

CONFERENCE 'VULNERABILITY AND HIV IN EUROPE' CONCLUSIONS

National AIDS Strategy Secretariat

13 April, 2010, Madrid, Spain

BACKGROUND

Coinciding with the European Year for Combating Poverty and Social Exclusion, the Spanish presidency of the European Union has settled VIH and health inequalities as a priority on its agenda.

The Dublin Declaration on Partnership to fight HIV/AIDS in Europe and Central Asia, recognises that poverty, underdevelopment and illiteracy are among the principal contributing factors to the spread of HIV/AIDS, and establishes key populations at higher risk, including MSM, migrants, injecting drug users, and sex workers. These groups coincide with the ones highlighted in the renewed strategy for combating HIV/AIDS in the EU and neighbouring countries 2009-2013, adopted last year by the EU Commission. The strategy stresses the need for tailor-made approaches to reach these groups, as a means towards containing the epidemic in Europe.

CONFERENCE 'VULNERABILITY AND HIV IN EUROPE'

On April, 2010, the Spanish National AIDS Strategy Secretariat, Directorate-General for Public Health and Foreign Health, organized the Conference 'Vulnerability and HIV in Europe', which brought together representatives of organisations and networks from around the European Union. The objectives of the meeting were to:

- Discuss the political and interdisciplinary dimension of inequalities, vulnerability to HIV and effective interventions and policies.
- Share work experiences that are being undertaken at an international level related to groups at higher risk to HIV infection.
- Show Spanish participation on international projects related to HIV.
- Present the Conference's conclusions regarding vulnerability and HIV in Europe.

MEETING CONCLUSIONS

The conference was an important step on the path towards a better EU cooperation and a stimulus for collaboration in health promotion and inequalities reduction programs. It provided a space for discussion, sharing of experiences and knowledge on current policies and programs aimed at reducing HIV vulnerability factors. It focused on key populations at higher risk, such as MSM, migrants, and injecting drug users, and exposed concrete actions that are currently being undertaken both to better understand the reasons why certain groups are at higher risk and to reduce HIV vulnerability factors. There were some key conclusions as to how future actions should be tailored:

- HIV/AIDS remains a public health and social challenge in Europe, as the epidemic undermines the right to health and the human rights and dignity of key populations affected by HIV, such as men who have sex with men, migrant communities, injecting drug users, and sex workers.

Key populations

- Among key populations the prevalence of HIV remains at alarmingly high levels, and there are reports on growing numbers of newly acquired infections of HIV and STIs, especially among men who have sex with men, including young men who have sex with men.
- In a number of European cities, young men who have sex with men have a lifetime risk of becoming infected with HIV, which in some cases may be comparable to the risk experienced by young people living in high prevalence countries.
- Migrant communities within Europe remain significantly underserved in terms of access to appropriate information materials, services and interventions. Attention is also required to the needs of undocumented migrants.
- Same attention must be given to other key groups, such as transgendered groups and prisoners, which also lack access to information, services, and interventions.
- The lack of access to treatment is still very evident for certain groups, in particular injecting drugs users, in some parts of Europe.
- This reality is sometimes neglected and ignored by the European society, the media, and politicians – and perhaps also by the affected communities themselves – downgrading AIDS as a priority, and helping to maintain the “only a problem in Africa” belief.
- Political action is required to address homophobia, xenophobia, and gender violence, including hate crimes, as well as to ensure policy coherence in response to AIDS – for example migration policies and policies related to drug use and sex work.
- Criminalisation of HIV transmission and risk behaviours threatens to drive the epidemic underground, and make the most-at-risk groups unreachable – as illustrated by the trend of sex workers moving in-door, out of reach.

Social approach

- Biomedical approaches drew in progress, but excessive HIV treatment optimism has brought a neglect of social and behavioural interventions. The focus rests on individuals rather than communities, and there remain simplified views of drivers and remedies (health system strengthening as a magic bullet).
- An effective HIV response constitutes an agenda for social reform – there is a need to improve the living conditions of all populations and address the economic, gender, social, and legal inequalities that drive the epidemics among key populations.
- Community action and trust are essential to successful prevention. Key populations are neither victims nor just clients or patients – they are experts in their own right and cause and agents for social change. Community empowerment as the key: “Work with us, not for us”.

- As there are no magic bullets in prevention, there is an urgent need to scale up combined prevention strategies. These should comprise structural interventions addressing social vulnerability, impact on communities, and generational change, as well as individual risk, and continuity programs.

Concrete Actions

- Community-based early testing may improve treatment outcomes, as well as bring other benefits. Nevertheless, it must come with vigilant efforts to guarantee the full rights and freedom of all people living with HIV, including full and free access to treatment.
- There is a need for better and comparable “second generation” surveillance in terms of unlinked anonymous testing, behavioural surveillance, monitoring of social determinants of HIV infection, online surveys, and anthropological studies.
- Prevention: Old wine, but we need new bottles. There is a demand for everywhere-new innovative prevention strategies that take into account the changing European cultural, social, and political context. Attention must be given to the fear of AIDS decrease, sero-sorting practices, the opportunities and challenges of IT technology, globalization and increased mobility, financial crisis, and the new political priorities.

Long-term approaches and EU cooperation

- We know the basics of what works in prevention, but after almost thirty years into the epidemic, most prevention work is still project based and time limited. There remains a lack of predictable and sustainable financing to ensure continued efforts and long-term behavioural changes.
- The European Commission provides important support for projects targeting the needs of key populations in Europe, but in the context of the new Communication on Combating HIV/AIDS in the European Union and its neighbouring countries, the Commission should take further action to enhance political leadership, commitment, and coordination of Member States to address the needs of most-at-risk populations through policies and legal changes, as well as through support for sustainable and mainstreaming programmes.
- In the same context, the Spanish EU Presidency should consider working with the upcoming Belgian EU Presidency to ensure that HIV is on the European Union Agenda.