



A Europe free of AIDS, TB and viral hepatitis - and no one left behind

Webinar Report

EU Civil Society Forum - Thematic Network on HIV, TB, viral hepatitis, and STIs

Eliminating Stigma, Discrimination and Criminalisation of Key Populations

17.03.2023 from 11.00 to 12.45 CET

Agenda

TIME	TOPIC & SPEAKER
11:00 – 11:05	Welcome by the Civil Society Forum (CSF) Coordination team Sini Pasanen, Positiiviset ry, HivFinland
11:05 – 11:15	Introduction by the European Commission Martine Ingvorsen, DG SANTE
11:15 – 11:45	Session A: Stigma, Discrimination and Criminalisation: supported by data <i>Guiding questions: “What do we know/ don’t know, what can we do to improve that/are there any good practice(s)?”</i> <ul style="list-style-type: none"> • Findings of the ECDC report “Community Stigma Analysis” Teymur Noori, ECDC • The Global Perspective on HIV-related Stigma and Discrimination, Florence Riako Anam, GNP+ • Criminalisation of PLHIV, Edwin Bernard, HIV Justice Network
11:45 – 12:00	Reaction to the Session A + Q&A
12:00 – 12:30	Session B: Lived-experiences of stigma, discrimination and criminalisation, and how they affect the quality of life, access to HIV and co-infections prevention and treatment services. Statements <i>Guiding questions: “What are the key challenges/ barriers? What can be done to change that?/Are you aware of good practice(s)”</i> <ul style="list-style-type: none"> • Ricardo Fernandes, EATG • Jules James, ESWA • Anton Basenko, INPUD • Amanita Calderon Cifuentes, TGEU • Juddy Akello, Africa Advocacy Foundation • Simona Barbu, FEANTSA
12:30 – 12:45	Q&A Final remarks Sini Pasanen, CSF coordination team

Welcome by the Civil Society Forum (CSF) Coordination team, Sini Pasanen

Sini Pasanen, on behalf of the Coordination Team of the EU Civil Society Forum on HIV, Tuberculosis and Viral Hepatitis, welcomed everyone to the webinar organised by the Thematic Network on HIV, TB, Viral Hepatitis, and STIs. Sini Pasanen introduced the agenda, which included two main sessions: evidence-based insights on stigma, discrimination and criminalisation faced by people living with HIV and key populations, and lived experiences of community speakers discussing the impact of stigma and discrimination on their quality of life and access to health services. Participants were encouraged to share their questions and comments in the chatbox throughout the webinar, as the input would contribute to the development of a joint statement. This statement aims to highlight good and promising practices that should be scaled up to reach relevant Sustainable Development Goals and other global and regional targets.

Sini Pasanen introduced the structure of the webinar. Session A included three presentations, with each speaker given slightly more time due to the absence of one presenter. A 15-minute Q&A session follows the presentations. There was a slight change in the order in the Session A, according to which Martine Ingvorsen, DG SANTE would give an introduction in the end of the session. Session B: Lived Experiences of Stigma, Discrimination, and Criminalisation. In this session six community speakers would share their experiences on the impact of stigma, discrimination, and criminalisation on their quality of life and access to HIV and co-infection prevention and treatment services.

Session A: Stigma, Discrimination and Criminalisation: supported by data

Teymur Noori, European Centre for Disease Prevention and Control (ECDC)

Teymur Noori began the presentation by sharing that the European Centre for Disease Prevention and Control (ECDC) has been monitoring the HIV response against UNAIDS targets across Europe and Central Asia. He highlighted that while there is adequate data for most of these goals and targets, information on stigma has been lacking for over 15 years. In response to this data gap, ECDC collaborated with the European AIDS Treatment Group and AIDS Action Europe to conduct a stigma survey. Launched in November 2021, the survey ran for three months and garnered more than 3,000 responses from 54 of the 55 countries in the region. Notably, 98% of respondents with HIV were on antiretroviral therapy (ART).

Teymur Noori then discussed some of the survey's findings. He reported that 28% of respondents felt ashamed of their HIV status, while a similar percentage experienced poor self-esteem due to their status. Additionally, 58% found it challenging to disclose their HIV status to others. He mentioned that the survey also revealed high levels of stigma experienced among those who rated their life satisfaction score or status of health as low.

The presentation emphasised the connection between mental health and stigma. People with markers of depression were found to be twice as likely to experience HIV-related stigma. Teymur Noori also touched upon the importance of analysing differences in experienced stigma among key populations.

The survey will be repeated several times until 2030, with the hope of securing additional funding for promotional efforts. He mentioned the work with the European AIDS Clinical Society (EACS) to develop a tool to measure stigma in healthcare settings.

In conclusion, Teymur Noori underlined the importance of obtaining European-wide comparable data on stigma among people with HIV for the first time. He stressed the need for more efforts to address stigma and improve the quality of life for those living with HIV. Teymur Noori acknowledged his colleagues from the National AIDS Trust (Cheryl and Annie), European AIDS Treatment Group, AIDS Action Europe, and all people living with HIV who participated in the survey.

Florence Riako Anam, GNP+, The Global Perspective on HIV-related Stigma and Discrimination,

Florence Riako Anam talked about the importance of understanding the experiences of stigma and discrimination in people living with HIV. Data gathered through the Stigma Index has shown that stigma and discrimination act as barriers to accessing HIV prevention and treatment services. Additionally, internal stigma has increased the need for mental health services among people living with HIV and key populations, as it denies them the ability to enjoy a good quality of life.

Florence Riako Anam introduced the Global Partnership for Action. The Global Partnership for Action is a collaboration between governments, civil society, and UN agencies to work together, leveraging their skills and opportunities to end HIV-related stigma and discrimination at every level: country legal and policy frameworks, institutions such as workplaces and healthcare facilities, society, and communities. The partnership aims to keep all parties accountable to delivering on the 10-10-10 targets outlined in the Global AIDS Strategy.

Luxembourg joined the partnership in 2022, becoming the first EU country to do so, with Member of Parliament Mark Angel acting as the UNAIDS Red Ribbon leader for the 10-10-10 targets. Spain is also increasingly prioritizing HIV stigma and discrimination. Currently, there are 33 countries committed to the Global Partnership.

The Global Partnership for Action explained how to join the Global Partnership. Countries interested in joining the Global Partnership typically receive a letter through UNAIDS. Discussions take place regarding the benefits and engagement expectations. Countries then send a letter of acceptance, and a country-led multi-stakeholder mechanism is set up with support from GNP+ and other technical working group leads.

Florence Riako Anam highlighted several campaigns and partnerships, such as the "More Than It" anti-stigma campaign launched on Zero Discrimination Day and the "NotACriminal" campaign, which focuses on addressing stigma and targeting punitive laws. Seven countries within the Global Partnership are currently developing targeted legal and political advocacy campaigns.

Florence Riako Anam mentioned that GNP+ works with countries at the national level to support a rights-based approach to service delivery and resource planning for people living with HIV and key populations. They collaborate with governments and the UN to address the social barriers faced when accessing HIV prevention and treatment services. Florence Riako Anam shared the ongoing work across the 10-10-10 targets.

Edwin Bernard, HIV Justice Network, Criminalisation of PLHIV

Edwin Bernard introduced the HIV Justice Network. The HIV Justice Network is a community-based non-governmental organisation headquartered in the Netherlands that focuses on coordinating a global response to HIV criminalisation. This practice involves the unjust and inappropriate use of criminal or public health laws against people living with HIV based on their known or perceived status.

As presented by Edwin Bernard, globally, 129 countries either have HIV-specific criminal laws or have applied general criminal laws to people living with HIV in the past decade. Laws and prosecutions often overreact to zero or negligible risks of HIV transmission, ignoring up-to-date scientific knowledge and medical advances. These laws disproportionately target marginalised populations and perpetuate homophobia, gender inequalities, xenophobia, racism, and HIV-related stigma.

Edwin Bernard then presented a slide and a quote of Justice Edwin Cameron, a former Justice of the Constitutional Court of South Africa, himself living with HIV, that highlights the negative effects of HIV criminalisation. He states that it reinforces stigma, making it more difficult for those at risk of HIV to access testing and prevention. Additionally, it complicates the lives of those living with HIV,

as they face challenges in talking openly about their status, getting tested, and receiving treatment and support.

Edwin Bernard presented an overview of HIV criminalisation in Europe and stated that HIV criminalisation is prevalent in both Eastern and Western Europe. Eastern Europe has many countries with HIV-specific criminal laws, while Western Europe typically applies non-HIV specific criminal or similar laws in an overly broad manner. Some countries have made progress in repealing or reforming their laws, such as Denmark, the Netherlands, Norway, Switzerland, and Sweden.

Edwin Bernard presented good practice examples:

- Courts: The Netherlands became the first country in the world to limit the law based on actual HIV risk through litigation. More recently, Colombia and Kenya's highest courts have found HIV-specific criminal laws unconstitutional based on rights to privacy, equality, and non-discrimination.
- Parliament: In 2011, Denmark suspended its HIV-specific law based on scientific evidence, while several U.S. states, an Australian state, and Zimbabwe have recently repealed their laws due to evidence of ineffectiveness and selective/arbitrary prosecutions.
- Guidance for prosecutors or training for judges can help improve the criminal legal system's approach to HIV criminalisation. Limitations of phylogenetics for proof of timing/direction of transmission, and impact of HIV treatment on transmission risk were incorporated into prosecutorial guidance for England & Wales in 2008, and Scotland in 2012. The UNDP-convened African Judges Forum trained judges, which resulted in positive judgments regarding HIV criminalisation cases. Edwin emphasized the importance of proper training for judges to make informed decisions in these cases.

Edwin Bernard provided the following recommendations for addressing HIV criminalisation:

- Continue challenging national laws in courts and attempting to change laws in parliaments, using successful examples such as Denmark, Montenegro, Norway, Sweden, and Switzerland, where HIV specific or communicable disease laws have been suspended, reformed, or repealed. There are still opportunities for reform or repeal of HIV specific laws in Albania, Latvia, Malta, Moldova, North Macedonia, Poland, Russia, Romania, Serbia, Slovakia, and Ukraine.
- Issue directives or guidance and provide training for criminal legal system actors. In 2018, the Federal Government of Canada issued a directive to prosecutors. In 2020, UNDP issued global generic guidance for prosecutors that could be implemented in each country. Recently, the US Centres for Disease Control published a legal and policy assessment tool on HIV criminalisation. Edwin suggested the possibility of the ECDC or WHO Europe or another EU Body issuing similar directives or policy assessment tools, or guidance to limit prosecutions using general laws or support training for criminal legal system actors.
- Work with the European Commission to educate EU parliamentarians and policymakers about the harms of a punitive approach to HIV and other communicable diseases. Ensure that criminal legal system actors, such as police, prosecutors, and judges, across Europe, have adequate guidance and training. Ensure access to justice for people living with HIV by funding and training public defence lawyers and community paralegals. Lastly, listen to, work with, and fund civil society who are the experts on the impact of punitive laws on their communities.

Edwin concluded his presentation by emphasising the need for an enabling legal environment and the removal of punitive and discriminatory laws and practices, including HIV criminalisation, in alignment with the Global AIDS Strategy.

Introduction by the European Commission, Martine Ingvorsen, DG SANTE

Martine Ingvorsen, Policy Officer for HIV/AIDS, Tuberculosis, and Hepatitis at DG SANTE, introduced the session. She shared her experience working in the field of vaccination and her recent transition to her current role. Martine Ingvorsen highlighted the persisting public health concern of HIV in Europe, with nearly 17,000 new HIV infections and 1,900 AIDS diagnoses reported in the EU/EEA in 2021. Although the trend in reported HIV diagnoses has been declining since 2012, testing activities have been reduced during the COVID-19 pandemic, which may impact the overall downward trend.

Martine Ingvorsen emphasised the importance of prevention and expanding access to testing facilities to achieve the United Nations Sustainable Development Goal 3.3. This goal aims to end the epidemics of AIDS, tuberculosis, malaria, and neglected tropical diseases and combat hepatitis and other communicable diseases by 2030. Prevention strategies include access to condoms, pre-exposure prophylaxis (PrEP), and harm reduction interventions such as needle exchange for people who inject drugs. Martine Ingvorsen stated that addressing the stigma, discrimination, and criminalisation faced by people living with HIV is crucial, as these factors can prevent individuals from getting tested even when testing facilities are available. And continued that the webinar aimed to raise awareness about these issues and discuss potential solutions.

Martine Ingvorsen also informed about the European Health Security Committee and the recently established Commission Public Health Expert Group (PHEG), which aims to advise the Commission on policy developments and transfer best practices related to major public health challenges, including HIV/AIDS, Tuberculosis, and Hepatitis. The European Centre for Disease Prevention and Control (ECDC) was acknowledged by Martine Ingvorsen as a key partner in supporting member states in controlling infectious diseases, with Teymur already presenting the work that ECDC has done and will continue to do on stigma and discrimination for people living with HIV. In conclusion, Martine Ingvorsen, on behalf of the DG SANTE, wished the attendees a good webinar.

Reaction to the Session A.

The chatbox Q&A

Two comments were made in the chat. One was concerned with the legislative changes in Poland and the other one in Ukraine. Magdalena Ankersztejn-Bartczak wrote that in Poland, there was a change in legislation in 2020, which was related to the COVID pandemic. In Ukraine, there was a recent change in the HIV law that is expected to have an effect on criminal law. Anton Basenko clarified that the aim is to decriminalise HIV transmission. He added, there is currently a law being discussed in the Ukrainian parliament that focuses on the decriminalisation of drug possession. Edwin Bernard shared the HJN's analysis of the law in Ukraine <https://www.hivjustice.net/country/ua/>.

Discussion

Teymur Noori commented on the challenges faced in gathering data on stigma, discrimination, and criminalisation from countries. He expressed interest in collaborating with Edwin Bernard and his organization to collect more accurate and useful data on criminalisation. Edwin agreed and highlighted the importance of working together similarly to the way his organisation worked with UNAIDS to ensure they had the correct data for their efforts.

Amanita Calderon-Cifuentes raised a question regarding whether any efforts are being made to understand how transphobia, homophobia, racism, xenophobia, and other forms of discrimination affect accessibility to HIV-related services and the quality of life for people living with HIV.

Florence Riako Anam discussed the need for funding research as well as post-research actions to support communities in addressing social barriers and stigma. Florence mentioned the "NotACriminal" campaign as an effort to bring together different groups working against criminalisation.

Teymur Noori acknowledged Amanita's point and mentioned that ECDC does not have data in this area, but he expressed interest in discussing further how they could collect important data for these issues and advocacy purposes.

Edwin Bernard emphasised the importance of an intersectional analysis to understand the different ways people are stigmatised, discriminated against, or criminalised. He urged for solidarity and cooperation among different groups and organisations to find solutions and work together more effectively.

Session B: Lived-experiences of stigma, discrimination and criminalisation, and how they affect the quality of life, access to HIV and co-infections prevention and treatment services

Sini Pasanen opened the Session B and introduced the speakers.

Ricardo Fernandes, European AIDS Treatment Group, EATG

Ricardo Fernandes, a CIS gay man living with HIV for 23 years and working with people affected by HIV and associated infections for over 15 years, shared his personal experiences and insights on how stigma and discrimination have impacted people's lives. He emphasised that despite scientific advances improving the quality of life for those with HIV, social progress has lagged behind. Ricardo Fernandes recounted his own fears of accessing treatment and dealing with the anxiety of living with HIV. He admitted that he made choices due to fear and stigma, including staying in an emotionally abusive relationship because he thought no one else would accept him. He also highlighted the increased rates of depression among those living with HIV, particularly among gay and trans people.

Ricardo Fernandes stressed the importance of understanding that some communities are more affected by stigma and discrimination than others, such as migrants, people who use drugs, sex workers, and transgender people. These communities often face additional barriers to accessing treatment and support, leading to further health disparities. He mentioned that some countries have implemented tailored responses to address the unique needs of these populations, but many have not, allowing stigma to persist. He cited ongoing violations of reproductive health rights for women with HIV, the treatment of migrants as second-class citizens, and the denial of rights for trans people as examples of ongoing challenges. Ricardo Fernandes emphasized the need to combat xenophobia, homophobia, and transphobia to improve public health and the quality of life for all those affected by HIV.

Fernandes shared two examples of the HIV Antidiscrimination Center's in Portugal and its successful advocacy efforts: Public swimming pool regulations: After discovering that many public pool regulations in Portugal were outdated and discriminatory towards people living with HIV, the center filed a complaint with the attorney general's office. As a result, the regulations were amended, and people living with HIV can now access public swimming pools without discrimination. The "forgetting law": In collaboration with members of parliament and other patient organizations, the center helped change legislation to allow people with chronic or acute illnesses to access health insurance based on their current risk. This law, which has been approved, ends inequalities and discrimination for people who have overcome diseases such as hepatitis, transplantation, or cancer.

In 2022, the HIV Anti-Discrimination Center launched a visibility campaign featuring 10 people living with HIV, who shared their stories and showed that they have ordinary lives like everyone else. The campaign received good media coverage and was displayed in major cities across Portugal.

Fernandes concluded by emphasizing the importance of increasing health literacy and promoting human rights to combat stigma and discrimination, not only for HIV but also for other infectious diseases. He urged for more outreach to those who need to hear these messages the most.

Jules James, European Sex Workers Rights Alliance, ESWA

Jules James, a sex worker and program officer at the European Sex Workers Rights Alliance (ESWA). ESWA represents over 100 organizations in 35 countries, providing services to thousands of sex workers, including LGBTQI and migrant sex workers.

Jules James emphasised the negative impacts of criminalisation on the health and wellbeing of sex workers. This statement is backed up by the research. Jules James referred to the studies on criminalisation and sex work: A 2018 study from the London School of Hygiene and Tropical Medicine found that sex workers in criminalized environments were twice as likely to have HIV and other STIs and three times more likely to experience sexual or physical violence compared to sex workers in non-criminalized environments. The study can be found here <https://www.lshtm.ac.uk/newsevents/news/2018/criminalisation-and-repressive-policing-sex-work-linked-increased-risk>

Jules James further introduced the report by Doctors of the World, conducted in partnership with 10 community organizations in France, evaluated the impact of the 2016 law that criminalised clients and third parties. The report found that 63% of sex workers experienced worse living conditions, greater isolation, and increased stress, while 78% reported a loss of income. The report can be found here https://www.medecinsdumonde.org/app/uploads/2022/04/Web_EN_rapport-prostitution-finale-1.pdf

Jules James argued that criminalisation, stigma, and discrimination are interconnected and contribute to sex workers' limited access to healthcare and higher likelihood of contracting HIV. A study conducted in decriminalised environments in New Zealand and some Australian states concluded that decriminalisation is a necessary first step in addressing health and social inequalities among sex workers. The study also suggested promoting and funding peer-based service provision. . The study can be found here https://www.researchgate.net/publication/366309402_The_Health_and_Well-being_of_Sex_Workers_in_Decriminalised_Contexts_A_Scoping_Review

In conclusion, James urged adopting a human rights-based framework instead of a moral approach to sex work and invited NGOs and other organizations to include sex workers in decision-making processes and data collection. Countries and policymakers fighting against HIV stigma must also work towards decriminalizing sex work and fighting stigma and discrimination against key populations, including sex workers.

Anton Basenko, International Network of People who Use Drugs, INPUD

Anton Basenko, Chair of the Board of INPUD and a representative of the Eastern Europe and Central Asia region, has over 20 years of drug use experience and has been living with HIV for the same duration. He discussed the dangers, stigma, and discrimination faced by people who use drugs in the region, mainly due to the post-Soviet legal framework and lack of acceptance for adult substance use. Anton Basenko identified primary sources of stigma and discrimination for people who use drugs:

- Repressive drug policies and criminalisation of drug use or possession in the region, which leads to prisons being filled with drug users.

- Law enforcement agencies and medical staff who often stigmatise and discriminate against drug users, denying them access to services and treatment.
- Media that spreads biased and inappropriate information about drug use and dependence, fueled by Russian geopolitical influence, which promotes an anti-harm reduction and anti-opioid agonist therapy agenda.
- High levels of self-stigma among people who use drugs, limiting their access to official authorities and services when needed.

The current war in Ukraine has further exacerbated these issues, as millions of Ukrainians, including drug users, have become refugees in European Union member states. These individuals often hide their drug use, HIV status, or substitution therapy to avoid being denied access to services or opportunities. As a result, they may be placed in locations far from necessary medical resources, compounding the challenges they face.

While there have been some positive changes due to training for law enforcement, media, and medical professionals, the region is still far from achieving the 10-10-10 goals. Anton Basenko expressed gratitude for the support of various organisations and countries during the war in Ukraine and emphasised the importance of addressing these issues as representatives of key populations and communities.

Amanita Calderon Cifuentes, Transgender Europe, TGEU

Amanita Calderon Cifuentes highlighted the challenges faced by LGBTQI, particularly those experiencing intersectional stigma and discrimination. The more boxes one checks, the more society dehumanises them, resulting in higher risks of violence, poverty, lack of access to healthcare, education, and employment, extreme loneliness, and other negative outcomes.

Amanita Calderon Cifuentes discussed the impact of HIV stigma on the quality of life for LGBTQI individuals. She presented her personal experiences, which included death threats, relationship issues, and false accusations of infecting others with HIV after getting involved into the campaign against HIV stigma. She noted that within the trans community, black and indigenous individuals, trans migrants, trans sex workers, trans feminine people, trans women, and trans youth face the greatest barriers to accessing HIV-related services. The discrimination often comes from medical professionals who misgender, or ignore the needs and voices of their patients. Amanita Calderon Cifuentes shared a personal experience of adverse health effects due to a doctor's dismissiveness regarding the interaction between antiretroviral treatment and hormonal replacement therapy.

She emphasised the importance of incorporating intersectionality in research, considering how transphobia, homophobia, cisnormativity, racism, and xenophobia impact the quality of life for people living with HIV and their access to services. Failure to do so will continue to prioritize the same populations while neglecting the most marginalised groups.

Amanita Calderon Cifuentes used the following literature to prepare for the presentation:

<https://pubmed.ncbi.nlm.nih.gov/29138982/>

<https://www.cdc.gov/hiv/pdf/library/reports/surveillance/cdc-hiv-surveillance-special-report-number-27.pdf>

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5563490/>

<https://www.cdc.gov/hiv/group/gender/transgender/prevention-challenges.html>

<https://pubmed.ncbi.nlm.nih.gov/27997228/>

<https://pubmed.ncbi.nlm.nih.gov/31263998/>

Juddy Akello, Africa Advocacy Foundation

Juddy Akello presented the experiences and barriers that migrants face in accessing HIV services in Europe. Despite geographical differences, migrants across Europe experience similar disadvantages, such as language barriers, poor health-seeking behaviors, government policies, mistrust in professional services, socio-economic factors, and racial injustice.

Juddy Akello discussed the psychological versus clinical outcomes of these issues, highlighting the impact of the social environment on mental and physical well-being. Juddy Akello talked about challenges migrants face include precarious living conditions, insecure immigration status, limited access to information, and unfavorable government policies. Juddy Akello pointed out that “health apartheid” that takes place based on race, faith, language, and geographical area leads to unconscious bias and disparities in service access.

In addition, Juddy Akello stressed out the lack of quality data on migrant populations prevents understanding the complexities and intersectionalities they face. Stigma, both internal and experienced, plays a significant role in self-esteem and access to services.

To address these challenges, the Juddy Akello recommended co-development of services, meaningful involvement at all levels, community-led services, cultural competence, understanding migrant backgrounds, addressing trauma, combating racial injustice, and leveraging partnerships to resource expertise and experiences of migrant and frontline advocates in Europe.

Simona Barbu, FEANTSA

Simona Barbu represents FEANTSA, a European coalition of over 130 organizations working to end homelessness. They estimate that around 700,000 people experience homelessness in Europe on any given night.

Simona Barbu started the presentation with the statement that homelessness significantly impacts mental and physical health, including access to HIV prevention, detection, and treatment. Simona Barbu pointed out that people experiencing homelessness face marginalisation, criminalisation, and stigmatisation, including within health settings. She emphasized that harsh attitudes from medical professionals can be particularly detrimental when people consume drugs. Discharge procedures from hospitals are often discriminatory, leaving people without support or accommodations.

Simona Barbu talked about the barriers faced by homeless people. They include the need to comply with a strict health system, but there is often little effort made to understand the challenges they face. To address these issues, FEANTSA advocates for implementing Housing First, which has shown a positive impact on treatment access and follow-up for HIV. They also promote health inclusion, trauma-informed services, and outreach programs to bring healthcare to where people are living.

Closing remarks

Sini Pasanen thanked all the speakers and participants for their contributions, acknowledging that the meeting ran slightly longer than planned. Sini encouraged those who are interested in the joint statement and providing input to contact Nina Tumanyan and/or Chiara Longhi.