‘LEGISLATIVE AND JUDICIAL SYSTEMS IN RELATION TO HIV AND AIDS’

RESULTS OF A EUROPEAN SURVEY

Pre-seminar Report, National AIDS Trust, March 2007

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1 Introduction

1.1 Background

Throughout the 25 year history of the HIV epidemic one of the greatest challenges to an effective response, and one of the most serious burdens faced by people living with HIV, has been the stigma and discrimination linked to the virus. Such prejudice is always unacceptable. Clear and accessible legal and constitutional rights which protect people living with HIV from discrimination, unfair treatment and harassment are crucial. As important are information and advocacy from people living with HIV and from HIV organisations which can do much to improve attitudes and increase knowledge and understanding.

This report and the forthcoming best practice seminar aim to promote the legal rights and access to justice for people living with HIV.

This pre-seminar report collates responses to a survey sent to HIV and related organisations across the WHO European region. It will inform discussions at the National AIDS Trust seminar to take place in London from 19 to 21 April 2007 on ‘Legislation and Judicial Systems in relation to HIV and AIDS’. This seminar is part of a series of innovative seminars for HIV and AIDS-related NGOs which are one of the main activities of the AIDS Action Europe ‘European Partners in Action on AIDS’ project. More information about the National AIDS Trust is available at Annex A and about AIDS Action Europe at Annex B.

It is hoped that this pre-seminar report, the seminar itself and the more detailed and comprehensive report to emerge from the seminar will all prove useful in furthering the rights of people living with HIV in Europe. In particular, we hope that our findings, conclusions and recommendations will galvanise action at the European level. Significant differences and failings across the region in legal protections for people living with HIV are a scandal which we should all be doing our utmost to end.

Methodology

The survey questions were drafted by the National AIDS Trust in consultation with legal experts and the steering committee of AIDS Action Europe. Surveys were sent to all members of AIDS Action Europe as well as members of the European Commission’s Civil Society Forum. The survey was sent out on 22 November 2006 with a deadline for return of 2 February 2007. The survey was sent by email and could be completed online at the NAT website.

43 survey responses were received, from 36 countries, including 24 EU members states (the only EU countries not to return a survey were Austria, Luxembourg and Malta).   A full list of respondents is available at Annex C.

1.2 Limitations

There are important limitations to note in relation to any such survey. This is a **preliminary** report with ‘headline’ results. These results are those initially taken from the responses received. It was considered important to give a sense of these findings in time for the Bremen Conference

‘Responsibility and Partnership – together against HIV/AIDS’ hosted by the German EU presidency on 12 and 13 March 2007. There will be further work clarifying responses and discussing them in more detail both before, and at, the seminar itself. It is possible certain questions, or answers, have not been perfectly understood and further discussions will identify such points. Out of the seminar will come a more comprehensive report with more detailed information on the protections available in Europe to people living with HIV, as well recommendations of ‘best practice’ in this area of law.

To give a sense of some of the countries or areas from which particular concerns are being raised, this report on occasion mentions a specific country for illustrative purposes. This is not a complete survey reference and the post-seminar report will provide a more comprehensive account of country results. On occasion there may also appear to be some inconsistency in a country response as a result of two responses from the same country stating different things (we had ‘double responses’ from 7 countries).

Feedback

We do hope you find this pre-seminar report useful and informative. Any feedback, corrections or comments you have on the content would be gratefully received (please email **hivlaw@nat.org.uk**). We look forward to exploring these topics in more detail at our April seminar and in the report which results from our discussions at that event.

Thanks

We are very grateful to all those who took the time and trouble to respond to this survey. We also want gratefully to acknowledge those who have provided support for this work – the European Commission, Bristol Myers Squibb, GlaxoSmithKline and the Levi Strauss Foundation.

The National AIDS Trust also wishes to thank Leah Coleman for all her work in organising the dissemination of this survey and her invaluable assistance in the analysis of the results.

Bristol-Myers Squibb

Levi Strauss
FOUNDATION

GlaxoSmithKline
Positive action
working with communities
affected by AIDS

2 Legal and Constitutional Rights

2.1 Legal protection from discrimination

The survey asked a number of questions to assess the extent and nature of legal protections from discrimination for people living with HIV across Europe.

Most fundamentally, respondents were asked

Q.1: Does legislation in your country give protection against discrimination on grounds of HIV positive status?

Of the 36 countries, 28 said yes and 8 said no.

The no responses were from Bulgaria, Czech Republic, Cyprus, Denmark, Estonia, Lithuania, Slovakia and Serbia (though a second response from Serbia said protection was available). The no responses are surprising and further discussion will take place to ascertain whether there are in these 8 countries absolutely no legal protections which can be used by people living with HIV. It is possible some respondents were only discussing specific HIV legislation.

The next questions attempted to understand in more detail the nature of the legal protections enjoyed by people living with HIV.

Q2: If yes [see Q1], please specify what sort of protection is given and, if possible, the name of the relevant law.

Please tick as appropriate:

HIV-specific protection

Disability-related protection
Equality/human rights protection
Other – please specify

8 country responses stated that people living with HIV enjoyed legal protections under all three forms of law – HIV-specific, disability-related and equality/human rights protection. 7 country responses had both HIV-specific and equality/human rights protections, and 6 country responses cited both disability-related and equality/human rights protections.

An issue for further discussion and analysis is how such ‘multiple protection’ works in practice. How do the different protections inter-relate legally? Is one form of protection more effective than another – for example, is HIV-specific protection more effective than general non-discrimination protection? Are there any inconsistencies in protection or areas where one legal protection applies but another does not?

Overall, 25 countries stated that people living with HIV were protected through equality/human rights legal provisions; 16 stated there was HIV-specific protection and 16 said there was disability-related protection.

Uzbekistan commented that the HIV-related non-discrimination legislation is ‘too vague to effectively tackle discrimination’. This survey goes on to look at the problem of actual implementation of legal protections but this comment reminds us that there can be deficiencies in the drafting of legislation which seriously affect that law’s effectiveness.

It will be important to assess further how the human rights protections found in the European Convention on Human Rights (ECHR) are established in national law, and the application of Article 14 and Protocol 12 of the ECHR on discrimination.

A further question was related to the point in the progress of HIV infection when protections apply. To give one example from the United Kingdom, from 1995 to 2005 people living with HIV were only protected from discrimination if they were ‘symptomatic’, in other words had evident physical impairment resulting from their HIV infection. In 2005 the law was changed [the Disability Discrimination Act 2005] to extend that protection for people living with HIV effectively from the point of diagnosis. Respondents were asked:

Q3: Does protection from discrimination apply from when HIV is diagnosed or at some later stage?

28 countries said protection applied from the point of diagnosis but 3 said only once an AIDS diagnosis had been given (Albania, Ukraine, Uzbekistan).

This discrepancy in protection needs to be looked at in more detail. The reality of HIV discrimination is that it usually has less to do with symptoms or an AIDS diagnosis and is much more related to someone simply knowing about another’s HIV infection. It is important that legislation fully protects people living with HIV from the reality of discrimination.

People living with HIV are very often from groups which are marginalised or discriminated against, such as men who have sex with men, migrants, certain ethnic minorities, injecting drug users, prisoners and sex workers. Any assessment of the discrimination experienced by people living with HIV has to view HIV discrimination in this wider discriminatory context. The survey therefore also asked:

Q4: Does legislation give protection against discrimination to any of the following groups of people?

Groups with response result

Ethnic groups/race - 27
Women - 28
Gay or bisexual men, or men who have sex with men - 23
Migrants - 20
Prisoners - 16
Injecting Drug Users - 15
Sex workers – 14

This wider context of discrimination and legal protection will be addressed in more detail at the seminar. But from these preliminary results it is clear that there is particular concern across Europe at the lack of legal protection from discrimination for prisoners, injecting drug users and sex workers.

Two further questions examined whether protection from HIV discrimination only applied to people who were actually HIV positive or whether it also applied to someone **Q5 who is presumed to be HIV positive**, or **Q6 to associates of someone living with HIV, for example carers, parents or family.**

17 countries said that someone ‘presumed to be HIV positive’ was protected from discrimination and 16 said they were not. 16 countries said associates of people living with HIV were protected from discrimination and 15 said they were not. There is in other words very roughly across Europe a 50/50 spilt on these questions.

Switzerland noted that their anti-discrimination protection applied for the most part only to public bodies and not to private ones. And we were concerned to ensure that the legal obligation not to discriminate against people living with HIV applied as much to private sector as to public bodies, and so asked:

Q7: Does protection from discrimination apply to both public and private sector organisations?

26 countries said that it did and only 4 countries said that the protection applied only to public bodies (Azerbaijan, Poland, Switzerland, Tajikistan).

The final question on protection from discrimination attempted to get more detail on the areas where the legal protection applied. We therefore asked:

Q8: Does protection from discrimination cover –

Groups, with response results:

Employment – 29
Education – 27
Provision of healthcare – 23
Provision of accommodation (including the letting and selling of property) – 19
Provision of goods and services – 19
Trade Union membership – 16
Prisons – 13
Provision of insurance – 11
Provision of bank loans and other financial services - 10

The responses revealed serious concerns on the level of protection across Europe in relation to accommodation, prisons and financial services. These are matters which will be looked at in more detail at the seminar. The results do, however, have to be interpreted with some caution since some respondents only identified those categories where there was specific HIV-related protection and not where there might be recourse under more general legal provision.

Legal protections from discrimination – summary

The survey responses suggest widespread legal protection from discrimination for people living with HIV with a few stated exceptions which need to be explored in more detail.

Below this headline finding there are, however, issues for concern. These include the failure to protect people presumed to be HIV positive or associates of people living with HIV from discrimination; a few countries where protection only appears to apply once you have an AIDS diagnosis or are symptomatic; failures to protect certain marginalised groups such as migrants, injecting drug users, prisoners and sex workers; and gaps in protection in such areas as insurance and financial services and in accommodation.

Not only do we need to examine in more detail such gaps and inconsistencies. We will also at the seminar consider the different forms of legal protection which apply and their relative strength, scope and effectiveness in protecting people living with HIV. We will ask how such bodies as the European Union and the Council of Europe can, within their mandates and remits, promote the highest and most consistent standards of protection across the whole of the European region.

2.2 Confidentiality and privacy rights

Most people are concerned that their private and health-related information remain confidential to themselves and those with whom they consent to share it. This is a particularly important issue for people living with HIV, where unauthorised disclosure, whether to other medical staff or to members of the public, can result in discrimination and other negative consequences. The survey asked a number of questions to assess the nature and degree of privacy-related protection in law for people living with HIV.

The most basic question was:

Q9: Does the law give privacy or confidentiality protection of medical and/or personal information, including HIV status (that is, the prohibition on its unauthorised use or disclosure)?

35 countries said that the law did provide such protection for medical and/or personal information – only 3 countries said not (Denmark, Ireland, Serbia). 31 of the countries stated that the protection was contained in general confidentiality/privacy legislation but additionally 19 countries said that there were also protections in HIV-specific legislation and, in 8 countries, in sexual health specific legislation.

One area where there is debate on the limits of privacy protection is in relation to partner notification, where there is concern that the partner might be infected with HIV and need to take a test. The survey therefore asked:

Q10: Does the law authorise healthcare professionals to notify directly or indirectly the HIV status of their patients to sexual or other partners at a real risk of infection *without* the consent of the HIV positive patient?

28 country responses stated no (consent being necessary) and 13 stated yes. Criminal prosecution for HIV transmission is a growing concern across the whole of Europe and this issue is linked to the debate on the limits or otherwise of privacy protection and the 'rights' of sexual partners to know about their partner's HIV status. It will be interesting to explore further at the seminar whether the trend towards criminalisation is having an impact on confidentiality and privacy rights.

Legal protection for privacy and confidentiality - summary

There seems for the most part to be effective legal protections, at least on the statute book, on privacy issues. But, as later survey responses make clear, there are questions as to whether such legal rights are yet having enough impact in reality. Later in the survey a number of respondents report problems in breaches of confidentiality. As problematic is the fact that often to obtain justice for breach of confidentiality it is necessary to undermine further your privacy through a public legal process.

2.3 Implementation of Rights

Additional questions were asked to understand how the system ensured the implementation of these legal rights.

Q11: Is there an independent institution established by law responsible for the discrimination and privacy legislation (e.g. human rights commission, ombudsperson)?

32 countries said yes and 5 said no (Denmark, Estonia, Israel, Serbia and Tajikistan). Further responses gave details of their institution's respective powers. In 29 cases there was a power to investigate and conciliate individual complaints but in only 21 could the institution make enforceable decisions to resolve an individual case. In 21 cases the institution had a responsibility to educate on, and promote, human rights.

Whilst much of the survey looks at the accessibility of legal justice through the courts, it will be important to look in more detail at the role of such human rights institutions to address complaints and resolve disputes – they may offer routes for justice which are more 'friendly' for people living with HIV.

Whilst protection from discrimination is an important response to discrimination as it occurs, as important are positive and proactive steps to eliminate discriminatory attitudes and practices embedded in society. Some countries go beyond protection legislation and also have positive duties to promote equality and eliminate discrimination against people living with HIV. We asked:

Q12: Is there a legal responsibility on public or private organisations to eliminate discrimination against people living with HIV and/or promote the equality and rights of people living with HIV?

25 country responses said there was such a responsibility on public organisations and 17 said the same for private organisations. 12 said there was no such responsibility on public organisations and 14 said there was no such responsibility for private organisations. In a number of cases the responsibility was established by the National HIV Programme which tended to have some legal standing, though a ‘weak’ one. There will need to be further discussion for those countries which answered ‘yes’ as to how in detail that responsibility is defined and whether there are effective enforcement mechanisms.

One specific and extreme form of discrimination is hate crime – whether destruction of property, harassment, physical or verbal abuse, to give just a few examples. We wanted to find out what legal protection existed in this area.

Q13: Is there specific legislation against HIV-related abuse or hate crime?

33 countries said no and 4 said yes (Croatia, Lithuania, Ukraine and Uzbekistan). It is clear that the hate crime concept was not widely applied, and indeed some respondents misunderstood the question to refer to criminalising HIV transmission.

It was also important to have a sense of whether HIV organisations and others in each country were ‘content’ with current legislative protection or whether activity was ongoing to improve legal protections for people living with HIV. The survey asked:

Q14: Are there any organisations or individuals trying to change existing law and improve protections for and rights of people living with HIV? If yes, which areas of law are they trying to change?

The vast majority of countries – 32 - stated that there were organisations trying to change existing law. Only 5 countries answered no – Azerbaijan, Denmark, Estonia, Lithuania and Poland.

Amongst the issues where organisations were campaigning and working for change were:

The rights of people living with HIV in prisons (Poland, Kyrgyzstan, United Kingdom)
Maternity and parental rights (Poland)
Rights of residency and citizenship for people living with HIV (Russia)
Pensions (Albania)
The rights of children infected/affected by HIV (e.g. the right to schooling) (Ukraine)
Rights to financial services, including insurance (Finland, France, Portugal, Netherlands)
Access to HIV treatment (Tajikistan, Ukraine, Kyrgyzstan, Russia, Slovakia)
The rights of migrants living with HIV (France, United Kingdom, Hungary, Germany, Greece)
Criminal prosecutions for HIV transmission (Switzerland, Portugal, United Kingdom, Netherlands)

A number of responses stated that improved anti-discrimination laws were necessary (Cyprus, Czech Republic, Denmark).

These are only illustrative. Responses made clear that in many countries wider changes in law are necessary around particular groups including injecting drug users, sex workers and migrants.

3 Access to Justice

3.1 Accessibility of Rights

Whatever the legal rights theoretically enjoyed by people living with HIV, there are very often considerable breaches of those rights in practice. There can also be real difficulty and barriers for people living with HIV in accessing legal redress. The second part of the survey aimed to assess the reality of access to justice for people living with HIV.

The survey therefore asked respondents:

Q15: Are there any significant obstacles to people living with HIV accessing their legal and/or constitutional rights through the legal system?

The main obstacles were identified as:

Lack of legal aid/funds – 22
Lack of confidentiality/privacy – 20
Lack of lawyers willing or well equipped to advocate on behalf of people living with HIV - 19

Discrimination against particular groups also had an impact on access to justice:

Discrimination against injecting drug users within the legal system – 16
Discrimination against people living with HIV within the legal system – 15
Discrimination against homosexuals/MSM within the legal system – 14
Discrimination on grounds of immigration/residency status – 14
Discrimination against sex workers within the legal system – 13

Repeatedly the point was made that fears of media attention and loss of confidentiality undermined the willingness of people living with HIV to fight for their rights or go to court. Thus social stigma succeeds in denying people living with HIV access to their rights. Further discussion is needed of the opportunities for protection of identity in certain court processes, the possibility of HIV organisations acting on behalf of individual plaintiffs or the accessibility of alternative means of redress where some form of privacy can be maintained.

Legal aid was not always available and often came with so many qualifications as to be ineffective or unavailable in practice. There needs to be discussion of how legal aid accessibility relates to key human rights and principles of non-discrimination.

Some responses mentioned the difficulty in proving cases of discrimination and the limited amount of case law on HIV issues (e.g. Italy).

Discrimination against particular groups was a significant issue generally and particularly acute in some countries – Poland, for example, mentioned the discrimination faced by men who have sex with men and Slovakia mentioned the discrimination against Roma people. There were also difficulties for those whose behaviour was illegal in accessing legal rights – for example, injecting drug users (e.g. Cyprus) and sex workers.

The courts and legal processes can also be used to deprive people living with HIV of rights. Concerns over criminal prosecutions were repeatedly mentioned. Denmark stated that parents living with HIV, especially from minority communities, were being deprived of custody of their children.

An additional point made by many responses, which this survey looks at later, is the widespread ignorance amongst people living with HIV of their rights, which acts effectively as a further obstacle in accessing justice.

A number of responses stated baldly that there was a massive gulf between the theoretical protections available for people living with HIV and the practical reality.

Access to justice for people living with HIV is clearly a problem which needs to be addressed urgently across the whole European region. Without such access, rights become meaningless.

3.2 Role of voluntary sector organisations

Such obstacles clearly raise the question of what support is available to people living with HIV in order to overcome these barriers. The survey asked about the role HIV organisations might play:

Q16: Do HIV voluntary sector organisations, or other civil society organisations, provide written statements to the court in legal cases relating to HIV, or otherwise act as 'friends of the court', giving expert advice in support of people living with HIV who are involved in the case?

Only 2 countries – Germany and Ukraine – said 'yes, frequently'. 22 countries said 'yes, occasionally' and 15 countries said no. This is obviously a matter which needs to be discussed in more detail. There appears to be potential for much more engagement with the legal process by the voluntary sector.

Q17: Has an HIV voluntary sector organisation, or other civil society organisation, ever taken a case to court in your country on behalf of a person living with HIV?

26 countries said no to this question and 11 said yes. One obstacle to HIV organisations doing so is clearly where the country does not allow for such organisational legal representation. This is an issue which should be discussed at the seminar – there may well be a case to change rights of legal representation where organisations can effectively represent individuals too scared and disempowered to take a case to court themselves.

The Swiss AIDS Federation's legal aid office was one example of what appears to be a very successful intervention, though even here what can be achieved is constrained (they cannot replicate on civil or criminal law matters the representation they provide on public law questions such as employment and pensions).

If NGOs are to engage effectively with legal systems on behalf of people living with HIV, it is vitally important that they keep up to date with legal developments and cases. The survey asked:

Q18: Does monitoring take place of legal cases relating to HIV in your country?

21 countries said yes and 19 said no. Monitors were a mix of HIV organisations (19 countries), human rights organisations (11 countries) and legal organisations (2 countries). It will be interesting to share in more detail how such monitoring is conducted and whether the information is well disseminated and used. There may well be ways of monitoring which can be adopted by countries where at present no such monitoring takes place.

3.3 HIV training for legal and judicial systems

One possible way to address barriers within the legal system is to train relevant professionals on HIV-related issues. We asked questions both as to whether training occurred and the respondents' views as to its effectiveness.

Q19: What training is provided on HIV to professionals within the legal and judicial system?

Q20: Do you think any of this HIV-related training for legal professionals has improved fairness and respect for human rights in the legal and judicial system?

Q21: Are the HIV voluntary sector and/or people living with HIV involved in any training for professionals in the legal/judicial system?

Question 19 (Individual Replies)

Professional	**Basic HIV facts**	**Risks of HIV transmission**	**Living with HIV**	**Stigma and discrimination**
Prosecuting authorities	13	9	6	12
Judges	9	6	4	9
Lawyers	9	6	4	11
Police/law enforcement agencies	28	26	14	22

Question 20 (Individual replies)

Professional	***Yes – significant improvement***	***Yes – some improvement***	***No impact***	***Training made things worse***
Prosecuting authorities	4	9	3	1
Judges	5	5	4	1
Lawyers	6	6	3	1
Police/law enforcement agencies	7	21	3	1

It is encouraging to see that overall there was a view that training did result in some improvements, especially with the police and law enforcement agencies. This is something which again deserves further analysis. Training appears patchy and does not always produce the optimal results but it could well make a difference if implemented effectively. More sharing of best practice could prove useful. There were interesting initiatives mentioned such as training officials from the Ombudsman's Office (Portugal).

Sweden mentioned the ignorance within the legal system of the psychological issues relating to HIV infection.

3.4 Awareness of legal rights

A further barrier people living with HIV may have in accessing their legal rights can simply be not knowing that such rights exist. The survey asked three questions on rights awareness:

Q22: Do you have evidence of how aware people living with HIV are of their legal rights?

Q23: In your opinion, how high or low is the level of awareness amongst people living with HIV of their legal rights?

Q24: Can you provide examples of effective projects to inform people living with HIV of their legal rights and provide them with legal advice and support?

Evidence on understanding of rights was not widespread – 21 countries said they did not have evidence and 16 said they did. Where evidence existed, it was in some instances from surveys but in others more anecdotal from personal communications. In giving their own opinions on awareness, amongst respondents only 1 country (Israel) said awareness was very high and only 5 said quite high (Greece, Norway, Sweden, Switzerland and Russia). 13 countries said awareness was moderate, 13 quite low and 8 very low. It appears therefore that as a priority where legal rights do exist there is an important task in making people living with HIV aware of them and of how to access them.

32 responses gave examples of initiatives which are taking place, including helplines, analyses of legal rights, websites, dissemination of leaflets, working with journalists and using institutional grants, such as those from the European Commission, to inform people.

As Part 1 of this survey illustrated, in addition to the courts, there are also in many countries independent human rights-related organisations which can provide assistance and in some cases redress for people living with HIV who believe their rights have been violated. It is therefore also necessary to assess how accessible such bodies are for people living with HIV. The survey asked:

Q25: If there is an independent institution responsible for anti-discrimination and privacy legislation, how easy is it for people living with HIV to access its services and assistance?

There was quite a range of answers to this question. 7 countries said very easy and 14 said moderately easy. 8 said very difficult and 7 said moderately difficult. Some ombudsman offices showed no engagement on HIV issues but there was also good practice – both were evident in Croatia where there was no record of successful engagement of the Public Ombudsman but the Ombudsman for Children had done very good work to protect the rights of HIV positive children.

4 Issues for Discussion at the European Level

The final question asked:

Q26: Are there any legal issues which you believe need to be explored at the European level?

30 countries put forward suggestions, which must complement and be added to the many issues which have already been referred to in this report. Issues were raised either as possible EU actions or as topics which merited European-wide consideration:

EU actions:

- Identification of those areas where the EU has a mandate to define common standards for people living with HIV, in particular in relation to rights
- Consideration of the role of the EU in promoting and monitoring the rights of people living with HIV
- The development of ‘model legislation’ on HIV issues based on European experiences
- There was also mention of a possible role for the Council of Europe.

Topics:

- Access to HIV treatment – this was particularly mentioned in relation to certain categories of migrant (e.g. United Kingdom) and other marginalised groups such as injecting drug users (e.g Poland)
- Criminal prosecutions for HIV transmission
- Employment rights
- Access to insurance and other financial services
- Travel restrictions – this was linked to the question of the free movement of people and EU rights
- Migration issues
- Discrimination issues – key issues included the rights of men who have sex with men, migrants, sex workers, injecting drug users, and people living with HIV more generally.

5 Conclusion

The survey makes clear the continuing struggle of people living with HIV to enjoy their human rights with dignity and respect. It is as clear that there are significant variances between countries within Europe and that country legislation is often not providing adequate protections against discrimination and in some cases is in fact contributing to such discrimination and harassment. Legal processes which are meant to provide justice and redress for all are also failing people living with HIV in a number of ways.

This is above all else a human rights issue. If our European region is to maintain a reputation for human rights, then such deficiencies must be addressed as a matter of urgency. But it is also an issue of public health. Europe has no reason to be complacent about the HIV epidemic. Measures to respond to this serious public health threat are doomed to fail if at the same time we act to undermine or breach the rights of people living with HIV and the rights of communities most vulnerable to infection.

Both AIDS Action Europe and member organisations such as the National AIDS Trust will be taking forward the legal and human rights issues raised in this report, arguing for change. The forthcoming seminar and resulting report will one immediate action. Equally, we will work through such bodies as the EU Civil Society Forum and EU Think Tank on HIV and AIDS, and collaborate with the EU presidencies, to ensure a Europe where people living with HIV are respected and supported, free from stigma, discrimination, and prejudice.

6 Annex A: The National AIDS Trust

Who we are

The National AIDS Trust is the UK's leading independent policy and campaigning voice on HIV and AIDS. A registered charity, we develop policies and campaign to halt the spread of HIV, and improve the quality of life of people affected by HIV and AIDS, both in the UK and internationally.

Our goals

All our work is focused on achieving four strategic goals:

- Effective HIV prevention in order to halt the spread of HIV
- Early diagnosis of HIV through ethical, accessible and appropriate testing
- Equity of access to treatment, care and support for people living with HIV
- Eradication of HIV-related stigma and discrimination

Our priorities

In order to achieve our four strategic goals, we have identified six work-streams:

1. Prevention & testing
Securing political will, commitment and resources for HIV prevention based on need, as well as encouraging and facilitating innovative and evidence-based interventions.

2. Health and social care
Informing and influencing policy and decision makers at all levels to ensure the short and long term needs of people living with HIV are understood and fully met through the management and delivery of health and social care.

3. Vulnerable communities
Identifying the HIV-related human rights and needs of disadvantaged and vulnerable communities and ensuring their needs are met and rights upheld.

4. **The law, human rights and discrimination**
Ensuring the rights of people living with HIV are upheld and the law is framed and implemented to protect and promote those rights, minimising the potential of harm.

5. Public awareness and the media
Increasing public awareness and understanding of HIV and improving media coverage in order to increase public support of people living with the virus.

6. Developing networks and building capacity
Building the resources and capacity of the National AIDS Trust to deliver its strategic aims by developing and investing in strategic partnerships and networks.

What we do

We influence attitudes, behaviour and decisions that have an impact on the lives of people affected by, and at risk of HIV and AIDS. In order to do this effectively we:

- Research current issues
- Identify solutions
- Inform and educate people
- Campaign for change
- Raise awareness through the media, resources and events

For more information about the National AIDS Trust, please visit the main page of our website: http://www.nat.org.uk/About-NAT where you can find out more about our organisation, as well as our current projects and campaigns.

7 Annex B: AIDS Action Europe

Mission

AIDS Action Europe is a pan-European partnership of NGOs that works towards a more effective response to the HIV and AIDS epidemics. AIDS Action Europe addresses the needs of communities affected by HIV, by effectively linking and mobilising NGOs across Europe and advocating their concerns.

Guiding Principles

- UNGASS Declaration of Commitment and Dublin and Vilnius Declarations
- GIPA principle: greater involvement of people living with HIV and AIDS
- “Europe” is defined according to the WHO definition and extends beyond the European Union
- Commitment to prevention of duplication of existing activities
- Commitment to build on existing experiences, expertise, and infrastructure provided by its members and the organisations and institutions with whom we will work.

European Partner of ICASO

We are the European partner of the International Council of AIDS Service Organizations (ICASO)

ICASO Mission

AIDS Action Europe subscribes to the ICASO Mission to:

- Mobilise communities and their organisations to participate in the response to HIV/AIDS
- Articulate and advocate the needs and concerns of communities and their organisations
- Ensure that the community based organisations are strengthened in their work
- Promote the greater involvement of people living with, and affected by, HIV/AIDS
- Promote human rights in policies and programs, responding to all aspects of HIV/AIDS

For more information on AIDS Action Europe, please visit their homepage at www.aidsactioneurope.org

8 Annex C: List of Survey Respondents by Country

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