

# Report of the 3<sup>rd</sup> HIV/AIDS Civil Society Forum

Brussels, November 21-22, 2006

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



## Content

1	Introduction .....	2	
2	Opening .....	2	
3	European awareness raising initiative .....	3	
4	ECDC conference .....	3	
5	Evaluation of the Dublin declaration .....		Verwijderd: 3
6	Human rights and HIV/AIDS .....		Verwijderd: 3
7	CSF other issues .....		Verwijderd: 3
8	CDC guidelines on testing .....		Verwijderd: 3
9	EU policy on HIV/AIDS and IV drug users .....		Verwijderd: 3
10	Priorities of the Forum .....		Verwijderd: 3
11	Euro barometer .....	1	Verwijderd: 3
12	German Presidency conference on HIV/AIDS .....	1	Verwijderd: 3
	Follow up/Action list .....	14	Verwijderd: 3
	Annex A: List of Participants .....	15	Verwijderd: 3

## 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 organisations, including those representing people living with HIV/AIDS, in policy development and implementation and in information exchange activities. The Forum includes about 30 organisations from all over Europe representing different fields of activity (see annex A for participant list of this meeting). The Forum acts as an informal advisory body to the European Think Tank on HIV/AIDS. This third meeting of the CSF focused on the German Presidency conference, the evaluation of the Dublin declaration, human rights, EU policy and IV drug use and guidelines for testing, among others.

## 2 Opening

### 1a). Report from last meeting

The CSF requested the presence of a high-level Commission representative to update the CSF on the status of the Dublin Declaration implementation, monitoring and evaluation. Dadi Einarsson explained that neither the director nor the head of unit was able to attend. Ton Coenen stated that we have to discuss how we can Commission representatives to respond to these kind of requests from the CSF.

CSF leaflet: Arnaud W. Simon has integrated comments from the CSF and sent the leaflet last week to the CSF. It is agreed that the version already circulated is the final version.

### 1b). Agenda of the HIV/AIDS Think Tank meeting

Ton Coenen informed the CSF about the different agenda items. Many of those are also on the agenda of the CSF.

### **3 European awareness raising initiative**

Corinne Björkenheim explained that there has been a small meeting convened by the Commission to discuss the Commission's awareness-raising plans. There are plans to develop a European clearinghouse that can be used by member states to brand their national campaigns. Martine de Schutter recommended to coordinate with the AIDS Action Europe Clearinghouse that is currently being developed. The meeting also focused on the selection of a European theme for World AIDS Day 2007. Two topics were considered priority: raising hiv/aids awareness and addressing stigma and discrimination.

Dadi Einarsson explained that since that meeting a round table was established and a big awareness-raising event will take place in Brussels on November 30. The event 'Aids: remember me?' includes a contest of 30 television spots from the member states, voting is ongoing on the web [www.aids-remember-me.eu](http://www.aids-remember-me.eu)). There is also a big banner on the Berliamont building. There is no specific budget for new initiatives. The Commission will not develop a big campaign, but focus on different kind of actions like the examples mentioned.

### **4 ECDC conference**

Ton Coenen explains that there was a discussion at the meeting in Stockholm on what the ECDC should be doing. There was agreement on their role in surveillance, but the ECDC has more ambitions in relation to MSM, the epidemic in the Baltic states, testing and migrants.

Srdan Matic informs that there was a meeting last week in Paris where the ECDC made a statement that they will take up the issues mentioned above and that the meeting in Stockholm adopted this agenda. The ECDC will do an evaluation of all the networks of infectious diseases, including EuroHIV. ECDC wants to come up with a European guidance on testing in 2007.

There is concern that the ECDC is missing on priority groups like sex workers, drug users and people already HIV positive as well as a lack of analysis of the common element of vulnerability. The CSF feels that we should create stronger links. There is a framework of cooperation between WHO Europe and ECDC including regular meetings to come to a joint agenda and work plans on joint issues. But is an unequal relationship, since the ECDC has money and power to impose rules and solutions on member states while the WHO can not. Dadi Einarsson adds that the Commission is in close coordination with the ECDC.

In conclusion the CSF agrees on voicing the following concerns to the ECDC:

- CSF is working on issues the ECDC is starting to take on. We wish to collaborate and will therefore invite them as observers to the CSF.
- We have concerns regarding their priority setting and will invite them to discuss the report from the ECDC meeting.
- We are concerned with the regional discrepancy between the WHO region and ECDC region.
- We need to share positions on specific issues.
- The gap in epidemiology at EuroHIV.

Nikos Dedes and Ton Coenen will follow-up.

## 5 Evaluation of the Dublin declaration

There is no monitoring in place at present. At the ECDC meeting there was a questionnaire, but it wasn't a general evaluation. Will there be an M&E system? What should be done in order to get it going? Many CSF attendants expressed their concern that there is no plan. Dublin is a great declaration, but without a monitoring tool it's just nice words on paper.

Dadi Einarsson explained that the Commission doesn't have a formal position yet. They think about sustainable monitoring as part of regular surveillance, with a few indicators that countries could agree on and that is in their interest. Is all under discussion internally in DG Sanco. It is not considered a high priority. The Commission has discussed with ECDC to develop the indicators after the surveillance is on good track. In DG Sanco only 2 persons are working on HIV/AIDS and sexual and reproductive health. They have to prioritise.

Srdan Matic explained that there will be no system by the end of 2006. different pieces of monitoring are being done. The ECDC will take surveillance over from EuroHIV only in 2008. UNAIDS is focusing on UNGASS indicators which are not very real indicators. WHO does only monitoring of treatment and is developing a monitoring system for some parts of prevention. There is no mechanism in Europe that brings this all together. It doesn't work mainly because of lack of resources. Even if ECDC wishes to monitor, will they have the resources?

The CSF is of the opinion that the monitoring of Dublin Declaration should have priority. It is a disappointment that the Think Tank doesn't have the issue on the agenda but the CSF representatives will bring it in. In the draft Bremen declaration the Commission is asked to continue monitoring. How does this relate to the lack of priority? Dadi Einarsson doesn't know if the Commission will have resources or not. The recent agreement on the EU budget basically means reduction in funds for the public health programme with 1-2 million less a year. Priorities of DG Sanco are implementation of the communication, consultation forums with presidencies, awareness-raising initiative, ECDC relation and surveillance issue, and pushing the political agenda, advice colleagues external relations. DG Sanco defines its priorities in the task force, the unit and in consultations with other DGs. Although the Commission is not explicitly monitoring Dublin certain things are monitored. An update of the Communication Action plan is planned for the first half of next year. It will be on the agenda of the next meeting of the CSF and TT and probably through consultation by email as well. The European Parliament has started an ongoing process of writing report on status of epidemic in Europe, the rapporteur will be in contact with Ton Coenen and Nikos Dedes to get input from civil society.

In conclusion the CSF agrees on the following actions:

- We need to voice loud and clearly that there should be a monitoring system in place and publicly ask for that. The CSF will prepare a statement directed towards the Commission and inform the European Parliament that we will do so. The open statement to the Commission will be sent as well to the Ministries of Health from the member states and other countries, the ECDC, the European Parliament, WHO, UNAIDS. The statement will call for the identification of monitoring and evaluation indicators and will include the right to life in the appeal. Luis Mendão will provide as input a letter that he wrote to national government. Nikos Dedes, Peter Wiessner, Shona Schonning, Irene Donadio, Raminta Stuikyte, Ton Coenen, Luis Mendão. The statement and press release will be launched around December 1. A follow-up action plan will be on the agenda of our next meeting.

- The CSF will communicate to the Commission that it is vital to have members of the Commission HIV/AIDS task force attend the CSF, in addition to Dadi Einarsson.

## **6 Human rights and HIV/AIDS**

### *6 a). Questionnaire report*

At the last CSF the preliminary results were presented and it was decided to still include some countries and look better at qualitative data. It turned out that the data are not good enough to make a report out of it. We only can use it as an advocacy tool by summarising some of the key issues and use them. This is a learning experience for the CSF since it shows that without resources and capacity it's difficult to really do a thing like this. We should also recognise that the CSF is not a technical body. We are an advisory body, the inventory informed our work, that's sufficient. There is agreement that we should not work on the questionnaire report any longer, especially if new work is being done that can be used.

There are other information sources that we can use as well. Yusef Azad explains that NAT is hosting in April in London for AIDS Action Europe a seminar on legislation. A survey was sent out to the CSF members and they are strongly encouraged to send back the survey. The report is expected in March and will have data on nature of discrimination in each country. Tampep has done a European mapping of prostitution and has data on the legal framework.

In conclusion the CSF agrees on the following:

- We will leave the document as it is and use it as a basis to formulate clear recommendations to the Think Tank and Commission on what needs to be done.
- The legislation survey report that Yusef Azad from NAT is preparing for AIDS Action Europe could be ready before the Bremen conference and we will try to get it on the agenda there.
- Key issues regarding violation will be included in the open statement on the Dublin monitoring.
- Yusef Azad and Irene Donadio will take the CSF seats at the Think Tank working group on human rights.
- The Think Tank working group is planning a report with actions for Bremen to circulate before the Bremen conference. The CSF should provide feed-back into their report because there is a need for more information on PLWHA and vulnerable populations.
- The European networks will prepare 2-pagers on their specific vulnerable populations as input for the Think Tank report. These will include the wider Europe, not only member states. Nikos Dedes and Ton Coenen will follow-up and send the networks a request.
- The previous CSF human rights subgroup will not continue.

### *6 b). Meeting on criminalisation*

WHO Europe organised together with EATG and AIDS Action Europe a meeting on criminalisation last October. There were representatives of civil society, WHO and UNAIDS. The report will be released on World AIDS Day. WHO will express concern over the tendency to criminalise transmission and exposure. There is a clear need for WHO to have a position on criminalisation, and normative and clinical guidelines on testing and counselling. Criminalisation and prosecution cases are on the increase in a number of countries. There is a link with the frustration in Europe over the state of the epidemic. The report will state that criminalisation

serves no public health justice or equal distribution of justice and that the experts at the meeting are in principle against it, and argue that in case it is being done, it should be done extremely carefully. It are recommendations to WHO, not WHO recommendations. The report will only support criminalisation of intentional transmission.

## **7 CSF other issues**

- Dadi Einarrson announced that Marit Kokki is leaving the commission for one year which brings the task force down to only Dadi for the moment. He hopes for temporary replacement in February. The CSF considers it very alarming since 2 persons from the Commission in itself is just too little. If the Commission takes HIV/AIDS serious then they should invest more. This will be voiced in the Think Tank.
- Martine de Schutter reminds everyone that neither EATG nor AIDS Action Europe have anything to do with logistical issues nor reimbursement of expenses. All should contact the Commission directly.
- The Commission would like to continue with the CSF. Mid 2007 the current 2 year assignment ends with selection of new members in Spring. The CSF is a subgroup of the Think Tank and will always continue to be advisory to the TT which is advisory to the Commission. There has to be a balance of geographical as well as topical coverage. In the future there will be scaling in renewal of members. Dadi Einarrson will send out the proposed selection procedure early January and needs comments back by end of January. Selection is aimed to be finalised in May.

## **8 CDC guidelines on testing**

CDC has produced new guidelines for the United States. They were discussed at the ECDC meeting on prevention. Yusef Azad explains that context is everything in this debate. There are issues of stigma, discrimination, confidentiality, informed consent, criminalisation, protection measures. The CDC document is socially blind for these kind of issues.

Nikos adds that it was reassuring in the ECDC meeting that the CDC ideas were received with great opposition, also from people from surveillance centres from many member states. Also in our own human rights report we see a discrepancy between official policy and reality on testing.

Some comments from the CSF: the paper reflects testing optimism. Is the link with access to treatment after testing well developed? Can we guarantee therapy for all? We must do testing carefully, but we must do it. The Russian Federation already has a practice of mandatory testing. Testing without counselling doesn't lead to anything. In Europe we have widespread routine testing, often without counselling or consent with questionable confidentiality. But also in Europe many people don't know their status. WHO draft global guidelines on testing will become available soon and are open to comment. The CDC policy is back to old times. We as civil society representatives should say openly that this is more a control than real prevention measure.

Ton Coenen explained that last week there was an ICASO (International Council of AIDS Service Organizations) meeting where a policy statement on testing was drafted. Ton handed out the draft and the CSF agreed to use it to make a statement by the CSF and propose a position to the Think Tank. The draft statement will be circulated for comments by Ton Coenen after the CSF and thereafter finalised.

## 9 EU policy on HIV/AIDS and IV drug users

Timu Jetsu (DGJLS) pointed out that harm reduction is an integrated part of EU action plan on drugs and EU drugs strategy plan policy. . The first annual review on the action plan takes place at the moment. All members states, the Commission, the EMCDDA and Europol will be monitored in relations to implementing the targets of the action plan. Mr Jetsu stressed the importance of civil society involvement. A conference about civil society participation on drug policy took place in January 2006.; A green paper on the role of civil society in drugs policy in the EU was published in June 2006 for open consultation with relevant stakeholders. The Commission is going to draft a report based on the comments received and publish it at the beginning of 2007 together with the contributions received. In the report, the Commission will propose a way forward in building a structured dialogue with civil society in the drugs field..

Questions from members of CSF:

- Will sexual health be included in harm reduction policies and programmes?
- Will all harm reduction policies apply to prisons?
- Some drug policies are jeopardizing harm reduction efforts. Is there communication between DGJLS and DG SANCO?
- Some NGOs have been excluded from an important meeting in Finland. Is this a good practice example for Community involvement?
- How is Ukraine included in the EU Action plan ?
- What is the link between EU policies and its neighbouring countries? Is there coherence in EU drug policy programmes?
- What is the way forward regarding interaction with CS platforms?

Answers:

- Sexual health as a part of harm reduction policies remains an open question. Other forums are used to discuss these questions with the community.
- The Commission is in favour of organising drug services for people in prison on same principles as for the general population But this is strictly in the competence on the member states.
- There are close links between DGJLS and DG SANCO.
- Don't know what happened at the Finnish Conference. It was a conference organised by the Council Presidency, not by the Commission.
- Russian action plan: There was a conference in Warsaw last week. Harm reduction in Russia remains a very delicate issue. EU has to be extremely diplomatic. There is no possibility to impose e.g. maintenance treatment for Russians. But the ongoing dialogue is positive. The Warsaw conference was a first step.
- Ukraine: It is upon Ukraine how they plan their national policies but EU can propose EU Drugs Strategy/Action Plan as a possible model.. .
- UNGASS: this issue is under discussion in the Council. EU is opting for a proper, scientific and evidence based evaluation of the UNGASS process.
- The way forward: I can't answer this for the time being. There are many open questions

Raminta Stuiyte provided more detailed information on the EU Drug Action plan. There was agreement on a civil society consultation. A conference took place in February this year; it had been discussed how civil society could be invited to participate. In June this year we had a green paper suggested from the Commission on how to proceed with the consultation process. The

consultation with the existing platforms is extremely difficult: discussions and struggles) take place between abstinence based groups and harm reduction groups. The debate about the progress is complicated. This is one reason to look forward to the report. But the civil society is really consulted.

The following priorities to put forward have been agreed upon during the discussion on what the EU needs to do on HIV and drug policies.

- Evidence provided by WHO and existing guidelines on using methadone etc should be enforced. The obstacles in many countries where this is not been done should be addressed and replaced.
- Public Health Professionals should state that harm reduction coverage is very important; it is not enough that only 5 % of the people using drugs in need of substitution therapy get it.
- We should fight for universal access: it is problematic to stop the epidemic, if we don't reach all drug users.
- There are poisoning legal system in place: poisoning to the health care system and to democracy. There are examples to proof this. the EU legislation change in Bulgaria increased the HIV/HCV rates).
- We should request the full implementation of EU practices throughout the EU member States. This includes prevention, diagnostics and treatment of hepatitis.
- The relation between sex work and drug use is complicated; there is an absolute lack on government services and support. Governments have to be forced to take their responsibilities to close this gap.
- Proper monitoring and access to ARVs is extremely important. There are low levels of ARVs supply for drug users in many countries!
- Drug users with HIV need access to substitution therapy. This is evidence based and best practice. We need to look deeper into coverage. New EU Governments have to support their drug users.
- General health issues for drug users should be included in existing programmes and facilities for drug users: Topics like overdose and other drug related issues should be integrated.
- The situation in prisons remains to be very important. It is not acceptable that prisons with good practises in the general population don't offer these practices in prisons. There should be equity of services in prison and outside needle exchange, drug treatment in prison, prevention and treatment for hepatitis B, availability of condom etc).
- Lack of data surveillance systems should be addressed.
- Involvement of drug users and drug users in consultation, policy making and programme planning is key.
- The existence of registers for drug users for lifetime) is not acceptable someone once registered remains often there for lifetime). This creates problems for many people.
- Punitive, inhumane and degrading treatment of drug users esp. in Russia - and other countries as well) are not acceptable.
- The medical community should be targeted. Education and training on patient rights, patients participation, non discriminating attitudes etc. are needed in order to prevent and fight against degrading treatment and attitudes.
- EU health services directive: rights and needs of patients should be included.



- Harm caused by legal status of some of the substances should be addressed.

Raminta Stuikyte pointed out that the points mentioned so far are listed in different documentation. Not well enough covered are drug user policy, inclusion of civil society into discussions taking place and differences between old and new member states huge gap).

General comments:

- Drug users should not generally be addressed as patients. They are sometimes patients and sometimes not, as other people alike.
- Improved terminology: we better say "people who use drugs" instead of "drug users"

## 10 Priorities of the Forum

Viktorija Cucic explained the method of the nominal group technique which was used for the priority selections of the top 5 priorities. 13 out of 34 CSF members answered the first round of the selection process. This resulted into the collection of items put on the list of priorities for the second round to which 25 members answered two answers were invalid).

These priorities had been selected:

- Vulnerable groups 51)
- Human rights 48)
- Policy 34)
- Sustainable treatment for all in Europe
- PLWHA

Further definition of the selected priority items:

- Vulnerable groups: Strengthen an effective approach towards major groups: drug users, MSM, migrants; improve preventive efforts; access to quality health services; evaluation of prevention programs; health services for migrants; harm reduction approach.
- Human rights: human rights violence: mandatory testing, travel and residence regulation for PLWHA, deportation, at work; against asylum seekers living with HIV; seeking health and life insurance; human right approach in trials and prevention.
- Policy: develop supportive policy for new members states to create and implement effective long-term HIV eliminating strategies . Clear policy: -what to be done overall; on prevention; human rights. European vision on fight against HIV; people living with HIV; price setting process for HIV medication.
- Sustainable treatment for all in Europe: access to HAART and health services for all in need, including undocumented residents according to European Community Standards.
- PLWHA: Stimulate involvement of PLWHA at all level; reinforce solidarity; develop HIV prevention, care and support package; to evaluate the quality of life for PLWHA and improve the gaps; family counselling for PLWHA; facilitate the ability to say that they are HIV positive; clarify the juridical responsibility of PLWHA in a case of contamination.

The presentation was followed by a discussion about the outcome, results and their interpretation. Some felt that some topics are missing gender issues; youth, prisoners). Other important topics did get very low score Prevention in prison; testing, fund raising, advocacy). It was difficult to select among all theses important topics. Priorities have been chosen because theses were the broadest issues and the differed points are closely connected to each other.

There were questions and conflicting opinions on the process as a whole. Some members of the CSF questioned the reason of the exercise. The CSF did in the end agree that:

- The list should help to create policy work on a European level.
- The topics raised can guide internal discussions: we could ask some people to give a small presentations upon some of the issues at the next meeting
- The agenda of the Think Tank was pretty poor. We need to get agreement on our priorities in order to push for a meaningful agenda.
- It is good to highlight the topics that are important. But it would be dangerous to communicate this to authorities. The list serves internal objectives and should not be used externally.
- The list should get used as a consensus, priorities should not be highlighted.
- The priorities reflect the reality of PLWHA and they tell us what we should do:
  - a) The epidemic goes on in vulnerable groups
  - b) Human rights are violated throughout Europe
  - c) Political will is needed to change the situation

In the end there was consensus that the last statement reflects the view of the CSF, that the list of priorities is useful and that it should merely be used for internal purposes.

## **11 Euro barometer**

Nikos Dedes gave a short overview about the Euro barometer, a monitoring tool, established at the EU level followed with a discussion on how the results are used in member States:

- The results of the Euro barometer are used for compulsory lessons on gay issues in UK.
- The survey got great press coverage in Finland. The results do get used for key messages for national prevention strategies.
- The survey gets some global acknowledgement editorial Lancet etc).
- The results in France are pretty good which is a reason why it did not make it to the news).
- A synthesis of all EU countries should get produced, because there are striking gaps between the new and the old member states.
- There are limitations in this survey; some groups are not reflected.
- There are always discrepancies between what people know and how they act. This is not reflected in the tool.
- The questions on behavioural aspects are poorly designed and should get changed.
- The results can get used as a tool for advocacy: there were insufficient answers from new member states that joined the EU in 2004. The representatives of these countries are in the Think Tank; we should confront them about that.
- A statement on the low level of funding for HIV/AIDS on the European level should be made: a high percentage of respondents raised the point that the EU should play a bigger role on HIV/AIDS issues.

Dadi Einarsson mentioned that the methodology used is sound and that it may be used as a tool for further action. He pointed out that the sample of 1000 people seems to be insufficient, especially when you break it down to certain vulnerable groups. There are plans to repeat this survey every two years in order to evaluate trends.

## 12 German Presidency conference on HIV/AIDS

Dadi Einarsson explained that they are looking for possibilities to have a special meeting of the CSF linked with the Bremen conference. The CSF is linked to the Think Tank meeting. A linkage to the Bremen Conference would break that tradition. Members of the Forum were asked to express their thoughts about the importance of a linkage between CSF and the Bremen conference:

- Currently there are two Think Tank meetings a year. A meeting in Bremen would provide the possibility to meet again and work on our issues.
- Bremen participation would be important, but do the members of our Forum have enough political power?
- The conference is a key political event. We need a visibility there.

Ton Coenen and Nikos Dedes gave a brief report about the current status of the Bremen Conference and the input they provided during a pre meeting in Cologne. The conference is planned as a ministerial meeting with the participation of 25 EU countries plus 15 countries outside the EU region. Invited are country delegates including country representatives and civil society representatives). Ton and Nikos pushed to use the same methodology used for the UNGASS meetings in regard of the participation of local NGOs. Germany put some money together to invite members of NGOs suggested by CSF, in case no civil society representatives are invited by member States. It was proposed that governments present projects done in partnership between Governments and civil society.

The following points were expressed in the discussion:

- We just want the reinforcement of the Dublin Declaration. We don't want to have a new declaration. This is frustrating. Nothing is going on after three years of the existence of the Dublin declaration. There is still no global access to treatment. This is important and it fits into the Commissions' mission to ensure equity and human rights. We should frame the right for health and the right for treatment under this umbrella. This issue has been raised during the Cologne pre meeting. The answer we received was clear: whether we want it or not there will be a declaration. We have to decide how to deal with that.
- The outcome of the Bremen meeting should be to push for the Dublin declaration.
- For the very beginning we opposed the new declaration and pushed for the evaluation of the old one. That is why we received the first draft. In December a second draft will follow. We can see if they take our comments seriously.

Michael Schönstein, representative from Germany's Ministry of Health, gave an overview about the initial plan of the conference, the current state of the conference programme and further steps for cooperation. Mr Schönstein pointed out that the initial idea of the conference had been closely related to prevention. It developed more to the question of leadership needed between state and non state actors; the initial focus on prevention can still be seen in the programme. The current content of the planned workshops and the structure of the conference:

- Day one: opening and plenary session and opening of the partnership forum
- Day two: workshops on the role of state and non state actors, the cooperation between state and private sectors; AIDS campaigns, the role of media, good examples of cross border cooperation; the role of human rights, universal access initiatives, cooperation in economic and development; initiatives between ILO and Dymler Chrysler. Rooms have only certain capacities.

- The number of participants somewhat exploded. The workshops will therefore very big with about 50-60 people.
- The member states will be asked what they want to present at the conference, who from the civil society and what NGOs should participate
- The format of the conference is accepted by the ministries. The chancellor will participate.

The health minister in Germany has great interest on the topic.

Ton Coenen pointed out that the we pushed for the participation of PLWHA on the programme on the first day and proposed to have more workshops in order to cover other important aspects. Mr Schönstein replied that a new proposal will be submitted. NGO representation for the first Day is secured. The ministry is open for new suggestions; it would be good to have umbrella organisations and networks. The CSF will come up with proposals for speakers and additional workshops.

Michael Schönstein explained further that the Ministers of Health are invited for both days of the conference as well as NGOs. Peter Piot, the WHO director-general and Commissioner Kyprianou are expected to be there. The first day leads the topics covered at the workshops for the second day. There will be representatives from the GF at the conference itself; programmes and projects funded from the GF (example Romania) will be presented at the conference.

Gisela Lange, representative from the German Ministry of Health, joined the meeting to discuss the Bremen declaration. The prime objective is to keep HIV/AIDS on the agenda. There was some progress since Dublin and we want to have a high level conference not to lose the attention. It is not acceptable that the media covers HIV as a development problem, something in the EU has to be done. We need joint action in light of the changes in Eastern Europe, we have something to share between the East and the West. HIV is a complex issues and needs complex answers but we need to be more concentrated. There is a good chance that the German government puts a brief note (two, three ideas) to the summit heads of governments). We are happy to receive comments. We should concentrate on the two main messages to our heads of Government.

Members of the CSF expressed their views in the following discussion:

- Main problem is that there are so many declarations. It actually makes you dizzy to read all of them. What most needed is:
  - a) a proper monitoring and documentation of the Dublin declaration
  - b) commitment for access to all
  - c) respect for the human rights of PLWHA
- We all have mixed feelings about new declarations since many governments don't keep up with Dublin. The main message should be to make politicians accountable; there should be some kind of monitoring system. There will be uproar from the CS if this is not reflected in the declaration.
- The declaration should be cut down to one page: we had two big declarations in the meantime (Dublin, Vilnius), the ministers should reinforce the existing declarations and demonstrate their commitment for a human rights framework. The workforce dealing with HIV/AIDS within the EC should be strengthened

- To make the declaration shorter goes in hand with the search for two key messages.

Ms Lange replied that the declaration is still a draft: it will be the presidency's decision what to put into it. When the draft is finalized it will go to the Council of Health Ministers to initiate a consultation process. It would be good to have a letter from the CSF with the arguments and comments by December 8. The more concise the CSF is, the more likely the comments will be taken over. Germany's key message is the partnership between civil society and the government on prevention as a good HIV response. Prevention needs some dialogue between Government and civil society. This has to be based on mutual respect and respect for human rights. At the Council of Health Ministers the issue of budget will be discussed. The meeting will focus on leadership, Ministers of Health are in charge and should be hold accountable.

Specific comments on the draft declaration:

- Only AIDS death rates are mentioned. There should be other things addressed: lack of universal access to treatment is one of the important topics.
- MSM are not mentioned in the draft. This is not acceptable. More than half of the new cases in many member states are related to MSM. It is important to highlight the high level of discrimination against MSM.
- Women and girls are especially highlighted in the draft. This does not reflect European reality.
- The document should state that we failed. It's not getting better: we promised something three years ago and we failed.

In conclusion, the CSF agrees on the following actions:

- Comments on the draft will be sent to Ms Lange by December 8. Martine de Schutter will circulate the draft among the CSF and will prepare a joint reaction and suggestions for a short declaration. Since it might be that a longer declaration will be developed anyway, Martine will also forward individual detailed comments on the current draft declaration.
- The CSF will send recommendations for speakers and an additional workshop. Nikos Dedes and Ton Coenen will coordinate this.

### Follow up/Action list

What	Who	When
Re-send final version leaflet to CSF	Arnaud W. Simon	ASAP
Voice concerns to ECDC	Nikos Dedes/Ton Coenen	ASAP
Develop open statement to Commission & others on Dublin Declaration	Nikos Dedes, Peter Wiessner, Shona Schonning, Irene Donadio, Raminta Stuikyte, Ton Coenen, Luis Mendão	December 1
Invite Commission Task Force to next CSF	Dadi Einarsson	Before next meeting
Join Think Tank working group on human rights	Yusef Azad/Irene Donadio	
Get 2-pager networks on vulnerable groups for TT working group	Nikos Dedes/Ton Coenen	ASAP
Distribute report on legislation and judicial issues among CSF	Yusef Azad	March 2007
Distribute report on criminalisation meeting among CSF	Srdan Matic/Jeff Lazarus	ASAP
Send draft selection procedure new CSF members to CSF	Dadi Einarsson	January 2007
Send draft statement on testing to CSF	Ton Coenen	ASAP
Recollect and send comments of CSF to German Presidency	Martine de Schutter	December 8
Recollect and send recommendations for speakers and workshops to German Presidency	Nikos Dedes/Ton Coenen	ASAP
Synchronise and update the three different CSF mailing lists	Nikos Dedes	ASAP

## Annex A: List of Participants

Yusef	Azad	National AIDS Trust, United Kingdom
Andreas	Berglöf	Swedish Association for HIV-Positive People
Corinne	Björkenheim	Finnish AIDS Council
Licia	Brussa	TAMPEP
Allessandra	Cerioni	LILA
Ton	Coenen	AIDS Action Europe
Eszter	Csernus	Hungarian Civil Liberties Union
Viktorija	Cucic	JAZAS, Serbia and Montenegro
Nikos	Dedes	EATG
Vitaly	Djuma Zumagaliev	Russian Harm Reduction Network
Irene	Donadio	IPPF EN
Dadi	Einarsson	SANCO C4
Kathelijne	Groot, de	AIDS & Mobility/NIGZ
Jakob	Haff	Stop AIDS, Denmark
Catalina	Iliuta	CEEHRN
Timo	Jetsu	JLS
Katarina	Jiresova	OZ Odysseus
Elena	Kabakchieva	HESED, Bulgaria
Ruta	Kaupe	DIA+LOGS, Latvia
Jeffrey	Lazarus	WHO-EURO
Antoine	Lion	Caritas Europe
Artur	Lutarewicz	Social AIDS Committee, Poland
Martina	Melis	ENDIPP
Luis	Mendão	EATG
Wanda	Nowicka	ASTRA
Irina	Piilberg	AIDS-I Turgikeskus
Ivo	Prochazka	Czech AIDS Help Society
Shona	Schonning	Organisation "Community of PLWHA", Russia
Martine	Schutter, de	AIDS Action Europe
Arnaud W.	Simon	AIDES, France

Vitalie	Slobozian	Soros Moldova
Miran	Solinc	SKUC-Magnus
Matic	Srdan	WHO-EURO
Ramita	Stuikyte	EATG
Wojciech	Tomczynski	AIDS Action Europe
Peter	Wiessner	AIDS Hilfe Munich e.V., Germany

Minutes: Peter Wiessner (EATG) and Martine de Schutter (AIDS Action Europe), December 2006