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June 2005

News

STAKES coordinates social policy development in the Kaliningrad Region



Kaliningrad is situated apart from the Russian mainland, between Lithuania and Poland

STAKES is coordinating a new Tacis project in the Russian Kaliningrad Region, supporting the development of a state social policy in the Region. Project is part of the Institution Building Partnership Programme (IBPP) funded by the EU. Kaliningrad beneficiaries of the project are the Kaliningrad Regional Duma, Kaliningrad Regional Administration and the City of Kaliningrad. Project will last until July 2006.

Ministry of Health, which calls upon for a closer cooperation between and coordination of social welfare, employment and health policies and responsible regional organisations.

The above reform processes make the need of regional social policy more urgent than ever before. The project will support the reform processes and has turned from a splendid idea into some necessity. All these changes modify the relationship between federal central government, regional administration and reformed local municipal actors, and they must be monitored carefully and taken into account during the two implementation phases of the project.

Project objectives

The overall objective of the project is to develop comprehensive and transparent social policy to safeguard the welfare of the population, as part of sustainable development and regional strategy in the Kaliningrad region. This is to enable the people, public institutions, business structures and authorities to improve the living environment in the region as a whole.

The purpose of the project is to develop comprehensive, financially sustainable and just social legislation for transparent policy-making and implementation, in harmony with the development of the federal legislation. The prevailing international agreements are taken into account, and all interested parties are enabled to be involved in the process. The aim is to support the decision-makers in their everyday life.

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Need for a regional social policy

Due to several reform processes under way in the Russian Federation, the need for developing a regional state social policy for the Kaliningrad Region has become more actualised than expected in the planning phase of the project. Firstly, there is a comprehensive reform of regional and local self-government which increases the number of local government units, for instance in Kaliningrad from 23 to 40. Secondly, the monetarisation of large number of privileges into compensatory cash payments is changing the need for intensified social policy especially at regional and local levels. Thirdly, the federal system of ministries has been reorganised, e.g. the previous Ministry of Labour and Social Development has been combined with the

The project aims to prepare a draft framework law for social policy in Kaliningrad Region as well as draft legislation in the social policy fields of: 1) social protection, 2) population incomes regulation, 3) employment, 4) migrants' issues, all this leading to a draft legislation and comprehensive programme on social policy.

Cross-cutting issues

Areas like healthcare, housing and education, relevant to a comprehensive concept of social policy, will be addressed mainly as far as they have horizontal cross-sectional links with the above policy areas. Additionally, proposals on the identified policy development needs in these areas will be included in project's final report.

Other important cross-cutting issues are connected e.g. to the awareness-raising on EU standards and legislation, as well as on international conventions and declarations on human and social rights and the approach which is based on these rights in social policy development. Welfare mix approach is an

additional dimension which opens new possibilities for political discussions about mixed model of social policy, about duties and rights of the service-users and their families, carers, informal helpers and NGOs, as well as tasks and duties of municipal, regional and federal authorities.

Four working groups

The description of action as well as the work programme of the project, elaborated in mutual understanding with the partner country and approved by the European Union delegation in Moscow, focus also on the above-mentioned policy areas. The project administration as well as the EU expertise have been designed accordingly.

The project has four working groups, each chaired by a key Kaliningrad civil servant and five Finnish experts four focusing on the four policy areas plus one cross-cutting expert. These working groups work independently, but are supervised by a Steering Group consisting of all WG chairs and a fielded Finnish experts. The Project Leader is Dr *Simo Mannila* from STAKES and the Partnership Advisor Mr *Esko Hänninen*

from STAKES. The Russian Project Manager is Mr *Boris Shushkin* (Kaliningrad Duma)

The inception phase of the project ended 31st March and implementation phase started in April. One week's study tour to Helsinki for a group of eight decision-makers and civil servants from Kaliningrad was organised at the end of April. Regional civil servants and facilitators together with the Finnish experts have focused in the preparation of the first expected outcome of the project, namely a draft law for state social policy in the Kaliningrad Region, which is to be ready by November 2005.

Implementation phase of the project is divided into two parts: first part ends in November 2005, focusing on the planning of a draft framework law for state social policy, and the second part ending in July 2006 when the rest of planned outcomes are to be finished.

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Action through empowerment

'Welcome to this country where people write nice documents but never implement any of them.' This is how Dr Anneli Milen was welcomed in November 2003 to Lesotho, where she worked as a long-term advisor for the Lesotho Health Sector Reform Programme. By the end of the three year project in May 2005, her team had proved the opposite.



Girl enjoying a healthy snack. Maseru, Lesotho

The EU-funded project Support to Health Sector Reform Programme (2002-2005) took place in a politically stable environment. However, the economic and social situation in Lesotho was worsening, thus there was an increasing pressure to improve efficiency of the public sector through decentralisation. HIV/AIDS disaster (over 30 % of adults infected) reached the phase of high mortality and seriously hampered functioning of all sectors of the society.

Heavy central level a problem

The environment within the health and social welfare called for urgent actions to revise the system and its implementation. Central level is very heavy, paralysed and inefficient. The district level almost entirely neglects primary health care and is ineffective in meeting the huge health and social challenges. The Health Sector

Reform Programme provided a framework for the assistance, although the reform has been implemented rather slowly. The EU-funded project had two components, one to assist in developing a framework for decentralisation of the health and social welfare system and to test it in practice. The other was to strengthen the health management information system.

In reality, during the first two years the decentralisation team worked hard to gain some understanding on a district-based health system in the Ministry. The team tried to convince the decision-makers that the best or only way forward is to make the central level leaner and transfer more responsibilities and resources to the districts, first within the sector and then through the local government as the system gets to be established. Also, a district health package was developed to provide the contents to be decentralised. During the final year, the District Health Management Team was implemented in the field.

Breakthrough at the Ministry

As in most cases, the change was difficult, often it felt impossible. Change was taking place very slowly, but yet some small victories were achieved. District teams – when finally established – started to gain

confidence, motivation, skills and competencies through a tailor-made, flexible hands-on learning to act - programme.

After a few months of persistent work and pushing by the local team, a visible breakthrough was made. The political support was finally expressed publicly by the Minister, and a programme to systematically revise and restructure the central ministry was initiated. Most important of all, the district health management teams started to act and carry their responsibility on people's health.

Progress in HIV/AIDS care

The HIV/AIDS control at district level was included in the project for the last seven months. The progress was fast. Situation analysis, strategy, work plan and coordination and partnerships with other actors were developed. Implementation of a comprehensive programme was started with concrete actions. For example, in two months the teams ensured that every citizen in the districts has access to voluntary counselling and testing within walking distance, while the services were practically non-existing before. This all was done with extremely small external support.

Sustainability of the achievements and the continuation of the process are potentially good due to the methods used. However, less than year for testing and implementing a change is far too short. This fact has long been known in development co-operation, and yet some donors, including the EU, lack serious commitment to assist countries, even in cases where results can be achieved.

The co-operation has shown that results can be achieved even with small external funding if local people are empowered and existing structures revised.

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Finnish health sector development cooperation receives critical evaluation

Health is considered as one of the main sectors in Finnish development cooperation. Due to the changes in Finnish and international development policy context, the Ministry for Foreign Affairs of Finland (MFA) realized the need to evaluate the health sector development cooperation, for the first time ever.

The main objective of the evaluation was to review and assess the Finnish health sector cooperation, to improve the planning of future support and interventions, and to help the sectoral work to support better the attainment of Finland's development objectives. The evaluation was also aimed to provide input to the formation of a health sector strategy. The evaluation covered the period of 1994–2003 and discussed the health sector broadly defined, thus including sexual and reproductive health and HIV/AIDS. The evaluation, completed in April 2005, was carried out by the Euro Health Group.

Lack of strategy

Since Finland has no health development cooperation policy or strategy, it was difficult for the evaluation team to review and compare Finland's achievements in health sector cooperation. The evaluation team examined public domain documents on key Finnish positions but found the statements neither comprehensive nor focused enough for describing the policy of Finnish health sector cooperation.

There is an incongruence between Finland's stated importance of health in development cooperation and its current lack of systems and processes. No department or unit in the MFA maintains a comprehensive picture of Finland's health development cooperation. Also, the MFA's information system is inadequate for evidence-based decision making and does not allow for the identification of all projects with health as a component, but focuses on funding, not

outcomes or results. The evaluation team was expected to examine measurable achievements of Finland's health sector support but this turned up to be unrealistic – relevant information to measure achievements was not available neither to the evaluation team nor the MFA itself. The evaluation team regards the monitoring and evaluation of Finnish bilateral health projects and programmes very unsystematic and in many times non-existing.

On resource allocation, the team found that the major multilateral partners received a relatively stable percentage of the annual allocation to health-related contributions (approximately 11%). The share of bilateral health sector funding to long-term partner countries decreased continuously during the evaluation period. With NGOs, both the resources allocated to health and the number of health projects increased significantly.

The evaluation team was also very concerned about the apparent lack of planning for "growing" the next generation of Finnish health development expertise. Most of the experienced health and development experts are likely to retire within the next 10 to 15 years, but the MFA does not consider building capacity in health development cooperation to be its role. In fact, it appears that no ministry or institution sees this as their responsibility.

Strong thematic support

The main thematic areas, strengthening health systems, capacity building, population and reproductive health, disability and HIV/AIDS, were found to be very appropriate. Finland has been a leading donor in supporting disability sector internationally. Its active role in promoting women's rights and a broad perspective on sexual and reproductive health is particularly important at a time, when some other donors are reducing their support to these areas. Capacity building has long been considered an important part of development cooperation in Finland.

Although there is no official strategy, HIV/AIDS is understood to be a multisectoral problem with strong causal

and outcome linkages to poverty. However, Finland does not have any thorough analyses of the implications of HIV/AIDS for development cooperation and for its partner countries. In spite of its multisectoral scope, programming for HIV/AIDS is left to the health sector.

Assistance relevant and in line with recipients needs

The team found that Finnish assistance has been in line with the needs and priorities of the recipient countries. Finland's flexibility and ability to provide some un-earmarked support has provided it with much influence beyond the financial support. Finland has supported those quarters of government willing to put slightly contentious health-related issues on the agenda and work for changing the health of vulnerable groups. The evaluation team interviewed several persons in Nicaragua who credited Finland for helping keep important issues, such as the disabled people, reproductive health and family violence, higher on the agenda than they would otherwise have been.

In reference to relevance, the evaluation concludes that Finnish development assistance to health is generally in line with the objectives in the general development principles and related statements of Finland. The relevance of the detailed portfolio mix was, however, more difficult to assess. The specific bilateral programmes examined (in Nicaragua, Mozambique and Kosovo) were found to be relevant to the country needs and priorities. At the bilateral programme level, the evaluation team assessed the programmes as having been fairly effective overall in reaching their objectives. The effectiveness in mainstreaming gender and HIV/AIDS has, however, been low.

The evaluation also revealed several areas of particular strength in Finland's health sector cooperation. These include Finland's choice of thematic areas of support; its focus on often marginalised but important areas, such as disability and sexual and reproductive health and rights; the dependability of Finland's 'core support' to multilateral partners and the good alignment between Finnish bilateral support and recipient countries' priorities. These are valuable strengths to build on, as Finland tackles the challenges confronting the operationalisation of its new Development Policy with respect to the health sector.

Main recommendations

One of the main recommendations of the evaluation is that that the MFA should urgently develop a health sector policy and a health sector strategy and collect a database on "de facto" position statements about health and HIV/AIDS. A greater coherence should be ensured between different aid mechanisms in support of a health cooperation strategy. Organisation specific multilateral cooperation strategies and stronger multisectoral health project consultation mechanisms are recommended. A mixed portfolio consisting of some strategically designed project activity and SWAp assistance should be kept. When moving towards direct budget support the institutional capacity of the recipient organisations should be kept in mind and technical assistance towards this considered.

The evaluation strongly recommends that the MFA strengthens the mainstreaming of HIV/AIDS and develops a workplace policy in HIV-issues. Analytical papers on HIV/AIDS in all of Finland's long term partner countries need to be prepared. To support the in-house capacity in HIV/AIDS issues the evaluation recommends recruitment of a full-time HIV/AIDS adviser.

Regarding health sector cooperation management the evaluation recommends that a review of the development assistance in health in its totality needs to be undertaken annually. The MFA also needs a long range plan on human resources that addresses the development of staff in health. The information system of the MFA should be improved to allow sector-specific analyses of all projects and their components. Archiving of documents at all levels also needs improvement. The evaluation recommends operational research to document lessons learned and emerging good practices from bilateral and NGO projects. Improvements in phasing out strategies are also needed.



Disability sector is one of the strong support areas in the Finnish development cooperation

Next steps

The evaluation report was discussed in two meetings with the MFA staff and with interested stakeholder group in early May 2005. The MFA has now formed a working group with representation from several of its departments and units, and from the Ministry of Social Affairs and Health and organisations linked to it. The group had its first meeting at the end of May 2005. The working group will further discuss the recommendations and starts to outline the Finnish health sector development cooperation policy.

The full report is available at:
<http://global.finland.fi/evaluations20053health.pdf>

For more on the issues, see:
<http://global.finland.fi/english>

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EU project gets high marks

More than 120 local and international officials from the penal system, civilian health sector, NGOs and other organisations took part in the closing conference of the EU-funded project Prevention and Control of Communicable Diseases in North West Russia in St Petersburg, May 26th. Both the EU and local beneficiaries gave good marks for the two-year project, which main purpose was to improve the prevention of communicable diseases in the prisons of Northwest Russia.

According to *Mr Yuri Kalinin*, the Director of the Federal Penitentiary Service of Russia, the project has had an important role in improving health in the Russian prisons. The project especially contributed to strengthening the prevention of communicable diseases and in enhancing collaboration of medical services of the penitentiary system with the civilian health sector.

Sustainability the key issue

Many participants of the closing conference stressed the importance of ensuring the sustainability of the good project results. The project focused on improving the programmes for prevention of communicable diseases in the pilot penal institutions, legislation, information exchange systems, education and laboratory practices, and the improvements made contribute to the sustainability of these functions. Also, the knowledge and skills gained by those participated in the project, new contacts in

Russia and abroad and the experience of working with the international project are important factors contributing to positive changes in the working environments.

As a strong sign of sustainability can also be seen the Memorandum on collaboration between penitentiary services of the Russian Federation and Poland, signed by *Mr Kalinin* and *Mr Jan Pycak*, Director of the Central Board of Prison Service in Poland, at the end of the conference (see picture). By signing the Memorandum the parties agreed to strengthen the collaboration between the penal systems of the two countries. According to *Dr Nikolai Mashkilleyson*, the Team Leader of the project, the signing of the Memorandum is also a valuable political message indicating high appreciation of the project activities implemented in the Russian prisons and of the importance of collaboration between countries in the field of amelioration of penitentiary services and further democratisation of the Russian penal system.

The project was implemented by STAKES jointly with the *Netherlands School of Public and Occupational Health (NSPOH)* and the *Finnish National Public Health Institute (KTL)*.

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Russian and Polish authorities signing a Memorandum on cooperation at the closing seminar of the EU-project in St Petersburg, Russia

Barents health cooperation on the move

The proposal for multilateral programme on prevention of the spread and consequences of HIV/AIDS in the Barents area was approved for implementation by the international ad hoc working group in Helsinki in February 2005.

The proposal was prepared by STAKES through a wide consultative process. The programme consists of several working areas and components which can easily be modified to concrete projects within the Barents region, according to local specific needs. The programme is valid also within the area of the Northern Dimension Partnership Programme for Health and Social Wellbeing.

New projects under way

The implementation of the first project of the Barents HIV/AIDS -programme has already started in Murmansk. Together with the Murmansk Health Committee STAKES is responsible for this project, focusing on the improvement of low threshold service centres for those at risk.

At the same time, much progress has been made in developing necessary functional structures of the ND Partnership Programme. Several multinational Expert Groups have been established and their mandates were approved in Vilnius in April, 2005. STAKES has an important role in the groups focusing on HIV, primary health care and prison health.

The future perspectives for collaboration in health and social sectors around the Baltic Sea are good. Partnership programme is producing concrete actions, and the Barents programme has raised positive responses. Long traditions and expertise on collaboration in the neighbouring areas can today be made use of in wider context. Long term investments produce strong elements for combating the infectious diseases, the promotion of healthy life styles and the development of basic services in the region.

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HIV/AIDS work continues under the Northern Dimension umbrella

Some of the Eastern European countries have the fastest growing rates of new HIV/AIDS cases in the world. Latest figures by the UNAIDS confirm that the numbers of new infections are increasing throughout the 25 EU Member States and in its east European neighbours. The transmission pattern is also changing – while sexually transmitted infections remain predominant in some parts of the European continent, in many countries the rapidly rising numbers are due to infections among intravenous drug users.

Prevention of HIV/AIDS is one of the major issues in the Northern Dimension (ND) partnership in the health and social sector. After the mandate of the Council of Baltic Sea States (CBSS) Task Force (TF) expired in 2004, the HIV/AIDS work originated under the TF on Communicable Disease Control is now continued under the ND Partnership umbrella.

Spirit of the partnership

Over the 3 years of working under the Task Force initiative, HIV/AIDS/STI working group reviewed more than 55 proposals, 39 of which were approved and implemented in all parts of the Northern European Region and Russia. The procedures how the working group reviewed and supported the projects have been simple and allowed rapid implementation. Several international networks on different levels were created and, what is most important, a spirit of cooperation and partnership established. The members of the group were convinced that continuation of the work of the group would help to maintain activities that were initiated and implemented according to the adopted priorities. The group expressed that willingness with a letter addressed to ND secretariat. As a result, HIV/AIDS group was invited to continue under the Partnership umbrella.

The first meeting of the HIV/AIDS expert group was held in Helsinki, Finland, on

March 21–22, 2005 at KTL (National Public Health Institute, Finland). The group, chaired by Finland, consists of leading experts from Finland, Norway, Poland, Russia, Lithuania, Latvia, Germany, Estonia and Sweden.

EU focuses on prevention

One of the issues discussed in the Helsinki meeting was the interaction between the EU and the Northern Dimension. *Dr Maarit Kokki* (EU/SANCO) presented HIV-related activities implemented under the EU Public Health Program. The HIV/AIDS epidemic has been an important focus of concern and action of the EU's public health activities since the late 1980s.

A particular focus of EU actions has been, and continues to be, to address the prevention challenges set by vulnerable groups like migrant populations, sex workers, and young people. The most important tools are bringing experts together, promoting approval and implementation of best practices, and promoting awareness campaigns.

The EU commission has set up new coordination structures to help in the formulation and implementation of policy activities on HIV/AIDS in Europe. These are:

1) *HIV/AIDS Think Tank*, which is a forum to exchange information between the Commission, the Member States, Candidate and EEA countries (Lichtenstein, Iceland and Norway).

2) *Inter-service group on HIV/AIDS*, a forum for coordination and cooperation between all relevant Directorate Generals. Currently 14 DGs are represented in the group. The Inter-service group on HIV/AIDS in Europe has already been instrumental in both drafting and implementing the Commission Working Paper "Coordinated and Integrated Approach to Combat HIV/AIDS in the European Union and in its Neighbourhood."

3) *HIV/AIDS Task Force*, which was established in April 2004 by the Directorate General Health and Consumer Protection, within the Directorate for Public Health and Risk Assessment. This Task Force draws resources from different units in the Directorate thus bringing diverse expertise within the group. At the moment, ten members of the staff in the Directorate are

attached to the Task Force and two of them work solely with issues related to HIV/AIDS.

HIV-situation varies by countries

During the meeting in Helsinki, country representatives presented a short summary of the HIV-situation in their countries. *Kristi Ruutel* (Estonia) introduced and distributed the draft document on Estonian National HIV and AIDS Prevention Strategy for 2006–2015. Finland, Germany, Sweden and Norway reported similar trends with epidemiological situation concerning HIV/AIDS with increasing numbers among MSM (men having sex with men) and immigrants. Heterosexual transmissions related to travel abroad seems also be on rise.

Tatyana Smolskaya (Russia) reported the current HIV-situation in Northwest Russia and told about a study of the prevalence of risk behavior among various selected groups, such as prisons and sex workers. There seems to be considerable difference between different regions and cities, in some HIV prevalence seems very high among adult population while in other places practically no infections are found.

In Poland, the most burning issue is the financing of antiretroviral treatment to all in need of medical indications. The number of people receiving ARV-treatment is rather high in Poland and therefore experiences from Poland could be used in other countries where the number of the HIV-infected is rapidly increasing. In Lithuania the number of HIV-cases is low compared to the other Baltic countries, and majority of the cases are related to an outbreak within a prison. The reasons for this difference were discussed. Treatment of drug dependence as a prerequisite for successful ARV treatment for HIV infection is an issue on focus right now.

Several project plans and other activities are already under way under the ND initiative, one of the most important ones is the newly adopted Barents HIV/AIDS program. STAKES is coordinating a project on establishment of low threshold support centres in Murmansk and later in Arkhangelsk region. The next meeting of the group is planned for September 2005.

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Study tours bring experts from partner countries to Finland

Romanian press officers arrived at the Helsinki-Vantaa airport in the end of May and they were greeted by warm summer weather and the famous Finnish "white nights". The Study tour was the final part of the training programme in Communication of the *Social Services Institution Building in Romania* -project. The study tour was practically oriented and based on dialogue between the Romanian participants and the Finnish hosts.

The project aims at the further development of social services and social assistance in Romania. It has been carried out in close cooperation with the Ministry of Labour, Social Solidarity and Family and its County Directorates in Romania. One of the four components of the Project is dealing with communication. The Romanian study-tour participants are working in the Ministry of Labour, Social Solidarity and Family in the County Directorates

The group visited a number of ministries, governmental institutions, social services providers and attended a press conference organized by the Ministry of Social Affairs and Health on the occasion of the OECD study release on Reconciling Work and Family Life.

During a day trip to Turku the participants got a glimpse, how the State Provincial Office in western Finland was tackling the issues of communication. The information activities for the Swedish speaking minority were also discussed. STAKES organises every year an expo *TerveSOS* where the municipalities, the government agencies, various service providers and NGOs communicate about their activities. *TerveSOS* is a non-commercial fair and it is one of the largest expos in the social field in Europe. The participants walked eagerly around the expo and interviewed the Finnish NGOs and service providers.

Finland has a long tradition of transparency in public information. The government is also making full use of the advantages of the new technology both in internal and external information. The free access of mass-media to the government documents is based on law. It is also the duty of civil servants to assist journalists in obtaining the information they are interested in. The participants got well acquainted with the www-services in the

Ministry of Social Affairs and Health. They also visited the *Government Information Management Unit*, which cooperates with all the Ministries, different agencies and NGOs in order to maintain a public website, which serves as a "handbook" for everyday life www.suomi.fi. (available also in English).

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Heads of laboratories from St Petersburg got acquainted with the equivalent Finnish practises when visiting Finland in mid-May. The study tour was organised in the framework of the EU financed project *Prevention and Control of Communicable Diseases in North West Russia*

The participants were heads of laboratories from both pilot regions *Leningradskaya oblast* and *Pskov oblast*. During the three-day study tour the group visited the HIV reference laboratory of the *National Public Health Institute (KTL)* in Helsinki, the TB reference laboratory of KTL in Turku, the Vantaa remand prison, the Tuberculosis hospital in Paimio and *Helsinki University Central Hospital Laboratory Diagnostics*.

In the evaluation questionnaires filled in after the visit the participants stated that they were very satisfied with the programme, which included meetings with both the clinical workers and the supporting personnel. The participants also gave thanks to the open atmosphere and readiness of the hosts to answer to questions in all the institutions, the well prepared presentations, the new information on the latest equipment and also all the new theoretical information received during the visits. Special thanks was given to the interpreter *Pirjo Erholtz-Pietilä* for professional interpretation and to STAKES for a well organised visit. This study tour was the last of all six visits organised in different countries during the two year project.

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Romanian study tour visitors getting acquainted with the STAKES information services