

# Report of the EU HIV/AIDS, Hepatitis and TB Civil Society Forum

Brussels, November 6 & 7, 2018

Meeting convened by the European Commission Directorate-General Health & Food Safety

## Introduction

The HIV/AIDS Civil Society Forum (CSF) has been established by the European Commission as an informal working group to facilitate the participation of non-governmental organizations, including those representing people living with HIV/AIDS, in policy development and implementation and in information exchange activities. In 2017, the Forum was extended to Hepatitis and TB organisations and this report covers the second meeting in the new composition. The Forum includes about 40 organisations from all over Europe representing different fields of activity. The Forum acts as an informal advisory body to the European Think Tank on HIV/AIDS, Hepatitis and TB. All annexes to this report are available online at the CSF page on the [AIDS Action Europe website](#).

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## 06 November 2018

### 1. Opening, introduction and update on recent advocacy activities

The CSF Coordination Team and DG Sante welcome the members to the 28<sup>th</sup> CSF Meeting, which is the fourth after its extension from the HIV/AIDS CSF to the EU HIV/AIDS, viral hepatitis and TB Civil Society Forum. This meeting is held back to back with the conference on Civil Society Involvement in Drug Policies on 5 November. The CSF will have a joint meeting with the Civil Society Forum on Drugs on the second day. Participants go through the programme and introduce themselves. Then there is a brief recap of advocacy activities since the last meeting in May 2018:

- International World AIDS Conference in Amsterdam: CSF organised a booth with small workshops, networking meetings, key note sessions with different stakeholders (community, doctors, public health agencies, European Commission etc.) and where European NGOs could present their work. The CSF was part of the conference coordinating committee and therefore well represented on various levels in the conference. CSF member organisations participated in various panel discussions, presented and advocated for civil society and key populations' concerns when it comes to the global response to HIV, TB and viral hepatitis. With the conference focusing on the rising epidemics in Eastern Europe and Central Asia, organisations and activists advocated specifically for the needs of most affected groups, among them the campaign "Chase the virus, not the people". Moreover, CSF member organisations participated in EU symposiums and the programme of the European Commission stand in the exhibition centre of the conference.
- A letter was sent to the European Commission and members of Parliament regarding the Multiannual Financial Framework (MFF) and the securing of funds for the health budget. It relayed concerns over the merging health with other sectors with the risk of diminishing the role of health in favour of other priorities. It noted the contrast with the fact that 70 % of EU citizens would like the EU to do more on health according to a Eurobarometer survey. In October, CSF made the case for a strong health component and budget at the European Health Forum in Bad Gastein.
- The CSF expressed disappointment at European Commission document that was published in July. The European Commission publication was downgraded from a Communication to an internal staff working document. Moreover, it is a shallow document with no implications for follow up. This is a reflection of the Commission's political agenda. This is considered a missed opportunity for the Commission to show real commitment to achieve the SDG targets on HIV, hepatitis and TB.

### 2. Present and upcoming EU presidencies: Austria, Romania, Finland, Croatia, Germany

**Austria:** The informal meeting of the health ministers did not refer to HIV, viral hepatitis or TB.

**Romania:** ARAS (CSF member from Romania) took part in some consultations in Bucharest about the Presidency agenda, but the priority topics should be decided at the end of November. Hepatitis-C treatment, vaccination and e-health will be addressed. The Commission noted that there should be council conclusions on AMR.

ARAS took the opportunity to highlight some of the civil society concerns. These include the stock-outs of medicines in Romania. The country coordinating mechanism (CCM) had a meeting last week. The reason for the stock-outs are not entirely clear but it seems to be an issue of late purchasing the medicines. It appears that the government is purchasing treatment for HIV/AIDS and for TB via Structural Funds in two different programmes. There are concerns that government is now using non- domestic funds to cover for treatments.

The HepHIV conference and EACS standards of care meeting from 28-31 January 2019 in Bucharest and the EU Romania presidency should be used to raise awareness on the situation in Romania, to address the stock-outs and the need for action.

**Finland:** local organisations are trying to make the case for health for the Presidency agenda since it appears that health will not be prioritised. There was a short comment on e-health records which is an advance but raises concerns in the case for people living with HIV because people do not know who has access to the sensitive data about status.

**Croatia:** There are preliminary discussions on the agenda of the Croatia EU Presidency. The representative of ELPA from Croatia is not sure whether health issues regarding HIV, TB or viral hepatitis will be reflected in the Croatian agenda for the presidency. The Commission later provided information that Croatia plans to look at universal health coverage, patient safety and life-long learning.

**Germany:** The German Ministry of Health would be interested to add health issues to the German EU presidency core areas but has faced resistance from the government.

### 3. Update from the Agencies

The **WHO Regional Office for Europe** reports on the joint Tuberculosis, HIV and Viral Hepatitis Programme (JTH) (see Annex 1). It highlights the United Nations common position on ending HIV, TB and viral hepatitis through intersectoral collaboration, major events it took part in from June to October 2018 and the p global reporting on hepatitis. WHO support in strengthening hepatitis B control and monitoring the European Vaccination Action Plan (EVAP) goals are as much as focus as for 2019 the European Action Plan (EAP) on HIV and hepatitis mid-term report and the validation of the achievement of the regional hepatitis B control targets. WHO noted hepatitis can be used to address key populations in countries reluctant to address HIV. Country roadmaps to be ready early next year. The representative concludes the presentation with upcoming meetings, which are the second EECA Consultation on Expanding Access to Affordable and Quality Assured Medicines and Diagnostic Technologies (HIV, TB and viral hepatitis in November 2018 in Minsk, the regional consultation on HIV (and viral) hepatitis testing and HIV PrEP in countries of WHO European Region on 22–23 January 2019 in Berlin (which will follow up on the UNAIDS ECDC PrEP meeting), and a regional consultation on progress review of the European action plan on viral hepatitis implementation in February 2019, Copenhagen (to be confirmed).

**Discussion:** Comments mainly addressed the situation in EECA countries: The integration of all three diseases remains challenging and a meeting of national AIDS councils and national focal points (TB) would be needed. WHO responded that there is already some efforts on laboratory but meeting between programme managers needs to be further discussed.

With regards to hepatitis A and B, there are already prevention indicators that include vaccination. These would be worth looking at in order to monitor progress on vaccination in the non-EU countries. Another comment addressed the country road maps and whether there will be publicly accessible. Criminalisation is a major barrier for prevention and treatment access and should be mentioned in the country road maps. The road maps will be made public.

In preparation of and during the Belarus meeting, it will be important to raise the issue of criminalisation of HIV. It was noted that the Ministry of Health understands the issue and is in touch with the Ministry of Justice. Furthermore, it was noted that the commitment towards HCV elimination strategy is welcome but the drug policies will be a barrier to its realisation.

**ECDC** starts the presentation (see Annex 2) with the new vision of ECDC as of 2021, work priorities for 2019 and strategic work areas. Regarding TB, recent data show that TB incidence is declining but not to the extent needed to reach the SDG target by 2030. There are three new publications on TB by

ECDC: an update of European Union standards for TB care, a guidance on programmatic management of latent tuberculosis infection in the European Union and a handbook on tuberculosis laboratory diagnostic methods in the European Union.

The ECDC representative then points out the key activities of ECDC in HIV for 2018/19 and presents recent data. In a number of countries there is decline in new cases among MSM and in migrants and the median CD4 is higher but there are still too many late diagnosis. The decline in MSM is the result of the implementation of “test and treat” and PrEP and the fast track cities approach.

However, ECDC underlined the stark difference between West and Central Europe where overall diagnoses are at least not increasing and Eastern Europe where they are still increasing. However, also in Central European countries there is an increase of diagnoses by 100% (Bulgaria, Cyprus and Lithuania) to 50 % (Czech Republic, Hungary, Malta and Poland).

In terms of STI and treatment, the resistance rates to distinguished antibiotics are shown in three different graphs.

ECDC is about to launch HIV drug resistance surveillance: there will be a first report. Then it is planned regularly. The HIV, HBV and HCV guidance will be launched for European Testing Week. ECDC noted gonorrhoea rates and drug resistance.

Regarding viral hepatitis B and C monitoring and surveillance, ECDC underlined gaps due to differently used indicators. This is why it is developing the hepatitis sentinel surveillance programme and serosurvey. The model will draw on EMCDDA , Eurostat and WHO.

**Discussion:** A great part of the discussion was about the SDG and the inadequacy of indicators that are based on percentage which do not necessarily reflect reality since countries used different methodologies. One way to address this would be to report absolute numbers (e.g. the number vs the percentage of persons treated) and countries to publish the methodologies. ECDC was also asked about its plan to monitor access to medicines. It was also requested to look at risk groups in estimate modelling because this data would be useful for the design of well targeted programmes.

If only percentages are used, the reality in the countries is not necessarily reflected. The methodology of each country is different. Therefore, the total number of people being treated for instance needs to be mentioned as well. ECDC organised a panel during the European Health Forum in Bad Gastein that addressed the challenges to reach the set SDG targets by 2030. Its messages was that the goals could be reached in some countries but not overall at the current stage. There should be a greater focus on homelessness, migrants and early detection.

On access to PrEP, the discussion should look at access to PrEP with the minimum standards and key principles in service delivery.

The **UNAIDS** representatives update the CSF on developments in their organisation (see Annex 3). Reaching the 90-90-90 targets by 2030 seems to be impossible in the EECA countries where the gaps, according to data from 2017, are tremendous in particular what the second and third target are concerned. Globally seen, the EECA region and specifically the rates in the Russian Federation represent a significant portion of burden of the HIV epidemic. The incidence is still increasing and there is insufficient funding to reach the international goals. UNAIDS used AIDS 2018 for advocacy. It organised a [high level-event on AIDS in Europe](#) and a Ministerial meeting for EECA countries. It supports advocacy on HIV, Prep in Europe looking at the roll-out of PrEP, supporting the call for action on the rising HIV epidemic among gay men and other MSM in central Europe member states and EU candidate countries, a region that is left behind while cities like New York, San Francisco and London are progressing. The second part of the presentation refers to the key populations’ atlas, the need for action for HIV/TB co-infection and the upcoming Ministerial Segment of the CND in March 2019 on HIV and drug use. A common UN drug policy position is being worked on. It is suggested to have one focal point per key populations and the leadership of the community liaison was welcomed.

The presentation continues with the five policy recommendations to the UNGASS 2016 that still apply but need repeating, the World AIDS campaign 2018. For eastern Europe and central Asia, UNAIDS will focus on funding and key populations. It was noted that Minsk and Ekaterinburg are planning to sign on to become Fast Track Cities.

#### **4. Working Groups updates and discussion**

After the kick-off of the working groups during the last CSF, this CSF meeting was used to round up the work achievements so far and to plan the next steps of the work until the next CSF in 2019.

##### **4.1 Advocacy to keep health on the political agenda and sustain funding for health related issues**

The working group focuses on three main areas: The Multiannual Financial Framework (MFF), European Parliament elections and the sustainability report.

Regarding the MFF, advocacy activities have been undertaken to ensure health is a priority in the next MFF and there is a sufficient budget dedicated to health. Advocacy activities include a CSO letter to the President of the Commission on the future of health in the MFF, CSO letter to the Conference of President of the European Parliament (see above), input to the discussion on the European Parliament report on future health programme, etc. As a result of advocacy activities, the Parliament report proposes to substantially increase the funding for health in the MFF. In the coming months we plan to continue our advocacy work on future of health in the new MFF during the inter-institutional negotiations.

European Parliament elections: There are discussions with other initiative groups on the future of health such as the CSO campaign EU4Health to join forces to ensure health is prioritized in the new European Parliament and Commission after the elections.

Sustainability report: The third instrument is the sustainability report that will be presented in the Bucharest conference in January 2019. It is a tool with focus on the West Balkans that guides CSOs on advocacy and fundraising issues and to understand how to work with the EU Delegation.”

##### **4.2 Access to treatment and affordability of medicines and diagnostics**

The WG is working on a survey on community view (and examples) on legal and commercial barriers to treatment across the three diseases. This will be sent out to the CSF Members. Moreover, there is a webinar planned on community mobilization on around supplementary protection certificate (SPC) and Patent Opposition (using examples from the SPC for Truvada and Patent for Sofosbuvir) and the judgement of the European Court of Justice Truvada SPC that can impact access to PreP. And last, CSF Members should share information about potential stock-outs in a country in order to mobilise international support.

##### **4.3 Address stigma, legal and regulatory barriers and human rights violations**

Since stigma and discrimination are not addressed anymore in the Dublin monitoring, the Working Group decided to develop ten questions to evaluate the situation in the countries. The survey will be firstly sent out to CSF Members. It could after that also be addressed to TT Members.

On top of that, a questionnaire on good practice strategies to fight stigma and discrimination will be sent to the CSF Members in order to collect ideas that might be interesting and implementable by other NGOs. Although there is a great need to work on legal and regulatory barriers, this has not been addressed yet. It is considered to have a sub-group that works particularly on limited access to prevention, treatment and care due to legal barriers. The shadow report would target the Dublin reporting for 2020.

#### 4.4 Implementation of combination prevention

The working group discussed the scope of a policy statement that addresses all layers of combination prevention. The original idea of the working group was to develop an advocacy document that addresses the three prevention instruments Treatment as prevention (TasP), Pre-Exposure Prophylaxis (PrEP) and condoms as equal and mentioning other methods in the prevention tool kit such as partner notification, testing, etc. Although this is very much needed, it would not reflect the integrated approach of addressing all three diseases. Therefore, the decision was made to prepare two different policy statements, one for combination prevention regarding HIV and one for combination prevention at large. The drafts should be ready by the end of the year.

#### 5. Update from the Commission

The Commission updates the CSF on activities since the last CSF Meeting in May 2018 (see Annex 4). The Staff Working Document on Combatting HIV/AIDS, Viral Hepatitis and Tuberculosis in the European Union and neighbouring countries was published in July 2018. It outlines different policy frameworks, instruments, approaches, guidance, experiences and best practices that were or are currently used, transposed and adapted to help Member States improve their response and reach the Sustainable Development Goals. The document refers to the Commission Communication of November 2016 on 'Next steps for a sustainable European future' which concerns implementation of the 2030 Agenda for Sustainable Development and the SDG 3.3. In order to reach the targets, sustained efforts and outreaching to the most vulnerable populations need to be ensured. While for HIV it looks like the goals can be reached by 2030 in the EU countries, there are still major surveillance issues regarding hepatitis C, which makes it difficult to estimate the full dimension of the disease. For TB, there is a low incidence in the majority of countries. However, some countries need sustained efforts to control the disease. The representative refers to EU policy instruments, among them the contribution to the Global Fund to fight AIDS, TB and Malaria (GFATM), to which the Commission is the sixth largest donor. Currently the Union is funding 8 operational projects (including Joint Actions and operating grants) under the EU Health Programme and has invested almost 12 million euros. Another policy instruments to support actions against HIV, TB and hepatitis are the EU Framework Programmes for Research, the Instrument for Pre-accession Assistance, the Development Cooperation Instrument, the European Neighbourhood and Partnership Instrument and the European Structural and Investment Funds. The investments in health in the EU Member States come from the European Regional Development Fund (ERDF) and the European Social Fund (ESF) within the national and regional Operational Programmes (OPs) adopted in the individual Member States.

In the second presentation, the Commission addresses specifically the multiannual financial framework (MFF) and its Health strand within the European Social Fund+ (ESF+), as well as the Horizon Europe, the next EU Research & Innovation Programme for 2021 to 2027. The former Health Programme has been embedded into the ESF+ through a dedicated budget of € 413 million for the health strand for 27 MS. This is the same or slightly increased comparing to € 449 for 28 MS in the current period. Actions eligible under the ESF+ Health strand include policy analysis and implementation; capacity building of networks and partners; communication and dissemination. The reason to incorporate the Health strand into the ESF+ is to promote a more holistic approach to health and to increase coherence between shared and direct management, as well as coherence and sustainability in funding between operational programmes and structural funds. This will also support policy coordination among Member States, by earlier involvement of their health authorities in determining priorities for spending, and by encouraging them to be involved in implementing results in national settings. It is exemplified in a second part of the second presentation the objectives of the Horizon Europe Programme, regarding the Health Cluster, aligned with major European policy goals

and six main areas of intervention, among them infectious diseases and focus on antimicrobial resistance (AMR).

In addition, the Commission briefly presented health-related priorities of the Romanian presidency, upcoming three research projects in the field of HIV, viral hepatitis B and C and TB in collaboration with authorities of the Russian Federation and the Commission's participation in major policy events (CEE Conference on HIV and Hepatitis, AIDS 2018, UNHLM on TB, European Health Forum, and Lung Health Conference).

**Discussion:** A question is raised regarding the future perspectives of the Commission regarding the EECA countries where the situation remains the epidemic is not under control. It is good to hear that there is a research project planned on rapid screening of drug resistant TB with the Russian Federation (RF). But is the European Commission/EU engaging at political/diplomatic with the RF on HIV? Will the results of such a research project be made public? There was a political dialogue on health with Russia but it was suspended for political reasons (the sanctions). The Commission noted that there isn't specific strategy apart from the Eastern neighbourhood policy, which does not cover RF, and the cooperating within the framework of the Northern Dimension Partnership policy framework. The results of the research project will be made public in any case. CSF also asked the Commission about a possible Joint Action on gay men and other MSM to address the specifically challenging situation in some countries, among them the central and south east European EU Member States, where HIV incidence increases in particular in this key population. The Commission representative replies that it cannot communicate any information on this matter at this stage, as discussions regarding the multiannual work plan are still ongoing.

In Romania, structural funds are apparently used for treatment of HIV and TB. As we learnt, Romania is struggling with stock-outs of ARV medication. CSF members noted the use of structure funds for treatment sets an important precedent. It also raises concerns on access to affordable medicines. The Commission will look into the question, whether structural funds are used for treatment and what implications that might have.

The CSF expressed its concerns about the Staff Working Document. It was a disappointing document with no political commitment and limited scope for impact. The Commission responded that while it understands the disappointment, the SWD clearly states that sustained efforts using the existing policies, instruments and good practices are needed in order to achieve the SDGs. Now the focus needs to go to the ESF+ where the Health strand provides opportunities for meaningful interventions.

The CSF commented that there has been a decline in MSM only in a few countries and there is a resurgence of reactionary politics which risks impacting on progress made and blocking future efforts.

It was suggested to organise a discussion with DG NEAR on health and how to maximise the EU integration of candidate countries to mobilise countries on HIV and harm reduction policies. The situation for gay men and other MSM is in particular threatening in newer EU Member states and countries in transition. How much is this on the agenda of the Commission? There is a continued political dialogue with the concerned member states under support of the EU delegations. However, it is the countries prerogative to decide on how they actually do address the challenges. With regards to a possible Joint Action on MSM (see above) the discussions regarding the multiannual work plan are still in process.

## 6. Debrief from and planning of upcoming policy events and processes

### **AIDS 2018**

Apart from the report from the Amsterdam conference under agenda item 1., Anke van Dam summarised some of the outcomes: It is very clear that the AIDS epidemic is not over with rising HIV

infections in more than 50 countries, predominantly in the EECA countries. Stigma and discrimination remain an important barrier. The U=U campaign was very prominent and useful to address stigma. GIPA is still a very important concept and points out that the meaningful involvement of PLHIV is crucial and also young people. The conference highlighted the need to integrate sexual health and HIV programmes. The discussion on HIV needs to be integrated in the discussion on universal health coverage and health system performance. No ground-breaking medical innovation was reported. There were no funding pledges. It looks like resources will not increase and so there is an increased need to look at cost efficiency.

Harm reduction was very prominently represented and needs to be further pushed. The Global Fund needs to hear that more harm reduction must receive more funding. In general, the message was if we continue with the status quo we will have an increase of drug resistance and new cases.

### **The UN TB High Level Meeting**

It was the first ever high level meeting on TB. Unlike the African countries, where many government leads were represented, European countries were mostly represented by lower level politicians. Nevertheless, the meeting was very fruitful and a political declaration was signed with a lot of tangible targets. Now it is important to keep the momentum in order to follow up and make civil society's voices heard.

### **The Union Meeting (TB)**

The Union conference in The Hague is the most important event in Europe when it comes to TB and gathers researchers, public health representatives and communities. It is not only a scientific but also a political conference. The TB European Coalition (affiliated to Global Health Advocates) had a booth during the conference. At focus was the replenishment conference for the Global Fund which is very important for the eastern and central European countries.

### **Global Fund replenishment conference in 2019.**

It looks like from the EC 1/3 of the funding will be taken from the current budget and 2/3 from next one. Civil society is advocating early pledge from the EC before the EP elections and the Brexit date.

### **ECDC Dublin reporting Advisory Board Meeting**

GAT participated in the ECDC Advisory board meeting. There have been improvements regarding the questionnaire. The biggest challenge, however, is still the involvement of CSO in the reporting. While in some countries CSO are actively involved in report preparing, there seems to be no involvement whatsoever, in other countries. The question is whether a mechanism can be implemented that ensures key populations and civil society reflection on the situation in a country.

### **HIV Glasgow**

The HIV Glasgow conference is an important meeting when it comes to scientific progress on HIV treatment. EATG organised events on HIV cure and one on HIV and ageing.

### **European Harm Reduction Conference**

The European Harm Reduction conference will be held in Bucharest from Nov 21 to 23. Correlation is the main organiser of the conference that will also present the outcomes of the HA-REACT joint action and be conducted back to back with the HA-REACT advisory board and partnership forum.

### **HepHIV Conference**

The HepHIV conference is a landmark in the European conference calendar and takes place on 28-30 January 2019. It is an abstract driven conference and it would be great to see the CSF well represented in the conference.

### **UNAIDs PreP meeting**

A meeting on PrEP, jointly convened by UNAIDS and ECDC, will happen towards the end of the year in Berlin. It will be focusing on service delivery as in reality there are barriers to get PrEP to the users, for instance because clinicians don't feel prepared and don't have the resources to provide PrEP. The meeting will be attended by clinicians, PrEP users, health care workers, academia. It will look at indicators on PrEP service delivery

### **UNAIDS PCB meeting**

The next PCB meeting in December will be touching upon the sexual harassment case and the investigational report that was assigned to an independent research group. The thematic day will address TB and HIV co-infection.

## **7. Key developments at country /population level and key policy developments**

### **PrEP**

Access to PrEP varies across European countries. While provision is guaranteed and covered by the health care system in some countries, in other countries PrEP is available but not reimbursed and therefore still difficult to access. In some countries it is not accessible at all. If PrEP is available through "non-official" channels, the necessary background checks are not necessarily covered by the health care system. Therefore, access to PrEP remains challenging and unsatisfactory in most European countries. Latest developments are that in the Czech Republic PrEP will be available for 42 Euros and in Germany it appears that PrEP will be covered by the health insurance system from 1 September 2019 on.

There was a discussion on what happens now in countries which had granted an SPC to Truvada since the CJEU ruling that the SPC is undue. It was noted that in some cases, e.g. Portugal the price of the generics is still high. In the Czech Republic, price is reviewed every 5 years and so it will be 2019. It was advised to CSF members at country level to contact drugs body to ask about prices. In Finland, it looks like generic entry is still blocked.

### **U=U**

Only 10 % of surveyed persons by the German federal centre for health education, know that undetectable viral load means that the virus cannot be transmitted. That is why the German MoH decided to fund a campaign to make this evidence more known among the general public. Deutsche AIDS-Hilfe was assigned to develop the campaign under the leading title, duplicate your knowledge. There was a short round on use of U=U in different countries. In Poland, Mr. Bear will talk about his personal story for World AIDS Day. In the Czech Republic U=U will be promoted among clinicians. This is important since in some HIV criminalisation cases, clinicians testify against their own clients. It is suggested that the Coordination Team could ask EACS to sign on U=U and communicate to local clinicians.

### **TB**

In EU countries, there is hardly access to screening and treatment of latent TB even though effective medication exists. EACS guidelines are not followed. Advocacy activities are needed to inform regional and national decision makers about this unacceptable situation. There is also an issue regarding a pediatric formulation from Macleods which not authorised by EMA as the company has not submitted a request as the market is too small. It is WHO pre-qualified TB medicines and is not easily accessible in EU. There are also issues with the price of bedaquiline. It is suggested to draft a one pager on TB medicines issues in the EU.

### **Hepatitis**

Hepatitis monitoring and micro-elimination, which is the targeted national elimination of viral hepatitis C in well-defined populations, are at focus in the Hep-CORE study. Micro-elimination breaks

down national elimination goals into smaller goals focusing on individual population segments (see Annex 6).

### **Russian Federation**

AIDS Foundation East West (AFEW) comments on the frustration regarding the situation in the Russian Federation in general, and in particular with regards to people using drugs (PUD). It would be good to send out a letter, maybe jointly with the CSF on drugs. During the discussion, also the foreign agent law comes up which makes it almost impossible to receive foreign funds and implement work on the ground. The former CSF member ESVERO became a victim of this legislation, as much as many other organisations working in the field of HIV and co-infections. It is also discussed how ESVERO will be replaced in the CSF by an organization from the reserve list established following the 2017 Call for applications for the selection of members of the EU HIV/AIDS, Viral Hepatitis and Tuberculosis Civil Society Forum.

### **Slovenia**

In Slovenia a PrEP trial started. For this trial, PrEP is available for 33 Euros from a local company. Moreover, a country report shows that not much is known about U=U. One person got sentenced one year and half for non-disclosure and condom less sex. A lot of people living with HIV face discrimination in the health system, especially when it comes to dental care.

### **Italy**

Milano will become the first Fast-Track-City in Italy. It will be announced on the 1 Dec. There is hope that it will have a snowball effect on other cities in Italy. Moreover, the second checkpoint in Italy will open in Milano and it will provide PrEP services and is opened in collaboration of 5 organisations of which LILA Milano is one.

### **Sex Workers**

The London school of hygiene and tropical medicine will host an event on the impact of the criminalisation of sex work on 12 Dec 2018. ICRSE calls on members to sign on the letter asking IAS to reconsider organising AIDS 2020 in the US.

### **Greece**

There have been developments by the current government on same sex marriage and gender identification. There was a suggestion to criminalise clients of sex workers. But the end result of the counter advocacy was that ministries are now looking into improving legislation on sex work.

### **Portugal**

There is a consistent decline of HIV infections of 2%. It shows that, if all tools are applied, the targets can be reached.

### **Integration of HIV and TB services**

Integration of HIV and TB care services is still not in place the way it should be. This is a big barrier for good quality care in many countries. AFEW did a survey within the whole Europe on how care is delivered with regards to the integrated approach. There are interesting results that will be shared with the CSF members.

### **Nordic countries**

Criminalisation remains a big issue in the Nordic countries. However, a Swedish supreme court ruling that in summer acknowledged the fact that undetectable equals untransmittable. AIDS Action Europe will have a project on criminalisation and looking at legislation in Europe. In Iceland, PrEP is now available. On top of that, Iceland was able to eliminate viral hepatitis C.

## 07. November 2018

### 8. Opening and introduction of the joint forum meeting

The joint meeting of the CSF on drugs and the EU HIV/AIDS, viral hepatitis and TB CSF is opened by representatives from DG HOME, DG SANTE and both forums. The purpose of the meeting and the agenda are introduced to the participants as well as the history and the work of both forums by their respective chairs. The introduction round of participants reflects the broad geographical range as well as the amount of expertise assembled in this meeting.

### 9. Update from EMCDDA

EMCDDA participates in both forums and updates the attendees on recent developments (see Annex 7). EMCDDA published its strategy until 2025. Along with other recent work on harm reduction issues, the organisation worked on viral hepatitis policies in Europe and access to HCV care for PWID. The presentation shows the developments since the 90ies. By March 2018, 17 EU countries and Norway had official hepatitis policies in place. EMCDDA also developed a proposed model for promoting HCV testing in drug services. Another focus has recently been set on prison health. This touches upon new findings, main areas addressed in the guidance, prevention, viral hepatitis and HIV treatment, continuity of care and service priorities at the different stages of detention. The main message is equality of care would mean intensifying care in prison compared to the community. With review and guidance EMCDDA hopes to convince national authorities that the investment in prison health is worth looking. It also highlights that the implementation of take home naloxone is a good intervention even if there are not many studies on prison.

### 10. Joint working groups

The preparation group for this meeting, consisting of members from both forums, came up with the conception to work in three working groups:

1. EU Processes Advocacy Opportunities
2. Quality Standards and integration of services, social and healthcare
3. Overcoming Legal Barriers

#### 10.1 Working group introduction

The three working groups are introduced by two facilitators each, one from the CSF on drugs and one from the HIV, Hep and TB CSF:

#### **WG 1: EU Processes Advocacy Opportunities**

The working group will predominantly work on the Multiannual Financial Framework (MFF) and the European Parliament elections. It will explore opportunities for common CSF positions and advocacy (see Annex 8).

It is noted that the Internal security fund explicitly refers to civil society and drug policy. There is not explicit mention of HIV, TB and Hepatitis. Though people using drugs are identified as a high risk group for infectious diseases.

It was suggested that CSFs should advocate drug policy and infectious diseases being included in the recitals of the programme regulations.

#### **WG 2: Quality Standards and integration of services, social and healthcare**

Regarding the work of both CSF and EU funded projects, there is a lot of overlap, for instance the Joint Actions HA-REACT and Quality Action, to name only two examples. From the CSF on Drugs it is noted that quality service standards for provision of services directed to drug users are so vague that it is difficult to undertake a proper assessment. Therefore, it is developed an assessment tool using a traffic light system. More or less, all quality standards are linked to HIV, Hep and TB. That means there is scope for joint collaboration of the two CSF on quality of service delivery.

### **WG 3: Overcoming legal barriers**

The facilitators present the kind of legal barriers it will be talked about (see Annex 9) in the working group. They point out opportunities for joint work at international and national level. The outcome of the WG should be identification of 2-3 key strategic priorities for the coming year, identification of key targets for advocacy and identification of concrete advocacy tools & methods for specific events/target groups.

## **10.2 Working group reports**

### **WG 1: EU Processes Advocacy Opportunities**

The working group agreed to join forces on MFF advocacy, as well as the European parliament elections. There will be a letter prepared by both forums to advocate for sufficient funds to cover the needs of affected people. In terms of the European parliament elections, the WG will develop a joint briefing statement that will be joined with members of forums and can be used at national level to address EP candidates.

The CSFs will draft a joint letter with key messages and arguments to be used in Brussels and that can be adapted to local contexts with local candidates and elected MEPs. The letter would recommend financing to be the same and higher, it would highlight what is needed at national and European level (eg networks, support for the implementation of the EU strategy). It also suggested to prepare an advocacy package for national advocates. Finally, it was agreed to collaborate on a briefing paper for incoming MEPs.

### **WG 2: Quality Standards and integration of services, social and healthcare**

The working group discussed the policy documents that have been developed (council conclusions, communications and other) but are not reflected by the actual situation on the ground. All this information needs to be put together to show politicians and policy makers what is not implemented although those policies are in place. With regards to the quality standard assessment tool, which so far has only be discussed in the CSF on drugs, it needs to be checked whether the tool is also of added value for the HIV, Hep and TB CSF Members. In any case, a need driven perspective should be in place rather than a service provision perspective.

### **WG 3: Overcoming legal barriers**

The WG discussed drug services in prisons, prevention and health care services (see Annex 10). When it comes to decriminalisation, it needs to be discussed very specifically what has been decriminalised and against which context. Criminalisation of PUD should only be the last measure before all other tools are applied. Criminalisation usually fails to serve its purpose. The group agreed to work jointly on opportunities to advocate for these issues as for instance with the high level group on drugs and the health in prisons project within WHO.

### 10.3 Conclusion

The working group session was wrapped up by the chairs of both CSFs. The preparation team will follow up on the discussions and the future steps of this first joint meeting of the CSF on drugs and the HIV, Hep and TB CSF.

#### Annexes

Annex 1 - Update from WHO Europe

Annex 2 - Update from ECDC

Annex 3 - Update from UNAIDS

Annex 4 - Commission Update

Annex 5 - Commission Update on MFF

Annex 6 - Micro Elimination Hepatitis

Annex 7 - Update from EMCDDA

Annex 8 - Joint Working Group on Advocacy Opportunities

Annex 9 - Joint Working Group on Overcoming Legal Barriers

Annex 10 - Overcoming Legal Barriers - Results