

ECDC update to the Civil Society Forum

Teymur Noori 3 July 2020

ECDC COVID-19 response



- PHE level 2 acute phase since 30 January
- Core team of around 40 technical experts and 15-20 support staff working full-time
- Almost all HIV/STI/Hepatitis/TB experts involved in the COVID response
- To date the work has involved almost every technical expert in ECDC at some point and in some capacity

>150+ Country requests
>100+ formal and >200+ informal European Commission requests
>600 tasks accomplished
>1000 media requests

COVID-19 outputs on vulnerable groups



LGBTI communities

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- LGBTI people may be particularly vulnerable during the COVID-19 pandemic, both medically and socially
- People living with compromised immune systems, including those living with untreated HIV/AIDS, face an elevated risk of severe disease from COVID-19
 - In addition, COVID-19 has led to the exacerbation of existing social inequalities that LGBTI individuals have already been contending with prior to the pandemic

•	Instantiation of the second se	Dry or productive cough Arthralgia (joint pain) Vomit Sore throat Anosmia and ageusia or Anosmia and ageusia or dysgeusia Shortness of breath	
Suggest	ed citation: European Centre for Disease Prevention and Control. Guidance on infection prevention and control of	The current evidence indicates that COVID-19 may be transmitted from person to person throug routes. Although the contribution of each route is not clear yet, it is understood that transmission	
June 20	triss disease (COVID-19) in migrant and refugee reception and detention centres in the EU/EEA and the United Kingdom – 20. ECDC: Stockholm; 2020. Dean Centre for Disease Prevention and Control. Stockholm. 2020	Suggested citation: European Centre for Disease Prevention and Control. Infection prevention and control fo prisons – June 2020. ECDC: Stockholm; 2020.	r COVID-19 in



Guidance on the provision of support for medically and socially vulnerable populations in EU/EEA countries and the United Kingdom during the COVID-19 pandemic

Key messages

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- The COVID-19 pandemic has had a huge and unprecedented impact on the EU/EEA and the UK, both in terms of morbidity and mortality, but also socially and economically.
- Some individuals are much more submerable than the rest of the population, whether to COVID-19 itself, insofar as they are at elevated risk of severe disease and death, or to the consequences of the public health measures that have been imposed in order to control the spread of the virus, which have exacerbated their already challenging life situations. These people could be described as medically or socially vulnerable, respectively.
- Many people have experienced both medical and social vulnerabilities during the COVID-19 pandemic, while others have faced a particularly extensive set of challenges due to their belonging to two or more recognised categories of social vulnerability. These challenges have included the need for targeted information, problems accessing services, de-prioritisation of routine services, stigma/discrimination, and legal as vet las financial barriers.
- Civil society and other organisations have worked to provide essential services throughout the pandemic
 to support these people. An ECDC survey has identified a range of cross-cutting good practices that
 underpin the successes that have been achieved in spite of the considerable financial and logistical
 challenges faced. These include flexibility and an ability to adapt services to the emerging situation,
 thereby ensuing the continued provision of material and social support; creative use of online
 technologies; and a foundation for the work based in the principles of community engagement.
- National and regional authorities have facilitated civil society groups in many areas through provision of financial support, working to exame good communication, collaboration and coordination with them; and facilitating a wider framework for action based on equity and human rights.
- However, coordination between civil society organisations and the authorities has not always been ideal, and there have also been cases where the rights of vulnerable populations have not been respected.
- The efforts of civil society support organisations over the course of the pandemic to date have been
 remarkable, but they may not be sustainable over the longer term, and they do not replace states'
 obligations to ensure access to care and support for people on their territory.
- obligations to ensure access to care and support ror people on their termory. Financial and political support from national and regional authorities along with collaborative efforts to coordinate and streamline services may be essential if the support organisations are to survive and continue to serve the most vulnerable populations in the EU/EEA.

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HIV update

HIV Coordination Committee Meeting: 15-16 January 2020



HIV Coordination Com	nittee Members		Observers
Andre Sasse	Belgium	Nikos Dedes	European AIDS Treatment Group
Susan Cowan	Denmark	Sanjay Bhagani	European AIDS Clinical Society
Kristi Ruutel	Estonia	Alison Brown	ECDC Consultant
Florence Lot	France	Nicole Seguy	WHO Regional Office for Europe
Barbara Gunsenheimer- Bartmeyer	Germany	José Zuniga	International Association of Providers of AIDS Care
Caroline Hurley	Ireland	Bertrand Audoin	International Association of Providers of AIDS Care
Anna Marzec-Bogusławska	Poland	Rimalda Voske	EC DG SANTE
Helena Cortes Martins	Portugal		

HIV Coordination Committee Meeting: 15-16 January 2020



- Updates on PrEP, modelling estimates, HIV drug resistance
- Fast Track Cities Initiative
- How to better collect and analyse data to capture the SDG 3 targets (HIV incidence, 90-90, mortality, stigma)
- ECDC-EMCDDA updated guidance on people who inject drugs
- European Standards of Care
- Surveillance standards
- Review of surveillance variables (no changes!)

ECDC/WHO Euro HIV Surveillance/TESSy reporting



- Deadline 1st June
- Most countries have been able to collect and report 2019 data
- Report is planned for publication in late November
- No changes to 2020 variables (for 2021 reporting)

Expert Panel meeting on PrEP: 12-13 February 2020



ECDC operational guidance on PrEP implementation in the EU/EEA & the UK

- 1. Minimum standards and principles for PrEP service delivery in the EU/EEA
- 2. A standardised monitoring tool for PrEP in the EU/EEA
- 'The Case' for PrEP
 - Tailored to senior, non-specialist stakeholders, addressing political, environmental, social, technological, legal, economic, epidemiological, cost/funding factors and framed within the context of the Sustainable Development and 90-90-90 targets
- A template which can be used to collect case studies and identify service delivery models relevant to the European context

Dublin Declaration monitoring



- Original deadline (31 March) postponed until 30 June
- Countries facing challenges to dedicate resources for reporting
- ECDC has reached out to both Dublin focal points and community organisations to encourage collaboration in reporting (i.e. Denmark, Italy)

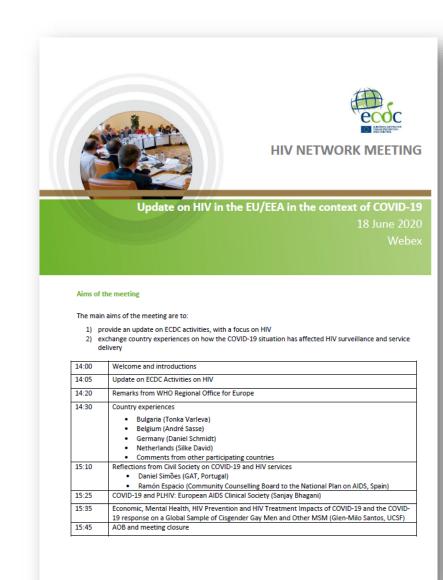
Expected outputs:

- Continuum of care report
- Evidence brief on PrEP
- Evidence brief on progress toward reaching the SDGs
- \circ Evidence brief on combination prevention
- COVID-19's impact on HIV (TBD)
- Dublin advisory group meeting October 2020 (virtual)

ECDC HIV Network Meeting 18 June



- ECDC updated the network on ongoing ECDC activities
- Exchange country experiences on the impact of COVID-19 on HIV service delivery



Plans for 2021



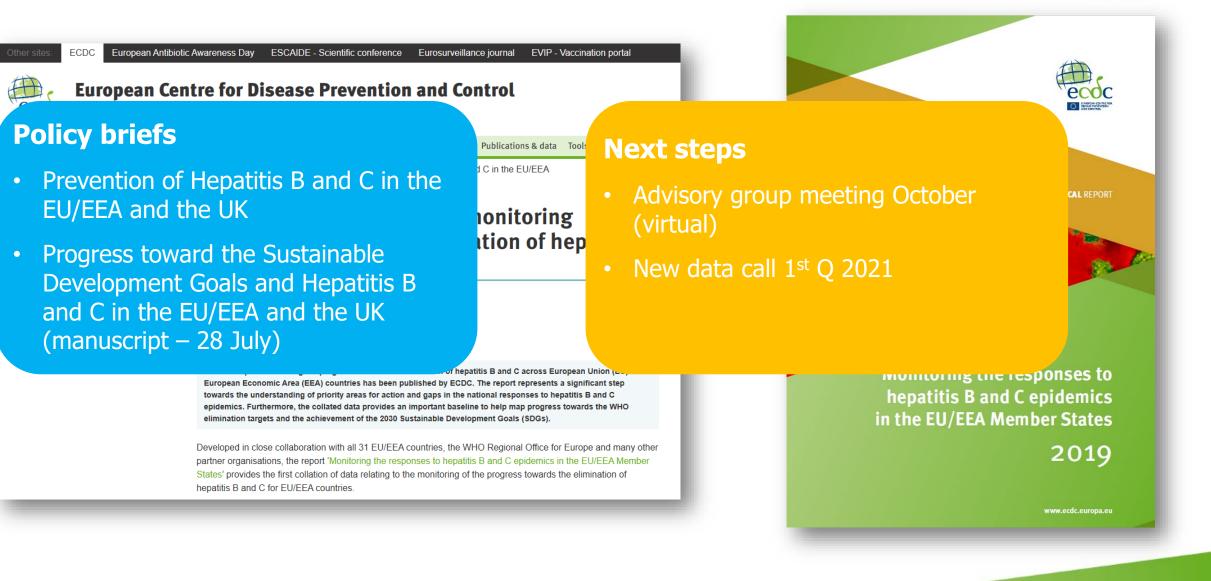
- ECDC-WHO HIV Network meeting: Q1-Q2?
- European Standard of Care project (joint with EACS and others)
- PrEP guidance
- Country support- implementation of testing guidance
- Dublin reports



Hepatitis update

Hepatitis monitoring report 2020







Thank you!