



Periodic Technical Report

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Continuity and Innovation

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Remarks:

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Acknowledgements

AIDS Action Europe (AAE) is a central player at the European level in the field of HIV/AIDS policies and interventions, and it works towards its objectives in cooperation with a comprehensive, pan-European network. The diverse work plan could not be realised without the support of a great amount of stakeholders, colleagues and friends. We sincerely would like to acknowledge their involvement and thank them for their valuable input throughout the previous year.

In particular, we would like to acknowledge the work of the chair and the members of the AAE Steering Committee. Their guidance and advising were vital for the successful implementation of the 2015 work programme.

In addition we would like to extend our sincere thanks to:

- The AIDS Action Europe members: They provided input into our work plan, were dedicated partners during the previous year and contributed significantly to the AAE Clearinghouse;
- The members of the EU HIV/AIDS Civil Society Forum: From their respective NGO backgrounds, they played an important role in indicating needs for policy change and action;
- Our co-chairs of the EU HIV/AIDS Civil Society Forum, the European AIDS Treatment Group (EATG): As patient-led organisation, they safeguarded the input from the perspective of affected communities in policies and interventions;
- The partners in the European HIV Legal Forum: In order to improve access to prevention, treatment and care for people with no entitlement to HIV services due to their current legal residence status, the involvement of all EHLF partners in this process was very valuable;
- The members of the working groups on “Affordability”, “Community Based Voluntary Counselling and Testing” and “Prevention Among MSM in Europe”;
- Staff members of AIDS Action Europe and Deutsche AIDS-Hilfe: Their involvement was vital to the smooth functioning and administration of the AAE office;
- Last but not least, thanks go to the various funding agencies: The European Commission/CHAFEA and ViiV Healthcare Positive Action provided generous financial support and made the implementation of AIDS Action Europe in 2015 possible.

All of the above-mentioned partners provided very valuable support to AIDS Action Europe, thereby contributing meaningfully to the fight against HIV and AIDS in Europe.

Operating Grant implementation

Organization and planning

- Please provide a list and **a description of the main activities implemented**, as much as possible in relation to the main aims of the Work plan

Introduction

AIDS Action Europe is a European-wide network, covering EU Member States, neighbouring countries and countries in Eastern Europe and Central Asia. Founded in 2004, AIDS Action Europe comprise a diversity of 440 NGOs, national networks, AIDS service organisations, activists and community based groups of people living with HIV in 47 countries in the WHO European Region, with 162 members in the 28 EU Member States and 6 in Norway and Switzerland. We have 65 members in the 13 newest EU Member States. 272 members are from countries outside the EU, predominantly from Eastern Europe and Central Asia.



In this context, three specific objectives framed AAE's work in 2015:

- (I) Civil Society's contributions to regional and national HIV/AIDS policies and programmes are effective and meaningful,
- (II) a strong and effective working network is established by improved collaboration, linking and learning, and good practice exchange related to HIV/AIDS among NGOs, networks, policy makers and other stakeholders
- (III) the functioning of the network by optimised internal management processes is ensured.

Furthermore, based on the problem analysis and evidence described in the Framework Partnership Agreement application, in 2015 the AAE Steering Committee decided to address three core problem areas. All three topics are on the agenda of the HIV/AIDS Civil Society Forum and need to be attended to at a broader working level in order to reach AAE's general objective to contribute to a more effective response to the HIV epidemic in Europe and Central Asia:

- a) Improved access to HIV services for all those who have limited access due to legal obstacles

Access to healthcare for migrants in an irregular situation (also known as 'undocumented migrants') who are living with HIV was the thematic area of a pilot project with five countries of the European HIV Legal Forum (EHLF) in 2012.

Quantification of irregular migrants living with HIV remains difficult if not impossible. In the framework of the pilot project two attempts at estimating were conveyed by the national focal points: In Italy 40.000 to 50.000 migrants with HIV are estimated to live with one third being irregular (10.000 to 15.000). In England an extrapolation from a robust 2004 clinic survey assessed just over 1.000 irregular migrants living with HIV. Although quantification out of obvious implicit difficulties is not significant, policy makers consider the challenges undocumented migrants with HIV face as serious, not only for the health of individuals but also for larger public health. Moreover, the results of the survey provided valuable insights into the differences of how health systems are structured and financed, and its effects on access to treatment and services for migrants with irregular status.

b) Affordability of medicines, specifically regarding HIV and hepatitis C treatment.

Low coverage rates of people who need HIV treatment remain challenging, in particular in Eastern Europe and Central Asia. According to the last WHO European Region report of 2013, only about a third (35 %) of the people who needed antiretroviral treatment in 2012 was receiving it. Apart from procurement irregularities and low diagnostic rates, high prices, TRIPS inflexibilities and cuts in health service budgets are identified as barriers to a more comprehensive coverage. AAE's activities in 2015 contribute to the UNGASS target to scale up ART coverage to at least 80 % and reduce transmission of new HIV infections. Regarding hepatitis C, advocacy for affordability of treatment needs to address two, region-related challenges: While in Western countries new effective medicines come on the market but prohibitive prices impede their accessibility, in South East European and East European countries, even access to interferon based medication remains exclusive. Both obstacles need to be tackled at regional and national level.

c) Community based voluntary counselling and testing (VCT) outside medical settings

As outlined in the FPA, ECDC Europe/WHO Europe claim that voluntary counselling and testing (VCT) needs to be promoted further to ensure diagnosis and initiation of treatment and care. Low-threshold VCT in community based settings has proven to be an adequate instrument to reach seemingly healthy, asymptomatic persons who are at increased risk of HIV, hepatitis C or STI. Apart from the diagnostic, whether it is for laboratory or rapid testing, test counselling is designed to give clients feedback on their personal risk management and therefore also can have a preventive effect. Not all countries, due to their laws and regulations, have the opportunity to provide VCT in community based settings. Therefore, exchange of good practice and experience in order to advocate for better usage of community based voluntary counselling and testing at national and regional level outside medical settings needs further expansion.

- Indicate what are the main results of the action

Objective I: Civil Society's contributions to regional and national HIV/AIDS policies and programmes are effective and meaningful

- On July 6 and 7, the Civil Society Forum (CSF) was held in Luxembourg and six CSF members attended the Think Tank meeting on July 7 and 8. Relevant policy developments such as the introduction of self-testing in the UK, the findings and further development of Pre-Exposure Prophylaxis in regard of the PROUD and IPERGAY trials, specific concerns of HIV and women, recent progresses of the "Quality Action – Improving HIV prevention in Europe" Joint Action, Prevention among Youths and the implication of geo-spatial applications in prevention among MSM and prevention needs of travelling gay men were

discussed. Also, the findings of the START study and affordability as a key obstacle to scaling up treatment were part of the discussion of the forum. During the Think Tank meeting the need for a new policy framework, following the 2016 expending Action Plan was brought to attention and discussed. The CSF members indicated great satisfaction with the organisation and implementation of the CSF.

The second Civil Society Forum Meeting took place on November 23 and 24. Six CSF representatives participated in the Think Tank meeting on November 25. Very prominently the future of a policy framework was discussed during the CSF Meeting. Moreover, needs, challenges and strategies to support CSOs in EECA countries under participation of the UNAIDS EECA Regional Office Moscow via a conference call and preliminary results from the AAE project on Migrants with irregular status were on the agenda. The second day included an update on Harm Reduction Policies with regard to the UNGASS meeting on Drugs preparations, country reports on Community based voluntary counselling testing (CBVCT) from Italy, Portugal and Finland and key speeches on Access to Directly Acting Antivirals (DAA). In both CSF meetings the recurrent agenda points Update from the Chairs, from the Commission, from the Agencies and regarding the Upcoming EU-presidencies were discussed.

- CSF members contributed to the Think Tank meeting, not only with regard to the report from the CSF meeting but also sharing opinions and perspectives in the discussions related to the topics of the agenda.
- All CSF related activities were prepared and implemented in close collaboration with EATG. The cooperation, not only with regards to CSF, has been strengthened and helped broadening and improving AAE's advocacy role as well as it increased visibility of AAE. In this context, several advocacy activities have been initiated by the CSF in cooperation with EATG and AAE by itself:
 - A letter to Czech Public Health authorities to withdraw mandatory testing regulations for key populations in joint efforts with the European Commission and European agencies. Another letter on this matter was also sent to Commissioner Andriukaitis in request for support and was answered by the Commissioner on May 29.
 - A letter to the Latvian Cabinet of Ministers to acknowledge international treatment guidelines and raise the threshold of treatment initiation, set at 200 CD4+ T-cell count.
 - A letter to President Juncker to support an integrative approach for HIV, viral hepatitis and tuberculosis in order to diminish health threats due to these infectious diseases in the European Union and Neighbouring Countries. In September, AAE received an acknowledgement of receipt of the letter sent to Commissioner Juncker by the Secretariat-General, informing that the letter was transmitted to the Mr. Vytenis Andriukaitis, responsible for Health and Food Safety. In October Commissioner Andriukaitis replied reassuring that addressing HIV/AIDS, TB and hepatitis in a single integrated policy framework, the Commission is considering all options on how best to tackle these diseases, also taking into account the new legal context created by Decision 1082/2013/EU and the mechanisms it established. The letter also assures future involvement of civil society in future discussions.
 - AAE added support to several letters about improving access to affordable medicines in regard of HIV and hepatitis C.
 - Letter of the Co-Chairs to the EU Italian Presidency, the Latvian EU Presidency and the Luxembourg Presidency to follow up on the renewal

- and update of the 2004 Dublin Declaration with the European Parliament ENVI committee, as well as the respective Commission services dealing with HIV and the countries in question in copy.
- The CSF Coordination Team delivered to the EC representatives and the Think Tank members an urgent call to action during the second day of the TT meeting, requesting immediate start of the work towards a new policy framework. The call is on the European Commission to show leadership and continue to work on the impact assessment, offering collaboration from the part of European civil society organisations working in the field of HIV, viral hepatitis and tuberculosis.
 - Collection of signatures for a petition regarding the Daraprim scandal at the time when Turing Pharmaceuticals, the pharmaceutical investment vehicle of Mr. Martin Shkreli, purchased the rights to the drug pyrimethamine, a lifesaving treatment for people suffering from AIDS sold under the trade name Daraprim, which was followed by a 5000% price increase of the medicine, to ask for the immediate discontinuation of the cynical and unethical conduct of Mr. Shkreli and Turing Pharmaceuticals. The campaign resulted in obtaining almost 1000 supporters in a matter of days, and then the situation resolved without sending the petition. Continued work around pricing and intellectual property regulations is definitely needed.
 - In November, the collection of endorsements of the position paper “Health matters: EU political leadership needed to end HIV, TB and Hepatitis C in Europe” developed by TB Europe Coalition, the European AIDS Treatment Group, AIDS Action Europe, Stop AIDS Alliance and Correlation. The briefing is to be used for advocacy with EU Members states and EU institutions (European Parliament, European Commission and Council) in the coming period, was circulated.
 - Letter of concern sent by the HIV/AIDS Civil Society Forum to the Dutch Ministry of Health, the Commissioner of DG Home and the Horizontal Group of the CSF on Drugs, calling for a strong European position in the preparatory process for the UN General Assembly Special Session on the World Drug Problem in 2016. The HIV/AIDS CSF supports and encourages the work to make the UNGASS on Drugs meeting a historic event to improve the dignity and lives of people who use drugs. The advocacy activities were launched out of a CSF related working group under participation of a member of the CSF on drugs.
- The European HIV Legal Forum (EHLF) is a project that thrives to improve the access to prevention, treatment and care for people who are not entitled due to their residential status. Built upon the results of the pilot project, the project during the first months was rolled out in 10 European countries: Poland, France, the UK, the Netherlands, Germany, Hungary, Greece, Serbia, Spain and Italy. The survey instrument of the pilot project phase was improved and the findings of the national reports were integrated into the final report. A legal expert was contracted to do desk research on relevant international legislation and case law and prepare the final report for the project. The topic of undocumented migrants and the outcomes of the EHLF project were presented in the second CSF meeting of 2015. Apart from the final report, the results of the country surveys were developed along with an advocacy tool, a map showing detailed access information in the 10 countries. AAE organized a second face-to-face meeting of the EHLF network in Berlin on October 5-6, where short reports of country developments, issues concerning the use migration as a hot topic in preparation for elections and the sustainability of the network was discussed. The EHLF members decided to add 5 further countries

for the network as of 2016. These countries are Portugal, Austria, Finland, Turkey and Romania. During the year mapping exercises of good practices and relevant organisations/experts were conducted in all 10 countries. As a result, a collection of good practices in the field of rights and treatment literacy and advocacy was put together from the participating countries and other resources.

- The AIDS Action Europe office and Steering Committee was invited to several consultancies, meetings and conferences, not only by other advocacy organisations but also by national, European and global organisation. This also indicates its significance as a central player at the European level in the field of HIV/AIDS policies and interventions, and it works towards its objectives in cooperation with a comprehensive, Europe-wide network. In 2015, AAE participated and contributed to the following key conferences and events:
 - UNAIDS Strategy Consultation for Western Europe, Geneva, Switzerland
 - The Eastern partnership Ministerial Conference on Tuberculosis and Its Multi- Drug Resistance in Riga, Latvia
 - The International HIV Conference in Prague, Czech Republic, where a presentation of AAE and its advocacy work was done and the issue of mandatory testing was addressed.
 - Fear No More – catalysing empowerment of gay men for HIV prevention, treatment and stigma reduction – activist consultation jointly organized by UNAIDS and EATG
 - The WHO regional consultancy on global health sector strategies for HIV, viral hepatitis, STIs, 2016–2021 including a meeting of Civil Society’s role on monitoring its implementation in Copenhagen
 - The AIDS Impact Conference in Amsterdam including a CHAFEA symposium presenting EU funded projects, co-organised and facilitated by AAE
 - Participation of two representatives of the CSF Coordination Team (Ann Isabelle von Lingen and Michael Krone) to the “Brainstorming workshop - Ad hoc consultation: Follow-up on June Think Tank/Civil Society Forum meeting on future directions regarding HIV/AIDS in Luxembourg.
 - Participation in the 37th UNAIDS PCB meeting, where Ferenc Bagyinszky was approved as a delegate for Europe for the period of 2016-2017
 - Participation of AAE (Anke van Dam, Silke Klumb, Lella Cosmaro) in the ECDC Dublin Declaration Advisory Group meeting held in Stockholm, to contribute the NGOs perspectives.

- The Working Group on “Affordability of medicines” held its first meeting during the SC meeting in April. After conducting a mapping exercises, developing a training manual on pricing of medication was identified, which will be used after regional adaptation in the trainings that are planned for 2016. For this activity a consultant was contracted and the members of the WG on affordability provided input for the final version of the manual.

- A consultancy regarding “Community based voluntary counselling and testing outside medical settings” has been implemented to reach people at increased risk of HIV, Hep C and STIs and reduce the number of late presenters. The Steering Committee decided to form this WG on CBVCT and the first activity was to conduct a mapping exercise of ongoing activities in the field in Europe. During the Amsterdam AIDS Impact conference some key actors from the field of CBVCT had a short ad hoc meeting and discussion on obstacles to de-medicalized testing. Following on the request of the participants for future collaboration, AAE decided to host a consultation of the European situation in

Berlin on October 2-3. Representatives of checkpoints, COBATEST, EUROHIV EDAT and European Testing Week projects, the Network of Low-Prevalence Countries, EATG and ECUO were present at the meeting. The participants identified several obstacles and gaps that are not covered yet and agreed on future collaboration on the topic of CBVCT services.

Objective II: Improved collaboration, linking and learning, and good practice exchange related to HIV/AIDS among NGOs, networks, policy makers and other stakeholders result in a stronger and more effectively working network

- The re-launch of the Clearinghouse was initiated as planned. During the AAE SC Meeting in Riga in April, the re-launch concept was presented to the Steering Committee. After identifying stakeholders of the Clearinghouse and their involvement, a structure was set up for the re-launch activities for 2015. A questionnaire was implemented in April and May to assess and to determine the user involvement of AAE's Clearinghouse. Furthermore a consultant group from 180Degrees Consulting conducted stakeholder interviews to develop a situation analysis of the state of the Clearinghouse. Moreover, they provided the office with recommendations for improvement of the website and AAE's communications strategy up. Subsequently, a tender was prepared, sent out and after assessing the tender bids in the competition, a web design agency was assigned. In October and November 2015, AAE restructured the navigation and linking key words to documents on the Clearinghouse. By the second week of 2016, a re-launched and improved bilingual good practice exchange tool was rolled out and accessible online. Despite the re-launch process, there was a continuous upload of documents to the Clearinghouse: In 2015 52 new publications were uploaded, the target was 24 (2 per month).
- Communication through edited bilingual social media usage via Facebook, Twitter, Network News, tailored mailings, link building and contact seeding was intensified. By the end of 2015, AAE shared 124 postings on Facebook (target was 104, 2 per week), 69 tweets (target was 124, 2 per week) and AAE started to work on the Russian speaking social media site "VKontakte" where 13 posts were set to reach out to the Russian speaking community. 9 network mailings for members were created (out of 4 for the whole year).
- Information to AAE members has been improved through increased communication on the AAE website, a monthly newsletter and printed publications. 24 bilingual news posts were shared on AAE's website. AAE published outcomes of the working groups, activities, outcomes of TCs, meetings and conferences in these news posts. In our network we shared and replied by tailor-made mailings to requests from our members. For the first 9 month of this year 24 tailor-made mailings were communicated (target was 18 for 2014) and 11 newsletters were shared with our network. The bilingual communication is ongoing. Printed materials like a roll up display banner were created in April, a poster for the AIDS Impact Conference in July 2015 was printed in July 2015 and AAE's Strategic Framework 2015 - 2017 was edited, printed and published.
- Partnerships on EU HIV policies, by project initiation, regarding the core problem areas mentioned in the problem analysis, in regards to stigma and discrimination and austerity policy will be initiated and a working group on "Affordability of medicines" has been established. The working group met during the SC meeting in Riga. The WG first decided to conduct a mapping exercise on ongoing activities in the field of affordability to avoid duplication of already existing work. After the mapping exercise, the WG decided to develop a training manual for civil society on

how prices of medications are set and collecting successful examples of price reductions. A consultant was contracted and developed the manual that will be used as the backbone of the three trainings planned for 2016.

- In July and August AAE supported our Russian member organisation's (ESVERO) application for an EU grant in the call "Enhance CSOs' Contributions to Governance and Development Processes". Moreover, AAE was involved in the application of the "Behavioural Survey for HIV/AIDS and associated infections and a survey and tailored training for community based health workers to facilitate access and improve the quality of prevention, diagnosis of HIV/AIDS, STI and viral hepatitis and health care services for men who have sex with men", which also included the information to and involvement of AAE member organisations. The same accounts for the application on call: "Support Member States under particular migratory pressure in their response to health related challenges" that was applied for in cooperation with member organisations of AAE. Unfortunately, all three applications were not successful.
- AAE participated in the UNAIDS Strategy Consultation meeting in March where the epidemic among MSM and new prevention tools such as Pre-Exposure Prophylaxis (PrEP) or Treatment as Prevention (TasP) were high on the agenda. After consulting the SC we decided to focus on gay men and other MSM and their access to comprehensive prevention services including biomedical prevention (PrEP and TasP). The decision was to create a project to measure the demand among gay men and other MSM for new prevention tools. A concept note was prepared and AAE is looking into possible funding opportunities to run the project from 2016. AAE also participated in the "Fear no More" meeting on MSM prevention and PrEP in Europe where the idea of the creation of an action team raised. AAE with other key partners in Europe (EATG, ILGA-Europe)- with the support of agencies such as UNAIDS and ECDC - will coordinate European advocacy and support national advocacy efforts to introduce new prevention tools in the field of prevention among MSM. A kick-off meeting of the action team took place on November 6-7 and was hosted by AAE in Berlin. National AIDS Trust, AIDES, Coalition+ and AVAC also attended the meeting, which was very fruitful. An action plan was developed that was worked into a concept note by December 15th and fundraising for the activities were started.

Objective III: Internal management processes ensure the functioning of the network and the implementation of the 2015 annual work programme

- Two Steering Committee meetings were conducted, the first one in Riga combined with a Round Table meeting with Latvian GO and NGO representatives on following international HIV treatment guidelines in April 2015, the second one in October in Berlin. Both meetings proved to be successful, as topics identified as core problem areas were worked and reported on. Furthermore, eight teleconferences were conducted in order to provide regular communication between SC members and the Office. The transition of the AAE office from Amsterdam to Berlin has been successfully accomplished.
- A call for a new SC member for the EECA region was sent out in the beginning of 2015 and a staff member of the ECUO network joined the Steering Committee. Moreover, since the term of Lella Cosmaro as co-Chair of the EU HIV/AIDS Civil Society Forum expired at the end of the year, a call for this position was sent out in June 2015. Sini Pasanen from HIV Finland was elected by the SC members to become AAE's new co-Chair for a three year term from 2016 on.

- The terms of references for Steering Committee member, Steering Committee Chair and CSF co-Chair needed to be renewed to ensure governance on a sustainable level. All ToR changes were approved by the Steering Committee during the last SC meeting in Berlin and the updated versions were published on AAE's website. All reporting systems are in place. Three-monthly financial reports ensure the controlling of budget expenses and incomes. An evaluation and monitoring system is in place with a specially created evaluation matrix that ensures three-monthly reporting on the indicators in order to monitor the accomplishments of the work programme.
 - The office completed all foreseen positions in 2015 with an Executive Coordinator (100 %), Project Manager (100 %), Communications Officer (100 %) and a Financial Officer (25 %).
- Give your global evaluation of the action's results with the strengths and weaknesses and added value

Objective I: The activities were implemented as planned with two CSF meetings conducted and the participation in and contributions to the Think Tank. Furthermore, plenty of advocacy activities were undertaken in collaboration with AAE partners. In particular, the efforts tackling compulsory testing in the Czech Republic and raising the initiation marker for treatment in Latvia were effective. Moreover, the achievements regarding PrEP in France were very much supported by Civil Society efforts in general, but also by the HIV/AIDS Civil Society Forum and hence by AAE. Joint advocacy activities on the UNGASS on drugs preparation will hopefully strengthen the European position at global level. The activities addressing a new communication as policy framework from 2017 onwards started in 2015. However, the future of a policy framework is still under discussion and further efforts are needed to maintain a strong commitment by the Commission in the response to HIV, tuberculosis and viral hepatitis in Europe. Nevertheless, preliminary discussions and activities show a common understanding of an integrative approach to respond to all three communicable diseases not only as co-infections but also as mono-infections, an approach that Civil Society has been advocating for during the last years.

AAE's activities regarding the EHLF, affordability and pricing of medicines and CBVCT will show their outcomes in line with related and to be implemented activities in 2016. Overall, 58% of responding member organisations claimed, that AAE has been a gateway to drive forward advocacy for HIV policy change while 20 % responded that AAE has not and 22 % said that they could not tell. This is very close to the advised 60 % that were envisaged to reach as an indicator for the outcome in Objective I.

Objective II: The re-launch of AAE's Clearinghouse was the core work of 2015 AAE Communications activities. The impact of the re-launch should result in an increase of up- and downloads and interactive communication that will manifest itself from 2016 on. However, already for 2015, 75 % of the responding member organisations claimed that the Clearinghouse and the AAE website provide (7 % said they do not and 18 % could not tell) useful information. Moreover, 76 % of the responding members stated that the information on the website and in the Clearinghouse is in particular useful for regular information exchange, knowledge sharing and networking (11 % stated that they do not and 13 % could not tell). Although, the applications for different projects and activities were not successful, AAE could prove that the office is monitoring calls for tenders constantly, is informing its membership and facilitates with regard to application writing. In the long run this, in line with the activities on affordability and a

project directed to gay men and other men who have sex with men, should also influence the strength of the network. In general, the inclusion of member and partner organisation in AAE's work through working groups increased the visibility of AAE and strengthened the identity with the network.

Objective III: With all the activities implemented in this segment, the implementation of the work plan, governed and overseen by the AAE Steering Committee was successful. A survey, addressed to the Steering Committee members showed the satisfaction with the implementation so far. Out of the 8 SC members, 6 responded (one was not available during the survey implementation). All six were very satisfied with the management of the 2015 operating grant and also very satisfied with the organisations of meetings, teleconferences and the provision of related documents. Moreover, 4 rate to be very well informed about the implementation of projects, 2 well informed along with the same results regarding the re-launch of the Clearinghouse. Compared to 2014, 3 find the visibility of AAE in 2015 higher, 2 much higher and 1 SC member could not tell. All six responding SC members state that they are highly motivated to work in the AAE Steering Committee.

- Will the results of the OG have a direct impact on policymakers at EC, MS, Regional or local level? Could they be used for decision making?

The advocacy efforts tackling compulsory testing in the Czech Republic and raising the initiation marker for treatment in Latvia as well as the achievements regarding PrEP in France were addressed to policy makers at member state level. Activities regarding the policy framework and the UNGASS on drugs preparation were addressed at EC level. The co-Chairs of the CSF addressed a letter at European level to the EU Italian Presidency, the Latvian EU Presidency and the Luxembourg Presidency to follow up on the renewal and update of the 2004 Dublin Declaration with the European Parliament ENVI committee, as well as the respective Commission services dealing with HIV and the countries in question in copy.

- Will the results of the OG have a direct impact on health professionals in their daily practice?

Advocacy levels addressed at national level (Latvia, Czech Republic, France) have an impact on health professionals in their daily practice. If the follow-up on AAE's activities regarding Affordability and Pricing, undocumented migrants with regard to the European HIV Legal Forum and Community Based Voluntary Counselling and Testing will be successful, it will also have direct impact on the daily practice of health professionals.

- Will the results of the OG have a direct impact on the general population and/or specific groups? Main results and impacts
- How much did those actions contribute towards reaching your objectives?
- Please provide **a summary of seminars, conferences and other events attended**, indicating the organiser, number of participants (possibly by country), date, etc.

AIDS Action Europe, as outlined in the application addresses intermediaries such as members, partners and stakeholders of AIDS Action Europe, health care providers, policy makers and decision makers. Direct impact for the ultimate beneficiaries who are individuals and groups that are particularly affected by and vulnerable to HIV/AIDS, with a specific focus on people living with HIV/AIDS can therefore not be measured.

Title of Event	Place	Organiser	Date
UNAIDS Strategy Consultation for Western Europe	Geneva, Switzerland	UNAIDS	26 / 27 March, 2015
The Eastern partnership Ministerial Conference on Tuberculosis and MDR TB	Riga, Latvia	Latvian Government as EU Presidency	30 / 31 March 2015
International HIV Conference	Prague, Czech Republic	Czech AIDS Help Society	28 May 2015
Fear No More – catalysing empowerment of gay men for HIV prevention, treatment and stigma reduction	Brussels, Belgium	UNAIDS and EATG	22 – 24 June 2016
WHO regional consultancy on global health sector strategies for HIV, viral hepatitis, STIs, 2016–2021	Copenhagen, Denmark	WHO European Region	24 – 26 June 2015
AIDS Impact Conference	Amsterdam, The Netherlands	Local Organising Committee	28 – 31 July 2015
Brainstorming workshop - Ad hoc consultation: Follow-up on June Think Tank/Civil Society Forum meeting on future directions regarding HIV/AIDS in Luxembourg.	Luxembourg, Luxembourg	European Commission, DG SANTE – Directorate-General for Health and Food Safety	29 September 2015
37th UNAIDS PCB meeting	Geneva, Switzerland	UNAIDS	26 – 28 October 2016
Dublin Declaration Advisory Group meeting	Stockholm, Sweden	ECDC	15 / 16 October 2015
EATG Stakeholder Meeting	Brussels, Belgium	European AIDS Treatment Group	19 January 2015
European Communication Platform Meeting	Amsterdam, The Netherlands	GNP +	12 / 13 February 2015
European Health Policy Forum	Brussels, Belgium	European Commission, DG SANTE – Directorate-General for Health and Food Safety	19 March 2015
Quality Action, Work Package Meeting	Berlin, Germany	Bundeszentrale für gesundheitliche Aufklärung	16 / 17 July 2015
Quality Action, Advisory Group Meeting	Berlin, Germany	Bundeszentrale für gesundheitliche Aufklärung	3 / 4 November 2015
Quality Action Meeting	Tallinn, Estonia	Bundeszentrale für gesundheitliche Aufklärung	17 - 19 February 2015
HA-REACT Joint Action Preparation Meeting	Riga, Latvia	European Commission, DG SANTE	16 / 17 December 2015

		Directorate-General for Health and Food Safety	
HA-React Joint Action Preparation Meeting	Luxembourg, Luxembourg	European Commission, DG SANTE – Directorate-General for Health and Food Safety	7 / 8 April 2015
Conference "Gesundheits ist kein Luxus" – Access to treatment for Migrants with Irregular Status	Berlin, Germany	Deutsche AIDS-Hilfe	10 December 2015

Subcontracting

- The beneficiary shall specify in this section:

- o the work (the tasks) performed by a subcontractor which may cover only a limited part of the action;
- o explanation of the circumstances which caused the need for a subcontract, taking into account the specific characteristics of the action;
- o the confirmation that the subcontractor has been selected ensuring the best value for money or, if appropriate, the lowest price and avoiding any conflict of interests.

1. EHLF: Nine organisations were subcontracted to conduct survey related research with regard to prevention, treatment and care for people with no entitlement to HIV services due to their current legal residence status. The research needed to be conducted in each country and in the respective language with specific knowledge of the respective situation on HIV and co-infections as well as legal issues. Moreover, a legal consultant was contracted for desk research, to produce an overview of relevant international and EU laws, policies and case laws and to produce a survey report based on the ten country profiles including an analysis of laws, policies, illustrative case studies in the field of HIV prevention, testing, treatment, care and support for people with no entitlement to HIV services due to their current legal residence status in the country. The nine organisations were chosen with regard to their experiences and expertise ensuring best value for money. For the assignments of the 9 organisations and the legal consultant no conflict of interest was identified.
2. AAE Steering Committee Chair: The organisation of the Chair of the AAE Steering Committee (SC), AIDS Foundation East West (AFEW), was subcontracted for ten days in 2015. Anke van Dam, Executive Director of AFEW has no conflict of interest in chairing the SC. Best value for money is ensured for her work.
3. EU HIV/AIDS Civil Society Forum (CSF) co-Chair: Lella Cosmaro was the co-Chair of the Civil Society Forum for AAE for four years. For this her organisation LILA Milano was subcontracted. There was no conflict of interest identified to serve as co-Chair and best value for money was guaranteed regarding her work.
4. EU HIV/AIDS Civil Society Forum co-Chair European AIDS Treatment Group (EATG): Since the founding of the CSF, the forum is chaired by AAE and EATG. In joint forces as co-Chair organisations in coordinating the HIV/AIDS Civil Society

Forum, the EATG was subcontracted to contribute to and deliver the following services: Join the monthly CSF coordination calls and prepare the minutes of the calls; join regular communication with the Commission; attend the HIV/AIDS Civil Society Forum meeting and the HIV/AIDS Think Tank meeting of the first and second half of the year; prepare CSF meetings including agenda development, outreach to speakers, liaising with members taking part and/or presenting; facilitate input of CSF into relevant consultation/policy development processes; implement agreed advocacy initiatives, e.g. letters, statements, outreach; prepare the CSF-report and Executive Summary and report to the Think Tank meeting; coordinate joint initiatives on behalf of the CSF; manage the CSF mailing list and Facebook group; disseminate information relevant to CSF membership and inform external stakeholders about and/or on behalf of the CSF. Although EATG is predominantly funded by private businesses, there is no conflict of interest when it comes to co-chairing the CSF, as EATG is also a collaborating or associated partner in other Commission funded projects. As there is only this one organisation to be subcontracted for co-chairing the CSF, best value for money was ensured.

5. Re-launch of the Clearinghouse: A call for tender was published in order to conduct the re-launch of the Clearinghouse. Out of the bids, a Berlin based company was selected ensuring the best value for money and according to the German tendering procedures. Moreover, a video was produced to introduce the function of the Clearinghouse, also on the basis of the tendering procedures. Both companies that were subcontracted do not suggest a conflict of interest.
6. Strategic Framework Brochure: Editing, layout, translation and printing were subcontracted in order to produce the AAE Strategic Framework 2015-2017 brochure. No conflict of interest could be identified with anyone of the subcontractors. The calls for bids were published according to the German tendering procedures.
7. Printing of Posters, T-shirts, Roll-ups and other materials: All these materials were produced to raise the visibility of AAE, in particular as hand-outs in conferences and meetings. No conflict of interest was identified with the subcontracted enterprises. The calls for bids were published according to the German tendering procedures.
8. Training manual on Affordability and Pricing of Medicines: A consultant was subcontracted to produce the training manual according to the German tendering procedures. A conflict of interest could not be identified.
9. External Audit: The external audit was subcontracted with regard to the requirements of implementation of this operating grant according to the German tendering procedures. A conflict of interest was not identified.

Reasons for deviations from Annex 1

- Explain the reasons for deviations from Annex 1, the consequences and the proposed corrective actions

Objective I related activities were implemented with no deviations from Annex 1.

In Objective II communication targets via Twitter and VKontakte were not fully achieved due to efforts invested in the re-launch of the Clearinghouse, all other communication and dissemination targets were practically achieved (11 instead of planned 12 newsletters). In order to intensify the collaboration between AAE member

organisations and partners with regard to specific topics. AAE aimed to initiate another project where AAE member organisations work together. Three applications were written or supported as outlined under main results of the action; unfortunately none of them was successful.

Objective III related activities were implemented as planned and with no deviations from Annex 1.

- Explain **tasks not fully implemented**, critical objectives not fully achieved and/or not being on schedule. Explain also the impact on other tasks on the available resources and the planning.

See achievement report above. There is no impact on other tasks. Achievement of objectives with regard to the Framework Partnership Agreement is not at risk.

- Explain **deviations of the use of resources** between actual and planned use of resources in Annex 1 (Description of the Action), especially related to person-months **per work package**.

There was no deviation of the use of resources with regard to person-months per work package. At the actual state of this report, some of the non-personnel costs were not accepted by the external audit. Therefore, the planned budget for 2016 will not be completely exhausted.

- Please describe changes to the original planning, their reasoning, which problems occurred and how did you solve them?

No changes to the original planning indicated.

Evaluation

- Please provide a qualitative evaluation of the execution of all tasks mentioned in Annex I of the grant agreement

The evaluation of the project relied on reporting on the process, output and outcome indicators and the specified targets with regard to the three specific objectives. The process indicators quantitatively measure the results of project activities related to the specific objectives. With the output indicators the effect of the implemented activities is evaluated, either by the number of people being reached or by questionnaires assessing the level of satisfaction by the users. All three outcome indicators measure the level of overall performance satisfaction, evaluated by questionnaires. Means of monitoring and evaluation are

- Meeting evaluation surveys
- Website user surveys
- Clearinghouse user survey
- Web statistics
- Reports

Monitoring and evaluation are implemented internally. An evaluation matrix was developed to register the process indicator results quarterly, the output and outcome indicator results mostly for each year.

Specific Objective I: Civil Society’s contributions to regional and national HIV/AIDS policies and programmes are effective and meaningful

I.1 Act as CSF co-chair: All tasks were implemented as planned, regarding advocacy, communication and preparation efforts overachieved. The evaluations of both CSF meetings show wide satisfaction with the preparation and communication management of the CSF by the coordination team. The information obtained is rated as useful or very useful while some presentations and discussions in each meeting are estimated poor or very poor (usually exemptions from the rule). However, there is room for improvement when it comes to using the CSF as a networking opportunity. Moreover, some of the members feel disconnected to their respective GO representatives and/or other CS organisations at national level. Also several CSF members are dissatisfied with Luxembourg as place to conduct the CSF.

I.2. Contribute to HIV policy: The activities were conducted as planned. The CSF representatives contributed as planned to the EU Think Tank meetings including a shared open letter to call for a new policy framework beyond 2016.

I.3 Coordinate EHLF: All objectives were achieved. The country reports indicate that the organisations profited greatly from the EHLF activities. The European dimension of the work is becoming increasingly important in the national context. The EHLF is rated as a valuable source of intelligence and support in this context. The EHLF is also seen as a key vehicle for dissemination of the lessons learnt from successful campaigning to provide free universal access to HIV treatment for all migrants, regardless of residency status. The opportunity to network was highlighted as much as all organisations would like to continue working in the EHLF.

I.4. Advocate as AAE for CS concerns in key European events: AAE participated in 7 meetings and ensured through its representatives that civil society’s voices and perspectives were heard and considered. Those were:

- UNAIDS Strategy Consultation for Western Europe,
- Eastern partnership Ministerial Conference on Tuberculosis and MDR TB,
- WHO regional consultancy on global health sector strategies for HIV, viral hepatitis, STIs, 2016–2021,
- AIDS Impact Conference,
- 37th UNAIDS PCB meeting,
- the ECDC Dublin Declaration Advisory Group meeting,
- European Health Policy Forum

Moreover, AAE participated in 11 other meetings with regard to Joint Actions or national meetings or conferences. After re-hosting the network in 2014, the fact that AAE is invited to European meetings as a pan-European organisation representing a wide number of CSOs shows its role as an important player in the response to HIV/AIDS and co-infections at international level.

I.5. Support and facilitate national and regional advocacy: Two Steering Committee working groups settled the activities in 2015 regarding “CBVCT” and “Affordability of Medicines”. The consultancy on CBVCT with different stakeholder representatives (see section above on main results of the action) has shown both, how important collaboration is to achieve the first of the 90-90-90 targets by diagnosing people at key population level which is cost effective and efficient but also how challenging it is to find the most common denominator with respect to different needs of academia and civil society organisations. The SC working group on Affordability of Medicines decided to produce a training manual for CS organisations that can be used in an adapted version in different regions with regard to the specific needs of the

participants (the affordability tool is a deliverable in Objective II.4. The trainings are planned for 2016.

Specific Objective II / Civil Society's contributions to regional and national HIV/AIDS policies and programmes are effective and meaningful

II.1 Offer improved bilingual (EN/RU) good practice and information exchange: The Clearinghouse was re-launched successfully in 2015. The milestones were hit a little bit behind the timeline but with a lot of effort and work invested in this project, the Clearinghouse could go online in the second week of 2016. Meanwhile the usage of the Clearinghouse was maintained and the uploading of documents to the Clearinghouse was continued. For better and increased use of the Clearinghouse an introduction video was produced within the calculated budget for the re-launch.

II.2 Intensify communication of AAE: While the goals regarding Facebook posts and mailings to the members were easily exceeded, post on Twitter and the Russian speaking portal VKontakte missed the goal.

II.3 Communicate bilingually within AAE network:

The communication with the AAE network reached its planned goals with regard to mailings sent to AAE members and the production of printed material (a roll up display banner, a poster for the AIDS Impact Conference and the AAE's Strategic Framework 2015 – 2017) was edited, printed and published. AAE published outcomes of the working groups, activities, outcomes of TCs, meetings and conferences in these news posts. In our network we shared and replied by tailor-made mailings to requests from our members. Due to the efforts invested into the Clearinghouse re-launch, the target regarding new post on AAE's website was missed. 11 of the planned 12 newsletters were shared with the network.

II.4 Initiate and create partnerships on EU HIV policies related projects: This activity had the purpose to intensify the collaboration between AAE member organisations and partners with regard to specific topics. It was linked closely to activity I.5 "Affordability" and "CBVCT" where the action is described and where, with regard to the affordability working group, a training manual was developed and where regional trainings will be implemented in 2016. On top of that AAE wanted to initiate another project where AAE member organisations work together. Three applications were written or supported as outlined under main results of the action; unfortunately none of these applications was successful. Consequently, a meeting with partners and stakeholders was organised to work on "PrEP in Europe" and to initiate a topic related project. However the activities could not be finalised in 2015 and they are still in process as outlined above.

Specific Objective III: Internal management processes ensure the functioning of the network and the implementation of 2015-2017 work programme

III.1 Guarantee overall governance by AAE SC: All activities were implemented as they were planned. The governance documents for SC member, CSF co-Chair and Chair of the SC were reworked. The face to face meetings proved to be very important to determine strategic directions of AAE and to set the basis for positioning AAE. On occasion of the SC meeting in Riga, AAE SC and Office met Latvian stakeholders (GO and NGO representatives), which resulted in an open letter to the Latvian Cabinet of Ministers to acknowledge international treatment guidelines and raise the threshold of treatment initiation, set at 200 CD4+ T-cell count. The initiative proved to be

successful. The work between SC members and AAE office staff proved to be very successful: The SC member survey resulted in very positive outputs: All six responding SC members are very satisfied with the work of the office and with the organisation of meetings, conference calls and the provision of related documents. They feel well informed about project implementation and communication and dissemination activities and all six feel highly motivated to work in the AAE SC: Here are the qualitative comments from SC members in the survey: „Thank you very much for everything you do! You are a great, well-organized and intelligent team” “Great work, and I love the idea of this survey.” “There have been a lots of great achievements in 2015 (several successful projects, launching of the website, etc.). AAE office staff deserves praises for all that work and additional efforts they made. It's a great team and it is pleasure to work with them. Congratulations!” “Let's work at the same line or even better during the new year!”

III.2 Implement, monitor, evaluate, follow up and fundraise for the work programme: The internal administrative implementation, monitoring, evaluation and follow up instruments are in place. The fundraising for the 2016 was successful. While one co-funding grant has arrived, the second one has been approved orally; a written confirmation will arrive soon.

- Please refer to the indicators in the grant agreement and answer those in concrete numbers (Participant or partner feedback, Process evaluation, Output evaluation, Outcome evaluation)
- Did you achieve your specific objectives?

Specific Objective I: Civil Society’s contributions to regional and national HIV/AIDS policies and programmes are effective and meaningful - fully achieved

Process Indicator(s)	Target	Reached
I.1 Act as CSF co-chair		
<ul style="list-style-type: none"> • Number of CSF-Meetings 	2	2 CSF meetings were successfully implemented
<ul style="list-style-type: none"> • Number of CSF-Coordination group preparation meetings and Teleconferences 	10	13 preparation TC and meetings were conducted
<ul style="list-style-type: none"> • Number of CSF-Meeting documents published on website 	2 agendas, 2 x minutes + annexes, 2 Summaries	2 agendas, reports + annexes and executive summaries were published on the AAE website
<ul style="list-style-type: none"> • Number of implemented agreed advocacy initiatives 	4	9 agreed advocacy initiatives were undertaken
<ul style="list-style-type: none"> • Number of communication items with CSF members, NGO, stakeholders and partners 	48	91 communication items were sent out
I.2. Contribute to HIV policy		

<ul style="list-style-type: none"> Number of Think Tank meeting attendances by six persons 	2	1 meeting was attended by 6 persons, the second by 8 persons (introducing the new CSF co-Chairs from 2016 on
<ul style="list-style-type: none"> Number of meetings and teleconferences to develop and to give input to guidelines, advocacy issues, calls for action, policy developments 	15	15 preparation TC and meetings were conducted
<ul style="list-style-type: none"> Number of contributions to Think Tank minutes 	2	2 contributions to TT report
<ul style="list-style-type: none"> Number of relevant issues highlighted out of the CSF 	6	14 issues out of the CSF were reported to the two TT meetings (each 7)
I.3. Coordinate EHLF		
<ul style="list-style-type: none"> Number of EHLF Partners Meetings 	1	
<ul style="list-style-type: none"> EU laws and policies overview report 	1 EU laws and policies survey report (EHLF) delivered	The EU laws and survey report (EHLF) is delivered
<ul style="list-style-type: none"> Legal section in the Clearinghouse with advocacy tools for and best practice guidance (EHLF) 	1 legal section with locally relevant advocacy tools and best practice guidance created	The filter option for law and legislation was set on the Clearinghouse
<ul style="list-style-type: none"> Number of countries where HIV legal specialists and NGOs linked up and collaborate 	10	Experts from Italy, Greece, the Netherlands, Poland, Serbia, Germany, France, the UK, Spain and Hungary connected in the EHLF
<ul style="list-style-type: none"> Network of legal experts and NGO policy leads of 10 persons built 	1	The network of LILA Milano, PRAKSIS, SANL, Siec Plus, Q-Club, Deutsche AIDS-Hilfe, AIDES, National AIDS Trust, Calsicova Valencia and TASZ was created
<ul style="list-style-type: none"> Linkages with other pan-European working on legal and/or policy issues 	2	The EHLF collaborated and will collaborate with PICUM and Doctors of the World
<ul style="list-style-type: none"> Advocacy tool developed and published in Clearinghouse 	1	The Advocacy tool was developed
<ul style="list-style-type: none"> Locally-relevant best practice guidance and legal and rights literacy development assisted in 	10	The EHLF assisted in good practice and literacy in the 10 countries
<ul style="list-style-type: none"> Final evaluation and project report 	1	The final evaluation and project report was created
I.4. Advocate as AAE for CS concerns in key European events		

<ul style="list-style-type: none"> Number of key European events AAE participated in 	6	7
<ul style="list-style-type: none"> Number of key speeches and other contributions delivered 	6	7
<ul style="list-style-type: none"> Number of reports in newsletters, on websites and social media 	18	21
I.5. Support and facilitate national and regional advocacy		
<ul style="list-style-type: none"> Consultancy on “Community based testing outside medical settings” organised and implemented 	1	1
<ul style="list-style-type: none"> Report regarding the consultancy “Community based testing ...” 	1	1
<ul style="list-style-type: none"> Consultancy on “Affordability of medicines ” 	1	1
<ul style="list-style-type: none"> Report regarding the consultancy “Affordability ...” 	1	1
Output Indicator(s)	Target	
I.1 NGOs/stakeholders/partners are informed about policy developments and satisfied with communication management		
<ul style="list-style-type: none"> Number of NGO/stakeholders/partners being informed through publishing documents on website or via mailing 	300 users after each CSF meeting	With the dissemination through the CSF listserv, mailings, and newsletter more than 300 users were reached
<ul style="list-style-type: none"> Level of satisfaction of CSF members with communication management 	60 % of responding users are satisfied with communication management	The evaluation of both CSF meetings shows that overall organisation and communication management were rated a good or very good, only 1 person in the first meeting and 2 in the second as average.
I.2 Civil Society needs, concerns and perspectives are represented in European HIV policies		
<ul style="list-style-type: none"> Number of guidelines, advocacy issues, calls for action, policy developments 	4	9
I.3 Improved access to HIV services for all those who have limited access due to legal obstacles		
<ul style="list-style-type: none"> Ratio of involved organisations who claim that usage of developed EHLF advocacy tools and guidelines helps improving access of their clients 	70 % of organisations	100 % claimed that the EHLF and its tools were useful
I.4 Civil society is involved and represented through AIDS Action Europe in key European events and makes its voice heard		

<ul style="list-style-type: none"> Number of delivered speeches and contributions in key European events 	6	7
I.5 Civil society in countries or specific regions use international experience to advocate for their needs		
<ul style="list-style-type: none"> Ratio of civil society actors addressed in consultancies who claim international advocacy examples have been useful for their needs 	70 % of addressed responding CS actors	The participants addressed in the oral evaluation of the meetings that the respective meeting was useful. A quantitative evaluation was not carried out.
Outcome/Impact Indicator(s)	Target	
Percentage of members who claim that AAE is a gateway to drive forward advocacy for HIV policy change	60 % of responding member organisations	58 % of 45 responding members claimed that AAE is gateway to drive forward advocacy for HIV policy change

Specific Objective II: Civil Society’s contributions to regional and national HIV/AIDS policies and programmes are effective and meaningful - almost fully achieved

Process Indicator(s)	Target	Reached
II.1 Offer improved bilingual (EN/RU) good practice and information exchange		
<ul style="list-style-type: none"> Concept for Clearinghouse re-launch developed 	End of April 2015	Concept developed by the end of May 2015
<ul style="list-style-type: none"> Applications, SQL and authentication installed 	End of June 2015	Was not done before end of December
<ul style="list-style-type: none"> Customising and user acceptance tested 	End of October 2015	Customising and user acceptance tested by the end of November
<ul style="list-style-type: none"> Roll out and put online 	End of December 2015	Rolled out and put online second week of January 2016
<ul style="list-style-type: none"> Clearinghouse database newly edited and structured 	End of April 2015	Clearinghouse search machine as heart of the database and new structure were developed by July 2015
<ul style="list-style-type: none"> Number of uploads on Clearinghouse database 	2 per month (24 per year)	52 new documents were uploaded in 2015
II.2 Intensify communication of AAE		
<ul style="list-style-type: none"> Number of posts on Facebook 	2 per week (104 per year)	124 postings on Facebook
<ul style="list-style-type: none"> Number of posts on Twitter 	2 per week (124 per year)	69 tweets
<ul style="list-style-type: none"> Number of posts on VKontakte 	2 per week (124 per year)	13 posts on VKontakte

	year)	
• Number of mailings to AAE members	4	9
II.3 Communicate bilingually within AAE network		
• Number of news posted on AAE website	2 per week (124 per year)	24 bilingual news posts were shared on AAE's website
• Number of mailings	2 per month (24 per year)	24
• Number of AAE newsletters	12	11
• New leaflets and brochures produced	End of March 2015	2 by the end of July
• Printed publication	1	1
II.4 Initiate and create partnerships on EU HIV policies related projects		
• Project conception design meeting implemented	1, latest end of June	Implemented in November 2015
• Project application approved	1	0
• Project report finalised	End of December 2015	0
• Working group meeting on "Affordability of Medicines" organised and implemented	End of April 2015	April 2015
• Working group meeting report	End of May 2015	Meeting report finalised
Output Indicator(s)	Target	Reached
II.1 Clearinghouse and website users have improved access to good practice and other relevant information and upload data.		
• Number of uploads on Clearinghouse	10 % after restructuring and editing, baseline equivalent period of time in 2014	82 new publications were uploaded in 2014, the baseline is "82+8"; only 52 new publications were uploaded in 2015 due to the reconstruction taking place during the year
II.2 AAE related social media users throughout the region are regularly updated on relevant news, new developments and ongoing activities		
• Increase of information through regular postings on Facebook, Twitter, VKontakte	25 % (baseline 2014)	There is no baseline because postings were not counted in 2014
II.3 Strengthened connection with and strengthened identity of AAE members through interactive communication and increased information and knowledge		
• Ratio of users claiming they could use information provided by the interactive platform	50 % of responding users	76 % of responding users
• Ratio of active users feeling part of the network	50 % of responding users	58 % of responding users
II.4 Increased collaboration between partners on civil society concerning topics and strengthened AAE network identity		
• Number of member organisation being part of AAE initiated projects	5	0

<ul style="list-style-type: none"> Ratio of project participant organisations who express to be an active part of the network 	60 % of responding project participant organisations	0
<ul style="list-style-type: none"> Number of member organisations being part of AAE initiated working groups 	7	8 (PRAKSIS, Q-Club, ECUO, AGIHAS, EATG, GAT, CEEISCAT, NELP)
<ul style="list-style-type: none"> Ratio of working group participant organisations who express to be an active part of the network 	60 % of responding participant organisations	100 % according to qualitative evaluation in the meeting
Outcome/Impact Indicator(s)	Target	Reached
Ratio of responding members who claim AAE provides useful platforms for regular information exchange, knowledge sharing and networking	20 % of respondents	58 % of the 45 responding member organisations

Specific Objective III: Internal management processes ensure the functioning of the network and the implementation of 2015-2017 work programme – fully achieved for 2015

Process Indicator(s)	Target	Reached
III.1 Guarantee overall governance by AAE SC		
<ul style="list-style-type: none"> Number of SC meetings implemented 	2	2 F2F meetings were implemented in Riga and Berlin
<ul style="list-style-type: none"> Agenda and minutes of SC meetings 	2	2 reports were produced and published on website
<ul style="list-style-type: none"> Number of SC teleconferences implemented 	1 every six weeks	8 SC teleconferences conducted
<ul style="list-style-type: none"> Agenda and minutes of SC teleconferences 	8	8 agendas for TC were developed and sent out, Minutes of the 8 conference calls were taken and sent out to SC members
<ul style="list-style-type: none"> Number of communication items 	5 per week (260 per year)	253 emails or letters were sent out
<ul style="list-style-type: none"> Call for new SC member process documentation 	1	1 call was sent out to nominate a new CSF co-Chair from 2016 on
III.2 Implement, monitor, evaluate, follow up and fundraise for the work programme		
<ul style="list-style-type: none"> Number of archived communication items 	3 per week	253 (see above)
<ul style="list-style-type: none"> Developed monitoring and evaluation instruments as basis 	1	1
<ul style="list-style-type: none"> Number of internal controlling and budget reports 	3	3
<ul style="list-style-type: none"> Documented purchasing processes 	6	6
<ul style="list-style-type: none"> Co-funding approval for 2016 	2	1

Output Indicator(s)	Target	Reached
III. 1 Strong governance ensures AAE's civil society representation		
<ul style="list-style-type: none"> Number of published SC related documents on the website 	3	3
<ul style="list-style-type: none"> Ratio of responding members being satisfied with the performance of the SC 	60 % of respondents	Data were not collected in the member survey
<ul style="list-style-type: none"> Ratio of SC members being satisfied with the performance of the Executive office 	80 %	All 6 responding SC members (out of 8) were very satisfied with the performance of the office (100 %)
III.2 Work programme 2015 is implemented as planned		
<ul style="list-style-type: none"> Survey report for 2015 	1	Part of the final report
Outcome/Impact Indicator(s)	Target	Reached
Ratio of members who claim after three years of implementation operational work being successful	60 % of respondents (only evaluated after year 3)	Only evaluated after year 3

Dissemination

- Please provide a list of all published material and the website address
- How have the dissemination materials been taken up?
- Did you receive feedback on them?
- Were dissemination activities carried out as planned? Give a brief description of the target groups and media used to disseminate the results.
- What are the strengths and weaknesses of the dissemination activities? Explain why.
-

List of materials

Type and title of the material	Taken up and carried out
1. STRATEGIC FRAMEWORK – PRINTED PUBLICATION	AAE's Steering Committee defined an overall strategy and a clear agenda for 2015-2017 called "AIDS Action Europe: Strategic Framework 2015-2017". The Strategic Framework was printed in July 2015. AAE's objectives are described in the book, copies of which were taken to the AIDS Impact Conference and, as same as provided to all Steering Committee members and to the Civil Society Forum embers.
2. CONTINUITY AND INNOVATION – TOWARDS A MORE EFFECTIVE RESPONSE TO HIV - POSTER	The poster "Continuity and Innovation – Towards a more effective response to HIV" was created in July 2015 and was displayed at the AIDS Impact Conference 2015 in Amsterdam for the European Commission stand.
3. AIDS ACTION EUROPE - BANNER	AAE created a banner in April 2015 with its logo and its mission to increase the visibility of AAE. It is displayed

	in events organized or attended by AAE. (E.g. during the AAE round table discussion with the Latvian Civil Society and other Stakeholders)
4. hivaidsclearinghouse.eu	Updated good practice exchange tool – Relaunched in January 11, 2016
5. aidsactioneurope.org	Website updated and relaunched on January 11, 2016
6. NEWSLETTER	Online newsletter sent out 11 times a year in 2015
7. REPORTS – ONLINE REPORTS	Working group activities, Steering Committee reports, Civil Society reports and Project reports as follow up information published online
8. FACEBOOK GROUP	“HIV Policy in Europe” as exchanging information tool for EATG, AAE and CSF members

The Banner was created to upgrade the visibility of AAE. It’s beneficial on big events and conferences where AAE is participating. The strategic framework and poster are used to present AAE and its work at different meetings and conferences. They are beneficial tools to increase the visibility of AAE.

The websites hivaidsclearinghouse.eu and aidsactioneurope.org include materials that can be used as good practice or information but they are also platforms that provide news on activities and events to AAE’s stakeholders and regular users.

All materials target AAE’s members and partners and other stakeholders who are working in the fields of HIV/AIDS prevention in the WHO Europe countries.

The reports of meetings and working groups, such as the CSF meeting reports, the SC meeting reports, etc. were published on the AAE website. They were also distributed via AAE newsletter to the subscribers, There topics included reports about advocacies efforts, conference news and contributions. The CSF Facebook site “HIV Policy in Europe” was used as an interactive discussion forum.

The strengths of the printed and online materials are their big scope of visibility of AAE’s corporate identity. People who once have seen the AAE corporate identity do associate easier the work AAE has done and do know how to reach back to AAE. Concerning the printed materials such as the poster and the strategic framework, the weaknesses are grounded in the capacity of information. In case of the strategic framework, people can take it and read it if they need but the poster was fixed and people could not take it and read it at home or in their offices. But on the other hand all information which we provide offline can be found online too. Another weakness for online materials is that not every user can be reached by sending out our newsletter. Also the information can be targeted but out of technical reasons it cannot reach people if it’s forwarded into the spam box. All in all, AAE is using online and offline channels to reach out, but in many cases - online or offline - AAE cannot address people in person. The stakeholders feel of course more involved if they are addressed in person.

Participation in EU actions (if applicable)

- Please provide your role/contribution to EU actions (i.e. projects)

AIDS Action Europe has a long history of contributing to different EU projects, either as an associated partner or a collaborating partner.

In 2015 AAE continued its participation in the EU joint action “Quality Action – Improving Quality in HIV Prevention in Europe” (2013-2016) as an associated partner, focusing on distribution of joint action related news and publications. AAE was involved in the improvement of the Quality Action website and distribution platform qualityaction.eu. For its website relaunch in 2015, AAE has applied the Quality Action tool SUCCEED for quality improvement during its relaunch.

In 2015 AAE also participated in the preparation of “HA-REACT - the EU Joint Action on HIV and Co-Infection Prevention and Harm Reduction”. The application of HAREACT was approved, and AAE as an associated partner is focusing on communications within the dissemination work package, responsible for developing and hosting the website of HA-REACT.

AAE also participated in writing the application for the CHAFEA tender concerning a behavioural survey for HIV/AIDS and associated infections among European MSM and a survey and tailored training for community based health workers, collaborating with multi-stakeholder partners in the process.

- Coordination with other projects or activities at European, National and International level

AIDS Action Europe became a collaborating partner in the GNP+ project “+VOICE – The Voice of PLHIV in Europe and Central Asia” peoplewithhiveurope.org, an online platform for PLHIV in Europe and Central Asia, where AAE among other organisations and networks will contribute with information, news and good practice sharing via our communications tools and strategy.

AIDS Action Europe applied for a seat at the NGO Delegation to the PCB of the UNAIDS and our application was successful. Our colleague will participate in the work of the NGO Delegation representing Europe for the period of 2016-2017.

As part of our European Legal HIV Forum, AAE started building contacts with other organizations and networks working on the topic of undocumented migrants. The work of EHLF generated interest in representatives of PICUM and Medicines Du Monde and discussion on cooperation in information sharing and advocacy started in mid-2015.

During 2015 a stronger cooperation was built between the HIV/AIDS Civil Society Forum and the Civil Society Forum on Drugs to prepare for the Special Session of the United Nations General Assembly on the World Drug Problem (UNGASS 2016). An UNGASS Task Force was set up that included several AAE SC and staff members and representatives of other organizations and networks to coordinate advocacy efforts and make sure that Europe has a strong voice on human rights and evidence based drug policies and prevention at UNGASS.

Follow-up of recommendations and comments from previous SGA grants

- Please provide an analysis follow-up of recommendations from your earlier reports, if applicable.

<Please write here>

Lessons learnt

- Please provide an analysis of strengths, weaknesses, future opportunities and threats to the operation of your network/organisation
- Which lessons learnt can you share with others active in the field?
- What did work well?
- What did not work as expected?
- What would you do different, if you had the chance to start over again?

As experience in 2015 has shown, joint advocacy is still an instrument to make Civil Society's voice being heard and that helps to make a difference. Against this background, AAE's advocacy instruments and tools will be used in joint collaboration with other stakeholders, including the Commission, in the future.

The produced deliverables with regard to the EHLF and the affordability training manual will be applied in 2016. There are three regional trainings planned where the affordability manual will be adapted. The findings of the EHLF will be presented in conferences and meetings. PICUM already invited AAE to present the developed tools and results in a conference in Brussels in April 2016. An abstract on EHLF was submitted to EUPHA's 6th European Conference on Migrant and Ethnic Minority Health and the final results and findings of the project will be presented during the first CSF meeting of 2016 and AAE applied jointly with EATG and ECUO to organize the European Networking Zone at the IAS 2016 Conference in July 2016 where a session is planned on migrants and HIV.

The re-launched Clearinghouse and the re-designed website will be a very important tool to increase communication with members and partners, to increase the visibility of AAE and to facilitate interactive exchange between members. There is still room for improvement when it comes to AAE's social media activities. This is to be aimed for 2016.

After moving the office from Amsterdam to Berlin in 2014, in 2015 AAE was able to implement the planned activities in the framework of the FPA to its full capacities. With established procedures in place, the 2016 and 2017 implementation of the FPA should be conducted even more smoothly.

Impact Assessment

Please answer to the following questions, giving your point of view in free text:

- What was the impact of your work?

In general it is very difficult to measure the impact of the work of AIDS Action Europe. As a European network AAE represents its member organizations at the European level and works as a gateway to European policies. Most of the impact of the activities AAE conducts is indirect; however, in some cases AAE receives feedback of the impact of its activities. One example is the impact that AAE's presence in Latvia made. Connected to the Steering Committee meeting, a Stakeholders' meeting was organized where the most urgent issues of Latvian HIV-care and treatment (initiation of ARV at 200cd4 cells) was discussed. After the Stakeholders' meeting AAE received a letter from AGIHAS (our Latvian member organization) on behalf of the Latvian HIV NGOs, expressing the importance of AAE's presence in the meeting and the letter AAE sent to the Latvian Cabinet of Ministers and the impact it made in catalysing the change of Latvian national treatment guidelines.

- For Health literacy actions and patients' empowerment actions, specify among the targeted groups, the relevant categories. For example, give the number of people targeted by language, by age groups, by social status or by cultural component...

During 2015 AAE worked with projects in three different fields outlined in the Strategic Framework and in the SGA.

For the project on affordability of medication a training manual was produced which will be the basis of three regional training in 2016. The impact of the activities, number etc. of the targeted groups will be measurable in 2016.

The European HIV Legal Forum project was coordinated from AAE Office had direct impact on targeted groups in the 10 participating countries. Based on the feedback from the organization that participated in the project, their national work in the field of undocumented migrants was initiated due to participation of the project or their already existing work was supported by the networking and information sharing within EHLF. Again, the number, language etc. of groups targeted by the activities of AAE is not possible to measure in this project.

The activities regarding CBVCT services also target intermediaries. In 2015 AAE worked with different players in the field from different sectors. Academia, other European networks and checkpoints that work as grass root organization with were among our partners. The indirect impact on targeted groups of our activities is not possible to measure.

- For each group of actions developed and/or implemented by your organisation, give a report on the scientific evidence basis used. *Are the actions related to the OG funding based on sufficient evidence?*

AAE is constantly following and updating what scientific evidence is used as a basis for the action that AAE developed. As indicated in our application already, epidemiological data and reports from the European Centre for Disease Prevention and Control are analysed and used when setting strategic objectives and developing the work plan of AAE. Other scientific resources the AAE consults are WHO guidelines on treatment and prevention (including testing, PrEP, PEP, harm reduction, key populations) and strategies, policy papers of UNAIDS and other UN bodies working in the field.

- If your organisation is disseminating good practices, please explain the types of good practices (intervention, guideline...) you are disseminating.

One of the main activities of AAE is dissemination via our Strategic Direction 2: Provide a platform for regular knowledge exchange and networking. AAE operates the HIV/AIDS Clearinghouse which is an online resource of HIV-related publications and good practices in Europe and Central Asia. The types of good practices AAE is disseminating includes projects, guidelines, treatment and rights literacy publications published by both NGOs and intergovernmental institutions such as ECDC.

- *Have the actions of the OG produced the **expected outcomes with a sufficient level of quality** in the mid - long term and have they demonstrated an impact on EU Public Health?*

The actions of AAE during 2015 produced the expected outcomes. The actions of EHLF produced short term outcomes already as it generated interest and cooperation in the field of undocumented migrants and also had an indirect impact on the work of the national organizations participating in the project. The mid- and long-term outcomes will be measurable during and after 2016 when the promotion of the actions will take place.

Other outcomes related to the work on affordability and CBVCT will be measurable in 2016 and beyond.

- *What difference did the OG funding make for the EC policy? The answer to this question should be quantitative and qualitative on the basis of the indicators produced in the OG reports.*

Again the difference made for the EC policy is difficult to measure. During 2015 AAE initiated and participated in several activities aiming at influencing HIV-related EC policies in directions that represents the interest and standpoints of our member and partner organizations. Measuring the actual impact of these advocacy actions qualitatively and how much difference they made is not possible as AAE and its member organizations do not have direct influence on EC policies but rather an advisory role that is manifested in the Civil Society Forum. The quantitative measures of the impact are listed under indicators in the OG report under Specific Objective I - Civil Society's contributions to regional and national HIV/AIDS policies and programmes are effective and meaningful.

- *What is the concerned population and in which member States targeted by your action and particularly with regard to Patients empowerment and health literacy. How many people did you reach by your different actions?*

AAE's actions target indirectly key populations affected by and people living with HIV in Europe and Central Asia via the member and partner organizations of AAE and AAE's communication channels. It is not possible to measure how many people were reached directly by AAE's different actions.

- *What has to be changed in the future Health Programme with regards to the present evaluation? Is the OG funding adequate for the objective?*

The OG funding is adequate for the objectives described in the SGA. The difficulties regarding the Health Programme that Civil Society faces is the present system of joint

actions, where meaningful participation of Civil Society depends on the involvement and decision of governmental institutions. These concerns have been expressed by both AAE and the members of the Civil Society Forum during several consultations and meetings towards the representatives of the European Commission and Member States.

- In relation of the Dissemination of best practices or other type of information, which *priorities of the Health Programme have been covered by the OG action? are the existing best practices related to major priorities of the Health Programme effectively disseminated via the OG?*

AAE is disseminating best practices such as reports from other key organizations, networks and institutions - e.g. EATG, ECDC, WHO, EMCDDA etc.. On the other hand AAE is also disseminating useful treatment guidelines, CSF project reports, leaflets, manuals and other materials which fit into our objectives and strategy via its HIV/AIDS Clearinghouse. The best practices disseminated cover the following priorities of the Health Programme: promote health, prevent diseases, protect citizens from cross-border health treats, contribute to innovative, efficient and sustainable health system and facilitate access to better and safer healthcare for EU citizens.

- *What is the target population reached by the dissemination of good practices and is there a good match between the topic of the best practice and the target population?*

AAE with its dissemination activities targets key population: (undocumented) migrants, ethnic minorities, gay men and other MSM, general public, health care professionals, heterosexuals, LGBTI, NGOs, people living with HIV, people who are/were in prisons, people who use drugs, policy makers, refugees, sex workers, tourists/travellers, women and youth The good practices which are shared on the HIV/AIDS Clearinghouse do match the key population which AAE is reaching via mailings, newsletter and other materials.

Further remarks

- Please state further remarks that you find noteworthy

Annexes

- Please enclose in this report two copies of all published material on the website address with evidences of publicity on Union funding