

Report of the 16th HIV/AIDS Civil Society Forum Luxembourg, 3-4 December 2012

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](#).

3 December 2012

1 Opening

Opening of the meeting by co-chairs Anna Zakowicz and Lella Cosmaro, starting with a brief round of introductions

(see Annex A).

1.1 Report and action list of last meeting

Martine de Schutter gave an update of the status of the action list of the last meeting:

What	Who	Status
Act as CSF representatives on Steering Committee for Conference on HIV and human rights	Raminta Stuikyte, Yusef Azad & Nikos Dedes	Yusef & Raminta are involved, conference is postponed till 2013.
Forward to DG SANCO and the troika-partners of Ireland, i.e. Lithuania and Greece, the CSF letter that was sent to the Irish Health Ministry and their response, and push together for a renewed conference in the EECA region (Vilnius Declaration) and for a progress report and/or renewed Dublin Declaration.	CSF CT (Coordination Team), with cooperation of CSF members from Ireland, Lithuania and Greece	The letter was forwarded to the EC and UNAIDS and ECDC were contacted. The Irish Health Ministry didn't respond to our letter and the issue is on agenda of this meeting.
Use the upcoming Italian Conference on AIDS and Retroviruses (ICAR, Naples, June 10-12, 2012) to bring up CSF advocacy topics in preparation of the Italian Presidency	Lella Cosmaro	Lella planned to prepare a letter on the EU Presidency but this was postponed due to the change in government in April.
Participate in open consultations in Latvia in preparation of EU Presidency and keep CSF updated about possibilities to get HIV on agenda	Ruta Kaupe	Ruta will be asked to keep CSF informed.
Utilise the recommendations from ECDC monitoring report on the Commission Communication for the CSF work	CSF CT	Martine disseminated the final ECDC report widely. The main outcomes will be presented again at this meeting.
Check if monitoring report on Greece is published by the EC - otherwise follow up with Commission to ensure publication	CSF CT	The planned high level meeting in Greece didn't take place and the report therefore didn't get published. But recently the Greek risk assessment report was published on ECDC's website.

Send CSF universal access statement to EU Commissioner	CSF CT	The statement wasn't sent, due to postponement of the HIV & Human Rights Conference and stepping down of the Commissioner.
Send CSF universal access statement, one pager with CSF highlights and invitation to next CSF meeting to MEPs working on HIV	CSF CT	This was planned in connection with an invitation to the HIV & Human Rights Conference, and since this was postponed, the action was also postponed.
Write letter, indicating support of the CSF, to the Latvian Ministry of Health to request access to treatment also for people with a CD4 count above 200 (or, better with a CD4 count below 350).	Ruta Kaupe	Ruta prepared a letter and CSF will sign-on this week.
Keep the CSF and WHO Europe informed of stock-outs	All CSF members	Prior to this meeting an inventory was done and results were also shared with WHO.
Develop a more systematic approach to advocate for human rights and civil society concerns	CSF CT	We are routinely doing so through our approach targeting all relevant institutions including upcoming EU Presidencies
Make sure that migrants are more prominently discussed on agenda of next CSF meeting	CSF CT	Migrants are one of the main agenda items of this meeting.
Continue collecting data on stock-outs and feed them into WHO Europe and ECDC monitoring of the Action Plan	CSF CT	Perform another inventory prior to next meeting.
Include presentation of final products of the HIV prevention tender in the next CSF meeting agenda	CSF CT	Due to some quality issues with the final products, in coordination with EAHC this was taken off the agenda
Identify community centres that are not connected to Cobatest as yet and inform Jordi Casabona	CSF members	Luis gave input to the Cobatest project.

2 CSF co-chairs update on advocacy and other actions

June 2012

Together with members of European Parliament and European networks, the chairs signed an open letter to the European Council ahead of the European Summit, demanding greater equity and equality in Europe and maintaining investments in health in times of financial crisis.

July 2012

- Open letter as CSF co-chairs to the President of the Republic of Cyprus on the repeal of discriminatory entry and residence regulations for PLHIV
- Reply of DG SANCO to the CSF co-chairs' letter of May on discrimination against sex workers and migrants in Greece. In its reply, the Commission assures that it closely monitors the situation and its consequences for future work on HIV prevention closely. The Commission also notes that the EC/ECDC mission to Greece conclusions that there is no evidence that sex work or migration are driving the recent HIV outbreaks
- At the International AIDS Conference in Washington, D.C. the work of the CSF was promoted at one of the key sessions, the Regional Session on Europe. Anna Zakowicz, CSF co-chair, gave a presentation on "The HIV/AIDS Civil Society Forum and Think Tank: from Policy to Practice".

September 2012

- Letter from CSF co-chairs to the European Trade Commissioner expressing our concern on an alleged data exclusivity provision in the free trade agreement negotiations with Moldova which the Commission is negotiating with the Republic of Moldova on behalf of the EU.
- Inventory among CSF members on recent national HIV strategies, started by Yusef Azad who wanted to inform his UK government of the more general European situation in order to ask for a National Plan on HIV. Many CSF members responded to his call and Yusef compiled the responses. His overview will be circulated. In response to the overview, several CSF members indicated that they also have a strategy, among them Finland, Poland, Ukraine, Croatia and Portugal.

October 2012

- CSF co-chair Lella Cosmaro attended the EU Health Policy Forum (HPF) in Brussels, where she invited DG Sanco officials to give a presentation on the EU Health Strategy and future Health programme, focused on HIV during this CSF meeting. During the HPF, EPHA proposed to draft a position paper on the impact of the economic crisis on health systems, after having collected evidence of such impact. Our HIV/AIDS Civil Society Forum will feed info by keeping track of stock-outs and informing on the impact caused by cuts on prevention programs (needle exchange programs for IDUs in Greece, for instance).
- Nikos Dedes took part to the ECDC Third Advisory Group on the Dublin Declaration reporting. Purpose of this meeting was the review of draft chapters of the Dublin Declaration monitoring report, and input /further revision/useful advice also on the part of civil society were solicited.
- Monitoring of stock-outs: prior to this CSF meeting, Anna Zakowicz asked CSF members for an update on stock-outs of ART, diagnostics or other services in the past half year. No stock-outs were reported from Poland, Latvia, Lithuania, Turkey, Austria, Switzerland, Belgium, Italy, Czech Republic, Romania, Spain and Moldova. Stock-outs were reported in Hungary, Greece, Serbia and Portugal; Romania, Spain, Lithuania, Moldova, Latvia and Slovakia reported problems with diagnostics and/or other services. Anna pointed out that there seems to be more problems with diagnostics, which are

becoming too expensive. Switching to different and less expensive treatments also represents a problem. Once completed the co-chairs will send the information to WHO Europe.

The co-chairs asked CSF members if they wish to continue collecting information on stock-outs every six months. Does it help to identify new trends? One of the question was whether to put into place formal procedure where people could officially report lack of access? CSF members are advised to use the CSF as a tool for their national advocacy as needed. Overall, the CSF Coordination Team needs to develop further advocacy actions at European level.

Actions:

- CSF CT (Coordination Team): Circulate the compilation of national HIV strategies prepared by Yusef Azad after receipt of final inputs by CSF members
- CSF CT: Send stock-outs inventory to WHO Europe
- CSF CT: Develop an advocacy strategy at European level to address stock-out related issues

3 Commission Update – Wolfgang Philipp, DG SANCO (Annex B)

Wolfgang Philipp announced the CSF that he will be moving on to a new position and that another unit take over the HIV file.. CSF members and the co-chairs thanked him for the hard work and commitment, which he demonstrated particularly, during the Bremen conference and throughout the years.

The new Commissioner for Health Tonio Borg announced that he will attend the HIV & Human Rights Conference next year.

The Commission has had a few difficult meetings with Russian representatives during the last months, including a follow-up on the MDG6 conference. The next meeting is planned for the spring of 2014, as well as a new EECAAC Conference in late 2013. Both events will take place in Moscow.

He also informed the CSF that Commission remains actively involved in the discussion about the recent HIV outbreak in Greece.

He also reported on the agenda of the Think Tank; presentations on the French national HIV plan, the situation in Greece, Romania and Portugal, HIV in key populations, HIV in Eastern Europe and Central Asia.

Several CSF members expressed the wish to establish better interaction with Think Tank (TT) members. It was noted that the list of TT members was circulated to the CSF mailing list , in order to facilitate direct contact. Wolfgang noted that the minutes of the Think Tank are available at the link: http://ec.europa.eu/health/sti_prevention/hiv_aids/think_tank/index_en.htm

4 The current state of HIV policy in Europe: progress, challenges and what remains to be done

This session started with a presentation of Smiljka de Lussigny (WHO Europe) on the HIV epidemic in Europe (see **Annex C**). The situation is worrying and HIV is still on the rise in Europe. She underlined that that the data from Russia is not included, and a hidden epidemic among MSM in Eastern Europe is most likely. She also noted that in Western Europe, heterosexual infections are sometimes connected to migrants from countries with a generalised epidemic, whilst in the East they are driven by drug users and their sexual partners.

It was noted that statistics coming from Eastern Europe should be regarded with caution, especially those concerning HIV prevalence among MSM. An increase in detected infections is sometimes the result of better testing services and does not necessarily indicate a rise in the number of infections.

Teymur Noori (ECDC) then presented on the main outcomes of the mid-term Monitoring of the Commission Communication on HIV/AIDS. He highlighted key issues needing further action: HIV as a public health issue needs to be further advocated, stigma and discrimination must be tackled. Moreover, mechanisms and instruments in support of priority groups and priority regions must be better used.

He then presented the preliminary outcomes of the Dublin Declaration Monitoring. Data shows that several issues need further action: Scaling up ART provision, providing CD4 count within 3 months of diagnosis, addressing late diagnoses. Data on European funding for HIV are worrying: figures have been declining steadily and 2013 could be a crucial year in terms of financing and management at the European level.¹

Some CSF members raised questions about WHO/UNAIDS/ECDC data collection methods. Members noted that each of such agencies referred to different sources and measures. Several members reported a misuse of data by civil society/media/politicians etc. This can easily occur since unclear data can be interpreted in different ways. It was suggested that CSF further investigates this issue.

The ECDC reports can be used to push for national responses to the recommendations in the report. Teymur urged CSF members to use the ECDC reports for advocacy initiatives. ECDC cannot engage in advocacy, that is the role of civil society.

The following discussion also raised the question whether it is time to reassess the Bremen initiative, to put affordability back on the agenda. Members asked why aren't countries using the Bremen Declaration. It was noted that affordability is an issue already covered by the ECDC monitoring framework and some of its aspects are also very well covered by Dublin monitoring. However, the issue would require additional national financing as well as additional reporting from each country.

In conclusion, it was noted that surveillance is improving and more testing facilities were put in place, which are good developments. However, there is an imbalance between testing and treatment. Investments will decrease and therefore putting more people on treatment while promoting early diagnoses at the same time will become financially difficult. The question about where investment should be prioritised, treatment or to prevention stands in front of us. It was noted that each country in the region could come to a different answer.

Actions:

- CSF members: Use the ECDC Dublin report (when it is published) to advocate for improvements with national governments.

5 The future of HIV policy in Europe: New program and actions against HIV/AIDS – Donata Meroni, DG SANCO (Annex D)

Donata Meroni informed the CSF that the current Public Health Programme expires at the end of 2013. The negotiations over the new Health for Growth (HfG) 2014-2020 programme are still on-going. The Commission proposal for the HfG was adopted in November 2011. The European Parliament ENVI Committee voted for some amendments. Negotiations continue in trilogue meetings between the European Parliament, the Commission and the Cypriot Presidency. Negotiations will continue under the Irish Presidency to reach an agreement on the HfG programme before the end of the first semester 2013.

¹The presentation cannot be published since the two monitoring reports (Commission Communication and Dublin Declaration) will be published in early 2013; the research results presented at the meeting are still preliminary.

Concerning the status of HIV in the HfG proposal: HIV is mentioned in the annex as an action, instead of in the proposal itself. Ms. Meroni indicated that it is 99% sure that HIV will be maintained as a specific action in the final text. Therefore, no further advocacy needed on behalf of the CSF to ensure that HIV remains in HfG programme. However, she noted that a letter of support could be helpful to secure the budget, since a 10% cut would be substantial for a relatively small budget like HfG.

As in the current Public Health programme, the HfG programme should provide funding for projects, operating grants, conferences and joint actions. As such, the programme cannot tackle health inequalities, but all actions should have a horizontal dimension (like migrants).

In response to the question about the link between the HfG programme and a future HIV Communication, the Commission answered that there is no direct link. However, HIV is one of few diseases specifically addressed by policy at European level, which led up to now to relatively good funding. In 2013, the Commission will continue working within the framework of the current Communication and Action Plan. Wolfgang Philipp noted that he expects Commission will continue to refer the current Communication (since the same priority areas and groups still need to be addressed) after 2013 and will probably adopt an action plan form of a Commission working paper. In that way, he noted, the relation between the Action Plan and the annual work plan of the HfG could be optimised in such way.

In response, CSF members express their concern about not issuing a new Commission Communication on HIV, questioning the political clout of an Action Plan referring to an existing Commission Communication, which will expire at the end of 2013. To which Wolfgang Philip replied that an extension of the present Communication is not an option. Other options and possible politically influential mechanisms are still unclear at this stage. Wolfgang Philipp will provide a short summary of the available legislative and non legislative instruments.

The CSF members therefore decided to write a letter to the new Health Commissioner to ask what his plans are for the future to ensure sustainability of on-going efforts. CSF members agreed to appeal for an evaluation of an impact of present Communication and development of a new Communication on HIV and to suggest the key issues to be covered by such a document.

ECDC underlined that actions are essential and not only action plans. He noted that the limited responses rate to the monitoring questionnaire from CSF members does not help to monitor how the current action plan is being implemented.

Actions:

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| <ul style="list-style-type: none">• CSF CT: Send letter to Commissioner Borg to ask for new HIV Communication Wolfgang Philipp: Send summary of legislative and non legislative instruments. |
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6 Human rights: monitoring developments in the region

6.1 HIV & Human Rights Conference 2013

The HIV & Human Rights Conference will take place on 27-28 May in Brussels. The Health Commissioner, a civil society representative, an Irish representative and a DG SANCO representative will probably introduce the conference. The conference will consist of 4 sessions, each chaired by a representative at the political level with a panel of three persons from institutions and civil society. The final session will focus on the role of Europe in the response to HIV. It will be chaired by Member of the European Parliament, a CSF member and the Commissioner. Henning Mikkelsen (UNAIDS) will be working with Commission on the preparation of the conference as soon as DG Sanco receives the green light from the political level.

Henning underlined the importance of an active civil society representation to prevent that the conference turns into a technical meeting at the political level. He advised CSF to push for strong political engagement, including of the Irish Presidency. He is waiting for the response from the Irish Minister of Health.

6.2 Outcome and next steps of joint EATG, IPPF, DAHmeeting on criminalisation of HIV transmission, exposure and non-disclosure

In Europe there is evidence of an increasing number of convictions in case of non-disclosure. 17 countries use general law for prosecution, 9 countries have HIV specific laws. The highest rates of convictions can be found in the Nordic countries, Austria and Switzerland. The report published in July by the Global Commission on HIV and the Law gave clear recommendations. Some advocates in the field have joined forces to fight such punitive laws and since then there have been positive signs and several laws have been adapted in the right direction.

The seminar was attended by approximately 120 people from Europe and Central Asia and its purpose was to share and explore knowledge, provide an overview of HIV criminalisation and discuss good practices from civil society advocacy.

It was pointed out that there are possibilities to advocate and that successful campaigns have been organised. Some of the outcomes:

- improve education on HIV and the legal system. Many do not have up to date knowledge, the old picture is still very dominant; improve the knowledge of scientific progress and the evidence on Treatment as Prevention;
- enter into a dialogue with lawyers and prosecutors. HIV patients need guidance on how to tackle judicial barriers;
- educate lawyers on HIV issues. Medical professionals can play a role in this; they can tackle existing misperceptions and prejudices;
- tackle the negative role that mass media play in the reporting on this topic, mainly for sales purposes involve MEPs and try to get a statement on the matter from the Fundamental Rights Agency; to initiate a collaboration between DG SANCO and DG Justice through joint initiatives and projects; to encourage the Council of Europe to develop guidelines for politicians at national level.

It has proven to be very difficult to enter into a dialogue with lawyers and prosecutors. Instead, national MPs are to be approached (Swiss example). Also, the question was raised whether there is a real need for another European approach and another policy document: the Global Commission on HIV and the Law has written an excellent policy document. Now it is time to act at national level and enter into a real dialogue with national interlocutors.

6.3 Ukrainian anti-gay bill

Hanna Shevchenko gives a presentation on the Ukrainian anti-gay bill that is about to be adopted (See **annex E**). The discussion afterwards focused on civil society action to stop the bill from being adopted. It is suggested to remind Ukraine government of its human rights commitments. It was suggested that the European Commission and/or UNAIDS delegation could a statement. It was also noted that the Ukrainian anti-gay bill is similar to the Russian one. It might be useful to look at the Moscow rejection of the Russian law and contact local activists.

6.4 2013 Marseille Europride

The 2013 Marseille Europride will host a large conference about human rights and gay health issues. Those who want to participate or know more about it can contact CSF member organisation AIDES (Arnaud Simon or **Nicolas** Denis, present at meeting).

7 The debate on Treatment as Prevention (TasP)

Smiljka de Lussigny gave a presentation on WHO findings on TasP (See **annex F**). Discussion in Europe focuses on TasP applicability in the region. In June 2013, following work of experts and consultations, consolidated HIV treatment guidelines should be ready .

The discussion surrounding TasP is multi-faceted: country perspectives and legal scenarios are different. Separate country consultations are therefore necessary. A strategy is needed to implement TasP, by feeding into WHO guidelines missing info through the on-going consultation, which are divided into four parts concerning clinical as well as operational aspects. The consultations aim at investigating how TasP be implemented, how to make it more accessible and how it can reach higher prevalence countries. Anna Zakowicz to agreed to circulate the link to HIV chat co-hosted by WHO and EATG on Twitter.

During the discussion, a number of questions were raised. One of them being, who will/should get treatment first. The ideal situation would be 100% of people in need of ART getting it. However, this scenario is unrealistic and the choice of who gets treatment first has major ethical implications. A second question would be when to start treatment. It was noted that clinical guidelines will need to be developed to answer this question. Third, should treatment for pregnant women be given temporarily or for the lifetime? What about treatment options for children (Kaletra, Tenofovir)? European countries with concentrated epidemics should give inputs to answer these questions, since all these measures cannot be implemented at the same time.

The bigger debate about TasP relates to the fact that other prevention programmes and their budgets might be affected negatively if TasP is introduced as only prevention strategy. The concern is that easy and healthy prevention (condoms) would be replaced by expensive treatment with physical side effects. This can have negative consequences for national prevention budgets and the use of condoms risks being discouraged. There should be parallel prevention messages on condoms and TasP side by side. Moreover, health authorities should ensure that people who really need to start treatment because of clinical considerations get it first, which in some countries represents a great challenge.

A different argument against TasP is related to stigma and discrimination. Slovakian and Russian members are worried that their governments might make it mandatory and that human rights of vulnerable populations will be violated. When looking at it at the individual level the picture is different. Guidelines produced by the BHIVA (British HIV Association) indicate that UK community reports on TasP (PrEP) are positive. They can, for example, allow for family planning. Another argument in favour of TasP is that ART prevents 96% of all new infections and this fact must be taken into account, regardless of expenses or stigma. If TasP becomes the leading prevention approach, empowered key populations will be needed. Yet, it was underlined that concerns should not prevail to block TasP.

Many participants agreed that even though the benefits of TasP are evident and problems can be overcome, it is not economically feasible for many countries in the region. It was also noted that 50% of new HIV diagnoses are made to late-presenters. In order for TasP to be effective, access to treatment should closely follow diagnoses. Therefore 'traditional' prevention programmes remain essential. The efficiency of TasP as tool to decrease/stop new HIV transmission is shown because there is evidence that the vast majority of infections occurs during the acute phase of the HIV positive partner. The acute phase is a period when the person is most likely not receiving treatment. We should be aware that TasP will not have an impact on transmission occurring during the acute infections phase. Moreover, the industry will need to be supportive on pricing issues otherwise countries will not be able to afford it.

In conclusion it was noted that the whole discussion on TasP is grasp of many stakeholders and that a better knowledge of the issue should be developed. It is decided that the EATG policy working group shall take up this issue.

Actions:

- Anna: Share the community consultation on WHO ART guidelines for comments for CSF
- Anna: Share the information on WHO/EATG twitter on TasP that CSF members can join

8 WHO/Europe Update

Smiljka de Lussigny updated CSF on WHO's work, which, at this point, focuses on the development of the consolidated guidelines on ART and gave an example of a successful programme in Porto that covers HIV/TB and OST (See **Annex G**)

A CSF member asked why the Porto project was not repeated/replicated if it was successful. WHO answered that the model is not cost-effective in all settings. Currently some guidance for key populations (mainly IDUs) is offered, but is insufficient. During the programme mortality decreased of 65%. The programme represents a good example of how key populations can be

approached. The programme is still in place in Porto, because the new government recognised its positive results. There are no such other programmes in Europe, although a few similar ones can be found the US. International experts should try to connect the (rare) existing experiences similar to the Porto programme to develop workable guidelines.

A CSF member noted cabinets will be opened in some clinics in Lithuania, where patient will get psychological support alongside treatment.

4 December 2012

9 Panel: Migrants' access to prevention, treatment and care

9.1 ECDC's work on migrant health and HIV (Annex H)

Teymur Noori gave an overview of the different activities developed by ECDC.

A member suggested to re-endorse the text developed in Bremen in 2007 regarding migrants, to distribute and disseminate again as a working document. He underlined the importance of sticking to our commitment to universal access, which is cost effective in the long term, good for public health and respectful of human dignity.

Harry Witzthum informed CSF member that he drafted backgrounder for his Swiss Aids Federation on HIV and migrants in Switzerland for a report by a member of the Council of Europe Parliamentary assembly. The report should be published in the summer of 2013.

Different ways to solve the health insurance issue are being taken into consideration. German civil society organisations are working to obtain anonymous health insurance cards for undocumented migrants. In Lithuania, civil society is trying to facilitate testing services in refugee centres, even though refugees do not have insurance.

9.2 Access to services and insurance for migrants in an irregular situation in UK, Hungary, Netherlands, Switzerland and Italy (Annex I)

Martine de Schutter presented the findings of a small survey undertaken by AIDS Action Europe, as a first activity of a newly established European HIV Legal Forum, where AIDS Action Europe aims to bring together legal experts and AIDS Action Europe member organisations in working on legal aspects and human rights issues.

Lella Cosmaro then provided an overview of the situation in Italy. Italy offers all necessary services to undocumented migrants by law, but in practice the situation is far from ideal. Irregular migrants fear expulsion from the country and therefore do not seek medical treatment; they also lack knowledge about their rights to healthcare. Furthermore, some medical staff do not comply with the law and refuse to hospitalise undocumented migrants. The economic crisis has worsened the situation, since many Italian citizens believe that access to good healthcare is also a matter of choice between 'us' and 'them'.

Irene Donadio from IPPF suggested to cooperate PICUM (Platform for international cooperation on undocumented migrants). They work together with FRA (Fundamental Rights Agency) and have a large amount of resources on migrant issues. FRA is also in the preparation committee for the HIV & Human rights Conference.

9.3 Migrant women in the UK (Annex J)

Memory Sachikonye (EATG) spoke about the situation migrant women with HIV living in the UK. It was noted that African communities in Europe need extra sensitivity and attention from health care providers. This area needs improvement. While it is generally recognised that BHIVA guidelines are an excellent tool, they might not be applicable

9.4 HIV infection among MSM and CSW: prevalence, determinants, prevention interventions and access to health care in Portugal (Annex K)

Daniel Simões e Inês Rego (GAT) presented on outcomes of a research study in Portugal.

9.5 Bordernet manual on participatory community based HIV/STI prevention in migrants (Annex L)

Isabel Eibl (Aids Hilfe Wien) gave a presentation on Bordernet, an EU funded project, which produced a manual on participatory community based HIV/STI prevention on migrants. The manual describes diverse community based approaches for different groups of migrants in Germany, Austria, Estonia and Bulgaria. The toolkits are available at the following links:

www.bordnet.net

www.pq-hiv.de/

<http://www.aidsmobility.org/324.0.html>

9.6 PaKoMi project (Annex M)

Silke Klumb from Deutsche Aids Hilfe gave a presentation on the PaKoMi project, which is also described in the Bordernet manual. The website and handbook are also available in English: www.pakomi.de

Community mapping was used in all 4 case-studies. The main findings are that different migrant groups have different needs and HIV prevention should be tackled as part of a broader concept of health promotion. DAH is now doing training and community building in order to strengthen local networks.

Conclusion: Migrant issues represent a concern also in Central and Eastern Europe, but were not addressed during this discussion. There could be dedicated session in a future CSF meetings. These issues should be high on the agenda of the HIV & Human Rights Conference.

Actions:

- CSF members: Check ECDC report on migrants and send any comments to ECDC in case discrepancies are found between civil society and government data.

10 EU Presidencies

Since some relevant CSF representatives were not present, updates were given only on a few countries and the others will circulate theirs by email.

Lithuania just had legislative elections for the new parliament and the nomination of new ministers is pending. HIV is not a priority in the country. A Health Forum for non-communicable diseases is being prepared.

Italy: the government is about to due to the upcoming political elections. Civil society is advocating for including HIV in the health agenda of the Italian presidency, as soon as the new Minister of Health is in place there will be follow-up initiatives in order to define an event on HIV.

Actions:

- CSF CT: Ask CSF members Ireland, Greece, Latvia to update CSF on email list.

11 Global Fund update - Hanna Shevchenko (Annex N)

Hanna Shevchenko gave a presentation on the latest developments surrounding the Global Fund. She noted that Ukraine has the highest HIV prevalence in the European region and that GF is phasing out completely. Civil society needs to advocate to make sure that generic drugs are part of the public health. Prevention programmes targeted to IDUs and CSWs, supported by scientific evidence should be widely available to stop the epidemic among IDUs, also in the case of Russia.

12 UNAIDS update -- Henning Mikkelsen (Annex O)

Henning Mikkelsen updated the CSF on the launched UNAIDS report on the Global AIDS Epidemic. He stressed that in Europe the leadership in AIDS policy has decreased and is getting worse in comparison to other regions in the world. It is sad to see that a country such as the Czech Republic and other middle income countries could potentially do better, infections on the rise, while political response is lacking. Many African countries have demonstrated that it is possible to make progress

Jean-Elie Malkin (Director of UNAIDS regional support team for Europe and Central Asia) gave an overview of the nature of the epidemic in the region. Stigma is at the core of all problems in the CIS (Commonwealth of Independent States) countries. According to Malkin, there is a difference between Russia and the other countries. In most countries, mainly thanks to the work of civil society and GF funding, evidence-based interventions and tools (needle syringe exchange programmes, OST) are in place and they are reaching key populations minorities. Progress is slow but in most countries it is sustained by the political level, as in the case of Ukraine.

In Russia, such activities are either prohibited or heavily thwarted. The situation is hopeless since the Russian government has no intention to change its stance towards IDUs and other key populations. The role of UNAIDS in Russia is to convince political leaders to allow OST and to radically change their stance on harm reduction. In the end, it is the task of international donors, civil society and country leaders to fight the epidemic.

Several CSF members asked Malkin for his views about how can this dramatic situation be approached and in what ways can UNAIDS offer support to a civil society that has no leverage towards Russian authorities. IPPF and the Human Rights office within the Council of Europe are working to protect Russian NGOs from the possible risks and threats of the actual Russian legislation. If support is needed, NGOs should inform IPPF and ask for support..

Malkin pointed out that in the end the solution will have to come from the top and that it would so be counter-productive for UNAIDS to ignore this reality. The door should be opened from the highest political level, otherwise nothing will change, so UNAIDS needs to maintain a relationship with the Russian government, hoping to contribute to some change in time. Russia is a rich country and therefore the offer of financial incentives is not a possible tool for producing changes.

13 Epidemiological impact and cost effectiveness of harm reduction programmes in Russia – Pavel Aksenov, ESVERO (Annex P)

Pavel Aksenov presented the outcomes of a study looking at the 5 year harm reduction programme in Russia, implemented by ESVERO and funded by Global Fund (2006-2011). The goal of the programme was to scale up services.. The first study showed that at the end of the programme the HIV transmission rate was considerably lower than the average for Russia, while it had been higher at the start. No other programmes were operational in the same areas. A decrease in new HIV infections among IDUs was also observed and IDU transmission rate decreased in all cities.

He then examined the programme's cost effectiveness. He noted 1.153 new HIV cases were prevented, at a cost of EUR 533 for each prevented case, while annual ARV costs EUR 4500. The second study, suggested the cost of EUR 1,012 for each prevented case. It is therefore estimated that the 5-year harm reduction programme produced for ART of approx. 65 million EUR savings to the government budget.

The CSF acknowledges the importance of the research data which clearly demonstrated defined and measurable epidemiological and economic impact of harm reduction programmes.

14 Any other business

Justyna Głodowska from DG Justice informed that the CSF on Drugs informed members about the call for new members, open until January 4. More information can be found on DG Justice website but will also be circulated.

Chris Lambrechts invited CSF members to also share positive news in between meetings through the mailing list. He is proud to inform that Belgium is working on a national HIV strategy.

Chris added that if we want to make a strong point to the Commission that the CSF should be maintained from 2014 onwards, we have to look at why an increasing number of CSF members are not attending meetings any longer. By doing so, many countries are not represented. Also, CSF members should react to requests for input from the CSF, like the recent one to fill in the ECDC monitoring questionnaire if only 4 members react, the CSF loses the occasion of making a strong point and becomes weak.

Martine de Schutter informed that the Commission Public Health Programme call for proposals will be launched soon. The CSF will be informed through the mailing list.

Sini Pasanen informed that a ECDC Evaluation Report on Finland was recently published and she will share it.

For future meetings, CSF members recommended to organise to meet with Think Tank members over lunch. Martine de Schutter explained that this happened a few times in the past and that the CSF Coordination Team has been asking the Commission to re-establish this opportunity and will continue to do so.

Actions:

- CSF CT: Share and circulate EC Call for proposals for the Public Health Programme
- Sini Pasanen: Share ECDC report on Finland
- CSF CT: Ask EC to organise CSF-TT lunch meetings in the occasion of future meetings

15 Action list

What	Who	When
CSF CT (Coordination Team)	Circulate compilation of national HIV strategies by Yusef Azad	ASAP
CSF CT	Send stock-outs inventory to WHO/Europe	Done
CSF CT	Develop an advocacy strategy at the European level based on stock-outs information	Before next CSF meeting
CSF members	Use the ECDC Dublin report (when available) to advocate for improvements with national governments	Early 2013 when ECDC reports are published
CSF CT	Send letter to Commissioner Borg to ask for new HIV Communication	December 2012
Wolfgang Philipp	Send summary of legislative and non-legislative instruments (similar to the Commission Communication)	ASAP

Anna	Share the community consultation on WHO ART guidelines for comments for CSF	ASAP
Anna	Share the information on WHO/EATG twitter on TasP that CSF members can join	ASAP
CSF members	Check the ECDC Report on migrants and send any comments to ECDC in case civil society has a different opinion with respect to data given by their governments.	ASAP
CSF CT	Ask CSF members Ireland, Greece, Latvia to update CSF on email list.	January
CSF CT	Share EC Call for proposals - Public Health Programme	When launched
Sini Pasanen	Share ECDC Report on Finland	ASAP
CSF CT	Ask EC to organise CSF-TT lunch meetings in the occasion of future meetings	Prior to next CSF meeting

16 List of annexes

- Annex A: Participant List of the XVI-th CSF
- Annex B: Opening SANCO
- Annex C: HIV in Europe
- Annex D: Third EU Health Programme
- Annex E: Ukrainian Anti Gay Bill
- Annex F: Treatment as Prevention (TasP)
- Annex G: WHO Update
- Annex H: ECDC Migrant Work
- Annex I: Survey AAE HIV Legal Forum
- Annex J: Migrant Women in UK
- Annex K: MSM and CSW Research
- Annex L: Bordernet Manual
- Annex M: PaKoMi Project
- Annex N: GF Update
- Annex O: UNAIDS Europe Update
- Annex P: Harm Reduction Results in Russia