Summary Statement
from the Conference Organizing Committee
with input from the conference delegates
Preface

Dear Friends,

We are excited to offer you a preliminary report on the 1st Eastern European and Central Asian AIDS Conference (EECAAC) held May 15 – 17, 2006 in Moscow, Russia. The anticipated date of publication of the EECAAC 2006 Final Report is November 1, 2006.

Together with the Conference Organizers, we look forward to sharing with you a comprehensive overview of the event including a description of activities, a summary of information presented by invited speakers, and also a supplement detailing the results of the Conference evaluation. The research conducted for this evaluation strived to explore the impact of EECAAC 2006 on delegates and the ways in which it helped them to meet the challenge of HIV/AIDS in their community.

As the first regional AIDS conference, this event is of historical significance. The information captured in the forthcoming report will serve as a tool for monitoring change and progress within the region from this conference and those to come. Its value will be observed by regional leaders, donors, conference delegates, and future organizers.

Sincerely,
The Conference Secretariat

General Information

Theme & Vision

“AIDS is truly an unprecedented crisis that demands nothing less of us than an exceptional response.” – Peter Piot, UNAIDS, Opening Ceremony, EECAAC 2006

The theme of the Conference, Facing the Challenge, acknowledged that the current situation in the region is dire, but not irreversible. The past three years have witnessed a steep increase in international and domestic resources resulting in measurable development and improved practices. An example of this advancement can be seen in Russia’s newly supportive approach. The government’s budget allocation for HIV/AIDS programs rose from US$5 million in 2004 to US$100 million in 2005. Besides easing coordination of sometimes scattered or redundant efforts, this response signals that Russian authorities are no longer seeing the problem as a narrow medical challenge, but as a mainstream political priority. In Ukraine, President Yushchenko has taken personal responsibility for the national response to AIDS, including through several meetings with the All-Ukrainian Network of people living with HIV. The Ukrainian National Coordination Council on HIV and AIDS serves as a model for the engagement of all government sectors, as well as civil society.

Main Objective

The Conference vision encompassed bringing people together of different disciplines and encouraging active participation for the purpose of collaboration and information dissemination. Delegates would be inspired to take new and relevant scientific information home with them and disseminate it to all areas of the region.

There were several objectives set forth by the Organizers and Supporters within the context of this being the first regional conference. Raising public awareness of the epidemic was among them. However, the main objective was to strengthen and consolidate the region’s response to HIV through political commitment and leadership and enhanced partnerships with civil society, especially people liv-
ing with HIV. Until now, there has never been a large-scale discussion on HIV/AIDS specific to this region that has included high-level politicians and government authorities as well as civil society communities, clinicians, researchers and global leaders. The success of EECAAC 2006 marks the first step towards achieving this long-term goal.

Language

It is worthy to note that the first and primary language of the conference was Russian, accompanied by either simultaneous or consecutive English translation. Russian was chosen not only for its widespread use, but because it symbolizes ownership of the Conference by those who live and work in the region. Irina Borushek, board member of the All-Ukrainian Network of PLWH, spoke directly to this issue at the Opening Ceremony. “Several years ago, we discussed the need for a conference, but we could never dream of one. It would be our conference in our region. We don’t have enough translation into Russian at other conferences. But today we do.”

Location and Venue

EECAAC 2006 was held in Moscow, Russia – a regional hub for research and science as well as a central and convenient location equipped with sufficient facilities and hotels. Moscow State Technical University, Bauman Educational Building and Cultural Centre, one of the oldest academic institutions in the city, proved to be an excellent site and sufficiently supported a wide range of activities.

Donors and Supporters

The total conference costs amounted to 1.54 million US dollars. A detailed audited accounting statement will be included in the final report.

Financial support was provided by the following organizations:

• Aids Fonds Netherlands
• The Bill & Melinda Gates Foundation
• Canadian International Development Agency (CIDA)
• The Department for International Development (DFID)
• The European Commission
• The Ford Foundation
• The Global Fund to Fight AIDS, Tuberculosis and Malaria
• The Norwegian Ministry of Foreign Affairs
• Open Society Institute
• The Federal Service for Surveillance on Consumer Rights Protection and Welfare of the Russian Federation
• Swedish International Development Cooperation Agency (SIDA)
• The World Bank

In addition, EECAAC 2006 relied on in-kind support provided by the World Health Organization, AIDS Foundation East-West, and the World AIDS Campaign

Conference Organizing Structure

The organizing structure was jointly designed and created by the CIS Coordinating Council on HIV/AIDS, UNAIDS, and the International AIDS Society (IAS) and included a two-tier organizational structure – governance and operational.

Governance Structures

The governance responsibility resided with the Conference Organizing Committee (COC) comprised of 15 representatives from regional and international communities and co-chaired by Dr. G.G. Onischenko, Head of the Federal Service for Surveillance of Consumer Rights Protection and Welfare of the Russian Federation, Dr. Peter Piot, Executive Director of UNAIDS and Craig McClure, Executive Director of IAS. The COC received technical content support from the Conference Program Committee (CPC) consisting of political leaders, scientists, and community representatives from CIS countries, Eastern and Western Europe, the U.S., and Brazil.

Operational Structure

Modeled from previous IAS conferences, a local host organization was granted the responsibility for overall fundraising and logistical coordination. A Russian non-governmental organization based in Moscow, AIDS infoshare, took this role and established a Conference Secretariat to conceptualize and develop these operational aspects from scratch within a period of 18 weeks.

Conference Delegates

Prioritizing regional ownership meant ensuring a conference delegation reflective of the region. The governing committees agreed that in order to meet the conference objectives, the organizing and program members would need to actively encourage
people from different countries and varying sectors of society to attend, including those who may not have access to the internet.

A total of 1565 registered delegates from 50 different countries with the largest representation from Russia (779 delegates) attended EECAAC 2006. Females slightly outnumbered males, 55% and 45% respectively. The majority of participants work at non-governmental, non-profit organizations (28%) but were followed closely by governmental organizations which include health care institutions (27%). The remaining affiliations were academia (20%), multinational organizations such as the World Health Organization, United Nations, and the World Bank (15%), government and ministries of health (5%), commercial companies (3%), and others such as the media (2%).

As hoped, EECAAC 2006 witnessed a significant representation of delegates from CIS countries, 82%. Figure 1 illustrates the percentage of delegates from each geographical region. Unfortunately, there was a significant underrepresentation of delegates from Eastern Europe and the Balkans, both of whom made up only 5% of the entire conference population.

Scholarship Recipients

A total of 364 scholarships – covering registration ($50), travel to/from Moscow, visa, hotel, and per diem costs – were awarded to delegates. All scholarship applications were reviewed by the Scholarship Program Committee and scored according to the criteria designed for each of the three categories: General, Young Scientist, Youth (24 years of age or younger). Almost half of all awards were made under the General scholarship category. Nine scholarships were designated for journalists from CIS Countries.

Conference Program

Recent data from CIS countries reveal alarming increases in HIV rates especially among vulnerable populations. Yet, Eastern European countries are witnessing an epidemic largely under control, particularly among these same most at-risk populations. In the Czech Republic, Hungary, Slovenia, Slovakia, Bulgaria and Romania, HIV infection rates among intravenous drug users (IDUs) have remained around or below 1%. Even in countries where the prevalence among IDUs is closer to 10%, such as Estonia, Latvia, and Poland, evidence suggests that the epidemic among IDUs is serious but under control. While each city or region is unique, lessons can be learned and then adapted to local characteristics. One of the most valuable aspects of EECAAC 2006 is that it provided a forum for sharing and discussing these lessons learned from neighboring countries and other best practices used around the world.

Each day of the Conference focused on one distinctive theme:

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<th>Day 1</th>
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<td>Partnership</td>
<td>Prevention</td>
<td>Treatment, Care, &amp; Support</td>
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Plenary and Concurrent Sessions

The Plenary and Concurrent sessions consisted of 50 presentations from regional (76%) and international speakers (24%) covering a variety of HIV/AIDS issues pertinent to the epidemic in Eastern Europe and Central Asia. Presentation topics were predetermined by the Organizing Committee but shaped by the speaker’s own experience and expertise. Unfortunately, a number of extremely important topics were not included in the program. Venue space, time, and duration of conference planning were among the limitations, as might come with a first regional conference. However, many of these missed presentation topics were recorded and will be prioritized at the next regional conference.

Delegates listened to specific examples of obstacles in implementing services or programs and concrete strategies for how to overcome them. Overall, broad themes emerged in terms of challenges faced by each country. Below is a list of some of the most recurrent themes.

- Broad partnerships are of the essence in turning the epidemic around. Scientific partnerships can assist in
the design of new, evidence-based interventions. Civil society partnerships, rich in motivation and collective action, have been successful in gaining support and implementing these interventions. The promise of a well conceptualized and successful treatment program on the part of the government should be followed by efforts to garner support of NGOs to assure adherence to HAART and to establish care and support programs for PLWH. As seen in Russia and Ukraine, cooperation with NGOs and international organizations is a crucial component in negotiating lower prices for ARV drugs. Also, using peer PLWH counselors can bridge patients with the healthcare system. Oftentimes, those most in need require encouragement from peer advocates able to break through barriers of fear and distrust.

- The “burnout syndrome” experienced by counselors, healthcare workers and PLWH network activists continues to frustrate the limited human resources available in the region. Capacity building through effective training programs must be prioritized.

- In light of the increase of funding for HIV/AIDS efforts in the region, this new money should follow the epidemic and should be spent on programs proven to work. We can no longer deliver prevention services and treatment to selected groups; we need to deliver health and social support services to all but with a focus on marginalized populations such as IDUs, sex workers (SW), and men who have sex with men (MSM). Currently, IDUs account for 70 to 90 percent of all infections in Central Asia.

- Successful projects must be sustained by government support and funding. While operating off of funds provided by donors such as the Global Fund, countries need to create sustainable programs that can be scaled up within the limits of their own government budget. However, governments have an obligation to allocate sufficient and equitable resources that will effectively address the needs of their country.

- Project planning and implementation demand up-to-date estimates of the size of the most at-risk populations: IDUs, SW, MSM. Few of the countries in the CIS region have developed scientific estimates of how many SW and IDUs need prevention services. Without reliable estimates of the size of target populations, we can never be certain that prevention programs are covering the majority of those in need.

- To respond to HIV quickly and effectively, strengthening country-led coordination is required. This has been described in the ‘Three-Ones’ principle: each country has one national AIDS strategy that integrates the work of all partners, one national coordination authority that manages that strategy through all sectors, and one country-level monitoring and evaluation system that measures progress.
• There is an immediate need for legislation to protect the rights of people living with HIV. Regional speakers highlighted examples from their own country of individuals whose right to confidentiality was violated by public figures, the media, healthcare professionals, employers, and others.

• Science begs us to explore and consider new technologies such as vaccines and microbicides and recent findings in areas like ARV therapy. Treatment guidelines, for example, are living documents that change as the science evolves.

Opening and Closing Ceremonies

In an auditorium with nearly every seat filled, delegates watched and listened as the 15 guests of the Opening Ceremony reminded us of the challenges ahead – of our differences and conflicting ideologies – but more importantly of the recent accomplishments and promising future. Russian government officials spoke proudly of their support for this conference including Mikhail Zurabov, Minister of Health and Social Development. “This is a point in history that makes us very pleased. The year of 2005 has become a breaking point for healthcare and for setting different aims for eliminating HIV/AIDS in the region.”

Representatives from donor organizations who provided significant financial support addressed the audience as did cultural, religious, and scientific leaders. Gulnara Kurmanova, Director of AntiAIDS Association in Kyrgyzstan spoke on behalf of civil society and reminded us that “our achievements are not measured by money but by human lives.”

The closing ceremony was marked by the reading of the conference Summary Statement – a document created by the Organizing Committee with substantial input from delegates. The statement concluded with the words “We urge that all possible measures are taken to provide evidence-based, effective, equitable and affordable, uninterrupted, universal and non-discriminatory access to HIV and AIDS prevention, treatment and care, including adequate social services.”

Conference Activities

In addition to these sessions, the program consisted of 29 Satellites, 10 Skills Building Workshops and 83 oral Poster Presentations selected from the 182 posters on exhibition. A separate book detailing all 295 accepted abstracts was distributed among the conference materials. The Exhibition Hall displayed 37 booths: 9 from official delegations of CIS countries, 6 from pharmaceutical companies, and 22 from non-governmental and multinational organizations.

Lastly, the following activities provided an alternative way of understanding the effect of this epidemic on the region:

• Rest Lounge for PLWH made it possible to relax, take medicines, talk to peers.

Following the Moscow tradition white balloons flew to the sky.
• *My Positive Life* Photo Exhibition displayed the best photos of a contest organized by people living with HIV on the site www.poz.ru in the Lounge for PLWH. The contest took place this spring on the eve of EECAAC.

• A Memorial Event paid tribute to those who lost their lives to AIDS. The event was organized by a group of PLWH on the threshold of the International Memory Day. Participants wrote their names or names of people they are thinking of on candles and exchanged them with each other. Carried to different parts of the world, these candles were collectively lit on 21 May.

• AIDS Foundation East–West Photo Exhibition housed the work of AFEW specialists in Russia and Central Asia, and attempted to show, through artistic means, the people affected by HIV- both those who need help and those who provide it.

• Photo Exhibition of SHAGI Movement ’Our Faces – Our Names’ presented photographs of people living with HIV/AIDS and Russian celebrities to raise awareness and fight stigma and discrimination of PLWH.

• Communal Painting, inspired by the tragic line of Osip Mandelstam’s poem My Century, allowed delegates to contribute to this artistic masterpiece.

• Memorial Quilt Exhibition The organizers welcomed any materials (personal belongings) that people brought along to create their own personal patchwork.

• PSAs on HIV/AIDS prevention produced by conference delegates from CIS countries were broadcasted during coffee breaks on big screens in the lobbies of the second and the third floors. They included a unique selection of best practices from Russia, Ukraine, Poland, Georgia, Kyrgyzstan and Bulgaria.

• Dance4Life, the official youth campaign of the World AIDS Campaign, provided a lively atmosphere for the closing reception.

**Media**

The Secretariat reached agreements about information support with the following media:

• ’Trud’ Newspaper. National coverage, daily newspaper.
• ’Parlamentskaya Gazeta’ Newspaper. National coverage, daily newspaper.
• ’Krasnaya Zvezda’ Newspaper. National coverage, daily newspaper.
• MIR TV channel. Broadcasting in Russia and all CIS countries for 19 million viewers.
• Interfax News Agency. Major Russian news agency.
• SMI.RU www.smi.ru News Portal. One of the major internet based news portal.
• ’Radio Rossii’ Radio Station. Major national radio station.

**Press Centre**

Operational before and during the Conference, the Press Centre met requests from 134 journalists from Russia, USA, Great Britain, Norway, Denmark, Hungary, Moldova, Uzbekistan, Armenia, Ukraine, Netherlands, Kyrgyzstan, Tajikistan and Kazakhstan - representing 68 media organizations accredited to cover the 3-day event. In addition, staff offered translation services and developed a daily newsletter printed both in Russian and English entitled 'Facing the Challenge.' Two press conferences and three exclusive interviews were also organized. By 23 May 2006, 121 items about EECAAC 2006 were included in the Russian media and internationally.

WE WILL BE GLAD TO SEE YOU AT THE NEXT EASTERN EUROPEAN AND CENTRAL ASIAN AIDS CONFERENCE!
Summary Statement from the Conference Organizing Committee
with input from the conference delegates

On 15-17 May 2006 the first regional Eastern European and Central Asian AIDS Conference took place in Moscow. More than 1500 delegates from all CIS countries as well as from Eastern Europe, Central Asia and many other countries took part in the conference.

Political and civil society leaders, researchers and health professionals, people living with HIV and representatives of civil society from the region had an opportunity to interact and discuss the most urgent issues related to the HIV/AIDS epidemic.

In advance of the High Level Review Meeting of the UN General Assembly in New York and the G8 Summit in Saint Petersburg, we reaffirm the Declaration of Commitment on HIV/AIDS adopted by the United Nations General Assembly Special Session on HIV/AIDS on 27 June 2001 and commit to a massive scaling up of HIV prevention, treatment and care with the aim of coming as close as possible to the goal of universal access by 2010 for all those who need it.

We reaffirm the commitment to reach the targets contained in the Programme of Urgent Response of Member States of the Commonwealth of Independent States to the HIV/AIDS Epidemics adopted by the Heads of Governments on 30 May 2002, and in the Dublin Declaration on Partnership to Fight HIV/AIDS in Europe and Central Asia adopted by representatives of Governments in Europe and Central Asia on 24 February 2004. We welcome the positive trends and opportunities for an effective response to the HIV epidemic in the region through increased funding, political commitment, enhancement of multisectoral interaction and country level cooperation. We are, however, greatly alarmed by the continuing escalation of the HIV and AIDS situation in Eastern Europe and Central Asia affecting the region.

We are concerned about the increasing number of new HIV cases among women and the number of children at risk of HIV infection through vertical transmission. We consider, as the most important target as of today is to ensure a maximum attainable scientifically founded national standard of prevention and treatment of HIV/AIDS, particularly groups of population mostly vulnerable to HIV-infection.

Recognizing that injecting drug use is the major driver of the HIV epidemic in the region, we call on countries to promptly review legislation related to comprehensive harm reduction approaches, based on existing evidence, particularly that gained through programs implemented in the region.

Recognizing the increasing role of sexual transmission of HIV in the progression of the epidemic, we call for the scaling up of comprehensive prevention efforts focused on preventing the sexual transmission of HIV.

We call on the governments of Eastern Europe and Central Asia to strengthen cooperation among ministries and government departments, and representatives of civil society, religious institutions, media, labour unions and the private sector, taking measures to ensure the full involvement of all parties concerned, especially people living with HIV/AIDS and communities most vulnerable to HIV/AIDS, in the design, implementation, monitoring and evaluation of the HIV/AIDS response.

We urge that all possible measures to provide evidence-based, effective, equitable and affordable, uninterrupted, universal and non-discriminatory access to HIV and AIDS prevention, treatment and care, including adequate social services.

We recommend that another conference be organized in two years time to review progress that will have been made in the region.