

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

Luxembourg, May 15 & 16, 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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## 15 May 2018

### 1. Opening and Welcome

The CSF-Chairs welcome the CSF Members to this meeting and introduce the agenda focusing on the working group sessions where the CSF Members will kick off their work on identified topics. After an introduction round, Sini Pasanen updates the Forum on advocacy issues and other actions since the last CSF Meeting in December 2017.

- The outcome document of the Estonian Ministerial conference has been finalised and will now be circulated.
- A letter from the EU HIV/AIDS, Hepatitis and TB Civil Society Forum (CSF) was sent to the Minister of Health of Romania. The letter underlines the important role of Romania as 2019 EU Presidency in the response to HIV/AIDS, Hepatitis and TB and of community and civil society involvement. The initiative is supported by several organisations in the CSF. There is a platform of NGOs in Romania collaborating on the preparation of the EU presidency. The ACHIEVE coalition is planning a meeting on screening and monitoring in connection with the Romanian Presidency.
- The CSF Coordination Team sent out a letter to the Commission with regards to the importance of safeguarding a rights-based approach and means to address cross-border health issues in the next EU multiannual financial framework (MFF). Furthermore, the CT contributed to the public consultation on the MFF. It is worth noting that in the proposal that was published by the Commission in May, health was included in the social agenda of EU action “investing in people” rather than in the single market agenda as was initially foreseen
- A joint meeting of ECDC and WHO Europe on “HIV in Europe and central Asia in the era of the SDGs: operationalizing goals and achieving targets” was attended by the CSF CT and other members of the CSF. Daniel Simões from GAT replaced g Nikos Dedes on short notice and he highlighted the shortcomings in reaching the goals and where Europe is still behind. The discussion will be followed up at the AIDS conference.
- The CSF is on the advisory board of the Integrate EU Joint Action. 29 nominated partners, of which are 7 NGOs from Italy and Croatia, are collaborating in an integrated approach on HIV, TB and viral hepatitis on issues like self-testing, partner notification, combination prevention among others. The next project meeting will be held in May in Zagreb next to the European Testing Week working group meeting. The project will be presented and discussed at AIDS 2018 and at the HepHIV conference in January. The Spring European Hepatitis-HIV Testing Week Pilot is launched by the European Liver Patients' Association (ELPA), in collaboration with the INTEGRATE Joint Action and will take place on 18- 25 May 2018.
- The work on the HA-REACT Joint Action continues. There was a discussion on the relative success of the JA, looking at the situation in Hungary. This led to a broader discussion on JA. Since the Joint Action model will stay, it was suggested to look at lessons learned from JA

with a view to improve civil society involvement. One option would be to extract good practices from the last JAs, to evaluate NGOs and propose way forward.

- The preparation for Amsterdam 2018 are in full swing. The CSF part of the conference coordinating committee (CCC). The conference will be discussed later in the programme of this meeting.
- The HepHIV conference in Bucharest is under preparation. However, the involvement of the Romanian government remains unclear.

## 2. Update from the European Commission

- Jean-Luc Sion starts with an update on the staff working document and that it cannot be discussed today. The structure of the document has changed and might still change. If there are any questions, the head of the unit can be addressed.
- The AIDS 2018 conference in Amsterdam will have a strong involvement of the European Commission. Apart from a EC-UNAIDS symposium bringing together the Health Commissioner and EU Ministers of Health, there will be satellite sessions on ESTICOM, Integrate and HA-REACT. The Commission will have a booth in the exhibition centre with a meeting and greeting section, lectures and material distribution. Moreover, the Commissioner will participate in the EECA ministerial meeting session.

**Discussion:** CSF expressed concerns that the importance of health is disappearing from the EU's political agenda. At the same time, it was noted health get some attention via the the social funds. This will be negotiated between EU institutions, member states included in the coming months. There was concern about the lack of a political documents on HIV, TB and viral Hepatitis. Jean-Luc Sion pointed that the [Decision on serious cross-border health threats](#) (No 1082/2013/EU) includes a case reporting requirement for member states. There is also the [EC Communication on the SDGs](#) from November 2016. . Beyond the positive development on the health programmes, he noted the discussions on the future budget of ECDC.

## 3. Updates from the Agencies

In this session UNAIDS, WHO Europe, ECDC and EMCDDA update CSF Members on recent developments from the agencies.

### 3.1 UNAIDS

Henning Mikkelsen presents on behalf of **UNAIDS** on activities regarding access to PrEP and an update on the expanding epidemic among MSM (see Annex 1). On 9/10 February 2018 the PrEP in Europe Summit was conducted in Amsterdam with the support of UNAIDS. Although the remarkable level of activism became visible during the summit, it is to be noted that the access to PrEP remains patchy and limited in European countries. Henning stresses that main barriers are low awareness at all levels, pricing, sexual moralism at all levels and that ethnic minorities, trans and cisgender women have particularly low access to PrEP. Also, there is a slow uptake of service delivery and capacity constraints. Henning refers to the Buyers Club 2.0 initiative that uses the access to global generic markets but contains the caveat that 70% of informal PrEP users report no access to medical monitoring. UNAIDS support with various activities a policy change in countries (joint ECDC/UNAIDS technical consultation, letter to EU Member States, informal session in the AIDS2018 conference and a possible European Parliament resolution). The final part of his presentation reflects on the expanding epidemic among MSM and the need for the Ljubljana 2.0 statement that is very much needed in order to change the situation particularly in the newer EU Member States.

Vinay Saldanha from the UNAIDS regional office in Moscow completes the update by reporting on the EECA AIDS conference in Moscow. First of all, there is no indication that the epidemic in the region is slowing down. In the Russian Federation only, there are more than 1,000,000 people living with HIV. On the other hand, there are some positive developments in other countries regarding harm reduction, treatment efforts and community based voluntary counselling and testing. New funding mechanisms and partnerships are needed as well as commitments from the countries. Criminalising laws and policies are still drivers of the epidemic.

### 3.2 ECDC

Marieke J. van der Werf starts the update from **ECDC** on tuberculosis surveillance and monitoring in Europe (see Annex 2) with recently published data from 2016. Although there is a current decline of TB cases since 2007, this decline is not sufficient to reach the SDG target of 80% reduction by 2030 in comparison to 2015. Marieke highlights the increase of TB among migrants, increasing MDR TB in the Baltics and Romania. On TB/HIV coinfection, she noted that only 19-20 countries report. There are much fewer cases in the countries reporting than in Africa. However, the situation is concerning, in particular because many countries do not report.

There was discussion about the need to improve treatment and diagnosis of latent TB. Marieke reported recent publications by ECDC on TB include a guidance on programmatic management of latent TB infection, an 2017 update of European Respiratory Society and ECDC standards for TB care and a pilot study on the use of whole genome sequencing for molecular typing and characterization of tuberculosis in the EU/EEA. ECDC and the Netherlands are providing technical assistance to Romania, Bulgaria, Estonia, Lithuania and Latvia.

Andrew Amato then presented on ECDC update on HIV and Hepatitis (see Annex 3). He gives an overview on the development of tools that use surveillance data to estimate true HIV incidence and undiagnosed fraction. These include a modelling tool and an estimates' accuracy tool. There are also data and graphs that derive from these tools and emerging issues from migrated related issues that would need an improved surveillance tool. He continues with an update on surveillance of transmitted HIV drug resistance and on how to react on the increasing data demand for monitoring the response including information about the 2018 Dublin monitoring process and planned outputs in 2018. Andrew informs about the survey on sex workers and in particular about the negative impact of criminalization of sex work on HIV prevalence. The update on viral hepatitis comprises the support of countries to develop estimates of prevalence and the development of an EU monitoring platform for hepatitis B and C.

**Discussion:** CSF expressed concern about the Dublin monitoring process. ECDC encourages government to involve CSOs in responding to the questionnaire. Yet since there is no obligation, a number of governments skip the consultation process with civils society.

The CSF also noted the recommendation to treat latent TB and the fact that of the medicines to treat is not available in several European countries. It was agreed to send a letter of concern to Novartis.

### 3.3 WHO Europe

Antons Mozalevskis presented on overall developments within the **WHO** European Region, including the HIV/AIDS EECAA conference in Moscow, the compendium of HIV Good Practices, the EECA Ministerial Policy Dialogue on HIV (and Civil Society Dialogue) on 23 July 2018 in Amsterdam, World Hepatitis Day 2018 and planned WHO products 2018 (see Annex 4). Moreover, Antons emphasised the extremely high rate of MDR-TB in Eastern Europe and Central Asia ad that TB treatment is especially challenging in previously treated patients, and patients with HIV co-infection and M/XDR TB. He underlined the importance of the UN high level meeting on TB on 26 September in New York.

### **3.4 EMCDDA**

For **EMCDDA**, Klaudia Palczak presented on the work of the agency to (see Annex 5) promote HCV testing in drug treatment settings and to support harm reduction at operational level. HCV testing and treatment is key as in Europe 75% of new infections with known transmission mode account for people with injecting drug use. Klaudia refers to the rationale of the project, the role of EMCDDA, the global hepatitis strategy and its translation into regional action, the high prevalence of HCV and HBV among PWID, minimum standards for testing. She then refers to publications focusing on the elimination of hepatitis among PWID. Klaudia introduces the pilot initiative to promote HCV testing in drug treatment; the compendium of programmes, as well as information materials for staff in drug services and for clients drug services. After showing the deliverables for different modules, Klaudia points to the stakeholder consultation on the pilot initiative on September 26 and 27, 2018.

**Discussion:** The initiative is recognised as a very important project. However, some participants that while the national focal points play a key role in the project, there is sometimes a discrepancy between what they report to EMCDDA and what civil society considers the reality. The access to methadone in Romania was given as an example. CSF also underlines the important role of peer support to people using drugs and insufficient funding. Klaudia responds that EMCDDA is aware of the situation trying to improve the work by assessing the data quality, the results of which are shared through letters to the focal points and members of the management board.

## **4. Advocacy issues at national/key population level**

### **4.1 AIDS Healthcare Foundation (AHF): 1.000.000 tests in Europe**

Anna Zakowicz presents the AHF Europe rapid testing initiative (see Annex 6). The rapid testing project is a model of operation and an advocacy tool to influence government policies on how rapid testing can be done cost-efficiently and effectively on a wide scale to help people learn about their HIV status and being linked to care. Anna stresses the high rates of positive test results in their onsite and offsite facilities and presents data on different age groups, first time testing and EU and Non-EU countries as well as the European Testing Week initiative and AHF's advocacy efforts and achievements.

**Discussion:** It is mentioned that in many countries community-based testing is only possible through initiatives like the rapid testing project and through voluntary work. De-medicalisation of testing is still an issue to make community-based testing successful.

### **4.2 Impact of criminalisation of sex work**

Luca Stevenson from the International Committee on the Rights of Sex Workers in Europe (ICRSE) reports on the results of a survey on the impact of the 2016 French prostitution act that sanctions clients(see Annex 7). 538 sex workers took part in the research that was led by Médecins du Monde. Overall, the legislation is perceived negatively sex workers. 63% of the sex workers surveyed have experienced deterioration of their living conditions with income loss, decrease ability to negotiate condom use, increased isolation and stress. The law is seen as fueling the stigmatisation of sex workers and as contributing to a climate which legitimises acts of violence motivated by hate. Abolitionist policies also impact on service providing NGOs supporting sex workers. They also have an impact on data collection.

It appears that although some countries have legalised sex work there are still issues with the legal framework.

To strengthen the sex workers' right movement Luca refers to a sex worker implementation tool published by WHO and others, to a training manual on sex work, HIV and human rights published by ICRSE and SWAN and to national initiatives in Macedonia and Turkey. Moreover, Luca points out what can be jointly done by CSF Members, why community empowerment is important, addressing violence against sex workers, community led services, condom and lubricant programming and clinical support services. Luca finalises his presentation with describing a comprehensive capacity building approach for sex worker organisations and best practice examples for sex-worker led HIV programming.

#### **4.3 E-Health and data control in Latvia**

Aigars Ceplitis from the Latvian organisation AGIHAS shares his concerns about data control in Latvia and how the new EU Regulation on the protection of personal data affects patients and patients' organisations (see Annex 8). Aigars introduces the guide for patients and patients' organisations published by the European Patients' Forum (EPF), the introduction of the E-Health project in Latvia and the challenges that are faced in his country. Aigars points out that the Commission's country report was very helpful and describes recommendations on how the EC should continue intervening, e.g. by stating that efficient E-health requires proper funding.

**Discussion:** It is suggested to organise a briefing session with a GDPR expert for CSF members and beyond.

#### **4.4 European Testing Week**

The CSF Members are updated on the evaluation of European Testing Week 2017 and updated on the 2018 edition. CSF discussed engaging with Think Tank government representatives to get governments involved. The concept of the Spring Testing Week is discussed: Tatjana Reic notes that this pilot project (see above) is launched in five countries, predominantly to test for viral hepatitis but also STI and HIV tests are offered. The question is raised whether it should be therefore called hepatitis testing week. Information regarding the Spring Testing Week can also be found on the European Testing Week website.

#### **5. Upcoming EU presidencies in Austria, Romania and Finland**

For **Austria**, Isabell Eibl reports that affordable medicines and matching health needs with pharmaceutical R&D will be a topic of the EU-Austrian Presidency in the second half of 2018. There will be an informal meeting of the European Council on 10-11 September.

Nicoleta Dascalu updated on the preparations for the EU **Romanian** presidency (see Annex 9). She noted that while the government is behind schedule, preparations are on-going and ARAS is feeding into it via participation in a health and consumer protection, were set up. It looks like in the area of access to medicines the focus will be on parallel export, HTA and vaccination. ARAS will follow up on the letter sent by the CSF Coordination Team (see above) and monitor the decision making process.

For **Finland**, Sini Pasanen reports that the Programme of the Presidency will be published in December 2018. It was suggested that the government could have civil society participation as Finland has a strong track record.

#### **6. Working Group Sessions**

Following up on the discussions and decisions during the last CSF Meeting and in order to secure the working process between the meetings, the CSF split up in working groups. There were 4 working group topics identified:

- Advocacy to keep health on the political agenda and sustain funding for health related issues
- Access to affordable medicines and diagnostics
- Address stigma, legal and regulatory barriers and human rights violations
- Implementation of combination prevention

Hereafter, the results of the working groups are presented:

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

The WG's overall objective will be to increase political and financial commitment of the provision of needed services in European Member States and Eastern neighbourhood. The WG will look at EU pre-accession and Neighborhood Policy funding and political dialogue; the health agenda of the EU health agenda after 2019; the health in the next EU multi-annual financial framework. (timeline activities and partnership are detailed in Annex 10).

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

The WG's objectives are a) to support the monitoring of the state of universal access to optimal treatment and diagnostics options and their sustainability; b) to raise awareness to barriers and; c) to make recommendations to national governments, EC, ECDC, WHO and EMA and to the industry (see Annex 11). The WG will work on a survey/report on community view (and examples) on legal and commercial barriers to treatment and diagnostics across the three diseases (eg: DAAs, Rifampicin, rifapentin and Truvada), an advocacy calendar of events and opportunity, recommendations for civil society involvement in national and regional negotiation efforts as well as statements and letters. (timeline activities and partnership are detailed in Annex 11).

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

The working group identified two objectives, a) to understand which strategies work against stigma, legal barriers and human right violations and promoting them; b) Examine stigma in health care settings to identify research gaps; advocate a monitoring and evaluation at country level. The working group considers five possible outputs: a document on research gaps, a document on legal and regulatory barriers, a document on good practices/strategies, a Civil Society Report on stigma etc. as part of a Dublin Declaration shadow report and letters to the Commission/Member States etc. **Comments:** Civil Society should support the creation of strong indicators. That is the only way to monitor progress or non-progress.

### **6.4 Implementation of Combination Prevention**

The objective of this working group is to increase the understanding and uptake of the notion of combination prevention that a minimum package of biomedical, behavioural, structural prevention interventions (see Annex 13). The WG will release a policy statement on the necessity to implement at scale combination prevention. It will address treatment as prevention. Moreover, a letter will be sent to the relevant Commission and the SG in relation to the promotion on the planned JA on MSM. This will include evidence based guidance on combination prevention under sufficient involvement of civil society organisations.

**Comments:** Combination Prevention is very much HIV related and not so much focusing on TB and Hepatitis. It would be good to check and promote horizontal issues with the other diseases. It was noted that it could be expanded to include STI screening as part of HIV prevention. It could also look at test and treat for latent TB to prevent TB transmission. It will connect to the INTEGRATE Joint Action.

## 16 May 2018

### 7. Policy events and related processes

- **UN High Level Meeting on TB**

The UN General Assembly High-Level Meeting on Ending TB will take place on 26 September 2018 in New York. The meeting will consist of an opening segment, a plenary segment and two consecutive multi-stakeholder panels on accelerating the response and on scaling up financing for R&D of medicines and diagnostics. Civil society has been involved in all the preparation steps. It is also agreed upon that CS will have a speaking role. Marieke from ECDC adds that there will be a TB network meeting at the end of May with national focal points. ECDC is also part of the multi-sectoral Accountability Framework that will monitor the implementation of agreed goals in New York. Anne-Claire from UNAIDS mentions that the UNAIDS PCB will dedicate on 28 June 2018 the whole day to TB. In general, it should be ensured that civil society is not only represented at international level. It is important that national delegations going to New York include civil society.

It was suggested that the EC also invite people responsible for TB programmes.

- **The Union Meeting on Lung Health**

The 49<sup>th</sup> Union Meeting will be held from 24 to 27 October 2018 in The Hague. The theme of the conference is “Declaring Our Rights: Social and Political Solutions”. The Commission will be represented, although the Commissioner will not be able to make it to The Hague. On a positive note, Marieke notes the increasing civil society involvement. There is a comment that HIV-comorbidity is not included although it should be while asthma for instance is. It is mentioned that TB doctors are often quite isolated and conferences like this should facilitate the bridging of this gap.

- **AIDS 2018:**

The efforts to engage more people from EECA countries to participate in the conference was apparently successful. 183 abstracts were accepted which is six times more than in Durban. Also journalists from the region received scholarships to participate. There will be several networking zones in the Global Village, like for instance the Harm Reduction Networking Zone, the Eurasian Networking Zone or Sex Worker Networking Zone. The Civil Society Forum will have its European Networking booth in the Global Village. In general, it will be important to raise awareness that HIV/AIDS is not over, in particular not in the EECA part of the region. Translation into Russian still remains a challenge. The plenaries will be translated but for the other sessions it will be checked whether translation through mobile phones could be an option. Anne-Claire adds that the annual global report will be launched before the conference to get media attention. She also mentions that UNAIDS has reserved rooms in the exhibition centre that can be used by other organisations as well.

- **European Harm Reduction Conference**

The 4<sup>th</sup> European Harm Reduction Conference will be organised in Bucharest from 21 to 23 November 2018 in cooperation with several national and international organisations and the Joint Action HA-REACT.

- **Joint Meeting with CSF on drugs**

As agreed in November, parts of the CSF meeting will be conducted together with the CSF on drugs in Brussels. After the Civil Society Involvement conference on Monday, 5 November, the HIV/AIDS, viral Hepatitis and TB CSF will be meeting on their own on Tuesday, 6 November before having the joint meeting on Wednesday, 8 November 2018. Since the CSF on drugs is being renewed, the organisation of the joint meeting is on hold till the establishment of the new CSF. The Commissioner is invited, both to the conference and to the CSF and Think Tank Meeting. CSF and Think Tank Members are also invited to the CSI conference.

- **Other Meetings**



The 2nd HEP-C Community Summit organised by Correlation Network will bring together people from the affected communities, advocates, researchers, healthcare providers, harm reduction practitioners, and policymakers to discuss and to develop an enduring cooperation for building the road to HCV elimination.

#### **8. CSF reflection paper on horizontal issues that bring us together and implications for joint work**

At the start of the session it appeared the working groups already have proven to address horizontal issues so it was agreed that the planned reflection paper on what brings us together would be redundant. Therefore, CSF participants shared and discussed crucial developments at national or key population level where the CSF could support advocacy efforts. This is an excerpt of the contributions:

**Sex Work:** With the trend of criminalizing the clients of sex workers, the situation of sex workers is not getting any better. It appears that discourse in Greece is moving towards that approach. A European sex workers conference is planned for 2019. It would be the first one since 2005. Any support in funding this conference is very welcome.

On a positive note from **Sweden:** In a recent Supreme Court case in Stockholm, the HIV disclosure requirement has been removed and it has been confirmed that PLHIV with undetectable viral load are not criminally liable.

The policies promoted by the new government in **Italy** will impact key populations. During the national AIDS conference civil society plans protests addressing the continuous funding cuts as well as the non-inclusion of PrEP in the funding.

In **Germany**, pharmacies provide generic PrEP for 50 €. The MoH is exploring whether health insurances will cover the medical check-ups.

Positive developments in **Macedonia:** LGBT issues are taken up by the government.

**LGBTI:** Sophie Aujean presents the new rainbow map of ILGA Europe that will be published on occasion of the IDAOT day on 17<sup>th</sup> of May. It is the first time that there is no progress on the legal and policy human rights situation for LGBTI people compared with the previous year. There are several reasons for it, two of them are: There is a general backlash when it comes to human rights developments and super progressive countries have not many possibilities to progress further. In some countries there are some contradictory trends, like for instance in Malta, where the situation in terms of SRHR is not great but the situation of LGBTI is the best of all monitored states. The three best performing countries are Malta, Belgium and Norway where also the legislation for trans people is very advanced. It is suggested that more criteria should be monitored, including more HIV related criteria and criminalisation. This leads to the discussion whether ECDC does monitor the accessibility to PrEP. Andrew confirms that it is not but that a letter from the CSF could help to obtain these data. In terms of trans people, he adds that trans sex workers are vulnerable and that they are exposed heavily to violence.

There are some movements in the **Czech Republic**. The Czech AIDS Help Society contributed to the national strategy. Considering the criminalisation case of MSM living with HIV, it is important to note wide promotion of U=U. The discussions also helped to clarify the roles of Public Health officials. Furthermore, Prague is now a Fast-Track-City.

On LGTBI rights, it was noted that while Belgium is well performing on LGBTI issues, it is one of the most restrictive countries regarding the situation of **migrants**. Very few receive positive decision on their asylum request. Gays from Uganda or Cameroon do not get positive response to their asylum requests. Moreover, in reality migrants lack access to PrEP.

**Portugal:** Eventually, the 1<sup>st</sup> person started PrEP. It is for free and also the monitoring is covered. Moreover, undocumented migrants have access to free hepatitis treatment. Lisbon is a fast track city

with the whole package of prevention interventions. There are years between infection and diagnosis.

In **Romania**, there is currently a syringes crisis as MoH has decided to not take over the financing of harm reduction services from the Global Fund.

In **Finland**, self-test kits will be available from June on, available for 30 € in pharmacies and NGOs.

With regards to **viral hepatitis**, a high level meeting will take place in Sofia on 28 & 29 of June, organised by the Bulgarian branch of the European Association for Study of the Liver (EASL) in order to find common challenges and joint solutions.

In the **United Kingdom**, the U=U campaign will be launched. It will be interesting to measure the impact of the campaign among PLWH and the general population.

In **Moldova**, CS organisations are struggling to continue their work. A CS staff visit to France on PrEP could be organised. The number of people on hepatitis treatment could be increased tremendously. The treatment is funded by the government. Although drug users are not legally excluded anymore from treatment, still other barriers impede access.

## 9. Any Other Business

Suggestions for the next meetings

- Involvement of civil society to identify latent TB
- Data on linkage to and retention in care
- Epidemics among migrant population
- PrEP for ethnic minorities : what is the uptake in MSM
- Chemsex

## Action Points

What	Who	When
Sending a letter to Novartis to raise concern that Rifapentine for treatment of latent TB, is not available at the European market	CSF Secretariat	ASAP
Finding a common position of the CSF on the Multiannual Financial Framework	CSF Coordination Team	ASAP
Sending a letter to ECDC to request the monitoring of access to PrEP in European countries	CSF Secretariat	ASAP

## Annexes

Annex 1 - Update from UNAIDS

Annex 2 - Update from ECDC TB

Annex 3 - Update from ECDC HIV, STI and viral hepatitis

Annex 4 - Update from WHO Europe

Annex 5 - Update from EMCDDA

Annex 6 - AHF - 1.000.000 tests in Europe

Annex 7 - ICRSE - Survey on the impact of the 2016 French prostitution act

Annex 8 - AGIHAS - E-Health and data control in Latvia

Annex 9 - ARAS - Preparation of the Romanian EU-Presidency

Annex 10 - WG Policy and advocacy

Annex 11 - WG Access to treatment and affordability

Annex 12 - WG Legal barriers, stigma and discrimination

Annex 13 - WG Combination prevention