



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

**St. Petersburg, September 22, 2009**

**Venue: Hotel St. Petersburg, Pirogovskaja Emb. 5/2**

**Minutes**

**1. Opening of the meeting**

Tatiana Smolskaya opened the meeting and welcomed everybody in St. Petersburg on behalf of the Northwest District AIDS Centre.

In her welcoming words consul Paula Karppinen from the Consulate General of Finland expressed Finland's support to collaboration in the field of HIV and AIDS. Annual budget of Finland to cooperation with neighbouring areas is approximately 19 million Euros which is divided between environment, economic, social, health and other sectors.

Chairman Arkadi Rubin opened the meeting and thanked organisers for offering such an honourable environment for this event.

**2. Adoption of the Agenda**

The agenda of the meeting was adopted.

**3. Adoption of the Luleå meeting minutes**

The meeting minutes of the previous Steering Committee meeting in Luleå in April 16-17 were adopted.

**4. Activities against HIV and AIDS on the level of Russian Federation. Overall epidemic tendencies in Northwest Russia - Tatiana Smolskaya, Northwest District AIDS Centre**

By the end of twentieth century it had become obvious that it is not sufficient to take only biomedical aspects into account when you study the epidemiological process of HIV. WHO recommended second generation surveillance, and since 2002 these studies have been conducted in Russia. A lot of information about behavioural aspects, risk groups and prevalence of HIV has been received by these studies. Unfortunately, so far such research is done only on project basis.

In Russia, the epidemic has been spreading in economically developed areas. HIV epidemic in Russia is tightly connected with drug addiction and Hepatitis C. Northwest Russia is one of the most affected regions. The areas with biggest amount of infected people in the Northwest are St. Petersburg, Leningrad, Kaliningrad and Murmansk Regions.

As of 1 January 2009, there were 67,768 HIV-infected people in Northwest Russia. 7,465 new cases were detected during year 2008.

During latest years active work has been done in the frames of the national project Health. AIDS centres are now much better equipped. Results can be seen also in some figures of Northwest Russia: more than 78% of HIV-infected people are followed up by dispensaries; 77% of pregnant women received preventive medication and 98% of children born to a HIV-positive mother received treatment; 93% of patients in need of ARV treatment received it. There is still work to do, as mother-to-child transmission is 8.7%.

Highly active HIV prevention has four components: biomedical strategies, behavioural change, antiretroviral treatment as well as social justice and human rights (T. Coates, L. Richter, C. Caceres Behavioural strategies to reduce HIV transmission: how to make them work better. Lancet, August, 2008).

After the presentation a discussion on future prognosis of HIV in Russia was conducted. According to Tatiana Smolskaya, very much depends on development of drug use. Reduction of poverty would be needed to tackle HIV in wider scale. The latest trend in Russian HIV policy is to emphasize promotion of healthy lifestyles and to put less attention to the risk groups.

## **5. HIV and TB co-infection in St. Petersburg - Alexander Pantelev, City Tuberculosis Hospital No 2, St. Petersburg**

In 2000-2001 tuberculosis cases among HIV-infected people started to increase. In 2008 there were 1277 dual infections of TB and HIV per 100,000 HIV-infected people in St. Petersburg. Increase in absolute numbers of co-infections is striking: 65 cases in 2003, 171 in 2005, 249 in 2007 and 445 cases in 2008. The increase continues, as in 6 months of 2009 there were 365 new cases of co-infection detected in St. Petersburg.

Share of HIV-positive people among newly detected tuberculosis cases was 14% in 2007. TB is difficult to detect in an HIV-positive person, because it is often extra-pulmonary. In St. Petersburg, TB is the leading cause of mortality among HIV-infected people.

MDR TB is a big problem, majority of TB cases among HIV-infected are resistant to one or several drugs.

Mortality among those with co-infection who do not receive ARV treatment is very high - 73%. With ARV treatment mortality decreases to 38%.

The main problems are:

1. Increase of co-infection cases
2. TB in HIV-infected people has heavier forms
3. Resistance to drugs is very common in these cases
4. Late appealing of patients to health care, due to which HAART is started in a late phase

The alarming information received from this presentation caused a vivid change of opinions. In the following discussion Harald Siem raised a question, whether the Barents HIV/AIDS Steering Committee should prepare a statement (or expression) of concern on this issue and submit it to the ministries of partner countries. This idea was not supported by the Russian participants for several reasons, e.g. because of the need to have relevant TB institutions involved before taking any action.

## **6. Chronic Viral Hepatitis in Northwest Russia - a new challenge for health care of the region - Sergey Mukomolov, St. Petersburg Pasteur Institute**

Since 1999 chronic viral hepatitis has been registered in Northwest Russia. In 2008, incidence of chronic viral hepatitis B was 31.1 per 100,000 population. The peak of the epidemic was in 1999–2001.

Acute cases of hepatitis B have decreased. In 2008, the incidence was 6 per 100,000 population.

The biggest age group among newly detected chronic hepatitis B cases in St. Petersburg was 20-39 years in 2007.

There has been constant growth in numbers of chronic hepatitis C in Russia. In 2008, 65 cases per 100,000 population were detected.

If regional differences inside Northwest Russia are considered, St. Petersburg had the biggest amount of chronic hepatitis B cases in 2006, Murmansk followed it. When it comes to 2008, St. Petersburg was leading in chronic hepatitis B and C, the second came Nenets Autonomic District.

Statistics show higher hepatitis B and C morbidity in Northwest Russia than generally in Russian Federation. Partly this may be caused by better and earlier developed diagnostics in Northwest.

## **7. Progress report**

### **7.1. Development of HIV situation and Barents projects in the Murmansk Region - Arkadi Rubin, Minister, Ministry of Health and Social Development**

The cumulative number of HIV-infected people in the Murmansk Region was 3013 in 30 June 2009. Since 2005 there has been constant increase in new cases of HIV. The regions with highest prevalence are Kandalaksha, Kola and city of Murmansk.

Detection of HIV among pregnant women has also increased, in 2008 incidence was 76.4 per 100,000 tested pregnant women.

Men contract HIV mostly due to drug use (84%), for women sexual contact is almost as important cause as drug use (48% sexual transmission, 52% related to drug use).

Murmansk Region has done international collaboration in the field of HIV since 2002. The first partner country was Norway, projects on the bus for drug users and commercial sex workers were implemented. In 2003 started the project with Swedish NGO Noaks Ark, and it has been completed this year. Since 2005 there has been collaboration with Finland in development of low threshold support centres (first with STAKES and now with THL). This year started co-operation in dual infection of HIV and TB with FILHA. Prevention of HIV at work places has been the theme of collaboration with U.S.

In spite of big amount of activities, the epidemic situation of HIV is not improving.

## **7.2. Development of HIV situation and prevention activities in the Nenets Autonomous District - Natalja Melkonjan, Nenets District Hospital**

This was the first time that a representative from the Nenets Autonomous District participated in the Steering Committee meeting. For the beginning, Dr. Natalja Melkonjan from the Nenets District Hospital gave some background information about the District.

There are approximately 42,000 inhabitants in the Nenets AD; the geographical area is big, and there is only 0.25 inhabitants per km<sup>2</sup>. The climate is cold, medium temperature is -3 °C. Main means of living of the indigenous people are reindeer husbandry, fishing and hunting. Oil and gas are found and processed in the District.

Life expectancy is rather low: 52 years for men and 67 for women. Alcoholism, infectious and chronic diseases are common. Anyhow, birth rate is good and the population is increasing.

The District Hospital includes Unit of infectious diseases and prevention of HIV with a laboratory. The laboratory was equipped in the frames of the national project Health and additional equipment was received from the WB project. HIV has been detected in the District since 2004. The Unit and its laboratory co-operate with the Archangelsk Regional AIDS Centre.

The HIV numbers in the District are low; only 7 new cases were detected in 2008.

Tatiana Smolskaya described how in a short period Nenets AD had managed to create HIV diagnosis and treatment facilities; and now the District is prepared to work with HIV in its region.

## **7.3. Development of HIV situation and prevention activities in the Republic of Komi - Vitali Chzhao, Komi AIDS Centre**

Financing of the HIV work in the Republic of Komi goes through target programmes - National project Health, Programme on socially significant diseases "Anti-HIV/AIDS", WB project on tuberculosis and AIDS and Barents HIV/AIDS Programme. Financing of HIV diagnostics has increased during several years, and in 2009 it was more than 9 million roubles. Accordingly, volume of testing has increased.

Collaboration in the Barents HIV/AIDS Programme has had many advantages for Komi:

- Increasing of knowledge in HIV prevention
- Understanding of aspects of harm reduction and transmission risks
- Exchange of experience in organising health care for PLWHA
- Information on epidemic processes in different regions.

HIV situation in the Republic of Komi is stabile, incidence rate per 100,000 population was 12.5 in 2008 (13.7 in 2007 and 13.5 in 2006).

There are seven HIV-positive children in Komi at the moment. 96 children have been born to HIV-positive mothers, three of them have got HIV diagnosis and 34 are followed-up to see whether they are positive or negative.

## **7.4. Development of HIV situation and prevention activities in the Leningrad Region - Aleksey Kovelonov, Leningrad Regional AIDS Centre**

Leningrad Region has seen some increase in new HIV cases during latest years. In 2008, the incidence was 75 per 100,000 population. Cumulative number in the end of 2008 was 10,433 infected (prisons excluded). The most difficult areas are Hatsina, Tosno and Pirozerskij.

The AIDS centre was established in 2001 within the infectious disease hospital in Ust-Izhora. In 2005 it became a part of the Dispensary for skin and venereal diseases. Since the end of 2006

the AIDS centre has been an independent organisation. The centre has moved into the city of St. Petersburg, but the specific HIV laboratory has stayed in Ust-Izhora.

Financing of the HIV work comes from the national Health project, Global Fund projects and from regional and municipal budgets.

Majority of HIV-infected people were at the age of 25-34 years at the moment of diagnosis in 2008. Main transmission route among new infections was injecting drug use - 45% of diagnosed cases in 2008. Drug use has been increasing during latest years. Heroin is the most popular drug. It is estimated that 40% of IDUs are infected by HIV.

Tuberculosis incidence was 79.7 per 100,000 population in 2008. There is a regional inter-sectoral coordination council established to work against HIV/AIDS and tuberculosis.

In 2008, 351 HIV-positive women were pregnant, and 70% of them got full course of preventive medication. Earlier all HIV-positive women gave birth at the Botkin hospital in St. Petersburg, now regional and municipal hospitals are responsible for most of them.

Several projects have been implemented by the AIDS centre, on themes like HIV prevention among migrants, outreach of commercial sex-workers, non-medical service for PLWHA, organisation of Internet-access place and Finnish-Russian project on psychological and social support of HIV-infected women. A new project proposal has been prepared with Finland to start low-threshold activities for drug users in the Leningrad Region.

In the following discussion it was stated that there are more than 4500 HIV-positive prisoners in the Leningrad Region. They get ARV medication through the AIDS centre financed by the WB project.

#### **7.5. Development of HIV situation and Barents projects in the Republic of Karelia - Inna Rozhkova, Republican AIDS Centre**

As of 1 September 2009, there were 715 HIV cases registered altogether in the Republic of Karelia. During 2009, 57 new cases have been diagnosed. This year the biggest age group among infected is 30-34. Annually one third of infections are detected in women. 51% of infections detected during 2008 were among prisoners. HIV among drug users has increased sharply. Mostly, if IDU receives some health care services, he or she is HIV-positive.

This year 13 HIV-positive women have given birth. Cumulative number of such births is 79, from those 3 children were diagnosed with HIV.

51 patients receive ARV treatment at the moment.

During latest years three international HIV projects have been implemented in the Republic of Karelia: 1. prevention of HIV, STI and drug addiction with Noaks Ark, Sweden (completed); 2. prevention of HIV in the Republic of Karelia 2007-2009 with STAKES/THL and 3. the Bus with fund of the Norwegian Crown Prince and Princess (completed). A new project proposal has been prepared with THL on prevention of HIV among reproductive-aged women.

#### **7.6. Development of HIV situation and Barents projects in the Archangelsk Region Vera Utyugova, Archangelsk Regional AIDS Centre**

The cumulative number of HIV cases in the Archangelsk Region was 479 in 31 August 2009. From the cumulative number, 28 people are of foreign origin. Almost 60% of HIV-infected people are men. The biggest age group is 21-30. During all registration (1992-2009), four children have been diagnosed with HIV.

This year 44 new cases have been diagnosed so far. 66% of these people have contracted the infection through heterosexual contact, 6% - homosexual.

At the moment international collaboration through projects is carried on with Norway, and through NCM financed project "Social partnership against drug addiction, HIV/AIDS in North-West Russia" (with Finland, Sweden and Norway).

### **7.7. Development of HIV situation and Swedish prevention activities – Gunilla Rådö, National Board of Health and Welfare**

Altogether 8455 HIV cases have been registered in Sweden up to December 2008; and at the moment there are approximately 5000 people living with HIV in Sweden. 448 new cases were registered in 2008. The biggest group among these cases are those who have contracted HIV before moving into Sweden. There is increase of HIV-infections among MSM.

An epidemic among IDUs was noted in 2007, but it calmed down in 2008.

It is interesting to consider the Chlamydia infection rates in Sweden, because they indicate sexual risk behaviour. In 2008, there were more than 42,000 new cases of Chlamydia registered in Sweden. 57% were among women, 43% in men. Chlamydia infections have increased since year 2000 which raises concerns. Especially young people do not use condoms.

Preventive activities against HIV are targeted to the following groups:

1. MSM - increasing of testing facilities, improving of counselling, more efforts to reach young MSM, study on KAB (knowledge, attitudes and behaviour) this autumn;
2. Migrants - health check-ups to asylum seekers and relatives of migrants moving to Sweden, regional activities;
3. Young people - prevention of Chlamydia, improved counselling, improved sex education, national study on KAB in autumn 2009;
4. IV-drug users - increase of testing in prisons, improved counselling, monitoring of KAB, increase of needle exchange programmes. (Now the new law makes the latter possible in all parts of Sweden.)

### **7.8. Development of HIV situation and Norwegian prevention activities – Janicke Fischer, Norwegian Directorate for Health**

A map of EPI-North collaboration region with HIV incidences of year 2008 was presented. Tatiana Smolskaya noted that incidences of Northwest Russia are actually much higher. Differences in data are explained by the fact that EPI-North receives numbers from the agencies of Federal Consumer Protection (Rosпотребнадзор) in the beginning of the year, and the Northwest District AIDS centre has the most recent information.

Totally 4200 HIV notifications have been registered in Norway as of 1 September 2009. Increase of cases among MSM has continued during 2009. Another group with increasing amount of cases is immigrants from Africa diagnosed with HIV after arrival in Norway. Among them, in most cases the infection has been acquired before entering Norway. Amount of newly infected drug users remains low.

Norway published a new HIV strategy plan in June 2009. Political commitment is high, 6 ministries are involved in the strategy. It could be of interest to present this new strategy in the next meeting of the Steering Committee.

EPI-North cooperation will probably continue in 2009-2012 financed by ECDC.

Behavioural surveillance and prevalence studies for risk groups (homosexual males and drug users) are being planned.

### **7.9. Development of HIV situation and Finnish prevention activities - Marja Anttila, National Institute for Health and Welfare (THL)**

According to the update of National Institute for Health and Welfare (THL), the cumulative number of registered HIV infections (in 1980-2009) is 2513. During 2008, there were 148 new cases registered. Distribution of transmission routes among those cases was: heterosexual 43%, MSM 28%, IDU 5%, not informed 23%. During January 1 - September 6, 2009, there were 102 new infections registered.

From heterosexual infections detected in 2008, 50% were among foreign citizens. It is also notable, that Finnish men get their infections from abroad (59% of heterosexual infections).

Some decrease in new HIV infections in MSM can be noted (42 in 2008 compared with 72 in 2007).

The following information was given on Foreign Ministry's funding for neighbouring area collaboration:

- Funds decreasing, in 2009: 1.4 MEUR for health projects, decrease compared to 2008 (200,000€)
- Northern Dimension pipeline 2009: no funding planned
- Neighbouring area projects: two HIV projects ending this year (Karelia and Leningrad Oblast), Murmansk and Kantalahti LTSC project continues until the end of 2010
- Four new HIV-project applications presented to Finnish Ministry for Foreign Affairs
- Finland increases its core funding to UNAIDS.

### **7.10. Barents Programme activities - Outi Karvonen, THL**

A big amount of activities have been implemented after the Luleå meeting. A study tour from Archangelsk and Leningrad Region was organised in May to Finland to get acquainted with low threshold services for drug users and other HIV prevention activities. The Archangelsk group continued to Sweden.

Two project planning seminars by Logical Framework Approach were organised in June - one in Narva and another in Murmansk. Themes were prevention of HIV and TB control among drug users.

Four new Finnish-Russian project applications were submitted to the Ministry for Foreign Affairs of Finland, namely:

- Development of low threshold services in the Leningrad Region (2010-2012)
- HIV prevention among reproductive aged women in Karelia (Russia), 2010-2012
- Strengthening of municipal anti-drug networking in the Murmansk Region, 2010-2012
- HIV/TB collaboration in Murmansk, 2010-2012

The new proposal with Leningrad Region takes into account experience from Murmansk and Kandalaksha.

There are new proposals on Norwegian-Russian projects under preparation; information is expected to come from Anders Tysse after the dead-line in October.

The next steps of the Barents HIV/AIDS Programme include:

- Contribution to the 8<sup>th</sup> Nordic Baltic Congress on Infectious Diseases, St. Petersburg, 23-26 September
- presentation of Barents activities at the HIV/AIDS Expert Group meeting in Sopot, Poland, 1-2 October
- Toolkit on methods of substance abuse prevention (DVD, Murmansk)
- Concluding seminars of three Finnish-Russian projects: in Leningrad Region, Republic of Karelia and Murmansk (the latter on inter-sectoral collaboration against drug use)
- Eastern Europe and Central Asia AIDS Conference, Moscow, 28-30 October (poster on collaboration within Northern Dimension and Barents regions)

## **8. Date and place of the next meeting**

The next meeting of the Steering Committee is planned to be organised sometimes in March-April 2010 in Finnish Lapland. More detailed plans will be done in the beginning of 2010 when the financing of coordination will be clear.

One theme of the next meeting could be HIV+TB -co-infection, regions could report each on their situation.

## **9. Any other business**

Tatiana Smolskaya suggested that as there is such a long history of fruitful collaboration in the Barents region, a book should be written to describe these common efforts. The suggestion was received warmly, and Harald Siem supposed that Norway could even find financial support for it.

Discussion was continued on needs of intensifying collaboration in the field of HIV and TB-co-infection. The Working Group on Health and Related Social Issues (WGHS) is planning to enhance tuberculosis collaboration in the Barents region. A new programme or project may be planned. In this connection it will be essential to collaborate also with HIV experts and our Steering Committee. Finland will be chairing WGHS together with the Republic of Komi in 2010-2011.

## **10. Closing of the meeting**

The meeting was closed and organisers thanked. This was a meeting where all regions were represented, and of very active and intensive participation.

## **Annexes**

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| <b>Annex 1</b> | List of participants |
| <b>Annex 2</b> | Agenda               |

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

**22 SEPTEMBER 2009**

**Participants**

Arkadi Rubin	Ministry of Health and Social Development	Murmansk
Vera Utjugova	Health administration	Archangelsk
Inna Rozhkova	AIDS Centre	Karelia
Vitali Chzhao	AIDS Centre	Komi
Evgenia Kotova	Ministry of Health	Komi
Natalja Melkonjan	Central District Hospital	Nenets
Harald Siem	Directorate for Health	Norway
Janicke Fischer	Directorate for Health	Norway
Gunilla Rådö	National Board of Health and Welfare	Sweden
Marja Anttila	National Institute for Health and Welfare (THL)	Finland
Dmitry Titkov	THL	Finland
Outi Karvonen	THL	Finland
Tatiana Smolskaya	Northwest District AIDS Centre	St. Petersburg
Aleksey Kovelonov	AIDS Centre	Leningrad Oblast
Igor Uljukin	AIDS Centre	Leningrad Oblast
Svetlana Semikova	AIDS Centre	Leningrad Oblast
Sergey Mukomolov	Pasteur Institute	St. Petersburg
Aleksandr Panteleev	Tuberculosis Hospital	St. Petersburg
Svetlana Ogurcova	Northwest District AIDS Centre	St. Petersburg
Anna Grivosheeva	Northwest District AIDS Centre	St. Petersburg
Paula Karppinen	Consulate General of Finland	St. Petersburg
Susanne Gjeruldsen	Norwegian Institute of Public Health	Norway
Inger Sofie Sandalvik	Norwegian Institute of Public Health	Norway
Linn Marie Berle	Student	Norway
Interpreter		St. Petersburg



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**St. Petersburg, September 22, 2009**

**Venue: Hotel St. Petersburg, Pirogovskaja Emb. 5/2**

**Draft agenda and timetable**

<b>Tuesday, 22 September</b>		
1.	09.00- 09.15	Opening of the meeting Tatiana Smolskaya, Head of the Northwest District AIDS Centre Paula Karppinen - Consul, Consulate General of Finland Arkadi Rubin - Chair of the Steering Committee (SC) for Barents HIV/AIDS Programme
2.		Adoption of the Agenda
3.		Adoption of the Luleå meeting minutes
4.	09.20- 09.40	Activities against HIV and AIDS on the level of Russian Federation. Overall epidemic tendencies in Northwest Russia - Tatiana Smolskaya, Northwest District AIDS Centre
5.	09.40- 10.00	HIV and TB co-infection in St. Petersburg - Alexander Panteleev, City Tuberculosis Hospital No 2, St. Petersburg
6.	10.00- 10.30	Chronic Viral Hepatitis in Northwest Russia - a new challenge for health care of the region - Sergey Mukomolov, St. Petersburg Pasteur Institute
7.	10.30- 10.50	Discussion
	10.50- 11.10	Coffee break

8.		<b>Progress report</b>
	11.10-11.30	Development of HIV situation and Barents projects in the Murmansk Region - Arkadi Rubin, Minister, Ministry of Health and Social Development
	11.30-11.45	Social problems in the Nenets Autonomous District - Olga Bartashova, Deputy Head of Nenets administration ABSENT
	11.45-12.00	Development of HIV situation and prevention activities in the Nenets Autonomous District - Natalja Melkonjan, Nenets District Hospital
	12.00-12.20	Development of HIV situation and prevention activities in the Republic of Komi - Vitali Chzhao, Komi AIDS Centre
	12.20-12.40	Development of HIV situation and prevention activities in the Leningrad Region - Aleksei Kovelonov, Leningrad Regional AIDS centre
	12.40-13.00	Development of HIV situation and Barents projects in the Republic of Karelia - Inna Rozhkova, Republican AIDS Centre
	13.00-13.20	Development of HIV situation and Barents projects in the Archangelsk Region Vera Utyugova, Archangelsk Regional AIDS Centre
	13.20-14.30	Lunch
	14.30-14.50	Development of HIV situation and Swedish prevention activities – Gunilla Rådö, National Board of Health and Welfare
	14.50-15.10	Development of HIV situation and Norwegian prevention activities – Janicke Fischer, Norwegian Directorate for Health
	15.10-15.30	Development of HIV situation and Finnish prevention activities - Marja Anttila, National Institute for Health and Welfare (THL)
	15.30-15.50	Coffee break
	15.50-16.05	Barents Programme activities - Outi Karvonen, THL
9.		Date and place of the next meeting
10.		Any other business
11.		Closing of the meeting