

ECDC update to the Civil Society Forum

Teymur Noori

18 November 2020

Depleted resources due to COVID-19

	2019		2020		2021	
HIV	Teymur & Anastasia	200%	Teymur & Anastasia	~30%	Teymur	~50-60%
STI	Otilia & Gianfranco	200%	Otilia & Gianfranco	~60%	Otilia	~60-70%
Hepatitis	Erika & Lina	200%	Erika & Lina	~40%	Erika & Lina	~100%

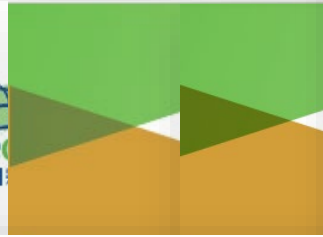
HIV update

Dublin Declaration advisory group meeting 27 Oct 2020



Kristi Ruutel - Estonia	Sini Pasanen – HIV Finland
Otar Chokoshvili - Georgia	Daniel Simoes - GAT
Caroline Hurley - Ireland	Zoran Dominković - Izorak
Silke David - Netherlands	Dorthe Raben - INTEGRATE
Arild Johan Myrberg - Norway	Jordi Casabona - INTEGRATE
Isabel Aldir - Portugal	Thomas Seyler - EMCDDA
Sladjana Baros - Serbia	Giorgi Kuchukhidze - WHO Euro
Irena Klavs - Slovenia	Taavi Erkkola - UNAIDS
María Vázquez - Spain	

Published outputs based on 2018/19 reporting



RAPID COMMUNICATION

Estimating the 'PrEP Gap': how implementation and access to PrEP differ between countries in Europe and Central Asia in 2019

Rosalie Hayes¹, Axel J Schmidt^{2,3}, Anastasia Pharris⁴, Yusef Azad¹, Alison E Brown^{5,6}, Peter Weatherburn², Ford Hickson², Valerie Delpech^{5,7}, Teymur Noori⁴, the ECDC Dublin Declaration Monitoring Network⁸

1. National AIDS Trust, London, United Kingdom
2. Sigma Research, London School of Hygiene and Tropical Medicine, London, United Kingdom
3. Communicable Diseases Division, Federal Office of Public Health (FOPH), Bern, Switzerland
4. European Centre for Disease Prevention and Control, Stockholm, Sweden
5. Public Health England, London, United Kingdom
6. Independent Consultant, London, United Kingdom
7. Watipa, London, United Kingdom
8. The members of the ECDC Dublin Declaration Monitoring group are listed at the end of the article

Correspondence: Rosalie Hayes (rosalie.hayes@nat.org.uk)

ECDC EVIDENCE BRIEF

Europe and Central Asia
to fight HIV/AIDS in

effective at preventing HIV acquisition
al element in the 'combination
able Development Goal of ending the

www.ecdc.europa.eu



2020 monitoring round




Response rate, outputs and dissemination of results

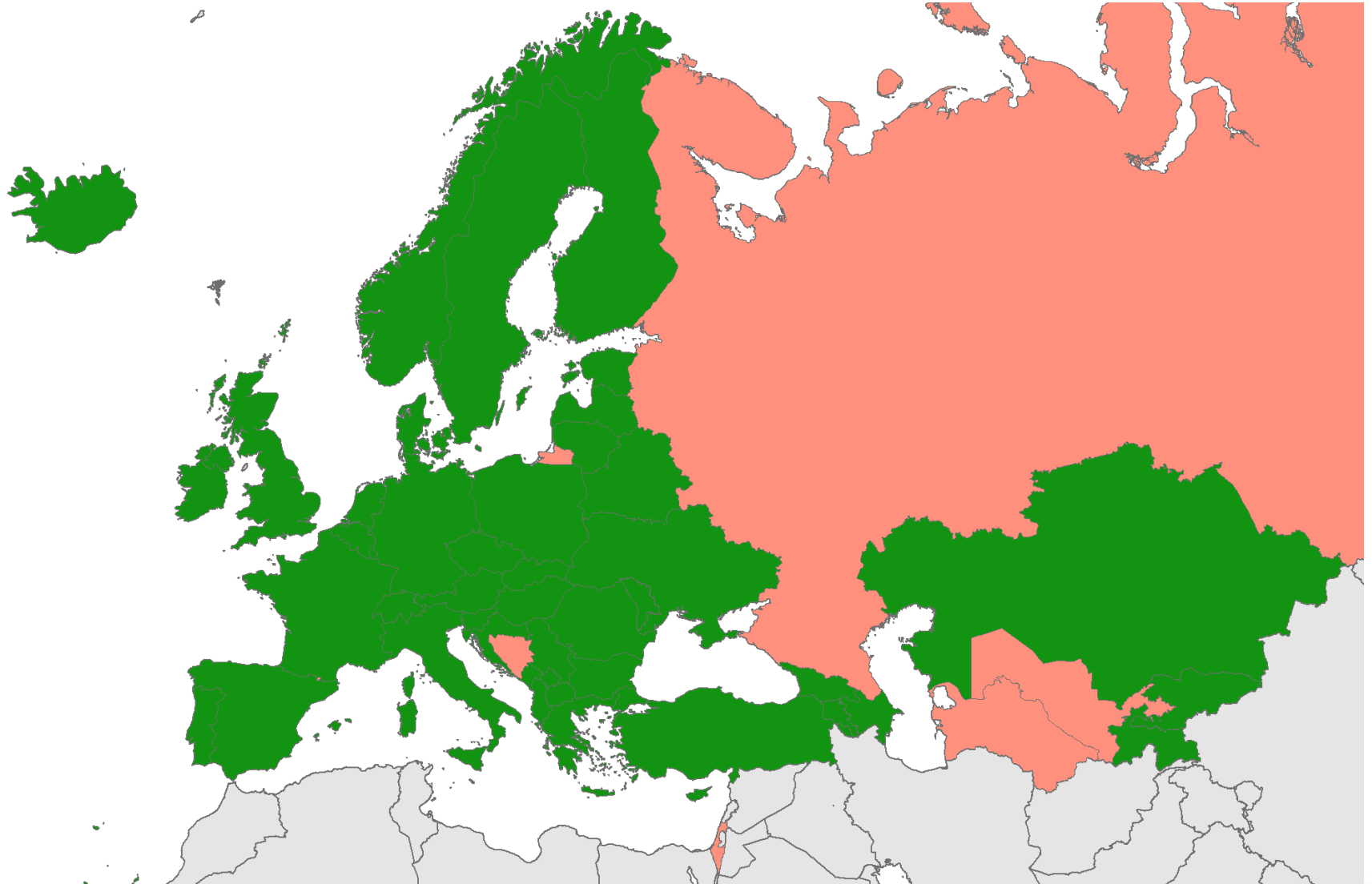
Dublin response rate in 2020: Full region

48/55 = 87%

Reported data in 2020

-  Yes
-  No

-  Luxembourg
-  Malta
-  Liechtenstein



Upcoming outputs based on 2020 data collection

Evidence briefs

- PrEP
- Progress toward the SDGs
- HIV testing
- Combination prevention

Reports

- Continuum of HIV care

Manuscripts

- Combination prevention

Monitoring priorities 2021 and beyond

Priority for 2021 reporting

- Continuum of care estimates
 - Support countries without estimates along the CoC
 - Especially for key populations
- Combination prevention**
- Testing
- PrEP
- Impact of COVID-19 on HIV service delivery**

Addressing gaps post-2021

- PrEP
 - Lack of a regional specific targets
- Mortality
- Stigma and discrimination
 - EACS collaboration??
 - NGO collaboration??

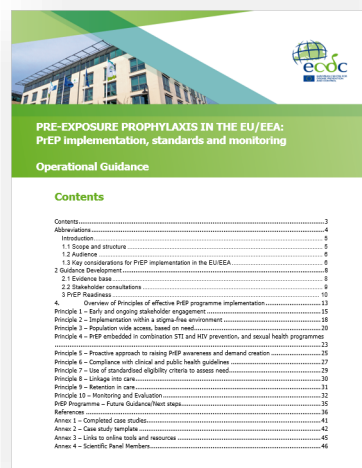
ECDC operational guidance on PrEP

Objectives to develop:

- Minimum standards and principles for PrEP service delivery
- A standardised monitoring tool for PrEP (**further work in 2021**)
- Policy brief on “The case for PrEP”
- Country case studies (n=17)



Expected
publication
Q1 2021





PRE-EXPOSURE PROPHYLAXIS IN THE EU/EEA:
PrEP Implementation, standards and monitoring
Operational Guidance

Contents

Contents	3
Abbreviations	4
Introduction	5
1.1 Scope and structure	6
1.2 Audience	6
1.3 Key considerations for PrEP implementation in the EU/EEA	6
2. Guidance Development	8
2.1 Evidence base	8
2.2 Stakeholder consultations	8
3. PrEP Readiness	10
4. Overview of principles of effective PrEP programme implementation	11
Principle 1 – Early and ongoing stakeholder engagement	15
Principle 2 – Implementation with a stigma-free environment	18
Principle 3 – Population wide access, based on need	20
Principle 4 – PrEP embedded in combination STI and HIV prevention, and sexual health programmes	22
Principle 5 – Proactive approach to raising PrEP awareness and demand creation	23
Principle 6 – Compliance with clinical and public health guidelines	27
Principle 7 – Use of standardised eligibility criteria to assess need	29
Principle 8 – Linkage into care	30
Principle 9 – Retention in care	31
Principle 10 – Monitoring and Evaluation	32
PrEP Programme – Future Guidance/Next steps	35
References	36
Annex 1 – Consulted case studies	41
Annex 2 – Case study template	42
Annex 3 – Links to online tools and resources	45
Annex 4 – Specific Panel Numbers	46

ECDC/WHO Euro World AIDS Day webinar 30 Nov





World Health Organization
 REGIONAL OFFICE FOR Europe

World AIDS Day webinar
 “Measuring progress, looking forward: HIV in Europe and Central Asia”

30 November 2020, 10:00-12:00 CET

Programme

Register in advance for this webinar:
Zoom Link: https://euro-who.zoom.us/join/zoom/register/WN_iUzTfnMdr42ahJ05iK8d-0

9:45-10:00	Participants connecting Introduction to the mode of the meeting and general rules	
Session 1: Measuring Progress Co-Chairs: Nicole Seguy (WHO/Europe) and Teymur Noori (ECDC)		
10:00-10:05	Opening and welcome	Nicole Seguy (WHO/Europe) and Teymur Noori (ECDC)
10:05-10:15	Presentation of HIV surveillance data	Giorgi Kuchukhidze (WHO/Europe) and Anastasia Pharris (ECDC)
10:15-10:30	Country input on key trends (5 min each)	
	-Stabilisation in Russia Federation	MoH Russian Federation (To be nominated)
	-Reduction of new infections in the UK	Valerie Delpuch (Public Health England)

	- Increasing HIV trends in Poland	Magdalena Rosinska
10:30-10:45	Discussion	
Session 2: Current issues on COVID-19 and HIV Co-Chairs: Nicole Seguy (WHO/Europe) and Teymur Noori (ECDC)		
10:45-11:05	The impact of COVID-19 on HIV testing: results of EuroTEST survey (10 min)	Daniel Simoes
11:05- 11:10	Poll	
11:10-11:55	Panel discussion on impact of COVID-19 reflecting on the results of the EuroTEST survey and potential impact on reaching HIV targets Facilitator: Elena Vovc (WHO/Europe)	Panel members (public health representatives from each part of the region, community representative, clinicians): <ul style="list-style-type: none"> - Portugal (TBC) - Slovakia (TBC) - Ukraine (TBC) - Jurgen Rockstroh (EACS) - Sergey Golovin (ITPCru)
11:55-12:00	Conclusion and closing	WHO and ECDC

In addition...

- ECDC/EMCDDA updated PWID guidance (EMCDDA to provide update)
- Harmonised HIV modelling platform
 - Modelling of incidence
 - Correction of data for missingness
 - Reporting delay
 - Adjustment to understand PCOI for migrant populations
- ECDC/WHO Euro joint HIV network meeting in 2021 (TBD)

STI update

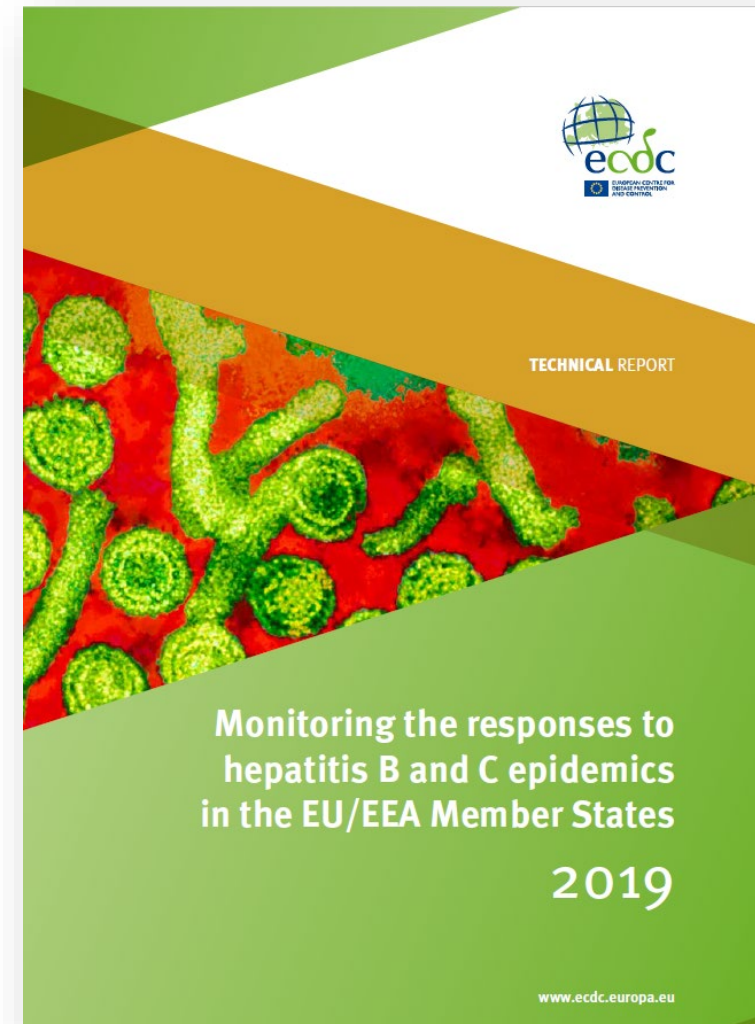
Main focus in 2021

- Finalise STI surveillance data collection, produce the annual epidemiological reports (Q1 2021)
- European Gonococcal Antimicrobial Surveillance Programme (Euro-GASP)
- Publish a technical report on novel approaches to increasing access to testing, testing coverage and linkage to care for STIs

Hepatitis update

Monitoring progress towards the elimination targets

- Advisory group meeting held in October
- 2021 monitoring system currently being revised
- Data collection to take place in spring 2021
- Next data collection will include section relating to impact of COVID-19



Three policy briefs in the pipeline

Prevention of Hepatitis B and C in the EU/EEA and the UK



WHO European Action Plan Prevention Targets for 2020 [1]:

- 95% coverage with three doses of HBV vaccine in countries that implement universal childhood vaccination;
- 90% coverage with interventions to prevent vertical transmission of HBV;
- 100% of blood donations screened using quality-assured methods;
- 50% of injections administered with safety-engineered injection devices;
- 200+ sterile injection equipment kits distributed per person per year for PWID, as part of a comprehensive package of harm reduction services

Key messages

Hepatitis B

- In the European Union (EU) and European Economic Area (EEA) and the United Kingdom (UK), there are an estimated 4.7 million chronic hepatitis B cases [2].
- Hepatitis B disproportionately affects migrants, people in prison settings, men who have sex with men (MSM), and people living with HIV. Prevention efforts should focus on these key affected populations as well as pregnant women, patients and healthcare workers.
- Monitoring data on hepatitis B prevention show that coverage of vaccination programmes for children and key populations of adults, antenatal screening and birth dose vaccination to prevent vertical transmission, haemovigilance, and sexual and nosocomial transmission prevention must be improved in many countries to reach 2020 targets set by the World Health Organization (WHO).

Hepatitis C

- In the EU/EEA and the UK, there are an estimated 3.9 million chronic hepatitis C cases [2].
- Hepatitis C disproportionately affects people who inject drugs (PWID), people in prison settings, and MSM living with HIV. Prevention efforts are most critically needed for PWID, including in harm reduction settings and prisons.
- Data on hepatitis C prevention targets show significant improvements in implementation of prevention strategies among PWID, including needle and syringe programmes (NSP) and opioid substitution therapy (OST), will be needed in many countries to reach WHO targets for 2020.

Hepatitis B and C. Many gaps are identified in data reported, highlighting the importance of improving monitoring efforts for hepatitis prevention. More robust data are especially needed on size of key populations and hepatitis prevalence in key populations, coverage of antenatal screening for hepatitis B, coverage of harm reduction interventions for PWID, and indicators for sexual and nosocomial transmission.

Disease Background

Although they are distinct diseases, hepatitis B virus (HBV) and hepatitis C virus (HCV) are both viral infections which cause acute and chronic hepatitis and are leading causes of hepatic cirrhosis and cancer. The modes of transmission of HBV and HCV differ from each other and vary by country. In areas of high prevalence of HBV,

Suggested citation: European Centre for Disease Prevention and Control. Evidence brief: Prevention of Hepatitis B and C in the EU/EEA. Stockholm: ECDC; 2020.

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Hepatitis B and C Testing in the EU/EEA and the UK

October 2020

Key messages

- Many people living with chronic hepatitis B and C infections in the European Union (EU), European Economic Area (EEA), and United Kingdom (UK) are not aware of their infection. Testing and diagnosis of hepatitis B and C is the key step in the continuum of care to link people living with these infections to necessary care and treatment.
- The WHO European Region action plan hepatitis testing target for 2020 is for 50% of people living with chronic hepatitis B (HBV) and hepatitis C (HCV) be diagnosed and aware of their condition. Reported data from 2017 show the region is far from meeting this target, with an estimated 20.3% of people with HBV and 26.8% of people with HCV diagnosed.
- Of the 31 countries in the EU/EEA and UK, 19 countries did not report data on proportion with HBV diagnosed and 15 countries did not report data on proportion with HCV diagnosed for 2017, showing large gaps in the available data and an urgent need to improve monitoring and reporting of HBV and HCV diagnosis rates.
- HBV and HCV testing efforts must be improved in key populations disproportionately affected by chronic viral hepatitis, including people in prisons, people who inject drugs, migrants to the European region, pregnant women, and people living with HIV. There are a number of barriers to testing, including barriers at the individual, policy, and wider structural levels, which must be addressed to improve access to hepatitis testing and care.

Introduction

Hepatitis B and C are a public health threat in the European region, with an estimated 4.7 million people living with chronic hepatitis B virus (HBV) and 3.9 million living with chronic hepatitis C virus (HCV) in the EU/EEA and UK [1]. These infections are a major cause of cirrhosis, liver cancer and mortality. Available information indicates that many living with chronic HBV and HCV in the region remain undiagnosed and unaware of their infection. Testing for HBV and HCV is critical for diagnosing those living with chronic infections and linking them to treatment, leading to improved health outcomes. Testing and diagnosis are also critical for stopping ongoing transmission of HBV and HCV leading to new chronic infections.

Suggested citation: European Centre for Disease Prevention and Control. Evidence brief: Hepatitis B and C Testing in the EU/EEA and UK. Stockholm: ECDC; 2020.

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The Sustainable Development Goals and Hepatitis B and C in the EU/EEA and the UK

Key messages

- In order to monitor progress towards the United Nations Sustainable Development Goals 2030 target to combat viral hepatitis, this brief provides data on hepatitis B and C prevention, incidence, diagnosis, treatment, cure/viral suppression, and mortality in European Union/European Economic Area (EU/EEA) countries and the United Kingdom (UK).
- For **elimination**, available data indicate that the countries are not on track to meet WHO 2030 targets for reduction in hepatitis B and C incidence and mortality attributable to hepatitis B and C by 2030.
- For **prevention**, available data show good progress on hepatitis B childhood vaccination programme coverage in most countries but sub-optimal coverage of harm reduction measures for people who inject drugs to prevent hepatitis C in many countries reporting.
- Relating to the **continuum of care**, data show that countries are far from achieving targets for percent of chronic hepatitis B and C cases diagnosed and percent of diagnosed cases treated. The target for percent of treated hepatitis C cases leading to cure has been met for all countries reporting, indicating good progress. However, insufficient data was available to assess progress towards this target for hepatitis B.
- For almost all indicators, a large number of countries did not report data. A lack of robust, reliable data presents a huge challenge to making progress on the viral hepatitis epidemic. Improved monitoring systems and reporting are urgently needed to better understand and take action on hepatitis B and C in the European region.

Introduction

In 2015, the United Nations Member States adopted the Sustainable Development Goals (SDGs) for 2030 [1]. The SDGs, an "urgent call to action" to further develop and promote prosperity while protecting the planet, are comprised of 17 goals and 179 targets. The third goal includes Target 3.3: "End the epidemics of AIDS, tuberculosis, malaria, and neglected tropical diseases and combat hepatitis, waterborne and other communicable diseases". The countries of the European Union (EU) and the European Economic Area (EEA) and the United Kingdom (UK) are committed to implementing the SDGs and monitoring progress towards these goals.

Viral hepatitis, especially hepatitis B and C, is an important cause of morbidity and mortality globally, including in the European region. The World Health Organization (WHO) Global Health Sector Strategy (GHSS) for viral hepatitis [2] (REF), adopted in 2015, aims to eliminate viral hepatitis as a public health threat by 2030 and provides an opportunity to scale up efforts for tackling the epidemics of hepatitis B (HBV) and hepatitis C virus (HCV) infections. The concept of elimination for these infections is based on the global targets set by WHO for reducing the incidence of new chronic infections and the attributable mortality.

Elimination: WHO global targets for viral hepatitis by 2030
Reduce the incidence of new infections by 90% from the 2015 baseline
Reduce attributable mortality by 65% from the 2015 baseline

Suggested citation: European Centre for Disease Prevention and Control. Evidence brief: The Sustainable Development Goals and Hepatitis B and C in the EU/EEA and the UK. Stockholm: ECDC; 2020.

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Other hepatitis projects

- HBV modelling project with University of Bristol to obtain national estimates of prevalence for all EU/EEA countries
- HCV modelling project to obtain national estimates of prevalence was put on hold due to COVID-19 and will be relaunched in 2021
- Project to start in 2021 to provide technical support to MS for undertaking studies of HCV prevalence in the general population
- Collaboration with EMCDDA and WHO around hepatitis in prisons
- Initial work on sentinel surveillance concluded and report will be circulated – work to resume in 2022

Thank you

Anastasia Pharris

Erika Duffell

Otilia Mardh

teymur.noori@ecdc.europa.eu