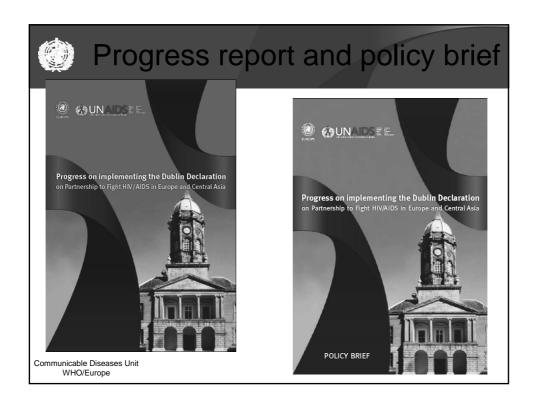


The Dublin Declaration on Partnership to Fight HIV/AIDS in Europe and Central Asia – Now as an advocacy tool

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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

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Country reports: France, Germany, Moldova, Poland, Portugal, United Kingdom, Ukraine



Overall findings

- 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

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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

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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

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Testing and counselling (19) (29)





(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

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Stakeholders
(Advisory board + more than 75 reviewers)

Overall editorial Advisory Board

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Group discussions

Using the Dublin Declaration publications as an advocacy tool.

Each group should choose one country, then:

- Priority area: From the 15 thematic areas, identify 1–2 priority areas to address in your **COUNTRY** (e.g. risk groups, treatment, testing policies)
- Stakeholder analysis: who will you target with the policy brief and why?
- How will you target key stakeholders?

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Homework (©)



- There are three copies of the policy brief (English or Russian) for each participant. Together with your home organization, please send them to key people in your country with a covering (advocacy) letter based on the group work process.
- Then inform AAE [westernoffice@ aidsactioneurope.org] of who you sent them to so we can sum up for the final WAD report and press release on the Dublin Declaration
- Due date: World AIDS Day 2008!

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