



***AIDS Action
Europe -
STRONGER
TOGETHER***

AIDS Action Europe:
Strategic Framework
2018-2021

**AIDS
ACTION
EUROPE**

IMPRESSUM

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LIST OF
ABBRE-
VIATIONS

- ART** Antiretroviral therapy
- CBVCT** Community based voluntarily counselling and testing
- Chafea** Consumer, Health and Food Executive Agency
- CSF** EU HIV/AIDS, Viral Hepatitis and Tuberculosis Civil Society Forum
- EATG** European AIDS Treatment Group
- EC** European Commission
- ECDC** European Centre for Disease Prevention and Control
- EEA** European Economic Area
- EECCA** Eastern Europe, Caucasus and Central Asia
- EHLF** European HIV Legal Forum
- EMCDDA** European Monitoring Centre for Drugs and Drug Addiction
- EU** European Union
- MDGs** Millennium Development Goals
- MDR-TB** Multi-drug-resistant tuberculosis
- MSM** Men who have sex with men
- NGO** Non-governmental organisation
- PLHIV** People living with HIV
- PrEP** Pre-exposure prophylaxis
- PUD** People who use drugs
- SDGs** Sustainable Development Goals
- SRHR** Sexual and Reproductive Health and Rights
- TRIPS** the Agreement on Trade-Related Aspects of Intellectual Property Rights
- UNAIDS** the Joint United Nations Programme on HIV/AIDS
- UNAIDS PCB UNAIDS** Programme Coordinating Board
- UNGASS** on HIV/AIDS United Nations General Assembly Special Session on AIDS
- WHO** World Health Organisation



“**AIDS:** because the global fight against HIV and AIDS is what unites our members

Action: because we want to move beyond networking and towards concrete actions

Europe: because we need to collaborate on a shared agenda in Europe”

Peter van Rooijen spoke these words when representing AIDS Action Europe's (AAE) interim Steering Committee at the Open Forum on AIDS Action in Europe in March 2004. His words have never lost their power or relevance, as HIV continues to be a major European public health concern. However, the approach as to how we address HIV has moved to the integration of other communicable diseases. As a result, in April 2017, the AIDS Action Europe Steering Committee expanded the network's mission to reflect a more integrative approach. The new mission addresses tuberculosis and viral hepatitis not only as co-infections of HIV, but as mono-infections in order to use synergies and avoid duplications wherever and whenever possible. This is especially relevant for key populations who are particularly affected by, and vulnerable to, the three epidemics of HIV, TB and viral hepatitis, with primary issues revolving around:

- The fact that HIV, co-infections and infections with TB and viral hepatitis affect certain populations disproportionately; the epidemics are still concentrated in key populations, including gay men and other MSM, people who use drugs (PUD), sex workers, people in prison and other closed settings, and migrants and other mobile populations.
- The need for maintained and expanded prevention, harm reduction, treatment and care programmes across the region.
- The need to promote voluntary counselling and testing (VCT) particularly within key populations, in order to ensure low-threshold and early diagnosis and initiation of treatment and care.
- The need for equitable access to treatment and care across Europe, with particular attention paid to Eastern Europe, Caucasus and Central Asia (EECCA).
- The need for removing legal barriers to accessing prevention, treatment and care services.
- The need for joint efforts and community involvement in order to reduce stigma and discrimination.

The AAE Steering Committee has defined an overall strategy and clear agenda spanning 2018-2021 that align AAE's work with these growing concerns. Through this, we will strengthen our response to the epidemic, maintain our commitments and provide a framework in which we can prioritise our actions. It is AAE's duty to keep HIV/AIDS, TB and viral hepatitis as priorities on EU, national and regional health agendas. AAE will build the advocacy capacity of civil society organisations, in order to mitigate the obstacles that limit universal access to prevention, treatment, care and affordable medicines.

Berlin, July 2018

Sini Pasanen
Chair Steering Committee
AIDS Action Europe



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**AIDS
ACTION
EUROPE**

**VISION
AND
MISSION**

WHO WE ARE

AAE is a regional network of a diverse group of 420 NGOs, national networks and community-based groups, most of which are AIDS service organisations, in 47 countries spanning the WHO European Region. Membership is free and open to all civil society organisations that endorse our mission, guiding principles and ethical code.

3.1 OUR VISION

Our vision is that equally across Europe and Central Asia, people living with, affected by and vulnerable to the life-threatening and chronic infections of HIV/AIDS, TB and viral hepatitis, lead as fulfilled and productive lives as possible, free from stigma, discrimination and persecution, and access the necessary prevention, treatment, care and support.

3.2 OUR MISSION

AAE's mission is to strengthen civil society to work towards a more effective response to the HIV/AIDS, TB and viral hepatitis epidemics in Europe and Central Asia. We are striving for the best standards of human rights protection and universal access to prevention, treatment, care and support, tackling health inequalities and focusing on key affected populations.

Our mission is reflected in the aims of our multi-annual work programme:

- To fight stigma and discrimination of people living with or affected by HIV/AIDS, TB and viral hepatitis;
- To ensure equal access to prevention, treatment and care including affordable medicines;

- To guarantee equal access to voluntary counselling and testing, to prevention measures, to treatment and care regardless of gender, sexual orientation, gender identity, lifestyle or ethnic background;
- To make information and linking and learning, available to our members, in order to empower them and improve their skills;
- To make advocacy tools accessible to our members, in order to address their national decision makers and facilitate appropriate HIV, TB and viral hepatitis policies;
- To ensure that civil society is not only represented but that its voices are heard at European, national and regional level in order to reduce inequalities in health.

Framed by our mission, vision, guiding principles and core values, AAE's general goal in Europe and Central Asia is to strengthen civil society's contribution to a more effective response to the HIV, TB and viral hepatitis epidemics.

The image features a teal background with a network of orange dots and lines. On the left, there are three overlapping geometric shapes: a white outline, a red solid shape, and a white outline. On the right, there are three light blue diamond shapes. The text 'BACK-GROUND AND CONTEXT' is centered in the middle.

BACK-
GROUND
AND
CONTEXT

4.1 EPIDEMIOLOGY

HIV, TB and viral hepatitis continue to be of a major public health concern for Europe and Central Asia. According to latest data from the European Centre for Disease Control in 2015 for the EU/EEA region, there were 29 747 new HIV diagnoses, and an estimated 810 000 persons living with HIV. Despite all efforts, the rate of new infections has not declined significantly over the last decade. Cases diagnosed among gay men and men who have sex with men continue to increase. Migrants are disproportionately affected with growing evidence that sub-groups are at risk of acquiring HIV after arrival in the EU/EEA (European Centre for Disease Prevention and Control, 2017). The WHO European Region reported 153,407 newly diagnosed infections (17.6 per 100,000) in 2015 in 50 of the 53 countries. The Russian Federation, with 67.0 per 100,000, and Ukraine, with 30.4 per 100,000, still have the highest burden of infections in the region (European Centre for Disease Prevention and Control & WHO Regional Office for Europe, 2015). Depending on the geographic area, transmission mode varies; sexual transmission among gay men and men who have sex with men (MSM) remains the common mode in the EU/EEA, while in the east of the region, transmission occurs more commonly through heterosexual contact and injecting drug use (European Centre for Disease Prevention and Control & WHO Regional Office for Europe, 2015).

TB is a substantial burden in the whole region with multi-drug-resistant TB remains disproportionately affecting the East-European region. According to the latest 2014 estimates, about 340 000 new TB cases and 33 000 deaths were reported in the Region, mostly from eastern and central European countries (European Centre for Disease Prevention and Control & WHO Regional Office for Europe, 2016). Co-infections with HIV remain challenging: “The estimated 340 000 incident TB cases in the Region include 20 000 (range 18 000–21 000) cases with HIV co-infections, equivalent to 5.9% (range 5.4–6.5%) HIV prevalence among TB patients. The absolute number of patients with HIV/TB co-infection has increased by 43% since 2005” (European Centre for Disease Prevention and Control & WHO Regional Office for Europe, 2015).

The World Health Organization (WHO) hopes to eliminate viral hepatitis as a public health threat by 2030 – a challenging goal given the epidemiologic situation. According to the 2017 report from WHO Regional Office for Europe, there were an estimated 13.3 million people live with hepatitis B and 15 million people with hepatitis C in the WHO Europe region. Within this region, hepatitis B causes about 36 000 deaths and hepatitis C about 86 000 deaths per year. Two-thirds of the people diagnosed with hepatitis B and C in the Region live in Eastern Europe and central Asia (WHO Regional Office

for Europe, 2017). Within the EU/EEA region in 2015, the ECDC reported 34,651 cases of hepatitis C, a crude rate of 8.6 per 100 000 population, and 24,573 cases of hepatitis B (4.7 cases per 100 000 population) (European Centre for Disease Prevention and Control & WHO Regional Office for Europe, 2015). HIV and hepatitis co-infections have a major impact on the health status of people living with HIV (PLHIV), and some key populations are disproportionately affected by viral hepatitis, especially hepatitis C

4.2 OUR CONTRIBUTIONS

Our work will continue to contribute to numerous international frameworks in the period of 2018-2021. These include working towards the MDG6 and UNGASS targets of reducing new HIV infections by 50% and increasing ART coverage to at least 80% of people in need of treatment, and the target of service delivery by communities of the 2016 High-Level Political Declaration on HIV/AIDS. We will also contribute towards SDG 3 by “ensur[ing] healthy lives and promot[ing] well-being for all at all ages” as it pertains to HIV and TB, and to the action plan for the prevention and control of viral hepatitis in the WHO European Region 2016-2021.

Through our role as co-chair and secretariat for the CSF, and through our network of over 400 NGOs, we play a key role in involving civil society. The European Commission acknowledged the added value of the CSF, stating that “the legitimacy awarded by the European Commission in the HIV/AIDS Communication and Action Plan to the CSF was seen to be crucial to (i) empower stakeholders involved in combating HIV/AIDS through increasing their knowledge and informing their actions at the national level and (ii) influence perceptions of stakeholders on the added value of the civil society perspective in developing HIV/AIDS policies at the EU level. The contribution of the EC Communication was seen to be particularly important in Member States that have joined the EU more recently, as a means to strengthen the civil society movement” (European Commission, 2014).

AAE has a substantial added value for European policy making and programme implementation, as evidenced by the comprehensiveness of HIV, TB and viral hepatitis related issues on its agenda, and the number and diversity of our network members and partners across Europe and Central Asia. AAE has played an important role in prolonging the Action Plan of the Commission Communication on Combating HIV/AIDS in the European Union and Neighbouring Countries to 2016. In collaboration with other pan-European community organisations, we

have been continuously advocating for an integrated policy framework for HIV/AIDS, TB and viral hepatitis at EU-level. Joint work with civil society and the Member States through the CSF and the HIV/AIDS, Hepatitis and TB Think Tank will facilitate the planning and implementation of the response to the epidemics. Through our involvement in EU Joint Actions and projects, we are also able to strengthen and engage in linkages at different levels, such as EU, WHO, member states, NGOs, European networks. Our membership in the EU Health Policy Forum further connects HIV/AIDS, TB and viral hepatitis to wider health issues.

A major cross-sectional theme in our efforts is the reduction of health inequalities at EU, regional and national levels. The Communication on Health Inequalities serves as a framework,

and connects to our focus on key populations. As a network with over 400 members, we build capacity for effective public health policies by linking civil society with other stakeholders, thereby ensuring sustainability of actions.

On national and regional levels, we provide advocacy support to our member organisations helping raise their voices against inequalities, to fight stigma and discrimination and to advocate for affordable medicines through advocacy trainings, consultancies and project work. This combination of policy oriented expertise and practical structures and tools make AAE a unique player in the European arena. Moreover, there is no other network with as many NGOs from EECCA countries, hosted in the city of Berlin, where East and West are brought together.



CORE THEMATIC AREAS 2018-2021

AAE has identified six core thematic areas for 2018 – 2021, based on evidence from epidemiological research, conclusions and recommendations of WHO and ECDC, our mission of strengthening civil society’s response to the epidemics and previously conducted work under the Framework Partnership Agreement 2015 to 2017:

5.1 COMMUNITY BASED VOLUNTARY COUNSELLING AND TESTING

The detection of HIV/AIDS cases is a cornerstone in the response to the epidemic. Testing, the first of the 90-90-90 treatment targets of UNAIDS, is the gateway via linking care, to effective treatment and retention in care and achieving viral suppression. Detection is also of particular importance as treatment and viral suppression prevent further infections. CBVCT has proven to effectively detect new HIV cases, especially in communities where access to health care services is limited. The WHO's 2015 Consolidated Guidelines on HIV Testing Services (HTS) aims to support HIV testing by trained, lay providers to increase access to HTS through community-based approaches (World Health Organisation, 2015). The ECDC also suggests that offering HIV testing in medical and non-medical settings, in co-operation with non-governmental organisations outside normal working hours, can facilitate access and uptake (European Centre for Disease Prevention and Control, 2010). In combination with testing for other STIs, CBVCT is indispensable.

AAE will continue working on CBVCT, facilitating good practice knowledge exchange, capacity building and dissemination of results and news. This will occur by continuing AAE's work on CBVCT in cooperation with the COBATEST and EURO HIV/EDAT networks and their coordinating organisation CEEISCAT in Barcelona.

5.2 AFFORDABILITY AND ACCESSIBILITY TO MEDICATION

Low coverage rates for people in need of HIV treatment remains a major obstacle in reaching the final two objectives of the 90-90-90 targets. Affordable medicines are essential to reaching the UNGASS goal of providing coverage to 80% of all people in need of ART, and reducing transmission of new HIV infections.

According to the WHO, coverage in the eastern part of the region increased from 23% of all people with HIV in need of ART (129 000) in 2010 to 35% (199 000) in 2012. Nevertheless, only about a third of people in need of ART were receiving it. From 2015 on, with the introduction and implementation of "Test and Treat" recommendations, these figures have grown substantially. As a result, the numbers of AIDS cases and deaths in this area have increased since 2010 by 47% and 13% (WHO Regional Office for Europe, 2014).

Apart from procurement irregularities and low diagnostic rates, high prices and TRIPS inflexibilities, cuts in health service budgets are identified as barriers to a more comprehensive coverage. In regard to hepatitis C – the leading cause of death among people living with HIV and key populations -, but also in regard to TB where access to MDR-TB tackling medicines are available in only two of the EECCA countries, advocacy for affordability of treatment needs to address two, region-related challenges: while in Western countries new effective medicaments hit the market, but prohibitive prices impede their accessibility, in south-east European and EECCA countries even access to interferon based medication remains exclusive.

During the FPA 2015-2017 period, AAE has developed an advocacy training manual and implemented six regional trainings. Based on these findings, experiences and developed materials, we will increase our training activities at national and regional level.

5.3 TACKLING LEGAL BARRIERS IN THE RESPONSE TO HIV, TB AND HEPATITIS

Legal barriers, especially the practical application of some legislation, continues to hinder the degree to which a given country is able to implement solutions related to HIV, TB and

hepatitis prevention, testing and healthcare services. This is particularly true for key populations, including sex workers, drug users, gay men and other MSM, who face discrimination and/or criminalisation within existing legislation. Besides the clear negative effect on an individual's health, these restrictive legal barriers threaten public health and increase health inequalities across Europe.

AAE has brought together representatives from 15 European countries through its European HIV Legal Forum (EHLF). This forum's objective was to provide a comparative analysis of current legislation, and how laws and regulations are applied in practice. The forum focused on the issue of access to healthcare services for migrants with irregular status (undocumented migrants) in order to identify good European practice and innovative solutions consistent with international human rights. This forum also acted as a catalyst for change where the legal framework or the practice remains poor.

In looking forward, the EHLF will continue to monitor and benchmark legislation relevant to HIV and co-infections in order to advocate for policy changes.

5.4 CRIMINALISATION OF HIV NON-DISCLOSURE, EXPOSURE AND TRANSMISSION

Despite the progress of scientific evidence and recent positive developments in practice of investigations and prosecutions in some European countries, criminalisation of HIV transmission and exposure remains a key issue both for PLHIV and preventative measures across Europe. According to data from HIV Justice Network, 18 countries in the WHO European region have HIV criminalisation laws, and 31 countries have prosecuted PLHIV (HIV Justice Network and Global Network of People living with HIV, 2017). Besides harming the human rights of PLHIV and key affected populations, HIV criminalisation also harms HIV prevention efforts. It increases stigma and deters people, particularly those in key populations, from getting tested and knowing their status.

AAE has been increasingly involved in activities around advocacy against HIV-criminalisation and in 2017 decided to include the topic as one of our thematic areas for the next four years.

5.5 SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS

According to ECDC, not all EU/EEA countries implement comprehensive prevention programmes for key populations. Two out of three

countries report that funds available for prevention are insufficient in terms of what is required to reduce the number of new HIV infections. Specifically, there is a need to improve the targeting, scale and effectiveness of HIV combination prevention programmes for gay men and other MSM, where there has been a steady increase in the numbers of new infections (European Centre for Disease Prevention and Control, 2016). This includes integrating prevention information and methods into modern communication technologies, such as gay dating apps, and improving access to PrEP.

This approach is also crucial for other communicable diseases. Gay apps, for instance, have proven effective to inform and encourage hepatitis A and B vaccinations after outbreaks in larger European cities. Newly occurring phenomena, such as the use of drugs such as crystal methamphetamine, mephedrone and/or other party drugs before or during sex (ChemSex), need to be addressed quickly and adequately. Civil society and community-based organisations have a crucial role in sensing these health threats and accessing key populations.

SRHR are at stake if, as in a number of countries, SRHR are reduced to reproductive health only. There is a need, for example, in couples where one partner is engaged in high-risk behaviour such as injection drug use, for innovative HIV prevention interventions to address the risk of sexual transmission.

AAE will expand its activities in the field of SRHR based on the work conducted during the period of the previous Strategic Framework 2015 -2017 in scaling up access to innovative prevention measures among gay men and other MSM.

5.6 TACKLING STIGMA AND DISCRIMINATION

As long as anti-gay, anti-sex work and anti-harm reduction movements and legislation continue to hinder equal access to prevention methods for all people, we will continue to fail to meet our objectives of reducing new infections, increasing voluntary counselling and testing, having better linkages to care, and increasing the number of people living with HIV whose viral load is suppressed.

As such, tackling stigma and discrimination is a core area of focus for AAE. This focus is reflected as a cross sectional theme in all our activities.



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AAE'S MULTIANNAL WORK

PROG - RAMME 2018 - 2021

Focusing on our core thematic areas and in order to achieve AAE's general goal the following objectives were set.

Objective I: AAE contributes effectively to the HIV, TB and hepatitis response in Europe,

Objective II: AAE provides platforms to communicate and facilitate collaboration, networking, and linking and learning between NGOs, networks, policy makers and other stakeholders,

Objective III: Continuous improvement of network collaboration through governance and internal management.

AAE can only achieve its goal if the following objectives are met through the means, methods and outputs indicated in the subsequent table.

SPECIFIC OBJECTIVE**MEANS AND METHODS****OUTPUT****Objective I:**

AAE contributes effectively to the HIV, TB and hepatitis response in Europe



1. Organise and co-chair of the HIV/AIDS, viral hepatitis and TB CSF. This includes managing the CSF coordination group, organising CSF meetings, managing the online CSF group and communicating and facilitating communication with NGOs, stakeholders and partners

NGOs/stakeholders/partners are informed about policy developments and CSF members are satisfied with communication

2. Monitor European HIV, TB, viral hepatitis and STI policy developments at national and international levels, contribute to the Think Tank, and coordinate civil society responses and inputs on policy implementation

Civil society needs, concerns and perspectives are represented in European and national HIV, TB, viral hepatitis and STI policies

3. Coordinate EHLF. This includes enabling the monitoring and reviewing of HIV and co-infections related and relevant legislation, linking and learning between HIV legal specialists and NGOs, and producing locally relevant resources

Improved access to HIV and co-infections services for all those who have limited access due to legal obstacles

4. Advocate for civil society concerns regarding European policy initiatives. This includes participating in key European events and advocating for European issues at the global level via participation in consultations, forums and boards such as the UNAIDS PCB NGO delegation

AAE engagement and representation at key European events and beyond, makes civil society's voice heard

SPECIFIC OBJECTIVE**MEANS AND METHODS****OUTPUT****Objective II:**

AAE provides platforms to communicate and facilitate collaboration, networking, and linking and learning between NGOs, networks, policy makers and other stakeholders



1. AAE offers improved bilingual (EN/RU) communication over its communication platforms and channels, such as the Clearinghouse and AAE website. This includes improved linkage of member profiles, projects and initiatives, newsletter and tailor-made mailings, printed materials and face-to-face meetings

2. Intensify bilingual social media communication. This includes increased activity on Facebook, Twitter and Russian speaking communication channels (VKontakte), and by building links and seeding content

3. Provide and disseminate health innovation and knowledge in the field of HIV, TB and viral hepatitis regarding the 3rd Health Programme through the AAE Clearinghouse, website, newsletters and social media

4. Support and facilitate national and regional advocacy efforts on "Affordability of medicines and access to treatment". This includes implementing the in 2015 developed training tool in a training of trainers (TOT), a webinar and trainings at the national level

Strengthened connections, interactive communications and increased knowledge, good practice and information exchange between AAE members, partners and stakeholders

Social media followers are regularly updated on relevant news, developments and on-going activities

The AAE communication platforms have expanded their dissemination of 3rd Health Programme materials, tools and documents

Advocacy efforts have been strengthened through the implementation of national trainings

SPECIFIC OBJECTIVE**MEANS AND METHODS****OUTPUT**

5. Build capacity in core thematic areas and beyond through trainings, webinars and working meetings.

Increased capacity of AAE members to strengthen civil society's leverage at local, national and international levels

Objective III:**Continuous improvement of network collaboration through governance and internal management**

1. Coordinate topic-related sub-network cooperation (COBATEST network on CBVCT) and provide working meetings, exchange and decision making opportunities

Topic-related sub-networks maintain their working basis and collaborate in the response to HIV, TB, viral hepatitis and STI in Europe

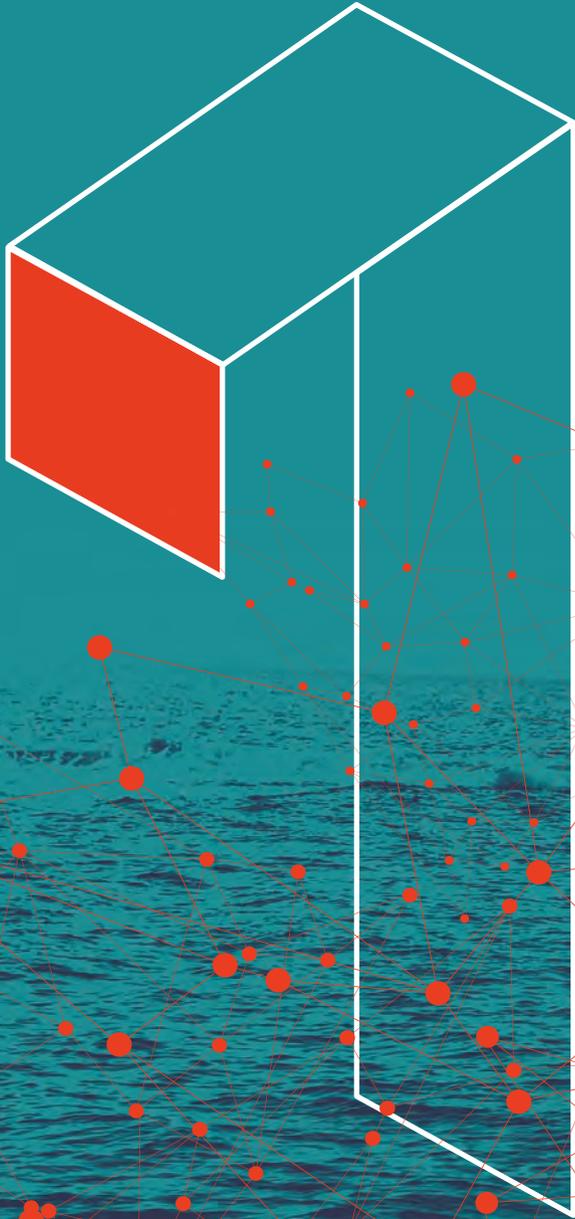
2. AAE SC governance is guaranteed by regular meetings, teleconferences and written communication

Strong governance ensures AAE's civil society representation

3. Implement, monitor, evaluate, follow up and fundraise for the work programme

Work programme 2018-2021 is implemented as planned

STRATEGIC PARTNER- SHIPS



AAE's leadership roles within various international HIV/AIDS organizations facilitate coordination with other European networks and projects, national NGOs and key-stakeholders including WHO Europe, UNAIDS, ECDC. As the co-chair of the CSF, we have built strong working relations with the co-chair from EATG, and as co-chair of the HIV in Europe Initiative, we have encouraged closer collaboration between civil society, scientists and policy makers. Membership within the EU HIV/AIDS, TB and Hepatitis Think Tank and other organizations further enable us to maintain good working relations with numerous regional projects and networks more broadly.

AAE has had a Memorandum of Understanding with WHO Europe since 2006. Together, we work on a variety of issues that include testing and counselling guidelines. In the Civil Society Forum, we coordinate with the ECDC and monitor the Dublin Declaration and other key issues.

In 2015, AAE applied for and received a seat at the NGO delegation to the UNAIDS Programme Coordinating Board (PCB) for 2016-2017, with an extension to 2018 and subsequent observer status. Our participation on the PCB ensures that European issues are heard and addressed on the global agenda. In participating, we regularly consult with our members and report back to civil society regarding meetings and decisions.

We offer an online platform for HIV-related projects funded by the European Commission. This platform, located on our website, contributes to exchange, closer coordination and collaboration between the different projects, AAE and other stakeholders. We are also a member of the EU Health Policy Forum and actively contribute to larger global health issues.

The AAE Steering Committee members are part of board and advisory groups of ECDC, EATG, HIV Justice Network, European Testing Week and European Commission funded joint actions and projects. Steering Committee members regularly participate in individual capacity in expert panels, working groups and conference committees.



FINANCIAL COVERAGE OF THE STRATEGIC PLAN

AIDS Action Europe receives financial contributions from:

- The European Commission Third EU Health Programme (2014-2020) through the Consumer, Health and Food Executive Agency (Chafea)
- Deutsche AIDS-Hilfe
- ViiV Healthcare Positive Action Programme
- Gilead
- and others

Diversifying and growing our funding sources is a core challenge. AAE aims to secure resources for two key areas: first, for core programme functions related to advocacy, policy advice, communication and information dissemination, and network management, and second, for funding specific projects related to capacity development, linking and learning.





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