



SPECIAL REPORT

Monitoring implementation of the European Commission Communication and Action Plan for combating HIV/AIDS in the European Union and neighbouring countries, 2009–2013

ECDC SPECIAL REPORT

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Interim report



This report was commissioned from ECDC by the European Commission, coordinated by Teymur Noori, Anastasia Pharris and Marita van de Laar at ECDC and produced by independent consultants Kathy Attawell, Roger Drew and David Hales.

ECDC would like to thank all those who contributed to the report, in particular European Commission staff at the Directorate-General for Health and Consumers and the Directorate-General for Research and Innovation; the Executive Agency for Health and Consumers (EAHC); the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) and the Northern Dimension Partnership in Public Health and Social Well-being (NDPHS); European Union delegations; members of the EU Think Tank and Civil Society Forum on HIV/AIDS and UNAIDS.

Suggested citation: 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. Stockholm: ECDC; 2012

ISBN 978-92-9193-369-3

doi 10.2900/55237

Stockholm, April 2012

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Abbreviations and acronyms

CCM	Country Coordinating Mechanism (Global Fund)
CSF	Civil Society Forum
DCI	Development Cooperation Instrument
DG	Directorate General (European Commission)
EAHC	Executive Agency for Health and Consumers
EC	European Commission
ECDC	European Centre for Disease Prevention and Control
EDCTP	European and Developing Countries Clinical Trial Partnership
EMCDDA	European Monitoring Centre for Drugs and Drug Addiction
EMIS	European MSM Internet Survey
ENP	European Neighbourhood Policy
ENPI	European and Neighbourhood Partnership Instrument
EU	European Union
FRA	European Union Agency for Fundamental Rights
HLM	High-Level Meeting
IDU	Injecting drug user
ILO	International Labour Organization
IOM	International Organization for Migration
MSM	Men who have Sex with Men
NDPHS	Northern Dimension Partnership in Public Health and Social Well-being
OST	Opioid substitution therapy
PLWHA	People living with HIV/AIDS
RFP	Research Framework Programme
SGS	Second generation surveillance
STI	Sexually transmitted infection
TB	Tuberculosis
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNFPA	United Nations Population Fund
UNGASS	United Nations General Assembly Special Session on HIV/AIDS
UNODC	United Nations Office on Drugs and Crime
WHO	World Health Organization

1 Background

1.1 The Communication

The policy priorities of the European Commission regarding HIV in Europe are contained in a Communication entitled *Combating HIV/AIDS in the European Union and neighbouring countries, 2009–2013*.¹ The main objectives are:

- To reduce new HIV infections across all European countries by 2013
- To improve access to prevention, treatment, care and support
- To improve 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 highlights key elements of the response to HIV including political leadership, involvement of civil society and people living with HIV, wider society responsibilities, and universal access to prevention, treatment, care and support. It also highlights priority regions and priority groups and emphasises the improvement of knowledge, including surveillance, monitoring, evaluation and research.

1.2 The Action Plan

Details of around 50 actions intended to implement the Communication are included in an accompanying Action Plan. This plan is structured around six thematic issues:

- Politics, policies and involvement of civil society, wider society and stakeholders
- Prevention
- Priority regions
- Priority groups
- Improving knowledge
- Monitoring and evaluation.

1.3 Building on the previous Communication

The Communication and Action Plan build on previous documents for the period 2006–2009. The current documents were introduced following an Impact Assessment² of work carried out under the previous Communication and Action Plan. The Impact Assessment described the organisations, stakeholders and funding modalities which had enabled the activities outlined in the first Action Plan to be realised. The Impact Assessment highlighted progress and achievements in terms of EU policies, health and research programme actions and, in particular, the success of the Action Plan in 'increasing the political commitment of European leaders to keep HIV/AIDS on their agenda and empowering civil society in the European Union'. It also highlighted the need to fully realise political commitments; improve the effectiveness and targeting of prevention strategies and access to treatment; strengthen surveillance; ensure comprehensive reporting of data and address knowledge gaps, and enhance action on neighbourhood policies.

1.4 Monitoring the Communication and Action Plan

The Communication, Action Plan and Impact Assessment all express a clear commitment to monitoring and evaluating the implementation and effects of the activities outlined in the Communication and Action Plan. One challenge faced by the Impact Assessment was that there was no clear and systemic approach to monitoring and evaluating the previous Communication and Action Plan. As a result, it was only possible to describe activities rather than to conduct a more rigorous assessment of results achieved. In February 2010, the European Commission asked the European Centre for Disease Prevention and Control (ECDC) to develop a monitoring and evaluation framework for the current Communication and Action Plan.

¹ Commission of the European Communities. Communication from the Commission to the European Parliament, the Council, the European Economic and Social Committee and the Committee of the Regions. *Combating HIV/AIDS in the European Union and neighbouring countries, 2009–2013*. COM(2009)569. Brussels, 26 October 2009.

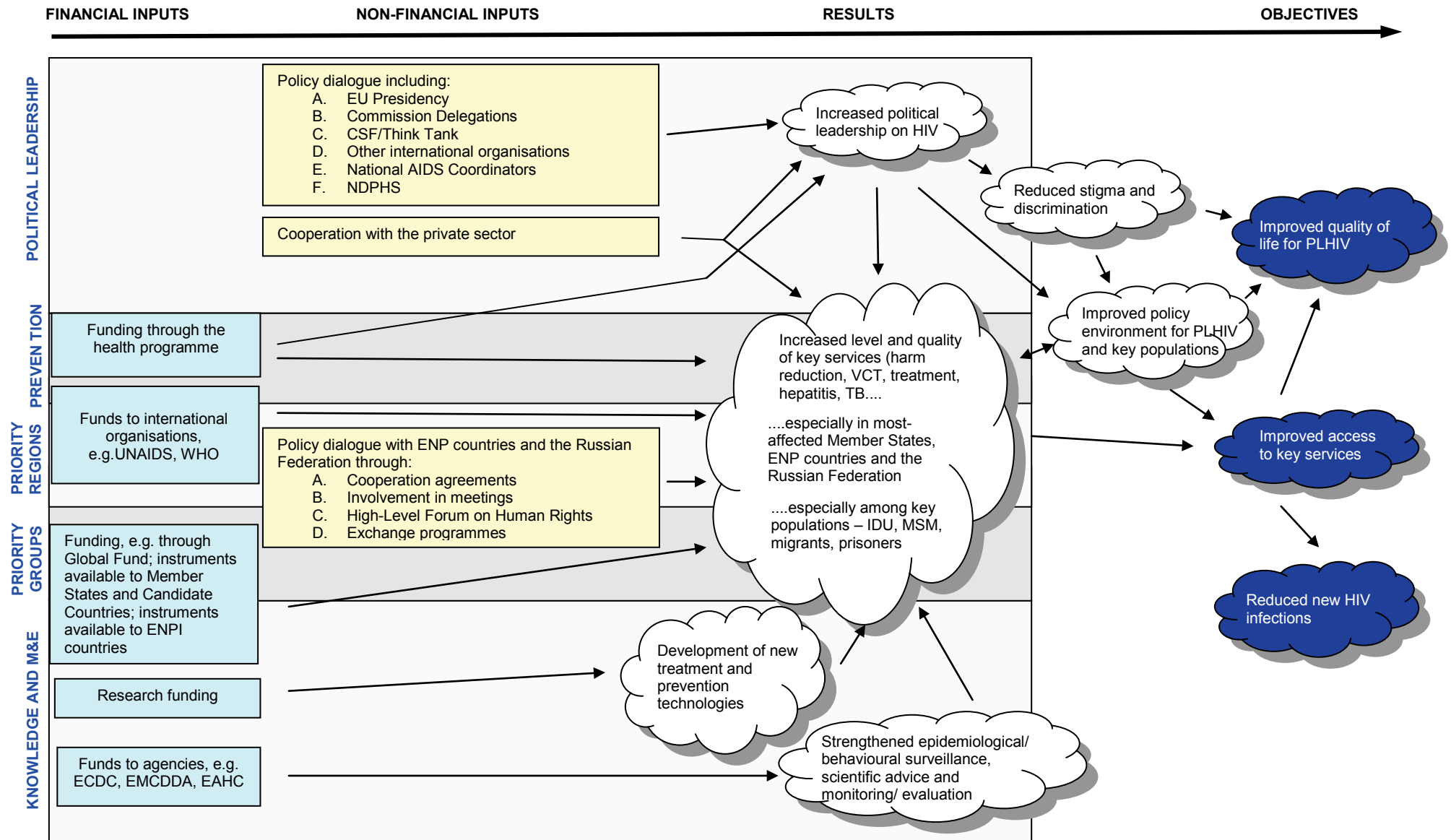
² Commission of the European Communities. Impact Assessment. Accompanying document to the Communication. SEC(2009)1404/2. Brussels.

1.5 The monitoring and evaluation framework

Through a process of consultation with stakeholders, including the Commission, the Think Tank and the Civil Society Forum, ECDC developed a framework for monitoring and evaluating the Communication and Action Plan (see Figure 1.1). The focus of the framework is on monitoring the added value of European-wide and Commission actions in responses to HIV in the region. It does not seek to capture all actions by all those working to combat HIV in Europe. Rather, it aims to capture the activities of a range of actors, including countries, Commission agencies and services, international agencies and civil society organisations, which result from Commission policies, influence, funding and other actions.

The framework is based on a 'theory of change' which illustrates how the Communication and Action Plan are expected to contribute to achieving the Commission's objectives. This assumes that certain financial and non-financial inputs made available to different actors to support the implementation of the Communication and Action Plan will contribute to certain results. This flow is illustrated by a black arrow at the top of Figure 1.1. Financial inputs in a variety of forms are shown as blue boxes and non-financial inputs are shown as yellow boxes. The results, shown as white clouds, contribute to the ultimate objectives of the Communication and Action Plan, shown as blue clouds. Inputs and results are also mapped against the main thematic issues of the Communication and Action Plan, shown in blue on the left of Figure 1.1.

Figure 1.1: Framework for monitoring the HIV Communication and Action Plan



1.6 Using the framework to monitor the Communication and Action Plan

ECDC is supporting efforts to monitor the implementation of the Communication and Action Plan using this framework in two ways.

Ongoing efforts to monitor progress on implementation of the Dublin Declaration on Partnership to Fight HIV/AIDS in Europe and Central Asia are expected to produce definitive information on the results being achieved by country responses to HIV.

New efforts, documented in this report, to monitor inputs directly related to the Communication and Action Plan and their effect should indicate how the Plan is contributing to the European region's response to HIV.

Activities related to the first process will be published in a report at the end of 2012. This interim report focuses on the second process. A final report on the contribution of the Communication and Action Plan will be published in 2013. This will explore links between the results of the Communication and Action Plan and those measured by monitoring the Dublin Declaration.

ECDC developed a series of indicators and related questions intended to collect information on each element of the monitoring and evaluation framework. Each question was directed to one or more organisations. Relevant questions were set out in a questionnaire tailored to each organisation and these were completed between June and September 2011. Questionnaires were sent to the European Commission including some of its Delegations, the Civil Society Forum, members of the Think Tank, ECDC, EMCDDA, EAHC, UNAIDS and WHO Regional Office for Europe. Responses were received from:

- The European Commission, including a specific response from the Directorate-General for Research and Innovation
- Delegations in Belarus, Moldova, Russia and Ukraine
- The Civil Society Forum – the CSF coordination team submitted a consolidated response based on replies from 14 members³
- Think Tank members from Bulgaria, Denmark, Germany, Moldova, the Netherlands, Norway, Poland, Portugal, Russia, Slovakia, Spain, Sweden and Ukraine
- ECDC
- EMCDDA
- EAHC
- NDPHS
- UNAIDS.

As part of the analysis, follow-up discussions were held with the Commission, EAHC and ECDC and the NDPHS to clarify responses and collect additional data.

1.7 Report structure

This report summarises the data collected and presents it on the basis of the framework. Each section of the report starts with a diagram of the framework highlighting the part covered in that section.

Section 2 describes the financial inputs available for the implementation of the Communication and Action Plan

Section 3 describes the non-financial inputs available for the implementation of the Communication and Action Plan

Section 4 considers the effects of these inputs and their contribution towards achieving the results envisaged in the Communication and Action Plan.

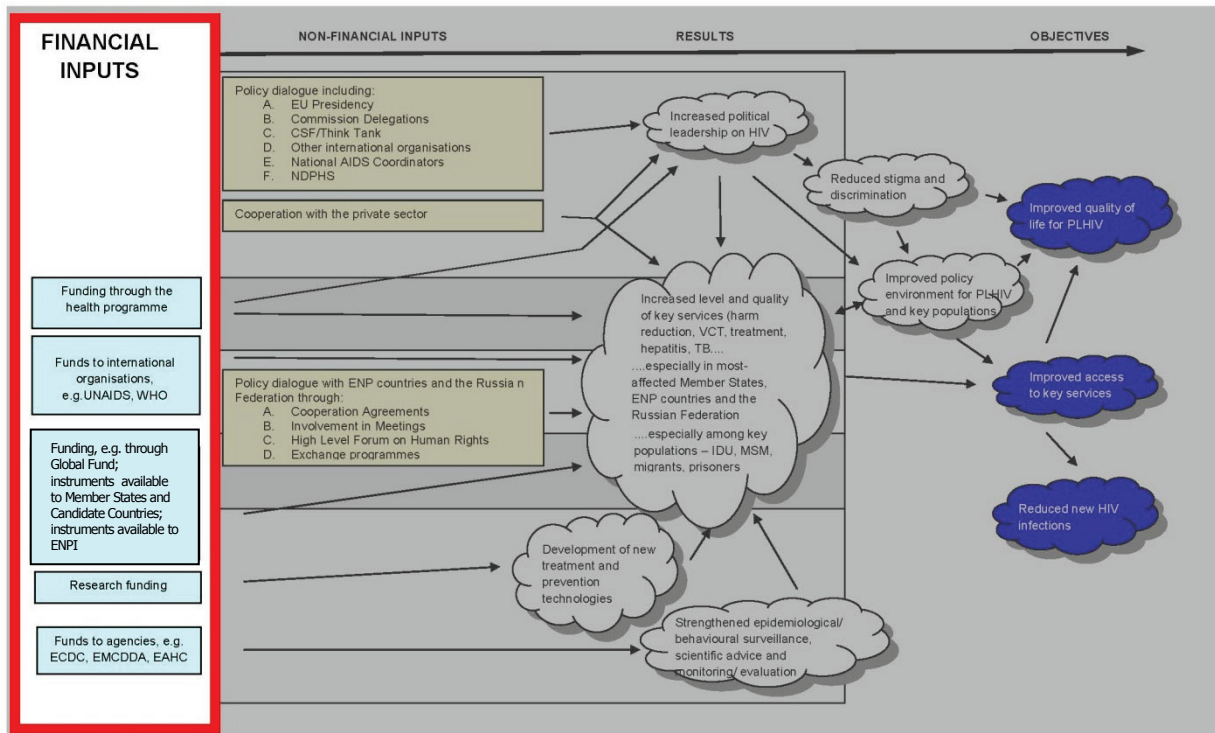
Section 5 sets out key conclusions and recommendations.

³ Sensoa, Belgium; TAMPEP International Foundation, Regional; Swiss AIDS Federation, Switzerland; HIV Nordic, Finland; LILA, Italian League For Fighting AIDS, Italy; Soros Foundation, Moldova; AIDS Hilfe Wien, Austria; Dia+Logs, Latvia; All-Ukrainian Network of PLWH, Ukraine; Odyseus, Slovakia; Deutsche Aids Hilfe, Germany; Projecte dels NOMS-Hispanosida; HIV Denmark. In addition, a later response from GAT, Portugal was included.

2 Financial inputs

This section focuses on the financial inputs (highlighted by a red box in Figure 2.1) available for implementation of the Communication and Action Plan. As there is no specific financial allocation for this, it draws on information from a number of sources which are discussed here (see Figure 2.1). Approximate annual values from each of these sources are summarised at the end of this section in Table 2.1.

Figure 2.1: Framework for monitoring the HIV Communication and Action Plan: Financial inputs



2.1 Funding to countries

The Global Fund to Fight AIDS, Tuberculosis and Malaria has provided significant financing to counteract HIV in European countries⁴ since its establishment in 2002. During the period 2002–2011, the Global Fund approved the provision of USD 972 million as grants in response to HIV in the region. By 2011, a total of USD 731 million had been disbursed.

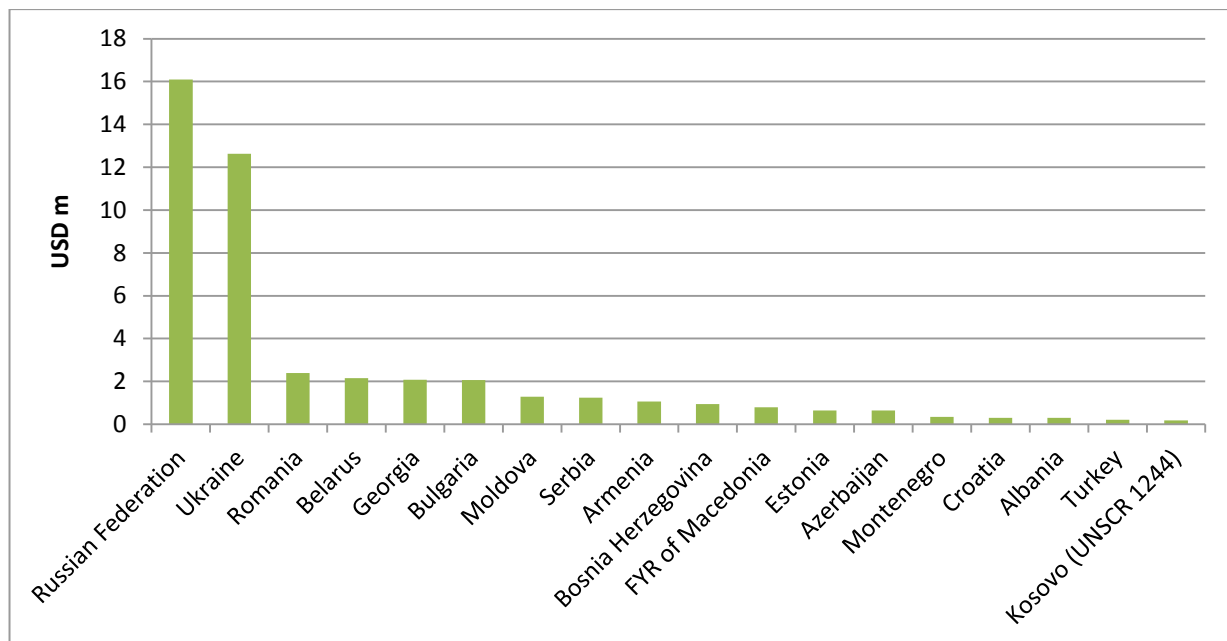
The European Commission has been a major contributor to the Global Fund. From 2002–2011, the Commission reports that it provided the Global Fund with EUR 1.2 billion, which makes it the Fund's sixth largest donor after the United States, France, Germany, the UK and Japan. According to figures from the Global Fund, since its formation 6.2% of the Fund's total finances have been provided by the European Commission. This means that of the USD 731 million disbursed to the region by the Global Fund during that period, USD 45 million (6.2%) effectively originated from the European Commission.

The USD 45 million provided by the Commission⁵ for national responses to HIV in EU and ENP countries and the Russian Federation benefited 18 countries, with the largest amounts going to the Russian Federation and Ukraine (see Figure 2.2). Some examples of programmes provided through this financing are given in Box 2.1.

⁴ For the purpose of this analysis, European countries include those countries coming within the Global Fund's Europe and Central Asia region which are either EU Member States, European Neighbourhood Policy (ENP) countries or countries with which the European Union has a partnership and cooperation agreement (the Russian Federation).

⁵ An estimated, pro rata, annual amount provided by the Commission through the Global Fund is included in Table 1, Section 2.5

Figure 2.2: Estimated pro rata amounts of funding provided by the European Commission as a response to HIV in EU and ENP countries and the Russian Federation through the Global Fund: 2002–2011



Box 2.1 Examples of country programmes supported by Global Fund financing

Belarus has received two Global Fund grants worth a total of USD 38.4 million for its national HIV response. The first grant, which runs from 2012–2014, focuses on promoting prevention and treatment of HIV and AIDS. The programme is seeking to boost HIV prevention among injecting drug users (IDUs), men who have sex with men (MSM), women who sell sex, prisoners and young people. In addition, the programme seeks to ensure adequate treatment, care and support for people living with HIV. The second grant, which runs from 2010 to 2016, focuses on promoting universal access to HIV prevention, treatment and care for key affected populations.

Moldova receives Global Fund support for a project entitled 'Scaling-up access to prevention, treatment and care under the national program for prevention and control of HIV/AIDS/STIs 2006–2010 and reducing morbidity, mortality and HIV-related impact on people living with HIV/AIDS, 2010–2014'.

The European Commission's financial support to the Global Fund is part of a broader programme entitled *Investing in People* under the Commission's Development Cooperation Instrument. *Investing in People* has four main areas of focus – health, education, gender equality and other aspects of human and social development.^{6,7} The focus on health includes confronting the main communicable,⁸ neglected and emerging diseases.

In addition to the Commission's support for the Global Fund, *Investing in People* has established a EUR 9 million programme to build up the capacity of non-state actors in the area of HIV/AIDS prevention, treatment and care for the European Neighbourhood and Partnership (ENP) countries.

This programme specifically cites the Dublin Declaration on Partnership to Fight HIV/AIDS in Europe and Central Asia and the Commission Communication on Combating HIV/AIDS in the European Union and Neighbouring Countries 2009-2013. Procurement for this programme is ongoing, having begun in September 2010. The programme will cover seven countries.⁹ Grants are available to non-state actors focusing on at least two of the

⁶ See European Commission (2010) 2010 Part 2 Action Programme covered by the 2007-2013 Strategy Paper for the Thematic Programme 'Investing in People' under the Development Cooperation Instrument

⁷ Several of these funding areas, e.g. education, are related to and will have indirect effects on HIV.

⁸ HIV, TB and malaria are mentioned specifically.

⁹ Armenia, Azerbaijan, Belarus, Georgia, Moldova, Ukraine and the Russian Federation.

following areas:

- Strengthening advocacy skills of non-state actors
- Enhancing the quality of service provided by non-state actors and the public sector
- Strengthening partnerships and coordination among non-state actors and with public bodies
- HIV prevention focused on adolescent and key populations at most risk and support, treatment and care for people living with HIV.

In addition, it appears that funds from other areas of the *Investing in People* programme are being used to support national HIV responses, although this is not being tracked systematically. For example, at the Civil Society Forum in December 2011, a representative of Romanian civil society reported that such funds were being used to finance HIV prevention activities by Romanian NGOs that had previously been funded through a Global Fund grant.

Another of the thematic programmes under the Commission's Development Cooperation Instrument focuses on non-state actors and local authorities. Within this programme funding is available to support non-state actors in ENP countries and Russia, including EUR 2.15 million in Belarus, EUR 2 million in Russia, EUR 650 000 in Ukraine and EUR 250 000 in Moldova.

Theoretically, structural funds are available for countries to use in their responses to HIV. However, it is unclear if any structural funds have been used directly in relation to HIV.

Similarly, funding through the European Neighbourhood and Partnership Instrument (ENPI)¹⁰ can be used to finance responses to HIV. Some examples are given in Box 2.2. ENPI is the main financial mechanism through which assistance is given to European Neighbourhood and Partnership countries and Russia. Almost EUR 12 billion has been allocated to ENPI for 2007–2013. Priorities for ENPI funding include transport; energy; sustainable management of natural resources; border and migration management, the fight against transnational organised crime and customs; people-to-people activities and landmines, explosive remnants of war, small arms and light weapons. In 2011, ENPI also announced funding of EUR 22 million for a new civil society facility.¹¹

Box 2.2: Examples of HIV and health-related activities supported in country through ENPI

ENPI 2008 includes EUR 46.6 million for the health sector support programme in Moldova. The aim of this programme is to improve the health of the population and improve access to and the efficiency and quality of essential public health services.

In Russia, the delegation has used ENPI funds to support projects in the social sector tackling HIV. For example, the Commission supported a project entitled 'We Choose a Life – Youth Against HIV/AIDS'. This project was managed by the Baltic Region Healthy Cities Association from 2008 to 2010 and operated in four Russian cities – Cherepovets, Dimitrovgrad, Izhevsk and Stavropol. It was part of the Commission's institution building partnership programmes (IBPP) aimed at giving active support to civil society organisations in Russia.

In addition, the Commission uses ENPI to support an EU Baltic Sea Strategy External Action Programme, valued at EUR 20 million. As part of this programme, in 2011, the Commission launched a call for proposals directed at non-state actors and local authorities in the Baltic Sea region. This EUR 3.5 million grant scheme aims to support cooperation between the EU and Russia by encouraging local stakeholders to address common challenges and opportunities more effectively. One of the priorities of this scheme is to reduce the spread of communicable diseases, including HIV.

2.2 Funding to agencies of the European Union

Executive Agency for Health and Consumers (EAHC)

The European Health Programme organised by the EHAC includes a focus on supporting responses to HIV in line with the Commission's Communication on HIV/AIDS.¹² The programme allocates funds through its annual work plan to a range of activities including conferences, operating grants and projects.

¹⁰ See http://www.enpi-info.eu/main.php?id_type=2&id=359

¹¹ See <http://www.enpi-info.eu/eastportal/news/latest/26632/%E2%82%AC22-million-for-new-Civil-Society-Facility-as-EU-steps-up-Neighbourhood-response>

¹² Executive Agency for Health and Consumers (2011) 'Joining Together to Tackle HIV/AIDS in Europe'

In 2009–10, the programme allocated a total of EUR 6.1 million to HIV-related activities across a range of different thematic areas. Based on reports from EHAC, almost two thirds (62%) of funds allocated in 2009/10 focused on key populations at increased risk of HIV transmission, including people who inject drugs, men who have sex with men, sex workers, migrants, ethnic minorities and prisoners (see Figures 2.3 and 2.4).

In addition, some of the programme’s funding for conferences to promote stronger leadership on HIV also focused on key populations, such as the International Harm Reduction Association’s conference in Liverpool, May 2010 and the Future of European Prevention among MSM (FEMP) in Stockholm, November 2011.

Figure 2.3: Percentage of European Health Programme HIV funding allocated to different topics: 2009/2010

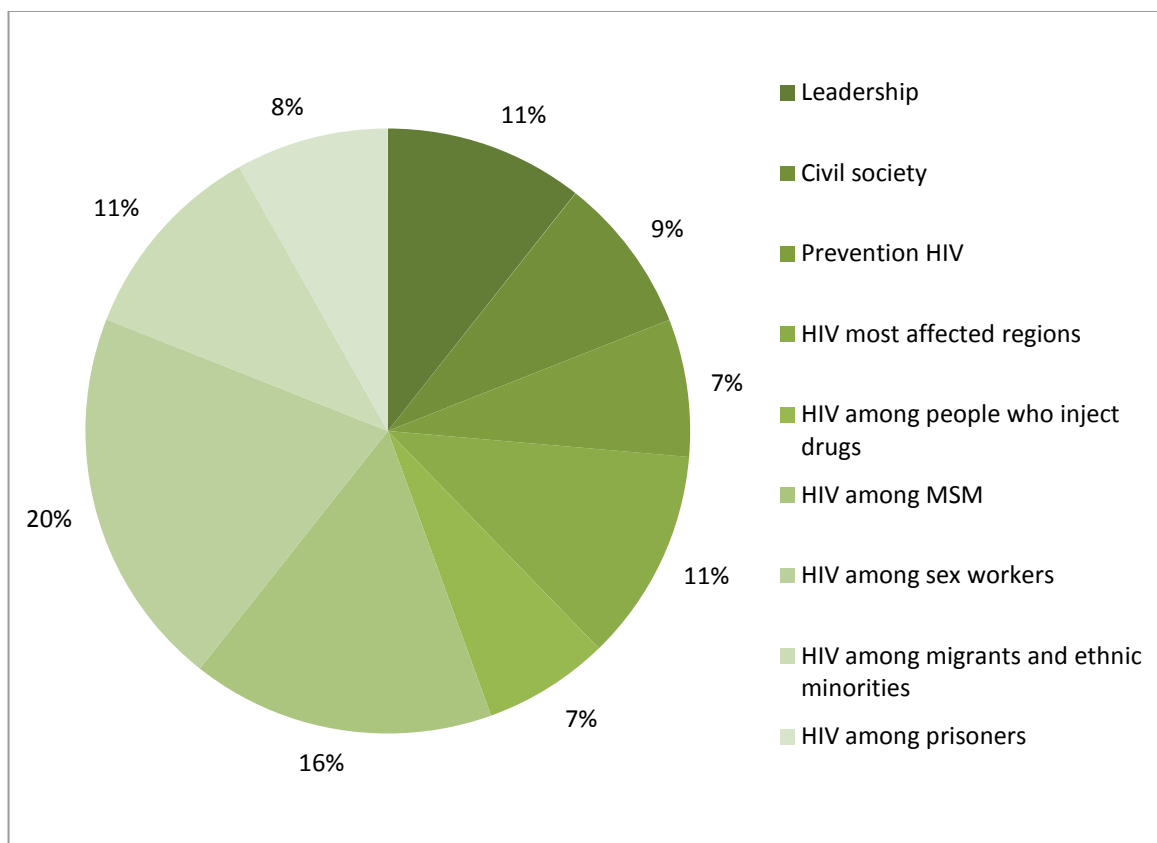
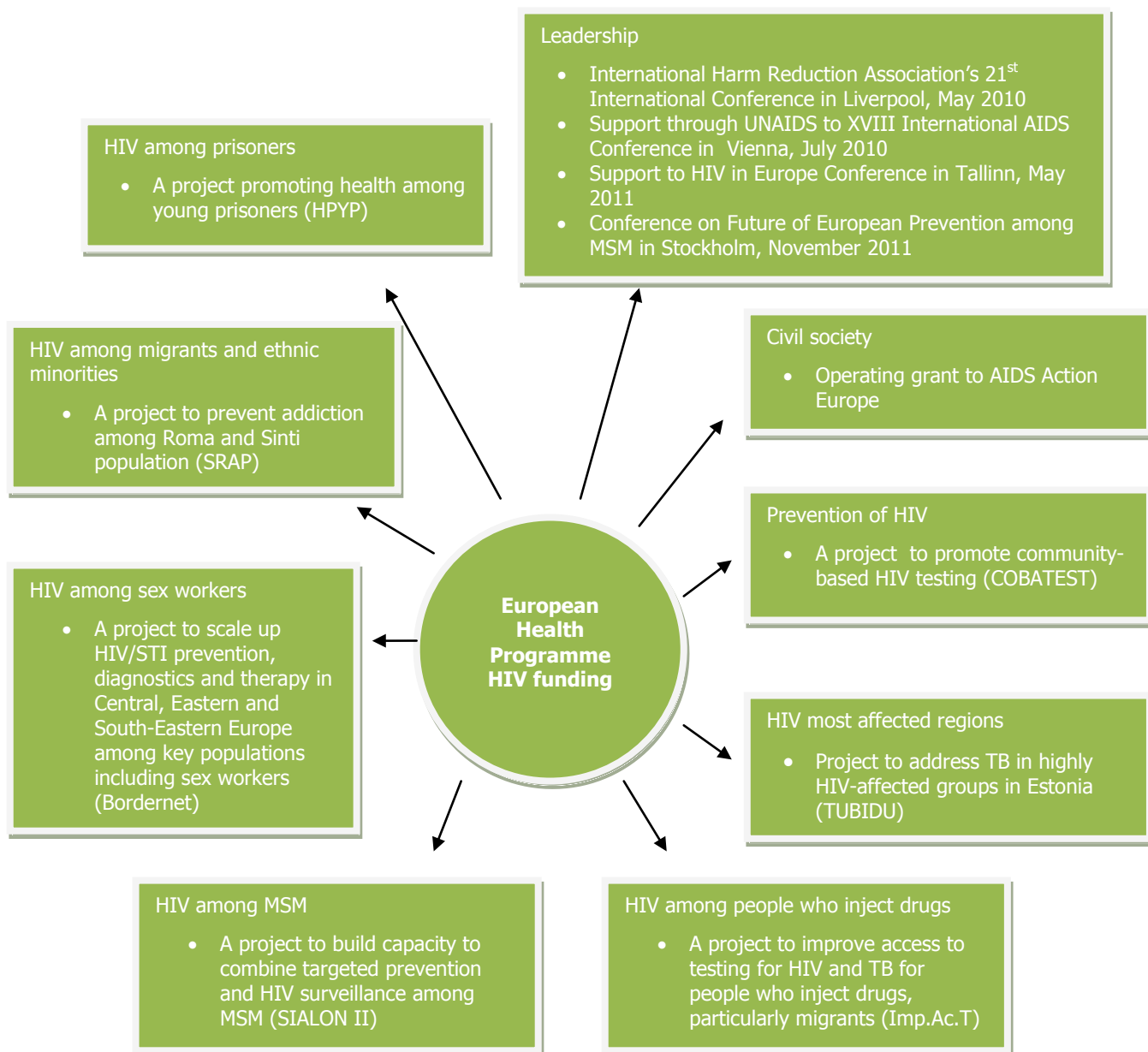


Figure 2.4: Activities supported by European Health Programme HIV funding: 2009/2010



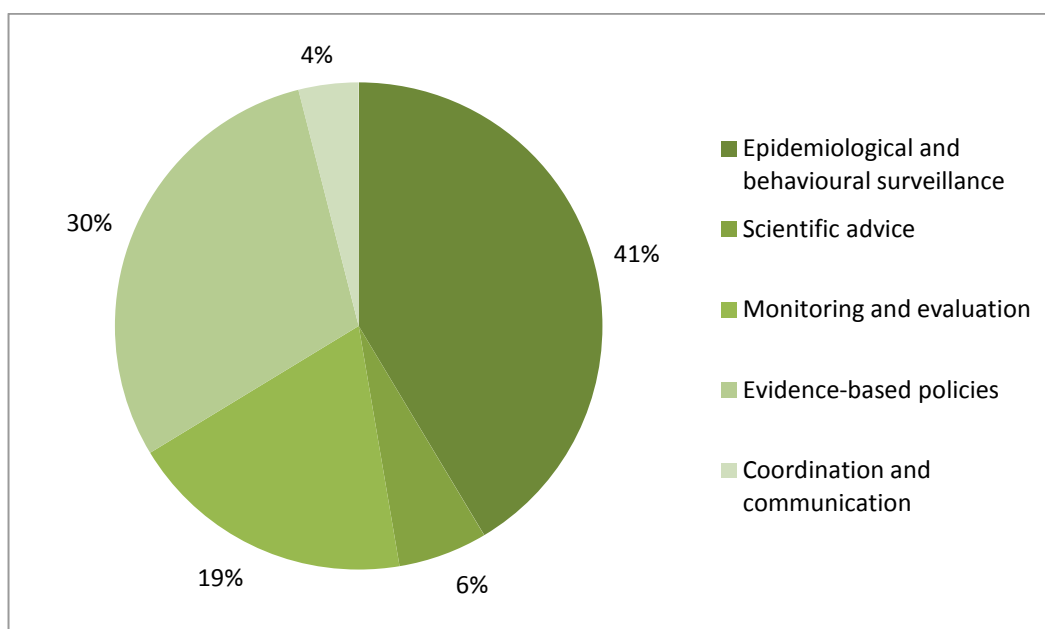
European Monitoring Centre for Drugs and Drug Addiction (EMCDDA)

EMCDDA is financed largely through a general subsidy from the European Community.¹³ In 2010, the EMCDDA budget was almost EUR 16 million. EMCDDA reports that its budget does not contain funds earmarked specifically for HIV and, therefore the Agency is not able to provide figures for the amount of funds used to promote the Commission's Communication and Action Plan. Instead, EMCDDA reports that HIV-related activities are included in the overall budget for the scientific work of EMCDDA. EMCDDA HIV-related activities are discussed further in Section 4 of this report.

European Centre for Disease Prevention and Control (ECDC)

ECDC reports that in the three years from 2009-2011, its estimated budget allocation for HIV projects was EUR 2 267 698. These figures do not include staff time spent on HIV-related activities¹⁴ or support functions (e.g. facilities, publications, administrative and financial activities or library staff). Figure 2.5 shows the relative allocation of funding to different types of HIV/AIDS projects over this three-year period, with 41% allocated to epidemiological and behavioural surveillance, 30% to evidence-based policies, 19% to monitoring and evaluation, 6% to scientific advice and 4% to coordination and communication. Figure 2.6 briefly summarises the types of activities funded by ECDC in each of these areas. These activities and their effects are discussed in more detail in Section 4 of this report.

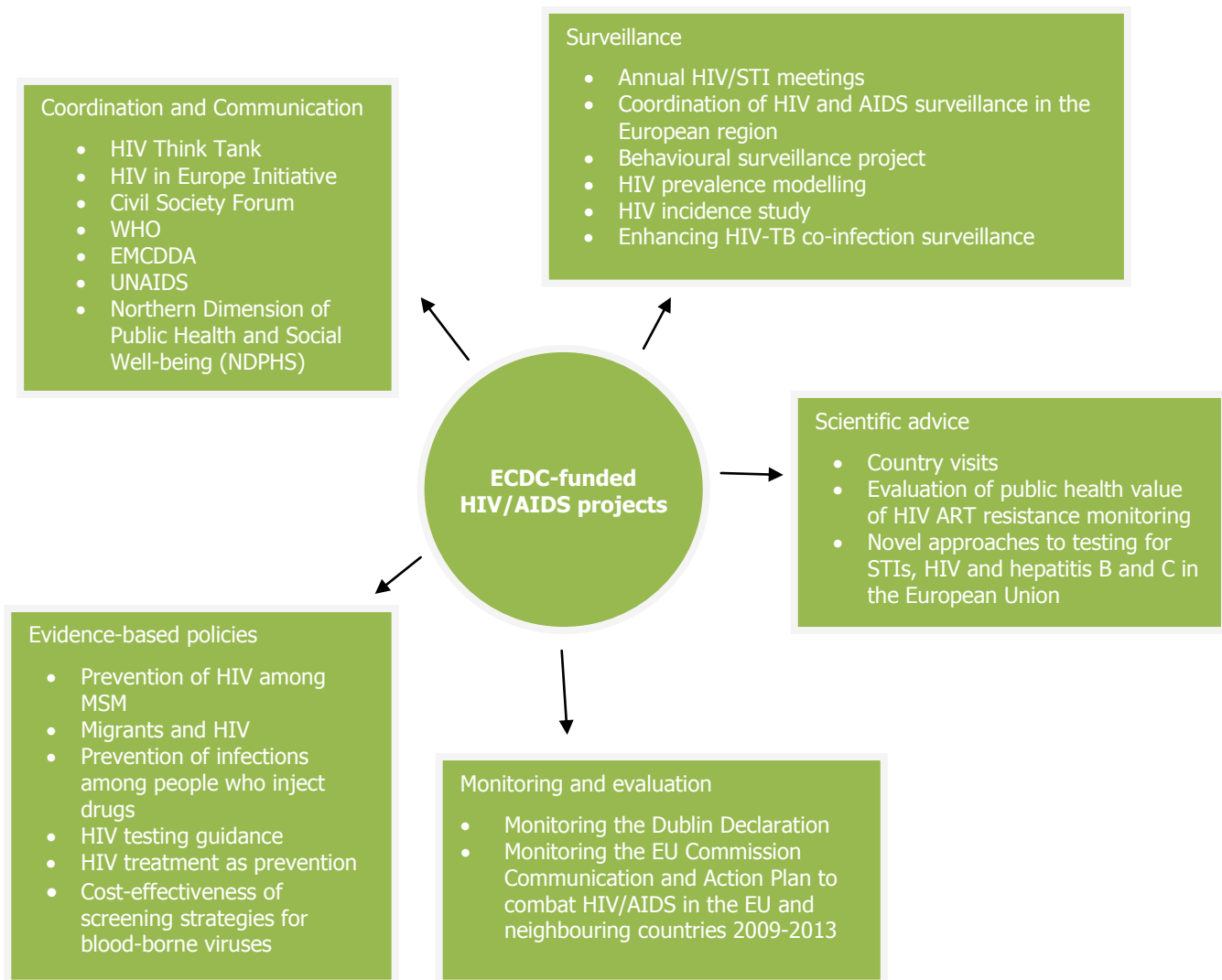
Figure 2.5: Distribution of ECDC budgetary allocations by type of HIV/AIDS project 2009–2011



¹³ In 2010, the budget contained some additional funding from other countries, such as Norway and Turkey (see http://www.emcdda.europa.eu/publications/searchresults?action=list&type=PUBLICATIONS&SERIES_PUB=w216)

¹⁴ Approximately three full-time equivalents in 2011

Figure 2.6: HIV/AIDS activities supported by ECDC funds: 2009-2011



2.3 Funding to key international organisations

In 2010, the Joint United Nations Programme on HIV/AIDS (UNAIDS) reported receiving EUR 400 000 from the European Health Programme to raise awareness of HIV and AIDS in Eastern Europe and to support the International AIDS Conference in Vienna in 2010, in particular by funding the participation of civil society representatives. In addition, UNAIDS reported that it received additional funding from the EuropeAid Cooperation Office (AIDCO) Development Cooperation Instrument for its work outside the European Union and in neighbouring countries. According to the UNAIDS report on its income for 2010,¹⁵ total contributions from the European Commission amounted to just under USD 1.5 million, which accounted for 0.6% of UNAIDS' total income. This compares to a total of almost USD 150 million received directly from 14 EU Member States.¹⁶

In addition, the European Commission provides direct and indirect funding through a number of different funding schemes to WHO, the United Nations Office on Drugs and Crime (UNODC) and the United Nations Population Fund (UNFPA). For example, the European Health Programme is providing EUR 299 109 over two years to WHO to conduct a project aimed at scaling up access to high-quality harm reduction, treatment and care for injecting drug users in the European region.

2.4 Research funding

The Commission's Communication contains a strong commitment to HIV-related research. The Commission has provided significant levels of funding for HIV-related research through its Research Framework Programmes (FPs). These FPs are the EU's main instrument for funding research in Europe. They are intended to channel European research on HIV into projects ranging from basic science to pre-clinical and early clinical testing of new drugs and therapeutic approaches, microbicides and vaccine candidates, clinical management of HIV-infected individuals, better prevention and improved treatments.

The Sixth Framework Programme (2002–2006) provided an EU contribution of EUR 123 million to 41 projects on HIV-related research and also contributed EUR 200 million in financing to the European and Developing Countries Clinical Trials Partnership (EDCTP).¹⁷

During the first five years of the Seventh Framework Programme (2007–2011) the total EU contribution to 17 HIV-related research projects was more than EUR 82 million. Almost all of the research spending (94%) related to development of treatment, vaccines and microbicides (see Figures 2.7 and 2.8).

Research projects on therapy included those seeking to develop new antiretrovirals as well as projects looking at how to improve treatment adherence and patient follow-up. A number of research projects also focus on promoting coordination and cooperation among researchers (see Figure 2.8). As part of the Seventh Framework Programme, there was a call for proposals relating to behavioural research in the health field. However, during the evaluation of proposals submitted, no projects addressing HIV were selected for funding.

¹⁵ Details of total contributions for 2010 are available at:

http://www.unaids.org/en/media/unaids/contentassets/documents/document/2011/20110331_2010DonorTotalContributionTables.pdf

¹⁶ These countries (by size of contribution) were Sweden, the Netherlands, United Kingdom, Finland, Denmark, Luxembourg, Belgium, Ireland, Germany, Spain, France, Portugal, Austria and Poland.

¹⁷ Since 2003, EDCTP has supported 24 clinical trials on HIV at a total cost of EUR 102 million.

Figure 2.7: Distribution of HIV research spending through the European Seventh Framework Programme (2007–2011)

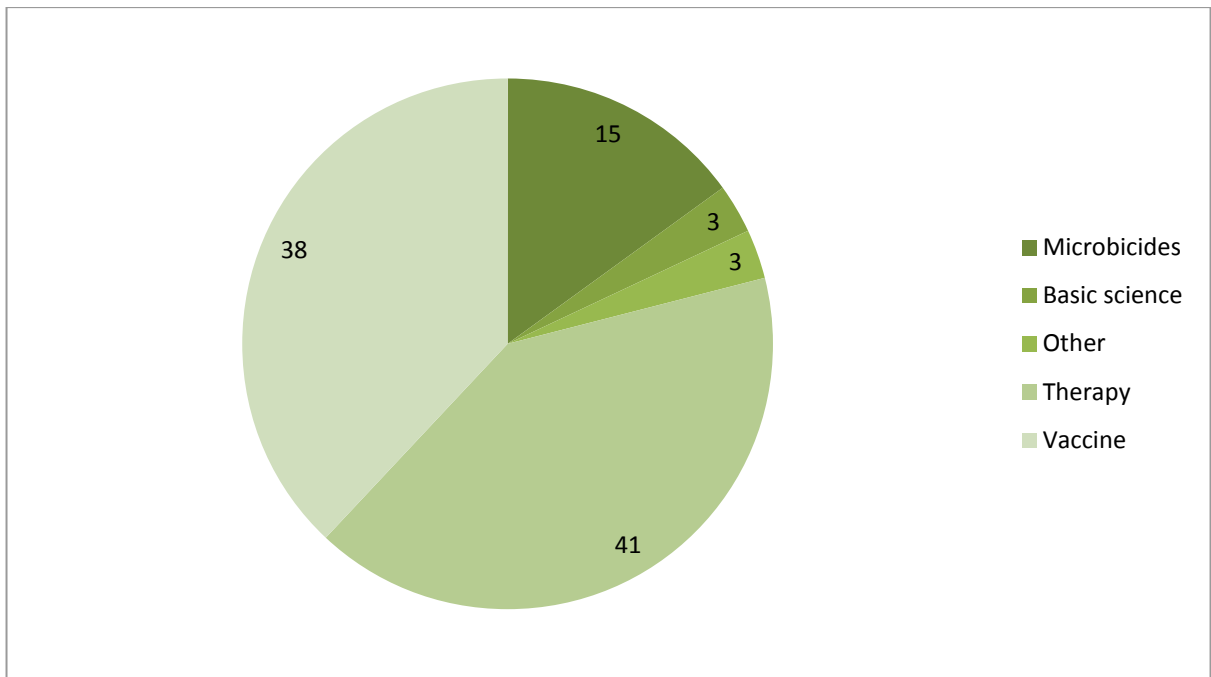
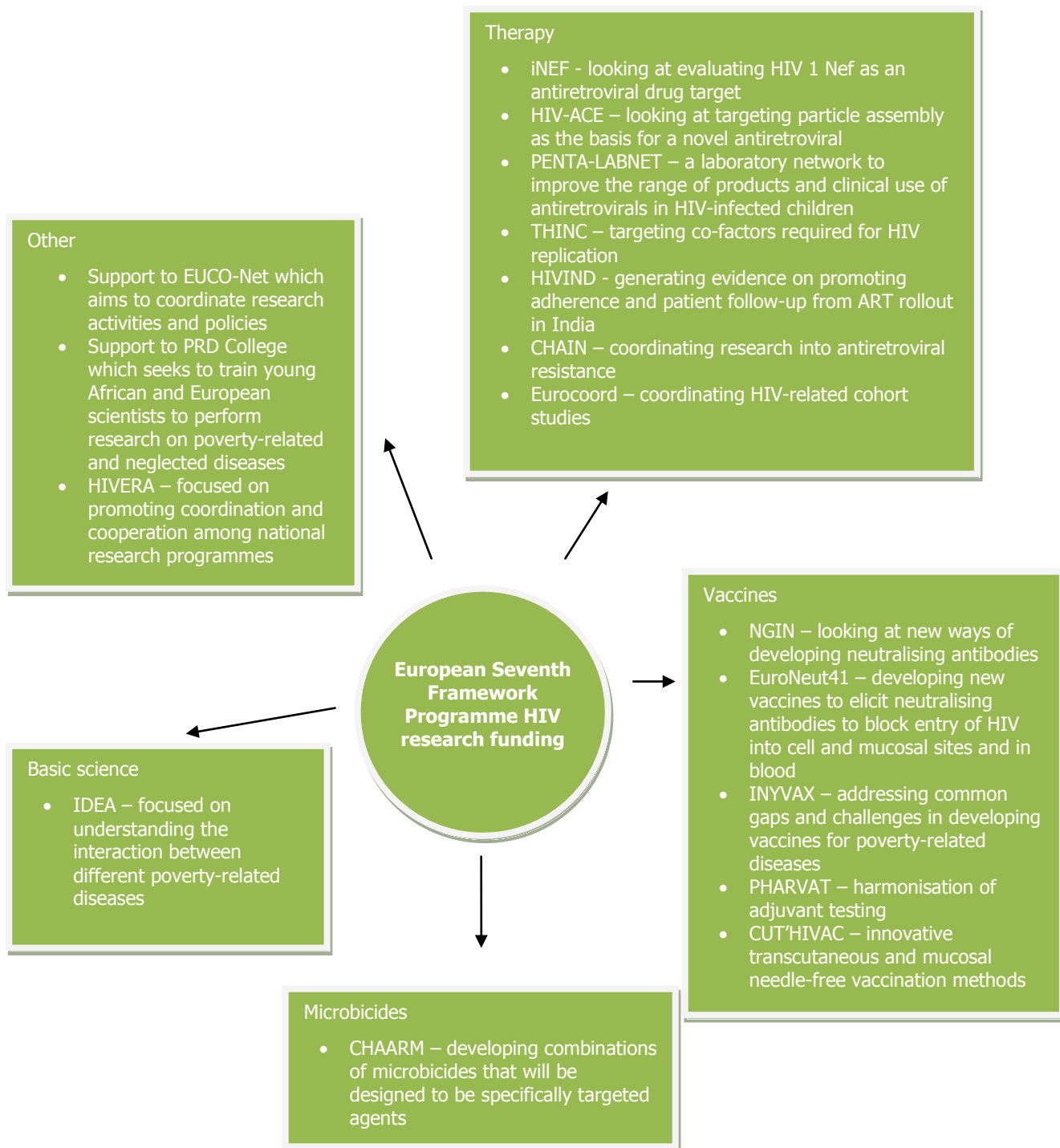


Figure 2.8: HIV-related research projects funded through the European Seventh Framework Programme (2007–2011)



2.5 Overall annual financial inputs to support the Communication and Action Plan

Funding has targeted HIV prevention, increasing access to prevention, treatment, care and support, especially in priority regions and for priority groups, research, surveillance and monitoring and evaluation. Table 2.1 shows the approximate financing available on an annual basis to support the Commission's Communication and Action Plan, based on information provided and discussed above. However, these figures should be treated with great caution. They are very approximate and underestimate the actual financial input because accurate information is not available for all funding sources, e.g. structural funds and certain costs, such as staffing, which were not covered in several of the responses. The figures include Commission financing for the activities of the Think Tank and Civil Society Forum at an approximate annual combined cost of EUR 150 000.¹⁸

Table 2.1: Approximate financing available on an annual basis to support Communication and Action Plan¹⁹

Source	EUR million
Funding to countries	
Pro rata Commission contribution to the region through Global Fund	3.9
<i>Investing in People</i> programme to build capacity among non-state actors	1.4
Structural funds	no data
European Neighbourhood Partnership Instrument	no data
Funding through agencies of the European Union	
EAHC Health Programme	3.1
EMCDDA	0.0
ECDC	0.8
Funding to key international organisations	
UNAIDS	1.1
Other UN bodies	0.2
Research funding	
European Framework Programme for Research	16.4
Other funding	
Think Tank and CSF	0.2
Estimated total:	27.1

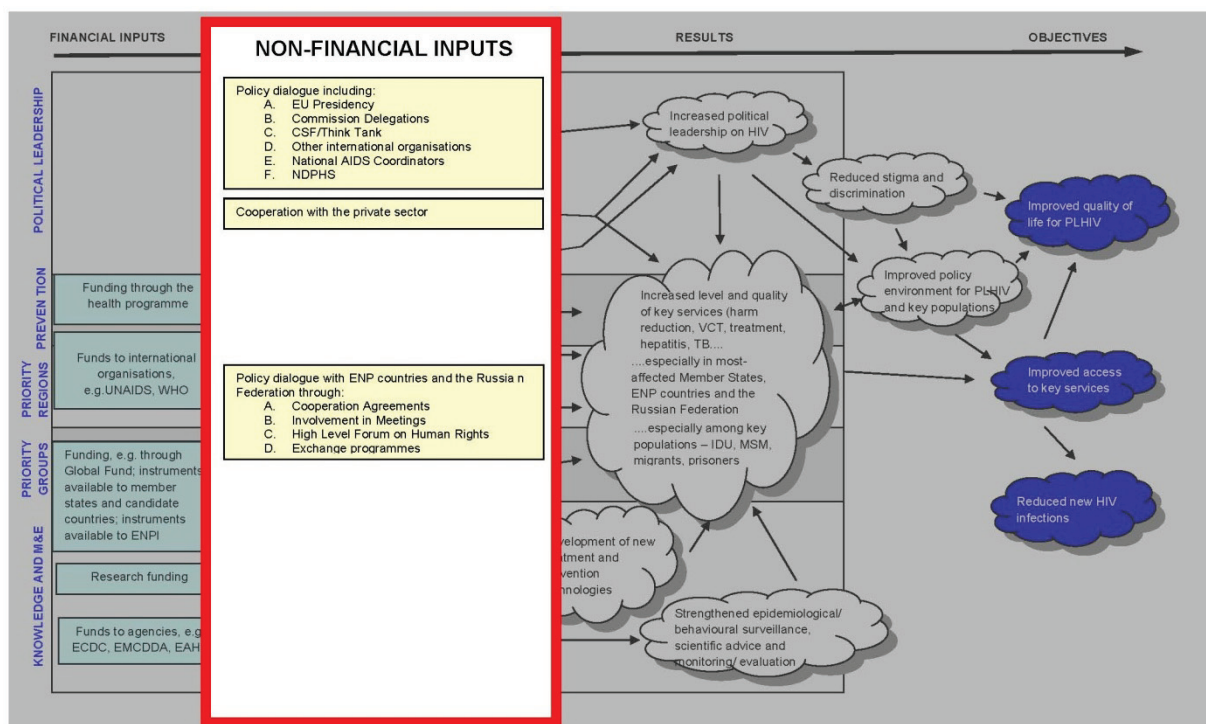
¹⁸ The Commission also has two full-time professional staff working on HIV within the Directorate General for Health and Consumers in addition to support staff. Staff in other parts of the Commission also focus on HIV as part of their work.

¹⁹ All figures are approximate and rounded to one decimal point.

3. Non-financial inputs

This section focuses on the non-financial inputs that support the implementation of the Communication and Action Plan (highlighted by a red box in Figure 3.1). This includes activities through a number of mechanisms including the EU Presidencies, Commission Delegations, the Think Tank and Civil Society Forum, Commission engagement with other international organisations, national AIDS coordinators, Commission involvement in the Northern Dimension Partnership in Public Health and Social Well-being, Commission cooperation with the private sector and various mechanisms for cooperation between the Commission, neighbouring countries and the Russian Federation.

Figure 3.1: Framework for monitoring the HIV Communication and Action Plan: Non-financial inputs



3.1 EU Presidencies

From the second half of 2009 to 2011, EU Presidencies were held by Sweden, Spain, Belgium, Hungary and Poland. These Presidencies gave high priority to health issues,²⁰ with Sweden and Spain specifically including an event focused on HIV (see Figure 3.2). Two major conferences were organised during this period, one on HIV testing and care in 2009 under the auspices of the Swedish Presidency and one on HIV and vulnerability under the Spanish Presidency in 2010 (see Box 3.1).

²⁰ Hungary, which assumed the Presidency in January 2011, identified a stronger Europe; growth, jobs and social inclusion, and global engagement as its priorities.

Box 3.1: Major HIV-related conferences organised under EU Presidencies

Under the auspices of the Swedish Presidency, the HIV in Europe Initiative organised a conference entitled 'Working Together for Optimal Testing and Earlier Care' in Stockholm in November 2009. The conference, which was attended by more than 100 policy makers, health professionals and civil society representatives from 25 countries, addressed issues including late presentation and barriers to the uptake of HIV testing, HIV-related stigma and the criminalisation of HIV transmission. The aim was to increase awareness among the public and policy makers of public health implications resulting from late presentation for care. The conference was also designed to provide an opportunity to share best practices on optimal testing and early care and develop creative solutions to improve early diagnosis and care. Important outcomes of the conference included significant progress towards a consensus on defining late presentation and a list of indicator diseases for HIV – the latter is important since many late presenters may have already been in contact with health services but not had their HIV status diagnosed. There was also a discussion of innovative ways in which to estimate the size of the infected-but-not-yet-diagnosed population in order to develop clear guidance for countries.

Coinciding with the European Year for Combating Poverty and Social Exclusion, the Spanish Presidency identified HIV and health inequalities as a major priority and organised a conference entitled 'Vulnerability and HIV in Europe' in Madrid in April 2010. The conference was organised by the National AIDS Strategy Secretariat of Spain's Directorate-General for Public Health and Foreign Health Affairs. It brought together representatives of organisations and networks from around the EU to share experiences and discuss inequalities, vulnerability to HIV and effective interventions and policies. It focused on key populations at higher risk such as men who have sex with men, people who use drugs, and migrants. The conference concluded that it was important to better address the needs of key populations, to offer comprehensive responses that incorporate social as well as biomedical approaches, and to improve second generation surveillance, early diagnosis of HIV, and HIV prevention. The conference was an important step towards greater EU cooperation and collaboration on programmes to reduce inequalities and factors that increase HIV vulnerability. Moreover, it also called for further action to enhance political leadership, commitment, and coordination of Member States to address the needs of most-at-risk populations through policies, legislative changes and support for sustainable and mainstreamed programmes.

Figure 3.2: Health priorities and HIV activities of EU Presidencies 2009–2011

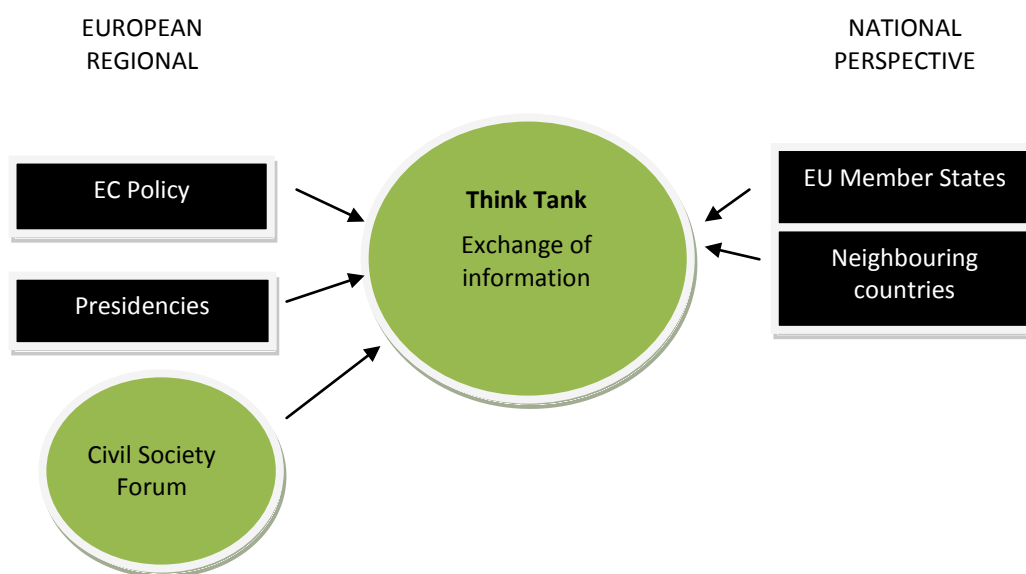
	2009	2010	2011		
	Sweden	Spain	Belgium	Hungary	Poland
Health priorities	<ul style="list-style-type: none"> • Ageing • Antibiotic resistance • Alcohol • Communicable disease • E-health 	<ul style="list-style-type: none"> • Public Health • Blood Directive • Tobacco 	<ul style="list-style-type: none"> • Health inequality • Chronic disease • Cancer • Social factors of health • Health professionals 	<ul style="list-style-type: none"> • See footnote 20 	<ul style="list-style-type: none"> • Nutrition • Physical activity • Childhood respiratory diseases • Childhood communicable diseases • Alzheimers disease
Activities	<ul style="list-style-type: none"> • HIV in Europe (not an official Presidency meeting) 	<ul style="list-style-type: none"> • HIV and vulnerability conference 			

3.2 EU Think Tank

The EU's Think Tank on HIV/AIDS, which meets twice a year, was established following the Dublin Conference in 2004. The main purpose of establishing the Think Tank was to support the Commission in developing the first Communication and Action Plan 2006–2009. The Think Tank includes representatives from Member States, EEA and Candidate Countries. Relevant international and regional organisations and pan-European NGOs represented on the EU Civil Society Forum (CSF) are also invited to meetings.

The Think Tank is a forum for exchange of information and coordination of the response to HIV and AIDS in the EU and neighbouring countries and serves as a venue for informal consultation between the Commission, Member States, EEA/EFTA, Candidate Countries and neighbouring countries. Figure 3.3 illustrates how the Think Tank, and the CSF, bring together national and regional perspectives and facilitate exchange on European-wide policy and action and national responses.

Figure 3.3: Consultation, exchange of information and policy dialogue through the EU's HIV/AIDS Think Tank



An analysis of the topics covered at Think Tank meetings shows the diversity of issues and range of policy areas addressed. The May 2010 meeting discussed a rights-based approach to HIV in Europe; Global Fund replenishment and the impact of the economic crisis; HIV prevention in MSM and progress in monitoring the Dublin Declaration. The October 2010 meeting covered HIV in prisons; harm reduction among drug users in Spain; the HIV situation in the Russian Federation and WHO plans for improving the effectiveness of HIV prevention through quality assurance and quality improvement practices. The June 2011 meeting discussed NGO funding and the potential impact of the economic crisis on access to treatment, particularly in neighbouring countries; criminalisation of HIV transmission; prison health; updates on research initiatives and new guidelines, and discussion of possible joint action on HIV prevention.

Questionnaire respondents report that the Think Tank plays an important role in defining priorities for the HIV response in the EU and neighbouring countries. It also provides an important forum for countries to discuss policy and technical issues, exchange information and experience and ensure that national responses are in line with the rest of Europe. Several respondents highlighted the value of the Think Tank in sharing ideas and experience on HIV prevention policies and programmes.

'The Think Tank is a solid platform to discuss successful approaches to prevention, service delivery for people living with HIV, and monitoring and evaluation' – Think Tank member, Russian Federation.

'Meetings have discussed topics including risk groups, health systems strategies, universal access and improving HIV prevention' – Think Tank member, Moldova.

'Regular updates on international and national developments and projects are an important component of Think Tank meetings... The resulting networking and exchange of policy and practice is a source of inspiration at national level' – Think Tank member, the Netherlands.

To encourage a more intensive exchange of views on certain issues, the Commission has created a 'country representative' forum as part of the Think Tank agenda. This enables country representatives to meet without agency or CSF representatives. At the last session the focus was on HIV testing issues.

The Think Tank facilitates dialogue and the flow of information between the Commission, Member States and neighbouring countries. For example, Think Tank members were consulted by the Commission to determine the effects of the current international financial crisis on national HIV responses (see Box 3.2). The Think Tank also enables country representatives to give feedback on Commission policies and strategies and provides the Commission with an opportunity to draw attention to emerging issues (e.g. migrants and prisons).

'The Think Tank is also useful for exchanging views on how to implement national policies. Meetings enable countries to share their perspectives and experience on a variety of medical, technical, scientific and legal issues' – European Commission

In addition, the Think Tank provides a forum for EU Presidencies to consult with country experts and seek information and advice.

Through the Civil Society Forum, the Think Tank allows the perspectives of civil society to be heard and promotes interaction between government and civil society representatives. The Think Tank has promoted the prioritisation of HIV-related issues in EU policies, legislation and agreements. It has also added value to the policy development process at country level by facilitating dialogue between national authorities, civil society and international agencies.

Box 3.2: Commission questionnaire to Think Tank members on how the financial crisis is affecting national responses to HIV

At the December 2011 Civil Society Forum and Think Tank meetings, the Commission reported on a questionnaire completed by Think Tank members on the effects of the global financial crisis on national HIV responses. The questionnaire consisted of eight questions and responses were provided on an anonymous basis. A total of nine countries responded to the questionnaire.

Seven countries confirmed that the financial crisis had had an effect on the national HIV response while two reported that it had not. Those countries affected reported that they had had to prioritise key services. In specific countries, there had been:

- Limitations on HIV testing
- A reduction in the HIV prevention budget
- Reduced HIV funding to NGOs
- Postponement of plans to reach other key populations.

Seven countries reported that there had been no change in the number of personnel working in HIV response, however two countries reported that there had been reductions. These included not replacing retiring staff and loss of NGO personnel as a result of reduced funding. Reduction in staff also involved limitations being placed on some services, e.g. a decrease in the number of public information campaigns and less staff training in one country.

Four countries reported that budget cuts had had an effect on people living with HIV, including reductions in hospital budgeting and staffing levels; less availability of non-medical care for people living with HIV; and increasing difficulty for people living with HIV to afford out-of-pocket payments. One country reported that 15% of people living with HIV had given up care for financial reasons including worsening social environment, lack of health insurance and rising health costs.

Only two countries reported that the social environment for people living with HIV had changed as result of the financial crisis and one of these reported that it had changed for the better. The country that reported a worsening social environment considered that this was largely due to rising unemployment. Only one country reported that the legal environment had changed with regard to illegal immigrants. However, this change was not necessarily considered to be related to the financial crisis. Eight countries reported that there had been no other policy effects and no impact on cooperation with other countries. One country reported that it was more difficult to attend international meetings.

Countries identified a number of steps to be taken to address the impact on national HIV responses resulting from the financial crisis. These included:

- Legislative changes
- Increasing budgets and rebuilding activities
- Increasing collaboration among partners
- Greater harmonisation of activities
- Establishing a governmental body for HIV
- Auditing all projects
- Adopting a state target programme
- Defining the responsibilities of partners within the national HIV response.

3.3 EU Civil Society Forum

The Communication highlights the important role of civil society and of people living with HIV in combating HIV and AIDS and keeping the issue on the political agenda. The Civil Society Forum (CSF) was established by the Commission in 2005 to ensure civil society involvement in HIV policy development and in a coordinated response. The CSF, which meets twice a year, serves as the interface between European civil society, the Commission and the Think Tank, and plays a critical role in facilitating direct dialogue between civil society and policymakers.

The CSF provided substantial input to the Commission's Communication and Action Plan, helping to ensure that the final documents reflected the concerns of civil society. The CSF has used the Communication and Action Plan as a framework for meetings and for regional and national advocacy. Meetings and follow-up action have focused on issues such as HIV prevention, treatment and care for people who inject drugs, men who have sex with men and prisoners, testing guidelines, drugs policies, human rights (see Box 3.3) discrimination in the workplace (see Box 3.4), and funding for NGOs in Eastern Europe.

Box 3.3 EU Agency for Fundamental Rights questionnaire

In 2010, the CSF supported the EU Agency for Fundamental Rights (FRA) with the distribution and follow-up of a human rights questionnaire among CSF members. The Agency used the outcomes to prepare a fact sheet on a rights-based approach to HIV in the European Union for the 2010 International AIDS Conference. This represented a follow-up to the European Parliament Resolution dated 6 July 2010, which called on the Commission and the Council to engage the FRA to gather further evidence on the human rights situation of people living with HIV/AIDS and other key populations in Europe.

The CSF is an important venue for sharing information and good practice, stimulating discussion, and developing recommendations and advice, both to improve the quality and impact of civil society programmes and to generate action at European and country level. In addition, it acts as a vital channel for information flow between the Commission and national civil society, and in disseminating information and material to CSF members.

'It has great added value because you can exchange and learn and take back to your country what works in other countries' – CSF member, Portugal.

'...although the epidemic among IDU in the UK is small, we have learned a great deal about this from others which proved relevant in policy debates in the UK...' – CSF member, UK

'I see the CSF as a very good source of information... I also share all the information in Finland at meetings and networks' – CSF member, Finland.

'We were able to contribute to CSF meetings with presentations on Germany's MSM prevention efforts and this was a great opportunity to get feedback from CSF members and to discuss approaches to the MSM community all over Europe' – CSF member, Germany.

Box 3.4: ILO Recommendation

In 2010, the CSF communicated the ILO Recommendation concerning HIV and AIDS and the world of work (No. 200) to its members, with suggestions of action they could take at country level to improve the situation for people with HIV in employment. Members were asked to report back to the CSF about actions and results and feedback will be compiled and shared with ILO in 2011.

The CSF is able to articulate the concerns of European civil society organisations at international and regional level. For example, at the Vienna Conference in 2010, the CSF co-chair was one of the keynote speakers at a Commission-supported satellite meeting on effective policies and measures in Europe to address key populations. The speech elaborated on how current legislation across the European region supports an effective and rights-based response to the epidemic, drawing on the Communication and Action Plan, the ECDC Dublin Declaration report and the EU Charter of Fundamental Rights.

The CSF also provides a forum for civil society to influence the policies and programmes of the Commission and international agencies, such as WHO and UNAIDS, and to reinforce the importance of civil society's contribution to the HIV response at international, regional and national level.

'The CSF gives a voice and provides a coordination platform for European civil society, strengthening advocacy action and democratising decision-making at the European level' – Think Tank member, Spain.

The CSF provides input to the regional plans of international agencies such as UNAIDS and WHO and participates in international and regional advisory bodies. For example, the CSF co-chairs participate in the advisory groups convened by ECDC on HIV testing, infection control among IDU, and the monitoring of the Dublin Declaration. They also worked with ECDC on the development of a civil society questionnaire to monitor the Commission Communication and Action Plan.

The CSF also plays an important role in advising EU Presidencies, the Commission and the Think Tank. For instance, it provided input for the Belgian EU Presidency representative's speech to the Vienna Conference in 2010. A further example, at the October 2010 meeting of the Think Tank, saw CSF reporting on input received from Russian civil society. The CSF has also developed position papers, on drug policy for example, which are shared with the Think

Tank. The drug policy position paper²¹ was also disseminated prior to the High Level Meeting on HIV/AIDS in June 2011 to support national debates on harm reduction policy.

'In my opinion, the CSF has seized the opportunity to participate in implementing and evaluating the response to HIV in the EU and neighbouring countries very well. It is very valuable that there is representation from all regions, that CSF representatives speak with one voice and issues discussed are presented at the Think Tank' – Think Tank member, Poland.

'The CSF has actively contributed to the meetings of the Think Tank' – Think Tank member, Netherlands.

'The CSF is very useful. It provides European civil society with its own platform and has created a strong network of European civil society organisations that goes beyond EU Member States to include Albania, Bosnia Herzegovina, Morocco and the Russian Federation. The CSF has also empowered civil society organisations to be involved in policy implementation and the meetings allow organisations to hear about new ideas and more effective ways of working.' – European Commission.

Box 3.5: Evaluation of CSF meetings

The CSF has evaluated the outcomes of meetings in October 2010 and June 2011.

Key findings from the October 2010 meeting were:

- Meeting organisation by the CSF coordination team and networking opportunities were rated 'very good' by the majority of the respondents (both 57%).
- Exchange of information on actions between the meetings was rated 'good' or 'very good' by a large majority of respondents (86%).
- All CSF members share information from the CSF with their colleagues often (32%) or always (68%). Many CSF members also share the information with others at the national or regional level (often: 52%, always: 33%).

Key findings from the June 2011 meeting were:

- Overall the meeting was rated 'good to very good' by the majority of respondents (90%).
- Exchange of information on actions between the meetings was rated 'good' or 'very good' by over two-thirds of respondents (68%).
- 95% indicated that the information is useful for their organisation.
- 62% of CSF members always share the information from the CSF with their colleagues and 32% share it often. Many CSF members also share the information with others at the national or regional level (often: 27%, always: 45%).

3.4 International organisations

In line with the Communication and Action Plan the Commission engages with international organisations to promote HIV/AIDS as a public health and social concern and to keep the issue on the political agenda.

Policy dialogue takes place through the EU Think Tank and the Civil Society Forum, to which UNAIDS, WHO, UNICEF, IOM, UNODC and UNDP are invited. This facilitates debate between EU Member States, neighbouring countries, civil society and international agencies.

The Commission and ECDC have worked closely with UNAIDS to monitor commitments to the 2001 UN General Assembly Special Session on HIV/AIDS (UNGASS) Declaration and the Dublin Declaration reporting in 2010.

The Commission and UNAIDS share strategic information and collaborate on planning and implementing activities. Examples include World AIDS Day activities in 2009 and 2010, planning for the 2010 International AIDS Conference in Vienna (including joint satellite sessions which focused on access to treatment and key populations), and planning for the 2011 European Conference on HIV/AIDS in Tallinn.

The Commission contributed to the new WHO European Action Plan for HIV/AIDS 2012–2015 and the European Health Programme is funding a WHO project to scale up access to harm reduction, treatment and care for injecting drug users in the European region. This project covers improved access to and quality of harm reduction, HIV treatment, hepatitis C and integrated HIV and TB services, and the promotion of policy development and training.

²¹ Putting health and human rights first: EU HIV/AIDS Civil Society Forum statement on the future drug policies in the EU and beyond, 2011.

There has been a close collaborative working relationship between the Commission and UNODC through support to the same projects and to the 'Drug prevention and information' programme'.²²

The Commission also collaborates with non-UN international organisations. For example, the European Health Programme's SAFE project is working with the International Planned Parenthood Federation on reproductive rights.

3.5 National AIDS Coordinators

The Commission's Action Plan proposes regular meetings of national AIDS coordinators to share best practices and contribute to policy coherence. The last meeting of national AIDS coordinators took place in Lisbon in October 2007 and was organised under the auspices of the Portuguese EU Presidency. It may be that no further meetings have taken place because other forums, such as the Think Tank, provide sufficient opportunity for dialogue.

3.6 Northern Dimension Partnership in Public Health and Social Well-being

The Northern Dimension Partnership in Public Health and Social Well-being (NDPHS)²³ is a partnership involving the Commission, 11 countries (Canada, Estonia, Finland, Germany, Iceland, Latvia, Lithuania, Norway, Poland, Russian Federation, Sweden), and eight international organisations (Barents Euro-Arctic Council, Baltic Sea States Sub-Regional Cooperation, Council of the Baltic Sea States, ILO, IOM, Nordic Council of Ministers, UNAIDS and WHO). It aims to promote health and social well-being in Northern Europe by enhancing cooperation, coordination and capacity building.

Reducing the spread of major communicable diseases (including HIV, STI and TB) and preventing non-communicable diseases is one of the NDPHS' two priorities. The NDPHS promotes policy dialogue through annual partnership conferences, and meetings of the Committee of Senior Representatives (CSR), expert groups and task groups. The Commission (Directorate-General for Health and Consumers, Directorate-General for Regional Policy and Directorate-General for External Relations) participates in CSR meetings, which are held twice a year, and hosted the CSR meeting in October 2011. CSR meetings include updates from the Chair of the NDPHS HIV/AIDS and Associated Infections Expert Group.

The HIV/AIDS and Associated Infections Expert Group, which comprises experts from national ministries and agencies, NGOs and the research community, focuses on surveillance, policy development and awareness-raising, as well as prevention and treatment. Its activities include evaluation of the epidemiological situation and national AIDS policies in partner countries, promoting initiatives to prevent HIV and enhancing expert collaboration. The Expert Group was actively involved in organising the European AIDS conference 'HIV in the European Region – Unity and Diversity' in Tallinn in 2011. This included organising sessions on HIV and TB co-infection and on regional collaboration, giving presentations and preparing the concluding note. Members of the Expert Group have also been actively involved in the EMIS MSM survey (see Box 4.4) and are also involved in implementation of the TUBIDU project (see Box 4.3).

The Expert Group has supported a joint Norwegian-Russian research project on the governance of HIV prevention in north-west Russia, to improve prevention strategies, and is collaborating with the Barents HIV/AIDS Programme Steering Committee, which implements projects in the Barents Sea Region, covering the Murmansk Region, the Archangelsk Region, Karelia and Komi. It has also supported a range of projects to promote improved services in the Russian Federation, including provision of low threshold services for people who use drugs in the Leningrad Region; collaboration between TB services in the civil and penitentiary systems and AIDS centres to improve prevention and management of co-infection in the Murmansk Region, and training for municipal authorities on the prevention of drug use and rehabilitation of drug users, also in the Murmansk Region. EU financing has recently been secured for a new collaborative project to strengthen HIV and TB prevention and care for people who inject drugs in the Kaliningrad Oblast of the Russian Federation (see Box 3.6). The Expert Group is also involved in the H-CUBE project, which is studying hepatitis B, hepatitis C and HIV in ten countries. A review of best practices in integration of social and health care services for people with HIV will commence in 2012 with financing from the EU Directorate-General for Regional Policy (DG REGIO).

²² Decision [1150/2007/EC](#) of the European Parliament and of the Council of 25 September establishing for the period 2007–2013 the specific programme 'Drug prevention and information' as part of the General Programme 'Fundamental Rights and Justice'.

²³ See www.ndphs.org

Box 3.6: Developing services to contain the spread of HIV and TB among people who inject drugs in Kaliningrad

Led by the Kaliningrad NGO YLA, in partnership with Monar Association (Poland), Deutsche AIDS-Hilfe (Germany), Ministry of Health of Kaliningrad Oblast, Information Office of the Nordic Council of Ministers in Kaliningrad, National AIDS Centre (Poland) and the Centre for Communicable Diseases and AIDS (Lithuania), this project is financed by the EU programme 'Non-state actors and local authorities in development' for the Baltic Sea Region. The objective is to contribute to preventing the spread of HIV and TB in Kaliningrad Oblast. Specifically, the project will improve provision of services for drug users by promoting cooperation between government medical and social services and NGOs and strengthening the partnership between health officials and NGO activists in Kaliningrad and their counterparts from Germany, Poland and Lithuania. The project will develop services to prevent the spread of HIV and TB among people who inject drugs, including the establishment of low-threshold service points and the improvement of drug treatment.

3.7 Commission Delegations and Cooperation Agreements

The Cooperation Council of the European Commission adopted the EU-Ukraine Association Agenda in November 2009.²⁴ This Agenda replaces the Partnership and Cooperation Agreement which had been in place since 1998, and the related EU/Ukraine Action Plan. In the public health section of the agenda, the parties agree to cooperate in 'preventing and controlling communicable diseases, in particular HIV/AIDS, tuberculosis, sexually transmitted infections, and hepatitis C and B.' The agenda also gives Ukraine the ability to participate 'in EU public health related networks and working parties, such as the annual network meeting on health information and the HIV/AIDS Think Tank.' In May 2011, the Joint Committee at Senior Official's Level of the EU-Ukraine Association Agenda agreed to a list of the EU-Ukraine Association Agenda priorities for 2011-12. The above-mentioned agreement to cooperate on prevention and control of communicable diseases is one of the 90 priorities identified in the list.

The EU and the Republic of Moldova currently have a Partnership and Cooperation Agreement in place. This Agreement is supplemented by the joint EU-Moldova ENP Action Plan.²⁵ The Action Plan makes specific reference to Moldova's 'participation in dedicated surveillance networks, in particular those collecting data and information on HIV/AIDS, sexually transmitted infections, and hepatitis C and B.' It also refers to the need to 'improve the primary health care system and the prevention of diseases, such as the HIV/AIDS epidemic, notably in rural and deprived communities and within vulnerable groups.' The EU and Moldova are in negotiations to replace the existing Partnership and Cooperation Agreement with an EU-Moldova Association Agreement. The seventh negotiating round for this Agreement took place in July 2011.

The EU and the Russian Federation have had a Partnership and Cooperation Agreement in place since 1994. A replacement EU-Russia Agreement has been in negotiation since July 2008. At the St. Petersburg summit in May 2003, the EU and Russia agreed to strengthen their cooperation by creating four 'common spaces' within the framework of the Partnership and Cooperation Agreement. In the public health section of the 2010 progress report *EU-Russia Common Economic Space* it was reported that 'the Russian Ministry of Health and Social Development showed an interest in collaborating on communicable diseases (inter alia pandemic influenza, HIV/AIDS), health determinants (alcohol, nutrition, and tobacco), rare diseases and pharmaceuticals.'

Belarus has no Cooperation Agreement with the EU at present but has participated in Think Tank meetings (see below).

3.8 Meetings and exchange programmes

Representatives from Belarus, Moldova, the Russian Federation and Ukraine have standing invitations to participate in Think Tank meetings. Non-governmental organisations and networks from these countries are invited to participate in the Civil Society Forum. As noted above, these meetings facilitate information sharing and exchange of experience on the response to HIV.

3.9 High Level Conference on HIV/AIDS and Human Rights

This event is planned to take place in the autumn of 2012.

²⁴ See http://www.eeas.europa.eu/ukraine/docs/2010_eu_ukraine_association_agenda_en.pdf

²⁵ See http://ec.europa.eu/world/enp/pdf/action_plans/moldova_enp_ap_final_en.pdf

3.10 Cooperation with the private sector

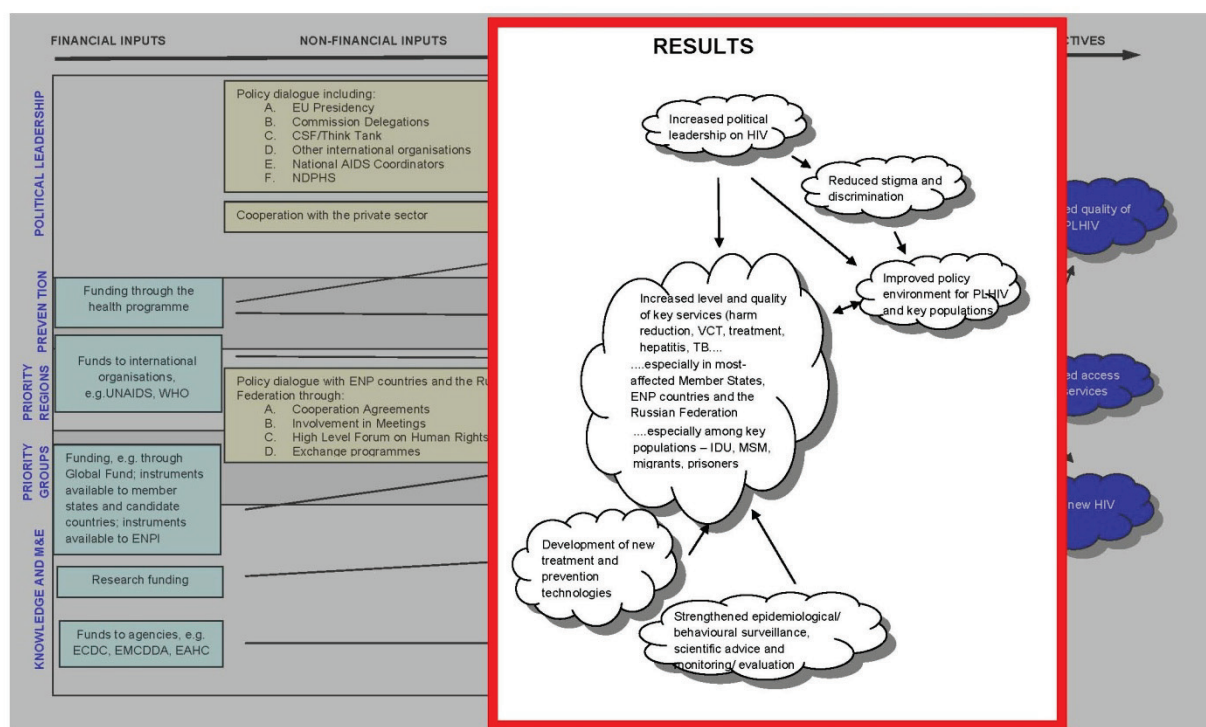
The primary mechanism included the Communication on the Commission's cooperation with the private sector centres on the development of new and improved prevention technologies and treatments for HIV and associated infections (see Section 4.3 of this report). Much of the research funded through the Research Framework Programmes involves close collaboration with the private sector.

The Commission has also had regular contact and discussions with Gilead Sciences, Inc., the multinational, biopharmaceutical company, as well as with EFPIA (European Federation of Pharmaceutical Industries and Associations) and FIPRA (Finsbury International Policy & Regulatory Advisers). The focus of this dialogue has included topics ranging from the pricing of antiretroviral drugs to HIV testing.

4 Effects

This section focuses on the effects of the various inputs available for implementation of the Communication and Action Plan (highlighted by a red box in Figure 4.1). It considers their effects in areas such as political leadership; HIV services; treatment and prevention approaches and technologies; surveillance; monitoring and evaluation and evidence, scientific advice and dissemination of learning.

Figure 4.1: Framework for monitoring the HIV Communication and Action Plan: effects of inputs



4.1 Political leadership

The Communication clearly states that political leadership is an important asset the European Union can provide in the fight against HIV/AIDS. The Communication also specifically cites the ongoing problem of HIV-related stigma and discrimination in the European Union and neighbouring countries and its impact on the marginalised populations who are most vulnerable and most affected by the epidemic. Most importantly, it recognises the need for political leadership to ensure that the health and rights of these populations are promoted.

Political leadership has the ability to shape the HIV response in a number of different ways and settings. This includes the impact of actions taken by EU Presidencies – although no respondents identified a specific effect from an EU Presidency, despite the fact that the Spanish Presidency included a major focus on HIV. It also includes the outcomes of action taken by the Think Tank and the Civil Society Forum and the results of activities funded by the European Health Programme.

Respondents' views on the effects of the Think Tank on political leadership were varied. A number of countries expressed positive views. For example, the response from the Moldova representative suggested that Think Tank action has contributed to HIV being a top public health priority in the country and a permanent topic on the political agenda. The Bulgarian response also suggested that the actions of the Think Tank have kept HIV on the political agenda, while the Slovak Republic indicated that these actions had helped to 'improve' political leadership in the country. Ukraine felt the actions had helped the country to develop a sustainable state response to HIV, including legislative changes and decision-making based on European initiatives and evidence based practices. However, two countries suggested that there had been little impact at national level.

Members of the Civil Society Forum were also asked about the effects of the Think Tank's actions on political leadership. Although only one civil society representative answered this question, the response was positive:

'We believe that the continued participation of the Portuguese national AIDS coordinator in the Think Tank meetings has contributed to increased political leadership and better national HIV policy development, actively involving civil society and influenced by the best practices from around Europe, as well as by the EC Communication and Action Plan' – CSF member, Portugal.

Similarly, there were diverse views about the effects of action taken by the Civil Society Forum on political leadership, with some respondents suggesting that it has helped to keep HIV on the political agenda in Europe, whereas others suggested that there had been no effects. The CSF representative from Ukraine noted that an advocacy campaign launched as the result of its participation in the CSF was so successful that the Ukrainian President had requested 100% state funding for the programme in 2011 and 2012. The representative from Austria reported that documents published by the European Commission or the CSF helped to secure further commitment from the various stakeholders and provide guidelines and a useful basis for future work.

According to the Commission's Executive Agency for Health and Consumers (EAHC), financial support from the European Health Programme to four conferences resulted in stronger leadership on HIV (see Box 4.1).

Box 4.1: Support for conferences strengthens leadership

- The International Harm Reduction Association (IHRA)'s 21st International Conference in 2010 provided an opportunity to raise awareness, exchange knowledge, improve advocacy, and increase support and capacity for harm reduction in Europe.
- The XVIII International AIDS Conference in 2010 received targeted support – from EAHC via UNAIDS – to strengthen community action and mobilisation through civil society participation in the conference; operate the Global Village organisation; provide scholarships for participants from Eastern European Union countries and provide much-needed translation and interpretation to broaden the reach of the conference. In addition, four satellite sessions were held to improve knowledge sharing and coordination as part of the European response to HIV.
- The European AIDS Conference 2011 *HIV in Europe – Unity and Diversity* held in Tallinn, Estonia represented an opportunity for capacity-building to enable public health experts to lead the response. The conference had a special focus on vulnerable groups and health systems, particularly in the Baltic region and ENP countries, where HIV is having the most serious impact.
- The Future of European Prevention among MSM (FEMP 2011). This regional conference was an opportunity to focus discussion and action planning on a population that is central to the HIV response in Europe.

In the Communication, the Commission expressly highlights support for monitoring the implementation of international commitments at country and European level, and for international organisations such as UNAIDS in their work to mobilise political leadership in Eastern Europe. According to UNAIDS, its engagement with the Commission has had two major effects linked to political leadership. Firstly, it has helped maintain the visibility of HIV as an issue in Europe. Secondly, it has kept HIV on the political agenda. More specifically, UNAIDS cites a diverse range of effects from its engagement with the Commission including:

- The participation of senior political leaders in the XVIII International AIDS Conference
- EU statements on World AIDS Days in 2009 and 2010
- Government support and participation in the regional HIV in Europe conference
- Inter-agency collaboration on the monitoring of the Dublin Declaration.

UNAIDS also identified a series of challenges related to political leadership, including fully mobilising political leadership in neighbouring countries, particularly for harm reduction programmes in the Russian Federation, and the limited participation of European leaders in the High Level Meeting on AIDS in June 2011.

'...in the absence of leadership there is a strong risk for a rebound of the epidemic in Europe, as indicated by increasing new infections among men who have sex with men, and a continuous growth in the number of people requiring lifelong sustained treatment, which in some Member States represents a substantive part of the health budget.' – UNAIDS.

4.2 HIV services

This section explores the extent to which the Communication and Action Plan has had positive effects on the provision of key services, such as harm reduction programmes, HIV testing and counselling, antiretroviral therapy and services for co-infections such as TB and hepatitis. It focuses on services in the most-affected Member States, neighbourhood countries and the Russian Federation. It also focuses on services in particular settings (e.g. prisons) and for key populations, including men who have sex with men, people who inject drugs, migrants and sex workers.

Support for key services

The Communication is very clear about the need for harm reduction programmes as part of an effective response to HIV. The Global Fund to Fight AIDS, Tuberculosis and Malaria has been very active in financing harm reduction programmes in Eastern Europe and Central Asia. As a major contributor to the Global Fund, the European Commission has made significant efforts to increase the availability of harm reduction services for people who inject drugs in the region (see Box 4.2). However, there are major concerns about the extent to which countries can sustain these services once Global Fund support ends. For example, there have been reports of an increase in new HIV infections among drug users in Romania in 2011.

Box 4.2: European Commission pro rata contribution to results achieved through Global Fund financing

Since the formation of the Global Fund, the European Commission has provided more than USD 1.2 billion in financing, accounting for 6.2% of the Fund's total resources. Based on a review of results in Grant Performance Reports from 18 countries within the region and allocating these results to Commission funds on a pro rata basis, it is estimated that the Commission has supported provision of:

- Harm reduction services for over 35 000 people who inject drugs
- Opioid substitution therapy for almost 800 people who inject drugs
- HIV prevention programmes for over 10 000 sex workers and their clients
- HIV prevention programmes for over 15 000 men who have sex with men
- HIV prevention programmes for over 25 000 prisoners
- Almost five million condoms
- HIV testing and counselling for almost two million people
- Antiretroviral therapy for over 6 000 people.

HIV testing and counselling services have been supported in a number of ways. For example, the Think Tank representative from Slovakia commented that the involvement of an NGO, Odysseus, in the Civil Society Forum had benefitted their HIV testing and counselling services for people at risk of HIV infection. The European Health Programme has been supporting a project (HIV-COBATEST) focused on community-based HIV testing practices in Europe. This project seeks to promote early HIV diagnosis in Europe by improving the implementation, monitoring and evaluation of community-based counselling and testing practices. Elements of the project include collecting data in many countries on the implementation of community-based HIV testing programmes. It will also explore the likely effect of new rapid, saliva-based HIV tests on community-based HIV testing.

In 2010, ECDC produced guidelines on HIV testing bringing together evidence of the individual and public health effects of HIV testing. Through its contribution to the Global Fund, the Commission has supported the provision of HIV testing to a large number of people (see Box 4.2).²⁶

Concern has been raised about the relatively low level of antiretroviral coverage in Eastern Europe. For example, in their report, UNAIDS commented that in 2009 only 19% of people in acute need had access to antiretroviral treatment in Eastern Europe. This places the region alongside North Africa as one of those with the lowest coverage globally, with only half of the coverage found in sub-Saharan Africa (37.4%) despite having much larger numbers of people in need.

It is therefore encouraging that the Commission has been able to make a significant contribution to scaling up antiretroviral therapy in Eastern Europe through its contribution to the Global Fund (see Box 4.2). Nevertheless, there are still serious concerns about the extent to which some countries will be able to sustain antiretroviral therapy when Global Fund support comes to an end.

ECDC has also been implementing a project to explore new ways in which treatment is being used. This project is reviewing published scientific literature in order to inform prevention decision-making in the region.

Meanwhile, the European Health Programme has been supporting a number of projects tackling co-infections, such as TB and hepatitis (see Box 4.3).

²⁶ A very large proportion of those tested are in the Russian Federation. This number includes testing among key populations and the general population, whereas in other countries testing among key populations is reported separately from testing of the general population. Where countries report numbers tested among key populations separately, these numbers have been used.

Box 4.3: Examples of projects within the European Health Programme focused on co-infections

TUBIDU is a project to empower civil society and the public health system to fight the TB epidemic among vulnerable groups, including people who inject drugs. This involves efforts to engage harm reduction service providers and community-based organisations in responding to TB.

The Imp.Ac.T project seeks to improve access to HIV/TB testing for marginalised groups, such as problematic drug users, people who inject drugs and migrant drug users. Approaches include adopting innovative testing strategies, such as HIV and TB rapid testing in low threshold centres.

The European Health Programme is also establishing EU-HEP-SCREEN which will offer hepatitis B and C screening for migrants in the European Union.

Expansion of services in most-affected regions

Support for the Communication and Action Plan has had a strong focus on the expansion of services in regions and countries most-affected by HIV, such as Ukraine and Russia. Much of the support from the Global Fund in the region is focused on these two countries and this is seen in the results achieved (see Box 4.2). This is also reflected in the strategy and actions of other international organisations working with the Commission. For example, UNAIDS reports that its priorities and actions are focused on those regions identified as priority regions in the Communication and Action Plan. The UNAIDS Regional Support Team is based in Moscow and provides support to many countries in the region. The new WHO Europe strategy also has similar regional priorities. The agenda of the Civil Society Forum is also based on priorities within the Communication and Action Plan and therefore has placed specific emphasis on Eastern Europe, (Ukraine and Russia in particular). The European Health Programme also supports projects focused on those EU Member States most affected by HIV, such as the Baltic countries. For example, TUBIDU (see Box 4.3) addresses the TB epidemic among vulnerable groups in the Baltic and the European Union countries in the east of Europe.

Expansion of services for key populations

Support for the Communication and Action Plan has had a strong focus on expanding services for those populations most-affected by HIV.

Through the Global Fund, the Commission has financed the expansion of services for **men who have sex with men (MSM)** (see Box 4.2). In addition, the European Health Programme has supported a number of projects with particular emphasis on MSM. These include important international conferences (e.g. FEMP²⁷), major surveys (e.g. EMIS²⁸) and initiatives which aim to link surveillance and targeted prevention (e.g. SIALON II²⁹) (see Box 4.4).

ECDC has also focused on action to improve prevention of HIV and STI among MSM. These include a 2009 study on the effectiveness of behavioural and psychosocial HIV/STI prevention activities for MSM in Europe³⁰ and a special issue of Eurosurveillance devoted to the issue of HIV and STI among MSM.³¹

Other activities supported by ECDC include:

- A seminar in the European Parliament to raise awareness about the high rates of HIV and STI among MSM in Europe.
- An ongoing project to assess the effectiveness of prevention interventions targeting MSM.
- Work to formulate a strategy for promoting sexual health in the context of disease prevention among MSM in Europe.
- Partnership with EMIS (see Box 4.4) to conduct regional analysis of the data collected.
- Contributing to scientific presentations at the FEMP Conference in November 2011 (see Box 4.4)

²⁷ See www.femp2011.eu

²⁸ See www.emis-project.eu

²⁹ See www.sialon.eu

³⁰ Effectiveness of behavioural and psychosocial HIV/STI prevention interventions for MSM in Europe. Technical report. Revised edition, December 2009. ECDC, Stockholm.

³¹ HIV/AIDS and other STI in men who have sex with men – A continuous challenge for public health. Eurosurveillance Special Edition, Volume 14, Issue 47, December 2009. ECDC, Stockholm.

Box 4.4: Examples of projects within the European Health Programme focused on MSM

'The Future of European Prevention among MSM' (FEMP) conference in Stockholm in November 2011.

The European MSM Internet Survey (EMIS) was conducted among MSM across Europe and attracted over 180 000 respondents from 38 countries.

SIALON II focuses on building the capacity of NGOs and public health institutions to conduct local surveillance activities among MSM and to use the data gathered to develop appropriate HIV prevention activities for MSM.

The Civil Society Forum was reported to have been influential in strengthening the European MSM network, which in turn was considered to have made an impact on addressing the prevention needs of MSM communities across Europe. In addition, the CSF's agenda is based on the Communication and Action Plan and has therefore had a strong focus on most-affected populations, including MSM. Box 4.5 provides an example of the development of new NGO services in Portugal based on priorities expressed in the Communication.

Through the Global Fund, the Commission has financed the expansion of services for people who inject drugs (see Box 4.2). In addition, the European Health Programme has supported a number of projects focused on **people who inject drugs**, including TUBIDU and Imp.Ac.T (see Box 4.3). The Commission's Directorate General for Justice is also funding a number of projects through the European Health Programme and EAHC related to drugs and HIV. These include support for a project entitled 'Connections' launched in 2007 and coordinated by the European Institute of Social Services (EISS) of the University of Kent. The project aims to integrate responses to drugs and infections across the European criminal justice systems. It focuses on the potential for partnerships within the criminal justice systems of the EU Member States to develop responses to drugs and related-infections, particularly HIV/AIDS and hepatitis. The project will facilitate the introduction and promotion of more effective, comprehensive, evidence-based policies and services at national and European level to respond to drugs and infections in prisons and within the wider context of the criminal justice system.

Box 4.5: New and innovative services developed in Portugal reflecting the Communication's emphasis on key vulnerable populations, including MSM

'In light of the Communication's emphasis on key vulnerable populations and following similar initiatives in various European countries in 2010, GAT opened the first peer-to-peer VCT centre in Portugal (CheckpointLX), specifically targeting the MSM population in Lisbon. To implement this innovative approach in Portugal, advocacy was necessary to adopt changes to national law in order to allow for community-based HIV testing. Due to the success of the MSM initiative, similar VCT centres are now being programmed, directed specifically at IDUs, CSWs and migrants, according to the latest testing guidelines from ECDC, WHO Europe and EMCDDA.'

Through the Global Fund, the Commission has financed the expansion of HIV-related services in **prisons** (see Box 4.2). In addition, the European Health Programme is supporting a project (HPYP) to promote the health of young prisoners by sharing a health promotion toolkit across EU Member States. The toolkit covers issues relating to infectious diseases, sexual health, drug use and mental health. The Think Tank has had discussions related to HIV testing policy in prisons. The CSF's agenda has also had a strong focus on prisoners.

The European Health Programme is supporting a number of projects focused on the health of **migrants and ethnic minorities**. These include EU-HEP-SCREEN, coordinated by the Erasmus University Medical Center in Rotterdam, which aims to assess, describe and communicate to public health professionals the tools and conditions necessary to implementing successful and cost effective screening programmes for hepatitis B and C among migrants in the European Union. Another project, SRAP, focuses on preventing addiction among Roma and Sinti communities. The Think Tank has also had discussions relating to the health of migrants in Europe.

ECDC has also done significant work in the area of migrant health including the production of a series of five reports covering the epidemiology of HIV and AIDS;³² access to HIV prevention, treatment and care³³ and HIV

³² Migrant health: Epidemiology of HIV and AIDS in migrant communities and ethnic minorities in EU/EEA countries. Technical report. March 2010. ECDC, Stockholm.

³³ Migrant health: Access to HIV prevention, treatment and care for migrant populations in EU/EEA countries. Technical report. July 2009. ECDC, Stockholm.

testing and counselling³⁴ in migrants; issues relating to infectious diseases, including HIV and migrants;³⁵ and improving data comparability and definitions of migration used within the EU/EEA/EFTA.³⁶

Through the Global Fund, the Commission has financed the expansion of services for **sex workers** (see Box 4.2). In addition, the European Health Programme has supported a number of projects for sex workers, including Bordernet³⁷ which seeks to scale up HIV and STI prevention, diagnosis and treatment across sectors and borders in Central, Eastern and South-Eastern Europe. The project focuses on a number of key populations affected by HIV, including sex workers.

4.3 New treatment and prevention technologies

The Communication states that the Commission encourages long-term public and private investment into research for the development of new and improved prevention technologies and treatments for HIV and associated infections. As discussed in Section 2, the Commission has provided funding for research on HIV and associated infections through its research framework and health programmes. Key findings concerning the effects of Commission-supported actions are summarised below.

Progress in developing new prevention technologies

Commission funding has supported innovative research on HIV prevention (see Box 4.6).

Box 4.6: HIV prevention research

EUOPRISE³⁸ promotes integrated research on HIV vaccines and microbicides and is exploring whether combined use of these two technologies can lead to more effective prevention. EUOPRISE partners have been involved in 31 clinical trials and have produced more than 200 peer-reviewed publications. The network has also played an important role in promoting a harmonised experimental approach and use of standardised reagents.

Progress in developing new treatments

Commission funding through the Sixth and Seventh Framework Programmes has also supported important research to develop novel HIV drugs and clinical trials of new treatment combinations (see Box 4.7).

Box 4.7: HIV treatment research

The THINC_project has taken forward the development of a new class of anti-HIV drug, building on research conducted by the TRIhO project under the Sixth Framework Programme. The consortium has worked in partnership with the pharmaceutical company Tibotec and has successfully negotiated with Pfizer in the UK for further development studies and clinical trials after project funding ends.

The NEAT network of excellence is implementing clinical trials for new treatment combinations. NEAT has recently commenced a randomised clinical trial that will enrol more than 800 patients in 15 European countries, a clinical trial of this magnitude is unprecedented in Europe.

Increased research capacity

Commission support has strengthened research capacity both in Europe and in developing countries affected by the HIV epidemic (see Box 4.8).

³⁴ Migrant health: HIV testing and counselling in migrant populations and ethnic minorities in EU/EEA/EFTA Member States. Technical report. August 2011. ECDC, Stockholm.

³⁵ Migrant health: Background note to the 'ECDC report on migration and infectious diseases in the EU'. Technical report. July 2009. ECDC, Stockholm.

³⁶ Improving HIV data comparability in migrant populations and ethnic minorities in EU/EEA/EFTA countries: findings from a literature review and expert panel. Technical report. August 2011. ECDC, Stockholm.

³⁷ See www.bordernet.eu

³⁸ For more information about this and other research projects referred to in this section see www.ec.europa.eu/research/health

Box 4.8: Building capacity for research

Under the Sixth Framework Programme additional funds have been committed to the European and Developing Countries Clinical Trials Partnership (EDCTP) to support coordination, capacity building and advanced clinical trials. Since 2003, the EDCTP has provided EUR 102 million to fund 24 clinical trials on HIV and AIDS.

The NEAT network (see Box 10) is also building capacity in order to conduct pan-European clinical trials.

The EUROPRISE network has established a pan-European PhD training programme with over 44 PhD students.

Improved coordination and collaboration

Commission support to a range of initiatives (see Box 4.9) has improved coordination of research in Europe and promoted increased collaboration between European and international researchers and between researchers and industry.

Box 4.9: Research coordination and collaboration

Under the Seventh Framework Programme, the ERA-NET HIVERA project is being funded to improve coordination and integration of national HIV research programmes and activities.

The NEAT network of excellence aims to promote European collaboration in HIV and AIDS clinical research. The network, coordinated by the Istituto Superiore di Sanita in Italy, involves 41 partners and has resulted in collaboration between European researchers on more than 21 clinical trials.

Other examples of research collaboration, described in more detail elsewhere in this report, include EuroSIDA, Eurocoord, the EUROPRISE network, which has established collaboration between European and US researchers and with industry partners such as Novartis and GSK, and the THINC project, which is being implemented by a consortium of 10 European partners and coordinated by Leuven University in Belgium.

4.4 Surveillance

The Commission has asked ECDC to provide data for a more accurate understanding of the HIV epidemic in Europe, including HIV incidence and prevalence, behavioural data, and undiagnosed HIV infections. This highlights the need for second generation and behavioural surveillance and social science research to be intensified to better understand the dynamics of the epidemic in Europe, in order to inform policy and programming. Key findings concerning the effects of Commission-supported action are summarised below.

Significant improvements in HIV-related epidemiological surveillance in Europe

ECDC has contributed to important progress in biological surveillance of the epidemic in Europe. Surveillance data on HIV and AIDS cases is collected annually and submitted by national HIV/AIDS surveillance contact points in the Member States to The European Surveillance system (TESSy). ECDC has helped to ensure that a harmonised surveillance system is in place across Europe and that almost all EU Member States, as well as several neighbouring countries, report epidemiological data. Responses indicate that the work of ECDC, in cooperation with Member States, has contributed to strengthening epidemiological surveillance and surveillance reporting.

ECDC has focused its efforts on supporting countries to improve surveillance systems through country visits, surveillance network meetings and support during surveillance uploading and reporting. This has improved the comprehensiveness and quality of surveillance. ECDC also coordinates the HIV/AIDS expert network. Annual meetings of national contact points from EU and EEA countries have promoted the sharing of experience and information as well as providing an opportunity to update experts on new developments in surveillance and monitoring and evaluation.

Box 4.10: Towards a more accurate picture of HIV prevalence and incidence in Europe

An ECDC project will offer a more accurate picture of HIV prevalence in Europe by providing a better estimate of the proportion of people living with HIV who are undiagnosed. The project has reviewed models used to estimate HIV prevalence in low-level epidemics and an adapted model is currently being piloted in four EU countries. A database for HIV prevalence studies is being developed for use by experts and researchers in Member States.

Another ECDC project will provide a more accurate picture of HIV incidence in Europe by developing a model to monitor recently acquired infections. The project will improve understanding of recent transmission through better estimation of the proportion of recently infected individuals among all new HIV diagnoses.

Collaboration between ECDC and WHO's Regional Office for Europe since January 2008 has resulted in effective coordination of HIV and AIDS surveillance in Europe. Coordination has also been strengthened through the HIV/AIDS expert network. ECDC has improved the dissemination of surveillance data, publishing the annual joint HIV and AIDS surveillance report and scientific articles presenting surveillance data in Eurosurveillance.

Initial improvements in behavioural surveillance

ECDC is supporting a major project to enhance behavioural surveillance in Europe. The project has published a report analysing HIV and STI-related behavioural surveillance programmes in European countries³⁹ and prepared a plan for implementing behavioural surveillance including a set of key indicators. Technical guidance and a toolkit⁴⁰ have been developed to support Member States in implementing behavioural surveillance and the approach is being piloted in two EU countries. While respondents welcome these developments, some suggested that there is still scope to strengthen second generation surveillance.

Steps taken to improve HIV-TB co-infection surveillance

Projects supported by ECDC and EAHC are contributing to better surveillance of HIV-TB co-infection, particularly among the most vulnerable population groups (see Box 4.11).

Box 4.11: Developing better surveillance systems to monitor HIV and TB infection

ECDC is supporting a project which aims to improve HIV-TB surveillance by mapping co-infection and related surveillance systems and practices in Europe. The project has conducted a systematic review to determine the burden of co-infection in EU and EEA countries and an online survey of national TB surveillance contact points to assess the burden of co-infection, clinical management of co-infection and current approaches to monitoring HIV co-infection in TB surveillance systems.

A project to improve access to HIV/TB testing for marginalised groups (IMPACT), which commenced in September 2010 with funding from the European Health Programme, will contribute to developing a new accurate, timely and comparable surveillance system for monitoring trends in HIV and TB infection among people who inject drugs, including migrant drug users. The project is expected to result in standardised reporting, thereby providing a more reliable picture of the HIV and TB epidemics among these vulnerable groups at country and European level.

Significant progress in European surveillance among key populations

European agencies, such as EMCDDA, and projects funded by the Commission, including through the European Health Programme, have contributed to improved understanding of the impact of the HIV epidemic among the population groups most affected in Europe, in particular people who inject drugs and men who have sex with men.

EMCDDA reports that it provides the EU and its Member States with objective, accurate, comparable information on drugs and drug addiction, including HIV-related information on injecting risk behaviour, HIV incidence and prevalence among people who inject drugs and responses to drug use, which include harm reduction, treatment

³⁹ Mapping of HIV/STI behavioural surveillance in Europe. Technical report. September 2009. ECDC, Stockholm.

⁴⁰ See www.ecdc.europa.eu

and HIV prevention measures. Data is published in the annual Statistical Bulletin and the EMCDDA Annual Report on the state of the drugs problem in Europe.⁴¹

EMCDDA collects data in collaboration with EU Member States, through an EMCDDA focal point in each country and Drug-Related Infectious Diseases (DRID) experts, ECDC and the WHO Regional Office for Europe. Comprehensive data is collected on the availability, provision and coverage of interventions to prevent infections among drug users including, for example, on needle and syringe programmes and the proportion of prisoners receiving opioid substitution therapy. The DRID project has enhanced networking and exchange of information between European experts, provided technical assistance to strengthen data collection capacity and produced revised guidance and a tool kit for DRID data collection.

Specific support has also contributed to enhanced surveillance among MSM. UNAIDS, for example, highlighted the significant progress that has been made in this area as a result of innovative activities supported by the Commission. One example is the European MSM Internet Survey (EMIS) project, which has generated valuable behavioural data related to MSM. Another is the SIALON II project (see Box 4.12).

Box 4.12: Innovative approaches to surveillance among MSM

The SIALON II project, funded through the European Health Programme and implemented in cooperation with WHO and UNAIDS, focuses on the use of innovative surveillance methods among MSM as well as assessment of HIV prevention needs and interventions. The project will develop approaches to epidemiological surveillance that are appropriate to the local context and improve the capacity of public health institutions and MSM NGOs to use innovative methods to collect serological and behavioural data among hard-to-reach MSM.

This is expected to improve issues such as the estimation of HIV and STI incidence, prevalence and undiagnosed infections in the MSM population. The project is also expected to contribute to greater harmonisation of surveillance methodologies, generate comparable data on epidemiological and behavioural indicators for MSM communities, identify unmet prevention needs and strengthen networking between organisations working on MSM.

4.5 Monitoring and evaluation

The Communication highlights the need for national surveillance systems to be fully compatible with international requirements and for all countries to report regularly on their HIV/AIDS epidemics. Key findings concerning the effects of Commission-supported actions are summarised below.

Monitoring has improved significantly

Country responses suggest that Commission-supported activities, in particular the work of ECDC, have contributed to significant progress in strengthening monitoring. Specifically, ECDC efforts have resulted in a considerably improved reporting on the implementation of the Dublin Declaration as well as increased UNGASS reporting.

ECDC has worked closely with UNAIDS and WHO on this and has coordinated a country-led approach through an advisory group that includes representatives from EU Member States and other countries and from the EU Civil Society Forum. In 2009, ECDC hosted a monitoring and evaluation workshop to support countries in their reporting for the Dublin Declaration and UNGASS. This resulted in very high regional response rates both for Dublin and UNGASS reporting. For Dublin reporting, responses were received from 49 countries. This included responses from 12 countries⁴² that did not submit returns to UNGASS in 2008. In September 2010, ECDC published an indicator-based progress report⁴³ on implementing the Dublin Declaration which describes how countries in the region are responding to the HIV epidemic and identifies clear recommendations for improving and monitoring the response.⁴⁴

⁴¹ See www.emcdda.europa.eu

⁴² Andorra, Czech Republic, Denmark, Iceland, Italy, Luxembourg, Malta, Norway, Portugal, San Marino, Slovakia and Turkmenistan.

⁴³ Implementing the Dublin Declaration on partnership to fight HIV/AIDS in Europe and Central Asia: 2010 progress report. Special report. September 2010. ECDC, Stockholm.

⁴⁴ The Vilnius and Bremen Declarations are not actively monitored as the Dublin Declaration encapsulates key commitments. Follow up to Bremen is through the 'Bremen process', which focuses on ensuring fair and affordable prices for antiretroviral drugs.

Good progress in developing regionally-relevant indicators and improving monitoring tools

ECDC work is now focusing on improving the usefulness of indicators for regional monitoring and further harmonising indicators with Global AIDS Response Progress Reporting in preparation for an additional round of data collection on Dublin indicators in 2012.

ECDC has successfully consulted with EU Member States to reach consensus on a set of regionally specific and harmonised indicators to monitor the HIV response in Europe, including indicators related to migrants, prisoners, ART and late diagnosis, as well as a streamlined approach to reporting to ECDC, UNAIDS and WHO. This is expected to reduce the reporting burden on countries. ECDC also supported the Commission in hosting a side event on the regionalisation of monitoring the response to HIV at the United Nations High Level Meeting on AIDS in New York in 2011.

EMCDDA has developed a comprehensive set of key indicators and core datasets in cooperation with national focal points and external technical experts. The key indicators, which include monitoring the extent of infectious diseases — primarily HIV, hepatitis C and hepatitis B infection — among people who inject drugs, have become the accepted European standard for drug monitoring and have also been influential internationally. EMCDDA has also taken steps to improve the quality of monitoring tools, for example, organising expert meetings to refine and standardise data collection tools and providing technical input to the review of UNODC data collection tools. EMCDDA is also collaborating with ECDC to share data for the purposes of monitoring the Dublin Declaration.

4.6 Evidence, scientific advice and dissemination of good practice

The Communication emphasises the importance of evidence-based policy and programming, which is supported by accurate data on factors driving the epidemic in Europe and sound research on issues such as clinical management. It also emphasises the importance of scientific advice and the dissemination of learning. Key findings concerning the effects of Commission-supported actions are summarised below.

Operational research, surveys and scientific research have strengthened the evidence base

Commission-supported activities are strengthening the evidence base. For example, operational research (see Box 4.13) will generate evidence to improve the approach to and the cost-effectiveness of HIV testing and screening for HIV, STI, and hepatitis B and C, with particular reference to those population groups most at risk in the European region. Operational research will also help improve the monitoring and management of drug resistance in the region.

EU-funded research is also generating important evidence which will improve the clinical management of HIV and the control of HIV drug resistance. The research is exploring a range of issues including ways to improve clinical management and quality of life for adults and children with HIV and for patients with HIV and other infections such as TB. Research will also focus on improving knowledge of resistance to existing drugs and the prevention and management of drug resistance (see Box 4.14).

Box 4.13: Examples of operational research

Through the European Health Programme, the HIV COBATEST project, which started in 2010, aims to improve community-based HIV counselling and testing in Europe, in order to promote early HIV diagnosis. The project will review community-based counselling and testing programmes in order to identify good practices and develop a set of core indicators for related monitoring and evaluation. It will also assess the acceptability, feasibility and impact of introducing rapid oral tests in community-based counselling and testing programmes.

The improving access to HIV/TB testing for marginalised groups (IMPACT) project aims to broaden access to HIV and TB testing, prevention, treatment and care for vulnerable groups including drug users and migrant drug users. The project will raise awareness among health providers of the importance of testing uptake and identify and promote innovative testing strategies for vulnerable groups. To date, the project has developed a protocol for implementing HIV and TB rapid tests in low-threshold facilities, produced a training manual and conducted capacity-building workshops, in particular for the providers of outreach services.

An ECDC project is assessing the relevance of novel approaches to testing for HIV, STI and hepatitis B and C in Europe. Based on a review of the literature and of testing technologies used within and outside of healthcare settings, the project will produce a report setting out key findings and implications for public health.

ECDC is also investigating the cost-effectiveness of screening strategies for HIV, hepatitis B and hepatitis C, based on a review of available models and cost-effectiveness estimates. The project will identify the most appropriate models to assess the impact of screening in the European context and develop and test a tool kit for estimating cost-effectiveness.

A project to assess the value to public health of HIV drug resistance monitoring is also being supported by ECDC. To date, the project has assessed the added value of systematically monitoring antiretroviral drug resistance among newly-diagnosed individuals with HIV in EU and EEA countries, and of using the genetic sequence data collected as part of antiretroviral drug resistance monitoring at EU level.

The TUBIDU project, which started in 2010 and is being organised through the European Health Programme, is promoting cooperation between harm reduction service providers and community organisations. It is expected to reduce the burden of TB among people living with HIV and people who inject drugs by improving planning, targeting responses, developing guidelines for service delivery and addressing barriers to accessing services.

Box 4.14: Examples of clinical research funded through the EU Research Framework Programme

EuroSIDA is an observational study following up more than 16 000 people with HIV infection in 32 countries, including all EU Member States. The study has generated valuable data on the impact of antiretroviral drugs on patient outcomes. EuroSIDA has published 130 peer-reviewed publications and influenced patient treatment and related guidelines, as well as providing the basis for further cohort collaboration.

The CASCADE study is following up patients for whom the date of HIV infection can be reasonably well estimated. The study, which has access to data from 20 000 HIV-infected individuals from 26 cohorts in 15 European countries, Australia, Canada and Sub-Saharan African countries, has provided important insight into the course of HIV infection, thereby improving treatment strategies. CASCADE has produced 50 joint, peer-reviewed publications and presentations at international conferences.

The PENTA/ECS study, which follows up on pregnant women and children with HIV, is improving the clinical management and treatment of HIV-infected pregnant women and paediatric infection. Implemented by nine partners, it conducts epidemiological studies of mother-to-child transmission, clinical trials and training, and has published 41 papers in peer-reviewed journals. PENTA guidelines on use of antiretroviral therapy in paediatric infection are widely used and have influenced WHO guidance. The training programme for health workers caring for HIV-infected children has been incorporated into curricula (e.g. Oxford University's Postgraduate Diploma in Paediatric Infectious Disease).

EuroSIDA, CASCADE and PENTA are also involved in EuroCoord, a network of 23 partners established in January 2011. EuroCoord aims to improve the clinical management and quality of life of people with HIV, as well as to explore differences within sub-groups. It has access to data from over 250 000 HIV patients, one of the largest cohorts in the world, and will provide valuable information on issues such as patient response to therapy, implications of long-term infection and long-term treatment, impact of TB co-infection and management of hepatitis co-infection.

CHAIN, a substantial epidemiological and research project with a particular focus on Eastern Europe, aims to improve current knowledge on resistance to existing drugs and the prevention and management of drug resistance. The project will develop new laboratory tools to measure drug resistance, improve understanding of the clinical implications of drug resistance, develop strategies for the management of individuals with drug-resistant infection, build scientific and clinical expertise and provide evidence-based recommendations for limiting the emergence and transmission of drug resistant HIV.

Valuable evidence is also being generated through surveys. As noted earlier in this report, ECDC is a partner in the Commission-funded European MSM Internet Survey (EMIS), conducting regional analysis of data collected with a view to publishing the survey report in 2012 in collaboration with the EMIS consortium.

Evidence is informing policy and programming

Evidence generated is being put into practice, informing policy and programming. For example, ECDC published updated guidance on HIV testing in 2010, based on a systematic review of the evidence on the individual and public health effects of HIV testing and consultation with Member States, civil society and disease experts. The guidance was launched on World AIDS Day at an event in the European Parliament.

EMCDDA and ECDC have developed guidance on the prevention of HIV and other infections among people who inject drugs. The guidance reflects the evidence collected by a desk review and a systematic review of the evidence on prevention interventions in this population as well as feedback from a technical consultation. The evidence papers and the guidance were published in 2011. Efforts to generate better evidence on drug use and HIV and effective interventions appear to have contributed to the adoption of evidence-based approaches to HIV prevention and harm reduction in countries across the region.

ECDC work to strengthen the evidence base on HIV and STI prevention among MSM has contributed to coordinated EU action. ECDC has also done significant work in the area of migrants and HIV in the EU and on treatment as prevention, in order to inform the development of policy and programming.

'Especially in relation to HIV testing, HIV prevention for MSM and HIV prevention among IDU, the knowledge basis established [through activities supported by the Commission] represents a strong platform for further strengthening the implementation of evidence-based policies' – UNAIDS.

Box 4.15: Systematic reviews and scientific papers

EMCDDA has published analyses of trends in injecting drug use in Europe and of prevention policies and interventions (e.g. a monograph on evidence relating to harm reduction published in 2010⁴⁵) as well as technical papers and scientific articles.

In 2009, ECDC published a systematic review of behavioural and psychological HIV and STI prevention interventions for MSM in Europe⁴⁶ which identified the characteristics of effective interventions as well as gaps in the evidence base. ECDC also published scientific papers on this topic in a *Journal of the European Public Health Association* and hosted a seminar in the European Parliament to raise awareness on the high rates of HIV and STI transmission among MSM in Europe. A subsequent project in 2010–2011 further investigated HIV and STI trends among MSM and the effectiveness of prevention interventions. These projects will be used as a basis for developing an ECDC strategy for sexual health promotion and guidance on HIV and STI prevention among MSM in Europe.

ECDC has published a series of migrant health reports that have made an important contribution to the evidence base for policy and programming and have been widely cited. Topics covered by these reports include improving definitions and data, the epidemiology of HIV and AIDS in migrant and ethnic minority communities, migrant access to HIV prevention, treatment and care services, and HIV counselling and testing among migrants and ethnic minorities.

An ongoing ECDC project will inform the development of policy guidance on treatment as prevention that is relevant to the European context. Based on a review of the published scientific literature, the project will assess the implications of using antiretroviral treatment to prevent HIV infection at the population level, and to a lesser extent, at the individual level for prevention policies.

EU agencies and EU-funded projects are an important source of scientific and technical advice and play a key role in dissemination of learning.

A range of methods is used to provide scientific advice and disseminate learning.

Networks and scientific committees play a key role. Scientific advice has been strengthened by efforts to build networks. Principal investigators and coordinators of EU-funded research projects are represented in scientific committees that advise on research agendas, for example, the Global HIV Vaccine Enterprise 2010 agenda and the 'Towards an HIV Cure' initiative.

⁴⁵ Harm reduction: Evidence, impacts and challenges. April 2010. EMCDDA, Lisbon.

⁴⁶ Effectiveness of behavioural and psychosocial HIV/STI prevention interventions for MSM in Europe. Technical report. Revised edition, December 2009. ECDC, Stockholm.

Think Tank and Civil Society Forum meetings have also provided an important forum for sharing and disseminating good practice, according to the majority of respondents who participate in these meetings.

The regular meetings of the EU Civil Society Forum and Think Tank on HIV/AIDS represent exemplary models of best practice in convening fora where European civil society and governments can exchange information on the situation in EU and neighbouring countries and share experiences of joint projects and other activities – often supported by the EU public health programmes – UNAIDS

AIDS Action Europe, which is funded by the Commission, disseminates information on best practices to a wide audience in Europe and Central Asia.

Scientific advice has been consolidated by joint projects and efforts to facilitate the coordination of scientific research through multi-centre studies and a focus on evidence-based research.

Scientific advice and technical support is provided to Member States by EU agencies, including through country visits. ECDC provides scientific advice and technical support on infectious diseases to the Commission, European Parliament, European-funded projects and Member States. During the period 2009–2011, ECDC improved systems for initiating and coordinating scientific studies and providing scientific advice. Specific examples of scientific advice to Member States include enhanced microbiological laboratory support and country visits in response to requests from national HIV/STI prevention and control programmes, to Estonia in 2010 and to Romania and Latvia in 2011.

EMCDDA provides EU Member States with scientific advice and technical support on drug issues including the evaluation of national drug policies, HIV and drug-related studies and the development of monitoring systems. EMCDDA has also provided technical support to Candidate and potential Candidate Countries on drug monitoring systems and the collection of data on policies and interventions to prevent infectious diseases among drug users.

'The work of EU institutions, notably ECDC and EMCDDA, have enabled good access to scientific advice and exchange among Member States' – UNAIDS.

Scientific advice is also provided to other bodies. For example, at the EU level, EMCDDA provides technical advice to meetings of the Horizontal Working Party on Drugs and to EU Presidencies, and has evaluated the EU Drugs Action Plan 2009–2012 and provides advice on drug policy.

ECDC and the Commission have disseminated policies, guidance and good practice on HIV prevention and treatment through events at the European Parliament. Similarly, the Parliament has been used as a forum to highlight the HIV prevention needs of MSM (2009), to launch the HIV testing guidance (2010) and to hold a seminar on HIV prevention among people who inject drugs (2011).

Scientific advice and information on best policy and practice have also been disseminated through Commission-funded and other international conferences. Commission-funded conferences include the European AIDS Conference in Tallinn in 2011 and the Future of European Prevention among MSM conference in Stockholm in 2011. The Tallinn conference facilitated the exchange of knowledge, experience, best practices and research findings in the field of HIV prevention, treatment and care, with a special focus on vulnerable groups and health systems in the Baltic region and ENP countries. The Stockholm conference focused on innovative and evidence-based methods and approaches to scaling up preventive interventions and programmes, as well as promoting networking and the exchange of information.

'The CSF, the Bordernet project and the Tallinn Conference influenced our testing and counselling policies' – Civil society respondent, Austria.

The XVIII International AIDS Conference and Harm Reduction International's 21st International Conference, both of which took place in 2010, provided an opportunity to disseminate information on best practices and share experience. Moreover, at the latter the European Harm Reduction Network was launched.

Another important channel for the presentation of findings is publication. The findings of Commission-funded research projects have been widely published in peer-reviewed literature and have influenced international guidelines and practice, as the examples above illustrate. EU agencies such as ECDC and EMCDDA have also provided important scientific advice through the publication of guidelines and technical reports.

Information is also published online. For example, EMCDDA has established a European 'Best practice portal' on drugs to provide policymakers, researchers and programme managers with information on effective prevention, treatment and harm reduction interventions, national and international standards and guidelines, and evaluated best practice. EMCDDA also launches its annual reports on drug use at the European Parliament.

AIDS Action Europe maintains an online database www.hivaidsclearinghouse.eu which contains over 1 200 resources and sends e-news updates to 850 subscribers, including information about the CSF. Downloads from the site increased from 33 000 in 2009 to 52 000 in 2010. The EU-funded AIDS & Mobility database was transferred to the AIDS Action Europe clearinghouse in 2010. The AIDS Action Europe website www.aidsactioneurope.org attracts an average of 1 300 visits a month, 70% from European countries and, since 2009, has also provided a platform for information exchange on HIV and drugs-related projects funded by the Commission. In addition, EAHC

convenes meetings for EU-funded projects to share information and experience. For example, sessions were organised at the most recent International AIDS Conference in 2010 and the 2011 European Conference on HIV/AIDS in Tallinn.

'The clearing house of AIDS Action Europe has become a major source of information on HIV and AIDS strategies' – Civil society respondent, Belgium.

5. Conclusions and recommendations

This section summarises the main conclusions concerning action taken in response to the Communication and Action Plan. It highlights those areas where there has been good progress and those where action needs to be intensified. It then proposes a number of recommendations, intended to improve both the implementation of the Communication and Action Plan and the monitoring and future evaluation of the Plan.

5.1 Progress

While there is no specific funding for implementation of the Communication and Action Plan, analysis of available information suggests that the level of financial inputs to support the Communication and Action Plan annually is around EUR 27.1 million. Financing is provided through a range of mechanisms and instruments. These include the Global Fund, the ENPI and structural funds, the European Health Programme, the European Framework Programme for research, agencies of the European Union and international organisations. However, information on the amount of funding provided is only available for some mechanisms and instruments and does not capture all financial inputs.

The largest share of estimated total funding is allocated through the European Framework Programme to research. This has contributed to the development of new treatments and prevention technologies, as well as to research to improve clinical management and patient outcomes. There is also evidence of active engagement with the private sector in the area of biomedical research.

The next largest share is represented by funding for country responses in the region through the Global Fund, followed by resources allocated to the European Health Programme. The European Commission has provided significant funding for national responses to HIV in Europe through the Global Fund, with the largest amounts going to the Russian Federation and Ukraine. Funding for national responses to HIV is also available to priority regions through mechanisms including the ENPI and structural funds.

Funding for the European Health Programme through EAHC has focused on populations most at risk of HIV, including men who have sex with men, people who inject drugs, sex workers, prisoners, migrants and ethnic minorities, with almost two-thirds of funds allocated to projects targeting these groups.

Support provided in line with the priorities highlighted in the Communication and Action Plan has resulted in a strong focus on expanding targeted prevention services for populations most affected by HIV, including men who have sex with men, sex workers and people who inject drugs, as well as the provision of HIV-related services in prisons.

Commission funding through the Global Fund has supported the scaling up of HIV-related services in the most affected Member States, neighbourhood countries and the Russian Federation. It is estimated that, through the Global Fund, the Commission has supported provision of harm reduction services to over 34 000 people who inject drugs and HIV prevention services to over 10 000 sex workers and their clients, over 13 000 men who have sex with men and over 25 000 prisoners. In addition, it has supported the provision of HIV counselling and testing services for almost two million people and antiretroviral therapy for over 6 000 people.

Commission support has also contributed to the development of better approaches to service delivery to reach the most-at-risk and marginalised populations. The European Health Programme has supported projects that have tested new approaches to service delivery, such as innovative HIV counselling and testing approaches to increase access for vulnerable groups and promote earlier HIV diagnosis. The issue of HIV among migrant populations has received considerable attention, contributing to a better understanding of factors affecting migrant access to prevention, treatment and care services.

The Communication is an important tool for galvanising political leadership. It has helped to ensure that HIV remains on the agenda and has been used by civil society to frame debate at regional and national levels. The Think Tank and the Civil Society Forum are valuable platforms for policy dialogue and exchange of information and experience, as well as for promoting Europe-wide action and effective communication between the Commission, Member States, EEA and Candidate Countries, priority ENP countries and the Russian Federation, civil society and international agencies.

Commission financing for international organisations, international and regional conferences and monitoring the implementation of international and regional commitments has helped to keep HIV on the agenda in Europe and to mobilise political leadership in the region, especially in those countries most affected by the epidemic. Collaboration with international agencies such as UNAIDS and WHO has also helped to ensure common approaches and to facilitate regional responses that reflect epidemic priorities.

Civil society involvement has been supported through funding to build the capacity of non-state actors in ENP countries and through Commission support for and engagement with the Civil Society Forum, which plays a critical

role in facilitating dialogue between civil society and policy makers. Participation in the Civil Society Forum has enabled civil society organisations to play a more visible role in national policy dialogue in a number of countries.

Funding for agencies such as ECDC and EMCDDA has emphasised improving knowledge, focusing in particular on epidemiological and behavioural surveillance, monitoring and evaluation, and the evidence base for policy and programming. Specific efforts by EMCDDA, ECDC and projects funded by the European Health Programme have contributed to a better understanding of the impact of the HIV epidemic among those population groups most affected in the region, in particular people who inject drugs, men who have sex with men, and migrants from high prevalence countries.

Support for ECDC has resulted in significant improvements in HIV-related epidemiological surveillance in the region, especially in the comprehensiveness, quality and dissemination of HIV surveillance data. There has also been progress in strengthening surveillance systems to monitor HIV and TB co-infection. In addition, Commission support has given high priority to strengthening regional cooperation, in particular to ensure coordinated approaches to surveillance, monitoring and reporting of data.

HIV monitoring and reporting have also improved. ECDC efforts have significantly enhanced reporting rates by countries in the region, both on implementation of the Dublin Declaration and on UNGASS indicators. Progress has been made towards developing a set of regionally specific and harmonised indicators, which will further improve monitoring of the HIV response in Europe and is expected to reduce the reporting burden.

The Commission has also supported efforts to ensure that policy and programming are based on sound research and evidence. Clinical and operational research is generating important evidence on issues such as the cost-effectiveness of screening strategies for HIV and hepatitis, the clinical management of HIV, and the control of HIV drug resistance. Systematic reviews and evidence papers have informed the development of guidance on approaches to HIV prevention among men who have sex with men and people who inject drugs as well as up-to-date guidance on HIV testing and the potential to use HIV treatment as a prevention strategy.

High priority has been given to sharing scientific and clinical expertise. EU agencies and initiatives financed by the Commission are valuable sources of scientific and technical advice to countries. Evidence, guidance and best practices are also disseminated through the European Parliament, scientific networks and committees, international and regional conferences, policy, technical and scientific publications, databases and clearing houses.

5.2 Challenges

However, there are areas of the Communication and Action Plan that have received less attention or where it is more difficult to identify effects (see Annex 1).

Better information is needed about country use of mechanisms such as the ENPI and structural funds to fund national responses to HIV. There are also concerns about whether some countries that have been receiving funding from the Global Fund will be committed or able to sustain HIV prevention and treatment, once Global Fund support ends. Sustaining HIV programmes requires stronger political leadership from the Commission as well as from national authorities.

In addition, while European support has made an important contribution to improving both the coverage and the quality of services, more needs to be done to achieve universal access. In particular, it is vital to ensure adequate provision of harm reduction, HIV and TB co-infection services and services for specific population groups, including men who have sex with men, prisoners and migrants.

The balance of research funding does not fully reflect the priorities identified in the Action Plan. Research funding has largely been allocated to biomedical research. While this makes sense, as regional research initiatives have inherent comparative advantages, less funding has been provided for social and behavioural research and socio-economic analysis. In addition, considerable support has been provided to strengthen research capacity, networking and collaboration, but the effects are difficult to assess as little evidence is available on the outcomes of this support.

There is scope to improve political leadership in order to ensure that HIV continues to be given sufficient priority in the region as well as in European development financing. The potential for EU Presidencies to provide political leadership has not been exploited to the full. Since the adoption of the Communication, only the Spanish Presidency has provided leadership on HIV by hosting an official Presidency meeting. National AIDS coordinators have not met during the period under review. Separate meetings are not considered necessary as other forums, such as the Think Tank, provide opportunities for dialogue.

There is a need to intensify policy dialogue with ENP countries, through existing mechanisms such as Commission Delegations, cooperation agreements and memoranda of understanding, meetings and exchange programmes, to increase political leadership and ensure that the health and rights of vulnerable and marginalised groups are addressed.

Support has been provided to civil society organisations, but there are concerns about the reduced availability of funding for NGOs in a number of countries and the impact of the economic downturn on future funding for civil society. Sustained support is critical if civil society is to continue to contribute to national responses. In addition, it is unclear to what extent support has been provided to promote the involvement of people living with HIV or of those population groups most affected by HIV.

There appears to have been limited action to monitor national HIV policies and specific policies and laws concerning HIV-related discrimination. More needs to be done to ensure that appropriate legislative and policy frameworks are in place and to tackle discrimination in relation to both people living with HIV and marginalised population groups.

Commission engagement with the private sector appears to have had limited impact on antiretroviral pricing and treatment coverage or the coverage of HIV-related workplace programmes. Progress in discussions with the pharmaceutical industry about improved access to and availability of antiretroviral treatment across Europe will require increased commitment by Member States.

While efforts are being made to improve and harmonise behavioural surveillance, more needs to be done to strengthen second generation surveillance and to support enhanced surveillance in EU/EEA Member States, and in particular in ENP countries and the Russian Federation.

Finally, it is difficult to measure the impact of efforts to strengthen the evidence base, promote sharing of experience and disseminate guidance (particularly at the national policy and programming level) as there appears to be little systematic follow up of these activities.

5.3 Recommendations

To improve implementation of the Communication and Action Plan:

- Strengthen political leadership on critical issues. Specifically:
 - The European Commission and Member States should intensify action to ensure that national responses to HIV are adequately financed, including funding for civil society organisations.
 - The European Commission should take the lead in initiating dialogue on how countries can sustain HIV prevention programmes as well as HIV treatment and care services in the context of the current economic downturn and declining support from the Global Fund.
 - The European Commission, Think Tank and Civil Society Forum should intensify efforts to ensure that EU Presidencies give high priority to HIV and provide effective leadership. One option would be to explore the possibility of organising a high-level meeting on HIV in cooperation with one of the EU Presidencies before the end of the current Communication Plan in 2013, similar to the one organised in Dublin 2004 during the Irish EU Presidency.
 - The European Commission should develop and implement a strategy for engagement with the private sector, including the promotion of increased commitment by EU Member States to the dialogue on affordable antiretroviral drugs.
- Make better use of the range of mechanisms and instruments available to address the needs of priority groups in priority regions. Specifically:
 - The European Commission should make better use of policy dialogue, including mechanisms such as cooperation agreements, exchange programmes and meetings, to promote more effective political leadership in the most affected Member States, ENP countries and the Russian Federation, in particular with respect to services for priority populations.
 - The European Commission should ensure that its funding through the European Health Programme and other mechanisms targets those populations most-at-risk, with resource allocation clearly based on the epidemiology of the epidemic.
 - The European Commission should review the potential to use ENPI and structural funds to complement national financing of country responses that prioritise targeted prevention services and improve treatment coverage for priority groups. This analysis will need to be conducted in partnership with beneficiary countries, which are expected to provide matching funds.
- Build on progress to date to ensure access to prevention, treatment and care and to protect the rights of people living with and affected by HIV. Specifically:
 - The European Commission and civil society should sustain advocacy and support for universal access to prevention, treatment and care, expansion of harm reduction services, including NSP and substitution treatment programmes, and integration of HIV and TB services in EU Member States, ENP countries and the Russian Federation.

- The European Commission, Member States and civil society should sustain efforts to step up effective HIV prevention strategies for men who have sex with men.
- The European Commission, Member States and civil society should ensure that analytical work on the situation of migrant populations is translated into policies and programmes to ensure that both documented and undocumented migrants can access HIV prevention, treatment and care services.
- The European Commission and ECDC should monitor policy development and implementation.
- The European Commission, Member States and civil society should intensify efforts to tackle discrimination, including the enactment of anti-discrimination laws and the monitoring of discrimination in relation to HIV status.
- Strengthen research and surveillance. Specifically:
 - The European Commission should take steps to ensure a more balanced allocation of funding for research, by increasing resources for social, behavioural and economic research and stimulating research in these areas.
 - The European Commission, ECDC, EMCDDA, academic institutions and civil society should intensify support for improved behavioural surveillance and analysis of risk behaviour.
 - ECDC should increase cooperation with ENP countries and the Russian Federation to strengthen surveillance in these countries.

To improve monitoring and evaluation of the Communication and Action Plan:

- Improve the quality of information available about financial and non-financial inputs to support implementation of the Communication and Action Plan. Specifically:
 - Maintain accurate data on financing provided by the Commission through different mechanisms and instruments to allow financial inputs to be fully captured.
 Maintain accurate data on HIV-related activities undertaken through Commission Delegations, cooperation agreements, meetings and exchange visits.
 - Monitor the quality and impact of projects and other activities funded.
- Give higher priority to monitoring and evaluation of activities financed by the Commission. Specifically:
 - Ensure that Commission-funded programmes and projects include an evaluation component and measure whether or not the desired effects have been achieved.
 - Take a systematic approach to monitoring the impact of actions taken to promote political leadership and strengthen networking and collaboration.
 - Monitor the impact of scientific and technical advice and dissemination of evidence, guidance and best practices on national policy and programmes.
- Review the relevance of actions to be monitored and methods used to solicit information. Specifically:
 - Consider whether it is necessary to continue with, and hence to monitor, some actions.
 - Consider whether more use could be made of Think Tank and Civil Society Forum meetings to solicit information.
 - Identify additional methods to solicit information required for monitoring and evaluation of the Communication and Action Plan.

5.4 Next steps

ECDC will continue to monitor the implementation of the Communication and Action Plan. This process will again use tailored questionnaires to solicit information from key actors and implementing partners, as well as using other methods to enhance the quality of data.

A final report on the implementation of the Communication and Action Plan will be published in 2013. This will also include data collected on country actions and impacts during the monitoring of the Dublin Declaration, which will allow further analysis of the extent to which Commission support is aligned with country needs and priorities.

Annex 1: Areas of the Action Plan where intensified action is required

Actions	Responsible	Comments
Promote HIV as a public health and social concern, keep it on the political agenda.	Commission, Member States, neighbouring countries, civil society, international organisations	Good progress through Think Tank, Civil Society Forum, international and regional conferences and organisations. More could be done by Commission, EU Presidencies and with neighbouring countries.
Tackle discrimination related to HIV status.	Commission, Member States and neighbouring countries, civil society	Limited evidence of action or effects. More needs to be done to ensure laws and policies are implemented and monitored.
Develop, implement, monitor and evaluate targeted, regional, national and supranational HIV/AIDS policies.	Member States, civil society, ECDC, international organisations	Limited evidence of concerted action to review policy development/implementation or to evaluate policies.
Support civil society through funding and legal support at EU and national level. Involve and consult civil society in HIV policy development and implementation.	National authorities, Commission	Support for civil society needs to be sustained, including by Member States, in light of reduced Global Fund support and economic crisis.
Intensify cooperation with the private sector – business and media. Work with the pharmaceutical industry to improve access and availability of treatment across Europe.	Industry, national authorities, Commission, civil society	Commitment in the area of biomedical research. More needs to be done to engage Member States in dialogue with the pharmaceutical industry on HIV drug pricing.
Strengthen behavioural surveillance to develop measures leading to reduced risk behaviour. In-depth analysis of trends and dynamics in sexual and drug-related risk behaviour.	ECDC, EMCDDA, academia, Commission, civil society	Initial steps taken to improve behavioural surveillance, but efforts need to be stepped up.
Eastern European countries, ENP countries and Russian Federation: obtain universal access to voluntary testing, treatment and care. Introduce and implement effective harm reduction measures for HIV prevention. Prevention and integrated HIV, TB and co-infection treatment, in prisons and other settings.	National authorities, civil society, Commission	Good progress, but more needs to be done to achieve universal access and acceptable coverage.
ENP countries and Russian Federation: promote cooperation of EU and neighbouring countries on HIV/AIDS. Involvement of neighbouring countries in HIV-related meetings at EU level.	Commission, Member States, ENP countries	Scope to strengthen cooperation through existing mechanisms and instruments.
ENP countries and Russian Federation: Strengthen surveillance by stepping up cooperation between ECDC and ENP institutions.	ECDC, surveillance institutions	Although strides have been made, there is scope to strengthen cooperation.
Exchange programmes between Member States and neighbouring countries.	Medical associations, industry, Member States, neighbouring countries, civil society	Scope to make better use of exchange programmes.
Intensify promotion of safer sex behaviour among MSM.	Civil society, Member States, neighbouring countries, Commission, ECDC	Good progress, but more needs to be done as risk taking behaviour in MSM is increasing, along with the number of HIV infections and other STIs.
Intensify VCT (Voluntary Counselling and Testing) and outreach for MARPs (Most At Risk Populations)	Civil society, Member States, neighbouring countries, medical associations, Commission	Good progress, but more needs to be done to build on this.
Implement harm reduction for prevention of HIV and drug-dependency	Member States, neighbouring countries, civil society, Commission	Good progress, but more needs to be done to build on this.
Targeted prevention measures and access to services and treatment for migrants	Migrant and ethnic minority organisations, national authorities, Commission, civil society	Important analysis carried out. More needs to be done to develop related policies and programmes.
Social, and behavioural research and socio-economic analysis.	ECDC, academia, Commission. Member States, civil society.	Limited funding. Greater efforts needed to stimulate research on these aspects of the epidemic in Europe.