

LITHUANIAN COUNTRY REPORT'2007

TABLE OF CONTENTS

- I. Status at a glance
- II. Overview of the HIV/AIDS epidemic
- III. National response to the HIV/AIDS epidemic
- IV. Best practices
- V. Major challenges and remedial actions
- VI. Support from country's development partners
- VII. Monitoring and evaluation environment

I. Status at a glance

a. the inclusiveness of the stakeholders in the report writing process.

Report is prepared by national AIDS centre in collaboration with other sectors, involved in HIV/AIDS prevention programme implementation. The report were publicly presented to civil society in press conference in January 2008 and in www.aids.lt, discussed in a large forum with key representatives working in the area of HIV, people living with HIV, including representatives working in education, health, social, academic sectors, non-government organizations, organizations of people, living with HIV/AIDS.

b. the status of the epidemic.

In 2006-2007, HIV infection has been reported in majority of districts of Lithuania (in 43 districts of totally 60). To monitor the follow-up to the Declaration of Commitment on HIV/AIDS, Lithuania has applied indicators suggested by the UNAIDS for countries with concentrated and low prevalence epidemics. Most-at-risk population in the Lithuania include injecting drug users (IDUs), female sex-workers (FSW) and men who have sex with men (MSM).

c. the policy and programmatic response.

The key strategical document on HIV/AIDS prevention and control in Lithuania is the National AIDS Prevention and Control Programme. In the first years of programme implementation (1990), input of other sectors was rather scarce. Significant support has been received from the WHO to implement the educational initiatives in general population and, especially, in the young people¹.

In 1994 the Minister of Health has approved the first National Programme Coordination Board, which included representatives of other sectors, community organisations, mass media. In 1995-

¹ Quality assurance in AIDS prevention. Research and Practice of Health Promotion/Vol3,1999.

1997 the key issues in the AIDS prevention programme have been inter-sectorial cooperation and decentralisation of the responses. In 1996 the AIDS Prevention and Control Programme was included into the list of priority National health programmes that was approved by the Government. The strategical objectives of the National AIDS Prevention programme were announced a must in the Lithuanian Health Programme that was approved by the Parliament in 1998 (Official Gazette, 1998, No 64-1842). This programme has set the target to remain the country of a low HIV prevalence up to 2010.

The National AIDS Prevention and Control Programme for 2003-2008 is a component of the National Public Health Strategy, National Action Plan 2004-2008².

The Programme 2003-2008 lists totally more than 120 activities related to HIV/AIDS prevention and control. The Government has authorised the Ministry of Health to monitor implementation of the Programme, and the Lithuanian AIDS Centre – to act as the main executor. Programme implementation is coordinated by the Programme Coordination Board that includes related Ministries, sectors and non-governmental organisations.

d. UNGASS indicator data

Data on selected UNGASS core indicators:

Indicator	Results 2006	Results 2007
NATIONAL COMMITMENT AND ACTION		
1. Domestic and international AIDS spending by categories and financing sources	-	-
2. National Composite Policy Index (Areas covered: gender, workplace programmes, stigma and discrimination, prevention, care and support, human rights, civil society involvement, and monitoring and evaluation)		
NATIONAL PROGRAMMES		
Blood Safety 3. Percentage of donated blood units screened for HIV in a quality assured manner	100%	100%
Antiretroviral Therapy Coverage 4. Percentage of adults and children with advanced HIV infection receiving antiretroviral therapy	78.5 %	74.8 %
Prevention Of Mother-To-Child Transmission 5. Percentage of HIV-positive pregnant women who received antiretrovirals to reduce the risk of mother-to-child transmission	66.7 %	90.0 %
Co-Management Of TB and HIV Treatment 6. Percentage of estimated HIV-positive incident TB cases that received treatment for TB and HIV	38.5 %	-
HIV Testing 7. Percentage of women and men aged 15-49 who received an HIV test in the last 12 months and who know their results	-	23.6%
HIV Testing 8. Percentage of most-at-risk populations that have received an HIV test in the last 12 months and who know their results		
IDU	-	64.2 %
MSM	27.3 %	27.7 %
SW	51.6 %	50.0 %

² Ministry of Health.<http://www.sam.lt>.

Prevention Programmes		
9. Percentage of most-at-risk populations reached with HIV prevention programmes		
IDU	-	-
MSM	-	40.4 %
SW	-	42.6 %
Education		
11. Percentage of schools that provided life skills-based HIV education in the last academic year	-	-
Knowledge and Behaviour		
13. Percentage of young women and men aged 15–24 who both correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission		
1. Can the risk of HIV transmission be reduced by having sex with only one faithful, uninfected partner?		49.8%
2. Can the risk of HIV transmission be reduced by using condoms?		74.0%
3. Can a healthy-looking person have HIV?		76.5 %
4. Can a person get HIV from kissing?		44.8%
5. Can a person get HIV by sharing a meal with someone who is infected?		43.4%
14. Percentage of most-at-risk populations who both correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission		
IDU	-	-
MSM	30.3 %	38.9 %
SW	14.5 %	24.4 %
15. Percentage of young women and men aged 15–24 who have had sexual intercourse before the age of 15	-	15.7%
16. Percentage of women and men aged 15–49 who have had sexual intercourse with more than one partner in the last 12 months	-	41,0%
17. Percentage of women and men aged 15–49 who had more than one sexual partner in the past 12 months reporting the use of a condom during their last sexual intercourse	-	43.6%
18. Percentage of female sex workers reporting the use of a condom with their most recent client	82.5 %	76.6 %
19. Percentage of men reporting the use of a condom the last time they had anal sex with a male partner	68.7 %	58.5 %
20. Percentage of injecting drug users reporting the use of a condom the last time they had sexual intercourse	-	-
21. Percentage of injecting drug users reporting the use of sterile injecting equipment the last time they injected	-	-
IMPACT		
23. Percentage of most-at-risk populations who are HIV infected		
IDU	0.57 % -3.57 %	0-18,9 %
MSM	0.7 %	1.2 %
SW	1.4 %	0 %
24. Percentage of adults and children with HIV known to be on treatment 12 months after initiation of antiretroviral therapy	-	58.1 %

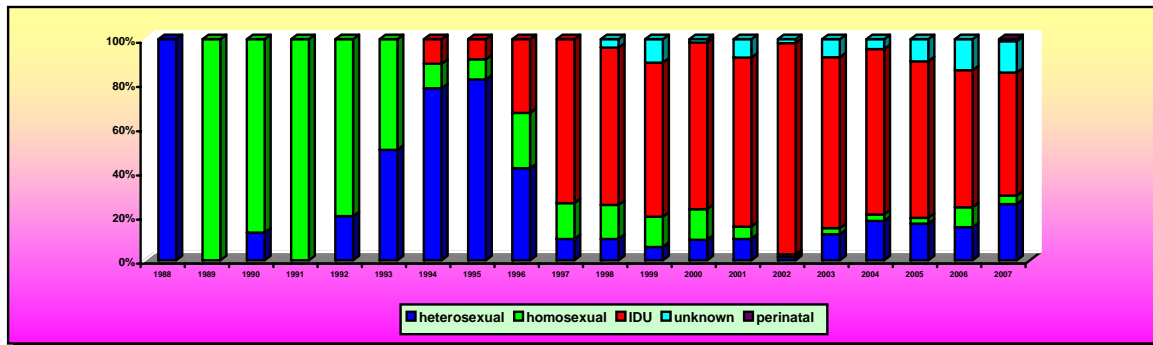
II. Overview of the HIV/AIDS epidemic

Lithuania is the EU member-country with population of about 3.4 million and has inland borders with Latvia in the North, Belarus in the West and South, and Poland and the Kaliningrad region of the Russian Federation in the South-West. The largest cities by population are: Vilnius (the capital) – 542,300; Kaunas – 378,900; Klaipeda (seaport) – 193,000; Siauliai – 133,900; Panevezys – 119,700.

The first HIV case in Lithuania was reported in 1988. During 1988-2007 (December 31st 2007) totally 1306 HIV infection cases were identified.

Up to 1996 the sexual HIV transmission mode prevailed: in 1989-1993 the virus spread among men having sex with men (MSM), in 1993-1996 heterosexual transmission prevailed, HIV infection registered in seafarers who have got infected in Africa countries. Starting from 1996/1997 HIV transmission mode was associated with sharing contaminated injecting equipment in the IDU's population. However since 2003 number of heterosexual HIV transmission cases has been on increase (Fig.1.).

Fig.1. HIV registered cases and transmission mode in Lithuania (1988-2007).



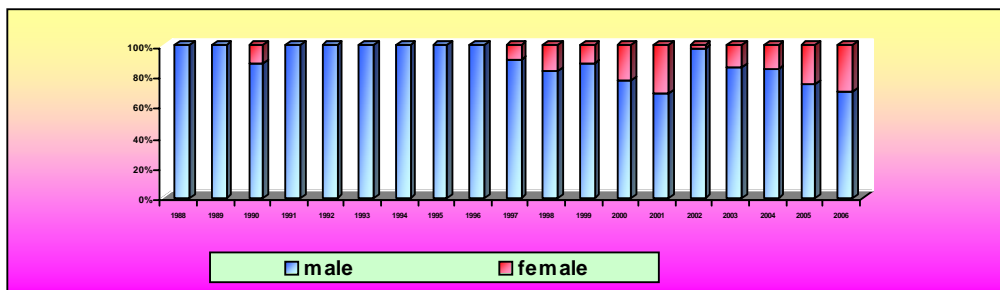
As of data of 31st December 2007, the main routes of transmission were: intravenous drug use (987 cases, 75.6 %), heterosexual intercourses (156 cases, 11,9 %), homosexual intercourse (83 cases , 6.4 %), unknown in 79 cases (6 %). 1 case of HIV mother-to-child transmission was registered in 2007.

Data of sentinel epidemiological surveillance in 2007 showed the 5% increase in level of HIV prevalence in IDU's.

Sentinel surveillance in MSMs in 2007 revealed 1.2% HIV incidence level. No HIV seropositive cases were identified in FSW in 2007, while in 2006 HIV prevalence in this subpopulation was 1.4 %.

Up to December 31, 2007 1118 male and 188 female HIV cases were reported. Relatively, number of HIV infection in women has annually increased along with constantly decreasing male/female HIV ratio. In 2003 this ratio was 7:1, and has decreased up to 2.3:1 in 2007. (Fig. 2.).

Fig.2. HIV new registered cases by sex in Lithuania (1988-2007).



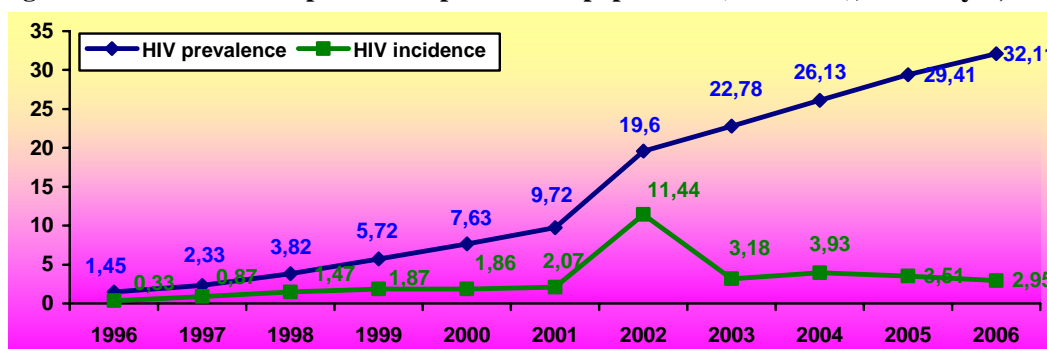
HIV has been mostly reported in the age groups of 25-29 and 30-34 years, while 76 percent of total cases were identified in the age group of 20-39 years. Average age according to the mode of transmission also differs accounting for 37 years of those who have got infected via sexual intercourse, and 30 years for infection through contaminated drug injecting equipment.

By territorial distribution of HIV: majority cases are Klaipeda (seaport - 377 cases) and Vilnius (Capital – 213) residents.

During the last years decrease in HIV incidence has been reported: 3.93 cases in 100 000 population in 2004 and 2.95 cases in 2006.

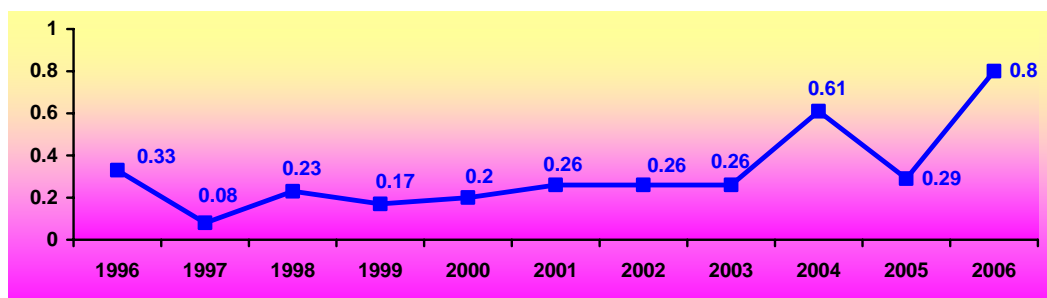
HIV prevalence in 100 000 population has been on stable increase: in 2004 – 26.13 and 32.11 in 2006 (fig. 3.).

Fig. 3. HIV incidence and prevalence per 100 000 population (1996-2006), January 1, 2007



Since 1988 totally 151 cases of AIDS were diagnosed. AIDS incidence rate has gradually increased. In 2004 AIDS incidence rate for 100 000 population was 0.61, and in 2006 – 0.80 (fig.4.).

Fig. 4. AIDS incidence per 100 000 population (1996-2006), January 1, 2007



132 people with HIV have died since 1988.

III. National response to the HIV/AIDS epidemic

Characteristics of Epidemiological and Behavioral trends.

Most-at-Risk Populations (injecting drug users, men who have sex with men, female sex workers)

Data sources:

- BSS surveillance in FSW visiting Women Health Site at the Lithuania AIDS centre.
- Data of the Drug Control Department under the Government of the Republic of Lithuania.
- BSS surveillance survey in MSM in Lithuania (Lithuania AIDS centre).

Knowledge:

Female sex workers and MSM were slightly less aware of the problem. BSS data showed that a slight part (about 24,4 %) of SW knew the ways HIV sexual prevention and rejected major misconceptions about HIV transmission (though, from 42% to 84% of questioned SW responded rightly to some of the questions). One third of questioned MSM (about 38,9 %) in 2007 knew the ways of sexual HIV sexual prevention rejected major misconceptions about HIV transmission. There was no distinct difference in knowledge level between groups of younger and those older than 25 years respondents observed.

Percentage of the representatives of most-at-risk groups who both correctly identify ways of preventing sexual transmission of HIV and who reject major misconceptions about HIV transmission, 2007

Target group	Under 25 y.o.	Over 25 y.o.	Total in the group
FSW	22,6	25,5	24,4
MSM	39,6	38,1	38,9

Behavior:

- In 2007 58,5 % MSM admitted to use condoms during last anal sexual intercourse, this indicator is slightly higher as in 2004 (55 %).
- The share of FSW, who used a condom the last time they had sex with a client was 76,6 % in 2007 (70 % in 2004).

Impact Indicator:

Development of the unified surveillance system of HIV and other communicable diseases in IDUs has started in 2006. Before, only non-regular cross-section or others surveys in different regions and low threshold sites used to be performed. Harm Reduction Site of the Lithuanian AIDS Centre evolved into methodological model to develop nationally unified surveillance system of HIV and other blood-borne infections.

According to the data of the Drug Control Department, general prevalence of HIV in IDUs (May-July 2007) reached 9.7%. However these data were obtained from only 4 low threshold sites involved into provision of HIV prevention and harm reduction services. Furthermore, all HIV cases were identified in Klaipeda (HIV prevalence reported by sites in Klaipeda was 18.9%, while in other sites – zero).

HIV seroprevalence (blood-drop test) among IDU's (n=681) study (cross-section) conducted in Vilnius by the mobile syringe exchange programme "Blue Bus", revealed 3% (n=22 cases) HIV

prevalence and 82% (n=557 cases) HCV prevalence. Exceptionally high rate of past needle sharing or of contaminated drug mixture injection was reported in 2005.

Cross-sectional epidemiological study performed in 2005 showed 27 % HIV prevalence among IDU's of the Klaipeda sentinel sites.

HIV Prevalence among Injecting Drug Users (according to sentinel surveillance data)

(Source: Drug Control Department under the Government of the Republic of Lithuania and Lithuanian AIDS centre)

		2005	2006	2007
BSS survey and sero survey in Lithuanian AIDS Centre Harm Reduction Site (Vilnius)		1.2 %	0.6 %	5,1 %
Seroprevalence study, mobile site "Blue Bus" in Vilnius		3,23 %	1.27 %	N/A
Biological survey other city	Klaipeda	27.1%	3.57%	18,9 %
	Druskininkai	N/A	N/A	0 %
	Alytus	6.32%	1.28%	N/A

- During 2006 and 2007 BSS surveillance among MSM proved that the level of HIV seroprevalence among MSM has slightly decreased in the country as a whole: 1,2 % in 2007 as compared to 0.7 % in 2006 (HIV prevalence in MSMs is lower than 5 %).
- In 2007, there were no HIV cases reported in FSW (in 2006 HIV prevalence in FSW made 1.5 %). HIV prevalence in Vilnius FSW was less than 5 %.

Prevention interventions were focused on the population groups with the highest risk of HIV infection:

- 11 anonymous counselling centers for drug users were opened and are functioning. In 2006 estimated number of IDUs in the country was 3200.
- In the capital conditions for prevention activities among MSM and FSW were created.

In 2007 64.4% of IDUs, 50.0% of interviewed FSW, 27.7 % MSM underwent an HIV test and were aware about results. The highest demand of HIV testing services was registered among representatives of these populations older than 25 years.

About 42.6% of SW and 40% of MSM (data of BSS, 2007) knew places of HIV testing and received condoms in the last 12 months without any charge.

Life skills-based HIV Education in Schools. Presently, youth education on HIV/AIDS and other related issues is considered a priority. The following programmes have been launched: "Programme on preparation for family and sexuality education" (Order of the Minister of Education and Science No. ISAK-179, 07/02/2007), Drug Control, Drug Use Prevention and Life Skills Development Programme. Assessment of the life skills content related to HIV/AIDS education in the schools (Indicator No. 11) (HIV/AIDS issues are integrated into biology, moral education and into informal education curricula), leads to conclusion that HIV education based on life skills has been implemented, and the school managers are charged to form groups for addressing prevention issues in the schools: to organise prevention of drugs and psychotropic substances, HIV/AIDS, to prepare annual action plans, and to report on situation of alcohol, tobacco and other psychoactive substances use, HIV/AIDS prevention, occupation of the schoolchildren along with proposals for situation improvement (Order of the Minister of Education and Science No. ISAK-1462, 17/09/2004; No. ISAK-2567, 22/12/2007).

IV. Best practices

A supportive policy environment.

Advocacy activities targeted on local authorities. During reporting period for improving inter-sectoral regional and local collaboration and to build capacity of local authorities and public health authorities in designing and implementing programs and action plans targeted at prevention and control of HIV/AIDS and related problems in their specific environment in 21 municipality (total 60) conferences “HIV/AIDS – problems and perspectives” for local politicians, administration representatives, NGO and other interested parts were organized. In them participated more than 1000 specialists from these and closest regions. This project is supported by U.S. Embassy Vilnius. Also meetings with mass media representatives were organized. After such conferences there were special round table discussions with city Meyers in Klaipeda, Kaunas, Vilnius and Anyksciai for the deeper analysis on the situation control.

Scale up effective prevention programmes.

Assessment of National HIV/AIDS programme. In 2006 Lithuanian AIDS centre launched UNDP project “Mid-term review of the National HIV/AIDS prevention and control program 2003-2008 and introducing nationwide”. The international experts **accomplished** mid-term review of the National HIV/AIDS prevention and control program 2003-2008. On expert recommendations national specialists together with civil society organizations developed concept paper for the new National HIV/AIDS prevention and control program 2009-2014 who are adopted in a large forum.

National AIDS ambassadors and social advertisement projects. National AIDS ambassadors and social advertisement projects. Since 1999, every year society popular persons are invited to be National AIDS ambassadors presenting them to public during the actions committed to mention World’ AIDS day. During 2006-2007 in such actions participated about 20000 youth. During the year social advertisement posters presenting HIV related problems to the society. In 2006 former volunteer in Africa popular Lithuania singer Hokshila as National AIDS ambassador actively participated in HIV preventive events, visited number of children homes, day care centers for children at risk, singing songs and telling about his experience in Africa and impressions. In 2007 – good known journalists’ Asta Stasaityte-Masalskiene and Giedrius Masalskis family was nominated to this role, and social advertisement was appealing to such values as family and children. In 2008 National AIDS ambassador is popular singer Jurgis Didziulis.

Journalist involvement and training. Each year were arranged contests for journalists publicized HIV/AIDS related topics in the Mass Media, supported by UNDP Lithuania. Winners nominated making decision together with Lithuania Journalists Union, and awarded during World’ AIDS day event. The methodological material for journalists is prepared.

Prevention project for youth. Similarly was implemented one of biggest nation wide traditional educational-creative project in Lithuania – “We against AIDS”. The main goals are to inform young people about HIV/AIDS, involve them in prevention activities, make them aware of the consequences of high-risk behaviour, and stimulate them to form positive attitudes towards people living with HIV/AIDS (PLWHA). The school teams created social advertisement (poster, leaflet and video clip) about HIV/AIDS. The winners are awarded on WAD. The Journal “Sexual Health Exchange” in 2004 included this project into the list of best future programs and in 2007 this project won Vilnius University’ Faculty of Communication arranged contest of “Best Lithuania government institutions’ public relations (PR) projects”. This project is implemented in collaboration with ministry Education and Science and MoH.

Monitoring and evaluation.

The CRIS nationwide was implemented in 2006 during the UNDP project “Mid-term review of the National HIV/AIDS prevention and control program 2003-2008 and introducing CRIS nationwide” implementation. During project implementation 240 decision makers, inter-sectorial stakeholders and specialists working with high risk groups, were trained for The Country Response Information System (CRIS) in Lithuania. Strengthened M&E unit in NAC and widened collaboration network of governmental and non-governmental institutions for data gathering (more in section VII).

Capacity building.

Specialist working in social, public health sectors and prison settings. In 2006-2007 implemented project „HOPE“ – „HIV/AIDS Education for Lithuania Program - Help“; which during were arranged three modules (10 days) workshops’ program for 190 family doctors and nurses, public health specialists, medicine and social workers, prisoners health care specialists, who got thorough knowledge on HIV infection case management. This Project proceeded in 2008.

Uniformed services. Lithuania implemented the UNPD project “HIV/AIDS and STI prevention among Uniformed Services in Lithuania”. During project implementation about 500 uniformed services personnel (young recruits in the Lithuanian Military, new police recruits, military and police personnel) to improve the knowledge on HIV/AIDS prevention so that they are able to protect themselves and continue the HIV/AIDS education activities. The project helped to raise HIV/AIDS awareness among Uniformed Services and to draw more personnel into HIV/AIDS prevention work. The curriculum developed by the project will be used as formal training program in the training institutions.

Scale-up of care, treatment and/or support programs.

Patients, diagnosed with HIV/AIDS, are insured by the Compulsory Health Insurance Fund. Doctor's consultations, follow-up, the immunological and virological test and the test for opportunistic infections are provided free of charge. Psychological support is available. Voluntary counselling and testing (VCT) is provided by specialists.

Starting from 1998, antiretroviral treatment (HAART) is accessible for all who need it and corresponds to treatment criteria (clinical, immunological, virological). There are not any exclusion criteria for HAART treatment. No co-payment for antiretroviral drugs is requested from the patients. In 2004 the order of compensatory HIV diagnosis and treatment methodology from Compulsory Health Insurance Fund was endorsed by the Ministry of Health of the Republic of Lithuania not only for individuals suffering from AIDS but also for those with high risks of disease progression (Act Nr.V-313/2004). Treatment of opportunistic infections is not fully covered by Patients State Fund. HIV infected patients may choose a Health Care Centre to his/her location. ARV-treatment for PLWHA is available free of charge. Private health care is also available, but the service costs are rather high and only affordable to a limited number of patients.

Lithuanian AIDS Centre AIDS hotline since 2000 has been operating free of charge (8-800-01111). Every member of society, including PLWHA, is entitled to access to information and education on health, HIV/STI prevention programs, VCT as well as he or she has equal rights to health and social services.

Infrastructure building.

Non-governmental organizations have developed their activities. There are 4 NGO for PLWHA. Non-governmental sector has actively participated in program development and decision taking process.

Youth organizations' actively participated in organization of commemoration of the World AIDS Day and Day and Candlelight memorial, in actions for youth and students "get tested on HIV/STI for free", in implementation of the "peer education" programs, in national project for schoolchildren "We against AIDS".

V. Major challenges and remedial actions

In 2005 report were framed 7 major future challenges, responding to them have been noticed some success reached:

1. Increase of drug use (especially the use of injected drugs) directly induces HIV epidemics in Lithuania. Insufficient capacities of drug treatment and other services for drug users; insufficient resocialisation programmes; slow expansion of harm reduction programmes.
Actions taken. Drugs and Psychotropic substances' harm reduction programs implemented according Ministry of Health order' schedule which was ratified in 2006. Alternative/replacement therapy/treatment is implemented according Ministry of Health Replacement therapy/treatment prescription and practice in opiate abuse treatment order' schedule which was ratified in 2007. Low threshold services functioning in 7 towns: Alytus, Druskininkai, Kaunas, Klaipeda, Mazeikiai, Siauliai and Vilnius. Opiate substitute treatment providing in Vilnius, Kaunas, Klaipeda and Panevezys Addiction diseases' centers and Mental health centers (4 in Vilnius and 1 in Druskininkai). There are 16 addiction diseases' rehabilitation communities and 4 day care centers. During reporting period was measured estimated size of drug addicts in Lithuania.
2. Increasing number of drug users in penitentiaries; tempo of resocialisation programme expansion exceeds that of drug use in inmates; HIV prevention activities in penitentiaries do not include harm reduction programmes (needle exchange, substitution therapy and drug treatment).
Actions taken. At the moment proceeding/implementing UNODC project "HIV/AIDS prevention and care among injecting drug users and in prison settings in Estonia, Latvia and Lithuania", which output is increased access to HIV/AIDS prevention and care services for injecting drug users and in prison settings.
3. Increasing number of HIV sexual transmission in regions proves a need of multi-sectorial regional response, and mobilisation of civil society.
Actions taken. Widened collaboration network for National STI Prevention and Control Programme 2006-2009 implementation, from 2009 it is planned to combine national STI and HIV/AIDS Prevention and Control programs and develop one program aimed on STI and HIV/AIDS prevention and control. Implementing Health Care Reform, Public health bureau in municipalities were established. Implementing project "Hope" specialists' multi-sectorial collaboration, case management and projects arrangement skills were trained.
4. Average age of HIV cases decreases; youth-friendly services are, practically, undeveloped; condom social marketing programmes are only yet initiated due to strict social and cultural traditions.
YFS area is challenging to focus on information and education. Condom social marketing embarrass because of impact of conservative society and religious communities. One approach to deal with this could be to encourage the greater involvement of NGOs to promote condoms.
5. Limited coverage and a need to expand the low threshold services in regions for key vulnerable populations.
Actions taken. Low threshold services are implementing, but STI problem among sex workers in regions is still remain, and it is essential to strengthen activities with MSMs.

6. Limited financial resources available for the implementation of Programme activities.
Actions taken. Different sectors of government and civil society organizations focused on new prevention programme development process. It is planned to combine STI and HIV/AIDS programs.
 HIV/AIDS and STI programs need more financing.

7. Limited capacities of NGOs, particularly in service provision for key vulnerable populations; NGO participation in the national HIV/AIDS response is limited, especially in areas of low availability of the low threshold services for vulnerable populations and PLWHA.
Actions taken. NGOs for PLWHA became more strengthened, got more capacities and competencies in project arrangement and implementation. There were calls for proposals of Ministry of Health and Ministry of Social Security and Labour for NGOs. Also numbers of international funds still provide donations for NGOs.

Future challenges.

Notable that previous reporting period' challenges remains, but also analyzing Lithuania response to HIV/AIDS problem raised new challenges for further reporting period:

1. To include questions according UNGASS indicators into population surveys and strengthening sentinel surveillance system, periodically implement data collection on National level.
2. During reporting period it is reached that all pregnant women' HIV testing is free of charge for person and service providers. During further reporting period it is planned to make changes in regulations to reach free of charge HIV testing of high risk groups (for example, IDUs, STI patients), for the person and service providers. There is a need to develop and strengthen counseling system.
3. There remains the need to deal with persisting stigma and discrimination issues organizing more IEC campaigns for society and public health care workers.
4. Public health system is only declaiming as priority area.
5. To strengthen drug use prevention activities to decrease number of new addiction cases. To develop more treatment services.
6. Remains a need to develop YFS area.

VI. Support from the country's development partners

Since 2004 Lithuania, as a European Union country, has coordinated majority of prevention actions with EU recommendations. Donations from worldwide organisations, such as WHO, UNAIDS, World Childhood Foundation, etc., gradually decrease. Noticeable, that donations from Global Fund already are not eligible for Lithuania.

The network of constant partners, including majority of European regional AIDS centres or equal organisations, was widened. During 2006-2007 great input into regional response to HIV/AIDS and capacity building has made such organisations: UNAIDS, UNDP, WHO, EC, UNODC etc.

In years 2006-2007 increase support for HIV prevention and related problems solving from EC initiatives and programs: Europe Social Fund (EQUAL initiative' projects).

Besides, significant support has been received from the local initiatives according main HIV/AIDS related National programs: HIV/AIDS prevention and control program (2003-2008), Drug use prevention and control program 2004-2008, Programme for the prevention and control of trafficking in human beings for 2005-2008, National STI Prevention and Control Programme 2006-2009, National TB prevention and control programme 2007 – 2010 and etc.

Methodological and experience exchange support for programmes targeted to high risk groups have provided TAMPEP International Foundation (The Netherlands), Project HOPE (Check Republic), World Childhood Foundation, Open Society Institute (Lithuania), National Institute of Health (NIH, Lithuania), universities and researchers in various countries. Significant support also received from national embassies in Lithuania.

Lithuania requires support in the following action fields:

1. Expanding of the youth-friendly services network and capacity building in this field.
2. Expanding and capacity building of integrated low-threshold service networks for specific vulnerable groups (IDUs, prisoners, MSM, SW).
3. Expanding of drug treatment and resocialisation services and capacity building in this field.
4. Expanding of ARV provision to all in a need by developing multiple entry points to ARV treatment, expanding low threshold services for hard-to-reach populations, building up of the counselling and support capacity in this field to assure better adherence to ARV treatment; negotiation of affordable ARV prices with pharmaceutical companies.
5. Implementing preventive and educating events and programs for vulnerable groups and society in general.

Lithuania practice in the HIV/AIDS prevention and control field acknowledged in EU and often invited to share own best practices in multi-sectorial response to HIV/AIDS problem, preventive and health promoting education, using active and informal methods, working with high risk groups, PR and mass media, engagement of leaders into the responsible decision making and leadership promotion.

The collaboration with Nongovernmental sector improved. The Ministries of Health, Social Security and Labour, Education and Science supporting NGOs' programs, events directed on decreasing HIV related stigma and other. NGOs also participate and receive support for their projects from international organizations. Lithuanian Red Cross support and actively organize youth events of World AIDS Day mentioning. Private sector increasingly participates in HIV/AIDS prevention support, however still heavily.

VII. Monitoring and evaluation environment

National institution responsible for HIV/AIDS epidemiological surveillance and organization of response is Lithuanian AIDS centre under the Ministry of Health. Implementation of the National HIV/AIDS Prevention and Control Programme 2003 – 2008 is coordinated by inter-sectoral Program Coordination Board which was approved by Minister of Health.

Lithuania has one national Monitoring and Evaluation (M&E) action plan since 2003 in consultation with civil society including people living with HIV. National HIV/AIDS Monitoring and Evaluation (M&E) action plan (M&E operational guidelines) is revised with assist of international experts in 2005. Lithuania health Information centre is responsible for HIV/AIDS indicators' standardizing.

The most key partners in 2006 aligned and harmonized their M&E requirements (including indicators) with the national M&E plan.

A functional M&E Unit is based in the Lithuanian AIDS centre. It is strengthened and widened after discussions between national authorities and international experts in 2006.

The M&E Unit/Department manage a central national HIV/AIDS and STI database. The country reports on HIV, including HIV surveillance data and STI data are published every year and they are available in www.aids.lt. Every year reports about HIV/AIDS and drug addiction developed by Drug Control Department under the Government of the Republic of Lithuania.

In 2006 Lithuanian AIDS centre launched UNDP project “Mid-term review of the National HIV/AIDS prevention and control program 2003-2008 and introducing CRIS nationwide”.

In the 2006 240 decision makers, inter-sectorial stakeholders and specialists working with high risk groups, were trained for The Country Response Information System (CRIS) in Lithuania.

During the project implementation was noticed, that some organizations working with high risk groups and LTC in the regions not enough computerized or not computerized at all. Therefore, it can be obstacle for CRIS program usage all over the country. Specialists working with risk groups and in the LTC, especially in the regions, showed low skills and knowledge of case management, data collection and structuring, etc. The data collection system in Lithuania is not harmonized; there is a need to improve and legally define the process of data collection in organizations working with risk groups and in the LTC. Following recommendations are:

- To improve material facilities of organizations working with the risk groups according their needs.
- To raise qualification of specialists working with the risk groups.
- To improve data collection mechanism in organizations working with risk groups and in the LTC.