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Summary of the European action plan for HIV/AIDS 2012–2015

This document summarizes the European Action Plan for HIV/AIDS, 2012–2015, the full text of which is contained in document EUR/RC61/Inf.Doc./8. The Action Plan calls for urgent action to address the growing HIV epidemic in the Region by the WHO Regional Office for Europe, Member States and other stakeholders engaged in the HIV response. This document is accompanied by the information document that contains the full text of the European Action Plan for HIV/AIDS 2012–2015 and defines in more detail areas of intervention, priority actions, targets and indicators.

The Regional Office has used a fully participatory and inclusive approach to developing the Action Plan. Contributions were elicited from Member States, civil society, donor and development agencies, nongovernmental organizations, multilateral agencies, the Joint United Nations Programme on HIV/AIDS (UNAIDS) and its cosponsors, the European Commission and European Union institutions, scientific and technical institutions, networks, and leaders and experts in HIV and related programmes.

Representatives of Member States were formally invited to review the draft. The draft was presented through different mechanisms, including a web-based discussion forum, formal requests for input to the health ministries of WHO's 53 European Member States and various regional policy and scientific meetings. Representatives of countries and civil society, key experts and partners also considered the draft at a regional consultation organized by the Regional Office and UNAIDS in Kyiv, Ukraine in March 2011. The Action Plan was presented to the Standing Committee of the Regional Committee.

The Action Plan addresses the priorities of the European Region and reflects the European regional context, within the framework set by Getting to zero: 2011–2015 strategy of UNAIDS and the WHO Global Health Sector Strategy for HIV/AIDS, 2011–2015. The Plan directly supports existing global and regional commitments and contributes to achieving the Millennium Development Goals.

The Action Plan is structured around four strategic directions: optimizing HIV prevention, diagnosis, treatment and care outcomes; leveraging broader health outcomes through HIV responses; building strong and sustainable systems; and reducing vulnerability and removing structural barriers to accessing services (addressing the social determinants of health).

The primary audience for the European Action Plan for HIV/AIDS, 2012–2015 is the national authorities in the WHO European Region responsible for HIV diagnosis, prevention, treatment, care and support, including health ministries and other government bodies responsible for health. The Action Plan is also intended for other national authorities and ministries than those directly responsible for health, as well as for associations, professional bodies, research and academia; civil society, advocacy groups, trade unions and the private sector; and international and global partners, including bilateral and multilateral donors.

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Introduction

The need for action in the European Region

1. The eastern part of the WHO European Region has the most rapidly growing HIV epidemic in the world. The number of people newly infected with HIV is decreasing globally, but the number of people living with HIV in eastern Europe and central Asia has tripled since 2000 and the number of people newly infected with HIV continues to rise. HIV remains a major and growing public health challenge in the Region, which had an estimated 2.2 million people living with HIV in 2009, of whom 1.4 million were in eastern Europe and central Asia.
2. HIV in the European Region disproportionately affects key populations that are socially marginalized and people whose behaviour is socially stigmatized (such as men who have sex with men) or illegal (such as people who use illicit drugs). In the Region, specific key populations at higher risk of HIV exposure and infection are people who inject drugs and their sexual partners, men who have sex with men, transgender people, sex workers, prisoners and migrants. The HIV epidemic in the Region remains concentrated in these key populations and has not generalized.
3. Key populations at higher risk in the Region face specific structural barriers to accessing HIV services, such as the criminalization of behaviour, stigma, discrimination and rules and regulations inside and outside the health care system. In eastern Europe and central Asia, only 11% of all HIV prevention investment is focused on the key populations at higher risk.
4. In the European Region, socially marginalized key populations at higher risk that need treatment the most are the least likely to receive it. The access to life-saving antiretroviral therapy in many countries in the Region is among the lowest globally. Whereas many countries, especially in the western part of the Region, have among the best antiretroviral therapy (ART) coverage rates in the world, only 19% of adults in need were receiving antiretroviral therapy in the low- and middle-income countries of the Region in 2009.
5. HIV impacts the control and health outcomes of other communicable diseases. In the European Region, tuberculosis (TB) and end-stage liver diseases caused by viral hepatitis C infection are among the leading causes of death among people living with HIV, especially when many of those infected are also drug-dependant.
6. The increasing numbers of new HIV cases and the absence of a cure for HIV impose a considerable resource burden on health systems. In the European Region, where many new HIV cases are diagnosed at a late stage, the costs of treatment and care are higher than in other WHO regions; and with prolonged survival among people who have access to ART, especially in the western part of the Region, this burden will continue to increase in the foreseeable future. In the near future, HIV infection may become one of the most costly chronic diseases in the Region.
7. Many prevention, treatment, care and support programmes in countries in eastern Europe and central Asia are highly dependent on external international funding, which makes them vulnerable to changing funding priorities and is unsustainable in the longer term.

Seizing opportunities for action in the European Region

8. Although the HIV epidemic continues to increase at an alarming rate in the European Region and treatment is not keeping pace with the rate of HIV infections, countries in the Region are in a position to radically change the situation by seizing opportunities for action.

9. There is sufficient evidence and experience, deriving from projects and interventions implemented throughout the Region, to support effective policies and interventions. In particular, it is recognized that further scaling-up of HIV prevention interventions targeting key populations at higher risk is essential to controlling epidemics in the Region.

10. Integration models and linkages with other health programmes show encouraging results in the Region. For example, rapid progress in addressing the mother-to-child transmission of HIV has been made in the Region, especially by integrating HIV prevention with maternal, newborn, child and adolescent health services.

11. In the European Region, where key populations at higher risk face many other health threats, further developing integration models and linkages with other health programmes such as those responding to TB, drug dependence, viral hepatitis and chronic and noncommunicable diseases will strengthen the overall success of each individual programme.

12. Evidence demonstrates that antiretroviral therapy is 96% effective in reducing heterosexual transmission of HIV in couples where one partner has HIV. This further justifies scaling up access to ART and increasing early HIV diagnosis and treatment.

13. Given the fiscal constraints facing many countries in the European Region, it is imperative to ensure that available resources are invested appropriately in cost-effective programmes, such as increasing the availability of generic medicines, which are used to a greater extent in other WHO regions. Countries should continue to be guided by the aims of achieving affordability, increasing cost-effectiveness and reducing economic barriers to prevention, treatment, care and support.

14. In the western part of the European Region, the response to the HIV epidemic has been strengthened by aligning national legislation and policies with internationally recognized standards, progressive enforcement of protective laws and increased efforts to protect the human rights of key populations at higher risk.

15. Laws and regulations constituting obstacles to an effective response to HIV have been addressed in other parts of the European Region. For example, sexual relations between people of the same sex have been decriminalized in all except two countries in the Region, and laws to address HIV-related discrimination in the workplace and travel restrictions have been revised to protect people living with HIV in many countries. Nevertheless, implementing these laws remains a considerable challenge.

16. The European Region has seen the formation of numerous innovative partnerships, including with civil society, communities of the key populations at higher risk, people living with HIV and nongovernmental organizations that advocate for and provide services. Several pan-European networks and organizations have emerged, and the number and size of networks of people living with HIV have increased.

17. Evidence indicates that civil society is being consulted more often in the European Region and that its involvement in formulating policy has increased in many countries in the Region. Civil society should be consulted and involved in a meaningful way, more often and to a greater degree throughout the Region.

Framework for action

18. The European Action Plan for HIV/AIDS 2012–2015¹ addresses the priorities of the European Region and reflects the European context by proposing areas of interventions within the framework established by Getting to zero: 2011–2015 strategy of UNAIDS and following the four strategic directions in the WHO Global Health Sector Strategy for HIV/AIDS, 2011–2015.
19. The European Action Plan also builds on other relevant global and regional strategies and policies, notably the WHO HIV/AIDS universal access plan for 2006–2010.
20. The Action Plan calls for urgent action to address the growing HIV epidemic in the Region by the WHO Regional Office for Europe, Member States and other stakeholders engaged in the HIV response.
21. The Action Plan is anchored in the following guiding principles: equity in health, which is particularly relevant in the European Region, where key populations at higher risk of HIV infection have the poorest access to health services; community participation; human rights; evidence-informed policies; and ethical public health approaches.

Vision and goals

22. The vision for the WHO European Region is zero new HIV infections, zero AIDS-related deaths and zero discrimination in a world in which people living with HIV are able to live long, healthy lives.
23. The goals for the European Region are:
- to halt and begin to reverse the spread of HIV in Europe by 2015;
 - to achieve universal access to comprehensive HIV prevention, treatment, care and support by 2015; and
 - to contribute to the attainment of Millennium Development Goal 6 and other health-related Millennium Development Goals (MDG 3, 4, 5 and 8), and especially to halt and begin to reverse the incidence of tuberculosis in Europe.

Priorities and actions for Member States

Four strategic directions for the HIV response in Europe

24. The European Action Plan for HIV/AIDS, 2012–2015 is structured around four strategic directions for the HIV response. These strategic directions are mutually supportive and highly interrelated. Addressing all of them comprehensively is essential in the effort to reach the goals, objectives and targets for the European Region.
25. Each of the four strategic directions has priority areas of intervention that reflect the European context, stating what should be achieved (objectives and targets) and how it should be done (priority actions) in the European Region. The full text of the European Action Plan clearly defines and lists the priority actions.

¹ See document EUR/RC61/Inf.Doc./8.

26. Member States are encouraged to set national objectives and targets in accordance with the ones proposed in the Action Plan and to adopt areas of intervention and implement priority recommended actions. The proposed targets are indicative and Member States should set their own targets for each intervention with reference to the situation in the country. Each country should agree on ambitious but realistic targets. Targets selected should allow countries to know whether they are making a difference or having an impact on the epidemic.

Strategic direction 1: Optimize HIV prevention, diagnosis, treatment and care outcomes

27. HIV prevention, diagnosis, treatment and care services are central to the HIV response. Because HIV epidemics in the European Region are concentrated in certain key populations at higher risk, the HIV response should focus on these key populations: people who inject drugs and their sexual partners, men who have sex with men, transgender people, sex workers, prisoners and migrants.

28. National HIV responses must expand coverage and improve the quality of HIV prevention, diagnosis, treatment, care and support interventions. They should implement evidence-informed HIV-specific prevention interventions in the key populations at higher risk in which transmission is actually occurring and scale up efforts to improve access to services for people who do not benefit from current HIV programmes.

29. Optimizing HIV prevention, diagnosis, treatment, care and support outcomes has the following areas of priority interventions (summarized below and detailed in the full text of the European Action Plan for HIV/AIDS 2012–2015, which includes the full list of priority actions):

- HIV testing and counselling: to reduce the size of the undiagnosed population and late HIV diagnosis by expanding access to and increasing early uptake of HIV testing and counselling services, especially in key populations;
- HIV transmission through injecting drug use: to prevent new HIV infections in people who use drugs by implementing the comprehensive harm reduction package of interventions for injecting drug users, including needle and syringe programmes and opioid substitution therapy;
- sexual transmission of HIV, particularly in men who have sex with men, in the context of sex work and among migrants: to prevent sexual HIV transmission by implementing behaviour change communication, increasing reliable and affordable access to high-quality condoms and water-based lubricants and other specific priority actions;
- mother-to-child transmission of HIV: to eliminate the vertical transmission of HIV by ensuring provider-initiated testing and counselling of pregnant women, ART during pregnancy and postpartum and to newborns, access to safe infant formula and other specific priority actions;
- HIV treatment and care: to ensure universal access to treatment and care for people living with HIV and comprehensively to address health issues among people living with HIV, including prevention and treatment of coinfections and comorbidities; and
- HIV transmission in health care settings: to eliminate HIV transmission in health care settings by using a multidisciplinary approach towards a zero-tolerance policy.

Strategic direction 2: Leverage broader health outcomes through HIV responses

30. The responses to HIV have the potential to positively impact other health outcomes. At the same time, integrating programmes and services has the potential to achieve better HIV

outcomes. The general principle underlying integration is promoting a patient-centred approach by generating alignment and collaboration.

31. Integration should be based on models that are proven to be effective in the European Region, where the key populations at higher risk of HIV exposure and infection face many other health threats. Where full integration is not possible, there should be close linkages ensuring the proper exchange of information and timely initiation of testing and treatment and other relevant services.

32. Leveraging broader health outcomes through HIV responses has the following areas of priority interventions (summarized below and detailed in the full text of the European Action Plan for HIV/AIDS 2012–2015, which includes the full list of priority actions):

- TB programmes: to reduce the burden of TB among people living with HIV and HIV in people with TB by implementing collaborative activities and integrating TB and HIV programmes, especially recognizing the high prevalence of multidrug-resistant and extensively drug-resistant TB in the Region and the high proportions of people who inject drugs, migrants and prisoners who have both diseases in Europe;
- drug dependence programmes: to integrate a comprehensive package of HIV prevention, treatment, care and support interventions and other services into programmes for people who inject drugs, particularly recognizing that most people living with HIV in the eastern part of the European Region are people who inject drugs;
- sexual and reproductive health programmes: to improve sexual and reproductive health and HIV outcomes by strengthening links between services, especially recognizing the sexual health needs of men who have sex with men (in the western part of the European Region but increasingly in the eastern part of the Region); the sexual and reproductive health needs of women who inject drugs and the female partners of men who inject drugs, especially in the eastern part of the Region; and the sexual and reproductive health needs of sex workers throughout the Region;
- maternal, newborn, child and adolescent health programmes: to improve health and HIV outcomes in mothers (especially women who inject drugs in the eastern part of the Region), infants, children and adolescents by strengthening the linkages between services;
- viral hepatitis programmes: to reduce the particularly high burden of HIV and viral hepatitis B and C coinfection in Europe (especially among people who inject drugs) by integrating services; and
- noncommunicable and chronic disease programmes: to reduce the burden of noncommunicable and chronic diseases among people living with HIV by improving linkages between programmes.

Strategic direction 3: Build strong and sustainable systems

33. Effective HIV responses require strong health systems, and health systems can benefit from HIV investment. The positive effects of HIV programmes on health systems, such as developing human resources, improving procurement management, improving quality assurance mechanisms, strengthening surveillance systems and improving donor coordination should be actively planned for and pursued.

34. At country level, key actions are recommended to ensure synergy between national HIV programmes and the development of health systems.

35. Building strong and sustainable systems has the following areas of intervention (summarized below and detailed in the full text of the European Action Plan for HIV/AIDS 2012–2015, which includes the full list of priority actions):

- strategic information for surveillance, monitoring and evaluation: to further strengthen HIV/AIDS strategic information systems in the European Region, by continuing to develop comprehensive national plans for HIV surveillance, estimation, monitoring and evaluation and ensuring that strategic information, including epidemiological and programme data, monitoring of financing and research findings, is analysed and better used at the national and European regional levels to inform policy decisions and programme planning;
- service delivery models: to ensure that HIV health services meet the needs of service users, recognizing the particular needs of key populations at higher risk in the European Region, who often face many other health threats, stigma and discrimination, through decentralization (where appropriate), integration and other specific activities, including involving civil society organizations in delivering services and providing sustainable support to ensure the access, particularly of the key populations at higher risk, to HIV prevention, treatment, care and support;
- medicines, diagnostics and other commodities: to ensure that HIV medicines, diagnostics and other commodities are quality assured and supplied without interruption, by revising appropriate legislation and building capacity and systems for ensuring open, transparent, competitive (when possible) and uninterrupted procurement of medicines, diagnostics and other commodities, monitoring prices of medicines and commodities and other specific priority actions;
- improving quality: to improve the quality of HIV services, by defining and funding quality improvement systems in national HIV strategies and action plans, promoting participatory quality development in HIV prevention, treatment, care and support, and advocating for designing programmes in accordance with the expectations of the clients that recognize the particular vulnerabilities of the key populations at higher risk in the European Region;
- health financing: to ensure that financing mechanisms for HIV interventions sustain coverage and reach target populations as efficiently and equitably as possible by promoting sustainability, attracting available domestic resources, improving the cost-effectiveness of service delivery models, and explicitly aligning funding mechanisms to support these and other specific priority actions;
- governance, partnership, intersectoral action and alignment: to improve governance, partnerships, intersectoral action and alignment in the HIV response through a set of specific priority actions; and
- health workforce: to strengthen human resource capacity to respond to the HIV epidemic through a set of specific priority actions.

Strategic direction 4: Reduce vulnerability and the structural barriers to accessing services (addressing the social determinants of health)

36. Areas of intervention and priority actions within this strategic direction fully consider the new European health policy – Health 2020; the principle of health in all policies; the protection of human rights and the need to address stigma, discrimination, legal barriers and other key social determinants that shape the HIV epidemics in the European Region.

37. The efforts of Member States and all relevant stakeholders should focus on creating an enabling environment and addressing the social determinants of health as an essential step in responding to the HIV epidemics in Europe.

38. Reducing vulnerability and removing the structural barriers to accessing services has the following areas of intervention (summarized below and detailed in the full text of the European Action Plan for HIV/AIDS 2012–2015, which includes the full list of priority actions):

- laws and regulations related to the HIV response: to address laws and regulations that present obstacles to effective HIV prevention, treatment, care and support and to strengthen the implementation of protective laws and regulations derived from international and European human rights standards, by implementing specific priority actions;
- stigma, discrimination and other human rights abuses that impede HIV response: to eliminate stigma, discrimination and other human rights abuses, by establishing and enforcing anti-discrimination and other protective laws derived from international and European human rights standards, in order to protect people living with HIV, key populations at higher risk and other affected populations, and by implementing other specific priority actions;
- strengthening community systems: to further strengthen civil society involvement in the HIV response by increasing the participation of people living with HIV, key populations at higher risk and other civil society actors in national coordination mechanisms on HIV/AIDS and in developing policy, making decisions and carrying out coordination (planning, management and implementation), delivering services, and monitoring and evaluating the implementation of national HIV strategies and plans, and other specific priority actions; and
- gender and age equity: to ensure gender and age equity in access to HIV services through a set of specific priority actions.

Monitoring and evaluation

39. Progress at the European regional level towards achieving the targets set out in this Action Plan will be regularly assessed. Benchmarking – or comparisons between countries – will also be used to assess performance in achieving targets.

40. The Action Plan includes a detailed monitoring and evaluation framework.

- Each of the areas of intervention in the Action Plan has a stated objective and a target to be achieved in 2015.
- The full text of the Action Plan clearly defines and lists objectives and measurable targets for each area of intervention.
- The full text of the Action Plan clearly defines and lists a set of indicative indicators for each measurable target for each area of intervention. All are standardized indicators from existing regional or global monitoring and reporting processes.

41. No additional data need be collected to monitor progress towards achieving the targets of this Action Plan. Progress at the European regional level will be assessed based on data collected through existing reporting processes.

Role of the WHO Secretariat

42. Working in collaboration with Member States, the WHO Secretariat will take bold and innovative action to challenge conventional HIV and public health approaches and fully harness opportunities to transform the HIV response.

43. Although WHO will focus its work in the areas in which WHO is the convener (HIV treatment, HIV and TB and, jointly with the United Nations Children's Fund (UNICEF), preventing mother-to-child transmission) or a partner in the UNAIDS Division of Labour, WHO will also contribute to other UNAIDS priority areas and cross-cutting issues in collaboration with other UNAIDS cosponsors and the UNAIDS Secretariat.

44. WHO has started to work on a detailed and costed work plan to support all areas of intervention and priority actions described in the Action Plan.

45. WHO has begun to estimate the overall costs associated with implementing the Action Plan.