



Northern Dimension
Partnership in Public Health
and Social Well-being
www.ndphs.org

NDPHS Expert Group on HIV/AIDS and Associated Infections Draft problem tree 5 December, 2011

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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

O.T. 2.1. Reinforcing policy recommendations

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

O.T. 2.3. Best practices document(s) developed

O.T. 3.1. Review of evidence based experiences and best practices on integration of social and health care services for HIV+ people is prepared

Strengthened prevention and reduction of impacts of HIV, AIDS & AI (TB, hepatitis B & C, syphilis, gonorrhoea) in the ND Area 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

2. Risk groups and minorities do not get enough attention

3. Preventive activities are insufficient

4. TB situation is worsening

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

6. The capacity of the Health care systems needs strengthening

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. Quality of counseling needs to be improved
 1.1.6. 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
 1.8. Necessity to integrate HIV surveillance with STI and TB surveillance

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. Bridging 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/ substitution therapy 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

3.1. 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. Prevention programmes
 3.5.1. Need to apply international standards in prevention activities
 3.5.2. Need for research to show evidence base of prevention programmes
 3.5.3 Monitoring and evaluation of programmes
 3.5.4 Need for packages of positive examples for NGOs to use
 3.6. More understanding needed about post-exposure-prophylaxis

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 and other vulnerable groups
 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 especially in HIV settings
 4.7. Co-operation Between civilian and Penitentiary TB services Is weak

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

6.1. 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
 6.4.1. Counseling skills of GPs
 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