

HIV in Europe 2007

Conference outcomes achievements, learnings and 2008 plans







Conference Objectives

To highlight the rising number of people living with HIV in Europe who are unaware of their serostatus

To identify political, structural, clinical and social barriers to achieving optimal testing and counselling, and earlier care for HIV/AIDS

To promote public health best practices and guidance found in Europe with regard to HIV testing, counselling and care



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Delegate Attendance

- More than 300 delegates attended the conference, invited from 53 countries of WHO Europe Region
- > The following countries were represented at the conference:
- Albania (1)
- Armenia (4)
- Austria (6)
- Azerbaijan (1)
- Belarus (2)
- Belgium (40)
- Bosnia and Herzegovina (2)
- Bulgaria (3)
- Croatia (2)
- Czech Republic (5)
- Denmark (20)
- Estonia (6)
- Finland (4)
- France (10)
- Georgia (1)
- Germany (19)
- Ghana (1)
- Greece (5)
- Hungary (2)
- Italy (12)
- Latvia (3)
- Lithuania (10)

- Luxembourg (2)
- Macedonia, the Former Yugoslav Republic of (4)
- Moldova, Republic of (1)
- Montenegro (1)
- Netherlands (15)
- Norway (2)
- Poland (9)
- Portugal (24)
- Romania (2)
- Russian Federation (4)
- Serbia (11)
- Serbia and Montenegro (2)
- Slovakia (Slovak Republic) (2)
- Slovenia (3)
- Spain (15)
- Sweden (11)
- Switzerland (9)
- Turkey (1)
- Ukraine (2)
- United Kingdom (29)
- United States (2) (faculty)
- Uzbekistan (1)





Establishing the problem

Markos Kyprianou

EU Commissioner for Health & Consumer Protection

"Taking up HIV treatment and testing is particularly important today. Both issues have a key European dimension and both require our full attention."



"HIV tests should be provided free of charge and must consequently include a proper follow-up in terms of guidance, support, treatment and care. This is a basic responsibility of all societies across Europe.

Getting tested early on means gaining access to HIV care, treatment and support.



Estimated proportion of HIV-infected persons unaware of their infection

Country	Estimated % HIV-infected persons unaware of their infection
Czech Republic	20-25%
Denmark	15-20%
France	30%
Germany	25-30%
Italy	25%
Latvia	50%
Netherland	40%
Poland	>50%
Slovakia	20-30%
Sweden	12-20%
UK	30%
Total EU	About 30%



Modelled Estimates for Adults for Europe end 2006

	All Europe WHO Region	Western Europe
Living or ever lived with HIV	2, 890, 000	1, 130, 000
Ever diagnosed with HIV	1, 620, 000	820, 000
Ever developed AIDS	460, 000	320, 000
Cumulative deaths	480, 000	330, 000
Currently living with HIV	2, 340, 000	700, 000
Diagnosed (%)	1, 110, 000 (48%)	450, 000 (65%)
Undiagnosed (%)	1, 220, 000 (52%)	250, 000 (35%)



Defining the issues: LSTMH



- "Testing Times" Report from London School of Tropical Medicine and Hygiene
- A multi-country analysis of the state of testing and care in the EU region and neighbours
- Key finding: nine different definitions of 'late presentation' in published literature
- Late presenters suffer greater morbidity and mortality
- 24 % of all HIV positive deaths due to late presentation
- Transmission 3.5 higher among persons unaware
- Great barriers to treatment: 3 % of IDU in Russia



Defining the issues: Modelling to define the problem



- Andrew Phillips of University College London modelled potential interventions of therapies*
 - Models can help to generate a coherent whole from the various sources of surveillance data
 - Modelling suggests that were it possible to achieve complete diagnosis of HIV from 2008 this would have the potential to prevent up to 2000 deaths in Western Europe in 2009
 - If complete diagnosis were coupled with availability of ART throughout Europe as in Western Europe it would be predicted to prevent in excess of 90,000 deaths in 2009
 - Coupled with very early use of ART the number of deaths averted in 2009 would be predicted to be over 100,000 - of which 4000 in Western Europe

^{*} such interventions, while obviously not feasible within this time scale, illustrate the scope for benefit from moving towards such targets



Defining the issue: ECDC



- The diversity of the epidemic across the region requires adapted local response
- Levels of HIV transmission remains high in certain populations at increased risk, in particular MSM in western Europe and IDU in eastern Europe
- A high proportion of HIV infected persons is unaware of their infection - about a third in the EU
- ECDC believes in scaling up access to HIV testing as a key strategy to curb the epidemic
- ECDC will coordinate the surveillance of HIV/AIDS in Europe from January 2008 together with WHO-EURO



Barriers – Access to testing

Patient related:

- Lack of perception of being at risk
- Lack of knowledge on testing possibilities
- Fear of positive results
- Concerns about lack of confidentiality (Eastern Europe)
- Fear of stigmatization

Health system related:

- Populations marginalized and excluded (migrants)
- Geographic location



Barriers – Access to treatment and care



Patient related:

Concerns about lack of confidentiality (Eastern Europe

Health System related:

- Medical facilities lacking
- Too few trained staff
- Geographic location
- Discrimination
- Only 8 countries give universal access to ART
- 3 countries provide no access to migrants-documented or not, non nationals and non residents
- Populations poorly covered for ART
 - Uninsured individuals (no access in 4 countries)
 - Undocumented migrants (no legal free access in 13 countries)



Social/Psychological Barriers



- Barriers and facilitators mostly located in individuals
 - System characteristics are under-researched
- Focusing on socio-demographics/risk provides limited understanding.
 - Explanations beyond description of obvious differences between communities
 - Differences between sub-groups are small in well-adjusted communities
- Psychosocial factors contribute to the explanation of HIV-testing.
 - Vulnerability may moderate the association between risk-taking and HIV testing
 - Perceived benefits may exert more influence than perceived costs/barriers
- Lay perceptions of costs/benefits may be different from expert opinion.
 - Perspective of those concerned needs to be taken into account
- Stigma and other social concerns seem crucial barriers.
 - Those close to us rather than anonymous social context at large
 - Promotion of testing needs to encompass fighting social stigma



Legal Barriers



- If we want to increase testing, or the offering of testing, we need to recognize that this may contribute indirectly to the criminalization of reckless HIV exposure and transmission
- Those who approve of criminalizing reckless exposure and transmission of HIV need to recognize that this may constitute a barrier to the goal of increased testing, especially among vulnerable populations
- HIV exposure and transmission MUST be seen through the lens of public health policy and NOT as a problem for which the criminal law can provide a solution





Actions from the Conference

Conference Call to Action



- Acknowledge that earlier diagnosis and care is urgently needed to improve the lives of people living with HIV and reduce transmission
- Develop more precise estimates size, characteristics, etc of the undiagnosed population
- 3. Communicate the benefits of earlier care and reduce barriers to testing
- Implement evidence-based testing and treatment guidelines in every country
- Commit the necessary political, financial and human resources for their timely implementation

Adopted by the European Parliament on 27th November 2007



HIV in Europe:

Strategies for overcoming obstacles to optimal testing/earlier care

Barrier: Action:

Medical practice

Indicator Disease Guidance

 People present too late to receive full benefit from care and treatment

Public health

Human and financial costs
associated with the undiagnosed
ad late presentation

Incentives for service providers to optimise testing and counselling (applying "3 C's" principles)

Social environment



Stigma – multi-faceted, complex issue

Work to decriminalise HIVrelated laws, including remove travel restrictions applying a human rights framework







2008 plans and next steps

Next steps

- Use website <u>www.hiveurope2007.eu</u> to follow up on Calls to Action
- "Testing Times" report from London School of Hygiene and Tropical Medicine to be published in March
- 32-page supplement in HIV Medicine to be published July 2008 (reprints available for IAS Congress)
- Steering Committee to meet 12 February, Copenhagen, to discuss future activities. Discussion to include:
 - Brussels-based policy activities and how SC can support
 - SC presence at international meetings
 - Priorities/preparations for proposed 2009 Conference
- SC to offer support for national organisations to roll out local activities



Timeline

