



HIV EUROPE

Minutes of the fifth meeting held in Copenhagen
3rd to 5th April 2009

This meeting was made possible through support from
Gilead Sciences and AIDS Fondet, Denmark, and
World Health Organisation Regional Office for Europe

Participants:

Henrik Arildsen*	Chairman	HIV Europe	Denmark
Bent Hansen		HIV Denmark	Denmark
Jurgis Andriuska		Posityvus Gyvenimas	Lithuania
Tomislav Beganovic		CAHIV	Croatia
Andreas Berfloef		HIV Sverige	Sweden
Lars Lindberg		HIV Sverige	Sweden
Mariangelo Errico*		NPS Italia	Italy
Paul Declé		Forum Link Project	UK
Robert Fieldhouse		Body Positive North West	UK
Ricardo Fernandes		Positivo and GAT	Portugal
Olimbi Hoxhaj		Albanian Assoc of PLWHA	Albania
Einar Thor Jonsson		Alnaemissamtorkin	Iceland
Kimmo Karsikas		Positivset ry	Finland
Mick Rasmussen		LHIVE	Switzerland
Per Miljeteig*		HIV Norge	Norway
Sini Pasanen		Positivset ry	Finland
Wojtech Tomczynski*		SIEC Plus	Poland
Ioannis Tsalapatis		Positive Voice	Greece
Nenad Petkovic		Q Club	Serbia
Nada Micic		Q Club	Serbia
Arzu Kayki		Positive Living Association	Turkey
Alina Dumitriu		Sens Pozitiv	Romania
Ferenc Bagyinski		Hungarian Civil Liberties Union	Hungary
Vladimir Ondris		Czech AIDS Help Society	Czech Republic
Vjatseslav Vassiliev		Estonian Network of PLWHA	Estonia
Igor Sobolev		Estonian Network of PLWHA	Estonia
Margus Raudsepp		Estonian Network of PLWHA	Estonia
Latsin Alijev		NGO Convictus Esti	Estonia
Jeffrey Lazarus		World Health Organisation	
Bernard Forbes		HIV Europe	(UK) Secretariat

Apologies received from Vlodimir Zhovtyak, All Ukrainian Network of PLWHA

Day one – Friday 3rd April 2009

Meeting held at World Health Organisation Regional Office for Europe, Scherfigsvej 8,
DK-2100 Copenhagen

1 **Welcome**

Jeff Lazarus welcomed everyone on behalf of the World Health Organisation. Delegates were provided with the latest surveillance report for WHO Europe region, a UNAIDS policy brief “Progress on implementing the Dublin Declaration”, and “HUV / AIDS in Europe – Moving from death sentence to chronic disease management”.

Henrik Arildsen thanked Jeff and WHO for hosting the meeting and providing valuable background resources. Delegates were welcomed to Copenhagen and given an outline of the meeting agenda.

2 **Applications for Membership**

The process and membership criteria were explained by the chairman.

Q Club Serbia Nada and Nenad spoke to their organisation’s application which had been endorsed by the steering group and was agreed unanimously.

Body Positive North West was represented by Robert Fieldhouse who spoke to his organisation’s application which had been endorsed by the steering group and was agreed unanimously.

Positive Living Association Turkey was represented by Arzu Kayki who spoke to her organisation’s application which had not been received in time for the steering group to discuss. Nevertheless, membership was agreed unanimously.

Sens Pozitiv, Romania represented by Alina Dumitriu, application was endorsed by the steering group and was agreed unanimously.

Forum Link Project, UK, represented by Paul Declé; the application was endorsed by the steering group and was agreed unanimously.

HIV/AIDS Programme of the Hungarian Civil Liberties Union was represented by Ferenc Bagyisnki. This application had been endorsed by the steering group who recommended flexibility in interpreting the existing membership criteria. After discussion of the stigma and discrimination affecting plwha in Hungary, which effectively prevented the formation of plwha led groups, it was agreed by majority vote (15 for, 1 against) that the HIV/AIDS Programme (only) should be admitted to membership on the basis that should the HIV/AIDS programme cease to exist, the membership of HCLU would lapse.

Czech AIDS Help Society, application presented by Ivo Prochazka and had been endorsed by the steering group, agreed unanimously.

Estonian Network of PLWH, endorsed by the steering group and agreed unanimously.

Positive Voice, Greece. Yannis spoke to explain the situation regarding Synthesis and the formation of Positive Voice in October 2008. The application had been endorsed by the steering group and was agreed unanimously.

The steering group were asked to liaise with Synthesis regarding their apparent lapse of membership and reports that they declared that they didn't want to be part of any European networks or the civil society forum.

ESPO Society, Estonia, were represented by Marguss Raudsepp and Vjatseslav Vassiljev. Their application was endorsed by the steering group and agreed unanimously.

3 **Should HIV Europe advocate more research into infectiousness of PLWH**

Mic Rasmussen led the debate on this issue which followed on from the Swiss Statement.

A majority of delegates said they were confident in the scientific basis underlying the Swiss Statement.

A majority of delegates said they believed that the Swiss Statement would not lead to an increase in HIV transmission rates.

A majority expressed an opinion that more scientific evidence was needed despite already having expressed confidence in the previous two points.

It became apparent during a long discussion that, despite confidence in the truth of the Swiss Statement, people were not confident in being able to work against overwhelming prevention messages which the Swiss Statement effectively contradicts providing all the conditions are met. There were obvious signs that PLWH were discriminating against themselves in being able to accept the Swiss Statement, yet not act on it.

The Swiss AIDS Commission were undertaking further follow up research with discordant couples in an attempt to answer many of the questions being put forward to try to rebut the Swiss position. However, in the meantime, despite all the concerns raised there was still not one case of HIV transmission reported that broke the Swiss Statement rules, even with viral load fluctuations.

It was agreed that

- the Swiss Statement is a useful prevention tool
- the kind of research needed is nearer to how infectious someone needs to be for an HIV transmission to occur

- more active use should be made of the Swiss Statement and that governments should review use of legislation in criminal cases to take account of the scientific position.

HIV Europe agreed to do more to spread knowledge of the Swiss Statement and to support EATG in work already started in pulling together existing research.

A working group was set up to prepare a documentary proposal to ECAB asking for investigation of the use of the Swiss Statement and its importance to the human rights of PLWH.

Members of this group -

- Mic Rasmussen**
- Ricardo Fernandez**
- Olimbi Hoxhaj**
- Ferenc Bagyinski**
- Alina Dumitriu**
- Arzu Kayki**

The meeting considered whether we should encourage people to start treatment earlier, particularly in countries with limited access to treatment, by emphasising the preventive contribution of treatment.

It was agreed that the truth had to be made clearer to PLWH – the Swiss Statement provided a prevention method so far proven to be 100% effective at preventing HIV transmission (as against perhaps 98% effectiveness in use of condoms). PLWH need protection from infection by others as well as support to prevent HIV transmission to others.

4 Criminalisation of HIV Transmission – Global scan

The meeting noted work being done by GNP+ in a now global monitoring scan of countries where criminal prosecutions for HIV transmission were taking place. More information can be found at <http://www.gnpplus.net/criminalisation/>

Agreed to put the issue on the agenda for the next meeting in order to look at whether HIV Europe needs to press the EU to actively promote change within members states where change is needed.

The meeting broke for lunch.

5 Rights of PLWH in the Workplace

Henrik introduced this topic and the monitoring report based on responses to the questionnaire circulated prior to the meeting. The questionnaire was linked to UN declarations and UNGASS positions.

Q1 Anti discrimination laws

A number of countries, including several EU member states, answered “no” there were no anti discrimination laws to protect PLWH in the workplace.

In Portugal it was reported that a surgeon testing HIV positive had been allowed to keep working, while a cook was sacked in case sweat, blood or tears might contaminate food; the supreme court had upheld the dismissal and the cook could not face taking the issue to the European Court.

Q2 Prohibition from certain professions

There appeared to be an opportunity to get the European Aviation Safety Agency to revise and soften their position on international regulation of flight attendants and pilots, perhaps to move towards a case by case decision making process rather than a blanket ban.

There was an obvious imbalance within EU member states, some subjects in one state could be prohibited from working in another state, thus working against freedom of movement.

Most restrictions appear not to be based on any evidence.

Q3 HIV Screening

A number of countries reported compulsory (as in non voluntary) screening programmes for general employment purposes; others reported no policy to prohibit HIV testing for general employment purposes, and in some discriminatory questions were asked in order to get around the question of testing.

A number of examples of private sector companies asking inappropriate questions on application forms were noted, in most cases linked to provision of health insurance. Lack of employment protection for those discovered to be HIV positive was commonplace.

Q4 Anti discrimination programmes

In practical terms the feeling was that where government supported programmes existed, they are reported as having little or no effect on societal attitudes towards HIV.

The Global Fund were notably funding specific programmes in eastern states to counter stigma and discrimination. Governmental funding, where it does happen, appears patchy and insufficient to have any impact.

Agreed to circulate member organisations of HIV Europe to establish which PLWH led organisations were receiving government funding support.

Q5 Ratings on laws protecting PLWH human rights

There were some very low scores from supposedly developed countries, predominantly where migrants / failed asylum seekers were denied access to treatments.

Q6 Ratings to enforce PLWHA rights

With the notable exception of Poland, these were all scored very low.

Q7 PLWH being sacked for being HIV positive

Most countries answered “yes” but it wasn’t asked whether this had been recent or historical. The trend appeared to be that private sector employers found other excuses to sack PLWH.

Q8 Ratings of Trades Unions support of PLWH rights

Predominantly very low except for Denmark and Finland.

Q9 Overall protection by governments

There appeared to be little support from governments despite declarations in UNGASS since 2001 : policies are not reflected in practices.

A number of other issues impacting employment status were raised – in Greece and Turkey, for example, access to treatment was only available to those in employment – no social security was available to people who didn’t work.

A number of action points were raised to focus attention on and it was agreed to focus efforts on the following areas

- Aviation

- Access to treatments (Turkey and Greece)

- International Labor Organisation – more communication on best practices in a European setting

A report of the questionnaire results was to be produced. Working groups were set up for Aviation (Bent, Per, Sini) and Access to Treatment (Ioannis and Arzu to lead on this and prepare reports on the country situations).

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There were calls from countries where the state of the epidemic is potential where that of developed countries was 20 years previously. Some so-called low prevalence countries were struggling with issues like access to treatment let alone having workplace rights as a priority on their agenda.

It was agreed that members of HIV Europe had to act with solidarity for each other, to support member organisations in countries where conditions for PLWH fell far below those of others. This had to include colleagues from developed countries passing on their experience to others.

It was agreed that Capacity Building was needed to pass long term acquired skills to those much newer to the field of advocacy. A scheme of “buddies” or “partners” of more experienced member representatives with those less skilled was suggested.

The steering committee to identify what is needed for capacity building across Europe on issues like lobbying, campaigns, finding evidence and advocating with governments.

The meeting adjourned to Copenhagen City Hall for a civic reception with Mogens Lønborg, the Mayor for Health and Care.

Day two – Saturday 4th April 2009

Meeting held at Vartov, Farvegade 27, Kobenhavn

The day started with completion of discussion on new members and the rights in the workplace survey.

6 Country Reports

Due to the numbers of countries now represented, representatives were asked to be brief and focus on the main priorities and challenges faced in country.

Albania

Had raised some issues in parliament, contributed to new strategy and involved on new laws on HIV. Access to treatments improving but there is lack of management of the situation; resistance testing is not available. Psychological support is not provided, a network of parents is evolving. A mother-to-child-transmission prevention project started in 2009 and there are efforts to push the ministry of health to introduce better standards on PMTCT.

Voluntary testing is still at very low levels, people are scared to test. The blood supply is not safe, only rapid testing is available to donors, but a change to ELISA testing is coming. Stigma and discrimination are rife and there is low level of awareness of HIV in the general population.

Political focus needs to change away from so-called vulnerable groups to the wider population – in 2008 there were 26 new diagnoses, in two months in 2009 there were 11. Most diagnoses are late presenters in what is supposedly a low prevalence country, but with allegedly high risk taking.

Croatia

Working with government to increase levels of testing, only 1% of population get tested each year. Support for PLWH reported as good, collaboration with government is good. Priority to work towards anti discrimination laws that cover HIV.

Czech Republic

Of a population of 11 million there are 1023 people diagnosed with HIV, half in Prague. There were two main campaigns in 2008, first one to keep ARVs free of charge rather than change to having to pay for them, second was for a law to protect PLWH (unsuccessful).

Working on accommodation for PLWH who lose their homes, and medical care for migrants in camps.

Denmark

November 2008 saw a government anti discrimination campaign which highlighted workplace issues with very simple themes and got a good response. HIV Denmark were advisors to the government on this, public and private sector employers also took part.

Quality of Life survey results were published (see http://levekaar.dk/fileadmin/template/html/levekaarsfiler/pdf/Living_Conditions_Survey.pdf)

Denmark (contd)

Travel restrictions still feature high on the agenda, alongside criminalisation after some convictions not only for transmission but for “exposure”.

Estonia

In Tallinn about 1% of the population are HIV infected; there is increasing sexual transmission which is moving up to equal 50/50 status alongside IVDU transmission.

Most ARV treatments are available, but there are issues with prescribing to IVDUs – many doctors will not prescribe to them. Harm reduction and substitution programmes are available.

The government has cut funding to HIV programmes by 50% and there is uncertainty over funding past June 2009.

Finland

Last year 250 people were diagnosed, this was less than the previous year, bringing the total in country to around 2000. New testing guidelines are being proposed by the government.

Criminalisation is the main issue.

Greece

A large number of PLWH are undiagnosed, but numbers of new diagnoses are rising. Positive Voice is a newly formed group. Little prevention work is happening in Greece, PLWH are being sacked from their jobs and there is ignorance of HIV within the legal system. These are all priorities.

Hungary

Increasing numbers of newly diagnosed year on year; around 70,000 voluntary tests take place each year, but more are being done without any guarantees of anonymity.

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A national strategy was published in 2004 which was seen as a good document, but nothing much has happened since and there are no treatment protocols. Pressing for national AIDS committee to take some action.

There is a study of VCT centres, no counselling is offered and results take 2 weeks unless people pay extra. Testing is not anonymous as testing centres ask patients for their ID numbers. Access to treatment is good but little is done by doctors to help with side effects.

Iceland

HIV Iceland celebrated its 20th anniversary in 2008. Main project is prevention work in secondary schools.

Having an “interesting” time during the global financial crisis which has brought about some dramatic changes, a new government, a new constitution. Most of all there were difficulties in obtaining medication supplies after the UK took action against the country on the collapse of Icelandic banks.

Italy

There were potentially 5000 more diagnoses in 2008, bringing the number of PLWH in the country to around 160,000. Pressing for better epidemiological monitoring.

NPS legal service is strong and has been working to change the situation regarding life insurance. Talks with trades unions to produce guidance and help in the workplace.

Politically, there have been many changes with the law, problems for public health and immigration – doctors are obliged to declare undocumented migrants. Illegal migrants are therefore scared to access healthcare.

Access to testing is not equal across different regions in Italy, different standards operate in different regions.

Lithuania

Due to sickness, Jurgis Andriuska was not present to give a report.

Norway

Of the country's 3000 PLWH, around 1000 are migrants. Increasing diagnosis rates in migrants and MSM. Criminal law about to be revised – specific provisions for transmission and exposure. HIV Norway campaigning to persuade the government that use of the criminal law is not appropriate.

HIV Norway are campaigning for a more inclusive national AIDS strategy, wider than mere health issues and providing better prevention measures. Published research show the general public have a poor knowledge of HIV issues.

Results of a study on quality of life for PLWH were due out within weeks.

Poland

Of a population of 27.5 million, 12,500 people have tested positive to HIV, but estimates are that the number infected is nearer 35,000 and it is widely suspected that many Poles are testing while in other countries. Treatment is available and there are 3,500 on treatment. The cost of ARVs is not included in

the budget for other health expenditure and there are worries about how the costs of ARVs will be covered for new patients. Anonymity is not assured within the health system.

SIEC Plus are campaigning that existing policies should continue. The organisation is now working with people on harm reduction activities and also doing targeted work with MSM. The church in Poland is strong so there is little prevention activity in schools, but some have invited SIEC Plus in to give lessons.

There is concern about growing numbers of MSM infections and the huge stigma that assumed negative gay men have for those who are positive.

Portugal

Country has second highest rate of infection on the ECDC list, HIV is becoming a heavy burden with 32,000 diagnosed of a population of 11 million. Epidemiological surveillance system is poor, but prevalence is 1%, incidence over 2500 per million population. 22,000 people are on treatment, but the main problems are with prevention and encouraging more testing.

Positivo have been dealing with discrimination cases. The health system has no way to deal with issues like lipodystrophy and other metabolic changes.

Hepatitis C coinfection is becoming the second highest cause of death in PLWH. Access to Hep C treatment is not good, there is no support while people are on treatment. National AIDS commission is funding work to get more details on specific groups infected.

Romania

Of 12, 000 PLWH, 8000 are between 17 and 22, all born with HIV. Access to treatment is good, there are 18 centres for free testing and 24 multi disciplinary teams providing treatment and care. There are special HIV laws and anti discrimination laws, but no cases have been taken to the upper courts.

Major route of transmission is MTC, heterosexual sex, but some work is going on with MSM, Roma communities, IVDUs and homeless people.

Harm reduction programmes were supported by the Global Fund, but when round 6 grants finished the country was no longer eligible.

Hepatitis C is an increasing problem, access to Hep C treatment is poor.

Message from doctors to PLWH is not to attempt childbirth as the MTCT rate has been so high, instead of doctors supporting patients in reproductive issues in order to avoid MTCT and/or birth defects.

Efavirenz is no longer available in hospitals and it looks like two other first line drugs will also be lost soon. There are growing cases of drug resistance in young people.

Serbia

Serbia is a central Balkan country considered to be low prevalence with only around 1300 diagnosed PLWH. The epidemic is mainly driven by IVDUs, but only a small proportion get tested, so the actual number infected is probably much higher. There is routine late presentation and high mortality rates.

The country has limited access to treatments, no resistance testing, lack of other diagnostic tests and with interruptions to the supply of medication, people are forced to take treatment breaks.

The law discriminates against PLWH, bars them from certain institutions, eg a child with HIV abandoned by its parents had to be placed in a mental institution because access to other hospitals, etc., was prohibited.

Involvement of PLWH started in 2006 and there are now 6 support groups and other services. Stigma and discrimination appears to be getting worse, UNICEF surveys confirm this. Anonymity and data protection are both very weak. Reproductive health services are not very well developed.

Sweden

Estimated around 5,000 diagnosed with HIV and perhaps 1,000 more unaware of their infection, although UNAIDS estimate this is much higher. About 50% of diagnosed were infected abroad. The low figures are used by government to “prove” that draconian laws against PLWH are working. HIV Sweden think this is more likely due to effective prevention and effective treatment reducing infectiousness.

Government appear to be taken more notice and involving HIV Sweden at high level. The organisation’s main focus is on advocacy, counselling, judicial counselling, countering stigma and discrimination, and criminalisation cases.

Switzerland

Currently around 20,000 diagnosed out of a population of 7 million; new diagnoses stable at around 700-800 a year, but with a significant increase in MSM transmission over the past 3 years. Access to ARVs and testing is good.

LHIVE focus more on the political issues and is growing as an organisation. They have a seat in the Federal Commission that responds directly to government, and on a strategy group to prepare a new HIV/AIDS programme which will likely change to an HIV/STI programme.

A prevention campaign annoyed the group using the slogan “Love life, fight AIDS”; there are new HIV specific laws in preparation. Peer to peer tutoring for

the newly diagnosed has seen 10 members of LHIVE received professional development to deliver this programme which is subject to rigorous evaluation. A website has been set up to allow anonymous discussion and support on line.

The Swiss Statement and Mexico Manifesto have caused great debate globally. The National Congress of positive people endorsed proposals to take action to increase the visibility of the statement and manifesto. The German, Austrian and Swiss AIDS congress boards have all retired; the next event is in Vienna.

Turkey

3270 registered PLWH out of a population of 17 million. The actual number infected is expected to be nearer 10 times that amount. The rate of increase in diagnoses is high and getting worse each year. Global Fund enabled the creation of an HIV centre and other concepts like VCT centres (half of which have closed, those remaining open discriminate against sex workers, MSM, IVDUs) so there is no real VCT in Turkey.

Only UNAIDS has a presence in Turkey where the National AIDS Commission has done little and there has been no national plan for the past 3 years. The Global Fund programme has now finished and no further work is being supported.

Conditions in healthcare settings for PLWH appear to be improving as doctors become better skilled. Problems exist with discrimination within the health system, access to diagnostic tests (resistance testing), issues over data protection.

Access to treatment is only available to people with jobs. There is increasing homophobic violence, transsexual and transgender PLWH suffer even more discrimination in hospital settings and the results is reluctance to go for testing. STI screening is not commonplace. Efforts are being made to turn PLWH clients of the organisation into activists.

United Kingdom

Now has around 70,000 PLWH diagnosed, new diagnoses running at 10% more each year, but 10 years ago epidemic was less complex than now when there are large numbers of heterosexual migrants. One London borough (Lambeth) remains the “hot spot” for HIV in the EU.

40% of heterosexual diagnoses are late presenters (only 20% with MSM). There is good access to treatments for UK residents. Good uptake of ante natal testing, but this falls apart when a mother is diagnosed and the hospital “forget” to test the husband/father. Similarly, some children of parents diagnosed positive are also not tested and some are dying.

Support for asylum seekers is poor. The government has undertaken a definite attack on PLWH in receipt of disability benefits.

Despite the very small number of children infected in the UK, paediatric care is well organised and world leading.

Conclusions by the Chair

Henrik summarised the common threads as covering testing, access to treatments, cost of treatments, and health promotion.

- Through encouraging testing we potential protect the health and rights of those not yet diagnosed. Late diagnosis remains a major cause of death even in the richer countries.
- VCT – not always “voluntary” or anonymous – eg, Turkey’s centres closing, Portugal’s centres not testing a lot
- Access to second line treatments is not always good.
- Should HIV Europe discuss with EATG treatment access issues, dealing with side effects, etc? Agreed that existing HIV Europe member representatives who were also EATG members (Ricardo, Olimbi, Ferenc, Vjatseslav) will continue to help push these issues where possible.
- Return to “family life” - should PLWH (on treatment, etc.) be encouraged to procreate “normally” rather be told not to have children or to use assisted conception that isn’t readily available to most people?

A primary acknowledgement has to be that treatment on its own does not fix everything. Treatment may be a priority, but other actions to tackle stigma and discrimination were also needed.

On late diagnosis / testing:

It was noted that a follow up to the HIV In Europe 2007 conference would take place in December 2009 in Stockholm.

Also noted that Gilead Sciences had organised follow up meetings on earlier testing in Spain, Portugal and France, in order to reduce late presentations.

On Travel Restrictions:

Per Miljeteig advised that a UNAIDS task team would report on this towards the end of April. The interest in the issue had created some momentum which had to be helped forward. Per would circulate an information note and questionnaire. It was also noted that the HIV Europe website now held a Russian translation of the Travel Restriction leaflet (various translations of the leaflet are at <http://www.hiveurope.org/Travel/tabid/62/Default.aspx>).

HIV Europe at AIDS 2010

The 2010 International AIDS Conference would be held in Vienna between 18th and 23rd July. It was considered important that HIV Europe played a considerable role at the event as it was being held in Europe.

An information brochure to be prepared, there was a need to explain our common position, common concerns and solidarity to a common agenda for HIV Europe member organisations.

HIV Europe logo impressions to be made available for all member organisations to display on any global village stands/displays.

GNP+ and ECUO are both heavily involved with the organisers – contact needs to be made with IAS.

Problems that came up at the Mexico conference needed to be highlighted to IAS, particularly where luggage was delayed and there was no access to emergency supplies of treatment when delegates had been instructed not to carry medication in hand luggage and to put it in hold baggage which then went missing.

A working group was established to see how HIV Europe could best present our issues in Vienna, and liaise with ECUO to ensure that a “united” front from Europe is maintained. Henrik and Wojtech to liaise with ECUO.

Working group members were:

Henrik, Kimmo, Bernard, Mic, and Arzu.

HIV Europe members of ECUO member organisations were asked to make their views known to ECUO too.

7 HIV Europe – draft statutes / constitution

Henrik Arildsen introduced this topic and explained there were sometimes difficulties of recognition for HIV Europe in the absence of being a legally constituted body.

There was lengthy discussion on aspects of the drafts that had been circulated. A “straw poll” indicated that the members were prepared to accept the bulk of the draft, but there were areas which required more work. The steering committee was asked to prepare revisions based on the discussions and that allowed for flexibility based on good faith in how HIV Europe could operate.

Actions agreed:

Steering committee to take forward comments and produce further draft

Sufficient time to be allocated at next meeting to discuss and adopt the statutes

8 Election of Chairman and Steering Committee

After discussion it was agreed that the steering committee should retain a regional representation but not stick as rigidly to the previous regional split, to be representative and flexible.

Henrik Arildsen was re-elected as Chairman unopposed and unanimously.

Per Miljeteig, Wojciech Tonczynski, and Mariangela Errico were re-elected to the steering group unopposed and unanimously.

Alina Dumitriu and Nenad Petkovic were elected to the steering committee to fill the two vacancies (in number) under the regional membership structure.

The steering committee were asked to communicate with members more often.

There was a vote of thanks to Henrik Arildsen for all his work on behalf of people with HIV and the member organisations in Europe.

9 Closing remarks

HIV Denmark, in particular Marcelo Pereira and Per-Henrik Duerr, were thanked for organising and managing the meeting arrangements.

Gilead Sciences and the Danish AIDS Foundation were thanked for their generous funding of the meeting.

The meeting then officially closed.