


**Monitoring Implementation of the Commission Communication & Action Plan on HIV/AIDS 2009-2013**


**DRAFT INTERIM REPORT**

Teymur Noori  
Luxembourg, 6-8 December 2011  
Presentation to the CSF & Think Tank on HIV/AIDS





**Structure of Interim Report/Presentation**

- Section 1 gives some **background** to monitoring the Action Plan
- Section 2 describes the **financial inputs** available for the implementation of the Communication and Action Plan
- Section 3 describes the **non-financial inputs** available for the implementation of the Communication and Action Plan
- Section 4 considers the **effects** of these inputs and the contribution they have made in achieving the results envisaged in the Communication and Action Plan
- Section 5 sets out **key conclusions, recommendations & next steps**




**BACKGROUND**

**Commission Communication**

- EU Commission policy priorities on HIV/AIDS are contained in the Communication



- Three main objectives:**
  - To reduce HIV infections
  - To improve access to prevention, treatment and care
  - To improve the quality of life of people living with HIV/AIDS

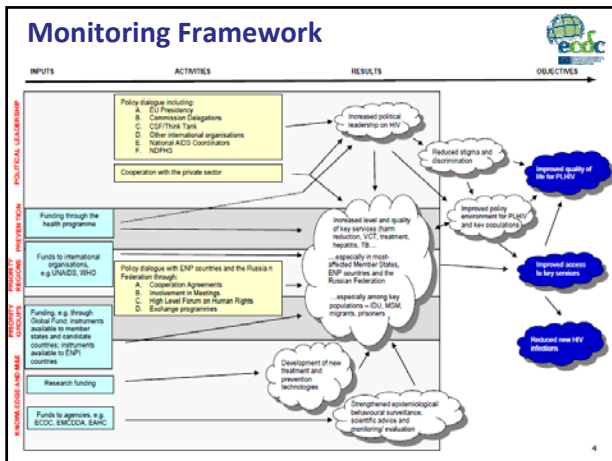


**Action Plan**




**Purpose of monitoring implementation of the Communication & Action Plan**

- Allow the Commission to **identify actions** that have not been implemented
- Be the basis for future **external evaluation**
- Not intended to capture all activities** by all actors in Europe
- Focus and aim to capture activities which result from:
  - Commission **policies**, Commission **influence**, Commission **funding**



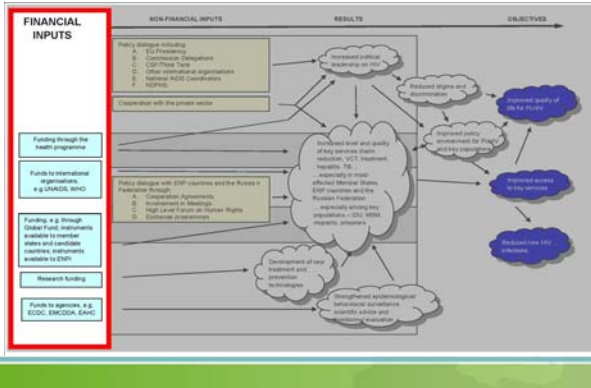
## Interim report

Based on responses from

- EU Commission, incl. specific responses from DG SANCO & DG Research and Innovation
- EU Delegations in Belarus, Moldova, the Russian Federation and Ukraine
- Civil Society Forum
- Think Tank
- ECDC
- EMCDDA
- EAHC
- NDPHS
- UNAIDS



## Section on financial inputs



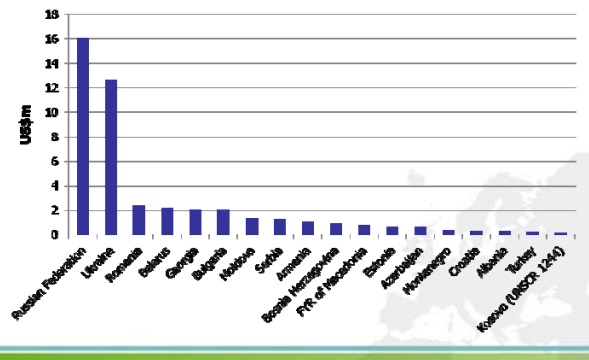
## Chapter addresses the following financial inputs

- Funding to countries (mainly through the Global Fund) \*
- Funding to agencies of the EU
  - EAHC \*
  - ECDC \*
  - EMCDDA
- Funding to international organisations, mainly UNAIDS
- Research funding \*
- Overall annual financial inputs to support the implementation of the Communication and Action Plan \*

## Global Fund

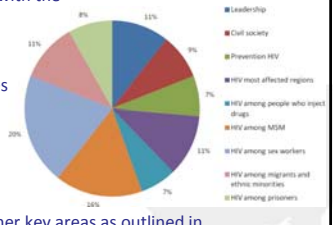
- EU COM has been a major funder of the Global Fund (€1.2 billion from 2002), which makes the EU COM the sixth largest donor, after US, France, Germany, UK and Japan
- Since 2002, 6.2% of the Global Fund's total finances was provided by the EU COM, which can be applied to the Global Fund financing to European countries from 2002-2011
- So of the US\$731m disbursed to the region, US\$45m (6.2%) effectively originated from the EU COM

**Estimated funding provided by the Commission to HIV responses in 18 EU and neighbouring countries through the Global Fund: 2002-2011 (US\$45m = 6.2%)**



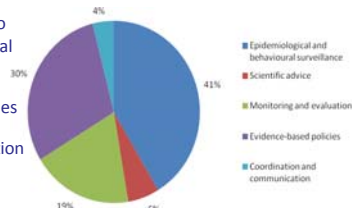
**Funding through the Executive Agency for Health and Consumers (EAHC)**

- EAHC is responsible for implementing the European Health Programme
- Funding through EAHC is in line with the Communication & Action Plan
- In 2009/10 - €6.1m was allocated to HIV-related activities
- Two thirds (62%) of funds were focused on key populations
- The remaining funds went to other key areas as outlined in Communication and Action Plan (leadership, civil society, prevention and priority regions)



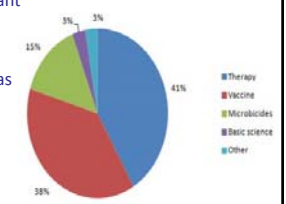
**Funding to ECDC**

- From 2009-2011, ECDC estimates that €2,3m has been allocated to HIV specific projects in implementing the Communication + AP
- 41% of funding is allocated to epidemiological & behavioural surveillance
- 30% to evidence based policies
- 19% to monitoring & evaluation
- 6% to scientific advice
- 4% to coordination and communication



**Research funding**

- The Communication contains a strong commitment to HIV-related research
- The Commission has provided significant levels of financing through its RFPs
- In FP7 (2007-2011) the Commission has provided €82m to 17 HIV-related projects focused on development of treatment, vaccines and microbicides
- As part of FP7, there was a call for proposals for behavioural research, however no HIV projects were selected

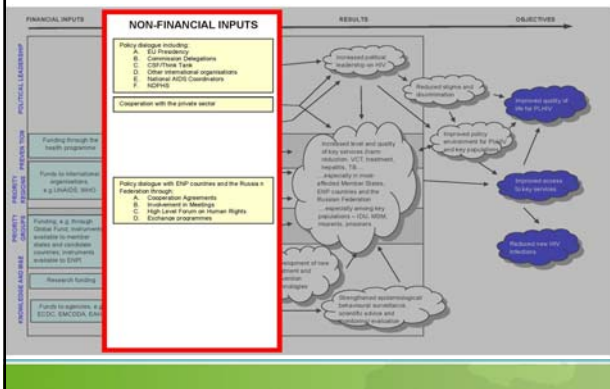


**Overall annual financial inputs to support the Communication and Action Plan**

Source	€m
<b>Funding to countries</b>	
Pro rata Commission contribution to region through Global Fund	3.9
Investing in People programme to build capacity of non-state actors	1.4
Structural funds	no data
European Neighbourhood Partnership Instrument	no data
<b>Funding to agencies of the European Union</b>	
EAHC health programme	3.1
EMCDDA	0.0
ECDC	0.8
<b>Funding to key international organizations</b>	
UNAIDS	1.1
Other UN bodies	0.2
<b>Research funding</b>	<b>16.4</b>
<b>Other funding</b>	
Think Tank and CSF	0.2
<b>Estimated total:</b>	<b>27.1</b>

**NON-FINANCIAL INPUTS**

## Section on non-financial inputs



## Chapter addresses the following non-financial inputs

- EU Presidencies \*
- EU Think Tank \*
- EU Civil Society Forum \*
- International Organisations
- National AIDS Coordinators
- Northern Dimension on Partnership in Public Health and Social Well-being
- Commission Delegations and Cooperation Agreements
- Meetings and exchange programmes
- Cooperation with the private sector

## EU Presidencies

	2009	2010		2011	
	SWEDEN	SPAIN	BELGIUM	HUNGARY	POLAND
<b>Health priorities</b>	Ageing Antibiotic resistance Alcohol Comm. Disease E health	Public Health Blood Directive Tobacco	Health inequality Chronic disease Cancer Social factors of health Health professionals		Nutrition Physical activity Childhood resp. disease Childhood communic. diseases Alzheimers
<b>HIV activities</b>	HIV in Europe Conference (not an official Presidency meeting)	HIV and Vulnerability Conference			

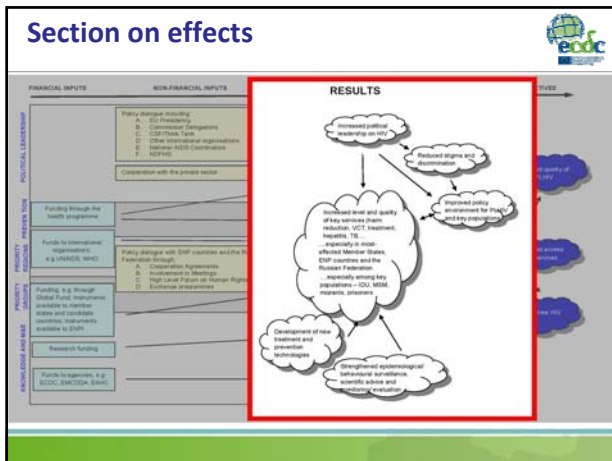
## EU Think Tank

- “The Think Tank is a solid platform to discuss successful approaches to prevention, service delivery for people living with HIV, and M&E”**
- “Meetings have discussed topics including groups, health systems strategies and improvements”**
- “Regular updates on international and national developments and projects are an important component of Think Tank meetings... The resulting networking and exchange of policy and practice is a source of inspiration at national level”**
- Several respondents highlighted the value of the Think Tank

## EU Civil Society Forum

- “... has great added value because you can... and take back to your country”**
- “In my opinion, the CSF has seized the opportunity of participation in implementing and evaluating the response to HIV in the EU and neighbouring countries very well. It's very valuable that there is a representation from all regions, that CSF representatives speak with one voice and issues discussed are presented at the Think Tank”**
- “The CSF gives a platform for European civil society advocacy actions and democratisation at the European level”**
- Several respondents highlighted the value of the CSF

## EFFECTS



- ### Chapter considers the effects of the various inputs, including on:
- Political leadership \*
  - HIV services \*
  - New treatment and prevention technologies and approaches \*
  - Surveillance \*
  - Monitoring and evaluation \*
  - Evidence, scientific advice and dissemination of good practice

- ### Political leadership
- The Communication clearly states that political leadership is an important asset the EU can provide in the fight against HIV/AIDS
- Based on responses, we can conclude:**
- The Communication, Think Tank and Civil Society Forum (non-financial inputs) are **important tools for galvanising political leadership** and have helped keep HIV on the political agenda
  - Commission financing (financial inputs) has helped to **keep HIV on the agenda in Europe** and to mobilise political leadership in the region
  - **Commission funding has a strong focus on populations who are most at risk of HIV**, including MSM, IDU, sex workers, prisoners and migrants, which is a **strong measure of political leadership**

- ### HIV services
- Communication is very clear about the central need to scaling up universal access to prevention, treatment, care and support
- Based on responses, we can conclude:**
- Commission funding is in line with the Communication and Action Plan and has resulted in a **strong focus on expanding targeted prevention services** for populations most affected by HIV
  - European Health Programme funds a number of projects to **scale up services** (TUBIDU, Ima.Ac.T and EU-HEP-SCREEN)
  - EU Commission is a **major donor to the Global Fund** and has provided €1.2b in financing, accounting for 6.2% of the total resources
  - This funding has **supported scale up of HIV-related services** in the most affected EU Member States and neighbourhood countries

- ### Effects of Commission funding to Global Fund
- (6.2% of all funding = 6.2% of all effects)
- Based on the **Grant Performance Reports** from 18 countries of the region, it can be estimated that the Commission has supported provision of:
    - Harm reduction services to more than **34,000 PWID** (i.e. 550,000 total)
    - Opioid substitution therapy to almost **800 PWID**
    - HIV prevention programmes to more than **10,000** sex workers and their clients
    - HIV prevention programmes to more than **13,000** MSM
    - HIV prevention programmes to more than **25,000** prisoners
    - Almost **5 million** condoms
    - HIV testing and counselling to almost **2 million** people
    - Antiretroviral therapy to more than **6,000** people

- ### Concerns related to HIV services
- UNAIDS raises concern about the relatively low level of antiretroviral coverage in Eastern Europe
- "In 2009 only 19% of people in acute need have access to antiretroviral treatment in Eastern Europe"**
- There are serious concerns about the extent to which some countries will be able to sustain ART provision when Global Fund support ends

## New treatment and prevention technologies



- The Communication encourages long-term public and private investment into research
- In FP7 (2007-2011) the Commission has provided €82m to 17 HIV-related projects focused on development of treatment, vaccines and microbicides
- **Based on responses, we can conclude that Commission funding has:**
  - Supported innovative research on HIV prevention
  - Supported important research to develop novel HIV drugs and clinical trials of new treatment combinations
  - Strengthened research capacity in Europe and developing countries
  - Improved coordination of research in Europe and promoted increased collaboration between researchers and between researchers and industry

## Surveillance and Monitoring and Evaluation



- The Communication includes a strong focus on strengthening epidemiological and behavioural surveillance + improving M&E
- **Based on responses, we can conclude:**
- **Support to ECDC has resulted in significant improvements in HIV-related epidemiological surveillance in the region, especially in:**
  - Improved coordination of HIV/AIDS surveillance (jointly with WHO)
  - Improved completeness and quality of surveillance
  - Improved dissemination of surveillance data
- **Support to ECDC has resulted in improved M&E in the region**
  - 2010 reporting to the Dublin Declaration = 90% response rate
  - Increased EU reporting to UNGASS (from 2008 to 2010) by more than 30%
  - 2011 strong collaboration between ECDC, UNAIDS and WHO
  - Monitoring of the EU Communication and Action Plan initiated

## RECOMMENDATIONS



## Recommendations to improve implementation of the Communication and Action Plan



- **Strengthen political leadership on critical issues**
  - Need to initiate dialogue on how to sustain HIV prevention programmes in the context of the current economic downturn and of declining support from the Global Fund
  - Intensify efforts to ensure that EU Presidencies give high priority to HIV up until end of 2013 (explore the possibility of organising a high level meeting, as the one in Dublin 2004 during the Irish Presidency to the EU)
  - Develop and implement a strategy for engagement with the private sector, including in dialogue on affordable antiretroviral drugs

## Recommendations to improve implementation of Communication and Action Plan



- **Make better use of mechanisms and instruments to address the needs of priority groups in priority regions**
  - Strengthen the policy dialogue instruments to promote more effective political leadership, in particular with respect to services for priority populations
  - Review the potential to use ENPI and structural funds to complement national responses that prioritise targeted prevention services and improve treatment coverage for priority groups

## Recommendations to improve implementation of Communication and Action Plan



- **Build on progress to date to ensure access to prevention, treatment and care and to protect the rights of PLWHA**
  - Sustain advocacy and support for universal access, for expansion of harm reduction services, including NSP and substitution treatment programmes
  - Monitor policy development and implementation
  - Intensify efforts to tackle discrimination, including ensuring that anti-discrimination laws are enacted and monitoring discrimination related to HIV status
- **Strengthen research and surveillance**
  - Ensure a more balanced allocation of funding for research, by increasing resources for social, behavioural and economic research

## Recommendations to improve monitoring of the Communication and Action Plan



- **Improve the quality of information available about financial and non-financial inputs to support implementation of the Communication and Action Plan**
  - Ensure that all partners involved in implementation of the Action Plan keep accurate data on financing and activities
- **Give higher priority to monitoring and evaluation of activities financed by the Commission**
  - Ensure that Commission-funded programmes and projects are evaluated and effects measured
- **Review the relevance of actions to be monitored and methods used to solicit information**
  - Consider whether more use could be made of Think Tank and Civil Society Forum meetings to solicit information

## Annex 1: Areas of the Action Plan where intensified action is required



Action	Responsible	Comments
Promote HIV as a public health and social concern, keep on the political agenda	Commission	Good progress through Think Tank, Civil Society Forum, international and regional conferences and organisations
	Member States	
	Neighbouring countries	
Tackle discrimination related to HIV status	Civil Society	More could be done by Commission, EU Presidencies and with neighbouring countries
	International organisations	
	Commission	
Develop, implement, monitor and evaluate targeted, regional, national and supranational HIV/AIDS policies	Member States	Limited evidence of action or effects
	Civil society	
	ECDC	
	International organisations	More needs to be done to ensure laws and policies are implemented and monitored
		Limited evidence of concerted action to review policy development or implementation or to evaluate policies

## NEXT STEPS



## Next steps



- ECDC to revise report based on any feedback from the Think Tank
- Publish the report early 2012
- Continue to monitor the implementation of the Communication and Action Plan in 2012, using
  - Questionnaires
  - Interviews, and
  - CSF and TT meetings to get more in-depth quality information
- Final report on the implementation of the Communication and Action Plan to be published in 2013
  - Also using data from countries gathered through the Dublin report to be published end of 2012

## THANK YOU



## Monitoring the Dublin Declaration 2012

Teymur Noori  
 Luxembourg, 6-8 December 2011  
 Presentation to the CSF & Think Tank on HIV/AIDS

## Advisory group members

Tsveti Yakimova - Bulgaria	Frida Hansdotter - Sweden
Jasmina Pavlic - Croatia	Luciano Ruggia - Switzerland
Kristi Rüütel - Estonia	Olga Varetska - Ukraine
Ines Perea - Germany	Brian Rice - United Kingdom
Aidan O'hora - Ireland	<b>Observers</b>
Arild Johan Myrberg - Norway	Wolfgang Philipp - EU COM
Iwona Wawer - Poland	Yusef Azad - EU Civil Society Forum
Henrique Barros - Portugal	Nikos Dedes - EU Civil Society Forum
Vladimir Shoukhov - Russian Federation	Klaudia Palczak - EMCDDA
Danijela Simic - Serbia	Tobias Alfvén - UNAIDS HQ
Tomás Hernández Fernández - Spain	Michelle Williams-Sherlock - UNAIDS RST
Olivia Castillo - Spain	Ulrich Laukamm-Josten - WHO EURO

## Process and timeline

	2011												2012											
	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D			
1 <sup>st</sup> A-G meeting - Kick off	█																							
UN High Level Meeting			█																					
Agency collaboration					█																			
2 <sup>nd</sup> A-G meeting - Indicator set						█																		
Develop data collection tool							█																	
Data collection								█																
ECDC to host M&E workshop									█															
3 <sup>rd</sup> A-G meeting - Draft report															█									
Country validation of report																█								
2 <sup>nd</sup> Dublin Report published																					█			

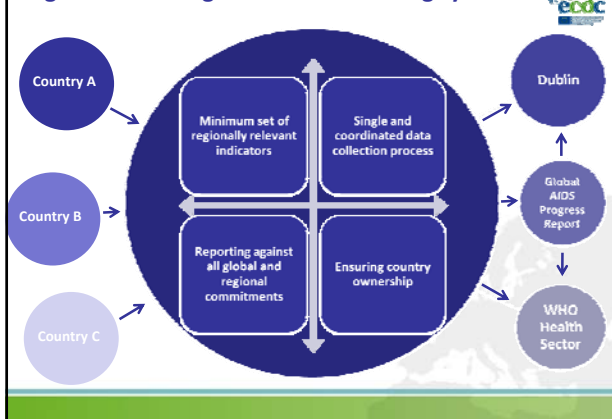
## Joint agency collaboration on M&E

- August 2011 – ECDC hosted an **joint agency M&E meeting** with representatives from ECDC, UNAIDS HQ and the regional offices of WHO and UNAIDS
- The **aim** of this meeting was to discuss the feasibility of **creating a joint regional HIV monitoring system**, which was in line with the
  1. **Recommendations** coming out of the Dublin report 2010
  2. **Country feedback** from the Dublin advisory group
- The joint agency initiative is intended to
  1. **Improve relevance** of HIV reporting in the region
  2. **Reduce burden** on country reporting

## Agency agreement

- All 3 agencies agree on the necessity of finding a technical solution that provides the greatest benefit to countries
- All 3 agencies favour one joint regional HIV monitoring system
- All 3 agencies are committed to make this work for next reporting round 2012 (GARPR or UNGASS, WHO Health Sector & Dublin)
- All 3 agencies agree to evaluate the usefulness of this joint regional monitoring system

Figure 1: Joint regional HIV monitoring system



## Next steps

- UNAIDS online reporting tool is being developed
- ECDC will host a M&E workshop in 25-27 January 2012
- Reporting deadline 31 March 2012
- Dublin draft report ready for country validation in June/July
- Full report published December 2012





Thank you



## Work plan 2012

Programme on HIV/AIDS, STI's and Blood-borne Infections

Marita van de Laar  
Luxembourg, 6-8 December 2011  
Presentation to the CSF & Think Tank on HIV/AIDS



### Key priorities

1. Monitoring the epidemic and the response
2. Prevention and control; contribute to reduction of health inequalities
3. Enhanced surveillance of HIV, STI, HEP B/C



### 1. Monitoring the epidemic and response

- Strengthening epidemiological & behavioural surveillance
- Strengthening scientific advice (guidance on prevention & control)
- Strengthening monitoring and evaluation (EU Action Plan & Dublin)



### 2. Prevention and control; contribute to reduction of health inequalities

- Support countries with evidence-based guidance and best practices
- Chlamydia control
  - ✓ ECDC survey on control strategies
  - ✓ Produce revised guidance in the next two years
- Populations at risk (MSM, IDU, Migrants, and for STI - youth)
- Antenatal screening strategies for hepatitis & HIV
  - ✓ Survey to review the situation of HIV/Syphilis/Hepatitis B
  - ✓ Produce guidance in 2013



### 3. Enhanced surveillance of HIV, STI, HEP B/C

- Coordinate hepatitis surveillance in EU/EFTA countries
- Coordinate STI surveillance in EU/EFTA countries including Euro-GASP to monitor AMR in gonorrhoea
- Behavioural surveillance related to HIV and STI
- HIV modelling estimates (piloting in two countries) – to be presented during spring Think Tank meeting

