

Report of the 5th HIV/AIDS Civil Society Forum

Luxembourg, April 23-24, 2007

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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1. 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 organisations, including those representing people living with HIV/AIDS, in policy development and implementation and in information exchange activities. The Forum includes about 30 organisations from all over Europe representing different fields of activity. See annex A for the participant list of this meeting. 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. This fifth meeting of the CSF focused on follow-up of the Bremen Declaration, the European Parliamentary report on the Commission communication and the monitoring process of the Dublin Declaration, among others.

2. Report from last meeting

There are no comments, the minutes are adopted.

Action list:

What	Who	When
Letter on relation CSF-ECDC	Ton/Nikos	Will follow-up
Letter on Bremen to your MoH	Chairs CSF	done
Letter to German Presidency	Chairs CSF	done
Letter to Barroso & Kyprianou	Chairs CSF	done
Inform CSF about price negotiations process	EATG policy working group	Will follow-up
Send corrections country data report to Yusef	All	Done
Explore option of webpage/forum on criminalisation at AAE Clearinghouse	Martine	Done
Send draft profile & call for applications CSF	Dadi	Will follow-up
Letter universal access migrants delivered to Barroso & Kyprianou	Luis, Arnaud, Licia, Georg, AAE, Eastern Europe rep.	Will follow-up

3. Proposal Council recommendation on prisons and drugs

Presentation by Natacha Grenier from DG SANCO. The EU Drugs Strategy 2005-2012 is a multidisciplinary and balanced approach. The strategy is translated into the EU Action Plan on Drugs 2005-2008 of which action 13 focuses on drugs and prisons, inviting members states to develop strategies among drug users in prisons. The Council recommendation 2003 focuses on prevention and reduction of health related harm and recommends that availability and access to treatment services among drug users in prisons be similar to people outside prisons. In April the Commission adopted a report on the implementation of the 2003 Council recommendation. A key conclusion is that the principle of equivalence is not always respected. A call for tenders was launched in 2006 on drugs policy and harm reduction. The future proposal for a new Council Recommendation aims to improve the health of prisoners in reducing demand and supply of drugs and to balance between public health interests, security aspects and human rights of prisoners.

A contractor (consortium of German and Swiss experts) will report on the status-quo of prevention, treatment and harm reduction services and on current approaches to monitor drug use among prisoners. The first input from the contractor shows that there is growing consensus that substitution treatment and distribution of injecting material seems to be working. Only 3 EU member states have however syringe exchange in prisons. A comparison between people in and out of substitution treatment show that those in treatment have much lesser infection rates. There is growing consensus that provision of drug treatment and distribution of prevention materials seem to be the most important actions to take, in addition to prevention and education. Substitution treatment has beneficial effects both for prisoners and prisons, among them reduced mortality and less violence. Syringe exchange evaluations show that the introduction of syringes does not lead to increased drug use and that needle sharing disappeared almost

completely. Conclusion: a better connection between prisons and health services is needed as well as clear guidelines and evidence based knowledge and the availability of equipment. The report of the contractor will be available by the end of the year. They are in the process of starting a review of literature. The Commission needs feed-back of what should be addressed.

Q (question): Has the 2003 recommendation pushed forward the situation in some countries? A (answer): It was used by member states and it was essential for new member states to adopt the policy.

Q: Are existing networks invited to be part of the Commission process and contractor? Not even WHO Europe was contacted, and they have a big prisons conference. There is abundance of resources that the contractor needs to contact. Will the issue be discussed at the May Warsaw harm reduction conference? What kind of info will be gathered on human rights of prisoners? A: The Commission doesn't want to reinvent the wheel. Of course the work of ENDIPP and others is taken and used. At the Warsaw conference they will have a presentation. Information from this conference will be used as well.

CSF members see added value for the Commission in putting pressure at the European level on collecting good quality data. And in setting out quite specifically what you consider to be best practices.

Q: Challenges of community interventions in prisons. Community groups encounter difficulties in entering prisons to offer services. The Issue of human rights: staff get other access than prisoners, example of Hepatitis vaccination. A: contractor is in inventory phase, will also look into these kind of issues.

CSF members recommend to look also into factors that encourage policy changes (research examples of countries that made important changes). TB is a big issue. Supply reduction issues. Involve drug users organisations. Contact the international network of people who use drugs that is based in Belgium.

Q: What are the possibilities to comment on the draft of contractor? A: There will be no action plan, it's the responsibility of the member states to implement the recommendation. When there are more concrete timelines, Ms. Grenier will get back to the CSF, also with possibilities to react on the draft report.

4. Action Plan update. Budget allocation. Community involvement

Wolfgang Philipp from DG Sanco explained that prior to the Bremen conference the Commission started an update with colleagues from some other DGs and ECDC, to learn about the results and determine the status of implementation of the action plan. He would like to get feedback from the CSF. The CSF members will receive a list of questions. He welcomes feed-back jointly as CSF but also as individual members. Deadline for response is by Mid May.

Dadi Einarsson explained that the actual budget amounts are still unclear. The budget for the public health programme will continue as it is. There is a possibility of funding by other programmes, like structural funds and education and culture funds for youth. Outside of the EU there are funds for neighbourhood policy cooperation with Russia and candidate countries funds. But there is no fixed amount we can count on. Wolfgang will check how much money from general programmes goes to HIV/AIDS and include the data in a table so that it is transparent.

5. Renewal of the Forum

Dadi Einarsson explained that in the future CSF all participants will be members, but reimbursement will not be linked to that status. The priority in reimbursement goes to 30 members from the eastern part of the EU and neighbouring countries, this can include regional networks. Then regional or national networks in other parts of Europe, and then European networks. Observer status will continue only for institutions like WHO, UNAIDS.

The call for applications for the new CSF will be sent out Mid May. Organisations will have 4-6 weeks to apply. In the selection process there will be consultations with Ton/Nikos in an advisory role. The formal decision is made by DG Sanco and the task force. Late summer a new forum will be selected. The term will be 3 years, but half of the forum will be for 2 years in order to guarantee institutional memory. EATG and AIDS Action Europe will send out the call for applications among their contacts. Concerning the status of EATG and AIDS Action Europe the decision is that organisations that are selected as representatives in the Think Tank will automatically be members.

The criteria for selection as a member are similar to last time. The only change is the coverage of a larger geographical area. And it is clearer that the Commission is looking for national networks.

It is critical to have some kind of evaluation of what has worked and not worked in the current CSF. There is agreement that probably a questionnaire will be sent out.

There was a pre-meeting between the chairs of the CSF and the Commission. Both sides need to improve communication and be more pro-active. Next time the reimbursement and tickets will be taken better care of. Dates of meetings will be set earlier. Multi-entry visa are needed for some countries.

6. Think Tank agenda

Dadi Einarsson explains the agenda. Youth and HIV prevention: the discussion will provide better insight for the Commission and colleagues from DG Education and Culture will present on youth issues, including projects and possibilities for funding in that area. At this stage there is no invitation to CSF groups.

The CSF asks for the formal minutes of the TT and not only Nikos/Ton's notes. Dadi will check if the CSF can get them or that they are put on the website. The Commission is asked to include also the CSF reports on the Commission website.

7. Monitoring Dublin Declaration

Jeff Lazarus from WHO Europe explained that all CSF members should have received a couple of weeks ago the proposal and be invited to join one of the review groups. A first full draft before summer is still the plan. 33 Dublin actions are divided into 15 thematic areas. For each area consultants are commissioned to develop a document, and an advisory group. These will address the progress made and the currently collected indicators to monitor Dublin and assess them and if needed recommend new indicators. 7 country reports will be prepared and the document will include a statistical annex.

Progress is going rather well. A policy brief of 30 pages is being prepared and that will be presented at the October migrants meeting in Portugal. Russian translation is being explored. The final report will be included in the agenda of the autumn CSF meeting. ECDC is also on the overall advisory board.

Q: How does this relate to monitoring universal access that is also taking place in non-EU countries? A: The Dublin precedes this initiative, it will be compatible.

8. European Parliamentary Report on "Combating HIV/AIDS within the EU and Neighbouring Countries 2006-2009"

Irene Donadio explained that the Parliament rapporteur has taken into consideration the recommendations from the Bremen CSF, also on the issue of migrants. The report is very good, now we can take it forward.

Wolfgang Philipp mentioned that there were various amendments to the first version. The report is very positive, it takes over commitments from recent Declarations, highlights importance of civil society and mentions CSF. It is good political back-up for our work. There may be more amendments at the parliament discussion tomorrow. Wolfgang will report back to the CSF.

9. Bremen Declaration and European Council

A letter has been sent to Chancellor Merkel and all EU Ministers of Health in order to push forward the topic. Merkel will bring some conclusions from Bremen to the European Council of Heads of State. This is a positive outcome of the Bremen meeting. Council conclusions will be presented, that are currently discussed with member states. The conclusion is basically the translation of the Bremen declaration. The text is more or less agreed and being circulated among representatives of the Ministries of the member states. It is not possible for the CSF to give any advice. The Health Council takes place 31 May. A final draft of the conclusions is foreseen in the next 10 days. It is recommended that members of CSF contact their Ministries of Health to influence the text and ask what they are going to discuss in the health council and offer our support to prepare themselves. Maybe it is helpful to make a template where all declarations, recommendations and conclusions are presented, to use it as a tool for advocacy. It is recommended that the CSF looks at timetables of events like meetings of heads of state or ministers of health in order to prepare ourselves better.

An issue to clarify in immediate future is how we as CSF can communicate to external bodies. We also have to discuss governance of the Forum. We should discuss the most democratic way of organising the CSF and choosing the chairs.

10. Follow up on Civil Society motion on Migrants and Portuguese presidency

Luis Mendão explained that the vulnerability of undocumented migrants was the main concern. This was translated into a motion, unanimously approved by the CSF that all in Europe should have access, that it is linked with human rights, the only public health promotion measure that makes sense, that it should be linked with early detection and that's it is cost-effective. A community conference on universal access to prevention, treatment and care will take place on June 7-8 in Portugal, with the above issues on the agenda. The Portuguese presidency invited EATG to give feedback on the conference to the bigger European meeting on migration and HIV on 12-13 October. The CSF is invited to participate formally in the June meeting and to support the recommendations presented to the Portuguese presidency. They will have reports on public health, human rights and on cost-effectiveness and 6 reports on special groups. The final document from conference will be drafted and discussed widely and then presented to the European Union through the October meeting in Portugal. The CSF will be informed and asked to contribute in the process.

11. Update on the TB world day and EU response

ECDC organized a seminar during the World Tuberculosis (TB) Day in the European Parliament. The report and information about pan-European initiative Stop TB Europe will be sent to the CSF listserv by Raminta Stuikyte.

WHO-EURO organizes a ministerial meeting on TB in Berlin this year. HIV is on its agenda; WHO-EURO will release fact sheets on HIV and TB co-infection (English, Russian, French, Spanish). The CSF participants did not have information about involvement of civil society. Jeff Lazarus from WHO-EURO will provide additional information and contacts.

CSF participants shared that there are a number of issues on TB: low awareness, high rates of multi-drug resistant TB (MDR-TB) in Eastern Europe, bad links between HIV and TB services (including diagnostics, treatments, different approaches in reimbursement of treatment for migrants), etc. There are some initiatives ongoing (e.g. building patient advocacy in France, regional project on strengthening TB systems in the Baltics). There is a need for better awareness of HIV activists about TB issue and to help with responses not only to TB and HIV co-infection but in general to TB.

The next CSF meeting will have TB on the agenda. WHO-EURO representatives will be invited; WHO-EURO will provide materials (Jeff Lazarus).

TB will be suggested for TT agenda.

12. Testing meeting Yerevan

WHO-EURO organizes a consultation process on HIV testing and counselling (TaC) to elaborate European guidance and overall activities on the issue.

The first meeting took place in April with 10 countries of Eastern Europe and Central Asia (Armenia, Azerbaijan, Belarus, Georgia, Moldova, Kazakhstan, Kyrgyzstan, Russia, Tajikistan, Turkmenistan, Ukraine and Uzbekistan). 50 participants comprised of AIDS coordinators, members of Parliament, NGOs and senior person of the Ministry of Health from those countries, as well as experts from the Western Europe and UN agencies.

It was a very open forum to discuss a variety of aspects, including extent of testing and counselling, quality, impact on surveillance, impact on access to services, planning and financing of testing and counselling, human rights etc. It was agreed on importance of testing and counselling in comprehensive response and its impact/linkages with prevention, treatment and care, follow up with other services, addressed TaC in different settings and among different populations.

There was expectation that the Eastern European and Central Asian countries might express their great appreciation of the draft WHO-HQ and UNAIDS policy on provider-initiated testing. This did not happen.

The major conclusion of the consultation is the clearly identified need for specific European policy guidance on testing and counseling.

ECDC is also initiating some guidance on TaC (their expert group is to review the evidence on TaC this summer). WHO is trying to coordinate with them to avoid having two European guidances. To date, those coordination efforts were not successful.

The further process of consulting regarding TaC will include consultation with civil society in June. Most CSF members will be invited. Good geographical representation is expected.

The third meeting will be hold with governments and civil society and will focus on draft guidance and documents. There is a number of standards in need (including standards for services and labs; code of conduct to service providers , guidelines on confidentiality and disclosure).

During the discussion, a big concern was raised if there were two guidance on TaC.

A number of issues related to testing were raised, including: follow up after testing, overall TaC culture at the community level, self-assessment of risk and regular check-up of people at risk, a need of focus to community based services for drug users, migrants and other vulnerable groups, relating TaC with two rights – right to know and right not to know, as well as overall human rights promotion together with evidence, education of counsellors. While some countries (Russia, France) have high rates of TaC, this is not necessary good practice, as it might not reach vulnerable groups. On the other hand too low rates of TaC (Central Europe and Balkans) raises concerns. They might be related with limited need for service (epidemic is low) but high percentage of late presenters (>30% in Poland, 20% in Finland) suggests that there might be too little encouragement to get TaC or/and TaC is not accessible.

The CSF agreed:

- to promote our statement on testing and counselling
- to promote a need for joint position (guidance) of WHO-EURO and ECDC on testing and counselling through the CSF and TT

13. Public Health Programme presented by PHEA

Representatives: M.L.Troncoso, M. Pletschette, European Public Health Agency (EPHA), www.europa.eu/phea

The current Public Health Programme and its call for proposals 2007 were presented. Detailed information is available on their website.

The Commission set priorities in its annual Public Health Work Programme and has to liaise with member states. The Public Health Executive Agency (PHEA) implements the Programme and manages its funded projects and events, as well as disseminates, coordinates and feeds back outcomes of the projects to relevant stakeholders. Formally PHEA is independent.

The next Programme is to be adopted in the next weeks; the Commission is entitled to make changes. The PHEA presenters expected from the discussion to get suggestions regarding possible changes.

In 2006, 200 proposals were received; NGOs are well represented among applicants but do not have such high success in getting approved projects. But still NGOs in absolute numbers make a good proportion among those projects that receive support. Academic institutions and public institutions are also successful in getting projects approved, while the commercial sector so far was not successful.

In 2007, PHA got fully operational in all its tasks. It organizes the following: publication of the calls, info days (more in the countries), helpdesk, selection process (in 2007 – to start in June with help of external reviewers and some help with DG Sanco), negotiation, signing of grant agreement.

In terms of the project monitoring, they are taking over 2005 projects (around 30) and kick off 2006 projects (around 60). Additionally, PHEA will organize technical meetings upon the request of the Commission. It has a network of national focal points who should help to link partners from different countries. One of the work areas is to develop and implement a dissemination strategy (of the supported projects' results).

The further presentation detailed the conditions of the call for proposals (geographical scope, types of participants, eligible and non eligible costs and requirements for co-funding (40% of all project costs). There are a few challenges

for NGOs and for new EU member states: requirement of co-funding and proving it, a request for a bank guarantee (if request exceeds 300.000 EUR). These issues cannot be addressed in 2006 call for proposals.

The discussion pointed out to the previous excellent paper by NGOs (with the lead of Open Society Institute) with recommendations regarding improvement of the Public Health Programme. PHEA knows about the report and took some but not all recommendations.

The issues that were raised during the discussion, included: different application of financial rules depending on contact person, inaccessibility of funds for smaller organizations and that funding scheme should allow for smaller grants, a need for more focus on content issues (not only financial ones) in the monitoring efforts of the PH Programme, needs for allowing funding to be available for services (operational activities) and not only for projects

14. Report back from the AAE seminar on 'Legislation and Judicial Systems in relation to HIV and AIDS

Yusef Azad presented the European seminar on HIV and legislation organized in April. The meeting was attended by NGOs (good geographical representation); representatives from the Commission, European Parliament, WHO and UNDP.

The issue is broad; some topics were not covered (e.g. criminal prosecution for transmission) and/or need further discussions (e.g. drug users, migration).

Key issues discussed: data protection, privacy and confidentiality in health settings, in courts/judicial system, in employment, anti-discrimination legislation and means (EU, Council of Europe and national levels), using legal mitigation in protection rights, insurance and HIV, migration, IDU and prisoners, etc.

The upcoming report will include an updated analysis of surveys of the national situation. Participants also put their practical commitments for follow-up. The report will be in a month available at www.aidsactioneurope.org. Its outcomes and recommendations will be presented at the next CSF meeting for further debate.

The discussion in the CSF revealed prioritization of training and education of lawyers in sensitizing for HIV as well as networking of lawyers and academics who are sensitive to HIV issues and involving lawyers from other 'sensitive' fields (connection of health and law). UNAIDS Human Rights Reference Group might be willing to get involved in such networking. Beside monitoring, documentation and legal mitigation, working on existing legal and policy documents, there is an area of issues where there is no agreement so far (e.g. criminalization) and further examination is needed there as well.

IPPF is focal point in the Council of Europe on human rights and could provide support if there are needs for contacts, to make sure that their experts are meeting with good people during their missions to countries or there is a case in the European Court of Human Rights.

The CSF agreed:

- the report to be sent in a month by AIDS Acton Europe
- outcomes and recommendations to be presented at the next CSF

15. Strategy on CSF and EU-presidencies

CSF agrees on a need to advocate at other presidencies to organize meetings on HIV and to make it with all countries of Europe and Central Asia. In 2007, Portugal as EU Presidency will hold a technical consultation on HIV and migrants with representatives of Europe and Central Asia.

In 2008, France and Slovenia will chair the EU. Slovenia has limited capacity for organize huge events. However, there were preliminary discussions between WHO and Slovenia, that the latter might be interested in the issue of MSM. WHO could co-organize the event with Slovenian government. Outcomes of the upcoming AIDES seminar on MSM in June could be used at such a Presidency's meeting on HIV and MSM. France's Presidency agenda is not clear. However, AIDS might be on the agenda.

Other possible topics suggested for suggesting to Presidencies: Aging, Cancer and HIV (cancer is the main health topic of Slovenia's presidency), New EU member states and HIV.

The CSF agreed:

- EU Presidency will be a topic on the agenda of each CSF
- CSF can send Slovenian government a letter (suggesting possible topics)
- to put pressure that there are regular meetings on HIV during each presidency (apart of the issue who is paying for organization of the meeting)
- establish a small working group on the EU Presidencies within the CSF
- the agreed items should be replicated in the Think Tank (maybe to suggest task force in the TT)

16. Young people and HIV

The CSF agreed that the major issues in terms of young people and HIV are young people in vulnerable groups (drug users, street children, MSM, prisoners, sex workers, children/adolescent HIV+ people etc), as well as sexual education in and out of schools and connecting HIV and increasing rates of STIs among young people in some countries.

In some cases, there is manipulation of epidemiology pointing out that youth is the most affected by epidemics and not detailing that this is the youth from vulnerable groups. The services for vulnerable groups are not reaching young people. Sexual education is a 'controversial' issue (in Croatia abstinence-only education is promoted, in Slovakia high levels of anal heterosexual sex among young people etc), condoms are not accessible in schools. In some countries, access of rural youth to services, including information is an issue. Strategies on sexual and reproductive health are sometimes progressive, however they are not attached with implementation and funds for that. Funding and efforts should be focused on interventions that work (evidence based).

The role of education in schools might have another aspect – educating people to be tolerant to HIV+ people and to vulnerable groups.

CEEHRN will release a report on young and vulnerable in HIV in the new EU member states and neighbouring countries. It will be followed by the European seminar this year in Romania.

The Commission has the round table on sexual and reproductive health. IPPF, ASTRA-Youth, and Sensoa, as well as representatives from private sectors were invited. Currently the group works out what it wants to do. Durex and other condom companies are undertaking the analysis of existing information about STI and sexual and reproductive education. The outcomes will be channelled back to the working group.

The CSF agreed:

- Dadi Einarsson will send the report of mapping activities from the working group on sexual and reproductive issues to the CSF.

17. UNAIDS PCB – Programme Coordinating Board

Vitaly Djuma, who is alternate member of the UNAIDS PCB, encourages that the CSF should be more involved in the UNAIDS PCB. Civil society contribution is very appreciated in the body. The discussions there so far are not covering too much the EU issue.

Currently, the UNAIDS PCB is undergoing reforms (including restructuring and reducing number of members). Civil society will continue to have seats. There are plans to include representatives of PLWHA exclusively.

Representation from donor countries should be decreased and representation of developing countries should be increased. This is politically important, however might effect policies and previous strong line on evidence base and human rights.

Therefore CSF members and observers (including IPPF, co-chairs, HIV-Europe) should consider registering with observer's status in UNAIDS PCB and participate in its meetings. The procedure is simple. There is no limitation to numbers of observers. The next meeting (and probably other meetings) will be in Geneva, 25-27 June. There is an NGO pre-meeting 23-24 June in Geneva.

The CSF agreed that Vitaly Djuma will follow up via email.

18. World Hepatitis day

In the previous years, there was World Hepatitis Awareness Day on October 1. Last year there was a big media event and coverage on the issue. In 2007, a meeting in the Parliament is planned for October 1.

Recently there was a world meeting of hepatitis patient groups and it was decided to move the world day to May 19 and call it Hepatitis Day. The Body Shop founder committed to work actively in 2008 Hepatitis day events. The WHO STI/HIV department also now take hepatitis issues on board.

The CSF agreed to have the issue of hepatitis on the next CSF, to invite ELPA (European Liver Patient Association) to present.

19. Next CSF meeting

Tentatively it will be October in Brussels. Dates to be agreed soon. They should not overlap with the European AIDS Conference at the end of October.

20. Agenda for the next meeting

The agenda of the CSF should include more explanation on items, then we can get input from organizations that are not participating in CSF.

Items on the agenda:

- Outcomes of the seminar and survey on HIV, legislation and judicial systems
- EU presidencies
- Outcomes of the Dublin Declaration monitoring
- MSM
- Hepatitis
- Testing and counseling
- Migration

It is important to raise awareness about the CSF and to communicate back the discussions to groups in our countries. One of the major challenges is that English is not accessible for many NGOs in countries. The Commission has some limited possibilities for arranging translations (up to 15 pages), they should be explored. The Commission's website should include information about the CSF and publish its minutes. Overall it is not appropriate that there is not enough support of the Commission for the work of the CSF (including minute taking).

Generally there is a need for a discussion regarding the CSF but there might not be time for this during the CSF.

The CSF thanks Dadi for his personal contribution to the work of CSF.

The CSF agreed:

- the Commission's website will include information about the CSF and its minutes
- the Commission will report back about the possibilities to translate the minutes of the CSF (up to 15 pages)

Follow up/Action list

What	Who	When
Letter on relation CSF-ECDC	Ton,Nikos	Will follow-up
Inform CSF about price negotiations process	EATG policy working group	Will follow-up
Letter universal access migrants delivered to Barroso & Kyprianou	Luis, Arnaud, Licia, Georg, AAE, Eastern Europe rep.	Will follow-up
Send draft report on prisons and drugs to CSF for comments	Ms. Grenier,Dadi	When ready
Questionnaire on EU action plan implementation sent to CSF	Wolfgang	May
CSF response to questionnaire	CSF members	Mid May
Prepare table on EU DG's funds used for HIV/AIDS	Wolfgang	Next CSF
Send out call for applications new CSF	Dadi, Ton, Nikos, Martine	Mid May

Send formal minutes of TT to CSF or include on Commission website	Dadi	ASAP
Include reports CSF meetings and general info on CSF on Commission website	Dadi	ASAP
Report back to CSF on parliament discussion	Wolfgang	ASAP
Contact your MoH to discuss upcoming May 31 meeting	CSF members	ASAP
Discuss transparent governance of CSF	Ton,Nikos,all	Next CSF
Send report TB	Raminta	ASAP
Send info on Ministerial TB meeting	Jeff	After meeting
Suggest TB agenda-item for TT	Ton, Nikos	Next CSF
Promote joint position on testing/ counselling	CSF members	Next CSF
Send report legislation survey	Yusef	When ready
Establish EU presidencies subgroup	CSF Members	Next CSF
Send mapping sexual/reproductive health	Dadi	ASAP
Inform on UNAIDS PCB meetings	Vitaly	ASAP
Look into translation possibilities reports CSF	Dadi	ASAP

Annex A: List of Participants

Angelidis	Dimitris	Synthesis Greece
Azad	Yusef	National AIDS Trust, United Kingdom
Berglöf	Andreas	Nordpol/HIV-Sweden
Björkenheim	Corinne	Finnish AIDS Council
Cerioni	Allessandra	LILA
Coenen	Ton	AIDS Action Europe
Dedes	Nikos	EATG
Djuma	Vitaly	Russian Harm Reduction Network
Donadio	Irene	IPPF EN
Einarsson	Dadi	SANCO C4
Gherman	Liliana	Soros Foundation Moldova
Haanyama	Ophelia	Noak's Ark Red Cross Sweden
Iliuta	Catalina	CEEHRN
Jiresova	Katarina	OZ Odysseus
Kandjikova	Violeta	HESED, Bulgaria
Kaupe	Ruta	DIA+LOGS, Latvia
Khodas	Hanna	All-Ukrainian Network of PLWHA
Latarska-Smuga	Dorota	Social AIDS Committee Poland
Lazarus	Jeffrey	WHO-EURO
Mendão	Luis	EATG Portugal
Nowicka	Wanda	ASTRA
Philipp	Wolfgang	European Commission
Prochazka	Ivo	Czech AIDS Help Society
Schutter, de	Martine	AIDS Action Europe
Simon	Arnaud W.	AIDES, France
Solinc	Miran	SKUC-Magnus
Srdan	Matic	WHO-EURO
Stuikyte	Raminta	CEEHRN/EATG
Tomczynski	Wojciech	AIDS Action Europe
Wiessner	Peter	AIDS Hilfe Munich e.V., Germany

Minutes: Raminta Stuikyte (EATG) and Martine de Schutter (AIDS Action Europe), May 2007