



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

Petrozavodsk, May 31, 2011

Venue: Hotel Onego Palace, Conference Room Selena

Meeting minutes

1. Opening of the meeting

The chairperson Evgenia Kotova opened the meeting and thanked the Ministry of Health and Social Development of the Republic of Karelia for the kind invitation. She forwarded best wishes to the Steering Committee from the new Minister of Health of the Komi Republic - Yaroslav Bordyuk.

Minister of Health and Social Development of the Republic of Karelia, Valentina Ulich welcomed the participants and expressed her support for the work of SC and continuation of common projects.

2. Adoption of the Agenda

The agenda of the meeting was adopted with the addition that the representative of the Archangelsk Region will present HIV and TB situation after the presentation of Murmansk Region.

3. Adoption of the Murmansk meeting minutes

The Minutes of the previous Steering Committee meeting in Murmansk on 10 November, 2010, were adopted.

4. Adoption of the Progress report for 2010

Progress report was adopted. The following suggestions about developing the report were given:

- The list of projects should be done in a table form to be easier to read
- Epidemiological information should be given also from Norway, Sweden and Finland

Because the progress report for 2010 has already been presented to JWGHs in March, it was agreed that these improvements will be done in the report for 2011.

5. Activities against HIV and AIDS on the level of Russian Federation. Overall epidemic tendencies in Northwest Russia

Tatiana Smolskaya, Northwest District AIDS Centre, started with an overview on the HIV situation on global level. Per every HIV case taken into treatment there are two new HIV cases detected.

HIV situation in Russia in 2010 remained difficult. According to federal statistics number of new HIV cases was 58,633 (incidence 41,3 per 100,000 inhabitants). Increase of new cases continues since 2005.

Total number of Russian citizens diagnosed with HIV is 592,110. HIV-infected mothers have given birth to 72,570 children. From these children 4741 got the infection (8.9%).

The biggest incidences in 2010 were registered in the following regions: Kemerovo, Samara, Irkutsk, Sverdlovsk, Novosibirsk, Orenburg, St. Petersburg and Hanti-Mansijskij region.

Some characteristics of the epidemic in RF in 2010 were given:

Among people with known infection risk factors:

- 59,2% were infected by parental way when using injection drugs, 38,6% - heterosexual way, 1,3% - homosexual;
- Men prevail among the newly identified cases – 74,5%, the share of women is 35,1% (progressively increases); parental way among men is – 74,5%, among women - 65% through sexual transmission;
- Reduction of the share of young people among the newly identified HIV infection cases continues;
- The most affected age groups among men are 25-29 (1,3%), 30-34 (2,2%), 35-39 (1,3%); for women – 25-29 (1,2%) and 30-34. (1,6%);
- As of the end of 2009, 20755 cases of TB + HIV were registered in the country (including the data from penitentiary system), in 2010 this figure increased to 24000 cases.
- TB is the most frequent reason of death during AIDS phase (from 30 to 60%) in different regions.

The same tendencies can be seen in Northwest Russia as in the whole RF. 15% of inhabitants are tested annually. At the same time only 8.6 % of tested belong to the risk groups (IDU, homo, bi, people with STI, prisoners).

Amount of new cases was 6911 in NW Russia (2010) - incidence 50.9 per 100,000 inhabitants. Incidences of regions were: St. Petersburg - 90.8; Leningrad Region - 71.9 and Kaliningrad Region - 43.

Newly infected are older than in earlier years, the biggest age group was 30-34 in St. Petersburg. Prevailing routes of transmission vary between regions: in St. Petersburg IDU transmission was 77%, in several other regions (like Archangelsk and Karelia) sexual contacts were the main transmission route. According to the research done by Pasteur Institute, NGO Stellit and Biomedical Center together, 61.4% of IDUs in St. Petersburg were HIV-positive in 2010.

Share of HIV+TB co-infection among newly detected TB cases was 12.5% in Murmansk (2010, including prisons). On federal level the HIV+TB programme has been developed further in 2011.

ARV treatment was offered to 79,430 patients in 2010. Preventive medication was given to 75% of mother-child pairs - drug addicted pregnant women make the percent lower than it would be otherwise. Among prisoners there are 55,000 with HIV-infection.

New initiatives on fighting drug abuse were recently announced by the President Medvedev:

- Treatment and re-socialization instead of punishment;

- Testing school pupils for drug use;
- Sales of some medicines only under prescriptions is being discussed .

6. Progress report

Development of HIV situation, HIV+TB co-infection and prevention activities in the Republic of Karelia

According to Inna Rozhkova, the main developments in Karelia were the following:

- As of 1 May 2011, 911 HIV infection cases were registered in the Republic of Karelia, including 724 residents of the republic.
- During the last 2 years the number of HIV infection cases has been increasing again. In 2010, there were 114 new cases detected.
- The share of the young people of 20-29 years of age among the HIV infected cases is 57%. Anyhow, the infection is "getting older".
- In 2010, sexual transmission prevailed – 58%.
- Fewer infections have been detected among IDUs, at the same time infections among prisoners have increased.
- Infections among pregnant women have increases, as well as infections detected due to clinical symptoms.
- HIV-infected women have given birth to 105 children; four children have positive test result.
- Incidence of TB is 3000 per 100,000 PLWHA. HIV-infected persons get TB screening twice a year.

Karelia together with Filha applied financing for a project on TB+HIV, but did not receive it.

Tuberculosis in Karelia in connection with HIV

Anna Belozerova from the Karelian Ministry of Health and Social Development described the TB situation in Karelia. TB incidence is decreasing year by year, but anyhow the situation is not so good. Primary MDR is increasing; in 2010 it was already 27.6% among new TB cases.

In the end of 2010, 17 HIV-infected patients with tuberculosis were followed-up. It is problematic that there is no federal normative document about prevention and treatment of HIV+TB. HIV-infected persons should get TB screening in the AIDS centre and not in the TB dispensary - in order not to catch TB while screening.

Development of HIV situation, HIV+TB co-infection and prevention activities in the Murmansk Region

Fedor Bailuk from the Murmansk Regional AIDS Centre presented the situation in the Murmansk Region. In the end of 2010 total number of HIV-infected people in Murmansk region was 3632. Number of new cases registered – 391. As this number is lower than previous year, it gives some hope of stabilisation of the situation.

Ways of transmission in 2010 were: 60.7% - IDU and 37.2% - sexual contact. Even though IDU transmission is still prevailing, its share has diminished during years. Biggest numbers of IDU transmission in 2010 were detected in the city of Murmansk, Kovdor and Apatity.

The biggest HIV prevalence is in Kandalaksha, followed by Kolskiy district, then the city of Murmansk.

The peaks of drug use in the Murmansk Region have been in 2001 and 2005; new increase can be seen in 2010 - on basis of registered cases of drug use with psychological or behavioural disorders.

HIV prevention is not financed by the national project, only testing. Amount of positive test results has increased among pregnant women and also among donors.

There were 107 cases of HIV and TB co-infection in the Murmansk Region detected during 2010. From these 73 were active TB, and 34 non-active. Among prisoners approx. 20 cases of HIV+TB are detected annually. The project with Filha tackles these problems.

Development of HIV situation, HIV+TB co-infection and prevention activities in the Archangelsk Region

Olga Shabalina from the Ministry of Health and Social Development of the Archangelsk Region informed on recent developments. Number of new cases remains low - 84 in 2010, even though 18% of population was tested. Cumulative number of HIV cases is 621.

The most common transmission route is sexual contact - 74%.

Some characteristics of the situation in 2010:

- Increase in new cases compared with 2009 by 31%
- More than 22,7% are persons coming from other regions and cases detected in the penitentiary system
- Increase of co-infection of HIV and TB (7 cases in the civilian population during 2010)

In Archangelsk a joint commission of TB and HIV specialists has been established, and on HIV specialist works/visits the TB dispensary.

Collaboration is carried out with penitentiary system (UFSIN). The UFSIN buys tests, and AIDS centre does CD4 and viral load examinations for prisoners.

Development of HIV situation, HIV+TB co-infection and prevention activities in the Republic of Komi

Sergey Pogan - the new head physician of the Komi AIDS Centre, informed participants on the situation in the Republic of Komi. Incidence in Komi remains low - 14.7 per 100,000 inhabitants in 2010. Majority of infections detected in 2010 were among men - 60%. This differs from the previous year when women had 55% majority. Main transmission route in 2010 was sexual contact (53%).

There are many penitentiary institutions in the Komi Republic, and they have high numbers of new cases annually. During last year, 35% of new cases were detected in the prison system.

Co-infection of HIV and TB has been increasing since 2006, during last year there were 40 cases detected. Cumulative number of HIV+TB cases is 192; almost half of them in prisons. 55 people have died with co-infection. Tuberculosis is one of major reasons for death of PLWHA.

Development of HIV situation, HIV+TB co-infection and Norwegian prevention activities

Harald Siem gave the presentation on basis of slides from Hans Blystad, Norwegian Institute for Public Health.

The main characteristics of the situation:

- After a peak in 2008, the number of newly diagnosed HIV cases in Norway has shown a slight decline over the past two years. This is mainly due to a decrease in newly arrived HIV-infected asylum seekers and family migrants.
- For men who have sex with men (MSM) the situation remains very worrying with still high number of newly infected cases .
- Number of newly infected drug users remains low and stable
- There are approx. 4000 people living with HIV in Norway. Of these:
 - Ca. 40 % of PLWH is heterosexuals, the great majority of immigrant background
 - Ca. 40% of PLWH is men who have sex with men
 - Ca. 10% of PLWH is infected in other ways, primarily by injecting drug use.
- Approx. 30 - 40 children are living with HIV

Structures of society play an important role in HIV prevention. We should try to influence social policy.

Development of HIV situation, HIV+TB co-infection and Swedish prevention activities

Gunilla Rådö from the Swedish Institute for Communicable Disease Control (SMI) started her presentation by informing on structural changes in Sweden: HIV prevention has now been integrated into the SMI and thus their department is closer to the epidemiological surveillance.

There are 9 400 HIV cases reported in Sweden during 1985 - 2010. Currently approx. 5 300 people are living with a known HIV infection in Sweden. This makes approx. 570 HIV infected persons per 1 million inhabitants (there were 9.4 million inhabitants in Sweden 2010).

During 2010, there were 465 HIV-cases registered which is almost same as previous year. Incidence rate is approx. 5 cases per 100 000 inhabitants (2010). There has been slightly increasing trend during the last decade.

The biggest group among detected cases in 2010 is immigrants who have been infected before coming to Sweden. Amount of those people who have been infected in Sweden has stabilized. Also amount Swedish people who have got the infection abroad remains quite stable.

The main transmission route is heterosexual contact, and then come MSM. The IDU transmission is not very common, but as it has been realized as a threat, needle exchange programme has been decided to be started in Stockholm.

Chlamydia numbers remain high - 36 803 cases last year, but some success has been reached by prevention programmes in some regions.

A large study called UngKAB has been implemented among youth aged 15-29 through Internet. There were 15,000 respondents; and it is planned to be repeated after some years (see www.ungkab.se).

In the pipe line there are the following plans:

- National Action Plan for HIV/STI prevention in MSM
- National Action Plan for HIV/hepatitis prevention in IDU

An interesting upcoming Conference is **FEMP2011 – European conference on HIV/STI-prevention in MSM**. The conference will take place in Stockholm 10-11 Nov 2011, see www.femp2011.eu

Development of HIV situation, HIV+TB co-infection and Finnish prevention activities

Marja Anttila from the National Institute for Health and Welfare (THL) described the situation in Finland:

- In 2010 188 new HIV infections were registered. From these 70% in males and 30% in females; 43 % (80) were foreign citizens.
- Transmission routes were:
 - Sexual: 140 cases (74%) of which
 - MSM 46; Heterosex-Men: 49; Heterosex-Women: 44
 - IDU 6 (3%)
 - Not known 40 (22 %)
- Altogether 2778 HIV+ diagnoses made in Finland by the end of 2010

TB in Finland remained on low level in 2010: 330 cases, out of which lung TB 237. 30% of the TB cases are in immigrants.

There were 6 cases of multi-resistant TB detected in 2010. So far, no XDR TB has been detected in Finland, but in the MDR cases resistance has broadened. Statistics of HIV and TB co-infections are: 2008 – 6; 2009 – 6; 2010 – not known. All diagnosed cases receive free-of-charge treatment for both TB and HIV-infection, under supervision of infectious diseases specialists

Challenges in Finland are the following:

- Need to increase testing, presently nearly half of new HIV positive cases have CD4 count \leq 350
- Significant portion of new infections transmitted from persons who are not aware of their infection
- More information is needed regarding sexual knowledge, attitudes and practice of general population, as well as the knowledge and use of prevention methods in most at risk groups (MSM, sex workers and their clients, IDUs)
- Foreigners – a heterogeneous group with varying possibilities for prevention, treatment and care depending on their reasons to be in Finland
- Criminalization of HIV-transmission – problematic issue

Barents Programme and Northern Dimension activities

The Programme Coordinator Outi Karvonen reported latest activities of the Barents HIV/AIDS Programme which include:

- Concluding seminar of the project “Governance of HIV/AIDS prevention in Northwest Russia”, 2 December in Archangelsk
- Seminar of the TB/HIV collaboration project in Murmansk, 1 December
- Presentation of Murmansk TB/HIV and LTSC projects at the 41st Union World Conference on Lung Health, Berlin, 11-15 November 2010
- Progress report in the JWGHS meeting in St. Petersburg, 3 March
- Participation at the first Barents TB Programme meeting in St. Petersburg, 13 May

In May there are 12 projects ongoing under the umbrella of the Barents HIV/AIDS Programme; 5 projects under consideration and 26 projects completed.

It is planned that the HIV Programme shall be included in the Barents cooperation programme on health and related social issues 2012–2015. The draft text was discussed, and it was agreed that some changes might be brought by the evaluation of the Programme.

The NDPHS Expert Group on HIV/AIDS and Associated Infections has got a new chairperson – Dr. Ali Arsallo whom most of the SC members know. The Expert Group has organized two planning meetings (in Svetlogorsk and Sopot) to develop a project tackling HIV among IDUs in the Kaliningrad Region. The spring meeting of the Expert Group was organised in Riga.

The EG plans to do an analysis of the goals and operational targets and their possible revision and will start the process at the meeting in Porvoo (13-14 June). Example of the Barents

HIV/AIDS Programme planning will be used in this process. The results of this analysis may influence also Barents collaboration.

7. Expectations for future collaboration within the Barents HIV/AIDS Programme

These questions will be discussed during the forthcoming evaluation of the Programme.

8. Evaluation of the Barents HIV/AIDS Programme, current state

The draft Terms of Reference was discussed, and some corrections and additions were done (see corrected version in the Annex 3). The evaluation will be implemented during this summer by professor Pauli Leinikki together with Programme Coordinator.

9. Date and place of the next meeting

The Chair proposed that the next meeting could be organised in connection of the next JWGHS meeting which will be in Syktyvkar in October. The details will be communicated later by e-mail.

10. Any other business

It was proposed that a new brochure on Barents HIV/AIDS Programme should be prepared. The Programme Coordinator promised to include these costs into the budget of the application for 2012.

11. Closing of the meeting

Organisers (THL) and Ministry of Health and Social Development of the Karelian Republic were thanked and meeting was closed. Special thanks were given to Dmitry Titkov for excellent organisation and interpretation.

Annexes

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| Annex 1 | Agenda |
| Annex 2 | List of participants |
| Annex 3 | Terms of Reference of the evaluation |



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Petrozavodsk, May 31, 2011

Venue: Hotel "Onego Palace", Conference Room "Selena"

Draft agenda and timetable

Tuesday, 31 May		
1.	09.30-10.00	Opening of the meeting Evgenia Kotova - Chair of the Steering Committee (SC) for Barents HIV/AIDS Programme Welcome speech - Valentina Ulich, Karelian Minister of Health and Social Development
2.		Adoption of the Agenda
3.		Adoption of the Murmansk meeting minutes
4.		Adoption of the Progress report for 2010
5.	10.00-10.40	Activities against HIV and AIDS on the level of Russian Federation. Overall epidemic tendencies in Northwest Russia - Tatiana Smolskaya, Northwest District AIDS Centre
6.		Progress report
	10.40-11.10	Development of HIV situation, HIV+TB co-infection and prevention activities in the Republic of Karelia
	11.10-11.30	Coffee break
	11.30-11.50	Development of HIV situation, HIV+TB co-infection and prevention activities in the Murmansk Region - Fedor Bailuk, Murmansk Regional AIDS Centre

	11.50-12.10	Development of HIV situation, HIV+TB co-infection and prevention activities in the Republic of Komi - Komi AIDS Centre
	12.10-12.30	Development of HIV situation, HIV+TB co-infection and Norwegian prevention activities – Harald Siem, Norwegian Directorate for Health
	12.30-13.30	Lunch
	13.30-13.50	Development of HIV situation, HIV+TB co-infection and Swedish prevention activities - Gunilla Rådö, Swedish Institute for Communicable Disease Control
	13.50-14.10	Development of HIV situation, HIV+TB co-infection and Finnish prevention activities - Marja Anttila, National Institute for Health and Welfare (THL)
	14.10-14.30	Coffee break
	14.30-14.50	Barents Programme and Northern Dimension activities - Outi Karvonen, THL
7.	14.50-15.10	Expectations for future collaboration within the Barents HIV/AIDS Programme
8.	15.10-15.20	Evaluation of the Barents HIV/AIDS Programme, current state
9.		Date and place of the next meeting
10.		Any other business
		Discussion
11.	15.40	Closing of the meeting
	18.30	Dinner