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## For regional network partners

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### Summary of BORDERNET I current outcomes

BORDERNET is in its third year of duration and is, therefore, not concluded by now. However, several results can already be elicited. These outcomes should be used as a basis for the further work.

Cross-border networks create synergy effects beyond the concerned Regions

A number of the carried out measures inspire and support the organisation of the work in this field on both sides of the border. Some examples are:

Regional conferences and symposia build a stable foundation for further work. So far, more than 130 institutions in the four BORDERNET model regions took part in BORDERNET activities: among these were governmental and non-governmental organisations and projects, health offices and centres, private practitioners and clinics as well as health policy and health administration officers. Further institutions have joined the list or will take part in activities in the near future. On trainings and symposia (e.g. May 2006 in Swinoujscie, November 2006 in Frankfurt/Oder and Zielona Gora and February 2007 in Rostock), experiences are exchanged, new knowledge is transmitted and concerted actions are discussed and decided upon.

Youth Film Days (YFD) on HIV/AIDS and STI prevention are taking currently place with German and Polish pupils in cities close to the border - Szczecin, Wolgast, Greifswald and Swinoujscie (M-V.) Frankfurt/O and Slubice. For the realisation of the YFD, very different

structures and networks are used in the different regions. The Polish-German co-operation plays a central part, and its experiences serve as a model for further cross-border activities.

Studies about the knowledge of HIV/AIDS and STIs, risk behaviour patterns and cross-border mobility in specific target groups evaluate the existent prevention strategies and determine new needs.

In our KAB-studies<sup>1</sup>, around 1700 persons were questioned (1085 young adults, 371 MSM, 155 Prostitutes and 71 HIV-positive men) about their knowledge of and attitudes towards HIV/AIDS and STIs and their sexual behaviour. These surveys are currently being analysed and will make conclusions about risk behaviour, mobility and prevention needs possible.

The Sentinel Surveillance provides important knowledge about the epidemiological situation in the Model Regions

The cross-border Sentinel Surveillance<sup>2</sup>, which has been implemented in the scope of BORDERNET, is advantageous in comparison to existent national compulsory notification. A higher information density of data allow a thorough risk analysis, the additional survey of the important sexually transmitted infections Chlamydia trachomatis and Neisseria gonorrhoeae allow further insight into important epidemiological events.

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<sup>1</sup> KAB: Knowledge, Attitudes and Behaviour

<sup>2</sup> The Sentinel Surveillance in the scope of BORDERNET is carried out by the Robert Koch-Institute (RKI) in Berlin.

Further, migration specific infection events within the participating model regions can be described in detail for the first time.

Apart from this, the Sentinel-Surveillance is an instrument for quality assurance and quality enhancement in the participating regions. In this respect, a sub-study showed large deficiencies in the diagnostics of Chlamydia trachomatis, which lead to an under-

registration of this STI, which is of special importance for general population, e.g. in terms of infertility. Due to the close integration of the Sentinel-Surveillance into the overall project BORDERNET, chances to improve the quality of diagnostics are very high. Therewith, knowledge is gained which can be used on a broader European level.

## **BORDERNET II: outlooks for the future**

A definite proposal for BORDERNET II will be finalised in consideration with the currently participating German Bundesländer Brandenburg und Mecklenburg-Vorpommern and the German Ministry of Health after the publication of the call for proposals by the European Commission, deadline 21st of May 2007. Building up on the current state of the existing model programme, the coverage is to be enlarged. Next to the tandem regions and along the new EU outer borders and new EU countries (Romania and Bulgaria), non EU regions, that were not included into the programme by now (e.g. Czech Republic, Hungary), and other EU countries come into consideration as eligible project partners.

In the context of BORDERNET II, well-proven instruments will be further developed and identified problems will be worked on. We can discern two action levels. The first level will stay, following BORDERNET I, focused upon cross-border networks, the second level will transmit the general knowledge to other countries in Europe, independent from cross-border regions.

**Action level I: Broadening of regional cross-border networks**

On this level, further development of regional cross-border networks in the fields of prevention, diagnostics and therapy of HIV/AIDS and STIs will be brought to the fore. Networking will be transmitted in a similar way into so called tandem regions on the new outer borders of EU, including the new member states Bulgaria and Romania. Aim of this action is to agree upon regional cross-border health targets, to use synergy effects

through common actions, to train multipliers and professionals and to undertake model-worthy interventions. The wide range of different political and health care structures will be considered at all times. This means that the proposed activities will be divided into specific modules, of which some are on a voluntary level. Deficits, that have to be disposed in some regions, are located in the context of HIV/AIDS and STI testing and counselling, for example. Apart from restrictions in medical testing and counselling offers, there are severe health policy deficiencies regarding access and coverage of prevention and medical offers. This is particularly applied to persons without health insurance, to persons with a migration background and to so-called mobile populations - such as work migrants and sex workers.

Both German model regions have already contacted facilities in Eastern Poland at the new EC outer border (Podkarpackie) and the Ukraine (L'viv), who are very interested in a further cooperation.

Also in the other two Model Regions contacts have already been established with Kosice (Slovak republic, border to Ukraine), City of Rijeka (Croatia) and Bosnia Herzegovina. More regions may follow.

**Action level II: Handling single problems on an European level**

In all the Model Regions a necessary integration or at least a harmonisation of the offers of prevention and diagnostics of HIV/AIDS on the one side and STIs on the

other side has to be reached out of effectiveness reasons. The still in large parts of Europe existent different structures, in some cases with minor overlaps, are historically explainable, but have become obsolete. To improve the efficiency of prevention and diagnostics, changes are unavoidable. Especially for (young) women, integration of sexually transmitted infections in an overall concept of "sexual health" has to be pursued, as it is done at the European level.

Severe deficiencies in diagnostics of Chlamydia trachomatis, identified in the scope of the Sentinel Surveillance in nearly all Model Regions, lead to an under-registration of this STI. It is a frequent cause of infertility and is, therefore, of special importance for young people. Experiences, achieved in the context of BORDERNET, should be used to implement possibilities for diagnostics of this highly relevant STI within the EU countries or, where necessary, to improve existing structures.

With the recent implementation of a vaccine against HPV (Humanes Papilloma Virus), the so called „cancer vaccine“, new challenges for health policies appear. This defiance's can be met adequately with our already well-proven instruments (e.g. networking, professional training, model trials and improvement of existing health care structures).

An HIV test is considered as the only situation, in which a person with risky sexual behaviour make use of personal counselling regarding STIs. Due to this, a quality test counselling is of high impact for efficient prevention tasks. Our surveys showed that the quality and the coverage of the offered counselling are deficient in all Model Regions. HIV-test counselling should be improved at a European level through development of consistent quality standards, especially for persons with a risky sexual behaviour.

#### Further Proceeding

Building up on the current state of the existing model programme, the coverage is to be enlarged. Next to the tandem regions and along the new EU outer borders and new EU countries (Romania and Bulgaria), non EU regions, that were not included into the programme by now (e.g. Czech Republic, Hungary), and other EU countries come into consideration as eligible project partners.

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