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*Strengthening community-mobilisation on HIV and AIDS
in Central and Eastern Europe*

**NGO
perspective
on HIV/AIDS
in Latvia in 2003**

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Contents

1 EXECUTIVE SUMMARY:

2 INTRODUCTION

2.1 Background on definite aspects of the Latvian situation

2.2 Methods and sources applied for situation definition

3 ORGANISATIONS WORKING IN THE HIV/AIDS FIELD

3.1 Governmental institutions

3.2 Non-governmental organisations

3.3 Important HIV/AIDS issues and activities influencing work in this field

Providing information on HIV/AIDS issues

3.3.1 2003-2007 country strategy

3.3.2 Current situation, main funding sources and future expectations in the European Union

4 FACT SHEET: HIV/AIDS IN LATVIA

4.1 Statistics from the AIDS Prevention Centre

4.2 Reporting from the Infectology Centre of Latvia

4.3 Insight on the situation in prisons - Latvian Prison Administration

4.4 View of the situation from HIV infected persons

5 FINDINGS ABOUT DIFFERENT HIV/AIDS ASPECTS: VIEWPOINT OF INDIVIDUALS FROM TARGET GROUPS

5.1 Findings from a survey of 82 infected persons

5.2 Voluntary Counselling and Testing: Focus Group Discussions (MSM, IDUs, CSWs)

6 STRATEGIC PRIORITIES FOR FIGHTING HIV IN LATVIA FROM THE PERSPECTIVE OF "DIA+LOGS" NGO



1 Executive Summary:

Latvia is one of the country of Eastern Europe that has been very severely over the past few year by a very rapid growth of new cases of HIV, affecting primarily intravenous drug users (the cumulative reported number of cases of HIV increased from 88 in 1997 to a staggering 2712 in 2002 and many more do not know what their HIV status is). This is a most severe health crisis which has yet to trigger the wide-scope response that is needed from the Latvian Government: there are already for instance serious shortcomings in terms of access to optimal antiretroviral (ARV) treatments yet the need for ARV is bound to increase even further in the short term. Latvia so far missed out on the possibility to receive funds from the Global Funds to Fight AIDS, Tuberculosis and Malaria. Also, as Latvia is entering the European Union, major international donor organisation are ending their activities there in order to focus in other countries in Eastern Europe, yet it remains most unclear whether entry into the EU will, in itself, lead to a greater access to financial resources.

In this critical context, the recent emergence of the NGO DIA+LOGS (which was co-founded in 2001 by AGIHAS, a Latvian self-support group for People Living with HIV/AIDS) is a highly welcome development. The priorities of DIA+LOGS include : Operating a low-threshold centre (to welcome all persons that are affected by HIV in some way), providing education and counselling and advocating for a greater commitment on HIV at all levels. As an organisation most eager to adapt its strategies upon both the best practices identified at the international level and upon the specific needs of its clients, DIA+LOGS (along with other Latvian civil society actors) has a major responsibility in fostering the reforms that the Latvian Government must undertake to face the HIV challenge adequately, which includes defending the rights and the dignity of People Living with HIV.

(summary written by Arnaud WS)

2 INTRODUCTION

2.1 Background on definite aspects of the Latvian situation

This country report has been developed from a NGO perspective, including data and facts gathered from the situation of DIA+LOGS activists dealing with HIV/AIDS in their every day business.

The non-governmental organisation “DIA+LOGS” works in the HIV/AIDS field in Latvia. Its business is the support and advocacy of all those affected by HIV/AIDS. The primary target groups are HIV infected persons, AIDS patients and at-risk youth who are most endangered.

DIA+LOGS is:

- ***The first support and resources centre for PLWHAs and their families in Latvia providing information, spiritual, psychological and social welfare support;***
- ***An information and resource centre for people interested and working in the HIV/AIDS sector.***

DIA+LOGS is a non-governmental and voluntary, not-for-profit organisation.

It was founded in May 2002 as a joint endeavour between the Latvian NGOs AGIHAD (Latvian self support group for PLWHA) and LCG (Latvian Contact Group on Urban, Industrial and Rural Mission). Its board is comprised of key stakeholders and actors in the HIV/AIDS field in Latvia.

Practically, support activities include operating a low-threshold drop-in centre for meetings, practical counselling – including information, seminars, psychological and social consultations, as well as a place to find mental support through an auspicious and knowing attitude and atmosphere – support groups, informal meetings and adjustment trainings. There is a strong need for advocacy on behalf of HIV infected people in Latvia due to the untypical and specific characteristics of the disease. More advocacy activities are under development, they will include a wide range from consultations with lawyers for infected persons to influencing government policy and effective advocacy for health in Europe.

DIA+LOGS is the first support centre in the Baltic States for PLWHAs and their families. Currently, core funding comes from the Baltic Sea Council Task Force on Communicable Diseases. The centre’s activities have been developed following a Nordic model through twinning partnerships with the “Aksept” Centre for People Living with HIV/AIDS in Norway and the Finnish AIDS Council in Finland. All projects implemented up to now have been supported by donors from international organisations.

2.2 Methods and sources applied for situation definition

This country report is based on generalised analysis, data, facts from research, surveys, abstracts and presentations in conferences, interviews and the individual viewpoint of the author as the manager of a non-governmental voluntary organisation.

- 1) Informative and research materials from DIA+LOGS and official information: statistics, financial information, materials from presentations;
- 2) Materials from the final thesis "Development strategy for the support centre DIA+LOGS" (Ruta KAUPĒ, Master of Business Administration, June, 2003, Riga Business School, Riga Technical University)
- 3) Published materials: press articles, Internet Web pages:
 - a. NGO DIA+LOGS www.diacentrs.lv,
 - b. AIDS Prevention Centre www.aids-latvija.lv,
 - c. NGO Latvian "Red Cross Youth" www.redcross.lv
 - d. NGO Papardes Zieds www.papardeszieds.lv
 - e. NGO "Youth Against AIDS" www.jpa-aids.lv
 - f. NGO AGIHAS www.lnt.lv/-aqihlas
 - g. NGO "Public Health Promotion Centre" www.svvc.lv
 - h. Latvia Infectology Centre www.infectology.lv
 - i. Narcology Centre www.narco.lv
- 4) Facts from interviews or discussions with approximately 10 "key" persons, including actors in the HIV field, infected persons and members of partner organisations.
- 5) Information from conference materials:
 - a. "Together against AIDS!" – 3rd Baltic AIDS Conference (11-13 September, 2003, Riga)
 - b. "Millennium Development Goal Conference – the MDGs in Latvia" (18 September, 2003, Riga).
- 6) Unpublished materials
 - a. LATVIA Rapid assessment on obstacles and opportunities for HIV/AIDS communication for young people (December 2001, Martins Pucka), UN library in Riga
 - b. Needle exchange – consultative programme activities (2002 report)
- 7) "Strategy for limiting the spread of HIV/AIDS 2003-2007" (draft)
- 8) Survey of 82 HIV infected persons to analyse their needs and determine the actuality of particular activities and services in the centre – patients' answers will serve as source material to create a data base for the DIA+LOGS centre.

3 ORGANISATIONS WORKING IN THE HIV/AIDS FIELD

3.1 Governmental institutions

AIDS Prevention Centre

The AIDS Prevention Centre is the main institution in Latvia working towards limiting the spread of the HIV epidemic. It also provides information and education on HIV/AIDS issues. In response to the increasing HIV/AIDS epidemic in Latvia, the Ministry of Welfare established the National AIDS Centre in 1993. In 1997, it was renamed the AIDS Prevention Centre as part of an effort to redefine the functions of various public health and health care institutions. It is a governmental institution with two structures: the HIV and AIDS Epidemiological Supervision Department and the Information and Education Department. The centre administers national policies aimed at limiting the spread of HIV/AIDS and works with medical institutions and other interested parties to elaborate, implement and co-ordinate methods for epidemiological supervision, diagnostics and care for HIV/AIDS patients. The centre works according to WHO and UNAIDS program recommendations and represents Latvia internationally as a governmental institution. Through specific projects financed by OSI (Open Society Institute – Soros Foundation) and FHI (Family Health International), the centre also provides HIV testing for citizens in different Latvian towns and works with other state and non-governmental organisations to organise education and information events for groups of residents facing higher risks of HIV infection (young people, IDUs (intravenous drug users), homosexuals, sex workers, prisoners, etc.). The goal of the centre is to elaborate a unified strategy and tactics to limit the spread of the HIV/AIDS epidemic and to limit the damage the epidemic causes to society, as well as to human life and health.

Contact persons: Inga UPMACE and Andra POTASOVA.

The AIDS Prevention Centre's Harm Reduction Programme through Needle Exchange and consultation point in Riga, which is situated in the DIA+LOGS Centre and works in close co-operation with it, provides intravenous drug users (many HIV+) with clean needles, pre and post counselling and HIV testing, as well as consultations with social workers, psychologists and narcologists (in the scope of projects sponsored by international organisations).

Ministry of Health

The Ministry of Health implements national HIV/AIDS prevention policies and supervises all national institutions working in the area of HIV/AIDS prevention: the AIDS Prevention Centre, the Narcology Centre, the Health Promotion Centre, the Infectology Centre and other governmental institutions.

Contact person: Sanita SIVICKA

Narcology Centre

The Narcology Centre, a non-profit public institution, is the leading institution in Latvia treating people with drug addictions. The centre organises and carries out preventive, diagnostic, medical and training work in the area of drug addictions and also collects, analyses and disseminates data. Its main duties include the following: diagnosis and treatment of drug problems and psycho-social rehabilitation; prevention of the use of addictive substances; co-ordination and management of the work of the narcology service; maintenance of a register for drug-related patients; analysis of data concerning alcoholism, drug and nicotine addictions and their social consequences; implementation of international projects and education of residents and specialists on addiction problems and related prevention issues.

The centre's work is important in Latvia, as 75% of HIV infected persons are drug users, although DIA+LOGS hasn't co-operated closely with them up to now.

Latvian Infectology Centre

The Latvian Infectology Centre (LIC), a non-profit state-owned company, was set up on the basis of the re-organisation of the National Infectology Centre. It has been operating in its current form since 1945.

Under the auspices of health care reform in Latvia in the 1990s, the centre underwent serious changes. An outpatient department was set up for people with infectious diseases and liver disease. Today LIC is a highly specialized health care centre with many different functions, modern equipment and a complex structure. The centre offers outpatient services in addition to diagnostic and treatment services. The centre has 370 beds and handles approximately 30 000 outpatient visits each year.

In Latvia HIV/AIDS treatment is free of charge and the LIC is the only treatment institution for HIV/AIDS infected patients.

Centre for Sexually Transmitted and Skin Diseases

This centre provides medical services and offers free diagnosis and treatment of skin and sexually transmitted diseases. Lab-based diagnosis and treatment are available for HIV, syphilis, gonorrhoea, chlamydia, ureaplasmosis, microplasmosis, genital herpes, the papillomus virus, etc.

Health Promotion Centre

The Health Promotion Centre (VVC) is a non-profit state enterprise that reports to the Ministry of Welfare. The centre works on behalf of the Latvian Strategy for Health Care Development. The mission of the VVC is to help people receive more knowledge and motivation in pursuing good health.

The VVC is concerned about the demographic, economic, ethnic, social and cultural diversity of Latvia's population; identifying priorities and practices that reflect current knowledge about effectiveness and offer the best value for money, as well as providing relevant needs-based advice.

The main activities of the VVC are the following: organisation and co-ordination of health promotion events on the national and regional level; organisation of conferences, seminars, exhibitions and other events on the national and international level; publishing literature on health promotion and disease prevention; provision of appropriate professional training; analysis of all information and maintaining relevant databases.

Not much influence from this organisation's work is felt in the lives of HIV+ persons, as its activities are more at the overall country level. DIA+LOGS has tried, unsuccessfully, to apply for one of its project competitions; perhaps closer personal contacts could change the situation. The main problem is that the organisation's position is to support activities strictly connected with the prevention of drug use problems ("HIV/AIDS is not their field") that should be carried out in the form of educational or campaign activities.

3.2 Non-governmental organisations

According to general opinion, there are five operating NGOs in the HIV/AIDS field in Latvia.

NGO "AGIHAS"

The NGO "Support Group for the HIV-Positive and AIDS Patients" (AGIHAS) was founded in 1993 as a support group for HIV/AIDS patients, bringing together both patients and people who provide support, such as volunteers and members of institutions. The anonymity of all individuals is strictly preserved. The group aims to improve the quality of life of HIV patients through providing support and the latest information about health and medical issues. The target audience includes HIV patients, their relatives and supporters.

Specific activities include AIDS prevention through promotion of safe sex techniques, mostly for group members. The organisation provides regular contacts and friendly meetings, as well as meetings with specialists. It also works on various projects and maintains contacts with the Latvian Infectology Centre, the AIDS Prevention Centre and other related organisations in Latvia and other Baltic, Nordic and European countries. There are 25 members. Activities on a broader scale are limited due to the group's anonymity.

Contact persons: Ernests, Peteris.

According to personal interviews, today the group has 16 members who mainly concentrate on finding financial support for medicine. The group is rather confidential and not oriented much towards new members, public activities or involvement in new projects.

NGO “DIA+LOGS”

DIA+LOGS is a contact and resource centre for people living with and working in the field of HIV & AIDS. The DIA+LOGS Centre in Riga is a joint endeavour between the Latvian NGOs AGIHAS (a self support group for PLWHAs) and LCG (Latvian Contact Group on Urban, Industrial and Rural Mission). The Project Board of Directors is comprised of key stakeholders and actors in the HIV/ AIDS field in Latvia.

DIA+LOGS began its activities in December 2001. These activities included searching for a suitable space for the organisation, as well as the formal registration process. DIA+LOGS was registered with the State Enterprise Register as an official non-governmental organisation on May 15, 2002. Reg. Nr. 000806747.

Its primary objective is the **development and operation** of the first low-threshold centre for PLWHAs and at-risk groups in greater Riga. Primary aims include conveying knowledge and experience about HIV and AIDS, providing a social environment, one-to-one conversations and group sessions for target groups while empowering PLWHAs and providing advocacy.

The organisation's goals are to create the **first support and resource centre** for PLWHAs and their families in Latvia providing information, spiritual, psychological and social welfare support, as well as to serve as an information and resource centre for people interested in and working in the HIV/ AIDS sector. Key constituents are PLWHAs, at-risk youth, intravenous drug users, commercial sex workers, men who have sex with men, the health care community and their families, partners and friends.

In summary, the key strategic aims of DIA+LOGS are:

- To operate a low threshold drop-in centre
- Education
- Counselling
- Advocacy

DIA+LOGS and AGIHAS are two organisations directly working with PLWHA.

NGO “Latvian Red Cross Youth”

The work of the Latvian Red Cross was renewed in 1993. The mission of the youth group is to help improve the situation of the world's least protected people. It offers assistance irrespective of nationality, race, religious beliefs, class or political view. The seven basic principles are humanism, justice, neutrality, independence, volunteerism, unity and variety. The target group is schoolchildren, students and other young people. The organisation has 250 members.

The organisation is oriented towards educational projects for youngsters, organising seminars, campaigns and annual HIV/AIDS victims' memorial events.

Contact persons: Ieva BRINKMANE, Inga BALTINA

NGO “Youth Against AIDS”

This group was established in December 1997. It aims to limit the spread of HIV/AIDS and other STIs among young people in Latvia by providing information and warnings about the possibility of contracting STIs and AIDS. It helps young people understand that condom use is the only safe method of protection.

The target audience is young people and risk groups in different communities. The group organises seminars, training and lectures on HIV/AIDS prevention, self-esteem and communication skills, as well as participates in various projects, advertising campaigns and public events on HIV/AIDS and STI prevention. It has published booklets, brochures and posters and has produced a video, etc.

The organisation could be considered as a “daughter NGO” of the AIDS Prevention Centre (one person is involved in the work of both organisations). It maintains a close relationship with the AIDS Prevention Centre and access to the knowledge and experiences of the centre's specialists, contacts and partly – resources.

Contact person: Gita GANGE

NGO “Papardes Zieds”

The Latvian Family Planning and Sexual Health Association “Papardes Zieds” was founded in 1994. Its focus is on achieving a high level of reproductive and sexual health in Latvia. Its main belief is that all women, men and young people have the right to obtain significant information about family planning and sexual health. The target audience includes all people of reproductive age.

The main activities of the organisation include preparing and widely disseminating informational materials by working with mass media; publishing educational materials for professionals; organising seminars for teachers, medical workers and journalists about reproductive sexual health issues; supporting and promoting the work of its youth group to organise meetings and projects for young people and to set up a telephone hotline; learning about young people’s needs and finding solutions; drawing the attention of governmental politicians to the need to implement consistent family planning and sexual health programs on the national level; and working actively with domestic and international organisations that have the same goals. There are 298 members.

There are campaigns directed towards safe condom use, information and education about HIV/AIDS. The organisation is well known in Latvia due to its active performance and the professional specialists involved in its work; the volunteer movement is also highly developed.

Up to now DIA+LOGS has co-operated with the AIDS Prevention Centre (Harm Reduction Program, trainings in DIA+LOGS), AGIHAS (personal contacts, organising events, support group in DIA+LOGS centre), “Latvian Red Cross Youth” (organising common annual events), “Youth Against AIDS” (personal contacts).

There are other NGOs also involved in HIV/AIDS issues, although their work is not considered to be very active or directed much on HIV/AIDS.

3.3 Important HIV/AIDS issues and activities influencing work in this field

Providing information on HIV/AIDS issues

AIDS Hotline

The AIDS hotline service in Latvia was introduced on February 1, 1992 by the Latvian Infectology Centre. Unlike other similar hotlines all over the world, only specially trained physicians work for this hotline in Latvia. Approximately 60% of the information provided is associated with HIV/AIDS, including transmission routes, symptoms, institutions performing screening examinations and treatment; about 30% of the information provided concerns questions about contraception, pregnancy and different issues related to sexual problems.

People get information on the AIDS hotline through the media while young people learn about it through lectures and seminars.

Age (years old)	Percentage of callers
Under 15	5%
15 – 20	33%
21 – 25	33%
26 – 30	12%
31 – 40	11%
Above 40	5%

The total number of calls in 10 years is 59 609 (the most in 1995 – 8 500). In the previous two years the number was stable at 4000 - 5000 calls, or about 16 per day.

The mass media

The following represents data gathered from two of the most popular Latvian newspapers “Diena” and “Vakara Zinas”, two Russian newspapers – “Cas” and “Telegraf”, the national TV channel LTV1 and the Internet:

Collected data about HIV/AIDS problems in Latvia

Internet	43%
Russian newspapers	25,4%
Latvian Newspapers	24,9%
TV	5,9%

Types of themes reviewed:

General review of problem	30%
Medicine	18%
Drug habit	16%
Children	12%
Politics	9%
Science, research	8%
Prostitution	2%

This proves that information reaching young, educated people is more available through the Internet, but the most risky and vulnerable target groups for HIV infection do not use this source of information.

3.3.1 2003-2007 country strategy

Work in the HIV/AIDS field in Latvia is organised according to the guidelines of the “National Programme to Limit the Spread of HIV/AIDS for 2003-2007” (Latvian Welfare Ministry). The Cabinet of Ministers certified the document on November 11, 2003. The programme proposes that work be co-ordinated by the National Co-ordination Committee to Limit the STD and AIDS Epidemic. Not much information is available about the committee’s activities in the NGO sector.

Key points of the program (inconvenient for effective work in the field of adequate care and improvement of the quality of life for PLWHA in Latvia from the viewpoint of an HIV/AIDS service NGO):

- Financing NGOs working in HIV/AIDS prevention from the country budget is not allocated, and in the future NGOs are advised to seek funding from international donors.
- Two large projects are prioritised: "Support to youth health and development in Latvia" (in the past, UNDP was the main donor) and "Development of a network for needle exchange and consultation centres for intravenous drug users" (past donors were UNDP, the AIDS Prevention Centre and Family Health International).
- Activities are carried out and budgeted for governmental institutions: mainly the AIDS Prevention Centre and the Latvian Infectology Centre; some finances will also be provided to the Welfare Ministry (to work out guidelines and evaluation); the Education Ministry (education in schools) and the Defence Ministry.
- PLWHA health care and psychological support is budgeted as the responsibility of the Latvian Infectology Centre. Stationary health care is provided to infected persons who are not drug users. Combined ARV therapy provision and monitoring is planned for 20-25% of patients.
- The Welfare Ministry will provide education to medical persons on patient care and to social workers on teamwork (150 total in 2004 and 2005).
- Epidemiological surveillance does not include activities with the HIV infected.

** This analysis is done according to a strategy draft available in 2003. The published document approved by the Cabinet of Ministers, "Programme to Limit HIV/AIDS Prevalence for 2003-2007," does not include essential changes done by officials in the last months. For example, the Welfare Ministry is excluded from this work and such an important activity as the "HIV/AIDS patients care reassessment and provision of life quality programme development" cannot be found in the new version of the document.*

3.3.2 Current situation, main funding sources and future expectations in the European Union

NGO Latvian "Youth Red Cross"

(Interview with Ieva BRINKMANE)

No definite projects connected with HIV/AIDS problems are under development. In the recent past there were projects dealing with training of peer educators and other educational activities.

The main funders of this organisation are Red Cross organisations in other countries and UNDP in Latvia.

The organisation hopes that entering the EU will give new opportunities to facilitate joining large cross-country projects and to receive financial support easier from co-operation partners (Red Cross worldwide).

NGO AGIHAS

(Interview with Ernests)

The organisation's activities are mostly limited to regular group meetings and to activities directed towards co-operation with large pharmaceutical companies in Latvia to get financial support for the purchase of needed medicine or payments of medical services for the improvement of individuals' health; although some members are rather responsive to participating in the organisation of the Baltic AIDS Conference, Candlelight Memorial and World AIDS Day, or in the work of other HIV/AIDS related organisations.

Main sponsors are "GlaxoSmithKline" and "Roche", while in previous years donors included Phare (project for medicine, medical services and cultural undertakings) and the Nordic Council of Ministers (medicine, event in the Jurmala region).

Future expectations for the EU:

- Better - in the long-term:

- International organisation directives about support to HIV/AIDS patients
- More financial support could come from entrepreneurs (better economic situation)
- Opportunities to be involved in international undertakings.
- Worse – in the short-term
 - Due to economic decline in Latvia (during the transition period)
 - No support from habitual sponsors (closing funds, no EU money, no support from government)
 - “By the time finances come from large EU funds our main and more active leaders will be dead.”

NGO DIA+LOGS

All current and previous projects dealing with the problems of HIV/AIDS patients or other HIV connected issues: reconstruction of the support centre’s activities for the HIV infected, World AIDS Day 2002 and 2003, two prison projects, operating a low-threshold centre and its accompanying activities, VCT training project, study tour to related HIV+ centres in St. Petersburg, Russia, etc.

Main financial supporters are international organisations: Task Force in the Baltic Region on Communicable Disease Control, Norwegian Ministry of Justice and Police, Family Health International (USAID) and the Norwegian Embassy in Latvia.

The organisation awaits entering the EU with hopeful expectations and uncertainty about the initial situation:

- Improvement - in the long-term:
 - Reforms according to EU health organisation strategies and the need to follow them closer, more control
 - More funding challenges due to improved local economy
 - Opportunity to work in large HIV/AIDS networks, participate in international undertakings
 - Growing interest for co-operation with and among NGOs
- Uncertainty – in the short-term
 - Most international donor organisations are ending activities to support new EU countries (Task Force – spring 2004, FHI – October 2003)
 - Uncertainty of funding availability after entering the EU (where and how, high professional level for project proposal writing is needed)
 - No hope for Latvian government support (it seems as if the budget situation is getting tighter from year to year)
 - No chances to apply for small funding projects through EU funds (information from seminars and conferences)
 - Complicated, long and bureaucratic applications for funding projects through the EU.

NGO Youth Against AIDS

(Author’s personal view)

In 5 years of operation, work has been done in close collaboration with the AIDS Prevention Centre and valuable contacts with governmental institutions have been developed in the field of education and information of youth. The organisation should feel rather safe about available finances and to continue the activities it has started.

Conclusions

Regarding the situation of the HIV/AIDS field in Latvia, we can state:

- 1) The number of HIV+ people has been increasing constantly over the past years. In 2003 there were 405 new registered cases and a total of 2712 registered PLWHA in Latvia, but in practice this number is much higher. They need help and support.
- 2) Infected persons can get medical treatment at the Latvian Infectology Centre, but this is usually needed in later periods of illness. Inhabitants can learn more about HIV through booklets, leaflets and informational campaigns organised by the AIDS Prevention Centre. However, infected people and those close to them need specific services and much wider help than treatment or printed materials.

- 3) There are some NGO organisations and governmental establishments dealing with HIV issues, but this depends mostly on different project funding or these activities are only a small additional branch in their work. Specific funding in the national budget should be provided for the care and support of PLWHA and cannot remain the responsibility of NGOs through international donors.
- 4) Priorities for limiting prevalence include harm reduction – network for needle exchange points and friendly services for youth. Latvia expects the third wave in the epidemic to spread through heterosexual contacts with PLWHA. Constant work with PLWHA should become a priority to limit the spread of HIV and should be included in a national programme; furthermore, the work must be started with structured and adequate help to communities of PLWHA.
- 5) The government is recommended to develop closer co-operation with NGOs, to appreciate their work and accept NGOs as equivalent partners in the fight against HIV/AIDS.

4 FACT SHEET: HIV/AIDS IN LATVIA

4.1 Statistics from the AIDS Prevention Centre

From an informative article on the home page

With the third highest prevalence of HIV infection in Eastern Europe, Latvia occupies one of the first places in Europe regarding HIV infection among its 1 million inhabitants. Since the beginning of 1998 intravenous drug users (IDUs) have represented the highest number of new HIV transmissions.

The first case of HIV infection in Latvia was detected in 1987. By 1997 the main group infected was homosexual, the annual infection rate was rather low and the total number of new cases in this period reached 88.

By the end of 1997 the first HIV cases among IDUs were registered. Since the beginning of 1998, IDUs have represented the highest number of new HIV transmissions with the most prevalent transmission route in Latvia through intravenous drug addiction. The result is rapid growth of new HIV cases: in 1998 there were 6,5 times more registered new cases than in 1997, and in the following years about 1,7 times more (see the following table).

Epidemiological situation of HIV in Latvia

<u>Year</u>	<u>1987-1997</u>	<u>1998</u>	<u>1999</u>	<u>2000</u>	<u>2001</u>	<u>2002</u>	<u>2002</u>
New HIV cases	88	163	241	466	807	542	405
Cumulative cases	88	251	492	958	1765	2307	2712
Transmission groups:							
Homosexual	50 (57%)	22 (13,5%)	10 (4,2%)	5 (1,1%)	7 (1%)	7 (1,2%)	13 (3,2%)
Heterosexual	19 (22%)	15 (9%)	26 (10,8%)	47 (10,1%)	63 (8%)	66 (12%)	81 (20%)
Intravenous	6 (7%)	122 (75%)	190 (78,8%)	380 (81,5%)	662 (82%)	393 (72,5%)	227 (56%)
Mother to child	-	-	1 (0,4%)	1 (0,2%)	-	2 (0,3%)	2 (0,3%)
Unknown	13 (14%)	4 (2,5%)	14 (5,8%)	33 (7,1%)	63 (9%)	76 (14%)	82 (20%)

According to regional analysis – most cases of HIV come from the central region of Latvia and Kurzeme. Evidentially, the spread of drug addiction in Riga is the most large-scale (81%). The second most affected is Olaine and the third Ventspils. The only region in Latvia with no registered HIV infection cases is Aluksne.

A needle exchange and consultative point has been operating in Riga since 1997, mainly with the financial support of international donors, and since 2001 HIV prevention activities have also been implemented in the commercial female sex workers community in Riga and its surroundings.

Regarding the fact that the HIV epidemic is concentrated and spread primarily among IDUs, the role of educating at risk groups (IDUs and prostitutes), as well as needle exchange and social work, has an essential influence on limiting HIV prevalence in this environment.

During this program's period of operation from 1997-2002, 37% of IDUs were reached in Latvia (calculated results). Continuation of the program is essential and actual.

In 2002 eight municipalities outside Riga (Bauska, Jelgava, Jurmala, Kuldiga, Liepaja, Olaine and Tukums) contributed to activities of needle exchange and consultative stations (NECS), enabling these stations to operate today.

In 2002 HIV prevalence among 250 tested NECS clients in Riga was 21%, hepatitis B 73% and hepatitis C 81%. 28% of clients had utilized already used injection equipment, although this is 2 times less than in 2001.

In 2002 NECS had 44 232 contacts with IDUs, distributed 94 146 syringes and collected 91 447 syringes.

Every year NECS are visited by drug addicts' friends, partners and family members, who can also receive informative consultations where they may apply for medical or social assistance.

Although the number of new HIV cases in 2002 decreased considerably, specialists are worried about the increasing amount of heterosexually infected persons: in 2002 representing 12% of new cases (8% in 2001).

Estimated changes in the apportionment of new HIV cases: 18% decrease for the group 10 - 19 years of age (9% less than in 2001), but in other age groups the percentage has increased. Important finding: older age groups contain an increasing number of heterosexually infected persons and a decreasing number infected intravenously.

The forecast for 2003 projects an increase in the number of heterosexually infected cases while the total number of cases will remain stable.

The number of AIDS patients will increase (from those infected in previous years) and the country will need additional resources for their health care.

4.2 Reporting from the Infectology Centre of Latvia

From an abstract for the 3rd Baltic Region Conference "Together Against AIDS", September 11-13, 2003, Riga

The priority for HIV/AIDS control remains the prompt diagnosis of persons with HIV infection and early initiation of appropriate therapy. Latvia finances HIV/AIDS diagnostics and specific therapy, as well as diagnostics and treatment of opportunistic infections, from state budget resources.

HIV/AIDS patients are treated in the specialised Infectology Centre of Latvia, a tertiary health care institution that includes an HIV/AIDS inpatient/outpatient department and an accredited laboratory for screening and diagnostics of HIV/AIDS, as well as opportunistic and other infections. Latvia's small territory (64 600 sq. km) and population (2,4 million) permit such centralised health care of HIV/AIDS patients in a single centre. According to data from July 1, 2003, a total of 1657 HIV infected patients (1389 of them drug addicts) have been referred to the Infectology Centre of Latvia (LIC).

HIV/AIDS patients in Latvia receive state guaranteed high activity antiretroviral therapy (HAART) in accordance with indications. HAART in Latvia was started in 1996. At present, 137 patients receive HAART, and 48 different combinations of antiretrovirals are used. Prophylactic treatment has been provided in 108 cases (including 43 HIV+ pregnant women and 63 medical personnel), and at present (July 1, 2003) prophylactic therapy is being given in 19 cases (10 pregnant women and 9 medical personnel).

Besides the above mentioned HIV/AIDS diagnostics and inpatient/outpatient health care, specialists from the LIC perform systematic co-ordination and methodological measures for training primary health care providers and other specialists to improve HIV screening diagnostics in risk groups to find the real number of HIV infected persons in Latvia and start their treatment in due time.

4.3 Insight on the situation in prisons - Latvian Prison Administration

From an abstract for the 3rd Baltic Region Conference "Together Against AIDS", September 11-13, 2003, Riga

Prisons should be regarded as a shield protecting society from both the dangerous behaviour of its members and the spread of dangerous diseases.

Prisons directly influence the epidemiological situation in society. In a number of countries the mass release of prisoners (amnesty) has had a direct relationship on the sharp increase in HIV infection and tuberculosis (TB) in society at large.

Co-operation between the TB and Lung Disease State Centre, the AIDS Prevention Centre and the LIC began only 5-7 years ago, but certain positive results have already been achieved.

There are between 8200 and 8500 prisoners per 2.3 million inhabitants in Latvia, i.e. 353 prisoners per 100 000 inhabitants, a very high index for a European country (Lithuania has 327, Estonia 321 and Finland 65 per 100 000 inhabitants).

Upon admission to the prison practically all detainees are voluntarily tested for HIV. Refusals are very rare. All tests are performed in the LIC's accredited laboratory. Further testing may be done in accordance with prisoners' wishes or in case of medical indications.

Pre and post- test counselling are available to all.

The first HIV positive case in Latvian prisons was registered in December 1997 and there are presently 522 HIV positive cases per 8200 inmates, i.e. 6,4%. So, 1/5 of all Latvian HIV positive cases are in prisons. According to international standards HIV+ prisoners are not isolated from other prisoners.

Health education and information are available in all prisons. In this educational work specialists from the AIDS Prevention Centre help us.

This year prison staff education became more urgent due to the first cases of aggressive behaviour of HIV infected prisoners against staff, which led to HIV infected blood getting in contact with the damaged skin of personnel.

All HIV infected prisoners attend consultations with LIC specialists, changes in their health status and infection stages are monitored once every 3-4 months through LIC laboratory examinations and patients receive ARV treatment when needed.

**Many NGO educational, informative and psychological support projects for HIV infected persons are provided in different prisons, but sadly the Prison Administration does not consider them worth mentioning. Lots of financial and educational support and assistance come from international donors, especially Nordic countries. (Author)*

4.4 View of the situation from HIV infected persons

Alex, living with HIV for 7 years

In the next 5 years Latvia will be in an actual epidemic and HIV cases among women and newborn babies will sharply increase. If treatment remains at the same level there will be a dramatic increase in AIDS patients in 3-5 years.

Today we have a rigidly budgeted treatment scheme with a definite amount for each individual, those "newcomers" who need treatment and are not already included in plans have no chance to receive it. The budget for treatment should be flexible – all who need treatment have to receive it. The actual situation of dividing top down the definite budget of 600 000 LVL per year is crazy. HIV patients can't wait for the next year's budget if they need their specific medicine today.

In Latvia HIV infection is not singled out among other infectious diseases, therefore no social protection guarantees are provided for HIV infected persons, although 90% come from marginalized and vulnerable groups, where extra social support is essential. For example, on September 10, 2003, we suddenly learned that dental services were no longer free of charge as of September 1, 2003, which was a shock to most of us.

According to experience, "those with good relationships with his/her doctor can receive extra services and medicines if he/she is definitely not a drug user." Once you have been stamped (or stigmatised) as a drug user, you cannot break free from this definition, which means you have to buy needed medicine yourself and cannot get stationary treatment.

Our governmental institutions, the AIDS Prevention Centre and the Latvian Infectology Centre, are not interested in HIV/AIDS patients who need treatment because that requires more money for analysis, medicine and stationary treatment, while the budget for HIV/AIDS remains the same. Why has the APC never printed booklets or organised campaigns for HIV infected persons asking them to take care of their health and undergo analysis once every 3-4 months as scheduled?

This work is done by non-governmental organisations, but I know no government resources are allocated to them and that their activities are mainly based on funding from international donors. Part of the national budget should be provided to the NGO sector.

Volodja

Confidentiality is an essential problem in some hospitals. When I received treatment for TB in the hospital all nurses talked freely about my diagnosis in the presence of other patients; furthermore, my diagnosis was also written on my bed card.

Yoga exercises helped me to improve my essential health so I assist clients at the DIA+LOGS centre with doing everyday exercises, but I do not tell people in other organisations about my diagnosis because I know that people are afraid of it.

5 FINDINGS ABOUT DIFFERENT HIV/AIDS ASPECTS: VIEWPOINT OF INDIVIDUALS FROM TARGET GROUPS

5.1 Findings from a survey of 82 infected persons

In the scope of this survey 82 respondents were interviewed and asked to complete inquiry forms. The value of the interview was not only in the respondents' answers, but also in the conversations social or outreach workers had with patients informing them of the newly established centre and services available or under development, in addition to encouraging respondents to think about their primary needs to improve their quality of life. There were 6 volunteers and employees of the centre involved in performing the interviews and the length of the inquiry process was 6 weeks.

The goal of the research was to develop a products (activities, services) portfolio and obtain information about the target audience of the DIA+LOGS centre, which was realized through several steps and questions clarifying:

1. Who, if any, support people were available when they learned they were HIV+ - and what secondary target groups should be addressed;
2. Where they have been getting professional assistance – what kind of help they are seeking and what institutions the centre should co-operate with;
3. What kind of services they need – what services should D+L develop;
4. In what kind of activities they would like to participate – how D+L should structure its work on activities and what could be new programs in the longer term;
5. Demographic characteristics of the target audience – identifying the centre's average “consumer” and his/her main common traits.

Another worthwhile benefit for the organisation was getting to know the HIV+ patients we could reach with our workers, and starting the development of a database of clients interested in definite services so as to invite them individually when activities begin that they are interested in, which is very important for the organisation as there is currently an urgent need for more clients to visit the centre.

The strategies the organisation employs to fulfil its mission and goals are organised as programs, activities and services. The organisation's charge is to support and facilitate a target group with whatever activities seem appropriate. In this situation, due to lack of capacity, resources and funding, it is necessary for the organisation to keep up to date on the most urgent needs of today and on appropriate programs and services in its ongoing efforts to best serve clients.

1) Analysis of inquiry results

a) *Mental support*

See Attachment # 1

When asked about who they received moral support from after learning of their diagnosis, a majority of patients answered from friends (52), which is the group that should be encountered in the centre's activities. We also see that practical, important and wide support comes from organisations (41) and doctors (14) as well as families (28). We can conclude that organisations play a main role in giving moral support to people in this crisis situation, therefore specific support centres for HIV infected persons are crucially useful for people who do not want to share their problems with close relatives or for those who do not get any support at all (8). According to the related target groups indicated in the survey results, we can conclude that the centre should consider involving and educating family members and close friends who are in touch with HIV+ persons.

b) *Professional assistance*

See Attachment # 1

When infected, two of the most important things people seek are medical care assistance (55) in health centres (part of the respondents already needed professional treatment in hospitals (39)), and mental support (58). Sometimes mental support is found through consultations with psychologists (35). For those who have realised the importance of social services, valuable help comes from social workers (24), and also some kind of material

support (15). But there are also people who haven't got any assistance (10). It could be important for these people to get professional assistance from psychologists, social workers and counsellors in one specialised centre.

C) Most urgent needs

See Attachment #2

As for the community as a whole, the most important issue in everyday life is financial, specifically material support (50) through social services (55), because in most cases people are facing health or stigma problems while also seeking jobs. This makes one think that the centre's clients are a population of moderate means that won't be able to pay high fees for consultations. Another important need is professional medical assistance (55), which doesn't mean they all need AIDS treatment, but in most cases indicates a need for primary health care not related strictly to HIV, especially for drug users. The third important factor is lack of mental support (45), which in practical terms is the need for a supportive, understanding, free of judgement environment and psychosocial support. This can be provided by a specific atmosphere and attitude or through consultations with psychologists (38). People are also eager to gain wider information about this disease (27), which can be provided through seminars, training and the library in the centre.

d) Support through services in the centre

See Attachment #2

In this case the answers were not so similar, which indicates the need for a rather wide range of services. The three most important services for the new centre should be to provide a drop-in centre to spend free time (53), consultations with psychologists (42) and consultations with social workers (49). Other activities marketable to clients include legal assistance (35) through consultations with lawyers and chances to meet with other HIV+ individuals through meetings of HIV+ persons (30), self-support group sessions (24) and support groups led by psychologists (23). One thing that should be ensured for all activities and events in the centre is mental support (40), mentioned in answers as not the most important but as essential after practical needs. Some people also want to find informative literature (15), therefore a library is needed, but more attention should be devoted to educating through other activities due to the rather low educational level of most of the target audience. This inquiry provides affirmation that such a centre is definitely needed for our target group to give them a chance to meet, participate in common events, parties and other activities (40). From these answers we realise that the need for individual counselling on how to live and what to do is a primary concern and that only 1/3 want to discuss these issues with others in support groups because people are afraid to show their infirmity; therefore they want socialising through larger events that do not touch them as individuals.

e) Activities in the centre

See Attachment #3

Training and seminars. There is a definite and unitary need for crisis management because crisis suppression is mentioned as the first and most important issue for ¾ of respondents (57), as formulated in one of the answers "how to forget that I am ill". This could be specified through personal development trainings (30). The next important for respondents is medical information seminars (53) that should be combined with life skills (39) and healthy nutrition (32) sessions. Information should be provided about different diseases that influence HIV infection.

See Attachment #3.

Organised events. Here we get strong patient approval for common parties (54), Valentines Day, Easter, Ligo, Peters' Day, Christmas and/or Names' day for the month – could be suggestions for some of them. It is clear that one of the first organised and regular activities should be hiking (49), as most people mentioned that as the first advisable activity. While organising the centre's regular work, most attention should be devoted to sports (39) and cultural activities (57). Also, World AIDS Day activities (43) should be continued, which have already been organised twice and appreciated from clients. Through this inquiry the centre has also got valuable information about persons who agree to meet with journalists (17), which for previous meetings have been difficult to find because patients are frightened to talk due to the stigma and discrimination accorded HIV infected persons.

See Attachment #3

Regular activities and classes. Here we get approval of the activities mentioned before concerning what clients are ready to attend regularly: courses on healthy nutrition (30), support groups (29), development of life skills

(23) and peer education courses (21). Clients are interested in classes with an artistic tendency (19), computer courses (5) and language courses: Latvian (96), English (33) and other (9). Organising such courses could serve as a valuable tool for attracting more HIV+ people to the centre to involve them in other events and educationally informative seminars. Courses might also encourage them not to be afraid to ask for help or support from specialists on how to deal with their problems. Suggestions for other activities include common praying (6) and involvement of clients in regular duties (8) – by developing this interest the centre could obtain a valuable volunteer force.

f) Characteristics of target audience.

See Attachment #4

Age. From respondents we learn that the most essential target group is in the 18-25 age range (38), although people between 26-40 (33) or older than 40 year (9) are of great concern, too. We do not see teenage respondents, but that is due to the specifics of reaching them by outreach workers, coming to needle exchange points or joining groups. Many of them can be found and educated in prisons, where DIA+LOGS has realized the first prison educational project, gathering statistics from 51 detainees, including 18 HIV infected people in Brasas prison. All this leads to the conclusion that activities should be planned and organised according to people's perceptions as divided into two age groups: those up to 30 and older.

See Attachment #4

Language. The great majority of respondents prefer the Russian language (59), while 33 can communicate in Latvian. Therefore it's a challenge to think about an appropriate language for organising activities and leading courses (perhaps courses could be conducted bilingually and Latvian language classes could be started).

See Attachment #3

Sex. Our inquiry has confirmed the country's general statistics: 2/3 of those infected are male (55) while females represent only 1/3 (26).

See Attachment #5

Education. The inquiry showed client specifics – such as low educational level: 4/5 have a grade school (27) or secondary school (36) education, and only 1/3 have received a higher education degree (11). In organizing activities much effort should be devoted to how to present information to make it comprehensible to the largest share of clients, which is why so many seek informative education in the centre to begin with – they cannot find the information they are seeking or it is too complicated for them to understand. Besides, much attention should be paid to organising life skills and nutrition courses because these are the first issues that have to be taught to people who need to take care of their health and who are not very adept at finding information about it.

Narcotics. Most respondents deny the regular usage of drugs, although from the information of outreach workers who completed interviews we can guess that about 60% are drug addicts. This makes the centre's regular work much more difficult because practical experience has proven that drug users are the most unpredictable and the least organised target audience.

Sexual behaviour. Much informative attention has to be paid to sexual education, which is of great importance to any sexual orientation. Heterosexuals (56), homosexuals (12) and bisexuals (13) have to be aware of transmission and infection and ways to protect themselves.

Material situation. It is definitely clear that services in the centre should be free of charge because it has already been stated in official documents and statistics that HIV/AIDS patients are an underprivileged and poverty-stricken community. Besides their disease, most of them are drug users, which means belonging to the poorest group of people. This is why the inquiry indicates that only 14 people can support the centre through minimal donations while most (58) cannot afford any support.

Contacts. As mentioned before, the benefit of this inquiry has been establishing contacts with possible clients of our centre— they now have information about the centre and the kinds of services they can receive there and someone has talked with them and showed an open attitude and interest in their problems. All this has made many of them surer, enabling them to leave information on how they can be reached. Now we can inform interested persons when definite activities begin and we have a better understanding of their needs and wants. The centre has also begun to build a database of clients using the information garnered in the survey.

Summary of the study of potential client needs

In summarising the client survey we can conclude that the four main strategic goals of DIA+LOGS as an HIV+ support centre are matched with clients' practical needs.

- *Operating a low-threshold centre* – providing those affected with sanctuary, a meeting place and a space for services: counselling, support groups, educational and training seminars, organising parties, holding ‘drop-in’ hours, events and regular duties; definite regular activities for the centre: activities – sports and cultural events, regular language courses, classes with an artistic tendency, computer courses and common praying.
- *Education* – providing different target groups with appropriate, convenient and comprehensible information, which can be realized through training – crisis management, personal development, medical information, life skills, healthy nutrition and peer education; furthermore, some of these trainings need to involve at-risk groups and their friends and family. Outreach work should be done through projects to educate risk groups on HIV/AIDS issues, such as school youth, teachers, prisoners, sex workers, business leaders and entrepreneurs. An HIV/AIDS library should be provided.
- *Counselling* – help for individuals to develop their quality of life through consultations with professional psychologists and social workers, self-support groups, pre and post test counselling and support groups led by psychologists. Strong co-operation with related organisations – hospitals, primary health care institutions and social services have to be developed with mutual assistance to care for the needs of HIV patients.
- *Advocacy* – encouraging affected people to take an active role in solving their problems, practical activities include: individual consultations with lawyers, assistance in solving legal questions, meeting with journalists, municipalities, representatives of government, creating documents to approach and influence international, national and municipal politics on health care and social rights, involvement in international networks for effective advocacy and stronger international support.

All these activities should be covered, like an umbrella, with a unique and specific attitude to those affected by HIV/AIDS that they cannot find in other institutions. This could be the most important “service” they want and can find at DIA+LOGS, making them become regular clients of the centre. Another crucial thing for attracting clients is to offer services free of charge.

5.2 Voluntary Counselling and Testing: Focus Group Discussions (MSM, IDUs, CSWs)

Conclusions from three focus group discussions with intravenous drug users, men who have sex with men and commercial sex workers.

- HIV positive people are a stigmatised and marginalized group in Latvian society and when we take into consideration that risk groups are already marginalized then we can conclude that if you are gay and HIV positive then you will have a double stigma. HIV in Latvia is seen as a disease of socially disadvantaged groups who are already rejected by society: prostitutes, drug users and usually also homosexuals. Some people see the virus as punishment and correction by God or nature and are sure that their “proper” physical and moral way of life will ensure them protection from HIV. Very often people in Latvia do not want to hear anything about HIV/AIDS because they see it as the problem of others and not their problem or a problem of their children and other relatives or friends. Society supposes that HIV is mainly the problem of the three above mentioned risk groups, but not of the whole society. HIV positive people are being discriminated against, fired from their jobs, rejected by society and even in some families simply thrown out and told they can meet only outside the home in some café.

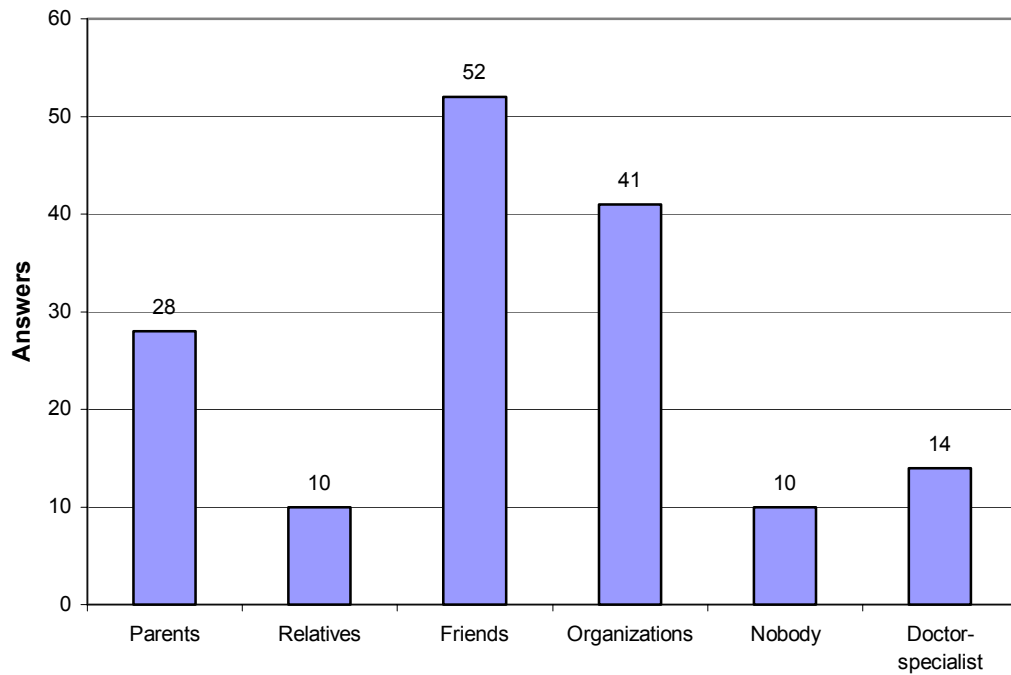
- Discussion results showed that even though people from the three risk groups are aware of the risk and transmission of HIV/AIDS, they still do not have enough information, while some of them even have very poor general knowledge of the disease and the virus seems very unreal for most of them.
- Many of them have heard about voluntary testing and counselling (VTC) and think that it is important to be tested regularly.
- Anonymity is very important in the context of VTC. It is more important for drug users, less for homosexuals and almost of no importance for sex workers.
- The regularity of HIV testing seems to depend on the specific risk group the person belongs to. Intravenous drug users prefer to be tested every month, sex workers every month or three months and homosexuals once or twice a year. But there are still very many people who do not want to be tested and who are afraid to know the results.
- There are two main reasons for HIV testing: first, to know your results in order to start treatment in time and second, as part of your responsibility toward other people – your partner, friends and family. Thus if you know your HIV results and if you are HIV positive you can adjust your life – use condoms and inform your partners about the virus.
- It is very important to prepare specialists who can not only give the HIV test, but also provide counselling before and after testing. All focus group participants stressed that it is very important to have the possibility to talk with somebody before and after testing. It is also important to stress that testing positive is not the end of your life and that you can live for a long time with proper treatment and therapy.
- There is still a lack of information on HIV/AIDS in Latvia. The dominating discourse is more threatening than informative.
- Medical personnel and police forces also need special information on HIV/AIDS.
- Different risk groups need different information.
- People need not only medical and psychological support, but also really practical information about what to do, where to go, etc.
- Special centres for VTC are more popular and needed among intravenous drug users, but sex workers and homosexuals are ready to go to hospitals or simple health centres for testing. Sex workers and homosexuals see special centres more as places for support and not only testing.
- Homosexuals and sex workers have less experience with HIV positive people around them. They talk about HIV/AIDS less emotionally than drug users.
- Drug users are not ready to pay much or at all for VTC services. Homosexuals and sex workers are ready to pay for testing, but think that counselling should be free of charge.
- Phone calls and booklets free of charge seem to be the most popular and effective source of information in all three groups.



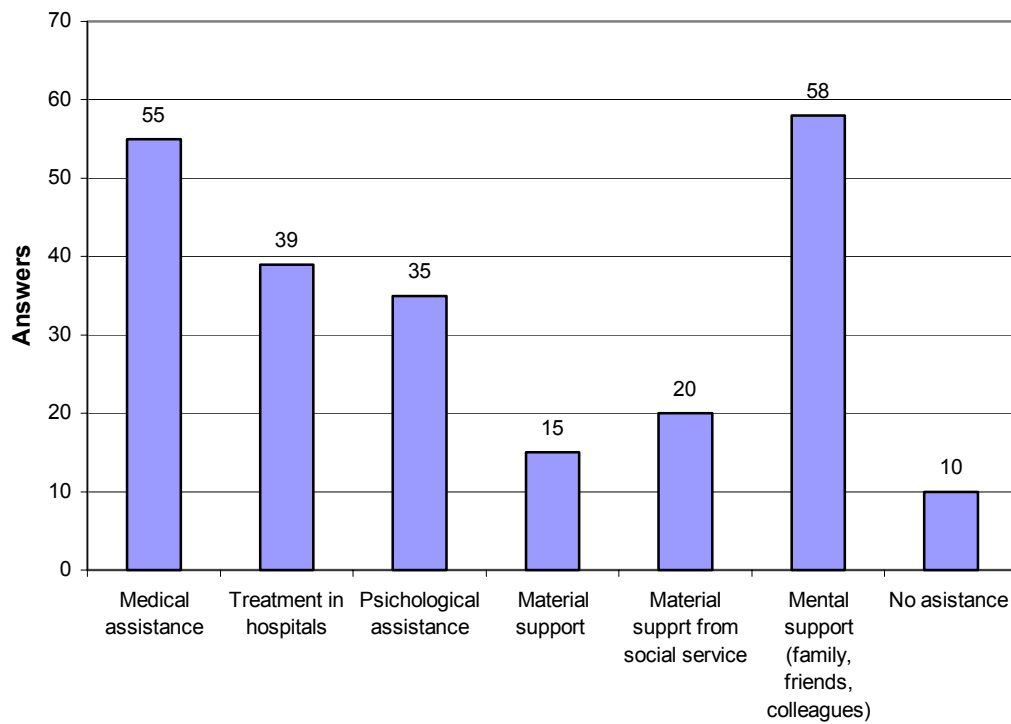
**Press Conference on HIV & AIDS in Central and Eastern Europe
by the partners of the Integration Projects**
(November 26, 2003).

Speakers : Arnaud WASSON-SIMON (AIDES), Didier ROD (Member of the European Parliament), Giedrius LITAKAVICIUS (EuroHIV), Ruta KAUPÉ (DIA+LOGS), Monica DAN (ARAS), and Jari KESANIEMI (Finnish AIDS Council).
Photo: European Parliament.

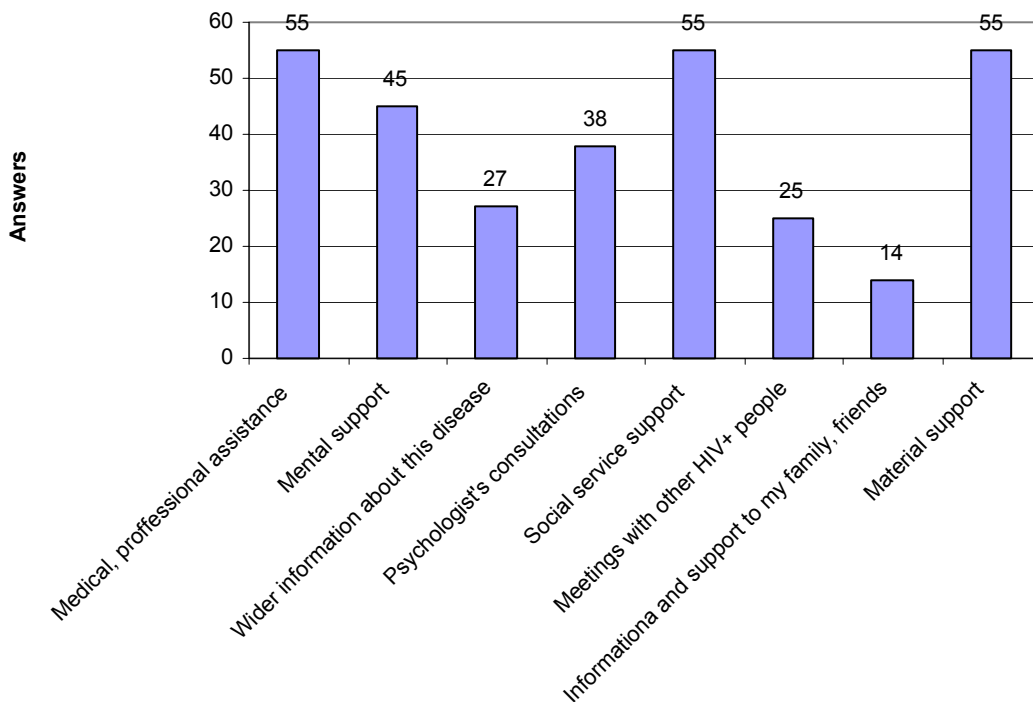
WHO SUPPORTED YOU MENTALLY, WHEN YOU LEARNED YOUR DIAGNOSIS?



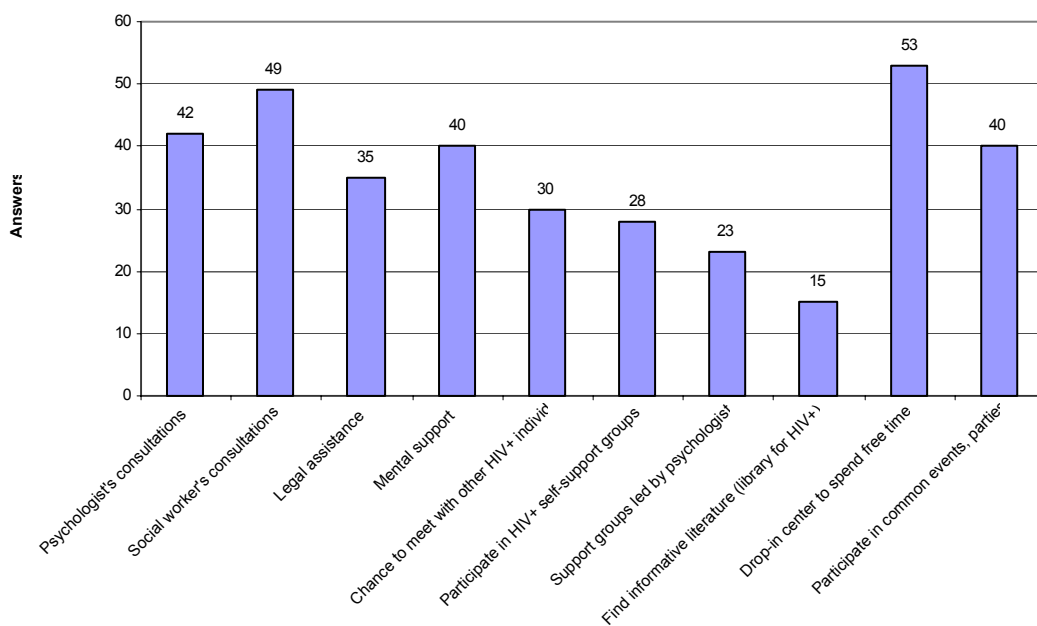
WHAT ASSISTANCE YOU'VE RECEIVED, SINCE LEARNED YOUR DIAGNOSIS?



WHAT SUPPORT DO YOU ACTUALLY NEED?

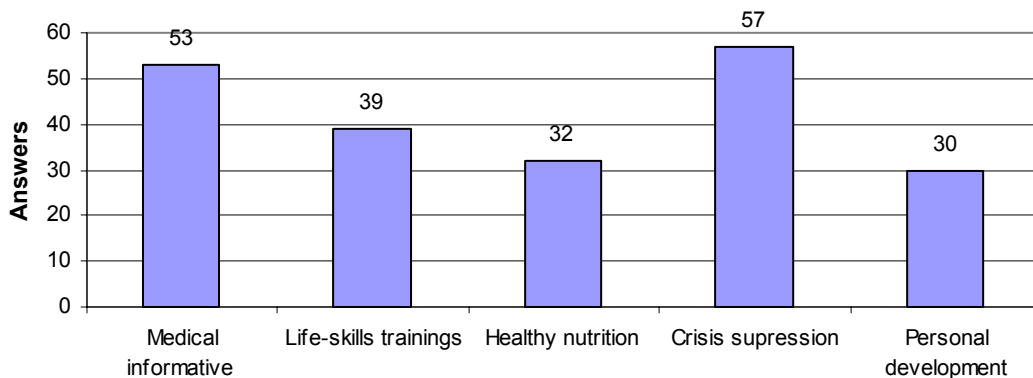


WHAT SUPPORT WOULD YOU LIKE TO GET IN OUR CENTRE?

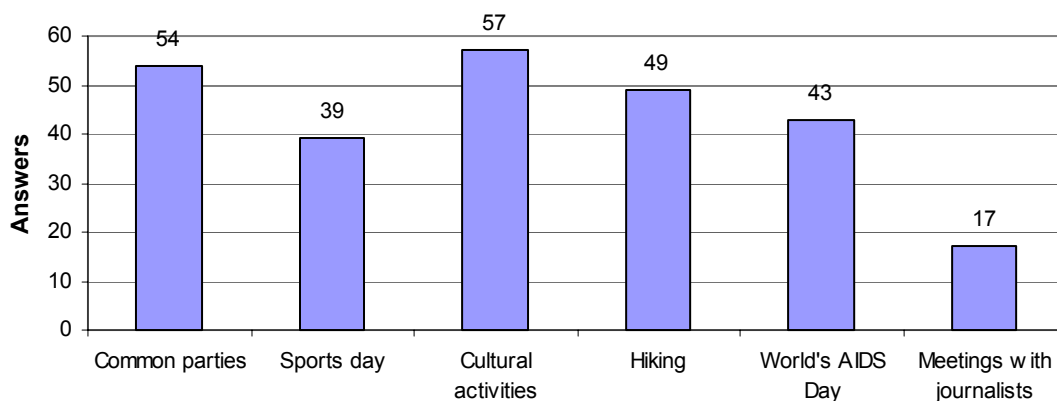


IN WHICH ACTIVITIES WOULD YOU LIKE TO PARTICIPATE?

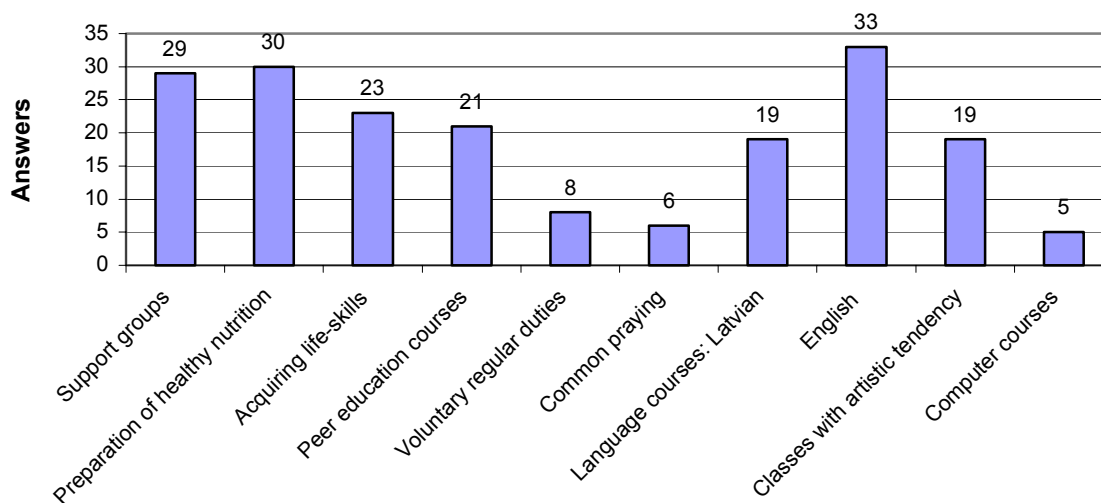
Trainings, seminars



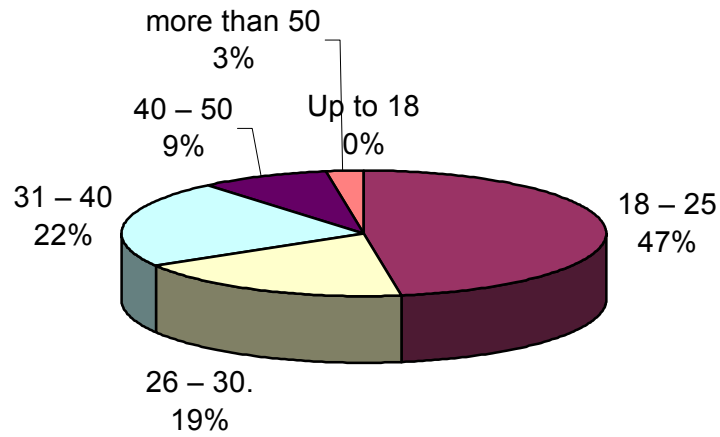
Organized events



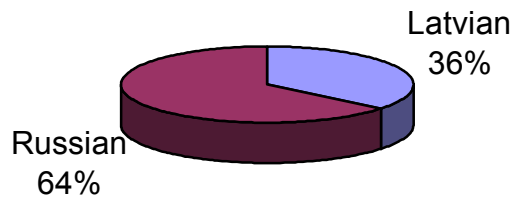
Regular activities and classes



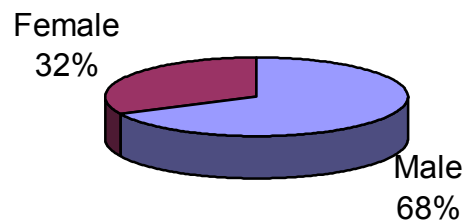
RESPONDENT'S AGE (years)



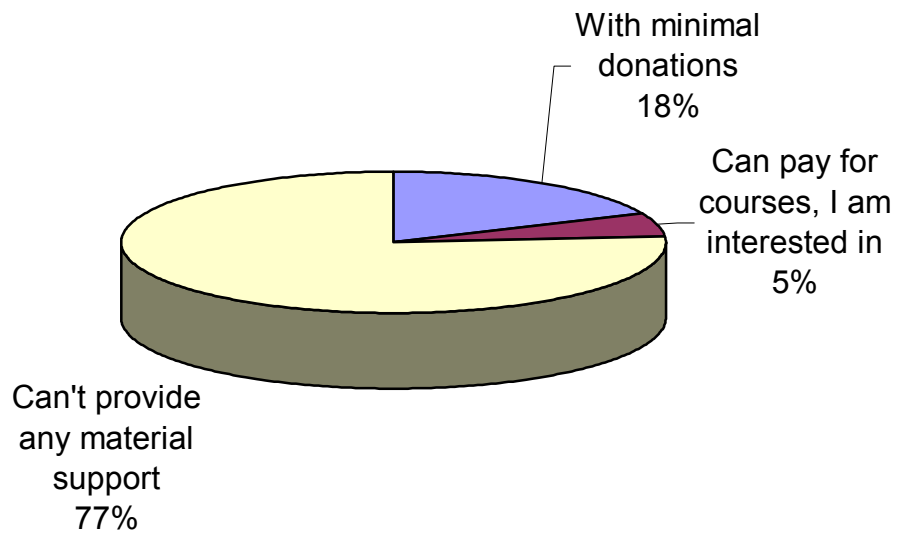
LANGUAGE FOR COMMUNICATION



RESPONDENT'S SEX



COULD YOU PROVIDE MATERIAL SUPPORT SUPPORT?



6 STRATEGIC PRIORITIES FOR FIGHTING HIV IN LATVIA FROM THE PERSPECTIVE OF “DIA+LOGS” NGO

1. Ensure the government

- a) recognises support of PLWHA as a priority in the national strategy,
- b) foresees definite activities and budget for care and support for PLWHA,
- c) accepts the NGO sector as an equal partner in the national fight against HIV/AIDS.

2. Enlarge the key tasks of harm reduction programmes: start practical activities to educate and support IDUs to reduce a potential epidemic spread through heterosexual transmission.

3. Encourage local municipalities to accept as their responsibility to improve the quality of life of PLWHA by:

- a) developing closer co-operation with HIV/AIDS NGOs,
- b) including in their strategic plans and budget supportive services for PLWHA and risk groups.

4. Develop active co-operation with EU HIV/AIDS organisations through large networks, share best practices and improve knowledge through educational training, seminars, conferences and common projects.

5. Get more information about entering and working in a European Union environment as well as fundraising possibilities from the perspective of HIV/AIDS service organisations.

6. Develop a network of HIV/AIDS organisations in Latvia for a co-ordinated and collaborative fight against AIDS in Latvia.

7. Provide core funding for operating the low-threshold DIA+LOGS centre for PLWHA and risk groups (covering administration, overhead and expanded personnel).

8. Through successful fundraising develop new programmes in the centre: VCT, HIV tests, counselling by professional specialists, work with prostitutes, more support groups, re-socialisation programmes, social and material support to PLWHA and drug addicts.

9. Educate volunteers on advocacy work and begin activities in this field.

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