



EG HIV/AIDS & AI

Internal Strategy and Action Plan

Country priorities according to a survey in January-February 2014



People living with HIV more involved in decision making	1.1.	2	SE, FI
Improved follow-up of all HIV+ including medical care and counseling	1.2.	2	NO, EE
Improved integration of HIV and STIs, hepatitis and TB surveillance	1.4	2	DE, RU
Improved access to existing services for relevant populations at risk	1.5.	7	SE, NO, PL, DE, FI, EE, RU
Results from monitoring and evaluations of programs are effectively made use of	1.7.	2	SE, FI
Decision makers are informed and aware of future costs caused by infections and their treatment	1.8.	2	PL, EE
Updated legislation and related training	1.9.	2	SE, FI
Sexual health education included in schools curricula	1.10.	1	EE
The understanding of HIV and AIs among the public has improved	1.13.	3	SE, PL, EE
Improved knowledge about second generation HIV surveillance	1.14.	1	SE
Mechanisms established for NGOs' participation in the development and supervision of public programmes	1.15.	1	SE
Strengthened networks of NGOs and GOs in the field of HIV and TB	1.16.	1	RU, DE
Stigma and discrimination more clearly addressed in	1.17.	3	SE, DE, FI



(WHO A2) HIV prevalence among TB patients and TB prevalence among PLWH determined	2.1.	2	PI, RU, DE
Improved data on prevalence of HIV and hepatitis among key populations at risk (MSM, CSWs, IDUs)	2.2.	3	NO, PI, RU
Mechanisms developed to deliver data on the situation of HIV, TB and AIs among PWID	2.3.	1	DE
Effective approaches developed to collect relevant data on bridging populations (sex partners of PWID, female partners of MSM, clients of CSWs)	2.4	1	EE
Improved HIV and hepatitis testing coverage in pregnant women	2.5.	3	NO, PI, RU
Increased counseling and testing rates and services for migrants and other vulnerable groups	2.6.	5	SE, FI, NO, DE, RU
Mechanisms in place to produce data on situation of infectious disease in prisons	2.9.	2	DE, FI, RU
Mechanisms developed for sex tourists and travelers more effectively	2.10.	5	SE, NO, PL, FI
(PI = Northwest District AIDS Centre at Pasteur Institute, St. Petersburg)			

(WHO B1) TB case finding intensified and high quality anti-TB-treatment ensured	3.1.	3	FI, RU, DE
(WHO B2) TB prevention initiated with Isoniazide preventive therapy and early ARVT when feasible	3.2.	2	RU, DE
(WHO C1) HIV testing and counseling provided to patients with presumptive and diagnosed TB	3.3.	2	FI, DE
(WHO C2) HIV prevention interventions available for patients with presumptive and diagnosed TB	3.4.	1	DE
(WHO C3) Co-trimoxazole preventive therapy available for TB patients living with HIV	3.5.	1	DE
(WHO C4) HIV prevention interventions treatment and care available for TB patients living with HIV	3.6.	2	RU, DE
Promotion of using new technologies in prevention	3.8.	5	PL, DE, FI, PI, RU
Making use of the potential of peer education and empowerment of vulnerable groups	3.9.	3	FI, EE, PI
Indicators to measure the effectiveness of prevention programmes are developed and available	3.10.	4	SE, FI, PI, RU
Training programmes developed for school nurses (incl. themes concerning MSM, PWID, SW, migrants etc.)	3.11.	2	FI, PI
Networks of collaboration partners established	3.12.	1	PI

Decreasing share of late presenters among new HIV	3.13.	4	SE, FI, EE, PI
Improved and more active involvement of PHC and GPs in prevention and testing	3.14.	4	SE, NO, FI, RU, EE
The quality of counseling improved by using established and evaluated methods	3.15.	1	NO
Needs of vulnerable groups are met through LTC services, including buses	3.16.	3	SE, NO, FI
Availability of youth-friendly services	3.17.	1	PI
Availability of targeted prevention programs for specific risk groups (migrants, MSM, CSW, HIV+, PWID etc.)	3.18.	4	SE, FI, PI, RU
Improved public awareness about the need for active case finding and cross-testing between HIV TB, hepatitis and STIs	3.19.	2	FI, DE
Improved access to specific services for PWID, including harm reduction, total prevention packages and services outside big cities	3.20.	1	NO
Sexual health education included in schools' and other institutions curricula, including information on sexual minorities and HIV, TB and STI prevention	3.21.	1	DE
HIV and AI prevention among special groups of children and youth at risk (juvenile offenders, marginalized families, migrants, mental and physical disabilities, working youth)	3.22.	1	PI
People living with HIV, youth and NGOs are involved in planning and implementation of prevention programs	3.24.	3	SE, FI, PI

Collaborative TB/HIV activities are promoted and implemented as recommended by WHO	4.1.	2	RU, DE
The general awareness among professionals and the public about TB is improved	4.2.	4	NO, FI, PI, DE
The number of cases of MDR and XDR TB is decreasing	4.3.	3	FI, EE, DE
Modern TB information programs implemented among the public, professionals and decision makers	4.4.	1	DE
(WHO B3) TB infection control programs implemented in health care and especially in HIV settings (including LTSCs)	4.5.	3	FI, PI, DE
Improved collaboration between civilian and penitentiary TB services	4.6.	2	RU, DE
Improved collaboration between TB, HIV and narcology services and migrant centers	4.7.	2	RU, DE
International treatment standards on TB are met	4.8.	2	FI, DE
Outreach work and psycho-social support methods among risk groups for TB are developed	4.9	3	FI, PI, DE
Support to provision of information in migrants' languages	4.10.	1	FI, DE



(WHO A1) Provision of support to establish and functions of coordinating body for collaborative TB/HIV activities	5.1.	2	RU, DE
(WHO A3) Provision of support to joint TB/HIV planning to integrate the delivery of TB and HIV services	5.2.	1	DE
(WHO A4) Monitoring and evaluation of collaborative TB / HIV activities	5.3.	2	RU, DE
Training of GPs, PHC and LTSC staff developed and implemented on raising awareness of mass media, the public and service providers on contacting, servicing and educating risk groups)	5.5.	4	PL, FI, RU, DE
Training of PHC staff on co-infection HIV/TB	5.6.	2	RU, DE
Improved cross sectoral (incl. social aspects) disease control, management, mechanisms and approaches	5.7.	1	RU
New approaches developed for international collaboration, partnerships and networking	5.8.	1	PL
Improved adherence to treatment of double infections	5.9.	2	RU, DE
Promotion of best practices with country specific approach	5.11.	1	DE



Wider involvement of stakeholders in the development of TB and HIV projects and approaches	5.12.	2	FI, DE
Development of TB services as entry points for improving HIV prevention, diagnostics, treatment and care	5.13.	1	DE
Support to planning and implementation of collaborative studies to promote evidence-based approaches	5.14.	2	FI, RU
Support to the development of integrated services for detection of infections and improvement of the adherence to treatment of patients with triple diagnosis (TB + HIV + drugs)	5.15.	1	DE



The health and social care systems are capable to respond effectively to and cope with prevailing challenges, including migration and IDUs	6.1.	2	FI, RU
Functioning access to treatment (<i>- especially for migrants, DE</i>)	6.2.	1	DE
Improved adherence to treatment	6.3.	3	PL, EE, DE
Adequate case management is in place	6.4.	2	RU, DE
Investigation of accessibility to health care services among migrants	6.5.	2	RU, DE
(WHO C5) Contribution to ensuring ARVT for TB patients living with HIV	6.6.	1	DE
Strengthened integration of HIV care in the PHC	6.7.	1	NO
Improved capacity of PHC concerning the identification, vaccinations and referring for treatment of associated chronic infections (e.g. HBV & HCV)	6.8.	2	NO, DE
PHC & sexual health services are provided without stigmatization, discrimination and violation of basic human rights	6.9.	1	DE



Promoting comprehensive activities to defend rights of HIV- and TB patients to decrease stigma and discrimination in health and social services	6.10.	1	DE
Development of rehabilitation systems in penitentiary Institutions (concrete programs and standards, “peer-to-peer”, adherence to treatment)	6.12.	1	RU
Training of pharmacists in relevant HIV and TB matters	6.13.	1	DE
Development of inter-regional seamless and comprehensive migrant services	6.15.	2	FI, RU
Promotion of client centered and user-friendly approaches in the health care system	6.17.	1	DE