



# Progress Report on Implementing the Dublin Declaration on Partnership to Fight HIV/AIDS in Europe and Central Asia

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# 15 thematic overviews\*

## ***Leadership and Partnership***

- Political leadership (Commitments 1, 3, 5, 6, 26, 30, 32, 33)
- Community involvement (Commitments 2, 4, 5, 24, 27, 30, 32)
- Resource generation (Commitments 1, 7, 8, 9, 13, 17, 29)

## ***Prevention***

- Injecting drug use and HIV (Commitment 10, 13, 25)
- Most-at-risk populations (Commitments 9, 13, 18, 25)
- Gender equity (Commitments 10, 13, 14, 20, 21)
- Paediatric AIDS and PMTCT (Commitments 3, 11, 12, 14)
- Young people (Commitments 3, 8, 13, 14, 18)
- HIV at the workplace including the uniformed forces (Commitments 2, 15, 28)
- Sexually transmitted infections (Commitment 16)
- Research and new technologies (Commitments 19, 22, 24, 29)

## ***Living with HIV/AIDS***

- Treatment and care (Commitments 13, 21, 23, 25, 28)
- Stigma, discrimination and human rights (Commitments 1, 20, 31)
- Testing and counselling (Commitments 10, 13)
- Prisons



# Overall findings (prelim)

- Greater accountability needed
- Enable the legal and regulatory framework to reduce stigma, exclusion and discrimination
- Strengthen national and international surveillance
- M&E with more disaggregated data
- Greater harmonization of interventions and M&E
- Strengthen collaboration between countries
- Improve targeting with greater intensity and scale of effort to reduce inequities
- Increase civil society and private sector involvement
- Improve use of internationally accepted evidence-based interventions



# 1. Political Leadership



Commitments 1, 1, 3, 5, 6, 22, 26, 30, 32, 33 Strengthened political leadership

- HIV now addressed at national level/leadership
- Regional efforts and cross-border partnerships
- Implementation gap:
  - Resistance to harm reduction programmes
  - Structural changes in health systems not realised
  - IDU challenges unlikely to be addressed
- Need to enhance efforts and M&E



## 2. Community involvement and the private sector



(Commitments 2, 4, 27, 30, 32)

- Commitments yet to be translated to pervasive action
- Pockets of success—driven by the civil society
- Efforts patchy, incremental and uncoordinated
- Few systematic data on participation
- Need to increase transparency of achievements by making available:
  - UNGASS shadow reports
  - Country UNAIDS data and reports



# Testing and counselling



(Commitments 10, 13)

- VCT now widely offered but varied approaches
- Quality a big concern (limited counselling)
- Data availability and completeness vary
- Need more strategic approach to T&C with harmonisation and a pan-European policy, e.g. how and when to implement aspects of PITC
- Multisectoral and NGO involvement to accelerate and widen availability
- Legislation to underpin evidence-based interventions
- Improve M&E



# Process (timeline)

- 12 January 2007: Agree on the joint publication and contents
- 5 January--22 January 2007: Finalise matrix of indicators to be reported
- 25 January 2007: Commission thematic material
- 12–13 March 2007 (Bremen HIV/AIDS conference): Present work in progress
- 18 May: Thematic sections completed (first full draft)
- 18 May–6 June: Editing/Revision of the thematic sections
- February–April 2007: Draft 7 country reports
- 1–17 May: Country reviews of country reports (France, Germany, Moldova, Poland, Portugal, United Kingdom, Ukraine)
- 7–25 June 2007: External review and revisions
- 25 June–25 July 2007: Copy-editing
- August 2007: Layout
- End August 2007: Publication
- Summer 2007: Develop 30-page policy brief
- **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)
- **Early '08:** Policy brief release on Dublin Dec



# Process (Advisory board)

## Overall editorial Advisory Board

- Henrique Barros [hbarros@med.up.pt] (**Portuguese Ministry of Health**)
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