



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

Central and Western Europe civil society consultation United National General Assembly High Level Meeting on HIV and AIDS on key priorities in HIV and AIDS response: Summary

This document summarises key concerns and priorities of the EU HIV/AIDS, viral hepatitis and tuberculosis which Civil Society Forum (CSF) members and partners discussed on 9 April 2021 ahead of the discussions at the United Nation General Assembly High Level Meeting on HIV and AIDS and in preparation of the political outcome declaration.

1. Maximize equitable and equal access to HIV services and solutions

- Define “community-led” and “community-based” services, in order to apply a structured approach.
- Provide new, standardized indicators to allow for effective data collection and reporting.
- Call for the meaningful involvement of key populations at all stages of service delivery (from inception, to implementation and evaluation).
- Highlight advocacy efforts as an essential component to HIV services and solutions.
- Name and prioritize key populations. Women, transgender people, and people who use drugs are often excluded/neglected.
- Explicitly state that HIV prevention services must go beyond testing and treatment, to include a comprehensive and integrated approach that combines sexual healthcare, harm reduction strategies, and biomedical prevention technologies against HIV and STIs (ie. PrEP and vaccinations).
- Address HIV prevention disparities between urban and rural areas and invest in innovative solutions to demedicalize HIV and STI testing
- Provide and maintain safer spaces at regional, EU, and international levels for the inclusion and legal protection of community and NGO representation, reporting and advocacy.
- State closed-setting environments (ie.prisons, structural/institutional exclusion of refugees, etc.) continue to be excluded from national health programmes, and are unsafe spaces for the prevention and control of communicable diseases.
- Communities such as sex workers, LGBTQI+, undocumented migrants, PWUD, and people living with HIV are vulnerable to criminalization which impacts access to essential HIV services. Criminal law must be used appropriately, evidence-based and free from moralistic and stigmatizing influence.

2. Break down barriers to achieving HIV outcomes

- The contributions made by non-state actors are often self-resourced and go unacknowledged by governments. This is not sustainable.
- Funding for services and advocacy should be at the forefront of advocacy efforts, both nationally and internationally
- *Preventing* stigma is just as important as eliminating stigma. Mandatory educational interventions targeting medical professionals are recommended, as people living with HIV and key populations

continue to experience stigma and discrimination in healthcare settings.

- Call for integrated service delivery and collaboration across sectors.
- Scrutinize regional legislation to ensure an evidence-based rationale, and protection of basic human rights.
- It is crucial to recognize, and differentiate between, decriminalization and the *inappropriate use* of criminal laws in relation to people living with HIV and key populations (ie. sex work, drug use, disclosure, same-sex relationships, etc).
- Universal Health Coverage must become a cornerstone of the HIV response
- Highlight the regional strategy that states all migrant populations will receive HIV services, regardless of legal status.

3. Fully resource and sustain efficient HIV responses and integrate into systems for health, social protection, humanitarian settings and pandemic responses

- The UNAIDS Strategy and some national plans are well thought out but there is no budget for implementation to reach the objectives. Harm reduction services must be recognized as essential national health services and receive adequate funding to implement and sustain.
- Diversion of funding and reprioritization of resources to pandemic have negatively impacted HIV responses.
- Stigma remains a major barrier for harm reduction funding of needle exchange programmes, opioid substitution therapy, and HIV testing services tailored to people who use drugs.
- Sex workers (especially those who are trans and migrants) and people who use drugs continue to be neglected. Reduced access to harm reduction/HIV services, whether cancelled or adapted, during the pandemic is likely to result in poor health outcomes and increased infection rates. This is something to monitor and prepare for.
- Sustainable restoration/adaptation/continuation of HIV services that have been disrupted during the pandemic. Solutions must be accessible to key populations in rural/urban settings, and include a range of approaches (ie. home-testing, mobile services, adjusting number of clinical visits, e-health, etc)
- Build on opportunities created by an increased attention to communicable diseases and socio-economic determinants of health outcomes.
- Investments in comprehensive HIV prevention services that go beyond simply providing HIV testing and treatment to include all harm reduction and biomedical prevention strategies.
- Clear communication from the national level to community regarding the evidence-based public health messaging regarding the vulnerability of people living with HIV to COVID-19 and vaccination priority.
- Lockdowns have impacted access to community-based services, by way of physical distancing restrictions and/or key populations losing jobs/income. Concerns of the long-term mental health effects of COVID on people living with HIV and key populations. Also, the shift to online communication has posed challenges to organizational development within NGOs. NGOs continue to struggle to maintain services due to COVID-19 and funding barriers.



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4. Accountability and advocacy

While there may be progressive strategies/legislation/policies/recommendations at EU level regarding the HIV response and the basic human rights of key populations, it is imperative to hold member states accountable to follow through with implementation.

- Regional and international collaboration to ensure accurate monitoring and reporting. This entails the creation of ethically-sound and clear indicators and metrics that reflect all key population demographics and behaviours. This should not compromise the confidentiality and human rights of key populations; therefore protections should be considered for communities (often intersecting) most criminalised: undocumented migrants, sex workers, LGBTQI+, people who use drugs, and people living with HIV.
- National monitoring and reporting must actively include meaningful NGO/community input.
- Government setbacks and negative backlash towards people living with HIV and key populations must be accounted for at the European-level.
- There is a need for community-level shadow monitoring and reporting.
- UNAIDS should check which HLM country delegations include civil society.
- A platform is needed for CSOs to advocate for the basic human rights of key populations in the face of state sponsored criminalization and moralistic policies. CSOs feedback is being blocked from reaching the EU/international level.
- Develop mechanisms to ensure MS are accountable to standards of evidence-and rights-based decision making