Joint Actions & Projects
FINAL REPORT

Call for Proposals 2008-2013

Executive Agency for
Health and Consumers

SECTION I

Declaration by the scientific representative of the project coordinator

I, as scientific representative of the coordinator of this project and in line with the obligations stated in the Grant Agreement declare that:

X The attached periodic report represents an accurate description of the work carried out in this project for this reporting period;

The project (tick as appropriate) :

□ has fully achieved its objectives and technical goals for the period;

X has achieved most of its objectives and technical goals for the period with relatively minor deviations.

□ has failed to achieve critical objectives and/or is not at all on schedule.

The public website, if applicable,

X is up to date

□ is not up to date

X To my best knowledge, the financial statements that are being submitted as part of this report are in line with the actual work carried out and are consistent with the report on the resources used for the project and, if applicable, with the certificate of the financial statement.

X All beneficiaries, in particular non-profit public bodies, have declared to have verified their legal status. Any changes have been reported under section wp1 Coordination and project management, in accordance with the requirements of the Grant Agreement.

Name of the scientific representative of the project Coordinator:

Elfriede Steffan, project manager

Date: 19/03/2013

SECTION II

Checklist

Please see the separate checklist (Checklist final payment.xls).

Please read the checklist and answer all respective questions in it.

X the checklist has been filled, answered and printed. An printout is annexed to this report. An electronic copy is enclosed.

SECTION III

Specification of the project

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

Acronym: **BORDERNETwork**

Starting date: **01/01/2010**

Duration (in months): **36**

EC co-funding: **1.172.108,08 EUR**

Priority area: **3.3 PROMOTE HEALTH (HP-2009)**

Sub-action: **3.3.2.5 Sexual health and HIV/AIDS**

Action: **3.3.2 Promote healthier ways of life and reduce major diseases and injuries by tackling health determinants**

Main partner information and contact person:

SPI Forschung GMBH – SPI, Germany, Elfriede Steffan

Associated partner information and contact person:

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Health and Social Environment Foundation - HESED, Bulgaria, Silvia Vassileva
National Institute for Health Development – NIHD, Estonia, Riina Enke
MTU AIDS I Tugikeskus – AISC, Estonia, Jury Kalikov
Robert Koch-Institut – RKI, Germany, Viviane Bremer
Verein zu Förderung der Prävention im AIDS und Suchtbereich in Mecklenburg Vorpommern EV MAT LAKOST – MAT, Germany, Kathrin Bever
AIDS-Hilfe Potsdam EV – AHP, Germany, Sabine Frank
Latvia`s Association for Family Planning and Sexual Health – Papardes Zieds, Latvia, Beata Bundule
Samodzielny Publiczny Wojewodzki Szpital Zespolony Szczecinie – SPWSZ, Poland – Malgorzata Klys-Rachwalska
Stowarzyszenie POMOST – POMOST, Poland, Jacek Kitlinski
Asociatia Romana ANTI SIDA – ARAS, Romania, Galina Musat
Obcianske Zdruzenie PRIMA – PRIMA, Slovak Republic, Barbora Kucharova

List of collaborating partners:

1. Bundeszentrale für gesundheitliche Aufklärung - BZgA, Germany
2. Bundesministerium für Gesundheit - BMG, Germany
3. Kompetenz-Netz HIV/AIDS - KompNet, Germany
4. Deutsche AIDS-Hilfe - DAH, Germany
5. Tannenhof Berlin-Brandenburg e.V. - THBB, Germany

6. Fachhochschule Kärnten, Austria
7. CORRELATION II Network, Foundation De REGENBOOG GROEP, The Netherlands
8. University of Zielona Góra, Counselling and Sexology Unit - UNZG, Poland
9. Slovak Medical University, National Reference Centre for HIV/AIDS – NRC, Slovak Republic
10. Lviv Regional AIDS Centre – LRAC, Ukraine
11. Bulgarian Ministry of Health, Department "Prevention and Control of AIDS, Tuberculosis and STIs","Prevention and Control of HIV/AIDS" Program, Bulgaria
12. National Center for Infectious and Parasitic Diseases, Bulgaria
13. Institute of Public Health, Centre for Prevention and Control of STIs, Romania
14. HUMANITARIAN ACTION, Russia
15. League of PLH of Moldova, Moldova
16. AIDS Action EUROPE, SOA Aids Nederland, The Netherlands
17. Spitalul Clinic Colentina Sos, Romania
18. Infectology Centre of Latvia, Latvia

FOREWORD

With this final report we would like to introduce the most significant results and meaningful outcomes of the three-year BORDERNETwork project (2010–2012), a cooperation involving thirteen partners from eight EU and four non-EU countries (as subcontractors).

First launched in 2004 as an initiative along the German-Polish border (the predecessor project- BORDERNET), BORDERNETwork has developed into a cross-country, multisectoral, interdisciplinary network cooperation in the field of HIV/AIDS and STIs. During the course of EU enlargement, we focused on developing and strengthening regional networks in the countries of Central and Eastern Europe (CEE) and South Eastern Europe (SEE). Access to health care and social services as well as social inclusions are not only a basic human right and universal value but, moreover, a joint European responsibility. Working from within this broader approach of human rights and social equity, BORDERNETwork addressed marginalized and vulnerable groups who are at higher risk of contracting HIV/AIDS/STIs. The project promoted the active participation of professionals from multiple disciplines, members of civil society, and community representatives in improving prevention, diagnostics, and treatment.

The "red thread" running through all of BORDERNETwork's concerted action is the concept of 'combination prevention'. All key findings presented in this report highlight various facets and levels of its implementation in practice.

In detail the key outcomes encompass: five fact finding missions on HIV and STIs in four non-EU countries bordering the EU; recommendations for training medical students in communication and counselling on sexual health; prevention practice-relevant results from two second-generation sentinel surveillance surveys (STI patients and sex workers); actions for improved access to early HIV/STI diagnostic for most-at-risk groups (PWID, sex workers, MSM, Roma, prison inmates); recommendations for improved management of HIV and Hepatitis B and C co-infections; practical manual with good practice models in participatory, community-based HIV/STI prevention among migrants and ethnic

minorities; and a new online tool for improving quality of youth HIV prevention and sexual health.

The outcomes of BORDERNETwork are relevant to all HIV/AIDS/STI actors who are committed to implementing innovative, participatory, and cooperative approaches in prevention, diagnostics and treatment.

ACKNOWLEDGEMENTS

We gratefully acknowledge all of the contributors to the BORDERNETwork project and its outcomes: the WP leading partners and all co-beneficiaries, the participating HIV/STI/sexual health service-providers, and the many community representatives with whom we had the pleasure of working during the three years. We also like to acknowledge the Ministry of Health Germany, the German Länder Brandenburg and Mecklenburg-Vorpommern, and the Polish Voivodeship Zachodniopomorskie for their technical and financial support.

List of tables and figures (if applicable).

Fig.1 Highly Active HIV prevention

List of specific objectives-work packages-deliverables

Keywords (using Mesh terms)

1. Highly active prevention; combination prevention
2. Interdisciplinary HIV/AIDS/STI prevention, diagnostics, and treatment
3. Integrated bio-behavioural surveillance; sentinel surveillance
4. Most-at-risk groups
5. Participatory, community-based, human rights- and equity-based approaches

SECTION IV

Final Publishable Executive Summary.

Scope and objectives

BORDERNETwork (2010–2012) was an interdisciplinary cross-border network project for implementing 'highly active prevention' also known as 'combination prevention' .to scale up the HIV/AIDS and STI response. It was funded by the European Union within the framework of its Health Programme. BORDERNETwork connected thirteen partners from eight EU member states—six of which were from CEE and SEE (Austria, Bulgaria, Estonia, Germany, Latvia, Poland, Romania and the Slovak Republic). Additionally, civil society organisations from four European Neighbourhood Policy (ENP) countries were involved as subcontractors. The project's philosophy is grounded in the following conviction: that HIV prevention works effectively if comprehensive HIV/AIDS and STIs strategies integrate stand-alone measures and combine interdisciplinary efforts on policy as well as practice levels, using multiple communication channels. BORDERNETwork's general objective was to balance the three core strands that constitute the bottom-up practice of combination prevention of HIV/AIDS (including co-infections) and STIs: prevention, diagnosis, and treatment. With a focus on CEE and SEE, BORDERNETwork aimed to improve the cross-links among these three strands, bridging gaps in practice, policies, cross-country cooperation, and interdisciplinary response.

Approach, methods and means

Both the concept of BORDERNETwork and its methodological approach were based on the principles of combination prevention, defined by UNAIDS (2010) as 'the tailoring and coordinating of biomedical, behavioural and structural strategies to reduce new HIV infections'. Both structural and behavioural strategies that the BORDERNETwork partners jointly developed and applied in diverse local contexts in eight EU countries and cross-border initiatives focussed on comprehensive approaches, combining improvements of health care structures, research to bridge gaps of knowledge, and intersectoral cooperation between institutions, health experts and relevant stakeholders. Alongside individuals, social networks and entire communities were addressed by pilot prevention- and test campaigns. Efficacious behaviour change for HIV prevention in socially marginalised, vulnerable groups requires stigma reduction, among other things, interventions to increase social justice, equity, and the human rights of most-at-risk groups complemented the range of methods.

All methods aimed to involve the participation and improved social inclusion the final beneficiaries: vulnerable groups and communities. Bio-behavioural research was combined with medical services as were the different methods of competence and capacity building with skills trainings and empowerment of peer, social, and community networks. Sex workers (SWs), people who inject drugs (PWID), migrants and ethnic minorities, STI patients, people living with HIV (PLHIV), and vulnerable youth were among those reached. They participated in a range of prevention interventions and took up various offers for HIV/AIDS/STI counselling, diagnosis, referral, and treatment.

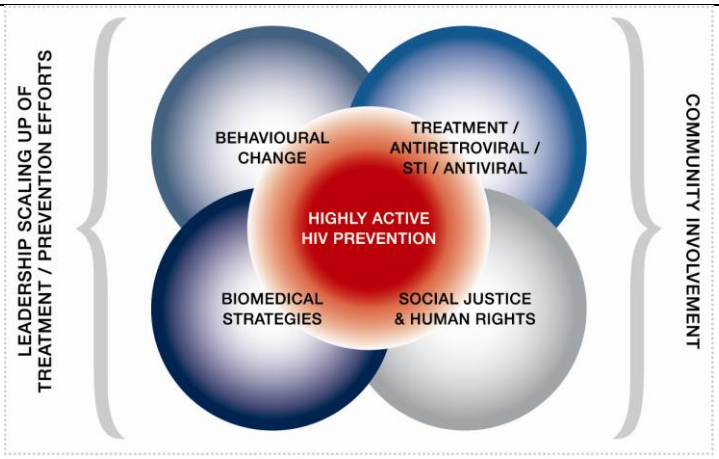

Fig.1 Highly Active HIV prevention. Source: Coates T J et al. (2008)

Final results

The long-term significance of BORDERNETwork's outcomes is an enhanced capacity on regional, national, and cross-border levels in the interdisciplinary response to HIV/AIDS and STI prevention, diagnostic, treatment and care. **The network approach** successfully linked and reinforced regional structures. Furthermore, the evidence and outcomes of the cross-country research and intervention activities were effectively used for the national HIV/AIDS policy planning and for the negotiation of resources from the health/social budgets.

In the area of **research and prevention** links and synergies between epidemiological, behavioural research and prevention practice were strengthened. The sentinel surveillance in STI patients allowed for comparison among four countries and identified differences in diagnostics, vulnerable groups, patterns of HIV and STI transmission, and helped building strong regional networks. The IBBS survey conducted among female SWs in seven EU countries found out that utilisation of general health care by SWs is largely hampered by the lack of health insurance. A key recommendation to the health policy regulations is the development of structures for early and easy access to health care services for SWs by an adequate health care provision package, including sexual and reproductive health.

With regard to **competence in improved early HIV/STI diagnostics**, stand-alone measures in HIV/STI were integrated into holistic approaches. A range of pilot diagnostics projects was conducted, including community-based HTC, active involvement of vulnerable individuals (eg, non-paying and regular sex partners of SWs and PWID, Roma male SWs, MSM), and testing in a prison setting. The developed piloting protocol and report templates can be flexibly replicated in other contexts and contribute to mainstream innovative early diagnostics approaches.

In the domain of **management of HIV and Hepatitis co-infections**, competence was enhanced by two cross-country medical workshops and a manual of strategic relevance, comprising educational materials (to be used also separately) and practice-driven recommendations, was compiled.

The **participatory prevention approaches** among migrants and ethnic minorities were advanced and complemented by interventions, entailing also involvement of the civil society and affected communities in the process of implementation. Evidence-informed methods of community-based HIV prevention were transferred within the project

network and compiled in a handy manual with four good-practices models. Community participation, empowerment, community development, and quality improvement were identified as intrinsic components of the models and the main factors driving their efficiency.

Furthermore, **the communication and counselling competence of medical doctors and other medical staff in sexual health** was strengthened, as an essential component of the successful response to HIV/AIDS and STIs. Based on a series of cross-border pilot trainings (incl. Train-the-Trainer workshops) in two EU countries, recommendations on improved counselling and prevention were formulated intended for medical professionals.

With regard to **quality improvement instruments** an online tool for quality improvement and evaluation (QUIET), was developed being currently the only online tool geared to programmes that offer Sexual and Reproductive Health and Rights (SRHR) and HIV prevention to young people.

Strategic relevance and contribution to the Health Programme

Encompassing HIV/AIDS and STIs, as well as sexual health measures for vulnerable groups and communities, BORDERNETwork responded directly to the objectives of the action 3.3.2: "Promote healthier ways of life and reduce major diseases and injuries by tackling health determinants", the sub-action 3.3.2.5. "Sexual Health and HIV-AIDS" as well as the sub-action 3.3.1.2. "Public health capacity building".

The strong focus on structural (inc. social-cultural and social-economic) and behavioural health determinants as well as risk indicators reflect the philosophy of the EU Strategy: Together for Health (2008-2013). The project corroborated the evidence on the special health situation of most-at-risk groups (SWs, PWID, migrants and ethnic minorities, vulnerable youth) and measures for improved health care provision were implemented for them. Moreover BORDERNETwork tackled 'the health inequalities' as another relevant priority of the Health Programme and contributed to increasing the access to health care for all citizens regardless of their income, social status and cultural background.

With the geographical pertinence to CEE and SEE and beyond EU to the ENP region countries the project reacted to the challenge of growing health gaps in expanding Europe. It furthermore keeps with the new priorities of the Health for Growth Programme (2014-2020), supporting health systems reforms under challenging circumstances. Against the background of increasing financial constraints and shortages in the national health budgets, the project promoted an integrative approach, bridging gaps and implementing holistic interventions for a simultaneous improvement of the three strands: prevention, diagnostic and treatment of HIV/AIDS/STI.

The EU value is being added by the enhancement of interdisciplinary collaboration and fostering of partnerships among state and civil society actors with involvement and participation of the affected target groups and communities. This contributed to implement further the combination prevention concept (UNAIDS, 2010) from a bottom-up perspective in the multi-faceted heterogeneous HIV/STI prevention practice across Europe.

Last but not least the manifold good practice tools produced by the project (eg, recommendations for communication and counselling on the topics of HIV/STIs and

sexuality for medical students; a practical manual promoting participatory models implementing community-based prevention for migrants and ethnic minorities; an online quality improvement tool for youth HIV prevention and sexual health) took up another programme priority's call: identification of common tools that create synergies and advance the quality improvement of HIV/STI prevention and sexual health. Combining evidence with innovative methods those tools have a high transfer potential as they can be easily deployed and flexibly adjusted to the particularities of different countries and community contexts.

Conclusions and recommendations

Combination prevention projects are marked by immensity, complexity, and the difficulty to evaluate their effectiveness. Notwithstanding BORDERNETwork succeeded in the bottom-up advancement of combination prevention enhancing the cross-links, harmonisation and cohesion of HIV/STI/sexual health sectors. The approaches of successfully combined interdisciplinary (eg, medical, social research, prevention, advocacy, participation) actions in eight EU countries are multi-levelled and grounded in human rights principles, social solidarity and community empowerment.

For stabilisation and sustainable dissemination of the cost-effective and evidence-based practices developed, joint actions and intersectoral collaboration in all fields related (HIV/STI prevention, diagnostic and treatment) are needed. The importance of international collaboration research and intervention projects, which produce evidence and outcomes useful for the national policy planning was proved by BORDERNETwork. However the pilot changes produced by the project cannot be mainstreamed without structural support and financial safeguarding, especially in a time of economic stagnation and health budget shortages as exclusive "singled-out solution approaches cannot do any longer better".[1]

[1] Coates T J et al. (2008). Behavioural strategies to reduce HIV transmission: how to make them work better. Lancet 372(9639): 669–684

SECTION V

Technical aspects of the project

Background and project scope

Globally, despite the significant decrease in the number of new HIV infections UNAIDS reported 2.5 million new HIV infections in 2011, marking a long road ahead to the target of zero new HIV infections and calling for an accelerated HIV prevention response[2]. The ECDC[3] data confirms an increasing number of people living with HIV in Europe and a high concentration of the epidemic in key vulnerable groups. The reported overall rate of HIV diagnoses is 5.7 per 100 000 population in the EU/EEA countries, while being 22.4 in the Eastern European countries. The highest rates of HIV diagnoses in 2011 were reported by Estonia (27.3) and Latvia (13.4). Generally considered to be under-reported in Europe, STIs rates raise particular concern. Chlamydia trachomatis is the most frequently reported STI in Europe with 345 421 cases in 24 EU/EEA member states in 2010[4], followed by Gonorrhoea (32 098 confirmed cases by 28 EU/EEA countries).

Regardless of successful mainstreaming of HIV voluntary counselling and testing (VCT), its uptake seems to be far from satisfactory: still 50 % of people living with HIV are estimated not to know their HIV status. A large-scale availability of HIV prevention services and enhanced links to STI and sexual health services as well as to treatment provision are needed.

Despite thirty years of global joint efforts in HIV prevention, it is still a great challenge to overcome the structural borders that exist among disciplines and sectors (eg, prevention based on structural and behavioural interventions, HIV/AIDS/STI diagnostics, and the treatment and management of HIV and co-infections). Even within a single thematic field, cooperation gaps exist among prevention and treatment experts, social scientists, and social work practitioners as well as physicians, members of civil society, and community representatives. Intersectoral commitment needs to be enhanced, and integrating HIV/AIDS/STI prevention into a holistic approach towards sexual health is needed. Moreover, the development of rights-based, equity-based, evidence-based, and community-owned programmes must be strengthened.

The project's scope and philosophy is grounded in the following conviction: that HIV prevention works effectively if comprehensive strategies for prevention, diagnosis, and treatment of HIV/AIDS and STIs integrate stand-alone measures and combine interdisciplinary efforts. Combination prevention is essential in the response to a still expanding HIV epidemic, as is a mix of interventions on policy and practice levels and on communication channels.[5]

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2 UNAIDS (2012). UNAIDS World AIDS Day Report. Retrieved from: http://www.aidsactioneurope.org/clearinghouse/latest-added-items/world-aids-day-report-2012-results (accessed on January 10, 2013)

3 European Centre for Disease Prevention and Control/WHO Regional Office for Europe (2012). HIV/AIDS surveillance in Europe 2011. Stockholm: European Centre for Disease Prevention and Control

4 European Centre for Disease Prevention and Control (2012). Sexually transmitted infections in Europe, 1990-2010, ECDC, Stockholm

General objective of the project

BORDERNETwork's general objective was to balance the three core strands that constitute the ground up practice of combination prevention of HIV/AIDS (including co-infections) and STIs: prevention, diagnosis, and treatment. With a focus on CEE and SEE, the project aimed to improve the cross-links among these three strands, bridging gaps in practice, policies, cross-country cooperation, and interdisciplinary response. Based on multisectoral network commitment, BORDERNETwork elaborated on outcomes of the predecessor project-BORDERNET (EU-funded) and has produced new practice-relevant models. Eight EU Member States (six CEE and SEE countries) and four ENP countries (as collaborating partners or via subcontracting of tasks), divided in five model regions, cooperated in three core strands:

- **Prevention:** Given that combination (highly active) prevention is the main vehicle to decrease HIV rates, the project focused on: boosting regional networks in the public health sector and mobilising civil society resources in order to increase local response impact, enhancing links between epidemiological and behavioural research and evidence-based interventions, and contributing to the coordination of practices to increase quality assurance.

- **Diagnostic:** In this domain the project fostered early HIV/STIs diagnostic via scaling up the uptake of voluntary testing and counselling (VCT) and provider-initiated testing among most-at-risk groups. Further, harmonisation of HIV/AIDS and STI diagnostic and treatment offers as well as provision of basic prevention, care and support packages to ethnic minorities, migrants, SWs, PWID was achieved.

- **Treatment:** In this domain better nexus of the various interfaces in the referral systems (STIs/HIV/co-infections) was achieved and links were established between HIV/HCV/HBV treatment systems.

Tackling these three strands the project contributed to reduce health and social inequalities among various vulnerable population groups in the European Region promoting human rights, gender and social equity.

Specific objective(s) of the project

	Title and Description	**Link to the WPs**	**Link to the deliverables**	**Level of achievement (measured by the indicators specified in WP3)**
1	**Interdisciplinary networks:** To scale up the implementation of highly active prevention through boosting network cooperation on national, model regional and cross-border level in CEE and SEE in a three-year period	**WP4**	**D4** **D5**	**completely achieved**

2	**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	**WP5**	**D6**	**Completely achieved**
3	**Early diagnostic:** 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	**WP6**	**D7**	**Achieved to a significant extent**
4	**Referral and treatment systems:** To augment by mid 2012 the country-specific evidence on treatment and care of HIV and co-infections and to enhance interlinks in referral systems for diagnostic, treatment and care of STIs, HIV/AIDS and co-infections	**WP7**	**D8**	**Achieved to a significant extent**
5	**Participatory approaches:** To improve HIV/STIs in two-and-a half-years period community based prevention and sexual health for ethnic minorities (eg, ROMA) and migrant groups through capacity building in participatory prevention models	**WP8**	**D9**	**Completely achieved**
6	**Quality assurance in youth prevention:** To enhance accountability and evidence-based evaluation in youth HIV/STIs prevention, sexual and reproductive health	**WP9**	**D10**	**Achieved to a significant extent**

	and rights (SRHR) programmes by end of 2011			

Overview of the work package and deliverables:

	WP Title	Deliverables	Description	Confidentiality	Expected month of delivery	Actual delivery month	Justification for the delay (if applicable)
1	Coordination	D1: Interim and final reports (technical and financial)	Report of project's progress compiled by coordinator on the basis of reports of WP leaders, regional committees and associated partners (Month 18+2) and Final Report addressing all relevant and defined by the EU requirement areas (Month 36+2)	Public	**18+2** **36+2**	**18+2** **36+2**	**-**
2	Dissemination	D2: Set dissemination structure, plan and means	Website with internal platform (content management system-CMS)– functions both as external face to international stakeholders groups, as working and	Public	**6**	**6**	**-**

			communicati on tool, allowing for overall transparency of all relevant project segments, E-Newsletter				
3	Evalu-ation	D3: Evaluation report with results and recommend ations of project's external evaluation	Project evaluation report, focusing on measurement of indicators for process, outputs and outcomes of the actions undertaken	Public	**32**	**34**	**Pro-longed deadline for online survey among project partners (associa-ted and collabor-ating)**
4	Interdisci-plinary network-ing	D4: Transferabl e concepts for highly active prevention and list of common health objectives achieved	Written and signed bilateral intentions of common health objectives and practical recommendat ions for implementati on of highly active prevention (in relation to the outputs of other core WPs: 5,6,7,8,9)	Scientific community only	**12**	**12**	**-**
		D5: 12 pilot communicat ion training courses with medical students and 4 Train-the-Trainer courses	In two MS countries (D, PL) 2 training courses per year on communicati on and counselling competence	Scientific community only	**18**	**18**	**-**

			for medical students and 2 Train-the-Trainer courses among teachers and tutors at medical universities				
5	Bridging research on HIV/STIs preva-lence and risks to evidence-based effective practice	D6: Recommen dations for practical implementat ion of research findings updated by the regional network meetings (WP4)	Detailed "practical-driven" interpretation of research findings into specific intervention measures (both further research, prevention and diagnostic) will be done by the regional network partners (ensuring the internal links between WP4,5,6,7)	Public	**34**	**34**	**-**
6	Access to early HIV and STIs diagnostic for vulnerable groups	D7: Exchange workshop on best practices in early HIV/STIs diagnostic for most at risk groups (IDUs and SWs)	Public and NGO-run services (7 countries) exchange effective and efficient HIV/STI early strategies for sensitisation and uptake of HIV test and STI tests offers in the frame of harm-	Scientific community only	**17**	**17**	**-**

			reduction, mobile outreach units, drop-in centres				
7	Referral, manage-ment, treatment and care of HIV/STIs and co-infections	D8: Guidelines for referral and management of HIV co-infections	Based on mapping survey of referral/treatment systems in 7 countries, and 2 HIV-experts' visits, specific clinical pathways for HIV/STI and management of co-infections are outlined	Public	**28**	**34**	**Intensive process of elaboration of handbook, recommendations and education materials**
8	Partici-patory appro-aches to commu-nity based HIV/STIs preven-tion in ethnic minority and migrant groups	D9: 2 training seminars in 3 good practice models in participatory HIV/AIDS prevention for ethnic minority/ migrant groups	Trainers of community based outreach workers and cultural mediators (eg, ROMA) from 7 countries (5 MS, 2 ENP) build capacity by using the evidence-based method POL and two further methods in participatory HIV/STI community based prevention	Scientific community only	**15,23**	**15,23**	**-**
9	Account ability	D10: A conference	In Vienna NGO	**Public**	**7**	**7**	**-**

	and evidence -based evalu-ation in youth preven-tion and sexual and repro-ductive health and rights	satellite to the World AIDS Conference 2010 with visibility act for dissemina-tion of evaluation results	professionals, youth prevention workers and peers from 10 countries (4 ENP) will disseminate results of quality evaluation of youth prevention activities and exchange training models in HIV/STI and SRHR for multipliers and peers				

Main activities carried out including methods and means.

Both the concept of BORDERNETwork and its methodological approach were based on the principles of 'highly active prevention', a term coined by King Holmes (cited in Coates et al. 2008)[6]. Thomas Coates and his colleagues have presented strong evidence that highly active HIV prevention must be combination prevention. Combination prevention of HIV is defined by UNAIDS (2010) as 'the tailoring and coordinating of biomedical, behavioural and structural strategies to reduce new HIV infections'. In this light BORDERNETwork as a practice-driven project aimed to improve the cross-links among all components considering political, legal, economic, physical, environmental, social and cultural factors.

The behavioural strategies that the BORDERNETwork partners jointly developed and applied in diverse local contexts focussed not only on behavioural change at the individual level but also on social networks, intersectoral cooperation, institutions, and entire communities. Because efficacious behaviour change for HIV prevention in socially marginalised, vulnerable groups requires stigma reduction, among other things (UNAIDS 2010), interventions to increase social justice, equity, and the human rights of most-at-risk groups complemented the range of methods.

A bundle of methods was applied in a coordinated manner within the interdisciplinary networks, in research, prevention, diagnosis, and treatment of HIV/AIDS and STIs, so

[6] Coates T J et al. (2008). Behavioural strategies to reduce HIV transmission: how to make them work better. Lancet 372(9639): 669–684

that synergy effects were sought among the thematic strands.

(1) Interdisciplinary networking methods (Specific objective 1, work package 4)

In the frame of regionally built interdisciplinary cross-border networks capacity building (eg, communication and counselling on HIV and sexual health, method competence trainings), expert exchange, transfer of experience in effective strategies and procedures were implemented. The network cooperation was built on principles of horizontal hierarchy and considered regional priority problems and context features by the experience exchanged during series of cross-border meetings.

Additionally, Fact Finding Missions (FFM) for situation assessments based on Rapid Assessment and Response (RAR) methods were conducted in four non-EU countries (Bosnia & Herzegovina, Moldova, Serbia and Ukraine) through subcontracting of restricted tasks. They aimed to collate facts and highlight cross-border relevant risks in the development of the HIV epidemic and vulnerability along the EU-borders.

(2) Research and prevention methods (Specific objectives 2, 5 and 6, work packages 5, 8 and 9)

In the frame of prevention research (WP5) two second-generation surveillance surveys were conducted. The HIV/STI sentinel surveillance in STI-patients conducted in Austria, Bulgaria, Romania and the Slovak Republic recorded lab-confirmed STI (Chlamydia, Gonorrhoea, Syphilis or HIV) in clinical settings. The data collected comprised number of clients, performed STI tests and positive tests on a monthly base, characteristics of STI patients on nature of infection for each STI, co-infections, demographics, STI history, sexual behaviour and assumed risks. The integrated bio-behavioural surveillance (IBBS) was conducted among 956 female sex workers (predominantly outdoor), incl. PWID, in Bulgaria, Estonia, Germany, Latvia, Poland, Romania and the Slovak Republic. It collected behavioural (an 85-items structured behavioural questionnaire) and epidemiological data (HIV, Syphilis, HBC, and HCV) with the aim to complement the UNGASS indicators compiling evidence of vulnerability.

A range of participatory methods and approaches were piloted for improvement of the HIV/STI prevention with migrants/ethnic minority communities (WP8). Evidence-informed methods of community-based HIV prevention, eg, community-based participatory research, popular-opinion-leader model (POL), (based on the theory of diffusion of innovation), were implemented and transferred through a network of civil society organisations, working with migrant/minority communities in nine European countries (Austria, Bosnia and Herzegovina, Bulgaria, Estonia, Germany, Latvia, Romania, Serbia and the Slovak Republic). The competence building process was complemented by the work out of a practical manual for good-practice models in participatory HIV prevention.

(3) Methods for competence building in improvement of counselling, diagnostics and treatment of HIV/STI (Specific objectives 3 and 4, work packages 6 and 7)

In the interface of HIV/STI diagnostic, referral, treatment and management of co-infections a method mix was applied covering: stocktaking assessment of different low-threshold HIV/STI diagnostic offers for most-at-risk groups, country specific conditions in treatment of HIV and co-infections (WP7), and a self-assessment of quality of HIV/STI VCT services based on the Code of Good Practice for NGOs (WP6).

Different models of HIV/STI diagnostic offers (eg, CBVCT) were piloted for most- at-risk groups according to local context priorities (WP6). In the domain of capacity building, an exchange workshop on best practices in policies and early diagnostic service provision (WP6), medical training workshops and observational rotations (*Hospitationen)* in clinical treatment settings (WP7) complemented the method battery for capacity building in management of HIV and Hepatitis B/C co-infections.

(4) Methods for quality improvement (specific objectives 1 and 7, work packages 4 and 9)

Pilot trainings (incl. Train-the-Trainers) and recommendations for training medical students in communication and counselling on sexual health were implemented in two of the project partner countries, Germany and Poland, based on the longer term process of development of common regional health objectives (WP4).

For advancement of the quality improvement in youth HIV prevention projects an on-line user-friendly tool has been designed and piloted in a participatory manner (WP9). The QUIET (Quality Improvement and Evaluation Tool) links HIV prevention to sexual and reproductive health and rights (SRHR) of young people and is based on an original tool of the World Population Foundation and STOP AIDS NOW! It was furthermore adapted to the standards for sexuality education in Europe, elaborated by WHO and BZgA.

Target groups

In the light of the combination prevention approach bridging gaps between HIV/STIs prevention, diagnostic and treatment was a crucial concern throughout the whole project.

Therefore the interdisciplinary networks in the five model regions (MR, see below) involved a large range of actors: universities, clinics, public health authorities, HIV-treatment centres, STI inpatient and outpatient as well as SRHR/family planning centres, NGO-run services and projects, HCT-sites (incl. CBVCT), physicians and medicine students (epidemiology, infection diseases, GPs, dermatology, gynaecology), and mass media. More than the half of each network was composed by civil society organisations. A gender balance was also assured on all steering levels. Here are the model regions:

- MR I: Mecklenburg Vorpommern (DE) and Zachodniopomorskie (PL)
- MR II: Brandenburg (DE)-Lubuskie (PL)-Podkarpackie (PL), and subcontracting of Fact Finding Missions in the Lviv Region, West Ukraine (UA)
- MR III – Bratislava (SK) and Vienna (AT)
- MRIV - Latvia (LV) – Estonia (EE)
- MR V – Bulgaria (BG) and Romania (RO) and subcontracting of Fact Finding Missions in Bosnia and Herzegovina (BiH), Moldova (MD) and Serbia (RS)

A core feature of the project was that all methods aimed at the participation and improved social inclusion of its final beneficiaries: vulnerable groups and communities. Therefore the surveys conducted using bio-behavioural research methods offered direct diagnostic and counselling services to the beneficiaries. The methods of competence and capacity building were combined with skills trainings and empowerment of peer, social, and community networks. Sex workers (SWs) and their regular partners, people who inject drugs (PWID) and their sexual partners, MSM, migrants (Sub-Sahara Africa) and ethnic minorities (Roma, Russian), STI-patients, people living with HIV (PLHIV), vulnerable youth and inmates were among those reached in the core work packages.

They participated in a range of prevention interventions and took up various offers for HIV/AIDS/STI counselling, diagnosis, referral, and treatment.

Evaluation of the degree of achievement of the objectives and discussion based on the project's indicators as outlined in your evaluation plan/ WP3.

The degree of achievement of the specific objectives was measured by both the formative (internal) and summative (external) evaluation tasks (WP3), whereas the external evaluation focused primarily on outputs and outcome achievements. During the operation of the external evaluation (between June 2011 and September 2012) four of the seven deliverables relevant for the evaluation were available. The last three outputs (handbook with recommendations for referral and management of HIV and co-infections/WP7, manual for community-based participatory prevention approaches/WP8, and the online evaluation tool for quality assessment in youth programmes/WP9) were scheduled for October 2012 due to a delay in performance of operating tasks (Amendment No 2). However components of these outputs were available earlier and were included in the analyses as far as possible. Overall the results of the evaluation showed that most of the expected outputs and outcomes of the project were achieved.

With regard to the project's overarching goal, the balance of the three strands of HIV/AIDS/STI prevention, diagnostics and treatment was maintained and cross-links among the strands continuously attempted in the frame of the regional interdisciplinary networks *(specific objectives 1/WP4)*. Different public health stakeholders were involved and were supporting the BORDERNETwork project, especially national and federal Ministries of Health. An achievement of specific objective 1/WP4 was reached also by the four transferable concepts for highly active prevention and a list of common health objectives. (*Deliverable D4).*

Behavioural and biomedical interventions were developed *(specific objective 2/WP5*). The strategic relevant research results were brought back both to public health policy (stakeholder meetings, round tables, national HIV/AIDS programme meetings) and to combination prevention practice (new services established or adaptation of existing ones for most-at-risk groups). The particularities of local contexts and target groups were reflected by collecting target-group related data and country-specific experiences of the involved partners (*specific objectives 2/WP5, 3/WP6 and 4/WP7*). 11 associated partners reported already an implementation of the research findings. *(Deliverable D6, WP5*).

Regarding *specific objective 3/WP6*, the outcome indicator measured the increase of the number of persons who know their HIV status by 10 %. All of the seven associated partners, participants in the evaluation online-survey reported an increase in utilization of their HIV/STI testing services. According to their estimations, the utilization by MSM and sex workers has been increased up to 20%, similar in ethnic minorities. Only among the groups of migrants almost no increase in the use of HCT services has been detected during the project phase.

Likewise the outcome indicator of *specific objective 4/WP7* was almost fully achieved as the majority of the project partners knew the elaborated recommendations for referral and management of HIV and Hepatitis B/C co-infections and committed to apply them in their clinics or organizations (*Deliverable D8).*

Considering *specific objective 5/WP8***,** different ethnic minorities, migrant groups, gender and sexual orientations have been addressed with community-based HIV/STI prevention

activities. Among those were young Roma men in Bulgaria, Russian youth in Estonia, the Sub-Saharan African community in Austria, migrants, female and male sex workers and migrant MSM in Germany. The manual for community-based practices comprises four models, which are evidence-based and proved to be both efficacious and easy to implement on various levels of behavioural change (individual, peer, social networks and entire community). Civil society resources were mobilised by the involvement of target groups into prevention and capacity building (*Deliverable D9)*, especially in the community-based prevention projects. However due to its delayed completion the manual could not be considered by the external evaluation.

With regard to the *specific objective 6/WP9* the outcome could not be measured fully, as the development of the on-line quality evaluation tool (QUIET) was still in process. However, draft (off-line and on-line) versions were reviewed and several important aspects of evaluated. The focus on integrating HIV/STI into the broader context of sexual health and the specific emphasis on youth prevention through promotion of self-evaluation and quality improvement methods were assessed as very positively relevant aspects for the achievement of the objective.

For sustainability of the project, it is essential that the public health policy makers commit to the outputs and outcomes and the different work packages respectively and that more support for implementation will be received. In Central, Eastern and South Eastern Europe financial resources are needed to sustain and refine combination prevention across the sectors involved.

Results and key findings

Please discuss the results achieved in terms of outputs and (actual or expected) outcomes and their potential impact and use by the target group (including the socio-economic impact, the wider societal implications of the project and contribution to the policy development at all levels of governance (EU, MS, Regional and local).

Within the context of the multifaceted heterogeneous prevention methods currently practiced in CEE and SEE countries, BORDERNETwork strove to promote a better understanding of—and concerted commitment to—the complexity of combination prevention. The results and key findings of BORDERNETwork present the outcomes from a range of perspectives and levels of intervention. The long-term significance is an enhanced capacity on regional, national, and cross-border levels in the interdisciplinary response to HIV/AIDS and STIs:

(1) Interdisciplinary networking: Bottom-up advancement of combination prevention

A key result is the successful linking, reinforcing regional structures, and supporting interdisciplinary approaches in the response to HIV/STI prevention, diagnostic, treatment and care. Moreover we should highlight that the combined actions in five cross-border model regions in CEE and SEE took place against the background of an expanding economic crisis and scarce resources for national support in the last couple of years. This increases the relevance of combined measures and multilevel interventions not only to European context. Another significant results produced by the project is that the findings of surveys and behavioural interventions were used by the associated partners in their country contexts in advocacy actions for priority planning in national HIV/STI strategies,

for financial support and for wider legislative framework changes. As for its geographical scope BORDERNETwork addressed also the border areas between EU and ENP countries and compiled host of knowledge on the HIV/STI vulnerability and gaps in prevention, diagnostics and treatment in four non-EU countries. The findings unequivocally pointed out the necessity of a Europe-wide recognition of the vulnerable situation of SWs, PWID, young people, and ethnic minorities in the ENP region with regard to HIV/AIDS and STIs. PLHIV are also vulnerable in terms of barriers that prevent their access to medical treatment.

(2) Research and prevention: Strengthened links and synergies between epidemiological, behavioural research and prevention practice

The sharp focus on direct disease causes and underlying social determinants of health for behavioural change allowed studying in depth a series of structural risk and vulnerability indicators for several most-at-risk groups. First findings were bridged to national and local prevention practice in order to strengthen them.

The sentinel surveillance in STI-patients (45 sentinel sites in four EU countries: Austria, Bulgaria, Romania and the Slovak Republic) helped to strengthen local and regional partners by connecting them to a strong network. Building a functioning network and keeping it alive is therefore essential for maintaining data quality. The sentinel surveillance of BORDERNETwork allowed for comparison among four country partners and identified differences in diagnostics, vulnerable groups, and forms of risky behaviour.

The IBBS survey conducted among 956 female SWs in seven EU countries (Bulgaria, Estonia, Germany, Latvia, Poland, Romania and the Slovak Republic) brought multiple overlaps among SWs and other marginalised, vulnerable groups to light. Evidence was collated on manifold risk factors: alcohol, drug use, migrant and/or ethnic minority background, mobility, youth, and early start in sex work. One finding was of particular concern: that utilisation of general health care by SWs is hampered by the lack of health insurance, which was absent among 60% (N=571) of the survey respondents. The key recommendation formulated is that health policy regulations should endorse the creation of structures for early and easy access to health care services for SWs. An adequate health care provision package (including sexual and reproductive health) should be envisaged including those SWs lacking health insurance and social insurance and for those suffering from the aggravating circumstances of illegal status.

(3) Competence building in improvement of diagnostics and treatment of HIV/STI: Integrated stand-alone measures in HIV/STI into a holistic approach

To improve the early access to HIV/STI diagnostics, a range of pilot (partly novel) projects was conducted, including community-based HTC, active involvement of sexual partners of members of vulnerable groups, and testing in a prison setting. They confirmed that, with careful planning and implementation, even the most hard-to-reach populations can be accessed. A total of 1,246 vulnerable individuals who had previously been poorly accessed by mainstream services (eg, prison inmates, non-paying and regular sex partners of SWs and PWID, Roma male SWs among others) were successfully reached. Our experience also confirmed that a pilot project can play the role of a needs assessment study—that is, checking the uptake of a new service, evaluating a target group's level of satisfaction with the services, and judging the appropriateness of the mode of service delivery. The piloting protocol and report templates developed in the frame of the BORDERNETwork can be used for similar exercises in the future. Integrating different

services that address the various needs of vulnerable groups (eg, providing STI screening in addition to HIV tests, and sexual health services as well) will contribute to improved access and make services more attractive.

In the domain of management of HIV and Hepatitis B and C co-infections, after stock-taking survey and competence building medical training workshops a handbook was compiled, comprised of educational materials (to be used also separately). The manual consolidated also five groups of recommendations of strategic relevance on many different EU levels: HIV diagnostics, HIV treatment, Hepatitis B and C diagnostic and treatment, and management of HIV co-infections with HBV and HCV.

(5) Participation: Advocacy for and inclusion of the civil society sector and affected communities in prevention interventions

Evidence-informed methods of community-based HIV prevention—eg, community-based participatory research and the 'popular-opinion-leader' model (POL) based on the theory of the diffusion of innovation—were implemented and transferred through a network of civil society organisations working with migrants and minority communities in nine European countries. The collective outcome was a practical manual on effective models of participatory community-based HIV/STI prevention among migrants and ethnic minorities. The manual offers definitions (eg, of 'community', 'ethnic minority', and 'migrant group'), as well as theoretical background material on matters such as 'participatory approach', 'participatory research', 'cultural sensitivity', 'cultural competence', and 'cultural humility'. The main part is dedicated to the comprehensive description of four good-practices models. The common quality features of all four are: community participation, empowerment, community development, and quality improvement.

(4) Quality improvement

The improvement of communication skills of medical doctors and other medical staff in sexual health is essential for the successful response to HIV/AIDS and STIs. Capacity-building projects are therefore very important and should exist as an ongoing component of training courses for medical students and other medical staff. A series of six cross-border pilot training workshops involving a total of 115 medical students were carried out in Germany and Poland, and additionally three Train-the-Trainer workshops with a total of 24 participants. Based on their evaluation recommendations were formulated for improving sexual health counselling and STI prevention competences for medical students and other medical staff.

Likewise instruments for quality development and improvement have proven to be very important for HIV prevention. BORDERNETwork developed an online tool for quality improvement and evaluation (QUIET), which links HIV Prevention with the general tenants of Sexual and Reproductive Health and Rights (SRHR). This approach is evidence-based and is also geared towards the particular rights of young people. This is as well demonstrated by the EU joint action on quality improvement in prevention, which will start this year. The QUIET is currently the only online tool geared to programmes that offer SRHR and HIV prevention to young people. The QUIET will be available free of charge on the website of BORDERNETwork and on http://quiet.allproducts.info, respectively, in March 2013.

Coordination with other projects or activities at European, National and International level

BORDERNETwork undertook active steps for cooperation and coordination of its activities on multilevel right from its beginning. During the preparatory phase, desk review and study on available resources and good-practice projects were conducted under each of the core work packages. Thus several of the EU-funded projects in the frame of the Health Programme were closely studied: AIDS&Mobility, Correlation, HIV COBATEST, ImpAct, Sunflower, and HIV Cube among others. Possibilities for synergy of the actions were identified; some of the projects became also collaborating partners of BORDERNETwork.

Alongside BORDERNETwork has been an active member of the Clearing House of AIDS Action Europe (and maintains an updated project profile) contributing continuously to the dissemination of good practice materials and documents on the topics relevant to the project.

The coordinator together with the work package leaders synchronized action- and time-plan and adjusted flexibly work flows and target performance in order to participate in several major international conferences between 2010-2012, promoting the project, its intermediary findings and final products:

- International AIDS Conference (Vienna, 2010) - satellite workshop on quality of youth prevention with visibility act (Deliverable D10);
- HIV in Europe 2011 (Tallinn 2011 – satellite workshop on effective models of early HIV/STI diagnostics for most-at-risk groups (Deliverable D7);
- Final conference Correlation project "Closing the margins" (Ljubljana, 2011) – workshop on effective community-based participatory prevention for migrants and ethnic minorities;
- HIV in Europe 2012 (Copenhagen, 2012) – presentations and posters on several core topics
- WHO/BZgA/AAE Expert conference on Quality improvement in HIV prevention (Berlin, 2012) – workshop with presentation of the QUIET tool for quality improvement and evaluation of youth HIV prevention and sexual health

In addition BORDERNETwork coordinated its activities in accordance to ECDC strategic priorities and was glad to present selected methods and results at two significant meetings, hosted by ECDC in 2012.

After the project's Dissemination Conference in Luxembourg held in November 2012 BORDERNETwork was invited to present some of the significant findings at the annual meetings of the HIV Think Tank and HIV CSF (both in December 2012).

The nature of the project network required active involvement of national and regional stakeholders from multiple disciplines. Therefore the coordination of the actions within the national contexts of the eight participant countries was an intrinsic component of the project's action.

Strategic relevance, contribution to the Health Programme, EU added value and level of innovation

The strategic relevance of the project can be attested manifold: BORDERNETwork operated keeping with the Sub-action: "Sexual Health and HIV-AIDS" advancing the practical implementation of integrated concepts for combination HIV prevention, encompassing HIV/AIDS, STI, as well as sexual health measures for vulnerable groups and communities within EU. The project's continuous focus on behavioural and structural health determinants responded to the objectives of the Action: "3.3.2 Promote healthier ways of life and reduce major diseases and injuries by tackling health determinants". With its geographical pertinence the project reacted to the growing gaps in health in expanding EU, namely in CEE and SEE countries, and studied the situation in border areas to EU in the ENP region. The ground up approach of combination prevention matched the EU Strategy: *Together for Health 2008 - 2013* calling for a multifaceted heterogeneous HIV prevention practice, which keeps up the principles of holistic interventions. Along with this the *Special health situation* of *particular vulnerable groups,* considered as a central topic of the EU Health Strategy, was a major concern in all core work packages of BORDERNETwork.

Looking at the individual outcomes of BORDERNETwork the EU added value and the level of innovation can be described along several lines:

(1) Enhancing the knowledge on risk determinants (both individual, social-cultural, and structural) of HIV/STI of several important most-at-risk groups (eg, SWs, PWID), collating robust data through cross-country research (sentinel surveillance and integrated bio-behavioural surveillance, WP5) and conducting special Fact Finding Missions on HIV/STI vulnerability in the EU border areas (WP4).

The findings of all these corroborated the necessity of a Europe-wide recognition of the vulnerable situation of sex workers, IDUs, young people, ethnic minorities and migrants towards HIV/AIDS and STIs, as well as of PLHIV, who are vulnerable in terms of access barriers to medical treatment. These should remain priority target groups for prevention, research, and policy efforts embedded in human rights and decriminalisation approaches in the future.

(**2) Advancing the quality of prevention response through competence building and introduction of evidence-based and innovative methods in several topical areas.**

This was achieved through the recommendations for communication and counselling (WP4) on the topics of HIV/STIs and sexuality for medical students, a practical manual promoting participatory models implementing community-based prevention for migrants and ethnic minorities (WP8), and the launching of an online quality improvement tool for youth HIV prevention and sexual health. These three products meet the recommendation of the EU Health strategy for development and implementation of effective tools.

(**3) Strengthening the focus on most-at-risk groups, closing the gaps among services and vulnerable groups and communities, and reducing health inequalities.**

Referring to the *special health situation of particular vulnerable groups*, BORDERNETwork demonstrated that HIV/STI early diagnostic services should be offered in non-traditional settings, and rely on interdisciplinary cooperation (medical services with social and outreach workers) as well as highlight the role of the

participation of most-at-risk group members (WP6). In the sense of the EU Health Strategy one of the main approaches is the involvement of different stakeholders, including members of the target groups, in every step of the services provision (from initial planning to final evaluation).

The *Major Health Initiative 2009,* which considers the financial crisis, has been reflected in the recommendations for the prevention of HIV co-infections with Hepatitis B and C (WP7), which are an important step in preventing new infections and decreasing costs of the regional and national health care systems. Any recommendation is effective on its own and they can be at the same time jointly implemented for an improved coordination effect.

Vulnerable groups as migrants and ethnic minorities (eg, Roma) were addressed and also actively involved in the implementation of community-based research and prevention. The promotion of participatory approaches, empowerment and co-shape of the piloted projects by migrants and ethnic minority communities is relevant to another EU priority, aiming at reducing health inequalities and increasing social inclusion of the affected communities.

Summing up, an EU value is being added by the handy manuals and sets of recommendations and guidelines, which present easily replicable methods and tools flexibly adjustable to the particularities of the country and community contexts.

Effectiveness of the dissemination

The objective of the project dissemination was to ensure the effective target-user tailored communication of the project messages and results and to guarantee awareness towards and visibility of the project actions. The dissemination plan (Deliverable 2) envisaged continuous information flow between project and most relevant stakeholders groups (after stakeholder analysis) internationally, nationally and regionally and topical dissemination events eg, deliverable/product-launch actions, campaigns, and workshops.

The main tool for ongoing dissemination was the project website; regularly updated, containing all relevant work flows, work packages highlights, intermediary results and final products. Along with that project flyers and E-Newsletters were disseminated throughout the partner networks of all associated partners in the eight countries of the BORDERNETwork consortium.

The participation in the mailing group of EAHC for all HIV-related projects offered also very good grounds for rapid spread of information on launched milestones and deliverables of the project. Besides, the project profile at the AAE website and the upload of the most significant project reports and products on the clearing house website was a dissemination opportunity used actively by BORDERNETwork.

The tailored communication of project findings was implemented very efficiently also through participation in 26 international scientific, policy and practice conferences in the field of HIV/AIDS/STIs (more detailed information under work package 2). More than 25 presentations were made and more than 15 posters exhibited. A special visibility act (a human red ribbon) with production of a T-shirt with the project logo was launched during a satellite workshop within the frame of the International AIDS Conference in Vienna in 2010 (Deliverable D10).

Topical dissemination meetings were organised in the frame of the different core work

packages eg, stakeholder meeting on sentinel surveillance organised by RKI in Berlin in 2011 with the participation of ECDC, workshops on research results during annual ECDC HIV/STI meeting in 2012, and participation in expert meeting of ECDC on comprehensive approaches to sexual health in Europe.

Two highlights are noteworthy with regard to the successful dissemination in the concluding project phase. A one-day dissemination conference was held by the project coordinator and the work package leaders in premises kindly provided by EAHC in Luxembourg, November 2012. The conference was attended by 22 experts from ten countries. Along BORDERNETwork main and key associated partners represented were DG Sanco, EAHC, AAE, IQhiv, NeLP network and further HIV and public health initiatives EU-countries. The recommendations of the conference aimed at ensuring the wider implementation beyond the project's end. For that purpose the translation of the projects results for a broader audience in a succinct, clear, attractive and inspiring manner as well as simple at the same time was considered as crucial. The HIV/AIDS civil society forum and the Think Tank were emphasised as vehicles for further dissemination of the research findings and lessons learned, and presentation of selected BORDERNETwork results were made at the last meeting in December 2012.

The effective dissemination of the results outlined also the importance of the approach implemented by BORDERNETwork for national policy planning. The concerted findings of the cross-country research and intervention tasks (IBBS survey among sex workers/WP5 and piloting of HIV/STI diagnostics for most-at-risk groups/WP6) have been already used by some associated partners (in particular in Estonia and Latvia) to advocate for priority planning in national HIV/STI strategies, for financial support and for wider legislative framework changes.

Taking up the recommendations of the dissemination conference, the Overall Activity Report of the project was structured as the last dissemination product through synthesized summaries of all areas of cooperation. The brochure "Crossing borders, building bridges" (see work package 2 and respective Annex) has been tailored in a reader-friendly way to attract attention, facilitate accessibility, and translate the core messages of the project. It is addressed to a broader circle of public health stakeholders and HIV/STI service providers, as well as representatives of civil society and affected communities. The brochure is available in print and electronic formats.

Conclusions and recommendations, sustainability of the project (after EC co-funding) and lessons learned.

Practice-driven implementation projects of combination prevention are marked by immensity and complexity, difficult to encompass in an evaluation of their effectiveness, not least due to their frequently pilot character. Notwithstanding BORDERNETwork succeeded in the bottom-up advancement of combination prevention. As commented in the key results the cross-links, harmonisation and cohesion of HIV/STI/sexual health sectors will advance the practical implementation of combination prevention.

Mobilisation and complementation of multilevel approaches for behavioural change on individual, family, social network, community and institutional levels are indispensable and moreover impossible without involvement and participation of the affected and most-at-risk groups and communities. As a central feature of combined actions the multilevel approaches are grounded in human rights principles, social solidarity and community empowerment.

The stabilisation and sustainable dissemination of the cost-effective and evidence-based practices developed, adapted and implemented by BORDERNETwork, would contribute to an overall quality improvement and programme efficiency of HIV/STI programmes.

Nevertheless joint actions and concurrent improvements in all fields related (HIV prevention, diagnostics and treatment, STI diagnostic and treatment, sexual health) are needed in order to guarantee the support for the interdisciplinary collaboration. The civil society organisations, AIDS-service and users-service organisations must count on the regional and national stakeholders and be directly supported by local municipal authorities, when replicating the actions piloted within the frame of BORDERNETwork. The project's main dissemination beneficiaries are the experts and the clients groups (most-at-risk individual and communities), but the supporting environment should be ensured by the regional health decision-makers and political actors. Without such structural support and financial safeguarding the pilot changes produced by the project cannot be mainstreamed. This is especially true in the time of economic stagnation and health budget shortages. The importance of international collaboration research and intervention projects, which produce evidence and outcomes useful for the national policy planning and for the negotiation of resources from the health/social budgets was proved by BORDERNETwork. In addition it attested that exclusive, "singled-out" solution approaches cannot do any longer better.

SECTION VI

Horizontal Work packages

Work package title: **Coordination of the project**

Work package Number: 1
Work package Leader: SPI
Number of associated partners involved: 12
Number of person/ days of this work package: 1860,47
Total budget of this work package: 277 893,00 EUR
Starting Date: M1 Ending date: M36

Project management

Management Plan **yes**
Sustainability plan available, describing the measures taken to ensure the continuation of the action after the end of the EC funding **no**
Partnership Internal Agreement **yes**

Description of the work package:

Activities undertaken to ensure the coordination and management of the project and the partnership and to ensure that the activities are implemented as planned.

(1) Partnership management

Along with the main beneficiary (SPI Forschung gGmbH), 12 associated and 18 collaborating partners from eight EU and four non-EU countries (as subcontractors) feature the network's consortium. The management plan (Annex 1) and the partner sub-agreement (internal agreement, Annex 2) determined the steering structure, levels of management and stipulated the individual tasks of main (coordinator) and associated (co-beneficiaries) partners.

a) management structure

The management structure was an interplay of central and decentralised levels of co-ordination. It aimed at ongoing quality assurance, effectiveness, efficiency and high degree of transparency of all relevant processes. The decentralised level aimed to involve actively and stimulate the partner commitment.

The project management adopted the stipulations of the partner sub-agreement signed between co-ordinator and each eligible partner and implemented the project management cycle. Hereby the binding role of specific objectives, deliverables and indicators was particularly highlighted. Monitoring of progress, assistance and supervision of partners, process evaluation and reporting were special issues of the management.

Five management instruments were implemented depending on level of decisions and actions to be undertaken:

i. **International Steering Committee (ISC),** composed by the coordinator (chair), the five core WP leaders, selected collaborating partners (eg, German Ministry of Health) and scientific advisors. This management body was in charge of the most significant decisions on project course of progress, products and milestone events.
Altogether three steering committee meetings were implemented (see below

for details), with participation of the EAHC's project scientific officer and the external evaluators in some of the meetings

ii. **Regional committees** – composed by the associated partners in each border region, met between at least twice yearly according to the particularities of the cross-border activities to be managed (see WP4 for more details). The co-ordinator participated in selected meetings;

iii. **Coordinator-lead management on bilateral basis** – coordinator/WP leaders, coordinator/associated partners – implemented via joint emailing /skype talks/on-site visits – monitoring progress on the spot, checking the internal links between core WPs, produced outputs, milestones and deliverables;

iv. **Coordinator-subcontractors** (after intensive consultations with EAHC) – related to the Fact Finding Missions in four non-EU countries, which were subject of subcontracting under WP4.

v. **Coordinator–EAHC's project scientific officer**– for regular update and check on the course of project's development, external presence and visibility, production and dissemination of milestones and deliverables, participation in EAHC's and DG Sanco publications.

b) internal communication channels

The concept for internal communication was prepared by the co-ordinator and discussed with all associated and selected collaborating partners during the Kick-Off Meeting and distributed through the meeting's documentation.

Several levels of internal communication can be outlined (excerpt from management plan):

i. Coordinator – all co-beneficiaries (project coordination mailing group, meetings),

ii. Coordinator – individual co-beneficiary (bilateral communication, virtual and real meetings)

iii. Coordinator – all partners -associated and collaborating partners (mailing groups, general meetings)

iv. Coordinator – WP-leaders (email/skype/phone, meetings, steering committee meeting)

v. Coordinator – EAHC (project coordination mailing group , email, meetings)

(2) Monitoring and supervision

Implemented through:

a) **General project meetings**

A Kick-Off General Meeting with project management workshop and core WP working groups – with participation of the co-ordinator, 11 associated partners and 3 collaborating partners was held in Berlin in July 2010 *(*Annex 3).

A Final General Meeting, the BORDERNETwork evaluation conference was held in Berlin in October 2012. 58 participants from 29 institutions participated in the conference. They originated from 10 EU Member states, 4 non-EU countries from the ENP region and from Switzerland. The most significant project results and deliverables were presented during the conference. (Annex 4: Conference Documentation)

b) Steering committee meetings

Three meetings were conducted during the project's operation. The first one took

place at the end of the Kick-Off Meeting building a common platform for coordination and management and setting clear division of tasks and responsibilities between coordinator and WP leading partners. The second meeting was scheduled in the preparation phase of the interim report (March 2011, Annex 5*)*, with participation of EAHC's project officer. Its main objective was to provide extensive overview on the project's progress, level of fulfilment of specific objectives (as per indicators defined), level of performance of deliverables and milestone, difficulties and optimization potential.
The last one was hold as a pre-meeting to the evaluation conference in Berlin in October 2012 (Annex 6). Its objective was to conduct final monitoring on the production of project results, to fine-tune the launch of the products at the evaluation conference and to evaluate the partnership's cooperation within the core work packages. Along with that the preparation of the dissemination conference and the acquisition of relevant participants were discussed in the steering round and the related tasks divided.

c) Ongoing process monitoring and evaluation tasks

i. Coordination on-site visits to associated partners and model region partners.

These proved to be a very efficient monitoring instrument as they provided opportunities for close study, consultations and supervision of partner's situation, resources, and practical work agreements. At same time participation and participant observation of the coordinator during regular activities (workshops, prevention events, diagnostic campaigns etc.) of the associated partners allowed to gain immediate impressions of the methods applied and the quality of contacts to the target groups. Within the frame of the on-site visits, meetings with collaborating partners and external stakeholders were organised (Ministries of Health, public health institutes, HIV/AIDS Committees etc.). The coordinator supported the associated partners in the dissemination of the core messages of the project in the national contexts and thus contributed to the stabilisation of their positions and further implementation. Alongside, field visits to HIV/STI/VCT-sites, drop-in and outreach services were carried out as well as visits to community-based prevention settings (Roma health and social centre) and participation in cross-border BORDERNETwork events. Altogether 18 on-site visits (Annex 7) were conducted by the team of the project coordinator, SPI Forschung. Part of them was conducted jointly with the associated partner RKI, who was the lead partner of the sentinel component under WP5. Five visits were carried out to the Austrian-Slovak model region (MRIII), four to each of the German-Polish (MRI) and the Bulgarian-Romanian (MRV), three to the Estonian-Latvian (MRIV) and two to the second German-Polish model region (MRII). As the on-site visits were at same time the main instrument of process evaluation their protocols have not exclusively action-oriented character. They present in detail background situation and specifics of the work patterns and partnerships and describe in-depth the process of cooperation. The most important decisions and outcomes of each on-site visit were communicated to the core WP leaders and discussed at the annual project steering committee meetings. In such a way they have been reflected in the outcome-oriented protocols of the steering committee meetings.

ii. Regular virtual monitoring activities were implemented via: coordination mailing group, regular monthly updates of project's website, communication with WP

lead partners, regular biweekly bilateral communication with associated partners, appointed skype conferences

d) Quality assurance activities

A special peer review e-mail group was set up, for targeted review and feedback on the internal assessment reports (milestones) and the preparation of the final products. In addition bilateral meetings were held in Berlin between coordinator and WP-leader for modification and improvement of concepts (communication and counselling training, WP4) and draft products (on-line tool for quality improvement in youth HIV prevention and sexual health, WP9).

e) Financial and administrative monitoring

Intensive consultations and coaching support in the preparation of financial report was offered to each co-beneficiary. An internal provisional annual (2010) financial report was requested by the co-ordinator from all co-beneficiaries to ensure correct understanding and application of the EU-rules and guidelines. Skype/phone talks and meetings with administrative/bookkeeping staff of co-beneficiaries were also conducted in the frame of the on-site visits.

(3) Changes, deviations from the plan, amendments of the grant agreement

a) Partnership consortium

There were no changes in the legal status of any of the co-beneficiaries. There was a change of partner after one of the original co-beneficiaries (LIC, Latvia) quit participation. Amendment No1 was prepared on that occasion and undersigned in 2011. Luckily solid and capable new associated partner (Papardes Zieds) in Latvia could be identified relatively soon and upon approval by EAHC (Amendment No1) involved from the second project's year (2011) on. The partner, who withdrew from the operating role of a co-beneficiary remained cooperative as a collaborating partner in Latvia.

b) Subcontracting rules

The rules for public procurements in Estonia, binding for the co-beneficiary NIHD were not reflected accordingly in the Annex II of the grant agreement. Several types of project costs (eg, travel, translation, and printing) had to be shifted from one to another budget heading, which caused the preparation of Amendment No2 September 2012. As at that time some other technical delays had influenced the work and time plan of some core work packages; changes in Annex I were requested as well.

c) Deviations from work plan

Actually there were no thematic deviations, but an adjustment of the deadlines of delivery of main products and deliverables. As the assessment phase conducted in each of the core work packages (before interim report) was rather participatory and intensive, the development phase started later than planned. Thus the last months of the development phase dedicated to the production of the outputs, deliverables, and milestones turned to be insufficient. Due to the reason just mentioned Amendment No2 was undertaken requesting for prolongation of the duration of core work packages 6, 7, and 8. The foreseen products (practical guidelines, manual, handbook and recommendations were all accomplished with a delay of two-three months and launched at the Evaluation Conference of the project. These deviations from the timetable brought along some limitations for the external evaluation of the project. However the deviations had no financial consequences as the prolongation of the activities was cost- neutral and that did not produce deviations from the budget allocated under Annex II. The preparation of two amendments increased additionally the mandays by the project co-

ordinator. Given that the WP1 covered along with the co-ordination and monitoring, process evaluation tasks, the mandays planned by the co-ordinator for both WP1 and WP3 were flexibly distributed. Thus an increase of the planned mandays under WP1 is reported, planned days were doubled. At same time, the mandays reported under WP3 are less than planned.

In conclusion the planned deliverable of WP1 has been achieved with the submission of this report in its full and summary forms. Besides all five milestones have been achieved (see Annexes).

List of deliverable(s) linked to this work package

Deliverable

	Title
1	D1: Interim and final reports (technical and financial)

Milestones reached by this WP

	Milestone title	Month of achievement
1/WP1.1	Sub agreement with associated partners	6
2/WP1.2	Kick-Off Meeting in Berlin, including first SC meeting, agreement on communication and decision making procedures among all associated partners	6
3/WP1.3	Second SC meeting in Berlin: presentation and agreement on interim report (both technical and financial) among others	15
4/WP1.4	Evaluation conference in Berlin, presentation of project outcomes and results of project's evaluation in cooperation with external evaluator and third SC meeting (WP 3)	34
5/WP1.5	Overall activity report with major outcomes and conducted activities for a broad public of stakeholders	36 +2

Horizontal Work packages

Work package title: **Dissemination of the project**
Work package Number: 2
Work package Leader: SPI
Number of associated partners involved: 12
Number of person/ days of this work package: 937,02
Total budget of this work package: 215.563,00 EUR
Starting Date: M1 Ending date : M36

Dissemination plan available: yes
Project leaflet/brochure/newsletters submitted to EAHC : yes
Project website: www.bordernet.eu
The EU funding disclaim and EU logo are visible in the project website and public presentations: yes

Description of the work package

1. Stakeholder analysis

As formulated in the Dissemination plan (Deliverable, D2, Annex 8) the objective of dissemination was to raise awareness, ensure visibility and enhance the effective implementation of the project through provision of sufficient quantity and quality of ongoing information and feedback to stakeholders and to the community. At a first step, a stakeholder analysis was conducted together with the associated partners. For that purpose relevant stakeholders from the three thematic strands (HIV/STIs prevention, diagnostics and treatment) were identified in all eight EU countries and ranked according to the potential interest vested in the project and its outcomes. These several groups were continuously addressed by the dissemination activities and involved as direct participants in selected events:

- direct multipliers from HIV/STI-service settings
- regional interdisciplinary network stakeholders
- national HIV/AIDS and public health programme officers
- key international actors in the field, incl. EU-funded HIV projects and networks
- community members and the broader public

2. Dissemination content/key messages and timing

2.1.Initial phase (Months 1-12)

- Promotion information about project – summary, partner structure, objectives and background philosophy of Combination HIV prevention;
- Baseline analysis and reports – milestone RAR/assessment/stocktaking survey reports on the three core thematic strands of the project (see WP6 to 9);
- Instruments, study design/protocols and preliminary findings of the research actions – sentinel surveillance in STI patients and bio-behavioural surveillance survey among sex workers (see WP5);
- Concepts for training in communication and counselling on sexual health topics for medical professionals/students (see WP4), which resulted in recommendations for planning and conducting communication training on HIV/STIs topics with medical

students;

- Concept for transfer of highly active HIV prevention through the implementation of concerted cross-border health objectives (see WP4), which was realised by the German and Polish partners in several activities fields.

2.2. Intensive development phase (Months 13 -30)

-Various methods for practical implementation of combination HIV/STI prevention were transferred and piloted in the different core work packages;

-Epidemiological and behavioural evidence on HIV/STI vulnerability of most-at risk groups (SWs, MSM, IDUs) collected in cross-country behavioural research.

2.3.Concluding/product launch phase (Months 31-36)

The key findings and recommendations of the project were launched and promoted:

- Relevant data from HIV/STI sentinel surveillance in STI-patients (see WP5)
- Risks, vulnerability and access to health care of sex workers: relevant results of the integrated bio-behavioural survey in HIV/STI vulnerability of sex workers, incl. IDUs (see WP5)
- Practical guidelines for improved early access to HIV/STI diagnostics for most-at-risk groups (see WP6)
- Handbook and recommendations for improved management of HIV and Hepatitis B and C co-infections (see WP7)
- Manual with four good practice models on community-based participatory prevention with migrants/ethnic minorities (see WP8)
- On-line user-friendly tool for quality improvement and evaluation (QUIET) of youth HIV prevention and SRHR projects (see WP9)

3. Dissemination means/methods and activities

3.1 Visual project identity

This was achieved through the project's website (see above), flyer (Annex 9), E-Newsletter (Annex 10), and linkage of the website to relevant European platforms/ networks (AAE).

3.2 Presentation of project results/outcomes at scientific and policy forums

The project was represented at 26 international and national events with special workshops, inputs, and/or poster presentation (Annex 11, incl. Posters/selected presentations).

3.3 Tailored dissemination of project products

This was achieved through the regular uploads of the project products at the HIV clearing house of AAE, project's mailing and partner national mailing groups, project and partner's websites, and the EAHC's website and HIV projects' mailing list.

3.4 Publication of articles in scientific journals

One article on BORDERNETwork's approach to `combination prevention` was submitted in January 2013 to the Journal of Sexually Transmitted Diseases (Annex 12, which was regretfully not suggested for further peer review and publication. The project was nominated as a "success story" and presented in the brochure of the Health

Programme and besides in a special HIV/AIDS issue of EAHC. (Annex 13)

3.5 Dissemination Conference, organised at EAHC in November 2012 (Milestone, Annex 14)

This one-day conference aimed to present the multiple results of BORDERNETwork and to ensure their dissemination to major relevant stakeholders among European health policy makers, European networks, EU-funded projects and initiatives, researchers, practitioners, civil society representatives in the field of HIV/STI prevention, diagnostic, referral and treatment. 22 participants from ten countries attended the conference. Among those were representatives of EC DG Sanco, EAHC, AAE, IQhiv, HIV COBATEST, NeLP, BORDERNETwork partners and the coordinator. The main recommendations of the conference addressed the translation of the project results for both EU policy makers, Member States, experts, communities, and the broader audience in a succinct, clear and attractive manner, so that their wider implementation beyond the project's end could be ensured. Furthermore it has been stressed that the project has to address the HIV/AIDS civil society forum and Think Tank as vehicles for dissemination of further implementation of the lessons learned. The importance of international collaboration research and intervention projects, which produce evidence and outcomes useful for the national policy planning and for the negotiation of resources from the health/social budgets, was proved by BORDERNETwork.

3.6 Publication of brochure with project outcomes (final activity report, Milestone, Annex 15)

Taking up the conference recommendations, the brochure with project outcomes was tailored in a way to present synthesized summaries of all areas of cooperation and their results through short equivocal messages and clear recommendations. Thus the collection of summary abstracts related to each of the main products/outcomes makes it easier to attract attention, facilitate accessibility, and translate the core messages of the project.

4 Conclusions and recommendations for the future

In order to disseminate at best the projects outcomes on different levels: EU level, regional level and country level, there is a need to make them inspiring and simple at the same time. 'Combination Prevention' is a unique quality of BORDERNETwork, which is however not very easy to translate into self-explanatory practical messages. The effective stabilisation and sustainability of the project outcomes depends on the balance of the both levels: policy and practice, and to feed back to the target groups in the implementation. The results have to be made accessible, known and usable. Thus practical implementation is the key issue. Therefore the major recommendation for effective dissemination is to reach out to the experts and to listen to the feedback of the target groups at the same time.

As for the actual mandays reported under WP2, they are with ca. 20% less than planned.

Overview table showing the distribution and target for all project deliverables

	Title	Distribution Channel	Target audience
D1	Interim and final reports	- Project website - Project mailing group	- Partnership's consortium incl. collaborating

	(technical and financial)	- Posting printed reports	partners - EAHC
D2	Set dissemination structure, plan and means	- Project website - Kick-Off Meeting - Steering Committee Meetings - Project mailing group	- Partnership's consortium incl. collaborating partners; - EAHC
D3	Evaluation report with results and recommendation of project's external evaluation	- Project website - Project mailing group - Posting printed report - Evaluation conference	- Partnership's consortium incl. collaborating partners; - EAHC - National public health stakeholders
D4	Transferable concepts for highly active prevention and list of common health objectives achieved	- Round tables during regional cross-border network meetings - Regional health initiatives, workshops - Project Website	- Scientific community - HIV/STIs prevention, diagnostic and treatment specialists from generated intersectoral networks, regional public health authorities
D5	12 pilot communication training courses with medical students and 4 Train-the-Trainer courses	- Announcement of training courses in medical universities - Project website - Regional networks of stakeholders	- Scientific community – medical and social professionals, medical high school teachers, students
D6	Recommen-dations for practical implementation of research findings updated by the regional network meetings (WP4)	- Project Dissemination Conference in Luxembourg - Regional and national network meetings; - Project website - National/international conferences (HIV in Europe 2011 and 2012) - Article - Clearing House/AAE	- Scientific community at regional level - HIV/STIs prevention, diagnostic and treatment specialists from the generated intersectoral networks - Civil society
D7	Exchange workshop on best practices in early HIV/STIs diagnostic for most-at-risk groups (IDUs	- HIV in Europe 2011 Conference Programme - EAHC HIV-projects mailing list - Announcement of workshop in partner networks and projects	- Medical and social work prevention and diagnostic professionals from state and private services for most-at-risk groups, EU-funded projects, WHO, ECDC,

	and SWs)	(AAE, Correlation II, HIV COBATEST) - Project website - AAE Clearing House	EAHC
D8	Guidelines for referral and management of HIV co-infections	- Project website - AAE, Correlation - Project Dissemination Conference in Luxembourg - AIDS and Liver Societies - Inviting international experts on project workshops - Workshop for presentation of guidelines at Project's Evaluation Conference	- HIV/STI/HCV/HBV treatment services, specialised in- and out-patient clinics - NGO service providers in the field - Civil Society - EAHC, EACS, DAIG, EU-Funded Projects
D9	2 training seminars in 3 good practice models in participatory HIV/AIDS prevention for ethnic minority/ migrant groups	- Announcement of workshops in partners networks and related projects (AAE, Correlation II, A&M) - Project website - Project Dissemination Conference in Luxembourg - AAE Clearing House - International Conferences (Correlation II Network)	- Community based workers and trainer applying models of participatory HIV prevention among ethnic minorities - Ethnic minority and migrant organisations; - Civil society
D10	A conference satellite to the World AIDS Conference 2010 with visibility act for dissemination of evaluation results	- Project Dissemination Conference in Luxembourg - Announcement of product (QUIET tool) at international conferences (WHO/BZgA, 2012) - Satellite workshop at World AIDS Conference 2010 in Vienna - Project website - AAE, IQhiv	- Youth HIV/SRHR prevention professionals/NGOs/ service providers - Youth workers and peer educators - Quality Improvement experts in HIV prevention

List of deliverable(s) linked to this work package

Deliverable

	Title
1	D2: Set dissemination structure, plan and means

Milestones reached by this WP

	Milestone title	Month of achievement
6/WP2.1	Website with content management system-based internal communication platform	6
7/WP2.2	Presentation of project and EU co-financing through a visibility act during satellite symposium at the World AIDS Conference 2010 in Vienna (WP 9)	7
8/WP2.3	Publications of reports and articles in scientific journals	36+1 (article submitted for publication)
9/WP2.4	Publishing a brochure with main project outcomes on the basis of the overall activity report	36+2
10/WP2.5	1-Day Dissemination Conference in Luxembourg (EAHC) for presentation of main outcomes of the project and its evaluation to European health policy makers and international stakeholders	35

Horizontal Work packages

Work package title: **Evaluation of the project**
Work package Number: 3
Work package Leader: SPI
Number of associated partners involved: 12
Number of person/ days of this work package: 384,60
Total budget of this work package: 130 227,00 EUR
Starting Date: M1 Ending date : M36

Evaluation plan available: yes
External evaluation: yes

Description of the work package

1. **Description of process and outcome evaluation**

The project's evaluation divided the tasks between:

- **The internal (process) evaluation,** which was implemented on regular basis by **SPI Forschung gGmbH** as coordinator, with a priority focus on the process and partly on performance (output) indicators, on the capacity and quality of network partnership (Evaluation Plan Internal Evaluation, Annex 16),

  and

- **The external (outcome) evaluation,** implemented by the **University of Applied Sciences North-western Switzerland, School of Social Work, Institute for Integration and Participation (Prof. Sibylle Nideröst PhD**, **CV in Annex 17)**. The team was selected after a competitive tender with five bids in April 2011. The main focus of the external evaluation was on the most relevant output and outcome indicators with the aim to measure the grade of success of the project against the formulated specific objectives.

2. **Evaluation methodology**

Ten process, 11 output and seven outcome (altogether 28) indicators were formulated using the SMART criteria for specific, measurable, achievable, realistic and time-bound specific objectives. The indicators were participatory developed by the co-ordinator and all work package leaders during a special meeting with focus on the evaluation strategy (Pre-Start Up, held in February 2010 in Berlin, Annex 18). These indicators reflected the nature of the actions and cooperation under the core work packages and took reference to the milestones and deliverables produced. Similarly at the beginning of the external evaluation a preparatory meeting was organised between co-ordinator and evaluator for precise planning and time-schedule of the evaluation's process (Evaluation Plan External Evaluation, Annex 19).

The overarching evaluation tasks of both internal and external evaluation were to explore and evaluate the implementation of the project's overarching issues and outcomes in terms of:

- maintenance of balance between HIV/STIs prevention, diagnostic and therapy;
- scale up of combined prevention, reflecting the particularities of local contexts and target groups;

- mobilisation of resources for civil society's participation;
- involvement of diverse mix of public health stake holders.

Methods of evaluation:

Qualitative:

-Project monitoring and evaluation on-site visits, covering: team meetings, semi-structured interviews with WP-leaders, local project coordinators and team members, participation in working meetings of associated partners, participant observation during regular activities of associated partners (eg,. milestone/deliverable workshops, street/community-based field work, diagnostic activities etc.);

-Steering Committee Meetings of coordinator and WP-Leading partners;

-Skype/phone interviews with selected project partners.

Quantitative:

-Project records of work flows and instruments: activity framework plans (per partner), work package action plans (per WP), minutes of regional meetings, workshops/seminar documentation;

-Specially designed feedback/evaluation instruments: participants' level of satisfaction from workshops and conference;

-Desk review based on hermeneutic unit of the program ATLAS.ti 6.2. (external evaluation only);

-Standardized on-line survey (external evaluation only).

3. Implementation of internal evaluation

The coordinator focused the formative evaluation in particular on the effective and time-bound unfolding of the complex cooperation within the work packages and the cross-links between them. Monitoring, process evaluation and quality improvement elements were combined for that purpose. They enabled the project leader to organise efficiently the cooperation, to assess resources and situations, to elaborate concepts, to provide assistance, to course direction and ad hoc readjustment/improvements where necessary. A selection of quality criteria based on the *Quint-Essenz Tool (Quality development in health promotion and prevention, http://www.quint-essenz.ch/en/dimensions*, were applied for this purpose*:*

- human-rights based approach, health, social and gender equity considered in the objectives, targets and activities of the partners
- resource-orientation and empowerment of involved actors and addressed target groups
- setting-based interventions – tailored to the needs and particularities of the local contexts and settings
- participation of principal (relevant) actors in the settings – involved either as stakeholders or as immediate actors/multipliers
- demonstration of the need for and timeliness of the project and demonstration of analysis of the target groups' needs
- embedding of the project in more comprehensive strategies
- potential to learn from previous projects and to transfer experience

- clarity of objectives and targets, based on specific indicators
- justification of proposed actions/procedures/methods
- realistic and feasible timeline
- qualification and commitment of project's collaborators
- project monitoring and controlling functions periodically
- transparency and comprehensible documentation of all relevant processes and steps
- clear and adequate project communication structure and processes

Problems encountered

A certain limitation was the fluctuating commitment to the tasks of monitoring and evaluation by some associated partners. This occurred not least due to increased work load by the task performance of several WPs at a time. Many of the associated partners collaborated under almost all six core WPs, which made their individual working and time plan pretty dense. Furthermore the nature of the consortium's cooperation required high level of participation by all partners in all the phases. In that sense it turned out at times strenuous to keep the balance between content development and communication, monitoring and evaluation over longer period of time. Another limitation was caused by the delays in the production of several of the core WPs products (deliverables/milestone). They were submitted in a short time before the evaluation conference took place in October 2012 in Berlin. This fact shortened the time for peer review and feedback within the partner consortium.

4. Implementation of external evaluation

The evaluation plan evolved logically and temporarily in 3 phases:
(1) Document Analysis – more than 100 documents clustered according to key terms (using ATLAS.ti 6.2)
(2) Semi-structured interviews during evaluation on-site visits - 15 interviews with 12 project collaborators from 8 institutions (project co-ordinator, associated partners, and a subcontractor) in 4 EU countries (Austria, Bulgaria, Estonia and Germany)
(3) Standardized on-line survey - 18 respondents (return rate: 25 %), 14 of them from CEE and SEE countries, 3 from Germany, and 1 from Austria. The survey respondents represented seven associated partners, one collaborating partner and two national/regional stakeholder organisations.

Selected Findings from external evaluation report (Deliverable D3, Annex 20)

The practical implementation of combination/highly-active prevention has been scaled up. Interdisciplinary network cooperation was realised on national, model region and cross-border level. The half of the 15 interviewed project partner were supported by local public health authorities during the implementation of network cooperation (WP4). 11 partners reported already an implementation of the research findings (WP5) through: intensification of outreach work among the selected vulnerable groups, anonymous and free-of-cost HIV/STI testing, improvement of current HIV/STI diagnostic, offers of health care support on the spot. HIV specialists, social services, national Ministries of Health and local health authorities are among the involved stakeholders on the spot in the partner countries from the practical translation of the research findings into combination prevention measures. All partners reported an increase in the utilisation of their HIV/STI testing services (WP6), utilisation by MSM and sex workers, incl. IDUs were increased up to 20%. Migrants and ethnic minorities were reported to visit the client-tailored HIV/STI testing sites one to three times per month. The community-based participatory prevention encompassed active participation of young Roma men, migrants from Sub-Saharan Africa, Russian ethnic minority and migrant SWs and MSM (WP8).

Limitations

Similar limitations emerged for the external evaluation from the fact that several of the planned deliverables were still in process at the time the external evaluation had to measure the outputs/outcomes. The external evaluation operated simultaneously to the project's development (starting from Month 17) and implementation and did not start only in the end phase of the project (eg, Month 30). Certain delays, which appeared in WP6,7,8 disabled the WP-leader to submit the deliverables early enough, so that they could be considered by the external evaluation. Another limitation perceived by the external evaluators is the fact that they were not involved in the process of developing indicators and of defining outputs and outcomes.

5. Conclusions and recommendations

The project maintained especially the balance between HIV/STI prevention, diagnostic and therapy throughout its whole course. Combination of the three strands was continuously attempt within the individual core work packages. Behavioural and biomedical interventions were developed, and particularities of local contexts and target groups were reflected by collecting target-group related data and country-specific experiences of the involved partners. Ethical principles were mostly considered, civil society resources mobilised. Nevertheless upon a proper context analysis in the participating countries the evaluation team concluded that more time is needed (than the project's duration allows) in order to achieve the defined outcomes. The outcomes should be better evaluated after a year of implementation.

6. Evaluation Conference (Milestone, Annex 21)
Conducted on October 22-23, 2012 in Berlin it was the major concluding highlight of the WP3 and at the same time the last partner general meeting within the project.

With regard to the proportion of planned and actual mandays, ca 50% less mandays were reported under WP3. This difference has been explained already above (WP1), as it was incurred by the co-ordinator in favour of the WP1 mandays. The major reason behind was the fluent borders between the internal process evaluation, conducted by the co-ordinator and the ongoing co-ordination and monitoring tasks.

Objective 1			
	Process indicators	**Output Indicators**	**Outcome indicators**
1	5 model cross-border regional networks established, most relevant stakeholders per region involved (eg, letter of intent signed), regional committees meet regularly (twice yearly) and implement at least one common cross-border action:	2 concepts for highly active prevention (with foci according to the relevant core WPs) approved by the regional committees against the background of the common health objectives are available at M25: **completely achieved**	Concepts of highly-active prevention (D5) are planned to be introduced at local public health policy (eg, letter of intent for support of the implementation signed) in M32-34: **completely achieved**

	completely achieved		
2	25 to 30% of the network members are civil society representatives (NGOs and representatives of target groups and affected communities): **completely achieved**	120 medical professionals (incl. students) in 1 model region (Germany and Poland) are trained (12 pilot courses) in communication/counselling competence in M18: **completely achieved** 40 professionals trained (4 in Train-the-Trainer courses) to deliver courses on counselling in HIV/STI/sexual health in medical high schools and colleges in 1 model region (Germany-Poland) M25: **achieved to a significant extent** Sensitisation among medical universities in other selected cross-border model regions on training curriculum in communication and counselling competence for medical students: **partly achieved**	Concept for training in counselling for medical (future) professionals is planned to be introduced/introduced in study courses/curricula in medical high schools in 1 model region Germany and Poland) in M32: **partly achieved**
Objective 2			
	Process indicators	**Output Indicators**	**Outcome indicators**
1	Sentinel sites in 4 MS countries are recruited, instruments updated, study protocol finalised and implemented: **completely achieved**	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 and updated by the regional network committees (WP4) in M23-24: **completely achieved**	The updated action plans of at least 70% of partners participating in WP5 integrate prevention concepts based on research findings; communication of these findings to local health policy makers in M32: **completely achieved**
2	Study protocol for second generation surveillance among sex workers prepared, instruments (both quantitative and qualitative) designed: **completely achieved**		

Objective 3			
	Process indicators	**Output Indicators**	**Outcome indicators**
1	3 models for early HIV/STIs diagnostic are peer reviewed by other experts and assessed by the partners participating in WP6 in M15: **completely achieved**	20 professionals exchange expertise in different models of early HIV/STIs diagnostic for most-at-risk groups (SWs, IDUs, Roma) in M17: **completely achieved**	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: **partly achieved**
Objective 4			
	Process indicators	**Output Indicators**	**Outcome indicators**
1	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: **completely achieved**	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: **completely achieved**	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: **partly achieved**
2		Country-specific guidelines for referral and management of HIV co-infections are drawn up (D9) in M26: **partly achieved**	
Objective 5			
	Process indicators	**Output Indicators**	**Outcome indicators**
1	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: **completely achieved**	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: **completely achieved**	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: **partly achieved**
2	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: **completely achieved**		
Objective 6			
	Process indicators	**Output Indicators**	**Outcome indicators**
1	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: **completely achieved**	Draw up of guidelines for evaluation of various methods and measures of youth prevention in M3: **completely achieved**	70% of partners participating in WP9 apply the online youth HIV prevention evaluation tool to improve accountability of youth prevention models in M24: **completely achieved**
2	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 at satellite conference (D11) in M7: **completely achieved**	30 youth prevention workers and peer educators from 10 countries trained (D11) in Quality Improvement in HIV/STI Prevention and SRHR in M7: **completely achieved**	

List of deliverable(s) linked to this work package

Deliverable

	Title
1	D3: Evaluation report with results and recommendation of project's external evaluation

Milestones reached by this WP

	Milestone title	Month of achievement
11/WP 3.1	Pre-start up meeting of project coordinator with WP leaders: Defining evaluation indicators and evaluation plan	2
12/WP 3.2	Competitive tender for external evaluation with 3 bids	15
13/WP 3.3	Elaboration of evaluation guides and instruments and conduct of evaluation on-site visits by external evaluator	18
14/WP 3.4	Presentation of evaluation report and recommendation in the frame of project's evaluation conference in Berlin	34

Specific Work packages

Work package title : Interdisciplinary networking
Work package Number : 4
Work package Leader : SPI
Number of associated partners involved: 11
Number of person/ days of this work package: 1273,47
Total budget of this work package: 347.258,00 EUR
Starting Date: M3 Ending date : M36

Description of the work package

Work progress

This work package was defined by the project external evaluation as the ***"co-rizontal"*** one, as far as it represented the various cross-cutting issues from all specific (core) work packages. The main working instrument herein were the interdisciplinary networks set in the five model regions of BORDERNETwork, where priority topics related to the work package 5 to 9 were jointly handled.

There were three strands of cooperation:

1. **Interdisciplinary cross-border networks and regular expert exchange meetings**

The cross-border co-operation networks pertained geographically to 5 model regions (MR). Three of them originated from the former BORDERNET project (EU-funded 2005-2007): MRI (Germany-Poland), MRII (Germany-Poland and Poland-EU border area to Ukraine) and MRIII (Austria-Slovak Republic). Two further model regions were build: MRIV (Estonia-Latvia) and MRV (Bulgaria-Romania). The regional networks drew on expertise from all thematic strands of BORDERNETwork under the general objective: "Highly active HIV/STI prevention". The network members varied from municipal health authorities, public clinics, HIV/STI diagnostic and treatment sites, prevention and social scientists, researchers, NGOs, community-based HIV testing services, civil society originations, and members of self-help groups. This process was measured by the two process indicators under WP4, whereby more than 30% of the networks members were civil society organisations.

In total 30 cross-border meetings took place in the five model regions over the 33 months of interdisciplinary network functioning. Here is an overview of the regional priority topics:

- MR I (DE/PL) – 14 meetings with major focus on training of multipliers in school HIV/STI prevention and sexuality education, carry out of cross-border Youth Film Days as "best practice model" of youth prevention (based on the original concept of BZgA)
- MRII (DE/PL) – 2 meetings with focus on expert exchange in HIV treatment and management of co-infections
- MR II (PL/Ukraine as collaborating partners) – 3 meetings with focus on prevention in school setting, harm reduction, HIV prevention and HIV-diagnostic in prison setting
- MRIII (AT/SK) – 5 meetings with major focus on quality of STI diagnostic, outreach services and health care for sex workers, drug-help services and harm reduction for IDUs
- MRIV (EE/LV) – 4 meetings with major focus on exchange between HIV VCT services, epidemiological centres for data collection, low-threshold services for sex workers and PWID
- MRV (RO/BG) – 2 meetings with focus on HIV/STI prevention with Roma

communities and build-up of community-based approaches
Many of the regional meetings elaborated further on regional level topics and outputs reached by the core work packages, eg, early access to HIV/STI diagnostic for vulnerable groups (WP6), management of HIV co-infections (WP7), participatory prevention for migrants/ethnic minorities (WP8), youth HIV prevention and SRHR (WP9). In such a way the transfer of expertise was ensured between the international, cross-regional and national levels of project networking.

2. Process of implementation of common health objectives (Deliverable D4), Annex 22

This was a special activity implemented jointly by the German (MAT) and Polish (SPWSZ) partners in the MRI of BORDERNETwork. Due to well-established cooperation over the years from the predecessor project BORDERNET many cross-border initiatives grew beyond the limited project scope into sustainable partnership agreements. Thus work-out and implementation of common health objectives was envisaged, politically undersigned by the German Länder and the Polish province (Voivodeship) health authorities in order to ensure the solidification of the results achieved. Those are a lively illustration of how combination HIV/STI prevention can be implemented in the bottom-up practice and produce regional evidence of effectiveness.

Two common health objectives were further implemented in the course of the project through joint cross-border activities:

Health objective I: Improvement of the access to and quality of HIV/STI testing and counselling

For the achievement of this objective six cross-border meetings were conducted and a series of expert trainings on the topics: HIV-test counselling, counselling and communication, HIV and test-anxiety. In total 74 multipliers were trained from regional public health offices (HIV VCT points), branches of the German AIDS-service organisation (AIDS Hilfe), Polish NGOs.

The achievement of this objective is marked also by Deliverable 5: develop and pilot communication competence curriculum for physicians and medical students, incl. Train-the-Trainer concept. This activity was conducted under the leading role of MAT/DE, who subcontracted the University of Rostock for the curriculum development.

The interdisciplinary structure, combining clinical and counselling expertise, which created the innovative character of the planned curriculum and communication training courses was challenging to implement. Discrepancies occurred between social pedagogic and medical staff, making the cooperation demanding and time consuming for both disciplines. Even though this activity was initiated and carried out by a very active cross-border network group of medical and social pedagogical experts, it turned out, that the structures of medical trainings in the two medical universities are quite different and therefore the development of one training method for both institutions was not possible, at least within the limitations of time and staff resources in a pilot project. Due to these reasons, instead of developing a curriculum, recommendations (Deliverable D5, Annex 23) were created, allowing a flexible usage corresponding to the structures of each institution and making specific approaches possible.

Health objective II: Advancement of the approaches for sustainable sexuality education

Hereunder the joint implementation and evaluation of the Youth Film Days (YFD, as

related to WP9) and the series of training workshops for teachers/school pedagogues were implemented. A total number of 2 400 adolescents and school young people were reached through the model of YFD, carried out in cooperation with the subcontractor (Project Abendrot). A total number of 50 school prevention multipliers were reached through training workshops in Poland and Germany.

Significant results and strategy relevance of the common health objectives

A series of six cross-border pilot training workshops (one of which intercultural) with all together 115 medical students and three Train-the-Trainer workshops with all together 24 participants have been carried out. The evaluation of these activities has built the basis for the recommendations for improvement of counselling and prevention competences in STI and sexual health for medical students and other medical staff. The recommendations can be seen as a "pool of ideas" which can be used in the EU-countries flexibly corresponding to the existing local conditions and characteristics. Hence, they take into account different socializations, cultures and structures. The improvement of communication skills of medical doctors and other medical staff in sexual health is essential for the successful response to HIV/AIDS and STIs. Capacity building projects are therefore very important and should exist as a continuous activity in training courses for medical students and other medical staff.

3. Fact Finding Missions (FFM) in non-EU countries

One of the extended networking cooperation tasks of BORDERNETwork was to contribute with host of knowledge on the HIV/STI situation in vulnerable groups along the EU outer borders. The FFMs were approved by EC to take place in four countries from the ENP region outside of EU. Their objective was 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. The four countries selected were: Moldova, Ukraine, Bosnia and Herzegovina, and Serbia.

The main focus hereby was on:

- Information on the particularities of the local epidemiological situation (eg, HIV/AIDS/STI, HIV Co-infections (HCV, TB)
- Patterns of risk related to social determinants of various vulnerable groups, eg, 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 to 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 non-EU countries from CEE and SEE four civil society organisations were subcontracted in order to carry out a FFM in the field of HIV/AIDS and STIs prevention and treatment and to outline survey reports.

Significant results of the FFM

The reports on the five conducted (Annex 24a-24e) FFMs in the 4 non-EU countries pointed out unequivocally the necessity of a Europe-wide recognition of the vulnerable situation of sex workers, IDUs, young people, ethnic minorities and migrants towards HIV/AIDS and STIs and therefore as important target groups for prevention, research, and policy efforts embedded in human rights and decriminalisation approaches. PLHIV are vulnerable in terms of access barriers to medical treatment. Health and rehabilitation

services as well as referral systems for treatment of HIV/AIDS/STIs and co-infections should be made available, accessible and acceptable to hard-to-reach populations. A special workshop for presentation of the results of the four FFMs was held during the Evaluation Conference in Berlin in October 2012 with participation of experts from all four non-EU countries.

Difficulties and deviations from the plan (Annex I):
A particular difficulty in relation to the subcontracting of the FFMs to the non-EU countries was addressed through Amendment No2 of the project's grant agreement. While the FFMs subcontracted in Bosnia&Herzegovina, Moldova and Serbia were successfully conducted according to the stipulated in the subcontract conditions and time frame. The three FFM studies in Ukraine turned out to be quite time- and effort-consuming tasks. Eventually only two of the FFMs in Ukraine could be completed by the end of the project. Due to limited time resources SPI as main beneficiary and contractor considered a withdrawal of the realisation of the last one and obtained EAHC's approval for that change.

Summing up, the specific objective under WP4 was achieved though not completely.

With regard to the planned and actual person days in this work package the implemented mandays are with ca. 40% less than planned. Considering that WP4 was a 'co-rizontal' work package, it combined most of the time tasks pertaining on the one hand to the cross-border networking cooperation and to topical issues of other core work packages (eg, WP5,6,8 and 9) on the other hand. Due to that reason many of the co-beneficiaries reported less mandays under WP4, increasing their mandays under the other respective core work packages.

Specific objectives of this WP

	Title
1	Interdisciplinary networks: To scale up the implementation of highly active prevention through boosting network cooperation on national, model regional and cross-border level in CEE and SEE in a three-year period

List of deliverable(s) linked to this work package

Deliverable

	Title
1	D4: Transferable concepts (good practice) for highly active prevention and list of common health objectives defined
2	D5: 12 pilot communication training courses with medical students and 4 Train-the-Trainer courses – starting from month 18, 2011

Milestones reached by this WP

	Milestone title	Month of achievement
15/WP4.1	Regional committee meetings with stakeholders for presentation of report on health objectives	25
16/WP4.2	Recommendations *(instead of planned curriculum)* for training curriculum for medical students in communication competence	34
17/WP4.3	Train-the-Trainer concept for medical universities *as integrative part of the Recommendations*	34

Specific Work packages

Work package title: Bridging research on HIV/STIs prevalence and risks to evidence-based effective practice
Work package Number: 5
Work package Leader: SPI
Number of associated partners involved: 9
Number of person/ days of this work package: 2121,90
Total budget of this work package: 325.985,00 EUR
Starting Date: M6 Ending date: M34

Description of the work package

Work progress

The research work package combined two second generation sentinel surveillance components: HIV/STI surveillance in STI patients and integrated bio-behavioural surveillance (IBBS) in sex workers.

1) **A second generation sentinel surveillance (2010-12), combining biological with behavioural data on STI/HIV and risk behaviour.**

Participants were 4 EU countries: Austria, Bulgaria, Romania and Slovakia. In Austria and Slovakia, the predecessor project BORDERNET introduced the same methods in cross-border regions in 2006-2007, in Romania and Bulgaria, data collection continued throughout since 2008. Following a common study protocol (Annex 25, process indicator) lab-confirmed STI (Chlamydia, Gonorrhoea, Syphilis or HIV) were recorded in clinical settings. Alongside data was collected on demographic and behavioural factors, geographic distribution/migration. Epidemiologic trends and vulnerable groups and risk factors for STIs were identified. Resulting from them hypotheses generated for targeted interventions. The sentinel sites regularly transmitted their data to regional cooperation partners who forwarded them to SPI. Data were analysed by RKI. The findings and recommendations formulated (output indicator) are major deliverable of this WP5 (D6a, Annex 26). A special stakeholder meeting was held (Milestone, Annex 27) by RKI with participation of ECDC in 2011 and the country data was presented at the annual ECDC HIV/STI meeting (2012) at a special BORDERNETwork workshop.

2) **An integrated bio-behavioural surveillance (IBBS) on HIV/STI vulnerability of sex workers, incl. IDUs**

The cross-sectional and cross-country behavioural and epidemiological data collection was carried out among female SWs in 7 EU countries between March 2011 and February 2012. It aimed at compiling contextualised knowledge on health and social situation of SWs in CEE, detecting prevalence and vulnerability for HIV/STIs and formulating recommendations for the combination prevention practice. The survey based on common study protocol and ethical committee's permission (process indicator, Annex 25) comprised of qualitative face-to-face interviews (85-items behavioural questionnaire) and blood tests (HIV, Syphilis, HCV, and HBV). The study locations were: Berlin, Bratislava, Bucharest, DE/PL border, Riga, Stettin, Sofia and Tallinn. A convenient sample was recruited, combining elements of respondents-driven (Tallinn and partly Riga) and service/venue-based sampling techniques. In total 956 respondents (predominantly of outdoor sex work scene) participated, between 100 and 210 per country.

Significant results

Sentinel Surveillance in STI-patients: Overall, there were 13 participating sentinel sites in Austria and 14 in Slovakia, respectively, 13 sites in Romania and five in Bulgaria. A total of 467,797 tests were performed in the sentinel sites. Of these, 11,090 tests were positive. The overall proportion of positive tests was 0.5% for HIV, 4.6% for Chlamydia, 2.1% for Gonorrhoea and 2.4% for Syphilis. The four countries differed in the number of STI tests, positivity rate, patient characteristics and sexual behaviour.

IBBS in SWs: Almost 30% of the SW (N=283) were younger than 18 years at their start with sex work. Almost 60% (N=566) of the SWs had experience in the sex work longer than 3 years. 77.3% (N=734) had no other occupation and subsisted only on sex work in the last year and more than the half (N=529) supported one or more persons with their incomes. About 38% of the interviewed SWs had IDU experience. Of particular concern is the finding that utilisation of general health care by sex workers is hampered by the lack of health insurance. 60 % (N=571) of the SWs did not have a health insurance. Access and uptake of an HIV test and counselling seems to be almost mainstreamed: 59 % (N=560) of the interviewed sex workers had an HIV-test in the last year. Nevertheless, STI/sexual health services are hardly utilised. 77,1% (N=704) did not attend an STI-service in the last year and 51,1% (N=484) did not visit a gynaecologist/family planning specialist in the last year. Almost 60% (N=311) had an abortion, whereas more than 30% (N=311) reported two and more abortions. The blood tests confirmed prevalence of 4.6% for HIV, 4.6% for Syphilis, 6.2% for Hepatitis B and 24% for Hepatitis, suggesting a high overlap with intravenous drug use.

The results of the both surveys (Deliverable D6a_D6b, Annex 26a_b) were presented at several international scientific conferences (IAC/2010, DÖAK/2011, HIV in Europe 2012) and HIV/STI expert meetings (ECDC, HIV Think Tank 2012).

Strategic relevance and sustainability

Sentinel surveillance systems can be implemented in addition to routine surveillance or as an alternative when no surveillance system is in place. Sentinel systems allow integrating biological and behavioural surveillance, which provides a better picture of the diseases under surveillance. The sentinel surveillance of BORDERNETwork project helped strengthening local and regional partners, based on a strong network. However, the strength of the sentinel system strongly depends on the motivation of the sentinel sites. Therefore, building and keeping alive a strong network is essential for data quality. The scientific benefits are that it allowed the comparison between partners and identified differences in diagnostics, vulnerable groups and risky behaviour. However, the data could not be considered as representative for the whole countries.

The IBBS survey results pointed out unequivocally the necessity of a Europe-wide recognition of the sex workers (incl. male) as an important target group for prevention, research, and policy efforts embedded in human rights and decriminalisation approaches. A key message formulated is that health policy regulations have to endorse the creation of structures for early and easy access to health care services for sex workers. A minimum health care provision package (incl. sexual and reproductive health) should be envisaged especially for those sex workers lacking health and social insurance and for those suffering from the aggravating circumstances of illegal status.

Summing up, the specific objective was fully achieved; all milestones and the deliverable of WP5 were produced. Besides, the research evidence has been brought to the attention of national public health policy actors in the participating countries. The integration of

the findings into the practice should be followed-up. The planned mandays under this work package had to be increased with ca. 25% due to several reasons: time-consuming set up of the regional partner sentinel surveillance networks in the four EU countries, lengthy preparatory phase of the IBBS survey among sex workers, prolongation of the administration phase of the survey due to recruitment difficulties, extensive report writing and very active presentation phase of the findings of the both research tasks at both national and international scientific and public health forums in the last project's year.

Specific objectives of this WP

	Title
2	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

List of deliverable(s) linked to this work package

Deliverable

	Title
1	D6: Recommendations for practical implementation of research findings updated by the regional network meetings (WP4)

Milestones reached by this WP

	Milestone title	Month of achievement
18/WP5.1	Research protocols for sentinel (RKI) and second generation behavioural surveillance (SPI)	M 11
19/WP5.2	Approval of the research protocols (second generation surveillance) by national ethical commission/boards	M15
20/WP5.3	Intermediate sentinel surveillance report presented at International stakeholder meeting organised by RKI (in Berlin)	M 23
21/WP5.4	Reports on findings of HIV/STI sentinel (incl. behavioural) surveillance and qualitative survey indicating the progress of implementation practice	M34
22/WP5.5	Dissemination of survey findings to prevention, policy stake holders and broader EU public health audience	M35

Specific Work packages

Work package title: Access to early HIV and STIs diagnostic for vulnerable groups
Work package Number: 6
Work package Leader: NIHD (EE)
Number of associated partners involved: 9
Number of person/ days of this work package: 1 689,18
Total budget of this work package: 179.713,00 EUR
Starting Date: M8 Ending date: M35

Description of the work package

Work progress
The cooperation tasks were divided in three phases:

1. **Situation analysis/Mapping**

At a first step, an assessment of quality of HIV/STI voluntary counselling and testing (VCT) services based on the Code of Good Practice for NGOs (self-assessment checklist on HIV-testing services, developed by IPPF) was conducted compiling information from 17 HIV-testing services from eight countries. At a second step, a desk-review of the situation and existing services in the respective regions was carried out in order to identify the population groups most-at-risk and to correctly address the gaps and barriers in the existing system. The process indicator was related to this phase, measuring the outlined models of early HIV/STI diagnostic. The results of the both mapping activities were compiled in Milestone 23 (Annex 28, submitted with the project interim report)

2. Capacity building
An expert exchange workshop in provision of early HIV/STI services for vulnerable groups and discussion of the mapping phase results followed after the first phase. The meeting was conducted in conjunction with AIDS2011 (the European Region HIV Conference) in May 2011 in order to ensure wider participation of specialists and stakeholders. The satellite workshop attended by 40 experts (eg, ECDC, WHO, EU and other EU projects) from 12 countries is the major Deliverable D7 under WP6 (Annex 29) and was measured by the output indicator.

3. Piloting of different models of HIV/STI diagnostic services
In this phase based on a concerted piloting protocol various models of early HIV/STI diagnostic were piloted in eight countries according to local context particularities and needs of the selected most-at-risk groups.
In total 1246 vulnerable group members poorly reached by mainstream services until now (eg; SWs, prison inmates, non-paying and regular sex partners of SWs and IDUs, Roma male sex workers, MSM, and others) took up low-threshold offers were reached.
The experience of the piloting phase was integrated into practical recommendation guide on how to improve access to early HIV/STI diagnostics for vulnerable groups, a major product of the WP6 (Milestone 24, Annex 30).

Significant results
The project partners implemented a range of piloting projects, including community-based HTC, active involvement of sexual partners of members of vulnerable groups and testing in a prison setting. Our experience confirmed also that a pilot project can play the role of a needs assessment – checking the uptake of a new service, evaluating the satisfaction of the target group with the services, and the appropriateness of the mode of

service delivery. Here are some selected major findings:

- Specially tailored services facilitate reaching out to new less visible members of well-known and generally well-reached target groups as well as regular/casual sexual partners of the members of vulnerable groups. Addressing new client groups with the usual services does not necessarily require special resources, but a creative approach and commitment and the right recruitment channel.

- Effective models of service provision for hard-to-reach groups should follow the principles of accessibility and flexibility, including appropriate opening hours, service provision locations. Availability of equipped mobile medical services for prevention and testing are essential for the coverage and the high quality of HIV/STI diagnostic offers in non-medical settings. Mobile services are especially important in rural and remote border areas, where stationary services provision is not feasible.
- The success of improved access and the attractiveness of services is guaranteed by integration of different services, taking up various needs of the vulnerable groups (for example, the provision of STI and sexual health, not only HIV screening).

Strategic relevance and sustainability
HIV/STI early diagnostic services should be offered in non-traditional settings, rely on interdisciplinary cooperation (medical services with social and outreach workers) and highlight the role of the participation of most-at-risk group members. Our experience confirms that the quality improvement of the existing services and the development of new methods to access most vulnerable and hard-to-reach populations in the current legislative environment, using the internationally developed instruments and adapting the evidence gained elsewhere is feasible. Ensuring the support of local authorities (including prison administration) is a decisive gate opener for collaboration between organizations (NGOs and health care service providers) and essential to ensure the sustainability of the services.

Deviations from the action plan (Annex I)
The prolongation of the piloting phase (which had to be adapted to local context and consider adequate timing and accessibility of the selected most-at-risk-group) caused a delay in the drafting of the practice recommendation guide. This caused a cost-neutral prolongation of the whole action of WP6 with three months approved by Amendment No2. Despite of the requested prolongation of the WP6's duration the planned number of mandays was increased only insignificantly, by ca. 15%.

Specific objectives of this WP

	Title
3	Early diagnostic: 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

List of deliverable(s) linked to this work package

Deliverable

	Title
1	D7: Exchange workshop on best practices in early HIV/STIs diagnostic for most-at-risk groups (IDUs and SWs)

Milestones reached by this WP

	Milestone title	Month of achievement
23/WP6.1	Overview report on available early HIV/STI diagnostic and VCT services for the respective high risk groups in the partner countries	**15**
24/WP6.2	Practical recommendation guide comparing up-take, outcomes and cost-effectiveness of different approaches to early HIV/STI diagnostic	**34**

Specific Work packages

Work package title: Referral, management, treatment and care of HIV/STIs and co-infections
Work package Number: 7
Work package Leader: AHP (DE)
Number of associated partners involved: 8
Number of person/ days of this work package: 1072,34
Total budget of this work package: 164.427,00 EUR
Starting Date: M8 Ending date : M34

Description of the work package

Work progress
It encompassed several stages:

1. **Stocktaking survey on country specific conditions of diagnostic and treatment of HIV and co-infections (HBV(HCV)**

Related to this survey was the process indicator under specific objective 4. In collaboration with the RKI, AHP developed a baseline data questionnaire addressing the country partners and the HIV treatment centres. At the end of 2010 data from 12 treatment centres from five countries (18 questionnaires) was collected and systematically analyzed. We found out, that in general every treatment centre has the possibility to conduct the diagnostic and treatment of HIV, HBV and HCV. But in case of HIV and co-infections the data available was very poor. The survey results were disseminated through a stocktaking report on country-specific medical conditions and diagnostic and treatment of HIV and co-infections (Milestone 25, Annex 31)

2. **Recurrent medical workshops and expert on-site visits on management of HIV co-infections for HIV-treatment specialists**

This activity was measured with the output indicator. In order to receive detailed information of the country specific context the WP leader conducted an on-site visit in Tallinn / Estonia with meetings in two HIV-treatment sites. Following, two 3-days workshops and exchange meetings in Potsdam/DE, Rostock/DE and Stettin/PL were organised. Here we discussed issues on HIV and co-infections with about 35 experts from Poland, Estonia, Slovakia, Bulgaria, Romania, Germany and Ukraine as a collaborating partner from a non-EU country.

3. **Development of country specific recommendations for referral and management of HIV co-infections and educational materials for further medical training**

The results of the interviews, workshops and discussion on the training materials led to the development of recommendations that can be used in regional and national context, improving the diagnosis, treatment and management of HIV/AIDS and co-infections. The aim was to develop context-specific recommendations. They have been designed in a way that allows their implementation in all countries involved. These recommendations can be adapted by the development of new treatment drugs, by new clinical studies or by a change in health policy context. The handbook with the recommendations is the main deliverable produced by this work package (Deliverable D8, Annex 32) and related also to the outcome indicator. The on-line survey conducted by the project's external evaluation confirmed that 80% of the survey participants would apply the elaborated guidelines. A special launch workshop for the presentation of the prevention and treatment guidelines was held in the frame of the project evaluation conference on 22-23

October 2012 in Berlin. Here we presented the manual with the recommendations, training materials and posters. Stakeholders from the Ukraine, Estonia, Germany, Poland, the Slovak Republic, Austria, Bulgaria and Romania participated in the workshop (Milestone 28).

Significant results

The handbook (D8) is a combination of three types of products: methodological handbook with a self-assessment guidance; training materials with descriptions (on HIV, HBV, HCV, HIV/HBV, HIV/HCV); and recommendations. The objective of the handbook was to build a bridge between theory and practice by using treatment algorithms, clinical pathways and posters for medical practitioner's offices.
It is aimed not only for HIV and STI treatment specialists but for other medical staff as well, eg. family doctors, in- and outpatient medical care providers. Accompanied by a series of practical education materials for further medical trainings, it provides a good foundation and a working orientation in managing HIV co-infections. Because of the new therapies, we expect that the costs for diagnostic, treatment and care will rise in general. Therefore it is important to reach political opinion leaders to ensure the implementation of the recommendations in the practice.

Strategic relevance and sustainability

- The different specialists on diagnostic and treatment can implement the recommendations according to their own organizational and financial possibilities;
- The diagnostic and treatment of HIV/AIDS and Hepatitis B and C co-infections is important, because of the higher mortality rate, caused by liver cirrhosis or cancer;
- The handbook and the treatment algorithms provide answers to the HIV late-presenters problem. If an HIV infected person starts ART too late, the prognosis for a successful treatment and care is much worse. The handbook offers an opportunity to improve the education programmes in the different treatment sites and clinics;
- The recommendations are available in eight different languages. They should be used to convince and provide support from political stakeholders for the sustainable implementation in the diagnostic and treatment routine.

Deviation from Annex I

A delay in the compilation of the handbook was caused by the very extensive assessment phase and the postponed capacity building and development phase. The cost-neutral prolongation of the work package with six months did not have any negative impact on the other activities and was approved by Amendment No2. The overall planned number of mandays was not exceeded, about 10% days less has been reported than planned and these were majorly incurred by the WP-leader responsible for the final deliverable product of WP7.

Specific objectives of this WP

	Title
4	Referral and treatment systems: To augment the country-specific evidence on treatment and care of HIV and co-infections by mid 2012 and to enhance interlinks in referral systems for diagnostic, treatment and care of STIs, HIV/AIDS and co-infections

List of deliverable(s) linked to this work package

Deliverable

	Title
1	D8: Guidelines for referral and management of HIV Co-infections

Milestones reached by this WP

	Milestone title	Month of achievement
25/WP7.1	Report on stocktaking survey on country-specific medical conditions in diagnostic and treatment of HIV and co-infections, incl. Organigram	**15**
26/WP7.2	Workshop for presentation of the treatment guidelines as part of the Evaluation Conference in Berlin	**34**

Specific Work packages

Work package title: Participatory approaches to community based HIV/STIs prevention in ethnic minority and migrant groups
Work package Number: 8
Work package Leader: HESED (BG)
Number of associated partners involved: 5
Number of person/ days of this work package: 1201,15
Total budget of this work package: 161.365,00
Starting Date: M5 Ending date : M33

Description of the work package

Work progress
The cooperation was highly participatory from the baseline phase on. Two stages marked the work progress:

1.Assessment of effective approaches and models of HIV/STI prevention in migrants/ethnic minorities
A desk review, a partner exchange seminar and a participatory assessment survey on self-evaluation of community-based approaches were conducted. An especially designed assessment questionnaire based on RAR methods was used. Eight civil society organisations from six EU and three non-EU countries responded and described in detail the models and methods they were applying for HIV/STI prevention among migrants and ethnic minorities. The whole stage was marked by the active participation of all partners in WP8. Two process indicators measured that process. Different practices were exchanged and the discussion on strengths and difficulties was concluded with the assessment survey report (Milestone 27, submitted with the project's interim report, Annex 33).

2. Capacity building in selected participatory prevention practices
The selected good practices are:

(1) the POL model (evidence-based participatory model, especially effective within Roma communities) implemented by HESED, Sofia;
(2) the PaKoMi project of the Deutsche AIDS-Hilfe, Berlin;
(3) the PARC project of Aids Hilfe Wien;
(4) the AIDS & Mobility project of AISC, Tallinn.

They encompass various approaches of behavioural change interventions: cultural mediator and peer education, the theory of diffusion of innovation, network-based interventions such as mapping. All these were implemented at a multilevel (individual, couple, family, informal network, community).

Two competence building trainings were conducted for transfer of practical experience of the work with the selected models. 37 prevention workers and community members from seven EU and two non-EU countries took part. This is the major deliverable of WP8 (Deliverable D9a, D9b, Annex 34a_b), measured also by the output indicator.

Significant results
The collective outcome was a practical manual on effective models of participatory community-based HIV/STI prevention among migrants and ethnic minorities, Milestone 28 (Annex 35). This manual offers evidence-based definitions (eg, of community, ethnic minority and migrant group), as well as a theoretical background on matters such as

participatory and community-based approaches, cultural sensitivity, cultural competence and cultural humility. The main practical part is dedicated to the comprehensive description of the four good practices models. These are the key features, highlighted by the manual as good practice:

- A combination of research of the community features related to the risk behaviour
- Activities directed to easy-to-change factors at community and individual level
- Interventions, successfully tested in practice (practice-based evidence)
- Cost-effectiveness

Strategic relevance and sustainability
In order to improve effectiveness of European strategies it will be very important to strengthen community-based interventions, especially among migrants and ethnic minorities. The stabilisation and sustainable dissemination of these cost-effective and evidence-based practices is a contribution to quality improvement and programme efficiency, which is of great importance in a period of economic stagnation. It plays furthermore a decisive role in the social inclusion of migrants/ethnic minority groups. However community-based programmes succeed only if strong institutional support and the respective capacity and method competence for implementation are available and financially safeguarded. As the stakeholders of these models are representatives of the health and social sectors in the participating European countries, as well as of the municipalities in regions with ethnic and migrant communities, further dissemination of these models can take place through experience transfer and effective capacity building at the implementing sites.

Deviation from Annex I
The delay in the compilation of the manual was due to a highly participatory process of the work. The four good-practice models were presented along a common structure, whereas the models' authors provided inputs on the particularities and the quality features. Therefore the cost-neutral prolongation of the work package with three months was requested with Amendment no2. No negative impact on the other tasks was observed. The manual was launched at the Evaluation Conference in Berlin, October 2012. The actual reported mandays were increased only insignificantly (by 10%).

Specific objectives of this WP

	Title
5	Participatory approaches: To improve HIV/STIs in two-and-a half-years period community based prevention and sexual health for ethnic minorities (eg, ROMA) and migrant groups through capacity building in participatory prevention models

List of deliverable(s) linked to this work package

Deliverable

	Title
1	D9: 2 training seminars in 3 good practice models in participatory HIV/AIDS prevention for ethnic minority/migrant groups

Milestones reached by this WP

	Milestone title	Month of achievement
27/WP8.1	Report on survey and peer review on models of participatory HIV prevention among migrants/ethnic minority groups	**13**
28/WP8.2	Manual on effective intervention models for participatory community-based HIV/STIs prevention published and disseminated	**33**

Specific Work packages

Work package title: Accountability and evidence-based evaluation in youth prevention and sexual and reproductive health and rights
Work package Number: 9
Work package Leader: AHW (AT)
Number of associated partners involved: 7
Number of person/ days of this work package: 999,38
Total budget of this work package: 211.433,00 EUR
Starting date: M1 Ending date: M24

Description of the work package

Work progress

The cooperation under WP9 was divided in the following phases:

1) **Desk review and Rapid Assessment and Response (RAR) survey**

As an initial step current youth prevention actions were reviewed (eg, EU-funded projects Sunflower and H-Cube). The desk review focused also on selection of appropriate original tools, which might be relevant for adaptation/further development under W). Subsequently the self-evaluation instrument was developed based on the RAR methodology for HIV prevention, SRHR actions (WHO). The results of the survey (12 organisations from nine countries) were systematised in a special report highlighting a collection of good practice youth prevention measures and quality standards for their evaluation. Related to them was one of the process indicators under WP9.

2) **Expert exchange and development of the online tool: QUIET (Quality Improvement and Evaluation Tool)**

The second cooperation phase comprised two expert meetings, a satellite conference (Deliverable) and the whole process of elaboration and adaptation of the tool in its "print" and "on-line version".

The first meeting aimed at development of guidelines (output indicator) for evaluation of various methods and measures of youth prevention collecting accountable data. At the meeting the originally selected tool: "Planning and support tool for SRHR/HIV prevention interventions for young people" (STOP AIDS NOW and WPF) was presented and analysed by all partners. It was finalised in a second step.. In a next step, a satellite conference meeting (output indicator) was held as major Deliverable (D10, Annex 36) within the frame of the IAC in Vienna (2010).. Simultaneously the programming of the online tool under the work title "QUIET" has been launched via subcontract. The first draft of the tool was activated on an intranet platform so that the partners could evaluate it. At the second expert meeting the draft online version of the tool was reviewed in detail and the partners received training for its trial implementation in their everyday practice.

3) **Trial period, finalisation of the online tool and launch on the Internet**

During the six months of the trial period each partner used the tool for assessing existing youth prevention projects on the site (outcome indicator). Contrary to the plan we did not arrange monthly online assessment conferences with the partners for the following reasons: HIV Youth Preventions projects of the partners were limited. Each partner assessed one project with the tool and reported feedback how to improve the tool. The follow up of the implementation of the quality improvement results of the partners was no longer pursued for the sake of further improvement of the tool.

At the same time the tool has been continuously improved after peer review and feedback from scientific stakeholders. The tool was presented at various international conferences (HIV in Europe 2011, DÖAK 2011, and HIV in Europe 2012). Along with that the IQhiv core group has been made aware about the tool and provided substantial suggestions for . modification. Further feedback for improving the tool was received by external experts on sexuality education and quality improvement. This feedback was necessary and very useful.

At the end the QUIET was adjusted with the several quality improvements:

- Adaptation of the tool to the WHO/B/GA standards for Sexuality Education in Europe (2010);
- Introduction, including: HIV prevention and SRHR for youth, quality improvement, rights- and evidence-based theories for behavioural change.
- The tool has also been complemented by "help boxes" with additional reader information and by an user manual.

Significant results

The major outcome of WP9 is the QUIET (Milestone 30, **Annex 37).** It succeeded to link HIV Prevention with Sexual and Reproductive Health and Rights (SRHR), which is crucial for the advancement of integrative combination prevention approaches. The QUIET helps to assess and improve the quality of existing projects and to plan new projects. It is a user-friendly self-evaluation instrument with roots in the PDCA (Plan – Do – Check – Act) management cycle and the framework developed by Dr Donabedian, it allows for structured reflection in a relatively short span of time. The tool includes documenting and evaluating the processes of the project and supports the user to improve strategic planning. Its structure is based on the intervention mapping model that consists of six steps: After involving all stakeholders concerned (step 1), a comprehensive analysis of the problem has to be conducted (step 2). This analysis results in detailed objectives (step 3). In the next step, all the programme activities and materials are studied to find out whether every objective has been met (step 4). To make sure the programme has been adopted and implemented effectively, any barriers and possible structures and resources are analyzed and addressed (step 5). Monitoring and evaluation are at the end of the process (step 6).

Strategic relevance and sustainability

The QUIET is a self-evaluation tool and does not provide any individual external expertise or guidance. The trial period of the BORDERNETwork project showed that it was beneficial to build a team for filling out the individual sequences of the instrument. Assembled expertise improved the documentation and different perspectives enhanced the evaluation of the project. Last but not least the tool led to fruitful discussions and the input of different team members to more creativity and to a broader approach for better results. The QUIET is available on the website of BORDERNETwork and on http://quiet.allproducts.info prospectively for free by the end of March 2013.

Today instruments for quality development and improvement instruments have proved very important for HIV prevention. That is also demonstrated by the EU Joint Action on quality improvement in prevention that has just started in 2013. Currently the QUIET is the only online tool for sexual health and HIV prevention among young people.

Basically all requested tasks and objectives were fulfilled. There have been minor deviations due to staff change and change of partner organizations. However, there were some planned deviations for the benefit of the project.

Deviation from Annex I:
There were staff changes within the organization due to maternity leaf. As there was expertise for HIV prevention for youth as well as technical expertise for the online tool within the organization, the workload was divided between the two experts for a short period of time. The implementation and revision of the online tool QUIET demanded much more time than originally planned. Together with all partners the core of the online tool was developed in a very intensive participatory process. Besides, the AHW had to implement complementary review of the tool as well as to compile additional information (user's guide for the online tool) after the originally planned end of the work package (M24). Nevertheless the number of planned days was not exceeded.

Specific objectives of this WP

	Title
6	Quality assurance in youth prevention: To enhance accountability and evidence-based evaluation in youth HIV/STIs prevention, sexual and reproductive health and rights (SRHR) programmes by the end of 2011

List of deliverable(s) linked to this work package

Deliverable

	Title
1	D10: A satellite session to the World AIDS Conference 2010 with visibility act for dissemination of evaluation results

Milestones reached by this WP

	Milestone title	Month of achievement
29/WP9.1	Second expert meeting for training on use and application of the online evaluation tool for quality assessment of youth HIV prevention activities	**14**
30/WP9.2	Online evaluation tool for assessment of quality of youth prevention actions piloted, evaluated and available on the Internet	**23**

SECTION VII

ANNEXES

WP1

Annex 1 – Management plan

Annex 2 – Partner internal sub-agreement (Milestone 1)

Annex 3 - Documentation of project's kick-off meeting (incl. first steering committee meeting) in Berlin, July 2010 (Milestone2)

Annex 4 - Documentation of project evaluation conference in Berlin, October 2012 (Milestone 4)

Annex 5 - Documentation of second steering committee meeting in Berlin, March 2011 (Milestone 3)

Annex 6 - Documentation of third steering committee meeting in Berlin, October 2012 (Milestone 3, WP1)

Annex 7 – List of conducted coordination, monitoring and evaluation on-site visits in the period 2010-2012

WP2

Annex 8 - Dissemination Plan (Deliverable D2/ 20091202_D02-01_OTH-2_EN_PS)

Annex 9 –Project flyer (20091202_D02-03_LFT-1_EN_PS)

Annex 10 – Project E-Newsletter (20091202_D02-04_NWL-1_EN_PS)

Annex 11 (a_b) – List of project presentations at international and national scientific and policy forums incl. exemplary presentations and posters

Annex 12 – Copy of BORDERNETwork article submitted to special issue of Journal of Sexually Transmitted Diseases on Combination Prevention in January 2013 (Milestone 8)

Annex 13 (a_b) – Presentation of BORDERNETwork project in DG Sanco and EAHC's publications

Annex 14 – Protocol of project's dissemination conference in Luxembourg in November 2012 (Milestone 10)

Annex 15 – Project brochure "Crossing borders, building bridges", overall activity report (Milestone 9/ 20091202_D02-05_OTH-4_EN_PS)

WP3

Annex 16 – Evaluation plan (internal evaluation) (Milestone 11, WP3)

Annex 17 –CV of external evaluator

Annex 18 – Protocol of project's pre-start up meeting on elaboration of evaluation indicators in Berlin, February 2010 (Milestone 11)

Annex 19 – Evaluation plan and logical framework external evaluation (Milestone 13)

Annex 20 – Report of project's external evaluation (Deliverable, D3/ 20091202_D03-00_OTH-5_EN_PS)

Annex 21 = **Annex 4** - Documentation of project's evaluation conference (Milestone 14)

WP4

Annex 22 –Transferable concept for highly active prevention and list of common health objectives (Deliverable D4/ 20091202_D04-01_OTH-6_EN_PS)

Annex 23 – Pilot training course and recommendations for communication competence training for medical students (Deliverable D5/ 20091202_D05-02_OTH-13_EN_PS; 20091202_D05-02_OTH-13_DE_PS; 20091202_D05-02_OTH-13_PL_PS)

Annex 24 (a-e) –Reports on five Fact Finding Missions (FFM) on HIV/STI prevention, diagnostics and treatment in non-EU countries (20091202_D04-02_OTH-7_EN_PS, 20091202_D04-03_OTH-8_EN_PS, 20091202_D04-04_OTH-9_EN_PS, 20091202_D04-05_OTH-10_EN_PS, 20091202_D04-06_OTH-11_EN_PS)

WP5

Annex 25 - Research protocols and instruments for sentinel surveillance and second generation integrated bio-behavioural surveillance in sex workers (Milestone 18)

Annex 26(a_b) – Research reports with major findings and recommendations of two sentinel surveillance for improved prevention practice (Deliverable D6a, D6b/ 20091202_D06-01_OTH-14_EN_PS, 20091202_D06-02_OTH-15_EN_PS)

Annex 27 – Meeting report of stakeholder meeting sentinel surveillance hosted by RKI in Berlin, November 2011 (Milestone 20/ 20091202_D06-03_OTH-16_EN_PS)

WP6

Annex28(a_b) - Overview report on available early HIV/STI diagnostic and VCT service for high risk groups in the partner countries; and report on self-assessment of voluntary counselling and testing services, based on the Code of Good Practice of NGOs (IPPF) (Milestone 23/20091202_D07-03_OTH-19_EN_PS, 20091202_D07-04_OTH-20_EN_PS)

Annex 29 – Meeting report of Satellite Workshop in the frame of AIDS2011 on improving early access to HIV and STI services and referral to treatment service for key vulnerable populations (Deliverable D7/ 20091202_D07-02_OTH-18_EN_PS)

Annex 30 - Practical recommendation guide on how to improve access to early HIV/STI diagnostics for vulnerable groups (Milestone 24/ 20091202_D07-01_OTH-17_EN_PS)

WP7

Annex 31 - Report on stocktaking survey on country-specific medical conditions in diagnostic and treatment of HIV and Hepatitis B and C Co-infections (Milestone 25/ 20091202_D08-04_OTH-22_EN_PS)

Annex 32 – Handbook and recommendations for improved management of HIV and Hepatitis B and C Co-infections (Deliverable D8, D8a and D8b/ 20091202_D08-01_OTH-21_EN_PS, 20091202_D08-02_POS-1_EN_PS, 20091202_D08-03_POS-2_EN_PS)

WP8

Annex 33 – Report on assessment survey and peer review of models of participatory HIV prevention among migrants/ethnic minority groups (Milestone 27/ 20091202_D09-04_OTH-26_EN_PS)

Annex 34 (a_b) – Reports on two training seminars in good practice models (POL, AIDS & Mobility, PaKoMi and PARC) in participatory HIV/AIDS prevention for ethnic minority/migrant groups. (Deliverables D9a, D9b/ 20091202_D09-02_OTH-24_EN_PS, 20091202_D09-03_OTH-25_EN_PS)

Annex 35- Manual on community-based participatory HIV/STI prevention among migrants and ethnic minorities (Milestone 28/ 20091202_D09-01_OTH-23_EN_PS)

WP9

Annex 36 – Report on satellite symposium (lunchtime seminar) on quality of HIV prevention in the frame of IAC in Vienna 2010. (Deliverable D10/ 20091202_D10-02_OTH-28_EN_PS)

Annex 37 – Report on development of QUIET (on-line quality improvement and evaluation tool for HIV prevention and sexual health projects for youth) and print version of the tool (Milestone 30/ 20091202_D10-01_OTH-27_EN_PS)

DELIVERABLES:

All downloadable at the project's website: http://bordernet.eu/Project2010-2012_Deliverables/

Nr	Title	Description	Confidentiality level	Month of delivery	Name of documents and links
D1	Interim and final reports (technical and financial)	Report of project's progress compiled by coordinator on basis of reports of WP leaders, regional committees and associated partners (Month 18+2) and Final report addressing all relevant and defined by the EU requirement areas (Month 36+2)	Internal & Public	18	20091202_D01-01_FFR_EN_IS.pdf 20091202_D01-02_SFR_EN_PS.pdf 20091202_D01-03_OTH-1_EN_IS.pdf
D2	Set dissemination structure, plan and means	Website with internal platform (content management system-CMS)– functions both as external face to international stake holders groups, as working and communication tool, allowing for overall transparency of all relevant project segments, E-Newsletter	Public	6	20091202_D02-01_OTH-2_EN_PS.pdf 20091202_D02-02_OTH-3_EN_PS.pdf 20091202_D02-03_LFT-1_EN_PS.pdf 20091202_D02-04_NWL-1_EN_PS.pdf 20091202_D02-05_OTH-4_EN_PS.pdf

D3	Evaluation report with results and recommendations of project's external evaluation	Project evaluation report, focusing on measurement of indicators for process, outputs and outcomes of the actions undertaken	Public	32	20091202_D03-00_OTH-5_EN_PS.pdf
D4	Transferable concepts for highly active prevention and list of common health objectives achieved	Written and signed bilateral intentions of common health objectives and practical recommendations for implementation of highly active prevention (in relation to the outputs of other core WP5,6,7,8,9)	Scientif. community only	12	20091202_D04-01_OTH-6_EN_PS.pdf 20091202_D04-02_OTH-7_EN_PS.pdf 20091202_D04-03_OTH-8_EN_PS.pdf 20091202_D04-04_OTH-9_EN_PS.pdf 20091202_D04-05_OTH-10_EN_PS.pdf 20091202_D04-06_OTH-11_EN_PS.pdf
D5	12 pilot communication training courses with medical students and 4 Train-the-Trainer courses	In two MS countries (D, PL) 2 training courses per year on communication and counselling competence for medical students and 2 train-the trainer courses among teachers and tutors at medical universities	Scientif. community only	18	20091202_D05-01_OTH-12_EN_PS.pdf 20091202_D05-01_OTH-12_DE_PS.pdf 20091202_D05-01_OTH-12_PL_PS.pdf 20091202_D05-02_OTH-13_EN_PS.pdf

D6	Recommendations for practical implementation of research findings updated by the regional network meetings (WP4)	Detailed "practical-driven" interpretation of research findings into specific intervention measures (both further research, prevention and diagnostic) will be done by the regional network partners (ensuring the internal links between WP4,5,6,7)	Public	34	20091202_D06-01_OTH-14_EN_PS.pdf 20091202_D06-02_OTH-15_EN_PS.pdf 20091202_D06-03_OTH-16_EN_PS.pdf
D7	Exchange workshop on best practices in early HIV/STIs diagnostic for most at risk groups (IDUs and SWs)	Public and NGO-run services (7 countries) exchange effective and efficient HIV/STI early strategies for sensitisation and uptake of HIV test and STI offers in the frame of harm-reduction, mobile outreach units, drop-in centres	Scientif. community only	17	20091202_D07-01_OTH-17_EN_PS.pdf 20091202_D07-02_OTH-18_EN_PS.pdf 20091202_D07-03_OTH-19_EN_PS.pdf 20091202_D07-04_OTH-20_EN_PS.pdf
D8	Guidelines for referral and management of HIV Co-infections	Based on mapping survey of referral/treatment systems in 7 countries, and 2 HIV-experts' visits, specific clinical pathways for HIV/STI and management of co-infections are outlined	Public	28	20091202_D08-01_OTH-21_EN_PS.pdf 20091202_D08-02_POS-1_EN_PS.pdf 20091202_D08-03_POS-2_EN_PS.pdf 20091202_D08-04_OTH-22_EN_PS.pdf

D9	2 training seminars in 3 good practice models in participatory HIV/AIDS prevention for ethnic minority/migrant groups	Trainers of community based outreach workers and cultural mediators (eg ROMA) from 7 countries (5 MS, 2 ENP) build capacity in use of the evidence-based method POL and two further methods in participatory HIV/STI community based prevention	Scientif. community only	15	20091202_D09-01_OTH-23_EN_PS.pdf 20091202_D09-02_OTH-24_EN_PS.pdf 20091202_D09-03_OTH-25_EN_PS.pdf 20091202_D09-04_OTH-26_EN_PS.pdf
D10	A conference satellite to the World AIDS Conference 2010 with visibility act for dissemination of evaluation results	In Vienna NGO professionals, youth prevention workers and peers from 10 countries (4 ENP) will disseminate results of quality evaluation of youth prevention activities and exchange training models in HIV/STI and SRHR for multipliers and peers	Public	7	20091202_D10-01_OTH-27_EN_PS.pdf 20091202_D10-02_OTH-28_EN_PS.pdf