Final 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.

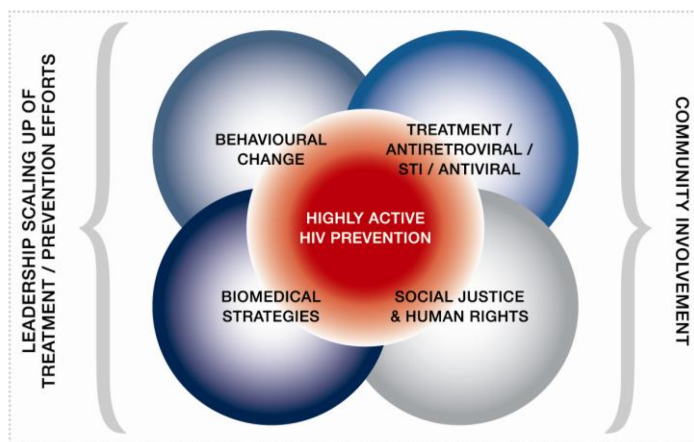

Fig.1 Highly Active HIV prevention. Source: Coates T J et al. (2008)

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 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