

Report of the 6th HIV/AIDS Civil Society Forum  
Brussels, 14-15 November 2007

Meeting convened by the European Commission Health & Consumer Protection Directorate-General with  
co-chairing of AIDS Action Europe and the European AIDS Treatment Group



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## 1 Introduction

The HIV/AIDS Civil Society Forum (CSF) has been established by the Commission as an informal working group to facilitate the participation of non-governmental organizations, including those representing people living with HIV/AIDS, in policy development and implementation and in information exchange activities. The Forum includes about 30 organizations from all over Europe representing different fields of activity. See annex A for the participant list of this meeting. The Forum acts as an informal advisory body to the European Think Tank on HIV/AIDS. EATG and AIDS Action Europe co-chair the Forum. This fifth meeting of the CSF focused on follow-

up of the Bremen Declaration, the European Parliamentary report on the Commission communication and the monitoring process of the Dublin Declaration, among others.

## 2 Introduction of new members

The CSF was established in 2005 and is now starting its second round; about half of its members is renewed. The chairs welcome all new members. The main task of the CSF is to advise the Think Tank (TT). Ton, Yusef, Wojcieck and EATG (Nikos, Luis or Raminta) represent the CSF in the TT. An informal report of each TT will be sent to all CSF members. Also all previous minutes of the CSF will be (re)circulated to the members. All final reports of the TT and CSF are available on the Commission's website ([http://ec.europa.eu/health/ph\\_threats/com/aids/aids\\_en.htm](http://ec.europa.eu/health/ph_threats/com/aids/aids_en.htm)), along with a summary of key outcomes, perspectives and concerns.

## 3 Report from last meeting

In response to the minutes it's mentioned that both TB and Hepatitis should be on the agenda of this CSF. TB is, Hepatitis will be on the agenda of the next CSF meeting. Also the question is raised how the codex to stop the brain drain is conducted by the EC (as promised in Bremen). Ireen will try to find information and get back on it tomorrow. There are no further comments, the minutes are adopted.

### 3.1 Action list:

What	Who	When
Letter on relation CSF-ECDC	Ton, Nikos	done
Inform CSF about price negotiations process	EATG policy working group	
Letter universal access migrants delivered to Barroso & Kyprianou	Luis, Arnaud, Licia, Georg, AAE, Eastern Europe rep.	
Send draft report on prisons and drugs to CSF for comments	Ms. Grenier, Dadi	
Questionnaire on EU action plan implementation sent to CSF	Wolfgang	
CSF response to questionnaire	CSF members	
Prepare table on EU DG's funds used for HIV/AIDS	Wolfgang	
Send out call for applications new CSF	Dadi, Ton, Nikos, Martine	
Send formal minutes of TT to CSF or include on Commission website	Dadi	
Include reports CSF meetings and general info on CSF on Commission website	Dadi	
Report back to CSF on parliament discussion	Wolfgang	
Contact your MoH to discuss upcoming May 31 meeting	CSF members	
Discuss transparent governance of CSF	Ton, Nikos, all	
Send report TB	Raminta	
Send info on Ministerial TB meeting	Jeff	
Suggest TB agenda-item for TT	Ton, Nikos	
Promote joint position on testing/ counseling	CSF members	
Send report legislation survey	Yusef	
Establish EU presidencies subgroup	CSF Members	
Send mapping sexual/reproductive health	Dadi	
Inform on UNAIDS PCB meetings	Vitaly	
Look into translation possibilities reports CSF	Dadi	

## 4 Think Tank Agenda

Concerning the agenda the following is mentioned:

- HIV in the Ukraine is on the agenda of the TT, but is not to be discussed in the CSF.
- The Action Plan (= policy paper of the EC, with an attached work plan on what the EU actually does) and the communication paper will be sent out (again) to all CSF members. It would be interesting to invite members of the European parliament and people that

are involved in the European Action Plan and its monitoring. If the CSF wants there will be a meeting in May to set priorities and discuss how to translate the European commitments to national commitments.

- Question (Q): The first meeting of the National Aids Coordinators (NAC) in Lisbon pointed two main goals: migration issues and; regular technical meetings among national authorities. The CSF agrees that the TT should put the technical meeting within the European and neighbouring region on their agenda.

## 5 Monitoring Dublin Declaration

The monitoring of the Dublin Declaration (2004) was supported by the German government and executed by the WHO-Europe. The aim of the WHO- Europe was to have an open and transparent process, to produce a good report and to involve as many people as possible (> 25 consultants and ± 75 advisory group members). 3 main issues were identified and divided in 15 themes with corresponding commitments (slide 2). Besides the thematic chapters, 7 country reports were written. Main findings are generalized since they cover 53 countries (slide 3).

This monitoring report has been the first exercise. One goal is to develop indicators and mechanisms on how commitments can be measured. It will be important to decide and strategize how to use it both nationally and internationally.

A draft will be send out to the CSF: comments and feed-back on (parts of) the report are very welcome.

<p>Slide 1: Progress Report on Implementing the Dublin Declaration on Partnership to Fight HIV/AIDS in Europe and Central Asia EC Civil Society Forum, 14 November 2007 Jeffrey V. Lazarus, World Health Organization</p>	<p>Slide 2: 15 thematic overviews*</p> <ul style="list-style-type: none"> <li>• Leadership and Partnership</li> <li>• Political leadership (Commitments 1, 3, 5, 6, 26, 30, 32, 33)</li> <li>• Community involvement (Commitments 2, 4, 5, 24, 27, 30, 32)</li> <li>• Resource generation (Commitments 1, 7, 8, 9, 13, 17, 29)</li> </ul> <p>Prevention</p> <ul style="list-style-type: none"> <li>• Injecting drug use and HIV (Commitment 10, 13, 25)</li> <li>• Most-at-risk populations (Commitments 9, 13, 18, 25)</li> <li>• Gender equity (Commitments 10, 13, 14, 20, 21)</li> <li>• Paediatric AIDS and PMTCT (Commitments 3, 11, 12, 14)</li> <li>• Young people (Commitments 3, 8, 13, 14, 18)</li> <li>• HIV at the workplace including the uniformed forces (Commitments 2, 15, 28)</li> <li>• Sexually transmitted infections (Commitment 16)</li> <li>• Research and new technologies (Commitments 19, 22, 24, 29)</li> </ul> <p>Living with HIV/AIDS</p> <ul style="list-style-type: none"> <li>• Treatment and care (Commitments 13, 21, 23, 25, 28)</li> <li>• Stigma, discrimination and human rights (Commitments 1, 20, 31)</li> <li>• Testing and counselling (Commitments 10, 13)</li> <li>• Prisons</li> </ul> <p>Country reports: France, Germany, Moldova, Poland, Portugal, United Kingdom, Ukraine</p>
<p>Slide 3: Overall findings (prelim)</p> <ul style="list-style-type: none"> <li>• Greater accountability needed</li> <li>• Enable the legal and regulatory framework to reduce stigma, exclusion and discrimination</li> <li>• Strengthen national and international surveillance</li> <li>• M&amp;E with more disaggregated data</li> <li>• Greater harmonization of interventions and M&amp;E</li> <li>• Strengthen collaboration between countries</li> <li>• Improve targeting with greater intensity and scale of effort to reduce inequities</li> <li>• Increase civil society and private sector involvement</li> <li>• Improve use of internationally accepted evidence-based interventions</li> </ul>	<p>Slide 4: 1. Political Leadership ☺ ☺ Commitments 1, 1, 3, 5, 6, 22, 26, 30, 32, 33 Strengthened political leadership</p> <ul style="list-style-type: none"> <li>• HIV now addressed at national level/leadership</li> <li>• Regional efforts and cross-border partnerships</li> <li>• Implementation gap: <ul style="list-style-type: none"> <li>- Resistance to harm reduction programmes</li> <li>- Structural changes in health systems not realized</li> <li>- IDU challenges unlikely to be addressed</li> </ul> </li> <li>• Need to enhance efforts and M&amp;E</li> </ul>
<p>Slide 5: 2. Community involvement and the private sector ☺ (Commitments 2, 4, 27, 30, 32)</p> <ul style="list-style-type: none"> <li>• Commitments yet to be translated to pervasive action</li> <li>• Pockets of success—driven by the civil society</li> <li>• Efforts patchy, incremental and uncoordinated</li> <li>• Few systematic data on participation</li> <li>• Need to increase transparency of achievements by making available: <ul style="list-style-type: none"> <li>- UNGASS shadow reports</li> <li>- Country UNAIDS data and reports</li> </ul> </li> </ul>	<p>Slide 6: Testing and counselling ☺ ☺ (Commitments 10, 13)</p> <ul style="list-style-type: none"> <li>• VCT now widely offered but varied approaches</li> <li>• Quality a big concern (limited counselling)</li> <li>• Data availability and completeness vary</li> <li>• Need more strategic approach to T&amp;C with harmonisation and a pan-European policy, e.g. how and when to implement aspects of PITC</li> <li>• Multisectoral and NGO involvement to accelerate and widen availability</li> <li>• Legislation to underpin evidence-based interventions</li> <li>• Improve M&amp;E</li> </ul>

<p>Slide 7: Process (timeline)</p> <ul style="list-style-type: none"> <li>• 12 Jan 2007: Agree on the joint publication and contents</li> <li>• Jan –22 Jan 2007: Finalise matrix of indicators to be reported</li> <li>• 25 Jan 2007: Commission thematic material</li> <li>• 12–13 March 2007 (Bremen HIV/AIDS conference): Present work in progress</li> <li>• 18 May: Thematic sections completed (first full draft)</li> <li>• 18 May –6 June: Editing/Revision of the thematic sections</li> <li>• February–April 2007: Draft 7 country reports (France, Germany, Moldova, Poland, Portugal, United Kingdom, Ukraine)</li> <li>• 1–17 May: Country reviews of country reports</li> <li>• 7–25 June 2007: External review and revisions</li> <li>• 25 June–25 July 2007: Copy-editing</li> <li>• August 2007: Layout</li> <li>• End August 2007: Publication</li> <li>• Summer 2007: Develop 30-page policy brief</li> <li>• Autumn 2007: Inclusion on the EU Think Tank and Civil Society Forum agendas and at the Portuguese EU Presidency HIV/AIDS meeting (12–13 Oct)</li> <li>• Early '08: Policy brief release on Dublin Dec</li> </ul>	<p>Slide 8: Process (Advisory board)</p> <p>Overall editorial Advisory Board</p> <ul style="list-style-type: none"> <li>• Henrique Barros [hbarros@med.up.pt] (Portuguese Ministry of Health)</li> <li>• Ton Coenen [TCoenen@soaids.nl] (Co-chair EU Civil Society Forum, AIDS Action Europe)</li> <li>• Nikos Dedes [ndedes@hol.gr] (Co-chair EU Civil Society Forum, European AIDS Treatment Group)</li> <li>• Michael Huebel [Michael.Huebel@cec.eu.int] (European Commission)</li> <li>• Gisela Lange [Gisela.Lange@bmg.bund.de] (German MoH)</li> <li>• Bertil Lindblad [lindblad@unaids.org] (UNAIDS)</li> <li>• Francoise Hammers (ECDC)</li> <li>• Paul Griffiths [Paul.Griffiths@emcdda.europa.eu] (EMCDDA)</li> </ul>
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Q: Will there be a summary? A.: A readable policy brief of approximately 20 pages (1 page per theme) will also be published.

Q: What does WHO hope to achieve with this report? A.: In the Dublin declaration one committed to follow up. The WHO has now developed a model and process to do such follow up. The procedure could attune to the Universal Access report. There are 7 country reports; CSF members could ask their governments to also conduct a national follow up.

Q: Is the official UNGASS report and shadow reports also on the agenda of the next CSF? A.: Although the official reports have not handed in there might be a preliminary meeting on UNGASS. It could be of interest to discuss the process and look at how civil society can be involved. Hopefully report will be available in January.

Remark (R): National NGOs have to get support to use the report / to remonitor and to identify what each NGO needs to monitor to fulfil the commitments. For meaningful participation of the CSF we need to invest in the possibilities to use the report. More experienced NGOs can help to develop monitoring tools.

Q: How do you write country reports if there are too many regional differences as in Spain? A: The report did not focus on Spain. In general surveillance is worse in Spain than in the rest of Western Europe. The report will be distributed to all key people in all regions and the national Ministry of Health.

Q: When resources are limited, could it be possible if the EU pressures countries to write country report. A: Also the WHO has the idea to appoint a priority theme for certain countries, and for those to execute a cross-country report.

Q: What is the plan to do with the report for example in 5 years? A: Ownership in Europe should be established by an advisory group.

Q: Are Sexual and Reproductive Health also monitored? A: SRH issues, just like gender and prisons, have been discussed to dedicate a separated chapter on. Gender is a separate chapter. SRH has been integrated in chapters on STI, Youth and psychiatric health.

Q: ECDC took on to assist countries with the UNGASS. What is the role of the WHO? A: Continuation will be discussed by WHO and ECDC.

Q: The Global Fund recently decided to reduce its support to 22 countries. Did you have a chance to address this in the report? A: This has not been fully addressed in the report since it is a relative new issue.

See annex B for the presentation by Jeffrey Lazarus on the monitoring of the Dublin declaration held at the TT in April.

## 6 Visit of Commissioner Kyprianou

During the preparations of the visit of Commissioner Kyprianou is decided to ask him:

- To demonstrate and contribute to leadership/ HIV task force;
- To actively monitor EU communications in cooperation with specialized HIV/AIDS organisations, such as the Bremen declaration;
- To promote evidence based prevention;
- To promote partnerships as the CSF on member state level (= follow up of Bremen declaration);
- To be present on regional and global meetings, (e.g. Moscow conference).

Ton introduces the CSF to the commissioner. The CSF appreciates his attending very much.

Q: How can the commissioner contribute to leadership in AIDS issues, to arrange response from all DGs and to strengthen the HIV task force? A: The CSF is an important partner in the health policies of the EC, they represent the link between the citizens and the

policymakers by giving advice and feedback. The EC coordinates, adopts guidelines and sometimes uses political pressure. The first task is to raise awareness under ministers, top down, they have to realize that not everybody is informed, that migration brings problems etc. The second problem is that the European boundaries; different commissioners are responsible for different global regions. The collaboration is good, and others also take HIV and AIDS as priorities, but health commissioners might need to be more involved.

Q: How can the commissioner identify mechanisms in which the commission can monitor presidential, European and other declarations?

A.: The EC has to implement things as education, information, more research on medication and vaccines, treatment availability etc. The EC is open for new approaches and discussions.

Q: The reviewing of the drug policies next year is a chance to include HIV, sex education and other issues in the promotion of evidence based reduction. A.: At WAD a message of solidarity needs to be propagated – so far only Bulgaria, Portugal and Cyprus replied to the European call.

Q: Could you elaborate on the new initiative about treatment in Europe and neighbouring countries? A.: Unfortunately the proposal is not definite and will be discussed 5/12. It provides for the principal that inhabitants can get treatment in all member states and be reimbursed.

R: Best practice shows that social security systems have to reach out to vulnerable and marginalized groups. This should be promoted to control the epidemic among member states.

R: Global access is not insured and must be disconnected with law involvement about illegal migration. A: Migration has been elaborately discussed during the Portuguese presidency. The problem is identified, so there are possibilities to build on awareness and acceptance to find solutions.

Q: What is the future of work on sexual education, especially during the round tables? A: Raising awareness is difficult: how to educate people without making new problems? The awareness raising campaign by the EC (2009) also meets resistance within the EU.

Q: The presence of the commissioner at the Moscow meeting in May 2008 would be highly appreciated. A: The EC has to cooperate with Russia and Eastern Europe neighbouring countries to give space for solutions. There is a long way to go, even to grasp the size of the problem in these countries is a challenge. The EC will be very active here, also in cooperation with UNAIDS in China.

Q: The main problem for Access to treatment is costs. A: The EC has to guarantee producers that their cheaper products do not get on to the wrong market.

Q: Human rights are related to that the criminalization of HIV transmission and its implication. The CSF and UNAIDS could play a role to raise awareness in the media and among judges. A: This discussion regards the whole population, without neglecting that certain groups need special attention. AIDS affects the whole population, and especially role models as actresses and singers, have impact on the normalization of these marginalised people. We have to regain momentum and make HIV and AIDS a priority for our member states.

Q: The keynote by the commissioner at the testing conference is being appreciated. A: Do not expect a groundbreaking statement. It is to make clear that HIV and AIDS issues are a priority of great importance.

In evaluating the commissioner's visit the CSF is said that the visit was good, but the preparation was ad hoc due to last minute confirmation of the commissioner. We do not agree with him on all points, but he has shown his engagement. The CSF decides to follow up with a letter about the issues that were raised. This letter could also be used as input for his keynote at the testing conference; the content of the letter is to be discussed tomorrow.

The CSF is little shocked about the little participation of the EU members in the awareness campaign. Ton remarks that that is also due to the little preparation time. The CSF could draft a letter to the ministries of all countries represented in the CSF; to be discussed as to-do-list-item.

## **7** Update on TB world day and EU response

Next week there is a testing and early care conference. TB day was discussed at the Berlin forum in October where 40 ministers attended. There has been a factsheet published on HIV and TB. It was an important meeting to put TB back on the agenda. ?? is invited to give an update to the CSF on March 24.

There also was a meeting in Luxembourg for community based organisations on how to strengthen the position of TB community. There will be another meeting next year, financed by KNTG. Ton will ask KNTG about the agenda and how/who to invite.

## **8** SAFE project: sexual and reproductive health and rights

Slide 1: A Guide for Developing Policies on Youth SRHR in Europe	Slide 2: The International Planned Parenthood European Network
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	<ul style="list-style-type: none"> <li>The International Planned Parenthood Federation European Network (IPPF EN) is one of 6 regions of the IPPF, one of the leading global agencies working on sexual and reproductive health and rights (SRHR) in the world</li> <li>41 members throughout Europe and Central Asia, (Regional Office is in Brussels)</li> </ul>
<p>Slide 3: What is Sexual Awareness For Europe? 3 years project (1 November 2004 to 31 October 2007)</p> <ul style="list-style-type: none"> <li>Donor: DG SANCO (European Commission)</li> <li>Project partners are: <ul style="list-style-type: none"> <li>- IPPF European Network SRHR expertise</li> <li>- WHO Regional Office for Europe Access to health policy making bodies</li> <li>- Lund University Research expertise</li> </ul> </li> </ul>	<p>Slide 4: Why do I bother you with SAFE?</p> <ul style="list-style-type: none"> <li>Because it matters if we want an ambitious and comprehensive strategy to combat HIV</li> <li>Because it is based on a HOLISTIC, participative, right approach (gets HIV out of the medical ghetto)</li> <li>Because it is innovative and successful and it involves all key actors (NGOs, institutions, Academic world )</li> </ul>
<p>Slide 5: Why a Policy Guide? To inspire and assist policymakers and governments to ensure appropriate policies and practices related to the sexual and reproductive health and rights of young people including HIV</p>	<p>Slide 6: What is the Policy Guide?</p> <ul style="list-style-type: none"> <li>Policy Working Tool</li> <li>Young People's Sexual Health</li> <li>Comprehensive</li> <li>Positive &amp; balanced</li> <li>Rights based</li> </ul>
<p>Slide 7: What inspired the policy guide?</p> <ul style="list-style-type: none"> <li>Research results</li> <li>Good Practices</li> <li>International Conventions &amp; Agreements</li> <li>IPPF policies</li> <li>WHO European Strategy for Child and Adolescent Health and Development</li> </ul>	<p>Slide 8: Components of a youth-friendly SRHR policy</p> <ul style="list-style-type: none"> <li>Gender</li> <li>Diversity</li> <li>Multi-sector approach</li> <li>Protection</li> <li>Participation</li> <li>...and monitoring &amp; evaluation</li> </ul>
<p>Slide 9: Five Key Policy Areas</p> <ul style="list-style-type: none"> <li>Information, Education and Communication</li> <li>Access to contraception</li> <li>Health Services</li> <li>STIs and HIV/AIDS</li> <li>Unwanted pregnancy and safe abortion</li> </ul>	<p>Slide 10: Recurrent themes</p> <ul style="list-style-type: none"> <li>Quality of information and services</li> <li>Variety of settings and providers</li> <li>Comprehensiveness and range of choices</li> <li>Affordability</li> <li>Training and support for staff</li> <li>Clients' rights</li> <li>Need for protection policies</li> </ul>
<p>Slide 11: Policy Area 1: Information, Education and Communication Provide young people with knowledge, skills, attitudes to make informed choices, now and in the future</p> <ul style="list-style-type: none"> <li>Recognize sexuality of YP from all angles</li> <li>Nurture positive attitudes and values</li> <li>Develop life skills</li> <li>Appropriate methodologies and approaches</li> <li>Age-appropriate information</li> <li>Support parents &amp; families</li> </ul>	<p>Slide 12: Policy Area 2: Health services Meet the SRH needs of YP with high quality services provided in an appropriate manner and in a comfortable and safe environment</p> <ul style="list-style-type: none"> <li>Easy and discreet access</li> <li>Flexible opening hours</li> <li>Counselling</li> <li>Effective referral system</li> <li>Provide for needs of young men and women</li> </ul>
<p>Slide 13: Policy area 3: Access to Contraception Provide access to a wide but suitable range of contraceptives so that YP can control their lives while safeguarding their health</p> <ul style="list-style-type: none"> <li>Information about methods</li> <li>Easily available and affordable</li> <li>Confidentiality</li> </ul>	<p>Slide 14: Policy Area 4: STIs and HIV/AIDS Enable YP to protect themselves against STIs and to have access to high quality- and effective treatment</p> <ul style="list-style-type: none"> <li>Prevention and services</li> <li>Access to condoms, dual protection</li> <li>Prevention for/with YP living with HIV</li> <li>Decriminalisation</li> <li>Needs for specific groups</li> </ul>
<p>Slide 15: Policy Area 5: Unwanted pregnancy and abortion To enable young women to make informed choices and access high quality safe abortion services</p> <ul style="list-style-type: none"> <li>Legal framework</li> <li>Parental consensus</li> <li>Counselling</li> <li>Geographical access</li> <li>Conscientious objection</li> </ul>	<p>Slide 16: Policy Guide: Next Steps</p> <ul style="list-style-type: none"> <li>Share and disseminate at all levels</li> <li>Advocate for adoption/implementation</li> <li>Support</li> </ul>

SAFE has executed this complex project that ended in a conference last August. The research had a holistic approach and aimed to get the discussion out of the medical ghetto. The policy guide is an extensive version of the policy brief (backgrounder). Ireen will deliver the whole guide to those interested. This report has build a momentum and should get continuation in the implementation of new policies. R: UNAIDS also wants to integrate positive prevention in their approach. The report on positive prevention by STI AIDS Netherlands will be distributed among CSF members.



Q: The guide seems to not be applicable to vulnerable children that have no access to treatment. (A): In the guide they are included. In the policy brief there is a focus on mainstream, but it might be useful in the future to also point at vulnerable groups in the summary.

Q: How to launch the report and how to monitor and evaluate the implementation? A: The launch was on October 8<sup>th</sup>. SAFE is committed to perform M&E, but is depending on available finances.

Q: Access to treatment is only mentioned briefly. A: There are more details about that in the full report.

## **9 EU Action Plan update: Update by Commission (Wolfgang Philipp)**

The EU action plan is adopted by the EC. The action plan is a necessary to implement and monitor the policy and preventive measures. Subject of the intervention is Monitoring and Accountability. This has been measured on: Leadership and advocacy; involvement of Civil Society; Surveillance; Prevention of new HIV infections; Treatment, care and support; Research and; European Neighbourhood. See annex C for the full presentation.

Q: There is no research on prevention so how to get evidence based prove on activities? A: It is about the implementation of a specific action that is adopted by the EC, so it is a matter of “done” or “not done”, and not about its effect. Definitely there is a need for evident based methods.

Q: Certain undocumented people are vulnerable and not mentioned as such A: Wolfgang will check with the ECDC if undocumented are included or not.

Q: Why are only WAD 2006 and 2007 included? A: Because these have been executed.

Q: How are vulnerable people represented since the CSF is not present anymore at the table? A: Aids and Mobility was included. The data might not be completely updated.

Q: The EC interpretation of prevention is restricted, is there an option to use other views? A: we have to consider current documentation, but input from the CSF is important to judge what is really needed and to determine how far we are.

Q: Which activities with neighbouring countries are planned? A: External relations agency have relations outside Europe, but these are solely on an organizational and political level. The intention is to gather people to invest more in knowledge and understanding.

Q: To define prevention we need to be more specific, positive or primary prevention. A: Our first impression is that the Action Plan needs to be less static; updating is an ongoing process.

Q: Considering which programs are supported there are doubts if the approving agency is aware of the action plan. A: The program selection uses external specialists, there is not always a 100% agreement. But, if a program is not granted, do re-apply.

Q: There are gaps concerning human rights and other issues. A: Human rights could be integrated. The EC wants to make CSF and member states aware that input is needed and welcome.

At this stage there is no deadline for the input of member. During the next meeting there can be an extended discussion. Wolfgang will circulate the Action Plan and would like to have input, not wait to next meeting.

## **10 Collaboration with ECDC**

The representatives of ECDC at the NAC meeting were positive about collaboration with the CSF. They were intending to attend this CSF. Nevertheless there has been no response to the letter that was written to Zsuzsanna Jakab by Ton and Nikos.

## **11 Bremen declaration follow up - ARV affordability and pricing**

The work on affordable ARVs was done in the follow up to the Bremen declaration. It was led by Germany and is being piloted in three countries: Bulgaria, Romania and Estonia. The Commission is involved; this involvement is reinforced in the recent EU Council's conclusions saying that the Commission should work on medication affordability.

The process is rather advanced in Bulgaria (leading to follow up negotiations with pharmaceutical companies and pricing reduction is now at bilateral discussion). Bulgaria currently has high pricing of ARVs as they buy small quantities of medications. No much progress is seen in Romania and Estonia. Civil society at least in Bulgaria at least at first meeting was involved. CSF participants from Estonia and Romania are not aware about any processes at national level.

A number of questions were asked about the initiative – the process, whether second line regimen is negotiated, how to get information etc. Clearly, CSF would like to have more information about the process and to get involved directly. CSF members advocate for active civil society involvement (at national and European levels), as its role might be essential in price reduction. This position will be presented at the Think Tank and the feedback from the TT by the CSF will help to identify the further steps.



A possible further step could be a follow up with Ula Schmidt, German Minister of Health (who in person presented the initiative in the CSF) asking for the update in written form. AIDS Hilfe participant will bring the message as well to the ministry of health, Germany.

## 12 Follow up on Civil Society motion on Migrants and Portuguese presidency

Under the leadership of the Portugal's EU Presidency, National AIDS Coordinators (NAC) from 62 countries of the EU and Neighbourhood met to discuss actions raising from the declarations and share good practices. At the end of the meeting, it was proposed to hold such NAC meetings on regular basis but there was no final agreement on the issue.

The Portuguese meeting had a focus on migration, as it is a key health topic of their Presidency. The Council's conclusions will have recommendations on improving migrants' health; they are not specific however to HIV.

At the beginning of 2007, the CSF anonymously adopted a motion regarding universal access and migration, which built a basis for the follow up civil society conference on the issue in July and producing the recommendations on HIV and migration.

The Community Recommendation on HIV and Migration are anonymously adopted by the CSF.

Their text is available in English, Russian, French, German, Portuguese. [www.eatg.org](http://www.eatg.org)

The CSF also acknowledged that there are gaps that are not addressed in the recommendations (high numbers of migrating people in transit countries, like Algeria and Morocco which are becoming destination countries due to 'fortress Europe' protection, also brain drain).

The follow up actions of the recommendations:

- To disseminate for further subscription.
- Community groups should present the recommendations at national level.
- Communicating with the HIV& Mobility network about their follow up
- It is important to have follow up not only in Western Europe but also in Eastern Europe
- Possible focus on a number of recommendations (prioritization discussed further during the meeting)

Concrete follow up issues agreed:

- the key priorities for the follow up are:
  - Mobilization and empowerment of migrant community groups
  - Elimination deportation of people to countries where ARV, HCV and other treatments are not available and not accessible and deportation based on HIV+ status
  - Getting more evidence data/research (including Eastern Europe, ECDC)
- dissemination (mailing, electronic version of the recommendations and press release) (also using international networks, like PICUM, ACRAM, IRAN, ACRA)
- The Recommendation's Steering Committee will be asked to take a lead on the follow up and produce the action plan;
- two more people will join the Steering Committee (UK African Policy Network and Irene/IPPF),
- the key contact person/facilitator is Peter Wiessner, [peter@eatg.org](mailto:peter@eatg.org)

## 13 Strategy on CSF and EU-presidencies

The CSF participants are discussing how to ensure having HIV on agendas of upcoming EU presidencies and how to use NAC meetings if any. Next presidencies are Slovenia, France, the Czech Rep., Sweden. So far, HIV is not among health priorities for any of them. France might have HIV in the development agenda.

During the Slovenian presidency, national meeting by the GF is proposed for the replenishment of the GF. In terms of pan-European event, CSF participants suggested interested in four groups of topics: MSM; Roma; marking the World Hepatitis Day; substitution therapy, drug treatment and prison health. MSM raised the biggest support in the CSF, it is an issue in the West and in the East (e.g. in Ukraine, a recent report revealed 28% of gay men were HIV+, Uzbekistan is still criminalizing MSM, 57% of Roma boys had relations with men). It could build on the European seminar on gay men health (to be presented at the meeting later). It could address homophobia. WHO would be interested in organizing and funding it. There will be big focus to the issue at the Eastern European and Central Asian AIDS Conference in May 2008 in Moscow. Jeff/WHO will follow up.

The Commission could discuss the possibilities to organize conferences on important topics.

In the Czech Rep. Minister of Human Rights is very supportive for having human rights on agenda and is willing to mediate with minister of health. However, the main issue in terms of discrimination and health is expected to be aging.

One CSF participant proposed to identify CSF's priorities and focus on the follow up to the European conference on early diagnosis and care and, secondly, on universal access for vulnerable and at-risk groups.

## 14 Reports from European seminars

### 14.1 European seminar - M&E

It was part of the series of the AIDS Action Europe seminars. Its topic was identified by the members of AIDS Action Europe. It focused how to make monitoring and evaluation without large investment. The products of the seminar include the report of the meeting, leaflet with principles and brochure; they are available on the AIDS Action Europe website: [www.aidsactioneurope.org](http://www.aidsactioneurope.org)

### 14.2 European seminar - legislation and judicial systems in relation to HIV

It is part of the series of the AIDS Action Europe seminars and was hosted by National AIDS Trust, the UK. As presented at the last meeting, the diversity of participants covered diverse range of topics during the meeting and through the pre-seminar survey analysis. The survey revealed that little HIV-specific antidiscrimination legislations are in place, usually it is under general disability legislations. Among the major problems is lack of legal aid, confidentiality and legal representations, as well as discrimination among particular groups and a huge disproportion between the legislative norms and the reality. The key priorities for action and change that were named by the seminar participants were: privacy and data protection, developing NGO capacity and European coordination. The final report should be ready by the end of the year and will be disseminated among the CSF participants.

During the discussion it was pointed complications to use legal mitigations and case-based issue raising: it was hard to find cases and people do not complain even in countries with strong ombudsmen tradition and authority. In order to address issues, we need to use the existing instruments on human rights (new EU agency on human rights, European Parliament's instruments, European legislation, EU data protection working group). Morocco, while was not the target the survey and the seminar, has similar issues – people living with HIV do not know their rights, they don't want to go to court because of mistrust in judicial system workers.

A possibility to have more specific follow up actions was discussed. The following proposals were suggested: to develop a position paper, which could be spread to the DG JLS, other EU institutions and among professionals and academia, involve human rights organizations (Human Rights Watch, Penal Reform International) and specific issue-based journals in the follow up (e.g. International Journal on Prison Health), using the UNGASS/HIV reporting, empowering national organizations for the follow up. NAT is already planning to contact with the EU data protection working group.

Agreed:

- the report, which is to be finalized by 2008, should make specific distinction of recommendations for the EU level and national levels
- AAE Steering Committee will make specific recommendations and what could be done by the CSF
- The report will be disseminated at the end of 2007 or beginning of 2008.

### 14.3 European Seminar - Gay Health

Michal and Arnaud present the report of the seminar which was organized by AIDES, Lasky, AIDS Action Europe. Objective was to share good practices and lessons learned that are likely to improve the quality of the work and to identify shared recommendations. 45 participants from 21 countries were mainly NGO representatives with HIV and MSM focus.

The epidemiology shows higher HIV prevalence among MSM in the West, but also there HIV is better diagnosed, while in the East existing information shows risk-taking behaviors and high homophobia, often violence and intolerance.

NGO uses community-based work, involvement of MSM living with HIV at all levels, uses internet technologies and other strategies in their HIV work among MSM. Interesting examples:

- gayromeo.com by Skunc-Magnus (2000 members from Slovenia they identified and started work in Slovenian language),
- Gay Cruise (a tailored interactive intervention for MSM presented by Rotterdam Municipal Health Services; impact in reducing risk behaviors among people underwent interactive training online).
- general estates, bringing 350 participants for HIV+ gay men with participant driven agenda and with safe space for free speech (AIDES, France)
- safe Fridays organized for HIV+ gay men (Poland)
- LASKY in Russia (since 2000, 20.000 MSM reached in 14 regions (outreach work, training session, marketing strategies to promote condom use etc), partnerships with AIDS clinics and STI clinics to reduce discrimination faces by MSM)
- Romanian gay bars – “popular opinion leader” methodology introduced which was tested in the US but did not work in Romania

The draft recommendation of the meeting are:

- Consistent leadership and commitments to prevention, community involvement, research, LGBT rights
  - MSM are not mentioned in UNGASS 2001 and 2006, EECAAC 2006 statement (while mentioned in Dublin, Vilnius, Bremen declarations, EC Communication, also a priority of ECDC in 2008)
- Prevention means more than raising awareness; sustained efforts are needed in order to reach MSM most-at-risk for HIV (renewed campaigns for each new generation of gay men, systematic access to information condoms, lubricants in MSM settings, reaching members of gay online forums, integrating prevention of other STIs, access to PEP in cases of 'prevention failure')
- Need for new prevention tools (vaccines, anal microbicides)
- Focused research to improve prevention work with MSM (improve understanding of such risk reduction strategies as 'sero-adaptation' and PEP)

Report of the meeting should be produced by the end of the year. It will contribute also to the Global Forum on MSM and HIV, which activities are planned around AIDS2008.

The follow up discussion revealed different realities of funding for work among MSM (8000 EUR funding for overall HIV prevention in Poland, 2.5 m EUR campaign on HIV and MSM in Germany, better funding in the Eastern European countries where the GF support is received), also the challenges of mobilizing activism, in some countries (Spain) gay communities' unwillingness to be related in any way to HIV, need to focus work on risk reduction and management strategies, need for estimations of MSM population (Serbia), addressing homophobia, need to having microbicides and research of new preventive technologies not only for vaginal intercourse and women. A number of CSF members are doing similar work and are interested to share experience. A possible need for the European network on MSM and HIV is raised; some resources for this are needed. AIDS Action Europe does not have funds for the follow up within the project, however will discuss with its Steering Committee about possible follow up.

A general comment on the discussion was that the CSF could benefit from similar presentations if there were better prepared recommendations/expectations from the CSF

A small group on MSM (and possible event during the Slovenian presidency) will be established. The people who submitted their names: Luis Carlos Escobar Pinzon, AIDS Hilfe, head.office@dah.aidshilfe.de,

- Ton Coenen, AIDS Action Europe
- Terry White, All-Ukrainian Network of PLWH, twhite@network.org.ua
- Ferran Pujol Roca, Hispanosida – BCN Checkpoint, fpujol@hispanosida.com
- Arnaud Wasson-Simon, AIDES, aws@aides.org
- Jakob Haff, STOP AIDS, haff@stopaids.dk
- Miran Solinc, miran.solinc@amis.net
- Sandris Klavins, AGIHAS, agihas@latnet.lv
- Vladan Golubovic, CAZAS, vladancazas@cg.yu

## 15 UNAIDS draft Policy Brief HIV transmission and Criminal Law

UNAIDS organized a major consultation on criminalization which involved 50 international participants. Its outcome will be a good paper and should come out soon.

The consultation addressed the current trends of introducing requirement of mandatory disclosure of HIV status in legislation (7 countries in Africa), criminalization of transmission etc. The proposal suggested was to target media, explaining public health arguments, mobilizing more advocacy with national governments.

The CSF participants discussed a personal responsibility of behaviour knowing her/his HIV+ status and the need to promote the responsibility of all people.

## 16 Global Fund – replenishment meeting and agenda

It is important mechanism for disbursing funds for agreed activities, in which civil society has a big role. In the European region, in round 1-6, more than 1 billion US dollars has been allocated. These are 58 grants to 22 countries (mainly HIV, since round 4 TB have equal weight to HIV: 70% of money to HIV; 27% to TB; 3% to malaria).

The work of the GF is based on the promise of governments to continue funding. Example of Estonia – when the GF was running the seminar in Estonia, then government announced the cut of health budget; after big advocacy campaign the national funding is committed by government to be replacing the GF funds.

One of key challenges the GF is meeting with is to ensure that it is not pushed to make business as usual (i.e. direct budget support).

Eligibility criteria for middle income countries have been reviewed recently and are now

- Epidemiology 1% general population or 5% among one of vulnerable groups
- Domestic investment needs to be done
- Being on UMICs list

This means that the criteria is about waiting while epidemics is too late. The new eligibility rules changes already now who can apply. Russia, Estonia, Croatia are not eligible anymore. Soon Kazakhstan, Bulgaria, Azerbaijan and Ukraine might become ineligible. This would mean that 70% of IDUs of the region won't have services any longer after the grants expire.

The EU position was in favor of new eligibility rules.

The discussion was around new EU member states allocating funds for developing aid and how to make part of those money to be dedicated to HIV. It was acknowledged that the recent GF meeting with the civil society groups from the new EU member states was very useful. The Commission's participation in the discussion in new EU members states regarding development funds and those going to HIV is important.

In terms of vulnerable groups, it was explained that their representation is encouraged in country coordinating mechanisms (representation of civil society and PLWH is a must) and like sexual and reproductive health or other issues, in order to have good perspective of needs and interests of vulnerable groups, work at national level has to be done, so that it is in the application to the GF. Secretariat is not influencing applications themselves. Hepatitis which is one of the key infections and diseases in the world is not part of the three biggest killers and in presenter's opinion will not become part of the Global Fund's portfolio. Similarly, it is not supportive to research.

In terms of eligibility rules, the possible bodies who can further influence this are governments who are in the Board's delegations, civil society delegations in the Board (there is now open Eastern European NGO vacancy). There are spaces where to express opinion and get support, e.g. myglobalfund.org, also it is important to voice concerns if any to technical support providers like UNAIDS.

Mick will share the briefing papers on TB.

## 17 Next meeting and other issues

### 17.1 Next meeting

- The next CSF meeting will take place in March or April. The dates will be set in mid-December.
- Agenda should be produced in advance.
- One or two hotels for the CSF participants for the next meeting will be suggested by chairs. It should have rooms at reasonable price.

### 17.2 Other issues

- Recommendation on harm reduction and prisons – need to follow up regarding the timeline
- Based on GF expression of interest, GF representative will participate in the CSF on regular basis.
- After the update of membership, there is a need for a list of CSF members with field of interest. Nikos will prepare and circulate the list of names, email address, organization and interest. The listserv [civil.society@eatg.org](mailto:civil.society@eatg.org) will be upgraded; more than one address of organization is suggested to be added.
- CSF on drugs is newly established. INPUD representatives of drug user community applied but got rejected. Request from INPUD to get explanation from the Commission why it happened and maybe we should support INPUD's request and address. There are still vacancies in the CSF on drugs. CSF on HIV will express its request to the Commission to have a representative of CSF on HIV as observer in CSF on drugs.
- Translation of CSF reports: the Commission does not have means for that. Open appeal to networks to help.
- The CSF members should spread information about the CSF, its documents to local groups.
- Mission statement will be disseminated to participants
- Priorities and action plan:

Following the agreed issues, the action plan is needed with reporting every six months. The action plan could be either internal or external. It should prioritize the CSF agenda and use the Commission's Action Plan. One extra day would be extremely useful for

developing such action plan. In terms of priorities for the next two years, the group of CSF representatives in the Think Tank will submit proposal to the CSF members.

### 17.3 Agenda for the next meeting

Hepatitis is postponed to the upcoming meeting's agenda. CSF Action Plan will be discussed.

## 18 Upcoming events

- European conference on TB, 13-14 December, Bucharest
- Optimal HIV testing and early care, 24-25 November, Brussels. Call to action. (more information [www.hivineurope2007.eu](http://www.hivineurope2007.eu))
- UNGASS/HIV Review meeting, June, New York (more information to come from Ton about the involvement of civil society in the UNGASS process)

## 19 Follow up/Action list

What	Who	When
(Re)circulate reports of previous CSF meetings	Co-chairs	
(Re)send European action plan and communication paper to CSF	Wolfgang	
Send out draft monitoring report Dublin declaration to CSF	Jeffrey Lazarus	
Follow up with letter about issues raised by commissioner Kyprianou	Ton, Nikos CSF	
Draft letter on awareness campaign to ministries of all countries represented in the CSF	CSF	
Ask KNTG about agenda TB community	Ton	
Distribute report on positive prevention to CSF	STI AIDS Netherlands	
Check with ECDC whether undocumented people are included in European Action Plan	Wolfgang	
ARV affordability – making follow up (based on feedback from the TT)	Nikos (to put suggestions forward and facilitate follow up)	
Follow up on migration recommendations – dissemination of materials and submission of draft action plan (suggested by the initiative's steering committee)	Peter Wiessner (together with initiative's Steering Committee)	
Follow up with Slovenia's EU Presidency regarding possibility to organize a meeting on MSM	Jeff Lazarus (CSF group on MSM to be involved)	
Disseminate report of the European seminar on legislation and judicial systems in relation to HIV	NAT representative (Eleonora or Yusef)	
CSF to receive draft recommendation for the follow up after the European seminar on legislation and judicial systems in relation to HIV	Ton with AIDS Action Europe Steering Committee	
Disseminate report of the European seminar on gay health	Arnaud Simon-Wasson	
Disseminate reports of the UNAIDS consultation on criminalization		
Follow up with the Commission regarding timing and further process of the Council's draft recommendation on prison and drugs	Raminta	
Circulating the list of CSF members, their representatives, emails and field of interest	Nikos Dedes	
Spreading information about CSF	CSF members	
Dissemination to the CSF its mission statement	Nikos Dedes	
Preparing proposal regarding the CSF action plan and its linkage with the Commission's Action Plan	CSF representatives in TT	
Proposing one or two hotels for the CSF to stay during the next meeting	CSF Chairs	
Sharing the GF briefing papers on TB	Mick (needs to be reminded)	



## 20 Annex A: List of Participants

ALIJEV	Latsin	Estonian NPLWH
BERGLÖF	Andreas	HIV Europe/NordPol
BIJL	Murdo	IAVI
BJÖRKENHEIM	Corinne	Finnish AIDS Council
BRIGGS	Eleanor	National AIDS Trust
BRUSSA	Licia	TAMPEP
BRUTTIN	Daniel	Swiss AIDS Federation
CERIOLI	Alessandra	LILA
COENEN	Ton	AIDS Action Europe
CUCIC	Viktorija	JAZAS
DEDES	Nikos	EATG
DEKOV	Vlatko	HOPS
DJUMA	Vitaly	Russian Harm Reduction Network
DONADIO	Irene	IPPF EN
GHERMAN	Liliana	Soros Foundation Moldova
GOLUBOVIC	Vladan	CAZAS
HAFF	Jacob	STOP AIDS
HAGEBÖLLING	Mirjam	Action against AIDS
JIRESOVA	Katarina	OZ Odysseus
KANDZHIKOVA	Violeta	HESED
KHODAS	Hanna	All-Ukrainian Network of PLWHA
KLAVINS	Sandris	AGIHAS
LOIZOU	Christina	RUBSI
MELLOUK	Othman	ALCS
MENDAO	Luis	GAT
MINALTO	Michal	Social AIDS Committee
MUCOLLARI	Genci	Aksion Plus
NOVIKOV	Alexander	BAN
PINZÓN	Luis Carlos Escobar	Deutsche AIDS Hilfe
PROCHAZKA	Ivo	Czech AIDS Help Society
PUJOL I ROCCA	Ferran	Projecte dels NOMS - Hispanosida
RATIU	Luminita	RAA
REYNOLDS	Rhon	AHPN
SIMON	Arnaud W.	AIDES
SMIRNOV	Sergey	Regional public organisation "Community of People Living with HIV"
SOLINC	Miran	SKUC-Magnus
STUIKYTE	Raminta	EHRN (formerly CEEHRN)
TOMCZYNSKI	Wojciech	ECUO
WESTRA	Iti	AIDS Action Europe
<b>OBSERVERS</b>		
Haveraux	Denis	UNAIDS
LAZARUS	Jeffery	WHO-EURO
PHILIPP	Wolfgang	SANCO C4
THAYER	Katie	SANCO C4

Minutes: Raminta Stuiyte (EATG) and Iti Westra (AIDS Action Europe), November 2007



## 21 Annex B: Presentation on progress WHO report (April 2007)

<p>Slide 1: Progress Report on Implementing the Dublin Declaration on Partnership to Fight HIV/AIDS in Europe and Central Asia</p> <p>EC Think Tank, 25 April 2007</p> <p>Jeffrey V. Lazarus, Advocacy and Community Relations World Health Organization</p>	<p>Slide 2: Why monitor? From the Dublin Declaration (33):</p> <ul style="list-style-type: none"> <li>• “We commit ourselves to closely monitor and evaluate the <u>implementation of the actions</u> outlined in this Declaration, along with those of the Declaration of Commitment of the United Nations General Assembly Session on HIV/AIDS, and call upon the European Union and other relevant regional institutions and organisations, <u>in partnership with the Joint United Nations Programme on HIV/AIDS</u>, to establish adequate forums and mechanisms <u>including the involvement of civil society</u> and people living with HIV/AIDS to assess progress at regional level every second year, <u>beginning in 2006</u>.”</li> <li>• See the Declaration at: <a href="http://www.euro.who.int/eprise/main/WHO/Progs/SHA/treatment/20051018_1">http://www.euro.who.int/eprise/main/WHO/Progs/SHA/treatment/20051018_1</a></li> </ul>
<p>Slide 3: What are we monitoring? The commitments against which the Member States in the WHO European Region primarily are measured are derived from the 33 actions of the Dublin Declaration:</p> <ul style="list-style-type: none"> <li>• Provide increased and results-based financial and technical resources to scale-up access to prevention, care and sustained treatment</li> <li>• By 2005, provide <i>universal access</i> to effective, affordable and equitable prevention, treatment and care, including safe antiretroviral treatment to people living with HIV/AIDS</li> <li>• By 2010, eliminate HIV infection among infants</li> </ul>	<p>Slide 4: Dublin report content</p> <ul style="list-style-type: none"> <li>• Foreword, Introduction</li> <li>• Thematic overviews (15) (with country examples e.g. new technologies, human rights, stigma &amp; discrimination, equity issues, protective factors for HIV among IDUs, legislation, universal access to prevention, treatment and care, workplace issues, emerging issues (e.g. hepatitis co-infection or human resources to provide and ensure treatment)</li> <li>• Country overviews (e.g. 10 pages for France Germany, Moldova, Poland, Portugal, United Kingdom, Ukraine)</li> <li>• Matrix of indicators</li> <li>• Statistical annex</li> </ul>
<p>Slide 5: 15 thematic overviews*</p> <p>Leadership and Partnership</p> <ul style="list-style-type: none"> <li>• Political leadership (Commitments 1, 3, 5, 6, 26, 30, 32, 33)</li> <li>• Community involvement (Commitments 2, 4, 5, 24, 27, 30, 32)</li> <li>• Resource generation (Commitments 1, 7, 8, 9, 13, 17, 29)</li> </ul> <p>Prevention</p> <ul style="list-style-type: none"> <li>• Injecting drug use and HIV (Commitment 10, 13, 25)</li> <li>• Most-at-risk populations (Commitments 9, 13, 18, 25)</li> <li>• Gender equity (Commitments 10, 13, 14, 20, 21)</li> <li>• Paediatric AIDS and PMTCT (Commitments 3, 11, 12, 14)</li> <li>• Young people (Commitments 3, 8, 13, 14, 18)</li> <li>• HIV at the workplace including the uniformed forces (Commitments 2, 15, 28)</li> <li>• Sexually transmitted infections (Commitment 16)</li> <li>• Research and new technologies (Commitments 19, 22, 24, 29)</li> </ul> <p>Living with HIV/AIDS</p> <p>Treatment and care (Commitments 13, 21, 23, 25, 28)</p> <ul style="list-style-type: none"> <li>• Stigma, discrimination and human rights (Commitments 1, 20, 31)</li> <li>• Testing and counselling (Commitments 10, 13)</li> <li>• Prisons</li> </ul> <p>*2–10 pages each</p>	<p>Slide 6: Process (1) Overall editorial Advisory Board</p> <ul style="list-style-type: none"> <li>• Henrique Barros [hbarros@med.up.pt] (Portuguese Ministry of Health)</li> <li>• Ton Coenen [TCoenen@soaids.nl] (Co-chair EU Civil Society Forum, AIDS Action Europe)</li> <li>• Nikos Dedes [ndedes@hol.gr] (Co-chair EU Civil Society Forum, European AIDS Treatment Group)</li> <li>• Ian Grubb [grubbi@who.int] (WHO HQ)</li> <li>• Michael Huebel [Michael.Huebel@cec.eu.int] (European Commission)</li> <li>• Gisela Lange [Gisela.Lange@bmg.bund.de] (German MoH)</li> <li>• Bertil Lindblad [lindblad@unaids.org] (UNAIDS)</li> <li>• Francoise Hammers (ECDC)</li> <li>• Paul Griffiths [Paul.Griffiths@emcdda.europa.eu] (EMCDDA)</li> </ul>
<p>Slide 7: Process (2) Lead agencies/groups:</p> <ul style="list-style-type: none"> <li>• May choose to hire a consultant to assist with the development of the section, but will be responsible for ensuring the timely delivery of the material.</li> <li>• Should review progress since February 2004 for their respective topics and include key references.</li> <li>• Draw on the data for each of the 33 actions' indicators, as set out in the indicator matrix, and critically review these indicators, including suggestions for new ones where relevant or provide further, detailed, questions to make sense of the indicator.</li> <li>• Create and consult with an advisory group (govt. and NGO/CBO)</li> <li>• Each chapter should be under 10 pages.</li> </ul>	<p>Slide 8: Process (3) Advisory groups Include:</p> <ul style="list-style-type: none"> <li>• Governmental (e.g. HIV/AIDS ministerial focal points)</li> <li>• Non-governmental experts, e.g. all members of the EU Civil Society Forum have been invited to join the advisory groups.</li> <li>• EU (e.g. ECDC, EMCDDA and DG Sanco and Research)</li> <li>• UN experts (all interested UNAIDS co-sponsors)</li> </ul>
<p>Slide 9: Process (4) Timeline</p> <ul style="list-style-type: none"> <li>• 12 January 2007: Agree on the joint publication and contents</li> <li>• 5 Jan -22 Jan 2007: Finalise matrix of indicators to be reported</li> <li>• 25 January 2007: Commission thematic material</li> <li>• 12–13 March 2007 (Bremen HIV/AIDS conference): Present work in progress</li> </ul>	<p>Slide 10: Contact us to get involved</p> <ul style="list-style-type: none"> <li>• Responsible officer: Srdan Matic [sma@euro.who.int]</li> <li>• Overall coordination: Jeffrey Lazarus [jla@euro.who.int]</li> <li>• Indicator matrix: Ulrich Laukamm-Josten [ulj@euro.who.int]</li> <li>• Country reports/statistical annex: Stine Nielsen [sni@euro.who.int]</li> </ul>

<ul style="list-style-type: none"><li>• <u>18 May</u>: Thematic sections completed (first full draft)</li><li>• 18 May–6 June: Editing/Revision of the thematic sections</li><li>• February–April 2007: Draft 7 country reports (France, Germany, Moldova, Poland, Portugal, United Kingdom, Ukraine)</li><li>• 1–17 May: Country reviews of country reports</li><li>• 7–25 June 2007: External review and revisions</li><li>• 25 June–25 July 2007: Copy-editing</li><li>• August 2007: Layout</li><li>• End August 2007: Publication</li><li>• Summer 2007: Develop 30-page policy brief</li><li>• Autumn 2007: Inclusion on the EU Think Tank and Civil Society Forum agendas and at the Portuguese EU Presidency HIV/AIDS meeting (12–13 Oct)</li><li>• WAD 2007: Policy brief release on Dublin Dec and health systems</li></ul>	
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## 22 Annex C: Presentation on the implementation of the HIV/AIDS Action Plan (CSF/TT November 2007)

<p>Slide 1: On the Implementation of the HIV/AIDS Communication Action Plan</p> <p>Wolfgang Philipp European Commission Directorate General Health and Consumer Protection Unit C4 – Health Determinants Luxembourg, 9th Think Tank meeting, 15 November 2007</p>	<p>Slide 2: Why an action plan: CO-ORDINATION Joint actions to combat HIV/AIDS epidemic in EU and ENP countries</p> <p style="text-align: center;">↓</p> <p>PREVENTION</p>
<p>Slide 3: EU HIV/AIDS Strategy “on combating HIV/AIDS within the European Union and in the neighbouring countries, 2006-2009”</p> <ul style="list-style-type: none"> <li>• Building Partnership</li> <li>• Leadership and advocacy</li> <li>• Involvement of civil society</li> <li>• Surveillance</li> <li>• Prevention of new HIV infections</li> <li>• Treatment / Care / Support</li> <li>• Research</li> <li>• Neighbourhood</li> </ul>	<p>Slide 4: European co-operation</p> <ul style="list-style-type: none"> <li>• Member States</li> <li>• Civil Society</li> <li>• ENP Countries</li> <li>• International Organisations</li> <li>• Commission</li> <li>• ECDC</li> </ul>
<p>Slide 5: Monitoring and accountability</p> <ul style="list-style-type: none"> <li>• COM: no specific budget for implementation, co-ordination, support through PHAP, research framework programmes (RTD), conference and WG support, political support</li> <li>• Specific actions must be realised by MS, CS and other partners</li> </ul>	<p>Slide 6: 1. Leadership and Advocacy</p> <ul style="list-style-type: none"> <li>• Working group</li> <li>• Conceptualise problems</li> <li>• Conferences: Bremen + Lisbon</li> <li>• Report on human rights issues</li> </ul>

### Slide 7: 1. Leadership and advocacy

AREA	ACTION	RESULTS	TARGET	STATUS	COM	TT	MS & ENP	NGOs	CSF	WG	EU Presidency	EXT	Putative Indicators	ACTIVITIES REQUIRED or DELIVERED
HUMAN RIGHTS	Establish working group	"WG on human rights" established	III/2006	OK?								UNAIDS WHO Euro	regular meetings	one meeting, regular communication between partners
	Conceptualise problems	report with recommendations to TT	IV/2007	OK?	X	X		X	X	X			report	chapter on human rights in UNAIDS/WHO report on Dublin declaration commitments
	organise conference on HIV/AIDS and human rights	Bremen HIV/AIDS conference		I/2007	OK	X		X	X		DE		number of meetings	report and conclusions produced and promoted (REF)
		Lisbon meeting on HIV/AIDS and migration		III/2007	OK	X					PT	UNAIDS WHO Euro		report and conclusions produced and promoted (REF)
	Civil Society Lisbon meeting on HIV/AIDS and migration		III/2007	OK				X	X	X				report and conclusions produced and promoted (REF)
TEXT Communication Actions	NONE													

Slide 8: 2. Involvement of Civil Society

AREA	ACTION	RESULTS	TARGET	STATUS	COM	TT	MS & ENP	NGOS	CSF	M/G	EU Presidency	EXT	Putative Indicators	ACTIVITIES REQUIRED or DELIVERED
POLICY DEVELOPMENT AND IMPLEMENTATION	HIV/AIDS Civil Society Forum	group established, operational and active, meetings 2x/yr	II/2006	OK	X	X		X	X				Meet 2x/yr report on outcome of discussions to TT	delivered: regular meetings, regular reporting, operational framework
PREVENTION AND TREATMENT	develop training programs for NGOs re. involvement in:												Agree	
	1. ARV treatment	Ongoing: training program on treatment preparedness	III/2007	OPEN	X		X	X						
	2. Prevention programs	Done: training program on prevention with focus on harm reduction for IDUs	II/2007	OK	X		X	X				PHEA		projects receiving support through PH action programme
	implement training program	Open: number of NGO representatives trained annually	I/2008 +	OPEN	X		X	X						
Communication Actions	National/regional authorities called on to promote involvement of NGOs in policy dev & implementation. Businesses to strengthen response to epidemic and help implement prevention strategy?													info needed from Member States. Business response to be addressed and analysed

Slide 9: 3. Surveillance

AREA	ACTION	RESULTS	TARGET	STATUS	COM	TT	MS & ENP	NGOS	CSF	M/G	EU Presidency	EXT	Putative Indicators	ACTIVITIES REQUIRED or DELIVERED
Coverage of data	complete geographic coverage of HIV case reporting within the EU and the WHO European region	ongoing: meetings with ECDC and WHO-Euro, EuroHIV	2006	OPEN			X					EuroHIV WHO-Europe ECDC		Recent discussions with Spain should lead to their starting national HIV reporting. Collaboration with DG-Sanco needed to achieve the same with Italy
	complete the geographical coverage of HIV single case reporting		2008	OPEN			X					EuroHIV WHO-Europe ECDC		

HIV-related information	Reassess the objectives for HIV/AIDS surveillance to gain information on severe HIV morbidity, access to diagnosis and treatment	Part of the future ECDC surveillance strategy for HIV/AIDS	2006	OPEN			X													First discussions have been held, draft objectives have been prepared, and comments on these will be sought shortly
System development	Develop an integrated database for HIV and AIDS surveillance	Ongoing: meeting with ECDC and EuroHIV	2007-2008	OPEN			X													On going. Migration of historical data from EuroHIV to the ECDC database in December 2007. Prospective collection on HIV/AIDS case reporting in the ECDC central database starts in 2008.
Develop behavioural data collection	Start with an inventory of behavioural surveys already existing in MS	Ongoing: proposal drafted	2006	OPEN			X													Call for tender to carry out this work - published and awaiting bids
	Establish list of important prevention indicators	On going, initial survey on indicators used in MS carried on	2007-2008	OPEN			X													report of the survey drafted and will be published shortly. Work on-going

Slide 10: 3. Surveillance -2

AREA	ACTION	RESULTS	TARGET	STATUS	COM	TT	MS & ENP	NGOs	CSF	WG	EU Presidency	EXT	Putative Indicators	ACTIVITIES REQUIRED or DELIVERED
Sentinel surveillance for early warning	Facilitate sentinel surveillance in high-risk groups in MS with low-level epidemic	On going	2006	OPEN			X					EuroHIV ECDC		part of the future objectives for surveillance
surveillance and migrants	Carry out surveillance & research focused on HIV/AIDS and certain mobile populations.													Surveillance data will be presented by country of origin. Report on epidemiological situation of HIV in migrants plan for 2008
HIV incidence	Estimate HIV incidence in Europe	Study on tests to assess serological HIV incidence assays done by EuroHIV/HPA	2007	OPEN			X					EuroHIV WHO-Europe ECDC		Progress report to be published in a meeting in February 2008, activity to be continued into 2008
HIV prevalence	Provide HIV prevalence estimates for Europe	Estimates currently done by UNAIDS	2006	OPEN			X					EuroHIV ECDC		next report for 2006 data to be published on 30th November
Data protection	Work with MS to identify problems with protection of personal data		2006-2007	OPEN	X		X					EuroHIV ECDC		

Development of resistance	Facilitate Europe-wide surveillance on HIV drug resistance	Ongoing -- meeting with European networks and WHO	2007-2008	OPEN	X		X								EuroHIV ECDC	Activities limited to networking and exchange of information at this stage
Communication Actions	General: Commission will promote surveillance as an important basis for strategies/policies to combat AIDS. Commission will support collection & analysis of data through existing structures. MS should ensure availability of human, financial & material resources to facilitate data collection.															

Slide 11: 4. Prevention of new HIV infections -1

AREA	ACTION	RESULTS	TARGET	STATUS	COM	TT	MS & ENP	NGOs	CSF	WG	EU Presidency	EXT	Putative Indicators	ACTIVITIES REQUIRED or DELIVERED
SEXUAL TRANSMISSION	develop strategy to promote safer sex and reduce risk-taking behaviour among youth	Ongoing: safe sex strategy	2006	ongoing	X					SRH		RT on SS	Produce effective toolkits for holistic, pan-European approach to safer sex, of relevance to different actors in prevention/ promotion of safe sex. Produce media spots promoting safer sex.	
	Rountable on safer sex		2006 +	OK	X		X	X				Industry	Has met times to promote action.	RT : Concept paper for sexual health strategy drafted. Ready for further development involving Member States, Civil society and industry.
	WG on sexual health		2006 +	OK	X								Re-activate the WG	further pursued as WG elaborating sexual health strategy
MTCT	report on status in Europe	taken up in PH action program; low quality response		OK	X							ECDC		Study commissioned on barriers to HIV testing, including among pregnant women
HARM REDUCTION	monitor implementation of Council recommendation of 18 JUN 03	Ongoing: report	2007	OK	X		X						Implementation of Council recommendation of 18 JUN 03 on health-related harm associated with drug dependence.	report adopted
BLOOD	monitor MS data related to transmission of HIV by blood and blood components (COM directive 2005)	Ongoing:	IV/2007	OPEN	X		X							
YOUTH	include youth as priority target group for development of public health intervention	Ongoing: European Youth Forum involved in policy formation	2006 +	OPEN	X		X	X				IO		

PRISONERS	HIV prevention strategies and best practices for HIV prevention for prisons	prevention strategy, included in COM communication on drugs in prisons	2006	OK	X		X	X							IO	Commission to draft recommendation.	
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Slide 12: 4. Prevention of new HIV infections -2

AREA	ACTION	RESULTS	TARGET	STATUS	COM	TT	MS & ENP	NGOs	CSF	WG	EU Presidency	EXT	Putative Indicators	ACTIVITIES REQUIRED or DELIVERED
POPULATION WIDE INFORMATION	EBU health information platform	ongoing: RT on safer sex; project under PH action program	2006	OK	X		X					EBU	EHIP set up in Feb 2005. Make regular use of it to circulate important issues re. HIV/AIDS.	
AWARENESS RAISING GENERAL PUBLIC	visibility to HIV/AIDS in Europe	night of commercials	2006-2009	OK	X			X					Held in Nov 2006	World AIDS day activities 2006 and 2007
	lin Europe into World AIDS campaign	open:		OK	X								Prepare a Europe-wide event for WAD	World AIDS day activities 2006 and 2007
	promote prevention and voluntary counselling and testing			OK	X			X					Relaunch idea of VCT	conference Nov 2007, more activities
EDUCATION	consensus meeting best practice on HIV/AIDS peer education	open: report on meeting and follow-up	2006	OPEN	X		X					IO	Hold meeting Exchange good practices on HIV/AIDS & peer education	

Slide 13: 5. Treatment, care and support

AREA	ACTION	RESULTS	TARGET	STATUS	COM	TT	MS & ENP	NGOs	CSF	WG	EU Presidency	EXT	Putative Indicators	ACTIVITIES REQUIRED or DELIVERED
ACCESS VULNERABLE GROUPS TO SERVICES	<b>European inventory</b> on best practices on drug treatments	open: Inventory		OPEN			X	X					Produce inventory of best practices in drug treatment	
	<b>guidelines</b> on access to treatment for vulnerable populations	open: guidelines		OPEN	X		X	X					Establish guidelines, check on existing WHO guidelines	
	capacity building of service providers	ongoing: PH action program: training program for services providers		OK	X							PHEA	number and quality of projects funded	e.g. bordernet, AIDS and mobility, TAMPEP, AIDS action and integration
TREATMENT PREPAREDNESS	patient-friendly info on treatment	package to be distributed		OPEN	X		X	X						
	training module on treatment preparedness	open: training module	2006	OPEN	X		X	X						



SERVICE STANDARDS	develop toolkit for comprehensive services	open: toolkit																		
AFFORDABLE ARV	explore possible solutions	ongoing: solutions to reduce costs for ARVs depending on situations		OK	X		X						Pharma							Trio-Presidency post Bremen ARV initiative
LABORATORIES, TRAINING, SUSCEPTIBILITY TESTING	integration HIV/AIDS in university and medical education curricula	open:		OPEN	X		X						WHO ECDC Univ Med Assoc							
	network of national reference laboratories for HIV susceptibility testing	open: network establishes		ongoing	X		X	X					ECDC							ECDC links with DG-Research. Liaison with funded projects under Sept 2007 call will be developed.
	assess needs in HIV at national level	open: national inventories	2008	ongoing			X	X					ECDC MA							ECDC national focal points for microbiology nominated. Needs assessment in HIV will be brought up in next meeting

Slide 14: 6. Research

AREA	ACTION	RESULTS	TARGET	STATUS	
ADVANCE TREATMENT	Establish European Network of clinical trials	ongoing: new strategies for management of HIV infection	2007-2011	OK	COM, MS, Industry, Patient organisations
FACILITATE VACCINE/MICROBICIDE RESEARCH	Establish European Network for vaccine/microbicide research	ongoing: standardisation of HIV research tools; new candidate molecules/approaches; close cooperation with global research initiatives	2007-2011	OK	COM, MS, Research Centres, Industry, SMEs, Patient organisations
COHORT STUDIES	Establish network of European cohort studies	ongoing: new treatment options to fight resistance to HIV drugs, PMTCT	2006-2009	OK	COM, clinical trials centres

Slide 15: 7. European Neighbourhood

AREA	ACTION	RESULTS	TARGET	STATUS	COM	TT	MS & ENP	NGOS	CSF	WG	EU Presidency	EXT	ACTIVITIES REQUIRED or DELIVERED
EUROPEAN NEIGHBOURHOOD COOPERATION	EC participation in the work of the country co-ordinating mechanisms	open: presence and co-operation	2006 +	OPEN	COM MS								delivered: EC financing of projects run through external organisms such as WHO; co-operation re-inforced through contacts with Ministry. To be extended.

	organise expert meeting on HIV/AIDS	ongoing: meeting fixed	2007	OK	COM DEL, WHO Euro, Partners										meeting co-organised with WHO Moscow: EU - Russia dialogue on HIV/AIDS
ENP partners	EC participation in the work of the country co-ordinating mechanisms	open: presence and co-operation	2006 +	OPEN	EC DEL, COM, ENP Partners										stronger participation in RELEX structures, e.g. in EU - Ukraine subcommittee 7, negotiating on PH and specifically on HIV/AIDS
	invite ENP partners to TT meetings	ongoing: exchange of info on best practices, active participation	2006 +	OK	COM, MS, NGOs, Partners										done: 4 ENP countries regularly invite and included, think about extension
	invite ENP partners to HIV/AIDS related meetings/conferences	ongoing: participation,	2006 +	OK	MS, COM, NGOs, Partners										delivered: National AIDS coordinators meeting in Lisbon, October 2007
	surveillance	ongoing: surveillance data available, ensure that networks cover Southern Mediterranean countries	2009	OK	ECDC, EpiSouth										
	targeted HIV/AIDS meetings for ENP partners	ongoing: exchange of info and best practices	2007 +	OPEN	COM, MS, ENP Partners										open for discussion and frame

<p>Slide 16: Gaps</p> <p>1/ Leadership and advocacy: none</p> <p>2/ Involvement of Civil Society:</p> <ul style="list-style-type: none"> <li>- training program on treatment preparedness</li> <li>- Implement prevention training programs</li> <li>- Involvement of NGOs in policy development (nat.)</li> </ul> <p>4/ Prevention of HIV transmission:</p> <ul style="list-style-type: none"> <li>- Data on HIV blood transmission</li> <li>- education (whole block)</li> </ul> <p>5/ treatment, care and support:</p> <ul style="list-style-type: none"> <li>- access of vulnerable groups to services</li> <li>- treatment preparedness and service standards</li> <li>- laboratories, training, susceptibility testing</li> </ul> <p>6/ neighbouring countries and Russia</p> <ul style="list-style-type: none"> <li>- EC participation in country coordination mechanisms</li> </ul>	<p>Slide 17: Focus 2007 /2008</p> <ul style="list-style-type: none"> <li>• exchange of experiences on national/international HIV/AIDS prevention</li> <li>• innovative strategies to promote safer sex among adolescents and high risk populations</li> <li>• initiation of European business to co-operate on HIV/AIDS</li> <li>• European HIV/AIDS event ~ 1 Dec 2007</li> <li>• HIV/AIDS and migration</li> <li>• Recast HIV/AIDS policy</li> </ul>
<p>Slide 18: action plan implementation</p> <p>how do we share tasks?</p> <ul style="list-style-type: none"> <li>• should the plan be followed as it is?</li> <li>• prioritisation?</li> <li>• needs? updates?</li> </ul> <p style="text-align: center;">↑</p> <p>YOUR CONTRIBUTIONS</p>	