

**EG on HIV/AIDS
Fifth Meeting
Paris, France
4-5 October 2006**



Title	Meeting Minutes
Submitted by	HIV/AIDS EG ITA in coordination with the HIV/AIDS EG Chair
Summary / Note	These minutes present the most important information and statements presented, as well as, where available, the conclusions and decisions made during the meeting

The following HIV/AIDS Expert Group Members were present:

- Pauli Leinikki – Chaiman, KTL, Finland
- Anna Marzek-Boguslawska (Poland) – Director, National AIDS Centre
- Tatjana Smolskaia (Russia) – Director, NW Russian Federal AIDS Centre
- Zaza Tsereteli (Georgia) – ITA , Senior Expert on HIV/AIDS, STAKES
- Saulius Chaplinskas (Lithuania) – Director, National AIDS Centre
- Ulrich Marcus (Germany)- Deputy Director, Robert Koch-Institute
- Kristi Ruutel (Estonia) – Expert on HIV/AIDS, National Institute for Health Development
- Jean Elie- Malkin (France) – Pasteur Institute
- Henrique Barros (Portugal) - National Coordinator, National Coordination for HIV/AIDS infection. Head. Department of Hygiene and Epidemiology University of Porto Medical School

The meeting started on 04/10/2006 at 11.00am

Minutes taken by Zaza Tsereteli.

1. Welcome and opening of the meeting; Introduction of the participants

Pauli Leinikki opened the meeting and expressed appreciation and thanks towards French Ministry of Health and ESHTER, for kind invitation to hold the fifth meeting of NDPHS HIV/AIDS expert group in Paris. The CSR meeting of NDPHS is planned to be held at the end of October, 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; mandate and ToR for EG, financing mechanisms for implementation of planned activities (including work of expert groups and future projects); and, reporting back to the upcoming CSR meeting on October 26-27 in Paris.

Jean Elie-Malkin welcomed meeting participants to Paris. He briefed meeting participants on history and role of ESTHER, as a host institution of the meeting. The ESTHER initiative (a network for Inter-Hospital Therapeutic Solidarity) was launched in 2001, for easing access to high-quality care for people living with HIV/AIDS, thus fighting for equal access among industrialized and developing countries. ESTEHR was set up by French Ministry of Health and of Cooperation. The GIP ESTHER, a para-public French structure, launched to manage the implementation of ESTHER initiative. It includes now 61 hospital twinning and more than 100 projects. 9 countries make up the ESTHER initiative in Europe: Austria, Belgium, France, Germany, Italy, Luxemburg, Portugal, Spain and Greece.

Lorna Colclough from the Ministry of Health of France has welcomed the meeting participants and confirmed the interest of France in ND activities in the field of HIV/AIDS. She underlined the importance of EG meeting and wished a success to the meeting.

Pauli Leinikki welcomed the new member of the group Henrique Barros, who is National Coordinator for HIV/AIDS infection in Portugal. He also welcomed Asha Davis, who is a new representative of NDPHS Secretariat in Stockholm.

2. Adoption of the agenda.

Prior to the meeting, the agenda was prepared and distributed among the group members. In addition to proposed agenda it was suggested to add following issues for discussions:

- Testing (anonymous, Home, CDC-style)
- Common publication forum (bulletin, www,)
- Belarusian contacts, Kaliningrad
- ESTHER-initiative
- Collaboration with ECDC
- Country situational analysis

Asha Davis, representing the Secretariat requested the addition of agenda item 7.1 concerning the proposed Terms of Reference for the EG on HIV/AIDS and also requested to submit a document under this agenda item.

The meeting agreed to the amendments to the agenda proposed by the Chairman and the Secretariat.

3. Minutes from the previous meeting of the HIV/AIDS EG + comments of recent developments

The minutes from the previous meeting of expert group in May was presented. No major comments were done. Minutes were approved.

Asha Davis updated the group members on the current situation within NDPHS Secretariat. She informed that the Head of Secretariat, Marek Maciejowski had recently been on sick-leave during the month of September and then had been instructed by his doctor to work at 50% capacity, since that point in time. Owing this situation, and combined with the fact that the newly recruited Senior Advisor would not be able to take up his post for some time, Ms. Davis informed that she had been recruited to work in the Secretariat on a temporary basis, from 2 October to 30 November. Additionally, Ms. Davis informed that there were two interns supporting the work of the Secretariat, and one part-time Senior Advisor working from St. Petersburg. There are 3 interns currently working in Secretariat and the new senior adviser was selected recently. So totally now there are 5 persons working at Secretariat.

There was a meeting hold between the Secretariat and EG representatives (Chairs and ITAs), at the end of August in Stockholm. The minute's from that meeting will be soon available on partnership web page.

Two groups are planning to start their operations. Those are Primary Health Care (PHC) group and Prison Health group. The meeting for PHC is scheduled for the second week of October, as for Prison group they will meet in November.

4. Tour-de-table concerning partner countries

By suggestion of Chairman the group members had presented situation and current developments in the field of HIV/AIDS in their respective countries.

Germany: Ulrich Markus informed group that on Political level now German Government plan on HIV/AIDS affirmed, and so now task is to prepare and present action. That plan will be then presented at Bremen meeting, which will be held in 2007, during the German EU presidency. Epidemiology: slight increase in heterosexual transmission rate (genuine). Localized outbreaks among IDU:s.

Kristi Ruutel. Estonia has prepared new strategy for the government, which is now approved. New governmental committee was created where all vice-governors of all Ministries are included. Action plan and budget for 2007 is prepared and submitted to the Government. The priority areas in this plan are following: Harm Reduction services for IDUs, Case management systems for all HIV+ people, surveillance, and epidemiology and M&E activities. 400 patients are under HAART, 2500 under medical follow-up. Most of the treatment is covered by Global Fund for 2006 and State budget for 2007. However, it can be problematic for 2008, then GF money will be finished.

Anna Marzek-Boguslawska from Poland updated group on situation in Poland. More then 10 000 infected people. Heterosexual transmissions are increasing. Since September of 2005 new national Program is implementing. However, new additions to the strategy are now prepared and submitted to the Council of Ministers for approval. Providers are now ordered to offer HIV testing for pregnant women. HAART: 2900 patients on treatment, which costs country 20 mln euro per year. 30 Mln Euro is asked for next year. Political pressures are not favorable for HIV-prevention and equal access to care and treatment.

Henrique Barros (Portugal): New program for the next two years, 2007-2009 is ready and submitted for approval. According to that program NGOs and Civil Society organizations are getting more attention. Prisons health: Lisbon agenda is in process of preparation. That will give a full range of options to inmates for therapeutic and treatment programs (including Needle exchange programs). Sexual education at schools is developing. Special courses on Health promotion developed and HIV/AIDS issues are included in those courses. Portugal is considering even to pilot and put condoms in some of the schools. In total 12000 people under HAART, and it cost 120 mln Euro per year. The problems still exist with Migrant population. No precise data available on this group of population. How to make treatment affordable for that group remains main topic of ongoing discussions in Portugal. Later of Prof. Barros made PP presentation (attachment # 1)

Jean Elie- Malkin. France has no national programmes for HIV/ADIS prevention. Stable situation, 5000 cases per year. In total 120 000 infected, 40-50 000 people on treatment and 90 000 on follow-up. Recent study at Lille confirmed that HAART saves money. New, compulsory reporting system will be introduced soon. Some concerns of hidden epidemic among the population who have no access to health care system.

Saulius Chaplinskas from Lithuania briefed group on situation in his country. Some structural changes are implementing, after which AIDS center will be directly supervised by Ministry of Health and will have more responsibilities. HIV Incidence: steadily increasing. Prisons still concern as reports on increase of drug usage in penitentiary system are coming. Roma populations are problematic. Problems with health care implementation. WHO-EURO Tb-HIV project is implementing, and it seen as a good opportunity to increase collaboration between those two disciplines. Pregnant women: universal counseling and testing are offered for them.

Finland: Pauli Leinikki informed group that New policy was prepared and submitted to Government. IN general situation with HIV/AIDS is very stable and no major changes are foreseen.

Russia: Tatian Smolskai presented New national program, which is now implemented in Russia (attachment # 2). In total 348 787 cases were registered in Russia by August 2006. AIDS is diagnosed in 1 902 patients. 10000 individuals died for other reasons than AIDS, 1300 died with AIDS. 79% HIV patients were first found to be seropositive at the age of 15 to 30. Most new cases of transmission are still through intravenous drug use (in 2005, 66.0% of the cases with known transmission routes). At the same time, between 2001 and 2005 the number of transmissions through unprotected heterosexual contacts grew from 6.0% to 30.0% nationwide (50.0% in 40 regions). Women accounted for 70.0 – 75.0% of HIV patients infected through sexual contact. 35.0% HIV patients are in the penitentiary system

As for financing of activities, Russia has following sources: World Bank loan – 46.8 Mle Euro; Global Fund program- 80-120 Mln US \$, and finally budget allocated by Russian Government itself. The aim of current Russian program is to achieve treatment of 15 000 people in 2006 and 30 000 patients in 2007. By end of 2005, it was totally 3 000 persons under treatment. Multidisciplinary teams for management of ART treatment have been created. An open tender was organised in 2006; for the first time in history, the following governmental contracts have been placed: a) Activities targeted at educating and training population – 120 million roubles. B) Activities aimed at HIV prevention in high-risk groups – 50 million roubles. C) Preventing mother-to-child transmission – 20 million roubles. D) Activities aimed at reducing stigma and increasing tolerance of people living with HIV/AIDS – 10 million roubles

However still problems related to treatment in Penitentiary system or IDU patients are not resolved. Substitution therapy not allowed and even piloting of this kind of project is questionable.

5. Partners' projects

5.1 Lithuanian proposal: Best practices and case management. How to take it forward? Proposal was prepared and submitted to EU Public Health program. In case if proposal will be not accepted, group will continue to wok on it, in order to prepare for the next year. Jean-Ellie Malkin informed group that WHO-EURO has just prepared and printed out guidelines on case management of TB/HIV and HIV/HepC. That could be used and included in the possible future proposal.

Kristi Ruutel informed that Estonia has established a special group in the Ministry of Social Affairs working on the issues case management, especially for HIV+ drug users.

Pauli Leinikki underlined that ECDC has also expressed their interest towards that issue, and it was partly discussed during the last meeting of ECDC in Stockholm.

Zaza Tsereteli pointed out that the EG can elaborate new guidelines, and also possibly coordinate these with the new guidelines that are coming from the WHO.

The Chair stated that the EG could distribute the WHO guidelines and every country representative can highlight what their country can and cannot do. The Chair suggested this as a possible starting point

All members of group agreed that there is a need of reviewing of relevance of existing guidelines, and group needs to continue to work out mechanisms on implementation of this review.

It was decided: a) that group will rewrite proposal for a new submission, b) group will inform CSR on that decision c) group will try to find out possibilities of linking its activities with ECDC d) will try to include review of UNGASS indicators

5.2 Presentation of the Polish project. Anna Marzek-Boguslawska has presented draft proposal "Strengthening and integrating the interdisciplinary prevention of HIV infections in Central and Eastern Europe". Proposal has 5 priority areas: Cross-border collaboration; Youth; risky behavior; Local authorities and NGOs; Incarcerated population. Several comments and questions were made during the review of presented proposal. They were related to the issue like: M&E of proposed activities; careful planning in order to avoid duplications with some ongoing projects; more concretization of risk group and ect.

Henrique Barros stressed that it is important to focus on one issue and then examine it in a multi-sectoral way, rather than to cover too many issues

The Chair recommended that Poland should reduce the outcome to those that develop common policies and cross-border interaction and commonalities.

The Chair requested that Poland develop the project paper further so that it can be submitted to the CSR as a project under development.

Poland agreed while stating its view that the conclusion of the discussion was that the EG wants Poland to create a project specifically on a cross-border issue. Group has agreed that development of cross border activities is very important and Poland will re-submit proposal with changes based on group recommendations. CSR will be informed on Polish project proposal.

5.3 Other possible projects (DCA, other)

In continuation of discussions related to cross border cooperation, Kristi Ruutel informed group on the interest from Estonian side to implement some cross border project in cooperation with Russia. The idea is to carry out project on Estonian-Russian border between

the cities Narva (Estonia) and Ivan-Gorod(Russia). It was agreed that joint proposal will be developed together with Russian representative of the group, and then presented to the group.

Zaza Tsereteli recommended that piloting should be considered, since piloting is a good way to begin to change ways of thinking, and therefore, behavior. He also stated that under cross-border activities, this should definitely be mentioned to the CSR and that the EG should push to secure political support for the project idea.

As for DCA project proposal, which was recommended by EG, representatives of DCA are in contact with the NDPHS Secretariat and group will be informed on further developments.

6. Report from the Stockholm meeting of the new NDPHS Secretariat and the EG Chairs and ITAs

Zaza Tsereteli has reported on that meeting. The Third Meeting of the EG Chairs and ITAs was held on 29 August 2006, in Stockholm, Sweden. Due to the unforeseen illness of the Head of the NDPHS Secretariat, was chaired by Dr. Mikko Vienonen.

One of the main topics during that meeting was proposal from new Secretariat to develop a template to aid the EG's in standardizing their Mandates and Terms of Reference (ToR). The Secretariat is considering resubmitting new or revised EG Mandates to the CSR 9 Meeting in 2006 for adoption. The Secretariat proposed that the EGs analyze their existing Mandates and strategies and consolidate them so that all Expert Group Mandates reflect a similar structure. It was also suggested that using the term "Mandate" is misleading, and was proposed to change that into the ToR. However, HIV/AIDS EG representatives expressed their preference that the HIV/AIDS EG continue using the term "Mandate" as they had previously, and not integrate the expression "Terms of Reference". Zaza Tsereteli has requested EG members to express their views towards that issue

After the discussions group has also supported the idea, to continue use of term "Mandate", as it has different meaning then ToR. At the same tie, group will elaborate ToR, based on template submitted by NDPHS Secretariat, in order to carry out mandate given to EG by CSR.

Second issue discussed during the Stockholm meeting of Secretariat and EG members was Project Database and Project Pipeline. Special questionnaire was developed in order to make project pipeline more user friendly, and EG members wee asked to make comments on that questionnaire. EG members approved all questions, submitted by Norwegian Barents Secretariat, who is in charge of project pipeline.

Finally, Stockholm meeting participants were informed on the results of NDPHS questionnaire analysis (report was distributed among the group members prior to the meeting). Unfortunately, analysis was very negative towards the work of EG, and as Zaza Tsereteli informed the group, he had expressed his concern to the Secretariat. He also expressed his regret that the Expert Groups were not invited by the Secretariat to respond to the Questionnaire and have their views integrated into the Summary.

7. Terms of Reference for the HIV/AIDS EG:

Zaza Tsereteli informed that prior to the meeting, the draft format of possible standard ToR for EG's was distributed among the group members. This draft was prepared by NDPHS Secretariat. Secretariat is planning to submit ToR of EG to CSR meeting, and as a result is seeking comments from the groups. The main idea of Secretariat is to have a consistent

pattern of ToR for every group, in order to avoid misunderstandings among the Partner countries and organizations.

Chairman has reminded the group that discussions related to the group mandate has started in 2004. It was materialized then later in the EG mandates, which were approved by CSR during the Vilnius meeting. The idea of having ToR, brought by new Secretariat, can be seen as establishment of tools for realization of group mandate, and not a replacement, as it was firstly proposed by Secretariat. The Meeting agreed that it did not want the ToRs to replace the existing Mandate of the EG, but that it approved that the ToRs could serve as an attachment to the Mandate.

7.1 Proposed ToRs for the EG on HIV/AIDS.

The Secretariat circulated and introduced Meeting document HIV/AIDS 5/6/1 Proposed Terms of Reference for the EG on HIV/AIDS. The Secretariat invited the Meeting to give its comments and propose amendments to the document, which, it informed the Meeting, would be submitted to the CSR 9 Meeting by the Secretariat.

Several comments were made in regards to the presented draft. These comments were mainly related to financial aspects, as well as issues related to the group's work-outputs and its membership status. The EG members stressed that there needs to be a statement in the ToRs that clearly spells out their official status. The EG members further stressed that a formulation indicating their status would put them in a stronger position to carry out the work of the EG vis-à-vis their respective National govts/Ministries.

The EG members stated that the "scope of responsibilities" within the ToRs is far too general and that the bullet points need to indicate more specific tasks and responsibilities.

It was decided that group will send their comments in written form to ITA and Chairman of the group, during the coming week. Those comments will be elaborated and a new version of ToR prepared, approved by group and then sent to Secretariat in order to present it at CSR meeting.

8. NDPHS Project Pipeline and Project Database

Asha Davis, representing the Secretariat briefed the group on situation related to NDPHS Project Database. She introduced the NDPHS Project Database proposal submitted to the EC in May 2006 and informed that it received a positive response from the EC concerning funding.

Asha Davies further informed that Secretariat would like to initiate the Project in November 2006, if possible, which was earlier than the originally proposed January 2006.

Pauli Leinikki stressed that it was not a good idea to push the Project to begin as early as November, and that the originally proposed January 2006 start-date should remain.

The Secretariat requested that the EG nominate an expert from its Group to the Steering Committee which will be a main advisory body within the Project. The Secretariat further requested that the EG agree whether they would like a smaller group within their Group (i.e. the ITA and the Chair) to be involved in the Project.

As to the overall role of the EG in the Project, the Secretariat invited the EG to discuss and identify its areas of interest in the Project and propose to the Secretariat how it would like to contribute to the Work Packages. The Secretariat offered to co-ordinate this work with the EG, and requested that together, the Secretariat and the EG develop a list of tasks and roles for the EG by 15 October, so that this list could be submitted to the CSR 9 meeting scheduled to take place on 26-27 October.

The Secretariat further invited the EG to discuss and estimate what costs they think they might bear for their involvement in the Project or what financial support they expect to receive from the Project's side.

The Group expressed its concern regarding the short-notice of above mentioned request, and stated that if the Secretariat wanted the Group to decide on such issues, then it needed to receive the request for these decisions in written form prior to the Meeting. In order to work on Secretariat request Asha Davies was asked to distribute project proposal among the group members and also submit the request from the Secretariat in written form.

Asha Davis then briefly informed group on the objectives and content of the Database Project, including the various Work Packages and possible roles for the EG therein. During the second day of the Meeting, the Chair re-opened the discussion on the Project Database.

The Chair informed that after having reviewed the Project Application, he had concluded that the strategic objectives of the Project are completely in line with what the EG is doing.

However, the Chairman stated that the issue of the thematic reports was not entirely clear and that this will need to be figured out in the future.

The Chairman stressed that it was not yet necessary to spell out the roles and tasks for the EG in the Work Packages, and that what should be instead focused on is the start-up phase. The Chair stated that the Steering Committee should be set up by the CSR and that a good option is to have a rotating member of the EG in the Steering Committee. The Chair also stated that as it came to the work of the Project, that these tasks are being done by the EG and ITA anyway, so the EGs involvement in the Project would not result a real addition of tasks.

The Chair and ITA again stressed that it is too premature to nominate a member of the EG to the Steering Committee or to discuss financial matters, and that it will take more time (beyond 15 October) to develop a list of roles/tasks for the EG in the Project Work Packages.

9. Information about Partners' activities

Mr. Farid Lamara, head of European affairs unit of ESHTER has briefed meeting participants on activities of ESHTER European network. He informed that ESTHER is planning to start their activities in Baltic Countries (most probably in Lithuania) and in Ukraine. Those activities will be based on ESTHER main philosophy of hospital twinning with the aim of knowledge transfer and experience sharing. Due to the fact of their interest towards Baltic's, it was suggested to establish more close collaboration between the EG and ESTHER European network. As a first step towards that collaboration Mr. Lamara invited group members to participate in upcoming meeting of their group, which is scheduled for January of 2007. From the EG side, he was assured that information on that possible collaboration will be passed to the CSR, during the October meeting in Paris.

Isabelle Devaux from EuroTB team has presented “Contrasting patterns of HIV and TB co-morbidity in Europe” (attachment # 3). EuroTB is a Network of national institutions in charge of TB surveillance in 53 countries. It has been funded by DG-SANCO of the European Commission, with the main goal to promote standardization of surveillance methods among the European countries. EuroTB collects data on national TB case surveillance, drug resistance and treatment outcomes and based on this data then prepares annual report, publications and communications, and disseminates data via the website www.eurotb.org. The main conclusions drawn from her presentation were following:

- Prevalence of HIV seropositivity among TB patients is probably underestimated, considering the high percentage of cases unknown HIV serostatus.
- Recent increase in HIV/TB co-morbidity in Ukraine and Baltic States
- Need to re-inforce control measures for both diseases in Eastern European countries (e.g. case finding, joined TB/HIV management)

Giedrius Likatavichus from EuroHIV, has presented information related to HIV in Baltic and Nordic Countries based on information acquired by EuroHIV (attachment # 4). EuroHIV is an European Network on the Surveillance of HIV/AIDS, established in 1984 as the European Centre for the Epidemiological Monitoring of AIDS. It Covers 53 countries of the European Region of WHO. EuroHIV aims to: produce standardised, timely and reliable data on the epidemiological situation of HIV in Europe to better inform public health policies of control, prevention and care. According to EuroHIV data Baltic Countries need to improve HIV/AIDS surveillance data and participation in European HIV surveillance network. Interventions to control HIV among IDU and heterosexuals should be maintained and strengthened

By request of Saulius Chaplinskas, the representatives of UNESCO were also invited to participate in the meeting. However due to some internal changes, they were unable to come to the meeting.

Invitation was also sent to EU DG-SANCO, but their representatives were also unable to come.

10. Strategy plan (action plan) for 2007.

In the light of upcoming CSR meeting, EG was asked to work on the action plan for 2007. Chairman has suggested to discuss this issue and to prepare the list of fields in which group would like to concentrate their efforts in 2007. The following activities were prioritized by group:

- 1) Continue to work on extension of case management harmonization. Re-submission of Lithuanian Project proposal
- 2) Cross-border activities. Preparation and submission of Polish Proposal. Work on Estonian-Russian joint project proposal
- 3) Continuation of implementation and enlargement of Barents HIV/AIDS Program
- 4) Follow up on DCA project proposal
- 5) Work on establishment of collaboration with TB field. One possible solution can be inclusion of TB specialist into the EG.
- 6) In the light of increase availability of ARV treatment, promotion of issues related to substitution therapy and work with IDUs.
- 7) Enlargement of network and inclusion of new partners into the work of EG
- 8) Establishment of close collaboration with ECDC. Due to the fact that as one of the priority areas of future work of ECDC is chosen Baltic Countries, it becomes a good possibility for bridging of NDPHS and ECDC activities
- 9) To work on preparation of some communication tools, like printing materials in order to disseminate information and increase visibility of work of NDPHS EG on HIV/AIDS. The new database can be also seen as a tool for that.

- 10) Due to increased numbers of Migrant population start to work on elaboration of activities related to that group of population. A major conference on issues related to HIV and migrant Population will be hosted by the Portugal Presidency of the EU, in the second half of the year. Henrique Barros promised to follow up on this issues and inform EG on possible participation in that event.
- 11) Re-establish a working relations with newly created EG on Primary Health Care and Prison health.

11. Collaboration with ECDC.

Pauli Leinikki has reported from the HIV/ADIS meeting, which was organized and hosted by the European Centre for Disease Prevention and Control (ECDC), in Stockholm, on October 2-3. According to that meeting One in every three persons infected with HIV in the European Union are unaware that they are HIV positive, and this figure is likely to be much higher in some of the countries neighbouring the EU. A meeting of national HIV/AIDS coordinators from the 25 EU Member States plus Iceland, Norway, Switzerland, Bulgaria and Romania concluded that confronting the "hidden epidemic" of HIV was one of the key challenges for HIV prevention in Europe. People unaware of their HIV positive status are more likely to pass on the virus to others, as well as missing the opportunity to receive antiviral treatments that can help stop HIV developing into AIDS. The meeting, also identified renewed prevention efforts aimed at men who have sex with men and migrants as key priorities, along with addressing the HIV epidemic in the Baltic States and developing indicators to measure the success of HIV prevention efforts. The results of the 2-3 October workshop will now be considered by the participating countries, as well as ECDC, the European Commission and its Think Tank on HIV/AIDS, WHO and UNAIDS. They will feed in to a major conference on HIV Prevention being hosted by the German Presidency of the EU on 12-13 March 2007 in Bremen

It was decided that EG will continue work on establishment of more close collaboration with ECDC.

13. Administrative issues.

Pauli Leinikki reminded group that Zaza Tsereteli is leaving his position as ITA for EG, and moving to his new position in Ukraine. Zaza Tsereteli was working together with group during the last 5 years. Group has thanked him for his valuable input into the work of EG and expressed its hope for continuation of collaboration on his new position.

14. Any other business:

During the meeting at ECDC in Stockholm a new policy, elaborated by CDC – Atlanta concerning the HIV testing was presented. As many of NDPHS EG were present at this meeting, it was decided to discuss this issue in some more details and to express expert view on this new policy.

Jane Elie-Malkin give his opinion that CDC recommendations are good for high prevalence countries, underlining that testing needs to be routine but not mandatory. As for European countries, first priority can be focus on high risk population (to improve testing of this groups).

Henrique Barros mentioned that unfortunately in many countries including Portugal proposing of testing to the clients is not seen as a routine practice. So it is a good idea to put testing on

a routine basis. There is also a real cost benefit in low prevalence countries, as it will be much cheaper to spend money on testing than on treatment on a later stages.

Anna Marzek-Boguslawska partly agreed with colleagues that testing needs to be improved, however she remind that many countries still are facing problems with stigma and discrimination, so implementation of this kind of recommendations need to be done carefully. She also underlined that testing is close connected with counseling and that many countries are facing of problems lacking the professional staff for that.

Kristi Ruutel mentioned that priority for Estonia now is to establish and improve testing on Primary health Care level. Education of health care professionals and general population to fight stigma, is seen as a main objective for Estonia.

Tatiana Smolskai reminded that Russia always had that kind of system of routine immunization, which was criticized many times by international organization, including CDC. Currently Russia is performing more than 20 mln tests per year. Those tests are voluntary, but for blood donors and medical staff working with HIV patients testing is mandatory.

Pauli Leinikki informed that in Finland currently much less people is tested every year. Mostly now it is used rapid and saliva testing. For introducing of routine testing training for medical staff will be essential.

In general it was agreed that each country needs to revise those recommendations carefully, based on their realities and cultural peculiarity. Emphasis needs to be strengthening towards information and education of general population, in order to increase their knowledge towards HIV and necessity of testing. Educational activities need to be increase among the medical staff, in order to make their services more users friendly and less stigmatized.

15. Next HIV/AIDS EG Meeting

Ulrich Marcus proposed to organize the next meeting of EG in Bremen, in connection with a major conference on HIV Prevention being hosted by the German Presidency of the EU on 12-13 March 2007. It was agreed that he will investigate further this possibility and will inform group on its outcomes. Second meeting of the EG is decided to be held in Poland, in autumn of 2007.

16. Closing of the meeting

Pauli Leinikki thanked once again all participants of the meeting and especially Jean Ellie-Malkin for hosting of this meeting. The meeting was closed on 5 October 2006.