Meeting of the Steering Committee of the Barents HIV/AIDS Programme

November 24, 2015

Venue: Consulate General of Finland

MINUTES

1. Opening of the meeting

Hans Blystad from the Norwegian Institute for Public Health, Chair of the meeting, opened the meeting and thanked the Finnish General Consulate to St-Petersburg for hosting the meeting.

Eeva-Liisa Haapaniemi, consul on social and health issues of the Finnish General Consulate to St-Petersburg, welcomed the participants of the meeting and wished a fruitful meeting.

The participants of the meeting introduced themselves.

2. Adoption of the agenda

The agenda was adopted. No comments to the minutes of the previous meeting were made.

Before moving to the next agenda item, few relevant comments were made.

Outi Karvonen taken on a new task as the coordinator of the EU Joint Action on HIV Prevention and Harm Reduction, which is a 3-year action with 18 countries involved. Besides, Finnish MFA-funded project “Promotion of best practices in HIV and TB work in the Barents Region” is coming to the end.

Zaza Tsereteli, coordinator of the Barents TB Programme and ITA for the NDPHS ASA Expert Group, reminded that the Barents TB Programme was adopted two years before and it covers the same regions as the Barents HIV Programme. Besides, the JWGHS of the Barents Euro-Arctic Council adopted a new programme in October 2015, where HIV and TB are included in the priority list, and the co-infection is seriously dealt at the activity level. While listing the five priorities of the new HIV Programme he underlined the inclusion of the new issue – HIV and alcohol. As Zaza Tsereteli also represents the NDPHS ASA EG, this provides space for synergies between two efforts. The speaker also emphasized the global initiative launched by the WHO and UNDP, where the Barents priority on HIV and alcohol will be part as the result of the negotiations with the WHO headquarters in Geneva. Besides, Estonia took over the chairmanship in the NDPHS, and the Estonian Health Ministry put the alcohol theme at the priority level for the period of the chairmanship. Zaza remarked that Russia is now the Co-Chair in the NDPHS ASA EG. All these things open new and promising perspectives for future cooperation, and he called the audience to start thinking about what kind of activities could be developed and implemented in the following 2-3 years.

3. Action Plan 2015-2017 of the NDPHS Expert Group on HIV, TB and Associated infections

Ali Arsalo, Chair of the NDPHS HIV/TB&AI EG, presented information regarding this agenda item.

The year 2015 was crucial time for the NDPHS as a new NDPHS strategy 2020 and Action Plan accompanying the NDPHS Strategy was adopted. Ali Arsalo briefly described the structural changes resulting from the new developments, and pointed at the change of the EG's title from HIV/AIDS&AI EG to HIV/TB&AI EG.

Out of the 6 objectives of the NDPHS Strategy, Objective No 1 relates to HIV/TB&AI EG – *Reduced impact of HIV, TB and associated infections among key populations at risk, including prisoners, through strengthened prevention and access to treatment*. In fact, this objective also relates to the newly established Prison Health EG. The objective and expected results provide a basis for future practical steps, which yet are to be developed. The expected result No 1 is very closely connected with the Statement adopted in November 2013 at the NDPHS PAC-10 Side Event in Helsinki:

"The governments recognise their responsibilities and renew their commitment to develop and support effective country and regional responses to further improve the current HIV and tuberculosis situations and reduce their impacts on human lives, economy and society".[1]

Yet, the Expert Group is not aware about what practical steps have been undertaken in respective countries to put the Statement into effect. Therefore, the planning has to start from the Statement's implementation progress analysis. While there are high-qualified professionals engaged in the EG, the issue of funding has to be tackled.

The second expected result is interconnected with the comments made by Zaza Tsereteli, and the EG is expected to create mechanisms for synergies of different EGs.

The third expected result is rather project-oriented.

The fourth expected result deals with information and communication, particularly to decision-makers. Ali Arsalo referred to the suggestion of Prof. Belyakov made at the seminar on the previous day to publish data and reviews of best practices in two Russian journals, which would be a good way to disseminate the results of the NDPHS HIV/TB&AI EG's work.

The action plan of the HIV/TB&AI EG is still under development, and the first draft should be ready in February-March 2016.

Hans Blystad, Chair of the meeting, assured that the cooperation of the HIV/TB&AI EG and Barents HIV Programme will continue in future.

4. Tour-de-table

Archangelsk Region:

Despite all the efforts, the situation is getting worse. On 1 November 2015, the 1000th HIV patient was recorded in the Archangelsk Region. The current trends in the HIV situation are: growth of HIV among IDUs, which adds to the male prevalence to the gender picture; and ageing of the infection, as among the newly diagnosed cases in 2015 there were 5 pensioners. The aggravating situation

[1] The full text of the document and other relevant documents can be found at: http://www.ndphs.org/?mtgs,regional_action_against_hiv&tb

with increasingly growing HIV detection can be a result of the expanded testing and consultation work funded via federal channels. Other good news: working with migrants and MSM continues; at least 20% of the population is screened annually, access to treatment is 55% (among those on records and eligible for treatment) vs 23% in Russia on average; cooperation with the TB service deepens further, and even stronger emphasis is placed on primary prevention, information and campaigning.

Republic of Karelia:

The HIV situation is getting worse – altogether 1,702 HIV cases are recorded; then dominant age group is from 20 to 40 years old; the share of cases among migrants coming from Central Asia and prisoners grows; the sexual transmission route prevails, yet drug injecting as a route for infection is on the rise. Out of the biggest challenges in the prevention work is occupational prevention (on-the-job). Good news: The Karelian HIV Centre started an IHF-funded project in June 2015, which included 10 testing campaigns to cover 1,700 people. All in all, 16 new HIV cases were detected. And nowadays there is less fear towards the HIV Centre from the population.

Komi Republic:

The first HIV outbreak was registered in 2002, and was caused by drug injecting, and the second rise started in 2009 followed by outbreak features in 2014-2015. This year's incidence rate is higher than in St-Petersburg. The epidemic in Komi is determined by the aggravated situation in the cities of Syktyvkar, Usinsk, Vorkuta, Uhta and Syktyvdinsky District (satellite of Syktyvkar), all characterised by well-to-do population. The dominant transmission routes are drug injecting and sex contacts. The migrants' share in new cases is 15,9%. The new cases are predominantly registered among 20-40 year old people. Like in many other Russian regions, the infections tends to get old. The key measures are drug prevention and drug criminalisation, preventive programmes for working youth and key populations, information dissemination and campaigns.

St-Petersburg:

Although the situation seems to be stable, the alert level remains high as the epidemic process has generalised. The generalization of the epidemic requires sentinel surveillance, which is a costly activity. Another problem is the high share of IDUs among HIV patients, which results in high co-infection figures. TB is the most common associated infection and the leading cause of death. Last but not least, the public health services are not able to reach vulnerable groups, which requires networking with NGOs.

Norway:

The figures have been going down in the last three years, mainly due to reduction of HIV prevalence among migrants and MSM. The reduction among MSM is explained by prevailing adherence to treatment. Yet, more prevention measures are needed, and Norway plans to start PrEP and implement WHO guidelines. Migrants are tested for HIV within 3 months, on the voluntary basis. X-ray is compulsory within 2 weeks after arrival to the country. The migrant traffic shifted now from Africa to Syria, Iran and Iraq. Among the health authorities, there are bigger concerns about the flu epidemic due to the packed accommodation in refugee centres than about HIV epidemic, including HIV transmission from migrants to the Norwegian population.

Finland:

No HIV decrease is seen in Finland, with 181 new HIV cases in 2014 versus 153 new cases in 2013. As of November 2015, 132 new cases have been recorded, of whom about half are foreigners (migrants, students, etc.). In terms of heterosexual transmission, the infection is mostly brought by men from Thailand, as for transmission among MSM – it is rather transmitted inside

Finland. And Norwegian experience in HIV reduction among MSM might be helpful for Finland. As for drug injecting, 7 cases were identified, of whom 6 were foreigners. Finland's biggest challenge is late detection of the infection. Alike Norway, Finland does not consider migrants as a threat to the HIV burden.

5. Organisational issues

- new chair, vice-chair and coordinator

The Finnish Ministry of Social Affairs and Health suggested that the coordination of the Barents HIV Programme should be combined with the tasks of the International Technical Adviser of the HIV, TB&AI EG. Probably, there will be just one meeting of the Steering Committee of the HIV Programme in 2016, with no side events. As Outi Karvonen finalises her tasks as the coordinator of the Barents HIV Programme, she will be substituted by the ITAs of the HIV, TB&AI EG – they are Dmitry Titkov and Paula Tanhuanpää, both from THL/Finland.

Elena Popova, Director of the Archangelsk AIDS Centre, was unanimously elected Vice-Chair of the Steering Committee for the Barents HIV Programme.

Nikolai Belyakov, Director of the Northwest Federal AIDS Centre, was proposed as the Chair of the Steering Committee for the Barents HIV Programme. Nikolai Belyakov was absent from the meeting of the Steering Committee, but Outi had preliminary phone conversation with him, and he did not object the proposal in principle.

It was agreed that Outi will prepare a formal letter on behalf of the Steering Committee with the proposal to Nikolai Belyakov. If he confirms his interest, further necessary proceedings will be started.

- next meeting

The next meeting is provisionally agreed for the next autumn. The place will likely be in Russia. It has to be combined with a big conference or seminar on HIV-related issues, for example traditional Jablonskije Readings, which will be on 24-26 November 2016, to ensure attendance by Russian participants.

St-Petersburg and the Finnish Consulate to St-Petersburg is one of the options[2].

6. Conclusions and closing of the meeting

Hans Blystad, Chair of the meeting, thanked the hostess, Eeva-Liisa Haapaniemi, for the wonderful organisation and declared the meeting closed.

[2] Later, after the meeting, it was found out that Archangelsk hosts a big HIV/TB conference in June, and therefore the meeting could be combined with that event. The opportunities will be examined.