



ECDC update to the CSF

Teymur Noori, ECDC
23 November 2015
Luxembourg

Outline

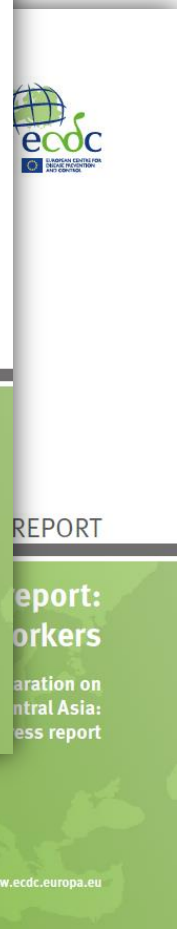
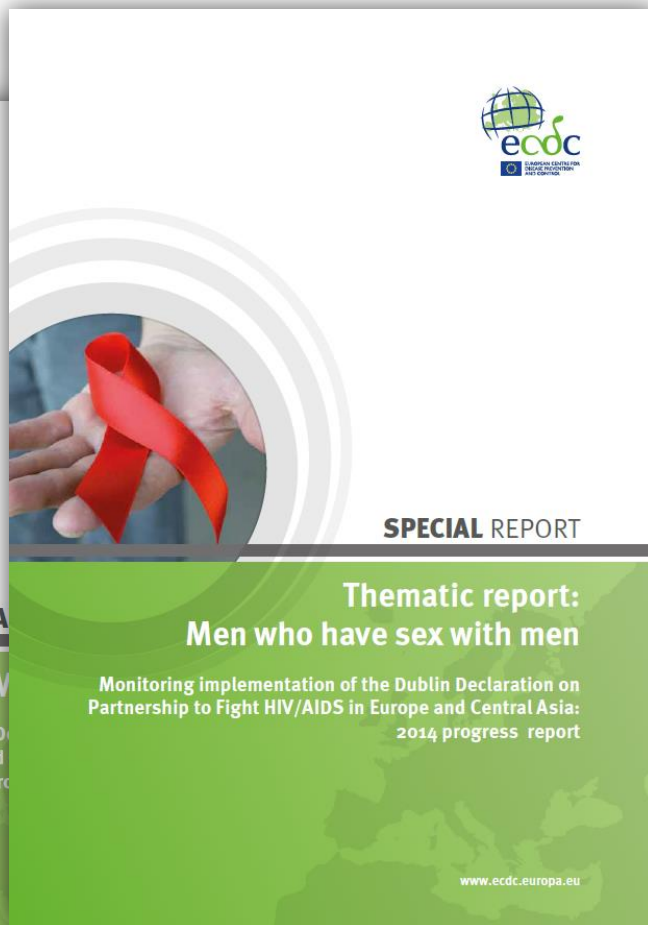
- Dublin outputs 2015
- Mobile apps report/meeting
- ECDC continuum of care meeting
- Dublin priorities 2016
- European HIV Test Finder
- Upcoming ECDC meetings



Dublin Reports 2015



Key population reports



Evidence briefs

ECDC EVIDENCE BRIEF

August 2015

HIV and treatment

ECDC EVIDENCE BRIEF

August 2015

HIV data

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

ECDC EVIDENCE BRIEF

August 2015

HIV and leadership

ECDC EVIDENCE BRIEF

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 2015

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 2015

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.

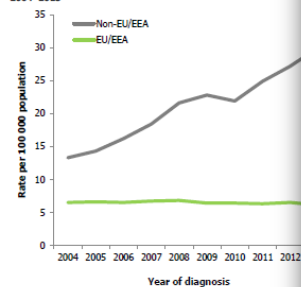


Following ECDC's 2010 and 2012 progress reports, a new series of thematic reports and evidence briefs present the main findings, discuss key issues, and assess the progress made since 2012 in Europe's response to HIV.

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 interventions, more than 136 000 people were newly infected with HIV in Europe in 2014. Rates of new infection show no signs of declining. During the last 10 years, the number of new infections has remained unchanged in the EU/EEA and has increased by 126% in non-EU/EEA countries.

Figure 1. Rate of newly reported HIV cases in EU/EEA and non-EU/EEA countries, 2004–2013¹



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 progress reports, a new series of 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 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?

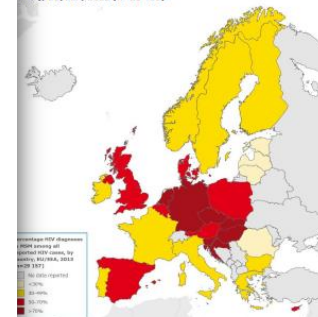
Many people at high risk of infection have not been tested for HIV in the last year. Testing rates are too low in those populations who are at the greatest risk of HIV infection. In the majority of countries, fewer than half of men who have sex with men – and fewer than half of people who inject drugs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

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

Why focus on men who have sex with men?

Sex between men is the main mode of HIV transmission in the EU/EEA. In 2013, 78% 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 this 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, 2013 (n=23 416)¹





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

Mobile apps and MSM sexual health

Main outcomes

1. Guidance needed on how to do outreach using new technology
2. Initiative to support ETW

Understanding the impact of
smartphone applications on
STI/HIV prevention among
men who have sex with men
in the EU/EEA

www.ecdc.europa.eu

NG REPORT

technology in
among MSM

2 October 2015

smartphone apps, on MSM
the European Centre for
Trust (THT) to explore this
with MSM recruited via
February 2015, were:

- There is evidence that use of mobile apps by MSM is common and has increased significantly in recent years.
- Mobile apps have significant reach and offer considerable potential for public health in terms of health promotion and data generation.
- There is some evidence that apps can help to promote uptake of STI and HIV testing and other care services when linked to specific events such as HIV testing week or through push messages about nearby services.
- There is little data on the link between apps and recreational drug use, although apps do appear to play a role in organising and finding group gatherings for sex which include the use of recreational drugs.

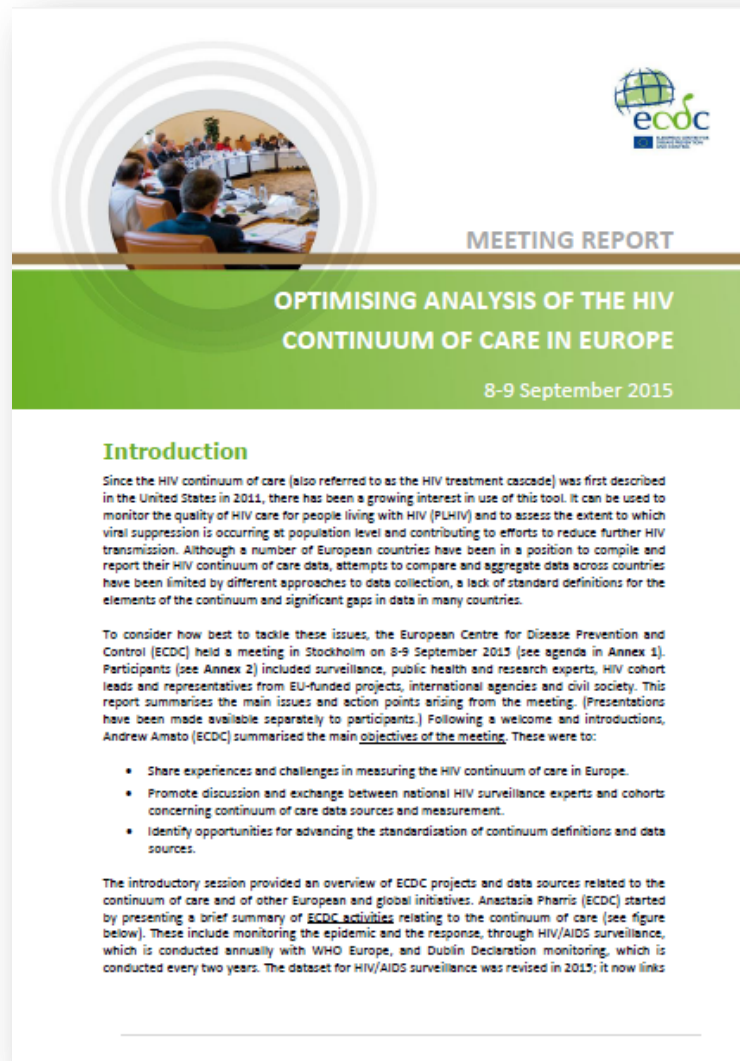
The February 2015 meeting concluded that there was a need to: further improve understanding of how apps are being used, of their impact on sexual health, behaviour and networks and of how they could be used for public health; to continue to collect and share information and experience; to develop practical guidance on effective approaches to use of apps for public health interventions; and to take a coordinated European approach to engagement with app owners.

To follow up on these ideas and plan future action, ECDC held an expert meeting in Stockholm on 1-2 October 2015 (see Agenda in Annex 1 and Participant list in Annex 2). This report summarises the main issues and action points from the expert meeting. (Presentations were made available separately to the participants.)


Monitoring the continuum of HIV care in Europe



Optimising analysis of the HIV continuum of care in Europe



The cover of the meeting report features a circular inset 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 title and date.


MEETING REPORT

OPTIMISING ANALYSIS OF THE HIV CONTINUUM OF CARE IN EUROPE

8-9 September 2015

Introduction

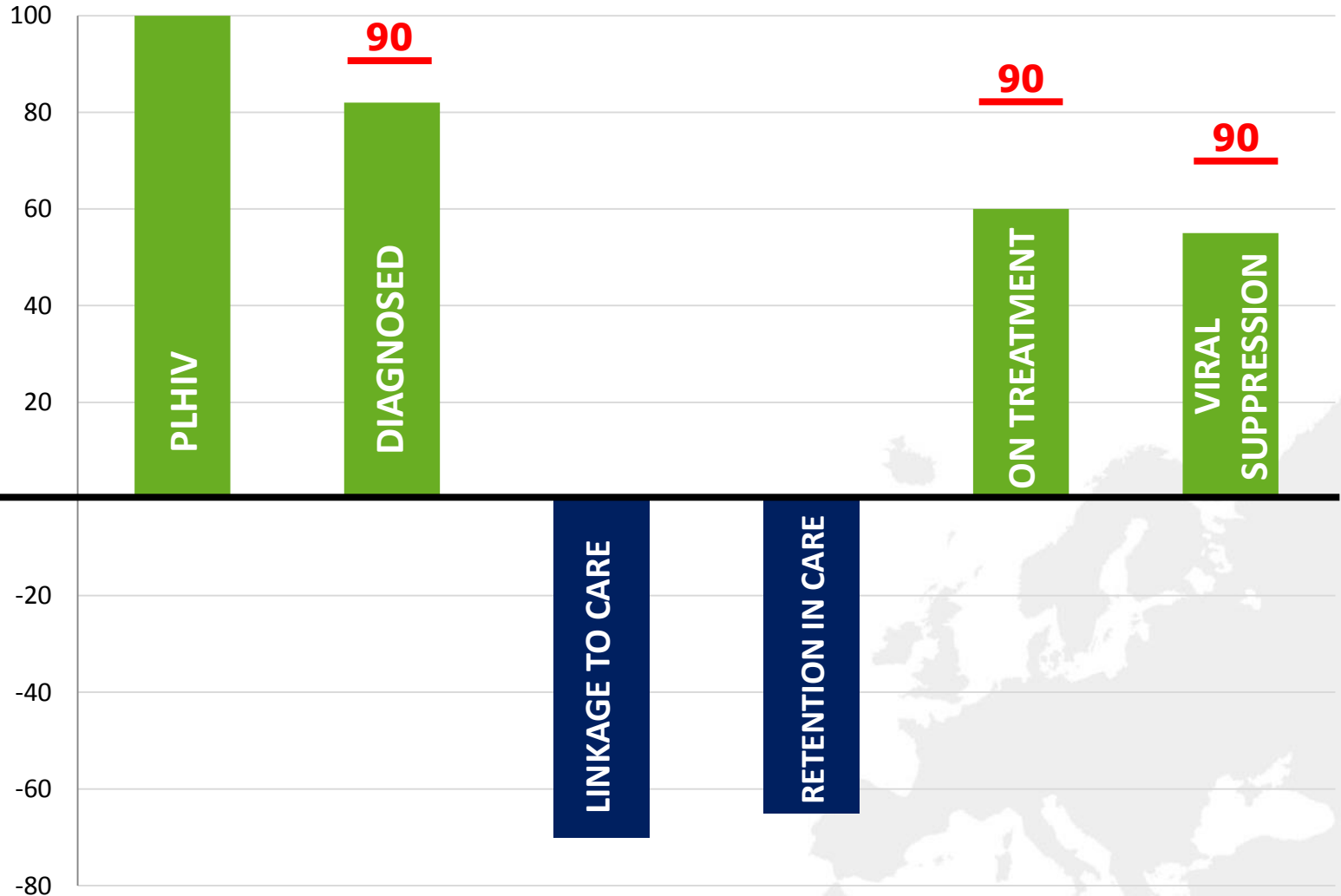
Since the HIV continuum of care (also referred to as the HIV treatment cascade) was first described in the United States in 2011, there has been a growing interest in use of this tool. It can be used to monitor the quality of HIV care for people living with HIV (PLHIV) and to assess the extent to which 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

PLHIV

DIAGNOSED

90

ON TREATMENT

90

VIRAL
SUPPRESSION

90

Monitoring
quality of
care

LINKAGE TO CARE

RETENTION IN CARE



The cover of the meeting report features a circular graphic on the left showing a hand holding a red ribbon, symbolizing HIV/AIDS awareness. The ECDC logo is in the top right corner. The title 'MEETING REPORT' is centered below the graphic. The main title 'Monitoring the HIV response in Europe: Report of the 1st ECDC Advisory Group Meeting' is in a green banner, with the date 'Stockholm, 15-16 October 2015' below it.

MEETING REPORT

Monitoring the HIV response in Europe: Report of the 1st ECDC Advisory Group Meeting

Stockholm, 15-16 October 2015

1. Introduction

ECDC held the first advisory group meeting for the 2016 round of Dublin Declaration reporting in Stockholm 15-16 October 2015 (see Agenda in Annex 1 and Participants list in Annex 2). Andrew Amato (ECDC) welcomed participants. Following introductions, he noted that it is more than 10 years since the Dublin Declaration in 2004. While much has been achieved, ECDC aims to further improve monitoring and ensure that it continues to both reflect and inform global and regional developments.

Background and meeting objectives

Teymur Noori (ECDC) provided an overview of the Dublin monitoring work. ECDC has conducted three rounds of monitoring (in 2010, 2012 and 2014) which covers all 33 countries in the European region; 2016 will be the fourth round of monitoring. Dublin monitoring has helped to improve reporting rates in the region; in 2014, 48 countries (89%) reported data. Following the 2014 reporting round, ECDC produced a series of key population reports, evidence briefs, a report on the continuum of care, and a report for the Rome Presidency meeting on HIV summarising progress in the 10 years since the Dublin Declaration and remaining challenges.

The objectives of the meeting were to:

- Discuss the proposed framework for 2016 monitoring.
- Seek guidance on priority questions and indicators, particularly relating to prevention and testing, for inclusion in the 2016 reporting round.
- Review data sources that may be useful for Dublin monitoring.
- Discuss the 2016 reporting process.
- Seek feedback on the reports and evidence briefs produced following the 2014 reporting round and suggestions for 2016 outputs.

Monitoring Framework: Dublin Declaration 2016

Priorities and data sources



Prioritising prevention

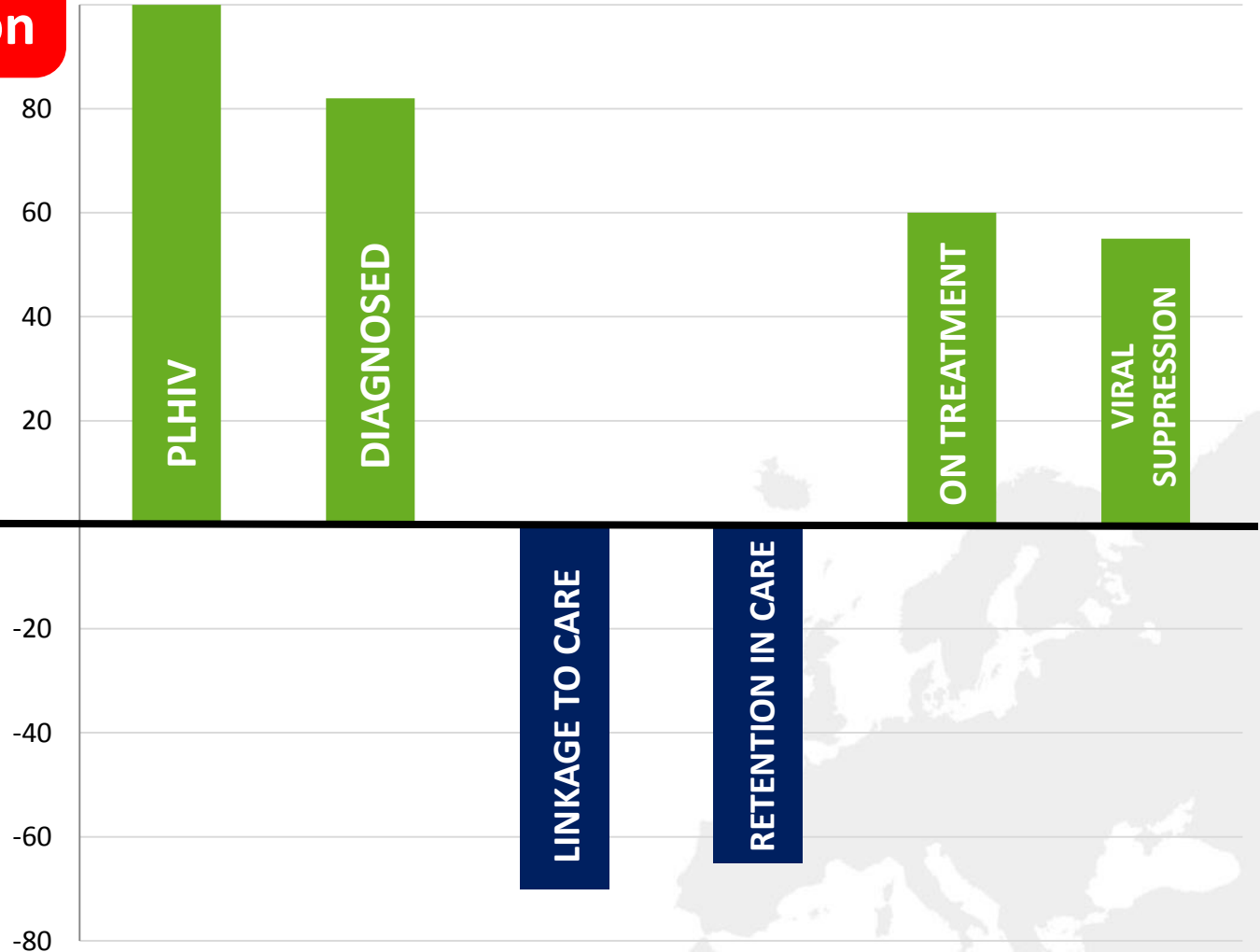
People not yet infected with HIV

PRIORITY 1

Prevention

Monitoring
viral
suppression

Monitoring
quality of
care

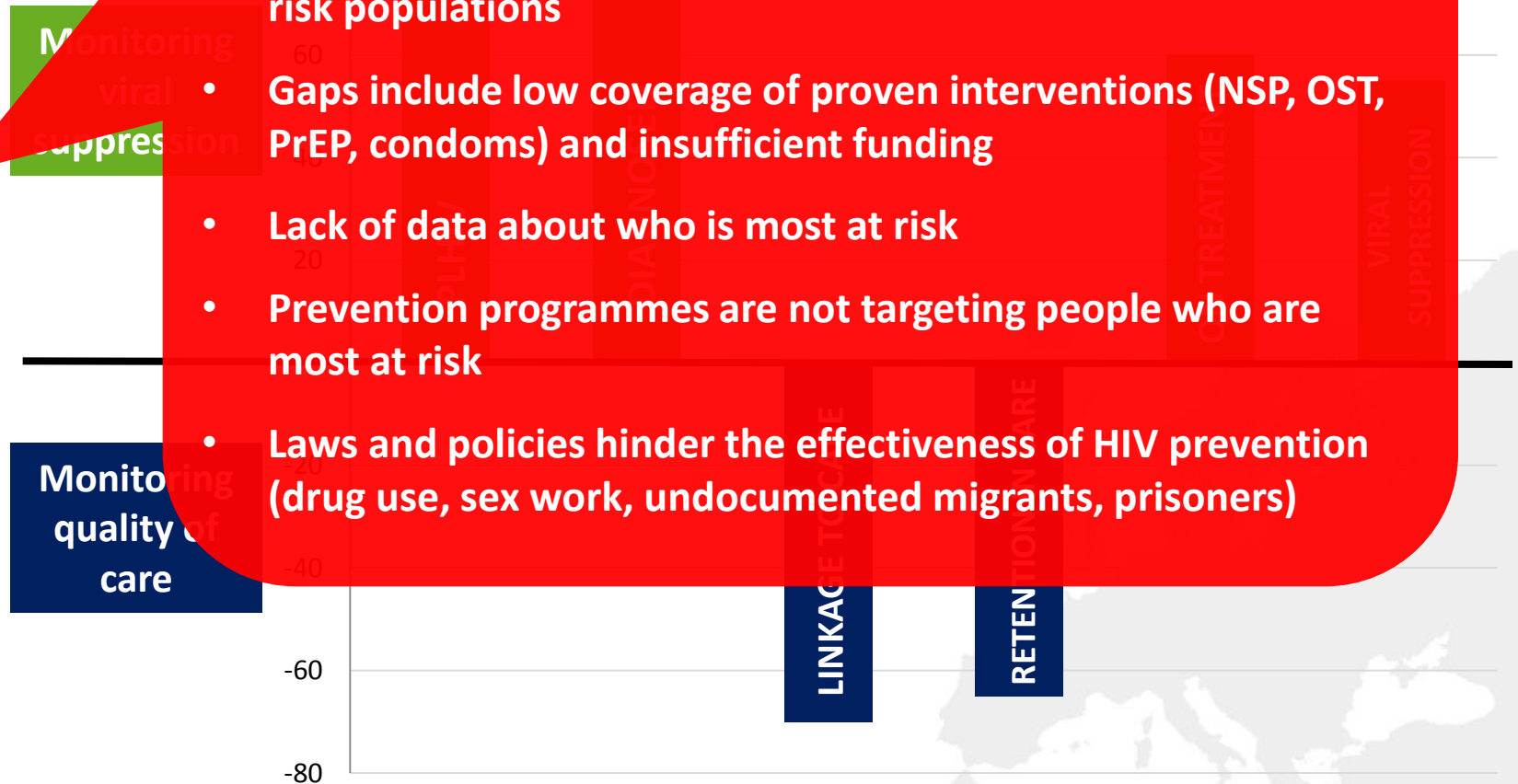


Prioritising prevention: Why?

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)



Prioritising prevention: Data sources

PREVENTION among key populations

PREVENTION

- Dublin questionnaire
- EMCDDA (NSP/OST)
- GARPR indicators (condom use)
- EMIS (?)
- SIALON II
- COBATEST/EURO HIV-EDAT
- Joint Action on HIV and Co-infection Prevention and Harm Reduction
- Other???

Monitoring
quality of
care

-40

-60

-80

LINKAGE TO CARE

RETENTION IN CARE

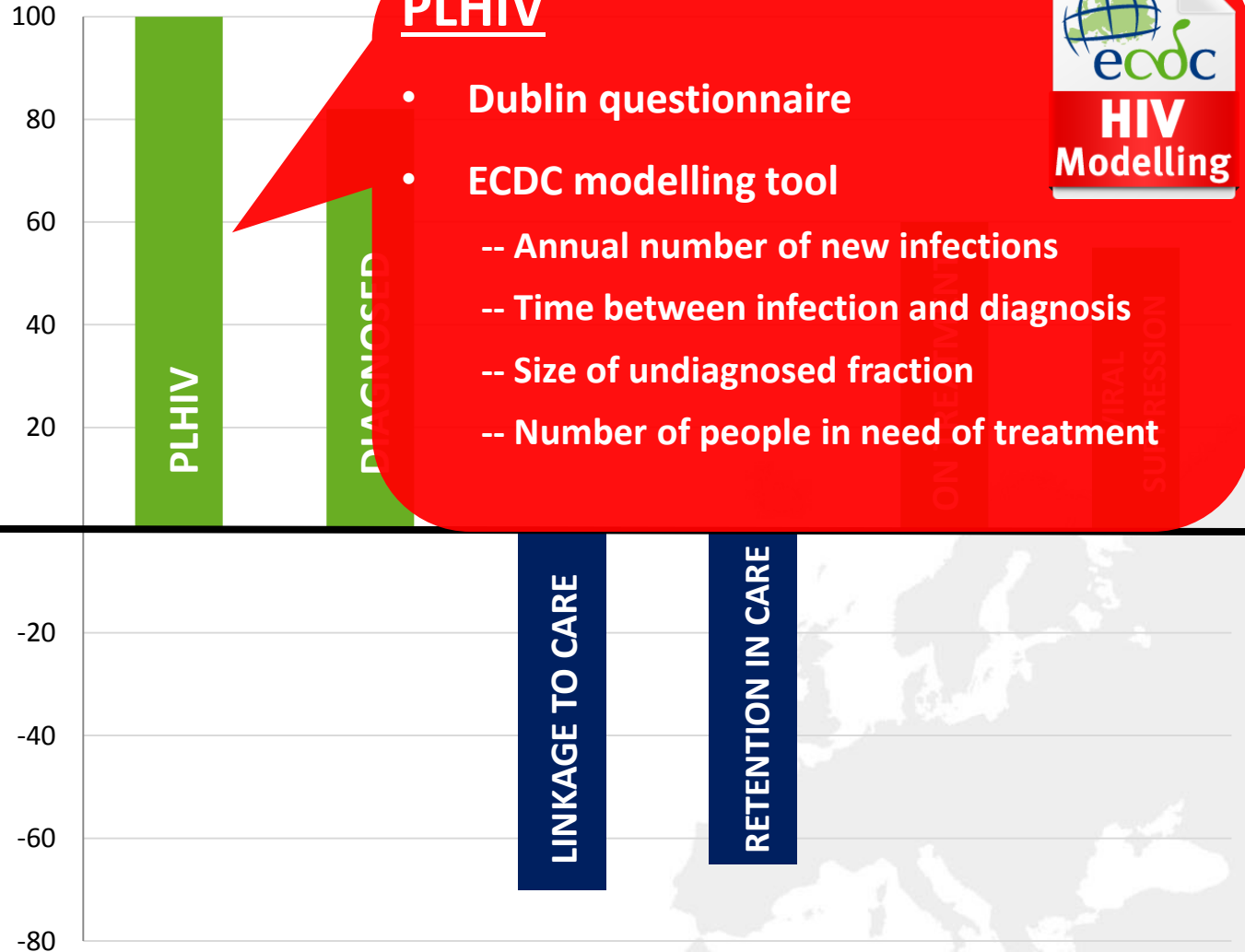
SUPPRESSION

PLHIV: Data sources

People not yet infected with HIV

Monitoring
viral
suppression

Monitoring
quality of
care

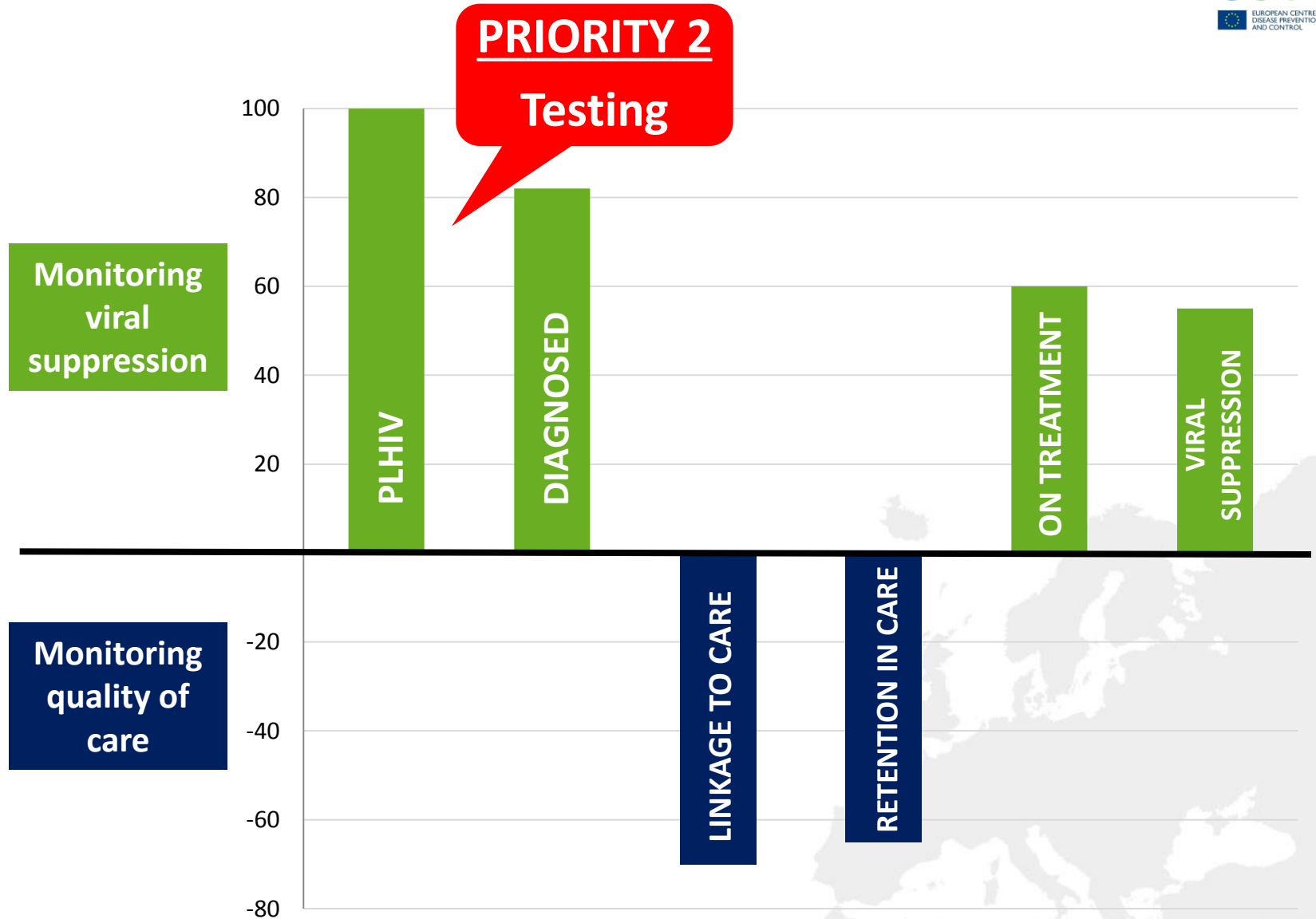


LINKAGE TO CARE

RETENTION IN CARE

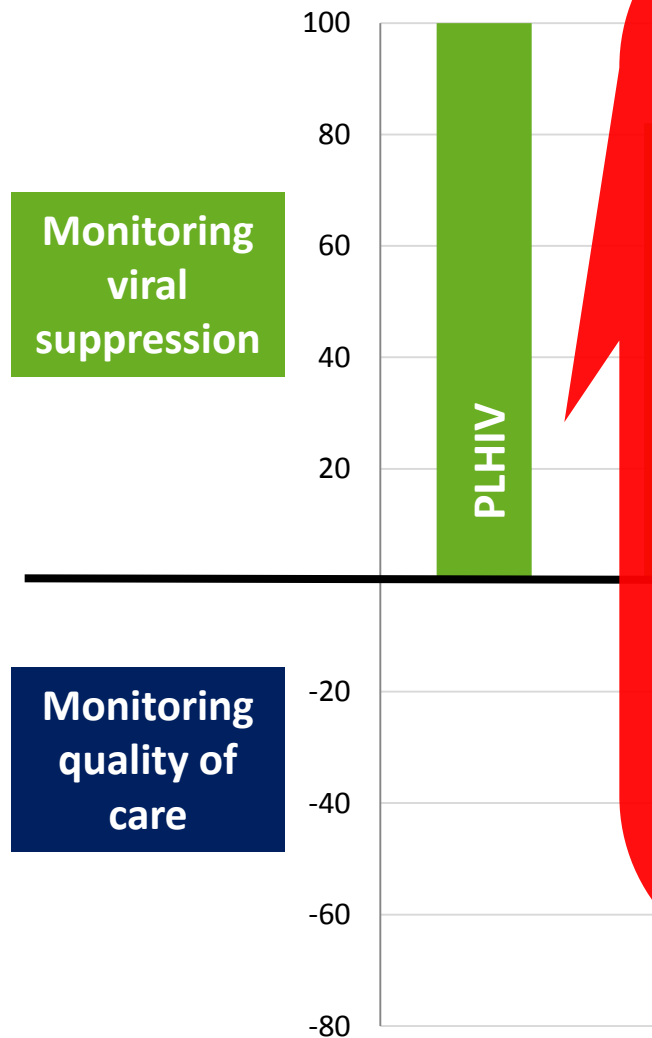
Prioritising testing

People not yet infected with HIV



Prioritising testing: Why?

People not yet infected with HIV

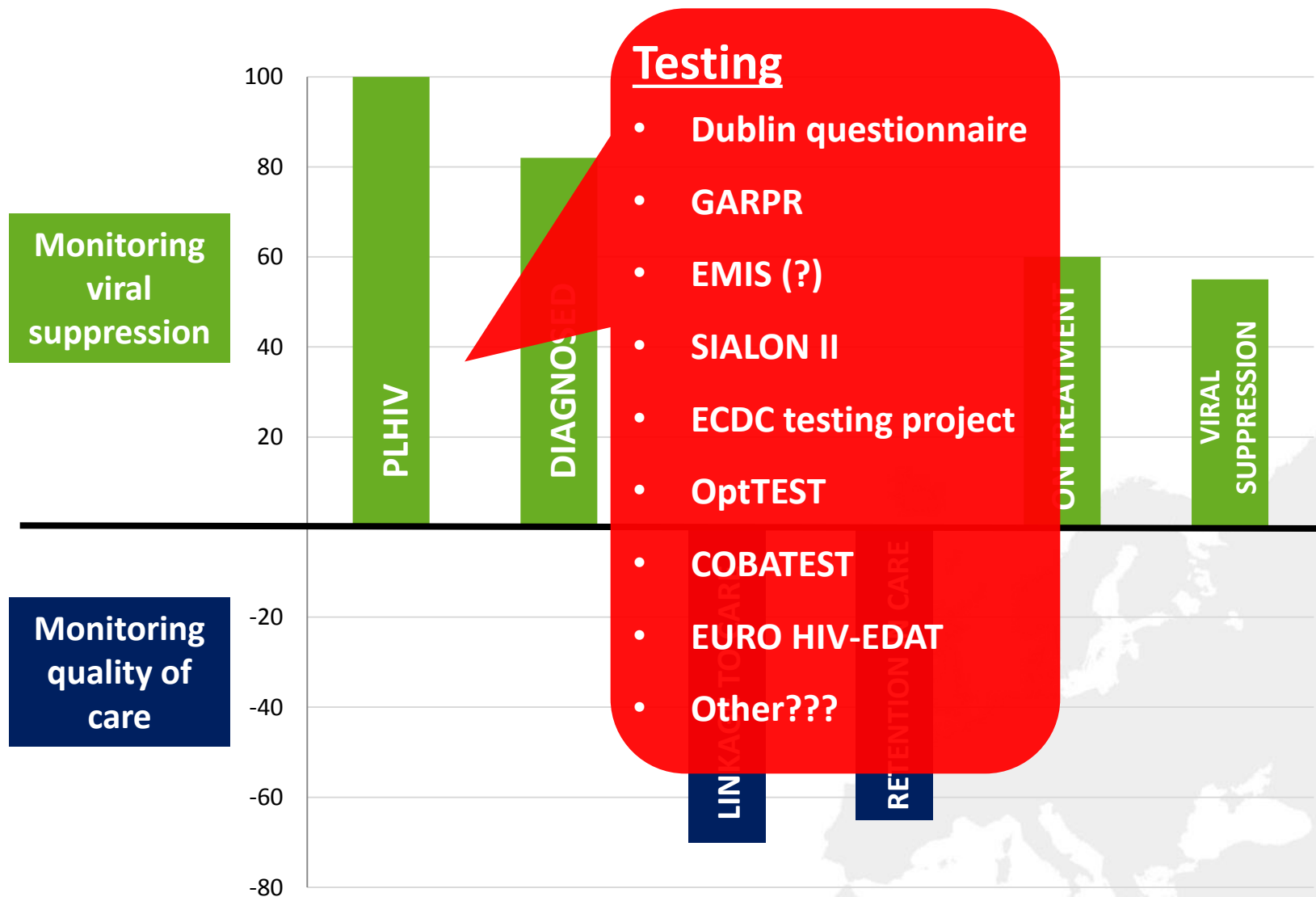


TESTING

- 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, etc.

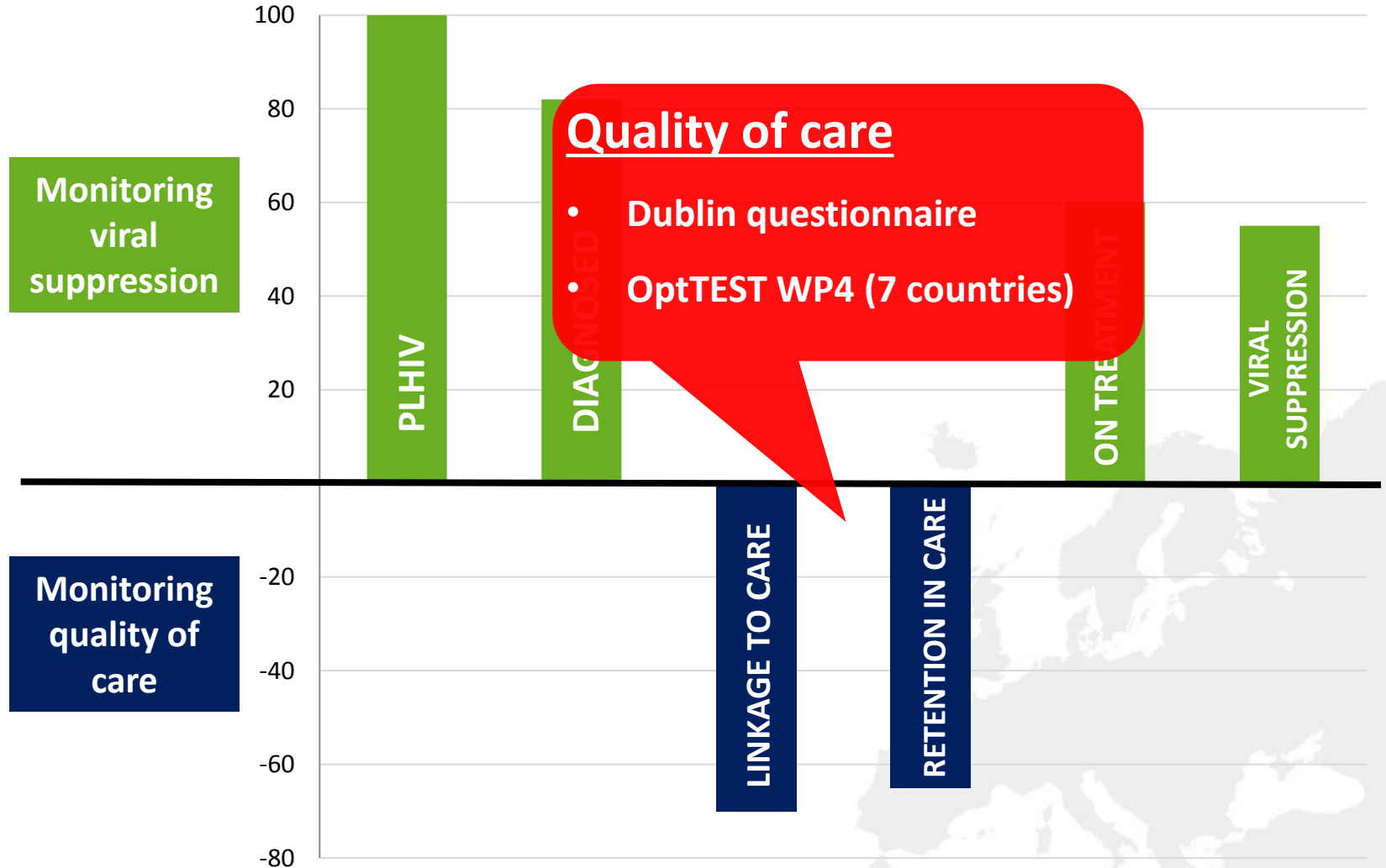
Prioritising testing: Data sources

People not yet infected with HIV



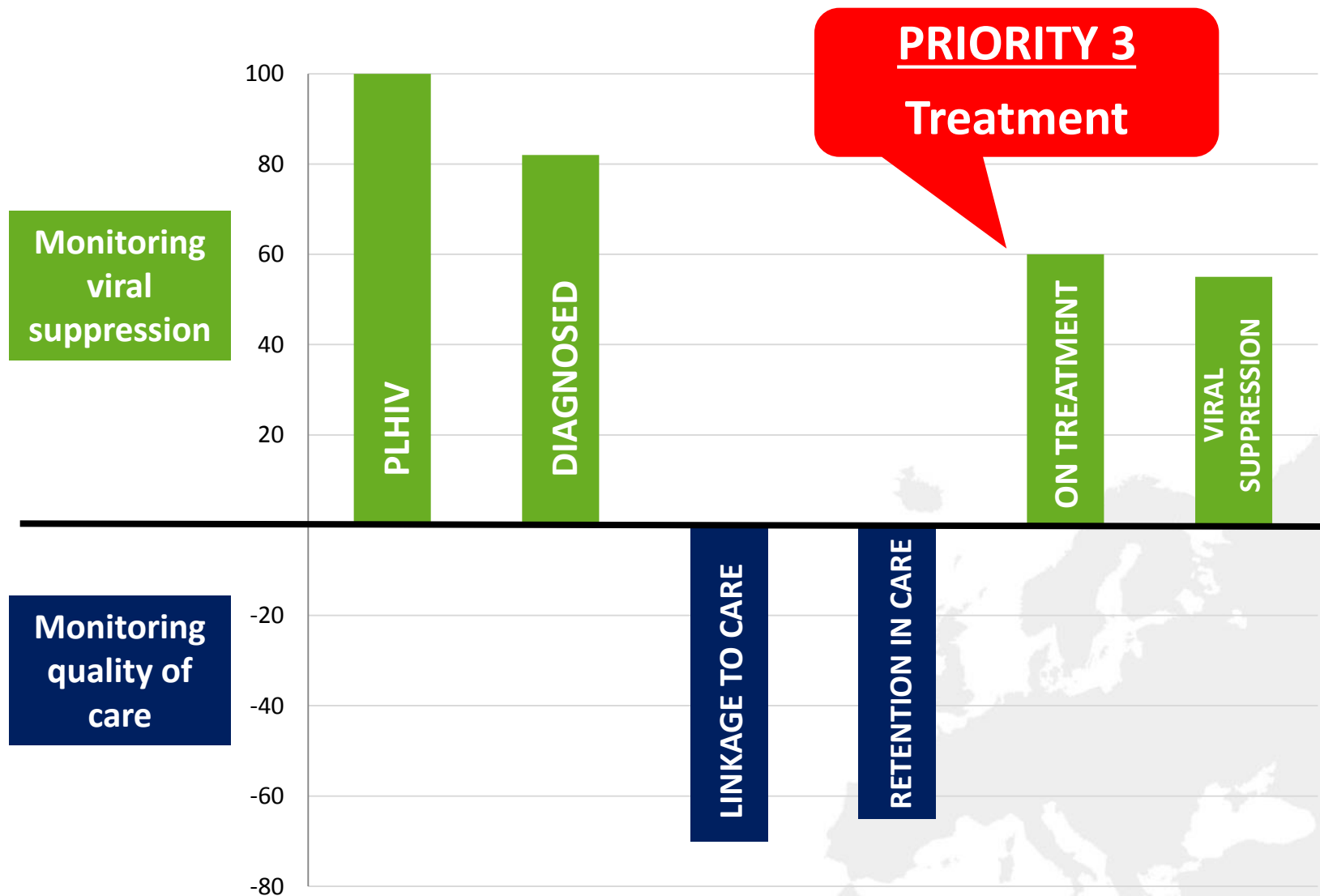
Quality of care: Data sources

People not yet infected with HIV



Prioritising treatment

People not yet infected with HIV

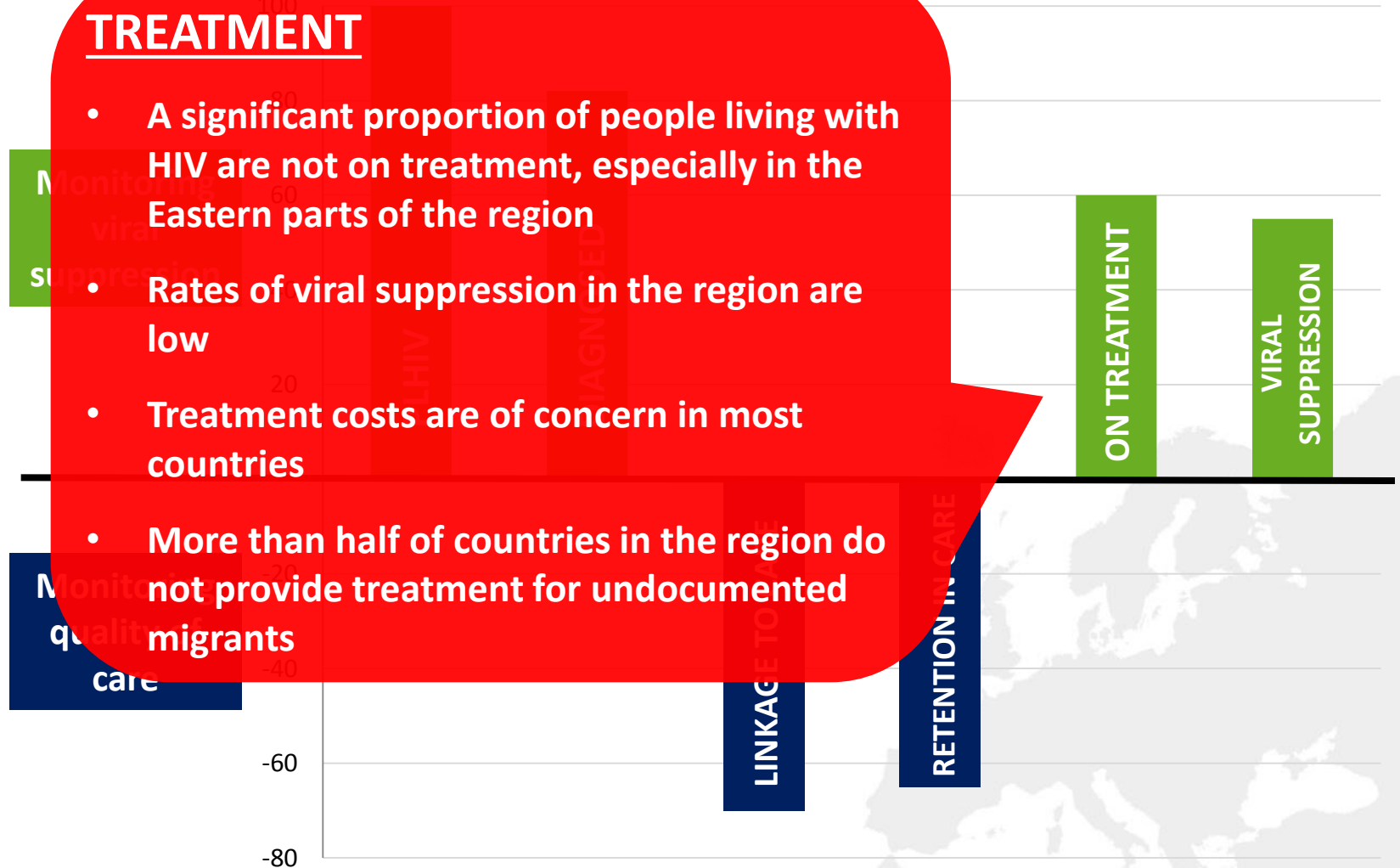


Prioritising treatment: Why?

People not yet infected with HIV

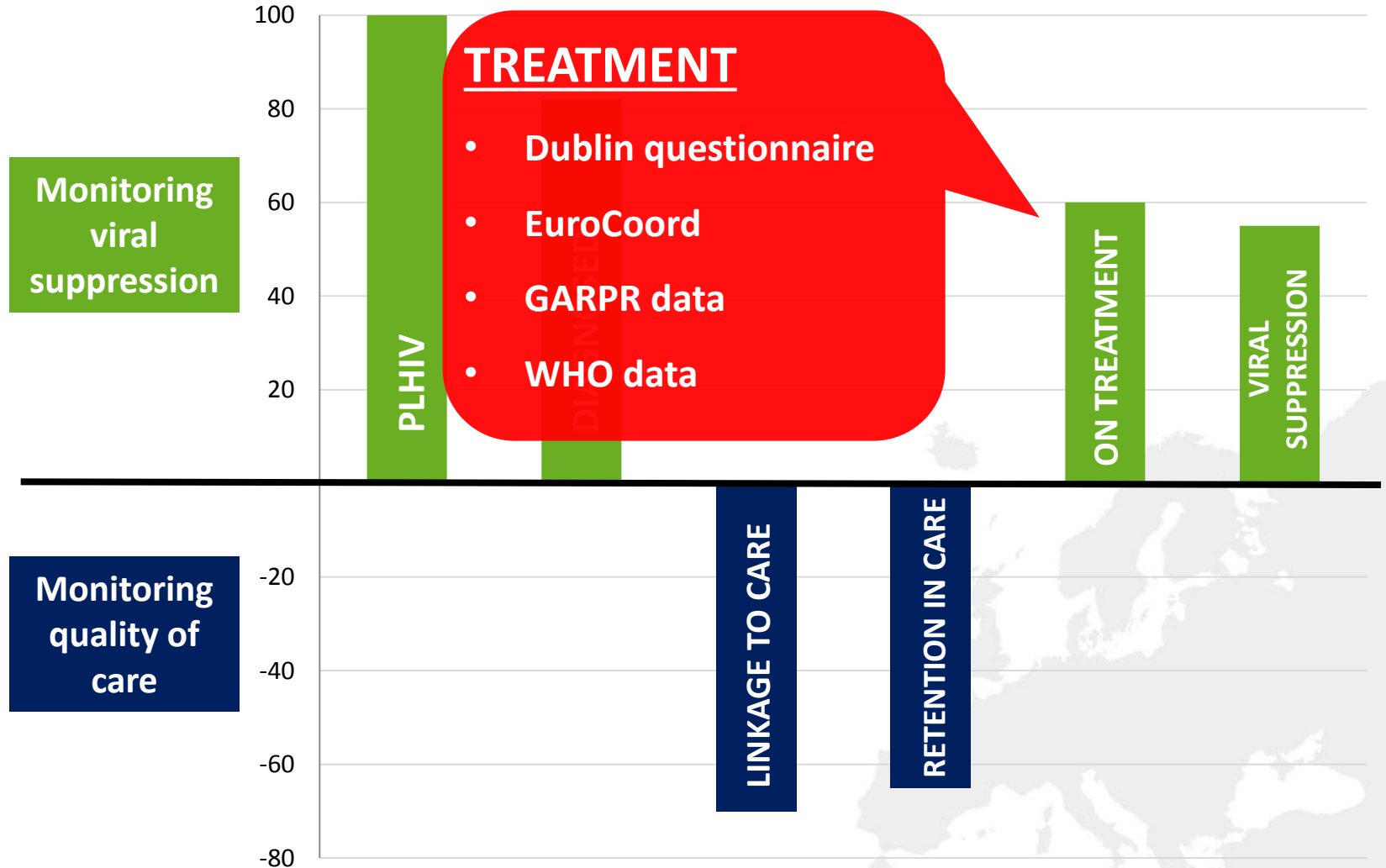
TREATMENT

- A significant proportion of people living with HIV are not on treatment, especially in the Eastern parts of the region
- 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



Prioritising treatment: Data sources

People not yet infected with HIV



Monitoring framework: Dublin 2016

PRIORITY 1
Prevention

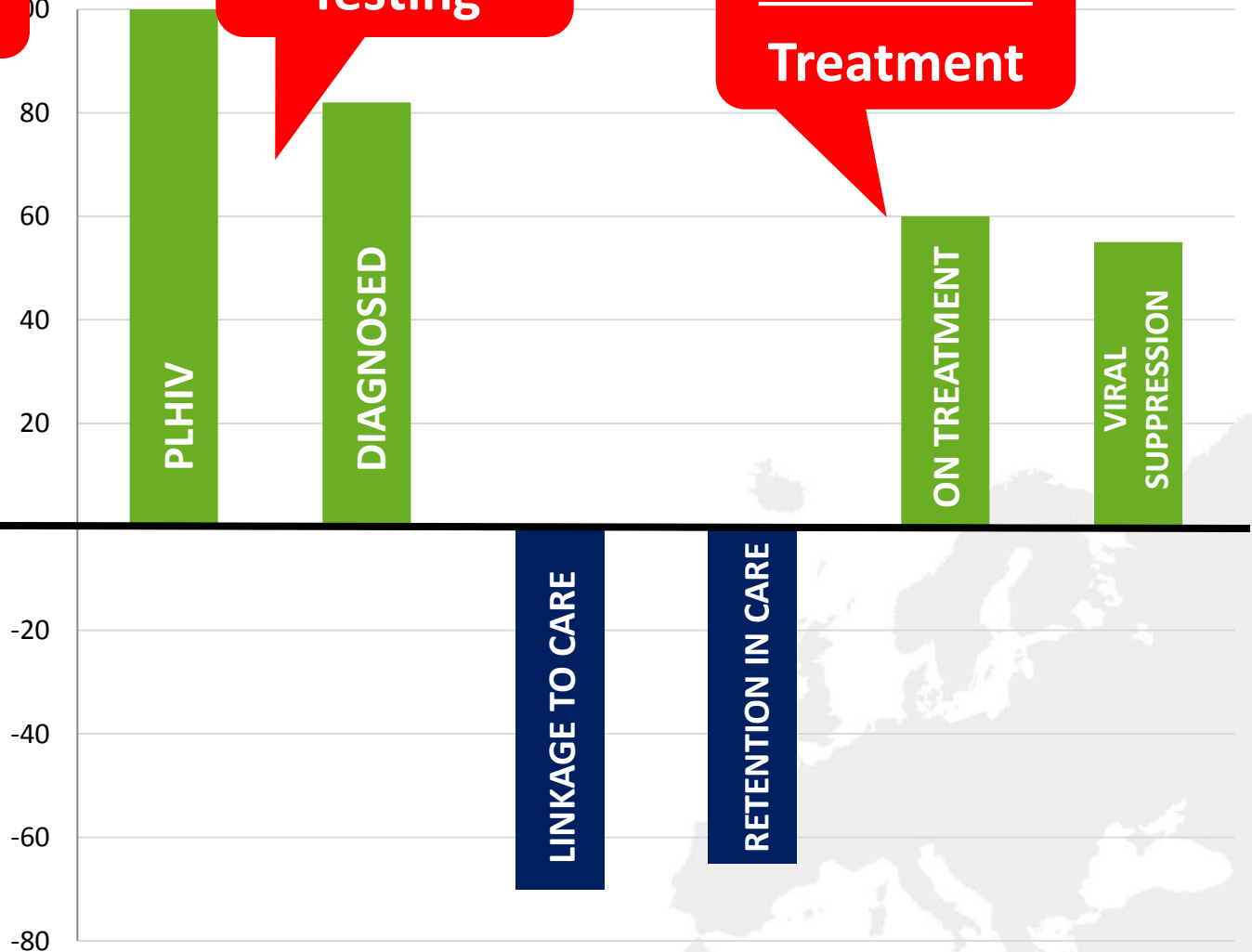
PRIORITY 2
Testing

PRIORITY 3
Treatment

People not yet infected with HIV

Monitoring
viral
suppression

Monitoring
quality of
care



European HIV Test Finder

www.aidsmap.com/euHIVtest



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

**FIND OUT
MORE AND
GET INVOLVED»»**

**20-27
NOVEMBER 2015
EUROPEAN
HIV-HEPATITIS
TESTING
WEEK**
TEST.TREAT.PREVENT.
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European HIV Test Finder



HIV & AIDS – sharing knowledge, changing lives

Low graphics | Text only

- Home
- News ▾
- HIV Basics ▾
- Topics ▾
- Resources ▾
- Translations ▾
- E-atlas ▾
- About us ▾

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

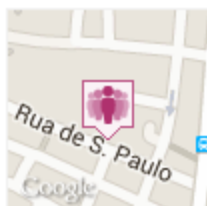
If you would like to add details of your HIV testing services, please [tell us about your service](#).

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www.aidsmap.com/euHIVtest



Associação Positivo

Lisboa

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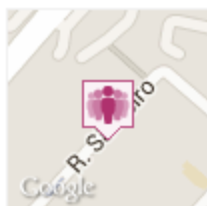
E info@positivo.org.pt

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

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CheckpointLX

Lisboa

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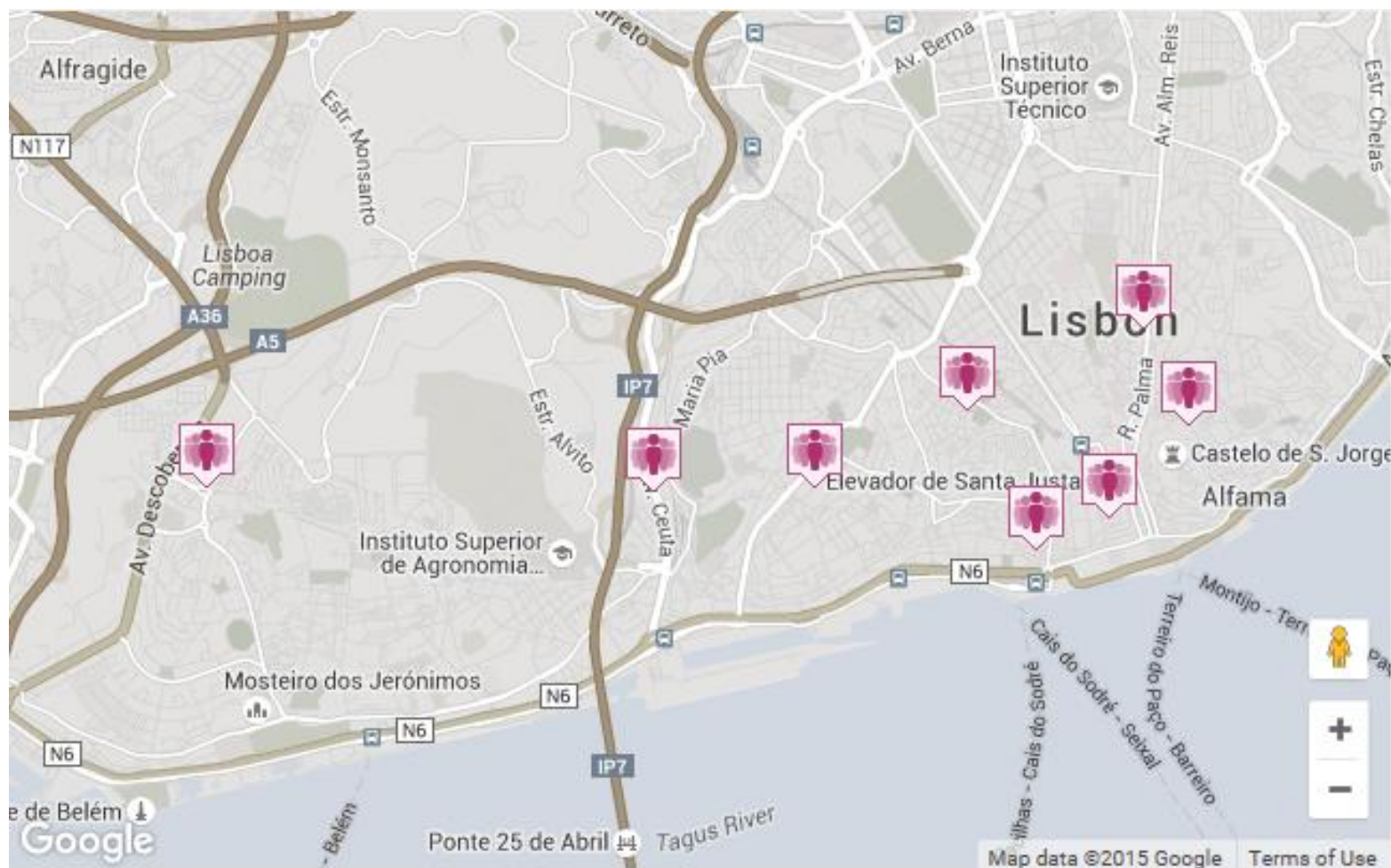
E geral@checkpointlx.com

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

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TANGO 17:33 65 %
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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

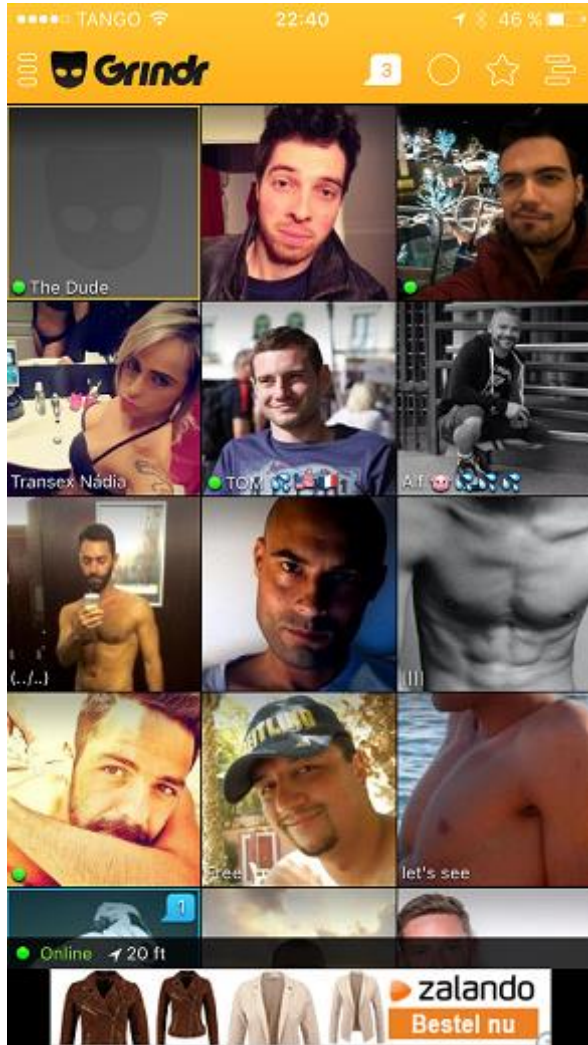
and select a town / state

or enter your post / zip code

Display results

As a list
 On a map






The image shows a screenshot of the Planetromeo website. The header features the 'PLANETROMEO' logo and navigation links for 'Users', 'Guide', 'Clubs', and 'Escorts'. Below the header is a 'User Login' section with fields for 'Profile Name' and 'Password', a 'Login' button, and options for 'Remember Me' and 'G-Rated'. A large banner image of a muscular man in a white tank top is on the right. Below the banner, there are statistics: '108 354 Users online worldwide', '2 462 Hot local guys', and a 'Sign up here' button. At the bottom, there are three columns of text: 'We're different!', 'We're in your area!', and 'We're free to use!'.

PLANETROMEO English (English) ▾

Home Help & Service About us Users Guide Clubs Escorts

User Login

Profile Name

Password

As last time ▾

Remember Me

G-Rated

Login

Forgot Password? Activate SSL

Welcome to our Community

108 354 Users online worldwide

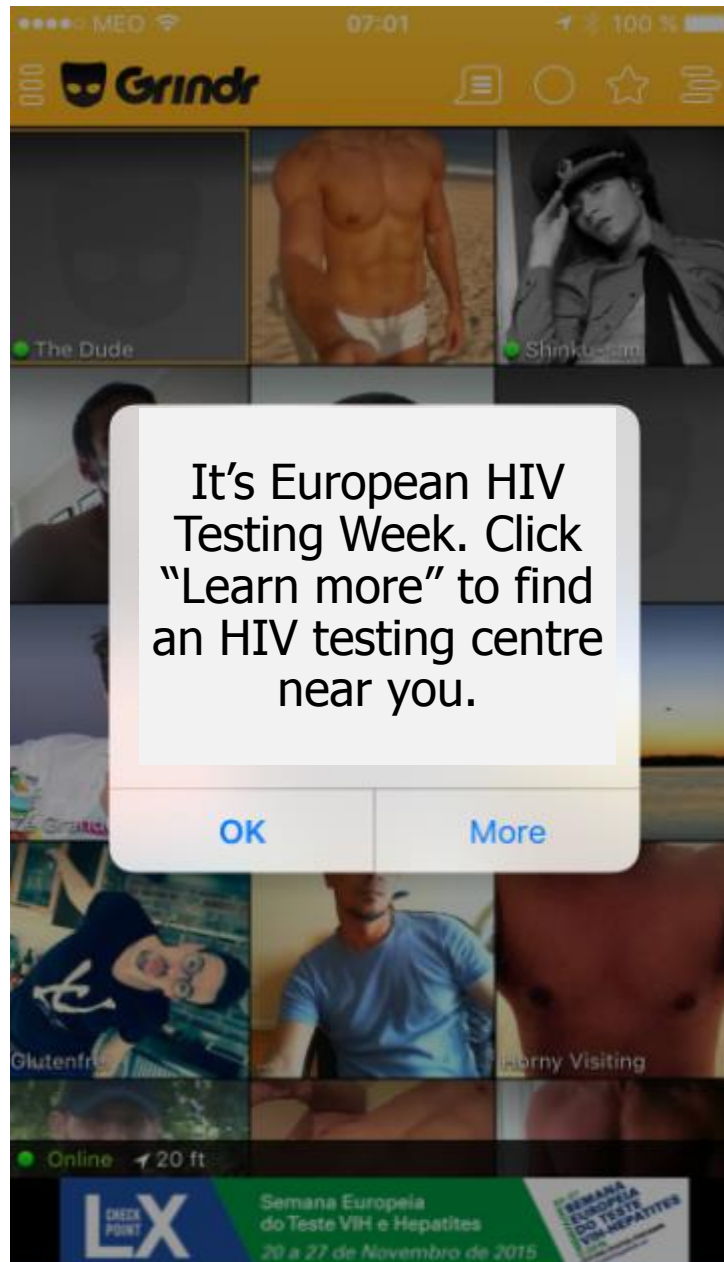
2 462 Hot local guys

Sign up here 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 Plane!! 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, Mr Right may 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.



Please take screen shots of these pop-up messages in the various apps in the various languages

Roll out of push messages on Hornet and Planet Romeo

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

- Planet Romeo
 - Banner adds on their 'paid for services' only (5-7 days)



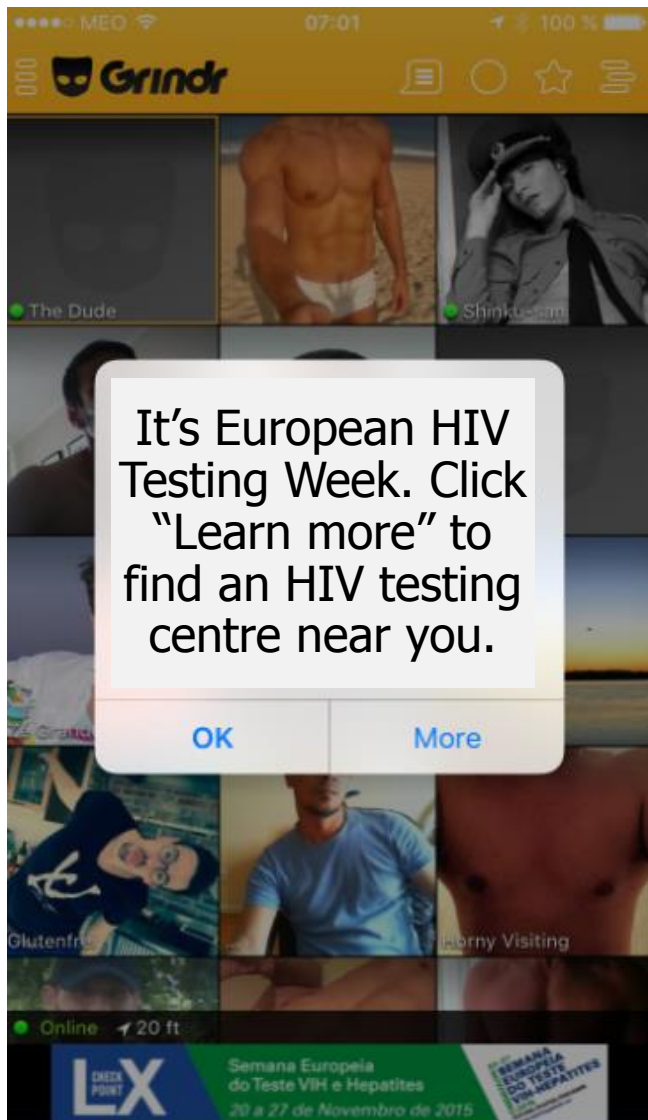
Roll-out of push messages on Grindr

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			



“New social technologies have massive scale and can help make an impact on Europe's strategy to combat HIV. As a large social media platform, we can amplify the important work of European HIV Test Week”.

Sean Howell
Founder/CEO Hornet Gay Social
Network



"We're proud to be supporting European HIV Testing Week because health promotion has been a core pillar of Grindr for Equality since its inception. Making the world safe for LGBTQ people means fighting this epidemic and it's personally very important to me to use this platform for that goal."

Joel Simkhai
Chief Executive of Grindr

34 organisations in 22 countries supporting this event

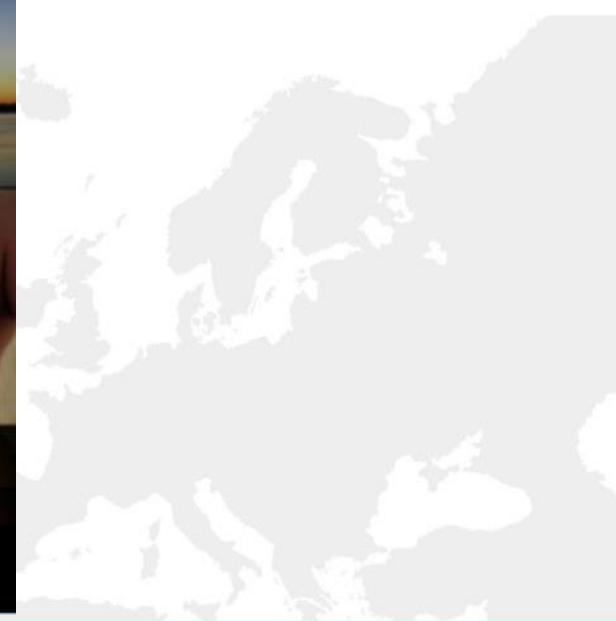
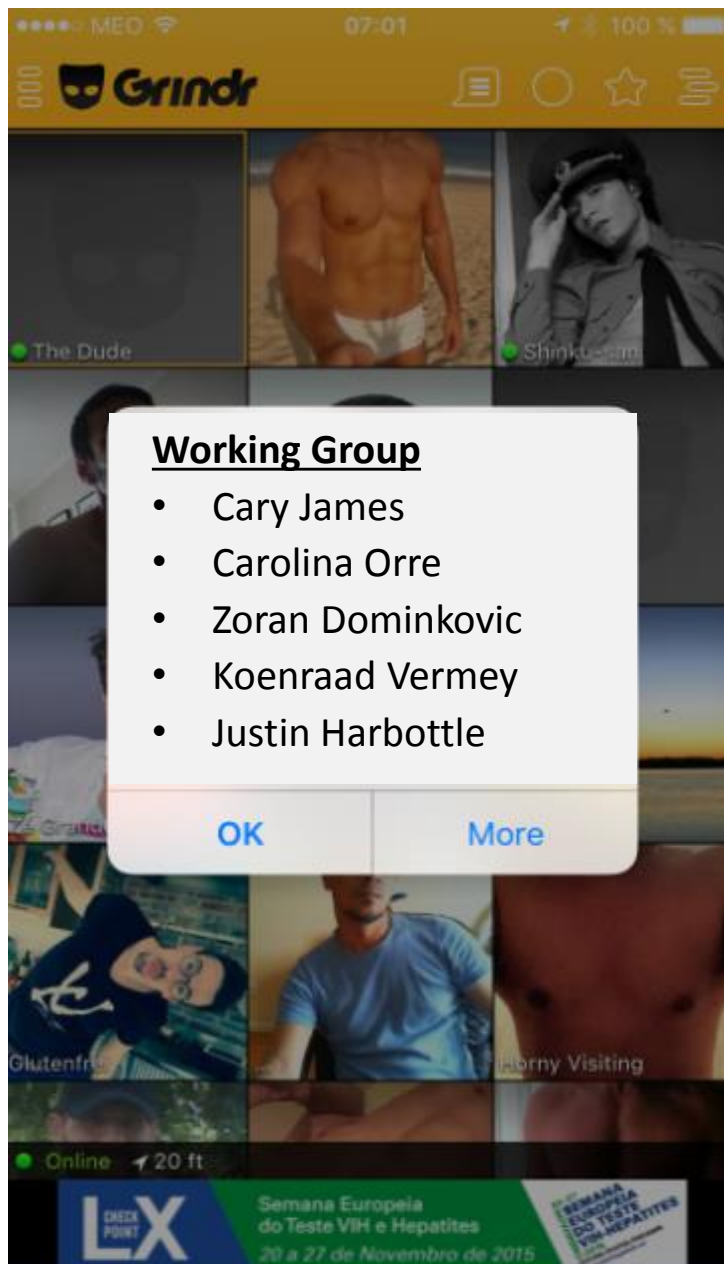


Organisation:

Aids Hilfe Wien
Sensoa
National Patients' Organization
Association Health without borders
Isorak
Association Lux Vitae
Česká společnost AIDS pomoc
Red Ribbon, z.s.
AIDS-Fondet, the Danish AIDS Foundation
European HIV-Hepatitis Testing Week
Finnish HIV Center
Le Kiosque Infos Sida et Toxicomanie - Checkpoint Paris
Deutsche-AIDS Hilfe
Positive Voice
Plus onlus
Fondazione LILA Milano ONLUS
Baltic HIV association, "Checkpoint"
Association of HIV affected women and their families "Demetra"
Soa AIDS
Foundation of Social Education
GAT - Grupo de ativistas sobre VIH/SIDA
ARAS - Romanian Association Against AIDs
PSI Romania
Odysseus
Drustvo Informacijski Center Legebitra
SKUC
Adhara, Centro Comunitario de VIH/SIDA
Apoyo Positivo
Asociación Valenciana de VIH, Sida y Hepatitis (AVACOS-H)
ADHARA-Seville
BCN Checkpoint
RSFL
Barts NHS
Terrence Higgins Trust

Country:

Austria
Belgium
Bulgaria
Bulgaria
Croatia
Croatia
Czech republic
Czech Republic
Denmark
Denmark
Finland
France
Germany
Greece
Italy
Italy
Latvia
Lithuania
Netherlands
Poland
Portugal
Romania
Romania
Slovakia
Slovenia
Slovenia
Spain
Spain
Spain
Spain
Spain
Sweden
United Kingdom
United Kingdom



Upcoming ECDC meetings



- **STI/HIV Coordination Committee meeting (9-10 December)**
 - to provide technical input with regard to HIV and STI surveillance
 - to review and advise on ECDC's 2016-2017 priorities for the surveillance, prevention and control of HIV and STI
 - to advise ECDC with regard to content and format of the 2016 HIV-STI network meeting

- **HIV testing meeting (28-29 January)**
 - Evaluation of ECDEC testing guidance and discuss need for new guidance

- **ECDC/WHO bi-annual STI/HIV Network meeting (Bratislava, 8-11 March)**
 - HIV surveillance, modelling, continuum of care, mortality, HIV testing/guidance, use of alternative data sources/methods (ie cohorts, estimates)

- **Technical expert meeting on PrEP (20-21 April – TBD)**

Thank you

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