



CONCEPT NOTE

Addressing HIV and TB Challenges: from Donor Support to Sustainable Health Systems

Official event in the programme of the Estonian Presidency of the Council of the European Union

Co-organised by: Ministry of Social Affairs of Estonia, National Institute for Health Development, WHO Regional Office for Europe, The Global Fund to Fight AIDS, Tuberculosis and Malaria, The Joint United Nations Programme on HIV/AIDS

Date: December 12-13, 2017

Venue: NORDIC HOTEL FORUM, (<http://www.nordichotels.eu>)
Viru väljak 3, Tallinn, Estonia

Background

The need for and benefits of integrating disease responses, in order to contribute to render and keep health systems more sustainable and resilient, has been clearly stipulated in the Tallinn Charter: Health Systems for Health and Wealth¹ in 2008. Building on it and similar policy documents produced by EU Member States, such as the Riga Declaration of 2015 for tuberculosis² that stresses strongly the linkages of TB with other diseases, most prominently, HIV, recognizing the need for addressing social determinants, vulnerable populations, cross-border and migration aspects and moving towards more people-centred care. Also, recently, the HIV

¹ http://www.euro.who.int/_data/assets/pdf_file/0008/88613/E91438.pdf?ua=1

² http://www.vm.gov.lv/images/userfiles/Prezidentura/tb_declaration_en.pdf



Malta Declaration³ underlined the necessity of cross-disease and partnership oriented public health approaches, in order to address the interlinkages sustainably and efficiently. Last but not least, the United Nations Sustainable Development Goals (SDG) framework, in particular SDG 3, includes the goal of ending HIV and tuberculosis epidemics by 2030 in a joint fashion. The relevant principles of the above documents have been largely reflected in and are in line with the Roadmap to implement the tuberculosis action plan for the WHO European Region 2016–2020. Towards ending tuberculosis and multidrug-resistant tuberculosis⁴ and the Action Plan for the health sector response to HIV in the WHO European Region (Draft 5.4)⁵.

The mentioned regional WHO plans have been endorsed by the Regional Committee of WHO European Region, and hence endorsed by its Member States.

Despite considerable progress made in prevention and response to those two leading communicable disease killers in the WHO European Region, many challenges remain and functioning interventions need to be stepped up and boosted, new and innovative tools applied and expanded, in a health system approach and sustainable manner.

Alarmingly, in 2014, 80% more new HIV cases were diagnosed in the WHO European Region than in 2003. Reportedly, the Region's Eastern part has the fastest growing HIV epidemic and the second lowest HIV treatment access in the world. Similarly alarmingly the WHO European Region is also home to about 20% of the global multidrug-resistant tuberculosis (MDR-TB) burden and to the highest rates of drug resistance among new and previously treated TB cases (18% and 48%, respectively). Drug resistant TB is thought to be responsible for more than 20% of all microbial resistance related deaths. Combined, HIV and TB, are even more deadly killers, and more difficult and costly to treat.

Having one of the highest HIV rates in Europe, Estonia has witnessed a decrease in number of new HIV cases from 1,474 in 2001 to 229 in 2016. HIV epidemic in Estonia has been fuelled by the injecting drug use that rapidly started to grow in the end of 1990-s. From the TB perspective incidence has been declining steadily over the last 10 years, to below 20 per 100.000 population per year, which is also the case for other countries of the WHO European Region. On the other hand, MDR-TB rates remain alarmingly high. Financial aid allocated to Estonia by the Global Fund, allowed to help build up structures needed to implement national HIV response, especially harm reduction services for people who use drugs. Despite the country's favourable economic and political environment during the period of the Global Fund grant implementation in 2003-2007, Estonia's transition has not been seamless. As a result Estonia has adopted a more holistic approach – its communicable diseases response are integrated into a wider public health policy and approach. However, challenges still remain in integrating the response to health system.

³http://ecdc.europa.eu/en/press/events/Documents/Annex%201%20THE%20MALTA%20DECLARATION%20ON%20HIV_AIDS_FINAL.pdf

⁴ <http://www.euro.who.int/en/health-topics/communicable-diseases/tuberculosis/publications/2016/roadmap-to-implement-the-tuberculosis-action-plan-for-the-who-european-region-20162020.-towards-ending-tuberculosis-and-multidrug-resistant-tuberculosis-2016>

⁵ <http://www.euro.who.int/en/health-topics/communicable-diseases/hivaids/publications/2016/action-plan-for-the-health-sector-response-to-hiv-in-the-who-european-region.-draft-5.4-2016>

To a large extent, underlying causes of man-made and avoidable drug-resistant TB, increasing rates of HIV and HIV/TB co-infection are health systems' failures or inefficiencies. If national programmes are not sufficiently mandated and accountable for their decisions and actions, service delivery may be compromised. Healthcare services are still often based on outdated models, with unnecessarily long hospitalization, and the related risk of ongoing transmission and breeding of drug-resistant TB, as infection control is not rarely sub-optimal. Avoidable drug-resistance is also a challenge for HIV, and access to adequate, rapid, reliable and affordable testing and medicines, an issue for both two diseases.

Despite progress, detection of the diseases is not yet sufficient, as the health systems do not provide diagnosis rapidly and universally enough. Treatment may be interrupted, and health care workers, particularly in primary health care settings, may be overwhelmed in view of many competing priorities.

Importantly, effective coordination between Ministries of Health, Social Affairs, Finance and others is insufficient in many countries of the Region. Populations affected by those diseases face stigma and discrimination, and efforts to facilitate their access to effective health services is not enough.

Due to the rapid economic growth, countries of the WHO European Region, particularly in South-eastern and Eastern Europe are gradually becoming ineligible to development assistance, including donor support for their health systems. But sustainable funding and health systems are a challenge facing all Member States alike, including those of the EU/EEA, as treatment access and maintaining treatment is costly, and globalization leads to more dynamic cross-border movements.

Many countries are still substantially relying on international funding to tackle specific diseases; external donors are still very often the only or very substantial source to finance programmes targeting key affected populations. This situation is raising concerns that funding gaps may not be matched by increases in domestic funding, putting at risk the progress made so far in the HIV and TB response. Several second-line drugs to treat HIV and TB medicines are provided by the Global Fund, and this situation is raising concerns that increases in domestic funding may not be sufficient to cover the funding gaps, putting at risk the progress made so far in the HIV response and increasing the threat of antimicrobial resistance on our continent.

Through better and more boldly integrating the disease prevention and response efforts, domestic and international resources could be used more efficiently, to ensure that HIV and TB services are effectively continued and scaled up where needed, taking also into account of reduced external funding in those countries of the WHO European Region which still largely depend on it. Lessons from countries where international funding was reduced or discontinued show that maintaining funding for HIV and TB services for key populations is among the most difficult topics during transition and challenges for health systems.

Countries' struggles in addressing the key challenges outlined, including building and maintaining sustainable health systems, i.e. in view of competing (health) priorities have highlighted problems

related to integration of services as donor funded initiatives often operate outside health systems and/or in parallel to government funded health and social services. In order to ensure not only financial sustainability but also structural integrity of health systems it is important to integrate targeted disease-specific programmes into existing health systems. To achieve that, commitments made in the Tallinn Charter: Health Systems for Health and Wealth need to be reinforced and fully implemented.

These issues are currently gaining international momentum. Several globally active health partners and institutions are developing sustainability and transition related policies, and supporting countries in implementing them. It is important to build on this momentum and initiative shown by Maltese Presidency of the EU, to move forward with the discussions and propose to national governments practical recommendations on how to ensure optimum quality of HIV and TB service packages, and their sustainable integration into national health systems, including the relevant financing.

To address these highly important issues the Estonian Presidency of the Council of the European Union will convene on 12-13 December 2017 a senior level policy dialogue on sustainable responses to HIV and TB in Europe.

Main focus of the meeting:

- Present and discuss good practices at political and technical level of integrating HIV and TB services into national health systems, including challenges, risks, and opportunities;
- Present and discuss current financial and programmatic sustainability gaps and challenges, with particular focus on effective national investment to ensure universal access to health care, including for key affected populations;
- Discuss roles and responsibilities of national governments, EU and international partners, as well as civil society partners in transition processes, to effectively and sustainably address HIV and TB.

The meeting builds on:

- “The Tallinn Charter: Health Systems for Health and Wealth”;
- The Joint Riga Declaration on Tuberculosis and its multidrugresistance;
- The Malta Declaration on HIV/AIDS “Call for fast tracking actions on HIV towards ending the AIDS epidemic by 2020 in the European Union.

Objectives of the meeting:

- To continue and expand discussions started by the Maltese Presidency of the Council of the European Union with the emphasis on sustainably integrating HIV and TB services into national health systems;

- To identify and share good practices to overcome the challenges in disease integration, including aspects of access to diagnosis, medicines, support, cross-border aspects and financial and funding issues, including sustainable health planning.

Expected Outcomes of the meeting:

- Recommendations on sustainable integration of HIV and TB response in national health systems including financing aspects are developed and endorsed that include:
- Identification of key challenges, gaps and needs;
- Establishment of key principles and projected resources needed to achieve success;
- Different strategies based on good practices from other countries and additional regional and national solutions (for example, such as social contracting, national planning processes etc).

Participants of the meeting (about 100 participants):

- Representatives from Ministries of Health and Ministries of Finances of the EU Member States
- Representatives from the government institutions from Eastern Partnership and Balkan countries in transition
- Representatives of European Commission: DG SANTE, DG DEVCO, DG NEAR
- Representatives of international organisations: WHO, GF, UNAIDS, IOM and relevant EU and UN technical agencies (i.e. also WB)
- Representatives of the regional Civil Society organisations (EHRN, ECUO, ECOM) and other relevant networks (GHA, TB Europe Coalition, IFRC)
- Donors (GIZ, OSF)