



At its Board meeting in Stockholm on 18 November 2005, the CPME adopted the following policy: **CPME policy paper on HIV/AIDS** (CPME 2005/098 Final EN/FR)

CPME POLICY PAPER ON HIV/AIDS

Introduction

- 1. Non-discrimination**
- 2. Drug Consumption**
- 3. People in Prison**
- 4. Population Mobility**
- 5. Women**
- 6. Health Professionals**
- 7. Research**
- 8. Cooperation between Stakeholders**

CPME POLICY PAPER ON HIV/AIDS

Introduction

The HIV/AIDS epidemic continues to be a key focus of concern representing a Europe-wide threat that requires a European response.

In the European and Central Asian regions, at least 2,1 million people are now living with HIV/AIDS.

The CPME organization is the representative of all European Doctors considers having an important role to play in the development of policies and strategies to fight HIV/AIDS.

The near universal access to highly active antiretroviral therapy (HAART) since the second half of the nineties within most western European countries has created a false sense of security in the community and political level contributing to the breakdown of investments on prevention and behavioural tools.

As stated in the Vilnius Declaration, the number of newly reported HIV cases has doubled in Western Europe since 1995 and it is recognised that the highest risk of HIV/AIDS infection include children and young people, drug injections and their sexual partners, men who have sex with men, sex workers, trafficked women, prisoners and migrant populations which have close contact links to high prevalence countries.

The big challenge for the EU is to harmonise the very heterogeneous strategies to provide affordable, non-judgemental and non-discriminating access to effective, appropriate and safe care, support and treatment, including antiretroviral treatments and harm reduction measures according to the different risk factors for HIV transmission, socio-demographic and epidemiologic patterns of each country, especially those countries which joined the EU recently and that are amongst the highest rate of HIV infection in the world.

For countries with stable access to antiretroviral treatments the main concerns are the long-term adverse events, the effect of co-morbidity on morbidity and mortality (e.g. HCV and HBV infections) of HIV infected patients, and access to investigational drugs.

The main prevention messages do not follow the evolution of the natural history of HIV infection in the era of highly active antiretroviral therapy and remained the same as in the very beginning of this pandemic.

It is more and more important that the long survival and the well being sense of treated patients cannot transform itself in new opportunities for expanding HIV infections. There is a wide-spread misconception that antiretroviral treatment makes the infected individual non-contagious.

We are faced with the new paradigm considering antiretroviral treatment as a main complementary tool of prevention. Antiretroviral treatment itself cannot

be sufficient to tackle HIV infection as prevention solely without a coherent treatment approach, failed to control HIV pandemic in the world.

To obtain better control of HIV/AIDS in the EU it is crucial to prioritise sexual and reproductive health issues through the financing of programmes on family planning. It is of particular relevance to influence sexual behaviour through risk reduction strategies, to educate young people, both men and women who have sex with sex workers, about sexual transmitted diseases and HIV, and encourage condom usage even if other contraceptive methods are already being used.

To decide and implement policies on HIV/AIDS it is of primordial importance that the European Commission considers technical and ethical advice made by European doctors and their representative organisations.

1. Non discrimination

Considering that:

Good quality surveillance systems are a pre-condition for an effective response to HIV/AIDS.

Unfortunately, within the EU the surveillance systems are variable from one country to another and data are insufficient and incomplete.

Surveillance should provide continuous and comparable data on change of behaviours, information on prevention, care and treatment impacts and should also link data from various relevant sources to give a full and comparable picture of the epidemic across the EU countries.

The main objective of treatments, care and support are to improve the quality of life of HIV-infected people for as many years as possible, to reduce hospitalisation needs associated with HIV-related diseases and to serve as a strong incentive for those at risk to be tested and know their serological status.

Antiretroviral treatment is widely available across Europe, but there is concern in some new EU Member States and neighbour countries about the impact of the cost of treatment on healthcare budgets, taking into account the increasing number of infections and the increasing prices of drugs, the weakness of the health systems and the risk of overstretched human resources in many countries.

The management of HIV-infected people becomes more and more complex and in many countries, there is a lack of trained healthcare workers to deal with multiple aspects of HIV/AIDS, such as voluntary counselling and testing, monitoring treatment and side-effects and adherence to treatment, development of social support services and palliative care. These are of fundamental importance in order to secure sustainable good results.

Many important cornerstones for effective responses have been developed and are implemented by community based organisations. They have been able to involve people living with HIV/AIDS in their activities, helping to break

stigma and discrimination associated with HIV/AIDS and to contribute on prevention programmes.

HIV/AIDS infection is no longer a risk group problem but a concern to all society.

The CPME recommends the EU Commission to urge Member States to:

- ❖ Guarantee access to prevention and urgent optimal treatment of HIV/AIDS and co-morbidities (Hepatitis B and C, Tuberculosis, sexually transmitted infections-STI and other related conditions);
- ❖ Guarantee access to education to HIV positive children.
- ❖ Train healthcare workers to deal with multiple ethic and treatment aspects of HIV/AIDS;
- ❖ Activate and maintain educational programs and information campaigns to all citizens;
- ❖ Support targeted safe sex information campaigns, HIV-testing and counselling to those at risk like sex workers and their clients and men who have sex with men;
- ❖ Combat social exclusion and discrimination of people living with HIV/AIDS and those at risk, and promote social and labour market integration;
- ❖ Ensure that the collection and maintenance of personal data related to HIV/AIDS comply with internationally accepted norms to protect human rights and fundamental freedom and ensure confidentiality and respect for privacy.
- ❖ Guarantee freedom of movement and protection from coercive public health measures for people living with HIV/AIDS;
- ❖ Adopt an approach to HIV/AIDS with respect to human rights.

2. Drug Consumption

Considering that:

The use of drugs, particularly among young people remain a major cause of HIV infection in many EU countries and contributes to a high level of co-infection with Hepatitis C (HCV) and Hepatitis B (HBV) viruses, which carries a great burden on morbidity and mortality of long-term HIV-survivor patients.

The EU drug strategy (2005-2012) sets the framework, objectives and priorities for action plan for drug phenomenon in Europe.

Prevention of HIV transmission via intravenous drug should be part of a global strategy to counter drug dependency, and surveillance of new patterns of drug consumption could anticipate research for new strategies to deal with HIV transmission in drug consumers.

The CPME recommends the EU Commission to urge Member States to:

- ❖ Develop information and counselling to prevent drug consumption in young people;
- ❖ Facilitate access to Information and counselling to drug users to promote risk/harm reduction and access to appropriate services;
- ❖ Support comprehensive substitution treatment supported by psycho-social care and distribution of needles and syringes, including exchange programmes and exchange points;
- ❖ Appropriate integration between health and social primary care and specialised approaches in risk/harm reduction;
- ❖ Special support to intravenous drug users to prevent them entering sex work.

3. People in Prison

Considering that:

People with HIV in prisons are a major area of concern, as in many countries they do not have access neither to standards of care neither to treatment already available for other citizens.

In many EU countries most of the HIV infected people in prisons are intravenous drug users with other co-morbidities like Hepatitis B and C and Tuberculosis and STI.

The CPME recommends the EU Commission to urge Member States to:

- ❖ Support voluntary counselling and testing in prison settings respecting full confidentiality;
- ❖ Prevent the dissemination of the disease through the distribution of condoms and safe material for intravenous drug consumption in prison;
- ❖ Guarantee access to antiretroviral treatment, substitution treatment and other medication in prison;
- ❖ Support training of healthcare professionals and others workers in prisons to deal with particular aspects of HIV/AIDS.

4. Population Mobility

Considering that:

Migration and mobility of people have increased over the past years due to more available communication ways, the search of better lives and the end of borders and barriers to travel.

Migrating people are more vulnerable to HIV/AIDS and face greater obstacles in accessing care and support when living with HIV/AIDS due to cultural, linguistic or discrimination barriers. This is especially true for refugees.

Governments must cooperate to define policies to address HIV/AIDS prevention, care and support throughout countries and communities based on social and contextual realities faced by migrants.

There must be a legal, social, economic and health status improvement of minorities and migrating people.

The CPME recommends the EU Commission to urge Member States to:

- ❖ Make local healthcare more accessible to migrants;
- ❖ Establish cultural and linguistic approaches in HIV/AIDS local programmes;
- ❖ Support migrants' association and help them to integrate HIV/AIDS in their work;
- ❖ Implement programmes on HIV/AIDS that cross national borders;
- ❖ Focus on migrant employers to improve linguistic and health conditions of migrants.

5. Women

Considering that:

The change of some epidemiological aspects of transmission via heterosexual contacts led to a great number of infected women in childbearing age.

Sex workers, male and female, are the most important victims of HIV infection and play a vital role in the transmission of the disease.

HIV infected women are at highest risk of developing cervical carcinoma.

Preventing HIV transmission from mother to child through antiretroviral therapy during pregnancy is well documented and proved to be effective.

The CPME recommends the EU Commission to urge Member States to:

- ❖ Promote women sexual and reproductive health;
- ❖ Support safe-sex information, HIV and STI testing, counselling and treatment for sex workers;
- ❖ Make a special approach to HIV positive sex workers male and female to allow them to give up sex work;
- ❖ Reinforce the screening for cervical carcinoma in all HIV infected women;
- ❖ Promote voluntary HIV testing in pregnant women with appropriate confidentiality and counselling;
- ❖ Antiretroviral treatment for all HIV positive pregnant women and newborns according to the best standards of care.

6. Health Professionals

Considering that:

Protection of Healthcare workers is an important issue in the fight against HIV/AIDS.

Healthcare professionals should comply with universal protective measures to prevent transmission of diseases in general.

The CPME recommends the EU Commission to urge Member States to:

- ❖ Make sure that all health units have protective measures and equipments (like protective clothing, masks and gloves) to prevent HIV risk transmission in some invasive diagnostic or treatment procedures;
- ❖ Provide safe disposal of sharp instruments;
- ❖ Provide training to all personnel;
- ❖ Promote occupational health for all health workers in order to guarantee confidentiality of HIV testing and timely access to occupational post-exposure evaluation, counselling and prophylaxis;

7. Research

Considering that:

Development of new, more effective and less toxic drugs, microbicides and vaccines will only be accomplished through a full commitment to research into HIV/AIDS.

The CPME recommends the EU Commission to urge Member States to:

- ❖ Increase the financial assistance devoted to HIV/AIDS research involving public-private partnership;
- ❖ Encourage investment in research activities aimed at increasing understanding of the social, economic, biomedical and public aspects of HIV/AIDS;
- ❖ Promote the universal access to research outcomes and the application of the research results to the field practice.

8. Cooperation between Stakeholders

Considering that:

The fight against HIV/AIDS calls for policy action in many areas, notably public health, pharmaceuticals, trade, social protection, educational institutions, religious organisations, development and external relations, namely international organisations as UNAIDS (Joint United Nations Programme on HIV/AIDS), UNDP (United Nations Development Programme), WHO (World Health Organisation).

The CPME recommends a coordinated and integrated approach to

HIV/AIDS through:

- ❖ Involvement of non-governmental organisations (NGOs) from the early steps of action;
- ❖ Involvement of pharmaceutical industry and academic institutions to play a key role on research and access to treatments, namely reducing the cost of antiretroviral drugs;
- ❖ Building effective partnership between the EU Member States and neighbouring countries to develop a comprehensive regional European HIV/AIDS policy and to intensify efforts to persuade policy makers at all levels to take necessary actions;

Allocation of adequate funding to provide financial support to the fight against HIV/AIDS and to promote research projects including those tackling stigma and discrimination and follow up of vulnerable groups.