



HIV EUROPE

Minutes of the fourth meeting held at Hotel Walhalla
Zurich
4th – 6th May 2007

This meeting was supported by
AIDS-Hilfe Schweize (Swiss AIDS Foundation)
and a small grant from GlaxoSmithKline (Switzerland).

Participants:

Henrik Arildsen*	Chairman	HIV Europe	Denmark
Harry Witzthum	Host	AIDS-Hilfe Schweiz	Switzerland
Jurgis Andriuska		Posityvus Gyvenimas	Lithuania
Tomislav Beganovic		CAHIV	Croatia
Andreas Berfloh		HIV Sverige	Sweden
Joakim Berlin		HIV Sverige	Sweden
Margherita Campana		NPS Italia	Italy
Paul Clift		UKC	UK
Ricardo Fernandes		Positivo and GAT	Portugal
Bernard Forbes*		UKC	UK
Inger-Lise Hognerud		HIV Norge	Norway
Olimbi Hoxhaj		Albanian Assoc of PLWHA	Albania
Einar Thor Jonsson		Alnaemissamtorkin	Iceland
Kimmo Karsikas		Positivset ry	Finland
Zoryan Kis		All Ukrainian Network of PLWHA	Ukraine
Iva Krost		CAHIV	Croatia
Mick Meyer		LHIVE	Switzerland
Per Miljeteig*		HIV Norge	Norway
Sini Pasanen		Positivset ry	Finland
Caroline Suter		AIDS-Hilfe Schweiz	Switzerland
Wojtech Tomczynski*		SIEC Plus	Poland
Yannis Tsalapatis		Synthesis	Greece
Vladimir Zhovtyak		All Ukrainian Network of PLWHA	Ukraine

Apologies received from Rosaria Iardino* (NPS, Italy).

1 Welcome

Harry Witzthum welcomed all delegates to Zurich and was thanked for coming up with the bulk of the funding for the meeting. Appreciation was also extended to GSK (Switzerland) for their 15% contribution. Harry also introduced Mick Meyer from LHIVE the newly formed Swiss PLWHA organisation.

Henrik – thanked the Swiss AIDS Foundation and Caroline in particular for making the arrangements for the meeting. Some members had not arrived for the start of the meeting due to difficult travel arrangements.

The programme for the weekend's meeting was outlined.

* denotes Steering Committee member

2 Presentation and updates from attending member organisations

Greece

Nothing much had happened. The Greek government has not given funding to Synthesis; main prevention organisation is not interested in support of plwha organisations or their issues and this has forced cancellation of many of their activities and publications. Nikos Dedes had a meeting with the president of the prevention organisation.

Croatia

20% increase in HIV diagnoses in Croatia since 2005/6. General denial of HIV in Croatia because only 0.8% of population tested in Croatia (630 diagnosed) out of population of 4 million.

Finland

Getting funding for a 3 year peer support programme which has doubled their budget and allowed them to take on a second full time employee; it appears that much more work will be done. Important considering the country's worst year for HIV diagnoses was 2005/6. Discussions held with ministry of health and social affairs re HIV. New government, changes to the politics of the country, new justice minister from the Green Party very interested in the legal issues.

United Kingdom

Funding – remains a serious concern; criminalisation of HIV transmission; access to health care by migrants, and deportation of migrants with HIV who have failed the migration process and are being deported to countries where they are unlikely to get treatment.

Sweden

General assembly held the previous month, HIV Sverige has a new board Joakim Berlin is vice president of the board. New national strategy in 2005/6 now coming into play and one of the issues is that there is a new national HIV/AIDS and STD council which HIV Sverige is a part of (not many other NGOs on it). Televised Parliamentary hearing on HIV in Swedish parliament discussed many related issues. Criminalisation, stigma and discrimination, needle exchange programme and migration issues all feature in the new national strategy – HIV Sverige applying for project funding on these issues. New common project with gay association and sex education federation and others re youth and HIV.

Albania

Number of plwha has risen to 211 and including increasing number of children, Through UNAIDS process of rescinding the laws on HIV. April saw start of global fund interventions in Albania, not a priority for government. Low levels of VCT and low levels of information. Problems with human rights and stigma and discrimination.

Norway

Steady increase of numbers of newly diagnosed, serious challenges because the two groups with most rapid increase are MSM (group with the most information) and migrants mostly infected outside Norway: difficult to work with due to taboos and closeness in the migrants groups.

Scaling down of activities due to less funding than expected, cut down on staff which poses serious challenges. Slight increase in interest by national health authorities in HIV – new national HIV AIDS council established – consultative body for govt ngos unions and civil society; upcoming revision of national plan for HIV AIDS by the end of this year (priority area for HIV Norge).

Working hard on criminalisation – penal code is being renewed and lot of effort going into trying to change HIV provisions.

Denmark

Start December 2006, housing project closed due to city cutbacks on funding. This was very disappointing, but has acknowledged that need for that level of programme (other than by day users of the programme) has changed over the years. Working with the church to try to improve support levels in place of previous programme.

Cutbacks in government funding. Website hivinfo.dk completely cut back – view taken not enough prevention effort put into it so completely cut. Govt did not believe the “hits” on the website - for many plwha it was their only means of contact for support and counselling. Website was published for 7 years before it was funded, so will continue on voluntary basis if need be.

HIV Denmark had general assembly last weekend, Henrik re-elected as Chairman. People interested in participating at the political and policy level remains discouragingly low, but through the website several contacts received from interested people. In a recent court case, a plwha was sentenced to 3 years imprisonment, compensation 500,000 DK each for HIV transmission: very worrying tough sentencing.

Switzerland

Country will have a vote on June 17th on social insurance system revisions – misgivings about data protection and precarious position of plwha. Swiss Aids Federation say they don't want that vote.

Revision of law– touches on criminalisation : don't yet know what might happen here. Funding cutbacks, yet panic investment in bird flu.

New infection rate is stable, now stable at 700 a year although first four months of this year may be slightly lower. Major concern with MSM and migrants (particularly undocumented migrants who have no access to prevention or treatment).

VCT year – want to increase the quality of VCT access points. Federal office of public health working with Swiss AIDS Federation trying to influence VCT points in Switzerland,

Swiss AIDS Transmission study just ended – looking at how people got infected, looked at those infected within previous 6 months in order to get a feel of where prevention doesn't function any more.

Serious concern over criminalisation in Switzerland – country amongst those with the most cases; applied for research programme to look at specific questions like whether new therapies have an impact on case laws. New Chief Executive is now in post and the organisation is much more functional as a result.

Poland

Major problem with politicians, political instability and constant elections. Always looking for ways to speak with politicians to put concerns forward. Access to treatment remains an issue, particularly for migrants. Man currently waiting charge for infecting many young women; stigma running high, plwha are scared. Challenge with MSM, government and national agencies directing funding towards prevention and treatment for MSM in Poland. SIEC received a grant from government for their work and are working with pharmaceutical support as well. In the scheme of things, Poland is seen as amongst the richer countries when it comes to external grant funding.

Working on quality of life for plwha, human rights etc.

Italy

Website been altered, first national congress of plwha in Rome in 2006 – first opportunity in Italy for plwha for a chance to talk about issues with each other and govt reprs

Italy (contd)

NPS experience difficulty getting government funding and are reliant on private donations and pharmaceutical support; a new collaboration in the city of Odessa that will go in the next month.

Lot of work on quality of life – different situation north and south of the country, different in health systems too. Working in prevention particularly in summer in holiday resorts.

Portugal

Ricardo was also representing GAT from Portugal (treatment activism group). Things are more or less the same, prevalence remains 0.4% population, not much information as govt still trying to understand ways of dealing with epidemiology and surveillance in Portugal.

Funding a problem, national commission and ministry of health pressing Positivo that budget should come more from private industry than from the state and they will not allocate much money 2008/9.

Good news – national plan is on the way, included in the national health plan currently being discussed. Happy that plwha and NGOs are included in the process. Plan should have been ready one year ago, will finish next year and not even published yet. Each time president of AIDS Commission changes, so does the plan.

HIV not a big priority to Portuguese govt; met with health minister who maintains that plwha involved in new plan and in new treatment guidelines, yet Positivo maintain they are not involved in issues like UNGASS. Treatment of migrants bureaucratic but happening provided migrants know the law – they need advocates to enforce this.

Ukraine

Zorian spoke interpreting for Vladimir. In country there are a lot of difficulties due to the political turmoil: parliament still working but cannot function properly with out the president. Constitutional court however is not working.

More than 8 plwha die each day in Ukraine and 39 more are infected – despite this more than 4500 are on treatment, about 300 get treatment from the national budget. Despite this, the All Ukraine Network is still working and providing services to 14,000 plwha in Ukraine. Good and bad news – just started new project on mobilisation of MSM community funded by Elton John AIDS Foundation; bad news about it is that all previous projects with MSM in Ukraine have failed.

Contract with Global Fund for 6th round is in progress about to be signed. As of this year, prevention is one of the network's strategic directions. Aims are to keep working and provide the only stable national structure providing services to plwha in the country; no funding from ministry of health, plan to get some funding if they agree to transparent tender procedures: if they agree, the network may hand over money for government procurement processes.

Iceland

300,000 population; not isolated but far away from nearest neighbours. Einar's organisation had been very active during its first 20 years, now faces crisis. Held a seminar April 2007, bringing together plwha including those from the "divided" groups of MSM and heterosexuals for unity and solidarity. Discussed the future of the organisation; survey looking at quality of life and life skills of plwha in Iceland.

May change name of organisation away from AIDS organisation perhaps towards something like HIV Iceland.

Chairman's briefing on his work and that of steering committee:

Henrik reported there had been significant interest from WHO Europe – Henrik met Jeffery Lazarus in Copenhagen and he underlined that from the WHO position he was looking forward to cooperation and dialogue with HIV Europe – appreciates the need for this kind of network in Europe especially trying to broaden representative membership and being both West and East – liaising with ECUO observer status. This was agreed as a huge achievement in our first 2 years to have been acknowledged as a legitimate player in the European arena.

Henrik and others had been invited by the presidency of EU to participate in a conference in Bremen. This was a good opportunity for the chairman of HIV Europe and others to meet up with governmental representatives from across Europe and the other participants. Chancellor Merkel was very interested in involving more plwha in processes. There was strong indication that civil society forum representation should include HIV Europe, thus strengthening the voice of plwha in Europe.

ECUO / EATG / WHO conference held in St. Petersburg was another opportunity to meet people at a challenging conference for a non Russian speaker – appreciation and thanks were given to the Russian speakers participating in the Zurich meeting as it was being conducted in English.

Wojciech reported on the ENP+ meeting in Amsterdam. Bernard requested translations of the existing website pages into participant languages.

3 New organisations applying for membership

Romania

Henrik reported organisational applications from Romania (steering committee had agreed to their participation in the Zurich meeting and subsequently we haven't been able to contact them).

Ireland

An informal contact had been made by a group in Ireland, nothing concrete yet but perhaps something will come of it in due course. Henrik to contact the group again.

France

Discussion had been had with AIDES, but not yet able to proceed as they have yet to provide the information required for consideration.

Lithuania - Pozityvus Gyenimas

Jurgis was welcomed to the meeting as representative of Pozityvus Gyenimas (Positive Life). He explained a bit of their background:

Formed 2002, until 2006 they had no funding just working voluntarily. Underline the importance of partnerships and associations as they only got funding after joining ECUO. Working together when we ask countries and our friends, got many letters of support for membership of country coordination mechanism; Jurgis is now a member of it. All the challenges mentioned already are mirrored in Lithuania.

Mortality is an issue for the country – deaths related not to HIV but to other activities including criminalised activities like drug abuse; no services in place to deal with adherence, or those who died. Big issues with prevention MSM – gay clubs only avenue to target them. No information materials or condoms in clubs – national AIDS centre say they do it once a year (Dec 1st).

While Lithuania is on borders of EU, VCT is not free of charge in Lithuania. Drug users get free tests MSM too, but you have to admit to being one or the other first.

Opportunistic infections – no TB prevention, no STD prevention, no treatment for OIs in Lithuania – has to be paid for,

Still good news – lost many people just released from prisons who were used to prison health staff and stopped their therapy on release and don't access national treatment programmes : new agreement for prison doctor to continue treating these people at PG premises as a first step. Still need social worker and other staff – PG not financed by govt, all money to national aids centre. Things may improve with alternatives to current activity.

Pozityvus Gyenimas is predominantly led by PLWHA and is a national organisation.

The chairman asked members present to endorse the steering group's recommendation to admit Pozityvus Gyenimas to membership of HIV Europe – **Agreed unanimously.**

Switzerland LHIVE

Mick, who was representing Michele Meyer the driving force behind LHIVE, explained that the organisation was to be launched the following day in Basel, followed by a benefit concert in the evening. Swiss AIDS Federation had already stated the situation in the country,

LHIVE members are either PLWHA or those bereaved of positive partners, pushing the concept of disability and encouraging people to deal with disclosure: only president and CEO of LHIVE will be required to be open about their status.

There had been a 16 month developmental process starting with initial meeting of 20 plwha – no voice or face in Switzerland, but no plwha org in the country the for previous 10 years

LHIVE were invited by federal bureau to Bremen, to a meeting of positive people in 2006, starting with small supporting grant from the government. Some apparent goodwill towards the new organisation: intend to finance themselves by broader means.

Mick will not have any specific function – ordinary member, perhaps with mandate for representation on national and international networks.

Unanimous agreement to admit LHIVE to membership of HIV Europe.

GAT Portugal

Ricardo – on the board of both Positivo and GAT – an activist group for treatment, formed 2001, structure of people from different communities and organisations. GAT current based in Lisbon, advocates political and legal changes to protect health rights and qol of plwha; without universal access, no control over the incidence of pandemic – treatment AND prevention key to solution of pandemic. Access to health services and to prevention should be universal and respect human rights.

GAT not involved in prevention or services, only in treatment related issues. Deal also with OIs coinfections, side effects, any illness that increases HIV infection risk. Collaborates with similar organisations in Portuguese speaking countries in Europe and beyond.

Main areas include networking, risk reduction and drug policy reform, legal human and health rights of populations vulnerable to HIV infection, and human rights in general.

Structure – 50 members, majority with HIV, members of national and international orgs, GAT divided into groups working on issues – publishing information, treatment preparedness, Community Advisory Board in country, political group, training group. Always searching for new members from communities affected, good representation across Portugal. Bi-monthly newsletter.

Co-organisers of meeting June on rights to treatment care prevention for migrants and ethnic minorities in Europe.

In answer to a question Ricardo explained the relationship between GAT and Positivo; GAT had relationships with all the NGOs in Portugal, GAT assists Positivo on some issues and vice versa.

The meeting adjourned at overnight and reconvened on 5th May at 0930 hrs.

Apologies were received from Rosario Iardino who was dealing with personal issues in Italy.

Welcome additional representatives - Iva Krost from Croatia, and Einar Thor Jonsson from Iceland who arrived late on the Friday afternoon.

3 New organisations applying for membership (contd)

Portugal - GAT

By a majority vote of those present, GAT were welcomed as members of HIV Europe.

4 Other potential members

Moldova

Andreas suggested a pwa group in Moldova, but there was little known about them other than PLWHA in the country were very vulnerable, need more information. Jurgis advised he was in close contact and offered to deliver information for HIV Europe.

Balkans

Jurgis agreed to negotiate with colleagues at the Baltic Network to encourage individual country organisations to consider applying for membership; in particular Estonia and Latvia were mentioned. Jurgis to contact them and put them in touch with Henrik with view to their participation at next meeting.

Armenia

No information was known.

Kosovo

Olimbi suggested HIV Kosovo, Serbia Montenegro, and Vladimir recommended them too despite an overlap of activity with ECUO. Generally agreed that it was good for ECUO members to become members of HIV Europe because the more horizontal connections, the better they work : look at Poland – same for Baltic countries and Ukraine, members of both ECUO and HIV Europe – the stronger connections the stronger the networks are themselves. Any conflicts over things like finances far outweighed by the advantages.

Updated participant list

Agreed that updates to the membership list needed to be prepared and circulated, to include the name of the individual as well as a contact email address for the board or management committee of the organisational member. **Bernard to compile this and update the website with new members.**

5 Reflections on ministerial conference Bremen

Henrik proposed round table reports from people who were represented at the Bremen meeting for feedback – just under half the organisational members of HIV Europe had participated. **Agreed.**

Some found it different to expectations because countries were not visible, it was a very German conference. Impressed by the energy and interest represented by the German government stating that they wanted to take a lead and forward the issue to the G8 meeting. What we could and should do is find ways to follow up on what they do after Bremen.

The Bremen declaration re affirms Dublin, Vilnius and numerous UN resolutions: how do we hold our governments to these : proposed making it clear that we will act as watchdogs, that there had been enough declarations and not enough action.

Whilst good in many ways, what was weak was it was supposed to be ministerial conference and only six or seven ministers turned up – hardly EU-wide ministerial commitment.

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The Swedish minister had at least talked of involving plwha; now member states have to start involving us for real. Too many well meaning benevolent organisations are at the table and too few plwha led ones: HIV Sweden see it as an opportunity for a new start – HIV Europe should use it as a similar opportunity to use the Bremen process. Angela Merkel was very impressive.

The Vilnius declaration was signed by all member states; Bremen is all but a copy of the Vilnius declaration which itself is a copy of the Dublin one. PLWHA organisations are not involved in the process because when national delegations are formed they are mainly formed of larger NGOs and often PWA orgs not even informed. HIV Europe must make a statement or suggestions that plwha must be involved in these processes, not only those in existing civil society organisations, as the terms NGO and “civil society” are very wide and don’t actually say who should participate.

The Polish government had included a positive person in delegation. It was supposed to be a requirement from the hosts, the German government, that each member state should include 2 plwha reps. Very clear that Germany wants to help neighbouring countries, very good tool to work with the agreement of polish ministries to work with neighbouring countries. Very important for DG Sanco because it opens the door for different countries. HIV as an issue will feature in Portugal presidency of EU, and expect same for French presidency period in 2008.

By way of clarification: the Dublin declaration was the EU response to UNGASS 2001, Vilnius was follow up to Dublin. Dublin declaration talks about partnership and involvement and support of plwha. Bremen reaffirms Vilnius and other declarations, but the original EU position was as stated in Dublin. There has been clear improvement in involving plwha in between Dublin and Bremen; hopefully this will get better in the run up to second UNGASS declaration in New York 2008: we should try to encourage countries that do not involve plwha or PWA run organisations, to do so.

Henrik – had participated as chairman of HIV Europe – problem was that before the conference, there had been no real civil society or plwha involvement in what would be in the draft declaration. Proposed that HIV Europe should make a strong statement on what the declaration says; we should push from HIV Europe especially for those member states that did not include plwha in delegations and in preparation for next review of UNGASS, we have to push that agenda, and the GIPA principle, forward. We have to find two or three bullet points that we think should be taken out of the three declarations and moved forward.

On all the talk of delegations having to include plwha – that is not a good enough criteria, it was suggested that the person has to be recognised as representative of widest plwha community: it is often easy for governments to take along a “pet” plwha which may be convenient but not representative.

Additional problems were reported from the UK: as a large international donor through Department for International Development, DFID tends to lead on

international events like Bremen while the Department of Health (in England and Wales) or Health and Social Care department (Scottish Government) play a lesser role internationally; Northern Ireland is all but invisible (yet the Republic of Ireland are major players in HIV on the international stage).

Generally agreed that more precision was required; Bremen was focal point for their activities, perhaps the first time when attention was given by all member states to HIV in EU and neighbouring states. This is the first time that this declaration was raised by a presidency country as opposed to the EU itself. Germany has increased funding for HIV issues, but never heard German ministers talking about funding HIV activities in neighbouring countries. Very useful discussions on funding arrangements for countries neighbouring the EU; first time that the EU understood the threat of epidemics around the EU.

Re the civil society forum – it was reported to have been involved in dialogue on the Bremen preparations, from the EU civil society meeting in Bremen in respect of paragraph 33 of the Dublin Declaration: follow up is being undertaken by WHO Europe. At least when that is presented then we can tell our members that WHO has done a follow up of Dublin and what can be done.

It was considered that an indicator of implementation will be projects funded by EU, the Bremen recommendations are not obligatory, so we need to watch the process and make governments implement them.

Agreed – a sub group to draft a bullet point statement from HIVE:
Members : Bernard, Per, Jurgis (subject to available interpreter), Yannis subject to his board. To draft response for circulation to members and hopefully have some kind of document to agree upon from this meeting.

- 1 thanks EU for being invited to participate
- 2 point out one or two items as particularly important
- 3 individual members of HIV Europe will follow up to see what individual member state governments are doing
- 4 highlight what they are saying about involving civil society, welcome that but remind them that civil society needs support to enable it to fulfil a role here – mention that funding for plwha orgs is decreasing

6 Civil Society Forum / EU Think Tank

Andreas fed back from the EU Civil Society Forum (an informal consultative group of the EU Commission, formed two years previously with 30 organisations from all over Europe to give feedback to what is happening on HIV and AIDS agenda). WHO Europe has observer status at CSF meeting.

The Bremen meeting of Civil Society Forum was special meeting held just prior to Bremen ministerial summit. There was a chance to meet with health

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minister from Germany to give input on the declaration on the meeting and on the German presidency and what will be done. Chancellor Merkel promised to discuss and take forward the declaration to the G8 meeting.

Also discussed were human rights issues, the London conference and the WHO report on criminalisation. UNAIDS Programme Coordinating Board couldn't be discussed due to absence of one of the UNAIDS PCB couldn't be at Bremen (latest meeting in Luxembourg did deal with it). Next UNAIDS PCB was due in June 2007 in Geneva and there were opportunities for people to attend as observers at their own expense. The PCB have an impact on the global agenda and are seeking new members.

Dublin declaration monitoring process – WHO Europe has sent out to a wide range of participants who can influence the monitoring process.

Bremen and Luxembourg meetings discussed the renewal of the EU Civil Society Forum – now looking at criteria for membership, who can be members, who can be funded. Hasn't been a final document presented about renewal of the Forum, discussions on networks, individual organisations, nothing final. When received, Andreas agreed to circulate the final version to all HIV Europe members. There was potential that HIV Europe could become members of the Civil Society Forum; some existing members of the Forum are in favour of this, but it is the EU Commission that will finally decide.

More formalised is the EU Think Tank – member states – this meeting always takes place straight after the EU Civil Society Forum. The Forum tries to influence the agenda of the think tank and tries to discuss issues on their agenda in advance. Three or four CSF members are invited to attend the Think Tank.

Luxembourg meeting of CSF – circulated a report on combating HIV AIDS within the EU 2006/9 : reaffirms the declarations of commitment. **Andreas to circulate this report.**

Presentation received on the EU Public Health Executive Agency – how you can apply for money. Conclusion of PHEA is that it is impossible to apply for funding from EU as you have to have such a big organisation to handle the applications, follow up processes, etc – listened to criticisms, but doubt something will improve from comments received. Again most vulnerable are the smallest organisations who need the funding and most difficult to obtain it.

European council resolution also discussed (point 12 on the report of this HIV Europe meeting). There was a loose discussion on World TB Day 2007.

Drugs and Prisons and Prevention – good discussion, some of the issues harm reduction, maybe the most controversial both being discussed since UNGASS 2006 in New York with mention of women and girls, MSM, sex workers, harm reduction. IDUS appear to be being discussed more openly than before.

Portugal will take over from the German presidency and will focus on HIV and migration – how can we influence the presidencies to have a good focus on HIV and AIDS. Good that we are thinking one two three years ahead.

Wojciech expanded on his experience of the Think Tank: as an observer he saw it that people from CSF and Think Tank are very active in these meetings, making large contributions during meetings. Now was time for HIV Europe to become a regular contributor to these debates (personal view) as sometimes plwh have other issues than those represented by existing membership of CSF or Think Tank. Next meeting of the CSF and Think Tank is scheduled for October/November 2007.

Agreed that HIV Europe should pursue membership of the Civil Society Forum as soon as the opportunity presents itself.

7 *Europe Region of GNP+ : meeting in Amsterdam*

This was held same week as the Bremen ministerial summit, there was no funding and short notice given. Henrik had been approached several times to attend, but found it very difficult to get into communication with GNP+. Some HIV Europe members did participate, and they fed back their views on what happened.

To some it appeared that the Amsterdam meeting was seeking to set up another version of HIV Europe having admitted that it was too difficult recruiting individuals to join the Global Network of PLWHA in the Europe region.

There was discussion over the previous difficulties between GNP+ staff and HIV Europe members and whether this was based on personalities or organisational positions.

Agreed – recognise that the Amsterdam meeting took place; look forward to hearing from GNP+ on any revised arrangements for ENP+ which appear to be moving towards creating [another] network of southern and eastern European organisations rather than individuals.

8 *AIDS Action Europe*

It was noted that many HIV Europe members were now members of AIDS Action Europe and this provided influence and connection between different networks. Credit was given to AAE for improving the inclusion of plwha and on the many seminars and conferences arranged on issues of major concern to plwha.

The call for vacancies on the steering committee AAE was noted.

9 ECUO

Noted the absence of an official ECUO observer at this meeting; Jurgis offered to find out why from the ECUO secretariat.

10 European Conference on the right to HIV AIDS prevention treatment care and support, Lisbon meeting

Noted it had been difficult to get a representative to attend this meeting and that, in the absence of a steering committee member, a UK migrant representative had been briefed to attend on behalf of HIV Europe.

Ricardo reported that GAT and EATG thought it important to bring experts on these areas to a meeting in Lisbon to have the discussion about the issues on 7th and 8th June. On 9th June, there was to be a Portuguese national conference on same issues.

11 Expert seminar - Legislation and Judicial Systems (AAE and hosted by National AIDS Trust in London)

IngerLise – updated the meeting regarding the pre seminar report. Results of a European Survey had been circulated to HIV Europe members.

Extreme differences in approaches are taken in different member states. Areas of debate included migration issues, confidentiality and human rights, and access to justice. Criminalisation was not discussed but participants stressed that they need that if there is to be a second seminar.

AIDS Action Europe have introduced a “clearing house” on their website for best practice contributions from across Europe. A final report was to be published towards to Autumn and will be distributed to members of HIV Europe.

It was suggested that HIV Europe should have short statement on migrants and access to treatment, but agreed that HIV Europe should have a position on migrant issues and defer to EATG who have greater competence to take a position on specific treatment issues. EATG to be informed of this by Bernard.

12 European Assembly Resolution 1536 2007 – HIV / AIDS in Europe

Whilst this resolution contained many good issues, for which HIV Europe congratulated the Council of Europe, there were severe reservations on point 11.3 and use of the word “wilful” in English which roughly equates to “recklessness” and brings in issues of disclosure and or condom use, is stigmatising to plwha and yet at 12.2 it encourages states to speak out to reduce stigmatisation.

There was a significant issue for Denmark on whether the omission of exposure is intentional because lot of prosecutions have taken place in Denmark for exposure (with or without transmission).

At point 9.10 it was good to see a strong position against compulsory testing and an emphasis on voluntary counselling and testing.

Andreas reported that there was to be a meeting with the vice president of the EU shortly and he was asked to put forward the feelings of HIV Europe on the overall resolution, but to include the concerns over point 11.3.

13 Criminalisation of HIV Transmission

The meeting discussed a World Health Organisation technical report from 16 October 2006.

Noted that a community satellite session on this issue took place at the Eighth International Congress on Drug Therapy in HIV Infection, held in Glasgow, Scotland in December 2006. Nikos Dedes had chaired this session and Bernard Forbes had been one of the speakers.

Agreed that HIV Europe should take a position on criminalisation and hopefully a future meeting in Copenhagen would involve WHO staff based there. Additionally, HIV Denmark would be launching a research report on Quality of Life for plwha in summer 2007.

14 EU DG Sanco bid

There was discussion and an update re potential participation of AIDES and Deutsche AIDS Hilfe. The general feeling was that it was premature for HIV Europe to discuss this kind of project,.

15 Secretariat for HIV Europe

The Warsaw meeting had agreed that HIV Denmark should take on a secretariat function for HIV Europe. It was confirmed that there were no barriers to this in the constitution / statutes of HIV Denmark, but the challenges lay in raising funds to support meetings of the network, protecting funders by giving some comeback through HIV Denmark as a legal entity taking responsibility for HIV Europe. The general council of HIV Denmark had agreed to this proposal.

This was unanimously endorsed as a temporary solution that was practical and pragmatic allowing HIV Europe to concentrate on the substance of the work rather than other background matters.

It was agreed that some form of memorandum of understanding (MOU) was required to confirm the relationship between HIV Europe and HIV Denmark with regards to the secretariat function.

Membership

Henrik circulated a draft sign on letter for members re HIV Denmark. Existing members need to sign the sign up letter and return original documents by post to Henrik at HIV Denmark. The sign up letter for member organisations requires two signatories from the member organisation as well as primary and secondary contact information.

Agreed that references to HIV Denmark as secretariat in the draft sign on letter should be removed in case the secretariat arrangements changed at some future date (in order to avoid the sign on letters having to be re-signed).

Memorandum of Understanding to be prepared in readiness for next meeting.

Steering Group – vacant position for East Europe

Noted that the steering group position for Eastern Europe was still vacant. Agreed this should remain so until discussions had been held with Balkan and Baltic potential members. Discussion on what was meant by “East” and noted that WHO had the same difficulties on a definition. Agreed that any decision on which organisation could represent Eastern Europe on the steering group should be left for those that consider themselves affected by such a decision.

16 Host and venue for next meeting

Discussion on potential hosts for next meeting, noting the challenges and the administrative burden to putting the arrangements together.

Indicative costs from previous meetings were given as:

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Zurich	€18,000
Warsaw	€13,000
Rome	€8,000
London	€12,000

With every meeting there had been more participants and costs would only increase in this respect as the network grew larger. There were concerns that some member countries would find it incredibly difficult to hold meetings under the previous arrangements due to the prohibitive travel costs (eg, Iceland).

Additionally, translation costs would increase with more members from organisations and countries where the likelihood of English speakers was far less than the existing membership.

Henrik hoped to be in contact with potential funders and would put forward bids that, if funded, would remove the burden on individual host organisations as the funding arrangements could be centralised regardless of venue.

Timing of meetings had to avoid clashing with other major events. There was also potential to use major events where most if not all HIV Europe members were present to hold a meeting if possible.

There was discussion on potential hosts for future meetings and it was **agreed** that following timetable should be attempted:

Autumn 2007	Denmark
Spring 2008	Portugal
Autumn 2008	Finland
Spring 2009	Croatia
Autumn 2009	Iceland

Issues for the next meeting:

Criminalisation position paper,
Council of Europe paper,
Denmark research project on living conditions – sharing good practices
and reflection on shared issues.

17 Website

There was a need for translations of some of the existing text as this was only available in English and Italian. **Agreed** it would be useful for copies of the English text to be circulated to members who would then return translations to Bernard.

After long discussion it was agreed that not all the pages needed translation into all the languages, but the main pages were essential. With no Spanish or

German members of HIV Europe it was considered helpful if translations could be carried out if anyone had the language skills to do it. It was accepted that there would be huge challenges with translated pages in Russian and Greek in particular.

Use of a content management system would assist and this is being investigated particularly in order to introduce a “members area” of the site. Member organisations that considered it was very important to translate the entire site into their local language should do so, others where English was more widely spoken (and most used when conducting internet searches) should translate only those parts that were considered most important.

Translations to be sent to Bernard who would update the website on receipt.

18 *Travel restrictions for people with HIV infection*

Documents previously circulated were noted, in particular “Moving Beyond the US Government Policy of Inadmissibility of HIV-Infected Non Citizens” published by the Center for Strategic and International Studies in March 2007.

The Scandinavian governments had made their feelings on travel restrictions known to the US State Department, no response had been received. The Scandinavian ministers were commended for taking this provocative stance with the US on this issue.

Similarly, the letter sent from HIV Europe to US State Department on this issue had received no reply. Other organisations represented around the table reported that they had also written (and received no response).

Noting that most of the discussion had focused on the USA, it was highlighted that there were restrictions much closer to home (Russia) and there were also concerns over the intimated direction of travel of the Australian government particularly as the next International AIDS Society meeting was due to be held in Sydney.

Agreed that both residency and tourist restrictions based on HIV status were viewed as discriminatory, HIV Europe should prepare a letter to the Australian Government and the International AIDS Society regarding potential boycott of the IAS conference in Australia.

19 *Meeting Closure*

The meeting closed at 1730 hrs with a vote of thanks to the Swiss AIDS Federation for hosting the meeting and making all the arrangements.