

HepHIV Conference 2019 Call to Action

We, the participants of the HepHIV 2019 conference, call on all stakeholders in the European Region 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. Adopt an **integrated, people-centred, settings-based approach** to prevention, testing, treatment and social services for HIV, viral hepatitis, STIs and TB, implementing a “one-stop shop” model wherever practicable. The service offering should be adapted to the needs of the target population and include harm reduction, mental health services, adherence support, and housing and employment assistance when appropriate.
2. Improve the **monitoring and evaluation of programmes and services**, ensuring that surveillance indicators are harmonised with international and European guidelines, including those from WHO, ECDC and the Dublin Declaration, with respect to testing and linkage to care for HIV, viral hepatitis, STIs and TB. In addition, promote **sharing of best practices and effective models of care**.
3. Ensure the **adequate financing of the response** to the epidemics, from prevention to treatment and care, taking into consideration the needs of the most-affected groups¹ and the added value of community-based services, including peer-led services and outreach activities.
4. Work to **eliminate late diagnosis for HIV and viral hepatitis**.
5. **Align national testing strategies with European testing guidelines:**
 - include integrated testing for multiple infections;
 - tailor testing strategies to each country’s epidemics, including at the subnational level;
 - ensure that testing is voluntary and confidential;
 - identify and remove all legal and regulatory barriers to the provision of testing by trained non-medical staff in order to support community-based testing;
 - make self-testing and self-sampling an integral part of testing options;
 - eliminate mandatory pre-test counselling and requirements for written consent;
 - facilitate the implementation of indicator condition-guided testing for HIV, and develop similar strategies for other infections;
 - implement voluntary partner notification, including assisted notification, taking into account the concerns of the most-affected groups;
 - increase testing frequency, particularly in the most-affected populations; and

¹ Main-affected groups to consider for targeted services should include people who use drugs, sex workers, men who have sex with men (MSM), trans* people, prisoners, uninsured persons and migrants, including undocumented migrants, mobile and displaced populations.

- promote risk awareness and empower affected populations to prevent infection and reinfection.
6. Ensure **universal access to state-of-the-art treatment** options for HIV, viral hepatitis, TB and STIs.
 7. Make **HIV pre-exposure prophylaxis (PrEP) readily accessible to everyone** who needs it, as an integral part of combination prevention programmes.
 8. **Maximise access to existing testing tools and develop innovative and affordable new technologies** to address currently unmet needs, including integrated testing for different infections.
 9. **Target integrated prevention, testing and treatment efforts to the population groups most affected by these infections**, providing them with flexible services in settings where they feel most comfortable.
 10. **Intensify efforts to combat all forms of stigma and discrimination** associated with these infections or the groups they impact most:
 - identify and abolish all laws, policies and regulations that directly or indirectly discriminate against people living with or highly impacted by any of these infections;
 - reduce exceptionalism and normalise prevention, testing, treatment and care;
 - develop and implement tools, in partnership with the groups most impacted by these infections, to better assess levels of stigma and discrimination and develop effective interventions to address them; and
 - promote the national and regional monitoring of stigma, discrimination and the criminalisation of most-affected groups.
 11. Advocate for **stronger political leadership in implementing rights- and evidence-based, data-driven public health interventions** by governments and international agencies in the European Region.