

Report of the 11th HIV/AIDS Civil Society Forum
Brussels, May 4, 2010

Meeting convened by the European Commission Health & Consumer Protection Directorate-General
with co-chairing of AIDS Action Europe and the European AIDS Treatment Group



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Introduction

The HIV/AIDS Civil Society Forum (CSF) has been established by the Commission as an informal working group to facilitate the participation of non-governmental organizations, including those representing people living with HIV/AIDS, in policy development and implementation and in information exchange activities. The Forum includes about 40 organizations from all over Europe representing different fields of activity. The Forum acts as an informal advisory body to the European Think Tank on HIV/AIDS. EATG and AIDS Action Europe co-chair the Forum. See the participant list in annex A. All annexes to this report are only available online at the CSF page on the AIDS Action Europe website: <http://www.aidsactioneurope.org/index.php?id=202>

Tuesday May 4

1 Opening

Nikos Dedes and Yusef Azad, the CSF co-Chairs, welcomed the present members to the EU HIV/AIDS Civil Society Forum (CSF) as well as the guests that were invited to do a presentation at this meeting. Due to lack of room availability at the European Commission, this meeting would be one day instead of the usual 1,5 days.

2 Report and action list of last meeting

The report was adopted.

What	Who	Status
Make specific proposals for the Action Plan to be developed further with the Commission	Commission, Co-chairs, CSF members	Done - Will be on today's agenda
Provide an overview of the different Commission funding schemes relevant for HIV	Commission/EAHC	Wolfgang prepared two slides which he will disseminate among the CSF.
CSF members to contact their respective MoH encouraging them to provide feed-back on the EU communication to feed in to the discussion at Council level	CSF members	CSF representatives from the UK, Spain, and Belgium did so. Last week a meeting took place with MoH of Belgium: - it seems unlikely that Belgium will push for this, due to different priorities, but Belgium may canvass opinion amongst member states. If any country has a good relationship with their permanent health representative at the EU, please inform them that they can expect a question from the Belgian representative on Council conclusions on HIV. The secretariat will circulate a list of permanent representatives at EU on health for different countries so that CSF members can act on it. It was agreed not aim for generic Council conclusions on the Communication but could instead work for a focus on a specific HIV issue which cites supportively the Communication, and to propose to prioritize HIV testing.
Letter to ENVI committee chair and the group coordinators in the European Parliament to support an 'own initiative report' reacting to the EU communication	CSF co-chairs	The ENVI Committee President has been asked to support prioritisation for an 'own initiative report' by the European Parliament on the EU Communication on HIV.
Provide a link to the AAE Russian translation on the EU website	Commission	Done, link from the Commission website to AAE website where the Russian version is available.

CSF letter by the co-chairs requesting a meeting with commissioner designate Dalli	CSF co-chairs	There will be a pre-meeting with the office of Commissioner Dalli to prepare a meeting with the commissioner. Any suggestions can be given to the CSF co-chairs.
Invite key representatives from relevant DGs (DG Justice, DG Education, DG Relex, DG Research etc.) to CSF meetings as appropriate	CSF co-chairs	Today there will be a representative from FRA at the CSF meeting, which is a good start. Other DGs will be invited as appropriate in the future.
Provide background information about EU sexual health forum on the CSF mailing list	Commission	Done.
Explore opportunities for CSF member delegation at conference on HIV under the Spanish Presidency, April 12-13 2010, Madrid	Ferran and CSF co-chairs	Done. Several CSF members attended, and feed-back will be provided during the CSF meeting.
Update CSF about AIDS2010 plans through mailing list	CSF members	Ongoing
Inform your networks about AIDS2010 community website http://www.aids2010community.org/?page_id=570	CSF members	Ongoing
Send CSF letter to Latvian health authorities to CSF mailing list	CSF Secretariat	Done. Since the letter was sent, there was a 30% increase in number of people on ARV. The provisions in access to treatment for drug users have been revised. Latvian civil society representatives appreciated the intervention from the CSF.
List of key dates and meetings concerning universal access	UNAIDS	Disseminated via CSF mailing list
Distribute UNAIDS PCB report to CSF on a regular basis	Rhon	Not available yet, will be done when available
Decide on CSF observer involvement at next PCB	CSF co-chairs	Rhon Reynolds as member of both bodies has been identified as the most appropriate person.
Send set of questions concerning sexual and reproductive health to the CSF mailing list (inventory of services for HIV positive men)	Henrik Arildsen (SRH Task Force)	1 st proposal for questions for questionnaire have been made by working group, will be presented to CSF soon.
Invite Matthew Weait to the next CSF to present his work within HIV in Europe initiative on HIV criminalisation	CSF team	Done. Matthew Weait will present during the CSF meeting.
Global Fund replenishing – CSF advocacy: contact focal point of the delegation of the developed and developing countries as to CSF advocacy actions that could be useful	Vitaly, CSF chairs	Follow up with Vitaly on further actions needed

A question was raised regarding the response to travel restrictions in Europe. With the International AIDS Conference coming up, we should take the opportunity to call upon the world community to abolish discrimination, and in particular in the EU. We should congratulate China while putting pressure on 16 countries in Europe still having travel restrictions. (Andorra, Armenia, Belarus, Cyprus, Georgia, Germany, Hungary, Israel, Kazakhstan, Moldova, Russia, Slovakia, Tajikistan, Turkmenistan, Ukraine and Uzbekistan). In the EU action plan, there is also a mention of the abolition of travel restrictions: Some of the countries don't fall in the geographical scope of the EU communication. However, it is not acceptable to have travel restrictions. If China can do

it, so can Europe. It is unclear whether the changes in China apply to short term and long term restrictions in China. It seems as if long term restrictions are still in place. It is agreed that the CSF will write an open letter to request to end travel restrictions in Europe which can then be used as a lobbying instrument. Moreover, it is agreed that the issue should be addressed to the European Parliament and upcoming Belgian Presidency. The CSF co-chairs will also bring the issue to the table at the TT meeting tomorrow. We need to ensure that countries in Central Asia will also be included.

Action:

- An open CSF letter calling on all European countries to abolish HIV-related travel and residency restrictions. This should then be used to lobby for change, including with the European Parliament and the EU Presidency.

3 New Communication – follow-up steps and action plan

See presentation in Annex B.

Presentation by Wolfgang Philipp, DG SANCO

Wolfgang explained the difference between the EU Communication on HIV/AIDS and the Action Plan. The Communication is a document approved by the Commission, while the action plan is a staff working paper. This means there is more flexibility for making updates and keeping it relevant when relevant and needed. Wolfgang further touched upon the funding instruments for implementation of the communication and action plan (see slides). First of all there is the EU health program, which is implemented on an annual basis. CSF members are invited to contact DG Sanco to communicate their priorities for the health program. Moreover, Wolfgang briefly touched upon other funding instruments outside the health program, such as research programmes, education programmes, or programmes coordinated by AIDCO. Please check relevant websites of the different Commission services.

The Commission is furthermore planning to undertake M&E of this action plan to evaluate its impact. The evaluation of the action plan is planned for 2012 and the outcomes will provide the basis for future policy work and activities.

3.1 Action plan

Wolfgang presented the Action plan with a preliminary allocation of tasks for the different partners (see Annex C).

Wolfgang stresses that money available for the health program was limited and called upon the CSF members to lobby their own MEPs to make sure that the future health program is appropriately represented in the financial perspective 2014-2020..

3.2 Questions and discussion

Despite administrative burden and bureaucracy connected to EU health program, it is very important for NGOs to lobby for funding of the EU health program. There is a seven-year 'financial perspective' for funding from 2014 to 2020 and especially in times of economic crisis it is important for NGOs to flag up their interests and needs.

DG Sanco has received many complaints about the administrative burden of EU funding, and emphasizes that there are strict financial regulations within the EU institutions for many good reasons. Nevertheless, if there are any complaints about malfunctioning, please communicate them so that SANCO can flag them, where appropriate..

The CSF is happy to see the Action Plan complemented and developed further by more specific actions, but it would have been useful to have it beforehand so that we could read it. There is further discussion about possibilities for possible amendments of the action plan: Wolfgang explained that it cannot be reviewed every 6 months, but that DG Sanco would be happy to collect further ideas and look on a regular basis whether these could be accommodated.

Many of the actions presented are covered by this year's public health program. In general it is a broad description of what actions are indeed needed, from which DG Sanco will derive priorities for each year's programme over a total period of 4 years.

CSF was invited to provide ideas as to priorities of the health programmes' work plan. The importance to continue to fund harm reduction work in particular in this time of economic crisis was stressed by the EHRN.

There was a concern amongst CSF members about the evaluation of the impact of the Action Plan: although it is good and necessary, the plan is not formulated in terms of impact. Moreover, the program will be only halfway through by 2012. Wolfgang explained that ECDC is developing a framework for evaluation of the Action Plan. Measuring impact is very difficult, but it will be important for future HIV policies to describe the dimension of impact on the operational level and to transport this to a political

level is very useful. NGOs can provide input to the development of this ECDC evaluation framework through CSF meetings and through meetings with ECDC.

There have been talks about planning a Human Rights Conference with UNAIDS in 2011. There is agreement that this would be useful, but no detailed planning yet. DG Sanco will make enquiries on topics, needs etc. The conference should take place in the Eastern neighbourhood.

It was good to hear that the HIV Interservice Group was meeting again. Wolfgang agreed to inform CSF members when the next meeting was planned and input as to possible items for its Agenda.

There is a website with all public consultations for legislative proposals: this may be useful for CSF and other stakeholders' comments to present suggestions before the work on legislation or policy papers with possible relevance for HIV start,

There was support for another meeting of national AIDS coordinators.

The issue of treatment access in Europe was also raised. There are more and more problems in the provision as well of ARVs and stock-outs such as in Romania, Russia, Lithuania, and Ukraine have been reported. Wolfgang promised to take this topic to the next Interservice meeting. CSF members supported any further move take the Bremen initiative forward and encouraging relevant countries to express an interest.

Actions:

- Wolfgang to share action plan table after it has been discussed in the Think Tank meeting
- CSF members to lobby their own MEPs to make sure that the next financial perspective foresees appropriate funding for health issues
- DG Relex representative(s) to be invited at next meeting
- CSF members to provide input into planning of ECDC evaluation framework and to topics for discussion in the HIV Interservice Group

4 Commission update on HIV related activities

See Annex D for Wolfgang's slide(s)

The Commission organized a meeting on sexual health of young people. This led to the establishment of the Sexual Health Forum. The Commission brought HIV/AIDS to wider attention in different ways: they participated in conferences (ECDC Dublin monitoring), provided input to the Communication on global health and input to the enlargement process, and were involved in the evaluation of proposals received by the public health programme.

There was a request from the CSF that the Commission work to ensure that sexual health needs of MSM be fully considered by the sexual health forum.

Actions:

- The Communication on Global Health would be circulated to CSF members.
- Wolfgang to explore profile of MSM needs in the sexual health forum.

5 International AIDS Conference Vienna - Update by the Commission

The Commission has a seat in the Conference Coordinating Committee. Commissioner Dalli will attend the Vienna conference. The Commission aims to organize a special session at the political level.

The Commission will organize 4 satellite meetings, with the following working titles:

- How can, on a global perspective, Commission partners work on HIV
- Exploring the epidemic in Europe and contribution to policy making
- Access to affordable medicines
- Policies and measures in Europe to address populations most at risk

The exhibition booth of the Commission will be located in the same area with European country booths. The Commission will offer part of its booth to NGOs to present their activities (in daily slots)

Action:

- Commission: update CSF members about Commission activities in Vienna
- Interested CSF members to email Wolfgang about a daily slot in the Commission's Vienna booth.

6 Criminalisation of HIV transmission in Europe: the HIV in Europe project – Matthew Weait

See for details the presentation in annex E.

The project, which is part of the HIV in Europe initiative, consists of a survey on criminal law, HIV and human rights. It has 2 dimensions: practical (based on the commonly held view that criminalisation doesn't make a positive contribution) and principal (criminal law which singles out HIV transmission offends against fundamental rights). The aim is to map the scope and degree of HIV criminalization in the WHO European region. Five countries participated in the pilot project: Hungary, Netherlands, Sweden, Switzerland, and UK. The finalised report is nearly completed. There were some limitations to the survey. The questionnaires were done by HIV organizations in the countries. Objective verifiable data were not a problem; however, questions related to matters such as performance were relatively subjective. These data will therefore not be scored in the report, but used as valuable expert indicators or areas of real concern. In all 45 countries of WHO Europe, transmission of HIV can form the basis of a prosecution. Overall, there is a massive amount of misunderstanding among judges, courts etc. on issues related to HIV (stigma). Dr. Weait concluded with a list of brakes and drivers of criminalization.

6.1 Questions and discussion:

Racism and homophobia are seen as one of the drivers.

National AIDS Trust in the UK finds it very useful to always ask for court transcripts, and identify issues of ignorance and misconceptions around HIV in the legal system.

HIV Nordic and the Swedish IPPF have received a grant for a 3 year project on criminalization

UNAIDS offered to give an update on the UNAIDS policy brief on criminalization at the next CSF.

The Italian CSF representative thanked the CSF for sending information on policies on contact tracing. This data will be presented to the Ministry of HIV, advocating for maintaining the current situation of not having mandatory processes on partner notification. This is a very critical area linked to criminalisation.

In Denmark there is a trend of young gay men accusing each other of HIV transmission and bring it to court. Is it a common trend in other countries? HIV Denmark asked the Danish Government to have HIV removed from the list of diseases eligible for criminalization, but the response was that the public was not ready for this.

In Portugal they made an overview of these cases. Is there a database that would be interested? Peter Wiessner informed the CPS about the database on HIV travel restrictions which is connected to a global criminalisation scan of GNP+. He asks Wim Vandeveldt to send information on Portuguese cases.

Matthew called attention to the fact that translation is a real problem in this area, also because legal definitions vary widely.

Concluding, Ton Coenen, co-chair of the HIV in Europe initiative, informed the CSF that they are busy securing funds for the next phase. Matthew welcomes any observations, to make the document more powerful.

Actions:

- CSF: Send any comments on Matthew's presentation or information on criminalization to Matthew Weait [matthew.weait\[at\]gmail.com](mailto:matthew.weait@gmail.com)
- UNAIDS: include further information on UNAIDS criminalization work during update at next CSF meeting.

7 Updates from international institutions (WHO, UNAIDS, ECDC)

7.1 WHO (Ulrich Laukamm-Josten)

See power point presentation in annex F.

WHO Europe presents a short overview of activities that it is currently involved in, including:

HIV testing and counselling (Final Policy Framework on "Scaling up HIV testing and counselling in the WHO European Region" to be released this week. There will be a workshop in Vienna on 20 July on scaling up HTC in Eastern Europe and Central Asia (14.30 – 18.00)

Quality assurance in HIV prevention (The Quality Assurance working group (led by WHO Europe, BZgA and AIDS Action Europe) has 2/3 meetings per year. This year first 2 tools have been published: on QIP & a participatory approach. Government and civil society organisations working in HIV prevention are invited to present their experiences with quality improvement in a satellite session on 19 July at the upcoming World AIDS Conference in Vienna. Interested CSF members are invited to submit a 500 word synopsis dkhales@earthlink.net before 1 June.)

MSM in Eastern Europe and central Asia (WHO collaborates with UNDP and UNAIDS on this issue, which is important in our region.)

TB/HIV co infection (TB/HIV regional meeting 16/17 July to discuss achievements, challenges and way forward issue of TB/HIV co-infection in the WHO region. On 15 July there will be a 1-day meeting with civil society with 40 participants active in HIV issues, in collaboration with UNAIDS.

7.1.1 Questions / discussion

There is also a WHO Europe meeting on 7/8 June with networks active in the region (including AIDS Action Europe, ECUO, EATG, etc)

In its guidelines WHO clearly opposes compulsory testing.

It was suggested to invite potential donors to the MSM meeting, as not many donors fund MSM work

7.2 UNAIDS (Denis Haveaux)

UNAIDS will make sure that Russian speaking colleagues can take part in all sessions of the Vienna conference. There will be a panel session on EU leadership and HIV/AIDS with the EU Commissioner and UNAIDS Director.

7.2.1 Questions and discussion:

How might UNAIDS work on travel restrictions in Europe? There will be a closed door meeting with 3 members of the CSF and representatives from countries that have travel restrictions. The meeting will take place in the 1st or 3rd week of June. Once it is proved that this is a human rights violation conflicting with internal rules of EU, then states are bound to act. In many cases travel restrictions are in a 'grey zone' - they are there in theory but often not applied in practice. The argument will therefore be: why do you need regulations if you don't apply them? On the other hand, many countries have no legal restrictions, but embassies do ask for health information and deny visa for people with HIV. So even not having legal restrictions, doesn't mean they are not applied. This 'grey zone' is a problem for PLHIV because gives legal uncertainty. These issues should be addressed in the closed meeting.

The Commission adopted a Communication on Global Health. In the 1st draft there was not one word of HIV. The Council Conclusions on it are currently being drafted and will be adopted later this month.

There is still limited access to female condoms. Can we not work to make that condom cheaper and more accessible in Europe? Within the UN it is UNFPA supplying these condoms. Oxfam is running a big program on this in the Netherlands. Arnaud Simon will work on a one-page briefing document on female condom prices that could be circulated, including to the Commission.

7.3 ECDC (Mika Salmina)

See annex G.

ECDC provided an update on surveillance in Europe. There are still some problems with some countries in getting data. But ECDC hopes to get Russia on board in the next round.

IDU transmission varies a lot among EU countries. Heterosexual transmission is heavily influenced by migrants. ECDC is also working on a proposal for surveillance on Hepatitis B and C.

7.3.1 Questions and discussion:

Dublin Monitoring: More than one year ago the Commission asked ECDC to review what member states were doing regarding Dublin commitments. This was the launch of a significant piece of work assessing the response to the Dublin Declaration commitments. It included a wide consultation process, which is now in the final stage. The first draft of the report is now being reviewed by with member states. ECDC plans to present it at IAC in Vienna in one of the commission sponsored workshops. There are no results to be shared with the CSF. Tomorrow in the Think Tank meeting basic information would be presented on

who has reported, what has improved, what are still major challenges, what is missing from the current approach? Dublin reporting in the future will possibly serve also for UNGASS reporting for the region. Indicators that would be better suited for data collection in this region should be considered as part of a streamlining process around country HIV reporting.

25% of transmission routes according to ECDC data are unknown. This is strange and not acceptable in this part of the world. Data from Poland for example undermines the entire exercise because it is incomplete. Data from Germany, Holland and Poland are not comparable. Not all Member States are equally committed to modifying their surveillance system in such a way that ECDC finds useful in capturing essential information. In the end, it is up to the Member States to decide what information they want to provide, as no legal basis at EU level for requiring specific data exists. So ECDC tries to make everything as easy as possible and tries to explain why it is smart for them to do it. Hopefully peer pressure and benchmarking might lead to better data collection in the future.

The next IAC is in Vienna, but Austria still doesn't report.

It would be very helpful if WHO, ECDC and EMCDDA would clearly state quality/ limitations of the data to advocate for an EU legal framework.

Disaggregated data by multicultural groups, type of drug use, etc. would be useful to have. However, it is difficult to get this data from the surveillance system because it would mean that physicians will have to ask these questions.

In future hopefully all data will be accessible from a database on the ECDC website.

Actions

- Interested CSF members to submit a 500 word synopsis on quality assurance and prevention to David Hales (dkhales@earthlink.net) before 1 June
- WHO to invite potential donors to MSM meeting
- Arnaud Simon to draft one page briefing document on female condom prices to be circulated

8 EU Fundamental Rights Agency (FRA)

See presentation from Kasia Jurczak in annex H

The FRA mandate is to: provide assistance and expertise on fundamental rights issues to the European Union institutions and the Member States when they implement EU law and to promote dialogue with civil society, in order to raise public awareness of fundamental rights and actively disseminate information about its work. FRA has been asked to present issues of key importance for a human rights approach to HIV/AIDS in Europe at the International AIDS Conference in Vienna.

There was also discussion about a possible resolution in the European Parliament on HIV and human rights in Europe as part of this process.

FRA is therefore planning a stakeholder consultation and would like to receive input from the CSF on its questionnaire which will be disseminated to CSF members. The questionnaire includes the following items:

- priorities for action at the EU-level to promote rights based approach to HIV/AIDS
- good practice examples
- bad practice examples
- gatekeepers in accessing rights
- should disability be used as an anti-discrimination ground to offer protection to PLWHA

8.1 Questions and discussion

It was also suggested that FRA could reach out to national committees and contact ombuds agencies as well as GNP+.

In the FRA 2011 work plan there are 2 projects of relevance for us: (I) access to health care for migrants. (Field work has started, will check to what extent HIV can still be included in interviews) and (II) labour expectations/modern slavery such as sex work. There was also initial work on LGBT and education and healthcare curriculum for high schools.

FRA is discussing with commission on how to be involved in equal treatment directive (also in legislative process.)

FRA has 60 permanent staff. Substantial budget for research and tender proposals. Network of legal and social experts. This year there will be a tender for network of legal and social experts.

FRA works in the EU 27

There was further discussion of the proposed European Parliament resolution and the value of the FRA working with already established groups in the Parliament to take this agenda forward.

Actions:

- FRA will provide a list of 27 national liaison officers

9 EU Presidencies

Update from Spain - Ferran Pujol Roca

On April 13 the Spanish Presidency organised a conference on 'Vulnerability and HIV in Europe' focused on vulnerable groups showcasing European projects, to which several CSF members participated. The focus was on vulnerable groups. The presentations and conclusions will become available online. Concluding the conference the Spanish National AIDS Coordinator announced that he will work together with his Belgian counterparts to support work on Council conclusions on HIV during the Belgian presidency

Update from Belgium – Chris Lambrechts

Chris Lambrechts reported from a meeting with members from the Belgian cabinet to the MoH Onkelinx. Although due to the fact that the work-load relating to ongoing health related legislative proposals is might be difficult time wise to achieve Council conclusions beginning December at the Council meeting of Ministers of Health (EPSCO meeting), the representatives said they would consult with Member States representatives to have Council conclusions on the communication which would focus on testing. The Belgian Minister of Health will be present in Vienna and make a statement on behalf of the EU health ministers. But there will be no meeting of the health ministers in Vienna. During its EU presidency Belgium will push for living up to financial commitments in relation to the Millennium Development Goals, even in time of financial crisis. Belgium will take the ongoing discussions in the Council on the acceptance of the Equal Treatment Directive forward.. The Belgian Gay Pride will also focus on this. The Fundamental Rights Agency recommended advocacy particularly with Germany since they might be the most difficult one to convince.

Update from Hungary by Gabor Vagor

Recent general elections make it unclear what will be taken up. In the past nothing much was done.

Action for Gabor: inform CSF secretariat about any actions or follow-up.

Wojciech hopes that the Belgians will request the Polish to take up the HIV issue during their presidency.

Actions:

- Ferran: send final report Madrid conference to CSF
- Chris and CSF coordination team: follow-up on possibility to provide input into speech of Belgian Minister of Health in Vienna
- Gabor: inform the CSF coordination team about any actions or follow-up on EU Presidency

10 ILO's current activity on HIV/AIDS and the world of work – Yusef Azad

The International Labour Office (ILO) report attached to the agenda will be discussed and agreed upon in a conference in June 2010. Up to now there has been a code of practice on HIV and employment. But now ILO is making a more high level commitment with a labour code. The draft new labour code was commented on widely by European governments, trade unions and employers organisations, but very few CSF members were asked for comments. GAT had proactively contacted Portuguese authorities to have the opportunity to provide feed-back on this.

The actual result that is the draft was considered to be good in particular regarding on the rights of migrant workers, as to the recommendation to neither allow mandatory testing nor to require to provide information on HIV status. However, the CSF should encourage ILO to involve civil society and PLWHIV much more strongly.

What is the status of these documents? What are the implications for the EU? This is a stronger document than a code. We should make clear to ILO that discrimination should be absolutely prohibited.

Action:

10

- Yusef: send additional information on the legal weight of the document to CSF
- Co-chairs ask ILO about implementation of the GIPA principle in its HIV-related work.

11 Recent developments in drug policies – Shona Schonning

Last year there was a 10-year evaluation meeting of the Commission on Narcotic Drugs (CND). Drug policy had not done at all what it was intended to do. In reality prices got lower and more drugs have become available. Moreover it caused a number of harms, specifically fuelling the HIV epidemic. Stigma and fear of drug users are important factors against testing. It contributed to enormous rates of incarceration, actually fuelling again the epidemic. Recently in Central Asia we saw a shift from opium to heroin use, as it easier to transport undetected, and as a result led to increased injection use. Drug policies hinder also the involvement of injecting drug users where drug use is illegal. A new declaration was made last year, but wasn't much improvement of the previous one. There was, however, a group of 25 countries that signed a separate declaration that embraced harm reduction.

The CND had another meeting one month ago. Some highlights: there was increased representation of civil society in the CND, the UNODC director will be replaced, and many statements of European countries reflected a need for harm reduction (with the exclusion on Sweden and Italy). Next year's CND meeting for the 5th anniversary of the drug convention will be a good opportunity for advocacy. Decriminalisation is becoming more mainstream: we see growing momentum, more evidence that it doesn't lead to dangerous outcomes, more countries are taking that route, UNAIDS is working on a position statement. A drug policy booth will be present in Vienna.

Suggestions for involvement of the CSF:

- Position statement on drug policy and harm reduction. There is enough evidence on the harm of criminalization on public health.
- Improving prison health: can the CSF revisit its recommendations that came out from a meeting couple of years ago?

It is important to bring the harm reduction language to the drug policy field. In neighbouring countries but also in the EU we still have to fight for the change of drug policy. ECDC has increased cooperation with EMCDDA and are pushing for joint guidance. EMCDDA just published a monograph reviewing achievements in harm reduction ('Harm reduction: evidence, impacts and challenges'). The Justice, Liberty and Freedom DG is working on a publication on drug policies, highlighting good practices. But it seems to ignore the health side, and it would be good to have it included.. Ton Coenen, who chaired the CSF on drugs last year, informed the CSF that there will be a meeting at the end of 2010. We should link up to the core group that will prepare this meeting. WHO Europe stated that the current health in prison project is relevant to the discussion. Good news: The Global Fund announced that they will have a special window application in round 10 on most at risk populations.

Conclusion: we should adopt a text on drug policy and harm reduction, to assist what ECDC and EMCDDA are doing, and have a strong position on criminalization. A task force was created for follow-up: Shona (lead), Vlatko. Pavel, Arnaud, Luis, Magdalena Dabkowska.

Actions:

- Task force (Shona (lead), Vlatko. Pavel, Arnaud, Luis, Magdalena) works on a CSF position statement on drug policy and harm reduction

12 I know what I'm doing (Matthias Kuske)

Matthias Kuske presents the outcomes of the "I know what I'm doing" campaign from the Deutsche AIDS Hilfe. The main goal of this campaign was to promote testing projects by Internet and pride events. (see annex I for presentation)

12.1 Questions & discussion:

One CSF member suggested that next to MSM, transgenders should also be included, from the beginning of the campaign. 20% of the participants got tested for the first time. What is the plan for continuation in the longer term? The main goal is to sensitize people, get HIV testing into brains of people.

In the past few years there has also been a campaign in the Netherlands about testing. Broad availability of free tests was most the important success factor in success of campaign. We need to strategize about how to increase the offer of low threshold testing and optimize the process.

Aides (France) is now carrying out research about acceptability of testing not provided by doctors. Results are expected in a year and these will be shared.

13 EMIS (Ulrich Marcus)

Ulrich Marcus presented the European MSM Internet Survey (EMIS – see annex J). The primary aims of the project are: (I) Development of a common, web-based questionnaire to be translated into multiple European languages; (II) Promotion of a common, simultaneous Internet survey on popular MSM websites in all participating countries; and (III) Collection of self-reported data from MSM. The questionnaire will be online from end May for 3 months after which the data will be analyzed. It runs in 31 countries, but other European countries are welcome to participate.

13.1 Questions and discussion:

It was mentioned that countries with low internet access have small gay subcultures, but MSM we have in every country. There are different ways of sampling hard-to-reach populations. Going to places where they meet is possible in countries where there are established meeting places. Internet does give an opportunity to reach a wide variety of people – so by using internet you can get most diverse sample that is currently possible. Of course there are differences between the countries in their samples because of internet access, but this is inevitable.

Why is it worth to participating in such a survey for Europe rather than a national survey? Advantage of comparable data is that you can compare. So far there are many different national surveys with similar questions but not the same, and it is a challenge to compare their results. A convincing argument for having an EU wide survey is that it will be largest survey on MSM ever. It was suggested that this survey can provide serious data for benchmarking in MSM work.

There is currently no partner in Slovakia. The Slovakian CSF representative offers support, since there is the first gay pride in Slovakia this year. Promotion plans for EMIS are already developed, but we can discuss possibilities about stepping in at this stage of the process.

With differences in community participation, how can the different situations be compared? National promotion strategies are not dependent on where national collaborators are situated because promotion is done by popular MSM websites in the countries which enables a nationwide response.

14 Protecting HIV services during times of budgetary cutbacks

see Annex K.

Ton Coenen (Netherlands) explained that the global economic situation will be an important issue in the coming years. The CSF should be a watchdog for the European countries in two respects when it comes to funding:

What is happening in our countries? What is the impact of the economic situation on HIV services?

Replenishment of the Global Fund in September in New York. There was a pre-meeting in Amsterdam 2 months ago and the Global Fund will present three funding scenarios to the countries.

\$ 13 billion

\$ 17 billion

\$ 20 billion

When you look at needs for scaling up we need 20 billion. There is a great need for advocacy within the countries to advocate for donors provide more money to the Global Fund.

14.1 Questions and discussion

In the Eastern part of the region the impact is felt most in programs targeted at vulnerable populations. We are seeing that harm reduction programs will more or less end in certain countries, and this affects new EU Member States more than other states further East, because these countries are eligible to get money from other donors.

In Denmark the national HIV/AIDS plan ran out. A new one will be developed after October, with budget about the same as before. Funding from government has been indexed for the first time in 10 years. There might be a new interest from the Danish Ministry to focus on the East in addition to the South. So Denmark is not so pessimistic about the governmental level. High prices for medication on a regional level are expected to be problem.

New EU members and accessing members that are considered low-prevalence countries may face in 5 to 10 years a far worse epidemic due to increased sex work and drug use. It is proposed to have each country advocate for accurate data on the number of people on treatment and the number of people with HIV, and that UNAIDS and WHO strongly advocate for reliable figures.

Belgium: At the national level: we found it useful to make the comparison between HIV prevalence in the gay community in our own country and comparable prevalence in generalized epidemics in Southern Africa. We used this in lobbying against cutbacks.

Estonia has seen a 30% cut in its public health budget.

Aides (France) is facing threats regarding public funding for 2011. So the organization went on a one- day strike with lots of advocacy and meeting with journalists. Now looking into Robin Hood tax for global health and environment – aim is to find other sources for sustainable funding.

On a global level the Communication on Global Health is an illustration of the shifting paradigm that EU invests more in strengthening health systems rather than programme support. This is not good for any contribution to the Global Fund. The Global Fund has more focus on other diseases, which is also why the acronym of Global Fund has changed into TGF.

Financial constraints can also pose opportunity to focus. We should adapt to the changing environment.

There is a community website with updated information about actions that are taking place:

<https://sites.google.com/site/globalfundreplenishment/home>

At Vienna a regional session on Europe and Central Asia will take place. This also includes a session on political commitment and funding. It would be good to have examples from the countries on this issue so please email to Martine or Shona.

It was suggested to advocate for experts coming to the countries to help solve the problems and to look into the Bremen initiative. What didn't happen and what could have done better?

Tomorrow at the Think Tank there will be a slot about the Global Fund. We should ask questions about the commitment of EU countries.

We should focus on priorities such as stock outs, interruptions of ARV provisions and harm reduction. We as CSF should think about a strategy for cost effectiveness and prioritizing. However, prioritizing can also be dangerous because the first groups who are left out are often vulnerable groups such as IDUs. We have to focus on evidence based interventions.

Actions:

- Ton will send out mail about global fund eligibility criteria.
- CSF to share good country examples of political commitment and funding with Martine de Schutter or Shona Schonning

15 Any other business

Nikos Dedes (EATG) announced that he will step down as a co-chair of the Civil Society Forum. His successor will be Luis Mendao from Portugal.

Anna Zakowicz (EATG) presented the preliminary outcomes from a recent WHO country visit to Lithuania "Access to treatment and care in Lithuania – draft recommendations", the final version of which will be circulated to the CSF once it is ready. The National network of PLHIV wrote a document which HIV Europe is going to support. It would be good if the CSF could also support this.

One Day is too short for CSF meetings. The CSF will let the Commission know that 1,5 days would be available.

The outcome of today's meeting will be fed back to the Think Tank tomorrow morning. Six CSF participants will be present at the Think Tank.

In Turkey there are serious access to drugs problems, especially for people resistant to the drugs available in Turkey. Many people cannot access resistance tests, nor the social security system. There is still no policy and action plan in place, let alone a budget. This will be taken to the Think Tank.

15.1 Evaluation round

In future meetings it would be interesting to raise what cuts would mean for migrant communities.

The meeting was constructive and interesting. But it seems to be difficult for us to prioritize. We should focus on priorities from the New EU communication.

We should request to get Commission documents before the meeting.

We should have meetings in Brussels rather than Luxembourg, and we will ask the Commission to find alternative in finding meeting rooms.

What work are we doing between meetings? The existing working groups don't actually do much work, and there work should be better structured.

At the next CSF meeting we should discuss how to produce papers that others can also be involved in, and how the process could be facilitate, with feasible deadlines.

Request to put more attention to South East Europe region. (from Montenegro)

Include hepatitis on agenda.

Overall, CSF members felt that the very interesting variety of presentations were very inspiring and informative.

Action list

What	Who	When
Provide an overview of the different Commission funding schemes relevant for HIV (2 slides)	Wolfgang Philipp	ASAP
Share action plan table after it has been discussed in the Think Tank meeting	Wolfgang Philipp	After TT meeting
CSF members to contact their respective MoH (and permanent representatives to the EU in cc) encouraging them to provide feed-back on the EU communication to feed in to the discussion at Council level	CSF Members, CSF coordination team	ASAP
An open letter will go from the CSF calling on all European countries to abolish HIV-related travel and residency restrictions. This should then be used to lobby for change, including with the European Parliament and the EU Presidencies.	CSF Co-chairs	ASAP
CSF members to provide input into planning of DG Sanco work-plan, of ECDC evaluation framework and to agenda of Interservice Group	CSF Members	Ongoing
The Communication on Global Health will be circulated to CSF members.	CSF Co-chairs	ASAP
Explore profile of MSM needs in the sexual health forum.	Wolfgang Philipp	ASAP
Disseminate links for public consultations for legislative proposals: http://ec.europa.eu/yourvoice/consultations/index_en.htm	Wolfgang Philipp	Done
DG Relex representative to be invited at next meeting	CSF Co-chairs	Before next meeting
Lobby MEPs to make sure that the public health program is appropriately funded	CSF members	Ongoing
Update CSF members about Commission activities in Vienna	Wolfgang Philipp	June
Interested CSF members to email Wolfgang about a daily slot in the Commission's Vienna booth.	CSF members	ASAP
Send any comments on Matthew's presentation or information on criminalization to Matthew Weait at matthew.weait[at]gmail.com	CSF Members	ASAP

Send overview of Portuguese cases to Peter Wiessner	Wim Vandeveld	ASAP
Interested CSF members to submit a 500 word synopsis on quality assurance to David Hales: dkhales[at]earthlink.net	CSF members	Before 1 June
WHO to invite potential donors to MSM meeting	WHO	ASAP
Include further information on UNAIDS criminalization work & present UNAIDS policy brief on criminalization at next CSF meeting	UNAIDS	Before next meeting
Draft 1 page briefing document on female condom prices to be circulated	Arnaud Simon	ASAP
Provide CSF with a list of 27 national liaison officers	FRA	ASAP
Send final report Madrid conference to CSF	Ferran Pujol Roca	ASAP
Follow-up with CSF coordination team on possibility to provide input into speech of Belgian Minister of Health in Vienna	Chris Lambrechts	ASAP
Inform the CSF coordination team about any actions or follow-up on EU Presidency	Gabor Vagor	When appropriate
Send additional information on the legal weight of the ILO document to CSF	Yusef Azad	ASAP
Task force works on a CSF position statement on drug policy and harm reduction	Shona Schonning (lead), Vlatko Dekov, Pavel Aksenov, Arnaud Simon, Luis Mendao, Magdalena Dabkowska)	ASAP
Aides to share results of biomedical research about acceptability of testing	Arnaud Simon	When available
Ton will send out mail about global fund eligibility criteria.	Ton Coenen	ASAP
Share good examples of political commitment and funding with Martine de Schutter or Shona Schonning	CSF members	as soon as possible
Share document for support from the National network of PLHIV for situation in Lithuania	Anna Zakovicz	ASAP
Share information about Global Fund replenishment scenarios	Ton Coenen	Attached in annex K

Annexes

You can find all additional annexes as well as this report on the advocacy page on: www.aidsactioneurop.org > about us > advocacy work > EU HIV/AIDS Civil Society Forum

- A. Participants list
- B. New Communication – follow-up steps and action plan, presentation by Wolfgang Philipp (DG SANCO)
- C. Action plan, presentation by Wolfgang Philipp (DG SANCO)
- D. Commission update HIV related activities
- E. Criminalisation of HIV transmission in Europe: the HIV in Europe project, presentation by Matthew Weait
- F. Update from WHO, presentation by Ulrich Laukamm-Josten
- G. Update from ECDC, presentation by Mika Salmina
- H. EU Fundamental Rights Agency (FRA), presentation by Kasia Jurczak
- I. I know what I'm doing, presentation by Matthias Kuske
- J. The European MSM Internet Survey by Ulrich Marcus
- K. Protecting HIV services during times of budgetary cutbacks by Ton Coenen