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Working Group in St. Petersburg on the development of a methodology for the needs assessment of young people at high risk of getting HIV and AI
St. Petersburg, Russia

27 – 29 November 2013

Reference	Workshop 1/1
Title	Protocol
Submitted by	Regional NGO Stellit
Summary/Note	-
Requested action	Adoption

November, 27, 2013

Participants briefly introduced themselves.

Dr. Olga Kolpakova presented the project and agenda of the meeting. Agenda of the meeting was adopted.

Current state of HIV and AI epidemic and HIV and AI prevention among youth at high risk in Poland, Latvia, Finland, Kaliningrad, St. Petersburg was discussed.

Mrs. Aleksandra Skonieczna, Mr. Paweł Siłakowski and Mr. Tomasz Małkuszewski presented the situation in Poland (the presentation is presented at the meeting web page). The main tendencies are the following:

- General context in Poland: population is a bit under 40 mln. people, age group of 15-24 is app. 2,7 mln. people. September, 30, 2013: 17219 HIV cases (accumulated number). Currently sexual route of transmission is predominant. 7004 patients get ARV treatment. Roughly about half people living with HIV don't know about that. About 1000 cases of new HIV cases per year – that is being increased and one of the reasons could be that more people get tested for HIV.
- There are 2 main sources of data on HIV situation in Poland: statistics provided by the National Institute of Hygiene (very often the information about the route of transmission is not available) and data obtained at VCT centers. VCT centers are anonymous centers for testing, there are 30 centers in Poland, sometimes people have results of testing the same day or next day but in some areas people should wait up to 1 week because center works 2 days a week, there are more centers in big cities, people in rural area have less access to VCT centers, mostly young people visit them. In VCT centers consultant fills in the form and, among others, gets information about the route of transmission.
- VCTs data for 2011: in new HIV cases the sexual route of transmission is predominant (55,3% - homosexual route of transmission). Clients of VCT centers who have been tested: a bit more often men then women. HIV cases detected at VCTs: 85% are men including MSM and 15% are women. In smaller towns people very often don't report that they are

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homosexual. Profile of VCT center clients (2010): majority is 20 – 39 years old. For about 1% of all VCT centers clients who get HIV testing have positive results and most of them are MSM.

- HIV/AIDS among young people: about 50% of HIV positive people are younger then 29 years old and 8% are younger then 20 years old.
- One of the tendencies is risky sexual intercourse, according to a recent research, sexual initiation for 17% of girls and 27% of boys is before 15 years old.
- HCV cases and TB: age group of 15-34 years old makes about 28% of newly detected cases, for about 85% of those who have HIV have HCV at the same time.
- TB: for about 7500 TB cases were reported in 2010, mean age of those who have TB is 52,7 years old, although not all centers treating children for TB regularly report about their cases). According to the statistics available there is a decrease of the number of TB cases in Poland but still the incidence is higher than in some other EU countries, the incidence of TB among children is low.
- Tendencies in substance use: the research involving young people demonstrated that most 23% of young people of 15-16 years old have used marijuana at least one time in last 12 months, also cannabinoids are more frequently taken by young people than other psychoactive substances. Young people of 14-21 years old in Poland use the following substances: legal substances (appeared on the market in 2011), GHB/GBL (18-30 y.o. group) that are available in shops and in the Internet, non-prescribed drugs. In 2011 heroin (brown sugure) mostly disappeared from the streets, the one available now is much more expensive and of a worse quality, hence many of former heroin users switched to methcathinone , as IDUs do not live in the streets any longer, they do not need drop-in services to the same extent as before, there are only 2 drop-in centers currently (Warsaw and Krakow) run by NGOs that struggle with financing; there is difficult access to injection drug users because of laws (one can go to jail because of using marijuana so people prefer using legal substances, hence N&S exchange programs activities have become quite limited.
- According to law in Poland people younger then 18 years old should have a parent consent to get HIV test, but in some cases at VCT centers where it is anonymous and the age can't be verified young people still get testing without a parent consent in case they come with some adult they trust to get the result.
- It is hard to implement drug abuse prevention programs at schools because schools don't want to be affiliated with drug issues, parents don't want to implement prevention because many of them think their child doesn't need it. So, sometimes drug abuse prevention at school resembles scary stories (you will die if you use drugs).
- HIV prevention programs for MSM can be implemented at bars, parties etc.
- HIV prevention at schools: within programs preparing for living in family, teachers are not well prepared to do that, some of them are religious, that is not possible to talk about condoms, the main attention is paid to the fact that the person shouldn't have sex, sometimes NGOs could conduct prevention programs at schools but in some regions there is lack of NGOs so lack of HIV prevention. At the beginning of the year parents used to sign consent forms that they agree for children to take part in prevention activities and it is also needed to have a consent form from the director of the school to be able to conduct prevention work. In Poland there are HIV prevention programs and not programs aimed at

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sexual education. This year Social AIDS Committee has trained over 600 young people over 13 years old at schools on HIV prevention after getting signed consent forms from parents.

Ms. Anda Karnite and Ms. Diana Koerna presented the current state of HIV and AI epidemic and HIV and AI prevention among youth at high risk in Latvia (the presentation is presented at the meeting web page). The main tendencies are the following:

- HIV registry has always been of good quality and has been regarded as an example for other countries. Nevertheless, in 2011 quite large reorganization of HIV/ AIDS-related institutions took place in Latvia, and at the moment quality of data has decreased: there are quite a lot of new cases where the route of transmission has not been registered.
- Since 2009 the absolute number of new HIV cases is being increased at the same time the number of HIV tests is not growing, a new epidemic among injection drug users is being expected ("old" IDUs have died, but the new wave is coming).
- Very limited access to ARVT (only 10% of people living with HIV get ARVT).
- Among the newly registered cases the proportion of women is increasing, but still mostly men get infected. The majority of those who get HIV are young people of 20 –24 years old.
- Routes of transmission: basically IDUs driven, but at the moment the epidemic is taking a step to the general population: most of people who got HIV via sexual contacts are sexual partners of IDUs. For women the main route of HIV transmission is heterosexual. Group of 15-24 years olds who are HIV infected: mostly IDUs or could be also boys and girls with a pretty good education who have sex with IDUs.
- All the people coming to prison have an opportunity to get HIV test (almost mandatory, but they can reject), a lot of HIV cases are identified for the first time in prison.
- The highest prevalence of HIV is in Riga (because half of all Latvian population is living in Riga and half of IDUs (the main drug is amphetamine, but heroin is still popular, basically IDUs use several drugs).
- There is no generalized epidemic in Latvia, the epidemic is concentrated at IDUs population. According to the testing results the HIV prevalence among MSM is under 5%, but according to self-reporting the prevalence of HIV among MSM is higher so based on self-reporting results it is possible to conclude that the epidemic could be also concentrated at MSM population.
- Among females using drugs the level of HIV is higher then among men, most of them are co-infected with Hepatitis C.
- The most wide spread drugs are opioids and amphetamine. There is a tendency of increasing the drug use among young people.
- Needle sharing: 1/3 of drug users use used needles and syringes.
- There are low threshold centers in Latvia (NEP – needle exchange points), but the coverage of drug users is very low and not enough to stop epidemic, in Riga the coverage is higher than in other cities. Mostly within needle exchange programs the problems of unemployment are discussed.
- There were 9 methadone cabinets, buprenorphine was available at 5 cities in 2012, but still the coverage of drug users is very low.
- TB: the main age group where TB cases are registered is 25-34 years olds.
- HCV: hard to distinguish between acute and chronic HCV cases, in most cases the way of transmission is not asked by doctors and therefore is not known.

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- In Latvia the group of “young people” involves people at the age from 13 to 25 years old.
- 23% of sex workers have started sex work when they were younger then 18 years old.In most cases sex workers are IDUs and start sex work because they need money to get drugs.
- In 2008 research on drug use among young people at high risk was conducted in Latvia. And the results of the research have been compared with the results of ESPAD research in common population. It turned out that the differences between the two groups are not very big.
- One of the priorities mentioned in the Health strategy in Latvia is HIV prevention, one of the priority target groups is youth at risk (the suggested activities are changing needles, distributing condoms, providing express testing to HIV, Hepatitis B, C and syphilis).
- The Welfare Department of the Riga City Council’ specialists conduct lectures and implement programs targeted at school children on the issues of substance use prevention, forming social skills, forming skills to say “No”. Next year the separate programs for boys and girls are going to be implemented which will include component on HIV/AIDS prevention. Riga City Council representatives also give lectures to parents, teachers, have developed a thematic Internet site and page at Facebook for them. Every 2 years they conduct research among school children on their experience of using substances, relations with family, friends, situation at school (the report is published at the webpage narcomania.com). Children who have problems in family, with friends or at school are more at risk of becoming involved into drug use.

Ms. Kirsi Liitsola and Ms. Kristiina Hannila presented the current state of HIV and AI epidemic and HIV and AI prevention among youth at high risk in Finland (presentations are presented at the meeting web page). Below the main tendencies are described:

- National Infectious Diseases Register in Finland is managed by THL. Every year Infection Diseases report is published by THL and it is available in English at THL webpage.
- Every two years national surveys among children are conducted to explore their risky behavior.
- HIV prevalence in general population is very low, but among MSM, IDUs and sex workers it is at least 10% high, about half of HIV cases have been registered among migrant (top countries are Thailand, Estonia and Russia).
- Most people who have been diagnosed HIV are males.
- The main transmission route is sexual (heterosexual or homosexual).
- In 2012 276 TB cases have been registered in Finland, mostly among people older than 60 years old and migrants.
- Hepatitis C is very strong associated with injection drug use.
- HIV cases among young people of 15 – 24 years old: 13% of HIV cases reported in Finland, stable situation during last 10 years, no tendencies in increase of HIV cases among this group of people, the most popular route of transmission is heterosexual, and on the next places are homosexual transmission (MSM) and transmission via injection drug use.
- There is no official definition to define the age limits of the group of “young people”, UNAIDS and CDC definitions are used and a person of 15-24 years old is regarded as “young person”.
- In 2006there were around 18 000 drug users in Finland.

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- Young people at high risk of getting HIV: there are only very limited cases, mostly among injecting drug users, MSM, sex workers who mainly live in capital area. They are reached by low threshold services targeted at vulnerable groups.
- To take part in the study children less then 18 years old need parental consent.
- Prevention includes several main components: 1) sexual education is mandatory at secondary, high and vocational schools, within sexual education programs basic knowledge on STDs and on how to prevent them are provided, programs start when children are 12 years old (the average age of starting sexual life in Finland is 17 years old); 2) low threshold services for vulnerable populations (needle exchange for drug users, programs targeted at MSM and sex workers are implemented in Helsinki and Tampere); 3) prevention campaigns at music festivals (e.g. “Summer Rubber” – distribution of free condoms and summer rubber campaign song by famous Finnish artist).
- In 2012 – 2014 project aimed at raising awareness on HIV and TB among refugees and asylum seekers is being implemented.
- Study among curds, Russian and Somalia migrants has shown that curds and Somalia migrants have very poor knowledge about HIV.
- Overview of the Girls’ House work on the issues of sexual violence. That is very important to implement activities in the field of sexual education and on the issues of sexual violence. Girls’ House staff tries to reach vulnerable girls and women/ boys. The number of girls and boys who have suffered sexual violence is being increased. They face the following types of violence: heavy violence, abuse inside family, girls are often in life danger. The Girls’ House at the beginning worked mostly with very vulnerable girls but it turned out that girls from ordinary families might also need help. One of the symptoms that girls who became victims of violence have is risky sexual behavior. The following methods of work on the issues of violence are used in the Girls’ House: thematic groups, individual support, building the network, regular appointments. That is very important to permit the girls to talk about what had happened. The girls are reached via Internet (webpage), some girls are sent to the organization by police and social workers, sometimes girls and boys come by themselves. For about 1000 girls come to the Girls’ House per month, work on violence issues is only one of the directions of Girls’ House’ work. Another direction of work is sexual education: school teachers could bring school classes to the Girls’ House and children could get sexual education, specialists of the center also visit schools to provide lectures on sexual education.

Ms. Inessa Vyshemirskaya presented the situation on HIV and AI in Kaliningrad oblast. The presentation is presented at the meeting web page. The main tendencies are the following:
- Russia has the fastest growing HIV epidemic at the moment.
- HIV epidemic in Kaliningrad region has started at 1995, for many years the region had the highest rate of HIV in Russia, then the situation has stabilized.
- The highest incidence rate in Kaliningrad was in 1997, at the moment it is around 46 cases per 100 000.The incidence rate in rural areas is becoming closer to the incidence rate in urban areas.
- The HIV epidemic in Kaliningrad region is concentrated. Even though no research on HIV situation among IDUs has been conducted, rapid tests show that the HIV incidence rate among injection drug users is about 10%.

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- Main HIV transmission routes are the following: 45,6% - heterosexual contact (many of HIV positive people are sexual partners of drug users), 50% - intravenous drug use,
- Age of HIV positive people: 38% are from 20 to 29 years old, 3% are younger than 18 years old.
- Gender of HIV positive people: 62% are women, there is a tendency of feminization of HIV epidemic.
- 37,7% of all HIV-positive who died, died because of HIV/AIDS.
- The number of new TB cases is declining in Kaliningrad region, at the same time multidrug resistant TB is growing.
- STDs: in 2012 the incidence rate of syphilis in Kaliningrad region was 46,8 cases per 100 000 as well as incidence rate of Hepatitis C was 2,96 cases per 100 000. The information about real number of Hepatitis C cases is hidden because many people don't get testing for Hepatitis C. 2/3 of IDUs who are Yla clients have positive results for Hepatitis C.
- There are very poor options for HIV/ AIDS treatment in Kaliningrad. At the moment 89 harm reduction programs are implemented in Russia, many of them have needle exchange component but possibilities to implement such programs depend very much on the region policy in this field and on the relations which NGO has with local authorities. Local drug control service in Kaliningrad does not support needle exchange programs. Sexual education is prohibited in Russia so it is risky to implement HIV prevention programs targeted at young people in Kaliningrad.
- Age limits of different groups of children and young people: 1) minors: from 0 to 18 years old; 2) adolescents: from 14 to18 years old; 3) young people: from 18 to 30 years old.
- Besides the groups mentioned in the project in Kaliningrad there are two more groups of children and young people at high risk of getting HIV and AI: children and young people who enter colleges/universities and start living in dormitory separately from parents (300 in Kaliningrad), young convicts (1100 in Kaliningrad).

Mrs. Veronika Odinokova presented the current state of HIV and AI epidemic in St. Petersburg. The presentation is presented at the meeting webpage. Below the main tendencies are described:

- In Russia there are 9 regions where the prevalence is more then 1% among general population.
- The number of HIV cases in St. Petersburg is growing.
- The incidence rate of HIV cases in all the groups of population is growing except the group of young people where it is declining (one of possible reasons could be that the amount of young people who get testing is being decreased). Even though the incidence rate is declining in the group of young people, still there are a lot of cases. The number of cases of HIV among pregnant women is growing.
- There is a tendency of feminization of the HIV epidemic.
- The number of TB cases is increasing, very often there cases of TB combined with HIV.
- There is lack of published peer-reviewed data on risky behavior among young people.
- When conducting surveys it is possible to ask people younger than 18 years old questions about sex and drugs only in case there is a permission from parents for the child to take part in the survey.

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- Among the groups of children and young people at high risk of getting HIV and AI in St. Petersburg there is a group of children and young people who study at educational institutions and live in dormitories including young people who left orphanages. Very often they experiment with drugs and practice risky sexual behavior.
- There are a lot of IDUs who are HIV positive but don't know about their status. According to the survey data 50 – 65% of IDUs have had sex with non-IDU sex partners at least once within last 12 months but they don't discuss this issue with their partners.

The main conclusions of the whole discussion on current state of HIV and AI epidemic in countries taking part in the project were the following:
- It looks like we have a common tendency of increasing of the role of sexual route of HIV transmission. It could be a subject of prevention programs.
- Main groups of children and young people at high risk of getting HIV and AI are often young drug users who only start using drugs, including young female drug users, sexual partners of drug users.

After the lunch the age group of adolescents and young people at high risk of getting HIV and AI that is going to be covered within the project was discussed. The experts have the following suggestions:
Ms. Kristiina Hannila: 13 – 28 years old.
Ms. Kirsi Liitsola, Ms. Sirje Vaittinen: 15 – 29 years old.
Ms. Evija Dompalma-Linuža: 18 – 25 years old.
Ms. Anda Karnite: 17 – 28 year old (if we choose as one of the target institutions vocational schools).
Ms. Inessa Vyshemirskaya, Mrs. Victoria Osipenko: 14 – 29 (for the research 18 – 29 years old).
Mr. Paweł Siłakowski:14 – 25 years old.
Mr. Tomasz Małkuszewski:13 – 18 years old.
Mrs. Aleksandra Skonieczna: 14 – 29 years old but we have to keep in mind that there 2 different subgroups.
Dr. Maia Rusakova: 25 – 29 years olds are hard to reach group, that is hard to reach them so I would suggest to exclude them. If we take the group younger than 15 years old we will have lots of difficulties because of political situation. I would suggest the group from 15 to 25 years old.
Everyone agreed that the age group that is going to be covered within the project should be children and young people from 15 to 25 years old.

Experts from Poland and Latvia told that there is a very small migrant community in Poland and almost no migrants in Latvia. So it will be hard to discover the needs of migrant children and youth in those countries. The decision was made that it still would be interesting to know more about these groups so relevant officials as well as representatives of international, governmental organizations and NGOs will be invited to the focus groups on the stage of the needs assessment.
It was also discussed that it would be good to involve into survey in Poland young people with problematic drug use.
As well as population of children at high risk of being involved into commercial sexual exploitation is very small in Poland (or very little is known about them) experts from Poland suggested to make the group a bit larger and regard in this group young people who practice risky sexual behavior. The decision was made still to try to be concentrated on children and young people at high risk of being involved or involved into commercial sexual exploitation. The suggestion was made to contact Nobody's Children Foundation that is specialized on this

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issue and represents ECPAT network in Poland and might have valuable information on this group of children and young people.

As well as the issue on what has been done to understand the needs of youth at high risk of getting HIV and AI in St. Petersburg, Kaliningrad, Poland, Latvia and Finland has been well covered within presentations the decision was made not to discuss this issue further.

The main gaps in knowledge about different groups of youth at high risk of getting HIV and AI have been discussed. For the group of young people experimenting with drugs the following gaps were identified:

- General context – how many of them, prevalence of drug use;
- Behavioral patterns: their experience of experimenting with drugs, when did they start using drugs, how often they use drugs, in which situations they use drugs etc.;
- Why do they experiment with drugs;
- Where do they get knowledge about drugs, sex;
- What do they regard as safe and unsafe when taking drugs;
- Which ways do they see to secure themselves;
- It would be good to use some questions which have been used in ESPAD surveys to be able to compare this group of young people with general youth population and to understand if their behavior is more risky or not;
- Sexual behavior: experience, do they use condoms, do they have permanent sexual partners or one-time sexual partners;
- Sexual violence and violence experience.
- Knowledge questions about HIV, routs of transmission;
- If they ever have been tested on HIV and Hepatitis C and other STDs, do they want to do it and do they know where to do it.

When talking about the gaps in knowledge for the group of migrant children and youth the following issues were discussed:

- In Finland there is almost no information about this group of children and young people: mostly refugees and asylum seekers are covered by researches;
- Actual behavior, knowledge, what kind of contact they still have in their home country – are they still visiting it etc.;
- Family situation: do they live with parents;
- Do they have an experience of using drugs and if so when did they start using drugs;
- The special group of interest could be migrant young people from 20 to 25 who have their own families;
- Would be good to know more about access to HIV testing and treatment for migrants. For example sexually active young migrant men usually don't get HIV test because if they are HIV positive they will be deported. It would be interesting to know more on how do they get information on HIV prevention;
- It would be interesting to know if experts think that HIV among migrants (those who come to Latvia from outside EU) is a problem for Latvia and if so what could be done. Latvians could go for a work to other countries – may be it is worth to think about them?
- Migrants could be a group at risk of getting HIV if they are coming from lower HIV prevalence countries or they could be a risk group for native population if they come from the country with higher HIV prevalence;

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- We should focus on those who work with migrants in general – not only with illegal migrants.

Experts taking part in the meeting identified lack of information about prevention programs available as the main gap in knowledge for the group of children and young people involved or at high risk of being involved into commercial sexual exploitation.

The decision was made that all the project partners will send the list of main stakeholders responsible for HIV and AI prevention among 1) children and young people experimenting with drugs; 2) migrant children and youth; 3) children and young people involved or at high risk of being involved into commercial sexual exploitation in their countries/ cities by e-mail to Dr. Olga Kolpakova.

The question about where adolescents and youth at high risk of getting HIV and AI could get consultation, get testing and treatment in Finland, Poland, Latvia, Kaliningrad and St. Petersburg was discussed. The following main options have been mentioned:

1) in Finland:
   - Schools;
   - Public health care centers (there are more then 200 of them in Finland);
   - Low threshold health counseling centers;
   - Youth stations.
2) in Poland:
   - Outreach workers (NGOs but could be governmental organizations as well);
   - School (educators at schools, social pedagogues and psychologists);
   - Social care institutions;
   - Social therapy centers;
   - Outpatient consultation centers;
   - Centers for testing (counselors).
3) in Latvia:
   - Health care institutions;
   - Schools (social pedagogues and psychologists, network of healthy schools (health promotion schools));
   - Vocational schools (depending on the director of the school);
   - In some regions children and young people could get a consultation at municipalities;
   - NGO which works directly with young people at risk.
4) in Kaliningrad:
   - vocational schools (dormitories);
   - penal institutions;
   - shelters for young people with different types of problems.
5) in St. Petersburg
   - children and young people could get testing mainly at health care institutions: Centre on AIDS and Infection Diseases Prevention and Combating, “Uventa”, youth consultations at some districts of St. Petersburg etc.;
   - children and young people could get consultation at the same health care institutions and in some schools, vocational schools, social and rehabilitation centers and shelters in case staff of the institution has been trained on HIV/ AIDS prevention issues.

Criteria we should use to define an intervention as “best practice” were discussed. Best practices on HIV and AI prevention among children and young people at high risk of getting HIV and AI available in the countries taking part in the project were listed.

The following criteria have been mentioned:

- number of people who took part in intervention;

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- evaluation of the program by the recipients;
- systematic work;
- availability, low threshold – it is easy to enter the program for the target group representatives;
- whether the method is evidence-based and described in peer-reviewed publications as working;
- whether the project has been officially evaluated;
- criteria used by UNAIDS in their manual on best practices;
- innovative elements.

HIV and AI prevention programs which we already have:

- Latvia: program at prisons;
- Kaliningrad: program “Lad’ja” for young people in prisons;
- Poland: prevention programs in prisons, trainings in schools;
- Finland: project targeted at asylum seekers and refuges;
- St. Petersburg: program implemented at vocational schools by Regional NGO “Stellit”.

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During the whole day the methodology for the needs assessment of adolescents and young people at high risk of getting HIV and AI was discussed. 5 main components of the needs assessment have been discussed in details: 1) description of the statistics available; 2) description of the research data available; 3) survey among young people experimenting with drugs; 4) focus groups with stakeholders working with migrant children and youth; 5) focus group with stakeholders working with children and young people involved or at high risk of being involved into commercial sexual exploitation.

Regarding the form to describe statistics available the decision was made that it should contain 4 main thematic blocks: 1) HIV, AI and Tb; 2) migrants; 3) alcohol and drug use; 4) involvement into commercial sexual exploitation.

The following decisions were made regarding the thematic block on situation with HIV, AI and Tb:

- statistics should cover a period for the last 3 years (2010 – 2012 and if possible 2013);
- data on incidence and prevalence should be included: incidence and prevalence for general population; when possible incidence and prevalence for the age group of 15 – 25 years;
- data on transmission routes of HIV should be included;
- in Russia it will be possible to get the data for the age group of 14 – 18 years old and for the age group 18 years old and older;
- In Poland it will be possible to get data on HIV and Hepatitis C, STDs, but the experts taking part in the meeting were not sure on if it will be possible to get statistics on Tb;
- In Latvia the data on HIV and Tb are available; data on Hepatitis C and STDs should be checked.
- not only official statistics but also statistics provided by patient centers, low threshold services and other organizations dealing with young people at high risk of getting HIV and AI could be used.

Regarding the description of the statistics available on migrant youth experts suggested taking into account the following issues:

- statistics should cover last 3 years (2010 – 2012 and if possible for 2013);
- the total number of migrants per year should be mentioned, the countries of origin and numbers of migrants coming from each country per year should be listed;

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- estimations on the number of illegal migrants should be provided;
- purposes of migration should be covered (work/ study/ live/ refuges/ asylum seekers etc.);
- if possible there should be a break down for age groups of migrants (with a special accent to the group of 15 – 25 years old);
- data on how many people left country per year should be provided when available;
- HIV statistics for migrants, if possible breakdown for age groups. In Poland there might be some statistics available, in Latvia – no statistics available on that;
- information from which countries migrants already having HIV/ AIDS might come to St. Petersburg, Kaliningrad, Poland and Latvia should be provided.

The following decisions have been made regarding the thematic block on alcohol and drug use:

- statistics should cover last 3 years (2010 – 2012 and if possible for 2013);
- official statistics on the incidence and prevalence of diagnosed cases for general population, where possible the age breakdown (health reports);
- research data (ESPAD etc.) on the age of initiation of using drugs and alcohol, structure, experience of using drugs/ alcohol during the lifetime, last 12 months, last 6 months, the day before the study, prevalence of injection drug use.

Regarding the content of the thematic block on the situation with commercial sexual exploitation of children the following decisions were made:

- statistics should cover last 3 years (2010 – 2012 and if possible for 2013);
- statistics on the number of crimes against children committed per year and related to sexual abuse, involvement into prostitution and pornography, trafficking should be provided;
- research data on the prevalence of different forms of commercial sexual exploitation of children (prostitution, pornography, trafficking, child sex tourism) and expert estimations on the number of children and young people involved into commercial sexual exploitation should be provided;
- number of children and young people who stay in orphanages, shelters, boarding schools and other child care institutions should be provided as well as number of children who are being reared up in “difficult” families where parents drink a lot, use drugs, are unemployed etc. should be provided (if possible).

Form to describe research data available was discussed. Experts paying attention to the following issues when developing the form:

- time period: research should be conducted within last 10 years;
- place: research should be conducted in North-West Russia/ Latvia/ Poland. We should describe data only for those countries;
- target group: research should cover youth of 15 – 25 years old;
- focus: research should highlight HIV and AI risks in relation to experimenting with drugs, migrant status, experience of being involved into commercial sexual exploitation (risky behavior, factors related to it);
- research should be published at peer-reviewed journals or reports, we can also add “grey” reports which have not been published if the research is relevant and has a proper sample description;
- full reference and if possible full text of the article/ report should be provided (to share articles/ research reports we could use Google drive.

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Different aspects of conducting survey among children and young people experimenting with drugs were discussed including the content of the questionnaire, target group, sample size and methods of sampling, procedures of the data collection and data analysis, limitations of the data as well as ethical considerations.
Questionnaire for adolescents and young people experimenting with drugs should cover the following issues (at the same time it shouldn't be too long):

- drug and alcohol use experience, smoking experience;
- sexual experience, whom do they have sex with? For young people who are in relations: HIV and safety negotiations among young sexual partners, do they talk about HIV with their sexual partners? Who is responsible in relations to secure themselves from the point of view of HIV, STDs, pregnancy? Do they fill confident discussing these issues with their partners?
- HIV testing: have they got tested during last several years, if so how long time ago and what was the purpose for testing;
- level of knowledge about HIV, about risks, about how to secure themselves, practices they use to secure themselves (some young people secure themselves not to become pregnant but don't think about STDs).
- perceived risk of getting HIV;
- gender factor in relation to protection;
- experience of becoming a victim of violence and/or sexual harassment;
- the way how they spend their free time;
- experience of use high technologies (Internet, smart phones etc. – how and where);
- experience of taking part in prevention programs and attitudes towards prevention programs: whom they would like to get the prevention information from, which kind of information they need;
- alcohol and drug use in family;
- Mrs. Aleksandra Skonieczna has a questionnaire which might be useful. It contains the following blocks: general information about person (age, rural/city, gender), knowledge about HIV and STDs, attitudes on how to protect themselves from HIV, hepatitis C, experience of taking part in prevention programs and discussion of HIV with parents/psychologists etc. The questionnaire was given to Regional NGO "Stellit" staff.

Size and methods of sampling for the survey:

- in St. Petersburg, Kaliningrad and Latvia the survey will be conducted in vocational schools, in Poland it will be conducted in vocational schools, orphanages, outpatient centers, schools at risky districts;
- in Latvia, Kaliningrad and Poland (Warsaw) adolescents and young people of 15 – 24 years old will take part in the survey, in St. Petersburg survey will be conducted among young people of 18 – 24 years old;
- 400 adolescents and young people should take part in the survey in each city/ country where it is conducted;
- what does "experimenting with drugs" mean for us? According to ICD-10, it means that person have used drugs within last 12 months for the first time;
- Regional NGO "Stellit" staff will need from Kaliningrad and Latvian partners information on the number of vocational schools students in Kaliningrad and Riga, and from Polish partners – information on the number of children and adolescents who study at schools at risky districts, at vocational schools, stay in orphanages and visit outpatient centers in Warsaw.
- We are going to use cluster sample: randomly choose institutions, randomly choose classes in the institutions and all students who are in the class at the day of research will take part in the survey. Project partners from Latvia, Poland and Kaliningrad should

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provide Regional NGO Stellit staff with the number of vocational schools in Riga, Warsaw and Kaliningrad and number of children and young people at the age of 15 - 24 years old who study there. Besides that colleagues from Poland should send to Regional NGO Stellit information for Warsaw on the number of orphanages, outpatient centers, schools at risky districts and number of children and young people of 15-24 years old who stay/study there.

The following issues should be taken into account regarding the data collection:

- Regional NGO "Stellit" staff will develop a questionnaire and pilot it in St. Petersburg;
- Then the questionnaire will be translated into English and sent to colleagues from Poland and Latvia, colleagues from Poland will translate it into Polish and colleagues from Latvia will translate it into Latvian.
- data collection should be anonymous: the survey is conducted without the staff of the institution, the survey is anonymous;
- it should take for about 45 minutes to fill in the questionnaire;
- it is important to provide adolescents and young people who will take part in the survey with correct answers about HIV/ AIDS including transmission routes and places where they can get test and additional information on the issue;
- informed consent: information about the aim of the questions – we need to collect them from all the survey participants, for children of 15-18 years old we will need also the informed consent from the legal guardian/parent;
- do we have to get the approval from the Ethical Committee? In St. Petersburg we will get the approval of the Ethical Committee.

Data analysis:

- the database will be developed by the staff of Regional NGO "Stellit" and will be sent out to Kaliningrad, Poland and Latvia in English, all the partners should fill it in, Stellit staff will clean it and send it back to all the partners for all 4 study sites so that everyone could use it.
- data analysis plan: initially it will be the percentages and country differences but later it will be possible to implement more complex methods to analyze the data.

In the article developed on the results of the needs assessment the following limitations of data should be mentioned:

- groups of children and young people have different samples so there are limits in between-countries comparison;
- parental consent might limit the sample.

Ethical considerations that should be kept in mind are the following:

- possible risks: we need to inform children and young people about the routes of transmission and where they can get testing and get more information about HIV, it would be good to spread the information alongside with the questionnaire (it could be leaflets);
- approvals we should get: Latvian colleagues need to inform Ministry of education and if needed City Council of Riga, Kaliningrad colleagues need to inform Ministry of Education of Agency on Youth Affairs.

The following issues should be taken into account when developing a focus group guide and conducting focus group with stakeholders working with migrant children and young people:

- Focus group guide should cover the following topics: are there any prevention programs for migrants, are they effective, what could be improved? What kind of health problems migrants have and how do they solve them? Do migrants get tested on HIV and STDs and do they go to the doctor if they have STDs? What kind of challenges

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stakeholders working with migrants have in the connection to HIV and Tb status of migrants? And what kind of challenges migrants have in connection to HIV status and Tb status? Do migrants use sex workers and if so do they use condoms?

- Stakeholders who are going to be invited to take part in focus groups: in Latvia – representatives of the Center assisting people who came to Latvia from countries which are outside the EU, of religious organization which helps refugees and asylum seekers, of migration office, of custom, of IOM, as well as of shelters for children who came to Latvia from other regions (?); in Poland – representatives of governmental organizations and NGOs for migrants, of Foundation for Human rights, of Nobody's Children Foundation, of hospitals, of La Strada; in Kaliningrad – representatives of Tb service, of outpatient clinics, of AIDS center where they make test for migrants, of drug treatment hospital, lawyer who has experience of work with migrants living with HIV/ AIDS, representatives of ambulance (?), migrant service (UFMS), person who controls work of migrants at construction works; in St.Petersburg – representatives of Red Cross, shelter "Transit" for children who came to St. Petersburg from other cities/countries, representatives of migration service, representatives of other governmental organizations and NGOs working with migrants.
- There should be from 8 to 12 participants in each focus group, that is important to have the list of participants;
- That would be good to check with focus group participants if they want to be mentioned in the research documents (thank you list);
- Focus groups guide will be available in Russian and in English, coordinators from Poland and Latvia should send the focus group protocol to the staff of the Regional NGO Stellit in English and Yla – in Russian.

The following issues should be kept in mind when developing a focus group guide and conducting focus group with stakeholders working with children and young people involved or at high risk of being involved into commercial sexual exploitation:

- Focus group guide should cover the following topics: What are the most widespread forms of commercial sexual exploitation of children? Who are involved (boys/girls, age etc.)? Who involves children into commercial sexual exploitation? Does anybody control them? What is known about health related behavior of children and young people involved or at high risk of being involved into commercial sexual exploitation: experience of drugs and alcohol use? Which support is available for this group of children and young people? Are there any prevention programs available? How to reach them in terms of prevention? On basis of which institution prevention programs could be implemented? What are the main political and legal challenges in work with this group?
- The following stakeholders are going to be invited to take part in the focus group: in Latvia – representatives of police, NGOs, crisis centers, commissions on minors' affairs and protection of their rights, institutions that deal with unsocial families and take children out from families, outreach workers; in Poland – representatives of police especially those working with children of 15-18 years old, outreach workers, drop-in centers workers, lawyers from NGOs working with children, social workers, psychologists from NGOs or social therapy centers, orphanage workers; in Kaliningrad: guardians who work with careleavers, representatives of commissions on minors' affairs and protection of their rights, of shelters, social and rehabilitation centers, of "Little mama" project; in St. Petersburg – representatives of social and rehabilitation centers, shelters, vocational schools where a lot of care leavers study, complex centers of social protection of population etc.
- There should be from 8 to 12 participants in each focus group, that is important to have the list of participants;

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- That would be good to check with focus group participants if they want to be mentioned in the research documents (thank you list);
- Focus groups guide will be available in Russian and in English, coordinators from Poland and Latvia should send the focus group protocol to the staff of the Regional NGO Stellit in English and Yla – in Russian.

November, 29, 2013

During the day 3 main issues were discussed: 1) things to be kept in mind when developing form for describing best practices on HIV and AI prevention and collecting best practices; 2) second workshop in Helsinki in 2014; 3) time schedule for the nearest 6 months.

When developing form for describing best practices on HIV and AI prevention and collecting best practices the following things should be paid attention to:

- Best practices on HIV and AI prevention among children and young people at high risk of getting HIV and AI should be collected in February – March by project partners in Finland, Germany, Latvia, Poland, St. Petersburg and Kaliningrad;
- Criteria to regard the program as evidence-based and include it into the description of best practices are the following: 1) focus on HIV and AI prevention among youth at high risk; 2) individual, group or community level prevention; 3) published in peer-reviewed journal, or other edited material; 4) conducted in Europe, with special focus on NDPHS (could be developed in the USA, Canada, Australia and other countries, evaluated and proved to be effective there, then implemented in one countries of NDPHS area but without proper effectiveness estimation); 5) outcome evaluation conducted and effectiveness proved.
- Do we have programs which meet all the criteria mentioned above in our countries? In Finland there are no programs which meet all criteria, at the moment in municipality the drug abuse prevention program is implemented on the basis of policlinics and social services, it is somehow evaluated and there is a guide in Russian on how to implement it but we are not sure if it is evidence-based or not. There are programs on health-related behavior which are implemented in schools, they are very near to evidence-based because the changes in the number of pregnancy cases among young people are estimated. Latvia: we should check but we doubt that we have something. Poland: we have some programs which have been evaluated. Kaliningrad: I know one US program which was piloted in St. Petersburg, they have had a control group to estimate it. We can keep it in mind. Russian programs very rare have the effectiveness estimation done in a proper way. We can also talk about our experience of prevention work with adolescents because we know their life stories. St. Petersburg: we have an HIV prevention program implemented at several vocational schools in St. Petersburg and that is very near to evidence-based.
- We should still try to focus on evidence-based prevention programs.
- We will divide programs into 2 groups: 1) modelling programs – have some theoretical background, they have at least something which can be used, have been implemented for many years, programs which meet all the criteria mentioned in our project proposal; 2) promising programs: programs which have good theoretical background, we like the program, there was some efficacy estimation, don't meet all the criteria of evidence-based program but for some reasons we like it, programs which meet a lot of criteria mentioned in the project application and which we like.
- The following structure could be used to describe best practices on HIV and AI prevention among children and young people at high risk of getting HIV and AI: 1) theoretical basis. 2) timeframe; 3) needed staff and resources including how much money does it cost to implement the program; 4) methods of intervention: – we need a

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good description (exact number of trainings, who conducts them, what is the program etc.); 5) evaluation results: how the program was evaluated and what are the results, did they make any evaluation among the recipients of the program, did they use the control group or not, was it evaluated just once (only after the program) or several times; 6) contact details of the developer and link to the work package.

Regarding the workshop in Helsinki on identification of best practices on HIV and AI prevention the following issues were discussed:

- Preliminary dates of the workshop are June, 5 – 6, 2014;
- Project partners and expert could plan their trip in the way that they come early on 4th June or leave later on 7th June (not more than 3 nights in Helsinki according to the budget!). In that case THL could organize visits to local organizations which are interesting for project partners/ experts on 4th and/or on 7th June. Project partners and experts are welcome to think about which organizations they would like to visit.

Time schedule for December 2013 – June 2014 is the following:

- Protocol of the meeting should be ready until 6th December and project partners have time to comment it from 9th to 13th December, then it is posted on the project webpage along with presentations made during the workshop;
- In December Regional NGO Stellit staff would like to get from Latvian, Polish and Kaliningrad colleagues information which is needed to form a sample for the survey among children and young people at high risk of getting HIV and AI: number of vocational schools and number of vocational schools students at the age of 15 – 24 years old for Kaliningrad and Riga, number of vocational schools, orphanages, outpatient centers, schools at risky districts and number of children and young people of 15-24 years old who stay/study there for Warsaw. Colleagues from Latvia and Poland will provide this information until December, 13, 2013 and colleagues from Kaliningrad – until December, 21, 2013.
- Needs assessment Protocol will be developed by Regional NGO Stellit and will be sent to all the project partners before the end of 2013.
- Until January, 15, 2014 Regional NGO Stellit staff would like to get feedback on the Needs assessment Protocol from all the project partners;
- Until January, 24, 2014, the Protocol will be finalized by the Regional NGO Stellit staff taking into account the feedback from project partners. Database for the survey will be developed and sent out to Latvia, Poland and Kaliningrad.
- Until January, 31, 2014 the questionnaire should be translated into Polish and Latvian.
- February – March 2014: data collection and data input. Project partners in St. Petersburg, Kaliningrad, Latvia and Poland are expected to collect statistics and research data available and describe them in English according to forms developed, conduct a survey among 400 children and young people experimenting with drugs and input survey data into the database, conduct a focus group with stakeholders working with migrant children and youth, a focus group with stakeholders working with children and young people involved or at high risk of being involved into commercial sexual exploitation, transcribe focus groups and translate the transcription into English (for Poland and Latvia). Project partners from St. Petersburg, Kaliningrad, Latvia, Poland, Finland and Germany are expected to collect and describe it in English according to the form developed.

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- April, 7, 2014 – Regional NGO Stellit staff would like to get from project partners in Kaliningrad, Latvia and Poland filled-in forms describing statistics and research data available (in English for Poland and Latvia), filled in database with the survey data (in English), transcription and list of focus groups participants (in English for Poland and Latvia), 2-3 pictures from focus groups. Project partners from Poland, Kaliningrad, Latvia, Finland and Germany are expected to send to the Regional NGO Stellit staff filled in forms describing best practices on HIV and AI prevention among children and young people at high risk of getting HV and AI (in English for Poland and Latvia);
- April – May 2014 – NGO Stellit staff proceed and analyze the data;
- June, 5 – 6, 2014 – Results of the needs assessment are presented at the workshop in Helsinki.

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