



Directorate-General for Health & Consumers

Communication on combating HIV/AIDS in the
EU and the neighbourhood - strategy and
second action plan (2010-2014)

PROJECT DESIGN



The Commission's work programme

- ... the Commission defines annual priorities and adopts a work programme for each year. The Commission's annual work programme translates the [annual policy strategy](#) into policy objectives and an operational programme of decisions to be adopted by the Commission. It sets out major political priorities and identifies legislative initiatives, executive and other acts that the Commission intends to adopt for the realisation of these priorities. The work programme sets out the concrete actions at the core of the Commission's political delivery - the strategic priorities. In addition, the Commission commits to develop a series of priority initiatives, to be adopted over the next 12 to 18 months depending on the depth and intensity of preparation needed to meet the quality standards of better regulation. Each initiative will be supported by a comprehensive assessment of its likely impacts.
- More detailed programming and monitoring of Commission work takes the form of a list of planned Commission initiatives and a list of adopted Commission initiatives. Both contain legislative proposals to other EU institutions, major non-legislative acts and acts, selected by the Commission, that are likely to be of interest to other EU institutions and to the general public.

COMMISSION LEGISLATIVE AND WORK PROGRAMME 2009

List of Strategic and Priority Initiatives

- **PRIORITY INITIATIVES (37)**
- 33. Communication on combating HIV/AIDS in the EU and the neighbourhood - strategy and second action plan (2010-2014)

Commission communication

- **Non-legislative procedures**
- *Green Papers, White Papers, **Commission communications***
- Consultation of Parliament is **not mandatory** for documents of this kind. The Commission forwards them to Parliament if they concern major initiatives
- documents of this kind are referred to the EP committee responsible, which may propose that an own-initiative report be drafted. The usual parliamentary procedures apply (designation of a rapporteur, discussion and vote in committee, debate and vote in plenary).
- The Commission Members concerned have to assess whether it is politically appropriate to make a formal request for Parliament's opinion on the proposals. Any such request should be made in a letter from the Commissioner concerned to the chairman of the Parliament committee responsible. SG.G must be kept informed of any requests.

1. Introduction

- Public health concern, social dimension
- transition to chronic condition
- Particular challenges: geographical /topical / groups
- importance to mobilise resources and exchange knowledge
- First strategy and action plan?
- 2nd communication: promotion of evidence based policies

Question: why a second strategy??

1.2. BACKGROUND and MOTIVATION

time to assess? – what are the challenges for the next years?

- 1.2.1. Added value of a policy at EU level
- 1.2.2. Epidemiological situation and future trends (feed with actual figures)
- 1.2.3. Political situation – declarations and commitments
- 1.2.4. Legal and social situation – obstacles, particularities
- 1.2.5. The first EU action plan on combating HIV/AIDS (2006-2009)

2. THE RESPONSE

- COMMITMENTS, EMPOWERMENT (PARTNERSHIP), PRIORITIES

- 1. prevention
- 2. priority regions
(Eastern Europe: MS and ENP countries)
- 3. priority groups and issues

2.1. COMMITMENTS

2.1.1. Political response

- *- continue to fight against stigma and discrimination and promote the respect of basic human rights of PLWHA*
 - all stakeholders are invited to accept and to adopt policies in line with UN policies in this respect*
- *- continue to promote prevention of HIV as the most effective remedy to decrease new infections*
- *- need to commit financial and human resources and continue to provide support through available financial instruments to respond to HIV/AIDS*
- *- strengthen the coordination of EC policies addressing HIV/AIDS related issues (promotion of health aspects across policies, legislation and agreements, where useful)*
- *- support efforts to monitor the implementation of commitments of governments, authorities, civil society, and international organisations*

2.2. EMPOWERMENT (PARTNERSHIP?)

2.2.1. Civil Society involvement

- *- promote involvement of civil society in the response to HIV/AIDS on international and national levels in the European Union and the concerned neighbourhood countries*
- *- involve the Civil Society Forum as the principal interface to advice Commission services and the "HIV/AIDS Think Tank" on selected issues.*
- *- Civil Society and other stakeholders to ensure a broad dissemination of developments, sharing experiences policies and good practices on international, national and regional levels and intensify cross-border cooperation of NGOs and networks*

2.2. EMPOWERMENT (PARTNERSHIP?) -2

2.2.2. Responsibilities of societies

- - *respect of human rights of all citizens irrespective of their health status*
- - *media and organisations representing societal groups, including social partners, to actively address stigma and discrimination in general and to promote special programs to sensitise citizens in all affected countries*
- - *National legislation assuring social and health equalities are implemented in a way as to assure a non-discrimination of PLWHA*
- - *universal access to HIV testing, early state of the art treatment , care and harm reduction measures shall be realised for all citizens in need across Europe*

2.3. PRIORITIES

2.3.1. Prevention

- *- revitalise and adapt prevention strategies to match changing trends and shifts of epidemics in confined situations and to adapt prevention messages to new generations who have missed the original "AIDS shock"*
- *- development, promotion and implementation of innovative and effective elements for novel prevention strategies*
- *- promote effectively comprehensive sexual education including knowledge about HIV/AIDS*
- *- strengthen civil society's capacities to reach populations at risk*
- *- improve the evidence base for the development of effective and powerful prevention strategies*
- *- intensified HIV testing of populations most at risk as means of prevention, work towards unveiling the hidden dimension of the epidemics*

2.3. PRIORITIES -2

2.3.2. Surveillance and monitoring/evaluation

- *- collect and to profoundly analyse meaningful surveillance data which are useful for the development of effective policies and interventions*
- *- report validated data to the ECDC, and to actively contribute to the regular monitoring of the Dublin declaration commitments*
- *- install and to maintain effective infrastructures to carry out state of the art surveillance, monitoring and control*

2.3. PRIORITIES (-3)

2.3.3. Priority regions

- (i) Eastern Europe
- (ii) Countries in the Eastern neighbourhood
- - *address HIV/AIDS in future negotiations on bi- and multilateral agreements with third countries where necessary*
- - *invite ENP countries to EU meetings in order to facilitate trans-national cooperation on all levels*
- - *development of specific ad hoc programmes setting out first line measures to improve the control of HIV/AIDS particularly in Eastern Europe*
- - *use of existing and future financial EU instruments to support health systems and to finance specific measures against the spread of HIV and associated infections*

2.3. PRIORITIES (-4)

2.3.4. Priority groups and issues

1. most at risk populations

- *- promote the integration of marginalised groups into societies*
- *- targeted communication is an important key to reach populations most at risk*
- *- carry out research based risk assessments to invest resources in effective solutions*
- *- promote measures in response to HIV/AIDS along existing drug strategies*

2. research and medicine

- *- will further provide direct and indirect resources to improve biomedical research focusing on HIV/AIDS and associated and opportunistic infections*
- *- promotes an integration of multi-sectorial research in response to HIV/AIDS*

3. Treatment and care

3. EXPECTATED RESULTS

- (i) A decrease of the level of HIV transmission
- (ii) A real improvement of the quality of life of PLWHA
- (iii) Improve the education, knowledge and awareness on HIV/AIDS
- (iv) Strengthen the solidarity towards an unambiguous response to HIV/AIDS

Aspects, so far ...

- HIV testing and early care, Incentives for HIV testing?
- Include changes in future prevention strategies
- Primary health care to take up HIV issue seriously
- Support to training and innovative networking
- Rationale for balance between promotion of prevention, testing, treatment, care → indicators to monitor process, modelling of real needs
- change order of priorities to: PREVENTION (emphasis!) – priority groups – priority regions
- And more ... (CSF)

Timeline

- Impact assessment submission: 13 May
- IA board meeting: 10 June
- Interservice consultation: Mid July
- Adoption of communication: Sept