

## **Call for a Renewal of an EU Action Plan on HIV and the Effective**

### **Involvement of People Living with HIV in Decision-Making**

Dear Commissioner Stella Kyriakides,

The International Association of Providers of AIDS Care (IAPAC) is a not-for-profit association with more than 30,000 members worldwide whose mission is to expand access to and improve the quality of prevention, care, and treatment services provided to people affected by and living with HIV.

In partnership with the other co-signatories of this letter, IAPAC urges the European Commission to action the following requests within the construct of the health-related initiatives that will be developed during the upcoming 2024-2029 mandate for European Union (EU) Member-States.

As you are aware, the HIV pandemic has had a devastating effect on our world, claiming over 40 million lives since its start in the mid-1980s. Despite an overall decline in new diagnoses in the last decade, according to the European Centre for Disease Control (ECDC), nearly **107,000 people were diagnosed with HIV in 2021 in the EU/EEA**. In Europe, the burden of HIV disproportionately falls on socially marginalized and/or vulnerable populations, such as people who inject drugs, LGBTI individuals, sex workers, and migrants. This is why the involvement of these populations is key to ensure the planning and implementation of an effective response to HIV.

With **only 7 years left to achieve the [2030 Joint United Nations Programme on HIV/AIDS \(UNAIDS\) Targets](#)**, most European countries are currently not on track to achieve these milestones, as is reflected in the ECDC's [progress report dated September 2023](#). The report shows that Europe-wide only 83% of all people living with HIV (PLHIV) know their status, 85% of people who know their status are on HIV treatment, and 93% of people on treatment have achieved viral suppression. Moreover, the pace of scale-up for pre-exposure prophylaxis (PrEP), an important adjunct to HIV treatment that together comprise combination HIV prevention, is less than optimal, with [68 089 oral PrEP initiations in 2020](#). Here, too, the EU faces a deficit in relation to the UNAIDS goal that 95% of people who are clinically eligible should be using combination HIV prevention, including PrEP. The targets are within reach. However, they cannot be achieved without sustained commitment and focused actions.

In this context, **the need to enhance the HIV response in Europe stands out as a key pending task for the EU as a whole and its Member-States**. This enhancement should be part of Europe's efforts to get back on track to reach the health-related Sustainable Development Goals (SDGs), specifically SDG3.3, which seeks to end the epidemics of HIV, tuberculosis (TB), malaria and neglected tropical diseases by 2030 and combat hepatitis, water-borne diseases, and other communicable diseases. Data-informed, equity-based efforts to achieve SDG 3.3 should be made reality through a targets-driven EU Plan of Action, guided by existing international frameworks, such as the UNAIDS Global AIDS Strategy, the Stop TB Partnership and UNOPS' [Global Plan to End TB](#), and the WHO's [Global Health Sector Strategy](#) for hepatitis and STIs.

As important, and in line with the UNAIDS focus on the greater involvement of people living with HIV (GIPA), the involvement of socially marginalized and vulnerable populations is key to ensure the planning

and implementation of an effective response to HIV whose benefits are shared by all people affected by HIV.

The 2024-2029 EU's mandate will be the last opportunity for the EU to achieve the health-related 2030 goals and uphold its commitments in relation to HIV, viral hepatitis, TB, and STIs. For these reasons, we call upon the Commissioner for Health to consider the following policy requests:

1) A new EU Action Plan that tackles HIV, viral hepatitis, TB, and other STIs.

The [EU Action Plan Tackling HIV, Viral Hepatitis, TB, and other STIs](#) expired in 2016, leaving the European Union and its Member-States in a public health void. A renewal will help the EU to continue building a European Health Union by strengthening healthcare systems and ensuring better access to healthcare, while ensuring the full implementation of the UNAIDS 2030 goals.

Europe's Beating Cancer Plan showed that a coordinated response at the EU-level is important to confront public health threats. The [ECDC progress report](#) gives concrete policy asks to Member-States to meet the 2030 goals. Among them, the report suggests increasing HIV testing capacity, implementing treatment guidelines and policies, and the sharing of best practices on prevention, but these policy requests require proper funding and tangible objectives and targets for Member-States to meet. A renewed EU Action Plan should be based on both horizontal and vertical actions that:

- Remove barriers hindering access to prevention, diagnosis, and treatment tools and other innovative approaches to ending HIV.
- Tackle inequalities and improve outreach to vulnerable and marginalised populations.
- Set EU-specific HIV stigma elimination targets and provide guidance on specific actions and on the creation of accountability mechanisms to track progress in the achievement of the 2030 goals.
- Facilitate the sharing of knowledge and best practices for the implementation of HIV-related non-discrimination programmes at the EU, regional, national, and local levels.
- Enhance platforms for more structured multi-stakeholder dialogue between civil society and policymakers at EU and national level.

2) Ensure that the recently established [Public Health expert group](#) respects the [GIPA](#) principles.

We welcome the organisation by the Commission of different forums such as the EU Health policy platform, the work of the [STIs](#), led by the EU Civil Society Forum, and its joint statement on stigma experienced by PLHIV. Moreover, we are glad to observe the setup of new platforms within the European Parliament, such as the informal working group on HIV supported by the International AIDS Society and UNITE. However, more work needs to be done, including at local levels where there is greater opportunity to leverage innovation at an accelerated pace.

The newly established European Commission Public Health expert Group, which allows Member-States to share best practices is a good step forward, but marginalized and vulnerable communities need a seat at the table. Involving marginalized and vulnerable population groups, including PLHIV, in the planning and delivery of healthcare services will help remove horizontal barriers to access to prevention, diagnosis, and treatment services and tackle inequities and inequalities. This in turn will allow for the creation of better

tailored health services able to meet the preferences of individuals belonging to key population groups, as well as the development of more effective policies able to address real-life challenges faced by highly impacted communities.

**We, believe that the European Commission must take concrete actions and help Member-States to better coordinate the response against HIV, viral hepatitis, TB, and other STIs.**

Yours sincerely,

Dr. José M. Zuniga  
President/CEO

*Endorsed by:*

