Report of the 10th HIV/AIDS Civil Society Forum

Luxembourg, December 15&16, 2009

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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Content

Introduction

The HIV/AIDS Civil Society Forum (CSF) has been established by the 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. This meeting of the CSF focused on the newly adopted Communication on HIV/AIDS (2009-2013) and its action plan, universal access in Europe and Central Asia, preparations for the International AIDS Conference 2010 in Vienna, among other matters. 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: http://www.aidsactioneurope.org/index.php?id=202

Tuesday December 15

1 Opening, Welcome to New Members

Nikos Dedes and Yusef Azad, the CSF co-Chairs, welcomed especially the new members to the EU HIV/AIDS Civil Society Forum (CSF) and congratulated the Commission on the launch of the new Communication on HIV/AIDS.

Gisela Lange from the Commission clarified that the Commission has no direct legal competence in the area of health, but that there are many other ways how the life and health of people can be improved. The sharing of experiences is key in this process. That's why the Commission has been very active to involve civil society. The CSF was called together by the Commission at the same time as the Think Tank (TT). The two advisory bodies are complementary and a unique and effective form of cooperation.

2 Report of last meeting

The report was adopted.

What	Who	When	Status
Check code of good practice at www.hivcode.org	All CSF members	Ongoing	CSF members invited to sign on
Link with CSF on drugs	Co-chairs	ASAP	
Inform CSF on outcomes Equality Directive advocacy	Yusef	April	CSF updated
Collect impact national level of current Communication and comments from CSF on non-paper	Martine	April 24	done
Inform Ferran whether your country might be interested in participating in a European conference on testing	CSF members	ASAP	done
Invite representative Swedish Presidency to CSF meeting to discuss launch of the new EU Communication	Co-chairs	ASAP	not done
Send comments on ECDC indicators to Co-chairs who will forward these	All/Co-chairs	By 6 April	done

to the ECDC			
Send out description of HIV in Europe projects	Ton	As soon as revised	Update done at next CSF
Invite UNAIDS PCB Europe delegates to the next CSF meeting	Co-chairs	For next CSF	done
Discuss attendance CSF representative at future UNAIDS PCB Meetings	Co-chairs	ASAP	pending
Keep CSF informed about how the situation of gay men in Senegal evolves and recommend action	AIDES	ongoing	done

3 New Communication on HIV/AIDS 2009-2013

See presentation in Annex B.
Presentation by Gisela Lange from the European Commission

The EU Communication was launched on Oct 26 and received wide media coverage throughout the EU and also neighbouring countries. Not only more sophisticated papers like 'Le Monde' but also tabloids had reported on it. In particular the fact that according to estimates 30% of HIV infected are unaware of their status had been taken up.

She elaborated on the drafting process of commission communications, and warmly thanked the CSF for its advice and input. Parallel to the drafting of the new communication an impact assessment of the first one was performed, which was a legal requirement. The impact assessment demonstrates the EU added value of community action on HIV and informed the new communication. It has been published on the website along with the communication.

She highlighted the fact that the second EU Communication is based on the very same principles as the first one, and thus is in continuity with the first one, namely political leadership, involvement of civil society, human rights, surveillance, research and cooperation.

Based on the impact assessment and clear trends in the epidemic, and building on the principles already established in the first Communication, the second strategy focuses on the following priorities: prevention, priority groups and regions.

This focused response to challenges in tackling HIV will be achieved through better cooperation and knowledge transfer among stakeholders:

- political leadership – political advocacy, promoting the health and rights of people affected
- civil society and people living with HIV/AIDS – ensuring freedom and involvement in policies
- wider society responsibilities – equal treatment, solidarity, tolerance, against stigma and discrimination
- universal access to prevention, treatment and care – adequate funding and political support needed.

Priorities

Prevention – will be given absolute priority, as it works and is cost-effective.

It is key that these prevention strategies are adapted to match changing trends and shifts of epidemics, and that they are adapted to new generations who have not experienced the 'AIDS shock'. These prevention strategies need to be based on solid evidence including behavioural data, thus robust surveillance systems are needed.

Priority regions
i) EU Member States most affected
ii) Eastern neighbouring countries: Ukraine, Republic of Moldova, Russian Federation

Some of the means the Commission has to contribute to the response to HIV in the Ukraine, the Republic of Moldova and the Russian Federation:

- via future bilateral agreements and through policy dialogue
- invite ENP to EU meetings in order to facilitate transnational cooperation
- use financial EU instruments to support health systems and to finance HIV and co-infection programmes
- ECDC will gradually develop cooperation with neighbouring countries
- strengthen cooperation, exchange of information and support and development of civil society across the region.

Very important that civil society is aware in particularly of the possibilities of bilateral agreements and policy dialogues as opportunities for its advocacy work.

Priority groups
i) men having sex with men (MSM)
ii) injecting drug users (IDU)
ii) migrants (including undocumented migrants), in particular from high prevalence countries and mobile populations

Improving the knowledge base is key in order to be in a better position to effectively address the epidemic, and in order to increase the evidence base for appropriate strategies, the Communication calls for

- Surveillance, monitoring and evaluation
- Research and medicine
- (cross cutting issues).

The expected overall outcome of the EU Communication 2009-2013 is to bring about

i) Decrease of HIV transmission
ii) Real Improvement of the quality of life of PLWHA
iii) Improvement in education, knowledge and awareness on HIV/AIDS
iv) Strengthened solidarity towards an unambiguous response to HIV/AIDS

Like every EU communication, it is accompanied by an action plan (Action plan 2009-2013) which is aligned with the communication.

In particular monitoring and evaluation at a European level needs to be improved so that the data produced forms a solid basis for future interventions. It is this type of data collection that the Commission seeks to promote throughout the EU. And in order not only to bring about more evidence-based interventions but ensure they are rights-based, the Commission considers it of utmost importance to have the HIV community as an integral actor in the response, and the Action Plan aims to reflect this principle.

Financial Instruments of the EU to finance the implementation of the Action plan 2009-2013:

- Health Programme 2008-2013 (EAHC)
- Research Framework Programme 2007-2013 (RTD) (more funds available than in the health programme, not confined to scientific research but includes also social research in the field of HIV).

- Structural funds: social funds, cohesion funds (partly for infrastructure in health)

The structures of the cross-border programmes are very different as are the procedures to request funds. An instrument that is of particular interest for civil society might be ' twinning programmes' to which the Bremen Declaration also refers to. Twinning programmes allow for longer term stay of experts in another country to share expertise and initiate change, and thus are potentially more sustainable than short term interventions.

Next steps

The Communication has been sent to the Council, and has already been discussed in the Health Working Group of the Council. The Communication will now go to the EU Member States and they can go back to the Council and provide input to the discussion. Member States can of course consult the community in their country as to their reaction. And the community can also encourage their governments to react and provide input to it. Informal reactions by Member States received have been positive.

Discussion

The chairs framed the discussion along the following questions:
1. What is lacking in the EU Communication that should be added?
2. How could civil society use the Communication for our advocacy work and then how can communicate the Communication, what do we think would be useful?

The discussion and comments focused on priority groups and priority regions.
Priority groups - In general the members of the CSF welcomed the clear focus on the three risk groups MSM, IDUs and migrants, as this reflects incidence, high burden of the disease and epidemiological trends. The clear focus on MSM was particularly welcome as here the increase of infections is alarmingly high. The fact that migrants' rights to access to health care – whether documented or undocumented – was implicitly recognized was particularly welcome. This clear focus on MSM, IDU and migrants would also avoid misdirection of funds to suit 'political convenience' and not where they were most needed. For example 'youth' might certainly be a vulnerable group in some respects, however, this does not make them a group at risk of HIV infection – apart of course from young MSM who are indeed at risk. However, the fact that 'sex –workers' is not referred to in the communication as priority nor the specific sex work setting addressed was a matter of great concern to some CSF members, in particularly at this particular point in time when the legal and political environment is unfavourable to and increases the vulnerability of sex workers. Others felt that that although the focus on MSM, IDUs and migrants is indeed well justified by the data, one should keep in mind that sex workers represent 'a bridge population'' – bringing HIV from concentrated epidemic to generalised epidemic – the particular settings which make them vulnerable should be improved.

Comment by the Commission: Which groups to focus on has been carefully considered when drafting the report. The problem faced with trying to bring about focused effective actions with limited funds available is that one has to prioritize – and this implies to leave out things - otherwise the strategy would lose focus. The decision to focus on MSM, IDUs and migrants was based on high incidence and burden. However, sex workers are by no means excluded.

Comment by ECDC: The lack of quality data available concerning sex workers and HIV is a problem, and it is a gap in the past Dublin Declaration progress. For the upcoming Dublin Declaration progress report to be published in June 2009, new indicators have been included that seek to remedy this.

Further comments and suggestions regarding the communication and action plan:

- the Communication is somewhat 'gender blind', and the suggestion is to have ie a stronger focus on mother to child transmission in the action plan
- important that sexual reproductive health and rights are included but a stronger linkage would have been good
- concern regarding the focus on injecting drug users as group but not drug policies in general – suggestion to have an EMCDDA observer to the CSF meetings to ensure close cooperation with EMCDDA on elaboration of the action plan

- invite an ILO observer to the CSF to discuss their current initiative around HIV-related work restrictions
- human rights part and future work with the action plan – actions with the new fundamental rights commissioner. Fight against homophobia for example could be addressed.
- invite a representative of the ENVI committee of the European parliament to appropriate CSF meetings
- seek to include stakeholders and agencies from the priority regions in the discussion of the further development of the action plan
- 2010 will be the year for social inclusion of migrants, suggestion to link the action plan to it

As to question how could civil society could use the communication for its advocacy work and communicate it, the following suggestions / commitments were made:

- All Ukrainian Network particularly welcomed the clear focus on injecting drug users as this is the driving force in the epidemic in Ukraine, and will use it to work with its government to
- All community representatives should contact their national governments encouraging them to react to the Communication.

4 New Communication- developing the action plan

The session focused first on i) general procedural and methodological comments on the Action Plan, and then secondly on the detailed content of the Action Plan with the aim of making ii) recommendations for specific actions to be included in the Action Plan.

i) General procedural and methodological comments on the Action Plan
The introductory section to the tables of action in the Action Plan specifies:
"This action plan presents an initial set of actions arising from a consultation with Commission services and external stakeholders. Actions are designed alongside the political actions of the Commission communication on combating HIV/AIDS in the European Union and the neighbouring countries, 2009-2013, and should contribute to achieving the envisaged targets. The action plan will be further developed and updated in cooperation with relevant stakeholders during its implementation."

Question: Leading partners involved in the realisation of the Action Plan are listed in bold, and the Action Plan specifies numerous ones (including the following partners Member States, Neighbouring countries, Civil Society, National AIDS coordinators, ECDC, EMCDDA national/regional authorities, industry, academia, surveillance institutions, ENP partners, medical Associations, industry etc).This seems to confer equal responsibility to the commission and the rest of the partners - ie civil society. How will the Commission evaluate the implementation of the action plan if this is not further specified by actions the commission is responsible for? And how could the actors specified be held accountable, in particularly if they do not have the necessary means, as is the case ie with civil society?
Answer: The Action Plan provides a framework for action to be further developed, via the means the Commission has available - that is via existing community programmes. It is a formal requirement that every communication is published along with an action plan. However, for the implementation the action plan will be need to be interpreted and developed in more detail, and specific recommendations on actions the CSF would like to see happen would be welcome.

- Action Point Commission:
- work with the CSF on what form further CSF input to the Action Plan might usefully take
- provide an overview of the different commission funding programmes

Action Point for CSF members:

- send suggestions for specific actions on the CSF list

Question: Have the Member States been involved in the drafting of the Action Plan? May one presuppose that Member States feel "ownership" on it?
Answer: The Communication and the Action Plan reflect what the college of commissioners has agreed on. Member States have not been involved in the drafting of it. The Communication has been sent to the Council and also to the European Parliament. It has been discussed in the Council Working Group. Member States have the opportunity to provide feed-back to the Council. The European Parliament can have an own initiative report but this needs to be prioritised in the ENVI committee.

Action Point CSF members:

- will contact the health ministries of their countries and encourage them to provide feed-back to the Council
- Action Point CSF secretariat:
- letter to the ENVI committee chair and the coordinators European Parliament to support an 'own initiative report', to ensure timely reaction of the European Parliament to the communication
- invite a representative of the ENVI committee to an appropriate CSF meeting

Commenton 'neighbouring countries': Engaging Member States in the implementation of the Action Plan was considered important, but it is also important to engage the neighbouring countries, in particularly Russia and Ukraine. The EU Communication and Action Plan is very timely if we are to bring about change in the region, as for example changes in prevention strategies in Ukraine are up for consideration, and the Communication and the Action Plan could be used by the community as advocacy tool to inform future policy making.

Comment in response: Aids Action Europe has provided a Russian version of the Communication, for advocacy purposes in the region. Having the action plan translated into Russian would facilitate working together with authorities.

Action Point Commission:

- DG Sanco should refer to inofficial Russian version of the EU Communication on its website and use it to promote it to other Russian speaking colleagues in the region

Methodology concerning the Action Plan and Implementation of action plan
Comments concerning the methodology:

- In order to provide for a better basis of the monitoring of the implementation of the action plan, more measurable goals and better indicators should be developed.
- It should be clear which actor is responsible for which action – and in particularly which actions DG Sanco will be responsible and accountable for. However, this is also pertinent to the actions which civil society will be responsible and accountable for. The CSF would rather see fewer but realistic actions proposed, in particularly in view of the fact that the Commission has only two full-time staff members dedicated to HIV issues.

Answer: The Commission cannot act directly to implement an action plan as health remains a national competence, but the Commission can bring actions about by providing the funds via its programmes and calls.

Action Point CSF secretariat:

- request a meeting with Commissioner designate for Health Dalli with the Co-chairs of the CSF, at which among other things the co-Chairs will propose that the Commission double the human resources within the Commission working on HIV.

ii) Recommendations for specific actions to be included in the Action Plan
In addressing how to further interpret the existing action plan more concretely, the guiding questions were:

- Are the expected results and the action plan matching each other?
- How can a good basis for the next impact assessment be provided?

Comment: The standards implicit in the action plan are not described, and it would be useful to describe what exactly ie 'better awareness' consists in, or according to which criteria some 'good practices' are to be assessed. Furthermore, clear definitions should be provided, and the indicators in reference to which the Commission will assess the impact are needed. This could also provide to be helpful in terms of community advocacy work. The suggestion was made to have the Commission ask the ECDC to work on a framework for the monitoring of the implementation of the EU Communication.
Answer: As policy makers the Commission had to be general in the Communication – as some of the issues are too controversial, and other issues of too technical nature, thus not suited to be provided in the Communication or the action plan. It would have been an impossible act to have a technical discussion to make some indicators clearer, but monitoring and evaluation is needed as a key precondition for improvement and this can only happen at the national levels.
Furthermore, if the Commission had chosen too narrow a framework there would have been a risk of limiting the opportunity to take on board new ideas 'from the ground'. A bottom-up approach not a top-down approach is needed.
In the past, the Commission has given increasingly more competence to the ECDC to improve monitoring and surveillance on HIV; the Commission and ECDC have had informal discussions on the monitoring process and more formal ones will follow. The monitoring of the Dublin Declaration has shown that monitoring political declarations is difficult. A similar process for the monitoring of the EU Communication will need to be implemented. The Commission has had informal discussions on this, and formal ones will follow.

Action Plan:

- should contain a specific action saying that 'the commission will define standards of good practice'.

Yusef Azad suggested to not be overambitious and to continue the discussion on the action plan by trying to come up with 10 specific actions the Commission should set out to do which the CSF could follow up on. Even though civil society's role in the response to the epidemic was not the same as ie governmental actors, the request to be clearer as to specific commitments is equally pertinent to actions civil society commits to.

Action Plan:

- In the past, inter-DG meetings on HIV/AIDS took place. One concrete action might be to have these meetings reinstored. Beginning 2010 would be good point in time to relaunch the meetings of the group because of the important changes in the commission, and this would ensure good collaboration right from the start.
- work on anti-discrimination: the monitoring of the Dublin Declaration revealed that only 4 countries have reviewed their anti-discrimination activities. Legislative undertakings concerning anti-discrimination should be included in the action plan, and the fundamental rights agency in Vienna should be included as actor in the action plan. DG Sanco could act as interlocutor with the fundamental rights agency.
- in general, policies aiming at reducing vulnerability to HIV should be included
- discrimination of PLWH should be monitored
- regular meetings of the HIV/AIDS AIDS coordinators are needed, need to specify in the action plan what the framework would be for it
- only concerning MSM actions are relatively specific – important to have the same level of detail for all priority groups
- youth would be an important group to address - as they are important interlocutors and it would be a key to involve them strategically

Action Point Commission:

- the Commission will share information on the EU Sexual Health Forum

Action Point CSF secretariat:

- invite key representative from relevant DGs (DG Justice, DG Education, DG Relex etc) to appropriate CSF meetings

On prevention:

- overlap between the sections on prevention and priority groups was noted
- important to include Mother to child transmission included in this section.
- add that the prevention strategy must respond to the specific needs and meaningful participation of the groups
- prevention measures should be non discriminatory
- definitions of terms ('risk group' and 'vulnerable group' should be provided)
- should be clearly stated that testing and thus increase of PLWH aware of their status is considered a measure of prevention
- further strengthening of the role of ECDC needed as many action points depend on the data ECDC can produce

Priority regions:
expected results should be updated on:

- the reduction rate of HIV infections related to harm reduction is difficult to measure as due to the measures the infection rates go up
  expected results regarding persons living with HIV/AIDS should be more elaborated
- improve standards of prevention
- indicators and expected results should also be revised
- include trainings on surveillance

Ukraine: neither ministry nor the parliament are supportive of implementation of substitution programmes, joint advocacy effort with the CSF to support substitution programmes could be helpful, corruption is an obstacle to fair and transparent procurement of ARVs

Moldova: methadone maintenance therapy exists due to the fact that this is covered by external donors. Specific harm reduction funds by the Moldavian government would be needed. However, the financial situation seems to allow for only basic services provided. Access to methadone is still limited; in prisons access is better than outside.

Turkey: due to the supposedly low prevalence HIV/AIDS is not considered relevant, but this is due to underreporting. Currently no proper monitoring and surveillance systems are in place in Turkey, PLWH are confronted with human rights problems and high risk groups are marginalised. Therefore a low incidence strategy should also be included in the action plan which could ensure that number of infections stay relatively low.

- wording on 'particular settings' should include sex workers, and stronger indicators concerning sex workers and relevant settings be included
- a meeting on the impact of discrimination and stigma on the impact on prevention, treatment and care and the quality of life of PLWH in the above regions should be organised

- language concerning harm reduction measures should be strengthened as to actively promote it
- include in the list of partners WHO Europe for surveillance issues Global Fund, UNAIDS etc where these organisations have country offices

Action Point Commission:

- raise HIV at each accession meeting, but also with potential candidate countries.

Priority groups

Methodology

- methodology behind the structure of the Action Plan not transparent
- align expected outcome and action proposed better
- travel restrictions – should not only apply to mobile populations, but should be in the section 'policies'
- respective roles of actors need to be better defined
- given that prisoners and sex workers do not figure as high risk groups, the particular 'risk settings' they are faced with and that makes for their vulnerability should be reflected in the action plan
- European guidelines for medical access for prisoners are needed

MSM:

- have more coordination in Europe between MSM NGOs; Nordic MSM NGOs are meeting up on a regular basis; a pan- European initiative for MSM-NGO collaboration should be encouraged.
- roles and responsibilities of the actors should be clearer defined, and this consistently (ie concerning MSM civil society is referred to but not for example concerning harm reduction)
- have a specific action to reach out to HIV positive MSM who have unprotected sex
- community-based testing centres should be mentioned as actors; testing should not be confined to medical professions; role of community-based testing, counselling and preventing should be strengthened as their interventions seem to be more powerful than others; ECDC should provide guidance on how to get comparable data
- families and partners of PLWH should also be referred to
- a cultural divide exists between western MSM and more 'clandestine' MSM – they should be reached out to

Drug users:

- criminalisation is a major factor of vulnerability of drug users, a joint effort together with EMCDDA needed to put the evaluation of the impact of criminalising legislation on the agenda
- implementation of harm reduction measures should be more specific
- it is fundamental to establish European wide standards concerning access to health services for injecting drug users, sex workers and migrants (documented and undocumented ones)

Migrants:

- cross regional cooperation for migrants regarding universal access needed
- guidelines for medical access in detention centres needed

- clear action point on improving access to healthcare for undocumented migrants throughout Europe

Improving knowledge and monitoring and evaluations:

- include an action to promote research about the effect of policies criminalising HIV, sex work etc.
- research on stigma should be improved (evidence on the obstacle it represents for universal access to prevention, treatment and care, including early diagnosis and testing)
- linkage with sexual reproductive health right component should be included
- evaluation and monitoring of the Action Plan: the Think Tank was supposed to monitor the implementation of the last Communication but did not, therefore another external body should be responsible for the monitoring instead, with meaningful involvement with civil society. ECDC is mentioned in reference to the Dublin, Vilnius and Bremen Declaration. The CSF recommends that ECDC evaluates the implementation of the Communication.

Action Point Commission:

- funds for stigma research should be made available via Commission research programmes

Action Point Action Plan:

- action concerning the affordable medicines initiative is very much welcomed but more precise details should be given

5 Commission update on HIV-related activities

There were no additional updates to the new Communication and action plan.

6 Upcoming EU Presidencies

Sweden – Andreas Berglof
Civil society did not succeed to get it on the agenda of the Presidency.

Spain – Ferran Pujol I Roca
His organisation sent parliamentary questions on the plans for the Presidency but those were never responded to. The Ministry of Health announced the organisation of the conference 'Together for cooperation together for prevention' in Madrid, April 12 & 13 2010. Civil society wasn't informed nor involved so far. The conference will focus on day 1 on international cooperation with a high political level meeting in the morning to achieve more involvement of European donors in their commitment to low income countries and the second part of the day a technical meeting on the ESTHER alliance network in hospitals. Day 2 will focus on examples and good practices across Europe in prevention within the frame of health inequalities and social determinants. The conference will allow for maximum 100 participants, most of them clinicians.

ECDC is also negotiating with the Spanish Presidency to hold a meeting in June 2010 on the outcomes of the second Dublin monitoring.

On June 11, 2010 a new Communication on global health will be launched at a high-level meeting on global health to be organised by the EC.

Belgium – Chris Lambrechts
Chris had put a formal request for information to the Belgium government but hadn't received a response so far. He spoke with the TT representative and the Ministry of Health and was finally informed that they had met with colleagues from Spain and

Hungary and agreed that if one takes up a certain topic, then others won't. Therefore, Belgium would not organise an activity related to HIV/AIDS.

As a general conclusion, the CSF agrees to always advocate for having a HIV specific activity under a presidency. But if we fail in our lobby we can see if there are other angles in the Presidency that we can use, a migrant focus, to bring HIV to the table.

7 HIV in Europe – conference update

See presentation in Annex C.
Nikos Dedes, EATG, Co-chair CSF
The HIV in Europe initiative is a public-private partnership between patient organisations, scientific societies and policymakers with support of the industry. Currently, one third of people infected with HIV in Europe are diagnosed late, and the central objective of the initiative is to contribute to reduce the number of people diagnosed late via the projects it conducts and through its political advocacy work. The first meeting took place in 2007 and led to a call to action which resulted in a Joint European Parliament resolution on early diagnosis and early care. The Joint resolution was adopted with an hitherto unprecedented majority of the votes casted compared to previous votes adopted by the European Parliament on HIV/AIDS.

The second meeting November 2009 which took place under the auspices of the Swedish Presidency focused on 4 projects:

- Late presentation and the infected not diagnosed population
- HIV indicator diseases across Europe
- People living with HIV stigma index
- Criminalisation of HIV

See Annex C for details on the outcomes of the meeting. A meeting report will be published at www.hiveurope.eu.
The next step is to the projects is to finalise the four projects in 2011, the results of which will be presented at a conference. The main aim politically speaking is to bring about concerted action across the EU member states to counteract late HIV diagnosis in Europe, and the 'blueprint' to bring this about are Council conclusions and council recommendations (as adopted in the field of cancer for example).

ECDC and WHO are observers at the Steering Committee. The Commission has shortlisted the initiative to receive funding.

The CSF reiterates the importance of building on the lessons learned from the four projects of the HIV in Europe initiative, and to translate them into guidelines to be widely used and disseminated. It's not only the Commission role but also WHO, EACS (European AIDS Clinical Society) and those kind of institutions. It is important that CSF members engage in advocacy work at national level on the subject with their Ministries of Health, that they inform them about the fact that an EP resolution on early diagnosis and early care exists and that the need for further action in the field of HIV early diagnosis and testing is continuously stressed.

Action Point: Nikos will inform the CSF through the mailing list in case any specific action could be taken at national level to lend support to the HIV in Europe initiative

8 International AIDS Conference Vienna - Update on planned activities by CSF members

The German speaking AIDS and international working organisations had two meetings to coordinate joint actions. There are ideas to develop a skills building workshop on prevention beyond condoms and on the role of AIDS organisations in testing and treatment.

Shona Shonning informed that EHRN (Eurasian Harm Reduction Network) is cooperating with IAS (International AIDS Society) and underlined that the conference would prove a unique level of attention to Eastern Europe. Low prevalence epidemics as well as IDU will be high on the agenda.

HIV Europe is campaigning for mapping of different options for testing and treatment in Europe and works on a satellite meeting on GIPA principles.

AIDS Action Europe intends to organise a meeting on human rights of most at risk populations and invites the other networks to express their interest to develop this together. We would also like to see a session with the Commission where good practice in cooperation in Europe is highlighted with a focus on the role of the CSF and TT as good mechanisms to develop new policies and coordinate further actions.

Kate Thomson from UNAIDS is on the coordination committee, they will meet in January.

Matthew Southwall from the International network of people who use drugs will organise an activity in the Global Village with support from the World AIDS Campaign.

Othmann Mellouk shares that Morocco, Turkey and Eastern European countries organise something about low prevalence countries.

Tampep will be present as part of the sex worker community representation and setting up a coordination point. There will be a pre-meeting and networking zone in the global village.

Rhon Reynolds is working with the African and global diaspora network on HIV/AIDS.

AIDS Hilfe Wien is on the local coordination team. They co-organise the human rights march and pre- conferences for MSM and for youth prevention.

Denis Haveaux from UNAIDS stresses that high-level political representation is needed at the conference and that we should work with our national authorities on this. UNAIDS organises a visit of 10-15 European members of parliament to the conference who are expected to continue work on HIV issues within the next 5 years. Denis proposes to have a CSF meeting in Vienna.

IPPF Europe works on a satellite session on sex workers.

Martine de Schutter informs that ICASO has launched a web-based guide to community involvement in Vienna, available in Engllish, French, Russian and Spanish at http://www.aids2010community.org/?page_id=570

9 Universal access in Europe and neighbouring countries

Update on the situation in Latvia and Russia

Shona Schonning (EHRN)

There are countries in the region that are taking steps backwards on universal access. These mid and lower income countries are among the lowest in the world in relation to access to ARV. Europe is doing significantly worse than other regions.

Latvia

In the Latvian example only 300 out of 700-1200 people in need have access to ARV. There is only one centre that provides diagnosis. 76 different drug regimens are being used and drug users are having very low access. This August health authorities issued a document with an initial recommendation to exclude drug users from access to state-funded medication. This recommendation was done in an effort to save money in times of economic crisis. There was an immediate and great response from civil society. This led to new recommendations, with some improvements. But the recommendations still don't meet the standards of WHO. On December 13 a letter to Latvian health authorities, signed by the CSF, EATG, AIDS Action Europe, EHRN, calling for revision of the recommendations on Rational Pharmacotherapy for State-Budget-Covered Antiretroviral

Medicines for HIV Infection and suggesting a number of changes to the document. The CSF will be kept informed about future developments.

Russia

Russia was praised for the steps forward, it was one of the first of the former soviet states to make significant investment in ARV. There was a promise in 2008 from the Russian government to the Global Fund that programmes would not be closed. But the Russian government went back on this promise and over 200 ARV providing services are closing their doors. There is almost no ARV access any longer. In the draft Russian national drugs strategy that was presented two weeks ago one of the objectives was to oppose harm reduction. Civil society protested with success and this statement has been removed from the official strategy document. But in Russia we notice big step backwards.

We face problems also in several other European countries. The outcomes of the Bremen initiative on unaffordable pricing in Europe is unclear. Latvia can not afford universal access to ARVs at these prices. Without negotiation with the pharmaceutical sector we cannot solve the problem of lack of universal access. And we also have to solve the problem with harm reduction and lack of access to substitution treatment. Gisela Lange explained that in the case of the Bremen initiative on pricing the request has to come from the member states. And only one member state took it up.

It is recommended that the CSF starts thinking what concrete things we can do in terms of an upcoming crisis in several countries. We can make a difference if we intervene.

Universal access

Richard Burzynski (Universal access partnerships), Kate Thomson (Civil Society team) and Denis Haveaux (Liaison officer to the EU) from UNAIDS

Definitions

In 2001 the UNGASS declaration on universal access was adopted. In 2006 a mid-term evaluation led to the decision to the global goal of universal access by 2010. It was up to the countries to take this up and define what it meant in their countries. The countries are supposed to report every year through UNGASS reporting. The UNGASS goal, the Millennium Development Goals (MDGs) and the 3 ones principle all interconnect in relation to universal access.

What the world is doing around universal access indicators

In 2010 several things are happening:

There will be a one-day review in June 2010 at UNGASS on where we are with indicators. Countries are obliged to be accountable for the report.

In September 2010 there is the MDG review. The 2010 UNGASS meeting will be for member states with no civil society presence. 2011 is a much more important date.

In March 2010 UNAIDS will analyse the UNGASS reports provided. Civil society is expected to work with governments before the report is sent. Those meetings are building blocks in holding governments accountable.

The Global Fund replenishment will be in 2010.They have to show that what they do is worth the money and their programmes are working.

UNAIDS just started its Technical Support Facility (TSF) hosted by AIDS Foundation East West (AFEW) in Moscow together with IPPF Europe. The TSF will support civil society in the reporting process.

There are four key areas of work on universal access:

- Global advocacy
- Country level review process
- Regional level advocacy

- Products and reports

For 2011 the reporting process will be prepared better than for 2010, also in relation to the involvement and dialogue at country level and the process to support civil society to come to the table. Shadow reports will probably not be needed.

In the EU UNAIDS works through ECDC and EC as main institutions.

Action Point: UNAIDS will send a list with all key dates and meetings.

Country case studies

UNAIDS formulated the following questions:

- Have you held annual dialogue sessions with the Government or Ministry officials to review the national data submitted on UNGASS Commitments?
- "Know Your Epidemic": Does your national program place resources towards those most impacted? (key populations and communities)
- Is treatment provided to all who request or require? Prevention programmes?
- What is the relationship between CS and government? (working well, inputting into national strategic plans, emphasis on GF, etc)
- Does your country's Development Assistance Program (ODA) include support to HIV and AIDS?
- What are the trends or emerging issues CS identifies for the next 2-5 years?

Germany: Silke Klumb – Deutsche AIDS Hilfe
See presentation in Annex D.
The Deutsche AIDS Hilfe does not have meetings with government representatives but are asked to fill-out the UNGASS questionnaire and have opportunities to discuss this.
The main topics and challenges are in relation to MSM, prison population and migrant population. One-third is unaware of their HIV infection.

Specific challenges and needs

- Enhance testing
- Fight stigma
- Keep standards in prevention
- Fear of financial cuts
- Provide HIV prevention for migrants
- Harm reduction in prison

Ukraine: Hanna Khodas – All-Ukrainian network of PLWH
See presentation in Annex E.
14.000 people receive therapy in Ukraine while an estimated 80.000 are in need. 10% of ARVs are paid by the Global Fund, the rest by government.
There is a concentrated epidemic among most vulnerable groups with a shift from IDUs to the general population.
The planning process on universal access started in 2006 with the development of roadmap and setting targets on indicators.
The estimated coverage by 2010 compared with indicators is quite good for IDUs and female sex workers, but less than expected for MSM and prisoners. The overall target for treatment will be met, but the standard was set very low. Substitution

treatment is failing. Care and support for PLWA is met.
The universal access approach is used for the national AIDS programme and national operation planning.

Slovakia: Katarina Jiresova – Odyseus
See presentation in Annex F.
There is no focus on HIV prevention within the groups working with MSM. The coverage for IDUs on clean needles is less than 10%, there is no information on the coverage for sex workers, prisons are allowed to distribute condoms, but there is a supply problem, there is no access to harm reduction in prisons.
Treatment is currently available to all. But there is concern for the future especially for people without health insurance. HIV literacy should increase.

Discussion: The way forward in Europe on universal access

What would help civil society is if UNAIDS makes statements about most at risk groups from the basic principle of evidence-based public health that these groups have good access to prevention, treatment and care. Backing from ECDC, WHO and UNAIDS is needed to lobby for improvement on the current figures.

UNAIDS has M&E officers in many countries to support governments in their reporting.

The CSF is concerned that every country is left to define universal access. But universal should mean universal.

ECDC is in the steering committee for UNGASS to include more regional indicators. The UNAIDS M&E reference group is opening up opportunities, especially if they open the door for regionalisation of UNGASS indicators.

Richard Burzynski summarises that we need to push for results-based dialogue and put money to it. UNAIDS has to play a role to push and promote this dialogue and facilitate where necessary that discussion with a UN team. If there isn't a UN team at the country level, we should think of other ways. It might be helpful to do an inventory how our countries are doing on these key questions, to get an accurate portrait of the situation in the region.

The CSF asks UNAIDS to send a message to the TT to think how they can better collaborate with civil society on the UNGASS reporting.

Gisela adds that some member states indicate that the indicators used are not relevant for Europe. The question is how to use those indicators that are more useful for the EU and work with the ECDC on this.

Wednesday December 16

10 WHO and ECDC updates

WHO
Smiljka de Lussigny - WHO Europe
See presentation in annex G.
Smiljka is the advocacy officer of the HIV/AIDS, TB Plus team.

Upcoming activities of WHO:
Prevention

- HIV testing and counselling policy framework. Final document expected early 2010
- Quality improvement in HIV prevention: with BZgA and AIDS Action Europe Initiatives across Europe will be organised, what exist, what capacity is needed and to increase awareness. Two workshops in Vienna are planned
- Work on MSM issues

- Work on harm reduction. Strategy for the European Union

Treatment and care

- Guidelines revision for ARVs, issued several rapid advices

Surveillance/M&E

- WHO/Europe + ECDC surveillance report 2008
- Universal access monitoring on health sector response to upscaling access: data collection starts in January. Will be a brief progress report, since there will be also UNGASS reporting

TB/HIV

- Regional meeting prior to AIDS2010 on 16-17 July 2010 in Vienna

Hepatitis

- Survey project on country policy towards viral Hepatitis control
- Case definition project for reporting and recording cases
- Prevalence report on Hepatitis B and C

ECDC
Teymur Noori – ECDC
See presentation in annex H.
Activities and publications
Migrant report series – HIV. Reports start to be published.

- Epidemiological overview
- Access to HIV prevention, treatment and care
- HIV testing in migrant populations
- Improving HIV data comparability in the EU

There will be a small ECDC expert meeting on migration and HIV on March 1-2 2010.

ECDC report on behavioural surveillance was published September 2009. It is a mapping of HIV surveillance systems in the EU. The report is available on the ECDC website. Next step is to develop a framework and provide technical assistance.

Systematic literature review on MSM is taking place.

ECDC organised a EU Parliament seminar on World AIDS Day in the European Parliament, to increase awareness. With a special focus on MSM.

HIV/AIDS surveillance in Europe 2008 has been published.

HIV testing & counselling guidelines. HIV testing guidance will be published in 2010. Focus is on health care providers.

Dublin Declaration. The monitoring report is expected by June 2010. The Spanish Presidency is contacted to present the outcomes. Otherwise ECDC will organise a meeting. All EU countries except Austria and Liechtenstein have responded. In the total Europe region 89% of countries responded.

UNGASS review process

UNAIDS will review the UNGASS process in 2010. ECDC is part of the Steering committee. UNAIDS will draw on the issues identified in Dublin report. This is an opportunity to push for regionalisation of UNGASS.

The ECDC has an MoU with the CSF. Since then civil society is involved as much as possible in the ECDC activities.

11 International AIDS Vaccine Initiative (IAVI)

See presentation in Annex I.
Andrea von Lieven, clinical program manager
HIV AIDS Vaccine Research and Development
Discussion is needed about what partial effectiveness means in a vaccine as well as the coverage issue. We will not have a vaccine nor microbicide that will work 100%.
We've just seen first proof that an AIDS vaccine is possible. The Thai trial proved a modest level of protection against infection. IAVI works primarily in Africa. Vaccines take decades to develop, we need perseverance.

Where are we today (the whole field, including IAVI): 3 efficacy trials are completed, a new one is underway and several candidates are currently in clinical trials. Civil society needs to be involved and therefore needs updated information.

12 The NGO delegation to the UNAIDS PCB

See presentation in annex J.
Rhon Reynolds (IAVI) is the main delegate for Europe of the NGO delegation to the UNAIDS PCB. Matthew Southwell (International network of people who use drugs) is the alternate delegate.
PCB is the Programme Coordinating Board consisting of 22 member states that have voting power, 10 cosponsors and an NGO delegation with 2 representatives from each continent. The objective is to bring civil society perspectives to the decision-making process in the board. A Communication Facility (CF) strengthens the NGO participation. CF is hosted by the World AIDS Campaign.

The last PCB focused on the second independent evaluation of UNAIDS. One of the key conclusions is to provide stronger leadership and coordination on human rights and gender. The NGO delegation developed a conference room paper in response and a sign-on document endorsed by over 150 NGOs including the CSF, EATG and AAE. Rhon will distribute a communiqué on the meeting.

A discussion on criminalisation will be part of the next PCB in June 2010, hosted by the Netherlands. This is an opportunity for CSF. The CSF should consider coming as observer to PCB to support the NGO delegation.

For further information see www.unaidspcbngo.org

13 Sexual and reproductive health and rights of PLHIV

Alejandra Trossero - IPPF Europe
See presentation in Annex K.
The question of what falls under 'sexual and reproductive health related rights (srhr) of PLWH' was addressed. They comprise

- the right to access to services
- the right to information
- the right to choice

The concept of 'positive prevention' is currently a subject of controversy within the HIV community, as is the question to how to best promote srhr of PLWH or 'positive prevention'. During most recent discussions related to 'positive prevention' it was

suggested to replace it by the term ‘positive health’. GNP+ and UNAIDS are leading this discussion, and the CSF could possibly contribute to it.

The main findings of the so-called ‘Stigma index’ project in the UK have been published recently. The findings show that there is a need to have a closer look at different layers of stigma – that is distinguishing the stigma related to being HIV positive people from being an injecting drug user, a migrant etc. These layers will be analysed and the results of the analysis will be published 2010. In 2010 the stigma index will be rolled out in more countries, ie in Russia, Belarus, Turkey etc. Much more quantitative and qualitative research into stigma is needed. However, it is clear that one does not need to await publication of the exact hard evidence for the advocacy agenda. What is needed is a clear action in the EU Communication Action plan concerning the monitoring of HIV related stigma in member states and on how they address HIV related stigma.

EUROSUPPORT/Institute of Tropical Medicine, Antwerp

Christina Nöstlinger

See presentation in Annex L

Christina Nöstlinger presented EUROSUPPORT, an empirical European project sub-titled “Improving sexual and reproductive health of people living with HIV”. The project uses a comprehensive definition of sexual and reproductive health, the definition specified at the Cairo Conference Programme of Action (1994) which 15 year later seems still valid.

“Sexual health is a state of physical, emotional, mental and social wellbeing
in relation to sexuality; it is not merely the absence of disease, dysfunction or infirmity. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence.”

Rationale of the project:

- so far, research on sexual behaviour of people living with HIV, ‘positive prevention’ etc had focused on epidemiological and biomedical studies
- too little focus on psychosocial research in HIV care settings so far
- HIV care settings are key to providing services but often lack effective tools

Main findings of the project:

Sexual health and prevention

HIV-status of the main partner matters:

- 53% did not use a condom with an HIV+ partner
- 24% did not use a condom with an HIV-negative partner
- 38% did not use a condom with a partner with unknown HIV-status

Factors that explain condom use (multi-variate analysis):

- Partner’s HIV-status
- Psychosocial mediators, such as mental health (e.g. depression), motivation (e.g. subjective norms) and self-efficacy to use condoms
- Additional target group specific factors: higher social support and HIV disclosure for women; less HIV-related discrimination for men…

Disclosure and discrimination

- 90% had disclosed their HIV status to their main partners

- 11% had disclosed their HIV status to all of their casual partners (women: 23%, MSM: 9%, hetero men: 20%)
- 32% reported some form of HIV-related discrimination (the highest in CCEE: 40%), however, mostly NOT related to HIV-care

Integrated service provision and support

- 74% with HIV care provider
- 19% with general practitioner
- 23% with sexual health counsellor / psychologist
- 25% complain that SRH is not approached actively by service providers
- 20% say that there is not enough time during service provision

Topics on which more support is needed:

- Treatment side effects (43%)
- prevention of HIV to partners (24%)
- sexual problems (23%)
- communication about sexuality (17%)

Conclusions and recommendations

- Sexual and reproductive health and positive prevention needs to be put on the agenda of HIV service provision
- Evidence based programmes are needed that pay attention to srh issues in a comprehensive manner – targeted approach for different groups is needed
- Policies and programmes for delivering services in a supportive and non-stigmatizing environment are needed: service provision needs to take place in a non-discriminatory legal environment
- Most at risk groups – need to better understand on how experience of multiple stigmatization influences srh.

Way forward – follow up project 2009-2012 Eurosupport

- ES 6 is currently developing interventions for HIV service providers to improve their clients' SRH
- Evaluation in clinical care settings ('real life settings')
- Testing brief counselling interventions using computer-assisted tools
- Developing a training and resource package for service providers

Discussion: There was a clear consensus among CSF members that access to quality srh services needs to be improved, and that concrete actions should figure in the EU Action Plan related to this. A merely vertical that is medical approach focuses just on risk behaviours, however, a more comprehensive approach is needed as the group of PLWH is not homogenous.

Henrik Arildsen suggested it would be good to have an overview on which countries provide access to reproductive health for positive men (ie access to sperm-washing). The question and rights of female partners of IDUs (mainly in the east) and their access to srh services was also taken to be important.

Action Point CSF: Henrik Arildsen will work on an inventory of srh services for HIV positive men and in this context provide a set of questions to the CSF mailing list.

Action Point CSF secretariat: invite Matthew Weait to the next CSF to present his work on criminalisation in the HIV

An ad hoc group on access of PLWH to srh-services was estbablished (Henrik Arildsen, Andreas Berglof, Anna Zakovicz, Pavel Aksenov , Matthew Southwell, Alexandra Trossero, Rhon Reynolds).

14 Any other business

Situation in Finland concerning funding MSM NGO (Corinne Björkenheim):
Finland is one of the biggest donor countries (9 million euros to UNAIDS and GF board fund 3.5 mio euros). Finland is quite progressive in the sense that it advocates for harm reduction and prevention for vulnerable groups. It is a low prevalence country – 5.5 inhabitants, 2500 HIV infections, with infections concentrated in MSM. However, MSM community work is not sufficiently funded. Asked to talk because MSM funding for Corinne's organisation might not be available in 2010, and requests the support of the CSF.

Action Point CSF secretariat:
The CSF will send a letter asking the relevant ministry to secure adequate long term prevention for MSM. Corinne will provide a draft letter in January. Each CSF member will be encouraged to write an individual letter, as this would be more effective than just a sign-on letter.

Resource Mobilization for the Global Fund, Vitaly Zhumagaliev, Civil Society Officer GF. See presentation in annex M

European Commission does have considerable impact on the level of funding – by being part of the 'donor voting block'. The CSF has considerable advocacy opportunities to influence the funding of the Global Fund exist as via its members it has access to 11 of 20 voting members.

The cycles of the Global Fund cover three years, with the current one ending soon (2008-2010). The last cycle was rather successful – 10 bio dollars. Now the next cycle of replenishment is needed and it is needed soon, it will start early next year. No projection scenarios are currently available; it is estimated that 12 bio dollars minimum are needed. The Commission already committed funds. However, we are working in a difficult context, due to GDP reductions and cuts in and development budgets in several countries: only three of the big donors – Canada, Norway and Sweden - are below the 3% budget deficit. The European Commission and countries will make contributions based on budget cuts, and development assistance will suffer severe cuts (ie the Netherlands cut 100 bio Euro on HIV, and will cut by 600 mio on development aid). Currently, little is known how much this will affect funding on HIV.

How can the CSF join advocacy efforts? Currently, CSF delegates to the Global Fund are developing advocacy plans. The CSF co-chairs should get in touch with Jacqueline Wittebrood (jw@icssupport.org), focal point of the Delegation of the Developed Countries NGOs, to see what kind of support from the CSF would be helpful. The same process applies for developing countries.

Action Points: CSF co-chairs will get in touch with Focal Point for Developed Countries NGOs. Vitaly will provide the contact details of the developing countries focal point.

EU Health programme – 2008 – 2013
Cinthia Menel Lemos – EAHC
See presentation in annex N.

An overview of the EU Health Programme, its aims and financing mechanisms was provided. Roughly speaking, the EU Health Programme aims to ensure full stakeholder participation in the Programme to organisations which take forward the health agenda by

- cofinancing an action
- cofinancing the operation costs of a non-government organisation or a network (up to 60%)
- joint financing a public body or non-government organisation by the Community and one or more Member States

As way of example an ongoing surveillance project on MSM (EMIS) was presented, also calling on the CSF to support the project by responding and disseminating the questionnaires via CSF members networks (target: 80000 responses), the results of which could be presented during the next CSF or Think Tank meeting.

The results of an assessment of the implementation of the European Action Plan on combating HIV/AIDS with the EU and in neighbouring countries 2006-2009 was presented in detail. According to the assessment, the European action plan 2006-2009 provided a good opportunity to support implementation of the EU Communication and is of high EU added value.

Cinthia Menel Lemos highlighted that the Workplan 2010 also comprises a call open for submission of HIV/AIDS projects (tentative closing date: March 2010). She pointed out that EHAC was particularly interested in creating large networks. Furthermore, she encouraged participants to look for project partners via the EU website facilitating finding project partners.

15 Closing

Given the broad support by the CSF to the conclusions of the HIV in Europe conference presented, Ferran Pujol suggested the CSF should approach the Spanish MoH to express support to the VIH España initiative and have it figure prominently during the Spanish Presidency's activities on HIV (ie the 12-13 April conference).

Denis Haveaux from UNAIDS suggested to have the next CSF take place during or before the WAC in Vienna, and to possibly a joint CSF and TT meeting. The idea would be to brand the CSF as best practice forum, and it would be open to all conference participants. The Commission will see whether or not it could provide funds for a CSF in Vienna. Another idea was to have the next CSF meeting take place in Madrid, as it will be the Spanish Presidency.

Request to the Commission to not have the CSF/Think Tank meetings take place in Brussels, not in Luxembourg, as to facilitate participation.

For the next CSF meeting, the following agenda items were suggested:
EU action plan, Law and criminalisation, EMIS project, equality update, ILO guidance on discrimination at the work place,

Rhon Reynolds asked the CSF to lend support to the Ugandan campaign, that is a campaign against planned law further criminalising homosexuality.

The CSF session closed with a plea by the Co-chairs to continue to support each others respective campaigns and in general to also consider supporting initiatives outside Europe.

Action list

What	Who	When
Make specific proposals for the Action Plan to be developed further with the Commission	Commission, Co-chairs, CSF members	Before next CSF
Provide an overview of the different Commission funding schemes relevant for HIV	Commission/EAHC	ASAP
CSF members to contact their respective MoH encouraging them to provide feed-back on the EU communication to feed in to the discussion at Council level	CSF members	ASAP
Letter to ENVI committee chair and the group coordinators in the European Parliament to support an 'own initiative report' reacting to the EU communication	CSF co-chairs	ASAP
Invite an ENVI representative to CSF meeting as appropriate	CSF co-chair	Before next CSF
Provide a link to the AAE Russian translation on the EU website	Commission	ASAP

CSF letter by the co-chairs requesting a meeting with commissioner designate Dalli	CSF co-chairs	ASAP
Invite key representatives from relevant DGs (DG Justice, DG Education, DG Relex, DG Research etc.) to CSF meetings as appropriate	CSF co-chairs	Ongoing
Provide background information about EU sexual health forum on the CSF mailing list	Commission	ASAP
Explore opportunities for CSF member delegation at conference on HIV under the Spanish Presidency, April 12-13 2010, Madrid	Ferran and CSF co-chairs	Ongoing
Inform CSF members about HIV in Europe related initiatives on early diagnosis and testing	Nikos, CSF members	Ongoing
Update CSF about AIDS2010 plans through mailing list	CSF members	Ongoing
Inform your networks about AIDS2010 community website http://www.aids2010community.org/?page_id=570	CSF members	ASAP
Send CSF letter to Latvian health authorities to CSF mailing list	CSF Secretariat	ASAP
Inform CSF on reaction Latvian government on CSF letter	Shona	Ongoing
List of key dates and meetings concerning universal access	UNAIDS	ASAP
Distribute UNAIDS PCB report to CSF on a regular basis	Rhon	When available
Decide on CSF observer involvement at next PCB	CSF co-chairs	Before June
Send set of questions concerning sexual and reproductive health to the CSF mailing list (inventory of srh services for HIV positive men)	Henrik Arildsen (SRH Task Force)	ASAP
Invite Matthew Weait to the next CSF to present his work within HIV in Europe initiative on HIV criminalisation	CSF team	Before next CSF
Send draft letter to CSF chairs concerning MSM NGO funding situation in Finland	Corine to Co-chairs, CSF members	January/February
Global Fund replenishing – CSF advocacy: contact focal point of the delegation of the developed and developing countries as to CSF advocacy actions that could be useful	Vitaly, CSF chairs	ASAP

16 Annexes

You can find all additional annexes as well as this report on the advocacy page on: www.aidsactioneurop.org > about us > advocacy work > EU HIV/AIDS Civil Society Forum (http://www.aidsactioneurope.org/index.php?id=231)

Participants list (annex A)

Commission Communication on combating HIV/AIDS in the EU and neighbouring countries, 2009-2013 (annex B)

HIV in Europe, progress towards optimal testing and earlier care (annex C)

Germany's experiences on the road to Universal Access (annex D)

Activity review of Ukraine's effort in fighting against HIV/AIDS 2008-2009 (annex E)

Slovakia - reflection on Universal Access to HIV prevention, treatment and care (annex F)

WHO Europe - recent activities and plans for 2010 (annex G)

ECDC update to the EU CSF: publications and update on the Dublin Declaration (annex H)

HIV AIDS Vaccine R&D (annex I)

The NGO Delegation to the UNAIDS PCB (annex J)

Sexual and reproductive health and rights of people living with HIV(annex K)
Improving sexual and reproductive health of people living with HIV (annex L)
Resource Mobilization for the Global Fund (annex M)
European Action Plan 2006-2009 coverage (annex N)