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Dear Reader...

As previously announced, starting with the current issue, the NDPHS e-Newsletter is changing its focus. From now on, we plan to dedicate a few articles to one chosen thematic area dealt with by the Partnership in every issue. The present issue focuses on communicable diseases. They are a challenge not only to health policies, but also to wider sectors of society. Therefore, they require a holistic approach and coordinated multinational efforts to defeat their spread. Read more in two articles presented by the Chairman of the NDPHS HIV/AIDS Expert Group.

In many respects, the Baltic Sea Region can be seen as a model of neighbours working together across borders to address regional challenges and seize opportunities. These challenges and opportunities, as well as the interdependence of our societies and their firm determination to ensure sustainable development in our region, were among the reasons why it has been decided to develop a strategy for the Baltic Sea Region. Read on to learn how the NDPHS contributed to this process, and how the Strategy presented by the European Commission addresses health and social matters.

Finally, as the time for Sweden to take up the helm of the European Union Presidency approaches fast, we invite you to read an article outlining the Sweden's priority issues in the field of health and social affairs. In the next issue of the NDPHS e-Newsletter we plan to describe some of achievements in their implementation.

NDPHS Secretariat

HIV/AIDS more important than ever in the NDPHS area

After more than twenty years of preventive work and considerable investments, HIV/AIDS is still a major public health concern in Central and Eastern Europe (including the area of NDPHS). The proportion of people who have contracted the infection is highest in the Ukraine, Russia and Estonia, but Latvia and Belo-Russia also face a significant challenge. With improved treatment resulting in dramatically increased life expectancy, the issue today is not any more only how to prevent the spread of the virus, but also how to deal with the rapidly growing number of infected people who need constant medical care as well as social support.

Dirty needles and syringes drive the epidemic, but why?

In the high-prevalence countries, the epidemic continues to be driven overwhelmingly by the link to injection of illegal drugs. The widespread sharing of needles and syringes between infected and non-infected injection drug users (IDU), the pervasiveness of drug addiction and dependence, and the ineffectiveness and legal obstacles of social and public health interventions have all contributed to the situation.

Thanks to adequate political advocacy, many other European countries, such as Finland, Poland, Germany and the Netherlands, have been able to reverse the unfavourable trend using various approaches. Remarkably, in the most affected countries, these approaches have not been adopted or have proven unsuccessful.

The following issues could explain the lack of political advocacy:

1. Little if any research has been done to obtain an idea about the true impact of the epidemic to the life expectancy of those infected, and to the demographics and economy in various cultural and social settings. The existing analyses are too general and have been made with assumptions that are no longer valid due to changes in the treatment of the disease.

2. The efficiency of various interventions has been properly documented in research, but not when applied in various social, legal and cultural settings. This has led to disputes about the merits of various approaches.

Comparison of the epidemiological situation
in the Baltic Sea Countries

Country	"Cumulative Prevalence" *	Rate 2001 **	Rate 2008 ***
Finland	45	2.4	2.7
Sweden	46	3.5	5.2
Norway	78	3.8	5.4
Germany	43	2.1	3.5
Poland	32	1.6	2.1
Lithuania	34	2.1	2.8
Latvia	197	36.7	16.3
Estonia	515	110	30.3
NW Russia	496	48.2	54.4

* "Cumulative Prevalence" = total number of cases detected by the end of 2008 per 100 000 inhabitants

** Rate 2001: Number of new cases in 2001 per 100 000 inhabitants

*** Rate 2008: Number of new cases in 2008 per 100 000 inhabitants



HIV/AIDS more important than ever in the NDPHS area

Harm reduction has proven successful

Measures that have been adopted in countries where the fight against HIV/AIDS has been successful in preventing the spread of the virus among IDUs have included various "harm reduction" (HR) measures. HR is a term adopted by the international public health society that refers to measures such as opioid substitution therapy (methadone or buprenorphine therapy), maintenance therapy (usually with heroin), provision of clean syringes and needles, and social and psychological support.

Strong scientific evidence has accumulated over a long period of time and in various social and cultural settings to show that HR can prevent the spread of HIV among IDUs and in the general population.

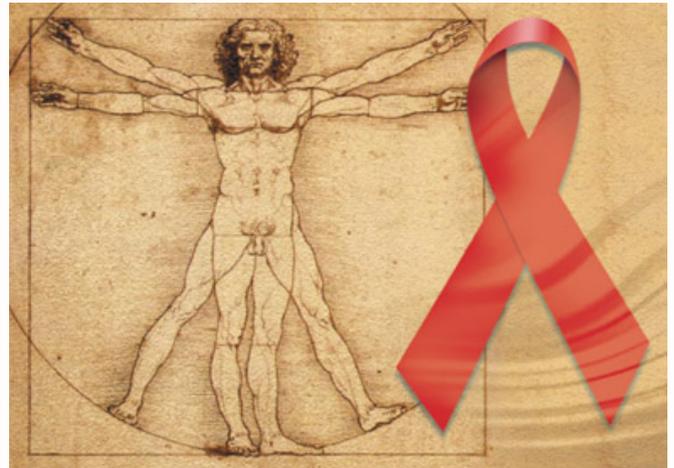
In some countries, HR has been provided by comprehensive "health promotion" centres with medical and social expertise, anonymously and free-of-charge. In those cases, the access is "low-threshold" and is often linked to active outreach work to include the hardest to reach individuals. In some other countries, more restricted service packages are provided - usually linked with existing health care or social work units.

... but also disputed

However, in some other countries, most notably in the Russian Federation, HR measures have not been politically acceptable. More emphasis has been put on drug-free approaches where psychological support is given to help the user to quit the drug habit. Unfortunately, scientific evidence about the impact and efficacy of such approaches has so far been scarce. In most cases, the purposes of the studies have been the prevalence and length of abstinence after the treatment, not the epidemiology of HIV.

The controversy around HR was clearly reflected in the discussions in a recent conference in Vilnius (5th European Confer-

ence on Clinical and Social Research on AIDS and Drugs, 28-30 April 2009 – Vilnius, Lithuania, see separate article). Certain delegates expressed the view that HR should not be implemented at all. Others, such as the representatives of the EU Commission, stressed that the term 'HR' and its implications have been politically accepted and approved in all international forums (including the UN General Assembly), and ratified by all countries represented at the meeting.



A special challenge for the HIV Expert Group of the NDPHS is to promote and exchange reliable scientific information about the impact of various alternative approaches to HR. The unfortunately high prevalence of the infection in some countries may turn an asset in this; with high prevalence and incidence significant differences can be identified quicker than if the epidemic would be more silent.

*Pauli Leinikki
Chairman of the NDPHS Expert Group on HIV/AIDS*

5th European Conference on Clinical and Social Research on AIDS and Drugs

5th European Conference on Clinical and Social Research on AIDS and Drugs was organised on 28-30 April 2009 in Vilnius, Lithuania. Professor Saulius Chaplinskas, the Lithuanian representative of the HIV Expert Group of NDPHS, who was the chairman of the Organising Committee, ensured that the conference was a great success. The European Commission was one of the main sponsors of the event, which attracted more than 700 delegates.

The following text was adopted as the outcome of the conference.



5th European Conference on Clinical and Social Research on AIDS and Drugs
28-30 April 2009 - Vilnius, Lithuania

The conference brought together representatives from different sectors of health, social and clinical science, and the legal sector, to discuss the most effective approaches that will help our societies to cope with the expanding HIV epidemic and its social consequences.

Despite tremendous efforts, the HIV/AIDS epidemic continues to have a devastating effect on people in Europe and around the world.

Evidence links HIV with socially important problems and diseases such as drug dependence and injecting drug use, tuberculosis, viral hepatitis and other sexually transmitted diseases.

Particularly in many Eastern European countries, injecting drug use is still the driving force of the epidemic. Enhanced efforts are needed to research, develop and implement effective interventions for primary and secondary prevention of drug use in general, in particular prevention of injecting drugs.

Prevention of drug use does not always work, we know that many people still become dependent and get engaged in risk behaviour. We need to have contacts with them, understand their risks and needs, and encourage them to seek for help from social and health service and rehabilitation.



5th European Conference on Clinical and Social Research on AIDS and Drugs

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Strong research-based evidence has proven that many interventions do work, such as opioid substitution treatment, needle and syringe programmes, low-threshold health services, and outreach and peer education campaigns. With increasing numbers of infected persons and persons involved in risk behaviour, it is important to scale up HIV prevention and harm reduction interventions, including behavioural change programmes. All interventions should be based on adequate research-based evidence and be properly linked to social and health care delivery systems of the country.

We also need measures to prevent further spread of HIV infections from injecting drug users. We need secondary HIV prevention which supports early case finding, provision of necessary means to prevent the spread, and psychological and social support to help drug users avoid risk behaviours. Violation of human rights, stigma, discrimination, and legal and other obstacles to access to treatment and rehabilitation services make progress difficult. It is crucial to set up user-friendly integrated services and to make them available, appropriate, affordable and efficient. This is particularly challenging for the most hard-to-reach vulnerable groups to whom traditional health care and social services are poorly available. It is also important that clinical treatment is efficient, supports prevention and is not discriminative in any ways.

Usually, many different branches of health and social care are involved in such activities, often also supported by non-governmental organisations. A wide range of integrated services should be available without delay. There is a need for a well-developed intersectoral case-management system and good coordination between different sectors and stakeholders. Funding of these activities should be included in the national policies.



It is also important to see that preventive work targeted at HIV includes prevention and counselling on related health issues such as mental health, tuberculosis, viral hepatitis, other sexually transmitted infections and reproductive health, risks due to overdose, and, social problems. Separate services have to be reorganized and incorporated into the existing public health structure network. Services should take into account

gender, age, cultural and social background. Adapted services should be offered for poly-drug users and stimulant users.

Drug use should not be criminalized. Imprisonment of drug users does not serve public health. Alternatives to imprisonment, such as community services combined with treatment have proven more effective and less expensive. For people in prison, the imprisonment could be an opportunity to support behavioural change provided services are available. There should be continuity of proper treatment and care such as antiretroviral treatment, tuberculosis treatment or substitution therapy before, during and after imprisonment. Within prison, the same health care services should be available as in the community. Imprisonment is restriction of personal freedom, and should not result in serious health consequences.

There is no single intervention that could solve all problems of HIV among drug users. It is important that evidence-based interventions are implemented, and new interventions developed and scientifically evaluated. The results should be translated into national policies and cross-border cooperation.

Please visit the Conference website at www.aidsviinius2009.com/CMS/ for further information.

Pauli Leinikki
Chairman of the NDPHS Expert Group on HIV/AIDS

NDPHS contributes to the EU Strategy for the Baltic Sea Region

Since the 2004 enlargement, when all of the countries surrounding the Baltic Sea but one became European Union members, interest in addressing the opportunities and urgent challenges through an integrated multi-sectoral regional strategy has grown. Following a call from the European Parliament, in December 2007 the European Council in its Presidency Conclusions invited the Commission to present a European Union strategy for the Baltic Sea Region no later than June 2009.

On 10 June this year, the Commission responded with the Strategy, which involves several Community policies and is described in three documents: (1) a Communication from the European Commission to the Council and the European Parliament, (2) an associated Action Plan which complements the Communication, presented to the Council and European Parliament at the same time and (3) a Working Document of the European Commission's Services which presents the background, approach and content of the strategy.

The following **four key challenges** have been addressed by the Strategy:

- Enabling a sustainable environment;
- Enhancing the region's prosperity;
- Increasing accessibility and attractiveness;
- Ensuring safety and security in the region.

The European Parliament and Member States are expected to give the green light to the Strategy before the end of 2009. This will be one of the priorities of the Swedish Presidency of the European Union.

NDPHS contributed its views and proposals...

The development of the Strategy was based, *inter alia*, on a series of open consultations that took place during late 2008 and early 2009. The NDPHS actively took part in the process by contributing its views during regional consulta-



NDPHS contributes to the EU Strategy for the Baltic Sea Region

3 ► tion events, as well as by presenting its position paper to the Commission (available in the NDPHS Database at www.ndphs.org/?database=view,paper,53).

The NDPHS stated that, thanks to its regional character and unique composition, it had both the capacity for policy and strategy formulation as well as for the implementation of concrete measures. Because of this, it continued, it was well equipped to make its contribution to the implementation of the Strategy, and was prepared to do so.

The basic premise of the NDPHS position paper was that there is a need to properly address the issues of **public health and social well-being as important cross-cutting factors for the prosperity, security and attractiveness of the Baltic Sea Region** in the Strategy. Following this, the NDPHS proposed three strategic actions within its prioritised areas for inclusion in the Action Plan, along with several accompanying project proposals.

... which have been reflected in the Strategy

The Action Plan, which forms the core of the Strategy and identifies 80 key projects, comprises 15 priority areas organised in four thematic pillars and one horizontal section. One of the priority areas tackles **health and social well-being, for which the NDPHS has been named the coordinator**.

The following health-related actions have been included in this priority area consistent with the NDPHS position paper:

- **“Contain the spread of HIV/AIDS and tuberculosis”** through partnerships and international collaboration in prompt and quality care for all, focusing on Tuberculosis / HIV co-infection and ensuring early diagnosis of HIV infections, providing access to treatment and strengthening interventions to reduce vulnerability especially for Injecting Drug Users (IDU), prisoners, etc.
- **“Fight health inequalities through the improvement of primary healthcare”** by assessing differences in the accessibility and quality of primary health care in the region, by reviewing the situation of patients and health professionals including their deployment, mobility and training and by promoting e-health technology as a means for closing gaps in healthcare access and quality.

- **“Prevent lifestyle-related non-communicable diseases and ensure good social and work environments”** by developing comprehensive policies and actions in the entire region to prevent and minimise harm from tobacco smoking, alcohol and drugs use to individuals, families and society (especially young people). Actions will contribute to the implementation of the Framework Convention on Tobacco Control and the “Northern Dimension Partnership in Public Health and Social Well-being (NDPHS) Strategy on Health at Work”, ensuring good social and work environments and preventing lifestyle-related non-communicable diseases using the workplace as an effective arena for promoting a healthy lifestyle.

Further, the following flag-ship project has been included:

- **“Alcohol and drug prevention among youth”** - project aimed at reducing hazardous and harmful alcohol use and alcohol and substance use in general among young people. (Lead: Northern Dimension Partnership in Public Health and Social Well-being (NDPHS) and its member countries; Deadline for progress review: to be determined) **FAST TRACK**

As noted by the European Council, “the Northern Dimension framework provides the basis for the external aspects of cooperation in the Baltic Sea region.” Therefore, it is important that the Strategy recognises the NDPHS and the activities conducted within its framework.

Finally, it should be recalled that by offering an integrated framework that allows the European Union and its Member States to identify needs and match them to the available resources through co-ordination of appropriate policies on a “macro-region” level, the Strategy is an unprecedented tool that will, hopefully, help the Baltic Sea Region to achieve a sustainable environment and optimal economic and social development.

Marek Maciejowski
Head of the NDPHS Secretariat



MEP Christopher Beazley (second from the left) headed the panel at the 2nd Stakeholder Conference held on 5-6 February 2009 in Rostock-Warnemünde, Germany. This event was one of the six stakeholder events organised to gather views and ideas during the development of the Strategy.



Priority issues of the Swedish EU Presidency in the field of health and social affairs



Sweden will hold the Presidency of the Council of the European Union from 1 July to 31 December 2009. This means that Sweden will lead the work in the Council of Ministers and be responsible for promoting progress in issues common to all EU Countries. These issues will be discussed in meetings and in the Employment, Social Policy, Health and Consumer Affairs Council (EPSCO) in Brussels, which Sweden will lead during the Presidency.

Sweden will continue the negotiations within the Council on the proposals on the **rights of patients to healthcare in another EU country** presented by the European Commission in July 2008, as well as on the so called **"pharmaceutical packet"** containing three proposals from the Commission.

Sweden will also lead initiatives in a number of issues of importance in the EU cooperation.

Effective use of medicinal products
The Member States will be invited to cooperate on evaluating the long-term effects of various medicinal products after their market launch. This cooperation is intended to lead to use of medicinal products that is better adapted to patients' needs.

Access to effective antibacterial drugs.
Bacteria that cannot be treated with con-

ventional antibiotics is a growing problem around the world. At the same time, the level of research dedicated to it and the development of new effective antibiotics is decreasing. Sweden is committed to focusing on the urgent need for innovative incentives for the development of new antibacterial drugs.

Preparedness for pandemic influenza.
The Presidency is prepared to do what is needed regarding A(H1N1), the new influenza strain. The aim is to ensure appropriate processes within the EU, without duplicating the work of the WHO.

Prevention of alcohol-related harm.
The aim is to support the implementation of the horizontal EU alcohol strategy and the establishment of long-term preventive work at both the EU and the national level. One priority issue is to reduce the impact of advertising and marketing on young people. Furthermore, the protection of children and young people needs to be strengthened.

Healthy and dignified ageing. The goal of the Swedish Presidency is to enhance dignity and quality of life for elderly persons in Europe. Through the initiative, the Presidency wants to put elderly issues on the EU agenda in a longer-term perspective.

Labour market inclusion. Focus will be on the causes behind exclusion, and on various methods of promoting increased labour supply and higher employment in the EU. These discussions are intended to contribute to further work on a new strat-

egy for growth and employment that will eventually replace the Lisbon Strategy.

Combating poverty and social exclusion. A discussion will be initiated on the EU active inclusion strategy, which aims at including those who are socially excluded and the most detached from the labour market. The discussion will serve as a prelude to 2010, which has been designated the European Year for Combating Poverty and Social Exclusion.

eHealth for improved safety for patients receiving care in another EU country. Cooperation on eHealth is a prerequisite for enabling patients to receive safe and efficient treatment in another Member State. The aim is to show the added value of investments in eHealth and to elaborate upon a plan for deepening the co-operation and making it concrete.

Promotion of the rights of the child. Within the framework of the Permanent Group for Children's Affairs, the Presidency intends to contribute to the work on formulating an EU strategy on the rights of the child. The goal is also to encourage closer cooperation between the EU and the Council of Europe.

Further information about the Swedish EU Presidency can be found at www.se2009.eu.

*Kerstin Ödman
Swedish Ministry of Health and Social Affairs*



The participants of the 15th Committee of Senior Representatives meeting, hosted by the Marshal of the Pomorskie Voivodeship from 23-24 April 2009 in Gdańsk, Poland.

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While the contributions received for this issue are highly appreciated, it should be noted that the views and opinions expressed by the contributors do not necessarily reflect those of the publisher.

We plan to publish the next issue in late autumn 2009. Future contributions are also encouraged. If you are interested, please contact us at the NDPHS Secretariat.

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