



# AIDS ACTION EUROPE, STEERING COMMITTEE MEETING, 17 & 18 OCTOBER 2019, BERLIN

Steering Committee: Aigars CEPLITIS, AGIHAS, Latvia; Christos KRASIDIS, AIDS Solidarity Movement, Cyprus; Esther DIXON WILLIAMS, European AIDS Treatment Group (EATG), UK; Marianella KLOKA, PRAKSIS, Greece (via teleconference); Richard STRANZ, AIDES, France; Silke KLUMB, Deutsche AIDS-Hilfe (DAH), Germany; Sini PASANEN, Positiiviset ry, Finland; Tanja DIMITRIJEVIC, USOP-Union of organisations of people living with HIV and AIDS in Serbia; Yaroslav BLIAKHARSKYI, All-Ukrainian Network of PLWH, Ukraine

AAE Office: Ljuba BÖTTGER, Communications Officer; Oksana PANOCHENKO, Communications Coordinator; Ferenc BAGYINSZKY, Project Manager; Michael KRONE, Executive Coordinator;

Venue: Deutsche Aidshilfe - Berlin, Germany





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# Thursday, October 17, 2019

## 1. OPENING AND FOLLOW-UP FROM PREVIOUS SC MEETING

# 1.1. Opening and welcome

Sini Pasanen, Steering Committee chair, opens the meeting and welcomes everyone to the second Steering Committee (SC) Meeting in 2019. Sini introduces the agenda and adds that the Member and Partner Meeting takes place the upcoming Saturday. Further, Sini announces that this is the last SC meeting for Marianella and Yaroslav, because Marianella's second term and Yaroslav's first term end at the end of the year. Marianella is not eligible for reapplication anymore and Yaroslav will not reapply due to leaving his organization.

## 1.2. Approval of the agenda

The agenda is approved. Aigars adds that he would like to address the virtual reality (VR) stigma research.

# 1.3. Approval of the last report

- Esther adds to the report that in the Integrate Joint Action the compulsory partner notification was only discussed but not proposed, see page 14.
- The Action List needs to be reformatted.

The minutes are approved.

# 1.4. Checking action points

	WHAT	STATUS
Α	Richard's, Tanja's and Yaroslav's terms end this year. For reapplication for the second term a motivation letter needs to be sent to the Office by end of August 2019.	Done
В	After determining the number of vacancies on the SC (2nd term applications + SC members ending their 2nd term), a call for SC Member(s) needs to be sent out.	Not correct, since the SC calls will be shared after the SC meeting today and tomorrow.
С	Feedback of the European Parliament elections paper	There was some trouble with the document so that the suggested changes got lost.  Hence, it was too late to publish the document before the elections. However, the document has its value for the now



		already elected MEPs. We will continue working with it to address the issues that are important out of AAE perspective. So the document will be sent out again for feedback to the SC Members.
D	Discussion on AAE SC Member identity increase to be continued needed on how AAE SC members can represent AAE on inter-/national conferences.	On the list for this meeting.
E	Put on the agenda for next SC Meeting Steering Committee Members and Office collaboration with regard to focal points discussion in Kyiv.	On the list for this meeting.

## 1.5. REPORTING

## Activities since the last meeting in Kyiv

Michael introduces the session with a review of the Steering Committee and Stakeholder Meeting in Kyiv. Valeriia Rachynska came back to us after the Stakeholder Meeting saying that the international context of the meeting helped to have an in-depth exchange with the organisation Alliance Global about the transition process from international funding to domestic funding. Michael thanks Yaroslav for co-organising and hosting the meeting.

## April and Mai 2019

- The financial and technical report for SGA 2018 were accepted without request of changes.
- AAE received 11.500 Euro co-funding from Gilead on the EHLF project on people in prison and detention.
- On May 7 and 8, the COBATEST Steering Committee Meeting was conducted in Berlin.
- SRHR: Two webinars, one on ChemSex and one on combination prevention were held on May
   14th.

There is a question whether ChemSex is subsumed under SRHR. It is answered affirmatively. With the FPA 2018 – 2021 it has been addressed under sexual health rights.

## June 2019

- Civil Society Forum Meeting on Jun 17 & 18, ESTICOM Dissemination Meeting on Jun 19, and Think Tank Meeting on Jun 20.
- Affordability webinar on Jun 21
- Meeting with EATG on Jun 21



## • 44th UNAIDS PCB meeting on Jun 25-27

With regard to the last bullet point it is announced that Winnie Byanyima was appointed as new executive director at UNAIDS and she starts as Executive Director (ED) in November. Sex work could become an issue under her leadership as during her office as ED of Oxfam, following the sexual harassment scandal, she forbid Oxfam staff to buy sex services. Winnie seems to consider all engaged in sex work as victims and is likely to keep this position, which will be problematic for the global AIDS response. Out of our perspective, we need decriminalization of sex work. We must monitor UNAIDS on its policies regarding sex work. Both, Ferenc and Sini attended the PCB. Sini reports that Finland is not funding UNAIDS nor GF. During the meeting, women and girls' rights were discussed. Ferenc reports that UNAIDS again elect people into high position who are not PLHIV or affected by HIV. Usually marginalized key populations do not have a PhD and no chance to get into high positions, even at UNAIDS.

Michael adds that UNAIDS reopens their office in Brussels.

### July, August and September 2019

- The application for the SGA 2020 was submitted
- The SRHR workshop took place on July 11-12 with 12 participants from 11 organizations/countries
- Letter to the MoH of Albania regarding recent stock outs in Aug
- EUROPACH Meeting in Berlin on Sep 13
- 3rd Policy Health Programme, Sep 30, Brussels

Regarding the question, how the SRHR meeting participants were selected, it is replied that the participants were prioritized out of the contacts who participated in the webinars. All interested participants had to write an application including a letter of motivation.

The letter to MoH of Albania regarding the stock outs it was cc-ed to Global Fund, WHO Europe and UNAIDS. All organisation got back to AAE within a short time. It was a procurement problem, the MoH and GF confirmed, patients were left without medication. It is suggested to make such activities more visible and to publish them online. Ferenc adds that there is guidance from EATG if stock-out happens. AAE could review and share it. A longer discussion evolves on how AAE could increase its function to collect and report on stock-outs in countries. It is mentioned that Russian civil society has come up with a good tool, where people can report stock-outs. To have something similar, we would need funding to set up and update it.



Regarding the 3<sup>rd</sup> Policy Health Programme meeting, Ferenc adds that in particular the EU Joint Actions were presented at this meeting.

### October 2019

- Wellbeing Economy a Way to Sustainability in the HIV and AIDS Response? October 4, Finland
- Leaving no one behind joint meeting on gay men and other MSM, transgender people and HIV
   in Hungary, Poland and Turkey, Warsaw, October 9-10
- PrEP in Europe Summit, October 10-12, Warsaw, Poland

In the Finland wellbeing economy event, ECDC took up information on gaps in his test and prevention gap report that AAE and other civil society representatives had previously addressed.

## Report on the joint meeting before the PrEP in Europe Summit "Leaving no one behind"

Ferenc reports that activists working on LGBTI and/or HIV issues attended the meeting from the 3 countries Poland, Hungary and Turkey. The organizers made sure that at least one trans person from each country was present. Countries presented their national situations and current politics and how that affects people individually, LGBTI rights and HIV prevention. The discussions were on priorities at the national level. Lack of data and funding, difficulties with community mobilisation were identified as key issues in all 3 countries. When it comes to advocacy and support, AAE could play a role. There is also an issue of different communities not wanting to work together so they avoid stigma of the other community. Community mobilisation and/or capacity building might be something AAE can work on. Ester adds, that the more we separate the more we work apart from each other. Racism is also an issue that needs some thinking, too.

## Report on the PrEP in Europe meeting

This PrEP in Europe summit was more diverse than previous ones both what population and geography is concerned. However, Portugal was missing, Scandinavia as well.

There was simultaneous translation into Russian, which not always worked well, mostly because people were not wearing their translator kits. In addition, in the breakout sessions, there was no translation possible. The breakout sessions were on policy, minority, etc. AIDES was very visible with France having the longest experience on PrEP in Europe. There was a good presentation by Mr Gay Poland and how to talk about PrEP. Some presentations looked at those populations that are usually not at focus, for example Trans Men. There is presumption that TM are heterosexual. There was also presentation on how different populations can work together, which had very a positive message.



There was also a session with pharma presenting their PrEP pipeline. Ferenc's impression is that they have a common agreement of non-competing, rather considering their products as a range of choices: pill, injectable, implant. The Gilead presentation was irrelevant for the European context, however, it was interesting to see how social inequalities show up as HIV hot spots (in this case among black women living in poor neighbourhoods). They also face the issue of studies for women at the same time as they reported to need to include 500 000 women in order to be able to track the data because of relatively lower HIV risk. At the same time they also presented data on the poor neighbourhood with high prevalence (including women 40 plus). The question remained, why they wouldn't roll out studies in these neighbourhoods. In general, regarding some presentations and discussions, there was some well-grounded criticism, one towards ignorant white people and cis people. It was interesting to hear from women, especially heterosexual, who shared their experience of being stigmatized for PrEP use. There was also a session on perceived risk of HIV among STI clinic users. 50% of gay man who had high risk of getting HIV would be interested in taking PrEP, among women it was only 5% interested.

The role of pharma in the summit is widely discussed. It is not usual that pharma has its own platform in a meeting like this. The companies had a 1,5-hour session. The organisers argued they wanted to have everyone in the dialogue. There was criticism of the language pharma is using which is far away from the community. There was also discussion on financial transparency management.

The summit was recorded and videos of the presentation are available on the FB page.

## Report on the ECDC meeting

Aigars attended the ECDC meeting on behalf of AAE and not AGIHAS. It was a really good meeting, 17 doctors and 2 NGO members who have no voting rights were present. ECDC set new strategic goals. It was a good exercise. The new structures of ECDC for the next 3 years were discussed and decided about. There is also stigma index report in Latvia.

## **Upcoming meetings**

As a follow up from the European elections, EATG and AAE are planning to have a meeting with MEPs on HIV and hepatitis elimination, including criminalisation and discrimination. Apart from EATG and AAE, AFEW International and Coalition Plus are co-organisers. There is discussion about the date as towards the end of the year and after the elections, a lot of organisations intend to schedule meetings with the parliamentarians. We might therefore consider to postpone it to 2020.



# 2. Recent developments regarding the HIV, TB, Hep Civil Society Forum

The Commission decided to close down the EU HIV, TB and viral hepatitis CSF and Think Tank after 15 years of existence. Last discussion was that we will work on the letter to EC. The decision was not communicated very well. The decision to close down the Think Tank was announced in a letter to the European Member State focal points. In the same letter it was conveyed that the CSF will be closed along with the Think Tank. CSF members only found out randomly about the decision. EATG and Global Health Advocates managed to bring the issue to the hearing of the new Commissioner on Health. A letter was also published. Only some weeks later a letter to the co-chairs or the CSF was sent to inform them. The latest information is an email, saying that a meeting should be arranged between the Commission and CSF representatives in November. Within the coordination team a common position on future options is needed.

There is a question whether there was any reaction from governments. It is explained that also Think Tank members were not informed properly. As far as people present know, only Finland and Germany reacted. When it comes to future strategies it might be an option to getting back up from national governments. Also reactions from CSF member organisations and their statements why the CSF is important might be helpful. Everything depends on the meeting with the Commission and suggested options. The Steering Committee agrees that a structural representation of civil society is needed.

## 3. GOVERNANCE

## 3.1. SC members election

Silke presents the updated ToR for SC members. Due to the changes of the CSF structure, the CSF cochair needs to be replaced by the CSF Coordination Team Representative. The SC unanimously approves the new wording. Silke explains the SC member selection procedure as the SC agreed on during Kyiv SC meeting.

Since Yaroslav is not reapplying for the new term and Marianella's term ends, the decision to be taken affects Richard's and Tanja's reapplications. As for Tanja's reapplication, the issue is that she is reapplying for another organisation. In the known history of AAE, there was one SC member who changed the organisation and started working for a UN body during their term. The SC Member left the SC with immediate effect and the AAE member organization could not reclaim the same seat, as it is also written in the SC ToR. Tanja explains that her organisation, on which behalf she is now applying



stays a member of USOP. In USOP however, some organisational changes are expected that might affect Tanja's role in the organisation.

The SC membership is based on a combination of organisation and person with individual skills. What needs to be considered is that USOP is an umbrella organisation and NOVA+ is a local one. Tanja is on the board of USOP and working as programme manager for her own organisation.

**The decision taken:** A Steering Committee Member who reapplies on behalf of a different organisation needs to reapply to an open call.

**Re-election:** Richard is re-elected to his second term.

Next decision to be taken is the number of open seats to fill in with the next call as well as criteria for selection. the AAE SC has a range of 6 to 10 seats. The ToR mentions that the membership should be balanced in terms of gender, geographical criteria, HIV status etc.

During the discussion, following additional criteria for selection are mentioned: drug using community representative, experience in fundraising, experience in GF transition, migration background or experience in migrants' issues, sex work representation. Also, it is discussed whether there should be one call for all open seats or different calls for each seat. We also might want to change language skills from excellent English to working English to have as little obstacle as possible for interested people to apply.

Decision taken: All three vacancies should be refilled. There will be one call for three regions (Voting – 6 in favour, against 1, abstain 1, absent 1). The regions are following: 1. Eastern Europe, 2. South East Europe, 3. South EU region.

## 3.2. Fixed seats on the AAE Steering Committee

The SC moves on to discuss the issue of fixed seats on the SC. There are two fixed seats, one for the host organisation and one for EATG. EATG has been on the SC since its beginning due to the overlapping work the two organisations have been performing in particular referring the CSF. With the change of the CSF now being coordinated by a coordination team consisting of five organisations, AAE has faced justification requests regarding the composition of the Steering Committee. There are other pan-European organisations that could request equal access to the Committee. Therefore, the question is raised whether the fixed seat of EATG should be maintained.

Following issues are mentioned during the discussion:



- Seats should be taken by member organisations rather than by networks.
- Having access to internal AAE information may turn into a conflict of interest for regional organisations.
- Instead of having one other pan-European organisation on the SC (e.g. EATG), AAE should consider a different tool for collaboration of organisations at international level. This was the outcome of the 2018 Member and Partner Meeting where several organisations said that it would be favourable to have an exchange of these organisations at a regular level.
- Esther's term for EATG is ending at the end of 2020. However, it is on EATG to decide who is representing EATG on the SC.
- If the fixed seat will be ended, it would be fair towards EATG to end it not with immediate effect but with Esther's term ending which would be end of 2020. EATG is an important partner and good terms with them should remain.

Decision taken: The fixed seat of EATG on the SC will be ended by the end of the term in 2020. Office and Chair will prepare a letter to EATG explaining the decision and make it transparent (8 in favour).

As for the other fixed seat of the hosting organisation: Silke informs the Steering Committee that the board of Deutsche Aidshilfe decided to suggest extension of her representation on the SC beyond her second term. There is discussion whether the host organisation should be bound to replace representation after two terms or whether it is up to the organisation who to delegate.

Decision taken: The host organisation can appoint the person and is not bound to terms anymore (in favour to change the ToR 7; against: 0; abstain: 2).

# 3.3.SC Member evaluation protocol

## **Evaluation Protocol**

The evaluation tool was sent out prior to the meeting. It aims to get self-assessment with feedback on the performance of the other SC Members and description how the proceedings were taken. Ferenc reviewed the protocol of the PCB NGO Delegation evaluation tool and came up with this tool (see ATTACHEMENT Draft Evaluation Tool).

Following issues evolved in the discussion:

- The question arises what happens in case the performance of the Chair is problematic. The protocol does not foresee any procedure for that case.



- The document should be seen as a working document. The SC needs to find out what they want to evaluate and who should be responsible for getting it all together.
- What to assess needs to be clarified as well as the definition of its rating criteria: good, very good, excellent and very poor. "Rather poor" is missing.
- It is suggested to have 15 or 30 min sessions during the SC meeting where all assess each other to identify weaknesses and find better ways to improve the work of the SC.
- Time constraints of the SC Members need to be taken into consideration as the evaluation of fellow SC Members needs some time investment.
- Self-evaluation may help to grow self-confidence to build up on the feedback of others.
- Self-assessment is something we share, based on group dynamic, vision of how the group works, to look at it at a collective level. We should propose a more positive evaluation on how we can share the responsibility and how we can improve.
- It is mentioned that regarding the 4 first points, no one will give a fair reply if it is a self-assessment tool. Experience shows, there are just two types of people, those who are constantly under-evaluating their work and those who are over-evaluating themselves.
- Anonymous feedback and having direct conversations about strengths and weaknesses, about one's role in the SC would be appreciated. However, there are always new members coming in and it might be difficult to evaluate or get evaluated if one is new to the group.
- Marianella requests to have a column to talk about barriers, e.g. why someone cannot speak openly.
- An idea could also be to have a notebook tool, where two people observe the dynamics of the meeting. Every half day, those two people report about what they saw and make recommendations.

**Decision taken:** It is decided that an evaluation discussion should be added to the agenda of the meeting (8 in favour, one abstain). If we want to work with the evaluation tool, the responses should not go to the office, the SC should review it. The SC introduces a working group that will work on the tool and make propositions during the next meeting

Do the SC want to have a working group who will work on it and propose it in the next meeting? 5 in favour, 0 against, 3 abstain. In the WG are Christos, Richard and Marianella.

## **SUMMARY OF THE DAY**

Since not all topics on the agenda could be covered, the agenda for the next day needs to be restructured: Everyone agrees to start with participation of AAE, around HIV Outcomes and the



Virology Education. Further, SC needs to get a decision on AIDS2020 and HIV2020, and whether to endorse HIV2020. Additional topic is about collaboration, which is more on exchanging opinions. On the agenda stay the planning of 2020, the thematic sessions and the preparation of AAE's Member and Partner Meeting.

# Friday, October 18, 2019

# 4. Participation of AAE in initiatives, conferences and meetings

# 4.1 Attendance of private sector funded initiatives (e.g. HIV Outcomes, Virology Education)

#### **HIV Outcomes**

This session explores AAE's position on private sector funded initiatives like HIV Outcomes, the difference to projects that are directly funded by pharm companies and impact of those initiatives on CSO advocacy activities in general. Some opinions are listed below:

- AAE should only endorses initiatives. There should be no partnership and collaboration as such.
- There is the feeling that AAE is just used as civil society representative without having any influence. There was a Virology Education meeting in Barcelona that was only attended by physicians. Aigars's intervention to invite more CSO was not considered.
- Ferenc shares a similar experience. Last time, topics like PrEP, ChemSex, obesity etc. were presented in a bad tone towards people living with HIV (PLHIV). They did make jokes on ethnic origin. The feedback of other PLHIV who attended was also saying that it was useless.
- Initiatives like HIV Outcomes and the agency behind it (FIPRA) are funded by pharma to do
  different activities that traditionally CSOs and CBOs would work on: capacity building and
  advocacy. AAE needs to be careful and do research when the next request of such an initiative
  will be received.
- With regard to HIV Outcomes: If AAE decides to leave, AFEW, ECOM, and EATG should be informed and AAE should release a statement. Best case scenario would be to leave the initiative together.
- There is an imbalance of power. CSO have access to and knowledge about key populations. This is what those agencies usually don't have. But CSO are not funded and treated the way other partners are. If AAE goes in partnership it should be funded accordingly.



- AAE should come up with a list of criteria that should be fulfilled when it comes to endorsement or partnership in order to avoid endorsing or partnering with 'wrong' initiatives.
- Quality of live for PLHIV, which is the main topic of HIV Outcomes, is a major topic of interest for AAE, too. However, it is not driven by PLHIV anymore. HIV Outcomes took away AAE's messages. Why should AAE play into their hands? AAE should not endorse any of the inbetween businesses. It is now about how AAE can claim back its response.
- The difference between directly funded projects and initiatives is that the setup, implementation, content is completely on AAE. We directly manage the project without any interference from the companies. That is completely different in the agency driven initiatives where CSO are just asked to participate.

Decision taken: There is consensus to move away from HIV Outcomes. When and how needs to be discussed with other CSO partners. The Office is asked to prepare a template document with criteria for future endorsement and partnership that allows an analysis and evaluation of the request.

# 4.2. Increase of SC Member identity by representing on inter/national conferences

The topic was taken up to ensure more visibility of AAE but also to increase AAE identity among SC members. The attendees are asked to write down one suggestion on how to increase identity and visibility when representing AAE. These are the suggestions:

- using our contacts to present on AAE work at conferences
- active participation in discussions (t-shirts with nice print)
- business card, registration, signatures
- talk more about AAE, email signature, include AAE in presentations
- add AAE logo to everything
- physical presence where possible
- peer review research project published
- email signatures, email accounts
- identify as AAE always you are attending a meeting and have in mind what we stand for
- to present themselves as SC Member at any situation
- t-shirt outfit, roll up, briefcase full of AAE things and stuff.

In the following discussion it is also mentioned that in conferences at national level, project results from AAE, for instance with regard to the EHLF, could be used to increase visibility.



## 4.3. AIDS 2020 San Francisco – HIV 2020 Mexico City

The Steering Committee discusses AAE participation in the IAS conference in San Francisco and the counter conference in Mexico City. The organisers of HIV 2020 are asking for endorsement. Here are main discussion points listed:

- It is not clear whether HIV 2020 in Mexico City can secure enough funding and the funding will be predominantly private sector funding from Pharm Companies.
- A main issue in the decision making is the supposed splitting of the main conference in San Francisco from the Global Village in Oakland. That would mean even less interaction between scientists, researchers, decision makers etc. and civil society and activists compared to former conferences. It is perceived as a slap in the face of CSO.
- By endorsing HIV2020 we are supporting the idea of community taking back the HIV response. This is the main message, besides that the US under Trump is not a safe space for most key populations. We are also quite late with the endorsement, other groups have done it long time ago. We do not have to go to any conference. It makes more sense to attend global conferences when taking place in Europe. We need to have a clear vision of what happens if we go.
- From the organisations represented in the room, AIDES is thinking in participating in both, Coalition Plus is more likely to go to Mexico City. Deutsche AIDS-Hilfe will go to Mexicio City, the board already took the decision. There is a project on HIV and work where major companies are fighting stigma and discrimination of PLHIV in the workplace that might be presented in IAS. If so, only one employee would go to San Francisco. In an HIV Nordic meeting, the opinion was to endorse Mexcio City but to go to San Francisco, too.
- HIV 2020 was endorsed by ViiV but also by UNAIDS.
- For the SGA 2020, AAE applied for two travels and accommodation to go to one conference without naming which one. If joining a second one, that participation would need to be funded through scholarship application.
- It also needs to be taken into account that AAE has been funded by IAS in the conference in Amsterdam.

## Decision taken:

a) AAE endorses HIV 2020.



b) If there is a strict separation between Global Village and Conference meaning that the GV will be implemented in Oakland only while the conference is taken place in San Francisco, AAE will not attend the IAS 2020.

## 5. Collaboration between SC Members and the AAE office

Due to time restraints, the discussion is postponed. In order to have a constructive discussion during the next SC Meeting, a working document should be prepared that outlines the main issues. It is decided to install a working group to prepare that document consisting of Michael, Richard, Sini and Ljuba.

# 6. Planning **2020**

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	MEETIN		
7.01			

1<sup>st</sup> SC meeting in Nicosia, Cyprus: Mai 11-12, 2020

2<sup>nd</sup> SC meeting in Berlin, Germany: October 22-23, 2020

AAE's Member and Partner Meeting in Berlin, Germany: October 24, 2020

### TELECONFERENCES 2019

TELECONFERENCES 2019		
Jan 21, 14-15:30 CET	March 3, 14-15:30 CET	April 28, 14-15:30 CET
June 23, 14-15:30 CET	August 25, 14-15:30 CET	September 29, 14-15:40 CET
December 8, 14-15:30 CET		

## **Key conferences**

- IAS AIDS2020 6-10 July, 2020
- HIV2020 5-8 July, 2020
- Afravih, 10<sup>th</sup> international francophone HIV-conference, 19-22 April, 2020, Dakar, Senegal
- HIV Glasgow, 4-7 October, 2020
- CROI, Boston, March 8-11. 2020
- EU Presidency Croatia; second semester: Germany
- 16. March Osteuropa Konferenz, Berlin, 2020
- 25-26 November, HepC Summit
- EASL 15-19 April, 2020, London
- European Harm Reduction Conference
- EECA Conference



UNAIDS PCB June and December

## 7. THEMATIC SESSION

In this session, the thematic areas are discussed with regard to implemented activities and outcomes as much as planned activities in the future.

### **7.1. PrEP**

The Prep in Europe Initiative SC meeting took place after the Summit. Richard, Ferenc and Gus agreed to work on the governance documents, such as the MoU and ToRs, they do not exist in written form and need to be formalized. For the rest of the year, the PEI SC will work on the structure and next year AIDES, EATG, AAE, AVEC and NAT, the original SC members should have a meeting to discuss and finalize these documents. The other working groups are on objectives, on capacity building and shadow reporting. The focus is on sub regions and key populations of people, to have a more thematic approach of it. Regarding the financial situation, it is not very transparent, thus the need for formalizing the initiative's structure etc. The document is supposed to be ready by January. Access to PrEP is part of the SRHR core thematic area of AAE. Being part of the Steering Committee and working on the structure of the initiative will support the roll-out of PrEP. For future summits, it should be considered to implement the meeting in countries where PrEP is not available yet in order to support the advocacy activities in the country.

## 7.2. ChemSex

The European ChemSex Forum takes place in November. AAE is focusing on ChemSex and combination prevention in its SRHR activities. AAE has conducted two webinars, one workshop and 10 small grants were provided to implement quality improvement in ChemSex and combination prevention interventions of these 10 member or partner organisations. The evaluation meeting will take place in February 2020. AAE could come up with a recommendation on quality improvement after the meeting.

There is a general discussion regarding ChemSex with two ground positions; one group likes to put more effort into harm reduction, the other says that people need to come off ChemSex. SC Members prefer a harm reduction oriented approach. On the ground, people decide themselves which services they prefer. Any approach should be human rights based. Further, AAE also needs to promote the decriminalisation of drug use or sex work in this context. As well, research into use of currently illicit



drugs for ChemSex interventions is needed as for instance use of Methylenedioxymethamphetamine (MDMA) in cases of problematic Crytal Meth use.

## 7.3. Criminalisation

The survey on criminalisation is launched. Ferenc will do the presentation tomorrow at the Member and Partner Meeting 2019. The representative of National AIDS Trust will present guidelines for police, procedures and judges in England and Wales. The next step is to have a report and visualize it on a map.

Further, on Sunday and Monday, the meeting on criminalisation and prisons takes place. It is the project-closing event. The agenda will focus on what has happened in the countries and discussion on the future of EHLF.

## 7.4. Affordability

One webinars were conducted, it is available online. Two more are planned, one on clinical trials and one on civil society initiatives in EECA countries. For 2020, AAE has planned ten trainings in ten countries, each budgeted with 1.000 € to support the organisation for conducting the training. There is no response yet if there will be additional funding.

Since Marianella's term is ending and she is the focal point for the thematic area, she would like to know who the liaison for the EU Health Alliance for Medicines will be and participate at the annual meetings. As for the communication with the Alliance, AAE Office is taking over. Representation of the Steering Committee in the Alliance will be settled when the new SC Members are on board.

## 7.5 Prisons

The legal survey was built and sent out, Sini and Aigars received the survey for feedback as well. We are still collecting the answers. AAE should do more work on disseminating the results on people in prison and detention. There is not much information out there and therefore very important. An opportunity would for instance be the next Hepatitis C summit. Access of healthcare in prisons could be an interesting platform to promote. The contribution could be combined with AAE's contribution to the Finland conference on Human Rights. From Greece there are terrible news that out of nine closed setting for migrants 3 were set on fire.



# 7.6 Member and Partner Meeting 2020

The agenda of the Member Meeting is introduced. Different to previous years, there is no abstract driven session. Instead, 10 people from 10 countries where the criminalisation issue is of particular interest will attend. Moreover, the participants from the people of EHLF on criminalisation workshop that will be implemented back-to-back will attend. 3 cancellations already were received due to sick leave and visa issues. In total, there will be more than 20 countries represented. For the workshop on work with media, 4 working groups will be implemented, three English speaking and one Russian speaking group. All 4 groups are facilitated by an SC Member and seconded by an office member.

# **7.7 CBVCT**

Shortly about the COBATEST network: the COBATEST Steering Committee worked on term of references of the Steering Committee and Membership profile during its meeting in April. The preparation of the SC Meeting in December back-to-back with the Member Meeting in Barcelona has already started.

### 7.8 Communication

AAE office is currently working on the update of the website, we are also working on our newsletters. We would need to get some feedback on that. Also, we use the European health policy platform and we are disseminating information on CSF. We changed from vkontakte to Telegram for our Russian speaking members, and now we are developing our Telegram channel. Twitter is also better engaged.

Working with journalists is more challenging at the European level compared to the national or local level. There are only a few journalists and media, mostly based in Brussels, who work on health issues. But that needs to be more looked into. AAE also might want to look into focusing on certain subjects with press releases directed to identified media and journalists. Apart from media work, it is key to disseminate and publish about the work and project results. This kind of communication is also important with regard to fundraising. It is suggested to work more closely with PR and communication officers in our organisations in order to have more NGO targeted communication. It is requested to have the communication related statistical data of AAE sent to the SC Members before the face-to-face meeting.



# 7.9 Fundraising

There is still a pending application regarding the funding of the EHLF project on people in prison and detention. The contract was signed by Deutsche Aidshilfe but has not been countersigned yet. Reports from other organisations show that there is a general problem that ViiV is about to solve. There will be a follow-up meeting with ViiV during EACS in Basel. Co-funding from Gilead and MSD was received as planned. Apart from that, we have co-funding from Gilead and Merck. In addition, a concept note for the affordability project was submitted to OSF.

There are several ideas, and the strategy development for the next four years (2022 – 2025) will start next year, what AAE should work on and how it could be potentially funded. We sometimes get requests from organisations for implementation of projects, for instance from UNAIDS with reference to the meeting in Warsaw on the situation of gay men and other MSM in Hungary, Poland and Turkey. But there is not necessarily a concrete funding plan or opportunity involved. Also, joint funding applications are sometimes suggested from other organisations. This is generally possible but always needs specifically looked into. An idea is expressed to prepare and conduct a webinar on fundraising for member organisations. Fundraising in general is always challenging as it needs to be conducted additionally. Invested man and woman power needs to stand in balance with the success of those efforts.

# Decisions and action points from the AAE Steering Committee Meeting in Berlin on October 17 & 18, 2019:

## Decisions taken by the AAE SC:

- 1. Richard was re-elected.
- 2. A Steering Committee Member who reapplies on behalf of a different organisation needs to reapply to an open call. Hence, Tanja can re-apply in the new call due to her representation of a new NGO in Serbia.
- 3. All three open positions should be re-filled. One call will be published with all three regions mentioned for the new SC Members.
- 4. The fixed seat of EATG on the AAE Steering Committee will end with the actual term at the end of 2020. A letter will be sent to EATG pointing out the reasons for ending this seat.
- 5. The host organisation can appoint the person and is not bound to terms anymore.
- 6. With regard to the evaluation protocol discussion, it is decided that an evaluation discussion should be added to the agenda of the SC meetings.



- 7. There is consensus to move away from HIV Outcomes. When and how needs to be discussed with other CSO partners. The Office is asked to prepare a template document with criteria for future endorsement and partnership that allows an analysis and evaluation of the request.
- 8. A working group on evaluation of the SC Members was set up with Christos, Richard and Marianella.
- 9. A working group on Collaboration between SC Members and the AAE Office was set up, with Sini, Richard, Michael and Ljuba.
- 10. AAE endorses HIV 2020. If there is a strict separation between Global Village and Conference meaning that the GV will be implemented in Oakland only while the conference is taken place in San Francisco, AAE will not attend the IAS 2020.

### **Action Points:**

	WHAT	WHO	WHEN
Α	Publish Steering Committee call on three new member as one	office	asap
	call		
В	Draft a letter to EATG in regards to their fixed seat at AAE	Office	asap but send it
			only after EACS
С	Publish letter to and from the MoH Albania as part of	Office	asap
D	Announce the endorsement of HIV2020	Office	asap
F	Draft a form which can be applied to requests of endorsements	Office and SC	For next meeting
	of groups and events funded by private sector companies	who were at	in May
		VE and HIV	
G	Present last figures of online communication	Office	For next meeting
			in May