

**EG on HIV/AIDS  
Ninth Meeting  
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<b>Title</b>	Draft Work Plan for 2009
<b>Submitted by</b>	HIV/AIDS EG ITA in coordination with the HIV/AIDS EG Chair
<b>Summary / Note</b>	-
<b>Requested action</b>	Comments

**NDPHS Expert Group on HIV/AIDS  
Draft Work Plan for 2009  
September 18, 2008**

The HIV EG of NDPHS will continue its work based on a political mandate not only from the stakeholders of the partnership but also from the governmental level in Finland. The work concept will continue with new activities and new members. Regional collaborative networks and projects will be activated; here the new database will be of help but also increase duties of the International Technical Advisor. Meetings that will be organised twice yearly will include not only evaluation of progress and new initiatives but also thematic sessions or meetings, one or two of them as side-events open for the entire Partnership programme. The group will also provide help to update national HIV-policies and enhance development of clinical training and harmonisation of case-management. In the next two years, proper implementation of ARV and its connection with effective preventive work will be a great challenge. Equally important will be the challenge posed by dual infections by HIV and Tb, both affecting the same population groups.

The work of the Expert Group will be based on Recommendations for priorities which were presented in the Thematic report (HIV/AIDS in the Baltic Sea Region and Northwest Russia, <http://www.ndphs.org/?database,view,paper,20>)

The recommended priorities are the following:

**•Regional collaboration**

Several projects are ongoing but it is problematic to promote truly collaborative projects where i.e. the Baltic countries, the Nordic countries and NW Russia would be equally involved.

**•Integration of social and health care for HIV-infected individuals**

Integration of social and health care is mentioned in several ongoing and planned projects. Some steps towards this have been taken in the Murmansk LTSC project, as well as in the Leningrad Oblast project which supports HIV positive pregnant women. Anyhow, it is still problematic to combine social and health care for PLWHA in many countries including Russia, and this will be a long time priority.

**•Prevention of HIV among drug users**

This remains a priority, as it has been for several years now. There are ongoing projects and several under development.

**•Enhancing cross-border bilateral activities**

A project on HIV prevention among drug users in the neighbouring cities of Narva (Estonia) and Ivangorod (Leningrad Oblast, Russia) has been under planning for some time. The plan will not be forgotten, but developed further as soon as the public atmosphere will be more suitable for Estonian-Russian collaboration.

**•Promoting harm reduction policies among drug users**

This is an important part of the working principle of the LTSC-network which is expanding and under development.

**•Prevention of HIV/TB dual infections**

New project proposals are ready and waiting for funding.

**•Prevention of HIV among MSM**

A thematic report on situation among MSM in partner countries is planned. This would be a good basis for planning of further prevention measures.

**•Prevention of MTCT**

Included in several projects, e.g. in the Leningrad Oblast project mentioned above.

**•Enhancing implementation of common best practices**

Included in some projects but would benefit from a separate project

Belorussia is expected to join the work of the HIV EG. Planning and implementation of activities that will effectively include them should be started as soon as possible. Being a focal area of collaboration by Sweden will facilitate financing of these projects but coordination and networking should go through the HIV EG.

Also, the active role of Canada will pose new possibilities but also problems what comes to coordination and networking that would involve areas that are prioritised in NDPHS. This will be an additional challenge to the work of the Expert Group.