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Partnership in Public Health  
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# **NDPHS Expert Group on HIV/AIDS and Associated Infections Progress report 27 October, 2011**

Chair Dr. Ali Arsalo and ITA Ms Outi Karvonen

# **NDPHS Goals for the HIV/AIDS & AI Expert Group**

- **Goal 2: Prevention of HIV/AIDS and related diseases in the ND-area has improved**
- **Goal 3: Social and health care for HIV infected individuals in the ND area is integrated**



**Containing the spread of HIV and TB in the NDPHS Region**

**Goal 2: Prevention of HIV/AIDS and related diseases In the ND Area has improved**

**2.1. Reinforcing policy recommendations**

**2.2. Geographical areas and partners for projects are identified and involved**

**2.3. Best practices document(s) developed**

**Goal 3: Social and health care for HIV infected Individuals In the ND Area is integrated**

**3.1. Review of best practices on integration of social and health care services for HIV + people is prepared**

## **Progress Report: Operational projects aiming at achieving the Goal 2 (3)**

**(Prevention of HIV/AIDS and Associated Infections in the ND-area has improved)**

- ***Operational target 2.1. Reinforcing policy recommendations covering the above-mentioned goal***
  - The European AIDS Congress in Tallinn, Estonia (May 2011)
    - TB/HIV session organized by the TB expert of the EG
    - Poster “Use of Extended Logical Framework Approach in the planning of a multi-national HIV programme strategy within the NDPHS” by the EG Chair and ITA
    - Several presentations by EG members
    - Concluding speech and notes by previous EG Chair, prof. Pauli Leinikki



# ***Operational target 2.1.***

## ***Reinforcing policy recommendations (2)***

- **The European AIDS Congress in Tallinn, Estonia (May 2011)**
  - Conclusions:
    - Still high incidence of HIV
    - Sharp differences between neighboring countries
    - Use of intravenous drugs still a driving force in many regions
    - Correlation between HIV problem and MDR tuberculosis
    - Correlation with social marginalization and poverty
    - There are effective means to resist the epidemic (ARV treatment, low-threshold services, substitution therapies etc.)
    - Lack of resources and political will to use all effective means



# ***Operational target 2.1.***

## ***Reinforcing policy recommendations (3)***

- **The European AIDS Congress in Tallinn, Estonia (May 2011)**
  - Conclusions: what do we need:
    - Stronger political support
    - Better understanding and knowledge about the current epidemic and its consequences, such as financial and social impacts, as well as effectiveness of different type of actions
    - More high level and independent scientific research
    - More dialogue between the civil society and politicians in many countries
    - Better balance between international collaboration and project funding, national efforts and investments, which would also necessitate taking real political responsibilities.



# Progress Report: Operational projects aiming at achieving the Goal 2

(Prevention of HIV/AIDS and Associated Infections in the ND-area has improved)

*OT 2.2. Geographical and priority thematic areas, as well as key populations at higher risk in urgent need of further local or regional projects are identified, and partners to be involved in these projects are recommended, and project planning supported*

- European MSM Internet survey on knowledge, attitudes and behaviour as to HIV and STI (“EMIS”)(Financed by EU, “Russian arm” financed by Finland, additional financing from ECDC for comparative analysis)



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***OT 2.2. Geographical and priority thematic areas, as well as key populations at higher risk in urgent need of further local or regional projects etc. (2)***

- Empowering public health system and civil society to fight tuberculosis epidemic among vulnerable groups (“TUBIDU”). (Prevention of IDU- and HIV-related TB epidemic in the partner countries.)
  - Project started in October
  - Financing EU, budget 900,000 EUR
  - Duration: 2011-2013
  - Partners: Estonia (lead), Lithuania, Latvia, Romania, Bulgaria, Russia, Ukraine, Georgia, Bosnia-Herzegovina, Albania
  - Subcontractors: Finnish Lung Health Association and National Institute for Health and Welfare (THL)



## **Projects which have received NDPHS label OT 2.2. (3)**

- 1. Controlling the spread of HIV/AIDS in the Barents and Northern Dimension Regions (Phase III); Technical Assistance and Coordination"** (2011-2013) Coordination of the Barents HIV/AIDS Programme and support to NDPHS EG on HIV/AIDS&AI. Coordination: National Institute for Health and Welfare (THL), Finland. Budget for 2011 – 164,900 EUR. Financier: Finland. *Application submitted for 2012.*
- 2. Strengthening of municipal anti-drug networking in the Murmansk Region (2010–2012)** (aiming at prevention of HIV). Coordination THL (Finland) and Monchegorsk City Administration. Budget for 2011 - 90,600 EUR + local input. Financier: Finland. *Application submitted for 2012.*

## Projects which have received NDPHS label OT 2.2. (4)

3. **HIV prevention among reproductive-aged women in the Republic of Karelia (2010–2012).** Coordination: National Institute for Health and Welfare (THL), Finland and the Republican AIDS Centre, the Republic of Karelia. Budget for 2011 - 74,600 EUR + local input. Financier: Finland. *Application submitted for 2012.*
4. **Development of low threshold services in Leningrad Region (2010–2012).** Coordination THL and Leningrad regional AIDS centre. Budget for 2011 - 70,500 EUR. Financier: Finland. *Application submitted for 2012.*
5. **TB/HIV collaboration in Murmansk.** Project planning phase 2009. Implementation 2010–2012. Coordination FILHA, Finland. Budget for 2011 - 97,000 EUR. Financier: Finland. *Terminated by the RF Ministry for Regional Development in autumn 2011.*

***OT 2.2. Geographical and priority thematic areas, as well as key populations at higher risk in urgent need of further local or regional projects etc. (5)***

- Epidemiological review under preparation
- Barents region collaboration
  - Evaluation of the Barents HIV/AIDS Programme by the former EG Chair (May-September 2011)
  - Collaboration with the Steering Committee of the Barents Tuberculosis Programme



# Progress Report: Operational projects aiming at achieving the Goal 2

(Prevention of HIV/AIDS and Associated Infections in the ND-area has improved)

*"As part of its efforts to contribute to the above-mentioned goal, the NDPHS will develop a project/projects which involve relevant stakeholders in the region and pay proper attention to the penitentiary system."*

- Proposal for improving services in the Kaliningrad Region prepared, submitted to EU Delegation in Russia, approved for financing, contract negotiations to be started



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# **Progress Report: Operational projects aiming at achieving the Goal 2 (2)**

**(Prevention of HIV/AIDS and Associated Infections in the ND-area has improved)**

- ***Taking up the Challenge: Developing services to contain the spread of HIV and TB among injecting drug users in Kaliningrad Oblast***
  - Logical Framework Approach Workshop, Svetlogorsk, Kaliningrad Region (February 2011)
  - Planning workshop, Sopot, Poland (May 2011)
  - Lead organisation: NGO YLA, Kaliningrad
  - Partners:
    - Monar Association (Poland)
    - Deutsche AIDS-Hilfe (Germany)
    - The Ministry of Health of the Kaliningrad Oblast
    - Information Office of the Nordic Council of Ministers in Kaliningrad
    - The National AIDS Center (Poland)
    - The Centre for Communicable Diseases and AIDS (Lithuania)

Overall objective: **Prevention of HIV/AIDS and associated infections in the ND area has improved**  
(Goal 2 of the NDPHS Strategy)

Overall objective: **Social and health care for HIV infected individuals in the ND area is integrated**  
(Goal 3 of the NDPHS Strategy)

**Improved control of the spread of HIV and its consequences**

Overall objective of the Project (=Purpose of the NDPHS programme):  
**Improvement of services in prevention and care of HIV and related diseases for vulnerable populations in the target area**

Overall objective of the Project: **To contribute to the prevention of the spread of HIV and TB in Kaliningrad Oblast and neighboring areas**

Purpose of the Project: **Services to contain HIV and TB among IDUs are developed**

**1. Integrated service chain developed**

**ACTIVITIES FOR RESULT 1.**  
1.1.  
1.1.1.  
1.1.2.  
1.2.  
1.2.1.  
1.2.2.  
1.3.  
ETC.

**2. Low threshold service point established**

**ACTIVITIES FOR RESULT 2.**  
2.1.  
2.1.1.  
2.1.2.  
2.2.  
2.3.  
2.4.  
ETC.

**3. Drug treatment services improved**

**ACTIVITIES FOR RESULTS 3.**  
3.1.  
3.2.  
3.3.  
ETC.

**4. Enabling political and legislative environment created**

**ACTIVITIES FOR RESULT 4.**  
4.1.  
4.2.  
4.3.  
ETC.

# **Progress Report: Operational activities aiming at achieving the Goal 3**

**(Social and health care for HIV infected individuals in the ND-area is integrated)**

- An application to finance the preparation of a review on best practices on integration of social and health care services for HIV-infected people submitted to DG Regio as part of a common proposal by NDPHS Secretariat. Financing approved for 2012.



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## **Activities responding to both goals 2 and 3**

- Altogether 17 projects on-going in 2011
- Logical Framework Approach process to define long-term strategy of the EG
  - Workshop in Porvoo, Finland (June)
  - Continuation in EG meeting in Kaliningrad (October)
  - To be completed in workshop in Riga (December)
  - Plans under consideration for organizing an NGO Forum on various topics concerning the HIV/AIDS&AI situation within the ND Region



**Goal 2: Prevention of HIV/AIDS and related diseases in the ND Area has improved**

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

**Strengthened prevention and reduction of impacts of HIV, AIDS & AI (TB, hepatitis B & C, syphilis, gonorrhoea) in the ND Region through facilitation of cooperation by joint international activities (to be adapted according to prevailing conditions within countries)**

**1. Need to monitor the HIV-AIDS and other Infections, producing recommendations and paying more attention to policy makers**

- 1.1. Insufficient follow-up of HIV+
  - 1.1.1. Migrants
  - 1.1.2. Roma
  - 1.1.3. Existing services do not reach
  - 1.1.4. Insufficient counseling, Education and psychosocial support services
  - 1.1.5. HIV+ are not Willing to change risk-behavior
- 1.2. Need for research
  - 1.2.1. of behavior, needs assessment and knowledge of risk groups, including Youth
  - 1.2.2. about the needs for improving service provision
- 1.3. Reduction of stigma And Discrimination Concerning HIV AND TB
- 1.4. Assessment of cost effectiveness of expanded HIV screening and ARV treatment,
- 1.5. Need for updating Legislation concerning Equal financing of care
- 1.6. Insufficiency of Channels for advocacy and lobbying to inform decision making in HIV recourse allocation and to recommend optimal choices based on local characteristics
- 1.7. Insufficient knowledge About second generation HIV surveillance practices

**2. Risk groups and minorities do not get enough attention**

- 2.1. MSM
  - 2.1.1. Situation is not known
  - 2.1.2. HIV and STI infections are increasing
  - 2.1.3 Men-friendly services needed
- 2.2. CSWs
  - 2.2.1. Insufficient understanding about HIV
- 2.3. IDUs
  - 2.3.1. Young IDUs are not sufficiently reached before contracting HIV or HCV
  - 2.3.2. Drug policies need to be updated
- 2.4. Br&dgng populations
- 2.5. Pregnant women
- 2.6. Migrants
  - 2.6.1. insufficient testing of other than asylum seekers
- 2.7. Roma
- 2.8. Street children
- 2.9. Prisoners
  - 2.9.1. Insufficient methadon programs
  - 2.9.2. HIV status not necessarily known
  - 2.9.3. Insufficient knowledge about the spread of HIV in prisons
  - 2.9.4. Need for training among prison staff
  - 2.9.5. Insufficient collaboration between prison and civil health authorities
  - 2.9.6. Need for improved support for social adaptation after the release from prison
- 2.10. "Sex tourists" are not reached sufficiently

**3. Preventive activities are insufficient**

- 3.1. Testing and counseling for HIV and associated infections are insufficient
  - 3.1.1. Most new HIV cases are late presenters
    - 3.1.1.1. Insufficient accessibility for tests
    - 3.1.1.2. Need to develop check point testing
  - 3.1.2. Need for more targeted testing
  - 3.1.3. Provision of LTSC services is insufficient
    - 3.1.3.1. Need to improve the quality of counseling by using established and evaluated methods
    - 3.1.3.2. Need to improve collaboration between LTSCs and traditional medical institutions
    - 3.1.3.3. LTSCs need referral partner institutions to take care of clients who have been tested positive
  - 3.1.6. Insufficient cross-testing between HIV and TB

- 3.2. Promotion of Harm reduction measures need to be strengthened
  - 3.2.1. For IDUs
  - 3.2.2. Outside big cities
- 3.3. Schools' curricula need up-dating on sexual health, including sexual minorities, prevention of HIV and STI risk
- 3.4. Need to develop new Easy Access services and information points for youth
- 3.5. Need for research to show evidence base of prevention programmes
  - 3.5.1 Monitoring and evaluation of programmes
  - 3.5.2 Need for packages of positive examples for NGOs to use

**4. TB situation is worsening**

- 4.1. Adherence to treatment is not satisfactory
- 4.2. TB cases are found too late, especially among HIV+
- 4.3. Need to strengthen identification of tb and prophylactic treatment among immigrants
- 4.4. Need for education about tb among population, medical professionals And decision makers
- 4.5. MDR and XDR TB are increasing
- 4.6. Insufficient TB control in settings for HIV services

**5. Complexity of the HIV-AIDS-TB situation calls for new approaches**

- 5.1. Adherence to treatment is not satisfactory
  - 5.1.1. Insufficiency of the provision of health education messages
- 5.2. Need to develop cross-sectoral control and management mechanisms and approaches
- 5.3. Too narrow involvement of stakeholders in the development of projects and approaches
- 5.4. Wider scope is needed in consulting authorities governing
  - 5.4.1. drug use and supply
  - 5.4.2. education
  - 5.4.3. primary health with involvement of GPs
- 5.5. Need for further training of GPs on raising awareness of mass media and general popul. service providers on contacting, servicing and educating risk groups)
- 5.6. Insufficiency of new approaches for international collaboration
  - 5.6.1. With Russia
    - 5.6.1.1. Infectious and non-communicable diseases
    - 5.6.1.2. Exchange of info and knowledge
    - 5.6.1.3. Medical statistics
    - 5.6.1.4. Education, health information
  - 5.6.2. Promotion of best practices with country specific approach

**6. The capacity of the Health care systems needs strengthening**

- 6.1. The health care systems cannot sufficiently respond to prevailing challenges
- 6.2. Need to secure Access to treatment and improve adherence to treatment
- 6.3. Case management Needs to be strengthened
- 6.4. Need to develop the service system According to practical needs
- 6.5. Special attention needs to be channeled TB and other AIs
- 6.6. Need to strengthen the Capacity of PHC in the identification, vaccinations and referring for treatment of associated chronic infections (e.g. HBV & HCV)
- 6.7. Work-places are insufficiently covered
- 6.8. Need to improve the use and potential of EU Public health program