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

Luxembourg, June 20 & 21, 2017

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 first 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. European AIDS Treatment Group and AIDS Action Europe co-chaired this CSF Meeting. All annexes to this report are available online at the CSF page on the AIDS Action Europe website.

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1. Opening and introduction

At the beginning of the meeting, Wolfgang Philipp welcomes all members of the EU HIV/AIDS, hepatitis and TB Civil Society Forum on behalf of the Commission. He refers to the integrated approach and the expansion of the CSF to hepatitis and TB organisations. Civil Society is an important player in order to reach the international targets, set for instance by UNGASS and WHO. He wishes the CSF productive and constructive work for the next three years.

2. CSF co-Chairs and CSF Coordination Team

Two options were discussed: 1) Simply add one TB and hepatitis member organisations to the Coordination Team; 2) to organise an election. Members felt that a democratic process was needed for a new coordination team. The CSF members agreed that the Coordination Team should be extended to five organisations following an election process. AIDS Fonds and GNP+ were tasked to run the election procedures. After having elected the Coordination Team, a decision on the co-Chair position selection will be made. It was agreed to maintain the Coordination Team and co-Chairs until a new team is established.

3. Discussion and agreement on objectives and working methods of the new CSF including cooperation with the EUHIV/AIDS, hepatitis and TB Think Tank and CSF representation in the Think Tank

The current Coordination Team presented three main objectives for the work during the next three years underneath which sub-objectives, activities and milestones should be defined. These three suggested targets would be:

- Monitoring of targets under international agreements
- Socio-economic determinants in health (key populations) and inequalities in health
- Access to affordable quality medicines and diagnostics

It was also suggested to organise via working groups. Some suggested to ensure linking to the Think Tank so that CSF really contributes and impact on Think Tank agenda.

There was consensus on the need to have priorities areas to orient the work of the CSF. Some felt that the objectives give a starting point; others felt that there are not bold enough. A good framework for the next three years, others thought that they are too technical and not political and bold enough. In order to obtain a better picture CSF Members were asked to share their expectations of the CSF within the next three years. Here are some of the thoughts that members shared:

- Strengthening human rights based approaches.
- Decriminalisation of sex work and put the issue on the political level
- Defining a civil society common voice -and pushing for a common agenda for a greater impact
- Joint advocacy to improve surveillance of hepatitis and monitoring of interventions
- Impact on advocacy at the national level – sharing good practice and experience
- Focus on people not diseases
- Follow-up on monitoring at national level
- Support of EECA countries
- Tackle funding gaps after withdrawal of the GFATM
- Improve access to treatment in neighbouring countries
- Networking at international level to push forward the agenda at national level
- Support migrants and their sub-communities and in particular undocumented migrants: share research and learning: campaign for universal access to healthcare and coverage
- Improving data on key populations, work with ECDC
- Share on legal and regulatory barriers for testing and linkage to care
- Share on cost-effectiveness of strategies
- Strengthen collaboration also with doctors: using evidence to overcome the wall of indifference

- The CSF is a vehicle to synchronise and coordinate action and activities
- Contribute to the response of the European Union and the Commission
- Sharing communication and experiences in particular regarding procurement issues
- Tackling homophobia in Eastern European countries
- Proactive, not only reactive
- Prioritisation of gender based approaches
- Renewal of dialogue between CS, government, academia
- Representation of all three diseases
- Political leverage, International support to improve the situation in the country
- Strengthening community based approaches
- Ensuring access to PrEP
- Contributing to the European Commission IP study
- Improved usage of data by CSO at national level towards evidence based advocacy
- Linking of and improved collaboration between this CSF and the CSF on drugs
- Support the member states in reaching the international targets
- Evidence based advocacy, advocacy for better data
- DG Home and migration: CSF on drugs: get in contact and explore synergies

4. The current state of HIV, hepatitis and TB Policy in Europe: Update from the Commission

Jean-Luc Sion expresses his wishes for a successful collaboration within the CSF after the expansion to hepatitis and TB. He stresses the importance for the group to set priorities of future work programmes, exchanging best practices and making the case for EU action in this field and to demonstrate the added value of EU action in these fields, via instruments like the Health Programme. Furthermore he reports about the call for applications for the new Sustainable Development Goals Stakeholder Platform. The platform will be set up to ensure involvement of Civil Society, NGOs and the private and corporate sector to support the Commission in the implementation of the 2030 agenda. There will be only 20 seats on the platform. The platform will be chaired by Vice President Timmermans. He also reported that a new Joint Action for 2018 was cancelled.

Discussion: CSF members express their concern about the low significance of health in the Juncker administration. The slogan "Big on big things, small on small things" and the developments so far indicate that health is of smaller concern in the Commission. But that does not mean that Civil Society has to accept it. CS should raise its voices to keep the value of health in general and in particular the response to HIV/AIDS, hepatitis and TB on the agenda. Health is a priority for every human being. Evidence and human rights driven policies need to be maintained, strengthened and expanded.

5. CSF update on recent advocacy and other actions in the field of HIV/AIDS, hepatitis and tuberculosis

- The Malta Conference in January: EU CSF chairs and several members took part in the EU Presidency-ECDC conference on HIV in Malta and the subsequent HepHIV conference. The CSF sought to mobilise ministries of health for a new integrated policy framework ahead of 24th of March informational health council.
- Estonian Presidency and Meeting in December 2017: There has been discussion with the Estonian governmental representative in preparation of the HIV/TB meeting in Tallinn on December 12 and 13.
- Meeting with Commissioner Andriukaitis: Representatives of HIV, TB and Hepatitis organisations met with Commissioner Andriukaitis on November 28, 2016.
- There is a European Parliament resolution and oral to the European Commission on action on the three diseases in the making. The ENVI will be voting on the statement on July 6.
- The multi-stakeholder ACHIEVE coalition for the elimination of hepatitis C was established.

6. Developments in Testing

The session on Testing opens with a presentation by Akvile Nalivaikaite and Irena Andrijevskaja on the situation of counselling and testing in non-medical settings in Lithuania (see Annex 1). The Checkpoint of the Lithuanian organisation Demetra, that provides community based voluntary counselling and testing (CBVCT) since 2011, had been recently shut

down due to complaints of "illegal" community-based HIV testing from the national communicable disease and AIDS centre (CDAC). Although the former Minister had flagged preparedness to change legislation and support Demetra, the service could not be maintained. Demetra has received support from several organisations pointing out that CBVCT is a corner stone in successful detection of undiagnosed infections. The two presenters show the next foreseen points of activity and action and demand from CSF to inform the members of the Think Tank as well as to write a letter to the Lithuanian MoH.

The second presentation (see Annex 2) touches upon legal and regulatory barriers to testing and linkage to care. Julian Hows from GNP+ introduces the 'legal barriers - website http://legalbarriers.peoplewithhiveurope.org/index.php that was developed within the OptTEST project. Main barriers can be summarised as follows:

- Lack of access and use of proven new testing technologies and settings
- 'Questionable' restrictions on who can administer tests
- Possibly unecessary requirement for extensive pre/post-test counselling
- Refusal to accept referrals from community testing centresinto care
- Limited testing sites and restricted types of test
- Wider barriers to improving the continuum of care included separation of healthcare into vertical specialities (e.g. drugs care separate from HIV and from TB); lack of case management systems;
- Failure to integrate healthcare and social support; disruption of care between civil and detention authorities.
- Complex entitlement regulations and charging systems deterring/excluding migrants, including even those entitled to healthcare sometimes.

Julian ends his presentation by raising the question whether an extension of this approach to hepatitis would be useful.

Discussion: One of the biggest caveats with regards to CBVCT is the issue of authorised personnel to conduct the testing. Here, still many checkpoints act in a grey zone although there is good guidance on demedicalised testing (WHO, ECDC). In general, legal barriers remain the same for all testing services, no matter whether it is HIV, STI and hepatitis. There was interest in looking at where hepatitis is done and where is integration with HIV. It is suggested to use the "orientation" test rather than "test" to overcome the resistance of certain policy makers and medical communities. Eberhard Schatz from the Correlation network suggests exploring further opportunities of extending the project and the website to hepatitis issues. On age of consent and other restrictions it was suggested to ECDC to be clearer in guidelines that the current policy is harming public health.

7. Presentation of EU funded projects in the field of HIV, Hepatitis and Tuberculosis

7.1 ESTICOM - European Surveys and Trainings to Improve MSM Community Health

Ulrich Marcus from Robert-Koch-Institut informs the CSF Members via video conference about the European Surveys andTraining To Improve MSM Community Health (ESTICOM) project (see Annex 3). ESTICOM consists of three objectives:

- EMIS (European MSM Internet Survey) 2017, the review of sexual health among MSM in Europe following up on EMIS 2010
- ECHOES (European Community Health Worker OnlinE Survey) 2017, an online survey to understand better who community health workers (CHW) providing sexual health support for MSM in Europe are and what they do as well as to assess CHW knowledge, attitudes and practices
- and a Community Health Worker Training Programme in order to develop a set of evidence based training modules and materials for use by CHW trainers and CHWsand to develop and conduct a training programme in 10 pilot countries to improve access to and quality of sexual health services for MSM.

The two surveys will go online in September/October of this year. The promotion of the surveys would be very much appreciated by the Members of the Civil Society Forum. Any support, in particular regarding the ECHOES survey, which is the first one of its kind, is very welcome.

7.2 INTEGRATE - Integrating prevention, testing and link to care strategies across HIV, viral Hepatitis, TB and STIs in Europe

Lella Cosmaro from LILA Milano introduces the INTEGRATE Joint Action on behalf of the leading organisation CHIP in Copenhagen (see Annex 4). The general objective of this in September to be launched Joint Action is to increase integrated early diagnosis and linkage to prevention and care of HIV, viral hepatitis, TB and STIs in EU member states by 2020. INTEGRATE focuses on increasing testing awareness and linkage to care focusing on key populations, supports

collaboration between health care institutions, policy institutions and civil society organisations and focuses on member states in Europe with high rates of HIV, viral hepatitis, TB or STIs and/or low access to care – addressing the relevant gaps depending on the needs and setting in the participating countries. It builds up on experiences from former EU funded projects like Quality Action, OptTEST, EuroHIVEdat, HA-REACT and HEPCARE. Pilot approaches include various integrated testing tools like integration of STI testing and linkage to prevention activities in CBVCT for MSM, TB and HIV testing in migrant population and HIV/Hepatitis testing of PWID and MSM, home / self-testing, indicated testing guidance as well as integration of CBVCT in national surveillance an M&E systems and partner notification among others.

8. Addressing stigma and discrimination – Access to insurances for PLHIV and health system changes in Latvia

Aigars Ceplitis from AGIHAS in Latvia delivers an extended presentation on access to insurances for PLHIV and presumed health system changes in Latvia. All the information can be best tracked in his presentation (Annex 5). Limited or refused access to health and life insurances for PLWH, TB and hepatitis was discussed. Regarding the health insurance reforms in Latvia, that are currently under implementation and suggest a change to a mandatory health insurance system rather than a universal state insurance, there are concerns that people with HIV, HCV, TB will be limited in their access to insurances, and therefore inequalities in health will increase. Aigars closes his presentation with assessments and recommendations suggesting that the Commission together with other organisations should observe the reforms closely.

Discussion: Contributions from CSF Members centred on inequalities in health fuelled by health budget cuts policies and austerity measures. It was echoed that it is usually the most vulnerable groups who are affected the most by these measures and whose access to health services is being deteriorated. Moreover, in particular in Central and Eastern European countries, out-of-pocket payments to receive services are increasing that leads to more inequalities in health. Health economics and system reform discussions are gaining momentum. It was noted that several international organisations such as OECD. This is why evidence from countries is needed. Jean-Luc Sion points out that the possibilities and opportunities of the Commission to intervene in national healthcare reform are very limited. It is agreed that the Commission will provide a presentation on legal and political context for EU action on HIV/AIDS, hepatitis and tuberculosis to inform about opportunities and limitations of the Commission's work.

9. HIV epidemics among men who have sex with men in newer EU member states and EU candidate countries

Henning Mikkelsen reported on the alarming increase of HIV-infections among MSM in newer EU member states and EU candidate countries (see Annex 6) and the lack of structures, political will and mobilisation to respond to this development. It is the only population that shows such an increasing trend in HIV-infections in different countries. The combined opportunities of dating apps, low cost flight and accommodation have fostered new challenges. There are huge gaps in providing prevention services to MSM. Moreover, this is happening in countries where the political and legal situation of LGBTI according to the ILGA Europe mapping is not very advanced and the level of homophobia is high, in many of them the GFATM has recently or is currently withdrawing its funding and the probability of a structural governmental response is quite low.

Discussion: There was consensus on the urgency of action. The countries are in the epidemic tipping point. There is no organisation in the region like Eurasian Male Health Coalition. It is suggested that a Joint Action could be initiated for those countries tackling specifically the HIV infection increase within the population of gay men and other MSM. This could be particularly successful if governmental structures are getting involved. Moreover, other initiatives to respond to the issue, also and in particular from Civil Society Organisations by providing trainings and technical support could be helpful. It has to be considered that due to homophobia and stigma, the existing data could be just the tip of the iceberg as the chance of underreporting regarding transmission by MSM is high. Furthermore, it is pointed out that also STIs are increasing in the region. ECDC noted that it will be organising an expert meeting on prevention on 18-19 October to better understand trends and possible responses, including bottom up approaches.

10. Importance of Civil Society Involvement in Hepatitis C policy - the Community Declaration and the civil society conference on drug policy 2018 in Brussels

Eberhard Schatz from Correlation network gives an overview over recent advocacy activities and the importance of Civil Society Involvement in Hepatitis C policy and announces the civil society conference on drug policy 2018 in Brussels (see Annex 7). The Berlin Manifesto deriving of the Hepatitis C and drug use conference in Berlin in 2014 and the Community Declaration form the Hepatitis C summit in Amsterdam in April 2017 were important events to support access to Interferon free DAA regimes for all who are in need of it. Advocacy activities touch upon both, hepatitis c elimination as a public health threat as approved in the first-ever World Health Organization Global Health Sector Strategy on Viral Hepatitis and to

encounter the stagnation of harm reduction at a global level.

Furthermore, Eberhard refers to the Civil Society Conference on drug policy 2018 in Brussels and requests to explore a possible conference on the side of a joint EU HIV/AIDS, hepatitis and TB Civil Society Forum and the Civil Society Forum on Drugs should have a joint meeting.

Discussion: There is agreement to explore this joint meeting idea.

11. World AIDS Conference in Amsterdam 2018 – State of preparation in the Netherlands: Civil Society and Commission perspective

Anke van Dam starts reporting on the state of preparation regarding the World AIDS Conference by announcing the leading them of the conference is “Breaking barriers and building bridges”. The broader themes are “What needs to be done?”, “Challenges and opportunities” and “Responsibilities and Key principles”. Every plenary should address one of these main themes. Translation will be provided into Russian and French in the plenaries.

As the CSF was assigned a seat on the Conference Coordinating Committee (CCC) together with other organisations represented in the CSF, access to information regarding the programme including satellites and symposiums is ensured.

Prior to the CSF-Meeting, 12 European regional network representatives met in preparation of the IAS 2018 in order to clarify objectives and coordination tasks. For the programme coordination AFEW volunteered to take the lead under collaboration with GNP+ and EHRN. One of the objectives is to ensure civil society participation through abstract submission. There will be webinars on preparation of abstracts provided to increase the quality of submitted abstracts. Also it should be ensured that enough Civil Society representatives will be under the reviewers of the abstracts.

For the coordination at political level, the Stop AIDS Alliance agreed coordinate activities around the resources mobilisation discussion. EHRN announced that they also will use their Regional dialogue meeting with governmental organisations for the preparation of Amsterdam 2018.

June 21, 2017

12. Visit of the Acting Director of the European Commission Public Health Directorate to the Civil Society Forum

John F. Ryan, DG SANTE Public Health Director welcomes the expanded mandate of the CSF and Think Tank to HIV, TB and viral hepatitis and the inclusion of organisations from neighbouring countries. The Commission will use both groups, CSF and Think Tank as sounding boards to identify and discuss issues which concern the sustainable development goals and public health policy, for instance regarding reinforcement of surveillance and alert systems as well as gaps in knowledge which could be addressed through research. Focusing on SDG offers an opportunity for HIV, TB and viral hepatitis to on the political agenda.

There will be a new Communication on existing and re-emerging health threats. It is set in the context of risk of pandemics, vaccination hesitancy, disinvestment by the industry in certain vaccines. It will look at improving the implementation to international health regulations, research, surveillance, use of the digital single market tools and accessibility of new medical technologies. The research agenda will be an important component of the document. In the process, the European Commission will investigate how to improve surveillance using up to date technique to better understand what is happening in real time, including via the use of the digital single market tools and in line with data protection rules. There will also be a section looking at health systems resilience and access to new medicines at reasonable prices (how to integrate new treatment in health systems with increasingly stretch resources). See also EU health minister council conclusion on cooperation between countries on the subject http://data.consilium.europa.eu/doc/document/ST-9978-2017-REV-1/en/pdf . In parallel, the discussion on the EU research agenda from 2020 is being discussed. The discussion is set in the context of budget cut between 15 and 30% in the next financial period (from 2020). It was noted that when the Malta HIV Declaration from January was discussed no minister took the floor besides the Maltese, while 26 ministers intervened on the subject of the Commission's proposal for a European pillar of social rights (file:///C:/Users/Annisabelle/Downloads/st10376.en17.pdf)

There is a process in place to improve surveillance (list of diseases and case definitions) with ECDC, and in line with WHO definitions. Also common data collection for several diseases of WHO Euro and ECDC as well as sharing of risk assessments between WHO and the Commission are on the agenda. Identifying issues around vulnerable groups, stigma and discrimination maintains to be a pressing issue as much as access to effective, accessible and resilient health systems.

Another occasion to highlight all these topics is the forthcoming Amsterdam conference that the Commission is working on in close cooperation with UNAIDS, ECDC and the Dutch organisers among others. The European Commission is engaging with

AIDS 2018 and the Dutch Government and it is hoped that it will provide a political impetus to address these topics. Finally, John Ryan informs the CSF Members about the Sustainable Development Goals (SDGs) multi-stakeholder platform that will ensure stakeholder involvement in the implementation of the 2030 Agenda. This platform will be launched soon and chaired by Vice-President Frans Timmermans. John Ryan also invites the CSF to make use of the EU Health Policy Platform that provides opportunities for communication and information spreading.

Discussion: The Commission's announcement that there will be a new Communication is well received by the CSF Members. It is mentioned that surveillance and monitoring, in particular regarding hepatitis, needs to be improved. Expanding the Dublin Declaration to the respective communicable diseases could be part of the answer and that there needs to be integration with WHO work. Also, access to affordable medicines is key in the response to the epidemics and therefore needs to be highlighted. It was noted that a CSF position statement on new treatments, Dublin Declaration monitoring expansion and increasing support for NGOS in next financial period would connected to work on the European Commission Communication and discussion on EU programmes.

13. The situation of sex workers in Europe

Luca Stevenson from the International Committee on the Rights of Sex Workers in Europe (ICRSE) holds a presentation on the current situation of sex work in Europe (see Annex 8). Luca introduces the work of ICSRE and the range of condition and situations sex workers are confronted with. The legal framework in countries is manifold, mandatory testing and registration or "back door criminalisation" make sex work in many countries illegal. He also refers to the 'Honeyball resolution" and to campaigns for 'Europe free from prostitution' led by European Women Lobby at European level that are calling for criminalisation of clients while in other countries like New Zealand decriminalisation of sex work is in place. The Lancet estimate that full decriminalisation of sex work could avert 33-46% of HIV infections (FSW & male clients over a decade). (Lancet Hors Series on Sex Work and HIV). Epidemiological HIV prevalence data for European countries (in particular in eastern European countries) with upto 22.2 % in Latvia is alarming enough. High rates of HIV prevalence among male sex workers are reported in western European countries (16.9% in Spain, 13.5% in Portugal and 9.1% in Belgium). Furthermore, Luca reports on intersection of vulnerabilities, on the importance of sex workers' involvement in the HIV response and the effectiveness of community led responses by presenting good practice examples. The question to be followed up upon is CSF support to national advocacy of sex workers group. The CSF was also requested to be more vocal on the subject matter.

14. Countries in transition – Reports from Macedonia and Bosnia-Herzegovina

Countries, where the Global Fund is withdrawing its funding, face major challenges to maintain services directed to key populations. Exemplary for other countries the CSF Members hear about the situation in the Former Yugoslav Republic of Macedonia and from Bosnia-Herzegovina.

Ivica Cecovski from the Macedonian organisation Healthy Options Project Skopje (HOPS) points out that during the Global Fund funding area services could be scaled up. This concerns OST, harm reduction in 14 cities, Sex Worker support programmes in 10 cities, MSM support centres, field and stationary HIV and viral hepatitis screening, scaled up ART, scale up of viral hepatitis screening for uninsured patients, as well as TB prevention and screening and DOTS. Within the transition period there are various challenges faced, among them are that commitments by the government are not met, there are public discriminatory statements by higher officials, there are unclear CSO contracting mechanisms and there are legal barriers for outsourcing health services to community based organisations (see Annex 9).

The situation in Bosnia-Herzegovina is equally challenging. Tarik Praso from APH reports about several barriers within the process of transition, among those are: CSOs can receive funds from ministries, but cannot be contracted by the health care fund for provision of services and that support to key affected populations and preventive actions are at stake. The lack of funding results in lack of activities related to stigma and discrimination fighting, lack of advocacy activities, promotion of PLHIV and KAP rights and social support to PLHIV. Almost all prevention, promotional and educational services provided by CSOs remain without funding, mobile VCT centers and their services remain without funding. The continous professional development of health care workers discontinued (see Annex 10).

Discussion: Recent experience informs the the transition process needs to be prepared to avoid transition into crisisWhen funding for CBOs is stopped there is a strong likelihood that the organisation cannot survive and the services cannot be delivered. increasing Infection rates amongst key populations are turning them into countries with concentrated epidemics. Other challenges, such as criminalisation key populations and HIV transmission, exposure and non-disclosure are fuelling the difficulties for most affected populations.

It was suggested to use the EU integration process to leverage change. It was noted that we optimise the window of

opportunity presented by the change of government in Macedonia. The Commissioner could maybe visit the countries and discuss use of IPA funds to support the transition process to domestic fund.

15. The current state of HIV, hepatitis and tuberculosis Policy in Europe - Updates from the agencies

In this session UNAIDS, WHO Europe and ECDC updated CSF Members on recent developments from the agencies. EMCDDA could not participate in this CSF due to other commitments.

UNAIDS reports that the General Assembly will be happening next week, also under attention from the UNAIDS PCB in which Ferenc Bagyinszky from AAE is a delegate. Reduction of funding, in particular from the US, is the biggest challenge. Strengthening the fast track countries in the response to HIV is a strategy to be discussed. Henning Mikkelsen informs that a meeting was held in Geneva with the Commission, ECDC, UNAIDS and the Dutch government regarding the preparation of Amsterdam 2018 among other issues. Europe could be a test case for other regions in ending AIDS. Another highlighted issue is the situation of migrants. Henning points out that civil society is rather fragile when it comes to migrant populations and HIV while migrants are facing very repressive environments in the countries. Furthermore, there is a lot of overlap with other key populations, in particular with sex work. Eventually, Henning refers to the situation of PrEP in Europe. With Portugal there is another country that has made PrEP available. On the other hand, PrEP was not mentioned in the Malta declaration. It needs more community mobilisation, in particular under involvement of LGBTI organisation and activists and not only HIV-organisations.

Martin Donoghoe from WHO Europe divides his report in two parts. He informs that TB, HIV and Hepatitis are now fully integrated in one programme. WHO provides technical support to all three diseases at the country level. There is comprehensive guidance and various action plans are in place. Structural barriers remain to be criminalisation and marginalisation. WHO Europe strongly advocates for community based services in order to reach marginalised populations. Regarding the collaboration at the European level, Martin also emphasises that there should be an agreement on one set of indicators as much as action plans and guidelines should be aligned.

The second part of the presentation reports on public health care reforms in Ukraine. In contrary to other countries, Ukraine is planning its transition from international to domestic funds. Taskforces are working on different challenges and civil society organisations have clearly defined roles in the process. There are stages described as 25, 50, 80 and 100 % transition to domestic funding with concrete indicators and actions set for each step.

Teymur Noori updates the CSF on the Monitoring the HIV continuum of care in Europe and Central Asia by ECDC At the beginning of his presentation, Teymur points out with regards to the integrated approach that there are declarations on HIV and TB, but there is no policy document on Hepatitis at European level. Also, there is data gap regarding hepatitis in the WHO European region. Here are some themes of his rich presentation (see Annex 11) highlighted:

- While HIV incidence is decreasing globally, it is still increasing in the WHO European region and while it remains quite stable in the EU/EEA countries, the main burden of increasing incidence is happening in the Non-EU/EEA countries.
- Over 1/3 of migrants in the countries of Belgium, Sweden, Italy and the UK acquired HIV post migration. In particular MSM migrants are affected with an estimated 40 % HIV infection after migrating.
- Not to forget: Even if the 90-90-90 targets are reached it means that only 73 % of PLWH are virally suppressed.
- In the WHO European Region 48 % of those with a CD4 account are diagnosed late.
- 1 in 7 people in the EU/EEA region do not know that they are infected. 1 in 6 people in this region being diagnosed are not on treatment.
- Policies on ART initiation have improved since 2014.
- The production of an EU/EEA continuum of care is based not only on country reports but also on the EuroCoord project using surveillance and cohort study data.
- In particular concerning are the continuum of care cascades for key populations with 63 % of MSM, 40 % of PWID, and 41 % of foreign born migrants being virally suppressed.
- Not to forget: The continuum of care does not report on primary prevention and on quality of life of PLWH.

Discussion: It is emphasised that the lack of data regarding viral hepatitis is unacceptable. Furthermore, it is mentioned that the loss to follow-up on each stage of the continuum needs to be investigated. There are manifold reasons to be considered taking into account country context and circumstances. Another comment refers to the high reporting demand from member states that are clearly overburdened with reporting efforts. Therefore, a harmonisation of reporting efforts would be

appreciated. Teymur states at the end of the discussion that ECDC data are not nearly as much used as they should be regarding the effort that are invested. That is also a plea to CS organisations and community organisations to use ECDC data for their advocacy work.

16. Keep HIV, Hepatitis and Tuberculosis on the agenda: The EU presidencies of Malta, Estonia, Bulgaria and Austria

Since there were no news from the countries of Malta, Bulgaria and Austria, the report was limited to the activities of the Estonian presidency. The Estonians are building up on the Maltese conferences and declaration and a conference will be organised in Tallinn at the end of the year and in general. The conference will focus on HIV and TB, Hepatitis will not be integrated. Also the issue of transition from international to domestic funding will be on the agenda. The Estonian representative in the Think Tank has already been in touch with the CSF organisations and input from CSF representatives is welcome. The Austrian Presidency will address the affordability of medicines.

17. Any other business

- At the end of the meeting Luís Mendão resigns from the position of CSF co-Chair. He will be replaced for the time being by Andrej Senih from EATG.
- Tatjana Reic from ELPA flags that she will be willing and able to participate in the Think Tank Meeting the following day which is approved by the CSF members. She also announces that she would like to present data on Hepatitis during the next CSF Meeting.
- The next CSF Meeting is planned to take place on December 18 and 19, 2017

Action list

What	Who	When
Inform the members of the Think Tank about the CBVCT situation in Lithuania	CSF Representatives to the Think Tank	June 22, 2017
Write a letter to the Lithuanian MoH on the CBVCT issue in Lithuania	CSF Coordination Team	in accordance with Demetra
Ensure that a presentation on legal and political context for EU action on HIV/AIDS, hepatitis and tuberculosis to inform about opportunities and limitations of the Commission's work is added to next CSF agenda	CSF Coordination Team Jean-Luc Sion	Next CSF Meeting

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Annex 1 – CBVCT - Situation of testing in non-medical settings in Lithuania

Annex 2 – Stigma across Europe: Legal and Regulatory Barriers to testing and treatment

Annex 3 – ESTICOM Project

Annex 4 – Joint Action on Integration of Testing and Linkage to Care for HIV, Viral Hepatitis, TB and STIs in Europe "INTEGRATE"

Annex 5 – Life Insurance and Health Care Reform: Implications for Latvia's PLWHIV

Annex 6 – HIV-infections among MSM in newer EU member states and EU candidate countries

Annex 7 – Community Declaration and the civil society conference on drug policy 2018 in Brussels

Annex 8 – Situation of sex workers in Europe

Annex 9 – Transitioning from donor support – case of Macedonia

Annex 10 - Bosnia and Herzegovina – Transition from Global Fund funding

Annex 11 - Monitoring the HIV continuum of care in Europe and Central Asia