

BORDERNETwork

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

Contract Number: 20091202

Duration: 36 Months

Start: 1 January 2010

Executive summary

General objective:

Overarching goal is to improve prevention, diagnostic and treatment of HIV/AIDS (incl. co-infections) and STIs through bridging gaps in practice, policies and cross-country cooperation and enhancing capacity in interdisciplinary response. Based on multi-sectoral network commitment, BORDERNETwork elaborates on outcomes of the EU project BORDERNET and produces new practice-relevant models transferred to Central, Eastern and South Eastern Europe. 8 EU Member States (6 CEE countries) and 4 ENP countries (as collaborating partners or via subcontracting of tasks), divided in 5 model regions take part. A balanced blend of 3 core strands will be envisaged:

- **Prevention:** Given that highly active prevention is the main vehicle to decrease HIV rates, the project will: boost regional networks in public health sector and mobilise civil society resources in order to increase local response impact, enhance links between epidemiological and behavioural research and evidence-based interventions and contribute to coordination of practices for increase of quality assurance.

- **Diagnostic:** In this domain the project shall foster early HIV/STIs diagnostic via scaling up the uptake of voluntary testing and counselling (VCT) and provider-initiated testing among groups at high risk, contributing to increase the number of those who know their HIV status. Further, harmonisation of HIV/AIDS and STI diagnostic and treatment offers and provision of basic prevention, care and support packages to the most vulnerable (ethnic minorities, migrants, mobile populations) and most at risk groups (SWs, IDUs) will be achieved.

- **Treatment:** In this domain better nexus of the various interfaces in the referral systems (STIs/HIV) will be achieved and links will be established between HIV/TB/Hepatitis and drug treatment systems, incl. access to HAART for IDUs.

Thus the project will contribute to reduce health and social inequalities among various vulnerable population groups in the European Region promoting human rights and gender equity.

Strategic relevance:

Global health targets can be met only if social determinants of health are tackled. BORDERNETwork focuses both disease causes and underlying factors, aiming to comprehend and change from low responses to prevention offers, to pertinence of risk behaviour and low accessibility of care services. The advanced state of research and furthermore the bridging of solid findings to practice will add to the existing host of public health knowledge, not least with positive implications for the citizens' health. Strategic relevance is assured also by the approach's cornerstone – highly active prevention. The concurrent advancement of HIV/STIs prevention, diagnostic and treatment avoids currently spread pitfalls, aggravating health inequalities (increasing knowledge of HIV without offering treatment). The wide cross-topic focus with robust inter-links contributes substantially to action 3.3.2. "Promote healthier ways of life and reduce major diseases by tackling health determinants" and in particular to sub-action 3.3.2.5. "Sexual health and HIV-AIDS" of the annual work programme. The project is also relevant to sub-action 3.3.1.2. "Public health capacity building" improving communication competence of health professionals, inter-sectoral exchange and dissemination of good practices, linkage among interfaces of the treatment systems (HIV/STI, TB, drug).

Methods and means:

The methods applied are interlinked so as to ensure optimal synergy effects between work packages. The results produced by research and development methods are further worked out by prevention and service provision methods through outline of tools, manuals, guides and recommendations.

They encompass:

- Networking and capacity building – regional network coordination meetings, expert exchange visits, competence trainings, medical workshops, conferences;
- Situation analysis – rapid assessment and response (RAR) surveys, fact finding missions, desk review, interviews and focus groups;
- Research - behaviour HIV/STIs surveillance among sex workers, sentinel surveillance (STI-clients/patients), qualitative surveys (interview, focus group), assessment of quality of HIV VCT, HIV/STIs diagnostic and treatment procedures;
- Skills Training - exchange of models in early diagnostic for vulnerable groups, evidence based participatory HIV prevention among ethnic minorities;
- Development of quality assurance tool for youth HIV prevention, sexual and reproductive health programmes.

Partnership

- **Main Partner:** SPI Forschung gGmbH, Berlin (DE), coordinator of BORDERNETwork
- **12 Associated Partners:** AHW (AT), HESED (BG), NIHD (EE), AISC (EE), RKI (DE), MAT (DE), AHP (DE), Latvian Partner (LV), SPWSZ (PL), POMOST (PL), ARAS (RO), PRIMA (SK)
- **16 Collaborating Partners**
- **Experts from European Neighbourhood Countries**

Work packages:

No	Title	Leader
1	Coordination	SPI Forschung, Berlin, Germany
2	Dissemination	SPI Forschung, Berlin, Germany
3	Evaluation	SPI Forschung, Berlin, Germany
4	Interdisciplinary networking	SPI Forschung, Berlin, Germany
5	Bridging research on HIV/STIs prevalence and risks to evidence-based effective practice	SPI Forschung, Berlin, Germany
6	Access to early HIV and STIs diagnostic for vulnerable groups	NIHD, Tallinn, Estonia
7	Referral, management, treatment and care of HIV/STIs and co-infections	AHP, Potsdam, Germany
8	Participatory approaches to community based HIV/STIs prevention in ethnic minority (Roma) and migrant groups	HESED, Sofia, Bulgaria
9	Accountability and evidence-based evaluation in youth prevention and sexual and reproductive health and rights	AHW, Vienna, Austria

Outcomes:

The improved effectiveness and efficiency on regional and cross-border level in interdisciplinary response to AIDS/STIs and scale up of HIV/STI-testing put forward the practical implementation of HIV combination prevention. Not least synergies in inter-sectoral cooperation, improved permeability of health services and sustainability of transferred intervention models will be assured by the generated network competency. The involvement of the national AIDS programme levels (also co-financing, eg German MoH) will contribute to the sustainable deployment of the outcomes.

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