

Barents HIV and TB Programs

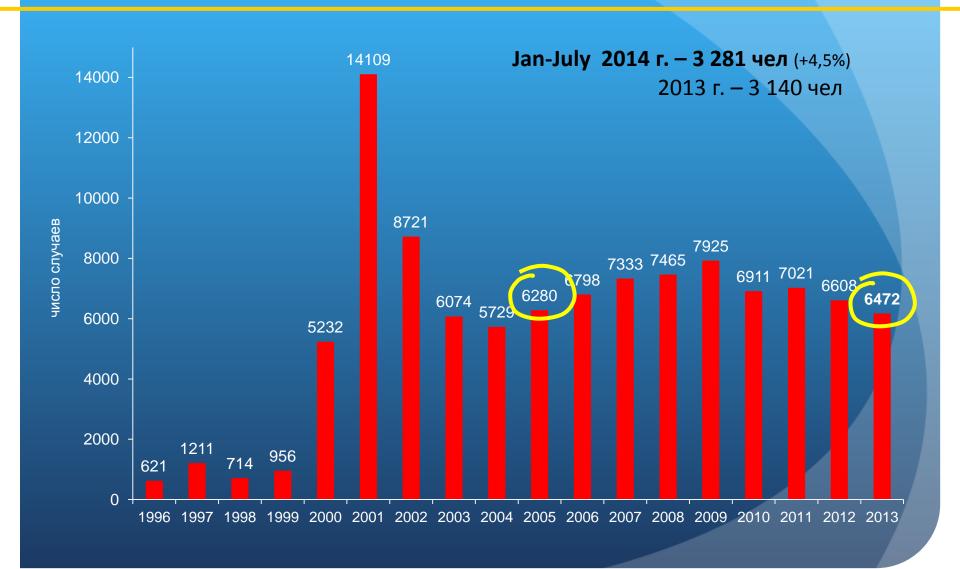
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International Technical Advisor (NDPHS)

Barents TB and HIV Programmes

JWGHS meeting, 10-11 of December 2014, Umeå, Sweden.

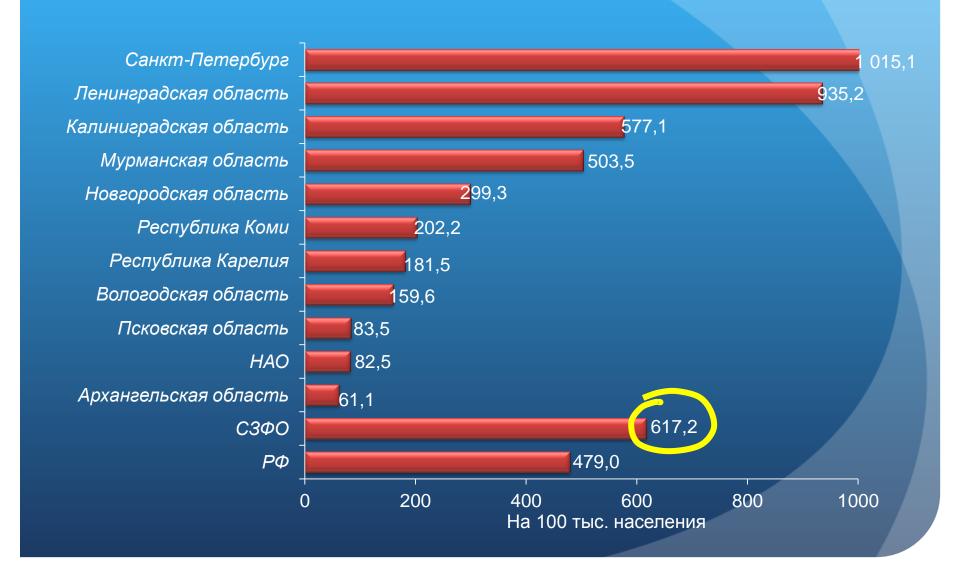
New cases of HIV registered in the NW Region of RF in 1996 - 2013 rr.



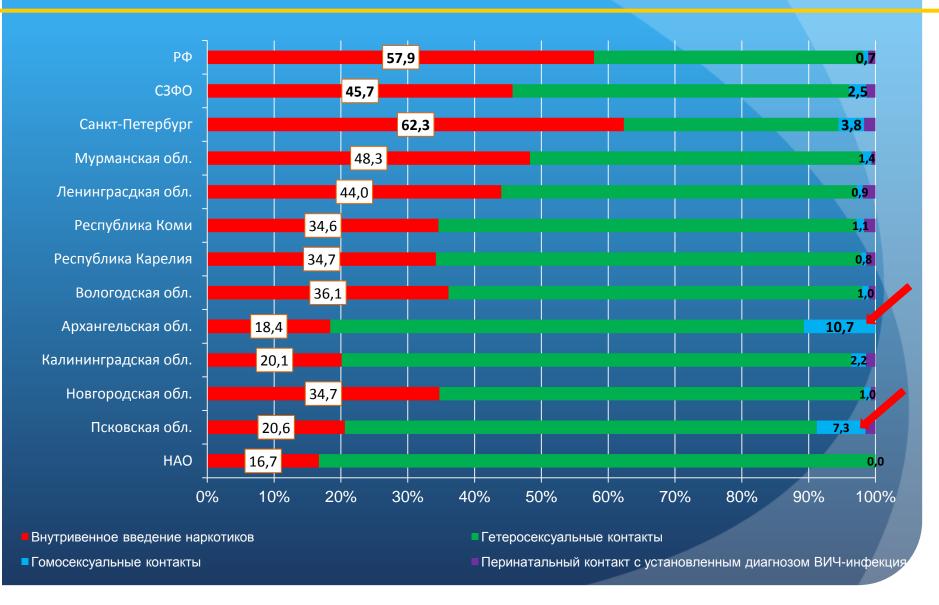
New cases diagnosed in 2012 and 2013

Region	2012 г.	2013 г.	Difference (%)
Arkhangelsk Oblast	92	109	18,4
Vologodskai oblast	192	215	12,0
Pskov oblast	68	73	7,4
Murmansk Oblast	354	364	2,8
Republic Komi	203	202	- 0,5
Leningrad Oblast	1 410	1 392	- 1,3
Republic Karelia	162	158	- 2,4
Sankt-Petersburg	3 306	3 211	- 2,9
Kaliningrad Oblast	439	426	- 3,0
Novgorod Oblast	382	318	- 16,8
NW Region	6 608	6 472	- 2,1

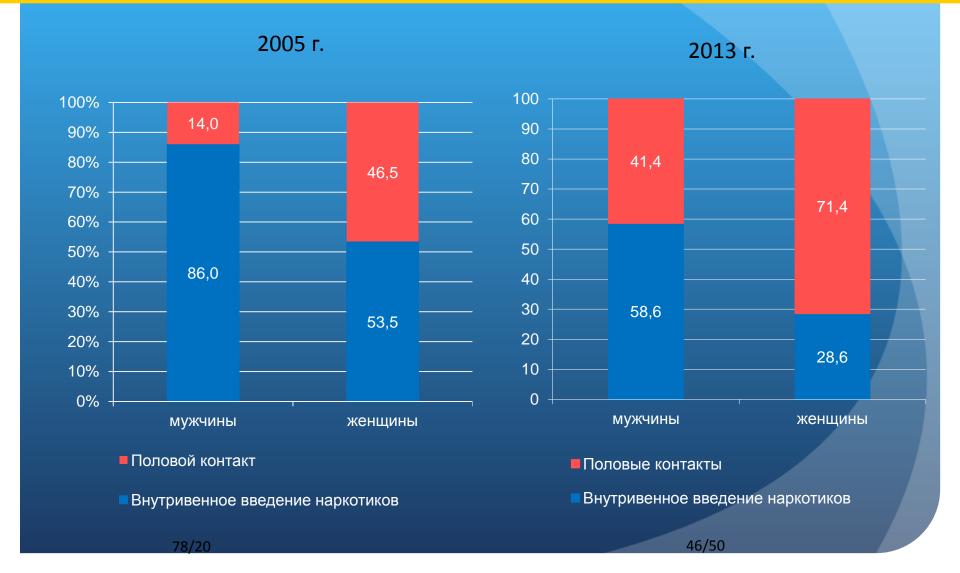
HIV Prevalence in NW Russia by 31.12.2013



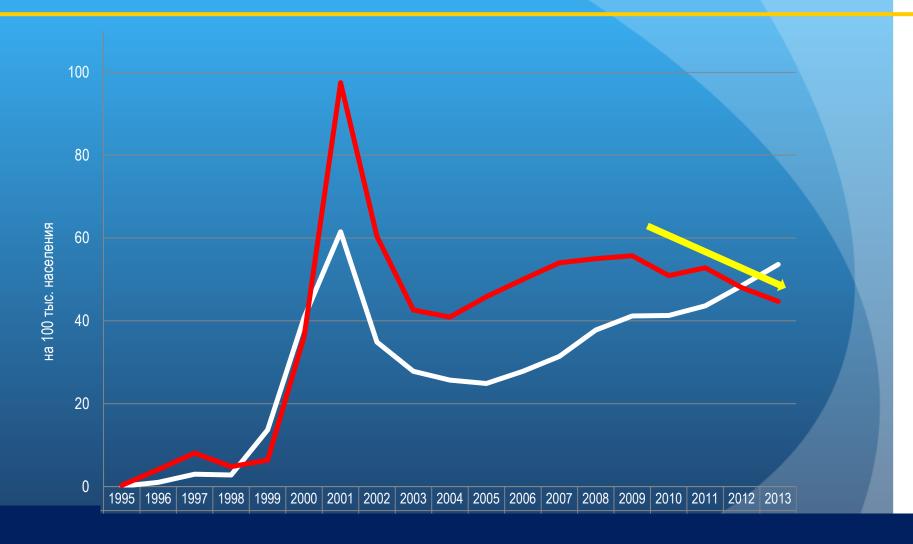
Route of transmission of HIV in NW Russia in 2013



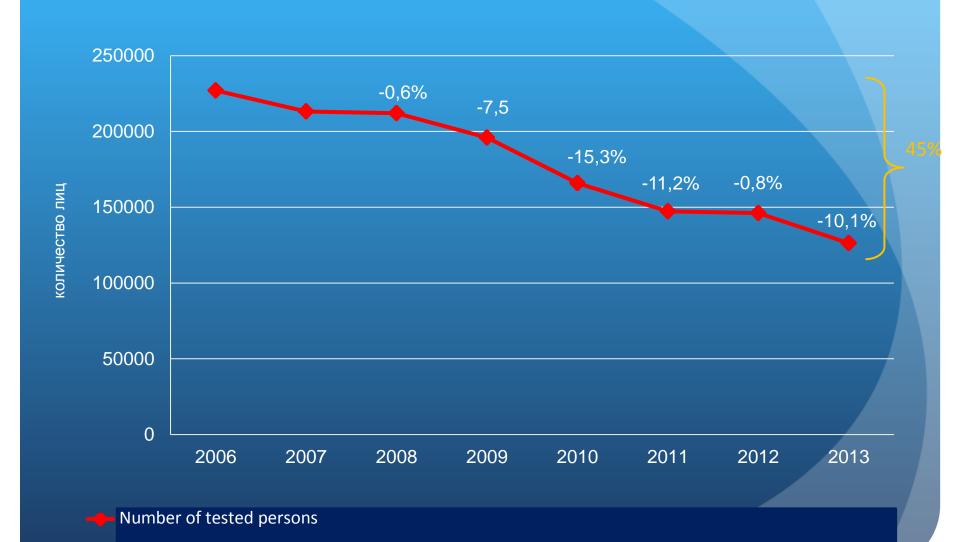
Route of transmission in 2005 and 2013



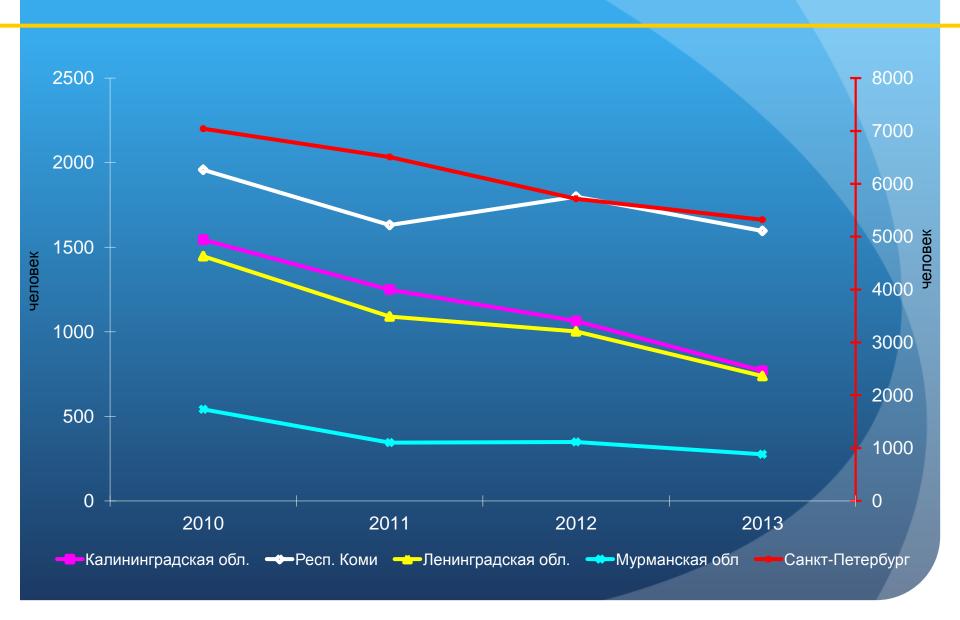
HIV Morbidity in RF and NW Region in 1995-2013.



Persons tested on HIV from the High Risk Groups in NW Region



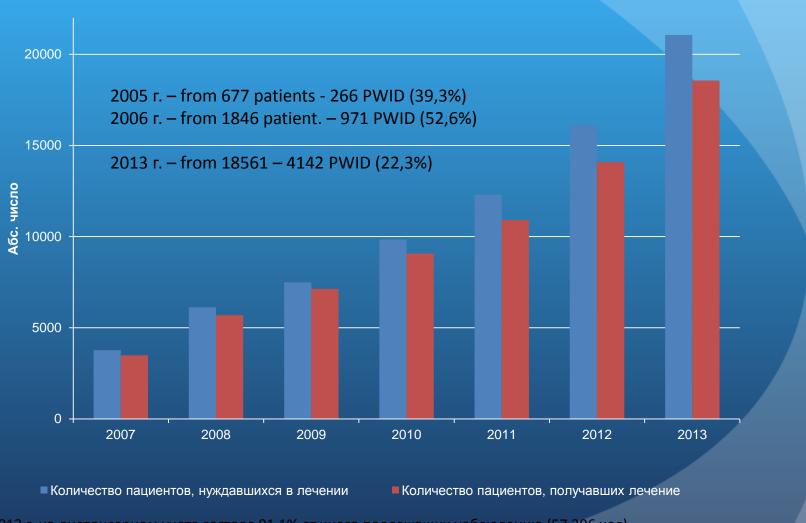
PWID tested on HIV in 5 Regions of the NW Russia



PWID in NW Russia

- ~ 25% PWID are HIV+
 - Vologda 7%
 - Sankt-Petersburg –54,6%

Number of patients on ARV treatment.



В 2013 г. на диспансерном учете состоял 91,1% от числа подлежащих наблюдению (57 396 чел)

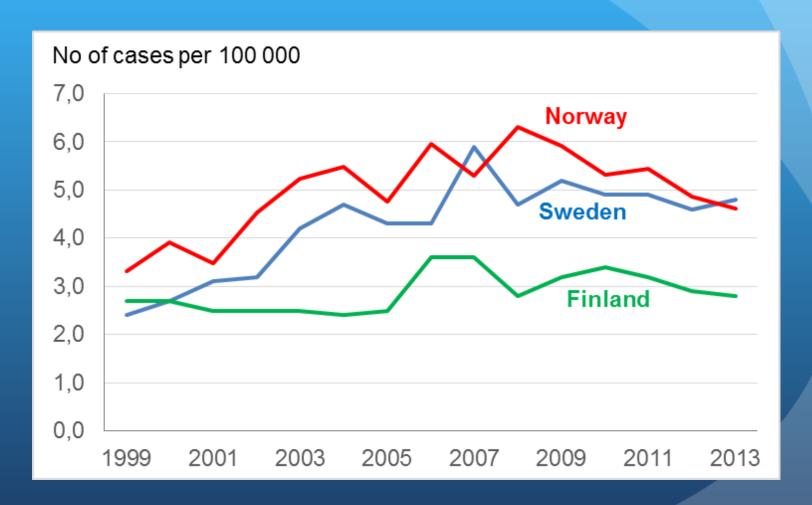
On 31.12.2013 in NW Region:

- Totally Registered 102 302 HIV cases

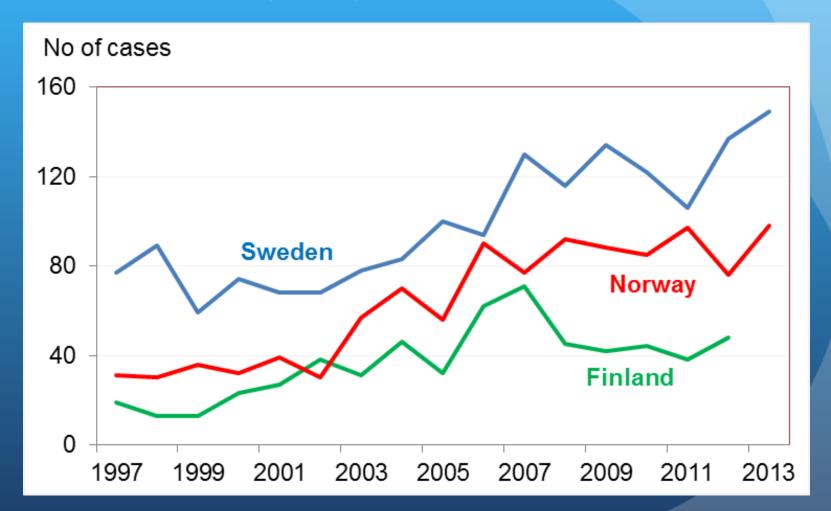
- 84 768 persons living with diagnosis

- **17 534** persons died

HIV notifications 1999-2013



HIV notifications 1997-2013 men who have sex with men (msm)



HIV trends - Finland

- Sexual contact is the most common route of HIV transmission in Finland heterosexuals accounted for around 40 % of the cases men having sex with men around 30 %, injecting drug users around 10 %
- The majority of the MSM HIV infected are Finns, contracted the infection in Finland. The prevalence of HIV in this group is significantly higher than in the general population.
- The number of heterosexual infections has been steadily growing, among both foreigners and Finns. A significant number of Finnish HIV infections had been contracted outside of Finland.
- Low HIV incidence among drug users in recent years (HIV prevalence around 1 %).
- Late diagnosis is still a problem. In 2013 infection was diagnosed late in about half of the cases (CD4 < 350)

HIV trends- Norway and Sweden

- The number of notified cases have for the last 10 years been relative stable, often detremined by the number of hiv infected migrants coming from high endemic countries in Africa and Asia.
- The most common diagnosed risk group is men who have sex with men (in 2013 32% of all notifications, in Norway 42%). Diagnosed cases among MSM remains high. An increasing number of infected MSM occurs among the migrant population.
- The majority of diagnosed cases are infected abroad (in 2013 76% of all notifications, in Norway 68%). The overwhelming majority of these are migrants infected heterosexually before arriving to Sweden and Norway.
- Number of newly diagnosed drug users remains low and stable
- Mother-to-child transmission is very rare
- Very high number of all diagnosed HIV positives are under ARTtreatment (in Norway around 90%).

Barents HIV/AIDS Programme

- Established in 2005
- Under the Joint Working Group in Health and Related Social Issues (JWGHS) of the Barents Euro-Arctic Council
- Steering Committee:
 - Members from Murmansk and Archangelsk Regions, Republics of Karelia and Komi, Nenets Autonomic District, Northwest Russian District, Norway, Sweden and Finland
 - Chairperson: Vice-minister of Health, Komi Republic
 - Coordination: THL, Finland

Status of Projects under the Barents HIV Programme

- 7 projects ongoing 6 financed by Norway, one by Finland
- 3 projects under consideration Financial support from Norway
- 39 projects completed 13 financed by Finland, 2 by NCM, 1 by Sweden and 23 by Norway

Plans for 2014-2015

 Project "Promotion of good practices in the work against HIV and tuberculosis in the Barents region"

Expected results

- Networking and exchange of information improved between HIV and TB specialists in the Barents region
- Provision of support to strengthened exchange of best practices and experiences with comprehensive and realistic approaches in the Barents region
- Provision of support to NGOs working with vulnerable groups of people in the Barents region
- Advocacy work done in order to bring the understanding of the complexity of the HIV and TB situation to authorities of the Barents region

Closing in August 2015

Plans for spring 2015

- A training seminar/workshop
- Objectives
 - To establish and strengthen the mechanisms of collaboration and joint management between HIV programmes and TB-control programmes for delivering improved and integrated TB and HIV services, as recommended by the Barents Tuberculosis Programme;
 - To develop closer interaction between the civilian and penitentiary healthcare services;
 - To exchange actual information between key experts from Norway, Sweden, Finland and Russian Barents regions.
- Maximum 50 participants will be invited.
- Venue of the seminar: Archangelsk, Murmansk or other suitable location

Development of the new Programme for HIV prevention in the Barents Region

- Introduction
- Guiding principles
- Epidemiological Background
- Challenges
- Current Policies and Legal documents
- Overall Objective
- Specific Objectives
- Indicators
- Actions for specific objectives

Guiding Principles

- All HIV efforts/projects will have the promotion, protection and respect of human rights, including gender equality;
- HIV prevention projects will be differentiated and locally adapted to the relevant epidemiological, economic, social and cultural contexts in which they are to be implemented
- In the implementation of the planned HIV activities/projects, involvement of the nongovernmental and private sector, patient groups and PLHIV will be endorsed

Specific Objectives

- To reduce HIV vulnerability and risk among key population groups with a special focus on injecting drug users, men who have sex with men, migrants and prisoners- by scaling up coverage of high-quality, key HIV prevention programmes and services
- To reduce HIV vulnerability among the general population by raising awareness and promoting prevention behaviours with a special focus on prevention at work palce the risky behaviours including harmful use of alcohol and drugs.

Specific Objectives (cont)

- To strengthen the institutional capacity of coordinating bodies and establishing mechanisms to implement a wellcoordinated multisectoral response at national and local levels.
- To improve international collaboration to promote implementation of comprehensive HIV/AIDS prevention, care and control

Actions targeted towards

- HIV transmission prevention in general population, including HIV prevention at workplace and in key groups - people who inject drugs, sex workers, men who have sex with men, people in prison,
- Strengthening national capacity for inclusive governance and coordination of national HIV responses.

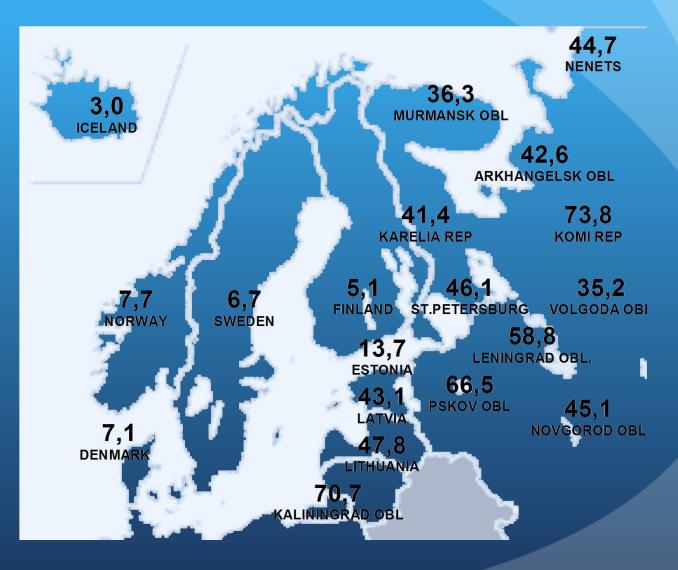
Actions targeted towards (cont)

- Strengthening and integrating alcohol and HIV prevention and control programmes and policies
- Strengthening international cooperation in HIV/AIDS prevention and control

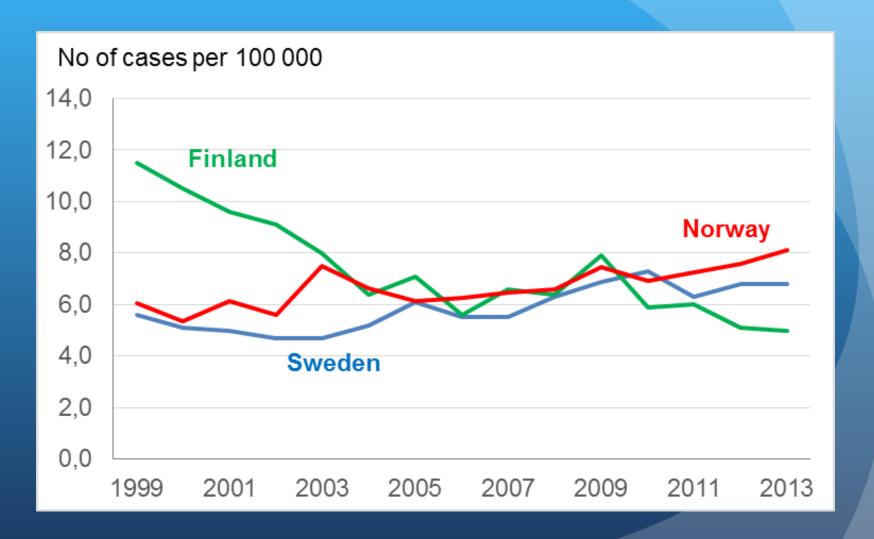
Next steps

- Finalization of the document by Mid-January
- Sending out the final draft to the JWGHS in February
- Collecting comments and suggestions by end of February
- Presenting for the Adoption during the next meeting of the JWGHS

Notified cases of tuberculosis per 100 000 in the Barents- and Baltic Sea area, 2012

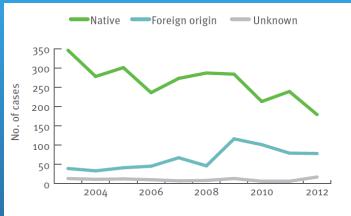


Tuberculosis notifications 1999-2013

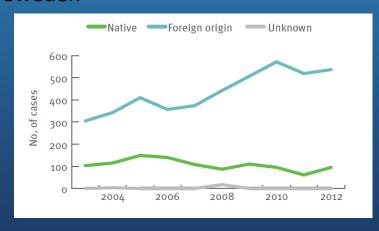


Tuberculosis Notifications by geographical origin 2004-2012

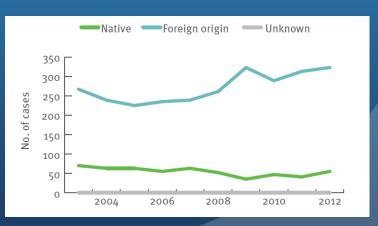
Finland



Sweden



Norway



From: Tuberculosis surveillance and monitoring in Europe, ECDC 2014

Percentage of TB cases of foreign origin by country, EU/EEA, 2012

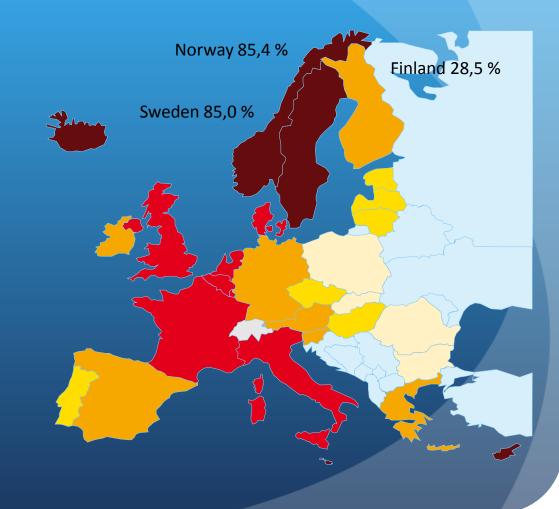
< 1%

1 to 24.9%

25 to 49.9%

50 to 74.9%

≥ 75%



Percentage of multidrug resistance (MDR TB) among all confirmed TB cases by country, EU/EEA, 2012

< 1%

1 to 1.9%

2 to 4.9%

5 to 9.9%

≥ 10%



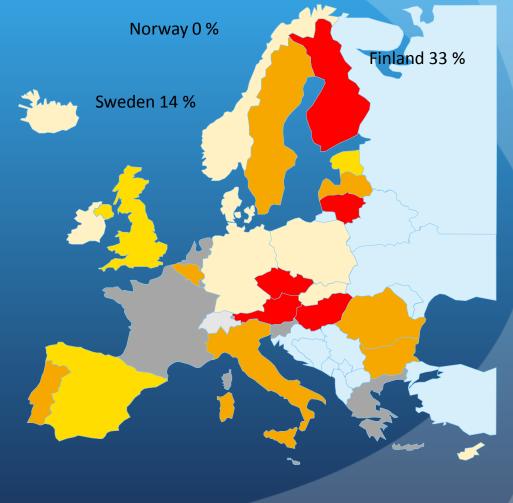
Percentage of extensively drug-resistant TB cases among multidrug-resistant TB cases tested for second-line drug susceptibility, by country, EU/EEA, 2012



1 to 9.9%

10 to 19.9%

≥20%



TB Burden Among All Cases by Regions MDR TB cases 260,000 ¬ % MDR TB ■ No.MDR cases 26% 240,000 ■ % MDR TB 24% 220,000 22% 200,000 20% 180,000 18% 160,000 16% 140,000 14% 120,000 12% 100,000 10% 80,000 8% 60,000 6% 40,000 4% 20,000 2% 0 ₩ Mediterranean Africa low HIV Africa high HIV Central Europe Latin America Western Pacific Market Economies Eastern Europe South-east Asia incidence incidence Eastern Region Established Region



•In 2009, only seven EU/EEA Member States achieved the target of ≥80% culture confirmation among new pulmonary cases.

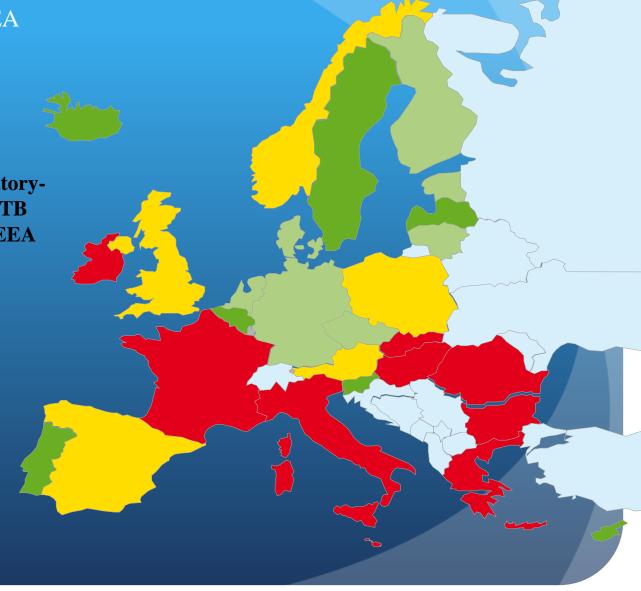
Figure 4: Proportion of laboratoryconfirmed new pulmonary TB cases diagnosed in 2009, EU/EEA

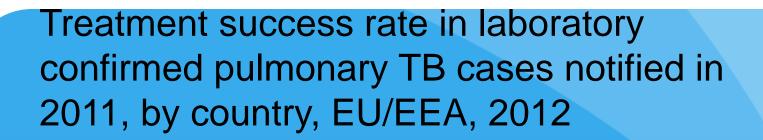
< 60%

60 to 70%

71 to 79%

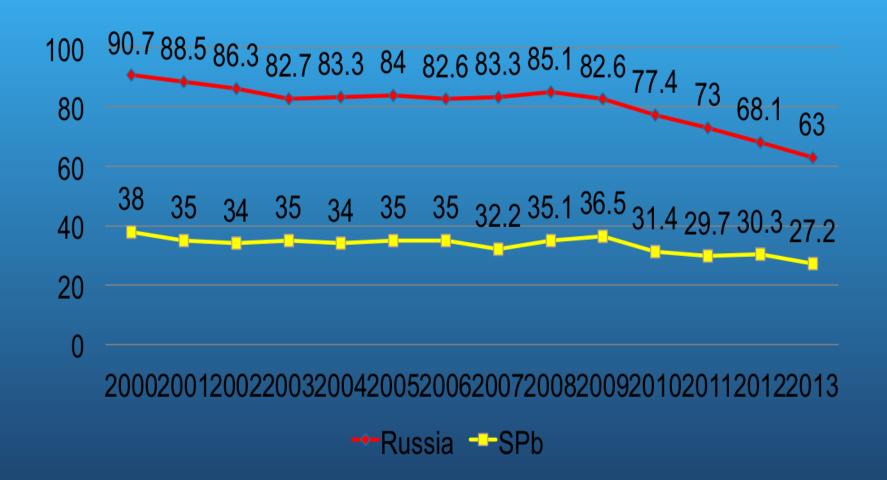
≥ 80%





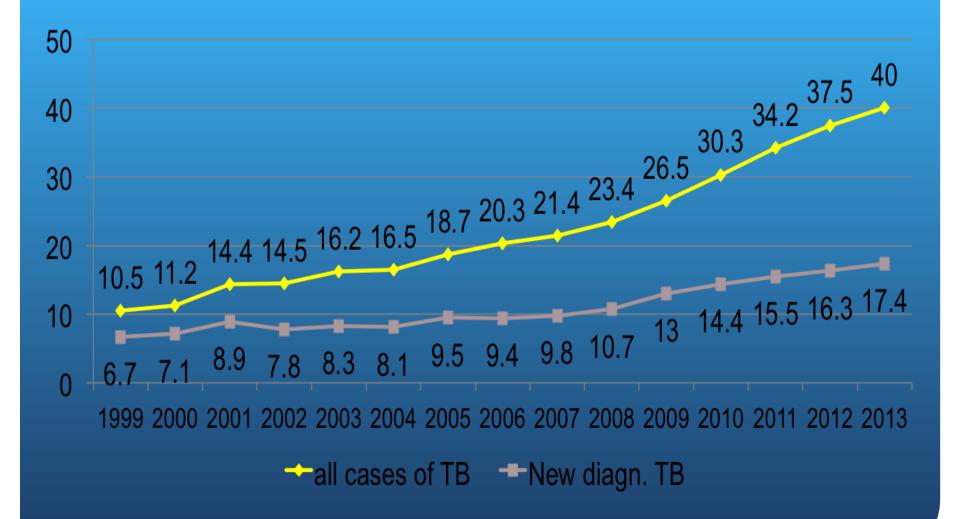


TB incidence per 100 000



13. mai 2015

MDR-TB in RF



13. mai 2015

Summary Some facts:

The MDR-TB problem is a real and increasing in parts of the world

We need timely and realible DR information to improve therapy of MDR-TB cases and to stop further transmission of MDR strains

We need to scale up the laboratory capacity to deliver such data

In each country the local situation must be analyzed and considered

- The local epidemiology
 prevalence of TB and of DR TB
 co-morbity eg TB in HIV+individuals
- The local situtation regarding relevant resources

available safety laboratories equipment and trained staff infrastructure (transportation) financial situation

TB Programme activitites

- The Conference on experiences from the last 15 years of collaboration on TB control in Arkhangelsk was held in October 2014 with participants from different districts and oblasts in North Western Russia (about 100 participants, mostly Russian)
- A report is being finalized summing up what has been done, what has been learned, and what the program (based on the above) suggests for future collaboration. This report will be widely shared once finalized in both Russian and English.

The skills training of patients (component 6)

 Implemented in Arkhangelsk and in Sevrodvinsk. Training sessions in computerskills have been carried out in collaboration with the Dispensary, the childrens Sanatory (for the older children of 16+) and in the TB Dep in Sevrodvinsk

Health communication (component 3)

- Trainings in health communication has been carried out in collaboration with the AIDS center, but with participation from other institutions and districts
- Patient friendly booklet development for HIV+ (+TB
)patients is being developed. Currently a needs
 assessment among patients is being carried out to
 inform the content of such a booklet. The booklet will
 be developed and pretested before putting into use

Collaboration with the childrens sanatory (component 5),

- Organizing activities for the children and improving their quality of life while admitted at the Sanatoria.
- Regular visits and meetings with parents have also been institutionalized.
- A family ward is under construction.
- Equipment/playground, for sports and for cultural activities and smaller trips outdoors etc has been focused this year.

Information campaign (component 4)

- Information material has been developed, volunteers (40) have been recruited (mostly students) and campaigns have been carried out in four different areas, last in Sevrodvinsk. The aim is to get people that are symptomatic to go for testing for TB to secure early diagnosis
- Local authorities in Sevrodvinsk co-financed activities there. In general the campaigns focus on better health, but TB is part of the information given. "Informed means protected", has been the slogan.

The collaboration with the penitentiary sector (component 2)

• For 2015 a Conference focusing on prison health will be organized in Arkhangelsk (probably June). Findings will be presented there along with experiences from collaboration between civil and prison sector.

• The program also wishes to expand geographically and an assessment of and with key persons in Komi is expected to take place 2015 to explore possible collaboration in the area of prison health.

Special thanks

- Outi Karvonen
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