



## CSF Meeting summary 3 June 2021, 10:00-12:30 CEST

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## 1. CSF report and advocacy

### 1.1 UN High Level Meeting on HIV

*Ferenc Bagyinszky, AIDS Action Europe*  
*Ganna Dobakh, Eurasian Harm Reduction Association*

On 9 April, the CSF brought together NGO representatives across Central and Western Europe working with populations living with or most affected by HIV, TB and viral hepatitis came together to discuss key priorities in HIV and AIDS response towards the UN General Assembly High-Level Meeting on HIV/AIDS. The report from the consultation and summary of key concerns and priorities that were highlighted can be found on the [CSF website](#). From this consultation: 38 participants / 18 countries / 32 organisations were represented.

Between the UNAIDS hearing and HLM, many civil society advocacy and initiatives have taken place: regular webinars (GNP+); distribution of civil society statement & cover letter; and other regional initiatives highlighting *key issues for civil*

society (Key populations, Human rights, Sexual and reproductive health and rights, Decriminalisation, Reference to the Global AIDS Strategy, Funding and TRIPS flexibilities).

The HLM can be followed live on June 8<sup>th</sup>- 10<sup>th</sup> from 16:00-midnight Berlin time.

Communities and Civil society organisations (CSOs) and networks could participate in GNP+ webinars and join position statements. CSOs in Eastern European countries were asked to share the letter as a proactive measure to counter Russia's position.

The Political Declaration is now in its third round of discussion. There are some improvements with topics crucial for communities and civil society incorporated, but concerning language "in accordance with national and cultural context" is an alarming development. Ongoing challenges with countries who oppose human rights language and narrative have now mobilized for the political declaration.

See PPT [here](#)

## **1.2 European Parliament resolution of 20 May 2021 on accelerating progress and tackling inequalities towards ending AIDS as a public health threat by 2030**

*Ganna Dobakh, Eurasian Harm Reduction Association*

Read the [European Parliament Resolution](#). It specifically mentions the need for sustainable funding of harm reduction and international approaches to the HIV response. CSF members are encouraged to reference this document when engaging with the EC and decision-makers at the national level.

## **1.3 Survey on stigma and discrimination**

*Sini Pasanen, AAE, HIV Finland*

The CSF working group on stigma is providing input into ECDC surveys as part of the Dublin Monitoring system, one in collaboration with EACS for clinicians / health care professionals about stigma in health care settings, and one with AAE & EATG for communities. Surveys to be repeated every couple of years to track any progress, with the aim of producing one/two reports and combining findings with data from Dublin Declaration Monitoring on laws & policies. Cheryl from NAT has been commissioned by ECDC to do data analysis and reporting.

The exact timeline to be confirmed. Concrete details to come after the next working group meeting. In the meantime, Teymur suggests AAE & EATG continue drafting lists of focal points in countries. Translation may begin in June/July, with potential survey launch in August/September.

Moving forward, CSF support will be needed for: translation of the survey, distribution, and promotion. Any CSF members interested/able to assist with survey translation or know someone who can, please contact [annisabelle.vonlingen@eatg.org](mailto:annisabelle.vonlingen@eatg.org) or [ferenc.bagyinszky@dah.aidshilfe.de](mailto:ferenc.bagyinszky@dah.aidshilfe.de).

There is the possibility to ensure a link with the Global Partnership against Stigma and Discrimination: <http://www.hivglobalpartnership.org/global-partners/>

See PPT [here](#)

## **1.4 HIV/AIDS Disease Network Coordination Committee**

*Teymur Noori, ECDC*

Two CSF representatives were present as observers at the June's HIV network coordination committee meeting, updates were shared on: Dublin, guidance on people who inject drugs, PrEP, stigma, standards of care. One session examined the impact of COVID-19 on capacities for HIV surveillance, monitoring, and prevention. Surveillance report to be published

with WHO towards World AIDS Day will likely show a significant decline in HIV diagnoses due to data quality and significant reductions in testing during 2020.

There was a short discussion on funding for [EMIS 2023](#). It looks like EU funding cannot be secured so it was to explore ways to connect at national level for a coordinated survey of MSM. The feasibility of the approach will be discussed with partners after the summer.

## 1.5 EU Presidencies

*Daniel Simões, GAT, Coalition Plus*

Attempts to interact with the Portuguese EU presidency team were unsuccessful, so most of the communication went through the Portuguese Ministry of Health. Regular (weekly) meetings took place with the Ministry contact where key issues are flagged and future plans shared. The meetings touched on issues of affordability, vaccines, preparation of the HLM, underlined parliament's recent declaration (push them to have an active role to adopt UNAIDS strategy).

The next EU presidencies are as follows: Slovenia: July-December 2021; France: January-June 2022; Czechia: July-December 2022.

Advice for the next presidency: to start contact as early as possible to push your agenda. Expect delays in communication.

SKUC noted that HIV is not on the agenda of the next EU Slovenia presidency. Miran Solinc also noted that there are suggestions to push forward with the Presidency team to let him know.

It was also suggested that the CSF asks upcoming Presidencies to address the 95% funding gap for harm reduction. There is a limited number of big funders of harm reduction, with country programmes also decreasing funding of HIV, viral hepatitis and TB due to COVID-19. Harm Reduction international's report on the subject can be found at:

<https://www.hri.global/files/2021/05/18/HRI-FAILURE-TO-FUND-REPORT-PAGES-LOWRES.PDF>

## 1.6 EU4Health Programme

*Roberto Perez Gayo, C-EHRN*

Roberto reported on a presentation on the EU4Health programme from the European Commission at the European Parliament. The first work programme will have four strands with cancer:

- i. Crisis preparedness [100 million Euros]: early detection of communicable diseases, surveillance, strengthening mandate of the European Medicines Agency
- ii. Prevention [100 million Euros]: communicable and non-communicable diseases with particular focus on cancer
- iii. Health systems and health workforce [70 million]
- iv. Digital [35 million Euros]: harness power of data and digitalization (ie.EU health data space)

During the meeting at the Parliament, questions were raised regarding inclusion of funding related to HIV, TB, viral hepatitis. Some MEPs criticized the extensive consultation with the pharmaceutical industry sector compared to less engagement with civil society and NGOs.

According to latest information the work programme and budget will be approved on 9 June. Calls to be launched shortly after.

## 2. Updates from institutional partners

### 2.1 EMCDDA

*Thomas Seyler, EMCDDA*

EMCDDA informed about its latest report, the [EMCDDA report on COVID-19 impact on drug use and harm reduction services](#) and the European Drug Report to be launch next week: <https://www.emcdda.europa.eu/edr2021>

The agency commissioned an update on the “elimination barometer” of HCV among people who inject drugs. Toolbox of HCV testing initiative to be released in July. Technical guide on harm reduction equipment in the pipeline.

EMCDDA and ECDC are currently reviewing guidance on people who inject drugs and infectious disease. New evidence on drug treatment and OST to be included.

### 2.2 UNAIDS

*Jantine Jacobi, UNAIDS*

The biggest challenge is that some member states reject language in the Political Declaration. To date, Political Declarations have been adopted by consensus, however a silent procedure of adoption (The negotiation confidentiality should not be broken) will be launched in the course of today. If broken, there will be further negotiations and there may be voting.

There is support so far for wording on ending AIDS, inequalities, stigma; 95-95-95 and 10-10-10 targets; USD 29bn commitments. However, some countries question language such as human rights-based and community-led and there is no consensus on: sexual orientation and gender identity, sexual and reproductive health and comprehensive sexuality education. Also, TRIPS has become very important and could result in possible trade-offs.

Action points for CSF members:

- Check on the [positions taken by your countries](#)
- Reach out to your own government to urge for high-level representation
- Advocate for your government to focus on the right issues during the final negotiations
- For governments with “trading” capacity, consider flexibility to bring the governments “with reservations” on board
- Consider a last social media push by CSF and other CSOs and networks.
- Lastly, UK funding cut – conservative rebels to force vote on reversing aid cuts ([bbc.co.uk/news/uk-57338465](http://bbc.co.uk/news/uk-57338465))

UNAIDS media packages:

- <https://trello.com/b/VDVDEu4W/high-level-meeting-on-aids-2021>
- <https://www.youtube.com/user/UNAIDS>
- HLM hashtag is #HLM2021AIDS.

See PPT [here](#)

### 2.3 Global TB Caucus

*Lucy Foster and Alesia Matuskevych* provided an update on the work of the Global TB Caucus.

- GTBC are increasing advocacy efforts in Nordic region, with a particular focus on partners in Denmark and Norway
- A briefing was held with MEPs for World TB Day on the need for improved global investments into TB research and development.

- With German G7 presidency approaching in 2022, plans are in motion to connect Germany with Indonesia in a virtual bilateral event to be held later this year
- On Monday June 7<sup>th</sup>, GTBC will hold a G20 virtual delegation with Global Fund, TB alliance and the Action Partnership.
- Working on connecting parliamentarians across Europe and Central Asia to develop a more regional, sustainable and multi-sectoral approach to ending the TB epidemic.
- In Western Europe and the EECA region, they have developed a declaration of intent on TB care for migrants by parliamentarians of the European and Central Asia regions. To be discussed by co-chairs in mid-June.
- On 30<sup>th</sup> June, GTBC will launch a platform of civil society experts on TB.

See PPT [here](#).

### 3. Fund Harm Reduction

*Nicoleta Dascalu, ARAS*

Nicoleta reports that the small amount of harm reduction funding for ARAS and Carusel in Romania is running out in mid-November 2021 with the final exit of the Global Fund from the country. Despite efforts, no solutions have come from local/central authorities for harm reduction funding. A discussion was launched regarding what has happened in other countries to share advice, an action plan, sharing of experiences, etc. Some points mentioned:

- In Poland, funding has been secured for this year, but the government does not want any explicit mention of harm reduction. The situation is similar in Hungary. In Bulgaria, the crisis continues. Key harm reduction organizations closed due to lack of funding. The government has launched a tender for harm reduction, but it expects just a few social workers to serve thousands of clients.
- Maybe a paper highlighting the ongoing problems in light of COVID-19 would be of use.
- How much can the European Union be a tool to address these health and social issues in Romania and in other countries of Central Europe?
- Question posed back to ARAS on what is the most effective way to do/support this work? And with which stakeholders?
- It is suggested to urgently create a **working group**. It could build on EP resolution highlighting harm reduction. Two years ago, a meeting happened with CSF and the Global Fund, but then COVID came along. How can we use the EC to push harm reduction funding?
- EMCDDA stresses that the [EU drug strategy action plan](#) mentions harm reduction as a priority area, promoting civil society, and sustaining funding. It suggests CSOs to use effectiveness and cost-saving argumentation in advocacy. The issue can be brought to the attention of EMCDDA management board
- Important to stress to decision-makers that it is difficult to rebuild and re-establish harm reduction services once they have gone.
- Public communication is important to consider here. Governments care about votes, therefore people of the country need to demand these changes. Awareness needs to be enhanced so that these inequalities are killing people. In areas where governments are not already sensitized to these issues, we need to rely on the public.

ARAS will launch a campaign in June as part of the 'support don't punish' campaign.

The Humanitarian drug policy platform the Rome Consensus 2.0 strongly adhere to the Support Don't Punish Campaign and have prepared some additional preparatory actions including example tweets and posts, online discussion on 23 June. Please go to the web site <https://romeconsensus.com>

=>Next steps: the CSF coordination will set up an advocacy working group. First meeting to take place ASAP.

## 4. Sex worker advocacy: evidence, policy and empowerment

*Luca Stevenson, ICRSE*

The COVID-19 emergency has negatively impacted sex workers due to no social/economic supports. At the same time, there was a surge among sex worker organizations to fund distribution of food, medication, harm reduction supplies, housing costs, etc. Eventually, small victories were seen in France and Ireland, for example, where COVID-19 funds for sex worker organizations became available, however funds also went to funding anti-sex work organizations. Sex workers are not included/prioritized for COVID-19 vaccination.

In this last year, ICRSE released a report with SWAN on access to health, and other reports on sex workers on the frontline and migration/exploitation. A sex worker and HIV training took place with support from EATG.

At the roundtable discussion with partners regarding increasing community leadership for sex workers, there was consensus on the following steps: ECDC to develop thematic report as part of the Dublin Declaration report; WHO to potentially develop mapping of services/policies and working towards the launch of the consolidated guidelines for sex workers and key populations.

Most recently, 261 sex workers have taken the French government to court for violation of right to life and privacy. Case has been approved for next steps. ICRSE is now developing partnerships with CSOs to submit third party interventions.

The participants then discussed expanding reach and can the CSF could support:

- In Finland in recent years, some MSM sex workers now more openly identifying themselves in the HIV community. Positiiviset recently collaborating with local sex worker organisation to provide targeted STI testing alongside peer support and resources on sex work, HIV, and chemsex
- Feminist movements very much engaged with abolitionist movement
- Mention of Swedish model being introduced in Germany by a parliamentarian group
- Questions regarding plans to circulate outcomes from ICRSE projects
- Mention of sex work stigma still existing within HIV organizations across the region. Many sex workers concerned about confidentiality and running into clients in HIV/AIDS community organizations. Sex workers living with HIV are vulnerable to blackmail
- Question regarding HIV as an occupational barrier?
- Some funding available through European mechanisms (not directly for services) are something to be on the lookout for
- Data collection is valuable and, in some countries, linking with public health officials is worth exploring to counter abolitionist positions
- From a political standpoint, having a strong stance on human rights in relation to health outcomes and expenditure

ICRSE is in the process of changing its name, its legal status and new website more focused on campaigning. If you see an issue happening at your national level, get in touch with ICRSE.

See ppt [here](#)

## 5. CSF member survey on COVID-19 vaccination

*Frank Amort, EATG*

Frank reports preliminary information from the survey on COVID-19 vaccination, HIV/TB/Hep. The survey is open until 30 June. The objective is to map access to COVID-19 vaccination by those living with HIV, viral hepatitis, and TB.

Some preliminary findings: some countries mention prioritizing people in shelters and prisons, while others focus solely on the general public. Vaccine access is linked to whether or not insured. Disclosure of HIV status for priority vaccination is varied: some have a general health certificate, others CD4 count, other proof of HIV diagnosis. For the moment, there is little information on TB and Viral Hepatitis.

More findings to be shared at the next CSF meeting.

*Action point:* if not already done, complete the survey [here](#).

See ppt [here](#)

## 6. AOB

There was a discussion on the use of surveys and how should we be looking at surveys? How do we ensure that the things we are doing are seen as having an impact or something of value for the people answering beyond policy advocacy? It was noted that we must make sure we are making the link between research and community. It was noted that a feedback loop is essential and so is thinking of standards. Without these things considered, there is the threat of local-level community work losing out on future funding. Large scale research projects think of impact on communities and individuals.

## 7. Next CSF meeting

2<sup>nd</sup> September, 10:00-12:30 CET.

The next meeting will focus on mental health, quality of life, and preliminary results from the Nordic HIV treatment survey.

Acknowledgement of Michael Krone's departure from CSF, where words of appreciation and encouragement were shared. Ferenc Bagyinszky will be taking over as AAE CSF Coordinator.