



THE
HEPATITIS



TRUST



OPEN LETTER

Brussels, 28 March 2018

Dr Vytenis Andriukaitis, European Commissioner for Health & Food Safety
cc: Mr Frans Timmermans, European Commission First Vice-President
Mr Xavier Prats Monné, Director General, DG Santé

SUBJECT: EU ACTION ON HIV, HEPATITIS, AND TUBERCULOSIS; STAFF WORKING DOCUMENT

Dear Commissioner Andriukaitis,

We write to you as a collective of organisations representing the interests of some of Europe’s most underserved communities, including: LGBTBI, homeless, migrants, people who inject drugs, sex workers and prisoners. We have united under the banner ‘Nobody Left Outside’ - an initiative whereby our organisations can work together on shared challenges and seek common solutions to improve access to healthcare for the communities of people we represent.

Improving access to health and social care for marginalised or vulnerable people is fundamental to the achievement of the Sustainable Development Goal 3.3 to end the epidemics of AIDS, tuberculosis, viral hepatitis and other communicable diseases by 2030, as well as goal 3.8 to achieve universal health coverage (UHC). It also underpins the realisation of the European Social Charter.

These epidemics carry a grave cost

In 2016, around 30,000 people were newly diagnosed with HIV infection in the EU/EEA, with no clear signs of an overall decrease.¹ Around half of people were diagnosed at a late stage of infection. At least one in seven people living with HIV are not aware of their status, hence cannot benefit from treatment and may unknowingly transmit the infection.² HIV prevalence is much higher in some EU/EEA countries and amongst key populations despite ECDC specific guidance on the issue.^{3,4}

Viral hepatitis is one of the leading public health threats globally. In the EU/EAA, 4.7 million people are estimated to be chronically infected with hepatitis B and 5.6 with hepatitis C virus⁵. Each year around 70,500 people die in the EU from HCV-related liver disease alone⁶ and thousands are diagnosed late.

European Commission must take a leadership role

EU leadership and action on these major public health threats is vital: national actions alone will not suffice and risks Europe falling short of achieving an SDG that the much of the world regards as genuinely possible. Indeed, this is an **unprecedented opportunity for Europe to lead efforts toward this shared global vision.**

It is the European Commission's intrinsic role to ensure that there is cooperation on cross-border measures by launching a multi-sectoral plan for regional collaboration to harmonise prevention, screening, testing and treatment protocols, and drive up standards across the region.

We therefore welcomed the European Parliament's Resolution of 5 July 2017, calling on the Commission and Member States to develop a comprehensive EU Policy Framework, and particularly the Parliament's recognition that working with key communities and vulnerable people (through multi-sectoral cooperation with NGOs representing affected populations) is the way forward. We were reassured that the Parliament requested the Council call for solid national action plans to this effect.

Further, we note with immense optimism that the European Commission is drafting the long-awaited follow-up to the EU Action Plan on HIV/AIDS, Viral Hepatitis and Tuberculosis, which expired in 2016. **However, we are disappointed at the delay in this concerted Commission response, given the urgency of the situation and the need for EU leadership.**

The time is now

As representatives of the communities most affected by HIV/AIDS, viral hepatitis and TB, we reiterate the need for strong EU-level political commitment to cross-border and cross-disciplinary cooperation to address these threats, toward the achievement of SDG 3.3 and 3.8.

We have identified a number of priorities that must be addressed in the next EU action to support Member States to provide universal health coverage and genuine equity of access:

1. Effective leadership and governance, including Health Ministry leadership with defined roles, based on principles of equity.
2. Design and delivery of user-centred, integrated community-based services (spanning disease prevention, testing, diagnosis, treatment, and associated support services) to ensure marginalised groups can access and benefit fully from services.
3. Workforce education and training to address stigma and enable staff to deliver effective services.
4. Data collection and monitoring of health needs and outcomes of underserved populations and appropriate assessment to ensure the services are working.
5. Sustainable financing based on local needs assessment, taking account of innovative funding models where necessary. This is also an opportunity to innovate with EU Structural Funds to improve social cohesion.
6. Involvement of affected communities at every stage – this will be pivotal to achieving success.

To conclude, and speaking with a single voice on behalf of many groups currently left outside of Europe's healthcare systems, we re-iterate that the EU's next action in the field of HIV/TB/hepatitis must be built on a robust strategy, and unwavering commitment and leadership. SDG 3.3 and 3.8 can be achieved through a strong multi-sectoral, cross-border and innovative approach. Europe can, and should, lead the world toward this shared global vision.

We look forward to your response and would very much welcome the opportunity to meet with you and your teams to discuss these priorities.

Yours sincerely,

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Director, NPS Italia

George Kalamitsis
President, Prometheus

¹ European Centre for Disease Prevention and Control/WHO Regional Office for Europe. *HIV/AIDS surveillance in Europe 2017 – 2016 data*. Stockholm: ECDC, 2017.

² Pharris A, et al. Estimating HIV incidence and number of undiagnosed individuals living with HIV in the European Union/European Economic Area, 2015. *Euro Surveillance*. 2016;21(48):pii=30417.

³ European Centre for Disease Prevention and Control. *The status of the HIV response in the European Union/European Economic Area, 2016*. Stockholm. ECDC: 2017

⁴ European Centre for Disease Prevention and Control. *Thematic report: Migrants. Monitoring implementation of the Dublin Declaration on Partnership to Fight HIV/AIDS in Europe and Central Asia: 2012. Progress Report*. Stockholm: ECDC; 2013.

⁵ European Centre for Disease Prevention and Control. *Systematic review Hepatitis B and C prevalence in the EU/EEA*. Stockholm: ECDC; 2016.

⁶ Global, regional, and national age-sex specific mortality for 264 causes of death, 1980-2016: a systematic analysis for the Global Burden of Disease Study 2016. *Lancet*. 2017 Sep 16; 390 (10100) :1151-1210.