



**Funded by the 2<sup>nd</sup>  
Health Programme of  
the European Union**

**Proceedings of the EU Health Programme Projects' Symposium**  
*HIV, Hepatitis and Tuberculosis*

Malta, 31 January 2017



**The Symposium was co-organised by Chafea, OptTEST and Euro HIV Edat.**

**Proceedings written by Misha Hoekstra, OptTEST rapporteur.**

The content of this publication represents the views of the author and it is his/her sole responsibility; it can in no way be taken to reflect the views of the European Commission and/or the Executive Agency for Health and Consumers or any other body of the European Union. The European Commission and/or the Executive Agency do(es) not accept responsibility for any use that may be made of the information it contains.

## Featured projects and joint actions co-financed by the EU

AIDS Action Europe	One of the largest HIV-related networks in the region working advocacy and agenda-setting; co-chair of the EU HIV/AIDS Civil Society Forum and member of the EU HIV/AIDS Think Tank
E-DETECT TB	Early Detection and Integrated Management of Tuberculosis in Europe
ESTICOM	European Surveys and Trainings to Improve MSM Community Health
Euro HIV EDAT	European HIV Early Diagnosis and Treatment Project
HA-REACT	HIV and Co-infection Prevention and Harm Reduction
HepCare Europe	Integrated Care to Improve Hepatitis Treatment
INTEGRATE <sup>1</sup>	Joint Action on integrating prevention, testing and link to care strategies across HIV, viral hepatitis, TB and STIs in Europe
OptTEST	Optimising Testing and Linkage to Care for HIV Across Europe
Sialon II	Capacity building in combining targeted prevention with meaningful HIV surveillance among MSM
TB Europe Coalition	An advocacy network of civil society stakeholders working within the TB response in the European Region

---

<sup>1</sup> This Joint Action was called Link2Care at the time of presentation, but has later been re-named INTEGRATE

## Welcome

### ***Welcome and introduction by the co-chairs***

Symposium co-chair **Wolfgang Philipp** (DG Santé) began by reminding attendees that the Health Programme is the EU's chief instrument to improve health of its citizens. It has implemented several HIV action plans, and since 2008, it has expended €26 million on HIV and HIV comorbidities, a significant part of its budget. He highlighted two new joint



actions for HIV – HA-REACT and INTEGRATE, the latter of which is being developed with CHIP, Denmark, as coordinator and should become operational shortly. The Health Programme has also supported studies such as ESTICOM, as well as two joint actions on early diagnosis for HIV and hepatitis that are wrapping up this year, OptTEST and Euro HIV EDAT. Meanwhile, the programme holds discussions on HIV through the HIV/AIDS Think Tank and the HIV/AIDS Civil Society Forum, which is now being renewed with a broader remit to cover hepatitis and tuberculosis (TB).

### ***HIV pre-exposure prophylaxis (PrEP) in Spain***

Co-chair **Olivia Castillo Soria** (Spanish Ministry of Health) described the purpose of the symposium as to bring together people working on EU co-financed projects on HIV, viral hepatitis and TB, with the goal of disseminate good practices and exploring potentials for collaboration. She then presented how pre-exposure prophylaxis (PrEP) is being rolled out in Spain, a country where more than half of new HIV infections are the result of homosexual transmission. A variety of agencies are developing relevant regulations and guidance, and a pilot project on PrEP is being established for people at high risk for HIV infection. Truvada will be available by prescription by hospital specialists in combination with other preventative measures, although she observed that hospitals are not always the best settings for identifying and counselling the high-risk individuals who would use PrEP.

## Session I. Prevention, early testing and linkage to care: community-based and healthcare settings

### *New prevention efforts: scaling up access*

**Michael Krone** (AIDS Action Europe) outlined three newer areas of prevention that need to be developed in the EU. *PrEP* needs to be provided to those who can benefit from it with proper support; Krone said that concerns about an increase in STIs were no reason to deny access. *Gay apps* provide a relatively inexpensive way to link men who have sex with men (MSM) to testing and preventive services and enable flexible targeting. The seriousness of *Chemsex* should neither be played down nor dramatized, Krone said, adding that it makes sense to address health issues such as overdose by piggybacking off of existing MSM and drug services. He closed by highlighting the [Clearinghouse](#), AIDS Action Europe's database that facilitates networking and sharing of information among more than 400 HIV service organizations across the European Region.

### *Collecting data on prevention needs by a Europe-wide MSM online survey*

**Ulrich Marcus** (Robert Koch Institute) presented the three interlocked projects of ESTICOM, a three-year undertaking that began in August 2016. The *European MSM Internet Survey (EMIS) 2017*, based on EMIS 2010, will be conducted online this autumn. The data collected should be especially useful to HIV and STI programmes targeting MSM. The *European Community Health Worker Online Survey* is being conducted at about the same time. Together, these two surveys will inform the development of a training programme for community health workers who work with MSM, which will be piloted in 10 EU countries in 2018. The ESTICOM website is being launched shortly with more information on all of its projects.



### *Improving HIV testing in healthcare settings*

**Ann Sullivan** (Saint Stephen's AIDS Trust) described the tools and training materials developed in OptTEST and the OptTEST shell project to help health systems implement the routine testing of people presenting with HIV indicator conditions, particularly hepatitis B and C, pneumonia and infectious mononucleosis-like syndrome. These materials include a strategic pack for health policymakers, an interactive service-design module, a staff training module, and a resource pack. OptTEST is also creating targeted materials to raise key population awareness so they know to be tested if they develop symptoms of HIV seroconversion. OptTEST has also surveyed national HIV guidelines and specialty guidelines, revealing great variation in whether HIV tests were recommended for specific indicator conditions and identifying where they need to be updated.

## ***Monitoring and evaluation of community-based testing: data to improve practice***

**Jordi Casabona** (Euro HIV EDAT) described the monitoring and evaluation of community-based testing in a previous project, HIV Community-Based Testing Practices in Europe (HIV-COBATEST), as well as the joint action that succeeded it, Euro HIV EDAT. Community testing sites are extremely heterogeneous, and the data they collect has varied tremendously. HIV-COBATEST assessed what was happening with community-based testing in Europe and created a network of sites to report data according to standardized indicators. Euro HIV EDAT has been analysing these data, finding for instance that positivity rates ranged from 0.3% to 3.4% at sites that tested a total of nearly 100 000 clients in the first half of 2015. Working with the European Centres for Disease Prevention and Control (ECDC), the project is undertaking a quality assurance project to further improve data consistency. Casabona said that the next big challenge will be to integrate community testing data into national surveillance systems, something that the next joint action will address.

## ***TB Europe Coalition: strengthening the role of civil society in the TB response in Europe***

**Anete Cook** (TB Europe Coalition) pointed out that the European Region has the highest rate of multidrug-resistant TB in the world – a situation compounded by weak national health systems and a decline in international funding for middle-income countries. TB Europe Coalition was founded to bring civil society actors together to address the epidemic, both by helping them become better advocates on TB issues and by engaging directly with regional and international decision-makers. The coalition promotes evidence- and rights-based policies, people-centred care and regional cooperation to address cross-border issues. Its vision for the future is to develop broader, more effective coalitions with civil society organizations working with HIV, harm reduction and hepatitis C.



## ***Discussion***

**Jack Lambert** (University College Dublin) asked the presenters about what's been working well in terms of working with other programmes and networks. **Jordi Casabona** said that people in the individual work packages of OptTEST and Euro HIV EDAT already consult regularly with their opposite numbers. **Ann Sullivan** added that it's been especially helpful to compare notes on data collection, adding that the different disease areas have a lot to offer each other. **Cinthia Menel Lemos** (CHAFFEA) noted that it's her job to facilitate collaboration and networking among the various projects and joint actions. She observed that project websites often disappear, with all their tools and information, once projects are over, and she suggested that participants make use of the European Commission's health policy platform. **Michael Krone**, **Julia del Amo** (Institute of Health Carlos III) and **Jack Lambert** all spoke to the need for better communication among various health system and community actors, particularly to share data and ensure continuity of care.

## Session II. Prevention, early testing and linkage to care: risk groups and coinfections

### **INTEGRATE**

**Dorthe Raben** (CHIP, Denmark) outlined the new joint action INTEGRATE, which is still being negotiated but hopes to launch in May 2017 with a budget of €2.4 million. It involves 33 partners – chiefly public health institutions but also hospitals, NGOs and universities – from 18 EU member states and neighbouring countries, chiefly from the east and

south. As with OptTEST, funding is being sought for a related shell project for countries outside the EU. INTEGRATE builds on the work of previous joint actions and EU-funded projects, essentially those represented at the symposium. Raben said its main goal is to further develop tools used in one of the four disease areas – HIV, viral hepatitis, TB and STIs – and then apply them to the other disease areas. INTEGRATE covers four interlocking core work packages, focusing especially on early diagnosis and linkage to care among key populations, as well as a new work package on policy development and sustainability. Key challenges include involving countries and stakeholders beyond the initial partners.



### ***Integrated bio-behavioural survey among MSM in 13 European countries: biological markers of HIV, HBV, HCV and syphilis***

**Massimo Mirandola** (Verona University Hospital) presented the results of a bio-behavioural survey piloted by the Sialon II project. The survey utilized both time-location and respondent-driven sampling to investigate the relationship among HIV, HBV, HCV and syphilis prevalence and risk behaviours in MSM from 13 European cities. HIV reactivity ranged from 2% in Stockholm to 18% in Brighton and Bucharest. Linkage to care also varied greatly, from almost none in Bucharest and Sofia to about 80% in Brussels and Hamburg. Hepatitis B vaccination rates ranged from 22% to 45% in the 4 cities tested, indicating the need to offer it to MSM routinely, while HCV prevalence was 5% in Verona and about 1% in Bratislava and Vilnius.

### ***Preventing HIV and co-infections in Europe through strengthened harm reduction***

**Outi Karvonen** (Finnish Institute for Health and Welfare) sketched out the work of HA-REACT, which involves 18 countries and seeks to improve the capacity of both governments and civil society to address HIV and



coinfections in people who inject drugs (PWID) and to provide harm-reduction services. The action is focused on three priority countries: Hungary, Latvia and Lithuania. Its five core work packages address testing and linkage to care; scaling up of harm reduction; harm reduction and continuity of care in prisons; integrated care; and sustainability and long-term funding. **Jeffrey Lazarus** (CHIP, Denmark) described how the dissemination efforts can facilitate collaboration, and how HA-REACT has found partners to continue hosting project materials and tools after the joint action ends. He also enumerated several future challenges: developing woman-friendly testing services, implementing a prison pilot, improving integration of care for PWID and finding ways to ensure sustainable funding for harm reduction.

### ***Outreach for early TB diagnosis***

**Alistair Story** (University College London) explained that, in contrast to HIV and hepatitis C, TB has moved from the general population to vulnerable groups, with half of all cases in the EU/European Economic Area (EEA) being reported in Poland, Romania and the UK. The key is to detect TB early through targeted screening and then treating it. Outreach is essential, and mobile X-ray units are the closest thing to point-of-care testing. Story focused on the outreach component of E-DETECT TB, which combines “one-stop shop” screening with what he called the real challenge: integrated care. It uses an accompanied referral system based on peer interventions to link people to treatment. The project targets the homeless, Roma, people with a history of drug use and prisoners in Romania and Bulgaria, screening also for blood-borne viruses, especially hepatitis C. Unfortunately, the average lag between onset of risk and HCV testing is eight years. The Find & Treat programme deploys an effective model that goes beyond treatment to address the social determinants that put people at risk through psychosocial support.

### ***How to reach risk groups***

**Jack Lambert** (University College Dublin) presented the work of HepCare Europe, a project to increase HCV risk groups’ access to testing and treatment through community outreach and integration of primary and secondary care. It aims to do this by raising community awareness, training community health care workers, trialling point-of-care testing for HCV, implementing a community FibroScan testing strategy and integrating services for other diseases. FibroScans are quick, non-invasive and just as accurate as liver biopsies, and using them in outreach efforts is proving to be an effective way to get people who would otherwise never go to the hospital – e.g. the homeless – linked to care. Lambert also



emphasized the need to address the underlying social determinants of HCV infection, which is one more good reason to invest in community partnerships.



## **Discussion**

**Jack Lambert** expanded on the opportunities – and the challenges – of the integrated screening model, which he said was still woefully under supported. Espousing the mantra “People, not pathogens,” he said that community outreach is the way forward. **Rute Kaupe** (DIA+LOGS) expressed her gratitude for EU funding, which just brought a much-needed second mobile unit to her NGO in Riga. Such support makes an enormous difference for small NGOs. **Jeff Lazarus** asked if, given the common barriers that so many of the presentations identified, the projects participating in the symposium shouldn’t prepare a joint statement or position paper. He also suggested that the projects could perhaps explore something in more depth, such as a specific disease, at a future meeting, rather than presenting all their various activities. **Jack Lambert** noted that some UK politicians insist that “cost-effective” isn’t the same thing as “affordable,” and that there needs to be more work done to emphasize the tremendous economies of scale that can be achieved.

**Cynthia Menel Lemos** applauded the idea of a joint statement and said that Chafea could offer support, for instance to organize meetings, but the initiative would need to come from people working with the projects. **Alistair Story** spoke for including all four disease areas in a collective statement, rather than weakening it by narrowing it to just one. **Jack Lambert** said that while it’s great to have universal treatment as a goal, a symposium statement should focus on vulnerable populations because they’re the ones who need treatment most, have the greatest risk of transmission and don’t have a voice. **Jordi Casabona** said that the statement would need to embrace the new model promoting community services and linking them to care. **Cynthia Menel Lemos** suggested that participants consider preparing a scientific article that provided evidence to support a political statement. **Jeffrey Lazarus** identified the emergence of an action point: that participants circulate notes and have a meeting or a conference call to and develop a timeline with a list of next steps. **Cynthia Menel Lemos** reminded participants that Chafea’s role is to facilitate sharing and collaboration among actors, emphasizing that Chafea is not just a funding agency but a knowledge broker. She proposed creating a new forum on the health policy platform dedicated to HIV, viral hepatitis, TB and STIs – a joint space where the various projects can share results and post events, and she encouraged people to take part in Lisbon Addictions 2017 to continue the conversation. **Wolfgang Philipp** solicited comments for the midterm review of the health programme, particularly now when the new EU budget framework is being discussed. He closed by saying that he would present any statement that came out of the symposium to the appropriate health policy actors.