ECDC DIRECTOR'S PRESENTATION

Preventing HIV and viral Hepatitis infections among people who inject drugs

Introductory remarks to World AIDS Day scientific seminar in the European Parliament
Brussels 30 November 2011

I would like to start my presentation by thanking Marina for hosting us today. This is the third World AIDS Day seminar she has hosted for us in the European Parliament. Being here in the Parliament – and having a member of its health committee as our host – is hugely important.

Our aim today, at this seminar, is:

- Firstly, to have an open discussion between experts, policy makers and representatives of civil society

But also...

- Secondly, to renew our commitment to fighting HIV/AIDS

Having a free flow of information and experiences between the different partners in the fight against HIV/AIDS is certainly important. But, ultimately, the most important thing is that we act on that information. That is the key point for me. It is why we seek this dialogue with the European Parliament and civil society.

You are the people who can turn the information we provide, into action.

Now when I talk about "we" at this seminar I mean ECDC and its sister organisation, the European Monitoring Centre for Drugs and Drug Addiction, I will call it the drug agency. I am delighted that Paul Griffith, the Scientific Director of our sister agency, has travelled from their headquarters in Lisbon to be with us today.

Let me start our discussions by giving you the latest information about the HIV/AIDS epidemic in the European Union.

ECDC has today published a new Joint Surveillance Report with WHO's Regional Office for Europe. This contains the latest official data on cases of HIV and AIDS reported across the 53 countries of the WHO European Region up until the end of 2010.

However, I will focus on the countries that ECDC works with:

- the EU27,
- Norway and Iceland

In these countries in 2010 a total of 27.116 newly diagnosed HIV infections were reported. This compares with just under 26,000 newly diagnosed HIV infections reported in 2009.

So the number of new cases being reported has unfortunately increased. The increase is not enormous, but it is still significant – it amounts to a 4% rise. **This is a worrying signal. Policy makers should take note of it.**

The rise in new HIV infections being reported in the EU has three main causes:

- Most of the rise is due to the continuing increase in new cases reported among men who have sex with men – or MSM in health jargon.
- Some of the cases were infected during heterosexual sex. A significant proportion of the people infected this way are migrants from countries with generalised epidemics. Many of the infections in this group will have occurred outside the EU.
- Finally, some of the cases were infected while injecting illegal drugs.

I will focus on two of these groups – MSM and people who inject drugs.

Starting with MSM, there has been a slow but relentless rise in HIV infections in this group. Over the past decade or so, the number of newly diagnosed cases being reported in the EU has steadily increased.

We know that what is driving this increase - a resurgence of high risk sexual practices among MSM. In other words - **unsafe sex**.

What we don't know, is how to change this behaviour. Experts in national public health institutes across the EU are trying to develop effective HIV prevention strategies for MSM. Last week in Stockholm there was a major expert conference on this subject. Marita van de Laar and her team had a big input at this conference. ECDC also has its own expert network on HIV prevention among MSM. There is a lot of collaboration and sharing of knowledge going on. But we are still some way from resolving this challenge.

People who inject drugs are another of the key risk groups in the EU for HIV infection. In contrast with MSM, **we have very good knowledge of how to prevent HIV infection, and indeed viral Hepatitis infection, among people who inject drugs**.

The seven interventions identified in the joint ECDC / EMCDDA guidance document are based on solid evidence. Paul Griffiths, from our sister Agency, will give you an overview of this evidence.

But put simply, we know these interventions work – and we have the data to back this up.

It is the view of both our Agencies that the use of these interventions reduces HIV infections. In the EU countries that use these interventions – such as needle exchange schemes, or promotion of HIV testing – infections among people who inject drugs has declined.

Portugal and Estonia, in particular, have achieved major reductions in the rate of HIV infections among people who inject drugs. The rate of new infections in Estonia last year is about one quarter of what it was in 2001. Because of the progress in these countries and other (such as the Netherlands), the rate of new infections among people who inject drugs has declined in the EU as a whole.

Indeed, there has been a downward trend for the last 5 years.

So there is some good news in our report. In some countries, HIV prevention – particularly among people who inject drugs – is having an impact.

The bad news is that this is not a uniform trend.

The type of interventions our Agencies advocate are not widely available in some Member States. And in some of these countries, the rate of infection among people who inject drugs has risen. There a different reasons why this happens.

The interventions we advocate require a pragmatic approach to prevention. Most countries in the EU now accept this approach. However, policy makers and officials in a few countries find it difficult to reconcile this approach with their own values and beliefs.

The interventions also require collaboration between:

- public health,
- drug rehabilitation; and
- law enforcement agencies.

Again, many Member States have built the necessary links between these sectors and are achieving this collaboration. At EU level, there is good collaboration between the different DGs of the Commission that correspond to these sectors, and of course between ECDC and our colleagues in Lisbon

Nonetheless, in a few Member States the links between these sectors are either weak or non-existent.

But perhaps the biggest challenge facing HIV prevention services at the moment is funding.

Health budgets across the EU are under pressure. Disease prevention programmes are often an easy target when cuts need to be made. Prevention services for people who inject drug have never been a very high priority in some countries. Now, in some cases, these services are being cut still further.

Or alternatively, good prevention programmes that were financed by the Global Fund* are being discontinued. The national authorities are not willing to take them over when the international funding ends.

This situation is dangerous for public health.

When HIV starts spreading among injecting drug users it can spread very quickly. We saw this in Estonia in 2000-2001, when the rate of HIV infection being reported suddenly increased by nearly 400%. Estonia is still living with the legacy of this epidemic. It has a relatively large number of people infected with HIV, and the cost of treating these people is high.

My fear is that over the coming years we may see one, or more, major outbreaks of HIV in some other EU countries. The Member States at risk of seeing these outbreaks are the ones in which prevention services are not widely available to injecting drug users. This year alone, we have seen small outbreaks – numbering several dozen cases, or even low hundreds – in three of these Member States.

Our two Agencies are currently finalising a Rapid Risk Assessment on this. It should be published on our websites in the coming days.

A key conclusion of our joint risk assessment will be that these outbreaks are significant signals. The EU and its Member States must take them seriously.

It is too early to say that these signals mean the start of a wider upsurge of HIV infections in these countries among people who inject drugs. But, unless all EU countries invest in prevention services for this risk group we are likely to see this – if not now, then soon.

I am not a politician, so what I am about to ask you may sound naive.

But I would like to ask for the help, and advice, of the people in this room in communicating a message to health policy makers. I do not want to get into the business of naming and shaming countries. But I do want to get across the message that **cutting back on HIV prevention services is not a good way to save money**.

Needles and syringes cost much less than antiretroviral drugs A needle exchange programme can be run by volunteers from NGOs, and other non-medical staff. However, once someone is infected with HIV their treatment has to be regularly monitored by a doctor.

You may be saving a few cents in the short run, but longer term it is going to cost you big money.

I hope the policy makers and civil society representatives here today can support me on this.

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* The Global Fund to Fight AIDS, Tuberculosis and Malaria (see www.theglobalfund.org)

We need to give governments a clear message:

- HIV prevention works
- continue to invest in, despite the economic crisis

If we do not do this, we risk seeing many more HIV infections in the EU