



# **XXI ERNA General Meeting**

**Malaga, 08-10 November 2022**

## **Final Statement**

Many things have happened since 1997, when some Red Cross and Red Crescent National Societies, gathered in Villa Maraini in Rome, decided to set-up ERNA as a tool for strengthening and joining efforts to combat HIV, TB, hepatitis and other infectious diseases.

In the last decade there were impressive achievements on HIV, Hepatitis and TB made in the multi sectoral response to date. In addition, thanks to the important pharmacological developments, since 2015 Hepatitis C, which affects millions of people worldwide, has become a treatable disease. However, there is still a long way to go. These infections continue to be a global health threat, and many populations continue to be left behind especially in those remote areas where provision and access to treatment is very limited.

On the other hand, in the last few years the COVID-19 pandemic, economic crisis and conflicts have decreased the social and health attention on health programmes that aim to decrease the transmission of communicable diseases and on drug epidemic in our communities and also in prisons.

The major gaps in HIV, viral Hepatitis or TB control remains in meeting the needs of most disadvantaged groups of people who are often out of reach for diagnosis and treatment. The right to access health and care is a central dimension of inclusion for many groups such as migrants, sex workers people affected by HIV, Hepatitis or TB, prison population, drug users. To reach the 2030 SDG of Universal Health Coverage, RCRC has to play a more significant role in this field.

During all these years, ERNA has provided regular information and technical support to European and Central Asia National Societies that consider these issues as a priority of their action in the field of public health and assistance to vulnerable groups.

A new start of ERNA is now needed, adapting its strategy to the new needs and challenges after COVID-19 pandemic. Hence, the following document that we bring to the attention of our National Societies leaderships and to those volunteers and staff members who would like to contribute with their experience to improve the RCRC response and ownership in this field.

Infectious disease and substance abuse are still both a taboo and a reality in our communities; for this reason we want to contribute to tackling these humanitarian challenges throughout our NS leadership by increasing their commitment and raise a wider awareness on these issues within our communities and on government level.

We want to elevate and update the key role of the Red Cross/Red Crescent through ERNA in protecting human dignity. Therefore, we commit ourselves to improve the work of volunteers in the field of drug addiction, HIV, TB, Hepatitis and other infectious diseases or at least to advocate for this scope.

With this document, we encourage a renewed commitment of the European and Central Asia National Societies who have joined the Network as well as the IFRC Regional Office on the matters related to ERNA.

We also intend to favorize the collaboration with professional associations and specialized NGOs or Civil Society Organizations that work in the field of HIV, TB, Hepatitis and substance abuse and are in line with RCRC Fundamental Principles, in order to facilitate together the reach of the most vulnerable groups, the access to health-care and social services and promote the dialogue with public authority, based on RCRC auxiliary role.



Further, we expect that this renewed commitment will be put in practice with a sense of effort, active participation, constant communication and ownership in favor of those who suffer the consequences of major infectious diseases or are struggling because of their drug disorders.

We became aware that compassion and solidarity are important but not enough: there is a need for actions to be taken by young and adult Red Cross and Red Crescent volunteers and staff too.

With this aim the purpose of this final general statement is to:

- a. set the direction and guide joint approaches and collaborative interventions within and across sectors, to end HIV, TB, viral hepatitis and substance abuse epidemics;
- b. to drive planning and accelerate implementation of evidence-informed, synergetic, country-specific and intersectoral interventions, campaigns and partnerships across RCRC and specialized stakeholders;
- c. to raise awareness on the urgency of addressing the unmet needs in the Region and provide care for all, particularly those who risk being left behind.

**We therefore recommend NSs to implement the ongoing 2025 ERNA Plan of Action by following the 4 main strategic directions:**

1. Ensuring information sharing between NSs and main stakeholders;
2. Consultative and technical support for the NSs;
3. Facilitation of regional and global partnership;
4. Advocacy role to work with decision makers.

**We, the delegates of the RCRC NSs of Armenia, Azerbaijan, Belarus, Bulgaria, Greece, Kyrgyzstan, Ireland, Italy, Latvia, Lithuania, Russia, Serbia, Spain, Tajikistan, Ukraine, Uzbekistan and the Villa Maraini Foundation who attended the ERNA 2022 General Meeting in Malaga, commit ourselves by guiding our action according to the following Key Strategic Commitments agreed:**

**On prevention and training**

1. Organize social and health campaigns on drug abuse, HIV, Hepatitis, TB among community members (distributing informative materials, condoms, providing rapid testing);
2. Organize where possible outreach activities among drug users using the RC/RC emblem (distributing leaflets, condoms, clean syringes, Naloxone, conducting HIV/HCV quick tests; etc.) under expert supervision (doctors, psychologists, nurses);
3. Help the population affected by TB, HIV, viral hepatitis and other transmitted infections to address main challenges and barriers to access to a continuum of services, and ensuring that no one is left behind;
4. Make sure that public authorities recognize the significant role of RCRC community health workers and volunteers in providing assistance to people affected by HIV, TB, Hepatitis and drug disorders;
5. Conduct peer education activities on prevention of sexually transmissible infections, promotion of healthy lifestyles and fight against stigma;
6. Include substances abuse topic in the training curricula for law enforcement officers and prison guards (where possible) and promote decriminalization of people who use drugs and other marginalized groups;
7. Include in the training programs on healthy lifestyles the HIV, HCV, TB and drug abuse prevention, or at least promote and organize workshops on the topics with respective national stakeholders;



8. Develop training for teachers and family members on how to cope with the drug abuse problem;
9. Involve health professionals in training volunteers to enable them to work with people who are living with HIV, TB, Hepatitis or use drugs and favorize the creation of family and peer support groups together with professionals organizations;
10. Generate and use data to drive decisions for action. Gather, analyze and use evidence to meet the specific needs of local communities and share it with ERNA Secretariat.

### **On advocacy**

1. Conduct public advocacy campaigns against stigma and discrimination and in favour of the respect of the rights of communities to access services, also among RC/RC staff and volunteers;
2. Build partnerships with health professionals, CSOs and communities to facilitate the access to the screening, testing and treatment. Take a systems-oriented approach that promotes synergies, with primary health care and service delivery;
3. Build social campaigns among young population and in schools in order to fight the stigma and discrimination for people affected by STIs and drug disorders (also with the help of peers);
4. Advocate for including harm reduction strategy in the national drug policies and allocate specific budget for these programs (needle and syringes exchange programs, opioid substitution therapy, drop-in center, Naloxone etc.);
5. Advocate to provide specific health services for drug users, people living with HIV, Hepatitis, TB inside prisons (where possible), inside migrant center, such as opioid substitution treatment, psycho-social support;
6. Utilize the various advocacy tools like "Rome Consensus 2.0: towards a humanitarian drug policy", in order to facilitate the access to treatment and care for people who use drugs;
7. Respect, protect and promote the health and human rights of people positive to HIV, TB, Hepatitis and for people with drug disorders, adopting a humanitarian approach.
8. Make sure that each RCRC National and local leaderships are aware of the health and social consequences of HIV, TB, viral Hepatitis and substance abuse problems in order to prioritize actions to address the problems and leave no one behind;
9. Make sure that each RCRC National and local leaderships are aware of the key role of ERNA in the Region and the potential role of the Network in addressing these health and social threats throughout the humanitarian diplomacy and the RCRC auxiliary role;
10. Favorize the collaboration, communication and financial support of the NS to ERNA in order to strengthen the network and improve the implementation of its mandate.