

THE NGO PARTNERSHIP ON HIV AND AIDS IN EUROPE AND CENTRAL ASIA

Creare legami tra la società civile internazionale per dare risposte efficaci all'epidemia da HIV

La Lila nei network europei

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AAE - HIV/AIDS Civil Society Forum - EUHPF

Lamezia Terme, 19 maggio 2012

**AIDS
ACTION
EUROPE**

Il network AIDS Action Europe

- Membri: circa 450 NGO e organizzazioni di volontariato in 45 Paesi (circa 300 nella Regione EECA)
- Partner: agenzie globali e governative, network (16)
- Progetti finanziati dalla EU (15)
- L'adesione ad AAE è aperta a tutti e non comporta spese. È necessario condividere il codice etico e la mission del network



Governance e sede operativa

- Il network è stato costituito nel 2004
- È governato da uno Steering Committee, composto da 12 persone che rimangono in carica per un triennio e sono rappresentanti di alcuni tra gli organismi aderenti
- La minuscola sede operativa è ospitata ad Amsterdam, negli uffici di una NGO
- È in essere una collaborazione con un traduttore in lingua russa, residente a Mosca, per la traduzione e l'aggiornamento della versione russa del sito e della Clearinghouse



Obiettivi strategici

Aumentare il contributo della società civile internazionale per dare risposte più efficaci alla epidemia da HIV/AIDS attraverso:

- la significativa partecipazione alle politiche nazionali e regionali relative all'HIV/AIDS
- la facilitazione dello scambio costante tra NGO sulle buone pratiche e gli apprendimenti più rilevanti sulle problematiche HIV/AIDS
- lo sviluppo di un network sempre più attivo ed efficace



HIV/AIDS Civil Society Forum

- È l'organismo consultivo della Commissione Europea
- È co-presieduto da AIDS Action Europe ed EATG - European AIDS Treatment Group
- Fa riferimento alla *HIV/AIDS Commission Communication 2009-2013*: una cornice quinquennale per le politiche sull'HIV/AIDS per la Regione Europea
- Sviluppa un piano di azione, monitoraggio e valutazione dell'implementazione di quanto indicato nella Comunicazione della Commissione
- Conta 40 partecipanti, rappresentanti di altrettante organizzazioni (NGOs, network europei)





- Co-presiede l'HIV/AIDS Civil Society Forum con AAE
- È un'organizzazione che promuove gli interessi delle persone con HIV
- La sua mission: raggiungere nel più breve tempo possibile l'accesso a trattamenti farmacologici e altri dispositivi diagnostici che prevengano o curino l'infezione da HIV; migliorare la qualità di vita delle persone con HIV/AIDS in Europa

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Attività di Advocacy

Attraverso le azioni di advocacy e la partecipazione alle attività locali, regionali, europee e globali, AAE, EATG e il CSF influenzano le politiche su HIV/AIDS e danno voce alle questioni rilevanti per le NGO, così che arrivino fino ai referenti istituzionali, agli organismi europei e ai maggiori portatori di interesse. Oltre alla co-presidenza dell'HIV/AIDS Civil Society Forum, AAE ed EATG partecipano alle riunioni dell'HIV/AIDS Think Tank della UE. Altri canali utilizzati per questi obiettivi sono le Presidenze Europee e i meeting internazionali.



Action Plan - Commission Communication 2009-2013

This action plan presents an initial set of actions arising from a consultation with Commission services and external stakeholders. Actions are designed alongside the political actions of the *Commission communication on combating HIV/AIDS in the European Union and the neighbouring countries, 2009-2013*, and should contribute to achieving the envisaged targets. The action plan will be further developed and updated in cooperation with relevant stakeholders during its implementation.

ISSUE	ACTION	PARTNERS INVOLVED IN REALISATION Bold = leading Entities; Italics = Associated entities	TIME	INDICATOR(S)	EXPECTED RESULTS
1. Politics, policies and involvement of civil society, wider society and stakeholders					
2. Prevention					
3. Priority regions					
4. Priority groups					
5. Improving the knowledge					
6. Monitoring and evaluation					



Action Plan - Commission Communication 2009-2013

ISSUE	ACTION	PARTNERS INVOLVED IN REALISATION Bold = leading Entities; Italics = Associated entities	TIME	INDICATOR(S)	EXPECTED RESULTS
4. Priority groups					
Migrants and mobile populations	targeted prevention measures and access to services and treatment for migrants	Migrants and ethnic minorities organisations National authorities <i>Commission</i> <i>Civil society</i>	2010-2013	Number of programmes and policies developed and implemented	Better information of migrants on risk prevention, HIV/AIDS and treatment, care and support Improved access and information on rights and possibilities for migrants
	abolish HIV associated travel and residence restrictions	National authorities		Number of countries/regions with restrictions	Non discrimination of migrants and mobile populations with regard to HIV status



Documenti di indirizzo internazionali



Migration and HIV/AIDS: Community Recommendations

Based on the European conference

“The Right to HIV/AIDS Prevention, Treatment, Care and Support for Migrants and Ethnic Minorities in Europe: The Community Perspective”
Lisbon, 7-8 June 2007

To be launched at the EU National AIDS Coordinators Meeting, “Translating Principles into Action” (12-13 October 2007, Lisbon, Portugal) and presented in other major events and occasions, including the Eastern European and Central Asian AIDS Conference (EECAAC) in 2008 in Moscow.

Principi fondamentali

2. Basic Principles

Drawing on our experience as community organisations, we emphasize the following principles.

• Basing Programmes on a Human Rights Framework

Programmes that specifically target migrants as a "risk group" in particular need of HIV/AIDS-related services can further stigmatize groups that are already stigmatized. It is more appropriate to base programmes on principles that stress access to health services as a fundamental right for all. Article 12 of the Covenant on Economic, Social and Cultural Rights¹⁰ states that the right to the highest attainable standard of health applies to everyone without distinction of race, religion, political belief and economic or social status. States are obliged under international human rights law to respect and protect human rights for everyone within their jurisdiction, without discrimination between citizens and aliens. They are obligated to adopt appropriate legislative, administrative, budgetary, judicial, promotional and other measures to uphold human rights in general and the right to health in particular. It is necessary to call upon states to fulfil this obligation to uphold the rights of the most vulnerable and marginalized sections of the population.

• Combining Human Rights and the Promotion of a Public Health Agenda

Ensuring universal access to HIV/AIDS prevention, treatment and care is not only human rights issue. Ensuring access to health services and commodities is good for public health and is cost-effective. Harm reduction measures, including provision of sterile injecting equipment and condoms, outreach and peer education, opioid substitution

therapy and other measures in both community and prison settings are effective and cost effective. Provision of access to antiretroviral drugs lowers the morbidity and mortality of people living with HIV. Moreover, this enables them to remain socially and economically active. Also, as antiretroviral treatment reduces viral load, transmission of the virus is less likely which is advantageous for public health and society at large.

• Building Political Commitment

Governmental support for community-based actions is necessary to develop effective intervention programmes. Programs that actively and meaningfully involve targeted populations in their design, implementation and evaluation should receive political commitment and funding. Several European and international partnerships as well as local institutions and ethnic and migrant groups have incorporated these objectives and play a crucial role in advocating for the rights of marginalized groups.

• Comprehensive and Holistic Approaches: Sexual and Reproductive Health Rights

Given that sexual transmission is one of the main means of HIV transmission in Europe, it is crucial to ensure that sexual and reproductive health services and HIV initiatives are integrated. Provision of prevention, treatment and care must go beyond the provision of HIV services and should include education and counselling programmes on safer sex, contraception, pregnancy and birth. Programmes should be designed to reach the greatest number of people possible. In this context, special attention should be paid to women, mothers

and young girls from migrant and ethnic communities, who are often extremely vulnerable and confronted with multiple sources of discrimination and exclusion.

• Involvement Leads to Good Public Health

Universal access to health services has a beneficial impact on the individual as well as on society at large, whereas exclusion exacerbates vulnerability, stigmatisation,

and discrimination. Inclusion is of vital importance in making health messages more effective and in insuring that they are communicated widely and appropriately. The inclusion of marginalised groups such as migrants, ethnic minorities, PLWHA, drug users, MSM, incarcerated persons and sex workers in policy formulation and in service planning, delivery and evaluation is indispensable for improving both policies and the quality and accessibility of services.

3. Recommendations

In order to ensure universal access to health in general, and the right of migrants and ethnic minorities to HIV/AIDS prevention, treatment and care in particular, the undersigned organisations urge the implementation of the following recommendations:

• General recommendations:

1. All relevant actors should recognize the right to health as a fundamental human right and should ensure universal access care. Special effort should be made to ensure access by vulnerable and marginalized groups such as members of ethnic minorities, undocumented migrants, migrant sex workers, incarcerated migrants, migrant people living with HIV and migrant injecting drug users.
2. We stress the need for the meaningful involvement and representation of migrant and ethnic community members including PLWHA, IDUs, migrant women and transgendered people, men who have sex with men, sex workers and trafficked persons in all phases of development, implementation and evaluation of intervention programmes.

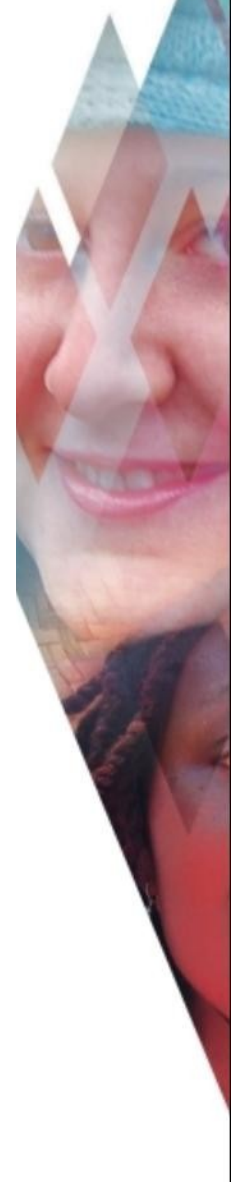
3. We urge decision makers to adopt approaches that are sensitive to culture, religion and language and that recognise the diverse backgrounds and the intersecting needs of migrants and ethnic minorities.

4. We request an end to harmful practices, such as deportation connected with HIV status. It is unacceptable to deport people to places where treatment and care are not guaranteed. Furthermore we request an end to repression, criminalisation and "illegalisation" of marginalized and stigmatized groups as these practices pose serious obstacles to accessing HIV/AIDS prevention, treatment and care.

5. An European-wide mechanism for awareness-raising, advocacy, knowledge-sharing, training and information exchange concerning issues of migration and HIV is essential and should be supported.

• Recommendations to policy makers:

1. Policy makers need to recognize the problem of inadequate access to health services by migrant populations and ethnic



Raccomandazioni

minorities and address it at the highest political levels.

2. Strategies to address the health needs of marginalised groups including undocumented migrants, migrant IDUs, migrant transgendered people, migrant PLWHA, migrant sex workers and incarcerated migrants should be integrated into public health strategies and action plans at local, national and international levels.

3. Policies should support universal access to prevention, treatment, care and support as a core element of health promotion and should avoid deportation and repression, which exacerbate vulnerability and hinder progress toward universal access to prevention, treatment, care and support.

4. Politicians and societies need to recognize the manifold benefits their countries gain from migration and cease to consider migrants a social and economic burden.

5. European and national legislation should counter discrimination and protect the rights of vulnerable groups.

6. All countries should support international co-operation and networking among all stakeholders to reinforce awareness and commitments concerning migration health issues at the national and European level.

7. Regulatory restrictions on access to health care which currently restrict the freedom of movement of European citizens, residents and visitors should be removed.

8. Public health authorities should work in close collaboration with community representatives at all levels and should ensure an appropriate distribution of services and funding.

9. An essential part of a comprehensive strategy to prevent HIV transmission among incarcerated migrants is the reduction of prison populations. Overcrowding in prisons is detrimental to health and promotes the spread of HIV infection. Therefore alternatives to detention have to be strengthened and immigration-related detention should be used only as a last resort. Furthermore the

responsibility for delivering health services in prisons and places of detention should be transferred to the Ministry of Health and not remain with the Ministries of Justice or Interior.

• Recommendations to the health care sector:

1. Holistic treatment has to be emphasized, taking into account that health is more than the absence of diseases. The issue of HIV has to be addressed in relation to sexual and reproductive health in general. It is essential to link services, involving social workers, psychologists and community workers to provide holistic and comprehensive treatment. Health services need sufficient funding and should be made accessible to all, including undocumented migrants and incarcerated persons.

2. To ensure universal access to health services, health authorities and workers are strongly encouraged to actively advocate for the adaptation of appropriate health systems. This includes structural changes and the appointment of bilingual or multilingual staff and cultural mediators. Furthermore, special attention should be given to increasing the knowledge and skills of staff at all levels of service provision.

3. All HIV testing, including testing in prisons and detention centres, must be voluntary and be accompanied by appropriate pre- and post-test counselling. Test results must be kept confidential. Mandatory HIV testing is unethical, increases HIV-related stigma, and undermines HIV education and prevention efforts.

4. National AIDS committees should involve members of migrant groups and of ethnic minorities as community delegates.

5. Given that prevention is cost effective, resources should be invested into culturally sensitive prevention programmes.

6. To guarantee continuous access to treatment and care, access must be monitored and evaluated in countries of destination as well as countries of origin.

• Recommendations to social and other service providers:

1. Culture and gender sensitive approaches which take the needs and vulnerability of marginalised groups into account should be supported. This is especially necessary when dealing with delicate issues such as sexual and reproductive health or drug education.

2. Approaches that engage only the majority populations should be avoided. Migrants and people from other marginalised groups should be involved in supporting their communities.

3. In order to promote access, service providers should develop partnerships with migrant and ethnic minority communities and should endeavour to develop sustainable drug related harm reduction programmes.

4. Targeted outreach work should be carried out to respond to the needs of migrants and ethnic minorities. Peer education and cultural mediation should be employed as means of reaching out to and supporting members of vulnerable communities.

5. Service providers are recommended to train, inform and sensitize their personnel to meet the specific needs of vulnerable groups and ensure non-discriminatory approaches.

• Recommendations to community groups:

1. In order to influence and shape decision making and policy development on migration and HIV, it is important that members of various minority communities including the Black and African Diaspora community, Roma and Sinti and Eastern Europeans outside their countries participate in decision making processes at the international, national and regional levels. All members of their communities should be involved, including women and young people.

2. Community representatives should engage in the policy making process,

promote their community agendas to higher political levels, contribute to research efforts and promote non-discriminatory coverage in the media.

3. Co-operation with various organisations and the development of partnerships should be strengthened as this increases capacity and improves the promotion of information, education and communication within the communities.

• Recommendations to researchers and academia:

1. Data concerning migration should be included in epidemiological monitoring. Specific studies concerning migration should be conducted on a regular basis and harmonized between countries.

2. Complementary, cross-cutting studies should be designed and carried out by experts from different scientific fields in order to provide greater insights and to broaden our understanding of issues related to migrant health.

3. Researchers and academia are urged to involve advisors from minority groups into the entire process of their research.

• Recommendations to the media:

1. The media carries great responsibility with regard to influencing public opinion, awareness and understanding. Thus, when reporting on issues of marginalised groups such as (undocumented) migrants, sex workers, IDUs, MSM, PLWHA or incarcerated persons, it is essential to avoid discriminatory and stigmatizing language or images.

2. Media representatives should try to develop a sensitized understanding of the vulnerability of these population groups and must uphold their right to confidentiality.

3. In order to provide comprehensive and accurate coverage, the media should bear in mind that migrant and ethnic groups can serve as valuable sources of information.



Le sottoscrizioni della società civile

List of initial signatories

African Health Project,
Waverley Care Trust, UK

African HIV Policy Network, UK

AIDES, France

AIDS Action Europe,
Netherlands & Lithuania

Aids Coalition To Unleash
Power - ACT UP-DRASE-
HELLAS, Greece

Aids Fonds and STI AIDS,
Netherlands

Aids-Hilfe Schweiz (Swiss
Aids Federation), Switzerland

AIDSi Tuglakeskus, Estonia

Amnesty for Women e.V.,
Germany

Arbeitsgemeinschaft Aids &
Haft in Bayern, Germany

Associação de Apoio a
Pessoas com VIH/SIDA
(ABRAÇO), Portugal

Association Against AIDS
(JAZAS), Serbia

Augsburger Aids-Hilfe e.V.,
Germany

Center for Democratic
Development and Initiatives,
Former Yugoslav Republic
of Macedonia

Correlation Network,
Netherlands

Deutsche Aids-Hilfe e.V.,
Germany

DIA+LOGS, Latvia

Estonian Network of People
Living with HIV, Estonia

Eurasian Harm Reduction
Network (EHRN) (formerly the
Central and Eastern European
Harm Reduction Network -
CEEHRN), Lithuania

European AIDS Treatment
Group (EATG), Belgium

European Youth Network for
Sexual and Reproductive
Health and Rights (YouAct),
Portugal

Foundation of Social
Education, Poland

Global Network of People
living with HIV/AIDS (GNP+),
Netherlands

Grupo Português de Activistas
sobre Tratamentos de VIH/
SIDA - Pedro Santos (G.A.T.),
Portugal

Health and Social Develop-
ment Foundation, Bulgaria
HIV-Sweden, Sweden

Humanitarian Action Fund,
Russia

Hungarian Civil Liberties
Union, Hungary

Initiative for Health
Foundation, Bulgaria

International Community of
Women Living with HIV/AIDS
(ICW), UK

International Foundation
and the European Network
for HIV/STI Prevention and
Health promotion among
Migrant Sex Workers
(TAMPEP), Netherlands

International Parenthood
Planning Federation (IPPF),
Belgium

International Treatment
Preparedness Coalition (ITPC)
in Eastern Europe and Central
Asia, Russia

Lega Italiana per la Lotta contro
l'AIDS (Italian League for
Fighting AIDS), Italy

Movimento de Apoio à
Problemática da Sida (MAPS),
Portugal

Münchner Aids-Hilfe e.V.,
Germany

National Institute for Health
Development, Estonia

National Union of the PLWHA
Organisations (UNOPA),
Romania

Notts County DAAT, UK

Odessa Charity Fund THE WAY
HOME, Ukraine

Odyssey, Slovak Republic

Platform For International
Cooperation on Undocumented
Migrants (PICUM), Belgium

Project for AIDS Prevention &
Care, for Surinam, the Antilles
& Aruba (PASAA), Netherlands

Pro-tukkipiste ry (Prostitute
Counselling Centre), Finland

Sensoa, Flemish Centre for
Services and Expertise with
Regard to Sexual Health and
HIV/AIDS, Belgium

Social AIDS Committee, Poland

Terre des Hommes Foundation,
Switzerland

The Finnish Aids Council,
Finland

The Unit for National Co-
ordination of HIV/STI-
Prevention, National Board of
Health and Welfare, Sweden

For further information, see: www.eatg.org
To sign your organization on, contact: pete@eatg.org

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Linking & Learning

- The Clearinghouse sul HIV/AIDS in Europa e Asia Centrale: www.hivaidsclearinghouse.eu
- Specialised NGO members section on www.aidsactioneurope.org



EUHPF - Health Policy Forum

Il **Forum per le politiche sanitarie dell'UE** è stato costituito al fine di garantire che la strategia europea per la salute sia aperta e trasparente e risponda alle aspettative dei cittadini.

Il Forum raggruppa 52 organizzazioni di coordinamento, rappresentanti i portatori di interessi europei nei campi della salute pubblica e dell'assistenza sanitaria. Si riunisce regolarmente, due volte l'anno, a Bruxelles.



EUHPF - Health Policy Forum

Funzione del Forum

Passa in esame l'attività dell'UE in diversi settori della salute pubblica e adotta raccomandazioni

Partecipa alle consultazioni della Commissione e la assiste nella loro organizzazione

Permette lo scambio di opinioni ed esperienze su un'ampia gamma di argomenti

Fornisce assistenza per l'attuazione e il seguito da dare a iniziative specifiche.



EUHPF - Health Policy Forum

Membri

Il forum cerca di garantire che siano rappresentati quattro gruppi di organizzazioni:

organizzazioni non governative operanti in campo sanitario e organizzazioni di pazienti (le ONG dovrebbero coprire un'ampia gamma di aspetti e avere tra i loro membri organizzazioni di tutti o quasi i paesi dell'UE)

organizzazioni che rappresentano i professionisti del settore e i sindacati

operatori sanitari e organismi assicurativi

imprese interessate e impegnate nella promozione, nella protezione e nel miglioramento della salute.



EUHPF - Health Policy Forum

- 1 AAE Aids Action Europe
- 2 ACN Active Citizenship Network-Cittadinanzattiva
- 3 AER Assembly of European Regions
- 4 AESGP Association of the European Self-Medication Industry
- 5 AGE European Older People's Platform
- 6 AIM Association Internationale de la Mutualité
- 7 ASPHER Associations of Schools of Public Health in the EU Region
- 8 BEUC Bureau Européen des Unions de Consommateurs
- 9 CE Caritas CE Caritas Europa aisbl
- 10 CED Council of European Dentists
- 11 COCIR European Coordination Committee of the Radiological, Electromedical and healthcare IT Industry
- 12 CPME Standing Committee of European Doctors
- 13 ECHO European Confederation of Care Home Organisation
- 14 ECL Association of European Cancer Leagues
- 15 ECPC European Cancer Patient Coalition
- 16 EDMA European Diagnostic Manufacturers Association
- 17 EFCAM European Federation for Complementary and Alternative Medicine
- 18 EFN European Federation of Nurses Associations
- 19 EFPA European Federation of Psychologists Associations
- 20 EFPIA European Federation of Pharmaceutical Industries and Associations
- 21 EGA European Generic Medicines Association
- 22 EHMA European Health Management Association
- 23 EHN European Heart Network
- 24 EHTEL European Health Telematics Association
- 25 EMA European Midwives Association
- 26 ENSP European Network for Smoking Prevention.....



EUHPF - Health Policy Forum

27 EPF European Patients' Forum

- 28 EPHA European Public Health Alliance
- 29 EPSU European Federation of Public Services Unions
- 30 ER-WCPT European Region of the World Confederation for Physical Therapy
- 31 ESIP European Social Insurance Partners Association
- 32 ESQH The European Society for Quality in Healthcare
- 33 EUCOMED EUCOMED
- 34 EUFAMI European Federation of Associations of Families of People with mental illness
- 35 EUPHA European Public Health Association
- 36 EUREGHA European Regional and Local Health Authorities Network
- 37 EUROCARE The European Alcohol Policy Alliance
- 38 EUROHEALTHNET EuroHealthNet
- 39 EUROPABIO The European Association for Bio-industries
- 40 EURORDIS European Organization for Rare Diseases
- 41 GA2LEN Global Allergy and Asthma European Network
- 42 HOPE European Hospital and Healthcare Federation
- 43 IAPO International Alliance of Patients' Organizations
- 44 IDF Europe International Diabetes Federation - European Region
- 45 IFMSA International Federation of Medical Students' Associations
- 46 IUHPE International Union for Health Promotion and Education
- 47 MHE-SME Mental Health Europe
- 48 PGEU Pharmaceutical Group of the European Union
- 49 SFP Smoke Free Partnership
- 50 UEHP Union Européenne de l'Hospitalisation Privée
- 51 UEMS European Union of Medical Specialists
- 52 YFJ European Youth Forum



GRAZIE...

OBRIGADO!

VĎAKA

THANK YOU

MERCIE

TAK

DZIĘKI

GRACIAS

HVALA

DANKE

