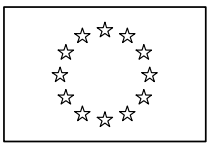

COMMISSION OF THE EUROPEAN COMMUNITIES

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COMMUNICATION FROM THE COMMISSION TO THE COUNCIL AND THE EUROPEAN PARLIAMENT

on combating HIV/AIDS within the European Union and in the neighbouring countries, 2006-2009

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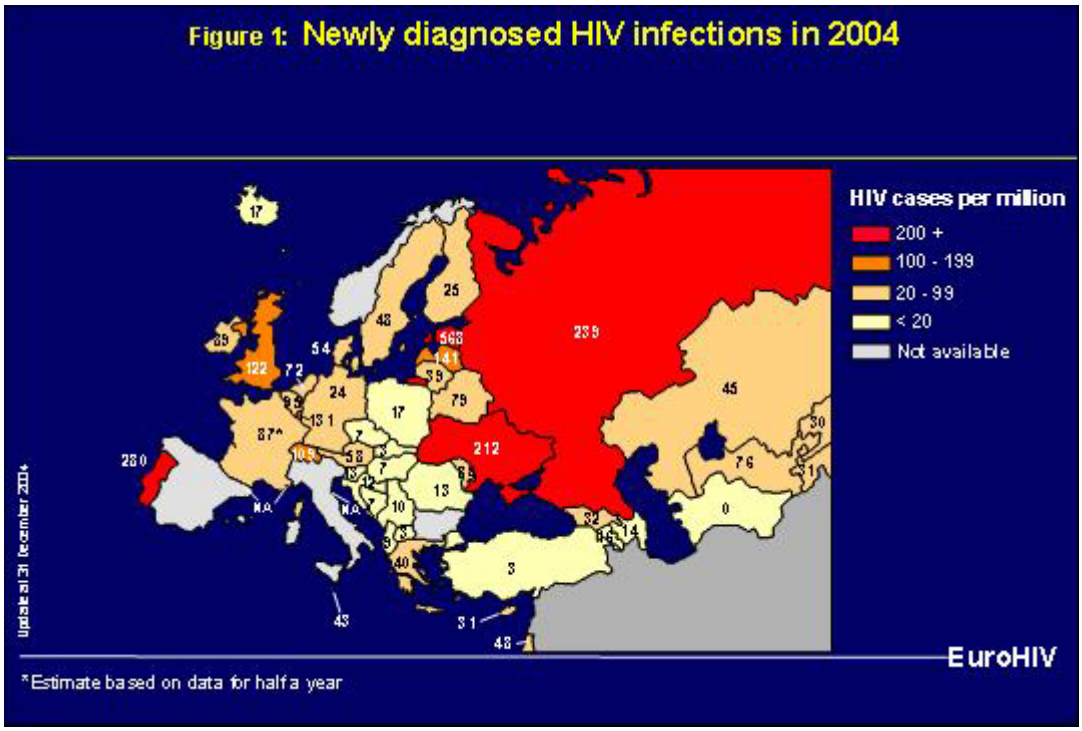
1. INTRODUCTION

This communication builds on the principles and priorities set out in the Commission working paper *"Coordinated and integrated approach to combat HIV/AIDS within the European Union and in its neighbourhood"* and sets out the main lines for action until the end of 2009. A more detailed action plan for the present phase is included in the Annex. Many of these activities have to be completed with partners and require the close involvement of players within Member States. This document brings together the relevant EU policies and instruments available, which play a role in combating HIV/AIDS. Concerning external action, this Communication is fully consistent with and contributes to implementing the overall policy framework[i]

HIV/AIDS strategies are closely linked to strengthening the general European values on human security and the protection of human rights, including sexual and reproductive rights, the rights of minorities and the fundamental rights of migrants, refugees and displaced persons.

In this document the overall aims stated in the thematic chapters (Chapters 2 to 6) reflect the commitments made in the UNGASS[ii], Dublin and Vilnius[iii] Declarations. Chapter 7 explores the possibilities to enhance implementation of HIV/AIDS policies in Russia and the area covered by the European Neighbourhood Policy.[iv]. The last chapter (Chapter 8) outlines the commitments ahead for all the partners and describes the possibilities for monitoring progress.

The state of the HIV/AIDS epidemic in Europe and the Mediterranean area is shown in Figure 1. Fuller details on the evolution of the epidemic can be found on www.eurohiv.org.



The Commission is concerned about the diminished focus on prevention, which remains the cornerstone for all other activities within the comprehensive approach to tackle HIV/AIDS. Without vigorous promotion of primary prevention measures, like education, the use of condoms and implementation of harm reduction measures (such as exchange of needles and syringes), any other targets set (such as the elimination of mother-to-child transmission or universal access to treatment) cannot be achieved. The other areas of action which need strengthening are human rights issues, surveillance, and actions targeted at specific vulnerable groups[v].

Providing political leadership and advocacy is the main value added of the EU activities on HIV/AIDS. The Commission will continue to keep HIV/AIDS and related issues on the wide political agenda and provide leadership to combat stigma and discrimination, and promote the provision of universal access to prevention services, ARV treatment and harm reduction services for injecting drug users. Coordination, facilitating the development of a common knowledge base, provision of common tools for decision-making and additional funds to support national activities and research and development programmes in this field are other areas where joint action at EU/European level can add value to the work done elsewhere.

2. INVOLVEMENT OF CIVIL SOCIETY

The aim is to strengthen the involvement of civil society in all aspects of the response to the epidemic, including policy development, implementation, monitoring, and evaluation.

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Since Dublin the Commission has involved civil society[vi] organisations in the HIV/AIDS Think Tank, which has now established a HIV/AIDS Civil Society

Forum which met for the first time in September 2005. This is an informal working group to facilitate the participation of non-governmental organisations, including those representing people living with HIV/AIDS, in policy development and implementation and in information exchange activities. The Forum includes 30 organisations from all over Europe representing different fields of activity.

Action

The Commission will actively involve civil society, and in particular people living with HIV/AIDS, in policy development, implementation and monitoring. The Commission invites regional and national authorities to facilitate the sustainability of the non-governmental and community-based organisations[vii] and their involvement in policy development, implementation, and monitoring both within the EU and in other European countries.

Partnership with the private sector

For many businesses HIV/AIDS is already having an impact on their competitiveness. For others the potential risks are significant no matter whether HIV/AIDS prevalence is high or low. According to a survey conducted by the World Economic Forum[viii] in 2004, 10% of executives in Western Europe believe that HIV/AIDS will have some impact on their business, compared to 19% in Eastern Europe.

The Commission has established partnerships with the Alliance for Microbicide Development and Global HIV Vaccine Enterprise and has initiated collaboration with the Global Business Coalition, the pharmaceutical industry and other supportive businesses in order to define areas where they could work together to combat HIV/AIDS.

Action

The Commission invites European businesses through the Union des Industries de la Communauté Européenne[1][ix] (UNICE) and other means, to strengthen their response to the epidemic and to play their role in implementing this strategy.

3. SURVEILLANCE

The aim is:

- *to improve and harmonise surveillance systems to track and monitor the epidemic, risk behaviour and vulnerability to HIV/AIDS;*

- *to contribute to the provision of incidence and prevalence data and information on other sexually transmitted infections, hepatitis C, hepatitis B and tuberculosis, particularly amongst those at the highest risk and most vulnerable;*

- *to support surveillance of HIV testing.*

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Surveillance of HIV/AIDS in Europe is currently coordinated by the EuroHIV[x] surveillance network which is co-financed by the European Commission under the Public Health Programme[xi]. In 2008 the European Centre for Disease Prevention and Control (ECDC)[xii] will take responsibility for the network. As one of the ECDC's tasks is to operate the surveillance networks in an integrated way, overlaps and synergies between surveillance of HIV, tuberculosis, other sexually transmitted infections (STIs) and hepatitis B (HBV) and hepatitis C (HCV) will be addressed.

HIV case reporting has evolved into the key instrument for monitoring the epidemic in Europe. It is therefore crucial to have data from all European countries, which is not the case at the moment. Better strategies and more targeted measures need better information on the behavioural risk factors, like condom use or exchanges of needles and syringes. In countries with low HIV prevalence, surveillance should also be organised in a way to detect early signs of the entry of HIV into the population groups more exposed to risk of infection. To help plan future treatment and service needs, the true number of new HIV infections per year [HIV incidence] should also be known. At the moment the majority of the newly reported cases are in fact infections contracted many years ago.

The capacity for monitoring the susceptibility of HIV to ARV drugs should be developed into an integral part of HIV surveillance at national and European level.

Action

The Commission will promote surveillance as an important basis for any strategies and policies to combat HIV/AIDS.

The Commission will support, through existing structures[xiii], collection and analysis of susceptibility data and, to this end, facilitate use of the existing EU financial instruments.

Member States should ensure the availability of resources [human, financial, equipment] and capability to achieve this and, to this end, consider use of the EU financial instruments.

The Commission will, in close collaboration with the ECDC, Member States, neighbouring countries and other partners:

- facilitate completion of the geographic coverage of HIV case reporting;
- reassess the objectives of AIDS surveillance and include its reporting in an integrated surveillance system;
- design a standardised approach for appropriate prevention indicators;
- develop estimates of HIV incidence in Europe;
- facilitate the setting-up of sentinel surveillance [xiv] in high-risk groups;
- facilitate implementation of practical solutions to address the confidentiality obstacles.

4. PREVENTION OF NEW HIV INFECTIONS

The aim is:

- *to facilitate the implementation of population-wide and targeted HIV prevention measures;*
- *to ensure that all citizens have access to information, education and services to reduce their vulnerability to HIV/AIDS;*
- *to scale up access to prevention, drug dependence treatment and harm reduction services for injecting drug users;*
- *to address the specific needs and requirements of migrant populations for non-discriminating access to information and prevention, treatment, care and support;*
- *to support the monitoring and evaluation of prevention methods.*

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As there is no vaccine or curative treatment, prevention remains the cornerstone in the fight against HIV/AIDS. Wide implementation of primary prevention activities, education, promotion of condom use, implementation of harm reduction services and access to voluntary counselling and testing are imperative in order to attain the targets set in other areas. There is evidence from many European countries that the spread of HIV can be prevented, curbed or reversed through the implementation of proven, evidence-based intervention.

Based on HIV epidemiology within the EU and in neighbouring countries there is a need for intensified prevention measures for the general public, and targeted at specific groups such as youth, women, injecting drug users, men who have sex with men, commercial sex workers, prisoners, and migrant populations.

It is estimated that comprehensive HIV prevention measures could avert 63% of the 45 million new infections expected to occur between 2002 and 2010 globally[xv].

While the numbers of people living with HIV/AIDS grow every year, prevention services are not growing at the same rate. According to United Nations estimates[xvi] there are currently 13 million regular injecting drug users (IDU) worldwide, and in Russia alone an estimated 1.5 million[xvii] - more than 11% of the worldwide estimate. Moreover, according to recent reports[xviii] 7.6% of IDUs in Eastern Europe have access to harm reduction programmes.

Prevention is closely linked with treatment, as greater access to ARV treatment reinforces HIV prevention through increased voluntary counselling and testing. This in turn contributes to reducing stigma and discrimination, which are still barriers to success. Another hindrance for success can be the effectiveness and overall quality of existing prevention programmes, which are still poorly evaluated and monitored.

The prevention of mother-to-child transmission remains one of the priorities for action. After the Vilnius Conference[xix] the Commission has consulted relevant

stakeholders and experts on the issue and will continue to define the areas where action at EU-level is needed.

Action

The Commission will promote the implementation of comprehensive prevention programmes and their expansion to reach the most vulnerable populations.

The Commission will give priority in work on sexual and reproductive health to developing innovative strategies to promote safe sex and to address the increase in risk-taking behaviour among young people within the Public Health Programme.

The Commission will prepare a situation report on mother-to-child transmission in Europe. The need for future action will be assessed on this basis.

4.1 Reduction of health-related harm associated with drug dependence

The Council adopted the EU Drug Strategy for 2005-2012 in December 2004 and an EU Drugs Action Plan[xx] for 2005-2008 implementing the Strategy in June 2005. Prevention of HIV/AIDS is a central issue in the Drugs Action Plan, which calls for integrated comprehensive programmes to be implemented at national and regional levels.

EU drugs policies should be implemented in line with the policy on HIV/AIDS. Synergies can be found, for example, in the area of research, where the Drugs Action Plan calls for research on effective intervention to prevent HIV/AIDS and research on identifying protective factors in countries with low HIV/AIDS prevalence rates among drug users.

The Commission will prepare a progress report on implementation of the 2003 *Council Recommendation on the prevention and reduction of health-related harm associated with drug dependence*[xxi]. The need for future action will be assessed on the basis of this report.

Action

The Commission invites the Member States to improve the availability of and access to harm reduction services in order to prevent health risks related to drug use and drug-related deaths.

The Commission invites the Member States to ensure the availability of substitution treatment corresponding to the demand for treatment.

4.2 Education

Prevention of HIV and other sexually transmitted infections (STIs) is possible only if the knowledge is combined with healthy behavioural change. Therefore it is of utmost importance to include schools and other educational settings in HIV/AIDS prevention through their life skills health education programmes. Schools and other educational settings can also help reducing the stigma and discrimination attached to HIV/AIDS.

Action

The Commission will promote the development of tailor-made training curricula for health care personnel and other professionals involved in services dealing with people living with HIV/AIDS and with populations that are particularly vulnerable to HIV/AIDS (including intravenous drug users and migrants). The Commission will facilitate implementation of the skills-based approach to promote effective behaviour change among youth in schools and other appropriate settings through the exchange of information and best practices and development of training modules.

5. VOLUNTARY COUNSELLING AND TESTING, TREATMENT, CARE AND SUPPORT

The aim is:

- *to combat stigma and discrimination against people living with HIV/AIDS in Europe;*
- *to support the provision of universal access to effective, affordable and equitable treatment and care, including safe antiretroviral treatment;*
- *to support the promotion of social and labour market integration for those living with HIV/AIDS.*

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Affordable and accessible services and good treatment results reduce stigma and social exclusion and promote responsible sexual behaviour which, in turn, contributes to preventing the spread of HIV.

There is a need for a comprehensive set of health services to provide good quality treatment and care. Voluntary counselling and testing (VCT) is a cornerstone for all services as it allows early diagnosis of HIV infection and ensures timely access to appropriate intervention for the infected. These services should also cover people living with HIV/AIDS (PLWHA) with hepatitis B, hepatitis C or tuberculosis co-infection. Drug substitution therapy for injecting drug users (IDUs) is an important component of services contributing to effective treatment and care.

PLWHA should play an active role in managing their condition (treatment preparedness). The services provided should be supportive, inclusive and empowering, giving people more control over their lives. Social services should be integrated with health services to the extent possible and should be sensitive to special vulnerable groups.

Highly active antiretroviral therapy (HAART) makes a significant impact on the quality of life of PLWHA. Successful use of HAART also implies considerable efforts to maintain adherence to lifelong treatment plus resources to monitor response, drug toxicities and interactions. In several countries the lack of experienced

service providers to reach certain vulnerable groups, such as injecting drug users and migrant populations, can further complicate management of treatment.

As the virus has the capability to develop resistance to antiretroviral agents, it is increasingly important to monitor the development of resistant strains. Insufficient laboratory capacity can be an obstacle to producing relevant susceptibility data.

Action

The Commission will support capacity-building among service providers. Priority will be given to the development of tailor-made training curricula for health-care personnel and other professionals involved in services dealing with people living with HIV/AIDS and with populations that are particularly vulnerable to HIV/AIDS.

The Commission will support Member States in building up capacity in the non-governmental organisations active in the field of HIV/AIDS to provide treatment counselling and support for better treatment preparedness.

The Commission will facilitate the development of HIV/AIDS surveillance at European level in order to include specific data sets on service use and treatment outcome.

The Commission will facilitate the development of a toolkit for the Member States providing a set of possible European models for comprehensive HIV/AIDS services. This toolkit could be made available to European Neighbourhood Policy partners[xxii].

The Commission will support the efforts of the Member States concerned to ensure the availability of affordable ARV. Moreover, the Commission will study further possibilities for use in case of a public health emergency, such as a serious HIV/AIDS epidemic.

6. HIV/AIDS RESEARCH

The aim is:

- *to increase commitments to research and development for vaccines and microbicides;*
- *to invest in development of affordable and easier-to-use therapeutics and diagnostics to support expanded access to treatment;*
- *to support research driven by public health needs;*
- *to support the private sector (the small and medium –sized enterprises in particular) involvement and participation;*
- *to support the development of research into and evaluation of behavioural preventive methods.*

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Under the Sixth Framework Programme for research and development activities (FP6, 2002-2006), research on HIV/AIDS has become a top priority for the European Commission. Approximately EUR 50 million per year is allocated to this topic, financing both preventive and therapeutic approaches. Projects funded include big consortia, aimed at integrating and networking researchers working on new products to prevent and treat HIV/AIDS, and highly innovative approaches and more focussed research to develop new concepts for fighting the virus.

FP6 puts emphasis on the new Member States and the Eastern European neighbouring countries, encouraging them to participate both in EC-funded proposals and in the evaluation process. One example involving them is the coordination of cohort studies[xxiii] on treatment and follow-up of HIV-infected adults, children and pregnant women, HIV resistance and mother-to-child transmission. Another example is a Network of Excellence (NoE-new instrument under FP6) on therapeutic clinical trials, where participation by new Member States and Eastern European neighbouring countries is particularly encouraged. The network is expected to cover the period 2006-2010 and will aim at designing, standardising and coordinating clinical trials on HIV/AIDS at European level. The goal of the network should be to define optimum strategies for management of HIV infection and to develop guidelines for more efficient intervention in both Western and Eastern Europe.

Action

The Commission has presented a proposal for the Seventh Framework Programme (FP7), which will be negotiated with the EU Member States. HIV/AIDS research will continue to be a priority under the FP7. The Commission has proposed an increase in funding for the Programme and will continue to stress its importance. The health research will concentrate on three main pillars: biotechnology for human health, translational research and delivery of health care to European citizens.

7. NEIGHBOURHOOD

In this document "neighbourhood" means the Russian Federation and the partners under the umbrella of the European Neighbourhood Policy (ENP). The ENP covers 16 existing or potential partners: Algeria, Armenia, Azerbaijan, Belarus, Egypt, Georgia, Israel, Jordan, Lebanon, Libya, Moldova, Morocco, the Palestinian Authority, Syria, Tunisia and Ukraine.

Elsewhere, the candidate countries are involved in the activities through the accession process and instruments. The Commission will explore the possibilities and practical ways to extend the HIV/AIDS activities to the Western Balkans and Central Asia in the future.

The general principles for addressing HIV/AIDS in the neighbouring countries remain the same as stated in the Commission working paper. The Commission will support the development of strong and accountable political leadership to tackle the HIV/AIDS epidemic. The Commission will make optimum use of all existing instruments and future research and development, in particular clinical research, outcomes to address the needs of the partner countries better, while complying with the external aid procedures and mandate for action agreed in the relevant country

strategy papers and indicative programmes. This will allow the Commission's operational departments to intervene in order to:

- facilitate evidence-based intervention embedded within the national strategy, work programme and expenditure framework jointly agreed with national authorities and other partners involved;

- join forces with other partners under such an approach to pave the way for what could set an example of good practices for neighbouring countries;

- optimise, through stronger EC involvement, use of the existing instruments such as the Global Fund and the European and Developing countries Clinical Trials Partnership (EDCTP) programme.

The Commission furthermore plans to involve increasingly the neighbouring countries in the EU's HIV/AIDS activities in order to exchange information and best practices.

The Commission will ensure that appropriate internal mechanisms are established to ensure the coherence of the approached proposed with the interventions of external action at bilateral (EC, Member States, and other bilateral partners) and multilateral levels (WHO, UNAIDS, Global Fund), taking into account lessons learned in the past.

7.1 The Russian Federation

In 2003 the EU and Russia agreed to reinforce their cooperation by creating four "common spaces" under the umbrella of the Partnership and Cooperation Agreement. The roadmaps for the common spaces were agreed at the EU-Russia Summit in May 2005 and will form the basis for cooperation between the EU and Russia in the years to come. HIV/AIDS is mentioned in the context of drug prevention policies and education of youth, which are both crucial elements of a comprehensive HIV/AIDS strategy.

The Northern Dimension[xxiv] policy promotes dialogue and practical cooperation between the EU, Russia, Norway, and Iceland. Health is one of the five key areas identified, and it has been taken forward under the Northern Dimension Partnership in Public Health and Social Wellbeing[xxv]. HIV/AIDS has been the priority for action in this context, as well as within the intergovernmental cooperation in the Barents region[xxvi].

Action

The primary responsibility for the wellbeing and health of Russian citizens rests with the government of the Russian Federation. The process of planning specific joint action is based on the priorities in the common spaces roadmaps and will explore different options for exchanging best practices and networking in defined areas.

The Commission will continue the dialogue at political level to facilitate the development of leadership and the crucial collaboration between different authorities to tackle HIV/AIDS.

The Commission invites the Russian Federation to collaborate in organising joint EU-Russia expert seminars on HIV/AIDS and related issues.

The Commission invites representatives of the Russian Federation to participate in the HIV/AIDS Think Tank and the Civil Society Forum.

The Commission will continue to work for the success of the Northern Dimension policy and to support the activities under the ND Partnership in Public Health.

7.2 Partners under the European Neighbourhood Policy

Each of the ENP partners is responsible for leading, designing and implementing its national strategies to tackle the HIV/AIDS epidemic.

In 2004 the Commission published country reports concerning seven ENP partners (Israel, Jordan, Moldova, Morocco, the Palestinian Authority, Tunisia and Ukraine) followed by negotiation of ENP Action Plans, running three to five years, the implementation of which is now underway. In 2005, Country Reports were published on five more countries (Armenia, Azerbaijan, Egypt, Georgia, and Lebanon) and the development of ENP Action Plans for those countries is now ongoing. All these Action Plans refer to cooperation on public health, while those for Ukraine and Moldova also mention HIV/AIDS-related action.

Several seriously affected countries need substantial external resources to scale up their intervention and technical assistance to strengthen their health systems, which is the prerequisite for adequate response to HIV/AIDS.

Action

The Commission invites the ENP partners, in particular those with an Action Plan, to participate in various EU activities on HIV/AIDS such as the Think Tank and the Civil Society Forum.

8. ACTION PLAN

The European Commission proposes that the partners should take the work forward within the political framework outlined in the previous chapters and the specific action in the Action Plan (Annex), which will later be available on line and updated by the Commission in consultation with the HIV/AIDS Think Tank, the Civil Society Forum, and other relevant stakeholders.

The Commission will make available on the public health website an overview of the possible financing instruments which could be used for implementation of this strategy.

The Commission, together with partners (such as the Think Tank, UNAIDS, and WHO), will develop a set of appropriate core indicators for monitoring the process. The aim is to monitor not only outcomes but also the impact of these activities. This work will be based on the available tools and methods used[xxvii] and should also contribute to monitoring the UNGASS Declaration of Commitments on HIV/AIDS, as well as the Dublin and Vilnius Declarations.

Annex : Action Plan (as 29/11//2005)

Area for action	Action	Indicative timetable	Outcome	Main players
1. Leadership and advocacy				
Human rights	Establish a working group to conceptualise problems and define where action at EU level is needed	Second half of 2006	Proposal for a list of priorities for action	Civil society HIV/AIDS Think Tank Commission Neighbouring countries
	Organise a Conference on HIV/AIDS and human rights	Spring 2007		Council Presidency Commission Member States Neighbouring countries Partners
2. Involvement of civil society				
Participation in policy development and implementation	HIV/AIDS Civil Society Forum	Twice a year		Commission HIV/AIDS civil society representatives
Participation in prevention and treatment	Develop and implement a training programme for NGOs with a view to their involvement in ARV treatment and in prevention programmes	Ready by mid-2007	Training programme on treatment preparedness Training programme on prevention with specific focus on harm reduction measures for IDUs	Commission Member States Non-governmental organisations
	Implement the training programme	From 2008 on	Number of NGO representatives trained annually	Commission Member States NGOs

3. Surveillance				
Area for action	Action	Indicative timetable	Outcome	Main players
Coverage of data	Complete the geographic coverage of HIV case reporting within the EU and the WHO European region Complete the geographic coverage of HIV single case reporting within the EU and the WHO European region	2006 2008	Complete surveillance data	ECDC/EuroHIV Member States WHO Euro ECDC/EuroHIV Member States WHO Euro
HIV-related information	Reassess the objectives of HIV/AIDS surveillance in order to gain information on severe HIV-related morbidity, access to diagnosis and treatment	2006		ECDC/EuroHIV Member States
System development	Develop an integrated database for HIV and AIDS surveillance	2007-2008	Integrated database	ECDC/EuroHIV
Developing behavioural data collection	Start with establishing an inventory of behavioural surveys/surveillance already existing in each country	2006	Inventory of available methods	ECDC/EuroHIV Member States UNAIDS EMCDDA
	Establish a list of important prevention indicators to be collected on an annual basis (e.g. % of IDUs sharing equipment in the past x months, % of MSM having unprotected anal intercourse at last sex)	2007-2009	Data on behavioural risk factors	ECDC/EuroHIV Member States UNAIDS EMCDDA
Sentinel surveillance for early warning	Facilitate the setting-up of sentinel surveillance in high-risk groups in countries with a low-level epidemic	2006	Number of countries with sentinel surveillance	ECDC/EuroHIV Countries concerned

HIV incidence	Estimate HIV incidence in Europe	2007	True HIV incidence in Europe	ECDC/EuroHIV WHO Euro
3. Surveillance (cont'd)				
Area for action	Action	Indicative timetable	Outcome	Main players
HIV prevalence	Provide HIV prevalence estimates for Europe	2006	HIV prevalence estimates for individual countries	ECDC/EuroHIV WHO Euro, UNAIDS
Data protection	Work with the Member States to identify possible practical problems with the protection of personal data and with the free movement of such data in the context of HIV/AIDS surveillance	2006-2007		Commission ECDC/EuroHIV Member States
Development of resistance	Facilitate Europe-wide surveillance on HIV drug resistance	2007-2008	Number of countries implementing national HIV drug resistance surveillance	ECDC/EuroHIV Commission Member States

4. Prevention of new HIV infections				
Area for action	Action	Indicative timetable	Outcome/indicator	Main players
Sexual transmission	1) Develop innovative strategy to promote safe sex and address the increase in risk-taking behaviour among youth 2) Implement the strategy	2006– 2009-	1) Innovative safe sex strategy developed 2) Number of countries implementing the strategy	Commission Member States Civil society organisations International organisations
Mother-to-child transmission	Report on the state of play in Europe	2006	Report followed by an action plan	Commission ECDC/EuroHIV
Harm reduction	Monitor implementation of the Council Recommendation of	2007	Report	Commission Member States

	18 June 2003			
Blood	Monitor the data compiled by Member States under the Commission Directive on traceability and adverse events and reactions (adoption expected in September 2005) related to transmission of HIV (and other diseases) by blood and blood components	Annual reporting to Commission to begin by end of 2007	Report	Member States Commission
Youth	Include youth as a priority target group for the development of public health intervention	2006-		Commission Member States Civil society organisations International organisations
Prisoners	Develop HIV prevention strategies for prisons Identify best practices for HIV prevention in prisons in Europe	2006-	HIV prevention strategies developed for prisons	Commission Member States Civil society organisations International organisations
Population-wide information	EBU "European health information platform"	2006	Material for media Information website with updates, ready for use by TV and radio	EBU and its partners Commission Member States
Awareness-raising among general public	1) Bring visibility to HIV/AIDS in Europe 2) Link Europe into the World AIDS Campaign 3) Promote prevention and Voluntary Counselling and Testing	2006-2009 May June/July December	One to three EU-led events on HIV/AIDS every year	Commission Member States ECDC/EuroHIV WAC Other partners
Education	1) Organise a consensus meeting on best practice	2006	1) Consensus report	Commission

	on HIV/AIDS peer education 2) Develop a training module for HIV/AIDS peer education 3) Implement the training module	 2006-2007 2007-2009	 2) Training module 3) Number of national HIV/AIDS focal points and peer education officials trained	Member States WHO, UNAIDS, other partners

5.Treatment, care and support				
Area for action	Action	Indicative timetable	Outcome	Main players
Access of vulnerable groups to services	1) Prepare a European inventory on best practices/know-how on drug treatments 2) Prepare guidelines/best practices on access to treatment for vulnerable populations		1) Inventory of best practices 2) Guidelines on access to treatment	Commission Member States
	Support capacity-building among service providers to improve access for vulnerable groups Continue the development of European curricula/training modules	2006-	Training programme for service providers	Commission Member States
Treatment preparedness	Develop patient-friendly information on treatment		Number of information packages developed	Commission Member States NGOs
	Develop a training module on treatment preparedness	2006-	Training module on adherence	Commission Member States NGOs

Service standards	Provide a toolkit for Member States for developing comprehensive HIV/AIDS services	2006-	Toolkit for service standards	
Affordable ARV	Continue exploring possible solutions		Feasible solution to reduce the cost of ARV	Commission Pharmaceutical industry Member States concerned
Laboratory capacity Training of personnel	Integrate in curricula of university and continuing medical education			Commission, ECDC, Universities, Medical associations, ESCMID, WHO Euro
Networking of laboratories for susceptibility testing	Establish a Europe-wide network of national [reference] laboratories for HIV susceptibility testing		Network of specialist laboratories established	ECDC Member States
Upgrading national laboratories	Assess the needs [training, equipment, etc.] in HIV laboratories at national level		Number of national inventories ready	Member States ECDC

6. Research				
Area for action	Action	Indicative timetable	Outcomes	Main players
Advance treatment	Establish a European network of clinical trials on new therapeutic approaches to HIV/AIDS	2006-2010	New strategies for the management of HIV infection	Member States Commission
Facilitate vaccine/microbicide research	Establish a European network for vaccine/microbicide research	2006-2010	Standardisation of HIV research tools; new vaccine/microbicide candidates; closer European collaboration with global research initiatives and	Commission Member States Research centres Industry, SMEs

			partnerships	
Cohort studies	Set up a network of European cohort studies on HIV/AIDS	2006-2009	New treatment options to overcome resistance to HIV drugs; PMTCT[1]	Commission Clinical research centres

[1] Prevention of mother-to-child transmission.

7. Neighbouring countries				
Area for action	Action	Indicative timetable	Outcomes	Main players
Russian Federation				
	EC participation in the work of the Country Coordinating Mechanism	2006-		EC Delegation Russian Federation CCM
Expert meetings on HIV/AIDS-related issues	1) Organise an expert meeting on HIV/AIDS 2) Finnish Presidency meeting	1) 2006 2) September 2006		1) Commission Russian Federation Partners 2) Council Presidency
European Neighbourhood Policy partners				
	EC participation in the work of the Country Coordinating Mechanism	2006-		EC Delegation CCM ENP Partners
Invite ENP partners to EU activities	1) Invite ENP partners to Think Tank meetings on specific topics 2) Invite ENP partners to HIV/AIDS-related meetings/conferences	2006-	Exchange of information and best practises	Commission Member States NGOs Partners
Surveillance	Ensure that networks increasingly cover Southern Mediterranean countries	2009	Surveillance data available	ECDC EpiSouth
Explore the scope for specific HIV/AIDS meetings targeted at ENP partners	Hold exploratory meeting with ENP Partners [in particular those with an ENP Action Plan] Hold a series of follow-up meetings on specific topics,	2007 2008-	Exchange of information and best practises	Commission Member States Partners

	countries or regions			

[i] Commission communication "A Coherent European Policy Framework for External Action to Confront HIV/AIDS, Malaria and Tuberculosis" (COM(2004)726). Commission communication (COM(2005) 179) "A European Programme for Action (PfA) to Confront HIV/AIDS, Malaria and Tuberculosis through External Action (2007-2011)".
[ii] http://www.unaids.org/en/events/un+special+session+on+hiv_aids.asp.
[iii] http://europa.eu.int/comm/health/ph_threats/com/aids/keydocs_aids_en.htm.
[iv] European Neighbourhood Policy, EU/Russia Partnership and Cooperation Agreement (PCA).
[v] In this document the specific vulnerable groups are defined for each of the priority areas, but it should be noted that they may differ, depending on the state of the HIV/AIDS epidemic and economic and cultural setting in the particular area of concern.
[vi] The institutional forms of civil society are distinct from those of the state, family and market and civil society commonly embraces a diversity of spaces, stakeholders and institutional forms, of varying degrees of formality, autonomy and power. Civil societies are often populated by organisations such as registered charities, development non-governmental organisations, community groups, women's organisations, faith-based organisations, professional associations, trade unions, self-help groups, social movements, business associations, coalitions and advocacy groups. http://www.lse.ac.uk/.
[vii] These are private, non-profit organisations based in and working in local communities. Normally they are created in response to some particular need or situation (high unemployment rate - employment promotion) in the community and work is done by local people.
[viii] www.weforum.org/globalhealth/globalsurvey.
[ix] http://www.unice.org/Content/Default.asp?.
[x] http://www.eurohiv.org
OJ L 271, 09/10/2002, p.1 - 12.
[xii]OJ L 142, 30/04/2004, P. 1 - 11. http://www.ecdc.eu.int.
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