friday:





Thank you

Andrew Amato
Anastasia Pharris

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