

**Report of the WHO European Region Planning and
Technical Consultation on working with civil society to
scale up access to HIV prevention, treatment and care**

Berlin, 5–7 October 2005



Report of the WHO European Region Planning and Technical Consultation, in collaboration with the European AIDS Treatment Group (EATG), on working with civil society to scale up access to HIV prevention, treatment and care

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Report of the WHO European Region Planning and Technical Consultation, in collaboration with the European AIDS Treatment Group (EATG), on working with civil society to scale up access to HIV prevention, treatment and care

Berlin, Germany, 5–7 October 2005

More than 100 participants from 35 countries attended this 3-day planning and technical consultation. This report, which is part of a CD-ROM of key HIV/AIDS publications, addresses the main objectives of the meeting:

- To review progress in meeting the goals set out in the [Dublin Declaration](#);
- To review the WHO/UNAIDS “3 by 5” Initiative and progress in achieving universal access to antiretroviral therapy in Europe
- To review the status and dissemination of revised WHO HIV/AIDS treatment and care protocols and harm reduction knowledge hub training modules;
- To plan and identify resources for joint advocacy activities.

Wednesday, 5 October 2005, morning session

Introduction and follow-up to the 2004 WHO/UNAIDS European Regional Technical Consultation, in collaboration with Open Society Institute and the Robert Koch-Institut, on the Role of Community-based Organizations in Scaling-up Access to Antiretroviral Therapy (ART) in the WHO European Region, Berlin, Germany

Opening

Srdan Matic (WHO Regional Office for Europe (EURO)) opened the consultation by describing how it was designed to build on the first such consultation with nongovernmental organizations (NGOs) and community-based organizations (CBOs) in Berlin last year. **Nikos Dedes** ([EATG](#)) described WHO as a good, respectable partner in the fight against HIV/AIDS in the WHO European Region, but one that had in the past been rather distant to CBOs. While the unfolding epidemic emergency in other regions makes such distance understandable, it is critically important to improve the working partnership, especially since the Region is home to some of the world’s fastest growing national epidemics. **Susanne Weber-Mosdorf** (German Ministry of Health) then welcomed participants to Berlin and described the new German HIV/AIDS strategy, stressing the key role that NGOs and CBOs play in the government’s current efforts and future plans.

Taking the HIV/AIDS prevention, treatment and care agenda forward – beyond 3 by 5

Srdan Matic ([EURO](#)) provided an overview of regional HIV/AIDS trends. As of 28 September, 2005 WHO had been notified of 880 000 people living with HIV/AIDS (PLWHA) in the Region, representing an estimated PLWHA population of 1.5–3.0 million. Matic characterized the epidemic as increasing in western Europe, low level in central Europe and explosive in eastern Europe. He cited a worrisome British study showing that, even where antiretroviral access is excellent and stigmatization low, 21% of new HIV diagnoses are also AIDS diagnoses (i.e. late presenters). In western Europe the newly infected are chiefly migrants (often infected in their home country), in eastern Europe, injecting drug users (IDUs). If Europe is to halt the HIV/AIDS epidemic, it needs

to address the epidemic in injecting drug use. He noted that prevention innovation has lagged appallingly behind treatment innovation, and concluded by challenging participants to develop a new paradigm.

The role of community-based organizations and the EATG in advancing HIV/AIDS prevention, treatment and care

Mauro Guarinieri (EATG) explained how anger and a sense of injustice are appropriate, necessary responses to the epidemic. The spread of the epidemic – and our responses to it – highlight and exacerbate societal inequalities. Health is a right, and now that effective treatment exists, treatment advocacy and treatment literacy are more important than ever. Guarinieri described EATG as an initially middle-class, gay movement, but said that members realized that the organization needed to reflect the diversity of the populations affected by HIV. Similarly, PLWHA still need to be represented in HIV/AIDS research and policy efforts.

“It’s like we’re quibbling over the choice on the menu in the West, while 95% of the world can’t even get into the restaurant.”
—Robert Munk on antiretroviral treatment,, Glasgow 2004 (as quoted by **Mauro Guarinieri**, EATG)

Review of progress in meeting commitments and targets

Dublin Declaration on Partnership to fight HIV/AIDS in Europe and Central Asia

“33. We commit ourselves to closely monitor and evaluate the implementation of the actions outlined in this Declaration, along with those of the Declaration of Commitment of the United Nations General Assembly Session on HIV/AIDS, and call upon the European Union and other relevant regional institutions and organisations, in partnership with the Joint United Nations Programme on HIV/AIDS, to establish adequate forums and mechanisms including the involvement of civil society and people living with HIV/AIDS to assess progress at regional level every second year, beginning in 2006.”

Signed on 24 February 2004

Dadi Einarsson (European Commission (EC)) described how the EC has met the majority of the commitments in the Commission Working Paper: “*Coordinated and Integrated Approach to Combat HIV/AIDS in the European Union and Neighbouring Countries*”, which was adopted in September 2004 and has worked to meet the Dublin Declaration commitments. While most of its actual HIV/AIDS activities are not new, they have been scaled up and prioritized. Among other things, the Commission will address human rights and HIV in the coming year. **Srdan Matic** presented a progress report on the 3 by 5 Initiative in the European Region. While the Region has already exceeded its general goal of putting an additional 100 000 Europeans on highly active antiretroviral therapy (HAART), the additional treatments have been chiefly in western European countries, whereas the intended focus was in the transitional countries of central and eastern Europe. Mother-to-child transmission (MTCT) has been dramatically reduced; equity issues still need to be addressed for IDUs, and the problem of HIV/AIDS in prisons needs to be tackled.

Daniel Wolfe (Open Society Institute (OSI) International Harm Reduction Development

“...give people more choices in protecting themselves. Some governments take choice away, but that’s just not effective.”
— **Daniel Wolfe**, Open Society Institute

Program ([IHRD](#)) applauded WHO's willingness to engage governments critically and its genuine engagement with PLWHA communities. Yet he said its victories are largely paper ones, noting that there were more people in the room than were on substitution treatment in the 12 countries of the Commonwealth of Independent States (CIS). Rather than just administer the epidemic, Wolfe suggested five ways to work for change: (1) rethink our epidemiology; (2) act legislatively; (3) challenge capacity assumptions; (4) follow the money critically; and (5) broaden the mandate beyond HIV. **Ton Coenen** (AIDS Action Network) described how the plethora of commitments (e.g. the Dublin Declaration) could actually impede action. He called for more measurable outcomes, a better evidence base, the integration of treatment and prevention and an expansion of European Union (EU) research to non-biomedical areas. He also urged participants to address the migrant issue more fully, and not to forget western Europe. In the ensuing **discussion**, Mauro Guarinieri (EATG) said that WHO needs to be more confrontational on the virtues of substitution treatment like methadone. Julian Hows (Global Network of People Living with HIV/AIDS (GNP+)) spoke for the need to reframe the epidemic by looking not at which affected people are included, but which ones are being left out. Dadi Einarsson (EC) stated that the EU will not back down on human rights vis-à-vis the Russian Federation and that some non-EU countries in eastern Europe are already being engaged through the European Union neighbourhood policy. Srdan Matic (EURO) emphasized that WHO's first priority is establishing prevention and treatment programmes in places where none exist, and fine-tuning the efforts later.

"To adapt a phrase of Oscar Wilde's, we [PLWHA] are used as either a good example or a terrible warning – but not as an equal partner."

—*Julian Hows, Global Network of People Living with HIV/AIDS (GNP+)*

Wednesday afternoon session **Partnership at work**

Keynote address on HIV/AIDS in Europe

Yves Souteyrand (WHO headquarters (HQ)) provided some global perspective on WHO treatment efforts. 3 by 5 Initiative targets have been reached in 14 of the 49 focus countries, but the Initiative has also prompted less visible results. They include strengthened infrastructure, exemplified by new WHO country staff in more than 40 countries, and a major paradigm shift: antiretroviral treatment is now widely endorsed. Challenges ahead are procurement and supply, drug pricing and second-line regimens. The focus needs to be on universal access by 2010, and defining the essential drug package.

Discussion covered ways to integrate responses to hepatitis B/C and tuberculosis (TB), including a suggestion by Batma Estebesova (Partner Network Association) to define the infections as harms needing to be reduced. Kevin Moody (HQ) noted that 3 by 5 targeted health facilities, but in the process, WHO and UNAIDS realized that the community needed to be involved and were now actively engaging with them.

Advocacy and internal strategy tools: the Code of Good Practice for NGOs Responding to HIV/AIDS

Bernard Gardiner (International Federation of Red Cross and Red Crescent Societies ([IFRC&RCS](#))) described how the plethora of NGOs responding to the HIV/AIDS epidemic has generated accountability and quality

"It's not so much that there are people who are difficult to reach, but that the public health system is difficult to trust."

—*Bernard Gardiner, International Federation of Red Cross and Red Crescent Societies*

issues, fragmented the NGO voice and led to the defunding of evidence-based NGOs. The Code (which is available at www.ifrc.org) covers principles, practices and the evidence base. It also sets up an accountability mechanism, including peer review with PLWHA involvement, and should foster collaboration among NGOs. Gardiner described the development process for the Code, emphasized that it is aspirational, rather than relying on minimum standards, and encouraged organizations to sign it.

*The role of WHO in setting standards/Working with civil society at the country level:
WHO perspectives*

Martin Donoghoe (EURO) ran through the variety of WHO documentation that exists on HIV/AIDS, from normative documents to position papers to advocacy guides, all available online (www.euro.who.int/aids). The unique features of the epidemic and health systems in eastern Europe have required adapting global normative documents for these countries or preparing new ones, such as the WHO European HIV/AIDS treatment protocols on *inter alia* hepatitis and injecting drug use, in progress now. **Arièle Braye** (EURO) described how Ukrainian experts have been involved in adapting WHO guidelines to Ukrainian conditions. She asked about policies on criminalization of HIV transmission in other countries. **Akram Eltom** (EURO) emphasized the importance of CBOs and PLWHA as equal partners, the primacy of human rights in policy and the need for an evidence-based approach. He stated that civil society should be considered more than just a welcome labour source or a gap-filler, noting that CBOs are particularly helpful in working with diseases that have deep-lying sociocultural dimensions, and that they are more cost-effective, flexible and culturally sensitive than governments and multilaterals. Most of the work in creating the political, legal and socioeconomic environment for HAART and HIV prevention remains to be done in most of eastern Europe. In **discussion**, Amiran Gamkrelidze (EURO) appealed to CBOs to help translate WHO documents into the native languages of central and eastern Europe, especially since, 15 years after the break-up of the USSR, the younger generation in most of the countries does not know Russian. Raminta Stuikyte (Central and Eastern European Harm Reduction Network (CEE-HRN)) reminded participants that another barrier to effective take-up of WHO documents and policies is a lack of on-the-ground workshops.

Thursday, 6 October 2005, morning session

Working together on access to HIV prevention, treatment and care

Treatment preparedness, task shifting and information dissemination; the International Treatment Preparedness Coalition (ITPC); and the Strategic Treatment Education Project (STEP)

Kevin Moody (HQ) began by describing the role that diabetes patients have traditionally been expected to play in managing their condition. He proposed a similar partnership paradigm for HIV management, in which patients become their own caregivers. It will depend on a strong civil society structure supporting home-centred care, and require treatment literacy, though that raises equity issues and can be threatening to medical professionals. Moody described further how patient education should embrace problem-solving, not just information sharing, saying that such task shifting is the hallmark of good chronic care. **Mauro Guarinieri** (EATG) outlined the activities of the ITPC, a social movement with members from more than 100 countries. He detailed the coalition's role in establishing (with the Tides Foundation) the Collaborative Fund for HIV Treatment

[Preparedness](#), its promotion of an IDU role in the 3 by 5 Initiative process and its meetings with drug manufacturers. **Raminta Stuikyte** (CEE-HRN) described the success of the Collaborative Fund's grants to the countries of the former USSR. The Fund's four grant priorities are advocacy, community mobilization, reduction of stigmatization and discrimination, and treatment literacy. Organized and driven by the communities of people affected by HIV, the Fund is one of the few funders to provide treatment grants to CBOs. She then detailed how STEP is increasing treatment literacy and helping PLWHA and the communities to advocate for change in the Balkans and eastern Europe, with the eventual goal of having people in the region take over the project. **Igor Chilcevschii** (Credinta) provided a case study on how, despite government opposition, Collaborative Fund grants have encouraged participation in the Republic of Moldova and established regional organizations there. In the **discussion**, Mick Matthews ([Global Fund for AIDS, Tuberculosis and Malaria](#) (GFATM)) asked whether treatment literacy was really such a problem. Many participants responded with examples of why the need is acute, particularly in areas where the population doesn't even realize that treatment exists, but also in countries with universal access. There was some debate about the term "treatment preparedness"; Kevin Moody noted that the nomenclature will be discussed later in the year with the United Nations Educational, Social and Cultural Organization ([UNESCO](#)). Martina Melis (European Network on Drugs and Infections Prevention in Prison ([ENDIPP](#))) highlighted the commitments of another Dublin Declaration, namely the [Dublin Declaration on HIV/AIDS in Prisons in Europe and Central Asia](#); some discussion ensued about the use of Collaborative Fund money for prison populations, and Nicola Rowan ([Mainliners](#)) made the case for integrating prison treatment initiatives with programmes targeting the general population in order to ensure the adequate quality of the former.

"Scientists understand drugs, but they don't understand drug use. If we take the scientific path in promoting substitution treatment, we run the risk of disenfranchising the drug users themselves."

—Mick Matthews, GFATM

Thursday afternoon session

Supporting the role of CBOs and NGOs in responding to the HIV/AIDS epidemic
Chair **Gudjon Magnusson** (EURO) outlined NGOs' main roles: service providers for those in need, checks against abuses of power, advocates for change and prime movers for social and environmental innovation. He emphasized the need for NGOs to maintain contact with the grassroots. **Mick Matthews** (GFATM) noted that without civil society, there would be no government response to the epidemic, and he said that the two sectors have complementary approaches. In particular, PLWHA bring to the table a lived reality of the disease, as well as specific knowledge and skills. While Matthews feels that GFATM should receive more credit for the effectiveness of its structure, he also acknowledged that it needs to include civil society as a matter of course. **Asya Bidordinova** (UNAIDS) described her agency as having a programme rather than a project approach, focusing on building capacity and providing civil society with support and opportunities. She highlighted the importance of the Three Ones principles in maximizing the effectiveness of government responses to the epidemic, and said that the role of United Nations agencies is crucial in maintaining dialogue between civil society and government decision-makers. **Dadi Einarsson** (EC) stated that proposed initiatives for EU funding ultimately need to add value for EU member states. The EC is willing to support civil society organizations, but they need to fit into the existing legal framework.

Funding is more readily available for projects with broad geographic coverage and those in the new member and candidate states. In the ensuing **discussion**, several people commented on the time- and energy-consuming nature of obtaining funding for NGOs. Julian Hows (GNP+) noted that, despite multilaterals' substantive presence in countries, they remain singularly awful at answering requests for information. Respondents pleaded good intentions but limited staff resources. Raminta Stuiyte (CEE-HRN) requested better coordination among funders – e.g. in central Asia, there's lots of money for training but little for the services themselves. Akram Eltom (EURO) said harm-reduction funding is threatened in the Russian Federation, and capacity building investment is critically needed; he also noted the importance of funders upholding commitments to past investments.

Friday, 7 October 2005, morning session

Reports from the 10 working group rapporteurs [parallel sessions on Thursday and Friday]

1. HIV and hepatitis co-infection

Need of WHO standards for:

- Referrals for assessment
- Policy on liver biopsy

Ask WHO to:

- Pre-qualify drugs for hepatitis
- Monitor the quality of hepatitis generic drugs
- WHO to stress the recommendation and put pressure on countries for hepatitis A and B vaccination to PLWHA, even those in prisons.
- Assess:
 - If hepatitis C treatment provision is evidence-based or opinion-based in each European country
 - If each country is implementing guidelines
 - Compare the results, country by country and make recommendations either to individual countries or to groups of countries.

AIDS definition review:

- Include viral hepatitis (B and C) in the new AIDS definition as a cause of morbidity, even as a footnote in some way.

Treatment cost:

- Allow countries to use the GFATM money to purchase hepatitis C treatment drugs
- Need to emphasize the message that co-infected people might also need treatment for hepatitis
- WHO should encourage the production of generic treatment for hepatitis, to create competition to reduce the costs
- WHO should help to overcome the technical challenge. Production of generics is possible in the region (e.g. Biotech Co. in Lithuania).

2. Sexual and reproductive health of PLWHA

Issues discussed:

- Counselling
- Family planning and contraception
- Conception services

- Antenatal care
- Safe abortion

General conclusions:

- No access to conception methods – lots of countries are still lagging behind regarding the techniques which are cheap – e.g. sperm wash technique should be available for every couple in their own countries and be reimbursed
- Protocols are more important than guidelines as they create more pressure on governments/health authorities with regards to compliance
- WHO should advise governments to include in country programmes the forthcoming WHO protocol on the sexual and reproductive health of PLWHA
- When promoting this document in countries, involve CBOs to do the advocacy work.

3. HIV/AIDS and drug use in eastern Europe

Issues discussed:

- Planning – include IDUs (end-users), PLWHA and rural NGOs
- Monitoring – independent monitoring of GFATM activities in the field, by NGOs
- Research – substitution treatment for amphetamine-type drugs, opioid substitution treatment as a concept, prison: same care outside and inside, illicit drug/ARV interactions
- Strategies – sustainability, tactical partnerships
- Training – project management, law enforcement, mechanism-transfer

What WHO can do:

- Provide trainings
- Make standards more widely available (language)
- WHO is more decentralized than before but needs increased efforts to reach rural areas
- Regular meetings – international organizations and NGOs
- Additional research and guidelines on the aforementioned topics.

4. What should be done to scale up HIV prevention efforts related to sexual transmission?

Positive prevention:

- PLWHA need safe and supportive environments to talk through the issues of disclosure and negotiation of safer sex
- Safer sex and prevention campaigns need to be carried out in a way that does not stigmatize PLWHA
- We need to repackage and redefine what we do in relation to the changing epidemic – e.g. reduced viral load and sero-sorting, The complexity of peoples lives was not well served by simplistic messages
- “3x5” in the context of prevention needs to be inclusive of wider health and well being.

Public campaigns and resources:

- The need for general prevention campaigns was questioned in specific epidemics – both can be necessary but the balance must be evidence based and right now the emphasis needs to be on targeted campaigns
- Well structured peer campaigns were successful. Outreach needed to be multiplied by a factor of at least 10 in areas of eastern Europe, including central Asian
- Also, in eastern Europe there is a special need to support and promote client friendly services and clinics

Legal issues:

- The legal framework in which prevention campaigns can take place always needs to be considered – and enabling environments needed to be advocated to allow scale-up.

5. Public health and human rights of people living with HIV/AIDS

Main issues discussed:

- Decriminalization of drug use
- The criminalization of HIV transmission in some countries, including compulsory isolation
- Needle and syringe exchange programmes
- Travel/residence restrictions
- Illegal immigrants right to treatment
- Voluntary, anonymous HIV testing.

Recommendations:

- Special training for lawyers from NGOs/CBOs on HIV and human rights
- Follow up on travel restrictions by country
- Better documentation of the legal situation of PLWHA by WHO or other agencies.

6. Advocating for access to health services – the role of CBOs and WHO

The role of community based organizations:

- To identify champions within the systems so that WHO and CBOs can work with them and build relationships for change
- To keep continual pressure on authorities in all areas but take a long term view of success
- To advocate for good quality health services
- To link more with international colleagues and organizations to build critical pressure for change
- To be visible and audible to the extent possible
- To be the conduit of evidence to effectively challenge bad practice
- To work at raising awareness about rights, what is appropriate treatment and to raise expectations of quality of services.

WHO should:

- Ensure that evidence and information is more widely available and accessible to CBOs on issues of health rights and the quality of services.
- In countries or particular regions where CBOs do not have a voice, WHO could speak up on behalf of them in terms of raising the issues and concerns.

7. Migration, sex work and vulnerability to HIV

The key issue of human smuggling and trafficking was highlighted and the fact that thousands of women are trafficked from eastern to western Europe every year. While there are not high numbers of HIV cases reported among this group, there is likely much underestimating. However, it was added that sex work is only one of the activities resulting from this illegal phenomenon as not all victims of trafficking end up working in the area of commercial sex, and not all commercial sex workers are victims of trafficking.

Migrants, both legal and illegal in western Europe need to be particularly focused on as they are often not obtaining information about HIV/AIDS and testing and/or have no access to information or a test, and therefore are not getting treated and have no means to prevent themselves from getting HIV or spreading it to others.

- Current policies regarding both migration and commercial sex work in many European countries are particularly repressive and punitive.
- These policies contribute to increasing overall vulnerabilities of commercial sex workers in that they restrict this population ability to access services, particularly in the health sector, while allowing the perpetration of abuses of their fundamental human rights.
- There is therefore a fundamental need to address labour and migration policies, particularly with regards to their consequences on individual and communities health.

A few specific suggestions for WHO's action in this area include:

- Design and implement public awareness campaign on prevention, targeting both CSW and the general population, in order to reach sex workers' clients;
- Issue recommendations on the syndromic approach to the treatment of STIs on an individual basis;
- Issue recommendations for general practitioners' training on prevention, sexual education and sexual behaviour change;
- Issue recommendations for reproductive health and family planning education across the general society.

With regards to the United Nations as a whole, the following recommendations were made:

- Stronger advocacy to change current restrictive and punitive migration, sex work and labour policies;
- Stronger advocacy for the introduction of avenues for legal migration;
- Stronger and better advocacy for the respect and protection of migrants rights, particularly with regards to health care.

8. Promoting HIV/AIDS services for men having sex with men.

Recent reported increases in HIV among MSM in western Europe are a major cause for alarm. New prevention messages need to be promoted. It is vital that the safe sex message is promoted strongly and that new effective interventions are developed. People seem to underestimate the risks of getting HIV. Additionally, some people change their behaviour due to decreased infectiousness when on HAART, even though information is not that clear on the issue. More information on the effects is needed and WHO can supply evidence-based information on this. A clearer vision on positive prevention is needed and WHO can play an important role here.

In eastern Europe, where homosexuality is usually underground and often illegal, statistics probably do not reflect the extent to which HIV is present among this community. In order to fully promote services to those in need the legal situation needs to improve. However, this should not restrict outreach programmes and other prevention activities from targeting this group. Testing facilities need to expand to testing and counselling, including for other STIs. There is a great need for further implementation of rapid tests.

In general, there is a great need to keep the issue of MSM and HIV on the political agenda. Priorities seem to shift to other groups, which is partly logical given the developments. But attention for MSM needs special attention since this is still one of the groups most affected by the epidemic

9. 17th International Conference on the Reduction of Drug Related Harm, Vancouver, April/May 2006: planning a joint WHO/CBO session on Dublin Declaration progress, focusing on treatment access for IDUs

In spite of being too late to organize an abstract-driven session, the conference organizers encouraged WHO to organize a workshop or satellite session, in collaboration with CBOs. It was suggested that the conference in future allow for "late-breaker" abstracts to be submitted, in part because it is a political conference and current events need to be considered.

10. XVI World AIDS Conference, Toronto, 2006: planning a joint WHO/CBO session, planning community activities and sessions

The conference representative recognized the need for an increased focus on central and eastern Europe at future conferences. Cross-cutting sessions with clinicians, scientists, and community members were encouraged as that is often not the case at current world AIDS conferences. WHO was encouraged to suggest sessions, including joint sessions with CBOs, before February 2006.

Closing session, including evaluation and next steps!

Srdan Matic (EURO) said he was heartened to see such good attendance at the sessions, despite the fine weather and the ever-present lures of Berlin. Moreover, he felt WHO had achieved its objectives: to bring together people from a wide variety of backgrounds and encourage them to network; to encourage direct contact between WHO staff and CBOs, whose strengths and abilities complement each other; and to expose WHO to the constructive critique and evaluation of other people working with HIV/AIDS. Part of WHO's job is to create space for criticism and protest, and similarly, WHO needs to continue "speaking to the power", approaching policy- and decision-makers directly. Finally, the meeting succeeded in deepening the collaboration between WHO and EATG.

Nikos Dedes (EATG) echoed Matic's comments, noting that the meeting resembled the sort of meetings that EATG would like to have, while providing a great opportunity for EATG to better understand the work that WHO is doing. **Jeff Lazarus** (EURO) described plans to compile the meeting report, selected presentations and key publications on a CD, which will be sent out from WHO to participants after World AIDS Day along with a copy of the new WHO/Europe book [HIV/AIDS in Europe](#): moving from death sentence to chronic disease management.

The final programme and list of participants can be found below.

4 January 2006

**WHO European Region Planning and Technical Consultation,
in collaboration with the European AIDS Treatment Group,
on working with civil society to scale-up access
to HIV prevention, treatment and care**

Berlin, Germany, 4–7 October 2005

PROGRAMME

Tuesday, 4 October 2005

- 15.00–17.30 *WHO staff business meeting [Closed]*
- 16:00–18:00 **Registration**
- 19.00–19.30 *WHO and EATG business meeting [Closed]*

Event moderators: Jeff Lazarus, WHO/EURO and Nikos Dedes, EATG

Wednesday, 5 October 2005

Morning session – Introduction and Follow up to Berlin Technical Meeting 2004

- | | | |
|-------------------------|---|--|
| 08:30–09:30 | Registration | |
| 09:30–10:00 | Opening | Srdan Matic WHO/EURO |
| | <i>09:30–09.50 - Welcome and introductions</i> | Nikos Dedes, EATG |
| | | Mrs Weber-Mosdorf,
Ministry of Health,
Germany |
| | Goals, Objectives and Roles | Jeffrey Lazarus,
WHO/EURO |
| 10:00–
10:20 | <i>Taking the HIV/AIDS prevention, treatment and care agenda forward – beyond 3 by 5</i> | Srdan Matic,
WHO/ EURO |
| 10:20–
10:40 | <i>The role of community-based organizations and of the EATG in advancing HIV/AIDS prevention, treatment and care</i> | Mauro Guarinieri, EATG |
| 10:40–
11:00 | COFFEE BREAK | |
| 11:00–13:00 | <i>Review of progress in meeting commitments and targets</i> | Chair: Nikos Dedes, EATG |
| | <i>11:00-11:20 – Commitments from the Dublin Declaration</i> | Dadi Einarsson, EC |

	11:20-11:40 – “3 by 5” Initiative in Europe	Srdan Matic, WHO/ EURO
	<i>11:40-11:50 – Response by OSI</i>	Daniel Wolfe, OSI IHRD
	<i>11:50-12:00 – Response by AIDS Action Europe</i>	Ton Coenen, AAE
	<i>12:00-13:00 – Discussion</i>	
13:00– 14:00	LUNCH	

Afternoon session – Partnership at work

	14:00 –14:20 Keynote address:	
14:00– 15:00	<i>Yves Souteyrand, Coordinator for Strategic Information and Research, WHO HIV Department</i>	Chair: Srdan Matic, WHO/EURO
	14:20–15:00 Discussion	
15:00– 16:00	Advocacy and internal strategy tools: “Code of good practice for NGOs Responding to HIV/AIDS” Bernard Gardiner, IFRC	Chair: Wim Vandevelde, EATG
16:00– 16:30	COFFEE BREAK	
16:30– 18:00	“The role of WHO in setting standards” and “Working with civil society at country level: WHO perspectives” Martin Donoghoe, Akram Eltom, Ariele Braye, WHO/EURO	Chair: Inon Schenker, Jerusalem AIDS Project

19.00 RECEPTION

Thursday, 6 October 2005

Morning session – Working together on access to HIV prevention, treatment and care

09:30–10:45	Parallel sessions:	
	1. HIV and hepatitis co-infection <i>Introduction: Mauro Guarinieri, EATG</i>	Chair: Nicola Rowan, Mainliners
	2. Sexual and reproductive health of PLWHA. <i>Introduction: Lital Hollander, EATG</i>	Chair: Anders Dahl, Sex & Samfund
	3. HIV/AIDS and drug use in eastern Europe <i>Introduction: Daniel Wolfe, IHRD/OSI and Raminta Stuikyte (CEE-HRN)</i>	Chair: Martin Donoghoe, WHO/EURO

4. What should be done to scale up HIV prevention efforts?
Introduction: Henrik Arildsen, HIV-Danmark

Chair: Gayane Ghukasyan, WHO/EURO

10:45–11:15 COFFEE BREAK

Treatment preparedness, task shifting and information dissemination – the STEP example and ITPC

Chair: Smiljka Malesevic, EATG

Kevin Moody, WHO/HQ, Mauro Guarinieri, EATG, Raminta Stuikyte, CEE-HRN

13:00–14:00 LUNCH

Afternoon session – Addressing stigma, discrimination and human rights

Parallel sessions:

1. Public health and human rights of people living with HIV/AIDS. *Introduction: Eszter Csernus - TASZ/HCLU*
Chair: Andreas Berglöv, RFHP
- 14:00–16:00 2. Advocating for access to health services – role of CBOs and WHO. *Introduction: Natalia Leonchuk, All Ukrainian Network of PLWA*
Chair: Ariele Braye WHO, EURO
3. Migration, sex work and vulnerability to HIV
Introduction: Veronica Munk, TAMPEP Germany
Chair: Silviu Ciobanu, WHO/EURO
4. Promoting HIV/AIDS services for men having sex with men. *Introduction: Ton Coenen, AIDS Action Europe*
Chair: Tomislav Vurusic, Croatian Association for HIV

16:00–16:30 COFFEE BREAK

Supporting the role of CBOs and NGOs in responding to the HIV/AIDS epidemic

Chair: Gudjon Magnusson, WHO/EURO

16:30–18:00 *Panel: Mick Matthews, GFATM, Dadi Einarsson, EC, Asya Bidordinova, UNAIDS*

19.00 Evening: Documentary/film showing

“Pills Profits Protest”, <http://www.outcast-films.com/>

Friday, 7 October 2005

Parallel session

9:30–10:30 17th International Conference on the Reduction of Drug Related Harm, Vancouver, April/May 2006: planning a joint WHO/CBO session on Dublin Declaration progress, focusing on treatment access for IDUs

Chair: Martin Donoghoe, WHO/EURO

Introduction: Pat O'Hare, IHRA

Parallel session

XVI World AIDS Conference, Toronto, 2006: planning a joint WHO/CBO session, planning community activities and sessions

Chair: Amiran Gamkrelidze, WHO/EURO

Introduction: Thabo Sephuma, IAS

10:30–10:45 *COFFEE BREAK*

10.45–12:00 *Plenary: feedback from all working group rapporteurs*

Chair: Antonio Gerbase, WHO/HQ

Closing session, including evaluation and next steps

12:00–12:30 Srdan Matic, WHO/EURO
Nikos Dedes, EATG

Chair: Jeffrey Lazarus, WHO/EURO

12:30 *LUNCH*



**WHO European Regional Technical Consultation, in
collaboration with the European AIDS Treatment Group,
on working with civil society to scale-up access to ART**

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Berlin, Germany, 04-07 October 2005

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