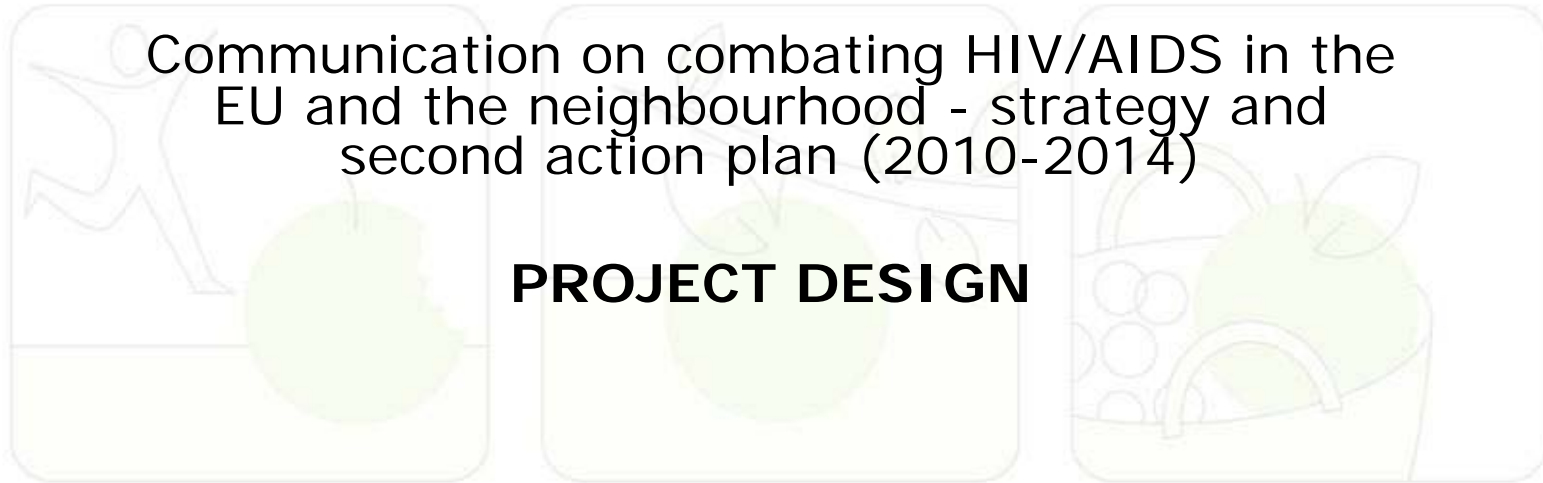




Directorate-General for Health & Consumers

Communication on combating HIV/AIDS in the
EU and the neighbourhood - strategy and
second action plan (2010-2014)

PROJECT DESIGN





The Commission's work programme

- ... the Commission defines annual priorities and adopts a work programme for each year. The Commission's annual work programme translates the [annual policy strategy](#) into policy objectives and an operational programme of decisions to be adopted by the Commission.
- More detailed programming and monitoring of Commission work takes the form of a list of planned Commission initiatives and a list of adopted Commission initiatives. Both contain legislative proposals to other EU institutions, major non-legislative acts and acts, selected by the Commission, that are likely to be of interest to other EU institutions and to the general public.



COMMISSION LEGISLATIVE AND WORK PROGRAMME 2009

List of Strategic and Priority Initiatives

- **PRIORITY INITIATIVES (37)**
- 33. Communication on combating HIV/AIDS in the EU and the neighbourhood - strategy and second action plan (2010-2014)



structure – 2nd strategy

Introduction – response – expected results



3) Priority regions

Expected results

Focus on priorities

- decrease level of HIV transmission
 - improve quality of live of PLWHA
- improve education, knowledge and awareness on HIV/AIDS
- strengthen solidarity and promote an unambiguous broad response

1. Introduction

- Public health concern, social dimension, last 12 years transition to chronic condition
- Priorities: prevention, geographical /topical / groups
- importance to mobilise resources and exchange knowledge
- First strategy and action plan? Impact?

> > > > why a second strategy??

** mention human rights * 1-3 major targets per year in action plan**

1.2. BACKGROUND and MOTIVATION

time to assess – what are the challenges and needs for the next years?

- 1.2.1. Added value of a policy at EU level
- 1.2.2. Epidemiological situation and potential trends
- 1.2.3. Political situation – declarations and commitments
- 1.2.4. Legal and social situation – obstacles, particularities
- 1.2.5. The first EU action plan on combating HIV/AIDS (2006-2009) – any impact ...



2. THE RESPONSE

- COMMITMENTS, PARTNERSHIP, PRIORITIES

- **1. prevention** **costly but cost-effective**
*secondary prevention**
- **2. priority regions** - Eastern Europe:
MS and eastern ENP countries **broader**
- **3. priority groups and issues** **PLWHA**



2.1. COMMITMENTS

2.1.1. Political response

- - *fight against stigma and discrimination and promote the respect of basic human rights of PLWHA - all stakeholders are invited to accept and to adopt policies in line with UN policies in this respect*
- - *promote prevention of HIV as the most effective remedy to decrease new infections*
- - *commit resources and provide support through available EU financial instruments to respond to HIV/AIDS*
- - *strengthen the coordination of EC policies addressing HIV/AIDS related issues (promotion of health aspects across policies, legislation and agreements, where useful)*
- - *support efforts to monitor the implementation of commitments of governments, authorities, civil society, and international organisations*



2.2. EMPOWERMENT /PARTNERSHIP

2.2.1. Civil Society involvement

- - promote **involvement** of civil society in the response to HIV/AIDS on international and national levels in the European Union and the concerned neighbourhood countries
- - involve the Civil Society Forum as the principal **interface** to advice Commission services and the "HIV/AIDS Think Tank" on selected issues
- - Civil Society and other stakeholders to ensure a broad **dissemination** of developments, **sharing** experiences policies and good practices on international, national and regional levels and intensify cross-border cooperation of NGOs and networks



2.2. EMPOWERMENT / PARTNERSHIP

2.2.2. Responsibilities of societies

- - respect of **human rights** of all citizens irrespective of their health status
- - media and organisations representing societal groups, including social partners, to actively **address stigma** and discrimination in general and to promote special programs to sensitise citizens in all affected countries
- - assure **social and health equalities** are implemented in a way as to assure a non-discrimination of PLWHA
- - **universal access** to HIV testing, early state of the art treatment , care and harm reduction measures shall be realised for all citizens in need across Europe



2.3. PRIORITIES

2.3.1. Prevention

- - *adapt prevention strategies to match changing trends and shifts of epidemics in confined situations and to adapt prevention messages to new generations who have missed the original "AIDS shock"*
- - *development, promotion and implementation of innovative elements for novel, effective prevention strategies*
- - *promote effectively comprehensive sexual education including knowledge about HIV/AIDS*
- - *strengthen civil society's capacities to reach populations at risk*
- - *improve the evidence base for the development of effective and powerful prevention strategies*
- - *intensified HIV testing of populations most at risk as means of prevention, work towards unveiling the hidden dimension of the epidemics*



2.3. PRIORITIES -2

2.3.2. Surveillance and monitoring/evaluation

- - *meaningful surveillance **data** useful for the development of effective policies and interventions*
- - ***report** validated data to the ECDC, and to actively contribute to the regular monitoring of the Dublin declaration commitments*
- - *install and to maintain **effective infrastructures** to carry out state of the art surveillance, monitoring and control*

2.3. PRIORITIES (-3)

2.3.3. Priority regions

- (i) Eastern Europe
- (ii) Countries in the Eastern neighbourhood

- - *address HIV/AIDS in future negotiations on bi- and multilateral **agreements** with third countries where necessary*
- - *invite ENP countries to EU meetings in order to facilitate trans-national **cooperation** on all levels*
- - *development of specific programmes setting out first line measures to improve the control of HIV/AIDS particularly in Eastern Europe*
- - *use **financial** EU instruments to support health systems and to finance specific measures against the spread of HIV and associated infections*



2.3. PRIORITIES (-4)

2.3.4. Priority groups and issues

1. most at risk populations

- - *promote the integration of marginalised groups into societies*
- - *targeted communication is an important key to reach populations most at risk*
- - *carry out research based risk assessments to invest resources in effective solutions*
- - *promote measures in response to HIV/AIDS along existing drug strategies*

2. research and medicine

- - *will further provide direct and indirect resources to improve -*
- *biomedical - research focusing on HIV/AIDS and associated and opportunistic infections*
- - *promote an integration of multi-sectorial research in response to HIV/AIDS*

3. Treatment and care

3. EXPECTATED RESULTS

- (i) A decrease of the level of HIV transmission
- (ii) A real improvement of the quality of life of PLWHA
- (iii) Improve the education, knowledge and awareness on HIV/AIDS **reference in main text**
- (iv) Strengthen the solidarity towards an unambiguous response to HIV/AIDS
- **what about risk groups**



Aspects, so far ...

- HIV testing and early care, Incentives for HIV testing?
- Include need of changes in future prevention strategies
- Primary health care to take up HIV issue seriously
- Support to training and innovative networking
- Rationale for balance between promotion of prevention, testing, treatment, care → indicators to monitor process, modelling of real needs
- change order of priorities to: PREVENTION (emphasis!) – priority groups – priority regions
- And more ... (CSF)



Remarks CSF

- General:
 - Mention / emphasis on sex workers / SW migrants
 - Don't repeat old communication
 - Economic crisis and consequences
 - Treatment as component of prevention
 - Link framework on universal access to prevention
 - Terminology / wording
 - SRHR
 - Stigma: Measure progress
 - Stronger on criminalisation
 - Comprehensive approach to prevention
 - Budget, human resources EC
 - Evidence base
 - Access to services of mobile populations + IDUs

Remarks CSF

■ Political leadership

- Harmonised MS policies around migration + asylum
- HIV as standing topic for EU presidencies, TT meetings in presidency countries

■ Civil Society

- promote introduction of stigma index
- Incl. CS in planning, dev. + implementation of policy
- EU to promote seat of CS in GF board
- application of GIPA principle, inclusion of PLWHA ...



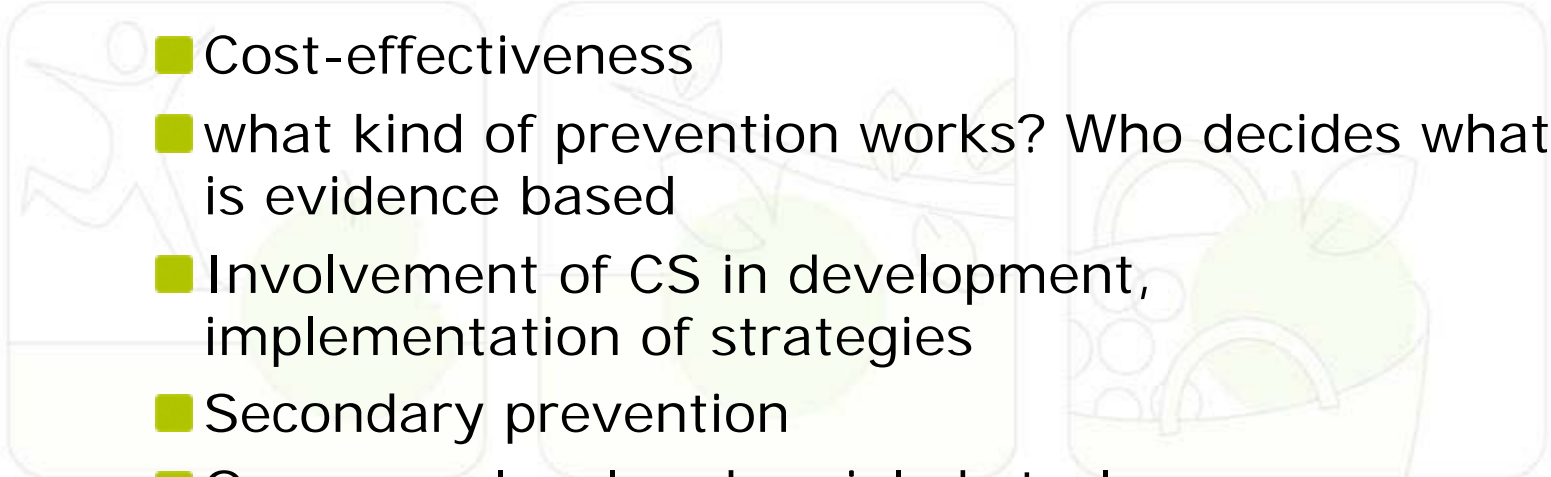
Remarks CSF -2

■ Human rights / stigma

- Mention in introduction of communication
- dimension of discrimination: MSM, IDU, migrants, vulnerable groups not just PLWHA
- EU agency on human rights – workplan
- Undocumented migrants and policies should interfere with public health principles
- no discrimination on ground of HIV status
- Workplace: no „forced HIV testing“
- Monitor human right implementation and possible violations
- Reference to UN an EU chartas

Remarks CSF -3

■ Prevention

- 
- Cost-effectiveness
 - what kind of prevention works? Who decides what is evidence based
 - Involvement of CS in development, implementation of strategies
 - Secondary prevention
 - Overcome legal and social obstacles
 - HIV testing (principles!) of pop. most at risk = most vulnerable and stigmatised
 - ECDC: evaluate key prevention strategies



Remarks CSF -4

■ Priority regions

- Broader than Eastern Europe
- Co-funding/funding issue
- Northern African countries
- Russian Federation: enforce cooperation + exchange, more than money

Remarks CSF -5

- Add PLWHA
- Priority groups - MSM
 - Groups interlink, no geographical distinction of risk groups
 - Evidence based interventions re. MSM/migrants
 - What about migrants being MSM (often no access to services)
 - In PT/ES MSM epidemics
 - Human rights, general access, discrimination of MSM

CSF remarks -6

■ Priority groups – IDU

- Inequity in access to treatment (HIV and drug dependance)
- Stigma ! Human rights address specifically
- Criminalisation/legal obstacles not only in Eastern Europe
- More research on use of e.g. cocaine, amphetamines...
- Prison health care systems
- Gender dimension and SRHR of e.g. sex workers

CSF remarks -7

■ Priority groups – migrants

- Documented and undocumented migrants
- EATG work on migrants
- Sex workers
- Link into other groups



CSF remarks -7

- Research and medicine
 - More than biomedical research
 - New prevention technologies
 - Clinical trials at European level
 - Comparable data on stigma
 - Too low investment on TB; comorbidity
 - Living conditions of PLWHA

CSF remarks -8

■ Treatment and care

- Universal access!
- Spendings on treatment and numbers of people und ART in countries
- HIV in Europe 2007...
- Undocumented people?

Action plan

- To be developed ...

- Monitoring of implementation and achievements

- Set limited number of priorities / year



Timeline

- Targeted consultation Nov 08 – April 09
- Additional input until 24 April 2009
- Impact assessment report submission: 13 May
- IA board meeting: 10 June
- Interservice consultation: Mid July
- Adoption of communication: forseen Sept 09

This paper was produced for a meeting organized by Health & Consumer Protection DG and represents the views of its author on the subject. These views have not been adopted or in any way approved by the Commission and should not be relied upon as a statement of the Commission's or Health & Consumer Protection DG's views. The European Commission does not guarantee the accuracy of the data included in this paper, nor does it accept responsibility for any use made thereof.