

**Minutes of the Workshop „D“, Friday 16.11.2007, 16:30-18:00**

**BORDERNET- networking and new partner regions**

**Moderation:** Małgorzata Kłys-Rachwalska (DPSZA, Szczecin), Maryana Sluzhynska (SALUS, Lviv)

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**Participants:** Elfriede Steffan, Ines Perea, Evita Leskovsek, Tatjana Böhm, Irina Mironova, Jean Pierre Foschia, Karla Muskovic, Dejan Travica, Frank Zimmermann, Corina Marculescu, Silviya Vasileva, Krasimira Chudomirova, Anita Wnuk

**Minutes:** Samanta Sokolowski

After the introduction of all the partners, Małgorzata Kłys-Rachwalska opened the workshop with a presentation depicting the start and development of the working relationship with SALUS Ukraine as an example of cross-border networking and cooperation. In several visits to SALUS in the Ukraine the cooperation frame was established, as well as the choice of topics that were going to be the centre of the networking and cooperation. These topics included doctors trainings, prevention activities, exchange of the levels of prevention, therapy and diagnostic of HIV/AIDS and STIs and different lectures on agreed subjects. The cross border cooperation proved to be very fruitful and successful.

Igor Krampac depicted the cooperation between the partner regions of Model Region IV, Slovenia and Italy. The particularity of this Model Region was that they do not share an actual border, so here there was a problem of physical distance between the partners. To solve this, the first meeting was held in the city of Pirano, a city “in the middle” between the partners. The City of Gorizia and the City of Rieka were chosen as partners for activities. Being this project (BORDERNET) such a successful one, finding partners was not a problem for this Region. The city of Rieka was especially motivated, and hopes to be part of BORDERNET II in 2009, a fact that would support the city very much. The last evaluation meeting of BORDERNET I was held again “in the middle”, once more in Pirano. Both partners described having had a very fruitful cooperation.

Małgorzata Kłys-Rachwalska urged the participants to describe problems in the regions that could be addressed in further proceedings.

Maryana Sluzhynska described the difficult situation of the Ukraine concerning VCT. The region of Lviv is divided in 25 units with 7 towns. Every town and unit have got a hospital with a cabinet of infectious diseases that allegedly offers VCT. The testing is scarce and the doctors are not qualified for counselling. The Ukraine is divided in HIV/AIDS priority and non-priority regions. The priority regions are the ones where the Global Fund is active and where the doctors are especially trained. The region of Lviv is not a priority region, thus there are no resources for trainings. There are difficulties with TBC in combination with ARV, here

is a need for action. The region has also success stories to tell, such as the radical reduction of vertical transmission of HIV.

The participants from Bulgaria, Silviya Vasileva and Krasimira Chudomirova, described the main problems of Bulgaria in this field. The funding of the Global Fund are running out, so the sustainability of offers is now in question. MSF worked in the country also, but stopped its work in the country around two years ago. Bulgaria is a low prevalence country (740 PLWHAs), but the situation of STIs is very different. There is a high prevalence of syphilis (600 cases per year) with an increasing number of children with syphilis. There is no knowledge of resistance to therapy and no HIV screening in the syphilis cases. Chlamydia screening is not covered by the health insurance.

There are 15 VCT centres, but some do not have a low enough threshold, so the testing situation is not good. These testing points are in “Hygiene Centres”, where the doctors are not really trained. These centres receive funding from the Global Fund, and it is not yet cleared who will take over the financing of these testing points.

Elfriede Steffan pointed out how important the work in low prevalence regions is, for in these regions it is very difficult to implement offers of prevention, diagnostic and therapy.

After listening to the regions depicting their networks and their general problems, Evita Leskovsek stressed the importance of including new partners in functioning networks. In an attempt to recapture the main points discussed in the workshop, Evita summoned the main challenges of networks. These were identified:

- Lack of resources, not only monetary, but human resources
- Sustainability of the networks
- The implementation of ideas and strategies, in the sense of the difficulty of pushing decision makers to accept and adopt these ideas and strategies
- VCT- the need for common recommendations at an European level is crucial to be able to make a step forward in this subject.