

Good afternoon ladies and gentlemen,

first of all, let me apologize from this meeting the board chairman of the Czech AIDS Help Association. He is on vacation and cannot be with us. I should give his regards to all of you!

For the second, my apologies, that I will help myself with reading this. My English knowledge is a bit limited, so I have prepared in written what I want to tell you about the recent developments in my country, in the Czech Republic.

There are several points or activities I want to inform you about:

#### **PrEP**

At this moment we have round 60 patients on PrEP (officially, on prescription) and unknown number of users outside the health care system. In 2 pharmacies is the price 40 Euros/month on prescription (in the others about 240 Euro). We pick up PrEP from these two pharmacies for patients from distant places. BUT! We still miss the official support of PrEP by state – PrEP is not included in the national HIV strategy (2018-2022)!

#### **Fast-track-city**

We hope, that after 3 years lobbying Prague will take responsibility and become the next Fast-track-city very soon. Hopefully on Dec 1<sup>st</sup>, 2019.

#### **Abolishment of the mandatory HIV status disclosure in clinical settings**

The Public Health Act will be amended - we will use the situation when the law will be opened and will try to abolish the mandatory HIV status disclosure in clinical settings. There has been a case in the Czech Republic where the court condemned to conditional imprisonment one HIV+ patient who did not inform the doctor about his diagnosis. We see the mandatory HIV status disclosure as a serious source of HIV stigmatization.

To our knowledge, this practice is almost unheard of in Western Europe, but quite common in Eastern Europe. And here I would like to ask you, how does the mandatory HIV status disclosure in your countries look like? Does the patient also have to sign it?

#### **Governmental proposal to abolish consent to HIV testing**

As part of the discussion on the abolishment of the mandatory HIV status disclosure, the government asked us to support their proposal to abolish consent to HIV testing - ECDC seems to be promoting the idea that “testing in healthcare settings should be normalised” and that “written consent is no longer necessary and removing the requirement has shown to be effective in increasing testing rates”. The Czech government translates this into complete removal of testing consent from our guidelines and legislation which we oppose. We feel this as a great risk and we will probably need international support again to avert it.

I would be interested to learn more about the situation in other European countries and strategies used to maintain the principle of voluntary testing with a consent. Does any of the countries you represent here test without patient consent? If you are testing in your country with approval, how does such consent look like? Do you have any arguments how to stop it? Are there any international rules valid for the Czech Republic as well, that we can point to?

### **Register of prescribed pharmaceuticals**

The Czech Republic is putting a "Register of prescribed pharmaceuticals" into the legislation that allows all doctors and pharmacists to view the patient's drug history. The proposal goes to the parliament in the "opt-out" mode, i.e. it is assumed that the patient automatically agrees to make his or her medication record available. We preferred opt-in mode, where the patient had to give explicit consent, or we wanted some selected diagnoses to be conducted in this regime (in opt-in mode), especially those with high stigma (HIV, mental illness, cancer). Apparently, our proposal won't pass. We are worried that there will be cases of leakage of HIV diagnosis (especially in small towns) and it will be difficult to prove which physician or pharmacy released this sensitive information.

### **Health Technology Assessment**

We started to educate ourselves and be active in HTA (Health Technology Assessment). One of the first steps was, that we made a price comparison of HCV (*ejč sí ví*) drugs. This showed, that DAA (direct acting antivirals) are in the Czech Republic more expensive than they should be according to the Medicines Act. We have informed the biggest Czech health insurance company about this fact. Accordingly, the State Institute for Drug Control has opened an administrative procedure to review prices for two drugs. We consider the issue of drug affordability and price transparency a major challenge for the EU as a whole, and we recommend that CSF is more concerned with it in the future.

### **Last but not least:**

**According the newest report of HIV Justice Network, called Advancing HIV Justice 3, is the Czech Republic on place No. 2 in the world in number of cases of HIV criminalisation, just behind Belarus...**

### **Ends should be good, so:**

**We are now involved in the project of the AIDS Action Europe / European HIV legal forum on "HIV-criminalisation" and we are going to change it!**