World Health Organization
REGIONAL OFFICE FOR Europe

United Nations Common Position on Ending HIV, TB and Viral Hepatitis through Intersectoral Collaboration

In the framework of the United Nations Sustainable Development Goals Issue-based Coalition on Health and Well-being for All at All Ages in Europe and Central Asia

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United Nations Common Position on Ending HIV, TB and Viral Hepatitis through Intersectoral Collaboration

ABSTRACT

Under the framework of the Issue-based Coalition on Health and Well-being for All at All Ages in the 2030 Agenda for Sustainable Development, the WHO Regional Office for Europe has led an inclusive and consultative process to identify shared principles and key actionable areas within and beyond the health sector to address HIV, tuberculosis and viral hepatitis in Europe and central Asia. These are consolidated in the current common position paper, which include inputs from 14 United Nations agencies, in addition to civil society organizations, the general public and other stakeholders. By highlighting concrete workable topics and their specific angles for intersectoral collaboration, the paper acknowledges that through working across health and non-health sectors we support ending these epidemics through a sustainable development approach. This publication is intended as a resource for relevant stakeholders and development partners in addressing the social, economic and environmental determinants of the interrelated epidemics.

Keywords
HIV INFECTIONS – PREVENTION AND CONTROL
HEPATITIS, VIRAL, HUMAN – PREVENTION AND CONTROL
TUBERCULOSIS – PREVENTION AND CONTROL
INTERSECTORAL COLLABORATION
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CONTENTS

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Further technical contributions were provided by expert staff of the WHO Regional Office for Europe: Dr Martin van den Boom (Technical Officer), Dr Andrei Dadu (Medical Officer), Dr Soudeh Ehsani (Technical Officer), Mr Zachary Gavry (Consultant), Dr Ogtay Gozalov (Medical Officer), Dr Viatcheslav Grankov (National Professional Officer), Dr Sayohat Hasanova (Technical Officer), Dr Bettina Menne (Coordinator for Health and Sustainable Development), Dr Antons Mozalevskis (Medical Officer), Ms Sabina Safronova (Consultant), Ms Annemarie Stengaard (Epidemiologist) and Dr Elena Vovc (Technical Officer).


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ABBREVIATIONS

ART	antiretroviral therapy
IBC-Health	United Nations Sustainable Development Goals Issue-based Coalition for Health and Well-being for All at all Ages
MDR-TB	multidrug-resistant tuberculosis
MSM	men who have sex with men
RCM	United Nations Regional Coordination Mechanism for Europe and Central Asia
SDG	Sustainable Development Goal
TB	tuberculosis
UNDG	United Nations Development Group

FOREWORD

Despite having the fastest rate of decline in tuberculosis (TB) incidence and mortality among all of the WHO Regions, the European Region is home to one third of multidrug-resistant TB patients globally. Moreover, the European Region has one of the most rapidly growing HIV epidemics in the world, with a sharp increase in TB/HIV coinfection over the past decade. Likewise, viral hepatitis is an important public health concern, which has only recently received attention as a global health priority.

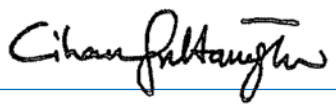
HIV, tuberculosis and viral hepatitis are influenced by a common range of social, economic and environmental determinants. This underscores the need for integrated and enhanced efforts to respond to these epidemics across all relevant sectors in line with Health 2020: the European policy for health and well-being.

The 2030 Agenda for Sustainable Development and the WHO European roadmap to implement it provide renewed opportunities to strengthen working in partnership.

To fulfil this goal, the United Nations Issue-based Coalition on Health and Well-being for All at All Ages was established to leverage the full power of the interrelated mandates of United Nations agencies, funds and programmes.

Through enhanced and accelerated partnership across UN agencies and sectors beyond health, we can assure understanding of, commitment to, and addressing of the various multisectoral determinants of all these three communicable diseases. With inputs from fifteen United Nations agencies and through consultation with civil society organizations, the general public and other stakeholders, we have crafted this common position paper to outline the shared principles and key actionable areas to respond to HIV, TB and viral hepatitis in the WHO European Region and address their root causes. With this paper, we aim to set the foundation for renewing and improving our collaboration.

By honouring our shared responsibility for health, we will end the suffering caused by these epidemics and deliver the collective promise we made through the United Nations to leave no one behind.

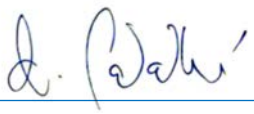


Ms Cihan Sultanoğlu

Chair, Regional United Nations Development Group

Ms Olga Algayerova

Chair, United Nations Regional Coordination Mechanism for Europe and Central Asia



Dr Zsuzsanna Jakab

Regional Director, WHO Regional Office for Europe

INTRODUCTION

The common position paper creates a vision for cross-sectoral actions through highlighting shared principles and key operational areas; identifying mutual advantages in jointly addressing the HIV, tuberculosis (TB) and viral hepatitis epidemics and the Sustainable Development Goals (SDGs); and addressing unmet needs.

The common position paper is based on existing strategic documents, action plans and operational frameworks from the different partners, and defines a common ground for cooperation and transparent accountability towards the common goal of ending these epidemics by 2030.

This publication provides a brief overview of the three epidemics and of the formation and purpose of the United Nations Sustainable Development Goals Issue-based Coalition on Health and Well-being for All at All Ages (IBC-Health) and presents the United Nations Common Position on Ending HIV, Tuberculosis and viral Hepatitis through Intersectoral Collaboration. This regional initiative stems from the United Nations Development Group's (UNDG) Regional Team for Europe and Central Asia and the United Nations Regional Coordination Mechanism for Europe and Central Asia (RCM). The paper was signed and endorsed by both of these groups at the United Nations System meeting on 9 May 2018.

THE EPIDEMICS

HIV

HIV infects specific cells in the immune system and over time impairs their function and destroys them. If left untreated, infected persons become increasingly susceptible to a wide range of infections (known as opportunistic infections) and malignant tumours, which healthy immune systems normally fight off. AIDS is the term is used for the advanced stage of HIV infection in which the patient acquires opportunistic infections or HIV-related cancers.

HIV can be transmitted through unprotected sexual intercourse (vaginal, oral or anal) with someone who is infected; through transfusion of contaminated blood and blood products; through sharing of contaminated needles, syringes, surgical equipment or other sharp instruments; and from mother to child/infant during pregnancy, childbirth and breastfeeding. Individuals cannot become infected through ordinary contact such as kissing, hugging, shaking hands or touching/ sharing personal objects (fomites), food, or water.

Currently, there is no cure for HIV infection. However, continued and uninterrupted adherence to effective antiretroviral therapy (ART) prevents the HIV replication in the body, leading to an undetectable level in blood. An individual achieving full HIV suppression is said to have an undetectable viral load. Therefore, a person living with HIV who is on ART and has an undetectable viral load cannot transmit the virus. People living with HIV who receive ART can remain as healthy, well and productive as their HIV-negative counterparts and enjoy a near-normal life expectancy.

According to estimates by the Joint United Nations Programme on HIV/AIDS, 36.9 million people globally were living with HIV at the end of 2017. In the same year, approximately 1.8 million people became newly infected and 940 000 people died from AIDS-related illnesses *(1)*. In 2016, more than 160 000 people were newly diagnosed with HIV in the WHO European Region. This brought the cumulative number of people diagnosed with HIV in the Region to 2 167 684, the highest number since reporting began in the 1980s *(2)*.

Key populations at a higher risk of HIV are defined as those groups most likely to be exposed to or to transmit HIV; their engagement is critical to a successful response. Key populations In the Region include people living with HIV, people who inject drugs, men who have sex with men (MSM), transgender people, sex workers, prisoners and migrants. The sexual partners of people in these groups are also considered vulnerable to HIV infection. Factors such as lack of a supportive legal environment, stigma and social exclusion, poverty, homelessness, violence, addiction, food insecurity, lower education level(s), mental health complications, unemployment and lack of access to social support can dramatically impede HIV response efforts. The social determinants of health are outside the direct control of the health sector but play a vital role in HIV infection and the ability of people living with HIV to seek treatment and care. These factors also affect the exposure and vulnerability of people to other communicable diseases, such as TB and viral hepatitis, thus highlighting the advantage of addressing such coinfections in an integrated manner.

TB

TB is an infectious disease caused by a group of Mycobacterium species called the *Mycobacterium tuberculosis* complex. Although TB typically affects the lungs (pulmonary TB), it can also infect other organs to cause extrapulmonary TB. TB is transmitted from person to person, for example when people with pulmonary TB expel bacteria by coughing.

One quarter of the global population is infected with *M. tuberculosis* without symptoms (i.e. have a latent TB infection), but only a small proportion of people infected with *M. tuberculosis* (~10%) will develop active TB

disease during their lifetime; however, this proportion is much higher among people with weaker immune systems, such as people living with HIV, as well as among malnourished people and people with diabetes mellitus, tobacco smokers and those harmfully using alcohol *(3)*.

Standard treatment for non-drug-resistant TB consists of a six-month regimen of four first-line anti-TB drugs (isoniazid, rifampicin, ethambutol and pyrazinamide); success rates are usually above 85%. Multidrug-resistant TB (MDR-TB) and extensively-drug-resistant TB require longer treatments with more drugs and are associated with significantly lower treatment success rates and higher mortality rates.

In 2016, WHO estimated that 10.4 million people fell ill with TB. Although the WHO European Region has among the lowest TB incidence in the world, it has the highest MDR-TB burden. Of the 30 countries in the world with the highest burden of MDR-TB, nine are in the European Region (Azerbaijan, Belarus, Kazakhstan, Kyrgyzstan, Republic of Moldova, Russian Federation, Tajikistan, Ukraine and Uzbekistan). Of the estimated 71 000 cases of drug-resistant TB among notified TB cases in 2016, only 52 000 (73%) were diagnosed. The remaining quarter remains undetected, mainly due to limited access to rapid and quality assured diagnosis.

MDR-TB is one of the key drivers of the TB epidemic in Europe, along with HIV, social determinants and other TB risk factors, and lack of efficient health system strategies/mechanisms. TB can affect everyone, although is most frequently seen in young adults in the eastern part of the Region and in migrants and elderly populations in western European countries. TB is particularly linked to social determinants of health such as migration, imprisonment, homelessness and social marginalization, and other health issues.

Viral hepatitis

Viral hepatitis is inflammation of liver caused by one of the five main types of hepatitis viruses: A, B, C, D and E. These have different modes of transmission, affect different populations and result in an array of health outcomes. Any of these viruses can cause acute hepatitis, but hepatitis B, C and D viruses can also cause chronic infection that often results in cirrhosis and liver cancer.

Hepatitis A and E viruses are food- and waterborne infections that can result in outbreaks in communities with unsafe water and poor sanitation, as well as foodborne outbreaks and sometimes outbreaks among specific risk populations, e.g. people who inject drugs and MSM. They do not result in chronic infection or chronic liver disease and there is no specific treatment. Prevention strategies may include improved sanitation, food safety and vaccination. Hepatitis B, C and D viruses are usually transmitted through contact with blood, sexual contact and from mother to child during pregnancy or birth. Hepatitis D occurs as coinfection with hepatitis B or in people who are already infected with hepatitis B virus and can therefore be prevented through vaccination against hepatitis B virus and other prevention efforts.

In the WHO European Region, an estimated 15 million people live with chronic hepatitis B and an estimated 14 million people are infected with hepatitis C virus. Globally, the viral hepatitis pandemic is responsible for an estimated 1.34 million deaths per year (mainly from chronic hepatitis-related liver cancer and cirrhosis). Of those deaths, approximately 47% are attributable to infection with hepatitis B virus, 48% to infection with hepatitis C virus and the remainder to infection with hepatitis A and E viruses.

Populations at a higher risk through sexual transmission may include young people and adolescents, MSM, sex workers and transgender people. People who inject drugs are at a high risk of hepatitis C virus and hepatitis B virus infection and of coinfection with HIV because of the shared use of injecting equipment. In many countries, people in closed settings (e.g. prisoners) are also at risk of viral hepatitis. Historically, and still in some countries, transmission of hepatitis B virus and hepatitis C virus occurs in health care settings; therefore, specific populations for focused attention include people who have been exposed to viral hepatitis through unsafe blood supplies and through medical injections and procedures. In settings with a high hepatitis B prevalence, mother-to-child transmission of hepatitis B is likely to be a major mode of transmission, along with early childhood infection among those who have not been vaccinated.

The UN Common Position on Ending HIV, TB and Viral Hepatitis through Intersectoral Collaboration was written and agreed upon in the framework of the UN SDG Issue Based Coalition on Health and Wellbeing for All at all Ages

THE REGIONAL UNITED NATIONS SYSTEM

The Regional United Nations System meeting is a joint meeting of the RCM and the UNDG Regional Team for Europe and Central Asia that typically occurs twice a year. Since adoption of the 2030 Agenda for Sustainable Development, the Regional United Nations System for Europe and Central Asia has worked to support (and ideally, accelerate) SDG implementation by strengthening coordination and communication across partners.

The RCM was created by the United Nations Economic and Social Council through resolution 1998/46, with a view to improving coordination among the work programmes of the organizations of the United Nations System and their various partners in the WHO European Region. Its work focuses on those issues specifically requiring coordination at the regional level, cross-cutting policy issues and feeding regional perspectives at the global level. The RCM is chaired by the Executive Secretary of the United Nations Economic Commission for Europe, who reports on the outcome of its meetings to the Council, through the respective intergovernmental bodies of the regional commissions as appropriate.

The RCM works in close cooperation with the UNDG Regional Team for Europe and Central Asia. The Regional Team works closely with United Nations Country Teams through providing strategic guidance and policy advice, focusing on programming, coordination and policy work at the country level. Its key objective is to support countries in achieving their national priorities for sustainable development with coherent, relevant and high-quality inputs and supporting enhanced strategic programming, resource mobilization, and partnership-building.

IBC-HEALTH

Ensuring health and well-being for all at all ages is a core principle of the United Nations 2030 Agenda for Sustainable Development. The United Nations already cooperates with sub/regional partners on health-related issues: many examples involve coordination with and across the health sector at both project and organizational levels. Nonetheless, the focus on achieving all health-related SDGs within countries has highlighted the need for stronger coordination within and beyond the United Nations System, across agencies, sectors, levels and technical areas.

IBC-Health was established as a means of cross-sectoral cooperation on health at the RCM segment of the Regional United Nations System meetings for Europe and Central Asia held in Geneva, Switzerland on 11–12 May 2016 *(4)*. The overall goal of the IBC-Health is to improve health and well-being for all at all ages in the WHO European Region by acting as a pan-European enabling mechanism to facilitate and promote the implementation of SDG 3 and all health-related targets.

IBC-Health works to support the coordination of activities of the relevant United Nations funds, programmes and specialized agencies, along with other intergovernmental organizations, with a focus on addressing country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needs and leaving no one behind. The IBC-Health objectives also include improving coordination, communication and information-sharing on key lessons and good practices. By building on the regional overview of existing norms, policies and standards, it aims to identify priorities, opportunities and gaps in programming and develop mechanisms in order to address them. To do so, it is crucial to increase the effective and efficient use of human and financial resources on health-related initiatives and interventions within and among United Nations agencies and partners, including regional joint resource mobilization efforts. For this reason, IBC-Health provides coherent and timely programming, policy guidance and technical support on health-related issues at the regional and country levels.

To provide a foundation for health-related SDG implementation, IBC-Health has developed the Roadmap to implement the 2030 Agenda for Sustainable Development, building on Health 2020, the European policy for health and well-being *(5)*, which was adopted by all 53 Member States of the WHO European Region at the 67th Regional Committee in September 2017 *(6)*.

Building on the Roadmap, IBC-Health identified four workstreams for accelerated action between 2017 and 2019. Each of these involves the relevant United Nations partners and focuses on a specific dimension to ensure the sustainable attainment of better health and well-being:

- health throughout the life-course, with a focus on maternal and child health;
- communicable diseases, with a focus on HIV, TB and viral hepatitis;
- universal health coverage, with a focus on medicines; and
- migration.

These topics were prioritized for addressing high-burden diseases with unmet needs and for achieving the transformative potential of new collaborations and their capacity to reach those populations most at need across the Region. Cross-cutting aspects to be considered across all work streams include: equity and human rights; cross-sectoral actions for health and well-being; monitoring of SDG implementation through disaggregated and coherent data; work left over from the Millennium Development Goals; and improving the conditions in which people are born, grow, work, live and age by addressing health determinants.

HIV, TB and viral hepatitis in IBC-Health

The United Nations Common Position was developed through technical consultations within the relevant workstream over a period of more than 10 months.

The WHO Regional Office for Europe ignited a series of technical dialogues to expand the range of stakeholders beyond the IBC-Health's active partners with the aim of ensuring that all the sectors relevant for the three epidemics were actively involved. For this reason, a total of 15 regional United Nations agencies[1] provided tangible inputs to the paper.

Through a collaborative and inclusive process, the paper was written based on each partner's strategic priorities and building on ongoing examples of intersectoral initiatives and on those identified areas for action which would benefit from strengthened collaboration. The initial draft then underwent an online consultation survey to gather inputs from civil society and other stakeholders throughout and beyond the Region. The inputs were discussed with the workstream's expanded group in several bilateral and group meetings and informed the paper's directions for action and indications for operationalization and accountability.

On the initiative of the WHO Regional Office for Europe, on 9 May 2018, the United Nations Common Position Paper On Ending HIV, TB And Viral Hepatitis through Intersectoral Collaboration was presented, signed and endorsed at the Regional United Nations System meetings for Europe and Central Asia held in Geneva, Switzerland, 8–9 May 2018.

[1] The Food and Agriculture Organization of the United Nations; the International Labour Organization; the International Organization for Migration; the Office of the United Nations High Commissioner for Human Rights; the Joint United Nations Programme on HIV/AIDS; the Stop TB Partnership; the United Nations Development Programme; the United Nations Population Fund; the United Nations Human Settlements Programme; the Office of the United Nations High Commissioner for Refugees; the United Nations Children's Fund; the United Nations Office for Project Services; the United Nations Office on Drugs and Crime; the United Nations Entity for Gender Equality and the Empowerment of Women and the WHO.

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unicef for every child

UN WOMEN

UNAIDS

World Health Organization
REGIONAL OFFICE FOR Europe

International Labour Organization
Organisation internationale du Travail
Organización Internacional del Trabajo

UNHCR
The UN Refugee Agency

International Organization for Migration (IOM)
The UN Migration Agency

Food and Agriculture Organization of the United Nations

UNDP
Empowered lives.
Resilient nations.

UNOPS

UNODC
United Nations Office on Drugs and Crime

UNFPA

UNITED NATIONS HUMAN RIGHTS
OFFICE OF THE HIGH COMMISSIONER

Stop TB Partnership

PREAMBLE

Recognizing the public health and development concern posed by HIV, tuberculosis (TB) and viral hepatitis, and acknowledging the multidimensional nature of the relationship between communicable diseases, noncommunicable diseases and sustainable development, actions within and across sectors are urgently needed to end these epidemics by 2030.

Since the adoption of the 2030 Agenda for Sustainable Development and of the WHO European Roadmap to Implement the 2030 Agenda, building on Health 2020, approved at the 67th session of the WHO Regional Committee for Europe, the United Nations (UN) system and its partners are moving towards a strengthened intersectoral approach. In this spirit, the Regional United Nations Development Group for Europe and Central Asia and the United Nations Regional Coordination Mechanism for Europe and Central Asia, supporting its vision "Building more inclusive, sustainable and prosperous societies in Europe and Central Asia", aim to facilitate joint actions that leave no one behind, addressing country-specific challenges, ensuring equality and ending health inequities where they take place.

Building on the efforts of Member States and development partners, substantial health improvements have been reached in the WHO European Region. Life expectancy has been steadily growing, gradually decreasing differences across countries.[i] Nonetheless, not all are benefiting from this trend, especially the poor and those in vulnerable situations, including children, youth, people with disabilities, older people, people living with HIV, people with TB, indigenous populations, refugees, internally displaced people and migrants, stateless people, and in particular prisoners, homeless people, people who use drugs, women and girls, victims of human trafficking or of sexual or gender-based violence, sex workers, men who have sex with men, and lesbian, gay, bisexual, transgender and intersex (LGTBI) people.[ii]

The WHO European Region is the only region where the number of new HIV infections is increasing. Due to a staggering 75% rise since 2006 and lack of full access to treatment and care, the number of deaths due to AIDS-related causes is increasing.[i] Despite the fastest decline in TB incidence in the world, by an average of 5.3% per year since 2006, our region bears the highest proportion of multidrug-resistant TB globally, with only about half of these patients being successfully treated.[i] Antimicrobial resistance is a growing concern not only for TB, but also for HIV and viral hepatitis, threatening the effective prevention and treatment of the conditions and increasing health-care costs.[iii]

Viral hepatitis, although largely unnoticed until recently, is also responsible for an estimated 171 000 deaths a year, mostly due to consequences of chronic hepatitis B and C infections. Hepatitis B and hepatitis C are estimated to have chronically infected more than 15 million and 14 million people, respectively, in our region alone, most of whom are unaware of their status.[i]

The growing coinfection rate of TB and HIV also contributes to increased mortality among people living with HIV, causing a seven-fold increase in risk of TB treatment failure. Due to similar ways of transmission, HIV coinfection with hepatitis B, and especially hepatitis C, is also common, particularly among marginalized groups, like people who inject drugs, causing HIV to accelerate the progression of liver diseases.[i]

The burden of these diseases (TB and viral hepatitis) and condition (HIV) and their risk factors mostly fall on society's vulnerable and marginalized people, often due to a common range of social, environmental

and economic determinants. These are the circumstances in which people are born, live, work and age, in turn shaped by a wider set of forces: economics, social policies, laws and politics,[iv] which influence a person's vulnerability to HIV, TB and viral hepatitis. The overlapping dimensions of vulnerability further expose marginalized groups to the additional threats and consequences of HIV, TB and viral hepatitis. The occurrence of these diseases and condition can also dramatically undermine the resilience of individuals and communities, acting through the same determinants. For this reason, the epidemics cannot be tackled by the health sector alone.

OUR PURPOSE

To set the direction and guide joint approaches and collaborative interventions within and across sectors, to end HIV, TB and viral hepatitis epidemics;

To drive planning and accelerate implementation of evidence-informed, synergetic, country-specific and multicountry intersectoral interventions and partnerships across UN agencies and all stakeholders;

To raise awareness on the urgency of addressing the unmet needs in the Region and provide full care for all, particularly those who risk being left behind.

SHARED PRINCIPLES

In order to more effectively support Member States in ending these epidemics and reaching their sustainable development commitments, leaving no one behind, we underline the importance of the following common values:

- respecting, protecting and promoting human rights and fundamental freedoms for all, without distinction of any kind as to race, colour, sexual orientation and gender identity, language, religion, political or other opinion, national or social origin, property, birth, disability or other status,[v] including by addressing the determinants of HIV, TB, viral hepatitis and health more broadly;
- the right of everyone to the enjoyment of the highest attainable standard of health – a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity;
- equity, leaving no one behind, particularly marginalized populations and people who are vulnerable, adopting a life-course perspective, ensuring sustainable people-centred integrated care;
- gender equality, women empowerment and decent work for all as drivers and accelerators of progress towards achieving the Sustainable Development Goals (SDGs);
- intersectoral interventions ensuring synergies across multiple SDGs to maximize impact, addressing social, environmental and economic determinants of health, including the structural drivers which impact health and well-being;
- universal coverage in national health systems, especially through primary health care, tailored interventions to meet the needs of specific key populations and social protection mechanisms, to provide access to health services for all;
- engaging the whole of society and all development partners from within the health sector and beyond, including civil society and professional associations, international, intergovernmental and

nongovernmental organizations, and bilateral and multilateral funding agencies, such as the Global Fund to fight AIDS, TB and Malaria;
- adopting a whole-of-government approach, including all sectors and levels of the governance system, also encouraging multicountry collaborations;
- doing no harm, supporting countries to minimize unintentional harm in humanitarian action, preventing the further spread of drug resistance and infections in health-care services and all vulnerable settings, and addressing stigma;
- harnessing innovation, research and development for better health outcomes.

DIRECTIONS FOR ACTION

We shall support actions to fulfil the right to health for all without discrimination and regardless of age, sex, race or ethnicity, health status, disability or vulnerability to ill health, sexual orientation or gender identity, nationality, asylum or migration status, or criminal record,[vi] as well as addressing those human rights issues correlated to the diseases and condition or their risk factors, such as involuntary isolation of patients who are not adhering to treatment, deportation based on HIV or TB status, lack of access to treatment and care due to discrimination and stigma, lack of access to sexual and reproductive health and to disease-relevant education.

We shall harness synergies and encourage intersectoral collaboration through existing active mechanisms at regional, national and local level, and only where necessary establish new ones, ensuring inclusion of state and non-state actors,[vii] raising awareness and promoting action to end HIV, TB and viral hepatitis in both humanitarian and development contexts.

We will support intersectoral actions informed by evidence, to assist countries in providing wider access to prevention, early and quality diagnosis, treatment and care for all, with focus on specific at-risk populations, increasing and leveraging coordination or integration of services for HIV, TB and viral hepatitis and creating supportive infrastructures and supply systems, as well as advocating for improved legal, regulatory and policy environments.

We shall support links between services for HIV, TB and viral hepatitis and other sectors, including noncommunicable diseases and mental health, alcohol and substance dependence, sexual and reproductive health, gender-based violence, food insecurity and nutrition, education and employment, taking also into consideration social, environmental and economic determinants and specific settings (e.g. prisons), migration and displacement patterns and urbanization dynamics, and facilitating cross-border coordination between public health systems, including veterinary health and wildlife management systems.

We will work within and across sectors with national and international partners, building stronger supportive environments for those left furthest behind, calling for universal health coverage and universal social protection, which can better prevent and respond to the diseases and condition, and coinfections, by accelerating inclusive and sustainable development.

We shall support countries and partners in realising the social and financial returns on investments to end these diseases and condition, raise awareness on the interconnection of the different dimensions of sustainable development and HIV, TB and viral hepatitis, the related antimicrobial resistance matters and immunization.

We shall further support countries to invest in human resources for health, both within and outside of the health system, to work with those at risk or affected by HIV, TB and viral hepatitis.

We shall act against stigma and discrimination, and promote health literacy, supporting countries in strengthening coordination between education, social and health systems, building on ongoing regional efforts.

We shall increase support in basic, operational and multidisciplinary research, by strengthening country capacity in applying innovative solutions to prevent, treat and cure, integrating a systems approach and filling gaps in country-specific vulnerabilities.

We shall further promote smart accountability systems within and across sectors, and secure open access and interoperability for data exchanges for evidence-based decision-making, based on international standards.

We commit to pool evidence and information, lessons learned and good practices, technical tools, skills and capacities, leveraging action within and across different sectors to foster dissemination of evidence on the diseases and condition and their social determinants, especially towards policy-makers.

We will provide further guidance and support countries to ensure domestic resources, including for social and financial protection, and mobilize additional external resources, where needed to respond to the epidemics.

We will support social service procurement, ensure sustainable commodity security for countries, and build on UN sustainable procurement practices and platforms for the benefit of Member States.

OPERATIONALIZATION AND ACCOUNTABILITY

We recognize the need to connect the national and regional levels to gather and share feedback from existing and innovative intersectoral initiatives at all levels, building on the existing global, regional and national goals and targets.

We underline the need to seize existing opportunities at the national level, including but not limited to the tools and processes leading to United Nations Development Assistance Frameworks, engaging country teams, inclusive of humanitarian missions, in exploring the potential for coordinated actions that are evidence-based, context-specific and build on synergies to definitively vanquish the HIV, TB and viral hepatitis epidemics.

We commit to synergize existing accountability frameworks to systematically support planning and coordination of intersectoral actions, avoiding the duplication of efforts across partners.

We commit to the periodical monitoring of intersectoral actions to end TB, HIV and viral hepatitis in line with the above commitments, while reducing the reporting burden across partners.

The following UN agencies have contributed to the formulation of this common position on ending HIV, TB and viral hepatitis through intersectoral collaboration.

Signed at the Regional UN System Meeting for Europe and Central Asia, Geneva, Switzerland, 9 May 2018.

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Chair, Regional United Nations Development Group (UNDG)/Regional Director, United Nations Development Programme (UNDP)

Ms Olga Algayerova,
Chair, United Nations Regional Coordination Mechanism for Europe and Central Asia (RCM)/Executive Secretary, United Nations Economic Commission for Europe (UNECE)

Dr Zsuzsanna Jakab,
Regional Director,
WHO Regional Office for Europe

Mr Vladimir Olegovich Rakhmanin,
Regional Representative,
Food and Agriculture Organization
of the United Nations (FAO)

Ms Alanna Armitage,
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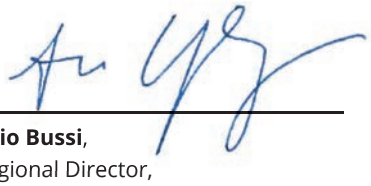
United Nations Population Fund
(UNFPA)



Dr Maurizio Bussi,
Deputy Regional Director,
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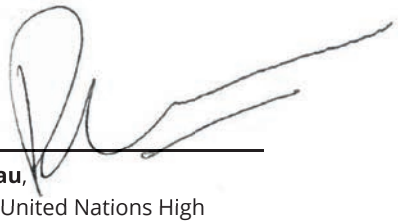

Ms Pascale Moreau,
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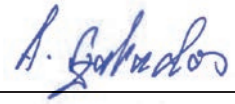

Ms Argentina Szabados,
Regional Director, International
Organization for Migration (IOM)

Ms Afshan Khan,
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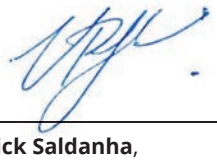
Dr Lucica Ditiu,
Executive Director,
Stop TB Partnership

Mr Moin Karim,
Regional Director, United Nations Office
for Project Services (UNOPS)

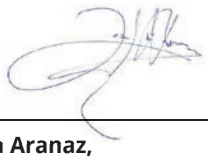
Mr Rastislav Vrbensky,
UNDP Deputy Regional Director
Europe and the Commonwealth
of Independent States

Ms Alia El-Yassir,
Acting Regional Director, United Nations
Entity for Gender Equality and the
Empowerment of Women (UN Women)



Mr Vinay Patrick Saldanha,
Regional Director,
Joint United Nations Programme
on HIV/AIDS (UNAIDS)

Mr Gilbert Gerra,
Chief, Drug Prevention and Health Branch
United Nations Office on Drugs and Crime
(UNODC)



Mr Jose Maria Aranaz,
Chief, Americas, Europe & Central Asia Branch
Office of the United Nations High
Commissioner for Human Rights (OHCHR)

Explanatory notes

[i] Data on TB, HIV and viral hepatitis has been extracted from:
HIV: European Centre for Disease Prevention and Control (ECDC)/WHO Regional Office for Europe. HIV/AIDS surveillance in Europe 2015. Stockholm: ECDC; 2016. Ending AIDS: progress towards the 90-90-90 targets. Geneva: Joint United Nations Programme on HIV/AIDS (UNAIDS); 2017.
TB: European Centre for Disease Prevention and Control (ECDC)/WHO Regional Office for Europe. Tuberculosis surveillance and monitoring in Europe 2016. Stockholm: ECDC; 2016.
Hepatitis: Hepatitis data and statistics. In: WHO/Europe, Communicable diseases, Hepatitis [website]. Copenhagen: WHO Regional Office for Europe; 2017 (http://www.euro.who.int/en/health-topics/communicable-diseases/hepatitis, accessed 20 April 2018).
The European Health Information Gateway has been consulted (https://gateway.euro.who.int, accessed 15 November 2017).

[ii] Building on the work and language of Agenda 2030, we hereby aim at specifying who risks being left behind in ending the HIV, TB and viral hepatitis epidemics. This includes, but is not limited to, key populations and vulnerable populations. As defined by the Joint United Nations Programme on HIV/AIDS (UNAIDS) and WHO, key populations are groups who, due to specific higher-risk behaviours, are at increased risk of HIV irrespective of the epidemic type or local context. Vulnerable populations are defined as groups which are subject to societal pressures or social circumstances that may make them more vulnerable to exposure to infections. The terms are used interchangeably in this document in order to capture the varied nuances of health inequities and inequalities.

[iii] As recognized with the Political Declaration of the High-Level Meeting of the General Assembly on Antimicrobial Resistance, convened on 21 September 2016 by the President of the 71st session of the UN General Assembly.

[iv] Social justice and human rights as a framework for addressing social determinants of health. Copenhagen: WHO Regional Office for Europe; 2016.

[v] In conformity with the Universal Declaration of Human Rights, as well as other international instruments relating to human rights and international law and as recognized in Resolution 70/1 "Transforming our world: the 2030 Agenda for Sustainable Development", adopted by the 70th session of the UN General Assembly.

[vi] As also committed to with the Joint United Nations statement on ending discrimination in health-care settings (http://www.who.int/mediacentre/news/statements/2017/discrimination-in-health-care/en/, accessed 20 April 2018) and with the 61st World Health Assembly Resolution 61.17 "Health of migrants".

[vii] The term "non-state actors" aims at encompassing the wide variety of stakeholders from outside national government structures, including but not limited to benign civil society organizations and nongovernmental organizations, entities from the private sector, philanthropic foundations and academic institutions, who can contribute to society's sustainable development.

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3. Tuberculosis. Copenhagen: WHO Regional Office for Europe; 2018 (http://www.euro.who.int/en/health-topics/communicable-diseases/tuberculosis/tuberculosis-read-more, accessed 15 August 2018).

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5. Roadmap to implement the 2030 Agenda for Sustainable Development, building on Health 2020, the European policy for health and well-being. Copenhagen: WHO Regional Office for Europe; 2017 (EUR/RC67/9; http://www.euro.who.int/__data/assets/pdf_file/0008/345599/67wd09e_SDGroadmap_170638.pdf?ua=1, accessed 16 August 2018).

6. Resolution. Roadmap to implement the 2030 Agenda for Sustainable Development, building on Health 2020, the European policy for health and well-being. Copenhagen: WHO Regional Office for Europe; 2017 (EUR/RC67/R3; http://www.euro.who.int/__data/assets/pdf_file/0004/349141/67rs03e_SDGs_170889.pdf, accessed 16 August 018).

The WHO Regional Office for Europe

The World Health Organization (WHO) is a specialized agency of the United Nations created in 1948 with the primary responsibility for international health matters and public health. The WHO Regional Office for Europe is one of six regional offices throughout the world, each with its own programme geared to the particular health conditions of the countries it serves.

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World Health Organization Regional Office for Europe
UN City, Marmorvej 51, DK-2100 Copenhagen Ø, Denmark
Tel.: +45 45 33 70 00 Fax: +45 45 33 70 01
Email: eurocontact@who.int
Website: www.euro.who.int