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

REPORT

10 December 2020

WHO Regional Office for Europe, Copenhagen, Denmark
The second annual meeting of the Regional Collaborating Committee on Accelerated Response to Tuberculosis, HIV and viral Hepatitis, (RCC-THV), organized by the WHO Regional Office for Europe, took place online on 10 December 2020. RCC-THV serves as a regional platform for the 50 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. The overall objectives were to help identify needs and reflect on effective approaches to delivering tuberculosis, HIV and viral hepatitis services; and to discuss actions to address identified gaps and sustain effective services within a multisectoral response at the national and regional levels, including through setting priorities for the 2021 workplan. This document reviews the content of the meeting and summarizes key outcomes and the way forward in the response to the three epidemics.

**KEYWORDS:** CIVIL SOCIETY ORGANIZATIONS; COVID-19, PANDEMIC; HEPATITIS, VIRAL, HUMAN HIV INFECTION; INTERSECTORAL COLLABORATION; KEY AND VULNERABLE POPULATIONS; MULTISECTORAL ACCOUNTABILITY FRAMEWORK, MAF-TB; TUBERCULOSIS; TUBERCULOSIS, MULTIDRUG-RESISTANT; UNITED NATIONS

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This report was prepared by Ms Maryna Hrudii, WHO rapporteur, and Dr Sayohat Hasanova, Joint Tuberculosis, HIV and Viral Hepatitis programme, WHO Regional Office for Europe.

We are grateful to Mr Paul Sommerfeld, RCC-THV Chairperson; Ms Lella Cosmaro, RCC-THV Vice-Chairperson; and Ms Yuliya Chorna, RCC-THV Core Group member for their input to the report.
**ABBREVIATIONS**

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
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<tbody>
<tr>
<td>CO</td>
<td>community organization</td>
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<tr>
<td>CSO</td>
<td>civil society organization</td>
</tr>
<tr>
<td>MAF-TB</td>
<td>Multisectoral Accountability Framework to Accelerate Progress to End Tuberculosis by 2030</td>
</tr>
<tr>
<td>NGO</td>
<td>nongovernmental organization</td>
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<tr>
<td>OST</td>
<td>opioid substitution therapy</td>
</tr>
<tr>
<td>PAS Center</td>
<td>Center for Health Policies and Studies</td>
</tr>
<tr>
<td>PPE</td>
<td>personal protective equipment</td>
</tr>
<tr>
<td>RCC-THV</td>
<td>Regional Collaborating Committee on Accelerated Response to Tuberculosis, HIV and viral Hepatitis</td>
</tr>
<tr>
<td>SDG</td>
<td>Sustainable Development Goal</td>
</tr>
<tr>
<td>TB</td>
<td>tuberculosis</td>
</tr>
<tr>
<td>UN</td>
<td>United Nations</td>
</tr>
<tr>
<td>VST</td>
<td>video-supported treatment</td>
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</table>
1. 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 (CSOs), in the prevention, diagnosis, treatment and care of tuberculosis (TB), HIV and viral hepatitis (1). RCC-THV is hosted by the WHO Regional Office for Europe and represented by network members, including civil society and community experts in the area of TB, HIV and viral hepatitis; technical/funding agencies; United Nations (UN) organizations; patient groups; and medical professionals. RCC-THV supports the achievement in the WHO European Region of Sustainable Development Goal (SDG) target 3.3 (ending the TB and HIV epidemics by 2030 and combating hepatitis) (2) and ensuring universal health coverage for all three diseases.

The second meeting of RCC-THV was held online on 10 December 2020. The 39 participants comprised members of RCC-THV and representatives of WHO country offices in the Region. Annexes 1–3 outline the scope and purpose of the meeting, the meeting programme and list of participants.

1.1 Opening remarks
In their opening remarks, Nicole Seguy (HIV Team Lead, WHO Regional Office for Europe), Paul Sommerfeld (RCC-THV Chairperson) and Lella Cosmaro (RCC-THV Vice-Chairperson) welcomed participants to the meeting.

The meeting was held at a particularly critical moment: in the midst of the new coronavirus SARS-CoV-2 COVID-19 pandemic, which has seriously impacted the work on TB, HIV and viral hepatitis. During the COVID-19 pandemic, the role of CSOs and community organizations (COs) in complementing the efforts of the health force has become even more important. CSOs and COs have initiated and successfully implemented new services with flexible, creative modes of service delivery to address the needs of the people they serve. It is critically important to document, sustain and institutionalize effective direct support services to address the challenges of COVID-19.

1.2 Objectives of the meeting
The aim of the meeting was to (i) help identify emerging needs and consider effective approaches to deliver TB, HIV and viral hepatitis services and (ii) discuss actions to address the identified gaps and sustain effective services within a multisectoral response at the national and regional levels, including through setting priorities for the 2021 workplan.

Specific objectives were to:
• discuss possible ways to strengthen multisectoral collaboration and accountability to respond to the three diseases, including through the examples in the United Nations Common Position on Ending HIV, TB and Viral Hepatitis (3) and the Multisectoral Accountability Framework to Accelerate Progress to End Tuberculosis by 2030 (MAF-TB) (4);
• share examples of good practices to engage CSOs and COs in the delivery of TB, HIV and viral
hepatitis services, including during the COVID-19 pandemic, and define ways to maintain these practices in the post-COVID-19 period;
• discuss and define approaches and tools to increase the role of CSOs and COs in directly supporting service delivery for beneficiaries, including advocacy for sustainable resource allocation for CSO/CO engagement; and
• review the progress made in implementing the RCC-THV workplan for 2020\(^1\) and discuss priority areas for the RCC-THV workplan for 2021.

2. STRENGTHENING THE ROLE OF CSOS THROUGH MULTISECTORAL COLLABORATION AND ACCOUNTABILITY

Panel Session I reviewed the existing regional frameworks on multisectoral and multiparter collaboration, coordination and accountability, including the Framework for Action to implement the United Nations Common Position on the three diseases (5) and MAF-TB (4). It included examples of how CSOs have ensured the continuity of TB, HIV and viral hepatitis services during the COVID-19 crisis, including through evolving best practices to meet the challenges of COVID-19 in the WHO European Region.

2.1 Framework for Action to implement the United Nations Common Position

Dr Sayohat Hasanova (Joint Tuberculosis, HIV and Viral Hepatitis programme, WHO Regional Office for Europe) presented the Framework for Action (5) alongside MAF-TB (4) to generate discussion on how both platforms could be used for all three diseases by applying MAF-TB’s approach to HIV and viral hepatitis.

Ending the TB, HIV and viral hepatitis epidemics, needs a holistic approach that reaches beyond the health system. This approach was consolidated in the United Nations Common Position on ending HIV, TB and Viral Hepatitis through Intersectoral Collaboration (3). This identifies action areas to realise the mutual advantages in jointly addressing TB, HIV and viral hepatitis through a coordinated cross-sectoral response tailored to each country. It was launched at the High-level Meeting of the UN General Assembly on Ending Tuberculosis in September 2018, where it was signed by 14 UN Regional Directors. The United Nations Common Position builds on existing strategic priorities from different partners and defines common ground for cooperation and transparent accountability to end the TB, HIV and viral hepatitis epidemics by 2030.

\(^1\) The workplan is an annual working document, which is not publicly available.
To help countries operationalize and implement the United Nations Common Position, the WHO Regional Office for Europe and its partners developed the Framework for Action (5), which builds on existing action plans for TB, HIV and viral hepatitis in the WHO European Region. It guides and supports countries to implement intersectoral strategies to address social, environmental, economic and other non-health determinants of the three diseases, and defines 19 non-health-sector entry points for reducing risk factors for the three diseases. The Framework for Action also supports countries to examine their sectoral policies and legislation to reduce the risk of contracting TB, HIV and viral hepatitis and minimize the economic, social and health impacts for affected populations. It also defines the role of CSOs in ensuring that political commitments are translated into action, as well as into response strategies for the three diseases.

The Framework for Action is now being piloted in Belarus, Georgia, Portugal and Tajikistan, with technical assistance from the Regional Office that includes (i) mapping ongoing activities and mandates on the determinants and risk factors for TB, HIV and viral hepatitis; (ii) identifying the intersectoral actions needed and the respective roles, resources and responsibilities; and (iii) identifying the best monitoring and accountability mechanism based on existing processes (e.g. for SDG (2), the Global Fund to Fight AIDS, Tuberculosis and Malaria; the UN Sustainable Development Cooperation Framework; Unified Budget, Results and Accountability Frameworks of the Joint United Nations Programme on HIV/AIDS; interministerial roundtables; and nongovernmental organization (NGO) forums). Developing an accountability, monitoring and evaluation mechanism at the start is critically important to enable an evaluation of impact and ensure sustainability, whichever the organizational form for the Framework for Action each country chooses based on its situation.

MAF-TB is a tool to achieve and measure progress towards the implementation of political commitments to TB and agreed targets to end TB at the national, regional and local levels (4). It supports the effective accountability of governments and all stakeholders in order to accelerate progress to end the TB epidemic.

MAF-TB was developed by WHO in response to a request from Member States. It is based on the Moscow Declaration to End TB (WHO Global Ministerial Conference on Ending TB, Moscow, Russian Federation, 16–17 November 2017) (8) and the Political Declaration of the High-level Meeting of the General Assembly on the Fight against Tuberculosis (resolution A/RES/73/3), which took place on 26 September 2018 (9). MAF-TB supports the implementation of 10 new global commitments and targets that were set at the high-level meeting of the General Assembly (Table 1). These are aligned with the milestones, targets and commitments of the WHO End TB Strategy (6) and the 2030 Agenda for Sustainable Development (Target 3.3) (2,7).

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2 Target 3.3 “By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases” (2).
Table 1. Key commitments by Member States and requests to WHO

<table>
<thead>
<tr>
<th>Commitment</th>
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<tbody>
<tr>
<td>Provide diagnosis and treatment with the aim of <strong>successfully treating 40 million people</strong> with TB from 2018 to 2022, including <strong>3.5 million children</strong> and <strong>1.5 million people with drug-resistant TB</strong></td>
</tr>
<tr>
<td>Prevent TB for those most at risk of falling ill, through the rapid scaling up of access to testing and provision of preventive treatment, so that <strong>at least 30 million people receive preventive treatment by 2022</strong>, with specific targets for children, household contacts and people living with HIV</td>
</tr>
<tr>
<td>Mobilize <strong>sufficient and sustainable financing</strong>, with the aim of increasing overall global investments for ending TB and reaching at least <strong>US$ 13 billion a year by 2022</strong>, with an <strong>additional US$ 2 billion a year for TB research</strong></td>
</tr>
</tbody>
</table>

**Requests to WHO**

| Request to the Director-General of WHO to continue developing **MAF-TB** and ensure its timely implementation by no later than 2020 |

*Source: World Health Organization, 2019 (4).*

MAF-TB consist of four interlinked components: commitments, actions, monitoring and reporting, and review (Fig. 1) (4). These components are informed by laws, regulations and rules and by political, social, professional, moral and ethical codes of conduct and conventions, and should be implemented by all Member States.

**Fig. 1. The four components of MAF-TB**

- **Commitments**: The commitments and actions for which stakeholders are held accountable
- **Actions**: Monitoring and reporting, and review, are the mechanisms used to hold stakeholders to account
To support countries in launching the MAF-TB framework, WHO also developed a baseline assessment checklist for MAF-TB (10). The checklist will help countries to evaluate their baseline situation regarding the four main components of MAF-TB (4) and form a multisectoral response plan. It consists of three annexes that evaluate the status of the TB response and accountability by ministries and governmental bodies (Annex 1), engagement of civil society and affected communities (Annex 2), and adaptation and implementation of WHO TB guidelines (2016–3/2020; Annex 3).

In consultation with its partners, the WHO Regional Office for Europe developed the suggested stages and aims for launching MAF-TB at country level (Table 2).

**Table 2. Suggested stages and aims to launch MAF-TB at country level**

<table>
<thead>
<tr>
<th>SUGGESTED STAGE</th>
<th>AIM</th>
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<tbody>
<tr>
<td>1. NATIONAL CONSULTATION on the MAF-TB</td>
<td>Introduce MAF-TB tools and agree on action steps</td>
</tr>
<tr>
<td>2. Introduction/launch of BASELINE ASSESSMENT using the WHO MAF-TB checklist and annexes</td>
<td>Identify areas for further strengthening of multisectoral coordination, governance and accountability</td>
</tr>
<tr>
<td>3. Participatory ENDORSEMENT of the results of the baseline assessment</td>
<td>Discuss and agree on the main findings and priority recommendations, actions steps and time frame</td>
</tr>
<tr>
<td>4. Formalizing the MAF-TB COORDINATION MECHANISM</td>
<td>Agree on the set of functions and scope of work</td>
</tr>
<tr>
<td>5. Development of a NATIONAL ROADMAP (implementation plan) for adapting and implementing the MAF-TB</td>
<td>Address identified gaps and needs in multisectoral coordination, governance and accountability and scale up the multisectoral TB response</td>
</tr>
<tr>
<td>6. Establish a HIGH-LEVEL REVIEW MECHANISM at Head of State/Head of Government level</td>
<td>Periodically review and ensure implementation of the high-level political commitments for TB response and financial allocations</td>
</tr>
</tbody>
</table>

Currently, the Regional Office and partners are piloting operationalization of MAF-TB in five countries: Belarus, Kazakhstan, the Republic of Moldova, Tajikistan and Ukraine. WHO provides technical support for adapting all stages and components of the MAF-TB framework. The participatory approach helps to advance the MAF-TB agenda and to jointly create knowledge and a vision on the most effective route towards multisectoral collaboration and accountability. It also contributes to capacity-building and empowerment of all participants in the process.

**2.2 Examples of continuity of TB, HIV and viral hepatitis services during COVID-19**

In this session, successful examples were presented of how CSOs and COs in eastern European and central Asia were able to ensure continuity of services during the COVID-19 pandemic (by Ms Stela Bivol, Center for Health Policies and Studies (PAS Center); Ms Anna Maria Żakowicz, AIDS Healthcare Foundation Europe; and Ms Tatjana Reic, Croatian Association for Liver Diseases Hepatos, Split, Croatia).

CSOs highlighted the negative impact of the COVID-19 pandemic on the delivery of TB, HIV and viral hepatitis services to patients. Table 3 summarizes COVID-19-related challenges and adaptations by CSOs.
Table 3. Challenges of COVID-19 pandemic and adaptations by CSOs in order to ensure continuity of services

<table>
<thead>
<tr>
<th>CHALLENGE</th>
<th>ADAPTATION</th>
<th>CSO</th>
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| Acute need in food, basic needs and PPE during lockdown for all key affected populations | Distributed food and basic goods to those in need with Global Fund support  
Purchased PPE for 22 clinical sites at a total cost of US$ 36 000  
Provided 815 families with food and hygiene items, which supported their retention in care  
Delivered condoms through community leaders and by post and post boxes, focusing on women and young women | PAS Center, Republic of Moldova  
AHF Ukraine  
AHF Russia  
AHF Europe |
| Decreased community-based testing/case detection                          | Used WhatsApp appointment system for scheduling HIV testing and pre-screening, with about 130 rapid HIV tests performed for key populations (migrants and MSM)  
Used Web-based rapid HIV testing appointment system; provided 800 appointments per month  
Provided focused testing for HIV among key populations: increased seropositivity from 0.7% to 3.5%  
Established targeted testing and increased the positivity rate: the overall number of people tested was lower but the positivity rate was higher because of the focus on key populations  
• In 2019 31% of key populations were tested, with a positivity rate of 3.8%  
• In 2020 69% of key populations were tested, with a project rate of 5%  
Collaborated with the social work department to refer people at risk of HIV for testing  
In consultations with primary health care, identified 2103 at-risk people, who were accompanied to X-ray screening: in the first month, 30 TB cases (1.43%) and 188 cases of post-TB sequelae (7.5%) were detected  
This work was continued in November and December 2020, and there are plans to scale it up in 2021 | AHF Checkpoint, Amsterdam  
Positive Voice, Greece – partner of AHF Europe  
AHF Russia  
Linda Clinic, Estonia – partner of AHF Europe  
PAS Center, Republic of Moldova |
| Decreased mobility due to the lockdown restrictions (e.g. public transport was not operating during strict lockdowns) | Provided community outreach support services, home delivery of ART and TB medication  
Provided client navigation and transportation to services  
Reimbursed travel costs to ART sites | PAS Center, Republic of Moldova  
Hepatos, Croatia  
AHF Europe  
PAS Center, Republic of Moldova  
AHF Europe  
Demetra, Lithuania – partner of AHF Europe |
| Medical staff needs for specific training on the three diseases and on use of digital tools | Provided information on COVID-19 and TB, HIV and viral hepatitis through campaigns: info materials, posters and video | PAS Center, Republic of Moldova  
AHF Europe  
Hepatos, Croatia |
<table>
<thead>
<tr>
<th>Issue</th>
<th>Action</th>
<th>Partner</th>
</tr>
</thead>
<tbody>
<tr>
<td>Decreased access to health and other services</td>
<td>Provided online training on VST for 46 doctors and 52 nurses</td>
<td>PAS Center, Republic of Moldova</td>
</tr>
<tr>
<td></td>
<td>Provided online and remote counselling, outreach and communications via social media groups</td>
<td>PAS Center, Republic of Moldova; AHF Europe; Hepatos, Croatia Demetra, Lithuania – partner of AHF Europe AHF Russia</td>
</tr>
<tr>
<td></td>
<td>Provided a green corridor (easy access to health care) for newly diagnosed HIV patients through collaboration with clinics, which benefited 22% of clients with positive results nationwide</td>
<td>AHF Europe and partner CSOs</td>
</tr>
<tr>
<td></td>
<td>Provided over 4100 clients with home-based blood sampling and home visits by doctors, social workers, psychologists and peer consultants</td>
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<tr>
<td></td>
<td>Adjusted opening hours</td>
<td></td>
</tr>
<tr>
<td>Overloaded X-ray facilities due to COVID-19</td>
<td>Provided simultaneous screening for COVID-19 and TB</td>
<td>PAS Center, Republic of Moldova</td>
</tr>
<tr>
<td></td>
<td>Streamlined diagnostics and treatment support for opportunistic infections</td>
<td>AHF Europe</td>
</tr>
<tr>
<td></td>
<td>Performed 95 CT and 48 MRI examinations, resulting in 58 newly diagnosed TB patients</td>
<td>AHF Russia</td>
</tr>
<tr>
<td>Risks for adherence to treatment</td>
<td>Trained 220 persons with TB and provided them with VSTa</td>
<td>PAS Center, Republic of Moldova</td>
</tr>
<tr>
<td></td>
<td>Provided over 11 000 clients with ART at home and retained them in care</td>
<td>AHF Russia</td>
</tr>
<tr>
<td></td>
<td>Provided multi-month dispensing of medications</td>
<td>AHF Europe</td>
</tr>
<tr>
<td></td>
<td>Established StART Clubsb, which benefited 617 patients in Ukraine and the Russian Federation</td>
<td>AHF Russia, AHF Ukraine</td>
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<td></td>
<td>Established an online format, which helped to expand StART Clubs in the Russian Federation and kick off this activity in Narva, Estonia</td>
<td>AHF Europe and partners AHF Russia</td>
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<tr>
<td></td>
<td>Answered and handled 1200 calls through hotline support for people on ART</td>
<td></td>
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<tr>
<td>Mental health crisis</td>
<td>Provided mental health screening via PHQ-2 &amp; PHQ-9</td>
<td>AHF Ukraine</td>
</tr>
<tr>
<td></td>
<td>Provided 3 online webinars on mental health for doctors working at AHF-supported clinical sites: Depression and HIV, Screening, and Doctor's Role</td>
<td></td>
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<tr>
<td>Remote and digital work not fully accessible to all beneficiaries</td>
<td>Equipped 35 health facilities with Internet and laptops to provide VST</td>
<td>PAS Center, Republic of Moldova</td>
</tr>
<tr>
<td>Telework, despite positive aspects, reduces participation and advocacy</td>
<td>Needs to be further addressed</td>
<td>–</td>
</tr>
<tr>
<td>Outreach to homeless people and prisoners during quarantine</td>
<td>Needs to be further addressed</td>
<td>–</td>
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</table>
Disruptions of face-to-face activities and planned activities – not meeting targets
- Needs to be further addressed

Stigma
- Needs to be further addressed

Stock-outs of methadone and buprenorphine
- The challenge of stock-outs of OST medications needs to be further addressed\(^a\)
- Increased the use of e-health/phone services for harm reduction, with more rapid enrolment of clients (Estonia, Germany, Norway)
- Germany reported a major change to OST legislation to allow for provision digital services for up to 30 days without an in-person visit
- Estonia transitioned programmes to online platforms and reported that the new system was faster and more streamlined
- In the Netherlands, the digitalization of groups and services was reported to make services more attractive (e.g. online Chemsex groups)
- In the Russian Federation, new online chatrooms, such as the Voice of the Streets, for people who use drugs (including people who inject drugs) were reported, along with new original podcasts about harm reduction
- Massively expanded OST in many regions, with decreased waiting times for enrolment
- Increased prescription length for take-home OST medications at nearly all sites
- Made new beds available for homeless people in most cities and increased the collaboration between harm reduction centres and homeless shelters

AHF Europe

AHF: AIDS Healthcare Foundation; ART: antiretroviral therapy; CT: computed tomography; MRI: magnetic resonance imaging; MSM: men who have sex with men; OST: opioid substitution therapy; PHQ-2: Patient Health Questionnaire-2; PHQ-9: Patient Health Questionnaire-9; PPE: personal protective equipment; VST: video-supported treatment.

\(^a\) An app in which patients log their daily intake of medications and receive feedback from their health providers to sustain adherence to treatment. Data on medication intake is monitored by health-care providers.

\(^b\) Groups for people who either want to restart treatment or have challenges with adherence.

\(^c\) However, AHF Europe made some positive adaptations in OST programmes during the COVID-19 pandemic.

CSOs also highlighted that during the COVID-19 pandemic their work could be stepped up to help frontline workers and health system in the following ways:

- decongestion of the health system: providing home-based enhanced directly observed treatment, video-observed treatment, transport for people to health facilities, and volunteer doctors for online consultations and home visits for medical procedures or drug administration;
- support for health workers: providing personal protective equipment (PPE) for health staff and arranging hotel accommodation for health workers; and
- support for COVID-19 needs: providing digital surveillance and a geographical information system for case-finding and prediction models for COVID-19.

2.3 Successful practices and cases implemented by CSOs in COVID-19 pandemic

2.3.1. Video-supported treatment by PAS Center, Republic of Moldova

During the pandemic, the PAS Center accelerated the use of digital tools and created the video-supported treatment (VST) programme and app to support treatment adherence and continuity of TB treatment during COVID-19 lockdown restrictions. In April the Center started a rapid roll-out of VST in collaboration with partners from civil society and the Act for Involvement NGO to provide training and
ongoing technical support in VST for medical staff (46 doctors and 52 nurses) and people with TB (n = 220), as well as equipping 35 facilities with Internet access and laptops. These activities were undertaken within and with active involvement of the national TB programme.

Benefits of the VST model are (i) that patients receive treatment at a convenient time and place, which results in increased adherence; (ii) that medical staff maintain daily contact with patients and receive more up-to-date information on side-effects; and (iii) strengthened interaction of the national TB programme with NGOs in the provision of TB services.

The VST app has a high level of data protection (aligned to national requirements in the Republic of Moldova) to ensure full protection of patient privacy. It uses an opt-in approach for informed consent, with counselling and training given before recruitment. The app has also a reporting function through which patients can give feedback on satisfaction level, adverse effects, issues with service quality and human rights violations. Consequently, it can be used to monitor any challenges related to services and rights. National scale-up of the model is planned for 2021. Currently, the PAS Center is replicating the VST model in Tajikistan and Turkmenistan. In addition, national stakeholders have expressed interest in using the VST model for opioid substitution therapy (OST) programmes, which have the same kinds of challenges.

2.3.2. Mobile InfoHep Centres and high-level advocacy initiatives by Hepatos, Split, Croatia

During the COVID-19 pandemic, the Croatian Association for Liver Diseases Hepatos provided services for viral hepatitis patients via phone or in person. Hepatos continued outreach activities with mobile InfoHep Centres following strict epidemiological measures and using PPE. InfoHep Centre teams of service providers include medical workers, and medical vehicles are equipped to provide health services (screening and testing, counselling, FibroScan liver examinations) to remote, hard-to-reach populations. Even under COVID-19 restrictions, mobile InfoHep Centres continued to offer services to rural communities and Croatian islands.

The high level of engagement with these activities showed that accessible services are even more necessary during the COVID-19 pandemic; they are welcomed and effective, especially among hard-to-reach populations. In June 2020 InfoHep had only a 10% decrease in services compared with the previous year.

In order to prioritize viral hepatitis, Hepatos and its partners (including the WHO Country Office in Croatia) conducted high-level advocacy initiatives at a meeting in June 2020 (during the Croatian Presidency of the European Council). These initiatives aimed to put viral hepatitis high on the agenda to ensure that goals for elimination of the disease in Croatia and the western Balkans are not put on hold or abandoned during the COVID-19 pandemic.

2.4 Civil society: evolving best practice to address the COVID-19 crisis in Europe

The World Hepatitis Alliance conducted a community survey on evolving best practices to meet the challenges of the COVID-19 crisis in Europe (11). The survey received 128 responses from 32 counties, including nine from the WHO European Region (Austria, Bulgaria, Greece, Georgia, Hungary, Ireland, Serbia, Ukraine and the United Kingdom). The main findings of the survey were presented by Cary James (World Hepatitis Alliance).
The survey found that COVID-19 affected all aspects of life, from stigma and fear associated with COVID-19 to harm reduction services. Over 90% of survey respondents said that services provided by their organization been affected by the COVID-19 outbreak.

At the start of the COVID-19 pandemic, information was being issued for people living with TB and HIV by global organizations, but no information was provided for people living with viral hepatitis. This trend was noted globally. In order to address this information gap, the World Hepatitis Alliance created an online hub (12).

All CSOs demonstrated strong commitment to take action, step up and look after their communities (first three presentations in Panel Session I). In the United Kingdom, this included expanding the range of services to providing food parcels, mobile phone top-ups to ensure that people have access to online or phone counselling, and other support services for people who might be facing financial hardship.

The main observations and conclusions of the community survey on evolving best practices to meet the challenges of the COVID-19 crisis in Europe were that:

- the crisis has impacted the ability of most CSOs to deliver hepatitis-related services and the ability of patients to access viral hepatitis treatment;
- CSOs have evolved their practices and services to meet the needs of their communities; and
- reluctance to access hepatitis-related services because of fear of COVID-19 is often a greater barrier than limitations on movement or service closures.

In addition, most respondents did not agree that adequate information about COVID-19 had been provided for people living with viral hepatitis in their country.

### 3. WORKING GROUP DISCUSSIONS: PRIORITY ISSUES ACROSS THE THREE DISEASES

Participants were divided into two working groups to discuss the role of multisectoral collaboration in addressing the needs and barriers in access to care (group 1), and how to institutionalize and ensure sustainability of services through multisectoral collaboration (group 2).

#### 3.1 Multisectoral collaboration to address psychosocial needs and barriers in access to care

Group 1 considered the psychosocial needs and barriers in access to care common to all three diseases and discussed how to address these through multisectoral collaboration.
The group agreed that there are more commonalities than differences among people affected by the three diseases. Most patients in all three groups belong to vulnerable populations, suffer from stigma and face catastrophic treatment costs. Ministries of health are currently paying insufficient attention to these populations due to the COVID-19 pandemic. In particular, access to services is reduced. Common challenges in service provision for all three diseases include a lack of sustainability for services provided by CSOs and a continued need for capacity-building by service providers.

TB, HIV and viral hepatitis response services should address the comprehensive needs of affected populations (not only disease treatments), including psychosocial needs (e.g. nutritional support); help manage the side-effects of treatment; provide support to develop and sustain treatment adherence; and provide access to one-stop services.

Group 1 agreed that new barriers to accessing care have emerged because of COVID-19. Technological advances to deliver services and capacity-building strategies for law enforcement agencies (to increase awareness) should be applied to ensure continuity of services. COVID-19-related challenges include:

- limited face-to-face contact, which reduces the effectiveness of interactions with affected populations;
- strong feelings of isolation, with some population groups fearing that they will become invisible and lose their voice;
- "covidization" of services, with the focus shifted to COVID-19 and prioritization of COVID-19;
- violation of human rights (right to health) and issues related to informed consent (i.e. medical service providers do not have the time to obtain informed consent for TB, HIV and viral hepatitis treatment interventions);
- disruption of services, particularly of prevention services (e.g. vaccination for vulnerable populations, outreach activities);
- interrupted supply chain management and diagnostics due to lockdown restrictions;
- limited human resources, as all health staff are repurposed to tackle COVID-19;
- change to the model of care – the COVID-19 response is focused on hospitalization and creating more beds, whereas the TB, HIV and viral hepatitis response is based on the primary health-care approach and community level interventions;
- lack of community engagement and of integrated patient-centred services, which are not yet in place in a sustainable way;
- transportation issues; and
- poor emergency preparedness of health systems and all adaptations (sanitations, physical distancing, adequate premises) affected the continuum of care for other diseases.
3.2 Institutionalization of services and ensuring sustainability through multisectoral collaboration

The objective for group 2 was to share experiences on what services are in place, how the role of CSOs and COs increased during the COVID-19 pandemic and how services should be institutionalized and sustained through multisectoral collaboration.

The list of support services offered by CSOs to people affected by the three diseases were as follows:

- harm reduction programmes, comprising prevention, screening and diagnostic services for key affected populations (e.g. men who have sex with men, sex workers, people who inject drugs, migrants, ex-prisoners); awareness campaigns for families; and family support interventions;
- screening, testing, and interventions such as education/informational activities and decreasing stigma through awareness raising (which were previously done by infectious disease medical doctors but were taken over by CSOs/COs or general practitioners during the COVID-19 pandemic – this should be continued after the pandemic ends);
- peer support and psychological support, including by phone and online;
- case management and linkages to care (individual/people centred approach to care; and
- continuous assessment of community needs.

New services that emerged during the COVID-19 pandemic and should be sustained afterwards include:

- psychological support via phone and the Internet;
- support and assistance to access social benefits (i.e. help to apply online for social welfare payments);
- delivery of drugs, PPE and hygiene kits, and food to vulnerable populations;
- tele-clinics using digital tools (including VST) and other digital health solutions to ensure continuity of essential health services for the three diseases;
- take away/home delivery of OST to minimize contact at OST sites;
- provision of more sterile equipment and condoms, and increased HIV self-testing (and hepatitis C virus self-testing, if available); and
- flu vaccination for vulnerable populations and staff in low-threshold treatment programmes.

Group 2 members agreed that telehealth and the use of digital tools for treatment and support services have many benefits. However, key affected populations may experience barriers and challenges in accessing these interventions. Therefore, these barriers and challenges should be monitored (using community monitoring tools) and responded to. During the COVID-19 crisis, it remains important to set up and promote linkage to the available national primary health-care services, especially for the treatment of side-effects.

Group 2 concluded that although CSOs provide the continuum of interventions across the three diseases, there is a need to ensure uninterrupted continuity of services, especially during the transition from
external donor to domestic financing. The next step should be to advocate for social contracting for sustainable funding of services. Continuous training (webinars) is needed for service providers on the use of digital tools.

3.3 Final comments

The session closed with a call to participants to consider the action points from both working groups while developing the RCC-THV workplan for 2021 in the following sessions.

4. PROGRESS OF THE RCC-THV 2020 WORKPLAN

Ms Lella Cosmaro (RCC-THV Vice-Chairperson) presented the progress made since the RCC-THV meeting in Copenhagen in April 2019 (13). Participants of the meeting were encouraged to think about ideas and priorities for RCC-THV work for 2021.

A key achievement of the first RCC-THV meeting (held jointly with the Regional Collaborating Committee on Tuberculosis Control and Care in April 2019) was the development and approval of new Terms of Reference (14) and the expansion of RCC-THV. Despite the challenges of COVID-19, RCC-THV completed all three objectives set in the RCC-THV 2020 workplan (Table 4).

Table 4. Progress on the RCC-THV 2020 workplan

<table>
<thead>
<tr>
<th>OBJECTIVES</th>
<th>COMPLETED</th>
<th>IN PROGRESS</th>
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<tbody>
<tr>
<td>1. Strengthen collaboration and partnership</td>
<td>✓ Jointly developed action points on the results of the revision of existing practices on providing psychosocial support to patients with TB, HIV and viral hepatitis in the Region (15)</td>
<td>➢ Share good practices and lessons learned in transitioning from external to domestic financing of the TB, HIV and viral hepatitis response – postponed to 2021 due to the COVID-19 pandemic This issue was addressed through the support given for country funding proposals to the Global Fund</td>
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<td>✓ Held the RCC-THV annual meeting (by setting the agenda of priorities and ensuring active participation of members)</td>
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<td>2. Reinforce advocacy, communication and social mobilization</td>
<td>✓ Provided consultation input for the Framework for Action (5)</td>
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<td></td>
<td>✓ Provided input for revising the monitoring framework (indicators, new baselines and targets) for the forthcoming Tuberculosis Action Plan for the WHO European Region 2021–2030</td>
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<tr>
<td>3. Facilitate the response (to end the epidemics)</td>
<td>✓ Promoted initiatives linked to working with key and vulnerable populations in the areas of communities and rights and gender by initiating key population briefs/network presentations</td>
<td>➢ Create a roster of experts from civil society and TB-affected communities for participation in national TB programme reviews Launched/in progress</td>
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<td></td>
<td>✓ Ensured regular RCC-THV information exchange; this is ongoing through periodic calls, exchange of information and updates from all participants</td>
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In 2020 in response to COVID-19 pandemic-related challenges, RCC-THV also developed a Call to Action addressed to national governments, development partners, UN agencies and civil society to ensure
rights- and equity-based approaches in the provision of information, care and social support to people affected by the three diseases (16). The Call to Action was supported and disseminated by many important representatives and networks, including by Professor Michel Kazatchkine (Special Advisor to the Joint United Nations Program on AIDS in eastern Europe and central Asia). It was addressed to constituencies on the Board of the Global Fund, shared with Heads of WHO country offices to follow up with national governments, and disseminated through RCC-THV members and their constituencies and the Global TB Caucus. The Call to Action was used in the regional consultation with members of parliament in eastern European and central Asian countries and informed the Regional (eastern Europe and central Asia) resolution on COVID-19 and its impact on TB (17).

Despite the positive response to the Call to Action, members of RCC-THV are still concerned about the safety and health conditions of people affected by TB, HIV and viral hepatitis and factors of vulnerability during the COVID-19 pandemic, including exposure to stigma and discrimination, lack of access to quality health services, lack of universal health coverage, and lack of information and social support.

5. ACTION POINTS FOR RCC-THV

Based on plenary and working group discussions, a number of action points for the 2021 were suggested.

5.1 Action points from working groups

5.1.1 Multisectoral collaboration in addressing psychosocial needs and barriers in access to care

Working group 1 suggested follow-up action points by RCC-THV members in their respective countries and organizations. These were to advocate for and actively participate in sustainable collaborative activities and coordination beyond the health sector to comprehensively address psychosocial needs by:
- developing well-functioning multisectoral mechanisms;
- establishing high-level review mechanism to monitor the multisectoral response to the three diseases;
- implementing joint approaches and responses to TB, HIV, viral hepatitis and COVID-19 (one-stop services);
- disseminating best experiences among stakeholders;
- ensuring transparency for all activities;
- using the peer approach for accessing hard-to-reach populations and using CSOs to build trust between medical staff and beneficiaries;
- enhancing dialogue between the ministries of health, social protection, education/youth and justice; and
- conducting a needs assessment to identify the best way forward.

5.1.2 Institutionalization of services and ensuring sustainability through multisectoral collaboration

Working group 2 suggested follow-up action points by RCC-THV members in their respective countries and organizations. These were to advocate for and participate in institutionalization of services and advance multisectoral collaboration and intersectoral
coordination in countries by:
- supporting countries to implement the WHO MAF-TB (4);
- promoting the implementation of standardized packages of community-based services (including psychosocial support) for the three diseases at country level;
- building the capacity of medical staff in new approaches using e-learning;
- launching platforms for sharing best experiences across the region;
- developing health emergency plans incorporated into national strategic plans on the three diseases; and
- developing a guide on visual outreach (i.e. recruiting beneficiaries into services via social networks and digital tools).

5.2 Suggested action points for the RCC-THV 2021 workplan

Potential priority areas for the RCC-THV workplan for 2021 were proposed and discussed by RCC-THV members. These areas will form the core of the 2021 workplan through prioritization, assessment of feasibility and resource availability. The priorities are aligned with three core objectives of the RCC-THV: strengthening collaboration and partnership; reinforcing advocacy, communication and social mobilization; and facilitating the response to end epidemics. Suggested priority areas were to:

- develop the RCC-THV communication plan;
- develop an annual plan of RCC-THV advocacy initiatives based on the results of the multistakeholder rapid assessment of the impact of COVID-19 on testing for HIV, hepatitis, and sexually transmitted infections and related impact on diagnostics;
- undertake a modelling analysis of the potential impact of the COVID-19 pandemic on the TB epidemic (WHO and the Stop TB Partnership) and other assessments (WHO Regional Office for Europe);
- officially launch the report, Psychosocial Support for People with TB, HIV and Viral Hepatitis in the Continuum of Care in the WHO European Region (18), with media involvement (briefing or other media event) to promote the multisectoral response;
- document the best practices to address TB, HIV and viral hepatitis, which have to be sustained during the COVID-19 pandemic, including a statement on ensuring sustainability of these practices to be distributed among national and global stakeholders, and donor agencies (Global Fund);
- advocate for broader access to treatment for the three diseases, regardless of residency status, based on the precedent set during the COVID-19 pandemic, when services were provided to non-residents;
- advocate for equal distribution of funding for the three diseases using different approaches and advocacy tools (e.g. in Global Fund programmes, TB funding is lower than for the other diseases) by:
  - involving parliamentarians in joint advocacy activities to ensure that funds for TB, HIV and viral hepatitis are not diverted to cover the COVID-19 pandemic to:
  - advocacy for stronger involvement of communities and closer working of communities with parliamentarians and governments;
  - involving the UNITE parliamentarian group in RCC-THV advocacy actions and reconnect with UNITE (19); and
  - discussing with the Global TB Caucus (network of parliamentarians) what can be done in collaboration with the network (20);
• conduct a survey among RCC-THV members on how to make better use of the RCC-THV platform and what are members' expectations;
• finalize the roster of consultants for national TB programme reviews;
• support information campaigns to ensure equitable access to COVID-19 vaccination for key affected populations; and
• expand RCC-THV at national level to produce a meaningful impact in countries focused on multipartner and multisectoral responses to the three diseases.

Other activities to be considered by RCC-THV members at country level and with the help of their respective organizations are to:

• advocate for providing support to CSOs to survive the COVID-19 crisis, especially in the transition from the international to domestic funding (i.e. through state provision of social grants for CSO involvement in the response to the three diseases;
• build the capacity of CSOs to jointly advocate for the three diseases;
• promote the uptake and endorsement of innovations (including technology) in countries of the Region during the COVID-19 pandemic;
• link national efforts of RCC-THV with those of the Global Action Plan for Healthy Lives and Well-being for All (21), which are currently taking place in Georgia, Kyrgyzstan, Tajikistan, Turkmenistan and Ukraine.
• investigate testing for TB versus COVID-19 to ensure that the measures introduced for the COVID-19 response are also implemented for TB and that TB services are maintained and improved; and
• secure a role for CSOs in massive COVID-19 vaccination programmes.

When finalizing the workplan for 2021, RCC-THV members were invited to brainstorm the available resources and capacities to support different activities and determine how these resources may be aligned with the activities of different organizations working at the country and regional levels. For example, if there is a need to create a communication campaign, some organizations may already have resources aligned to this activity. This information will help in developing a costed plan and in understanding the approach needed.

6. CLOSING REMARKS

In summary, RCC-THV Chair Paul Sommerfeld said that understanding the importance of MAF-TB should be one of the major learning points of the meeting. CSOs should see it as a critical mechanism for highlighting the value of action on TB, HIV and viral hepatitis and the validity of civil society activity. RCC-THV is a useful, practical mechanism for interaction between all partners engaged in the responses to TB, HIV and viral hepatitis. Through this mechanism, the voice of organizations working in the response to the three diseases is heard by the WHO Regional Office for Europe and other key partners.
REFERENCES


ANNEX 1. SCOPE AND PURPOSE

Second meeting of RCC-THV
Virtual meeting
10 December 2020

Background

Despite having the fastest rate of decline in TB incidence and mortality among all of the WHO regions, the European Region is home to one third of people with multidrug-resistant TB worldwide. Moreover, the Region has one of the most rapidly growing HIV epidemics in the world, with a sharp increase in TB/HIV coinfection over the past decade. Likewise, viral hepatitis is an important public health concern that has only recently received attention as a global health priority. TB, HIV and viral hepatitis are influenced by a common range of social, economic and environmental determinants (1). This underscores the need for integrated and enhanced efforts to respond to these epidemics across all relevant sectors, beyond health. An enhanced and accelerated multisectoral partnership can ensure that the various multisectoral determinants of these three communicable diseases are addressed.

The COVID-19 pandemic is having a catastrophic impact on the most vulnerable communities around the world and threatens progress in the fight against TB, HIV and viral hepatitis. Lockdowns, economic insecurity and overstretched capacity of the health system, with a primary focus on the COVID-19 response, have led to new barriers for people with one or a mix of the three diseases. CSOs and COs are recognized as having an important role as front-line providers of direct support services to people with TB, HIV and viral hepatitis to complement the efforts of the health system. New services based on flexible, creative modes of delivery have been initiated and successfully implemented by CSOs and COs to address the needs of the people they serve. It is critically important that such effective, direct support services are documented, sustained and institutionalized.

RCC-THV supports the achievement in the WHO European Region of SDG target 3.3 (to end the TB and HIV epidemics by 2030 and combat hepatitis) and of ensuring universal health coverage for the three diseases. Within its mandate, RCC-THV promotes information exchange and strengthened involvement of national and international partners (including CSOs) in the prevention, diagnosis, treatment and care of TB, HIV and viral hepatitis.

Objectives

The RCC-THV 2020 annual face-to-face meeting will help to identify needs and reflect on effective approaches in TB, HIV and viral hepatitis service delivery, and discuss actions to address identified gaps and sustain effective services within multisectoral response at the national and regional levels, including through setting priorities for the 2021 workplan.

Objectives of the RCC-THV 2020 workshop are to:

- discuss possible ways of strengthening the multisectoral collaborative approach to respond to three diseases and develop a framework for better accountability, including through examples of the United Nations Common Position on Ending HIV, TB and Viral Hepatitis through Intersectoral Collaboration (2) and MAF-TB (3);
- share examples of good practices on CSO and CO engagement in the delivery of TB, HIV and viral
hepatitis services (including during the COVID-19 pandemic) and define ways to maintain them in the post-COVID-19 period;

- discuss and define approaches and tools to increase the role of CSOs and COs in direct support for service delivery for their beneficiaries, including advocacy for sustainable resource allocation for CSO/CO engagement; and
- review the progress made in implementation of the RCC-THV 2020 workplan, discuss priority areas for the RCC-THV 2021 workplan and review progress made since the seventh RCC-THV meeting of 11 April 2019 (4).

Methods

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

Language

The working languages is English.

References


## ANNEX 2. PROGRAMME

**Second meeting of RCC-THV**  
**Virtual meeting**  
**10 December 2020**  

**Original: English**

<table>
<thead>
<tr>
<th>Time</th>
<th>Topic</th>
<th>Speaker/Lead</th>
<th>Comments</th>
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<tbody>
<tr>
<td><strong>Session I: INTRODUCTION</strong></td>
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<tr>
<td>Chair: Nicole Seguy, HIV Team Lead, WHO Regional Office for Europe</td>
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<tr>
<td>09.45–10.00</td>
<td>Introduction to the mode of the meeting and general rules</td>
<td>Nicole Seguy, HIV Team Lead, WHO Regional Office for Europe</td>
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<tr>
<td>10.00 – 10.10</td>
<td>Opening remarks</td>
<td>Paul Sommerfeld, RCC-THV Chairperson</td>
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<td>Lella Cosmaro, RCC-THV Vice-Chairperson</td>
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<tr>
<td>10.10–10.15</td>
<td>Presentation of the objectives of the meeting</td>
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**Panel session I. Advancing multisectoral collaboration, intersectoral coordination, and accountability:**  
**Increasing the role of CSOs in delivery of TB-, HIV- and viral-hepatitis-related services**  
**Chairs: Paul Sommerfeld, RCC-THV Chairperson; and Nicole Seguy, HIV Team Lead, WHO Regional Office for Europe**

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<tr>
<th>Time</th>
<th>Topic</th>
<th>Speaker/Lead</th>
<th>Comments</th>
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<tbody>
<tr>
<td>10.15–10.25</td>
<td>Towards national multisectoral response and accountability:</td>
<td>Sayohat Hasanova, Joint Tuberculosis, HIV and Viral Hepatitis programme, WHO Regional Office for Europe</td>
<td>Objective: to have the Framework for Action and MAF-TB as a case study, and to discuss the possibility of having these platforms for the three diseases</td>
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<td>Framework for Action to implement the United Nations Common Position on ending HIV, TB and viral hepatitis, and a case example of the MAF-TB</td>
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<td>10.25 – 11.00</td>
<td>Ensuring the continuity of TB, HIV and viral hepatitis services during COVID-19: the role of CSOs &amp; COs</td>
<td>Stela Bivol, Director, PAS Center, Republic of Moldova: TB – 8 min Anna Żakowicz, Europe Bureau Deputy Chief, AIDS Healthcare Foundation: HIV – 8 min Tatjana Reic, President, Croatian Association for the Liver Diseases Hepatos – 8 min</td>
<td>Objective: to support partners sharing their experiences of CSO &amp; CO involvement in direct service delivery during the COVID-19 pandemic</td>
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<td>CSOs’ evolving best practice to meet the challenges of the COVID-19 crisis in Europe</td>
<td>Cary James, Chef Executive, World Hepatitis Alliance – 5 min</td>
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<tr>
<td>11.00–11.10</td>
<td>Q&amp;A</td>
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</table>
## Working groups. Priority issues across the three diseases for a multisectoral response, intersectoral coordination and accountability

<table>
<thead>
<tr>
<th>Time</th>
<th>Working group 1:</th>
<th>Facilitators:</th>
<th>Objective:</th>
</tr>
</thead>
</table>
| 11.10 – 11.50 | 1. What are commonalities across psychosocial needs for people affected by three diseases?  
2. What new barriers in access to care emerged because of COVID-19?  
3. What collaborative activities and coordination beyond the health sector should be in place to comprehensively address psychosocial needs? | Cary James, RCC-THV Core Group member, World Hepatitis Alliance  
Oxana Rucsineanu, RCC-THV member, Societatea Moldovei Împotriva Tuberculozei | to reflect on the psychosocial needs and barriers in access to care across commonalities in three diseases and how those should be addressed through multisectoral collaboration |
| 12.00 – 12.10 | Reporting back to the plenary | Reporters for the groups | 5 min/group |

## Panel session II. Progress of the RCC-THV 2020 workplan and preliminary suggestions for 2021

**Chairs:** Paul Sommerfeld, RCC-THV Chairperson; Nicole Seguy, HIV Team Lead, WHO Regional Office for Europe

<table>
<thead>
<tr>
<th>Time</th>
<th>Presentation of progress made in the 2020 workplan and a review of progress since the seventh meeting of RCC-THV, 11 April 2019</th>
<th>Facilitator: Lella Cosmaro, RCC-THV Vice-Chairperson</th>
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</table>

## Group discussion: Setting the priorities for the RCC-THV 2021 workplan

| Time        | Discussion 1. What should be the priorities of the RCC-THV workplan for 2021?  
2. What could be done by RCC-THV as an entity to advance multisectoral collaboration and intersectoral coordination and sustain TB, HIV and viral hepatitis services? | Facilitator: Paul Sommerfeld, RCC-THV Chairperson | Objective: to brainstorm and provide input for priorities of the RCC-THV 2021 workplan |
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<tr>
<td>12.50 – 13.00</td>
<td>Summary and wrap up</td>
<td>Paul Sommerfeld, Nicole Seguy, Askar Yedilbayev</td>
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</tbody>
</table>
## ANNEX 3. LIST OF PARTICIPANTS

### Members of RCC-THV

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
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<tbody>
<tr>
<td>Paul Sommerfeld</td>
<td>Chairperson, RCC-THV and Chair of TB Europe Coalition Board</td>
</tr>
<tr>
<td>Lella Cosmaro</td>
<td>Vice-Chairperson, RCC-THV and Member of the Board of Directors, Fondazione LILA Milano ONLUS</td>
</tr>
<tr>
<td>Isabela Barbosa</td>
<td>Policy Officer, Global Commission on Drug Policy</td>
</tr>
<tr>
<td>Stela Bivol</td>
<td>Director, PAS Center, Chisinau, Republic of Moldova</td>
</tr>
<tr>
<td>Cristina Celan</td>
<td>Project Manager, PAS Center, Chisinau, Republic of Moldova</td>
</tr>
<tr>
<td>Yuliya Chorna</td>
<td>Expert Consultant, TB Europe Coalition</td>
</tr>
<tr>
<td>Svetlana Doltu</td>
<td>Public Health Program Manager, Act for Involvement, Republic of Moldova</td>
</tr>
<tr>
<td>Maka Gogia</td>
<td>Program Director, Georgian Harm Reduction Network and European AIDS Treatment Group</td>
</tr>
<tr>
<td>Asgar Ismayilov</td>
<td>Advocacy Officer, Stop TB Partnership</td>
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<th>Name</th>
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<tbody>
<tr>
<td>Marko Korenjak</td>
<td>President, European Liver Patients' Association</td>
</tr>
<tr>
<td>Michael Krone</td>
<td>Executive Coordinator, AIDS Action Europe</td>
</tr>
<tr>
<td>Ms Aida Kurtovic</td>
<td>Executive Director, Partnerships in Health, Bosnia and Herzegovina and Eastern Europe and Central Asia Constituency, the Global Fund to Fight AIDS, Tuberculosis and Malaria</td>
</tr>
<tr>
<td>Giedrius Likatavicius</td>
<td>Expert Consultant</td>
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