

Report of the 24th HIV/AIDS Civil Society Forum

Luxembourg, October 10 & 11, 2016

Meeting convened by the European Commission Directorate-General Health & Food Safety
with co-chairing of AIDS Action Europe and the European AIDS Treatment Group



The EU HIV/AIDS Civil Society Forum



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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 organisations 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. All annexes to this report are only available online at the CSF page on the [AIDS Action Europe website](#).

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October 10, 2016

1. Opening

1.1 Opening and Introduction

The CSF co-Chairs Sini Pasanen and Luís Mendão welcome the CSF Members to the 24th HIV/AIDS Civil Society Forum and ask the attendees to introduce themselves.

1.2 Report and Action List of last meeting

Michael Krone mentions that CSF Members had the opportunity to amend and comment on the last CSF minutes for the first time. He invites the CSF Members to check the minutes in the future. Furthermore, he announces that the presentations of this meeting, provided the consent of the speakers, will be sent to the CSF-Members by email shortly after the meeting in order to provide earlier access to the information.

The Action List from last CSF Meeting contained two items: A representative from the Fast Track City Amsterdam was invited to this meeting. Udi Davidovich presents information on this interesting approach. Second topic on the list was a Call for Action against the background of upcoming meetings and conferences such as the High Level Meeting in New York City and the World AIDS Conference in Durban. Sini and Luis refer to this in their update on advocacy and other action.

1.3 CSF co-Chairs update on advocacy and other actions

Sini and Luis give an overview over recent advocacy activities:

- The last CSF meeting was followed by a discussion with partners in the field of viral hepatitis and tuberculosis on advocacy for an integrated policy framework.
- The High Level Meeting on Ending AIDS in New York in June gave the opportunity to meet with national governments representatives, including Charmaine Gauci, the representative from Malta, who is going to hold the EU-Presidency in the first half of 2017 to discuss the presidency agenda on HIV, TB and hepatitis in order to highlight civil society perspectives in the response to HIV, TB and viral Hepatitis
- AIDS Action Europe, EATG and ECUO hosted a European Networking Zone at the Global Village of the World AIDS Conference in Durban in July. It provided a platform for discussion on challenges across the European region. Europe did not get much attention in the Conference. Though some topics with relevance to the region were well addressed, i.e. PrEP and the criminalisation of HIV transmission, exposure and non-disclosure.
- HA-REACT: Luís Mendão represents the HIV CSF on the Advisory Board of the new EU Joint Action on HIV and Co-infection Prevention and Harm Reduction (HA-REACT). Luís reports that NGOs in some countries are insufficiently involved.
- Amsterdam 2018: The EU HIV Civil Society Forum was appointed to the Conference Coordinating Committee of the World AIDS Conference in Amsterdam. The co-chairs of the EU HIV CSF took part in first meeting of the Committee in Durban.
- The CSF co-chairs took part in the ECDC's STI and HIV Coordination Committee Meeting on 28-29 September 2016
- The EU HIV CSF coordinated a letter from civil society and professional associations in the field of TB, HIV and viral Hepatitis to European Commission Vice President Timmermans requesting Commission engagement in updating the EU policy framework and to integrate some of the work. The chairs also encouraged CSF members to engage with their respective MoH prior to the Meeting of Ministers in Bratislava on 2-3 October 2016 where the topic was to be discussed in the context of EU action with respect to MDR-TB.
- The transition from international to domestic funding leads to significant problems in countries where the GFATM is withdrawing. In particular prevention and harm reduction services run by NGOs can often not be maintained, as for instance Montenegro's recent concentrated epidemic following the retreat of the GFATM. The CSF contributed to a joint letter to the Estonian EU-Presidency 2nd half (July-December) of 2017 to address this problem.
- In some parts of Europe, countries are far from reaching the agreed international objectives hence the need to increase engagement.
- Sini Pasanen, CSF Co-Chair was invited to give an opening speech at the forthcoming EU Presidency Conference

'Fast-tracking the end of AIDS in Europe - practical evidence-based interventions' that will be hosted by the government of Malta, in collaboration with ECDC, at the end of January 2017.

- Early October, Luís Mendão participated in the WHO European Region conference in Minsk, Belarus.
- In October, CSF Members were addressed to engage with their respective European Parliament Committee on Environment, Public Health and Food Safety (ENVI) representatives regarding the discussion in the European Parliament on October 12 on Health.

2 The current state of HIV Policy in Europe: Update from the Commission

Wolfgang Philipp, Deputy head of Unit – Crisis management and preparedness in health, reports on recent Commission related developments: John Ryan will speak on behalf of the Commission at the ENVI Committee session (see above) on 12 October. Commission services have submitted a road map towards a policy framework on HIV, TB and viral Hepatitis to the Commissioner. However there has not been a decision made yet. There will be a decision in the College's agenda planning in November.

Wolfgang continues with the update on activities within the Health Programme that were launched by the Commission this year so far: HA-REACT, the Joint Action on Harm Reduction has started and first work package deliverables are developed. A new Joint Action "Quality of HIV/AIDS/STI, viral Hepatitis and tuberculosis prevention and linkage to care" is being prepared to improve effectiveness and quality of interventions. The JA will be led by CHIP in Copenhagen. DG research is funding a project called [E-detect](#). The Commission is also funding, ESTICOM, the research and training project on gay men and other MSM. The project (Follow-up on [EMIS](#)) consists of a survey on Community Health Workers (CHW) and their needs to deliver services to MSM and a training programme for CHW had its Kick-off Meeting in Luxembourg in September 2016.

Moreover, the Commission coordinated the EU-statement conveyed at the UN High Level Meeting in New York in July. The Commission also pledged 470 Million Euro to the Fifth Replenishment Round of the Global Fund for 2017 – 2019. During the EU informal Health Council in Bratislava, member states supported the development of an integrated policy framework on HIV, TB and viral hepatitis. - Some countries requested the inclusion of STIs. For AIDS 2018 in Amsterdam, the Commission plans its involvement. The aim is to have better representation of governments compared to the World AIDS Conference in Vienna in 2010, in particular by Eastern European and Central Asian countries. Affordability and access to medicines will be of big interest.

Discussion: The NGO participation in Joint Actions is discussed: In the new launched Joint Action only NGOs from Croatia and Italy are involved. The procedure of appointing NGOs as potential partners is hampered by various facts: National focal points often do not consider NGOs; the procedure for delivering the necessary documents for participation is not easy for every NGO. As a consequence often those organisations who already have experiences are nominated. Additionally, the funds that NGOs receive for their contributions do not reflect the time they invest. This means that some NGOs reconsider their participation. Documents refer to the important contribution of civil society but when it comes to funding NGOs' work is underrated by academia and national authorities. It was also noted there is a culture of disdain for NGOs in Central and Eastern Europe. Wolfgang Philipp takes the point of little involvement of CSOs and says that the Commission can inform the national focal points to engage CSOs to a higher extent.

The discussion also touched upon AIDS 2018 and the involvement of the Commission. The CSF underlined the need for high level political representation of EU and Eastern European countries. The situation in the EECA is alarming. The discussion should be focussed on partnership to fill the gaps in prevention, treatment and care and how to ensure that investment in programmes for key population is sustained. The EU presidencies are still a good instrument for political mobilisation to address the challenges.

3 The current state of HIV Policy in Europe: Updates from the agencies - ECDC, UNAIDS, WHO Europe, EMCDDA

Since Teymur Noori from ECDC excused himself from participating in the CSF, WHO did not participate and EMCDDA contributed to the current state of HIV Policy in Europe the following day (see below), in this section only the report from UNAIDS is reflected.

3.1 UNAIDS

Henning Mikkelsen reports on the outcome of the declaration from the High Level Meeting in New York and the commitment to achieve the end the AIDS epidemic by 2030 at global and at regional level (see Annex 1). UNAIDS stresses if goals are not achieved the epidemic will rebound by 2030. The risk is in an uncontrolled epidemic, representing an even more serious

threat to the world's future health and well-being and requiring substantial resources than is currently the case. Since the HLM declaration is not very strong on key populations, UNAIDS prioritises to eliminate stigma and discrimination as major obstacles to end the epidemic and to address the needs of key populations. Henning introduces a new mapping of key populations and gaps in prevention regarding key populations where the funding predominantly depends on international funding. Addressing viral Hepatitis and Tuberculosis in the framework of an integrated approach is a core element of the efforts needed. Finally the UNAIDS' cooperation with PEPFAR, the cooperation with Médecins sans Frontières in Central and West-Africa and the new Hands-Up campaign are mentioned.

Discussion: Vinay Saldanha, UNAIDS' regional director for Eastern European and Central Asian adds that there has been a huge commitment from European countries and the EC regarding the GFATM. However, when it comes to bilateral discussions between European countries and Russia HIV is not discussed. Also, Russia is not getting any recognition for the steps it is taking to address the epidemics. The discussion that followed centred on data collection and the need for more disaggregated data. It was also noted that there is a difference between new diagnoses and new infections since an increase in new diagnosis would be a good finding while the increase in new infection would not be. CSF asked to separate Western Europe from North America and requested

4 Keep HIV, HCV, STI and TB on the agenda: The EU presidencies of Slovakia, Malta, Estonia, Bulgaria and Austria

In order to pave the way to the World AIDS Conference in Amsterdam the CSF Coordination Team decided to have not only the next three EU presidencies but the next five until 2018 on the agenda:

Slovakia: no news from Slovakia (Iveta Chovancova could not attend).

Malta: The Maltese government will have a technical meeting back to back with the HIVHep Conference at the end of January/beginning of February. Herewith HIV is high on the Malta Health agenda. Formal Council and that would be Council Conclusions possible.

Estonia: Estonia is preparing for the EU Presidency. EATG had an informal meeting with Aljona Kurbatova, Head of the Estonian Infectious Diseases and Drug Abuse Prevention Department to discuss opportunities to push the dialogue forward. A presidency meeting with support of WHO is under discussion.

Bulgaria: No news (no participant in the CSF from Bulgaria). CSF should reach out.

Austria: Isabelle Eibl reports that there have not been any activities so far.

The colleagues from Romania report that they have already created a platform for exchange to prepare their EU-Presidency in the first half of 2019.

5 Fast Track City – Experiences from the Amsterdam project

Udi Davidovich was invited to present an approach where cities unite to fast track to end the AIDS epidemic (see Annex 2). This is extremely relevant as the epidemic is predominantly concentrated in cities. Udi introduces the work of the Amsterdam H-Team, a consortium to coordinate the eradication of HIV at city level. After presenting epidemiologic data for the Netherlands and Amsterdam, he describes the aims of the H-Team, focuses on the Amsterdam PrEP-Project, testing facilitation, barriers for early treatment among professionals and patients, the viro-immunological research on the effect of immediate treatment of acute HIV infection on viral reservoir and immune system and motivational campaigns to raise awareness for testing, early treatment and acute HIV infection. Udi shows examples of communication strategies to motivate and raise awareness for testing, early treatment and the auspicious approach to detect acute HIV infections and finishes with first results and conclusions of the project.

Discussion: CSF members expressed interest in Acute HIV Infection research since the preliminary results provide insights into the infection chain. Another topic in the discussion was the structure and the funding of the project. The approach requires an important coordination commitment by all services without extra funding. It must be acknowledged that Amsterdam's long history of HIV prevention and treatment facilitated that process. Therefore it might be easier in Amsterdam compared to be in other cities.

6 The situation in neighbouring countries and addressing the funding gap

Vinay Saldanha, UNAIDS Regional Director and Head of the Regional Support Team for Eastern Europe and Central Asia focuses his presentation on the transition from global to domestic funding in the EECA countries (see Annex 3) by underlining that funding commitments at national level are grossly inadequate. He points to missing national ownership and dependence on external funding for HIV responses and optimising HIV investments in selected EECA countries. One slide

shows the cost per person reached from actual country spending/ planning data with large variation in costs - due to differences in packages, procurement and economies of scale. Vinay finishes with epidemic projections for Fast-Track by 2020.

Discussion: The discussion predominantly centres on the situation in the Russian Federation. Vinay points out that there has been a change in Russian HIV politics. HIV is higher on the agenda of politicians than it used to be. Treatment access has increased; health related impacts could be reduced. These achievements, according to Vinay's view, are not enough acknowledged in the Western world. However, the life situation key populations are confronted with is still horrendous. AIDS service organisations like the Andrey-Rylkov-Foundation are affected by the foreign agent legislation. Harm reduction measures, in particular OST, remain illegal and there is no positive development regarding prevention. Vinay notes that the governmental position is that it uses the foreign agent legislation to know where international funding goes to and how it is utilised. It is not necessarily about the activities themselves. However, there is no mechanism in place to replace the international funding by domestic funding. The position of UNAIDS in Russia is that if the government does not allow foreign funding than it should provide alternative funding. He also recommended to make the "HIV epidemic a political no-fly zone". With regards to the EECAAC Conference happening every two years in Moscow and which was boycotted by some organisations last year, he advances the view that boycotting the conference is not helping anybody. For responding to the epidemic, joint efforts and collaboration are needed, in particular at civil society level.

Then, Ivan Varentsov presents on Eurasian Harm Reduction Network (EHRN) work to foster financial and programmatic sustainability of harm reduction in EECA (see Annex 4). Ivan introduces the work of the EHRN since its founding in 1997, talks about harm reduction programmes in EECA countries and how HR measures are cut down when countries are transitioning to domestic funding. EU countries of the region provide 90% of the harm reduction funding from domestic resources. However, the Czech Republic is the only country providing an adequate level of investment in harm reduction programmes. A regional consultation in Istanbul in 2015 aimed to provide overarching guidance to structure the complex transition process. EHRN published case studies on different countries to show their performance on transition with regards to HR. Ivan further on reports on the Regional Program "Harm Reduction Works - Fund It" in Belarus, Georgia, Lithuania, Moldova, Kazakhstan and Tajikistan, in particular the methodology of investment and service monitoring, regional advocacy targets, national advocacy targets and key focus areas for 2016 – 2017. He finalises his presentation with the example of Tajikistan and opportunities of harm reduction funding. He also calls attention to the Regional Harm Reduction conference in April 2017.

Discussion: The discussion remains rather short and was limited to a contribution from Macedonia where after transition the funds were cut by two thirds. The CSF and the Commission are asked to take action to raise awareness at international level.

7 Stigma and legal barriers in testing and linkage to care

Julian Hows from the Global Network of PLWHA GNP+ reports on the OptTEST project work on stigma and legal and regulatory barriers to testing and treatment in Europe (see Annex 5). OptTEST (Optimising Testing and Linkage to Care) is a project funded by the European Union that aims to help reduce the number of undiagnosed people with HIV infection in the European region and promote timely treatment and care. With the website <http://legalbarriers.peoplewithhiveurope.org/index.php> a source was created that provides an overview of legal and regulatory barriers for testing in 53 countries of the WHO European Region and that is being updated Julian presents initial findings and introduces next steps of the project. He thanks to all those activists, agencies, health providers and workers who are working very hard to make access for all a reality, rather than just another slogan.

Discussion: Tools like the legal and regulatory barriers website are considered a powerful instrument for advocacy, not only in terms of good practice exchange and benchmarking but also for the change of discourse at international level. It would be useful to include barriers to access to PrEP on the website.

8 Criminalisation of HIV transmission and exposure

Edwin J Bernard from the HIV Justice Network, presented on the criminalisation of HIV transmission, exposure and non-disclosure in Europe (see Annex 6). During his presentation he showed the video clips "HIV Justice Worldwide" which can be viewed at <http://www.hivjusticeworldwide.org/> and "HIV is not a crime" to be viewed at www.hivisnotacrime.com. The focus of the network's work lies on where the law treats PLHIV differently. There are 72 countries in the world that have HIV specific criminal laws with 101 jurisdictions including the individual US states. In the EU this concerns the countries Lithuania, Malta, Poland, Romania and Slovakia and Albania, Montenegro, Serbia in the Balkan region. Edwin takes a closer look at the situation in Europe where prosecution recently has taken place and reports specifically on the 33 cases in the Czech

Republic and seven cases in the UK. On the other hand, Europe is the global leader in ensuring that scientific evidence is reflected in justice decisions, considering the actual transmission risk, prosecuting only intentional exposure and following the Swiss statement. The World AIDS Conference was a big success what global activism is concerned as it became a prominent topic in Durban. At the end of his presentation, Edwin puts out a call for a European movement to end HIV criminalisation.

Discussion: The discussion reflects the different situation in the countries. While there is progress in some countries in applying science to justice (see above), in other countries prosecution happens without consideration of recent scientific findings. Edwin reports that the Justice Network is working on a toolkit that will support people to file complaints and that is supposed to be ready at the end of the year. However, in the field of justice there are usually no quick and easy answers and the scientific development does have an impact in all directions. For instance, with genome sequencing the direction of transmission will be traceable. Criminalisation has an impact on stigma and discrimination and some prosecution cases may remind of a medieval witch hunt. Prosecution has never been a good and effective prevention tool. It may also negatively impact on testing and it increases stigma. In 2005, the Netherlands gave good example when the Supreme Court decided to limit the law to actual HIV transmission risk. The decision has been very helpful to the decriminalisation movement. The Netherlands are also leading decriminalisation of sex work and gay rights. It was noted that sex workers and migrants are more easily prosecuted and face severe convictions and higher fines to pay. Growing xenophobia also affect the prosecutions.

October 11, 2016

Sini opens the programme with a summary of last day's session. The first session today follows up on the integration of HIV, viral hepatitis and TB surveillance and services discussion from the last CSF Meeting:

9 Follow-up on the Integrated Approach discussion on HIV, TB and viral hepatitis in a Strategic Framework

The CSF coordination team summarises recent advocacy activities on the subject (see above under report from the co-Chairs). During the EU Health Ministers' meeting in Bratislava, member states agreed on the need to develop an integrated policy framework. There is wide consensus between civil society, agencies and governments in favour of an overarching strategic framework to support national authorities in reaching their objectives. However, the Commission is not moving forward.

Discussion: Anke van Dam reports from the cooperation with the Dutch government who is in preparation of the WAC in Amsterdam 2018 favouring a European integrated approach that also addresses the situation in EECA countries. The International AIDS Society would be supportive of a wider European policy framework that could be presented at the WAC 2018. Civil society will continue advocating a holistic approach. One part of the discussion centres on the usage of structural Funds in the HIV field. Experiences from Romania show that they may be used but they also have their limits. In particular when it comes to the work with key affected populations, there are high obstacles (like issues around anonymity) that are not always easy to overcome. Often services have to be pressed into a predefined framework to apply with the requirements and to receive funding that makes the work itself very difficult. The intervention had to fit in the "back to work" scheme of the SF.

10 Gay Mobile Apps – Good practice examples from the countries

Sini Pasanen and Michael Krone prepared a presentation on the use of gay mobile apps and good examples from the countries. Although this topic has been on the agenda and moved forward by ECDC, gay apps are insufficiently used for prevention, information sharing and outreach. For instance, an email to CSF members on good practice examples remained unanswered which at least indicates that there is room for improvement. Sini and Michael talk about barriers and opportunities of usage of gay apps and present two examples from Germany and Finland (see Annex 7). For many organisations, the cost of broadcast messages are is a barrier. Though print media are also expensive without knowing how many people you actually reach. One of the opportunities is the possibility to cluster target groups, for instance geographically or in terms of age.

Discussion: Participants raise the issue of quality control in usage of gay apps. Usually broadcast messages or banners lead to already existing webpages, whose quality is already checked. There is less quality control in outreach and counselling via apps or online media in general. In a few months, ECDC will publish guidelines on the use of gay dating apps to improve the quality and effectiveness of services. Furthermore, the discussion shows that the use of gay apps in

prevention and information sharing is quite limited although it is seen as a good instrument to reach the target group. This accounts for instance for examples in Austria and Latvia. There is demand for learning and experience exchange between countries, also in terms of other target groups and health related topics. Michael announces that AAE will have a small working group at the end of 2016 to explore further opportunities.

11 The current state of HIV Policy in Europe: Updates from the agencies (EMCDDA)

Dagmar Hedrich then provides an update from EMCDDA (see Annex 8), including the expert network “Drug-related infectious diseases” meeting in June 2016 and the subsequent publication “Hepatitis C among drug users in Europe” from July 2016. There is a continuing decline in new HIV notifications attributed to injecting drug use. It is the lowest for a decade. There have been smaller outbreaks recently in the cities of Dublin, Glasgow and Luxembourg among injecting drug users who are connected to the support system. This needs further monitoring and investigation. There was also an increase of HCV 2011-2014 among PWID in Hungary, linked to the injection of stimulants, due to reduced services. Slides on Opiate Substitution Therapy and syringe distribution give information about the situation in different countries. Dagmar continues with information on Hepatitis C among drug users in Europe starting with notifications on prevalence, risk of progression to different disease states, prevention and treatment, boosted treatment uptake and adherence and on how drug facilities can help to improve access to HCV testing and treatment. Information on EU demand reduction standards from 2015, impact targets for viral hepatitis elimination and main messages complete the presentation.

Discussion: Two contributions from Lithuania and Kosovo address the EMCDDA presentation. OST is finally covered by the health insurances in Lithuania. The lack of cooperation between NGO level and the government was noted as national authorities do not recognise the work of NGOs. In order to avoid new infections, knowledge and competencies at all levels need to be joined. The CSF member from Kosovo, underlines the lack of information on Kosovo in the report. Labyrinth is an organisation that works since 2009 in the field of harm reduction. Dagmar takes the note and will be in touch for further cooperation to fill that gap.

12 PrEP – Report from France and discussion on the state of play in other countries

Christian Verger from AIDES France was asked to report on PrEP in France since its integration in the health system (see Annex 9). He summarises the activism that made the Ipergay trial possible and gives an overview on the implementation of PrEP. By early September 2016, 1.527 people were receiving PrEP. The vast majority of recipients are MSM in Paris. The overall target is 50.000. Christian explains challenges that are faced in rolling out the programme and how these challenges are tackled. This information is of high relevance in order to get prepared in countries where PrEP is not available yet. Christian also mentions the Flash! PrEP In Europe research where results are expected very soon. He completes his presentation with referencing internet resources that inform on PrEP.

Discussion: The discussion starts with an exchange on advocacy in countries where PrEP is not at all on the agenda and where high costs of PrEP make it inaccessible. Christian refers to the long way they had to go in France and the overwhelmingly positive results and echo on the Ipergay study. But also, with the patent for Truvada expiring next year, generics will make PrEP way cheaper and more accessible. Moreover, cost benefit calculations on prevented infections are an effective public health argument. Another comment concerns the overcoming of challenges in the roll-out of PrEP and the attitude of health care professional. Training of health care professionals and community advocacy for PrEP are equally important. Another comment refers to the potential increase of STI when people will use condoms to a lesser extent. To refuse the access to PrEP for those who need it against the background that STIs might increase is a rather disputable argument. That condoms decrease the infection risk with STI is an additional effect that was not intended with the condom use programme in the response to HIV in the first place. It only later became a part of the prevention programme. However, to react to an increase in STI people should be more informed, more tested and more treated for STIs. It was suggested to ask ECDC for an opinion.

13 Any other business including messages to the Think Tank from the CSF

- CSF members were asked to look at the data from their countries and report possible inaccuracies in the legal and regulatory database.
- Stine Finne Jacobsen from CHIP in Copenhagen takes the opportunity to inform about the Join Action “Quality of HIV/AIDS/STI, viral Hepatitis and tuberculosis prevention and linkage to care” that CHIP has taken the coordination for. She talks about the different work packages, the integrated approach regarding the coordination of services and the very limited budget of € 2.000.000 for three years.

- Chris Lambrechts informs about the website <https://www.zanzu.de/en> that was developed in cooperation between Sensoa and the German BZGA and provides information on sexual education in 11 languages.
- Doctors of the World reported on the “cost-of life campaign”.
- CSF representatives should convey the message to the Think Tank that the situation in countries in transition is devastating. Once the services are dismantled it is difficult to re-establish them. Therefore, foresighted action is needed. That accounts among other countries for the Former Yugoslavian Republic of Macedonia.
- Michael Krone informs the CSF Members about the road map for the renewal of the CSF. The CSF CT will come back with suggestions for the call for members by the end of November. Meanwhile the Commission will check the new formal regulations for the call so that the call should be released by the end of the year/beginning of next year. As soon as the call is published the CSF Members will be informed. For the CSF CT it would be very important that the members of the new CSF are connected at national level with governmental and non-governmental organisations.
- Michael Krone announces on behalf of AAE that there is a call for AAE Steering Committee Membership open with deadline of October 31. The AAE Member and Partner Meeting is going to take place on November 5 in Berlin.

List of annexes

Annex 1 – UNAIDS: Political Declaration on HIV and AIDS: On the Fast-Track to Accelerate the Fight against HIV and to End the AIDS Epidemic by 2030

Annex 2 – Coordinated eradication of HIV on a city level: combining behavioural and biomedical interventions in a public health setting

Annex 3 – How can we Fast-Track progress towards AIDS in Central Asia?

Annex 4 – Advocating for sustainability of harm reduction financing in EECA

Annex 5 – Stigma across Europe - Legal and Regulatory Barriers to testing and treatment

Annex 6 – The movement to end HIV criminalisation: How are we doing in Europe?

Annex 7 – Usage of gay dating apps for prevention and other information – Challenges and opportunities

Annex 8 – EMCDDA: Update on infectious diseases among people who inject drugs in Europe

Annex 9 – PrEP in France – AIDES' view of things