

European AIDS Treatment Group

Newsletter / April 2011



Improving the daily lives of people living with HIV/AIDS



Dear all,

Thanks to our volunteer members and members of staff, 2010 has been a productive and successful year.

EATG remains active in a large number of steering committees, advisory boards, scientific committees, etc. This allows us to share our knowledge and experience and put our topics on other agendas but also to create links with more partners and learn from their experiences.

EATG is also partner in several projects funded by the European Commission and continues its duties within these projects and networks: NEAT, CHAARM, EUROPRISE, EUCONET, Correlation Network II, AIDS & Mobility, Cobasys, etc.

Members and staff went in total to over 110 meetings in 2010, thus contributing importantly to the development of new strategies, new drugs and shaping of the political agenda at EU level. We also organized meetings and trainings ourselves. Some highlights of 2010 were the meetings we organized (alone or together with partner organisations) at the World AIDS Conference in Vienna, on Women and IDU, our Continuous Patient Education Project and travel restrictions. HIV in Europe and the symposium we co-sponsored on "policy advocacy for female IDUs in Europe". EATG also actively participated in other European and international conferences, at the Tenth International Congress on Drug Therapy in HIV Infection in Glasgow we have for example organized a community session on migrants.

The EATG would like to thank its sponsors, donors and partners for supporting our work and activities. We look forward to continuing our collaboration with you!

Koen Block, Executive Director



EATG shaping the political agenda

EATG continued its active role within the Civil Society Forum (CSF) and the Think Tank (see page 9) in collaboration with AIDS Action Europe. We participated in a Ministerial Conference "Innovation and Solidarity" that took place under the Belgian Presidency and contributed to other policy related events.

An Aids&Mobility Policy Seminar was organised prior to World AIDS Day at the European Parliament reminding participants that HIV/AIDS remains a fundamental health problem in Europe, also affecting migrant populations, aiming at mobilizing a wide array of stakeholders, practitioners and policy makers around HIV and migration at European and national level.

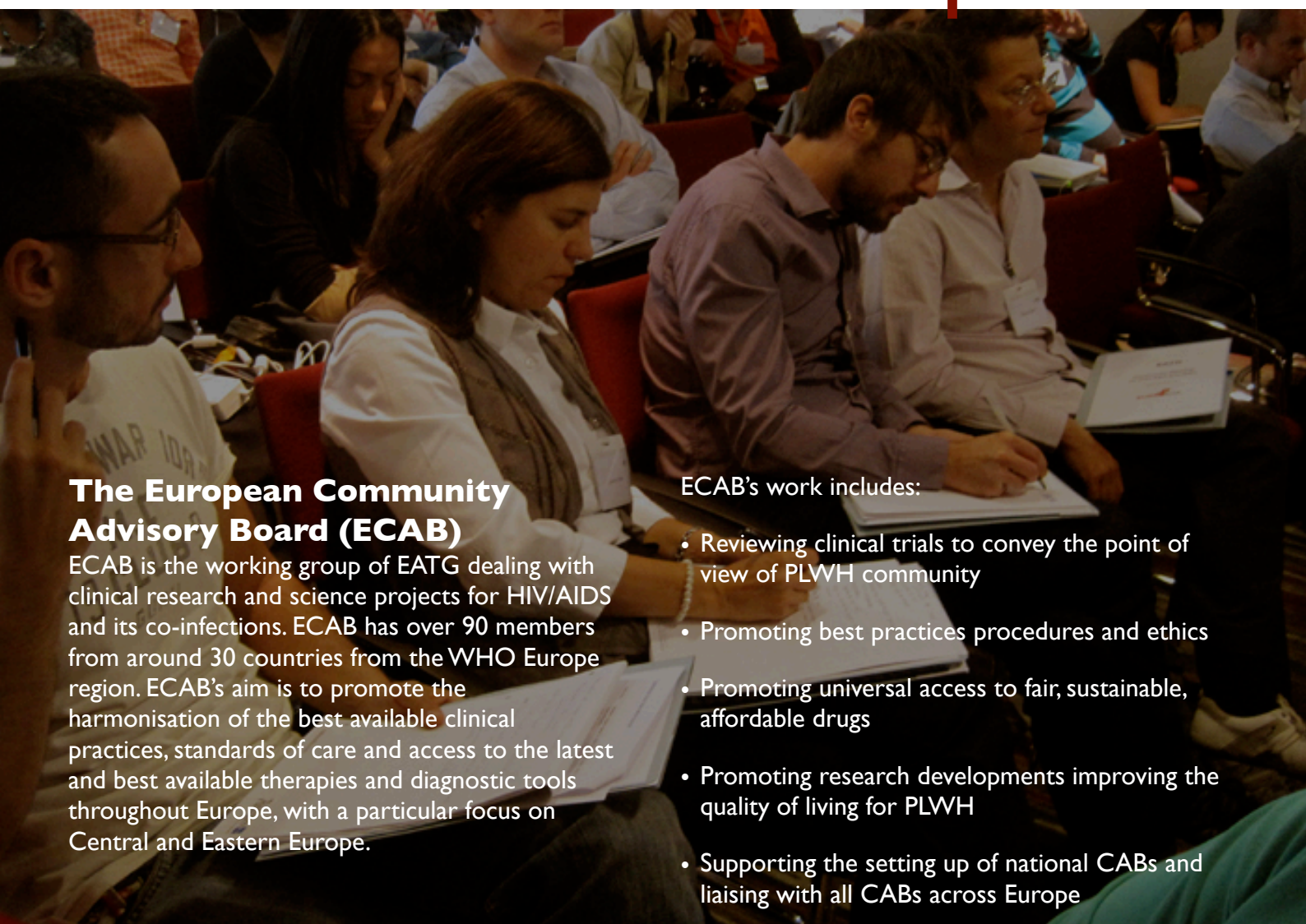
EATG training new trainers

EATG organized trainings on HIV/AIDS treatment literacy and advocacy in Eastern Europe in collaboration with local partners. Linked to one of the trainings, the European Community Advisory Board (ECAB), together with the Eastern European and Central Asian Community Advisory Board (EECA CAB), organized a joint thematic workshop on HIV generic medicines development and access in the Eastern European and Central Asian Region.

EATG supporting scientific research and development

HIV co-infections have taken an important place in EATG's scientific and policy work. Early in 2010 we organized a thematic ECAB meeting focusing on Tuberculosis (TB) clinical aspects and clinical research for TB/HIV co-infected populations. The main objectives and outcomes of the meeting were to serve as training for the European patient Community on TB & HIV co-infection clinical issues and to help build a TB/HIV community advocacy agenda in the WHO-Euro region. EATG also organized a thematic ECAB on hepatitis C and a Community Meeting on Pre-Exposure Prophylaxis (PrEP).

EATG supporting scientific research and development



The European Community Advisory Board (ECAB)

ECAB is the working group of EATG dealing with clinical research and science projects for HIV/AIDS and its co-infections. ECAB has over 90 members from around 30 countries from the WHO Europe region. ECAB's aim is to promote the harmonisation of the best available clinical practices, standards of care and access to the latest and best available therapies and diagnostic tools throughout Europe, with a particular focus on Central and Eastern Europe.

ECAB's work includes:

- Reviewing clinical trials to convey the point of view of PLWH community
- Promoting best practices procedures and ethics
- Promoting universal access to fair, sustainable, affordable drugs
- Promoting research developments improving the quality of living for PLWH
- Supporting the setting up of national CABs and liaising with all CABs across Europe

ECAB meets several times a year with the pharmaceutical industry and researchers where, under confidentiality, new advances in drug development and access to treatment in Europe are being discussed with patient advocate experts in clinical research and drug-access issues.

Since May 2009, the Chair of ECAB has been [Wim Vandeveld](#) supported by [Laure Sonnier](#), EATG Scientific Adviser.

For further information visit the scientific section of our [website](#).

European Community Advisory Board

2010 has been a quite productive year for the European Community Advisory Board

ECAB meetings in 2010

Seven ECAB meetings took place last year. Five were focused on HIV clinical research and two were thematic meetings: one centered around Hepatitis C drug development and the other one looking into research advances and remaining gaps for tuberculosis clinical management. ECAB met with most prominent players of the HIV and Hepatitis C drug development field eg. Abbott, Avexa, Bristol-Myers Squibb, Boehringer-Ingelheim, Gilead, Merck, Roche, Tibotec, ViiV Healthcare, EMA (European Medicines Agency), FDA (U.S. Food and Drug Administration). During these ECAB meetings, new advances in drug development and access to treatment in Europe were actively discussed between lead senior medical and business representatives of the industry and patient advocates experts in clinical research and drug access issues from most of the WHO Europe region. Also a thematic community meeting took place in June, in Kiev, Ukraine, in collaboration with the Eastern Europe and Central Asia Community Advisory Board (EECA CAB) focused on HIV generic medicines development and access in the Eastern European and Central Asian Region.

NEAT 001 patient leaflets

EATG is the community partner of the EC Network of Excellence NEAT that stands for European AIDS Treatment Network, which is a platform for Academic HIV Clinical Research institutions (<http://www.neat-noe.org>). The main deliverables of NEAT are centered around clinical research among which the NEAT001/ANRS143 HIV clinical trial is a strategic trial investigating two different treatment combinations to treat HIV-1 infected patients who have never been treated for their HIV infection before. It compares a standard regimen of three drugs that is already recommended as first-line therapy (regimen for treatment naïve HIV-1 patients) to an innovative treatment option that combines two potent recent antiretroviral drugs. The NEAT 001 trial has just started recruiting patients and in 2010 EATG developed a series of multi-lingual patient-friendly information leaflets to help potential study subjects make an informed decision as to whether joining the trial. All material can be downloaded [here](#).

Community Meeting on Pre-Exposure Prophylaxis (PrEP)

In September 2010, a multi-stakeholder community meeting on Pre-Exposure Prophylaxis (PrEP) research and development priorities was held in Brussels. This meeting was organised by EATG within its advocacy and dissemination activities as community partner within the [Europrise network](#) and in collaboration with ECAB. Like NEAT, Europrise is also a Network of Excellence funded by the European Commission under FP6 (6th Framework Programme) whose aim is to bring together EU scientists from both the microbicide and the vaccine fields to embrace a coordinated approach to HIV-1 prevention research.

The September 2010 meeting on PrEP brought together researchers, community advocates, the European regulatory body (EMA), European institutions (EC), the health technology assessment agencies (represented by the National Institute for Health and Clinical Excellence in the UK (NICE)) and the pharmaceutical industry with a PrEP portfolio to discuss scientific, policy, regulatory and reimbursement issues related to PrEP in light of the recently published results of the CAPRISA (Centre for the AIDS Programme of Research in South Africa) trial, and just before the results of the iPrex (Prophylaxis Initiative) trial became available.



In 2011, ECAB intends to actively continue to be involved in the HIV and related co-infections research field.

Abstracts illustrating the added value of Community involvement in every step of the HIV research process have already been sent (or planned to be) to major HIV research conferences this year (IAS 2011, EACS 2011, etc.).

Also multi-stakeholder Community meetings dedicated to specific research questions are in preparation. One highlight of 2011 will be the Sitges IV meeting that will take place in Sitges, Spain from 3 to 5 June 2011. The Sitges IV meeting will be the fourth in a series of multi-stakeholder meetings on development of, and access to experimental therapies for the hepatitis C virus (HCV). It will be specifically focused this year on optimizing treatment access and outcomes among difficult-to-treat groups with hepatitis C and HIV/HCV coinfection and will be an opportunity to bring to the table all constituencies for discussion (community, researchers, regulators, industry etc.).

ECAB will also continue to convey regular ECAB meetings with the pharmaceutical industry and to remain an active Community partner in many research networks, as in for instance the CHAARM consortium which is a new research consortium funded by the EC under FP7 (7th Framework Programme) that looks into developing combinations of new and existing microbicides that will be designed to be specifically targeted agents, which can be applied topically/vaginally to reduce the transmission of HIV during sexual intercourse. CHAARM stands for Combined Highly Active Anti-Retroviral Microbicide and EATG recently joined this Network as Community partner.

ECAB looks forward to continue the successful collaboration with all its partners.

EUOPRISE - European Vaccines and Microbicides Enterprise

The successful development of preventative strategies against HIV-1 (microbicides, vaccines or their combined effects) would provide a pivotal turning point in global efforts to combat the pandemic spread of AIDS providing an incalculable impact on solving societal problems associated with this disease.

The principal aim of this Network is to bring together EU scientists from both microbicide and vaccine fields to embrace a coordinated approach to HIV-1 prevention research. Partners in the EUROPRISE consortium now represent 40 projects funded by the European Commission as well as 10 projects funded by the Gates Foundation and NIH. This represents an expansion of 15 new projects of over 16 M € in European funding in the year 4 of the project.

The principal aim of this project is to bring together EU scientists from both microbicide and vaccine fields to embrace a coordinated approach to HIV-1 prevention research. In this respect, EUROPRISE is the first organisation, in Europe and internationally, to deliberately bring these groups together in a truly integrated fashion. EUROPRISE promotes an

integrated program of research, coordinating a wide portfolio of activities encompassing the whole pipeline of vaccine and microbicide development from early discovery through to early clinical trials. This unique approach places the Network at the international forefront of understanding the interface between these two technologies, pursuing a critical path to the development of effective HIV-1 prevention strategies.

Delivery of these goals is being pursued through the following scientific and technical objectives:

1. Standardization and harmonization of research tools
2. Identification of new HIV/AIDS vaccine and microbicide candidates and combinations to prevent HIV/AIDS.
3. Establishment of clinical development pathway for vaccines and microbicides within a European framework.
4. Provision of Scientific training in microbicide and vaccine development.
5. To facilitate access to information relevant to HIV-1 microbicides and vaccines.
6. Provision of a single focus for European HIV-1 microbicide and vaccine research.

More information: <http://www.europrise.org/>

CHAARM (Combined Highly Active Anti-Retroviral Microbicides)

The CHAARM project aims to develop new combination microbicides for vaginal or rectal application to prevent infection with HIV-1 and to add novel candidate microbicides to the development pipeline. Support for the concept that locally-applied microbicides may prevent infection with HIV-1 was provided by the CAPRISA 004 clinical trial which reported that vaginally applied Tenofovir gel reduced HIV infections by 39% compared with a placebo gel.

CHAARM is investigating whether improved efficacy may result from combining Tenofovir (or other reverse transcriptase inhibitors) with other classes of antiretroviral compounds. Combination microbicides may also present an increased barrier to the potential development of resistant strains of HIV.

To achieve these objectives, participants in the CHAARM consortium are developing new microbicides including reverse-transcriptase inhibitors and CCR5 coreceptor inhibitors that represent new chemical entities likely to be effective against drug-resistant strains of virus.

Combinations of these and other microbicides are being investigated for efficacy and safety in a variety of model systems. How to deliver microbicides at vaginal or rectal surfaces is of fundamental importance and CHAARM is investigating gel and slow-release formulations of selected microbicides.

In parallel, CHAARM will investigate safety and pharmacokinetics of a combination microbicide in a phase I clinical trial and will investigate vaginal biomarkers which may serve to assess the safety or efficacy of topically applied microbicides.

More information: www.chaarm.eu.

Que será en 2011?

Our plans for EATG's policy and advocacy work



Politically speaking the overall challenge we are facing in 2011 more than ever is how to maintain and increase political leadership on HIV/AIDS at European and national level – given the economic crisis, cuts in national health budgets and a rather anti-social political climate with it's tendency to neglect the needs of the most vulnerable in our societies, including PLWH and most-at-risk-groups (MARPS).

The Policy Working Group (PWG) seeks to contribute to

reversing this trend, together with its partners, by demonstrating the urgent need to address HIV within the EU, the need for increased co-ordination at European level and the need to support priority regions that is the neighbouring countries right at the EU's doorsteps in the response to the epidemic. We thus hope to engage the European Parliament in this respect by working on an 'own initiative report' in response to the EC Communication on combating HIV/AIDS (2009-2013), but also upcoming

EU presidencies to prioritise aspects of an effective HIV response in their programmes.

In 2011, EATG's Policy Working Group will pursue the following two main objectives – firstly, putting universal access to ARVs on the political agenda with special focus on quality treatment and care and affordable pricing, in the EU member states and Central/Eastern Europe and Central Asia and secondly, addressing human rights of PLWH and most-at-risk or so-called 'vulnerable groups'.

More specifically, EATG will develop a discussion paper as well as a position paper on 'ARV access and innovation', which will inform our future advocacy on the issue. ARV treatment interruptions throughout the EU and Eastern Europe and Central Asia will be monitored and addressed on a continuous basis. Deplorably these interruptions are expected to happen with increased frequency if no comprehensive is taken either at EU or national levels, which is why EATG plans to develop (ECAB) and advocate for (PWG) the implementation of 'emergency ARV interruption guidance' – to provide a clear guidance to clinicians.

Another strand of our work seeking to demonstrate the need for enhanced political leadership consists in addressing the specific needs of PLWH from so-called 'low prevalence countries'. Here we will lend support to and participate in a possible event organised during the Hungarian Presidency, and seek to organise a one-day meeting close to the European AIDS Clinical Society Conference (EACS) in Belgrade. The first meeting will be devoted to key issues relevant to how to effectively address the epidemic – to better understand how the epidemic differs in Southern and Eastern Europe, what exactly the obstacles to a successful response to the epidemic in low prevalence countries are. It will provide an opportunity for the

community from these countries to share their problems - such as treatment interruptions, unprofessional behaviour and discrimination by health personnel and to address pressing human rights issues, including travel restrictions and forms of discrimination faced with, and to strategise on how to best build a joined community's response. The second meeting planned will look into how procurement of anti-retrovirals can be improved.

Within the context of our work in the Correlation II project, EATG together with its partners will continue to develop policy recommendations for vulnerable groups (injecting drug users (IDU), men having sex with men (MSM), migrants, sex workers), which will be presented during the Correlation Policy Dialogue meeting on 29th of June in Brussels to Members of the European Parliament, the community and EU policy makers. For much information on Correlation project, see <http://www.correlation-net.org/> where more information on the event will be posted soon.

This piece of work results from and relates to our efforts to in focus on vulnerable groups (and in particular the three most at risk groups reflecting the burden of disease (MSM, IDUs, migrants). This year we will be particularly focusing on MSM and

IDUs/prison settings and further strengthen these portfolios.

More specifically, EATG will engage and support other initiatives on MSM and seeks to help establish an HIV & MSM network (foreseen in the EU action plan on HIV/AIDS), and EATG will contribute to the programme of The Future of European Prevention among MSM (10-11 November 2011, Stockholm, FEMP 2011 - Men, Men, Sex and HIV 2011 - The Future of European Prevention among MSM, National Unit for HIV and STI prevention, Swedish Institute for Infectious Disease Control - SMI (SE)).

IDUs will be addressed via two angles – focussing on prison health and by providing input to the upcoming EU drug strategy. EATG will participate in the 'Health in Prison and Throughcare conference' (Abano Terme, Italy, 05.-07.2011), and advocate for EU Council recommendations on harm reduction in prisons. At the upcoming conference 'HIV in the European region – Unity and Diversity' (Tallinn, Estonia, May 25-27 2011) EATG will contribute to a session on prisons health, in partnership with ECUO, East Europe and Central Asia Union of PLHIV Organisations and access to treatment.

[Nicole Heine](#), Policy Adviser, EATG



Working with the European Parliament

On June 29th 2011, EATG will organise a Correlation Policy Dialogue meeting which will be hosted by Marisa Matias (GUE/NGL).

This event forms an integral part of EATG efforts to engage Members of the European Parliament on HIV/AIDS and co-infections, with the aim of formalising a core group of MEPs working on HIV/AIDS. A couple of smaller lunch meetings together with partners are envisaged – ie focussing on HIV and TB in Ukraine, HIV testing etc.

Working with the European Commission

EATG co-chairs the EU HIV/AIDS Civil Society Forum on HIV/AIDS together with AIDS Action Europe (AAE). Its current co-chairs are Luís Mendão (EATG/Grupo Português de Activistas sobre Tratamentos de VIH/SIDA - GAT) and Yusef Azad (AAE/National AIDS Trust - NAT). In line with its overall objectives for 2011 EATG will support prioritisation of the CSFs work to

- Advocate for an own initiative report on the EC Communication on combating HIV/AIDS (2009-2013) prioritised in the ENVI committee
- Support efforts to bring about affordable ARVs and follow-up on the Bremen Initiative/Pricing
- Continue to advocate for an inclusion of a social definition of disability in the Equality directive (if progress is made)
- Drug policies and harm reduction (including advocacy on the upcoming CSF drug policies paper)
- Sustain high quality HIV/AIDS treatment (including testing and early diagnosis) at times of economic crisis (monitor stock-outs and whether treatment guidelines are followed).



The EU HIV/AIDS Civil Society Forum

The EU HIV/AIDS Civil Society Forum

The Civil Society Forum (CSF) is an informal advisory body established by the European Commission DG Health and Consumers in 2005.

It enables informal consultation of the HIV/AIDS Think Tank (consisting of EU member states representatives) and Commission services with civil society.

The CSF facilitates participation of NGOs and networks, including those representing

People Living with HIV/AIDS, in European policy development and implementation and information exchange. The CSF enables direct dialogue on EU HIV/AIDS policies between policy makers and civil society. The forum meets twice a year.

The next CSF meeting will take place June 27/28th June 2011, Brussels.

More information on the EU HIV/AIDS Civil Society Forum including past minutes and presentations [here](#).

HIV in Europe initiative

EATG will continue its policy and advocacy work as co-secretariat of the HIV in Europe initiative, and seeks to engage upcoming presidencies on the subject. Most recently, the initiative decided to focus increasingly on Eastern Europe. In 2011,

HIV in Europe will contribute to two sessions on testing at the conference in Tallinn, (Estonia, May 25-27 2011) <http://www.aids2011.com/en/Conference-Programme/Programme-Outline>

HIV in Europe initiative

HIV in Europe is a pan-European initiative initiated in Brussels in 2007. The initiative provides a European platform for exchange and activities to improve early diagnosis and earlier care of HIV across Europe. The initiative is directed by an independent group of experts with representation from civil society, policy makers, health professionals and European public health institutions.

HIV in Europe is not an organisation, but an initiative formed to inform processes, share knowledge and improve the evidence base around important issues of earlier testing and care. It is unique in its collaboration between stakeholders from both clinical, advocacy and public health level.

The overall objective of HIV in Europe is to ensure that HIV positive patients enter care earlier in the course of their infection than is currently the case, as well as to study the decrease in the proportion of HIV positive persons presenting late for care.

Game is over!

Responsibilities for health of prisoners must move from the Ministries of Justice to the Ministries of Health

In most countries worldwide prison health is under the stewardship of Ministries of Justice (MOJ) or Interior but not under Ministry of Health (MOH), with sometimes devastating impact for health of prisoners, access to state-of-the-art- treatment, prevention and harm reduction.

The “principle of equivalence” states that services in prison should be of equivalent quality than for the general population. This is hardly anywhere reality: there are double-standards on health and access to harm reduction measures such as, needle exchange programs, opioid substitution treatment and availability of condoms, lubricants in prisons. The right to health is a fundamental human right that naturally includes prison populations. Yet, reality sometimes indicates that healthcare and treatment received in prison is perceived as part of their punishment.

Fundamental changes at structural and

administrational level are needed to make a change!

It does matter which ministry controls budget, policy, standard and quality of care, employment of physicians and monitoring. Changes cannot be expected from MOJ. They might have expertise in security but certainly not in treatment and health, specifically in public health issues: The expertise needed lies within the MOH.

Based on a paper by Frazer et al (source below) this issue has been discussed during the latest HIPP meeting (Health in Prison Project of WHO Europe): There is some movement Norway, France, England, some Swiss cantons, New South Wales/ Australia and partly Italy already moved the governance of prison health to the MOH, Finland will follow soon.

Pre-detainment and after-release services and continuity of health care can better be integrated if the stewardship for prison health is with the MOH. Public Health authorities can take control functions and integrate prison

health into national infectious diseases, drug and harm reduction strategies.

Norway, as the first country worldwide that moved prison health care to the MOH, experienced positive developments: physicians in prisons are professionally less isolated, deliver health care of better quality and demonstrate a better professional performance. To act independently, it is important that physicians receive payment by health authorities and are not part of the prison system, with its punitive measures and control systems. It has positive implications for the doctor-patient relationship, trust-building and treatment compliance.

How can Civil Society support the steps forward?

Civil society should prioritize the prison health leadership change in its advocacy agenda. It opens a door to (re)introduce harm reduction services for prisoners and is a great chance to open up

the closed-door-realities prisoners' face, to stop harmful practices and finally meet up with defined principles and standards. Typical prison-system-oriented considerations (security, control functions, etc.) will have less impact on availability of treatment

and harm reduction services and the live and well-being of prisoners suffering under chronic diseases such as HIV, tuberculosis or hepatitis C.

The fight for human rights of prisoners is fundamental for the

kind of reforms needed. Segregated prison health systems inherently lead to unequal services. It's time for civil society to take a lead in advocacy for the necessary changes.

Peter Wiessner and Raminta Stuikyte, co-chairs of the Policy Working Group

Health in Prison and Throughcare conference, Abano Terme, Italy, 05.-07 October 2011

The conference will provide opportunities to further discuss these issues. Main theme of the conference will be continuity of care for prison populations, a broad theme that will involve such issues as prisoners with problematic drug and/or alcohol use, communicable diseases, mental health care and other health issues.

Who should come to the conference?

The conference aims to include all organizations where people are detained – police arrest houses, prisons (sentenced and pre-sentenced) and detention centres for migrants. The conference will also be of interest to community organizations that provide services for prisoners while in detention and when they are released; policy makers, criminal justice professionals, researchers, academics, practitioners and representatives from the media.

The conference will provide an opportunity for the key players in the criminal justice system (CJS), those involved in the provision of throughcare and those who have experienced the CJS, to discuss current issues, the promotion of multidisciplinary work and the benefits of an integrated approach. The EATG supports organizing this important conference that perfectly fits into our own agenda for access to treatment and care for the most vulnerable. We hope that many NGOs working in prison participate and encourage our partners to participate.

Further information relating to the event, including registration, will be available on the conference website that will be live soon. If you have any questions in the meantime please contact David Kane on david.kane@bcu.ac.uk

Keep the 5-7 October 2011 in your diary!

References:

Hayton, P., Gatherer, A., Frazer, A. (2010). PATIENT OR PRISONER: Does it matter which Government Ministry is responsible for the health of prisoners? A briefing paper for network meeting, Copenhagen October 2010, WHO Europe.

Peter Wiessner and Raminta Stuikyte (November 2010): Does it matter which Ministry is responsible for health in prison? Why stewardship for prison health should move from Ministries of Justice or Interior to Ministry of Health.

First announcement of the prison health conference: <http://www.eatg.org/eatg/Events/Upcoming-events/Health-in-Prison-and-Throughcare-Provision-and-continuity-of-care-for-those-in-the-criminal-Justice-System-October-5-7-2011>

Health in Prison Project: www.hpy.eu

EATG building capacity



One important part of EATG work is the development and distribution of educational materials and training design and implementation. We focus our training activities on Eastern Europe, where the prevalence is high, information is scarce and a sustainable dialogue with the main stakeholders is most of the times a very difficult task.

In the EATG, we strongly believe that PLWH and their supporters, independently of their gender, social or educational background, ethnicity or nationality, sexual orientation, lifestyle or any other difference, should be able to negotiate and actively contribute to a dialogue with the different stakeholders involved in the HIV/AIDS field: pharmaceutical companies, governments, other organisations and international bodies. Through our training activities we aim to reach as many people possible living with HIV/AIDS, their carers, representatives of the civil society, health

care professionals, peer counsellors and everybody working in the field, in order to provide them with the opportunity to develop their treatment knowledge and skills in treatment literacy and advocacy work.

The EATG has a pool of dedicated trainers and a long and successful history of providing trainings on many different topics. Besides our educational role, we consider we have a supporting, enabling and empowering role.

In 2010 we continued our training seminars on HIV/AIDS treatment literacy and advocacy. We invited participants from Ukraine, Russia, Azerbaijan, Kazakhstan, Kyrgyzstan, Moldova, Tajikistan, Georgia, Armenia and Uzbekistan for a training in Kiev, organised in partnership with the All Ukrainian Network of PLWH. A second training took place in Tallinn for participants from the Baltic region and was organised with the Network for PLWH.

The seminars were designed as the Train-the-Trainers model and the goal was to empower participants to train others on treatment issues, to produce and disseminate information on treatment and to establish links with other regional treatment networks and communities.

Treatment literacy is important, because it enables people living with HIV/AIDS to make more informed decisions about their treatment regimen, care and the general management of their condition.

Treatment literacy also contributes to an increased likelihood of better adherence, management of the possible side effects from the ARVs and, generally, improved health outcomes. People, who understand their treatment, are empowered people. They are aware of what is happening to them and they are in a position to participate actively in improving and protecting their health. In addition, people, who are literate about their treatment, are able to mobilise other community members and affected individuals, which enhances the access to treatment, reduces stigma and thus increases testing and improves the effect of prevention.

The participants represented different groups and organisations and by discussing openly the main issues regarding access to treatment and care in their countries, we created the dynamics for mobilisation of civil society, activism and networking.

The treatment literacy module of the training was followed by an advocacy session. After identifying advocacy priorities in their respective countries, participants developed reality based step-by-step advocacy plans, applicable to their settings. They learned how to address the right stakeholders, different techniques to do it and, generally, how to implement the plans in a sustainable manner. Further to that, we discussed how to monitor the implementation of the key recommendations of the Dublin Declaration for Partnership Against HIV/AIDS. The methodology employed throughout our

training projects aims at community development and greater involvement. Insofar as possible, we tried to ensure that the participants own the project and we put a strong emphasis on learning-by-doing.

The feedback from the participants was positive, and challenging. In 2011 we plan trainings in Romania for participants from South Eastern Europe and in St. Petersburg and Kiev for Russian and Ukrainian advocates.

We continuously work with local organisations aiming at strengthening their capacity on HIV treatment and prevention. We do this not only through our trainings but also in form of community meetings organised throughout the year. These are designed to combine treatment education, skills and capacity building through a variety of intensive workshops and discussions. In addition, we support these organisations through our Continuous Patient Education project (COPE), a mechanism to fund the translation, adaptation and distribution of patient information in Eastern Europe; through grants for advocates to attend European and international conferences and through our involvement in other EU-funded projects, such as AIDS&Mobility and Cobasys.

We are grateful to our trainers for their dedication (Alain Volny-Anne, Angela Skopenko, Anna Zakowicz, Denis Godlevskiy, Ninoslav Mladenovic, Stefan Stojanovik, Stephan Dressler, Svilen Konov and Tomislav Vurusic) and to the partner organisations that supported our Secretariat, the All Ukrainian Network of People Living with HIV and the Estonian Network of People Living with HIV. We are also thankful to Levis Foundation and Bristol Myers-Squibb that sponsored the events.

We wish you all a productive and successful year and we look forward to continue working with you!

Ana Lucia Cardoso, Training Coordinator, EATG

Continuous Patient Education - CoPE

The COPE project is a mechanism for providing funding to local and national NGOs for the translation and publication of treatment brochures.

COPE Project Objectives are:

- To present an objective, patient-focused and user-friendly overview of relevant health and treatment information about specific subjects
- Produce quality brochures (in terms of content and design)
- Disseminate information to those most in need
- Establish partnerships with local and national NGOs

Our priorities are:

- To enhance the reach, quality and visibility of COPE project through the establishment of a pro-active approach and quality standards
- To ensure that reliable patient information is adapted to the local needs
- To ensure best practices are applied in the process
- Reaching out to different national patient groups in Eastern Europe and present an objective, patient-focused and user friendly overview of relevant health and treatment information

If your organization is interested in translating and/or adapting patient materials into your language contact Ana Lucia Cardoso (analucia.cardoso@eatg.org)



cope | continuous
patient
education

Community based system in HIV treatment - CoBaSys

Empowering community to support antiretroviral delivery programmes for patients with HIV infection in Southern and Eastern African Countries: a regional network for policy advocacy targeting vulnerable groups.

The CoBaSys project aims at fostering the integration of the six African partner countries (Tanzania, Mozambique, Zimbabwe, Malawi, Botswana and Namibia) with the European partners in order to create a stable cooperative network where exchange of knowledge and best practices in the promotion of quality health care in the field of HIV treatments is the main result to be achieved.

The specific objectives are:

- To empower local communities in their fight against HIV/AIDS through participatory research and action programme (PRA) within the identified target areas;
- To generate shared knowledge and learning on HIV/AIDS treatment at the level of national policies and programmes related;
- To favour local stakeholders advocacy towards national health policies concerning HIV/AIDS treatment.

More information: <http://www.cobasys.eu/>

AIDS & Mobility Europe

AIDS & Mobility (A&M) is a network that aims to support European organisations to provide HIV/AIDS prevention and care to mobile and migrant populations.

A new model of health education:

AIDS & Mobility aims to improve migrants' health literacy and knowledge of HIV by involving migrants themselves in undertaking research and delivering health training in their own communities.

Support community ownership, self-help and social entrepreneurship:

The mediator training is based on the idea that well-integrated migrants are trained to educate their own community groups in their own language on HIV/AIDS prevention and care issues.

A toolkit with manuals, curriculum and other material is used by the mediators to conduct community group sessions on HIV/AIDS.

Further information: www.aidsmobility.org



HIV/AIDS upcoming conferences

International Harm Reduction Conference, April 3-7, Beirut, Lebanon

HIV in Europe - Unity and Diversity, May 25-27, Tallinn, Estonia

7th International Workshop on HIV & Hepatitis Co-infection, June 1-3, Milan, Italy

IAS 2011 - 6th IAS Conference on HIV Pathogenesis, Treatment and Prevention, July 17-20, Rome, Italy

10th International Congress on AIDS in Asia and the Pacific (ICAAP10), 26-30 August, Busan, South Korea

13th European AIDS Conference / EACS, 12-15 October, Belgrade, Serbia

EATG permanent representations

AIDS Action Europe, member Steering Committee * AIDS & Mobility, member Steering Committee, work package leader * AIDSMap.com * CHAARM, Combined Highly Active Anti-Retroviral Microbicides, member Steering Committee * CHAIN, Collaborative HIV and Anti-HIV Drug Resistance Network, member Advisory Board * Correlation Network II, member Steering Committee, work package leader * Collaboration of Observational HIV Epidemiological Research in Europe * COHERE, Collaboration of Observational HIV Epidemiological Research Europe, member Steering Committee * DG Sanco, Civil Society Forum on HIV/AIDS, Co-Chair, delegates and member of coordination team * DG Sanco, Think Tank on HIV/AIDS, Co-Chair * Drug Interactions Website (www.hiv-druginteractions.org), member Advisory Board * EACS, European AIDS Clinical Society, member Steering Committee * EASL, member of Board of Directors * ECDC: Dublin Declaration Advisory Board, member Advisory Board * ECOSOC (UN Economic and Social Council), consultative status * ECRIN, European Clinical Research Infrastructures Network, member Advisory Board * EMA Patient & Consumer Working Party, Co-Chair * ENCePP, member Steering Committee * EPHA, European Public Health Alliance, member organisation, representative Executive Committee * EPPOSI, European Platform for Patients' Organisations, Science and Industry, member Board of Directors * Euconet, member Steering Committee * EUROPAT * European HIV Resistance Network, member Organising Committee * EFGCP, European Forum for Good Clinical Practice * European Harm Reduction Network * European HIV Drug Resistance Workshop, "European workshop on Antiviral Drug Resistance and Treatment Strategies" * Europrise, European Vaccines and Microbicides Initiative, member of Steering Committee * Forum for Collaborative HIV Research * Glasgow HIV 2012, International Congress on Drug Therapy in HI Infection, member Steering Committee * GNP+, member Board of Directors * HAART, member oversight Committee * HIV in Europe, member Steering Committee, advocacy Secretariat * HIV/TB representative at World Health Organisation * HPYP, Health Promotion for Young Prisoners, member Steering Committee * IAS, International AIDS Society, member Scientific Committee * International Workshop on HIV Pediatrics, member Steering Committee * MSM Global Forum, member Steering Committee * NEAT, European AIDS Treatment Network, member Steering Committee * OPICARE, member Steering Committee * Patient Partner Project, Identifying the needs of patients partnering in clinical research, conference representative * Pediatric European network for Treatment of AIDS (PENTA) * PROTECT External Advisory Board * STOP TB Partnership * Swedish Conference on HIV/STI prevention for MSM, member Steering Committee * WECAREHIV, Board of Trustees * WHO Europe, Memorandum of Understanding * UNAIDS, Program Coordinating Board

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