



SPECIAL REPORT

Thematic report: Civil society

**Monitoring implementation of the Dublin Declaration on
Partnership to Fight HIV/AIDS in Europe and Central Asia:
2012 progress**

ECDC SPECIAL REPORT

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Monitoring implementation of the Dublin Declaration on Partnership to Fight HIV/AIDS in Europe and Central Asia: 2012 progress report



This report of the European Centre for Disease Prevention and Control (ECDC) was coordinated by Teymur Noori and Anastasia Pharris (ECDC), Programme for sexually transmitted infections, including HIV/AIDS and blood-borne infections.

This report is one in a series of thematic reports based on information submitted by reporting countries in 2012 on monitoring implementation of the Dublin Declaration on Partnership to Fight HIV/AIDS. Other reports in the series can be found on the ECDC website at: <http://www.ecdc.europa.eu/> under the health topic HIV/AIDS.

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Abbreviations

ARV	Antiretroviral
ECDC	European Centre for Disease Prevention and Control
EMCDDA	European Monitoring Centre for Drugs and Drug Addiction
MSM	Men who have sex with men
NCPI	National Commitments and Policies Instruments
NGO	Non-governmental organisation
PLWHA	People living with HIV/AIDS
PWID	People who inject drugs
STI	Sexually transmitted infections
TB	Tuberculosis
UNAIDS	Joint United Nations programme on HIV/AIDS
UNGASS	United Nations General Assembly Special Session
WHO	World Health Organization

Executive summary

Key messages

Government and civil society respondents agree that civil society adds value to national responses to HIV with one of the most important contributions being the ability of civil society to strengthen the political commitment of top leaders and the formulation of national policy. Both agree that the involvement of civil society could be further strengthened and/or expanded.

Efforts to increase civil society participation in the HIV response are being made, albeit at a relatively modest level. Civil society does report a significant increase in participation since 2005.

Government and civil society respondents reported that their country does have an organisation or mechanism that promotes ongoing interaction between government, people living with HIV, civil society and the private sector for implementing HIV-related strategies and programmes.

Civil society plays a role in planning and budgeting processes related to national HIV responses. However, civil society reported a decline in its involvement since 2010, and reports playing a very limited role in monitoring and evaluation of the HIV response.

There are opportunities for civil society organisations to improve their skills, increase their capacity and add other HIV-related responsibilities.

Civil society is concerned about the availability of funding for its activities, including the need for additional support from government to continue, strengthen and expand their involvement in the HIV response. Civil society reports significantly less access to adequate financial support than government; and this has declined since 2010.

Government reports a reasonable level of involvement of key populations in governmental, HIV-related policy design and programme implementation. However, there is room to increase the level of involvement.

The overall state of partnerships between government and civil society is improving but work needs to be done to foster efficiency, effectiveness and accountability.

Re-examination of financing mechanisms could ensure that adequate and sustainable support is available for civil society's participation in the HIV response.

Background

The Dublin Declaration on Partnership to Fight HIV/AIDS in Europe and Central Asia, adopted in 2004, was the first in a series of regional declarations, which emphasise HIV as an important political priority for the countries of Europe and Central Asia.

Monitoring the progress in implementing this declaration began in 2007 with financial support from the German Ministry of Health. This resulted in the publication of a first progress report by the WHO Regional Office for Europe, UNAIDS and civil society in August 2008. In late 2007, the European Commission requested ECDC to monitor the Dublin Declaration on a more systematic basis. The first country-driven, indicator-based progress report was published in 2010ⁱ. The objective was to harmonise indicators with existing monitoring frameworks, notably the United Nations General Assembly Special Session (UNGASS) and European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) indicators, and with the EU Communication and Action Planⁱⁱ, using existing data and focusing on reporting that was relevant in the European and Central Asian context, to minimise the reporting burden for countries. In 2012, instead of producing one overall report, information provided by countries has been analysed to produce ten thematic reports.

Method

All 55 countries were requested to submit data regarding their national responses to HIV (see Annex 1 for a list of the 55 countries). For this round of reporting, the process was further harmonised with Global AIDS Response Progress Reporting (formerly known as UNGASS reporting). As a result, countries submitted most of their responses through a joint online reporting tool hosted by UNAIDS. Responses were received from 51 of 55 countries (93%). This response rate was slightly higher than for 2010. More details of methods used are available in the Background and Methods report.

The two primary instruments for collecting data regarding political leadership in the region were the UNAIDS National Commitments and Policy Instrument (NCPI) and the ECDC European Supplement to the NCPI. Both instruments include a series of questions for both government and civil society respondents.

ⁱ European Centre for Disease Prevention and Control. Implementing the Dublin Declaration on Partnership to Fight HIV/AIDS in Europe and Central Asia: 2010 progress report. Stockholm: ECDC; 2010. Available here: http://ecdc.europa.eu/en/publications/publications/1009_spr_dublin_declaration_progress_report.pdf

ⁱⁱ 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. Available here: <http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=COM:2009:0569:FIN:EN:PDF>

Introduction

Civil society has consistently demonstrated its value in the HIV response. Its commitment to prevention and to working with people affected and infected by HIV is widely recognised by governments, donors and international agencies as a vital component of the HIV response. In Europe and Central Asia, where HIV is concentrated in key populations that are often marginalised and/or stigmatised, civil society has played a central role in engaging these populations in the response and ensuring their access to essential services.

Historically, the principal mechanism for assessing the role of civil society in the HIV response has been a component of the UNAIDS NCPI. However, the questions in the NCPI have focused on a "civil society critique of government policies and performance". It was noted that a review of the role of civil society would be stronger if it provided opportunity for an independent, balanced and constructive review of the strengths and weaknesses of civil society from a governmental perspectiveⁱ.

To gain a broader perspective on the role of civil society, data were used as collected by the NCPI and the European Supplement to the NCPIⁱⁱ, thereby collecting responses to similar questions from both government and civil society.

Findings

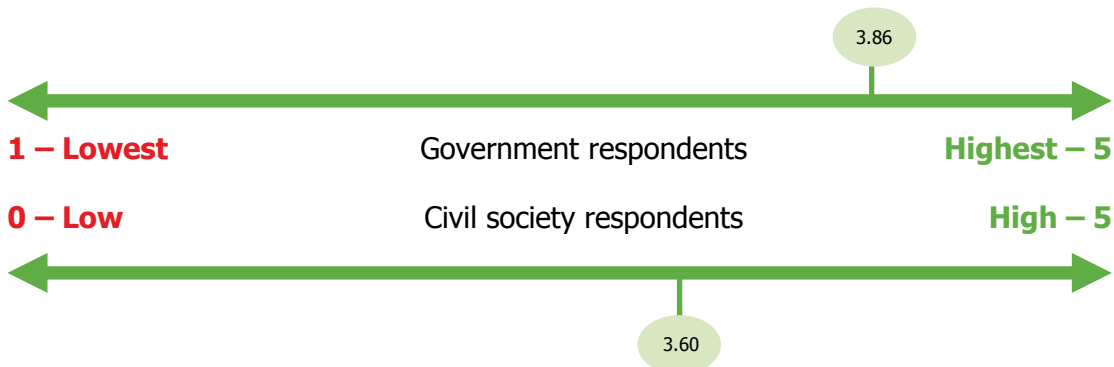
Governments and civil society agree that civil society adds value to national responses to HIV.

Respondents from government and civil society cited different areas where civil society makes important contributions to the response. One of the most important is the ability of civil society to strengthen the political commitment of top leaders and contribute to the formulation of national policy. While civil society was less convinced of its ability in this area than government, the aggregated scores for both groups are clearly positive (see Figure 1.)

Figure 1. Mean scores for political commitment and national policy/national strategy/policy formulations

Question for government from the European Supplement to the NCPI:

To what extent has civil society contributed to strengthening the political commitment of top leaders and the formulation of national policy?



Question for civil society from the UNAIDS NCPI:

To what extent has civil society contributed to strengthening the political commitment of top leaders and national strategy/policy formulations?

A number of countries have highlighted the vital role that civil society plays in implementing HIV programmes for key populations, providing support to people living with HIV, addressing stigma and discrimination and advocacy (see Box 1).

ⁱ European Centre for Disease Prevention and Control. Implementing the Dublin Declaration on Partnership to Fight HIV/AIDS in Europe and Central Asia: 2010 progress report. Stockholm: ECDC; 2010.

ⁱⁱ The European Supplement was included as part of the combined reporting in Europe and Central Asia in 2012.

Box 1. Comments from government and civil society respondents in the current round of Dublin reporting on the value of civil society's involvement in the HIV response**Government**

Azerbaijan. 'A significant role in shaping and improving the adherence of PLWHIV to ARV therapy is being given to NGOs, who will undertake the role of social support; also the more active involvement of NGOs in the work and development of social support programmes for people living with HIV.'

Civil society

Belgium. 'Civil society can play a crucial role in translating the needs of target populations for policy makers and creating opportunities for improved implementation of policy and transferring information to target groups.'

Georgia. 'Civil society has been working closely with key affected populations and enjoys a good rapport among them. Therefore, most at-risk populations prefer to seek health services from the NGO sector rather than government institutions. In addition, given that Georgia has quite strict legislation on drug abuse, IDUs are reluctant to disclose their personal information to government agencies. This creates a barrier to service utilisation. Increasing the role of civil society in provision of HIV prevention, care and support services will increase coverage of [most at-risk populations] with needed services.'

Spain. 'Government does not have direct contact with most vulnerable HIV population, but civil organisations do.'

United Kingdom. 'Civil society has an important role to play in strengthening the involvement of people with HIV in their services. There is also further potential through civil society delivery for more innovation and efficiency. The Government's reforms to commissioning are intended to promote further competition between the National Health Service, private providers and civil society organisations, potentially leading to greater civil society involvement.'

Uzbekistan. There are only a few organisations working among vulnerable communities. It should be noted the special importance of supporting these organisations, because they facilitate the achievement of the required volumes of preventive interventions and ensuring effective implementation of prevention programmes in the region.

Government and civil society agree that the involvement of civil society in national responses could be strengthened and/or expanded.

Nearly 83% of government respondents believe the involvement of civil society in the national response should be strengthened and/or expanded. Forty of the 41 civil society respondents (97.5%) also said that civil society's role should be strengthened and/or expanded. The only country that replied in the negative was the Netherlands, which stated that 'the existing high level of involvement must be maintained.'

Box 2. Comments from government respondents on strengthening and/or expanding the involvement of civil society in the HIV response

Estonia. 'Most civil society organisations work in their narrow field (i.e. syringe exchange, peer support, etc.) and do not participate in wider discussions and planning, including monitoring and evaluation. Continuous training and involvement in different processes would be one of the opportunities to enhance and strengthen their participation.'

Germany. 'Civil society involvement will be expanded to include the design and implementation of HIV and STI surveillance in subpopulations.'

Kazakhstan. 'Increased participation of civil society in the fight against stigma and discrimination. This requires that AIDS service NGOs... understand the problem of stigma and discrimination and play a leading role reducing it and promoting the integration of these issues into national measures for strategic planning, funding and implementation programmes in relation to HIV.'

Macedonia. 'National HIV/AIDS preventive programme, funded by the national Government needs to involve CSOs in the planning and implementation of the programme, as they are not engaged currently in this process.'

Poland. 'People from NGOs and from civil society sometimes know better than governmental institutions what should be done to improve the national response to HIV, so civil society should give advice that will help government to better response to their needs.'

Portugal. 'A more comprehensive involvement of civil society in the development, implementation and monitoring and evaluation, not only of information, communication and education materials... but also early detection and test programmes targeted to specific populations.'

Despite the fact that a high percentage of governments believe in strengthening and/or expanding the role of civil society in the HIV response, there is a disparity in the data between government and civil society on this issue. Governments in seven countries – Denmark, Finland, France, Italy, Lithuania, the Netherlands and Serbia – answered 'no' to the question about strengthening and/or expanding the role of civil society. The inclusion of the Netherlands on this list raises questions about whether any of the other countries answered 'no' because they feel the involvement of civil society is already at a high and sufficient level.

The high percentage of government respondents in favour of strengthening and/or expanding the involvement of civil society in national responses does not mean there are no challenges in doing so. For example, the Estonian government cited the fact that most civil society organisations work in a specific field such as syringe exchange and do not currently participate in overall planning of the HIV response. The Israeli government noted there are 'conflicting agendas' between different NGOs. The Spanish government believes that while government needs to increase the participation of NGOs, the organisations have to 'improve the quality of such participation.'

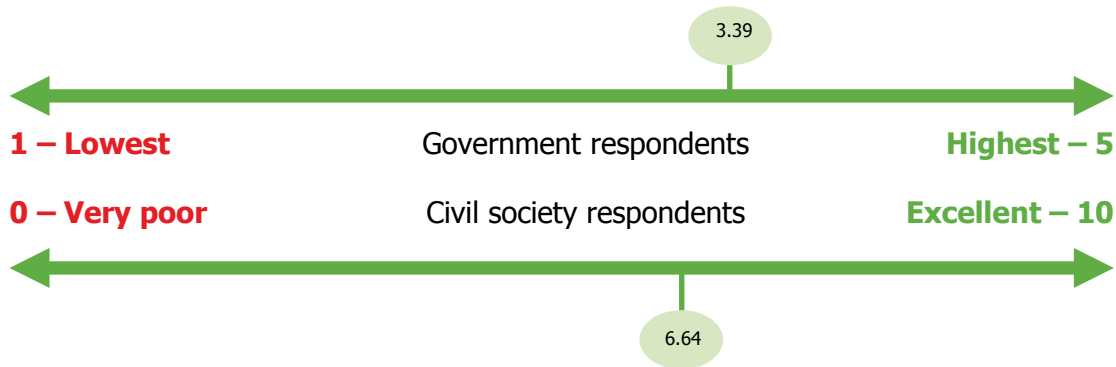
Countries are making efforts to involve civil society in their national HIV responses and these efforts are improving over time.

Government and civil society were asked about efforts made in the past year to increase civil society participation in the HIV response (see Figure 2). The relative mean scores are similar for the two groups. Still, there is significant room to increase the level of civil society participation.

Figure 2. Mean scores on the level of effort to increase civil society participation in the HIV response

Question for government from the European Supplement to the NCPI:

To what extent were efforts being made in the past year to increase civil society participation in the HIV response?

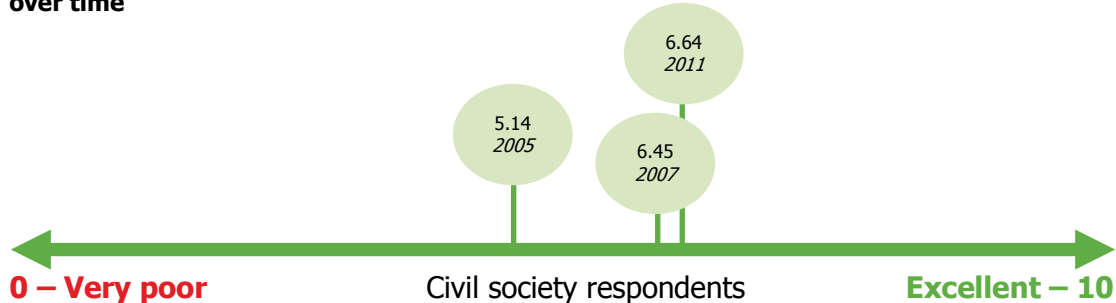


Question for civil society from the UNAIDS NCPI:

How would you rate the efforts to increase civil society participation in 2011?

If civil society responses to this question in the 2005, 2007 and 2011 iterations of the UNAIDS NCPI are plotted on a single scale, it shows a steady improvement in the level of effort to increase civil society participation. However, a gap remains between the latest score and the highest possible ranking (see Figure 3).

Figure 3. Mean scores on the level of effort to increase civil society participation in the HIV response over time



In the European Supplement to the NCPI, government respondents also had the opportunity to comment on efforts made to increase civil society participation. The tone and content of the comments was generally favourable in relation to the role of civil society in the HIV response and the value of increasing this role. In addition, there were a number of specific comments about what was done in the past year (see Box 3).

Box 3. Government comments about efforts made to increase civil society participation in the past year

Belgium. 'No specific effort was made in the past year to increase civil society participation in the HIV response.'

Bulgaria. 'Since 2004, the active participation of more than 50 NGOs into the implementation of the National HIV/STI Programme and Global Fund-funded programmes made it possible to expand HIV prevention, care and support services in terms of geographical and population coverage for IDUs, sex workers, MSM, prisoners, young Roma people at risk, young people aged 15–24, PLWHIV.'

Denmark. 'The National Board of Health initiated the merger of the four biggest HIV/AIDS NGOs in order to get a stronger impact from civil society.'

Greece. 'The participation of stakeholders in the Social Dialogue for HIV/AIDS Committee of the Hellenic Center for Disease Control & Prevention (HCDCP) has increased during the past couple of years. This Committee now consists of 11 representatives of various HCDCP departments (seven of which are new members) and 14 NGOs (six of which are new members), some dealing with HIV/AIDS issues, some representing MSM and/or lesbian women and others supporting refugees, migrants, sex workers, victims of trafficking, PWID, etc.'

Macedonia. 'They remain as one of the key implementers of programmes for the long term, especially for key populations.'

Moldova. 'In this reporting period, the involvement and participation of civil society (CS) was strengthened. CS accounts for about 40% of the National Coordination Council (NCC). At this level, CS was involved in programming, implementation, M&E, and oversight processes of the National Programmes on HIV/AIDS Prevention and Control, as well as promoting and monitoring the human rights respect, decisional transparency, gender issues, etc.'

Poland. 'A partnership between the government and civil society organisations to counteract the epidemic has a long tradition in Poland. NGOs have always played a significant role in the fight against the epidemic in our country. They have initiated and implemented several activities, prevention programmes, and celebrations. These organisations are very important partners for the Polish government. At the moment, there are several dozen NGOs working in the field of HIV/AIDS prevention.'

Switzerland. 'The National Programme for HIV and Other Sexually Transmitted Infections 2011–2017 (NPHS) was elaborated in a large, broad-based, participative process including all actors. Various events were organised at which the stakeholders discussed and drew up the strategy in working groups. In addition, several consultation procedures were held. Thanks to this broad-based process, the NPHS is a programme that is supported both by those concerned and by the experts.'

United Kingdom. 'UK health departments already effectively engage with a variety of national civil society organisations working on HIV. HIV civil society representatives are included in the membership of the Sexual Health Forum set up in March 2011 in England and the UK Expert Advisory Group on AIDS. HIV civil society organisations have provided insight and useful responses to wider Department of Health consultations on [National Health Service] and public health reform which impact on HIV services. Locally, civil society representation will vary but civil society are seen as a key participant on a variety of levels.'

The generally positive nature of comments from government was tempered by observations from Lithuania and Switzerland about the current state of the relationship between government and civil society (see Box 4).

Box 4. Comments from civil society in Lithuania and Switzerland on the current state of the relationship between government and civil society

Lithuania. 'Recognise NGOs as equal partners and [listen to] their recommendations on improvements and the needs of key risk populations.'

Switzerland. 'The involvement of civil society needs to be broadened, as the process is still very much driven by government.'

Most countries have mechanisms for coordination between government and civil society.

Nearly 90% of government respondents and 93% of civil society respondents reported that their country has an organisation or mechanism that promotes ongoing interaction between government, people living with HIV, civil society and the private sector for implementing HIV-related strategies and programmes. While some governments did address the issue of strengthening coordination (see below), no direct data were captured on the overall effectiveness of the coordination mechanism.

Government respondents in four countries reported not having this type of organisation or mechanism: Croatia, Estonia, Malta and Poland. Civil society respondents in three countries made the same report: Belgium, Israel and Slovakia. Different observations could be due to different interpretations of the definition and function of a coordinating mechanism. It is interesting to note that governments in Estonia and Poland reported not having an organisation/mechanism for this interaction while their civil society counterparts reported that one did exist. It should be noted that mechanisms do exist in Estonia (e.g. HIV commission) but government sees them primarily as formal structures and not opportunities for interaction between civil society and government.

A few governments cited the importance of strengthening the coordination between government and civil society (see Box 5), including an expansion of their relationship at local level.

Box 5. Comments from government respondents on coordination with civil society

Albania. 'Experiences to date have shown the importance of strengthening collaboration and partnerships between and among government and civil society sectors, e.g. by strengthening referral mechanisms to maximise the comparative advantages of each sector. Greater importance should be given to establishing partnerships – either informal or formalised through memoranda of understanding – and the establishment of referral networks among different service providers.'

Spain. 'Improving the communication channels for NGOs, and the NGOs' communication among themselves. We have to increase their participation and they have to improve the quality of such participation.'

Sweden. 'In order to strengthen local NGOs, collaboration and support need to be expanded. NGOs are regularly invited to participate in reference groups for different aspects of policy development, as well as development of communication interventions. The collaboration is good but could still be improved.'

United Kingdom. 'While engagement with civil society at the national level is good, there is potential for greater involvement of civil society at the local level, especially in low/medium prevalence areas and in light of current reform to the National Health Service in England.'

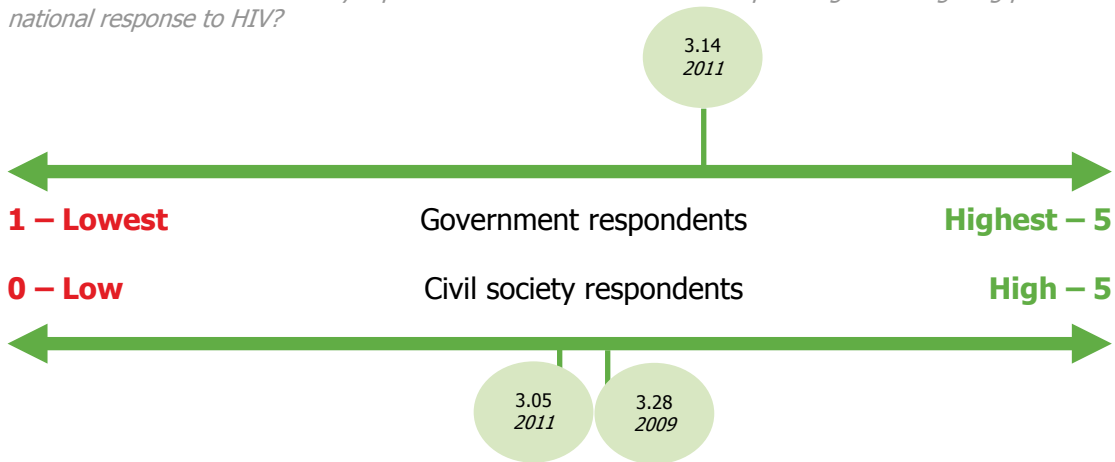
Civil society plays an important role in the planning and budgeting processes for the national response but that role could be further expanded. Currently, civil society has a limited role in monitoring and evaluation.

Government and civil society were asked similar questions about the involvement of civil society in planning and budgeting processes. The mean scores from both groups of respondents indicate that civil society is playing a role in planning and budgeting processes (see Figure 4). However, they agree there is substantial room for improvement in the extent of that role. It is also important to note that civil society's rating of their involvement in planning and budgeting has declined since the last reporting round.

Figure 4. Mean scores for civil society involvement in planning and budgeting processes

Question for government from the European Supplement to the NCPI:

To what extent have civil society representatives been involved in the planning and budgeting process for the national response to HIV?

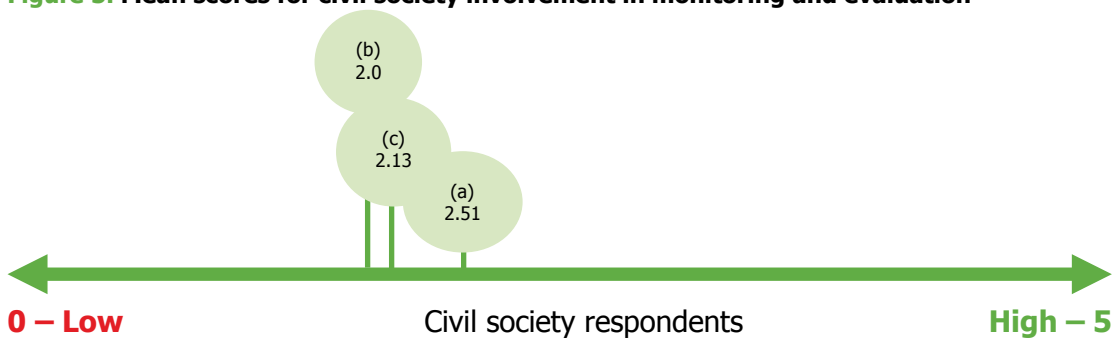


Question for civil society from the UNAIDS NCPI:

To what extent have civil society representatives been involved in the planning and budgeting process for the National Strategic Plan on HIV or for the most current activity plan (e.g. attending planning meetings and reviewing drafts)?

In the UNAIDS NCPI, civil society was asked a multi-part question about its involvement in monitoring and evaluation of the HIV responseⁱ. In all three areas of involvement, the mean scores are low. It is particularly disconcerting that the score related to 'participate in using data for decision-making' is low, given the importance of this activity in improving the HIV response (see Figure 5).

Figure 5. Mean scores for civil society involvement in monitoring and evaluation



Question for civil society from the UNAIDS NCPI:

To what extent is civil society included in the monitoring and evaluation (M&E) of the HIV response?

(a) Developing the national M&E plan?

(b) Participating in the national M&E committee / working group responsible for coordination of M&E activities?

(c) Participate in using data for decision-making?

ⁱ For this question, there was no corresponding question for government respondents.

Box 6. Comments from government and civil society respondents on the role of civil society in planning and budgeting

Government

Bulgaria. 'Civil society representatives should take a proactive role in the processes of policy development, decision making and budgeting at the local level, e.g. through their participation in the Local AIDS Committees.'

Macedonia. 'National HIV/AIDS preventive programme, funded by the national Government needs to involve CSOs in the planning and implementation of the programme, as they are not engaged currently in this process.'

Malta. 'Ideally civil society needs to be more involved in planning as well as budgeting stages of the national response to HIV. There are a number of NGOs involved in dealing with HIV and in that way the response will be more integrated and widespread and programme implementation will be more inclusive.'

Civil society

Finland. 'It could be strengthened by including civil society also in the budgeting process. Planning and budgeting are linked to each other. In that sense, being part only in [the] planning process isn't as meaningful participation as it could be.'

In some countries, there are opportunities for civil society organisations to improve their skills, increase their capacity and add other HIV-related responsibilities.

As noted above, most respondents favour strengthening and/or expanding the involvement of civil society in national HIV responses. A number of respondents had specific recommendations on how this could be done. These include efforts to improve the skills of civil society organisations, increase their capacity and give them other responsibilities in the response (see Box 7).

Box 7. Comments from government and civil society respondents on the need for civil society organisations to improve their skills, increase their capacity and expand their involvement.

Government

Estonia. 'Most civil society organisations work in their narrow field (i.e. syringe exchange, peer support, etc.) and do not participate in wider discussions and planning, including monitoring and evaluation. Continuous training and involvement in different processes would be one of the opportunities to enhance and strengthen their participation.'

Germany. 'Civil society involvement will be expanded [to include] the design and implementation of HIV and STI surveillance in subpopulations.'

Kazakhstan. 'Increased participation of civil society in the fight against stigma and discrimination. This requires that AIDS service NGOs ... understand the problem of stigma and discrimination and play a leading role reducing it and promoting the integration of these issues into national measures for strategic planning, funding and implementation programmes in relation to HIV.'

Montenegro. 'Although the involvement of civil society is strong, it still should be further strengthened through constant building of the capacities and organisational structures that will enable civil society organisations to become even more successful, efficient and effective in HIV/AIDS service delivery. This would scale up the level of service provision to the beneficiaries and would increase the effectiveness and efficiency of the healthcare system in general, especially in the area of HIV/AIDS prevention, treatment and care.'

Portugal. 'A more comprehensive involvement of civil society in the development, implementation and monitoring and evaluation, not only of information, communication and education materials ... but also early detection and test programmes targeted to specific populations.'

Civil society

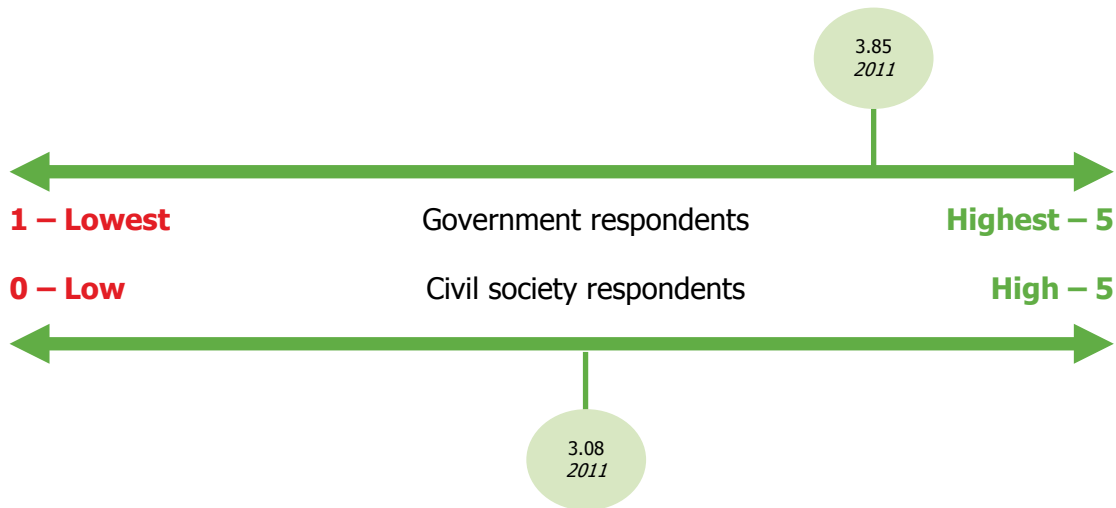
Uzbekistan. There are only a few organisations working among vulnerable communities. It should be noted the special importance of supporting these organisations, because they facilitate the achievement of the required volumes of preventive interventions and ensuring effective implementation of prevention programmes in the region.

With respect to access to technical support, as a component in strengthening and/or expanding the involvement of civil society, there is a disparity between government and civil society perspectives (see Figure 6). There is good evidence that civil society is prepared to strengthen and/or expand its involvement in the HIV response but access to technical support is limited, particularly in countries where there is less active civil society participation.

Figure 6. Mean scores for civil society access to technical support

Question for government from the European Supplement to the NCPI:

To what extent is civil society able to access adequate technical support to implement its HIV activities?



Question for civil society respondents from the UNAIDS NCPI:

To what extent is civil society able to access adequate technical support to implement its HIV activities?

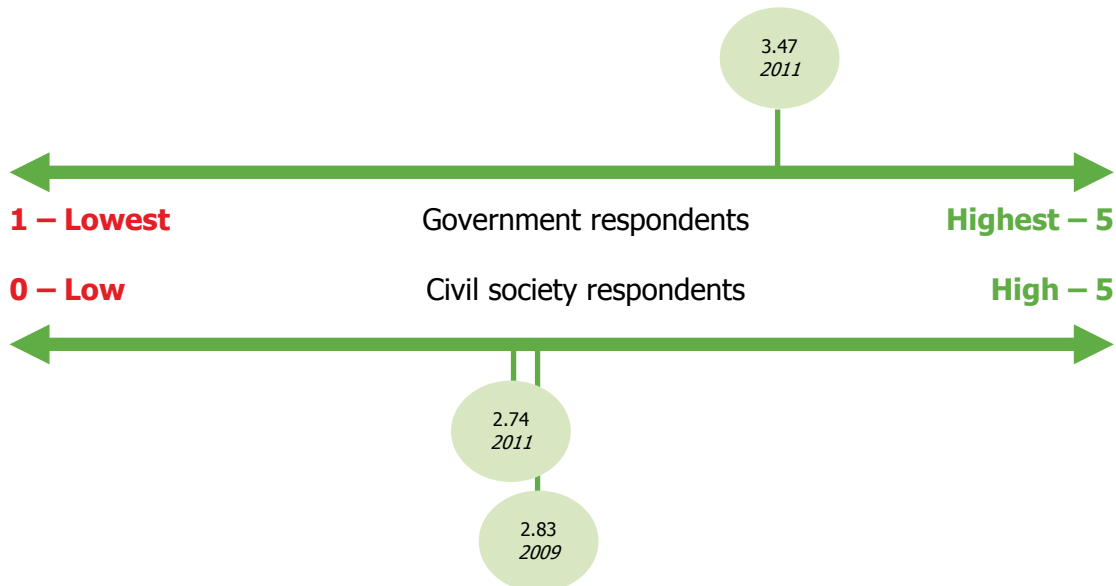
Civil society is concerned about the availability of funding for its activities, including the need for additional support from government to continue, strengthen and expand civil society involvement in the HIV response.

Civil society reported a decline in its ability to access financial support to implement its activities since the previous round (see Figure 7). While the decline is modest, the fact that there has been a decline is a concern when both government and civil society would like to see the involvement of civil society in national HIV responses expanded and/or strengthened. Although civil society reported a decrease in access to funding in this round of reporting, it is important to note the disparity between the mean score of government on civil society access to funding and that of civil society itself.

Figure 7. Mean scores for civil society access to financial support

Question for government from the European Supplement to the NCPI:

To what extent is civil society able to access adequate financial support to implement its HIV activities?



Question for civil society respondents from the UNAIDS NCPI:

To what extent is civil society able to access adequate financial support to implement its HIV activities?

In contrast to the modest decline in civil society’s assessment of its access to financial support, there was an improvement in its assessment of whether services provided by civil society in areas of HIV prevention, treatment, care and support were included in the national HIV budget (see Figure 8). However, despite the improvement, the mean score remains low overall.

Figure 8. Mean scores on whether services provided by civil society in areas of HIV prevention, treatment, care and support are included in the national HIV budget.



In the European Supplement to the NCPI, civil society had the opportunity to provide data on the percentage of national expenditure on HIV that was spent on activities implemented by civil society in the past year. The responses varied widely. Georgia reported that ‘the share on the national expenditure on HIV spent by civil society organisations is extremely miserable’. Azerbaijan, Lithuania and Ukraine reported 0%; Romania reported less than 1%; Poland reported 5%; the Czech Republic reported 50%; Switzerland reported between 40% and 60%; Montenegro reported 60%; and the United Kingdom reported that ‘100% of the national budget for nationally-coordinated HIV prevention work is currently spent on work delivered by civil society.’ Respondents in eight countries – Belgium, Greece, Ireland, Israel, Italy, Slovakia, Slovenia and Sweden – indicated that the information was not available.

Box 8. Comments from government and civil society respondents on funding for civil society organisations

Government

Latvia. 'Establishment of mechanism for financing activities implemented by NGO from state's budget so services provided by NGOs could be expanded.'

Romania. 'Currently, the underfunding of civil society working in the field of HIV has the impact of diminishing their active involvement in the national response.'

Slovenia. 'The involvement of civil society in the national response should be strengthened through allocation of more resources for the implementation of HIV prevention and care activities targeted to men who have sex with men.'

Civil society

Albania. 'Most CSOs have relatively small numbers of staff, and rely heavily on external funding, which often covers short periods of time. This leaves CSOs particularly vulnerable to the effects of unpredictable funding and donor-driven projects, while very few CSOs have been able to create longer-term stability with guaranteed funding and sustainable programmes, based on a clear long-term organisational vision rather than a need to secure short-term financial security.'

Bulgaria. 'Civil society should be also supported by local authorities and institutions involved in the national HIV response.'

Hungary. 'Very little financial support from the government (around 50 000 euros/year).'

Tajikistan. 'It is necessary to allocate funds from the state budget for the operation of public organisations.'

There is one important caveat about financial support, which is the presumption that it only comes from government. Civil society organisations were encouraged to develop their own comprehensive fundraising strategies, including exploring opportunities for sustainable public-private partnershipsⁱ. In this context, government and civil society might seek out a sustainable balance between support from public funds – from national and local levels of government – and private funds from a range of sources (e.g. individuals, corporations, foundations, religious organisations). However, data reported in this round of reporting do not yet indicate that this is occurring.

Government and civil society in many countries report involvement of key populations in the HIV response, including people living with HIV, people who inject drugs, men who have sex with men, sex workers, migrants and prisoners. However, there are opportunities to increase that involvement.

In 2010, a need for all countries to involve key populations in all aspects of programming that affect them was identifiedⁱⁱ. The European Supplement to the NCPI asked governments about the level of involvement of key populations in policy design and programme implementation.

Only four countries – Armenia, Kosovoⁱⁱⁱ, Switzerland and Tajikistan – rated the highest level of involvement. The mean score for all respondents indicates that while key populations are involved there are opportunities to increase their involvement (see Figure 9).

ⁱ European Centre for Disease Prevention and Control. Implementing the Dublin Declaration on Partnership to Fight HIV/AIDS in Europe and Central Asia: 2010 progress report. Stockholm: ECDC; 2010.

ⁱⁱ European Centre for Disease Prevention and Control. Implementing the Dublin Declaration on Partnership to Fight HIV/AIDS in Europe and Central Asia: 2010 progress report. Stockholm: ECDC; 2010.

ⁱⁱⁱ This designation is without prejudice to positions on status, and is in line with UNSCR 1244 and the ICJ Opinion on the Kosovo Declaration of Independence.

Figure 9. Mean score on the involvement of key risk populations in governmental, HIV-related policy design and programme implementation



In the NCPI, civil society was asked about the inclusion of diverse organisations (e.g. those for people living with HIV) in the overall civil society response to HIV. Although 12 countries reported the highest score (i.e. the most inclusive), the mean score again indicated significant opportunity, in this case, to increase the diversity of organisations involved in the civil society response (see Figure 10).

Figure 10. Mean score on the extent civil society representation in HIV efforts is inclusive of diverse organisations (e.g. organisations and networks of people living with HIV, of sex workers, and faith-based organisations)



Box 9. Comments from government and civil society respondents on the involvement of key risk populations

Government

Greece. 'The Social Dialogue for HIV/AIDS Committee should include sex workers, IV users and migrants to participate in the process of planning, implementing and evaluating HIV prevention programmes targeted to them. This would lead to greater acceptance and higher impact of the campaigns to the targeted groups and also it will make services more accessible to the groups who are most in need of them.'

Civil society

Belgium. 'Organisations targeting sex workers, general population and vulnerable populations: MSM, migrants, people living with HIV, all have contracts with the regional Flemish Government.'ⁱ

Estonia. 'There are very few MSM, drug users, commercial sex workers organisations that show interest towards HIV/AIDS-related questions. There [is] only one organisation in Estonia that represents HIV-positive people. All other organisations are just providing HIV services.'

Georgia. 'There are few organisations which consist of people living with HIV, sex workers and other risk groups, because of stigma.'

Italy. 'Sex workers, migrants and prisoners' organisations are not represented in the National Coordinating Committee of Associations against AIDS.'

Luxembourg. 'There is no network of people living with HIV in Luxembourg, due to the size of the country, it's difficult to create a network.'

Moldova. 'Extremely diverse (including, but not limited to, HIV service organisations, including harm reduction and needle/syringe exchange, UN agencies/programmes, League of PLWHA, key population representatives – MSM, IDU, female sex workers), etc.'

Serbia. 'Lack of communication and cooperation among different CS actors'.

Sweden. 'Sex workers are not represented and the effective participation and representation of migrants could also be improved.'

Ukraine. 'Introduce representatives of all the vulnerable populations into the National TB and HIV/AIDS Council, which will enable defending the interests of these populations in a more reasoned manner and foster shaping and implementing balanced and client-oriented policies.'

Discussions and conclusions

Civil society was seen to have an important and useful role to play in national responses to HIV. In fact, governments rated the contributions of civil society to strengthening political commitment of top leaders and the formulation of national policy higher than civil society rated itself.

In addition, government and civil society agree that the involvement of civil society should be strengthened and/or expanded. However, there is a slight disparity between civil society and government which could be explained by a view that civil society is already playing a major role in national HIV responses (e.g. the Netherlands).

Several government respondents cited challenges in strengthening and/or expanding the involvement of civil society. For example, in other contexts, civil society frequently cites concerns about the lack of information on financial matters from government and these concerns have a direct bearing on strengthening and/or expanding its involvement in the HIV response.

The broad agreement by government and civil society that the involvement of civil society in national responses to HIV should be strengthened and/or expanded is likely a positive sign for future response to HIV in the European region. It is encouraging that government and civil society have a similar and generally positive assessment of the level of effort being undertaken to increase civil society participation in the response. There is also a broad agreement that mechanisms are in place to promote interaction between key stakeholders. One of the fundamental challenges is to change the existing and historical nature of the relationship between government and civil society.

Another challenge facing civil society is the need to improve their skills, increase their capacity and add other HIV-related responsibilities. Unfortunately, civil society may not be getting the necessary access to adequate technical support to implement its current HIV activities, let alone improve or expand on them. While government rates civil society's access to this support significantly higher than civil society does, it is clear this access must be improved if civil society's role in the HIV response is going to be strengthened and/or expanded.

The availability of funding for the activities of civil society is an important issue. In a very practical sense, access to financial support for their activities goes hand-in-hand with civil society's access to technical support. Government and civil society have very different views on the extent that civil society is able to access adequate financial support for its HIV activities. Not only does civil society report far lower access to financial support, it also reports that access has declined between the current and previous rounds of international reporting.

In addition, the lack of transparency for HIV budgets, the limited inclusion of civil society in planning and budget discussions, and the low percentage of national expenditures on HIV spent on activities implemented by civil society, underscores the concern that civil society cannot contribute significantly and meaningfully to national responses – nor strengthen and/or expand its involvement in these responses –without a financial commitment from government.

However, while it is true that much of the work of civil society in the HIV response does depend on funding from government, civil society can also seek international funding.

The involvement of civil society in national HIV responses has also led to greater involvement of key populations. Governments and civil society report reasonably high levels of engagement with populations such as people living with HIV, people who inject drugs, men who have sex with men, sex workers, migrants and prisoners. The level of engagement can be expanded.

A productive relationship between government and civil society, including representatives from key populations, can be the catalyst for strengthening and/or expanding the role of civil society in national HIV responses. For example, active efforts to include civil society in planning and budgeting processes will ensure their expertise is more fully integrated into the response. Transparency about budgets will provide government and civil society with accurate information for analysing the response and improving their advocacy efforts. Evidence suggests that civil society with good access to financial and technical support can strengthen the overall response, particularly in areas where civil society has a significant comparative advantage (e.g. services for key populations).

Issue identified as needing further action in previous report	Progress Shading indicates amount of progress since last reporting round; ranked from limited to good.		Comment
There should be stronger partnerships between government and civil society based on mutual accountability.	Limited progress	Good progress	While there have been incremental improvements in the relationship between government and civil society, their partnerships in many countries need major work if their relationships are going to be more efficient, more effective and more accountable.
All countries should involve key populations in all aspects of HIV programmes that affect them.	Limited progress	Good progress	The mean score of 3.33 on a scale of 1 to 5 in response to the question about the level of involvement of key populations in governmental HIV policy design and programme implementation confirms a solid level of engagement with these populations. However, it also highlights the need for more effort in this area by both government and civil society.
There is a need to evaluate civil society's contribution and ability to contribute to the national response.	Limited progress	Good progress	The addition of questions in the European Supplement to the NCPI made it possible to collect useful information from government on the involvement of civil society in national responses. However, there is an opportunity to refine the questions for both government and civil society to collect better information that can be used to strengthen and expand the contributions of civil society.
There is a pressing need for adequate and sustainable financial support to civil society for its work in the HIV response.	Limited progress	Good progress	Neither government nor civil society has made significant progress on this front. Government continues to lag in providing data on finances and including civil society in budget discussions; civil society continues to look at financial support through a very narrow lens, which focuses almost exclusively on government. As the financial crisis continues in Europe, government and civil society should be rethinking financing mechanisms to ensure that adequate and sustainable support is available; it does not appear they are currently doing so.

Issues needing further action

- Learning from experiences in countries where the relationship between government and civil society is effective and accountable, other European countries would benefit from reviewing their national HIV/AIDS strategies to include concrete plans to strengthen partnerships at national and regional levels.
- Evidence shows that a more effective response can be achieved by actively involving key populations in the aspects of HIV-related programmes that affect them. Efforts to expand and accelerate the involvement of key populations can include identifying and learning from experiences in other countries who have achieved involvement of key populations in HIV programmes.
- Access to financial support is critical for effective participation by civil society in the national response to HIV. Sustainable funding strategies will inevitably include government subcontracting/granting to civil society organisations but they will also require civil society organisations to develop their own comprehensive fundraising strategies, including exploring opportunities to for sustainable public–private partnerships.

Annex 1 Countries included in Dublin Declaration monitoring

Nr	Country	Nr	Country	Nr	Country
1	Albania	20	Greece	39	Poland
2	Andorra	21	Hungary	40	Portugal
3	Armenia	22	Iceland	41	Romania
4	Austria	23	Ireland	42	Russian Federation
5	Azerbaijan	24	Israel	43	San Marino
6	Belarus	25	Italy	44	Serbia
7	Belgium	26	Kazakhstan	45	Slovak Republic
8	Bosnia and Herzegovina	27	Kosovo	46	Slovenia
9	Bulgaria	28	Kyrgyzstan	47	Spain
10	Croatia	29	Latvia	48	Sweden
11	Cyprus	30	Liechtenstein	49	Switzerland
12	Czech Republic	31	Lithuania	50	Tajikistan
13	Denmark	32	Luxembourg	51	Turkey
14	Estonia	33	Malta	52	Turkmenistan
15	Finland	34	Moldova	53	Ukraine
16	the former Yugoslav Republic of Macedonia	35	Monaco	54	United Kingdom
17	France	36	Montenegro	55	Uzbekistan
18	Georgia	37	Netherlands		
19	Germany	38	Norway		