

Report of the 18th HIV/AIDS Civil Society Forum Luxembourg, December 9 & 10, 2013

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](#).

December 9

1 Opening

1.1 Report and action list of last meeting

What	Who	When	Status
Circulate ECDC 2012 Commission Communication monitoring reports to CSF mailing list when released	CSF CT	When published	Done
Circulate ECDC 2012 Dublin monitoring report to CSF mailing list when released	CSF CT	When published	Done
Utilise the conclusions and recommendations from the Commission Communication and Dublin monitoring reports as input for CSF agenda and development of new EU policy framework	CSF CT	On-going	Used for our input into new Action Plan
Meet with Commissioner Borg after CSF meeting to discuss future HIV policy and civil society engagement	CSF delegation	May 27	Done
Follow-up with DG SANCO to ensure pro-active involvement of CSF in the development of a new political framework to follow the current Commission Communication	CSF CT	On-going	Conference calls with DG SANCO, meetings with Commissioner Borg, input CSF into Action Plan, item on agenda this CSF

2 CSF Coordination Team update on advocacy and other actions

May 2013

27/05 Meeting in Brussels between a delegation of the CSF and EU Commissioner Borg, in follow-up of the Call to the EU leaders and the EC to reaffirm their leadership and commitments on HIV/AIDS by approving a new strategy and action plan on HIV/AIDS (199 signatories).

30/05 Sign-on the petition presented by Demetra and AHF-Lithuania to Lithuanian leaders on HIV/AIDS and Harm Reduction Policy, in the context of IHR conference in Vilnius (9-12 June 2013).

June 2013

19/06 Reply from Commissioner Borg to CSF May letter, reassuring that the Commission is committed to keep HIV on the agenda and to continue working with civil society.

July 2013

03/07 Letter to EC asking if the Commission could follow up with the Greek authorities about the decision of the new Greek Minister of Health (on 25 June) to annul the repeal of the Ministerial Decree of 1st April 2012 which was used to carry out compulsory HIV testing in Greece. That Decree had been repealed by an act of the former Deputy Minister on 30 April 2013. Following our request, the Commissioner raised concerns on this issue with the Minister of Health of Greece and received assurances that the Greek government would present a new law shortly, which would fully comply with human rights. We were also reassured that the Commissioner and his Cabinet would follow this matter very closely. Latest update at the CSF meeting: There is a commission at the Ministry of Health working on a new law, a final decision hasn't been made. There are four open cases against the state

09/07 Teleconference with EC to discuss CSF engagement in the external evaluation of the Commission Communication, the development of a new Action Plan and plans for a new Communication.

September 2013

02/09 Follow-up meeting with Commissioner Borg; in this occasion the CSF was represented by Luís Mendao, Pedro Marques and Ann-Isabelle von Lingen, who underlined the need for a new Communication and Action Plan to focus on vulnerable populations, affordable treatment, universal access and equal rights for undocumented migrants, and integration of services of HCV, Hepatitis, TB and STIs .

06/09 Dissemination of the final monitoring report of Commission Communication published by the ECDC, with a focus on conclusions and recommendations for civil society and the CSF.

12/09 Launch of the Consultation process with CSF members and EATG and AAE boards to gather input for a new Action Plan, as requested by the European Commission.

October 2013

10/10 Start of the e-mail exchange of information and opinions concerning the debate held on 21 and 22 October in the European Parliament on medical device regulations which could have possibly meant a prohibition on the selling of HIV home-testing kits.

14-15/10 Participation of the co-chairs to the ECDC meeting in Zagreb of the Advisory Group for reporting on the Dublin Declaration. The main purpose of the meeting was to agree on a set of indicators for 2014 Dublin monitoring (including both GARPR (Global AIDS Response Progress Reporting) and additional Dublin-specific indicators) and the content of a Dublin-specific questionnaire.

21-22/10 Participation of Luis Mendao as CSF representative in EMCDDA drug-related infectious diseases meeting in Portugal.

25/10 Submission of the consolidated input gathered from CSF members during the consultation process to the EC for the preparation of the new Action Plan.

November 2013

04/11 Start collaboration with External Evaluation Firm for the evaluation of the present Commission Communication.

14/11 Call to Italian authorities to host a Dublin Declaration Decennial event during the Italian Semester of the European Presidency. The English version of the letter was endorsed by over 100 NGOs and European networks and the Italian version by 19 of the biggest NGOs and CBOs working on HIV/AIDS and vulnerable groups.

3 Overview of DG SANCO Activities in Relation to HIV/AIDS Dossier June – December 2013

3.1 Commissioner and the cabinet

- Meeting of Commissioner Tonio Borg with the Greek Minister of Health including discussion on HIV/AIDS Situation in Greece (27 May)
- Meeting of Commissioner Tonio Borg with the Italian minister of Health including discussion on HIV/AIDS situation in Italy (30 May)
- Meeting of Commissioner Tonio Borg with Luís Mendao, European AIDS Treatment Group (3 September)
- Speech of commissioner Tonio Borg in the conference “EPATITI: NUOVI SCENARI ALL’ORIZZONTE in Italy (13 September)
- Convening a session on Health and more vulnerable groups at the European Health Forum in Gastein Austria (October 2013) Speech of the Commissioner Tonio Borg in the European parliament hearing on “Achieving the Right to Health of LGBTI people” (6 November)
- Meeting with Luis Loures from UNAIDS on 6 November to discuss HIV at the conference on health and discrimination in March 2014 (6 November)
- Meeting of the Commissioner Tonio Borg with the Ukrainian Minister of Health including discussion of HIV/AIDS situation in Ukraine (20 November)
- Endorsement of European HIV Testing week (22-29 November) by Commissioner Tonio Borg, and publication of a ‘blog’ on the Health Commissioner’s website.
- World AIDS Day (1 December 2013): EC published a press release and memo as well as blog on Commissioner’s website.
- The Commissioner responded to 12 Parliamentary Questions on HIV/AIDS and co-infections (Tuberculosis, Hepatitis) as well as sexual health. (see <http://www.europarl.europa.eu/plenary/en/parliamentary-questions.html#sidesForm>)

3.2 EU Policy Framework on HIV/AIDS / policy work

The updating process of the EU Action Plan on HIV/AIDS is on track

- Consultation with the HIV/AIDS Civil Society Forum
- Consultation with the Think Tank on HIV/ Inter-service consultation involving EEAS DG ELARG, DEVCO, HOME RTD, JUST
- Consultation with EU agencies.

The external evaluation of the Commission Communication on Combating HIV/AIDS in the EU and Neighbouring Countries and Action Plan should be ready in May 2014.

- There is a Political Dialogue between the European Commission and the Russian Federation on public health challenges and a subgroup on communicable diseases. While this is a difficult subject, it is a pre-condition to have HIV on the agenda and there is a good collaboration between DG Sanco and the EU delegation in Moscow. It is a bi-annual dialogue that takes place in Russia and in Luxemburg. The agenda covers epidemiology, harm reduction. EMCDDA, ECDC and WHO Europe were included.
- The EC also worked in alerting stakeholders with ECDDC regarding meningitis and botulism, including alerting communities.

3.3 Events with the participation of the European Commission

- Participation by Commission in the Northern Dimension Partnership on Health and Social Well Being (21 November)

- Participation by Commission in the 3rd HIV Portugal Conference in Lisbon (21 November)
- Participation by Commission in the event on “Getting to Zero”, addressing societal challenges of HIV patients in the European Parliament (26 November)
- Participation by Commission in the screening and panel debate on the MTV documentary “My sex life and everyone else’s” in the European Parliament (4 December)

3.4 Activities performed by the European Commission in relation to CSF

- In response to concerns raised by the Civil Society Forum, the Commission enquired internally about amendments tabled in the European Parliament on the Proposal for a regulation of in vitro diagnostic medical devices. The amendment concerned may have resulted in new testing kits for HIV to be available on a prescription only basis. (16 October)
- 2 teleconferences with CSF Co-chairs

Action

- There will be a complete renewal of the CSF for a new mandate of three years. A call of expression will be sent out to become CSF member. Current members may re-apply.

4 EU Presidencies

4.1 Lithuania

Context

Cases of HIV are increasing

Activities

- Public address at the International Harm Reduction Conference, to Lithuanian Leaders, on the HIV/AIDS and Harm Reduction policy (9-12 June 2014 in Vilnius).
- Minister of Health agreed to be an ambassador of the HIV/AIDS Testing week.
- At the HIV in Europe and neighbouring countries forum (24-26 July), equipment and goods were received targeting drug users
- At the Annual Conference of Health Forum (19-20 December) “Sustainable Health Systems for inclusive growth in Europe” a discussion was fostered about equal access, which is especially important in medical settings

Result

Because of advocacy efforts, HIV was an issue on the Lithuanian agenda. Minister of Health is vocal about health issues and expressed commitment to prevent transmission by e.g. supplying condoms, providing better services for people with HIV.

4.2 Greece

Activities

- Creation of a platform along with other NGO's, to reach out to drug users with harm reduction programmes.
- National coordinators on drug users meet 15-17 of June 2014. At this occasion, civil society wants to push forward their agenda and promote OSR and free syringes
- There are problems of stockouts of ARVs and diagnostic tools, including those for measuring viral loads. Medicine stock-outs problems. Greek NGOs advocate the creation of an independent budget for ARVs in hospitals.

4.3 Italy

Context

In Italy there is an unstable political situation. Because of this politicians are unwilling to take long term decisions and it is very difficult to get clear answers.

Activity

EATG & AIDS Action Europe suggested a review of the Dublin Declaration to foster re-commitment ten years after. Political commitment, more than ever, is vital for effective responses to the threats of HIV and other diseases such as TB, hepatitis and other STI. Moreover since 2004, some factors have evolved with the financial crisis and HCV. Bringing together policy makers, politicians and civil society to discuss present and upcoming challenges is an opportunity to plan for future challenges. CSF sent a request letter for such review event to the Italian presidency, as well as Italian civil society organisations.

Discussion

CSF members requested Commission support to encourage the Italian authorities' willingness to host event. Although there are similar other congresses the EU Commission indicates they would principally back an event. Though, it should not be a duplication of Dublin and they need commitment of the Italian presidency.

There was a discussion about whether there is enough political will to achieve a conference of the importance of the Dublin event, which was led by UNAIDS. This could be the time for an event during the Italian Presidency on health in the Southern Medditarean, including HIV. In any case, UNAIDS is committed to keeping HIV on the agenda.

There was consensus that the event would have to be led by a Presidency, even if with support from the Commission.

UNAIDS also advised to look at the post 2015 millennium goals and that the role/shape of UNAIDS may well change.

Action

- CSF members will continue to push for this event and ask for the support of the Italian presidency. CSF-members will update the Commission about this.

4.4 Latvia

Context

Uncertainty in politics. It is difficult to push for long term decisions. The Health Ministry focuses on healthy lifestyles, healthy nutrition and Eastern Partnerships.

Activities

Work in progress, though no definite decisions are made. Nothing will be clear until next summer.

5 (Draft) HIV/AIDS Action Plan 2014 & road towards new Communication – Matthias Schuppe, DG SANCO

The current EU HIV/AIDS strategy is coming to an end. An external evaluation of the EU Communication is in progress. Its results should be in May 2014. The findings will serve as a basis for the development of options for a potential future policy framework. In the meantime, the current Action Plan is being updated as an interim framework. The document will be based on the results of monitoring reports, recommendations from the May Human Rights Conference in Brussels, consultations with the CSF, TT, UNAIDS, WHO, inter-service consultations and input from Commission agencies. The next step is the cabinet approval to launch a formal inter-service consultation. The cabinet will have the last word on the final text.

The Commission warned that there cannot be too many changes to the existing Action Plan because the process in place is to qualify it as an update; updates do not require an impact assessment.

The Commission presented some preliminary ideas concerning the focus of the document:

- Ensuring political leadership
- Stigma and discrimination
- Focus on IDUs, MSM, and migrant communities
- Co-infections: TB, Hepatitis, STIs.
- Concentrated epidemics
- It should also reflect new developments such as :
- The concept of treatment as part of prevention
- Joint procurement of medical counter-measures to cross-border health-threats
- Align the work of the EC with UNAIDS, WHO etc

The Commission intends to finalise the Action Plan by the beginning of next year. The proposed timeframe is 2014-2016, until a potential new policy framework gets in place.

Discussion

CSF members insisted on the inclusion of prisoners and sex workers among the priority target groups, as well as partners of IDUs. For now the Commission expressed the intention to keep the same target groups as those defined in the current Communication. This does not mean that other risk groups cannot be addressed at all. CSF members point out that many times data are not available, which does not mean there is not a big problem or a gap, like in the case of sex workers, about whom there is very little information and data.

Other points raised:

- Mention gender dimensions in action plan
- Prudence about focusing on treatment as prevention, because funding going to essential prevention measures, syringes, OST and condoms is already too low in many countries
- There is no budgeting of the Action Plan. However, the Commission noted that it has a rough idea about the amount of resources invested through different instruments (ECDC monitoring). Early risk assessment, real time surveillance
- Research on treatment cascade, includes a proper implementation calendar
- Priority regions: countries most affected by crisis should be included, as well as member states with small budgets
- Define indicators at a level where a difference can be measured.
- Cost of treatment: It was noted that the Commission could support a study on the challenges of getting a growing number of patients on treatment.

In general, CSF members thanked the Commission for its trust, since many comments were included in the proposed updates to the Action Plan. The CSF expressed concern that the term of the Action Plan was extended from 18 months to 3 years. The Commission answered that it will look into this concern, though it stressed that political decisions will come to a standstill in 2014 due to the change of Commission at the end of the year.. Moreover, 3 years would provide the time for the impact assessment procedure which is required for a new political instrument.

6 Updates – ECDC & UNAIDS

6.1 ECDC – Teymur Noori

See presentation in Annex B.

ECDC provided an update on recently published reports, key epidemiological trends, meetings and planned activities. In 2014, it should convene an HIV network meeting in May and carry out a 10 year review of the Dublin Declaration and a Dublin Advisory Group meeting.

Discussion

It was suggested that ECDC could help to remedy the lack of data on sex workers, while it was acknowledged that prudence would be required on the communication side.

To a request for behavioural research, ECDC replied that there is resistance from member states to comply with the collection of behavioral data.

There were some questions about the data provided to ECDC by member states. ECDC answered there are validation processes for the data. It invited civil society to share its data and if there are discrepancies, ECDC can highlight them.

6.2 UNAIDS – Henning Mikkelsen

UNAIDS has worked recently on several issues, among them:

- Ensuring continuous European Commission commitment
- Re-engaging, the LGBT movement in Europe, since this group has become too disconnected from the work on HIV .
- Support for providing ARVs to the Linda clinic in Narva, Estonia
- Letter to the Hungarian authorities on harm reduction

UNAIDS underlined the open question of where will HIV be in the post 2015 agenda. It noted that having a specific Millennium Development Goal on HIV gave strong support to UNGASS. We don't know how HIV will be positioned in the post MDG agenda, but we need to think about it now. UNAIDS supported the Lancet commission to look at what it will take to end the epidemic.

There should be attention to social justice in global health and who will take on vulnerable populations once UNAIDS is gone.

Civil society was pressed to mobilize and to influence the discussions around the post 2015 development agenda.

In 2014, UNAIDS plans an expert consultation "Changing the game" 22-23 January in Geneva and a young LGBT activist meeting in February. It will also continue to make the case to the new European Parliament and Commission for keeping HIV on the political agenda.

7 Health Inequalities and Affordability of Medicines in EU & Neighboring Countries

7.1 Access and Innovation - Ann-Isabelle von Lingen, EATG

See presentation in Annex D

An update about strategies for ensuring affordable quality anti-retroviral drugs and sustainable universal access to treatment and the role of civil society in this.

7.2 Joint Procurement of Medical Countermeasures - Jean Luc Sion, SANCO

See presentation in Annex C

An update about the history of Joint Procurement, legal basis and the Joint Procurement Agreement. The agreement is an implementing measure, not a legislative act. It needs to be ratified by those member states who would like to participate. It will enter into force once the Commission receives the ratification of at least 1/3 of all contracting parties. So far, 24 have expressed interest in taking part. Germany cannot. Other member states can join later. The first procurement will concern pandemic vaccines.

The Commission first needs to investigate the specific needs of member states. Then it will launch a call for tender with specification.

Points of Discussion

SANCO indicated that not every member state needs to be on board for each procurement.

Joint procurement can be organized on a regional basis on demand of 3-4-5 member states.

There was a discussion about whether joint procurement could really ensure more affordable medicines. It was noted that while it may help ensuring access for small markets, it might not help countries with small budgets.

It is up to the pharmaceutical industry to reply and to the Commission to foster competition. It is difficult at this stage to forecast the price reduction.

- There is a role for civil society to press member states to participate in the joint procurement
- The Joint Procurement could be used for prevention tools such as needles and syringes or condoms as well.
- It was suggested that the Commission initiates a study estimating coverage needed and price challenges emerging from it in different countries.
- It was pointed that civil society in the EU lags behind in terms of demanding more affordable medicines and could learn from initiatives in other parts of the world on generics, challenging companies and patents. It was agreed to discuss the generics, Free Trade Agreements and TRIPPS at the next meeting.
- It was noted that variation of pricing systems across the EU and within countries renders advocacy very complex.
- Besides macro level discussion on pricing, the issue of increase in co-payments for medicines dispensed in hospitals was also raised. In Spain, this is the case for anti-cancer and HCV medicines. It opens the door for HIV.

8 Updates – EMCDDA & Regional Focal Point EECA Developing Country NGO Delegation GF Board

8.1 Klaudia Palczak - EMCDDA

See presentation in Annex E

The presentation included:

- An update about HIV-Risk Assessment in EU / EEA countries and main conclusions.
- Update on preventing and controlling infectious diseases among PWID, (joint ECDC and EMCDDA meetings)
- EMCDDA new guidance for monitoring infectious diseases among PWID.
- Review of Council recommendation on drugs of 2003 with suggestions for follow up An explanation of the best practice portal. It should be made user friendly by May 2014.
- Summer school on illicit drugs in Europe 30 June -11 July 2014 looking at supply, demand and public policies.
- Suggestion was made to to include TB in HCV, HIV surveillance

8.2 Hanna Shevchenko - Regional Focal Point EECA Developing Country NGO Delegation GF

An update on the 30th GF Board meeting (7-8 November in Geneva, Switzerland). The most important item on the agenda of this Board meeting was the revision of the Global Fund Policy on Eligibility Criteria, defining the possibility for countries to obtain a certain level of funding from the Global Fund, since the New Funding Model is to be replaced by the by -round model. Several changes have been proposed, in varying degrees, limiting access to direct funding for middle -income countries, including the majority of the countries of EECA (Eastern Europe and Central Asia) region.

- Proposed changes include the revision of the "NGO Rule". One of the proposals concerned the determination of the transition period during which countries classified by the World Bank in 2013 as countries with high income would be available to receive funding. It was proposed to give an opportunity for these countries to apply for funding during the next three years instead of the one year transition period. (The "NGO Rule" is the condition relating to the countries with upper middle income who are not in the list of the Development Assistance Committee (DAC) ,as recipients of official development assistance.)
- The proposed changes concerned the access of the countries with high and upper middle -income to participate in regional projects; more precisely, it was proposed to limit the access of these countries to direct funding from the Global Fund in the framework of regional initiatives.
- The changes concerned the transition period for countries that no longer fit the criteria for obtaining funding from the Fund (due to the changes in the level of income, or because of the fact that the country joined the European Union at the time when they still were receiving GF grants). Under the new policy changes, such countries may submit an application in the frames of one additional period, which is three years, to ensure a smooth transition to full funding from other sources.

Due to action coordination and development of a unified GF Board Implementers Block position, the Regional Focal Point EECA Developing Country NGO Delegation GF and Eastern European NGOs were able to influence the proposed decisions on the above issues, and make some changes:

- The greatest achievement was made in the context of regional applications,, access to which remains open to all the countries, regardless of income level, generally matching the criteria for funding from the Fund.
- The group mentioned above have also managed to balance the text of the decision in the context of transition period for the countries with recent changes in the level of income. The Board required the Strategy, Investment and Impact Committee to develop and offer a more differentiated and personalized approach that would include, besides the income and morbidity level, the public health factors.

There is one more battle, which is called "7% for country band No 4", coming up:

- Under the new approach to funding and taking into account the eligibility criteria, all countries of GF portfolio are divided into 4 groups, ranging from the countries with the highest incidence and low income and ending with the lowest incidence and high income. According to this approach, a new formula works to calculate how much money from the total amount GF will invest in each of the bands. Band No 4, which includes countries with upper middle-income and low -incidence, includes 60 countries. 100% in recent years for this group was allocated only 7% of all GF funding. In recent years, this group of countries received 7% of all GF funding. If the new formula is applied to these countries, then only 4 - 5% will be allocated for them.
- The meeting of the Committee, which is empowered to propose to the Board the final percentage of GF resources for this band, will be held at the beginning of February 2014. The final decision will be taken at the 31st meeting of the Board at the beginning of March. However, at this 30th Board meeting, the GF Board Implementers Bloc said that the point acceptable to them, which is not negotiable, is 7% Still, Eastern European civil society organisations should try to influence the situation in the region of the world since the HIV epidemic continues to gain momentum and where the indicators of TB MDR are going wild.

9 Human rights, Monitoring Developments in the Region

Portugal, Luís Mendao

GAT rolled out the stigma index in Portugal, where 30 people interviewed more than 1000 people. It resulted in a recent presentation in the Portuguese parliament on stigma and discrimination. Using data from the stigma index, there is now a commitment from parliament to look into review of legislation in the coming period.

Hungary Tamás Bereczky

Asks support for the situation in Hungary, referring to his earlier communications to the mailing list. He will circulate a draft letter to the Hungarian Ministry of Health referring to the recent developments.

Germany Silke Klumb

Informs that only 1 out of 300 prisons in Germany has a needle exchange programme. NGOs are bringing this discussion back to the agenda. Why people have so much fear of needles in prisons? There will be a conference in Germany where this issue is tackled. A website was set up. The address will be sent to CSF email list.

Estonia, Anna Zakowicz

Following the Stigma Index results, the Estonian Network of PLHIV agreed with AIDS Healthcare Foundation to open community based clinic in Narva, Estonia. The clinic has the license since June, but still has not received clearance from the government to receive ARVs for the clinic. The CSF was thanked for its support in the protest and signing the petition and sending letters to the MoH. A court case was filed recently. Anna will continue to update the CSF and hopes for continued CSF support.

Italy, Lella Cosmaro

LILA has launched for World AIDS Day the campaign '*Employment is a fundamental right. Let's stop HIV and not the people with HIV*', aiming at positively changing public opinion on people living and working with HIV. See the presentation in Annex G. See www.lila.it for the campaign.

Sex workers, Licia Brussa

- Organised a European "*Different jobs and same rights*" campaign on the international day to combat violence against sex workers on 2 December
- Requested the CSF co-chairs to express strong concern to the Commission to add sex workers explicitly in the priority groups in the Action Plan. CSF agreed to raise this issue with the Commission and to make a statement to the Think Tank. ECDC explains that when the Action Plan was developed in 2009 sex workers didn't show as a key population. Data are really poor, but small samples with prevalence studies in some countries show very high prevalence in some groups of sex workers. There is enough data to suggest that they are an important sub-group to monitor.

Switzerland, Harry Witzthum

- updated the CSF about legal developments related to HIV criminalisation in Switzerland. The proposal for new law on epidemics passed a referendum with 60%. There was a change to criminal law, the article now only applies once there is malicious intent in the transmission. However, the law will only enter into force from 2016. Until then, NGOs will need to convince courts to not apply the old laws and convict people.
- Harry expressed concern over discussion in parliament to ban prostitution and recent crackdown on sex work pushing people towards clandestinity.

Belarus, Anna Zakowicz

asked for attention to the situation in Belarus after the exit of the Global Fund after 2015, since the government will not support prevention interventions.

Discussion

It was noted that it would be useful to have a central body monitoring and collecting data on HIV related discrimination and good practices from member states.. ECDC indicated that it could include it in its present monitoring systems, instead of setting up a new and separate monitoring system.

Health in Europe: make it fairer conference – Matthias Schuppe

- A panel discussion on HIV, stigma and discrimination will be organised with key questions focusing on access to services, stigma and legal barriers.

Actions

- Tamás Bereczky will invite CSF members to support letter to Hungarian Ministry on recent harm reduction developments
- Tamás Bereczky will invite CSF members to Facebook CSF group:
<https://www.facebook.com/groups/1379538385631858/>

- Silke Klumb will send website address on harm reduction in prisons to CSF
- CSF members to send their suggestions for panellist from civil society or Ministers to EC and/or CSF CT

10 Gender assessment tool for national HIV responses – Anna Zakowicz

See presentation in Annex H.

This tool, developed by UNAIDS, was piloted in a few countries so far, in Europe and Tajikistan. It is a roadmap for national programming and a gender transformative HIV response.

The CSF agrees to discuss gender issues at the next CSF.

Action

- CSF CT to include a discussion on gender at next CSF meeting

11 Update - WHO/Europe – Martin Donoghoe

WHO/Europe is starting a new 2 year cycle, 2014-2015. Unfortunately, it will have fewer resources. It will focus on:

- Scaling up treatment throughout the treatment cascade. Roll-out new treatment guidelines.
- CHIP was contracted as WHO collaborating centre on HIV and Hepatitis C Treatment Harm reduction for IDUs in EECA though WHO is concerned about possible outbreaks in European countries.
- The Vilnius Institute for Public Health and EHRN will be a WHO collaborating centre on harm reduction
- Producing strategic information
- There is collaboration with ECDC, GARPR (Global AIDS Response Progress Reporting), improving surveillance systems. There will be a mid-term reporting on the WHO action plan for Europe in 2014. WHO should reach out to civil society for input into the process.
- Elimination of mother-to-child transmission of HIV and congenital syphilis. A consultation will be organised in St. Petersburg.
- Hepatitis inclusion in the HIV cluster, in early stages of discussion with ECDC for Political Framework or European Action Plan on Hepatitis.

Discussion

- It was noted that we should not only refer to HCV as co-infections because mono-infections are part of the response for HIV.
- A number of questions were raised about the implementation of the new treatment guidelines. There needs to be further discussion on public health and individual centered treatment imperatives. Treatment prices are certainly an obstacle. Rolling out of the new guidelines will need to vary across Europe.
- WHO acknowledged the risk of only few privileged countries giving access to treatment at 500 CD4, whereas those most in need will not be getting treatment and care.
- There is absolute necessity to increase treatment coverage to 350 CD4 count before even thinking of treating patients at 500 CD4 and serodiscordant couples. WHO stated that the most relevant recommendation is that everyone at 350 CD4 is given priority for treatment.
- For the implementation of treatment guidelines we should look for allies, eg. The gay community. Perhaps developing roadmaps for implementation of the guidelines in some countries could be helpful. WHO Europe could probably look into it with ECDC.
- There was discussion about the role of collaborating centers. CHIP was chosen because of their experience, previous work in treating patients. It will have an advisory function.
- WHO invited CSF to suggest what should be measured in reporting on the implementation of the WHO action plan.

- There was again a discussion on the need to increase attention towards vulnerable groups. The CSF chairs requested more attention to groups who are always neglected like prisoners or sex workers.

12 Funding Mechanisms and Developments for the Region

12.1 New EU Public Health Programme – Cinthia Menel Lemos, European Agency for Health and Consumers

See presentation in Annex I

The presentation included:

- Overview of the results of the call for proposals 2013.
- New health programme 2014-2020. The programme will run for 7 years, for a total of € 446 million (average same budget as before). HIV, TB and Hepatitis are included under objective 1. The Programme will continue to fund joint actions, projects and operating grants (possibly as partnership agreements with longer durations, renewal every 3-4 years). A new opportunity is that from now on third countries are allowed to participate, including neighbouring countries (they need to have an agreement with the EC on the health programme). The programme is right now at the European Council for adoption. Its publication is expected at the end of March.
- Launch of call for proposals 2014. The call is expected in April 2014. Negotiations are still ongoing and will end before the end of December. Completely online submission and evaluation procedure and management. No paperwork will be required any longer.
- Report 2003 Council Recommendation on prevention and reduction of health-related harm associated with drug dependence in the EU and candidate countries.

12.2 HIV/AIDS Research in Horizon 2020 and the work programme 2014-2015 – Alessandra Martini, EC, DG Research and Innovation

See presentation in Annex J

The EC's research programme is the world's 3rd largest funder of research on poverty-related and neglected infectious diseases.

The presentation included:

- Overview of the outcomes of FP7
- What's new in Horizon 2020: it is a single programme, focuses on societal challenges and innovation, with simplified access. €77 billion. Launch of the programme in December.
- Focus for civil society in H2020: call for personalizing health and care and call for coordination activities.

12.3 Global Fund's New Funding Model: opportunities for civil society – Sandra Irbe, Eastern Europe and Central Asia Team, The Global Fund on AIDS, Tuberculosis and Malaria

See presentation in Annex K

The GFATM is revising the way to invest resources in the EECA region. Funding will be restrained. Attention will be heavily focused on increases in domestic funding.

Civil society is expected to become more strategic and focus more on implementing quality services and linking with health providers.

The GF is working on a key populations action plan 2014-2017.

Please refer to the presentation to get further guidance for civil society.

13 Recent Developments Around Testing

13.1 European HIV Testing Week, A Reflection – Dorte Raben (HIV in Europe)

See presentation in Annex L

HIV in Europe wants to ensure that HIV patients enter care earlier in the course of their infection than is currently the case and to study the decrease in proportion of PLHIV presenting late for care. The presentation included:

- An update about the growing epidemic and late diagnosis
- Presentation of the key findings in different European HIV projects
- Testing strategies and HIV indicators
- An update about the HIV testing week including target groups, activities and good examples
- Future plans of HIV in Europe

13.2 COBAtest key results and recommendations for the future on community based voluntary testing and counseling – Jordi Casabona, COBATEST

See presentation in Annex M

This presentation included:

- An explanation of the project, the background, the purpose and the partners
- The results and output of the project
- The contributions of the project, main and strategic conclusions
- Next steps and deliverables

Discussion

- In some countries a doctor or other medical staff need to be present for rapid testing. WHO noted that its guidelines do not require medical staff to be present.. There is a need to remove legal barriers to community based rapid testing.
- Should we promote testing when treatment is not accessible?
- It was noted that the Testing Week initiative put into motion many actions and reflections. In Italy for instance it gave arguments for community based testing.
- Tampep explained that while the initiative was supported generally, they did not encourage testing because of the risk of criminalisation and deportation.
- NGOs should improve counselling and testing methodology and quality assurance

Action

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| <ul style="list-style-type: none">• CSF-members need to look into the legislation of some European countries which oblige doctors or other medical staff to be present during rapid testing. This obstacle needs to be removed. |
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14 Any Other Business

- Update of Romania: Minister claims that Romania spent too much money on HIV and decided to give funds to the Shakespeare festivals “We are not Africa”,he declared.
- Martine de Schutter (AAE) and Anna Zakowicz (EATG) say goodbye to the CSF members.

14.1 Action plan

What	Who	When
CSF CT will continue to push for commemoration of Dublin Declaration and update the commission on actions taken	CSF CT	ASAP
Invite CSF members to support letter to Hungarian Ministry on recent harm reduction developments	Tamás Bereczky	ASAP
Invite CSF members to Facebook CSF group	Tamás Bereczky	ASAP
Send website address on harm reduction in prisons to CSF	Silke Klumb	ASAP
Suggestions for panellists from civil society or from the Ministries at the Make it Fair Conference to be sent to the EC and/or CSF CT	CSF members	ASAP
Include a broader discussion on gender approaches in prevention at the next CSF meeting	CSF CT	Next CSF meeting
Send call for renewal of the CSF membership	DG SANCO	When launched
Look into the legislation of European countries which oblige doctors or other medical staff to be present during rapid testing. This obstacle needs to be removed.	CSF members	Ongoing

15 List of annexes

- Update ECDC (Annex B)
- Joint Procurement of Medical Countermeasures (Annex C)
- Affordable Prices ARV (Annex D)
- Update EMCDDA (Annex E)
- Treatment Action Estonia (Annex F)
- Employment is a Fundamental Right (Annex G)
- Gender Assessment Tool (Annex H)
- New EU Public Health Programme (Annex I)
- HIV/AIDS Research in Horizon 2020 and the Work Programme 2014-2015 (Annex J)
- Global Fund's New Funding Model: Opportunities for Civil Society (Annex K)
- European HIV Testing Week (Annex L)
- COBAtest Key Results (Annex M)