



SUMMARY:



WELLBEING ECONOMY – A WAY TO SUSTAINABILITY IN THE HIV AND AIDS RESPONSE

Seminar 4th of October 2019, Helsinki

We still have a lot to do to reach the global target to end the AIDS epidemic. People face many challenges in terms of access to prevention, treatment and care, and in respect of their fundamental rights. In order to meet the goals of sustainable development we have to co-operate locally and globally.

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Expert on monitoring and evaluation, European Centre for Disease prevention and Control

MIKA SALMINEN

Professor and Director, Department of Health Security, National Institute for Health and Welfare (THL)

BEN COLLINS

European Testing week, Chair and INTEGRATE Joint Action, Advisory Board Member

FERENC BAGYINSZKY

HIV and Human Rights Activist, Project Coordinator at AIDS Action Europe

ALINA BOCAI

Steering Committee Chair at Correlation Network, Program Director, ARAS

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Research Program Director, National Institute for Health and Welfare (THL)

ANASTACIA RYAN

An Advocate and Activist, Coordinator at TAMPEP, the European Network for the Promotion of Rights and Health among Migrant Sex Workers

NONNI MÄKIKÄRKI

Chair, Positiiviset ry, HivFinland

SINI PASANEN

Executive Director, Positiiviset ry, HivFinland

VERONIKA HONKASALO

Member of Parliament, Chair of Parliament's Human Rights Group



POSITIIVISET
HIVFINLAND



IN 2017 160 000 PEOPLE WERE DIAGNOSED WITH HIV IN THE WHO EUROPEAN REGION.

According to new studies, many migrants get infected whilst living in their new home country. **Countries should develop and deliver targeted primary HIV prevention programs** to migrant populations at risk.

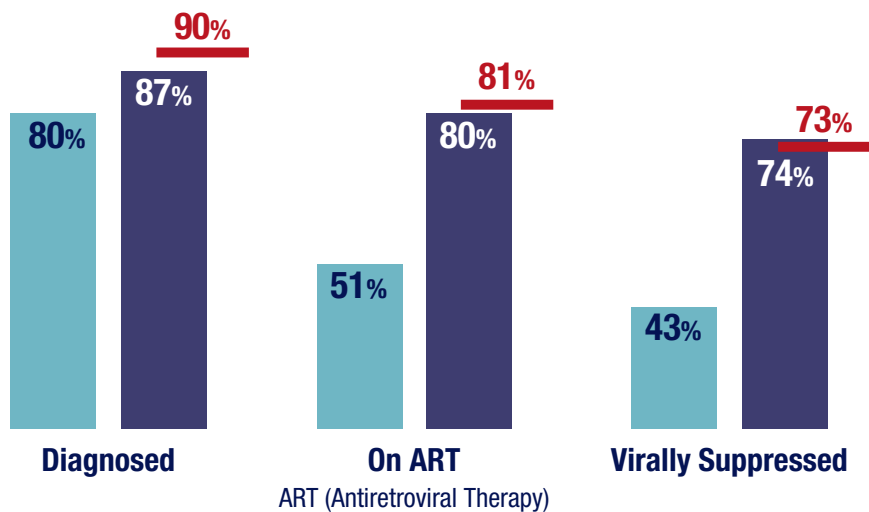
ENDING THE AIDS EPIDEMIC BY 2030? WE NEED TO ADDRESS PrEP, TESTING AND TREATMENT GAPS.

There is a clear interest for PrEP in the community. 45% of MSM in the EMIS study indicated being very likely to use PrEP if it was accessible and affordable to them, and **more education is needed**. 1 in 5 PLHIV in Europe are unaware of their HIV status and 1 in 2 people are diagnosed late. 1 in 2 PLHIV in Europe are NOT on ART.

ARE WE ON TRACK TO REACH THE 90-90-90 TARGETS BY 2020? HIV in WHO European Region

CURRENT SITUATION

- WHO European Region
- Western Europe
- Target



1.2 MILLION PEOPLE ARE LIVING WITH UNSUPPRESSED VIRUS IN WHO EUROPE REGION.

TARGETS



MIKA SALMINEN

Professor and Director, Department of Health Security,
National Institute for Health and Welfare (THL)



Locally we can be very proud about the way civil society, associations and healthcare professionals have collaborated for many decades.

When we started to collaborate in the beginning of 1980s we had the same goal as we do today: to control the HIV and AIDS epidemics in Finland. We started groundbreaking initiatives such as harm reduction services including syringe and needle programs. Now, Finland should, after some years, return to fund the global AIDS response.

**CO-OPERATION
IS THE ONLY WAY
TO SUCCESS!**

BEN COLLINS

European Testing week, Chair and INTEGRATE Joint Action, Advisory Board Member



TEST

TREAT

PREVENT

It is important to maximize testing opportunities through integrated services. Our key groups are MSM, PWID, sex workers and migrants. We have to offer integrated testing and treatment with low-threshold for sexually transmitted diseases, HIV, HBV and HCV.

FERENC BAGYINSZKY

HIV and Human Rights Activist, Project Coordinator at AIDS Action Europe



Over **35 YEARS** into the HIV epidemic there is clear evidence that the use of punitive laws and discriminative policies have failed in reaching the aspired public health targets as they are harmful at both the individual and community level, fuel stigma and further increase discrimination.



It is high time in 2019 that policy makers listen to the scientific evidence and the voices of communities living with and affected by HIV/AIDS and create enabling legal environments that could serve as solid basis for the efforts towards ending the AIDS epidemic by 2030.

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ALINA BOCAI

Steering Committee Chair at Correlation Network, Program Director, ARAS



Harm reduction should be comprehensive approach:

- Needle and syringe programmes (NSP) and other commodities
- Opioid substitution therapy and other evidence based psychosocial interventions and drug dependence treatments
- HIV testing and counselling, antiretroviral therapy
- Targeted information, education and communication for people who use drugs and their sexual partners
- Condom programmes
- Prevention, diagnosis and treatment of STIs, hepatitis and tuberculosis
- Prevention and management of overdose and acute intoxication
- Drug consumption rooms

Harm reduction seeks to reduce the health, social and economic harms of drug use to individuals, communities and societies.

(EMCDDA)



TUUKKA TAMMI

Research Program Director, National Institute for Health and Welfare (THL)



**HEALTH AND WELLBEING
SHOULD BE IN THE CENTER
OF DRUG POLICY!**

Decriminalization of drug use is also a way to effective means to harm reduction. Drug use should be tackled by means of social and healthcare rather than criminal law and punishment. Decriminalization of drug use should apply to all drugs.

- To prevent the harms caused by criminal control
- To reduce the stigma of drug use and support drug users to attend treatment

ANASTACIA RYAN

An Advocate and Activist, Coordinator at TAMPEP, the European Network for the Promotion of Rights and Health among Migrant Sex Workers



- Structural Inequality drive migration from origin to destination country
- People escape punitive laws, stigma and discrimination
- People migrate to pursue higher incomes and better living conditions
- Call for equal protection and access to health, rights and justice for all sex workers
- Commitment to fight stigma, discrimination and violence
- Decriminalize and recognise sex work as work
- Responses to trafficking not to be used to impose border controls and regulation of migrant sex workers

**NOTHING ABOUT
US WITHOUT US!**

#RightsNoRescue

We need to offer migrant sex workers health and social services, information, legal aid and empowering sex workers communities.



NONNI MÄKIKÄRKI

Chair, Positiiviset ry, HivFinland



Despite the availability of effective medical treatment, the greatest obstacle for people living with HIV today is still prejudice, ignorance and the outdated image of HIV which lives on and causes fear, stigma and shame. To cure the stigma, we need acceptance, courage and love. We need to understand the fear and the shame. We need to look stigma straight in the eyes and see the pain it has caused.

As a high-income country we also have a responsibility to take part in the global battle to secure the rights and the needs of people living with HIV including affordable and accessible services, prevention, testing, treatment and care.



U=U ALL PEOPLE SHOULD KNOW THAT **UNDETECTABLE MEANS UNTRANSMITTABLE!**

SINI PASANEN

Executive Director, Positiiviset ry, HivFinland



It is important to remember that HIV treatment must continue throughout life even though the virus load is undetectable. This means healthcare professionals must prioritize the quality of life to a greater extent. HIV treatment that has started in time will keep the patient's life expectancy unaltered.

PEOPLE WHO USE DRUGS NEED SUPPORT, NOT PUNISHMENT.

We hear a lot about shrinking space for civil society. To reach the global targets in the coming years, all actors need to collaborate. An effective response needs involvement of communities, NGOs and patients. HIV is not over with viral suppression, or when we have reached the 90-90-90 targets. In the future, HIV/AIDS and Viral Hepatitis still need to be addressed on a regular basis. People are still dying in Europe because they haven't been tested early enough, because they don't get treatment. We need to reduce social inequalities, build sustainable, universal and more equitable health systems and improve health outcomes for all. The fight against HIV and AIDS is not over.

VERONIKA HONKASALO

Member of Parliament, Chair of Parliament's Human Rights Group



WE CAN'T LEAVE ANYONE BEHIND!

- HIV treatment is a human rights issue, both locally and globally.
- Everyone has the right to health care and we need to offer timely and appropriate care to everyone.
- We have to reform our legislation, as current laws do not protect the most vulnerable in the society.