

Estonian Ministry of Social Affairs

ESTONIA: COUNTRY REPORT ON NATIONAL RESPONSE
TO HIV/AIDS EPIDEMIC
2007

Tallinn, 2008

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I Status at glance

By the end of 2007, a total number of 6364 HIV cases have been registered in Estonia. The first HIV-case was registered in 1988. In 1988-1999, the cumulative number of registered HIV-cases in Estonia was 96. During the 2nd half of 2000, there was a drastic rise in the number of new HIV cases that also continued to grow in 2001. Starting from 2002, however, there has been a decline tendency in the number of registered new cases: in 2003, 840 new cases were diagnosed, in 2004 743 and in 2005 621, 2006 668 and 2007 633 new cases have been diagnosed (data source: Estonian Health Protection Inspectorate).

Figure 1: HIV in Estonia 1997 - 2007

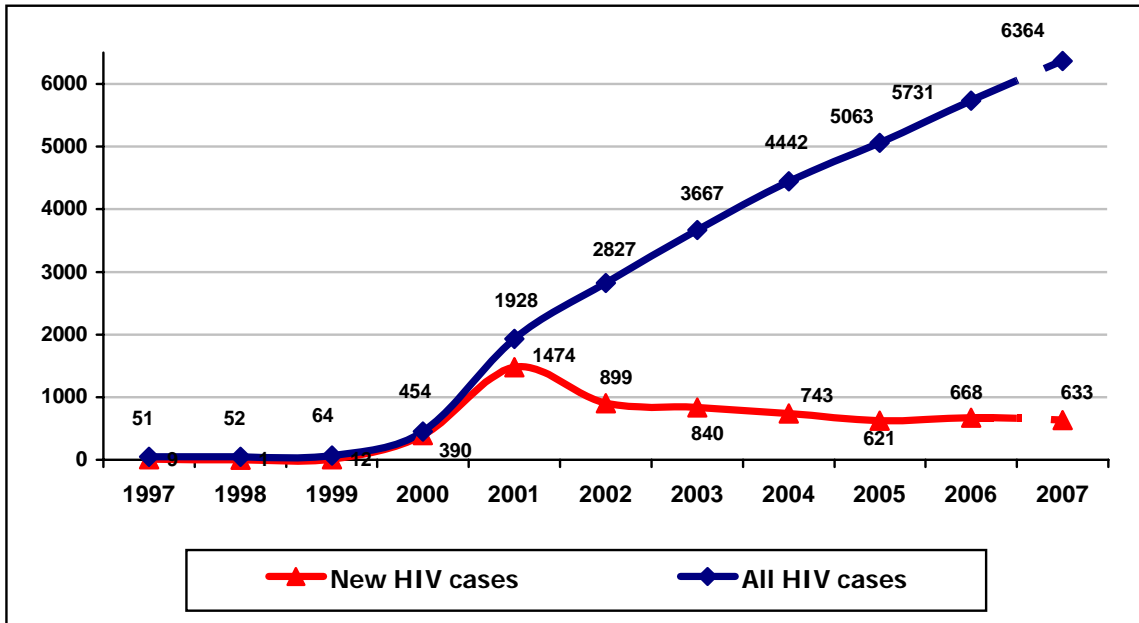
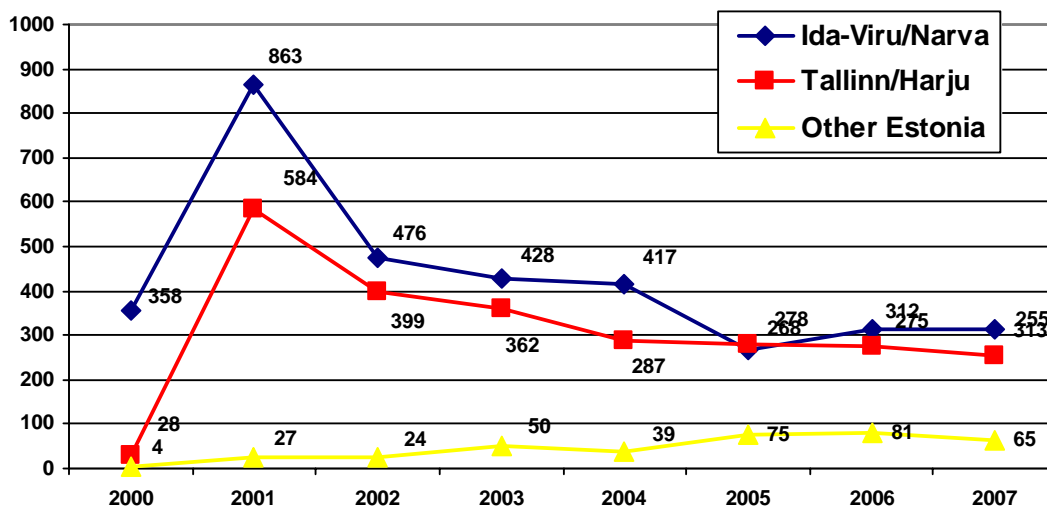


Figure 2: HIV-incidence in Estonia by regions



The majority of the HIV cases are concentrated in two regions – in capital city Tallinn and its surrounding Harju County, and a region close to the Russian border – Ida-Viru County (see

Figure 2). In the County of Tartu, there has been some increase in registered cases, but this is mainly due to the cases registered in Tartu prison.

The first AIDS case was diagnosed in 1992. The total number of people diagnosed with AIDS throughout the years is 156 (end of 2007 data). In 2003, 11 people with AIDS were registered, in 2004 27, and in 2005 30, 2006 33, 2007 57 new AIDS cases were registered

Due to the sudden increase in the number of HIV infected people since the autumn of 2000, the Ministry of Social Affairs proclaimed a concentrated epidemic of HIV among injecting drug users (IDU) on 14 February 2001 that is characterized by a 5% prevalence rate among the subpopulation of injecting drug users, but less than a 1% prevalence rate among pregnant women. The epidemics in Estonia still remains mainly concentrated among the IDUs and their sexual partners, but some heterosexual transmission has also been registered. The HIV-infected are mainly young, 15-29 yrs old, and majority is Russian-speaking.

In Estonia the prevention of HIV-infection and AIDS has been dealt with for more than 15 years. From 2002–2005 Estonian HIV-prevention work has been carried out in accordance with the National Programme for HIV/AIDS prevention for 2002–2006 (NP), which was financed from the state budget and coordinated by the Ministry of Social Affairs. However, due to the growing epidemics, a need emerged for a new strategy that would better involve other governmental organizations, private sector and Civil Society. In 2005 a new national HIV and AIDS Strategy was developed for the years 2006-2015 together with an Action Plan for years 2006-2009. The strategy was adopted with a government order on December 07, 2005. With the order, the Government also created a high-level multisectorial Governmental HIV and AIDS Committee as an advisory body to the Government for the central coordination of the implementation of the new strategy. The Ministry of Social Affairs is now serving as the Secretariat to the new committee. Each implementing ministry is developing its own annual Action Plan with a tangible/precise budget (based on the 4-year Strategy Action Plan), which is presented to the Committee for approval. The ministries involved in the strategy implementation are the Ministry of Social Affairs (HIV-prevention, treatment and care), Ministry of Education (HIV-prevention in schools and among youth, health education), Ministry of Justice (HIV in prisons), Ministry of Interior (prevention of vocational hazards-police and rescue board), Ministry of Defense (VCT among army recruits) and Ministry of Population (targeting Russian-speaking youth through its Non-Estonians' Integration Foundation).

II Overview of the HIV and AIDS epidemic

Socioeconomic background

According to the Statistical Office, the total Estonian population was 1,351,069 in 2004, with male making up 46% and female 54% of the population. The Estonian population decreased by nearly 12.5% between the censuses of 1989 and 2000 due to the negative natural growth in population and emigration. In 2004, 69% of the Estonian population lived in urban areas and 31% in rural areas. In 2003, Estonians made up 68%, Russians 26% and other ethnicities 6% of the population.

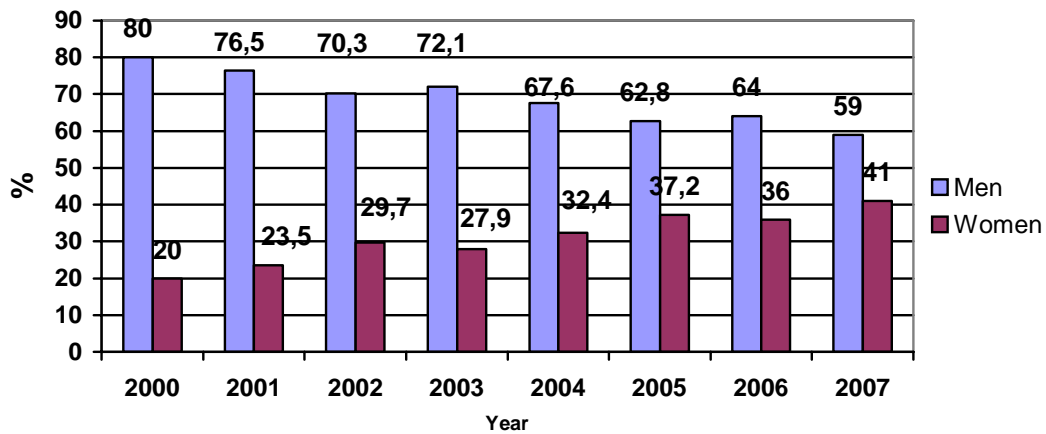
The general level of education is relatively high in Estonia. According to researchers, 99% of the population is literate. The share of people with at least a secondary education was 88% among 25-69-year-olds in 1999 (64% in the European Union). Among the biggest problems is the dropping out of schools at the elementary education level—nearly 1,000 students drop out from elementary schools every year (0.57%).

Data by gender and age

About 50% of the people living with HIV and AIDS PLWHA in the world are younger than 25 years old. The proportion of new registered HIV cases among people younger than 25 years in Estonia was 68% in 2000, 78% in 2002, 66% in 2003, in 2004 60,7% and in 2005 56,5%. As the majority of those HIV-infected, who got infected at the peak of the epidemic (years 2000 and 2001) are getting older, also the mean age for the risk group of new infections changes. An increasing amount of new cases is detected in the age group of 25-29 yrs – in 2003 17,4%, in 2004 21,4% and in 2005 24%.

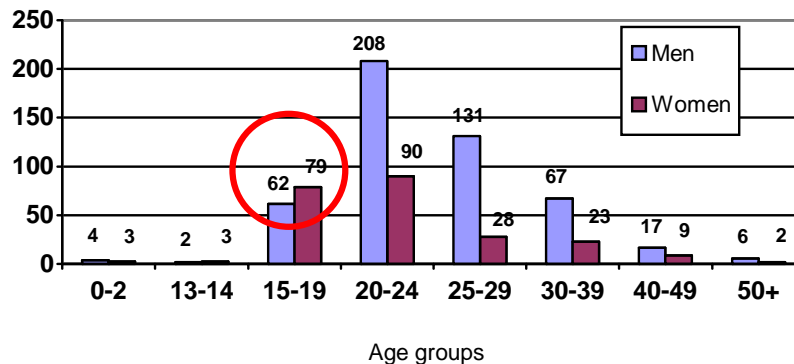
The majority of HIV-infected are men but the proportion of women has increased in recent years. When in 2000 women accounted for 20% of all cases registered during that year, in 2002 women formed 30% of all cases. In 2003, women formed 28%, in 2004 32,4% and in 2005 37,2 %, 2006 36% and 2007 41% of HIV-carriers registered during that year. (See Figure 3).

Figure 3: Registered new HIV-cases by gender in 2000–2007 (%)
(Source: Health Protection Inspectorate)



In 2004, for the first time, in the 15–19 year old age group, the number of women among infected was bigger than men (See Figure 4).

Figure 4: Registered new HIV cases in 2004 by gender and age
(Source : Health Protection Inspectorate)



However, the distribution of new registered HIV-positive cases in age group of 15-19 is more evenly distributed between the two genders in 2005. See Figure 5 for the age and gender distribution of new registered HIV-cases in 2005. 2006 HIV cases are increased among older people and specially among men (See figure 6).

Figure 5: Registered new HIV-cases in 2005 by gender and age
 (Source: Health Protection Inspectorate)

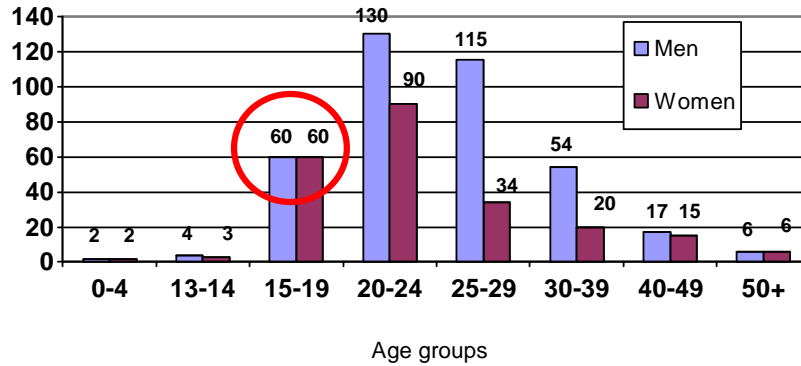
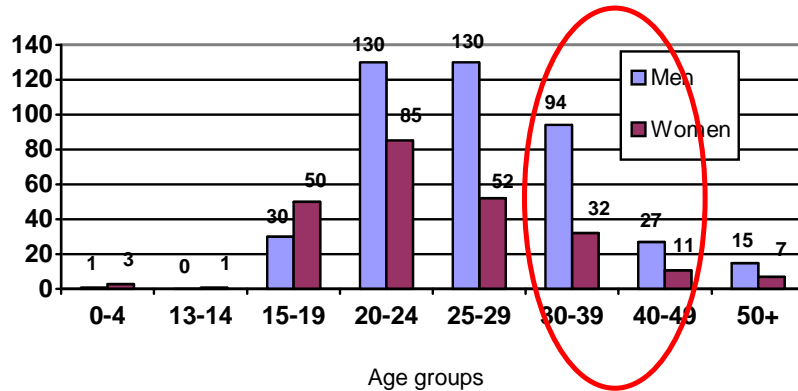


Figure 6: Registered new HIV-cases in 2006 by gender and age
 (Source: Health Protection Inspectorate)



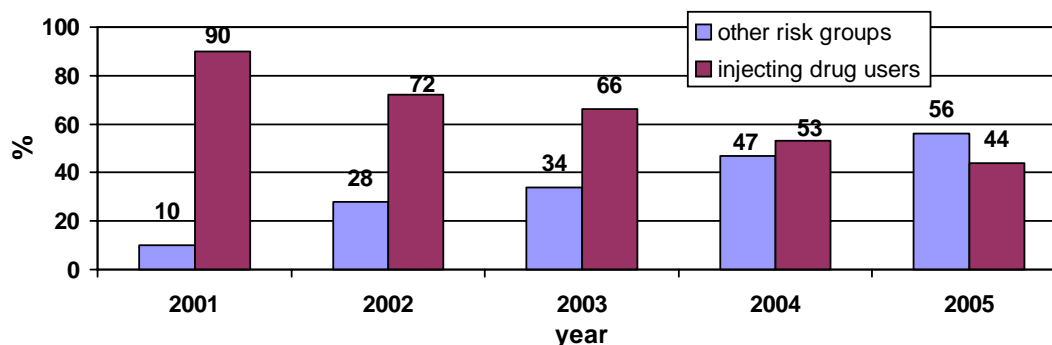
Diagnosed AIDS cases

By 31 December 2007, the total number of people diagnosed with AIDS was 191.

Main HIV transmission routes

In 1988–1999 HIV spread in Estonia mainly through sexual intercourse (both homo- and heterosexual). Since 2000, the infection has been mainly transmitted through the sharing of needles and syringes. Although there is insufficient data, increase in heterosexual transmission has been detected since 2002. According to the data gathered by anonymous AIDS consultation clinics, injecting drug users made up 90% of the HIV-positives (new cases diagnosed in the consultation clinics) in 2001, 72% in 2002, 66% in 2003, 52.5% in 2004 and only 44% in 2005 (see Figure 7). Although this data does not reflect the total number of HIV-positives, we can assume that the virus is starting to spread through sexual transmission from injecting drug users to their partners, who later pose a threat to the general population.

Figure 7: HIV-cases diagnosed in AIDS counseling cabinets by risk groups in Estonia in 2001-2005 (Source: Reports from anonymous cabinets)



Prison inmates

The first PLWHA in a penal institution was registered in May 2000. That year, 80 inmates with HIV were detected who formed 20% of all new HIV-cases. In the following years the proportion of inmates has increased; in 2003, 266 people were detained in a penal institution upon the moment of HIV detection, accounting thus for 32% of all new cases. In 2004, the inmates formed 21% (155 people) of all new HIV cases. The majority (89%) of inmates infected with HIV are men between the ages of 15 and 24. Approximately 12-13% of all inmates of Estonian prisons were infected with the HI virus as of 2004.

Since 2004, the proportion of prisoners among new HIV –cases has decreased being 19% (118 people) in 2005. Most prisoners have been infected before imprisonment. There have been 7 cases (according to the data from the Ministry of Justice) of HIV –transmission in the prison (1 through tattooing, 5 through sharing contaminated syringes, and 1 unknown).

Donors

All blood and organ donors in Estonia are tested for HIV. In 1987-2006, the HIV-infection was diagnosed in 88 donors.

Registered HIV-cases among blood donors in 2000–2006

(Data source: State Reference Laboratory of HIV Diagnostics)

Year	Number of donors	HIV-positive donors	
		Absolute number	Proportion (%)
2000	43 979	1	0,002
2001	42 655	12	0,03
2002	48 116	25	0,05
2003	61 964	15	0,02
2004	62 040	11	0,02
2005	54 221	7	0,01
2006	54 448	9	0,02

HIV and tuberculosis

All patients who are diagnosed with tuberculosis are offered a possibility to be tested for HIV. The majority of patients agree to test. According to the data of the National Tuberculosis Registry, HIV was diagnosed for the first in the tuberculosis patient in 1996. By the end of 2005, HIV has been registered in tuberculosis patients on 96 occasions; 14 out of these cases have been MDR tuberculosis. In general the average age of tuberculosis patients in

Estonia is 45 years; therefore for the time being the risk groups of HIV and TB do not substantially coincide by age. However, the risk of the outbreak of the double HIV and TB epidemics remains high and the government has currently established a working group for the prevention of the double HIV/TB epidemics.

Tuberculosis among HIV infected person
(Data source: Tuberculosis register)

Year	1998	1999	2000	2001	2002	2003	2004	2005	2006
TB/HIV	1	1	2	7	17	13	22	33	38

Sexually transmitted diseases

In Estonia the extent of the spread of different sexually transmitted diseases (STD) is indicating the high risk of the population for HIV-infection. STDs facilitate significantly the transmission of HIV from one partner to the other during the sexual intercourse. STDs also serve as an indication of the amount of unprotected sexual relations in the society.

Spread of HIV-infection among pregnant women

As of the end of 2005, a total of 19 children had been infected with HIV by their mothers in Estonia. While in 2003, the share of HIV-positive children born to HIV-positive mothers was 4.8% (i.e. 3 children out of 62 were HIV positive), the respective indicator for 2004 was already 9% (i.e. 6 children out of 66). The number of HIV-positive pregnant women has increased in recent years being 52 in 2001, 74 in 2002, 119 in 2003, 126 in 2004 and 127 in 2005. In 2004, HIV-positive pregnant women made up 0.5% of all pregnant women tested for HIV. All pregnant women are medically insured in Estonia from the 12th week of pregnancy, and are thus eligible for free health care services. All women who register themselves as pregnant are advised to test for HIV (in addition to other tests) on their first doctor's appointment. Pursuant to the pregnancy monitoring instructions of the Estonian Gynaecologists' Society, all women who opt for an abortion are also advised to test for HIV. The main problems in the area involve women in risk groups (actively injecting drug users) who, for various reasons, seek out a health care establishment either to give birth or in a late stage of pregnancy.

Commercial sex workers

In Estonia, sex workers mostly operate in Tallinn (apartments, brothels, streets, night clubs, etc.). It is difficult to estimate the number of female sex workers in Estonia. Experts believe the number could total up to 3,000–5,000. The poll, conducted among sex workers (n= 166) by the AIDS Information and Support Centre in 2004, revealed that 78% had used a condom in every and 20% in almost every sexual intercourse with a client in the past month. 23% of first-time visitors to the support centre and 20% of the regular visitors had used illicit drugs in the past 6 months. 81% of the first-time visitors of the centre and 100% of the steady prevention centre customers reported they had been tested for HIV at least once in their life. 60% of the steady customers had tested for HIV in the past 3 months. 44,8% of the preliminary customers and 76% of the steady customers had correct knowledge on the HIV-transmission modes.

HIV –prevalence among commercial sex workers is estimated to be 7,3% (Trummal,2006).

Men, who have sex with men (MSM)

According to the Estonian Gay League, there are approximately 8,000-15,000 homo and bisexual men in Estonia. These men are tested and counselled similarly to other population groups. In 2004, the Gay and Lesbian Information Centre was established in Estonia with the funding of the Global Fund to Fight AIDS, Tuberculosis and Malaria. A survey on the information centre web site was carried out among the MSM in 2004. Altogether 312 men responded to the electronic questionnaire. 59% reported their orientation to be homosexual

only and 41% bisexual. 98,4% respondents reported they had never injected any drugs. This confirms the overall understanding that in Estonian context the IDUs and the MSM are two distinct risk groups that do not overlap and intermingle.

When asking about the HIV-transmission modes with the 5 standard questions, the overall score of the respondents was low: only 29% could answer correct to all 5 questions.

However, 77,7% of the respondents knew they can protect themselves from getting HIV by using always a condom in every sexual intercourse and 66,8% believed they can protect themselves against HIV by only having intercourse with one uninfected partner. 97,7% knew that HIV can be transmitted through needle-sharing. Only 52,2% of the respondents knew that HIV cannot be transmitted with mosquito bite.

27% of the respondents reported also having had a female sexual partner during last 6 months. Only 45% of the MSM reported having used a condom during the last anal intercourse with a male partner and 83,3% reported they had never used a condom having oral sex with their male partner in last 6 months. 30,4% of those MSM who also had female partners, had always used a condom in the last 6 months when having vaginal intercourse with their female partner. 34,5% of the MSM had always and 30,1% most of the times used lubricant in their anal intercourse.

72,7% of the respondents reported that the main reason for not using condoms was because they didn't believe the partner was infected with any STI and 73,8% said it was because they knew their partner and had mutual trust. 41% of the respondents had ever taken an HIV-test and 60% out of those respondents said this had been in the last year.

Young people

Since majority of HIV-positive people are very young (15-29 yrs), the risk group of HIV is also the young population. Injecting drug users and their sexual partners make up a significant share of the infected young people, but HIV endangers also others, as the sexual partners of IDUs serve as a bridge population.

Young people who are the most vulnerable and exhibit high-risk behaviour are especially endangered. The young people in Estonia tend to behave risky in regard to their sexual relations (see Figures 8 and 9, data from: HIV/AIDS related knowledge, attitudes and behaviour among Estonian youth, NIHD, 2005).

Figure 8: Percentage of young people who always used condom in every intercourse in the last 12 months, by age

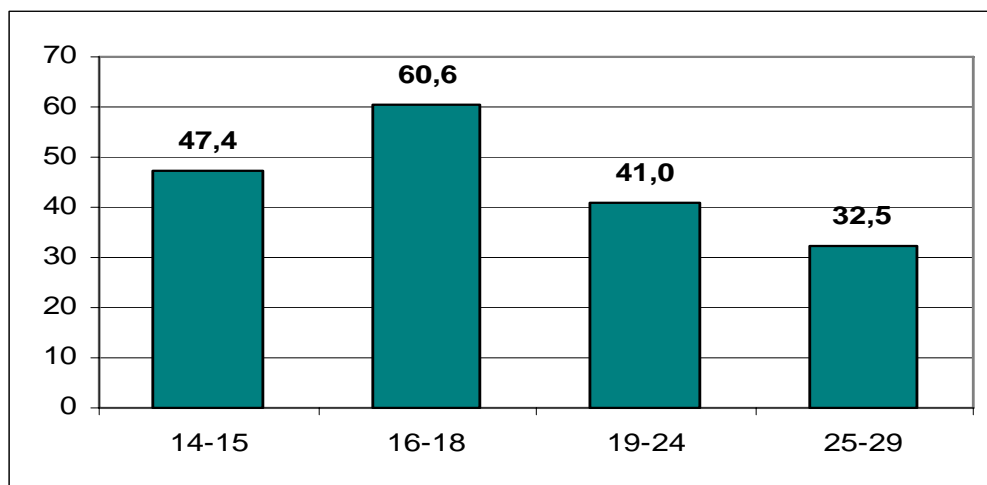
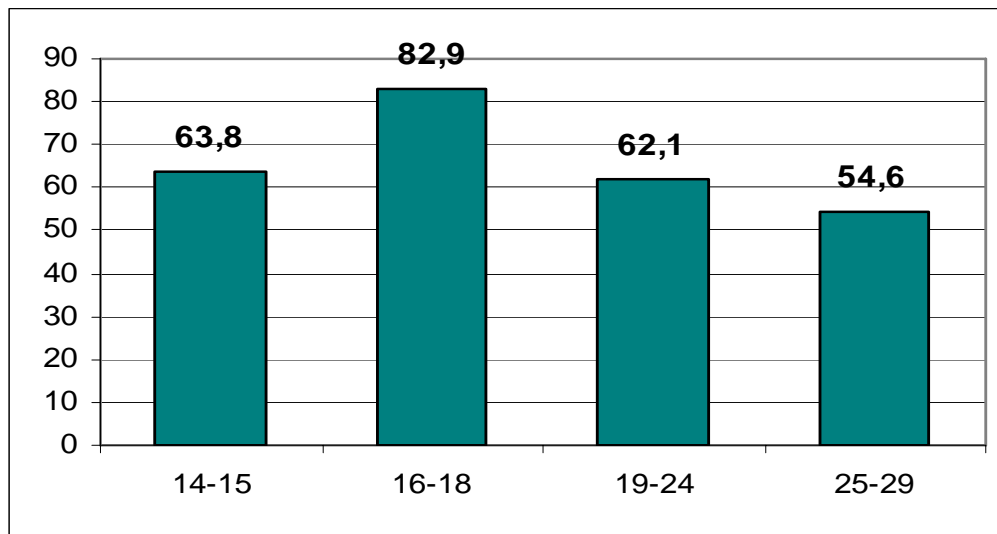


Figure 9: Percentage of young people who used a condom during their latest intercourse with a casual partner, by age



HIV-epidemics among injecting drug users

The highest risk group of HIV-epidemics in Estonia is currently injecting drug users (IDU) and their sexual partners. Therefore the next section will focus on this risk group more thoroughly.

All the HIV-tests carried out in Estonia are verified centrally in one reference laboratory – Merimetsa Infectious Disease Centre. Out of the total HIV-cases that have been registered in the reference laboratory of Merimetsa by end of 2005, 2477 cases were registered among IDUs (49%, incl anonymous cases from VCT cabinets).

In 2005 a survey (report available also in English) by A. Uusküla and her research team was carried out among the injecting drug users, aiming to estimate the prevalence of HIV among IDUs as well as the total population size of IDUs in Estonia. The estimated amount of IDUs in Estonia is currently 13 800 according to the results of the study, which used in its estimation modelling data from police, drug treatment centres, Health Insurance Fund (emergency aid: overdose treatment) and HIV-reference laboratory. About 90% of the IDUs in Estonia are male.

The HIV-prevalence survey used as the sample a total number of 450 IDUs (350 IDUs from Tallinn and 100 IDUs from Kohtla-Järve, Eastern-Virumaa County). The methodology of the sampling was respondent driven sampling. This methodology has some restrictions; however the IDUs are a difficult population for deriving a good sample. The results of the study need to be interpreted carefully for methodological concerns regarding whether the sample was representative.

According to the survey approximately 62% of the IDUs are HIV-infected (which, in case the survey results hold true, would mean there are approximately 8556 HIV-positive cases in the total IDU population of 13 800). 90% of the respondents reported having tested themselves for HIV (62% in the last one year), and 66% of the HIV-positive IDU-respondents had correct knowledge about their HIV-status.

When it comes to the substances injected, the IDU survey of 2005 found that IDUs in Tallinn most commonly use phentanyls, while in Kohtla-Järve (Eastern-Virumaa County) home-made opiates, i.e. poppy is most common. A worrisome trend is that the majority of IDUs are polydrug users and generally inject in addition to opioids also other substances – thus

making the methadone substitution therapy less effective. According to the IDU-survey in 2005, 54,2% of the IDUs had injected more than one type of drug during last 4 weeks. Most commonly used non-opioid drug was amphetamine, as 62,4 % of the respondents reported injecting it in last 4 weeks.

The similar trend was reported also by needle-exchange points' customers in 2004. 73% of steady customers of needle exchange points used opiates, while 55% used stimulants. More than half of them (57%) only injected a single substance. Comparative analysis of first-time and repeat visitors to syringe exchange centres in 2004 revealed that over half of both first-time and repeat visitors have accurate knowledge of the ways of HIV transmission.

Compared to other European countries, Estonian drug users are young. The number of experienced drug users is relatively small. There exist differences between the findings of the 2004 study among needle exchange customers and 2005 general IDU HIV-prevalence survey. In 2004, 45% of first-time visitors to syringe exchange points reported having injected drugs for 2-4 years, and 20% for 5-10 years. However, 48,7 % of the 2005 IDU study respondents reported having injected for 6-10 years and 14,7% 11 and more years. This may reflect that the IDUs with longer consumption history are more often getting their syringes from pharmacies and tend to visit needle exchange points less frequently. In the 2005 survey, 50% of IDUs reported pharmacies as their main source for syringes, and 43% needle exchange points.

The 2005 IDU-survey also assessed risk behaviour. 39% of the respondents in the 2005 IDU-survey reported having used condoms during every vaginal intercourse in the last 12 months, and 38,4% during every intercourse last 4 weeks. 29% of the respondents reported having shared needles and/or syringes with someone during past 4 weeks.

Again, some differences can be seen when compared to the earlier data gathered from needle exchange points in 2004. Here 50% of the first-time customers and 60,5% of the steady customers reported having always used a condom during every intercourse last 4 weeks. 20,4% of the steady customers and 38,2% of first-time customers reported having shared needles and/or syringes with someone during past 4 weeks.

III National response to the AIDS epidemic

Estonia is the smallest of the three Baltic countries with a population of approximately 1.37 million people and the percentage of non-ethnic Estonians of approximately 31.6%. Having regained its political autonomy in 1991, Estonia experienced major changes in political, economic, and social structure. Economic dislocation and the disruption of personal, domestic and inter-community networks have contributed to several overlapping epidemics: increased violence, high-risk sexual behavior, substance abuse, infectious diseases (HIV, viral hepatitis, sexually transmitted diseases, tuberculosis) (Uusküla, 2004) increasing the overall levels of morbidity and mortality (Leinsalu, 2004). HIV incidence and prevalence in Estonia is among the highest in the European Union countries. The most affected groups include injecting drug users and commercial sex workers, also people with risky sexual behaviour. A total of more than 5,700 HIV infections have been reported since the epidemic began in Estonia, and it is estimated that the actual number of people living with HIV in 2005 was twice as high (10 000 with a range of 4800–32 000) (UNAIDS, 2006).

STRUCTURES AND STRATEGIES RELATED TO HIV PREVENTION

HIV-prevention activities in Estonia started more than 15 years ago. At the end of 1980s, biological surveillance of HIV-infection started and the first anonymous AIDS counselling cabinets were opened. On the basis of the prevention strategy developed by the Estonian Association "Anti AIDS", the first National Programme for AIDS Prevention for 1992–1996 was developed and adopted in 1992. The second National Programme for HIV/AIDS Prevention – "National Action Plan for HIV/AIDS and other Sexually Transmitted Diseases Prevention" was implemented in 1997–2001.

The third national programme was adopted for 2002–2006 and was financed from the state budget and coordinated by the Ministry of Social Affairs. However, due to the growing epidemics, a need emerged for a new strategy that would better involve other governmental organizations, private sector and civil society. In 2005 a new national HIV and AIDS Strategy was developed for the years 2006-2015 together with an Action Plan for years 2006-2009. The strategy was adopted with a government order on December 01, 2005. With the order, the Government also created a high-level multisectorial Governmental HIV and AIDS Committee as an advisory body to the Government for the central coordination of the implementation of the new strategy.

The committee includes various stakeholder representatives – the representatives of all the ministries that need to plan activities in their field (Ministry of Social Affairs, Ministry of Education and Research, Ministry of Justice, Ministry of Defence, Ministry of the Interior), the representatives of local municipalities, counties, the Parliament (Social Committee), the bureau of Prime Minister, the representatives of the four thematic working groups, PLWHA, representatives of Non-Governmental organisations, Global Fund programme management board and a representative of the youth organizations' union.

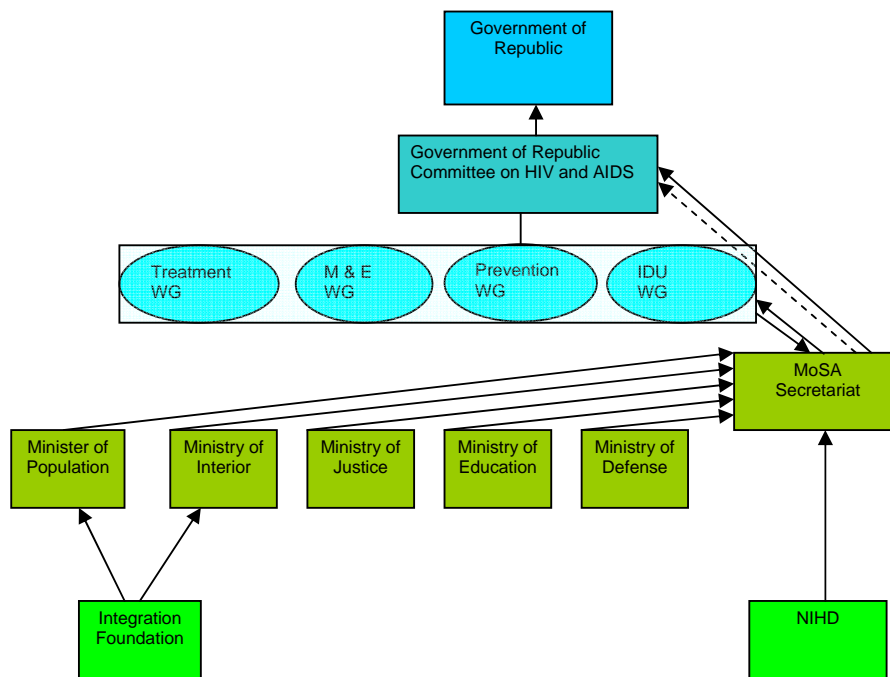
The thematic working groups are open to all specialists and organizations operating in the field of HIV, both state and non-governmental. Thus, they serve as a forum where all the important issues are discussed. The working groups review the annual strategy Action Plans and present their proposals to the Committee. The Committee reviews the proposals of the working groups and approves the national Action Plan for the following year and the Government of the Republic adopts the document.

The Ministry of Social Affairs is now serving as the Secretariat to the new committee. Each implementing ministry develops its own annual Action Plan with a tangible/precise budget (based on the 4-year Strategy Action Plan), which is presented to the Committee for approval.

Besides the state budget, the financial resources for implementing activities have also been received from the Estonian Health Insurance Fund, gambling tax funds and other local funds and from different foreign donors (Open Estonian Foundation, the Global Fund to Fight AIDS, Malaria and Tuberculosis, foreign embassies, Family Health International, World Health Organization, Nordic Council of Ministers, Baltic States body for cooperation, etc.).

In summer 2002, the Ministry of Social Affairs submitted a grant application to the international organization The Global Fund to Fight AIDS, Tuberculosis and Malaria (GF). The application was acceded and until the year 2007 it was possible to receive additional 10 million USD for the HIV/AIDS prevention and ARV treatment. The condition for receiving the grant was that Estonian Government will not reduce the financing of HIV/AIDS prevention and will continue the implementation of the national HIV/AIDS programme. Global Fund resources have enabled to expand considerably the evidence-based interventions and cover the expenses related to the increasing need of ARV drugs.

Figure 10: Process of yearly national HIV-action plan development



NATIONAL HIV/AIDS PREVENTION STRATEGY FOR 2006–2015

The general goal of the National HIV/AIDS Prevention Strategy for 2006–2015 (hereinafter referred to as the Strategy) is to achieve a constant decline tendency of HIV spread in Estonia.

The strategic objectives set by the national HIV and AIDS strategy are the following:

1. HIV-spread has a constant decline tendency.
2. The number of drug injectors has decreased and the spread of HIV among the injecting drug users has a constant declining tendency.
3. The incidence of HIV among young people aged 15-29 has constantly decreased.
4. The spread of HIV infection among commercial sex workers has not increased and the spread of sexually transmitted infections has decreased.
5. The knowledge of the population of the ways of HIV transmission and their skills to assess their infection risk have increased and negative attitudes towards PLWHA have decreased.
6. No spread of HIV infection has occurred in detention institutions.
7. Vertical transmission of HIV infection has decreased.
8. The spread of HIV infection among MSM has not increased.
9. The STI spread among the population has decreased.
10. No HIV infections have occurred in the course of vocational work.
11. Availability of HIV testing and counselling service has increased.
12. Safety of the transfused donor blood and transplanted organs and tissues to the recipient is ensured.
13. Quality of life of people living with HIV and AIDS has improved.
14. Evidence-based planning in the field of HIV has enlarged.

To achieve these goals and objectives the so-called “Three Ones” principle is being implemented:

- central management and coordination of the strategy;
- development and implementation of a uniform action plan, and
- the existence of a uniform surveillance and evaluation system for the whole country.

The priorities of the strategy include:

- Harm reduction services for IDUs;
- Young people;
- HIV-related specific health care and social support services for PLWHA.

HIV/AIDS PREVENTION ACTIVITIES AMONG INJECTING DRUG USERS

The estimated number of IDUs in Estonia is 13 800 (Uusküla, 2006). HIV prevalence among 350 IDUs recruited in Tallinn in 2005 was 54% (Platt, 2006).

Needle and syringe exchange services for IDUs started in Estonia within the framework of pilot projects already in 1997. On national level, since 2001 the service was financed through the Gambling Tax Fund, and the support of drug users' counseling projects was started in six Estonian towns – Narva, Sillamäe, Kohtla-Järve, Ahtme, Jõhvi and Kiviõli. Since 2003, the service was financed from the national program (co-financers Finland, Germany and the cities of Tallinn and Tapa). Since 2004, the main financer has also been Global Fund Program.

The exchange of clients' syringes and needles is implemented in the needle exchange points; clients are counselled of the possibilities of getting help, safe injecting methods, and safe sexual behaviour; they are motivated to give up the injecting and, if necessary, to start

using other methods of taking the same narcotic drug or replacement treatment. Condoms, information materials, disposable syringes and needles and disinfectants are available free of charge. The counseling and needle exchange service is also provided in the course of field work.

The number of needle exchange points has increased from 13 in 2002 to 28 in 2006. Services are provided mostly in the capital city Tallinn and its surrounding areas and in Eastern Estonia (counties called Ida- and Lääne-Virumaa). In 2006, more than 1,600,000 needles were distributed to IDUs in these needle exchange points.

In addition to needle exchange, opioid substitution therapy is provided for IDUs. The objective of OST is substituting the illegal drug that is intravenously injected by a methadone that is being orally used. At the end of 2006, a total of 602 clients received OST in the framework of GF Program.

In 2006 a new service for IDUs and their sexual partners was launched - counseling and testing of sexually transmitted infections. Services include counseling on safe sex, STIs, contraception, HIV VCT, outpatient treatment of STIs and distribution of condoms and lubricants. All services are provided on a voluntary basis, anonymously and free of charge. In 2006, a total of 639 people received these services in Ida-Virumaa.

HIV/AIDS PREVENTION ACTIVITIES AMONG YOUNG PEOPLE

Courses on HIV/AIDS to the students of high and vocational schools and also army recruits have been organized in the framework of GF program since 2003. Peer-education network for young people has been implemented and information materials on HIV and safe sex and related topics have been produced. There have been continuous trainings for teachers and guidelines on sexual education have been prepared.

Activities include also the contest Health Promotion Idea Project, which takes place annually since 2004 under the National HIV/AIDS Prevention Strategy and National Drug Use Prevention Strategy. Young people can prepare and submit for funding projects in the field of health promotion.

Youth counseling centers

The work of youth counseling centers is coordinated by the Estonian Union of Sexual Health and financed by EHIF and through the state budget. These centers provide STI counseling, diagnostics, and treatment, also counseling on safe sex, family planning issues for young people up to 24 years of age. There are 18 youth counseling centers in Estonia, at least one in every county. Services are free of charge for all clients.

Media campaigns

The main part of the media campaign "Armastuse terviseks!" ("To the love!") targeted at the age group 15–24 was organized in April and May 2004 by the Estonian Union of Sexual Health. During three weeks the campaign posters were displayed in three cities (Tallinn, Tartu, Narva) and the campaign clip was shown in two TV channels (Estonian and Russian channel). Thematic flyers were distributed in schools in Tallinn. A campaign T-shirt, keyholder and glue-on tattoo were developed. A charity concert in the Town Hall Square in Tallinn was organized at the end of May with Estonian and Russian pop-artists participating. The concert had around six thousand spectators. It was televised by two channels (Estonian and Russian channel). Preventive events to commemorate the World AIDS Day on December 1 took place in three nightclubs (Tallinn, Narva and Tartu, with 2350 participants),

accompanied by thematic TV programs in two channels. The campaign was concluded in May 2005 with a social art exhibition in Tammsaare Park in Tallinn.

Another media campaign “Ära osale loosimises!” (“Do not take part in the draw!”) was launched in May 2006 by the National Institute for Health Development. It was aimed at rising the awareness of young people aged 19–29 about HIV-epidemic in Estonia and to encourage the use of condoms. During three weeks a thematic videoclip was shown in three Estonian TV channels, clips were run in five radio channels (both in Estonian and Russian) and there were outdoor commercials in five bigger cities in Estonia.



GENERAL POPULATION

Prevention and health promotion councils in county municipalities

All 15 county governments have established drug prevention or health promotion councils. The councils include representatives from local governments and various organisations in the county. The task of the councils is to implement the national health strategies and programmes at the county level. For that purpose they prepare strategic directions of health promotion in the county as well as annual action plans. The content and target groups of the activities managed by the councils may vary somewhat in different counties depending on the situation of health problems in each specific region. Project tenders are organised in order for various local organisations to receive allocations. In addition, the councils organise prevention events and training courses for the youth, seminars or information days for the local government members and different specialists. The activities at the county level are supported from the National HIV/AIDS Prevention Strategy and Drug Use Prevention Strategy.

Media campaigns and other public events

In May 2005, the Estonian National Institute for Health Development launched a media campaign aimed at reducing stigma and discrimination related to HIV and AIDS and to increase the tolerance of the general population toward people living with HIV and AIDS (PLWHA). It was funded from the National HIV/AIDS Prevention Programme for 2002-2006 and by the US Embassy.

The message of the campaign was: “Notice the person, not the disease”. During three weeks a thematic videoclip was shown in two Estonian TV channels and there were outdoor commercials in five bigger cities in Estonia.

The post-campaign study revealed that 50% of respondents had seen the media campaign and 81% of them had correctly understood the message. 73% of those who had noticed the campaign admitted that it had made them think that they should be more tolerant towards

people living with HIV/AIDS. Before the campaign 55% and after the campaign 62% of people claimed that they would work in the same collective with an HIV-infected person



Events are organised annually on the Remembrance Day of AIDS Victims on the third Sunday in May, and the World AIDS Day on December 1. In May 2004, an AIDS ribbon was created in Tammsaare Park in Tallinn and a concert was organised in the Town Hall Square (for more details see the section on youth activities). In May 2005, a concert of the Estonian National Male Choir RAM was organised in the Tallinn Methodist Church. The event was OPENED by the US Ambassador to Estonia (Dr Aldona Wos) and AIDS Requiem “Memento Mori” (J. Adler) was presented.

For several years World AIDS Day concerts have been organised on December 1 in Kaarli Church in Tallinn. In 2004 the charity concert featuring famous artists was titled “Open your eyes” and about 1400 spectators attended it. Estonian Prime Minister (Mr. Juhan Parts) was the patron of the event. The 2005 concert in Kaarli Church was associated with the main idea of the concurrent campaign “Notice the person, not the disease!” and the 21st Century Orchestra performed with renowned musicians and artists. The concert was attended by about 1700 persons. Both concerts were also broadcast live in the public television (ETV) and in both years contributions were collected for medical equipment required for monitoring HIV infected children.

In 2006 the patron of the concert was Estonian Prime Minister Mr. Andrus Ansip. During the concert and previous weeks NIHD together with one of the biggest banks in Estonia – Hanspank – raised funds for the support of the newborn babies of HIV-positive women. More than 300,000 kroons were collected that were used with participation of NGO Estonian Association Anti-AIDS to buy breast milk substitute in order to prevent mother-to-child transmission of HIV. For the first time in Estonia, in 2006, people living with HIV (PLWH) were involved in organising and carrying out of the World AIDS Day. Quite newly established National Network of PLWH and united all of the people living with HIV, regardless of the way of getting of infection, held 1st of December in 4 Estonian cities (Tallinn, Jõhvi, Rakvere, Narva). It was held under the slogan “Stop AIDS, keep the promises”, which gave people the opportunity to be heard.

COMMERCIAL SEX WORKERS

There are two NGOs in Tallinn which provide social support and health care services for CSWs. In 2006 almost 1,000 visits were made to these two centers, STI services received more than 600 people and the number of condoms distributed was more than 44,000.

PRISONS

The Ministry of Justice is responsible for administering health care and social services in prisons. All people who are arrested or found guilty for the first time are recommended to take tests. HIV-test is voluntary and confidential. Testing is free of charge for prisoners (tests are paid for from the state budget through the Ministry of Justice, verifications tests are paid for from the National HIV/AIDS Prevention Strategy budget).

HIV-positive prisoners are in a prison pursuant to the general procedure. Depending on the state of his/her health he/she will be assigned further examinations and treatment. Prisons have the responsibility to organize regular trainings for detainees and prison staff regarding the prevention of the HIV infection spread. Condoms and disinfectants are also distributed to prisoners (free of charge).

The main part of the trainings for prisoners is organized by the NGO Convictus Eesti. This NGO operates also support groups for prisoners with HIV infection in all prisons. In 2006 more than 600 prisoners attended these support groups.

MEN WHO HAVE SEX WITH MEN

No differentiation regarding their HIV testing and counseling has been implemented in Estonia. Their testing and counseling is similar to other population groups. Given the fact that Estonian gays are converged on the Estonian Gay Association, it has been possible to organize prevention intervention through that organization. Funded by the Global Fund, the Gay and Lesbian Information Centre has been established and the NGO ESPO has been supported in the provision of a gay support group service. The publication of information material and distribution of condoms (almost 100,000 in 2006) has also been supported.

DEFENCE FORCES

There is no obligation to test the persons eligible to be drafted in the Estonian Defence Forces for HIV. It is possible for all members of the Defence Forces to take a voluntary test in AIDS counseling cabinets. Data on how many have taken the test are not collected.

There is also no obligation in the Estonian Defence Forces to test the members of the Defence Forces who go on international military missions for HIV-infection. HIV-test is taken only when members of the Defence Forces are going to study abroad.

A conscript who has been found to be infected with HIV is released from compulsory military service. When HIV-infection is discovered in a regular member of the Defence Forces, his/her further military service is decided on an individual basis. Further medical examination and treatment of a person with HIV-infection/AIDS will take place in civil network. There is no corresponding plan for their treatment in the Defence Forces.

HIV-TESTING IN ESTONIA

Biological surveillance of HIV in Estonia started in 1987. Surveillance is performed by primary diagnostic groups (33 regular screening measurement laboratories) that are located in all bigger health care institutions and national HIV-reference laboratory located in Tallinn.

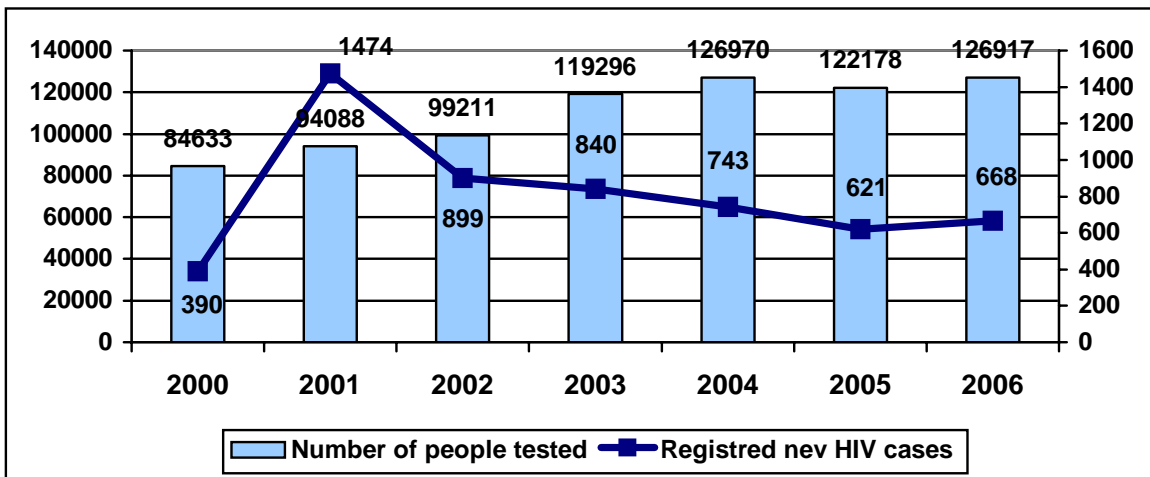
In Estonia HIV testing is voluntary and it may be performed only upon the person's informed consent. However, the testing of donor blood and transplanted organs is obligatory (according to the Communicable Diseases Prevention and Control Act). All foreigners applying for a temporary residence permit are also obligated to take the HIV-test.

In Estonia HIV infection tests are performed:

1. In AIDS counseling cabinets, the test is anonymous and free of charge for everyone. Test for syphilis is also taken. Pre-test and post-test counseling is provided, HIV-infected people are referred to an infectious disease specialist.
2. In youth counseling centers (18), testing is free of charge for all young people up to 24 years of age.
3. In prisons – all prisoners are suggested to take the test (Regulation of the Minister of the the Justice No 16 from 7 March 2002).
4. In defence forces – conscripts are recommended to take the test (for example in counseling cabinets). HIV-testing, however is obligatory, when the member of the defence forces is sent to study abroad, for example, to the USA.
5. By general practitioners and other specialists.
6. Pregnant women – recommended to everyone (Regulation of the Minister of Social Affairs No 118 from 31 October 2003 establishing that pregnant women shall be tested for syphilis and HIV-infection when registering their pregnancies);
7. People with sexually transmitted infections – recommended to everyone.
8. Tuberculosis patients – recommended to everyone.

Figure 11: HIV-tests in Estonia in 2000–2006

(Data source: State Reference Laboratory of HIV Diagnostics)



AIDS counseling centers

In Estonia the anonymous VCT service is provided by 6 AIDS counseling centers: 2 of them are located in Tallinn, 1 in Kohtla-Järve, Narva, Tartu, and Pärnu. Their work is coordinated and financed by the National Institute for Health Development from the National HIV/AIDS Prevention Strategy funds

The AIDS counselling centers have been established for the purposes of voluntary and free of charge HIV and STI counselling and for HIV and syphilis testing. In order to provide voluntary counselling and testing service the staff of the centers also organise regular visits to local schools, vocational schools, syringe exchange centres and towns where there are no AIDS counselling centres.

The objective of such work is to ensure the availability of HIV testing and counselling service to all seeking it. The target group includes the whole population, in particular the people who belong to risk groups (injecting drug users and their sexual partners, people who have had

unprotected sexual intercourse, people who have been injured in an accident and subsequently exposed to other people's blood, commercial sex workers, etc.)

The services provided include:

- Confidential counselling before the test.
- Free of charge, voluntary and confidential testing for HIV infection and syphilis.
- Distribution of condoms free of charge.
- Distribution of informational materials free of charge.
- Post-test counselling – test results are made known only at centers with counseling.
- If necessary, emergency assistance and psychological support is offered, the possibilities for health care and social support services and support groups are introduced.
- If necessary, counselling the close ones of HIV positive persons and psychological and social support.
- If necessary, the so-called post-counselling, testing and/or psychological support are offered.

In 2006, 6,291 persons received counselling and 5,414 of them were tested for HIV. The number of new positive cases found was 260. HIV-tests performed in counseling cabinets have on the average formed 5–8% of tests made over the years, however, of new cases of HIV-infection, 25–35% are diagnosed in these centers (see Table 2 and 3). Approximately 3% of people who have given their blood test do not turn up for their test results.

Number and proportion of people tested in AIDS counselling centers and HIV-cases diagnosed:

Year	People tested for HIV	Number of people tested in AIDS centers (% of all tested people)	Proportion of HIV-cases among all people tested in AIDS centers	Proportion of HIV-cases detected in AIDS centers among all HIV-cases
2001	94 210	6 235 (6,6%)	470 (7,5%)	31,9%
2002	99 193	6 507 (6,6%)	328 (5,0%)	36,5%
2003	119 296	5 223 (4,4%)	279 (5,3%)	33,2%
2004	126 970	4 914 (3,9%)	259 (5,3%)	34,9%
2005	122 178	5 952 (4,9%)	226 (3,8%)	36,4%
2006	126 917	5 414 (4,3%)	260 (4,8%)	38,9%

HEALTH CARE AND SOCIAL SUPPORT SERVICES FOR PLWHA

Health care services

Monitoring the health of PLWHA in Estonia is done by the infectious diseases specialists. If a person's HIV test is positive, then the doctor or the nurse who performed HIV-testing, shall send the patient to the infectious diseases specialist. Under the supervision of the infectious diseases specialist, monitoring of health, additional examination, therapy when necessary, counseling and contact tracing are carried out.

The infectious diseases specialists consult the patients in five cities - Tallinn, Kohtla-Järve, Narva, Tartu and Pärnu. Antiretroviral therapy (highly active antiretroviral therapy HAART) in Estonia is currently provided by AS Lääne-Tallinna Keskhaigla Merimetsa Nakkuskeskus (Merimetsa Center of Infectious Diseases at West Tallinn Central Hospital), SA Tartu Ülikooli Kliinikum (University Hospital of Tartu), AS Narva Haigla (Narva Hospital) and SA Ida-Viru Keskhaigla (Ida-Viru Central Hospital in Kohtla-Järve). Antiretroviral medicaments are

obtained mainly by public procurement and they are free to all persons receiving therapy. At the end of 2006, 500 people were receiving ARV treatment.

The primary medical examination costs of PLWHA who are not covered by national health insurance have been covered from different sources, for example from Global Fund Program, Tallinn City Government, and National HIV/AIDS Strategy budgets.

Psychosocial support

Several NGOs are organizing support groups for PLWHA. The aim of the support groups is to improve the quality of life of PLWHA. All services are provided on a voluntary basis, anonymously and free of charge. Support groups have been funded through GF Program and National HIV/AIDS Prevention Strategy. At the end of 2006 more than 260 people took part of the work of support groups. At the end of 2006 peer to peer consulting service has started working in Merimetsa infectious hospital (Tallinn). The trained PLWH consult other PLWH by telephone, internet, and directly in the hospital on adherence to the ARV treatment, social and psychological aspects. They inform PLWH about existing AIDS-service organisations, supporting groups and other HIV related services.

Services provided include:

1. Professional counseling on following issues:
 - possibilities for health care services, HAART, adherence to treatment;
 - possibilities for social support services;
 - psychological;
 - legal counseling;
 - social counseling (how to find a job, etc.)
 - healthy lifestyle (nutrition, prevention of opportunistic infections, vaccinations, physical activity, etc);
 - safe sex, prevention of STIs and unwanted pregnancies;
 - safe injecting, possibilities for substitution treatment, illegal drug treatment and rehabilitation.
2. Counseling of close ones of people with HIV and AIDS
3. Distribution of condoms free of charge.
4. Distribution of informational materials free of charge

The social benefits and services provided by the national and local governments are meant for all the people in need of assistance and there are no special terms or benefits for PLWHA.

CASE MANAGEMENT SYSTEM

In order to better provide all the health care and social support services and to improve access to the services there is a plan to implement case management system for PLWHA. The first steps that have been taken towards this goal have included trainings for specialists and resources for infectious diseases departments to hire social workers.

PREVENTION OF MOTHER TO CHILD TRANSMISSION OF HIV

The number of HIV-positive pregnant women in Estonia has remained stable in past years. All pregnant women in Estonia are covered by health insurance from the 12th pregnancy week and thus are guaranteed all health services free of charge (including prophylactic ARV treatment). All women who register their pregnancies are recommended already during their first visit to take the HIV-infection test in addition to other tests. The corresponding test is also recommended to all women who decide to have an abortion. Regulation of the Ministry

of Social Affairs No 118 from 31 October 2003 establishes that each pregnant woman shall be tested for syphilis and HIV-infection in course of registering the pregnancy.

Problems related to the mother-child infection transmission start when the risk group women are not aware of their rights or their interests are limited only to a short-term economic income. Dealing with this vulnerable group the cooperation of local level specialists based on the case management principle is essential. The pilot project of parent-child HIV spread prevention started in the beginning of 2004 in Ida-Virumaa and is being funded by the American Embassy.

PREVENTION OF TUBERCULOSIS

According to the data of Estonian TB Registry, the incidence of TB started to rise in the beginning of 1990s from 26.0 per 100 000 to 56.6 per 100 000 in 1998. Since then the epidemiological situation has improved and in 2005 there were 37.3 TB cases per 100 000. Multi-drug resistance has been a serious problem in Estonia. In 2005 approximately 13.5 % of the TB cases were MDR-TB

All patients who are suspected of having tuberculosis are offered a possibility to take the HIV-test also. The majority of patients agree to that. According to the data of the National Tuberculosis Registry, HIV was diagnosed for the first time in a tuberculosis patient in 1997. All in all, HIV has been registered in tuberculosis patients on 132 occasions. Tuberculosis patients with HIV have been 15–59 years old (more than 50% have been aged 20–29).

There are 5 separate TB departments in Estonia with 230 beds including 30 beds for compulsory treatment. There is one separate department for prison system (40 beds). Every County (15) has their own Central Hospital which is responsible for TB treatment and some prophylactic (contact tracing) activities in the region. TB diagnostics and treatment for PLWHA is provided in the same departments.

National Tuberculosis Control Programme has applied for funds from the American Embassy among other things also for enhancing the collaboration with the HIV/AIDS prevention programme. The project was launched during the 2nd half of 2004. In the framework of the project, the guidelines for the HIV-TB diagnostics and treatment were developed and distributed, health professionals were trained, etc.

WHO is currently financing a project on scaling up treatment and care for HIV/AIDS and TB and accelerating prevention within the health system in the three Baltic states: Estonia, Latvia and Lithuania (2005–2007). In the framework of the project, National TB/HIV Working Group and Sub-regional Baltic Working Group have been established, economic and financing analysis of National TB and HIV prevention activities in Estonia has been carried out, and guidelines for effective and sustainable collaborative TB/HIV activities have been developed. The working group has participated in the elaboration of the case management system concept and development of new national TB control program.

PREVENTION OF OCCUPATIONAL EXPOSURE

Estonian Association of Infectious Diseases has developed guidelines for the diagnostics and treatment of HIV-infection which also include instructions for preventing infections spreading with blood and other bodily fluids and for the post-exposure management.

Blood safety

In Estonia donor blood is tested for HIV and hepatitis B and C. For testing donor blood, the HCV (hepatitis C) AG and HIV. Ag+Ab tests with the window period of 14 days are used. Giving explanations to potential donors is also important. Blood establishment or

transfusiology development plans have been prepared in 2001. In collaboration with the Estonian Red Cross and the North-Estonian Blood Center several thematic information materials have been prepared both in Estonian and in Russian (for example “Disease agents and safe blood”). Blood centres have worked with the training of staff independently.

STIGMA AND DISCRIMINATION

The study on youth (Lõhmus et al. HIV/AIDS-related knowledge, attitudes and behaviour among the Estonian youth; 2003) revealed that the stigmatising attitudes with regard to PLWHA are widespread among Estonian 10–29 year olds. Nearly 80% of 10–13 year olds do not want to eat at the same table or study in the same class with PLWHA. 77% of 10–13 year olds and 59% of 14–15 year olds would not like to have a teacher with HIV. 75% of 19–29 year olds would not put their child into the same nursery group with a child with HIV-infection and 21% would not work in the same working collective with PLWHA.

National Institute for Health Development had a project financed by the US Embassy for reducing HIV/AIDS-related stigma and discrimination and informing the general population of these matters (project duration 2004–2006). In the framework of the project a study was carried out among PLWHA to assess their quality of life and issues related to stigma and discrimination. In May 2005, the National Institute for Health Development launched a media campaign aimed at reducing stigma and discrimination related to HIV and AIDS. The message of the campaign was: “Notice the person, not the disease” (see page 6). Furthermore, a training curriculum on stigma and discrimination in the context of BCC for HIV/AIDS programs was developed and implementation of training for trainers on stigma and discrimination was conducted.

IV Major challenges and actions needed

Several challenges have been identified by Estonian HIV-experts regarding the further spread of the epidemics. Firstly, although there have been some different opinions expressed by international experts, the local experts agree that the increased sexual transmission of HIV is an alarming sign. Even though many of the cases of sexual transmission are indeed among the sexual partners of the IDUs, there is also evidence of the transmission outside the risk group. The local experts stay very concerned since national surveys indicate low condom-use among Estonian youth. Often casual sexual relations are accompanied by alcohol consumption, which increases the risk that the youth will not use condoms. Estonian cultural background is rather liberal in terms of sexual relations, and there are also no religious moral restrictions for sexual relations while majority of Estonians define themselves as atheists.

Many of the new cases in the recent years appear mainly in the age group of 20-29 years, which means that the youth at risk is not accessible in schools. Therefore also other prevention measures are needed for targeting the youth outside of schools. Possibilities include working with open youth centers, cooperating with youth organizations and targeted media campaigns.

The quality of HIV-prevention in schools needs to be improved by introducing health education as a separate compulsory subject in the school curriculum for all age groups. It is only through a persistent message and development of relevant skills in addition to knowledge provision that enable us to bring up HIV-free new generations.

The international and local experts recognize the importance of addressing gender issues, with a particular focus on the vulnerabilities of women and girls and sexual minorities in the fight against HIV and AIDS, more substantially into the national policies and operations.

The situation of IDUs in Estonia in the provision of effective treatment provision is particularly challenging. Specific barriers include stigma, fear of registration for IDU, lack of harm reduction, perceived and actual lack of effective confidentiality and the lack of social support. The percentage of patients who dropped out of treatment (IDUs or not) has been reported to be high in Estonia. Causes might include possible intermittent provision of drugs due to logistical and tendering issues, and lack of timely access to viral load and D4 monitoring as a result of this, resistance might emerge.

Challenging for Estonia is also the debate around the methadone treatment in Estonian context – i.e. how liberal should be methadone distribution. As mentioned earlier on in the document, the Estonian treatment providers all agree that Estonian drug-addicts are very young and have a rather good potential for drug treatment and rehabilitation – thus only the most hopeless cases are put on methadone maintenance therapy. Methadone provision in Estonia always includes psychiatric help. Furthermore, it is debated in Estonia that easy access to methadone would in case of our young drug users contribute to the development of drug dependency. When it comes to methadone substitution as mainly HIV-prevention method, then some doubts have been arisen about its effectiveness in Estonian context of polydrug (incl. amphetamines) injecting. Finally, it is believed that liberal methadone distribution could lead to drug tourism from neighboring countries that have stricter methadone policy. However the debate around methadone treatment is an ongoing one, and in the near future efforts will be made to better include the target group representatives and other professionals (e.g. criminologists) in the debate.

Yet another issue that raises concerns among Estonian HIV-specialists is the missing harm-reduction in penal institutions. While there are agreements about starting to provide methadone treatment to detainees, needle exchange still remains illegal in prisons. Health care professionals have a major role to play in engaging patients into care. In Estonia HIV related knowledge and attitudes could be improved.

HIV will have its impact also on Estonian health care system through the increase of different treatment needs of HIV-positive people (e.g. co-infections). Estimations and projections are currently developed to better prepare the health care system for the growing demands. Although the health status monitoring (CD4 cell count, viral load) and HAART are free of charge for all PLWHA, not all of the people who need these services are actually receiving them. Many of the PLWHA are drug-users or belong otherwise to socially marginalized groups who are not aware of, or do not take interest in their rights and possibilities. Therefore, an important step in bringing all of the people in need of care and treatment to the health care services is the creation of the case-management system.

There exist challenges also in the financing of the NGO sector. Responding to the growing epidemics by inclusion of more new NGOs active in the field causes sometimes strain among old partners, as the budget is not growing as fast as the amount of partners. In addition, there is some reorganization of services that is aimed at reducing duplication of efforts and cost-effectiveness of service provision, as these issues become growingly important when a country has to deal with a broader epidemic. Uncertainty about the future has been a major concern raised by several NGO-partners in the field. A solution that has been considered by the state is long-term framework contracts with the partner-NGOs, which establish the general principles of their basic funding.

Yet another issue that has been raised by the NGOs is their wish for greater involvement in the planning phases of policy development and strategy implementation. This process was initiated in the course of national HIV and AIDS strategy development in 2004-2005 and is continued by running the different thematic working groups of the high-level committee on HIV and AIDS, which are open to all stakeholders who want to participate. It is too early to measure the success, but the working-groups that have been run in the beginning of 2006 for the development of the national action plan for 2007 have been described by several stakeholders as very constructive. The working groups will also review the yearly reports on the strategy implementation.

VI Monitoring and evaluation

Currently the HIV-surveillance, monitoring and evaluation activities in Estonia are collected in somewhat fragmented way. The epidemiologic surveillance is done by the central reference laboratory and the Health Protection Inspectorate. Regarding the gathering of HIV and AIDS data in Estonia, passive infection surveillance data has been available for the longest period of time. The surveillance of the spread of HIV-infection in Estonia was started in 1987. Surveillance is performed by primary diagnostic groups (32 regular screening measurement laboratories) that are located in all bigger medical institutions and the reference laboratory located in Tallinn. The current system collects anonymous data on people living with HIV and people living with AIDS by sex, age and region. In addition, data is collected on the ways of HIV transmission, but the method used for registering the information does not enable unambiguous interpretation—only general conclusions can be drawn on the trends of the spread of HIV. The best quality information regarding the risk groups and risk behavior of the tested individuals is retrieved from the anonymous cabinets. A major issue lies within the registering of HIV-positive cases versus people living with HIV, as currently only cases are registered in Estonia. Nearly 30% of the new cases are registered in anonymous cabinets, and thus the extent of double recording is unknown. There are also problems with the current form of HIV-treatment information registration, which does not enable to quickly retrieve the necessary information. The development of a HIV-registry ongoing process; however this is a time-consuming process due to the legal issues around confidential data protection. As regards to active infection surveillance, currently only one survey among the IDU-population has been carried out.

When it comes to behavioral surveillance, significant developments have occurred in the last few years. By today Estonia has succeeded in collecting information on the behavior, knowledge, and other characteristic indicators on the most important target groups (injecting drug users, sex workers, young people, etc.).

Positive developments are evident in the implementation of evaluation activities in the field of HIV and AIDS. Estonia has started to promote the need for evaluation—above all, to compare the planned results and the actual results, to ascertain whether the intervention activities have reached a sufficient number of people in the target group, and whether the desired changes can be seen in the target group. There are still areas which have not received notable attention—e.g. evaluation of the economic impact, cost-efficiency analysis. National Institute for Health Development has set up an HIV and AIDS prevention surveillance, monitoring and evaluation unit, assigned with the task of developing the data collection system (in co-operation with various ministries and other stakeholders), data collection, data analysis and regular publishing of information on the trends in the HIV and AIDS epidemics, and the efficiency of state activities:

1. The HIV and AIDS data (surveys, etc.) will be converged on the level of the ministries and county governments, and forwarded to the surveillance and evaluation units of the National Institute for Health Development.
2. The standard activity reports will be converged on a semi-annual basis from the jurisdiction area to the ministries and from the local governments to the county governments, who will submit the consolidated reports through the Ministry of Social Affairs to the surveillance and evaluation unit of the National Institute for Health Development.
3. All stakeholders, including the non-governmental organizations and various financiers, would be recommended to inform the Ministry of Social Affairs or the National Institute for Health Development about their HIV and AIDS-related activities on a regular basis by submitting once a year the agreed report.

Literature review

- Estonian Health Protection Inspectorate. HIV-epidemiological surveillance data available from: <http://www.tervisekaitse.ee/tkuus.php?msgid=3033>
- Estonian Ministry of Social Affairs (2005). *Estonian national HIV and AIDS Strategy for 2006-2015*.
- Estonian Ministry of Social Affairs (2005). *National HIV and AIDS strategy for 2006-2015: action plan for 2006-2009*.
- Lõhmus, L. & Rütel, K. (2005). *HIV and AIDS in figures*. National Institute for Health Development.
- Lõhmus, L. & Trummal, A. (2004). *HIV/AIDSiga seotud teadmised ja käitumine Gay-internetilehekülgi külastavate MSMide seas*. Tervise Arengu Instituut. Available from: http://www.tai.ee/failid/MSM_netikusitus.pdf
- Lõhmus, L. & Trummal, A. (2005) *HIV/AIDSi temaatikaga seotud teadmised, hoiakud ja käitumine Eesti noorte hulgas*. Tervise Arengu Instituut. Available from: http://www.tai.ee/failid/NU_2005_raport_30.11.2005.pdf
- Lõhmus, L. & Trummal, A. (2005) *Prostitutsiooni kaasatute meditsiiniteenuste külastajate HIV/AIDS-iga seotud riskikäitumine ja teadmised*. Tervise Arengu Instituut. Available from: http://www.tai.ee/failid/prostitutsiooni_kaatatud_18.03.20052.pdf
- Lõhmus, L. & Trummal, A. (2005). *Süstlavahetuspunktide külastajate HIV/AIDS-iga seotud riskikäitumine ja teadmised*. Tervise Arengu Instituut. Available from: <http://www.tai.ee/failid/sustlavahetus.pdf>
- Merimetsa Centre for Infectious Diseases. HIV-statistics available online from: <http://www.ltkh.ee/?id=1070>
- National Institute for Health Development (2006). *Prevention of HIV-infection and AIDS in Estonia*.
- Uusküla, A., Abel, K., Rajaleid, K., Rütel, K., Talu, A., Fischer, K. & Boborova, N. (2005). Study report: HIV and risk behavior among injecting drug users in two cities (Tallinn, Kohtla-Järve) in Estonia.