

HIV EUROPE

Minutes of the fourth meeting held at Courtyard Marriott Hotel
Warsaw
17th – 19th November 2006

This meeting was supported by a grant from GlaxoSmithKline.

PARTICIPANTS

Arildsen Henrik	(Chairman) HIV-Danmark	Denmark
Lindberg Lars	HIV Sweden	Sweden
Berglof Andreas	HIV-Sverige	Sweden
Karjalainen Ritva	Positiiviset ry Munkkisaarekatu	Finland
Karsikas Kimmo	Positiiviset ry	Finland
Per Milijeteig	HIV Norway	Norway
Suter Caroline	Aids-Hilfe Schweiz	Switzerland
Forbes Bernard	UK Coalition of PLWHA	UK
Jónsson Einar Thor	Alnæmissamtökin	Iceland
Hoxhaj Olimbi	Albanian PLWHA NGO	Albania
Beganovic Tomislav	Croatian Association for HIV	Croatia
Fernandes Ricardo	Positivo	Portugal
Dedos Nikos	Synthesis/EATG	Greece
Zhovtyak Vladimir	All Ukranian Network of PLWH	Ukraine
Leonchuk Natalia	ECUO	East Europe
Valvo Corrado	NPS Italia Onlus	Italy
Minalto Michal	SIEC PLUS	Poland
Tomczyński Wojciech	SIEC PLUS	Poland

1 Welcome by host organisation, SIEC Plus, Poland

Wojciech welcome to Warsaw particular new participants and outlined the arrangements for the meeting and logistics.

Henrik as Chairman welcome and opening remarks. Proposed that items 2 and 3 of the agenda be joined together in order that all organisations make a short presentation for the benefit of others. After that the existing members of HIV Europe would formally vote on the admission of newcomers.

2 Presentations

Finland, Ritva and Kimmo, Finnish Body Positive. Main areas target stigma and discrimination, treatment options and basic support through the organisation. 200 members small active group but very representative.

Albania Olimbi organisation of PLWHA Albania founded 2004 advocating for rights, treatment and human rights for plwha

Driven or led by plwha yes
National or regional yes

Membership agreed welcome

Sweden HIV Sweden, founded 16 years, national umbrella mainly consists of member orgs than individuals, represent the classic risk groups and various parts of Sweden, all for and or driven by plwha, whereas umbrella org deals with rights, access to treatment.

Italy Corrado - NPS national org plwha advocacy, policy prevention and access to treatment, founded 3 years.

Natasha ECANetwork – English booklet circulated. Work across 20 countries in Eastern Europe and Asia. Agreed Natalia observer status and HIV Europe to work in cooperation with the Eastern Network

Vladimir – All Ukraine – 500 members 14,000 clients, led by plwha. Brochure circulated in English.

Driven by yes
National yes

Membership agreed welcome

Poland Wojciech – SIEC Plus, national network of plwha, founded 3 years, 324 members, advocacy, policy, in the interests of plwha, strong cooperation with other networks, major issue is access to treatment and access by IVDUs to treatment. Members of Eastern Europe Central Asian positive organisations

Denmark Henrik, HIV Denmark org for plwha, relatives, bereaved, parents and those affected. Founded 15 years, representative of all those infected regardless of transmission route.

Norway Per HIV Norway, both individual (mostly HIV+) and organisations engaged in HIV issues in Norway or abroad. Chair of board must always be HIV positive as should a majority of the members of the board. Founded by plwha 20 years ago, counselling, advocate for rights, lobbying, advocacy, provide information.

Portugal 11 million population, 30,000 with HIV, 10,000 on treatment and prevalence between 15-49 yrs old of 0.4%. Positivo founded 1993 by current chair of board, all of whom are positive. Work psychological and social support, advocacy, serviced provider counselling, food, home care; programmes for sex workers, women. National.

Membership agreed welcome

Croatia Thom Croatia Association for plwha. Majority of board positive. National, education, prevention, VCT, psycho social support, groups of plwha. Next big project healthcare for the dying.

Membership agreed welcome

Switzerland Caroline, Swiss AIDS Federation 21 organisational members, prevention, counselling, advocacy and lobbying.

UK Me

Michal SIEC net plus, also works for other Polish NGOs and GOs

Greece Nikos – Synthesis, founded 2000 from group of plwha who left another organisation that provided services, in order to target plwha to provide info on treatment, counselling and support, mainly via website (only website in Greek for plwha), majority of members are positive and board are positive. Based in Athens and collaborate across the country.

Membership agreed welcome

Iceland Thor Flight delayed. Only organisation in Iceland for plwha providing care and educational information, supported by health ministry. Iceland population 300,000 most of HIV positives in Rejkavik around 200 plwha in country. Primary concerns welfare of PLWHA and quality of life.

3 Additions to agenda

Late notification, GIPA paper from UNAIDS, and GNP+ meeting in Amsterdam December Agreed.

Agreed to extend the Friday meeting to 6.30pm due to fullness of agenda and early departure of some delegates

4 What's new in the countries/regions?

Finland – expect worst year ever in Finland's history with regard to new infections, rising to that challenge. Have just republished self treatment manual, going to all hospitals in Finland to reach out to public health workers and PLWHA in other regions than Helsinki to reach people in rural areas.

Albania – Treatment roll out since 2004, half PLWHA through blood transfusion half through mtc, law to protect plwha since 2000 but not working – advocating to protect

human rights and fight against stigma and discrimination. Meeting in December with members of parliament to make new law to rescind some points of older law. Very high levels of stigma against plwha in Albania, trying to make changes in this.

Sweden - Leaflets distributed. New government since September, from SDP to conservative and don't know yet what this will mean. On Monday meeting new minister for health to discuss thoughts of new government on HIV. 50% of members of parliament are new, so meeting members from different parties in committees that are important to inform them and give them information. Started new project last year for young people with HIV, quite a small group, but very hard to reach. Met with medical association of Sweden and Amnesty International – Amnesty focusing on violence against women, ? and discrimination. Also new member applying for membership – a heterosexual org.

Italy - one month ago national congress of plwha which was a big success as first conference for NPS Italia. All details on internet. Have begun legal project, running several prevention projects, now starting a consensus conference with other ASOs.

Eastern 1,600,000 plwha in region, 6230 adults and children so far died. Main problems are epidemic is IVDU and lack of programmes at harm reduction, lack of substitution therapy, introducing ARVs and high levels of stigma, discrimination and violation of human rights of plwha and drug users. Ukraine just obtained global fund money Round 6, government does not support even the procurement of ARVs (Russia not a member of network)

Ukraine - Following WHO info in Ukraine, 1.5% are HIV positive. Official statistic is 100,000 and 4,000 on treatment. Two years ago only 200 on treatment. High levels of stigma and discrimination against plwha, no access to substitution therapy for IVDUs. Network covering all issues regarding HIV and AIDS. Five six years ago started with advocacy for positive people, learned that they had to show the people who to be active to change. In Global Fund, will be responsible for care of plwha in Ukraine. Financing around 45 small organisations to give services to plwha in communities, home care and hospital treatment. Last week Guatemala at Global Fund meeting, Ukraine received \$151 million for activities on AIDS over the next five years. 50% of grant will be dedicated to prevention, 50% for treatment and care. Government has changed many times, used to working with different governments. Member of national committee for AIDS in Ukraine and influence decisions of the committee. Have plans to assist ministry of health in Ukraine by providing HIV drugs for them. Large corruption in Ukraine, so good that Network controls how the money is spent and not the government.

Poland Newest issue is sperm washing. Cooperating with Ukraine for couples from Ukraine to come to Warsaw for sperm washing and IVF. Organised 10th Jubilee national meeting of PLWHA together with international seminar on quality of life (financed by DG SANCO integration project). After that, invited to go to other countries to present on these experiences. Serbia – visited for the birth of new plwha organisation in Belgrade. Similarly in Romania a new organisation formed in Bucharest. Both

3,000 in Poland on treatment, government is scaling up treatment. Members of committee preparing national programme and for next year will have around €30 million for HIV and around 95% for treatment, 5% for prevention.

Denmark Main focus is on criminalisation, have court case of transmission by one gay men accused of infected three others. Decision should have been made, defendant acknowledges unsafe oral sex, but not anal sex. Unsure if court can convict for oral transmission. Over summer were talking about travel restrictions, in particular the USA, minister of development in Denmark tried to write letter Sweden Denmark and Norway to US complaining of restrictions. Also recently taken up issue of travel insurance for health cover on trips abroad, discussing with travel companies as people who've had AIDS diagnosis, companies won't insure them. Strengthening support for sperm washing artificial insemination and adoption initiatives for couples wanting children.

Norway One para in criminal law that they want to get rid of, complex clause preventing spread of HIV and punishing those who infect other people. See this as important test on how mature Norwegian society is on understanding HIV issues. Have seen from early discussions evidence of shallow understanding by law makes and see this as very important issue for next few months. Find it difficult to put HIV on public agenda for discussion, so trying very hard with WAD to focus attention on the issue. Challenging organisations to put HIV on the agenda. Are seeing an increase in the numbers of infections which is causing unrest and panic, no one knows what to do in order to curb the infection rate. Have just appointed a new secretary general and are shortly continuing to discuss how to actively seek plwha to take positions in the organisation.

Iceland Groups for plwha (one gay one straight) the last five or ten years they haven't been very active. The organisation has been doing schools work. QOL after ARVs, we have forgotten ourselves (complacency?) hope we are able to move forward to do projects and strengthen voices of plwha, increase confidence and keep rights.

Portugal Lobbying state to follow the international commitments they have signed because don't feel government is doing what they signed up to at UNGASS (etc). Will be talking with minister of health and president to pressure and press these points. New law prohibits hospitals buying new drugs until a new pharmaco economic commission established – pressing for this to be established. Lobbying ministry of health for national prevention plan as don't have one and the old ones didn't work. Women – not giving specific information to women.

Croatia Problem with government – too convoluted and doesn't support any initiatives re HIV in Croatia. Problem with education, if head teachers of schools don't always approve of HIV education for young people. Tourism in south Croatia, research among school population shows 88% of young people having sex don't use condoms. Big problems with media and stigmatising coverage of HIV issues. 50% increase in infections in past year. Free medical treatment for all plwha, only 588 registered for treatment, but only 1% of population are testing. WAD campaign

Switzerland more and more conservative government influencing work in HIV and AIDS field, funding cut, changes in laws covering disability and making it more and more difficult to get disability pensions, some pensions being cut from people who have received them for 20 years. Restrictions on asylum, plwha from sub Saharan African countries being sent back despite lack of treatment. Project to educate doctors health care workers on data protection law after many violations by healthcare workers. New project on hiv and employment, legal research study finishing end of this year. October open space meeting for 200 plwha organised together with Life, pwa org starting spring next year.

UKC

Greece Probably looking towards worst year 25% increase in new infections, major priority is to push government to create a national plan for HIV. Ministry responded last year and invited Synthesis to be part of national plan, no action plan. Now a change of minister and now nothing moving forward. Wish to focus on prevention among gay men and sexual health. Majority affected are gay men, low percentage testing due to high levels of stigma and discrimination. Stigma big battle, already exists inside HIV community and also the gay community, which is why created magazine called 10 percent, in order to present notions and ideas like discordant couples in order to familiarise people with the issues. Migrant situation – issue with lot of migrants in Greece but not so many are from high prevalence countries. Anyhow, all have access to ARVs, so lucky in that respect, but big problems with human rights. Collaboration with Amnesty International by HIV Europe seen as potentially very useful.

Close of meeting on Friday at 18.25, followed by dinner in the hotel restaurant where informal discussions continued.

5 UNAIDS Policy Brief on GIPA

This item was not on the original agenda and was added as an important issue that needed debate in order to construct a collaborative response from HIV Europe. Agreed potentially use this paper as a basis for our work on GIPA.

Bernard briefly introduced the paper prepared by UNAIDS and distributed 10 November for consultation. Discussion. The deadline for responses was 30 November 2006. Agreed that members

Positive Prevention missing – no acknowledgement that plwha who know their status who are probably contributed more to HIV prevention than any other group – evidence.

Vulnerable Groups under action for international partners, point 2 particularly mentioning the rights of women, young people and vulnerable populations may lead to ignoring the other plwha not only those listed as vulnerable as all plwha are vulnerable. Beware taking out specific mention of groups who are specifically marginalised in some countries (gay Uzbekistan criminalised, Moslem countries women or young girls , IVDUs. Consider put in

the whole list, interesting to measure the effect of some of these words as they did not get into the UNGASS political declaration.

How to monitor GIPA. Document mentions challenges to achieving GIPA, but no solutions – plwha are the potential solution, whenever a government sets up a programme on any issue, we as organisations should aim for meaningful involvement under GIPA, and we should aim to include a GIPA goal in any programme. Monitoring of programmes should include an assessment of the GIPA component in any national plan dealing with prevention, care, treatment, etc. In developing countries, is there data collection on UNGASS indicators, one of them is involvement of plwha, evidence from recent Moscow meeting that in the East that there are no important indicators in some countries. Impossible to enforce or grade these indicators – you cannot ask multi laterals like UNAIDS or the EU to come and help: GIPA indicators can only be accomplished on a national level, there is no way to put in measurements from outside, it is up to us to do this locally. Monitoring can only be done by local people, other countries or multi laterals cannot do it. Example measurements might be that local and regional networks should be involved in policy development, the measure being were they meaningfully involved and this can only be measured by people in country, in region. How would a country like Croatia be persuaded to take on some of the actions proposed for local organisations, governments, when there is no support for NGOs either by government or external funder agencies.

Long discussion on tokenistic engagements with unrepresentative and small numbers of individuals in countries where this is espoused as “involvement” when it is mere employment in many cases, not involvement with the wider communities.

What kind of plan or goals does HIV Europe have to spread the word on issues like this, could we build a plan to follow in the future.

Young people? Nothing really mentioned, how do we get young people participating – one of their barriers to participation is fear of disclosure / stigma, so how do we pull them in?

Andreas – to some extent positive development book from GNP+ describes how at different levels you can start up and strengthen an organisation, this is missing from the paper.

Research not included in areas of involvement – research which is not mentioned anywhere and traditionally one of the first things plwha did was pressure for access to new treatments, for research and break in to FDA, etc., and this is an area where there is great involvement with scientists, industry.

On page 7 – suggest deleting what works as this will be likely to only include issues applicable, not many issues included and perhaps these should not be within a short policy briefing.

The ladder of involvement shown in other GIPA documentation could be repeated somewhere.

Priority should be given to stressing the inclusion of GIPA in national plans.

Bernard to draft a brief but purposeful statement for member organisations to agree, allow us to try to hold our government organisations to the principals of GIPA and the way we think it should be implemented.

Agreed to hold future session on GIPA to work out how we as HIV Europe are going to put it into practice. For example HIV Europe to issue a shadow report on the state of GIPA, the reality on a country by country basis. Perhaps then HIV Europe starts to become a monitor of how well GIPA is working in the various countries – of course it is not always government that is the sticking point, it may be the local plwha organisation that is not doing anything to bring the GIPA principles forward.

Amnesty International cited as potential partners in any work like this.

6 Funding

A letter from GSK was circulated to all participants. GSK were thanked for their support of the meeting.

7 EU Civil Society Forum

Forthcoming meeting, Andreas, Nikos and Wojciech

Nikos after Dublin declaration, pressure on commission to do something on HIV in general. First was to create an inter service group of people designated to be HIV liaison people in different DGs. Think tank created within DG SANCO with reps from all members states and experts from UNAIDS, WHO ECDC and a number of observers. EATG nominates three people to sit, AIDS Action Europe three people. Interacting for 18 months with think tank and need to bring the opinions of civil society. Now civil society forum meets the day before the think tank, EATG co funded the first meeting like this in 2005 and the official initiation of the think tank in 2005, the next will be the third meeting.

Thirty reps for civil society, plus observers like UNAIDS, WHO and the commission itself. The meeting of civil society is much more interesting and informative for the commission. This feedback led to the document, the policy communication from the commission on 15 December 2005, on the commitment of the commission for the next five years.

Andreas offered copies of a presentation to be circulated by email on the work of the civil society forum, and explained his position as a member of the civil society forum as representative of HIV Sweden and Nordpol.

Next CS Forum next Tuesday Wednesday in Brussels. Agenda very full, of interest next presidency – special conference on HIV AIDS in Germany : Germany chose this on the topic of health. Ministerial meeting in Bremen on 12 / 13 March 2007 and civil society invited to be present. Chancellor Merkan SPELLING will open this meeting, thus meeting

has risen in importance. National delegations, asking for civil society to participate but presidency cannot enforce this. Potentially governments being told they have three slots for people and should invite some from civil society. Should make sure that in programme and in the delegation that plwha are invited. Official announcement will happen next Tuesday, then the invitations will be circulated allowing plwha organisations in member states to put pressure on their national delegation for inclusion. 16 more countries on top of EU member states will be represented. There will be a declaration and a draft will be presented to the civil society forum. Focus of attention has shifted slightly away from prevention towards partnership, leadership and engagement with civil society.

If organisers recognise that there is a gap, they will pay to ensure attendance from organisations in a particular country. HIV Europe was mentioned as the one European network that should be invited to the Bremen conference.

Need to identify the additional 16 countries, but confirmed that the EFTA countries are included, remainder to be confirmed – neighbouring and accession countries included. All networks across Europe should have all the documents shortly after the civil society forum.

GIPA - Dublin declaration will be discussed. Human rights, last meeting held informal survey and may not have been very robust but indicates there are things to be addressed and work needs to be undertaken to promote human rights of plwha.

European Centre for Disease Control in Stockholm will present report of their meeting on prevention. Important thing is that ECDC included HIV as one of the main topics for monitoring. Increase of 40% new cases of HIV over last 4-5 years in Europe (EU). The people there are epidemiologists and reported on frustration at the difficulty they have with convincing governments to cooperate. Testing policy – not insisting as much on counselling and consent, all representatives from countries were against following the lead of USA. Uptake of testing in Hungary vastly increased since introduction of VCT in that country more recently.

Opportunity as European networks to have a dialogue with them and to develop national relationships with surveillance authorities in country, as these also involved in development of prevention programmes.

Civil Society Forum and Think Tank having real impact on lives of plwha in EU. Barometer – knowledge of HIV issues shown to be low across EU. CDC guidelines on testing on agenda, drug users, priorities for the forum.

Andreas to circulate documents straight after the forum meeting. Consider having future debates on the civil society forum.

Acknowledging the importance of the Civil Society Forum, may need to look at how HIV Europe best timetables future meetings in order to discuss issues on the Civil Society Forum.

Comment on EU shutting the doors on Eastern European countries many of whom will seek to join the EU. Already there are representatives from some of these countries (Serbian, Albania cited) but civil society forum can ask why extra countries are not included, noting that BelaRussia is always invited and never attends. Greece never attends the Think Tank, but does attend the Civil Society Forum.

Discussion – we can try to influence the commission, and important that we hear people's stories in order to feed into the civil society forum.

Do HIV Europe apply for a seat there?

Who would represent HIV Europe to the seat at the civil society forum. Should it be the chair or should we appoint someone to the seat. Perhaps we could choose the most suitable to attend a meeting on the basis of what is on the agenda. The organisation on the seat is funded, gives opportunity to bring someone else as an expert and note that there are other members of HIV Europe around the table, thus HIV Europe could appoint an expert on a specific subject to attend specific meetings.

Agreed HIV Europe will apply for membership of the Civil Society Forum, noting that it is the Commission that decides who the members should be.

8 HIV Europe website update and handling contact with different organisations

Henrik proposed each country member is to have two participants of HIV Europe recognised by the individual organisation and appointed by them, plus some kind of mail address where information will be copied to the organisation as a whole ensuring the legitimacy of HIV Europe and the widest circulation of information.

Easier to communicate with people for discussions, little confusion because the same names used on mailing list from first meeting may not be those who are currently mandated to represent on behalf of the member organisation.

Have to ensure there is a structure that supports circulation of information to all participants and that information flow should not stop for one individual just because he or she is not able to attend a particular meeting.

Information and mailing list contains some who are not members of HIV Europe. Finland has decided that communications should go to office email address from where it is distributed further and in order to avoid confusion never mind who is coming to meetings. This ensures all information is kept at and available at the office.

In between meetings communication is vital, so individual representative correspondents are vital alongside transparency through ensuring that organisations are kept completely informed. Nikos – ask organisations to specify (a) official email address and (b) correspondent contact details. Each organisation has to decide, but the most effective can

be to communicate with the organisation offices to ensure that if a correspondent is unavailable someone else at least is aware.

Representatives were asked to identify an official email address of their organisation, this list to be circulated to members. Henrik will then write by email to each organisation requesting nomination of two contact people as representatives to HIV Europe.

Website update

Bernard update on problems with web server situation. Lars has outline layout for new website. After four meetings we are bursting with information about HIV Europe so how do we manage it practically and financially. Discussion, including the need to identify resources to support a webmaster if we get funding in order to support the steering group to create the backbone of the website content and keep it updated, while country members can contribute information and take part in discussions through the website.

Cannot appoint person to be responsible until discussions on funding have been completed.

Email addresses – hoping for facility for contacts via the websites, additionally that at least the steering committee has an @hiveurope.org email address.

Question, which region does HIV Europe represent? Answer = from the outset, HIV Europe adopted the WHO definition, acknowledging the barrier of language between the west and eastern countries. Now the best option appears to be to try to bring things together and in particular to engage with ECUO for discussion, stressed that there was no intention to be in competition with ECUO, the issue was cooperation.

Great concern expressed regarding plans to promote greater involvement of people in Eastern Europe and Central Asia – similar concerns about GNP+ from people in Eastern Europe and Central Asia, particularly because organisations like this are very involved at a global level, but at grassroots there is limited knowledge by people on how to get involved with them. The frustrations voiced by Eastern representatives were mirrored in the West – the policies of northern America appeared to be being imposed on plwha in Europe and this was not acceptable. PLWHA in Europe, east and west, should be helped to stand up and say “no, we can do this”. Thus the tighter that HIV Europe can work with ECUO and EATG the better. ENP have never put forward representation to GNP+ when dwarfed by the global situation.

Nikos – whenever you reach the global level, you will find yourself dwarfed by the 25 million plwha in the world affected by HIV; at European level, the figures are dwarfed by those of other continents.

Western countries have always been represented very well, less interest has been given to those in the east. We must create a real network of patient NGOs from all of Europe with a good secretariat and ability to issue press releases, to start supporting the needs of those

in eastern Europe. People in Ukraine, in Russia, need to decide which will best address their needs, don't forfeit right to subsidiarity – if you can address issues on a country level, do it and don't expect others to do them, they probably are not able to. If you aim too high trying to get things changed, cannot always expect a global organisation to prioritise the issue as they juggle with global issues.

Useful discussion that take us to the future, finding out what is happening to plwha, the people we are and the people we represent, helps make HIV Europe stronger through trying to overcome the feeling that things are going on “over our heads” and over which we have not control. Better to hurry slowly, rather than collapse before we have any impact on decisions being taken for plwha at higher levels.

The strength of HIV Europe is that the issues raised are those where we feel exactly the same – at present 14 countries represented and agreeing on the issues, unknown if we would ever get to 59 countries. For some in the west it is important for countries to consider how they contribute to helping those in the east, sometimes the obsession with Africa means that eastern Europe and Central Asia are totally ignored.

HIV Europe will only exist of those that participate find it useful and of some influence – that includes getting information on what is going on in other countries to inspire our work in our home countries. Great hopes that HIV Europe can help people with their national work. Influence is important, raising the issue of particular concern to Europe that disappear within the global discussions is important, getting access to fora and being able to speak is important.

Potential to look towards a conference between HIV Europe existing members and those of ECUO, but too early to comment on where divisions might be – instead look to continued cooperation.

Contrary – since East have created a network, HIV Europe make a memorandum of understanding with ECUO in order that they bring 12 voices for the ECUO countries within HIV Europe as the mechanisms exist for ECUO to change anything that doesn't work. How the twelve want to join is up to them. Ask ECUO what is the best way forward to work together. Will the emerging Balkan network also wish to operate separately or will Balkan countries rather join with HIV Europe.

Discussion on parallel smaller networks like Norpol where all members are also members of HIV Europe but there is no suggestion that Norpol should be dissolved as a result – there are still regional issues the will need to be addressed.

Not having shared language is no reason not to work together, it is not the real reason although cited by many for making it difficult to work with the east. For HIV Europe we need to find ways to get interpreters to ensure we have the best dialogue.

Agreed that both steering group HIV Europe and ECUO steering group/board discuss how they wish to relate and respond with how we can all work together for our common goals.

Agreed also to contact SEEN (South Eastern European Network of people living with HIV) to arrange similar discussions.

9 GNP + meeting December 9th 10th Amsterdam

Andreas spoke to previously circulated email dated 10th November 2006 from Kevin Moody, GNP+, regarding meeting in Amsterdam – very few participants had seen or heard of this. Of those that had, it seemed that most could not attend at such short notice.

There was a lengthy discussion and it was **agreed:**

Individual organisations to respond individually to the GNP+ email and send their apologies and concerns if appropriate.

HIV Europe should write to the GNP+ secretariat and the board of GNP+ and ask them to convene the agreed stakeholders meeting. ECUO to consider making an identical request once they have seen the request from HIV Europe, alternatively, if agreement can be reached quickly enough, the request should be a joint one from HIV Europe and ECUO.

10 Legal status of HIV Europe

Henrik introduced the issue by explaining the difficulties of obtaining funding for general HIV Europe issues without a legally constituted body and a named person to take responsibility for any funding.

Questions also needed to be answered about what we do internally regarding disputes and do we have any control of these, how we vote on positions and what do we do in cases where there is only a majority but not unanimous agreement on an issue.

Discussed.

HIV Europe is a network, it is based upon trust not upon building a huge bureaucracy. Developing statutes was agreed as a lengthy and time consuming process that could take attention away from the issues that need to be dealt with. It is only through the way that we deal with those issues that we can prove our usefulness. We risk losing the flexibility and the openness created so far by concentrating on creating a legal entity.

The strength is in the ability to meet and discuss issues of concern, on what is happening and sometimes more importantly what is not happening. We have to consider the potential future problems of not getting funding without legal status, we may have to continue relying

on lead organisations in countries who so far have dealt with finance from sponsors of our meetings.

Until we find the time to devote to these issues, proposed that we concentrate on using the London meeting's platform document (circulated) and that all organisations that are members of HIV Europe should sign it. Then when we find a solution for where a secretariat should be based, we need to look at the criteria to be met for a legally constituted organisation in that country.

Suggested that the same voting process for selecting new members is applied to other decision making – decisions must be agreed by a two thirds majority of the entire network membership.

Proposal that one of the member agencies could be given the responsibility as a legal entity responsible for the finances of HIV Europe, provided that the agency was able to

Michal gave a short presentation on methods used by other networks where the only legal entity is the secretariat, a system with advantages and disadvantages. Nikos expressed his experience of becoming a board member of a large network organisation, and also reported that he had suggested (through EATG) that the ten major pharmaceutical companies each allocate €15,000 for HIV Europe, smaller ones less, but this would create a sufficient budget to continue with meetings and a secretariat.

Parallels were drawn with the three years of work that went into creating the statutes for Nordpol when this was set up. As a result it was generally considered best to have the lightest possible governing documents for HIV Europe.

Consideration was given to the suggestion of selecting a third party who would deal only with the funding completely separate from the governance of HIV Europe.

It was agreed that:

the Steering Committee to prepare a set of governing rules, and consider solutions to the creation of a legal entity to take responsibility for finance, and location of a secretariat for HIV Europe (consider creating a legal entity based in Brussels – taking technical assistance from EATG).

representatives of the member organisations to be asked to sign up to a letter of commitment based on the existing Purpose document of HIV Europe as an indication of their commitment to the network.

11 Economic issues - funding

Proposed to add Nikos Dedes to the Steering Group

Consider the implications of funding meetings with representatives from Eastern Europe and Central Asia considering the numbers of people likely to have to attend and the need for translators.

Also need to think longer term, HIV Europe maybe ideally positioned as a network to obtain project funding from the EU.

EU funded projects, include enough for admin and audit. Member agencies need to accept that their nominated representatives at a meeting of HIV Europe are mandated to agree to issues that are agreed at meetings, in contentious issues to be referred back to the individual member organisations' boards for agreement.

12 Travel restrictions

Henrik reported no response had been received from Dr Condoleeza Rice on the matter of the HIV travel ban in the United States.

The Danish Minister of Development has agreed to write a letter questioning the US on their position; ministers from Norway Sweden and Denmark have agreed to write a letter, but have yet to agree on the content.

Nikos suggest capitalising on what has been done, forward the letter sent to the local embassies to inform them and ask them to respond particularly with 1st December coming up they may help get a response. It is an internal issue for the US to deal with, to get congress to change the laws, with the change in the political make up of the congress may open up opportunity to get this changed. Norwegian activist Kim (NAME) has been travelling to other countries raising this issue.

The travel restrictions are not just a US issue, but if the US were to lead on this it would impact on other countries with discriminatory admission policies against plwha. Should not limit our action only to the US, for example take advantage of the publicity surrounding the Olympics in China which is another country with a bar against HIV positive travellers.

Eastern representatives were asked if the situation had changed in Russia – creates problems for plwha who want to go to Russia where testing is required prior to entry, hospitals and clinics in Poland, Belarus, Slovakia and other countries bordering Russia are finding out their status when going for tests prior to travel to Russia.

Pedro Cahn, chair IAS has said he would be willing to pursue travel restrictions, partially with regard to the US, and ready to address the issue with support of local NGOs and networks. EATG have received some criticism for funding meetings in Russia because of the travel restrictions, however there is a necessity to hold meetings in Russia. The restrictions do exist, but are not being applied consistently, not all Russian embassies demand certificates of HIV testing.

In many countries there were different interpretations of entry restrictions depending on where HIV positive visitors are coming from, particularly people from Africa.

Discussion drawn to a close, no time to look at the restrictions of all 83 countries with travel restrictions – referred to German website which lists them all. EATG whilst not likely to pursue advocacy work on this, are supporting some additional updating and mapping.

Lack of progress regarding the United States of America was noted.

Action for next meeting – read the website about restrictions, and for next meeting we will adopt a position on.

13 Criminalisation of HIV transmission

Andreas reported on the WHO Europe meeting held in Copenhagen on 16 October to discuss criminalisation issues. Draft report has been prepared, 30 pages, for publication in due course. Draft report looks very useful, hopefully will be on line by 1st December 2006.

HIV8 – Bernard feedback from the community satellite session held at the Glasgow conference on Sunday 12 November 2006 which he had co-chaired with Nikos Dedes and featured a range of speakers.

People interested in more information about criminalisation of HIV transmission across Europe – look at GNP+ website.

Do HIV Europe need a position on this issue?

From the meeting held with WHO there is a clear difference between the positions of PWA organisations and the prevention organisations. Agreed to wait for final version of the WHO position paper and then the steering committee of HIV Europe to draft a position paper of our own.

14 Next meeting

- a) Themes**
 - i. GIPA
 - ii. Travel restrictions
 - iii. Position on criminalisation of HIV transmission

Agreed to consider other issues for the agenda two months prior to the next meeting.

b) Venue

Aids Hilfe Switzerland offered to host the next meeting, to obtain funding for it and make all the arrangements.

For future meetings, consideration should be given to holding meetings in countries where presence of HIV Europe may help bring the issue to the fore in that country and assist with development of the host organisation.

c) Date

Proposed that the next meeting be in May 2007 – avoid clash with International Harm Reduction conference in Warsaw over two weekends in May (13-17 May 2007). 4-6 May 2007 were the preferred dates.

Short discussion on frequency and number of meetings each year and the need of members to balance the commitments of national and international. Opportunity to be taken of any other international meetings at which members are present. Agreed to continue with two meetings a year at present.

Finally, member organisations were asked to nominate to the steering committee any contact information they may have for potential new members, particularly information to show that they satisfy the membership criteria for HIV Europe.

Steering committee now includes Nikos.

SIEC PLUS thanked for all the arrangements, in particular Wojciech for his hard work with the logistics

Meeting closed 1745 Saturday 18 November 2006.

Dinner on Saturday evening was arranged in central Warsaw.

Steering committee members remaining in Warsaw for a breakfast meeting on Sunday 19 November.