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Health Security Committee

Draft Summary Report

Chair: Head of Unit, European Commission, DG SANTE B2

Audio participants: AT, CY, CZ, ES, FI, HR, HU, IE, IS, IT, LI, LT, LV, MT, NL, NO, PL, SE, SK, CH, RKS, DG SANTE, DG HR, DG ECHO, DG HERA, DG REFORM, EMA, ECDC, HaDEA, WHO

Agenda points:

1. Sustainable Development Goals target 3.3 to end the epidemics of AIDS, TB, and to combat hepatitis by 2030: progress, gaps, effective interventions, ECDC
2. Global Strategies and Regional Action Plans, WHO Europe
3. EU4Health: supporting community-based response, HaDEA
4. Success story: supporting reforms in Member States, DG REFORM
5. Round table discussion: sharing national initiatives, experiences and practices, Members of the HSC

Opening remarks

- 1st December is the 2022 World AIDS Day, marks one more year of action against the AIDS epidemic, one more year of collaboration and determination from stakeholders and health professionals leading the progress towards reaching the Sustainable Development Goals (SDGs).
- A number of recent international initiatives have produced high-level declarations with the main goal to end HIV/AIDS, tuberculosis and hepatitis as a public health threat by 2030 and with specific targets. All EU Member States have subscribed to these objectives.
- The political commitment at EU level to act on HIV/AIDS, viral hepatitis and tuberculosis was reaffirmed in 2016 in the Communication on Next Steps for a Sustainable European Future. It states that the Commission will monitor the progress towards reaching the SDGs and will help MS in their national efforts to reach the Sustainable Development Goals' Health targets using all available

policies and instruments, and mentions explicitly ending HIV and tuberculosis, and reducing hepatitis.

- With 2030 just around the corner, it is important to take stock of the joint achievements so far, as HIV, viral hepatitis and tuberculosis remain major public health threats within and beyond the EU.
- At the same time, we are aware that just like with other diseases, efforts to combat HIV/AIDS, TB and viral hepatitis may have been somewhat eclipsed by the global challenges, such as the COVID-19 pandemic. While it has brought the importance of health into the limelight, it also reduced access to the prevention, testing and treatment services.
- As such, the European Commission has been doing its utmost to reverse the tide and regain the lost ground across the relevant policies and instruments that can contribute to the solution of this issue (such as the European Health Union, the Europe's Cancer Beating Plan, the future, a Council Recommendation on Vaccine Preventable Cancers, the 2020 Communication on a Pharmaceutical Strategy for Europe, the EU drugs strategy for 2021-2025 and the relevant Action Plan, a common European Health Data Space, the EU4Health and Horizon Europe Programmes, as well as the support to the Global Fund to fight AIDS, Tuberculosis and Malaria).
- Last but not least, the Commission is facilitating a continuous policy dialogue on the EU Health Policy Platform. For example, via the Thematic Networks 2022, which include a network on HIV, tuberculosis, viral hepatitis and sexually transmitted infections.

1. Sustainable Development Goals target 3.3 to end the epidemics of AIDS, TB, and to combat hepatitis by 2030: progress, gaps, effective interventions – ECDC

Monitoring results of HIV/AIDS, tuberculosis and viral hepatitis have been presented by ECDC, as well as the main gaps and key effective interventions.

As for **HIV**, global targets for ending the AIDS epidemic by 2030 include both fast-track targets (milestones by 2020, 2025) and SDG [targets](#) (by 2030). To achieve zero new infections (90% reduction) by 2030, it was expected an incidence reduction of 75% and the widespread use of PrEP by 2020; to achieve zero AIDS deaths (90% reduction), by 2030, it was expected to reach the 90-90-90 testing and treatment targets by 2020; and to achieve zero discrimination by 2030, it was expected to work and focus on stigma and discrimination already by 2020.

In the EU/EEA region, we are still far away from reaching the reduction of 75% in incidence (in 2020, -19% only). As for pre-exposure prophylaxis (PrEP) in the region, it is nationally available and reimbursed in 15 countries, not fully reimbursed (generics available) in 8 countries, and not formally implemented in the remaining 7 countries. In 2019, ECDC projected that 500 000 men having sex with men (MSM) in the EU/EEA were estimated to be in need of PrEP without actual accessibility to it.

As for the 1st target (90% of all people living with HIV diagnosed), the regional average stands at 88% by 2020, with 15 countries still below the target. As for the 2nd target (having 90% of all people diagnosed with HIV on ART), the regional average stands at 93% by 2020, with 13 countries not meeting the target. As for the 3rd target (having 90% of all people on ART, virally suppressed), the regional average stands at 92%, with 7 countries below the target. As for the overall target to reach 73% of all people living with HIV to be virally suppressed by 2020, the regional average stands at 76%, with 7 countries below the target. So overall there is a good progress towards the targets, but still wide inequities are there observed within and between Member States.

In EU/EEA countries around 169 000 people are living with transmissible levels of the virus (of which 47% undiagnosed, 30% treated but not virally suppressed at 24% diagnosed but on treatment). This is why scaling up testing programs still remains vital.

- In order **to reach targets by 2030**, we need to address the prevention gap (**curb the flow on new infections and scale up prevention programs**), the testing gap (**scale up testing coverage and accessibility**), the treatment gap (**implement EACS - European AIDS Clinical Society - treatment guidelines and provide ART to all**), and finally **address stigma**.

As for **tuberculosis**, in order to reach the 2030 target of 80% of reduction of TB incidence rate, there is a 2025 milestone of 50% reduction of TB incidence rate; in order to reach the 2030 target of 90% reduction of TB deaths, there is a 2025 milestone of 75% reduction in such fatalities. The third 2030 target being reaching zero TB affected families facing catastrophic costs due to TB (but no data are available on this last target as for the EU/EEA region). In the EU/EEA countries we have seen a decline in TB notifications of 5% per year between 2011 and 2020 (TB notifications as a proxy of TB incidence), which represents a good progress but it is still not enough to reach the 2030 targets. Drug resistant TB has remained at a relatively low level of <5% in 2020. However, it is more than 10% in the three Baltic States. This overall good situation comes with the challenge that TB is not prioritized and that knowledge and expertise about the disease is decreasing. Although numbers are relatively low for RR/MDR, further efforts should be made to improve treatment outcomes. Overall, data from 2020 should be read carefully due to the COVID-19 pandemics and consequent disruptions in the healthcare systems.

- **Key actions** to achieve the targets **include** improving **treatment success rate**, increasing **treatment coverage**, introducing **shorter regimen**, increasing **drug-sensitivity testing**, increasing coverage with **rapid diagnostics**, reducing **pre-care seeking delay**, implementing **active case-finding**, new investments on **new vaccines** and **reducing reactivation by vaccination**.

In 2023 there will be a UN High Level meeting on TB at the UN Headquarters in New York (Uzbekistan and Poland as co-facilitators). Countries are expected to show their progresses on the abovementioned targets.

As for **hepatitis**, 2030 targets include a 90% reduction in new infections with hepatitis B (HBV) and hepatitis C (HCV) compared to 2015 (with an interim target of 30% reduction by 2020), and a 65% reduction in mortality (10% reduction by 2020). In the EU/EEA region, 3.6 million people live with chronic HBV and 2.4 million with chronic HCV, with major differences across countries and risk groups (for instance, HBV prevalence ranges from 0.9 to 31.7% in migrant populations and HCV prevalence ranges from 15.4% to 96.8% among injection drug users and up to 82.6% among people in prison).

As for the elimination targets, many countries in the EU/EEA region still struggle with data collection and reporting. Only 11 countries reached the target of 95% hepatitis B vaccine coverage, with the majority of countries not reaching it by 2020 (and 3 with no data reported). Only 10 countries reached the target of 90% antenatal screening, whereas 3 did not reach it and 11 had no data reported. As for the number of sterile syringes distributed per person who injects drugs and the proportion of high risk opioid users in opioid substitution treatment (OST), by 2019, only 2 out of the 14 countries with data have reached the combined prevention targets. As for the proportion of people living with chronic HBV and HCV in EU/EEA countries, diagnosed by the end of 2020, there is considerable variation across the

region in the proportion of individuals diagnosed (HBV: 4 countries above the 50% target and 4 countries below, the other countries not providing data in monitoring surveys; HCV: 4 countries above the 50% target and 3 countries below, the other countries not providing data in monitoring surveys). Also variation in quality of data must be taken into consideration, with many countries unable to adjust HCV data for cases as they are treated and cured. No country providing data achieved the 2020 targets of 90% of diagnosed HBV patients linked to care nor of 75% of treatment coverage of people with HBV. No significant decrease in total mortality from liver cancer and chronic liver diseases at the EU/EEA level has been shown as of 2018. Mortality from liver cancer continues to increase and rates in most countries are currently exceeding the 2030 absolute mortality target.

To sum up, data indicate that **EU/EEA countries are not on track to achieve the SDG targets for HIV, TB and viral hepatitis**. Substantial inequities within and across the EU exist around the prevention and care of HIV, TB and viral hepatitis. Resources have been diverted from SDG areas due to the COVID-19 pandemic and countries are still struggling to regain pre-pandemic momentum. **Addressing barriers faced by key affected populations is essential for reaching the SDGs**. Concerted efforts (**service integration, cross-sectoral collaboration, adequate financing, political commitment**) are needed to ensure progress towards the SDGs.

2. Global Strategies and Regional Action Plans - WHO

In May 2022, the 75th World Health Assembly adopted the new **Global Health Sector Strategies** on, respectively, **HIV, viral hepatitis and sexually transmitted infections** for the period 2022-2030 (GHSS) for implementation over the next 8 years. Consequently, WHO has developed the relevant Action Plans for the WHO European Region, in particular the Action Plans for ending HIV, viral hepatitis and STIs [2022-2030], as well as the Tuberculosis Action Plan [2023-2030], with the aim of closing the gap to elimination in 2030.

In fact, the global Strategy includes 3 strategies in one document for the first time to strategically combine disease-specific approaches with health system response, acknowledging the similarities and differences between these diseases, with a common vision to end the epidemics by 2030, using a people centred response.

For example, key shifts required to end the epidemic of viral hepatitis by 2030 consist of greater public awareness of the importance of viral hepatitis B and C prevention, testing and treatment, increased financial resources allocated, scaling-up of universal access to hepatitis B birth dose vaccine and improved services for prevention of vertical transmission, continuous investment in primary prevention, greatly increased access to hepatitis B and C virus testing and treatment, simplified and decentralized service as well as integrated service delivery, strengthened community and civil society, and development of curative drug regimens for hepatitis B virus.

In the EU/EEA region, COVID-19 pandemic derailed progress and temporarily de-prioritized programs related to HIV, viral hepatitis and STIs, and the Russian Federation's military offensive in Ukraine triggered an escalating humanitarian crisis that may have a serious impact on progress towards regional targets for these diseases, and this is why reinforcing region-specific efforts in reaching the elimination targets by 2030 remains a key priority.

As for the **TB action plan** for the WHO European Region 2023-2030, the goal is to end the spread of TB by achieving universal access to prevention, diagnosis and treatment in all Member States of the Region, thereby contributing to the End TB Strategy goal of ending the TB epidemic. Universal access means evidence-based practices and quality services that are available, accessible, affordable and acceptable to everyone and to all communities, enshrining access to health care as a basic right through approaches that protect and promote equity, ethics, gender equality and human rights. Regional challenges have been discussed, with a focus on how to proceed to reach the targets by 2030.

- **WHO encourages countries to adopt the targets in forthcoming national plans** (as appropriate based on the country context).

3. EU4Health: supporting community-based response - HaDEA

The EU4Health program is providing co-funding to 5 projects and 3 operating grants for a total amount of €7.437 million. The projects selected within the 2021 call for action to support the implementation of best practices in community-based services for HIV/Aids, tuberculosis, viral hepatitis and sexually transmitted infections and starting in January 2023 are:

- The **EXPAND** project, aiming to expand access to community-based testing for HIV, viral hepatitis and STIs for sex workers, migrants and people who inject drugs in Slovenia (EU grant: € 494 000).
- The **TOGETHERHIVSTI** project seeks to strengthen community-based organizations in Greece, Spain and the Netherlands to scale-up best practices that protect the people most at risk from HIV, STIs & viral hepatitis. The project will focus on migrants, including asylum seekers and refugees, as well as people who face high infection risks based on their sexual activities and people who are the intersection of these two groups (EU grant: € 1.2 million).
- The **REACH-OUT** project will implement integrated interventions to improve global health outcomes for migrants and disadvantaged local population groups. It includes prevention, early detection and access to care for TB, HIV, STIs, hepatitis B and C in Italy, Malta and Greece. (EU grant: € 1.3 million).
- The project **CORE** aims to reduce existing inequalities in progressing towards reaching the SDGs 3.3 within the EU, namely between MSs, and between and within the affected communities, by promoting, strengthening and integrating the community responses that have proven key in reaching those “hard to reach” by mainstream prevention and healthcare services, especially in MSs where these responses are still lacking (25 beneficiaries in 21 MSs, EU Grant: € 2.3 million).
- The **BOOST** project aims at boosting the implementation of high-quality community-based communicable disease services as part of a comprehensive, people-centred and integrated harm reduction approach for people who use drugs and related vulnerable groups in the EU and neighbouring countries (EU grant: € 1.4 million).

The 3 operating grants covering the year 2022 are for the following NGOs/civil society networks:

- **The TB Europe Coalition (TBEC)**, a network of civil society representatives advocating for an increase in political and financial commitments required to effectively end the tuberculosis epidemic. The network covers individuals and organizations from EU/EEA countries, Eastern Europe and other neighbouring countries. It is the only stakeholder directly involved in

coordinating and strengthening civil society's response to TB on a national and regional level within the EU (EU grant: € 78.000).

- [AIDS Action Europe](#), aiming to provide activities and support the activities of its member organizations to strengthen their capacities in the European Union and beyond, by providing platforms to communicate and facilitate collaboration, networking, and linking & learning between NGOs, networks, policy makers and other stakeholders (EU grant: € 253.000).
- The [Correlation-European Harm Reduction Network](#) (EHRN), that aims at supporting and promoting harm reduction; increasing the understanding of social health determinants; and providing capacity building activities to harm reduction staff to enhance quality, patient-centred, outcome based health care and identify gaps in service provision. Target groups are organizations, individual experts and affected communities in the field of social and health care, harm reduction, research and policy in Europe (EU grant: € 470.000).

4. Success story: supporting reforms in Member States – DG REFORM

DG REFORM supports MSs to design, implement, evaluate and monitor structural reforms (not only in the health field). The Technical Support Instrument ([TSI](#)), provides tailor-made technical expertise to EU Member States to design and implement reforms; it is demand driven and does not require any co-financing from Member States; it covers a wide range of reform areas, e.g. green and digital transition, financial sector, public administration, skills and education, social protection, health and long-term care; and it works at a national and regional level as well.

In the area of health, DG REFORM has already implemented more than 90 projects in 24 MS (out of more than 250 requests received), and primary care has been an area of particular interest. The project OPTIMISE (France), was presented as an example. OPTIMISE is a project aiming at supporting France MoH to design, deploy, monitor and evaluate community-based intervention to prevent, test and treat sexually transmitted infections (STIs), in particular HIV and viral hepatitis for vulnerable populations by implementing innovative practices. **Importantly, one of the three pilots was largely inspired by the lessons learned at the project HEP CARE and the INTEGRATE Joint Action, which were co-funded under the 3rd EU Health Programme.**

The TSI follows an annual programme cycle. During the cycle, DG REFORM works in close collaboration with the National Coordinating Authority to evaluate and select the requests. Every year, MS authorities can contact DG REFORM to discuss ideas for technical support requests and assistance is provided for the preparation. Then the requests are submitted to DG REFORM on 31 October of each year. Between November and December, DG REFORM and the other directorates of the Commission evaluate the requests according to the criteria established in the TSI financial regulation (how urgent is the reform, is the reform project mature, meaning does the request for support include a detailed description of the problem that has to be address and how to do it, does the authority have the capacity to implement the project etc.).

5. Round table discussion: sharing national initiatives, experiences and practices

Czech Republic shared its experience on HIV prevention activities at national level. As for **activities on testing**, CZ offers the possibility of anonymous and free testing with pre-test and post-test counseling. The National Institute of Public Health operates a [website](#) which offers information and contacts on available HIV/STI testing sites throughout the Czech Republic in 10 language mutations including Ukrainian. An integral part of preventive programs is also mobile testing in ambulances, which takes place in the form of ad hoc events (e.g. European HIV and Hepatitis Testing Week,

cultural events, public places). As for educational activities, surveys are being carried out among adolescents in primary and secondary schools, and results will guide prevention.

The Netherlands shared its experience at national level. NL is currently not on track to eradicate AIDS by 2030. In fact, 2021 saw the smallest rate of reduction in new HIV infections since 2016. The Dutch Global Health Strategy 2023-2030 emphasizes the importance to prevent and treat infectious diseases like HIV and TB. As part of this strategy, NL increased contribution to the Global Fund, WHO and UNAIDS, also prioritizing the collaboration with the civil society and communities of people living with and/or most affected by the HIV.

As for TB control, the focus of the NL is on early diagnosis and treatment of TB patients as well as identifying the source and contact tracing (and preventively treating contacts diagnosed with TB infection), active case finding through screening of risk groups (including asylum seekers and immigrants from high TB incidence countries), and people with medical and/or social risk factors for TB.

Access to TB medication is a challenge: periods of shortage of the main TB drugs have been faced. Some WHO recommended (shorter) treatment regimens have not been registered by the EMA yet, and hence are not available. Another, challenge is the reducing human capacity at Municipal Public Health Services of TB professionals (doctors, nurses, assistants).

Finally, NL national plan on hepatitis is being reviewed with the focus on migrants, people on PreP waiting list and people in prison.

Spain envisages to focus on HIV – among other health priorities - during the upcoming Spanish Presidency of the Council of the EU in the second half of 2023. The agenda is still a draft, but ES Ministry of Health is willing to priorities HIV related stigma and discrimination, in line with 2030 agenda and Spanish [Social Pact for Non-Discrimination and Equal Treatment Associated with HIV](#). ES is planning a high level meeting in Madrid in early July (provisional date), coinciding with Madrid pride events. Other 2 events during that semester are envisaged: WHO EURO-ECDC network meeting in September 2023 (tentative date) and a hepatitis-HIV congress in Madrid possibly in November 2023. All provisional and subject to change as political priorities evolve.

6. Concluding remarks

DG SANTE anticipated that HIV/AIDS, TB and hepatitis will remain high on the agenda next year, also because HIV will be an area of focus under the Spanish Presidency, viral hepatitis as part of the Europe's Beating Cancer Plan and under the upcoming Council Recommendation on vaccine preventable cancers, TB as part of the UN High-level meeting in September 2023.

DG SANTE highlighted the importance of the continuous sustained efforts, as well as cooperation and policy dialogue, inviting MS to participate in the EU Health Policy Platform exchanges and discussion groups.

DG SANTE also encouraged countries to share feedback and experiences on the topic in writing, so that the information could circulate to other Member States.