



# MINUTES AIDS ACTION EUROPE STEERING COMMITTEE MEETING 2014

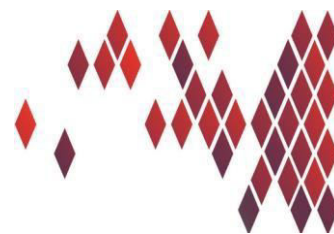
**Berlin, 20 + 21 November 2014**

Participants: **ANKE VAN DAM, CHAIR**, AIDS Foundation East-West (AFEW), the Netherlands; **BRIAN WEST**, European AIDS Treatment Group (EATG), UK; **FERENC BAGYINSZKY**, Hungarian Civil Liberties Union, Hungary; **LELLA COSMARO**, Lega Italiana per la Lotta contro l'AIDS (LILA Milano ONLUS), Italy; **SILKE KLUMB**, Deutsche AIDS-Hilfe (DAH), Germany; **NENAD PETKOVIC**, Q-Club, Serbia; **MARIANELA KLOKA**, PRAKSIS, Greece; **AIGARS CEPLITIS**, AGIHAS, Latvia; **LJUBA BÖTTGER**, AIDS Action Europe Office; **MICHAEL KRONE**, AIDS Action Europe Office.

Apologies: **SVETLANA MOROZ**, All-Ukrainian Network PLWH, Ukraine

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## **Thursday, November 20, 2014**

### **1. AIDS Action Europe – Opening and Orientation**

#### **1.1 Opening**

##### **1.1.1 Welcome, review of the agenda & logistics**

The chair of the Steering Committee (SC) Anke van Dam welcomes everybody to this important meeting and praises the cooperation of the past months. The re-hosting process from SANL to the new host organisation Deutsche AIDS-Hilfe has proceeded relatively smoothly. The new communications coordinator Ljuba Böttger is introduced to the SC members.

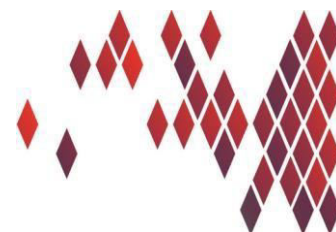
After these first opening words, all participants hold one minute of silence in remembrance of Martine de Schutter who died in the MH 17 plane crash and played a significant role in establishing AAE and led the network as Executive Coordinator for a decade.

The SC members briefly introduced themselves. For Marianela , Nenad and Aigars it is the first SC meeting as it is for Ljuba and Michael; for Ferenc it is the last one as Aigars is taking over his seat from January 1<sup>st</sup>, 2015 on. Ferenc has been a SC member for six years. Anke welcomes the new members of the SC and emphasises how important their contributions are for discussion and the strategic development of AAE.

The agenda for the meeting is adopted by the attendees.

##### **1.1.2 News from the AAE office regarding the operating grants**

The amendment regarding the operating Grant 2014 has still not been confirmed. Both applications, the three year Framework Partnership Agreement for 2015 and the Single Grant Agreement for 2015 are still under evaluation.



### 1.1.3 Review minutes and action list previous SC meeting

	WHAT	WHO	STATUS/UPDATE
<b>A</b>	Keep SC updated on meeting between Russian NGOs and Michael Sibidé	Sveta	skipped
<b>B</b>	Contact Ines Perea to see if she can find out more about what is going on between UNAIDS and the Russian government	Silke	Russia's contribution to UNAIDS is important for UNAIDS. It is not possible to find out if there are any restrictions for the use of the Russian money in the contract between UNAIDS and Russia.
<b>C</b>	Finalise and publish Annual Report 2013 Office	Office	done
<b>D</b>	Update SC on financial situation of AAE	Georg	done
<b>E</b>	Inform the SC on the decision of the board of DAH regarding hosting	Silke	done
<b>F</b>	Start the re-hosting process	Georg, Anke, Martin	done
<b>G</b>	Formulate communication message to stakeholders on re-hosting	Georg, Anke,	done
<b>H</b>	Update document on project funding vs. operating grant funding	office	redundant
<b>I</b>	Send EATG statement on EECAAC to Communications Coordinator	Brian	done
<b>J</b>	Formulate AAE statement on EECAAC	Rieneke	done



## 1.2 AIDS Action Europe – Orientation Session

### 1.2.1 Wrap-up of history, objectives and working methods of AAE

This session is meant to introduce the history of AAE, its objectives and strategies to the new comers but also to discuss expectations and visions of the SC members regarding the future of AAE. Also decision-making procedures between SC, SC chair and office are part of the discussion.

Ferenc introduces the session with a presentation on what the SC is, how it is composed, what the members of AAE are, what AAE is doing, what is expected from SC members, what can be expected and a personal note (see Annex A).

**Discussion:** Several topics come up in the discussion; the main ones are mentioned here. In case there are pressing issues, as for instance a call for action that AAE should sign, the information is communicated via email. SC members should comment asap. Therefore it is necessary to name the subject of the request clearly and specifically in the subject line. Another question concerned the SC meeting places.

The meetings don't have to necessarily take place in Berlin but can also be in the cities where the SC members and their organisations are located. Specifically, in order to learn more about the work of the organisations it makes sense to travel to those cities and combine the meeting with a field trip or a staff visit. On the other hand, logistically and budget wise it is easier to hold the meetings in Berlin. It is agreed on that one meeting per year should take place in Berlin and one abroad.

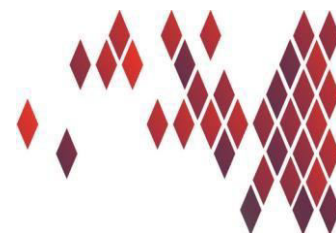
The Clearinghouse of AAE is a database and a dissemination tool that is crucial for the work of AAE. However, a re-launch of the Clearinghouse is necessary to optimise its use. This is foreseen and financially allocated in 2015. In any case, the database can be used to upload and download materials. To upload documents, it is needed to contact the office.

Apart from the European HIV Legal Forum which is a project of AAE, already funded and will be implemented in 2014 and 2015, AAE is involved in Joint Actions. The Joint Action on Improving Quality in HIV Prevention in Europe runs since 2011 and will continue until spring 2016. Moreover, AAE is nominated to join the Joint Action on HIV and co-infections that will start in 2015 and run for three years.

### 1.2.2 Expectations of the SC Members

Following aspects were named regarding expectations of the SC members:

- AAE should provide thematic related trainings and meetings and initiate projects. Moreover communication with the network should be improved, in particular in regions outside of the EU, like Serbia and Turkey for instance. Moreover, collaboration between countries should be improved.



- AAE should support organisations in difficult situations, in Eastern countries for instance to make their voices being heard.
- AAE should get more presence and increase its visibility. This accounts specifically for conferences where community zones should be used for PR and networking as well as for promoting AAE's activities through brochures and leaflets. Moreover, AAE should disseminate its success in more modern ways like videos for instance.
- AAE should increase its political force and act more as a union party with more communality. We should avoid duplications and use synergies. Advocacy alone is not enough to maintain AAE's mission.
- AAE should focus on key groups and their demands and needs.
- Communication of AAE has to be improved. This is our core business and each organisation should notice their membership through communication and leadership within the network. Organisations should get more information about AAE and its activities. If developments only consider certain regions, AAE's approach should accordingly be more regional and, if required, even local.
- AAE should support the representation of countries in the CSF and their promotion of CSF results in their countries.
- However, it is also needed to be realistic and to see what can be achieved by a relatively little amount of resources. AAE should not overextend its capacities.

Conclusion: AIDS Action Europe should improve its communication both with its members and with other networks, organisations and partners to use and create more synergies. Meetings and trainings related to core thematic areas should be increased to improve collaboration within the network. Interactive and up-to-date deliverables should meet high level standards to make AAE products more accessible and appealing.

## **1.3 Ensuring AAE members' needs and engage them in Action**

### **1.3.1 Terms of references**

Michael introduces the session referring to a draft of ToR for AAE member organisations. So far these terms outline the eligibility of members, membership benefits and members commitment (see Annex B). The following discussion evolved around these questions:

- How is bottom-up participation of member organisations ensured and regulated?
- How are needs of member organisations raised and represented?
- How are civil society advocacy actions conveyed?
- How can HIV and co-infections related EU-policy development be monitored and delivered on a day-to-day basis?

Discussion:

- In general it needs to be considered that several member organisations registered on the AAE's website do not exist anymore or their email address has changed. Therefore, the office has to address all registered organisations to find out in



particular about them. According to the last count on September 9, 2014, AAE consists of 440 member organisations of which 162 are based in the EU-28.

- Furthermore, AAE is interested in engaged members rather than passive ones. When it comes to new members, AAE should look for organisations in countries which are currently underrepresented, as Turkey for instance, where there is no member at all.
- The question whether AAE membership should be liable to fees was not discussed for the first time in history. As two years before, when it was last discussed the SC members militated against it because it is technically difficult for some organisations to transfer money, AAE would probably lose a lot of members and the administrative effort would be immense.
- AAE SC members are called on to engage with organisations in their region. Transfer of problems and challenges can easier be transferred and worked upon at regional and international level.
- To engage members increasingly, more social media use is needed and the website has to be continuously updated with news, ideas and activities. Projects and activities should address thematic areas that are of interest for organisations and build capacities, for instance in the field of criminalisation which is a big issue in the EU and beyond. Specific and concrete thematic areas should be picked up and campaigned on. A needs assessment among members could be helpful to serve organisations' demands. Also mapping of contents and issues, for instance in the field of hepatitis C and affordability of medicines should be on the agenda.
- The EU Commission is interested in an organisation that disseminates information and news.

## **2. Strategic Development**

### **2.1 Strategic Framework 2015-2017**

The Strategic Framework (SF) is the core document of AAE. The current SF was created for the period of 2013 to 2015. Against the background that there have been many changes in 2014 and that the funding period from the Commission is called from 2015 to 2017, a new SF has to be written. Michael created a draft, based on the work that Anke, Silke, Ferenc and Nenad invested on the document in fall 2014. Following issues were mentioned during the discussion.

- The title should change into "Continuity and Innovation – Towards a More Effective Response to HIV"
- The current version is too long. There are parts, for instance the part on governance, which are not specifically needed. The final version should not exceed 15 pages. The key to a good publication is the question, to whom the publication is addressed.



- Emphasised should be, among other issues, on our work with governments and the values of human rights. Furthermore the financial part needs to be updated. More precisely should be described with whom we are working.
- A native speaking, external editor should get involved to style edit the text.
- Apart from the SF, a short extract of the SF is needed that explains the network, its strategic objectives and activities briefly and can be handed out as a brochure to interested people.
- The SC agrees on these further steps to be undertaken: An external editor should be contacted and contracted to work on the shortened version of the SF. This should happen until January 15, 2015. The edited version should be sent out to the SC members to be commented on until March 3rd, 2015, date for our TC. Then it will be sent again to the editor for final changes and afterwards printed. Furthermore, a leaflet as extract of the SF should be produced.

## **2.2 Discussions of core areas of AAE in 2015**

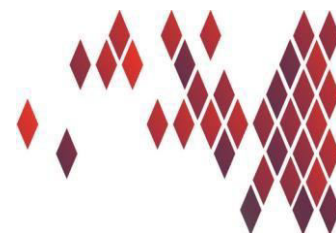
Core thematic areas of AAE's work in 2015 are determined by the applications addressed to the Commission and were reconciled during the application process (see Annex C). Three topics are already defined in the application by their working means which are the European EHIV Legal Forum as project; community based testing outside medical settings as consultancy and affordability of medicines as consultancy and working group. Furthermore, there are thematic areas that are on the agenda but have not been described in depths in the application for 2015 since they will be worked on in 2016 and 2017 but should be already prepared in 2015. These are the action plan deriving from the EU-Communication for Combating HIV/AIDS in the European Union and neighbouring countries after 2016, austerity policy (different layers) and discrimination and stigma.

### **2.2.1 European HIV Legal Forum (EHLF) - Undocumented migrants, VCT outside medical settings and affordability of medicines**

The EHLF project, described under Objective I, topic 3 of the Single Grant Agreement (SGA), is the best planned of the 2015 activities as it was subject to an application to ViiV healthcare. This project application has already been approved and will cover a big part of the co-funding for the SGA in 2015. The kick-off meeting for the project will be conducted in Budapest on December 15 and 16, 2015. Ferenc will present the EHLF project also during the CSF meeting in Rome next week.

The thematic areas of Voluntary Counselling and Testing (VCT) outside medical settings and affordability of medicines are at this stage less well described. If the SGA is approved, AAE will have money to work on both topics through consultancies and working groups. Moreover, there is the idea to look for additional project funding to work on community based testing and affordability. These activities are listed in the SGA application under Objective I, point 5 and objective II, point 4. In any case, it is necessary to coordinate activities with partner organisation, in particular with EATG to use synergies and avoid duplications.





In regard of VCT there are initiatives like the European Testing Week that need to be contacted in order to build up on or find additional activities needed. The SC agrees on building a working group to elaborate more in-depths the activities of AAE regarding community based testing. Nenad, Brian and Michael volunteered.

As on the topic above, AAE needs to build up on activities already implemented regarding the matter affordability of medicines. Marianela reports about a survey, conducted in Spain, Poland, Greece and Germany mapping barriers of access to medicines and will keep the SC updated. An idea would be to create a campaign for affordable medicines. In general, it has to be put into consideration that affordability is an extremely different matter in different regions. To push things forward, also a working group is formed to plan the activities consisting of Marianella, Lella, Nenad and Aigars.

### **2.2.2 Discussion of core areas in 2015 and beyond**

While the three above mentioned thematic areas will entail specific, member involved activities in 2015, the following topics were as well identified as core challenging areas. Those will be at focus and worked on at office and Steering Committee level in 2015. The outputs serve as basis for project initiation and implementation of activities in the subsequent years.

The EU Communication was just renewed until 2016. Nevertheless, AAE together with partners in the CSF has already now to start advocacy for a new policy tool to keep HIV and co-infections on the agenda for the upcoming years. These activities have to be well coordinated with the Commission, predominantly within the CSF. The topic is already on the agenda of the CSF meeting in Rome.

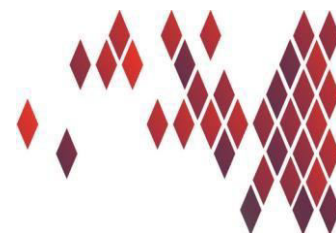
Austerity policy has been a subject worked on by many organisations. AAE should focus on regional approaches since effects of austerity policies are different in different regions and countries. Nevertheless, nearly in all countries represented in the SC, the financial crisis has had deep impact on social benefits and health care access. Several aspects were discussed in regard of what AAE could focus on. Practically, the report on stock-outs of medicines should be taken up in the CSF again. Raising awareness about the situation in regions and countries due to austerity policy should be taken up on the task list of AAE.

Fight against discrimination and stigma remains on the agenda of AAE. Also here it is important to collaborate with other organisations. GNP+ is working on barriers of access to prevention, treatment and care due to discrimination and stigma in EU and neighbouring countries. Other potential collaborating partners would be the European Public Health Alliance (EPHA) and the European Patients Forum (EPF).

## **3. Co-Chair Civil Society Forum – Representative of AAE**

Lella's term as co-Chair of the CSF is ending at the end of 2014. On the basis that AAE went through a lot of changes during 2014 and a change of co-Chair in the CSF would be quite challenging to handle for AAE, Lella was asked to extend her position for another year. Lella agrees under the applause of the attending SC members. For the extension the ToR for co-Chair of the EU's HIV/AIDS Civil Society





Forum has to be amended (Annex D). Instead of “This term is not renewable” it is phrased now “Under exceptional circumstances the term can be extended.”

#### **4. SC Members for the EECA Region**

The call for a SC member from the EECA region was not very successful. Only four people applied of which only two were eligible. For a suitable recruitment of the position the competition is too low. The SC therefore decides to extend the call and appeals to all SC members to spread the word about the SC member vacancy.

### **Friday, November 21, 2014**

#### **5. Discussion of the geopolitical situation and its impact on AAE's action plan**

Aigars introduces this session with a presentation on the geopolitical situation and the changes triggered by Russian politics in Ukraine, in particular the annexation of Crimea and the support of separatists in the Eastern oblasts of Ukraine. Main problems in terms of HIV and co-infections is the ban of opiate substitution therapy, the anti-gay propaganda law that fuels discrimination and stigma and hence, the access to treatment, prevention and care and the disrespect for human rights in Russian politics that have a radiant influence on other countries in the region.

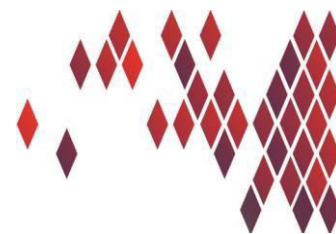
The situation in the region is a highly sensitive issue and needs to be handled with care since a good part of AAE members are located in Russia and Ukraine. The discussion generates different opinions on the political situation but common ones on the messages that AAE should send out. AAE supports OST and other measures of the harm reduction package, it fights discrimination and stigma wherever it appears and supports human rights at national, regional and international level. AAE supports civil society organisations whenever it is needed and asked for. AAE needs urgently to continue its work in the Russian speaking regions. However, it also has to be considered that NGOs can be brought into critical situations through cooperating with Western based organisations.

#### **6. Planning 2015**

##### **6.1 High Level Meetings 2015**

In order to frame the role AAE can and should play in the upcoming year, all important conferences where AAE should ensure participation were named.

- **International Harm Reduction Conference:** TBA
- **Conference on Retroviruses and Opportunistic Infections:** February 23-26, Seattle, USA
- **The International Liver Congress:** April 22-26, 2015, Vienna, Austria
- **EATG ECAB:** June 19-21, Location tbc



- **C.O.R.E. Conference (Clinical Overview of the Recovery Experience):** July 19-22, Amelia Island, Florida
- **AIDSImpact, 12th International Conference:** July 28-31, Amsterdam, Netherlands
- **World Hepatitis Summit:** September 2-4, Glasgow, Scotland
- **International Union against Sexually Transmitted Infections (IUSTI) Conference:** September 22-24, Barcelona, Spain
- **European AIDS Conference:** October 21-24, Barcelona, Spain

#### Still in 2014:

- The **European HIV Testing Week** is currently being implemented
- The **Civil Society Forum Meeting** is conducted in Rome next week followed by the HIV/AIDS Think Tank and the Rome conference. Lella provides an insight in the programme of the Rome conference.

## 6.2 AAE meetings and teleconferences in 2015

The SC agrees on following AAE meeting and teleconference dates.

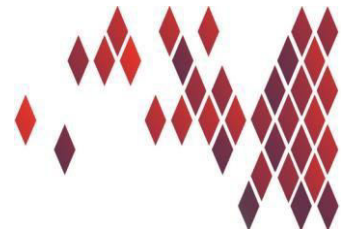
AAE meetings	Teleconferences
March 12-13, 2015 in Riga April 20-21, 2015 in Riga October 8-9, 2015 in Berlin	Jan 21, 2015 (2 pm) March 3, 2015 (11 am) April 29, 2015 (2 pm) June 5, 2015 (11 am) July 14, 2015 (11 am) September 8, 2015 (11 am) November 3, 2015 (2 pm) Dec 15, 2015 (2 pm)

## 7. Travel costs and reimbursement

Ljuba introduces the AAE reimbursement sheet for applying for reimbursement of travel expenses and regulations regarding the German business travel act. Limits of per-diems and accommodation costs for every country are presented.

## 8. Any other business

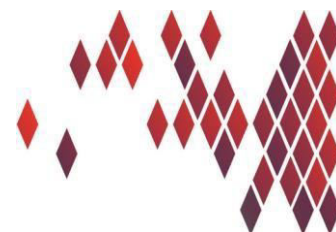
- For the Joint Action on Improving Quality in HIV Prevention in Europe a new member for the external advisory board of AAE has to be appointed since Harry Witzthum is not an SC member anymore. Lella will take over that seat.
- The question arose whether SC members need their own AAE business cards. As they are also representatives of their own organisation it is decided that AAE stickers should be created that can be stuck on their own business cards. Ljuba will take care of this.



- Furthermore, SC members should have an AAE email address. Ljuba will set them up.
- Michael will follow-up on grant applications to the EU and keep the SC members informed. If the application fails a plan B needs to be set up. The EHLF project could be continued since it is funded by other sources. But apart from this, intensive fundraising would have to be set in place to have at least a minimal operation basis in place for the office. There has also not been a decision regarding the operating grant for 2014.
- For the upcoming meeting in Riga, the SC agreed on having a field trip to gain more knowledge about the situation in the country. Hence, the SC will be conducted for a full and a half day, so that the second day can be used for meeting Latvian stakeholders.

## **9. Evaluation of this meeting**

The meeting was very positively reviewed. After the re-hosting process was successfully implemented and after a troublesome year, AAE's future is now seen with much more confidence and certainty. The fact that AAE has been able to set up the applications for the operating grant is very much appreciated. To meet SC-members face-to-face and discuss matters in regard to contents again, after re-hosting was the predominant matter during the last meeting, is very helpful. At the end of the meeting, Ferenc was thanked for his six year membership, valuable contributions and representation of AAE.



## ACTION LIST

	WHAT	WHO	WHEN
<b>A</b>	Work on the TOR for members of AAE	Michael	Until the next meeting
<b>B</b>	Address all registered organisations to find out in particular whether they still exist and whether their email addresses are correct	Ljuba	asap
<b>C</b>	Finalise a first version of the Strategic Framework 2015 – 2017, until March 3 with the support of an external editor. After review of SC members it will be once again edited and then printed and published.	Michael	First version until March 3
<b>D</b>	Brian, Nenad and Michael will work in a working group to plan in-depths the activities of AAE in the field of VCT outside medical settings	Brian, Nenad, Michael	As soon as the SGA is approved
<b>E</b>	Marianela, Lella, Nenad and Aigars work in a working group on affordability of medicines	Marianella, Lella, Nenad, Aigars	As soon as the SGA is approved
<b>F</b>	Extend call for a new EECA SC member	Ljuba	asap
<b>G</b>	Create and print a sticker with AAE Logo for Business Cards	Ljuba	SC Meeting in Riga, April 20-21
<b>H</b>	Mailing for SC Members: Create an e-mail-address for all SC Members.	Ljuba	SC Meeting in Riga, April 20-21
<b>I</b>	Follow-up on grant applications to the EU and keep the SC members informed	Michael	End of December

## ANNEXES

ANNEX	NAME
ANNEX A	Roles and Representations of SC members ( Ferenc' presentation)
ANNEX B	Draft Terms of Reference for Member organisations
ANNEX C	FPA and SGA application to the Commission
ANNEX D	TOR – co-Chair of the CSF

## Annex A - Roles and Representations of SC members

### AIDS Action Europe

Steering Committee

### Who we are

- Governing body of AIDS Action Europe on
  - Policy
  - Strategy
  - Finance
  - Monitoring
- Individual membership
  - Personal expertise
  - Balanced on region, key populations, HIV-status
  - Fixed seats (DAH, EATG, CSF co-chair)

### Where we are

- Over 400 members from Europe and Central Asia
- Co-chair of EU HIV/AIDS Civil Society Forum
- European HIV Legal Forum
- Office recently moved from Amsterdam to Berlin

### What we expect from you

- - representation
- - participation
- - own the leadership of the network
- - your expertise to add to the network
- - regional/national input from your own networks

## What you can expect

- - support from other SC members office
- - SC meetings (2/year)
- - backgrounders (documents to review, comment ... etc.)
- - TCs (every 6 week)
- - emails (a few)
- - FUN (loads)

## Personal note

- During my 6 years of being an AIDS Action Europe Steering Committee member I have
  - learned a lot on European HIV policies
  - represented AAE in various forums on several occasions
  - got to know fantastic people
  - been part of where the network is now



## Annex B - Draft Terms of Reference for Member organisations

# **AIDS Action Europe Members - Terms of Reference**







## AIDS Action Europe and its members

AIDS Action Europe is a network of more than 440 non-governmental organisations in Europe and Central Asia that are active in the field of HIV/AIDS. AAE's mission is to bring together civil society to work towards a more effective response to the HIV epidemic in Europe and Central Asia. We strive for the best standards of human rights protection and universal access to prevention, treatment, care and support. We aim to reduce health inequalities, focusing on key populations and the epidemic.

Civil society organisations (CSO) can be defined as non-profit organisations that include:

- non-governmental organisations (NGOs)
- faith-based organisations
- community-based organisations
- patient-based organisations
- national networks
- professional associations

CSO are sometimes referred to as the "third sector", the government and private for profit representing the "first" and "second" sectors respectively. While membership is only possible for the "third sector", organisations belonging to the first and second sector can become partners. Partnership is open as well for international networks and institutions active in the field of HIV/AIDS in Europe and/or Central Asia.

Membership is free. Organisations need to register through the AIDS Action Europe website.

By becoming a member, organisations endorse AAE's mission and ethical code.

## Membership Benefits

Membership enables organisations to

- exchange experiences with other NGOs
- strengthen the organisations' knowledge and increase the impact of their activities
- present the organisations' concerns and priorities to key players at the European level
- become part of the European civil society



Membership includes access to:

- regular e-newsletters on activities and forthcoming events
- AIDS Action Europe planning and decision making processes
- help in finding partners for specific projects
- the members' section on website
- information in the Clearinghouse to share expertise and experiences

## Members' Commitment

Membership is considered a two-way process. It enables to share best practices at the European level while at the same time members can learn from other experiences. Members contribute to and promote AIDS Action Europe's political decisions, policies and programmes in their countries. Membership means commitment for action.

## Annex C - FPA and SGA application to the Commission

3<sup>rd</sup> Health Programme

Call: HP-FPA-2014

Topic: FPA-01-2014

Type of action: HP-FPA-SGA-OG

Proposal number: SEP-210195811

Proposal acronym: AAE

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Section	Title	Action
1	General information	
2	Administrative data of the organisation	
3	Budget	
4	Call-specific questions	

#### *How to fill in the forms*

The administrative forms must be filled in for each proposal using the templates available in the submission system. Some data fields in the administrative forms are pre-filled based on the previous steps in the submission wizard.

Proposal ID **664282**Acronym **AAE**

## 1 - General information

Topic **FPA-01-2014**Type of action **HP-FPA-SGA-OG**Call identifier **HP-FPA-2014**Acronym **AAE**Proposal title\* **AIDS Action Europe - Continuity and Innovation**

*Note that for technical reasons, the following characters are not accepted in the Proposal Title and will be removed: < > " &*

Duration in months **Framework Partnership 36 months, Specific Grant: 12 months**Free keywords **HIV/AIDS, Network of 440 member organisations, Advocacy, Europe and Central Asia, Civil Society, Linking and learning, Communication, Dissemination of information**

### Abstract

*AIDS Action Europe (AAE) is a comprehensive NGO network in the field of HIV/AIDS with over 440 network members and partners from all over Europe and Central Asia. It is a unique player with substantial added value for European policy making and programme implementation. The leading principle of AIDS Action Europe's multiannual Framework Partnership Agreement 2015 – 2017 is continuity and innovation. The programme described in this proposal will follow up on achievements since the start of AAE in 2004 and will extend its agenda with activities aimed at optimising the EU's response to the HIV/AIDS epidemic and strengthening the AAE network.*

*In the area of policy, AAE will keep its focus on the coordination of the EU Civil Society Forum on HIV/AIDS and on contributing to the EU Think Tank, so that the voices of AAE members and other members of civil society are heard. In the field of linking and learning, AAE will continue investing in its Clearinghouse, as a database for exchanging good practice and sharing information. Website, social media, newsletters and mailings will remain key means to disseminate news and information.*

*AAE strives for innovation and is determined to improve communication, linking and learning, and exchange of good practice:*

- The Clearinghouse is of great value for AAE members and beyond; it will be re-launched in the coming project period. Its contents will be re-structured to intensify linking and learning. Furthermore, it will be transformed into an interactive platform for information and opinion exchange.*
- The AAE website will be re-designed in order to improve information distribution throughout the region.*
- The bilingual communication efforts will be intensified to reach member organisations in Russian speaking countries more effectively.*
- Consultancies, working groups and project development meetings will provide opportunities to address emerging issues at country, regional and European level and to stimulate European cooperation.*

Remaining characters

2



Proposal ID **664282**

Acronym **AAE**

### Declarations

1) The information contained in this proposal is correct and complete.	<input checked="" type="checkbox"/>
2) This proposal complies with ethical principles (including the highest standards of integrity — as set out, for instance, in the <a href="#">European Code of Conduct for Research Integrity</a> — and including, in particular, avoiding fabrication, falsification, plagiarism or other misconduct).	<input checked="" type="checkbox"/>
3) The applicant confirms that:	
- he/she has carried out for his organisation a financial capacity self-check at: <a href="https://ec.europa.eu/research/participants/portal4/desktop/en/organisations/lfv.html">https://ec.europa.eu/research/participants/portal4/desktop/en/organisations/lfv.html</a> . The coordinator confirms to be aware that a guarantee may be requested in accordance with the Financial Regulations of the EU (Art. 134 FR); or	<input checked="" type="checkbox"/>
- is exempt from the financial capacity check being a public body.	<input type="checkbox"/>
4) The applicant hereby declares that:	
- it is fully compliant with the exclusion criteria set out in the specific call for proposals; and	<input checked="" type="checkbox"/>
- it has the financial resources necessary to ensure their functioning for the 3 year duration of the framework partnership agreement; and	<input checked="" type="checkbox"/>
- it has necessary operational resources, skills and professional experience.	<input checked="" type="checkbox"/>
The applicant is responsible for the correctness of the information relating to his/her own organisation. If the proposal is to be retained for a framework partnership agreement, the applicant will be required to present a formal declaration in this respect.	

According to Article 131 of the Financial Regulation of 25 October 2012 on the financial rules applicable to the general budget of the Union (Official Journal L 298 of 26.10.2012, p. 1) and Article 145 of its Rules of Application (Official Journal L 362, 31.12.2012, p.1) applicants found guilty of misrepresentation may be subject to administrative and financial penalties under certain conditions.

### Personal data protection

Your reply to the grant application will involve the recording and processing of personal data (such as your name, address and CV), which will be processed pursuant to Regulation (EC) No 45/2001 on the protection of individuals with regard to the processing of personal data by the Community institutions and bodies and on the free movement of such data. Unless indicated otherwise, your replies to the questions in this form and any personal data requested are required to assess your grant application in accordance with the specifications of the call for proposals and will be processed solely for that purpose. Details concerning the processing of your personal data are available on the [privacy statement](#). Applicants may lodge a complaint about the processing of their personal data with the European Data Protection Supervisor at any time.

Your personal data may be registered in the Early Warning System (EWS) only or both in the EWS and Central Exclusion Database (CED) by the Accounting Officer of the Commission, should you be in one of the situations mentioned in:

- the Commission Decision 2008/969 of 16.12.2008 on the Early Warning System (for more information see the [Privacy Statement](#)), or
- the Commission Regulation 2008/1302 of 17.12.2008 on the Central Exclusion Database (for more information see the [Privacy Statement](#)).

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Proposal ID **664282**

Acronym **AAE**

## 2 - Administrative data of the organisation

**PIC**

937911334

**Legal name**

Deutsche AIDS-Hilfe e.V.

*Short name: DAH*

*Address of the organisation*

Street Wilhelmstr. 138

Town Berlin

Postcode 10963

Country Germany

Webpage www.aidshilfe.de

*Legal Status of your organisation*

Research and Innovation legal statuses

Public body ..... no

Legal person ..... yes

Non-profit ..... no

International organisation ..... no

International organisation of European interest ..... no

Secondary or Higher education establishment ..... no

Research organisation ..... no

Small and Medium-sized Enterprises (SMEs) ..... no

Nace code



Proposal ID **664282**

Acronym **AAE**

*Department(s) carrying out the proposed work*

**Department 1**

Department name International Department

Street Wilhelmstr. 138

Town Berlin

Postcode 10963

Country Germany

☒ Same as organisation address





Proposal ID **664282**

Acronym **AAE**

### Person in charge of the proposal

The name and e-mail of contact persons are read-only in the administrative form, only additional details can be edited here. To give access rights and basic contact details of contact persons, please go back to Step 4 of the submission wizard and save the changes.

Title

Mr.

Sex



Male



Female

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Position in org.

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Department

International Department

Street

Wilhelmstr. 138



Same as organisation  
address

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Country

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Phone

+XXX XXXXXXXXXX

Phone 2

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Proposal ID **664282**

Acronym **AAE**

### 3 - Budget for the proposal

The below budget shall refer to the first year's specific grant under the proposed Framework Partnership Agreement.

Actions co-funded under the third Health Programme may receive a co-funding of up to 80% of the total eligible cost for their functioning, if they are deemed to be of exceptional utility towards achieving the objectives of the Programme. To receive up to 80% of co-funding, the proposals must comply with the criteria set out below:

- ☒ 1. At least 25 % of the members or candidate members of the non-governmental bodies come from Member States whose gross national income (GNI, as published by EUROSTAT) per inhabitant is less than 90 % of the Union average.  
(This criterion intends to promote the participation of non-governmental bodies from Member States with a low GNI.)
- ☒ 2. The reduction of health inequalities at EU, national or regional level is manifested in the mission as well as the annual work programme of the applicant.  
(This criterion aims to ensure that co-funded non-governmental bodies directly contribute to one of the main objectives of the third Health Programme, i.e. to reduce health inequalities (Article 2)).
- ☒ The coordinator confirms that he/she applies for up To 80% EU contribution due to exceptional utility of the proposal. The coordinator confirms being aware that in case of not meeting the criteria for exceptional utility the final EC contribution will only be 60% and additional applicant's contribution will become necessary.

**Your proposal may qualify for an EU contribution of 80% due to exceptional utility.**

Participant	Country	Eligible Costs				Maximum re- imbursement rate (%)	Maximum Grant	Receipts				Total receipts
		Direct personnel costs/€	General Administrative Expenditure	Expenditure linked to normal operations	Total estimated eligible costs			Requested Grant	Operating Income	Applicants contribution	Financial contributions given by third parties to the beneficiary	
		(a)	(b)	(c)	(d) = (a)+(b)+(c)			(g) <= (f)	(h)	(i)	(j)	
DAH	DE	175 034	17 429	142 982	335 445	80	268 356	268 356	0	17 089	50 000	335 445
Total		175 034	17 429	142 982	335 445	80	268 356	268 356	0	17 089	50 000	335 445

Proposal ID **664282**

Acronym **AAE**

## 4 - Call specific questions

Financial contributions by the EU may be awarded to the functioning of a non-governmental body or to the coordination of a network by a non-governmental, non-profit body. In the latter case only the network coordinator can apply for an operating grant, not the members of the network.

Please tick the box that applies to your case:

- ☐ The applicant is a **non-governmental body**, according to the definition set out in the Call for proposals.
- ☒ The applicant is a **network (the "network" in the following) hosted by a non-governmental, non-profit-making body (the "network coordinator" in the following)**, according to the definition set out in the Call for proposals.

The applicant hereby declares that:

- the **network** coordinator is non-governmental, non-profit-making and independent of industry, commercial and business or other conflicting interests; and ☒
- the **network** is financially independent of industry, commercial and business or other conflicting interests and transparent.; and ☒
- the **network** is working in the public health area, playing an effective role in civil dialogue processes at the Union level; and ☒
- the **network** is pursuing at least one of the specific objectives of the third Health Programme; and ☒
- the **network** is active at the Union level and in at least half of the EU Member States (e.g. has members in at least half of the Member States); and ☒
- the **network** has a balanced geographical coverage of the Union; and ☒
- the **network's activity** is compatible with the principles of the European Union as stated in Articles 8 to 12 of the [Treaty on the Functioning of the European Union](#). In case of applicants working with the private sector, this also applies to the activities of the latter. ☒

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## **1. Applicant organisation's contribution to Public Health at the EU level**

### **1.1 Mission, vision statement and values guiding the applicant organisation's strategic level definition of aims and objectives**

#### **1.1.1 Deutsche AIDS-Hilfe e.V. (DAH)**

Deutsche AIDS-Hilfe (DAH) is the leading NGO in Germany in the field of HIV/AIDS. It serves as umbrella organisation for about 120 local AIDS service organisations and other member organisations. Established in 1983, it represents the interests of people with HIV/AIDS publicly as well as in the fields of politics, economics and medical research.

As from July 1, 2014 DAH is host organisation of the network AIDS Action Europe (AAE) for which the operating grant is requested.

#### **Mission**

People and their health are at focus at Deutsche AIDS-Hilfe. We promote structural prevention and health in the field of HIV/AIDS and other sexually transmitted infections (STI) for key populations and people, who are affected by these infections. These groups are always included in our efforts. We interlink professional expertise and affected populations' expertise. We claim codetermination and interfere when it comes to conditions and decisions affecting the life of people with HIV/AIDS and hepatitis and in terms of prevention – both in Germany as well as internationally.

As a large NGO we share our knowledge and experiences if partners from projects, organisations or state institutions have an interest and want to cooperate to develop approaches for their situation. Whenever possible, we will provide support where people need help to organise themselves. We will remind our government of its international duties and of human rights as a principle. And we will increase our efforts at all levels of our organization to campaign and participate wherever we are needed and invited.

#### **Vision**

Our vision is a society in which every individual is able to deal with HIV/AIDS, hepatitis and other sexually or drug-use related infections in an informed, self-determined and responsible way. In particular we strive

- to enable and empower people to have the possibility and the aspiration to protect themselves and other individuals in as many situations as possible;
- to enable and empower people with HIV/AIDS and hepatitis to comprehensively realise their right of autonomy, meaningful involvement and solidarity;
- to encourage politics, society, economy, sciences, culture and sports as well as subcultures, peer groups, families, friends and partners to treat people who are affected or at risk with responsibility and solidarity.

#### **Principles**

The work of DAH is based on the Ottawa Charter for Health Promotion from 1986 which is built up on the WHO concept of lifestyles and peoples' spheres of life. Our concept of structural prevention

takes into account both the behaviour of the individual and the conditions and circumstances people live in.

DAH

- adjusts its health promotion services to the spheres of life and lifestyles of individuals groups
- promotes self-help and self-organisation
- admonishes changes where politics and society impede appropriate health promotion
- engages in medical care that is based on rights and needs of patients.

### **The groups we work for**

We are committed to people who live with HIV/AIDS and those individuals and groups who are affected by HIV, AIDS, hepatitis and other sexually or through drug use transmitted diseases.

### **1.1.2 AIDS Action Europe (AAE)**

Mission, vision, strategy and core values of AIDS Action Europe are aimed at responding in an appropriate way to the AIDS epidemic in Europe and beyond.

#### **Mission**

AAE's mission is to bring together civil society to work towards a more effective response to the HIV epidemic in Europe and Central Asia. We strive for the best standards of human rights protection and universal access to prevention, treatment, care and support. We aim to reduce health inequalities, focusing on key populations and the epidemic.

#### **Vision**

Our vision is that people living with, affected by and vulnerable to HIV/AIDS enjoy life free from stigma, discrimination and persecution, and have access to prevention, treatment, care and support equally across Europe and Central Asia.

#### **Strategy**

- We serve as a gateway to members to drive forward advocacy for HIV policy change.
- We provide a platform for regular information exchange, knowledge sharing and networking.
- We develop a stronger and more effective organisation and network amongst our members.

#### **Core Values**

AAE's policy, advocacy and linking and learning work is shaped by a set of core values:

- Be accountable and hold others accountable
- Be transparent
- Be inclusive
- Put in practice the GIPA principle (greater involvement of people living with HIV)
- Work from a human rights based approach
- Facilitate a networking and partnership culture
- Be cost-effective
- Make a difference



## Target groups

AIDS Action Europe addresses both intermediaries and final beneficiaries.

- Intermediaries: Members, partners and stakeholders of AIDS Action Europe, health care providers, policy makers and decision makers
- Beneficiaries: Individuals and groups that are particularly affected by and vulnerable to HIV/AIDS, with a specific focus on people living with HIV/AIDS.

### 1.1.3 Problem Analysis and Evidence

HIV continues to be a major public health concern for Europe. According to the latest ECDC/WHO Europe surveillance report, over 29,000 new cases were diagnosed in EU and European Economic Area Member States (EU/EEA) in 2012, a rate of 5.8 cases in every 100,000 people. For the WHO European Region, 131,202 new infections (7.8 per 100,000) were reported in 2012 (with no data available from Uzbekistan) with 75,708 in Russia alone (according to the database of the Federal Statistics Agency of the Russian Federation), and 55,494 for Europe's remaining 51 countries. Depending on the geographical area, transmission mode varies between EU/EEA and the East of the WHO/European Region: Sexual transmission between men remains the common mode in the EU/EEA, while in the East of the Region HIV is transmitted substantially through injecting drug use. Overall in the WHO European Region, heterosexual transmission is the main mode of transmission with 45.6 %.<sup>1</sup>

6,461 AIDS cases were newly diagnosed in 2012 in 49 of 53 countries in the WHO Europe Region. No data were available from Russia, Sweden and Uzbekistan. Ukraine reported another 10,073 cases through the Ukrainian Centre for Socially Dangerous Disease Control, due to incomplete reporting by Ukraine through The European Surveillance System.<sup>2</sup>

Although data quality still leaves room for improvement in many countries, for instance in key variables of transmission mode or CD4 cell count, some conclusions can be drawn:

- HIV is still concentrated in key populations, such as men who have sex with men (MSM), people who inject drugs (PWID), and people coming from high endemic countries.
- Interventions to control and prevent HIV among MSM have to remain in focus in the West.
- Insufficient public health interventions may entail increasing incidence as it was the case among PWID in some EU/EEA countries. Harm reduction programmes need to be maintained or scaled up in the whole region.
- Voluntary counselling and testing (VCT) need to be promoted further in order to ensure diagnosis and initiation of treatment and care; in particular key populations should be addressed.
- The number of AIDS cases has continued to decrease in many countries. However, further efforts need to be made to ensure access to treatment and care throughout Europe; treatment urgently has to be addressed and scaled up in the East.

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<sup>1</sup> ECDC/WHO Europe, HIV/AIDS surveillance in Europe 2012, p vii,  
<http://www.ecdc.europa.eu/en/publications/Publications/hiv-aids-surveillance-report-2012-20131127.pdf>, last accessed on September 3, 2015

<sup>2</sup> Ibid.

- One third of the heterosexually acquired HIV cases, according to the surveillance data, were reported as originating from high endemic countries. Access to prevention, treatment and care has to be made available to migrant populations.<sup>3</sup>

Moreover, low coverage rates of people who need treatment remain challenging, specifically in Eastern Europe and Central Asia. Although the number of people receiving ART increased by 45% from 2011 to 2012 (rising to almost 200 000), only about a third (35%) of the people who needed ART were receiving it.<sup>4</sup>

The spread of the hepatitis C Virus (HCV) is also of great public health concern. Co-infections with hepatitis C have major impact on the health status of PLWH; some key populations are profusely affected by hepatitis C. According to the Annual Epidemiological Surveillance Report by ECDC, 30,373 cases of HCV were reported in 2011 by 26 EU/EEA Member States (Belgium, France, Liechtenstein and Spain did not report) with an incidence of 7.9 cases per 100,000 population.<sup>5</sup> Due to enhanced hepatitis B and C surveillance activities in the EU/EEA countries, the interpretation of data remains critical. However, Disability Adjusted Life Years (DALY), published by WHO not only for the EU/EEA countries but for the EU WHO Region suggest how big the burden of the disease is supposed to be.<sup>6</sup>

Against this epidemiological background, the work of AAE follows up:

- In the framework of the operating grant our work will contribute to the MDG6 and UNGASS targets to reduce transmission of new HIV infections by 50 % and scale up ART coverage to at least 80 % of people in need of treatment.
- We strive for equal access to HIV prevention, testing, treatment and care, in particular for underserved populations.
- Barriers like high pricing of treatment for HIV and Hepatitis C, homophobic legislation and public attitude fuelling the “hidden epidemic” among MSM specifically in Eastern European and Central Asian countries, legislation hindering harm reduction efforts or loss of public awareness in Western countries are high on the agenda of AAE.
- Our goal is to keep HIV/AIDS and co-infections as priorities on national, regional and EU health agendas.
- We will foster stronger capacity of civil society organisations to advocate their demands, in order to mitigate the above challenges and to reach the global goal of universal access for all in need.

Through our role as co-chair of the HIV/AIDS Civil Society Forum (CSF) and through the involvement of our network of over 400 NGOs we play a key role in involving civil society. ECDC concludes in its final report from 2013 of the “Monitoring implementation of the European Commission Communication and Action Plan for combating HIV/AIDS in the European Union and neighbouring countries, 2009–2013” that the CSF serves as the interface between civil society, the European

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<sup>3</sup> *ibid.*, p ix f

<sup>4</sup> WHO European Region 2013: HIV/AIDS in the European Region. <http://www.euro.who.int/en/health-topics/communicable-diseases/hivaids/news/news/2013/11/hivaids-in-the-european-region>

<sup>5</sup> ECDC: Annual Epidemiological Surveillance Report by ECDC, 2013, p. 48, <http://www.ecdc.europa.eu/en/publications/Publications/annual-epidemiological-report-2013.pdf>, last accessed on September 3, 2015

<sup>6</sup> WHO Europe, Regional Office for Europe: <http://data.euro.who.int/healthatlas/DiseaseBurdenDALY/atlas.html>, last accessed on September 3, 2015

Commission and the HIV/AIDS Think Tank (TT), and plays a critical role in facilitating direct dialogue between policy makers and NGOs.<sup>7</sup>

## **1.2 Strategic relevance and contribution of the applicant organisation's activities to the implementation of the objectives of the Third Health Programme and other relevant EU policies**

### **1.2.1 Relevance for the Third Health Programme**

Mission, objectives and activities of AIDS Action Europe, by collaborating with civil society organisations from 47 countries out of the WHO European Region, contributes in particular to the first two objectives (1) "Promoting health, preventing diseases and fostering supportive environments for healthy lifestyles" and (2) "Protecting citizens from serious cross-border health threats". To a lesser extent our programme is relevant for objectives (3) "Contributing to innovative, efficient and sustainable health systems" and (4) "Facilitating access to better and safer healthcare for EU citizens".

Based on our four main goals

1. Advocate for policy change on behalf of AAE members
2. Support the advocacy for policy change of AAE membership
3. Establish more effective links and relationships among stakeholders
4. Create an opportunity to learn

our work corresponds with following actions of the 3<sup>rd</sup> Health Programme:

(1) Promoting health, preventing diseases and fostering supportive environments for healthy lifestyles:

By facilitating collaboration, linking and learning, and good practice exchange among NGOs, networks, policy makers and other stakeholders we act in reducing drug related health damage, including information and prevention as well as adding to the health information and knowledge system. We take up good practices for cost-effective prevention, diagnosis, treatment and care regarding HIV/AIDS, TB and hepatitis by strengthening civil society contributions to regional and national HIV/AIDS policies and programmes. The Clearinghouse is a cross-national medium to exchange good practice. Calls for action, participation and delivering speeches in key European events, co-chairing the CSF on HIV/AIDS and contributing to the HIV/AIDS Think Tank among other action ensure that civil society's voices are heard in order to make prevention, diagnosis treatment and care accessible to all groups. Furthermore, we contribute to implementation, monitoring and evaluation of European HIV policy and advocate as AAE for civil society concerns regarding HIV/AIDS, TB and hepatitis.

(2) Protecting citizens from serious cross-border health threats

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<sup>7</sup> ECDC 2013: Monitoring of the European Commission Communication and Action Plan for combating HIV/AIDS in the European Union and neighbouring countries, 2009-2013: p. 23, <http://www.ecdc.europa.eu/en/publications/publications/monitoring-implementation-ec-communication-action-plan-hiv-aids.pdf>, last accessed on September 3, 2015

Coordinating the European HIV Legal Forum helps improving legislation in the fields of communicable diseases and other health threats (Health Security Initiative). Facilitating the linking and learning process, collaboration as well as good practice exchange with members/partners/(EU)projects improves risk assessment by providing additional capacities for scientific expertise and by mapping existing assessments since Civil Society's perspective and expertise of key population representatives is needed for risk assessment in regard of HIV/AIDS and co-infections. Furthermore, we support capacity building, cooperation with neighbouring countries, preparedness planning, non-binding approaches on vaccination, joint procurement specifically with our advocacy trainings and consultancies and through facilitating linking and learning bilingually, in Russian or English, between our members.

### (3) Contributing to innovative, efficient and sustainable health systems

We provide communication platforms where advocacy and knowledge sharing activities can be used as mechanisms for pooled expertise and good practices assisting Member States in their health system reforms, in particular where Civil Society's participation is needed. Furthermore, with coordinating the European HIV Legal Forum (EHLF) we contribute to the item legislation in the field of medical devices, medicinal products and cross-border healthcare.

### 4) Facilitating access to better and safer healthcare for EU citizens

Our advocacy and linking and learning activities, for instance regarding Pre-Exposure Prophylaxis, Post-Exposure Prophylaxis, access to treatment, criminalisation of HIV/AIDS and vaccination (i.e. hepatitis A and B, should have an impact on patient safety and quality of healthcare including the prevention and control of healthcare-associated infections and legislation in the field of tissues and cells, blood, organs, medical devices, medicinal products, and patients' rights in cross-border healthcare.

## **1.2.2 Added Value**

The comprehensiveness of HIV related issues on the agenda of AIDS Action Europe, and the amount and diversity of network members and partners from all over Europe and Central Asia may testify that AIDS Action Europe has a substantial added value for European policy making and programme implementation.

AAE played an important role in ensuring that the Action Plan of the Commission Communication on Combating HIV/AIDS in the European Union and Neighbouring Countries was prolonged until 2016. It emphasises on joint work with civil society and Member States through the HIV/AIDS Civil Society Forum and the HIV/AIDS Think Tank to facilitate the planning and implementation of the response to HIV/AIDS. Through the involvement of AAE in the Joint Action 'Improving Quality in HIV Prevention' we are also able to strengthen and engage in linkages at different levels, such as EU, WHO, member States, NGOs, European networks. Our membership in the EU Health Policy Forum also links HIV/AIDS to wider health issues. One major cross-sectional theme in our efforts is to reduce health inequalities at EU, national or regional level. The Communication on Health Inequalities serves as a framework, linking to AAE's focus on key populations. As a network with over 400 members we build capacity for effective public health policies by linking civil society with other stakeholders, thereby ensuring sustainability of actions. Our online Clearinghouse is one of the most well-known and well

respected tools for the exchange of good practices in the region. Linking and Learning is at focus in the Clearinghouse. It allows quick and easy cross-border information sharing on a wide variety of HIV/AIDS-related topics. Its content is generated by the users themselves, making it an interactive tool that regularly offers new materials. Our access to good practice resources and key documents enables us to accelerate the response to the HIV epidemic and reach our goals regarding universal access to prevention, treatment, care and support faster. Moreover, it is a forum to look for reliable partners when planning or applying for regional and international projects and partners. On national and regional level, we support member organisations to raise their voices against inequalities, to fight stigma and discrimination and to advocate for affordable medicines through advocacy trainings, consultancies and project work. This combination of policy oriented expertise and practical structures and tools makes AIDS Action Europe unique in the European arena.

### **1.2.3 Structure, membership and working methods**

#### **1.2.3.1 AAE**

Members of our network comprise a diversity of 440 NGOs (Status of September 9, 2014), 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 are from countries outside the EU, predominantly from Eastern Europe and Central Asia.

Membership is free and open to all civil society organisations that endorse our mission, guiding principles and ethical code. Governmental and international organisations can sign on as partners (currently 14). Our website also offers a page to EU-funded projects to highlight their key activities, produced materials and websites (currently 7 projects highlighted).

In 2006, AAE established an 'Ethical Code for Partnerships and Sponsoring' to guarantee our independent position, integrity and application of European legislation. The code was renewed in 2013.<sup>8</sup> AAE is since 2006 signatory of the Code of good practice for NGOs responding to HIV/AIDS.

The Clearinghouse (CH) was developed based on an inventory among 100 NGOs. It is used by NGOs, European networks & projects, community based organisations (CBO), policy makers and other stakeholders. Clearinghouse uploaders can indicate copyright protection. Clearinghouse materials are subject to a review before being published. The office reviews each upload on relevance (topic, target groups and region) before publication. After publication, users of the Clearinghouse can rate a publication and/or post a comment to flag a publication being useful or inappropriate. Despite its great value, there is still room for improvement of the communication function of AAE. The re-launch of the CH as an interactive platform apart from its function as good practice and document database will improve its usefulness. In addition, re-designing the AAE website will increase opportunities for information exchange and learning.

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<sup>8</sup>

[http://www.aidsactioneurope.org/system/files/1.About\\_us/1b.What\\_we\\_want/aids\\_action\\_europe\\_ethical\\_code\\_eng.pdf](http://www.aidsactioneurope.org/system/files/1.About_us/1b.What_we_want/aids_action_europe_ethical_code_eng.pdf), last accessed on September 4, 2015

Since Facebook and Twitter accounts were launched in 2011, the number of fans and followers has grown rapidly, confirming the needs for communication and collaboration among our network members through these channels.

### **1.2.3.2 DAH**

DAH has been elected by the AIDS Action Europe Steering Committee to act as host of its office. A Memorandum of Understanding was signed in May 2014 stating that DAH will ensure good functioning of the office. This includes adequate housing, personnel and financial management. DAH will guarantee good functioning through regular communication about the functioning of the personnel and office, and follow-up on the work plan and its implementation. If the Secretariat moves to another host organisation, the Steering Committee maintains its formal responsibility for on-going commitments.

Deutsche AIDS-Hilfe serves as umbrella organisation for about 120 regional AIDS service organisations and other member organisations. It represents the interests of people with HIV/AIDS publicly as well as in the fields of politics, economics and medical research. Our most important tasks include educating people about HIV/AIDS and other sexually transmitted infections. In a successful division of tasks with the Federal Centre for Health Education (BZgA), DAH specifically targets the social groups that are particularly vulnerable to HIV/AIDS. These include gay men and other men who have sex with men, people from high endemic countries, people who use drugs, sex workers and people in prison or detention. We support and enable self-help activities among these groups and for people with HIV.

Legal bodies who pursue non-profit and charitable aims for the purpose of DAH aims can become members, have the right to speak, to make proposals and to vote. The General Assembly (MV) of the DAH elects a Board of Directors for three years. The implementation of the General Assembly's resolutions and the thematic further development of the association are among their tasks. The Board of Directors represents the association in and out of court and is responsible for all general matters of the association, provided they are not appropriated by the by-laws of another body. The Board of Directors appoints the chief executive office to conduct the association's day-to-day business.

The Federal Office of DAH offers education and training. Target groups of education services include their members, self-help groups and others who are active in this field. Moreover, DAH publishes material (brochures, leaflets, postcards, posters, advertisements and specialist books) that is tailored to the respective target groups in content, style and design. Within the last five year DAH tremendously increased its web presence. Two blogs and eight thematically linked sub-websites (Women and HIV, "I know what I'm doing" (Ich weiß, was ich tu - IWWIT) – The health portal for gay men, PaKoMi – HIV and migration, HIV and drugs, among others) inform users about recent developments, upcoming events and HIV related knowledge. An only recently launched nationwide intranet presence facilitates interactive communication between federal office, local AIDS service organisations and partnering networks.

## 2. Applicant Organisation's Multiannual Work Programme 2015-2017

### 2.1 Objectives, means and methods, as well as expected outputs of the applicant organisation's multiannual work programme 2015-2017

Framed by our mission, vision, guiding principles and core values, AAE's general objective in Europe and Central Asia is

- to strengthen civil society's contribution to a more effective response to the HIV epidemic.

AIDS Action Europe can only achieve this objective if

- (I) Civil Society's contributions to regional and national HIV/AIDS policies and programmes are effective and meaningful,
- (II) a strong and effectively 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 and if
- (III) the functioning of the network by optimised internal management processes is ensured.

The following chart shows the three specific objectives and their respective means/methods and outputs:

Specific Objective	Means and Methods	Output
Objective I: Civil Society's contributions to regional and national HIV/AIDS policies and programmes are effective and meaningful	1. Act as CSF co-chair and organise the CSF by managing the CSF coordination group, organising CSF meetings, managing the online CSF group and by communicating and facilitating communication with NGOs, stakeholders and partners	NGOs/stakeholders/partners are informed about policy developments and CSF members are satisfied with communication management
	2. Contribute to implementation, monitoring and evaluation of European HIV policy by coordinating CSF input in EC policy implementation & monitoring, as well as giving input into WHO/UNAIDS/ECDC policies	Civil Society needs, concerns and perspectives are represented in European HIV policies
	3. Coordinate European HIV Legal Forum (EHLF) by enabling monitoring and reviewing of HIV relevant legislation, linking and learning between HIV legal specialists and NGOs and by producing locally relevant resources	Improved access to HIV services for all those who have limited access due to legal obstacles
	4. Advocate as AAE for civil society concerns regarding European policy initiatives by participating in key European events	Civil society is involved and represented in key European events and makes its voice heard
	5. Support and facilitate national and regional advocacy efforts through consultancies	Civil society in countries or specific regions use international experience to advocate for their needs



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	1. Offer improved bilingual (EN/RU) good practice exchange and information via a re-launched Clearinghouse and re-designed AAE website.	Clearinghouse and website users have improved access to good practice and other relevant information and upload data
	2. Intensify communication through edited bilingual social media usage via Facebook, Twitter, Network News, tailored mailings, Russian speaking communication channels (VKontakte), link building and contact seeding	AAE related social media users throughout the region are regularly updated on relevant news, new developments and ongoing activities
	3. Communicate bilingually with AAE network through re-launched interactive Clearinghouse and AAE website and tailor-made mailings, newsletters EN/RU, leaflets, events	Strengthened connection with and strengthened identity of AAE members through interactive communication and increased information and knowledge
	4. Initiate and create partnerships on EU HIV policies related projects and promote linking and learning through collaboration with members/partners/(EU)projects	Increased collaboration between partners regarding civil society concerning topics and strengthened AAE network identity
Objective III: Internal management processes ensure the functioning of the network and the implementation of 2015-2017 work programme	1. Overall governance by AAE SC is guaranteed by regular meetings, teleconferences and written communication	Strong governance ensures AAE's civil society representation
	2. Implement, monitor, evaluate, follow up and fundraise for the work programme	Work programme 2015-2017 is implemented as planned

## 2.2 Planning of the applicant organisation's activities for the three year period 2015-2017

### 2.2.1 Activity and Milestone Plan 2015 – 2017

Regarding the specific objectives, means and methods, and outputs following activities to achieve the objectives are planned for 2015 – 2017 and covered in this chart.

Specific Objective	Activities and Milestones
Objective I: Civil Society's contributions to regional and national HIV/AIDS policies and	<ol style="list-style-type: none"> <li>Act as CSF Co-Chair and organise the CSF</li> <li>Collect and organise AAE member advocacy issues prior to the meetings in months 6, 12, 18, 24, 30 and 36</li> <li>Coordinate and organise the CSF meetings in collaboration with EATG ongoing in preparation of meetings in months 6, 12, 18, 24, 30 and 36</li> <li>Manage the online CSF group ongoing</li> <li>Prepare minutes for review in months 6, 12, 18, 24, 30 and 36</li> <li>Finalise minutes upload to website in months 6, 12, 18, 24, 30 and 36</li> </ol>

programmes are effective and meaningful	2. Contribute to implementation, monitoring and evaluation of European HIV policy <ul style="list-style-type: none"> <li>- Coordinate CSF input to EC policy ongoing</li> <li>- Contribute to Think Tank meetings in months 6, 12, 18, 24, 30 and 36</li> <li>- Review and give input to WHO/UNAIDS/ECDC policies ongoing as required</li> </ul>
	3. Coordinate European HIV Legal Forum (EHLF) <ul style="list-style-type: none"> <li>- Monitor and review HIV relevant legislation and finalise report by month 6</li> <li>- Organise two partner meetings by month 12</li> <li>- Provide project evaluation and implementation strategy by month 18</li> </ul>
	4. Advocate as AAE for civil society concerns regarding European policy initiatives <ul style="list-style-type: none"> <li>- Participate in key European events selected by relevance and as required ongoing</li> <li>- Prepare key speeches and other contributions as required</li> </ul>
	5. Support and facilitate national and regional advocacy efforts <ul style="list-style-type: none"> <li>- Tender six consultancies, two per year</li> <li>- Organise and implement by month 6, 12, 18, 24, 30, 36</li> <li>- Prepare consultancy report by months 6, 12, 18, 24, 30, 36</li> </ul>
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	1. Offer improved bilingual (EN/RU) good practice exchange and information <ul style="list-style-type: none"> <li>- Coordinate and manage the re-launch of the Clearinghouse by month 12</li> <li>- Coordinate and manage the re-design of AAE website from month 13 to month 21</li> </ul>
	2. Intensify communication <ul style="list-style-type: none"> <li>- Create bilingual postings on Facebook, Twitter, and VKontakte account ongoing</li> <li>- Create and send out mailings ongoing</li> <li>- Implement link building and contact seeding ongoing</li> </ul>
	3. Communicate bilingually with AAE network <ul style="list-style-type: none"> <li>- Communicate regularly through re-launched interactive Clearinghouse platform (from month 13 onwards)</li> <li>- Post news on AAE website ongoing</li> <li>- Create tailor-made mailings as required ongoing</li> <li>- Create newsletters every month</li> <li>- Create leaflets of AAE and other printed publications every year</li> </ul>
	4. Initiate and create partnerships on EU HIV policies related projects and promote linking and learning through collaboration with members/partners/(EU)projects <ul style="list-style-type: none"> <li>- Keep members updated on calls for tender ongoing</li> <li>- Provide support in application writing (once per year)</li> <li>- Provide support for organisation and implementation of projects (once per year)</li> <li>- Coordinate reporting and result publishing (once per year)</li> <li>- Initiate working groups on specific topics between members in the interactive part of the Clearinghouse</li> <li>- Organise and implement five working group meetings, preferably assigned to SC members within the region they represent, one by the end of 2015, two by the end of 2016, and two by the end of 2017</li> <li>- Coordinate reporting and result publishing of working group meetings</li> </ul>

Objective III: Internal management processes ensure the functioning of the network and the implementation of 2015-2017 work programme	1. Guarantee overall governance by AAE SC <ul style="list-style-type: none"> <li>- Prepare, implement and evaluate 2 SC meetings per year</li> <li>- Prepare, implement and evaluate teleconferences every six weeks</li> <li>- Provide written communication in between teleconferences and meetings every month</li> </ul>
	2. Implement, monitor, evaluate, follow up and fundraise for the work programme <ul style="list-style-type: none"> <li>- Coordinate the communication regarding the implementation on a day-to-day basis</li> <li>- Ensure co-funding through negotiations with potential donors by month 9 and 15 for the upcoming year.</li> <li>- Prepare survey report by month 13, 25 and 36</li> <li>- Prepare quarterly internal controlling and budget reports</li> <li>- Prepare annual financial reports by month 13, 25 and 36</li> <li>- Prepare annual overall report by month 13, 25 and 36</li> <li>- Finalise multiannual evaluation and final report by month 36</li> </ul>

### 2.2.1 Deliverable Plan 2015 – 2017

The numeration of activities in the following table occurs according to the numeration of Means and Methods, and Activities in the precedent tables.

Activity Nr./ Activity	Responsible person/team	2015		2016		2017		Related deliverable
		S1	S2	S3	S4	S5	S6	
I.1. Act as CSF Co-chair and organise the CSF	AAE SC Executive Office	x	x	x	x	x	x	Six CSF meeting reports
I.2. Contribute to HIV policy	AAE SC	x	x	x	x	x	x	Guidelines, advocacy issues, calls for action, policy developments
I.3. Coordinate EHLF	Executive Office	x	x					EU laws and policies overview, advocacy tool and best practice guidance
I.4. Advocate as AAE for CS concerns in key European events	AAE SC	x	x	x	x	x	x	News and information in newsletters and social media
I.5. Support and facilitate national and	Executive Office	x	x	x	x	x	x	Consultancy reports

regional advocacy								
II.1. Offer improved bilingual (EN/RU) good practice exchange	Executive Office	x	x	x	x	x	x	Clearinghouse Re-launch, Website Re-design, CH database uploads
II.2. Intensify communication of AAE	Executive Office	x	x	x	x	x	x	Social media postings
II.3. Communicate bilingually within AAE network	Executive Office	x	x	x	x	x	x	Interactive Clearinghouse communication, Mailings, Postings
II.4. Initiate and create partnerships on EU HIV policies related projects	AAE SC Executive Office	x	x	x	x	x	x	Project applications, grants and reports, working group reports
III.1. Guarantee overall governance by AAE SC	Executive Office	x	x	x	x	x	x	SC reports and minutes
III.2. Implement, monitor, evaluate, follow up and fundraise for the work programme	AAE SC Executive Office	x	x	x	x	x	x	Annual programme reports

### 2.2.2 Delivery Dissemination Plan

The following chart shows the dissemination plan including responsible team, content specification, delivery month and dissemination level.

No.	Deliverable name	Responsible person / team	Content specification	Delivery month	Dissemination level
I.1.1	CSF Meeting Reports	CSF Co-Chair Executive Office	Report + Annexes	6, 12, 18, 24, 30, 36	PU
I.2.1	Guidelines, advocacy issues, calls for action, policy developments	SC members Executive Office	Guidelines, calls for action, information sheets, mailings, drafts	ongoing, depending on topic, urgency and relevance	PU

I.3.1	EU laws and policies overview report (EHLF)	Executive Office	Overview about HIV relevant legislation in EU key countries	6	PU
I.3.2	Advocacy tools and best practice guidance (EHLF)	Executive Office	Development of materials for locally-relevant advocacy	11	PU
I.4.1	News and information in newsletters and social media (AAE advocacy in key events)	SC members, Executive Office	Information about advocacy efforts of AAE in key European events	in the month after event happened	PU
I.5.1	Consultancy reports	Executive Office, Contracted consultants	Reports about content and results of consultancies	in the month after the consultancy was implemented	ER
II.1.1	Clearinghouse Re-launch	Executive Office	Re-launch of the interactive Clearinghouse platform and database	12	PU
II.1.2	Website Re-design	Executive Office	Re-design of the AAE website	21	PU
II.1.3	Clearinghouse database uploads	Executive Office	Regularly updating of the database, editing and structuring materials	ongoing	PU
II.2.1	Social media postings	Executive Office	Regular bilingual postings on social media and website	ongoing	PU
II.3.1	Interactive Clearinghouse communication	Executive Office	Regular bilingual communication within the network	ongoing	ER
II.4.1	Project applications, grants and reports	Executive Office	According to call for tender documents and implementation reports	depending on call for tender deadlines, once per year	ER
II.4.2	Working group reports	Executive Office	Documented working group results	13, 25, 36	ER
III.1.1	SC Reports and Minutes	Executive Office / SC Members	Reports and minutes from teleconferences and meetings, communication	every six weeks, communication items ongoing	ER

			items		
III.2.1	Annual programme reports	Executive Office	Reports reflecting the implementation of the work programme 2015 to 2017	13, 25, 36	ER

## 2.3 Dissemination and evaluation of the applicant organisation's multiannual work programme

Our dissemination strategy, based on our cross-media communications strategy and stakeholder analysis takes into account the latest developments in the social media landscape and is tailored to our strategic framework. It involves a mix of online and offline media tools, although online channels dominate. We disseminate content in different forms and herewith create a successful symbiosis of policy, linking and learning, and networking.

### 2.3.1 Dissemination strategy and plan:

No.	Deliverable name	Target group	Media	Dissemination date
I.1.1	CSF Meeting Reports	CSF-members, AAE-members & partners, TT-members, Policy makers	Mailings, AAE website	Month after the CSF-Meeting took place
I.2.1	Guidelines, advocacy issues, calls for action, policy developments	CSF-members, AAE-members & partners, TT-members, Policy makers	Mailings, AAE website, Clearinghouse	Ongoing, depending on topic, urgency and relevance
I.3.1	EU laws and policies overview report (EHLF)	CSF-members, AAE-members & partners, TT-members, Policy makers	Mailings, AAE website, Clearinghouse	June/July 2015
I.3.2	Advocacy tools and best practice guidance (EHLF)	CSF-members, AAE-members & partners, TT-members, Policy makers	Mailings, AAE website, Clearinghouse	November 2015
I.4.1	News and information in newsletters and social media (AAE advocacy in key events)	AAE members & partners	Mailings, AAE website, Clearinghouse, Social Media	Month after event happened
I.5.1	Consultancy reports	Consultancy target group, AAE members	Mailings, AAE website, Clearinghouse	Month after the consultancy was implemented

		& partners		
II.1.1	Clearinghouse Re-launch	Clearinghouse users	Clearinghouse	December 2015
II.1.2	Website Re-design	website users	AAE website	September 2016
II.1.3	Clearinghouse database uploads	Clearinghouse users	Clearinghouse	Ongoing
II.2.1	Social media postings	AAE social media users	AAE website, Clearinghouse, Facebook, Twitter, VKontakte	Ongoing
II.3.1	Interactive Clearinghouse communication	AAE members & partners	Clearinghouse	Ongoing
II.4.1	Updates on call for tenders, project applications and reports	AAE members & partners	AAE website Clearinghouse	Depending on call for tender deadlines
II.4.2	Documented working group results	AAE members & partners	Clearinghouse AAE website	January 2016, January 2017 & December 2017
III.1.1	SC Reports and Minutes	AAE members	Mailings, website	Ongoing every month
III.2.1	Annual programme reports	AAE members & partners	AAE website	January 2016, January 2017, December 2017

### 2.3.2 Evaluation Strategy and Plan

The following chart shows process, output and outcome indicators regarding the three specific objectives of the multiannual work programme and the aspired targets. Means of monitoring and evaluation are

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

<b>Specific Objective Nr./Specific Objective</b>	<b>I / Civil Society's contributions to regional and national HIV/AIDS policies and programmes are effective and meaningful</b>
<b>Process Indicator(s)</b>	<b>Target</b>
I.1 Act as CSF co-chair and manage the CSF	
• Number of CSF-Meetings	6
• Number of CSF-Coordination group preparation meetings and Teleconferences	30

<ul style="list-style-type: none"> <li>Number of CSF-Meeting documents published on website</li> </ul>	6 agendas, 6 x minutes + annexes, 6 summaries
<ul style="list-style-type: none"> <li>Number of communication items with NGO, stakeholders and partners</li> </ul>	144
I.2. Contribute to HIV policy	
<ul style="list-style-type: none"> <li>Number of Think Tank meetings</li> </ul>	6
<ul style="list-style-type: none"> <li>Number of meetings and teleconferences to develop guidelines, advocacy issues, calls for action, policy developments</li> </ul>	45
I.3. Coordinate EHLF	
<ul style="list-style-type: none"> <li>Number of EHLF Partners Meetings</li> </ul>	2
<ul style="list-style-type: none"> <li>EU laws and policies overview report</li> </ul>	1 EU laws and policies overview report (EHLF) delivered
<ul style="list-style-type: none"> <li>Legal section in the Clearinghouse with advocacy tools and best practice guidance (EHLF)</li> </ul>	1 legal section with locally relevant advocacy tools and best practice guidance created
<ul style="list-style-type: none"> <li>Number of countries where HIV legal specialists and NGOs linked up and collaborate</li> </ul>	10
I.4. Advocate as AAE for CS concerns in key European events	
<ul style="list-style-type: none"> <li>Number of key European events AAE participated in</li> </ul>	18
<ul style="list-style-type: none"> <li>Number of reports in newsletters and social media</li> </ul>	54
I.5. Support and facilitate national and regional advocacy	
<ul style="list-style-type: none"> <li>Number of regional and national consultancies</li> </ul>	6
<b>Output Indicator(s)</b>	<b>Target</b>
I.1 NGOs/stakeholders/partners are informed about policy developments and satisfied with communication management	
<ul style="list-style-type: none"> <li>Number of NGO/stakeholders/partners being informed through publishing documents on website or via mailing</li> </ul>	300 users after each CSF meeting
<ul style="list-style-type: none"> <li>Level of satisfaction of CSF members with communication management</li> </ul>	60 % of users are satisfied with communication management
I.2 Civil Society needs, concerns and perspectives are represented in European HIV policies	
<ul style="list-style-type: none"> <li>Number of guidelines, advocacy issues, calls for action, policy developments</li> </ul>	12
I.3 Improved access to HIV services for all those who have limited access due to legal obstacles	
<ul style="list-style-type: none"> <li>Ratio of involved organisations who claim that usage of developed EHLF advocacy tools and guidelines helps improving access of their clients</li> </ul>	70 % of organisations
I.4 Civil society is involved and represented in key European events and makes its voice heard	



<ul style="list-style-type: none"> <li>Number of delivered speeches and contributions in key European events</li> </ul>	18
I.5 Civil society in countries or specific regions use international experience to advocate for their needs	
<ul style="list-style-type: none"> <li>Ratio of civil society actors addressed in consultancies who claim international advocacy examples have been useful for their needs</li> </ul>	70 %
<b>Outcome/Impact Indicator(s)</b>	<b>Target</b>
Percentage of members who claim that AAE is a gateway to drive forward advocacy for HIV policy change	60 % of responding member organisations

<b>Specific Objective Nr./Specific Objective</b>	<b>II / Civil Society's contributions to regional and national HIV/AIDS policies and programmes are effective and meaningful</b>
<b>Process Indicator(s)</b>	<b>Target</b>
II.1 Offer improved bilingual (EN/RU) good practice and information exchange	
<ul style="list-style-type: none"> <li>Finalised re-launch of Clearinghouse</li> </ul>	End of December 2015
<ul style="list-style-type: none"> <li>Finalised re-design of AAE website</li> </ul>	End of September 2016
<ul style="list-style-type: none"> <li>Number of updates of AAE website</li> </ul>	2 per week
II.2 Intensify communication of AAE	
<ul style="list-style-type: none"> <li>Number of posts on Facebook</li> </ul>	2 per week
<ul style="list-style-type: none"> <li>Number of posts on Twitter</li> </ul>	2 per week
<ul style="list-style-type: none"> <li>Number of posts on VKontakte</li> </ul>	2 per week
II.3 Communicate bilingually within AAE network	
<ul style="list-style-type: none"> <li>Number of mailings</li> </ul>	2 per month
<ul style="list-style-type: none"> <li>Number of interactive CH postings</li> </ul>	5 per week
II.4 Initiate and create partnerships on EU HIV policies related projects	
<ul style="list-style-type: none"> <li>Number of initiated projects</li> </ul>	3
<ul style="list-style-type: none"> <li>Number of initiated working groups</li> </ul>	3
<b>Output Indicator(s)</b>	<b>Target</b>
II.1 Clearinghouse and website users have improved access to good practice and other relevant information and upload data.	
<ul style="list-style-type: none"> <li>Growth of downloads from CH per year</li> </ul>	30 % after re-launch (baseline is usage in 2014)
<ul style="list-style-type: none"> <li>Number of users of CH as interactive communication platform</li> </ul>	60 per month after re-launch
<ul style="list-style-type: none"> <li>Growth of site visits (AAE) per year</li> </ul>	20 % after re-design (baseline is site visits 2015)
II.2 AAE related social media users throughout the region are regularly updated on relevant news, new developments and ongoing activities	
<ul style="list-style-type: none"> <li>Increase of users being informed through regular postings on Facebook, Twitter, VKontakte</li> </ul>	25 % (baseline 2014)
II.3 Strengthened connection with and strengthened identity of AAE members through interactive communication and increased information and knowledge	

<ul style="list-style-type: none"> <li>Number of users who actively use the CH interactive platform as exchange medium</li> </ul>	2 per day
<ul style="list-style-type: none"> <li>Ratio of users claiming they could use information provided by the interactive platform</li> </ul>	50 %
<ul style="list-style-type: none"> <li>Ratio of active users feeling part of the network</li> </ul>	50 %
<b>II.4 Increased collaboration between partners on civil society concerning topics and strengthened AAE network identity</b>	
<ul style="list-style-type: none"> <li>Number of member organisation being part of AAE initiated projects</li> </ul>	24
<ul style="list-style-type: none"> <li>Ratio of project participant organisations who express to be an active part of the network</li> </ul>	60 %
<ul style="list-style-type: none"> <li>Number of member organisations being part of AAE initiated working groups</li> </ul>	21
<ul style="list-style-type: none"> <li>Ratio of working group participant organisations who express to be an active part of the network</li> </ul>	60 %
<b>Outcome/Impact Indicator(s)</b>	<b>Target</b>
Ratio of responding members who claim AAE provides a useful platform for regular information exchange, knowledge sharing and networking	50 % of respondents

<b>Specific Objective Nr./Specific Objective</b>	<b>III / : Internal management processes ensure the functioning of the network and the implementation of 2015-2017 work programme</b>
<b>Process Indicator(s)</b>	<b>Target</b>
<b>III.1 Guarantee overall governance by AAE SC</b>	
<ul style="list-style-type: none"> <li>Number of SC meetings</li> </ul>	6
<ul style="list-style-type: none"> <li>Number of Teleconferences</li> </ul>	1 every six weeks
<ul style="list-style-type: none"> <li>Number of communication items</li> </ul>	5 per week
<b>III.2 Implement, monitor, evaluate, follow up and fundraise for the work programme</b>	
<ul style="list-style-type: none"> <li>Survey report</li> </ul>	1 per year
<ul style="list-style-type: none"> <li>Financial report</li> </ul>	1 per year
<ul style="list-style-type: none"> <li>Annual overall report</li> </ul>	1 per year
<b>Output Indicator(s)</b>	<b>Target</b>
<b>III. 1 Strong governance ensures AAE's civil society representation</b>	
<ul style="list-style-type: none"> <li>Number of published SC related documents on the website</li> </ul>	9
<ul style="list-style-type: none"> <li>Ratio of responding members being satisfied with the performance of the SC</li> </ul>	60 % of respondents
<ul style="list-style-type: none"> <li>Ratio of SC members being satisfied with the performance of the Executive office</li> </ul>	80 %
<b>III.2 Work programme 2015-2017 is implemented as planned</b>	

• Three year programme evaluation	1
<b>Outcome/Impact Indicator(s)</b>	<b>Target</b>
Ratio of members who claim after three years of implementation operational work being successful	60 % of respondents

### **3. Management and Implementation of the Applicant Organisation's Multiannual Work Programme 2015 – 2017**

#### **3.1 The applicant organisation's overall structure and processes regarding the planning, execution and monitoring of the multiannual work programme**

##### **3.1.1 AIDS Action Europe**

###### **Steering Committee**

AIDS Action Europe is governed by a Steering Committee (SC). The SC determines all programmatic issues of AAE concerning policy, strategy, finance, monitoring and evaluation. The SC is composed of eight individuals from member or partner organisations of AAE. The composition of the SC will be balanced in terms of HIV status, gender and geographic representation. SC members attend on a personal title and in recognition of their personal skills and expertise. Therefore, seats at the SC are not transferable automatically from one person to another within organisations. Permanent seats at the Steering Committee are reserved for the host organization of the AAE office, the Civil Society Forum co-chair and a representative of the European AIDS Treatment Group. Currently the AAE SC is composed of following countries: The Netherlands (Chair), Hungary, Serbia, Greece, Germany (host organisation), Ukraine, Italy (Co-chair Civil Society Forum) and regional network European AIDS Treatment Group.

Resolutions on appointment, suspension or dismissal of members of the Steering Committee shall be reserved to the Steering Committee. Although the Steering Committee works by the unwritten rule to decide by consensus, the majority principle prevails, meaning that decisions are taken by a majority of Steering Committee members, present or represented. The quorum consists of half plus one of the members of the Steering Committee. If there is a tight vote, the Chair has a second or casting vote. The members of the Steering Committee shall be appointed, suspended or dismissed by a majority of at least two thirds of the valid votes at a meeting of the Steering Committee. Steering Committee members have a term of office of three years. Steering Committee members may re-apply, but the extension is not automatically guaranteed. The maximum term is six years. Members are free to resign at any time.

AIDS Action Europe members need to get informed and have influence about Steering Committee decisions. This means that dates, agenda and minutes of Steering Committee meetings will be available to members.

###### **Chair**

The Steering Committee elects its Chair for a two-year term. In principle each Steering Committee member who is part of the Steering Committee for at least six months can apply for the position of Chair. In the event of a tight vote, the outgoing Chair has the casting vote. The current Chair can apply to extend his/her term, but other Steering Committee members can apply as well, followed by a selection process. The maximum term for Chair is four years. Once elected as Chair, the term for Steering Committee membership is automatically extended for this additional period.

###### **The Office**

The office of AIDS Action Europe serves as the secretary of the Steering Committee. The AAE office is responsible for the overall network management of AIDS Action Europe. The office is based in Berlin

and is hosted by Deutsche AIDS-Hilfe. AIDS Action Europe is formally a programme of this German organisation as AIDS Action Europe has no legal status on its own. The general division of the roles and responsibilities between the SC and the host organisation is as follows:

- The AIDS Action Europe Steering Committee bears responsibility for approving the annual work plan and budget of AIDS Action Europe, monitoring and evaluation of its implementation, and supervision of the office;
- The AIDS Action Europe Steering Committee bears responsibility for sound content and financial management, including an approved and realistic budget (expenses equalling income), and annual account;
- DAH acts as legal representative for AAE in contracts and agreements with external funders, under the condition that the work plan and specific activities are approved by the Steering Committee.

### 3.1.2 Risk Management Plan

Identified Risk	Likelihood	Impact	Contingency Planning
Percentage of co-funding from private for profit sources reaches more than 20% of the funding sources of the budget	Low	High	In 2014, only 1 % of the DAH budget consisted of private for profit sources. It is very unlikely that it will reach 20 %. If it did, our Fundraising activities would have to be addressed to 'third party' donors
Exceptional utility is not accepted and co-funding is increased to 40 %	Low	High	The budget for each year needs to be reviewed and adapted. Fundraising activities would have to be increased and interlinked with our activities
Clearinghouse re-launch does not have the desired effect of interactive user communication increase	Low	High	Increased PR efforts have to be implemented to raise awareness among members regarding the new functions of the database.
Political situation in Eastern Europe exacerbates network cooperation, collaboration and project implementation	High	High	Objectives and project implementation in respective countries have to be adapted to feasibility under current circumstances. Online communication would have to be utilized even more.

			Attempt to deploy health issues as bridge of cooperation even in politically difficult situations
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### 3.2 The applicant organisation's operational capacity

#### 3.2.1 Staff and Skills

Deutsche AIDS-Hilfe is governed by a board of five members who appoint a chief executive managing team. These two CEO are Silke Klumb and Peter Stuhlmueller. The overall responsibility for the implementation of the multiannual programme of AAE will be with Silke Klumb. As Executive Director since 2010, Silke Klumb is responsible for public relations and lobby activities of the DAH. In addition, she takes care of the cooperation with the 120 member organisations and the collaboration with national and international partners. After her studies in educational sciences, psychology and sociology with focus on adult education, Ms. Klumb started to work in November 2000 in different departments of the DAH. She was head of division for women and migrants and built up the department of Working with Migrants and the International Department focused on Eastern Europe and Central Asia.

Michael Krone will be executive coordinator for the multiannual programme of AIDS Action Europe. Mr. Krone holds two Masters from German universities, one in education with focus on education for people with special needs and another one in Public Health. For almost ten years, he has been working at international level, mainly in the field of prevention of infectious diseases. From 2005 to 2007 he managed an ESF funded programme for the integration of People living with HIV into labour force (EQUAL) for Deutsche AIDS-Hilfe. Since 2008, he has been in charge of managing international projects in Eastern Europe which led eventually to a position in the framework of German development cooperation (GIZ) in Kyiv/Ukraine where he worked for almost four years in prevention of HIV and Hepatitis, Pandemic Preparedness and as focal point for projects in Central Asia and Eastern Europe. Mr. Krone will be responsible for the management of the multiannual programme. His tasks include coordinating the AAE team, CSF-coordination (AAE-part), fundraising, controlling, reporting, networking, coordination of SC concerns, cooperation and communication with the European Commission, strategic planning, advocacy policies and external representation in coordination with the SC.

Communications Coordinator and Project Assistant: N.N. DAH will employ a person who holds a degree in communications and media sciences or similar. This staff member is expected to be fluent in Russian and English, and to be familiar with intercultural communication. The person will be in charge for the communication in social media (Facebook, Twitter, VKontakte), the communication with and between the AAE network members. Coordination of the re-launch of the Clearinghouse and the re-design of the AAE website will also be his/her responsibility. Furthermore, the staff member provide overall logistic support and programme assistance.

Project Manager: N.N. DAH will hire a staff member for the development and implementation of advocacy projects and for networking. The person is expected to have excellent communication skills

(in English and preferably another European language), experience in project management, expertise in advocacy and networking at European level, and good knowledge and understanding of HIV and co-infections.

**Financial Manager:** A staff member from the financial department of DAH will be responsible for managing the AAE. DAH has an excellent track record and the appropriate mechanisms for the financial administration of complex (European) projects. The financial manager will be responsible for controlling, financial administration and financial reporting.

**External Expertise:** Furthermore, DAH will conduct several consultancies where external will be involved, i.e. in supporting and facilitating national and regional advocacy efforts. As for the management and coordination of the CSF, European AIDS Treatment Group (EATG) will be involved as co-chair and as an important collaborating organisation. For the efficient working of the CSF, EATG and AAE will share responsibility and cooperate closely.

A professional web agency will be contracted, in order to realise successfully the re-launch of the Clearinghouse and the re-design of the AAE website. DAH has made very impressive experiences with students of the IBM Master Programme who facilitated the re-launch of DAH websites and interactive platforms.

### **3.2.2 Organisation's capacity**

Since 1985 DAH has been commissioned by the Federal Agency for Health Education (BZGA) to implement HIV prevention directed to key populations. Since then, the technical and financial implementation of governmental grants has been realised.

DAH has its own budget in the Federal governmental budget (Bundeshaushalt). The "Bundeshaushalt 2015" and a planning for the whole legislative period (2014-2017) do not foresee any funding cuts and will continue to be around more than 5 Mio. Euro per year. This medium-term planning safeguards financial stability of DAH.

The 2014 DAH budget (including the AIDS Action Europe programme) foresees a total income of 6,210,000 EUR. The income composes as follows:

- Income from government grants: 85 %
- Income from own fundraising: 10 %
- Income from third parties: 5 %
- Other Income: 0 %

Donors falling under the category 'private for profit' are reported under income from own fundraising and amount to 1 % of the total income. 'Private for profit' donors are: pharmaceutical companies and condom manufacturers. The most important share of income from own fundraising are donations from individuals, inheritances and legacies.

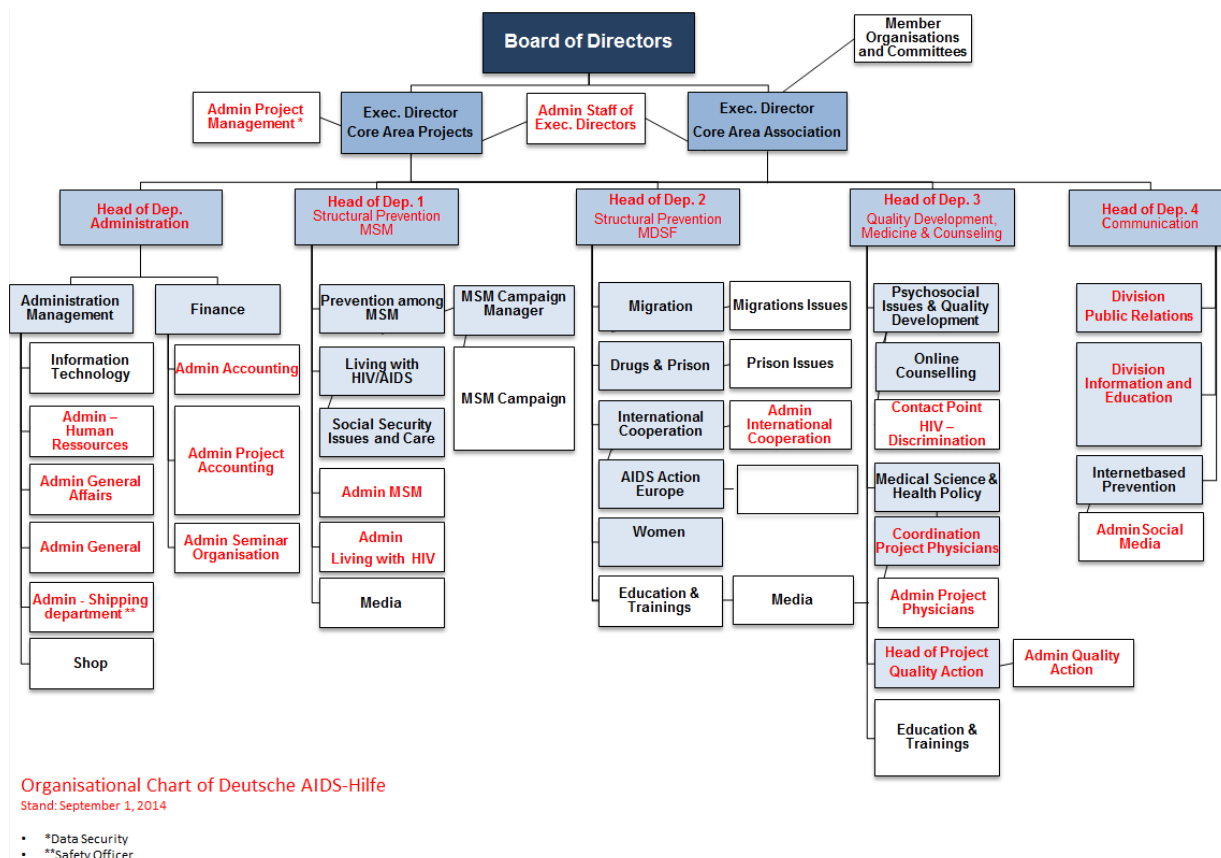
Income from third parties comes from health insurance companies, BAG Selbsthilfe, Aktion Mensch, GIZ.

Income from government grants covers core funding for the Deutsche AIDS-Hilfe programmes working in the field of STI and HIV prevention within the national boundaries.

For bookkeeping, controlling and monitoring, DAH applies following software programmes: Datev, Linear and Excel.

The following illustration shows the organisational structure of Deutsche AIDS-Hilfe. Currently 72 people, including the board of directors are on staff and work in the designated departments.

### III. 1: Organisational Chart of DAH:



### 3.2.3 Budget building, monitoring and auditing

The work plan, budget and annual reports are approved by the AAE SC and DAH's Executive Board and Board of Supervisors. The Executive Coordinator will be authorised to make budgetary decisions and payments, within limits of the approved annual budget. Before payment and transfer, all financial orders are checked and approved by the Executive Board of DAH. The Executive Coordinator approves monthly staff timesheets (based on daily timekeeping) and quarterly staff and expense reports prepared by the financial controller. The Coordinator provides quarterly technical and financial reports which are compared with the annual work plan and budget and reviewed by the direct supervisor, Executive Board and Board of Supervisors.

The account system of DAH allows for analytical financial reporting.

Budget building, monitoring and auditing are regulated by law; for instance the financial supervision of the organisation is regulated by the association law (Vereinsrecht), the supervision of the activities funded by the Ministry of Health is determined by the budget code (Haushaltsordnung) and the subsidy code (Zuwendungsrecht).



The DAH budget is audited every year by external auditors, commissioned by the general assembly of DAH; they report on all financial supervision of its transaction. Moreover, as recipient of Federal resources, DAH is examined by the German Federal Court of Auditors (Bundesrechnungshof).

### **3.3 Budget overview in support of the applicant organisation's multiannual work programme 2015 – 2017**

The multiannual budget plan of the project from 2015 to 2017 is adding up to 966.597 Euros in three years. Direct personnel costs form the bigger part of each year, ensuring the functioning of the core activities with 3 full time positions and a 25 % financial officer staff. A smaller part consists of general administrative expenditure which is calculated and set in proportion of total share of DAH expenditure on general administration. Expenditure linked to the normal operations is again a bigger part of the multiannual budget since activities as consultancies, working groups and meetings are expanded in order to assure the functioning of the HIV/AIDS Civil Society Forum and to strengthen advocacy efforts in the region. Furthermore, the re-launch of the Clearinghouse in 2015 as an interactive platform apart from its function as good practice and document database to improve its usefulness and the re-design of the AAE website in 2016 to increase opportunities for information exchange and learning have a share in the normal operations budget.

As for the income, there is no operating income foreseen since we neither have membership contributions nor are conference and workshop fees or is other operating income planned or expected. Own contribution from DAH is planned to amount to 73.118 Euros. Financial contributions from third parties are calculated on basis of the already approved contribution for 2015 and add up to 140.000 € for the three years.

#### 4. Budget Overview Table 2015 – 2017

Year	Direct Personnel Costs	General Administrative Expenditure	Expenditure linked to normal operations	Total estimated budget eligible costs	Maximum Reimbursement rate	Requested Grant	Operating Income	Applicant's contribution	Financial contributions given by third parties	Total receipts
	(a)	(b)	(c)	(d)=(a)+(b)+(c)	(e)	(f)	(g)	(h)	(i)	(j)=(f)+(g)+(h)+(i)
2015	175 034 €	17 429 €	142 982 €	335 445 €	80 %	268 356 €	0	17 089 €	50 000 €	335 445 €
2016	178 535 €	17 778 €	135 842 €	332 155 €	80 %	265 724 €	0	16 431 €	50 000 €	332 155 €
2017	182 106 €	18 133 €	98 758 €	298 997 €	80 %	239 198 €	0	19 799 €	40 000 €	298 997 €

## 5. Current and past Applications relevant to the Programme

	Community programme in question /	Reference number	Implementation		Amount EUR
Year	for procurement contracts name of Unit and DG	and title of operation	Start date	End date	
2012	EU Public Health Programme DG SANCO	20122102 QHP (JA)	2013-03-01	2014-03-01	180 397

## 6. Exceptional Utility

1. According to the latest available Eurostat data from 2012, following Member States have a gross national income (GNI) per inhabitant less than 90 % of the Union average: Bulgaria, Croatia, Cyprus, the Czech Republic, Estonia, Greece, Hungary, Latvia, Lithuania, Malta, Poland, Portugal, Romania, Slovakia and Slovenia.

AAE consists of 440 member organisations (last status: September 9, 2014), of which 162 member organisations are based in the EU-28. 77 member organisations come from countries where GNI per inhabitant is less than 90 % of EU average, distributed as follows: Bulgaria: 6, Croatia: 9, Cyprus: 3, Czech Republic: 3, Estonia: 6, Greece: 4, Hungary: 4, Latvia: 5, Lithuania: 4, Malta: 1, Poland: 9, Portugal: 8, Romania: 11, Slovakia: 2, Slovenia: 2.

In conclusion, **47,53 %** of AAE members are from countries with a GNI lower than 90 % of the Union average.

2. The mission of AIDS Action Europe specifically addresses the issue of reducing health inequalities: “We work towards a reduction of health inequalities focussing on most at risk populations and the epidemic in Central and Eastern Europe and Central Asia”. This is reflected in the aims of our multiannual work programme:

- to fight stigma and discrimination of people living with or affected by HIV/AIDS,
- to ensure equal access to prevention, treatment and care including affordable medicines for HIV and hepatitis C
- to guarantee equal access to voluntary counselling and testing, to prevention measures, to treatment and care regardless of gender, sexual orientation, gender identity, lifestyle or ethnic background
- to make information and linking and learning, available to our members, in order to empower them and improve their skills
- to make advocacy tools accessible to our members, in order to address their national decision makers and facilitate appropriate HIV policies
- to ensure that civil society is not only represented but that its voices are heard at European, national and regional level in order to reduce inequalities in health.

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## **1. Content of the Applicant Organisation's Annual Work Programme for 2015**

### **1.1 Problem analysis and evidence base for the activities proposed in 2015**

Based on the problem analysis and evidence described in the Framework Partnership Agreement application, in 2015 AAE will address the following core problem areas in 2015:

- Improved access to HIV services for all those who have limited access due to legal obstacles
- Affordability of medicines, specifically regarding HIV and hepatitis C treatment.
- and Community based testing outside medical settings

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 differences in health systems and its effects on access to treatment and services for irregular migrants.

#### **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 were 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 will contribute to the UNGASS target to scale up ART coverage up to at least 80 % and reduce transmission of new HIV infections. In regard of hepatitis C, advocacy for affordability of treatment needs to address two, region-related challenges: While in Western countries new effective medicaments hit the market, but prohibitive prices impede their accessibility, in South East European, Eastern European and Central Asian 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 to their personal risk management and therefore also can have a preventive effect. Not all countries 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.

While these three thematic areas will entail specific, member involved activities in 2015, the following topics were as well identified as core problem areas. Those will be at focus and worked on at office and Steering Committee level and in the CSF. The outputs serve as a basis for project initiation and implementation of activities in the subsequent years of the multiannual work plan. These are:

d) Reducing stigma and discrimination in order to ensure access to prevention, treatment and care for key populations by fighting anti-gay propaganda, anti-sex work and anti-harm reduction movements and legislation. Those phenomena are predominantly appearing in Eastern European and Central Asian countries in terms of legislation changes. However, movements that threaten accomplishments of HIV/AIDS prevention of the last three decades are also emerging in Western, Central European and South-Eastern European states.

e) Austerity policy has effects on provision of health services, not only within the EU but also on other European and Central Asian countries. Access to HIV prevention, treatment and care is restricted by reductions in health service systems. In close coordination with European AIDS Treatment Group (EATG), different layers of consequences will be worked on, as for instance the World Bank classification of EECA and CSEE countries for Global Fund eligibility and its impact on access to HIV-prevention, treatment and care services in those countries.

f) The Action Plan deriving from the EU Communication for Combating HIV/AIDS in the European Union and neighbouring countries 2009 - 2013 was prolonged until 2016 due to successful advocacy efforts of AAE and its partners. However, a longer timeframe is needed to keep HIV/AIDS on the political agenda of the Commission. Already in 2015, action has to be taken to ensure further and sustainable commitment in the response to HIV/AIDS and involvement of Civil Society.

## 1.2 The applicant organisation's key operational objectives for 2015

The key operational objectives for 2015 correspond with the objectives in the FPA application. The following chart shows the three specific objectives of the FPA and their respective operational objectives and means and methods for 2015 regarding the identified core problem areas as outlined in 1.1 Problem Analysis and Evidence Base.

Specific Objective	Means and Methods	Operational objective
Objective I: Civil Society's contributions to regional and national HIV/AIDS policies and programmes are	1. Act as CSF co-chair and organise the CSF by managing the CSF coordination group, organising CSF meetings, managing the online CSF group and by communicating and facilitating communication with NGO, stakeholders and partners	<ul style="list-style-type: none"> <li>- A new HIV/AIDS Communication to come into effect in 2017 is on the agenda of and worked on in the CSF</li> <li>- Relevant policy developments are discussed, published and accessible</li> <li>- CSF members are satisfied with communication management of CSF</li> </ul>

effective and meaningful		coordination team
	2. Contribute to implementation, monitoring and evaluation of European HIV policy by coordinating CSF input in EC policy implementation & monitoring, as well as giving input into WHO/UNAIDS/ECDC policies	<ul style="list-style-type: none"> <li>- Civil Society needs, concerns and perspectives regarding relevant policy developments are brought into the HIV/AIDS Think Tank</li> <li>- Civil Society needs, concerns and perspectives are reflected in European HIV policies in 2015</li> <li>- Relevant issues out of the EHLF are highlighted in the Think Tank</li> </ul>
	3. Coordinate European HIV Legal Forum (EHLF) by enabling monitoring and reviewing of HIV relevant legislation, linking and learning between HIV legal specialists and NGOs and by producing locally relevant resources	<p>To improve access to HIV services for all those who have limited access due to legal obstacles</p> <ul style="list-style-type: none"> <li>- a survey report of EU laws and policies and case studies has been finalised and published</li> <li>- A legal section in the Clearinghouse has been established.</li> <li>- A network of legal experts has been established</li> <li>- Advocacy tools and best practice guidance have been developed</li> </ul>
	4. Advocate as AAE for civil society concerns regarding European policy initiatives by participating in key European events	<ul style="list-style-type: none"> <li>- AAE representatives have taken part in and contributed to six key European events to ensure that Civil Society's voice is heard</li> </ul>
	5. Support and facilitate national and regional advocacy efforts through consultancies regarding the thematic areas "Affordability of medicines" and "Community based VCT outside medical settings"	<ul style="list-style-type: none"> <li>- Consultancies concerning "Affordability of medicines" and "Community based VCT outside medical settings" have been implemented in the region to strengthen national advocacy efforts</li> </ul>
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	1. Offer improved bilingual (EN/RU) good practice exchange and information by re-launching the Clearinghouse	<ul style="list-style-type: none"> <li>- The Clearinghouse has been re-launched as knowledge database and interactive communication platform</li> <li>- Relevant good practice and information have been restructured and edited</li> <li>- Relevant good practice and information has been uploaded regularly</li> </ul>
	2. Intensify communication through edited bilingual social media usage via Facebook, Twitter, Network News, tailored mailings, Russian speaking communication channels (VKontakte), link building and contact seeding	<ul style="list-style-type: none"> <li>- AAE related social media users throughout the region are regularly updated in English and Russian on Facebook, Twitter and VKontakte</li> <li>- Members and partners are informed by tailored mailings</li> <li>- Link building and contact seeding increased AAE social media usage</li> </ul>
	3. Communicate bilingually with AAE network through re-launched interactive Clearinghouse and AAE	<ul style="list-style-type: none"> <li>- AAE members are better informed by increased communication on AAE website, monthly newsletter, printed</li> </ul>

	website and tailor-made mailings, newsletters EN/RU, leaflets, events	publication and leaflets
	4. Initiate and create partnerships on EU HIV policies by project initiation regarding the core problem areas mentioned in the problem analysis under d) or e) and establishing a working group on "Affordability of medicines"	<ul style="list-style-type: none"> <li>- A project, preferably regarding the topic d) Reducing stigma and discrimination ... or e) Austerity policy and its effects on HIV Health services ... has been initiated</li> <li>- A working group on "Affordability of medicines" has been established and has produced material for further advocacy efforts</li> </ul>
Objective III: Internal management processes ensure the functioning of the network and the implementation of the 2015 annual work programme	1. Overall governance by AAE SC is guaranteed by regular meetings, teleconferences and written communication	<ul style="list-style-type: none"> <li>- Technical development of topics, identified as core problem areas in the SC has been implemented</li> <li>- SC has received necessary support by the executive office to ensure good governance</li> </ul>
	2. Implement, monitor, evaluate, follow up and fundraise for the work programme	<ul style="list-style-type: none"> <li>- Monitoring and evaluation are performed as planned</li> <li>- Internal management, accounting and management processes have ensured the implementation of the 2015 annual work programme</li> <li>- Fundraising efforts have been successful to guarantee the 2016 annual work programme</li> </ul>

### 1.3 Target groups of the applicant organisations' main activities for 2015

AIDS Action Europe addresses, as outlined in the FPA multiannual application, both intermediaries and final beneficiaries.

- Intermediaries: Members, partners and stakeholders of AIDS Action Europe, health care providers, policy makers and decision makers
- Beneficiaries: Individuals and groups that are particularly affected by and vulnerable to HIV/AIDS, with a specific focus on people living with HIV (PLHIV).

### 1.4 EU added value and expected impact of the activities projected to take place in 2015

Framed by our mission, vision, guiding principles and core values, AAE's general objective in Europe and Central Asia is to strengthen civil society's contribution to a more effective response to the HIV epidemic. We are striving for reduction of health inequalities, focussing on most at risk populations and the epidemic in Eastern Europe and Central Asia.

Due to our activities in the HIV/AIDS Civil Society Forum and to our contributions to the HIV/AIDS Think Tank, Civil Society needs, concerns and perspective will be reflected in European HIV policies in 2015. Advocacy for a new EU Communication for Combating HIV/AIDS in the European Union and neighbouring countries will in particular assure sustainability of policies where people living with/affected by HIV will be involved.



AAE will redound through its EHLF activities to improved access to HIV services for all those who have limited access due to legal obstacles. This is will not only diminish negative consequences for individuals but also impact the Public Health burden on national and EU level in the long term.

AAE's activities regarding affordability of medicines will broaden the coverage of treatment rates throughout the region and reduce the incidence of AIDS cases. It will also diminish HIV incidence due to the preventive effect of antiretroviral medication. Advocacy in terms of affordability of hepatitis C treatment will support accessibility to very potent drugs with high curing rates. This is specifically important to those people who did not benefit from interferon based treatment. However, in most countries of South Eastern, Eastern Europe and Central Asia interferon based treatment of hepatitis C has to be made available to broader parts of people in need in order to reduce the burden of the epidemic.

Community based VCT outside medical settings will help to initiate treatment and care for those who should be treated and raise awareness in terms of individual risk management. This will have a long range diminishing effect on incidence and prevalence for both, HIV and hepatitis C.

In particular, key populations need low-threshold access to prevention, treatment and care. Stigma and discrimination are barriers that impede this access. Anti-gay propaganda, anti-sex work and anti-harm reduction legislation and movements are fuelling stigma and discrimination. AAE will advocate for the rights of key populations and contribute to fairer, inequality reducing societies.

Advocacy efforts in terms of austerity policy's effects on HIV health services will as well contribute to reducing health inequalities and social disparities and to promote sustainable development

## **2. Planning and Implementation of the Applicant Organisation's Annual Work Programme for 2015**

### **2.1 Planning of the applicant organisation's activities for 2015**

The next table shows all AAE's activities planned in 2015 and milestones with dates of accomplishments

<b>Specific Objective</b>	<b>Activities and Milestones</b>
Objective I: Civil Society's contributions to regional and national HIV/AIDS policies and programmes are effective and meaningful	<ol style="list-style-type: none"> <li>1. Act as CSF Co-Chair <ul style="list-style-type: none"> <li>- Conduct CSF coordination team calls every month</li> <li>- Collect and organise AAE member advocacy issues prior to meetings in months 6 and 12</li> <li>- Prepare CSF meeting by developing agenda, reaching out to speakers, liaising with members taking part prior to meetings in months 6 and 12</li> <li>- Prepare minutes for review in month 6 and 12</li> <li>- Finalise report and upload to website in months 6 and 12</li> <li>- Attend the CSF meeting in month 6 and 12</li> <li>- Implement agreed advocacy initiatives (letters, statements, outreach) ongoing</li> <li>- Coordinate joint initiatives with EATG ongoing</li> </ul> </li> </ol>

	<ul style="list-style-type: none"> <li>- Manage the CSF mailing list and Facebook group ongoing</li> <li>- Disseminate information relevant to CSF members ongoing</li> <li>- Inform external stakeholders about and/or on behalf of CSF</li> </ul>
	<p>2. Contribute to implementation, monitoring and evaluation of European HIV policy</p> <ul style="list-style-type: none"> <li>- Coordinate CSF input to EC policy ongoing</li> <li>- Attend and contribute to Think Tank meetings in months 6 and 12</li> <li>- Contribute to Think Tank reporting in month 6 and 12</li> <li>- Review and give input to WHO/UNAIDS/ECDC policies ongoing as required</li> <li>- Highlight relevant issues out of the EHLF (see I.3) with policy and decision makers throughout the European region in months 6 and 12</li> </ul>
	<p>3. Coordinate European HIV Legal Forum (EHLF)</p> <ul style="list-style-type: none"> <li>- Undertake desk research to produce providing overview of relevant EU laws and policies by month 6</li> <li>- Further broaden and develop the pilot survey instrument to cover the most pressing HIV-relevant laws and policies that currently impede universal access, and roll out in up to ten countries: Denmark, Germany, Greece, Hungary, Italy, Netherlands, Poland, Spain, Switzerland, and the United Kingdom by month 6</li> <li>- Produce a survey report that includes an overview of EU laws and policies and case studies illustrative of the issues for each country of the five member organisations by month 6</li> <li>- Build a network of legal experts and NGO policy leads that can act and serve to support HIV NGOs when the rights of people with HIV are violated by month 11.</li> <li>- Create linkages with other pan-European organisations working on legal and/or policy issues with healthcare workers, community based organisations, people with HIV, and/or policy and lawmakers, ongoing by month 11.</li> <li>- Further enrich the AAE Clearinghouse with a legal section that serves as a repository of advocacy materials and best practices that links to the European Communications Platform by month 11</li> <li>- Develop advocacy tools for NGO in order to help advocate for universal access to HIV prevention, treatment, care and support on a local/national level by month 11</li> <li>- Assist in the development of locally-relevant best practice guidance for healthcare workers on how to ensure that they provide rights based, stigma-free care to people with HIV by month 11</li> <li>- Assist in the development of locally relevant legal and rights literacy for people living with HIV by month 11</li> <li>- Organise one partner meeting, in month 9</li> <li>- Finalise evaluation and project report by month 12</li> </ul>
	<p>4. Advocate as AAE for civil society concerns regarding European policy initiatives</p> <ul style="list-style-type: none"> <li>- Participate in key European events as International Liver Congress in Vienna in month 4, International Union Against Sexual Transmitted Diseases in Barcelona in month 9, European AIDS conference in Barcelona in month 10, and three more events, for instance regarding the EU presidencies in Latvia and Luxembourg,</li> <li>- Prepare and deliver key speeches and other contributions to the above mentioned events</li> <li>- Provide information and reports to be distributed via Clearinghouse,</li> </ul>

	<p>website, newsletter and social media during the month after the event</p> <p>5. Support and facilitate national and regional advocacy efforts</p> <ul style="list-style-type: none"> <li>- Tender a consultancy on “Community based testing outside of medical settings” in month 4</li> <li>- Organise and implement the consultancy on “Community based testing outside of medical settings” in month 6</li> <li>- Prepare and publish a report regarding the consultancy in month 7</li> <li>- Tender a consultancy on “Affordability of medicines” in month 9</li> <li>- Organise and implement the consultancy on “Affordability” in month 11</li> <li>- Prepare and publish a report regarding the consultancy in month 12</li> </ul>
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	<p>1. Offer improved bilingual (EN/RU) good practice exchange and information</p> <ul style="list-style-type: none"> <li>- Concept development for the Re-launch of the Clearinghouse by month 4</li> <li>- Installation of applications, SQL and Authentication by month 6</li> <li>- Customising and user acceptance test by month 10</li> <li>- Roll out and put online by month 12</li> <li>- Update regularly the Clearinghouse database, editing and structuring materials ongoing</li> </ul> <p>2. Intensify communication</p> <ul style="list-style-type: none"> <li>- Create bilingual postings on Facebook, Twitter, and VKontakte account ongoing</li> <li>- Create and send out mailings ongoing</li> <li>- Implement link building and contact seeding in social media ongoing</li> </ul> <p>3. Communicate bilingually with AAE network</p> <ul style="list-style-type: none"> <li>- Post news on AAE website ongoing</li> <li>- Create tailor-made mailings as required ongoing</li> <li>- Create the AAE newsletter every month</li> <li>- Create leaflets and brochures of AAE until month 3</li> <li>- Create printed publication as required ongoing</li> </ul> <p>4. Initiate and create partnerships on EU HIV policies related projects and promote linking and learning through collaboration with members/partners/(EU)projects</p> <ul style="list-style-type: none"> <li>- Research on calls for tender that are thematically relevant for AAE members</li> <li>- Keep AAE members updated on calls for tender ongoing</li> <li>- Provide support in application writing to AAE members, once a call for tender has been published and identified to be relevant for AAE members</li> <li>- Implement a project conception design meeting, once a call for tender, topic and potential partners have been identified, at latest month 6</li> <li>- Provide support for organisation and implementation of one project, once an application has been approved</li> <li>- Coordinate reporting and result publishing, once a project has been finalised.</li> <li>- Organise and implement a working group meeting on “Affordability of Medicines”, preferably assigned to an SC member in the region s/he represents, in month 4</li> <li>- Coordinate reporting and result publishing of working group meeting in month 5</li> </ul>
Objective III: Internal management processes ensure	<p>1. Guarantee overall governance by AAE SC</p> <ul style="list-style-type: none"> <li>- Collect relevant topics for SC teleconferences (ongoing), prepare agenda and conduct teleconferences every six weeks in month 1, 3, 4, 6, 7, 9, 10 and 12</li> <li>- Write minutes and send them to the SC members in month 1, 3, 4, 6, 7, 9,</li> </ul>

<p>the functioning of the network and the implementation of the 2015 work programme</p>	<div data-bbox="502 190 1407 656"> <p>10 and 12</p> <ul style="list-style-type: none"> <li>- Plan and organise two SC meetings prior to month 3 and month 9</li> <li>- Conduct the two-day SC meetings in month 3 and 9</li> <li>- Write and send out minutes of the meetings to SC members in month 3 and 9</li> <li>- Keep SC member updated on recent developments and distribute information about AAE relevant topics ongoing</li> <li>- Support the SC chair with any written communication on behalf of AAE ongoing</li> <li>- Coordinate any administrative communication on behalf of the AAE network</li> <li>- File and archive any AAE documents ongoing</li> <li>- Coordinate the call for new SC member if required</li> </ul> </div> <div data-bbox="502 656 1407 1261"> <p>2. Implement, monitor, evaluate, follow up and fundraise for the work programme</p> <ul style="list-style-type: none"> <li>- Coordinate the communication between stakeholders regarding the implementation of the work programme ongoing</li> <li>- Conduct communication with CHAFAEA regarding the implementation of the work programme as required ongoing</li> <li>- Develop and adapt monitoring and evaluation instruments by month 2</li> <li>- Conduct evaluation and monitoring according to monitoring and evaluation plan</li> <li>- Start preparing survey, financial and annual report in month 12</li> <li>- Prepare internal controlling and budget reports in month 4, 7 and 10</li> <li>- Obtain bids for office furniture, computer hardware and software, and other supplies and purchase as required</li> <li>- Provide maintenance for telecommunication supplies ongoing</li> <li>- Accounting and other administrative services</li> <li>- Ensure co-funding through negotiations with potential donors by month 9 for the upcoming year.</li> </ul> </div>
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## 2.2 Dissemination and evaluation of the applicant organisation's work programme for 2015

### 2.2.1 Deliverable Plan 2015

The next table shows AAE's deliverable plan for 2015 with activities, related deliverable(s) and resources

Nr./ Activity	2015												Related deliverable(s)	Resources (person/m onth)
	M 1	M 2	M 3	M 4	M 5	M 6	M 7	M 8	M 9	M 10	M 11	M 12		
I.1. Act as CSF Co-chair						x						x	Two CSF meetings, two CSF meeting reports	AAE SC, Executive Office
I.2. Contribute to HIV policy						x						x	Two TT contributions; Guidelines, advocacy issues, calls for action, policy developments	AAE SC, Executive Office
I.3. Coordinate EHLF						x					x	x	Survey report, Legal section in CH, advocacy tool and best practice guidance, Final report	Executive Office, Consultant
I.4. Advocate as AAE for CS concerns in key European events					x					x	x		News and information in newsletters, social media, CH, and website	AAE SC, Executive Office
I.5. Support and facilitate national and regional advocacy						x	x				x	x	Consultancy reports on "Testing" and "Affordability"	Executive Office, Consultant
II.1. Offer improved bilingual (EN/RU) good												x	Clearinghouse Re-launch, database uploads ongoing	Executive Office, web agency

practice exchange														
II.2. Intensify communication of AAE	x	x	x	x	x	x	x	x	x	x	x	x	Social media postings	Executive Office
II.3.Communicate bilingually within AAE network	x	x	x	x	x	x	x	x	x	x	x	x	Mailings, postings, leaflets, brochures	Executive Office
II.4. Initiate and create partnerships on EU HIV policies related projects				x	x	x							Project initiation meeting report, working group report on “Affordability”	AAE SC Executive Office
III.1. Guarantee overall governance by AAE SC	x		x	x		x	x	x		x		x	SC reports and minutes	Executive Office
III.2. Implement, monitor, evaluate, follow up and fundraise for the work programme		x		x			x			x			Monitoring and evaluation instrument, internal control and budget reports	Executive Office

### 2.2.2 Delivery Dissemination Plan

Deliverable name, responsible person/team, content specification, delivery month and dissemination level are assigned to the activities in the following table.

No.	Deliverable name	Responsible person / team	Content specification	Delivery month	Dissemination level
I.1.1	Two CSF meetings, two CSF meeting report	AAE SC, Executive Office	Drafts for preparation, Report + Annexes	6, 12	PU
I.2.1	Two TT contributions; Guidelines, advocacy	AAE SC, Executive Office	Guidelines, calls for action, information sheets, mailings,	ongoing, specifically in preparation of CSF and TT	ER

	issues, calls for action, policy developments		drafts		
I.3.1	Survey report	Executive Office, Consultant	Overview about HIV relevant legislation in EU key countries	6	PU
I.3.2	Legal section in CH, advocacy tool and best practice guidance, Final report	Executive Office, Consultant	Development of materials for locally-relevant advocacy, final report	11, 12	PU
I.4.1	News and information in newsletters and social media, CH, website	SC members, Executive Office	Information about advocacy efforts of AAE in key European events	5, 10, 11 and three more	PU
I.5.1	Consultancy reports on "Testing" and "Affordability"	Executive Office, Consultant	Reports about content and results of consultancies	Months 7 and 12 after consultancies in 6 and 11	ER
II.1.1	Clearinghouse Re-launch	Executive Office, web agency	Re-launch of the interactive Clearinghouse platform and database	12	PU
II.1.3	Clearinghouse database uploads	Executive Office	Regularly updating of the database, editing and structuring materials	ongoing	PU
II.2.1	Social media postings	Executive Office	Regular bilingual postings on social media and website	ongoing	PU
II.3.1	Mailings, postings, leaflets, brochures	Executive Office	Regular bilingual communication within the network and beyond	ongoing	ER
II.4.1	Project initiation meeting report	AAE SC Executive Office	According to call for tender documents and implementation reports	depending on call for tender, latest month 6	ER
II.4.2	Working group report on "Affordability"	Executive Office	Documented working group results	month 5	ER
III.1.1	SC Reports and Minutes	Executive Office / SC Members	Reports and minutes from teleconferences	month 1, 3, 4, 6, 7, 9, 10 and 12	ER

			and meetings, communication items		
III.2.1	Monitoring and evaluation instrument,	Executive Office	Monitoring and evaluation instrument	2	ER
III.2.2	Internal control and budget reports	Executive Office	Internal control and budget reports	4, 7, 10	CO

### 2.2.3 Dissemination strategy and plan 2015:

Target group, media and dissemination date are shown regarding the deliverable name in the next chart:

No.	Deliverable name	Target group	Media	Dissemination date
I.1.1	Two CSF meetings, two CSF meeting report	CSF-members, AAE-members & partners, TT-members, Policy makers	Mailings, AAE website	June 2015, December 2015
I.2.1	Two TT contributions; Guidelines, advocacy issues, calls for action, policy developments	CSF-members, AAE-members & partners, TT-members, Policy makers	Mailings, AAE website, Clearinghouse	ongoing, specifically in preparation of CSF and TT
I.3.1	EU laws and policies survey report (EHLF)	CSF-members, AAE-members & partners, TT-members, Policy makers	Mailings, AAE website, Clearinghouse	June 2015
I.3.2	Legal section in CH, advocacy tool and best practice guidance, Final report (EHLF)	CSF-members, AAE-members & partners, TT-members, Policy makers	Mailings, AAE website, Clearinghouse	November and December 2015
I.4.1	News and information in newsletters and social media, CH, website regarding participation in key European events	AAE members & partners	Mailings, AAE website, Clearinghouse, Social Media	May, October and November 2015 and three more
I.5.1	Consultancy reports on "Testing" and "Affordability"	Consultancy target group, AAE members & partners	Mailings, AAE website, Clearinghouse	Months July and December after consultancies implemented in June and November 2015
II.1.1	Clearinghouse Re-launch	Clearinghouse users	Clearinghouse	December 2015
II.1.3	Clearinghouse database	Clearinghouse	Clearinghouse	Ongoing



	uploads	users		
II.2.1	Social media postings	AAE social media users	AAE website, Clearinghouse, Facebook, Twitter, VKontakte	Ongoing
II.3.1	Mailings, postings, leaflets, brochures	AAE members & partners and potential members	AAE website, leaflets, brochures, Facebook, Twitter, VKontakte	Ongoing
II.4.1	Project initiation meeting report	AAE members & partners	AAE website Clearinghouse	Depending on call for tender, latest month 6
II.4.2	Working group report on "Affordability"	AAE members & partners	Clearinghouse AAE website	May 2015
III.1.1	SC Reports and Minutes	AAE members	Mailings, website	January, March, April, June, July, September, October and December 2015
III.2.1	Monitoring and evaluation instrument	Service users	Internet survey, Questionnaire	February 2015
III.2.2	Internal control and budget reports	Internal between departments	not published	April, July, October 2015

### 2.3.2 Evaluation strategy and plan

The following chart shows process, output and outcome indicators regarding the three specific objectives of the multiannual work programme and the aspired targets. Means of monitoring and evaluation are

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

<b>Specific Objective Nr./Specific Objective</b>	<b>I / Civil Society's contributions to regional and national HIV/AIDS policies and programmes are effective and meaningful</b>
<b>Process Indicator(s)</b>	<b>Target</b>
I.1 Act as CSF co-chair	
• Number of CSF-Meetings	2
• Number of CSF-Coordination group preparation meetings and Teleconferences	10

<ul style="list-style-type: none"> <li>Number of CSF-Meeting documents published on website</li> </ul>	2 agendas, 2 x minutes + annexes, 2 Summaries
<ul style="list-style-type: none"> <li>Number of implemented agreed advocacy initiatives</li> </ul>	4
<ul style="list-style-type: none"> <li>Number of communication items with CSF members, NGO, stakeholders and partners</li> </ul>	48
I.2. Contribute to HIV policy	
<ul style="list-style-type: none"> <li>Number of Think Tank meeting attendances by six persons</li> </ul>	2
<ul style="list-style-type: none"> <li>Number of meetings and teleconferences to develop and to give input to guidelines, advocacy issues, calls for action, policy developments</li> </ul>	15
<ul style="list-style-type: none"> <li>Number of contributions to Think Tank minutes</li> </ul>	2
<ul style="list-style-type: none"> <li>Number of relevant issues highlighted out of the CSF</li> </ul>	6
I.3. Coordinate EHLF	
<ul style="list-style-type: none"> <li>Number of EHLF Partners Meetings</li> </ul>	1
<ul style="list-style-type: none"> <li>EU laws and policies overview report</li> </ul>	1 EU laws and policies survey report (EHLF) delivered
<ul style="list-style-type: none"> <li>Legal section in the Clearinghouse with advocacy tools for and best practice guidance (EHLF)</li> </ul>	1 legal section with locally relevant advocacy tools and best practice guidance created
<ul style="list-style-type: none"> <li>Number of countries where HIV legal specialists and NGOs linked up and collaborate</li> </ul>	10
<ul style="list-style-type: none"> <li>Network of legal experts and NGO policy leads of 10 persons built</li> </ul>	1
<ul style="list-style-type: none"> <li>Linkages with other pan-European working on legal and/or policy issues</li> </ul>	2
<ul style="list-style-type: none"> <li>Advocacy tool developed and published in Clearinghouse</li> </ul>	1
<ul style="list-style-type: none"> <li>Locally-relevant best practice guidance and legal and rights literacy development assisted in</li> </ul>	10
<ul style="list-style-type: none"> <li>Final evaluation and project report</li> </ul>	1
I.4. Advocate as AAE for CS concerns in key European events	
<ul style="list-style-type: none"> <li>Number of key European events AAE participated in</li> </ul>	6
<ul style="list-style-type: none"> <li>Number of key speeches and other contributions delivered</li> </ul>	6
<ul style="list-style-type: none"> <li>Number of reports in newsletters, on websites and social media</li> </ul>	18
I.5. Support and facilitate national and regional advocacy	
<ul style="list-style-type: none"> <li>Consultancy on "Community based testing outside of medical settings" organised and implemented</li> </ul>	1

<ul style="list-style-type: none"> <li>Report regarding the consultancy "Community based testing ..."</li> </ul>	1
<ul style="list-style-type: none"> <li>Consultancy on "Affordability of medicines"</li> </ul>	1
<ul style="list-style-type: none"> <li>Report regarding the consultancy "Affordability ..."</li> </ul>	1
<b>Output Indicator(s)</b>	<b>Target</b>
I.1 NGOs/stakeholders/partners are informed about policy developments and satisfied with communication management	
<ul style="list-style-type: none"> <li>Number of NGO/stakeholders/partners being informed through publishing documents on website or via mailing</li> </ul>	300 users after each CSF meeting
<ul style="list-style-type: none"> <li>Level of satisfaction of CSF members with communication management</li> </ul>	60 % of responding users are satisfied with communication management
I.2 Civil Society needs, concerns and perspectives are represented in European HIV policies	
<ul style="list-style-type: none"> <li>Number of guidelines, advocacy issues, calls for action, policy developments</li> </ul>	4
I.3 Improved access to HIV services for all those who have limited access due to legal obstacles	
<ul style="list-style-type: none"> <li>Ratio of involved organisations who claim that usage of developed EHLF advocacy tools and guidelines helps improving access of their clients</li> </ul>	70 % of organisations
I.4 Civil society is involved and represented in key European events and makes its voice heard	
<ul style="list-style-type: none"> <li>Number of delivered speeches and contributions in key European events</li> </ul>	6
I.5 Civil society in countries or specific regions use international experience to advocate for their needs	
<ul style="list-style-type: none"> <li>Ratio of civil society actors addressed in consultancies who claim international advocacy examples have been useful for their needs</li> </ul>	70 % of addressed responding CS actors
<b>Outcome/Impact Indicator(s)</b>	<b>Target</b>
Percentage of members who claim that AAE is a gateway to drive forward advocacy for HIV policy change	60 % of responding member organisations

<b>Specific Objective Nr./Specific Objective</b>	<b>II / Civil Society's contributions to regional and national HIV/AIDS policies and programmes are effective and meaningful</b>
<b>Process Indicator(s)</b>	<b>Target</b>
II.1 Offer improved bilingual (EN/RU) good practice and information exchange	
<ul style="list-style-type: none"> <li>Concept for Clearinghouse re-launch developed</li> </ul>	End of April 2015
<ul style="list-style-type: none"> <li>Applications, SQL and authentication installed</li> </ul>	End of June 2015

• Customising and user acceptance tested	End of October 2015
• Roll out and put online	End of December 2015
• Clearinghouse database newly edited and structured	End of April 2015
• Number of uploads on Clearinghouse database	2 per month
II.2 Intensify communication of AAE	
• Number of posts on Facebook	2 per week
• Number of posts on Twitter	2 per week
• Number of posts on VKontakte	2 per week
• Number of mailings to AAE members	4
II.3 Communicate bilingually within AAE network	
• Number of news posted on AAE website	2 per week
• Number of mailings	2 per month
• Number of AAE newsletters	12
• New leaflets and brochures produced	End of March 2015
• Printed publication	1
II.4 Initiate and create partnerships on EU HIV policies related projects	
• Project conception design meeting implemented	1, latest end of June 6
• Project application approved	1
• Project report finalised	End of December 2015
• Working group meeting on "Affordability of Medicines" organised and implemented	End of April 2015
• Working group meeting report	End of May 2015
<b>Output Indicator(s)</b>	<b>Target</b>
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
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)
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
• Ratio of active users feeling part of the network	50 % 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
• Ratio of project participant organisations who express to be an active part of the network	60 % of responding project participant organisations

<ul style="list-style-type: none"> <li>Number of member organisations being part of AAE initiated working groups</li> </ul>	7
<ul style="list-style-type: none"> <li>Ratio of working group participant organisations who express to be an active part of the network</li> </ul>	60 % of responding participant organisations
<b>Outcome/Impact Indicator(s)</b>	<b>Target</b>
Ratio of responding members who claim AAE provides useful platforms for regular information exchange, knowledge sharing and networking	20 % of respondents

Specific Objective Nr./Specific Objective	III / : Internal management processes ensure the functioning of the network and the implementation of 2015-2017 work programme
Process Indicator(s)	Target
III.1 Guarantee overall governance by AAE SC	
<ul style="list-style-type: none"><li>• Number of SC meetings implemented</li></ul>	2
<ul style="list-style-type: none"><li>• Agenda and minutes of SC meetings</li></ul>	2
<ul style="list-style-type: none"><li>• Number of SC teleconferences implemented</li></ul>	1 every six weeks
<ul style="list-style-type: none"><li>• Agenda and minutes of SC teleconferences</li></ul>	8
<ul style="list-style-type: none"><li>• Number of communication items</li></ul>	5 per week
<ul style="list-style-type: none"><li>• Call for new SC member process documentation</li></ul>	1
III.2 Implement, monitor, evaluate, follow up and fundraise for the work programme	
<ul style="list-style-type: none"><li>• Number of archived communication items</li></ul>	3 per week
<ul style="list-style-type: none"><li>• Developed monitoring and evaluation instruments as basis</li></ul>	1
<ul style="list-style-type: none"><li>• Number of internal controlling and budget reports</li></ul>	3
<ul style="list-style-type: none"><li>• Documented purchasing processes</li></ul>	6
<ul style="list-style-type: none"><li>• Co-funding approval for 2016</li></ul>	
Output Indicator(s)	Target
III. 1 Strong governance ensures AAE’s civil society representation	
<ul style="list-style-type: none"><li>• Number of published SC related documents on the website</li></ul>	3
<ul style="list-style-type: none"><li>• Ratio of responding members being satisfied with the performance of the SC</li></ul>	60 % of respondents
<ul style="list-style-type: none"><li>• Ratio of SC members being satisfied with the performance of the Executive office</li></ul>	80 %
III.2 Work programme 2015 is implemented as planned	
<ul style="list-style-type: none"><li>• Survey report for 2015</li></ul>	0
Outcome/Impact Indicator(s)	Target
Ratio of members who claim after three years of implementation operational work being	60 % of respondents (only evaluated after year 3)

## 2.3 Operational management of the applicant organisation for 2015

The operational management of DAH was already described in the FPA and is the same in 2015. External expertise is described for 2015 is lined out a bit more in depths:

### Staff:

- Executive Director and overall responsibility: Silke Klumb
- Executive Coordinator: Michael Krone
- Communications Coordinator and Project Assistant: N.N.
- Project Manager: N.N.
- Financial Manager: N.N.

### External Expertise:

- CSF Co-chairs, one from EATG and one from AAE
- EATG to co-manage the CSF
- Chair of the Steering Committee
- One consultant for EHLF activities
- Two consultants for advocacy, one for the topic "Affordability of Medicines" and another one for "Community based VCT outside medical settings"
- Web agency for re-launch of the Clearinghouse

All other operational management issues do not differ from the descriptions in the FPA

## 3. Budgeting and Financial Management of the Applicant Organisation's Annual Work Programme for 2015

The 2015 budget consists of staff costs amounting to 175.034 Euros, general administrative expenditure for 17.429 Euros and expenditure linked to the beneficiary's normal operation in the amount of 142.982 Euros with an overall budget of 335.445 €. While staff and general administrative expenditure are disclosed in the budget table, the beneficiary's normal operation expenditure needs more in depths explanation:

- CSF and Think Tank activities (I.1 and I.2) sum up to 22.630 €, including 16.000 € consultancy fees for co-Chairs and Co-management of EATG (chapter 351), 4.620 € for travel costs (thereof 2.916 € for staff (chapter 321) and 1.704 € for external invitees (chapter 323) and 1.410 € for subsistence allowance (thereof 846 € for staff (chapter 322) and 564 € for external invitees (chapter 324)).
- Expenditure for the EHLF (I.3) results from 27.000 € for collaborating partners, displayed under chapter 391 "Other expenditure ...), 1.000 € for publication of the final report (chapter

341), 3.000 € for a consultant (chapter 351), 3.500 € for travel costs of external invitees (chapter 323) and 2.500 € of subsistence allowance for external invitees (chapter 322) and sums up to 37.000 €.

- Participation in key European events (I.4) is calculated with 6 persons in 6 conferences or meetings for 3.600 €, including 3.216 € under chapter 323 and 384 € in chapter 324 all for external invitees.
- For I.5 “Support and facilitate national and regional advocacy efforts” 11.200 € are calculated for two consultancies: 1.200 € for consultants in chapter 351, 1.072 € in chapter 321, 7.504 € in chapter 323 for travel costs and 128 € in chapter 322 and 896 € in chapter 324 € for subsistence allowance for external invitees; 400 € room rent in chapter 311.
- II.1, the re-launch of the Clearinghouse is calculated to an amount of 50.000 € and appears in chapter 341.
- Costs for II.2 and II.3 are part of staff and administrative expenditure.
- In II.4 two meetings will be implemented: a project initiation meeting and a working group meeting. Travel costs amount to 1072 € in chapter 321 and 5.300 € in chapter 323; 128 € in chapter 322 and 640 € in chapter 324. Additionally room rent of 300 € is displayed in chapter 311. Total amount: 7.500 €
- In III.1 two SC meetings are covered, both will take place in Berlin. 5.880 € appear in chapter 323 and 672 € in chapter 324. Fees for the SC chair sum up to 3.000 € in 2015 and equal to 9.552 €
- III.2: Another 1.500 € are calculated in chapter 341 for leaflets and other printed publications.

Income is calculated with 17.089 € own contribution, 268.356 EC contribution and 50.000 € other external contribution.

A staff member from the financial department of DAH will be responsible for managing the AAE grant. DAH has an excellent track record and the appropriate mechanisms for the financial administration of complex (European) projects. The financial manager will be responsible for controlling, financial administration and financial reporting. Overall controlling and supervision will be in responsibility of the executive coordinator.

## Annex 1: Detailed Budget Table

Please fill below with the information to enable correct attribution of this annex to your proposal. You find the information necessary in the email "Draft proposal in SEP created", that you received when creating your proposal in the Exchange System.

Proposal Acronym:

AAE

Draft Proposal ID:

SEP-210195811

Call:

HP-FPA-2014

### PART A - EXPENDITURE

Expenditure Title 1	STAFF		
Pease refer to 6.2 "Specific conditions for costs to be eligible" of the Model Grant Agreement			
HEADING	BUDGET	JUSTIFICATION	
Chapter 11	Staff		
1101	Executive Coordinator (100 %)	61 997 12 x 5.166,45 €	+
1102	Project Manager (100 %)	51 600 12 x 4.299,99 €	+
1103	Communications Officer (100%)	49 837 12 x 4153,07 €	+
1104	Financial Officer (25%)	11 600 12 x 966,63 €	+
Total own staff		175 034	
TOTAL STAFF		175 034	



Expenditure Title 2	GENERAL ADMINISTRATIVE EXPENDITURE			
Please refer to article 6.2 "Specific conditions for costs to be eligible" of the Model Grant Agreement.				
HEADING		BUDGET	JUSTIFICATION	
Chapter 21	Building and associated costs			
211	Depreciation for purchase of premises/offices	0		
212	Rent and charges of premises/offices	6 085		
213	Maintenance costs	0		
219	Other building and associated costs	0		
Total building and associated costs		6 085		
Chapter 22	Utilities			
221	Water	0		
222	Electricity / Gas	199		
223	Heating	0		
Total utilities		199		
Chapter 23	Telecommunication and computers costs			
231	Depreciation for purchase and maintenance of equipment	858	Two PC & Monitors	
232	Depreciation for purchase and maintenance of software	0		
233	User support	1 273	Data network support & maintenance	
239	Other telecommunication and computer costs	791	QSC, Hosting, Provider & printer mainten.	
Total telecommunication and computer costs		2 922		
Chapter 24	Ordinary administrative expenditure			
241	Office supplies	1 200	Two desks, chairs, floor cupboard & suppl.	
Total ordinary administrative expenditure		1 200		
Chapter 25	Financial charges			
251	Bank charges	40		
252	Financial guarantee	0		
259	Other financial charges	0		
	Total financial charges	40		
Chapter 26	Insurances			
261	Insurances	121		
Total insurances		121		
Chapter 27	Administration costs			
271	Postal charges	500		
272	Telephone, fax, internet and e-mails	800		
Total administration costs		1 300		
Chapter 28	External services			
281	Accounting fees	180		
282	Audit fees	3 360		
283	Other administrative services	822	proportion of total share of DAH	
289	Other external services	0		
Total external services		4 362		
Chapter 29	Other general administrative expenditure			
291	Other general administrative expenditure	1 200		
Total other general administrative expenditure		1 200		
TOTAL GENERAL ADMINISTRATIVE EXPENDITURE		17 429		

Expenditure Title 3	EXPENDITURE LINKED TO THE BENEFICIARY'S NORMAL OPERATIONS			
Please refer to article 6.2 "Specific conditions for costs to be eligible" of the Model Grant Agreement.				
HEADING		BUDGET	JUSTIFICATION	
Chapter 31	Meetings, conferences, workshops			
311	Meetings, conferences, workshops	700	Room rent	
Total meetings, conferences, workshops		700		
Chapter 32	Mission costs			
321	Travel costs of staff	5 060	CSF, Working group, project init. etc.	
322	Subsistence allowances of staff	1 102		
323	Travel costs of external invitees	27 164	CSF Chairs, Consultants etc.	
324	Subsistence allowances of external invitees	5 656		
Total missions costs		38 982		
Chapter 33	Operational data processing			
331	IT data processing costs	0		
Total operational data processing		0		
Chapter 34	Information and publication			
341	Communications, Editions, Publications, WEB, Conferences	55 500	Clearinghouse, Leaflets, Brochures	
Total information and publication		55 500		
Chapter 35	Other services			
351	Studies, Consultancy, Translation & interpretation and other services	20 800	CSF Chairs, Consultants,etc.	
Total other services		20 800		
Chapter 39	Other expenditure linked to the beneficiary's operations			
391	Other expenditure linked to the beneficiary's operations	27 000	Partners in the EHLF	
Total other expenditure linked to the beneficiary's operations		27 000		
TOTAL EXPENDITURE LINKED TO THE BENEFICIARY'S NORMAL OPERATIONS		142 982		

## PART B - INCOME

Income  
Title 1

### Operating Income

Please refer to article 5.3.3 "Step 3 — Reduction due to the no-profit rule" of the Grant Agreement

HEADING		BUDGET	JUSTIFICATION
Chapter 11	Membership contributions and subscriptions		
111	Membership contributions	0	
112	Subscriptions	0	
Total membership contributions and subscriptions		0	
Chapter 12	Conferences and workshops		
121	Conference fees	0	
122	Workshop fees	0	
Total conferences and workshops		0	
Chapter 13	Publications		
131	Publications	0	
Total publications		0	
Chapter 19	Other operating income		
139	Other operating income	0	
Total other operating income		0	
<b>TOTAL OPERATING INCOME</b>		0	

HEADING		BUDGET	JUSTIFICATION
Income Title 2	<b>BENEFICIARY'S OWN CONTRIBUTION</b>		
Chapter 21	Beneficiary's own contribution		
211	Beneficiary's own contribution	17 089	
Total beneficiary's own contribution		17 089	
<b>TOTAL BENEFICIARY'S OWN CONTRIBUTION</b>		17 089	

HEADING		BUDGET	JUSTIFICATION
Income Title 3	<b>EC CONTRIBUTION</b>		
Chapter 31	EC contribution		
311	EC contribution	268 356	
Total EC contribution		268 356	
<b>TOTAL EC CONTRIBUTION</b>		268 356	

HEADING		BUDGET	JUSTIFICATION
Income Title 4	<b>OTHER EXTERNAL CONTRIBUTION</b>		
Chapter 41	Other external contribution		
411	External contribution A	50 000	
412	External contribution B		
413	External contribution C	0	
414	External contribution D	0	
Total other external contribution		50 000	
<b>TOTAL OTHER EXTERNAL CONTRIBUTION</b>		50 000	

# GLOBAL BUDGET

## FINANCIAL YEAR 2015

### OPERATING EXPENDITURE AND INCOME BENEFICIARY

#### PART A - EXPENDITURE

Title 1	TOTAL STAFF	175 034
Title 2	TOTAL GENERAL ADMINISTRATIVE EXPENDITURE	17 429
Title 3	TOTAL EXPENDITURE LINKED TO THE BENEFICIARY'S NORMAL OPERATIONS	142 982
<b>TOTAL PART A - EXPENDITURE</b>		<b>335 445</b>

#### PART B - INCOME

Title 1	TOTAL OPERATING INCOME	0
Title 2	TOTAL BENEFICIARY'S OWN CONTRIBUTION	17 089
Title 3	TOTAL EC CONTRIBUTION in EUR	268 356
	TOTAL EC CONTRIBUTION in % =TOTAL EC CONTRIBUTION in EUR / TOTAL PART A - EXPENDITURE	80
Title 4	TOTAL OTHER EXTERNAL CONTRIBUTIONS	50 000
<b>TOTAL PART B - INCOME</b>		<b>335 445</b>

Actions co-funded under the third Health Programme may receive a co-funding of up to 80% of the total eligible cost for their functioning, if they are deemed to be of exceptional utility towards achieving the objectives of the Programme. To receive up to 80% of co-funding, the proposals must comply with the criteria set out below:

<input checked="" type="checkbox"/>	1. At least 25 % of the members or candidate members of the non-governmental bodies come from Member States whose gross national income (GNI, as published by EUROSTAT) per inhabitant is less than 90 % of the Union average. <i>(This criterion intends to promote the participation of non-governmental bodies from Member States with a low GNI.)</i>
<input checked="" type="checkbox"/>	2. The reduction of health inequalities at EU, national or regional level is manifested in the mission as well as the annual work programme of the applicant. <i>(This criterion aims to ensure that co-funded non-governmental bodies directly contribute to one of the main objectives of the third Health Programme, i.e. to reduce health inequalities (Article 2)).</i>
<input checked="" type="checkbox"/>	The coordinator confirms that he/she applies for up To 80% EU contribution due to exceptional utility of the proposal. The coordinator confirms being aware that in case of not meeting the criteria for exceptional utility the final EC contribution will only be 60% and additional applicant's contribution will become necessary.

## Members of AIDS Action Europe, Status September 9, 2014

### Albania

1. Aksion Plus
2. Albanian Association of PLWHA
3. Alliance against Discrimination of LGBT, Albania
4. APRAD - Albanian Association for Prevention and Rehabilitation from Alcohol a.o. Drugs
5. STOP AIDS
6. WHITE BLOUSES YOUTH ASS. FOR HIV

### Armenia

7. Armenian National AIDS Foundation (ANAF)
8. Education in the name of the health (Обучение во имя сохранения здоровья)
9. For Family and Health Pan-Armenian Association
10. New Generation NGO
11. Positive People Armenian Network - Soc. NGO
12. Public Information and Need of Knowledge (PINK Armenia)
13. Real World, Real People
14. We For Civil Equality

### Austria

15. Aids hilfe Wien
16. AIDS-Hilfe Steiermark
17. Aktionsbündnis gegen HIV/AIDS
18. Austrian Family Planning Association
19. ProMinus -Verein zur Aufklärung über sexuelle Rechte und Gesundheit
20. VEPO AUSTRIA (ZVR:722096146)

### Azerbaijan

21. Call for a Healthy Lifestyle (Harm reduction network AZE)
22. Center Women and Modern World
23. Clean World Aid to Women Social Union
24. Development and Empowerment of Youth
25. Digital Development
26. Healthy Life and Development, Public Union ("Здоровая жизнь и развитие", общественный союз)
27. NGO Legal Development and Democracy
28. NGO "Clean World"
29. NGO "Discordant" – help and support for PLHIV
30. NUR - Children and Youth Public Union
31. Open Society Institute - Assistance Foundation, Azerbaijan
32. PROGRESS - Social Research Public Union
33. Public Association to Counteract AIDS (Общественное объединение по борьбе со СПИДом)
34. Public Organization Against AIDS

### Belarus

35. Belarus Association of UNESCO Clubs (Белорусская Ассоциация клубов ЮНЕСКО)
36. Belarusian AIDS Network
37. Belarusian PLWH Community
38. Cooperation for Children's Future, Local Social Found (Сотрудничество для будущего детей, Местный социальный фонд)
39. Gay Alliance Belarus



40. [NGO "Mothers against drugs"](#)
41. [Social Assistance Социальная помощь, Международное общественное объединение\)](#)

## Belgium

42. [Aide Info Sida](#)
43. [Designers against AIDS](#)
44. [HIV-SAM Project, Institute of Tropical Medicine](#)
45. [ILGA-Europe](#)
46. [NGO The Comrads](#)
47. [Plate-Forme Prevention Sida](#)
48. [Sensoa](#)
49. [Sida'sos](#)

## Bosnia and Herzegovina

50. [Association Margina](#)
51. [Association PROI](#)
52. [NGO Action Against AIDS](#)
53. [Partnerships in Health/ Partnerstvo za zdravlje \(PH\)](#)
54. [XY - Association for Sexual and Reproductive Health](#)
55. [XY - Association for support of people living with HIV/AIDS](#)

## Bulgaria

56. [Bulgarian Family Planning and Sexual Health Association](#)
57. [Dose of love Association](#)
58. [Futura for old people in Bulgaria](#)
59. [Health and Social Development Foundation \(HESED\)](#)
60. [Health without Borders](#)
61. [Initiative for Health Foundation](#)

## Croatia

62. [Association HEPATOS RIJEKA](#)
63. [CAHIV](#)
64. [Center for LGBT Equality](#)
65. [CESI](#)
66. [Drugi korak - Sexual and Gender Minorities' Social Integration Center](#)
67. [HELP - UDRAGA ZA POMOC MLADIMA](#)
68. [Iskorak - Sexual and Gender Minorities' Rights Center](#)
69. [Life Quality Improvement Organisation "FLIGHT"](#)
70. [Lux Vitae - Quality of Life Improvement Center](#)

## Cyprus

71. [Cyprus Family Planning Associaton](#)
72. [Kyfa](#)
73. [RESEARCH UNIT IN BEHAVIOUR & SOCIAL ISSUES \(RUBSI\)](#)

## Czech Republic

74. [Bliss without Risk](#)
75. [Czech AIDS Help Society](#)

76. Together with hope against AIDS and Drugs

## Denmark

77. AIDS Fondet

78. Hiv-Danmark

79. STOP AIDS

## Estonia

80. AIDS-i Tugikeskus (NGO AIDS Information and Support Centre)

81. Convictus Eesti

82. ESPO Society

83. Estonian Network of People Living with HIV (Эстонская Сеть Людей Живущих с ВИЧ)

84. Estonian Network of PLHIV

85. LIGO NGO, Life Is Going ON, Estonian Association of Women Against HIV and AIDS

## Finland

86. The Finnish Aids Council

## France

87. AIDES

88. Association Avenir Sante France

## Georgia

89. Alternative Georgia

90. Association of young psychologists and doctors "Xenon"

91. Bemoni Public Union

92. Curatio International Foundation

93. Georgian Harm Reduction Network

94. Georgian International AIDS Foundation XXI Century

95. HIV/AIDS patients support foundation

96. Inclusive Foundation

97. Positive View (Позитивный Взгляд)

98. Tanadgoma - Center for Information and Counseling on Reproductive Health

99. Uranti ("Уранти")

100. Women's Centre

## Germany

101. Berliner Aids-Hilfe e.V.

102. Deutsche Aids Stiftung

103. Deutsche AIDS-Hilfe e.V.

104. Orden der Schwestern der Perpetuellen Indulgenz - Erzmutterhaus Sankta Melitta Iuvenis (O.S.P.I.) e.V.

105. pro familia German Association for Family Planning, Sex Education and Sexual Counselling

106. SPI Research gGmbH

## Greece

- 107. [Centre for Life](#)
- 108. [Positive Voice](#)
- 109. [PRAKSIS](#)
- 110. [Synthesis HIV/AIDS Awareness](#)

#### Hungary

- 111. [Anonimous AIDS Association](#)
- 112. [Hungarian Baptist Aid Foundation](#)
- 113. [Hungarian Civil Liberties Union](#)
- 114. [Sex Education Foundation](#)

#### Ireland

- 115. [Diaspora Women's Initiative](#)
- 116. [Dublin AIDS Alliance](#)
- 117. [Gay Health Network](#)
- 118. [Open Heart House](#)
- 119. [Sexual Health Centre](#)

#### Israel

- 120. [Israel AIDS Task Force](#)
- 121. [Jerusalem AIDS Project](#)

#### Italy

- 122. [Centro Assistenza Malati Aids - Lega Italiana per la Lotta contro l'Aids](#)
- 123. [Comitato per i Diritti Civili delle Prostitute](#)
- 124. [Iris caritas](#)
- 125. [Lega Italiana per la Lotta Contro l'AIDS \(LILA\)](#)
- 126. [NPS Italia Onlus](#)

#### Kazakhstan

- 127. [Adali Public Fund](#)
- 128. [Amulet - Public Organization](#)
- 129. [Challenge - Public Foundation](#)
- 130. [Doctors against drugs](#)
- 131. [Equal to Equal. Kazakhstan National Association \(Равный-равному\)](#)
- 132. [Family doctor \(Семейный доктор\)](#)
- 133. [Global Health Research Center of Central Asia](#)
- 134. [Kazakhstan Association on Sexual and Reproductive Health \(KMPA\)](#)
- 135. [My home \(Мой дом\)](#)
- 136. [NGO Credo](#)
- 137. [NGO "Taldykorgan regional foundation to promote employment"](#)
- 138. [Public association 'Nazym - Shymkent'](#)
- 139. [Public association "Tirek - Shymkent"](#)
- 140. [Public Charity NGO 'Sharagat' \(Общественный Благотворительный Фонд "Шапагат"\)](#)
- 141. [Public Foundation "Angel Saviour"](#)
- 142. [Public Foundation "Answer"](#)
- 143. [Public Foundation "Ashyk kogam"](#)
- 144. [Public Foundation "Deliverance - South"](#)
- 145. [Public Foundation "Viktoria"](#)
- 146. [Public foundation "Zhjardem" \(Общественный Фонд "Жардем"\)](#)



- 147. Public Fund "Mental Health" (ОФ "Ментальное здоровье")
- 148. Public organization "Anti-AIDS"
- 149. Public organization "My home"
- 150. Public organization "Social support – TUMAR"
- 151. Senim!
- 152. Social Project 'Give a Smile' (Социальный проект "Подари улыбку!")

#### Kyrgyzstan

- 153. AIDS Foundation East-West (AFEW) - Kyrgyzstan office
- 154. Koz Karash, Public Association (Коз караш, Общественное объединение)
- 155. Labrys Kyrgyzstan
- 156. NGO 'Sakbol' (НПО "Сакбол")
- 157. Public Foundation 'Podruga'
- 158. Public Foundation Legal Clinic "Adilet"
- 159. Public Fund "Health for all"
- 160. Public Fund Girlfriend (Общественный фонд "Подруга")
- 161. Public organization "Media-centre for children"
- 162. Save the Children in Central Asia (SCiCA)
- 163. Soros Foundation Kyrgyzstan, Public Health Programs, Программы Общественного Здравоохранения Фонда "Сорос-Кыргызстан"

#### Latvia

- 164. AGIHAS (PLWHA Support group)
- 165. DIA+LOGS NGO
- 166. Latvia's Association for Family Planning and Sexual Health
- 167. Parents for Jurmala
- 168. Society Association HIV.LV (Biedrība Apvienība HIV.LV; Общество Объединение HIV.LV)

#### Lithuania

- 169. Association "Positive Life", organization of patients living with HIV/AIDS (Ассоциация "Позитивная жизнь", организация пациентов с ВИЧ/СПИД)
- 170. Family Planning and Sexual Health Association
- 171. Lithuanian Positive Group (Литовская позитивная группа)
- 172. Women's association "Demetra" (Ассоциация женщин и их близких уязвимых к ВИЧ "Деметра")

#### Macedonia

- 173. Association for Healthy Life Styles PULSE
- 174. EGAL (Equality for Gay and Lesbians)
- 175. H.E.R.A-Health education and Research Organisation
- 176. HEPTA-Organization of citizens, "Association for health education, prevention and improved treatment"
- 177. HOPS - Healthy Options Project Skopje
- 178. Macedonian Red Cross
- 179. NGO "TRUST"; NGO "PASSAGE"; MHRN
- 180. Women's Alliance (Женска Алијанса) - Lesbian organization for human rights

#### Malta

- 181. Integra Foundation

## Moldova

- 182. Association of organizations working in the field of HIV-infection and drug use in Pridnestrovje region (Ассоциация организации работающих в сфере профилактики ВИЧ-инфекции и наркомани
- 183. CREDINTA
- 184. ECOU-XXI
- 185. For the Present and Future (PPV)
- 186. GENDERDOC-M
- 187. Informational centre "Healthy Future"
- 188. Public association "BIAZ GUL"
- 189. Public policy centre
- 190. Soros Foundation-Moldova
- 191. Tineretul Pozitiv
- 192. Union of NGOs working in the field of HIV and harm reduction in Moldova
- 193. Youth for the right to live

## Montenegro

- 194. Cazas - Montenegrin Association against AIDS
- 195. Juventas

## Netherlands

- 196. AIDS Foundation East-West (AFEW) - Netherlands office («СПИД Фонд Восток-Запад»)
- 197. AMC, Hiv Monitoring Foundation
- 198. dance4life Foundation
- 199. Hiv Vereniging Nederland
- 200. IGLYO (International LGBTQ Youth and Student Organisation)
- 201. Institute for Prevention and Social Research
- 202. International AIDS Vaccine Initiative - IAVI (Международная инициатива вакцины против СПИДа)
- 203. PASAA
- 204. RutgersWPF
- 205. Soa Aids Nederland
- 206. Trimbos Instituut

## Norway

- 207. Aksept
- 208. HivNorway

## Poland

- 209. Association "Platform" (Stowarzyszenie "Pomost")
- 210. Federation for People Living with HIV/AIDS "Pozytywni w tęczy"(Positive in Rainbow)(Федерация людей, живущих с ВИЧ/СПИДом «Позитивная радуга»)
- 211. Foundation of Social Education
- 212. Fundacja Pomocy Młodzieży im. Jana Pawła II "Wzrastanie" w Lipniku (Foundation for Youth in the name of John Paul II "Growth" in Lipnik)
- 213. KAMPANIA PRZECIW HOMOFOBII
- 214. Lambda Warszawa Association
- 215. Organisation for Infectious Diseases Prevention "Avicenna"
- 216. Polish National Network of PLWHA "SIEC PLUS"
- 217. Social AIDS Committee

## Portugal

- 218. [A Comunidade Contra a Sida](#)
- 219. [ABRÇO - Associação de Apoio a Pessoas com VIH/SIDA / Association in Support of People Living with HIV/AIDS](#)
- 220. [GAT - Grupo Portugues de Activistas sobre Tratamentos de VIH/SIDA - Pedro Santos](#)
- 221. [PortugalGay.PT](#)
- 222. [Positivo - Grupos de Apoio e Auto-Ajuda](#)
- 223. [Ser + Associação Portuguesa para a Prevenção e Desafio à SIDA](#)
- 224. [SERES](#)
- 225. [SIDAnet Associação Lusófona](#)

## Romania

- 226. [Alaturi de Voi Romania Foundation \(Close to You\)](#)
- 227. [ARAS - Romanian Association Against AIDS](#)
- 228. [ARAS Iasi \(Romanian Association Against AIDS, Iasi\)](#)
- 229. [Baylor Black Sea Foundation-BIPAI Romania](#)
- 230. [Carousel](#)
- 231. [Chance for Life Organization](#)
- 232. [PLWHA Europe \(WWW.PLWHA.ORG\)](#)
- 233. [Population Services International Romania](#)
- 234. [Romanian Angel Appeal Foundation](#)
- 235. [SENS POZITIV Association](#)
- 236. [The National Union of Organisations of PLWHIV](#)

## Russian Federation

- 237. [AHO Youth Theatre Light](#)
- 238. [AIDS Foundation East-West \(AFEW\) – Russian office](#)
- 239. [Altai regional public organisation "Positive development"](#)
- 240. [Altai Regional Republic Organization psycho-social support and health protection «Positive Development» \(Алтайская краевая общественная организация психолого-социального сопровождения и охраны здоровья «Позитивное развитие»\)](#)
- 241. [Andrey Rylkov's Foundation to protect health and social justice](#)
- 242. [Autonomous Non-Profit Organisation "Civil Will" \(Автономная некоммерческая организация "Гражданская воля"\)](#)
- 243. [Autonomous not-for-profit organization "New life" \(Автономная некоммерческая организация "Новая жизнь"\)](#)
- 244. [Center Plus, Public Organization - Russia \(Центр плюс, Общественная организация - Россия\)](#)
- 245. [Charitable Foundation "Spring of Hope"](#)
- 246. [Charitable Fund "Tverskaya alternativa"](#)
- 247. [Community of People Living with HIV, Interregional Public Organisation](#)
- 248. [CPN](#)
- 249. [Crisis centre to support women and children](#)
- 250. [Doctors to Children](#)
- 251. [Foundation of Timur Islamov, Project Doverie \(Фонд Тимура Исламова, Проект Доверие\)](#)
- 252. [GayPlus - Global Community HIV-positive MSM, Gay and Bi](#)
- 253. [Grassroots Alliance PERESVET](#)
- 254. [Health and Development Foundation](#)
- 255. [Humanitarian Action Fund](#)
- 256. [Initiative group "Life+"](#)
- 257. [Inter Regional Social Organisation «The Society of People Living With HIV/AIDS» Saint-Petersburg](#)
- 258. [Irkutsk Regional Branch of the Russian Red Cross \(Иркутское областное отделение Российского Красного Креста\)](#)
- 259. [Kaliningrad Regional Public Charity 'Naslediye'](#)
- 260. [Kazan public organization of drug users' relatives "Faith"](#)

261. [Krasnoyarsk Regional Youth NGO 'Chisty Vzglyad' – Красноярская региональная молодежная общественная организация "Чистый взгляд"](#)
262. [LaSky - Trusting Each Other](#)
263. [LaSky-Kuzbass – HIV/STI Prevention Among MSM of the Kemerovo area. Charitable regional public fund "Kuzbass against drugs"](#)
264. [Magnitogorsk Charity Foundation "Civil Initiative" \(Магнитогорский Благотворительный фонд "Гражданская инициатива"\)](#)
265. [menZDRAV Foundation: Centre for Social Development and Health Promotion among Men](#)
266. [NGO "Humanitarian project" Novosibirsk](#)
267. [NGO of medico-social programs "Humanitarian action" \(НПО медико-социальных программ "Гуманитарное действие"\)](#)
268. [NGO "Overcoming" \("Preodoleniye"\)](#)
269. [NGO "Siberian initiative"](#)
270. [Non-commercial partnership "Antidrug programs"](#)
271. [Phoenix Plus, Orel City Regional Public Organization \(Феникс ПЛЮС, Орловская региональная общественная организация\)](#)
272. [Public Foundation to assist all-faith Christian deaconry](#)
273. [Public Foundation "Hope"](#)
274. [Public organization "Anti AIDS Siberia"](#)
275. [Public organization "Choice"](#)
276. [Regional Charity Public Organisation 'Spasem Pokoleniye' \('Saving our Generation'\)](#)
277. [Regional Public Foundation 'New Times' \('Novoye Vremya'\)](#)
278. [Regional public organization "Centre of Health Youth"](#)
279. [Russian Charity Foundation 'No to Alcoholism and Drug Use' \(RCF NAN\)](#)
280. [Russian Family Planning Association](#)
281. [Russian Harm Reduction Network ESVERO](#)
282. [Russian Red Cross](#)
283. [Saint-Petersburg Regional Non-government Organization Centre Innovations](#)
284. [Samara Foundation for Social Development "Time to Live!"](#)
285. [Siberian alternative Center, NGO](#)
286. [Social Support and Public Health Foundation "POSITIVE WAVE"](#)
287. [Svetlana Izambayeva Charitable Foundation](#)
288. [Tamбов regional public organization for AIDS "Vestnik+"](#)
289. [The St.Petersburg LGBT Human Rights "Kriliya" Centre](#)
290. [Tomsk AntiAIDS - Regional NGO Tomsk](#)
291. [Tomsk Regional Charitable Fund "Siberia-AIDS-Aid"](#)
292. [Young Leaders' Army \(YLA\)](#)
293. [Youth action group "Healthy generation"](#)

#### Serbia

294. [AS - Center for the Encouragement Youth of people who are living with HIV and AIDS](#)
295. [Association Stav +\(Attitude +\)](#)
296. [Associjation Duga](#)
297. [JAZAS - Association against AIDS](#)
298. [Nova +](#)
299. [Podrska](#)
300. [Q-Club](#)
301. [Safe Pulse of Youth \(SPY\)](#)
302. [Veza](#)
303. [Youth of JAZAS - Yugoslav Youth Association against AIDS](#)

#### Slovakia

304. [C.A. Odysseus](#)
305. [Hivpomoc.sk](#)

#### Slovenia

- 306. Association for Harm Reduction STIGMA
- 307. SKUC-MAGNUS

#### Spain

- 308. APOYO POSITIVO
- 309. CEEISCAT-ICO-ASPC
- 310. COLEGAS, Spanish LGBT Network
- 311. Fundació Sida i Societat
- 312. Grupo de Trabajo sobre Tratamientos del VIH
- 313. Projecte dels NOMS-Hispanosida
- 314. SIDA STUDI
- 315. Union para la Ayuda y proteccionVIH/SIDA

#### Sweden

- 316. AIDS Accountability International
- 317. Heteroplus
- 318. HIV-Sweden
- 319. Kamratförenugen Oasen
- 320. Noah's Ark
- 321. PG SYD
- 322. UNPLUGGED - Youth Association

#### Switzerland

- 323. PLANes
- 324. Positive Council Switzerland
- 325. Swiss Aids Federation
- 326. Terre Nouvelle

#### Tajikistan

- 327. Center on Mental Health and HIV/AIDS (Центр по Психическому здоровью и ВИЧ/СПИД) -  
Общественная организация
- 328. Equal Opportunities
- 329. NGO "BUZURG"
- 330. NGO "Fidokor" (Общественная организация "Фидокор")
- 331. NGO "Anti-AIDS"
- 332. NGO "Sugd"
- 333. OSI Tajikistan
- 334. Public organization "Apeiron"
- 335. Public organization "AXON"
- 336. Public organization "DINA"
- 337. Public organization "Sudmand"
- 338. Vita
- 339. Young generation of Tajikistan

#### Ukraine

- 340. AIDS Foundation East-West (AFEW) - Ukraine office
- 341. All Ukrainian Network of People living with HIV (Всеукраинская сеть людей, живущих с ВИЧ)
- 342. All Ukrainian Network of PLHIV (Regional Affiliate) (Ровенское областное отделение ВБО  
"Всеукраинская сеть ЛЖВС" (региональный партнер))

343. All-Ukrainian charitable organization "Movement to support ex-inmates in Ukraine – Overcoming"
344. All-Ukrainian Harm Reduction Association
345. Auzpt
346. Bayernhaus (Баварский дом, Одесса)
347. Bright Future for You ("Светлое будущее для тебя")
348. Center for Democratic Development (ОО «Центр демократического развития»)
349. Center Plus - Ukraine (Центр плюс - Украина)
350. Centre for Rehabilitation, Prevention, Medical and Social Support 'Zlagoda'
351. Charitable association "Light of hope" (Благотворительная ассоциация «Свет надежды»)
352. Charitable Foundation "Intellectual Perspective" (Благотворительный Фонд "Интеллектуальная перспектива")
353. Charitable Foundation "Being without AIDS"
354. Charitable Foundation "Impuls"
355. Charitable Foundation "Let Your Heart Beat"
356. Charitable Foundation "Road of Life"
357. Charitable organization 'Klub Majbutne' (Благотворительная организация «Клуб "Майбутнє"»)
358. Charity Foundation 'Drop-In Centre' (Благотворительная организация "Благотворительный фонд "Дроп ин Центр")
359. Charity Foundation 'Rehabilitation Centre for Drug Users Zakhid Shans'
360. Charity Foundation "Nazareth" (БФ "Назарет")
361. Charity organisation 'Serdtshe na Ladonyah' ('Heart in your Palms')
362. Charity Organization "Substance Abuse and AIDS Prevention Foundation" (SAAPF)
363. Coalition of HIV-service NGOs / Коалиция ВИЧ-сервисных организаций
364. Crimea-based Foundation 'Our Hope' ('Nasha Nadezhda')
365. Donetsk Charitable Foundation "Obereg"
366. Donetsk Charity Regional Fund "Health of the Nation"
367. Donetsk regional public organization "Peremoha" (Донецкая областная общественная организация "Перемога")
368. East European Development Institute
369. Elena Pinchuk ANTIAIDS Foundation (Фонд Елены Пинчук «АНТИСПИД»)
370. Faith, Hope, Love - Public Movement (Вера, надежда, любовь - Общественное движение)
371. HPLGBT
372. Information-Education Center "Za Ravnje Prava"
373. Initiative Group "Testosteron" (SAAPF)
374. International Renaissance Foundation
375. Kherson Charity Foundation 'Unity (Obyedinenie)' (Херсонский областной благотворительный фонд "Объединение")
376. Kiev branch of the All-Ukrainian network of PLHIV
377. Kirovograd regional office of All-Ukrainian Network of People Living with HIV
378. Labor and Health Social Initiatives
379. Light of Hope
380. Mykolayiv Association for Gays, Lesbians and Bisexuals 'LiGA'
381. NGO "All-Ukrainian network of PLHIV" (regional affiliate)
382. Nikolayev Charitable Foundation "Exit" (Николаевский благотворительный фонд "Выход")
383. Nikolayev Charitable Foundation "Unitus"
384. Nikolayev Charity NGO "Overcoming" (Николаевское отделение ВБО "Преодоление")
385. Oblast association for tackling drug and AIDS related issues "Victoria"
386. Odessa Regional Charity Foundation FUTURE WITHOUT AIDS (FWA)
387. Our Victory (Наша победа)
388. Pedagogical association of psychologists and social pedagogues of Chernovtsy district
389. Penitentiary Initiative
390. Positive Life - Charity of Disabled People Living with HIV (Общественная организация инвалидов, живущих с ВИЧ, "Позитивная жизнь")
391. Public organization "All-Ukrainian League – Legalife"
392. Public organization "Informational- educational centre - Credo"
393. Public organization "New Status"
394. Public organization "Perspective"
395. Public organization, union "Amikus"
396. Public youth organization "Self help club - Life+"
397. Regional Public Organisation "Era of Mercy"
398. Rehabilitation and resocialization centre for drug dependent people "Source" ("Istochnik")

- 399. REHABILITATION CENTER OF ST PAUL (РЕАБИЛИТАЦИОННЫЙ ЦЕНТР СВЯТОГО ПАВЛА)
- 400. Resocialization centre for drug dependent people "Independence"
- 401. Salus, Charitable Foundation (САЛЮС, Благотворительный фонд)
- 402. SOCIUM-XXI, NGO (СОЦІУМ-XXI, НПО)
- 403. Steps - Rehabilitation Center, Charitable Organization (Ступени - Реабилитационный центр, Благотворительная организация)
- 404. Sumy regional branch "All-Ukrainian network of PLHIV"
- 405. The Chernihiv Region Youth NGO "Our Generation"
- 406. Ukrainian Institute on Public Health Policy
- 407. Youth centre of female initiatives (Молодежный Центр женских инициатив)
- 408. Youth Public Movement "Partner"
- 409. ZOBF "Council of Life" (ЗОБФ "Рада Життя")
- 410. ZOBF 'Support for prevention of drug use and addictions' ("Підтримки протинаркотичних програм та профілактики хімічних залежностей і СНІДу")

#### United Kingdom

- 411. African Community Involvement Association (ACIA)
- 412. AHPN
- 413. BASELINE Magazine
- 414. Body & Soul Charity
- 415. DRAG - development research advocacy governance
- 416. Forum Link
- 417. George House Trust
- 418. HIV Scotland
- 419. HIV360°
- 420. International HIV Partnerships
- 421. Link Together
- 422. MEDFASH (Medical Foundation for HIV & Sexual Health)
- 423. NAM
- 424. NAT (National AIDS Trust)
- 425. NPL
- 426. Positive East
- 427. Positively UK
- 428. Terrence Higgins Trust
- 429. UK AIDS and Human Rights Project
- 430. UK Coalition of People Living with HIV and AIDS
- 431. UK Community Advisory Board (UK-CAB)
- 432. UK Consortium on AIDS and International Development
- 433. University of Essex, Right to Health Project

#### Uzbekistan

- 434. Association of people living with HIV and their close ones NGO "Ishonch va Hayot"
- 435. AYOL, NGO (НПО АЁЛ)
- 436. Bektemir Department of Tashkent Society of Disabled People in Uzbekistan
- 437. Community of PLHIV in Uzbekistan
- 438. Daycare Centre "Qaldirgoch" for children and families affected by HIV
- 439. FIDAIFIDAI (Initiative group)
- 440. NGO "INTILISH"

# AIDS Action Europe membership

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**Register as a member now!** Membership is free and open to all non-governmental organisations (NGOs) in Europe and Central Asia, that are active in the field of HIV/AIDS. Civil society organisations can be defined as non-profit organisations that include:

- non-governmental organisations (NGOs)
- faith-based organisations
- community-based organisations
- patient-based organisations
- national networks
- professional associations

They are sometimes referred to as the "third sector", the government and private for profit representing the "first" and "second" sectors respectively.

If you are not a civil society organisation, we invite you to become a partner of AIDS Action Europe. Partnership is open to organisations working in the 'first' and 'second' sectors as well as international networks and institutions active in the field of HIV/AIDS in Europe and/or Central Asia. Click here for [more information about partnerships](#).

## Why become a member?

---

Membership enables you to:

- exchange experiences with other NGOs
- strengthen your organisations' knowledge and increase the impact of your activities
- present your concerns and priorities to key players at the European level
- become part of the European civil society

## What does membership include?

---

As a member you will have access to:

- regular e-newsletters on activities and forthcoming events
- AIDS Action Europe planning and decision making processes
- help in finding a European partner for specific projects
- the members' section on website
- information in the Clearinghouse to share expertise and experiences

## How to become a member?

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**Register as a member now!** By becoming a member, you endorse our [mission](#) and [ethical code](#).

## Commitment of members

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We consider membership a two-way process. It enables you to share your best practices at the European level while at the same time you can learn from other experiences. Members contribute to and promote AIDS Action Europe's political decisions, policies and programmes in their countries. Membership means commitment for action.

We welcome voluntary contributions, financial or in-kind, from members, as we depend on external support to enable the partnership to develop further. [Contact our office](#) if you wish to become a sponsor.

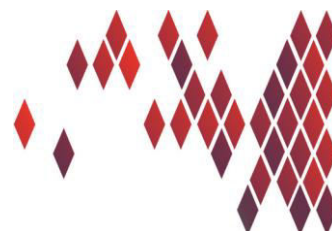


# Annual Report 2013

**AIDS Action Europe**  
**March 2014**

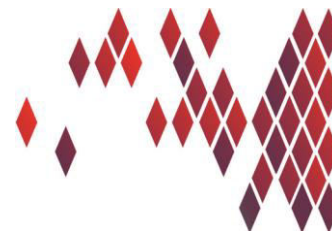






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## Executive summary

AIDS Action Europe is a European-wide network, covering EU Member States, neighbouring countries and countries in Eastern Europe and Central Asia. By the end of 2013, AIDS Action Europe had established partnerships with 436 NGOs from 46 European and Central Asian countries.

The mission of AIDS Action Europe is to bring together civil society to work towards a more effective response to the HIV epidemic in Europe and Central Asia.



For 2013, the following specific objectives have been formulated:

- Strengthen civil society contribution to regional and national HIV/AIDS policies and programmes;
- Increase collaboration, linking and learning and good practice exchange among NGOs, networks, policy makers and other stakeholders;
- Manage internal processes to successfully implement the work programme.

The core activities of AIDS Action Europe in 2013 were focused on three major areas:

- Advocacy and policy support: here, attention was paid to co-chairing the EU HIV/AIDS Civil Society Forum, evaluating the current EU Communication on HIV and providing advice for the development of a new European HIV policy beyond 2013
- Communication and support of linking and learning: the management of the HIV/AIDS Clearinghouse and AIDS Action Europe website, as key communication channels with civil society actors and other stakeholders, were main activities in this area.
- Network management: here, the communication strategy with the AIDS Action Europe network was further tailored and fine-tuned.

## Strengthen Civil Society

In 2013, AIDS Action Europe represented and supported the interests of civil society in numerous ways. For instance, Steering Committee members and staff fed the EU Think Tank on HIV/AIDS and advocated the needs of affected communities at relevant occasions, such as the 'Right to Health, Right to Life' Conference in Brussels. The involvement of AIDS Action Europe staff at relevant meetings and conferences and in CSF list server discussions safeguarded the input from a civil society perspective on a broad variety of topics.

AIDS Action Europe engaged in various policy actions, e.g., with respect to threatening restrictive HIV laws in Greece. The advocacy interventions in Greece resulted in policy adjustments and the improvement of the situation.

AIDS Action Europe worked on its advocacy and policy influencing strategy, predominantly through its active contribution - as co-chair - to the HIV/AIDS Civil Society Forum (CSF) and as member of the HIV/AIDS Think Tank. The work related to the CSF focused on the update of the EU Commission Communication on *Combating HIV/AIDS in the European Union and neighbouring countries, 2009 -2013*, including input to the evaluation of the current Communication and suggestions for the new EU HIV/AIDS Action Plan. A comprehensive document with suggestions and advice from civil society was submitted to the European Commission as input for the new EU Action Plan.





AIDS Action Europe established the European HIV Legal Forum (EHLF), which looks into access to services and health insurances for migrants in an irregular situation living with HIV. A report was published with the findings of a survey from five European countries. The Forum formulated recommendations from a civil society perspective. The work of the EHLF led to a concrete proposal for follow-up activities in 2014 and 2015.

## **Increase collaboration, linking & learning**

In 2013, the communication channels of AIDS Action Europe have been used intensively for the dissemination of news, calls for action, announcements, vacancies, events, key materials, etc. The AIDS Action Europe communication officer updated the website continuously. In 2013, the average number of visitors per month of the AIDS Action Europe website was close to 1.800 (in 2012: 1.700). The communications coordinator took care of regular moderation of the Facebook and Twitter accounts. Posts and tweets motivated network members and partners to respond and engage in debate, in particular regarding the EU/UNAIDS *Right to Health - Right to Life* High Level Meeting. AIDS Action Europe network members were updated on CSF meetings: there were live reports from both meetings; relevant quotes, pictures and videos were disseminated via Facebook and Twitter. The number of fans and followers on Facebook and Twitter increased significantly in 2013 (29% and 42% respectively).

Communication with the network through our newsletter has intensified: the *Network News* was disseminated 10 times among a mailing list of more than 600 addresses (in 2012: 500). In addition, AIDS Action Europe disseminated tailored information, resulting in a higher number of readers of our messages, which succeeded in the aim to reach specific target groups with relevant information (instead of addressing the overall network).

The HIV/AIDS Clearinghouse grew steadily in 2013; a total of 66 new materials were uploaded into the Clearinghouse database. The AIDS Action Europe network grew with 11 new members to a total number of 436 members and 15 partners at the end of 2013.

## **AIDS Action Europe's involvement in EU Joint Action: Improving Quality in HIV Prevention**

The Joint Action on Quality in HIV Prevention (QHP) is an ambitious and comprehensive 3-year project, initiated by the European Commission. It aims at improving in a structural way prevention efforts at various levels – from policy to the development of tools and interventions. QHP started in March 2013, and AIDS Action Europe is one of the associated partners. AIDS Action Europe contributes specifically in the areas of policy and communication. It can be expected that the results of QHP will have a positive impact on the work of AIDS Action Europe and its partners. In addition, the cooperation between AIDS Action Europe and QHP will create opportunities to create synergy and establish links with Ministries of Health and other governmental and non-governmental actors in the field. Finally, it will increase AIDS Action Europe's visibility and the possibility to update the Clearinghouse with new materials. In 2013, AIDS Action Europe staff provided input into two work packages, and it can be expected that the involvement will continue and intensify in 2014.

## **Conclusions and recommendations**

From the experiences gathered in 2013 it can be concluded that AIDS Action Europe is a valuable and respected player in the area of HIV and AIDS in Europe. The network is relevant for both (European) policy makers and the NGO sector. In particular through its central role for the HIV/AIDS Civil Society Forum and EU Think Tank, AIDS Action Europe can safeguard that the experiences and expertise of affected communities are incorporated in policy making processes, and that policy issues are communicated effectively to non-governmental actors in the field.

The fact that the network has grown in 2013 and that communication with the network members has intensified is a clear indication that AIDS Action Europe caters to the needs of its stakeholders.



The three specific objectives – strengthen civil society, increase collaboration, linking and learning, manage internal processes – and their respective areas of work, have proven to be suitable and effective to achieve the main aim and the strategic objectives of the network. The cooperation with the EU-wide Joint Action on Improving Quality in HIV Prevention and the involvement in two work packages has been and will be of great potential to improve the visibility and increase the profile of AIDS Action Europe.

The major challenge for AIDS Action Europe in 2013 was the funding situation. Finding appropriate co-funding agencies proved to be increasingly difficult. This resulted in an adjusted budget and – accordingly – slight adjustments of the work plan. The Steering Committee and the host organisation looked intensely in the financial possibilities and restrictions and suggested ways to realise the work plan in a justified manner. For 2014 it is recommended, that the financial and co-funding challenges are met in such a way, that the valuable work of AIDS Action Europe is safeguarded in the future.

The activities of AIDS Action Europe in 2013 were made possible thanks to financial contributions from the Second EU Public Health Programme (2008-2013) through the Executive Agency for Health and Consumers, Aidsfondet, ViiV Healthcare's Positive Action Programme, T101 Limited, Gilead Sciences and WHO Europe.







## Introduction

AIDS Action Europe is a European-wide network, covering EU Member States, neighbouring countries and countries in Eastern Europe and Central Asia. By the end of 2013, AIDS Action Europe had established partnerships with 436 NGOs from 46 European and Central Asian countries.

The mission of AIDS Action Europe is to bring civil society together to work towards a more effective response to the HIV epidemic in Europe and Central Asia. The strategic objectives are to strengthen and support civil society's contributions in the fight against HIV and AIDS by:

- Making an effective and meaningful contribution to regional and national policies related to HIV and AIDS;
- Facilitating continuous exchange among NGOs on good practices and lessons learned in the field of HIV and AIDS;
- Developing a stronger, more effective organisation and network.



Specific objectives for 2013 were to:

- Strengthen civil society contribution to regional and national HIV/AIDS policies and programmes;
- Increase collaboration, linking and learning and good practice exchange among NGOs, networks, policy makers and other stakeholders;
- Manage internal processes to successfully implement the work programme.

Core activities of AIDS Action Europe in 2013 were focused on co-chairing the EU HIV/AIDS Civil Society Forum and managing the HIV/AIDS Clearinghouse and AIDS Action Europe website, as key communication channels with civil society actors and broader stakeholders. In addition, we focussed on evaluating the current EU Communication on HIV and the development of a new European HIV policy beyond 2013. Finally, the communication strategy with the AIDS Action Europe network was further tailored and fine-tuned.

## 1 Strengthen civil society contribution

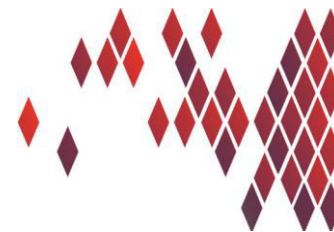
### 1.1 The EU HIV/AIDS Civil Society Forum and Think Tank

The EU HIV/AIDS Civil Society Forum and Think Tank proved to be crucial in safeguarding the input of civil society into European agenda setting and policy making.

As co-chair of the EU HIV/AIDS Civil Society Forum (CSF) and member of the EU HIV/AIDS Think Tank, AIDS Action Europe contributed effectively to European policies. The CSF and Think Tank are important policy dialogue mechanisms in the European region, including neighbouring countries like Russia and Ukraine. The CSF facilitates in particular connection between civil society actors, while the Think Tank addresses primarily national public servants. CSF and Think Tank meetings are organised twice a year, and play a vital role for the European Commission Communication and Action Plan on HIV/AIDS 2009-2013. The two CSF chairs, of whom one originates from AIDS Action Europe create a formal link between both fora.

#### 1.1.1 CSF input towards new HIV/AIDS Action Plan

The Commission Communication on HIV/AIDS expired in December 2013, and a new Communication is not yet in place. The CSF therefore lobbied with the Commission in order for them to find an interim solution to prevent a policy void. This topic was discussed at both CSF meetings. A call was sent to EU leaders and the EC to reaffirm their leadership and commitment regarding HIV/AIDS by approving a new strategy and action plan. This call was signed by 200 civil society organisations and other stakeholders in the European region. Next to the public call, there was a meeting with Paula Duarte



Gaspar, representative of EU Commissioner Tonio Borg's cabinet on March 18, 2013. The meeting was also attended by Paolo Guglielmetti (DG Sanco) and Ann-Isabelle von Lingen (policy officer at EATG). During the meeting, civil society representatives stressed their strong concern about the EU Commission Communication and Action Plan on HIV/AIDS 2009-2013 coming to an end in due course, and the need to have a renewed formal political document in support of HIV policy in future years.



**AIDS Action Europe** @aidsactioneurop · Dec 9  
Civil Society organizations are meeting in Luxembourg #HivAidsCSF to discuss the future of HIV/AIDS policy #Actionplan2014 in Europe.  
Expand    Reply    Delete    Favorite    More

The efforts of the CSF lobby resulted in the decision to update the present Action Plan as an interim reference document until the new policy framework comes into effect. European Commissioner Tonio Borg committed to a new EU policy framework by the end of his mandate (October 2014). The CSF was invited to contribute to the update of the Action Plan. A document with collated suggestions received from CSF members, EATG Board members, AIDS Action Europe Steering Committee members as well as the CSF Coordination Team was sent to Matthias Schuppe and Paolo Guglielmetti from the EC as input for the new Action Plan. Probably not all suggestions will make it into the new Action Plan, but it can be expected that they are food for thought towards a new Communication.

*"I would like to thank you and your services for the valuable input that was provided during the consultations in preparation of the prolongation and look forward to working with you and ECDC to implement the actions contained in the plan."*  
**John F. Ryan, Acting Director European Commission**

### 1.1.2 Evaluation of the present EU Communication on HIV/AIDS

In September 2013, the European Centre for Disease Control (ECDC) launched the final report *Monitoring implementation of the European Commission Communication and Action Plan for combating HIV/AIDS in the European Union and neighbouring countries, 2009 – 2013*. The report is based on a monitoring process in 2011 and 2012 among different stakeholders, including the HIV/AIDS Civil Society Forum. The AIDS Action Europe office, in its role as CSF co-chair, coordinated both times the CSF response and compiled two reports as input for the ECDC. The ECDC report marks progress made on reaching the goals of the Commission Communication, as well as the remaining challenges. It also highlights the challenges for 2013, the final year of the Communication, and for the years ahead, while working towards a new political framework on HIV for the European region. Through its involvement with the CSF, AIDS Action Europe is able to provide vital input to shaping this new framework. In 2013, AIDS Action Europe committed itself to taking up the key conclusions and recommendations from the report and to feed them into CSF meetings and discussions about future EU HIV policies.



**AIDS Action Europe** @aidsactioneurop · Sep 18  
What's in it for us as civil society? The @ECDC final report on monitoring implementation of EC communication is out: [bit.ly/16DBc4E](http://bit.ly/16DBc4E)  
Expand    Reply    Delete    Favorite    More

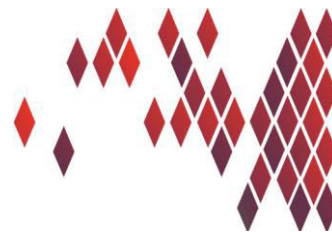
Among others, the following aspects are stressed in the conclusions of the report:

- The CSF is recognized as a valuable platform for policy dialogue, exchange of information and experience, and for promoting Europe-wide action and effective communication.
- Participation in the CSF has enabled civil society organisations to play a more visible role in national policy dialogue in a number of countries.

### 1.1.3 CSF lobby on the situation in Greece

In Greece, the modification of a health provision regulation led to the arrest, detention, mandatory HIV testing, publication of photographs and personal details and the pressing of criminal charges against 12 women (1 sex worker and 11 drug users) and to the re-introduction of a law on compulsory HIV testing. Following the e-mails immediately addressed by the CSF to the Cabinet of Commissioner Borg and to the officers of the HIV team in Luxembourg, Positive Voice, the Greek member of the CSF, received a prompt reply by Paola Duarte Gaspar saying that Commissioner Borg raised his concerns on this issue





with the Minister of Health of Greece and received assurances that the Greek government will be presenting a new law, which fully complies with human rights. The CSF was also reassured that the Commissioner and his Cabinet will be following this matter very closely. The CSF also formulated and sent two letters to EU Commissioners Dalli and Reding, complaining about the situation and suggested to contact the Greek authorities and urge them to adopt evidence-based programmes instead of discriminating actions.

The advocacy interventions in Greece resulted in policy adjustments and the improvement of the situation. 8 of those 12 women were set free by the court, as their cases didn't have any legal base. The four women still in prison are charged for other offenses. Positive Voice was invited – as the only member of the Greek civil society – to attend a round table discussion with Greek authorities and public officials, in order to study the abolition or the modification of the health provision regulation.



### 1.1.4 Further collaboration and activities

In 2013, the CSF email group/listserv has been used far more intensively than in previous years. CSF members requested input and support from other CSF members, in order to develop or feed into national policies and developments.

Some examples of letters and statements that were sent out by the CSF to representatives of the EU or states are mentioned below. In general, they were developed by the CSF coordination team, in cooperation with other CSF members, who were involved through the civil society e-mail group.

- Letter sent to the president of Ukraine to bar anti-gay bill;
- CSF letter to EAHC on ensuring community and civil society participation in improving access to early diagnosis of HIV/AIDS and timely treatment and care of most vulnerable groups and in priority regions in Public Health Call 2013-Project(s);
- Call upon European Union leaders and the European Commission to reaffirm their leadership and commitment on HIV/AIDS, both inside and outside the European Union, by approving a new strategy and action plan on HIV/AIDS;
- Call upon Italian leadership to organise an event for the decennial of the “Dublin Declaration on Partnership to Fight HIV/AIDS in Europe and Central Asia” during the Italian EU Presidency in 2014.



AIDS Action Europe @aidsactioneurop · 16 Jan 2013

Just sent by EU #HIV/AIDS Civil Society Forum: an appeal to Ukrainian Parliament to reject the draft #homophobic law [bit.ly/Y90NAh](http://bit.ly/Y90NAh)

Collapse

Reply Delete Favorite More

### 1.1.5 Think Tank meetings

Both CSF meetings were followed by Think Tank meetings that were attended by three AIDS Action Europe representatives and three EATG representatives of the CSF, including the two co-chairs. At both meetings, the CSF co-chairs reported back to the Think Tank on the work and outcomes of the CSF.

This procedure proved to be a suitable tool to link the agenda of civil society with policy making at the national level in the EU Member States.

## 1.2 Participation in other events

Throughout the year, AIDS Action Europe Steering Committee members and staff were involved in advisory activities in relation to relevant European and international policies. In addition, they participated actively in key European and international events. The AIDS Action Europe leaflet and promo gadget (developed in 2012) have been widely disseminated at these meetings and conferences:

- EC/UNAIDS ‘Right to Health, Right to Life - HIV/AIDS and Human Rights’ conference in Brussels, 27-28 May 2013.



The purpose of this meeting was to promote and protect human rights and get towards zero discrimination in the EU and neighbouring countries. AIDS Action Europe and CSF members played different roles at the conference, as speakers and panellists. The AIDS Action Europe co-chair of the CSF, Ms Lella Cosmaro, made the closing remarks. The discussion paper “Right to Health - Right to Life: Why we Need to Act Now on HIV and Human Rights” was made available through the HIV/AIDS Clearinghouse.

- At the COBA Test Final Conference, AIDS Action Europe coordinator Martine de Schutter gave a presentation about the different communication channels of AIDS Action Europe for the wider dissemination of lessons learned, materials and discussions around Community Based Voluntary Counselling and Testing (CBVCT). In addition, she informed the audience about the HIV/AIDS Civil Society Forum as a policy influencing mechanism. She also wrote a blog about the conference.
- Martine de Schutter, replacing CSF co-chair Lella Cosmaro, attended the EU Health Policy Forum (EUHPF), in order to link up with CSF policy discussions and to put HIV on the EUHPF agenda. The rationale and terms of reference of the CSF were shared as a good practice example for the EUHPF.
- Martine de Schutter presented the AIDS Action Europe Clearinghouse and Civil Society Forum as good examples of knowledge sharing at EU level during the pre-conference workshop of the 6th EPH Conference: Evidence generation and successful knowledge transfer in public health: operating at multiple levels of the science-policy interface.
- AIDS Action Europe was a supporting organisation of HARM REDUCTION 2013, Harm Reduction International's 23rd international conference. Lella Cosmaro was a panellist at the session ‘Human rights – who to blame and what to do?’ In addition, she took care of publicity for AIDS Action Europe.
- Dejana Rankovic represented AIDS Action Europe at the HIVERA policy makers and experts workshop and disseminated AIDS Action Europe materials among the participants.



### 1.3 European HIV Legal Forum

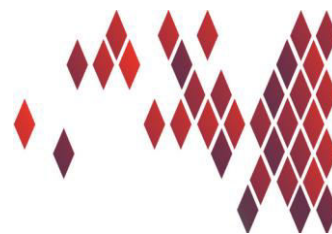
In 2012, AIDS Action Europe established the European HIV Legal Forum (EHLF), which looks into access to services and health insurances for migrants in an irregular situation living with HIV. In 2013 a report was published with the findings of a survey from five European countries on legal issues regarding access to services and health insurance for migrants living with HIV in an irregular situation. The Forum formulated recommendations from a civil society perspective.

At the end of October 2013, a Roundtable meeting was organised to define the general outline of a project plan for the coming two years for the EHLF, including objectives, activities and expected outcomes, stakeholder analysis and funding plan. Unfortunately, due to several external factors beyond our control (including a major storm affecting the Netherlands) only two country representatives could attend (Italy and Switzerland), while three others (Hungary, Netherlands and the UK) were absent. As a follow up to the meeting, a consultant was hired to formulate - together with the EHLF working group - a funding proposal.

### 1.4 IQhiv initiative/Joint Action on Improving Quality in HIV Prevention

The Joint Action on Quality in HIV Prevention (QHP) is an ambitious and comprehensive 3-year project, initiated by the European Commission. It aims at improving - in a structural way - prevention efforts at various levels, from policy to the development of tools and interventions. QHP started in March 2013, and AIDS Action Europe is one of the associated partners. AIDS Action Europe contributes in particular in the areas of policy and communication. Firstly, the involvement in this project is meant to improve quality aspects of AIDS Action Europe and its partners. But it can be expected that some broader, secondary effects can be achieved as





well. The cooperation between AIDS Action Europe and QHP will create opportunities to find new synergy and links with Ministries of Health and other governmental and non-governmental actors in the field. It will increase AIDS Action Europe's visibility and the possibility to update the Clearinghouse with new materials. In 2013, AIDS Action Europe staff provided input to two work packages, and it can be expected that the involvement will continue and intensify in 2014. Our members will be approached and invited to take part in the seminars and workshops in the respective countries, with the aim to improve the quality of HIV prevention initiatives.

## 2 Linking and learning

### 2.1 The HIV/AIDS Clearinghouse

Since its launch in 2007, the HIV/AIDS Clearinghouse has played an important role in facilitating linking and learning between various actors in the field of HIV/AIDS in Europe and Central Asia in general, and AIDS Action Europe members in particular. Many of the communication activities that were carried out in 2013 were therefore directly linked to the Clearinghouse. These activities focused in particular on the following aspects:

- promoting the use of the Clearinghouse;
- keeping the Clearinghouse up to date;
- (technical) maintenance.



We actively searched for relevant publications and stimulated our members to upload new resources. At the end of 2013, the Clearinghouse contained 1296 resources, compared to 1229 in 2012 – an increase of more than 5 %. We promoted the Clearinghouse through posting its latest publications on Facebook and Twitter. The Clearinghouse Update was disseminated 12 times in both Russian and English. This newsletter informs users of the Clearinghouse about the latest added materials and the most popular downloads. In addition, two special Clearinghouse Updates were released. The AIDS Action Europe network and Clearinghouse users were also stimulated through direct mailing activities – drawing attention to new publications that reached AIDS Action Europe through different channels. The communication officer stimulated the authors of these publications to share them on a wider European level by uploading them to the Clearinghouse.

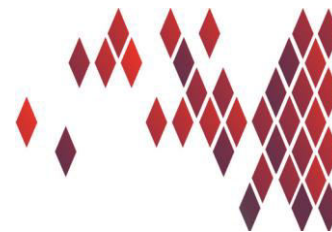
In 2013, a separate account for the Clearinghouse was created in Google Analytics, providing us with the opportunity to separately analyse statistics of the Clearinghouse. The “open rate” i.e. the percentage of recipients who opened the Clearinghouse Update, was 20% in 2013. The percentage of recipients who clicked on one of the links in the Update - the “click-through rate” - was 5%.

In 2013, 67 new documents were uploaded to the Clearinghouse database bringing the total number of key materials to 1296, a growth of 5% instead of the targeted 10%. Despite our efforts, the targets appeared to be too ambitious.

### 2.2 Network News

In 2013, the AIDS Action Europe newsletter was modified. It got a new name – Network News – and the format was changed. The new outline aimed at focusing on activities that AIDS Action Europe either had carried out or had been involved in. Besides, network members and EU funded projects were actively approached and encouraged to write articles for the newsletter. In that sense, the newsletter provided contributing organisations with a platform to present their activities and at the same time to strengthen relations with them. The newsletter was disseminated ten times in 2013, compared to four times in 2012. We assumed that a more frequent newsletter would be more effective to inform the network about relevant news and activities. Although the higher frequency may have increased AIDS Action Europe's visibility, the statistics show a decrease in reading the newsletter: 26% opened and 6% clicked through, compared to 30% and 10% respectively in 2012. Based on the experiences from 2013, the number of newsletters in 2014 will be reduced: every other month an issue



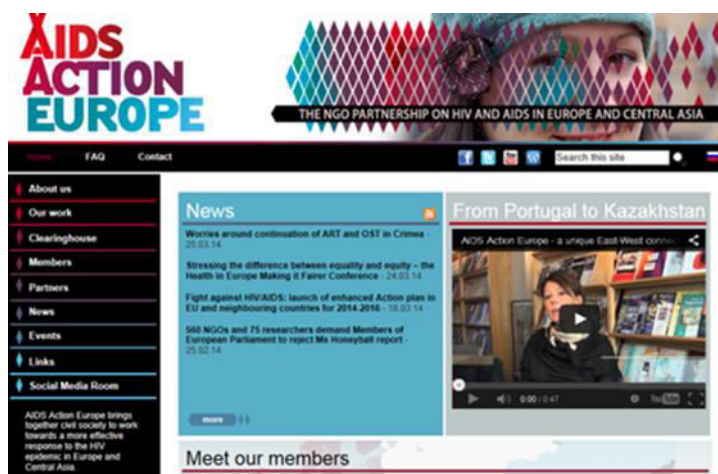


of the Network News will be sent out, and in the following month a Clearinghouse Update will be sent to the Clearinghouse users.

## 2.3 Social Media & Website

The AIDS Action Europe network grew with 11 new members to a total number of 436 members and 15 partners at the end of 2013. The AIDS Action Europe website played an important role for facilitating linking and learning between members, partners and projects. Network members were requested on a regular basis to update their profiles and the list with project files on the website was adjusted accordingly. New EC-funded projects were invited to create a project profile.

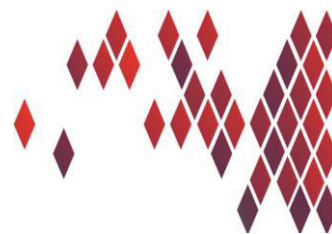
As in earlier years, the website was updated almost daily with announcements, calls for action, vacancies and events (in English and Russian). More traffic to the website was generated by posting links on Facebook and Twitter. After every Network News and Clearinghouse Update an increase in the number of page views was measured. Although the target of 2,000 web visits per month has not been met, the number of web visits was satisfying. There was a slight increase to a monthly average of 1799 visits, compared to 1736 in 2012. 71% were new visitors, which is similar to 2012. The social media room on the website was kept up to date and promoted through several communication channels. Here, at a single glance, one can see what's happening on the AIDS Action Europe social media: Twitter, Facebook, YouTube and WordPress. In 2013, guest bloggers were invited to contribute to WordPress.



AIDS Action Europe staff continuously interacted with network members, by actively communicating through Facebook and Twitter. Clearinghouse publications, calls for action, EU funded projects, external funding opportunities and other announcements, vacancies, events, Network News and Clearinghouse Updates were disseminated as tweets and Facebook posts. The messages were often combined with questions to trigger dialogue or response. On Facebook, images and movies were used that supported the content of the posts with the aim to communicate in a more attractive way. A specific link was included in the newsletter to the “Member Mondays” on Facebook, in order to facilitate further exchange between network members. At the end of 2013, 761 people “liked” AIDS Action Europe’s Facebook page (32% increase), whilst 396 were following us on Twitter (51% increase). Since most Facebook fans and Twitter followers are following us with their personal accounts, it is not possible to give an exact percentage about how many of them are also a member or partner of the AIDS Action Europe network.

## 2.4 Tailored mailings

Tailored mailings are direct mailings focussing on one particular subject sent to either a selection of interested parties or to all members. The look-and-feel of such a mailing is similar to the Network News and Clearinghouse Update, in order to create a distinct and clear AIDS Action Europe signature. For instance, in one mailing we invited our members to take action and endorse our call to action for a renewed European HIV policy. The open and click-through rates of this mailing were 31% and 9% respectively. By way of comparison: both percentages were higher than the average of our standard newsletter: 26% and 6%. It can be concluded that tailored messages succeed to reach network members in a more effective way.



### 3 Management of the network

AIDS Action Europe is hosted by the Dutch NGO STI AIDS Netherlands (Soa Aids Nederland) and has its office in Amsterdam. An international Steering Committee acts as governing body on all programmatic issues concerning policy, strategy, finance, monitoring and evaluation. Steering Committee members are individuals originating from AIDS Action Europe member organisations or partners. The geographical scope of AIDS Action Europe's is the WHO European region; this is also reflected in the composition of the Steering Committee. In 2013 members came from Belarus (chair), Ukraine, Serbia, Hungary, Italy, Kazakhstan, the Netherlands, Switzerland, Lithuania, United Kingdom and regional networks AIDS Foundation East West (AFEW) and European AIDS Treatment Group (EATG). The AIDS Action Europe office is run by an executive coordinator, a communications officer and a programme assistant.

The AIDS Action Europe Steering Committee takes care of its governing tasks through regular conference calls and bi-annual Steering Committee meetings. In January 2013, one meeting was organised with a special focus on the financial challenges of AIDS Action Europe.

The second meeting was organised in April 2013 in Amsterdam. During this meeting the future of AIDS Action Europe in a changing Europe was discussed. There is still an alarming rise of HIV infections in Eastern Europe, while governments do not take appropriate measures in terms of prevention, treatment and care. The meeting also addressed the challenges for AIDS Action Europe due to the economic crisis; it becomes increasingly difficult to acquire co-funding, while at the same time the relevance of AIDS Action Europe for its members remains particularly high in times like these.



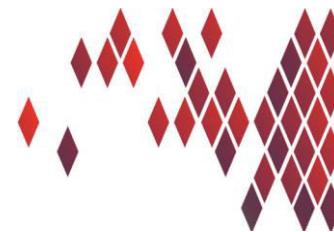
The AIDS Action Europe network – primarily civil society organisations and community based organisations in Europe and Central Asia – grew in 2013. By the end of the year, the network consisted of 436 members in 46 countries in the WHO Europe region. 153 members are based in EU Member States, and 269 are from non-EU Eastern European and Central Asian countries. The AIDS Action Europe network also involves partners (15) and EU projects (7). Partners are (international) networks or organisations not being non-governmental.

## 4 Impact analysis and planning for the future

### 4.1 Analysis of the results

One of the major tools of AIDS Action Europe for civil society representation – the EU Civil Society Forum – has been evaluated extensively in the ECDC report *Monitoring implementation of the European Commission Communication and Action Plan for combating HIV/AIDS in the European Union and neighbouring countries, 2009–2013, Final Report*<sup>1</sup>. The AIDS Action Europe office played a vital role in the evaluation process, as it coordinated the response of civil society to the

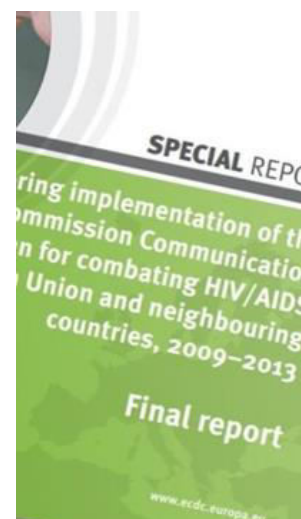
<sup>1</sup> The report can be found in the AIDS Action Europe Clearinghouse: <http://www.aidsactioneurope.org/clearinghouse/latest-added-items/final-report-monitoring-implementation-european-commission>



monitoring questionnaire.

The ECDC report gives valuable feed-back on the role and functioning of the CSF and its coordination, not only from the CSF members perspective, but also from Think Tank members, the European Commission and various international agencies. The comments and feedback can be used in the future to improve the co-chairing of the CSF. According to the evaluation, the CSF is a valuable platform for policy dialogue, exchange of information and experience, promotion of Europe-wide actions and effective communication. The report refers to several examples of CSF's vital role in sharing information and good practice, stimulating discussion, and developing recommendations and advice. The CSF is recognized for its critical role in facilitating dialogue between civil society and policy makers.

With respect to the quality of the CSF meetings, evaluation after every meeting shows high satisfaction about the way AIDS Action Europe and EATG co-chair the Forum. Based upon these assessments it can be concluded that AIDS Action Europe is successfully chairing an important and valuable platform for European civil society.



As far as two other policy areas of AIDS Action Europe are concerned – the European HIV Legal Forum and the EU Joint Action on Quality in HIV Prevention – it is still too early to analyse its results and impact. Nevertheless, both initiatives have great potential to contribute significantly to the aims and objectives of AIDS Action Europe.

As described in section 3, analysis suggests that the communication channels of AIDS Action Europe are appropriate for the achievement of the network's objectives. The use of the different tools – website, social media accounts etc. – is still increasing, even if the percentages are somewhat lower than envisaged.

Finally, also the network as such has grown, which is reflected in the increased number of members. This may be considered as clear indicator that AIDS Action Europe responds in a suitable way to the needs of civil society in Europe.

## 4.2 Future

Several concerns arise when looking at the future of AIDS Action Europe.

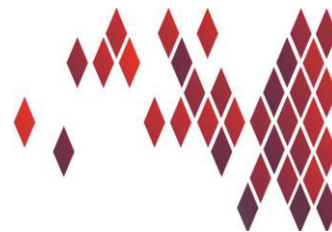
Firstly, concerns of general nature: the economic crisis is likely to have negative effects on access to HIV prevention, treatment and care, and to threaten the sustainability of HIV programmes and interventions that have been developed by NGOs for the most affected populations. Members of AIDS Action Europe and the Civil Society Forum indicate that NGOs face increasing difficulties in having their core activities financed.

Secondly, there are concerns affecting directly AIDS Action Europe. The host of AIDS Action Europe also experiences the increasing difficulty to find financial resources to sustain AIDS Action Europe's core programme. In 2013, efforts to secure sufficient co-funding for the entire work programme did not lead to satisfying results, and the AIDS Action Europe Steering Committee and the host organisation had to take measures and adapt the work programme, in order to reduce costs and the minimise the funding gap.

For 2014 and beyond, securing a sound funding structure needs to have highest priority, in order to safeguard the sustainability of the network.

## 5 Financial overview 2013

This financial review covers the 10th operational year of AIDS Action Europe, ending 31 December 2013. The information in this statement originates from the accounts of the host organisation STI AIDS Netherlands.



## 5.1 Income and expenditures

Income and expenditures in 2013 were € 355.687,- , less than the originally budgeted € 468.534,-.

As far as staff costs are concerned, the totals include the salaries and all related social liabilities, accommodation and associated costs, utilities, telecommunication and computer costs, administrative expenditures, financial charges, insurances and administration costs.

Administration costs include internal support services, such as finances (part not included in staff costs), facility management and reception, IT, human resources management and general management.

## 5.2 Budgetary adjustments

Throughout 2013, AAE staff and host organisation engaged in numerous fundraising activities to secure the co-funding of the work plan. However, it appeared that finding additional funding became increasingly difficult, so that the initial planning (activities and budget) had to be adjusted, in order to prevent serious financial problems.

The AIDS Action Europe Steering Committee and host organisation decided to find a solution that safeguarded the quality of the work, while at the same time expenses could be limited.

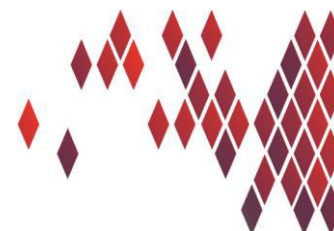
This led to the following adjustments:

- Reducing staff costs: the working hours of one staff member were decreased and her term was limited; her tasks were taken over by other staff members.
- Reducing staff travel and subsistence: mission costs for staff members and Steering Committee members were seriously reduced. For instance, meetings were combined, in order to reduce travel and accommodation costs. With respect to the CSF meetings, it was decided that one instead of two staff members would attend. One Steering Committee meeting (in Belgrade) was replaced by an extensive Skype conference.
- Reducing travel and subsistence of external invitees: here again, the cancellation of the Belgrade meeting resulted in substantial savings. Other meetings took place as planned, but with strict budget control.
- Reducing information & publication costs: the agreed deliverables have been realised, however with a limited budget. The design of the leaflet from last year was kept with minimal adaptations to save budget, and the trouble-shooting and website improvement budget was reduced by 50%.
- Only one activity has been cancelled: the photographer's fee and travel expenses to produce a database of visual materials was cancelled. Although this might have made communication channels more attractive, the SC considered it as a "luxury" expense that could be deleted from the budget without affecting the content of the work too much. Free stock photos were used instead.
- Finally, the Russian web editor's hours were reduced by 50% for the second half of 2013. Prioritizing messages online helped to limit the negative impact of this budgetary limitation.

Steering Committee, staff and host organisation are convinced that the balance achieved between limiting expenses and safeguarding quality has been successful, and that the overall achievements of the plan of work can be considered very satisfying.

## 5.3 Auditors' endorsement

The summarised financial information for 2013 presented on these pages for STI AIDS Netherlands is derived from its financial statement. The full statement and audit report of the organisation is included in the SANL Annual Report and can be found at [www.soaids.nl](http://www.soaids.nl). PWC auditors expressed an unqualified opinion on these financial statements in March 2014.



## 5.4 Statement of budget, income and expenditure as of 31 December 2013

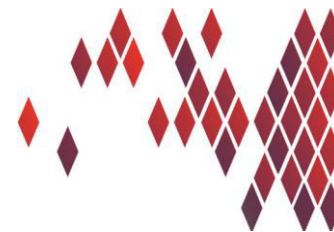
<b>BUDGET AND EXPENDITURES</b> Amounts in euro	<b>ACTUAL</b> <b>2013</b>	<b>BUDGET</b> <b>2013</b>	<b>ACTUAL</b> <b>2012</b>
<b>Staff</b>			
Staff costs	255.088	301.325	277.161
Costs administration	50.879	56.688	50.813
<b>Total staff costs</b>	<b>305.967</b>	<b>358.013</b>	<b>327.974</b>
<b>Direct programme costs</b>			
Subsistence	9.598	36.622	21.387
Travel	10.470	25.800	17.875
Other	3.000	3.534	12.249
Meetings	800	5.485	3.237
Communication	6.595	13.000	23.367
Studies, consultancies	19.257	26.080	18.190
Programme activities third parties	0	0	29.862
<b>Total direct programme costs</b>	<b>49.720</b>	<b>110.521</b>	<b>126.167</b>
<b>TOTAL EXPENDITURES</b>	<b>355.687</b>	<b>468.534</b>	<b>454.141</b>
<b>INCOME</b>			
European Commission	196.082	263.580	232.387
Aids Fonds	20.000	0	40.000
MAC AIDS FUND (via Tides Foundation)	0	0	35.878
ViiV Healthcare's Positive Action	40.000	40.000	40.000
Gilead Sciences Ltd.	23.334	22.000	23.333
T101	4.257	4.257	10.110
Aids Fondet	5.000	5.000	6.716
WHO	2.541	2.543	2.386
Other	0	131.154	9.639
<b>TOTAL INCOME</b>	<b>291.214</b>	<b>468.534</b>	<b>400.449</b>
<b>RESULT</b>	<b>-64.473</b>	<b>0</b>	<b>-53.692</b>
Reserves per 1 January	77.733		102.042
Reserves ROST	0		29.383
Deficit	-64.473		-53.691
<b>Reserves per 31 December</b>	<b>13.260</b>		<b>77.733</b>
Allocation reserves:			
Continuity	13.260		77.733





## 5.5 Detailed statement 2013

PROJECTNAME	OPERATING GRANT	QUALITY ACTION	TOTAL
<b>EXPENDITURES</b>			
Staff Costs	250.386	4.702	255.088
Costs administration	49.921	958	50.879
<b>Total staff costs</b>	<b>300.307</b>	<b>5.660</b>	<b>305.967</b>
<b>DIRECT PROGRAMME COSTS</b>			
Subsistence	9.313	285	9.598
Travel	10.004	466	10.470
Other	3.000	0	3.000
Meetings	800	0	800
Communication	6.595	0	6.595
Studies, consultancies, translation	19.257	0	19.257
<b>Total direct programme costs</b>	<b>48.969</b>	<b>751</b>	<b>49.720</b>
<b>TOTAL EXPENDITURES</b>	<b>349.276</b>	<b>6.411</b>	<b>355.687</b>
<b>INCOME</b>			
European Commission	192.212	3.870	196.082
Aids Fonds	20.000	0	20.000
ViiV Healthcare's Positive Action	40.000	0	40.000
Gilead Sciences Ltd.	23.334	0	23.334
T101	4.257	0	4.257
Aids Fondet	5.000	0	5.000
WHO	0	2.541	2.541
<b>TOTAL INCOME</b>	<b>284.803</b>	<b>6.411</b>	<b>291.214</b>
<b>RESULT</b>	<b>-64.473</b>	<b>0</b>	<b>-64.473</b>
Reserves per 1 January	77.733	0	77.733
Deficit	-64.473	0	-64.473
<b>Reserves per 31 December</b>	<b>13.260</b>	<b>0</b>	<b>13.260</b>
Allocation reserves:			
Continuity	13.260	0	13.260



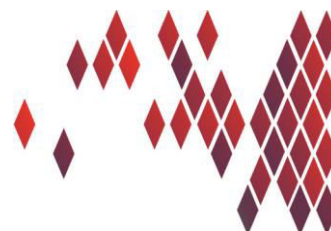
## Acknowledgements

AIDS Action Europe is a European-wide network, and its objectives for 2013 could not have been achieved without the support of and cooperation with numerous stakeholders, colleagues and friends. We would like to take the opportunity to acknowledge the involvement of our partners and thank them for their valuable input throughout the previous year.

In particular we would like to express gratitude to:

- The AIDS Action Europe members: they provided input into our work plan, were dedicated partners throughout the year and contributed significantly to the AIDS Action Europe Clearinghouse;
- The members of the AIDS Action Europe Steering Committee: they provided guidance to the network and were involved in all strategic decisions;
- The members of the EU HIV/AIDS Civil Society Forum: from their respective NGO backgrounds, they played a crucial role in indicating needs for policy change and action;
- Our co-chair 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;
- Our partners in the European HIV Legal Forum: they contributed significant efforts to investigating legal aspect with respect to developing and implementing appropriate policies and interventions in the field of access to HIV prevention, care and support;
- The staff members of AIDS Action Europe: they took care of the smooth operating of the AIDS Action Europe office and catered to the needs of the AIDS Action Europe members;
- Last but not least, the various funding agencies: the European Commission/EAHC, ViiV Healthcare Positive Action, T101 Limited, Gilead and the Danish Aids Fondet provided generous financial support and made the implementation of AIDS Action Europe in 2013 possible.

We are convinced that the cooperation of all the above-mentioned partners provided a meaningful contribution to the fight against HIV and AIDS in Europe.



# ANNEXES

## List of Steering Committee members and staff

STEERING COMMITTEE MEMBERS 2013	
Elena Grigoryeva (chair)	Belarus network of PLHIV, Belarus
Assel Janayeva	Public organisation Amulet, Kazakhstan
Ferenc Bagyinszky	Hungarian Civil Liberties Union, Hungary
Harry Witzthum	Swiss Aids Federation, Switzerland
Anke van Dam	AIDS Foundation East-West, the Netherlands
Lella Cosmaro	LILA Milano ONLUS, Italy
Daria Ocheret	Eurasian Harm Reduction Network, Lithuania
Martin van Oostrom	STI AIDS Netherlands, the Netherlands
Brian West	EATG, Belgium
Svetlana Moroz	All Ukrainian network of PLHIV, Ukraine
Dejana Rankovic	Youth of Jazas, Serbia

STAFF	
Martine de Schutter	Executive Coordinator AIDS Action Europe
Maureen Sellmeijer	Communications Coordinator AIDS Action Europe
Rieneke de Man <sup>2</sup>	Communications Coordinator AIDS Action Europe
Dieuwke Bosmans	Programme Assistant AIDS Action Europe
Nina Schat	Programme Officer AIDS Action Europe

<sup>2</sup> Replaced Maureen Sellmeijer



# AIDS ACTION EUROPE ETHICAL CODE FOR PARTNERSHIPS AND SPONSORING

## Definition

**For the purpose of this policy a corporate partnership is defined as a relationship with a corporation or institute where the company or firm interacts with AIDS Action Europe to achieve joint objectives on levels such as financial donation, employee engagement and/or corporate social responsibility.**

## 1 Introduction

AIDS Action Europe attaches great importance to partnerships with other organizations and with the private sector, in order to generate a social and/or financial added value. Such partnerships may be related to specific projects, like an information campaign, or they may be of a more general nature, such as structural sponsoring for the secretariat or a specific action plan. In principle every activity, every programme, service or project of AIDS Action Europe is eligible for sponsoring, on the condition that it corresponds to the specific mission and objectives of AIDS Action Europe.

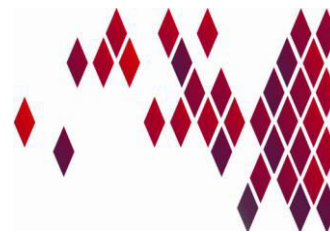
Although partnerships with the private sector produce some evident advantages, AIDS Action Europe is aware that these partnerships may entail some risks as well, which may affect the credibility of AIDS Action Europe and may question our independent position towards governments, prior target groups and sponsors. Therefore AIDS Action Europe has developed a proper ethical code, providing guidelines for partnerships with the private sector.

The Goal of this Code is to define acceptable behaviours in a corporate partnership defined as above, to promote high standards of practice and to set a framework for professional behaviour and responsibilities.

AIDS Action Europe also subscribes to the Code of Good Practice for NGOs Responding to HIV/AIDS.

## 2 General principles

- Partnerships should sufficiently guarantee the independent position and the integrity of AIDS Action Europe. Hence they should have no influence on the information, advice, trainings and services with regard to sexual health and HIV offered by AIDS Action Europe, or they should at least avoid suspicions about such an influence. AIDS Action Europe refuses to enter into partnerships with companies that take stands on sexual health and HIV or any other issues that are contrary to the positions of AIDS Action Europe.
- On the basis of its public mission, in particular the promotion of sexual health and a better quality of life for people with HIV, AIDS Action Europe refuses to enter into partnerships with companies that provide products or show business activities that are counterproductive to human rights and/or show lack of transparency about its activities in sectors/regions where contraventions of international standards frequently occur
- AIDS Action Europe expects possible partners to take up their corporate social responsibility in accordance with the EU strategy 2011-14 for Corporate Social Responsibility. This means among other things that they pursue an adequate social and environmental policy and that they respect human rights. In case of any doubt, AIDS Action



Europe can call in the advice of an impartial third organization.

- Partnerships based upon contracting goods and/or services or purchasing medicines should comply with the usual *best practice* guidelines concerning the price/quality ratio.

### 3 Transparent procedures

- Every cooperation agreement has to be put down on paper and signed by both parties. The agreement should clearly define what the cooperation implies and which objectives both partners want to achieve. If the agreement also includes a financial contribution for AIDS Action Europe, the amount has to be mentioned, as well as the way in which this budget will be spent. At the special request of third parties it should be possible to make the cooperation agreement publicly known, in order to avoid misunderstandings about a possible preferential treatment.
- AIDS Action Europe may conclude partnerships with individual commercial companies, on the condition that they do not take any financial advantage of the results of the activities they are sponsoring. If such a partnership involves clear advantages for AIDS Action Europe and there is no reason for any conflict of interest, AIDS Action Europe applies a transparent selection procedure that is open to several companies. Such a cooperation agreement may also include a clause of exclusivity.

### 4 Partnerships with pharmaceutical companies

- Partnerships with pharmaceutical companies should comply with all European laws.
- AIDS Action Europe should always be able to prove that the cooperation does not exert any influence on its own policies and practices concerning the safety, effectiveness and acceptability of all medicines with regard to sexual and reproductive health and the prevention and treatment of HIV/AIDS.
- AIDS Action Europe should not support any product in a way that implies that it would be better than any other similarly composed products. Neither should it sustain the claim of producers that their products are superior to other similarly composed products, unless this has been independently and scientifically proven.
- For specific events, publications, campaigns, etc. AIDS Action Europe should try to get support from several commercial companies, in order to avoid the risk of being identified with one single firm. Partnerships with only one company should be regularly evaluated.
- Companies must not use the name nor the logo of AIDS Action Europe for marketing purposes of their products, unless the agreement contains a clause that explicitly stipulates the conditions for using the name and logo of AIDS Action Europe.
- Partnerships that include a large contribution in kind, in particular pharmaceutical products, should not pursue promotional objectives, and the distribution of these products should correspond to the existing *best practice* standards. The products should be distributed on the basis of objective criteria with regard to selection of the receiving target groups/programmes and/or projects.
- Staff or members of the board of pharmaceutical companies must not be on the board of AIDS Action Europe.
- Voluntary workers and staff members of AIDS Action Europe are only allowed to receive gifts and presents with a nominal or fixed value, like pens or flowers, from commercial suppliers or from pharmaceutical companies. All other



amounts, such as sponsoring for participation in international congresses, must be reported to the Steering Committee of AIDS Action Europe. In that case the Steering Committee should guarantee that these volunteers/collaborators cannot influence political decisions concerning the purchasing policy and practices, in order to avoid that sponsoring companies or commercial suppliers get a preferential treatment.

## **5 Selection, screening and contracts**

Looking for mutual benefits and interests is the basis for AIDS Action Europe when entering (potential) partnerships with (commercial/private) companies. AIDS Action Europe will assess whether a company complies with the general principles as described above. This may be done by 'desk study', interviewing representatives or, in some cases, making use of third party screening results. The depth of the screening inquiry depends on the possible impact, the potential risks and the type of company in question. There will be more to assess when doing business with a world-wide pharmaceutical company than when dealing with 'the bakery shop on the corner'.

In order to ensure that the values embodied get implemented in policies and practices, AAE may require that the company's/institution's Code of Conduct, Code of Ethics is available.

When both parties want to put their ideas about the partnership in writing, a contract may be drawn up stating the vision, time span, activities, financial details etc. of the joint action.

Partnerships between AIDS Action Europe and private corporations may well be on the level of a 'gentlemen's agreement'. AIDS Action Europe will in any case have an open mind and will invest in proper communications with its partners.

The final decision to effectuate a partnership will always be taken on the level of the Steering Committee of AIDS Action Europe. Preparatory work is done by the office.

At least once a year the partner relationship will be evaluated, preferably including a face-to-face conversation with a representative of the company. When parties agree to continue the partnership, the advise will be presented for the Steering Committee of AIDS Action Europe so they can decide upon the continuation.

## **6 This document will be published on the website of AIDS Action Europe**

## **7 Enforcement**

If an AAE member notes non-compliance with the Code then the secretariat has to send a notice to the AAE partner and offer an opportunity for the partner to make their case - either change practice or rebut the allegation. Based on the partners response, the AAE Steering committee shall decide if the problem has been addressed, and decide whether the partnership is still in line with AAEs values and ethics.



## Appendix 1 - Base Line Corporate Assessment Sheet

Assessment of (name company):

Assessemnt undertaken by:

Date completed:

### 1. Name of Company

Address:

Telephone number:

Fax number

e-mail:

Website:

### 2. Corporate Headquarters Contact Information (if different from above):

### 3. Type of Company (public, private, legal, etc.)

### 4. Sector of Activity (e.g. food & beverage, pharmaceutical, etc.)

### 5. Corporate social responsibility

Main products (list the most important or  
attach a full list if available)

Collect and briefly summarize relevant information on:

- the company 's actions and policy statements now and in the past
- target audience or customers
- shareholders interests
- investment practices and advertising practice
- the corporation 's policies, where available, on:
  - equal opportunities
  - community partnerships
  - environment
  - working in the developing world
  - workplace policies



- research and development
- names of company's other and prior NGO partners

Conduct a reference check

**6. Countries or regions where Company does business (attach a full list, if available)**

**7. Latest annual report**

**8. Company senior executives**

- President or CEO
- Chairman
- Marketing Director
- Public Relations Director
- Financial Director or CFO

**9. AIDS Action Europe contacts with company**

**10. Financial data**

**Year:**

Total turnover growth

Net growth

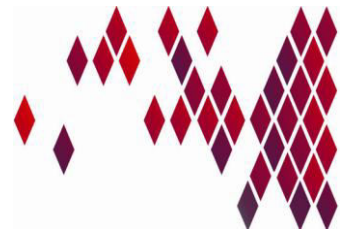
Owner's equity

Number of employees

Other (if applicable)

**11. Parent Company or Major subsidiaries (attach a full list if available)**





## ***12. Findings from an internal search on the company***

## Annex 6: Financial Independence Form

A non-governmental body or a network and its coordinating body must be financially independent at the time of applying i.e. not receiving more than 20 % of their core funding from private sector organisations representing a conflicting interest, or from other sources representing a conflicting interest. The term 'private sector' covers 'for-profit' companies/enterprises/corporations, business organisations or other entities irrespective of their legal nature (registered/not registered), ownership (wholly or partially privately owned/state owned) or size (large/small), if they are not controlled by the public.

Proposal Acronym: AAE

Draft Proposal ID: SEP-210195811

Call: HP-FPA-2014

### (A) Core Income/Funding in year 2013

Core funding shall mean financing required for the basic structure of an organisation, including salaries of full-time staff, facilities, equipment, communications, and the direct expenses of day-to-day work. Core funding also includes financing of all permanent or regularly repeated activities (e.g. annual general assembly or other statutory meetings, website, databases, newsletters). Core funding requirements are usually budgeted separately from other costs such as specific actions or projects.

#### (A.1) Funding from Private sector **with potential conflict** of interest

The term "private sector" covers "for-profit" companies/enterprises/corporations, business organisations or other entities irrespective of their legal nature (registered/not registered), ownership (wholly or partially privately owned/state owned) or size (large/small), if they are not controlled by the public.

Please specify "Purpose of the Donation" according to the description of "Core Funding" above.

Full name and address from the donor	Branch of activity of the donor	Purpose of the donation	Amount in Euro		
			0	+	-
			0	+	-
			0	+	-
		Subtotal A.1	0		

#### (A.2) Funding from Private sector **without potential conflict** of interest

The term "private sector" covers "for-profit" companies/enterprises/corporations, business organisations or other entities irrespective of their legal nature (registered/not registered), ownership (wholly or partially privately owned/state owned) or size (large/small), if they are not controlled by the public.

Please specify "Purpose of the Donation" according to the description of "Core Funding" above.

Full name and address from the donor	Branch of activity of the donor	Purpose of the donation	Amount in Euro		
Private donors	Private Sector	Support of DAH	85 781	+	-
Inheritages from private persons	Private Sector	Support of DAH	143 885	+	-
Private persons	Private Sector	Administrative fines mandated by courts, Support of DAH	88 142	+	-
		Subtotal A.2	317 808		

#### (A.3) Funding from Public sector

Please specify "Purpose of the Donation" according to the description of "Core Funding" above.

Full name and address from the donor	Branch of activity of the donor	Purpose of the donation	Amount in Euro		
BZgA, Ostmerheimer Straße 220, 51109 Köln	Health Sector, Federal Centre	Prevention among key populations	5 180 890	+	-

Integrationsamt Berlin, Turmstraße 21,10559 Berlin	Social Affairs	Support of people with challenges to integrate in the workplace	36 809	+	-
GKV-Gemeinsch.förderung Selbsthilfe, vdek, 10963 B	Association of German Health + 20 SGB V	Self help - institutional funding § 20 SGB V	50 000	+	-
			0	+	-
			0	+	-
		Subtotal A.3	5 267 699		
		<b>Total A: Core income in year 2013 (= Subtotal A.1 + Subtotal A.2 + Subtotal A.3)</b>	<b>5 585 507</b>		

## (B) Non core Income (project funding) in year 2013

The term "private sector" covers "for-profit" companies/enterprises/corporations, business organisations or other entities irrespective of their legal nature (registered/not registered), ownership (wholly or partially privately owned/state owned) or size (large/small), if they are not controlled by the public.

Please specify "Purpose of the Donation" according to the description of "Core Funding" above.

### (B.1) Funding from Private sector

The term "private sector" covers "for-profit" companies/enterprises/corporations, business organisations or other entities irrespective of their legal nature (registered/not registered), ownership (wholly or partially privately owned/state owned) or size (large/small), if they are not controlled by the public.

Please specify "Purpose of the Donation" according to the description of "Core Funding" above.

Full name and address from the donor	Branch of activity of the donor	Purpose of the donation	Amount in Euro		
AbbVie Deutschland, Mainzer Straße 81 65189 Wiesbaden	Pharmaceutical company	Support of network "Positive and Hetero"	1 000	+	-
Gilead Fraunhoferstraße 17 82152 Martinsried	Pharmaceutical company	IWWIT-Testing weeks	5 000	+	-
Pharmacon Media, 5 Greenwich View Place London, E14 9NN	Communication/ Pharmaceutical sector	Publishing "Drogenkurier"	684	+	-
Viiv Healthcare, Prinzregentenplatz 9 · 81675 München	Pharmaceutical company	Support of regional member organisations	25 000	+	-
Various donors	various branches	120 recipients of "Drogenkurier" magazine among others	23 588	+	-
Subtotal B.1			55 272		

### (B.2) Funding from Public sector

Definition:

Full name and address from the donor	Branch of activity of the donor	Purpose of the donation	Amount in Euro		
Der Paritätische Oranienb.Str. 13-14, 10178 Berlin	Social Affairs	Project funding for publication	4 000	+	-
Health insurances, various	Health Sector	Prevention §20 SGB V	4 530	+	-
BAG Selbsthilfe, Kirchfeldstr.149, 40215 Düsseldorf	Social Affairs	Project funding of member organisations of DAH	22 700	+	-
The Tides Foundation, P.O.Box 29198 San Francisco	Health Sector Foundation	VCT in PwDU communities	7 331	+	-
GIZ, Dag-Hammarskjöld-Weg 1-5 65760 Eschborn	International Affairs, Germany	Health Sector Reform in Ukraine focused on HIV prevention	25 323	+	-
GIZ, Dag-Hammarskjöld-Weg 1-5 65760 Eschborn	International Affairs, Germany	Translation HIV Report	10 462	+	-
Aktion Mensch, Heinemannstr. 36 53175 Bonn	Social Affairs	Trainings for Medical Staff in Kaliningrad	9 011	+	-
ECDC, Tomtebodavägen 11a 171 83 Stockholm	Health Sector	Development of communication strategy and key messages among MSM	34 498	+	-
YLA, Bagrationa str, 3 236000 Kaliningrad	NGO, Health Sector	Developing services to contain the spread of HIV among drug users	5 778	+	-
CHAFEA, DRB A3/042 L-2920 Luxembourg	EU-Agency	Quality Action "Improving HIV prevention in Europe	3 838	+	-
IBB Bornstr. 66 44145 Dortmund	Education Sector	Strengthening Selfhelp potentials of HIV organisations in Belarus	55 185	+	-
Subtotal B.2			182 656		

**Total B: Non core Income (project funding) in year 2013  
(= Subtotal B.1 + Subtotal B.2)**



237 928

### (C) Other Operating Income in year 2013

Please refer to the 4 prefilled lines.

Source	Amount in Euro
Membership and subscriptions	97 743
Conferences & workshop fees	89 998
Sale of publications	0
Other	143 280
<b>Total C: Other Income in year 2013</b>	<b>331 021</b>
<b>Total Income in year 2013 (Total A + Total B + Total C)</b>	<b>6 154 456</b>

The applicant declares that the information contained in this proposal is correct and complete.

Date:	24/3/2014
Name of the applicant:	DEUTSCHE AIDS-HILFE
Signature and stamp:	  <b>Deutsche AIDS-Hilfe e.V.</b> Postfach 61 01 49, 10921 Berlin Wilhelmstraße 138, 10963 Berlin Tel. 030-69 00 87-0, Fax 69 00 87-42

Please fill this form, print and sign, and scan into a pdf file.

Please upload the pdf as annex 6 of your proposal into the electronic exchange system.



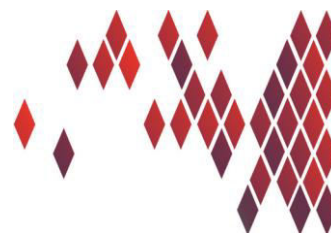
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## Terms of Reference for co-Chair of the EU's HIV/AIDS Civil Society Forum

### 1.1 Role

The AIDS Action Europe co-Chair of the EU's HIV/AIDS Civil Society Forum (CSF) collaborates with the co-Chair from the European AIDS Treatment Group (EATG) to ensure the effective functioning and development of the CSF. The CSF is an informal advisory body established in 2005 by the European Commission to facilitate the participation of NGOs and networks, including those representing People Living with HIV/AIDS, in European policy development and implementation as well as to exchange information. The CSF provides advice both directly to the European Commission and also to the HIV/AIDS Thinktank. The CSF is also a key forum for civil society to share information and best practice around national and European responses to HIV, identifying appropriate opportunities for joint action.

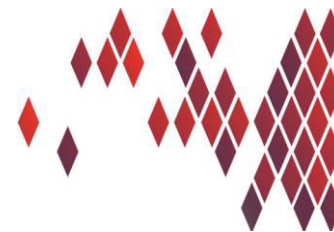
### 1.2 Requirements

Applicants are only eligible if they meet the following requirements:

- Applicant's organisation is a member of AIDS Action Europe (see <http://www.aidsactioneurope.org/index.php?id=7> for current members). Please note that partners of AIDS Action Europe and European networks are not eligible. The person has to belong to a national or local non-governmental organisation.
- In addition to being a member of AIDS Action Europe, the organisation is a current or past member of the EU HIV/AIDS Civil Society Forum.
- The person who applies has attended at least one meeting of the Civil Society Forum.
- The person agrees to become a full member of the AIDS Action Europe Steering Committee. Steering Committee members are expected to voluntarily contribute about 10 working days yearly to the Steering Committee, including twice yearly a two-day Steering Committee meeting and six-weekly conference calls (ToR for Steering Committee are attached FYI).
- Applicant should be based in one of the countries that are included in the European Commission mandate: EU Member States, Candidate and accession countries, EEA countries, and selected countries belonging to the European Neighbourhood Policy area.

### 1.3 Term

The term of co-Chair of the SC is for three years from January 1, 2012 till December 31, 2014. The co-Chair is elected for a three-year term to guarantee consistency in the functioning of the co-chairing of the Civil Society Forum and in the representation of AIDS Action Europe in the EU Think Tank. This term is not renewable. The function of the co-chair is ad personam and cannot be shared. If the AIDS Action Europe Steering Committee membership expires during the term of the CSF co-chairing, this membership will automatically be renewed for the duration of the CSF co-chairing. The AIDS Action Europe's Co-Chair of the Civil Society Forum cooperates with the Co-Chair of the European AIDS Treatment Group (EATG) and shares in the responsibilities. To safeguard against drain of know-how, the renewal shall be done in a staggered way with the co-chair candidacy of the EATG.



## 1.4 Tasks

- review, develop and agree the agenda of the twice-yearly meetings of the CSF
- see to it that meetings are adequately prepared for; and there is effective follow up
- fulfil responsibilities bearing in mind the EU's Communication on combating HIV/AIDS in the EU and neighbouring countries and the Action Plan
- be in ongoing contact with the EATG co-Chair and the two support staff from AIDS Action Europe and EATG including via regular (usually monthly) teleconferences, to ensure the smooth administration of the CSF
- advise the Commission on CSF- and HIV-related matters between meetings as appropriate
- co-Chair meetings of the CSF
- attend meetings of the HIV/AIDS Thinktank along with the EATG co-Chair and four other representatives of civil society, to provide a CSF perspective on its deliberations
- attend other European meetings as appropriate to represent civil society, or agree with the EATG co-Chair someone else to represent civil society at such meetings
- be a full member of the AIDS Action Europe Steering Committee and provide feedback on the work of the CSF and consulting with the AIDS Action Europe SC about the upcoming agenda points of the CSF's meetings

## 1.5 Responsibilities

The co-Chair fulfils his/her activities in close collaboration with the other co-Chair and the two support staff from AIDS Action Europe and EATG. S/he also liaises closely with the other two AIDS Action Europe members who attend the Thinktank. Decisions are made consensually between the two co-Chairs in consultation with the support staff.

## 1.6 Profile

He or she has excellent and proven communication and chairing skills, is able to negotiate and encouraging when giving feedback.

## 1.7 Time involvement and reimbursement

In order to fulfil the role of co-Chair adequately and give the necessary feedback, the Chair has to be available for 16 days a year in surplus of the usual Steering Committee members engagement of 10 days. While Steering Committee members are expected to voluntarily contribute their working time, the additional extra working days (maximum 16 yearly) will be reimbursed according to a reasonable per diem rate, to be decided upon by the office case-by-case and based on the actual daily salary cost for the person in question in the country of residence.

Travel and communication expenses for CSF and TT meetings and as CSF representative at European meetings will be reimbursed.

## 1.8 Incompatibility of functions

The role of co-Chair of the Steering Committee may be difficult to combine with some other public functions or a personal relationship with a sponsor or another member of the Steering Committee. Candidates should indicate to the Steering Committee if they foresee a possible conflict of interest. If more than half of the Steering Committee concludes there is a conflict of interest, the candidate will be excluded from the election process.