



COMMISSION STAFF WORKING DOCUMENT

Action Plan on HIV/AIDS
in the EU and
neighbouring countries:
2014-2016



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Contents

1.) HIV/AIDS in the EU and neighbouring countries.....**2**

2.) Commission Communication combating HIV/AIDS and action plan**2**

3.) Achievements of the EU policy framework on HIV/AIDS and the need for an increased focus**3**

4.) Prolonging the Action Plan on HIV/AIDS**4**

1.) HIV/AIDS in the EU and neighbouring countries

HIV infection remains of major public health importance in the EU and neighbouring countries. Contrary to the global trend, which shows an overall decline in new infections, the number of newly reported HIV cases in Europe is increasing. In 2012, more than 131.000 new HIV infections were reported in Europe and Central Asia, an 8% increase from 2011¹. A total of 29.000 cases were reported in the European Union and European Economic Area (EU/EEA) a 1% increase from 2011 and 102.000 cases from countries in Eastern Europe and Central Asia (a 9% increase from 2011).

The main HIV transmission mechanisms differ depending on the region. In the EU/EEA HIV is predominantly transmitted among men who have sex with men (MSM). HIV transmission through heterosexual contacts plays also an important role. In neighbouring countries the main transmission modes are heterosexual contacts, followed by injecting drug use (IDU). Besides MSM and IDUs other vulnerable groups at high risk of acquiring HIV infections include migrants and mobile populations, sex workers and prisoners.

Early diagnosis followed by counselling and treatment as well as preventive strategies play a crucial role in reducing the spread of the disease. Recent evidence suggests that early treatment has significant effects in terms of reducing the risk of further transmission as well as reducing the morbidity and mortality related to HIV/AIDS. However, in the EU/EEA 49% of people living with HIV/AIDS are diagnosed late in the course of the infection and the percentage is even higher in Eastern Europe and Central Asia. In addition, significant gaps in coverage of prevention measures and access to antiretroviral therapy remain in some eastern European countries. In several countries the high number of HIV/AIDS co-infections, such as tuberculosis, viral hepatitis, and sexually transmitted diseases other than HIV/AIDS are another serious concern.

2.) Commission Communication combating HIV/AIDS and action plan

The Commission Communication on combating HIV/AIDS in the European Union and neighbouring countries, 2009-2013² provides a policy instrument to complement national policies on HIV/AIDS on European level and has been the basis for EU action since 2009. The overall objectives of the Communication are: (i) to contribute to reducing new HIV infections across all European countries by 2013, (ii) to improve access to prevention, treatment, care and support and (iii) improving the quality of life of people living with, affected by or most vulnerable to HIV/AIDS in the European Union and neighbouring countries.

The Communication is complemented by an operational action plan that contains 50 actions, which are structured in the following six key issue areas: (1) Politics, policies and involvement of civil society, wider society and stakeholders, (2) Prevention, (3) Priority regions, (4) Priority groups, (5) Improving the knowledge, (6) Monitoring and evaluation.

The action plan presented an initial set of actions arising from consultation with Commission services and external stakeholders, to be further developed along the lines of the political

¹ European Centre for Disease Prevention and Control/WHO Regional Office for Europe. HIV/AIDS surveillance in Europe 2012. Stockholm; 2013

² COM(2009) 569 final

actions presented in the Communication in cooperation with the HIV/AIDS Think Tank, the Civil Society Forum and external stakeholders.

Funding for the implementation of the Communication and action plan is provided through a range of mechanisms and instruments. These include the EU Health Programme, the EU Framework Programme for Research and Innovation, the Global Fund to Fight AIDS, Tuberculosis and Malaria, to which the EU is a major contributor, as well as EU Structural Funds, the Development Cooperation Instrument and the European Neighbourhood and Partnership Instrument.

3.) Achievements of the EU policy framework on HIV/AIDS and the need for an increased focus

Prime responsibility for protecting and improving the health of their citizens rests with the EU Member States and the neighbouring countries. However, Article 168 of the Treaty on the Functioning of the European Union explicitly acknowledges that Union action shall complement national policies, and shall be directed towards improving public health, preventing physical and mental illness and diseases, and obviating sources of danger to physical and mental health. As HIV/AIDS is a communicable disease it needs to be addressed by coordinating the efforts of national governments.

Upon request of the European Commission, the European Centre for Disease Prevention and Control (ECDC) prepared a monitoring report on the implementation of the Commission Communication and Action Plan for combating HIV/AIDS in 2013³. The report highlights several achievements of the EU policy framework. For instance the Communication was identified as an important tool for galvanizing political leadership, which was instrumental in keeping HIV/AIDS on the agenda and has been used by civil society to frame debate at regional and national levels. The Think Tank and Civil Society Forum proved to be valuable platforms for policy dialogue and exchange of information and experience, and helped to promote Europe-wide action and effective communication.

Financial inputs to support the objectives of the Communication and action plan are considered to amount to approximately EUR 57.5 million annually. This funding contributed to the development of new treatments and prevention technologies through the EU Framework Programme for Research and Innovation, and supported the scaling up of HIV-related services in the most affected Member States, neighbourhood countries and the Russian Federation via Commission funding to the Global Fund. The EU Health Programme helped to strengthen national HIV responses focusing on populations most at risk, such as targeted prevention services and development of better approaches to service delivery for these population groups. Substantial improvements were also achieved in relation to epidemiological surveillance of HIV/AIDS and TB co-infection, and data reporting rates could be significantly enhanced. In Eastern Europe and Russia capacity building of non-state actors in the field of HIV has been supported through the Development Cooperation Instrument.

Furthermore, the report identifies additional areas requiring continued attention and areas where progress has been less pronounced. Amongst others these include: keeping HIV/AIDS

³ European Centre for Disease Prevention and Control. Monitoring implementation of the European Commission Communication and Action Plan for combating HIV/AIDS in the EU and neighbouring countries, 2009-2013. Final report Stockholm, 2013.

visibly high on the political agenda, tackling discrimination in relation to HIV/AIDS, achieving universal access to voluntary testing, treatment and care, implementation of harm reduction measures, and strengthening of behavioural surveillance. In May 2013 the high-level meeting on HIV and Human Rights "Right to health, right to life", which was jointly organised by the European Commission and UNAIDS recognized the need for a continued and renewed commitment by the European Commission to keep HIV/AIDS high on the political agenda. The meeting also identified important areas addressed in the Communication and the action plan, which require further attention, and pointed towards new developments, which may warrant consideration in the future. Building on these findings, the HIV/AIDS Civil Society Forum stressed the importance of continued attention to certain critical aspects of HIV/AIDS policies and advocated the need for further action on HIV/AIDS.

This Staff Working Document prolongs the action plan thus providing continuity in EU Action beyond 2013. An independent external evaluation of the Communication and action plan is on-going, and due to be concluded in spring 2014. The results will contribute to the consideration of options for a possible future EU policy framework on HIV/AIDS.

4.) Prolonging the Action Plan on HIV/AIDS

A consultation process was carried out from August to November 2013, involving Commission services, the HIV/AIDS Think Tank, the Civil Society Forum, as well as WHO and UNAIDS. The suggestions and comments of most respondents converged around several key issues, which could be clustered into two groups.

Some issues and actions which are already addressed in the action plan require in particular continued and/or increased focus and attention in order to reach the objectives of the Communication. These include continued political leadership, addressing stigma and discrimination, treatment as prevention, as well as continued and improved attention to co-infections.

The Communication explicitly mentions **political leadership** as an important asset in the fight against HIV/AIDS. Political leadership helps to keep HIV/AIDS high on the political agenda, and has assisted civil society to frame debate at regional and national levels. Particularly political support at national and regional level should be further encouraged, for instance through existing policy dialogues between the EU (European Commission) and neighbouring countries.

One issue requiring greater attention is the need to address **stigma and discrimination**, including legal barriers that impede measures to fight HIV/AIDS. Given the limited EU competence in this field the Commission will work closely with civil society and Member States to achieve progress. In organising the high level meeting on HIV and Human Rights, as well as the workshop on "Improving Access and Combating Discrimination in Healthcare with a focus on vulnerable groups"⁴, the Commission is already taking action. Building on these events a high-level meeting on access and antidiscrimination in health entitled "Health in Europe – making it fairer" is scheduled to take place in March 2014.

HIV/AIDS **co-infections** such as tuberculosis (TB) and viral hepatitis are amid the leading causes of death for people living with HIV, particularly among drug users. For instance HIV is a major risk factor for developing TB, and TB is responsible for more than a quarter of

⁴ Within the Framework of the European Health Forum Gastein 2013

deaths among people living with HIV.⁵ Particularly in Eastern European countries efforts need to be continued to increase integrated prevention and treatment measures such as access to harm reduction methods, and antiretroviral treatment, particularly in prisons.

An increasing body of evidence confirms that **treatment is** effective in **preventing HIV transmission**, particularly in relation to heterosexual transmission⁶. This underlines not only the need for the strategic use of treatment, but also further increases the importance of early and increased testing particularly amongst high risk groups. These changes are for instance reflected in the consolidated WHO guidelines on the use of antiretroviral drugs for treating and preventing HIV infection, which were released in June 2013, and should inform practice in Member States and neighbouring countries.

Finally, there is the need to stay **aligned with regional action frameworks** to facilitate synergies and maximise impact. For instance in 2011 WHO endorsed its European Action Plan for HIV/AIDS, 2012-2015, and currently the Global Fund is developing a Strategy on HIV/AIDS for Eastern Europe and Central Asia.

The consultation process also identified a number of other issues such as the need to provide targeted support to additional populations at risk, the development of integrated strategies to address HIV/AIDS and other sexually transmitted diseases, or the need to consider addressing other co-morbidities, in addition to TB and Hepatitis. These issues require further reflection and monitoring and will be further considered in discussions on a future EU policy framework on HIV/AIDS.

Financing of specific actions contained in this action plan will be subject to final approval of the Health Programme 2014-2020, and implementing decisions within the annual work plans. As such, the prolongation will not have any budgetary impact. The research objectives of the action plan will also be funded through the next EU programme for research and innovation, Horizon 2020, which was formally adopted in November 2013.

This table below presents the action plan arising from consultations with Commission services and external stakeholders. Actions are designed alongside the political actions of the Commission communication on combating HIV/AIDS in the European Union and the neighbouring countries, 2009-2013, and should contribute to achieving the envisaged targets. The action plan was originally developed in 2009. The below table maintains the original structure since it was acknowledged by many stakeholders that the majority of actions are still valid and relevant. Besides the key issue areas outlined in section 4 of this paper further changes were introduced mainly to specify and provide precision in terms of indicators and expected results. This action plan may need to be further developed and updated in cooperation with relevant stakeholders and in line with the results of the external evaluation of the Commission Communication on combating HIV/AIDS.

The geographical scope of the action plan includes EU Member States, EEA/EFTA countries and neighbouring countries, namely the EU Enlargement countries, the European Neighbourhood Policy (ENP) countries, in particular the Eastern ones bordering the EU, as well as the Russian Federation.

⁵ World Health Organization. European Action Plan for HIV/AIDS 2012-2015, Copenhagen 2011.

⁶ Cohen MS, Smith MK, Muessig KE, et. al. Antiretroviral treatment of HIV-1 prevents transmission of HIV-1: where do we go from here? The Lancet, published online October 21, 2013
<http://www.thelancet.com/journals/lancet/article/PIIS0140-6736%2813%2961998-4/fulltext>

European Union Action Plan on HIV/AIDS: prolongation 2014-2016

ISSUE	ACTION Bold = increased focus Normal = continued actions	PARTNERS INVOLVED IN REALISATION Bold = leading entities <i>Italics = associated entities</i>	TIME	INDICATOR(S)	EXPECTED RESULTS
1. Politics, policies and involvement of civil society, wider society and stakeholders					
HIV/AIDS as an issue requiring political attention	<p>Promote HIV/AIDS and co-infections as public health and social concern</p> <p>Keep the topic on the political agenda particularly in countries with concentrated epidemics</p> <p>Use World AIDS day to raise awareness of the public and policy makers</p>	<p>Commission</p> <p>Member States</p> <p>Neighbouring countries</p> <p>Civil Society</p> <p><i>International organisations</i></p>	Ongoing -2016	<p>Inclusion of HIV/AIDS cooperation in bilateral cooperation agreements and/or actions plans between the EU/Commission and neighbouring countries</p> <p>National Composite Policy Index</p> <p>Existence of one national HIV/AIDS plan, including surveillance monitoring and evaluation</p>	<p>Better use of existing policy dialogue mechanisms to promote effective political leadership particularly in countries with concentrated epidemics</p> <p>Better public awareness on HIV/AIDS</p> <p>Political support for the implementation of cost-effective, and evidence based measures to combat HIV/AIDS</p> <p>HIV is mainstreamed in EU policies</p>
	Regular HIV/AIDS Think Tank and Civil Society Forum meetings including linkage to relevant other EU civil society fora	<p>Commission</p> <p>Member States and neighbouring countries</p> <p>Civil Society</p> <p><i>International organisations</i></p>	Ongoing -2016	<p>Number of meetings</p> <p>Dissemination and implementation of results from meetings</p> <p>Actions agreed and implemented</p>	<p>Know-how transfer</p> <p>Effective cooperation between all key players</p> <p>Joint actions carried out</p>
	Address HIV/AIDS and Human Rights: Tackle stigma, discrimination, and legal barriers in relation to HIV status, ensuring equal access and quality of	<p>Member States and neighbouring countries Civil Society</p> <p>Commission</p>	Ongoing-2016	<p>Level of discrimination in relation to HIV status, i.e. as monitored by the stigma index</p> <p>Monitoring of national policies and legislation in place (related to</p>	<p>Integrated anti-discrimination policies applied in EU and neighbouring states,</p> <p>Prohibition of discrimination in relation to HIV status in national legislation</p>

	prevention, testing and treatment			<p>HIV-specific discrimination of People living with HIV and key populations)</p> <p>Number of actions and measures taken to protect fundamental rights including expected results of initiatives supported at international level</p>	<p>Better quality of life of people living with HIV/AIDS</p> <p>Promotion of a public health approach (as an alternative to criminalization) in managing behaviours that put people at risk of HIV acquisition</p> <p>Better awareness of legal aspects of discrimination among Member States and integrated anti-discrimination policies with a particular focus on legislative solutions and their correct implementation</p>
HIV/AIDS policies and strategies	Development, budgeting implementation, monitoring and evaluation of targeted , regional, national and supranational HIV/AIDS and co-infection policies	<p>Member States and neighbouring countries</p> <p>ECDC</p> <p>Civil Society</p> <p><i>International organisations</i></p>	Ongoing -2016	<p>National European and international AIDS spending by categories and financing sources</p> <p>Number of explicit HIV/AIDS policies in place, scale and quality of implementation</p> <p>Sustainability of funding for HIV and co-infection programmes</p>	Scaling up of development and effective implementation of innovative HIV/AIDS policies at regional, national and sub-national level leading to a reduction of HIV transmission
Civil society	<p>Support of civil society through funding and legal support at EU and national levels in the EU and neighbouring countries</p> <p>Involve and consult civil society including people living with HIV/AIDS and other vulnerable groups in development and</p>	<p>National authorities in the EU and neighbouring countries</p> <p>Commission</p> <p>Other stakeholders</p>	Ongoing -2016	<p>NGOs and vulnerable groups actively involved in planning, policy formulation, budgeting, monitoring & evaluation of HIV activities at EU, national and subnational levels</p> <p>Number of NGOs which have access to specific funding instruments (as a result of their</p>	<p>Larger number of effective NGOs in EU Member States and neighbouring countries</p> <p>Higher degree of NGO participation in decision making</p>

	<p>implementation of HIV policies</p> <p>Ensure sustainable funding opportunities for NGOs in relevant EU instruments</p>			<p>participation in competitive calls for funding)</p> <p>Percentage of NGOs with projected income for the next 2/3/5 years</p>	
The private sector	<p>Intensify cooperation with the private sector and invite all relevant stakeholders to develop and implement initiatives addressing HIV/AIDS including in the workplace</p> <p>Work with pharmaceutical industry to improve access and availability of HIV/AIDS treatment across the EU and neighbouring countries</p>	<p>Business & Industry</p> <p>National authorities</p> <p>Commission</p> <p>Civil Society</p>	Ongoing -2016	<p>Number of partnerships programmes between stakeholders</p> <p>Number of ARV price rebate agreements</p>	<p>Successful partnership projects</p> <p>Solidarity with people living with HIV</p> <p>Affordable and accessible HIV prevention measures including condoms</p> <p>Affordable and fair ARV prices</p> <p>Early treatment and care, better treatment coverage, improved health status of people living with HIV</p> <p>Development of new business models to facilitate development and access to testing and treatment for HIV and co-infections</p>

2. Prevention					
<p>Targeted and combination prevention and treatment</p>	<p>Identify prevention needs and integrated strategies based on current evidence and best practice targeted to sub-national realities</p> <p>Targeted integrated prevention and treatment to most at risk groups (including sex workers and prisoners) as central focus of national HIV-AIDS and STI strategies</p> <p>Improve exchange of best practice, information and education on HIV and HIV prevention and treatment</p>	<p>National / Regional authorities</p> <p>Civil Society</p> <p><i>Commission</i></p> <p><i>ECDC</i></p>	<p>Ongoing -2016</p> <p>2014-2016</p> <p>Ongoing -2016</p>	<p>Percentage of most at risk groups reached with HIV-prevention programmes</p> <p>Number of health facilities that provide HIV testing and counselling services</p> <p>Funding level of integrated prevention and treatment strategies for HIV-AIDS and co-infections including proportion of funding targeting most at risk groups done in collaboration with civil society organisations</p> <p>Number of national policy documents and guidelines in which treatment as prevention is mentioned.</p>	<p>Most at risk and general populations, and particularly young people better informed about HIV prevention measures</p> <p>Reduction of new HIV infections</p> <p>Access to comprehensive and integrated prevention, and early testing services and commodities for most at risk populations including sex workers and prisoners</p>
<p>HIV transmission and risk behaviour</p>	<p>Apply evidence based knowledge from behavioural research in order to develop effective measures leading to reduced risk behaviour</p> <p>Support the enhancing of treatment literacy</p>	<p>ECDC,</p> <p>EMCDDA</p> <p>Academia</p> <p>Civil Society</p> <p><i>Commission</i></p>	<p>Ongoing – 2016</p> <p>2014-2016</p>	<p>Precise, geographically distinct disaggregated data and resulting policies</p> <p>Number of developed guidelines and measures leading to reduced risk behaviour and increased treatment uptake and adherence.</p> <p>Percentage of health care facilities providing basic-level HIV testing and HIV/AIDS clinical management</p>	<p>Improved understanding of behavioural parameters contributing to the epidemic</p> <p>Adaptation of policies and prevention measures</p> <p>Reduction of new HIV cases in most at risk populations</p>

Education	Better awareness on sexual and reproductive health	Member States International Organisations Civil Society Commission	Ongoing-2016	Number of awareness raising actions carried out	Reduced incidence of HIV and sexually transmitted infections in particular among young people Less stigma and discrimination of groups at risk of HIV and sexually transmitted infections
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3. Priority regions and settings

Eastern European Member States, Enlargement, ENP countries and the Russian Federation	<p>Reach universal access to voluntary testing, treatment and care</p> <p>Introduction and implementation of effective harm reduction measures for prevention of HIV and co-infections</p> <p>Prevention and integrated HIV, and co-infections treatment, including in prisons and other particular settings, using innovative strategies to reach target groups, particularly MSM, IDUs and Sex Workers</p>	<p>National authorities</p> <p>Civil society</p> <p>Regional (Health) Networks (i.e. Northern Dimension Partnership in Public Health and Social Wellbeing)</p> <p><i>Commission</i></p>	Ongoing -2016	<p>Domestic and international HIV/AIDS spending (including harm reduction measures) by categories, financing source, and allocation to priority groups.</p> <p>Number of basic activities and programmes in place, scale and quality of implementation, synergies developed and critical enablers funded</p> <p>Coverage of integrated prevention and treatment services in prisons</p> <p>Provision of integrated HIV and co-infections services</p>	<p>More people under treatment, decline of AIDS related deaths</p> <p>Reduction of HIV and co-infections infection rate among injecting drug users</p> <p>Better health status of IDUs and prisoners and their partners</p> <p>Decreased HIV and co-infections incidence in prisons</p>
Enlargement, ENP countries and the Russian Federation	<p>Promote Cooperation on HIV/AIDS and co-infections between the EU, and neighbouring countries through established policy dialogue mechanisms</p> <p>Invitation and</p>	<p>Commission</p> <p>Member States and neighbouring countries</p> <p>WHO</p> <p>UNAIDS</p> <p>ECDC</p>	Ongoing -2016	<p>HIV/AIDS and co-infections as an agenda point in regular health policy dialogues with relevant Enlargement, ENP countries, and the Russian Federation</p> <p>Alignment of actions with</p>	<p>Improved national HIV/AIDS and co-infections plans for prevention, treatment, care and support</p> <p>Effective implementation of antidiscrimination policies</p>

	<p>involvement of neighbouring countries in HIV related meetings at EU level</p> <p>Monitoring and reporting progress in implementation of HIV-related actions agreed in bilateral cooperation agreements and/or Action Plans between the EU and neighbouring countries</p>		<p>2014-2016</p>	<p>international organizations working on HIV-AIDS to generate synergies and maximize impact</p> <p>Number of Enlargement and ENP annual progress reports addressing HIV/AIDS and co-infections</p>	
	<p>Strengthen the surveillance by stepping up cooperation between the ECDC, WHO-Euro, EMCDDA and surveillance authorities in Enlargement and ENP countries and Russian Federation</p>	<p>ECDC, WHO-Euro, EMCDDA,</p> <p>Surveillance institutions in Neighbouring countries and Russian Federation</p> <p>Commission</p> <p>ENP partners</p> <p>Member States</p> <p>Civil society</p>	<p>Ongoing -2016</p>	<p>Increased interaction with and involvement of Enlargement and ENP countries in ECDC HIV/AIDS and co-infection programmes</p>	<p>Better surveillance, monitoring and evaluation</p> <p>Improved integrated HIV policies and programmes in the EU and neighbouring countries</p>
	<p>Exchange programmes between Member States and neighbouring countries for training of medical and social and NGO staff</p>	<p>Health Professional associations</p> <p>Member States</p> <p>Neighbouring countries</p> <p>Civil Society</p> <p><i>Industry</i></p>	<p>Ongoing -2016</p>	<p>Number of exchange programmes</p>	<p>Better trained clinical and social staff and NGOs</p>

4. Priority groups					
Men having sex with men	Intensify the promotion of safer sex behaviour among MSM Information on HIV prevention integrated in sexual and reproductive health education and health care services	Civil Society Member States Neighbouring countries <i>Commission</i> <i>ECDC</i>	Ongoing-2016	HIV incidence and prevalence among MSM Changes (increase/decrease) in rates of unsafe sex practices amongst MSM	Adaptation in risk behaviour Reduction in HIV transmission among MSM Less stigma and discrimination Better knowledge on sexual and reproductive health
	Intensify implementation of voluntary counselling and testing programs (VCT) among MSM and other most at risk groups at healthcare, and community based facilities, ensuring effective link to treatment and care Increase innovative testing strategies including outreach and peer support to ensure access to voluntary counselling and testing to most at risk groups	Member States Neighbouring countries Health Professional Associations and community based organisations <i>Commission</i> <i>Civil Society</i>	Ongoing-2016	Rate of late diagnoses among MSM HIV testing rates among MSM Rate of unknown HIV status Percentage of MSM who received an HIV test in the last 12 months and who know their results Percentage of MSM reached with HIV programmes	Decrease of late diagnoses, timely start of treatment Reduction in HIV transmission among MSM
Injecting drug users (IDUs)	Implementation of risk and harm reduction measures to IDUs and their partners for prevention and treatment of HIV, co-infections and drug dependency in the community and prisons	Member States Neighbouring countries Civil Society <i>Commission</i> <i>ECDC</i>	Ongoing-2016	Coverage of harm reduction programmes, including syringe exchange and clean needles Coverage of drug substitution, HIV and co-infections treatment programmes Percentage of IDUs reached with HIV	Decreased HIV incidence among people who inject drugs Better access for IDUs to harm reduction measures, including clean syringes and needles Availability of specific, effective prevention programmes for IDUs and their

				programmes	partners
Migrants and mobile populations ⁷	Targeted prevention measures and access to services and treatment for migrants, and mobile populations Sustain and promote testing and treatment	Migrants and ethnic minorities organisations National authorities <i>Commission</i> <i>Civil society</i>	Ongoing -2016 2014-2016	Number of programmes and policies developed and implemented Coverage of prevention services and treatment for migrants, including undocumented migrants, and mobile populations	Better information of migrants on risk prevention, HIV/AIDS and treatment, care and support Improved access and information on rights and possibilities for migrants and mobile population
	Abolish HIV associated travel and residence restrictions	National authorities	Ongoing -2016	Number of countries/regions with restrictions	Non-discrimination of migrants and mobile populations with regard to HIV status

5. Improving the knowledge

Research	Promote research for the development of new, or better prevention, diagnostic and treatment solutions for HIV, co-infections and co-morbidity	Commission Member States Industry Research institutions Public health Institutions <i>Civil Society</i>	Ongoing-2016	Projects and programmes funded	Moving towards a cure and development of new or better diagnostic and preventive tools and treatment options
	In depth analysis of trends and dynamics in sexual and drug use related risk behaviour Ensure adequate allocation of funding for social and behavioural	ECDC EMCDDA Academia <i>Commission</i> <i>Member States</i> <i>Civil society</i>	2014-2016	Studies, reports, recommendations Number of actions funded under EU programmes	More adequate, evidence based prevention programmes, in particular for risk populations

⁷ By "migrants" we understand third-country nationals. By "mobile populations" we understand EU citizens exercising their right to free movement. It also include ethnic minorities defined as, national minorities, in line with the Charter of Fundamental Rights prohibiting discrimination on any ground, such as sex, race, colour, ethnic or social origin, etc. http://ec.europa.eu/justice/fundamental-rights/minorities/index_en.htm.

	research, socio-economic analysis				
Health care	Improve capacities and knowledge of medical staff and community based organisations with regards to HIV/AIDS and co-infections prevention, testing, treatment and care including larger dissemination of clinical best practice	Health professionals associations and community based organisations <i>Member States</i> <i>WHO</i> <i>Academia</i> <i>Industry</i>	Ongoing-2016	Broad application of international testing and treatment guidelines	Timely diagnosis and more effective treatment solutions
Surveillance	Enhanced and integrated surveillance of all relevant aspects on HIV/AIDS and co-infections (including strengthened bio-behavioural surveillance)	ECDC EMCDDA WHO <i>Commission</i> <i>Member States and neighbouring countries</i> <i>Civil society</i>	Ongoing-2016	Comprehensive overview of HIV/AIDS and co-infections in the European region disaggregated data to identify epidemiology including those linked to behavioural issues	Powerful epidemiology resulting in comprehensive and evidence based policies
6. Monitoring and evaluation					
Commitments of Dublin, Vilnius and Bremen declarations	Regular monitoring on scale and quality of implementation	ECDC WHO <i>Commission</i> <i>UNAIDS</i> <i>Civil Society</i> <i>Member States and neighbouring countries</i>	Ongoing (Every 2 years)	Progress reports	Realisation of commitments Improved quality of life of people living and affected by HIV Reduced incidence
Implementation of this action plan	On-going monitoring on scale and quality of implementation	ECDC Commission Think Tank HIV/AIDS Civil Society Forum	Ongoing-2016	Progress reports	More effective policies, less new HIV infections, better medical, social and legal conditions for people affected by HIV