

6 September 2022

Dr Vytenis Andriukaitis, HIV Outcomes Ambassador & WHO Special Envoy for the European Region

Margaritis Schinas, Commissioner for Promoting our European Way of Life Stella Kyriakides, Commissioner for Health and Food Safety

Dear Commissioners Schinas and Kyriakides,

With nearly the highest incidence of HIV, viral hepatitis and TB in WHO Europe, a humanitarian catastrophe looms over the people of Ukraine living with a viral condition who remain or have fled home. Up to 30,000 people living with HIV in Ukraine may need HIV services in refugee hosting countries (i.e., this is 10% of the total HIV population of Ukraine estimated at 245,000),² and likely as many for hepatitis and TB in light of their huge incidence (over two million cases for hepatitis; 3 over 20,000 new TB cases notified annually). 4 Worse still, most Ukrainians living with a viral condition belong to a risk group; for example, viral hepatitis prevalence among people who inject drugs in Ukraine is estimated at 70%.5

After 100 days of war, over 5.3 million Ukrainians have fled into the EU, many living with HIV, viral hepatitis and TB. For health inequalities not to widen and to avoid a spike in incidence, mortality and morbidity related to viral diseases, it is imperative that our healthcare systems ensure them the highest standards of prevention, treatment, care and information. So far, the coordinated efforts by receiving countries have been remarkable, as has the cooperation between the EU and Member States. Their partnership in this crisis and the COVID-19 pandemic has no precedent in EU history. With the mandate of our citizens, it should pave the way for closer cooperation in public health within a European Health Union ready to accelerate progress towards the UN SDGs.

This is why in these extraordinary circumstances, the EU should facilitate roundtable discussions between 'receiving countries' to agree on a joint approach against HIV, viral hepatitis, TB among refugees, and limit the war's impact on viral diseases elimination by 2030 (UN SDG 3.3). Such discussions should complement the work of the Health Security of Committee and Member States' exchange of best practices as regards refugee healthcare access. Also, the funding put forward by the European Commission

68% support stronger EU competencies in health (Eurobarometer, 2020)

INITIATIVE PARTNERS

















- European AIDS Clinical Society (EACS)
- European Center for Disease Prevention and Control (ECDC)
- Fast Track Cities
- UNAIDS
- UNITE

¹ WHO Europe (24-30 March 2022). Emergency in Ukraine. External Situation Report #5. Retrieved fom https://apps.who.int/iris/bitstream/handle/10665/352696/WHO-EURO-2022-5152-44915-64091eng.pdf?sequence=1&isAllowed=y

ECDC (2022, 19 May). Key considerations for the provision of the HIV continuum of care for refugees from Ukraine. Webinar.

³ Unian Information Agency (2018). About 2 mln people in Ukraine infected with hepatitis C virus – Health ministry. Retrieved from https://www.unian.info/society/10204251-about-2-mln-people-inukraine-infected-with-hepatitis-cvirus-health-ministry.html; Ukraine: Public Health Situation (PHSA) Analysis Short-form. Retrieved https://reliefweb.int/sites/reliefweb.int/files/resources/ukraine-phsa-shortform-030322.pdf

ECDC. Testing for tuberculosis infection and screening for tuberculosis disease among incoming refugees from Ukraine to European countries (7 April 2022) https://www.ecdc.europa.eu/en/newsevents/testing-tuberculosis-infection-and-screening-tuberculosis-disease-among-incoming

s lakunchykova, O. et al. (2018). Hepatitis C virus status awareness and test results confirmation among people who inject drugs in Ukraine. International Journal of Drug Policy, 57, pp. 11-17; EMCDDA (2014). Ukraine country overview, Retrieved from https://www.emcdda.europa.eu/countries/ukraine_en#inf

FRONTEX (2022). 5.3 million Ukrainians have entered EU since the beginning of the invasion. Retrieved from https://frontex.europa.eu/media-centre/news/news-release/5-3-million-ukrainians-haveentered-eu-since-the-beginning-of-invasion-HbXkUz



and Member States is welcomed but should be <u>increased for 'receiving countries' to facilitate access to voluntary vaccination, diagnosis and linkage to care for viral infections</u> and <u>to improve the wellbeing of the refugee population.</u>

From the early days of the invasion, civil stakeholders have indeed warned about the war's impact on the SDGs. To achieve well-being and healthy lives for all (SDG 3), the essential needs of refugees living with a viral condition should be met (e.g., treatment continuation) and their well-being protected and promoted.⁸ Health is a state of complete physical, mental and social well-being and not merely the absence of disease,⁹ and the enjoyment of the highest standard of health is a fundamental right of every human regardless of their (refugee) status.¹⁰

In light that the Health Security Committee is proving successful in guaranteeing essential care for those refugees living with a viral condition, I call on the Commission and Member States to continue and expand this cooperation as regards viral diseases with an extension of the mandate of the Steering Group on Health Promotion, Disease Prevention and Management of Non-Communicable Diseases into communicable diseases. Established during my mandate, it is the ideal forum to discuss good practices as to how well-being can be promoted and viral diseases elimination accelerated.

For years, good practices on viral diseases have been collected by stakeholders. From how the **impact** of stigma or discrimination on mental health can be addressed with integrated care, to the effectiveness of micro-elimination strategies that target risk groups and include social assistance, and the harmonisation of national plans for viral diseases given the co-infection rates and overlap in risk groups and social determinants. These examples merit discussion and such extension is the right course of action.

The Ukraine crisis and the COVID-19 pandemic show how much progress can be achieved against viral diseases when Team Europe acts in coordination and solidarity. I commend the ongoing joint efforts and remain on hand for this cooperation to be of benefit to every person living with a viral condition in the EU.

With my best wishes,
Dr Vytenis Andriukaitis
HIV Outcomes Ambassador & WHO Special Envoy for the European Region

⁸ Even though life expectancy has greatly increased for people living with HIV, viral hepatitis and TB thanks to recent therapy breakthroughs, their well-being is poorer than the general population due to stigma, discrimination and increased risk of comorbidities such as cancer.

⁹ WHO (1948) Constitution of the World Health Organization. Retrieved from http://www.who.int/governance/eb/who_constitution_en.pdf

¹⁰ Co-funding projects to improve their mental health is, hence, the right step (reference EU4Health).

¹¹ Such examples were written in the backdrop of concentrated viral disease outbreaks, such as that of measles among the Roma in the 2010s



HIV Outcomes Steering Group Co-Chairs

Jane Anderson, Homerton University Hospital NHS Foundation Trust, London, UK Jeffrey Lazarus, ISGlobal, Hospital Clinic, University of Barcelona, Spain Nikos Dedes, Positive Voice, Greece

on behalf of the HIV Outcomes Steering Group

- Antonella d'Arminio Monforte: University of Milan
- AIDS Action Europe: represented by Sini Pasanen
- Children's HIV Association (CHIVA): represented by Amanda Ely
- European AIDS Treatment Group (EATG): represented by Mario Cascio
- National AIDS Trust (NAT): represented by Cheryl Gowar
- Richard Harding: King's College London
- Stéphan Vernhes: AIDES & Coalition PLUS
- Industry represented by: Christiane Kellner (Gilead Sciences) and Rhon Reynolds (ViiV Healthcare)

Observers:

- European Centre for Disease Prevention and Control (ECDC)
- Joint United Nations Programme on HIV and AIDS (UNAIDS)
- European AIDS Clinical Society (EACS)
- Fast-Track Cities Europe
- UNITE Global Parliamentarians Network (UNITE)

About HIV Outcomes:

HIV Outcomes is a multi-stakeholder initiative of clinicians, patient representatives, academics and industry working to improve well-being for people living with HIV. Whilst celebrating the increase in life expectancy for those living with HIV, we also recognise that their well-being is not up to par with the general population due to stigma, discrimination or comorbidities. Our initiative informs policy dialogues and aspires for policy change that reflects the needs of the HIV population, in collaboration with our network of +35 members across WHO Europe and colleagues from the countries where HIV Outcomes is present (Germany, Spain, Italy, Romania, UK). For more information visit our website and follow us on Twitter and LinkedIn.