

HepHIV 2017 – Call for Action

All of us – people living with HIV and with viral hepatitis, civil society representatives, health professionals, public health officers and decision-makers, policymakers, representatives from European and national institutions, and researchers – need to keep collaborating closely to decrease the number of people initiating HIV and HCV treatment late, in order to improve long-term health outcomes and reduce onward transmission.

The year 2016 saw the adoption of the very first global health sector strategy on viral hepatitis, a turning point in efforts to fight the disease, and of a corresponding strategy on HIV. The participants in the HepHIV 2017 Conference call on all stakeholders to work together to achieve the targets and goals in these strategies, and to exceed them when possible, by implementing the following actions.

1. Improve surveillance of viral hepatitis and the late presentation of viral hepatitis, and support ECDC efforts in this area.
2. Improve the monitoring and evaluation of programmes and services with respect to testing and linkage to care for HIV, viral hepatitis and sexually transmitted infections, (STIs), and promote the sharing of their best practices.
3. Improve HIV and viral hepatitis testing strategies:
 - tailor HIV and viral hepatitis screening strategies to each country's epidemics, including at the subnational level;
 - expand and support community-based testing for HIV and viral hepatitis by trained laypeople;
 - make self-testing and self-sampling an integral part of the testing toolkit;
 - educate general practitioners and other health care providers about testing strategies, including the importance of prompt referral to specialist care, and facilitate the implementation of indicator condition-guided testing;
 - develop new, affordable testing diagnostics, and utilize them; and
 - increase testing frequency and testing at early stages of infection when cost-effective, particularly in high-risk populations.
4. Create synergies between efforts to tackle communicable and non-communicable diseases by encouraging partnerships and collaborations, including tandem testing, among people working with HIV, viral hepatitis, TB and STIs.
5. Advocate for stronger political leadership in implementing evidence-based public health interventions by the EU and its member states, as well as by other governments and international agencies in the WHO European Region.
6. Remove all restrictions on direct-acting antiviral (DAA) therapy for hepatitis C, and make it immediately available for all people living with active hepatitis C.

7. Drawing on the support and involvement of all stakeholders, urge governments to negotiate effectively to ensure universal access to DAA therapy.
8. Make pre-exposure prophylaxis (PrEP) available to everyone who needs it, as an integral part of HIV prevention.
9. Scale up efforts to combat stigma and discrimination by:
 - telling the 21st century HIV and viral hepatitis story – that diagnosis and treatment can ensure a long and healthy life and stop onward transmission;
 - normalizing and expanding HIV and viral hepatitis testing;
 - promoting national and regional monitoring of stigma, discrimination and unjust criminalization; and
 - developing more effective interventions to combat stigma, discrimination and unjust criminalization.
10. Challenge policies that prevent undocumented migrants from accessing HIV and viral hepatitis prevention, testing, treatment and care.