AIDS ACTION EUROPE, 1. STEERING COMMITTEE MEETING ONLINE

JUNE 16, 22 and 29, 2020

VENUE: Online Platform

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Day 1, June 16th 2:00PM – 5:00PM

Steering Committee Participants: Aigars CEPLITIS, AGIHAS, Latvia; Christos KRASIDIS, AIDS Solidarity Movement, Cyprus; Julia GODUNOVA, E.V.A. Association, Russia; Marios Atzemis, Positive Voice, Greece, Silke KLUMB, Deutsche Aidshilfe (DAH), Germany; Sini PASANEN, Positiiviset ry, Finland; Tanja DIMITRIJEVIC, Nova +, Serbia

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

Apologies: Maka GOGIA, European AIDS Treatment Group (EATG)

1. Opening and follow-up from previous SC Meeting

1.1 Sini welcomes the SC and office to the first ever online AIDS Action Europe Steering Committee meeting.

1.2 Approval of the agenda: The agenda for the 3-day online meeting is approved. Yulia proposed to add discussion on how to report AAE activities on COVID-19, this could be covered on day one, future of AAE.

1.3 Approval of the October 2019 SC Meeting Report:

- Page 7, first paragraph, last sentence: “Man” needs to be replaced by “men”
- Clarification on 7.4 Affordability: There is a follow-up question regarding the communication with the EU Health Alliance after Marianella, who used to be the liaison for AAE with the Alliance, ended her term at the end of last year. Oksana and Ferenc are on the EU Health Alliance mailing list, follow discussions and share relevant information. The question also refers to better usage of

expertise of Steering Committee Members that is an item on the agenda for the Monday, 29 June – session.

- Page 18, headline: Member Meeting 2020 not 2019

Follow-up on decisions and action points

- Page 19, Decisions taken by the AAE SC: Decisions 7, 8, 9 will be further discussed during this meeting, partly due to changes of people on the SC.
- Page 20, Action Point C: the letter to Albanian MoH was not published due to being late from the actual activity. However, in future the office will focus on being more public on activities. Point G: online communication figures will be presented on day 3 of this meeting.
  No more comments on the meeting report. The report is approved.

1.4 Report from the office:

- CHAFEA approved the application for 2020 that was re-submitted in November 2019. AAE submitted the report on 2019 with all deliverables along with the financial report. Both reports and the deliverables were accepted without any amendments. AAE almost exhausted its budget. Furthermore, AAE sent the application for 2021 to CHAFEA. The application was prepared under the impact of COVID-19. All planned meetings with more than 15 people were shifted to virtual meetings apart from the AAE Member Meeting. For the member meeting it is described that a face-to-face exchange is of utter importance. However, if there is no option for implementing the member meeting, we have a mitigation plan. Furthermore, funding is including new lines, such as the improvement of our website, implementation of virtual technical and facilitation method trainings. The conference planned on affordability was shifted to an online format with a 20.000 EUR budget line. The overall budget plan is 20.000 EUR shy of the budget described in the FPA 2018 – 2021 for the next year.
- AAE applied for co-funding to ViiV, MSD and Gilead.
- CSF: In Sep/Oct 2019, news reached the CSF Coordination Team that the EU Commission will close the CSF and Think Tank. On 15 Nov the CSF Coordination Team met with the Commission in Luxembourg. It was suggested to move the CSF to the European Health Policy Platform (EU HPP). But this platform is just a communication instrument and is per se not by any means a replacement for communication, collaboration and representation of civil society. The CSF Coordination Team decided to organise its renewal by sending out a new call for membership. The process is now finalised. 61 organisations will form the new CSF. An introductory meeting is planned for Jul 3, 2020.
- AAE shared a call for three SC members. Tanja was elected for a second term representing a new organisation and Julia and Marios started in 2020 as new SC members. Additionally, Maka joined this year for the seat of EATG.
- COBATEST is a network of checkpoints based on community-based voluntary counselling and testing (CBVCT) principles. After subcontracting CEEISCAT in 2018 for monitoring and evaluation of CBVCT-data, AAE has been working on adequate representation of the facilities with working on governance and structure of the network: preparing terms of reference, election procedures, and member profiles.
- AFFORDABILITY: AAE implemented two webinars last year. We reached out to OSF for possible funding, but that was not successful. For this year, 10 national trainings were planned. One of

them was implemented before COVID-19 in Belarus. We are working on a contingency plan regarding the other nine trainings. Oksana will get in touch with the country representatives and see what else can be done in 2020.

- Sexual and reproductive health and rights (SRHR): The kick-off meeting of the quality improvement in combination prevention and ChemSex interventions project took place last year in July. The project partners got small grants to implement quality improvement into their projects on combination prevention and ChemSex interventions. The evaluation meeting took place in February 2020.
- EHLF: The reports for both EHLF projects are finished. The reports are now being laid out for wider publication. AAE will conduct two policy briefs this year and launch the reports. There is a question on which non-EU countries were involved in the "Prison/Detention" project. Ukraine and North Macedonia (non-EU) countries were covered by the project. AAE has applied for a project on discrimination in the health care sector and on creation of an own sub-website. Both applications are waiting for approval.
- AIDS 2020: Together with EATG we will have a virtual booth for 5 days. We were allowed to upload 5 documents. Moreover, for each day we have a one-hour slot for interaction with the audience.
- COMMUNICATION: AAE published a sub-section on relevant resources on COVID-19 and HIV, TB, and viral Hepatitis with references to publications and reports. Additionally, AAE published an article on public health measures in times of pandemics and their human rights relevance. AAE is observing with concern that some of the measures introduced during the pandemic do not comply with human rights. To learn about the perspective of its member organisations, AAE launched a survey with a focus on the impact of the measures on the organisations and their service provision.

2. Future of AAE and its work in times of SARS-CoV-2

Greece: In Greece, on a positive note, due to Coronavirus ARV was delivered for two months. Blood tests were postponed. HIV-clinics were out of reach for PLHIV as they became COVID focused infectious hospitals. During the lock-down time, Athens opened its first shelter for drug users, where also undocumented people have access. The sustainability is in question with regard to the economic impact. The COVID pandemics brought back experiences from the 2011-2013 outbreak as governmental structures froze and stopped outreach/street work. NGOs, such as PRAKSIS took over services, including food and medication supply. Another issue during the lock down is that sex workers got stuck without work and access to places where they could stay etc. CSOs gained a stronger position via their role in the pandemic. However, there is big fear regarding the economic recession that is to be expected and the consequences for the organisations. As a consequence of the pandemic situation, Greece introduced take home supplies. Drug users had to change from the city centre to the outskirts to buy drugs.

Latvia: The Latvian government faced challenges in rolling out testing; asymptomatic people were not tested so some cases were not diagnosed. Officially, tests were available but there was no real access. Support was also difficult to get, especially for those who had financial difficulties. Due to the economic impact, migration out of Latvia is expected to increase again. HIV services were not affected. You could get your ARVs via calling in to the clinic. OST was not interrupted either.

Serbia: The response was very much politicized, first the government was ridiculing the situation as they wanted to keep the elections. 10 days later, a state of emergency was introduced. Most services were kept and there was good cooperation between different institutions and services. Now the measures are easier, most things are opening up. The elections are at the upcoming weekend. Service provisions went back to normal, by appointment in the clinics. NGOs provide online counselling or supply delivery.

Russian Federation: ARV delivery system has been organized in 4 cities. There is less consultation on sexual health, people normally only ask about treatment access. Police has become more aggressive with drug users. The government is trying to support NGOs, but the system is very bureaucratic. EVA is collecting information from shelters regarding violence against women. People are more worried about their living needs than the Coronavirus as such.

Germany: OST was scaled up to provide support for drug users that couldn´t purchase their drugs. Drug consumption rooms in some places were closed down (depending on states and city regulations). Services are back to normal with extra hygiene measures. Counselling is mostly provided online or via phone. For PLHIV food delivery was also organized and other support services for those who couldn´t leave their homes. Sex workers are in a very bad situation now. Brothels are closed, support from the state is difficult to access. Reopening of sex services are still politicized while other body services such as physiotherapy centres are open again. There are questionable campaigns such as “the right time to have an HIV test is now” as it supposes that people didn´t have sex during the lockdown. There were some changes proposed to the infectious disease law that need to be carefully monitored by civil society as they might affect HIV regulations. One of the examples to still fight is that due to these changes now an employer can ask for an infectious disease test, including HIV. As of today, a Coronavirus tracing app is available. There are concerns about funding in many local organizations as a survey conducted by Deutsche Aidshilfe showed.

Finland: it is very similar to the German situation regarding key populations. In Finland NGOs get funds from the income/taxes of the gambling sector but as these places are closed, there is no money coming from this source. There is a 10% projected cut for NGOs. This might mean shutdown of some of the services. There was news about Russian citizens who got stuck in Finland and they ran out of medication. Some of them are living and working in Finland but still getting there ARVs from Russia. They prefer not to receive treatment from the Finnish health system as they are afraid that their HIV status gets public. Online services were not interrupted.

When it comes to the future of NGOs, there is discussion whether the organisations will get out of the crisis stronger because they could show again how much they are needed or whether funds in the health care systems will be allocated away from the HIV, TB and viral hepatitis field and that might put services at risk. There are arguments for developments in both directions and it cannot be determined yet where this will lead to. However, it becomes clear that our work will be affected by the pandemic situation at national and international level.

Day 2, June 22th 2:00PM – 5:00PM

Steering Committee Participants: Aigars CEPLITIS, AGIHAS, Latvia; Christos KRASIDIS, AIDS Solidarity Movement, Cyprus; Julia GODUNOVA, E.V.A. Association, Russia; Maka GOGIA, European AIDS Treatment Group (EATG), Marios Atzemis, Positive Voice, Greece, Sini PASANEN, Positiiviset ry, Finland; Tanja DIMITRIJEVIC, Nova +, Serbia

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

Apologies: Silke KLUMB, Deutsche Aidshilfe (DAH), Germany

Opening

Michael welcomes the SC members to the 2nd day meeting and introduces the topics for the day. Although it is a full programme, Maka and Christos will still have the floor to talk about their local situation re COVID-19 in their countries.

Christos explains the COVID-19 situation in Cyprus: AIDS Solidarity Movement was about to open their new place when the lockdown happened, so the opening had to be postponed. During the lockdown they continued the psycho-social support service online and via telecoms. Even the public HIV-clinic suspended most activities apart from emergencies and the HIV-clinic was not running in practice for routine monitoring and other services to PLHIV. There were issues with ARV supplies due to restrictions on moving around and transport. All other services were stopped, including testing for HIV. After the opening, services didn´t return immediately and Corona was used as an excuse for many things, including delays in providing data for the Dublin monitoring etc. ASM was also planning harm reduction training but due to the lockdown, they had to move their knowledge transfer part online and later they will do the practical parts in a face-to-face format. Regarding key populations: sex workers were without work and no state support was available. There was very little support, some food coupons were provided but those were also very difficult due to the illegal state of sex work in Cyprus.

Maka explains the situation in Georgia: Georgia introduced the same measures as other countries though had very few cases from the beginning. HIV-prevention services stayed active and also HIV-clinics became responsible for COVID-19 patients and introduced ARV delivery service to people who needed it. Harm reduction programmes increased the number of equipment delivered to social workers and clients to reduce number of client contact. They developed guidelines on how to provide services during COVID-19 times. HIV-testing stock outs happened. OST was provided for 5 days/visit to reduce risk of Corona infection. Vending machines of NSP and naloxone was also helping this situation in Tbilisi. There were some human rights violations in connection with service delivery towards people who use drugs. They are working on developing contingency plans for future outbreaks.
With regard to transition from international to domestic funding, Maka explains that Georgia is in the transition, from July 1st it´s 30/70 domestic/GF and from 2021 it will be 50/50 while the following year 70/30. The concern regarding transition and COVID-19 is that reimbursement of e.g. HIV-tests is based

on the number of tests performed, due to restrictions it can result in less funding for the future for these organisations.

3. Governance

3.1. Review

Backgrounder C explains the issues and suggestions for this topic, a short summary explains how AAE got to the geographical representation on the SC and its flaws. The office, in agreement with the Chair suggests going back to expertise and add geographical/sub-regional knowledge as an asset.

3.2. Discussion

The discussion centres on how with the elections, items such as gender balance or geographical balance can be ensured without being the main indicator. The suggestion described in Backgrounder C is supported in the discussion. If expertise is specifically asked for in the call, geographical representation will still be an item that counts during the selection procedure as an asset. The approach of personal interviews with shortlisted candidates has proven to be helpful.

3.2. Voting

Do you agree with the proposal of the office in Backgrounder C?
Present: 7 SC members
YES: 7
NO: 0
Abstain: 0

4. AAE and the industry

4.1. Presentation on HIV Outcomes

Sini presents the HIV Outcomes Initiative in regards of its history, activities and future planning in times of the COVID-19 Pandemic situation. The objectives of this initiative are: developing, engaging, sharing, and implementing. It started in 2016 and its first activities were the publication of three different articles and a booklet of recommendations. The recommendations are grounded on a patient-centred approach. The initiative is fully pharma funded. The HIV Outcomes Steering Group consists of AAE, AFEW International, Coalition PLUS, ECUO, EATG, national and international experts or representatives and representatives of Gilead, ViiV, ECDC and EACS. It works as a multi-stakeholder initiative with a steering group and a presidency. Secretariat and operational work are implemented by FIPRA, an agency working in public health.

4.2. Discussion

Background of this agenda point is the continuation of the discussion in Berlin. Initiatives like HIV Outcomes are pharma funded projects conducted by professional lobbying agencies such as FIPRA. Another agency whose work AAE is involved in is Virology Education. In contrast to AAE projects that are directly and transparently funded by industry, for instance in the EHLF, those two initiatives are supported by AAE without AAE receiving any direct funding. The lobbying agencies are working professionally under the involvement of agencies like ECDC, addressing politicians, governments, the Commission etc. The following opinions are expressed by SC members and office:

- AAE can participate in those projects, but AAE should not do it as priority.
- There are two main problems: On the one hand the participation on the structure AAE is in, and on the other hand how much our input is valued.
- In the CSF, pharma companies never had access although there were several approaches for participation.
- Pharma has its own agenda, but the governance structure is independent. Nobody in the steering group is paid. But the industry has representatives in the meetings. There's no money in it for NGOs. Some experts receive remuneration for writing the deliverables etc.
- The European Community Advisory Board is run by EATG. Patients/community representatives are asked to give input into projects. EATG has steering committees for different work groups but there is no pharma directly involved. ECAB is mostly involved in science, but not in access. AAE should become more involved in access issues.
- There is no ownership on behalf of the NGOs. FIPRA is doing the work of patient organisations, they do advocacy. NGOs are instrumentalised. The strategic question is: should we go ahead with cooperation and let them do the advocacy or should we do our own advocacy work only? There is leverage but no ownership.
- Maybe those agencies are doing our job because we are not doing it or not doing it well.
- AAE should not withdraw from HIV Outcomes only but check with the other NGOs how they think about it. AAE should try to find out, the concerns of the others.
- FIPRA is not only working on HIV but also on other diseases.

4.3. Result

There is no immediate decision taking needed. We should find out what other CSO involved think and them and FIPRA directly should be addressed in order to find out how we could increase ownership.

5. FPA 2022 – 2025

5.1 Background

This item on the agenda is to discuss the development of the FPA 2022-2025 and how to involve member organizations into this process since the Member Meeting 2020, which would have been the platform for discussing the strategic framework for this period of time, will not be happening face-to-face due to the COVID-19 situation. Therefore, it is suggested that we have an online consultancy process in order to receive the input of the members. Additionally, the office suggests building the concept of the FPA around human rights in the response to HIV, TB and viral hepatitis and the Office will present the backgrounder that was sent out in the course of the discussion (see Annex 2). There are huge discrepancies in advancing human rights in the region that result in big gaps in achieving the global HIV, TB and viral hepatitis goals and SDGs.

5.2 Discussion

Following point of views on the human rights approach as well as on the online consultation are expressed in the discussion:

- It needs to be considered that the usage of the term human rights can be difficult in EECA countries as it is perceived as a Western term although EECA countries have ratified or signed

human rights conventions. Against this background it seems to be even more important to continue to use this term.

- To reach out to the members online to ensure that their views will be shaping the future work of AAE is appreciated. But we need a process that is easy for the members to participate in.
- The office could come up with a survey including qualitative and quantitative questions. Additionally, an online - member meeting could be used to present and summarise the results in order to shape the strategic framework. The online survey can be used to determine the core thematic areas.
- The approach to base the strategy on human rights is good but also it is a bit broad and it would be necessary to get it more tangible.
- Besides CBVCT, additional topics that needs more attention are ChemSex and PrEP. Another thing would be sex work.
- The question, how topics like PrEP, ChemSex or sex work could be addressed under the human rights umbrella, is raised: With regard to sex work for instance, HIV is more of a problematic issue where sex work is not decriminalized. The right to self-determination would apply here. Also, there is the right to get the highest attainable health and when countries do not provide prevention methods including prevention to HIV then your rights are violated. If the FPA has a preamble focusing on explaining human rights and then we come up with specific issues for the region, they do not need to be all under one certain human right as these rights are all interconnected.
- A human rights approach would also support our advocacy efforts.

5.3 Next steps

The Office will develop an online consultancy to receive the input of the members. The AAE Member Meeting will be used to shape the strategic directions further. It's on the office then, with the support of the SC Members, to write the Strategic Framework for 2022 – 2025 and develop applications reflecting the process results.

Day 3, June 29th 2:00PM – 5:00PM

Steering Committee Participants: Aigars CEPLITIS, AGIHAS, Latvia; Christos KRASIDIS, AIDS Solidarity Movement, Cyprus; Julia GODUNOVA, E.V.A. Association, Russia; Maka GOGIA, European AIDS Treatment Group (EATG), Marios Atzemis, Positive Voice, Greece, Sini PASANEN, Positiiviset ry, Finland; Tanja DIMITRIJEVIC, Nova +, Serbia

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Apologies: Silke KLUMB, Deutsche Aidshilfe (DAH), Germany

OPENING

This online session focuses on improved usage of SC Members expertise and improved collaboration between the SC and the Office in developing and implementing future activities. SC Members were asked to describe their expertise prior to the meeting in writing (see Annex 3).

6. Improved usage of SC members expertise

6.1 Individual SC member presentations

The SC Members are asked to present their skills that they bring to the Steering Committee:

Sini: has been working in HIV Finland for over 12 years and has organization management experience. Advocacy experience at the national level on different topics: prevention, treatment etc. Her current interests include SRHR, criminalization and human rights and stigma. Positiiviset is a PLHIV led organization working on several interests of PLHIV, including new topics such as ChemSex and also offering CBVCT.

Yulia: is the director of the network EVA that works for and represents the interest of PLHIV, PUD etc. They have members in 38 regions of the Russian Federation. Yulia is also doing fundraising for her organization. Projects the organization conducts include rapid testing for key population groups, linkage to care, support project for women living with HIV, and case management provided for patients lost in linking to care. Yulia is involved in all steps of the processes of project application, management and reporting. Yulia´s organization also works on sexual health and domestic violence, doing research in this topic.

Maka: is leading the harm reduction programme in Georgia for over 10 years. She is a medical doctor and has a degree in public health. She also has expertise in testing for HIV, viral hepatitis, TB, and syphilis. Access to testing, treatment and care is also in her focus. Peer driven interventions. She has experience in research on HIV self-testing and HCV study. A planned study will focus on trans people and their needs regarding health interventions including HIV. Maka also has fundraising experience. She is also a trainer on supporting linkage to care and adherence to HIV treatment and HCV. Moreover, she is a member of the EUROTEST initiative. Maka is representing EATG on the AAE SC. She joined EATG due to advocacy interests at the regional level.

Aigars: represents AGIHAS on the AAE SC. It is the oldest PLHIV organization in the Baltics. Peer to peer support for PLHIV, hepatitis patients and their families, linkage to care and treatment literacy, and advocacy are working contents. Projects include mothers and infants (providing formulas for mothers living with HIV); adherence support for PLHIV in the infectious clinic; and research on why people do not use ARV, although they are accessible. Agars' interest is to bring modern technologies and virtual reality tools into the work of the organization. Aigars is currently vice-chair of AGIHAS, on a voluntary basis and is focuses on international representation of the organization. His personal interest is health systems and sustainable HIV and HCV policies. He is focal point on healthy living/healthy ageing with HIV providing information on latest treatment information.

Marios: Positive Voice is as Greek association of PLHIV a patient organization that also focuses on LGBT issues and human rights of PLHIV and other key populations. Their work includes peer to peer support; individual ChemSex support; advocacy from local to the national level; running Checkpoints in Athens and Thessaloniki (HIV, viral hep B and C); street work project transformed during the COVID epidemic by distributing sterile injection equipment and COVID prevention for PUD. Positive Voice is present in different European and international organizations, organizes events and informational seminars. Marios is responsible for activities on harm reduction and aimed at the PUD community: street work project; peer to peer support for PUD; linkage to care not only for PUD but sex workers and refugees that need to be linked to the clinics. Marios also represents Positive Voice at national and international level on harm reduction issues. He designed information seminars for former and active users and the general population. Greece is a hostile environment for advocacy.

Michael on behalf of Silke: DAH is an umbrella organization of local Aidshilfen organizations. DAH is the main advocacy organization in Germany, the MoH count on DAH as CS and key population representatives. DAH was established historically to support and implement prevention work for and by key populations. DAH provides trainings and knowledge transfer for local organizations, but also to specific groups like doctors and dentists, key population representatives etc., e.g. the "Let´s talk about sex" project is directed at doctors on how to talk about sex and sexuality in the health care context. DAH is also representative of PLHIV in Germany. Silke is the CEO, she has organization management and fundraising experience. She is responsible for the collaboration and communication with the member organizations. She also has experience on media work, training, and communities in general.

Christos: AIDS Solidarity Movement was established in 1989 in Cyprus. Small organization with few members. Their main focus is supporting PLHIV and partners, families and friends, one of their projects is employing a psychologist based in the only clinic of Cyprus. In 2015, they started working for the LGBT community and started running a checkpoint. They also became more active in international work. Furthermore, they focus on advocacy as for instance with regard to PrEP, and they conducted a ChemSex research. Christos is involved in many activities and functions. Christos is a trainer and a community health worker providing testing.

Tanja works as programme manager for NOVA+. NOVA+ runs a drop-in centre. She provides counselling and online support mostly. Main focus is HIV prevention for vulnerable populations. She works in administration and counselling online, attends meetings, works on developing educational material and communication, reviews policies and writes recommendations.

The facilitator requests the office to also run through their expertise:

Michael holds two masters, one in education and one in public health. He worked in Ukraine for 4 years and in the Berlin gay counselling centre. He has extended experience in fundraising.

Ferenc has been living with HIV for 14 years. He worked in a Hungarian human rights organisation and was for 6 years a Steering Committee member of AIDS Action Europe. Afterwards, in 2015, he joined the AAE Office as project manager. Has was an NGO Delegate from Europe to the UNAIDS PCB.

Oksana studied political science and psychology. She worked on viral hepatitis in Ukraine. She joined AAE in 2016, first on communication as replacement while Ljuba was on maternity leave and later working more on projects: affordability, EHLF, CSF and COBATEST.

Ljuba came to Germany from Russia in 1993. She worked with refugees while studying, currently part-time back to university studying to get her master in European ethnology. She worked in Kyrgyzstan for 2 years. She is planning to do research on women living with HIV in Tajikistan. She started working in AAE after the office transferred from Amsterdam to Berlin. She also worked with online journalism and communication before AAE. Apart from communication, Ljuba also works on project interest such as the SRHR project.

Both, Ljuba and Oksana, have experience in working in European projects such as HAREACT, Quality Action and ECHOES.

6.2 Discussion on the focus of AAE work in the future:
With having laid out all AAE expertise, it is now important to align experiences, skills and knowledge into future strategy and work plans of AAE.

So far, AAE has focused on following six core thematic areas: affordability, CBVCT, discrimination and stigma, SRHR, criminalisation, and tackling legal barriers. Harm reduction for instance has so far not been at focus although AAE completely supports it, but more against the background that other organisations like Correlation or EHRA are working on it. Maka would like to hear more about the projects and portfolio AAE has.

Steering Committee members name following issues that out of their perspective are very important:

- In the Russian Federation a new topic that is discussed is ChemSex. Furthermore, access to condoms and other prevention methods are important.
- Self-testing, affordability, and alternative ways for prevention services
- Any organisation that works on HIV and viral hepatitis should have harm reduction at focus.
- General health policies, health system strengthening, stigma, and awareness.
- AAE should strengthen its bridging role between communities and other stakeholders.
- For Serbia legal barriers to CBVCT services and access to PrEP would be important to be taken up.

From the office it is added that communication is an important cross-sectional activity. SRHR is a very broad topic that has been worked on with the methods developed in the Joint Action on Quality Improvement. AAE is part of the PrEP in Europe Steering Committee and also works together with organisers of the ChemSex Forum.

6.3 Improved collaboration between SC members and the office

The first and only issue in this discussion popping up is the better usage of knowledge and expertise ex-AAE-SC Members. Although, in an informal way, ex-SC Members are collaborating with the Office in projects but there is no formal structure. To bind expertise beyond the maximum 6 years of SC membership could increase identity building for AAE for current and former SC Members.

7. CLOSING SESSION

- It is suggested to have an evaluation discussion during the next call on how to improve online meetings as it will be the new normal. Having the minutes earlier, as they were now provided after each session, helps.
- Other forms of communication, such as slack, might be useful to explore.
- As for the member meeting and future long-term strategy, there will be first an online consultation of AAE member organisations. An online member meeting in October-November will build up on the results of the consultation. A new strategic framework will be built on the outcomes of member consultation and member meeting. An application based on the new strategic framework could be submitted to European Commission / CHAFEA but also to other funding organisations like the Robert Carr Fund.
- The office will come back to the SC in the near future regarding timelines and plan for the consultation with our members.

Decisions taken by the AAE SC:

1) VOTE on Backgrounder C: Geographical representation of Steering Committee or balancing of expertise, skills and geographical background of SC Members

   In the future, AAE should go back to the former procedure and not address calls with reference to the geographic region. Instead, regional representation could be asked for as one of the criteria among others in order to ensure regional balance as it is agreed that not all Steering Committee members should come from the same region. Calls could be addressed looking for people with expertise and skills in certain areas (fundraising, harm reduction etc.) and being based in a certain part of the WHO European region.

   Do you agree with the proposal of the office in Backgrounder C?

   Present: 7 SC members

   YES: 7

   NO: 0

   Abstain: 0

Action Points

	WHAT	WHO	WHEN
A	To increase ownership in the HIV Outcomes initiative AAE should reach out to the other CSO involved as well as to FIPRA directly	Michael, Sini	In the near future
B	Evaluation discussion during the next call on how to improve online meetings	All	October 22, 2020
C	Office will develop online consultancy survey in order to shape future contents and activities by the input of AAE Members and Partners	Office	asap

Annex 1: Backgrounder C - Geographical representation of Steering Committee or balancing of expertise, skills and geographical background of SC Members

Background: During the last Steering Committee Meeting it was decided that the next due call for SC Members towards the end of 2019 for three vacant positions should include regional representation. Accordingly, a call was sent out for three different regions: Eastern Europe, South East Europe and South EU Region.

While preparing the call and conducting the selection process, following challenges occurred:

1. AAE does not have a clear classification of regions and their countries. There has not been a decision on which countries belong to which region, for instance which countries belong to Central Europe.
2. Also, it was never decided how many regions there are: Southern Europe, Northern Europe, South West Europe, Central Europe etc.
3. The call suggested that every SC Member represents a certain region and that there would be the respective number of seats on the Steering Committee (for instance 7 SC Members representing 7 regions + host organisation representative)
4. It also suggests that an SC Member can represent the respective region. However, it cannot necessarily be expected that for example a member from Italy knows about and can represent Portugal and Spain as countries from “Southern Europe”. Moreover, countries from the same geographical region may have different epidemiologic situations, health systems, political systems etc.

Suggestion for future calls

Out of these reasons, the AAE Office suggests:

In the future, AAE should go back to the former procedure and not address calls with reference to the geographic region. Instead, regional representation could be asked for as a criteria among other criteria in order to ensure regional balance as it is agreed that not all Steering Committee members should come from the same region. Calls could be addressed looking for people with expertise and skills in certain areas (fundraising, harm reduction etc.) and being based in a certain part of the WHO European region.

Annex 2: Backgrounder D - Suggestion paper on human rights-based approaches as basis for the development of FPA 2022-2025

Background: The AIDS response has demonstrated that the importance of human rights, legal protection, prohibition of discrimination are essential in the public health response to HIV/AIDS, thus human-rights based approaches have been emphasized to be imperative in any public health policy, legislation and practices addressing PLHIV and key populations to reach the aim of ending AIDS as a public health threat by 2030. (Sustainable Development Goals – SDG)[1]

Relevance of human-rights in the HIV, TB and viral hepatitis-response in Europe: Europe, especially the European Union[2] has always been considered as the citadel of human rights and democracies, where every citizen´s rights are protected and in case of violations, effective remedies can be sought both at the domestic and international (European) courts. Regardless of all the efforts of advocacy and strategic litigation, PLHIV and other key populations´ rights are still not fully realized in any of the countries that belong to the Council of Europe[3] (currently 47 countries of the WHO Europe region). In recent years we have also experienced backlash on human rights and freedoms due to security reasons, conservative ideology and very recently due to public health threats, which all have had an effect on the HIV-responses and the lives of PLHIV and key populations. The 3 projects (access for migrants with irregular status, people in prison and closed settings, HIV-criminalization) conducted by the European HIV Legal Forum also show that where human rights of the PLHIV and other key populations or the general public are not respected and fully realized without discrimination, the HIV responses cannot produce sustainable results towards ending the AIDS epidemic. When talking about human rights in the HIV/AIDS response, we must address both civil and social, economic and cultural rights, as the right to information and education or the right to association is as crucial in working towards the right to health as one individual´s right to privacy and self-determination.

Suggestion: The AAE office, after several discussions, came to the suggestion that the next strategic framework and consequent FPA application should be based on human rights. Strategic goals and activities in the next four-year strategic framework of AAE should refer and can be subsumed under human rights and human rights-based approaches . They should address an intersectional approach so that the fundamental rights to health and health care can be achieved for all in Europe.

[1] https://sustainabledevelopment.un.org/?menu=1300
[2] https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=CELEX:12012P/TXT
[3] https://www.echr.coe.int/Documents/Convention_ENG.pdf

Annex 3: List of up to four items of skills or fields of expertise that Steering Committee Members can provide to the AAE Steering Committee

Christos:

1. Pro Training: (Sexual health, HIV/HCV/HBV/STIs, Combination Prevention, Testing & Counselling, Advocating, Negotiating, Presentational Skills, Copyright, etc.)
2. Community Testing & CBVCT: Establishment/Management/Community Work/Testing/Data Management.
3. Communication & Promotion: Social, Community and Traditional Media, Multimedia Producer.
4. Advocacy: Human Rights, Access to PrEP, Access to ART, Affordability of Meds.

Marios:

1. Harm Reduction including peer to peer support and training of safer drug use
2. HIV advocacy with emphasis on trainings/informative/educational seminars to many different social groups like students, law enforcement units, active and former drug users
3. Drug Policy with a focus on the meaningful involvement of the directly affected community and human rights

Silke:

1. organisation management
2. fundraising (public funding, private funding, donations...)
3. collaboration with the member organisations (DAH being an umbrella organisation with 120 member organistions)
4. communication: media work, with parlamentarians, community, training

Tanja:

1. HIV with focus on prevention; SRHR; Harm Reduction; Post-Penal Support; Human Rights; Gender; Mental Health; Community Work; Public Policies; Strategic Planning; Social Media, Podcasting, Blogging, Content Writing, Editing; Research; Developing publications, booklets etc.; Event Management
2. Trainings: Digital Activism, External and Internal Communication, Combination Prevention, Mental Health, SRHR, Strategic Planning, Post-Penal Support, Gender, Harm Reduction, Stigma and Discrimination

Maka:

1. harm reduction
2. Peer Driven Intervention
3. Public Health
4. HIV and HCV screening, PoC diagnostics and linkage to care
5. Research
6. Program management
7. fundraising
8. collaboration with the other stakeholders

Yulia:

1. fundraising: state and international funds (organization of the fundraising work of the CSOs team; work during the period of increasing competition among NGOs, fundraising for the network organization)

2. negotiations with state authorities (building a network organization as a bridge between patients and the state; making proposals to national documents, speeches at closed and open meetings)
3. organization of a cascade of services to key groups (rapid testing, linking, retention)
4. gender studies (development and support in implementation, taking into account national policies and the level of knowledge of specialists included in the implementation of gender)