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Progress report on implementation of the Action Plan for the Health Sector Response to HIV in the WHO European Region

This report provides an overview of implementation of the Action Plan for the Health Sector Response to HIV in the WHO European Region. It is submitted for consideration by the WHO Regional Committee for Europe at its 69th session, in accordance with resolution EUR/RC66/R9.

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Introduction and background

1. HIV remains a major public health threat in the WHO European Region. The Region is home to an estimated 2.3 million people living with HIV (estimated at 6% of the global burden); each year the number of new HIV diagnoses continues to rise at an alarming rate. Estimated new infections, currently at a historic high, would need to decrease by 78% by 2020 across the whole Region to achieve the 2020 targets.[1] 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.

2. In the response to the HIV epidemic in the Region, the primary challenges include inadequate access to HIV prevention and testing services, especially for key populations; late diagnosis; and low treatment and prevention coverage. Over half (53%) of people in the Region are diagnosed late, and one in five people living with HIV in the Region is unaware that he/she is infected. This leads to delayed treatment initiation, higher mortality and onward transmission of HIV.

3. Of those in the Region who are diagnosed and aware of their infection, only 66% are on antiretroviral treatment (ART): 84% of these are virally suppressed, although there are great variations among the western, central and eastern parts of the Region. The consistently high number of AIDS diagnoses in the eastern part of the Region (78% of all AIDS cases diagnosed in the Region in 2017) is evidence of late HIV diagnosis, delayed ART initiation and low treatment coverage. Only 50% of those diagnosed in the eastern part of the Region are on treatment – far below the 90% target, and the largest challenge facing the Region in its response to HIV.

4. HIV in the Region remains concentrated in key populations,[2] with variations among the western, central and eastern parts of the Region. Sex between men remains the predominant mode of transmission in the western and central parts of the Region (40% and 30%, respectively, of all new HIV diagnoses in 2017). Despite heterosexual transmission driving the epidemic in the eastern part of the Region, transmission through drug injection accounted for 37% and sex between men for 3% of new HIV diagnoses in 2017.

5. In a broad and participatory consultation process, the WHO Regional Office for Europe developed the Action Plan for the Health Sector Response to HIV in the WHO European Region, adopted at the 66th session of the WHO Regional Committee for Europe in September 2016 in resolution EUR/RC66/R9.

6. The present report provides an overview of the latest epidemiological situation and mid-term progress in the implementation of the Action Plan, and planned future action based on this overview.

[1] The Joint United Nations Programme on HIV/AIDS (UNAIDS) 90-90-90 targets are: by 2020, 90% of all people living with HIV will know their HIV status; by 2020, 90% of all people with diagnosed HIV infection will receive sustained antiretroviral therapy; and by 2020, 90% of all people receiving antiretroviral therapy will have viral suppression.

[2] Key populations at higher risk of acquiring HIV in the Region include: men who have sex with men (MSM), people who inject drugs, migrants, prisoners, transgender people, and commercial sex workers and their sexual partners.

Situation analysis: epidemiological trends

7. In 2017, an estimated 159 420 new HIV diagnoses were recorded in 50[3] of the 53 countries of the Region, corresponding to a rate of 20 newly diagnosed infections per 100 000 population and marking yet another year with the highest number of new HIV diagnoses ever recorded. The total estimated number of people living with HIV in the Region is now just over 2.3 million, representing approximately 6% of the global burden of HIV.

8. The increasing trend in the number of new HIV diagnoses continued in the Region as a whole in 2017, but with a slower rate of increase for the whole decade compared with previously (37% increase for 2008–2017 compared with the 52% increase reported for the decade one year ago). The trend was the same in the eastern (68% versus 95%) and central (121% versus 142%) parts of the Region. However, the percentage of new HIV diagnoses reported from the east continues to rise (82% in 2017 compared with nearly 80% in 2016). There were over 130 000 new HIV diagnoses in the east in 2017 with heterosexual transmission reportedly driving the epidemic in this part of the Region (59%). An overall decline in new HIV diagnoses is noted in the western part of the Region and EU/EEA, primarily because of a 20% drop in new diagnoses among MSM in EU/EEA countries during the period 2015–2017; this mode of HIV transmission remains predominant in this part of Europe (38% of all new diagnoses in 2017). The number of new HIV infections in eastern Europe and central Asia has grown by 30% since 2010.

9. In 2017, 14 703 people were diagnosed with AIDS, as reported in 47 countries of the Region, with a rate of 2.3 new diagnoses per 100 000 population. Reassuringly, the number of AIDS diagnoses has continued to decline in the Region as a whole; in the period 2012–2017, the number of new AIDS diagnoses fell by 7%. However, the number of AIDS diagnoses in the eastern part of the Region has nearly doubled in the last decade – compounded by late HIV diagnosis, delayed ART initiation and low treatment coverage. In the EU/EEA, where the rate was lower at 0.7% of new AIDS diagnoses per 100 000 population in 2017, 89% of new AIDS cases were reported within 90 days of HIV diagnosis. This indicates that the majority of AIDS cases in the EU/EEA and other countries in the west of the Region could have been avoided with a timelier diagnosis. Every second person diagnosed with HIV in 2017 had already reached an advanced stage of infection, potentially showing that many people do not seek or have access to the required HIV testing and counselling services until they present with advanced HIV infection.

10. Information about AIDS-related deaths was provided by 47 Member States of the Region,[4] including 4933 people who were reported to have died during 2017. This number has increased since 2015 (2016 report), when 4651 people died from AIDS-related causes. The 4933 deaths in 2017 represent a decrease of 14% compared with the 5718 deaths reported in the same countries in 2008. Most deaths in the Region during 2017 were reported in the eastern part (84%); the equivalent figures for the western and central parts were 11% and 5%, respectively. Data indicate an overall reduction in the number of deaths since 2008 and a slight increase in the number of AIDS-related deaths since 2015 and the roll-out of the new Action Plan in 2016, but with variations between the different parts of the Region and between specific countries. It is important to note that delays in reporting and underreporting

[3] The Russian Federation did not report official data to WHO or the European Centre for Disease Prevention and Control (ECDC), but citable data were obtained from publicly available sources.
[4] No data were received from Belgium, Germany, the Russian Federation, Sweden, Turkmenistan or Uzbekistan.

have a significant impact on these numbers at regional level. No significant reduction in AIDS-related mortality has been observed since 2016.

11. Late diagnosis remains a serious challenge, with 53% of people newly diagnosed in 2017 being diagnosed with a CD4 cell count below 350. This proportion varied by area – highest in the east (57%), lower in the centre (53%) and lowest in the west (48%) – and by transmission mode – highest for people infected heterosexually (58%–62% for heterosexual men and 54% for heterosexual women) and through injecting drug use (55%) and lowest for MSM (39%). Low rates of late diagnosis in MSM may indicate that, in certain parts of the Region, this key population may be more motivated to seek HIV testing and counselling services after potential exposure to HIV as compared with other key population groups.

12. Eighty-two per cent of the total estimated number of people living with HIV in the Region have been diagnosed, of whom only 54% are on ART; of those on ART, 43% are reported to be virally suppressed.[5] In the 15 countries[6] of eastern Europe and central Asia (EECA), 2018 estimates[7] indicate that 74% of people living with HIV have been diagnosed, only 37% are on ART, and 27% of those on ART are reported to be virally suppressed. At the time of the launch of the Action Plan in 2016, ART coverage in the eastern part of the Region stood at 28%, compared with 76% in the west and centre. There has been only a marginal improvement, with up to 37% coverage in the east at the end of 2017. These coverage rates for the Region overall, including some countries in the western and central parts, are far below the 2020 and 2030 targets.

13. Access to comprehensive services for HIV prevention, testing, treatment and care vary for key populations in the western, central and eastern parts of the Region. The rate of late diagnosis was highest for those infected heterosexually (58%), lower in people who inject drugs (55%), and lowest among MSM (39%). In 2017, HIV transmission among MSM decreased in the west but increased sharply in both the centre and the east. It nevertheless remains the predominant mode of HIV transmission (38% in 2017) in the EU/EEA. Pre-exposure prophylaxis (PrEP) implementation, early diagnosis and access to treatment for all people living with HIV are thought to be the key factors driving the decrease of new HIV diagnoses in the western part of the Region. Despite the increasing trend of new HIV diagnoses in the east, the proportion of cases among MSM was unchanged at 4% in both 2015 and 2018. In contrast, there has been an increase of 69% in the number of new HIV diagnoses due to heterosexual transmission in the eastern part of the Region since 2008. In 2015, the percentage of new HIV diagnoses due to heterosexual transmission was 65%, while in 2018, for those new diagnoses whose transmission route was known, the percentage was 70%. However, current data show a 21% increase in new diagnoses in women versus a 107% increase in men, potentially indicating that new HIV diagnoses among MSM are largely underreported and that surveillance of heterosexual transmission is prioritized in the eastern part of the Region. Decreased international funding may undermine advances made in the HIV response with regard to HIV prevention in key populations, especially people who inject

[5] Compare the UNAIDS 90-90-90 targets: 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; and 90% of all people receiving antiretroviral therapy will have viral suppression. All three targets increase to 95% by 2030.
[6] Based on the groupings used in the annual joint ECDC/WHO report on HIV/AIDS surveillance: Armenia, Azerbaijan, Belarus, Estonia, Georgia, Kazakhstan, Kyrgyzstan, Latvia, Lithuania, Republic of Moldova, the Russian Federation, Tajikistan, Turkmenistan, Ukraine and Uzbekistan.
[7] The denominator for these coverage rates is the estimated number of people living with HIV who are diagnosed and know their status. Source: UNAIDS 2017 estimates.

drugs, despite commitments towards increasing domestic funding for harm reduction interventions.

14. Migrants (defined as people originating from outside the reporting country) constituted a considerable proportion (41%) of new HIV diagnoses in the EU/EEA in 2017. Emerging evidence indicates that a significant proportion of migrants, even those originating from high HIV-endemic areas, acquire HIV after their arrival in the EU/EEA. This indicates a need for targeted prevention activities directed at this vulnerable group from the moment of their arrival. Surveillance of HIV among migrants, especially labour migrants in the east, needs to be strengthened. Financial, technical and managerial resources and health interventions need to be urgently scaled up and focused on providing effective interventions in key populations to reach the Action Plan targets for 2020 and 2030.

15. The number of new diagnoses in children infected through mother-to-child transmission (MTCT) decreased by 47% between 2008 and 2018. This makes the European Region the most successful of all the WHO regions, with many countries aiming at eliminating mother-to-child transmission (eMTCT) of HIV and several countries receiving and maintaining certificates of validation of eMTCT.[8] However, 397 cases of vertical transmission were reported in 2018, compared with 295 in 2015. Despite the slight rise in new diagnoses, this still represents less than 1% of new infections, while challenges remain in the effective prevention of MTCT of HIV and syphilis in pregnant women from key populations in the Region.

16. HIV prevalence in incident tuberculosis (TB) cases was estimated at 12% in 2017, marking the first year of halted growth after an unprecedented increase from 3% to 12% in the period 2007–2016. There were an estimated 34 000 people living with HIV and TB in the Region as a whole, with the Russian Federation (55%) and Ukraine (24%) contributing the highest burden of TB/HIV coinfection. In 2017, it was estimated that 7633 HIV-positive TB patients had died. It was reported that a higher percentage of TB patients had been screened for HIV and knew their status in the Region in 2017 compared with the previous reporting year: there have been improvements in TB/HIV reporting and recording in the Russian Federation following the introduction of a case-based, countrywide surveillance system in 2015. In 2017, 22 out of 33 countries reporting at least one coinfected case in the Region provided information on the enrolment on ART of people with HIV and TB coinfection. Of 25 153 HIV-positive people with TB, 16 754 (66.6%) had received ART. This is a somewhat higher figure than in 2015 (65.1%), but far below the 2020 target and the WHO target of universal (100%) ART coverage. Out of the 18 high-priority TB countries, 11 achieved coverage of over 75%.[9] Further efforts are required to strengthen TB/HIV collaborative activities in the Region.

17. The data for people living with HIV who are coinfected with hepatitis C virus (HCV) in the Region are very incomplete, although it is notable that EECA countries account for the largest proportion of people living with HIV (27%), which is likely to be due to injecting drug use being a risk factor for the transmission of both HIV and HCV in these countries. It is essential to increase efforts to improve monitoring and surveillance of HIV/HCV coinfection in the Region and to report the number of deaths among coinfected people in accordance with

[8] As of January 2019, the following countries have received validation of elimination of mother-to-child transmission: Armenia (HIV), Belarus (HIV and congenital syphilis) and the Republic of Moldova (congenital syphilis).
[9] Armenia, Azerbaijan, Belarus, Bulgaria, Estonia, Georgia, Kazakhstan, Romania, Tajikistan, Turkey, and Uzbekistan.

the requirements of the Action Plan, as no data have been made available since the Plan's adoption in 2016.

18. In 2017, there was a notable increase in state allocations in EECA countries to fund the HIV response. Overall resource availability for the HIV response declined between 2012 and 2016, followed by a sharp increase in domestic investment in 2017 to reach US$ 739 million. This still represents only 46% of the US$ 1.6 billion per year required to reach the 2020 regional and global HIV Action Plan target(s). Increased domestic spending, accounting for 81% of all resources in 2017, has so far helped to overcome declines in international support. With constantly decreasing funding from international donors in the Region, however, it is becoming increasingly difficult to guarantee enough domestic contributions to cover prevention and care in key populations. With the withdrawal of external funding, increased national allocations guaranteed by political commitment may ensure an adequate response to the HIV epidemic. Progress towards reducing prices for antiretroviral drugs and diagnostics, home production/manufacturing of antiretroviral drugs in some countries, optimization of antiretroviral drug regimens, adjustment of procurement mechanisms and reductions in the price of prevention, testing and care services are the most frequently used national-level means of implementing a financially sustainable HIV response in priority countries of the Region.

Achievements and challenges

Strategic direction 1: information for focused action

Support the revision and prioritization of national HIV strategies across the Region

19. Since 2016, the Regional Office has ensured the ongoing development, revision and prioritization of HIV national strategic plans throughout the Region, with most Member States having a plan in place to reach the 2020 and 2030 targets.

20. By collaborating with ministries of health in the preparation of road maps and encouraging their endorsement, the Regional Office has led the development of road maps[10] for implementation of the Action Plan between 2018 and 2021 to close gaps in HIV prevention, testing, treatment and care in the east of the Region.[11] The road maps are based on the respective country context and aim to complement national strategic plans to end HIV as a public health threat by 2030.

[10] The following countries have completed road maps for implementation of the Action Plan: Armenia, Azerbaijan, Belarus, Estonia*, Georgia*, Kazakhstan*, Kyrgyzstan*, Latvia, Lithuania*, Republic of Moldova, Tajikistan*, Ukraine* and Uzbekistan (* countries that have received an official endorsement from the ministry of health).

[11] Each road map highlights the Member State's local epidemiological context, achievements to date, key action points to address gaps and status of HIV prevention, testing, treatment and care; social determinants of health ("enabling environment"); procurement and supply chain management; strategic information; and funding for a sustainable HIV response.

Support implementation of WHO/UNAIDS guidelines and tools related to HIV strategic information and joint ECDC/WHO surveillance protocols to strengthen national HIV strategic information systems

21. The Regional Office continued to work closely with UNAIDS and ECDC to assist Member States in generating HIV estimates (including of new HIV infections and overall prevalence rates) and strengthening annual HIV surveillance efforts. This improved the monitoring of overall progress towards strategic targets such as the UNAIDS 90-90-90 targets and the call for a 75% reduction in new infections by 2020 laid down in the Action Plan.

22. EECA and other non-EU/EEA countries received WHO technical assistance to improve the quality of reported data, as well as continued assistance with the regional annual HIV surveillance reporting jointly coordinated by WHO and ECDC. During the 2018 cycle, 49 of 53 Member States in the Region reported HIV data to WHO and ECDC.

Collect, analyse and disseminate regional strategic information about the HIV epidemic and health systems' response, with a particular focus on the cascade of care

23. In coordination with ECDC, the Regional Office published the WHO/ECDC joint report on HIV/AIDS surveillance in Europe in both 2017 and 2018, i.e. the period since the roll-out of the Action Plan.

24. To support implementation of tools and guidelines related to HIV strategic information and joint WHO/ECDC surveillance protocols to strengthen national HIV strategic information systems, the Regional Office and ECDC co-hosted a meeting, entitled "HIV in Europe and Central Asia in the Era of the SDGs: Operationalizing Goals and Achieving Targets", which took place in Berlin, Germany, from 23 to 25 April 2018. The meeting brought together national HIV surveillance experts, HIV programme managers, representatives of Member States of the European Region, the EU and the EEA, representatives of UNAIDS cosponsors, civil society organizations, the European Commission, the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund), the European Monitoring Centre for Drugs and Drug Addiction, WHO collaborating centres, the European AIDS Clinical Society, the International AIDS Society, academia and people living with HIV. The meeting assessed the availability and use of HIV strategic information for measuring regional and national HIV targets and the implications for HIV surveillance and monitoring at the level of the European Region; revised the implementation of national programmes and action plans supporting achievement of national and regional HIV targets; and offered a platform for exchanging information on good practices in HIV surveillance and data collection among Member States, partners and the broader public health community.

25. The Regional Office and WHO country offices supported Member States as they commemorated the annual World AIDS Day. WHO worked with ministries of health and key stakeholders in the Region to publicize the emerging need to strengthen the political commitment to ending the AIDS epidemic as a public health threat in the Region by 2030. World AIDS Day packages, including the latest evidence and guidance from WHO were widely disseminated to Member States; they contained infographics, key resources and clear visuals that were used in meetings and press conferences at national level. The World AIDS Day 2018 social media communication package, prepared by the Regional Office, was well received, with 134 800 social media mentions, 4300 engagements, and the use on WHO headquarters accounts of all the HIV social media tiles produced by the Regional Office.

Activities included the annual on-site World AIDS Day advocacy table at UN City, Copenhagen, Denmark, the headquarters of the Regional Office.

Support continuing work to strengthen national HIV estimates and strategic information systems

26. To strengthen national HIV strategic information systems in the countries in the western and central parts of the Region, the Regional Office hosted a workshop on estimating HIV incidence in the Region in April 2017. The workshop, organized in collaboration with ECDC and UNAIDS, brought together 21 participants from 16 countries to produce national estimates of HIV incidence, the number of people living with HIV, AIDS-related deaths and other indicators, using 2016 data, as a contribution to the production of the WHO/ECDC joint report on HIV/AIDS surveillance in Europe. Participants were trained in the use of the UNAIDS-supported "Spectrum" and ECDC-supported "TESSy" modelling software and were able to share good practices. Member State delegates produced draft estimates to take back to their countries, present to national stakeholders, validate and then submit to the organizers to meet international reporting requirements for 2017 and track the 2020 targets for reducing new infections. A similar estimation workshop was held in May 2017 to produce outputs for the Russian Federation. In March 2019, another ECDC/UNAIDS/Regional Office HIV Estimates Workshop was held for selected countries from the Region, whose participation was supported by WHO.

Strategic direction 2: interventions for impact

Provide regular updates on innovative, evidence-based guidelines and tools for effective comprehensive, combination prevention; testing; delivery of ART; and management of major comorbidities, including sexually transmitted infections[12]

27. Simplified and effective HIV testing strategies, including the use of rapid diagnostic tests, have been recommended by WHO since 2015. In addition, the WHO consolidated guidelines on the use of antiretroviral drugs for treating and preventing HIV infection, released in 2016, recommend rapid initiation of ART for all those diagnosed with HIV, regardless of their CD4 cell count (the "treat all" approach).

28. Kyrgyzstan and the Republic of Moldova revised their HIV testing policies and implemented changes between 2016 and 2018, with WHO endorsement and support. This allowed faster confirmation of HIV diagnoses and made services available at the point of care. Portugal has led by example with a major scale-up of community-based testing, and may thereby also reach the first of the 90-90-90 targets. Several other countries, including Belarus, Denmark, Germany, the Russian Federation and Ukraine, introduced innovative approaches, such as self-testing, at national or at community level. The Republic of Moldova and Tajikistan also introduced an external quality assurance programme for HIV testing. Belarus and the Republic of Moldova successfully applied for the programme on quality control for syphilis testing organized by the United States Centers for Disease Control and Prevention, facilitated by WHO platforms and supported by a Regional Office mission that facilitated Belarus's application. Kazakhstan and Kyrgyzstan expressed their interest in engaging in

[12] In WHO guidelines, the Organization makes recommendations on the selection and use of interventions throughout the full cascade of HIV services, summarizes the evidence for the effectiveness of different interventions and services and provides guidance on the ways such interventions might be applied in different contexts.

external quality controls for HIV serology testing in their efforts to strengthen their systems before applying for validation of eMTCT.

29. Tajikistan and Ukraine made progress in the optimization of national ART efficacy and cost–effectiveness, with support from WHO and WHO collaborating centres. Ten EECA countries[13] had adopted "treat all" approaches as of 2018 and are implementing them, although low ART coverage in the east remains one of the most urgent issues in the Region.

Support countries in implementing national HIV testing strategies, standardizing ART regimens and planning the scaling up of ART coverage to reach national and regional targets

30. To support countries in scaling up antiretroviral treatment and care, the Regional Office established the European HIV treatment reference group, with a two-year operational schedule, and hosted the first meeting in July 2018. Its main areas of work include study visits to Member States, capacity-building and reviewing national testing, treatment and care policies and protocols. WHO provides secretariat functions and ensures coordination.

31. The annual partnership between the Regional Office and European Testing Week is planned to continue for the foreseeable future, to support countries in developing tools for effective testing and management of major comorbidities with HIV, such as viral hepatitis. This partnership is particularly effective in helping to close major gaps in detection of viral hepatitis B and C in the Region.[14]

32. The Regional Office serves on the steering committee that promotes optimum use of the results of a European Commission project, the INTEGRATE Joint Action on integrating prevention, testing and linkage to care strategies across HIV, viral hepatitis, TB and sexually transmitted infections in Europe, in the east of the Region.[15]

33. A regional consultation on HIV and viral hepatitis testing and HIV PrEP in countries of the Region was held in Berlin, Germany, on 22 and 23 January 2019. Participants, including 21 Member States, exchanged information on the latest evidence and scientific developments relating to HIV and hepatitis testing and PrEP.

34. WHO and a WHO collaborating centre developed an e-learning module on HIV treatment optimization, which will be included in the existing online course on HIV clinical management offered by the European AIDS Clinical Society.[16]

[13] Armenia, Azerbaijan, Belarus, Kazakhstan, Kyrgyzstan, the Republic of Moldova, the Russian Federation and Tajikistan adopted the "treat all" approach between 2016 and 2018. Georgia and Ukraine adopted it in 2015/2016, before the Action Plan was adopted. One country (Uzbekistan) is revising their national treatment protocol and considering adoption and implementation of the "treat all" approach in 2019. No HIV data reporting from Turkmenistan.

[14] European Testing Week 2017 brought together 640 partners from 47 countries in the Region. Of those participating, 24.2% completed the evaluation survey. The majority were from civil society and nongovernmental organizations (67%). MSM were the most frequently targeted group (65%): 95% of survey respondents conducted HIV activities and 49% hepatitis C activities.

[15] INTEGRATE seeks to increase integrated early diagnosis and linkage to prevention and care of HIV, viral hepatitis, TB and sexually transmitted infections in EU/EEA Member States.

[16] The module includes optimized and cost-effective approaches in national HIV treatment practices for clinicians and public-health specialists, and is available in both English and Russian.

Support countries in updating their policies and practices to prevent mother-to-child transmission of HIV and congenital syphilis and strengthen their capacity to monitor progress in dual elimination and elimination validation

35. A regional validation committee was set up in 2019 to continue to support countries in updating their policies and practices to support prevention work and validate elimination of MTCT of HIV and congenital syphilis in countries of the Region. This will strengthen their capacity to monitor progress in dual elimination and support elimination validation in compliance with global validation criteria. The regional offices of UNAIDS, the United Nations Children's Fund, the United Nations Population Fund and WHO, with key partners, convened a regional meeting in February 2019 to approve the terms of reference and the modus operandi of the regional validation committee, and to support elimination validation processes and development of related capacities in the Region. The aim of this first meeting was to discuss global and regional validation processes and assess the readiness and national reports of the countries that intend to apply for validation in 2019–2020, including planned activities and/or a draft workplan for the biennium.

Guide and support countries in preventing and monitoring HIV drug resistance and optimizing treatment approaches

36. Nine EECA countries benefited from additional support in 2016–2018, including technical assistance from WHO to improve their capacities and practices in monitoring HIV drug resistance – a growing threat with the expansion of HIV treatment options.

37. Data from national HIV drug resistance surveillance systems were infrequently and incompletely reported to WHO through the HIV drug resistance surveillance network and/or the WHO global database. Data on newly diagnosed patients from 26 countries in the EU/EEA, the part of the Region with the highest treatment coverage rates, reported an overall prevalence of transmitted HIV drug resistance of 9.2% in the period 2008–2010. During the same period, the number of new diagnoses with non-nucleoside reverse transcriptase inhibitor (NNRTI) resistance mutations increased by 35%. These mutations generally confer high-level resistance to NNRTIs, which are frequently used as first-line therapy. Data are lacking on pretreatment drug resistance in countries in the Region.

38. To strengthen HIV drug resistance surveillance in the Region, the Regional Office and ECDC considered a joint approach and action to be taken in 2019 to pilot more coordinated reporting on HIV drug resistance. WHO headquarters is reconfiguring the regional portal of the WHO global HIV drug resistance database to facilitate this intended coordinated action.

Strategic direction 3: delivering for equity

Provide updated guidance on models for essential HIV and sexually transmitted infection services, differentiated care and service delivery, including models designed for all key populations and for specific settings

39. WHO continues its collaboration with civil society organizations and its contribution to technical programme development through the EU HIV/AIDS, Hepatitis and Tuberculosis Civil Society Forum (formerly think tank).

40. Models serving key populations through civil society organizations were developed in the civil society dialogue that took place after the ministerial panel discussion held during the

ministerial policy dialogue on HIV and related comorbidities in eastern Europe and central Asia (Amsterdam, Netherlands, 23 July 2018).

41. The Regional Office, the United Nations Development Programme (UNDP) and the United Nations Office on Drugs and Crime (UNODC) provided the Global Fund with expert advice on the development of terms of reference for a call for regional proposals to sustain HIV services for key populations in the EECA (with a key focus on using or adapting local mechanisms for funding nongovernmental organizations to carry out HIV prevention activities among key populations).

42. The Regional Office continues to support and work with relevant civil society networks in the Region. The mandate of the existing Regional Collaborating Committee on Tuberculosis Control and Care is to be extended to cover HIV and viral hepatitis in 2019 to offer better integration of cross-cutting issues and obtain timely input from civil society into WHO's work (see Strategic direction 5 below).

Ensure implementation of an essential package of HIV services that is equitable and accessible for all, with priority given to key HIV populations (including those outside the formal health system), and that employs differentiated care; services should be integrated with the prevention, diagnosis and treatment of comorbidities (focusing on TB, viral hepatitis, sexually transmitted infections and drug dependence)

43. The Regional Office provided an early assessment for, and technical assistance to, 15 non-EU/EEA Member States on implementation of the Action Plan through national HIV strategies. The Regional Office also hosted an HIV programme managers' meeting for EECA and non-EU/EEA countries in September 2017, supported by UNAIDS, the United Nations Children's Fund, the United Nations Population Fund, and UNODC. In 60% of non-EU/EEA countries, the national HIV strategy defines an essential comprehensive package of HIV services, which is integrated into the national health benefits package.

44. The Regional Office took the lead in calling upon central Asian countries to commit, through intercountry agreements, to providing an essential package of HIV services for migrants in their countries. A subregional meeting hosted by WHO and supported by the Secretariat, UNODC and the International Organization for Migration took place in Copenhagen in September 2017. The essential care package for HIV among migrants outlines a set of recommendations to national governments on the adoption of HIV prevention, testing, treatment and access to care for migrants, especially labour migrants and people moving within and between the central Asian countries.

45. A consensus intended to strengthen efforts to integrate services was reached through the European Laboratory Initiative core group for the European Region and expressed in an expert opinion paper. It is planned to launch collaborative efforts to integrate testing and treatment monitoring services for HIV, TB and hepatitis. Evidence supports the feasibility of integrated testing for TB/rifampicin resistance, HIV-1 viral load and HCV viral load, using multidisease diagnostic platforms within district and subdistrict health facilities using a multistakeholder approach.

Support Member States in building capacity in the health workforce, ensuring people-centred, accessible, integrated and community-based care focused on the continuum of HIV services throughout the life course

46. The Regional Office held a master training course on HIV treatment and care in August 2017, intended to create a pool of trained clinicians in relevant countries of the Region who will be able to act as national and/or international consultants for WHO in the future in the training of health providers and in reviewing national guidelines and policies related to HIV treatment and care in the Region. The participants included nationals of Armenia, Azerbaijan, Belarus, Estonia, Georgia, Kazakhstan, Kyrgyzstan, Latvia, Lithuania, the Republic of Moldova, the Russian Federation, Tajikistan, Turkey, Ukraine and Uzbekistan.

47. The Regional Office provided input to regular meetings of the HIV Outcomes initiative, which is connected with the work of the European Parliament on improving the quality of life of people living with HIV in EU/EEA countries. The initiative focuses on identifying ways to measure the effects of HIV infection and facilitating optimal interventions for those living with HIV throughout the life course, especially in older age groups.

48. Bulgaria, Latvia (through the interregional Joint Action on HIV and Co-infection Prevention and Harm Reduction initiative), Lithuania, the Netherlands, Norway and Portugal all contributed good practices to the Regional Office, highlighting their expansion of, and success in regard to, low-threshold HIV testing, treatment and care services, including some use of mobile units. Portugal officially announced in 2018 that it had reached the first and third of the three 90-90-90 targets. The Regional Office, acting at the invitation of the Ministry of Health, supported Portugal in assessing and officially endorsing these good results.

49. WHO worked with the COBATEST Network[17] and contributed to the Network's annual meeting in May 2018, reiterating the importance of innovation and community-based initiatives in expanding HIV testing services.

Establish and grow partnerships and encourage Member States to create an enabling environment for HIV services via multisectoral collaboration, including engagement of people living with HIV

50. Within the framework of the Issue-based Coalition on Health and Well-being for All at All Ages, the Regional Office has led an inclusive and consultative process to identify shared principles and key actionable areas within and beyond the health sector to address HIV, TB and viral hepatitis in Europe and central Asia. These principles are brought together in the current United Nations common position on ending HIV, TB and viral hepatitis through intersectoral collaboration, which includes inputs from 14 United Nations agencies and from civil society organizations, the public and other stakeholders. Belarus, Georgia, Portugal and Tajikistan have been selected as the first countries to pioneer the implementation of the common position, and the Regional Office has carried out missions in Belarus, Georgia and Portugal in June 2019 to assist operationalization in these countries.

[17] COBATEST works with a number of countries in Europe to reduce the number of undiagnosed people living with HIV and to promote timely treatment and linkage to care. The network comprises: Austria, Bulgaria, Croatia, Cyprus, Czechia, Denmark, France, Germany, Hungary, Italy, Latvia, Lithuania, North Macedonia, Poland, Portugal, the Republic of Moldova, Serbia, Slovenia, Spain, Switzerland and Ukraine.

Reduce stigma and discrimination against all key populations and people living with HIV through advocacy and changes in policy and legislation

51. Reducing stigma and discrimination was raised as an essential issue by ministers and vice-ministers during the ministerial policy dialogue on HIV and related comorbidities in eastern Europe and central Asia held in Amsterdam in July 2018. Funding for work in this area has been provided by the Government of Germany. The meeting brought together 14 ministers and deputy ministers from the eastern part of the Region, including the Russian Federation and Ukraine. As a result of the meeting, Member States adopted road maps for implementation of the Action Plan and reiterated their political commitment to continuing to work towards the 2020 and 2030 targets. In partnership with UNAIDS and the Government of the Netherlands, the Regional Office successfully reviewed and shared good practices from 14 of the 15 countries in the eastern part of the Region (excluding Turkmenistan, which currently reports that there is no HIV epidemic in the country). The Government of the Netherlands, and specifically its Ministry of Foreign Affairs and Ministry of Health, Welfare and Sport, worked with the Regional Office to hold this historic meeting.

52. Of more than 50 submissions of good practices in the *Compendium of good practices in the health sector response to HIV in the WHO European Region*, published in July 2018, only Italy and Sweden demonstrated good practices in attempting to curtail stigma and discrimination related to HIV infection. This indicates a need to expand the work of Member States to reduce stigma and discrimination through policy change and greater political commitment.

Strategic direction 4: financing for sustainability

Support countries in developing national cases for HIV investment and the financial transition from international to domestic funding

53. A growing number of countries in the eastern and central parts of the Region have increased their domestic allocations or no longer require financial support from the Global Fund.[18] Several Member States from the eastern part of the Region require continued Global Fund support, primarily to provide access to testing, treatment and care for their migrant populations. A growing number of countries are also gradually creating platforms to enable social contracting with civil society organizations to implement programmes, and several countries have already considered decentralizing some services, such as HIV testing, to the primary care level to maximize the benefits for people living with HIV.

54. During an interregional workshop on transitioning from donor support to domestic financing in the TB, HIV and malaria response, organized by WHO and the Global Fund in Tbilisi, Georgia, in October 2018, countries and key partners discussed good practices, lessons learned and challenges in transitioning from external to domestic financing for TB, HIV and viral hepatitis. Technical needs of countries in and/or preparing for transition, response measures and next steps were identified and agreed upon. Regional and national action points for successful support for the transition process and ways of addressing bottlenecks from inside Global-Fund-supported programmes were identified and considered

[18] Croatia (transition), Kazakhstan (improving ART access/coverage), Montenegro (transition), North Macedonia (transition), the Republic of Moldova (harm reduction funding through State health insurance) and Ukraine (reducing out-of-pocket expenditure on harm reduction services) were included in the *Compendium of good practices in the health sector response to HIV in the WHO European Region*, published by the Regional Office in 2018 (see Strategic direction 5) in recognition of their financially sustainable practices.

for immediate follow-up. WHO, with UNAIDS, UNDP and UNODC, provided the Global Fund with expert advice on the development of terms of reference for a call for regional proposals in relation to sustaining HIV services for key populations in the EECA countries (see Strategic direction 3 above).

55. A subregional meeting was held in November 2017 in Minsk, Belarus, organized by UNAIDS and the Global Fund with WHO participation, to discuss and finalize terms of reference to reflect the context and needs of the EECA countries with regard to developments in the response to the HIV epidemic in key populations.

56. A face-to-face mock review workshop, hosted by the Regional Office in March 2018, aimed to support several countries and areas in the process of applying to the Global Fund. Specific comments on proposals and recommendations were provided for Albania, Georgia, Montenegro, Romania and Serbia, as well as Kosovo.[19] Five funding applications (all the above, with the exception of Albania) were successfully submitted and all applications have been approved.

Advocate for countries to integrate the essential package of HIV services in domestically funded health benefit packages

57. Croatia, Italy, Romania and Ukraine made significant progress in the integration of HIV and HCV services, including linking testing, treatment and care. These countries shared their practices formally during the compilation of the *Compendium of good practices in the health sector response to HIV in the WHO European Region*. Armenia also made progress in integrating TB and HIV services: provider-initiated HIV counselling and testing are now mandatory for all TB patients in all TB clinics throughout the country, as is immediate initiation of ART for all people diagnosed with TB/HIV coinfection. Full coverage has been achieved in HIV testing for TB patients and provision of ART for those diagnosed with HIV.

Ensure the procurement of affordable, quality-assured HIV medicines and diagnostics, with consideration of the use of WHO prequalification processes and the WHO Health Accounts Country Platform Approach

58. The Regional Office cooperated with the Global Fund to ensure that antiretroviral drug procurement through Global Fund grants in countries is appropriate and based on effective ART use, in line with WHO recommendations.

59. The Second Regional Consultation on Expanding Access to Affordable and Quality Assured Medicines and Diagnostic Technologies took place in Minsk, Belarus, in November 2018. Participants discussed the progress made and challenges encountered in the implementation of the outcome statements of the first regional consultation in 2016, the Minsk Statement of the Ministries of Health of Eastern Europe and Central Asia ("HIV and Tuberculosis: Treatment for All") and the joint declaration on expanded and rapidly scaled-up access to affordable quality-assured antiretroviral and TB medicines in the EECA countries. The countries acknowledged the significant progress made between 2016 and 2018, and a new 2018 declaration[20] was signed, committing the participating countries to working further

[19] In accordance with Security Council resolution 1244 (1999).
[20] The 2018 Minsk Statement on Expanding Access to Affordable and Quality Assured Medicines and Diagnostic Technologies provides a political platform for an accelerated response in the Region.

on improving access to high-quality medicines and diagnostics to prevent and treat HIV, TB and viral hepatitis.

Strengthen health systems through the provision of guidance and tools for monitoring expenditure and identifying opportunities for savings, building strategic partnerships for sustainable financing of the response (including with civil society), and provision of funding to implement and scale up good practices

60. The Joint TB, HIV and Viral Hepatitis Programme and the Division of Health Systems and Public Health of the Regional Office strengthened their cooperation in order to promote integrated models of care for TB, HIV and viral hepatitis. An internal group of experts discussed the effectiveness of closer cooperation in the form of national programme reviews, joint missions and jointly supported projects in countries.

Strategic direction 5: innovation for acceleration

Undertake research to address gaps in the national HIV response, with a focus on reaching all key HIV challenges and populations in the WHO European Region

61. The Regional Office continued to work with Global Fund principal recipients in countries to maintain efforts to improve second-generation surveillance and bio-behavioural survey studies in countries in the Region.

62. Several countries in the Region discussed and considered other operational research initiatives, such as clinical audits to address the problem of late presentation in HIV care and auditing of medical records in selected HIV settings, in order to assess the alignment of on-site clinical practice with national HIV treatment protocols and WHO guidelines.

Design, implement, document and share best practices from innovative service delivery models reaching all key populations and provide technical assistance in the implementation of these practices and their use

63. The Regional Office led the collection and compilation of good practices for the implementation of the Action Plan, thanks to generous funding from the Government of Germany, with submissions being received from all levels of governance for health. This first edition of the *Compendium of good practices in the health sector response to HIV in the WHO European Region* was published in July 2018 and includes 52 good-practice examples from 33 Member States.[21] Most submissions came from the eastern and central parts of the Region and included examples of expansion of access to ART, transition from international to domestic funding of the HIV response, and implementation of self-testing.

Establish multisectoral partnerships, including partnerships with civil society, the private sector and, especially, people living with HIV, including financial and innovation collaboration in the HIV response

64. Through a consultative process with civil society organizations, technical partners and donors, the Regional Office established the Regional Collaborating Committee on Tuberculosis Control and Care, which held its first meeting in December 2012.

[21] The *Compendium* is available in print and online in both English and Russian, and has been distributed to all Member States in the Region.

65. To respond to the increasing trend of TB/HIV coinfection in the Region and to address the need for coordinated and integrated responses to TB, HIV and viral hepatitis, it was suggested at the annual meeting of the Committee in Copenhagen on 21 February 2018 that the Committee's mandate should be extended to cover HIV and viral hepatitis. The suggestion was welcomed and later reconfirmed by Committee members in a consultative process that highlighted the additional opportunities arising from collaboration and a shared platform, thus capitalizing on common ground in order to jointly address cross-disease challenges. Terms of reference are being drafted for joint HIV activities through the Committee, aiming at better integration of HIV, TB and viral hepatitis services and strengthening of cross-cutting work at all levels.

The way forward

66. The Regional Office will provide technical guidance to all Member States and, in close collaboration with key partners, will help EECA Member States to implement their approved road maps to scale up the HIV response.

67. The Regional Office, in close collaboration with partners, will continue to support Member States in earmarking domestic resources and mobilizing external resources as needed to expand the availability of comprehensive HIV prevention, diagnosis, treatment and care services for all, with a focus on key populations.

68. With its collaborating centres and partners, the Regional Office will intensify its support for countries as they revise their national policies and align them with WHO guidelines on HIV testing services and ART by means of "treat all" policies.

69. The Regional Office, in collaboration with partners, will support Member States in scaling up and developing new innovative approaches for the response to the HIV epidemic, including the promotion of PrEP implementation and HIV self-testing approaches, and integrating these into hepatitis and TB coinfection services, with priority being given to key populations.

70. The Regional Office, through its eMTCT validation committee, will continue its support for Member States as they seek to provide equitable access to eMTCT services and maintain the progress made in the response to vertical transmission of HIV.

71. Working with the other agencies involved, the Regional Office will spearhead the implementation of the United Nations common position on ending HIV, TB and viral hepatitis through intersectoral collaboration, developing capacity in partners, key populations and networks of people living with HIV to advocate for the repeal of restrictive and punitive laws and policies and addressing the social determinants of health as they relate to HIV, TB and viral hepatitis.

72. In collaboration with partners, the Regional Office will actively support countries in promoting supportive legal environments and strengthening the role of civil society organizations.

73. In line with the principle of universal health coverage and the implementation of WHO's Thirteenth General Programme of Work, 2019–2023, the Regional Office, in

collaboration with partners, will provide technical guidance and support to its Member States in implementing integrated people-centred care.

74. The Regional Office, in collaboration with the International Organization for Migration, UNAIDS and other partners, including nongovernmental organizations and the Interparliamentary Assembly of Member Nations of the Commonwealth of Independent States working group on migration, will continue its work to reach a regional consensus on, and assist countries in their implementation of, an essential package of HIV services for migrants across the Region.

75. The Regional Office will continue to collect and disseminate good practices via an online platform and/or a second edition of the *Compendium of good practices in the health sector response to HIV in the WHO European Region*.

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