



BORDERNETwork 2010-2012: Highly active prevention: scale up HIV/AIDS/STI prevention, diagnostic and therapy across sectors and borders in CEE and SEE.

Second Steering Committee Meeting

March 10-11 2011, Berlin

PROTOCOL

Day 1: Thursday, 10 March 2011

09:30 – 11:00 Session I

Opening and Welcome: *Elfriede Steffan, SPI Forschung gGmbH*

On behalf of SPI Forschung Elfriede Steffan (ES) greeted the participants. Further she explained that the meeting has slightly extended scope, as alongside with the Work Package leaders three further associated partners had been invited: the new associated partner from Latvia (Latvia's Association for Family Planning and Sexual Health – Papardes Zieds) and the partners from the German-Polish Model region I (MAT (DE) and SPWSZ (PL)).

Next, ES greeted the group on behalf of the two German collaborating partners, who could not attend the meeting: BMG (Federal Ministry of Health), Ines Perea, and BZgA, Wolfgang Müller. In BZgA the contact person will change in the future as Wolfgang Müller is leaving the Institution in the end of March.

Following some technical announcement were made, as for the catering and the social programme.

Presentation of meeting's objectives:

- To review and assess project's progress as per overall work plan and work packages incl. milestones and deliverables;
- To plan in detail tasks related to project's interim report (M18+2);
- To discuss project's external evaluation against the background of selected output and outcome indicators;
- To outline tasks and working plans for the next project phase

Welcome Address and presentation of EAHC: *Cynthia Menel Lemos, Scientific Project Officer, Executive Agency for Health and Consumers*

Firstly Mrs Menel-Lemos shared that it is very interesting opportunity for her to be present at the meeting, as she coordinates on behalf of EAHC all HIV, TB and Hepatitis actions supported by DG Sanco (EU Public Health Programme).

Then she gave some overview on the recent developments at programme level. The first health programme is currently being evaluated, the results of which will be presented at a major conference in Brussels in September 2011. At same time the priorities for the second Health programme (2015-2020) have been set (BORDERNETwork contributed to that during the EU-Project's meeting in the frame of the IAC 2010 in Vienna).

Following the recent structure of the European programmes and EAHC was introduced. The basic principles of EAHC are among others "political leadership to address the disease and not silence it; non discrimination and respect towards PLWHIV and Vulnerable Groups; universal and undiscriminatory access to prevention, treatment and care, involvement of civil society"

Major concern in the collaboration between EAHC and DG Sanco is the dissemination of the results of the individual actions and their co-linking. The importance of dissemination of results, especially for European and international level was underlined (see PowerPoint presentation). Therefore one of the objectives of EAHC is to foster exchange with other EU institutions and initiatives - ECDC, EMCDDA and other DGs (EU programmes). EAHC has mandate only till the end of the current Health Programme, which will be hopefully extended over the next phase. At the moment Mrs Menel-Lemos supervises 49 HIV actions in total. Among the project relevant to the action of BORDERNETwork several could be outlined: TAMPEP, A&M, SUNFLOWER, EATG, SAFE II, H_CUBE, EUROSUPPORT, IMPACT, HIV-COBATEST. The majority of them have been already reviewed during the desk review preceding each of the assessment survey in the respective core work packages. Some of the projects have been contacted and involved as collaborating partners; others will be participants in BORDERNETwork's events (AIDS 2011, Tallinn)

Next the requirement to the project's reporting was addressed, both content and financial.

The new call for tender 2011 and future developments (joint actions) was another issue presented. A shift in the financing mechanisms has been introduced reducing the amounts for financial support for projects and increasing the proportion of the tenders (joint action), which will be administered through the governments of the EU countries. Only 1 project in HIV action will be co-financed by the

Commission in 2011. In parallel a new call for tender will be issued, where focus will be on ENP countries among others.

Finally Mrs Menel-Lemos announced that an EAHC meeting with the supported HIV projects will take place in the frame of AIDS 2011 in Tallinn, date is still to be confirmed.

Welcome and presentation of new project associate partner - Papardes Zieds, Latvia

Linda Pavlovska, Beata Milgrave

Mrs Linda Pavlovska presented the history and background of Papardes Zieds (one of which meanings is *magic flower*), one of the oldest and largest NGOs in Latvia, established in 1994, member of IPPF since 1995, with more than 15 years of experience in sexual education and sexual health promotion.

The NGO has 114 members, the half of them are younger than 30. The staff counts with 10 employed members; and 30 volunteers. The staff is very interdisciplinary: biology, economy, pedagogy, philology, medicine, public health, psychotherapy, sociology, communication and public relations. There is a special youth group with 30 active youth members at age of 17. The major strands of activities and experience are: training of specialists (teachers, social workers, medical staff, parents etc.), peer education in youth, establishing a peer education coalition „The Other School” with a network all around Latvia, development of sexual education programmes, HIV prevention.

The special projects with HIV focus are: a pilot training project in SRHR for prison’s staff (2006); harm reduction in prisons (UNODC, 2008), health promotion for young prisoners (2010)

The NGO has never received state funding, 100 % of the funds are project based, internationally finances.

Due to the fact that the project’s amendment is not undersigned yet, there is still a delay of project specific work, there is still no sub-agreement signed between SPI and Papardes Zieds. Nevertheless the team has started preparation of major activities to be implemented in 2011 in the country (e.g. Bio-behavioural surveillance among Sex Workers, WP5). The project started in January and SPI Forschung remitted a pre-financing of 5.000 Euro to cover at least some of the staff costs. This was in agreement with Mrs Menel-Lemos, who stated once more, the expenses in the frame of the amendment will be eligible from the date the amendment was received by EAHC (November 2010).

Brief presentation of participants and expectations from the meeting

All participants presented themselves, the role of their organisation in the project, their own role and responsibilities in the project and their other team colleagues involved in the project’s implementation on the spot.

Additionally the participants were invited to write down individually on an A6-card one question they have brought to the meeting which they would like to have answered by its end.

Brief update from Coordinator on project’s stage of progress

Tzvetina Arsova Netzelmann, SPI Forschung gGmbH

In this part several major issues were addressed from the standpoint of the project coordinator (See Power Point for details)

1)Co-ordination (WP1): organisation, hosting and reporting on the project kick-off meeting (July 2010), preparation of sub-agreements with associated partners, transfer of first instalment of EU co-financing, partner change in Latvia, preparation and submission of amendment’s request, implementation of on-going coordination, on-site visits (6 visits conducted in 2010), participation in international conferences/presentation of project, networking (more than 10 different participations/presentations of SPI and/or RKI in 2010), networking with other EU-funded projects

2) Dissemination (WP2): project website is enlarged and updated, E-newsletter (Issue 1, 2010), dissemination plan is ready (deliverable), satellite lunch time seminar WP9 at IAC 2010 (deliverable) organized

3) Evaluation (WP3): pre-start up meeting organised with WP Leaders on precision of indicators (February 2010), preparation of call for tender for external evaluation (2 months of delay, launched in January 2011), low level of interest – only 1 offer submitted.

11:00 - 13:00 Session II

Project's coordination and management (WP1)

Elfriede Steffan, Lydia Skierwiderski, Dinah Ibrahim, SPI Forschung gGmbH

Against the background of the interim report, due in August 2011, the major reporting modalities have been discussed in detail and should be conveyed also to the financially responsible team members in each organisation.

In order to get familiar with the requirements and the particular rules of EU-reporting, SPI requested from all associated partner firstly to prepare internal annual financial report for 2010.

SPI presented the joint Excel form for reporting following all individual budget headings. During the discussion round Ms Menel-Lemos highlighted additional particularities, which will be integrated in the reporting form also.

It was agreed that SPI will provide the new and discussed forms (overall budget, timesheet, and travel sheet form) for the financial reporting by 25th of March (after rework according to the discussions). The partners will prepare their annual financial reports for 2010 (1.1.2010 – 31.12.2010) and submit the electronic forms till 21st April.

According to suggestion of some partners, it would be better to send the copies of the original supporting documents as scanned PDF files on a CD-ROM or via email, which will save time for a post delivery. SPI will consult will all associated partners, whether this is technically doable and inform all partners in due course.

In addition several points have been clearly emphasized by Mrs. Menel-Lemos:

- By the submission of the interim report, at least 70% of the first instalment should be spent as a whole project (not by each individual associated partner);
- If this is not the case, 2 options will be considered: if the planned deliverables have been produced, second instalment will follow (with a deduction of the unspent proportion of the first instalment); if however the planned deliverables have not been produced – payment of second instalment will be postponed.
- Any deviation of the planned budget headings (internal budget lines) exceeding 20% is a subject of new amendment. In case of deviation lower than 20%, no amendment is necessary, however notification of EAHC and authorization are needed!
- In case further changes demand has appeared meanwhile in the budget, it is very advantageous to introduce them again now, as far as the amendment request is pending and not yet undersigned.
- In case changes in staff ensue, notification of coordinator and EAHC via email is necessary!;
- Likewise notification of EAHC is necessary if a change in the planned days or a place of a meeting should be made, or an additional meeting should be planned,
- As for the eligibility of taxes-related costs (VAT), if an organisation can not received the VAT costs reimbursed, a copy of the certificate of the national institutions (National Tax Office, Ministry of Finances etc.) needed assuring for that. The copy of the respective official document should be submitted together with the financial supporting documents of the interim report. Otherwise those costs are deemed by EU eligible and will not be recognized.

Thus Mr. Menel-Lemos encouraged SPI to resubmit and update of the amendment (only



electronically), Annex I and Annex II by March 25th. This provides a chance to integrate changes related to the unplanned in the project's budget participation at the AIDS 2011 in Tallinn in May 2011.

It was underlined, that the technical report has to follow the project proposal and has to take into regard WPs, deliverables, milestones and outcomes. When reporting on a meeting/seminar/training/workshop – participants' list, agenda and minutes/protocol of the meeting are necessary requirements.

Project's External Evaluation (WP3)

Elfriede Steffan, SPI Forschung gGmbH

There was not sufficient response to the calls for interest and tender launched in December 2010 and January 2011. The call has been posted on the projects website, and also disseminated through AAE and CORRELATIONS. Additionally the call's text has been sent to all associated and collaborating partners with the request to announce it nationally/regionally. Only 3 refusals and 1 offer have been collected.

The decision was made to re-launch the call in order to fulfil the regulations of the EU, which stated at least three bids as basis for the successful completion of the call. It was agreed that by March 15, SPI would update and re-launch the call. EAHC will provide assistance in dissemination through their email network. Additionally some of the partners named new potential candidates, who will be also personally addressed. The University of West Switzerland, which already submitted an offer, will be asked upon interest to take part in the re-launched call anew.

14:00 – 15:00 Session III

WP 4: Cross-border Networking

1) Brief update on state of cross-border regional cooperation, Tzvetina Arsova Netzelmann, SP Forschung

Firstly, SPI presented again the principle of the model regions and the cross-border networking as the red thread of the cooperation in the Work Package 4. Secondly, overview of the already implemented regional meetings and joint activities was made (e.g. Model region III: 1 meeting in Bratislava, 1 in Vienna, Model region V: 1 meeting in Sofia etc, Model region I – multiple meetings took place – to be presented below.).

The cooperation with the ENP countries was additionally presented as an important cornerstone of the project's networking in Central and Eastern Europe. During the negotiation phase of the project's contract new modalities had to be found for the involvement of the NON-EU countries. As subcontractors, selected experts from the 4 NON-EU countries will conduct so-called Fact Finding Missions under the supervisions of SPI and AHW. Altogether 6 restricted calls for tender have been launched (project's website) for Fact Finding Missions in Ukraine, Moldova, Serbia, and Bosnia and Herzegovina in September 2010. One on-site visit was conducted in November 2010 to Chisinau (not financed by the EU), Moldova in relation to the subcontractors' call in the country. As a result 4 NGOs applied, the selection process had several stages of consultations and resubmission of the proposal until the final applications have been all approved between December 2010 and February 2011.

Overview of the target groups and key areas to study:

- Information on particularities of local epidemiological situation (e.g. HIV/AIDS/STI, HIV Co-infections (HCV, TB));
- Patterns of risk related to social determinants of various vulnerable groups, e.g. young people at risk, mobile groups, most at risk groups (IDUs, SWs, ethnic minority/migrant groups), PLHIV.
- Assessment of barriers of available prevention measures
- Target-group specific needs assessment with regards of prevention, medical and social offers, universal access to treatment, care and support for the affected communities, human rights and ethics of research and prevention

In the two Balkan ENP countries the groups of Sex Workers (incl. Female IDUs) and Roma ethnic minority (Roma SWs) will be in the main focus of the Missions. In Ukraine there will be 3 Missions conducted addressing respectively: young mobile people with risky behaviour, SWs and IDUs, PLHIV and HIV medical specialists. In Moldova main target groups are young people with parents working abroad (in EU and NON EU countries).

All of the Fact Finding Missions will be implemented in 2011 and their results will be presented at special meeting in Berlin in autumn 2011.

2) Example of good practice cross-border cooperation: presentation of Model Region I

The presentations were held in Polish (Malgorzata Klys Rachwalska, ppt) and German (Kathrin Bever) and translated into English, which was pretty time consuming and caused delay in the further sessions of the day.

2.1. Implementation of Joint Polish-German Health Goals, *Malgorzata Klys-Rachwalska, SPWSZ, Stettin*

Malgorzata Klys-Rachwalska gave a short overview on the HIV situation in Poland: It is estimated that 13.000 persons are HIV infected in Poland and 5.000 patients receive ART.

A big problem are “late presenters” who receive the positive test result in a stage they are already ill, therefore prevention and access to diagnostic is still a core activity in Poland.

Further she presented several cross border activities piloted for first time under the former project BORDERNET (2005-2007) and developed further in BORDERNETwork in 2010, like Youth Film Days, multipliers workshops on methods of sex education and ADS prevention with teachers and pedagogues and street prevention activities in a tram as practical outcome of the cross border health goals, implemented and undersigned from Mecklenburg Vorpommern and the Wojewodship Zachodniopomorskie two years ago. The jointly developed goals have been undersigned by the two provincial (Land and Wojewodship) health authorities back in 2008.

The cross border health goals are a stable and in the mean time a self evident basis for the cross border activities and for the involvement of the political level in time of financial crises. But it is also evident that ongoing involvement and convincement of political levels and other important stakeholders is needed to hold the already reached level of engagement.

2.2. Development of Training Curriculum in Communication and Counselling Competence for Medical Universities, *Kathrin Bever, MAT, Rostock*

Kathrin Bever (who quit her PowerPoint due to time limit and gave a free speech) presented the development of the training curriculum in communication and counselling competence for medical universities, which is a stand alone task in BORDERNETwork Model region I under WP4 because of discussions and developments in the former Projects BORDERNET and BORDERNETwork (2008/2009).

Kathrin Bever described the background and the evolving of the curriculum concept. It came out as an idea from a former assessment survey on the quality of VC among HIV testing services, conducted under BORDERNET in 2006 and 2007. Huge gaps in communication skills within health care staff and medical doctors especially regarding sexual issues in the communication between patient and medical professional were identified. Subsequently first pilot trainings for improvement of communication competence were planned, which were the basis of the Curriculum's training course.

MAT implements this activity in cooperation with the university clinic of Rostock (subcontractor) who has the experts on the medical knowledge and is responsible for education of medical students and in cooperation with the Medical Chamber of Mecklenburg Vorpommern, who is also involved in training. In Poland, the Wojewoship clinic will cooperate with the University of Szczecin.

The joint curriculum should reflect the regional specific as well as basic standards of counselling, patient conversation and communication on the topics of sexuality, HIV/AIDS and risks.

The communication training course has been already developed; several pilot trainings in Germany and Poland have taken place. MAT and SPWSZ will submit additional information on the number of participants in each course.

In beginning of April a meeting between University Clinic Rostock and the Vojevodship's clinic in Szczcin will take place to discuss further cross border steps.

The deliverable (12 pilot communication training courses with medical students and 4 train-the-trainer courses) as reflected in the project proposal has to be produced in Month 18 (June 2011). *Hereby it should be clearly noted, that this is the first month of delivery, meaning that the first training course should have taken place by June 2011.*

MAT and SPWSZ should submit a refined time schedule for the planning and implementation of the respective 6 training course on each side of the border together with the interim report.

Finally the expected curriculum and ToT concept for the trainer/teacher will be delivered by Month 30 as milestones.

It was mentioned several times by CML, that the technical report should include also numerous quantifiable results (number of courses, number of participants per course etc.) to emphasize the qualitative outcome/activities:

The major focus should be by all activities kept also on the monitoring quantitative indicators: How many persons reached, trained, how many leaflets/condoms distributed, how many stakeholder involved?

15:15 – 16:15 Session IV

WP 5: Bridging research to practice

1) HIV/STIs Sentinel Surveillance among STI patients: Presentation of sites profiles in 4 EU countries and preliminary results

Dr. Matthias Nachtnebel, RKI, Berlin

The outlook of the presentation covered: specific objectives of the research task under the work package, summary of the research sites, planned milestones and deliverables and review of progress on each of them, indicators, discussion points and critical remarks.

The actual stage of progress was presented by Matthias Nachtnebel. As for March 2011 there are between 30-35 sentinel-sites. Some hesitations exist as for the precise number of actively reporting sites in some of the countries: in Austria (n=13+5), in the Slovak Republic (n=7-8, initially confirmed participation), in Romania (n=5 in 2010, but 2 of them dropped out in the meantime), in Bulgaria (n=5, but 1 was closed down at the end of 2010).

The characteristic of the sentinel institutions were briefly presented (as per basic questionnaire)

Discussion points:

-On-site country visits

In Austria, Bulgaria, and Slovak republic visits took place already, the planning of a cross-country exchange meeting in May in Vienna is advancing, the newly proposed stakeholders meeting at the end of 2011 in Berlin (as planned hosted by RKI) should be described in the project's amendment text and when approved planned up to a detail.

-Data collection

The filled-in paper (or scanned as PDF) questionnaires should be sent to SPI, Germany on monthly basis. At the moment the process of data collection is too slow, in some cases the delay amounts to 8 months and needs to be speeded up. Therefore reasons for the delay need to be identified.

Whereas the Slovak partner have already agreed to send the data monthly, the communication with the Romanian partners is difficult. The upcoming onsite visit in Romania in May 2011 should be used to clarify problems of the spot and to visit the sentinel participants. The Bulgarian partners have submitted so far in 3-monthly intervals, collecting the data from the previous quarterly. It was agreed to intensify the feedback process with submission of data each month.

-Research participants and Targets: number of sites to be reached in each country

Due to the differences among the countries both in size, population and services infrastructure, it was decided not to predefine a target number of sites. Due to the previous experience in Bulgaria and Romania (which have joined the study in the former phase, in 2008), there were 5 sentinel sites selected per country to participate. In the course of 2010 however 2 of the Romanian sites dropped out, in Bulgaria due to health care restructuring, one of the sites was closed down at the end of 2010. The aim in each country is to reach as many sites as possible. Nevertheless the increase of the number of sites in the Slovak Republic, Bulgaria and Rumania is limited by the lack of financial resources (the budget allocated for the incentives is being already planned according to the current number of sites), whereas in Austria an increase could be realised. Though in general not only the number of sites but the number of patients reached is of interest.

-Commitment to the project

The commitment to the surveillance also influences its success. Onsite visits, co-authorships in publications and the invitation to meetings can be helpful to develop a higher commitment. Still the obstacle remains, that the participation in the project demands a higher work load for the partners than the usual one, meaning that the medical doctors are reluctant to take too much additional time for the data reporting. The Bulgarian colleague reported that it is a time and effort consuming task to recall the sentinel participants over and over in order to collect the data. It could be useful to plan an extra meeting for the stakeholders to increase their involvement and motivation. The financing of this meeting needs to be clarified (see above: stakeholder meeting).

-Ethical approval

The ethical approval is one of the milestones of this WP and should be obtained in all countries without an exception. Furthermore it is of general importance to take care of professional ethical principles in the course of the research implementation.

In relation to the sentinel surveillance in STI patients only the Austrian partners had submitted as far the study protocol and had received already the approval of the ethical commission. It is in its turn important as a prerequisite for the recruitment of new sentinel sites. Therefore each partner should take time and efforts to organise this as soon as possible. There is already a deviation from the planned month of delivery of this milestone (February 2011), so no time should be lost further. A special case was discussed in addition, as in the Slovak republic the NGO PRIMA is coordinating the project and the survey, with the help of a subcontracted medical doctor from the Slovak Medical University in Bratislava. According to the Slovak national regulations (as quoted by Barbora Kucharova, chair of PRIMA), NGOs are exempt from the requirements of the ethical commissions as for research. At this point Cinthia Menel Lemos added that it is very important to submit an official statement of the respective authorities. In all the other cases the copy of the approving statement to study protocol should be submitted by all partners.

-Publications of results

As it is almost half time of the project, it is very important as stressed by the RKI colleagues to be able to publish solid data as soon as possible. Besides the cooperation with WP7 should be also strengthen, and the results produced by the stock-taking survey of WP7 should be reviewed.

2) Bio-Behavioural Surveillance Survey (BBSS) on HIV/STIs among Sex Workers – Study design and preparation

Tzvetina Arsova Netzelmann, SPI Forschung gGmbH, Berlin

The presentation's outline covered: the objective of the bio-behavioural surveillance among sex workers, the background context as for second generation surveillance in vulnerable groups in Europe, the indicators to be studied, the selection of the sampling techniques and the composition of the target group in the 7 survey locations.

As for the survey methodology, a combination of structured behavioural questionnaire and blood test will be applied in each location. 1200-1500 Female Sex Workers, incl. IDUs will be reached in 6 capital cities and one border area (ca. 200-250 respondents per city). In Sofia and Berlin the samples will be composed by female and male sex workers.

As for the sampling strategies, a combination of respondent-driven (special focus in Estonia and Latvia) and service-based /time-location based sample (in the majority of the survey locations) will be

used.

The survey instrument was ready in the working version (English) end of January. SPI delivered it to all partners with a delay of 1 month due to organisational difficulties in the coordination team (sick leave of project leader and work overload). Within 1 month it has been reviewed and consulted by all partners, suggestions for modifications were considered. Most active role in this process had the Estonian partner from NIHD and special thank was expressed to Mrs Aire Trummal at this place.

The lack of planned meeting for the development of the survey instrument was perceived as a weak point in the preparatory phase of the survey.

The structured behavioural questionnaire contains 85 items, mandatory for the survey in each location (country). Besides the national partners had a chance to suggest and integrate nationally-specific items in their language version, which will be considered in following national data assessment.

The mandatory questionnaire is structured in 5 blocks:

- *General Data to personal and Work Situation* – demographic and social determinants – 24 items;
- *Mobility* – patterns and frequency of mobility, countries of destination in the last year – 3 items;
- *Sexual Contacts and Commercial Sexual Services* – sexual partners, practices, sexual risk, transaction sex, condom use, contraception (female) – 20 items;
- *Substance use* – experience with substances, injecting drug use, injecting risk, sexual partners exposed to injecting risk – 14 items;
- *HIV/AIDS/STIs, Diagnosis and Testing Services* – knowledge/attitudes, beliefs regarding HIV/STIs, experience with HIV test, access and utilisation of health care services – 24 items

The informed consent is the core part of the pre-interview discussion and bases on the principles of confidentiality, human rights in research of human beings. The anonymity of the respondents is guaranteed, no personal data will be collected, just a unique code (with letters suggested by the respondent), which will be attached to both questionnaire and blood sample. The second important part of the pre-interview discussion is the pre-test information and counselling. All respondents will be informed beforehand that a test for HIV and 3 further STIs (Syphilis, Hepatitis B and C) will be conducted. The test takes place after the end of the interview. The interviewer will assure with her/his signature that informed consent has been collected before the interview starts.

The duration of the interview is estimated between 30 and 45 min. Two pilot interviews have been conducted in Berlin (by TAN with a Bulgarian SW) and in Tallinn (by Jury Kalikov from AISC with a Russian SW).

The blood test will be performed by medical worker, trained to make blood tests, who will be part of each research team. The equipment and testing procedures correspond to the national standards in each country. The testing procedures may vary in the country locations, according to the sampling techniques used; some partners will apply whole blood tests, others – rapid tests. It is however imperative that only confirmed reactive results will be reported as positive, thus in case rapid test turns out positive a laboratory diagnosis should follow for confirmation.

The test results are handed followed by post-test counselling and referral to health care services when needed. The respondent's will be offered incentives in the form of a gift or a voucher for interview and for recruitment of further respondents (by RDS). The amount foreseen for incentives varies among the partners, no cash will be remunerated, social care vouchers, gift cards or cosmetic gifts will be offered on choice.

The next steps in the survey implementation in overview:

- Consultation and approval of study protocol an instrument by the respective ethical commissions – February- March 2011 – Milestone – delay in 1 month;
- Administration of survey – March-August 2011,
- Data entry – August – October 2011
- Analysis and report - November – December 2011
- Recommendations for practical implementation of research finding into specific intervention measures – from January 2012

Here again the importance of the ethical commission's approval was stressed by EAHC and SPI. The survey partners had started to check the duration for the permission's issue and the related additional requirements.

16:15 – 17:00 Session V

WP 6: Early HIV/ STIs diagnostic for vulnerable groups

Dr. Kristi Rütel, NIHD, Tallinn

11 partners from 9 countries (8 EU and 1 ENP country: Ukraine) co-operate coordinated by NIHD. The outline of the Power Point presentation covered the objectives, milestones, deliverables, indicators related to WP6 and in detail:

- 1) Local Reports of WP6 partners on assessment survey.
As expected the partners had to provide following compiled data:
 1. Background information – general HIV and STI situation within the partner organization region, vulnerable groups, relevant legislation for provision of services, and other necessary background information (from 2 countries - missing totally)
 2. Description of existing services for HIV and STI screening within the region
 3. Description of the barriers related to accessing HIV/STI VCT services among high risk groups within the region (based on focus groups with target group representatives)
 4. Assessment of the quality of HIV/STI VCT services within the region (selection of one service or program and assessment of the quality using Code of Good Practice for NGOs) (received so far – 12, from 7 partners)

It was agreed that the missing input from partners should be collected at latest by end of April. The coordinator suggested supporting the WP leader conducting bilateral talks with the partners, who have still not performed. However some of the partners have not reacted despite of several reminders.

The major task following is to compile the assessment report, which is a milestone planned for Month 15 (March), where a delay is being caused already. Based on that two decisions will be taken:

- Selected good practice early HIV/STI diagnostic service/project to be presented during the Satellite workshop in AIDS 2011;
- Precise decision on what exactly could be piloted in the next phase of cooperation in WP6.

2) Results of the Desk Review

Kristi Rütel presented briefly the extensive desk review conducted on more than 6 relevant projects, initiatives, on additional research papers and publications. International organization's sources have also been studied (WHO, ECDC, EMCDDA). According to KR the results produced so far by the EU-funded project CORRELATIONS seem at most relevant to the objectives of BORDERNETwork. The main task would be how to help replicating the outcomes they have produced.

3) Planning of the Satellite Workshop of WP6 in the frame of AIDS 2011 in Tallinn

The announcement of the satellite workshop of BORDERNETwork has been already uploaded on the conference site and disseminated to the project's mailing group. At this point KR reminded that the preferential price for registration for the conference is valid only until end of March and related to that she encouraged all WP6 partners to register as soon as possible.

The satellite will take place on May 26, between 16:00 and 20:00 h. On the next day, May 27, an internal project meeting on WP6 will have as main objective to define the piloting task – pilot exercise (target group), type of diagnostic, duration, number of clients, services involved.

4) Piloting of HIV/STIs diagnostic under WP6

As a next step in this regard, NIHD will prepare a general draft of a piloting protocol, as in Estonia such an exercise should be registered as a clinical trial. Each partner will then have to adapt the protocol to their local context and obtain the ethical approval. The piloting of the selected STI diagnostic should be a small scale exercise – 5 to 10 (at maximum) clients. According to the time planning each partner should be basically ready to start piloting in May-June (M18-19) for 4 months.

At the end of the session the Discussion points have been highlighted again:

- Local reports – missing background materials and NGO Code of Good practice from some partners
- Language – translation of the non-English materials?
- Protocol development for Piloting - should be finalized by the end of May, 2011
- Coordination with WP5 (bio-behavioral surveillance among SWs), as many of the partners work on both WPs and will address SWs also for the piloting under WP6.

17:15 – 18:00 Session VI

WP 7: Referral/management HIV/STIs and Co-infections

Dr. Wolfgang Güthoff, Klinikum Ernst von Bergmann gGmbH, Potsdam,

Alexander Leffers, AHP, Potsdam

7 partners from 6 EU countries cooperate in the frame of this work package. ENP-country partners from Ukraine are also involved as collaborating partners.

Presentation and Discuss Points:

Alexander Leffers presented the work done until the recent moment.

- Desk Review – 3 relevant EU-funded projects have been studied and cross-sections with BORDERNETwork outlined.
The comparisons of the projects ACTIVATE, CORRELATIONS AND EXASS
- Assessment Survey – stocktaking on diagnostic and treatment of HIV and Co-infections (Hepatitis C)
11 treatment centres from 5 countries: Romania (3), Estonia (3), Bulgaria (3), Poland (1) and Slovak Republic (1), responded to the survey and submitted filled in questionnaire. Additional an ENP partner (regional AIDS Centre Lviv) in Ukraine was also invited to take part in the survey.
The report on the survey is the first milestone to be delivered by the WP-Leader, to be ready end of March 2011.
- Deliverable – the planned deliverable is expected in Month 26 (Feb 2012) – the country-specific guidelines for management and treatment of HIV and Co-infections – not yet due

Last point of the discussion was the oncoming Expert Training and Exchange Medical Workshop with Hospitation under WP7, planned for end of June 2011: “A 3-day medical training workshop and exchange visit on HIV and Hepatitis B/C Co-infections”

The announcement of the workshop has been already circulated to all associated partners and also to selected collaborating partners (CORRELATION, DAH, KompNetz, BMG). In addition Mrs Menel-Lemos proposed to promote the workshop through the EAHC’s website, in order to reach a wider circle of interested participants.

According to the plan this is the first of the two exchange seminars, and will be organised and hosted by AHP in Potsdam (second one will follow in Rostock in November 2011). After one and half day, presentations and discussions of survey results and special country conditions, a special hospitation visit is planned to the HIV treatment department of the clinic in Potsdam. The partner countries presented at the workshop will be Estonia, Romania, Bulgaria and Ukraine as NON-EU ENP country. HIV treatment physicians will be selected to participate. In most of the cases those are the doctors providing information for the stocktaking survey, who are already familiar with the project.

In addition visitations to two treatments settings are planned in Berlin for the Estonian and Ukrainian partners, one is the HIV treatment departments (both in and outpatient) of the *AVK Clinic*, the second is the *Tannenhof e.V.*, one of the largest drug-treatment institutions in Germany with various clinics, outpatient units and day centres. Visiting those is relevant to the two countries’ experts considering the cross-sections between drug use and HIV in the epidemiological situations in Estonia and Ukraine.

18:00 – 18:30

Concluding remarks and close of Day 1

Day 2: Friday, 11 March 2011

09:45 – 10:30 Session I

WP8: Community-based participatory HIV/STI prevention

Dr. Elena Kabakchieva, HESED, Sofia

After a greeting round the steering committee meeting continued with core work package 8. Dr. Elena Kabakchieva, chair of HESED reported on the intermediate progress of work. Summing up, the specific objective of WP8 is to: reinforce construction of expert network of NGOs in Europe active in participatory community-based HIV/STI prevention for migrants/Ethnic minority groups.

In the time between Kick-Off Meeting (July 2010) and 2.ISC meeting the preparatory and assessment phase of the cooperation was successfully concluded.

The activities conducted:

- 1) **Desk Review**, comprising both international surveys, manuals and reports (ECDC, AIDS & Mobility, TAMPEP) and Internet sites (www.aidsactioneurope.org, www.euromanet.eu, www.correlation-net.org) Different models of community based participatory prevention for migrant groups were mapped and the state of the art on the topic summarized. 167 items were studied altogether. Main conclusions of the desk review:
 - Published data about Roma communities in Europe is scarce, rarely found. There is no official data with regard to HIV/STIs vulnerability of Roma communities especially in CEE countries;
 - The majority of the materials address minority issues and Roma communities solely under the perspective of human rights and education;
 - Prevailing sources of prevention models in migrant/ethnic minority community address African communities;
- 2) **Assessment Survey**, aiming to map the good practice models in participatory/community-friendly/based HIV prevention the WP8 partners implement. The aim of this survey was not to select best practice, but rather to provide space for exchange of the various self-reported effective practices and to extent the discussion on quality of participatory prevention. The survey's instrument developed by HESED, was thoroughly discussed during the Kick-Off meeting's WP8 working group and amended afterwards. The final version was circulated end of July to all associated and collaborating partners. After a 3-months return flow, the results have been analyzed. Partners from 8 countries returned a filled in questionnaire and outlined a good practice of their organisation, 6 of them EU and 2 ENP countries. Four of the associated partners, two collaborating partners and 2 ENP-country NGOs contributed to the survey results.

It was not intended that HESED as leading partner of WP8 will fill in questionnaire as survey participant. According to the WP8's plan, the model used by HESED, the POL-model is going to be transferred in a Training Workshop (Deliverable) and will be detailed described in the final product, the practical manual for participatory prevention among migrant/ethnic minorities (milestone).

The report of the survey was the first planned Milestone of WP8. Its first draft has been submitted to the coordinator end of January, and needs to be reworked and finalised by end of March.

Some preliminary findings:

- Shared definitions among all WP8 member organizations : ethnic minorities, migrant groups
- Migrant and/or ethnic minorities that are the most vulnerable to HIV/AIDS transmission:
 - Austria – migrants from Sub-Saharan Africa
 - Bulgaria – Roma ethnic minority
 - Estonia – Russian ethnic minority
 - Germany – African immigrants, MSM with migration background, female sex workers with migration background
 - Romania - Roma ethnic minority
 - Serbia – Roma ethnic minority, sex workers on the street whose origin is Roma
 - Slovakia – Roma ethnic minority

- Similar features that are preconditions for high level of vulnerability:
 - Social exclusion
 - Poverty
 - Patriarchal culture
 - Lack of education and/or poor knowledge of the official language
 - Lack of trusted channels for HIV/AIDS prevention
 - Lack of knowledge about HIV prevalence among the groups
- 3) **Exchange Seminar** – conducted in October 2010 in Sofia, hosted by HESED in its social-health community centre in the Roma neighbourhood Fakulteta. 15 HIV prevention experts from 9 countries participated. Outcomes:
- Serious involvement of all participants in discussion of good practices;
 - Important information on practical implementation was shared among the participants;
 - Despite the difference among the target groups and the countries, there are many similarities regarding the problems of the ethnic minorities and migrant communities in all countries

At the end Elena Kabakchieva referred to the Indicators of WP8. Both process indicators are under completion, partly achieved with the tasks presented above. The output indicator (Deliverable) will be completed (in its first part) during the planned first Training Seminar on WP8, planned for March 28-30 in Bucharest. The aim of the seminar is to transfer the evidence-based method POL to the WP8 partners, as effective community-based mobilisation and prevention among marginalised closed communities.

Some of the difficulties encountered during the implementation of WP8:

- When new methodology is transferred (during the training workshops) there should be mechanisms, allowing implementing the methodology after experience transfer.
- It is perceived as an important limitation that exchange of models is facilitated, but no time and resources for a real testing/piloting of the new model after the transfer.

Finally Elena Kabakchieva answered questions to the practical implementation of the POL-method in Bulgarian context, where HESED works with young Roma men with sexual risk behaviour. Specific focus of the discussion was how the method has been evaluated as effective. Various indicators were used in this regard – follow up and involvement of the trained POL in recruitment of new informal leaders and their training, pre-intervention, post-intervention an postponed follow-up bio-behavioural survey – measurement of changes in the behaviour indicators of risk and blood examination for HIV/STIs.

10:45 – 11:30 Session II

WP9: Quality Assurance in Youth HIV Prevention

Isabell Eibl, AHW, Vienna, Christiane Firnges, SPI Forschung gGmbH, Berlin

Isabell Eibl gives an overview of the progress of WP 9 from the beginning until today. Christiane Firnges gives an overview of the development of the tool QUIET.

The main aim of WP 9:

- to enhance QA in HIV prevention; to contribute to effectiveness of prevention measures
- to empower practitioners (teams of organisations) to self-evaluate their projects; improve them
- to develop a quality improvement and self-evaluation online-tool

The first milestone of WP9 (the presenting and training of an online evaluation tool in an expert meeting in Vienna) is done and those activities have been conducted:

- the preparatory work and desk review on relevant surveys and projects
- Rapid assessment and Response (RAR) survey
- Expert Meeting in Vienna
- Development of a tool
- First evaluation period (paper version of the tool)
- programming the online self evaluation tool
- first testing of the online tool

- Second expert Meeting in Vienna –first Milestone

The second Milestone (Finalisation of online tool and launch in the Internet) and the following activities lie still ahead:

- Trial period for online tool
- Finalization of online tool and launch in the Internet
- Evaluation of work package activities and report on outcomes produced and outline of 3 models of good practice

The Desk Review was conducted on the Sunflower project (Terrence Higgins Trust), H Cube project (Associazione ISES) and Planning & Support tool for SRHR and HIV Interventions for young people (Stopp Aids now!).

At first the questionnaire for the Rapid assessment and Response was sent to all partners; 10 organizations from 7 countries sent them back: Poland (University of Zielona Góra, POMOST, SPWSZ), Germany (Aids Hilfe Potsdam, MAT), Serbia (JAZAS), Latvia (Papardes Zieds) Romania (ARAS), Austria (Aids Hilfe Wien) and Estonia (National Institute for Health Development, NIHD). The survey showed the differences of the various organizations and countries but also common fields. Between all countries differences concerning the organizations, programs and target groups of the activities exist. One of those differences concern the staff, which is also important for the quality assurance, some organizations work with a lot of volunteers others have mainly permanent staff. Other differences concern the programs; programs differ in the focus of the target groups (youth, vulnerable groups) and the programs itself (enhancing the communication skills of counsellors in local public health departments to direct preventive measure for ethnic minorities).

The data on how many young people are infected with HIV/Aids, STDs shows that in Austria, Potsdam, BiH and in Mecklenburg Region (DE) young people are hardly affected. In Serbia, Poland, Estonia, Moldavia and Romania STDs are rising. HIV infection in these countries is growing in the group of 15-19 year old people. In Latvia in 2009 no HIV case in the age group 15-19 was registered. In most of the participating countries HIV/Aids testing, counselling and treatment is free over the age of 14, in Romania the legal age to make a test is 18 and in Latvia persons under 18 have to pay for the test. In 6 out of 10 countries sex education is not part of the school curriculum. In all participating countries condoms are easy available for everyone. There are also free needle exchange programs in the participating countries. The vulnerability of youth is in all countries affected by a lack of education, school-dropouts, alcohol and drug-abuse, migration-background and unstructured free time.

The newly developed tool (QUIET) bases on: “Evidence and rights-based planning and support tool for SRHR/HIV prevention interventions for young people” (World Population Foundation & Stop Aids Now (J. Leerlooijer, 2009)). The planning and support tool for SRHR/HIV prevention in turn is based on Intervention Mapping (QA tool for health promotion, NL) and has been developed by means of a review on characteristics of effectiveness of HIV prevention interventions and SRHR projects (by Maastricht University, (D. Kirby)).

The tool was chosen because of its evidence-based approach, the comprehensive scope of HIV prevention and SRHR promotion, its focus on youth projects and its systematic structure based on Intervention Mapping. The tool can be used to plan an intervention as well as to evaluate it. During a meeting with all project partners the tool was presented and afterwards discussed. During the participatory process decisions were made for the alteration of the tool. The wording of some questions and the possibilities to answer was changed, statements and a project overview was added (main health goals, main activities). Furthermore the design and the tool structure was changed (i.e. option to document project process; three step system and boxes including comment) and simplified. Until now each partner has evaluated one project with the tool (paper version). The feedback to QUIET shows its further need for improvement:

- description is too short,
- commentary box should have more information
- questions are not sharp enough (f. e. ethnic minorities / migrants)
- possibility for the online version to search for certain keywords in the document should be added
- wish for scores, grades and conclusions (e.g. comparison before/after)
- young people should be more integrated in evaluation process
- target group: not only young people (more open to other groups)
- more monitoring and evaluation questions
- time consuming (if filled in alone) (about 3 hours)

- person who fills in the questionnaire must be very motivated

The rating system is the result of a large discussion and still has to be improved. Another necessary improvement concerns the design, now it focuses mainly on the evaluation. But its main purpose is to record and prove the outcomes, to increase the knowledge and improve the process.

Other mentioned needs for improvement are:

- the need for more information in the part of introduction
- information of copyrights
- more information what Quality Assurance is about

The positive aspects of QUIET:

- evaluation of all steps (planning, implementation, evaluation)
- no need for long writing
- useful for different projects (target groups, setting..)
- confirmation for project/reflection of own work
- shows exactly what was done/what has to be done/where improvement is needed/what's possible/where challenges are
- shows what is not possible to change
- tool for group evaluation
- useful to prepare a new proposal
- useful to learn from own mistakes
- forces to deal with subjective estimations and ratings of the own work
- participation of youth groups

The tool is online since the end of January. It is most effective when filled in by the whole team accompanied by discussions. The tool follows a three step model: first the documentation of the project, than the evaluation and finally the improvement of the project. The last meeting showed that there is the wish from all partners to share their experiences in their projects. But it is difficult because of the many differences between the projects and countries. The tool is useful because it accompanies the single project from its beginning to the end.

The improved tool should be finished in summer.

Discussion

Should indicators be added to the tool, should we measure the outcome?

This could be added to the evaluation/monitoring section. The possibility to collect figures should be given, which often is an obligation for the financing of programmes.

There are useful indicators by UNGASS; CDC "HIV compendium of evidence-based practice" or the quality levels by EDDRA (EMCDDA).

An instruction should be added on how to best structure the team process of discussion and filling in of the tool. It should be decided where and how to disseminate the tool.

11:30 – 12:30 Session III

Planning of next phase

Elfriede Steffan, Tzvetina Arsova Netzelmann, SPI Forschung gGmbH

The last session of the ISC meeting wrapped up the main discussion points and exchanged information and drew a bow to the activities of the next period until the interim report. The general perspective of development of project has been confirmed by all WP leaders as pretty positive, work and time-intensive, but bringing already for first specific results.

Thus an important phase has been concluded in all the core WPs – the assessment of the situation, country-specific conditions, services and barriers, available effective models for prevention (WP4, 8, 9), diagnostic (6), treatment and referral (7). Besides the research work package (5) advances to its most intensive data collection phase.

The milestones produced as intermediate results in the core work packages 6,7,8, and 9 bring for findings relevant not only for the own area of cooperation, but for the other work packages. This is actually immanent for the project's philosophy, as horizontal links between the core work packages

exist from the beginning: simultaneous improvement of prevention, diagnostic and treatment.

Therefore it is important at this stage to share better the results within the project, to enhance the co-links between the core work packages (better information, feedback of results from one area to another, linking research findings to planning of diagnostic and prevention measures etc.) and how to increase the dissemination channels to external interested stakeholders.

For the first part, the optimization of the links among the work packages a decision was met to create a Peer Review mailing Group of the WP leaders and Coordinator. All available assessment reports (milestones) will be first circulated within the group and after feedback disseminated to the whole project partner circle and the further dissemination addressees.

As for the time frame, the WP-leaders will take care to submit their final versions of reports by end of March, the coordinator will circulate them upon review by end of April to the WP-Leader Mailing group and feedback will be requested by end of May.

With these the preparation for the interim report will be started. Considering some delays produced in the Co-ordination tasks (WP1), the SPI team will have to compensate after the preparation and submission of the amendment's update to EAHC.

As decided the immediate action to be taken after the meeting's end is the update of the Amendment to EAHC, as far as the one submitted in November 2010 has not yet been undersigned.

3 important changes are due in this regard:

- the oncoming European regional HIV Conference, AIDS 2011, co-organized by NIHD (co-financed by EU) and the possibility to link the WP6 Expert Exchange Seminar to a Satellite Workshop in the frame of the Conference. Possibility for project partners to participate at the conference (registration fee, travel and subsistence costs) will be planned in the amendment to be authorized by EAHC;
- the discussed and planned Stakeholder Meeting Sentinel Surveillance, WP5, to be organized by RKI in Berlin in November 2011, should be also introduced in the amendment's application, providing opportunity to invite national health stakeholders from the 4 EU countries, participating in the sentinel surveillance;
- Dissemination Workshop in Luxemburg at the end of the project, proposed by Mrs Menel-Lemos, for a selected circle of project partners, other EU-projects and international stakeholders.

As next, the oncoming interim report was highlighted again. As for the technical one, a template for the report will be received from EAHC. As for the financial one, SPI recalled all partners to prepare a provisional year report for 2010 on the basis of the template form, which will be circulated with guidelines by end of March. All partners are requested to submit their reports by end of April 2011.

Finally the time-plan of the oncoming events was drafted:

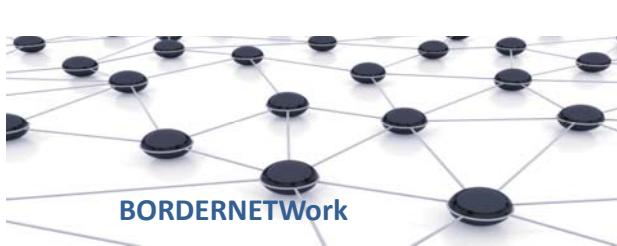
- March 2011, WP8 Training Workshop (POL-method); Bucharest (RO)
- April 2011, WP4 Meeting Model Region I, Stettin (PL)
- April 2011, WP5 On-site visit Sentinel Surveillance, Vienna (AT)
- May 2011, WP5, First cross-border exchange Meeting Sentinel surveillance, Model Region III, Vienna (AT);
- May 2011, WP5 On-site visit Sentinel Surveillance, Bucharest (RO)
- May 2011, AIDS 2011, Tallinn, WP6, Satellite Workshop and Exchange meeting Piloting, Tallinn (EE);
- June 2011, WP4 and WP7, Cross-border meeting, Model regions I and II, Stettin (PL);
- June 2011, WP7, Medical Training and Exchange Workshop, Potsdam and Berlin (DE)

Feedback round

In the concluding round the meeting's participants shared briefly their feedback. Main points mentioned were: the clear and well structured overview on the progress of work in the individual areas, the useful discussions about the links between the results produced, the feeling and impressions gained from the other work packages, the difficulties named in the coordination of such an ambitious work and time frame, the importance of interaction between work packages, the valuable input from the EAHC's officer, the commitment of the core group and the reliable partners. The too tight and intensive working programme for the 2-day meeting was mentioned as a critical point.

Second Steering Committee Meeting Berlin, March 10-11, 2011

WELCOME



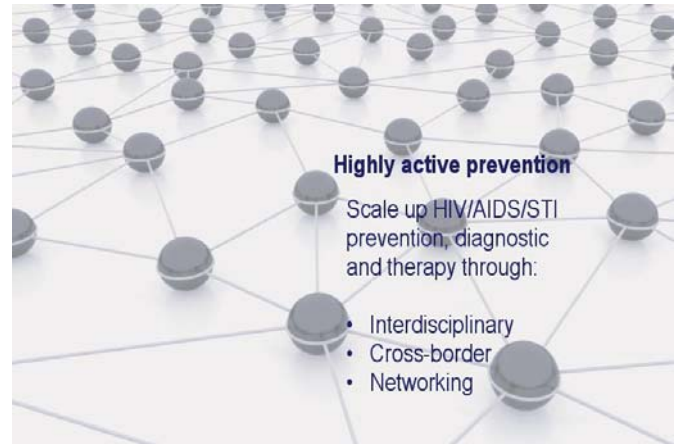
BORDERNETWork



SPI Forschung, Berlin



BORDERNETWork in a nutshell



BORDERNETWork: Update on Progress of Work

I. Coordination of the project (WP1)

- 1) Kick-Off Meeting in Berlin (*Milestone*) – June 2010
- 2) Partner Sub-agreements signed (*Milestone*), transfer of first advanced payment of EU co-financing – July 2010
- 3) Associate Partner Change in Latvia:
 - LIC, Riga withdrew from project in July 2010,
 - Searching for new partner – Latvia's Family Planning and Sexual Health Association – Papardes Ziedis;
 - **Not yet accomplished: Partner Sub-agreement and transfer of second part of advanced payment**
- 4) Preparation and submission of Amendment to EAHC
 - Meeting and discussion of formal conditions for amendment with EAHC's Scientific Project Officer, July 2010, WAC;
 - Submission of Amendment – November 2010
 - **Not yet accomplished: Acceptance of Amendment/EAHC Amendment Letter**
- 5) Implementation of on-going coordination tasks
 - Coordination mailing group (all associated partner): boardnetwork@googlegroups.com
 - Regular monthly communication with WP lead partner : email/skype, WP-Mailing lists;
 - Regular once every- two- weeks bilateral communication with Associated Partners: email/skype/phone

BORDERNETWork: Update on Progress of Work

I. Coordination of the project (WP1)

6) Conducting of on-site visits to model regions and partners – monitoring and process evaluation

- Vienna (AT) : Model region III, partner: AHW – July 2010 in the frame of WAC and the Lunch Satellite Seminar (WP9);
- Tallinn (EE) and Riga (LV): Model region IV, partner: NIHD and AISC (EE); LIC and PZ (LV) – October 2010;
- Sofia and Plovdiv (BG): Model region V, partner: HESED, October 2010, in the frame of Exchange Seminar (WP8) and sentinel surveillance together with RKI (WP5);
- Chisinau (MD), November 2010, meeting and consultations with potential subcontractor, preparation of call for tender for a Fact Finding Mission in ENP-countries (WP4) ,
- Vienna (AT) and Bratislava (SK): Model region III, partner AHW and PRIMA, January 2011 together with RKI;
- **Postponed/Delayed: on-site visits to Model regions I (Stettin-Rostock) and II (Rzeczow, PL)**

BORDERNETWork: Update on Progress of Work

I. Coordination of the project (WP1)

7) Participation to international/national conferences, networking with other European networks/projects

- XVIII International AIDS Conference, Vienna, July 2010: Abstracts and Posters (RKI, SPI);
- WHO Consultation: Scaling up STI Prevention and Control in the WHO European region, Ljubljana, August 2010 (RKI)
- Evaluation Conference Aids & Mobility Project, Brussels, November 2010 (SPI)
- German STD- Meeting, Berlin, October 2010 (RKI)
- EU Sexual Health Forum, Brussels, December 2010 (RKI)
- EU DG Enlargement: Study Tour: The work of Civil Society in the HIV Prevention, Brussels, February 2011 (SPI)
- ESCAIDE Conference, Lisboa, November 2010: Poster and Abstract (RKI)
- Participation in the European HIV/AIDS Policy Survey: EATG (CORRELATION)
- Networking: CORRELATION; AIDS ACTION EUROPE, COBATEST, Imp.Ac.T.;

BORDERNETWork: Update on Progress of Work

II. Dissemination of the project (WP2)

- 1) Project's website enlarged and updated (Milestone) – September 2010
- 2) Dissemination structure and plan (Deliverable: D2) – Kick-Off Meeting, July 2010
- 3) E-Newsletter – Issue 1, July 2010, next Issue 2 - March/April 2011
- 4) Deliverables in progress:
 - D10 – A satellite Luncheon Seminar in the frame of WAC, July 2010
- 5) Participation and promotion of project at European level
 - WAC 2010, Vienna – Poster at EU satellite workshop, 4 posters
 - EAHC Health Brochure: Joining together to tackle HIV/AIDS in Europe
 - German-Austrian AIDS Congress, Hanover, June 2011, 3 BORDERNETwork abstracts submitted;
 - AIDS 2011, Tallinn, May 2011, 3 BORDERNETwork abstracts to be submitted;



BORDERNETWork: Update on Progress of Work

III. Evaluation of the project (WP 3)

- 1) Pre-start up meeting – outline of evaluation plan and precision of indicators (Milestone) – Berlin, February 2010
- 2) Internal process evaluation – on ongoing basis
- 3) Call for tender for external evaluation (Milestone) – **Delay with 2 months, February 2011**
- 4) Selected proposal for external evaluation – to be presented later

BORDERNETWork: Update on Progress of Work

IV. Interdisciplinary Cross-border Networking (WP4)

1) Regional networking in 5 model regions:

- Model Region I (DE-PL) –
 - A lot to share....following
- Model Region II (DE-PL; PL-UA)
 - contacts between AHP, Potsdam and Vojvodship's clinic in Stettin;
 - cross-border meeting of POMOST, Rzeszow (PL) and SALUS, Lviv (UA) in the frame of school health week
- Model Region III (AT-SK)
 - 2 cross-border meetings, November 2010/January 2011, third to come soon;
- Model Region IV (EE-LV)
 - postponed start of regional cooperation due to transitory status of partnership in Latvia
 - first cooperation – in the planning of the Bio-Behavioural Surveillance in SWs (WPS)
- Model Region V (RO-BG)
 - exchange meeting in the frame of community based participatory approaches in Roma communities – Sofia, October 2010
 - training seminar – Bucharest, March 2011

**BORDERNETWork: Progress of Work
Interdisciplinary Networking (WP4)**



2) Conduction of Fact Finding Missions (FFM) in 4 NON-EU countries:

Objectives:
To sort out gaps in and between the core strands HIV/AIDS/STI prevention, diagnostic and therapy in border areas between EU and ENP countries,

- Main Focus:**
- Information on particularities of local epidemiological situation (e.g. HIV/AIDS/STI, HIV Co-infections (HCV, TB));
 - Patterns of risk related to social determinants of various vulnerable groups, e.g. young people at risk, mobile groups, most at risk groups (IDUs, SWs, ethnic minority/migrant groups), PLHIV.
 - Assessment of barriers of available prevention measures
 - Target-group specific needs assessment with regards of prevention, medical and social offers, universal access to treatment, care and support for the affected communities, human rights and ethics of research and prevention



BORDERNETWork: Update on Progress of Work

Bridging Research to Practice (WP5): Bio-Behavioural HIV/STI Surveillance in Sex Workers in 7 EU countries

- Background**
- o HIV infection rates rise continuously across Europe, with distinguishable trend of increase in Eastern Europe [1];
 - o Internationally lack of synchronisation in surveillance efforts in the group of SWs too;
 - o Single-off studies produce unlinked across countries data [2].
 - o Controversies exist with regard to the ethics of surveillance in vulnerable groups – where are the benefits for the survey participants?

- Objectives**
- o Based on ethics of research and human rights a bio-behavioural surveillance in female (in 2 locations also male) SWs is implemented in Bulgaria, Germany, Estonia, Latvia, Poland, Romania and Slovakia aiming to:
 - o bridge gaps in collection of cross-country epidemiological and behavioural data in SWs;
 - o outline comparable behaviour change indicators in the group of SWs to be addressed with prevention offers

These enables participants to share the resulting benefits, in terms of improved quality of services

- [1] ECDC/WHO Regional Office for Europe. HIV/AIDS surveillance in Europe 2009. Stockholm: European Centre for Disease Prevention and Control; 2010
- [2] ECDC. Technical report: Mapping of HIV/STI Behavioural Surveillance in Europe. Stockholm, 2009



BORDERNETWork: Update on Progress of Work

Bridging Research to Practice (WP5): Bio-Behavioural HIV/STI Surveillance in Sex Workers in 7 EU countries

Method and Sample :

- Combination of structured behavioural questionnaire and blood test;
- 1200-1500 Female Sex Workers (incl. male SW in Sofia and Berlin), incl. IDUs
- 6 capital cities and one border area (ca. 200-250 respondents per city)
- Respondent-driven (special focus in Estonia and Latvia) and service-based /time-location based sample in the other survey locations

Indicators:

- 6 UNGASS and 5 additional clusters of indicators studied

BORDERNETWork: Update on Progress of Work

Bridging Research to Practice (WP5): Bio-Behavioural HIV/STI Surveillance in Sex Workers in 7 EU countries

Instrument

- Structured Qualitative Questionnaire** – administered through face-to-face interview – conducted by trained interviewer after checking eligibility and obtaining informed consent.
- Average duration - 45 minutes.
 - Volume - 85 items divided in 5 blocks:
 - o *General Data to personal and Work Situation* – demographic and social determinants – 24 items;
 - o *Mobility* – patterns and frequency of mobility, countries of destination in the last year – 3 items;
 - o *Sexual Contacts and Commercial Sexual Services* – sexual partners, practices, sexual risk, transaction sex, condom use, contraception (female) – 20 items;
 - o *Substance use* – experience with substances, injecting drug use, injecting risk, sexual partners exposed to injecting risk – 14 items;
 - o *HIV/AIDS/STIs, Diagnosis and Testing Services* – knowledge/attitudes, beliefs regarding HIV/STIs, experience with HIV test, access and utilisation of health care services – 24 items
 - **Female and male version (Sofia and Berlin)**
 - **Pre-test:** in February in Berlin and in Tallinn
 - **Languages (Provisional):** DE, BG, RO, RU, EE, LV, SK, PL, HU, EN

BORDERNETWork: Update on Progress of Work

Bridging Research to Practice (WP5): Bio-Behavioural HIV/STI Surveillance in Sex Workers in 7 EU countries

Blood testing

- Medical worker, trained to make blood tests is part of each research team. The equipment and testing procedures correspond to the national standards in each country.

Tested Infections

- HIV
- Syphilis
- Hepatitis B
- Hepatitis C
- Chlamydia: only in Latvia and Bulgaria (for male sex workers)
- Herpes Simplex II (only in Latvia)
- Gonorrhoea: only in Bulgaria for male sex workers

BORDERNETWork: Update on Progress of Work

Bridging Research to Practice (WP5): Bio-Behavioural HIV/STI Surveillance in Sex Workers in 7 EU countries

Ethical Principles

- Ethical Commissions approve the research protocol and instrument;
- The interview is based on informed consent after meeting the eligibility criteria (having worked in sex services in the last 3 months) and ensures confidentiality: Unique respondent code
- The HIV and STI testing approach is based on ethical principles and human rights, voluntary, confidential, undertaken with pre-test information discussion and consent;
- Test results are handed followed by post-test counselling and referral to health care services when needed
- Respondent's are offered incentives in the form of a gift or a voucher for interview and for recruitment of further respondents (by RDS)

BORDERNETWork: Update on Progress of Work

Bridging Research to Practice (WP5): Bio-Behavioural HIV/STI Surveillance in Sex Workers in 7 EU countries

Time Plan

- Instrument finalisation – January 2011
- Translation into national languages –February-March 2011
- Consultation and approval of study protocol an instrument by the respective ethical commissions – February-March 2011;
- Administration of survey – March-August 2011,
- Data entry – August – October 2011
- Analysis and report - November – December 2011
- Recommendations for practical implementation of research finding into specific intervention measures – from January 2012

WHY does BORDERNETwork make a difference?

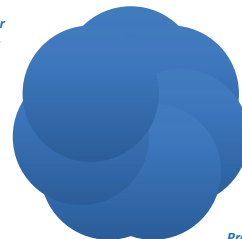
Interdisciplinarity and Cross-border Efforts in mutual learning processes by and for the Communities in Central, Eastern and South Eastern Europe

Participatory development and transfer

Improve coordination of practices for better quality assurance in prevention measures; and forge better links between diagnostic and treatment systems.

Linking Regions

Boost regional networks in public health sector and mobilise civil society resources in order to increase the impact of local response;



Advocating

for human rights, equity and social inclusion of most affected groups and communities

Producing evidence

Enhance links between epidemiological and behavioural research and sound interventions.

**Thank you very much
for your attention!**

**Elfriede Steffan
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WP 5: Bridging research on HIV/STIs prevalence and risks to evidence-based effective practice

Implementation of an evidence based HIV/STIs sentinel surveillance system

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HIV/AIDS, STI and Bloodborne Infections Unit
Robert Koch-Institut, Berlin

2nd BORDERNETwork Steering-committee meeting
March 10, 2011, Berlin



Overview



- Review objectives and tasks
- Summary current sites
- Milestones & Deliverables
- Indicators
- Discussion

2



Background



- **Specific objective linked to WP5:**
Bridge research to practice:
 - To advance by 2012 the state of research and evidence of HIV/STIs risks through outline of comparable risk behavioural indicators among vulnerable groups and to bridge findings to effective HIV combination prevention

3



Methods



- **Activities** (*according to Grant sub-agreement*):
 - Implementation of the evidence-based HIV/STI sentinel surveillance system, according to the national example of Germany, introduced by RKI among STI-patients in 4 EU MS (Austria, Bulgaria, Romania and Slovak Republic)
 - The activity will be coordinated and evaluated by RKI in cooperation with the national associated partners

4



Responsibilities



■ Associated partners

- Recruitment of sentinel sites
- Distribution of questionnaires
- Data flow maintenance and feedback to SPI
- Link to national surveillance of HIV and STI
- Dissemination publishing on national level of data and results provided by RKI (intermediate and final report)

5



Responsibilities



■ RKI

- Development of survey instruments
- Training of the medical staff of the sentinel-sites (on-site recurrent workshop and on-site meeting in the 4 MS)
- Assessment of the data base submitted by SPI upon data entry
- Feedback of assessment findings to SPI
- Feedback of the results to the participating partner (via annual E-Telegram in 5 languages)
- Writing intermediate and final reports

6



BORDERNETwork 2010-2012



BORDERNETwork July 2010

- 34 sentinel-sites
- Participating sites:
 - Austria (n=16)
 - Slovak Republic (n=7)
 - Romania (n=6)
 - Bulgaria (n=5)
- EU-funded



BORDERNETwork 2010-2012



BORDERNETwork March 2011

- 30-35 ? sentinel-sites
- Participating sites:
 - Austria (n=13+5)
 - Slovak Republic (n=7?)
 - Romania (n=5?)
 - Bulgaria (n=5)
- EU-funded





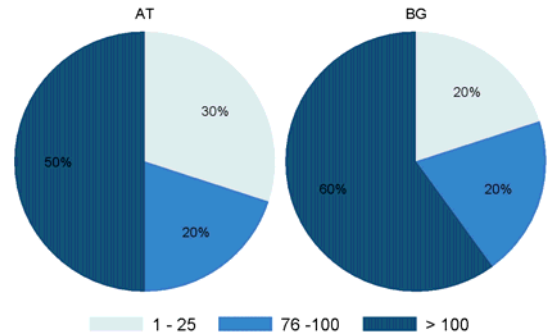
First results from Basic questionnaires from Austria and Bulgaria

9



Characteristics Institutions 1

Distribution of number of clients per institution

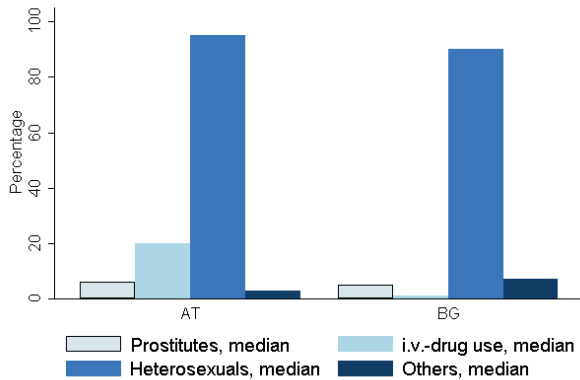


10



Characteristics Institutions 2

Distribution of female clients

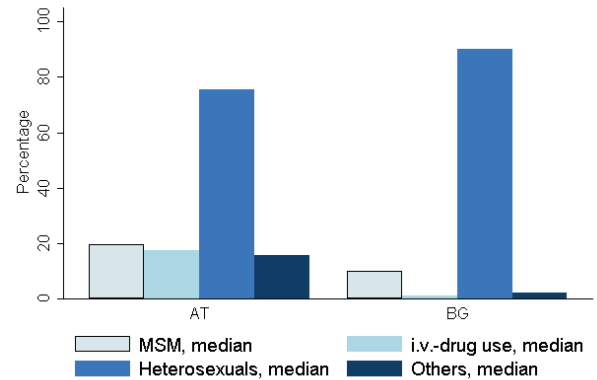


11



Characteristics Institutions 3

Distribution of male clients



12





Milestones and Deliverables

WP 5 Sentinel Surveillance

13



Milestones

- Research protocol:
 - Month 10 → October 2010
 - First draft distributed to all partners and SPI
 - Comments reviewed
 - Final study protocol delivered to all partners in time



14



Milestones

- Approval of research protocol by national Ethical Commissions
 - Month 14 → February 2011
 - Submission of application in cooperation with AIDS-Hilfe Wien
 - Approval in time in Austria
 - According to regional partner in the Slovak Republic no Ethical approval needed
 - Written documentation pending
 - No feedback from Bulgaria and Romania so far



15



Milestones

- Compiling intermediate sentinel surveillance report
 - Month 22 → October 2011
 - Data collection currently problematic
 - Min. 6 months delay
 - Last (diagnosis) questionnaires from
 - BG from September
 - RO from June
 - AT from August
 - No data at all from the Slovak Republic so far
 - Clarification of data collection particularly in SK
 - Basic questionnaire from some institutions pending and sometimes incomplete

16

Milestones



- Sentinel HIV/STI surveillance report
 - Month 30 → June 2012
 - Further recruitment of sentinel sites?

17

Milestones



- Dissemination of findings of HIV/STI surveillance report
 - Month 33 → September 2012
 - Publication in (peer-reviewed) journal
 - Distribution of final findings to all partners and participating institutions
 - Workshop for stakeholders → earlier (end of 2011)

18

Deliverables



- Recommendations for practical implementation of research findings updated by the regional network meetings (WP4)
 - Month 24 → October 2011

19

Workshops and visits



- On-site visits
 - Bulgaria: October 2010
 - Slovak Republic: January 2011
 - Austria: March 2011
 - Romania: ? (planned)
- Workshops
 - First cross-border exchange meeting: AT-SK
 - All doctors from AT+SK
 - 6th May, 2011
 - Preliminary Programme
- Presentation to stakeholders
 - Dissemination of first results
 - Planned end of 2011 → approval of steering committee

20

Indicators



■ Process Indicators for sentinel surveillance:

- 9) Sentinel sites in 4 MS countries are recruited, instruments updated, study protocol finalized and implemented.

21

Indicators



■ Process Indicators for sentinel surveillance:

- 9) Sentinel sites in 4 MS countries are recruited, instruments updated, study protocol finalized and implemented.

Currently participating sites:

- Austria (n=13+5?)
- Slovak Republic (n=7?)
- Romania (n=5?)
- Bulgaria (n=5)

22

Indicators



■ Process Indicators for sentinel surveillance:

- 9) Sentinel sites in 4 MS countries are recruited, instruments updated, study protocol finalized and implemented.

23

Indicators



■ Process Indicators for sentinel surveillance:

- 9) Sentinel sites in 4 MS countries are recruited, instruments updated, study protocol finalized and implemented.

24

Indicators



■ Output Indicators:

11) 3 main relevant findings (from both second generation behaviour surveillance and HIV/STI sentinel surveillance) are formulated as research report in order to be discussed

→ Intermediate and final report

→ Month 23 -24

25



Indicators



■ Outcome Indicators:

12) The updated action plans of at least 70% of partners participating in WP5 integrate prevention concepts based on research findings; communication of these to local health policy makers in M32.

26



Discussion



- Data collection!!!
- Planning of country visits
- Cross-country meeting
- Meeting for stakeholders
- Ethic Committee approval
- Telegram - newsletter
- Coordination with WP7?
- Publication of results as soon as possible

27



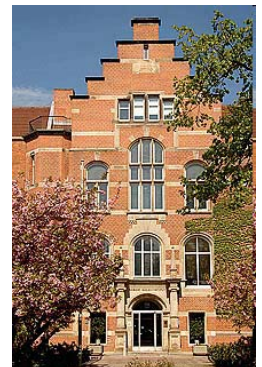
Thank you!

SPI
AHW
ARAS
HESED
PRIMA

Viviane Bremer, Klaus Jansen,
Osamah Hamouda, Andrea Sailer

All participating institutions

All patients



This presentation arises from the project BORDERNETwork which has received funding from the European Union in the framework of the Health Programme.

28



Early diagnostics of HIV and STIs

WP6

Kristi Rüütel, MD, PhD
National Institute for Health Development, Estonia

BORDERNETwork steering committee's meeting
March 10, 2011, Berlin

General objective of WP6

- To intensify efforts for two years in early diagnosis of HIV and STIs for most at risk groups based on human rights and gender equity and to decrease the number of those unaware of their infection status
- 11 organizations from 9 countries

Milestones and deliverables

- Development of joint-report based on local reports and literature review – Milestone 1 by the end of M16 (April 2011)
- 2-day expert meeting in Tallinn to exchange experiences in provision of early HIV/STI services for vulnerable groups – D7 by the end of M17 (May 2011)

Local reports

Local reports including:

1. Background information – general HIV and STI situation within the partner organization region, vulnerable groups, relevant legislation for provision of services, and other necessary background information (2 missing totally)
2. Description of existing services for HIV and STI screening within the region
3. Description of the barriers related to accessing HIV/STI VCT services among high risk groups within the region
4. Assessment of the quality of HIV/STI VCT services within the region (selection of one service or program and assessment of the quality using Code of Good Practice for NGOs) (received so far – 12, from 7 partners)

Desk Review

- Gaffney J, Velcevsy P, Phoenix J, Schiffer K. Practical guidelines for delivering health services to sex workers. 2008. <http://www.correlation-net.org>
- OUTREACH WORK among marginalized populations in Europe. Guidelines on providing integrated outreach services. 2007. Edited by: Mika Mikkonen, Kauppinen J, Huovinen M, Aalto E.
- Redmond P. Reducing Barriers to Health Care: Practical Strategies for Local Organizations. Center on Budget and Policy Priorities, 2007
- Stanciole AE, Huber M. Access to Health Care for Migrants, Ethnic Minorities, and Asylum Seekers in Europe. Policy Brief, May 2009.
- EngenderHealth, GNP+, ICW, IPPF, UNAIDS, Young Positives. 2009. Advancing the Sexual and Reproductive Health and Human Rights of People Living With HIV: A Guidance Package. Amsterdam, GNP+.
- Work safe in sex work. TAMPEP, European Network for HIV/STI Prevention and Health Promotion among Migrant Sex Workers. TAMPEP 2009

AIDS2011 Satellite meeting May 26, 4–8PM, Tallinn, Estonia

I The EU-funded BORDERNETwork project

- General overview of the BORDERNETwork project and interlinks between the three strands (prevention, diagnosis, and therapy) and the networking perspective (SPI);
- The aims and expected outcomes of the work package Early HIV/STI Diagnostic (NIHD);
- Case study of good practice of early STI/HIV diagnostic for key-populations (BORDERNETwork project partner)

II International guidance and experience for improving access to HIV and STI services for key-populations:

- WHO recommendations for HIV testing – Dr Lali Kotonashvili (WHO Euro)
- ECDC guidance on HIV testing – Dr Mika Salminen (ECDC)
- Delivering HIV testing in community based organizations – Professor Dirk Avonts (Ghent University)
- Overview of Project HIV-COBATEST (HIV community-based testing practices in Europe)
- Overview of Project “Imp.Ac.T. – Improving Access to HIV/TB testing for marginalized groups”

Desk Review

- World Health Organization. Scaling up HIV testing and counseling in the WHO European Region as an essential component of efforts to achieve universal access to HIV prevention, treatment, care and support. Policy Framework. World Health Organization, 2010. Retrieved from http://www.euro.who.int/_data/assets/pdf_file/0007/85489/E93715.pdf
- European Centre for Disease Prevention and Control. HIV testing: increasing uptake and effectiveness in the European Union. Stockholm: ECDC; 2010. Retrieved from: http://ecdc.europa.eu/en/healthtopics/spotlight/spotlight_aids/Pages/index.aspx
- European Monitoring Centre for Drugs and Drug Addiction. Guidelines for testing HIV, viral hepatitis and other infections in injecting drug users, EMCDDA Manuals, Lisbon, 2010. Retrieved from: <http://www.emcdda.europa.eu/publications/manuals/testing-guidelines>
- Literature search (PubMed, ScienceDirect)

Indicators

Process Indicators:

- 3 models for early HIV/STIs diagnostic are peer reviewed by other experts and assessed by the partners participating in WP6 by M15 (M16).

Output Indicators:

- 20 professionals exchange expertise in different models of early HIV/STIs diagnostic for most-at-risk groups (SWs, IDUs, Roma or any other vulnerable group) in M17.

Outcome Indicators:

- 10% increase in rates of HIV/STIs diagnostic service utilization by clients from most-at-risk groups among the participating services in WP6 in M32.

WP6

- **Mapping** – description and assessment of the current situation and services related to HIV/STI VCT provision for vulnerable groups
- **Piloting** – piloting of new approaches to provide HIV/STI VCT services for vulnerable groups in order to increase the uptake of testing and thereby reduce the proportion of people unaware of their infection(s)
- **Assessment** – assessment of the outcomes of the piloting and development of the guidance for provision of HIV/STI VCT services for vulnerable groups in order to ensure early diagnosis and prevent further spread of infections

WP6 next steps

In early March–late May:

- Selecting a barrier(s) most in need to be addressed;
- Determining whether a particular barrier or combination of barriers can be effectively addressed by the local partner organization;
- Developing a protocol/guidelines for piloting including specific indicators for measuring the outcomes and impact.

WP6 next steps (continued)

In late May:

- WP6 satellite meeting – May 26
- WP6 working meeting – May 27 (refinement of the protocols, discussion on piloting and implementation)

Month 17–18:

- Training of the personnel for piloting and other preparatory work
- Piloting on a small scale (with 5 to 10 clients);
- Refining the protocol based on results of the piloting

WP6 next steps (continued)

- Months 18–22 – Piloting
- Months 22–24 – Data entry and analysis of the piloting results in partner countries
- Months 25–28 – Development of joint-report based on local piloting reports
- Months 25–30 – Development of guidelines – practical recommendations for providing early HIV/STI VCT services for vulnerable groups – M2
- Months 31–36 – Evaluation of work package activities and report on indicators achieved

Protocol

- Defines the target population, intervention to be implemented, and expected results
- Does not need to be long, but must define all aspects with enough details for others to understand what was done, what were the outcomes and conclusions

Protocol (continued)

- Aims and goals:
 - To increase the access of ... to ... services by ... (to increase the access of sex workers to STI services by implementing mobile clinic; to increase HIV testing among IDUs by implementing peer-to-peer counselling and vouchers for testing; to increase the number of PLHIV aware of their status by implementing partner notification of newly diagnosed cases; etc etc)

Protocol (continued)

- Methods:
 - Target group definition (including the approx number)
 - Recruitment (how, where, by whom they will be contacted and recruited)
 - Description of the intervention (how participants will be put in touch with services)
 - Description of the services provided (rapid HIV testing, STI screening, etc)
 - Description of the personnel (who will do the recruitment, who will provide the services, etc)

Discussion

- Local reports – missing background materials and NGO Code of Good practice from some partners
- Language – translation of the non-English materials?
- Protocol development (should be finalized by the end of May, 2011)
- Coordination with WP5 (biobehavioral surveillance)

Highly active prevention: scale up HIV/AIDS/STI prevention, diagnostic and therapy across sectors and borders in CEE and SEE

BORDERNETwork

WP 7

Referral, management, treatment and care of HIV/STIs and co-infections

- **Leader:** AHP (DE)
- **Associated partners involved:**
HESED (BG), NIHD (EE), RKI (DE), MAT (DE), SPWSZ (PL), ARAS (RO), PRIMA (SK)
- **Collaborating partner:**
KompNet (DE), League of PLH in Moldova (MD), LRAC (UA), THBB (DE), Ministry of Health (BG), CORRELATION II (NL)
- **Duration:** 21 months
- **Start:** M8 **End:** M28

WP 7: Referral, management, treatment and care of HIV/STIs and Co-Infections

- **Associated partners involved:**
 - Health and Social Development Foundation(HESED, Bulgaria),
 - National Institut for Health Development (NIHD, Estonia),
 - RKI (Germany),
 - MAT (Germany),
 - SPWSZ (Poland),
 - Romanian Association against AIDS (ARAS, Romania),
 - PRIMA (Slovakia)

I. Desk review

Reviewed: EXESS

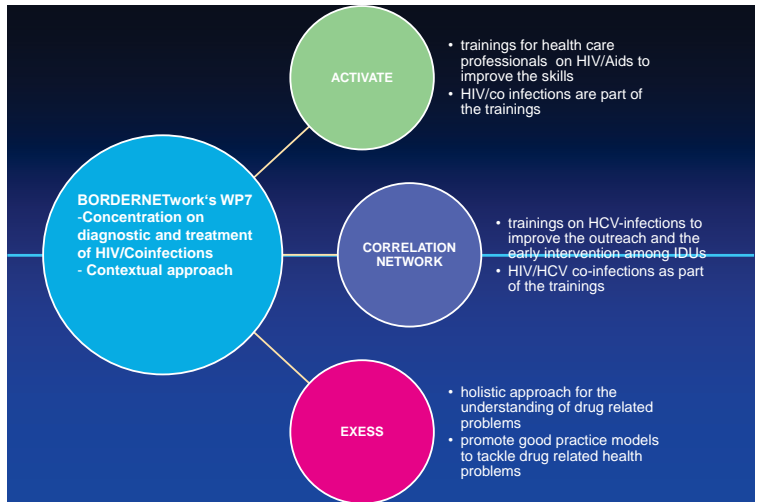
- **Key topics:** drug related health problems, open drug scenes, drug-related crime
- **Target:** to tackle drug related problems and re-integrate drug users through intervention in social processes by trainings and exchange
- **Target Group:** IDUs

Reviewed: **ACTIVATE** - **capACity** building and **Training in hIV/Aids Treatment and management across Europe**

- **Key topics:** capacity building, development of trainings in HIV/Aids- treatment and –management
- **Target:** to activate clinical skills in diagnostic and treatment of HIV/Aids and STIs
- **Target Groups:** healthcare professionals in the field of HIV/Aids-treatment / pregnant women and children

Reviewed – Correlation Network

- **Key topic:** to improve the outreach and early intervention among the youth in the field of intravenous drug use, especially Hepatitis C
- **Target Groups:** injecting drug users as a vulnerable group, especially young people; politicians and decision makers



II. Assessment survey

Cooperation Partners

NIHD	Riina	Enke	Tallinn	Estonia
ARAS	Dr. Adrian	Abagiu	Bucharest	Romania
SPWSZ	Małgorzata	Krys-Rachwalska	Szczecin	Poland
PRIMA	Slovak Medical University	Assoc. Prof. Danica	Staneková	Bratislava Slovakia

Treatment Centre's

Institute for Infectious Diseases - "Matei Bals" / Bucharest	Dr. Adrian	Abagiu	Bucharest	Romania
Hospital for Infectious Diseases/ Brasov	Dr. Ramona Delia	Ionescu	Brasov	Romania
Constanta Regional Center for HIV/AIDS Surveillance and Monitoring	Prof. Dr. Sorin	Rugina	Constanta	Romania
West-Tallinn Central Hospital	Dr. Kai	Zilmer	Tallinn	Estonia
Narva Hospital	Dr. Dmitri	Jaaniste	Narva	Estonia
Pärnu Hospital	Dr. Helve	Vestman	Pärnu	Estonia
Clinic of Infectious Diseases at the University Hospital	Dr. Vakril	Nikolov	Plovdiv	Bulgaria
AIDS Department at the Specialized Hospital in Infectious and Parasitics Diseases	Dr. Toma	Tomov	Sofia	Bulgaria
Chief of the Dermatology and Venerology Department in Sofia	Dr. Mariela	Hitova	Sofia	Bulgaria
Out-patients Hepatology Clinic, Voivodship Hospital	Dr. Anita	Wnuk	Szczecin	Poland
University Kosice	Prof. Dr.	Jarcuska	Kosice	Slovakia
University Hospital Martin	Dr. Lukas	Murajda	Martin	Slovakia

III. Deliverables and Milestones

Deliverable:

Number: D8
 Title: Guidelines for referral and management of HIV Co-infections
 Month of delivery: 26

Milestones:

1. Report on stocktaking survey on country-specific medical conditions in diagnostic and treatment of HIV and Co-infections, incl. organ gram
M 15
2. Workshop for presentation of the treatment guidelines
M 28

IV. Indicators

Process Indicators:

Instrument and procedure developed for stocktaking survey on country-specific conditions in diagnostic and treatment of HIV and Co-infections, including mapping and organigram in M10.

Output Indicators:

15 HIV-treatment specialists participate in recurrent workshop and expert on-site visits on Management of HIV Co-infections in Germany in M18 and M20.

Country-specific guidelines for referral and management of HIV Co-infections are drawn up (D9) in M26

Outcome Indicators:

The elaborated guidelines for referral and management of HIV Co-infections are applied by 70% of partners participating in WP7 for improved linkages between treatment systems in M28

V. First Results of the stocktaking survey Questionnaire Reply

1. Romania: Infectious Diseases Hospital Brasov; Rodica Silaghi
2. Romania: National Institute for Infectious Diseases, Bucharest; Adrian O. Abagiu
3. Romania: Irina Magdalena Dumitru, Ovidius University Constanta, Faculty of Medicine, Constanta
4. Estonia: West-Tallinn Central Hospital; Dr. Kai Zilmer, Tallinn
5. Estonia: Dr. Dimitri Jaaniste, Narva-Hospital, Narva
6. Poland: Dr. Anita Wnuk, Department of Infectious Diseases, Pomeranian Medical University, Szczecin
7. Slovakia: Prof. Dr. Jarcuska and Mrs. Mgr Katarina Cárková, University Kosice
8. Slovakia: Dr. Lukas Murajda, Clinic of Infectiology and Travel Medicine, University Hospital, Martin
9. Bulgaria: Dr. Nikolov, Department of Infectious Diseases, University Hospital, Plovdiv
10. Bulgaria: Dr. Toma Tomov Hospital for Infectious Diseases, Sofia
11. Bulgaria: Dr. Mariela Hitova, Dermatology and Venerology Out Patient Clinic, Sofia

V.1. HIV Diagnostics

- Rapid test
- ELISA
- Anti HIV - Westernblot
- HIV - PCR quantity

HIV - Diagnostics

HIV	Romania		Estonia		Poland	Slovakia		Bulgaria			
Centre's	1	2	3	4	5	6	7	8	9	10	11
Rapid Test	o	x	x	x	x	o	x	o	o	x	x
ELISA	x	x	x	x	x	x	x	x	x	x	x
Western Blot	x	x	x	x	x	x	x	o	x	x	o
PCR quantity	x	x	x	x	x*	x	x	x	?	x	o

* viral load determined by reference laboratory

V.2. Hepatitis B - Diagnostic

- HBs Antigen (HBsAg) part of the virus (Surface)
- Anti HBc antibody - IgM: Acute Infection
- HBe-Antigen part of the virus (core)
- Anti HBe antibody
- HBV DNA Quantity part of the virus (genom)

Criteria for success of therapy: - seroconversion
- HBV-DNA level

Hepatitis B - Diagnostic

HBV	Romania		Estonia		Poland	Slovakia		Bulgaria			
Centre's	1	2	3	4	5	6	7	8	9	10	11
HBs Ag	x	x	x	x	x	x	x	x	x	x	o
Anti HBc	x	x	x	x	o	x	x	x	x	?	o
Hbe Ag	o	x	x	x	x	x	x	x	x	?	o
Anti HBe	o	x	x	x	o	x	x	x	x	x	o
HBV DNA	o	x	x	x	o	x	x	x	x	x	o
Diagnoses in 2009	50	15	92	no data	9	180	25	no data 2010: 6	56	no data	no data
HIV/HBV coinfections 2009	no data	1	4	no data	1	2	0	no data 2010: 5	2	no data	no data

V.3. Hepatitis C - Diagnostics

- Anti HCV ELISA
- Anti HCV Westernblot
- HCV RNA (PCR)
- HCV RNA quantity
- HCV genotyp

HCV	Romania		Estonia		Poland	Slovakia		Bulgaria			
Centre's	1	2	3	4	5	6	7	8	9	10	11
Anti HCV ELISA	x	x	x	x	o	x	x	x	x	x	o
Anti HCV Western Blot	o	o	o	x	x	o	x	o	o	no data	o
HCV RNA qualitative	o	no data	o	no data	o	x	x	x	x	no data	o
HCV RNA quantitative	o	x	x	x	o	x	x	o	o	no data	o
HCV Genotype	o	no data	o	x	o	x	x	o	o	no data	o
Diagnoses in 2009	60	25	71	no data	23	230	35	no data 2010:6	15	no data	o
HIV/HCV coinfect-ions 2009	no data	no data	0	no data	12	15	1	no data 2010:1	17*	no data	o

* not explainable

Summary HIV

- **Response:**
 - Questionnaires from 10 HIV treatment centres and from one outpatient centre for Dermal- Venerological Diseases
- **HIV:**
 - all HIV treatment centres are able to detect and confirm an HIV infection and meet the European standard also in managing therapy control with measurement of CD4 cells and Viral Load
 - all HIV treatment centres are able to treat patient with different classes of HIV drugs regarding to EACS- recommendations in the first regimen

Summery Hepatitis B

- All 10 treatment centres can diagnose a hepatitis B infection
 - 8 centres have with the possibility of measurement of HBVDNA the condition for managing the treatment.
 - number of diagnoses 2009 between 15 and 180 cases
 - number of co-infections seems to be low with about 1 to 10%
- Therapy:
- 3 centres have two potent drugs
 - additionally 4 centres have one potent drug
 - 3 centres have only Lamivudin

Summary Hepatitis C

- 10 centres can carry out a screening test or confirmation test for diagnosis of Hepatitis C infection
- 7 Centres can measure the virus directly with PCR
- 3 centres can measure the Genotyp and quantity of the virus as necessary conditions for therapy.

Therapy with PegIfn + Ribavirin: possible in 9 centres!

Number of new diagnoses: between 15 and 230

Number of Co-infections: Poland 15; Estonia 12; otherwise no valid data

Laboratory external quality control

- **Prof. Heinz Zeichhardt - Head of WHO Collaborating Centre for Quality Assurance and Standardization in Laboratory Medicine for Virology**

(<http://www.instandev.de/en/about-instand-ev/who-collaborating-centre/>)

- Cooperation with laboratories from our partner countries is possible
- Participation in all serological virological EQA - Survey (External - Quality - Assessment - Survey)

Please save the date

INVITATION TO MEDICAL TRAINING WORKSHOP AND
EXCHANGE VISIT ON HIV AND HEPATITIS B/C
COINFECTIONS IN POTSDAM

27. - 29. June 2011

Thank you for your attention!

This presentation arises from the project BORDERNET which has received funding from the European Union, in the framework of the Health Programme.



The sole responsibility of any use that may be made of the information lies with the authors (SPI, AIDS-Hilfe Potsdam e.V.)

BORDERNETwork PROJECT

Steering Committee
Berlin, 10-11 march 2011

WP8 – Participatory approaches to community based HIV/STIs prevention in ethnic minority and migrant groups

Specific objective 5:

Participatory approaches: To improve in two-and-a half-year period community based HIV/STIs prevention and sexual health for ethnic minorities (e.g. ROMA) and migrant groups through capacity building in participatory prevention models

An important role of the WP8 activities among the BORDERNETwork Project is to reinforce the construction of an expert network among NGOs from all over Europe in order to exchange experience regarding different models of community based HIV prevention for ethnic minorities and migrant groups.

The participating countries and organizations are:

- Bulgaria – Health and Social Development Foundation (HESED), Sofia; leader of the WP8
- Austria – AIDS-Hilfe Vienna; associated partner
- Estonia – AISC, Tallinn; associated partner
- Latvia – Papardes Zieds; **new** associated partner
- Romania - ARAS (The Romanian Association against AIDS), Bucharest; associated partner
- Slovakia – PRIMA, Bratislava; associated partner

- Serbia – JAZAS, Belgrade; expert form non-EU countries
- The Netherlands - CORRELATION II; collaborating partner.
- Germany – Deutsche AIDS-Hilfe Berlin (DAH); collaborating partner
- Bosnia and Herzegovina - UG-PROI, Sarajevo; expert form non-EU countries

Instruments used to facilitate the process of networking:

- Desk review of relevant actions on EU level (April – June 2010);
- Assessment survey of models of participatory HIV prevention among ethnic/migrant groups with involvement of all WP8 partners (July-October 2010);
- Exchange seminar for all WP8 partners regarding NGOs' experience in developing, implementing and evaluating models of participatory HIV preventions among ethnic/migrant groups (October 2010);

The Assessment Survey, methodology

- Developing a qualitative semi-structured questionnaire with the purpose of collecting data about WP8 best practices
 - Definition and information about the ethnic/migrant groups represented in the given state and target groups for the NGO's HIV prevention programs;
 - Basic information about the given NGOs;
 - Description of one of the NGO's HIV prevention programs based on the participatory model and analysis of its strongest sides.

The Assessment Survey, methodology

- Piloting and finalizing the questionnaire among WP8 experts
- Coordinating the survey's email return-flow (3-month period)
- Summarizing the collected data

Data given by the following WP8 partners:

Austria – AIDS-Hilfe Vienna

Estonia – AISC, Tallinn

Germany – Deutsche AIDS-Hilfe Berlin (DAH)

Romania - ARAS (The Romanian Association against AIDS), Bucharest

Slovakia – PRIMA, Bratislava

Serbia – JAZAS, Belgrade;

Exchange Seminar on Participatory Community Involvement in HIV prevention, Sofia October 18-20 2010

- Serious involvement of all participants in discussion of good practices;
- Important information on practical implementation was shared among the participants;
- Despite the difference among the target groups and the countries, there are many similarities regarding the problems of the ethnic minorities and migrant communities in all countries.

Results

- Shared definitions among all WP8 member organizations : ethnic minorities, migrant groups
- Migrant and/or ethnic minorities that are the most vulnerable to HIV/AIDS transmission:
 - Austria – migrants from Sub-Saharan Africa
 - Bulgaria – Roma ethnic minority
 - Estonia – Russian ethnic minority
 - Germany – African immigrants, MSM with migration background, female sex workers with migration background
 - Romania - Roma ethnic minority
 - Serbia – Roma ethnic minority, sex workers on the street whose origin is Roma
 - Slovakia – Roma ethnic minority

Results

- Similar features that are preconditions for high level of vulnerability:
 - Social exclusion
 - Poverty
 - Patriarchal culture
 - Lack of education and/or poor knowledge of the official language
 - Lack of trusted channels for HIV/AIDS prevention
 - Lack of knowledge about HIV prevalence among the groups

Results

- Short description of projects presented as WP8 members' best practices

Results

- Methods:
 - **The PAKOMI project of DAH in Germany:** research with mixed-method design, using both qualitative and quantitative methods. It is being implemented according to principles of community-based participatory research. The biggest advantage is close cooperation between researchers, service providers and migrant communities. This research project is investigating how locally-based participatory processes can be initiated and sustained.
 - **AIDS Hilfe Vienna:** An important part of the methods used is getting into a new community. There are few steps. First there is a meeting with experts who are working in the community and they are asked to share their impressions. Trained referees go into parks, clubs and other migrant specific settings to inform people about HIV and other STDs. Regular feedback given by the referees on a regularly basis. Collaboration with the department for migrants of the city of Vienna.

Results

Methods:

- **JAZAS in Serbia:** methods of outreach work, harm reduction, services offered in a drop-in centre like self-support and peer education, all types of consultations – legal, health, social, psychological, etc. Creation of informal network of NGOs which lobbied for the change of law concerning health insurance for Roma as well as the Anti-Discrimination Law recently passed in Serbia
- **PRIMA in Slovakia:** street work for primary and secondary prevention - needle exchange providing sterile injection equipment and disinfecting materials, health educational materials. There is mobile street work realized 3 times a week. Accompanying, referral and consultations (health, social, psychological) through street work.

Results

Methods:

- **ARAS in Romania:** outreach HIV prevention services, which include: training of the field health educators / outreach workers and peer educators recruited from the beneficiaries of the program; outreach activities for HIV/STIs prevention – including counseling, education, referrals to socio-medical services and distribution of materials; meetings with stakeholders at local and national level; monitoring and evaluation. Consultation with community leaders before the start of intervention.
- **AISC in Estonia:** the health education model consists of: transcultural mediator training and conducting educational group sessions on HIV/AIDS; networking, mapping, partner activity reporting, legal registration; evaluating performance and outcomes ; designing adequate strategies to assure continuity of the approach; influencing European and national policy making

Results

- Common indicators to measure success of interventions:
 - Number of people reached;
 - Number of people trained how to disseminate in a proper way the information needed in the target group;
 - Mediators certified;
 - Community sessions held;
 - Hours referees worked;
 - Number of parks, clubs, events etc. visited;
 - Number of brochures and number of condoms disseminated;
 - Average duration of intervention

Results

- Team members
 - In each country target community members participate in the project activities. In the different countries and projects they are called in a different way: *peer educators, referees, outreach workers, community health assistants, mediators, community partners.*
 - Some differences in the functions but basically similar task – to create the bridge between the organizations and the target populations to satisfy the target groups' needs in HIV prevention.
 - Specialists (health professionals, psychologists, social workers, researchers) play crucial role in needs assessment, design of intervention, evaluation and quality assurance.

WP8: Participatory approaches to community based HIV/STIs prevention in ethnic minority and migrant groups

- **Deliverable(s) produced by WP8:**
- **Number: D9**
- 2 training seminars in 3 good practice models in participatory HIV/AIDS prevention for ethnic minority/migrant groups
- Month of Delivery: 15 (March 2011) and 23 (November 2011)
- **Milestones produced by WP8:**
- **Number 1:** Report on survey and peer review on models of participatory HIV prevention among migrants/ethnic minority groups
- Month of achievement: **13**
- **Number 2:** Manual on effective intervention models for participatory community based HIV/STIs prevention published and disseminated
- Month of achievement: **30**

WP8: Participatory approaches to community based HIV/STIs prevention in ethnic minority and migrant groups

Indicators:

- **Process Indicators:**
 - 20) Different models of community based HIV prevention for ethnic minorities and migrant groups are peer reviewed by other experts and assessed by partners participating in WP8 in M13.
 - 21) Relevant ethnic community members and migrant groups are involved in needs assessment, planning, implementation and evaluation of interventions on ongoing basis in the partner countries.
- **Output Indicators:**
 - 22) 20 multipliers are trained (2 training seminars, D10) on 3 good practice models of participatory HIV prevention among ethnic minority/migrant groups in M15 and M23.
- **Outcome Indicators:**
 - 23) Training programmes in community HIV prevention among ethnic minority and migrant groups are available, developed by 70% of partners participating in WP8 based on the published manual in M34.

Difficulties in the coordination of WP8

- There were not significant difficulties so far:
 - All partners were seriously involved
 - Strong contribution and communication facilitation from the project coordinator

Next tasks

- Finalization of the report on survey and peer review on models of participatory HIV prevention among migrants/ethnic minority groups
- First training seminar on POL methodology – Bucharest, March 2011 (Deliverable);
- Visit exchange in Estonia – Tallinn, May 2011;
- Second training seminar in good practice models (November 2011)
- Development of Manual on effective intervention models for participatory community based HIV/STIs prevention published and disseminated - about June 2012

Optimization

- The intensive experience exchange during the last workshop in Sofia will optimize current community work in all cities (when applied methodology is similar).
- When new methodology is transferred (during the training workshops) there should be mechanisms which will allow to implement methodology after experience transfer

BORDENETwork WP 9

Quality of youth HIV/AIDS prevention, sexual and reproductive health and rights

BORDERNETwork WP 9 – Milestones

- Presenting and training online evaluation tool in an expert meeting in Vienna
- Finalisation of online tool and launch in the Internet.

BORDERNETwork WP 9 - Deliverables

- Conference meeting, satellite symposium to WAC in Vienna in July 2010
- Peer review – assessment of evaluation outcomes and development of evidence-based quality standards for youth prevention activities;

BORDERNETwork WP 9 - Deliverables

- Exchange of training models in HIV/STIs prevention and SRHR of young people



BORDERNETwork WP 9 – Activities so far

- Preparatory work and desk review
- Rapid Assessment and Response survey
- Expert Meeting in Vienna
- Evaluation period
- Conference Meeting - **Deliverable**
- Programming an online self evaluation tool
- Second expert Meeting in Vienna - **Milestone**

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BORDERNETwork WP 9 – Activities ahead

- Trial period for online tool
- Finalization of online tool and launch in the Internet - **Milestone**
- Evaluation of work package activities and report on outcomes produced and outline of 3 models of good practice

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BORDERNETwork WP 9

Preparatory work and desk review

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Desk Review

- **Sunflower project**–Terrence Higgins Trust
- **H Cube project**- Associazione ISES
- **Planning & Support tool for SRHR and HIV Interventions for young people** – Stopp Aids now!

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BORDENETwork WP 9

Summary Rapid Assessment and Response

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Organisations

Ten Organisations from seven countries

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Organizations

• Poland

- Youth Advice Office (University of Zielona Gora) SRHR and HIV/AIDS prevention
- Rzeszow: focus on alcoholism, crime, drug addicts, spread of HIV/AIDS and STDs, offer Prevention and care
- spwsz: a clinic, where the HIV infected persons are treated.

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Organizations

• Germany

- Aids Hilfe Potsdam: HIV /Aids Prevention, Testing and Counseling and Care, public relations and networking.
- MAT: Competence Center for sexual education on behalf of the “Ministerium für Soziales und Gesundheit”, AIDS and STD prevention

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Organizations

- **Serbia:**
 - JAZAS (Association against AIDS) is a non-governmental organization. JAZAS permanent teams: Educational team, medical team, research team and outreach team.
- **Latvia**
 - Papardes Zieds: They work in SRHR and HIV/AIDS prevention

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Organizations

- **Romania:**
 - ARAS HIV/AIDS prevention among youth and adults, vulnerable groups, psycho-social assistance for people living with HIV
- **Austria**
 - Aids Hilfe Wien: HIV /Aids Prevention, Testing and Counseling and Care

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Aids Hilfe Wien



Organizations

- **Estonia:**
 - National Institute for Health Development (NIHDA governmental organization: research, development, implementation, quality assurance, monitoring and evaluation of activities in the health and social sectors.

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Programs

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Programs

• Germany

- Aids Hilfe Potsdam: Schoolwork/ sexual education of peers and voluntary workers in bars, discos, clubs and festivals/ Youth film days
- (MAT): sexual-pedagogical event / round of talk in schools, out of school work, festival of youth, project “Babybedenkzeit”

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Programs

• Poland :

- (YAO): counseling and testing, group therapy for students, Filmfestival, research on sexual education, outreach work for sexworkers
- (Rzeszow): Training for selected groups of young people, especially student youth, website, advice by telephone for drug addicts, patients of HIV/AIDS and their families
- (spwsz): BORDERNET Project, BORDERNET work Project, HIV/AIDS prevention program of Marshal Office

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Programs

• Serbia:

- HIV/AIDS, STI prevention and outreach work/sex workers, drug users, Young people, teachers and general population for prevention activities/ Educational programs for doctors and medical worker

• Latvia

- 12-15 projects every year in cooperation with state and municipal institutions, international organizations and private sector. Peer programs

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Programs

• Romania

- Communication for behavior change ,AIDS Helpline Comprehensive approaches in HIV/AIDS prevention

• Austria

- 400 prevention workshops, , school classes, Red Ribbon Award conducted with Ministry of education

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Programs

- **Estonia:**
 - education programs in cooperation with NGOs for youth and teachers including material, at least one country-wide media campaign, Counseling and testing, Peer projects

SRHR and HIV/AIDS

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How many young people affected, HIV/Aids, STDs

- In Austria, Potsdam, BiH and Mecklenburg young people are hardly affected, mostly people with migration background.
- In Serbia, Poland, Estonia, Moldavia and Romania STDs are rising. HIV infection in these countries is growing in the group of 15-19 year old people. Main risk is drug abuse.

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How many young people affected, HIV/Aids, STDs

- There was no registered HIV case in Latvia in 2009 in age group 15-19. The number of registered HIV cases is decreasing since the last 3 years in age group 18-25.

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Access to HIV/Aids testing, counseling and treatment?

- There's free access, counseling and treatment in mostly all participating countries over the age of 14. Younger people need their parents consent.
- In Romania the legal age to make a test is 18.
- There are no special services for young people in Latvia. They have to pay for the test if they are under 18.

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Data on unsafe abortion, unwanted pregnancies?

- There are no official numbers on abortion in Austria, Poland, Germany and Latvia.
- Serbia reports more than 24.000 on abortion per year.
- On 1000 women in Moldavia are 16 abortions.

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Access to condoms, other contraception methods?

- In all participating countries condoms are easy available for everyone. In some countries (Austria, Germany, Poland, BiH and Latvia) NGOs give condoms for free, also during campaigns and parties. In Serbia and Moldavia however not everyone has the opportunity to get condoms because of their social attitude.

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Access to clean drug injection equipment?

- There are free needle exchange programs in all participation countries, except in Latvia, Moldavia and Serbia, provided by NGOs.

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Specific in youth culture that affect vulnerability?

- Lack of education
- school-dropouts,
- alcohol and drug-abuse,
- migration-background,
- unstructured free time

Access to comprehensive sex education in schools?

- Except in Moldavia, Serbia, BiH, Latvia and Romania, sex education is part of school curriculum, in Poland only with parental agreement.

BORDERNETwork 9

Online tool QUIET

<http://quiet.allproducts.info/>

Login-Name: AHW-Test

Passwort: ahwahw

BORDERNETwork 9

Feedback online QUIET

Feedback

- Answering the questions can be difficult in terms of picking the right answer (excellent/fair...) – group work might help (average)
- “Comments on improvement” boxes: better overview of what needs to be done

Feedback

- Scales are different: why? Maybe better: yes/partly/no // not applicable (should be applied to every question). Maybe some questions need rephrasing into statements (no questions) and the answering possibilities are the same everywhere (one scale for whole questionnaire)

Feedback

- Some boxes are missing (either everywhere or nowhere)
- More user friendliness: menu should stick open and don't scroll down
- Project overview: part for small description

BORDERNETwork WP9

- INDICATORS



BORDERNETwork Indicators

Process Indicators:

- Rapid Assessment survey on HIV/AIDS prevention and sexual health promotion measures for youth takes place in 70% of the partner countries/regions participating in WP9.
- In an evaluation period (M4 to M10) based on the guidelines for quality assurance of youth prevention the partners outline different youth prevention models, which are reviewed by other experts and presented by satellite conference (D11) in M7.



BORDERNETwork Indicators

Output Indicators:

- Draw up of guidelines for evaluation of various methods and measures of youth prevention in M3;
- 30 youth prevention workers and peer educators from 10 countries trained (D11) in quality improvement in HIV/STI prevention and SRHR in M7
- **Outcome Indicators:**
- 70% of partners participating in WP9 apply the online youth HIV prevention evaluation tool to improve accountability of youth prevention models in M24

Accountability and evidence-based evaluation
in youth HIV prevention and sexual and
reproductive health and rights – WP9

1

BORDER|NET work

SECOND STEERING COMMITTEE MEETING
MARCH 2011

Executive Agency for Health and Consumers

SPI FORSCHUNG

Bundesministerium für Gesundheit

Christiane Firnges, SPI-Forschung gGmbH, BERLIN

Aim of WP9

2

- Overall: enhance QI in HIV prevention; to contribute to effectiveness of prevention measures
- To empower practitioners (teams of organisations) to self-evaluate their projects; improve them
- To develop a quality improvement and self-evaluation online-tool

BORDER|NET work

Planning and support tool for SRHR/HIV
Prevention Interventions for young people

3

- Basis for the newly developed tool (QUIET)
- "Evidence and rights-based planning and support tool for SRHR/HIV prevention interventions for young people"; World Population Foundation & Stop Aids Now (J. Leerlooijer, 2009)
- Based on Intervention Mapping (QA tool for health promotion, NL)
- Based on review on characteristics of effectiveness of HIV prevention interventions and SRHR projects, by Maastricht University, (D. Kirby)

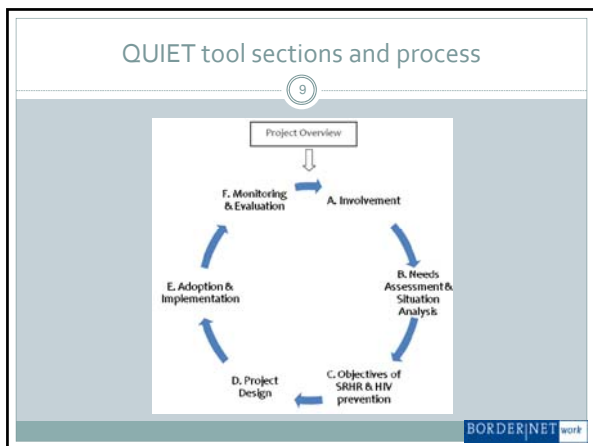
BORDER|NET work

Planning and support tool for SRHR/HIV
Prevention Interventions for young people

4

- **Reasons for choosing this tool:**
- evidence-based approach
- comprehensive scope of HIV prevention *and* SRHR promotion
- focus on youth projects
- systematic structure based on Intervention Mapping (evaluate in systematic way: six steps)

BORDER|NET work



- ### Feedback to QUIET paper-version Needs for improvement
- 10
- description is too short (more detailed explanation of questions; definitions) (holistic approach / gender equality)
 - commentary box should have more information
 - questions are not sharp enough (f. e. ethnic minorities / migrants)
 - possibility to search for certain keywords in the document is missing
 - wish for scores, grades and conclusions (e.g. comparison before/after)
- BORDER|NET work

- ### Feedback to QUIET paper-version Needs for improvement
- 11
- young people should be more integrated in evaluation process (fill in chapters on participation)
 - target group: not only young people (more open to other groups)
 - more monitoring and evaluation questions
 - time consuming (if filled in alone) (about 3 hours)
 - person who fills in the questionnaire must be very motivated
- BORDER|NET work

- ### Feedback to QUIET paper-version Positive aspects
- 12
- evaluation of all steps (planning , implementation, evaluation)
 - no need for long writing
 - useful for different projects (target groups, setting..)
 - confirmation for project/reflection of own work
 - shows exactly what was done/what has to be done/where improvement is needed/what's possible/where challenges are
 - shows what one can not change
- BORDER|NET work

Feedback to QUIET paper-version Positive aspects

13

- tool for group evaluation (how valid is an answer if only one person of the whole project team fills in the tool)
- useful to prepare a new proposal
- useful to learn from own mistakes
- forces to deal with subjective estimations and ratings of ones work

BORDER|NET work



Meeting Wp9 2010 Vienna

Thank you for your attention!

BORDER|NET work



Latvia's Association for Family Planning and Sexual Health "Papardes zieds"

Linda PAVLOVSKA, Beata MĪLGRĀVE



History

One of the oldest and largest NGO in Latvia

- Founded in February 1994
- Member of IPPF since 1995



Promoting sexual health and rights for more than 15 years



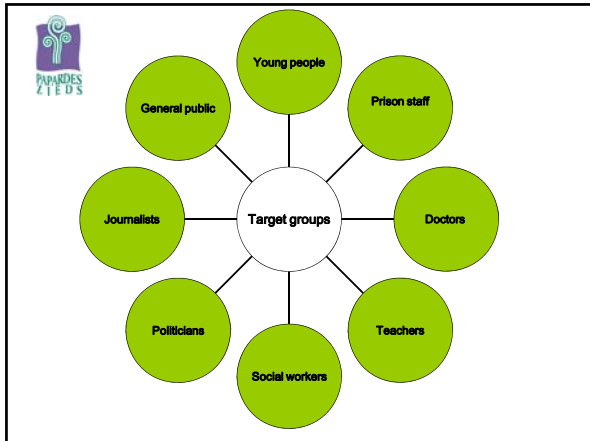
Why the association name is Fern's Blossom?

- Papardes zieds means ...
- Magic flower
- Midsummer night
- Sexual energy



Some numbers:

- 114 members,
- 50% of members are younger than 30;
- 10 staff members;
- 30 volunteers.
- Professions of staff members – biology, economy, pedagogy, philology, medicine, public health, psychotherapy, sociology, communication and public relations

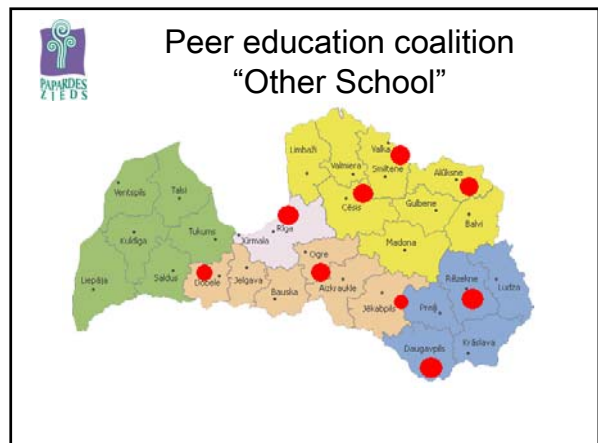


Our experience:

- Long experience with peer education;
- Around 10 years experience of training specialists /medical staff, teachers, social workers, parents, prison staff/
- Experience with education programme development;
- HIV prevention

Youth group

- Founded in 1995
- 30 active members
- Average age: 17
- Around 25 000 young people participated in peer education sessions





Social risk Youth



- Peer education classes in women`s prison
- Peer education classes in day centres for risk group children and youth
- Project for outreach workers

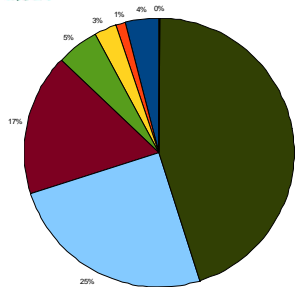


Experience with HIV prevention

- 2006 pilot project “Training on SRHR for prison staff”
- 2007-2010 int. project Training for Criminal Justice Professionals
- From 2008 UNODC projects on harm reduction in prisons
- From 2010 int. project Health Promotion for Young Prisoners



Budget 287 000 € in 2009



- Municipalities
- Private foreign funds
- income from different activities
- Donations from latvian donors
- European Commission
- IPPF (core funding and projects)
- Other international organizations
- Membership fees and other



Questions? Comments?



www.papardeszieds.lv

Bordnet work 2nd SC meeting
10-11 April 2011- Berlin (DE)



Executive Agency for Health
and Consumers (EAHC)

CINTHIA MENEL LEMOS

Health team



Executive Agency Health Consumer
(EAHC - Decision 2008/544/EC)



Implements the EU Health Programme (2008-2013) - completion of the
first programme (2003-2008)

Management of the Programme, in particular those linked to the
award of contracts and grants, and management of projects

Disseminates knowledge and best practices, feeding back
projects results to DG SANCO for policymaking and providing
logistical, scientific and technical support by organising technical
meetings preparatory studies, seminars or conferences

Fosters exchange and co-ordination of the European communities
of public health professionals

The lifetime of the Agency has been extended for a period of 5
additional years (from 01/01/2011 to 31/12/2015).



Special Report of the Court of Auditors on the PHP 2003-2007



Conclusions and Recommendations

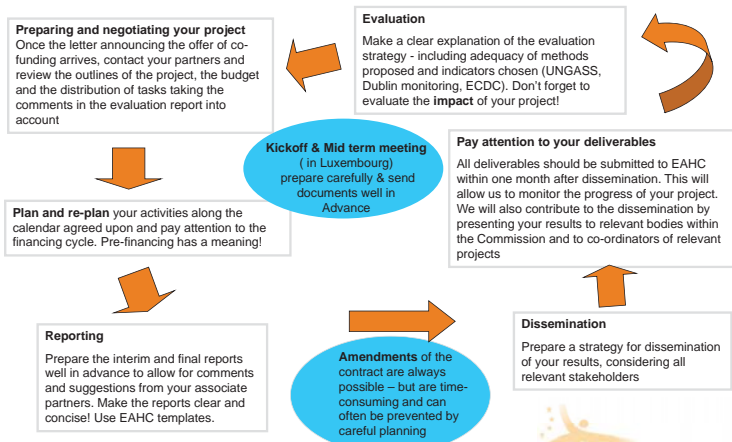
Overall conclusion: 'The Court calls into question the utility
of certain parts of EU public health programmes, such as
PHP 2003-2007. It is difficult for such programmes to
demonstrate any impact on citizens' health.'

The Commission should bring project objectives in line with
programme objectives and the refocused "action areas";

- set quantified targets and define performance
indicators in order to facilitate the monitoring of
progress;



Good Project Management with EAHC



Communication on combating HIV/AIDS in the EU and the neighbourhood Second action plan (2010-2014)



Basic principles

- ✓ Political leadership to address the disease and not silence it
- ✓ Non discrimination and respect for PLWHIV and vulnerable Groups as responsibility of society at large
- ✓ Universal and undiscriminatory access to prevention, treatment and care services
- ✓ Involvement of civil society



Priorities - Prevention



Evidence base and robust surveillance systems

Meaningful behavioural data to ensure that the key factors behind the epidemic are adequately addressed

Prevention linked to voluntary and counselled testing for HIV, universal access to treatment, care and support



Priorities



Most affected groups

Men who have sex with Men – **MSM**

Injecting drug users- **IDU**

Migrants from high prevalence countries



Priority actions



Universal access to VCT, treatment and care

Effective harm reduction

Prevention and integrated HIV, TB and co-infection treatment including in prisons and other settings



Prevention of new HIV infections



- ✓ Promote prevention and Voluntary Counselling and Testing
- ✓ Support capacity-building among service providers to improve access for vulnerable groups
- ✓ Increase access to affordable antiretroviral (ARV) treatment
- ✓ Positive prevention – sexual and reproductive health PLWHIV/A



Bordnet work related projects



- 2006 – TAMPEP- European Network for HIV/STI prevention and Health promotion among migrant sex workers, Tampep International Foundation (NL), <http://www.tampep.eu>
- 2007 - AIDS & MOBILITY, AIDS & Mobility Europe 2007 – 2010 "Ethno-Medizinisches Centrum, (DE), <http://www.ethno-medizinisches-zentrum.de>
- 2007 - SUNFLOWER, Young and HIV: European network to arrange an innovative prevention campaign and to exchange good practices-experiences in Europe, ANLAIDS Sez. Lombarda (IT), <http://www.sunflower-project.eu>
- 2008 - EATG: Support to EATG in promoting Universal Access (UA) to prevention, treatment, care and support to New MS and New Neighbourhood countries, European AIDS Treatment Group e.V. (BE), <http://www.eatg.org/Training-Treatment-Literacy-and-Treatment-Advocacy> (Dec 2009)
- 2008 - SAFE II – Sexual Awareness for Europe: ensuring healthy future generations who love and care for each other, IPPF-EN (BE), www.ippfen.org



Bordnet work related projects



- 2008 H-CUBE: HBV/HCV/HIV – Three different and serious threats for European young people: a network to study and face these challenges in EU, University of Sassari (IT)
- 2008 - EATG: Support to EATG in promoting Universal Access (UA) to prevention, treatment, care and support to New MS and New Neighbourhood countries, European AIDS Treatment Group e.V. (BE), <http://www.eatg.org/Training-Treatment-Literacy-and-Treatment-Advocacy> (Dec 2009)
- 2008 - EUROSUPPORT 6 (ES VI) : Developing a training and resource package for improving the sexual and reproductive health of people living with HIV/AIDS, Institute of Tropical Medicine (BE), http://www.sensoa.be/eurosupport/euro_support.htm
- 2009 - HIV-COBATEST, HIV Community based testing practices in Europe, Fundacion Institut d'Investigacion en Ciencies de la Salut Germans Trias I Pujol (ES), www.cobatest.eu
- 2009 - Impact - Improving Access to HIV/TB testing for marginalised groups, Fondazione Villa Mariani onlus (IT)



New actions Call 2010



- 2010 – AIDS 2011 - HIV in Europe - unity and diversity conference, May 2011, NIHD (EE), <http://www.aids2011.com/>
- 2010 – FEMP- Men, Men, Sex and HIV 2011 - The Future of European MSM Prevention conference, SMI (SE), November 2011
- 2010 - TUBIDU, EMPOWERING CIVIL SOCIETY AND PUBLIC HEALTH SYSTEM TO FIGHT TUBERCULOSIS EPIDEMIC AMONG VULNERABLE GROUPS, National Institute for Health Development, NIHD (EE), under negotiation
- 2010 – SIALON II, CAPACITY BUILDING IN COMBINING TARGETED PREVENTION WITH MEANINGFUL HIV SURVEILLANCE AMONG MSM, Veneto Region, under negotiation
- 2010- HEP-SCREEN, Screening for Hepatitis B and C among migrants in the European Union, GGD Rotterdam (NL), under negotiation



Call for proposals 2011



Ensure that the limited funding available at EU Health Programme level will be focused on strategic topics and activities with an obvious European added value:

- a balanced EU MS participation
- a more comprehensive and long-term approach creating synergy with past and current efforts funded under EU and national programmes
- including a full, independent evaluation
- a professional and effective dissemination of results to relevant target groups
- arrangements facilitating an effective uptake of new public health approaches by relevant decision makers



Consequences



- The selection procedure is becoming highly competitive, few priorities open for projects, shift funding to Joint Actions and Call for tenders.
- Only proposals which are excellent in all award criteria will have a chance to be funded.



Results Call 2010



Comparison Proposals received

Instruments	2008	2009	2010
Projects	153	183	115
Conferences	43	44	27
Operating grants	26	26	25
Joint actions	2	4	10
Total:	224	257	177



Summary evaluation results 2010



	Number of proposals			Co-funding (million €)		
	Received	Selected for funding	Reserve list	Selected	Reserve list	Total
Projects	115	17	3	13 381 725	2 886 504	16 268 229
Health Security	16	4	1	2 804 000	800 000	3 604 000
Promoting Health	79	12	2	9 970 382	1 099 306	11 069 688
Health Information	20	1	0	607 343	987 198	1 594 541
Operating Grants	25	7	2	2 025 160	299 250	2 324 410
Promoting Health	6	3	1	1 380 000	200 000	1 580 000
Renewal CIP 2009	19	4	1	645 160	99 250	744 410
CIP 2010						
Conferences	27	8	2	627 839	171 500	799 339
Health Security	2					
Promoting Health	15	3	2	184 869	171 500	356 369
Health Information	10	5		442 970		442 970
Joint Actions	10	9		12 681 662	3 316 326	15 997 988
Health Security	2	1	1	293 060	3 316 326	3 609 386
Promoting Health	6	6		10 743 373		10 743 373
Health Information	2	2		1 645 229		1 645 229
Total	177	41	8	28 716 386	6 673 580	35 389 966



SANCO Health Portal



Workshop on HIV/AIDS projects funded under the Health Programme 2006-2010



The European HIV/AIDS projects coordinators agreed

Vilnius Conference 2009

to use each other expertise to magnify the outcomes of the projects
to share key events related to the project development, evaluation, dissemination, under EAHC website

to create a database where the different networks could share deliverables (reports, protocols, questionnaires, definitions target group, indicators, best models methods, policy reviews, etc) under AAE webpage

to participate in a project meeting once an year to share project knowledge and experiences



Workshop on HIV/AIDS projects funded under the Health Programme 2006-2010



The European HIV/AIDS projects coordinators agreed

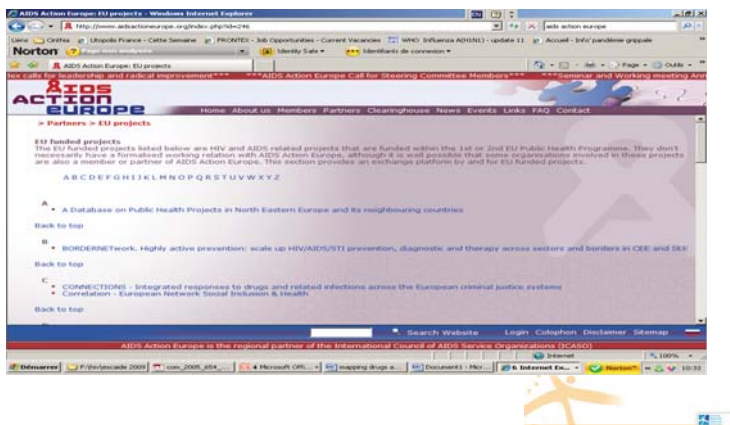
Vienna 2010

The potential contribution of the current project to the implementation of the HIV/AIDS 2009-2014 Communication was assessed.

Production HIV/AIDS projects brochure, launched WAD 2010 and now under printing

Tallinn 2011

Next possible event under negotiation as a satellite meeting during the AIDS 2010 Conference, <http://www.aids2010.org>



Further Information

Health Portal EU

<http://health.europa.eu>

SANCO Web Site

<http://ec.europa.eu/health/>

EAHC Website

<http://ec.europa.eu/eahc/>

EMCDDA website

<http://www.emcdda.europa.eu/>

ECDC website

<http://www.ecdc.europa.eu/>

