

Providing
Treatment
Literacy and
Advocacy

European AIDS Treatment
Group

Year End Report 2010

January 2010 – December 2010

www.eatg.org

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EATG's involvement in discussing new products, future strategies, research and trial design

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EATG's involvement in building Capacity

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EATG Governance

Legal status

Thanks to:

EATG **members**, the Board of Directors, the chairs of Working Groups **and staff**

Our **partners & networks in the field**

Our sponsors: ABBOTT – AVEXA - BOEHRINGER-INGELHEIM - Bristol-Myers Squibb - GILEAD – Levi Strauss Foundation - MERCK, SHARP & DOHME - Open Society Foundation - ROCHE - TIBOTEC – ViiV HEALTHCARE

The **European Commission**

This 2010 activity report covers the activities that took place from January 2010 – December 2010.

What is ECAB?

ECAB is the **working group of EATG** dealing with clinical research and science projects for HIV/AIDS and its co-infections. ECAB's aim is to **promote the harmonisation of the best available clinical practices, standards of care and access to the latest and best available therapies and diagnostic tools** throughout Europe, with a particular regard to Central and Eastern Europe.

ECAB's work includes:

- Organizing regular HIV/AIDS and thematic ECAB meetings
- Building ECAB capacity by organizing regular training for ECAB / EATG members
- Reviewing clinical trial protocols & Informed consent forms from the PLWHA Community's perspective and needs
- Promoting best practices procedures and ethics
- Promoting universal access to fair, sustainable, affordable drugs
- Promoting research developments improving the quality of living for PLWHA
- Supporting the creation of national and regional CABs and networking with CABs in Europe and around the world.
- Taking part in research networks and forums

EATG's involvement in discussing new products, future strategies, research and trial design

I. THE EUROPEAN COMMUNITY ADVISORY BOARD (ECAB)

ECAB chair: Wim Vandeveldde (since May 2009)

EATG Scientific Adviser: Laure Sonnier (Since March 2009)

II. MAIN ACTIVITIES AND ACHIEVEMENTS IN 2010

ECAB meetings

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

In 2010, 5 ECAB meetings focused on HIV/AIDS took place in January, May, June and December. There were 3 extra meetings, in March a thematic ECAB focused on TB, the September ECAB was dedicated to PrEP research and the November ECAB meeting was a thematic one focusing on new drug development for hepatitis C

Thematic ECAB meeting focused on Tuberculosis

On March 26-27 2010, EATG organized a thematic ECAB meeting on Tuberculosis clinical aspects and clinical research for TB/HIV co-infected populations.

This workshop was attended by around 30 participants: patient advocates from EATG/ECAB, representatives of civil society institutions involved in TB Clinical issues (TAG, TB Alert, TB Action Group...), clinical researchers and

international organisation representatives active in the TB research field (WHO, Stop TB Partnership...).

- The main outcomes of the meeting were to increase the knowledge of the European patient Community on TB & HIV co-infection clinical issues and to help building a TB/HIV community advocacy agenda in the WHO-Euro region.

Increasing the knowledge of the European patient Community on TB & HIV co-infection clinical issues and to helping building a TB/HIV community advocacy agenda in the WHO-Euro region.

ECAB and EECA CAB joint thematic meeting on HIV generic medicines

On June 14th 2010, ECAB organised in collaboration with and to support the creation of the Eastern Europe and Central Asia Community Advisory Board (EECA CAB) a joint thematic CAB meeting on HIV generic medicines development and access in the Eastern European and Central Asian Region, in Kiev, Ukraine.

- The ECAB and EECA CAB joint CAB meeting on HIV generic medicines helped build capacity in the Eastern European and Central Asian patient Community around HIV generic medicines' clinical issues and access and to discuss the lack of access to treatment and the crucial role of generics in the region.

Community reviews of clinical research protocols

An important expertise of ECAB is to review clinical trial protocols and informed consent sheets from the PLWHA Community's perspective and needs.

- In 2010, ECAB reviewed 8 clinical trial protocols and informed consent forms from different pharmaceutical companies. The main inputs were taken into account by the companies and the protocols and ICFs adapted accordingly.

ECAB / EATG trainings on major HIV research topics

ECAB continuously builds capacity within its membership by organizing several scientific trainings during the year in conjunction with ECAB meetings on major HIV research topics.

- In June, Caroline Sabin from University College London delivered training on biostatistics applied to HIV clinical research.

- In November, Tracy Swan from Treatment Action Group (NYC) presented the latest update of the HCV drug development pipeline to ECAB.
- Finally in December, Shirin Heidari from the International AIDS Society presented the work of IAS around HIV Cure research and also on women – specific issues in HIV clinical research.

III. EATG INVOLVEMENT IN HIV SCIENTIFIC PROJECTS & NETWORKS

ECAB members were involved in numerous scientific HIV projects and networks. We mention a few.

⇒ **EUROPRISE** - David Haerry, steering committee member

Like NEAT, Europrise is also a Network of Excellence funded by the European Commission under FP6 which aim is to bring together EU scientists from both microbicide and vaccine fields to embrace a coordinated approach to HIV-1 prevention research

⇒ **Community Meeting on PrEP R&D priorities**

On September 2010, a **multi-stakeholder community meeting on Pre-Exposure Prophylaxis (PrEP) research and development priorities** was held in Brussels. This meeting was organised by EATG within its advocacy and dissemination activities as community partner within the [Europrise network](#) and in collaboration with ECAB.

The meeting on PrEP brought together researchers, community advocates, EMA, European institutions, the health technology assessment agencies and the pharmaceutical industry to discuss scientific, policy, regulatory and reimbursement issues related to PrEP.

The September 2010 meeting on PrEP brought together researchers, community advocates, the European regulatory body (EMA), European institutions (EC), the health technology assessment agencies (represented by NICE) and the pharmaceutical industry with a PrEP portfolio to discuss scientific, policy, regulatory and reimbursement issues related to PrEP in light of the recently published results of the CAPRISA trial, and just before the results of the iPrex trial became available. Main outcomes of the meeting:

- To come to an understanding regarding missing scientific data to be generated
- To discuss different strategic approaches to PrEP (continuous PrEP, iPrEP, iPrEP/PEP combination)
- To discuss PrEP strategies in combination with other prevention approaches
- To discuss upcoming trial data and how to handle eventually positive results

- To initiate a dialogue with the European regulatory bodies regarding the requirements for assessing ARVs for use in PrEP as well as pharmacovigilance aspects (e.g. long term safety studies, resistance monitoring, renal monitoring)
- To initiate a dialogue with an established Health Technology Assessment body (NICE) regarding possible ARV reimbursement if used as PrEP
- To discuss Community concerns related to PrEP research with all stakeholders represented at the meeting
- To gain a general overview of the agenda of the industry as it relates to prevention research and PrEP in particular
- After the meeting the EMA produced a "Concept paper for HIV prevention (for oral and topical PrEP)" that is open to public consultation until May 2010

PrEP meeting report

EATG dedicates the report of the PrEP meeting to the memory of Roy Arad (July 31, 1978 - June 6, 2010) who was a Board member and volunteer for the Israel AIDS Task Force

(IATF) and a promising doctor. Roy was also a dedicated member of ECAB for about 3 years and HIV activist who dedicated himself to acquiring knowledge and teaching others. EATG and ECAB were a significant platform for him to express and promote his ideas and values. EATG lost a valuable and promising advocate. He will be missed by many.

<http://www.eatg.org/eatg/Scientific-Research/Conferences/EATG-Community-Meeting-on-PrEP-R-D-priorities-September-25-2010-Brussels-Belgium>



⇒ **European AIDS Treatment Network (NEAT)** - Nikos Dedes, steering committee member

EATG is the community partner of the EC Network of Excellence NEAT that stands for European AIDS Treatment Network, which is a platform for Academic HIV Clinical Research institutions (<http://www.neat-noe.org>).

The main deliverables of NEAT are centred on clinical research among which the NEAT001/ANRS143 HIV clinical trial is a strategic trial investigating two different treatment combinations to treat HIV-1 infected patients that have never been treated for their HIV infection before. It compares a standard regimen of three drugs that is

already recommended as first-line therapy (regimen for treatment naïve HIV-1 patients) to an innovative treatment option that combines two potent recent antiretroviral drugs.

NEAT Trial Patients Leaflets developed by EATG

The NEAT 001 trial has just started recruiting patients and in 2010 EATG has developed a series of **multi-lingual patient-friendly information leaflets** to would help potential study subjects in making an informed decision as to whether joining the trial.

The NEAT 001/ANRS 143 clinical trial
An open-label randomised comparative two-year trial comparing two first-line regimens in HIV-infected antiretroviral naïve subjects: darunavir/r + tenofovir/emtricitabine vs. darunavir/r + raltegravir

What is an HIV/AIDS clinical trial?
HIV/AIDS clinical trials are research studies in which new therapies (or prevention strategies) for HIV infection and AIDS are tested in humans. These studies can help determine the usefulness of experimental drug strategies in treating HIV infection. Clinical trials - conducted by physicians and other health care professionals - are a very safe way to help find treatments that work.

Why would I choose to participate in a trial?
Participation can make you gain access to new treatments or regimens that are not yet available to the public. You have a chance to help others by contributing to medical research.

What is the NEAT 001 trial about?
NEAT 001 is a strategic trial investigating two different treatment combinations to treat HIV-1 infected patients that have never been treated for their HIV infection before. It compares a standard regimen of three drugs that is already recommended as first-line therapy (regimen for treatment naïve HIV-1 patients) to an innovative treatment option that combines two potent recent antiretroviral drugs.

The main objective of the NEAT 001 trial is:
to prove that the innovative treatment is as efficient as the comparative regimen. The study also wants to compare the two regimens in terms of adherence, tolerance, toxicity, quality of life, resistance, side effects and other important clinical outcomes.

How can I participate in the NEAT 001 trial?
Talk to your physician and tell him/her that you are interested in participating. He/she will tell you if you are eligible to participate. Do not hesitate to ask all questions that you have, including on the pros and cons of your participation.

Check out the EATG website for useful information for patients interested in the NEAT001 trial:
<http://www.eatg.org/eatg/Scientific-Research/Projects/NEAT-European-AIDS-Treatment-Network>

You can also visit the official NEAT website (in English) at:
www.neat-nco.org

This international study is coordinated by the European AIDS Treatment Network (EAN) and is funded by the European Commission through the Network of Excellence programme (contract number NEAT, contract LSHM-CT-2006-019702), and the French Agency National de Recherche sur le SIDA et les Maladies Transmissibles (ANRS). Study drugs are provided by GlaxoSmithKline, Merck, and Bristol-Myers Squibb. The sponsors' financial interests are disclosed in the NEAT 001 trial. The sponsors' financial interests are disclosed in the NEAT 001 trial. The sponsors' financial interests are disclosed in the NEAT 001 trial.

Participating in the NEAT 001/ANRS 143 clinical trial
Things I should know

What are the two groups in the study?
Participants will be divided into two groups taking different regimens. A computer will randomly decide which of the two groups you will be assigned to. Neither you or your doctor can choose the group that you join.

Group 1
Participants take a standard 'triple' regimen already approved for treating HIV patients: darunavir boosted with ritonavir (Prezista®, Norvir®) and tenofovir/emtricitabine (Truvada®). This combination needs to be taken once a day.

Group 2
Participants take a new potent regimen combining only two drugs: darunavir boosted with ritonavir (Prezista®, Norvir®) and raltegravir (Isentress®). Raltegravir is twice a day, darunavir and ritonavir once a day.

Who can join?
You may be eligible to join NEAT 001 if you:
- Are a patient with confirmed HIV-1 infection,
- Are at least 18 years old,
- Have never taken any HIV medication before,
- Have a CD4+ cell count below or equal to 500/mm³,
- Have a HIV-1 RNA above 1000 copies/ml,
- Do not have any major mutation in your HIV-1 virus,
- Are not a pregnant woman,
- Are not a breastfeeding woman,
- Are in general good health with no recent history of major liver or kidney disease.

What are possible benefits (pros) and risks (cons) of being in any of the groups?
As of now it is not known whether these two treatment strategies are equal or if one of them would be a better option for HIV treatment. That is why a direct comparison is needed.

Group 1
PROS
- Documented efficacy of regimen for treatment naïve patients
- Once-a-day regimen
- Fewer pills
CONS
- Long term tenofovir related risk of kidney and bone dysfunction

Group 2
PROS
- Raltegravir has:
- proven potent antiviral effect
- no cross resistance with other drugs
- no dose related toxicities reported
CONS
- No available data for efficacy/tolerability of this dual regimen in treatment naïve patients
- Possible risk of rash with this combination

If you join:
You will be closely monitored during the full duration of the trial (up to 3 years).
You will visit your healthcare provider 8 times during the first 6 months of the study and then about every 3-4 months.
Joining NEAT 001 will not cost you anything. The NEAT 001 study will pay for the exams and laboratory tests that are specific to the study, and provide your HIV medicines during the study.

<http://www.eatg.org/eatg/Scientific-Research/Projects/NEAT-European-AIDS-Treatment-Network>

⇒ **EMA – Paediatric Committee** - Michal Odermarsky, delegate; Milena Stevanovic, alternate

The main responsibility of the Paediatric Committee (PDCO) is to assess the content of **paediatric investigation plans** and adopt opinions on them including assessment of applications for full or partial waiver and applications for deferrals. Other roles include e.g. assessing data generated in accordance with agreed PIPs; adopting opinions on the quality, safety or efficacy of a medicine for use in the paediatric population, at the request of the Committee for Medicinal Products for Human Use (CHMP) or a medicines regulatory authority in a European Union (EU) Member State. The PDCO can give an opinion if the data have been generated in accordance with an agreed PIP.

In 2010, EATG:

- acted as rapporteur or peer reviewer for several paediatric investigation plans (PIPs) in area of infectious diseases, cardiovascular diseases, endocrinology –metabolism and diagnostics;
- participated in EMA workshop on heart failure in paediatric population

⇒ **Forum for Collaborative HIV Research** - Michal Odermarsky, steering committee member; Stephan Dressler alternate

Founded in 1997, The Forum for Collaborative HIV Research is a public/private partnership at the University of California, Berkeley Washington Campus. **The Forum's mission is to enhance and facilitate HIV research and this is accomplished by bringing together all relevant stakeholders to address emerging issues in HIV/AIDS.** Through

Enhance and facilitate HIV research by bringing together all relevant stakeholders to address emerging issues in HIV/AIDS

our work, we identify gaps and impediments, frame issues and help set research strategy. The goal is to optimize care and treatment of those affected by HIV/AIDS and our scope includes research addressing prevention, treatment strategy, health services utilization and health policy. The Forum includes representatives from government, industry, patient advocates, health care providers, academia and foundation.

⇒ EATG attended a meeting on '**Emerging Issues in Clinical Trials for New ARV Development**' on September 30, 2010 in Washington DC.

Objectives of the meeting: to discuss general developments with non-inferiority margins and adaptive design in clinical trials and regulatory experience;

- to provide perspectives on recent clinical trial experiences with investigational HIV agents;
- to propose new models to study investigational HIV agents in clinical trials and discuss possible solutions to commonly encountered issues in clinical trials;
- to discuss the need for trials in treatment naïve patients, dose-finding and identification of biomarkers for longer term safety evaluations

The letter in support of the new HIV clinical trial paradigm for a "two-part hybrid" proposal for treatment-experienced patients has been signed by academics and community representatives and submitted to the FDA. (http://www.hivforum.org/storage/hivforum/documents/2010ClinicalTrials/hiv_trials_forum_letter.pdf)

⇒ **Advancing HCV Drug Development: A Collaborative Approach** meeting on December 6, 2010 in Washington DC

The Forum held this meeting to obtain public comments regarding future trial designs and endpoints, including evaluation of interferon and/or ribavirin sparing regimens and the use of two or more DAAs in treatment-naïve and treatment-experienced trials and in special populations. Additional issues encountered during the drug development process were also discussed.

⇒ **European Network for global cooperation in the field of AIDS & TB (EUCO-Net)** - Michal Odermarsky

The EUCO-Net project ended in 2010. Its objective was to provide an overview of the state of the art in **HIV and TB research** and disease management in the different partner countries, to identify global research priorities and to boost international cooperation between leading HIV and TB experts from Europe and those countries mainly affected by the two diseases.

- The consortium, uniting 14 groups from Europe, India, Latin America, Russia, and South Africa, developed **individual country reports** as well as a **joint AIDS/TB Roadmap** for the European Commission which may be used as a basis for the development of future work programmes under FP7, or separate funding programmes.

⇒ **Combined Highly Active Anti-Retroviral Microbicides (CHAARM)** - Gus Cairns, steering committee member

CHAARM is a new research network funded by the EC under FP7 that looks into 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. CHAARM stands for Combined Highly Active Anti-Retroviral Microbicide.

- CHAARM held its kick-off meeting in February 2010 and EATG joined the CHAARM consortium as community partner. EATG is responsible for dissemination and advocacy activities in 2011 and as an appointed representative within the CHAARM Steering Committee.

⇒ **European Clinical Research Infrastructure Network (ECRIN)** - Nikos Dedes, advisory role

ECRIN is an EU funded project that wishes to facilitate the **creation of a European Clinical Trials Infrastructure Network**. It is based on the connection of national hubs for national networks of clinical research centres and clinical trial units. The program started in 2004 in FP6, and then it was renewed with two consecutive calls. The current program comes to an end on 31 December 2011. Among various issues like quality assurance, Good Clinical Practice, monitoring and safety reporting and data management, ECRIN pioneered the validation of a Risk-assessment scale and risk adapted monitoring plan for academic clinical research, thus reducing administrative burden. Going forward ECRIN will continue through the creation of ECRIN-ERIC (a European

Research Infrastructure Consortium) with the participation of 14 EU countries. For more information visit <http://www.ecrin.org/>

⇒ **Protect** – David Haerry, member of the External Advisory Board

PROTECT is a European consortium financed under the Innovative Medicines Initiative IMI. PROTECT stands for Pharmaco-epidemiological Research on Outcomes of Therapeutics by a European Consortium. The EMA is the coordinator, the web site: www.imi-protect.eu/.

The goal of PROTECT is to **strengthen the monitoring of the benefit risk of medicines in Europe**. This will be achieved by developing a set of innovative tools and methods that will enhance the early detection and assessment of adverse drug reactions from different data sources, and enable the integration and presentation of data on benefits and risks. These methods will be tested in real-life situations in order to provide all stakeholders (patients, prescribers, public health authorities, regulators and pharmaceutical companies) with accurate and useful information supporting risk management and continuous benefit-risk assessment.

The External Advisory Board is meeting once per year with the project's Steering Committee to review and discuss progress on deliverables set by the Consortium Agreement.

About the PWG

The PWG is EATG's main policy and advocacy body, and its members contribute to EATG projects which have an advocacy part. In 2010, the PWG counted 44 members, with a considerable number of new members in particular from Eastern Europe and Central Asia joining the Policy Working Group.

EATGS INVOLVEMENT IN SHAPING THE POLITICAL AGENDA

I. The Policy Working Group (PWG)

Chairs: Nikos Dedes, Tamás Bereczky (first half 2010), Raminta Stuikyte, Peter Wiessner (second half 2010)

Policy Adviser: Nicole Heine

⇒ Policy Working Group meetings

In 2010, two Policy Working Group meetings took place in Brussels. The group met twice in Brussels (April 30-May 2, 2010 and September 3-5, 2010).

Agenda topics covered during the meetings provide a 'snap shot' of the range of topics addressed during the year 2010:

- Building up the advocacy on Hepatitis C and MSM
- WHO Europe country visit to Lithuania
- Dublin Declaration – update on progress report
- EATG in Vienna
- Intellectual property and access to ARVs in Eastern Europe and neighbouring countries
- CSF paper on EU drug policies
- Overdose as preventable cause of death
- Global Fund Replenishment 2010 and EATGs long term role
- Treatment interruptions in Russia / Romania
- Access to affordable ARV and other medicines – “Bremen Initiative
- ECDC HIV testing guidelines

- Patient Information and EATG as 'expert patient organization'
- "Access and innovation" Policy Paper
- Pre-Exposure Prophylaxis (PreP)

The group also identified top priorities and the future work-plan for 2011 and beyond (including thematic Policy Working Group meeting in the Baltic States 2011 and on HIV Low Prevalence Country meetings)

Besides thematic topics, governance issues and issues relating to the conditions of the work of patient organisations were equally addressed. Furthermore, a new PWG meeting format for 2011 has been developed.

II. EU HIV/AIDS Civil Society Forum (CSF) and EATG Policy Projects

⇒ **The EU HIV/AIDS Civil Society Forum (co-chairs: Nikos Dedes until May 2010 / Luis Mendão from May 2010 (EATG), Yusef Azad (AAE))**

THE EU HIV/AIDS Civil Society Forum (CSF) has been established by the European Commission as an informal working group to facilitate the participation of non-governmental organizations, including those representing people living with HIV/AIDS in policy development and implementation and in information-exchange activities. The CSF includes about 40 organizations from all over Europe.

AIDS Action Europe (AAE) and EATG co-chair and provide support to the work of the EU HIV/AIDS Civil Society Forum, an informal advisory body to the European Commission.

In 2010, two meetings took place (4-5 May, 26-27 October).

Agenda items of the meetings included:

- discussion of the new EU Communication on HIV/AIDS (2009-2013) and its accompanying action plan, as well as the ECDC draft monitoring framework relating to it



- criminalisation of HIV transmission in Europe (a project of the HIV in Europe initiative)
- the Fundamental Rights Agency (FRA) and its work on HIV/AIDS
- ILO's current activity on HIV/AIDS and the world of work – ILO recommendations
- EU drug policies and harm reduction and CSF position statement on EU drug policies
- Travel restrictions relating to HIV/AIDS in the EU
- TB Europe Coalition: Coordination on TB across Europe, including HIV/TB co-infection
- Russia: role and challenges for civil society in the HIV/AIDS response
- Civil society and the Global Fund: replenishment conference
- Harm reduction services in Spain (in particular in prisons)
- HIV in Prisons within the Northern Dimension area
- HIV in Europe initiative
- Protecting HIV services during times of budgetary cutbacks

Tackle health inequalities, improve prevention, care and treatment services, targeting blood borne infection diseases - in particular HIV/AIDS and Hepatitis C - among vulnerable and high risk populations

Standing agenda items at CSF meetings include updates from DG Sanco, ECDC, WHO Europe, UNAIDS and EMCDDA as well as reports on the EU Presidencies work on HIV/AIDS.

Throughout the year, the CSF engaged in advocacy on the on-going legislative work relating to the Equality Directive, Council Conclusions on HIV/AIDS, 'HIV/AIDS own initiative report' by the European Parliament, input to high-level speeches at the World Aids Conference, travel restrictions relating on HIV/AIDS in the EU, EU EFTA negotiations as well as ARV treatment stock-outs occurring in several European countries.

Correlation Network II

The overall aim of Correlation II is to tackle health inequalities, and to improve prevention, care and treatment services, targeting blood borne infection diseases (BBID's), in particular HIV/AIDS and Hepatitis C among vulnerable and high risk populations.

In 2010 EATG performed a literature review as basis of the planned policy recommendations. A writer hired to review together with Correlation Partners existing policy recommendations for 4 vulnerable groups within the project: injecting drug users (IDU), sex workers, men who have sex with men (MSM) and migrant populations. A survey prepared is designed to assess the implementation of HIV/AIDS policies across Europe, from a practitioner's point of view.

In June 2011, a Policy Seminar will be organised in the European Parliament to present policy recommendations based on the findings.

For more information relating to the EC funded Correlation Network II project, visit

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

HIV in Europe initiative - early diagnosis and early care

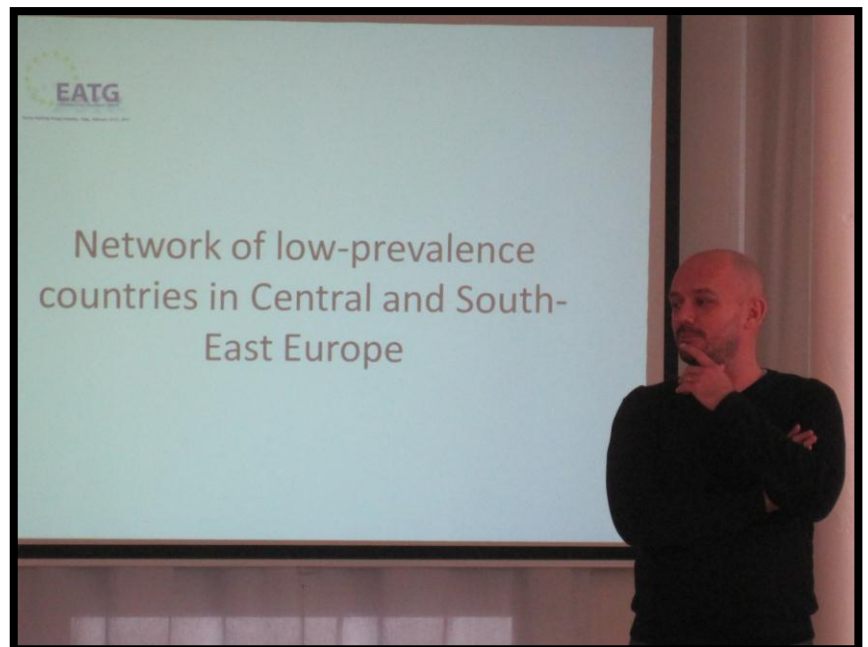
The HIV in Europe initiative is a pan-European initiative initiated in Brussels in 2007. The initiative provides a European platform for exchange and activities to improve early diagnosis and earlier care of HIV across Europe. The initiative is directed by an independent group of experts with representation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

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

Building on the momentum ensued since the adoption of the EP 'Joint Resolution on HIV/AIDS: early diagnosis and early care', the renewed HIV in Europe 'call to action' (2010-2011) and emerging national testing initiatives in the EU, the EATG HIV in Europe Advocacy Secretariat advocated for earlier diagnosis and earlier care seeking to reinforce political commitment and action at national and European level.

More specifically this involved

- advocating for Council Conclusions under the EU Presidencies (Spanish Presidency, Belgium Presidency) (various meetings with EU Presidency representatives, seeking engagement of key opinion leaders in the field)
- providing input to the conference programme and conclusions organised by the Spanish Presidency ('Vulnerability and HIV in Europe', 13 April 2010, Madrid)



- engaging Members of the renewed European Parliament on HIV/AIDS in general and in particular on HIV early diagnosis and early care (i.e. collaborate on Parliamentary Questions to the ENVI committee)
- drafting press releases for HIV in Europe initiative.

Several EATG members play a key role in national testing initiatives in the EU. For more information on the initiative visit <http://www.hiveurope.eu/>

Working with the European Parliament

EATG closely collaborates with Members of the European Parliament on a whole range of HIV related issues. In order to ensure HIV remains high on the agenda of the European Parliament, first steps were taken to establish an informal cross-party intergroup of MEPs at the European Parliament working on HIV/AIDS related issues in Europe and the neighbouring countries. The intergroup will be launched mid-2011.

EATG members spoke on various occasions at EP events: During the EP conference 'Can we afford the current model of innovation: towards new models of innovation', Policy Working Group Co-chair Raminta Stuikyte spoke about 'Access to pharmaceuticals in Eastern Europe'. Furthermore, EATG provided input to the programme of the EP hearing of the Human Rights Committee on World AIDS Day, and Nikos Dedes represented the CSF at the scientific seminar on HIV testing on the occasion of World AIDS day co-hosted by Marine Yannakoudakis, MEP, and Marc Sprenger, ECDC Director.

III. Main achievements

⇒ Achievements regarding the stock out problem

2010 was marked by a series of alarming stock-outs of anti-retroviral treatment reported in EU Member States, partially due to severe cuts in health budgets resulting from the effect of the economic crisis, to which EATG forcefully raised attention. We did trigger a report on the Romanian situation in **an article by Time Magazine** online 'Eve of an HIV Epidemic in Romania'. In the case of Latvia this advocacy resulting in putting **30% more people in need on anti-retroviral treatment**.

Advocacy on the Latvian case resulted in putting 30% more people in need on anti-retroviral treatment.

⇒ Engaging with the European Presidencies

EATG engaged with the **Spanish EU and Belgian Presidency** on HIV/AIDS as to have HIV as figure high on their agendas. The Spanish Presidency kept its commitment to organise a conference on HIV/AIDS, on 'HIV and

vulnerability' to which EATG provided input. During the Belgian Presidency, discussions on Council Conclusions on HIV testing took place in the Civil Society Forum and Think Tank, and it was decided to put the subject will on the agenda of the upcoming Think Tank meeting in June 2011.

- **Work within advisory groups**

EATG members Nikos Dedes and Luís Mendão– acting as CSF co-chairs - were part of two **ECDC advisory groups** and provided input to the "ECDC 2010 Progress Report:

- "Implementing the Dublin Declaration to Fight HIV/AIDS in Europe and Central Asia", as well as the guidance
- "HIV testing: increasing uptake and effectiveness in the European Union".

In preparation to further actions in 2011, EATG Policy Working Group Chairs Peter Wiessner and Raminta Stukyte released a **discussion paper** 'Does it matter which ministry is responsible for health in prison?' stating key prison health principles.

IV. Urgent needs in Europe

EATG released a series of Open Letters and Press releases reacting to often acute problems relating to the provision of access to state of the art HIV/AIDS treatment and care and related issues:

- Letter to European Commissioner Karel de Gucht regarding FTA negotiations between India and the EU
- EATG letter to European Commissioner Karel de Gucht raising concerns relating to the availability and affordability of generic medicines to be discussed in the EU-India Free Trade Agreement negotiations
- EATG letter to the Latvian government relating to Hepatitis C treatment
- Joint EATG and EHRN Press Release: Overdose Awareness Day: Community organizations call for wider availability of naloxone to prevent thousands of unnecessary deaths
- Call on the Government of Lithuania to ensure monitoring of HIV patients according to European standards
- EATG calls upon the German Government to ensure its future contribution to the Global Fund to Fight AIDS, Tuberculosis and Malaria
- Open letter from the European AIDS Treatment Group calling upon the German Government to ensure its future contribution to the Global Fund to Fight AIDS, Tuberculosis and Malaria.
- EATG and Italian NGOs call on the Italian Government to honour its pledges to the Global Fund and define Italy's intended contribution for 2011-2013

- Open letter from the European AIDS Treatment Group in collaboration with the Italian League for the Fight against AIDS (LILA) and the Italian Observatory on Global AIDS calling on Italian Prime Minister Silvio Berlusconi to honour pledges made to the Global Fund in 2009-10 and to define its intended contributions for the years 2011-13.
- Open letter to European Commissioner for Health and Consumer Policy John Dalli on patient concern regarding EMA policy and procedure in the handling of conflicts of interests
- Open letter to European Commissioner for Health and Consumer Policy John Dalli from the European AIDS Treatment Group, the European Genetic Alliances' Network, the European Patients' Forum, and EURORDIS.
- EATG call to the Ukrainian Government to maintain the "Institute of Epidemiology and Infectious Diseases" (Kiev, Ukraine)
- EATG calls to continue the work of the NGO ALIAT to provide harm reduction services within the premises of the 'Prof Dr Al Obregia" Psychiatric Hospital
- China lifts its travel restrictions - call to lift restrictions in the WHO European region
- EU HIV/AIDS Civil Society Forum calls on the Romanian government to ensure access to antiretroviral treatment



About capacity building

It is one of the EATG's main goals to support local community based organisations strengthening their HIV treatment literacy and advocacy skills. Therefore, one important part of our work is to develop and distribute patient information and organise trainings on HIV/AIDS and other topics as appropriate.

EATG building capacity

Training coordinator: Ana Lucia Cardoso

I. The trainers' pool and our trainings

The EATG has a pool of dedicated trainers and a long and successful history of providing trainings on many different topics. Besides our educational role, we consider we have a supporting, enabling and empowering role. EATG's training activities are needs based. They address the gaps in knowledge identified via internal and external assessments.

We consider capacity building as an important step to achieve our main objectives: universal access to treatment, tackle inequalities in the health system due to stigma and discrimination and foster policy action at country level.

We focus our training activities on Eastern Europe, where the prevalence is high, information is scarce and a sustainable dialogue with the main stakeholders is most of the times a very difficult task.

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

A second training took place in Tallinn for participants from the Baltic region and was organized together with the Estonian Network for PLWH.

Kiev and Tallinn were chosen as strategic regions because:

- 1) Access to anti-retroviral treatment is limited in Ukraine, Russia, Central Asia and the Baltic countries
- 2) The systems of medical service in these countries are entirely centralized (only in special wards in the capital or the regional centre)

3) The training of a number of well-prepared PLWH in the region will probably result in networking among them and possibly in creating a stronger and more powerful movement – so far there have been only sporadic, unsustainable attempts to meet the needs of the patients for treatment information

4) The epidemic transmission happens mainly within vulnerable populations such as IDUs, migrants, sex workers that often lack knowledge about treatment and face high levels of stigma and discrimination and consequently, difficulties regarding access to treatment and advocating for the best treatment option



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

The treatment literacy module of the seminars is followed by an advocacy session. After identifying advocacy priorities in their respective countries, participants develop reality based step-by-step advocacy plans, applicable to their settings. They learn how to address the right stakeholders,

different techniques to do it and, generally, how to implement the plans in a sustainable manner. Further to that, we discuss how to monitor the implementation of the key recommendations of the Dublin Declaration for Partnership against HIV/AIDS.

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

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

⇒ **Training HIV/AIDS Treatment Literacy and Advocacy, Kiev, Ukraine, 10-13 June**

EATG developed a training programme sponsored by the Levi Strauss Foundation that focused on the key needs of the Eastern region by improving the capacity of PLWH and their health care providers regarding HIV/AIDS treatment literacy and by providing advocacy on highly vulnerable populations in Eastern Europe.

The participants of this training developed advocacy plans on the following topics:

Russian participants: access to ARV treatment in Russia (with focus on managing stock outs)

Ukrainian participants: capacity building for health professionals in Ukraine (with focus on resistance tests)

Participants from Central Asia: access to ARV and HCV treatment and care in prisons of Central Asia

⇒ **Training HIV/AIDS Treatment Literacy and Advocacy, Tallinn, Estonia, 9-12 September**

The Baltic States have a high prevalence of HIV infection and low levels of knowledge among affected individuals, particularly among the intravenous drug users. Activists, patients and their supporters often face barriers when trying to advocate for better access to treatment.

With the support of a grant from BMS, EATG organized a 3 days training on treatment literacy and treatment advocacy for participants from the Estonia, Latvia and Lithuania.

II. EATG being a partner in projects

⇒ **Aids&Mobility Europe 2007-2010**

The objective of the Aids&Mobility (A&M) project is to reduce HIV vulnerability of migrant and mobile populations in Europe and influence European and national policy making by:

- **Developing** an innovative health education model for migrants and ethnic minorities.
- **Strengthening** the existing network structures of HIV prevention among migrants.
- **Reactivating** and expanding the network through:
 - Coordination of Master Toolkit Advisory Board
 - Representation of A&M at conferences, meetings, EC bodies, etc.

For this purpose in the end of 2008 a “Master Toolkit Advisory Board” was set up. The advisory board is composed by experts in the field of health and migration that will feed into the Master Toolkit and comment on training materials for the next three years. The first meeting took place in February 2009. In 2010 the EATG organized the second MTAB meeting and developed the toolkit database.

The EATG is leading the work package networking. Throughout the year we have actively participated in health and migration related events (see a selection of meetings attended by members and staff below). We have also contributed to the production, translation and dissemination of AIDS & Mobility training materials and newsletters.

⇒ **CoBaSys**

CoBaSys is a 3-year project funded by the African, Caribbean and Pacific Science and Technology Programme. The EATG will contribute to the development and adoption of a system of community based health care in fighting HIV/AIDS by sharing experiences, participating in training development and exchange of training materials.

The overall objective of the project is to strengthen the integration of the Southern and Eastern African countries into the European science and technology (S&T) framework, focusing specifically on programmes for quality health care with special attention to community based and patient centred approaches to HIV treatment. The main specific objective of the project is the development of stable cooperative networks promoting quality health care system in the field of HIV treatment.

The EATG shares experience on capacity building and fostering community involvement. We provide feedback to the training needs assessment performed among the African partners and we will be in charge of organising training on fundraising in 2012.

III. Main achievements trainings

- Production and distribution of training manuals on HIV/AIDS Treatment Literacy and Treatment Advocacy
- Involvement of new trainers from Eastern Europe
- Feedback and evaluation from trainings were positive and challenging.

The EATG shares experience on capacity building and fostering community involvement.

IV. EATG lead projects

⇒ **Continuous Patient Education (COPE)**

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

Thanks to a grant received from Bristol-Myers Squibb we were able to support local organisations in Eastern Europe to perform a series of translations/adaptations, printing and distributing treatment literacy material.

Key achievements

In 2010 COPE funded the translation, printing and distribution of the following publications:

- Introduction to combination therapy from iBASE was translated into Slovak, Estonian, Turkish and Hungarian
- Hepatitis C for people living with HIV from iBASE was translated into Latvian
- Adherence and Viral Load & CD4 from NAM was translated into Turkish
- Avoiding and Managing Side Effects from iBASE was translated into Albanian



EATG aims to guarantee the continuously update of publications and their wide dissemination at local and national level. The sustainability and growth of the project would be guaranteed if EATG finds a donor for a period of several years.

EATG AT INTERNATIONAL CONFERENCES

EATG's presence at international conferences becomes every year more important. Not only do we have many members being active in the attendance of sessions. EATG is often part of the scientific committee and organizer of one or more events during the conference.

- **17th Conference on Retroviruses and Opportunistic Infections (CROI)**, San Francisco, US, From 16-19 February 2010.
- **XVIII International AIDS Conference**, Vienna, Austria, from 18-23 July 2010.

During the Vienna conference EATG organized a series of meetings and EATG members also collaborated (or spoke) at other sessions. Some of the topics raised or supported by EATG were: 'Accelerating advocacy on HIV/TB'; a workshop on 'How to Advocate for Removal of HIV-specific Travel and Residence Restrictions'; a workshop on how 'Improving Access to Pregnancy Planning and Reproductive Options for PLWHA through evidence based policy development and advocacy; Deportation of HIV-positive migrants in 29 countries: impact on health and human rights; a series of sessions on HIV, gender inequities, women and IDUs (e.g. *Why so Many Barriers When There Are so Many Needs?* Gathering stories); 'Barriers to Migrants and Mobile Populations in Accessing Comprehensive HIV Services and Treatment'; a workshop on 'Improving Access to Pregnancy Planning and Reproductive Options for PLWHA through evidence based policy development and advocacy'; and a session on 'Entry and residence regulations - Impact on Human Rights'.

- **AIDS Vaccine 2010, Atlanta, Georgia, US, from 28 September – 1 October 2010.**
- **Tenth International Congress on Drug Therapy in HIV Infection**, Glasgow, UK, from 7-11 November 2010.

Prior to the conference (November 7th) EATG organised its first stakeholders breakfast meeting for pharmaceutical companies in order to discuss the draft 2011 work plan. We also had a community dinner for the members present at the conference, in collaboration with the UKCAB. A community session was chaired by Stefan Stojanovik and Alain volny-anne on 'The challenge of Treating Migrant Patients'. Driven by the European AIDS Treatment Group (EATG) and Community recommendations on universal access to HIV services for migrants and ethnic minorities in Europe, this session addressed and discussed the status of access to services for the prevention of HIV and associated diseases, voluntary counselling, testing, treatment and care for migrant populations". EATG was also invited to send a representative on the Steering Committee of this 10th International congress on drug therapy. Stefan Stojanovik, director and treasurer of EATG, joined the steering committee and also spoke at the closing session.

EATG and its networks and partners

To perform its activities and to reach its goals, the EATG works closely together with many different actors on the field. This collaboration creates a broader support to our activities, but also a higher quality of the actions taken. This (non-exhaustive) list shows some of our core networks and partners in the field:

EU Institutions and Executive Agencies

DG Sanco – Health and Consumer Protection; DG Enterprise and Industry; DG Research; DG Trade; European Parliament; European Medicines Agency (EMA); European Monitoring Centre for Drugs and Drug Addiction (EMCDDA); European Centre for Disease Control (ECDC)

Other EU Platforms

EU Health Policy Forum; HIV/AIDS Civil Society Forum (CSF); Pharmaceutical Forum

United Nations programs and organisations

UNAIDS, the Joint United Nations Programme on HIV/AIDS; World Health Organisation (WHO), the directing and coordinating authority for health within the United Nations

International Organisations

International Organisation for Migration (IOM); International Harm Reduction Association (IHRA); International AIDS Society (IAS); International Planned Parenthood Federation (IPPF)

HIV/AIDS Organisations and Networks

AIDS Action Europe; AIDS Treatment Activists Coalition (ATAC); International Treatment Preparedness Coalition (ITPC); Global Network of People Living with HIV/AIDS (GNP+); International Community of Women Living with HIV/AIDS (ICW); Eastern European & Central Asian Union of PLWH Organisations (ECUO); Global Campaign for Microbicides (GCM); International AIDS Vaccine Initiative (IAVI); AIDS Vaccine Advocacy Coalition (AVAC); HIV in Europe; NAM; Terrence Higgins Trust (THT)

Public Health Networks

European Public Health Alliance (EPHA); Concord; EU Civil Society Contact Group; International Harm Reduction Development Program (IHRD); Eurasian Harm Reduction Network (EHRN); Health Action international (HAI); Médecins Sans Frontières (MSF), European Forum for Good Clinical Practice (EFGCP)

EATG involvement via projects

AIDS and Mobility Europe; AIDS Action Integration; European HIV Resistance Network; HIV/STI Prevention & Health Promotion among Migrant Sex Workers (TAMPEP); Health GAP (Global Access Project); European AIDS Treatment Network (NEAT); Europrise

Other European organisations

European Patients' Forum (EPF); International Alliance of Patient Organisations (IAPO); European Forum for Good Clinical Practice (EFGCP); European Federation of Pharmaceutical Industries and Associations (EFPIA); European Coalition of Positive People (ECPPI); European AIDS Clinical Society (EACS); European Platform for Patients Organisations, Science and Industry (EPPOSI)

Other organisations and networks

Platform for International Cooperation on Undocumented Migrants (PICUM); Open Society Institute (OSI); Human Rights Watch (HRW); Correlation European Network Social Inclusion and Health; The Global Fund to fight AIDS, Tuberculosis and Malaria (GFTAM); Global Health Council; Association Internationale de la Mutualité (AIM); European Consumer's Organisation (BEUC); Comité Permanent des Médecins Européens (CPME); the European Network on Drugs and Infections Prevention in Prison (ENDIPP)

EATG BEING A TRANSPARENT ORGANISATION

I. Working on HIV/AIDS

The EATG is a signatory and active contributor of the constantly evolving "Renewing Our Voice - Code of Good Practice for NGOs Responding to HIV/AIDS".

This Code sets out a number of Guiding Principles which apply a **human rights approach** to the range of HIV/AIDS-specific health, development and humanitarian work undertaken by NGOs responding to HIV/AIDS.

These principles provide a common framework applicable to all NGOs engaged in responding to HIV/AIDS. They are embodied within good practice principles, which guide both how we work as NGOs and what we do.

It also includes key resources such as tool kits and manuals that can assist in putting the principles into practice, and also information about the process of 'signing on' to the Code and about implementation of the Code.

II. Transparency

The EATG has been working hard on achieving the highest possible levels of transparency in its work. These efforts were rewarded this year by an independent evaluation. We were listed on the 8th place out of 100 NGOs by the 'Fondation Prometheus', who publishes yearly transparency barometers: reports which evaluate how transparent the work of NGOs is, based on the information they provide on the internet (publicly accessible information).

This very high rating was a very strong confirmation of our investments on this very important topic. You can download the document at:

http://www.fondation-prometheus.org/main.php?act=page&s=barometre_ong

EATG communicating to its partners and networks

Our objectives for 2010 were to:

- Continue and improve the internal and external communication via the monthly newsletter, internet, and the members' extranet and other communication tools (e.g. brochures, reports, press releases, etc.)
 - A start was given to the production of an **external newsletter**. Due to staff changes a second edition did not go out. A new planning has been made for 2011.
 - Two **stakeholders meetings** were organized: a global one with partners and sponsors and one with the industry to share the new work plan draft, our vision, ambitions and past achievements
- Make sure there is a uniform style in all EATG communication
 - EATG has already started creating a more **uniform style** in the communication inside and outside the organization. The communications strategy will make recommendations for the nearest future.
- Ensure technical functionality of the website
 - The **website** is updated daily and the HIV/AIDS Daily News. In March we did have 6.188 hits during that month. In July this was already 25.881 and by the end of the year (December) we had 52.114 hits.
- Produce documents that can be used for PR and fundraising
 - A leaflet was produced and posters to be used at events and e.g. in booths. EATG had a **booth in Vienna and in Glasgow**. Printed and digital copies of the year-end report and the work plan were shared with stakeholders.
- Establish procedures for internal and external announcements
 - The list of contacts was updated to be used at different occasions

- A communications strategy has been developed that is currently being elaborated to be implemented step by step
- Produce position papers, articles, statements and open letters where possible and relevant

⇒ **Internal communication**

- Ensure relevant information is produced following every new event:
 - An updated database is available on events. Reports are saved and shared with members (and external parties when possible)
- Get more interaction between different levels within the EATG
- Update our archives and databases

⇒ **Press releases**

In 2010 we sent out several press releases, open letters and public statements regarding scientific and policy issues.

March 8:

- Asking the Right Questions: Advancing an HIV Research Agenda for Women and Children
The International AIDS Society (IAS) and 15 other leading public and private sector organizations released a comprehensive research agenda designed to significantly advance global responses to HIV in women, girls and children. The new consensus statement '[Asking the Right Questions: Advancing an HIV Research Agenda for Women and Children](#)' includes 20 specific recommendations to expand and improve responses to the HIV-related challenges facing women and children worldwide.

March 15:

- Direct-to-consumer communication by pharmaceutical companies? Europeans deserve better - *Supporting the right choice in health information*, Joint press release from 29 organisations

In a shared press release 29 organisations asked the Commissioner for Health and Consumer protection to start the reassessment of the current legislative proposals on patient “information” now, and to **take into account their concrete proposals** in order to ensure a better basis for the improved provision of relevant, independent and comparative information to patients.

- **EU HIV/AIDS Civil Society Forum** calls on the Romanian government to ensure access to antiretroviral treatment (April AIDS Civil Society Forum calls on the Romanian government to ensure access to antiretroviral treatment (April 22)

The CSF calls on the Romanian authorities:

- to provide necessary treatment to all of those in need immediately
- to negotiate price rebates with pharmaceutical companies as way of follow-up of the so-called ‘Bremen initiative’
- to invite WHO Europe to have a country visit in Romania in order to thoroughly assess the situation in Romania and secure access in the long term

Furthermore, they encourage the Romanian government to have its representative at the upcoming EU HIV/AIDS Think Tank meeting (5th of May 2010, Brussels) provide a detailed report on the next steps the government intends to take to improve the situation.

May 19:

- EATG supports the EHRN press release on World Hepatitis Day that ‘brings long-awaited political recognition of the hepatitis C epidemic’
As the world marks World Hepatitis Day on May 19, the World Health Assembly is expected to adopt the first ever global resolution on viral hepatitis, which will prioritize hepatitis in the work of the World Health Organization and the broader public health community.
- Petition delivered to the Canadian Prime Minister Harper (by June 10)

July 7:

- shared Deutsche AIDS-Hilfe and EATG press release: 66 countries discriminate against people living with HIV - HIV related entry and residence regulations
Thirty one countries deport foreigners living with HIV+, and 66 countries are known to have specific entry regulations targeting PLHIV, including 16 countries in the WHO Europe region. During the

World Aids Conference in Vienna several events and activities will take place to address this issue. An updated edition of the booklet on entry and residence restrictions, produced by the German AIDS Federation (Deutsche Aids-Hilfe) and translated by various European NGOs is available in 10 languages.

August 31:

- shared EHRN and EATG press release: Overdose Awareness Day: Community organisations call for wider availability of naloxone to prevent thousands of unnecessary deaths
Each year thousands of people in Europe and Central Asia lose their lives to drug overdose. The direct provision of naloxone - a safe and highly effective opioid overdose antidote - to people who use drugs could effectively prevent thousands of unnecessary deaths. On International Overdose Day, community-based organisations call upon the World Health Organization (WHO) and the United Nations Organization on Drugs and Crime (UNODC) to include naloxone in their guidelines and call upon public health authorities to quickly scale up naloxone programmes.

November 20:

- European researchers, regulators, the pharmaceutical industry and activists demand better treatment for people with hepatitis C and HIV
A unique joint declaration by AIDS activists, doctors, researchers, pharmaceutical companies and members of regulatory agencies has been issued demanding the urgent development of better treatment options for people co-infected with the HIV and hepatitis C (HCV) viruses. The statement came out of a conference on co-infection that took place in Sitges last month, organised by the European AIDS Treatment Group (EATG). The Sitges Declaration demands that HIV/HCV co-infected people are always included in trials when any new HCV drug is being developed. It calls on government and drug regulatory agencies urgently to develop a set of standards that would expedite drug trials in co-infected people and to develop the best tools for monitoring liver disease.
- EATG established a good working relationship with Time Magazine around the World Aids Conference, and provided comprehensive background material on issues such as:
 - stock-outs in the EU
 - the face of the epidemic in Eastern Europe, and the need to scale up harm reduction services for IDU

- Global Fund Replenishment
- the backlash of provision of services in HIV resulting from the economic crisis
- the problem of late HIV diagnosis
- the need to address the epidemic in the European Region, and EU action in the area of HIV/AIDS

EATG explained in numbers

EATG Income 2010

	CORE FUNDING	ECAB	OTHER	TOTAL	PERCENTAGE OF TOTAL INCOME
Donations					
Boehringer-Ingelheim GmbH	40.000 €	- €	- €	40.000 €	3,53%
GILEAD	99.500 €	47.000 €	1.136 €	147.636 €	13,04%
MSD	101.000 €	8.000 €	9.000 €	118.000 €	10,42%
BMS	- €	35.000 €	8.000 €	43.000 €	3,80%
ROCHE	44.650 €	14.000 €	8.437 €	67.088 €	5,92%
ABBOTT	115.189 €	28.000 €	- €	143.189 €	12,64%
TIBOTEC	50.000 €	28.000 €	840 €	78.840 €	6,96%
ViiV	129.000 €	21.000 €	- €	150.000 €	13,25%
FOSI	- €	- €	8.779 €	8.779 €	0,78%
AVEXA	- €	14.000 €	- €	14.000 €	1,24%
Other	- €	- €	3.971 €	3.971 €	0,35%
Projects					
Training Grant (funded by BMS)	- €	- €	30.000 €	30.000 €	2,65%
HIV in Europe	- €	- €	25.000 €	25.000 €	2,21%
Intergroup	- €	- €	13.561 €	13.561 €	1,20%
HCV Project (funded by Abbott)	- €	- €	1.478 €	1.478 €	0,13%
COPE (funded by BMS)	- €	- €	28.145 €	28.145 €	2,49%
EUCONET (EC)	- €	- €	55.306 €	55.306 €	4,88%
EUROPRISE (EC)	- €	- €	42.853 €	42.853 €	3,78%
CHAARM (EC)	- €	- €	8.600 €	8.600 €	0,76%
Correlation Network	- €	- €	16.182 €	16.182 €	1,43%
Training Grant (funded by Levi Strauss Foundation)	- €	- €	27.143 €	27.143 €	2,40%
AIDS & Mobility (EC)	- €	- €	6.433 €	6.433 €	0,57%
NEAT (EC)	- €	- €	54.164 €	54.164 €	4,78%
Total	579.339 €	195.000 €	349.028 €	1.123.367 €	99,20%
Membership fees			2.675 €	2.675 €	0,24%
Interest			824 €	824 €	0,07%
Recoverable costs					
European Commission			2.511 €	2.511 €	0,22%
EPPOSI			976 €	976 €	0,09%
EPHA			1.053 €	1.053 €	0,09%
Other reimbursements			938 €	938 €	0,08%
Total			5.478 €	5.478 €	0,48%
Other			56 €	56 €	0,00%
Total income 2010				1.132.400 €	100,00%

EATG Expenditure 2010

Budget	Cost centres	Total Expenditure
Governance and Administration	Secretariat - administration only	23.377 €
	Board of Directors	62.293 €
	General Assembly	47.446 €
	Ombuds	33 €
	DMWG	9.853 €
	Internal Auditors	5.127 €
	External Auditors	12.689 €
	Governance meeting	10.874 €
	Fundraising incl. stakeholders meeting	17.219 €
	Legal Advice	1.476 €
Policy & Advocacy	Policy Work, meetings, representation & activities	121.807 €
	Intergroup	13.561 €
	Vienna mtg Women & IDU	6.735 €
	Correlation Network	26.321 €
	HIV in Europe	25.088 €
Research & Development	ECAB meetings, Generic day, representation & protocol	263.626 €
	NEAT	51.514 €
	Europrise	42.915 €
	CHAARM	17.293 €
	Prevention amongst MSM Project	1.481 €
	H-CAB participation	8.080 €
Capacity Building	EUCONET	20.549 €
	EATG Trainings 2010	82.115 €
	EATG Trainings 2009	2.850 €
	COPE	24.483 €
	Other conference support	5.919 €
Communication	AIDS & Mobility	34.299 €
	Website/communication	30.620 €
Totals		969.642 €

EATG and its members

The EATG Membership

The EATG membership consists of individuals that are mainly active in their country of residence, in local community-based organisations, research centres in universities, governmental agencies and public services, scientifically trained professionals from various health fields (MD, Pharmaceutics, Nurses, etc.) and individuals involved in advocacy in international networks, institutions and organisations.

At the end of 2010 EATG had 99 members in 33 countries. We had 4 members living in the US. We also had 2 Canadian members. Our members were active in the following countries in Europe and Central Asia: Albania, Belarus, Belgium, Bulgaria, Canada, Croatia, Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Ireland, Israel, Italy, Kosovo, Latvia, Lithuania, Macedonia, Netherlands, Portugal, Romania, Russian Federation, Spain, Sweden, Switzerland, Turkey, Ukraine, United Kingdom, United States of America, and Uzbekistan.

Within our membership we counted 28 women and 71 men. Around 60% of our members were people living with HIV and 40% were their supporters.

The Development and Membership Working Group (DMWG)

DMWG chair: Jens Wilhemsborg

DMWG is the internal working group dealing with membership issues and internal working mechanisms.

13 new members from 11 countries joined our organization in 2010. These changes led to a more empowered representation from all different regions of Europe within the EATG.

EATG as a European NGO

The EATG, founded in 1992, is a NGO that defends the interests of people living with HIV/AIDS by focusing on treatment activism and treatment advocacy. We try to influence changes in legislation that will contribute to the increased access to HIV treatment and care, and monitor the process of development, testing and approving of HIV treatments, in respect to the needs and rights of the people living with HIV.

In responding to HIV, the EATG also considers diseases frequently seen as co-infection in people with HIV, such as hepatitis and tuberculosis, as well as other health issues that increase the risk of HIV.

As a European patient-led advocacy organisation, the EATG has been at the forefront of the development of the civil society response to the HIV/AIDS epidemic in Europe for many years. It represents and defends the treatment-related interests of people living with HIV and AIDS.

In its actions the EATG also focuses on diseases frequently seen as co-infections in people with HIV, such as hepatitis and tuberculosis, as well as other health issues that increase the risk of HIV.

Mission

The 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 or improve the quality of life of people living with HIV, or who are at risk of HIV infection.***

Guiding Principles

- We advocate for the meaningful involvement of PLHA and affected communities in all aspects of the HIV/AIDS response.
 - We protect and promote human rights in our work.
 - We apply public health principles within our work.
 - We address the causes of vulnerability to HIV infection and the impact of HIV/AIDS.
 - Our programs are evidence based in order to respond to the needs of those most vulnerable to HIV/AIDS and its consequences.
-

EATG Global Aims

- To enable people with HIV or at risk of HIV infection and their supporters to significantly influence the development, testing and approving of HIV treatments. In this context, HIV treatment means medical devices, products and diagnostic tests that prevent or treat HIV infection and include continuous improvement in the quality of life of people affected.
- To advocate for the best practices of care and treatment.
- To advocate for rapidly available existing and new HIV treatment.
- To promote the access of the latest available information about treatment legislation for patients, health care providers as well as policy makers.
- To influence changes in legislation and patent law in order to support the lowest achievable cost for HIV treatment, including the support for generic medicine.
- To monitor the changes in Health care systems and policies to ensure the rights and the quality of services influence positively the quality of life of people living with HIV/AIDS.

EATG GOVERNANCE

The EATG General Assembly

The General Assembly is the highest decision-making body of the EATG. It is held once every year to discuss EATG's strategy, priorities and activities. The General Assembly consists of EATG members (both supporting and ordinary members). All ordinary members have voting right.

The GA 2010 took place in Frankfurt (May 28-30, 2010).

The Board of Directors

The EATG General Assembly elects the Board of Directors (2 year term). The Board of Directors is given its mandate by the GA and is bound by its decisions.

EATG BOD from January 1 until May 30, 2010:

Anna Źakowicz, Lithuania - Chair

Stefan Stojanovik, Macedonia - Treasurer

Alain Volny-Anne, France – Secretary

Luis Mendão, Portugal – Vice Chair

EATG BOD from May 30 until December 31, 2010:

Anna Źakowicz, Lithuania – Chair

David Haerry, Switzerland – Secretary

Stefan Stojanovik, Macedonia - Treasurer

Luis Mendão, Portugal – Vice-chair

Alain Volny-Anne, France – Director

Ferenc Bagyinszky, Hungary - Director



Legal status

Registered charity

In Germany where tax deductibility applies and in Belgium as an International non-profit association

The European AIDS Treatment Group (EATG) is a voluntary membership-based patient organisation. The EATG was legally registered on 23/02/1992 as a non-profit organisation at the Amtsgericht Düsseldorf office (VR 8542) and at the tax office Düsseldorf-Mitte under Charity No. 133/5906/0955.

EATG official address in Germany: Mettmanner Str. 24-26, 40233 Düsseldorf, Germany

The EATG is also registered in Belgium as an 'Association Internationale Sans But Lucrative (AISBL)'.

EATG official address in Belgium: Place Raymond Blyckaerts 13, B-1050 Brussels, Belgium

Becoming a donor

Bank Name: ING Bank

Bank Address: 1 Rue du Trône B-1000 Brussels Belgium

Account Name: European AIDS Treatment Group (EATG)

Bank Account no. 310-1802319-48

IBAN Number BE 11 3101 8023 1948

SWIFT Number BB RU BE BB

EATG has the ECOSOC (Economic and Social Council) consultative status.