



Meeting of the Steering Committee Barents HIV/AIDS Programme BEAC

St. Petersburg, November 22, 2012

Venue: Consulate General of Finland, Preobrazhenskaya pl. 4

Meeting minutes

1. Opening of the meeting

Prof. Tatiana Smolskaya replaced the Chair of the Steering Committee who was not able to attend the meeting and opened the meeting thanking the Consulate General of Finland for offering excellent premises for the meeting and the following NGO Forum. Consul Eeva-Liisa Haapaniemi wished participants warmly welcome and expressed her support to this collaboration.

2. Adoption of the Agenda

The agenda was adopted.

3. Adoption of the Oslo meeting minutes

The minutes from Oslo meeting were adopted. The meeting in Oslo was very successful, and the minutes reflected it well.

4. Latest news from regions and countries, as well as brief description about collaboration with NGOs

Northwest Russia

Tatiana Smolskaya informed that according to statistics of 30 September, there are 696 061 HIV cases registered in Russia, of them 91 791 in Northwest Russia. (More epidemiological information will be given at the NGO Forum.)

The most important national HIV meeting in Russia lately was organised in Suzdal. New documents on ARV treatment and MTCT statistics were presented.

The Washington AIDS Conference news - e.g. proposal to start treatment immediately after diagnosis - has been of great interest and they were presented in Archangelsk and will be presented in Vologda.

Archangelsk

Unfortunately, the HIV situation in Archangelsk is deteriorating. Annually 19% of population is being tested, so understanding of the situation is quite realistic. It seems that more work is needed, especially among risk groups. Collaboration with NGOs is good and should be expanded.

Some examples of NGO collaboration:

1. Russian Red Cross
 - "To young people about HIV"
 - Red Ribbon project
 - Open conversation project
2. "Bus of Trust"
 - financed by local funds
 - rapid HIV testing, counseling and information materials
 - psychologist and social worker
3. NGO Rassvet
 - work with penitentiary institutions
 - "Social partnership" project (NCM)
4. Association of HIV+
 - meets in the premises of AIDS Centre
5. NGO Rakurs
 - work with LGBT
 - new law against "homosexual propaganda" has not harmed their work, so far.

Murmansk

There is some increase in new HIV cases in the Murmansk Region - approx. 4% more cases during 9 months of 2012 compared with 2011. 49% of new cases have been detected in the city of Murmansk; anyhow this means decrease in the city, which is partly due to decrease of IDU transmission. From newly detected HIV cases 70% are among prisoners. Annually 15% of inhabitants of the Region are tested on HIV.

There is no law harming work with MSM in Murmansk, but still this group is hard to reach.

Some collaboration with NGOs is going on, e.g.:

- with Norwegian Think Mental Fashion to increase awareness and testing among youth
- with local Narcotics Anonymous.

The low-threshold centre continues its work with drug users and sex workers, and so does the bus.

Karelia

The Republic of Karelia had high increase of HIV cases during 2011 - 1.5 times more cases than in 2010. Year 2012 does not look good, but it is not as bad as 2011. Cities especially affected are Louhi which is close to Murmansk Region and Sortavala close to Finnish border. The main transmission route is sexual contact.

The Republican AIDS Centre has no preventive unit/department and here it differs from other Russian AIDS centres; prevention is combined with the epidemiology department. "Trusted doctors", i.e. physicians specialized in HIV are working in other cities of Karelia. Collaboration with penitentiary authorities is well organized.

Within a Finnish-Russian project a multi-professional commission was established to work with prevention of MTCT.

NGOs in Karelia are not so active as in Murmansk or Archangelsk. Some work has been done with journalists to train them in HIV issues. Red Cross has done peer work, but is lacking financing. The bus for youth is also suffering from financial problems and is not in active use.

One problem is that HIV cases are detected in a late phase with low CD4 count. Another problem is patients who drop out of ARV treatment. With active work, a significant amount of drop-outs have been returned to care.

Norway

The HIV situation in Norway remains the same with rather low incidence. Altogether approx. 5000 people are living with HIV. New cases are mostly detected among immigrants from Africa and Asia. Amount of MSM cases is still quite high; also gonorrhoea and syphilis are often detected among MSM. 20% of new HIV cases among MSM are among immigrants. For immigrants TB screening is obligatory, but HIV testing is voluntary.

A campaign to increase testing among LGBT was organized in collaboration with 6 clinics, NGOs and web-based information. Testing increased as a result of the campaign, evaluation is still to be done.

Sweden

National strategy to combat HIV/AIDS and other STI:s was launched in 2006 and is valid until 2016. Main objectives of the strategy are the following:

1. The incidence of HIV infections transmitted within Sweden should be reduced by half;
2. HIV infection in asylum seekers and in newly arrived migrants should be diagnosed within two months;
3. Knowledge of HIV and what it is like to live with the disease should be improved in the public sector, in working life and in society as a whole.

Key populations at higher risk of HIV exposure are the main focus - in addition to "traditional" risk groups this includes people travelling abroad.

Close collaboration is conducted with NGOs, e.g.

- NGO Forum is organized twice a year
- National HIV Council includes representatives from 5 major NGOs.

Approx. 6 MEUR from government budget is annually allocated to HIV prevention done by NGOs.

There are challenges especially in reaching migrants most at risk. "Migrant" NGOs are only few and they need support.

The epidemiological situation is very similar to Norway.

Finland

ECDC made a country visit to Finland in October. One important conclusion was that MSM population does not receive enough attention, especially concerning prevention of HIV, testing and counseling.

A new centre with low-threshold express testing on HIV was opened in the city of Lappeenranta; its special target group is people travelling abroad.

The new national strategy on HIV is under preparation and will be published on 1 December.

Bilateral collaboration projects with neighboring areas (with Northwest Russia) will be phased out in the end of 2012. Negotiations are going on concerning future collaboration in the frames of the agreement between Ministry of Healthcare of RF and Ministry of Social Affairs and

Health, Finland. In practice this could mean exchange of information and expert visits between institutes and national organizations.

Consul Eeva-Liisa Haapaniemi commented that new ways of collaboration could be sought. She brought an example of Baltic Sea Action Group which collects money to save the Baltic Sea from pollution - the important issue is commitment (however small the donation).

Collaboration with NGOs is active in HIV work. NGOs get financing through Finland's Slot Machine Association (RAY). This has advantages and disadvantages - there is ample amount of money available, but lately RAY and municipalities have disputes on financing such responsibilities like anonymous HIV testing.

The epidemiological situation in Finland remains the same as before.

5. Choosing a new Vice-Chair for the Steering Committee

Harald Siem wishes to step down from the vice-chairmanship, and the participants discussed whether a new vice-chair is needed and who could be a candidate. It was decided to ask whether Sweden would be interested in this post.

6. Date and place of the next meeting

Financing of the next meeting is not yet clear, because Finland's possibilities to continue support to coordination of the Programme will be found out only in spring 2013. Preliminary proposal is to organise the next meeting in Finland on the first half of June.

7. Any other business

Information was given concerning the NGO Forum which was due to start right after the SC meeting.

8. Closing of the meeting

Tatiana Smolskaya closed the meeting thanking participants for active and interesting discussions, and wished success for the Forum about to be started.

Steering Committee of the Barents HIV/AIDS Programme
22 November 2012, St. Petersburg
List of participants

1. Vjacheslav Zinkevich, Chief Doctor, Murmansk Regional AIDS Centre
2. Hans Blystad, Deputy Director, Norwegian Institute of Public Health
3. Arild Myrberg, Senior Adviser, Norwegian Directorate of Health
4. Janicke Fischer, Senior Adviser, Norwegian Directorate of Health
5. Nina Holina, Chief Doctor, Karelian Republican AIDS Centre
6. Olga Koposhilova, Vice Minister, Ministry of Health and Social Development, Republic of Karelia
7. Elena Popova, Chief Doctor, AIDS Centre, Archangelsk
8. Tatiana Smolskaja, Director, Northwest District AIDS Centre
9. Frida Hansdotter, Epidemiologist, Swedish Institute for Communicable Disease Control
10. Outi Karvonen, Programme Coordinator, THL
11. Eeva-Liisa Haapaniemi, Consul, Consulate General of Finland
12. Sirje Vaittinen, Project Coordinator, THL
13. Nina Kazak, Interpreter
14. Svetlana Vsesvetskaya, Interpreter