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NOTE

From: General Secretariat of the Council
To: Council

Subject: **Employment, Social Policy, Health and Consumer Affairs Council**
meeting on 16 June 2017
Fast-track the end of AIDS in the EU - practical evidence-based
interventions - HIV Conference organised in collaboration with the ECDC
- *Information from the Presidency*
(Any Other Business item)

Delegations will find enclosed an information note from the Presidency with a view to the Council (EPSCO) meeting on 16 June 2017.

Fast-track the end of AIDS in the EU - practical evidence-based interventions - HIV Conference organised in collaboration with the ECDC

The need to fast track actions on HIV to end the AIDS epidemic by 2030 in the European Union was one of the public health priority areas placed in the limelight by the Maltese Presidency of the Council of the European Union. Despite the fact that there have been impressive gains in reducing the number of AIDS diagnoses during the last decade, the burden of HIV infection remains unacceptably high in Europe, with Europe being the region with the fastest growing rate of infection in the world. The current HIV situation in the EU/EEA shows that contrary to trends in most other regions, HIV continues to be reported at a steady annual rate of around 6.3 per 100 000, with the epidemic mainly affecting men who have sex with men (MSM).

According to the ECDC data for 2017, the progress in achieving the UNAIDS 90-90-90 targets shows that the EU/EEA countries are doing quite well but there still needs to more effort to monitor progress and identify areas for improvement and take country-specific measures to strengthen HIV testing, treatment and care in order to accelerate progress.¹ The high proportion of people with HIV who do not know their status or who are diagnosed late, reflects insufficient rates of testing, gaps in testing services or services not reaching those most at risk. There is limited implementation of alternative approaches that have been known to work, including community-based testing, home-sampling and self testing, that could help increase uptake and encourage earlier testing by those most at risk.²

¹ <http://ecdc.europa.eu/en/publications/Publications/Continuum-of-HIV-care-2017.pdf>

² <http://ecdc.europa.eu/en/publications/Publications/Continuum-of-HIV-care-2017.pdf>

The Malta Declaration on HIV/AIDS - Calling for fast-tracking actions on HIV towards ending the AIDS epidemic by 2030 in the European Union presents the expert meeting conclusions and summarizes a series of technical recommendations to fast track actions on HIV.

The Maltese Presidency of the Council reiterates that European Union Member States are well positioned to accelerate fast track actions on HIV, and given the right scale of resources in line with internationally agreed objectives, together we can reach our goal of ending the AIDS epidemic by 2030.

2017 Maltese Presidency of the Council of the European Union

THE MALTA DECLARATION ON HIV/AIDS

**Call for fast tracking actions on HIV towards ending the AIDS epidemic by 2030
in the European Union**

The expert participants of the Technical Conference on HIV, convened in Valletta, Malta, on the 30-31 January 2017, during the Maltese Presidency of the Council of the European Union. Discussions centered on the progress made to address HIV/AIDS and the remaining issues relating to the response to the HIV/AIDS epidemic in the European Union Member States: inclusive, targeted and well-resourced HIV prevention programmes, scaling up testing, linking the newly diagnosed to care, providing people-centered treatment and care for all, scaling up treatment, and the reduction of HIV-related stigma and discrimination.

The expert participants adopt the conclusions arising from this meeting and make the following technical recommendations to fast track actions on HIV/AIDS towards ending the AIDS Epidemic in the European Union Member States by 2030:

We acknowledge:

- 1.1.** The progress made to date that has brought European Union Member States within reach of several of the 2020 key targets, namely:
 - By 2020, 90% of all people living with HIV will know their HIV status, whereby in 2015 in the EU/EEA an estimated 85% of all people living with HIV have been diagnosed³;

³ [Pharris A, Quinten C, Noori T, Amato-Gauci AJ, van Sighem A, the ECDC HIV/AIDS Surveillance and Dublin Declaration Monitoring Networks. Estimating HIV incidence and number of undiagnosed individuals living with HIV in the European Union/European Economic Area, 2015. Euro Surveill. 2016;21\(48\):pii=30417. DOI: http://dx.doi.org/10.2807/1560-7917.ES.2016.21.48.30417](http://dx.doi.org/10.2807/1560-7917.ES.2016.21.48.30417)

- By 2020, 90% of all people with diagnosed HIV infection will receive sustained antiretroviral therapy, whereby in 2015 in the EU/EEA 83% of all people diagnosed are receiving ART therapy⁴;
- By 2020, 90% of all people receiving antiretroviral therapy will have viral suppression, whereby in 2015 in the EU/EEA 89% of people receiving treatment are virally suppressed⁴.

- 1.2.** The commitments made by Heads of State and Government and representatives of States and Governments at the United Nations General Assembly in its 2016 Political Declaration on HIV and AIDS⁵, which contains further regional targets by 2020.
- 1.3.** The targets and commitments made in the Action Plan for the Health Sector response to HIV in the WHO European Region⁶, adopted by the 66th WHO Regional Committee for the wider European Region in September 2016 based on the WHO Global Health Sector Strategy on HIV, 2016-2021⁷.
- 1.4.** The value of cooperation at European Union level as well as the actions and commitments outlined in the Commission Communications on combating HIV/AIDS in the European Union and in neighbouring countries 2005-2009⁸ and 2009-2013⁹, and their corresponding operational Action Plans; and the priorities in the field of prevention of infectious diseases identified in the EU Drugs Strategy 2013-2020.

⁴ [European Centre for Disease Prevention and Control \(ECDC\). The status of the HIV response in the European Union/European Economic Area, 2016. Stockholm: ECDC; 2017](#)

⁵ http://www.unaids.org/sites/default/files/media_asset/2016-political-declaration-HIV-AIDS_en.pdf

⁶ <http://www.euro.who.int/en/about-us/governance/regional-committee-for-europe/66th-session/documentation/working-documents/eurrc669-action-plan-for-the-health-sector-response-to-hiv-in-the-who-european-region>

⁷ <http://www.who.int/hiv/strategy2016-2021/en/>

⁸ Communication from the Commission to the Council and the European Parliament on combating HIV/AIDS within the European Union and in the neighbouring countries, 2006-2009, COM(2005) 654.

⁹ Communication from the Commission to the European Parliament, the Council, the European Economic and Social Committee and the Committee of the Regions on Combating HIV/AIDS in the European Union and neighbouring countries, 2009-2013, COM(2009) 569.

- 1.5. The recently reiterated commitment of the European Commission in its Communication on Next steps for a sustainable European future¹⁰ to help Member States to reach the Sustainable Development Goals, inter alia for ending HIV/AIDS and Tuberculosis (and reducing Hepatitis) by 2030.
- 1.6. The commitments taken under the 2004 Dublin Declaration on Partnership to Fight HIV/AIDS in Europe and Central Asia and the remaining major challenges related to HIV/AIDS as confirmed in this conference and supported by the progress reports monitoring the implementation of the 2004 Dublin Declaration on Partnership to Fight HIV/AIDS in Europe and Central Asia.¹¹

We conclude that the major challenges and gaps to be addressed include the following:

- 2.1. The burden of HIV, together with the associated co-infections (notably tuberculosis, viral hepatitis and other sexually transmitted infections) and known risk factors including those related to the social determinants of health remain high, posing a challenge to public health, and equity in Europe.
- 2.2. There is a need for sustained investment, more innovative and bold comprehensive approaches to turn the tide on the epidemics of HIV, associated infections and other sexually transmitted infections, especially among key populations such as men who have sex with men, transgender persons, sex workers, people who inject drugs, people in detention, prisoners and undocumented migrants; and to include and resource civil society close to affected communities.

¹⁰ European Centre for Disease Prevention and Control (ECDC). The status of the HIV response in the European Union/European Economic Area, 2016. Stockholm: ECDC; 2017.

¹¹ European Centre for Disease Prevention and Control. From Dublin to Rome: ten years of responding to HIV in Europe and Central Asia: Stockholm, ECDC; 2014.
<http://ecdc.europa.eu/en/healthtopics/aids/Pages/monitoring-dublin-declaration-2014-progress.aspx>

- 2.3. There is a need for enhanced sustainable evidence-based prevention initiatives, testing, and early linkage to universal care and retention in treatment and care, and quality of life improvement for HIV for all affected.
- 2.4. There is a need to ensure an integrated HIV care system in which prevention, testing and treatment are closely linked.
- 2.5. The relatively high cost of medicines, diagnostics for HIV and co-infections as well as stigma and discrimination towards people living with HIV continue to present barriers to harnessing the full benefits of treatment to prevent both virus-related illness and disability and new infections.
- 2.6. The remaining barriers to implementation despite the available evidence based guidelines on prevention, testing, and treatment that have been developed, in particular discrimination and stigma against key populations and people living with HIV.

We recommend the following fast-track actions by the Member States of the European Union to achieve the desired targets for Europe:

- 3.1 Adopt, update and in particular implement national HIV strategies and targets based on sound local and national HIV strategic information, including surveillance and epidemiological data, and guided by evidence based actions which have shown to have a positive impact over time; sharing of good practices from Member States and all of civil society and extending this approach to concomitantly tackling other sexually transmitted infections where relevant.
- 3.2 Implement the commitments made internationally under the UN and WHO.
- 3.3 Ensure a comprehensive public health approach to targeting HIV through good governance, partnerships, intersectoral action and involvement of people living with HIV and all key affected populations in the national response.

- 3.4** Ensure high-impact, evidence-based and cost-effective combination prevention measures targeting priority groups including condom use, effective, comprehensive and accessible harm reduction services for people who use drugs and their sexual partners, elimination of vertical transmission and focused prevention programmes for key populations at higher risk. These measures should be augmented by advocacy for more effective comprehensive sexuality and relationships education in schools in accordance with the international technical guidance¹² and national curricula, better use of social media and other current communication channels and approaches that address the specific sexual health related needs of young people. Reinforce a positive global approach to sexual and reproductive health.
- 3.5** Increase the uptake and effectiveness of testing services in various settings, including community and self-testing based approaches, as an effort to scale up testing, early linkage to care and adoption of a “treat all“ approach.
- 3.6** Ensure the implementation of effective patient centered and accessible programmes to focus on early linkage to care, retention and adherence to HIV treatment, including action to avert drug resistance and management of co-infections (notably tuberculosis, hepatitis and STIs), also in community based settings for all key populations including undocumented migrants.
- 3.7** Strive to develop strategies for cooperation in order to make treatment for prevention and for care more affordable.
- 3.8** Advocate for an enabling environment which supports prevention initiatives, facilitates access to regular testing, early treatment, care and support; target social determinants; and de-stigmatize the response to HIV and associated co-infections and co-morbidities and removes other regulatory obstacles to universal access to health services.
- 3.9** Need to abolish discriminating policies, laws and practices and provide services without moral judgment.
- 3.10** Develop monitoring and evaluation programmes for indicators outlined in national HIV strategies and in line with global indicators.

¹² Standards in Sexual Education WHO Regional Office and BZgA
<http://www.bzga-whocc.de/en/home/>

The European Commission is invited to consider the following actions at EU level:

- 3.11** The provision of continued political support to the Member States' national actions, by updating and expanding its activities on HIV/AIDS as well as Tuberculosis and Viral Hepatitis, in cooperation with national authorities and civil society, in the implementation of its recently reiterated commitment related to the Sustainable Development Goals¹³.
- 3.12** Utilizing the EU Health Programme as a vital instrument to help support public health measures required to be taken by Member States towards the achievement of the actions in this Declaration.
- 3.13** Maintaining high levels of research funding needed to help develop more effective tools for the prevention and control of HIV and other infections (notably hepatitis, tuberculosis and STIs) and other associated co-morbidities.
- 3.14** Further political support and financing the global and regional efforts to end AIDS by 2030.

In conclusion:

We strongly believe that with the ongoing scientific advances, new tools for prevention and testing, lessons learnt leading to best practices, availability of more effective and affordable treatment, and a strong commitment towards achieving universal health coverage; the European Union Member States are well positioned to accelerate fast track actions on HIV. We believe that, provided that the right scale of resources is provided in line with internationally agreed objectives; together we can reach our goal of ending the AIDS epidemic by 2030 and other internationally agreed targets for HIV.

¹³ <http://www.un.org/sustainabledevelopment/sustainable-development-goals/>