

BORDERNETWORK KICK-OFF MEETING**MINUTES****Thursday, 01.07.2010, 14:30 – 16:00 h****Working Group on WP6 Early HIV / STI diagnostic,****Moderator: Kristi Rüütel, NIHD/Tallinn**

Participants: Isabell Eibl/AHW, Radostina Antonova/HESED, Jury Kalikov, Irina Mironova/AISC, Grzegorz Gola, Krzysztof Kulczycki/POMOST, Galina Musat/ARAS, Barbora Kucharova, Slavomira Vojtekova/PRIMA, Tanja Gangarova/DAH, Tzvetina Arsova Netzelmann/SPI Forschung

Protocol: Christiane Firnges/SPI Forschung

Power point presentation and handouts

The power-point presentation included the topics: general objectives, target groups, indicators (see attached presentation) for the area of cooperation under WP6

The background justification for the area of cooperation under WP6 is that according to epidemiological estimation up to 50% of the HIV positive persons are unaware of their status, therefore measures for early HIV diagnostic and their scale up have an important role in prevention of further spread of HIV.

The envisaged target group/s of the work package activities are the regular groups of clients of the HIV/STI services the partners represent. Those are in most of the cases most at risk and vulnerable population groups: sex workers, i.d. users, female IDUs, Roma minority representative.

At same personnel of CBOs, health care institutions, health care professionals, stakeholders from municipal (health) authorities is also part of the target group as far as they will be practically involved in the process of mapping, piloting and assessment of the model for early diagnostic of HIV/STIs.

WP6 structure:

- a) Mapping: Assessment of the situation
- b) Piloting: pilot new approaches to provide HIV services
- c) Assessment: assess outcome of the piloting

The phases of situation analysis or mapping will have several steps: a) Literature review of HIV/STIs services in the specific region, previous projects on increased service provision, b) Problem analysis, aiming to identify barriers to services for vulnerable groups: Geographic, socio-cultural, socio-economic, organisational barriers.

Identify ways to improve access and increase of coverage

- a) Increase knowledge about the needs of the target group and spread knowledge about the available services:

Peer to peer programmes, individual counselling, internet

b) Improve service provision:

Increase access to services, referrals and incentives, peer-to-peer support, create new services, like mobile services (MMU) and or drop-in centres

The different ways to improve access to services were illustrate with a case study on pilot results concerning the form of referral of patients to TB clinic. More patients, that took part in an active referral system (including counselling and advise to make an appointment at TB clinic) attended the TB clinic than those that took part in only passive referral.

Each country will have to define their vulnerable groups and can decide with which group they would like to work with.

First ideas about target groups in the respective countries:

Romania: IDU and ROMA population

Bulgaria: commercial sex workers, maybe also ROMA

Poland: young people with high risk behaviour, young people in prison, with a special subgroup of i.v. drug users

Slovakia: IDU, sex workers, homeless people, ROMA living in camps

Estonia: female IDUs and sex workers

Austria: migrants from Sub-Saharan Africa, MSM

Planned activity with members of these vulnerable groups in the mapping phase: conduct individual interviews or 1-2 focus groups for gaining better understanding for the barriers they experience in the access to services.

NIHD will provide the materials for the focus groups

Next steps:

- Report on mapping, problem and needs analysis – NIHD compiles based on the country report one overview report which is a Milestone in WP6. According to the time plan of the project it is foreseen for delivery in M13 (January 2011). The WP leader suggested a slight shift to M15/16, but at latest in M16, April 2011 the report should be ready for circulation as it is the basis for the Expert Exchange Seminar on Piloting of different models for early HIV/STI diagnostic, see below
- Expert Exchange Meeting in Tallinn, M17, May 2011, organised and hosted by NIHD: to present the results of mapping phase and to discuss the piloting process
- Testing/piloting - would start after the meeting from M18 to M22: implement a program first on small scale and than expand it

- General protocol for piloting will be elaborated by NIHD (can be used as a template), according to experience in Estonia, permission of ethical commissions will be collected accordingly, the piloting process will be presented as "intervention research project"

Discussion:

The indicator of a 10% increase in rates of HIV diagnostic services, utilization by clients was discussed. To use this indicator, an assessment of the services utilized by the clients before the piloting starts should be conducted first.

As for the measurability of that outcome indicator some of the partners (AIDS, HESED) expressed their cautiousness in defining in particular figures the changes in service utilization to be achieved. Considering that the sex works scene is heavily influenced by economical crisis in most of the partner countries and clandestinity is still prevailing in some prostitution areas it can not be defined with certainty that the month of measurement of the indicator will not coincide with mobility and other events causing strong fluctuations among the sex workers.

Questions / ideas:

How can we combine the work packages effectively and also use the budget most effectively?

The aim of new programmes should be to combine our interests with the interests of the clients.

NIHD will conduct a literature research and will put the materials on the website.

Good examples can be found at Correlation (Guidelines for services for vulnerable groups) and Tampep project.