

**BORDERNET**

Project cofinanced by the DG Sanco (Public Health) Programme of the EC

**3rd International Steering Committee (ISC) Meeting
9th – 10th November 2006, Berlin, Germany**

Minutes

I. Introduction

Planned as a regular annual meeting of the steering board, the 3rd ISC meeting coincided with the delivery term of several crucial project milestones in different work packages. Thus it extended its scope to a mid-term evaluation conference and an invitation to a broader circle of stake holders.

Alongside the ongoing monitoring and advisory tasks the objectives of the conference focused on:

- Analysis of the stage of progress of the cross-border network cooperation in the field of HIV/STIs prevention, diagnostic and treatment and outline of the difficulties and the challenges for the next action year;
- Presentation and discussion of interim results of the HIV/STIs sentinel surveillance survey, outcomes and recommendation for an improved epidemiological reporting, outline of first risk indicators and expectations of trends;
- Presentation and discussion of the first KAB (knowledge, attitudes, behaviour) survey findings among the specially selected target groups (young people, MSM, HIV+ men, female sex workers); outline of recommendations for an in-depth comparative analysis;
- Dissemination of the interim results and feedback to the national health policy bodies;
- Discussion and outline of the actions of BORDERNET related to the further central topics of HIV Voluntary Counselling and Testing and Improvement of STI Diagnostic and detailed cooperation priorities in the cross-border networks in 2007;
- Exploration and expanding the BORDERNET cross-border cooperation to TANDEM regions at the new outer EC borders in 2007;

Reflecting these objectives the meeting addressed a larger group of participants: project partners, associated beneficiaries from new countries, further involved stakeholders from the field of HIV/AIDS/STI service provision, and decision-makers from public health policy and local administration.

There were 26 participants altogether from 6 countries: 6 from Model Region (MR) I (3 from Poland, 3 from Germany), 8 from MR II (5 from Germany, 3 from Poland), 1 from MR III (from Slovakia, the Austrian partner had regrettably to cancel participation due to illness in the last moment), 2 from MRIV (1 from Italy, 1 from Slovenia). The Robert-Koch-Institute was represented by 1 team member, the team of the coordinator, SPI Research - by 8 team members.

Official guests at the meeting were the representatives of the EC (DG Sanco, Mr. Kloppenburg), and of two German Federal Ministries (Social Ministry of Mecklenburg-Vorpommern and Ministry of Work, Social Affairs, Health and Family of Brandenburg). A special guest participant group was invited among experts and consultants of the Ministry of Health of Bulgaria. They attended the meeting in the frame of an agreement exchange programme for scientific experts financed by the German and Bulgarian Ministries of Health, which SPI Research organised and hosted. The aim of their participation was to gain immediate impressions of the partnership's scope and tasks and to exchange experiences relevant to the national specific of the Bulgarian HIV/STI situation as an exploratory phase for the extension of BORDERNET after 2007.

The programme of the meeting followed the preliminary agenda with a good proportion of plenary presentations, discussions and work groups planning activities.

All presentations can be already consulted at the project's website: www.bordernet.eu. They covered the main programme topics such as: country reports on the cross-border cooperation in 2006, interim report on the HIV/STI sentinel surveillance, first findings of the psycho-social KAB surveys among 4 respondent groups, draft research presentation on the surveys on HIV Voluntary Counselling and Testing and Improvement of the STI diagnostic, presentation of the already identified TANDEM regions (a Polish and a Slovak border regions to Ukraine, a west Ukrainian region and a Croatian border region to Slovenia and Italy) and the envisaged cooperation tasks in 2007.

The current report reflects further the outcomes of the discussion rounds on crossing-border cooperation and the main decisions taken with regards to the action plan in 2007.

II: Cross-border Cooperation Networks

After the short national presentations in the first day (2 per model region) the participants gained a rather good overview on the individual activities, successes and difficulties each partner had to cope with during the current project's year. Besides exhaustive information about the carry out of the two main survey tasks in 2006 (sentinel surveillance, WP5 and KAB surveys on HIV/Aids and STIs among selected target groups, WP6) the regional reports encompassed all networking activities, cross-border meetings, common project, and campaigns undertaken by the bi-national partners in each regions.

Main achievements and difficulties outlined at regional cross-border level:

1) The transnational cooperation

A good partnership spirit has been developed among the partners in all the model regions, some of them grew together to joint teams; which successfully planned and carried out crossing-border projects involving the most important stakeholders in the model regions, in some of them supported also by the local governments. At the same time though the higher work load and time consuming project tasks, caused certain delays in some joint cross-regional activities due to over challenged personnel resources of some partners;

2) The stock of expertise and the synchronisation of the service quality

Improved state of knowledge about the epidemiological situation in the border regions and the services infrastructure in the field of HIV/STIs was reported in each region. Several model diagnostic offers were established (Austria, Germany, Poland). They improved the availability and quality of the free-of-charge and anonymous HIV VCT and some further STIs's diagnostic (Hepatitis, Syphilis, Chlamydia). They played furthermore a crucial role in convincing the regional experts about the necessity to upgrade the existing standard offers and to open those more to uninsured persons, such as migrant sex workers.

However, discrepancies exist however still among the availability, quality and reliability of the applied STI diagnostic (especially for Chlamydia-trichomatis Infection) and HIV treatment services (HAART) in the border areas between some of the old and new EC member states.

3) The involvement of stakeholders and multipliers

A stable group of medical professionals and HIV/STIs service providers have been progressively involved in all the regions since the beginning of the project. More than 70 medical institutions (29 STI-outpatient clinics, 29 private physicians, 14 public health services) take part to date in the sentinel surveillance. Series of multipliers' training among medical and other specialists (doctors, nurses, social workers, teachers) on the BORDERNET relevant topics in prevention, diagnostic and treatment of HIV/Aids and STIs were carried out.

The commitment and motivation of the group of medical doctors to the research (sentinel surveillance) and training activities remain yet unsustainable due to lack of personnel and time resources of some of the public health services. Additionally, the cooperation with the networks of private physicians (GPs, gynaecologists, dermato-venerologists etc.) and private medical centres(expectation for direct financial incentives in return occurring in each partner country) proved to be another hurdle, consuming enormous efforts.

4) The target-groups tailored interventions

The understanding and insights into the specific risk related contexts in the border regions with regards to special target groups were improved. The multi-sample KAB survey reached more than 1 600 persons(1085 young adults in all regions, 360 MSM in regions III and IV, 88 female sex workers in region II, 71 HIV positive men in region I). Model interventions (MSM, sex workers, inmates, young people)

were additionally effectively carried out along with trainings for multipliers (e.g. teachers, social and health workers)

At the same time, the access to some hard-to reach target groups (MSM in Slovak Republic) urges for mobilization of new community network's entry gates (Internet), information and access channels;

A general context factor obstructing the efficient project's development in one region results from the lack of interest and support from the respective local authorities and a shift towards a more restrictive health policy on national level (Poland).

Action areas and prospect for 2007:

- 1) Mobilisation of alternative motivation mechanisms to ensure sustainable participation of the professional groups of physicians – offers of further training, accredited by the respective medical chambers and societies (based on the successful experience of the partners in Italy and Germany);
- 2) Enhancement of the professional competence of service deliverers – workshops and trainings for multipliers in prevention, HIV VCT and STI diagnostic in order to improve and synchronize existing national and/or local standards;
- 3) Design and carry out of client-centred prevention interventions as models illustrating good practice, tailored to the specific needs and circumstances of the special target group, and utilising the results of those for the further commitment of political decision makers, regional stakeholders and practitioners;
- 4) Implementation of the findings of the psychosocial KAB surveys, the outlined risk indicators and the epidemiological data from the sentinel surveillance into the prevention interventions and feedback to the public health stakeholders and practitioners in the border regions in form of practical recommendations for improved service provision.

Based on the above presented outcomes and priority action areas the partners had a chance to continue the specific planning and adjustment of their work plans for 2007 in their model region's (MR) teams. Responding to the higher need for a cross-regional exchange of experiences and best practices, each working group comprised members of 2 regions (2 to 4 countries), thus forming the northern (Germany, Poland) and the southern regions (Austria, Italy, Slovakia and Slovenia).

In intensive discussions the following regional priority actions were planned for 2007:

Work Group BORDERNET North (MR I and II, Germany and Poland)

1. In order to increase the chances of provision of supportive environment to the activities in Poland a joint open letter ensuring the commitment of the German state (Federal State Ministry of Health and Social Affairs in Brandenburg) and local authorities will address the Polish Ministry of Health in the first months of 2007;
2. Exchange visit between the local health governments of the German and Polish regions;
3. International Expert Conference on STI Diagnostic and Treatment in Rostock, Germany (MRI) in February 2007, with the participation of experts from MR II also;
4. Exchange visits and common activities planned by the two Polish partners in MR I (Szczecin) and II (Zielona Gora);
5. Exchange visits and experience in specific target group oriented (sex workers) prevention work (UNZG, Poland, Abendrot, Germany);
6. Training for multipliers on prevention of risky behaviour among young people;
7. Training for multipliers (social workers, nurses, medical doctors) in counselling skills for improvement of the applied standards of HIV VCT;
8. Further training for physicians and other medical specialists from in- and out-patient clinics and local public health offices and GP practices in diagnostic and treatment of HIV/Aids and STIs

Work Group BORDERNET South (MR III and IV, Austria, Italy, Slovakia and Slovenia, as guest participants the Bulgarian HIV/Aids experts)

1. Expert seminars on the implementation of sentinel surveillance for HIV/STI in Austria, in January 2007 and Italy, in April 2007 with participation of BORDERNET associated beneficiaries, Tandem regions (Croatia) and other international partners (Czech Republic, Bulgaria, Bosnia&Herzegovina)
2. Seminar on HIV/STIs and MSM, a target group with special prevention and intervention needs in the crossing-border regions, in Austria in March 2007 with participation of NGOs and MSM projects from the BORDERNET partners from MR III and IV and the new Tandem partners from Croatia;
3. Regional meeting and training on special HIV/STIs service provision in the field of Harm Reduction in Slovakia, with the participation of selected service providers and NGOs from the BORDERNET countries and two Tandem partners (Croatia, Bosnia&Herzegovina);
4. Training for multipliers (social workers, nurses, medical doctors) in counselling skills for improvement of the applied standards of HIV VCT;
5. Closing cross-regional conference in Slovenia, in October 2007

III. Conclusion

From the project's management point of view the meeting gave proper space and recognition to the achieved deliverables in each area of cooperation in the last year and in addition to it, focused the attention on the strategic planning and improvements/adjustments of the planned measures in the coming year. Their successful further implementation is ensured by the intensive cross-border cooperation, which brought forward sustainable networks with growing load-bearing and decision-making capacity in the four BORDERNET regions.

The process of transfer of experience and best practices rests upon the principle of same eye level among the partners in the mutual learning. Thus the achievements jointly reached by the old and new EC member state partners can be bridged in the next project phase to cooperation transfer measures in other European regions (from Western and Central to Eastern/Southern Europe). The selected TANDEM regions (Ukraine and two respective border regions in Poland and Slovakia) represent the "burning priority" action regions in terms of prevention of HIV/STIs. The successful involvement of those into the BORDERNET in 2007 will contribute to the adequate joint response of the European decision-makers from the various regions towards the challenges of prevention, diagnostic and therapy of HIV/STIs.

The diverse outlined deficits in particular in the diagnostic and preventive offers for HIV/Aids and STIs (i.e. existing in all regions parallel service structures for HIV/Aids and STIs and non-uniform diagnostic procedures), will be individually addressed and worked out.

In the frame of BORDERNET regional health policy decision makers and stakeholders work close together with service practitioners, NGOs and grassroots projects in order to bring forth synergetic effects and improved cooperation in the diagnostic and counselling standards, thus enhancing the European policies in this field with its model experiences.

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