

Civil society reflection on the development of a regional action plan for HIV, hepatitis and STI 2022–2030

Ganna Dovbakh,

Eurasian harm reduction association (EHRA),
EU Civil Society Forum on HIV/AIDS, Hep and TB



EU Civil Society Forum on HIV/AIDS, Hep and TB

62 civil society members from 28 European countries:

with 47 national NGOs and

15 organisations that work on the regional/global level



WE welcome community focus of the regional action plan

Integration of the HIV, viral hepatitis and STIs into a single plan and into health systems

Promotes patient-centred services across conditions, rather than disease focused care

Focused on populations most affected and at risk, including the key populations which allows for better differentiated care tailored to the needs of key populations

Promotes equity and increased role of community across diseases

Setting targets in line with UNAIDS strategy



We do need help in response to needs

Integrated and people-centred approach to services for key groups such as person using drugs, MSM, trans* people, migrants, sex worker and people living with HIV need to include not only prevention, testing and treatment response to infection diseases, but also actions to address:

- Access to health care, low level of vaccination and challenges in treatment of COVID-19;
- Social inequalities,
- Human rights violations and gender based violence,
- Poverty: housing problems, social dis-adaptation and unemployment.

Civil society organisations who are providing such services as safe consumption places, community centres or other comprehensive support to key groups need to be supported within health system as well as integrated into social care system.

Key challenges with political will

- Lack of **sustainable funding** for specific outreach services, especially challenges in EECA countries, crises with harm reduction funding in SEE countries, Romania, Bulgaria, challenges in majority of countries
- Lack of **support to KP community groups** who are providing peer-led services, doing community-led monitoring and leading in advocacy for access to services.
- **Criminalisation, stigma and discrimination** of key groups is still an issue. Integration of services into primary health care will bring even more need in training and sensitisation of doctors to needs and rights of key groups. In non-EU countries of the region criminalisation of key groups and repressive drug policy is the challenge for most in need people to contact health system.