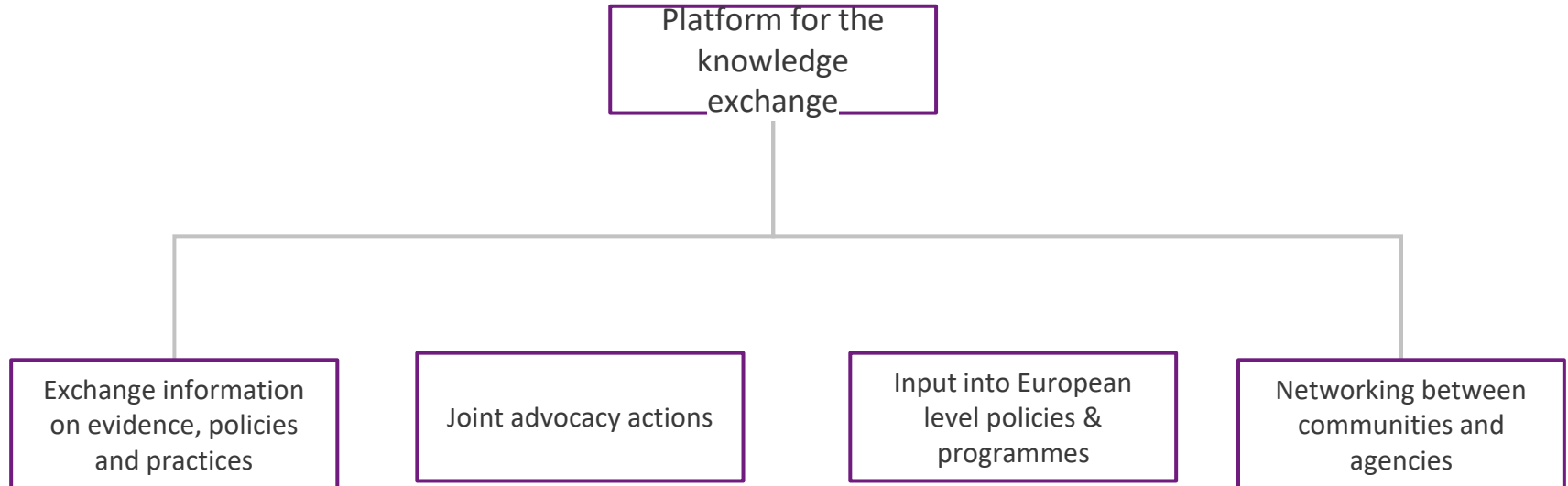


EU Civil Society Forum – Thematic Network on HIV, TB, viral Hepatitis and STIs

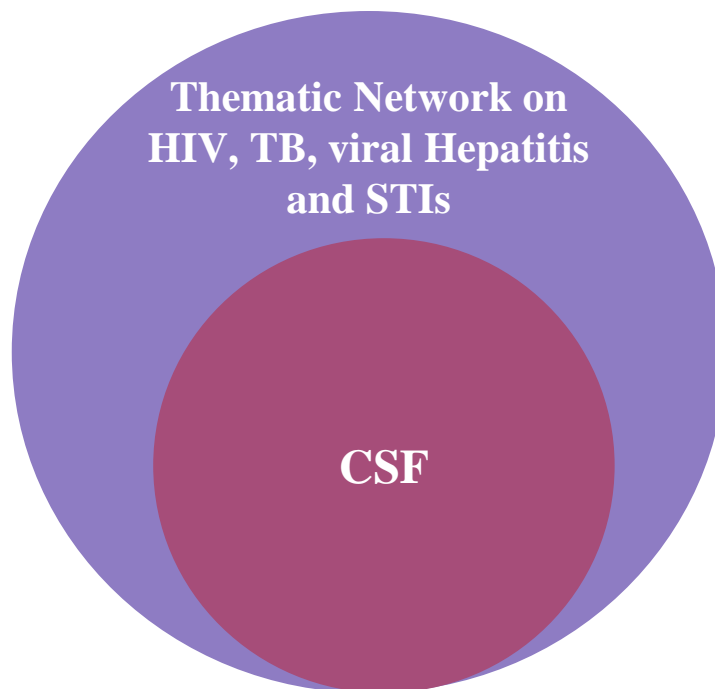
EU Health Policy Platform Annual Meeting
Luxembourg, 19 April, 2023



Purpose



**Civil Society Forum =>
Thematic Network on HIV, TB, viral Hepatitis and STIs**



Why are new plans needed?



REPRESENTS 1 MILLION PEOPLE

Major public health burden



2.6 million

people live with HIV



14 million

people infected with the hepatitis B virus



13 million

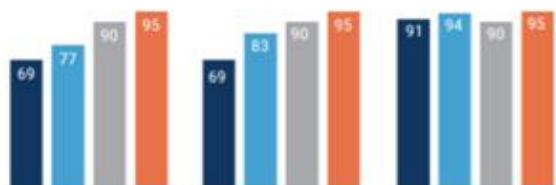
people chronically infected with the hepatitis C virus



23 million

cases of gonorrhoea, syphilis, chlamydia and trichomoniasis a year

Insufficient progress



Aware of HIV status On treatment Virally suppressed

■ 2015 ■ 2020 result ■ 2020 target ■ 2030 target

HIV 90-90-90 targets not met



Numbers of new HIV infections and the HIV-associated mortality rate rose in 2020

50%

of people have a late diagnosis; many people remain undiagnosed and untreated



Persisting barriers for key populations: legal, stigma and discrimination

“HIV, viral hepatitis (VH) and STIs are increasingly becoming regionalized epidemics that are concentrated in key and vulnerable populations” (WHO Europe)

2022–2030 Action Plans for ending HIV, viral hepatitis and STIs in the WHO European Region

New challenges and opportunities

Impact of COVID-19



24% drop in HIV diagnoses

Humanitarian crises



Risk of loss in progress against targets

Innovative technologies and approaches



Agile systems for rapid uptake of innovations

Renewed political and financial commitment needed to rebuild the disease response and urgently get back on track.

Source: 2022–2030 Action Plans for ending HIV, viral hepatitis and STIs in the WHO European Region

Why do we need a new TB action plan?



REPRESENTS 1 000 PEOPLE, DATA FROM 2020

Major public health burden



69 000

estimated new cases of DR-TB



29 000

estimated people
with TB/HIV coinfection



The European Region is home to 24% of the global burden of MDR-TB and 47% of the global burden of pre-XDR-TB

Main challenges



Low DR-TB treatment success rate



TB/HIV coinfection rates are high and rising: 12% among new TB cases (2020)



Extremely slow uptake of TB preventive treatment: only 16% of target population enrolled

How to reach goals

<10% of countries have punitive legal and policy environments that deny access to justice.

<10% of people living with HIV and key populations experience stigma and discrimination

<10% of women, girls, people living with HIV and key populations experience gender inequality and violence.

- Better + integrated services
- Multi-disease care and diagnostics
- Outreach
- Engaging communities
- Testing!
- Access to treatment
- Rebound prevention – w/diversity of platforms

Source: GAS and WHO

Towards a world where a person is of the highest value again



© Alexander Ermochenko/REUTERS

We call on the European Commission to promote mainstreaming of assistance to refugees and other key populations at high risk for socially dangerous diseases: HIV/AIDS, TB, Hep



How to improve healthcare?

- Changing clinical demands and care
 - **Audit and re-auditing - standards of care and prevention**
 - **Participatory approaches**
 - **Standardised Package of Care in TB by civil society**
 - **Regulatory and funding frameworks for decentralised services**
 - **Digital platforms**
 - **HCV elimination and Luxembourg prison programmes and access to treatment**
 - **Meds access**
- Access to meds
 - Pediatric formulation, Rifapentin
 - HIV Long-acting for prevention and treatment, oral PrEP
 - HCV treatment
- Barriers to decentralised community and peer based services
- No universal health coverage
- Criminalisation/stigma

Cross-border health care ?

- Continuity of prevention & care
 - Cross-sectoral and cross-country platforms
- Availability of and access to regimen used in Ukraine in EU countries (HIV, OAT, HCV, TB)
 - Increase access to TB treatments and inexpensive Dolutegravir based regimens
 - Low threshold access to OAT
- Testing and vaccination
 - Testing at gynaecologist or general practitioner + community-based testing provision and HIV and HCV self-testing
- Health system capacity

Cross-border health care ?

- NGO's limited resources
 - Stigma or fear of stigma
 - Language barrier and lack of information.
 - Refugees with several basic needs
 - Mental health issues
 - Need for individualised
- Funding and long-term one
 - Integrated approaches and flexible services
 - Training of health and social workers
 - Needs assessments
 - Peer-based programmes
 - Hiring Ukrainian speaking peers and health professionals
 - Expanding harm reduction services and outreach

The Importance of Tackling Stigma

ECDC Community Survey

- **28%** felt ashamed of having HIV
- **58%** found it difficult to disclose HIV status
- High stigma levels correlate with poor physical health and life satisfaction

Stigma in Healthcare Settings

- **56%** concerned about being treated differently by professionals
- **26%** felt this way within the past year
- **1 in 3 avoided** healthcare services due to expected discrimination

- Educate & train healthcare workers
- Enforce anti-discrimination legislation
- Inform people of their rights and remedies for rights violations
- Define and monitor progress

Stigma & Discrimination of Key Populations

- Persist in all countries
 - Migrants, people who use drugs, sex workers, transgender people
 - Risk factor for HIV, TB and viral hepatitis
- A person is more than a circumstance or conditions
 - Use language separating disease or condition from the person
 - Make services inclusive (discrimination and judgment free) and accessible
 - Peer-based programme and community inclusion in policies programmes

Stigma & Discrimination faced by People who use drugs

- Repressive drug policies & criminalisation of drug use
 - Anti-discrimination training: law enforcement, media, and medical professionals
- Discriminatory media coverage & rhetoric perpetuates stigma
 - Support organisations assisting refugees from Ukraine
- Refugees, hide drug use, HIV status, or substitution therapy usage
 - Peer-based programmes

Stigma & Discrimination faced by LGBTQI+

- Exposure to risks of violence, poverty & limited access to healthcare and employment
 - Prioritise needs of marginalised groups within LGBTQI+ community with their inputs
- Discrimination from medical professionals, including misgendering & ignoring patients' needs
 - Train medical professionals
 - Inclusive, participatory and intersectional research

Stigma and discrimination faced by migrants

- Language and policy barriers, racial injustice
 - Co-develop services with migrant communities
- Unconscious bias & disparities in service access
 - Engage migrants in service implementation and evaluation
- Lack of quality data hinders understanding complexities & intersectionalities
 - Offer community-led, culturally competent services sensitive to migrants' backgrounds
 - Universal access

Criminalisation

- 129 countries have HIV-specific criminal laws or applied general criminal laws to PLHIV
 - Laws overreact to negligible risks & based on outdated scientific knowledge
 - Marginalised community members disproportionately targeted, perpetuating HIV stigma
- Repeal or reform punitive laws (Denmark, Montenegro, Sweden)
 - Update laws based on scientific evidence (Denmark, US, Zimbabwe)
 - Develop guidance on 'U=U' and viral phylogenetics (UK, Canada, US)
 - Encourage ECDC or similar bodies to issue pan-European guidance & educate policymakers on harms of punitive approaches

Stigma, Discrimination & Criminalisation faced by Sex Workers

- Criminalisation leads to negative health
 - Stigma & discrimination undermine access to healthcare
 - Higher risk of sexual or physical violence, HIV & STIs in criminalised environments
 - Limited access to health services due to fear of arrest or discrimination or deportation for undocumented migrants.
- Decriminalisation of sex work, including sex workers, clients and third parties
 - Adopt a rights-based framework, respecting the dignity of sex workers
 - Offer extensive community-based and led sexual health services
 - Sex workers should be meaningfully included in the development, delivery & evaluation of health services.
 - Support peer-based service provision in decriminalised environments

Working in Partnership to achieve Zero Discrimination

- Governments should provide support beyond funding, allowing NGOs & community-based organisations to decide on accessible service provision
- Collaborative data collection with NGOs & community-based organisations to include key populations' voices &
- Achieve policy harmony between different branches through collaborative mechanisms

QUESTIONS ? ENDORSEMENT?

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THANK YOU!