

# **Situation Analysis and Action Plan on HIV/AIDS in Central, Eastern Europe and Central Asia in the context of EU Enlargement**

**AIDS Action Europe is a partnership of HIV/AIDS NGOs set up to advocate for greater commitment and cohesion in the global response to HIV, contribute to European policy-making on HIV/AIDS and facilitate the transfer of experiences proven as effective across the wide European region (comprising 52 countries, as defined by WHO).**

**Considering the recent catastrophic explosion of HIV affecting several Eastern European countries and the imminent enlargement of the European Union, this action plan proposes strategic steps to be taken by AIDS Action Europe towards (1) encouraging European and international institutions to urgently strengthen their responses to the HIV epidemic in the region (2) promoting the essential role of local non-governmental actors in preventing HIV, providing support and defending the rights of People Living with HIV/AIDS, improving healthcare practices and holding governments accountable.**

*Version 3.2 - The latest version of this text is posted there :*  
[http://www.integration-projects.org/keydocs/Draft\\_ActionPlanHIVcee.pdf](http://www.integration-projects.org/keydocs/Draft_ActionPlanHIVcee.pdf)

**Validation steps for this document:**

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Comments and suggestions from key organisations and networks are highly solicited.

Draft reviewed by: Interim Steering Group of AIDS Action Europe (Antwerp, Belgium - 22-23/1/04)

**Key dates:**

- February 23-24, 2004: Dublin Ministerial Conference "Breaking the Barriers: Partnership to fight HIV/AIDS in Europe and Central Asia" ([www.dci.gov.ie](http://www.dci.gov.ie))
- March 18-20, 2004: Brussels meeting of the partners of the Integration Projects ([www.integration-projects.org](http://www.integration-projects.org))
- March 22-23, 2004: Brussels Forum on AIDS ACTION in EUROPE ([www.aidsfonds.nl/europe](http://www.aidsfonds.nl/europe))

**Notes:**

- The regions defined as Western Europe, Central Europe, Eastern Europe & Central Asia correspond to those determined by the World Health Organisation:

| Western Europe |                | Central Europe       | Eastern Europe and Central Asia |
|----------------|----------------|----------------------|---------------------------------|
| Andorra        | Luxembourg     | Albania              | Armenia                         |
| Austria        | Malta          | Bosnia & Herzegovina | Azerbaijan                      |
| Belgium        | Monaco         | Bulgaria             | Belarus                         |
| Denmark        | Netherlands    | Croatia              | Estonia                         |
| Finland        | Norway         | Cyprus               | Georgia                         |
| France         | Portugal       | Czech Republic       | Kazakhstan                      |
| Germany        | Spain          | Hungary              | Kyrgyzstan                      |
| Greece         | San Marino     | Macedonia, F.Y.R.    | Latvia                          |
| Iceland        | Sweden         | Poland               | Lithuania                       |
| Ireland        | Switzerland    | Romania              | Moldova, Republic of            |
| Israel         | United Kingdom | Serbia & Montenegro  | Russian Federation              |
| Italy          |                | Slovakia             | Tajikistan                      |
|                |                | Slovenia             | Turkmenistan                    |
|                |                | Turkey               | Ukraine                         |
|                |                |                      | Uzbekistan                      |

- 10 out of 13 candidate countries will join the EU in 2004: the Czech Republic, Cyprus, Estonia, Hungary, Latvia, Lithuania, Malta, Poland, Slovakia and Slovenia. The remaining 3 candidate countries are: Romania, Bulgaria, and Turkey.

- This paper builds upon "HIV/AIDS in Eastern Europe and the Former Soviet Union: A call to action for the European Union", drafted by European HIV/AIDS NGOs in 2003 and the Country Reports of the INTEGRATION Projects ([www.integration-projects.org](http://www.integration-projects.org))

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AIDS ACTION EUROPE: [www.aidsfonds.nl/europe/](http://www.aidsfonds.nl/europe/)

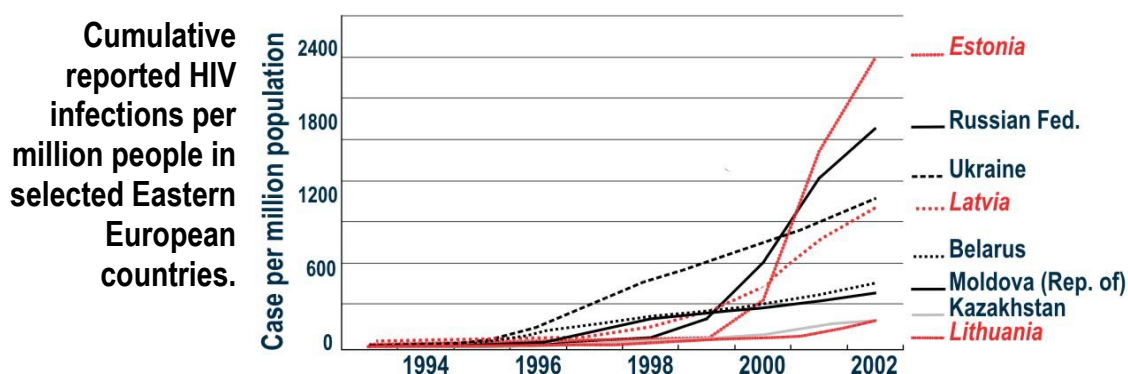
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“In the hospital... with my own eyes, I've seen several people die. Because, you see, doctors do not have enough medicine for everybody.”

Dimitri, former drug user living with AIDS, interviewed in April 2003 for the documentary 'Breaking the Curve: Fighting AIDS in Estonia and Russia'

### 1. Context: A recent explosion of the HIV epidemic affecting several countries

Since 1998, several countries in Eastern Europe (including several countries that will join the European Union in 2004) have been affected by a very rapid growth of the HIV epidemic, qualified by UNAIDS in 2001 and 2002 as the fastest growing epidemic worldwide.



*In italics:* countries that will join the European Union in 2004

Based on an illustration published by UNAIDS in AIDS Epidemic Update – December 2003

Source: National AIDS Programmes (2002). HIV/AIDS surveillance in Europe.

End-of-year report. Data compiled by EuroHIV, the European Center for the Epidemiological Monitoring of AIDS.

Up to now, this Eastern European epidemic has been driven primarily by Intravenous Drug Users (IDUs) sharing needles (90% of all cases, UNAIDS 2002). The number of contaminations attributed to unprotected heterosexual intercourse is increasing (+32% between 2001 and 2002, according to EuroHIV). Until recently, there have been very few reported cases concerning men who have sex with men in the region, but this may be due above all to the “the social vulnerability of homosexual and bisexual men” (EuroHIV 2003) who are probably very reluctant to disclose their sexual orientation, even to health practitioners.

#### Catastrophic predictions:

The World Bank predicts that in Russia, “without preventive policies or treatment” implemented now, HIV/AIDS will cause the GDP to **decrease 4.15 percent by 2010**. In the report “The Next Wave of HIV/AIDS: Nigeria, Ethiopia, Russia, India and China” (released in September 2002), the US National Intelligence Council and the CIA predict that in Russia **between 6% and 11% of the adult population will be living with HIV/AIDS in 2010:**

In Russia, the rise in HIV/AIDS will exacerbate the population decline and severe health problems already plaguing the country, creating even greater difficulty for Russia to rebound economically. These trends may spark tensions over spending priorities and sharpen military manpower shortages.

Overall, in *Reversing the Epidemic*, released on February 17, 2004, the UNDP assesses:

HIV/AIDS may not be poised to devastate the region entirely. But the epidemic in many countries—particularly Russia, Ukraine and Estonia—has progressed too far to be decisively defeated in the short and medium term. Latvia, Belarus and Moldova are too close to the danger zone for comfort. Like millions of its citizens, the countries of the Western CIS and the Northern Baltics—which together comprise more than half the region's population—will have to learn to live with HIV/AIDS.

### **Central Europe: A mixed situation with remaining risks.**

The countries of Central Europe remain far less affected by HIV than either Eastern or Western Europe. In the latest report published by EuroHIV, the rate per million of newly diagnosed HIV infections for Central Europe in 2002 is 7.8 compared with 76.1 for Western Europe and 222.5 for Eastern Europe.

In this region, Romania stands out with a very specific epidemic affecting maybe up to 9000 children contaminated through unsafe practices in the healthcare setting in the late eighties and early nineties – today, many of them are in their teens and are likely to become sexually active, yet remain very poorly informed about HIV and prevention, which could contribute to the further spread of HIV in Romania (source: meetings with the NGOs Romanian Angels Appeal and ARAS, in Bucharest, January 2002).

With the striking exception of Poland, the reported number of drug users contaminated by HIV remains extremely low across Central Europe (whereas Poland has a cumulative total of 4856 cases of HIV concerning drug users – overall this number is very low - i.e. between 1 and 104 cases – for all of the remaining 13 countries of the region).

The explanation for these low numbers may well be a matter of luck: so far, the drug injecting population in most of Central Europe has simply not been in contact with HIV yet. If some countries have acted early to prevent HIV from spreading among IDUs (notably Slovenia and the Czech Republic who started needle exchange projects as early as 1992), there remains a very dangerous lack of commitment on this issue across the region (source: EMCDDA). In Hungary for instance – there have been only 12 cases of HIV reported among drug users but Hepatitis C is rising sharply, especially among young drug users (ages 13 to 19). This reveals that sharing needles between injectors is very high (source: meeting in September 2002 with Dr. Eszter ÚJHELYI in Hungary as part of the Integration Projects).

All too often the rise in Hepatitis C among drug users is rapidly followed by a rise in HIV: to combat this, it is urgent for several Central European countries to implement evidence based strategies designed to limit the spread of HIV on a wide-enough scope to reach a significant proportion of drug users.

## **2. Major shortcomings in Central and Eastern Europe and Central Asia:**

### **Access to antiretroviral (ARV) treatment.**

**In Eastern Europe and Central Asia, less than 10% of people who need anti-HIV treatment actually get it today.** Out of the estimated 1.5 million people living with HIV in Eastern Europe and Central Asia (UNAIDS 2003), 80 000 need ARVs now. Most of the contaminations took place recently so the majority of people with HIV are still asymptomatic. The need for care and treatments however, will obviously rise exponentially in the short term: therefore, one major challenge facing the region is to overhaul the whole healthcare system in order to rapidly become able to provide adequate care for a sharply growing number of people: the 3 by 5 plan of the World Health Organisation (which aims to treat 3 000 000 people living with

HIV/AIDS worldwide by 2005) includes best practices for ARV prescription which can prove most useful in the region.

In Central European countries the average estimated coverage of ARVs is higher: 65% of people who need ARVs are actually getting them – and this region includes the Czech Republic, Hungary, Poland, Slovakia, Slovenia and Croatia, which all have a high coverage of 92% or more (source: WHO Europe Fact Sheet – December 1, 2003). Nevertheless, severe issues remain: undocumented immigrants across the region do not have access to healthcare – and only a few have been extremely lucky to find benevolent doctors willing to treat them anyway. Yet there is a growing HIV problem specifically among immigrants from Ukraine (including sex-workers) and from other Eastern European countries. Also, the number of doctors who are knowledgeable about ARVs remains low: only 3 doctors prescribe ARVs in Hungary, where all care for HIV/AIDS is centralised in a single hospital in Budapest. Likewise in Poland, patients are often obliged to travel to Warsaw for medical follow-up.

The cost of antiretroviral (ARV) treatment remains a major problem. According to a 2003 WHO study, countries in Central and Eastern Europe still have to pay a very high price for ARVs: “in many countries of the region, [the cost of ARVs] is actually higher than in Western Europe”. On a global scale since 1998, competition from generic producers of antiretroviral treatments has made possible a great reduction in the cost of ARVs, bringing it down from 12 000 Euro to below 300 Euro per person per year. Therefore, the countries most affected by HIV in Eastern Europe should strive to benefit from the specific public health provisions of World Trade Organization agreements that allow them to either import or locally produce the antiretroviral treatments they need.

### **The strong link with substitution treatments.**

Across Central and Eastern Europe another major hurdle blocking access to treatments is the belief that drug users should not have access to ARVs because they would not be capable of adhering to the strict regimen. Experiences from around the planet however, provide clear evidence-based guidelines on ways to achieve successful treatment adherence among drug users. A study of the *Manif 2000* cohort in France for instance, reveals that drug users taking buprenorphine (the substitution treatment used most in France, along with methadone) are fully capable of taking ARVs properly and regularly.

Yet access to substitution treatments themselves remains scarce across Central and Eastern Europe. With the notable exception of Slovenia, the number of opiate-dependent drug users in methadone treatment remains extremely low in all Central and Eastern European countries (Source: EMCDDA 2003). In Russia, the prescription of any substitution treatment is itself illegal (and is actively combated by state authorities). In Poland, even though the medical consensus on the issue seems to be changing, less than 1000 people are prescribed methadone (in Spain for instance, this number is 75 000). Across the region, drug users are expected to be able to just give up taking drugs on their own, and often end up being locked up in prison or in inhumane "detoxification" centres.

For these reasons, the European AIDS Treatment Group (EATG) and the Central and Eastern European Harm Reduction network (CEEHRN) are advocating for methadone to be included in the WHO list of essential medicines.

### **Access to clean injection equipment for intravenous drug users and other health services:**

Harm reduction strategies, the wide variety of public health interventions that have been designed, tested and implemented over the past 20 years internationally, have proven to be extremely efficient at stopping the spread of HIV among drug users. These strategies can include: information on HIV/AIDS and the promotion of peer-support for drug users, facilitating access to injection equipment (needles, cups for mixing, swabs with alcohol and of course condoms – as many drug users do have sex...) and the prescription, for some persons, of substitution treatments such as methadone. In order to be operational, harm reduction strategies often entail reforming national laws on drugs and adapting the practices of police force representatives who fight drug use (as drug users of course will stay away from health centres if they risk getting arrested just by going there...). Although controversy often surrounds the initiation of harm reduction projects, they have now become streamlined as a core component of public health strategies in

many countries (including the Czech Republic, Slovenia, Poland and others in Central Europe). Still, due to insufficient funding, lack of adequate political support and flaws in national drug laws the Needle and Syringe programmes in most countries of the region **remain of a small-scale pilot character with coverage too low to effectively reduce HIV among drug users.**

A clear consensus has been reached on harm reduction at the level of the European Union: the recommendation of the Council of the European Union (dated June 18, 2003) on *the prevention and reduction of health-related harm associated with drug dependence* states that Member Countries should: “provide information and counselling to drug users to promote risk reduction and to facilitate their access to appropriate services”, “include outreach work methodologies within the national health and social drug policies”, “encourage, when appropriate, the involvement of, and promote training for, peers and volunteers in outreach work”, “provide, in accordance with the individual needs of the drug abuser, drug-free treatment as well as appropriate substitution treatments” and should “consider making available to drug abusers in prison access to services similar to those provided to drug abusers not in prison”.

Even in countries such as France, which were at first very reluctant to implement harm reduction strategies, the benefits in terms of lives saved by harm reduction programmes has proven enormous over the long term:

Regarding drug users, the success of harm reduction policies and substitution treatment has been fully demonstrated. The prevalence of HIV among drug users [in France] has been divided by 2 between 1998 and 2002, from 40% to 20%. Even more encouraging: a recent study by InVS [the French Institute for Sanitary Surveillance] in Marseille found the prevalence of HIV among young drug users who are less than 30 years old to be **zero**. (Speech by Dr Jean-François MATTEI, French Health Minister, June 20, 2003).

**Rehabilitation centres**, where drug users can get the support they need when they want to stop drugs altogether, certainly have a role to play. There remains however, a severe lack of knowledge on which strategies work best over the long term to help a person stop taking drugs. If rehabilitation centres can do wonders for some people, it is a well-known fact that many drug users end up over-time going back again and again to many such places: they come out “drug-free” after a few months (considered a “success” by the centre) then end up taking drugs again once they are on their own. Some centres, like the community of Monte Sasso Gianni near Faenza in Italy, welcome even young former drug users taking substitution treatment, which is very rare (most centres remain, regrettably, very opposed to substitution treatments...). The communities managed by the NGO Sananim in the Czech Republic include a follow-up service, where former drug users can get long term support once they are back in the city. The Narva Rehabilitation Centre (in the Estonian city most affected by HIV) has developed a very coherent array of services including information and drug-prevention in schools, needle exchange, methadone, HIV testing, peer-support, twelve-step programmes and a drug-free community on a farm in the countryside. The goal, says co-ordinator Jury MAGEROV is to provide “the right service at the right time, based upon the individual needs and personal history and motivation of our clients.”

We believe therefore that these drug-treatment services could be greatly improved if they moved away from zero tolerance models and incorporated various comprehensive services such as harm reduction, drug use management, motivational interviewing, general health counselling, relapse management, building social and professional skills, and other components.

By thoroughly evaluating these rehabilitation initiatives (How much do they improve the long-term health and quality of life of their clients? What is the profile of the persons most likely to benefit from drug-free rehabilitation? Which would need substitution treatments instead?), we could leave behind the strife-ridden debate separating “drug-free” advocates and harm reduction actors. As Monica DAN from ARAS in Romania observes: “we do not have a single acceptable rehabilitation centre in Romania, and I am not sure whether it would be the best solution to prescribe methadone right away to the young drug users we see in our services – we need other options.”

### **Drug policy**

Repressive drug policies remain the main barrier to implementation of effective HIV prevention and treatment among injecting drug users. Moralistic and non pragmatic approach to drug use is fuelling legislative initiatives which target drug users as subjects of criminal and administrative liability. Such tendencies exist in EU accessing countries despite general trends within the EU. For example, a suggested amendment of the Penal Code in Slovakia to be discussed by the legislative council in early March, suggests criminalization of use and possession of drugs for personal use without an option for alternative sentences or administrative sentences. Governmental evaluations have demonstrated immense negative social and economic consequences of criminalization in Czech Republic, where the amendments to legislation, introducing criminalization drug possession in the amount “bigger than small” and in Hungary which introduced criminalization of any use/possession). (Tanja Hicarova, Trends in Slovakia in so called Drug Laws) The situation is even worse in countries of Former Soviet Union: Anya Sarang, coordinator of the Central and Eastern European Harm Reduction Network ([www.ceehrn.org](http://www.ceehrn.org)) denounces that the fight against drugs puts many in prison who should not be there: “a minute amount of heroin, which would barely fit on the tip of a needle, can lead to several years of imprisonment in Russia...”. “By adhering to UN drug conventions that focus on reducing demand, governments in Russia and Ukraine have allocated most of their resources to law enforcement institutions, including the police. This limited focus has inhibited public health authorities – both financially and legally – from pursuing effective HIV prevention and treatment policies, thus reducing opportunities for drug users to access information and resources to safeguard their health” (from “Unintended Consequences: Drug Policies fuel the HIV Epidemic in Russia and Ukraine” International Harm Reduction Development).

### **Prisons.**

“Criminal justice systems that throw non-violent injecting drug users into overcrowded, inhumane prisons, where HIV spreads quickly through sex and shared needles, are having disastrous public health consequences in many East European and CIS countries” (UNDP - Reversing the Epidemic). The percentage of prisoners with HIV in Russia has increased from 0,144 in 1997 to 4,2 percent in 2002 (AFEW) – and tuberculosis is also spreading rapidly and very dangerously. Outbreaks of HIV among drug users in prisons of Russia (Nizhnekamsk) and Lithuania clearly demonstrated an urge for effective prevention measures such as needle exchange, methadone distribution and peer education. Some of the countries in the region (notably Kyrgyzstan) are now implementing prevention programmes that include needle exchange and intend to introduce methadone prescription (services that have yet to be streamlined in many Western European countries...). In spite of the urgency, the “Dublin Declaration on Partnership to fight HIV/AIDS in Europe and Central Asia”, enacted by governmental representatives from 55 countries on February 24, 2004, makes no reference to prisons, which is certainly one of the major weaknesses of this otherwise very strong declaration. Clearly, the principles promoted in the NGO-initiated “Dublin Declaration on HIV/AIDS in Prisons in Europe and Central Asia” need to form the basis for urgent reform (This declaration so far has been co-signed by more than 100 NGOs and experts : It is coordinated by the Irish Penal Reform Trust / [www.penal-reform.ie](http://www.penal-reform.ie))

### **Human Rights.**

Discriminative and humiliating practices targeting people living with HIV or members of vulnerable communities remain very high across the region. Hungary for instance, has maintained until very recently a very peculiar system for epidemiological surveillance that included nominative and compulsory HIV testing and the obligation to undergo contact tracing (all patients found to be HIV positive were obliged to provide a list of all former sexual partners – who were themselves obliged to be tested for HIV). These practices, now partly revoked, have fostered deep distrust in the health system. In Estonia and Latvia, Russian speakers, who represent between 30 and 50% of the population, are most affected by both problematic drug use and the recent surge in HIV infections, adding to the state-endorsed discriminative practices already targeting them (for instance, members of the Russian minority in Estonia are issued grey second-zone “Resident Alien” passports, even though many have been local residents for several generations).

Severe mistreatment, including beatings and detainment of drug users who forcibly end up in rehabilitation centres, has also been documented to be quite common practice in Russia. Igor VAROV, who manages one such centre, is quoted as saying “every week we have to buy a new belt because they get too soft, but

we have been impressed with the quality of Gucci belts...” (source: *Russians thrash their drugs takers to stop addiction* – by Mark FRANCHETTI - published by the Sunday Times, UK – June 17, 2001). The wide scope of emerging drug problems in several countries of the former Soviet Union leads many desperate families to send their kids to whichever private or public rehabilitation centres that will take them: some of these centres visibly develop their own bizarre methods which disregard basic human rights and established practices to help patients with substance abuse problems.

Other violations of human rights include refusal of primary health care for people with HIV and drug users, disclosure of positive HIV status by health workers, exclusion from institutions, such as work, schools and kindergartens (for kids who are themselves or whose parents are HIV positive), mandatory HIV and drug testing, exclusion from ARV treatment for drug users.

### **Funding required (Eastern Europe and Central Asia):**

Implementing the essential activities needed to respond to HIV/AIDS in Eastern Europe and Central Asia will cost about 1.5 billion USD per year by 2007 (WHO and UNAIDS). This entails a major sustained increase: in 2001 for instance, funding from all sources dedicated to HIV/AIDS in the region was 300 million USD, according to “Funding Required for the Response to HIV/AIDS in Eastern Europe and Central Asia”, an analysis made for the World Bank and UNAIDS released in July 2003:

Failure to mobilize resources and to implement care and support (...) can only lead to further exacerbation of the problems emanating from the HIV/AIDS epidemic. **The likely future costs will be all the greater the greater are delays in implementing these essential interventions.**

The countries of the European Union and the European Commission clearly have a central role to play in contributing the resources that are urgently needed – notably by funding adequately the Global Fund to Fight AIDS, Tuberculosis and Malaria as well as the WHO 3 by 5 plan (see Annex I), and implementing and developing complementary bilateral initiatives.

### **National Governments in Central and Eastern Europe.**

The bottom line is that providing prevention and healthcare to the citizens of Central and Eastern Europe is a core responsibility of national governments. But with regard to HIV/AIDS, examples of leadership and commitment from elected officials from the region remain unfortunately all too rare.

In 2003, Russian President Putin started to cite AIDS in public speeches but he has yet to initiate a major governmental response to AIDS. In 2003, Russia’s federal AIDS budget was only 4 million USD – to be compared for instance with the 200 million USD Brazil spends per year on treatment alone (source: *On the Frontline of an Epidemic* by Transatlantic Partners against AIDS). In Estonia, a national harm reduction programme was set up in 2001 that included the implementation of local needle exchange centres in 8 cities, but this programme was abruptly terminated in the second half of 2002, for no clear reason (source: Narva Rehabilitation Centre).

Furthermore, government relations with NGOs and civil society remain extremely difficult. In communist times, the very right to associate freely and to found NGOs was prohibited – and many governmental officials still distrust initiatives they do not fully control. The young emerging local NGOs in the region still have quite some work to do before their governments will acknowledge them as competent, reliable and creative partners in the promotion of public health – and not as competitors that must be controlled.

Also, in Central European countries where HIV prevalence is low, governments are very tempted to cut expenses: the national AIDS budget for the Czech Republic has been reduced over seven years from 2 million USD to 700 000 USD in 2002 (Source: Change 2002 - Dr. Ivo PROCHAZKA). In Hungary, a new budget line of 107 000 Euros set up to fund prevention and support work done by Hungarian HIV/AIDS NGOs in 2003 was never spent due to technical administrative issues (this budget may eventually be attributed in 2004). Hungarian HIV/AIDS NGOs found themselves in 2003 completing several tedious applications in the hope of receiving a part of these funds, so far in vain.

The monitoring of the UNGASS Declaration of Commitment provides a sound basis to see over time how governments in Central and Eastern Europe evolve with regards to the fight against HIV/AIDS. The very high-level governmental participation from most countries of the region at the Dublin Conference “Breaking the Barriers – Partnership to fight HIV/AIDS in Europe and Central Asia” on February 22 and 23, 2004, and the strong official declaration enacted there, provides hope that many governments will now become bolder and more ambitious in their commitment to combating HIV and AIDS.

### 3. So, where are we most needed? **Opportunities for AIDS Action Europe (proposals)**

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#### **A cross-cutting priority:** **supporting the development of local non-governmental mobilisation on HIV/AIDS:**

As a platform initiated by European HIV/AIDS NGOs, AIDS Action Europe views the development of local non-governmental initiatives on HIV/AIDS to be an utmost priority. Local HIV/AIDS NGOs are best able to ensure that established responses do in fact adequately meet the long-term needs of the communities that are targeted. To be most pertinent, these local initiatives need to be based upon the mobilisation of People Living with HIV/AIDS, members of vulnerable communities and their peers, including committed health professionals.

This specific focus on local non-governmental actors is especially crucial in Central, Eastern Europe and Central Asia: most governments of the former communist countries of the region have yet to learn how to work effectively with non-governmental actors or develop partnerships with them. Support for local civil society action on AIDS is thus a cross-cutting issue that is conveyed through all of the following suggestions for action.

We keep however in mind that some western European countries still lack a strong non-governmental response to HIV, duly acknowledged by governments (for instance in Greece but not only). We also stress that some of the innovations implemented by NGOs in Central and Eastern Europe could hugely benefit the practices in place in western Europe (For instance, the anonymous computer-based monitoring of harm-reduction services that are provided in Bucharest have probably no equivalent elsewhere. Also, as sex-workers and trafficked women from Eastern Europe are increasingly present in Western European cities, we could enable outreach staff working with sex workers in Western Europe to benefit from the expertise from their colleagues from Eastern Europe.)

Finally, as our limited resources prohibit us from overlapping with other ongoing efforts, we fully acknowledge the specific and essential contributions of the European AIDS Treatment Group (EATG), AIDS and Mobility, the Central and Eastern European Harm Reduction Network (CEE-HRN) and of the European Network of People living with HIV and AIDS (EPN+), and other initiatives.

#### **Doing our research:** **specific themes where NGO action can make a difference**

Human Rights:

- How can the European Court on Human Rights (in Strasbourg) or the new EU Charter (to be included in the new EU constitution) help in stopping and condemning ongoing unacceptable practices (discrimination toward people living with HIV, breaches of anonymity and confidentiality, mistreatment of drug users, health in prisons, the Romanian children scandal, etc...)?

Civil society:

- A review of best European examples of ongoing participation of civil society in designing and implementing HIV/AIDS programmes, including notably in the Country Co-ordinating Mechanisms set up by the grant recipients of the Global Fund to Fight AIDS Tuberculosis and Malaria.

Access to treatments: (EATG is expected to remain a leader on these issues).

- A review of best international practices for the care and treatment of drug users living with HIV/AIDS (some work on this was already done by Konstantin Lezhentsev, IHRD, Ukraine)
- How can countries benefit from WTO public health exemptions and the WHO 3 by 5 plan (and which)?
- How will EU enlargement impact pharmaceutical regulations in new member countries?

### **Advocacy and contribution to policy making in the European Union**

(A role clearly identified as a top priority area in a survey carried out in 2003 by Rinske VAN DUIFHUIZEN on behalf of Dutch AIDS Fonds.):

Overall, our mission now is to make sure that the Dublin Declaration on Partnership to fight HIV/AIDS in Europe and Central Asia (enacted on February 24, 2004), by far the strongest and most concrete commitment we have on HIV/AIDS in the region, does in fact lead to new EU initiatives, to national reforms and to increased contributions to the Global Fund.

Some of the activities already under way on behalf of AIDS Action Europe include:

- Preparation and diffusion of a letter to candidates in the 2004 European Parliamentary Elections (questions to candidates have been designed to be distributed in partnership with IPPF European Network)
- Including HIV/AIDS in Central and Eastern Europe as a priority to be covered in the Brussels policy meeting, on March 22-23, 2004
- Encouraging HIV/AIDS NGOs from Central and Eastern Europe to join key campaigns – notably Fund the Fund ([www.fundthefund.org](http://www.fundthefund.org)) or the International AIDS Vaccine Initiative ([www.iavi.org](http://www.iavi.org))

#### **In the longer term:**

- Establish an AIDS Action Europe Office in Brussels – to include advocacy on HIV/AIDS in Central and Eastern Europe as a key priority – to be located with the IAVI, IPPM, Global Campaign for Microbicides, EATG and STOP AIDS ALLIANCE advocacy and liaison staff already present (or will soon be!) in Brussels.

Some of the initial priorities for this office will include:

- Advocating for the Dublin Declaration on Partnership to fight HIV/AIDS in Europe and Central Asia to lead in fact to new EU initiatives to be proposed by the Irish and the upcoming Dutch, Luxemburgian and British presidencies of the EU together with the European Commission, and to be voted by the European Parliament.
- Ensuring that the new European Centre for Disease Control to be based in Stockholm, as well as the European Monitoring Centre on Drugs and Drug Addiction in Lisbon, include in their mandate to contribute to the response to HIV/AIDS in Europe and Central Asia (and not just in the enlarged EU) and are provided the budgetary means to do so.

### **Facilitating transfer of best practices on HIV/AIDS across Europe:**

Strong links have already been developed by AIDS Action Europe with EuroCASO's Partnership Office for Eastern Europe (which makes sense as AIDS Action Europe now officially endorses the role of EuroCASO within ICASO).

- **Assessing the capacity (and motivation) of current partners of AIDS Action Europe** to contribute to this plan (as hosts for internships, as advocates to their national government and on other specific expertise they can provide).
- **Vastly improving pan-european inter-NGO dialogue through information technology.** civil society across the continent, including quite remarkably in Central and Eastern Europe (in Estonia for instance, use of internet is now far more wide-spread than in western Europe !) has benefited enormously from possibilities offered by the internet and email. The recent development of license-free internet publication tools (such as SPIP from [www.spip.net](http://www.spip.net) which is remarkably put to use by [www.eph.org](http://www.eph.org) and [www.eatg.org](http://www.eatg.org)) should boost our collective efficiency at integrating information technology into our work.

#### **In the longer term:**

On the basis of the work already initiated by the Partnership Office for Eastern Europe, development of skills-building seminars with priority access to HIV/AIDS NGO activists from Central and Eastern Europe and Central Asia – relying upon the expertise and experiences developed by the partners of AIDS Action Europe and other European HIV/AIDS NGOs, focusing upon (possible themes):

- NGO management and governance
- Advocacy – and integration of information technology in our work
- Treatment access for drug users: successful approaches

- Leadership for People Living with HIV/AIDS
- Grant writing and access to private and public funds

On the basis of work already done for instance through the Integration Projects – which would need to be pursued and expanded at the pan-European level:

- Organisation of internships in the field – with priority access to HIV/AIDS NGO project managers from Central and Eastern Europe to take place in local HIV prevention and support projects. Beneficiaries of these internships will be identified on the basis of their capacity to share the skills acquired with their community back home. Of course, in many cases, "East-East internships" can be far more pertinent than "East-West" visits (due to language or context issues).
- Organisation of visits for governmental decision makers from Central and Eastern Europe – so they can meet their peers in countries that have strong HIV/AIDS programmes.
- Organisation of country-missions by NGO experts – to assess from a larger perspective the context in which local NGOs are operating, the scope of the activities that are carried out and to identify the hurdles local projects may be facing.
- Promotion of twinning partnerships between European HIV/AIDS NGOs.

### **Conclusion:**

The partners of AIDS Action Europe include several NGOs founded soon after the appearance of the first cases of HIV in their country. The outrage caused by the blunt discrimination faced by People Living with HIV/AIDS and lack of governmental response fuelled the emergence of an insurgent movement that has proven extremely successful at deeply transforming health practices: examples of this multi-faceted movement's achievements include targeted prevention programmes for men who have sex with men or for sex-workers, stronger rules protecting the secrecy of medical data, improved support for people taking long-term treatments, harm reduction programmes for drug users and streamlining some of these innovative services into standard health care and prevention.

To the extent that our action is grounded upon the evolving needs of People Living with HIV/AIDS and vulnerable communities, because we include People Living with HIV/AIDS at all levels of decision making, we strive to best convey to national and international authorities the most pertinent strategies that must be implemented to confront the epidemic.

We do not want the precious lessons we have learned to remain confined within the strict limits of our national boundaries while HIV is still spreading on our continent and internationally. We believe that in each country of Europe and Central Asia, People Living with HIV/AIDS and members of vulnerable communities should have access to in the very least one local, trusted, reliable, independent and competent community-based organisation where one can find high-quality prevention and health support.

We hope this action plan, and above all, the actions we will in fact undertake, attest to our commitment.

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We defeated Nazism. We defeated slavery. We defeated communism, and recently we defeated apartheid. We certainly can defeat AIDS.

Nobel Peace Prize winner Archbishop Desmond TUTU  
Dublin Conference, February 23, 2004

## References:

(most of these documents are available directly from <http://www.integration-projects.org/intglink.html#articles>)

Breaking the Curve: Fighting AIDS in Estonia and Russia. A 22-minute documentary produced by AIDES as part of the Integration Projects ([www.integration-projects.org](http://www.integration-projects.org)). Available on CD-ROM, DVD and VHS.

Change: FACING ENLARGEMENT TOGETHER, an inter-NGO meeting on HIV/AIDS in future EU members (Athens February 2002), followed by a briefing in the European Parliament (June 2002)  
<http://www.aides.org/europe/change/enlargmnt/enlargmnt.htm>

D. F. GORDON. The Next Wave of HIV/AIDS: Nigeria, Ethiopia, Russia, India and China. National Intelligence Council. September 2002. [www.odci.gov/nic/](http://www.odci.gov/nic/)

EMCDDA: the EU drugs agency. Annual report 2003: the state of the drugs problem in the acceding and candidate countries to the European Union (PDF version)

EuroHIV Press release, July 16, 2003 - "Rising reports of sexually acquired HIV infections in both Western and Eastern Europe". [www.eurohiv.org](http://www.eurohiv.org)

EU support for Harm Reduction: COUNCIL RECOMMENDATION of June 18, 2003 on the prevention and reduction of health-related harm associated with drug dependence. Published on July 3, 2003. Official Journal of the European Union (L 165/31) <http://europa.eu.int>

Factsheet by WHO Europe: HIV/AIDS treatment: antiretroviral therapy. December 1, 2003 - [www.who.dk](http://www.who.dk)

F. F. HAMERS, A. M. DOWNS. "HIV in Central and Eastern Europe". THE LANCET in  
<http://image.thelancet.com/extras/02art6024web.pdf>

Funding Required for the Response to HIV/AIDS in Eastern Europe and Central Asia. Futures Group et Instituto Nacional de Salud Publica (Mexico) for the World Bank and UNAIDS . July 2003. <http://www.worldbank.org/ru/>

MANIF 2000 – French cohort of HIV Positive People who became contaminated through intravenous drug use: Marseille, Avignon, Nice, Ile de France - Y. OBADIA - 2002 – ANRS - [www.anrs.fr](http://www.anrs.fr)

N. HUNT. "A review of the evidence-base for harm reduction approaches to drug use" 2003. <http://forward-thinking-on-drugs.org>

On the Frontline of an Epidemic. Transatlantic partners against AIDS. 2003. [www.tpa.net](http://www.tpa.net)

REVERSING THE EPIDEMIC, FACTS AND POLICY OPTIONS. United Nations Development Programme. Released on February 17, 2004 - <http://www.undp.sk/hiv/>

"The Dublin Declaration on Partnership to fight HIV/AIDS in Europe and Central Asia", released on February 24, 2004 following the 2-day conference under the Irish Presidency of the European Union, which included governmental representation from across Europe and Central Asia, as well as many NGO delegates. [www.eu2004.ie](http://www.eu2004.ie)

The Dublin Declaration on HIV/AIDS in Prisons in Europe and Central Asia" signed by experts and NGOs from the region, released on February 24, 2004. Co-ordination: The Irish Penal Reform Trust - [www.penal-reform.ie](http://www.penal-reform.ie)

THE ECONOMIC CONSEQUENCES OF HIV IN RUSSIA by Christof RUHL, Vadim POKROVSKY and Viatcheslav VINOGRADOV. The World Bank. [www.worldbank.org](http://www.worldbank.org)

The Warsaw Declaration: A Framework for Effective Action on HIV/AIDS and Injecting Drug Use - 2nd International Policy Dialogue on HIV/AIDS - Held in Warsaw, Poland - November 12 – 14, 2003. [www.unaids.org](http://www.unaids.org)

UNAIDS: AIDS epidemic update - December 2003 – [www.unaids.org](http://www.unaids.org)

## Annex I. Who is doing what?

### An overview of governmental and non-governmental activities.

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#### The European Union:

The involvement of the European Union in the response to the HIV/AIDS epidemic in Eastern Europe has so far been marginal: there has been no strategic, co-ordinated and substantial response from the EU to the HIV/AIDS epidemic in Central and Eastern Europe, nor has a focal point been established within the Commission to address the issue.

- The Europe against AIDS Programme came to an end in 2002, which was focused specifically upon fighting HIV/AIDS in the member countries of the European Union, including by supporting “the activities of non-governmental organisations, including organisations for people affected by HIV”. It has now been replaced by the Programme for Community Action in the Field of Public Health - much less focused on HIV/AIDS - but at least accessible to both EU members and all 13 candidate countries (total budget of Euro 312 million for the period 2003-2008). **Overall, the legal competency of the European Union to protect the health of its citizens remains extremely weak** (member states prefer to keep this competency at their level, on the basis of the principle of subsidiarity). In 1998, the Amsterdam Treaty, still in force today, extended EU competence to “promoting”, in addition to “protecting”, the health of EU citizens (source EPHA). The “Draft Treaty establishing a Constitution for Europe” does not include – at this point – radical improvements on the issue of public health.

- The European Commission does not have any instruments dedicated to supporting HIV/AIDS or health programmes in Eastern Europe. One exception was made for Ukraine, where the Commission, upon invitation of the US government, is now a partner in a 1 million USD project. The only ‘structural’ financial support the EU is currently able to offer in the countries of

the former Soviet Union is via its TACIS programme - two grants of Euro 2.5 million for partly HIV related programs; maximum programme grants of Euro 100 000 through its ‘Bistro’ programme; or Euro 200 000 via its ‘LIEN’ programme.

#### PHARE

The applicant countries of the European Union and Albania, Bosnia-Herzegovina and Macedonia can benefit from EC PHARE funds – which were set up in 1989 to help countries in Central and Eastern Europe rebuild their economy. If the PHARE Funds never included a specific focus on combating HIV/AIDS, they have played a major role both in modernizing health infrastructures and directly promoting the emergence of local NGOs, including HIV/AIDS NGOs (through notably the PHARE ACCESS Programme). Source: ECAS.

#### EU Agencies

- The EMEA in London (European Agency for the Evaluation of Medicinal Products) and the EMCDDA in Lisbon (European Monitoring Centre of Drugs and Drug Addiction) are two European agencies with hugely pertinent expertise to contribute to the response to HIV in Eastern Europe: their “constituency” however, extends only to member states and the applicant countries of the European Union, not to the majority of Eastern European and Central Asian countries.

Likewise, a new European Centre for Disease Prevention and Control (ECDC) will be set up in Sweden. This is the current flagship project of DG SANCO of the European Commission and its core missions will include epidemiological surveillance, early warning and response, the publication of scientific opinions and the provision of technical assistance. EuroHIV, whose mission on HIV epidemiological

surveillance will presumably be endorsed by the ECDC, is currently greatly concerned there will be discontinuity in the production of data on HIV. As it is designed now, it remains unclear whether the new ECDC will have any mandate at all to act outside of the borders of the enlarged European Union.

On the need for specific EU action on AIDS in Central and Eastern Europe:

Overall, as part of its multi-billion Euro programmes for external assistance, the European Union is already a major global actor in the fight against HIV/AIDS – EU funding attributed to AIDS targets mostly developing countries in Africa and Asia. The European Commission is also a donor to the Global Fund to Fight AIDS, Tuberculosis and Malaria (see below): as of December 2003, Euro 116 million has been donated by the EC to the Global Fund out of Euro 460 million pledged.

Considering the scope of the HIV epidemic developing in Eastern Europe and the major negative impacts this epidemic will have upon the economic and political stability of the region, it has now become urgent for the European Union to set up its specific response.

### **The Council of Europe and the European Court on Human Rights**

The Council of Europe (CoE) is an institution with member countries from across the European continent (45 member states). The CoE has established the European Court on Human Rights, which has a legally binding power to judge alleged violations of rights defined in the European Convention on Human Rights (adopted in 1950). One major decision on HIV/AIDS made by this court was *D. v. the United Kingdom*, on May 2, 1997, where it considered the deportation of a person in “the advanced stages of AIDS” to a country where no adequate care for AIDS is available as being in violation of Article 3 of the Convention, which prohibits torture. Apart from the United Kingdom, where a legal precedent has been set, this decision has obviously had little impact on the practices of the member countries of the Council of Europe.

### **The World Bank**

The strategy of the World Bank in the field of health in Eastern Europe is to help governments improve their capacity to respond “to a wide

variety of infectious and chronic diseases, including HIV/AIDS”. The World Bank has thus recently approved a total of 215.5 million USD in loans to develop TB/AIDS projects in Russia, Moldova and Ukraine (a project for Belarus is under preparation).

Several highly pertinent publications have been produced by the World Bank specifically on HIV in Central and Eastern Europe, including “HIV/AIDS in Southeastern Europe: Case Studies from Bulgaria, Croatia and Romania” (2003), or “Funding Required for the Response to HIV/AIDS in Eastern Europe and Central Asia” (2003).

### **UNAIDS and its co-sponsors** **([www.unaids.org](http://www.unaids.org))**

The leading contribution of UNAIDS across the region has been to strive to establish a policy dialogue on HIV/AIDS with government leaders. In the countries where they are present, local UNAIDS representatives (for instance Dr. Pedro CHEQUER in Russia or Eduard PETRESCU in Romania) play a central role in facilitating dialogue between governments and local NGOs – and greatly influence the drafting of National Plans against HIV/AIDS on the basis of best practices developed by UNAIDS.

As a United Nations programme that defines itself as “the main advocate for Global Action on the Epidemic”, UNAIDS plays a central role in promoting the GIPA principles calling for the greater implication of People Living with HIV/AIDS at all levels in the responses implemented to fight HIV/AIDS (a principle of action which remains as pertinent as ever in Central and Eastern Europe).

The 2001 Declaration of Commitment on HIV/AIDS by the United Nations Special Session on AIDS (UNGASS) provides a template for the implementation of the global response on HIV/AIDS. UNAIDS tracks progress made towards key targets defined in the Declaration of Commitment, such as implementing a national AIDS strategy, involving multiple sectors in the fight against AIDS, increasing resources, access to prevention, care, support and treatments and the protection of human rights. **In Eastern Europe and Central Asia, UNAIDS deplors notably the lack of new resources made available as of January 2003 by governments to fight HIV/AIDS, “even in the health ministries”.**

**The Global Fund to Fight AIDS,  
Tuberculosis and Malaria  
([www.theglobalfund.org](http://www.theglobalfund.org))**

A major legacy of UNGASS in 2001, the Global Fund became rapidly operational: out of the 2.1 billion USD in grants for two-year programmes it has approved in the three rounds held so far, about 166 million USD have been attributed to Central and Eastern European Countries (406 million over 5 years).

Estonia, Bulgaria and Romania are 3 EU applicant countries that have been successful with their applications; however, eligibility criteria being defined for the 4th and later rounds will most likely exclude EU applicant countries. This could prove most detrimental for Latvia, which is also facing a major HIV crisis but which has missed out so far on Global Fund grant opportunities.

Application to the Global Fund must by default be set up by a Country Co-ordinating Mechanism (CCM), bringing together governmental institutions with NGO and private sector representatives. One very significant exception was made regarding Russia, where a five-year 89 million USD application presented by a consortium of 5 NGOs was approved. The Russian government started only very recently to consider Russian civil society as a significant partner ("It took us ten years to achieve this..." says Alena PERYSKINA, Director of AIDS-Infoshare) – therefore the board of the Global Fund considered that the official Russian CCM was not yet operational.

The funding crisis.

The Global Fund's capacity to finance a "dramatic turn-around in the fight against AIDS, tuberculosis and malaria" remains severely threatened due to lack of funds. The Global Fund is still far short of the 7 to 10 billion USD that are needed per year – which should become the yearly resources of the Global Fund by 2007. The Fund the Fund Campaign ([www.fundthefund.org](http://www.fundthefund.org)) was started specifically to increase contributions made to the Global Fund and to promote an Equitable Contribution Scheme (amount to be paid by each donor country as proportional to GDP) most able to sustain the effort needed over the long term. The principle of additionally is essential: just as

recipient countries must commit that grants received will not replace their ongoing domestic commitments, contributions by donor countries must be made in addition to bilateral commitments they already have (instead of replacing them).

**WHO and the 3 by 5 Plan**

On World AIDS Day 2003, the World Health Organisation and UNAIDS launched the 3 By 5 initiative, designed to provide "antiretroviral treatment to three million people living with AIDS in developing countries and those in transition by the end of 2005". This plan includes simplified and standardised methods to prescribe antiretroviral treatments (including second-line regimens). WHO estimates that an additional 5.5 billion USD above current commitments must be raised to achieve this goal.

The standardised regimens, as well as the support provided by WHO in facilitating access and acquisition to generic versions of ARVs, can be hugely useful in contributing to the increase of access to treatments in Eastern Europe and Central Asia.

**Selected bilateral support and sub-regional plans:**

The Baltic Sea Action Plan on HIV/AIDS:

"The Task Force on Communicable Disease Control in the Baltic Sea Region was established by heads of government and the president of the European Commission at the Baltic Sea States Summit in Kolding, Denmark, in April 2000. Its mandate is limited, a final report is requested for the summit expected to take place in Estonia early summer 2004."

USAID, the United States Agency for International Development

The work done specifically on AIDS by USAID is quite visible throughout the region (far more so, obviously, than the non-existent EC programme...). 9 out of the 14 countries comprising Eastern Europe, as well as Albania, Croatia and Romania in Central Europe, are listed among the 54 "priority countries" targeted by USAID's programme on HIV/AIDS. The agency's priorities obviously reflect the views of the current US administration: support of harm reduction strategies for drug users is unlikely.... USAID funded projects in Romania were also

strongly recommended to adopt the prudish ABC prevention strategy (“**A**bstain, **B**e Faithful, use a **C**ondom”).

The Netherlands MATRA programme:

“The Matra programme of the Netherlands Ministry of Foreign Affairs supports the change of a centralised communist state towards a pluriform democratic state respecting the rule of law in Central and Eastern Europe”. Many projects funded by the Matra Programme have included HIV/AIDS in their objectives: for instance, the support provided in the late 1990’s to ACCEPT, the first Romanian Lesbian, Gay, Bisexual and Transsexual NGO, or the recent support granted to AFEW’s Project to Prevent Mother-to-Child Transmission of HIV in the Russian Federation.

### **Private funders:**

The Open Society Institute

This foundation set up by Georges SOROS has been a leading supporter of harm reduction activities for drug users across Central and Eastern Europe. However, it is now cutting down its funding attributed to the region – especially to EU candidate countries, in part because they are required as part of the accession process to “improve the protection of minority rights in accordance with EU legal standards”. In Russia, where similar cuts are taking place, the Open Society says it will keep supporting issues that remain too controversial for other donors, such as “promoting a harm reduction approach to drug use” (source: Building Open Societies – 2002 Report).

The Open Society Institute has recently produced a “Compendium of potential donors for health care programmes/public health care policy programmes in Central and Eastern Europe and the former Soviet Union” – available from [www.harm-reduction.org](http://www.harm-reduction.org).

European Foundation Centre (EFC)

EFC was established in 1989 and now has a membership of more than 200. It has set up a specific European HIV/AIDS Funders Group, which brings together foundations and corporate donors active in the field of HIV/AIDS, as well as a Grantmakers East Group – set up to promote the development of civil society in Central and Eastern Europe and the Newly Independent States. The EFC shall soon release (by mid-2004) a specific guidebook on their funding options for HIV/AIDS.

Pharmaceutical Companies

The pharmaceutical industry (for instance the Positive Action Foundation set up by GSK) funds numerous training, support and prevention programmes in the region.

### **NGO activities in the field of HIV/AIDS (a selection of European programmes)**

AIDS and Mobility – [www.aidsandmobility.org](http://www.aidsandmobility.org)

AIDS and Mobility focuses on the specific needs of migrants, ethnic minorities and other mobile groups with regard to HIV/AIDS support and prevention. AIDS and Mobility works with national focal points – which are both governmental and non-governmental organisms that are “committed to delivering services to migrants and ethnic minorities”. Recent activity focused on Central and Eastern Europe includes a pan-European conference in Prague ‘Sex, Drug Use, Mobility and HIV/AIDS in Central and Eastern Europe’, held in June 2003 and a seminar in Vienna on the enlargement of the European Union. In its 2003-2006 plan, A&M will include partners from EU accession countries.

AIDS Foundation East West - [www.afew.org](http://www.afew.org)

AFEW was founded in early 2001 with the support of Médecins Sans Frontières – Holland, the Soros Foundation and the Dutch Government and its mission is to make a major contribution to the reduction of the impact of HIV/AIDS in the Newly Independent States of the former Soviet Union. AFEW operates programmes in Russia, Ukraine, Moldova, Kazakhstan, Uzbekistan, Tajikistan and Mongolia.

The Central and Eastern European Harm Reduction Network - [www.ceehrn.org](http://www.ceehrn.org)

CEEHRN unites about 200 organizational and individual members throughout the region with its mission to support, develop and advocate for harm reduction approaches in the field of drugs, HIV, public health and social exclusion by following the principles of humanism, tolerance, partnership and respect for human rights and freedoms. The goals are achieved by informational, educational and advocacy activities.

EATG – [www.eatg.org](http://www.eatg.org)

The European AIDS Treatment Group is currently based in Germany but is planning to

move its main office to Brussels. EATG membership includes treatment experts originating from Central and Eastern Europe. EATG has organised several seminars on AIDS treatments specifically designed to support the emergence of treatment activism in Central and Eastern Europe (the latest took place in Bratislava and Kiev).

EuroCASO Partnership Office for Eastern Europe

Based in Vilnius, Lithuania, this office was set up in 2002 by ICASO to facilitate relations with NGOs in Eastern Europe. Recent activity includes an advocacy seminar for HIV/AIDS activists held in Russian – which included participants from across Eastern Europe.

The Integration Projects - [www.integration-projects.org](http://www.integration-projects.org)

The Integration Projects are designed to strengthen grassroots HIV/AIDS NGOs based in Central and Eastern Europe and were initiated by

AIDES (France) in 2001 in partnership notably with ARAS, Romania, the AIDS Council, Finland, Badz Z Nami, Poland and AIDSi-Tugikeskus in Estonia. Today, the Integration Projects have active and identified HIV/AIDS NGO partners in all 13 EU accession countries (except Malta) and a targeted research and advocacy project on drug use and harm reduction (Integration SAFER IDUS) in both Estonia and Romania.

The International HIV Alliance - [www.aidsalliance.org](http://www.aidsalliance.org)

The International HIV Alliance focuses on strengthening community mobilisation on HIV/AIDS in developing countries. In Eastern Europe, the Alliance is active mostly in Ukraine promoting harm reduction and mobilisation on HIV/AIDS, through both its local office in Kiev and grants made to local Ukrainian NGOs.

***This list is NOT exhaustive!***

