Meeting of the Steering Committee

Barents HIV/AIDS Programme

BEAC

Oslo, May 24, 2012

Venue: Norwegian Directorate of Health, Unversitetsgata 2

Meeting minutes

1. Opening of the meeting

The chairperson Evgenia Kotova opened the meeting and thanked the Norwegian hosts for inviting the Steering Committee in Oslo. Arkadi Rubin and Gunilla Rådö had sent their apologies for not to be able to participate. Representatives of Archangelsk faced an unexpected problem with travel documents and were unable to come.

2. Adoption of the Agenda

The agenda of the meeting was adopted.

3. Adoption of the Petrozavodsk meeting minutes

The minutes of the previous Steering Committee meeting in Petrozavodsk in May 31, 2011, were adopted.

4. Presentation of the Progress report for 2011

Programme Coordinator presented the progress report for 2011. In the previous meeting it had been agreed to include some epidemiological information also from Norway, Sweden and Finland. This information is now given on the page 3 of the report with the kind assistance of Hans Blystad.

The progress report has been presented to JWGHS in March.

Another issue which was agreed in Petrozavodsk was to create a more detailed list of projects to be attached to the progress report. The reformed list was distributed to the participants, and they found it useful. The list includes the following data:

- Name of the project + duration
- Objective of the Barents HIV/AIDS Programme to which the project is connected
- Project area & country
- Implementing organisation and essential partners
- Budget & financing agency
- Expected results /achieved results
- Remarks, comments, unexpected events, setbacks, evaluation etc.

With the help of this information it is possible also to see, which objectives of the Programme have received less attention than others - e.g. there has been no projects targeted to development of legislation. The list can be helpful when planning new projects.

5. Presentation of the Norwegian National strategy for HIV

Arild Johan Myrberg - Senior advisor on sexual health, Norwegian Directorate of Health, presented the Norwegian national HIV strategy which is valid in 2009–2014. Six ministries are involved in the strategy. Organisations involved are:

- Directorate of Health to promote and coordinate relevant programs
- Norwegian Institute for Public Health – epidemiology, research, advisor for health services
- Directorate of Immigration
- Agency for Labour Force
- Directorate for Education
- Directorate of Integration and Diversity
- Directorate for Children, Youth and Family Affairs – politics of equality e.g. LGTB rights
- NORAD – Norwegian agency for development cooperation
- County governors – local funding, competence building, promotions
- Community organisations, NGOs – work with MSM, sex workers, drug users, youth etc.

Special attention is paid to most at risk populations. New HIV infections should be reduced especially among vulnerable groups. Mainstreaming HIV in other agendas is challenging. HIV has to be a natural part of health education especially for immigrants.

A lively discussion was followed after the presentation. As majority of new HIV infections in Norway are detected among immigrants and they are acquired before coming to Norway, a question was raised concerning tolerance of Norwegians towards immigrants. According to estimation of the Norwegian participants the tolerance is good. HIV status does not affect the permission to enter the country; neither does it make it more difficult or easier to get an asylum in Norway.

It was discussed whether the Norwegian model is something that the Russian participants think applicable also in Russia. In some regions it is a long way until it could be possible. The

representatives of the Republic of Komi regarded it realistically possible to follow this example in their region.

Svetlana Ogurtsova informed that there are some positive signs from the federal level: Chief sanitary doctor Onischenko has confirmed a new regulation ('postanovlenie') in February. In the end of the regulation text it is recommended that low threshold activities targeted to vulnerable populations and run by NGOs should be supported.

In Finland a new HIV strategy is under preparation by the national HIV committee. Examples from other countries like Norway are being carefully studied.

6. Presentation of results of the EMIS project

Hans Blystad - Deputy Director, Dep. of Infectious Disease Epidemiology, Norwegian Institute of Public Health, presented results of the European MSM Internet Survey. The survey was implemented in 2010 in 38 countries on 24 languages. More than 180 000 men who have sex with men answered the questionnaire in Internet. This material can be a gold mine for future research.

- **Partners from Norway were:**
  - Norwegian Institute of Public Health
  - Directorate of Health
  - The Norwegian Knowledge Centre for the Health Services
  - Gay men health Norway
- **Partner in Russia was:**
  - Center for Social Development and Information (PSI)

National reports are ready from Russia and Norway and available in the address: http://www.emis-project.eu/. In summer there will be a comparative analysis between countries published.

There were approx. 5000 respondents in Russia, from them 316 HIV-positive, their average age was 31, most of them had higher education, capital city population mostly, 11% were foreign born, (12% of respondents in Norway were foreign born).

Only 26% from respondents under 25 years had HIV test during last 12 months in Norway and 39% in Russia. Bigger amount of respondents had been reached by HIV prevention programs in Norway than in Russia. Only half of the respondents in both countries had used condom the last time they had anal sex. HIV prevalence among tested was 5.2% in Norway and 8.5% in Russia.

34% of respondents in Norway had never received a HIV test result; and 26% in Russia. This was a surprising result for Norway and calls for activities. In both countries majority of HIV-infected respondents avoided telling others that they have HIV. Furthermore, 70% who met casual partner did not speak of HIV!

In discussion the Russian participants were asked whether the new laws against homosexual propaganda in St. Petersburg and Archangelsk have had harmful consequences. The participants did not know of any cases of punishment (fine between 5000 - 50,000 rubles), but they estimated

that the laws will diminish the wish of MSM to search for services and testing and to be open about their status.

The conclusion of the Chair was that approaches and working methods with MSM should be developed to answer the challenges.

7. Presentation of the HIV situation in Northwest Russia

Svetlana Ogurtsova, Northwest District AIDS Centre, gave a very comprehensive presentation on development of the HIV situation in Russia, and especially Northwest Russia.

The HIV incidence in Russian Federation was 43,4 per 100,000 population in 2011. Amount of new cases was 62,000. This makes the cumulative number of 650,231 since year 1987. Altogether 102,742 HIV-infected people have died.

Increase of 5% in new cases compared to the previous year is connected to the use of heroine which mainly comes from Afghanistan. The situation is worst in Siberian, Privolzhsk and Ural Regions.

Transmission routes in the whole country were the following: 57,6% - IDU and 39.9% - sexual contact. Feminisation of the infection continues.

When considered the 'prevalence' (here meaning cumulative number of registered cases per 100,000 inhabitants), four Northwest regions are among the most affected: St. Petersburg (1055), Leningrad Region (746), Kaliningrad Region (537) and Murmansk Region (448). Drug use has had the driving role in the epidemic in these regions.

There are 13.5 million people living in Northwest Russia. Population is diminishing in some regions like Archangelsk, Murmansk and Karelia. Increase takes place in Leningrad Region. During 2011, more than 14% of the population in NW Russia was tested on HIV (1.9 million people). Testing among immigrants has been increased, but at the same time testing of prisoners, drug users, MSM and STI patients has decreased.

Comparing numbers of new HIV cases in different Northwest regions it can be noted the following:

- Approx. 50% increase in the Republic of Karelia (106 cases in 2010 and 158 in 2011)
- 30% increase in Leningrad Region (1533 cases in 2011)
- 36% increase in Novgorod, and 23% increase in the Republic of Komi
- Good trend in Murmansk Region - 13% decrease, also in St. Petersburg 10% decrease

In 2011 there were 413 HIV cases detected among foreign guest workers in NW Russia. Majority of these cases were detected in St. Petersburg.

Cumulative number of HIV cases in NW Russia is 89,268. From these people 12,866 have died and thus 76,402 people were living with HIV in the end of 2011. Prevalence in St. Petersburg is 1%, and in Murmansk 0.4%.

Transmission routes were the following in Northwest Russia during 2011: 54% IDU; 43% - heterosexual contact; MSM 0,1 – 0,3% (the latter probably not describing the real situation).
In four regions IDUs are the biggest group, in seven regions sexual transmission is prevailing.

The biggest age group among infected was 30-34 in 2011; and the next biggest was 25-29. Infections among youth are decreasing, but girls have more infections than boys.

During 2011, 1237 children were born to HIV-positive mothers. Cumulative number of children born is 9156. Perinatal transmission was 7.8% in 2011 (8.6 in 2010).

Almost everyone who needed ARV treatment, received it in 2011 (under treatment were almost 11,000 persons). Treatment in prisons has been increased.

During 2011, altogether 1967 HIV-infected persons died. From them 1184 died from other reasons than AIDS - overdose, accidents, suicides etc.

As a conclusion it can be stated that the situation has stabilised, but on a high level of new cases. Decreased testing among risk groups indicates that the situation is bad. This means that more attention should be paid to the key populations at risk.

8. Presentation of the long-term action plan of the NDPHS Expert Group on HIV/AIDS and Associated Infections

Ali Arsalo, Chair of the HIV/AIDS&AI Expert Group (EG), informed the participants on the planning process in order to develop a long-term action plan for the Group. The model of planning the Barents HIV/AIDS Programme in 2004 was used as an example; and Logical Framework Approach as a tool.

The process was started after a growing demand from the political decision-makers of the NDPHS to see the added value brought by the work of EGs. At the same time the HIV/AIDS&AI EG wanted to check its objectives and find the common basis in changed situation. In series of meetings the EG defined main areas of problems in the field of HIV, AIDS and associated infections (i.e. tuberculosis, viral hepatitis and STI). On basis of problem analysis (problem tree), the objectives were defined. In the objective tree the six components form the working areas under which new concrete projects can be planned.

The main areas of problems and needs are the following:

1. Existing **policies and practices** do not fully support the prevention of the spread of HIV and associated infections (AIs)
2. Unsatisfactory monitoring and provision of **epidemiological info** in the Northern Dimension Area
3. Continuous **spread of HIV, TB** and associated infections
4. Deteriorating infectious disease situation of **risk groups**, migrants and other minorities
5. Complexity of the **HIV-AIDS-TB situation** is not properly responded by traditional approaches
6. **Insufficient capacity of the health care systems** to respond to the burden of HIV, TB and AIs.

Accordingly, the main working areas are the following:

0. Management component of the Strategy and Action Plan
1. Provision of support to **policy development** and cooperation
2. Improved monitoring and data on **epidemiological situation** in the ND Area
3. Effective **prevention** of the spread of HIV, TB and associated infections

4. Improved **tuberculosis** situation in risk groups, migrants and other minorities
5. Complexity of the **HIV and TB** situation recognized and new approaches developed
6. Improved capacity of the **health care systems** as response to the burden of HIV, TB and AIs

(See the problem and objective trees in the annex 4.)

The current situation is very challenging because of serious funding defects. One part of it is caused by the fact that Finland will finish financing of bilateral projects between neighbouring areas of Russia and Finland. The work is expected to be carried on through EU instruments, like ENPI CBC projects. Anyhow, these instruments are very limited and do not allow long-term institutional and personal relationships which ensure constant exchange of information and fruitful collaboration.

All participants are welcome to comment the problem and objective analysis of the EG, as well as use the analysis in their own work. Comments can be sent to outi.karvonen@thl.fi.

9. Organising of a NGO forum together with the HIV/AIDS&AI Expert Group in autumn in St. Petersburg

The NDPHS Expert Group on HIV/AIDS&AI had planned to organise a forum for NGOs and other actors in order to collect further comments to the problem and objective analysis of the EG. Financing for the forum was applied from EU, but it was not received. Now the EG is still willing to organise the forum in collaboration with the Barents HIV/AIDS Programme. The forum can be organised in St. Petersburg, as was also the original plan, and the Consulate General of Finland is willing to assist and give premises for the occasion.

The participants were interested in this idea; and it was proposed to organise the next Steering Committee meeting either before or after the forum. This could also serve as a meeting point for HIV/AIDS&AI members and Barents HIV Steering Committee members.

The proposed time for the forum and meeting is November.

10. Results of the evaluation of the Barents HIV/AIDS Programme

Programme Coordinator presented the main results of the evaluation of the Programme which was carried out in June–September 2011 by professor Pauli Leinikki (see the Progress report pages 3-4).

In the following discussion it was considered that the results are still very actual and valid. The only thing that has significantly developed, is that treatment situation is much better – all in need get ARV treatment nowadays. The problem remains with adherence to treatment by drug users. Treatment interruptions and refusals are constantly followed by the AIDS centres and ministries.

Marja Anttila commented that the recommendations by the evaluation should guide the activities in future and asked about dissemination of the report in Russia. The Chair answered that each SC

member can disseminate the report in their own work place and region. The recommendations can be followed as much as local circumstances allow.

In the Murmansk Region the political atmosphere has been favourable for HIV prevention and work; and attention is paid also to prevention of drug use and its harmful consequences.

11. JWGHS activities and future of the Barents HIV/AIDS Programme

Vibeke Gundersen from the Ministry of Health and Care Services joined the meeting and gave a brief resume on activities of the BEAC Joint Working Group on Health and Related Social Issues (JWGHS). Norway and the Republic of Karelia are co-chairing the Working Group in 2012–2013. The members of JWGHS come from ministries and health authorities of the regions (Norway, Sweden, Finland and Barents regions of Russia).The Barents HIV/AIDS Programme, Barents Tuberculosis Programme and Children and Youth at Risk (CYAR) get their mandate from the JWGHS. In October 2011, a new cooperation programme was confirmed for 2012–2015. In this programme HIV collaboration is described as a priority, and continuation of the Barents HIV/AIDS Programme is strongly supported.

The next meeting of the JWGHS will be in November in Petrozavodsk, and also Barents HIV/AIDS Programme will report its activities there. This will give an opportunity to discuss future possibilities for continuation of HIV collaboration.

The Chair thanked the Norwegian Ministry for all support for collaboration and projects. Discussion on **future of the Barents HIV/AIDS Programme** followed. The following comments were given:

- It seems that focus is shifting more towards non-communicable diseases in collaboration between Norway and other countries. Does this mean also re-orienting the financing? Vibeke Gundersen answered that Barents financing is focused on implementation of the JWGHS cooperation programme, and thus there will be financing for HIV and TB collaboration also in the future.
- Finnish financing for bilateral collaboration with Russia will be finished in the end of 2012. After that there will probably be small funds for multilateral network collaboration – such as NDPHS and Barents.
- Programme coordinator has discussed on financing for coordination of the Barents HIV/AIDS Programme in 2013 with the Ministry of Social Affairs and Health (Finland), Ministry for Foreign Affairs of Finland and Ministry of Health and Care Services, Norway. As Norway already finances coordination of CYAR and Tuberculosis Programme, efforts will be done to receive financing for HIV coordination in 2013 still from Finland. Programme coordinator will continue discussions with the Finnish ministries.
- A question was raised – what will happen after 2013? Should the Barents HIV/AIDS Programme be combined with the Tuberculosis Programme? Or should the collaboration be continued in another form? Possibility to include it under the NDPHS HIV collaboration has been discussed many times earlier, but it has been seen as a disadvantage – the Barents group is more regional and more practical.
- Harald Siem asked the Russian participants, whether they still feel this collaboration necessary. The collaboration was started in a different situation; nowadays Russian regions do have all the necessary information and knowledge. At the political level collaboration is seen important, but are there any professional reasons to continue?

- Vyacheslav Zinkevich answered that it is very important to meet face to face to discuss professional issues. It is much more effective than reading something from Internet. The documents don't tell issues that can be exchanged only in discussions.
- Anna Smirnova and Nina Holina from Karelia confirmed that these meetings are really necessary. Even though there is a lot of knowledge in Karelia, it is always interesting to discuss new experiences, especially in the field of prevention of HIV. Meetings give inspiration into the work at home. One advantage of these meetings is that representatives from different levels – national and regional – are gathered together.
- Karelian representatives added that the Steering Committee keeps reminding participants that HIV is not only a health issue.
- Svetlana Ogurtsova commented that preparing and giving a presentation for the SC opens new ways of seeing and thinking on HIV situation in NW Russia.
- Evgenia Kotova and Sergei Pogan told that as they do not have any Barents projects in the Republic of Komi, these meetings are extremely important for them. This is the only way to exchange information. It also enhances exchange of experiences between Russian Barents regions.

Harald Siem told that he was delighted to hear these opinions from the Russian participants. He proposed that maybe coordination work could be slightly reduced, if and when there will be less resources for it.

Jevgenia Kotova concluded that the Steering Committee gives its support for continuation of the Barents HIV/AIDS Programme and encourages continuing search for financing for the coordination.

12. Date and place of the next meeting
If the NGO forum which was discussed in the agenda point 9, will be organised in St. Petersburg in November, this will give a good opportunity for the SC to meet.

13. Any other business
No other business was discussed.

14. Closing of the meeting
The Chair thanked the Norwegian hosts for excellent program and delicious dinner and closed the meeting.

Annexes

Annex 1	List of participants
Annex 2	Progress report for 2011
Annex 3	Detailed list of projects
Annex 4	Problem and objective analysis of the NDPHS Expert Group on HIV/AIDS&AI