Final Meeting Report

Middle East & Central and South East Europe Cross-Regional Exchange Meeting

Istanbul, Turkey • 14 – 16 November 2014

EXECUTIVE SUMMARY

The main purpose of the Cross-Regional Exchange project are to strengthen community responses to HIV, hepatitis and related sexual and mental health conditions in the low HIV prevalence countries of the Middle East (ME), Central and South East Europe (C & SEE), primarily through cross-regional exchange, networking, capacity building and trainings. Specific objectives of this meeting in Istanbul were:

- To promote a better understanding of the ways in which low HIV prevalence negatively impacts community-based responses to HIV in the ME and C & SEE regions;
- To explore the obstacles to engaging those people affected by and living with HIV and/or hepatitis to taking active roles in their overall health, treatment and care, including the nature of the support they do or did not received before, during and after testing;
- To increase networking and ongoing activities amongst activists in ME and C & SEE; 4.To promote cooperative trainings and activities both at national and international levels;
- To enhance community-based HIV activism in the regions that encourages skill sharing and collaboration beyond initial participants;
- To maximize training experiences and encourage the growing participation of people living with HIV (PLHIV) and hepatitis, considering the shortage of activists who are comfortably open about their status.

Overall, the exchange surpassed the organizers' expectations and affirmed their commitment to dialogue amongst activists in low HIV prevalence regions. The objectives, although quite optimistic, were, in fact, addressed. All participants took an active role in the meeting and made significant contributions to the results. The meeting established a platform from which 2015 aims could be addressed, including establishing a safe online network for support, information exchange and knowledge hub; launching working groups/portfolios on the four identified priority areas: Support, Resources, Law/Legal Protection and Research; hosting a meeting focused on capacity building, safe spaces and volunteerism (in Thessaloniki, or Athens) and fundraising. Limited funding for 2015 activities has already been secured.

See page 4 for key points and results...

Meeting numbers were limited by the budget. Invitations were sent to participants of NeLP's 4 previous meetings and NeLP's growing network of activists from health care institutions and civil society organizations, as well as to a number of individual activists from ME region. Thirty-nine candidates applied for the meeting (19 from C & SEE region and 20 from ME region). The selection process was done very successfully, and it achieved a fair balance between participants from both regions. Total of 24 participants attended the meeting.

The meeting was funded by a generous grant from ViiV Healthcare, administered by International HIV Partnerships (UK), with the participation of Marsa Sexual Health Centre (Lebanon), H.E.R.A (Macedonia), and Stronger Together (Macedonia).

The following report includes the key aspects of the meeting. A participatory approach was encouraged throughout the meeting. Parts of the meeting were recorded with the consent of the participants. Further details are available upon request.

List of annexes to this report:
Annex 1 – Meeting agenda
Annex 2 – List of participants
Annex 3 – Meeting evaluation

KEY POINTS AND RESULTS

Crosscutting issues/obstacles identified as major areas of concern in these low prevalence regions
Support Lack of confidence and resilience in people living with HIV * Lack of attention to specific key populations * Limited peer and support group models to address mental health needs and self-stigma of PLHIV community * Lack of sense of community, limited "safe spaces" * Lack of professional and non-judgmental counseling * Non-existence of comprehensive models of service provision
Resources Limited societal engagement often due to low prevalence, lack of interest * Lack of access to best HIV medicines * Insufficient promotion of testing (including community-based options) * Regulatory barriers * Lack of wider volunteer's involvement * Insufficient capacities of PLHIV community * Non-existence of safe social networks * Lack of campaigning via social media to achieve common goals
Law and legal protection Existence of laws that are discriminatory and/or criminalize homosexual conduct * Influence of stigma, cultural and traditional norms * Lack of knowledge about HIV and human rights/labour laws * Insufficient sharing of experiences among low HIV prevalence countries * Lack of awareness among police and law-enforcement officials * Lack of political agreement among key decision and policy-makers
Research Lack of consolidated online surveys * Lack of capacity to conduct research * Limited access to research and data collection * Insufficient sharing of data, tools, manuals and translations * Lack of simplified reports * Different levels and types of research done by NGOs

Proposed solutions commonly identified as key steps for 2015
Support Advocate for comprehensive models of service provision (including confidentiality within healthcare setting, peer models, support groups, counseling and treatment cascade, PMCT) * Identify best practices in the regions * Encourage"safe spaces" for people facing HIV to congregate
Resources Establish safe online network * Promote social media campaigning * Enhance capacity building initiatives * Promote and develop volunteerism * Encourage sharing of tools and manuals * Promote testing * Secure sufficient funding
Law and legal protection Challenge and address discrimination, workplace discrimination (including gossip) in particular * Advocate for decriminalization of homosexual conduct and depenalization of drug use * Address tension between law and religion * Create enabling environment for key populations, including women, children and migrants * Ensure that HIV remains a high priority on the global UN agenda
Research Encourage collection of data and more qualitative research * Strengthen collaboration within and across regions * Organize and conduct trainings on HIV treatment literacy and treatment advocacy * Advocate for ensuring better and universal access to testing, treatment and healthcare * Address adherence issues and share best practice examples

FRIDAY, 14 NOVEMBER 2014

The **Opening session** included a round of introductions, where participants also shared their expectations of the meeting. Some of the issues raised included: more networking; learning about each other's success stories; sharing ideas and experiences; building coalitions; receiving support and guidance. In addition, participants were also provided with security information and administrative announcements, as well as an overview of the program and what to expect in each session.

Session I: **Know Your Epidemic - Regional HIV Trends** provided an overview of the regional trends of HIV transmission and response to HIV in ME & CSEE countries, and addressed key policy updates and differences between low and high HIV prevalence countries. Follow-up discussion focused on issues faced by gay men, sex-workers, as well as displaced populations in ME countries; lack of comprehensive sex and sexuality education and rights; criminalization of homosexual conduct in ME countries; obstacles to evidence-based research and lack of scientific data - how to best influence policy; sanctions for carrying condoms and lack of regular testing in ME countries.

Session II: How far have we come? featured a presentation on the progress, key successes and challenges, as well as lessons learnt in Lebanon and the ME region over the past years, including: a brief history of MARSA Clinic - from launch to country level implementation; an overview of the key trends in LEBANON and ME region - how stigma and discrimination can hinder the access to treatment, care and support for PLHIV. A lot of clarification questions were asked regarding MARSA's institutional set-up; mandate; programs and activities (e.g. VCT); way of functioning; groups being served; confidentiality approach to clients; outreach to communities; training collaborations; funding. In the follow-up small-groups discussion, participants had an opportunity to share their personal stories of stigma and discrimination within institutional settings (e.g. health-care; private schools, workplace), including violation of privacy and confidentiality rights, denial of services, issue of double or multiple stigma and discrimination (e.g. being a gay man and PLHIV), societal prejudices and stereotypes. These topics were reported on and discussed in the subsequent plenary.

Session III: What do experiences from CSEE countries they tell us? featured presentations on the progress, key challenges, and lessons learnt in selected C & SEE countries over the past years, including: BOSNIA AND HERZEGOVINA (focused on drop-in centers, outreach work, role of the individual activists in the public activities); CROATIA (focused on LGBT vis-a-vis HIV work and online support groups); SERBIA (focused on collaborations with major donors and funding issues - including those from local government sources, HEPC programs, role of doctors and involvement of MoH in treatment, measurement of level of quality of life among PLHIV community).

Session IV: PLHIV's Commitment and Leadership in Macedonia provided an overview of the peer counseling model in MACEDONIA and its functioning in practice – how these can be used/mobilized to promote PLHIV's commitment and leadership at country level, as well as the results and outcomes of the needs assessment among PLHIV and related developments in Macedonia (2009-2014). The session was followed by small-group discussions on actual needs among the PLHIV community, including baseline standards, and reporting at the plenary. Discussion and exchange of experiences from the previous two sessions, addressed the following issues: peer counseling process and capacity of peer counselors to provide high-quality service; various levels of (tailored/customized) psycho-social support vis-a-vis creating supportive/enabling environment; dealing with issue of self-stigma, as well with issue of internalized AIDS-phobia; adherence to treatment; issue of mandatory pre-marital testing in Lebanon and Saudi Arabia; support groups vs. individual counseling; mental health and employment concerns; hotlines and other online counseling possibilities; exploring theatre workshops, and/or closed Facebook groups as a means of strengthening PLHIV's commitment and leadership in fighting the HIV epidemic.

In **Session V: Cross-Regional Sharing** two short movies (from Lebanon and Macedonia) were screened, followed by participants sharing how they felt and what they thought about the movies. This led to a cross-regional exchange of experiences by participants, personal testimonies of the trajectory they took from the time they were diagnosed till the time becoming activists, obstacles to treatment and testing, sexual health. The power of film and social media were emphasized as a major learning from this session.

SATURDAY, 15 NOVEMBER 2014

Session VI: Building Alliances and Working Together was aimed at referencing the key points from the previous day, and launching a discussion about possible areas of engagement, collaboration and networking between ME and C & SEE countries. This was a brainstorming session, where participants had an opportunity to explore various possibilities of engagement and collaboration, by addressing the following crosscutting issues: speedy access to the best HIV medicines; promoting community testing and overcoming barriers to testing; peer models around mental health and stigma; developing support groups; epidemiology-related and evidence-based research; social media networking and campaigning in addressing discrimination; employment issues, policies, and human rights advocacy; comprehensive models of service provision; prevention; sharing of knowledge (e.g. tools, manuals, capacity building guides); finding ways to cope with differences between high and low prevalence countries, as well differences between wealthy West/North-West EU states and low and middle-income countries of South-East Europe; promoting volunteerism within communities. The brainstorming was very productive and moderated in such way to remove pessimism from participant's attitudes, as so create an enabling environment for constructive description of the problems.

During the subsequent small-groups discussions, the identified obstacles were grouped in four general categories: (i) SUPPORT (limited peer counseling and support groups, including lack of confidentiality within health-care setting); (ii) RESOURCES (insufficient/inadequate use of social media, networking, and other tools); (iii) LEGAL PROTECTION (employment and discrimination against migrants); (iv) RESEARCH (not-knowing the real epidemic, lack of qualitative data collection).

The reporting at the plenary followed the model of identified obstacles, and grouped the proposed solutions into the same four general groups: (i) SUPPORT (learn how to live with HIV and build confidence, take into consideration specific needs of different key populations/groups, work with peers, address pre-judgmental attitudes, build resilience, practice various therapeutic approaches, build supportive environment at community level; (ii) RESOURCES (promote spirit of volunteerism beyond PLHIV community, take advantage of existing social networks by sharing knowledge tools, bear safety concerns in mind; (iii) LEGAL PROTECTION (address discriminatory legislation and share good/best practices, explore cultural perspectives of stigma and discrimination thus how cultural traditions reinforces stigma and discrimination, address criminalization of homosexual conduct in some ME countries, raise awareness among the police regarding the rights of PLHIV thus empower the community, address lack of communication between decision-makers and civil society groups, monitor implementation of laws and policies; (iv) RESEARCH (ensure access to research and exchange of data, explore the role of the NGOs at various levels of research and data gathering, address lack of research capacity within the NGO sector and strengthen quality of research, organize additional trainings, conduct surveys and draft regional reviews.

Since the session had limited time for identification of obstacles and suggestions, this list is by no means a comprehensive one. Therefore, participants will be encouraged to help in further identification of problems faced, as well as possible solutions that were not recognized during the meeting.

Session VII: History of HIV/AIDS Activism featured a presentation on history of HIV/AIDS activism, followed by discussion on key issues relating to the role of PLHIV community. The Denver, GIPA (Greater Involvement of People Living with HIV/AIDS) and MIWA (Meaningful Involvement of Women and Girls Living with HIV) principles were highlighted. The engagement of people living HIV at all levels of participation and decision-making was stressed. There was a review of community response over the years of the epidemic. Early response was primarily volunteer-based. As the response professionalised and began scaling up, this too often led to the disengagement or disempowerment of PLHIV. The Budapest Declaration was presented to show how this process has been experienced in the low prevalence region of Central and South East Europe. Now with changes in both communities involved, social media and macro economics we can expect to see more volunteer-rich responses (e.g. an updated approach to GIPA).

Session VIII: Reaching PLHIV and Working with the Key Populations was focused on sharing different organizations' experiences from ME and C & SEE countries of how to reach PLHIV and working with

key populations, including the inequalities in the health system. Besides the presentations from LEBANON (focused on language used in communication, national and regional strategy plans, financing issues, share of success stories, reaching through mobile phone applications), and MACEDONIA (focused on number and composition of the group, thus office arrangements), the following examples have been shared during the plenary discussion:

- YEMEN - focused on the structure of PLHIV organization, stigma and discrimination, community activism, support from UN and other national partners, micro-projects, empowering and building resilience among community members;
- EGYPT - focused on existing legislation that enables organizations to do outreach and provide psycho-social support to the newly-diagnosed;
- IRAN - focused on the role of the so-called positive clubs funded by the state/MoH, peer education, a structured system of referral by VCT counselors within public health institutions, and through the internet;
- JORDAN - focused on free tests offered to the key populations by the Government and the Red Cross, thus individual examples of coming out in public; and
- ROMANIA - focused on a motivational booklet of success stories by PLHIV who managed to achieve resilience, showing inspirational movies, socializing, and sharing experiences.

Session IX: Going Beyond HIV featured a small panel discussion on what PLHIV lack in their countries, providing examples from Albania and Romania about the potential benefits of existing initiatives related to health, workplace and social rights.

Session X: Market Place was aimed to discuss key issues related to (i) partnerships and collaborations; (ii) stigma and discrimination; (iii) obstacles to HIV testing and counseling, thus to share lessons and experiences, building on the previous sessions on activism, key populations and the wider context. The format of the session was envisioned as a market place, which as a model included a plenary open space session focused on topics proposed and collaboratively developed by the participants themselves, followed by concurrent small-groups discussions on: (a) voluntary community engagement; (b) criminalization laws; (c) adherence to medicines among patients, as well as different patients' opinions and experiences of side-effects from using generics vs. originators medicines.

SUNDAY, 16 NOVEMBER 2014

Session XI: Confidential Handling of Personal Information Relating to HIV was focused on discussing a few key concerns in the ME region, including confidential handling of personal information relating to HIV thus linkages between confidentiality and community outreach. It was agreed that while dealing with confidentiality needs skills (i.e. how to negotiate with family, friends, partner notification, work-place issues), it is also a matter of legislation in place, or its weak implementation in practice. Saudi Arabia was mentioned as being one of the most oppressive societies in the ME region relative to LGBT and PLHIV, with no support groups for PLHIV, and very little understanding of LGBT lifestyles. In addition, participants from Lebanon noted that women tend not to come out both in terms of their sexuality and HIV status, especially those belonging to vulnerable sub-groups (e.g. sex-workers). Some of them shared their personal experiences working as counsellors with PLHIV, noting that while handling of confidentiality seems to be pretty good by doctors and nurses, it is far from satisfactory among paramedics and other hospital staff. Thus, addressing the issue of gossiping among medical staff at the clinics and other healthcare facilities was underlined as one of the most important priorities. Subsequently, the need to create places where people will feel safe to talk about their HIV status and receive advice on safer sex practices was also suggested as one of the possible options. Examples from Yemen also pointed to the need for encouraging PLHIV to disclose their status freely and voluntarily. At the same time, mandatory HIV testing before surgery, followed by frequent breach of confidentiality and black-mailing within the healthcare system, was pointed out as one of the major obstacles for access to services by PLHIV. Finally, the existence of a centralized ross-governmental data-base of PLHIV among Golf countries (used for preventing cross-border migration), was underlined as yet another obstacle of particular concern.

Following the presentation on HIV advocacy resources and tools, **Session XII: Advocacy Resources and Tools** moved to small groups discussion aimed at identification of a few priorities for advocacy in each region; these were pulled together and reported at the plenary. The following issues were emphasized as being most prominent for the ME region: fight stigma and discrimination; address healthcare and confidentiality issues; review/revise laws and regulations concerning the rights of PLHIV; increase attention at women and children; mobilize resources, including financial ones; ensure sustainable treatment; use media and engage other key stakeholders; introduce comprehensive education about sexual and reproductive health and rights. On the other hand, participants from C & SEE region flagged the following priorities being the most pressing ones: re-introduce the notion of C & SEE being a distinct social, cultural and geographic region of EECA (regarding low HIV prevalence); give voice to under-represented key populations and make HIV a political priority; create a regional knowledge hub for cross-border information sharing of guidelines and best practices; produce more qualitative data analysis; harmonize the existing legal frameworks, aimed at improving quality of life for PLHIV.

Session XIII: Setting Priorities was aimed at setting 2015 milestones and responsibilities relative to implementing the solutions identified so far in the meeting. This exercise focused on the following groups of activities: continue cross-regional dialogue; create a safe online network; launch working

groups/portfolios on the 4 priority areas being identified earlier (SUPPORT, RESOURCES, LAW/ LEGAL PROTECTION, RESEARCH).

There were two levels of meeting evaluation: evaluation done by the participants as a round of open feedback at the **closing of the meeting**, followed by individual completion of a written and comprehensive evaluation form. The elaborated evaluation tables and charts are included in Annex 3 of this report.

ANNEX 1 - MEETING AGENDA

DAY ONE – 14th November 2014			
Time	**Session**	**Session Objectives**	**Session Facilitators and Speakers**
Chair: Bryan Teixeira **Rapporteur**: Ninoslav Mladenovic			
08:30-09:00	Meeting Registration	Participants receive their participant packs and name tags from the meeting registration desk.	Ninoslav Mladenovic
09:00-10:00	Meeting Opening and Introductions	Introductions, security information, and administrative announcements.	Benjamin Collins
10:00-10:15	Programme Overview	Provide an overview of the programme and what to expect in each session.	Bryan Teixeira
10:15-10:45	Session 1: Know Your Epidemic - Regional HIV Trends	Give an overview of the regional trends of HIV transmission and response to HIV in ME & CSEE countries, discuss key policy updates and differences between low and high HIV prevalence countries.	Ninoslav Mladenovic Johnny Thome
10:45-11:00	**BREAK**		
11:00-12:45	Session 2: How far have we come?	Review progress, key challenges, and lessons learnt in Lebanon and ME region over the past years: 1. A brief history of MARSA Clinic - from launch to country level implementation. 2. A brief overview of the key trends in Lebanon and ME region - how stigma and discrimination can hinder the access to treatment, care and support for PLHIV. 3. Group discussions on key successes, challenges and lessons at regional/country levels.	Johnny Tohme
12:45 – 13:45	**LUNCH**		
Chair: Bryan Teixeira **Rapporteur**: Ninoslav Mladenovic			
13:45-14:30	Session 3: What do experiences from CSEE countries they tell us?	Review the progress, key challenges, and lessons learnt in selected CSEE countries over the past years.	Srdjan Kukolj (Bosnia and Herzegovina) Zoran Dominkovic (Croatia) Rade Kuzmanovic (Serbia)
14:30-15:45	Session 4: PLHIV's Commitment and Leadership in Macedonia	1. Overview of the peer counselling model in Macedonia and its functioning in practice – how these can be used/mobilised to promote PLHIV's commitment and leadership at country level. 2. Presentation on the results and outcomes of the needs assessment among PLHIV and related developments in Macedonia (2009-2014). 3. Discussion and exchange of experiences from the previous two sessions.	Ivan Domazetovski
15:45-16:00	**BREAK**		
16:00-17:00	Session 5: Cross-Regional Sharing i. Central and South East Europe ii. Middle East	Screening of two short movies (Lebanon and Macedonia), followed by share and exchange of experiences with ME & CSEE participants, personal testimonies of the trajectory they took from the time they were diagnosed till the time becoming activists, obstacles to treatment and testing, sexual health etc.	i. Benjamin Collins ii. Johnny Tohme
17:00-17:15	Wrap up and close of Day 1		Bryan Teixeira

DAY TWO – 15th November 2014			
Time	**Session**	**Session Objectives**	**Session Facilitators and Speakers**
Chair: Bryan Teixeira **Rapporteur:** Ninoslav Mladenovic			
09:00 – 10:45	Session 6: Building Alliances and Working Together	Referencing the key points from the day before, and launching a discussion for possible areas of engagement, collaboration and networking between ME & CSEE countries.	Bryan Teixeira Benjamin Collins Johnny Tohme
10:45 - 11:00	**BREAK**		
11:00 - 12:30	Session 7: History of HIV/AIDS Activism	PowerPoint presentation followed by discussion on key issues relating to the role of PLHIV community.	Benjamin Collins
12:30 - 13:30	**LUNCH**		
Chair: Bryan Teixeira **Rapporteur:** Ninoslav Mladenovic			
13:30 - 15:15	Session 8: Reaching PLHIV and Working with the Key Populations	Share experiences from ME & CSEE countries on reaching PLHIV, and working with the key populations – the inequalities in the health system, activities, feedback and benefits: 1. Sharing different organisation's experiences in ME & CSEE countries. 2. Group discussion at plenary based on the feedback received by participants.	Facilitator : Benjamin Collins Speakers : Rita Wahab (Lebanon) Ninoslav Mladenovic (Macedonia)
15:15 - 15:30	**BREAK**		
15:30 - 16:30	Session 9: Going Beyond HIV: Health, Workplace and Social Rights	Small panel discussion on what do PLHIV lack in their countries, the potential benefits of related initiatives, including examples from Albania and Romainia.	Besjana Xhani (Albania) Ecaterina Cobzaru (Romania)
16:30 – 17:15	Session 10: Market Place i. Partnerships and Collaborations ii. Stigma and Discrimination iii. Obstacles to HIV Testing and Counselling	To discuss key issues involved and share lessons and experiences, building on the previous sessions on activism, key populations and the wider context. N. B. Marketplace as a model includes a plenary open space session focused on topics proposed and collaboratively developed by the participants themselves, followed by concurrent workshops or seminars.	i. Bryan Teixeira ii. Johnny Tohme iii. Benjamin Collins
17:15 - 17:30	Wrap up and close of Day 2		Bryan Teixeira

DAY THREE – 16th November 2014			
Time	**Session**	**Session Objectives**	**Session Facilitators and Speakers**
Chair: Bryan Teixeira **Rapporteur:** Ninoslav Mladenovic			
09:00-10:45	Session 11: Confidential Handling of Personal Information Relating to HIV	Focus on few key concerns in the ME region.	Johnny Tohme (Lebanon)
10:45-11:00	**BREAK**		
11:00-12:30	Session 12: Advocacy Resources and Tools	1. PowerPoint presentation on: what is HIV advocacy; which international documents can we use for HIV advocacy; how do we develop an HIV advocacy plan; what advocacy techniques do we use, etc. 2. Small groups' work on identification of three priorities for advocacy in each country/region, pulled together in the plenary.	Facilitator: Bryan Teixeira Speaker: Ninoslav Mladenovic (Macedonia)
12:30-13:30	**LUNCH**		

Chair: Bryan Teixeira **Rapporteur:** Ninoslav Mladenovic			
13:30-14:15	Session 13: Setting Priorities	Group plenary discussion to set key cross-regional priorities for 2015 (e.g. moving towards some sort of online network)	Benjamin Collins Johnny Tohme
14:15-14:45	Meeting Closing	Meeting evaluation and closing remarks (round of open feedback by the participants, followed by written evaluations)	Bryan Teixeira Ninoslav Mladenovic

ANNEX 2 - LIST OF PARTICIPANTS

Hamdy Bd Elmoneam Abo El Hamd Hossain	Egypt
Maged El Sayed El Rabiey	Egypt
Farzad Hy	Iran
Shahabeddin Azemati	Iran
Mohammed Mazen M. Al-Nasser	Jordan
Elie Ballan	Lebanon
Johnny Tohme	Lebanon
Julien Kerboghossian	Lebanon
Milad Abou Jaoude	Lebanon
Rawya El Chab	Lebanon
Rita Wahab	Lebanon
Faisal Al-Otaibi	Saudi Arabia
Abdul-Hafedh Al-Ward	Yemen
Besjana Xhani	Albania
Srdjan Kukolj	Bosnia and Herzegovina
Zoran Dominkovic	Croatia
Alexandros Tanaskidis	Greece
George Tsiakalakis	Greece
Ivan Domazetovski	Macedonia
Ninoslav Mladenovikj	Macedonia
Ecaterina Cobzaru	Romania
Rade Kuzmanovic	Serbia

Ninoslav Mladenovikj of H.E.R.A (Rapporteur), Johnny Tohmé of Marsa Sexual Health Centre, Ben Collins of IHP, and Bryan Teixeira (Chair) coordinated the meeting.

ANNEX 3 - MEETING EVALUATION

Data Entry Form

EVALUATION OF THE CROSS-REGIONAL EXCHANGE MEETING

rticipants on meeting: 22

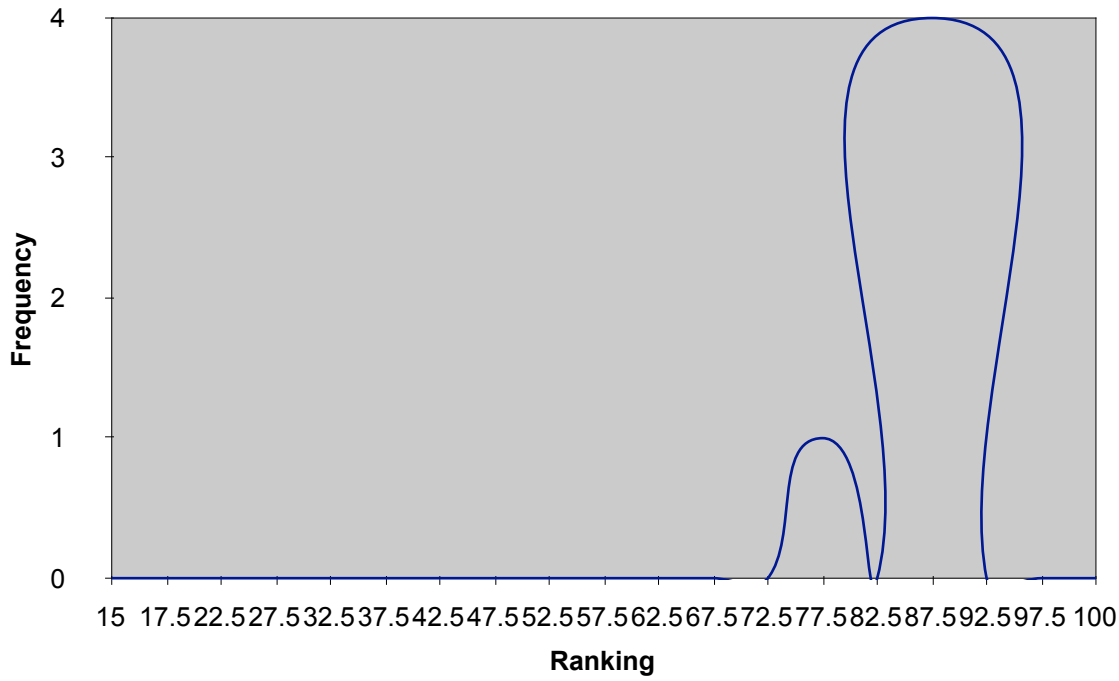
Date: 14-16 November, 2014

aluation handed back: 15

	1	2	3	4	5
Content of the meeting and selection of the topics				8	7
Presentation of the facilitators/speakers and their work			1	7	7
Relevance of the materials in relation to the content of the meeting			2	6	7
Participants' own contribution during the meeting			4	8	3
Other participants' contribution during the meeting			2	6	7

Computation

Presentation	Strongly Disagree		Disagree		Neutral		Agree		Strongly Agre	
	Actua	%	Actual	%	Actua	%	Actua	%	Actua	%
Content of the meeting and selection of the topics	0	0.0	0	0.0	0	0.0	8	53.3	7	46.7
Presentation of the facilitators/speakers and their work	0	0.0	0	0.0	1	6.7	7	46.7	7	46.7
Relevance of the materials in relation to the content of the meeting	0	0.0	0	0.0	2	13.3	6	40.0	7	46.7
Participants' own contribution during the meeting	0	0.0	0	0.0	4	26.7	8	53.3	3	20.0
Other participants' contribution during the meeting	0	0.0	0	0.0	2	13.3	6	40.0	7	46.7



Analysis

Presentation	Overall Evaluation Rank	Average evaluation ranking
Content of the meeting and selection of the topics	89.33	4.50
Presentation of the facilitators/speakers and their work	88.00	4.40
Relevance of the materials in relation to the content of the meeting	86.67	4.30
Participants' own contribution during the meeting	78.67	3.90
Other participants' contribution during the meeting	86.67	4.30

Statistical Analysis by Class Ranking

Class		Freq/ class	Class Mark X Freq	Cu-mula-tive
Greater than/ equal to	Less than			
0	10	0	0	0
10	15			1
15	20			2
20	25			3
25	30			4
30	35			5
35	40			6
40	45			7
45	50			8
50	55			9
55	60			10
60	65			11
65	70			12
70	75			13
75	80			13
80	85			13
85	90			13
90	95			13
95	100			13
100	100			13

Pivot table

	15	18	23	28	33	38	43	48	53	58	63	68	73	78	83	87.5	92.5	98	100
	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	4	0	0	0
																			0
	0	0	0	0	0	0	0	0	0	0	0	0	0	78	0	350	0	0	0