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

CSF Meeting Summary

23rd February 2022

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1. CSF Coordination Team Report

The CSF Coordination Team introduces a new member **Gus Cairns, from** the European AIDS Treatment Group. Then it reports on key activities.

There is an on-going WHO regional consultation for reviewing the draft of the Action Plans for ending the HIV, Viral Hepatitis and STIs and TB epidemics in the WHO European Region, a process which will be ending through 2022. The feedback was to be sent by 28 February. The Regional Coordinating Committee for HIV, TB and Hepatitis, which is composed of NGOs, discussed the plans. Feedback was positive. The plans are seen as comprehensive in terms of the issues that are covered, ambitious, making clearer statements than what might be expected from WHO on issues such on the role of social determinants. However, the TB plan could be stronger in terms of civil society engagement. After 28 February, the drafts will go to national governments for comments and negotiations will follow until adoption at the WHO regional committee meeting in September 2022.

The ECDC/EATG/AAE/CSF Survey of Stigma among People Living with HIV is now closed, collecting approximately 3,200 responses. The data is being analysed with results to be released in about a month.

The Stigma Working Group within CSF met on the 9 February. The discussion focused on the stigma survey, stigma index, current and future indicators, the Global AIDS Strategy, the WHO action plan, and monitoring process.

The CSF Coordination Team met with the CSF on Drugs to discuss advocacy collaboration. A joint meeting of the two CSFs is planned for 5th of May.

Action Point 1: CSF members who are interested in joining the planning of the joint meeting should contact the CSF secretariat: Ferenc.Bagyinszky@dah.aidshilfe.de and annisabelle.vonlingen@eatg.org).

Implementation of Global AIDS Strategy and Political Declaration: Indicators and Civil Society Engagement in Monitoring

Ganna Dovbakh (EHRA) opened the discussion by presenting the 2025 HIV Targets. The previous targets were overly ambitious in the UNAIDS Strategy, and the 90-90-90 paradigm has become a consistent part of the HIV/AIDS discourse. For the new Global AIDS Strategy 2021-2026, the targets are even more ambitious and risky for the post-COVID financial times.

They include:

- 95% of people at risk of HIV use combination prevention. This target was not part of the previous strategy.
- 95 – 95 – 95% HIV Treatment.
- 95% of women access sexual and reproductive health services.
- 95% coverage of services for eliminating vertical transmission.
- 90% People living with HIV receive preventive treatment for TB. This target happens to be particularly ambitious in regions like Eastern Europe and Central Asia, where harm reduction coverage is exceptionally low.
- 90% People living with HIV and people at risk are linked to other integrated health services

Additionally, the strategy aims at having:

- Less than 10% of PLHIV and key populations experience stigma and discrimination (S&D).
- Less than 10% of PLHIV, women and girls and key populations experience gender-based inequalities and gender-based violence.
- Less than 10% of countries have punitive laws and policies (decriminalisation target).

It is however important to reflect on how UNAIDS PCB will address them. Indeed, though UNAIDS has set these indicators, no clear plans have been shared yet on how to reach them on a regional and global level.

Jantine Jacobi (UNAIDS Representative to the EU) states that the 95 targets are easier to monitor since there is already an existing structure in place (the Regular Monitoring and the Global AIDS Monitoring Framework). The challenge is with the 10-10-10 targets because the whole inequality lens is new and quite innovative when it comes to raising attention to the issues that are underlying HIV/AIDS. UNAIDS is currently working on the indicators to measure progress towards these targets and the recommendation for 2022 is to share as much as possible existing information and submit any document that might be related to these targets. At a country level, the message from UNAIDS is that civil society should join the discussion on global monitoring and contribute to the reports from each country. There is also the possibility to submit reports separately (shadow reporting). Additionally, UNAIDS has been working with the European Parliament to see whether it is possible for the EU to report on the 10-10-10 targets. The centrality of a global partnership in this regard will be further addressed during the parliamentary event planned for the 1 March, on the Zero Discrimination Day.

Gus Cairns (EATG) expresses concerns over the "ending HIV" rhetoric. Indeed, for people living with HIV, HIV will not end until they die or until a cure is found, which implies that maintaining, taking part in and directing research programmes to find a cure for the HIV infection must be part of the end of HIV. It is therefore important not to lose sight of the fact that scientific aims and aspirations, as well as public health aims and targets, continue to be an imperative in the HIV field. Less problematic is the "ending AIDS" narrative, even if AIDS could return at any moment if the access to ARV stopped. These considerations should be included in some of the responses to the global strategy plans.

Likewise, Sascha Volgina (GNP+) shares her concerns about the new terminology in use (e.g. Advanced HIV Disease) and the invisibility of AIDS that derived from this new narrative. The Fight AIDS Coalition (FAC), formed with several treatment and grassroot organisations, fights to acknowledge that AIDS still exists and that a lot of people are still dying of AIDS. A letter to WHO in this regard has been sent. As a community, we should flag that the issue remains.

It might be true that there is a system in place to monitor the 95-95-95 targets, but a lot of community-based monitoring is still required to control its effectiveness, to detect gaps and the reasons behind them. Furthermore, when it comes to the newness of the 10-10-10 indicators, the community should play a pivotal role by shadow-reporting and making sure that results are accurate and not misinterpreted (see Ukraine case, stigma, and discrimination).

At the same time, if operationally UNAIDS has been making interesting moves (e.g. 1st March about decriminalisation), it is central to advocate for a comprehensive decriminalisation and to avoid that we are set apart and fragmented in smaller groups.

Setting the goals was just the first step: it is now a responsibility of the community to press for implementation, a change in the narrative and fight for a more inclusive representation in the joint programmes. Education and justice are therefore needed. A clearer engagement of WHO (e.g. a clear position about U=U is still missing) is needed.

Cianán Russell (ILGA-Europe) comments on the 10-10-10 targets and how the scope has been defined. In the case of the first 10, when referencing Stigma and discrimination (S&D), it may be assumed that it refers only to HIV-related S&D. Is the target for 10% of People Living with HIV to only not experience S&D on the grounds of being HIV positive? Many key populations experience S&D for intersecting reasons.

Additionally, it would be necessary to clarify what is meant by punitive laws and policies. The need for self-determination-based legal gender recognition and the need for protection from conversion therapy should be specified. These issues do create a criminalising context and a negative legal framework for people to live and operate that may not actively criminalise them for doing something HIV-related.

Around gender-based violence, it is brought up that the EP and EC (European Commission) are currently working on a directive on violence against women and girls. Greater involvement of WHO and UNAIDS through diplomatic bilateral conversations would be advisable to change the direction of what has become a more conservative approach to gender-based violence.

Julian Hows (HIV Justice Network) remarks that if the tendency is to go back to shadow-reporting, in parallel, there is a need to make sure that governments acknowledge the validity of community-based tools and data. Indicators need to be shaped so that they are realistic and the work that community has been doing needs to be aligned, while jointly looking at intersectionalities. As far as the ending HIV and AIDS narrative is concerned, Julian invites to consider institutional memory since this same battle has already been fought.

Action point 2: CSF CT organise a meeting on monitoring with UNAIDS, ECDC (European Centre for Disease Control) and CSF members

2. Update from UNAIDS PCB NGO Delegation

Dinah Bons (Trans United Europe) is the new in-coming delegate for UNAIDS PCB NGO and has a focus on gender diversity and key populations.

Aleksey Lakhov (EHRA) shares that there will be a PCB meeting on 22nd June. There will be a report on the previous meeting, a report from the Executive Director and one from UNICEF on behalf of the co-sponsor organisations. As far as the report from the NGO representatives is concerned, it will be shared in December 2022. Some high-level speakers will be invited to address the topic of leadership in the AIDS response. Additionally, there will be a thematic segment on HIV and men in all their diversity and how we can get the responses back on track.

The PCB meeting is open for NGOs (observer status) to attend and intervene. The link will be shared before the meeting.

UNAIDS PCB NGO Delegation is recruiting a Communications and Consultation Facility Manager. Information on the application can be found here.

Action point 3: CSF to coordinate on key messages to be shared with Dinah and Aleksey prior to UNAIDS PCB meetings.

3. Global Fund: Strategy Key Points, Replenishment Advocacy, TB Funding

Paul Sommerfeld (TBEC (TB Europe Coalition)) provides an update on advocacy for increased support for TB funding through the Global Fund. In the TB world, it has been often felt that the breakdown where 50% of Global Fund money was going to HIV/AIDS, 32% to malaria and 18% to TB was not the reflection of the seriousness of the impact of these conditions. This has been underlined by the impact of COVID-19 on TB cases, whose rates have been going up worldwide. Therefore, the Global Fund Board in November 2021 adopted a formal decision that says that in the next replenishment period (2023-2025) there will be a slight change in the allocation of fundings. If they get more money (over 12 billion dollars), the split for the extra money will change as follows: 25% for TB, 45% for HIV/AIDS and 30% for malaria. In terms of expenditure, this will not have a massive impact; only on the country allocation side, which is about 75% of the total. Now, we are expecting formal documents from the Global Fund to indicate what their needs are, and it is likely they will be setting a need-figure above the present one. This change somehow underlines that there is an understanding within the Global Fund that TB should be getting more attention. In Europe, Global Fund has decided to stop any further funding on TB regional programmes.

About the replenishment, **Aurélien Beaucamp** (AIDES) suggests working on the will strategy to know exactly if the countries give the funds to Global Fund (e.g. France and the problem of withdrawal). Furthermore, there is the temptation for countries to develop unilateral projects for finance instead of multilateral funding.

Ganna Dovbakh (EHRA) underlines that Global Fund has not set the indicators yet, nor given feedback on the implementation of the strategy: it looks ambitious and community-centred, but if the mechanism of implementation will be the same as before, all the considerations on human rights and community targets will be undermined by the economic crisis, COVID-19, and country priorities.

Action Point 4: It is agreed to create a Working Group within CSF on Replenishment. Interested CSF members should contact the CSF secretariat: Ferenc.Bagyinszky@dah.aidshilfe.de and annisabelle.vonlingen@eatg.org).

4. Connecting with the Global Anti-Stigma and Discrimination Partnership

Sascha Volgina (GNP) presents and comments on the Global Partnership for Action to Eliminate All Forms of HIV-Related Stigma and Discrimination. The idea behind it came from civil society, communities and the UNAIDS PCB NGO Delegation as initiators. Member states were just stressing the importance of stigma, discrimination, and criminalisation but no concrete action was taken: no indicators, nor targets. The concept of Global Partnership came up in 2017: an action from the ground, on a country level but coordinated, was required, mainly because S&D have always lacked indicators to measure the process. Initially, the call was responded to by UNAIDS, UNDP, UN Women, GNP+, PCB NGO delegation and Global Fund.

Six settings have been created: **healthcare setting** (WHO & Asia Catalyst), **workplace setting** (ILO & AMMAR), **education setting** (UNESCO & Athena Network), **humanitarian setting** (WFP & ICASO), **justice** (UNDP and HIV Justice Network) and **community settings** (UN Women & ICWEA). On a country level, it is therefore necessary to involve a relevant number of social actors that transcend the healthcare setting, being this only one of the possible scenarios where instances of S&D might be reported.

A clear guidance has been created, where all the best interventions have been collected, to be used by countries when they are drafting interventions, national plans. It is aligned with the Stigma Index: you can assess the current state of HIV-related S&D in each of the settings (apart from the humanitarian where there are no questions for that) and build intervention on that.

When countries join the Global Partnership, they commit to:

1) Partner with community and civil society, people left behind, UN, donors to identify policy & programme gaps, design and implement evidence-informed interventions and track progress in eliminating HIV-related S&D.
2) Assess the current state of HIV-related S&D to identify and implement programmes to eliminate barriers to services.
3) Take actions in the six settings over 5 years (commit to 3 settings in the first year).
4) Allocate resources to support implementation, monitoring, and reporting of interventions to eliminate HIV-related S&D.
5) Monitor and report annually on progress using existing and recommended indicators.

29 countries have committed so far. Western Europe is not in the list and this gap needs to be filled. According to **Jantine Jacobi** (UNAIDS Representative to the EU), Luxemburg is currently interested in joining the Global Partnership and Spain will include HIV in the agenda for the 2023 Presidency.

When a country is joining, it means it must establish some mechanisms. Then the communities will have to propose their priorities and gaps. Once this step is completed, there is a plan and the assessment with the Stigma Index/ consultation results. You unite the efforts, coordinate, and produce a concrete intervention, you make sure it is supported financially and then you start working.

The Global Partnership aims at having an impact on the ground through a catalytic technical support based on the centrality of the leadership of communities working on frontlines, a strong regional and national collaboration and communities of practice, greater support driving legal and policy reform and action on S&D, human rights and gender-related barriers and a growing number of capacitated actors and enabling systems, policies, and programmes in place.

One of the main instruments of the Global Partnership is the PLHIV Stigma Index, a standardised study developed in 2008 and updated in early 2020. The 2.0 Methodology is now equipped with: validated indicators and scales, guidelines to ensure sufficient sample sizes, guidelines to ensure an inclusive and diverse geographic scope, a systematic sampling plan and robust quality assurance mechanisms.

The Global Partnership has launched the #MoreThan anti-stigma advocacy campaign, a community-led and partnership-based initiative (led by UN agencies and civil society) and focused on different settings to highlight setting-specific interventions, rights violations and best practices for particularly affected groups (people who use drugs, sex workers…).

5. AOB

Sini Pasanen (HIV-Finland): The call for Dublin monitoring (from ECDC) was sent out two weeks ago. As per usual, ECDC has encouraged the country's focal points to reach out to community-based organisations for support. If you are a community-based organisation and were not contacted yet, you may want to contact your country's focal point (public health institute, ministry).

Next CSF Meeting- together with CSF on Drugs

5th May 2022, 10:00-12:30 CET (Central European Time)