

Report of the 9th HIV/AIDS Civil Society Forum

Brussels, March 24 & 25 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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1 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 review of the first draft non-paper on the Communication on HIV/AIDS (2010-2014), code of good practice for NGOs, Dublin monitoring report, civil society involvement in UNAIDS and the Vienna International AIDS Conference, among others. See the participant list in annex A.

2 Report of last meeting

The report was adopted.

3 Status of Action list Civil Society Forum November 2008

What	Who	When	Status
Send info of a satellite on the Swiss Guidelines during the Glasgow Conference	Wim	ASAP	Done
Send info on the quality assurance conference	Peter	ASAP	Done
Forward list of nationals working in the Council on the equality directive	Yusef	ASAP	Done
Prepare some draft text that CSF members can use in their advocacy on equality directive	Yusef	ASAP	Done
Contact relevant contacts at the country level to push for Equality Directive	All CSF members	ASAP	No information
Present national/local initiative to Chairs to include on agenda CSF	All CSF – reminder Martine members	Before next meeting	Done
Send final version call against travel restrictions and inform CSF how to use this tool	Peter	ASAP	Done
Inform CSF about procedure for consultation process on development of new Communication	Martine & Co-chairs	January	Postponed till CSF
Presentation code of good practice	Katarina	Next CSF	Done
Send list of working groups to CSF members and ask to make selection for one (or no) working group	Co-chairs	ASAP	Done
Working group: put topic on the agenda of the next CSF meeting	Co-Chairs	Next CSF	Done
Vienna Conference: invitation of a community person involved in the preparations to the next CSF	Nikos	Before next CSF	Done
Forward the call for new NGO delegates to the members of the CSF	Vitaly	ASAP	Done

4 Code of good practice for NGOs responding to HIV/AIDS

Presentation by Katarina Jirešová from Odysseus (see presentation in Annex B)

The code was developed in 2004. It outlines guiding, organisational and programming principles and practices that underscore successful NGO responses to HIV. It also provides a framework for NGOs to commit to and against which to be held accountable. Signing on to the code is a commitment to good practice standards and working on continuous improvement to get to a united and accountable NGO response to HIV. The code can help NGOs for organisational and strategic planning, development, implementation and evaluation of programmes and advocacy efforts. You can use self-assessment checklists to put the Code's principles into action.

Action: CSF members are invited to review the code and sign-on. See www.hivcode.org for further information.

5 Vienna High-level meeting on narcotic drugs

Update by Shona Schonning from EHRN

This meeting was an evaluation of 10 years since the last Declaration on drugs. The conclusion is that most policies have focused on supply control and have not been good for harm reduction. There were advocacy efforts to try to make changes in policies and the Declaration coming from this meeting. Harm reduction was not explicitly mentioned in the Declaration, due to pressure from some countries. From EHRN's perspective one of the major problems is that resources that go towards drug policies are spent in an unbalanced way. About 20 countries signed a statement indicating that they would interpret parts of the Declaration as including harm reduction. This is an issue for the CSF and the EC to keep on our agenda: what are the implications of this Declaration for our work? A welcome development at the EU level is the mentioning of harm reduction in the non-paper for the new Communication on HIV/AIDS. We need to get information what EU countries are doing at the national level. This is something a working group of the CSF could take up. There is the need for coordination between the CSF on HIV/AIDS and the CSF on drugs.

Action: An approach would be made by the CSF to the CSF on Drugs to propose closer links between the two bodies.

6 Commission update on HIV-related activities

Update by Wolfgang Philipp from DG Sanco

The Commission organised events around World AIDS Day. The Commissioner went to Cyprus where Nikos Dedes was present as well. The preparation of the impact assessment of the current Communication is done with other Commission services. So far 2 meetings of a Steering group with colleagues from other DG services took place.

Yusef Azad informed on progress in relation to the Equality Directive. NAT, AIDS Action Europe and EATG did a lot of lobbying with the European parliament which led to a proposed amendment to include expansion of protection of PLHIV. A parliamentary recommendation and report will become available in April.

Action: Inform CSF on outcomes Equality Directive lobby.

7 Non-paper on new Communication on HIV/AIDS

Update by Wolfgang Philipp (see Annex C)

Wolfgang explains that a "non-paper" means that you present a project without any commitment.

Process for the development of the new Communication:

It started 1,5 years ago with the development of a road map. Then it was taken up as one of the priority initiatives in the Commission work programme for 2009 as a non-legislative initiative. In the process feed-back was received from the CSF, several member states and other DGs.

Timetable 2009:

May 13: Impact assessment report submission. This report will demonstrate that this political initiative makes sense. This is done in a steering group consisting of other DGs.

June 10: Impact Assessment board meeting of senior officials of the Commission. If they give green light, the Communication can be drafted.

Mid July: Interservice consultation. The Communication is sent to all services who have to agree or propose changes.

September: Adoption of communication by college of Commissioners.

Wolfgang would like to get additional written feed-back on the non-paper from CSF members until 24 April. He informed that officially the CSF can not see the draft communication before it is finalised, since we can only provide input on design and structure. The CSF is not satisfied with the process. We have given input several times, but we want to see and judge the output before we can decide if we support the content of the Communication. There is too little framework to give input, we lack information on the budget and action plan. The CSF also wants to give a signal to the Commission that they should increase the staff-capacity to develop such an important document.

Wolfgang introduces the non-paper on the "Communication on combating HIV/AIDS in the EU and the neighbourhood- strategy and action plan 2010-2014" and asks for input from the CSF on impact of the first Communication and action plan. He explains the focus on Eastern Europe because of epidemiology. The Commission definition of Eastern Europe are the new member states and countries belonging to EU neighbourhood policy like Ukraine and Moldova.

Even though the CSF underlines that the document lacks detailed information, which complicates the review process, the following remarks and recommendations are provided.

General comments¹

Good that attention is paid to quality of life of PLHIV.

Include more attention to positive prevention.

Specify more how to work on human rights and addressing stigma and discrimination. Look at the stigma index as example.

Strengthen wording on evidence-based practices, especially in relation to Eastern Europe.

The framework of universal access could be adopted much stronger, link it to prevention, treatment, care and support. Not focus on prevention as priority only.

Address the lack of leadership.

Strengthen the role of the CSF.

Include attention to economic crisis especially for Eastern Europe.

The Communication should have a more balanced focus, not only on Eastern Europe. Given the problem of new infections in western Europe, and the issues faced by migrants and mobile populations, there should be a broader analysis and scope.

CSF supports attention to evidence-based prevention.

Much stronger emphasis on MIPA (Meaningful involvement of people living with HIV/AIDS) and PLHIV needed.

Address sexual and reproductive rights.

Issue around criminalisation should be stated stronger.

Gender dimension is missing, and sex work is not mentioned.

Example of recent communications by the Pope: there should be a clear statement in the paper against these kind of development.

Include specific reference to the UN convention on human rights.

New prevention technologies: clarify more what is the scope.

Monitoring and evaluation: how will this happen?

Include in the document what actions need extra funding, and which outcomes will not be reached without additional funding.

Access to VCT should be emphasized.

Accountability can only be secured if we make specific targets for each action.

Need to be consensus on how we recognise evidence-based approaches. Which criteria do we use, who defines what is a good evidence-based approach?

Recommendation for annual update on the action plan, to include as monitoring instrument in the communication.

“Prevention is costly but cost-effective”: agreement to delete the word “costly” since this is not necessarily so. But mention the phrase as strong argument that not investing in prevention is wasting resources and lives.

Comments by sections

The response

Commitments

Political response

Suggested action: EC should link to the agenda of EU Presidencies with a specific activity on HIV/AIDS.

Governments should set political priority to monitor the Communication at country level.

Empowerment

Civil society involvement

Recommendation to implement stigma index in EU member states.

Target “promote involvement of civil society involvement in planning, implementation and evaluation of the response.” (add text in italics)

EU should promote strengthening of position of civil society in Global Fund board.

Responsibilities of societies

Connect to New EU agency on human rights.

Issue of discrimination not only against PLHIV, but against MSM, migrants etc. Make the broader connection to how this makes people vulnerable.

Include here mentioning of sexual and reproductive rights.

Include statement on undocumented migrants and human rights and that EU members states should not discriminate on any

¹ Please note what is recorded is the wide range of comments made by CSF members not solely agreed positions of the CSF as a whole.

ground of HIV status.

There is concern if and when member states have the right to force people to test, this relates to free movement of people.

Priorities

A general concern of the CSF is that we might end up with a communication similar to the former communication if we include all comments and add a long list of priorities. The concern is not about what's in the paper, this could be excellent, but what will be realised in practice? The budgetary and human resources linked to each action will make the difference if the action plan will be successful or not. The CSF advises to make some choices, maybe prioritising a few actions each year, instead of aiming to do it all.

Prevention

A specific strategy on how to deal with key populations is missing. How can we have better exchange on what is working and what not in different countries?

Recommendation to make one European organisation in the lead of an inventory on effective interventions in the field of reaching out to key populations.

Include secondary and positive prevention.

Criminalisation makes people reluctant to testing.

Include clear action and commitment that groups affected should be involved in the planning, implementation and evaluation.

Intensified testing of people most at risk: add that it needs to be consensual, ethical etc. since they are also the ones most at risk of discrimination.

The ECDC mandate is to evaluate key prevention strategies. Recommended action: encouraging member states to utilise ECDC for this evidence based approaches. Commission provided ECDC with budget for this.

Link active testing to lack of access to services, deportation and migration legislation issues.

Unethical to do testing without providing treatment. Mention international agreed best practice standards on testing.

Make clear linkages between the different groups and the problems they face.

Include new developments in prevention strategies, including alternative strategies to condom use.

Surveillance and monitoring

Do not define indicators, mention that they will be harmonised with ongoing efforts such as UNGASS and Dublin.

Priority regions

Address the issue of access to funding in Eastern Europe with the Global Fund phasing out. With the economic crisis co-funding is even more difficult for NGOs.

Why are only east and western Europe mentioned? What about Southern Europe for example?

Priority groups and issues

Populations most at risk

PLHIV should be among key populations.

A European institution should monitor effective interventions with key populations and ensure they are implemented more widely in the region.

Even if sex workers are not among the priority groups, still they are groups of higher risk, this needs to be mentioned.

MSM

Address homophobia.

Use conclusions EPAA seminar on gay health and Ljubljana declaration.

IDUs

There are big inequities in access to treatment and evidence-based drug dependent treatment between countries.

Address stigma and "IDUphobia".

How to better apply human rights instruments to drug users?

Drug use is not only a problem of Eastern Europe. Amphetamine and other substances are also an issue in other parts of Europe. There is a need for research in this area. Criminalisation of private drug consumption should be addressed as a concern.

Link to CSF on drugs.

Gender dimension of drug use and sex work.

Sexual and reproductive health needs of the key populations are invisible, stigma is high.

Link with prison health care systems.

Migrants

Where is ethnicity fitting in? It's not only migrants that are at risk.

Need to be more specific in language on migrants and high-prevalence populations. Include also mobile populations.
Phrase “promote integration of marginalised groups into society”: there is concern about the use of the word “integration” and what is meant by it.

Issue of documented and undocumented migrants because of immigration status that limits access to services.

Include mentioning of what are effective interventions.

Research and medicine

Include both biomedical and social research.

Action 1: take “biomedical” out, only ask for funding for research.

Mention human rights perspective, we need data on this, use interventions like Stigma index.

Co-infection with tuberculosis: low investment in research, while it is prime cause of death.

Include co-morbidities.

More research needed on living conditions of PLHIV.

Treatment and care

Workplace policies does not belong here.

Need to get information on what is being spent, how costs are increasing, how many people are on ARV and how much do the countries spend. Without this information it is difficult to do advocacy around pricing.

Need stronger action points on treatment.

HIV in Europe initiative should be mentioned.

Use work by EATG and others on migrants and access to treatment.

Look at financial instruments: are there other funds that member states could use to scale up treatment.

The way forward: expected results

Key populations are not in the expected results. All of a sudden youth appear, but we need to have other key populations mentioned as well.

The deadline for comments is April 24.

Action: The CSF secretariat will send out a message to CSF members, asking them to feed-back on the outcomes of the current communication as well as provide more detailed comments on the non-paper.

The CSF would like to see the second version of the non-paper. The next step for Wolfgang is to discuss internally with other services. The CSF will most certainly see another version of the non-paper.

8 German national MSM-Prevention-Campaign

Presentation by Matthias Kuske from Deutsche AIDS Hilfe (see Annex D)

This is the first nation-wide campaign for MSM prevention in Germany. The campaign “I know what I’m doing” is a very positive and powerful claim. It works with all kind of communication channels, print media, internet, consulting, offering personal communication and outreach work. The campaign works with role models. Strategies include next to “Condomization” also other ways of risk minimization, tackling misjudgements, myths and facts, differences between rural/urban experiences and lifestyle, other STIs, promotion of HIV test, among others. Synergy is very important in the campaign, it is a very participatory approach. The campaign will be fully evaluated and has permanent scientific monitoring. The campaign budget is about 1.2 million€ per year.

9 EU Presidency plans

What are the plans:

Sweden - Andreas Berglöv

The Ministry of Social Affairs informed that no activities related to HIV/AIDS will happen. The Swedish Government might focus on the Equality Directive. There is a possible meeting in November from the HIV in Europe initiative (follow-up of 2007 conference). The CSF should encourage the Swedish Presidency to present the EU Communication as it will come out under their leadership.

Action: The CSF should invite a Representative from the Presidency to attend the next CSF meeting and push for agreement on a mid-term review of the new Communication.

Spain – Ferran Pujol

There were contacts with the National AIDS Plan Coordinator, but plans in relation to the Spanish Presidency are not defined yet. Different political parties were contacted and in December a parliamentary question was raised, giving as example the Bremen conference. No answer was received. The decision is to keep on pressing. However, the Spanish Presidency did seem

to be supportive of the idea to have a conference about community testing. Maybe if other countries were supportive of it, this would be useful to convince the Spanish.

Action Point: send comments to Ferran on the proposed conference on community testing to voice interest from different countries.

Belgium - Chris Lambrechts – See Annex E)

What relevant issues are on the European Agenda in 2010?

evaluation of the millennium goals

fight against poverty and social exclusion

disability action plan

new social agenda for Europe

What are the Belgium priorities? The Trio Presidency agenda will be presented to the Council of the EU in November 2009

At this point: the consultation process is going on (Flanders has suggested 55 topics)

Deadline to give input to the Belgian permanent representative at the European level until 25 March.

Strategic suggestions:

Synergies with the priorities that are already on the agenda should be supported or complemented.

What can be learned by successful presidencies in the past?

Germany was a successful presidency. The way it worked was that it came from the last EU Communication. Therefore, references to activities under the Presidencies should be included in the new Communication. A suggestion is to have a CSF meeting in the country of the presidency, this could be put in the action plan of the new Communication to have a stronger connection between the CSF and the political level.

The CSF suggests to recommend to the Trio Presidency to focus on the eradication of discrimination of people living with HIV/AIDS in Europe

- by connection to the fight against social exclusion
- by getting the equal treatment directive approved
- by abolishing all travel restrictions
- by clarifying the position of people living with HIV regarding the coverage by disability

Belgium has a good discrimination law, the Belgian government could be asked to share their expertise. ECDC expects to issue guidelines on testing in 2010. This could be another opportunity to have a presidency to take on the subject.

The IAS representative drew attention to the new era in HIV strategy in which policies are expected to be more evidence based, which amongst other things means more investment in research. Governments in general do like this approach, and it helps civil society to engage on the basis of these results.

As agreed at the CSF, Chris Lambrechts presented the next day the following communication to the Belgian government:

The CSF formulated the following Declaration:

- with reference to 2010, the year of the fight against poverty and social exclusion;
- with reference to the European action plan on HIV/AIDS, of which essential parts still lack implementation;
- with reference to the unique Belgian experience with equal rights for gays, lesbians, bisexuals and people living with HIV, that has been put in practice in legislation, protective and enhancing measures and diverse interventions.

The CSF requests the Belgian government to seriously take into consideration the following request:

- to develop an initiative that can promote at the Ministerial level the discussion on and acceptance of the proposed "Equal Treatment directive";
- to organise a meeting where existing good practices to combat discrimination on grounds on sexual orientation as well as HIV status are shared at a European level.

The CSF is convinced that Belgium with this initiative can make an outstanding contribution to the realisation of an important European priority: less HIV infections and a substantial contribution to the improvement of human rights Europe-wide.

10 European Clearinghouse on HIV/AIDS

Presentation by Martine de Schutter from AIDS Action Europe (see Annex F)

The Clearinghouse database www.hivaidsclearinghouse.eu was launched at the Bremen Conference. Originally it was one of the activities of the project European Partners in Action on AIDS (EPAA). Now that this project has finished, an operating grant by the Commission guaranteed continuation. NGOs are encouraged to upload their documents. The intention is to include further information by governmental organisations. During the Bremen Conference under the German Presidency, a European clearinghouse mechanism was called for. This platform partially responds to this need. AIDS Action Europe has been in coordination with the German BzgA to avoid duplication of existing mechanisms.

11 Findings of the design study for a European exchange platform

Presentation by Ursula von Rueden and Christine Winkelmann from BzgA (see Annex G)

A WHO/BZgA conference on quality assurance took place in Berlin, October 2008. One of the main results of the conference was that there should be a single organisation that provides quality assurance advice on information, tools and guidelines provided on HIV/AIDS prevention in Europe, and that civil society should be involved at all levels. In follow-up the BzgA is preparing a project proposal, whose main goal of it is to improve the effectiveness of HIV prevention (impact in Europe). The project does not aim at building another portal for the collection of HIV prevention projects/materials.

Discussion: Would the CSF members find the project useful?

Quality assurance is useful, however, there are some concerns. How can cultural neutrality be guaranteed? Wouldn't ECDC be better placed to run the project? At present there is no Europe-wide involvement in the development phase.

The presenters explained that the project intends to provide tools for improvement of existing projects, and does not intend to be normative. WHO and UNAIDS are advising on the project, as well as ECDC, and the project tries to be as inclusive as possible. The challenge is that this type of project needs to be evidence based AND culture specific, in particular as to the specificities of the groups the intervention is designed to address.

12 WHO and ECDC updates

12.1 Jeff Lazarus (WHO)

Most recent WHO Europe activities:

Preparation of TB report for WHO TB day (also focusing on HIV/TB co-infection)

Working together with ECDC on the Second Monitoring report on the Progress of the Dublin Declaration on Partnership to Fight HIV/AIDS in Europe and Central Asia

WHO/EHRN: Regional report on overdose epidemiology, services, policies and recommendations

WHO Guidelines for the Psychosocially Assisted Pharmacological Treatment of Opioid Dependence

WHO/UNODC/UNAIDS: Technical guide for countries to set targets for universal access to HIV prevention, treatment and care for injecting drug users

WHO mission with members of civil society to Latvia on treatment interruption

Launch of www.euro.who.int/communicablediseases, <http://www.euro.who.int/hepatitis> and <http://www.euro.who.int/sti>

Upcoming events and milestones:

- AIDS and Drugs conference, Vilnius, April 2009
- World Federation of Public Health Associations, 1 May 2009 (WHO session on communicable diseases etc)
- Testing and counselling final consultation on WHO/Europe guidance, June 2009
- HIV in Europe working conference on testing and counselling, Stockholm, 2.3. Nov 2008

Discussion:

The question of what WHO was doing to address HIV/AIDS discrimination and stigma was raised. Jeff Lazarus explained that the topic is being mainstreamed and is being raised in wherever suitable context, also in technical meetings.

The issue of how TB/HIV co-infection was addressed by WHO, and what could national actors do to address co-infection was raised. Jeff Lazarus highlighted that on WHO World TB day, a global report on TB would be issued focusing on co-infection. ECDC and WHO are closely working together on the issue, trying to find concrete examples of which interventions work and

which don't (ie testing in both indications together) Currently thought to be still low, co-infection rates are quickly raising. TB/HIV needs to be addressed jointly.

12.2 Teymur Noori (ECDC)

ECDC Migrant Health report: HIV component – approval by member states awaited, will be published in 2 months.
ECDC's activities re HIV testing:

- testing project launched 2 years ago, based on interviews,
- technical consultation planned to take place in June 2009
- guidance on testing for 2009 – 2020

World AIDS Day: ECDC/WHO will have joint activities.

Q: Regarding the process of the testing project: In the past, civil society partners would be asked to comment in the end-phase on the report. This seems to have changed.

A: Another technical consultation will take place involving all stakeholders, however, it will not be possible to invite all the 80 stakeholders that were present in the beginning. The request to continue to involve the stakeholders and communicate on how the process is to continue will be fed-back to ECDC.

Q: During an ECDC visit in Portugal some queries had been raised, more specifically a request to ECDC re to better involve civil society in Portugal.

A: In general, ECDC tries to involve the community organically and proactively. It has been suggested in the past that ECDC incite national governments to cooperate better with the community. In Poland, involvement of Civil Society took place although it seemed quite difficult to bring this about. However, publication of national reports remains up to national governments.

13 Second Dublin Monitoring report

13.1 Presentation by Teymur Noori from ECDC (see Annex H)

Whereas the first monitoring report of the Dublin Declaration was prepared by WHO Regional Office for Europe and its partners, under the auspices of UNAIDS, the Second Monitoring report will be prepared by the ECDC. Teymur Noori provided an update on the Second Monitoring of the Dublin Declaration, detailing the terms of reference of the project as well as its background, overall purpose, main tasks, membership, procedure, timeline.

An ECDC advisory group has been established with the overall aim to “support the development of an indicator-based and country – driven report on the monitoring of progress in implementing the actions set out in the Dublin Declaration”. The main challenge was to improve the quality of the country reports, by providing standards for indicators.

The group's main tasks are to advise ECDC on the development of the monitoring framework, on the selection of indicators to monitor the declaration, on the development a survey to collect the data, and to review and to comment on the monitoring activities. The advisory group consists of 22 members (9 country representatives, 3 NGO representatives including the CSF co-chairs, UNAIDS, WHO Regional Office for Europe, European Monitoring Centre for Drugs and Drug Addiction, EU Commission, ECDC, Contractors).

At its first advisory group meeting in February 2009, a framework had been developed. At a second meeting 7-8 of April, the indicators for the monitoring would be discussed, to form the basis of a survey to be sent out in summer 2009. In Oct-Nov 2009, the advisory group will meet and discuss the findings of the survey. In February 2010, the drafting will be discussed. Publication of the Second Monitoring report is planned for June 2010.

Teymur expressed the hope that the monitoring process would also bring about higher rate of EU countries submitting UNGASS reports, as the submission rate of 70% in 2008 – although constantly rising (from 56 % in 2004 over 63% in 2006) – still showed a lack of accountability as to HIV/AIDS.

Teymur highlighted that the Think Tank and the Civil Society Forum on HIV/AIDS would be updated on a regularly basis, and invited Civil Society members to send their comments on the indicators to the CSF co-chairs who would forward them to the ECDC.

13.2 Presentation by David Hales, Consultant to ECDC (see Annex I)

David Hales, Consultant to ECDC, gave an overview of the monitoring project, focusing on the mechanism underlying the drafting of the Second Dublin Monitoring report. In contrast with the first monitoring report, the upcoming one will - for methodological reasons - focus not on the actions the Dublin Declaration sets out, but on indicators, as to make the reports more comparable.

David delineated the principles that are to guide the development of a list of suitable indicators (see presentation slide 3). The report should

- build on previous work – especially the earlier WHO report
- simplify and streamline indicators
- have indicators that are relevant to the European context
- data collection should be harmonised with other processes, eg Commission reporting, UNGASS

Analysis of the 33 actions called for in the Dublin Declaration shows that they fall broadly into five areas – leadership, prevention, living with HIV, partnership, follow up (with considerable overlap in the areas of leadership and partnership). Based on this analysis, an indicator framework has been developed, now combining “leadership” and “partnership”. The indicators in the area of “prevention” suggested centre on groups most at risk – injecting drug users, men who have sex with men, sex workers, migrants and prisoners.

David Hales highlighted that from a methodological point of view, a good indicator should meet the following five standards:

- The indicator should be needed and useful.
- The indicator should have technical merit
- The indicator should be fully defined.
- It should be feasible to measure the indicator.
- The indicator should be field-tested or have been used operationally.

One problem UNGASS process is facing is that one can only report on indicators that all countries actually have and monitor. However, instead of streamlining and leaving out information because it doesn't match the exact indicators ECDC will try to get data that is available in addition, and accommodate this in the report.

Discussion on the proposed indicator framework (see slide):

The discussion focused on the question whether the set of questions and the methodology sufficient, and whether anything had been left out. It was recommended to try to capture relevant legislation linked to the response, something that seemed to be missing in the draft.

As to the list of indicators relevant to 'prevention', the question was raised how the report would reflect the fact that the vulnerable groups listed were not on the same level of prevention need (ie IDU's). Another suggestion was to consider including 'youth/young people'. However, a concern was raised that this could confuse the indicators, and that it was important to keep the indicators disaggregated, and have indicators that allow for information to be retrievable from epidemiological data. The point was raised that there was danger of diversion of funds via a mainstreaming of 'youth', as it might be easier to 'sell' politically speaking. In general, gender and youth should be mainstreamed as to have the report as comprehensive as possible, however, issues should be discussed extensively only where relevant. Another issue that seemed to have been left out were indicators relating to STIs, but this was due to the fact that the existing indicators are bad and that reporting on it had been poor. It was stressed that programmatic reasons and methodological reasons should be carefully separated.

In order to bring about useful information re youth, good questions to include in the questionnaire would be to ask 'does your education system provide youth with information about same sex etc.?'

Although having 'hard' indicators was important, the concern was raised that this might lead to a slightly too simplistic questionnaire, as this alone might not ensure having relevant questions - ie regarding discrimination, it would be important to ask not just whether discrimination against people living HIV/AIDS was actually illegal, but also whether anybody living with HIV had successfully gone to court to secure their rights.

As to whether and how the list of indicators and the Dublin Report been matched, David Hales stressed that 'actions' and 'indicators' do not correspond, and that it would be difficult to turn one into the other. It was suggested to include a rationale in the report of why certain indicators are in and others left.

A Shadow Report to the upcoming monitoring report is not foreseen. It was suggested to have national reports which could then also be used as advocacy tools. Civil Society should be involved in the national processes of drawing up these reports, and ECDC should clearly name this as a desideratum.

14 International AIDS Conference Vienna

Presentation by Ron MacInnis from International AIDS Society (Annex J)

Ron MacInnis briefly presented the International AIDS Society and its current Policy Advocacy Priorities and more in-depth the preparation of the International Aids Conference 2010 (IAC 2010) (see slides).

IAC 2010

As general rule, IAS conferences are not held in countries that have travel restrictions in place. On a policy level, IAS cooperates with the EATG and Deutsche AIDS Hilfe to have travel restrictions removed.

The IAC 2010 programme will among other things be based on the IAS 2008 conference impact report and the challenges detailed therein. The last report particularly highlighted the need of epidemiological data on most at risk populations as well as the need for Social, Behaviour and Economic Science learning. Furthermore, the last conference revealed the need to upscale efforts in "combination prevention".

Although the conference programme is to address issues related to the HIV/AIDS epidemic worldwide, IAC also serves as an opportunity to raise regional issues and use the conference to improve the situation in the region. Vienna was chosen as location as it represents a "gateway" to Eastern Europe, but also because of the conference facilities. So far, the conference programme focuses on 'harm reduction', 'accountability' and 'new leadership'. The conference programme is designed by the AIDS 2010 Committee which consists of 48 members, 25 of which are from the European region. IAS encourages liaison with the European programme committee members. Official language English and Russian, whether or not German will be a conference language remains to be decided. Ron MacInnis encouraged CSF members to submit suggestions for conference themes.

Discussion

Several CSF members shared their impression that at IAC 2008 genuine European issues had been underrepresented, and the hope was expressed that this would change at IAC 2010 in Vienna in order to avoid the European community feeling disempowered. Ron MacInnis reminded the audience that the conference aims at building consensus among the global community, and encouraged it to contact the programme committee members and put forward concrete suggestions for the programme.

Concerning IAS's involvement at the EECAAC conference in Moscow (October 28-30 2009) he explained that IAS is cosponsor of the conference, and that for political reasons the conference had to take place in Moscow. He stressed that one entire day will be devoted to harm reduction, and that IAS is trying to stay engaged to help bring about change in the region. He also mentioned that WHO is closely working on the issues relating to harm reduction especially in Eastern Europe.

One CSF member urged IAS to not support the EECAAC, as the Russian government was not supporting methadone programmes, and that there seemed no point in having another conference in this hostile environment. As alternative strategy it was suggested that IAS should speak out on the matter after the conference.

Furthermore, as in the Ukraine methadone programmes were now legal, it would be crucial to support this during EECAAC.

15 HIV in Europe

Presentation by Ton Coenen, HIV in Europe Steering Committee Co-chair

'HIV in Europe – Working Together for Optimal Testing and Earlier Care' is a cross-European multidisciplinary initiative and provides a European platform to share knowledge and experiences. It resulted from a pan-European conference that took place in Brussels in 2007 and builds on the resulting 'Call to Action'.

The initiative has developed the following projects with the aim to improve the evidence-base in the field of early testing and earlier care:

- HIV Indicator Diseases Across Europe

- The Stigma Index
- Criminalisation of Communicable diseases
- Temporal Trends in 'Late Presenters'

On November 2nd and 3rd an HIV in Europe summit will take place in Stockholm, Nobel Forum, under the auspices of the Swedish EU Presidency. The conference is designed as high-level workshop for working group members, seeking to provide the opportunity to discuss progress since 2007 (as to the evidence base as well as progress on a policy level), aiming at providing a platform for exchange of knowledge and good practices in early diagnosis and care in Europe. Due to limited space and funds participation is by invitation only (100 participants).

For more information on the initiative the recently launched website may be consulted (www.hivineurope.eu).

Action: More detailed project descriptions will be sent out to the CSF members.

16 Update from UNAIDS PCB NGO Delegation

Presentation by Vitaly Djuma, PCB NGO Delegate (Europe) (Annex K)

One of the results of the last PCB meeting was that UNAIDS PCB will support the New UNAIDS Executive Director, however, with "strings attached".

Topics of the next PCB meeting in June 2009:

- survey "People on the move" (migrants and mobile populations)
- report from UNAIDS on "HIV prevention among injecting drug users" scheduled to be published in 2 months
- survey on challenges and barriers to Universal Access

At the PCB meeting Dec 2009, the 2nd evaluation of UNAIDS will be on the agenda.

Discussion:

Upcoming candidacies to the next PCB NGO delegation and the question whether candidates should be supported by the CSF was discussed. For the 'European seat' having candidacies from Eastern Europe would be desirable, keeping in mind though that the selection criteria will be qualification not regional representation. As to the question whether the CSF should endorse and recommend one candidate or not, it was agreed that support for candidates should stay on individual CSF member level as having the whole of the CSF take a decision on one candidate might be difficult.

It was suggested that ideally a CSF representative should attend the PCB meetings, and that it would be up to the CSF co-chairs to decide how to take this forward.

Action Point:

- Invite PCB European delegates to CSF meetings.
- Discuss among CSF co-chairs if a CSF representative could attend future PCB meetings.

17 CSF working groups

In previous meetings, a proposal had been put forward to establish Working Groups in order to maximise the output of the CSF. Repeated calls were made to join working groups. However, only a couple of working groups have actually been doing their work. The Working Groups seem to suffer from lack of time and lack of resources, and neither remit nor scope of the working groups was clear.

The proposal by the Co-chairs is to have "ad hoc working groups" around a specific aim between two meetings, not "standing working groups". Experience that ad hoc groups work best in the sense that they produce best results (ie consultations, specific actions like on Equality Directive). Walk before you run!

Discussion:

Working groups for discussions in-between meetings are needed. Furthermore, if working groups are to feed in to the following agenda this needs to be known. The costs for conference calls should be covered. It was agreed that for the time being, the CSF will work based on ad hoc working groups. In addition, members are invited to work on and suggest agenda items for the next CSF meeting.

18 Conclusion from the CSF meeting

Michael Hübel from DG Sanco took the opportunity, as the end of first term of the CSF is approaching and the call of its renewal will be issued, to thank the CSF members for their important work. He stressed that the work of the CSF was all the more important during this particular political period - during the transition to new European Parliament and the new Commission, and during a political period in which issues related to the relevance of health at EU level are much higher on the agenda than they have been in previous years. Half of the members in the CSF will stay on, and Michael Hübel bid farewell to the other half whose mandate could not be renewed, thanking them for the input and commitment. He in particular thanked all CSF members for their important feed-back on the non-paper on the EU communication on HIV/AIDS, the adoption of which will be an important signal of commitment to EU action not only when it comes to HIV/AIDS but to the Commission's commitment to public health, in particular in times of an economic crisis.

19 Any other business

Christian Andreo (AIDES) reported on a case in Senegal, where a man had been arrested based on his sexual orientation. AIDES and many other HIV/AIDS organisations had protested, and the issue turned into an election topic. At the time being, it is an open question whether more or less pressure would be beneficial, there was a risk that this could turn out to be counterproductive. The whole issue was all the more scandalous for UNAIDS, as Senegal is member of the UNAIDS PCB. Instead of putting direct pressure on Senegal's government, pressure on institutions providing money to Senegal might be more efficient.

Action: AIDES will keep the CSF informed.

20 Action list

What	Who	When
Check code of good practice at www.hivcode.org	All CSF members	Ongoing
Implications of new Drugs Declaration for our work: on future agenda CSF	Co-chairs	Next CSF
Link with CSF on drugs	Co-chairs	ASAP
Inform CSF on outcomes Equality Directive lobby	Yusef	April
Collect impact national level of current Communication and comments from CSF on non-paper	Martine	April 24
Inform Ferran whether your country might be interested in participating in a European conference on testing	CSF members	ASAP
Invite representative Swedish Presidency to CSF meeting to discuss launch new Communication	Co-chairs	ASAP
Send comments on ECDC indicators to Co-chairs who will forward these to the ECDC	All/Co-chairs	By 6 April
Send out description of HIV in Europe projects	Ton	As soon as revised
Invite UNAIDS PCB Europe delegates to the next CSF meeting	Co-chairs	For next CSF
Discuss attendance CSF representative at future UNAIDS PCB Meetings	Co-chairs	ASAP
Keep CSF informed about how the situation of gay men in Senegal evolves and recommend action	AIDES	ongoing

21 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>)

21.1 Annex A: Participant list

SURNAME	FIRST NAME	ORGANISATION
ANDREO (for Simon)	Christian	AIDES
ARILDSEN	Henrik	HIV Europe / NordPol
AZAD	Yusef	National AIDS Trust
BERECZKY	Tamas	IAS
BERGLOF	Andreas	RFHP Swedish Association for HIV-Positive People
BJÖRKENHEIM	Corine	Finnish AIDS Council
COENEN	Ton	AIDS Action Europe
DE SCHUTTER	Martine	AIDS Action Europe
DEDES	Nikos	European AIDS Treatment Group (EATG)
DEKOV	Vlatko	HOPS
DONADIO	Irene	IPPFEN
HAVEAUX	Denis	UNAIDS
HEINE	Nicole	European AIDS Treatment Group (EATG)
ILIC	Dragan	JAZAS
JIRESOVA	Katarina	Odyssey
KABAKCHIEVA	Elena	Health and Social Development Foundation
KASHINA (for Aliev)	Julia	Estonian Network PLWHIV
KUSKE	Matthias	Deutsche AIDS Hilfe
LAMBRECHTS	Chris	SENSOA
LANGE	Gisela	DG SANCO
LAZARUS	Jeffrey	WHO EUROPE
LEGAU	Klaus	STOP AIDS
LIMA E SILVA (for Cerioli)	Jose Rojas	NGO LILA Italian League for Fighting AIDS
MACINNIS	Ron	International AIDS Society
MALKUSZEWSKI	Tomasz	Social AIDS Committee
MELLOUK	Othmann	Association de lutte contre le SIDA
MENDAO	Luis Carlos	GAT
NOORI	Teymur	ECDC
PEJKOVIC	Miso	CAZAS

PHILIPP	Wolfgang	DG SANCO
PROCHAZKA	Ivo	Czech AIDS Help Society
PUJOL I ROCA	Ferran	Projecte dels NOMS-Hispanosida
REYNOLDS	Rhon	African Hiv Policy Network
SLOBOZIAN (for Gherman)	Vitalie	Soros Foundation Moldova
SMIRNOV	Serjeg	Community of PLHIV
SOLINC	Miran	SKUC-Magnus
TOMCZYNSKI	Wojciech	ECUO
VON RUEDEN	Ursula	BZGA
WINKELMANN	Christine	BZGA
ZHUMAGALIEV	Vitaly	Russian Harm Reduction Network
SIMON	Sara	Communication Facility UNAIDS PCB
HALES	David	ECDC
ATTAWELL	Kathy	ECDC
KHODAS	Hanna	Ukrainian Network of PLWH
SCHONNING	Shona	Eurasian Harm Reduction Network