



European
AIDS Treatment
Group



IMPLEMENTATION



PLAN



2020-2022



NARRATIVE VERSION



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European AIDS Treatment Group: Implementation Plan 2020-2022

Introduction

At the end of 2019, EATG's General Assembly approved EATG's Long Term Strategy (LTS) 2020-2025. It is intended to guide all our activities, internally and externally, over the Strategy's six years. It sets out our high-level aspirations which subsequently drive more detailed work plans as well as monitoring and evaluation frameworks, including decisions about when EATG may be best suited to lead or whom we may need to partner with in order to achieve our strategic priorities. The Implementation Plan 2020-2022 is the first of these work plans. The present narrative version is a summary of a more complex matrix which provides detailed information on the outcomes, activities and monitoring tools for the first three years of the LTS. For a complete picture of the Implementation Plan, please refer to this matrix.

Please note that **all references to the COVID-19 Pandemic were added during a revision at the end of 2020.**

About EATG

EATG is led by people living with or affected by HIV and associated infections (mainly hepatitis B and C, TB and STIs) and morbidities. We are a diverse group of people from across the WHO European region. We value our diversity in nationalities or countries of residence, languages, sexes, genders, sexual orientations, ages, beliefs and ethnicities. We emphasise a patient/person-centred approach to addressing the HIV-related needs of all key and vulnerable populations. We are committed to promoting 21st century medical and social science to make transformative change for best access for best lives. We participate at the European level in achieving the UN's Sustainable Development Goals, including universal health coverage (UHC), as well as ending AIDS, viral hepatitis, and TB as public health threats by 2030. We are committed to promoting the GIPA (Greater Involvement of People living with HIV/AIDS) principle throughout our work.

For 2020-2025, EATG's mission is:

Equitable, speedy and sustainable access to:

- effective treatments and holistic care for all people living with HIV and associated infections and morbidities
- effective prevention and diagnosis for all communities affected by HIV and associated infections and morbidities.

In its LTS and Implementation Plan, EATG will focus on 3 Programme Areas:

- Quality of Life
- Combination Prevention
- Partners in Science

In the following sections more information on outcomes and activities of each programme for the years 2020 to 2022 will be highlighted. For each lower-level outcome, a **background hypothesis (BH)** has been developed.

Quality of Life

In line with its mission to advance equitable, speedy and sustainable access to effective treatments and holistic care for all people living with HIV and associated infections and morbidities, EATG will invest in the development of a Quality of Life Programme.

The higher-level outcome for 2025 in the Quality of Life programme is as follows:

Healthy communities of people living with and affected by HIV, with enhanced quality of life and access to effective, integrated health and support systems.

Within this overall outcome, six lower-level outcomes for 2022 have been identified.

1 - New and integrated models of care are identified, designed, developed and promoted with community involvement

***BH:** If communities are involved in the development, implementation and evaluation of new models of care, then it will help to ensure that these models will correspond to identified needs and therefore be effective because the views of the end-users are taken into consideration from the beginning and because the communities will have an interest in promoting these integrated models of care.*

Activities to support this outcome are the implementation of the [HIV & Mental Health](#) project (which concerns mental health implications of living with HIV) and the development of a project to support the prevention and mitigation of frailty and disability in elderly people living with HIV. EATG will finalise its multi-year project [EmERGE](#) in 2020, but will ensure the continuation of community involvement in further co-design of the app through the EmH platform.

EATG will lead the e-MPOWER project which will provide a series of online trainings and materials with an emphasis on mental health to young activists working in the field of sexual health.

EATG will also partake in several initiatives such as the [HIV Outcomes Initiative](#), [ACHIEVE coalition](#) and [Nobody Left Outside](#). It co-coordinates the [EU Civil Society](#)

[Forum](#) (CSF) on HIV, TB and Hepatitis. It seeks to weigh in on the development of public policy through advocacy campaigns.

Finally, several EATG training and capacity building programmes such as [STEP-UP](#) and the [European Red Umbrella Academy](#), will invest in certain modules that address models of care.

2 - Healthcare service providers' awareness about HIV-related stigma and discrimination is increased and is acted upon

BH: *If EATG builds the capacity of communities on the evidence behind the U=U paradigm to engage with health care providers on stigma and discrimination, then understanding of the issue and willingness to act will be enhanced in healthcare settings, because community will be in a stronger position to make its perspective heard and recognised.*

EATG will address stigma and discrimination through its U=U education and awareness raising initiative, developing a mapping paper and holding an informative webinar.

Several modules of the [STEP-UP](#) trainings will address stigma and discrimination by healthcare workers, thereby empowering people living with HIV to address these issues locally. Local training and follow-up projects of [STEP-UP](#) will also address this topic. Furthermore, the [HIV & Mental Health](#) project will hold a workshop and a multi-stakeholder meeting which will address the impact of stigma on mental health. EATG will promote the Undetectable=Untransmittable (U=U) message by collecting and share examples of U=U education and awareness raising in health care settings beyond HIV care. Stigma and discrimination will be regularly discussed and solutions will be shared within the [CSF](#).

3 - Community influences the development and implementation of digital solutions at local, national and regional level

BH: *If communities are involved in the co-design, implementation and evaluation of digital health interventions, then the effectiveness of the intervention tools in enhancing quality of life, empowerment and adherence of users will be higher, because their preferences and feedback will have been considered and integrated during the whole process.*

Here, EATG's focus will be on the finalisation of the [EmERGE](#) project, as well as the follow-up of this project and the exploration of other solutions. Activities will include summarising and disseminating project findings to stakeholders (policy briefs on barriers to adopting m-Health solutions, on standards and guidelines for HIV care, and a multi-stakeholder meeting), as well as participation in policy meetings on the topic. Additionally, EATG will develop a scoping paper on e-health and HIV to map and solidify areas of involvement in the realm of digital health.

EATG will further explore digital solutions that have been introduced or expanded as a response to disruption in services related to COVID-19.

4 - Rights violations in specific countries or sub-regions are monitored and reported

***BH:** If EATG/communities document rights violations and use reporting to raise-awareness and mobilise across sectors, then stakeholders will feel more pressed to react, as they will feel increased scrutiny.*

Activities include community research/reporting, bringing together data for advocacy and joint advocacy actions with partners (e.g. [CSF](#), [COVID-19 community response project](#), ad-hoc support in response to emerging concerns raised).

5 - Good practices on Health Technology Assessment (HTA) and community engagement are identified and promoted

***BH:** If EATG identifies and promotes good practices in Health Technology Assessment, then access to quality health technologies for unmet medical needs will improve, because community representatives will have more capacity to be engaged in national HTA, pricing and reimbursement processes.*

To reach this outcome, EATG will contribute to the development of HTA tools for community use ([PARADIGM](#) project), dissemination of good practice and knowledge (ECAB, [STEP-UP](#), translations into Russian, other trainings) and networking.

6 - Community members are equipped to influence pricing negotiations/engage on medicines shortages

***BH:** If EATG monitors treatment access and enhances the knowledge of community members on pharmaceutical policy and relevant health technologies, then*

communities will be more effective in tackling barriers to improve access because there will be increased understanding and transparency on the process.

Activities will include community monitoring, capacity building ([STEP-UP](#) and other trainings), direct outreach (government, WHO) and mobilising (ECAB, [CSE](#)). The [STEP-UP](#) training programme will include modules which cover the process of medicine's pricing and reasons behind medicines shortages.

Combination Prevention

In line with its mission to advance equitable, speedy and sustainable access to effective prevention and diagnosis for all, EATG will invest in the development of a Combination-Prevention programme.

EATG understands combination prevention as a combination of behavioural, biomedical and structural interventions to deliver prevention solutions corresponding to the needs of persons affected by HIV, viral hepatitis, TB, and STIs.

For 2025, the higher-level outcome in the Combination-Prevention programme is as follows:

Empowered affected communities working in collaboration, with access to the HIV, viral hepatitis, TB and STI prevention tools they need.

Within this overall outcome, five lower-level outcomes for 2022 have been identified.

1 - Increased community involvement in the development and use of innovative, sensitive, user-friendly diagnostic tools

***BH:** By enabling dialogue between representatives of affected communities, service providers (including in the community setting), diagnostics developers and policy-makers, EATG will contribute to more effective prevention interventions, because the tools will be adapted to the realities of local and affected populations, and there will be an increased awareness about them.*

Activities in this domain will focus on data collection and community research (survey on testing practices, needs assessment), advocacy for regulatory frameworks and guidance at national and European level enabling decentralised and integrated testing - including self-testing and community-based testing ([CSF](#) interaction with EC, WHO, ECDC as well as active participation to [EuroTEST](#)). [STEP-UP](#) will train community on testing guidance and diagnostics tools. EATG will hold online community workshops and dialogues between diagnostic developers and civil society to support the scale-up of testing at community level. Additionally, specific ECABs on diagnostics will be organised regarding the diagnostics tools for early diagnosis and linkage to care and HIV disease management.

The Covid-19 Community response project will monitor and report on testing practices in light of changing Covid restrictions.

2 - Community is involved in the development and implementation of innovative (biomedical) prevention technologies and programmes, as well as their delivery models

BH: *If EATG enables the involvement of affected communities in the design, implementation and evaluation of innovative combination prevention interventions and programmes, then awareness will increase at community level and the likelihood of wider uptake will increase, because the interventions will be adapted to the realities of users and providers.*

Activities in this domain will include community involvement in R&D and in co-design (including ECABs and other meetings to facilitate dialogue between community and researchers/developers around PrEP, vaccines and other HIV-prevention strategies), implementation and evaluation of innovative prevention service delivery models/interventions, knowledge and good practice sharing, as well as influencing policies, implementation and evaluation at European and local levels. EATG will also collaborate with other initiatives on PrEP to strengthen community involvement in PrEP developments.

3 - Community capacity to respond to the needs of inadequately served populations (PUD, migrants, sex workers) is increased, by identifying and promoting evidence-based interventions

BH: *If EATG supports communities in acquiring knowledge and know-how and in fostering cross-sectoral collaboration, then they will be in a stronger position to influence policy and programmatic discussion at European and local levels and to take part in services because they will be aware of the research, latest evidence and good practices.*

In order to contribute to this outcome, EATG will organise trainings ([STEP-UP](#), [European Red Umbrella Academy](#)), explore possibilities for collaboration related to drug use and chemsex and participate in fora where standards and policy are discussed (such as EACS, ECDC/ EMDDA meetings, [EU CSF on Drugs](#), IAS conference and ENPUD CAB).

4 - Community concerns on the enabling legal environment, investment and implementation of combination-prevention are reflected by international/regional policies and programmes

BH: *If EATG supports community participation in policy/guideline formulation and watchdog functions, then the relevance of policies and programmes will be improved, because the awareness of stakeholders on the perspective of affected communities will have been increased. If EATG supports community mobilisation, then it will increase scrutiny on the impact of laws and on the implementation of guidelines because it will press for greater accountability of policy-makers and implementers.*

Activities include shadow reporting and community research (e.g. [COVID-19 community response project](#)), establishing and taking part in cross-sectoral collaborations ([EU CSF on Drugs](#), EU CSF on HIV-TB-Hep, [EuroTEST](#) , [Nobody Left Outside](#) Initiative, [ACHIEVE coalition](#), other bilateral partnerships) and participating in expert meetings of public health related agencies.

5 - Community is involved in the monitoring and reporting of treatment shortages as part of the treatment as prevention, PrEP and harm reduction agenda

BH: *If EATG documents shortages then it will contribute to continuity of care and the treatment as prevention, PrEP and harm reduction agenda, because it will increase awareness/understanding of patterns and the impact of shortages on the communities affected.*

To achieve this outcome, EATG will monitor and reach out to relevant stakeholders mainly through the [COVID-19 community response project](#), and reach out to industries, European or national authorities when needed. It will support the work of the European Public Health Alliance and European Patient Forum on a response to shortages at a European level.

Partners in Science

In line with its mission to advance equitable, speedy and sustainable access to effective treatments and holistic care for all people living with HIV and associated infections and morbidities, EATG will invest in the development of a Partners in Science programme.

The higher-level outcome for 2025 in the programme Partners in Science is as follows:

Communities of people living with and affected by HIV are engaged with all prospective and observational research processes in up-to-date diagnostics, medicines, medical devices and care relative to HIV, viral hepatitis, TB and STIs.

Within this overall outcome, five lower-level outcomes for 2022 have been identified.

1 - Community is engaged with industry in the design, development and implementation of research/programmes for new therapeutic solutions

***BH:** If EATG continues to engage members with industry and other stakeholders involved in the development of the HIV pipeline, then upcoming therapeutic solutions will be safer and more effective and will possibly have a better uptake from people living with HIV as they will reflect their needs, because the voice of the community will have been integrated throughout the whole process.*

For this outcome, an average of two European Community Advisory Boards (ECABs) per year will be organised on HIV, which might focus on topics like long-acting treatment, treatment for heavily treatment-experienced people living with HIV, therapies for long-term remission of HIV, cure programmes and prevention strategies. EATG aims at engaging at least four industry partners per year for this activity.

EATG will also conduct an assessment on the use of HIV-specific Patient Related Outcome Measures (PROMs) with input from different stakeholders (community, industry, academics, regulators, HTA bodies) and develop a research network with them. EATG will follow up on the findings from the PROMise research with a multistakeholder meeting and other activities.

EATG expects to review at least ten clinical trial protocols and other materials, and have at least 5 members involved in scientific/ advisory boards per year. Less experienced members will be involved in the process as observers to gain capacity as reviewers.

EATG will improve its monitoring of clinical trials in the EECA region and will explore possibilities of contribution to the development of the HIV Pipeline Report and will organise the translation of the report into Russian to make scientific information available in that region.

Additionally, EATG will aim to form a dialogue with global organisations (such as WHO, ECDC) on identifying/defining research priorities.

2 - Community needs, priorities and strategies for hepatitis B, TB, and STI co-infections with HIV are defined with key stakeholders

BH: *By advocating for the inclusion of people living with HIV in the design of clinical trials for co-infections, the development of new treatments for co-infections will better reflect the needs of the community, because the experience of a group that is usually not taken into account will be considered more.*

For this outcome, at least one ECAB on viral hepatitis and non-alcoholic steatohepatitis (NASH) and a multistakeholder meeting/ training on viral hepatitis will be organised. EATG aims to work on advocacy initiatives for viral hepatitis and TB R&D and will engage with other community partners on initiatives and in projects that advocate for patient engagement in these disease areas (such as [EU Pearl](#)). EATG will also organise activities surrounding relevant Covid-19 R&D developments.

3 - Community members have increased scientific knowledge on HIV and relevant co-infections

BH: *If EATG invests in scientific training for its members on science, then more members will be able to become more actively involved and provide feedback in the dialogue on R&D with industry and other stakeholders, because they will have an enhanced understanding on the relevant topics in the field of treatment advocacy.*

An average of two trainings (one on HIV in proximity of the EATG General Assembly and one on HBV or other co-infections) will be delivered each year to build EATG

members' capacity in this field. Tools developed by EATG within the context of the [EUPATI](#) project will be integrated in the materials for these trainings, as well as for [STEP-UP](#) modules.

4. - Community understands and is engaged in cure and vaccine research

BH: *If EATG continues to represent community as an equal partner in cure and vaccine research by integrating the community perspective, then recruitment and adherence to the trials could be improved, because better informed participants feel safer and are more engaged.*

In order to contribute to this, EATG will organise its annual community workshop STEPS, to involve the people living with HIV community in the dialogue on research for the long-term drug-free remission of HIV infection with developers, researchers and clinicians. Within the context of two EU funded projects ([EHVA](#) and [HIVACAR](#)), EATG will provide community input into clinical trials and will lead a socio-economic study on the ethical, economic, and psychosocial impact and expectations of a potential HIV cure/therapeutic vaccine being available.

5. – The HIV community is actively engaged in improving and promoting Patient Engagement in several disease areas

BH: *If communities from different disease areas collaborate with other stakeholders, then patient engagement and advocacy in different R&D processes will be facilitated and monitored, because the jointly developed tools will define transparent processes, standard practices and clear rules of engagement.*

Here, most activities will be in the framework of the [PARADIGM](#) project, and other projects (e.g. the Horizon 2020 project [EATRIS+](#)) that focus on patient engagement. Through the [PARADIGM](#) project, EATG will contribute to the development and implementation of the monitoring & evaluation framework for ECAB, the development of tools to facilitate patient engagement in R&D, joint research and the sustainability roadmap for future patient engagement. EATG aims to hold a meeting with relevant stakeholders on the inclusion criteria of people living with HIV in non-HIV clinical trials.

Organisational Development

Beyond the programmes that are part of the LTS, EATG also wants to invest in its internal organisational development.

The higher-level outcome for 2025 for organisational development is as follows:

EATG is a 21st Century organisation, professional and ready for contemporary challenges.

Within this overall outcome, eight lower-level outcomes for 2022 have been identified.

1 - EATG is restructured following the Programme Structure of its LTS

***BH:** If EATG evolves from a methodological structure to a programme structure in line with the programmes of its LTS, then all interventions will be streamlined and content-focused, because each programme will be able to address content-related issues, building on the expertise of members and external actors at different levels, whilst using different methodologies like research, advocacy and capacity building.*

In order to reach this outcome, a Programme Chair will be elected by the membership for each of the programmes Quality of Life, Partners in Science and Combination-Prevention. Then, each Programme Chair will form their Programme Committee, composed of members and possibly non-members, taking into account diversity, experience and ambitions of candidates. Also, on the basis of specific needs, each programme can create task groups that can give support on a specific theme, task, project or initiative.

2 - EATG has proper tools, policies and procedures in place that allow for professionalism and transparency

***BH:** If EATG reviews old tools and creates new policies and procedures that respond to present needs, then work load would be reduced and overall work would be carried out more efficiently, because bureaucracy would be tackled and guidelines will be clear to all members and staff.*

Many of the old procedures, terms of references (ToRs) and tools need to be reviewed, updated or recreated. Results of an organisational audit and new work rules should be implemented. From an HR perspective, new contracts and ToRs for the secretariat should be developed, training needs identified and timesheets adapted. EATG will also look into the possibilities of paperless bookkeeping as well as carbon footprint reduction. Terms of reference of a series of internal membership structures (ombudspeople, internal auditors, DMAG) need to be reviewed and updated. The EATG Constitution and operating guidelines should be fully updated and member recruitment strategy needs to be clearly defined. EATG will develop a script which will cover all legal and operational updates after each GA.

Additionally, a detailed anti-corruption strategy will be developed. Finally, to build its capacity on reporting, EATG will develop guidelines for writing reports for contracted consultants and volunteers to follow.

3 - EATG has a sustainable and diversified income stream

***BH:** If EATG is able to build clear guidelines and reflexes with regard to fundraising, it will be easier to receive funding, as focus will be clearer and less time will be wasted on last minute or less relevant fundraising attempts.*

EATG will strive for multi-year funding in order to avoid excessive annual bureaucracy and time consumption. Reporting to funders will be customised and project proposals will be created in a way that they can easily be broken into segments depending on funding amounts and funders' interests. New donors will be targeted, stakeholder events will be organised and a "case for support" document will be finalised.

4 - EATG members in all their diversity have increased knowledge and capacities for patient engagement, science and HIV-related advocacy and activism

***BH:** If EATG invests in capacity building of key populations within its membership, then HIV/TB/Hep activism will be stronger and more efficient, because the people that matter in a given context will be better equipped to make their voice heard and to advocate more clearly for their needs.*

New members in EATG should be introduced more intensively into the organisation and their expertise and training needs should be more clearly defined. Less experienced members should be given opportunities to build their experience. When

EATG organises events or facilitates members' participation in events, the diversity (gender, sex, background, race, sexual orientation, origin, residence, etc.) of its membership will be taken into consideration more attentively. In order to facilitate the above, a better system of data collection and processing should be implemented. EATG also strives for bilingual (English-Russian) internal communication with members, and will translate its most important documents (Travel and Finance Manual, Constitution and Operating Guidelines) into Russian.

5 - EATG pays specific attention to domains and geographical areas where the HIV/ Hep/ TB epidemic is most severe

***BH:** If EATG is aware of the areas and domains where needs are higher, and focuses more interventions and initiatives in these areas, then it will be more effective in its work and have more impact, as the needs in these areas are most urgent and the margin for progress is larger.*

Activities include the development of project proposals with a focus on key populations/ stigma and discrimination or with a focus on the EECA Region, as well as technical assistance and capacity building for these specific groups. Finally, EATG's policy initiatives or campaigns should focus more on key populations and/or the EECA region.

6 - EATG's internal and external communications are effective and efficient

***BH:** By investing more in efficient communication, EATG will reach more target populations, external stakeholders, opinion leaders and policy makers, as different channels and tools will be increasingly used and adapted to reach the right person(s) at the right time.*

In the coming years, EATG will completely renew its website and invest more in an online members' area where members can have access to key strategic internal documents and upgrade internal mailing lists. EATG will also analyse, reform and simplify its IT setup in order to be more up to speed with the rapidly changing digital field. For the same reason, investments will be made in social media communication and EATG's internet presence in order to make HIV/TB and Hep activism more visible.

7 - EATG has a strong and reliable network of local and international partners

***BH:** By building strategic partnerships as well as maintaining and reviewing existing networks, EATG and partners will become more efficient in their initiatives, as partners can help each other to reinforce their respective messages and reach out to their respective supporters in order to build momentum and alliances when needed.*

During a governance meeting and in follow-up activities, existing partnerships will be evaluated and continued, intensified or discontinued and potential new partnerships will be explored. Also, potential collaborations with Belgian and Brussels-based organisations will be explored, in order to take initiative and create better visibility of EATG and the community in the area where the EATG office is located.

8 - EATG concerns are reflected in regional policy, and guideline documents and their implementation is promoted at local level

***BH:** If EATG succeeds in promoting meaningful community participation in policy making, and programming at European level, then Regional policies, programmes, guidance will reflect needs of people living with and affected by HIV. In turn, these will be used by local stakeholders to raise standards and to push policy/ regulatory reforms at national level.*

EATG strives to ensure its concerns and recommendations are reflected in regional and guideline documents through advocacy towards the European Commission, European Parliament and Council of EU, EU agencies, WHO Europe, UNAIDS, clinical societies and other professional associations. It will report on experience from the field and engage directly with these actors and/or via the [EU CSF on Drugs](#), [CSF on HIV, TB, Hep](#), [EU4Health Coalition](#), [HIV Outcomes Initiative](#) , [ACHIEVE coalition](#) and [Nobody Left Outside](#), European Patient Forum, European Public Health Association. It will work in tandem or in coalition with key populations/thematic networks. It will use communication tools to weigh in on policy debates.