



HIV/AIDS 2

Northern Dimension Partnership on Health and Social issues (NDPHS)

Expert Group on HIV/AIDS (NDPHS EG HIV/AIDS)

Minutes of Second working meeting of Expert Group in Helsinki, Finland

March 21-22, 2005

Venue: KTL (National Public Health Institute).

Present:

Pauli Leinikki (Finland, chairman)
 Svein Gunnar Gundersen (Norway)
 Anna Marzek-Boguslawska (Poland)
 Tatjana Smolskaia (Russia)
 Zaza Tsereteli (Georgia) – ITA
 Saulius Chaplinskas (Lithuania)
 Ulrich Marcus (Germany)
 Marius Domeika (Sweden)
 Kristi Ruutel (Estonia)

Invited guests:

Jaakko Blomberg – Ambassador, Embassy of Finland in Estonia
 Maarit Kokki – (EU/SANCO)
 Mika Salminen - KTL

(Minutes taken by Zaza Tsereteli)

Welcome and introduction

Pauli Leinikki welcomed the participants of second meeting of NDPHS HIV/AIDS expert group to Helsinki. The CSR meeting is planned to be held in April, which is foreseen as an opportunity that should give directions to the future work. Several topics should be discussed in detail by the expert group such as priorities for future work and collaboration within HIV/AIDS in the region; financing mechanisms for implementation of planned activities (including work of expert groups and future projects); and, reporting back to the upcoming CSR meeting on April 14-15 in Vilnius.

He specially welcomed the guest of the meeting, Ambassador Jaakko Blomberg (Finnish Ambassador in Tallinn) and Maarit Kokki (EU, HIV/AIDS TF) and Jurate Sabeliene (senior expert, NDPHS secretariat)

Group agreed on the following agenda:

Agenda:

1. Comments concerning the previous meeting held in Tallinn Dec 15 2004. PL
2. Discussion about the proposal for the mandate of the group. Preparation of the document for formal approval by the CSR meeting to be held in Vilnius, April 14-15.
3. EU/ND Interaction – Maarit Kokki
4. Information from ND Secretariat - JS
5. Reports/exchange of information from Countries. Discussion includes information about epidemiological situation and ongoing projects – SCh, TS, KR, AM, MD
6. Possible collaboration with embassies (Jaakko Blomberg, Finnish Ambassador in Tallinn)
7. Barents HIV/AIDS Program - ZT
8. LTSC seminar in May – Mika Salminen
9. Future activities and group format
10. Next meeting
11. Any other business

Comments concerning the previous meeting held in Tallinn Dec 15 2004.

The minutes from the previous meeting of expert group in December, 14, 2004. No major comments were done.

Discussion about the proposal for the mandate of the group.

Zaza Tsereteli had presented a draft mandate, which was prepared together with the Chairman of the group and had been distributed to the group members and NDPHS secretariat for comments and suggestions. He underlined that the main idea presented in the mandate is to emphasize that the group will facilitate project proposal preparation process that expedites relevant technical reviews, negotiations of specific terms and conditions and establish assessment mechanisms, with an emphasis on performance and verifiable results. Group itself will not make any direct interference with the issues regarding project financing. It is also mentioned that local support for the project is a necessary prerequisite and that projects should be concordant with the national plans for AIDS prevention and control. Since group members are leading experts in their respective countries, they will contribute to the development of National policies that respond to the needs and requirements of Partnership member countries.

Pauli Leinikki had received comments from the ND secretariat concerning the document, with suggestions and some technical questions. Jurate Sabeliene further clarified the views of the secretariat of the ND.

Following items were discussed as important issues:

1. The Expert Group decided that for effective internal work and based on the experience of the group's previous work it is desirable to keep the quota for the representation per partner at one. Since situations may emerge when experts outside the EG would be useful to be invited (specific topics, specific regions etc) such an option should be available. Financing of such invitations could not be decided yet and must be dealt with case by case. Maarit Kokki (EU/SANCO) also supported that decision bringing as an example the organization of work within the EU "HIV Think Tank".
2. Concerning the organisation of the work of the group, a formulation was preferred that mentions the ITA as a responsible co-organiser together with the chairman.

3. Close cooperation with the other expert groups was regarded as important. The group has always been very open to any collaboration with the other expert groups within the TF and this should continue under the ND.

4. As for the mechanisms of nomination of experts by the partners and its financing mechanisms, the group suggests that the ND secretariat includes it in the general introduction/mandate of the NDPHS expert groups.

5. Although the financing mechanisms for the expert groups were agreed by the CSR meeting in Copenhagen last year, it would be desirable to reiterate it in the general introduction to underline its importance and to ensure that partners follow it when sending the experts to the meetings etc.

EU/ND Interaction

Maarit Kokki presented HIV-related activities implemented under the EU Public Health Program. The HIV/AIDS epidemic has been an important focus of concern and action of the EU's public health activities since the late 1980's. A particular focus of EU actions has been, and continues to be, to address the prevention challenges set by vulnerable groups like migrant populations, sex workers, and young people. The most important tools are bringing experts together, promoting approval and implementation of best practices, and promoting awareness campaigns.

Parts of Europe have the fastest rate of new HIV/AIDS cases in the world. Latest figures released recently by UNAIDS confirmed that the numbers of new infections are increasing throughout the 25 EU Member States and in its east European neighbors. The transmission pattern is also changing. While sexually transmitted infections remain predominant in some parts of the European continent in many countries the rapidly rising numbers are due to infections among intravenous drug users.

In February 2004 the Irish Presidency of the EU hosted the Dublin Ministerial Conference in entitled "Breaking the barriers – Partnership to fight HIV/AIDS in Europe and Central Asia" in order to highlight the worsening situation. In September 2004 the Commission adopted the Working Paper: "Coordinated and Integrated Approach to Combat HIV/AIDS in the European Union and in its Neighborhood" The Working Paper sets out a number of concrete actions for the Commission to take by the end of 2005, at which time a new policy document will be adopted. In addition to that the Commission co-organised with the Lithuanian Government a follow-up Ministerial Conference "Europe and HIV/AIDS: New Challenges' New Opportunities" in Vilnius on 16-17 September 2004.

The commission has set up new co-ordination structures to help in the formulation and implementation of policy activities on HIV/AIDS in Europe. These are:

- a) **HIV/AIDS Think Tank**, which is a forum to exchange information between the Commission, the Member States, Candidate and EEA countries (Lichtenstein, Iceland and Norway).
- b) **Inter-service group on HIV/AIDS**, a forum for coordination and cooperation between all relevant Directorate Generals. Currently 14 DGs are represented in the group. The Inter-service group on HIV/AIDS in Europe has already been instrumental in both drafting and implementing the Commission Working Paper "Coordinated and Integrated Approach to Combat HIV/AIDS in the European Union and in its Neighborhood.
- c) **HIV/AIDS Task Force**, which was established in April 2004 by the

Directorate General Health and Consumer Protection, within the Directorate for Public Health and Risk Assessment. This Task Force draws resources from different units in the Directorate thus bringing diverse expertise within the group. At the moment ten members of the staff in the Directorate are attached to the Task Force and two of them work only on HIV/AIDS issues.

The role of the Task Force is to co-ordinate HIV/AIDS activities in Europe within the Directorate and to co-ordinate the implementation of the Commission Working Paper "Coordinated and Integrated Approach to Combat HIV/AIDS within the European Union and in its Neighborhood.

The EEA Financial Mechanism and the Norwegian Financial Mechanism

In May 2004, the European Economic Area (EEA) was expanded by ten countries to 28 members all sharing access to the Internal Market characterized by the so-called 'four freedoms' of goods, services, capital and persons. At the same time the three non-EU members of the EEA - Iceland, Liechtenstein and Norway - established the EEA Financial Mechanism and the Norwegian Financial Mechanism to support social and economic cohesion within the enlarged EEA.

The Norwegian Financial Mechanism is aimed at the ten new EEA member states Cyprus, the Czech Republic, Estonia, Hungary, Latvia, Lithuania, Malta, Poland, Slovakia and Slovenia. The EEA Financial Mechanism is open to the ten new EEA members and to Greece, Portugal and Spain.

In total, the financial mechanisms will make available 1.17 billion euros over the five-year period 2004-2009, supporting projects in a wide range of priority sectors such as protection of the environment, conservation of the European cultural heritage, health and childcare and development of human resources.

The EEA Financial Mechanism and the Norwegian Financial Mechanism are administered by the Financial Mechanism Office, which is affiliated to the European Free Trade Association (EFTA) Secretariat in Brussels.

The EEA Financial Mechanism and the Norwegian Financial Mechanism are intended to create additional benefits for the Beneficiary States. They provide an additional source of funding and shall not replace financial support from other sources. Accordingly, programmes should complement and must not replace existing activities supported by European Community funding and other financial sources.

All public or private sector bodies and non-governmental organizations constituted as legal entities in the Beneficiary States, which operate in the public interest – e.g. national, regional and local authorities, NGOs, institutions within education/research, environmental bodies, voluntary and community organizations and public-private partnerships are eligible to apply to become programme intermediaries. The contribution from the EEA Financial Mechanism or the Norwegian Financial Mechanism shall not exceed 60% of the total eligible programme cost except where activities are financed by central, regional or local government budget allocations, where the contribution may not exceed 85% of the total

eligible cost. European Community ceilings for co-financing shall not be exceeded in any case.

Intermediaries responsible for the implementation of programmes shall respect the same grant rates. The combined support from the EEA Financial Mechanism, the Norwegian Financial Mechanism and the European Community, or other grants, shall generally not exceed 90% of total expenditure. Support from the EEA Financial Mechanism and the Norwegian Financial Mechanism shall not replace other sources of finance including local grants, subsidized facilities, bank loans or export credits.

Estonian proposal for co financing

In regard to possible financial support from EEA, Pauli Leinikki and Jurate Sabeliene informed the group about a project proposal from Estonia, which is under preparation by Estonian Ministry of Social Affairs. One of the objectives of possible future project is to support the work of ND HIV/AIDS expert group. That will include financial support to organize group meeting during the next year(s), including invitation of experts and observers. Mrs.Sabeliene informed the group that Estonian partners are waiting to receive mandate from the group to include it in the proposal. EG members mentioned about the lack of information from Estonian side on possible proposal and expressed their interest to receive the draft of that document. The chairman proposed to contact Estonian colleagues and in the meantime the group had asked its Estonian member to pass that request to the authors of that proposal.

(Note added to proof: A preliminary version of the plan was received after the meeting was closed and has been briefly commented by Lars Blad and Pauli Leinikki. It is a large project proposal encompassing all important fields of HIV prevention in Estonia. The offer to include the work of the group can be seen to emphasize the international dimension of the Estonian plan)

Possible collaboration with Embassies

Ambassador Jaakko Blomberg from the Finish Embassy in Estonia presented the activities within and between the embassies in the Baltic countries in the field of HIV/AIDS. Prior to this meeting Zaza Tsereteli had met with the Ambassador in Tallinn. The Finish Embassy has been active due to severe epidemiological situation in that country. The main focus of activities has been support to NGO work helping to find partners for collaboration including networks of commercial and non-commercial organizations.

An important function has been the so called Donor Countries group meeting that consists of representatives of all embassies working in Estonia and interested in the issues of Health and Social Well-being. Even as the donor role is diminishing after the Baltic countries joined EU, the group continues their meetings to discuss different issues including HIV/AIDS situation. One month ago, a representative of the group was invited by Estonian Ministry of Health and Social well-being to discuss the future national HIV/AIDS plan, which is currently under development in Estonia.

The group had underlined the importance of close collaboration between Embassies in each country for better coordination of activities and possible use of their political weight and support in discussions with different politicians. Pauli Leinikki explored the possibility of some financial support from the Embassies, for example for the invitation of observers and experts to our group meeting. Zaza Tsereteli has been invited by Ambassador Blomberg to the next Donor group meeting, which will be held in May to present ND and Barents activities to the Ambassadors from different countries.

Other financing instruments

In continuation of this discussion regarding some possible financial support from the Embassies, Maarit Kokki informed the group about other possibilities which may be available from EU. In general she underlined that there will be no separate line of funding within EU for ND activities. However, there are some programs where countries can apply. First of all that is the EU Public Health program. This is one of the main sources of money for HIV/AIDS projects. The Commission publishes each year a Call for proposals in the Official Journal of the European Communities. The Call invites groups of interested organizations to submit proposals in areas of work which are specified in it. Country institutions can take the lead in designing a proposal and submitting it on behalf of the partners of the project, which can be organizations in the 25 Member States, the other participating candidate countries and Iceland, Norway and Liechtenstein (the EFTA/EEA countries). The dead-line for the first submission is April 15, the next opening will probably be available in October.

Second source is Regional and structural funds. Starting from 2007 health will be the priority within this funding mechanism, and national health projects could be financed through this program. In addition to that there is also possibility to use money from Social funds.

Third possibility is the EU Neighbour and Partnership Instrument (ENPI). Here the needs of applying/recipient countries are the priority precondition for applying for the financial support, and main emphasis are put on national programs and not small scale projects. In this regard expert assistance from the group towards countries, through their respective members in the group can be considered as one of the objectives of group. TACIS financial support mechanism, which was used in Russia, will be closed down and all financial activities towards Russia will go through ENPI. The volume of financial assistance towards Russia will be reduced, as it is now considered a rich and developed country.

Svein-Gunnar Gundersen raised concerns regarding complications which the new financial mechanisms are going to cause, particularly in following up ongoing projects. Only projects that are included in the national policies are eligible and selection will follow the priorities set by national authorities. This may lead to a possible conflict of priorities. Support to networking institutes and other activities from different countries in the region may become more difficult in the future. Ongoing network projects under the previous Task Force will be a critical test for the new financial instruments particularly in the Baltic countries and Poland.

Another problematic issue raised by the group is lack of mechanisms for financing of project preparational period. Ulrich Marcus mentioned that for preparation of goof proposals and establishment of country network, big preliminary work needs to be done. In order to be competitive, the submitted proposals should be able to actively involve several participants from several countries and without a possibility of initial brainstorming and planning meetings this is very difficult. There is currently no source to finance such activities for new network projects, while most of the established network projects within the EU Public health have years of collaboration and personal networks for their benefit.

The necessity of collaboration between the Think Tank and ND expert group was stressed. Priorities within the ND regional work take into consideration the special features of HIV epidemic in the Baltic countries and NW Russia but nevertheless are very similar to the priorities that are emerging from the work of the Think Tank. Actually, the ND activities could be promoted as "case studies" which could be replicated in other regions of the EU and its neighbourhood. Such an approach could help finding appropriate financing mechanisms for new initiatives also.

Reports/exchange of information from Countries

Country representatives presented a short summary of the HIV-situation in their countries. Kristi Ruutel introduced and distributed the draft document on Estonian National HIV and AIDS Prevention Strategy for 2006-2015. WHO-EURO had allocated money for hiring a consultant to prepare it. Representatives from UNIADS and other Estonian institutions, including Ministry of Justice and Internal Affairs were also participating. For the implementation of the key activities of the strategy a four-year unified action plan for the whole country will be prepared on an annual basis. According to preliminary calculations, 1 Billion EEK is estimated as needed for implementation of the first four year action plan. Expert group members volunteered to give comments and suggestions.

Representatives from Finland, Poland, Russia, Lithuania, Sweden, Germany and Norway made presentations and described epidemiological situation regarding HIV/AIDS and STI. (All presentations are attached as annexes). Finland, Germany, Sweden and Norway reported similar trends with increasing numbers among MSM and immigrants. Heterosexual transmissions related to travel abroad seems also be on rise.

Tatyana Smolskaya reported the current situation in NW Russia and about a study of the prevalence of risk behavior among various selected groups such as prisons, sex workers etc. There seems to be considerable difference between different regions and cities, in some HIV prevalence seem very high among adult population while in some other places practically no infections are found.

In Poland, the most burning issue is the financing of antiretroviral treatment to all in need on medical indications. The number of people receiving ARV is rather high in Poland and therefore experiences from Poland could be used in other countries where the number of eligible PLWHA is rapidly increasing.

In Lithuania the numbers are low compared to the other Baltic countries and a majority of cases are related to an outbreak within a prison. The reasons for this difference were discussed. Treatment of drug dependence as a prerequisite for successful ARV treatment for HIV infection is an issue on focus right now.

Concrete activities and new proposals

LTSC seminar in May (Finland)

Mika Salminen from KTL informed participants about the planned workshop for Low-Threshold service center (LTSC) workers, which will be held in Helsinki, on May 23-24. The workshop is part of a series of similar workshops organised during the previous years under the umbrella of Task Force and financed by the Government of Finland.

Zaza Tsereteli stressed the importance of that seminar in the light of current activities within the newly adopted Barents HIV/AIDS program. Opening of new LTSC in Murmansk and Arkhangelsk are planned, and this seminar can help preparation of LTSC workers from those cities. Maarit Kokki proposed to invite the representatives from OSI to that seminar, as they have big experience in that field.

Prevention of HIV among drug users (Latvia)

A. Gaitilis from Latvia has approached the members of the EG with a request for collaboration in establishing a network activity for the prevention of HIV among drug users. The members will be in contact with Dr. Gaitilis directly.

“Street Children” programme (St. Petersburg)

A preliminary project proposal had been submitted to Pauli Leinikki by representatives of a NGO called “APROCON” in St. Petersburg. The proposal deals with a four year programme with a total budget of about 3 million Euros. The goal of the project is to decrease the number of homeless street children by applying a multisectoral approach which includes establishment of a rehabilitation center with psychological, social, cultural and primary medical support. The description is included as an annex.

Other projects/proposals

The chairman also reported about a project proposal submitted to the Norwegian Institute of Public Health dealing with hepatitis B vaccinations to people at high risk working in prisons in Russia.

Several other “small scale” proposals had been introduced but the problem is that none of them are “big” enough for independent financing under the current systems. Maarit Kokki suggested that an “umbrella-project” could be developed, from which small scale projects could be implemented.

Concrete activities/proposals to be reported to the CSR in Vilnius

The secretariat of the ND has made a request to the chairman to identify and report four concrete activities/proposals concerning HIV prevention to the CSR meeting in Vilnius in April 13-14.

Due to different mechanisms of financial support, Zaza Tsereteli proposed that this issues needs to be discussed in 2 directions: Activities within Russia and activities within the new EU member countries. The Barents HIV/AIDS programme could be an example of activities in Russia. Discussions are ongoing about possible project proposals. Finland is planning to launch 2 projects in Murmansk and Archangelsk region concerning establishment of LTSC. Sweden will also implement some projects under the SEEC initiative.

Sevin-Gunnar Gundersen informed that a group of specialists from Norway will visit Murmansk to discuss the possible cooperation in the field of HIV/AIDS treatment. That will include training sessions and exchange trips between Murmansk and Norway. Later the involvement of addictologists and narcologists are also planned. Collaboration with Clinton Foundation initiative will be also followed –up by the Norwegian government. The Norwegian Public Health Institute is also looking for ideas for small-scale projects in NW Russia.

For the Baltic countries and Poland the situation is more complicated due to the changes in the financial mechanisms that are available (see above). The so called EEA-money (money allocated for public health from the payments of EFTA countries to EC) is a possible source but the principles and evaluation criteria are still unclear. Collection of project proposals is supposedly starting in the near future in the new member states. The process will be initiated by the ministries of commerce and the nationally approved proposals will be evaluated by the EU commission. In order to follow the principle of networking over the borders, it is necessary, that identical proposals are submitted from different countries. However, by proposal from Anna Marzeck-Boguslavska it was agreed that country representatives will start to collect information on possible project and ideas, to be presented and discussed within the expert group. As soon as the data base will be available, it can be used as a mechanism to achieve the necessary coordination between actors in different countries. In the meanwhile, the expert group is in a key position.

While reporting about activities to the CSR, the group also expects to get a proper feedback from the CSR concerning possibilities of implementation of the projects and project proposals that have been approved by the expert group. It was underlined that now is the time for this information from CSR towards EGs.

EG on HIV/AIDS is also considering preparing some kind of project proposal format, which will be distributed within countries. The format will be based on LFA, and will serve as format for submitting of proposals to EG on HIV/AIDS. EG will also continue its effort to invite representatives from other partners, to the work in the group, and will seek assistance from NDPSH secretariat in this.

Next meeting

It was decided that group will take decision about the date and place of next meeting, based on outcomes from CSR meeting in Vilnius.