

LAUNCH OF THE UNITED NATIONS COMMON POSITION ON ENDING HIV, TB AND VIRAL HEPATITIS THROUGH INTERSECTORAL COLLABORATION

Side meeting to the 73rd Session of the
United Nations General Assembly
New York, 27 September 2018





**World Health
Organization**

REGIONAL OFFICE FOR **Europe**

Launch of the United Nations Common Position on Ending HIV, TB and Viral Hepatitis through Intersectoral Collaboration

Side meeting to the 73rd Session of the
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ABSTRACT

On 27 September 2018, following the first High-Level Meeting on TB to be held by the United Nations General Assembly, a meeting was organized by the WHO Regional Office for Europe, the International Organization for Migration and the Permanent Mission of Slovakia to the United Nations to launch the United Nations Common Position on Ending HIV, TB and Viral Hepatitis through Intersectoral Collaboration. Developed within the regional Issue-based Coalition on Health and Well-being for All at All Ages, signed by the regional representatives of 14 United Nations agencies and endorsed at the regional United Nations System Meeting, the Common Position aims to guide multisectoral collaboration across health and non-health sectors in their efforts to end these epidemics.

Keywords

HIV INFECTIONS - prevention and control
HEPATITIS, VIRAL, HUMAN - prevention and control
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Executive summary

At a side event to the 73rd Session of the United Nations General Assembly in September 2018, the WHO Regional Office for Europe, the Permanent Mission of Slovakia to the United Nations and the International Organization for Migration launched the United Nations Common Position on Ending HIV, TB and Viral Hepatitis through Intersectoral Collaboration. The document, which is an output of the regional Issue-based Coalition on Health and Well-being for All at All Ages, is in line with the Political Declaration on the Fight against Tuberculosis agreed on 26 September 2018 at the United Nations High-Level Meeting on TB. The Common Position was drawn up through an inclusive process of technical dialogue within the United Nations Issue-Based Coalition for Health in Europe and Central Asia, led by the Regional Office. In addition to heads and leaders of global and regional United Nations agencies and nongovernmental organizations, the launch of the document brought together representatives and partners from 14 Member States from and beyond the WHO European Region.

The launch of the Common Position was met with encouragement and support from all partners. Both high- and low-burden countries shared many good lessons learned and took the opportunity to showcase best practices, good policies and relevant arguments to support and acknowledge intersectoral coordination. The critical role of civil society, the need for integration of services within primary health care systems, decentralization, the removal of legislative obstacles in all sectors and the need for increased and holistic social support to patients and vulnerable groups were highlighted as important factors guiding intersectoral action against the epidemics. The participants agreed to engage fully in dialogue and to use the maximum capacity of the United Nations country systems and/or other platforms in implementing the Common Position at country level in conjunction with all partners including civil society, charities, donors and community representatives.

Introduction

Notwithstanding the substantial health improvements achieved in the WHO European Region, with lengthening life expectancies and gradually decreasing inequities across countries, not all parts of the population are benefiting equally from this trend, especially the poor and those in vulnerable situations. This is also the case with regard to tuberculosis (TB), HIV and viral hepatitis, which are of key concern in the Region. Despite showing the fastest decline in TB rates among all the WHO regions, the European Region (including central Asia) still bears the highest proportion of multidrug-resistant TB globally and has the fastest rate of increase in the number of new HIV infections. More than 15 million people are estimated to be chronically infected with hepatitis B and 14 million with hepatitis C in the Region, most of them unaware of their status.

Ensuring health and well-being for all at all ages and “leaving no one behind” are core values embedded in the United Nations 2030 Agenda for Sustainable Development. To this end, an Issue-based Coalition on Health and Well-being for All at All Ages was established to foster cross-sectoral cooperation on health in the European Region. Led by the WHO Regional Office for Europe, with inputs from all relevant United Nations agencies and after a public consultation, the shared principles and key action areas identified within and beyond the health sector to address HIV, TB and viral hepatitis in Europe and central Asia were consolidated into the United Nations Common Position on Ending HIV, Tuberculosis and Viral Hepatitis through Intersectoral Collaboration.¹ This document, which was finalized and endorsed by the United Nations Regional Coordinating Mechanism on 9 May 2018, aims to guide multisectoral collaboration across health and non-health sectors to end these epidemics through a sustainable development approach.

The formal launch of this Common Position by the WHO Regional Office for Europe, the Permanent Mission of Slovakia to the United Nations and the International Organization for Migration took place at a meeting held on 27 September 2018 as a side event to the 73rd Session of the United Nations General Assembly New York. In addition to heads and leaders of global and regional United Nations agencies and nongovernmental organizations, the launch of the document brought together representatives and partners from 14 Member States from and beyond the WHO European Region.

By highlighting concrete workable topics and their specific angles for intersectoral collaboration, the document shows that, through their work across health and non-health sectors, the United Nations and partners support a sustainable development approach towards ending these epidemics. The Common Position is intended as a resource for relevant stakeholders and development partners in addressing the social, economic and environmental determinants of the interrelated epidemics.

¹ United Nations Common Position on Ending HIV, TB and Viral Hepatitis through Intersectoral Collaboration. Copenhagen; WHO Regional Office for Europe; 2018 (<http://www.hcvaction.org.uk/sites/default/files/resources/ibc-health-common-position-paper-eng.pdf>, accessed 8 November 2018).

Opening of the Meeting

The meeting aimed to present and discuss how intersectoral collaboration at various levels, strengthened by a United Nations Common Position, can leverage further progress towards ending HIV, TB and viral hepatitis and towards the achievement of the sustainable development goals. The expected outcomes of the Meeting were:

- the presentation and discussion of examples of cross-sectoral collaboration on social, economic and environmental determinants of TB, HIV and viral hepatitis policies and practices; and
- the identification of lessons learned and outline of the potential operational leverage of the United Nations Common Position for action within Europe and central Asia.

The meeting was opened by Dr Nedret Emiroglu, Director of Programme Management and Dr Masoud Dara, Coordinator for Communicable Diseases, WHO Regional Office for Europe; Ms Argentina Szabados, Regional Director for South-Eastern Europe, Eastern Europe and Central Asia of the International Organization for Migration; and Professor Stanislav Špánik, State Secretary of Health of Slovakia.

The Assistant Director-General of WHO, Dr Ren Minghui, commended the initiative and emphasized the importance of action in all countries based on the commitments reached at the 73rd Session of the United Nations General Assembly and the successful approval of the Political Declaration on the Fight against Tuberculosis (agreed on 26 September 2018 at the United Nations High-Level Meeting on TB) with its clear targets for treatment, preventive care and financial investment.

Dr Dara presented the rationale, key principles, shared directions for action and next steps in operationalizing the United Nations Common Position paper.

Stakeholders round-table dialogue

The following is a summary of the ensuing round-table dialogue.

The Minister of Health of **Armenia** briefly overviewed how the country has progressed towards ending the threat of the three epidemics, and shared a specific example of organized intersectoral coordination between the National AIDS Centre and the Maternal and Child Health systems countrywide, providing free child and maternal health care to women of all social groups. Similar models had been scaled up together with other measures for the prevention, treatment and care of TB. Through intersectoral coordination, unprecedented resources had been secured in the national budget. Progress had been achieved against violations of their human rights suffered by people living with HIV with the removal of restrictions on their travel. Mother to child transmission of HIV had been successfully eliminated through the model for prevention of transmission from mother to child. Human resource capacities had been increased with the aim of strengthening primary health care.

The Minister of Health of the **Czech Republic** shared his country's positive achievements in ending TB. In particular, he highlighted the importance of action to address the threats from TB

and its co-infections, especially in view of the impression in high-income countries that risks are reduced where good access to diagnostics and treatment are ensured. The Minister appealed for better access to medicines and vaccines, for attention to be paid to antimicrobial resistance and, crucially, for research and development funding. He welcomed the position paper as a tool to strengthen commitments and action for stronger impact.

The State Secretary of Health of **Germany** recognized the United Nations Common Position as a good guideline to affect strategies and planning in countries where the social impacts of these diseases are felt. He shared the successful example of Germany's comprehensive approach and integrated strategy for HIV, hepatitis B and C and other sexually transmitted diseases, including TB. Other examples of intersectoral action are focused on services to people who inject drugs and the important role of collaboration outside and inside prisons. Acknowledging Germany's relevant financial contribution to global health as a committed donor to and active partner with the European Union and WHO in the Region, he applauded the leadership provided by the Common Position in setting out governments' responsibilities towards all relevant sectors.

The Secretary of State for Health of **Portugal** shared the example of how commitment through successive governments played a key role in successful progress towards goals related to HIV. The decriminalization of drugs in Portugal had allowed a greater focus on treating and rehabilitating drug users, who are at the centre of epidemics, thus dramatically reducing new related infections. To address the still significant HIV rate, he encouraged innovative solutions to build a more inclusive country. In this connection, he mentioned the Fast Track Cities initiative, which addresses HIV in urban settings around the world, and acknowledged Portugal's further commitments in this direction in collaboration with pharmacies and civil society.

The Minister of Health of **Ukraine** described a transition plan currently being implemented in her country, entailing a shift from donor to domestic funding, the progressive implementation of strategies for the three epidemics, successful improvement in access to treatment and treatment outcomes, optimization of budgets, reductions in the prices of medicines and the provision of faster and better diagnostics for TB. Collaboration between the leadership in the Ministry with the Cabinet and the existence of a strong civil society were fundamental in improving access to care for all and affecting financial decision-making in government budgeting. The Minister also shared good practices such as digital innovations to increase HIV awareness and to facilitate free diagnostics and case-finding, and the use of financial incentives for primary health physicians treating HIV or TB patients.

The Director of the National Centre for Disease Control of **Georgia** congratulated the Regional Office on the launch of the United Nations Common Position. Georgia is tackling HIV, TB and viral hepatitis C in an integrated, people-centred way in primary health care. This integrated approach was first introduced in the high-burden region and has achieved good results, especially against hepatitis, prompting its scale-up next year across the country. Professor Amiran proposed that the Global Fund to Fight AIDS, Tuberculosis and Malaria should be engaged as a funder with the integrated platform provided by the Common Position, despite hepatitis not being in its portfolio.

The President of the **International Federation of Red Cross and Red Crescent Societies** acknowledged the progress achieved against TB as a result of collaboration between governments and civil societies, highlighting their capacity to reach out to the most vulnerable people such as migrants, prisoners, members of minorities, refugees and people who use drugs,

and to fight stigma and discrimination. The President outlined the Federation's capacity to support the scale-up of diagnostics and treatment systems and the fundamental role of community health workers and volunteers in ensuring holistic and people-centred care and support while reaping the benefits of technological progress. The video Directly Observed Treatments, made with the support of the Federation, is an example of such progress. He also highlighted the importance of collaboration between actors to ensure easy navigation of the health system by prospective patients and the respectful engagement of target groups. An example of the latter is the Federation's mobile clinic providing HIV prevention and treatment to sex workers in the city of Rome.

Professor Kazatchkine from the **Joint United Nations Programme on HIV/AIDS** congratulated the co-organizers on the Common Position as a tool to address the perfect storm represented by the growing incidence and mortality of HIV co-infections such as drug-resistant TB and hepatitis C, particularly among people who inject drugs, aggravated by the lack of integrated health care services. He highlighted how decentralizing care, ensuring greater access to treatment and to peer and social support and reducing incarceration rates will be crucial in achieving progress. The removal of barriers to access to health care in the legal environment surrounding vulnerable populations, such as had been done in Portugal for drug users, has a huge impact on people's health.

The Regional Director of the **United Nations Development Programme** acknowledged the importance of addressing social and economic determinants such as poverty, discrimination and gender inequality and welcomed the United Nations Common Position to guide these actions. He described the work of the United Nations Development Programme in central Asian countries in addressing human rights and supporting women and girls and populations at risk, including through work on better legal frameworks. Other examples were the empowerment of HIV-positive women in employment, measures to support social contracting, the creation of spaces for governments to entrust civil society organizations with a role in prevention services for vulnerable groups, and the sustainable procurement of medicines.

Mr Arrazola de Oñate from **Belgium**, a general practitioner and former TB patient, described how his country had adopted a rights-based approach to health care with the establishment of financial mechanisms for free treatment and diagnostics for all, regardless of status and documentation. Extra case managers were also being used to support and facilitate patients in their adherence to treatment throughout these epidemics.

Professor Solovic from **Slovakia** commented on the social nature of TB as a threat to people living in high-, middle- and low-income countries. Slovakia had strengthened the health of its Roma population by engaging and training health mediators and practitioners from that community and eliminating language and cultural barriers in the delivery of services, with the long-term vision of encouraging health literacy and inclusiveness. Although TB is not easily transmitted, there is a need to break the chain of transmission within communities and in settings with high concentrations of vulnerable populations by focusing on health education, the engagement of risk groups and the identification of reference centres. When targeting country-specific gaps, a tailored and ad-hoc approach is required to innovation across sectors and cultures. Professor Solovic also welcomed the opening of a WHO collaborating centre in Slovakia, dedicated to supporting the elimination of TB in vulnerable groups in central Europe.

In offering her congratulations on the Common Position, Dr Lasha Gogvadze from the **International Federation of Red Cross and Red Crescent Societies** enquired about its working modalities to ensure the active and meaningful participation of civil society. Dr Dara replied that discussion and action in countries are fundamental in this direction, starting with a subregional approach and the engagement of all active partners on the ground.

In closing the Meeting, the Minister of Health of Slovakia thanked the organizers and speakers for the opportunity to develop new ideas and exchange experiences. The Regional Director for South-Eastern Europe, Eastern Europe and Central Asia of the International Organization for Migration commended the strong political commitments witnessed and confirmed that the International Organization for Migration stood for the inclusion of migration when dealing with health and, vice versa, that health needs must be considered in the process leading to a Global Compact for Safe, Orderly and Regular Migration. In thanking the organizers of and participants in the Meeting, Dr Emiroglu assured them of further collaboration from the Regional Office in their efforts to use a whole-of-government and whole-of-society approach in accelerating the implementation of the Common Position.

Annex 1

Programme

08:00 – 08:20	Opening remarks	<p>Dr Nedret Emiroglu, Director of Programme Management, WHO Regional Office for Europe</p> <p>H.E. Professor Stanislav Špánik, State Secretary of the Ministry of Health, Slovakia</p> <p>Ms Argentina Szabados, Regional Director for South-Eastern Europe, Eastern Europe and Central Asia, International Organization for Migration</p> <p>Dr Ren Minghui, Assistant Director-General for Communicable Diseases, WHO headquarters</p>
08:20 – 08:30	United Nations Common Position on ending HIV, TB and Viral Hepatitis through Intersectoral Collaboration	<p>Dr Masoud Dara, Coordinator, Communicable Diseases and Programme Manager, Joint Tuberculosis, HIV and Hepatitis, WHO Regional Office for Europe</p>
08:30 – 09:00	Stakeholders round- table dialogue	<p>Moderated by Dr Masoud Dara</p> <p>H.E. Dr Arsen Torosyan Minister of Health, Armenia</p> <p>H.E. Mr Adam Vojtěch Minister of Health, Czech Republic</p> <p>H.E. Mr Lutz Stroppe State Secretary of Health, Germany</p> <p>H.E. Dr Fernando Araújo Secretary of State for Health, Portugal</p> <p>H.E. Dr Ulana Suprun Acting Minister of Health, Ukraine</p> <p>Professor Amiran Gnamkrelidze, Director of the National Centre for Disease Control, Georgia</p> <p>Mr Francesco Rocca President, International Federation of Red Cross and Red Crescent Societies</p> <p>Professor Michel Kazatchkine Special Adviser to the Joint United Nations Programme on HIV/AIDS for Eastern Europe and Central Asia</p> <p>Mr Rastislav Vrbenský Deputy Regional Director for Europe and the CIS, United Nations Development Programme</p> <p>Dr Wouter Arrazola de Oñate, Belgian Lung and Tuberculosis Association, Belgium</p> <p>Professor Ivan Solovic National Institute for Tuberculosis, Lung Diseases and Thoracic Surgery, Slovakia</p>

09:00 – 09:20	Questions and answers	Moderated by Dr Masoud Dara
09:20 – 09:30	Closing remarks	H.E. Professor Stanislav Špánik, Slovakia Ms Argentina Szabados, International Organization for Migration Dr Nedret Emiroglu, WHO Regional Office for Europe

The WHO Regional Office for Europe

The World Health Organization (WHO) is a specialized agency of the United Nations created in 1948 with the primary responsibility for international health matters and public health. The WHO Regional Office for Europe is one of six regional offices throughout the world, each with its own programme geared to the particular health conditions of the countries it serves.

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