ECDC meeting on STI/HIV prevention among men who have sex with men and migrants

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European Centre for Disease Prevention and Control, Stockholm

Civil Society Forum, Luxembourg, 19-20 December, 2017

Combination Prevention

- HIV Testing Services
  - HIV self-testing
  - Assisted partner notification
- Prevention benefit of immediate ART

- Male and female condoms and behaviour change
- Harm reduction for PWID
- eMTCT/PMTCT
- PrEP and PEP
- Voluntary Medical Male Circumcision
- Injection/blood safety
- Prevention of gender-based and sexual violence

Challenges

- ‘Prevention is difficult’
  - More complex to set targets and measure impact
- Despite compelling evidence governments remain reluctant to implement and scale up programmes, in particular for key pops
- Lack of good data, esp. on population size and access to health services
- Continued structural barriers, including
  - Laws and legislation that criminalise behaviours of KP
  - Stigma and discrimination, including in the health sector
  - Lack of appropriate funding

Community perspective

Undetectable=Untransmittable (U=U) is a game-changer

- Not only can treatment as prevention contribute to ending the epidemic but it also has huge implications for reducing self-stigma and, along with PrEP, completely revises the notion of 'safe sex'.

Combination prevention takes a holistic approach to sexual health

- It includes a range of tools tailored to differing needs, and countries must use all these tools to ensure a comprehensive response. It also means HIV is not addressed in a silo, but incorporated into efforts to improve sexual health more generally.

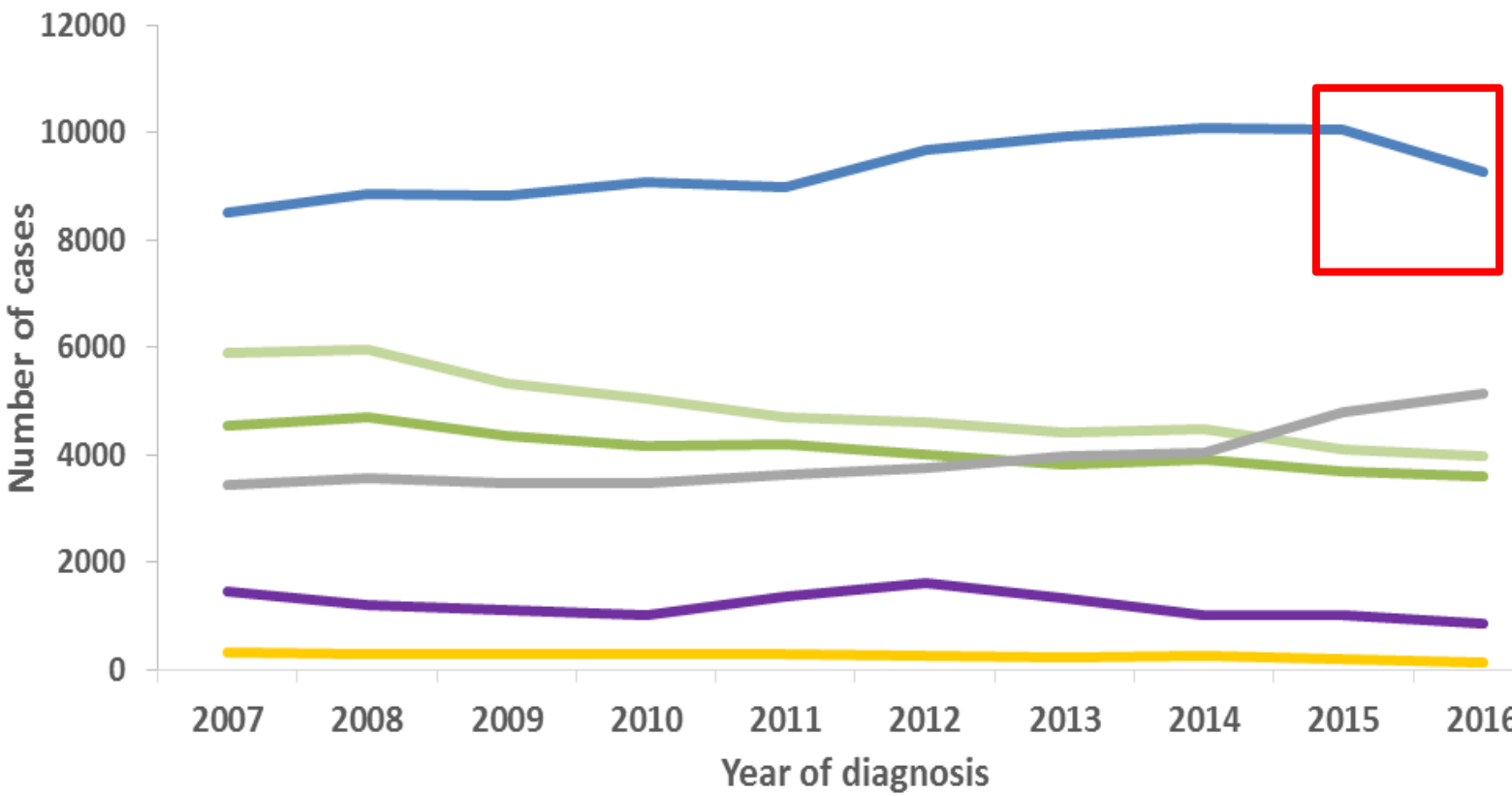
Funding and political will is as crucial as policy and guidance

- The situation with PrEP has demonstrated that although policies and guidance can be in place recommending the use of PrEP, its distribution needs to be supported by policymakers and backed up by funding.

Community organisations can contribute significantly to ending the epidemic through demedicalised testing, prevention education and community-based research

- Community-based organisations are making key populations aware of what prevention tools are available and encouraging their use, but need to maintain investment and continue to tailor services to reach those who are still underserved by services.

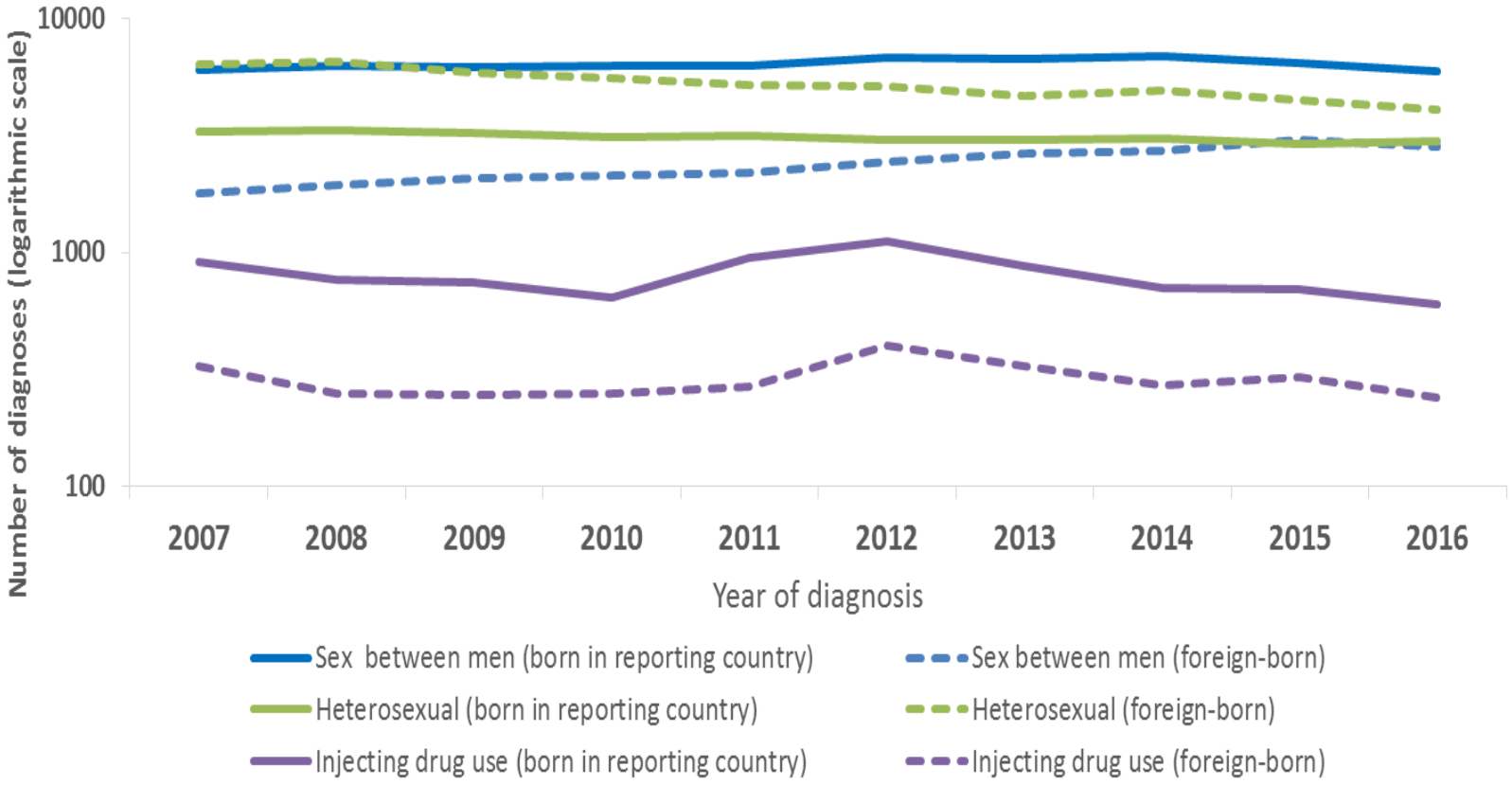
HIV diagnoses, by mode of transmission, 2007-2016, EU/EEA



Data is adjusted for reporting delay. Cases from Estonia and Poland excluded due to incomplete reporting on transmission mode during the period; cases from Italy and Spain excluded due to increasing national coverage over the period.

Source: ECDC/WHO (2017). HIV/AIDS Surveillance in Europe 2017– 2016 data

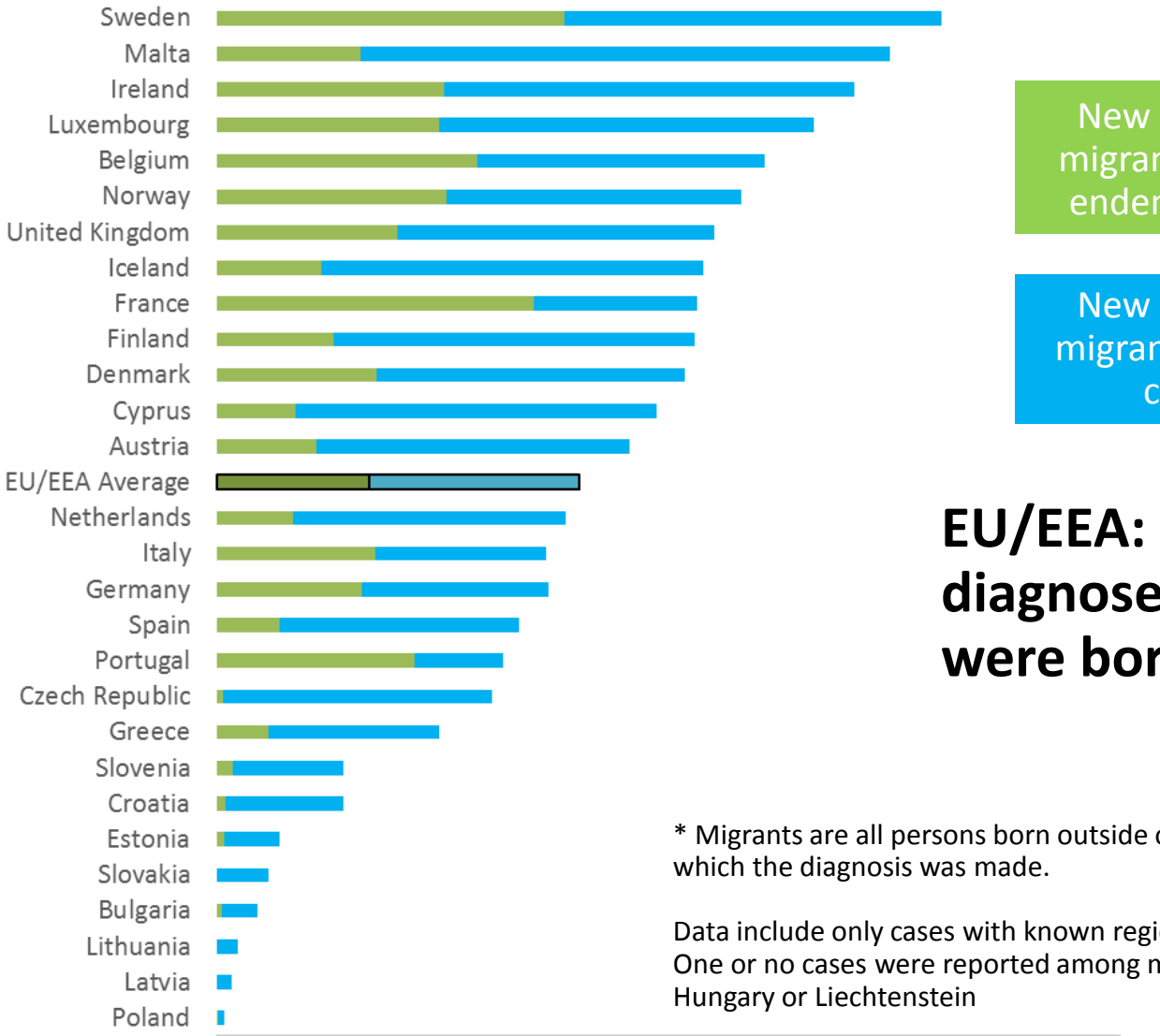
New HIV diagnoses, by year of diagnosis, transmission and migration status, EU/EEA, 2007-2016



Data is adjusted for reporting delay

Source: ECDC/WHO (2017). HIV/AIDS Surveillance in Europe 2017– 2016 data

Proportion HIV diagnoses in migrants* by country of report, EU/EEA 2016



New diagnoses in migrants from high-endemic countries

New diagnoses in migrants from other countries

EU/EEA: 40% diagnosed in 2016 were born abroad

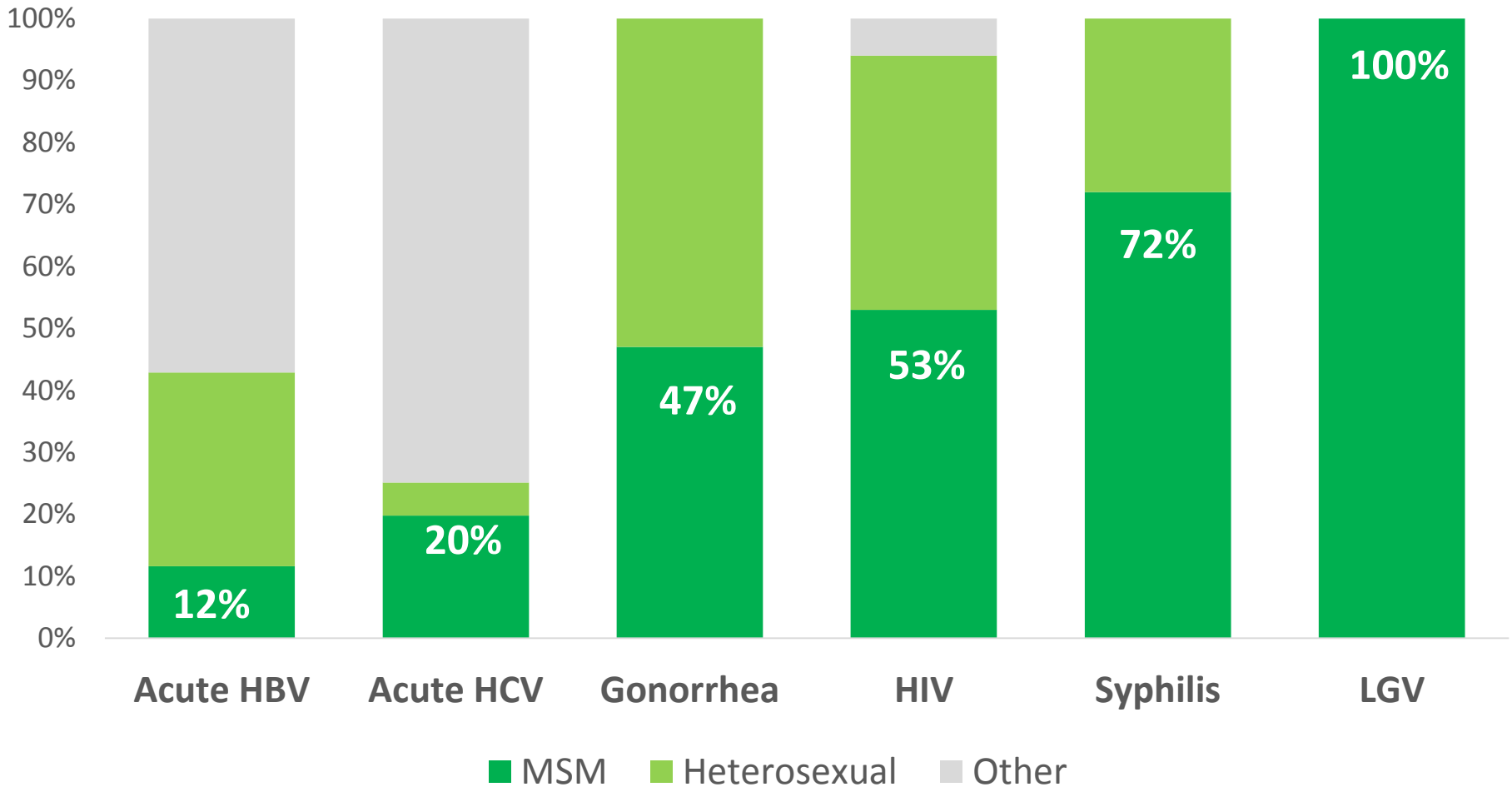
* Migrants are all persons born outside of the country in which the diagnosis was made.

Data include only cases with known region of origin; One or no cases were reported among migrants in Hungary or Liechtenstein

Source: ECDC/WHO (2017). HIV/AIDS Surveillance in Europe 2017– 2016 data

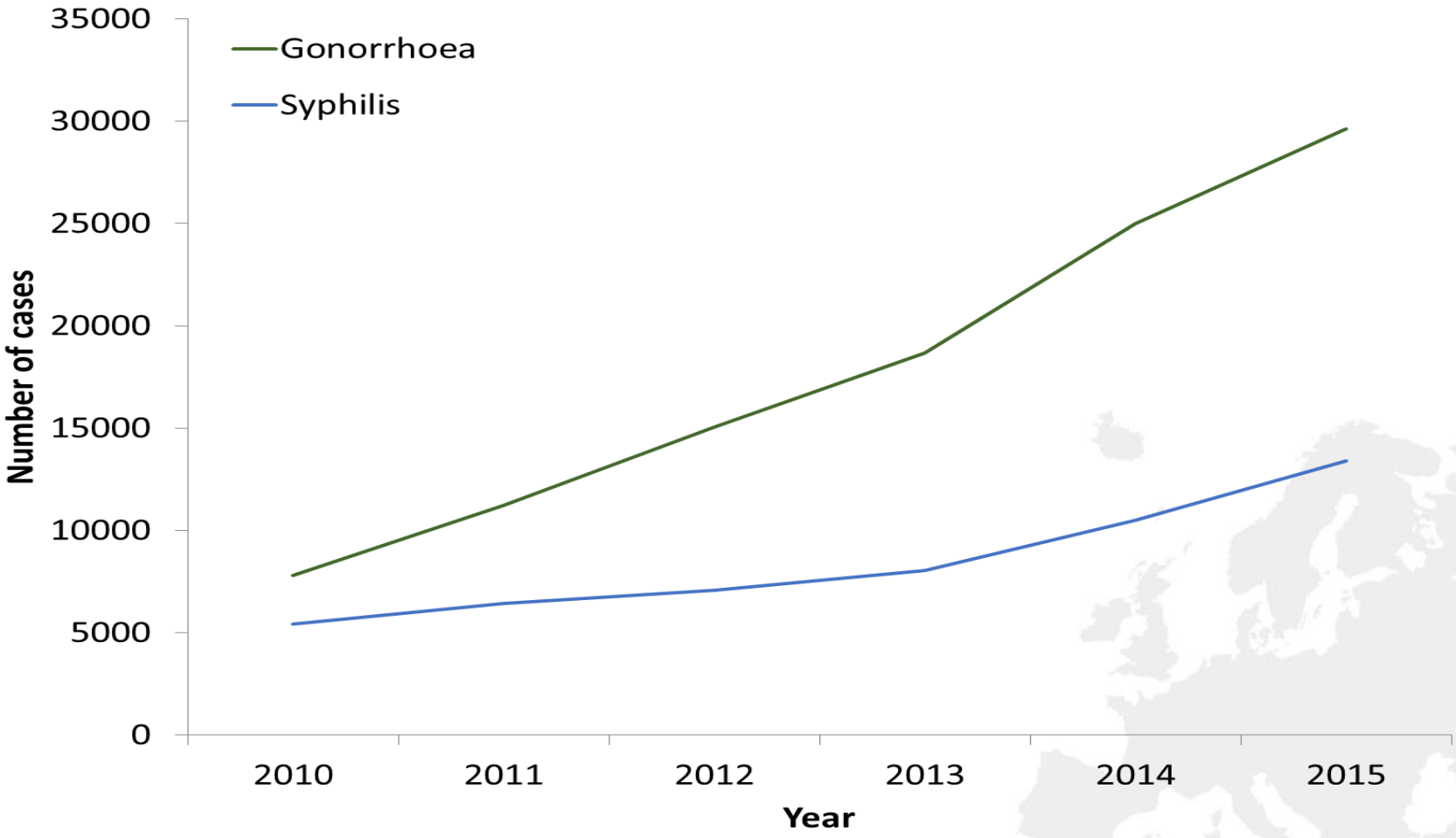
MSM are disproportionately affected by HIV, STI and viral hepatitis

Proportion of new diagnoses attributed to sex between men, EU/EEA, 2014-2015

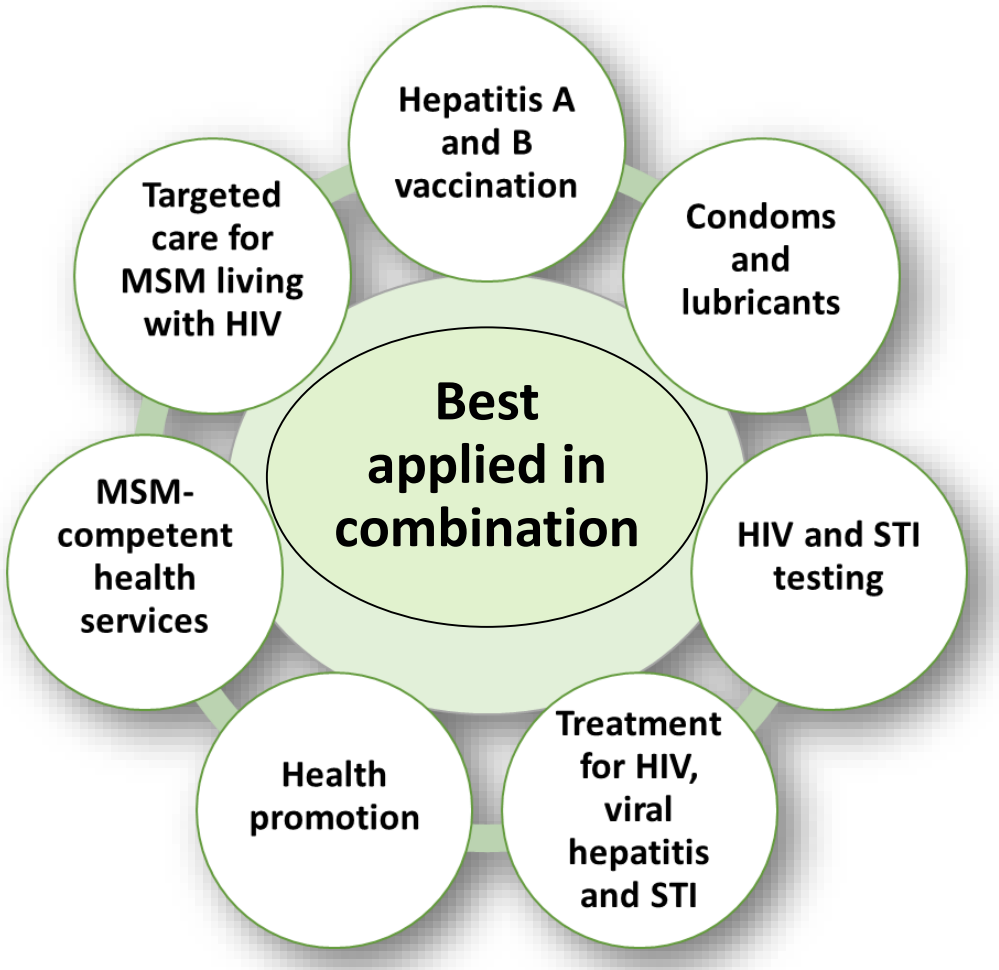


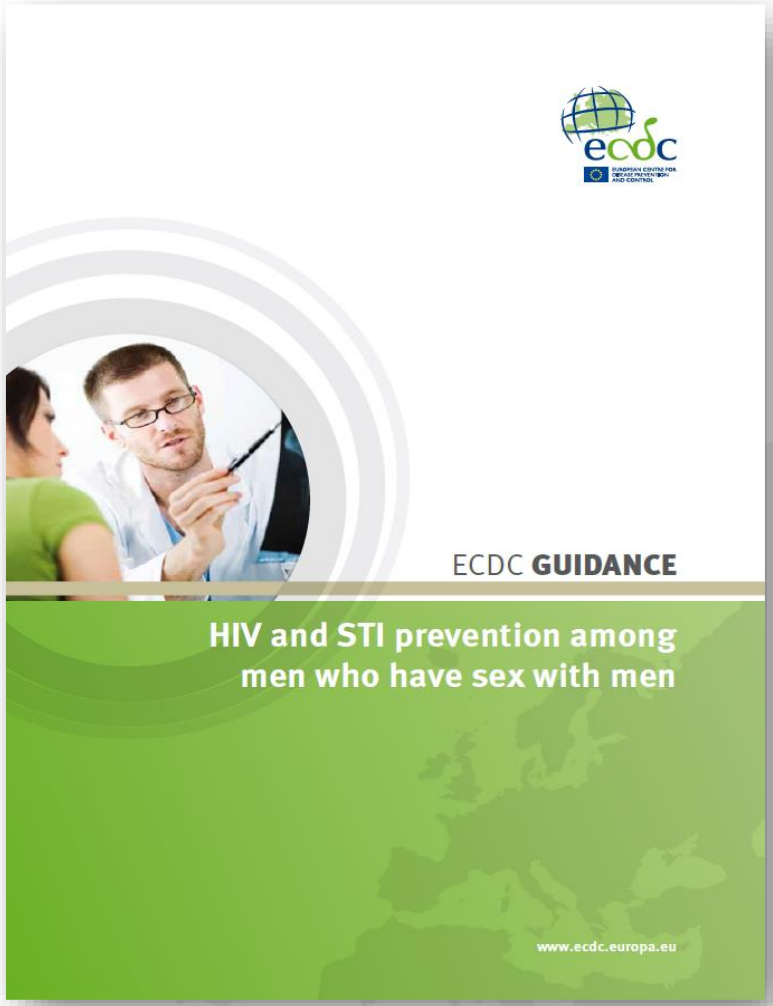
Source: ECDC, Sexually transmitted infections in Europe, 2014; Hepatitis B and C in Europe, 2015 (forthcoming 2017); ECDC/WHO HIV Surveillance in Europe, 2015

Number of confirmed gonorrhoea and syphilis cases among MSM



ECDC Guidance on HIV and STI prevention among MSM in the EU/EEA (2015)





Objectives of the meeting:

- Share experiences and good examples across Europe with respect to STI/HIV prevention among MSM
- Discuss the emerging evidence of post-migration HIV acquisition and its implications for policy and prevention
- Provide guidance to ECDC with respect to work plan priorities in the area of STI/HIV prevention

Participants:

- Public health/policy makers (18)
- Clinicians (8)
- Community representatives (10)
- Researchers (5)

TERMS OF REFERENCE

ECDC ADVISORY GROUP MEETING ON PREVENTION OF SEXUAL TRANSMISSION OF STI/HIV AMONG MSM AND MIGRANTS

Stockholm, 18-19 October 2017

BACKGROUND

STI and HIV infections remains a major public health concern in EU/EEA countries, characterised by a significant number of new HIV infections and increasing trends of gonorrhoea and syphilis. Countries across the EU/EEA report major gaps in prevention programmes for populations most at risk of sexually tranmitted infections, including HIV, particularly among MSM and migrants. Frequently cited gaps include a lack of targeted programmes for those who are most at risk, low coverage of proven interventions, poor uptake of interventions, insufficient funding, and poor availability of commodities such as condoms and PrEP.

Few countries are implementing comprehensive combination prevention programmes for key populations. Although many countries report that specific prevention interventions are in place, few are implementing a comprehensive package of prevention interventions needed for key populations. In addition, two out of every three countries in the EU/EEA report that funds available for prevention are insufficient to reduce the number of new HIV infections.

OBJECTIVES OF THE ADVISORY GROUP MEETING

1. Provide a platform for discussing key priority areas for prevention in the European context, including how to improve coverage, uptake and effectiveness of evidence-based comprehensive prevention programmes targeting MSM and migrants
2. To discuss and share experiences from clinics across Europe which have seen reductions in new HIV diagnoses among MSM in 2016.
3. Provide a platform to discuss the emerging evidence of migrants acquiring HIV after they have arrived to the EU/EEA and what the implications are for primary prevention programmes.
4. Provide guidance to ECDC with respect to work plan priorities in the area of STI/HIV prevention, with particular emphasis on the need for scientific advice (i.e. guidance, technical reports, behavioural surveillance) for key affected populations (i.e. MSM and migrants)

TIMELINE

This meeting focused on STI/HIV prevention will take place in Stockholm, 18-19 October 2017.

Conclusions:

- A substantial proportion of HIV-positive migrants living in Europe acquired HIV after migration

- Postmigration HIV acquisition was higher among:
  - MSM & PWID
  - Western Europe and LA & Caribbean

- Some identified reasons:
  - Risk taking after migration
  - Risk contexts in destination
  - Homophobia in origin

Source: The aMASE study

Conclusions

- MSM and migrants are disproportionally affected by STI/HIV in Europe
- Preliminary data shows a decline of new HIV diagnoses among MSM in the EU/EEA for the first time in more than a decade
- Funds for STI/HIV prevention in most countries are insufficient
- Many countries in Europe are not implementing comprehensive prevention programmes for MSM or migrants
- Although we know which interventions work for MSM, we do not know the ideal combination or scale of interventions required to reduce incidence (context specific)

For ECDC:

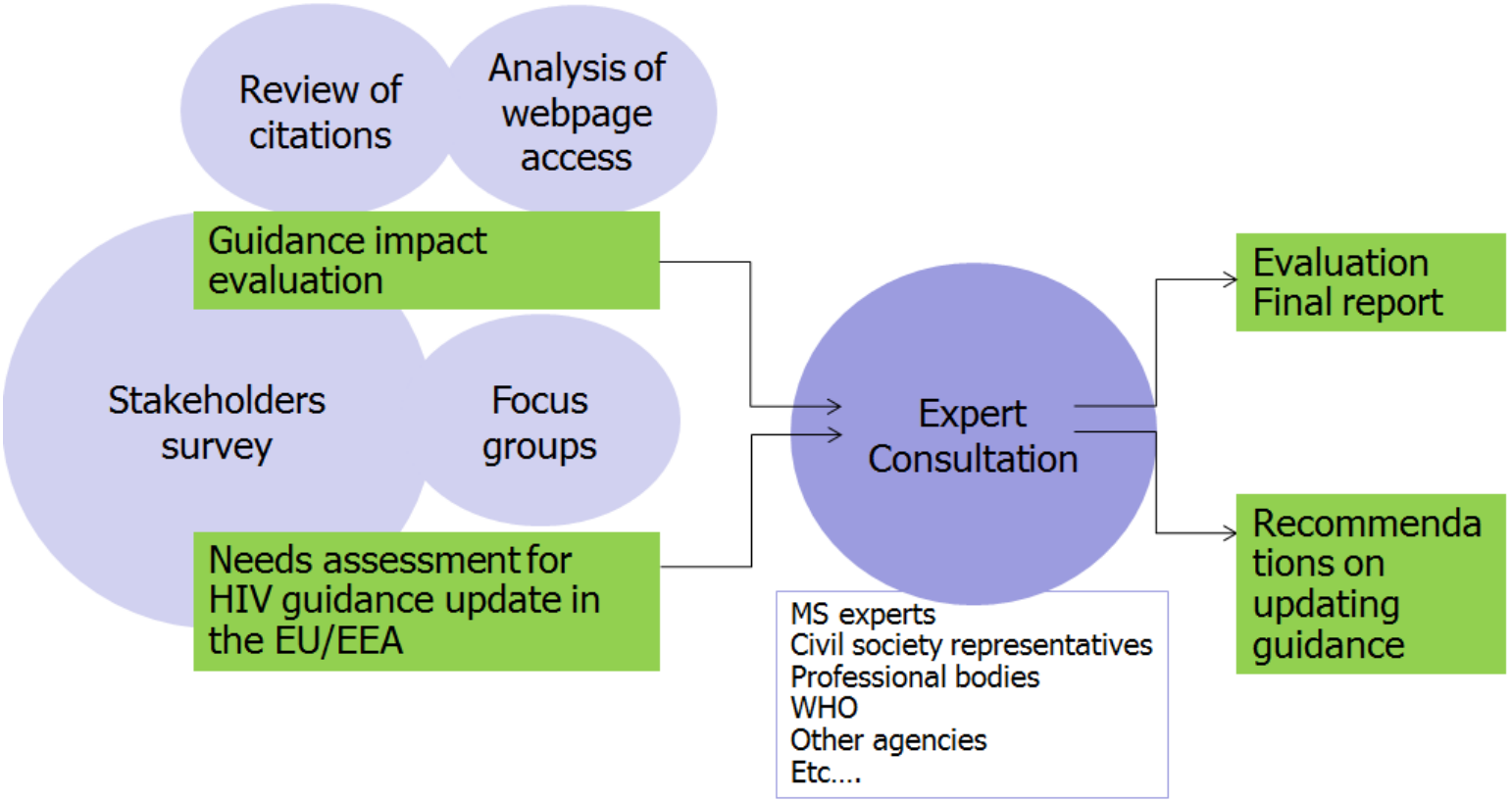
- Continue to provide opportunities for different groups of experts to meet to discuss issues around HIV/STI prevention, including clinicians, public health experts, policy makers, civil society, etc.
- ECDC to consider publishing a public statement endorsing U=U
- Investigate further how countries can implement the shift in testing culture (also as a prevention tool) required to end the epidemic (e.g. standardise and harmonise testing, supporting testing in community based organisations, greater use of social media for outreach and education, etc).
- Harness new technological solutions to persistent challenges within the HIV response by collaborating with social networking apps.
- Consider developing practical guidance on HIV/STI/hepatitis prevention among migrant communities, including migrant MSM (ECDC guidance already exists for MSM and PWID).
- Publish evidence briefings targeting policymakers on the need to improve access to testing for MSM and to care for migrants, especially undocumented migrants.

Development of an integrated testing guidance on HBV, HCV and HIV testing in the EU/EEA

Assessing the impact of the 2010 ECDC HIV testing guidance

- ✓ Survey of MS stakeholders
- ✓ Broader stakeholders survey
- ✓ Focus group (Oct 2015)
- ✓ Expert consultation (Jan 2016)

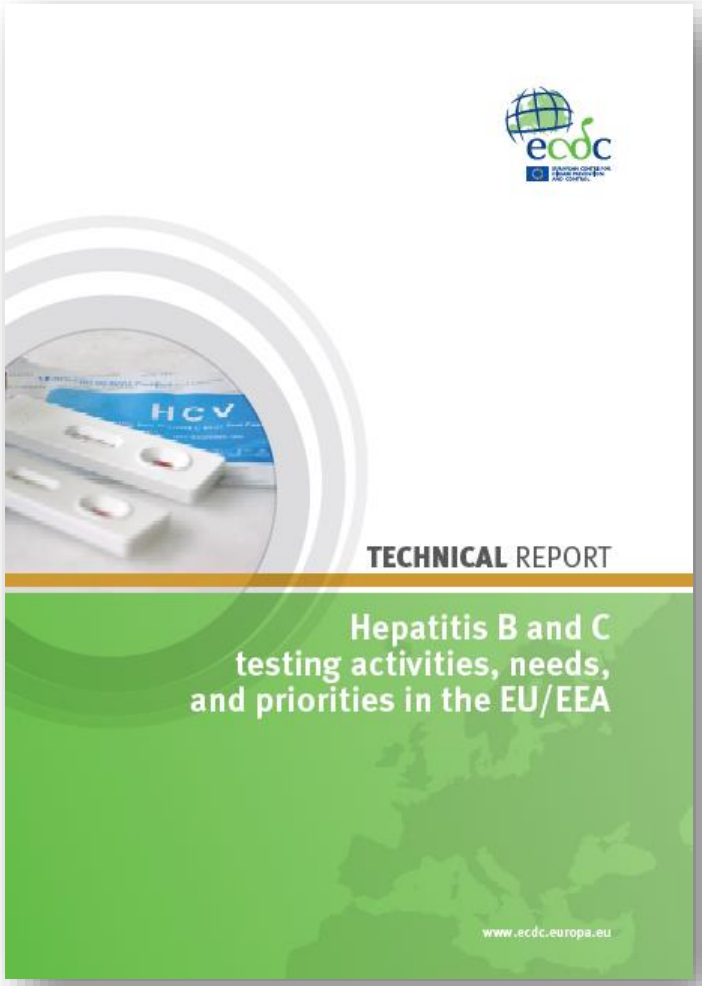
Impact assessment - methodology



Key findings

- ✓ Both primary and broader target groups were well aware of the ECDC 2010 guidance
- ✓ The results demonstrated that it had reached a broader audience than planned
- ✓ Many have used it for their work and to develop testing policies, and it was considered relevant and with good usability
- ✓ A clear outcome of the evaluation: the need for more focus on monitoring and evaluation of HIV testing activities and programmes
- ✓ An updated European HIV testing guidance is needed.

Assessing the need for a European HBV and HCV testing guidance



Survey to assess:

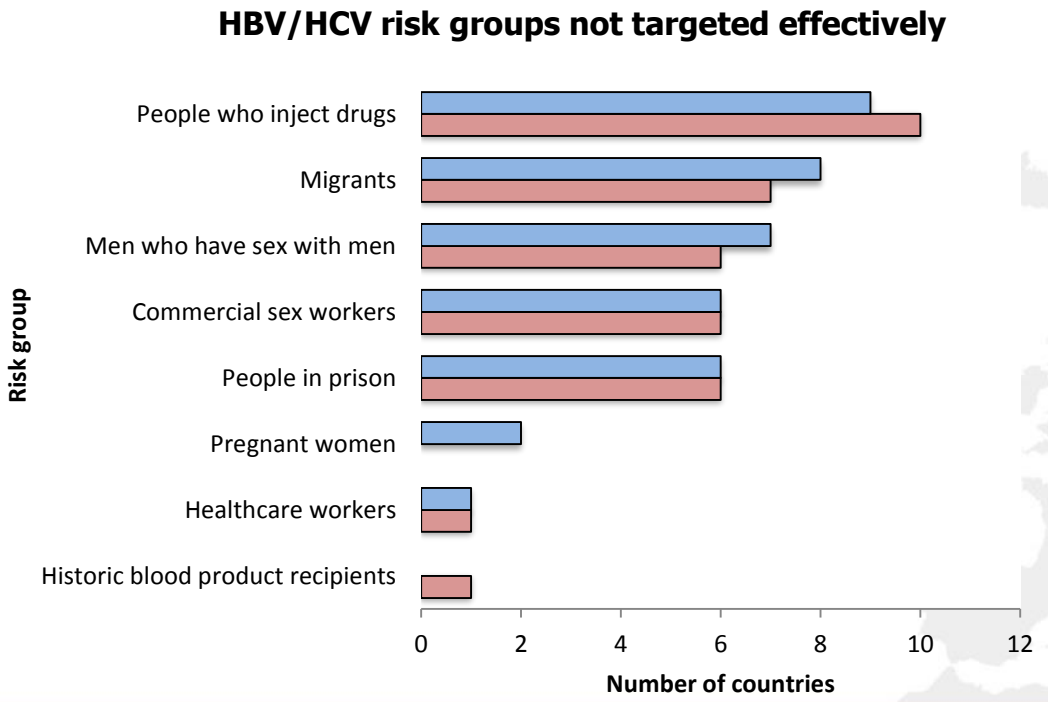
- ✓ HBV & HCV testing policies and practices
- ✓ Need for an European guidance

- ✓ Conducted in 2016

- ✓ 21/31 EU/EEA MS responded

Gaps in HBV and HCV testing practice in EU/EEA countries

Gap in testing practice	Number (%) of countries	
	HBV	HCV
Risk groups not targeted effectively	**16 (76%)**	**15 (71%)**
Lack of practitioner awareness of HBV/HCV	9 (43%)	9 (43%)
Lack of practitioner awareness of national HBV/HCV testing policy	6 (29%)	6 (29%)
Lack of public awareness of HBV/HCV and/or risk factors	8 (38%)	9 (43%)
Lack of access to or use of point-of-care or rapid diagnostic tests	7 (33%)	8 (38%)
User-fee to access testing	6 (29%)	6 (29%)



* 20 EU/EEA countries responded to the survey – England&Wales and Scotland provided separate answers

Source: European Centre for Disease Prevention and Control. Hepatitis B and C testing activities, needs, and priorities in the EU/EEA. Stockholm: ECDC; 2017. Available at: http://ecdc.europa.eu/en/publications/Publications/HepatitisBC-testing-in-EU-May2017.pdf

Need for European-level HBV/HCV testing guidance

	Number (%)	Country	Reasons for response
Yes	12 (57%)	Croatia, Estonia, Germany, Hungary, Ireland, Latvia, Lithuania, Malta, Netherlands, Romania, Scotland, Spain	*'To provide assistance in developing national guidance, policies, and strategies'* *'A standardised approach would be helpful as the risk groups are the same throughout Europe and there is increasing movement of populations'.* *'Would assist in developing national testing policy'.* *'Would add value to existing guidance'.* *'Would help to develop the national strategy'.*
No	6 (29%)	Belgium, Denmark, Italy, Norway, Poland, Sweden	*'EASL guidelines are already available'.* *'Local guidelines are not always followed.* *'Each country has different epidemiological background, risk factors, and access to health services'.* *'Policies need to be based on local epidemiological settings'.* *'Each MS differs in terms of epidemiological situation, risk factors, and organisation of health care'.*
Don't know	3 (14%)	Bulgaria, France, England & Wales	*'Each MS has its own policy on HBV/HCV control'.* *'There may be a need for guidance for MS that do not have adequate national arrangements/policies in place for targeted settings'.*

Audience: Policy makers, policy advisor, programme mangers, professionals involved in national guidelines/guidance development, service providers

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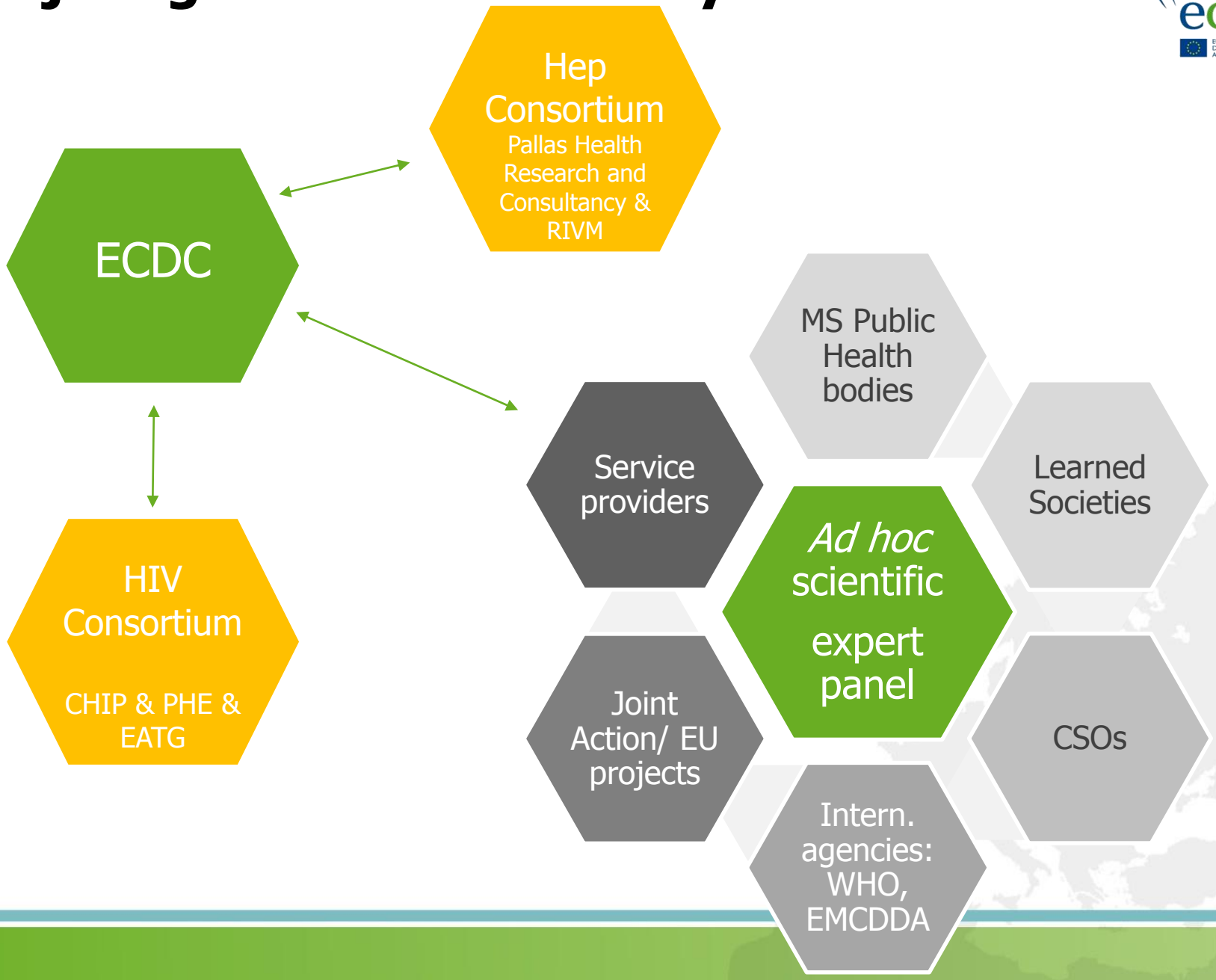
Project governance and key actors



Gathering the evidence

HBV and HCV

WHO to test:
identify target populations

HOW to increase testing coverage and uptake

HOW to improve linkage to care

HIV

BARRIERS to test offer and test uptake

HOW to increase testing coverage and uptake

HOW to improve linkage to care

Development of evidence-based guidance

Evidence base

Draft Guidance

Subgroup considerations

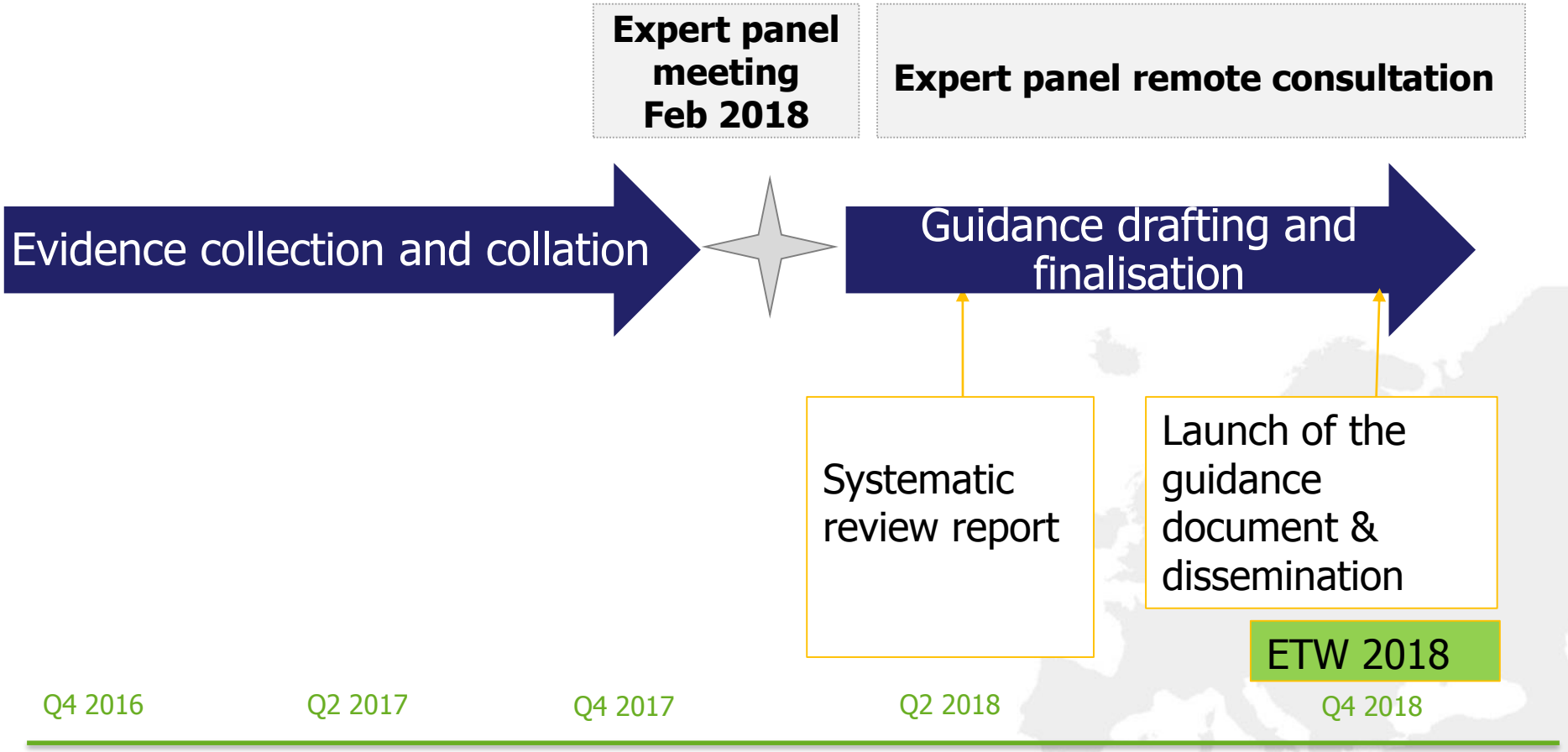
Equity, ethics and human rights considerations

Risks & benefits considerations

Implementation considerations

EU/EEA service models

Expected timeframe and outputs



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Hep testing guidance in context: reducing BBVs undiagnosed fraction in the EU/EEA