

## **Executive Summary from the EU HIV/AIDS, Hepatitis and TB Civil Society Forum, Luxembourg, 20 & 21 June 2017**

*The HIV/AIDS Civil Society Forum (CSF) has been established by the European Commission as a working group to facilitate the participation of NGOs in policy development and implementation as well as in information exchange activities. In 2017, the Forum was extended to Hepatitis and TB organisations and this report covers the second meeting in the new composition. Below is a short overview of the meeting (Luxembourg, 20 & 21 June, 2017). The full meeting report and all presentations are available for download at <http://www.aidsactioneurope.org>.*

### **Renewal of the CSF**

The CSF was expanded to HIV, viral hepatitis and TB: a mix of pan European networks and community organisations representing key populations and patients. The proposition, to expand the current Coordination Team to one hepatitis and one TB organisation, was rejected. Instead, there will be elections to vote five organisations into a Coordination Team.

### **Community Based Voluntary Counselling and Testing**

A mapping exercise on legal and regulatory barriers to HIV testing and linkage to care, which is part of the OpTEST project, was presented. Hepatitis organisations expressed their interest in expanding this approach to Hepatitis C. Against the background of challenges to community based testing in Lithuania, the CSF stressed the importance of diversifying HIV testing approaches beyond medical settings.

### **Stigma and Discrimination**

Limited or refused access to health and life insurances for PLWH, TB and hepatitis is reported from Latvia, where health insurance reforms are currently under implementation and therefore increase of inequalities in health is suspected.

### **Transitioning countries and newer EU Member States**

In general, the situation is alarming in those countries where Global Fund withdraw from funding. It is usually the services delivered at community level, like Harm Reduction Services and prevention work, which are not carried on after The Global Fund leaving. Macedonia and Bosnia-Herzegovina for instance report an alarming increase of HIV-infections among MSM and the lack of structures, political will and mobilisation to respond to this development.

### **Sex work**

A presentation from the International Committee on the rights of Sex workers in Europe (ICRSE) underlined that criminalisation and stigma of sex work are the main barriers. The Lancet estimate that full decriminalisation could avert 33-46 % of infections. Many Sex workers belong to more than one key populations like migrants for instance or drug users.

### **HCV**

The WHO targets of 90 % reduction in new infections and 65 % reduction in death by 2030 were discussed during the meeting. In order to reach these targets, the involvement of community based organisations to access people who use drugs remains crucial. Also, it was agreed to look into a possible joint meeting of the CSF on Drugs and CSF on HIV, viral hepatitis and TB next year in Brussels

### **World AIDS Conference in Amsterdam 2018**

The state of preparation and coordination on part of civil society organisations, in particular to ensure community participation, was discussed. As CSF, we stressed the importance of the AIDS 2018 and we hope that Governments and EU will be actively engaged.

### **Communication on Communicable Diseases**

John Ryan delivered the message that the European Commission will be developing a policy orientation document addressing existing and emerging public health threats/communicable diseases, including HIV/AIDS, hepatitis and TB. It will be set in the context of pandemic preparedness, vaccination hesitancy and disinvestment.