



ECDC EU Scientific Seminar to mark World AIDS Day 2009 – December 1st

Speech by Nikos Dedes, Co-chair of the EU HIV/AIDS Civil Society Forum, Chair of the European AIDS Treatment Group Policy Working Group

Madame chair,

The data that ECDC presented leave no doubt that our response to the spread of HIV among gay men and men who have sex with men in the European Union, falls far too short.

What are the reasons that contribute to this increase? Stating the obvious that “we see a resurgence of high risk sexual behaviour”, misses the point.

As Ms Jacob rightly pointed out in her statement, cultural and political sensitivities still remain a major obstacle for targeted and appropriate services and programs. She was too polite.

Across Europe as a continent we still witness countries that criminalise sex among men, while politicians, even inside the EU, make homophobic statements and introduce regressive policies and even legislation like in Poland and Lithuania. Conditions in Ukraine and Russia are equally bad resulting in what we could call a silent epidemic among men who have sex with men, which while equal or greater in size to a typical Western one, remains hidden under the predominant IDU reported route of transmission.

All conditions that sustain discriminations towards the lesbian, gay, bisexual and transgender communities result in further vulnerability and increased risk of HIV infection far beyond the biological contributing factor, that of anal sex.

Another social determinant that contributes to the increase is none other than the discrimination that people with HIV face. People lose their jobs and are not protected by the courts, they are denied services, they are victims of excessive litigation and criminalization of HIV transmission or exposure. For these and other reasons people avoid finding out their HIV status and it is known that the vast majority of new infections are driven by people who do not know their HIV status. It is fair to say that many consider the obligatory disclosure of the HIV status to all sexual partners demanded by the Swedish law a disproportionate intrusion to the sphere of personal life, verging to violation of human rights. It also may give the false impression that the responsibility to protection is that of the “other”, the person with HIV.

What exactly do we do to promote the testing and screening among the most vulnerable groups and how friendly and service-oriented are the sexual health services towards men who report sex with men? I could give too many examples of what happens across numerous settings that would depress you.

So allow me to describe what I believe are the “sine qua non” conditions to revert this trend:

First of all we need 2nd generation surveillance at country level. Without knowledge of the prevalence (the number of infected people) and incidence (the number of new infections) we neither know the size of the problem nor can we possibly measure the effectiveness of our interventions.

As I implied before we need more friendly services for testing & counseling. Recent experience from major cities has demonstrated that community based, NGO run services yield great results. Ergo the state has to systematically finance such programs and make sure that the legislation does not hinder non-medical-professionals to conduct testing and counseling and access to new diagnostic technologies like rapid tests is ensured.

Similarly, prevention in men who have sex with men has mostly been carried out by community based HIV and gay organizations, many times with very limited resources. Again the state has to support much more substantially and systematically.

Behavioural modifications have the stumbling block of human nature and I wish to warn that we may have seen the best of our times. If anything the current risk taking by men who have sex with men is nothing more than a return to baseline after an incredibly successful modification caused by imminent death and pictures of people literally rotting in their beds. Luckily HIV, since many years, has turned from a death-sentence to a chronic disease. When people are diagnosed early they can lead a normal life. The condom, the only technology available that can stop HIV, preceded its appearance. We need to scale up efforts **exponentially** towards new-preventive technologies and strategies. (Please note I mean anything besides our justified pursuit for a preventive vaccine). We simply need to get answers about the effectiveness of rectal microbicides and Pre-Exposure Prophylaxis in the European setting. DG Research should prioritise this urgently.

Along the same lines it is important to highlight the current scientific understanding of contribution of treatment to prevention. That is based on the fact that people who are on successful treatment and with undetectable VL are no longer sexually infectious or very very little. Therefore any barriers that contribute to the high number of undiagnosed, which currently is one in three in the EU, or to access to treatment, including price of ARV medication, should be addressed.

Notwithstanding my previous comments, condom use remains the best and most effective way to stop HIV and STIs and unless we target young gay men and youth in general, we miss the train.

Thanks to the leadership of Commissioner Vassiliou we have on our hands a very good new EU communication. May I ask Ms Vassiliou, as our next Commissioner on Education & Youth to pursue mandatory health and sexual education at all levels of school across the EU. Ms. Vassiliou, how can we possibly leave sexual education to the Internet and the television? I hasten to add that the content of the books and the support and training provided to teachers should ensure that the expression or exploration of different sexual orientations by the students are not hindered or discriminated in any way.

Prevention budgets need to reflect the burden of new cases and ensure targeted interventions to those most affected and not towards those that it is politically expedient. I might just as well mention a few more difficult occasions like male prostitution and sex in prisons.

Turning to the honourable members of the European Parliament, first of all I wish to thank them for the excellent resolutions on HIV they have adopted over the recent years. Your new term in office

coincides with the announcement of the new EU communication and it is opportunate to review its premises and provide political support. You need to demand actions at national and regional level. And when the time comes, make amends to the disgraceful cut of the current Health Program from the proposed 1.1 billion to 321 M Euros. The parliament, hopefully through initiatives of the ENVI committee, has to demand more and sustained political commitment towards HIV. Both from the Council and the Commission, and the Member States themselves.

I congratulate the ECDC and the Swedish Presidency for the initiative. The Civil Society Forum looks forward to working closely to revert the HIV epidemic in the European Union and the neighbouring countries.

Thank you

The European AIDS Treatment Group (EATG) is a NGO at the forefront of the development of the civil society response to the HIV/AIDS epidemic in Europe. The EATG is a European patient-led advocacy organisation that represents and defends the treatment-related interests of people living with HIV and AIDS. Its mission is to achieve the fastest possible access to state of the art medical products, devices and diagnostic tests that prevent or treat HIV infection or improve the quality of life of people living with HIV, or who are at risk of HIV infection. For more information, please visit www.eatg.org