1. Opening of the meeting
EG Chair opened the meeting, and Marita van de Laar, ECDC, welcomed the participants to Stockholm and to ECDC. Earlier ECDC was represented by Dr. Mika Salminen in this Expert Group, now he has returned to THL in Finland. Further on, Marita van de Laar tries to participate at the EG meetings on behalf of ECDC. Mika Salminen has recently been nominated as an official representative of Finland in the EG.

2. Adoption of the agenda
The agenda was adopted with the addition of some EMIS project results into the agenda point 4.

3. Presentation on ECDC activities in the field of HIV, hepatitis and STI
Marita van de Laar informed on ECDC programme for STI, HIV and other blood-borne infections. The three pillars of work cover monitoring, prevention and surveillance.

Surveillance and related projects
b) concerning surveillance it has been agreed that ECDC will focus on European countries, WHO on the rest of the countries
c) the 2010 report includes also data from Russia - for the first time
d) HIV incidence study is planned. ECDC was prepared to do pilot study on MSM, but then decided to wait until there will be results from large incidence studies financed by Gates. It is expected that guidance how to use the incidence tests will be published as one result of these studies.
e) A project concerning modelling of HIV prevalence is going on. Results will soon be available from pilots in Denmark and Germany. The project aims to develop a user-friendly tool for modelling.

STI
f) STI surveillance is implemented through a STI network. Syphilis and gonorrhoea are the main interest; about Chlamydia there is only limited information, many countries do not report. Increase of syphilis among MSM is evident; another worrying theme is increase of antimicrobial resistance in Neisseria gonorrhoeae. Gonococcal antimicrobial surveillance is being done within Euro-GASP – response plan to the threat or multidrug-resistant gonorrhoea will be published shortly.
Hepatitis B and C

- ECDC implements surveillance of hepatitis B and C for the first time. The coordination group is chaired by Hans Blystad. So far, data has been received from 24 countries; and the hepatitis surveillance report is expected to be published in Q1 2013.

- A survey on prevention and surveillance to collect info from countries was done in 2009-2010.

Behavioural surveillance

- Behavioural surveillance is ongoing to harmonise indicators related to HIV and STI and to produce toolkits.

Key prevention interventions

- Main interest is targeted on groups at risk: e.g. MSM. Sexual health guidance on MSM is under preparation. Last year technical report on migrant health concerning HIV testing and counselling was published, see http://ecdc.europa.eu/en/publications/Publications/Forms/ECDC_DispForm.aspx?ID=717 (Concerning IDUs - see the following agenda point.)

Monitoring and evaluation

- A side event was organised at the UN high level meeting on HIV/AIDS in New York in last June and co-chaired by Anna Marzec-Bogulsawska

- ECDC has been working on collecting data from countries with unified indicators. The dead-line is in the end of March (Global AIDS Response Progress reporting). The collected data will be published on 1 December.

Treatment as prevention – review will be published in two months.

4. ECDC and EMCDDA Guidance on prevention and control of infectious diseases among IDUs and Risk assessment - new epidemics in Greece and Romania

Marita van de Laar gave this presentation.

Risk assessment - new epidemics in Greece and Romania

After outbreaks of HIV among IDU in Greece and Romania during 2011, ECDC decided to assess situation in other countries to see if others are in risk of outbreaks. As result the report Joint EMCDDA and ECDC rapid risk assessment. HIV in injecting drug users in the EU/EEA, following a reported increase of cases in Greece and Romania was published, see http://ecdc.europa.eu/en/publications/Publications/Forms/ECDC_DispForm.aspx?ID=801

Some countries reported increases in injecting risk behaviour or low coverage of prevention services among IDUs simultaneously with some increase of HIV cases among IDUs. In some countries there is change in drug use patterns – from heroine to others – meaning more frequent injections. Economic crisis also increases drug use by injecting. A meeting with the countries with biggest risk will be organised in Tallinn.

ECDC together with EMCDDA has produced guidance "Prevention and control of infectious diseases among people who inject drugs" which was published in 2011. It is available in the address: http://ecdc.europa.eu/en/publications/Publications/111012_Guidance_ECDC-EMCDDA.pdf

In future the guidance will be available in 19 languages.
In addition, Marita van de Laar informed about preliminary results of a comparative analysis between countries of the ECDC behavioural indicators for EMIS data. This information has not been published yet.

5. Presentation of the results of the Riga meeting in December, continuation of discussions and completing the objective tree

EG Chair presented the problem and objective analysis in its latest version - problem tree and objective tree (document HIV/AIDS&AI 4/5/1, see especially slide no 3).

The following comments were received from the participants:

- General population is missing or getting too little emphasis in the table
- Advocacy on high political level is needed, this is essential and needs to come clearly out in the analysis
- We need to show impact of our work – we should focus on policy development, to facilitate projects which help in developing policy documents
- Advocacy is crucial especially when donors are withdrawing from Eastern Europe, Global Fund will retreat from several countries, and almost all harm reduction programmes were funded by global fund
- Also local authorities are important. Trainings should be organised for policy makers also on the local level.
- NGOs are good in lobbying, as well as in working with vulnerable groups. Work with NGOs should be visible in the analysis (in the same manner as the work with drug police has been identified (box 5.4.).
- Also MSM and IDUs should be involved in decision making (box 1.1.)
- Boxes 4.1 and 4.3 are a bit overlapping – reformulation?
- Box 4.6: TB and narcology mentioned, HIV should be added into the sentence
- Concerning TB, early case finding is the essential thing
- Box 2.1 or 2.6: migrants should be added here

Additions will be made to the objective tree, based on this discussion. Additional comments can be sent also later. As the analysis is so comprehensive and covers so many issues, it was discussed whether some priorities should be chosen. The original idea was to organise a forum for NGOs and state actors in order to present the analysis for them and to receive comments, and after that choose some themes for project development.

Anyhow, because of timetables the project planning workshops (financed by EU grant) need to be organised before the forum. Another issue is that the forum did not receive EU funding, and it needs to be organised in smaller scale together with the Barents HIV/AIDS Programme.

Choosing priorities is also connected with funding programme priorities. Now it seems that EU wants to look more at system approach than vertical problems such as HIV and concentrate more at public health approach. EU’s funding period is coming to the end and planning the new one for 2014–2020 is approaching. Expert Groups should be ready with proposals for 2014. Meanwhile smaller scale projects could be developed. Financing e.g. by Swedish Institute and Norway is easier to apply compared to EU.

In project applications the implementing organisation cannot be an Expert Group. We need to “outsource” projects, and give support in their development and follow-up.

Anna Marzec-Boguslawska noted that our collaboration has been underestimated because we have not implemented e.g. one big project giving clear results. We should
have **one big project – an umbrella project** where all our countries should participate. This would better show importance of our work.

In project proposals a mix of two types of stakeholders is a very good approach. NGOs do not have the same perspective, they can receive from the EG a lot and they have concrete ideas. TUBIDU is a very good example about a large and comprehensive project which involves NGOs. Small funds can be applied from NDPHS appropriations account for project proposal development.

In the current analysis, e.g. *migrants* and *MSM* came out as specific groups in urgent need for targeted activities and projects.

Marek Maciejowski informed about the EU-Russia meeting to discuss *joint EU-Russia projects in the Baltic Sea Region* that took place in Moscow, Russia on 22 February 2012. Russia is motivated to add new project themes into the list, and EGs are welcome to make proposals by the end of March.

The current analysis is valuable also as it is, it should be used when approaching decision makes.

### 6. Choosing of themes for project development, based on objective analysis and agreeing on project development meetings in spring 2012

A few themes - sub-components of the objective tree - are expected to be chosen as most urgent priorities for further development into projects within two workshops with small EU financing (see the objective tree at page 3 of slides HIV/AIDS.AI 4/5/1 and the Work plan in document HIV/AIDS.AI 4/6/Info 1).

There was a vivid discussion on the possible most urgent themes for projects:

- The problem of HIV+TB co-infection is increasing, as well as MDR TB
- Sustainability of evidence-based programming has to be shown to politicians. Estonia is the only success story in switching from GF funding to national funding. Estonia can give a valuable example how to lobby decision makers and give economic arguments and other evidence to show effectiveness of harm reduction.
- Trainings for policy makers also on the local level are needed – local authorities are important. One component could be targeted to local authorities, another component to health professionals.
- E.g. in Finland policy makers do not understand urgency of the TB and HIV problem. Advocacy is needed. Media pressure is one thing which works for politicians.
- Key populations should be taken into account also in order to ensure access to ARV treatment for all (this does not exist in many countries).
- Sexual transmission among key populations should be reduced.
- In the development of a big umbrella project each country could choose work package and risk group which is most interesting for it.
- MSM have in several meetings been mentioned as a group which needs more attention and intensive prevention activities.

It was agreed that the following workshops will be organised

1. **Planning seminar in Rovaniemi, Finland** (2 days). Five sponsored participants, and 5 participants who cover travel costs themselves. May/June. Theme: prevention of HIV in MSM. Preliminary interest was expressed by Poland, Latvia, Lithuania, Sweden and Norway.
2. **Planning seminar in Sopot, Poland** (2 days). Five sponsored participants, and 5 participants who cover travel costs themselves. September. Theme: an umbrella project.

Financing for these workshops will come from the EU project *Coordination and implementation of the cooperative actions in the health sub-area of the EU Strategy for the Baltic Sea Region* coordinated by the NDPHS Secretariat. In the plan it is expected that the workshops will produce project proposals which will be submitted for financing by the end of 2012.

7. **EUSBSR targets and indicators**

The Expert Group was asked to propose one indicator concerning HIV (and TB) for the EU Strategy for Baltic Sea Region (Document HIV/AIDS&AI 4/7/Info 1). A draft proposal had been distributed to the participants by e-mail before the meeting.

Excerpts from the document mentioned above:

"The EUSBSR targets (both at the strategy level and those for each Priority Area) are supposed to strengthen the monitoring of the EUSBSR and provide a basis for a comprehensive evaluation system aimed at the Strategy becoming more operational and result oriented. In addition, clearly set indicators and targets would support alignment of funding to the actions and Flagship Projects within the EUSBSR, especially in the context of planning the EU Cohesion Policy 2014-2020."

"The NDPHS Work Plan for 2012 stipulates, inter alia, the following: “(2.2) Develop targets and indicators (1-2 per each priority action in the EUSBSR Action Plan and 1-2 for the Strategy general level). These targets and indicators shall be developed by the Expert Groups in coordination and cooperation with the NDPHS Secretariat and be submitted to the spring CSR meeting for approval for subsequent presentation to the European Commission. They shall be in full coherence with and complement the NDPHS Operational Targets and Indicators.”

The proposed indicators are expected to be cooperation indicators and policy indicators.

The following possible indicators adapted from UNGASS/GARP indicators were discussed concerning the **Goal 2: Prevention of HIV/AIDS and related diseases in the ND Area has improved**:

- People who inject drugs: Prevention programmes (GARP)
  - Number of distributed syringes and prevention programmes targeted to people who inject drugs
- People who inject drugs: HIV prevalence (GARP)
  - Percentage of people who inject drugs who are living with HIV. (Number of respondents who test positive for HIV in HIV sero-sentinel surveillance.)
- Co-management of Tuberculosis and HIV treatment (GARP)
  - Percentage of estimated HIV-positive incident TB cases that received treatment for both TB and HIV (GARP)
- Prevalence of TB-HIV co-infections and MDR/XDR TB among the PLWHAs

Concerning **Goal 3: Social and health care for HIV infected individuals in the ND Area is integrated**:

- Policy recommendations have been developed /regional programme is developed aimed at integration of health and social services
  - Number of cooperation programmes focusing on strengthening the integration and capacity of social and health care systems
The Expert Group is supposed to propose only one indicator. After intensive considerations it was agreed that for the EU strategy for Baltic Sea Region the last proposal is most interesting. It was proposed to be reformulated as “Policy recommendations aimed at integration of health and social services have been developed and implemented through international programmes” (Number of cooperation programmes focusing on strengthening the integration and capacity of social and health care systems; Number of countries that have integrated social and health care services for PLHIV). The first step for this work will already be done when a consultant will prepare a review on best practices of integration of social and health services for PLHIV. This is an ambitious objective, but our Expert Group is not alone responsible for the results. The target situation is that “Several countries in the region will have in place programmes on integration of health and social services for people living with HIV/AIDS by 2020”.

8. Information from the NDPHS Secretariat

Marek Maciejowski informed on latest activities of NDPHS, as well as on funding opportunities offered by Swedish Institute and pilot scheme for common call for proposals ESF-NDPHS (documents HIV/AIDS&AI 4/8/ Info 1 and Info 2).

NDPHS has developed a position paper to raise the profile of health and social well-being in the next EU programming period 2014–2020, and it has been submitted to EU. (See http://www.ndphs.org/?mtgs.pac_8__saint_petersburg, document PAC 8/6/1)

Union of Baltic Cities is interested to do projects with NDPHS, they are strong and committed. There will be a meeting of the UBC Commission on Health and Social Affairs in Vaasa, Finland, in June 5-6. The EG Chair and ITA are planning to participate.

The Swedish ESF Council has proposed a pilot scheme for common call for proposals ESF - NDPHS (see document HIV/AIDS&AI 4/8/Info 2) and NDPHS Secretariat invites the Expert Groups to confirm their readiness to engage in cooperation with the ESF as proposed in the above named document. EGs are invited to participate in developing priorities for a selected set of calls for proposals (one in Poland, one in Sweden). The priorities should be proposed within "social dimension". An example could be a Polish project with transnational component involving Sweden. Information seminars are planned to be organised, e.g. partner search forums. Especially the Polish and Swedish members of the Expert Group were asked, if they could be contact persons in these issues. They were not ready to comment, as they did not have any previous information from their own ministries. One problem is that in ESF projects rather significant own co-financing is demanded, and government organisations are not eligible for financing. Additional information will be submitted by NDPHS Secretariat later on.

Swedish Institute offers financing for the following issues:
- Thematic partnerships
  - next dead-line was due to 15 April
- Seed money for project planning
  - Max approx. 50,000 Euros

The applicant must always be a Swedish partner. Financial assistance will be provided to develop cooperation with Estonia, Latvia, Lithuania, Poland, north-western Russia, Ukraine and Belarus. (See HIV/AIDS&AI 4/8/Info 1.)
9. Presentation of ECDC activities on tuberculosis

Marieke van der Werf, ECDC, informed on development of the TB situation in EU/EEA region and on TB activities of ECDC. In 2009 there were 79,655 TB cases notified by the EU/EEA countries, data for 2010 will come later. In this region TB cases are decreasing. HIV prevalence among TB cases in the region was 2.3% in 2009. Several countries do not report this information, so the data does not give the whole picture.

Framework Action Plan to fight TB in the EU was developed in 2008. It includes four principles and activity areas under principles:

I. Strengthen health systems
   a. TB health systems capacity
   b. Surveillance
   c. Laboratory services

II. Ensure prompt and quality TB care for all
   a. Ensure prompt and quality TB care for all
   b. MDR and XDR TB
   c. TB/HIV co-infection

III. Development and assessment of new tools

IV. Build partnership and international collaboration

Implementation of the Action Plan is followed up; progress towards TB elimination is followed according to chosen indicators. Yearly surveillance report is prepared on basis of the TESSy database.

TB/HIV co-infection

In 2009 ECDC implemented a project in order to enhance TB-HIV co-infection surveillance at EU level. A questionnaire was sent to 30 countries to TB surveillance and HIV surveillance contact points. Results of the survey have been published in European Respiratory Journal.

"Patients’ HIV status was collected in 18 out of the 25 TB surveillance systems, usually via clinician reporting (16 out of 18 surveillance systems). Although most countries recommended routine testing of TB patients for HIV, the proportion actually tested varied from 5% to 90%. The burden of HIV co-infection was found to be elevated in countries with higher levels of HIV testing and higher prevalence of HIV".¹

There are difficulties in many countries to collect data on TB-HIV co-infection. E.g. when testing is anonymous you cannot connect HIV and TB cases. Confidentiality legislation is a barrier in some countries. There is also lack of collaboration between TB and HIV surveillance systems. The suggested action is:

- Stimulate collaboration
- Promote HIV-testing and TB-screening
- Increase national funding
- Develop system of reporting HIV-status in TB-surveillance system
- Develop matching between the two systems
- Measure the real proportion of screening/testing individuals

Other activities of ECDC on TB cover treatment outcome monitoring, follow up of MDR TB, reference laboratory network and scientific advice. The latter covers such themes as e.g.

TB control among vulnerable populations and management of contacts of MDR-TB patients. Standards of TB care for the EU will be published in the near future\(^2\).

Special attention is paid to monitoring of vulnerable populations. In many EU countries more than 60-80% of new TB cases are among immigrants. In Western European countries MDR TB is being detected mostly among immigrants. No information is available on TB among drug users (in the TESSy database).

10. **Presentation of EHRN activities**

Sergey Votyagov presented the activities of Eurasian Harm Reduction Network.

EHRN is a network of 400 institutional and individual members from 29 countries. It was established in 1997 and it has been granted by Special Consultative NGO status by the ECOSOC. The office of EHRN is based in Lithuania. Three main objectives of the work are:

1. Building capacity of harm reduction and health care service providers to develop and deliver quality services for people who use drugs (PWUD)
   - EC project "Strengthening the response of non-state actors to growing needs of women who use drugs" (Azerbaijan, Belarus, Georgia, Moldova, Russia, Ukraine)
   - Training module on TB treatment among IDUs
   - A call will be launched to collect good practices in harm reduction
2. Strengthen organizations and networks of PWUD and OST clients to implement and advocate for harm reduction services that meet health needs of drug users and for health care services that realize their right to health
   - Human rights violations monitoring project mobilizing over 30 drug user activists and building their skills in submissions to the Global Commission on HIV and the Law - "HIV and the Law in EECA"
3. Promote drug policy, legal and financial frameworks that provide for scale up and financial sustainability of harm reduction services and observe the rights of PWUD
   - “Count the Costs” project to evaluate the true costs of repressive drug policies and their negative impact on public health in Russia, Kyrgyzstan, Romania and Georgia.

In their work EHRN is engaging people who use drugs in advocacy. The problem is that financing is decreasing in the region.

Key challenges are:
- Lack of access to essential medicines (OST, Hep C, overdose) by PWUD
- Lack of integration of services for PWUD
- Lack of access to essential services by women who use drugs
- Lack of funding and threat to sustainability and quality of harm reduction, undermined advocacy capacity of NGOs and CBOs
- Prevalent repressive and ineffective drug policies

Questions about how to link harm reduction and rehabilitation and whether HIV/AIDS&AI group could do something concerning these issues were raised after the presentation. It was agreed that this discussion should be continued in the next EG meeting.

It was informed that the International Harm Reduction Conference will be in Vilnius in June 9-13, 2013.

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

a) **TUBIDU project** (Kristi Rüütel)
   
   The project has started; kick-off meeting was in the autumn. Activities under several work packages have been started. Study among drug users is under preparation (respondent-driven study). Study tour to Finland will be implemented on 28-30 March; there will be almost 40 participants from 11 countries. The project web site is to be launched.

b) **Taking Up The Challenge: Developing Services to Contain the Spread of HIV and TB among Injecting Drug Users in Kaliningrad Oblast** (Inna Vyshemirskaya)
   
   Duration of the project is 1.2.2012 – 1.2.2014. The budget is 416,500 EUR which includes co-financing provided by NCM.

   Support from the Expert Group was essential in the planning phase. Now the project is applying for NDPHS label.

   Kick-off of the project was in St. Petersburg. Recently a round table was organised in Kaliningrad for 40 people including experts from penitentiary personnel, drug control, as well as infection disease specialists. There is a big amount of activities planned within the project, e.g. study tours to Poland and Lithuania.

c) **UNAIDS consultation report on HIV interventions for women and girls in Eastern Europe and Central Asia** (ITA)
   
   The ITA informed on guidance note prepared for UNAIDS by working name “Achieving MDG6 in Eastern Europe and Central Asia. Addressing the HIV and related Sexual and Reproductive Health and Rights Needs of Women and Girls”. The guidance was prepared by a team of experts from Institute for Health and Welfare (THL), Finland. A consultation for participants from Russia, Ukraine, Tajikistan, Kazakhstan, Moldova, Belarus, Uzbekistan, UNAIDS, WHO/EURO, UNODC, UNFPA, USAID, NDPHS and Finland was organized in St. Petersburg in February. The draft report was presented at the meeting of the Commission of the Status of Women in New York. The report has not yet been published.

   Arkadiusz Majszyk estimated that there is interest in Russia to do some work in this theme. The report can give ideas for project development.

d) Barents HIV and TB programmes (ITA)
   
   Barents HIV and TB programmes are going to have a common meeting in Oslo on 24-25 May to discuss TB-HIV co-infections and other common issues.

e) Other projects (ITA)
   
   In March there were 14 projects ongoing under the umbrella of the Expert Group. Several projects were under consideration; and altogether 41 had been completed. It was noted that the NCM project on prevention of HIV and TB in Northwest Russia (in the list of those under consideration) has received financing and is about to be started. See details in the presentation at the meeting web page.
12. Implementing of the work plan for 2012

a) Preparing of ToR for a review on best practices of integration of social and health care for HIV-infected individuals (draft document had been distributed by e-mail before the meeting)

It was agreed that the participants can send comments by the end of March. NDPHS Secretariat will be responsible for contract and regulations. ITA and Chair contacting the expert members will organise the work. The finalised ToR will be sent to the members and CVs of possible candidates will be asked to be sent with recommendations of members.

b) NGO Forum together with the Barents HIV/AIDS Programme.

This idea did not get EU funding, but there is a new proposal to organise the Forum in smaller scale together with the Barents HIV/AIDS Programme during autumn 2012 in St. Petersburg.

Eeva-Liisa Haapaniemi from the Finnish Consulate General welcomed the forum to be organised in their premises in St. Petersburg. The time could be either the week starting 22 October or at the first half of November.

From Finland there could be such NGOs as Filha and some of those NGOs which are members of a HIV network. ITA and YLA can make a list of relevant NGOs in Northwest Russia. NCM office in St. Petersburg should be involved in planning.

Before starting preparations, the financing issues have to be discussed with the Norwegian Directorate of Health.

(See the Work plan in document HIV/AIDS&AI 4/6/Info 1.)

13. Tour-de-table

Brief epidemiological country reviews and other reports. In addition to HIV, main figures of tuberculosis, viral hepatitis and STI. Country representatives were asked to provide information about major trends and latest news.

Norway
- already several years HIV numbers have been growing – mostly due to immigration
- differences between municipalities are big – this is related to the living areas of immigrants
- Syphilis numbers are big among MSM
- According to the main findings of the EMIS research:
  - 30% did not use condom on last intercourse
  - 31% did not know their HIV status – had never been tested
  - 70% did not communicate their HIV status with their last casual partner
  - MSM are aware of the risk of STIs, get tested
  - 38% of HIV+ had used amphetamine and metamphetamin
- Now it is important to start activities to increase testing activity and to support less risky behaviour among MSM.
- Concerning TB – Norway has low incidence; 80% of cases are immigrants

Sweden
- Cumulative number of registered HIV cases is approx. 10,000. At the moment there are about 5800 PLHIV living in Sweden.
– 465 new HIV cases were detected in 2011
– HIV incidence is increasing slowly since the beginning of 2000
– People infected before immigration are the biggest group. Concerning those who have been infected in Sweden – half of them are MSM
– Heterosexual contact is the main route of transmission. Last two years there has been decrease of HIV among MSM
– In 2007 there was an outbreak among IDUs in Stockholm, after that cases among IDUs have reduced
– There were 595 TB cases notified in 2011 – 89% of them among immigrants
– TB has decreased in Sweden since 1940. Those who get TB are either elderly people or immigrants. Swedish TB recommendations have recently been updated
– Hepatitis B – 89 acute cases were detected in 2011. Only risk groups are vaccinated against Hepatitis B
– There were more than 2000 cases of Hepatitis C last year – which means increase. IDU is the main transmission route. 40% don’t know the route.
– Chlamydia – there was some decrease but now it has stopped
– Gonorrhoea has increased (951 cases during last year)
– Sexual behaviour surveillance study UngKAB09 has been published – see http://www.ungkab.se

Estonia
– 370 HIV cases were registered during last year. They were mostly male IDUs.
– Increasing amount of infections is being found among women whose partners inject drugs
– In the EMIS study only few reported being HIV+
– Co-infection of TB-HIV is increasing
– In 2012 national strategies on TB and on drug control will be completed; new strategies will be developed in the frames of public health strategy
– HIV strategy is valid until 2015, but action plan has to be worked until 2016

Poland
– No big changes can be seen in the HIV situation in Poland, but new HIV cases are increasing among MSM
– Cumulative number of registered HIV cases is 14 669. From them 40% are IDUs.
– During latest five years – 10% of new HIV cases have been found among IDUs. But in last year only 2-3% were IDUs. Now there is more sexual transmission.
– 960 new infections were detected last year, but the number is slightly confusing, because new cases were reported together with 500 earlier detected – pharmaceutical companies had some influence in this reporting
– It is estimated that there are 30-35 000 people living with HIV in Poland
– All who need treatment receive it, also incarcerated people
– VCT services give the best data on new infections. There is still lack of surveillance in other services.
– 48% of new infections were detected among MSM in 2010, 24% among heterosexual contacts
– From new cases in 2011 the transmission routes were the following: 55% - MSM, 24% - heterosexual contact, only 1% - IDU.
– in April starts the HIV campaign in connection with the football “EURO 2012”

Lithuania
– Cumulative number of registered HIV cases is 1900. From these cases 65 have been detected in the age 15–19.
– 166 HIV cases were detected in 2011. Some increase can be noted in the city of Vilnius. Prisons still have a plenty of HIV. (Also those who leave from prison are tested.)
- Gonorrhea - 248 cases in 2011 - maybe underdiagnosed
- The highest rate of syphilis in EU is in Lithuania; it is not among MSM, but among others.
- Chlamydia is underdiagnosed in Lithuania
- There will be standardisation of genomic techniques meeting in Vilnius on 16-17 April
- TB numbers are not high in Lithuania, but MDR and even XDR are notified more often than in other European countries
- Project called "Youth in Europe" aims at prevention of drug abuse.
- 2\textsuperscript{nd} ARIP European conference will be organised in October in Vilnius. The Expert Group members and meeting participants are invited into this conference. It would be good to present EMIS project results in this event. See http://www.antibiotic-awareness.eu/

Latvia
In 2011 there were 301 new HIV cases registered in Latvia. Of these, 147 cases were acquired through heterosexual route, 88 - a result of injecting drugs and 20 cases acquired through homosexual route. According to the data of the Infectology Center of Latvia, there were 74 HIV / TB cases registered in 2011, relatively 71 in 2010 and 73 in 2009. HIV-positive patients who are receiving treatment for both HIV and tuberculosis in 2011 are 53%.

Finland
- Annually approx. six co-infections of TB-HIV are detected in Finland
- As Finnish doctors have almost forgotten about the possibility of TB, national trainings have been organised for those who work with asylum seekers and border officials. The next training is planned for occupational health care personnel.
- The biggest concern at the moment is that Finland will phase down financing for bilateral collaboration with Northwest Russia in the end of this year. It would be extremely important to continue the collaboration.
- There were 176 HIV cases registered in Finland during 2011. New infections among MSM showed slight reduce.

IOM, Moscow
- No reliable statistics are available on HIV and TB among migrants in the Russian Federation. Reason: many migrants who are not officially registered with Federal Migration Service, RF try to avoid visiting clinics/ medical centres being afraid of legal consequences.
- Majority of migrants come from Central Asia, Ukraine and Belarus. Some health information can be received through IOM projects. 7051 migrants were examined in year 2010, two of them were found HIV+. There were 210 TB suspects of which 5 had active TB including one XDR TB case. This was not a randomly obtained sample, it may not reflect real situation in mobile populations.
- Migrants are not covered by a mandatory health insurance, not many can afford voluntary insurance packages available on the market.

14. Next meeting
The next Expert Group meeting is preliminarily planned to be organised on 4-5 October in Finland.

15. Any other business
AIDS 2012 will be in Washington on 22-27 July. Several participants of the meeting will participate, some are still considering possibilities.
Germany has nominated a new member into the EG: Dr Yanina Lenz from Robert Koch Institute.¹

16. Closing of the meeting
The Chair gave the following conclusions:

- Many issues of the objective tree were also clearly expressed in country reports showing the validity and actuality of these elements
- Gender should be added into the analysis to make this more visible due to the vulnerability of some women’s groups
- Expressed corrections will be made into the objective tree, e.g. advocacy will be added, and after these revisions the participants will receive the next version
- Major tasks of the EG HIV/AIDS & AI are the provision of project facilitation and advocacy
- This year and next year – preparations will be made to create a large programme proposal by 2014
- Funding issues need to be clarified.

The Chair thanked ECDC for hosting and closed the meeting.

¹ Soon after the meeting it was informed that Dr. Lenz has left the Koch Institute and the member will be Dr. Ulrich Marcus from the same Institute.
Reference  | Annex 1
---|---
Title  | List of participants
Submitted by  | HIV/AIDS EG ITA
Requested action  | For information

Dr Kristi Rüütel  
xpert  
National Institute for Health Development  
Hiiu 42  
11619 Tallinn  
ESTONIA  
Phone: +3726593980  
Fax: +3726593979  
E-mail: kristi.ruutel@tai.ee

Dr. Kristiina Salovaara  
Senior medical officer  
Filha  
Sibeliuksenkatu 11  
00250 Helsinki  
FINLAND  
Phone: +35894542120  
Fax: +358945421210  
E-mail: kristiina.salovaara@filha.fi

Ms Outi Karvonen  
International Technical Advisor  
National Institute for Health and Welfare  
Lintulahdenkuja 4  
FI-00271 Helsinki  
FINLAND  
Phone: +358 20 610 7046  
Fax: +358 9 773 2922  
E-mail: outi.karvonen@thl.fi

Dr. Ali Arsalо  
Chair  
NDPHS Expert Group on HIV/AIDS&AI  
Kuusijärventie 116  
FI-99510 Raudanjoki  
FINLAND  
Phone: +358-50-5376265  
Fax: +358-16-633303  
E-mail: ali.arsalo@kevicon.fi

Ms Iveta Cirule  
Project Manager International Cooperation  
Public Administration  
Infectology Centre of Latvia  
Linezera Street 3  
LV-1006 Riga  
LATVIA  
Phone: +371 67014747  
Fax: +371 67014568  
E-mail: iveta.cirule@lic.gov.lv

Dr. Ingrida Sniedze  
HIV/AIDS Epidemiological Surveillance and Prevention Unit  
State Agency "Infectology Centre of Latvia"  
Linezera 3  
LV-1006 Riga  
LATVIA  
Phone: +371 67081621  
Fax: +371 67270665  
E-mail: ingrida.snedzr@lic.gov.lv
Mr Sergey Votyagov  
Executive Director  
Eurasian Harm Reduction Network  
(EHRN)  
Svirigailos g. 11B  
03011 Vilnius  
LITHUANIA  
Phone: +37068551553  
Fax: +37052691601  
E-mail: votyagov@gmail.com

Dr. Saulius Caplinskas  
Director  
Centre for Communicable Diseases and AIDS  
Nugaletou St. 14D  
LT-10105 Vilnius  
LITHUANIA  
Phone: +3705 2300125  
Fax: +370 5 2767968  
E-mail: SAULIUS@ULAC.LT

Dr. Hans Blystad  
Deputy director  
Dep. of Infectious Disease Epidemiology  
Norwegian Institute of Public Health  
Box 4404 Nydalen  
0403 Oslo  
NORWAY  
Phone: +47 21076404  
Fax: +47 21076513  
E-mail: hans.blystad@fhi.no

Mrs. Anna Marzec-Boguslawska  
Director  
National AIDS Centre  
Samsonowska 1  
02-829 Warsaw  
POLAND  
Phone: +48 22 331 77 55  
Fax: +48 22 331 77 76  
E-mail: a.marzec@centrum.aids.gov.pl

Dr. Anna Korotkova  
Deputy Director  
Federal Research Institute for Health Care Organization and Information of MoH&SD of RF  
st. Dobrolyubova, 11  
127254 Moscow  
RUSSIAN FEDERATION  
Phone: +7 (495) 618-11-09  
Fax: +7 (495) 618-11-09  
E-mail: korotkova_anna@mednet.ru

MS Eeva-Liisa Haapaniemi  
Consul  
Social Affairs and Health  
General Consulate of Finland in Saint Petersburg  
Pb 45 - 46  
53501 Lappeenranta  
RUSSIAN FEDERATION  
Phone: + 7 812 331 76 00  
Fax: +7 812 331 76 12  
E-mail: eeva-liisa.haapaniemi@formin.fi

Dr. Igor Kazanets  
Chief Migration Health Physician  
Migration Health  
IOM, Office in Russia  
12, 2nd Zvenigirodskaya street  
123100 Moscow  
RUSSIAN FEDERATION  
Phone: +7 495 7978722  
Fax: +7 4992533522  
E-mail: ikazanets@iom.int

Mrs Inna Vyshemirskaya  
Project manager  
NGO "Young Leader's Army"  
Krasnaya str, 8-4  
236000 Kaliningrad  
RUSSIAN FEDERATION  
Phone: +7 4012 217488  
Fax: +7 4012 217488  
E-mail: vyshem.inna@gmail.com

Mr Arkadiusz Majszyk  
Regional Programme Adviser  
Regional Support Team for Europe and Central Asia  
UNAIDS  

Dr Marieke J. van der Werf  
Senior Expert Head of the TB Programme  
European Centre for Disease Prevention and Control  
Tomtebodavägen 11A
Leontyevsky Lane 9
125009 Moscow
RUSSIAN FEDERATION
Phone: +74956636782
Fax: +7495663679
E-mail: majszykar@unaids.org

SE-171 83 Solna
SWEDEN
Phone: +46 (0)8 5860 1021
Fax: +46 (0)8 5860 1296
E-mail: marieke.vanderwerf@ecdc.europa.eu

Dr Marita Van de Laar
Head of programme HIV and STBBIs
European Centre for Disease Prevention
and Control (ECDC)
Tombtebodavagn 11A
17183 Solna/Stockholm
SWEDEN
Phone: 46858601418
Fax: 46858601296
E-mail: marita.van.de.laar@ecdc.europa.eu

Mr Marek Maciejowski
Head of Secretariat
NDPHS
Slussplan 9
103-11 Stockholm
SWEDEN
Phone: +46 8 4401938
Fax: +46 8 4401944
E-mail: marek.maciejowski@ndphs.org

Dr Torsten Berglund
Senior Program Officer
Swedish Institute for Communicable
Disease Control
Smittskyddsinstitutet
SE-171 82 Solna
SWEDEN
Phone: +46 8 4573764
Fax: +46 8 30 06 26
E-mail: torsten.berglund@smi.se
# Reference

<table>
<thead>
<tr>
<th>Reference</th>
<th>Annex 2</th>
</tr>
</thead>
</table>

# Title

List of documents

# Submitted by

HIV/AIDS EG ITA

# Requested action

For information

## Main documents

<table>
<thead>
<tr>
<th>Code</th>
<th>Title</th>
<th>Submitted by</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIV/AIDS&amp;AI 4/2/1</td>
<td>Provisional agenda with timetable</td>
<td>ITA</td>
<td>08/03/12</td>
</tr>
<tr>
<td>HIV/AIDS&amp;AI 4/2/2</td>
<td>Draft provisional annotated agenda</td>
<td>ITA</td>
<td>08/03/12</td>
</tr>
<tr>
<td>HIV/AIDS&amp;AI 4/5/1</td>
<td>Draft problems and objectives analysis</td>
<td>ITA</td>
<td>08/03/12</td>
</tr>
<tr>
<td>HIV/AIDS&amp;AI 4/6/Info 1</td>
<td>Work plan 2012</td>
<td>ITA</td>
<td>08/03/12</td>
</tr>
<tr>
<td>HIV/AIDS&amp;AI 4/7/Info1</td>
<td>Development of targets and indicators for the EUSBSR</td>
<td>ITA with NDPHS Secretariat</td>
<td>08/03/12</td>
</tr>
<tr>
<td>HIV/AIDS&amp;AI 4/8/Info 1</td>
<td>Funding opportunities offered by the Swedish Institute</td>
<td>NDPHS Secretariat</td>
<td>08/03/12</td>
</tr>
<tr>
<td>HIV/AIDS&amp;AI 4/8/Info 2</td>
<td>Pilot scheme for common call for proposals ESF-NDPHS</td>
<td>NDPHS Secretariat</td>
<td>08/03/12</td>
</tr>
<tr>
<td>HIV/AIDS&amp;AI 4/ Info 1</td>
<td>Practical information for participants</td>
<td>ITA</td>
<td>21/02/12</td>
</tr>
<tr>
<td>HIV/AIDS&amp;AI 4/Info 1/Attachement</td>
<td>Information on connections between the airport, the hotel and the meeting place</td>
<td>ITA</td>
<td>21/02/12</td>
</tr>
<tr>
<td>HIV/AIDS&amp;AI 4/Info 2</td>
<td>Preliminary list of participants</td>
<td>ITA</td>
<td>12/03/12</td>
</tr>
</tbody>
</table>