World Health Organization
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UNAIDS

Ministerial policy dialogue on HIV and related comorbidities in eastern Europe and central Asia (EECA)

Amsterdam, the Netherlands, 23 July 2018

Meeting Report

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REGIONAL OFFICE FOR Europe

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Abstract

The WHO European Region is strengthening its commitment to end the HIV epidemic by 2030 and achieve Sustainable Development Goal 3.3. The ministerial policy dialogue on HIV and related comorbidities in eastern Europe and central Asia (EECA), organized by the WHO Regional Office for Europe in cooperation with the Government of the Netherlands, gathered ministers and deputy ministers of health and their senior health policy-makers from 14 countries from EECA to revamp political commitment to HIV and scale-up the HIV response. Participants exchanged their experiences on sustainable, innovative and evidence-based HIV responses. The meeting took place back-to-back with the 22nd International AIDS Conference (Amsterdam, the Netherlands, 23–27 July 2018). Selected key partners, such as the European Commission, the European Centre for Disease Prevention and Control, the Joint United Nations Programme on HIV/AIDS, the United Nations Children's Fund, the United Nations Development Programme, the United Nations Population Fund, the Global Fund to Fight AIDS, Tuberculosis and Malaria, civil society representatives and people living with HIV, took part in the dialogue. At the high-level meeting, the Regional Office launched the Compendium of good practices in the health sector response to HIV in the WHO European Region for use as a tool for adapting or replicating good practices established across the Region and elsewhere. This report summarizes key meeting outcomes and the way forward for WHO and its Member States throughout the Region to implement the HIV action plan and develop country roadmaps to reach 2020 targets.

KEYWORDS
Asia, Central
Europe, Eastern
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Acronyms

ART	antiretroviral treatment
CSO	Civil society organization
EECA	eastern Europe and central Asia
EU	European Union
GFATM	Global Fund to Fight AIDS, Tuberculosis and Malaria EU
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNFPA	United Nations Population Fund
MDR-TB	multidrug-resistant tuberculosis
MSM	Men who have sex with men
PREP	pre-exposure prophylactic treatment
STI	sexually transmitted infection
TB	tuberculosis

Introduction

BACKGROUND

HIV persists as a major public health threat in the WHO European Region where there are an estimated 2.3 million people living with HIV (estimated at 6% of the global burden); and each year new HIV diagnoses continue to rise at an alarming rate. In 2017, just under 160 000 new HIV diagnoses were made and more than 80% of these diagnoses originated from eastern Europe and central Asia (EECA) alone. Estimated new diagnoses, currently at a historic high, would need to decrease by 78% by 2020 across the whole Region to achieve the 2020 targets. Even in the European Union and European Economic Area (EU/EEA), where the overall trend has declined slightly in recent years, achieving the target would require a decline in new infections of 74% by 2020. TB/HIV coinfection has also increased fourfold in the Region over the last decade meaning that 12% of TB patients are now coinfected with HIV.

In light of these unique challenges in HIV and related comorbidities, especially for countries in the Eastern part of the WHO European Region, Dr Zsuzsanna Jakab, WHO Regional Director for Europe, convened this meeting of Ministers and Deputy Ministers from EECA to revive political commitment to end HIV and clarify actions needed in the Region for the way forward to 2020 and 2030 targets set forth in the *Action plan for the health sector response to HIV in the WHO European Region (1)*.. Ministers of health unanimously endorsed the Action plan during the 66th session of the WHO Regional Committee for Europe in September 2016, thereby enhancing their commitment to scale-up response efforts to the growing HIV epidemic. Member States, key partners (including civil society groups), communities of people living with HIV and donors agreed to reach key 90–90–90 targets[1] by 2020 through evidence-based HIV prevention, and accessible and affordable testing, treatment and care services to end AIDS as a public health threat by 2030, in accordance with Sustainable Development Goal 3.3.

Countries throughout the Region have reported the improvement of national efforts to revise and optimize their HIV testing and treatment policies. Several countries have started the treat-all[2] approach and others have endorsed new national HIV testing and treatment protocols and/or implemented nationwide innovative interventions, such as self-testing. However, there is still an urgent need to scale-up effective preventive measures, early diagnosis, quality treatment and integrated/coordinated care for all, with a specific focus on key populations, [3] to curb the epidemic. Several countries in EECA are transitioning from international donor funding towards domestic funding of the HIV response. Finding innovative and inclusive mechanisms for financing the HIV response in this context is a pressing topic.

MINISTERIAL POLICY DIALOGUE ON HIV AND RELATED COMORBIDITIES IN EASTERN EUROPE AND CENTRAL ASIA

Partnership

The meeting was organized jointly by the WHO Regional Office for Europe, the Government of the Netherlands and UNAIDS back-to-back with the 22nd International AIDS Conference to build further bridges among the ECCA countries, where the epidemic continues to rise.

[1] By 2020: 90% of all people living with HIV will know their HIV status; 90% of all people diagnosed with HIV infection will receive sustained antiretroviral therapy (ART); and 90% of all people receiving ART will have viral suppression.

[2] ART is recommended for all people with confirmed HIV infection that has severely affected their immune system, regardless of their CD4 count.

[3] Key populations in the European Region include people living with HIV, people who inject drugs, men who have sex with men (MSM), transgender people, sex workers, prisoners and migrants.

Ministerial representation

Strong political will, adequate funding and exchange of know-how to address barriers are necessary to provide quality and timely people-centred services and curb the epidemic. To this end, the ministers of health of ECCA countries were invited to a ministerial policy dialogue (participants are listed in Annex 1), providing an opportunity for high-level ministerial delegations to share good practices in the health sector response to HIV in the WHO European Region.

Outline

To complement the AIDS2018 theme, "Breaking barriers, building bridges", and recognizing that bridges must exist between politicians, geographical regions, governments and civil society organizations (CSOs), including representatives of key populations, the meeting was designed with the following six main components back-to-back with a civil society dialogue organized by AIDS Foundation East–West:

1. **welcome remarks** (to review the scope and purpose of the event and reinforce the urgency of action by all);

2. **setting the scene** (to present a people perspective, political dimensions and WHO recommendations);

3. **panel discussion** (to showcase good practices in the response to the HIV epidemic at ministerial level);

4. **roundtable discussion** (to gather inputs from key partners);

5. **conclusion** (to present the next steps); and

6. **launch of the compendium of good HIV practices** *(2)* (to identify and facilitate the exchange of best practices and experiences among Member States and present evidence-informed tools for an effective HIV response).

The programme is presented in Annex 2.

Aims and objectives

The aims and objectives were to:

1. present the countries' pioneering approaches to sustainable, innovative and evidence-based responses to HIV and related comorbidities and discuss the opportunities to scale these up in line with the WHO Regional Committee for Europe resolution EUR/RC66/R9 *(3)*;

2. exchange information on sustainable financing; and

3. launch the compendium of good practices for implementation of the action plan.

Outcomes

The intended outcomes were:

1. sharing of good practices among countries on political commitment in response to HIV and related comorbidities; and

2. preparation of a report of the event, including conclusions and the next steps.

Opening remarks

Mr James Chau (United Nations Goodwill Ambassador) opened the meeting and set the stage, welcoming Ministers and Deputy Ministers and highlighting the regional HIV epidemiology in Europe, the motivation for the need to gather in Amsterdam back-to-back with the 22nd International AIDS Conference (AIDS2018).

Mr Lambert Grijns (Ambassador for Sexual and Reproductive Health and Rights & HIV/AIDS, Government of the Netherlands) opened introductory remarks. He described the intention the Government of the Netherlands has had for more than five years to host the 22nd International AIDS Conference) in Amsterdam to initiate dialogue on the growing HIV epidemic in Europe, especially with regard to the eastern and central parts of the Region. Mr Grijns proposed that the success of health interventions primarily depends on political leadership, in addition to technical and financial capacity, underscoring the importance of the ministers', deputy ministers' and state secretaries' attendance. He cited examples of the Netherlands successfully eliminating HIV transmission among people who inject drugs, from which cost savings have been monumental, and thriving innovative approaches to providing pre-exposure prophylaxis (PrEP) for men who have sex with men (MSM).

The theme of AIDS2018 was "Breaking barriers, building bridges". Mr Grijns highlighted that all HIV stakeholders, including politicians, regions, governments, CSOs, HIV key populations and marginalized groups, and the private sector, need bridges. The need to engage the private sector where and when feasible was highlighted.

Dr Zsuzsanna Jakab (Regional Director, WHO Regional Office for Europe) reminded participants that the WHO European Region is the only region worldwide in which the number of new HIV infections is rising. The Region has recorded the highest-ever number of new cases for several consecutive years, with the eastern part of the Region hosting almost 80% of the new HIV infections.[4] In 2016, more than 160 000 people were newly diagnosed with HIV (corresponding to a rate of 18.2 diagnoses per 100 000 population).

In regard to 90–90–90 targets, one quarter of people living with HIV in EECA countries are not aware of their infection, over half are diagnosed late (resulting in delayed treatment), AIDS-related morbidity and mortality are higher, and increased rates of transmission persist, despite availability of the needed diagnostic tools and newly recommended innovations to reduce the undiagnosed fraction and number of late presenters. More positively, the Region has the largest amount of data and number of Member States reporting since HIV reporting began in the Region.

The second target of getting 90% of those diagnosed with HIV on treatment represents the most significant challenge for the Region. Half of the people diagnosed with HIV and only one third of the estimated number living with HIV in EECA countries have access to treatment. The Region nevertheless proudly reports over 95% HIV treatment coverage for pregnant women.[5]

Four out of five people reach viral suppression[6] once they are diagnosed and on effective treatment.[7] Recent evidence shows that people who achieve and maintain an undetectable viral load have no risk of sexually transmitting the virus to an HIV-negative partner. With timely diagnosis and treatment for all leading to suppressed viral loads, provided alongside evidence-based combination prevention, it is possible to halt, reverse and stop the HIV epidemic in the Region. Examples of good HIV practices were submitted to WHO by 32 Member States to honour the Regional Director's commitment during the 66th session of the WHO Regional Committee for Europe "to identify and facilitate the exchange

[4] Two out of 53 countries accounted for 80% of all new cases in 2016.
[5] Since 2016, three countries in eastern Europe have validated the elimination of mother-to-child transmission of HIV and syphilis, and others may soon reach this same milestone.
[6] Full achievement of 90–90–90 is equal to viral load suppression among 73% of all people living with HIV *(4)*.
[7] Virological failure is a viral load above 1000 copies/ml based on two consecutive viral load measurements in a three-month interval, with adherence support following the first viral load test, after at least six months of starting a new ART regimen *(5)*.

of best practices and experiences among Member States and to produce evidence-informed tools for an effective HIV response".

Despite the Region's slow trajectory to reach 2020 targets, **Mr Vinay Saldanha (UNAIDS)** called on stakeholders to focus on successes in responding to the HIV epidemic and discover areas where Member States, ministers and health providers are willing to leverage a cheaper, faster and more effective HIV response. He expanded on the key areas of cheaper, faster and more effective.

Cheaper

Rather than spend more financial resources on HIV, Member States were encouraged to spend more effectively the resources currently available. Allocation needs to be optimized to eliminate inefficiencies. Examples may include: leveraging reduced unit costs for first-line ART to ensure they fall under US$ 100 per person per year based on a fixed-dose combination recommended by WHO; performing multi-joint, bulk-drug purchases for the most effective medicines; and purchasing the best diagnostic equipment available for the lowest cost.

Faster

Full integration of HIV and tuberculosis (TB) services is essential, but HIV needs to be the launchpad for integration with maternal and child health, viral hepatitis and sexually transmitted infections (STIs). Member States should consider the effective contributions of CSOs, which consistently implement highly technical and cost-effective programmes. Ministries of health and governments of the Region view CSOs as one of the highest priorities for government funding and efficient spending in the EECA part of the Region. Increasing net HIV investment is important, but the tools to assure every dollar spent by governments is spent efficiently already exist and are underused.

Effective

Political commitment and leadership is evidenced through the ministerial delegation present at the meeting, but even more leaders should be engaged. Mayors and cities in the eastern and central part of the WHO European Region should be fully engaged and sign the Paris Declaration to become fast-track cities. Leadership from heads of state is the foundation for removing the epidemic of HIV stigma and discrimination. Although difficult, writing inclusive policy and removing stigmatizing legislation is a cheap and cost-effective way to form partnerships with people living with HIV.

Setting the scene

Professor Michel Kazatchkine (Special Advisor for Eastern Europe and Central Asia, UNAIDS), acknowledged the enormous potential of the EECA countries to end AIDS by 2030. The following improvements in the HIV response would realize this potential:

- **integrate** all technical areas and surveillance systems for multidrug-resistant TB (MDR-TB), TB, HIV, viral hepatitis and STIs within all aspects of prevention, testing, treatment and care;
- **harness** efforts to obtain better data and real-time evidence on the epidemics to better align strategies to the specific epidemiological contexts in which they occur;
- **scale-up** access to treatment and life-saving, evidence-based prevention interventions (referencing the upcoming conference, Global Conference on Primary Health Care, to be held in Astana, Kazakhstan on 25–26 October 2018 *(7)*);

- **increase** political commitment (through policy-making and key decision-makers, for example), with changes in policy often resulting in cost-efficient solutions;

- **focus** on prevention of HIV transmission, especially within key populations and others identified as most-at-risk; and

- **allocate** state and international donor funds efficiently, in addition to increasing state financial contributions.

Dr Masoud Dara (WHO Regional Office for Europe) emphasized the need to improve efficiencies and the efficacy of HIV responses on prevention, testing, treatment, and programmatic performance and evaluation.

Prevention

Prevention is key to an effective HIV response. There is a need to offer scaled-up preventive services in many EECA countries, including a combination prevention approach tailored to the needs of the local epidemiological context(s).

Testing

Testing is required to ensure timely diagnosis and treatment initiation, thereby avoiding excess morbidity and mortality due to TB, AIDS and other comorbidities. Half of people in the WHO European Region (51%) are diagnosed late; this is a challenge in all parts of the Region (west, centre and east). The five C's recommended by WHO should guide all testing efforts: **consent, confidentiality, counselling, correct test results** and **connection** (linkage to care). Testing services should also be **accessible, affordable** and **acceptable.** Scale-up of HIV self-testing, community-based testing and low-threshold HIV testing sites offered by lay providers is an urgent need in the Region.

Treatment

Treatment for all people diagnosed with HIV regardless of CD4 count or stage of infection has been recommended by WHO since 2015. An impressive 80% of Member States of the WHO European Region have adopted this policy. Differentiated care models suitable to the national context (such as decentralized ART provision through services like mobile units) which are integrated to manage coinfections and strongly link patients to care are urgently requested by WHO to Member States.

Programme performance

Programme performance includes high-quality strategic information, intervention design, implementation, and Monitoring & Evaluation. Recognizing the complex local, national, and regional context of generating evidence and a fully informed HIV response that engages all sectors, WHO revises its guidelines every 2–3 years to provide updated recommendations. A human approach recognizing the dignity of all people and the need to address and remove stigma from the HIV conversation is paramount to ensuring AIDS is no longer a public health threat by 2030. As an example, WHO no longer classifies gender incongruence (such as transgender people) as a mental illness, underscoring the need to work with this marginalized group by increasing access to prevention and care through a nondiscriminatory and inclusive public health approach. WHO has been leading an interagency effort in Europe and central Asia to finalize a United Nations common position paper. This paper – the first of its kind – provides a platform for catalysing multisectoral efforts and commits all 14 participating United Nations agencies to work together to help end AIDS, TB and viral hepatitis.

Ms Yana Panfilova (Founder of Eurasian Union, person living with HIV, Adolescent and Youth Teenergizer) turned attention to the increasingly vital role of young people and adolescents in responding to the HIV epidemic, which was one a regularly recurring theme throughout the ministerial dialogue and the 22nd international AIDS conference. Ms Panfilova was born with HIV. In 2017, 68 000 adolescents (aged 15–24 years) were living with HIV (although statistics among this group are poorly recorded). She founded Teenergizer *(10)*, which is the only youth/adolescent-run programme dealing with HIV in EECA countries, to focus on adolescents as a key population driving solutions in the HIV response and to fully leverage and integrate the adolescent perspective in HIV programming decisions. The power of young people to move HIV response efforts forward in the Region both politically and in terms of programme implementation is poorly harnessed.

Two primary barriers to adolescent HIV care are highlighted:

1. testing barriers caused by pitfalls of the health system, such as age restrictions on delivery of HIV test results and the need for parental consent to access voluntary HIV testing services that are both speedy and youth-friendly; and

2. poor-quality sexual and reproductive health and rights education in school curricula, including quality HIV education.

Many adolescents who are living with HIV lost parents or guardians to AIDS, underscoring the need for mental health care and psychosocial support to sustain adherence to ART and improve quality of life among this population.

6 Ministerial panel discussion

Ten ministers and deputy ministers/state secretaries presented official speeches charting country progress, challenges and plans to scale-up the HIV response. To support the ethos of the meeting, which aimed to promote free dialogue, and in agreement with the co-organizers, this report does not present each country's interventions, but provides instead a summary of interventions from across the panel discussion. The panel discussion is summarized along the five strategic directions of the *Action plan for the health sector response to HIV in the WHO European Region* and good HIV practices presented by the 10 ministers in attendance under each direction. The ministerial panel delegation is shown in Table 1.

Table 1. Ministerial panel delegation

Country, position	Delegate
Armenia, the Minister of Health	Dr Arsen Torosyan
Belarus, the Deputy Minister of Health	Dr Dimitri Pinevich
Georgia, the Minister of Labour, Health and Social Affairs	Dr David Sergeenko
Kazakhstan, Vice-Minister of Health	Mr Olzhas Abishev
Latvia, Deputy State Secretary on Health Policy Issues, Ministry of Health	Ms Daina Murmane-Umbraško
Lithuania, Vice-Minister of Health,	Mr Algirdas Šešelgis
Ministry of Health	Mr Algirdas Šešelgis
Republic of Moldova, State Secretary, Ministry of Health	Dr Rodica Scutelnic
Russian Federation, Deputy Minister of Health	Dr Oleg Salagay
Tajikistan, the Minister of Health	Dr Nasim Hoja Olimzoda
Ukraine, the Acting Minister of Health	Dr Ulana Suprun

STRATEGIC DIRECTION 1. INFORMATION FOR FOCUSED ACTION

Improvement of granular HIV surveillance systems, including collection and monitoring of population-based data in addition to strengthened or well functioning routine HIV surveillance systems, is a high priority in the Region. One Member State reports designing a new system for 2019 implementation and some have already begun to optimize reporting, but others need to scale-up solutions in this area. Integrating monitoring systems for coinfections like TB, hepatitis, and STIs (in order of frequency mentioned) was a key theme highlighted by all meeting participants and ministers. Three countries in particular report strong integrated HIV surveillance systems, but challenges cited by health authorities include systems that do not preserve the anonymity of HIV patients (potentially interrupting adherence) and vertical silo-based and fragmented services in health systems that lack interlinked databases and which are only accessible to disease specialists.

All participants recognized that the HIV epidemic is concentrated among key populations in their settings and the need to focus work on them while raising awareness among general populations and ensuring access to quality care for all. A few ministers additionally acknowledged *all relevant key populations*, especially with regard to MSM and people who inject drugs. The three Member States that acknowledged all relevant key populations (including MSM) also highlighted robust HIV surveillance with integrated comorbidity reporting.

HIV among migrants (especially labour migrants) was a commonly reported challenge in the Region. Three countries have created a bilateral agreement and strategy to control TB among the migrant population. A similar effort by the same three countries is being planned for HIV. The Interparliamentary Assembly of the Commonwealth of Independent States (CIS) is also considering cross-border initiatives to deliver care and treatment for the HIV-positive labour migrant population.

STRATEGIC DIRECTION 2. INTERVENTIONS FOR IMPACT

Many participants highlighted the successful beginning of an era of prevention programmes in the EECA countries of the WHO European Region, including a growing number of countries that are financing opioid substitution therapy and/or needle and syringe exchange programmes through their state budgets or national health insurance bodies. Most countries present have functioning harm-reduction programmes with opioid substitution therapy and/or needle and syringe exchange programmes in place.

Although PrEP has been recommended by WHO since 2015, only one country mentioned having started a pilot project by providing PrEP to MSM at high risk for sexual acquisition of HIV infection. PrEP is highly effective and WHO recommends that people at substantial risk of HIV infection should be offered PrEP as an additional prevention choice as part of comprehensive combination prevention. Discussions regarding PrEP and post-exposure prophylactic treatment, including intentions for implementation and scaling-up for those at substantial risk of HIV, may benefit this part of the Region. Active training programmes for human resources for health strengthening within HIV are taking place in some countries in the Region. Sexuality education at primary education level and within curriculum design was not discussed, although it was highlighted as a key issue by Ms Panfilova.

Three Member States have received WHO certification of elimination of mother-to-child transmission of HIV and/or syphilis and others may soon achieve the same status. Seven of the ministers present noted that they were working continuously on their elimination programmes. Prevention activities for mother-to-child transmission of syphilis were not discussed. More than half of the ministerial delegation discussed the role their countries are taking in decentralizing services for HIV testing, counselling and treatment, including through the use of mobile and stationary units and use of CSOs for social contracting of services in the HIV response. All meeting participants recognized and confirmed the vital importance of CSOs in the implementation of HIV programmes, and many countries in the Region are working to fully engage this sector.

Just under half of the ministers reported rapid HIV testing availability and HIV self-testing in their countries. Two countries in particular have excelled in their implementation of both rapid and self-testing at countrywide scale. Testing of key populations is facilitated through decentralization of the response, while a few countries mentioned designing tailored strategies to test these populations.

Treat-all policies are present in many countries, but the level of implementation and scale vary considerably. Official reports from countries to WHO and UNAIDS refer to adoption of these policies in national HIV plans during the last two years.

STRATEGIC DIRECTION 3. DELIVERING FOR EQUITY

All key populations in the HIV response need to be considered for all programmes. Interventions focused on HIV prevention and care for MSM, sex workers and others were mentioned by only a few ministers. Most countries represented at the meeting operate under universal health coverage models that prioritize primary care and prevention, but this aspiration is contradicted by the existence of relatively few treat-all policies, some of which are only partially implemented.

The need to remove legislation that stigmatizes certain populations and criminalizes certain actions, such as sex work or injecting drug use/possession of illicit substances, was highlighted by key partners (see roundtable discussion below) as one of the most cost-efficient solutions in the HIV response. Ministerial leadership plays an invaluable role in creating stigma-free societies, while also benefiting from more active involvement partnerships with communities of key populations and people living with HIV once stigma dissipates.

The following actions are being used to help reduce HIV stigma in the Region: removing travel bans/restrictions for people living with HIV, removing mandatory HIV testing, signing agreements between ministries of health and groups/associations of people living with HIV to implement programmes, and media campaigning to educate and assist young people/adolescents. An example of a strong partnership through stigma-reduction was partnering with cured hepatitis C patients who have since become leaders of change within the country to reduce stigma in the HIV response. Although examples were cited, some countries referred to the need to reduce stigma but did not discuss active ways of doing so. Following arguments for cost–effectiveness, additional studies to determine stigma-reduction activities and strategies will benefit from scale-up in the Region.

STRATEGIC DIRECTION 4. FINANCING FOR SUSTAINABILITY

Most countries present substantially increased state budgets to fund the HIV response in attempts to reduce the percentage of international donor-based funding; some, although only a few, no longer require funding from the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM). Progress towards eliminating out-of-pocket expenses for people living with HIV (such as price reductions for ART medicines, manufacturing ARTs within the country or adjusting procurement mechanisms) were the most frequently cited examples of successful implementation of financially sustainable interventions. Three Member States noted the need for continued funding from international donors like the GFATM in their presentations. Requests for continued international funding were typically in relation to providing prevention, testing, treatment and care to migrant populations in the countries.

Countries in the Region are successfully increasing state contributions to progress towards replacing the need for international funding. All health authorities represented at the meeting assured commitment in this direction. Cost-efficient solutions, as opposed to simply raising the state contribution, are nevertheless essential. Some countries reported conducting studies to determine what percentage of the state budget should be reserved for social contracting via CSOs to stay on-track in the HIV response. Similar exploration of cost-efficient tools to sustainably finance the HIV response are

encouraged, such as tools that monitor health expenditure, advocacy work for sustainable financing, adjustment of pricing policies to leverage cost reductions, and adopting the WHO Health Accounts Country Platform Approach *(11)*.

STRATEGIC DIRECTION 5. INNOVATION FOR ACCELERATION

In coordination with the *Action plan for the health sector response to HIV in the WHO European Region*, innovative approaches to the HIV response may include innovative service delivery models to reach key populations, and unique partnerships for collaboration, technology, financing or research to optimize impacts and promote innovation. Strong innovations cited in EECA countries by health authorities were changing the pattern of allocating funds in silos and finding ways of improving intersectoral work to integrate care and funding mechanisms. Social contracting of nongovernmental organizations for programme implementation, including funding of initiatives, were also noted as key areas for EECA countries. Some countries mentioned implementation of countrywide HIV self-testing or the most up-to-date diagnostic methodologies and machines and using them for HIV, TB and hepatitis integrated services.

Adjustment of policies relating to financing in the EECA countries may yield the cheapest, fastest and most effective turnovers in responding to HIV, and half of the countries represented specifically cited their work in this area. In terms of innovations and major change, financing mechanisms appear to be the cornerstone of this strategic direction for the EECA part of the Region.

Roundtable discussion – key partners

Ms Ganna Dovbakh (Eurasian Harm Reduction Association) commended the strong uptake of harm-reduction programmes in the Region, but re-emphasized the need to address all key populations in the HIV response and decriminalize activities like sex work. She reiterated that MSM were referenced as a key population by only three of the 10 countries and only one cited transgender people. If these key populations are stigmatized and/or criminalized, they will reject services even if comprehensive packages that includ prevention, testing and treatment are in place. Adjusting legislation to be inclusive is the most cost-effective way to respond to HIV.

Ms Dovbakh provided the example of several countries where it costs the country less to decriminalize possession/use of drugs than it does to house another inmate in the penitentiary system. Around half of inmates in some countries are incarcerated for possession/use of illicit drugs, but one year in prison costs the system 3–4 times more than providing a comprehensive harm-reduction service package and unemployment benefits. Decriminalizing possession of illicit drugs saves money, removes people from prisons, and allows them to work and contribute towards the economy. Eliminating stigmatizing policies, like criminalization of drug possession/use, does not require additional financial costs and renders the HIV response more effective.

Mr Wojciech Jerzy Tomczyński (Eastern Europe and Central Asia Union of People Living with HIV) highlighted treatment for all as the primary aim, especially for all key populations, and supported the ministers' drive to scale-up and fully engage CSOs in the HIV response to reach this goal. The reality, however, does not match the road to end AIDS by 2030. He cited only 28% of people in the Region having access to ART as the regional average. Echoing Ms Panfilova, young people were referred to as the future leaders of countries and should be fully engaged. He referenced the speech from the Acting

Minister of Health of Ukraine, who highlighted additional gaps to ensure treatment for all is possible and uninterrupted. Comparison of ART treatment rates in the EECA countries to highlight any differences between having access and receiving treatment is suggested.

Mr John F. Ryan (representative of the European Commission Directorate-General for Health & Consumers) noted the European Commission recently produced a *Commission staff working document on combatting HIV/AIDS, viral hepatitis and tuberculosis in the European Union and neighbouring countries – state of play, policy instruments and good practices (12)*, as these diseases pose the greatest risk to key populations and the most marginalized groups in the EU. Although there is no one-size-fits-all approach, collecting and evaluating the existing science and literature is an asset when preparing grant applications, understanding implementation scope, and building bridges.

Following Dr Dara's lead, Mr Ryan highlighted prevention, as the EU supports diagnosis/testing and decentralized responses for key populations, and ensuring the continuum of care from testing, to follow up, linkage to care and retention, especially for all key populations. Echoing Ms Dovbakh, Mr Ryan also recommended adjusting legislation and regulations to improve access to care for the most vulnerable groups as a cost-efficient solution.

Mobile and vulnerable populations (such as refugees, migrants, prisoners and homeless people) have the most pronounced difficulty within the HIV prevention and care continuum and become vulnerable to HIV infection, especially after arriving in the European Region. Mr Ryan referenced the excellent work of the Council of Europe in setting high standards for the entire European Region in improving access to high-quality prevention, particularly within the area of prison health.

The European Commission hosts a regular policy dialogue, a think-tank for all technical disease areas, and the EU Civil Society Forum, which is also open to non-EU Member States and to which membership is encouraged. The European Centre for Disease Prevention and Control and the European Medicines Agency have invested in developing technical evidence-based guidance to help develop national strategies and provide a regional perspective to complement global recommendations from WHO, including opportunities for country visits. The European Commission also has a financial instrument for pre-accession assistance to support reforms with financial and technical assistance. The EU Commission has supported the GFATM since 2002, but has European Structural Funds available for transition funding. Mr Ryan noted the health programme and research programme, which has funding of €1 billion per year to focus on these three areas.

Dr Marijke Wijnroks (GFATM) confirmed partners' requests to focus more intensely on all key populations and the need to integrate all technical areas. It seems countries address the epidemic they would like to have, rather than the epidemic that exists, which requires acknowledging all key populations and ensuring high-quality surveillance systems to measure the epidemic. Treatment outcomes have been surprisingly low compared to the high financial investment to address key populations and engage CSOs for social contracting of programme implementation, including harm reduction for key populations. Dr Jakab highlighted this when presenting the second 90, concerning treatment being the most off-track of the three 90s in the Region, and Mr Saldanha noted efficient spending and stigma-reduction through strong leadership needs to be continually exercised to reach these targets.

Legal barriers in countries that limit access to care need to be identified, including procurement systems and mechanisms to deliver the medicines and care that are vital to care delivery. Some countries in the Region have successfully covered harm-reduction services like opioid substitution therapy, and CSOs have an increased role in implementation in a number of countries, but actions fall short of reaching 2020 targets. The GFATM is optimistic the epidemic can be stopped, but the window is closing fast.

Dr Lucica Ditiu (Stop TB Partnership) reminded participants that the WHO European Region has the highest rates of MDR-TB. Nineteen per cent of new cases of TB in the Region are either MDR or rifampicin-resistant, and 55% of previously untreated TB cases are MDR-TB. About one third of people with MDR-TB are missed and continue transmitting the disease within the general population. There is a need to perform drug-susceptibility tests and harness timely data, in similar ways to the impressive

expansion of the number of HIV tests reported by one of the panel countries. There is also a need to focus on the quality of procurement systems, as lack of quality in these systems contributes to the development of antimicrobial resistance. In regard to advancing the TB agenda and hitting the 2020 targets, Ms Ditiu advocated that ministers of health of countries in the WHO European Region attend the United Nations high-level meeting on TB in New York, United States, on 26 September 2018.

Mr Ian McFarlane (United Nations Population Fund (UNFPA)) requested that members of the delegation focus on three primary areas:

- prevention, noting that several countries employ very strong prevention approaches that preserve financial resources;
- integration of technical areas, health systems and data surveillance/reporting mechanisms, which is crucial to responding to people's needs; and
- engagement of CSOs, all key populations and young people in the response to HIV at country level; Mr McFarlane supported Ms Panfilova in recognizing that young people are the leaders of tomorrow and their efforts should be embraced fully and in meaningful ways.

UNFPA plans to continually support work in these areas wherever possible.

Ms Nina Ferencic (United Nations Children's Fund) confirmed previous comments regarding regional successes in prevention of mother-to-child transmission. Maternal and child health services are fully integrated in the Region, providing evidence that continued integration of technical areas is achievable. To fully eliminate mother-to-child transmission, it is necessary to work on:

- prevention, including removing age restrictions and barriers to HIV testing, notification of results and related issues;
- quality of care, including optimization of treatment regimens, procurement and early infant diagnosis; and
- gender and human rights issues, including women's sexual and reproductive health rights, strengthening and supporting health-care delivery, and quality education for adolescents and young people.

In alignment with Ms Panfilova's introductory remarks, the quality of HIV and sexual health and reproductive rights education is extremely low in the EECA countries. Consequently, young people turn to the Internet for educational purposes. Adolescent services are missing in all the countries, despite a wide array of health sector reforms. These should be strengthened moving forward.

Concluding remarks

During her closing remarks, **Dr Zsuzsanna Jakab** expressed full confidence that with sustained implementation of evidence-based approaches to prevention, testing, treatment and care, the number of new HIV infections will decrease and the quality of life for people living with HIV will improve. Promising trends in several countries of the Region are already being observed. Ensuring inclusive planning through a whole-of-government and whole-of-society approach, destigmatizing HIV and people affected by HIV, prioritizing the needs of all key populations, removing legal barriers, and providing accessible services and fully financed responses, are paramount to continued progress.

Mid-term progress on implementing the *Action plan for the health sector response to HIV in the WHO European Region* will be reviewed at the 69th session of the WHO Regional Committee for Europe in

September 2019. The ministerial policy dialogue hosted by the Government of the Netherlands allowed participants an opportunity to reflect on progress, exchange good practices and provide peer-to-peer support to countries and partners. Moving forward, Dr Jakab is confident that the 2020 and 2030 targets will be achieved by closely examining the achievements and gaps that need to be addressed to leave no one behind.

The way forward

WHO AND PARTNERS

- A mid-term progress report on implementation of the *Action plan for the health sector response to HIV in the WHO European Region* will be prepared and presented at the 69th session of the WHO Regional Committee for Europe in September 2019.

- Roadmaps for action plan implementation solutions will be developed for countries and partners in the EECA part of the Region from now until 2020, to close gaps in prevention, testing, treatment and care.

- Ongoing policy dialogue will be ensured to move faster towards the 90–90–90 targets.

- The just-launched *Compendium of good practices in the health sector response to HIV in the WHO European Region* will be disseminated widely in English- and Russian-language versions, and an online repository for future good practices will be prepared.

- Regular/annual meetings with the ministers will be planned to review progress.

- During 2018, meetings that require participation of governments, agencies and key partners include the anniversary of the Alma-Ata Declaration on Primary Health Care, the first United Nations General Assembly High-level Meeting on Ending Tuberculosis, and the third United Nations General Assembly High-level Meeting on Noncommunicable Diseases; heads of state are encouraged to attend these meetings;

MEMBER STATES

- Adoption of treat-all policies to initiate treatment for all those diagnosed with HIV as soon as possible after diagnosis and regardless of CD4 count will continue.

- Efforts to strengthen and improve linkages to care, seek more intersectoral cooperation to better prevent and offer timely treatment for coinfections and comorbidities, and optimize funding for an integrated-care and people-centred approach will continue.

- Young people and adolescents will be fully engaged in the response to HIV, as is currently the practice with CSOs.

- Integration of innovative testing and prevention efforts within the standard HIV package offered through the local health system, including oral PrEP (containing tenofovir) as recommended by WHO since 2015, HIV self-testing, community-based testing, assisted partner notification and other strategies will continue.

- Decentralization of ART provision through services such as mobile units that are integrated to manage coinfections, strongly link patients to care, and leverage lay personnel for delivery and care will continue.

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Annex I

PARTICIPANTS

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Mr Gert-Jan Rietveld
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UN Agency representatives

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UNFPA for Eastern Europe and Central Asia
Mr Ian McFarlane
Deputy Regional Director

UNICEF Regional Office for Europe and Central Asia
Ms Nina Ferencic
Senior Regional Advisor on Adolescent Health, Development and Participation and HIV/AIDS

Dr Ruslan Malyuta
HIV/AIDS Specialist, HIV/AIDS and adolescent health specialist

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Director DG SANTE- C Public health, country knowledge, crisis management

Mr Jean-Luc Sion
Policy Officer DG SANTE- Crisis management and preparedness in health

European Centre for Disease Prevention and Control
Dr Andrew Amato
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The Global Fund to Fight Aids, Tuberculosis and Malaria
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Chief of Staff

Stop TB Partnership
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Executive Director

Civil Society Representatives

Eurasian Harm Reduction Association
Ms Ganna Dovbakh
Executive Director

Founder of Eurasian Union, and adolescent and youth Teenergizer
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CEO & Founder

East Europe & Central Asia Union of PLWH (ECUO)
Mr Wojciech J. Tomczyński
Co-chair

World Health Organization- Headquarters

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Senior Tuberculosis Technical Advisor

Sam Dara
Accompanied Minor

Annex 2

PROGRAMME

13:00 - 14.00 Registration & lunch
Moderator: Mr James Chau

14:00 – 14:20 Welcome remarks

- Mr Lambert Grijns, Ambassador for Sexual and Reproductive Health and Rights & HIV/AIDS, Government of The Netherlands
- Dr Zsuzsanna Jakab, Regional Director, WHO Regional Office for Europe
- Mr Vinay Saldanha, Director, UNAIDS Regional Support Team for Eastern Europe and Central Asia

14:20 – 14:35 Setting the scene

- Ms Yana Panfilova, Founder of Eurasian Union, and adolescent and youth "Teenergizer"
- Professor Michel Kazatchkine, Special Advisor to the Joint United Nations Programme on HIV/AIDS for Eastern Europe and Central Asia
- Dr Masoud Dara, Coordinator, Communicable Diseases, WHO Regional Office for Europe

14:35 – 15:45 Ministerial Panel discussion on achievements of countries and lessons learned

During this session, the panel members will present examples of good practices in addressing HIV in their settings and elaborate on the next steps of ensuring political commitment to scale up effective and efficient interventions, while addressing the below cross-cutting issues:

- Social determinants, equity and human rights
- Sustainable financing
- The whole of society and the whole of Government approach under Sustainable Development approach
- Inter-country cooperation on addressing cross border care
- Working in partnership (civil society, academic, engaging communities and people living with HIV

Countries to intervene *(in alphabetical order)*

- The Minister of Health of Armenia, Dr Arsen Torosyan
- The Deputy Minister of Health of Belarus, Dr Dmitri Pinevich
- The Minister of Labour, Health and Social Affairs of Georgia, Dr David Sergeenko
- Vice Minister of Health of Kazakhstan, Mr Olzhas Abishev
- Deputy State Secretary on Health Policy Issues, Ministry of Health of Latvia, Ms Daina Murmane-Umbrasko
- Vice Minister of Health, Ministry of Health of Lithuania, Mr Algirdas Šešelgis
- State Secretary, Ministry of Health of the Republic of Moldova, Mrs Rodica Scutelnic
- Deputy Minister of Health of the Russian Federation, Dr Oleg Salagay
- The Minister of Health of Tajikistan, Dr Nasim Hoja Olimzoda
- The Acting Minister of Health of Ukraine, Dr Ulana Suprun

15:45 – 16:15 Round table dialogue on accelerating response in the Region. Priorities for action.

During this session, civil society representatives and key partners will intervene and reflect on the partners' engagement in HIV response.

Partners to intervene *(in alphabetical order)*

- Executive Director of Eurasian Harm Reduction Association, Ms Anna Dovbakh
- Co-chairman of Eastern Europe and Central Asia Union of People Living with HIV (ECUO), Mr Wojciech Jerzy Tomczyński
- Director of Public Health, DG SANTE, European Commission, Mr John F. Ryan
- Chief of Staff, GFATM, Dr Marijke Wijnroks
- Executive Director, Stop TB Partnership, Dr Lucica Ditiu

- Deputy Regional Director, UNFPA for Eastern Europe and Central Asia, Mr Ian McFarlane
- Senior Regional Advisor on Adolescent Health, Development and Participation and HIV/AIDS, UNICEF Regional Office for Europe and Central Asia, Ms Nina Ferencic

16:15 – 16:30 Closing remarks and next steps
- Dr Zsuzsanna Jakab, Regional Director, WHO Regional Office for Europe

16:30 – 16:45 Official launch of the Compendium of good practices by co-organizers. Reception with the participation of civil society representatives.
- Dr Zsuzsanna Jakab, Regional Director, WHO Regional Office for Europe
- Ms Vera Brezhneva, Goodwill Ambassador for Eastern Europe and Central Asia, UNAIDS
- Mr Lambert Grijns, Ambassador for Sexual and Reproductive Health and Rights & HIV/AIDS, Government of The Netherlands

16:45-18:15 Civil society dialogue to scale up response *(coordinated by AFEW International)*
During this session, the participants of the Ministerial Policy Dialogue and civil society representatives, building on the previous sessions, will discuss the progress, challenges and next steps with special focus on: sustainable financial mechanisms for programmes for key populations, meaningful involvement of communities into decision making and addressing the legal barriers to enable evidenced-based approaches.

Finger food and drinks will be served during the session.

18:15 Departure to RAI for Official opening of the 22nd International AIDS Conference

Circa 21:00 departure to Mövenpick.

The official opening of AIDS 2018 is scheduled at 19:30
http://www.aids2018.org/Programme/Conference-Programme/Conference-schedule

The WHO Regional Office for Europe

The World Health Organization (WHO) is a specialized agency of the United Nations created in 1948 with the primary responsibility for international health matters and public health. The WHO Regional Office for Europe is one of six regional offices throughout the world, each with its own programme geared to the particular health conditions of the countries it serves.

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