

## Executive Summary from the 21st meeting of the HIV/AIDS Civil Society Forum

The HIV/AIDS Civil Society Forum (CSF) has been established by the European Commission as a working group to facilitate the participation of NGOs, including those representing people living with HIV and AIDS, in policy development and implementation and in information exchange activities. Below is a short overview of the meeting (Luxembourg, July 06 & 07, 2015). The full meeting report and all presentations are available for download at <http://www.aidsactioneurope.org>.

### Pre-exposure Prophylaxis - PrEP

There are a lot of activities in the community around PrEP (Videos, discussions, forums, Facebook pages, implementation studies). There is an informal use of PrEP (France e.g.), that needs to be recognized as a fact.

### Self-testing and home testing

It is formally happening in the UK, however, tests can be ordered through the internet informally anyway. Again, legislation and regulations need to follow reality. A lot of information and demands are also related to linkage to care and counseling.

### Prevention among men having sex with men - MSM

Epidemiologically speaking, MSM are still one of the main drivers of HIV in many parts of the EU. Travelling gay men and the use of dating applications were discussed. We need to work on the international level. Networking and connecting Checkpoints is necessary. Geospatial applications are also a good tool for conveying prevention messages. ECDC + WHO and community could achieve a breakthrough with app owning businesses.

### Prevention among youth

Sexual health education – survey from the UK shows that young gay men don't know enough about sexual health. We need to acknowledge that the young (young MSM, young drug users, young sex workers) are a key population with specific needs.

### UNGASS preparation

We need to strengthen the EU position on harm reduction. The community believes in harm reduction. In cooperation with the CSF on Drugs, we are confident that our voices will be heard. We are urging Member States to make sure that harm reduction is not lost from their view.

### START

We urge Latvia to change their treatment initiation guidelines for treatment initiation from 200 CD4 to at least 350 CD4. In general, we ask Member States to acknowledge that there is strong scientific evidence for immediate treatment initiation for anyone diagnosed, regardless of their CD4 count. Treatment, however, should be the patient's decision; we oppose any involuntary treatment schemes.

### Quality Action

The Joint Action on Improving HIV in Europe shows positive outcomes according to the participants' survey. A general level of satisfaction, more confidence, benefitting from the level of involvement and improved stakeholders' participation were reported. There was higher participation of NGOs in the training part of the joint action.

### Gender and women issues

Disaggregated data from the ECDC on women's epidemiological situation would be welcome. We need to recognize that women are a key population within the HIV epidemic with specific social, and also biological, determinants. Not unlike in the case of youth, the intersection of gender and social determinants need to be addressed: women who use drugs, migrant women, sex workers.



European  
AIDS Treatment  
Group