

HepHIV 2021 Conference Call to Action

The HepHIV 2021 conference occurred at a critical moment – in the midst of the COVID-19 pandemic but still permitting reflection on the losses it has claimed awhile envisioning a healthier future. COVID-19 has demonstrated the ability of governments and international bodies to take extraordinary measures to control its transmission and saves lives.

We, the HepHIV 2021 conference participants, now knowing that this is possible, call on all stakeholders in the WHO European Region to apply the same urgency and continue to work together toward the 2030 global targets for HIV, viral hepatitis, sexually transmitted infections (STIs) and tuberculosis (TB) by implementing the following actions:

- 1. Reclaim and ensure a sustained focus on prevention, testing and early treatment** of HIV, hepatitis, STIs and TB from all actors:
 - Policy makers
 - Funders and decisions makers
 - Communities affected
 - Clinicians and other health care workers
 - Researchers and public health experts
 - Pharmaceutical and diagnostic industry partners
 - The general public.
- 2. Strengthen collaboration between government and implementers to ensure political commitment and appropriate resourcing.** COVID-19 has demonstrated the feasibility of global efforts to tackle infectious diseases, and we have an obligation to ensure that health remains a priority in the European political agenda and to reach the targets set for HIV, viral hepatitis, STIs and TB.
- 3. Improve monitoring of the continuum of care steps** (including testing and late presentation as well as stigma, discrimination and criminalisation of drugs) of HIV, viral hepatitis, TB and STIs in a collaboration between European Institutions (ECDC and EMCDDA), WHO, national surveillance institutions and community organisations, and improve data integration across disease areas. COVID-19 has also highlighted the need for better disease monitoring across borders.
- 4. Design and implement integrated responses to infectious diseases and conditions**, taking into consideration the need to:
 - **Promote collaboration and break down the silos among disease programmes** to ensure seamless provision of people-centered services;
 - **Challenge the vested interests in maintaining separate specialties;**
 - **Foster intersectoral collaboration and enhanced dialogue among stakeholders**, including the meaningful engagement of communities and civil society organizations in policy development and implementation;

- **Utilize most up to date and cost effective diagnostic technologies and strategies** in testing, including multi-disease diagnostic platforms, novel diagnostic technologies developed in response to COVID-19, digital technology and broader use of self testing/self sampling, for timely confirmation of diagnosis and rapid linkage to care;
 - **Increase awareness of the benefits of combination prevention**, encourage linkage and synergy among prevention tools, ensure access to all appropriate prevention tools to all key populations, to maximize prevention opportunities;
 - **Highlight the effectiveness, missed opportunities and cost-effectiveness** of integrated interventions to address potential resistance to integration;
 - **Investigate opportunities to include HIV, viral hepatitis, STI and TB testing within SARS-CoV-2 testing programmes** in high prevalence areas, settings or populations (e.g. emergency/intensive care units, prisons, homeless shelters etc.).
5. Leverage the lessons learned from COVID-19 **public communication and health emergency handling to strengthen programmes for HIV, viral hepatitis, STIs and TB**, specifically to:
 - **Engage the general public** in the discussion and response to infectious diseases, leveraging the opportunities opened by COVID-19 to communicate with the general public on these subjects;
 - **Ensure that messaging is positive, clear and consistent**, originates from trustworthy sources, is relevant to the target groups, and includes a focus on the role of inequalities in controlling infectious diseases.
 6. **Intensify efforts to address inequities in health which contribute fundamentally to poorer health outcomes** and reach those populations and regions most marginalised and affected by the epidemics. The right to health is a fundamental part of human rights and COVID-19 has made marginalisation more visible and more undeniable.
 7. **Work to remove criminalising laws and policies and legal barriers to testing interventions**, including barriers to lay-provider testing, testing at home (e.g. supply of test kits by post) and partner notification by taking advantage of the change in how health service delivery has been changed during the COVID-19 pandemic.
 8. **Advocate for universal access, availability and affordability of state-of-the art treatment and testing kits**, including joint procurement possibilities and use of all mechanisms foreseen in international trade agreements when necessary, to ensure affordable supply of diagnostics, treatment and vaccines for HIV, TB, viral hepatitis and STIs, which was shown feasible during the COVID19 pandemic.