



Women: facing HIV *in our wider Europe*

Promoting community-based approaches
Paris, France - October 6-8, 2005

SEMINAR REPORT

Host organisation	AIDES (France)
Seminar Preparation Team:	<p>Irina Moroz (AIDSi-Tugikeskus, Estonia) Graciela Cattaneo, Arnaud Wasson-Simon, and Aurélie Verny (AIDES, France) Ophelia Haanyama (Noah's Ark NGO, Sweden / Board Member of AIDS ACTION EUROPE) Maria Jose Vazquez, (ICW / Creation positive, Spain) Aleksandra Skonieczna (Social AIDS Committee, Poland)</p>
Report produced by	Aurélie Verny & Arnaud Wasson-Simon. February 2006.



Responses to HIV/AIDS would vastly improve by focusing far more upon women's needs.

• *Thanks to our co-funders :*

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<p>Additional support provided by :</p>  <p>working with communities affected by AIDS</p>	 <p>Open Society Institute / IHRD</p>	

Executive summary:

- Women represent a rapidly growing part of new HIV infections in Europe - from 23% in 2000 to almost 40% in 2004 (EuroHIV) - yet research, treatment and prevention programmes do not give much consideration to women's specificities. **Responses to HIV/AIDS would vastly improve by focusing far more upon women's needs.**
- For this reason, 50 NGO delegates (representing 33 NGOs from 20 countries) met in Paris on October 7 & 8, 2005. Participation was reserved in priority **to community-based NGO actors managing ongoing projects on women and HIV related issues in Central and Eastern Europe.** The Seminar Preparation team oversaw the application process (180 candidacies received for 25 scholarships).
- Extensive translation and interpretation support (English – French – Polish – Russian) was provided purposefully to enable participation of participants **who do not speak English** (who often miss out on such opportunities just because of language barriers).

Our goals were :

(1) to update one another about key issues and good practices on Women and HIV issues.

Topic covered included:

- The epidemiological situation in Europe
- Gender approach and other factors of vulnerability
- Gynecological issues for women living with HIV/AIDS
- Mobilization of women living with HIV/AIDS in advocacy
- Biological specificities and vulnerabilities
- Women initiated prevention tools
- Reproductive health
- Community based methodology

(2) to identify the steps that must be taken by our national governments, our international institutions, and all other actors involved in promoting women's health.

Participants agreed to focus in priority upon (1) promoting the role of local NGOs which work with vulnerable women (2) calling for greater resources for research efforts which address women's needs with regards to HIV/AIDS (3) advocating for the essential health services for women which must be streamlined at the European level.

- This seminar was the first of a serie of 9 best practice seminars implemented as part of the **AIDS ACTION & INTEGRATION Projects** (www.integration-projects.org). **The INTEGRATION projects are designed to promote the development of local, community based action on HIV/AIDS in Central and Eastern Europe**, especially in the new and future member-states of the European Union.

- Power points presented and related info is on : <http://www.integration-projects.org/tools.html>

Next steps:



- an article in French was included in the December 2005 issue of the *Remaides Magazine* (printed and disseminated in 42000 copies, primarily in France but also to subscribers worldwide).

- A synthesis of the advocacy priority identified at this seminar will be released in Spring 2006 in FRENCH, ENGLISH, RUSSIAN and POLISH.

- Existing quality material produced by ICW (notably the Survival kit for women with HIV/AIDS) will be translated into Polish and disseminated in Poland.

PART I : INTRODUCTION

1) Aims and objectives

Main objective : Promote the integration of established community-based methodologies to strengthen the work carried out on Women and HIV issues by local HIV/AIDS NGOs, especially in Central and Eastern Europe.

Sub objectives: Update knowledge on women specificities, identify shared advocacy priorities regarding women and HIV at the European level, share best practices, promote exchanges in between the East and the West, opportunity to network to support local mobilisation.

2) Participants

Target group: Community based NGO actors (in central and eastern Europe, especially the new and future member states) managing ongoing projects on women and HIV related issues that can be shared at the European level. Community trainers and educators working on projects directly related to topics covered.

Number of speakers: 9

Number of participants: 40.

- "Old Europe": Austria (1), France (7), Netherlands (2), Spain (1), Sweden (2), UK (3)
- New member states and accession countries: Estonia (2), Latvia (1), Poland (9), Romania (2), Bulgaria (1), Slovakia (1), Turkey (1)
- South and East Balkans: Albania (1), Macedonia (1), Serbia and Montenegro (1)
- Eastern Europe : Russia (2), Ukraine (1), Armenia (1)

Organizations: associations and networks for People living with HIV/AIDS, HIV/AIDS NGOs, NGOs working with vulnerable groups (prisoners, sex workers, drug users, women and children), Foundations

In our selection we favored community-based NGOs with an ongoing project on Women and HIV issues

4) Program

Topics : Women and HIV related issues in terms of :

- Epidemiological situation in Europe
- Biological specificities and vulnerabilities
- Gender approach and other factors of vulnerability
- Women initiated prevention tools
- Gynecological issues for women living with HIV/AIDS
- Reproductive health
- Mobilization of women living with HIV/AIDS in advocacy
- Community based methodology

PART II : PRESENTATIONS

1) We want our neighbors to be in good health !

Summary of opening speech by Christian SAOUT, AIDES president

• **Christian SAOUT**, AIDES, Président (France)

Contact: csaout@aides.org.

Presentation: [Opening speech](#)

Christian Saout greeted participants with a militant welcome on behalf of AIDES, the French HIV/AIDS NGO that hosted the seminar. Mobilised since 1984 on the national level and since 1993 on the international level, AIDES is a community based NGO that supports people living with HIV/AIDS and of vulnerable groups and relay their needs to bring about change and to foster social reforms:

The AIDES Women group expects a lot from this seminar because we now have to both change the scale of civil society mobilisation and unite with our European fellows and neighbours to fight the epidemic. AIDES absolutely prioritises community-based approaches because they are the most able to bring about the long term change we need. To do this right, AIDES has integrated in our daily work a detailed methodology for community-based work, which we intend to share with you during this seminar. The more the people participate the more democratic it is, the more democratic the better goes the health of the country; our fight is also political.

The Dublin conference (Breaking the Barriers: Fighting AIDS in Europe and in Central Asia) in February 2004 raised great expectations : we must make sure our governments keep up to their promises: equitable contributions to the global fund, concern about the difficult situation faced by new member states (where international funding is suddenly no longer available now that they joined the EU). Clearly, the governments of the new EU member states must sharply increase their commitment to fund the fight against AIDS, and utilize optimally financial tools provided by the European commission.

*The fight against HIV/AIDS should obviously also become a priority for our new neighbouring countries especially in Eastern Europe where AIDS has now become a major threat to the socio-economical stability of our region. **We want our neighbours to be in good health.** The new Neighbourhood Policy of the EU ought to consider HIV/AIDS as a priority as this represents a essential way to share “peace, stability, prosperity and democracy”!*

2) Presentation of AIDS ACTION EUROPE

• **Ophelia HAANYAMA**, The Noah's Ark - Red Cross Foundation and AAE Board Member, (Sweden)
Contact: ophelia@noaksark.redcross.se

Presentation: AIDS ACTION EUROPE

(Note: for technical reason, actual presentation was made by Ophelia's colleague).

AIDS ACTION EUROPE is a pan-European partnership of NGOs that aims to strengthen responses to HIV and AIDS epidemics in central and Eastern Europe, address the rise of HIV/AIDS and STIs in Western Europe and advocate for an increase in resources for the global epidemic. In Europe, it focuses on: measurable outcomes, harm reduction and prevention, research and treatment, involvement of people living with HIV/AIDS as well as NGOs.

We really need such an AIDS network to change the face of the epidemic and work in practice, involve NGOs in work and practices, make policy and practice go hands in Hands, invest and facilitate exchange of information and experience.

More info: www.aidsactioneurope.org

3) Women and HIV/AIDS epidemic in Europe

• **Giedrius LIKATAVICIUS**, with the help of Jane ALIX, and Isabelle DEVAUX, EuroHIV, Dep of infectious diseases, Insitute de veille sanitaire (France)

Contact: g.likatavicius@invs.sante.fr.

Presentation: Women and HIV/AIDS epidemic in Europe

Women represent an increasing part of the new HIV infections in Europe, almost 40% in 2004. HIV epidemics have been developing in different ways in different European countries, there is no such thing as a similar HIV epidemic in the whole European continent. In order to fit the reality we have to define 3 geographic area: West, centre and East.

• In the west affected populations have changed since the early epidemic phase in 1980s, when HIV was spreading rapidly among Homo and Bisexual men and Injecting Drug User. Today **heterosexual transmission is the most frequent transmission route**. Migrants from sub-Saharan Africa bear a disproportionate and increasing share of HIV.

• In the East, after several years of rapid spread of HIV among IDU, the situation is changing. Now heterosexual transmission and the number of HIV positive women is increasing. There is an alarming situation due to the large numbers of women living with HIV/AIDS, not only drug users but also sexual partners of drug users.

The dramatic situation in the East region should not be allowed to lead to complacency in the Centre region. There is a danger that the label of low prevalence may translate to low priority for HIV prevention.

4) Women Anatomy and Physiology - back to basics - What makes women biologically more vulnerable to HIV?

• **Dr Christiane MARTY-DOUBLE**, AIDES, Vice-president (France)

Presentation: Women Anatomy and Physiology - back to basics - What makes women biologically more vulnerable to HIV?

A clear and basic presentation of the female reproductive organs was made. Anatomy and physiology at the different stages of a woman's life (puberty, pregnancy, menopauses) was rapidly explained for global understanding.

It is important to bear in mind that, biologically, transmission from men to women is higher than from women to men.

Women have a greater risk of becoming infected during vaginal intercourse than men due to:

- A higher concentration of HIV in semen than in vaginal fluid,
- The larger surface area of the vagina and cervix,
- And the fragility of the membranes in these areas
- Young women are more vulnerable to HIV because the mucous membrane changes, and transition is not often completed before the woman is twenty years old. Immature genital track surface is less efficient as a barrier to HIV than a mature genital track.

During question time, cervical cancer as well as relations betwin HPV (Human Papilloma Virus) and HIV infections were referred to frequently. It was said that **regular gynaecological checkups with pelvic examination were highly recommended because pap smears can help HIV positive or negative women watch for cervical cancer with their doctor**. Two Pap smears per year were recommended for HIV positive women because they are particularly vulnerable to cervical cancer.

5) Gender issue - other factors of women vulnerability (economical, social...)?

• **Maria Jose VAZQUEZ**, ICW (Spain)

Contact: mariajose@red2002.org.es

Also speaking on behalf of the Global Campaign on Microbicides

Presentations: Gender issue - other factors of women vulnerability (economical, social...) and Women-Initiated HIV Prevention Tools and Microbicides

Gender: A person's self representation as male or female, or how that person is responded to by social institutions on the basis of the individual's gender presentation. It ends up by determining the role each of us is going to adopt, the status we are willing/able to achieve, the set of norms that are going to rule our acts. According to these representations women must be ignorant about sex, passive in sexual interactions, Innocent and submissive; men should be experienced about sex, dominant, heterosexual and have multiple partners

Vulnerability to HIV derives from unequal individual power, unequal voice throughout society and unequal access to resources and wealth. It is the base of women inability to negotiate safe and consented sex as well as policies that affect themselves. It also leads, for women living with HIV/AIDS to unequal access and absence in clinical studies.

Gender roles and relations have a significant influence on the course and impact of the HIV/AIDS epidemic as they leave women in a situation of vulnerability. **Using gender analysis allow us to question the**

unchangeable character of women's inequality and to show that it is a social construct that can be changed.

This approach aims to redress the imbalance women face introducing changes that affect both men and women, and the relations between them

6) Women-Initiated HIV Prevention Tools and Microbicides.

Women-Initiated HIV Prevention Tools are: Cervical barriers (being researched), Female condom (currently available) and Microbicides (under development).

Cervical barriers (CB) are Diaphragm, Cervical cap and other devices. CBs are devices women can use on their own without partner's cooperation. They are approved and have good track safety records but they offer no protection for the vulva, urethra, and vagina (unless used with a microbicide). Protection is likely to be incomplete

The female condom is an effective and acceptable woman-initiated method for dual protection. Although they offer a very effective protection from pregnancy and STIs, they are difficult to use without partners' knowledge and cooperation. Due to its high price, its uneven availability and the lack of training for adequate use or acceptability, women did not get used to its "inconvenients" and broadly rejected it.

Microbicides are products that are now under development (not yet on the market). A microbicide is any substance that can substantially reduce risk of sexually transmitted infections, including HIV, when it is applied in the vagina or rectum. Some will also be contraceptive and all could be used without partner's direct cooperation. They are likely to be inexpensive and broadly available. Microbicides would also benefit HIV+ people by reducing risks of re-infection or other STIS and allow conception while protecting the partner.

There are many potential products and research is being done but the reason why it isn't moving forward as rapidly as it could is that trials keep being delayed due to lack of money. As big pharmaceutical companies do not invest due to profitability reasons, development will require significant public money. Advocacy is thus needed on this issue.

7) Gynaecological issues for Women living with HIV/AIDS

• **Dr Isabelle HEARD**, Gynaecologist and Obstetrician, Pitié-Salpêtrière European Hospital in Paris (France).

Contact: Isabelle.HEARD@hop.egp.ap-hop-paris.fr

Presentation: Gynaecological issues for Women living with HIV/AIDS

Knowing that the best way to avoid STIs/HIV infection and unwanted pregnancy is to use a dual protection (condom + contraceptive) many questions arise. What should HIV positive women know when using contraceptive?

Low dose combined oral contraceptive (COC), Progestogen-only contraceptives (POC) and Combined injectables contraceptives (CICs) : No restriction for HIV-positive women but If on antiretroviral treatment, **potential drug interaction needs to be considered.**

Intrauterine devices (IUD) use among women with HIV was not associated with an increased risk of HIV transmission to sexual partners. WHO recommends that the IUD can be safely used by HIV-positive women Asymptomatic, or On ARV (Not recommended for women with AIDS not on ARV).

It is important to note that limited information is available on the safety of CIC and that there is no study on Pill regimens in HIV-positive women. It is thus absolutely essential that research and studies should be performed to evaluate the efficiency of COC in treated HIV+ women knowing that side effects might be intensified in women under ARV and there are Potential interaction with ARV.

Clinicians treating HIV-positive women who are at risk for drug interactions should review the need for possible use of alternative methods of contraception or dose adjustment. Family planning counsellors should be trained to counsel HIV+ women.

Case reports of unusual cervical cancers in aids patients led to the inclusion of **cervical cancer as an AIDS defining illness** by the CDC in 1993. That is why Complete gynaecologic evaluation is necessary for Pap test (2/ year, then 1/year if normal) and if abnormal a colposcopy should be done. Treatment for CIN or AIN should not be modified for patients under ART, ART should not be instituted or modified for treatment of AIN or CIN

8) Basic standards of reproductive health that should be universally accessible in Europe

• **Dr Tomasz NIEMIEC**, MD,PhD , Ass.Prof.Obst/Gyn, Head Department of Obstetrics and Gynecology
Research Institute of Mother and Child (Poland)
Contact: tomaszniemiec@hotmail.com

The feminization of HIV/AIDS – with the numbers of women infected, especially young women, rising rapidly make reproductive health issues particularly important. Worldwide, every year, two million HIV infected women become pregnant, between 1/4 and 1/3 transmit the disease to their newborns. Mother to child transmission can occur in utero, intrapartum or through breast feeding. We know now what works to reduce drastically vertical transmission.

To reduce transmission we can use Antiretroviral therapy, opportunistic Infection prophylaxis, genital HSV Prophylaxis, STI screening and treatment.

The benefit of antiretroviral drugs in reducing mother-to-child HIV transmission greatly outweighs any potential adverse effects of drug exposure or concerns related to development of drug resistance. Long-term follow-up of HIV and ARV-exposed infants and support services for the family are also required. Access to these services must be provided for all.

Easy access to health services should be provided in regard to harm reduction within drug using pregnant women population. All treatment, including drug addiction treatment such as substitution, counseling, and psychosocial support should be confidential and free of charge or covered by insurance. For most drug using women postpartum hospitalization is the only chance to give such counseling.

Reproductive counseling for HIV Discordant Couples should be available in order to reduce the risk of male to female transmission of HIV as well as the chances of vertical transmission of HIV. Access to ART and semen washing for all couple with HIV is highly recommended. ART centres should be available and accessible and programs tailored to the person's needs.

Messages to take back home:

- It is critical to mobilize additional resources for HIV prevention as well as for treatment and care for those already infected.
- People need an essential package of services that both meets their needs for HIV prevention and treatment, as well as addresses other critical areas of their reproductive lives.
- Gender equality and reproductive health are not only prerequisites for poverty reduction, but also key to accelerating development.

9) From daily life with HIV as a woman to advocacy... and vice-versa!

• **Béatrice DELHAYE & Thierry PRESTEL** AIDES, Treatment support (France).
Contact: Tprestel@aides.org

This presentation is based on two concrete examples from AIDES NGO: lipodystrophy and assisted procreation.

After the arrival of ARV treatment in France (1996) some people living with HIV/AIDS became anxious about the transformation of their body. Many doctors did not want to see the problem and NGOs did not know what to do. It was thanks to the people living with it that lipodystrophies were taken into account, publications were written, doctors were questioned and advocacy programs were created by NGOs. Women specificities were taken into account very late (as in treatment, side effects ...) but it was HIV positive women from NGOs that pushed advocacy. Thanks to their specific approaches in surgical operations and insurance subsidised but there are still many things to do.

It was couples living with HIV that informed NGOs and stimulated them to get involved and to support assisted procreation methods. Contacts between NGOs and doctors developed and pushed the government to allow assisted procreation for couples living with HIV/AIDS or hepatitis.

As NGOs we have to place people living with HIV/AIDS at the heart of our preoccupation and even more if several persons speak about the same problems or if what they say is challenging our previsions and habits. We can also develop connection with doctors or health authorities but we can not be silent even if we do not know the solution now. We have to build structures for people to express themselves and inform health authority and doctors about their needs. Information should then go back to the people themselves.

See Beatrice Delaye testimony, it illustrates this presentation and give the point of view of a woman directly involved.

10) Perspectives for European advocacy

• **Arnaud WASSON-SIMON**, AIDES, Coordinator European Partnerships & Advocacy, AIDS ACTION and INTEGRATION Projects (France).
Contact: asimon@aides.org

The institutions of our European Union have renewed in 2004 their commitment to play a greater role on HIV/AIDS, notably at the the "Dublin conference" (Breaking the Barriers: Fighting AIDS in Europe and in Central Asia, in February 2004).

One thing led to another so today we have:

- **A European Civil Society Forum** on HIV/AIDS, which bring 30 NGO representatives from across the European Continent, designed to support EU policy-making on HIV/AIDS in Europe (2 meetings per year).
- **A European HIV/AIDS Think Tank** which bring together primarily representative of the governments of the member states of the EU (with also guests from neighbouring countries and 6 NGO representatives).
- **A European Inter-service Task Force on HIV/AIDS:** for staff members of the many "Directorate Generals (DGs)" of the European Commission which have activities on HIV/AIDS.

We also have a "working plan on HIV/AIDS" (released in 2004) and also a **EC Communication "On combating HIV/AIDS within the European Union and in the neighbouring countries, 2006-2009"** (final version released on December 15, 2005). All this work has been primarily facilitated by DG SANCO of the European Commission (which is in charge of Public Health and Consumers affairs).

We want of course this renewed EU commitment to lead to concrete and pertinent actions!

For that purpose, here are some of the key challenges we have to face:

- EU institutions only **have very limited legal power** to act on health issues **within its member states**. That being said, we must focus on the essential work being done at the EU level on Research (DG Research), Regulation of the market of medicine (the EMEA). We can hope also that some of the structural funds (which are designed primarily to reduce inequalities in between European region) will include some focus on health, especially in the new EU members states. DG SANCO (which co-funds this seminar!) focuses its limited resources on identifying and promoting best practices.
- The **external relations** of the EU are being restructured following EU enlargement. Notably, the EU is now developing its "Neighbourhood Policies". It's crucial of course that the promises made in Dublin are not forgotten in that process !!

11) An Introduction to community based methodology

- **Jean-Marie LEGALL**, AIDES (France)
Contact : jlegall@aides.org
Presentation: An introduction to Community-based methodology
Workshop animation, Polish group
- **Catherine AUMONT**, AIDES and
Contacts: catherine.aumont@wanadoo.fr
Workshop animation, Russian speaking group
- **Marie-Pierre LECLERC**, AIDES (France)
Contacts: mp.leclerc.perso@wanadoo.fr
Workshop animation, English speaking group

Community-based approach towards health actions focus on: (1) a methodology to run projects and (2) values.

- 1) Contextual analysis including the question of the health of women confronted with HIV (epidemiology, laws, partners). Global approach.
- 2) Participation of women to define their health needs (Bottom up approach), shared expertise.
- 3) Definition of central objectives regarding women's health needs, not on epidemiological or public health objectives. Raise capacities, empowerment, autonomy.

- 4) Priorities and Feasibility : a choice must be made (collectively) transparent criteria. Do not dissociate prevention and solidarity to the person living with HIV/AIDS.
- 5) In putting actions into place, the attention given to the process is as important as the final result
- 6) Evaluation: an approach throughout the project (process and result) on the basis of objectives that were decided upon, on multiple levels and opening on a new project

The past twenty years have shown that the first actors and the first successes in the fight against HIV were the people affected by this health problem.

Important: Do WITH more than do FOR, Think globally, act locally

PART III : WORKSHOP CONCLUSIONS

1) Objectives:

to learn from one another's local experiences : presentations by participants on local contexts and priorities
 (2) to learn about community-based methodology (an introduction to the theory and practice) by working collectively on a concrete project
 (3) to identify shared advocacy priorities at the European Level.

2) Exercise

Participants were divided in three working groups according to their language skills. Each participant made a short presentation about the context of her country, her NGOs actions and a project on Women and HIV related issues. Then, a project was chosen to work on community based methodology. Participants had to think and question themselves on how to manage the project in community based perspective (see the steps explained in the introduction to community based methodology).

This workshop provided a short training on community based methodology WHILE allowing exchange and discussion on experience and practices AND opening participants perspectives by learning on other European contexts .

3) Advocacy priorities:

Each group had to identify and agree on shared advocacy priorities regarding women and HIV. Then everybody gathered in a plenary session to establish 3 common priorities at the European Level.

Advocacy priorities identified by participants include :

- (1) Long-term support for community-based NGOs**
- (2) Research**
- (3) Streamlined high-quality health services for women across Europe**

PART IV : METHODOLOGY AND TRAINING MANUALS USED

1) Seminar organization:

- On the first day : presentation by experts/ NGOs actor

- On the second day : presentation on community based methodology in plenary, workshops, feedback in plenary

2) Presentations:

Opening speech / 10min

Presentation of AIDS ACTION EUROPE / 10min

Women and HIV/AIDS epidemic in Europe / 15 min + 30 min questions

Women Anatomy and Physiology / 15min + 30min for questions

Gender issue / 45min + 15 minutes for questions

Gynaecological issues for Women living with HIV/AIDS / 45min + 15 minutes for questions

Basic standards of reproductive health / 45min + 15 minutes for questions

From daily life with HIV as a woman to advocacy /45 min + 15 minutes for questions

Women initiated prevention tools (optional) /30 min + 10 min for questions

To facilitate comprehension all speakers came with power point presentations. These presentation are all available on the INTEGRATION PROJECTS web site (except the one on gynecological issues)

3) Internet sites:

www.aides.org

www.aidsactioneurope.org

www.eurohiv.org

www.icw.org

www.global-campaign.org

www.integration-projects.org

Other materials: see references on presentations

4) Workshops on community based methodology :

An introduction to Community-based methodology / 30 min + 30 min questions

Workshops: 4 hours, 3 working groups with different chair persons

Feedback in plenary: 2 hours

Closing speech: 10 min

Materials:

- Power point presentations from participants on their context and situation

- *AIDES, Training Community Action Methodology*

Reference document adapted by H Rossert & L Imane from the guide 'Organizing preventative action in respect of HIV infection: the worker and the field' edited by CREDES & l'AFLS - Paris, June 1993

- Evaluation forms

PART V: EVALUATION AND CONCLUSION

Success are identified according to participant's evaluation forms. See detailed analysis of responses in Annex 1.

- In terms of contents and organization:

- Manage to gather a great diversity of participants from all Europe including countries of Eastern Europe (Russia, Ukraine, Latvia, Estonia)
- Facilitate informal networking opportunities
- Give time and space for exchanges of experience, knowledge, presentation of local contexts
- Agree on common advocacy priorities at the European level

Annex 1 - REPORT : EVALUATION FORMS

QUANTITATIVE EVALUATION

General impression	+++	++	+	-	--	---
Urgency of the seminar topic	16 64%	9 36%				
Scope, coverage of content and preparation	15 60%	7 28%	3 12%			
Relevance to practice, chance to implement	9 36%	8 32%	6 24%	2 8%		
Presentation form of content	12 48%	6 24%	6 24%	1 4%		
Performance of presenters and facilitators	16 64%	5 20%	3 12%			
Seminar logistics in general	16 64%	5 20%	3 12%		1 4%	
Fulfilment of your expectations	9 36%	12 48%	4 16%			
Your general impression of this seminar	12 48%	12 48%	1 4%			

* on the 25 answers

1 person does not answer about performance of presenters and facilitators

+ : Urgency of seminar topics, Performance of presenters/facilitators, seminar logistics

- : Relevance to practice, chance to implement and presentation of form content

Main benefits	Yes	Partly	No
New information	15 60%	7 28%	3 12%
New ideas	18 72%	6 24%	1 4%
Exchange of experience	23 92%	2 8%	
Meeting colleagues from other countries	23 92%	1 4%	1 4%
Getting motivation and support for my work	18 72%	6 24%	1 4%

* on 25 answers

+ : Exchange of experience, Meeting colleagues from other countries

- : New information

	Very good	Good	Bad	Very bad	No answer
Hotel room and services	17 74%	6 26%			
Sessions premises	19 83%	4 17%			
Meals	17 74%	5 22%	1 4%		
Conference documents, printed material	14 60%	7 30%	1 4%		
Assistance for spending free time	10 43%	11 48%	1 4,5%	1 4,5%	
Support from seminar organisers	17 74%	5 22%			

*On 23 answers

+ : Hotel room and services, session premises, support from seminar organisers

- : Assistance for spending free time, conference documents and printed material

Overall : very satisfying

40 Participants, 25 filled the evaluation forms

QUALITATIVE EVALUATION

1) Which sessions of seminar were the most useful to you ?

•Polish participants : epidemiology; gender issues; group work on the 2d day; back to basics –anatomy

•Russian speaking participants : epidemiology; gender issues; community based methodology for organizing local NGO's work; microbicides issue

•English speaking participants: epidemiology (3), gender issues (5), microbicides (4), workshops about local projects (4), gynaecological issues (4), back to basics – anatomy (3), AAE, reproductive health (2), all (2)

Variety of answer may be related to the variety of contexts and level of organisation. Epidemiology, gender, workshops are referred to by the 3 groups

2) What factors helped your learning ?

•Polish participants: nice atmosphere; clear way of presenting material; good organization (great that participants lived in SGL rooms); my personal motivation to learn

•Russian speaking participants: very useful and updating information, high professional level of experts and teachers, working in groups, possibility to share experience.

- English speaking participants : diversity of experiences and exchange (7), speakers: diversity of field of expertise, speakers performance, translation, power point presentation, moderator help

The diversity of the participants is the major good point of this seminar. It allowed participants to learn from each other, exchange and network. Working in groups played an important role in that dynamic.

Contents: the quality and diversity of presentations, experts performance

Logistics: hotel arrangements, power points

3) What factors hindered your learning ?

- Polish participants : no answers
- Russian speaking participants : no answers
- English speaking participants: limited knowledge of English, translation 1st day (2), translation in plenary 2d day (3), workshops too big, missed structure of workshops, 1st day too heavy

Half of the participants did not answer this question. In a global perspective we can see 2 factors that hindered participants learning:

- Translation: 1st and 2d day, it is particularly difficult to translate when the group is too big. Translator not available enough to grasp signs of bad understanding or to help people with their questions.
- Workshops : the hasty preparation of workshops made it very difficult to structure the work. The English group was too big to work efficiently;

4) Which sessions of the seminar were the least useful to you ?

- Polish participants : gender issues; back to basis - anatomy (2 people). Aleksandra analysis: it is because of bad translation
- Russian speaking participants: Back to basis – anatomy
- English participants: Back to basis – anatomy (3), community based methodology presentation because workshops were more useful (2), workshops because not prepared enough (2), Gynaecological issues because of the lady doctor, From daily life with HIV to advocacy.

The presentation about women anatomy and physiology was an answer for the three groups, maybe because it was too basic. Workshops were also an answer, not because of their quality but because of the organisation.

5) The greatest success of this seminar was

- Polish participants : meeting colleagues from other countries and exchange of experience; group work; meeting colleagues from Poland
- Russian speaking participants: good organisation, possibility to meet different participants from EU countries
- English speaking participants: diversity of experiences and knowledge share (5), networking opportunities, involve eastern European NGO in the European family, come out with 3 concrete and practical recommendation for European parliament (2), workshops (2), create an event on that specific issue, gender issues and microbicides, variety of presentations, information gained.

The main success was to gather a great diversity of participants from a great diversity of countries. It allows participants to share experiences and knowledge, network and place them in a family (make them feel they are not isolated).

Another success was to help participant in agreeing on common advocacy priorities. We really have the responsibility to make them heard.

6) Improvements are needed for

•Polish participants: Polish translation on the first (unanimous opinion) , everyone wrote about it. The Polish booth did not know Polish vocabulary regarding HIV/AIDS, the translation of the lecture "Back to basics - anatomy" was very poor because of the lack of vocabulary.

•Russian speaking participants: need of printed version of presentations on the first day, need of more information about social, medical, legal aspects.

•English speaking participants: translation, need of simultaneous translation for both days (2), structure of the workshops (2), make everybody participate not only loud voices, logistics, power point documents, printed documents involve even more countries

Here again there are three major points to improve:

Translation: need of professional translation on both days and better quality of interpreters.

Documents: need the printed version of presentation

Workshops: more structure and better animation (English group because other groups did not make comments on workshops)

7) Can you give a specific example of how you might use anything you have learned from the seminar in your work ?

There were no specific answers on that subject. Participants wrote about general trends in their works:

Polish participants: realisation of project addressed only to women regarding improvement of the quality of their lives; networking of women HIV+; consolidation of HIV+ community

Russian speaking participants: organise working groups in region to start the work on women issues, use community based methodology for planning and in practical NGO work

English speaking participants: advocacy work (4) on local governments, press doctors to offer regular pap smears to HIV positive women, speak to the public about the issue, distribute female condom, speak about the seminar to motivate team.

Advocacy, networking and application of community based methodology were three main direction for NGO work

Annex 2 – LIST OF PARTICIPANTS

COUNTRY	CITY	NAME	NGO / Organisation	EMAIL	Note
Albania	Tirana	Olimbi Hoxhaj	People living with HIV /AIDS Association	hoxhajolimbi@yahoo.com	
Armenia	Yerevan	Nona Sargsyan	Armenian National AIDS Foundation	aidsfund@arnaids.am	
Austria	Vienna	Elisabeth Berger	AIDS HILFE WIEN	berger@aids.at	
Belgium	Brussels	Rebekah Webb	Global Campaign Microbicides	rwebb@global-campaign.org	Participant / Could not attend because of strike in Belgium!
Bulgaria	Sofia	Ana Balkandjieva	Plus&Minus Foundation	balkandjieva@yahoo.com	
England	Coventry	Elizabeth Russell Fisk	Terrence Higgins Trust	Elizabeth.Russell-Fisk@tht.org.uk	
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Estonia	Tallinn	Irina Moroz	AIDSi-Tugikeskus	irina@aids.ee	Organizing team member
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France	Melun	Agnes THOMAS	AIDES		
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Poland	Jelina Gora	Ewa Stefaniak	Siec Plus, Pozytywa Przyszlosc		

Poland	Warsaw	Joanna Galaj	Bad z nami	joanna.galaj@op.pl	
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Sweden	Stockholm	Ophelia Haanyama	Noah's Ark Red Cross Foundation	ophelia@noaksark.redcross.se	Organizing team member
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UK	London	Sylvia Spetretti	Positively Women		
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