

Report of the 2nd HIV/AIDS Civil Society Forum

Luxembourg, April 18 and 19, 2016

Meeting convened by the European Commission Directorate-General Health & Food Safety
with co-chairing of AIDS Action Europe and the European AIDS Treatment Group



The EU HIV/AIDS Civil Society Forum



European
AIDS Treatment
Group

Introduction

The HIV/AIDS Civil Society Forum (CSF) has been established by the European Commission as an informal working group to facilitate the participation of non-governmental organizations, including those representing people living with HIV/AIDS, in policy development and implementation and in information exchange activities. The Forum includes about 40 organizations from all over Europe representing different fields of activity. The Forum acts as an informal advisory body to the European Think Tank on HIV/AIDS. EATG and AIDS Action Europe co-chair the Forum. All annexes to this report are only available online at the CSF page on the [AIDS Action Europe website](#).

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April 18, 2016

1. Opening

1.1 Opening and introduction

Sini Pasanen and Luís Mendao open the 23rd HIV/AIDS Civil Society Forum. Since it is their first CSF meeting as co-Chairs and there are several attendees participating for the first time, they ask the participants to introduce themselves.

1.2 Report and follow-up on the Action List of last meeting

Michael Krone reports on the preparation of this CSF meeting. Due to the change of the meeting from June/July to April the time for preparation was shortened and the representation of Hepatitis and Tuberculosis organisation representatives also required some effort. Michael thanks the Commission for their flexibility in preparing and inviting the external stakeholders before he goes through the Action List of the last meeting:

What	Who	When	Status
Follow up with ECDC to have specific information papers on HIV and Women	Cristina Torró, Michael Krone	1st quarter of 2016	see remark below 1)
Put on the agenda of the next CSF meeting the topic how to engage CS at national level and connect with GO representatives	CSF Coordination Team	Preparation of the next CSF meeting	The topic is on the agenda of this CSF with an input presentation by Isabell Eibl
Organise a group work session during the next CSF meeting on how to address stigma and discrimination	CSF Coordination Team	Preparation of the next CSF meeting	The topic is on the agenda of this CSF with an input presentation by Silke Klumb
Follow-up on mandatory testing of undocumented migrants in Hungary? and elsewhere	CSF Coordination Team	within the next months	see remark below 2)
Put the topic of Migrants with irregular status on the agenda of the next CSF again to present the final results of the EHLF	CSF Coordination Team	Preparation of the next CSF meeting	The topic is on this CSF's agenda

- 1) Cristina Torró was in touch with Anastasia Pharris from ECDC: There are disaggregated data with regard to gender and Cristina already indicated where it would be helpful to have them visualised in gender specific graphs.

- 2) Ferenc Bagyinszky reports that the bill was passed but there is no insight on how the legislation is applied or what kind of an effect it does have. There was no further request from the Hungarian member organisation for advocacy support.

After following up on the Action List, Michael announces a change of procedure regarding the report of the CSF meeting: After consulting with the Commission, it was decided that the CSF members will in future have the opportunity to amend the minutes within a week's period of time before they are published.

1.3 CSF co-Chairs update on advocacy and other actions

Sini and Luís update the CSF on recent activities:

December 2015	The CSF Coordination Team was invited to nominate a representative for a new EU Joint Action on HIV and Co-infections Prevention and Harm Reduction (HA-REACT). As well the invitation to the Kick-off meeting and 1st Advisory Board meeting on 14-15 January in Vilnius was received. Luís is representing CSF in HA-REACT Steering committee
February 2016	An open letter was written to health authorities in the Czech Republic to stop the legal persecution of people living with HIV:

	<p><i>Pan-European Networks of communities of people living with and affected by HIV, doctors and scientists call upon the Government of the Czech Republic to immediately stop the Prague Public Health Authority's persecution and intimidation of people living with HIV, and to return to evidence based, proven and human rights based practices in HIV prevention, testing and care in the Czech Republic.</i></p> <p>Latest news from the Czech Republic report that all persecutions have been dropped.</p>
February 2016	The CSF Coordination Team had a constructive and productive meeting with Michael Huebel and Wolfgang Philipp from the newly formed unit Crisis Management and Preparedness in Health. The discussion centred on the policy framework, on the integrative approach and the situation in neighbouring countries. The CSF Coordination Team was asked to send Action Points based on the discussion to the Commission which was done in March 2016.
March 2016	Sini and Luís participated in the ECDC meeting in Bratislava
April 2016	The joint application of the CSF to the Conference Coordinating Committee (CCC) for Amsterdam 2018 was approved. The CSF will be represented by Luís and in case of unavailability replaced by Sini.

2 The current state of HIV Policy in Europe: Update from the Commission

Wolfgang Philipp updates the CSF on recent developments in the Commission. Michael Huebel and Wolfgang Philipp are back in the unit where HIV related issues are worked on. The unit within DG Santé has been reorganised and is now named Crisis Management and Preparedness. Velina Pendolovska is the main contact point for the CSF; head is Michael Huebel and Wolfgang Philipp the deputy. Wolfgang reports from the meeting with the CSF delegation that also from perspective of the Commission went well and was fruitful. Regarding the work plan for the Health Programme, there is a new Joint Action on Quality of HIV/AIDS/STI, viral Hepatitis and TB prevention and linkage to care published with deadline for nomination of June 16. The approval for the project Behavioural Survey for HIV/AIDS and associated infections and a survey and tailored training for community based health workers to facilitate access and improve the quality of prevention, diagnosis of HIV/AIDS, STI and viral hepatitis and health care services for men who have sex with men, often named as EMIS 2, is in the process of being finalised. The tender Assessment of the socio-economic impact of the future initiatives of HIV/AIDS, viral Hepatitis and TB will be launched in the 2nd half of 2016 (published on the CHAFAEA website). Preparations for the UN High Level Meeting on ending AIDS in New York are ongoing in close cooperation with the EU permanent mission to the UN and the Dutch EU-Presidency.

Discussion: The first question addresses the status quo of the Communication. Wolfgang reports that the request to renew the policy framework was submitted to the Commissioner. If the request will be approved an Impact Assessment needs to be conducted considering the Added Value of the policy framework. It is important to point out why it is needed what is the benefit and the potential effect. Asked about the time frame decisions will be made in, Wolfgang answers that this is not clear but a decision is very likely to be taken before the next CSF Meeting.

A comment addressed the CHAFAEA tender publishing for Joint Actions. The timelines are extremely short and it is difficult for NGOs to apply. Countries need to appoint candidates for Joint Actions. Therefore, it is indispensable to get on the radar of national focal points and decision makers when it comes to nomination for European projects.

3 The current state of HIV Policy in Europe: Updates from the agencies - ECDC, UNAIDS, WHO Europe, EMCDDA

3.1 ECDC

Teymur Noori reports about ECDC's short to medium-term HIV priorities, which are 1) To improve monitoring of the continuum of HIV care, 2) With scientific advice on HIV prevention in key populations, and 3) to reduce the undiagnosed HIV fraction. All the information is very well clipped in his presentation (see Annex 1).

Discussion: Major concerns are once again raised regarding the data collection at national level. Civil Society Organisations are not enough or not at all involved. Specifically, when it comes to key populations the lack of involvement of CS might lead to incorrect results. Another question concerns Chemsex (see also topic No 9): Since it is a very un-researched area ECDC

is asked whether there are plans to include it in its portfolio. Teymur replies that EMCDDA and ECDC have realised this and are discussing to jointly work on it in order to have more data.

3.2 UNAIDS

Henning Mikkelsen introduces the UNAIDS' strategies and objectives for the High Level Meeting on Ending AIDS on June 8-10, 2016 in New York (see Annex 2). Henning points out the importance of the HLM since it has the power to deliver and fast track the response. However, there is also the risk of failure: if the current level of HIV service is simply maintained there will be seen a rebound in the epidemic. He also refers to the first meeting in 2011 when Access to ARVs was a great achievement. Really worrisome is the situation in Eastern Europe and Central Asia as a lack of action is already showing. Crucial is the role of the European Union that needs strongly to be involved. As well civil society should take responsibility in its role as watch dog. In general community participation in accountability is key to achieve the goals and therefore investment in advocacy is needed.

Discussion: The discussion reflected the importance of this meeting. The Fast Track action is needed now. More focus should be put on key populations. Since there is a lot of public attention, the right set of arguments should be developed to gain political leverage. This is not only about collecting more funds but also to direct the funding there where it is needed the most. Luís emphasises the importance not only of the HLM but also of the Durban conference in preparation of the WAC in Amsterdam 2018. In terms of community involved responses and their effectiveness he refers to the Fast Track City initiative as good example and suggests to invite a representative from the Fast Track City Amsterdam to the next CSF Meeting

3.3 EMCDDA

Roland Simon talks about the most recent data and results published by EMCDDA which are the Naloxone Report, a report on drug related acute intoxications/emergencies and the EU Drug Market Reports. Furthermore, he presents the EMCDDA activities in 2016 and Network Development and Cooperation (see Annex 3). Addressed are among other issues the increase of opium production; the OST situation in the EU, Norway and Turkey; the development of HIV diagnoses after harm reduction in Greece and Romania from 2004 to 2014 and the situation in other EU countries in 2013 and 2014; the need for testing and treatment of Hepatitis C and drug induced mortality rates. Topics of special concern in 2016 are Chemsex, Misuse/diversion of substitution substances and drug related deaths amongst PWID.

Discussion: A specific question addressed the activities on Chemsex. Roland points out that the message came from some member states concerning the need of understanding the size of the problem. There are some parallels to the phenomenon of early injecting drug use when it spread very quickly in a group of people who know each other and are at risk at the same place at the same time. Another problem seems to be that the combination of synthetic heroin and low quality Chrysal Meth is a real threat. In general, there is a clear trend for using more synthetic drugs which are easier, cheaper and less risky to produce.

4 Keep HIV, HCV, STI and TB on the agenda: The EU presidencies of The Netherlands, Slovakia and Malta

The Netherlands: Martin van Oostrom reports that while the MoFA is very active with special regard to Sexual and Reproductive Health and Rights (SRHR), in particular with regard to preparing the WAC in Amsterdam, the MoH is not moving quickly. SANL was pushing to get a representative to attend the CSF and also the Think Tank Meeting where the Dutch MoH was not present lately at all. Nevertheless, the ministries are working on the European statement for the High Level Meeting in New York. The Stop AIDS Alliance will organise a side event that will address the replenishment of GFATM funds in Middle Income Countries. Anke van Dam adds to the report from the Netherlands that although Civil Society pushed hard for achievements regarding the UNGASS on drugs, the declaration remained quite weak. The process has proved to be quite frustrating. Furthermore, the Dutch AIDS Ambassador Lambert Grijns attended the EECAAC in Moscow, also in preparation of the WAC in Amsterdam where the EECA countries are at focus. In his final speech he invited specifically the EECA attendees to come to Amsterdam. Luís highlights that the Hepatitis and TB communities should be brought in.

Slovakia: Iveta Covancova states that it is rather difficult for CS to push for HIV on the occasion of the European presidency. There will be a conference in June on TB that also will address HIV. In general it seems that it is not very high on the MoH's agenda. In terms of Civil Society Cooperation, there has been good collaboration with the Eurasian Harm Reduction Network (EHRN) on the need to increase harm reduction in Slovakia.

Malta: Since there is no representative from Malta in the CSF, there is very limited information regarding the Maltese presidency. It remains unclear whether there will be a High Level Meeting on HIV/AIDS and other infectious diseases.

5 Engage Civil Society at national level and connect with Governmental Organisations

Isabell Eibl presents her experiences in Austria on challenges to engage Civil Society with GO at national level on European issues, ideas on how to overcome barriers and the suggestion to implement an international conference (see Annex 4). The idea of the conference would be to bring together stakeholders from European and regional level in order to demonstrate the benefit of the work at regional level and to improve access to information at regional level. This would also include getting a better picture of the European infrastructure and how to make better use of it.

Discussion: The discussion reflects that many CSF members face the same challenges. Sometimes there is no exchange with the representatives from the countries to the Think Tank at all or CSF members find it quite difficult to work with national authorities. Language is a major problem as English is not necessarily spoken neither by GO nor NGO people. The question whether there is any good practice is answered by Liliانا Gherman from the Soros Foundation in Moldova where GO and NGO still get together as a heritage from the times of GFATM funding when the collaboration in the CCM was required. Experiences from other countries show that there are active GO and NGO collaboration platforms that produce good exchange at national level. However, it is very important that these meetings are well facilitated as otherwise it bears the risk of not producing valuable outputs.

6 Stigma and Discrimination

The session starts with a summary of a survey that ILGA Europe conducted throughout its membership in the field of HIV/AIDS in April 2016. Sophie Aujean reports that 88 organisations responded of which 92 % claimed to work in the area of health. Only 9 member organisations stated that they do not work on HIV at all. The reason for the others to get involved is the high prevalence among LGBTI people. The vast majority of total respondents (96 %) offer prevention services, 75 % offer testing and counselling services. A number of organisations are part of HIV networks and follow their positioning. Accessibility, affordability and availability of treatment play an important role. Regarding PrEP, 17 members have a formal position in favour of PrEP, none formally opposed PrEP. Apparently, some of other responding organisations mixed up PrEP and PEP. With regards to data collection, some organisations stated that in some countries national statistics underestimate the prevalence of HIV among MSM because they would not disclose their sexual orientation. Finally, respondents indicated the role of ILGA Europe in the field of HIV in sharing information, capacity building and advocacy at European level as well as campaigns for LGBTI PLHIV and collaborative projects with European HIV organisations.

Discussion: Lately, in some countries homophobia has been used as a rhetoric that undermines prevention efforts among MSM. Here transnational strategies and collaboration are needed to counteract this development. Stigma and discrimination are barriers for access to qualitatively good treatment as for instance in Romania. In general, discrimination in the health sector is a phenomenon that needs to be tackled. Leverage from the Commission would be very appreciated. It is suggested that ILGA gets connected with ECOM, the Eurasian Coalition on Male Health.

In the second part of this session Silke Klumb takes up with a presentation on stigma and discrimination towards key populations. While the stigma index was focusing on PLWHIV, the presentation is aimed to identify obstacles and barriers in accessing prevention, testing and treatment and linkage to care services for all key populations (see Annex 5). The presentation ends with good practice examples to encourage the CSF members to come up with other examples. It is of particular importance to include key populations in developing services. Good practice examples listed in the presentation are the video *Be who you want to be!*, a video that promotes greater acceptance in the gay community; the video *Test Heroes* to promote testing among gay people; sensitisation trainings for law enforcement in EECA countries conducted by AFEW and the cooperation within the LEAHN network (Law Enforcement and HIV Network); as well as sensitisation trainings for physicians.

Discussion: Since notion of infectiousness is also a driver for stigma and discrimination, access to treatment and PrEP has a lot of potential to fight stigma and discrimination. A phenomenon associated with stigma and discrimination is invisibility that is expressed in the slogan: "Invisibility is killing my community". Also the role of key populations as scape goats who are blamed for everything is mentioned as a key driver for discrimination. Laws and regulations on discrimination can be an effective tool; social media can be used as an instrument to encounter discrimination and stigma.

At the end of the session the video *Be who you want to be!* produced by Deutsche AIDS-Hilfe in the framework of the prevention campaign for gay men and other MSM is screened.

7 Migrants and migrants with Irregular Status

Ferenc Bagyinszky presents the findings of the European HIV Legal Forum on migrants with irregular status (see Annex 6). He talks about the members of the EHLF, the objectives of the project, the research on access, the mapping tool, the

recommendations and future perspectives of the network.

Discussion: There were several questions regarding the mapping exercise in different countries. The country reports were compiled by the focal points of each country and/or their legal experts. Some information seems disputable as there is colliding information, in particular in the Netherlands where the access to services is rated higher compared to the stated information and in Spain where the situation very much differs between regions. The legal experts will be re-contacted and the map reworked according to the obtained information. The legal report is commented on as a very effective and useful advocacy tool that now has to be brought to the political level. Extension to EECA countries is suggested as the situation of migrants with irregular situation is of great importance in this region as well and where Human Right groups could provide information.

8 Needs, challenges and strategies to support CSO in neighbouring countries

Following up on the discussion during the last CSF Meeting, Hanna Shevchenko updates the CSF on recent development in EECA countries and the challenges CSO are facing (see Annex 7). Hanna presents epidemiologic data from the region, reports about the GFATM strategies in the region and recommendations for the transition process, talks about the 5th EECAAC in Moscow in March 2016 and about empowering civil society and PLWHIV. She also reports about the ART situation in Ukraine and in particular the situation in the oblasts of Donetsk and Luhansk and the online platform Wambo.org to follow best practice industry standards in procurement.

Discussion: The first comments referred to the conference in Moscow by members who attended the EECAAC: It was a well-attended conference where controversial issues like harm reduction, LGBTI rights or sex work were brought to the panel. However, it seems that these were much more parallel discussions and not so much a dialogue between partners. The Russian government stated to have taken wrong decisions in the past but that does not mean that the decisions to be taken now are right ones. On the margins of the conference, AIDS Action Europe met with Russian LGBT organisations who explained that collaboration with Western organisations is not only wanted but also very much needed in spite of obstacles due to national legislation. This was also reiterated by Russian AIDS organisations during the AAE member seminar in the conference. With regard to the situation in EECA countries, it was expressed that the neighbouring countries should not be left behind neither what HIV nor what TB and Hepatitis are concerned. Collaboration with the TB and Hepatitis communities is needed. It was suggested to have a Dublin Declaration Monitoring System with key indicators also for TB and Hepatitis. It would help to support Human Rights based approaches with according objectives and sub-objectives, enhance peer to peer approaches and programmes and in general strengthen civil society. In particular, candidate countries from the Balkan, considered low prevalence and middle income countries face major challenges in the transition from GFTAM funding to national funding. However, Croatia is a country that managed the transition quite well and therefore could be a model for other transition countries. This discussion is followed up on in the session "Addressing the funding gap" the next day.

April 19, 2016

9 Chemsex Forum in London

The phenomenon Chemsex (to enhance sexual performance by drugs like GHB, ketamine, Meth, Mephedrone among others) has been described not only in London but in several bigger cities in Europe with a larger gay community. The higher risk of obtaining HIV, viral Hepatitis and other STIs was the reason to implement this conference of which Per Slaen Kaye reports: The main problem is that there is no support system for Chemsex users who do not consider themselves being drug users and therefore do not seek the services of the drug user support system. In a survey, out of 3000 MSM who had used Chemsex, only 100 had asked for help in the support system. On the other hand the gay community has for a long time not really been open to this problem and there is only a bit of a community response in some cities. The Forum was necessary to ask right questions, to define and use the right terms and to exchange good practice examples. There was a lot of discussion about responsibility and non-consensual sex and its legal consequences. There is a lack of data and there is a strong probability that the Chemsex phenomenon is underreported.

Discussion: The report from Slaen is completed by other attendees of the Forum: It was a very important meeting that should be followed by a second one. London may not be the right location for a Forum like this since it is quite expensive and it is more difficult for interested people from EECA countries due to visa issues compared to a Schengen country. It is

reported that there is a project in Germany launched by the Federal Ministry of Health and carried out in 7 cities that aims to link up counselling services for gay men and other MSM with services for PUD. Important will be the new European project Behavioural Survey for HIV/AIDS and associated infections and a survey and tailored training for community based health workers to facilitate access and improve the quality of prevention, diagnosis of HIV/AIDS, STI and viral hepatitis and health care services for men who have sex with men (often named EMIS 2) that will collect data on Chemsex use. Another remark was that the phenomenon of sex in connection with drugs is not new. However, quantitatively it seems to increase. Also, there is a difference between controlled use and problematic use that needs to be considered in the response.

10 Strategic discussion Policy Framework: Integrated approach HIV, TB and viral hepatitis - State of play of international TB and viral hepatitis advocacy and examples on integrated approaches

For this session external representatives of pan-European networks and organisations were invited in order to inform the CSF Members on advocacy and good practice of integrated approaches in the field of TB and viral Hepatitis.

Thomas Szekely from the **European Liver Patients Association (ELPA)** starts this session by informing the attendees about his organisation, about some epidemiological data and the overall goal to eliminate viral Hepatitis (see Annex 8). He presents a treatment cascade analogue to the HIV one for Hepatitis, refers to the process for a joint statement and the framework for an enlarged Dublin declaration and talks about specific risk groups and settings. Eventually Thomas proposes to shift the date of the European HIV/Hep C – Testing week from November to the 3rd week of May and to think about having a testing month instead of a testing week.

Discussion: A good part of the discussion centres on shifting the testing week to May. A lot of national HIV organisations are also very much in favour of shifting. The Steering Committee of Testing Week will decide on this in their next meeting. Another topic is affordability: There is a lot of good practice to be shared in terms of pricing negotiations. This is a field where joint efforts are very much needed as well as in the field of procurement of medicines. It was remarked though that there are heterogeneous interests in particular in terms of procurement and that situations in different countries are not quite comparable. Nevertheless, whenever there are joint advocacy opportunities, they should be used. Hepatitis C treatment is a key priority when it comes to middle income countries. Here the accessibility to treatment with Interferon and Ribavirin is already small let alone the access to DAAs. Another comment addressed the anonymous testing in HIV which is not the case for Hepatitis. This might lead to discussions whether anonymous HIV testing is also at stake.

Gian Marco Grindatto from the **TB Europe Coalition** holds his presentation “TB in the European Region: Main Challenges Ahead and the Role of the EU” (see Annex 9). He introduces the CSF to the TB Europe Coalition, a network of 350 organisations that is hosted by the Global Health Advocates in Brussels and Results UK. He continues with data on HIV and TB burden in EECA countries and MDR-TB & Antimicrobial Resistance in Europe and globally, good practice in selected countries, the challenges of transition from external to domestic resources in EECA countries and a visualisation of the funding gaps in selected countries. He ends his presentation with a talk about what the EU can do and the need of a policy framework on HIV, TB and viral Hepatitis.

Discussion: A question refers to the partnership meeting in the end of 2016, hosted by the EC and WHO, in terms of what the supposed outcomes of that meeting are. The outcome should be an Action Plan to ensure sustainable transition and determine the roles of the stakeholders against the background of a shared responsibility. Integration of HIV and TB is already happening in the EECA region where the Stop TB partnership is established in several countries. One of the main advocacy objectives is to not hospitalise people for TB, not only because it is a tremendous financial burden but also it is counterproductive in the response to TB.

The third part of this session is contested by Eberhard Schatz from the **Correlation Network** talking about the work on HCV and Drug Use in Europe (see Annex 10). After introducing Correlation and the need for this pan-European network’s action on HCV and harm reduction, Eberhard presents data on transmission routes of HCV in EU/EEA countries, a Western Europe regional overview of countries with reported injecting drug use and visualises the treatment gap. He then addresses the barrier in health care settings, the barrier of stigma and discrimination and the barrier of criminalisation which is followed by an overview of the existence of national strategies, action plans or treatment guidelines in 33 European countries and international prevention and treatment recommendations and guidelines. Correlation focuses its work on Capacity Building and research, providing a resource centre with 250 + entries. Very important was the 2014 conference on Hepatitis C and

Drug Use in Berlin where a manifesto was approved and signed by many organisations (among them ELPA and EASL) that also includes the decriminalisation of use for PUD. Eberhard ends his presentation with an overview of current advocacy priorities of Correlation, of declarations and stakeholders and summarising conclusions.

Discussion: The following discussion turns out to be rather short and emphasises on the need of decriminalising drug use in order to achieve progress and the statement that Correlation is an important network and partner regarding the integrative approach.

11 Strategic discussion: Addressing the funding gap – Perspective from activists in the regions, from agencies and from the Commission

Raminta Stuiyte from EATG presents the timeline of Global Fund’s investments in HIV responses in the EECA countries (see Annex 11). She presents the GF as major global and EECA donor in HIV and TB (to which the EU just increased its contribution), its policy on sustainability, transition to domestic funding and co-funding and its policy on eligibility and gives an overview over status of HIV grant and eligibility in EU Member states and South-East neighbouring countries. The main challenge faced in transition is that often treatment is covered by the governments but NGO run prevention services addressed to key populations are not, which leads in some countries to an increase of incidence in key populations as is seen currently in Serbia among MSM. In EECA countries with concentrated epidemics around key populations, NGO work is highly dependent on international funding. Here, the GF grants are not finishing as fast as expected and most will be able to benefit from a 3-year transition grant. Raminta’s last slide focuses on the EU role in making transition more successful - in terms of funding and political dialogue.

Discussion: South Eastern Europe is currently at focus when it comes to transition from international to domestic funding. The situation in Serbia among MSM is quite alarming; Bulgaria has not approved a national programme, to name just two examples of challenges at national level. There needs to be an agreement on what is at stake and how technical capacity in the transition process can be funded.

Hovhannes Madoyan from the East Europe & Central Asia Union of PLWH (ECUO) completes this session with an overview of its programme “Partnership for equitable access to HIV-care continuum in Eastern Europe and Central Asia” (see Annex 12). The program addresses two important issues being the fallout of PLHIV from different stages of the treatment cascade and the absence of strategic investments and plans for transition to domestic sources of funding for access to the continuum of HIV care. Treatment coverage in the EECA is one of the lowest in the world. Hovhannes presents reasons for low involvement of vulnerable groups in the treatment group, challenges of funding with regard to procurement, talks about the geography of the programme and ECUO regional programme interventions as well as social mobilization, building community linkages, collaboration and coordination in order to respond to the challenges and identifies obstacles for adequate funding in the EECA region.

Discussion: A High Level Donor Meeting in 2018 is needed to ensure replenishment in response to the funding gaps.

Action list

What	Who	When
Invite a representative from the Fast Track City Amsterdam to the next CSF Meeting	CSF Coordination Team	In the preparation of the next meeting
Draft a Call for Action against the background of upcoming meetings and conferences	CSF Coordination Team	July 2016

List of annexes

Annex 1 – Update on ECDC activities on HIV

Annex 2 – UNAIDS: 2016 High Level Meeting on ending AIDS

Annex 3 – EMCDDA activities related to drug related infectious diseases

Annex 4 – Engage Civil Society at national level and connect with GO

Annex 5 – Stigma and Discrimination towards key populations

Annex 6 – Presentation on EHLF activities 2015 and 2016

Annex 7 – Needs, challenges and strategies to support CSO in neighbouring countries

Annex 8 – State of play of international TB and viral hepatitis advocacy and examples on integrated approaches

Annex 9 – TB in the European region: Main challenges ahead and the role of the EU

Annex 10 – The work on HCV and Drug Use in Europe

Annex 11 – ECUO Partnership for equitable access to HIV care continuum

Annex 12 – Timeline of Global Fund's investments in HIV responses in the EECA countries