

First meeting of the Regional Collaborating Committee on Accelerated Response to Tuberculosis, HIV and viral Hepatitis (RCC-THV)

Seventh meeting of the Regional Collaborating
Committee on Tuberculosis Control and Care
(RCC-TB)

REPORT

11 April 2019

WHO Regional Office for Europe,
Copenhagen, Denmark



ABSTRACT

The first meeting of the Regional Collaborating Committee to accelerate response to Tuberculosis, HIV and viral Hepatitis, (RCC-THV), organized by WHO Regional Office for Europe, took place on 11 April 2019 in Copenhagen, Denmark. The overall objective was to provide an interactive platform for donors, technical agencies, professional societies, and patient and community representatives to foster collaborative efforts and facilitate accelerated response to TB (including multi-drug resistant tuberculosis), HIV and viral Hepatitis prevention, diagnosis, treatment and care. This serves as a Regional platform for the 53 Member States in the WHO European Region to scale-up the response to all three epidemics in accordance with Sustainable Development Goal 3, Health and Well Being. This document reviews the meeting content and summarizes key outcomes and the way forward in the response to the three epidemics.

KEYWORDS

CIVIL SOCIETY ORGANIZATIONS

HEPATITIS, VIRAL, HUMAN

HIV INFECTIONS

INTERSECTORAL COLLABORATION

KEY AND VULNERABLE POPULATIONS

TUBERCULOSIS

TUBERCULOSIS, MULTIDRUG-RESISTANT

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Abbreviations

ART	antiretroviral therapy
CCM	Country Coordinating Mechanism
CSO	civil society organizations
DR-TB	drug-resistant TB
ECDC	European Center for Prevention and Disease Control
EECA	Eastern European and Central Asian countries
EMA	European Medicines Agency
ERI	European TB Research Initiative
GTBC	Global TB Caucus
LGBTB	lesbian, gay, bisexual, and transgender
M/XDR-TB	multidrug- and extensively drug-resistant tuberculosis
MAF	multisectoral accountability framework
NTP	national tuberculosis programme
RCC-TB	Regional Collaborating Committee on Tuberculosis Control and Care
RCC-THV	Regional Collaborating Committee on Accelerated Response to Tuberculosis, HIV and viral Hepatitis
RDT	rapid diagnostic technologies
TB	tuberculosis
TBEC	TB Europe Coalition
TB-REP	TB Regional Eastern European and Central Asian project
TOR	terms of reference
WHO	World Health Organization

I. INTRODUCTION

The Regional Collaborating Committee on Accelerated Response to tuberculosis, HIV and viral hepatitis (RCC-THV) is a European platform for interactive exchange of information and strengthened involvement of national and international partners, including civil society organizations, in the prevention, diagnosis, treatment and care of tuberculosis (TB), HIV and viral hepatitis. The RCC-THV is hosted by the WHO Regional Office for Europe.

Originally focused on TB and multi- and extensively drug-resistant TB (M/XDR-TB), the committee was, through a consultative process with civil society organizations, technical partners and donors established as Regional Collaborating Committee on Tuberculosis Control and Care (RCC-TB), and met first time in Copenhagen, Denmark in December 2012.

The first meeting of RCC-THV was held at the WHO Regional Office for Europe in Copenhagen, Denmark on 11 April 2019, and involved members of the RCC-THV, as well as representatives of WHO country offices in the Region. The meeting was conducted in English and Russian with simultaneous interpretation and streamed online, allowing stakeholders not present at the meeting to participate in the discussions. The scope and purpose; programme; and list of participants are found in Annexes 1, 2 and 3.

Objectives and expected outcomes

The objectives of the meetings were to:

- provide an overview of progress and challenges regarding implementation of the Regional action plans on TB and HIV, and to discuss how RCC-THV can contribute to further enhance their implementation, with focus on sustainability of TB and HIV responses and follow-up on the “Political declaration on the High-Level Meeting of the General Assembly on the fight against TB”, 10 October 2018;
- update on the 2018 publication “United Nations Common Position on Ending HIV, TB and Viral Hepatitis through Intersectoral Collaboration”, and discuss how RCC-THV can contribute to its operationalization;
- review progress made in implementation of the recommendations of the Sixth Meeting of the RCC-TB, 21 February 2018, Copenhagen, Denmark; and
- share partners’ update on future key RCC-THV relevant activities, including progress on development of TB multisectoral accountability framework (MAF) and Global Fund replenishment, and explore possibilities for partnership and synergizing between partners and other global and regional groups and initiatives.

Opening

The meeting constituted the seventh meeting of the RCC-TB, and the first meeting of the new expanded committee RCC-THV covering not only TB but also HIV and viral hepatitis.

The participants were welcomed with a special welcome to the new members from HIV and viral hepatitis, who were thanked for their interest and commitment to the RCC-THV. The expansion of the RCC is a process and it is the ambition for the committee to grow continuously. Especially for viral hepatitis more representation is needed. The participants were reminded that the committee is everyone’s platform and its impact is dependent of the contributions of the members, also in between

the physical meetings. The committee serves as an excellent place to exchange ideas and build on each other's experiences. Especially in the area of strengthening civil society involvement and disease specific communities can the RCC-THV play an important role in ensuring that we are not working in silos, but rather complement and support each other's work.

The participants were encouraged to be as actionable as possible in defining what the committee can do and to actively contribute to the ongoing discussions, both during the meeting, but also at the monthly RCC-THV calls of the committee members organized by the WHO Regional Office.

After the opening remarks, the meeting participants gave a brief introduction to themselves and shared their expectations to the meeting and the future role and function of the RCC-THV. All participants were positive about the expansion of the committee to embrace HIV and viral hepatitis, but curiosity on how it is to be carried out in practice was also expressed. Other cross-cutting expectations related to the following functions of the RCC-THV:

- A platform for WHO to work more closely with civil society organizations (CSOs) and a platform for sharing experiences, and finding common grounds of working together across countries, organizations and disease areas.
- A coordinating center for advocacy and in holding decision-makers responsible for promises and commitments made at both national and international level, e.g. the declaration from the UN high-level meeting on TB in September 2018.
- A forum to push for the stronger linking of civil society and disease communities with national parliamentary partners.
- A forum to discuss and get inspiration on the practical integration of HIV, TB and viral hepatitis disease programmes at both international, regional and national levels to the benefit of all three disease areas and the people affected.
- A forum to identify existing gaps and potential synergies between the three disease areas and a platform, which can give added value to other existing platforms in the Region avoiding repetition and working in silos.
- A platform to bring in new partners, e.g. disease communities and other partners who have not previously been extensively involved in the work.
- A platform for discussing cross cutting challenges e.g. human rights; lesbian, gay, bisexual, and transgender (LGBTB) related issues; access to and procurement of drugs; and securing necessary funding.

Election of new chairperson

Due to a low representation at the meeting from the HIV and viral hepatitis community, the process for electing a new chairperson, vice chairperson and core group for the RCC-THV was postponed to after the meeting, where an election process will be initiated. The process will include a call for nominations, which will be sent out subsequent to the meeting, where everyone who is interested is invited to step forward. Representatives from the HIV and viral hepatitis community were especially encouraged to participate.

Until the new chairperson of the RCC-THV is elected, Dr Tsira Chakhaia, Regional manager, Global TB Caucus (GTBC) will act as interim chairperson. In that capacity, Dr Tsira Chakhaia chaired the rest of the meeting.

Terms of references for RCC-THV

The new terms of reference (TOR) for the RCC-THV were presented. The TOR have been changed to reflect the expansion of the original RCC-TB committee to embrace representatives from the HIV and viral hepatitis community, but also its broader aim of supporting the achievement in the WHO European Region of the Sustainable Development Goal (SDG) 3 – ending by 2030 the epidemics of HIV and TB and combating hepatitis and to ensure universal health coverage for the three diseases.

The TOR were accepted by the meeting participants, with suggestions to ensure that the TOR give attention to specific areas including, support and palliative care; infection control; and existing collaborating mechanisms and platforms in the Region.

All members of the RCC-THV were encouraged to share the TOR with their networks and to work to increase general awareness of the Committee, with the objective of further expanding the group with members from all three disease areas and cross-cutting organizations. Especially the expansion of the group with members from local civil society organizations and TB, HIV and viral hepatitis communities was welcomed. In order to facilitate this, it was agreed that the TOR should be translated into Russian and both versions made easily available online as soon as possible.

II. IMPLEMENTATION OF EUROPEAN REGIONAL ACTION PLANS ON TB AND HIV

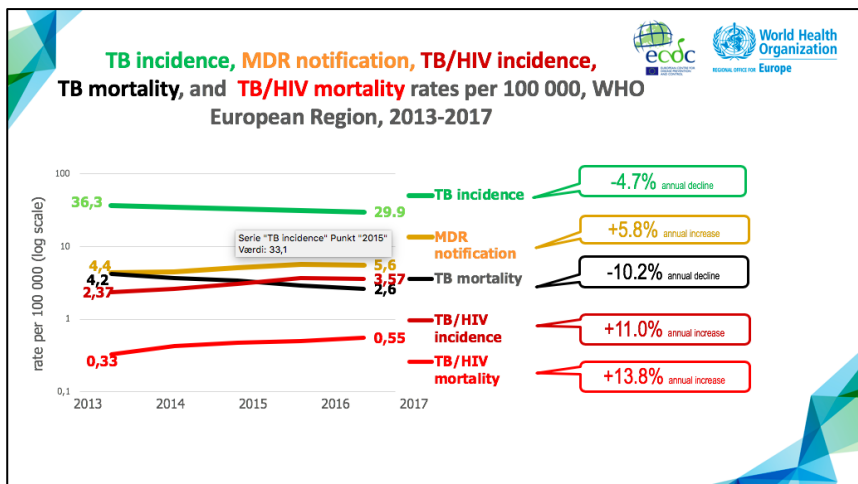
A brief overview of the status of implementation of the European Regional Action Plans on TB and HIV was presented to the participants.

Tuberculosis action plan for the WHO European Region 2016-2020¹

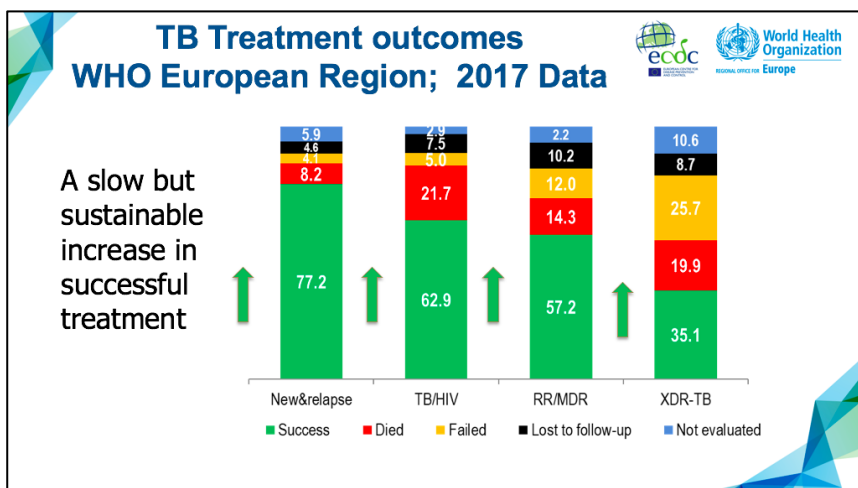
The TB action plan for the WHO European Region 2016-2020 is approaching its last year of implementation.

¹ <http://www.euro.who.int/en/health-topics/communicable-diseases/tuberculosis/publications/2016/roadmap-to-implement-the-tuberculosis-action-plan-for-the-who-european-region-20162020.-towards-ending-tuberculosis-and-multidrug-resistant-tuberculosis-2016>

A snapshot of the epidemiological situation for TB is illustrated in the figure below and shows a steady decline in TB incidence and mortality, but paralleled by increases in both TB/HIV incidence and mortality in the Region between 2013 and 2017.



MDR-TB remains one of the key drivers for the epidemic in Europe, with every fifth new TB patient and every second former TB patient being infected with MDR-TB.



Treatment outcomes are increasingly successful as illustrated in the figure.

The TB action plan has three main intervention areas: 1) Integrated, patient-centred care and prevention; 2) bold policies and supportive systems; and 3) Intensified research and innovation.

The progress on intervention area 1 - Integrated, patient-centred care and prevention include the finalization and publication of the blueprint for people-centred model of TB Care², developed as part of the TB Regional Eastern Europe and Central Asia Project (TB-REP) on strengthening Health Systems for Effective TB and DR-TB Prevention and Care.

Important events and commitments over the past year related to intervention area 2 - bold policies and supportive systems includes the UNHLM in New York in September 2018 and its political declaration on TB; and the publication of the One UN approach to address HIV, TB and viral Hepatitis³. Another important

² <http://www.euro.who.int/en/health-topics/communicable-diseases/tuberculosis/publications/2017/a-people-centred-model-of-tb-care-2017>

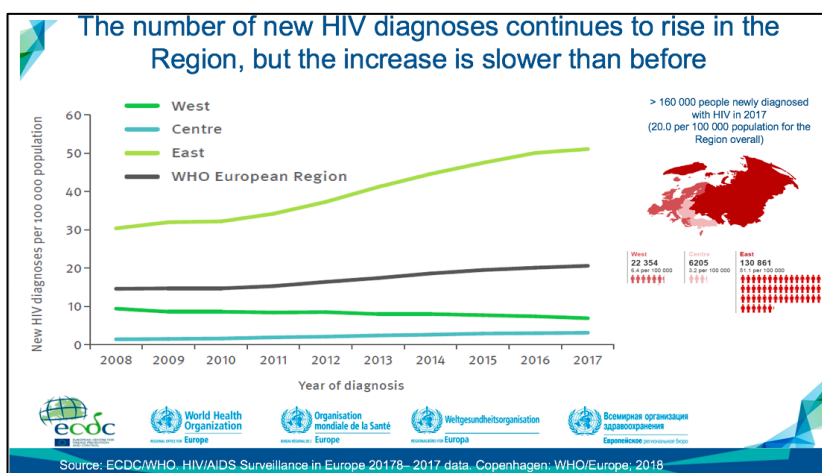
³ <http://www.euro.who.int/en/health-topics/communicable-diseases/tuberculosis/publications/2018/united-nations-common-position-on-ending-hiv,-tb-and-viral-hepatitis-through-intersectoral-collaboration-2018>

event is the Interregional workshop in preparation for transitioning towards domestic financing in TB, HIV and Malaria in Tbilisi, Georgia in October 2018, which among other things resulted in the development of clear principles for guiding the transition and sustainability in financing⁴.

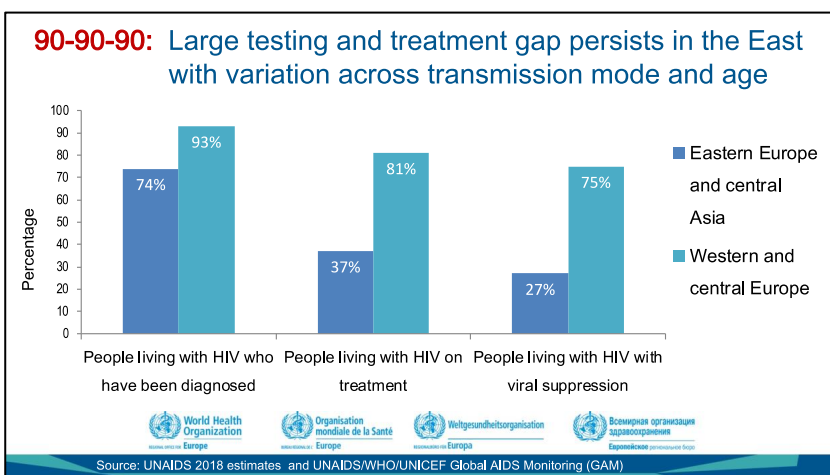
Progress on intervention area 3 – research and innovation is presented in relation to the European TB Research Initiative (ERI).

Action plan for the health sector response to HIV in the WHO European Region⁵

The Action plan for the health sector response to HIV in the WHO European Region builds on the European Action plan for HIV/AIDS 2012–2015 and promotes a public health approach, comprehensive combination HIV prevention, access to HIV testing and offering treatment to all people living with HIV, including children, adolescents, adults, pregnant and breastfeeding women, and people with coinfections.



As illustrated in this figure, the number of new HIV diagnoses continues to rise in the Region, however with a slower increase than before.



Large testing and treatment gaps persist in Eastern European countries with variation across transmission mode and age as illustrated below:

⁴ <http://www.euro.who.int/en/health-topics/communicable-diseases/tuberculosis/publications/2019/interregional-workshop-in-preparation-for-transitioning-towards-domestic-financing-in-tb,-hiv-and-malaria-response-tbilisi,-georgia,-1719-october-2018>

⁵ <http://www.euro.who.int/en/health-topics/communicable-diseases/hiv/aids/publications/2017/action-plan-for-the-health-sector-response-to-hiv-in-the-who-european-region-2017>

Policy intervention from the Action plan on health sector response to HIV in the WHO European Region	% of EECA and non-EU/EEA countries aligning with the WHO policy
National HIV strategy defines an essential comprehensive package of HIV services is integrated into the national health benefits package	60%
National strategy is aligned with national HIV testing and treatment protocols	67%
National HIV strategy prioritizes community-based HIV service provision	60%
National strategy includes needle and syringe exchange programmes in prisons	27%
National strategy includes opioid substitution therapy programmes in prisons	60%
National strategy includes pre-exposure prophylaxis (PrEP) for populations at substantial risk of HIV	33%
National strategy promotes early congenital syphilis diagnosis of infants and immediate treatment for all infants diagnosed with congenital syphilis	53%
National strategy promotes HIV testing conducted by trained lay service providers	33%
National strategy promotes HIV self-testing	20%
National strategy encourages innovative financing in the HIV response	67%

An overview of the implementation of the regional action plan on HIV is illustrated in this figure, highlighting in red the areas which are still lagging behind.

Important events over the past year includes the Regional workshop on HIV and hepatitis testing and PrEP in Berlin, Germany, January 2019⁶, which focused on changing testing policies for better impact. Another central event was the Ministerial Policy Dialogue on HIV and related comorbidities in Eastern Europe and Central Asia, which took place in Amsterdam, The Netherlands in July 2018, which contributed to revamping political commitment to end AIDS⁷.

Current challenges on HIV services include:

- Long time of confirmation of HIV test results and inadequate use of rapid diagnostic technologies (RDTs), low uptake of community-based testing models and low lay providers involvement – national policies.
- Continuing low antiretroviral therapy (ART) coverage despite increased national commitment and policy change. A number of ART regimens subject to questionable effectiveness – still suboptimal approach currently.
- Lack of long-term sustainable financing, also considering, in most of EECA countries current transition from external to increased domestic funding for HIV programmes.

III. WORKING GROUP DISCUSSIONS

To enable smaller group discussions the participants were split into three working groups to discuss the following topics. The main discussion points from each group is listed below.

Group 1 - HIV Regional Action Plan: *How the RCC-THV can contribute to scaling up implementation of the Regional HIV Action Plan?*

⁶ <http://www.euro.who.int/en/media-centre/events/events/2019/01/regional-consultation-on-hiv-and-viral-hepatitis-testing-and-hiv-pre-exposure-prophylaxis-prep-in-countries-of-the-who-european-region>

⁷ <http://www.euro.who.int/en/health-topics/communicable-diseases/hivaids/publications/2019/ministerial-policy-dialogue-on-hiv-and-related-comorbidities-in-eastern-europe-and-central-asia-eeca-amsterdam,-the-netherlands,-23-july-2018>

- There is a sense of a lack of urgency in the Region, resulting in a lack of political commitment to address HIV.



Suggested action points and next steps for the working group

- Further develop the priorities of the working group and circulate it with the larger RCC-THV group to get feedback, operationalize and specify them.
- Set up a wider network and a core working group.

Group 2 - TB Regional Action Plan: *How the RCC-THV can contribute follow up of the “Political declaration on the High-Level Meeting of the General Assembly on fight against TB” in the Region?*



(i) Follow-up to the UNHLM on TB should be linked to the Multisectoral Accountability Framework (MAF), which is in the progress of finalization (there was some unclarity within the group on how the process is and the level of involvement of countries and national organizations).

(ii) More clarity is needed on whom at national levels is responsible for implementing the MAF and collecting the necessary information and how civil society can be involved in this. RCC-THV could play a

role in coordinating the efforts, perhaps by supporting the creation of national multi-stakeholder platforms or make use of existing platforms like Country Coordinating Mechanism (CCM) or similar structures.

(iii) RCC-THV can play a role in coordinating the development of an implementation guide/operational guide on how to set up the process of the MAF. It is in this regard important to keep also countries with a low TB burden involved as they too are accountable.

First actions to be taking could include 1) organize multi-sectoral meetings in countries, perhaps assisted by WHO country offices and with participation of civil society to work on MAF; and 2) follow-up at national level with the delegations to the UNHLM in September 2018.

Group 3 – Sustainability of programmes: *How can the RCC-THV contribute to sustainability of TB and HIV programmes in the frame of transition from external to domestic financing?*



(i) Collect and share best practices from the Region to illustrate the variety in approaches; e.g. legal actions, budget approaches, social contracting etc. Based on these an example of modules of changed could be developed, supported by champion leaders for different areas/approaches.

(ii) Link CCM with RCC-THV activities.

(iii) Identify and follow-up on recommendations from National TB programmes (NTP) reviews, regional Green Light Committee (rGLC),

European Laboratory Initiative (ELI) and other initiatives to identify the gaps.

- (iv) Ensure a working-friendly environment within the country through collaboration with CCM, Ministries of Health and Ministries of Finance etc.
- (v) Select a spokesperson for RCC-THV and the network related to the topic of sustainability of programmes and work to ensure high credibility of the RCC-THV.

IV. STRENGTHENING INTERSECTORAL COLLABORATION

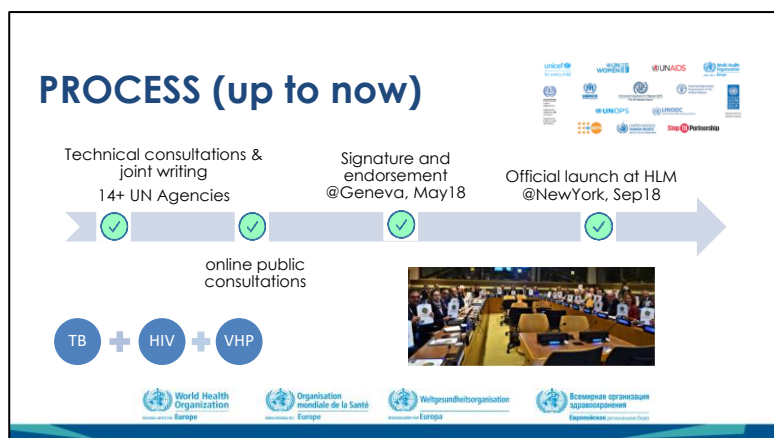
UN Common Position on Ending HIV, TB & Viral Hepatitis through Intersectoral Collaboration

The United Nations common position on ending HIV, TB and viral hepatitis through Intersectoral Action⁸ is one of the results of an issue-based coalition on health and wellbeing in Europe and Central Asia. The aim of the multi-partner coalition is to coordinate the UN response to cross-cutting challenges in the Region; help realize synergies among related areas of work of different UN entities; and serve as platforms to reach out to non-UN stakeholders. There are four workstreams:

- 1) life course;
- 2) communicable diseases (HIV, TB and viral hepatitis);

⁸ <http://www.euro.who.int/en/publications/abstracts/united-nations-common-position-on-ending-hiv,-tb-and-viral-hepatitis-through-intersectoral-collaboration-2018>

- 3) universal health coverage;
- 4) and migration.



The process for the collaboration up to today is illustrated in this figure.

Four countries (Belarus, Georgia, Tajikistan and Portugal) have been selected as pioneer countries and next steps in these countries include: 1) national consultations planning; 2) desk review and methodology setting; and 3) using a multi-stakeholder approach with the underlying principle of building on

what already works and filling in the context-specific gaps. Key to the process is the inclusion of CSOs in this partnership and collaboration platform. The idea is not to create new mechanisms and it is not restricted to be a UN process, but rather a process where NGOs, CSO and community partners are actively involved. Essential is also to include other sectors than the health sector.

The participants were as RCC-THV members encouraged to be alert to meetings and events at national level and advocate for their participation in the country teams, as well as being proactive in getting CSO involved in the process. An overview of Frequently Asked Questions for the initiative is being developed and will be shared shortly, along with a one-page brief of the initiative. RCC-THV members are encouraged to share this with the respective networks.

Securing Political Leadership and support to end TB, HIV, Viral Hepatitis and other infectious diseases

UNITE, a global network of Parliamentarians (current and former legislators from national, regional and state parliaments) committed to ending infectious diseases, as a global health threat, by 2030, was presented. They gave a brief introduction to UNITE and how political commitment can make a difference. UNITE illustrated how even at a time when funding is declining, changes can be made. Using an example from Portugal on HIV related to injecting drug use, they showed how political commitment resulted in a decline in number of new HIV infections as a consequence of drug-use. Examples from TB and viral hepatitis in Portugal were also shared to illustrate that policy change is possible if an EDA (Evidence-based, Data-driven and Action-oriented policy making) approach is applied.

UNITE works actively with the TB Caucus and civil society. This collaboration is one of the key drivers of its success as the experiences of community organizations are key for parliamentarians to maneuver in the zone between evidence and the community.

The Global Fund replenishment

An overview of the Global Fund replenishment and the target of raising at least USD 14 billion to fund programmes to fight AIDS, TB and malaria, and support stronger systems for health during the next three-year cycle was presented.

It was highlighted that successful replenishment is an ongoing process and requires the contribution of all stakeholders. The RCC-THV members were strongly encouraged to work together to advocate towards national governments of the importance of contributing to the Global Fund and to hold them responsible for materializing pledges into actual contributions. Civil society and community organizations play an important role in keeping the topic on the agenda and putting pressure on decision-makers to act.

Examples of challenges to secure funding were shared. This included for example difficulties in getting previous recipient countries to advocate for committing funds to the Global Fund when they are no longer eligible for funding themselves. An example of how civil society can contribute to the replenishment work was given by Ukraine, where door-to-door actions to the embassies, on the importance of Global Fund contributions to the country have made a difference. It was, however, also pointed out that in many countries civil society is not yet adequately prepared to advocate for this and are dependent on more support and guidance.

Multisectoral Accountability Framework for TB

A draft of a Multisectoral Accountability Framework (MAF) for TB has been developed by WHO in close partnership with all relevant international, regional and national stakeholders. The MAF engages other sectors and focuses on six building blocks of a health system (human resources, financing, health information systems, supplies, services and governance). The rationale behind the MAF is that strengthened accountability for the TB response at national and global levels should contribute to faster progress towards SDG and End TB Strategy targets and milestones.

The MAF will be applicable to any Member State irrespective of its level of development or financial sustainability and indicators should be donor- and development level-neutral and adaptable at country level, to enhance country-level buy-in and ownership.

An adaptation of the MAF to the WHO European Region is in progress. A first draft is planned to ready by May 2019 and a final version ready in September 2019, to be endorsed by the WHO Regional Committee in 2020.

Civil society will play an important role in keeping governments accountable and the involvement of civil society in the finalization process and in implementing it afterwards will be essential.

There was agreement among the participants that the MAF should be tied to the regional TB action plan 2016-20 and adapted as an extension of the plan. A working group coordinated by WHO will be initiated to continue the work, and RCC-THV members were encouraged to be an active part of this group.

Follow up on the implementation of the Regional TB research agenda

A short overview on the European TB Research Initiative⁹ (ERI) was given, including an introduction to the Structured Operational Research and Training Initiative (SORT IT) which is target-orientated training

⁹ <http://www.euro.who.int/en/health-topics/communicable-diseases/tuberculosis/areas-of-work/the-european-tuberculosis-research-initiative-eri-tb>

for implementing the European TB research agenda, production of papers and with a long-term vision of building capacity and develop leadership in prioritised operational research in the WHO European Region.

Progress of the Review of Psycho-social support practices in the Region

Participants were introduced to the status of an RCC-TB initiated review on psych-social support practices to people affected by TB, HIV and viral hepatitis in the Region. The work, which is still early in the process, and will include a situational analysis of current practices in providing psychosocial services within the Region, including documenting existing guidance and policies. Based on the review it is the ambition to develop a set of recommendations for a minimum package of psycho-social support. A questionnaire has been developed to collect regional experiences. More than 300 relevant stakeholders have been identified and contacted by email. In parallel, a literature review has been initiated.

RCC-THV members were encouraged to follow-up with their local networks and encourage relevant partners to respond to the questionnaire.

The participants gave a number of suggestions for the continued work, which included the following:

- Consider to include and reach out to nurses, nursing associations etc.
- Address national Red Cross societies for their input
- Consider following up emails with phone calls to increase the response rate
- Keep the RCC-THV updated on the status of the project and indicate where help is needed.

Access to new pediatric TB formulations in the EU

TB Europe Coalition (TBEC) gave a brief introduction to their work related to access to new pediatric TB formulations in the EU.

In 2018, TBEC reached out to the pharmaceutical company Macleods, asking them to enable access to paediatric TB medicines in Europe, specifically new paediatric formulations for MDR-TB and TB, which have already been registered with WHO. The response from Macleods was that it was too complicated and expensive to register with the European Medicines Agency (EMA) and that it would still be necessary to register in each EU country. Together with the EMA alternative approaches to increasing access have been explored and information is shared with European Center for Prevention and Disease Control (ECDC), STOP TB Partnership Global Drug Facility and WHO Regional office for Europe.

The work continues and an overview of the access to the new child-friendly formulations across the region with regards to registration, needs, barriers etc. is being explored with examples from the United Kingdom and Romania. RCC-THV members interested in the work were invited to reach out.

V. Action points for RCC-THV

Based on discussions both during the group works and plenary discussions a number of action point for the RCC-TVC for 2019 were agreed upon.

Terms of Reference (TOR) and expansion of the RCC-THV

1. The TOR for RCC-THV will be translated into Russian and made available online, enabling members to share the TOR and expand knowledge of the Committee and its objectives.

2. The TOR will be revisited to ensure that they give attention to specific areas including support and palliative care; infection control; and existing collaborating mechanisms and platforms in the Region.

The main principles of the TOR were accepted by the members.

3. Members of RCC-THV will work actively to broaden the knowledge of the Committee with the objective of expanding the network with additional members, with special attention to including local organizations and expanding the within the viral hepatitis community.

United Nations Common Position on Ending HIV, TB and Viral Hepatitis

4. A policy brief on the United Nations Common Position on Ending HIV, TB and Viral Hepatitis will be shared with RCC-THV members as well as information about important dates for country activities.
5. RCC-THV members will be proactive in making sure that they are involved in national processes related to the common UN activities for ending HIV, TB and viral hepatitis.

Action points from working groups

6. Working group on scaling up implementation of the Regional HIV Action Plan:
 - a. The group will work to further develop the priorities of RCC-THV on the HIV Action Plan and circulate them with the larger RCC-THV group for feedback, and operationalization
 - b. A wider network and a RCC-THV core working group HIV will be established.
7. Working group on the follow-up to the UNHLM declaration on TB:
 - a. The group will explore the possibilities of organizing multisectoral meeting at country level, perhaps assisted by WHO country offices, with participation of civil society, to work on implementing the MAF and follow-up to the UNHLM.
(More clarity is needed on whom at national levels are responsible for implementing MAF and collecting the necessary information and how civil society can be involved in this.)
 - b. The members will follow-up at national level with the delegations who were at the UNHLM.
8. Working group on sustainability of programmes:
 - a. The group will collect and share best practices from the Region to illustrate the different approaches that can be taken; e.g. legal actions, budget approaches, social contracting etc. to ensure sustainability of programmes. Based on these, an example of modules of changed could be developed, supported by champion leaders for different areas/approaches
 - b. Link CCM with RCC-THV activities.
 - c. Pick up recommendations from National TB programmes (NTP) reviews, regional Green Light Committee (rGLC), European Laboratory Initiative (ELI) and other initiatives to identify the gaps.
 - d. Select a spokesperson for RCC-THV and the network related to the topic of sustainability of programmes and a network and work to ensure high credibility of the RCC-THV.

Multisectoral Accountability Framework for TB

9. RCC-THV members will be aware of the adaptation of the MAF to the European Region and support the implementation of the MAF at country level.

CLOSING

The members were encouraged to maintain the good momentum, to share their work with the group, and to continue to reach out to new partners with the objective of expanding the group, with special attention to representatives from national and local organizations and representatives from the HIV and viral hepatitis community.



Annex 1 – Scope and purpose

First meeting of the Regional Collaborating Committee on Accelerated Response to Tuberculosis, HIV and viral hepatitis (RCC-THV)

Copenhagen, Denmark

11 April 2019

Original: English

Scope and purpose

Background

The RCC-THV is a European platform for interactive exchange of information and strengthened involvement of national and international partners, including civil society organizations, in the prevention, diagnosis, treatment and care of tuberculosis (TB), HIV and viral hepatitis, hosted by the WHO Regional Office for Europe. Originally focused on TB and multi and extensively drug resistant TB (M/XDR-TB), it was established as RCC-TB through a consultative process with civil society organizations, technical partners and donors, and first met in December 2012.

RCC-THV is an interactive platform of stakeholders, including donors, technical agencies, professional societies, and patient and community representatives. The RCC-THV aims to support the achievement in the WHO European Region of Sustainable Development Goal (SDG) 3 - ending by 2030 the epidemics of HIV and TB and combating hepatitis and to ensure universal health coverage for the 3 diseases. RCC-THV contributes by fostering collaborative efforts and facilitating accelerated response to TB (including M/XDR-TB), HIV and viral hepatitis prevention, diagnosis, treatment and care.

The RCC-THV aims to further enhance the involvement of civil society organizations and non-state actors in prevention and care of three diseases in line with implementation of the main political declarations on three diseases and the WHO European Region action plans on TB, HIV and viral hepatitis and any similar subsequent future plans and political commitment documents.

The upcoming RCC-THV meeting will be held in Copenhagen, Denmark, on 11 April 2019.

Objectives

The objectives of the meeting are to:

- provide an overview of progress and challenges regarding implementation of the Regional action plans on TB¹⁰ and HIV¹¹, and discuss how RCC-THV can contribute to further enhance their implementation with focus on sustainability of TB and HIV responses and follow up of the “Political declaration on the High-Level Meeting of the General Assembly on fight against TB”, 10 October 2018;
- update on United Nations Common Position on Ending HIV, TB and Viral Hepatitis through Intersectoral Collaboration¹², and discuss how RCC-THV can contribute to its operationalisation;
- review the progress made in implementation of the recommendations of the Sixth Meeting of the RCC-TB, 21 February 2018, Copenhagen, Denmark¹³;
- share partners’ update on future key RCC-THV relevant activities, including progress on development of TB multisectoral accountability framework and Global Fund replenishment, and explore possibilities for partnership and synergizing between partners and other global and regional groups and initiatives

Expected outcomes

The following deliverables are expected:

- RCC-THV members are updated on the implementation of the regional action plans on TB and HIV, and contribution of RCC-THV on further enhancement of their implementation defined;
- The input of RCC-THV in implementation of United Nations Common Position on Ending HIV, TB and Viral Hepatitis defined;
- Possibilities for synergising and collaboration between TB and HIV communities/partners/initiatives explored and agreed.

Methods

The meeting programme includes presentations, plenary discussions and working groups.

Venue

UN City
Marmorvej 51
DK 2100 Copenhagen Ø
Denmark

¹⁰ Tuberculosis Action Plan for WHO European Region 2016–2020 <http://www.euro.who.int/en/about-us/governance/regional-committee-for-europe/past-sessions/65th-session/documentation/working-documents/eurrc6517-rev.1-tuberculosis-action-plan-for-the-who-european-region-20162020>

¹¹ Action plan for the health sector response to HIV in the WHO European Region <http://www.euro.who.int/en/health-topics/communicable-diseases/hiv/aids/publications/2017/action-plan-for-the-health-sector-response-to-hiv-in-the-who-european-region-2017>

¹² United Nations common position on ending HIV, TB and viral hepatitis through intersectoral collaboration <http://www.euro.who.int/en/health-topics/communicable-diseases/tuberculosis/publications/2018/united-nations-common-position-on-ending-hiv,-tb-and-viral-hepatitis-through-intersectoral-collaboration-2018>

¹³ Report of the sixth meeting of the Regional Collaborating Committee on Tuberculosis Control and Care <http://www.euro.who.int/en/health-topics/communicable-diseases/tuberculosis/publications/2019/regional-collaborating-committee-on-tuberculosis-control-and-care-report-of-the-sixth-meeting-2019>

Annex 2 – Programme

**First meeting of the Regional Collaborating
Committee on Accelerated Response to
Tuberculosis, HIV and viral hepatitis (RCC-THV)**

Copenhagen, Denmark

13 March 2019

11 April 2019

Original: English

PROGRAMME

Time	Topic	Speaker/lead
09:00–09:30	Registration	
SESSION 1: INTRODUCTION		
<i>Chairs: Masoud Dara and Tsira Chakhaia</i>		
09:30–09:45	Opening remarks	Masoud Dara, Acting Director, Communicable Diseases, Division of Health Emergencies and Communicable Diseases WHO Regional Office for Europe Tsira Chakhaia, RCC-THV interim Chairperson, EECA Manager, Global TB Caucus (GTBC)
09:45–10:05	Introduction of participants	Chairs
10.05–10.10	Presentation of objectives of the meeting	Sayohat Hasanova, Technical Officer JTH, WHO/Europe RCC-THV secretariat
10.10 -10:35	Update on election of new Chairperson, a Vice Chairperson and a Core Group	RCC-THV secretariat
10:35–10:55	Coffee break	
10:55–11:10	New Terms of Reference (TOR) of the RCC-THV	Sayohat Hasanova, WHO/Europe
SESSION 2 IMPLEMENTATION OF EUROPEAN REGIONAL ACTION PLANS ON TB AND HIV: focus on scaling up MDR-TB treatment outcome; sustainability; and follow up of the “Political declaration on the High-Level Meeting of the General Assembly on fight against TB”		
<i>Chairs: Masoud Dara and Tsira Chakhaia</i>		

11:10–11:30	Towards implementation of Regional TB action plan 2016–2020: overview on reaching and consolidating (financial) sustainability of TB prevention and care Q&A	Martin Van Den Boom and Sayohat Hasanova, Technical Officers, JHT, WHO/Europe
11:30–11:50	Overview of implementation of Action plan for the health sector response to HIV in the WHO European Region Q&A	Elena Vovc, Technical Officer, JHT, WHO/Europe
11.50-11.55	Introduction to the working group session	Chairs
11:55-12:45	Working groups: Group 1: HIV Regional Action Plan: <i>How the RCC-THV can contribute to scaling up implementation of Regional HIV Action Plan?</i>	Group 1 Facilitators Zoya Shabarova, Europe Bureau Chief AIDS Healthcare Foundation (AHF) Sameer Sah, TB Alert, International Programme Director Seguy, Nicole Simone, HIV Unit Leader, WHO/Europe
	Group 2: TB Regional Action Plan: <i>How the RCC-THV can contribute follow up of the “Political declaration on the High-Level Meeting of the General Assembly on fight against TB” in the region?</i>	Group 2 Facilitators Yuliya Chorna, Executive Director, TBEC Martin Van Den Boom, WHO/Europe
	Group 3: <i>How the RCC-THV can contribute to sustainability of TB and HIV programmes in the frame of transition from external to domestic financing?</i>	Group 3: Facilitators Asgar Ismayilov, Regional AC-MSF, Sayohat Hasanova, WHO/Europe
12.45-13.00	Reporting back to the plenary (5 minutes per each group)	Reporters from the groups
13:00–14:20	Group photo and Lunch	
SESSION 3: STRENGTHENING INTERSECTORAL COLLABORATION		
<i>Chairs: Masoud Dara and Tsira Chakhaia</i>		
14.20-14:50	Update on United Nations Common Position on Ending HIV, TB and Viral Hepatitis through Intersectoral Collaboration Moderated by chairs Q&A and discussion	Vittoria Gemelli, Technical Consultant, JHT, WHO/Europe

14.50–15.10	Securing Political Leadership and support to end TB, HIV, Viral Hepatitis and other infectious diseases Q&A	Cristina Bernardo, UNITE Executive Director
15.10-15.30	Coffee break	
SESSION 4: UPDATES		
<i>Chairs: Masoud Dara and Tsira Chakhaia</i>		
15.30–15.50	The Global fund replenishment Q&A	Tatiana Vinichenko, Senior Fund Portfolio Manager
15.50- 16.00	Multisectoral accountability framework	Andrei Dadu, Technical Officer, WHO/Europe
16.00-16.10	Follow up on the implementation of the Regional TB researcher agenda	Andrei Dadu, Technical Officer, WHO/Europe
16.10-16.25	Progress of the Review of Psycho-social support practices in the Region	Oxana Rucsineanu, ANB de TB din RM "SMIT" Safarali Naimov, Executive Director, Stop TB Partnership, Tajikistan
16.25-16.35	Access to new paediatric TB formulations in the EU	Anete Cook, Senior Officer, TBEC
16.35-16.45	Partners' update on ongoing activities	
16.45–17.00	RCC-THV partnership and synergising between partners and other global and regional groups and initiatives	Chairs
17:00–17:10	Closing remarks (<i>including the main follow up actions</i>)	Masoud Dara, WHO Regional Office for Europe and RCC-THV Chairperson

Annex 3 – List of Participants

Members of RCC-THV

Dr Tsira Chakhaia
EECA Manager, Global TB Caucus

Dr Hanne Klink Epstein
MSF, Denmark

Ms Yuliya Chorna
Executive Director, TB Europe Coalition

Dr Sameer Sah
International Programme Director, TB Alert

Ms Oxana Rucsineanu
Vice-president and Program Director
Moldova National Association of TB "SMIT"
Balti, Republic of Moldova

Dr Dmitrii Subotin
Senior consultant, NGO "INTILISH"
Tashkent, Uzbekistan

Ms Tatyana Nikitina
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Tashkent, Uzbekistan

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Regional AC-MSF Representative
Médecins Sans Frontières Kiev, Ukraine

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Europe Region, International Federation of Red
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Ms Cristina Bernardo
Executive Director, Unite

Ms Kate Thompson
Western European Regional Manager, Global TB
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Mr Paul Thorn
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Dr Carrie Tudor
TB Project Director, International Council of Nurses
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Mr Daniel Kashnitsky
Capacity Building Manager, TB Coalition Partner

Mr Safarali Naimov
Executive Director, Manager of projects on TB
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Ms Rachel Horne (Join via Webex)
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Dr Viorel Soltan
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Medical School, Professor of Epidemiology, Rutgers
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Global TB Institute

Ms Anete Cook
Senior Officer, TB Europe Coalition (TBEC)

Mr Timur Abdullaev
Board member, TB people Community
Representative,
Stop TB Partnership Board, Board member, AFEW
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Ms Zoya Shabarova
Europe Bureau Chief, AIDS Healthcare Foundation
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Ms Rachel Horne (Join via Webex)
Policy Advocacy Officer (TB), RESULTS UK

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Dr Tatiana Vinichenko
Senior Fund Portfolio Manager, The Global Fund

WHO Headquarters

Dr Malgorzata Grzemska
Coordinator, Technical Support Coordination
Global TB Programme

WHO Regional Office for Europe

Dr Masoud Dara
Acting Director, Communicable Diseases Division
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Dr Sayohat Hasanova
Technical Officer, Joint Tuberculosis, HIV/AIDS and
Hepatitis Programme

Dr Andrei Dadu
Medical Officer, Joint Tuberculosis, HIV/AIDS and
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Dr Martin van den Boom
Technical Officer, Joint Tuberculosis, HIV/AIDS and
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Mr Bhim Pradhan
Programme Assistant

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Technical Officer, Joint Tuberculosis, HIV/AIDS and
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Technical Officer, Health Technologies and
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Dr Ihor Perehinets
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National Professional Officer, Romania

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Mr Mustafa Bahadir Sucakli
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Mr Artan Mesi
National Professional Officer, Albania

Dr Viatcheslav Grankov
National Professional Officer, Belarus

Dr Nino Mamulashvili
National Professional Officer, Georgia

Dr Jamshid Gadoev
National Professional Officer, Uzbekistan

Dr Abdulakhad Safarov
National Professional Officer, Tajikistan

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WHO Consultants

Dr Giorgi Kuchukhidze

Ms Vittoria Gemelli

Mr Zachary Gavry

Ms Lea Clapier

Interpreters

Ms Lyudmila Yursatova

Ms Tatiana Polunina

Rapporteurs

Ms Nina Bjerglund Andersen

The WHO Regional Office for Europe

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