

Report of the 13th HIV/AIDS Civil Society Forum Brussels, 27-28 June 2011

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 European 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](#).

1 Opening

Opening of the meeting by the two co-chairs (Yusef Azad and Luis Mendao) starting with a brief round of introduction of all participants. Apologies were received from Smiljka de Lussigny from WHO Europe, which meant that the agenda item about the outcomes of the Regional MSM consultation and MSM guidance would be omitted from the agenda. Instead, Lali Khotenashvili from WHO Europe would come to present the WHO Europe Action Plan for HIV/AIDS 2012-2015.

1.1 Report and action list of last meeting

What	Who	when	status
Send updated DG Sanco work-plan 2011 to CSF mailing list	Wolfgang	ASAP	Was put on AAE website together with all other CSF documents.
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	Input was given at last meeting.
Explore profile of MSM needs in the sexual health forum and share agenda of the 13 December meeting with CSF	Wolfgang Philipp	Before 13 December	Done, the forum took place in December and was attended by few people. Perhaps we need to restart discussions about this forum.
Lobby MEPs to make sure that the public health program is appropriately funded	CSF members	Throughout 2011	It was stressed that this is the right moment to do so.
Provide CSF with a list of 27 national liaison officers (FRA)	Martine de Schutter	ASAP	Has been circulated.
Share WHO country visit report in Lithuania to support action by the National network of PLHIV to alleviate the situation in Lithuania	Luis Mendao	ASAP	Disseminated through CSF mailing list.
Call for CSF renewal to be disseminated by the Commission end	Wolfgang	End 2010	Done.

2010	Philipp		
CSF to draft a new letter to DG trade before the next round of negotiations in Brussels on 8 November and to address the EU Parliament on this issue.	Nicole Heine	Before 8 November	Done, topic is on agenda of this meeting
CSF to have good notice to have representatives from other DGs when needed	CSF co-chairs	When appropriate	Ongoing
ECDC to take note of comments on the M&E framework and to come back to the CSF after the Think Tank meeting	Teymur Noori	After TT	Is on the agenda of this meeting.
Henrik to disseminate report of the sexual and reproductive rights survey once it is published	Henrik Arildsen	8 December	No follow up.
Henrik to provide respondents with each others contact details to ensure follow up discussion	Henrik Arildsen	ASAP	No follow up.
Express support to the Think Tank relating to the monitoring and evaluation framework for the Communication and suggest that TT members support council conclusions on on the EU Communication	CSF representatives at TT	TT 27-10-10	Done at last Think Tank Meeting.
Incorporate feed-back by CSF members to the draft CSF statement on EU drug policies, circulate the next draft with a feasible timeline for reaction by the CSF and finalise it.	Working group	ASAP	The final statement has been disseminated.
Ensure attention within the CSF on TB and other HIV-related conditions and include it in the agenda of future meetings	CSF coordination team	Next CSF meeting	Notice has been taken, TB/HepC is not on the agenda of this meeting, but maybe it will be on the agenda of the next CSF.
Ensure appropriate reflection in CSF participants and agendas of related conditions such as TB and Hepatitis C	Commission	CSF selection process	Notice has been taken, TB/HepC is not on the agenda of this meeting, but maybe it will be on the agenda of the next CSF.
Follow-up on key issues in relation to TB in the context of the Communication	CSF co-chairs, Commission and TB Europe	ASAP	Notice has been taken, TB/HepC is not on the agenda of this meeting, but maybe it will be on the agenda of the next CSF.
Forward to CSF members ILO letter and the list of national contacts to which it was sent	Yusef	ASAP	Done.

Contact your government on the ILO recommendation on HIV and work	CSF members	ASAP	Done by several: UK, Greece, Italy, Belgium, Denmark.
Share through the CSF email group the results of advocacy with the government on ILO recommendation	CSF members	ASAP	Results shared at this meeting. In Greece and UK it has really made a difference.
WHO to connect to the organisers of the Commission-funded Swedish meeting on MSM	Smiljka deLussigny	ASAP	Done.
WHO to connect to EACS regarding the treatment guidelines	Smiljka deLussigny	ASAP	Supposedly done.
UNAIDS to try to strategically involve the EU in the June high level meeting	Henning Mikkelsen	ASAP	HLM on agenda of this meeting.
The Commission to play an active role in ensuring a successful outcome for the planned UNGASS meeting in 2011	Wolfgang Philipp	Ongoing until UNGASS 2011	HLM on agenda of this meeting.
ECDC to thoroughly discuss the findings of the Dublin monitoring report with the TT and communicate the outcome back to the CSF.	Mika Salminen	After TT meeting	Done.
CSF members to use the Dublin monitoring report as a tool for benchmarking in their own countries.	CSF members	Ongoing	In Portugal it is used to review legislation regarding criminalisation. In Belgium used for benchmarking. Report is also helpful for presentations. Key findings of the report will be presented at an event in the European Parliament organised by EATG in the remit of the Correlation project.
Send CSF statement on female condoms to Commission and circulate among CSF members and Think tank	CSF co-chairs	ASAP	Done
Spanish Ministries and Commission to share lessons learned about harm reduction and HIV in prisons with Eastern Europe	Spain and Commission	ASAP	It was on the agenda of the Tallinn conference. There is no information on further follow up.
CSF members look into possibility of sharing of good practice	Spain	ASAP	Pending .

between Spanish prison officer trade unions and those of other countries			
Involve DG Justice and bring the presentations on the Spanish example and the Northern Dimension to the attention of the Committee of the Regions	DG Sanco	ASAP	DG Justice representative present at this meeting
Liaise with the Health in Prisons project of WHO Europe	DG Sanco, DG Justice, Northern Dimension Partnership	Ongoing	Pending
Invite representative of the Health in Prisons project to the next CSF	CSF coordination team	Prior to the next meeting	On agenda of this meeting
Work towards Council conclusions on testing and timely diagnosis care	ECDC, Commission, HIV in Europe	ASAP	CSF letter sent to Danish Ministry supporting council conclusions and having the HIV in Europe event take place under the auspices of the Danish Presidency. A reminder was sent to the Commission encouraging discussions on testing at the Think Tank meeting.
Share results of national meeting in Spain on testing	Ferran Pujol I Roca	ASAP	Pending.
Share outcomes on TT questionnaire on the economic crisis	Wolfgang Philipp	ASAP	Will be sent out after summer for more complete picture

2 CSF co-chairs update on advocacy and other actions

- In advance of the High Level meeting a letter was sent to Baroness Ashton to get the EU involved on HLM.
- A letter was sent to Denmark (EU president in the first half of 2012) asking to pay attention to HIV (and in particular HIV testing) during its presidency.
- An oral question has been posed by MEPs to the Commission relating to the mid-term review of the EU Communication on combating HIV/AIDS (2009-2013). A discussion took place in the ENVI Committee, and the decision on the follow up (to have a discussion in plenary followed by the adoption on a resolution

on HIV/AIDS prior to World AIDS Day 2011) is pending. If this gets the go-ahead, CSF members will be asked to support this by approaching their Members of Parliament (MEPs).

- A letter was sent to DG trade in relation to the ongoing trade negotiations between the EU and India. The latest status of these negotiations were shared through the CSF mailing list (by Wim) on 21 June. The data exclusivity demand from the EU has been dropped, however, the investment clause is still standing. This means that India could still face law suits because of this clause. DG Trade still defends this clause, while it hinders access to treatment. Wolfgang stresses that the negotiations are still going on.
- The CSF Drugs Policy Statement was finalised and it has been adopted. It is a very thorough document, and makes a good case for evidence-based drug policies putting health in the debate first. The Statement has been disseminated in advance of the HLM and was also shared with the Think Tank, who will discuss new drug policies at the upcoming meeting. It was mentioned that the recently released report of the Global Commission on Drug Policy (endorsed by high level people such as Kofi Anan) has similar content. It was suggested to tie up with this Global Document to also benefit from the political backing. Moreover, we should ensure that our Statement gets into the hands of high level politicians. Finally it was also mentioned that the Civil Society Forum on Drugs is also working on a drug statement, while the ECDC has been commissioned to produce an evidence based guidance on how to avoid infections among people who use drugs. It would be good to link our own Drugs Statement with other relevant policy papers and statements.

Actions

- Luis will share the ECDC evidence based guidance on how to avoid infections among people who use drugs .
- In its advocacy relating to the CSF Drug statement, the statement should be linked to other relevant papers and initiatives.

3 Commission update on recent HIV-related activities, those planned for 2011, and on Think Tank agenda (Wolfgang Philipp, DG SANCO)

Wolfgang Philipp presents EU activities on HIV/AIDS that took place between December and now (**Annex B**). The EU Commissioner attended a meeting at the Vatican about the use of condoms in certain situations. The CSF asked for more information about the discussions that were taking place. Wolfgang explained that the Commissioner spoke along the lines of the EU Communication.

The European Commission was not present at the High Level Meeting (HLM) in New York, but the ECDC organized an event at the HLM entitled 'Know your epidemic, know your response'. The planned conference on Human Rights and HIV has been postponed to 2012. In October there will be the MDG6 Conference in Moscow. The role of the European Commission at MDG6 Forum has not yet been defined, but the EC wants to be involved. There is a gap of information about this conference.

On World AIDS Day the EU aims to organise activities that will attract multimedia attention. Wolfgang asks the CSF members to provide input and share their ideas with him.

Tomorrow morning (Tuesday 28 June) an informal meeting with member states only will take place. Topics to be discussed include HIV testing, exclusion of MSM from blood donations, and criminalization of transmission. The outcomes of this meeting will be shared at the Think Tank meeting.

Questions and Discussion

Q: Has there been contact with the Global Commission on HIV and the Law?

A: The EC has no formal contact with them. It is suggested that Wolfgang keeps in contact with the work of the Global Commission on HIV and the Law, particularly in relation to the HIV and Human Rights Conference that the EC plans to organise in 2012. Peter participated in the regional consultation for Eastern Europe and Central Asia of the Global Commission on HIV and the Law. In September/October there will be a regional consultation for Western Europe and North America. They are now looking for abstracts in relation to Human Rights and HIV, for which the deadline is August 7

Q: How is Wolfgang involved in the discussions around the Croatia Enlargement process?

A: DG Enlargement is in charge of the entire process of enlarging the EU with new member states such as Croatia. DG Enlargement consults with other DGs on specific chapters of the accession agreements. For the Health chapter DG Sanco is involved and always tries to ensure that HIV is included.

Q: How is DG Sanco involved in discussions between the DG Relex Subcommittee and Ukraine and Russia?

A: DG Sanco tries to get health issues on the table, as was recently the case in Ukraine. When talking about HIV, DG Sanco as a matter of policy coherence always defends priorities and principles embedded in the EU Communication.

Wolfgang informs the CSF that DG Development has been merged with DG AIDCO. The new name is DG DEVCO. Moreover, DG Sanco has been invited to the Global Health Policy Forum to explain to the global context that the EU has a policy that also includes neighbouring countries.

Q: The European Commission Could have had a stronger commitment at the HLM

A final comment was made regarding the lack of commitment on clear language on harm reduction in the Statement that resulted from the High Level Meeting in New York. It was felt that the European Commission should have had a stronger role during the negotiations at the HLM, and that it was unacceptable that a minority of states overrides previously agreed commitments on harm reduction

A: Wolfgang says that the EC understands these concerns but stresses that whatever language has been kept in the statement should be considered a success.

Actions:

- CSF members to share ideas with Wolfgang for WAD Activities
- Wolfgang will keep in touch with the work of the Global Commission on HIV and the Law especially concerning the HIV and Human Rights Conference that is planned by the EC

4 EC financing mechanisms for HIV/AIDS & drugs related projects (Wolfgang Philipp, DG Sanco)

Wolfgang was invited to explain why there was no budget line for HIV-related projects in this year's Public Health Programme call for proposals. He explains that there is considerable internal competition for funding and many different topics compete for funding. The programme committee, consisting of representatives of all member states, takes the final decision on the priorities and funding mechanisms. Therefore it was suggested that CSF members check who the person in their country is and contact them. The timeline for advocacy around next year's call for proposals is extremely tight since the programme committee meets July 7 & 8. Another concern is that there seems to be a shift in the Health programme towards funding joint actions which are primarily government focused. NGOs can participate in joint actions, but have to be nominated by the institution in their country that is partner in this action. An advantage is that NGOs could participate without having to secure co-funding.

CSF members also express their concern about the complicated administrative and financial regulations which severely hamper possibilities for NGOs to manage EC-funded grants. Wolfgang explains that not much can be done since the legal basis for financing cannot be changed. This is a pity because there is a real need, because national funding for vulnerable groups is not always available. The CSF expresses that they would like to see project funding included again in next year's call for proposals, next to joint actions.

Wolfgang presents Carolin Hager from DG Justice. She informs the CSF about the recently published overview of EC funded projects, studies, and research in field of illicit drugs (2007-2010). The overview includes activities funded under the Drug Prevention Information Programme, the Public Health Programme, and the Research and Crime Prevention Programme. Furthermore, a number of projects are underway to improve harm reduction measures. Within the Health Programme there is a large project on improving access for marginalized groups. DG Justice will issue a new call for proposals in autumn. The expected deadline is in February. Carolin Hager therefore stresses to the CSF that now is the time to start thinking about initiatives that you would like to receive funding for.

Wolfgang further presents an overview of actions funded specifically under the Health Programme in 2009 (**Annex C**) as well as an overview of EC Funding mechanisms for HIV/AIDS and drug related projects (**Annex D**). DG Budget has a very complete web page that has links to funding opportunities at the European Commission, organised by thematic area:

http://ec.europa.eu/contracts_grants/grants_en.htm

The current Public Health Programme will end in 2013. Preparations for the next public health programme have just started, a first proposal is to be presented to the European Parliament and Council soon. The Drug prevention programme and public health programme currently are undertaking an impact assessment in preparation of the new health programme. Wolfgang recommends that the CSF sends letters to members of parliament indicating the funding priorities for HIV.

Actions:

- AIDS Action Europe will share the link to funding opportunities within the EU through its website
- The CSF will send a letter to the EC (DG Sanco and DG Justice) and EAHC (European Agency for Health and Consumers), in coordination with the CSF on Drugs.

5 CSF involvement in monitoring the Commission Communication and HIV action plan implementation (Roger Drew, ECDC)

Roger Drew firstly gives an update on the Dublin monitoring report. ECDC welcomes feed-back from the CSF on how it is used. One issue which came up in the ECDC advisory group is whether in the second round they could produce more focused documents, next to the general report and summary. Specific reports could be developed for example on services in prison or spending on most vulnerable groups. ECDC could work on this with the CSF. ECDC is waiting for further updates following the High Level meeting on how UNGASS monitoring will continue. The Dublin monitoring questionnaires should go to member states by October, responses due June 2012 to have a report for World Aids Day 2012.

Roger follows with an introduction to the Commission Communication/Action Plan monitoring process (**Annex E**) followed by discussion in small groups.

The ECDC will distribute the questionnaire to the CSF members after this meeting and they are asked to complete the questionnaire by September 2. The CSF agrees that the CSF co-chairs will make a draft report with some overall analysis and circulate among the CSF members to produce one report on the CSF activities at the regional level. In addition, CSF members will be asked to respond to the questionnaire concerning their activities at the country level that have been influenced either by the CSF or the Communication.

Summary of working groups reports:

Q1: In what ways has the Civil Society Forum used the Communication and Action Plan?

In general, the point was made that the CSF was established as an action of the Communication, so all actions of the CSF can be seen as a product of the Communication and Action Plan. The CSF uses the Communication and Action Plan to set the agenda for its meetings. For example:

- The Communication and Action Plan prioritises Eastern Europe and the CSF is discussing Ukraine in this meeting
- The Communication and Action Plan prioritises particular sub-populations and the CSF has had a strong focus on people who inject drugs, prisoners and men who have sex with men
- The Communication and Action Plan have a strong focus on funding and the CSF discussed that topic this meeting
- The Communication and Action Plan have a strong focus on antidiscrimination. Between meetings, Civil Society Forum members have been working to act on recommendations produced by ILO

The CSF uses the Communication and Action Plan as a reference document. It is used in various documents and communications produced by the CSF. These include letters to politicians and input into speeches. To some extent the CSF and its members have used the Communication and Action Plan for advocacy in countries. The view was expressed that this could be done more but that CSF members had done this more than Think Tank members. The view was expressed that the Communication and Action Plan should be an accountability framework. This raised issues about who had agreed and signed up to the Communication and Action Plan, and there was a discussion about concerns that this had not been endorsed by the European Parliament or Council. It was agreed that the reporting process which is now underway would help enable the Communication and Action Plan to be used as an accountability framework.

Q2: What actions has the Civil Society Forum taken to be involved in planning, implementing and evaluating the response to HIV in the European Union and neighbouring countries?

The CSF has been involved in a number of evaluation activities including this process and the former Dublin monitoring process. A specific example was given of work with the Fundamental Rights Agency, including a response on HIV and human rights to their survey. CSF members have taken various actions in their own countries. For example, in Greece, Positive Voice formed an informal group of parliamentarians following an Inter Parliamentary Union-organised meeting. Similar action was taken following discussion of ILO guidelines on HIV in the workplace.

Q3: What actions has the Civil Society Forum taken to advise the Commission and Think Tank? How useful have those actions been?

There are a number of mechanisms the CSF uses to advise the Think Tank and the Commission. These include: the production of papers, e.g. the Drugs Policy Paper which was sent to the Think Tank; six representatives of the CSF attend Think Tank meetings. These representatives are able to feed views of civil society into the discussions of the Think Tank. For example, at the last meeting inputs from Russian civil society made at the CSF were fed into the Think Tank attended by a representative of the Russian government; Commission officials attend CSF meetings.

Q4: What effects have these actions had on HIV-related:

- (a) Political leadership?
- (b) Policies?
- (c) Anti-discrimination laws?

What effects have these actions had on civil society participation in:

- (a) Policy development?
- (b) Decision making and coordinating bodies?
- (c) Implementation?

Some specific examples were provided. These included the establishment of a civil society forum in Portugal. The local CSF members underline that it has great added value because you can exchange and learn and take back to your country what works in other countries. An Italian CSF was also established recently. The sharing of learning and experience is also mentioned– one person from the UK commented that although the epidemic among IDU in the UK is small, they had learned a great deal about this from others which had proved relevant in policy debates in the UK, e.g. in engagement with the current government's reluctance towards methadone treatment. One person from Greece commented that they had benefited from CSF discussions relating to different groups including sex workers and IDU. This had been particularly relevant given a rapid rise in the number of new HIV infections diagnosed in the first five months of the year.

Q5: What have been the main benefits of the Civil Society Forum?

Being part of CSF is good as an advocacy tool. A good example of the success of the CSF is 6 months ago in Ukraine when support was given by the CSF for the national situation. CSF/TT shortens distance between the European and national level. It serves as reference point for the national level response.

Q6: How could the Civil Society Forum be improved?

The meeting report and annexes are only available in English and Russian. To engage local civil society, CSF members face the language barrier and translation costs. Another challenge is that the follow-up CSF work is voluntary. CSF members are expected to inform and engage national civil society and policymakers but without any reimbursement. A suggestion is to provide a limited budget for national CSF members to cover for this kind of work and translation.

Another problem is that it is unclear what the CSF members are supposed to do in their own countries. Are the ToR sufficiently clear or is the problem that CSF members seem to be not aware that there are ToR?

It is recommended to re-establish the lunch meet- and -great meetings between the CSF and TT. It is good for networking overall as well as provides opportunities for CSF members to get in contact with their MoH representative.

The CSF should have an equal voice with the TT.

General observations on the questionnaire

The questions are too broad and therefore not easily measurable. The level of analysis that is expected from the respondent is unclear. How deep should we analyse? There is confusion between having to answer the questionnaire on a European level or a national one. This should be clarified. Some people say it can also be answered on a network level. Does this mean that networks have to provide answers from each country?

New CSF members cannot respond meaningfully to this questionnaire.

There is concern about the Think Tank mechanisms since significant numbers of relevant countries are not present at any given Think Tank meeting. TT representatives should be in decision-making positions in their national ministries. It is difficult to evaluate the TT because CSF members rely on CSF notes. Are there clear ToR for the Think Tank? In Latvia the CSF member is also a member of National AIDS Committee, but never received any feedback from the TT representative. In Poland there is no direct impact from the Communication on Polish policy. The EU Communication has hardly had any impact on French policies.

The questionnaire only focuses on past and not on the future. It should include questions regarding what can be done to improve impact in the future. These EU policies can be of use if national countries back it up. It would be valuable to develop a strategy on how to improve impact on the EU level.

Plenary discussion

The work in groups already gave some valuable insights. There is clear concern that we don't know really what's going on in the TT. There are also some ambiguous questions. Roger proposed that the way forward is that ECDC will put together some guidance rather than trying to revise the questions. The main obstacles to impact could be captured well in the section "how could the CSF do better". A general remark is that the framework underestimates and doesn't articulate the work at the national level well and overestimates coordination between the Commission and national policies and plans. Roger actually thinks it's the opposite: there are concrete examples of the effect of the Communication, but the monitoring report also needs to show where it didn't work. The guidance document will make this clearer. Wolfgang adds that it really important for the Commission to know what the added value is of having a Communication. That needs to be demonstrated, in order to think about a new term for Communication and Action Plan when the current timeline comes to an end.

Actions:

- ECDC will send a guidance document together with the final questionnaire for civil society
- Over summer, the CSF coordination team will prepare a draft regional response, collect feed-back from CSF members and produce a final report before September 2.

6 Joining forces to fight criminalization of HIV (Lucy Stackpool Moore, IPPF)

Lucy Stackpool Moore starts with showing a [video documentary](#) 'Criminalize hate, not HIV'. She then presented 'Joining Forces- Evidence informed global, regional and national campaigns against the criminalization of HIV transmission and exposure' (Annex F)

In her presentation Lucy gives an example of the rollout of the Stigma Index in the UK. There was a question about criminalization of HIV transmission where 92% of the respondents said that it is a shared responsibility to prevent HIV transmission.

Young people seem to have a strong association with HIV and murder. In campaign competitions in Belgium, ideas that are submitted often range from bloody images to guns with condoms wrapped around them.

The IPPF campaign 'Criminalize hate not HIV' was launched in Vienna at IAC. Activities took place globally, both on WAD and Valentine's day. In Europe there are some ongoing activities. It was suggested that perhaps criminalization could be raised under the bigger issue of human rights. Perhaps this is an idea for the EC for their WAD focus.

Five years ago a group has been established in the Netherlands including civil society representatives and lawyers. They jointly came up with a statement, which was used for talks with representative at the legal system. This has impacted the number of rulings substantially. Having collaboration was effective.

Questions and Discussion:

Q: Where does link to criminalization scan by GNP+ come in?

A: IPPF did work with GNP+ and used quite a lot of research sources of the scan for their own campaign.

Q: The HIV in Europe Initiative is currently wondering if it would be feasible to study relationship between legal systems and access to care. Are there any ideas on how such a study could be done? IPPF agrees that such a study would be invaluable and needs to think it through in more detail.

Q: Press can be vicious in UK. How do you deal with this and ensure correct and respectful media reporting?

A: There are guidelines for media reporting on HIV, including criminalization. If the reporting is not good, we complain and take actions to force them to rectify [see www.nat.org.uk 'Guideline for Reporting HIV' NAT 2010).

Q: It will be useful to join strategies and efforts on these issues. However, I would not criminalize hate, it is counterproductive..

A: The slogan is indeed provocative. It is designed to create conversation.

Q: Have you measured effect of this campaign?

A: Not yet because it is still running. But it will be done

A final comment was made regarding the link with the latest developments related to treatment as prevention. In what circumstances can you really state that exposure took place?

7 Current situation in Ukraine around ART and substitution treatment (Hanna Shevchenko, All-Ukrainian Network of PLHIV)

Hanna Shevchenko presents the current situation in Ukraine around ART & Substitution Treatment (**Annex G**). Ukraine has had a new President for the last 18 months. The current Government is not so much involved in HIV issues as the previous one. Therefore the situation is changing from democracy to dictatorship. There are a number of obstacles for treatment in Ukraine, including multiple delays in ARVs procurement and supply.

Questions and discussion

Q: The All-Ukrainian Network of PLHIV had negotiations with pharmaceutical companies for emergency provision of ARVs. Were these closed door meetings? And what were the results?

A: The negotiations that were done by the networks aimed to buy a stock in case of interruptions. This is only with global fund money, not with government money.

Q: Is there any optimism for a way forward concerning access to treatment?

A: We could put more pressure on the European Commission because the Ukrainian government is sensitive to public image. It wants to maintain good relations with Europe. If there is no scale-up to access to substitution treatment or ARVs there will be serious problems. There is a lack of vision from high European government officials. There are still many people who should be getting treatment, at same time EU is still negotiating regarding inclusion of Ukraine.

Q: What is the role of the UN family in Ukraine? Do they have a strong influence?

A: the UN office is quite involved in negotiations with the President to support NGOs.

Actions:

- AAE and EATG will monitor what is going on in Ukraine regarding ART and ST and will share this on a European level.

8 Impact of financial cuts on drugs access and prescription

There is growing evidence that the financial crisis has an impact on the drugs being prescribed to patients. Yusef Azad shares the example for London. The drugs budget has not been increased recently despite significant numbers each year starting treatment. London had changed recommended medications to achieve cost savings. Not only for new patients but also some current patients on particular PIs were being asked to switch to achieve volume-based cost reductions. This has raised concern. Particularly the concern that stable patients are changed medication simply for cost saving reasons. Switching should be voluntary, with complete transparency about benefits and risks. There is an agreement that there will be good monitoring on

benefits or risks resulting from these developments. If costs are going to have an impact on what drugs are prescribed, we need to agree on principles as to how these decisions are made.

Prior to the meeting, Spain and other CSF members had provided an update what's going on in their countries. Across Europe in relation to undocumented people and the uninsured, very few countries offer treatment. Pressure on costs provokes more exclusion. The concept of solidarity and equality is denied. We should stress our basic principle of non discrimination in access to treatment. In Portugal there is a decentralised decision of hospitals. Civil society is not involved in these decisions. In Italy many issues are combined. There is insufficient funding for optimal treatment. There are good guidelines but these have not been officially approved and released. In Denmark developments are similar to the UK. The shift in prescriptions oblige people to take more pills daily. Local governments don't want to pay too high prices for combination medication. In France so far cost hasn't become an issue. What is of concern is the shortages in city pharmacies and hospitals, there are problems with procurement lines. Lawmakers have revoked the legal provision that undocumented migrants with serious illness that cannot get good treatment in their countries, could remain in France to receive care. 28.000 people might be forced to be sent back to country where access is not guaranteed. In Catalonia, Spain, they try to pass a law to require six months of residence in Catalonia to have access to services. To prevent 'therapeutic tourism'.

One problem is that we have a weak body of evidence on competing regimens, cost-effectiveness between 1-2 pills etc. The European governments have made commitments towards lowering the health budgets, which means that we cannot expect to see an increase to coverage, treatment and care. The prices of ARVs are too high not only because of pharmaceutical companies but because our democratic governments are not good in putting into place regulations that would regulate the market and lower costs. We should put pressure at the European level. In several countries there are also bigger cuts on prevention in general. Why automatically accept the burden of the financial crisis? The CSF should take more of a lead in advocacy, address this with TT but also develop a mechanism to document more clearly what's happening and have a presentation at the next CSF and TT meetings.

Actions

- The CSF will gather more information about the impact of the cuts on prescription, services and prevention
- The Co-chairs will draft some principles in relation to the impact of costs on the response to HIV in Europe in advance of the next meeting.

9 Prison Health: Council recommendations (Maurice Gallà, DG Justice)

Maurice Gallà was invited for a presentation on EU policy on drug demand reduction in prisons (see **Annex H**).

The Commission's initiative for Council Recommendations on health promotion in prison settings has not materialized to date. They have tried in DG Justice to start this up one and a half years ago. But it is very difficult to get political support. The EU drugs action plan 2009-12 was adopted. But there is some opposition against launching recommendations on issues of member states competence. It is uncertain if the recommendation will emerge. The good news is that a green paper on mutual trust in the judicial area is in preparation and the public consultation ongoing. The recently established association of prison directors could

also help a lot for the future. Also in development is an EU consensus discussion on quality standards in demand reduction. And a European Parliament resolution on human and fundamental rights.

General discussion:

We don't have exact data on needs in prisons and comparison between drug users outside and inside prison. We lack information how many people are on treatment and those that are in need. That complicates the issue. Within the planned new drug strategy we should get a good section on prisons. Maurice indicates that the recently launched CSF statement on drugs was interesting. He will discuss how to accept our statement in a formal way. It was agreed to explore with the scientists that prepared the green paper what could be done together, also in the context of the CSF statement.

Action: contact writers of the green paper on mutual trust in the judicial area with proposals re prison health and start discussions with DG Justice on how to relate to CSF statement on Drugs Policy:

10 Results study on late presenters (Bent Hansen, HIV Denmark)

Bent Hansen explains that in Denmark there are significant numbers of people diagnosed late with HIV. That's why the study was developed (see details in **Annex I**) Recommendations from the study include scaling-up on-site testing for MSM and intensifying information for ethnic minorities on free treatment and anonymous testing.

See the full report on www.hiv-denmark.dk

General discussion:

CSF members questioned if more (mobile) testing facilities would be the best option. It was not always the case that people are presenting late, they are diagnosed late while having presented repeatedly but were not being picked up by health providers. We need to communicate the effectiveness of timely treatment more actively.

11 Updates UNAIDS PCB (Sara Simon), Global Fund (Mick Matthews), EMCDDA (Klaudia Palczak)

UNAIDS PCB

Sara Simon presents an overview of the 28th UNAIDS PCB board meeting (**Annex J**). There was one question about the recruitment process of the UNAIDS PCB. Sara explains that the recruitment process is done through a call. The next call is expected for next week (for representatives from Africa, Latin America and Asia). After the shortlisting there is an interview process. Usually the process starts in June and finishes in September.

The next meeting of the UNAIDS PCB will be about legal issues and HIV. The UNAIDS PCB is now working on a report about criminalization for the next meeting. The meeting falls in December, strategically, because then the UNAIDS PCB will also

receive the report from the Global Commission on HIV and the Law. This allows the UNAIDS PCB to put it back on the agenda in June 2012.

Sara stresses that this is the only place to hold UNAIDS accountable for what they have and haven't done. CSF members are therefore strongly encouraged to come to the meeting as an observer. This is not funded, but observers can speak at the meeting. Particularly human rights experts are welcome to come.

Global Fund

There is a lot going on at the Global Fund. Mick Matthews gives a brief summary:

- Global Fund Strategy for 2012-2015

This is a large and very time consuming process with multiple work streams. These are centred on 5 strategic objectives:

1. Maximise Impact of GF Investments on AIDS, TB, Malaria
2. Maximise Impact of GF Investments beyond AIDS, TB, Malaria. On health systems and on women and children
3. Maximise value for money and increase efficiency and effectiveness of GF investments
4. Promote human rights and equitable access
5. Raise new resources and sustain the gains
 - Reform Agenda – being sold as the desire to make the fund more efficient and effective, in reality it appears to be donor-driven. It includes such aspects as eligibility, counterpart financing and prioritisation. This comes into play for all funding channels starting from 2011, including round 11.
 - Health Systems Strengthening (HSS) Joint funding platform: there are two ways to apply. A disease specific programme both for disease specific interventions that respond to the health sector gaps of cross cutting interventions benefitting more than one disease or a stand alone cross cutting HSS component through the common HSS Forum (Global Fund, GAVI)
 - New grant architecture: consolidated grant proposals are mandatory for round 11. Basically this means if you have a round 7 TB grant and you apply in round 11 then your proposal must combine the 2 into a single consolidated proposal. Consolidation also applies to one or more grants, implemented by the same principal recipient.
 - Value for money approach: Basically obtaining the maximum benefit with the resources available. There are 4 key areas:
 1. Overall strategy (is the programme investing in the right things?)
 2. Effectiveness (is it implementing effectively to reach programme goals?)
 3. Efficiency (is it being implemented at minimum costs for achieving outputs?)
 4. Additionality (is GF financing additional to existing activities and resources? Replacement of government funding?)

These areas will be looked at across the grant life cycle by the country team.

- National strategy: applications are not really new anymore and we are already in the 2nd wave.

- Resource mobilisation: since the change in the global economic climate and the Washington Post articles the Global Fund is no longer awash with money. There is a mid-term review in March-April 2012 and pressure needs to be exerted on a number of countries who are using the outcome of the High Level Panel Report to hold off pledging additional support or even honouring existing ones.

EMCDDA

The EMCDDA is an EU agency monitoring drugs and drugs addiction in Europe. Klaudia Palczak presents an update on the EMCDDA's activities related to infectious diseases among injecting drug users (**annex K**). She briefly touches on different areas of work:

- Minimum quality standards and benchmarks in drug demand reduction
- Best practice portal
- Joint ECDC and EMCDDA guidance on the prevention of infections among IDUs
- EMCDDA 'Insight' on heroin-assisted treatment (currently provided in 5 EU Member States)
- Monitoring strategy on drug use and responses in prison setting
- Evaluation of the EU Drug Strategy 2005-2012
- Ongoing epidemiological work on IDUs
- Monitoring of the responses; and developing of the monitoring network.
- Publications that the EMCDDA has recently published and that are still in the pipeline.

Questions and discussion:

Q: What kind of conditions does EMCDDA have to provide a Trend Report in 2012? Some kind of objectivity is required.

A: The trend report does not only focus on the problem, but also on responses. It will be as objective as possible.

Q: Regarding EMCDDA's project on quality standards: are you involved with the Swiss project on quality?

A: Yes, EMCDDA sits in the steering group of the Swiss project. However, it is a very political process. As such, EMCDDA has a very limited role at this stage. It really depends on how the Commission sees our role. Anyway we have our best practice portal, which can be used in exchanging best practices on quality as well.

Q: Which are the 5 EU countries where heroin-assisted treatment is currently provided?

A: Denmark, UK, Germany, The Netherlands and Spain.

Q: Currently using drug users are denied treatment because of concerns for adherence in Latvia. What does EMCDDA do about these kind of issues?

A: This is part of our best practice portal, where you will find some evidence in this area as well. We are also addressing these issues in forthcoming joint guidelines between EMCDDA and ECDC.

WHO Europe

Lali Khotenashvili presents the WHO Europe Action Plan for HIV/AIDS in the WHO European Region 2012-2015. The WHO Action Plan for HIV/AIDS is a call for action to Member States to respond to the public health challenge of HIV. The action plan addresses priorities and context of the European Region, it is based on principles such as equity in health, community participation, protection of human rights, evidence informed policies and ethical public health approaches. The Action plan puts into action the UNAIDS Getting to Zero HIV/AIDS Strategy for 2011-2015 and the WHO Global Health Sector Strategy for HIV 2011-2015. It is also in coherence with the EC Communication on HIV/AIDS 2009-2013 and it contributes to the Millennium Development goals. The European Action Plan is structured around four strategic directions:

- Optimize HIV prevention, diagnosis, treatment and care outcomes
- Leverage broader health outcomes through HIV responses
- Build strong and sustainable systems
- Reduce vulnerability and address structural barriers to accessing services.

The Action Plan sets objectives and targets as well as priority actions to reach these. Strengthening community systems is one of the areas for priority interventions defined by the Action Plan. The objective by 2015 is to further strengthen civil society involvement in the HIV response. The target is that civil society is fully involved in the HIV response in all Member States. Priority actions within this area are amongst others: include civil society in national coordination mechanisms and local coordination councils; increase participation of PLHIV, key populations and other civil society in policy development, decision making and coordination, and M&E of national strategies; engage civil society in service delivery; establish sustainable financing solutions for civil society; formulate clear guidelines for the selection; funding and accountability of civil society based on successful models for the region; form an issue based coalition of civil society organisations for collective advocacy on priority issues at the national/regional level; adopt best practice standards for civil society organisation management and operations; and strengthen the role of patient networks to advocate for their rights and be involved in the country's response. The progress in achieving targets set out in the Action Plan will be assessed regularly. Indicators are standardised from existing regional or global monitoring and reporting processes. However, there will be no additional data collection to monitor progress towards targets of this Action Plan. The Action Plan will be presented at the WHO Regional Committee Session (53 Member States) in Baku in September. There is still small room for including additional pressing issues in the action plan if needed.

Questions and Discussion:

Q: Community systems are highlighted in the plan, but how rigorous will the monitoring be, if there won't be any additional M&E? A: In the first version there was a long list of indicators, but then it was decided that it would pose an additional burden on member states. It was decided to rather make sure that all agencies have an annual survey in the region to monitor access to ARV. This is an indicator for us to keep monitoring what is going on in the countries. We would like to have one M&E system that is strong.

Q: What immediate action will WHO take, if countries don't follow up?

A: We would like to encourage civil society to take action and are very optimistic that countries will follow up.

Q: A question about strategic direction 3 (building strong and sustainable health systems). Yesterday we had a discussion about stock-outs and low accessibility. Will this Action Plan take action on this?

A: Yes it is a must to strengthen health systems, otherwise the best projects would be lost. We are trying to come up with an optimal model for implementation. We do this in close collaboration with the pharmaceutical programme within WHO Europe. Recently we launched an initiative of prequalification of diagnostics. We are trying to ensure quality drugs, diagnostics, efficient systems for supply and distribution infrastructure. There are specific indicators to ensure it is monitored.

Q: I miss framework for financial aspects.

A: Our annual work plan fully reflects the European Action Plan and includes a financial picture. Moreover, in Baku we plan to have a separate session on costing. After that there will be a clear idea about the finances needed to implement the Action Plan.

Q: WHO should clearly state that criminalization of people who use drugs harms our efforts to control the epidemic.

A: Criminalisation is very important as well as addressing the needs of undocumented people. In our Action Plan we have put one box emphasizing key populations that need our attention. These issues are addressed in strategic direction 4 under laws; discrimination; human rights; stigma; and social determinants.

12 Preliminary results from the European MSM Internet Survey 2010 (Axel Schmidt , Robert Koch Institut)

Axel Schmidt presents the preliminary results of the European MSM Internet Sex Survey (EMIS): 'Harmonized behavioural surveillance and assessment of prevention needs and intervention performance regarding HIV and other sexually transmissible infections among MSM.' The EMIS study applied a collective approach including more than 80 governmental, academic and NGO partners. Social media have played an important role in the study that consisted of an online questionnaire in 25 European languages that was filled in by 180,000 respondents. The EMIS project had four objectives

1. What is the level and distribution of HIV/STI exposure and transmission facilitators
2. What information do we need to compare samples and target interventions?
3. What is the level of access to, satisfaction with, and performance of services?
4. What is the level of unmet prevention needs of MSM?

In order to be able to group results, EMIS has defined 6 different regions: Western Europe (BE, FR, IE, NL, UK), Northern Europe (DK, FI, NO, SE), Baltic Europe (EE, LT, LV), Central Europe West (AT, CH, DE, LU), Central Europe East (CZ, HU, PL, SK, SI), Southern Europe West (ES, GR, IT, PT), Southern Europe East (BG, CY, MT, RO) and Eastern Europe (BY, MD, RU, UA). The preliminary results have shown that HIV prevalence is highest in Western Regions while newly diagnosed HIV is high in Eastern Europe.

Preliminary results for objective 1:

- In Western Europe and Central Europe West the use of steroids is particularly prominent
- In Eastern and Southern Europe there is an overlapping of epidemics (IDU/MSM)
- An average of 75% of respondents reported unprotected anal intercourse when having sex with steady partners. When it comes to sex with non-steady partners this is 47%. There is a large variation in levels of non-condom use between countries.
- Germany and Spain are among the top 2 countries for having sex abroad. Sex abroad is an indicator for interconnectedness which implies that prevention needs a joint European approach.

Preliminary results for objective 2:

- MSM with a lower social economic status (level of education) are at higher risk for HIV.
- Migrants are at higher risk for HIV (HIV prevalence and newly diagnosed HIV was higher among respondents with a migration history)

Preliminary results for objective 3:

- The social climate for MSM influences HIV-testing. The more men 'out' more men tested.
- Hospitals and other test facilities in some countries have the most problems identifying MSM as such
- Among MSM tested for STIs other than HIV in the last 12 months, routine inspection of anus and penis is rare in most countries.
- Anal swab as part of STI-check is rare in many countries. Some countries have clinics specialised for genito-urinary medicine (GUM).

Preliminary results for objective 4:

- On country level, the percentage of MSM reached with (targeted) HIV prevention programmes (UNGASS 9) correlates with the EMIS all-over knowledge score (16 items covering knowledge on HIV testing and transmission, STIs, and Post-Exposure-Prophylaxis)
- Regarding homophobia 3 clusters emerged:
 - 1: Liberal (Northern Europe, Western Europe, Central Europe West)
 - 2: Moderate (Southern Europe West, Central Europe East)
 - 3: Conservative (Baltic Countries, Southern Europe East, Eastern Europe)
- Internalised homophobia is the highest in conservative cluster countries and the lowest in liberal cluster countries.
- Legal discrimination protection is lower in countries with high internalised homophobia
- EMIS data suggest that homo-negative stigma has effects on sexual behaviour related to HIV prevention

In summary these data show a large variety of all outcomes across Europe calling for joints political, structural and programmatic action.

Questions and Discussion:

Q: Not sure that southern countries can be grouped as a whole in relation to homophobia. Even within Spain there are differences, the situation in Catalonia is different from other parts of the country.

A: There is a large variety of stakeholders and political views in the EMIS project.

Q: For the gay pride in Barcelona this year the theme was HIV because of 30 years epidemic. The media headline was: more than half of gay men doesn't protect themselves when having sex. Promoters of EMIS results should take into account when launching their results how the media love to focus on negative messaging.

A: EMIS agrees that it is more important to give empowering messages. However, media usually takes the bad message, many scientists tend to do the same. Also because these bad messages can help attract more funding.

Q: Drug use data: are there any data collected on harm reduction provision and services for MSM?

A: No, this is not included, the main focus is on sex issues.

Q: EMIS also addresses STIs. This is usually left out. But syphilis was not addressed in the presentation, it focussed especially on the situation around controllable gonorrhoea. What is the plan to address Chlamydia and gonorrhoea?

A: Yes EMIS also focuses on other STIs, because they are drivers of the HIV epidemic. Particular syphilis and rectal infections such as Chlamydia and gonorrhoea. There needs to be a policy and health system improvement. Not a behaviour improvement

Q: Does EMIS have a vision about how civil society in Europe should use EMIS in their advocacy?

A: Our idea was to have a community report in addition to the final report. It is very important to bring feedback to the community. They are not only end users, but they can also use this report and data to communicate other advocacy messages than the usual ones.

13 Leveraging the political momentum of the High Level Meeting for a renewed and strengthened EU response to AIDS

Ton Coenen, who was a member of the Dutch delegation, informs the CSF that the Declaration resulting from this High Level Meeting is not as bad as expected given the discussions beforehand. But the whole discussion around harm reduction was shocking. Italy refusing to include clear language, frustrating the EU position. Formerly progressive countries were less progressive this time. The EU was not a strong player. But the overall commitment to have 15 million on treatment by 2015 is a good result. Another good development was the inclusion of key populations and sexuality education in the Declaration. As a political momentum it is important since it shapes what needs to be done.

Sara Simon from UNAIDS PCB informs the CSF about related discussions at the PCB meeting following the HLM, including the issue of reporting. There is a call for separate global reporting next to MDG reporting.

Henning Mikkelsen from UNAIDS indicates that the strong civil society movement is crucial to ensure follow-up to the declaration. There is major work ahead of us. For the first time there is reference to MSM, which is a victory. How can we elaborate at the EU level? How to rework the Dublin Declaration to a new commitment? Some EU parliamentarians are working to get follow-up on implementation of the Commission Communication on the agenda of the European Parliament.

General discussion:

The CSF suggests to discuss in the Think Tank the EU role in the negotiations in New York. Ton informs the CSF that the EU negotiations were chaired by France and UK, not the Commission. At the next CSF meeting CSF members would like to have a discussion about countries where harm reduction is pushed back, like Italy. The CSF is also worried about the anti human rights approach. What can we do jointly? UNAIDS will engage in policy dialogue about harm reduction with countries of concern and needs support from civil society. In October the MDG6 Forum will take place in Moscow, focusing on the fact that Eastern Europe is not succeeding with the MDG6 goals. If the EU can not take a joint position, then we should try to have a block of governments taking the lead. The CSF agrees to enquire with the Commission what exactly the role division is for follow-up on the HLM and how it relates to the EU Presidency role. The CSF would like to get more information on the MDG6 meeting and involvement of civil society. The meeting will focus on Eastern Europe and Central Asia, Henning will forward additional information when available. For the next CSF agenda the CSF can strategize how we respond to the Declaration and the push-back on harm reduction. CSF members are asked to report back next meeting how they used the Declaration in their country.

Actions:

- Put on agenda next CSF meeting follow-up on the HLM Declaration and the push-back on harm reduction
- CSF members report back at next CSF how they used the HLM Declaration in their country.

14 EU Presidencies

* Poland July-December 2011

Tomasz Malkuszewski informs that there are elections this year, which means that the Government doesn't want to tackle difficult issues. There are two topics for the Polish Presidency:

- Equalising health: promotion of healthy lifestyle, main focus is on children.
- Neurological diseases focusing on elderly people

Poland is co-chair of the UNAIDS PCB and these representatives are really supportive, links could be made. There have been several meetings between UNAIDS and the Polish delegation, resulting in a high-level meeting in the European Parliament.

* Denmark January – June 2012

Bent Hansen informs that the Danish national board of health informed that they already started preparations with a focus on drugs resistance. HIV in Europe is organising a HIV and testing conference planned for February/March 2012, aiming to have it under the auspices of the Danish Presidency.

15 Any other business

Henning Mikkelsen informs that the new UNAIDS strategy is really a new paradigm. It is the first time that a UNAIDS strategy is so clear on the role of community mobilization.

People are reminded that next to the MSM report from the WHO regional consultation, WHO also released recently MSM guidelines. It is the first time that WHO issued such a document.

Lella Cosmaro is organizing a consensus conference on testing in Italy. Please send her any best practices and materials on testing.

The European Harm Reduction Network was formed almost 2 years ago. The main output of the network this year will be a civil society audit summarizing the state of harm reduction around Europe. It will be launched in October at the European harm reduction conference. See www.Eurohrn.eu for more information.

After this CSF meeting, Luis Mendao will step down as EATG co-chair of the CSF. He will be replaced by Anna Zakowicz from EATG. Luis is thanked by Yusef and the CSF for his commitment and work.

16 Closing

17 Action plan

What	Who	When
Ensure attention within the CSF on TB and other HIV-related conditions and include it in the agenda of future meetings	CSF Coordination team	Ongoing
Share outcomes on TT questionnaire on the economic crisis	Wolfgang Philipp	After the summer
Share the outcome of the ECDC evidence based guidance on how to avoid infections among people who use drugs	Luis Mendao	When available
Ensure to link CSF Drugs Statement to other relevant papers and initiatives	CSF Coordination team	When relevant
Share ideas with Wolfgang for WAD Activities	CSF Members	Well in advance of WAD
Keep in touch with the work of the Global Commission on HIV and the Law especially concerning the HIV and Human Rights Conference that is planned by the EC.	Wolfgang Philipp	Ongoing
Share the link to funding opportunities within the EU through AAE website.	Martine van der Meulen	Before 1 July
Lobby MEPs to make sure that the public health program is appropriately funded	All CSF Members	Throughout 2011, now is the right moment to do so
Joint letter on keeping HIV-related funding for civil society to EC and EAHC	CSF coordination team with CSF on drugs representatives	ASAP
Send guidance document together with the final Commission Communication questionnaire for civil society	Roger Drew/ECDC	ASAP
Draft overview of regional response to Communication questionnaire, collect feedback from CSF members and produce a final report	CSF coordination team	September 2
Monitor what is going on in Ukraine regarding ART and ST and will share this on European level.	CSF Coordination team	Ongoing
Share information on the situation in Ukraine with DG Relex asking to take appropriate action to enforce the agreements foreseen in the health chapter of the EU- Ukraine accession agreement	Wolfgang Philipp	ASAP
Gather more information about the impact of the financial cuts on prescription, services and prevention	CSF coordination team	September
Draft principles for impact of costs on HIV drugs and services	CSF co-chairs	Before next CSF meeting
Contact writers green paper on mutual trust in judicial area and start discussions how to relate to CSF statement on drugs	CSF coordination team	ASAP
Put on agenda next CSF meeting follow-up on the HLM Declaration and the push-back on harm reduction	CSF coordination team	Before next CSF meeting
Report back at next CSF how they used the HLM Declaration in their country	CSF members	Before next CSF meeting

18 List of annexes

- Participant list (Annex A)
- EU activities on HIV/AIDS that took place between December and now (Annex B)
- Overview of actions funded specifically under the Health Programme in 2009 (Annex C)
- EC Funding mechanisms for HIV/AIDS and drug related projects (Annex D)
- Introduction to the Commission Communication/Action Plan monitoring process (Annex E)
- Evidence informed global, regional and national campaigns against the criminalization of HIV transmission and exposure' (Annex F)
- Current situation in Ukraine around ART & Substitution Treatment (Annex G)
- EU policy on drug demand reduction in prisons (see Annex H)
- Results study on late presenters (Annex I)
- Overview of the 28th UNAIDS PCB board meeting (Annex J)
- Update on the EMCDDA's activities related to infectious diseases among injecting drug users (annex K)