

HEALTH MATTERS



EU POLITICAL LEADERSHIP
NEEDED TO END HIV, TB
& HEPATITIS C IN EUROPE

AN ALARMING HEALTH SITUATION

The latest surveillance data and reporting from national, European and international public health agencies all underline that the HIV/AIDS, Tuberculosis (TB) and Hepatitis C epidemics continue to represent major public health threats in Europe. Paradoxically, the response to the three diseases has slipped down the political agenda of the new European Commission. Political leadership is urgently needed to tackle the three most prominent “cross-border health threats” (Decision No 1082/2013/EU) in the EU and its Eastern neighbourhood.

HIV remains one of the biggest public health concerns across Europe, home to 2.5 million people living with the disease and hosting the **fastest growing epidemic in the world**. In the European Union/European Economic Area (EU/EEA), new HIV infections among men who have sex with men have increased by one third in the last decade. HIV new annual infections have increased by 30% between 2000 and 2014 in Eastern Europe and Central Asia. In certain parts of Europe, the treatment coverage is lower than in developing countries with generalised epidemic.

The European region also hosts a quarter of the global **Multi-Drug Resistant TB (MDR-TB)** burden, a strain of the disease which is much more difficult, lengthy and expensive to treat and puts in perspective the dilemma posed by the threat of **anti-microbial resistance** to public health. The EU/EEA hosts some of the lowest MDR-TB treatment success rates in the world. Only 1/3 patients with MDR-TB is successfully treated. Eastern Europe and Central Asia (EECA) has the highest rates of MDR-TB among new TB cases in the world. The highest rates of MDR-TB ever documented have been reported in Belarus, which found that 45% of patients had MDR-TB.

According to the World Health Organization (WHO), 14 million people in the European Region are chronically infected with **hepatitis C virus (HCV)**, an infection of the liver. Around 84,000 people die each year as a result of cirrhosis and liver failure caused by the infection. Globally, two out of three persons who inject drugs (PWID) have HCV infection, with rates in European countries varying between 14% and 84%. Without action, the burden of HCV disease in PWID is expected to rise in the coming years owing to the aging of the infected population and low treatment uptake.

At the same time, there is a possible brighter future ahead. Indeed, recent major scientific advancements and a wealth of experience in dealing with HIV, TB and hepatitis C opened opportunities to end these epidemics as public health threats.



CURRENT EU POLITICAL COMMITMENTS

Despite being an urgent public health threat, HCV has had little attention by the public or policymakers in Europe, with major gaps in national-level strategies, action plans and guidelines. The EU TB Framework Action Plan dates back to 2008 and urgently needs to be updated. A gap analysis has been submitted to the European Commission by the ECDC in September 2014, but no follow up has been given so far. The current EU HIV Action Plan, an extension of a 2009 European Commission Communication, will expire in 2016. The Communication and the HIV Action Plan cover both EU and Eastern Partnership countries. It established a member states' Think Tank and a Civil Society Forum on HIV/AIDS to help with policy implementation and to strengthen cooperation among countries, civil society and international organisations. The recently published evaluation of the Communication recommended the development of a new Communication.

WHY IS EU POLITICAL LEADERSHIP URGENTLY NEEDED?

Across Europe, key populations are left behind, facing stigma, discrimination and scarce political leadership and investments to address their health needs. In Eastern Europe and Central Asia, international donor support to TB and HIV programmes is drastically being reduced and absent for HCV testing and treatment. In some countries, health budgets and prevention programmes have been cut or are at risk of being cut, access to treatment and care for undocumented migrants is limited or not available at all, regulations that result in the discrimination of key affected populations are introduced and access to affordable medicines in a context where prices are skyrocketing is increasingly an issue. Therefore, political strategies need to be put in place with governments of the region to make sure that progresses made so far do not recede. If we fail to maintain efforts and invest now, we risk that the epidemics flare up anew with severe human and financial consequences. Political commitment from all governments and EU leadership are vital to curb those epidemics.

The EU needs to adopt as a matter of urgency a comprehensive Policy framework addressing HIV/AIDS, Tuberculosis and Hepatitis C, if it aims to achieve the objectives of the Health For Growth Programme 2014-2020, bearing in mind the different situation and specific challenges of EU member states and their neighboring countries in Eastern European and Central Asia.

WE URGENTLY CALL ON THE EU & ITS MEMBER STATES TO:

DEVELOP AN EU POLICY FRAMEWORK

on HIV, TB & Hepatitis C for 2016-2020 addressing the specific nature of the epidemics in the EU & in the Eastern Partnership countries, including specific regional and subregional strategies to strengthen the political response to these diseases;

WORK TOGETHER

in the context of the upcoming EU Presidencies, notably the Netherlands, Slovakia & Malta to put the EU Policy Framework on the agenda and agree with Member States and Eastern Partnership countries on concrete regional strategies to address the three diseases;

SET UP MECHANISMS

to ensure HIV/AIDS, TB & Hepatitis civil society and communities' adequate and meaningful involvement in policy implementation, as well as cooperation among countries, civil society and international organisations.



SOAIDS



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