

Reference	HIV/AIDS&AI 5
Title	Minutes of the meeting
Submitted by	HIV/AIDS EG ITA in coordination with the EG Chair
Annexes	Annex 1 - List of participants Annex 2 - List of documents
Requested action	For comments

1. Opening of the meeting

EG Chair opened the meeting and Anna Marzec-Boguslawska welcomed participants in Sopot on behalf of National AIDS Centre and Ministry of Health of Poland. The meeting has received support from a EUSBSR Technical Assistance Grant.

2. Adoption of the agenda

The agenda was adopted.

3. Presentation of a review on best practices of integration of social and health care for HIV-infected individuals

Consultant Boris Sergeyev presented the draft review prepared by him.

The data for the review was collected by desk-study of publications and other relevant documents, interviews with key informants and survey of national stakeholders -members of the HIV/AIDS&AI Expert Group.

The recommendations based on this study include:

- *To ensure optimal use of limited resources, provision of integrated social and medical services has to be premised on empirical assessment of the PLWH's needs and priorities.*
- *Once PLWHs' needs for integrated social and medical services are identified, the respective planning exercise involving national stakeholders can be conducted. Its agenda will include identification of financial resources required to reach the effective coverage with integrated services and ranking services to be supported in terms of their impact on HIV epidemic and socioeconomic well-being of PLWH.*
- *Given that the amount of support provided by international donors for HIV-related programs is shrinking, a similar exercise can be conducted at the regional level to identify alternative funding sources for countries like Latvia or Russia where exit of international agencies is unlikely to be compensated by the increase of funding from federal, regional or municipal budgets.*
- *Given much higher rates of TB observed in prisons than among the general population, current and former inmates released into the community deserve special focus. To ensure continuity in treatment, links between medical services inside and outside of prison system have to be promoted, especially when it comes to sharing medical records on the to-be-released inmates. As considerable number of them end up getting settled in the area around prisons, NGOs/GOs offering social assistance to former inmates there should be supported.*

- *To promote provision of integrated services and to contribute to the reduction of stigmatization of PLWH, a review of policies regulating their provision and access to them in the Baltic Sea region can be conducted. --- It has to involve analysis of regulatory barriers for social groups like migrants and to contain recommendations on how to remove or modify them in order to minimize stigmatization.*
- *In light of substantial scale of the HIV/TB co-infection in the region and the emergence of MDR/XDR-resistant strains of TB, links among treatment services for HIV and TB have to be promoted.*
- *Economically-disadvantaged status of many PLWH also suggests promoting professional training, career counselling and employment services among them. This is in addition to traditional forms of social assistance such as subsidized housing, transportation and child care provided to PLWHA.*
- *Prevalence of emotional disorders requires expanding mental health, prevention of substance abuse and psychological support programs among PLWH in general and MSM in particular.*
- *Assessment of quality of social and medical services provided to PLWH has to rely on formal instruments and be conducted on regular basis. It is also recommended to involve clients in assessing the quality of social and medical services they receive. This can be done through conducting surveys among them on annual basis or soliciting feedback upon them getting the respective service.*
- *High turnover rates among policy-makers at the ministerial level resulting in inconsistencies in health and social welfare policies, requires implementing regular advocacy campaigns aimed at promoting integrated services among them.*
- *Discriminatory attitudes among service providers toward PLWH, as revealed by studies conducted in several countries of the region, makes it necessary to promote carrying out educational programs aimed at increasing their familiarity with HIV transmission routes, HIV-related legislation and interaction techniques when it comes to PLWH.*

See presentation of Boris Sergeyev at the meeting web page
http://www.ndphs.org/?mtqs,hiv-aids&ai_5_sopot

A vivid discussion followed the presentation. It was agreed that by the end of October the NDPHS Secretariat will receive the Review with some corrections from the EG members. After that members can still send corrections and comments, and they will be taken into account before the Review will be published at the address www.ndphs.org.

Boris Sergeyev was thanked for this big and valuable work. The work was financed by EUSBSR Technical Assistance Grant "Coordination and implementation of the cooperative actions in the health sub-area of the EU Strategy for the Baltic Sea Region Action Plan". The question was raised whether the EG will develop policy recommendations on basis of this Review.

4. Implementation of the NDPHS Strategy and the EU Strategy for the Baltic Sea Region

Information was given by the NDPHS Secretariat, e.g. on funding possibilities.

See documents *HIV/AIDS&AI 5/4/Info 1 Revised EUSBSR Action Plan (July 2012 version)* and *HIV/AIDS&AI 5/4/Info 2 Funding opportunities for the implementation of the NDPHS Strategy and the Health Priority Area in the EUSBSR Action Plan*.

Marek Maciejowski informed that health will be as a priority area in revised EUSBSR strategy, which may increase also possibilities to get funding. In the revised strategy there is place for a flagship project concerning HIV and tuberculosis. A draft text will be requested from the EG right after this meeting.

Funding possibilities will be increased in the beginning of 2014 when the new programme period starts. Already in the beginning of 2013 a new EUSBSR seed money facility will be opened. Support will be provided to projects with total budget between 30,000 – 50,000 EUR. Request for own input is 15%. Minimum three partners from three EU Baltic Sea Region countries are required. Kick-off event will be in early 2013 – more information will be received then.

It is expected that NDPHS Secretariat will receive EUSBSR Technical assistance also in 2013. In this case expert groups may get small funding for meetings, consult services etc. Further information will be given to expert group leaderships as soon as it will be available.

Financing from the ENPI Regional East Indicative Programme

"This year, the NDPHS will be granted 300 000 EUR from the second installment from the ENPI Regional East Indicative Programme 2010-2013 for a project "Alcohol and Drug Prevention among Youth (ADPY); situation analysis for evidence based policies." The project proposal was developed by the ADPY TG, the PPHS EG and the NDPHS Secretariat and it involves ten project partners, of which the NDPHS Secretariat is the project leader (main beneficiary).

It is expected that the NDPHS will be granted the same amount (300 000 EUR) from the third installment of financing from the ENPI Regional East Indicative Programme 2010-2013 for projects involving Russia. More information should be available by November 2012." (*HIV/AIDS&AI 5/4/Info 2*)

In the following discussion possibilities to include Russia into EU projects were considered. Russia is involved in ENPI collaboration, but they have no agreement with EUSBSR even though it has been negotiated. In ideal case Russia would give co-financing for regional projects.

5. Presentation of latest developments within NDPHS

The Chair informed on latest meetings of CSR, Chairs and ITAs etc., as well as concerning the progress report for Partnership Annual Conference (PAC).

The meeting of the Committee of Senior Representatives (CSR) of NDPHS was organised in Helsinki in April. Canada has withdrawn from the NDPHS and no more took part in the meeting. The expert groups reported on their progress to the CSR. Reporting system is under development to follow principles of Logical Framework Approach.

NDPHS will be evaluated in 2013; a consultant will interview the chairs and ITAs and participate in one meeting of each expert group.

The Chairs' and ITAs' meeting was organised in September. Discussions concerned role of EGs, funding shortage, how to show impact of our work etc. The meeting decided to establish a "troika" to involve EGs more tightly into the collaboration with NDPHS chairmanship and Secretariat. The representative of EGs in the troika was chosen to be Ali Arsalo. Finnish members proposed all countries to organise inside-meetings for all country representatives among themselves including CSR members.

The progress report for 2012 was prepared in the new form (tables). See *document HIV/AIDS&AI 5/5/1 Draft progress report for 2012*. The Chair presented the report briefly to the participants who did not propose any corrections.

Marek Maciejowski thanked the Chair and ITA for constructive collaboration, and ensured the support from the Secretariat in searching for funding.

6. Observations from AIDS 2012 XIX International AIDS Conference in Washington DC

Chair described the Conference to have been very impressive. Almost 24,000 people from all over the world took part at this event. The motto was "Turning the tide" with commonly repeated "together". Five important messages were the following:

1. HIV and tuberculosis as a one entity
2. ARV as prevention
3. Comprehensive approach needed
4. Need to tackle stigma and discrimination
5. Need to tackle human rights, especially of minorities

It is notable that everywhere else in the world countries are gaining control of the epidemic, except East Europe, Central Asia, Middle East and North Africa.

Vice-Chair commented that pre-exposure prophylaxis got much attention at the Conference. Other interesting themes were e.g. low coverage of ARV treatment in East Europe including Poland, problems with access to treatment, as well as importance of political leaders on regional level.

Maia Rusakova was disappointed with the fact that Russia was poorly represented, only few presentations and those from very few organisations. On the other hand, poster session and posters were extremely interesting.

Kristi Rütel attended several sessions concerning testing and IDUs. AIDS Healthcare Foundation organised an interesting side-event where also activities in East Europe were discussed. It can be said that sex work was advertised at the Conference and sex workers were "noisy", with no attention to trafficking or exploitation.

Ulrich Marcus attended several sessions where treatment as prevention was discussed. For MSM it may help to contain the epidemic, but not to end the epidemic. For drug users ARV is not the most important form of prevention. Pre-exposure prophylaxis is unrealistic as long as prices are so high in Europe. So far only one drug is available, and not really effective.

ITA told that Tatiana Smolskaya had been very impressed by the Conference, and she had given an extensive presentation in Archangelsk soon afterwards. As her own observations, ITA mentioned the remarkable combination of representatives of vulnerable populations who really had their voice at the Conference, and high level politicians (including both Clintons). Also Global village was extremely interesting.

The Chair added a detail of an accidental meeting with a professor from University of Wisconsin. She was an expert in distance learning and had a project where students were observing on-line an examination of a patient. She said that she would be open for collaboration if someone from our EG would like to test this possibility with their university.

7. Development and facilitation of HIV/AIDS&AI EG projects

The meeting was informed concerning the following projects:

TUBIDU project, *Kristi Rütel, Estonia*

The project is going on very actively, a big amount of activities have been implemented during past half a year (including international network meeting, international training, international internship and research working group meeting), and several events will be organised soon - e.g. steering committee meeting and second international network meeting. Guidance for TB prevention activities for community based organizations working with IDUs and PLHIV and providing recommendations for policy makers on future actions in the field is under preparation. When the draft will be ready, it would be good to receive comments from the EG members. Research among drug users is being completed in partner countries; the report will be available in the beginning of 2013. More detailed information is in the address <http://www.tai.ee/en/tubidu>

Zaza Tsereteli commented that the project is very important as it includes also prisons. The theme of the project should be continued and expanded into other countries after the project. The results will be very relevant also for the Barents Tuberculosis Programme.

Taking Up The Challenge: Developing Services to Contain the Spread of HIV and TB among Injecting Drug Users in Kaliningrad Oblast, Inna Vyshemirskaya, NGO YLA, Kaliningrad

The project is progressing well. An agreement has been signed with NCM, inventory of local services has been prepared and published and most important: the low-threshold centre for drug users has been opened in connection with a drug treatment hospital. Services provided cover psychological counselling and HIV testing by express test. TB screening is difficult because it cannot be anonymous in Russia. Two psychologists and two social workers work at the Centre. Peer-driven intervention is used in order to recruit drug users to come to the centre.

An expert board has been established for the project; and Nordic partners will be invited into the meetings of the board.

The EG meeting participants asked about sustainability of the project: will the services continue as part of the hospital activities after closing the project and is there an agreement with the hospital. The project is working on these issues.

Barents TB programme, Zaza Tsereteli, Coordinator of the Programme

The Steering Committee of the Barents Tuberculosis Programme is preparing a report as follow-up of the Kirkenes declaration in 2003 which promised control over TB in the Barents region by 2013.

In Russian Federation the incidence and mortality of tuberculosis have decreased during last years, but at the same time MDR and XDR tuberculosis have increased, as well as co-infections of HIV and TB. Especially high numbers of co-infections have been detected in St. Petersburg where 1558.9 TB cases were detected per 100 000 HIV-infected people during 2010. A notable fact is that those HIV-infected with tuberculosis who receive ARV treatment have much more possibilities to stay alive (70,8% versus 31,4%).

In Scandinavian countries TB is often detected among immigrants; and annually only few MDR cases have been found.

The next Steering Committee meeting was proposed to be in October in St. Petersburg, but unfortunately it has been cancelled, and a new opportunity is being searched.

In the following discussion Inna Vyshemirskaya told that approximately 600 IDUs have been screened for TB in Kaliningrad during few last years, and only 6 cases of TB have been detected among them. One problem in screening is that X-ray does not discover all TB cases; blood test would be better, but it is expensive.

Barents HIV/AIDS Programme and other projects, EG ITA and others

The Barents HIV/AIDS Programme Steering Committee had its latest meeting in May in Oslo. The main themes of the meeting were: the national HIV strategy of Norway, the results of the EMIS project – comparing Norway and Russia, and the future of the Programme. The future perspectives were given a serious consideration. The collaboration was started in a different situation; nowadays Russian regions do have all the necessary information and knowledge. At the political level collaboration is seen important, but are there any professional reasons to continue? The response from the Russian members was very clear: it is important to continue this collaboration because:

- face-to-face meetings are much more effective for exchanging information and experiences than written materials;
- exchange of experiences is important especially in the field of prevention of HIV;
- one advantage of these meetings is that representatives from different levels – national and regional – are gathered together;
- it opens new approaches into the problems;
- it also enhances exchange of experiences between Russian Barents regions.

The status of the projects under the umbrella of HIV/AIDS&AI EG is the following: 14 projects ongoing, several projects are under consideration, and 42 projects have been completed. In 2013 there will be less projects going on, as the bilateral neighbouring area collaboration between Finland and Russia will be phased out in the end of 2012. There are negotiations going on between Ministry of Social Affairs and Health of Finland and Ministry of Healthcare of Russian Federation concerning collaboration between institutions, the next meeting will be in Moscow during the following week after this meeting.

EMIS project, Ulrich Marcus

Printing of the final report will be agreed on very soon. After publishing the report, considerations will be started whether repetition of the survey would be feasible – possible timing being earliest in 2014.

EpiNorth project, Hans Blystad

This project has been going on already 14 years, and now it will be closed. ECDC has been supporting the project. There are plans to continue this collaboration in smaller scale in order to increase epidemic intelligence in the area in future. There could be a network conference once a year. There are wishes to include AIDS centres and TB dispensaries into the collaboration.

8. Presentation on the situation of NGOs working in the field of HIV in Russia and the influence of the new legislation

Maia Rusakova, Director of NGO Stellit, informed the meeting on situation of NGOs and latest developments.

The oldest NGOs in Russia were established 20 years ago. NGOs were established by:

- HIV positives or partners or people touched with the problem
- doctors, lawyers, experts touched by the problem
- international organisations which opened their branches in Russia
- 5 years ago by funders, e.g. government organisations, relatives of high government officials

- NGOs funded by private companies – the newest ones

6-7 years ago several programmes were active around Russia, and there were many strong NGOs. E. g 25 organisations worked with sex workers and sexual exploitation, now there is only two organisations left working on these issues. Then couple of years ago, a new law was published giving a list of those international organisations which are allowed to support NGOs without paying taxes – only 8 organisations got this permission. This led to the situation that many international actors closed down their activities in Russia in 2009. Now only few funders are left, and there is huge struggle to get funding from them. A big amount of NGOs vanished.

Now a new law is going to be issued: NGO has to register as foreign agency if it gets big amount of financing from foreign donors and if it works on political issues. It is not yet clear how this law will influence. At the same time there is very little Russian financing available for NGOs – and this money is not targeted to vulnerable groups like sex workers or drug users. So far, private companies have not been interested in financing NGOs.

The recent regional law against “homosexual propaganda” in St. Petersburg had the influence that international financing was submitted to NGOs working with MSM.

A vivid discussion followed the presentation. The situation of NGOs is really difficult, and the government policy is unpredictable. This hampers the work with vulnerable groups which would be the key issue to reduce the spread of HIV.

9. Implementing of the work plan for 2012

See document HIV/AIDS&AI 5/9/Info 1 Work Plan 2012.

From the planned activities NGO Forum with the Barents HIV/AIDS Programme will be organised on 22-23 November in St. Petersburg. It will be organised in collaboration with NCM project on social partnership against HIV and TB, NGO Stellit, Drug Abuse Prevention Centre and the Finnish Consulate General. At discussions a possibility opened that UNAIDS will support the event.

10. Work plan for 2013

The draft Work plan for 2013 had been submitted to the participants as document *HIV/AIDS&AI 5/10/1 Draft annual work plan for 2013*. Participants were invited to comment the plan, especially concerning possibility to organise an HIV and tuberculosis -related side-event for the ministerial PAC in November 2013

The side-event for Partnership Annual Conference is organized the day before. Normally there are 50-60 participants – members of PAC and other experts. In the side-event it is recommended to publish either policy recommendations, action plan, declaration or this kind of document to be then approved at the ministerial PAC on the following day. In 2013 autumn it will be the closing meeting of the Finnish chairmanship, and at the same time 10 years celebration of establishing NDPHS.

The meeting agreed that HIV/AIDS&AI EG is ready to take the main responsibility of organizing the side-event on HIV and tuberculosis. It needs also to be taken into account that evaluation of NDPHS will be ready in autumn 2013, and it can be additional theme for the side-event. Other issues to include: TUBIDU project themes, EUSBSR Priority Area Health, long-term objectives of our EG. It was decided to choose a small group to plan the side event: Anna Marzec-Boguslawska, Kristi Rütel, Ulrich Marcus, Kristiina Salovaara, EG Chair and ITA. It was proposed to invite Mika Salminen and Johann Fontaine from Germany into the planning process.

The text of the work plan for 2013 will be formulated accordingly. Some other additions and corrections were done into the text, and the revised version will be submitted to CSR for approval.

11. Next meeting

The next EG meeting was agreed to be organised in Estonia, preliminary dates are 28 February – 1 March, 2013.

12. Any other business

No other business was discussed.

13. Closing of the meeting

The official part of the meeting was closed. The meeting was followed with unofficial part concerning epidemiological developments in the region, planning of new projects, e.g. MSM project, work with youth at high risk of getting HIV, as well as a big umbrella project in which Poland was willing to take the initiative. Also IOM, Moscow, expressed their interest to develop a project idea concerning migrants.

Poland was thanked for organising the meeting in such an excellent place and atmosphere.



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**EG on HIV/AIDS and Associated Infections
Fifth Meeting
Sopot, Poland
October 8-10, 2012**

Reference	Annex 1 to minutes
Title	List of participants
Submitted by	HIV/AIDS EG ITA

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Reference	Annex 2 to minutes
Title	List of documents
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Main documents

Code	Title	Submitted by	Date
• HIV/AIDS&AI 5/2/1	Provisional agenda with timetable	ITA in coordination with the Chair	30/09/12
• HIV/AIDS&AI 5/2/2	Provisional annotated agenda	ITA	05/10/12
• HIV/AIDS&AI 5/Info 1	Practical information for participants	ITA in coordination with the Host	29/08/12
• HIV/AIDS&AI 5/Info 2	Preliminary list of participants	ITA	21/09/12
• HIV/AIDS&AI 5/4/Info 1	Revised EUSBSR Action Plan (July 2012 version)	NDPHS Secretariat	30/09/12
• HIV/AIDS&AI 5/4/Info 2	Funding opportunities for the implementation of the NDPHS Strategy and the Health Priority Area in the EUSBSR Action Plan	NDPHS Secretariat	30/09/12
• HIV/AIDS&AI 5/5/1	Draft progress report for 2012	ITA	05/10/12
• HIV/AIDS&AI 5/9/Info 1	Work Plan 2012	ITA	05/10/12
• HIV/AIDS&AI 5/10/1	Draft annual work plan for 2013	ITA in coordination with the Chair	30/09/12

Additionally documents sent by e-mail:

- Draft report from Boris Sergejev on Integrating Social and Health Care Services for HIV-infected individuals (e-mail 4.10.2012 from ITA)
- Objective trees of the HIV/AIDS&AI (version 1 June 2012) - e-mail 30.9.2012 from ITA