Responding to the HIV Epidemic

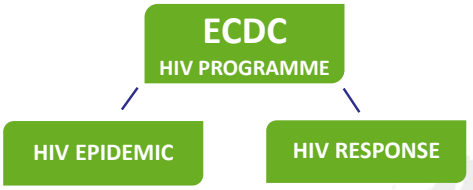
Findings from:

1. **The Dublin Declaration 2012 progress report**
2. **The draft final report on monitoring implementation of the EU Commission Communication and Action Plan on HIV/AIDS 2009-2013**

Teymur Noori, ECDC
EU Commission Think Tank and Civil Society Forum,
Brussels, 3-5 May 2013

Monitoring HIV/AIDS in Europe:

"Know your epidemic – Know your response"



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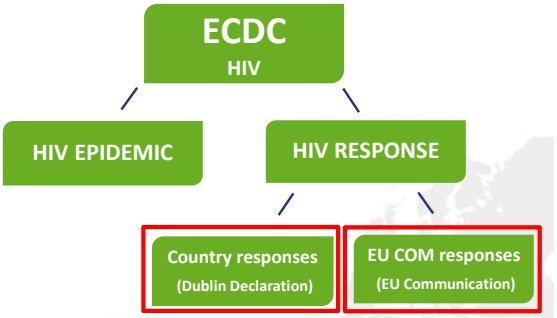

Monitoring the implementation of the Dublin Declaration 2012

Progress to date

Submission rates

Submission rates from the 55 countries

Albania	Finland	Liechtenstein	Serbia
Andorra	France	Lithuania	Slovakia
Armenia	Georgia	Luxembourg	Slovenia
Austria	Germany	Malta	Spain
Azerbaijan	Greece	Moldova	Sweden
Belarus	Hungary	Monaco	Switzerland
Belgium	Iceland	Montenegro	Tajikistan
Bosnia & Herzeg.	Ireland	Netherlands	TFYROM
Bulgaria	Israel	Norway	Turkey
Croatia	Italy	Poland	Turkmenistan
Cyprus	Kazakhstan	Portugal	Ukraine
Czech Republic	Kosovo	Romania	United Kingdom
Denmark	Kyrgyzstan	Russian Federation	Uzbekistan
Estonia	Latvia	San Marino	

Overall submission rate: 51/55 = 93%

Advisory Group

Tsveti Yakimova - **Bulgaria**	Frida Hansdotter - **Sweden**
Jasmina Pavlic - **Croatia**	Luciano Ruggia - **Switzerland**
Kristi Rüütel - **Estonia**	Olga Varetska - **Ukraine**
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Vladimir Shoukhov - **Russian Federation**	Tobias Alfven - **UNAIDS HQ**
Danijela Simic - **Serbia**	Michelle Sherlock Williams- **UNAIDS RST**
Olivia Castillo Soria - **Spain**	Ulrich Laukamm Josten - **WHO EURO**

Dublin outputs

Report format – Thematic reports

Thematic reports (10) to be structured around the following areas:

1. Political leadership and financial resources	6. Migrants
2. Civil society	7. Prisoners
3. People who inject drugs	**8. Treatment, care and support**
4. Men who have sex with men	9. Stigma and discrimination
5. Sex workers	10. Monitoring and evaluation

Report format – Evidence briefs

We are also planning to produce **evidence briefs** on the following topics:

1. Political leadership/financial resources	5. Men who have sex with men
2. Civil society	6. Migrants
3. Treatment, care and support	7. Prisoners
4. People who inject drugs	8. Overall brief on main findings

Findings: Leadership and resources

Measuring leadership

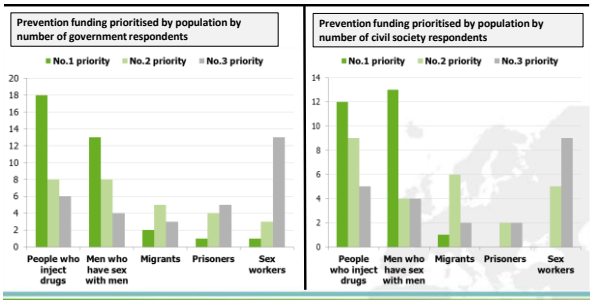
- Political leadership and financial resources are essential components to an effective HIV response
- There is a clear consensus globally about the importance of political leadership
- However, there is less agreement on how to define and measure what constitutes political leadership

Measuring leadership according to ECDC

- The extent to which HIV prevention funding is prioritized towards key populations
- The degree to which relevant and effective policies are in place to prevent and respond to HIV
- The degree to which essential programmes are delivered at scale, even if they lack widespread political support (i.e. provision of harm reduction programmes for PWID in prison settings or ART to undocumented migrants)
- The extent to which countries are providing ART coverage for key populations

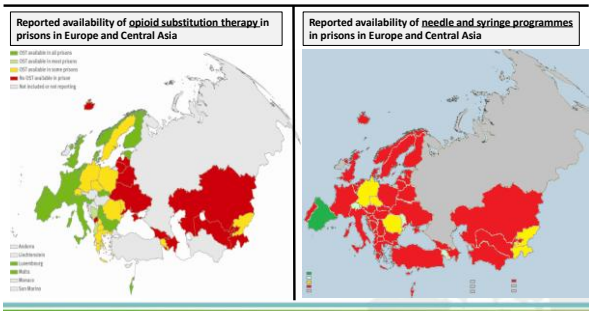
Prevention funding prioritized by population – government vs. civil society respondents

- A majority of government and civil society respondents reported that their country's prevention funding was prioritised for those key populations most affected by the epidemic, particularly for PWID and MSM



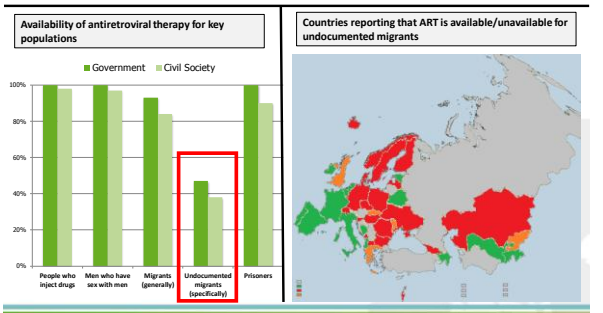
Most countries report that relevant and effective HIV programmes are being delivered at scale

- However, this is not the case when it comes to the provision of OST/NSP in prisoners and ART to undocumented migrants



The provision of ART to undocumented migrants

- Many countries do not provide ART to undocumented migrants



Financial resources

DOMESTIC FUNDING:

HIV-related financial resources

Total spending on HIV (ART & prevention)

- Total spending on HIV continues to increase in most countries
- Much of this appears to be related to increasing number of people receiving ART and the increasing costs of ART
- Treatment accounts for more than 95% of all HIV spending

Reported spending on national HIV responses in 2011 in 15 countries (all figures in millions of Euros)

	Total	Prevention	Percentage
EU/EFTA countries (8)	1 551	27	1.7
Non-EU/EFTA countries (7)	91	32	35.8
All countries (15)	**1 642**	**59**	**3.6**

Spending on HIV prevention

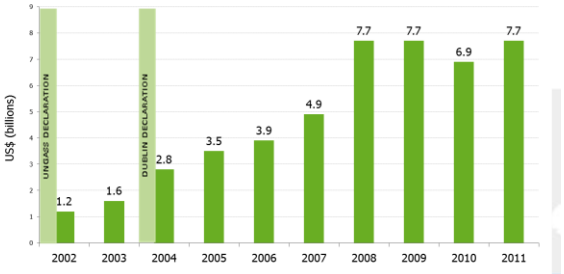
- Trend data for HIV prevention spending is available for 18 countries across two rounds of Dublin reporting
- In most of these (12; 66%), spending on HIV prevention has increased
- In four countries (Estonia, Kyrgyzstan, Poland and Romania) HIV prevention spending has declined
  - In Kyrgyzstan, Poland and Romania spending declined considerably
  - For example, in Poland, reported spending on HIV prevention fell from more than €3m in 2007 to just over €1m in 2011
- The costs of preventing HIV transmission are much lower than those needed to treat HIV infection, thus investment in effective HIV prevention makes sound economic sense

INTERNATIONAL FUNDING:

HIV-related contributions from European countries

Global international AIDS assistance

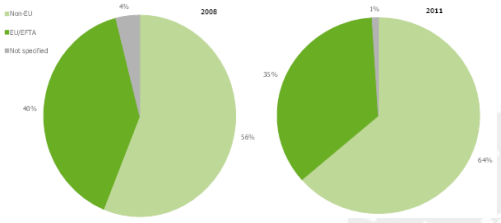
- Although international AIDS assistance rose dramatically from 2002 to 2008, it has plateaued in the following years due to the global financial crisis



Source: Kaiser Family Foundation and UNAIDS Financing the Response to AIDS in Low- and Middle-Income Countries: International Assistance from Donor Governments in 2011, July 2012

The proportion of international AIDS assistance provided from Europe reduced from 2008 to 2011

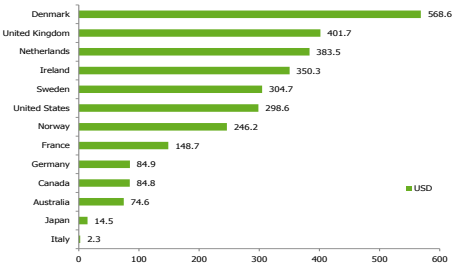
- In 2008, 40% of all international AIDS assistance originated from EU/EFTA countries and the European Commission. By 2011, this proportion had fallen to 35% (-5%=US$350m).



Source: Kaiser Family Foundation and UNAIDS Financing the Response to AIDS in Low- and Middle-Income Countries: International Assistance from Donor Governments in 2011, July 2012

European countries remain the largest funders of the international AIDS response when compared to GDP

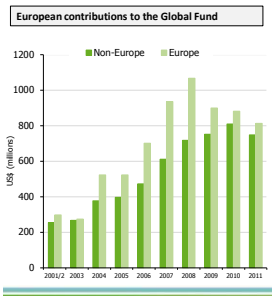
- Denmark, the UK, Netherlands, Ireland and Sweden are the biggest contributors to the international AIDS response as a proportion of its GDP

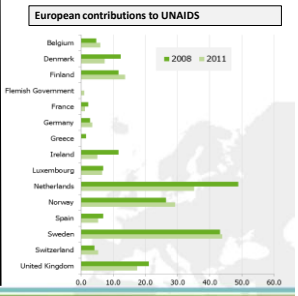


Source: Kaiser Family Foundation and UNAIDS Financing the Response to AIDS in Low- and Middle-Income Countries: International Assistance from Donor Governments in 2011, July 2012

European HIV-related contributions to the Global Fund and UNAIDS

- Since the peak in 2008, European contributions to the Global Fund and UNAIDS has declined





Source: Global Fund List of Core Pledges and Contributions, 2012

Source: UNAIDS List of Total Contributions, 2012

Has the economic crisis adversely affected spending on the HIV response?

Domestic spending – NO (at least not up until 2011)

- Despite the economic crisis, many countries have continued to increase funding for their HIV responses
- Much of this appears to be related to the increased costs of treatment and care
- The cost of providing treatment accounts for more than 95% of all HIV spending

International spending – YES

- The overall level of funding has plateaued since 2008
- The percentage of international AIDS assistance from Europe fell between 2008 and 2011 largely because of reduced contributions by a number of countries.
- However, some countries, such as Sweden and the United Kingdom maintained or increased their contributions, as did the European Commission
- Levels of European funding to the Global Fund and UNAIDS has declined

Issues needing further action – Political leadership and financial resources

There remains a need to:

- Ensure that provision and coverage of HIV-related services for key populations is a programmatic and financial priority
- Tackle difficult but essential policy issues, such as the provision of harm reduction programmes in prison settings for PWID and access to ART for undocumented migrants
- Ensure value for money in national HIV responses, e.g. by reducing costs of treatment
- Develop a clear strategy to ensure the sustainability of future financing for national responses to HIV, especially for those countries not eligible for GF
- Assess the declining levels of European funding to the global HIV response and its key institutions, such as the Global Fund

Treatment

Treatment, care and support

This report is divided into five main parts:

- Provision of ART
- Elements of care and support
- Late diagnosis
- Providing treatment to key affected populations
- Treatment as prevention

Provision of ART

ART coverage in Europe and Central Asia

- Most countries in Europe and Central Asia track the proportion of people who receive treatment as a proportion of those diagnosed with HIV who are known to need treatment
- Overall, provision of treatment, care and support across the region is considered good by both government and civil society and reported rates of ART coverage are high
- In the 22 EU/EFTA countries with available data, reported rates of coverage are more than 85%
- This is not the case for seven non-EU/EFTA countries where ART coverage is less than 85% (Azerbaijan, Kazakhstan, Kyrgyzstan, Moldova, Tajikistan, Ukraine and Uzbekistan) (range 29%-82%)

Number of people living with HIV reported to be receiving ART (33 countries)

- 33 countries provided data for both rounds of reporting
- The rate of increase in the EU/EFTA between 2010 and 2012 = 27%
- The rate of increase in non-EU/EFTA between 2010 and 2012 >300%
- These data are important because they show the increasing treatment burden being imposed on countries
- In addition, the challenge for all countries to provide ART is likely to increase given the movement of international guidelines toward earlier treatment

329 609

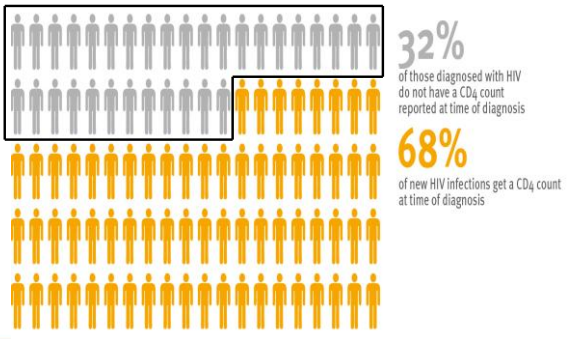
Numbers on ART in 33 countries reported to previous round of Dublin reporting (2010)

512 134

Numbers on ART in same 33 countries reported to this round of Dublin reporting (2012)

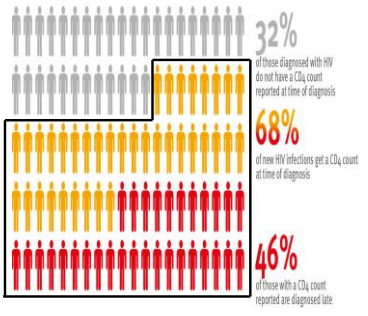
Late diagnosis

CD4 count at time of diagnosis



Late diagnosis is a critical issue in Europe and Central Asia

- Almost half (46%) of people in the region are diagnosed late
- The number may be under-estimated because people who need treatment may not have symptoms and almost one third (32%) of those diagnosed with HIV do not have a CD4 count reported
- As a result, there are a large number of people that need ART but are not receiving it



Issues needing further action – treatment

- There remains a need for countries of Europe and central Asia to continue to scale up the provision of ART to ensure that everyone who needs it, receives it
  - Especially in non-EU/EFTA countries
  - Especially when it comes to the provision of ART to undocumented migrants in EU/EFTA
- It should become the norm in countries across the region for a person to have a CD4 count performed within three months of HIV diagnosis
  - Although there is an observed increase in the percentage of people receiving CD4 count at time of diagnosis (from 50% in DD 2010 to 68% in DD 2012), it is unacceptable that so many still are not offered a CD4 count at time of diagnosis
- There is a need for countries of Europe and central Asia to focus on addressing the critical issue of late HIV diagnosis
  - Delays in starting ART affects a significant number of people living with HIV (46%). There is a need to introduce measures aimed at earlier HIV diagnoses
  - There is evidence in some countries that rates of late diagnosis may be higher among PWID, MSM and migrants

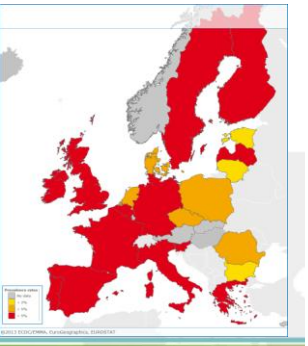
MSM

Reported HIV prevalence among MSM in EU/EFTA

- Prevalence ranges from 0.5% - 17.7%
- Countries reporting highest prevalence:

France 17.7%	**Switzerland** 11.3%
Spain 13.1%	**Belgium** 10.4%
Greece 12.7%	**Portugal** 10.2%
Germany 11.5%	**Italy** 9.6%

- Prevalence was higher among MSM aged 25 and over
- Data suggests that rates of HIV infection were higher in some sub-groups of MSM, i.e. younger and less educated MSM, bisexual men, MSM sex workers and migrant MSM



*Differences in data sources mean that comparisons between the two reporting rounds should be interpreted with caution. This applies in particular to reported prevalence rates in 2012 that are based on EMIS data.

Conclusions

Available data from EU/EEA countries show that:

- HIV prevalence among MSM is high and increasing
- HIV testing rates in most countries are between 20% - 50%; declining in some countries with very high prevalence among MSM
- Rates of condom use among MSM have declined in more than half of reporting countries
- There is little data about factors influencing risk behaviour and about sub-groups of MSM at particular risk (i.e. PWID's, migrants, sex workers, youth)

Issues needing further action – MSM

1. There is a need for better data in order to guide the HIV response on both national and EU level, especially in relation to
   - Risk/protective behaviours among MSM and factors influencing consistent condom use (e.g. type of partner, type of sex, drug use, HIV status)
   - Data on HIV prevalence and prevention coverage in sub-groups of MSM who may be at elevated risk of HIV, including young MSM, migrant MSM and MSM outside major cities
2. There is a need to scale up comprehensive and effective HIV prevention programmes targeted toward MSM
   - In particular to promote increased testing uptake and consistent condom use with male (and female) partners
3. There is a need for countries to focus on addressing the critical issue of late diagnosis of HIV infection
   - The proportion of MSM diagnosed late in the EU/EEA is around 40%

Next Steps – Dublin 2014

- Today ECDC are publishing:
  - Background & methods
  - Leadership and resources (+ evidence brief)
  - Treatment (+ evidence brief)
  - Sex workers
- All thematic reports and evidence briefs published by June
- Fall 2013, ECDC will convene a new advisory group to monitor Dublin for 2014
- 2014 progress report will provide a 10 year overview of the HIV epidemic and response in Europe and Central Asia

Monitoring implementation of the EU Communication and Action Plan on HIV/AIDS 2009-2013

Interim report April 2012

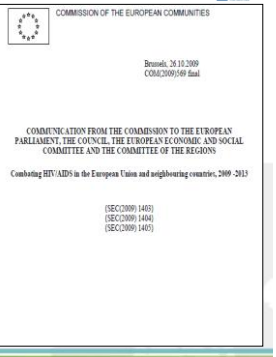
Final report under review 2013

Disclaimer:

This findings in this presentation solely reflects the views of ECDC. The European Commission cannot be held responsible for any use which may be made of the information or the views contained therein.

Commission Communication

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


COMMISSION OF THE EUROPEAN COMMUNITIES

Brussels, 26.10.2009
COM(2009)569 final

COMMUNICATION FROM THE COMMISSION TO THE EUROPEAN PARLIAMENT, THE COUNCIL, THE EUROPEAN ECONOMIC AND SOCIAL COMMITTEE AND THE COMMITTEE OF THE REGIONS

Combating HIV/AIDS in the European Union and neighbouring countries, 2009 -2013

{SEC(2009) 1403}
{SEC(2009) 1404}
{SEC(2009) 1405}

Three main objectives:

1. To reduce HIV infections
2. To improve access to prevention, treatment and care
3. To improve the quality of life of people living with HIV/AIDS

Interim Report

- Interim report published in April 2012
- Highlighting areas where further action was needed
- Final report is based on interim report:
  - Updating activities of all partners
  - Adding a chapter on the impact of the financial crisis on HIV prevention
  - Using data from Dublin, we try to answer the question: Are Communication objectives being met?

Structure of Report

- Section 1 gives some **background** to monitoring the Action Plan
- Section 2 describes the **financial inputs** available for the implementation of the Communication and Action Plan, including financial crisis' impact
- Section 3 describes the **non-financial inputs** available for the implementation of the Communication and Action Plan
- Section 4 considers the **effects** of these inputs and the contribution they have made in achieving the results envisaged in the Communication and Action Plan
- Section 5 considers if the Communication **objectives** are being met
- Section 6 sets out **key conclusions, recommendations** & **next steps**

Report

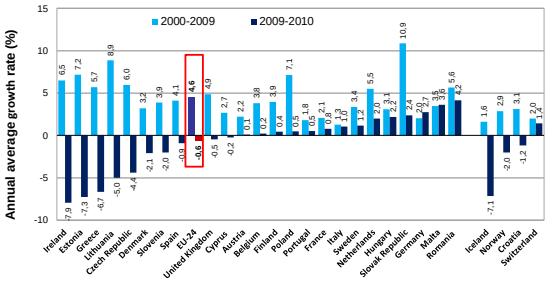
Based on responses from

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

Are objectives being met?

Context is important

- Annual average growth rate in health expenditure per capita has declined for the first time since 1975

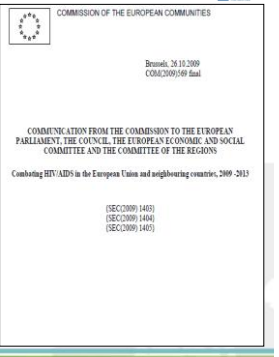


Source: OECD Health Data 2012; Eurostat Statistics Database; WHO Global Health Expenditure Database.

Is the Communication having an impact?

1. Has the quality of life of people living with HIV/AIDS improved?
2. Has access to prevention, treatment and care improved?
3. Do we see reduced HIV infections?

Although ECDC's work to monitor implementation of the Communication is by no means an evaluation, ECDC is trying to use the data provided through the Dublin Declaration to assess if the objectives of the Communication are being met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1. Has the quality of life of people living with HIV improved across the region?

- No direct data on quality of life for people living with HIV was reported to the Dublin monitoring process
- However, ART reduces both mortality and morbidity associated with HIV
- Several studies have reported a strong positive association between ART and improved quality of life among people living with HIV
- Data from Dublin reporting in 2010 and 2012 shows that, between the two rounds of reporting, the number of people on ART rose from more than 300,000 to just over 500,000
- Particularly high rates of increase were seen in non-EU/EEA countries
- The Global Fund has made a significant financial contribution to scaling up of ART in many non-EU/EEA countries of the region
- Funding from the European Commission has made an important contribution to this

1. Has the quality of life of people living with HIV improved across the region?

- However, not everyone who needs ART in the region is receiving it
- Some people infected with HIV are unaware of their infection
- Many others are diagnosed late, leading to increased morbidity and mortality
- Between the two rounds of Dublin reporting:

	Dublin 2010	Dublin 2012
Number of countries reporting data on late diagnosis	21	38
Percentage of new HIV infections with CD 4 count at time of diagnosis	50%	68%
Percentage of new HIV diagnoses with a CD4 count available at time of diagnosis with a CD4 count <350	53%	46%

2. Has access to services improved?

- Data from the Dublin monitoring process provides insights into access by key populations to important HIV-related services

PWID

- People who inject drugs enjoy moderate to good access to programmes that provide sterile injecting equipment in most EU/EEA countries
- This is less the case outside the EU/EEA
- Provision of opioid substitution therapy is widespread across the EU/EEA, but much less so outside the EU/EEA
- In a number of countries of the region, opioid substitution therapy is not provided at all

2. Has access to services improved?

MSM

- HIV prevalence among MSM is high and increasing
- No good measures of programme coverage for MSM exists
- HIV testing rates in most countries are between 20% - 50%; decline in some countries with very high prevalence among MSM
- Rates of condom use among MSM have declined in more than half of reporting countries

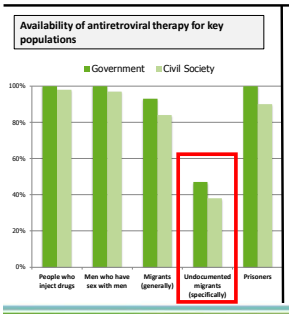
Sex workers

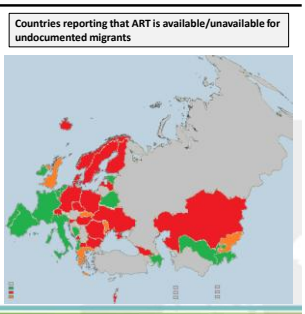
- HIV prevalence is high in some categories of sex workers
- There was little change between the two rounds of Dublin reporting in rates of HIV testing, programme coverage or condom use among sex workers in the region

2. Has access to services improved?

Migrants

- Many countries do not provide ART to undocumented migrants

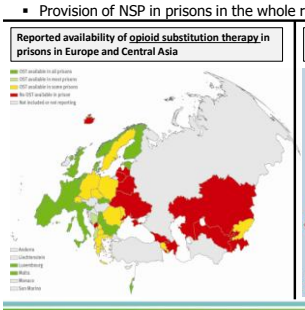


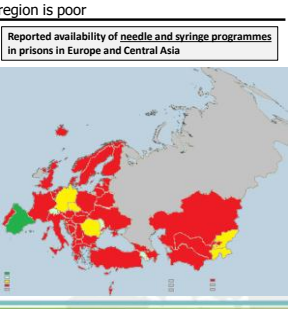


2. Has access to services improved?

Prisoners

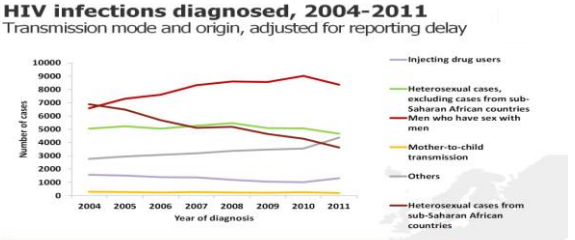
- Provision of OST in prisons in the EU/EEA is good, not so outside the EU
- Provision of NSP in prisons in the whole region is poor





3. Has transmission of HIV been reduced?

- HIV transmission overall is declining in the EU/EEA, but increasing among MSM in many countries



Predominant transmission mode: men who have sex with men

Data were not included or not available from Estonia, Poland, Spain, Italy.

CONCLUSIONS

Good progress has been made

- Annual financial input to support implementation of the Communication is at least €57m (not including funding through the ENP instrument or structural funds)
- Commission funding has contributed to the development of new treatments and prevention technologies, as well as to improve clinical management and patient outcomes
- The Commission has provided significant funding for national responses to HIV in Europe through the Global Fund, and this funding has supported scale up of HIV-related services in most affected countries in the region
- Funding through the Health Programme has focused on populations who are most at risk, including PWID, MSM, sex workers, migrants, prisoners
- The Communication is an important tool for galvanising political leadership and keeping HIV on the agenda in Europe
- The Commission has supported efforts to ensure that policy and programming are based on sound research and evidence

RECOMMENDATIONS

Recommendations to improve implementation of the Communication and Action Plan

- **Strengthen political leadership on critical issues**
  - There is a need to intensify action to ensure that national responses to HIV are adequately financed, including funding for civil society organisations
  - There is a need to initiate dialogue on how to sustain HIV prevention programmes in the context of the current economic downturn and of declining support from the Global Fund
  - There is a need to develop and implement a strategy for engagement with the private sector, including on the critical issue of affordable ARVs
  - There is a need to intensify efforts to ensure that EU Presidencies give high priority to HIV

EU Presidencies

	2009	2010		2011		2012	
	SWEDEN	SPAIN	BELGIUM	HUNGARY	POLAND	DENMARK	CYPRUS
Health priorities	Ageing Antibiotic resistance Alcohol Comm. Disease E health	Public Health Blood Directive Tobacco	Health inequality Chronic disease Cancer Social factors of health Health professionals		Nutrition Physical activity Childhood resp. disease Childhood communic. diseases Alzheimers	Emphasis on economic responsibility, employment, sustainable growth, and security	Economic governance, growth, solidarity and social cohesion, including health, and progress on the EU's development commitments
HIV activities	HIV in Europe Conference (not an official Presidency meeting)	HIV and Vulnerability Conference				HIV in Europe Conference (not an official Presidency meeting)	

Recommendations to improve implementation of Communication and Action Plan

- **There is a need to make better use of mechanisms and instruments to address the needs of priority groups in priority regions**
  - Review the potential to use ENPI and structural funds to complement national responses that prioritise key populations and improve treatment coverage, especially in those countries where the Global Fund is phasing out its financial support
  - There is a need to ensure that funding through the European Health Programme and other mechanisms continues to be targeted to most-at-risk populations, with resource allocation clearly based on the epidemiology of the epidemic.

Recommendations to improve implementation of Communication and Action Plan

- **Build on progress to date to ensure access to prevention, treatment and care and to protect the rights of people living with and affected by HIV**
  - There is a need to sustain advocacy and support for universal access to prevention, treatment and care, expansion of harm reduction services, including OST and NSP
  - There is a need to sustain efforts to step up effective HIV prevention for men who have sex with men
  - There is a need to monitor policy development and implementation
  - There is a need to intensify efforts to tackle discrimination, including the enactment of anti-discrimination laws and the monitoring of discrimination related to HIV status

Recommendations to improve implementation of Communication and Action Plan

- **Strengthen research and surveillance**
  - There is a need to ensure a more balanced allocation of funding for research, by increasing resources for social, behavioural and economic research
  - There is a need to intensify support for improved behavioural surveillance and analysis of risk behaviour (i.e. EMIS-like studies in other key populations)
  - There is a need to increase cooperation with ENP countries and the Russian Federation to strengthen surveillance in these countries

Recommendations to improve implementation of Communication and Action Plan

- **Improve the quality of information available about financial and non-financial inputs to support implementation**
  - There is a need to maintain accurate data on financing provided by the Commission through different mechanisms and instruments to allow financial inputs to be fully captured
  - There is a need to monitor the quality and impact of projects and other activities funded
  - There is a need to ensure that Commission-funded programmes and projects include an evaluation component and measure whether or not the desired effects have been achieved
  - There is a need to evaluate the achievements of the Communication

Next steps

- Draft final report with the Commission for clearance
- Final report to be published by ECDC
- Independent evaluation of the Communication and Action Plan envisaged

Thank you

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

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

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

Action	Responsible	Comments
Support civil society through funding and legal support at EU and national levels **Involve and consult civil society in HIV policy development and implementation**	National authorities Commission	Support for civil society needs to be sustained, including by Member States, in light of reduced Global Fund support and economic crisis.
Intensify cooperation with private sector – business and media **Work with pharmaceutical industry to improve access and availability of treatment across Europe**	Industry National authorities Commission Civil society	Commitment in the area of biomedical research. More needs to be done to engage Member States in dialogue with the pharmaceutical industry on HIV drug pricing.
Strengthen behavioural surveillance to develop measures leading to reduced risk behaviour **In depth analysis of trends and dynamics in sexual and drug related risk behaviour**	ECDC EMCDDA Academia Commission Civil society	Steps taken to improve behavioural surveillance, but efforts should be stepped up.

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

Action	Responsible	Comments
E Europe, ENP countries and Russian Federation: **Universal access to VCT and care** **Introduce and implement effective harm reduction measures for HIV prevention** **Prevention and integrated HIV, TB and co-infection treatment, in prisons and other settings**	National authorities Civil society Commission	Good progress, but more needs to be done to achieve universal access and acceptable coverage.
ENP countries and Russian Federation: **Promote cooperation of EU and neighbouring countries on HIV/AIDS** **Involvement of neighbouring countries in HIV related meetings at EU level**	Commission Member States ENP countries	Scope to strengthen cooperation through existing mechanisms and instruments.
ENP countries and Russian Federation: **Strengthen surveillance by stepping up cooperation between ECDC and ENP institutions**	ECDC Surveillance institutions	Scope to strengthen cooperation.

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

Action	Responsible	Comments
Exchange programmes between Member States and neighbouring countries	Medical associations Industry Member States Neighbouring countries Civil society	Scope to make better use of exchange programmes.
Intensify promotion of safer sex behaviour among MSM	Civil society Member States Neighbouring countries Commission ECDC	Good progress, but more needs to be done in view of evidence about risk behaviour among MSM and increasing rates of HIV and STI.
Intensify VCT, outreach for MARPs	Civil society Member States Neighbouring countries Medical associations Commission	Good progress, but more needs to be done to build on this.

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

Action	Responsible	Comments
Implement harm reduction for prevention of HIV and drug dependency	Member States Neighbouring countries Civil society Commission	Good progress, but more needs to be done to build on this.
Targeted prevention measures and access to services and treatment for migrants	Migrant and ethnic minority organisations National authorities Commission Civil society	Important analysis carried out. More needs to be done to ensure this is translated into policies and programmes.
Social, and behavioural research, socio-economic analysis	ECDC Academia Commission Member States Civil society	Limited funding. Greater efforts needed to stimulate research on these aspects of the epidemic in Europe.