



# Newsletter

Issue 1 - 2012



## Long-Term Strategy 2012-2015

EATG has launched its new strategy for the next four years. Find in this section our strategic goals and objectives.



## Policy Working Group

EATG advocates at the European level for access to HIV/AIDS treatment, monitors and provides input to the political health agenda of the EU institutions and international policy makers. Find in this section the projects and activities of our Policy Working Group.



## Capacity Building

One important part of EATG work is the development and distribution of educational materials, training design and delivery, with a focus in Eastern Europe and Central Asia.



## European Community Advisory Board

ECAB is a group of expert patients and treatment advocates continuously working towards ensuring that the HIV community is a permanent and highly recognised voice in HIV research. In this section you can find information about our scientific projects and meetings.

Join us in Facebook and Twitter!



[www.facebook.com/EuropeanAIDSTreatmentGroup](http://www.facebook.com/EuropeanAIDSTreatmentGroup)



[twitter.com/#!/EATGx](https://twitter.com/#!/EATGx)



EATG is a community organisation that promotes the interests of people living with HIV/AIDS. EATG's mission is to achieve the fastest possible access to state of the art medical products, devices and diagnostic tests that prevent or treat HIV infection, and to improve the quality of life of people living with HIV/AIDS in Europe

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# Editorial

by **Ferenc Bagyinszky**,  
Chair of the Board of Directors



Dear Friends, Dear Colleagues,

This year EATG will celebrate its 20th year anniversary and what could be a better gift than a new long-term strategy and a handful of interesting projects ahead?

Last December the European Parliament adopted a new resolution on the response to HIV/AIDS in the EU and neighbouring countries. At the same time the European Commission expressed a strong commitment to HIV. On World AIDS Day Commissioner Dalli reassured that “fighting HIV/AIDS remains high on the Commission’s agenda” and that “the Commission will continue to play its full and active role now and in the future”. He also stressed that HIV features prominently in the Commission proposal for a new Health Programme, which the Parliament is debating soon.

At the upcoming HIV in Europe conference in Copenhagen on March 19-20, we will hear the views of MEP Marisa Matias on the response of the European Parliament towards access to early diagnosis and care. At the same time, conference clinicians, policy makers and community will share practices to improve early diagnosis and earlier care of HIV across Europe.

We will be interviewing EATG members and colleagues for our 20th year anniversary publication already at this conference, and also in other events throughout the year. This report along with a new revamped and improved website will be launched at our General Assembly in Berlin, September 21-23.

The first half of 2012 is dedicated to work on our image: a new logo and a corresponding visual identity, which will be launched at the end of the year. Moreover, we have launched a new set of communication tools in order to improve our visibility towards the community, donors and partners. Our Secretariat and members contribute to increase our social media presence as we now update our Facebook page and Twitter account regularly.

Since the start of the year our members and Secretariat have been engaged in several projects: a community feedback meeting will take place at the 19th Conference on Retroviruses and Opportunistic Infections (CROI) in Seattle on March 5-8. This meeting will provide an opportunity for the community to discuss and review information presented at the conference.

The European Community Advisory Board (ECAB) is organizing a general HIV ECAB meeting on March 30-April 1 and a thematic HCV ECAB meeting on May 4-6 to discuss HIV and HCV pipeline development. EATG has also recently joined the European Patients’ Academy on Therapeutic Innovation (EUPATI) as a project leader of WP7 (sustainability and future topics). EUPATI is a patient-led academy funded by the Innovative Medicines Initiative (IMI) that will develop educational material, training courses and a public Internet library to educate patient representatives and the lay public about all processes involved in medicines development.

Our trainers and Policy Working Group are fully involved in organising a workshop, consultation and policy dialogue meeting for the Russian community of people living with HIV/AIDS in St. Petersburg, May 23-25, focusing on treatment interruptions.

We are planning several community receptions connected to the main HIV/AIDS conferences of 2012, and for the first time a training on HIV/AIDS Treatment Literacy and Advocacy for advocates from Central Asia. We are also planning to update our training manuals, and via our ongoing Continuous Patient Education project (CoPE) we continue to support local organisations in Eastern Europe to develop and publish patient education materials.

I am very pleased that we are starting the year by launching our new long-term strategy. A great part of this first newsletter of 2012 is dedicated to inform you about our goals and objectives, as well as our plans for this year. This first 2012 edition of our newsletter also covers a wide range of topics related to our policy, research and training work. We hope that tackling HIV/AIDS at global and European level will remain a top priority for policymakers in the years to come and we are looking forward to a continued cooperation with you.

A handwritten signature in blue ink, appearing to read 'F. Bagyinszky', written in a cursive style.

**Ferenc Bagyinszky**



## Long-Term Strategy 2012-2015

We have recently launched our new long-term strategy for the period 2012-2015. Our strategic goals and objectives are:

### **Strategic Goal 1. To advocate for research to cure and prevent HIV and to improve health outcomes of People Living with HIV /AIDS (PLWH)**

EATG will:

**Objective 1.** Advocate for the patient community to be a permanent and highly recognized voice in the HIV research arena

**Objective 2.** Advocate for research in all affected populations during the whole 2012-2015 strategy period

**Objective 3.** Advocate for the creation of a European Research Agency

### **Strategic Goal 2. To empower the community to engage in all steps of the HIV - and related co-infections - research process and scientific review**

EATG will:

**Objective 4.** Strengthen and support collaborative exchanges between Community Advisory Boards (CABs)

**Objective 5.** Identify new working methods designed to improve effectiveness and efficiency of community involvement in research in the 2<sup>1st</sup> century

**Objective 6.** Strengthen the European Community Advisory Board (ECAB)'s internal capacity

**Objective 7.** Support the development and implementation of a hepatitis C work plan within ECAB

### **Strategic Goal 3. To advocate for affordable and equal access to treatment and for better monitoring of treatment quality**

EATG will:

**Objective 8.** Advocate for affordable medicines initiatives in the European Union and Eastern Europe and Central Asia (EECA)

**Objective 9.** Advocate for the inclusion of the topic of involuntary interruptions in HIV treatment and diagnostics within the agenda of the European Union, United Nations and activists

**Objective 10.** Support early diagnosis and timely access to care

### **Strategic Goal 4. To advocate for legal rights and against HIV criminalisation in all European countries**

EATG will:

**Objective 11.** Monitor discrimination and the criminalisation status of HIV transmission/drug possession/sex work/same sex

**Objective 12.** Create awareness among partners and key stakeholders to include HIV topics within their activities targeting vulnerable groups

### **Strategic Goal 5. To sharpen our profile as research and advocacy group covering prevention and co-infections such as Hepatitis B, C and Tuberculosis**

EATG will:

**Objective 13.** Advocate for tuberculosis, hepatitis C and opioid substitution treatment (OST) integration in national HIV programs in all high burden countries - with a specific focus on Eastern Europe and Central Asia

**Objective 14.** Increase community involvement in clinical hepatitis C (and co-infections) design and development

**Objective 15.** Advocate for hepatitis C access and research

**Click here**

to see our 2012 Work-plan

<http://www.eatg.org/eatg/Publications/Workplans-and-activity-reports/Work-Plans>

**Strategic Goal 6. To develop a needs based capacity building program on treatment literacy and advocacy for PLWH and service providers**

EATG will:

**Objective 16.** Strengthen the advocacy capacity of the HIV community and engage its membership in understanding and supporting the work of the EATG

**Strategic Goal 7. To promote quality improvement and community participation in all sectors of training, policy and science**

EATG will:

**Objective 17.** Develop a strategy for scaling up the ongoing support and build capacity on treatment preparedness

**Objective 18.** Measure the impact that training activities have in different regions across Europe and among different vulnerable groups

**Objective 19.** Carry out activities and build alliances in Eastern Europe and Central Asia, including under developed and low prevalence regions

**Objective 20.** Promote the role and recognition of expert patient groups

**Strategic Goal 8. To increase EATG's visibility**

EATG will:

**Objective 21.** Ensure an effective and sustained relationship with media and stakeholders

**Objective 22.** Create new partnerships and strengthen representation by our members within external bodies and organisations

**Objective 23.** Implement the new visual identity via an efficient internal and external communication system

**Strategic Goal 9. To develop and maintain effective internal working mechanisms**

EATG will:

**Objective 24.** Establish an efficient membership recruitment, involvement, mentoring and evaluation system

**Objective 25.** Develop an effective performance management and evaluation system

**Objective 26.** Increase the efficiency and transparency of EATG's funding and activities

We express sincere appreciation to all members who actively contributed to this long-term strategy. This is the kind of commitment that strengthens our organisation.

The EATG long-term strategy was developed over a 18 month process, beginning in June 2010, and involved the Board of Directors of EATG, the Secretariat, a strategic task-force and our members. The task-force was composed of: Adebisi Alimi, Ana Lucia Cardoso, Anna Zakowicz, David Haerry, Ferenc Bagyinszky, Frank Amort, Koen Block, Matthias Wienold, Nikos Dedes, Ninoslav Mladenovic, Raminta Stuikyte, Smiljka de Lussigny, Stephan Dressler and Svilen Konov.

The task-force engaged in several strategic discussions, during each the Board of Directors was actively involved. Our members discussed and approved the strategy in our 2011 General Assembly. The Board of Directors looks forward to implementing our long-term strategy with EATG members and partners for the next four years and beyond.

# The Policy Working Group facilitates reaching an organisation's position on access & innovation



An EATG position paper on access and innovation is in preparation under the leadership of Shona Schonning, member of the Policy Working Group (PWG). The position paper goes in line with the strategic goals of the EATG's 2012-2015 work plan. One of our defined strategic goals is to advocate for affordable and equal access to top treatment and for the better monitoring of treatment quality in the European Union and Eastern Europe and Central Asia. Innovation has been crucial in providing medicines and medical tools, which have turned HIV infection from a death sentence to a chronic condition. Continued innovation is necessary to further improve

quality of life and counter resistance to existing medicines. Yet, the quality of life of people living with HIV/AIDS (PLWH) will only be improved by innovations if they have adequate access to drugs and appropriate accompanying services. Access to antiretroviral medicines, (ARVs) and other medicines, such as treatments for co-infections needed by people living with HIV/AIDS (PLWH), remains inadequate throughout the world including many countries in Europe and central Asia where EATG has members. The objective of this position paper is to identify and strengthen our stance on access & innovation including patent issues in the diverse

contexts of the EATG region. The position paper is to highlight extremely low treatment access in central Asia and Eastern Europe, as well as challenges in low-prevalence countries and European countries affected by economic crisis. It will draw the organisation's consensus on the extend of intellectual property rights currently used as incentive for research and development, and towards alternative incentive strategies. The paper will be released in English and translated into Russian. It will be distributed along with a discussion document to partners and networks. We hope that the paper generates fruitful discussions!

## Data on quality and access for men having sex with men (MSM) to voluntary counseling and testing (VCT) services in Europe

Frank Amort, a Policy Working Group (PWG) member and currently working for the Centro Nacional de Epidemiología in Madrid, gathered data on the expectations and perceptions of European gay men and other men having sex with men (MSM) on voluntary counseling and testing (VCT). The idea to gather information on the issue came up during a PWG meeting, November 2011 in Bucharest, where we had a discussion with local communities on lack of access to voluntary, non-

discriminatory and non-judgmental HIV-testing services for MSM. The data, based on EATG members' feedback resulted in an abstract for the HIV in Europe conference, commissioned by Frank Amort in cooperation with Koen Block, EATG Executive Director. While HIV infections continue to increase among MSM men in Europe and the high number of late diagnosis is seen among MSM, the objective of the survey was to identify perceptions of MSM regarding VCT and characteristics and expectations

of MSM regarding VCT services. The results will be presented during the HIV in Europe conference (see HIV in Europe Conference text box). Despite an overall positive perception of VCT services, main criticisms of the survey participants include deficits in counseling and doubts about anonymity. These results might be used as basis for an extended in depth analysis of counselor trainings and VCT service quality in Europe.

# HIV in Europe Conference

HIV in Europe is not an organisation, but a pan-European initiative launched in 2007. It was formed to inform processes, share knowledge and improve the evidence base around important issues of earlier testing and care in relation to HIV. It is unique in its collaboration between stakeholders from both the clinical, advocacy and public health levels. The overall objective of HIV in Europe is to ensure that HIV positive patients enter care earlier in the course of their infection than is currently the case. A strategic priority of the initiative in the future will be to reinforce the collaboration with Eastern European countries as well as with WHO Europe and the European Centre for Disease Prevention and Control (ECDC).

HIV in Europe has held bi-annual conferences since the first meeting in Brussels in 2007. In 2009, the conference was held in Stockholm under the Swedish EU council presidency, and the third HIV in Europe conference will be held in Copenhagen on 19-20 March 2012, when Denmark holds the rotating presidency. It will gather around 300 European stake-

holders at the University of Copenhagen's faculty of health sciences.

The conference is seen as an important step towards creating a platform for national and innovative best practice initiatives on testing around Europe. The conference could be a catalyst for sharing knowledge and experience across borders. Also, the implementation of European and national testing guidelines, including the ECDC testing guidance launched on 1 December 2010 will be discussed. There will also be a focus on access to testing, treatment and care, since a high percentage of people living with HIV who are diagnosed have a delayed entry into care. This is particularly true in countries in Eastern Europe and central Asia, and needs urgent attention by European public health, clinical and community based constituencies.

The EATG is one of the founders of the initiative and is currently in charge of the political activities of the project.

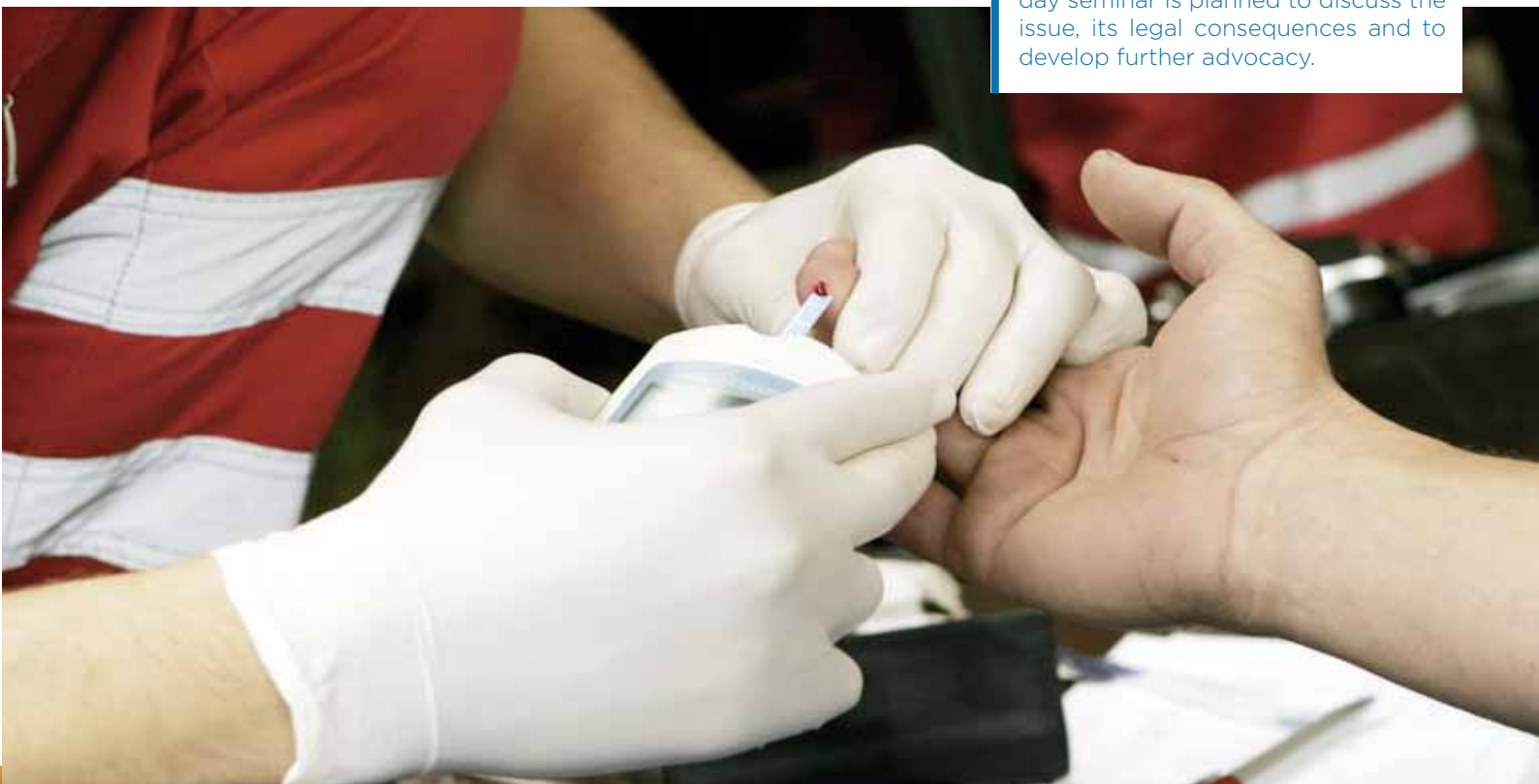
For more information about the conference [click here](http://www.hiveurope.eu/)  
<http://www.hiveurope.eu/>



## Criminalization of HIV-transmission and exposure

PWG members Ninoslav Mladenovic and Edwin J. Bernard are starting to work on a position paper on the criminalization of HIV transmissions and exposure. A large body of jurisprudence has developed in the world criminalizing the conduct of HIV positive persons who transmit or expose others to the HIV infection. Convictions have been obtained for charges as ranging from poisoning to sexual or physical assault, terrorism to even attempted or actual murder.

Criminalization of HIV transmission and exposure may seem logical to many but criminalization carries with it significant public health consequences: an adverse effect on patient - provider relationships, a risk of lulling society into a false sense of protection by criminal law, and the infringement of civil liberties. The position paper will seek to evaluate the justifications offered for criminalizing HIV transmission and exposure and develops arguments against such criminalization in the European context. The paper will be launched at EATG's General Assembly, which will take place in Berlin, September 2012. Prior to our General Assembly a full day seminar is planned to discuss the issue, its legal consequences and to develop further advocacy.



# Correlation Network II - Policy Recommendations



In the last couple of years, Correlation has worked together with hundreds of organisations all over Europe: in the Correlation working groups, during the seminars and project meetings and last but not least at the final conference in December 2011.

Correlation as an EC funded project comes to an end in March 2012 after 2 periods of 3 years. Many organisations have already started to use materials developed by Correlation, such as the Social Intervention Tool and the Hepatitis C training module.

Many partners have expressed their interest to continue collaboration and to work together in the field of social inclusion and health. For many partners, Correlation was and is a unique opportunity to exchange and share experiences, as it brings together grass root, policy and research level. For that reason, Correlation will be established as a sustainable Network, hosted at the Regenboog Group in Amsterdam. For more information on how to become a member **click here**

<http://www.correlation-net.org/>

The EATG has contributed to the Correlation Network II by developing HIV/AIDS Policy Recommendations for vulnerable groups. The ten recommendations represent the voices of the HIV community, practitioners and community leaders from across the EU/EFTA countries working together through the Correlation Network. The EATG coordinated the development of these recommendations aimed at government and policy-makers, and intended to support efforts to improve HIV/AIDS services for vulnerable and high-risk populations.

1. Restate their commitments on a biannual basis to a core set of basic principles, international conventions, and practical norms to guide their national response to HIV/AIDS. States that have not ratified these should do so without delay.
2. Safeguard the human rights of populations most affected by HIV/AIDS. Governments should restate

key commitments (conventions, norms) on human rights for these groups. Governments should repeal laws that serve to criminalize key groups, and act to reduce discrimination. Governments should recognize the unintended HIV risks/public health consequences of national policies and practices that serve to criminalize and discriminate against MSM, IDU, migrants and sex workers).

3. Ensure civic participation in all aspects of the national response. Governments should involve civil society stakeholders in designing, implementing and evaluating the response, and in particular, they should involve most affected populations, subpopulations and their representatives as primary stakeholders in the response.
4. Provide greater accountability for national HIV policies. Governments should define national HIV policy priorities explicitly in relation to core HIV commitments, human rights, epidemiological data and analysis, and evidence of effectiveness. Governments should urgently ensure coherence between HIV policy and other policy areas, most notably law enforcement policies.
5. Ensure universal access to HIV services. Governments should scale up efforts to reach key populations, and ensure equitable access to services by removing barriers faced by migrants, sex workers and prisoners. Governments should ensure timely diagnosis, full ART coverage, and TB services to all PLHIV.
6. Focus the national HIV response on populations most affected by the epidemic. Governments should collect and analyse epidemiological data systematically, and develop prevention programmes according to the epi-

demology. Governments should focus response on key populations (MSM, IDU, migrants, sex workers, prisoners), and on vulnerable sub-populations (IDU in prison, migrants from countries with generalized HIV epidemics, migrant sex workers, young IDU, bisexual men).

7. Ensure that national HIV programmes are effective. Governments should invest in programmes that based on solid evidence of effectiveness where that is available and on reasonable probability of effectiveness where solid evidence is not available. Governments should be informed by learning about effectiveness in HIV services, including services aimed at key populations. Governments should develop a culture of evaluation to inform policies.
8. Ensure adequate funding to implement the national response and effective spending of limited resources. Governments should provide additional funding from domestic sources, including from the redeployment of resources from programmes that serve to criminalize, and thus increase the vulnerability of, populations most affected. Governments should concentrate existing resources on addressing the epidemic among populations most affected, and prioritize effective prevention interventions.
9. Delegate political leadership to implement the national response. Governments should appoint a strong political and public authority to implement these recommendations, and to address specific national HIV policy challenges.
10. Participate in the regional response to HIV/AIDS. Governments should address these common challenges at regional level.

Literature review, survey analysis and policy brief available here -

[http://www.correlation-net.org/index.php?option=com\\_content&view=article&id=15&Itemid=51](http://www.correlation-net.org/index.php?option=com_content&view=article&id=15&Itemid=51)



# Community advocacy for uninterrupted universal access to HIV treatment:

Workshop, Activist Consultation & Policy Dialogue Meeting,  
St. Petersburg

**The EATG is organising a consultation meeting with the Russian treatment activists in partnership with ITPCru on improving access to HIV treatment, followed by a Policy Dialogue Meeting, organised by our Policy Working Group. The meetings will take place in St. Petersburg, Russia, 23-25 May 2012.**

The objective of the activist consultation, where the main Russian community advocacy groups will participate, is to develop aligned priorities and a one-year work plan on improving treatment access in the country, with the input from EATG. With this workshop and activist consultation we plan to improve participants' knowledge on main elements of ARV supply chain: forecasting basics (demand estimation), pricing,

procurement/tendering, and specific challenges in Russia. At the same meeting we will present existing analyses and other tools useful for treatment supply monitoring within the Russian context for community mobilization and advocacy, as well as share information on plans and perspectives of various advocacy groups in terms of advocacy in 2012-2013.

We expect the Policy Dialogue Meeting that will follow the consultation to become one of the steps for implementing the agreed community work plan and engaging with the Russian authorities and other stakeholders on the community agreed priorities. Representatives from Ministry of Health, leading clinicians from Federal AIDS Center

and others are invited to this open dialogue. This format of policy dialogue has been piloted and found useful by the EATG in 2011 in Latvia and particularly in Romania.

**More information here**

<http://www.eatg.org/Policy-Advocacy-Conferences-and-meetings>

In Romania it inspired community, civil society, UN agency, clinicians and prison authorities not only to share available evidence on bottlenecks of treatment access issues and their perspectives on solutions but also to reach some understanding of the shared interest among all the stakeholders to reach sustainable universal treatment and prevention access for all in need.

## Our trainings and community work

One important part of EATG work is the development and distribution of educational materials, training design and delivery, with a focus in Eastern Europe and central Asia.

In the EATG, we strongly believe that PLWH and their supporters, independently of their gender, social or educational background, ethnicity or nationality, sexual orientation, lifestyle or any other difference, should be able to negotiate and actively contribute to a dialogue with the different stakeholders involved in the HIV/AIDS field: patients, pharmaceutical companies, governments, other organisations and international bodies.

Through our training activities we aim to reach as many people living with HIV/AIDS as possible, their health care providers, civil society representatives and everybody working in the field and advocating for Universal Access to HIV/AIDS prevention, treatment and care. Our objective is to develop treatment knowledge of the community as well as their skills to advocate for access to HIV/AIDS treatment in their countries. Ultimately, we would like participants to become trainers in

their countries and to support us in strengthening the capacity of the communities locally.

In the end of 2011 we organized a training for participants from Ukraine, Belarus and Moldova, with the support of the All Ukrainian Network of People Living with HIV/AIDS and the French organisation Sidaction. When selecting the participants a multi-sectoral approach was used, that encouraged both activists and medical workers to participate. In addition to ARVs and treatment advocacy, we included the topic of HIV/AIDS co-infections and clinical trials in the programme and we plan to continue our work in this direction.

Much of the community work we currently do will continue in 2012, with a training on HIV/AIDS treatment literacy and advocacy for participants from central Asia and with our St. Petersburg meeting for Russian advocates (see Community advocacy for uninterrupted universal access to HIV treatment: Workshop, Activist Consultation & Policy Dialogue Meeting, St. Petersburg). In addition, community debrief meetings are planned for the main HIV/AIDS conferences. These are open discus-



sions to review information presented at the 19th Conference on Retroviruses and Opportunistic Infections; XIX International AIDS Conference and at the Eleventh International Congress on Drug Therapy in HIV Infection.

At the same time, we will dedicate the second half of 2012 to perform training needs assessment among our membership, colleagues working in the field and other community organisations. We also plan to develop partnerships and a business plan for the implementation of a training initiative in 2013.



## European Community Advisory Board - ECAB

**ECAB** - a group of expert patients and treatment advocates - continuously works towards ensuring that the Community is a permanent and highly recognised voice in HIV research. ECAB members meet regularly with the pharmaceutical industry and researchers to discuss, under confidentiality, the new advances in HIV drug development and related co-infections.

In 2012, four general ECAB meetings on HIV research are scheduled (January, March, June and October) where the leading HIV drug and vaccine developers will participate.

Additionally, this year we continue to build capacity to strengthen our treatment advocacy work on co-infection research, especially hepatitis infection - an increasingly important public health threat. The HCV treatment pipeline is expanding quickly and ECAB has already scheduled two thematic meetings

on Hepatitis C drug development (in May and in December) where the main HCV drug companies will be present. Continuing the series of multi-stakeholder meetings focused on HCV drug development and access for co-infected populations we started in 2007, a "Sitges V" meeting is scheduled to take place in October this year. Sitges V will focus on the research agenda for the development of interferon-free regimens to treat HCV in all populations in need. Furthermore, EATG is also in the process of recruiting a consultant to work full-time on implementing and strengthening our research advocacy work plan on viral hepatitis. The work plan will be presented to our key partners in May during a dedicated hepatitis stakeholders meeting.

Finally, 2012 will be the 14th year of ECAB running since its creation in 1997. At the time, patient advisory

boards only existed on an ad-hoc basis and were convened by the pharmaceutical companies, a major limitation that ECAB successfully overcame by putting forward an innovative model for the Community to provide meaningful, independent, and valued input in HIV treatment and prevention research. In 2012, ECAB is planning a comprehensive review and evaluation of its role, functioning processes, successes and limitations over the years in order to evaluate its impact and to put forward a set of recommendations to further strengthen its activities.

2012 promises to be a very exciting year for ECAB, and we look forward to collaborating with our partners towards achieving our mission!



On February this year, EATG joined the newly started **European Patients' Academy on Therapeutic Innovation (EUPATI)**. The EUPATI project is funded by the Innovative Medicines Initiative (IMI), a public private partnership between the European Commission and EFPIA. The objective of the patient-led academy is to develop educational material, training courses and a public Internet library to educate patient representatives and the lay public about all processes involved in medicine development. Topics will include personalised and predictive medicine, design and conduct of clinical trials, drug safety and risk/benefit assessment, pharmaco-economics as well as patient involvement in drug development. EUPATI will provide educational material in six European languages targeting eleven European countries. Within EUPATI, EATG is co-leader of work package 7 (sustainability and future topics) which objective is to develop a sustainability strategy to be implemented at the closure of EUPATI in 2017 and to identify future topics to be covered by the Academy.



**CHAARM (Combined Highly Active Anti-Retroviral Microbicides)** is a collaboration project funded by the European Commission under the FP7 programme which aims at developing combinations of new and existing microbicides that will be designed to be specifically targeted agents, which can be applied topically to reduce transmission of HIV during sexual intercourse. Within CHAARM, the EATG is responsible for dissemination and advocacy activities, and has an appointed representative among the CHAARM Steering Committee.

On October 12th 2011, the CHAARM Project held its first public event, a satellite event organised by EATG and MINERVA (the CHAARM communication partner) at the 13<sup>th</sup> European AIDS Conference in Belgrade and entitled "Advances in HIV biomedical prevention research: Why involving the Community is key".

The CHAARM satellite focused on the importance of Community involvement in all steps of the research process for HIV biomedical prevention exploring the ways in which affected communities can be involved in the design, promotion, and implementation of HIV biomedical prevention scientific research. Though sometimes overlooked, Community involvement is of paramount importance: its presence has led some studies to success, while

its absence has forced others to early closure. However, such involvement can be challenging, and uniting researchers and community members is the key to success.

The satellite was chaired by JurStrobos from the Forum for Collaborative HIV Research and featured key speakers and experts from and outside CHAARM to address the topic. Dr. Charles Kelly, the CHAARM coordinator, introduced the event, with Dr. Charles Lacey of University of York then presenting an overview of current progress in biomedical prevention research. This was followed by a social and behavioral look at the subject, presented by Dr. Christiana Noestlinger of ITM. After her talk, the discussion moved specifically to the importance of Community involvement in HIV biomedical prevention research as François Berdugo and Gus Cairns addressed the audience in their role of Community advocates. The satellite ended with a lively moderated roundtable centered on the new prevention agenda and discussing how researchers, healthcare professionals, Community and government can together forge a new prevention paradigm. The first public Workshop of CHAARM was a well-attended event during the EACS conference, and was overall considered a success by the audience, the organisers and the speakers.

# HIV/AIDS Upcoming Conferences

19<sup>th</sup> Conference on Retroviruses and Opportunistic Infections, March 5-8, Seattle, Washington  
[retroconference.org](http://retroconference.org)

IAPO 5th Global Patients Congress, March 17-19, London, UK -  
[www.patientsorganizations.org/congress](http://www.patientsorganizations.org/congress)

HIV in Europe Conference, March 19-20, Copenhagen, Denmark -  
[www.hiveurope.eu](http://www.hiveurope.eu)

AFRAVIH 2012, March 25-28, Geneva, Switzerland  
[www.vihgeneve2012.com/](http://www.vihgeneve2012.com/)

XIX International AIDS Conference, July 22-27, Washington DC -  
[www.aids2012.org/](http://www.aids2012.org/)

## Save the Date:

**EATG Stakeholders Meeting:** Monday, June 18<sup>th</sup>. 14.00-17.00 in Brussels. We will take the opportunity to share the results of our work with our partners and discuss some of our ideas and projects for the coming years. Registration: [ruben.alonso@eatg.org](mailto:ruben.alonso@eatg.org)

### EATG permanent representations

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

### EATG funders

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