# Consensus Statement on actions needed from the EU to achieve ending AIDS and HIV as a public health threat by 2030

*On 21st February 2024, a group of over 30 stakeholders convened in the European Parliament for a roundtable discussion hosted by MEP Cyrus Engerer (S&D, Malta) titled "Unfinished Business: the EU mandate we need to achieve the 2030 UNAIDS Goals". The meeting gathered experts and representatives from key associations and institutions to exchange ideas, share expertise and explore potential actions needed from the EU to reach the Sustainable Development Goal (SDG) 3.3 and end HIV/AIDS. This statement builds on the consensus reached by the stakeholders during the discussion and is the result of the collaborative efforts of all participants and endorsees.*

## OVERVIEW OF ACTIONS NEEDED FROM THE EUROPEAN INSTITUTIONS

The signatories of the consensus statement urge the European Commission to take actions to:

- **Strengthen political and community leadership:** by providing guidance to Member States on development plans, ensuring the involvement of many different stakeholders and partners, including civil society stakeholders, in policy formulation and decision-making, and recognising the role of civil society in reaching key populations.
- **Scale up testing among key populations, including migrants and refugees by removing barriers to access**, providing guidance to Member States to incentivise early diagnosis, and facilitating self-testing to reduce internal stigma.
- **Strengthen primary prevention and improve access to condoms, PrEP (pre-exposure prophylaxis), PEP (post-exposure prophylaxis) and ART (antiretroviral treatment) as part of combination prevention programmes:** by increasing funding and scaling up access among all populations at higher risk of infection.
- **Increase universal access and adherence to treatment and improve the management of HIV co-infections and comorbidities** by supporting equitable access to ART, adopting the latest European AIDS Clinical Society (EACS) guidelines, advancing research into new and accessible medicines for HIV treatment to enhance the HIV response in Europe, and removing legal barriers to ensure that underserved populations, including migrants and refugees, have access to healthcare.
- **Tackle multiple and intersecting forms of stigma and discrimination** by promoting actions and initiatives that address stigma and discrimination especially in healthcare settings, building on the recommendations of the Spanish Presidency of the Council in its EU Technical document and signing the Global Partnership Against All Forms of Discrimination.
- **Increase funding and ensure the adequate and equitable allocation of resources at local and regional level by** ensuring consistent funding through the EU4Health programme and other funding mechanisms, supporting partnerships with UNAIDS and the Global Fund, and enhancing funding for

person-centred approaches to reduce disparities and improve health outcomes for people living with HIV in Europe and globally.

- **Improve monitoring and disaggregated data collection** by collaborating with the ECDC, WHO Europe, Member States and Civil Society Organisations to inform decision making, optimising resource allocation, and advising Member States in the development of targeted (incl. gender-targeted) monitoring programmes to address the unmet needs of marginalised groups such as cisgender women, sex workers, transgender individuals, and undocumented migrants.
- **Increase the EU commitment to and leadership on the fight against HIV/AIDS at the global level**, including supporting the work of UNAIDS, the Global Fund to Fight AIDS, Tuberculosis and Malaria, the World Health Organization (WHO) Europe. This can be achieved by integrating progress reports on HIV/AIDS in accession countries, that include epidemiological trends, questions of stigma and discrimination, and the rights for people at risk of HIV, including LGBTIQ, into annual negotiating frameworks. This is needed to allocate adequate resources through the EU Global Health Strategy to address the epidemic in third countries and support cross-border projects with a focus on key populations in Outermost regions and EU Overseas Territories.

## HIV RESPONSE IN EUROPE: THE LAST EU COMMISSION MANDATE BEFORE 2030

The upcoming 2024 EU elections will mark the start of the last full European Commission mandate before the 2030 goals deadline. However, many countries in Europe are still not on track to meet the United Nations SDGs. With only one full mandate left to fulfil the EU's international commitments to end HIV/AIDS, including the UNAIDS 2030 Goals and the WHO regional committees[1][2] goals, it is essential to leverage existing efforts to close the current gaps and initiate a transformation in the HIV response. For this, **we need responsible and accountable leadership, standardised indicators and guidance to Member States, active involvement of civil society and adequate resources at the EU and national level to achieve the 2025 targets, 2030 goals and to lay the foundation for a sustainable long-term response.**

## THE HIV EPIDEMIC IN EUROPE – THE CURRENT GAPS IN THE HIV RESPONSE

As data from the European Centre for Disease Prevention and Control (ECDC) shows, in 2021, 778,000 people were living with HIV in the EU/EEA region. Yet, WHO findings highlight that in 2022 a rise in HIV-diagnoses occurred in 26 countries in the EU/EEA region[3], largely as a result of the increasing population movement from Eastern to Western Europe. Concretely, 48.3% of those diagnosed with HIV were migrants, defined as individuals originating from outside the country in which they were diagnosed. Of these migrants, 22.8% came from other countries in Central and Eastern Europe, 13.9% from Sub-Saharan Africa, 11.3% from Latin America and the Caribbean, 2.6% from other Western European countries, and 2.3% from South and South-East Asia.

[1] WHO (2022) Regional action plans for ending AIDS and the epidemics of viral hepatitis and sexually transmitted infections 2022–2030.
[2] WHO (2022) Resolution on Regional action plans for ending AIDS and the epidemics of viral hepatitis and sexually transmitted infections 2022–2030.
[3] ECDC (2023) HIV/AIDS surveillance in Europe 2023

The ECDC maintains that the EU/EEA region is on track to meet the 95-95-95 targets[4] by 2025 – with currently 91% of people living with HIV knowing their status, 93% of people living with HIV who know their status are on treatment, and 92% of those on treatment being virally suppressed. However, **to-date, nearly one in four of all people living with HIV (23%) in the 23 EU/EEA countries that have available data has not achieved viral suppression and therefore risk transmitting HIV to others. Only two countries[5] have achieved the overall 86% target of ensuring that all people living with HIV are virally suppressed by 2025**[678]. Additionally, the EU has not met the 75% reduction target of new HIV infections from 2010-2020, nor zero stigma. Progress towards UN General Assembly AIDS interim 2025 targets have also been limited particularly among marginalised populations such as sex workers, transgender individuals, undocumented migrants, refugees, and prisoners[9].

The nature of the HIV epidemic in Europe is part of a wider trend and HIV is not the only infectious disease that poses a challenge to the EU/EEA region. The latest ECDC data shows an increase in STIs[10], indicating a pressing need to heighten public awareness and education on STI transmission, to enhance robust prevention and to improve access to testing as a critical entry point to address this public health threat.

In addition, to reach the SDG 3.3, efforts need to focus on tackling common HIV co-infections such as tuberculosis[11] (TB) and viral hepatitis, which are a leading cause of death among people living with HIV – in particular key populations such as people who use drugs.

*To end HIV and AIDS by 2030 and to reach SG 3.3, all countries in the EU/EEA region must close the persisting 'gaps' in the HIV response:*

***Testing gap**:* it is estimated that **one in ten people living with HIV are unaware of their HIV status**.

***Prevention gap***: PrEP has been proven to reduce the risk of HIV transmission through sex by about 99%, and through drug use by at least 74%. Yet in 2022, **only around 130,000 people had access to PrEP, despite the goal of reaching 500,000 people by 2025[12].**

***Treatment gap**:* **one in six** people living with HIV **is not on ART** and **one in four has not achieved viral suppression[13]**.

[4] 95% of people living with HIV knowing their HIV status; 95% of people living with HIV who know their status on treatment; 95% of people living with HIV on treatment with suppressed viral loads.
[5] Norway and Sweden - ECDC (2024) Progress towards reaching the Sustainable Development Goals related to HIV in the European Union and European Economic Area.
[6] ECDC (2024). Progress towards reaching the Sustainable Development Goals related to HIV in the European Union and European Economic Area.
[7] WHO (2022) Action Plan for the Health Sector Response to HIV in the WHO European Region: final progress report.
[8] ECDC (2022). Continuum of HIV care - Monitoring implementation of the Dublin Declaration on partnership to fight HIV/AIDS in Europe and Central Asia: 2021 progress report.
[9] ECDC (2021) HV/AIDS surveillance in Europe 2021 (2020 data)
[10] ECDC (2023) Rising rates of sexually transmitted infections across Europe.
[11] In 2022 only 64% of TB cases were successfully treated, which is well below the 90% rate of WHO targets. – ECDC (2024). Tuberculosis surveillance and monitoring in Europe.
[12] ECDC (2024). Progress towards reaching the Sustainable Development Goals related to HIV in the European Union and European Economic Area. Dublin Declaration evidence brief: monitoring implementation of the Dublin Declaration on partnership to fight HIV/AIDS in Europe and Central Asia - 2023 progress report (europa.eu)
[13] ECDC (2024). Progress towards reaching the Sustainable Development Goals related to HIV in the European Union and European Economic Area.

***Stigma, discrimination and criminalisation gap:*** The exact percentage of stigma and discrimination in the EU/EEA region is challenging to ascertain due to limited availability of data, with only 7 out of 30 countries providing information on their situation. However, evidence suggests that the region is far from reaching its targets[14]. According to ECDC findings, over 10% of people currently living with HIV report experiencing HIV-related stigma and discrimination in healthcare and community settings. In addition, according to the latest ECDC data, **four (14%) countries in the EU/EEA region report having in place laws criminalising the transmission of, non-disclosure of, or exposure to HIV transmission and 18 (64%) countries report that, although no such laws exist, prosecutions occur based on general criminal laws[17]**. Legal barriers including the criminalisation of drug use and sex work, policy gaps in harm reduction and care access for undocumented migrants, and human rights barriers to health services hinder achieving the 10-10-10 UNAIDS targets[15]. Additionally, key populations, including transgender populations, face a disproportionately high risk of contracting HIV as a result of stigma and discrimination[16].

***Data gap***: accurate data on existing gaps and progress is still missing in many countries. **Eight countries in the EU/EEA region lack complete data on progress to achieve the 95-95-95 targets,** with most countries **unable to provide data on key populations** and on HIV-related stigma[17]. This impacts our understanding and clarity on the HIV continuum of care for some key populations, in particular transgender people. While the ECDC's 2021 report was the first to include data on transgender people, it remains extremely limited. Monitoring HIV in trans populations as a key population in Europe has not yet been adequately addressed, making it impossible to meet the 2025 targets and 2030 goals without immediate and significant upscaling. In addition, most countries still **lack a system and standardised indicators for the systematic collection of data health-related quality of life (HRQoL),** including data on self-rated health, mental health needs, non-discriminatory access to healthcare, unemployment, and housing stability[1819].

***Funding gap:*** reduced or uneven investments in HIV prevention and care negatively impact progress towards the elimination goals. Under its EU4Health programme the EU has financed projects to support communities affected by HIV[20]. As a result of the anticipated budget cuts under the current Multiannual Financial Framework (MMF), **EUR 1 billion will be redeployed from the EU4Health programme towards other areas** – e.g., strategic technologies, security, and defence – **resulting in approximately a 20% decrease in EU spending on health and social policies** overall[21].

***Engagement gap:*** Despite the recognised importance of meaningfully involving communities in policy development and implementation, there exists an engagement gap wherein communities face barriers to assuming leadership roles. The principles of GIPA (Greater Involvement of People Living with HIV) and MIPA

[14] ECDC (2023). Stigma: survey of people living with HIV - Monitoring implementation of the Dublin Declaration on partnership to fight HIV/AIDS in Europe and Central Asia: 2022 progress report

[15] The 10-10-10 UNAIDS targets includes the goal that less than 10% of people living with HIV and key populations experience stigma and discrimination.

[16] Studies indicate that transgender women are 66 times more likely to acquire HIV compared to the general population - Stutterheim et al (2021) The worldwide burden of HIV in transgender individuals: An updated systematic review and meta-analysis.

[17] ECDC (2024). Progress towards reaching the Sustainable Development Goals related to HIV in the European Union and European Economic Area

[18] Spanish Presidency of the Council (2024). HIV – related stigma and discrimination: the challenge

[19] European Parliament (2023), Study on "Health-Related Quality of Life in People Living with HIV'.

[20] European Commission (2023). On World AIDS Day, HaDEA-managed projects share their stories on supporting vulnerable communities affected by HIV in Europe.

[21] European Council (2023). European Council meeting (14 and 15 December 2023).

(Meaningful Involvement of People Living with HIV), which aim to facilitate effective engagement of people living with HIV, are not consistently implemented. Additionally, certain expert groups such as Public Health Expert Group lack adequate civil society representation, further hindering community involvement in decision-making processes.

## ACTIONS NEEDED FROM THE EU INSTITUTIONS

*Ending the HIV and AIDS epidemic and reaching SG 3.3 will require a coordinated and integrated approach to addressing infectious diseases – including tackling indicator conditions such as tuberculosis (TB), viral hepatitis, other sexually transmitted infections (STIs) and co-morbidities (mental health, cardiovascular diseases) as well as addressing social issues that transcend health such as stigma and discrimination[22-23]. The HIV/AIDS epidemic does not only have a 'clinical' dimension but is inextricably linked with broader public health and societal issues. Ending the epidemic requires a wide array of actions to tackle the social, economic, and legal factors that impinge on the HIV response.*

***Therefore, we, the undersigned representatives from various organisations and institutions, unanimously call on the EU to make the HIV, TB, viral hepatitis and STIs response a political, policy and budgetary priority in the new EU mandate 2024-2029, working with communities and stakeholders and to uphold the EU international commitments to meet the 10-10-10 targets and pave the way to the achievement the 95-95-95 goals and end AIDS by 2030****.*

***We urge the European Commission to take actions to****:*

***Strengthen political and community leadership***

- Ensure EU leadership in fighting HIV, TB, viral hepatitis and STIs across domestic and international programmes, given the epidemic is a public health threat within the EU and globally.
- Provide Member States with guidance to ensure that HIV is not tackled in isolation and that integrated national plans are established to address HIV, TB, viral hepatitis and other STIs holistically and in alignment with existing regional action plans.
- Ensure that all key populations are involved in decision-making, data collection, reporting, implementation, and evaluation processes at EU and national level, by increasing support to existing platforms for multistakeholder dialogue such as the EU Civil Society Forum on HIV, TB and viral hepatitis as well as the newly established Public Health Expert Group [24]. The new expert group will aim to tackle inequalities in access to prevention, diagnosis, and treatment services.
- Recognise the essential role played by different stakeholders, especially community-based and led organisations, in the outreach to key populations and in the provision of harm reduction, peer-to-peer and testing services, legal literacy and human rights protection services, and to support the integration of community-led services.
- Propose the creation of oversight mechanisms, similar to European Social Fund plus's (ESF+) community monitoring boards, to ensure ethical management and local accountability.

[22] WHO (2023). Regional action plans for ending AIDS and the epidemics of viral hepatitis and sexually transmitted infections 2022–2030.

[23] WHO (2023). Tuberculosis action plan for the WHO European Region, 2023–2030.

[24] Newly established European Commission Public Health expert Group, which allows Member-States to share best practices.

- Commit to promoting, protecting, and fulfilling all human rights, including the right to self-determination in sexual and reproductive health and rights (SRHR), as outlined in key international agreements such as the Beijing Platform for Action, the Programme of Action of the International Conference on Population and Development (ICPD). This commitment entails ensuring SRHR, combating discrimination and violence, and promoting universal access to comprehensive sexual and reproductive health services and information.
- Ensure a comprehensive, people-centred, and sustainable service delivery to meet the needs of those affected by HIV, TB, viral hepatitis, and STIs, including key populations at risk.

***Scale up testing among key populations by removing barriers to access***

- Provide guidance to Member States to incentivise early diagnosis of HIV, viral hepatitis and other STIs, with a focus on overcoming structural and multi-sectoral barriers to testing – e.g., lack of risk awareness, fear of stigmatisation and criminalisation, written consent requirements, obligations to disclose HIV positive status etc. For that, it is recommended to follow the WHO consolidated guidelines on HIV, viral hepatitis and STIs prevention[25][26].
- Promote targeted screening and linkage programmes for HIV, TB, viral hepatitis and STIs, eliminating stigmatisation of all key populations (migrants, sex workers, transgender people, among others), and facilitating self-testing to reduce stigma observed within families or peer groups of these populations.
- Expand the availability of innovative and diverse diagnostics and testing services, incorporating social network-based HIV testing methods and optimized dual HIV/STI rapid tests, while phasing out outdated techniques like Western blotting.
- Plan for comprehensive STI prevention, testing and treatment interventions, including integrating STI-related services into all services for key populations and people living with HIV and expanding the use of quality-assured testing technologies, HPV vaccination, and cervical cancer screening and treatment for women living with HIV, and to strengthen STI surveillance and monitoring of the antimicrobial resistance of STIs.

***Strengthen primary prevention and improve access to condoms, PrEP, PEP and ART as part of combination prevention programmes***

- Increase funding to HIV combination prevention programmes in the EU and neighbouring countries and support the development and implementation of equitable PrEP, PEP and condom access programmes that offer more choice so that populations at higher risk of HIV infection e.g., women, transgender people, especially transgender men who have sex with men, prisoners, asylum seekers and refugees are no longer neglected by such programmes, moving towards achievement of the universal health coverage goal.
- Renew and resource the EU's LGBTIQ strategy, EU's Human Rights Action plan, the Action Plan on Integration and Inclusion and EU's Gender Action Plan and ensure that policies within these strategies target HIV prevention.

[25] WHO (2022). Consolidated guidelines on HIV, viral hepatitis and STI prevention, diagnosis, treatment, and care for key populations.
[26] WHO (2019). Consolidated guidelines on HIV testing services for a changing epidemic.

- Provide advice to Member States to scale up access to and uptake of PrEP among all populations at substantial risk of HIV acquisition, in line with the recommendations laid out in the UNAIDS Global AIDS Strategy 2021-2026 and WHO technical guidance on PrEP for HIV prevention, prioritising actions to improve regulatory flexibility for PrEP prescription and administration – e.g., allowing prescribing by non-HIV-specialists and administration in non-hospital settings including pharmacists, nurseries and in communities settings.
- Coordinate work on decriminalisation of sex work and securing access to PEP and PREP to all sex workers, including trans sex workers.

***Increase universal access and adherence to treatment and improve the management of HIV co-infections and comorbidities***

- Support Member States efforts to ensure equitable access to ART for all, improving access for underserved populations and removing legal barriers to accessing treatment and care, including for undocumented migrants. This should include ensuring that undocumented individuals can access health and other services without facing immigration enforcement consequences by implementing strict data protection safeguards to prevent service providers' data from being accessible or used for immigration enforcement purposes.
- Encourage the adoption of the latest EACS Guidelines as the standard of care for the management of people living with HIV and HIV/TB coinfected patients in Europe and to improve ART management in the long term. This includes ensuring multidisciplinary services for the long-term holistic care of people ageing with HIV.
- Enhance research into new medicines and various formulations against HIV that can help people living with HIV to access the best possible personalised care available. Provide guidance to facilitate the transition towards an integrated model of care for HIV, its co-infections, and comorbidities, thereby improving the HRQoL of people with HIV. Treatment for people living with HIV should address non-infectious comorbidities such as mental health, cancer, and cardiovascular diseases. An effective response to the assessment of mental health, sexual health, and HRQoL on an annual basis, among other considerations, should be ensured.
- Strengthen subregional collaboration to implement the strategic priorities outlined in the WHO regional action plans for ending AIDS, TB, viral hepatitis and STIs 2022–2030, and to facilitate the peer-to-peer exchange of country experiences, with a focus on overcoming implementation barriers[27].
- Secure universal access to essential HIV medication regardless of residence status to all trans migrants (documented and undocumented), asylum seekers and refugees.

***Tackle stigma and discrimination***

- Promote actions that actively address stigma and discrimination, building on the recommendations laid out by the Spanish Presidency of the Council in its EU Technical document on HIV-related stigma and discrimination, and with a focus on:

[27] WHO (2023). Regional action plans for ending AIDS and the epidemics of viral hepatitis and sexually transmitted infections 2022–2030.

- **Legal reform**: Encourage the de-criminalisation of conducts that penalise key populations – e.g., sex workers, people who use drugs, undocumented migrants – and the removal of other legal barriers which *de facto* hinder access to healthcare and HIV services – e.g., obligations to report undocumented migrants to national authorities, barriers to legal gender recognition or drug criminalisation.
- **Monitoring**: together with the ECDC, facilitate monitoring and reporting based on Health-HRQoL indicators – e.g., self-rated health, unmet mental health needs, non-discriminatory access to healthcare, unemployment, food insecurity or unstable housing – to measure the impact of HIV-related stigma and discrimination on the wellbeing and health outcomes of people living with or at risk of HIV. Undertake monitoring and reporting on the programmes to reduce stigma and discrimination to improve their scale, reach and quality. The ECDC must also work with Civil Society Organisations and support community-led efforts as they are especially familiar with key populations.
- **Education**: together with Member States, promote and fund educational campaigns (including sexual education in schools) and training programmes to debunk persisting misconceptions surrounding HIV transmission, increase awareness of the U=U concept[28], tackle stigma and eradicate discriminatory behaviours (including intersectional stigma) at societal level and in the healthcare and education workforces.

- Join the Global Partnership Against All Forms of Discrimination – and encourage individual Member States to do the same – thereby committing the EU as a whole to the elimination of HIV-related stigma and discrimination.
- Provide guidance on the implementation of national policies that prioritise gender-affirming care and advocate for the development and implementation of legal gender recognition and anti-discrimination laws in the healthcare sector, specifically addressing transphobia and sex normativity. Focus on improving access to related services and planning targeted communication strategies for the public, healthcare professionals, affected individuals, and key populations to enhance care, treatment, and reduce stigma.[29].

***Increase funding and ensure the adequate and equitable allocation of resources at local and regional level***

- Ensure sustainable financing, including the consistency and renewal of EU4Health resources, Framework Programme (FP) 10 and other grants over time, to ensure all countries and regions have access to adequate resources to fund the HIV, TB, viral hepatitis and STI response and reach all key populations on their territories, ensuring a coherent and homogeneous response across the region.
- Ensure sustainable funding for civil society organizations and improve their access to European funds.
- Allocate funding to UNAIDS and the Europe Regional WHO Office and ensure that the EU remains committed to its partnerships with key global and regional partnerships, including the Global Fund to fight HIV/AIDS, TB and Malaria and Unitaid.

[28] Undetectable=Untransmittable, or U=U, concept means that people with HIV who achieve and maintain an undetectable viral load—the amount of HIV in the blood—by taking antiretroviral therapy (ART) daily as prescribed cannot sexually transmit the virus to others.

[29] WHO (2016). Policy brief: HIV Prevention, Diagnosis, Treatment and Care for Key Populations.

- Enhance funding for HIV value-based and person-centred approaches, aiming to reduce disparities and improve health outcomes and quality of life for people living with HIV.

***Improve monitoring and data collection***

- Work with ECDC, WHO Europe, Member States and civil society organisations to improve the collection of disaggregated data and scale up innovative strategies, with a focus on key populations, to ensure targeted evidence-based interventions and resource allocation.
- Ensure Member States report to the Global AIDS Monitoring (GAM) and integrate the key indicator reports with GAM and the ECDC.
- Together with the ECDC, WHO Europe and civil society organisations, provide advice to Member States to develop gender-targeted monitoring and surveillance programmes, to improve evidence generation on the unmet needs of often neglected population groups such as cisgender women, sex workers and transgender people.
- Scale up the availability of quantitative and qualitative data on manifestations of stigma and discrimination and on the programmatic response and its impact.
- Report on the monitoring indicators in the Regional action plans for ending AIDS and the epidemics of viral hepatitis and sexually transmitted infections 2022–2030.
- Enhance surveillance and monitoring of not only HIV, but extend this to other infectious diseases, including TB, monkey pox, other STIs, and non-infectious comorbidities, including mental health, cancer, and cardiovascular disease.
- Expand appropriate governance mechanisms of health information systems, telemedicine, and the use of digital health.

***Increase the EU commitment to and leadership on the fight against HIV and AIDS, TB, viral hepatitis and STIs at global level.***

- Include progress reports on the status of HIV/AIDS epidemic in accession countries as part of the annual reports within their negotiating frameworks.
- Allocate sufficient resources under the EU Global Health Strategy to address the HIV/AIDS, TB, viral hepatitis and STIs in third countries.
- Support projects in cross-border areas, with a specific focus on key populations living in the Outermost regions and the EU Overseas Territories, to address the specific challenges in access to healthcare services faced by communities living in such settings. To address these specific challenges would be important to respect the MIPA/GIPA principles, involving people living with and affected by HIV on those regions in all stages.

*In order to fulfill all the asks, the signatories call upon the European institutions to enhance coordination and facilitate the exchange of information among Member States, while providing the necessary funding. This collaborative effort aims to foster mutual learning and establish a clear European ambition to achieve the Sustainable Development Goals, with a focus on SDG 3.3. This goal aims to end epidemics by 2030, including HIV, tuberculosis, malaria, neglected tropical diseases, hepatitis, water-borne diseases, and other communicable diseases.*

## Endorsed by:


Joint United Nations Programme on HIV and AIDS (UNAIDS)


WHO Regional Office for Europe


Spanish Ministry of Health


Africa Advocacy Foundation


AIDES (France)


AIDS Action Europe


AIDSfonds


Alliance for Public Health (Ukraine)


Asociación Stop Sida (Spain)


Coalition PLUS


Eastern and Central European and Central Asian Commission on Drug Policy (ECECACD)


European AIDS Clinical Society (EACS)


European Network of People who Use Drugs (EuroNPUD)


European Sex Workers' Rights Alliance (ESWA)


Ex Aequo Checkpoint (Belgium)


Grupo de Ativistas em Tratamentos (GAT) Portugal


Global Fund to Fight AIDS, Tuberculosis and Malaria


ILGA Europe


International Association of Providers of AIDS Care (IAPAC)


Platform for International Cooperation on Undocumented Migrants (PICUM)


Polish Scientific AIDS Society


**Romanian Association Against AIDS (ARAS)**


**Sophia Forum**


**TB Europe Coalition**


**Transgender Europe (TGEU)**


**UNITE Parliamentarians Network for Global Health**


**ViiV Healthcare**

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