

Report of the 2nd HIV/AIDS Civil Society Forum

Brussels, January 31 & February 1, 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*



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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 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. In this second meeting of the CSF, the first day focused on the review of the Communication from the Commission to the Council and European Parliament on combating HIV/AIDS within the European Union and in the neighbouring countries 2006-2009, particularly revising the attached action plan (http://europa.eu.int/comm/health/ph_threats/com/aids/keydocs_aids_en.htm). The second day centred on the results of a questionnaire on human rights and HIV/AIDS that was recollected by AIDS Action Europe and EATG.

Report of the meeting on January 31

Dadi Einarsson from the European Commission opened the meeting announcing that the Think Tank on HIV/AIDS has chosen two themes for 2006: human rights and intravenous drug users (IDUs). Both issues will be on the agenda of the next Think Tank meeting in October/November. He underlined that the work of the CSF is not bound to implementing the Communication on HIV/AIDS. The Communication is a framework, but should not limit our concerns. The CSF connects to the agenda of the Think Tank (TT). However, the CSF itself controls how it works and the issues to address. The CSF can pro-active bring topics to the agenda of the TT.

Ton Coenen from AIDS Action Europe opened the meeting with a short summary of the pre-meeting that was held prior to the CSF. At this pre-meeting, the aim, roles and work forms of the CSF were discussed among CSF members. See annex B for the report of the pre-meeting.

Review of the Commission Communication on HIV/AIDS

Ton Coenen then addressed the first agenda item, the review of the Commission Communication on HIV/AIDS, by raising two questions:

- Did we, as civil society, really make a difference in the final Communication?
- Are we satisfied with the Communication?

General remarks on the Communication

- There are some substantial improvements to the earlier version, especially in the action plan, but several concerns of civil society still need to be addressed.
- The harm reduction part should have been more elaborated. Substitution treatment doesn't work for all, so other programmes like safe consumption places should be addressed.
- The growing HIV incidence among migrants and the differences between legal and undocumented migrants should have been given more attention. Migrants should also specifically be mentioned in the surveillance section.
- Next to mentioning of values on human security and the protection of human rights, the document should have made reference to the right to life.
- The Communication lacks a gender perspective.
- The protection of data, confidentiality and right to voluntary testing is not mentioned.
- Social research is missing.
- Men having sex with men (MSM) are almost completely absent, while they constitute still 50% of the epidemic. General recommendation: the Commission should stimulate best practices in the prevention among MSM and monitor the epidemic among them.
- The connection between sex work, migration, mobility and trafficking is missing. In general, the political framework on reducing vulnerability and risk is absent.
- Civil society is left out of some parts of the action plan, but should be included as main partner in most, if not all, activities.
- As for the section on neighbouring countries, it is not clear what the agenda and priorities are.
- The involvement of people living with HIV/AIDS (PLWHA) in prevention efforts is missing; attention is needed to positive prevention.
- Stigma and discrimination is not addressed adequately.

Dadi Einarsson explained that the Communication in itself will not be amended and is final. But the attached action plan is a dynamic document, and actions already included can be specified or adapted if needed. He reassured that, although not always adequately addressed, the diversity of vulnerable groups will definitely be recognised. In the Public Health Programme 2006 several vulnerable groups have been identified for specific interventions in the fight against HIV/AIDS. As for implementation of the Communication, the Commission Interservice Group, consisting of representatives from 14 Directorate Generale (DGs) related to HIV/AIDS will monitor the action plan. The CSF participants recommended that a high-level official of the Commission reports back on the status of the implementation of the Communication and the role and initiatives supported by the Commission at the next CSF. Dadi Einarsson explained also that the Commission is directed to the Council and Parliament, because it is informing these institutions what the Commission policy is. These institutions do not approve the Communication, but all DGs have done so.

A critical issue remains the lack of clarity on the budget available for implementing the action plan. Dadi Einarsson informed that there is earmarked money in several funds, like research, structural funds etc. In the Public Health Programme, there is no clear information how much will be spent yearly on HIV/AIDS, since it depends on the number and quality of proposals and competition with other health priorities. Clear is that there are no new resources available, but the coordination between the different DGs may add some resources. Ton Coenen expressed the need to know where to obtain the necessary funds for implementing the action plan and suggested to include in the action plan for each activity a list of possible funding sources. The Commission lacks however human capacity to undertake this effort. In conclusion, there is an absolute lack of information about the budget that makes it impossible to decide if the action plan is feasible. Dadi Einarsson explained further that since the Communication is approved by all Commissioners, it is relatively easy to fund some meetings and conferences. A main difficulty is that no funds are earmarked concretely.

As for implementation of the action plan, a main question is who will take the initiative to implement the different actions. It is not clear in the Communication whom to contact at the Commission. Most CSF members do agree however that the Commission can be a valuable tool to confront national governments with an action plan that they are supposed to implement. In the action plan, the Commission sometimes will take the lead, like with the issue of human rights. The Communication is not binding for member states; the action plan reflects what the Commission plans to do about the HIV/AIDS epidemic, not necessarily priorities for member states.

Specific remarks on the different sections of the Action Plan

General

- Include civil society as main partners in all relevant actions in the action plan.

Leadership and advocacy

- The procedure is that the topic of human rights is discussed at the TT, based also on the outcomes of the questionnaire developed and discussed at the CSF. Then a TT working group, including a representative from the CSF, will be established that will prepare the more profound discussion on human rights at the TT end November.
- HIV/AIDS has been put by the Commission on the agenda of all upcoming Presidencies, including Finland and Germany. CSF members are encouraged to address the Presidency organisers directly if they wish to press any agenda items.
- It is worrisome that the Commission can not undertake any official action against member states that violate human rights. At present, there is no European institution that these violations can be addressed to.
- The CSF should be included as main partners to prepare the agenda of the planned 2007 Conference on Human Rights. The right to life and to treatment should be considered priority issues.
- It is recommended to link the conference on human rights to the 2007 international harm reduction conference in Warsaw.

Involvement of civil society

- Link the training programme to several existing initiatives, like the knowledge hubs that CEEHRN is coordinating. WHO has put a lot of effort in knowledge hubs, basically to prepare curricula-targeted interventions. These curricula models exist at CEEHRN.
- As a step prior to any training programme, first do a mapping exercise in order to have an oversight of what initiatives are going on, and on the implementation and financial problems of already developed evidence-based programmes. Civil society can help to do the inventory.
- If there is no follow-up to any training programme, the money isn't spent wisely. So include follow-up in the action plan.
- Include training for policy-makers on how to work with civil society.

Prevention

- Use 'safer sex' instead of 'safe sex'.
- Include the support of best practices in positive prevention, and recommend the development of evidence-based programmes and dissemination of best practices.
- Stimulate best practices in prevention among MSM.
- Evaluate the contribution of civil society in prison settings and the contribution of public health systems. With the outcome a report and recommendations on best practices in prison settings.
- The AIDS Action Europe Information Clearinghouse, to be developed under the project European Partners in Action on AIDS with Commission funding, will facilitate the dissemination of best practices in prevention.
- Add migrants (legal and undocumented) as a key group for prevention.
- Have a meeting on different practices on counselling and testing, comparing mandatory to voluntary testing.
- The gender approach should be integrated into the action plan. A status report is needed on how gender should be translated into prevention activities.

Treatment, care and support
No comments on the action plan.

Neighbouring countries

- The Commission should push for substitution treatment in the Russian Federation and organise an expert meeting on drug treatment, including substitution therapy.
- The Commission should be more pro-active in contacts with the Russian Federation.
- Monitor the protection of NGO legislation in Russian Federation and ENP countries.
- Organise at the May 2006 EECAAC conference in Moscow a special session on sharing the European approach and best practices. The CSF and TT can together prepare this session.

Research

- Include treatment activists and communities as main players.
- Need for more social research. The CSF invites the DG Research to discuss the need for social research, with a focus on drug issues and interactions. Both public health and community-driven research is needed.

Recommendations for items under the heading of public health research:

- Treatment effects on risk behaviour
- Mortality causes
- Co infections: epidemiology, natural history, treatment
- European comparative research: evaluation of what is implemented in the different European countries, equality in access to care in Europe
- Research on harm reduction – novel compounds for drug substitution therapies, pharmacological interactions between antiretrovirals and street drugs etc.
- Legal research: travel restrictions and criminalization of HIV transmission in Europe
- Social research: vulnerability factors,

Surveillance

- Include surveillance to track mortality and late diagnosis.
- Involvement of the community is absolutely crucial!
- In data collection, confidentiality should be guaranteed. There is a need for anonymous and voluntary testing, based on which data should be collected.
- Timo Jetsu from the Drugs Coordination Unit of DG Justice underlined that the CSF members should influence their national representatives on civil society priorities for the new research programme.

Report of the meeting on February 1

Human rights questionnaire

Ton Coenen presented the outcomes of a questionnaire prepared by AIDS Action Europe and EATG that was sent out to all members of the CSF. See in Annex C the sheets presented. In total, 20 questionnaires were sent back and included in the analysis. Bulgaria did send in a response, but it was not received. Spain will still deliver, but had to translate the questionnaire, which delayed a response. Several countries indicated to need more time in order to involve the diversity of NGOs. For the networks, the main concern was if they would present an average response based on country information, or if they present some highlights. Some questions were raised on the validation of the questionnaire responses, since a lot depends on how the questions were interpreted and translated and the categories were not very clear. But even if the inventory method was problematic, the outcomes still make clear that there are violations all over Europe and some are considered very severe. The violations indicated by the countries, probably are only the top of the iceberg, since many people do not announce violations.

Some conclusions from the questionnaire responses

- When comparing the different sub regions, there aren't that many differences both in number of violations as well as perception of the severity.
- In many countries there are prosecutions and convictions.
- In prevention there is a neglect of important segments of the population, unavailability of harm reduction, penalisation of drug users, to mention a few examples.
- In some countries and for some groups there is mandatory testing and testing without consent.
- For people living with HIV, scores of violation and severity of these violations are higher than for the prevention and testing field.
- For people living with HIV/AIDS, workplace issues and stigma and discrimination are mentioned in many countries.
- Concerning women and HIV, there are no big differences between the sub regions concerning violations and severity.
- As for men having sex with men, the scores are a bit lower than overall. Stigma and discrimination is a big issue however.
- As for drug users: most regions score higher than for other topics and groups. Criminalisation is a major issue.
- In mobile populations there is a lack of access to treatment and care, especially for undocumented migrants.
- In individuals with restricted liberties, there are quite some violations reported.
- Concerning sex workers, scores are quite low compared to other groups.
- In conclusion, violations are not generalised but there are many examples of severe problems and violations of human rights.

In conclusion, the questionnaire was interesting, but not good enough as basis for policy. The CSF does not have the capacity to make a comprehensive analysis. The CSF representatives at the TT will underline the importance of the topic. Spain informed that they have a community observatory on HIV/AIDS that has a website, free phone line and PO Box. This may be an interesting best practice. The CSF needs to decide which way to progress: through the framework of international human right treaties or through evidence-based information. Specific violation examples will be included in the report. The final report will focus more on qualitative data and less on a quantitative analysis. It will also make reference to the report written by Julian Hows. The CSF established a working group on human rights which includes Eszter Csernus, Licia Brussa, Luis Mendao, Irene Donadio, Peter Wiessner, Raminta Stuikyte, Ton Coenen, Georg Bröring. This working group has two tasks:

- Finalise the report on human rights.
- Give recommendations on next steps to the CSF.

The CSF working group will develop a draft questionnaire report by June, circulate it among the CSF members and Think Tank, and have a final draft available for the November CSF and TT meeting.

This working group will link to the TT working group on human rights. Hanna Khodas and Joan Tallada (if a second person is approved) are elected as CSF representatives at the TT working group on human rights. They will inform the CSF through the e-mail list.

Other issues related to human rights

- Luis Mendao will send a draft letter to all CSF members to use to send to their national governments, requesting information on what governments are doing on monitoring and if resources have increased.
- The CSF representatives at the TT will report back to the CSF through the e-mail list.

Monitoring and evaluation of the action plan of the Communication and other commitments

The TT will discuss the tools and indicators to monitor commitments like Dublin/Vilnius, Commission working paper etc. Dadi Einarsson explained that the monitoring system now in place depends on the document:

- Recommendation on harm reduction: ongoing process, member stated will report to the Commission.
- Dublin Declaration: done in cooperation with WHO and UNAIDS.
- Commission working paper: process is regularly monitored, implementation status reported on Commission website.
- Action Plan Communication: will be placed on the web, and include report on implemented activities.
- WHO Europe monitors several issues. Universal access: ongoing yearly report, next round about to be sent out. Elimination of HIV infection in children by 2010: monitored through WHO survey. Increased resources to scale up action: is not covered by WHO.
- The CSF requests that a high-level Commission representative reports on implementation and monitoring of the different commitments at the next CSF.

Mission statement and policy paper of CSF

In order to give body and visibility of the CSF (also at the national level) a brochure about the CSF will be developed by Arnaud W. Simon, Joan Tallada and Monica Ciupagea.

The first draft will be sent to the CSF e-mail list by March 1. The CSF will have 3 weeks for comments. By the end of the first week of April the final version in English will be ready. CSF members are responsible for translation into their languages and dissemination of the leaflet. Martine de Schutter will collect all translated versions.

Priorities of the CSF

A further discussion of the priorities of the CSF is needed. We have to connect to the Think Tank agenda but at the same time can influence this agenda through CSF priority setting. The focus in priority setting is primarily on what we wish to achieve with this CSF. Viktorija Cucic will coordinate the recollection of priorities from all CSF members. After she receives, as input, the informal report of the TT, Victoria will send an e-mail reminder to all CSF members with further directions.

Agenda next CSF meeting

- Report from the Commission on implementation status of different commitments and documents.
- Follow-up on CSF priority list and how to implement.
- Specific attention to one of the priorities selected.
- Human rights discussion.
- IDUs.

The CSF representatives at the TT are in charge of preparing a good and detailed agenda for the next meeting of the CSF.

A working group, chaired by Monica Ciupagea will coordinate the preparation of the agenda item on IDUs. The group consists of Raminta Stuikyte, Vitaly Dumas, Catalina Iliuta, Luis Mendao, Ruta Kaupe, Monica Ciupagea, Eszter Czernus, Arnaud W. Simon. The group will agree on tasks and deadlines and inform the CSF by e-mail.

Elena Kabakchieva will follow-up on the action on peer education in the action plan.

EATG will make separate e-mail lists for the different working groups.

The CSF decides that future meetings will be 1 1/2 days instead of 1 day. Mr. Einarsson will check the consequences for reimbursement.

The discussion on extension of the number of observers is postponed till the next meeting.

Annexes

Annex A: List of participants

- Anders Milton (Red Cross- EU)
- Andreas Berglöv (Swedish Association for HIV-Positive People)
- Antoine Lion (Caritas Europa)
- Arnaud W. Simon (AIDES, France),
- Catalina Iliuta (ARAS, Romania),
- Chris Lambrechts (SENSOA, Belgium)
- Dominic Verhoeven (Caritas Europa)
- Dorota Latarska (Social AIDS Committee)
- Elena Kabakchieva (HESED, Bulgaria),
- Eszter Csernus (Hungarian Civil Liberties Union)
- Georg Bröring (NIGZ / AIDS & Mobility, Netherlands)
- Hanna Khodas (All-Ukrainian Network of PLWHA)
- Hannah Bate (National AIDS Trust, UK),
- Irene Donadio (IPPF EN, Belgium),
- Ivo Prochazka (Czech AIDS Help Society)
- Jakob Haff (Stop AIDS, Denmark)
- Joan Tallada (GTT)
- Katarina Jeresova (OZ Odysseus)
- Katja Berglund (Noak's ARK Red Cross)
- Kirsten Jensen (AAE/Aidsfondet)
- Licia Brussa (TAMPEP, Netherlands)
- Luis Mendão (EATG/Portugal),
- Leo Kalovyrnas (Synthesis, Greece)
- Martina Melis (ENDIPP)
- Martine de Schutter (AIDS Action Europe)
- Monica Ciupagea (OSI, Hungary),
- Ophelia Haanyama (Noak's Ark Red Cross)
- Peter Wiessner (AIDS Hilfe Munich e.V., Germany)
- Raminta Stuikyte (EATG / CEEHRN, Lithuania),
- Ruta Kaupe (DIA+LOGS, Latvia),
- Sergei Kostin (Ukrainian Harm Reduction Association / Way Home, Ukraine)
- Ton Coenen (AAE/ Soa Aids Nederland, Netherlands),
- Ulrich Laukamm Josten (WHO-EURO)
- Viktorija Cucic (JAZAS, Serbia and Montenegro)
- Vitalie Slobozian (Soros Moldova)
- Vitaly Djuma (Russian Harm Reduction Network),
- Wim Vandervelde (EATG, Portugal),
- Wojciech Jerzy Tomczynski (AAE / SIEC PLUS, Poland),

European Commission:

- Dadi Einarsson, DG Sanco

Annex B: Report pre-meeting of the CSF on HIV/AIDS

January 31, 2006
Brussels, Belgium

Participants:

26 people (CSF members and observers, European Commission). Participant list attached.

Aim/background:

To discuss aims, role and work forms of the Civil Society Forum on HIV/AIDS (CSF). Suggestions are to be submitted to the CSF meeting on January 31-February 1, 2006.

CSF was established in September 2005; its mandate and selection process are defined by the European Commission's Task Force on HIV/AIDS. CSF is in the phase of development and defining its work methods.

Discussed:

1. CSF aims and objectives

Participants suggested that overall CSF aim is to influence AIDS-related policy on European and national level efficiently using civil society expertise

Two specific goals are:

- to influence the EU Think Tank and the European Commission, the EU policy and legislation with regards to HIV/AIDS
- to strengthen ties between the European Union and civil society, as well as between national authorities and civil society to combat HIV/AIDS

Prioritization of CSF agenda is needed, especially taking into account its capacity limitations.

Implementation of the EC Communication on HIV/AIDS should be high in the agenda.

Besides, CSF could be used for sharing practices and urgencies, rapid alert system and advocacy.

2. Links to Think Tank on HIV/AIDS (TT)

Participants specifically stressed need to improving linkages between CSF and the Think Tank on HIV/AIDS, which is consultative body, where national experts, six civil society members (delegated by the AIDS Action Europe and European AIDS Treatment Group), representatives of international organizations and representatives of the European Commission's relevant Directorats Générale (DGs):

- improving communication of discussions at TT and CSF
- improving accountability of civil society representatives in TT to CSF
- preparing for TT discussions at CSF
- pro-active nature of communication with TT (proposing issues for discussion at TT but for this purpose prioritization of key issues is needed)
- using formal and informal methods to link national representatives in CSF and TT

3. Organisation of CSF work

The following issues should be addressed:

- more transparency and improved communication is needed within CSF and with civil society
- CSF should not be two-day event but rather a forum with better involvement of people in between meetings (through working groups, email list, publishing on websites, maybe more people than CSF covers, making homework for CSF)
- clear priorities are needed for work within CSF and for civil society representatives work with TT
- improving consultation of CSF members with national stakeholders

4. Membership/participation

CSF (including its members and observers) is formed by the European Commission's Task Force on AIDS through selection process. Contact list was disseminated by Dadi Einarsson.

Members are national and local NGOs from the EU Member States, EU Candidate States, as well as neighbourhood form. Selection is done using defined criteria. Membership term is two years (for current members membership expires in August 2007).

Number of members is 30. Belarus NGO representative will be selected to CSF in the nearest future.

Observers are selected based on political reasons, missing issues and covering European networks. Currently 9 networks have observer status. Discussion whether some networks/organizations are missing in CSF should be held. For some specific discussions at the CSF meetings, additional observers who have necessary expertise could be invited.

There is no big difference between statuses of CSF member and observer, with exception of right of CSF member to get participation cost reimbursement.

Need for sharing information about participating organizations in CSF is needed (aims, advocacy agenda, etc).

Specific steps proposed for discussion at CSF:

CSF role and work basis:

- To define mission statement or policy paper on CSF; proposed aims and goals (see above) could be used
- To make brief on CSF
- To identify priorities

Communication

- To update CSF email list (civil.society@eatg.org)
- To improve communication in between CSF meetings
- To email and publish reports from TT
- To share TT agenda in advance
- To email informal feedback from TT meeting on timely basis
- To provide CSF reports on timely basis
- To translate key documents into national languages using EC, CSF member and observer resources when available

Links to TT:

- To share reports of CSF meetings to TT (and vice versa)

Consultation and communication with civil society players who do not participate in

- further discussion is needed

CSF observers

- discussion is needed to see whether there are missing key players in CSF

Participant list:

CSF:

- Andreas Berglöf (Swedish Association for HIV-Positive People)
- Arnaud W. Simon (AIDES, France),
- Catalina Iliuta (ARAS, Romania),
- Chris Lambrechts (SENSOA, Belgium)
- Elena Kabakchieva (HESED, Bulgaria),
- Eszter Csernus (Hungarian Civil Liberties Union)
- Georg Bröring (NIGZ / AIDS & Mobility, Netherlands)
- Hannah Bate (National AIDS Trust, UK),
- Irene Donadio (IPPF EN, Belgium),
- Ivo Prochazka (Czech AIDS Help Society)
- Jakob Haff (Stop AIDS, Denmark)
- Licia Brussa (TAMPEP, Netherlands)
- Luis Mendão (EATG/Portugal),
- Leo Kalovyrrnas (Synthesis, Greece)
- Monica Ciupagea (OSI, Hungary),
- Peter Wiessner (AIDS Hilfe Munich e.V., Germany)
- Raminta Stuikyte (EATG / CEEHRN, Lithuania),
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- Sergei Kostin (Ukrainian Harm Reduction Association / Way Home, Ukraine)
- Ton Coenen (AAE/ Soa Aids Nederland, Netherlands),
- Viktorija Cucic (JAZAS, Serbia and Montenegro)
- Vitalie Slobozian (Soros Moldova)
- Vitaly Djuma (Russian Harm Reduction Network),
- Wim Vandervelde (EATG, Portugal),
- Wojciech Jerzy Tomczynski (AAE / SIEC PLUS, Poland),

European Commission:

- Dadi Einarsson, DG Sanco

Annex C: PowerPoint presentation on human rights

Human rights & HIV in Europe

EU Civil Society Forum & Think Tank February 2006



Response

- Questionnaire: partly completed
- Quantitative information: general OK / specific poor
- Qualitative information: more useful
- Three days for analysis & conclusions
- Preliminary report



Human rights & HIV in Europe

Response: 20 questionnaires

Albania * Belgium * Czech republic * Cyprus * Denmark *

Finland * Germany * Iceland * Italy * Latvia * Moldova *

Netherlands * Portugal * Serbia * Sweden * Ukraine * UK *

(Hungary, France)

Aids & Mobility * ENDIPP * Tampep

Not: Bulgaria * Estonia * Greece * Lithuania *

Poland * Romania * Russia * Slovak Republic * Spain



Legenda

Frequency (cut off: 2.5 for specific questions):

0/1: never

1/2: rarely (< 2 p. year)

2/3: sometimes (3-4 times/ year) or some groups

3/4: often/frequently or significant proportion PLHIV

4/5: normally: embedded i laws or regulation

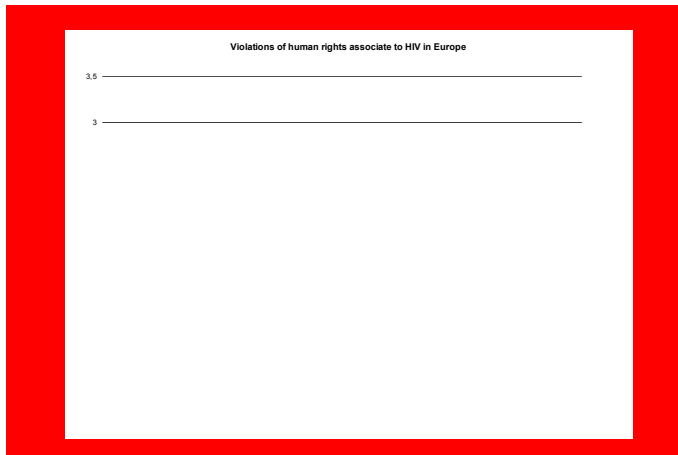
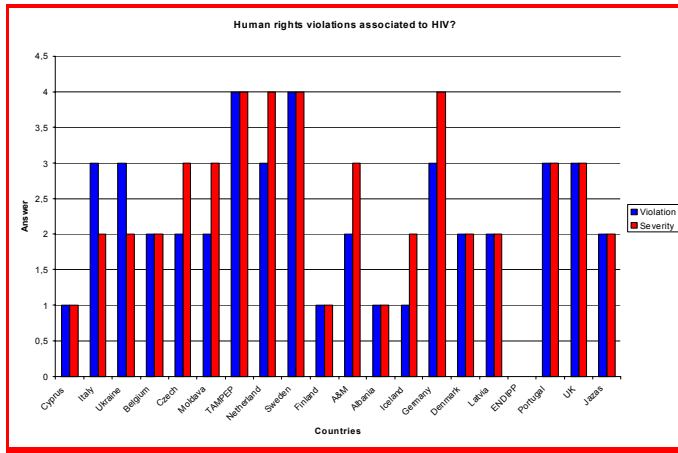
Severity (cut off: 2.5):

1: slight, no physical or psychological effect

2: moderate, no physical but psychological effect

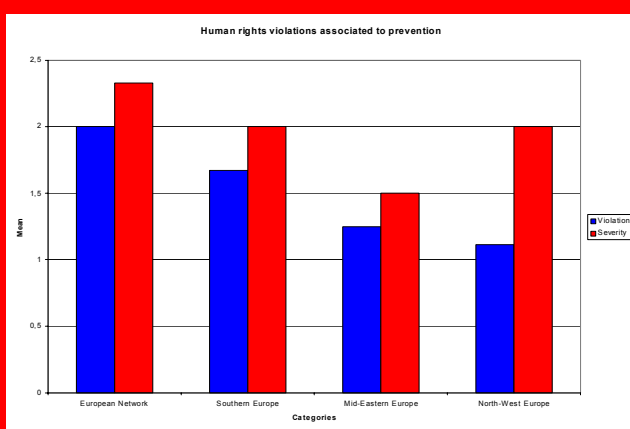
3: severe: affect liberty & psychosocial wellbeing & effect on health

4: Life threatening



General remarks on human rights

- In a lot of countries prosecutions & convictions
- not in all countries specific legislation
- Forced isolation (Sweden)
- Forced notification (Sweden)
- Workplace issues (Ser)
- Illegal immigrants are forced back to homecountries (NL)
- visiting prisoners / obligatory tests hiv & sti (Latvia)
- most countries have specific support / linked hiv
- most countries support UNGASS, etc.



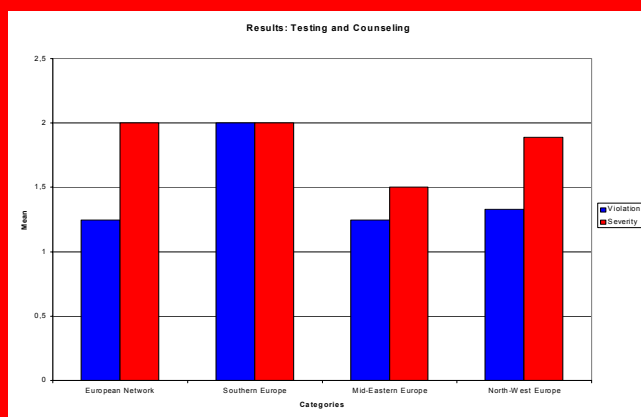
Prevention 1

- Neglect of important segments of population (2,7 & 2,6)
- Unavailability of HRD (2,3 & 2,5)
- Penalization of Drug use (2,8 / 2,4)
- No harm reduction (3,4 / 3,0) or prevention (2,6/2,9) prison
- No/not enough needle exchange (Swe / Latvia/Hun/Fr)
- More reluctance to testing due to prosecutions (Netherlands)
- Not enough facilities for ethnic minorities (NL)
- No programs for sex workers, gay, Roma (Alb.)



Prevention 2

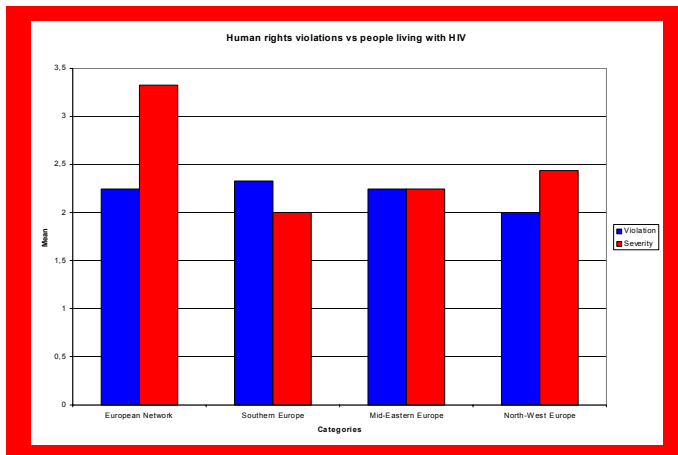
- Bad access to female condoms (Belgium, Czech Rep, Fr)
- Tough approach to sex workers & drug users (Ukraine)
- No recognition of sexual preference in prevention (Portugal)
- No access to needles & prevention in prisons (Por, Ser)
- Offensive campaigns for PLHIV (Latvia, It, Por)
- discrimination PLHIV quite common



Testing

- Sometimes mandatory testing (Ger, Hun, Ser)
- Not always consent for testing pregnant women (Portugal, Germany, Netherlands, UK) or ivdu (DK) or migrants (DK)
- test results by telephone (Netherlands)
- Privacy of test results not always ensured (Alb, Ukr, Hun)
- Testing for work (Belgium, UK, Latvia, Germany)
- Testing without consent of prison inmates (Portugal, Germany)
- to become citizen of Ukraine mandatory test





People Living with HIV 1

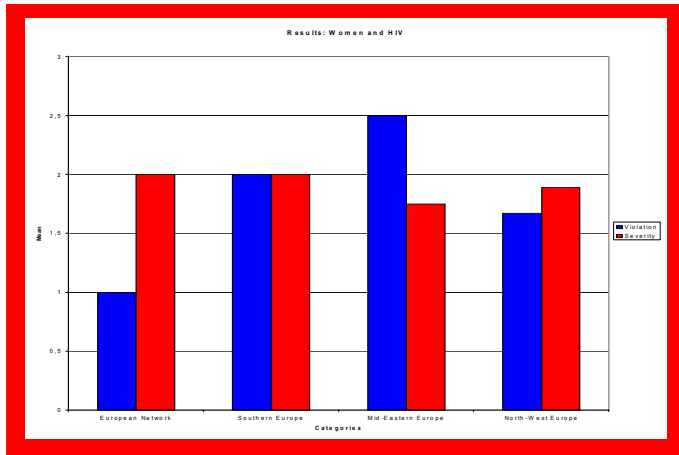
- Workplace issues (2,8/2,4)
- Stigma and discrimination from health authorities (2,5/2,7)
- Access to credit & insurance (2,7 / 2,7)
- Adoption services (3,3/2,8)
- Exclusion from medical services (2,5 / 2,7)
- Deportation (Sweden)
- Problems in kindergarten/schools (Sweden / Port / Ukr / Cyprus, UK, Ser)
- Violation of privacy (It,Hun)



People Living with HIV 2

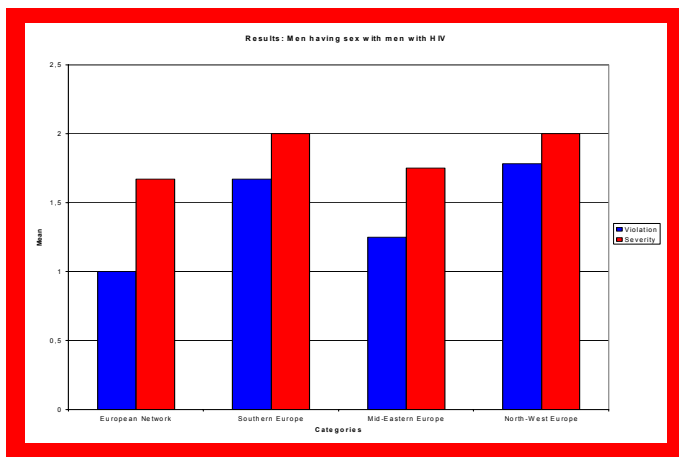
- problems at work after disclosure (NL/Bel/Czech/UK/Hun/Ser)
- problems access to care for undocumented migrants (NL Germany/UK)
- problems with organ transplant (Belgium Port Germ UK)
- suboptimal treatment (Belgium UK)
- involuntary disclosure of prisoner (Czech)
- system is not patient oriented (Czech)
- exclusion from insurances (Germany)





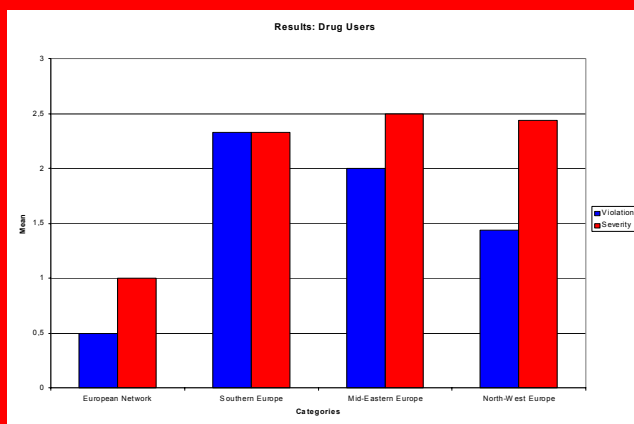
Women

- Stigmatization of HIV-pos women (2,6/2,6)
- Insufficient representation in clinical trials (2,3/2,5)
- bad access to reproductive services (Por / Ger)
- bad access to female condoms
- Low priority in a lot of countries



Men who have sex with men

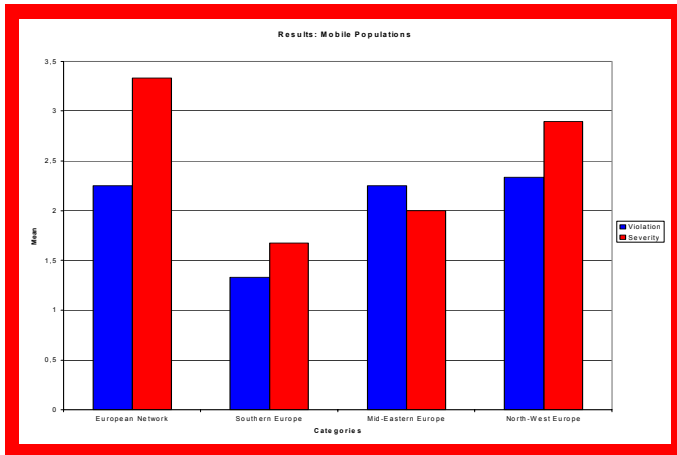
- Stigma en discrimination (3/2,5)
- Stigmatization of HIV-pos MSM (3/2,4)
- Health care professionals not familiar (It, Alb)
- Discrimination within gay community of Pos men (Czech, DK,
- involuntary disclosure in military recruitment (Moldova)
- criminalization of homosexual acts adults/14-16 minors (Port)
- Forced sex in prisons (Latvia)



Drug users

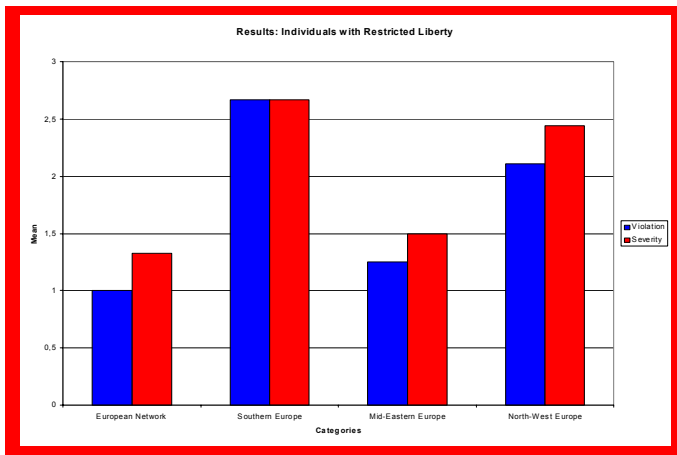
- Criminalization of drug use (3,1/2,6)
- no access to prevention interventions (2,3/2,5)
- no access to treatment (1,9/2,8)
- Criminalization drug use (Fin/It / Belgium/DK/Hun)
- no access to treatment for homeless IDU (Sweden)
- no treatment for drug dependency (Alb)
- Abuse by policeworkers (Moldova)
- Bad access to harm reduction (Germany / UK)
- mandatory tests in some clinics (Portugal)





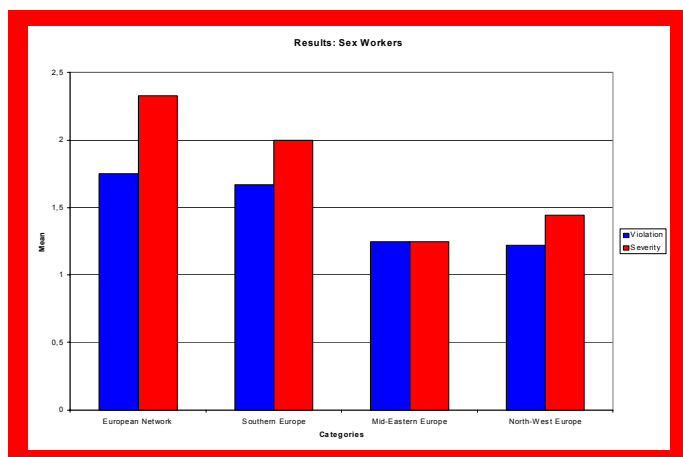
Mobile populations

- No access to culturally sensitive information (3/ 2,2)
- No access to treatment and care (2,3 / 3,1)
- Bad access to care and prevention for illegal people (Fin, It, Sweden, Neth, Alb, Belgium, Czech, UK, Ser)
- Discrimination & neglect (Neth, It, etc.)



Individuals with restricted liberty

- No/limited access to prevention (3,3/3,0) (Alb, Belgium, Czech, Port, Germany, UK)
- No/limited access to treatment (2,5 / 2,9) (It, Neth, Port,
- Discrimination (Sweden, Belgium, Czech,)
- Mandatory testing (Latvia)
- VCT is rare (Germany)
- limited access to methadone (Germany)



Sex workers

- Criminalization /penalisation of sex work (2,7/2)
- Stigma discrimination by society (3,3/2,5)
- No tailored an culturally sensitive information (2,7 / 2,4)
- Violence by clients (It)
- Abuse by police (It, Moldova)
- Discrimination
- no shelters for those who want to quit (Hun)
- Mandatory testing (Neth)
- Less access to care (Port, UK)



Conclusions

- Violation is not generalised
- Many examples of severe problems and violations of human rights
- Problems with discrimination, access to prevention, treatment, testing, privacy, criminalization
- Problems with human rights in most countries in all regions
- Countries do not live up to treaties
- Policy needed



Questions

- Good enough inventory as basis for policy?
- include remaining countries & finalize analysis?
- what are the main questions that need to be answered?

