



Tervise Arengu Instituut
National Institute for Health Development

FIGHTING HIV IN ESTONIA IN 2006 AND 2007

Aire Trummal, Liilia Lõhmus, Kristi Rüütel

Tallinn 2008

TABLE OF CONTENTS

INTRODUCTION..... 3

1. TRENDS OF HIV TRANSMISSION IN ESTONIA 4

2. STRUCTURES FOR IMPLEMENTING INTERVENTIONS 10

3. GLOBAL FUND TO FIGHT AIDS, TUBERCULOSIS AND MALARIA 12

4. STRUCTURE OF THE GLOBAL FUND PROGRAM IN ESTONIA 14

5. RESULTS OF ACTIVITIES AND STUDIES 18

 5.1. Injecting drug users 18

 5.2. Youth..... 26

 5.3. Sex workers 36

 5.4. Prisoners 44

 5.5. Men having sex with men 51

 5.6. General population and HIV testing..... 57

 5.7. People living with HIV and AIDS 65

6. EXPERIENCES OF SERVICE PROVIDERS IN THE LIGHT OF THE GLOBAL FUND PROGRAM..... 70

7. SUMMARY OF THE DEVELOPMENTS AND CHALLENGES IN THE FIELD 81

Abbreviations 86

References 87

INTRODUCTION

This overview is a sequel to the publication "HIV/AIDS Prevention in Estonia in 2004 and 2005" and it presents the activities and results in the fight against HIV and AIDS in Estonia from 2006 to 2007. Particular attention is paid to the extensive foreign funding program implemented over the course of four years, which increased significantly the available resources in the field of HIV in Estonia. The program terminated in September 2007.

The overview begins with a report on the current situation of HIV transmission in Estonia. This is followed by the presentation of the associated structures and the Global Fund to Fight AIDS, Tuberculosis and Malaria. The fifth chapter provides an overview of the activities aimed at different target groups in the framework of the four year Global Fund program, as well as the main results of the activities and studies performed in 2006 and 2007. The sixth chapter includes texts compiled by many of the organisations providing services in the field of HIV on the developments in their organisations in the light of the experience gained from the Global Fund program. The collection concludes with a summary of the main achievements and challenges of recent years in the fight against HIV and AIDS in Estonia.

We would like to express our gratitude to all the cooperation partners who have made their contributions to preventing HIV and supporting people living with HIV and AIDS in Estonia.

1. TRENDS OF HIV TRANSMISSION IN ESTONIA

A major change in the registration of new cases of HIV infection in Estonia took place in the second half of 2000 when an epidemic spread of the infection was discovered among injecting drug users (IDU). From 2005 to 2007 the number of new infection cases has remained relatively stable with over 600 discovered cases per year (see Figure 1). As at the end of 2007, a total of 6,364 HIV infection cases had been registered in Estonia and AIDS had been diagnosed in 191 cases. 0.9 per cent of the Estonian residents aged between 15 and 49 are known HIV infection carriers (6,088 registered cases of infection per 673,431 residents aged between 15 and 49).¹

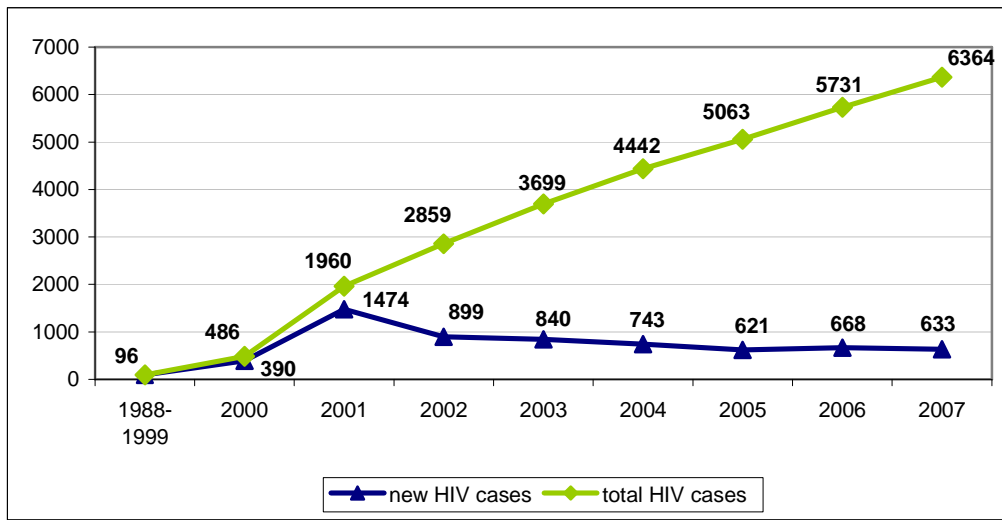


Figure 1: Registered HIV cases 1988-2007 (Source: WTCH)

By gender, the percentage of women among the new registered cases of infection has increased significantly compared with the first year of the epidemic spread of HIV. This change can be attributed to the fact that the number of registered cases among men has decreased over the years. This indicator has been relatively stable among women since 2002, ranging from 232 to 270 new infection cases per year (see Figures 2 and 3).

¹ Data from the HIV Reference Laboratory of the West-Tallinn Central Hospital (WTCH) (<http://www.ltkh.ee/?id=1070>) and Statistics Estonia (www.stat.ee) have been used to calculate the known HIV prevalence in different population groups.

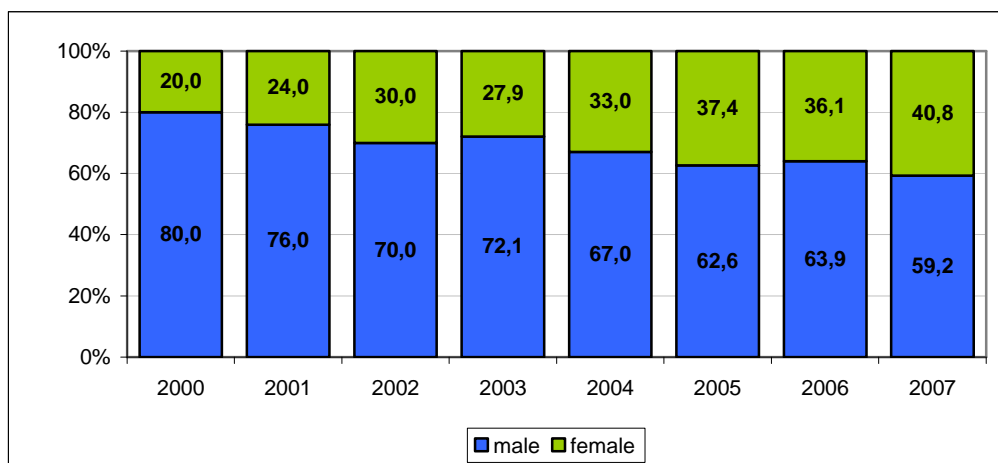


Figure 2: Registered HIV cases by gender 2000-2007 (%) (Source: WTCH)

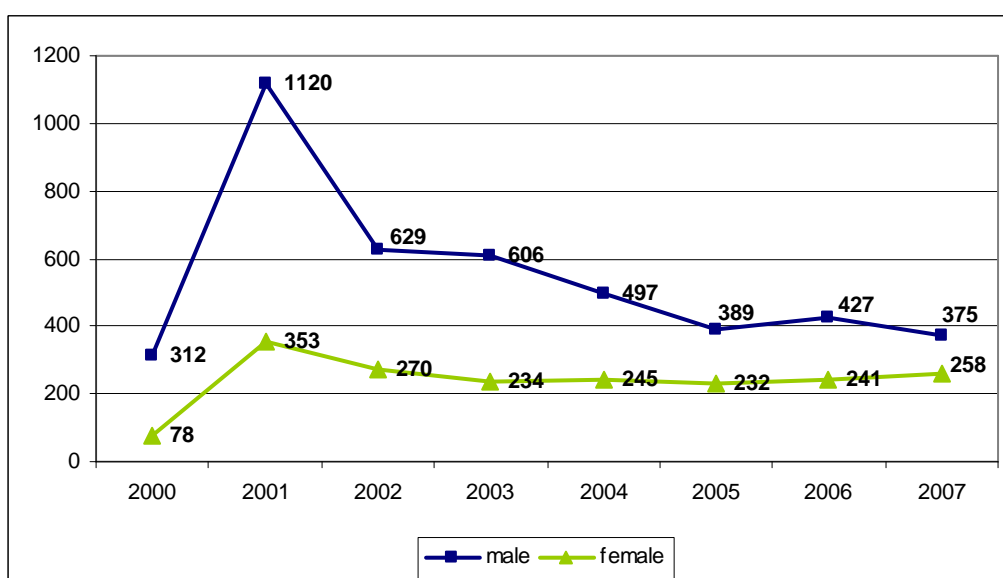


Figure 3: Registered HIV cases by gender 2000-2007 (Source: WTCH)

By age group, the majority of registered HIV infected people are persons aged from 15 to 24 years – at the end of 2007 this group included 3,954 persons, i.e., 62 % of all HIV cases. 1.9% of the total youth population aged 15-24 are known HIV carriers (in January 2008 there were 203,471 inhabitants aged 15-24 in Estonia). The number of new HIV registrations, however, has dropped significantly over the years in this age group. Combining the gender and age data, the number of discovered infections has decreased in the groups of men aged 15-19, women aged 15-19, and men aged 20-24. Some increase can be detected since 2005 in older age groups (25-29, 30 and older) (see Figures 4 and 5).

These changes have resulted in a decrease of the percentage of persons aged 15-24 years among the new cases of infection. While in 2001 they constituted 77% of all registered cases in that year, they only accounted for 38% in 2007. The age group 25-29 years has gained most in terms of percentage – while 12% of new cases belonged to this age group in 2001, the percentage has increased to 27.5 % in 2007.

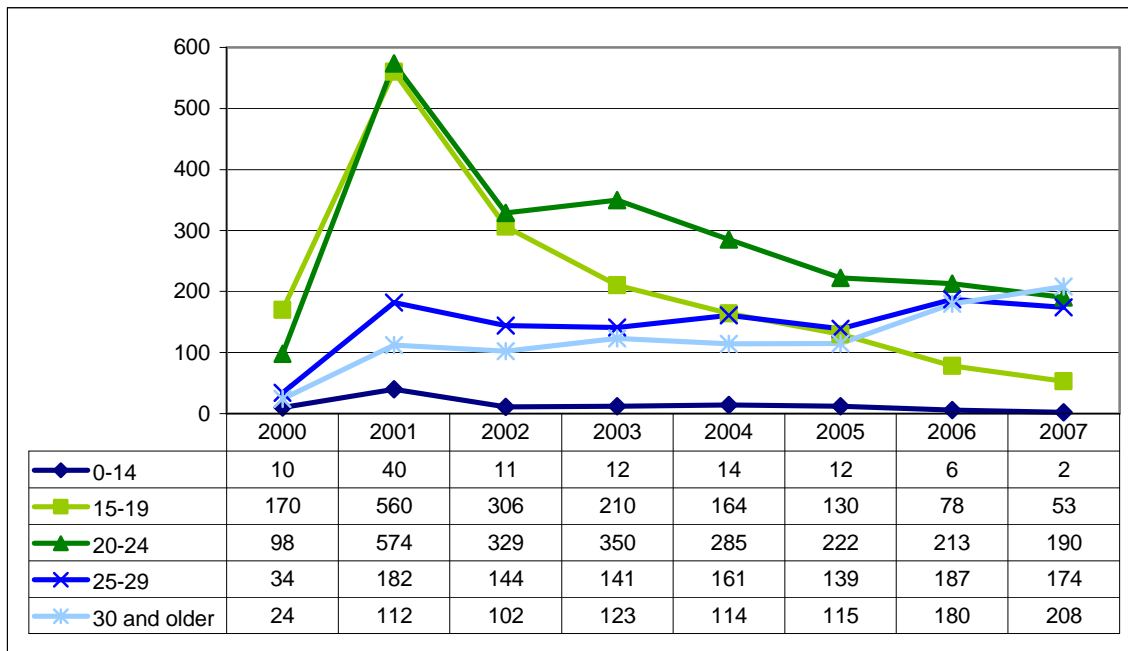


Figure 4: Registered HIV cases by age 2000-2007 (Source: WTCH)

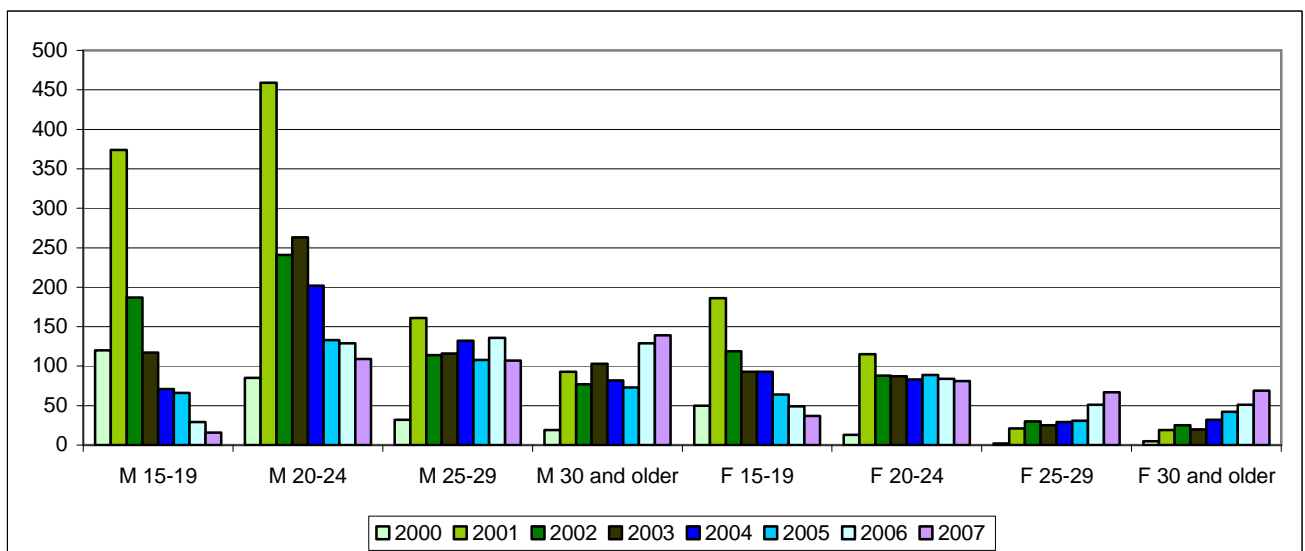


Figure 5: Registered HIV cases by gender in selected age groups 2000-2007
M = male, F = female (Source: WTCH)

As at the end of 2007, a total of 778 HIV cases had been registered over the years among pregnant women. 46% of these women (n=356) first learned about their infection during pregnancy. The number of infected pregnant women and the number of new cases of HIV among them increased rapidly until 2003. From 2003 to 2005 the number of registered cases has been stable and a small decrease can be detected in the two most recent years (see Figure 6). Most of the pregnant women infected with HIV belong to the age group 15-24 years.

The first HIV positive pregnant woman was registered in 1993 and the first birth took place in 2000. There have been 467 known births over the course of eight years. In 25 of these cases HIV was transmitted from the mother to the infant (see Figure 7). 4% of the infants received HIV from their mother in 2006, and 2% in 2007.

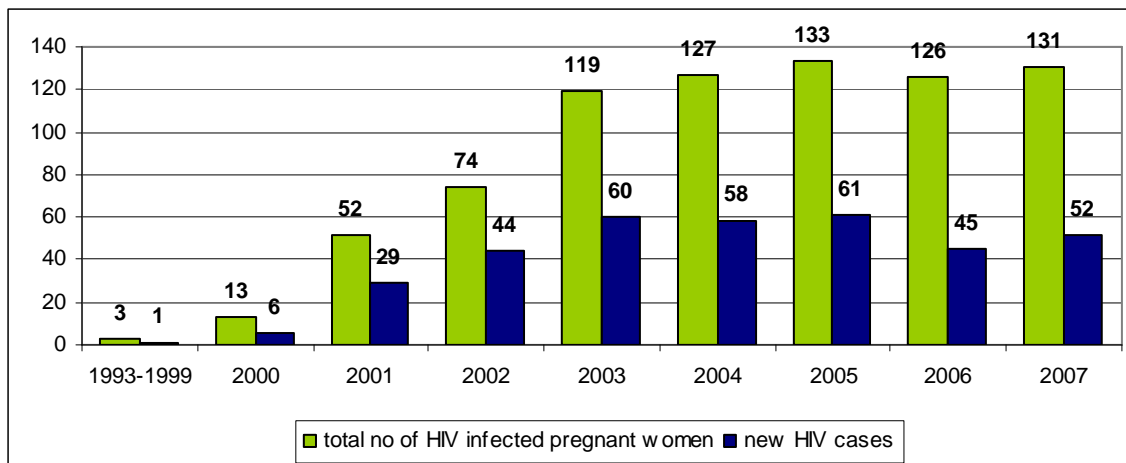


Figure 6: Registered HIV cases among pregnant women 1993-2007 (Source: WTCH)

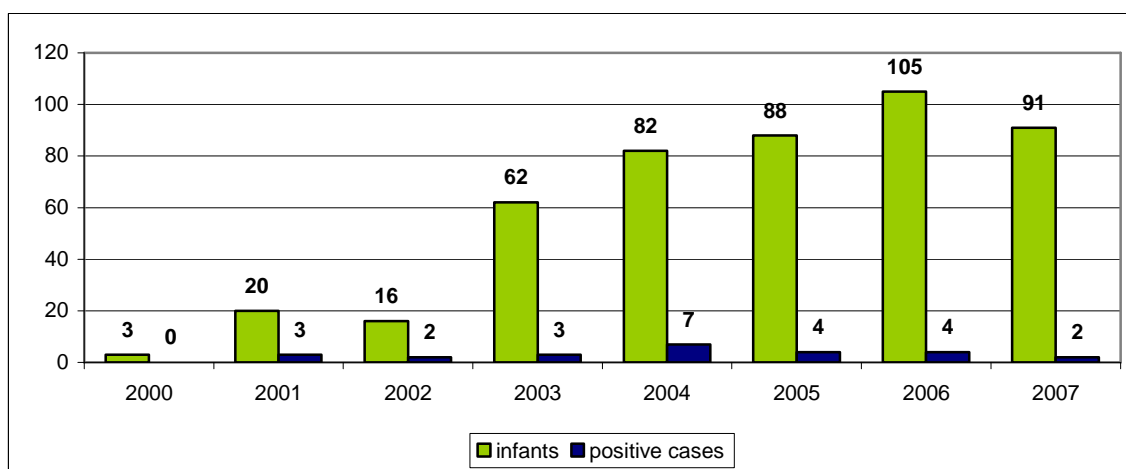


Figure 7: Number of infants born to women infected with HIV 2000-2007 (Source: WTCH)

Ida-Virumaa and Tallinn continue to be the main regions of the spread of HIV in Estonia – 91% of the new infection cases in 2006 and 2007 were registered in these two regions. The number of new HIV cases decreased both in Ida-Virumaa and in Tallinn until 2005 and has been stable from 2005 to 2007 with over 300 registered cases annually in Ida-Virumaa and over 200 cases in Tallinn (see Figure 8). As at the end of 2007, the number of registered people living with HIV and AIDS (PLWHA) per 100,000 population was 2,129 in Ida-Virumaa and 569 in Tallinn. There are 38 known PLWHA per 100,000 population in the rest of Estonia.

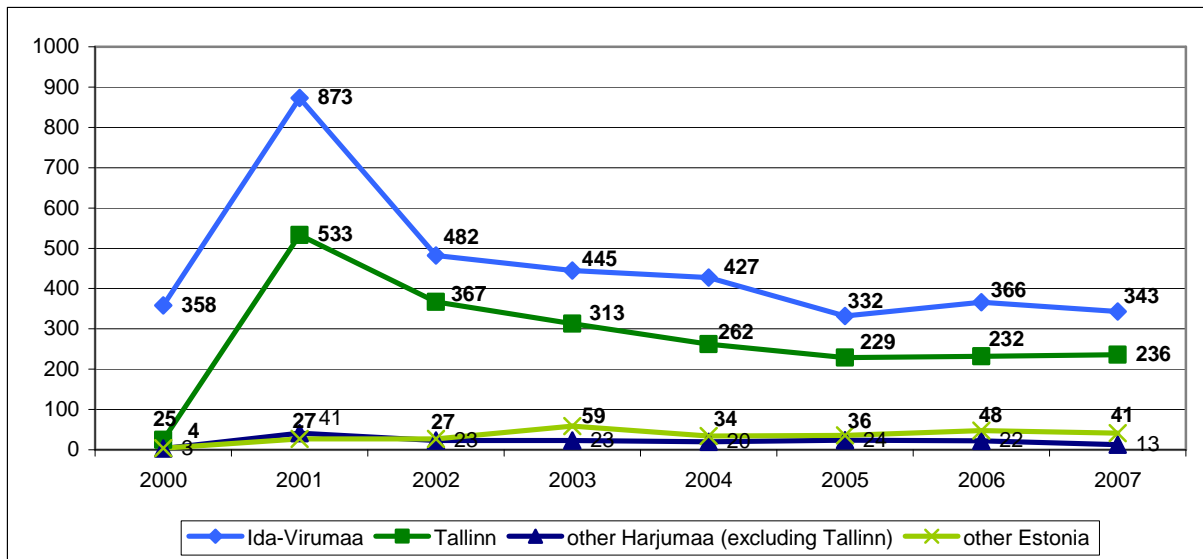


Figure 8: Registered HIV cases by selected regions 2000-2007 (Source: WTCH)

Six AIDS Counselling Cabinets perform approximately 5% of all HIV tests in Estonia, but discover about one third of all new infection cases (38% in 2006-2007). The percentage of injecting drug users among the PLWHA discovered by the AIDS Counselling Cabinets has decreased in comparison to the first years of the epidemic. While IDUs amounted to 90% of the infection cases discovered in the cabinets in 2001, they only constituted about half of the cases in 2004-2007. This can be attributed to the fact that the absolute number of the discovered HIV cases among IDUs decreased significantly in the period 2001-2004 while the number of non-injecting persons diagnosed with HIV increased in the same period. The number of IDUs and other visitors identified as HIV positive by the Cabinets has been stable in the last four years (see Figure 9).

The percentage of injecting drug users among the total visitors of the cabinets has decreased as well – during the period 2002-2004 IDUs accounted for 14-17% of the visitors, but 6-9% in 2005-2007. 2-3% of the visitors of the six AIDS Counselling Cabinets who are not drug users are identified as HIV positive, while the percentage ranges from 19 to 29 among IDUs (this indicator was lowest in 2004 and highest in 2007).

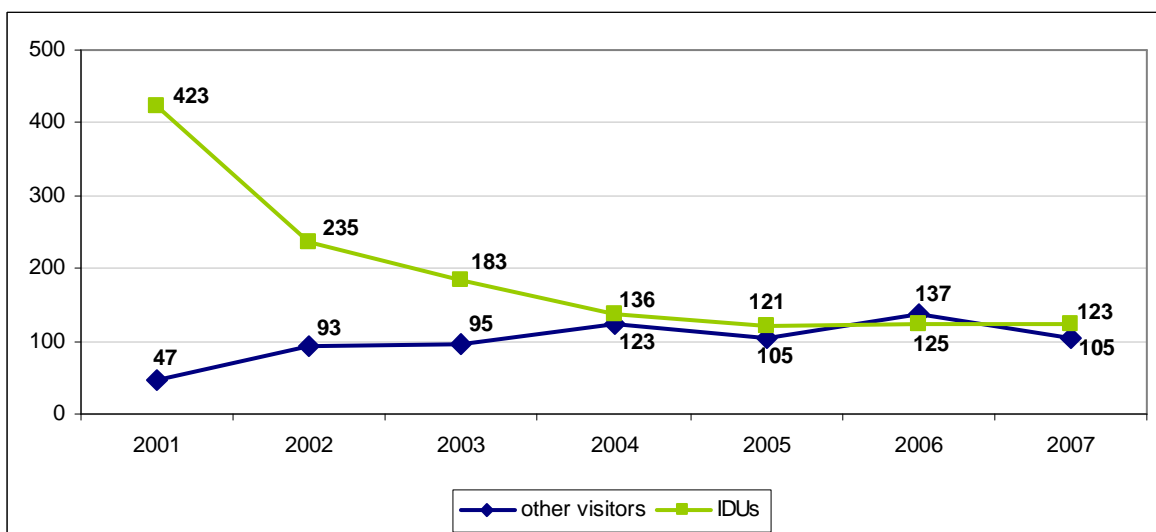


Figure 9: HIV cases registered in six AIDS Counselling Cabinets among injecting drug users and other visitors 2001-2007 (Source: NIHD)

Among prisoners, the first new case of HIV was registered in 2000. By the end of 2007 1,463 persons had learned about their infection in a penal institution, which constitutes 23% of all discovered cases. The number of new cases registered in penal institutions increased rapidly from 2000 to 2001, but has been consistently decreasing since then. The percentage of persons who learned about their infection in a penal institution among all cases of infection discovered annually in Estonia has shown a steady decrease (see Figure 10).

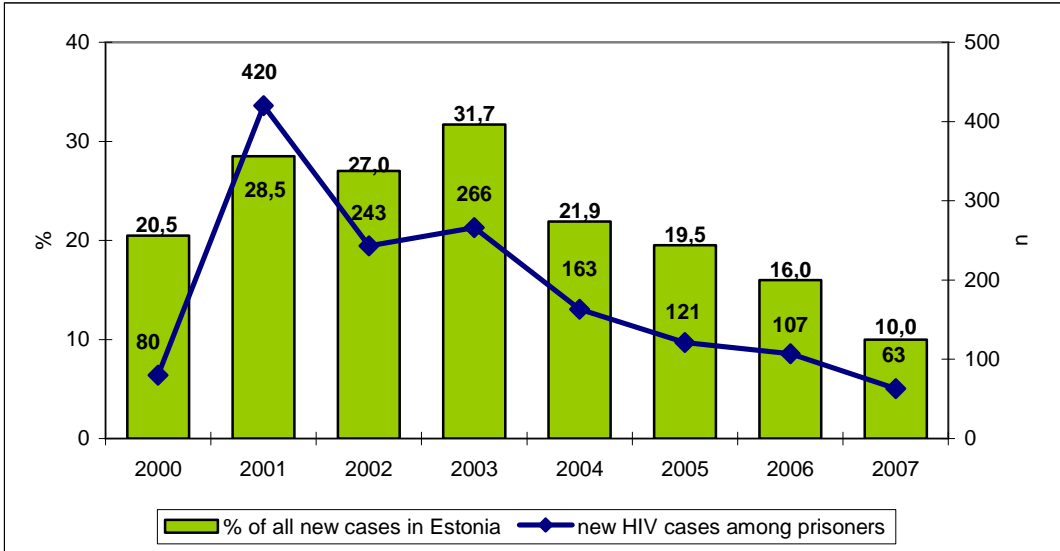


Figure 10: Registered HIV infection cases among prisoners 2000-2007 (Source: WTCH)

The number of new tuberculosis cases has decreased in Estonia – 645 new cases were registered in 2000 and 408 in 2007. According to the Tuberculosis Register the first TB patient with HIV was discovered in 1997. The number of TB patients with HIV has increased since 2003 and the percentage of HIV positive persons among all cases of TB has increased (see Table 1). As at the end of 2007, HIV had been diagnosed in 183 TB patients. The majority of HIV cases have been discovered among new TB patients (n=159, 87% of HIV/TB cases).

Table 1: Registered HIV cases among TB patients 1998-2007 (Source: Tuberculosis Register)

Year	Total number of TB cases	HIV cases	
		No	% of TB cases
1997-1999	1574	2	0.1
2000	782	2	0.3
2001	798	7	0.9
2002	648	17	2.6
2003	570	13	2.3
2004	561	22	3.9
2005	501	33	6.6
2006	433	38	8.8
2007	466	49	10.5
TOTAL	6333	183	2.9

2. STRUCTURES FOR IMPLEMENTING INTERVENTIONS

Strategy and expenditures

Estonia has been working in HIV prevention already for twenty years. Laboratory diagnosing of HIV began in the end of the 1980ies and the first AIDS Counselling Cabinets were set up. The first national programme was developed for the period 1991-1996. Current work is governed by the fourth national framework document, which was developed in multisectoral cooperation in 2005. The general objective of the national HIV and AIDS strategy 2006-2015 is to achieve sustained decrease in the spread of HIV in Estonia. Individual activities are designed for various target groups, but the priorities are the following (see Eesti riiklik ... 2005):

- implementing harm reduction measures among injecting drug users;
- preventive activities among young people in risk groups and their sexual partners;
- ensuring availability of healthcare services to people living with HIV and AIDS.

Implementation of the strategy is coordinated by the HIV/AIDS Committee of the Government of the Republic. The committee includes deputy secretary generals of the ministries and other representatives of key public institutions, as well as representatives of non-governmental organisations, hospitals, local governments, strategy creation work groups and PLWHA. The ministries involved in the implementation of the strategy include the Ministry of Social Affairs, Ministry of Justice, Ministry of Education and Research, Ministry of Defence, Ministry of the Interior and Office of the Minister for Population and Ethnic Affairs. All ministries prepare annual action plans and budgets in their government area for the achievement of strategic objectives. The consolidated implementation plan for the strategy is approved by the governmental Committee. The majority of preventive activities in the framework of the strategy are implemented through the National Institute for Health Development (NIHD), a subordinate body of the Ministry of Social Affairs. The Ministry of Social Affairs is the institution that coordinates the activities of different parties.

In addition to state budget an important source of funding from October 2003 to September 2007 has been the Global Fund to fight AIDS, Tuberculosis and Malaria (GFATM). The financing of the national strategy from this Fund amounted to 39 million in 2006 and 36 million in 2007 (39% and 22% of the total expenditures for the strategy, respectively). The programme supported the work of organisations offering preventive and healthcare services and developed systems and competence for the coordination and implementation of activities.

The majority of the national strategy expenditures, i.e. more than half in 2006 and 2007 were payments for the services provided to PLWHA. EEK 96 million of the amounts listed in Table 2 were paid over two years for the antiretroviral drugs. 26% of the expenditures are associated with the provision of services to injecting drug users and preventive work among the youth. 65-70% of the national strategy budget for 2006 and 2007 was spent through the Ministry of Social Affairs and the National Institute for Health Development. 25-30% of the amounts are associated with the expenditures of the Estonian Health Insurance Fund on the provision of stationary and ambulatory medical care to the insured PLWHA and support for the prevention work among the youth (such as Youth Counselling Centres). The Ministry of Justice is the largest supporter among the remaining ministries, contributing 2-3% of the funds of the national strategy.

In addition to the ministries, financial contributions to the field were made in 2006 and 2007 by the Gambling Tax Council, Integration Foundation, World Health Organization (WHO),

United Nations Office on Drugs and Crime (UNODC), EU Public Health Programme, Nordic Council of Ministers, some local governments and embassies.

Table 2: National HIV and AIDS strategy implementation costs 2006-2007 (EEK)

(Source: reports of the strategy's action plan 2006, 2007)

Target group or activity field	2006	2007	Total	% of expenditures
Injecting drug users	15,762,263	19,457,762	35,220,025	13.5
Youth	14,603,918	18,493,101	33,097,019	12.7
Sex workers	845,039	1,334,313	2,179,352	0.8
General population	1,873,836	3,115,966	4,989,802	1.9
Prisoners	2,459,903	5,421,375	7,881,278	3.0
Vertical transmission of HIV ²	34,612	100,752	135,364	0.1
Men having sex with men	538,906	493,000	1,031,906	0.4
Persons at risk due to profession ³	8,175	760,800	768,975	0.3
HIV testing	3,695,152	4,168,086	7,863,238	3.0
People living with HIV and AIDS	54,231,462	100,482,357	154,713,819	59.4
Surveillance, monitoring and evaluation	1,672,108	1,800,907	3,473,015	1.3
Coordination, training of partners, development of services ⁴	3,766,652	5,398,611	9,165,263	3.5
TOTAL	99,492,026	161,027,030	260,519,056	100.0

Surveillance, monitoring and evaluation

In Estonia, the longest history of HIV/AIDS data collection is associated with passive surveillance, i.e., registration of new cases of HIV and AIDS diagnoses. This information is recorded by the HIV Reference Laboratory of the West-Tallinn Central Hospital (WTCH) and the Health Protection Inspectorate.

Since 2003, there have been consistent efforts at the national level to develop studying different target groups and monitoring the efficiency of implemented activities. The data provided in this material represents a part of this work. Measuring the implementation of prevention work and studying knowledge, behaviour and other trends in various target groups enables specific allocation of resources and identification of the required services. The national HIV and AIDS strategy sets the following objective for the field of surveillance, monitoring and evaluation: "Evidence-based planning in the field of HIV has enlarged".

The following major studies and questionings of service users have been carried out in the field of HIV:

- Youth:

² The amount includes expenditures on the training of healthcare and social workers. It does not include expenditures on the services for pregnant women, which are part of the general healthcare system.

³ The expenditures in 2006 do not include the amounts for ensuring the availability of safety equipment and vaccination against hepatitis B in the administrative area of the Police and Rescue Board. These amounts have been included in the listed expenditures of 2007.

⁴ The amount of 2006 includes only the GFATM programme coordination costs; the amounts of coordination of the state budget funding have been divided between other expenditure items. The amount of 2007 includes all coordination costs in the NIHD.

- study "HIV related knowledge, attitudes and behaviour among Estonian youth" (years of data collection: 2003, 2005, 2007);
- initial and follow-up questioning of school and vocational school students, youth in welfare institutions and conscripts (several survey waves during the GFATM Program).
- Injecting drug users (IDU):
 - study "Prevalence of HIV, other infections and risk behaviour among injecting drug users" (years of data collection: 2005, 2007);
 - survey of the first-time and returning visitors of syringe exchange points (years of data collection: 2003, 2004, 2005, 2006, 2007);
 - questioning of IDUs and their sex partners visiting STI diagnostic and treatment services (continuous data collection since 2006).
- Sex workers (SW):
 - study "Prevalence of HIV and risk behaviour among female sex workers in Tallinn" (years of data collection: 2005-2006);
 - survey of the first-time and returning visitors of the STI diagnostic and treatment services for sex workers (years of data collection: 2004, 2005, 2006, 2007).
- Prisoners:
 - study "HIV and drug use related knowledge, attitudes and behaviour among prisoners" (years of data collection: 2004, 2006);
 - survey of new and regular members of support groups for imprisoned PLWHA (years of data collection: 2004, 2005, 2006, 2007).
- Men having sex with men (MSM):
 - study "HIV prevalence and risk behaviours among MSM in Tallinn and Harjumaa: Pilot study using respondent driven sampling" (year of data collection: 2007);
 - study "HIV related knowledge and behaviour among MSM visiting gay websites" (years of data collection: 2004, 2005, 2007).
- People living with HIV and AIDS:
 - study "Quality of life and discrimination of PLWHA visiting infectionist" (years of data collection: 2005-2006);
 - study "Qualitative research on Access Barriers for PLWHA in Estonia and Kaliningrad" (year of data collection: 2007).
- Others:
 - questioning of the visitors of AIDS Counselling Cabinets (continuous data collection since 2004);
 - some HIV-related questions have been included in the biannual survey of Health Behaviour among Estonian Adult Population (the sample is drawn from the Estonian residents aged from 15 to 64).

3. GLOBAL FUND TO FIGHT AIDS, TUBERCULOSIS AND MALARIA⁵

The Global Fund to Fight AIDS, Tuberculosis and Malaria was created in January 2002 to dramatically increase resources to fight three of the world's most devastating diseases. The fund operates in a partnership between governments, civil society, communities and private sector. GFATM is an independent international private law foundation seated in Switzerland.

⁵ The following overview is based on the information from the GFATM website. See <http://www.theglobalfund.org>

The general operating principles of the organisation are the following:

- GFATM attracts and disburses financial resources to fight AIDS, tuberculosis and malaria in different countries. The Fund does not implement programs directly; they are implemented by the organisations and experts at the local level.
- In awarding grants, GFATM gives priority to effective proposals from countries and regions with the greatest need, based on the highest burden of disease and the fewest financial resources available to fight these epidemics. The Fund also supports regions with emerging epidemics.
- The Fund only finances programs when it is assured that its assistance does not replace or reduce the existing sources of funding in a country but complements them.
- Both prevention and treatment are funded based on locally determined needs.
- The Fund encourages new partnerships at the local level, supporting shared participation of different sectors in the development of country proposals.
- GFATM uses an independent panel of experts for reviewing the proposals.
- Grant-making is based on performance – key indicators are identified in cooperation with the recipient country to measure the progress of the program. Local implementation in a country is monitored by an independent organisation selected by GFATM.

Key structures of GFATM include:

- The Board: decides on the approval of grants. The Board is supported by four committees.
- Secretariat: is responsible for the day-to-day operations of the Fund, incl. monitoring the progress on national programs and involvement of donors.
- Technical Review Panel: independent panel of experts that reviews all grant proposals received by the Fund and recommends proposals for funding to the Board.
- Country Coordinating Mechanism (CCM): multisectoral council that submits grant proposals to GFATM and oversees progress during implementation after approval of the proposal.
- Principal Recipient: coordinator of the GFATM program in the recipient country, nominated by CCM. The principal recipient is responsible for program planning and reporting, as well as allocation of resources to different partners that implement the activities.
- Local Fund Agent: a representation of the Fund in the recipient country to oversee grant performance and verify accuracy of reports.
- Partnership Forum: a forum of stakeholders that meets every two years to discuss issues related to GFATM policies and strategic choices.

The international Board of GFATM includes representatives of donors and recipient countries, non-governmental organisations, the private sector and affected communities. Key international development partners also participate, including the World Health Organization, the Joint United Nations Programme on HIV/AIDS (UNAIDS) and the World Bank.

Since the beginning of 2002, the Fund has organised seven rounds of proposals. They have resulted in over 400 programs in 136 countries. The total amount of accepted grants is USD 5.8 billion (see Table 3). The distribution of accepted proposals between different world regions is shown in Table 4.

The donor contributions to support the work of the Fund are voluntary. The group of donors includes many national governments, large enterprises, international organisations, etc.

Table 3: The amounts of GFATM accepted proposals by disease categories 2002-2007

Disease	Budgeted amount, billion USD
HIV and AIDS	2.95
Tuberculosis	0.96
Malaria	1.77
Integrated programs	0.15
<i>TOTAL</i>	<i>5.83</i>

Table 4: The distribution of GFATM accepted proposals by regions 2002-2007

Region	Number of states	%
East Asia and Pacific	22	16.2
Eastern Europe and Central Asia	21	15.4
Latin America and Caribbean	31	22.8
North Africa and Near East	15	11.0
South Asia	9	6.6
Eastern Africa	10	7.4
Southern Africa	10	7.4
Central and West Africa	18	13.2
<i>TOTAL</i>	<i>136</i>	<i>100.0</i>

4. STRUCTURE OF THE GLOBAL FUND PROGRAM IN ESTONIA

Launch of the program

In cooperation between Estonian specialists and a foreign expert Estonia submitted a proposal to GFATM for the implementation of HIV prevention program in September 2002. The known epidemic spread of the infection had started two years earlier and had affected both Ida-Virumaa and Tallinn. There were 2,859 infected persons registered by the end of 2002. The proposal submitted to GFATM starts with the following statement: "Estonia has the most rapidly spreading HIV epidemic in Europe. The country is to responding vigorously but needs significant and immediate external investment if it is to respond as rapidly and effectively as possible. Estonia faces an HIV epidemic spreading at 10 times the rate in most Western European countries, yet has less than a third of the resources available to respond."

At the time of submission of the proposal, work was done in the framework of the National HIV/AIDS Prevention Program for 2002-2006, which was the third Estonian national framework document. The 2002 budget of the program in the Ministry of Social Affairs was EEK 11.35 million (including supplementary budget). This was complemented by support for HIV prevention from other sources, such as foundations, embassies, international organisations and local governments. By the time of approaching GFATM Estonia had launched most of the key initiatives to fight HIV and AIDS, but lacked sufficient financial and administrative resources for rapid improvement of the availability and scope of the services.

The proposal submitted to the Global Fund included activities and objectives in relation to six target groups – youth, injecting drug users, sex workers, prisoners, men having sex with men and people living with HIV. The funding proposal did not foresee activities in relation to

HIV testing, occupational safety, donors, tuberculosis or some other areas, since they had been covered by other sources of funding or programs. The desired goal of the program was to reduce risk behaviour among the abovementioned population groups and to improve the quality of life of people living with HIV. A separate objective was to increase the institutional capacity and cooperation of partner organisations involved in the implementation of the program.

GFATM accepted the Estonian proposal and the agreement was signed in September 2003. The program was divided in two phases – the first phase lasted from October 2003 to September 2005 and the second phase from October 2005 to September 2007. NIHD was nominated as the Principal Recipient and coordinator of the program. The preparatory period of the program ended in the beginning of 2004, with the start of service provision to various target groups, covering more than ten areas of activity. Over four years Estonia received EEK 135.86 million – EEK 50.45 million in the first program phase and 85.41 million in the second phase.

Structures associated with the program

The structure of the Estonian GFATM program consisted of the following:

- Country Coordinating Mechanism;
- Principal Recipient – National Institute for Health Development;
- Implementing institutions – non-governmental organisations (NGO), private limited companies, hospitals, prisons;
- Local Fund Agent – Pricewaterhouse Coopers.

A precondition of disbursement was establishment of a Country Coordinating Mechanism that brought together representatives of governmental entities, non-governmental organisations and private sector working in the field of HIV. The Estonian CCM was the official submitter of the proposal to the Global Fund as well as the entity that nominated the Principal Recipient. The main functions of CCM during the program period included approving Estonia's four-year proposal and the updated proposal for phase 2, overseeing the program performance and approving quarterly reports, making suggestions for changes in the program implementation. The work of CCM was organised by the Ministry of Social Affairs and the chairman of CCM was the Minister of Social Affairs. The membership of CCM has changed over the four years – the last panel had 24 members, including eight representatives of NGOs, nine from the governmental sector, two local government representatives, two from the private sector, two from the academic sector and one representative of a multilateral international organisation.

The program was administrated by NIHD as the subordinate entity of the Ministry of Social Affairs responsible for the implementation of various national public health strategies. The Institute had four full-time positions for the program: Program Manager, Financial Manager and two analysts. The main functions of the Principal Recipient included:

- Organisation of public procurements to identify suitable service providers and suppliers (of syringes, condoms, etc.);
- Conclusion of contracts with the service providers and suppliers and overseeing the performance of contracts;
- Development of an operational and financial reporting system and monthly collection of data from the service providers;
- Verification of eligibility of the expenditures of service providers;
- Compilation of quarterly reports for CCM and GFATM;
- Preparation of the proposal for phase 2 of the program;

- Analysis of program performance, organisation of surveys among the target groups and external evaluations;
- Organisation of trainings for partner organisations;
- Publication of the program activities and study results;
- Planning of program termination and transition to governmental funding.

The following activities in specified target groups were carried out in the framework of the program:

- Youth: educating school and vocational school students, conscripts and young people in social welfare institutions, awareness raising using the peer education method, media campaigns. The activities for the youth were carried out by a total of 8 NGOs during the program period. Additionally, NIHD was involved in the organisation of the media campaigns.
- Injecting drug users: syringe exchange and methadone substitution treatment. Services to IDUs were provided by 4 NGOs, 3 private limited companies and 3 hospitals.
- Sex workers: services for diagnostics and treatment of sexually transmitted infections (STI), counselling and day centre services. One private limited company and two NGOs were implementing those activities.
- Prisoners: lectures and consultations, support groups for PLWHA. Activities were carried out by one NGO and two prisons.
- Men having sex with men: information centre services and distribution of safe sex supplies in clubs and bars. These activities were carried out by one NGO.
- People living with HIV: health monitoring for the persons without health insurance, procurement of antiretroviral (ARV) drugs, psycho-social support services. Services to PLWHA were provided by 4 hospitals and 6 NGOs.

A total of 27 organisations participated in the work of the program over the four years. Some organisations provided several services simultaneously.

The program included large volume central procurements of syringes and needles, skin disinfectant swabs, condoms, lubricants, methadone, urine test kits, various information materials and ARV drugs.

The international business consultation company Pricewaterhouse Coopers served as the GFATM Local Fund Agent. They exercised the following functions to protect the interests of GFATM:

- Approval of the services and supplies procurement plan;
- Auditing the program work and random verification of the accuracy of collected data;
- Verification of eligibility of the expenditures of NIHD;
- Review and approval of the quarterly operational and financial reports.

Finances

The priority target groups in the Estonian GFATM program were injecting drug users and people living with HIV. 67% of the total program financing was used for the services for these target groups (see Table 5 and Figure 11). The majority of the amounts disbursed for PLWHA were used to pay for the ARV drugs.

Table 5: Distribution of finances by program years, EEK (implementation) (Source: NIHD)

Target group or field	Year 1	Year 2	Year 3	Year 4	TOTAL
Youth (objective 1)	5,356,370	2,824,300	3,740,440	4,134,650	16,055,760
Injecting drug users (objective 2)	6,290,130	6,577,780	9,213,150	12,300,730	34,381,790
Sex workers (objective 3)	683,080	703,480	705,200	918,760	3,010,520
Prisoners (objective 4)	982,450	663,970	755,880	868,530	3,270,830
Men having sex with men (objective 5)	1,424,760	759,370	544,300	503,820	3,232,250
People living with HIV and AIDS (objective 6)	5,105,880	8,841,130	11,350,350	31,579,040	56,876,400
Coordination, audits, partner training (objective 7)	2,866,100	3,836,890	2,220,540	4,619,590	13,543,120
Monitoring and evaluation (objective 7)	590,830	2,940,210	588,500	1,374,300	5,493,840
TOTAL	23,299,600	27,147,130	29,118,360	56,299,420	135,864,510

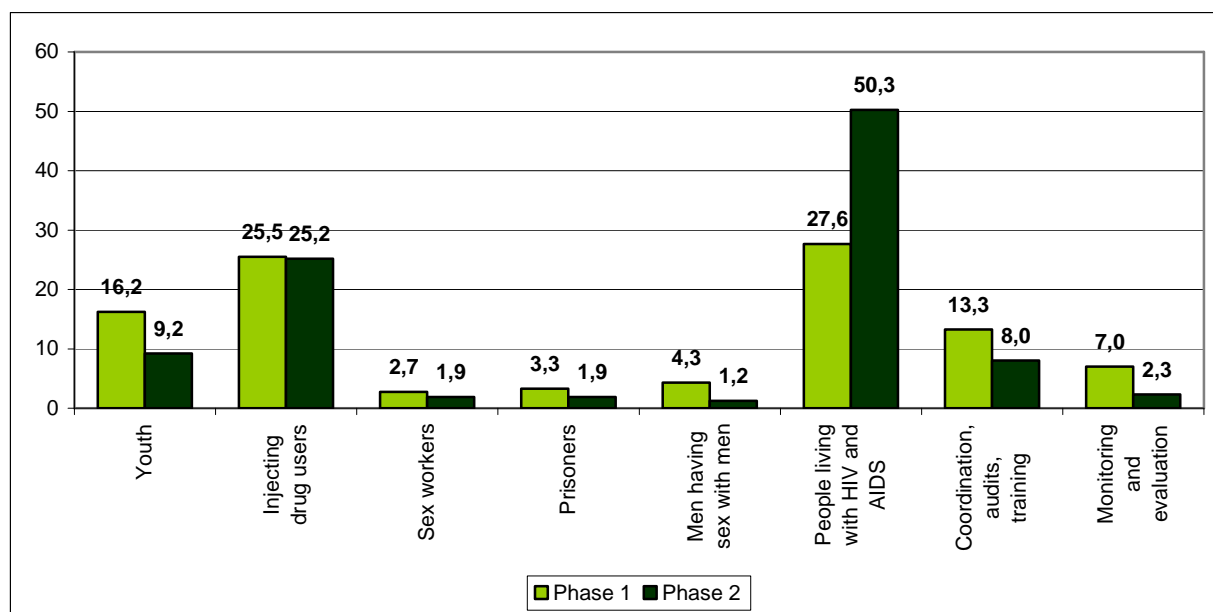


Figure 11: Distribution of expenditures between objectives in two program phases (%) (Source: NIHD)

5. RESULTS OF ACTIVITIES AND STUDIES

5.1. Injecting drug users

The use of drugs among Estonian youth has been increasing year by year. According to a survey among school students aged 15-16, 7% of the youth in this age group had tried some illegal drugs in 1995, 15% in 1999, 24% in 2003 and 30% in 2007 (Allaste 2008:21). In the population group 18-69, the percentage of people who have tried illegal drugs at least once has increased from 6% in 1998 to 14% in 2003 (Talu et al 2005:22).

The number of injecting drug users in Estonia started to increase in the 1990ies, accompanied by higher level of hepatitis B and C infections. From 1992 to 1998 the number of new cases of hepatitis B per 100,000 population increased six times (from 5.8 to 33.9 cases) and the number of hepatitis C cases increased sixty times (from 0.4 to 25.2 cases) (source: HPI). An upsurge in the number of registered HIV cases followed in the second half of 2000.

Successful prevention among injecting drug users should include the following elements (see UNAIDS 2007:46):

- Sufficient coverage of the target group and good availability of sterile injecting equipment (including in prisons);
- Availability of high-quality voluntary drug treatment programs (in particular substitution treatment with methadone or buprenorphine, for example);
- Promotion of condom use and ensuring constant availability of condoms;
- Availability of treatment and care services for STIs, HIV, AIDS and tuberculosis;
- B hepatitis vaccination for IDUs and their sex partners;
- Enabling services associated with reproductive health, prevention and reducing the risk of mother to child transmission for female IDUs and female partners of IDUs;
- Creating safe environments for information distribution (e.g., counselling phone lines, low threshold centres);
- Training medical professionals to reinforce the practice and increase efficiency of the work with IDUs;
- Education of law enforcement staff to reduce harassment of IDUs in the vicinity of the prevention and treatment locations;
- Elimination of legal barriers that restrict access to prevention and treatment services.

The estimated number of injecting drug users in Estonia is 13,800 persons (Uusküla et al 2005a). HIV prevention focuses on harm reduction strategies. Harm reduction is based on the interventions to reduce health risks associated with sharing of injecting equipment (like spread of HIV and other infections, mortality from drug use) and to improve the health and social coping of drug users (see WHO 2005a, WHO et al 2004). The syringe exchange system enables to provide counselling together with sterile injecting equipment and condoms. In addition to stationary syringe exchange points (SEP), outreach work is also important to reach the persons and groups who do not find the services on their own. For that purpose the employees of syringe exchange go to the gathering locations of drug users. In substitution treatment the drugs injected by opioid addicts are substituted with orally administered medical product to reduce the abovementioned risks as well as combat illegal drug use and criminal behaviour. In Estonia the national strategy foresees substitution treatment with methadone. STI diagnostic and treatment services are offered to IDUs and their sex partners since 2006.

According to the Estonian National HIV and AIDS Strategy for 2006-2015, the strategic objective in connection with this group is as follows: "The number of drug injectors has decreased and the spread of HIV among the IDUs has a constant declining tendency." The sub-objectives include reduction of risk behaviour in drug injection and sexual relations and increasing the number of opiate-injecting drug users in substitution treatment.

GFATM PROGRAM, 10.2003-09.2007

The Estonian proposal submitted to GFATM in 2002 explains that the group of injecting drug users is particularly important for prevention in the light of the progression of HIV epidemic in Estonia. According to the agreement signed in September 2003 between GFATM and NIHD, a commitment was made to expand significantly the scope of existing harm reduction services during the four-year program.

Syringe exchange

First syringe exchange pilot project started in Estonia in 1997. Prior to launch of the GFATM program in 2003, there were four organisations providing syringe exchange services in 18 syringe exchange points, including 5 in Tallinn, 12 in Ida-Virumaa and 1 in Lääne-Virumaa (source: HIV/AIDS-i Ennetamise...2003).

The volume of the syringe exchange services increased significantly during the four years of GFATM program and one new organisation were added to the service providers. The relative importance of outreach has increased greatly in recent years. By the end of the GFATM program (September 2007), there were five active organisations with a total of 26 SEPs, including 7 stationary points and 19 outreach teams, 7 in Tallinn and 19 in Ida-Virumaa. The service providers were: Narva Rehabilitation Centre for Drug Users and Alcoholics (NRCDA), NGO "We Help You", Convictus Estonia, AIDS Information and Support Centre and Ltd Corrigo.

The attendance at syringe exchange points and the number of distributed equipment items have increased rapidly during the GFATM program period. The number of first-time visitors has been relatively stable: 2,552 in the first year, 2,449 in the second, 2,737 in the third and 3,164, the most, in the fourth year of the program. Nearly 193,000 visits in total were made to the SEPs during the four program years, including 10,902 first-time visits. The volume of syringe exchange in Ida-Virumaa accounted for 65% of all visits while Tallinn had 35%. Approximately 4.49 million syringes, 1.77 million condoms and 158,742 pieces of information materials were distributed to the target group in the framework of the GFATM program (see Figures 12 and 13). On average, 10.2 syringes and 4 condoms were give out during one visit. IDUs returned 2.46 million used syringes to SEPs, i.e., 55% of all syringes distributed. The number of returned used syringes has also increased over the years.

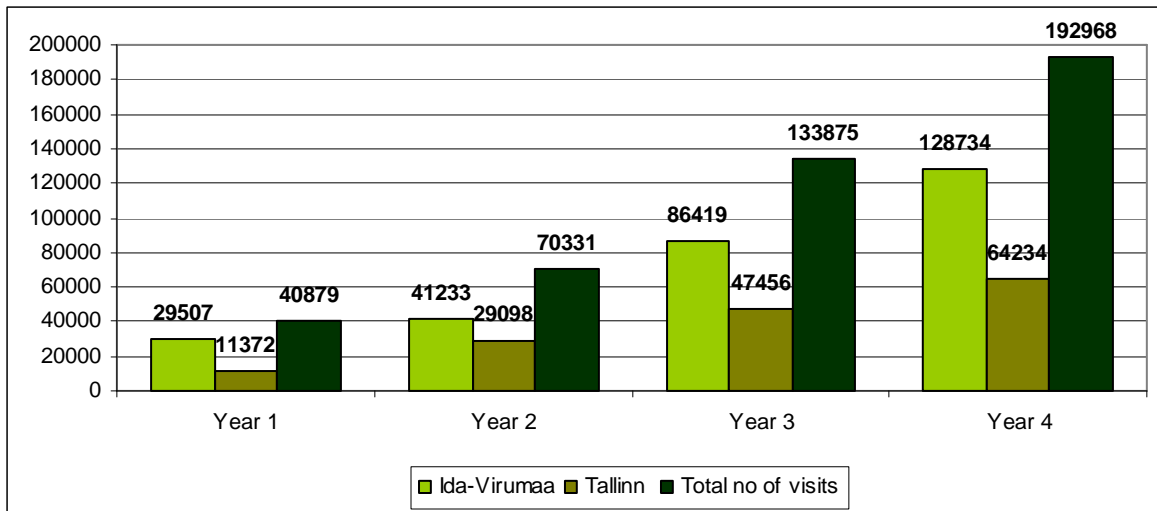


Figure 12: Number of visits to syringe exchange by regions in different program years

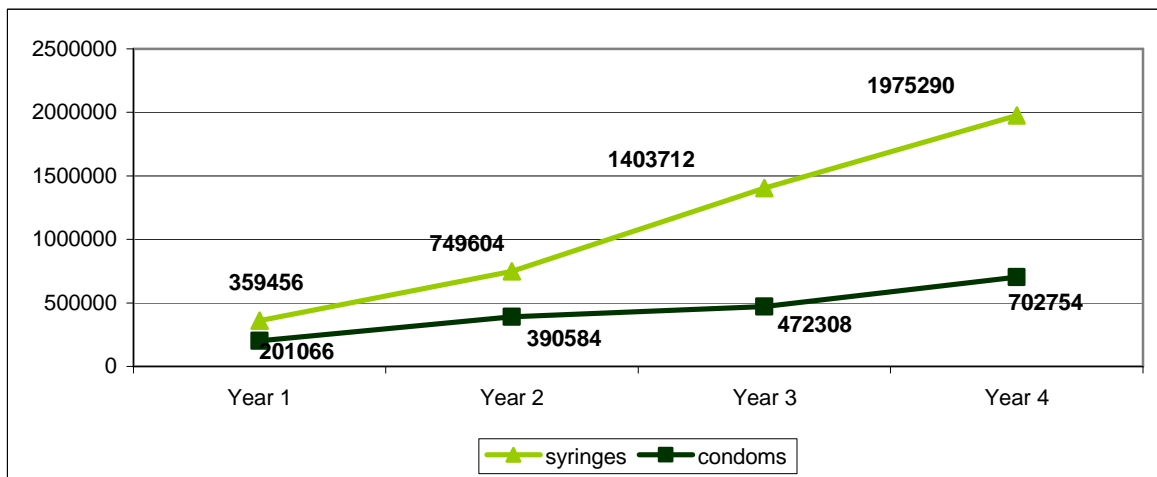


Figure 13: Number of syringes and condoms distributed in different program years

The activity reports to GFATM highlighted the numbers of first-time visitors and distributed syringes. The expected program results with regard to first-time visits have been exceeded. The expected result with regard to the number of syringes distributed to drug users was achieved to the extent of nearly ninety per cent (see Figures 14 and 15).

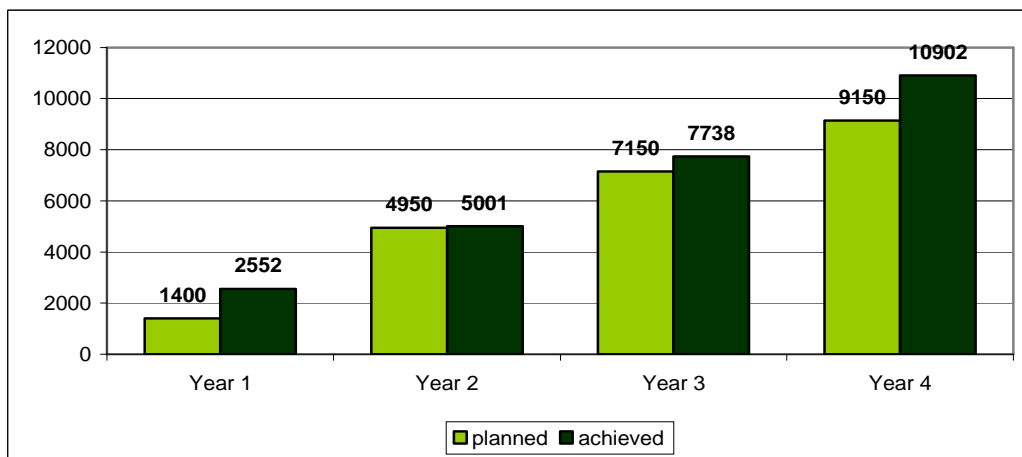


Figure 14: Planned and achieved number of first-time visits to the SEPs by program years, cumulative indicator

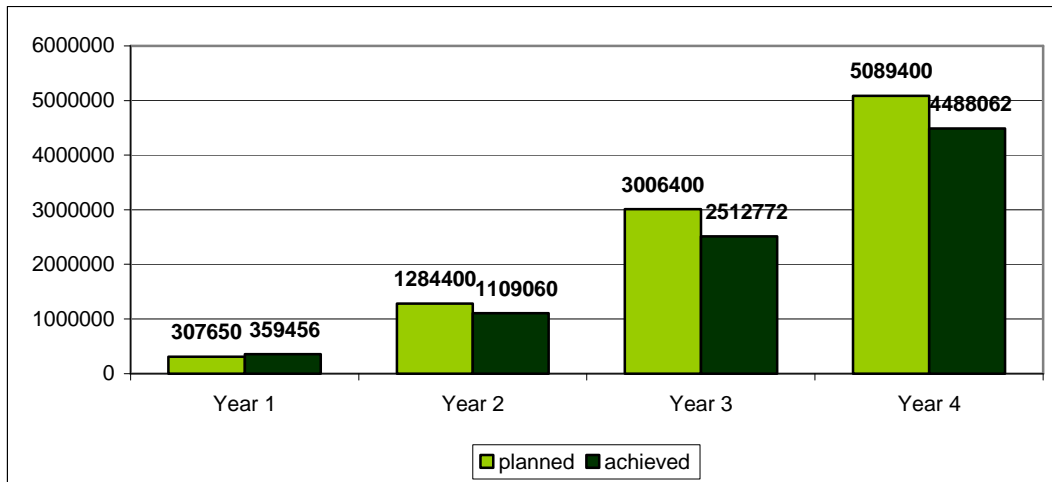


Figure 15: Planned and achieved number of distributed syringes by program years, cumulative indicator

Methodone treatment

Provision of methadone treatment to opioid addicts in Estonia started in 1998. Several new providers of methadone treatment joined the existing organisations during the GFATM program. In September 2007, there were six organisations that operated in eight methadone clinics – Narva Treatment Center of Abuse, Ltd Corrigo, Clinic “Aasa”, Health Center “Elulootus”, Wismari Hospital and West-Tallinn Central Hospital. Substitution treatment with methadone is available in Tallinn, Narva, Sillamäe, Jõhvi and Kiviõli. Dispensing of the medicinal product is accompanied by counselling by various specialists (psychiatrist, medical professional, social worker) and treatment decisions are made by a treatment commission.

The number of drug users receiving methadone treatment has multiplied during the four years of the GFATM program (see Figure 16). Nevertheless, this service still reaches only a small part of IDUs and the objective of the four-year program in terms of the number of treated persons could not be achieved – the intended target was to have 840 drug users in treatment by the end of the program.

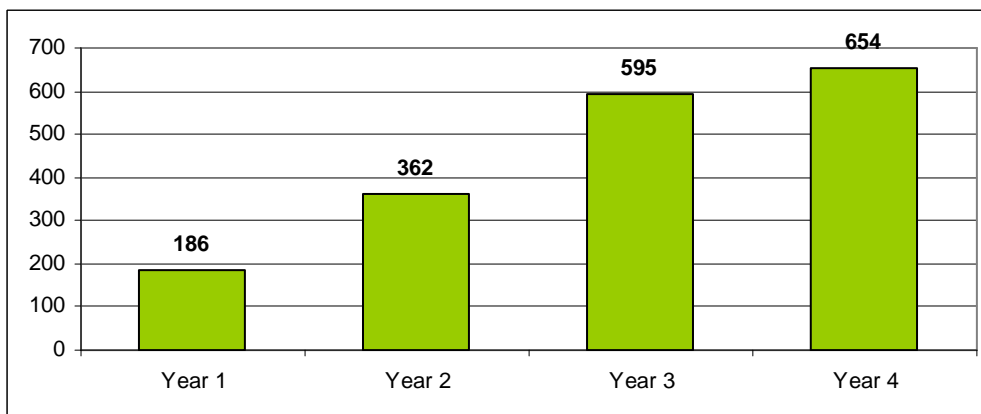


Figure 16: Number of methadone treatment patients in different program years

GFATM program objectives

The achievement of objectives for reducing risk behaviour of IDUs were measured by two indicators and the data was collected through surveys of the visitors of SEPs. The objective for the 2007 survey round, i.e., the end of the GFATM program, was to achieve a situation where 86% of the returning visitors of SEPs report not sharing syringes in the last month and 83% report condom use at last sex (see Table 6). The first objective was achieved and the percentage of IDUs who used condom was slightly lower than expected.

Table 6: Injecting drug users' risk behaviour indicators 2003-2006

Indicator	Baseline 2003 first-time visitors	2004 returning visitors	2005 returning visitors	2006 returning visitors	2007 returning visitors
Percentage of IDUs visiting syringe exchange who did not share syringes with others in the last four weeks	52	80	75	89	89
Percentage of IDUs visiting syringe exchange who used a condom during last sex	51	79	72	80	78

ACTIVITIES IN 2006-2007

In addition to the abovementioned five organisations, three low threshold centres (in Tallinn, Kohtla-Järve and Paide) and Tapa AIDS Prevention and Drug Counselling Centre are also involved in the syringe exchange system. There are a total of 30 SEPs in Estonia, including 8 in Tallinn, 20 in Ida-Virumaa, 1 in Lääne-Virumaa and 1 in Järvamaa. After the termination of the GFATM program syringe exchange is supported through NIHD from the funds allocated to the national HIV and AIDS strategy.

The services of the low threshold centres were financed from the state budget in both years. The relative importance of syringe exchange in the low threshold centres is currently rather limited and the main purpose is to offer drug users counselling, social services (such as washing opportunity) and basic medical services. The four centres (including Tapa) were visited more than 20,000 times in 2006-2007.

A total of nearly 1.62 million syringes in 2006 and 2 million syringes in 2007 were distributed to the target group through the 30 SEPs, while the respective numbers of condoms were 0.54 and 0.75 million.

After the GFATM program funding of the methadone treatment is also drawn from the state budget and coordinated by NIHD. The six afore listed medical organisations provided methadone treatment to 602 drug users at the end of 2006 and to 673 drug users in December 2007. Additional to that is the treatment provided for a charge at Wismari Hospital and WTCH. The Estonian Psychiatric Association have started to develop new treatment guidelines for opiate addiction (the activity continues in 2008).

A new service was introduced in 2006 – STI diagnostic and treatment for IDUs and their partners, since HIV can be transmitted outside from the IDU population through their sex partners. This service is provided by Ltd Corrigo and Narva Hospital in Ida-Virumaa and includes the following activities:

- Patient examination and diagnosing for STIs;

- Ambulatory treatment of STIs and follow-up examination;
- Testing for HIV, hepatitis B and C;
- Referring the patients to an infectionist or another specialist as necessary;
- Diagnosing pregnancy;
- Counselling on safe sex, pregnancy and infectious diseases.

The respective cabinets were visited 1,213 times in 2006 (including 639 first-time visits) and 2,817 times in 2007 (including 906 first-time visits).

The skills of the relevant specialists have been improved and international cooperation developed through two external projects. An Estonian, Latvian, Lithuanian, Finnish and Bulgarian joint project for "Expanding Network for Coordinated and Comprehensive Actions on HIV/AIDS Prevention among IDUs and Bridging Population" was launched in the summer 2006 with financing from the EU Public Health Programme (2003-2008). The project objective is to prevent the transmission of HIV and other infections from high-risk groups to bridging population (e.g., partners of IDUs) by increasing awareness and decreasing risk behaviour. The Estonian project partner is NIHD. During the period 2006-2007 several network meetings took place and low threshold or harm reduction services were developed (Estonian specialists visited training in Latvia and Lithuania, local government representatives learned about low threshold services during a study trip to Finland, the service logo was developed, etc.). A study of the spread of HIV, other infections and risk behaviour of IDUs and their partners was conducted during the spring and summer 2007 in Estonia, Latvia and Lithuania (data analysis will be completed in 2008). In Estonia it was a follow-up to the 2005 data collection and 700 IDUs from Tallinn and Kohtla-Järve were questioned. A training on the stigma and discrimination associated with HIV and AIDS was organised in Estonia at the end of 2007 for NGO representatives from Bulgaria and the Baltic countries.

A 4-year project of the United Nations Office on Drugs and Crime (UNODC) was launched in Estonia, Latvia and Lithuania in 2006. The objective is to create a favourable environment for better implementation of HIV prevention and care services for IDUs and in prison setting in the participating countries. In 2007 a rapid assessment of the Estonian methadone treatment was carried out by a foreign expert (Dr E. Subata from Lithuania), employees of drug addiction treatment centres participated in a seminar in Riga on the substitution treatment and the Estonian specialists received training on methadone treatment services in Lithuania. The experts of UNODC participated in the external evaluation of fighting HIV and AIDS in Estonia in the end of 2007 and beginning of 2008 (see Chapter 7). A call for proposals was announced in the end of 2007 and the supported projects will be implemented in 2008.

STUDY RESULTS

Survey of syringe exchange visitors

Data has been collected from first-time and returning visitors of SEPs and comparative analyses have been carried out since 2003. Each injecting drug user who visits a SEP for the first time is asked to fill out a questionnaire. Returning visitors are questioned once a year during one month period. A quota sample is compiled separately for each participating SEP for that purpose. Data collection is based on a questionnaire formed in cooperation between NIHD and four service providers (Convictus Estonia, AIDS Information and Support Centre, NGO „We Help You“, NRCDA). The size of the sample in 2007 was 1,511 first time visitors and 399 returning visitors (see Lõhmus and Trummal 2008).

General indicators

- Over three quarters of the IDUs who visit SEP are men and the average age of visitors is approximately 25 years.
- Nearly 90% of the visitors are non-Estonians (mostly Russians). Half of both first-time and returning visitors do not work or study and around one tenth are employed.
- 29% of the first-time clients have been injecting drugs for up to one year, 37% for 2-4 years and as many for 5 or more years. 55% of the returning visitors have injected drugs daily during the four preceding weeks and 34% have done so several times a day.
- 73% of the returning clients inject opiates and half inject stimulators. The most widespread drugs are amphetamine and heroine. On average 1.6 different substances were injected during the four weeks preceding the study.
- The average age of the SEP visitors has increased by two years during the five years of surveying. The number of employed clients increased until 2006. The frequency of injecting drugs increased until 2005 among returning visitors.

Service use

Most of the clients of syringe exchange also take sterile syringes for their peers.

- 60% of the returning visitors have used the syringe exchange service for longer than a year and 54% have visited SEP at least once a week during the preceding four weeks.
- The drug users get many syringes during one visit – in the preceding month, half of the returning visitors received more than 10 syringes in one visit while 31% received 6-10 syringes. The relative importance of secondary syringe exchange is high – 89% of the returning clients have taken syringes for their peers in the preceding four weeks and 58% have done so in all or most visits.
- 92% of the returning visitors have brought back used syringes to SEPs in the preceding month and 81% have done so in all or most visits.
- The length of the total time period when SEP was visited has increased continuously during the survey years (except in 2006). Compared with previous survey years, the visits to the SEPs became less frequent in 2007 and the relative importance of secondary syringe exchange increased (see Figure 17). The number of syringes given to the visitors during one visit has been increasing since 2005. The rate of return of used syringes to SEPs increased until 2005.

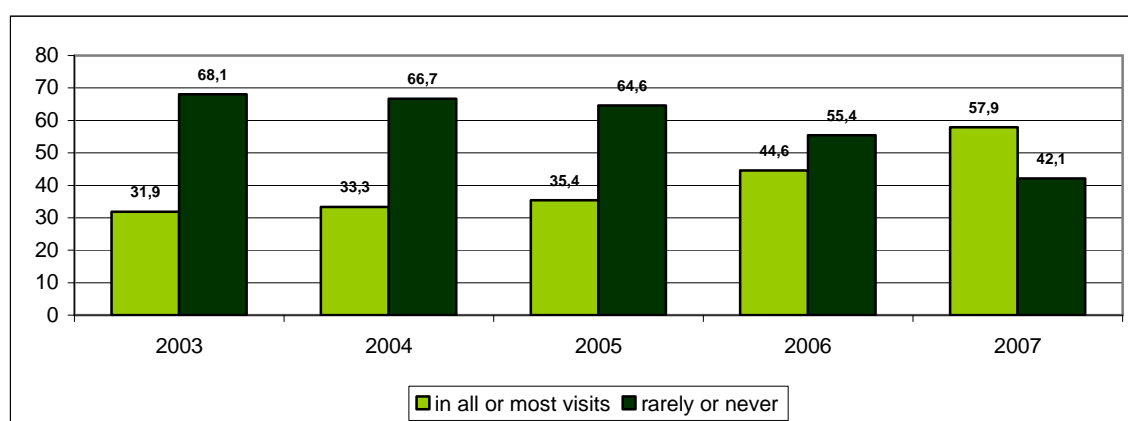


Figure 17: Returning clients who took syringes for their peers in the preceding four weeks, 2003-2007 (%)

Knowledge and behaviour

The majority of SEP visitors do not share syringes with other drug users and the level of risk behaviour has decreased over the years.

- A large majority of both the first-time and returning visitors are aware that the risk of contracting HIV can be reduced by using a condom during every sexual intercourse and that HIV can be transmitted by sharing syringes. 90% of the first-time visitors and 93% of the returning visitors gave correct answers to both questions.
- 76% of new clients and 89% of returning clients reported never sharing syringes when injecting drugs during the preceding four weeks. The level of risk behaviour is significantly lower among returning SEP visitors in comparison to first-time visitors. The percentage of drug users who did not share syringes grew among the first-time visitors during the period 2004-2006 and among returning visitors in the years 2004 and 2006. Compared with the first survey round in 2003, the percentage of IDUs who do not share syringes has increased by 26% in case of returning visitors and by 16% in case of new visitors (see Figure 18).
- Nearly one fifth of first-time and returning visitors did not have sex during the preceding four weeks and half had one sex partner. 7% of the returning visitors had sex in exchange for money or other benefits in the preceding four weeks.
- 44% of new clients and 62% of returning clients who had sex in the last month reported always using a condom. 66% of first-time visitors and 78% of returning visitors reported doing so during last sexual intercourse. The level of condom use is much higher among returning visitors. The condom use indicator of first-time clients decreased in 2007. It has remained stable over the years in case of returning visitors (see Figure 19).



Figure 18: SEP visitors who did not share syringes in preceding four weeks, 2003-2007 (%)

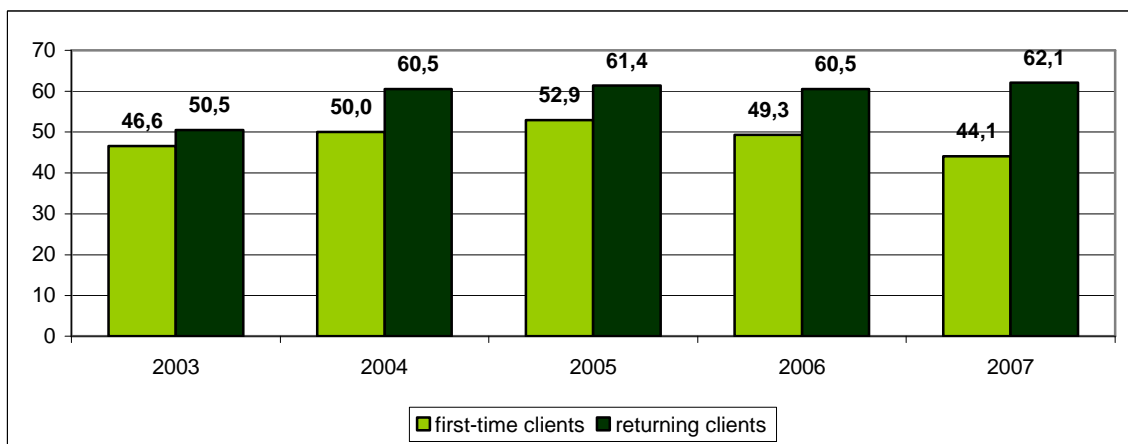


Figure 19: SEP visitors who always used a condom in preceding four weeks, 2003-2007 (% of those who have had sex)

- 47% of the first-time visitors and 43% of returning visitors have been tested for HIV in the last year. 77% of returning visitors have taken HIV tests during their lifetime (the first-time visitors were only asked about the last 12 months).
- The calculation of the total score of risk behaviour was based on both injection and sexual behaviour. Most of the IDUs who come to syringe exchange for the first time (52%) belong to the intermediate risk level. Drug users at low risk level dominate among the returning visitors, accounting for 58%. In comparison to first-time visitors, the group of returning clients includes more IDUs with low level of risk behaviour and less persons with intermediate or highest risk behaviour. Compared with the two earlier survey years, the aggregated level of risk behaviour among SEP visitors has decreased during the period 2005-2007 in both visitor groups and has stayed stable since 2005.
- SEP visitors with adequate knowledge about HIV transmission exhibit less risky behaviour in drug injection and sexual relations.

5.2. Youth

Over the years most cases of HIV in Estonia have been discovered in the age group 15-24. Persons in this age bracket constitute 63% of all registered HIV cases (as at the end of 2007). According to an Estonia-wide youth survey, one fifth of the young people aged 14-15 and nearly a half of the people aged 16-18 had experienced sexual intercourse. The young people with sexual experiences in their teen years have more sexual partners and casual relations than adults (see Lõhmus and Trummal 2007), but their values and attitudes are in developing phase.

In order to prevent the spread of HIV from injecting drug users to their sex partners and youth with high risk behaviours, the interventions should focus on improving knowledge, developing attitudes and reducing risk behaviour among youth. Prevention work among young people is a broad field and the target group is very large. Interventions can be divided in three main groups: communication of knowledge (ways how the infection is and is not transmitted, methods of protection), creation of an environment for safe behaviour (availability of condoms, etc.), access to high-quality healthcare services (counselling, testing, treatment) (Harro and Rüütel 2004: 87-88). According to UNAIDS recommendations successful prevention should include the following elements (UNAIDS 2007:58):

- Include gender, sexuality, reproductive health, HIV, drug use and life skills issues in school curriculum. Ensure access to comprehensive sex education.
- Involve parents and adults in school-based awareness and prevention activities.
- Organise prevention based on the peer education methods.
- Ensure access to youth friendly health services and HIV counselling and testing.
- Address sex issues through campaigns. Promote public debate.
- Outreach to young people out-of-school, children and adolescents involved in sex work, street youth.

In Estonia, the prevention measures for youth are focused mainly on raising awareness and developing attitudes through training, peer education activities and campaigns. Youth counselling and testing services are available via 18 counselling centres that perform tests for HIV and STIs and offer treatment for STIs if necessary. According to the Estonian National HIV and AIDS Strategy for 2006-2015 the strategic objective for this group is as follows: "The incidence rate of HIV among young people aged 15-29 has constantly decreased." The sub-objectives include improvement of knowledge, life skills and attitudes of young people aged 10-29 and reduction of risk behaviour in sexual relation among the youth aged 15-29.

GFATM PROGRAM, 10.2003-09.2007

In 2003, i.e., before the start of the GFATM program, HIV prevention measures included thematic courses in schools, special education schools, youth counselling centres, etc. Training was provided to peer education instructors and some campaigns were organised. The number of young people receiving HIV related and sexual education increased significantly in the framework of the GFATM program and more organisations were involved in the implementation. The following main activities were developed under the objective for the youth:

- educating students of grades 5-12, vocational school students and conscripts;
- educating young people in children's homes and social welfare institutions, as well as school children with special needs (state schools);
- training peer educators and implementing prevention work using peer to peer method;
- media campaigns to promote condom use.

Training

Education on HIV prevention was provided to the students of grades 5-12 by the Estonian Sexual Health Association and one session lasted 1.5 hours. The factual lecture on HIV transmission and safe sex was combined with discussions, practical exercises and games to improve the knowledge and skills and develop attitudes of the young people. The content of the educational program varied depending on age. The sessions took place during school periods and also at summer youth camps. Education sessions were organised throughout Estonia in the first program phase while the second phase focussed on two regions – Harjumaa and Ida-Virumaa. A total of 66,201 students of grades 5-12 participated in the sessions over four years. 42% of them were from Harjumaa, 33% from Ida-Virumaa, 7% from Central Estonia, 13% from South Estonia and 5% from West Estonia.

Preventive education to vocational school students was provided during the four GFATM program years by the NGOs AIDS Prevention Centre, Anti-AIDS Association, Kersti Võlu Training Centre and Ida-Virumaa Psychological Assistance Centre. The education session for one group lasted three hours and covered the following topics: HIV, AIDS and STIs, safe sex, social activities and skills to reduce risk behaviour. Lectures were combined with group work, exercises and discussions. Each organisation had developed their particular education programs and methods. Similarly to regular schools, education to vocational schools was provided throughout Estonia in the first phase of the GFATM program, focussing on the young people in Harjumaa and Ida-Virumaa in the second phase. A total of 15,373 young people in vocational schools participated in the sessions. 49% of them were studying in Harjumaa, 42% in Ida-Virumaa and 9% in other parts of Estonia.

Additionally Anti-AIDS Association provided information to conscripts, young people in social welfare institutions and orphanages and young people with special needs in state schools. Conscript education was provided throughout the duration of the GFATM program while young people in social welfare institutions and state schools received information during the second phase. The following topics were covered during the three-hour sessions all over Estonia: risk of contracting HIV through sexual behaviour and drug use, safe sex, assertive behaviour, etc. Interactive methods and condom use training were used here as well to reach the youth. In total 1,362 conscripts, 2,780 young people in welfare institutions and 1,386 state school students participated in the trainings during the program.

The most active year of educating was the second program year (10.2004-09.2005) when nearly 33,000 young people from all over Estonia participated in the trainings conducted by different organisations. Approximately 88,500 young people received education on HIV and safe sex during the four years (see Figure 20).

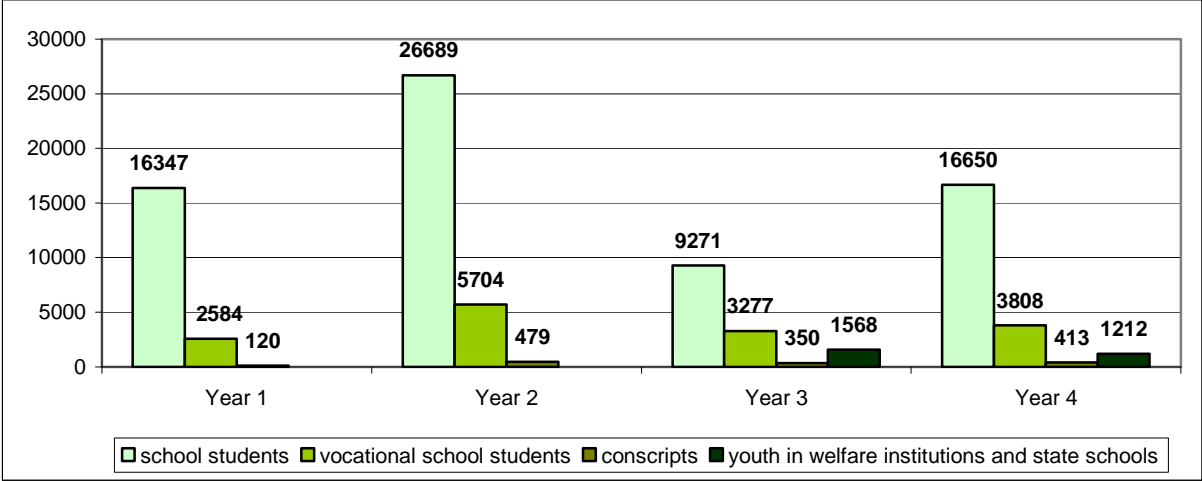


Figure 20: Number of young people that participated in trainings in different program years

The expected targets in terms of the number of educated youth in total were achieved during the program (see Figure 21).

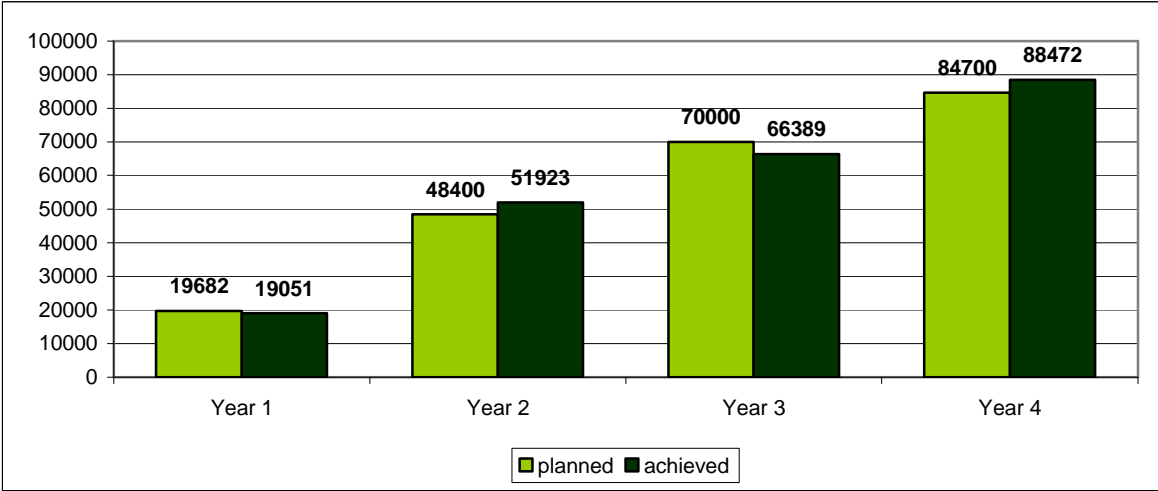


Figure 21: Planned and achieved number of young people educated in different program years, cumulative indicator

Change in knowledge

Several pre- and post-training surveys were conducted in the framework of the described education sessions during the GFATM program. Pre-training questioning took place immediately before the sessions and follow-up was conducted two months after the sessions. The survey aimed at evaluating the acquisition of knowledge on the topics covered.

The results indicate that the school student (grades 5-12) knowledge on HIV was better two months after the sessions than it had been before. In case of vocational school students, improvement of knowledge was noticeable in four of the five survey rounds (the results varied by different organisations that provided the education). A positive change was registered after the sessions also in case of conscripts and young people in social welfare

institutions. The knowledge indicator included five different questions about HIV transmission.⁶ The biggest change towards the positive was noticeable with regard to the question whether a person can get HIV from a mosquito bite. Discounting this question, the level of knowledge of vocational schools and conscripts did not show any significant difference after the session compared with the pre-training level. The results indicate that a session of a few hours is less efficient in improving the level of knowledge of older youth than it is in school students.

In case of school students, most survey rounds indicated that the percentage of young people without any misconceptions regarding potential transmission of HIV in every-day contacts increased after the sessions. The questions asked about possible infection by swimming in the same pool, using the same tableware and toilet or hugging.

In addition to the pre- and post-training questioning in education sessions, the Estonia-wide youth survey of 2005 enabled to compare the classes that had passed the training sessions in the framework of the GFATM program with those that had not. The analysis indicated efficiency of the interventions. The students of grades 5-12 who had received respective education had better knowledge about on HIV transmission, fewer misconceptions about the spread of HIV through every-day contacts and more tolerant attitudes towards PLWHA (for further details see Trummal and Lõhmus 2006).

Prevention through peer education

Application of the peer education method started in Estonia in the second half of the 1990ies. The GFATM program added to new organisations to the field of peer education work. Activities took place in two stages. During the first program phase three organisations were engaged in the training of new peer educators. Living for Tomorrow organised six-day workshops in North and Central Estonia. The workshops were structured by topics (such as relations between men and women, sexuality, safe sex, drug addition, prostitution, HIV/AIDS) and interactive methods were used to encourage the young people to communicate and cooperate with each other. The Anti-Liew and Soul Care Foundation and NGO Partners for Local and Regional Development (PLRD) used a similar four-day training plan. Anti-Liew and Soul Care Foundation prepared peer educators in North and Northeast Estonia, while PLRD organised courses in South and West Estonia. The courses provided information on HIV, STIs, means of protection, safe sex and the risks of drug use, and instructed the participants in peer to peer methods. A total of 441 young people passed the training courses.

The main task of peer educators in the second phase of the GFATM program was to establish contacts with peers to discuss the issues of HIV, drugs, safe sex and other related topics, and to offer new knowledge. Contacts with peers were sought at school, among acquaintances, organised prevention events, etc. By the end of the program, the network of peer educators of the three organisations included 278 persons and 28,071 peer contacts were made during the second program phase (counselling contacts and young people that participated in the events). The expected outcome of the program was achieved.

⁶ The following knowledge questions were posed: 1) Can a person reduce the risk of getting HIV by using a condom every time they have sex? 2) Can the risk of HIV transmission be reduced by having sex with only one uninfected faithful partner? 3) Can a person get HIV by using a syringe used previously by someone else? 4) Can a person get HIV from mosquito bite? 5) Can a healthy-looking person have HIV?

Change in knowledge

Pre- and post-training survey was conducted in the framework of peer educator training as well. Preliminary questioning took place immediately before the training and follow-up was conducted six months after the training cycle (one organisation conducted follow-up immediately after training due to the specific nature of their activity). The peer educators were evaluated in terms of acquisition of knowledge and skills and changes in attitudes.

The percentage of young people with correct knowledge had increased after training in case of all three organisations (but in this case as well, the aggregated increase in the level of knowledge was caused primarily by the knowledge that mosquitoes do not spread HIV). In case of two of the three organisations, the training had improved the knowledge of young people about methods of preventing STIs and peer to peer methods. The percentage of young people with tolerant attitude towards PLWHA increased significantly in case of all three organisations.

The detailed results of the pre- and post-training surveys of mass education and peer education training in 2004-2005 are provided in the publication "HIV/AIDS Prevention in Estonia in 2004 and 2005" (Trummal and Lõhmus 2006).

Campaigns

A media campaign "For Love!" for young people aged 15-24 was organised in the first phase of the GFATM program by the Estonian Sexual Health Association and it consisted of three stages. The first phase included promotion of campaign TV adverts and posters (in Estonian and Russian TV channels, posters in Tallinn, Tartu and Narva) and a charity concert with Estonian and Russian pop artists in Tallinn in spring 2004. This was followed by condom use promotion events in the nightclubs of three cities on the World Aids Day in December 2004. The events were accompanied by a thematic TV program in two TV channels. The campaign was concluded in May 2005 with a social art exhibition "For Love!" in Tammsaare Park in Tallinn.

Armastuse terviseks!



lihtsalt pandav



saab kergelt kätte



maitseb kui maasikas



The campaign activities in the second program phase were organised by NIHD. Media campaigns had the same message in both years – "Do not participate in a lottery, use a condom!" In 2006 the target group were young people aged 19-29 and in 2007 youth aged 16-24 all over Estonia. In spring 2006, campaign posters were presented in Tallinn and Rakvere and in two towns in Ida-Virumaa. The TV clip was presented in three channels and the radio clip in five channels. Estonian as well as Russian media channels were included. In May 2007, posters were presented in bus stops and inside public transport in eight towns (Tallinn, Rakvere and 6 towns in Ida-Virumaa). TV clips were shown in an Estonian and a Russian TV channel. The campaign website www.hiv.ee was up in both years (and is still working today) and several Internet portals for young people presented ads with a link to the campaign website. In both years an open-air event was organised on AIDS Victims Memory Day in May in Tammsaare Park, Tallinn.



Condoms and information materials were distributed to the young people during all described activities (education sessions, peer to peer activities, campaigns). A total of 198,325 condoms and 99,508 information materials were distributed during the program period.

GFATM program objectives

The objective of the youth work of the GFATM program was to arrive in 2007 at a situation where 85% of the young people aged 15-24 has correct knowledge on HIV transmission and 60% always use condoms at casual sex. The achievement of objectives was measured in an Estonia-wide survey (see below the section on 'Study Results'). The level of condom use of young people did not change significantly during the survey years and the associated target was not achieved (see Table 7).

Table 7: Status of youth work indicators of the GFATM program

Indicator	2003 Baseline	2005	2007
Percentage of young people aged 15-24 with correct knowledge on HIV transmission ⁷	53	81	82
Percentage of young people aged 15-24 who reported always using a condom with casual partners during last 12 months	46	48	50

ACTIVITIES IN 2006-2007

In addition to GFATM program measures, the interventions in 2006 and 2007 were aimed at training teachers and family doctors, organisation of youth projects, provision of counselling on sexual and reproductive health and testing service for persons without health insurance.

Specialist training

During 2004 and 2005, specialists in the field prepared a guideline for the teachers on “Sexual Education for the 2nd and 3rd School Levels”. The authors of the book used this guideline to train Human Science teachers from all over Estonia and 262 teachers participated in these courses in 2006-2007. Additionally lecturers from North Estonia Regional Hospital and WTCH provided training on HIV and tuberculosis to 117 medical workers from schools in Harjumaa and Ida-Virumaa in 2007. The training courses for teachers and medical workers were organised by NIHD.

Youth activities

Education of school students, vocational school students, conscripts, young people in welfare institutions and state schools was organised in the framework of the GFATM program until the end of September 2007. In the fourth quarter of 2007, youth education was mainly financed from the state budget through NIHD. After the end of the GFATM program the education of conscript was transferred to the Ministry of Defence. Activities were implemented by the NGOs Estonian Sexual Health Association, AIDS Prevention Centre and the Anti-AIDS Association. The participation numbers were 17,554 young people in 2006 and 22,705 in 2007.

Funding of peer education activities was taken over from the GFATM program by the Ministry of Education and Research. Information on HIV prevention and drug use is also provided to the students of special education schools in Tapa, Puiatu and Kaagvere – the respective resources have been included in the budgets of these schools.

NIHD organises an annual Competition of Health Promotion Projects "TEIP" in the framework of the national HIV and AIDS prevention strategy. The competition is meant for basic and secondary school students in two age groups: 12-15 years and 16-18 years. The aim of the competition is to recognise health-conscious behaviour and it encourages young people to write projects on how to make the behaviour of their peers and younger students healthier. The winning projects from the last year are implemented in the beginning of each year. The

⁷ Calculated on the basis of three questions: 1) Can a person reduce the risk of getting HIV by using a condom every time they have sex? 2) Can the risk of HIV transmission be reduced by having sex with only one uninfected faithful partner? 3) Can a person get HIV by using a syringe used previously by someone else? The wording of two knowledge questions was modified in 2005 to make them more understandable. This influenced the major increase in the indicator level in 2005 in comparison to 2003.

13 projects implemented in 2006-2007 focussed on topics such as nutrition, physical activity and sports, smoking, mental health and positive thinking, first aid, etc.

NordFest, a concert of five Nordic rock bands, took place in Tallinn in August 2007. The event was organised and supported by the Danish, Swedish, Norwegian, Finnish and Icelandic embassies, NIHD, Hansapank, Radio Mania, Patarei Prison, Finnish Institute, Danish Cultural Institute and the Nordic Council of Ministers. The gate income from the concert was donated for the production of the educational film 'Die Young 2'. The educational HIV film for young people aged 14-19 was finished in November. The film uses many elements from popular culture, employs only young actors and does not require any additional expert instruction. The film pictures a normal meeting of two young people and the subsequent events. This project was organised by NIHD. In addition, the production of the film was supported by the Nordic Council of Ministers and Hansapank. The film is distributed primarily in the internet.

Estonia has 18 youth counselling centres belonging to the Estonian Sexual Health Association and offering individual sexual and reproductive health counselling and HIV and STI testing for young people of up to 24 years. Since 2007 testing is without charge also for young people without health insurance – the services are paid from state budget through NIHD. The services of insured persons are paid for by the Estonian Health Insurance Fund. A total of 27,763 visits to the centres were made in 2006 and 28,656 visits in 2007 (see Table 8). 544 young people without health insurance visited the centres in 2007. The attendance at youth counselling centres has been increasing with each year – the number of visits per year is by more than 6,700 higher than in 2002.

Information for the youth is available in several web portals (e.g., www.amor.ee, www.hiv.ee, www.terviseinfo.ee) and 15 county information and counselling centres for the youth offer also information on HIV among other services.

Table 8: Main indicators of youth activities in 2006-2007

Activity	Responsible institution	Results in 2006-2007
Training of teachers	NIHD in cooperation with the authors of the guideline	262
Training of medical workers of schools	NIHD in cooperation with lecturers from North Estonia Regional Hospital and WTCH	117
Educating school and vocational school students, conscripts and young people in social welfare institutions	Estonian Sexual Health Association, Anti-AIDS Association, AIDS Prevention Centre, Kersti Võlu Training Centre	22,705
Prevention through peer education	Living for Tomorrow, Partners for Local and Regional Development, Anti-Liew and Soul Care Foundation	18,459 peer contacts
Youth counselling centre services	Estonian Sexual Health Association	56,419 visits

STUDY RESULTS

In 2007 NIHD conducted the third round of the survey "HIV related knowledge, attitudes and behaviour among Estonian youth" (see Lõhmus and Trummal 2007a). Data were collected with questionnaires during the survey team visits to the schools (persons aged 10-18) and by mail (persons aged 19-29). A simple random sample was established in the strata of the general set. The size of the sample in 2007 was 4,291 young people aged 10-29.

Knowledge and attitude

The knowledge level of youth increases remarkably with age.

- The percentages of people with correct knowledge on HIV transmission were 6% of 10-13 year olds, 22% of 14-15 year olds, 32% of 16-18 year olds and 36% of 19-29 year olds (gave correct answers to all five knowledge questions; the questions are presented in the footnote in section 5.2). Discounting the question about HIV transmission through mosquitoes, which caused much confusion, the majority of young people gave correct answers to the remaining four questions. The level of knowledge is very low only in the age group 10-13 (see Figure 22).
- 7% of 10-13 year olds, 26% of 14-15 year olds, 44% of 16-18 year olds, 45% of 19-24 year olds and 50% of 25-29 year olds do not have any misconceptions about potential HIV transmission through every-day contacts (gave correct answers to all four statements about swimming in the same pool, sharing tableware or toilet, hugging).
- 6% of 14-18 year olds, 14% of 19-24 year olds and 17% of 25-29 year olds had correct knowledge on reducing the risk of mother to child transmission (gave correct answers concerning caesarean section, use of medication and breastfeeding). The young people aged 10-13 were not asked this question.
- 22% of 10-13 year olds, 17% of 14-15 year olds, 41% of 16-18 year olds, 69% of 19-24 year olds and 79% of 25-29 year olds had correct knowledge on STI prevention methods. The age group 10-13 was offered three answer options: condom, avoiding sex, contraception pills; while the older age groups had four options: condom, contraception pills, coitus interruptus and intrauterine spiral.
- 7% of 10-13 year olds, 27% of 14-15 year olds, 40% of 16-18 year olds, 39% of 19-24 year olds and 44% of 25-29 year olds expressed tolerant attitudes towards PLWHA (gave tolerant answers to five statements).
- During the school classes students have heard more about issues of puberty and harmfulness of drugs. The children aged 10-13 said that the following topics were less represented in schools: necessity of condom use, STIs, HIV and AIDS. According to 14-18 year olds there has been less information on sexually transmitted infections.

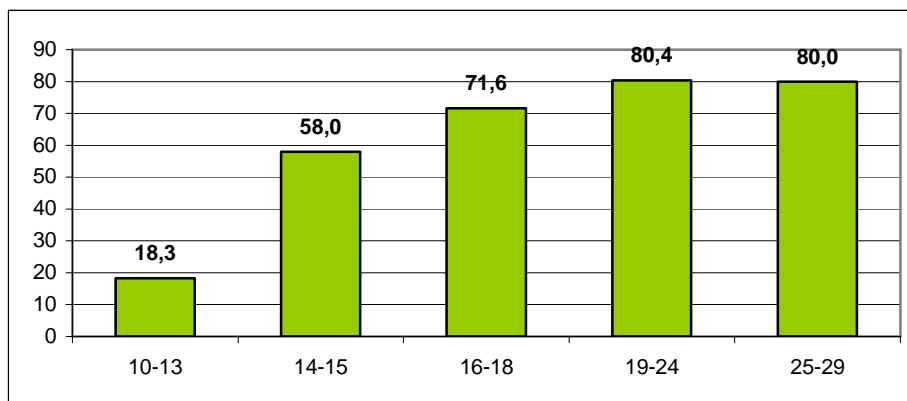


Figure 22: Youth with correct knowledge on HIV transmission by age groups (% , indicator calculated on the basis of four questions)

Sexual relationships

School students exhibit a higher degree of safe behaviour in casual relationships than young adults.

- 22% of 14-15 year olds, 47% of 16-18 year olds, 88% of 19-24 year olds and 98% of 25-29 year olds have had sexual intercourse during their lifetime.
- Among the youth who have experienced sexual intercourse, more than half of 14-15 year olds, approximately a third of 16-18 year olds, 19-24 year olds and one fifth of 25-29 year olds have had more than one sexual partner in the last 12 months (see Figure 23).
- 43% of 14-15 year olds, 37% of 16-18 year olds, 27% of 19-24 year olds and 19% of 25-29 year olds had casual partners in the 12 months preceding the survey (among the youth who have had sexual intercourse during their lifetime).
- 69% of 14-15 year old youth, 75% of 16-18 year olds, 54% of 19-24 year olds and 37% of the oldest group reported using a condom the first time they had sex.
- Among the youth who had casual partners, 56% of 14-15 year olds, 58% of 16-18 year olds, 45% of 19-24 year olds and 39% of 25-29 year olds reported always using a condom at sex with this partner in the last 12 months. 71% of 14-15 year olds, 77% of 16-18 year olds, 68% of 19-24 year olds and 64% of the oldest group reported using a condom at their last casual sex.
- The aggregated risk behaviour score indicates that 87% of 14-15 year olds, 81% of 16-18 year olds, 69% of 19-24 year olds and 74% of the oldest respondents behave in a risk-free manner in their sexual relations. This high percentage among the school students was partially also caused by the fact that large part of the respondents had not yet had sex. High risk behaviour is characteristic of 5-6% of school students (14-18) and 11-12% of young adults (19-29).
- 3% of 14-18 year olds, 21% of 19-24 year olds and 33% of 25-29 year olds have taken an HIV test in their lifetime.

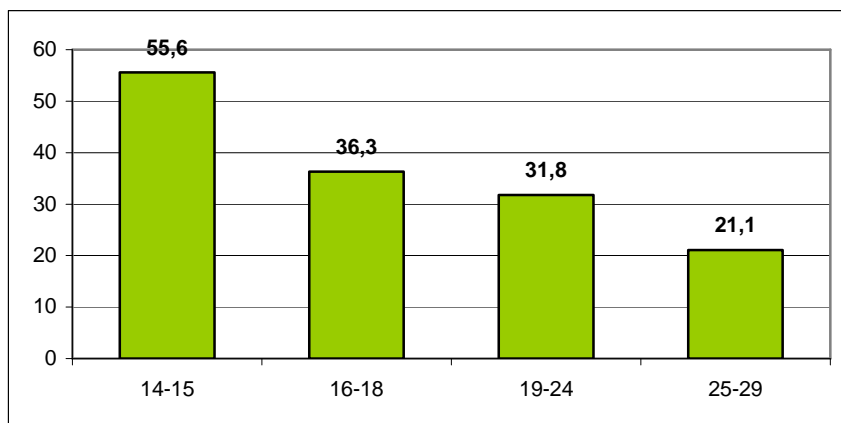


Figure 23: Young people who had sex with more than one partner in the last 12 months
(% of people who have experienced sexual intercourse)

The knowledge on HIV transmission and level of tolerance towards people living with HIV has increased in 2007 in the age group 25-29 in comparison to previous survey year. The percentage of young people able to identify correct methods for reducing the risk of mother to child transmission of HIV has increased in all age groups compared with 2005. The comparison of 2003 and 2005 indicated a significantly larger number of positive changes in terms of knowledge, beliefs and attitudes of the youth than the above results. No statistically significant changes have occurred in two most recent survey years in any of the age groups in relation to sexual partners, condom use (see Figure 24) or HIV testing.

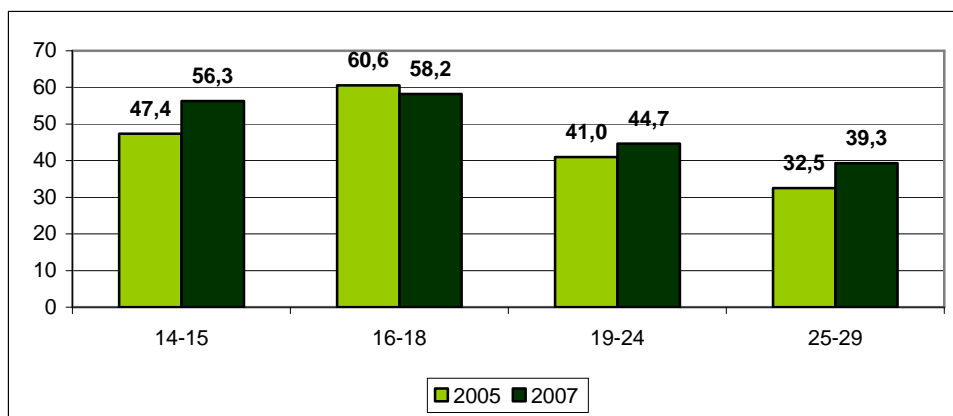


Figure 24: Young people who always used a condom with casual partners in the last 12 months by age groups in 2005 and 2007 (% of people who had casual partners)

5.3. Sex workers

The magnitude of prostitution started to increase rapidly in Estonia after restoration of independence in the middle of 1990ies. This phenomenon is most widespread in Tallinn and places related to prostitution are apartments/private houses, nightclubs/hotels, saunas/massage parlours and to some extent also the street context (street, highway, etc.). Prostitution frequently occurs under disguise of legal areas of activity and registered businesses. The number of sex workers in Estonia is difficult to assess – according to expert opinions, it could be around three thousand (see Pettai et al 2006, Eesti riiklik ... 2005). There is also some limited extent of male prostitution in both homo- and heterosexual form.

SWs have many sex partners and protecting this target group from HIV is beneficial for them and has potential benefit for the general population. A successful harm reduction strategy for this target group should include elements related to education, increasing self-confidence, prevention, healthcare, security and protection of human rights. Effective interventions include peer education, teaching negotiations skills associated with condom use, tips for safe sex work in street setting, health and safety guidelines for brothels, ensuring availability of male and female condoms, healthcare services (in particular high-quality STI testing and treatment), synergy of prevention, healthcare and social support, instigating self-assistance organisations, review of legislation (to enable HIV prevention and safe behaviour), etc. (Rekart 2005, UNAIDS 2007:55).

Today sex workers in Estonia are offered primarily HIV and STI diagnostic and counselling services with distribution of safe sex equipment and treatment for STIs. According to the Estonian National HIV and AIDS Strategy, the strategic objective for this group is as follows: "The spread of HIV infection among sex workers has not increased and the spread of sexually transmitted infections has decreased." The sub-objectives include increasing the knowledge of SWs on HIV transmission and life skills required for demanding condom use, as well as decreasing risk behaviour in sexual relations with clients.

GFATM PROGRAM, 10.2003-09.2007

Testing and counselling services have been provided to this target group by a centre in Tallinn since 1994. The same centre offered the services both before and during the GFATM program. According to the agreement made in 2003 between GFATM and NIHD, Estonia undertook to enable access to voluntary testing, various consultations, information and condoms to sex workers during the four-year period. In the framework of the GFATM program the Health Centre "Elulootus" offered opportunities for free gynaecological examinations, HIV and STI testing, treatment for STIs if required, thematic counselling, safe sex equipment and information materials to sex workers in Tallinn. The healthcare services were supplemented by a day centre (offering psycho-social support), which was supported from GFATM funds during the first two program years. The volume of healthcare services increased somewhat over the four years. The centre was visited during this period 3,370 times, including 1,314 first-time visits.

In the third year of the program the company Medisfäär also offered healthcare services to sex workers during a brief period. This was done in connection with a study enabling participants to undergo gynaecological examination and testing for STIs in a clinic. The clinic received 89 visits, including 43 first-time visits.

Estonia reported to GFATM the number of first-time visitors of healthcare services on a quarterly basis. The target was to offer services to 1,350 new clients and the actual number of first-time visitors over the four program years was 1,357 (see Figure 25).

A counselling centre ATOLL of NGO Lifeline was opened in Tallinn at the end of 2005. The main objective of the organisation is to integrate women involved in prostitution in the labour market, but they also provided consultations on STIs, HIV, safe sex and other related topics, distributed condoms, lubricants and information materials both in the centre and during outreach activities in the framework of the GFATM program. NGO Lifeline counselled 984 visitors in total during the third and fourth program year.

The number of safe sex equipment items distributed by the two organisations by program years is presented in Figure 26. A total of 144,466 condoms, 126,616 lubricants and 11,579 information materials were distributed to the target group. On average 33.2 condoms and 29.1 lubricants were distributed per on contact (visit to the centre, street counselling).

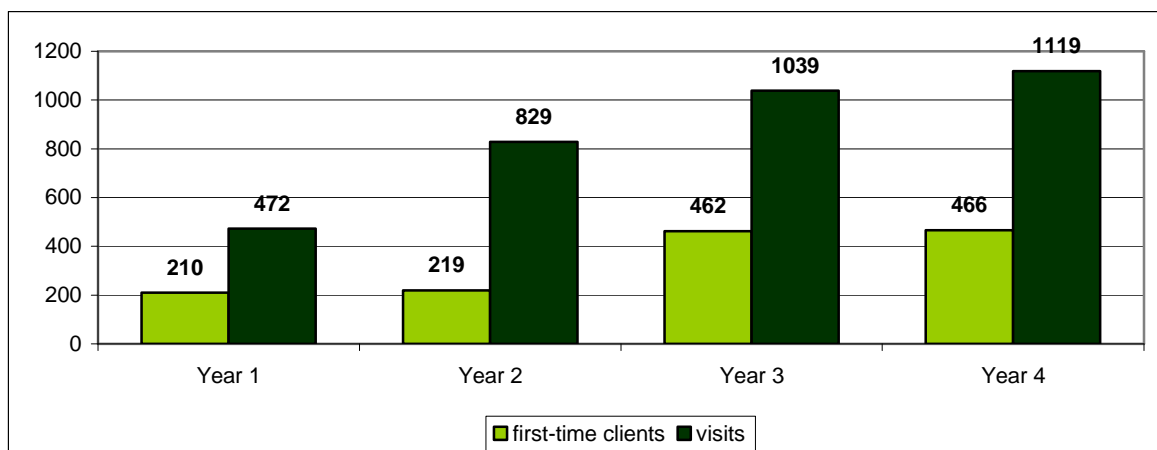


Figure 25: Number of visits to healthcare services for sex workers by program years

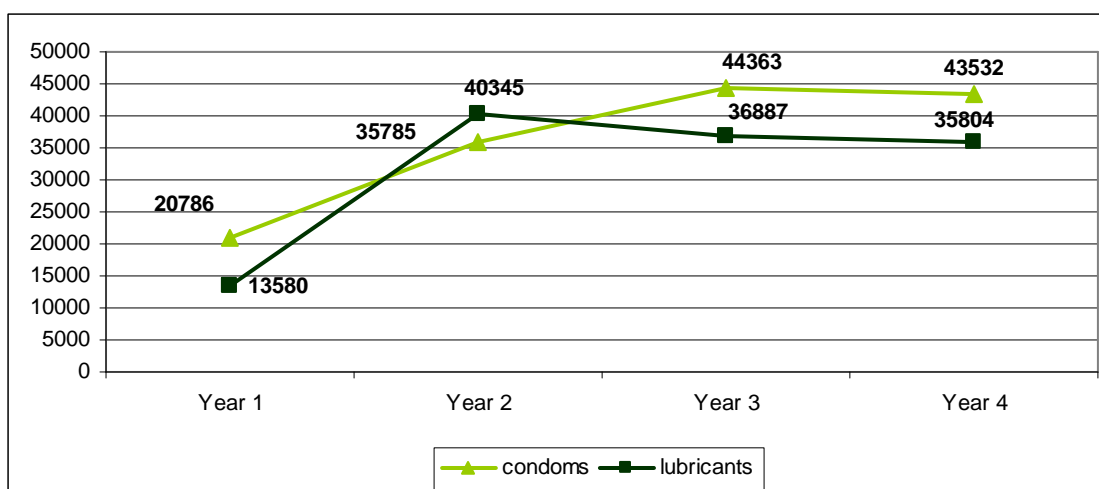


Figure 26: Number of condoms and lubricants distributed to sex workers by program years

GFATM program objectives

Achievement of objectives for reducing risk behaviour of sex workers was measured by two indicators, collecting data through surveys of the visitors of healthcare services. The objective of the program was that by the 2007 survey round, i.e., end of the GFATM program, 95% of returning visitors of healthcare services would always use a condom during sexual intercourse with a client in last four weeks. This objective was achieved (see Table 9).

Table 9: Risk behaviour indicator of sex workers 2004-2006

Indicator	Baseline 2004 first-time visitors	2004 returning visitors	2005 returning visitors	2006 returning visitors	2007 returning visitors
Percentage of sex workers reached with healthcare services who always used a condom with a client in the last four weeks	77	78	94	96	96

ACTIVITIES IN 2006-2007

After the end of the GFATM program the abovementioned interventions have been funded from the state budget through NIHD. The testing and counselling services of Health Centre "Elulootus" were visited 979 times in 2006 (including 468 first-time visits) and 1,199 times in 2007 (including 418 first-time visits). NGO Lifeline offered counselling on safe sex, STIs, etc. to SWs on 572 occasions in 2006 and 382 occasions in 2007. 91,699 condoms, 72,515 lubricants and 6,618 information materials have been distributed to the target group in these two years.

The incidence of STIs among the returning visitors of healthcare services is significantly lower than among first-time visitors. Data on 2006-2007:

- Syphilis was discovered in 1.4 % of first-time visitors and in two returning visitors (0.2 %);
- Gonorrhoea was diagnosed in 7.2 % of the first-time visitors and one returning visitor;
- Chlamydia was found in 17.2 % of the first-time visitors and 0.7 % of returning visitors;
- Trichomoniasis was diagnosed in 12.6 % of the first-time visitors and 1.4% of returning visitors.

39.1 % of the first time visitors and 17.2 % of returning visitors had candidiasis. HIV was discovered in 9 first-time visitors (1% of new clients) and one returning visitor over the two years.

STUDY RESULTS

Surveys of the visitors of healthcare services

Data collection among the first-time and returning visitors of healthcare services and comparative analysis was carried out in 2004-2007 by Health Centre "Elulootus" in cooperation with NIHD. During a year all first-time visitors who came to the centre were questioned and returning visitors were surveyed once a year during two or three months (in both cases participation was voluntary). In 2007 the analysis included data on 137 first-time visitors 79 returning visitors (see Lõhmus and Trummal 2007b).

General indicators

- The average age of the visitors of healthcare services is 28 years and more than three quarters are from non-Estonian ethnic background. Few per cent of the visitors are men. The biggest proportion of sex workers has secondary education. More than half of first-time visitors have a child or children.
- Before becoming involved in prostitution, 46% of the first-time visitors lived in Tallinn, 52% elsewhere in Estonia and a few per cent lived in other countries. At the moment of the survey 65% of the respondents lived in Tallinn and 19% abroad.
- 12% of first-time visitors and 18% of returning visitors had used drugs during the six months preceding the survey.
- The average age of first-time visitors has increased over the two last survey years. In 2007 the centre received more visits from persons who did not live in Tallinn and were not living in the capital (lived elsewhere in Estonia or abroad) before they became involved in prostitution (see Figure 27).

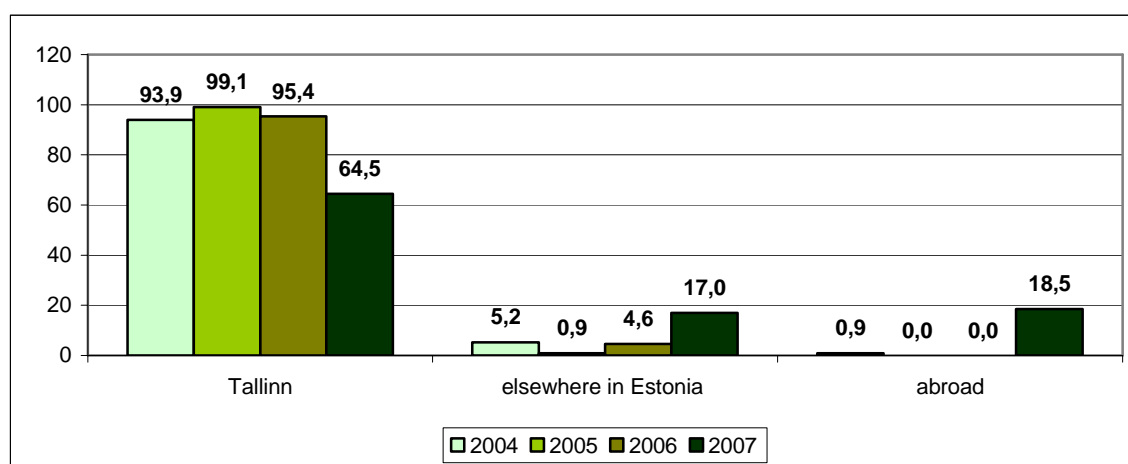


Figure 27: Place of residence of first-time visitors at the moment of the survey, 2004-2007 (%)

Involvement in prostitution

The majority of first-time visitors have been involved in prostitution for more than a year.

- 72% of the first-time visitors have been dealing with sex work for over a year and one quarter for up to one year. 56% of first-time visitors are paid for sex in a club or bar, 25% in a private house or apartment, 10% in a massage parlour or sauna, and 4% work on the streets. Compared with 2006 the percentage of SWs who are paid for sex in a club or bar

has increased in 2007 and the number of those who work in massage parlours and saunas has decreased.

- 51% of first-time visitors have received payment for sex abroad. The percentage of such SWs has increased in the last two years.

Use of the services

A large part of the service users are long-term visitors.

- 92% of the returning visitors of Health Centre "Elulootus" have been visiting the centre for longer than one year.
- 86% of the first-time visitors have been tested for HIV in their lifetime. All respondents had been tested among returning visitors (the services of the centre also include testing for HIV). 4% of the new visitors and almost all returning visitors had taken an HIV test during three months preceding the survey.

Knowledge and condom use

The percentage of sex workers who report always using a condom with the customers is very high.

- All returning visitors and nearly all first-time visitors knew that the risk of getting HIV can be reduced by always using a condom during sexual intercourse and HIV can be transmitted through injection with a syringe used previously by someone else. The majority of the first-time visitors did not know whether a healthy-looking person can have HIV, but all returning visitors gave an affirmative answer to this question. 22% of first-time visitors and 99% of returning visitors gave correct answers to all three knowledge questions.
- 97% of new visitors of the centre and 100% of returning visitors were aware that only a condom can prevent contracting STIs.
- 96% of both first-time and returning visitors always used a condom with clients during the preceding four weeks. 97% of first time and 100% of returning visitors used a condom at last sex with a client.
- The returning visitors are more frequent lubricant users than the first-time visitors. 35% of the new visitors of the centre had not used a lubricant during the preceding month while only 1% of the returning visitors gave the same answer.

Study on female sex workers

The study conducted in 2005-2006 in cooperation between NIHD, NGO Lifeline, University of Tartu and Finnish National Public Health Institute used structured interviews to collect data from female SWs in Tallinn. Saliva samples were collected from participants to determine the presence of HIV antibodies. 227 persons participated in the study. A convenience sample was used (see Trummal et al 2006).

General indicators

Nearly one half of the women had had partners who did not pay for sex in the last month.

- The average age of the participants was 29.5 years, with the biggest part belonging to the age group 20-24. 81% are Russian, 13% Estonian and 6% represent other ethnic groups. 49% of sex workers did not have any citizenship.
- 66% of the respondents had secondary or vocational secondary education. 30% of the participants had basic or lower level education.
- 27% of the women lived alone and 7% reported living with a husband or partner. 47% of the SWs had also partners who did not pay for sex in the last four weeks (mostly one such partner). 59% of the women had children and 30% lived with their children.
- 43% of the respondents had used alcohol several times a week during the preceding four weeks. 66% of the participants had tried or used drugs in their lifetime and 44% had done

so in the last month (mostly by smoking). 11% of SWs had injected drugs during the last four weeks.

Involvement in prostitution

The biggest proportion of the respondents works on the premises of a business (private house, apartment, massage parlour, etc.).

- 35% of the interviewed women had got acquainted to a woman or a man who invited them to sex work. In 29% of the cases this opportunity was presented to them by an acquaintance already working in the sex business. 25% of the interviewees had responded to newspaper or internet adverts.
- 23% of SWs have been involved in prostitution also outside Tallinn (mostly in Pärnu, Tartu and Ida-Virumaa) and 10% have been paid for sex abroad (mostly in Finland).
- In the last four weeks, the majority of the respondents have established contacts with clients on so-called 'business premises'. A large part of the participants advertised independently their own phone numbers or e-mail addresses (see Table 10). 58% of the interviewees used more than one method to establish contact with clients.
- 21% of SWs received an income of up to EEK 5,000 in the last month. The largest percentage (38%) of the interviewees received an income in the range of EEK 7,501-10,000. 33% of the participants had other income sources in addition to prostitution, i.e., they were employed, and 8% were studying. 51% of the respondents had to support someone else from their income.
- In addition to money, 7% of the respondents had received drugs, 16% things and 4% food in exchange for sex during the time being involved in prostitution. On average, the participants were paid for sex for the first time at the age of 21 years.

Table 10: Methods of establishing contacts with clients in the last four weeks

Method	n	%
Private house, apartment, sauna/massage parlour of a business	113	50,4
Independently advertised phone number or e-mail address	90	40,2
Hotel, bar, restaurant, nightclub	79	35,3
Harbour, street, highway	25	11,1
Through taxi driver	43	19,2
Other	10	4,5

Knowledge

Half of the respondents did not know that only condoms are effective means to prevent STIs.

- 62-72% of the respondents mentioned increased or smelling vaginal discharge and itching genitals as symptoms of STIs in women. More than 1/3 mentioned sores on genitals and pain in the lower abdomen. Symptoms found in the anal region were least mentioned. 7% of the respondents did not know any symptoms of STIs in women.
- 52-64% of the SWs were able to mention discharge from penis and painful urination as symptoms of STIs in men. Over 1/3 mentioned itching or sores in the genital region. 11% of the participating women did not know any male symptoms.
- 46% of the participants gave correct answers to all four questions concerning methods for preventing STIs and knew that only a condom can prevent infections (see Table 11).
- 53% of the respondents gave correct answers to all five questions on HIV transmission.⁸

⁸ The following questions were posed: 1) 1) Can a person reduce the risk of getting HIV by using a condom every time they have sex? 2) Can a person get HIV by using a syringe used previously by someone else? 3) Can a healthy-looking person have HIV? 4) Can HIV be transmitted from a pregnant woman to the newborn? 5) Can a pregnant woman with HIV do something to reduce the risk of transmitting the infection to the newborn?

Table 11: Answers to the question: Can a person protect him/herself against getting STI by ...

Method	Yes		No		Do not know	
	n	%	n	%	n	%
using contraception pills?	23	10.2	181	80.5	21	9.3
using a condom?	191	85.3	29	12.9	4	1.8
interrupted intercourse?	29	12.9	167	74.6	28	12.5
using intrauterine spiral?	14	6.2	172	76.8	38	17.0

Sexual behaviour

Half of the SWs reported always using a condom during vaginal, anal and oral sex with a client.

- The average sex worker had received payment for sex from 11 customers (range 0-35) in the last 7 days.
- More than three quarters of the interviewees reported always using a condom during vaginal or anal sex in the last four weeks (see Figure 28) and more than 90% used a condom during last sexual intercourse. The level of condom use was lower in case of oral sex – more than one fifth of the women had not used it at this type of sex in the preceding month. 48% of the study sample reported always using a condom with the clients during vaginal, anal and oral sex in the last four weeks.
- 41% of the respondents had always or mostly used lubricant during vaginal intercourse with the clients in the last four weeks. The same indicator was 52% in case of anal sex.

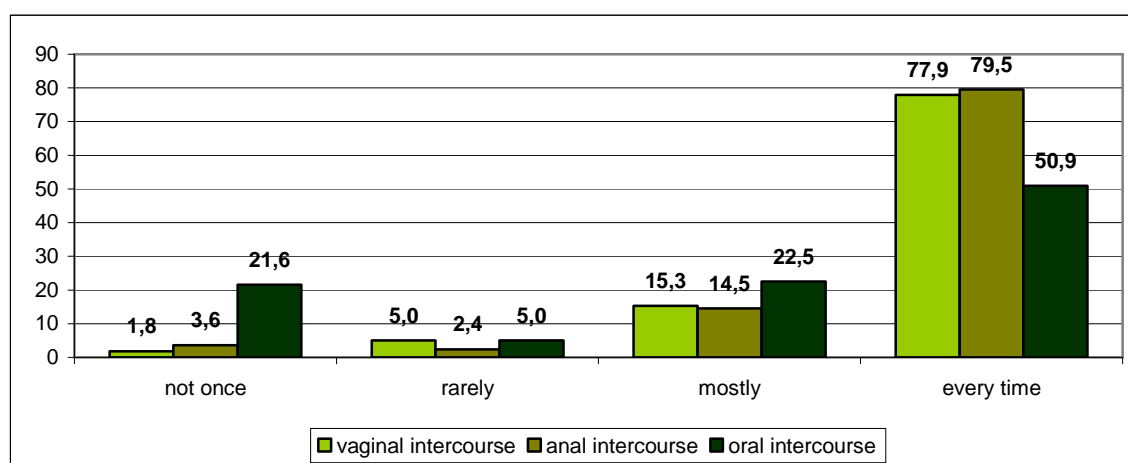


Figure 28: Frequency of condom use with clients during different types of sex in the last four weeks (% of persons who had the respective type of sex)

Use of the services

One third of the SWs had never taken an HIV test and less than one tenth tested positive for HIV.

- 61% of the respondents had health insurance.
- Most study participants get their condoms from a store or pharmacy.
- 36% of the SWs admitted that they had had one or several symptoms of STIs (presented in the questionnaire) in the last four weeks. 16% of the persons who gave this response had not done anything about the symptoms (see Table 12).
- 64% of the women reported visiting a gynaecologist or dermatovenerologist in the last year.

- 71% of the sex workers had been tested for STIs in the last 12 months, 11% more than a year ago and 9% had never been tested. (One tenth did not remember when they were last tested.)
- 57% of the respondents had been tested for HIV in the last year and 9% had been tested more than a year ago. 35% of the studied women had never taken an HIV test.
- Of 207 saliva samples collected during the study 16, i.e., 8%, turned out to be HIV positive. Three persons were already aware that they were HIV positive.

Table 12: Response to STI symptoms in the last four weeks
(% of those who had STI symptoms)

Response	n	%
Visited a gynaecologist or dermatovenerologist	14	21.9
Visited the AIDS Counselling Cabinet	2	3.1
Started to use condoms	21	32.8
Temporarily suspended sex work	19	29.7
Asked for medication directly from pharmacy	25	39.1
Asked advice from acquaintances	10	15.6
Did not do anything	10	15.6
Other	4	6.2

In order to compare different types of prostitution, the participants were grouped in three categories depending on whether they established contacts with customers 1) on commercial premises (private house, apartment, sauna, massage parlour of a business), 2) through privately advertised phone number or e-mail address, 3) in public places (hotel, nightclub, street, etc.). The sex workers who established customer contacts on commercial premises reported higher level of alcohol use in comparison to other categories. They also had the fewest number of sex partner who did not pay for sex, had relatively lower health insurance coverage and higher percentage of those who had been tested for STIs and HIV. The group of sex workers who establish customer contacts through independently advertised phone numbers or e-mail addresses included more respondents who have sex partners who do not pay for sex, lowest percentage of women offering anal sex and highest percentage of respondents who always used a condom with the customer. The category of respondents who establish contacts with clients in public places included more persons who had used drugs; they had the fewest number of customers in the last seven days, highest percentage of women who had experienced sexual violence, higher level of risk behaviour during sexual intercourse with a client (see Figure 29) and higher percentage of women who had experienced symptoms of STIs in the last four weeks.

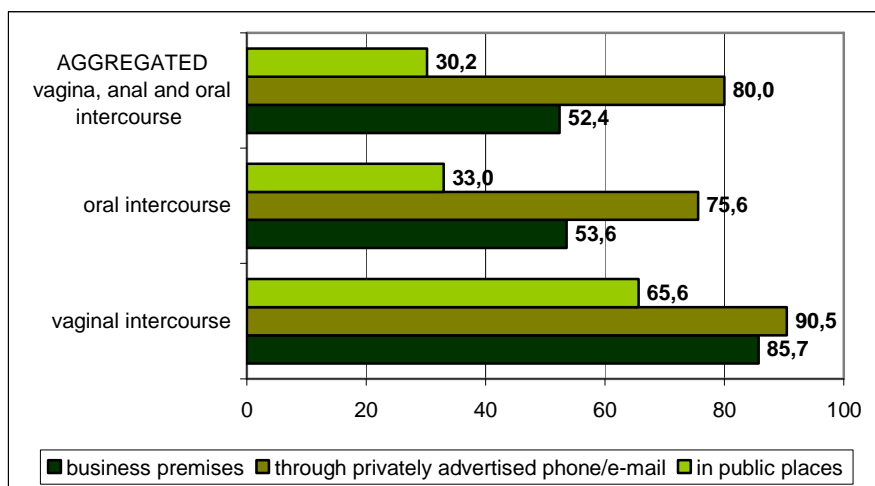


Figure 29: Respondents who reported always using a condom with clients in the last four weeks by the type of sex and category of prostitution (%)⁹

5.4. Prisoners

The first new HIV infection (as firstly discovered in the prison) was registered in Estonian prison in May 2000. The cases of infection discovered in prisons accounted for 21% of all new HIV cases registered in 2000. By the year 2003 the percentage of prisoners among registered new cases increased to 32%. After that year this percentage has been decreasing (see Chapter 1). A total of 489 HIV infected prisoners had been registered in Estonia by the end of 2007. This is less than a fifth of the total number of prisoners, which was 3,456 at the end of 2007 (source: Ministry of Justice). Estonia has five prisons.

Healthcare services and HIV prevention in prisons should be compatible with the interventions and services implemented in the wider population, complementing them and being available in the prison system. The implemented prevention measures should address the particular nature of risk behaviour in prisons, which is connected with syringe sharing and unprotected sex (Bollini 2001:9-18, UNAIDS 1999:4). The necessary elements of interventions include (UNAIDS 1999:5-6, WHO 2005b:7-9, UNAIDS 2007:53):

- Access to voluntary testing for HIV together with pre- and post-test counselling.
- Access to ARV treatment, as well as treatment for STIs and tuberculosis (TB).
- Provision of information and training to prisoners and the prison staff on HIV transmission and methods of prevention in the prison setting.
- Provision of clear information on the types of behaviour that can lead to contracting HIV. Availability of condoms, including condoms for anal sex between men, and distribution of condoms before release from prison.
- Provision of information to the prisoners on the risks associated with drug use and injection equipment sharing. Availability of sterile syringes, needles and skin piercing equipment.
- Encouraging imprisoned drug addicts to enter drug treatment programmes during the period of imprisonment. Ensure continuation of methadone treatment in the prison system for persons who received this treatment before imprisonment.
- Removal of legal barriers and reform of prison rules to enable access to HIV prevention and care services in the prison system.

⁹ There were no differences between types of prostitution with regard to the condom use during anal sex.

The range of HIV interventions in Estonian prisons at the end of 2007 included voluntary HIV testing with counselling as well as training and informing prison staff and prisoners. Condoms are available in certain restricted conditions. Persons with HIV have access to health monitoring at an infectionist and treatment if necessary. Prisoners sentenced to more than seven months in prison are vaccinated against hepatitis B. Prisoners undergo examination for tuberculosis upon arrival and TB treatment is ensured to everyone who needs it. Support group services are available to convicts with HIV. By the end of 2007 opiod substitution treatment and syringe exchange were not available in the prison system. According to the Estonian National HIV and AIDS Strategy for 2006-2015 the strategic objective for this target group is: "HIV transmission has not occurred in detention institutions (including temporary detention institutions)." The sub-objectives include improvement of knowledge on HIV transmission among convicts and increasing the number of prisoners reached with healthcare and social services.

GFATM PROGRAM, 10.2003-09.2007

Prior to and during the GFATM program, the activities in the field of HIV were governed by the Action Plan for HIV/AIDS Prevention in the Government Agencies of the Ministry of Justice 2002-2006. HIV primary diagnostic labs were opened in seven prisons in 2003 and 5,226 HIV tests were made in that year in the prisons. In addition training courses were organised for prison staff and prisoners. The first self-help group for PLWHA was established at the end of 2002 in Murru Prison by Convictus Estonia.

According to the contract signed in 2003 between GFATM and NIHD the obligation of Estonia was to offer prisoners counselling and testing, healthcare services, training, information, condoms and disinfectants. However, the actual program took a different shape, because several measures (such as testing and healthcare services) were funded from the budget of the Ministry of Justice.

In the framework of the GFATM program Convictus Estonia expanded its activities with regard to support groups, distribution of information and counselling to all prisons in 2004. While there were 7 support groups in prisons in the first quarter of 2004, the number had risen to 21 by the end of the program. The activities of the support groups were targeting mainly HIV infected prisoners to discuss the following topics in group work and training: HIV and other infections, drug use, safe behaviour, rights of PLWHA, etc. Group work sessions took place once a week in each support group. In addition various manual activities were organised to facilitate communication between the prisoners and development of tolerant attitude. A total of 767 prisoners have been involved in support group activities during the GFATM program period (many were released during this period).

Convictus Estonia also offered individual consultations in all prisons to persons under preliminary investigation and convicts, and organised information sessions to distribute information on HIV and develop discussion. A total of 2,905 consultations took place over four years and 11,111 contacts were made in information sessions, with the second and third program year being the most active (see Figure 30).

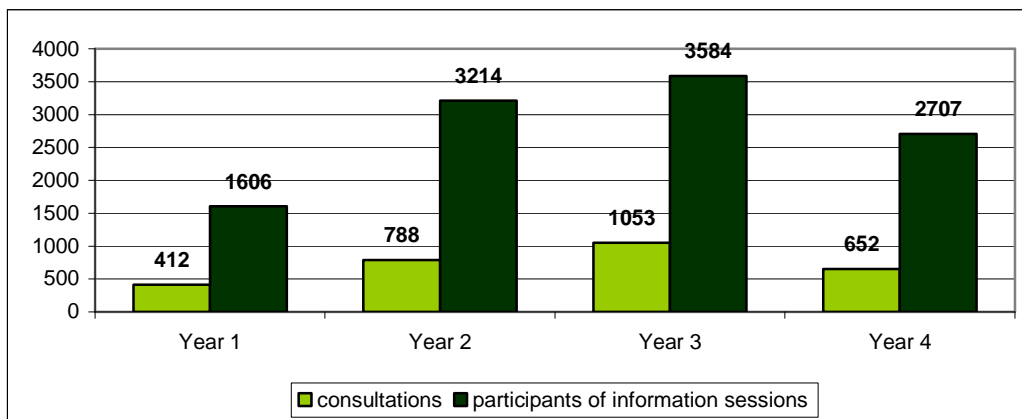


Figure 30: Number of prisoners participating in information sessions and consultations in different program years

Counselling before and after HIV testing was supported in Tartu Prison in the first program phase (until September 2005). A total of 2,588 counselling sessions took place in connection with testing. 54,273 condoms were distributed in prisons through the GFATM program by Convictus Estonia and the Central Pharmacy of Prisons.

The reported indicators under this objective included in addition to the number of persons in support groups also the number of contacts with the target group in information sessions and consultations. The expected target was achieved (see Figure 31).

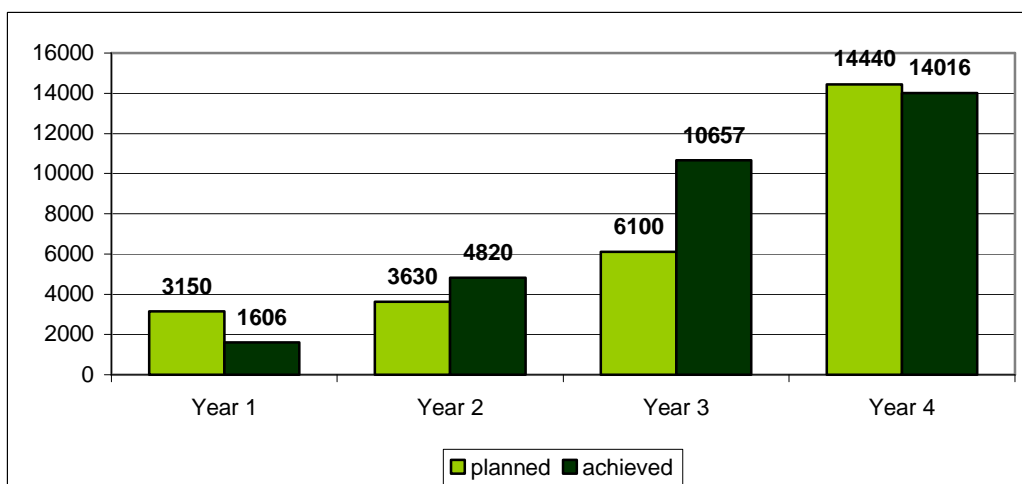


Figure 31: Planned and achieved number of contacts with prisoners in different program years, cumulative indicator¹⁰

There was no objective connected with prisoners where progress should have been measured through survey data in the GFATM program.

ACTIVITIES IN 2006-2007

The Ministry of Justice is responsible for healthcare and social services in detention institutions. Each prison has its own medical department and stationary medical care is

¹⁰ In the first and second program year the indicator includes only contacts through lectures; in the third and fourth year it includes contacts through lectures and consultations.

provided in the Tallinn Prison Hospital. PLWHA are placed in prisons under general terms. All prisoners have access to voluntary counselling and testing service at their arrival in prison and subsequently. The total number of HIV tests made in prisons was 7,116 in 2006 and 4,202 in 2007 (the number of tests decreased in 2007 as a result of the reduced number of prisoners).

In addition training courses on HIV and AIDS, STIs, sexual behaviour, drug use and other related topics are organised consistently for prison staff. At the end of 2007 free condoms were available to prisoners from the medical departments of prisons and from the NGO working in prisons. Condoms could also be purchased from prison shops. The number of free condoms distributed was 13,766 in 2006 and 14,697 in 2007.

After the expiry of the GFATM program in September 2007, Convictus Estonia continued its work in Estonia prisons, supported from the budget of the Ministry of Justice. The number of contacts with the target group in consultations and information sessions was 4,242 in 2006 and 2,798 in 2007. 409 prisoners belonged to support groups at the end of 2007.

STUDY RESULTS

Surveys of the members of support groups

From September 2004 to September 2007 Convictus Estonia and NIHD organised continuous questioning of all new members of prisoner support groups and the regular members were questioned once a year during one month (participation was voluntary). All who had participated in the activities of a support group for at least one month by the time of the survey were questioned as a regular member of the support group. The size of the sample in 2007 was 107 new and 110 regular members (see Lõhmus and Trummal 2007c).

General indicators

- The average age is 24 years in case of new support group members and 27 years in case of regular members. Approximately three quarters of the respondents are non-Estonians (the majority are Russian).
- On average, the new members of support groups had been imprisoned for 1.3 years by the time of the survey.
- Regular members of support groups have higher calculated self-assessment score than new members.

Knowledge

Regular members have better knowledge on reducing the risk of mother to child transmission of HIV than new members.

- 50% of the new and 52% of the regular members gave correct answers to all five questions on HIV transmission and there are no significant differences between the two groups.
- In comparison to new members, the regular support group members have significantly better knowledge on the methods of reducing the risk of mother to child transmission (see Figure 32). 26% of the new and 57% of the regular members gave correct answers to all questions in this category.
- The knowledge on safe sex equipment, such as male and female condoms, extra strong condoms, lubricants and rubber dams has improved significantly among the regular members in comparison to new members.

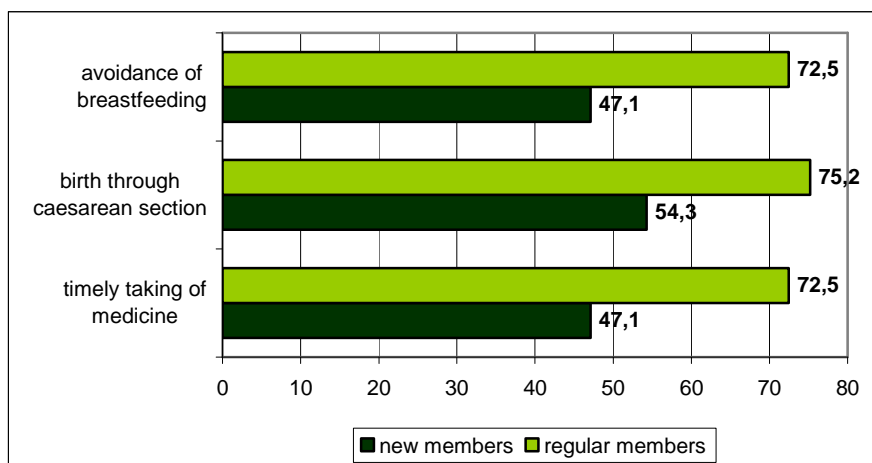


Figure 32: Members of support groups who gave correct answers to statements on reducing the risk of mother to child transmission (%)

Attitude

Many support group members have heard derogatory remarks in prison in relation to being HIV positive.

- The attitude towards PLWHA does not differ among new and regular members. 43% of new and 56% of regular members believe that an HIV infected guard may continue working in the prison. 58% of new and 67% of regular members agree that an HIV infected convict should not serve the sentence in a separate department.
- 51% of the new members of support groups have heard derogatory remarks related to being HIV infected from fellow prisoners and 38% from prison staff. In comparison to 2005 the percentage of people who have heard derogatory remarks from fellow prisoners has decreased in 2007.

Support group activity

Nearly two thirds of regular support group members attend all group meetings.

- The main reason for joining a support group was the wish to get more information on HIV and AIDS.
- 63% of regular members have participated in all support group meetings in the last six months and 30% have participated in most meetings.
- Regular members are generally fairly or very satisfied with the support group work. The work of the support group leaders was also highly appreciated.
- Regular members had the opportunity in their questionnaires to list the services that would contribute to better coping with HIV in the prison setting in addition to support groups. In response, medical services and healthy nutrition were most frequently mentioned.

Survey of convicts

In 2006 NIHD, Ministry of Justice and Convictus Estonia conducted the second survey among Estonian convicts. The first data collection took place in 2004. A random sample was established by prison departments or sections. Data collection was based on self-administered questionnaires. The size of the sample was 807 convicts (see Lõhmus and Trummal 2006).

General indicators

- The majority of the sample consists of men – 88% are men and 12% women. The average age of the respondents is 30 years. 45% of the convicts are Estonians, 50% Russians and 5% represented other ethnic groups.
- 37% of respondents have basic education, 18% secondary education and 23% vocational education.

- The average number of served sentences among the surveyed prisoners is 2.6 and they have spent an average of 6 years in prison. Serving the current sentence, an average respondent had been in prison for 3 years by the time of the survey.
- 23% of the prisoners have gotten a tattoo in the prison during 12 months preceding the survey. 11% of them mentioned that no disinfectants were used at last tattooing.

Use of addictive substances

One fifth of the convicts have injected drugs in prison.

- 71% of the convicts had smoked every day during the last four weeks. 18% of the respondents had used alcohol in the last month and that percentage has decreased in comparison to 2004.
- 33% of the convicts know fellow prisoners who have tried or are currently using drugs. 58% of the convicts have used drugs in their lifetime and 35% have done so repeatedly.
- 34% of the respondents who admitted drug use during their life (n=608) have used drugs also in prison. 63% of such prisoners have injected drugs (n=129, i.e., one fifth of all prisoners who answered to the questions on drug use) and nearly three quarters by smoking (see Figure 33). Substances most often used by the convicts are marijuana/hashish and amphetamine. 26% of the respondents who had injected drugs in prison had shared injecting equipment (syringe, needle, filter, container, etc.) with other prisoners in the last four weeks.
- In comparison to 2004 the number of convicts who did not know any fellow prisoners who used drugs has increased and the number of convicts who reported using drugs in prison has decreased in 2006.

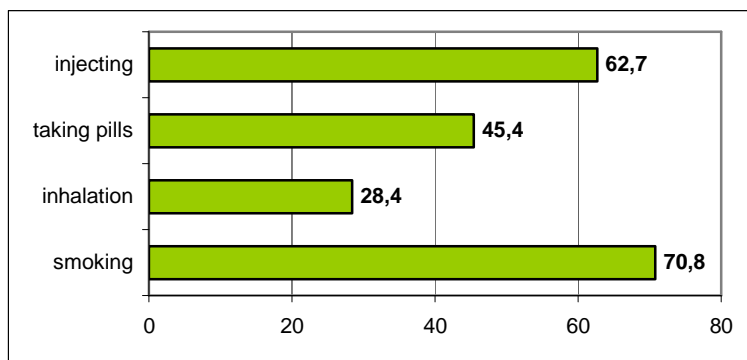


Figure 33: Methods of drug use in prison (% of prisoners who admitted drug use in prison)

Knowledge and attitudes

More than half of the convicts have misconceptions about potential HIV transmission in every-day contacts.

- 47% of the convicts gave correct answers to all five questions on HIV transmission.
- 13-14% of the convicts believe that a person can get HIV by sharing the same washing room or toilet, eating from the same tableware or hugging with PLWHA. In total 41% of the respondents did not have any misconceptions.
- 85% of the convicts knew that condom use helps to prevent contracting STIs. 45-58% are aware that intrauterine spiral, interrupted intercourse and contraceptive pills are not methods of STI prevention. 32% of the convicts gave correct answers with regard to all four proposed methods. The percentage of respondents with correct knowledge has decreased in comparison to 2004.

- According to the aggregated indicator, 17% of the convicts have tolerant attitudes towards PLWHA, i.e., gave tolerant answers to all five statements. The statements used are presented on Figure 34.
- 76% of the participants know someone who has HIV or AIDS. Those convicts have also more tolerant attitudes towards PLWHA.
- Convicts with correct knowledge on HIV transmission and without any misconceptions are significantly more tolerant to PLWHA.

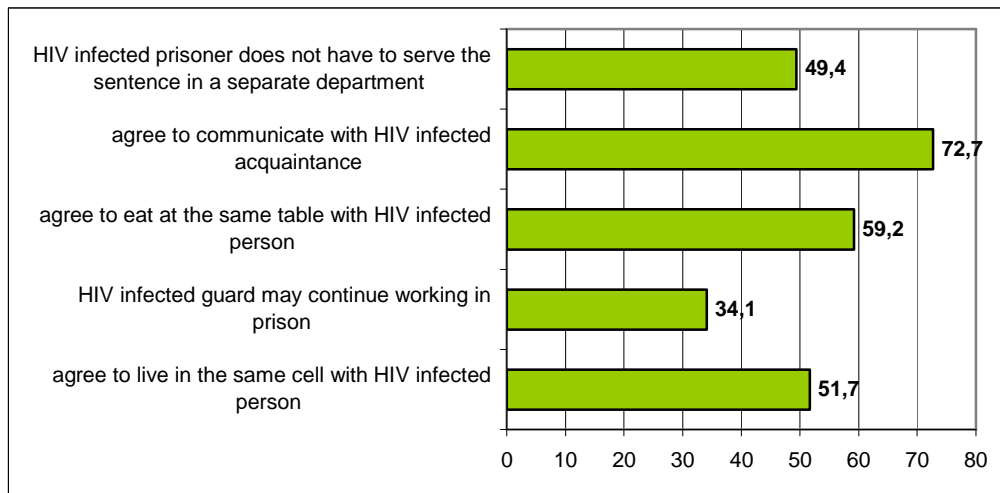


Figure 34: Convicts who are ready to have contacts with PLWHA (%)

Sexual relations

A quarter of the convicts have had sexual intercourse during their time in prison and the level of condom use is very low.

- 25% (n=192) of the convicts have had sexual intercourse during their time in prison and 20% have had sex in prison during the last 12 months.
- 71% of the convicts who had sex in prison in the last twelve months had intercourse with a main partner, 54% with a casual partner and 42% with a partner of the same sex.
- Less than fifth of the convicts reported always using a condom when having sex in the prison in the last 12 months (see Figure 35).
- 3% of the prisoners indicated that they have been forced to have sex against their will during the time in prison.

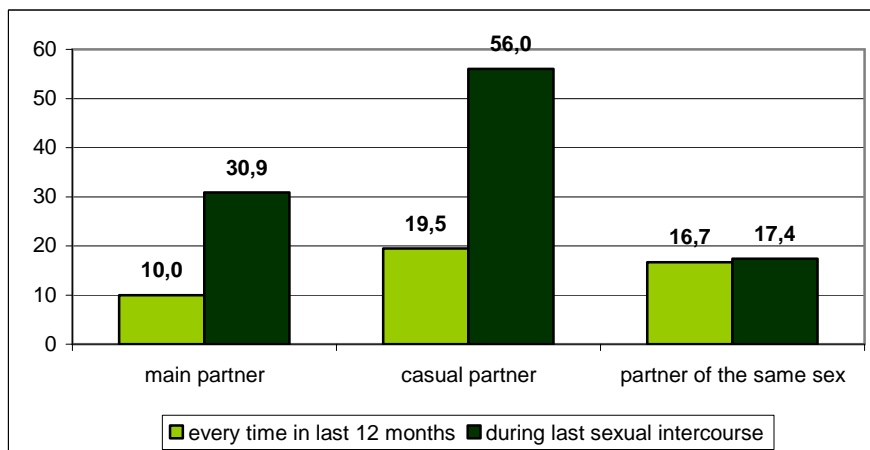


Figure 35: Convicts who used a condom by different categories of partners (% of those who had sex in prison with the respective type of partner)

Prevention activities

One third of the convicts are not aware that free condoms are available in prison.

- 76% of the respondents have been tested for HIV during their imprisonment. 73% of them had taken the test during the last 12 months before the survey. The percentage of persons tested in prison has increased in comparison to 2004.
- 69% of the convicts were aware that free condoms are available in prisons.
- 58% of the convicts who had sex in prison in the last year marked that they did not need condoms. One fifth of the remaining respondents have always or mostly been able to get condoms when needed (see Figure 36).

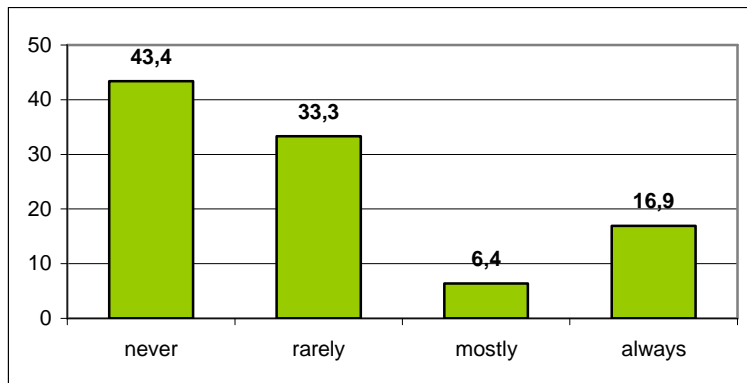


Figure 36: Frequency of getting condoms (% of those who have had sex in prison in the last 12 months and have needed condoms)

5.5. Men having sex with men

Studies of different countries indicate that 3-6% of the adult male population have had sexual intercourse with a person of the same sex during their lifetime (see e.g., Smith 1998, Diamond 1993; there are also higher estimates). According to Statistics Estonia the size of the Estonian male population aged 20-64 was 388,951 men in January 2008. Calculating five per cent of this figure would give a hint that more than 19,000 adult men in Estonia could have had sex with another man. According to the 2007 youth survey, 3.3% of 14-18 year old and 1.2% of 19-29 year old men who have experienced sexual intercourse had sex with a person of the same sex in the preceding 12 months (separate calculation, study report: Lõhmus and Trummal 2007a).

Potential for rapid spread of HIV in the population of MSM is high if the level of practising safe sex during anal intercourse is low. According to UNAIDS guideline, preventive measures for MSM should include the following elements (see UNAIDS 2007:49):

- Access to condoms and water-based lubricants.
- Availability of quality treatment for STIs and services related to HIV (such as counselling and testing). Availability of hepatitis B immunisation.
- Availability of specific targeted information on prevention and risk reduction.
- Safe opportunities to seek information, such as telephone hotlines and centres for the target group.
- Training of healthcare providers to avoid discriminating against MSM.
- Empowerment of sexual minority communities to participate in social and political life.
- Access to medical and legal assistance for boys and men who experience sexual coercion or violence.

- Availability of information, prevention and care services to female partners of MSM.

Preventive interventions for Estonian MSM in the field of HIV are coordinated by the Gay and Lesbian Information Centre. Information is distributed on site in the centre as well as by phone and e-mail. Free condoms, lubricants and information materials are available in the centre and in seven gay-oriented clubs, bars and saunas. Separate testing services and STI treatment opportunities have not been developed for MSM – this target group can use the same testing locations as the general population (see Chapter 5.6). The objective of the National HIV and AIDS Prevention strategy is: "HIV transmission among MSM has not increased." The sub-objectives include increasing the knowledge of MSM on HIV transmission, promoting positive attitude towards condom use and reducing risk behaviour in sexual relations.

GFATM PROGRAM, 10.2003-09.2007

Before the start of the GFATM program only a few safe sex information leaflets published in the 90ies were targeted at MSM. One gay sauna in Tallinn (opened in 2001) distributed condoms to its visitors. An information centre for sexual minorities operated in Tallinn from 1995 to 1996 but it was closed down after discontinuation of funding. According to the agreement between GFATM and NIHD Estonia undertook to open a centre for the target group and distribute information and strong condoms to MSM.

The Estonian Gay League founded the Gay and Lesbian Information Centre (GLIC) in Tallinn in the framework of the program in June 2004. The Centre was used to distribute information on sexuality, safe sex and other topics to the target group, to protect the rights of homosexual persons, deal with questions of parents, etc. Contacts with the target group were established on site in the Centre, as well as by phone and e-mail. The website www.gay.ee was established to provide comprehensive information. Free condoms, lubricants and information materials were distributed in the centre and in all gay-oriented clubs, bars and saunas (seven locations in total).

The Centre received a total of 3,565 visits during the GFATM program years and made 14,886 phone and e-mail contacts with the target group (see Figure 37). Men constituted more than half of the visitors of the Centre. 458,550 condoms, 450,200 lubricants (see Figure 38) and 76,640 information materials were distributed to the target group. The second year turned out to be the most active year of the program. The volume of safe sex equipment distributed to the target group was somewhat reduced in the second program phase (since October 2005), because the results of the external assessment in 2005 led to the decision to increase the share of work with IDUs and PLWHA in the program.

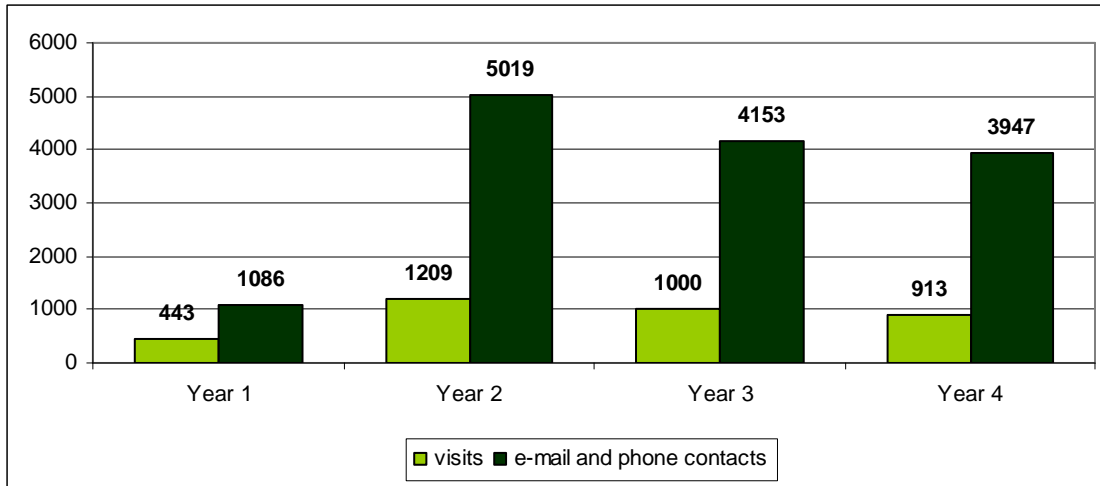


Figure 37: Target group contacts with GLIC in different program years

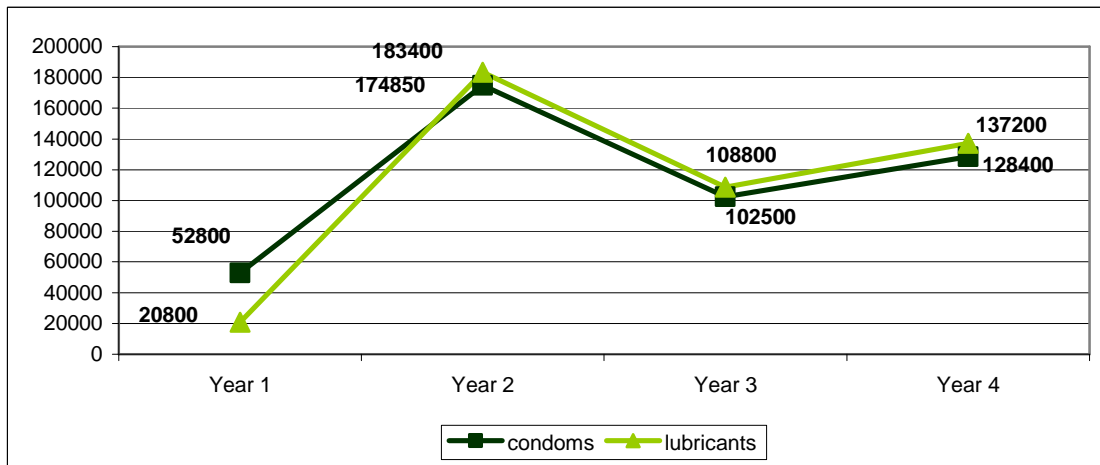


Figure 38: Number of condoms and lubricants distributed to MSM in different program years

The quarterly reports to GFATM indicated the number of contacts at GLIC (visits plus phone and e-mail contacts) and the planned target was achieved (see Figure 39). The number of condoms distributed to MSM, sex workers and prisoners was reported to GFATM as one aggregated figure. Nearly 0.66 million condoms were distributed to these target groups during the entire program duration and 94% of the desired target was achieved (see Figure 40).

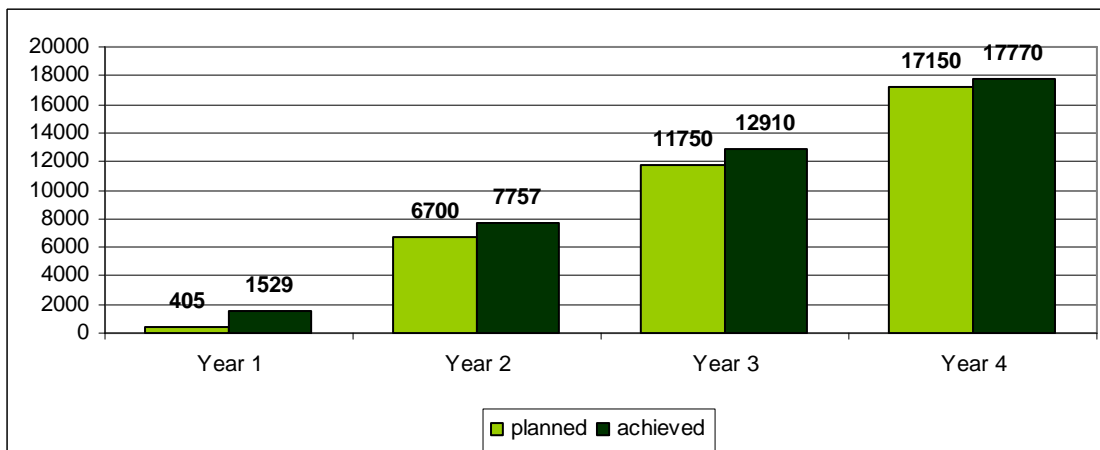


Figure 39: Planned and achieved number of target group contacts at GLIC in different program years, cumulative indicator

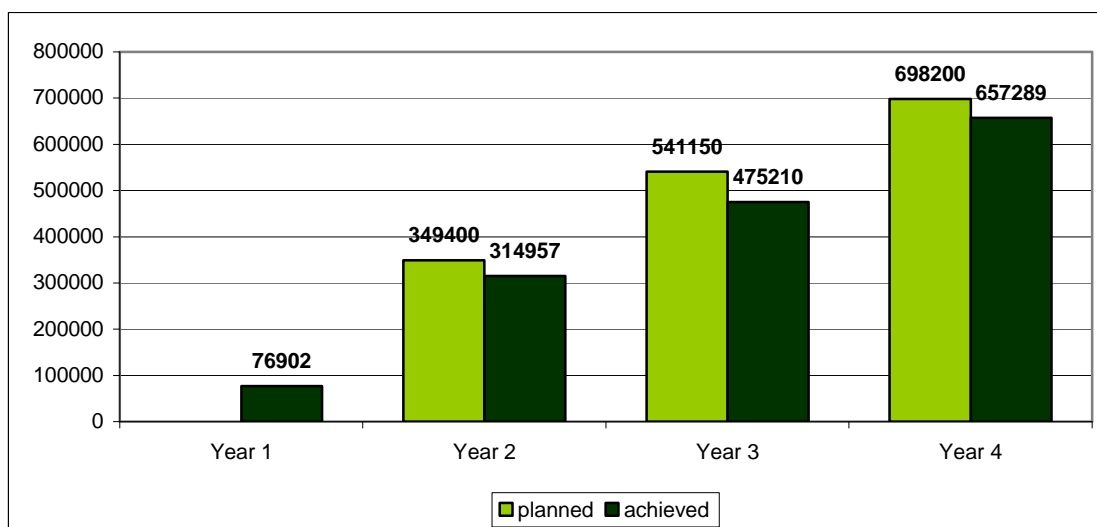


Figure 40: Planned and achieved number of condoms distributed to MSM, prisoners and sex workers in different program years, cumulative indicator¹¹

GFATM program objectives

Two objectives were established in the framework of the program and progress was measured through a survey of MSM who visit gay websites. The desired target by the end of the program was a situation where 75% of MSM have correct knowledge on HIV transmission and 65% have used a condom at last anal sex with a male partner. The target with regard to condom use was not achieved and this indicator has remained at the same level during all survey rounds (see Table 13).

Table 13: Status of indicators on knowledge and risk behaviour of MSM in 2004, 2005, 2007

Indicator	Baseline 2004	2005	2007
Percentage of MSM visiting gay websites with correct knowledge on HIV transmission ¹²	53	85	81
Percentage of MSM visiting gay websites who used a condom during last anal sex with a male partner	45	54	47

ACTIVITIES IN 2006-2007

After the end of the GFATM program in September 2007, financing of the interventions for MSM has continued from the state budget through NIHD. The number of visits to GLIC was 965 in 2006 and 890 in 2007. 57% of the visitors were men. Information was offered by phone or e-mail on 7,871 occasions over the two years (56% of these contacts were with men). The numbers of condoms and lubricants distributed in seven gay clubs, bars and

¹¹ The number of condoms distributed to SWs was not reported in the first program year and therefore the planned figure is not shown.

¹² Calculated on the basis of three questions: 1) Can a person reduce the risk of getting HIV by using a condom every time they have sex? 2) Can the risk of HIV transmission be reduced by having sex with only one uninfected faithful partner? 3) Can a person get HIV by using a syringe used previously by someone else? The wording of two knowledge questions was modified in 2005 to make them more understandable. This influenced the major increase in the indicator level in 2005 in comparison to 2004.

saunas were 99,400 condoms and 106,550 lubricants in 2006 and 131,700 condoms and 142,100 lubricants in 2007.

STUDY RESULTS

Survey of website visitors

There have been three survey rounds among MSM who visited gay websites – in spring 2004, autumn 2005 and autumn 2007. All MSM who visited the selected Estonian and Russian website during the data collection period (from two to three months) had a possibility to fill out a questionnaire. The survey uses a convenience sample and the size of the sample in 2007 was 361 (see Lõhmus and Trummal 2007d). The questionnaire was prepared in cooperation between NIHD and Estonian Gay League.

General indicators

- The average age of the responding MSM is 30.5 years. 79% of the respondents are Estonians.
- The majority of the sample has either higher or secondary education – 40% and 27% respectively.
- 66% of MSM who filled out the questionnaire live in Tallinn or Harjumaa. Tartumaa (including Tartu city) came third, being represented by 14% of the respondents.

Knowledge

The majority of MSM know that HIV and STIs can be transmitted by anal as well as oral sex.

- MSM were posed five questions on HIV transmission¹³ and 58% of the respondents give correct answers to all the questions. Similarly to other target groups the knowledge indicator is most affected by the question on the transmission of HIV through mosquito bite. When this question is disregarded in calculations, 79% of the respondents give correct answers to the remaining four questions.
- 79% of the respondents are aware that HIV and STIs could be transmitted by anal intercourse as well as by oral sex.
- 87% of MSM who visit gay portals feel positive about condom use, i.e., they agreed to all three statements on the necessity of condom use in casual relations and talking about condom use with a casual partner. MSM with correct knowledge on HIV transmission and on the possibility to contract HIV/STIs during anal and oral sex are more positive attitudes towards condom use.

Sex partners

One fifth of the MSM had female sex partners in the last six months before the survey.

- 74% of MSM had anal sex with a male partner in the preceding six months.
- On average MSM have had 4.3 male partners and 2.7 anal sex partners in the last six months. Two thirds of the respondents had anal sex in the last six months with a main partner, more than half with a casual partner and more than one tenth with a partner who was paid for sex with money or by some other means (see Figure 41).
- 20% of MSM had sex with a female partner during the six months preceding the survey (the average number of partners was 1.4). 87% of the respondents who had sex with a female partner had a main female partner, 51% had sex with a casual partner, and 24% with a female partner who was paid for sex with money or otherwise.

¹³ Same questions were used in the pre- and post-training questionnaire of youth, see Section 5.2.

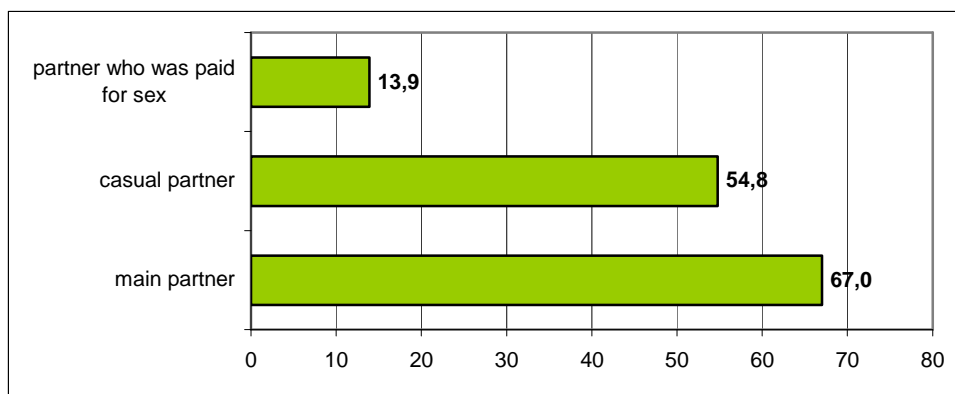


Figure 41: Types of male anal sex partners in the last six months (%)

Condom use and testing for HIV

Nearly half of MSM do not always use a condom in casual relations.

- 25% of the respondents who had anal sex with a main male partner in the last six months reported always using a condom, while 54% of MSM used condoms every time during an anal intercourse with casual partner.
- Of the respondents who had paid for sex (n=50), 37 gave an answer to the question about condom use. 57% of them reported always using a condom in the last six months.
- In case of female sex partners, 18% of the respondents with a main female partner and 48% of MSM who had casual female partners reported always using a condom with these partners in last six months.
- The total score of risk behaviour among MSM was calculated on the basis of five components associated with condom use, casual partners and partners who were paid for sex (both male and female partners). The group of respondents contained equal share of MSM with 0 risk level (no elements of risk behaviour) and low risk level. One fifth are MSM with high risk level behaviour in sexual relations (see Figure 42).
- 50% of the questioned men have been tested for HIV at least once in their lifetime and 27% took the test in the last 12 months.

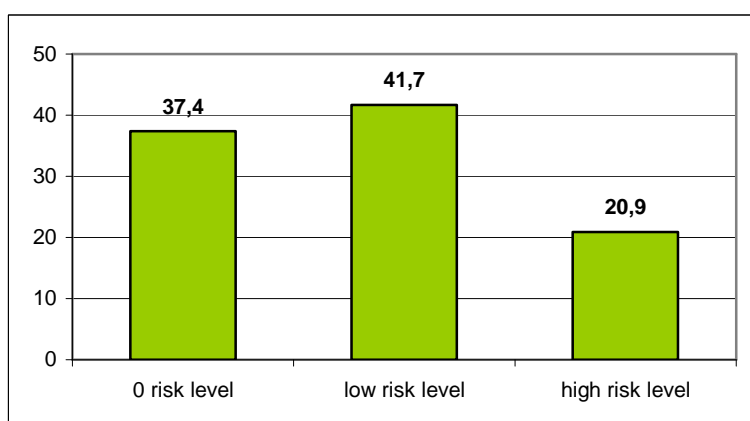


Figure 42: Distribution of MSM by risk levels (%)

Study of MSM

NIHD in cooperation with Estonian Gay League and an experienced external expert (Lisa G. Johnston) conducted a pilot study among MSM in Tallinn and Harjumaa using the respondent driven sampling (RDS) method in 2007. Data were collected with a self-administered questionnaire and participants were asked to give a blood sample to be tested for HIV, syphilis and hepatitis B. This method of recruitment that could theoretically give a

representative sample of hidden and hard to reach target groups did not work in case of Estonian MSM population. 59 men were recruited during the three-month (April-June) survey period which was below the expected sample size. The analysis indicated that the inefficiency of the RDS recruitment method could have been due to the high level of occupational engagements in the target group, good or satisfactory level of income, lack of interest in the offered testing opportunity and bonuses, secrecy of some MSM (with a female partner or wife) and unwillingness to present themselves as MSM (see further Trummal et al 2007).

The collected data were analysed with respondent driven sampling analyses tool (RDSAT), a special data analyses program that weighs the data and produces assessments (representative in case of effective RDS recruitment) with 95% confidence interval. The main results were the following:

- Most MSM involved in RDS study were young men in their 20ies and 30ies and half of them were Estonians. The study sample had a good level of education and most participants were employed or studying. Nearly 2/3 of the respondents received higher net income than the average for the Tallinn/Harjumaa region in the last month.
- 79% of MSM identified themselves as homosexual and the rest stated that they were bisexual or had not defined their sexual orientation.
- 1.5% of the sample reported using drugs in the last four weeks. None of the participants had injected drugs in the preceding six months.
- Nearly 90% of MSM had visited gay websites, gay clubs, bars or saunas in order to find new contacts in the last six months.
- 2/3 of the participants had had sex with at least one male partner in the last six months and the average number of partners was 4.6. One tenth of MSM had paid for sex in the last six months and 2% stated that a male partner had paid them for sex.
- 1/3 of the respondents have had sex with a woman in their lifetime and the data weighed by RDSAT indicated that none of the participants had sex with a woman in the last six months (however, n=2).
- One fifth of MSM used a condom the first time they had sex. 42% of the respondents who had anal sex with a casual partner reported always using a condom with such partner in the last six months.
- 69% of MSM have been tested for STIs and 65% have taken the HIV test. The venous blood samples collected during the study indicated that one participant had HIV and none of the MSM had syphilis or hepatitis B.

The study reached primarily younger and more active MSM who are willing to talk openly about their sexual orientation. For example, the sample of the internet survey included a greater number of older men, more MSM with female partners and those who had never been tested for HIV.

5.6. General population and HIV testing

The age range from 15 to 49 years is considered reproductively the most active (WHO and UNAIDS 2000:20). According to information from the end of 2007, 1.3% of Estonian men and 0.5% of women in the age group 15-49 are known to be HIV infected (in January 2008, the total Estonian population included 332,348 men and 337,270 women in the age group 15-49).

Accessing the general population creates the environment for more targeted HIV prevention measures to promote behaviour change and stigma reduction (UNAIDS 2007:45). The general development of healthy behaviour should emphasise at least the following interrelated elements: public debate in the society/community, maintaining and developing the discussion, offering information and training, reduction of stigmas and discrimination in connection with HIV, promotion of services and means (Eesti riiklik... 2005).

HIV testing and counselling service is one of the interventions designed for the general population as an important bridge with other preventive and healthcare services. The important areas of work include: ensuring availability of quality counselling and testing services and increasing demand for such services through campaigns, creation of a referral system from testing to other healthcare and social services, reduction of stigma, discrimination and risk behaviour (see FHI 2001a, FHI 2003).

All county governments in Estonia have established drug prevention or health councils. Some local governments (e.g., Tallinn City Government) also participate actively in the planning of prevention and support the work of local organisations. Two campaigns are organised annually – a media campaign for the youth to promote condom use in May and a campaign for general population with a charity concert in November-December. The latter of the two focuses on various topics. The objective for the general population in the Estonian National HIV and AIDS Strategy for 2006-2015 is as follows: "The knowledge of the general population on HIV transmission and the skills to assess the risk to get infected have increased and negative attitudes towards PLWHA have decreased."

In Estonia HIV testing is provided by all medical institutions as well as specialised cabinets. The objective of the national strategy for 2006-2015 is: "Availability of HIV testing and counselling service has increased."

ACTIVITIES IN 2006-2007

No activities for general population took place in the framework of the GFATM program.

County prevention and health councils

Systematic HIV prevention at county level started in 2002 when most county governments prepared development plans for several years and county-level activities received support from the funds of the national programme. County governments are allocated resources for health promotion also from the funds of the national drug use prevention strategy and cardiovascular disease prevention strategy.

Drug prevention or health councils have been established at all county governments and they include representatives of local governments and organisations as well as specialists in the field. The content of activities and target groups can vary in different counties, but the majority of work is dedicated to informing the local youth and general population and increasing the competence of local specialists. Figure 43 shows the distribution of funds allocated from the HIV and drug use prevention strategy by different activity categories in 2006-2007. These funds have been also used for some other preventive interventions to reduce the use of other addictive substances (such as alcohol or tobacco products) among youth or promote other healthy life choices.

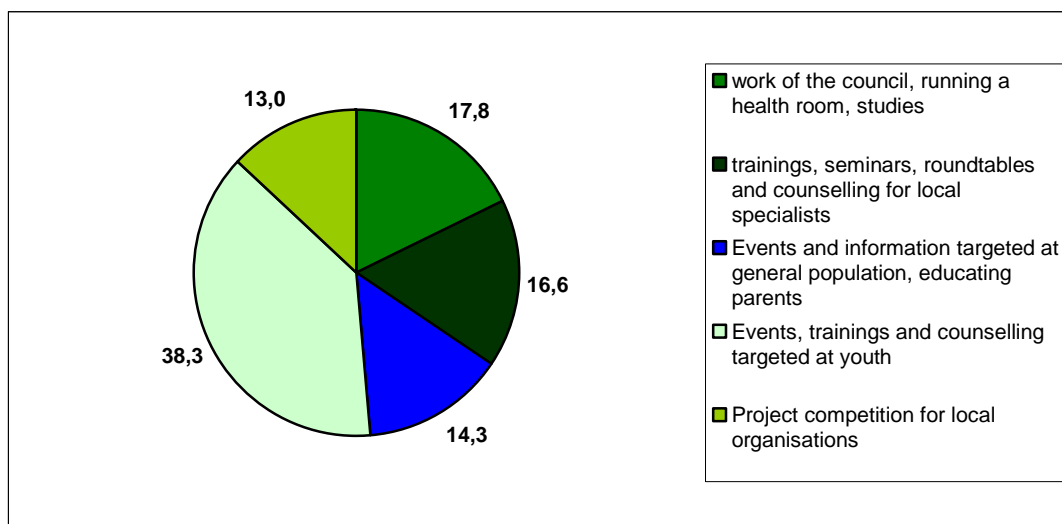


Figure 43: Distribution of amounts allocated to counties under the HIV and drug use prevention strategy in 2006-2007 (%) (Source: NIHD)

The Tallinn City Government is among the most active local governments and in 2006-2007 their activity was based on the Action Plan for Prevention of the Spread of Drugs and HIV/AIDS in Tallinn 2003-2007. A Drug Use and AIDS Prevention Committee has been established at the Social Welfare and Health Care Department of Tallinn to prepare action plans and oversee the implementation. The action plan is used to support the work of the local organisations in the field of HIV and drug use prevention. The cities of Tartu and Pärnu, for instance, are also allocating some resources to this field.

Campaigns and other activities

The first prevention campaigns in Estonia were organised in 1992-1993 and they provided general information to the public on HIV and ways of HIV transmission. In addition to condom use campaigns for the youth, NIHD in cooperation with Association Anti-AIDS organised a charity donation campaign "When Mother's Milk is Dangerous" in December 2006 to collect funds for buying breast milk substitutes for the newborn babies of HIV infected women. The campaign clips were broadcasted in three TV and eight radio channels. In addition posters were displayed in offices, cash dispensing machines and web pages of Hansapank all over Estonia. EEK 317,000 worth of donations were received through this campaign.

KUI EMAPIIM ON OHTLIK...



**Emapiim võib olla eluohtlik. Näiteks kui emal on HIV.
Sils on hädasti tarvis rinnapiima asendajat.
Et laps jääks terveks. Me saame aidata.
Me saame aastas päästa sada last. See on suur asi.**

At the end of 2006, NIHD organised a direct mailing campaign "If you have a slightest doubt" to explain the Estonian adult population the need to be tested for HIV. A total of 182,629 envelopes with an Estonian or Russian leaflet and accompanying letter were sent to the residents of different Estonian regions (the letters were anonymous). A campaign organised at the end of 2007 also called the people to take HIV tests. The campaign clips were played in three TV channels, six radio channels and adverts were also displayed in cash dispensing machines of Hansapank. A traditional concert was held in Tallinn Charles Church on December 1st in both years to honour the World AIDS Day. Well-known Estonian artists performed at both 2006 and 2007 concert, campaign message for the end of the year was presented and the concerts were shown live in Estonian television.

The Healthy Estonia Foundation was established in the middle of 2006. The foundation offers an opportunity for employers to carry out training events and information campaigns on HIV at the workplace. The organisation aims to involve the private sector as an active partner and attempts to draw funding for the prevention work among company employees from companies themselves. In 2006-2007 the Healthy Estonia Foundation provided training to 1,620 employees in 13 companies. A coalition "Companies Against HIV" was created by five companies in 2007.

The topic of HIV and AIDS has been also discussed since 2006 in the framework of the Network for Workplace Health Promotion, coordinated by NIHD (the network has 61 members). In 2006 40 employers received training on HIV and workplace and information materials on were also distributed to the network members.

HIV testing

HIV testing in Estonia began in 1987 and the first infected person was discovered a year later. Today, blood samples for HIV testing can be taken in six AIDS Counselling Cabinets, Tapa AIDS Prevention/Drug Counselling Centre, 18 youth counselling centres all over Estonia and all healthcare establishments. HIV testing is offered to women who register their pregnancies, persons taking tuberculosis or STI tests and prisoners. The testing of donor blood and transplant organs for HIV is mandatory according to the Regulation No. 121 (31.10.2003) of the Minister of Social Affairs. The analyses are made by primary laboratories in the larger medical establishments and the HIV Reference Laboratory at WTCH. The number of persons tested for HIV has been increasing over the years (see Figure 44). 0.5% of all tested persons in 2006 and 2007 were HIV positive.

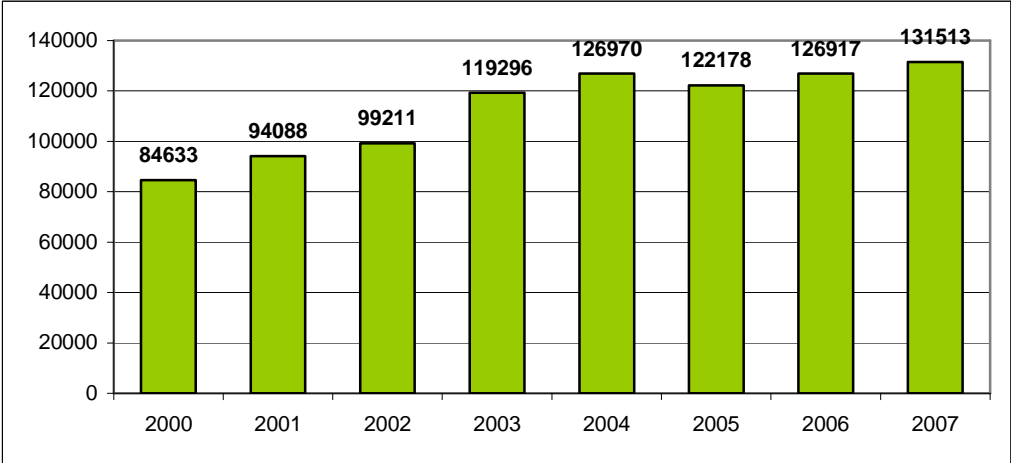


Figure 44: Number of persons tested for HIV in 2000-2007 (Source: WTCH)

The AIDS Counselling Cabinets are located in Narva (under Narva Hospital), Kohtla-Järve (under Ida-Viru Central Hospital), Tartu (under Tartu University Hospital), Pärnu (under Pärnu Hospital) and Tallinn (in WTCH and AIDS Prevention Centre). Testing in the above mentioned cabinets and Tapa AIDS Prevention/Drug Counselling Centre is funded from the national HIV and AIDS prevention strategy. The cabinets offer free testing for HIV and syphilis. The opportunity to test for hepatitis B and C was added in November 2007. The visitors are counselled on the issues of testing, infections and risk behaviour. Some cabinets also do field trips to vocational schools, syringe exchange points, etc.

The number of HIV infection cases discovered in 2006 and 2007 in the counselling cabinets (including the Tapa Centre) accounted for 38-39% of all cases discovered in Estonia. Approximately 4-5% of all visitors turn out to be HIV positive. This percentage is highest in the cabinets located in Ida-Virumaa (see Table 14).

Table 14: Number of tests and HIV cases discovered in counselling cabinets
2006-2007 (Source: NIHD)

Cabinet	No of visits		No of tests		No of HIV positives		% of HIV positives of all tests	
	2006	2007	2006	2007	2006	2007	2006	2007
West Tallinn Central Hospital	2,101	2,007	1,951	1,918	75	41	3.8	2.1
AIDS Prevention Centre (Tallinn)	1,528	1,888	1,479	1,843	26	51	1.8	2.8
Ida-Viru Central Hospital (Kohtla-Järve)	265	276	265	276	44	24	16.6	8.7
Narva Hospital	1,126	964	929	818	111	108	11.9	13.2
Tartu University Hospital	1,081	1,505	619	689	2	4	0.3	0.6
Pärnu Hospital	190	247	171	221	2	0	1.2	0.0
Tapa AIDS Prevention/Drug Counselling Centre	496	685	253	372	2	11	0.8	3.0
TOTAL	6,787	7,572	5,667	6,137	262	239	4.6	3.9

Other target groups

Donors: No cases of HIV infection have been registered in Estonia in connection with transfusion of donor blood, organs or tissues. Before donating blood donors undergo a medical examination and fill out a questionnaire on their health and behaviour. The blood of all donors is tested for HIV, hepatitis B and C and other infections (Eesti riiklik... 2005). Over the years a total of 95 HIV infected donors have been discovered (as at the end of 2007). The objective of the national strategy is: "Safety of the transfused donor blood and transplanted organs and tissues to the recipient is ensured." The measures to achieve this objective include increasing the knowledge of donors on HIV and AIDS, application of modern HIV diagnostic methods and ensuring training and in-service training of the medical staff.

Persons at risk due to profession (medical and social workers, police and rescue officials, prison officials, etc.): No cases of HIV infection through occupational activity have been registered in Estonia. Persons at risk due to profession are people whose day-to-day professional duties entail contacts with potentially infectious bodily fluids and the associated materials. The employers are required to ensure occupational safety and training according to established regulations. The Estonian Association of Infectious Diseases has developed HIV diagnostic and treatment guidelines, which include instructions for preventing infections transmitted through blood and other bodily fluids and precautions after a potentially dangerous occupational contact (Eesti riiklik... 2005). Preventive treatment after contact is available to persons at risk due to profession. According to the Estonian National HIV and AIDS Strategy for 2006-2015, the objective for this target group is as follows: "No HIV transmission has occurred in the course of occupational work." The activities for achieving this objective include ensuring quality training of persons at risk due to profession, ensuring availability and use of necessary protective equipment at workplaces and creating a unified system for the registration of contacts. A large proportion of the work belongs to the routine system of training and ensuring availability of necessary equipment. In addition, NIHD organised a training on "HIV and Work Environment" for 135 social workers and lawyers and issued an information publication on the risks in professional work in 2007.

STUDY RESULTS

Study of adult population

According to the 2006 study of Health Behaviour among Estonian Adult Population (see Tekkel et al 2007), 22% of men aged 16-64 and 12% of women in the same age group had had casual sexual partner in the preceding 12 months. 34% of men and 20% of women who had had casual sex reported always using a condom. 76% of all respondents in the age group 16-64 knew that the risk of getting HIV can be reduced by always using a condom during sex and 91% were aware that HIV can be transmitted through injection with a used syringe. More than half of the adult population knew that HIV is not transmitted by sharing a toilet or eating from the same tableware with an infected person. Less than half would agree to work in the same collective with a person living with HIV and would not stop buying food from a store where a salesperson is infected (see Figure 45).

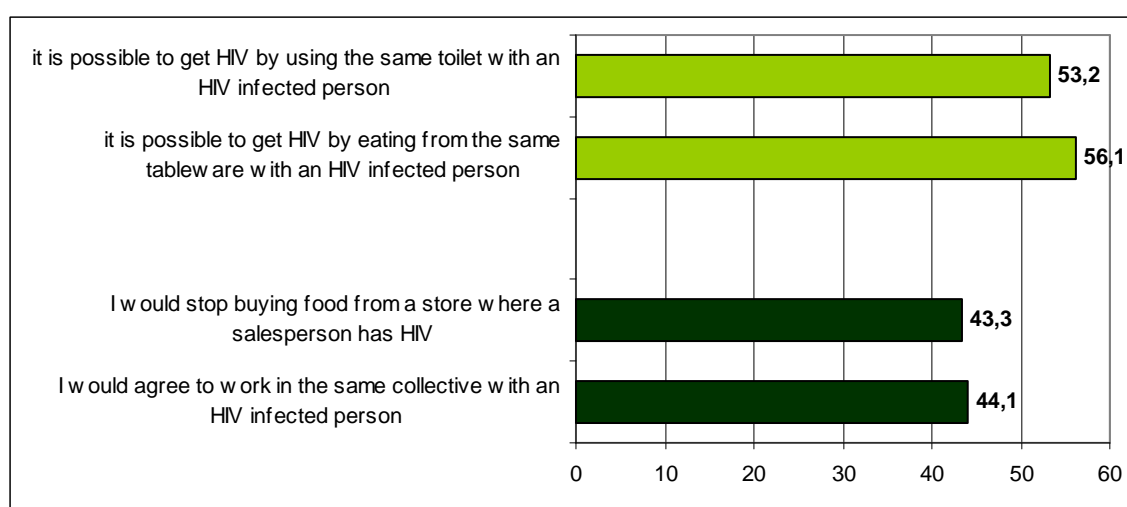


Figure 45: Persons in the age group 16-74 who gave correct (light columns) or tolerant answers (dark columns) to the proposed statements (%)

Survey of the visitors of AIDS cabinets

Since 2004 the six AIDS Counselling Cabinets use questionnaires to collect data on the socio-demographic indicators, risk behaviour and possible route of infection of the visitors. In 2006 the questionnaires were filled out on 5,216 clients, which accounted for 83% of all visitors (see Lõhmus 2007; the analysis of data from 2007 will be done in 2008). The collection of data and analysis is organised by NIHD.

General indicators

- 55% of all visitors of the cabinets in 2006 are men and 45% are women. 67% of the visitors who discovered to be HIV positive are men.
- The largest age group among the visitors is young people aged 20-24 (29%) and the average age 28 years. The age distribution of those who were discovered to be HIV positive is shown on Figure 46.
- In case of 48% of the visitors Russian was used as the language of counselling. The counselling was done in Russian in 92% of all cases where the HIV test turned out positive.
- 54% of the respondents are employed, 22% study, 11% study and work and 13% do not study or work. The lastly mentioned indicator is 36% among persons who tested positive for HIV.

- 3% of the clients reported being homo- or bisexual. This indicator is 5% among men. 1% of the persons who tested positive for HIV are homo- or bisexual (n=2, both male). 19% of the infected persons did not report their sexual orientation. In the group of all visitors, 4% did not report their orientation.

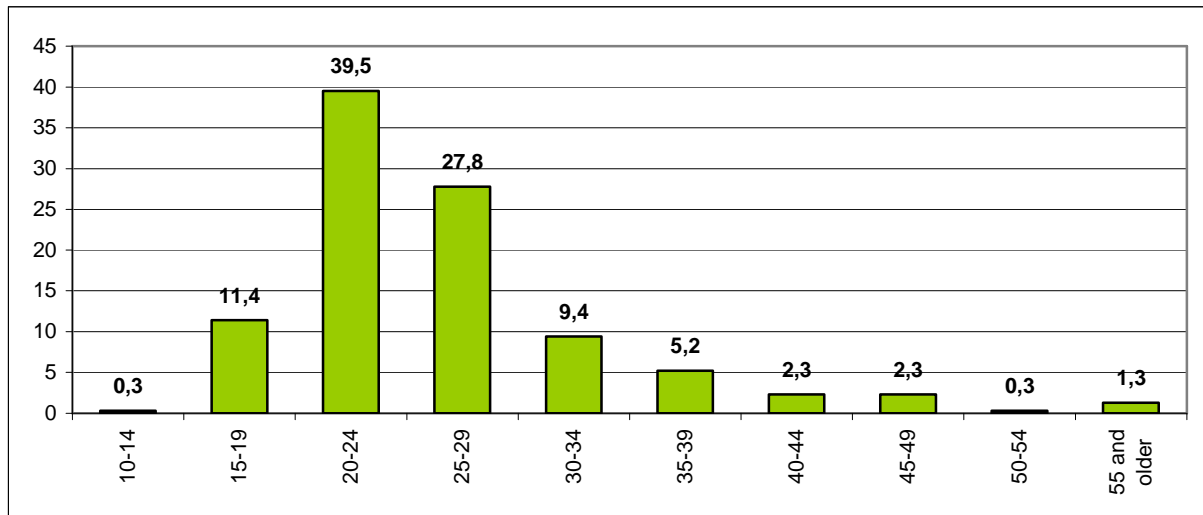


Figure 46: Age distribution of HIV infected persons discovered in the counselling cabinets (%)

Sexual relations and drug use

The percentage of persons always using a condom with casual partners was very low among cabinet visitors and most of IDUs had shared syringes in the last month.

- 76% of the cabinet visitors reported having sex with a casual partner in the last 12 months and 5% with a partner who was paid for sex. 1% had received payment for sex themselves. Considering only the group of HIV positive respondents, 55% of them had had casual sex, 7% had paid for sex and 2% had received payment for sex.
- 7% of the persons who reported having casual partners in the last year always used a condom in these occasions (the same level of condom use was reported in the group of HIV infected persons). 53% of the persons who had paid for sex and 14% of the respondents who had received payment for sex reported always using a condom.
- 9% of the visitors stated that they have injected drugs in the last 12 months. This indicator was 52% among those who tested positive for HIV.
- 20% of all visitors who had injected drugs and 15% of persons who were diagnosed to have HIV had never shared syringes or needles. 69% of all injecting visitors had shared a syringe in the last month and 75% of HIV positive IDUs had done so.

Prior testing and suspected route of transmission

Nearly half of persons tested positive for HIV believe that they could have been infected through sharing of injecting equipment.

- 48 % of the visitors of the six cabinets had taken an HIV test before. 67 % of the persons who tested positive for HIV had been tested before.
- A large majority (81%) of the visitors of AIDS cabinets believe that they might have been infected through sexual intercourse. Nearly two times less respondents among the HIV positive group expressed the same belief (see Figure 47).
- 9% of all visitors stated that their possible infection might have been associated (exclusively or inclusively) with injecting drugs. The same indicator was 46% among HIV infected persons.

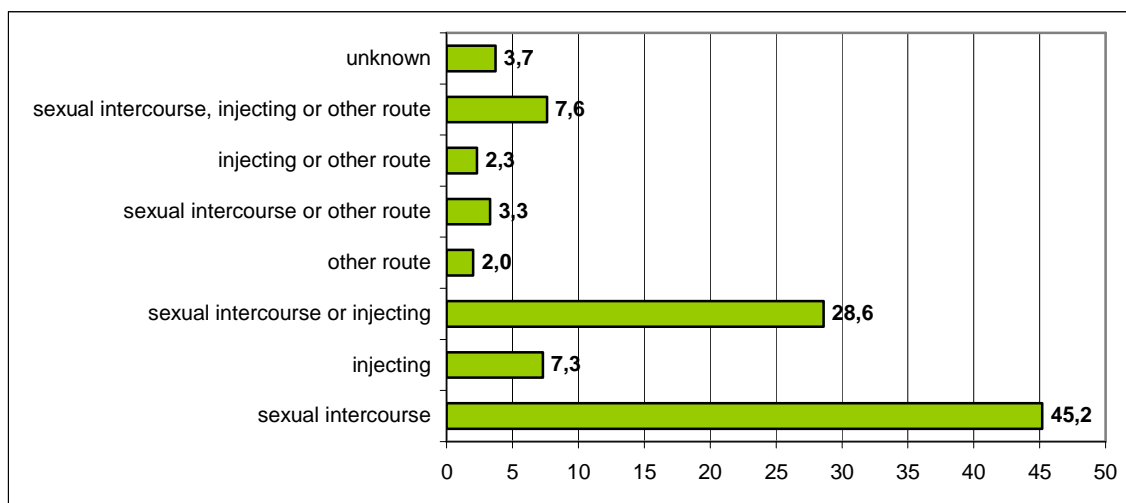


Figure 47: Suspected route of HIV transmission among visitors of AIDS cabinets who where diagnosed HIV positive (%)

5.7. People living with HIV and AIDS

By the end of 2007 a total of 6,364 cases of HIV were registered in Estonia and AIDS has been diagnosed in 191 cases. The needs of PLWHA can be determined through four interconnected elements (see FHI 2001b):

- Medical needs like treatment and the associated information. Such services include monitoring the health condition, timely diagnosis, prevention of tuberculosis and other opportunistic infections, AVR treatment, palliative care, nursing.
- Psychological needs, such as emotional support. In this element the organisations for PLWHA play a very important role in psychological assistance and support (by specialists and peers).
- Socio-economic needs associated with job loss, increased medical expenses, special nutrition and related issues. In this respect proper counselling and assistance are important, for instance, to preserve family income, to create community support networks.
- Needs associated with human rights and legal needs. PLWHA often need legal assistance to defend their rights and solve vital problems.

The needs for services change as the HIV infection progresses.

In Estonia regular health monitoring of PLWHA is carried out by infectionists who also prescribe antiretroviral treatment if necessary. Health monitoring and AVR treatment is free of charge to everyone, including persons without health insurance. Psychosocial support and counselling is offered to the infected persons and their relatives in respective support groups. According to the Estonian National HIV and AIDS Strategy for 2006-2015, the strategic objective for this group is: "Quality of life of people living with HIV and AIDS has improved." In order to achieve this, it is planned to increase the proportion of PLWHA who receive medical and welfare services, psychological counselling and social support.

As at the end of 2007 25 children had got HIV from their mothers in Estonia. This accounts for 5% of all children born to HIV infected women (n=467). The United Nations Population Fund emphasises the importance of following measures to reduce the risk of HIV transmission from mother to child (UNFPA 2002:19):

- Providing access to testing services;

- Providing access to appropriate antenatal, safe delivery and post-delivery care and treatment;
- Avoiding unnecessary interventions during pregnancy;
- Supplying reproductive health commodities (such as female and male condoms, STI testing and treatment, safe delivery equipment).

All pregnant women in Estonia have health insurance cover since 12th week of pregnancy and can use free medical services (including preventive AVR treatment for HIV infected women). Women who register their pregnancy are recommended to take an HIV test in addition to other tests and if the first test is negative, a repeat test is recommended after the 30th week of pregnancy (Procedure for Testing and Treatment of Infectious Diseases and Infection Carriage in Pregnant Women, Minister of the Social Affairs Regulation No. 118, 31.10.2003). According to pregnancy monitoring guidelines of the Estonian Association of Gynaecologists, HIV testing is recommended also to women deciding to have an abortion (Eesti riiklik... 2005). The objective of the national strategy is as follows: "Vertical transmission of HIV infection has decreased."

GFATM PROGRAM, 10.2003-09.2007

The Estonian proposal to GFATM in 2002 stated that an important barrier to ensuring healthcare services for PLWHA is poor availability of free services to persons without health insurance (who constitute a significant portion of infected people). A commitment to improve availability of healthcare and support services, including ensuring free health monitoring for PLWHA with and without health insurance, was made in the framework of the GFATM program.

Healthcare services

Free high-quality three-component ARV treatment is available to Estonian patients since 2001. As of 2004, AVR treatment is provided by four hospitals (previously only by WTCH): West Tallinn Central Hospital, Ida-Viru Central Hospital, Narva Hospital and Tartu University Hospital, which were also supported from GFATM funds. The program covered most of the costs of ARV medication and provided funding for health monitoring of uninsured PLWHA by infectionists.

The number of uninsured persons registered at an hospital with an infectionist was 189 by the end of the second year, 376 by the end of the third year and 532 by the end of the fourth program year (the number of registered persons was not reported in the first year). However, significantly less uninsured PLWHA than expected reached an infectionist during the program (the expected number of patients was 700). The increase in persons receiving ARV treatment is shown by quarters on Figure 48 (this number also includes HIV infected pregnant women and infants who received treatment). The costs of medication were not drawn from the GFATM program funds before the fourth quarter of 2004.

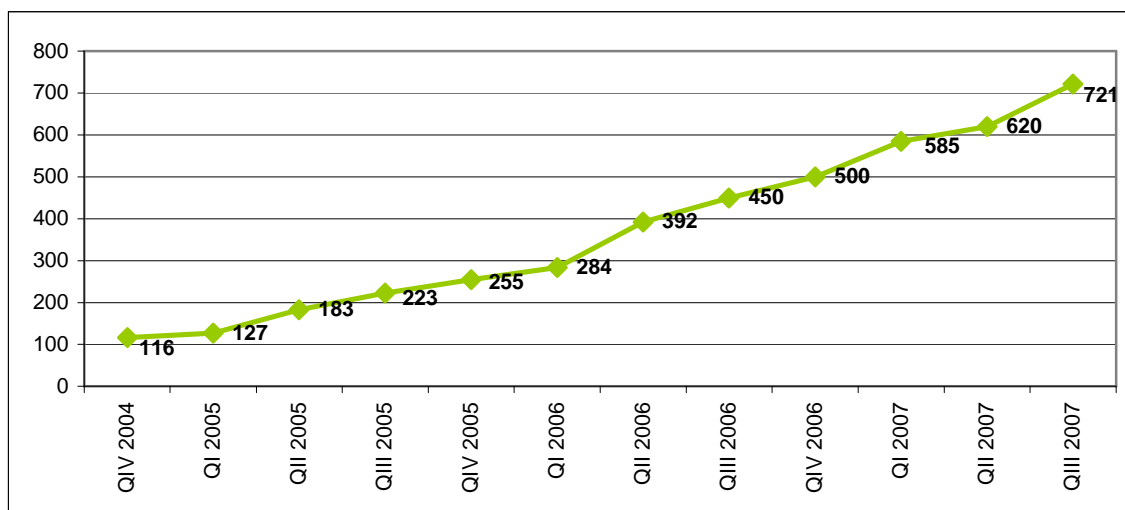


Figure 48: Quarterly number of patients on ARV treatment from 10.2004 to 09.2007

Support services

Support services to PLWHA were provided in the framework of the GFATM program by NRCDA, Ltd Corrigo (as of 10.2005) and NGO "We Help You" (as of 06.2006) in Ida-Virumaa and ESPO Society, AIDS Prevention Centre (until 09.2005), Convictus Estonia (since 10.2005) and the Estonian Network of People Living with HIV (as of 11.2006) in Tallinn. Several organisations added support services for PLWHA and their relatives into their range of services and a new organisation, Estonian Network of People Living with HIV, was created during the GFATM program period.

55 persons belonged to the support groups by the end of the first quarter of 2004 and 198 persons by the end of the program. The activities of the support groups included group sessions according to the principles of self-help accompanied by specialist advice, individual consultations and workshops on various topics relevant for PLWHA. In the second program phase the organisations started to offer information and counselling also to these PLWHA and their relatives who were not members of support groups. A total of 2,858 counselling sessions with persons who did not belong to a support group took place in the second program phase. The target of GFATM program was achieved with regard to the number of support group members.

The agreement between GFATM and NIHD did not contain any indicators associated with surveying of this target group.

ACTIVITIES IN 2006 AND 2007

Infectionists are working in hospitals in Tallinn, Narva, Kohtla-Järve, Tartu and Pärnu. Approximately 3,500 PLWHA have been registered with infectionists, which is slightly more than half of all registered infected persons. ARV treatment is provided in four of the abovementioned cities (not in Pärnu). After the end of the GRATM program, the purchase of ARV medication and health monitoring of PLWHA without health insurance is funded from the state budget. 772 people were receiving ARV treatment at the end of 2007. After the end of the GFATM program public funds are also used to continue the work of support groups and counselling of infected persons.

Case management

In order to improve the availability of appropriate healthcare and social services for PLWHA, a system of case management is being developed as a new intervention through the Ministry of Social Affairs. The first steps in this direction in 2006-2007 have been associated with the development of the case management concept, training of specialists and offering the hospital infectious disease departments resources for employing social workers. The provision of case management service started in 2007 at WTCH, Ida-Viru Central Hospital and Narva Hospital. A total of 948 PLWHA were counselled in 2007, including 354 new clients (the total number of visits was 1,366). The responsibilities of the case management specialist include overseeing the provision of services required by PLWHA, their integration into normal life and information exchange. The main objective of case management is referral of people to the services, support and other resources adequate for the needs of that person and to offer targeted assistance based on the individual (HIV/AIDS juhtumikorraldussüsteemi kontseptsioon 2006).

Tuberculosis prevention

HIV is the main known risk factor of getting active tuberculosis after being infected with TB and TB is globally one of the main causes of mortality associated with HIV. The percentage of tuberculosis patients among PLWHA has been gradually increasing in Estonia in recent years and TB is among the main causes of deaths among AIDS patients (see the respective statistics in Chapter 1).

The Estonian TB prevention strategy follows all World Health Organization recommendations (see WHO 2006). All persons with a suspicion of TB have access to free medical services required for confirmation of diagnosis and subsequent treatment. The expenses are covered from the budget of the Health Insurance Fund or the resources of the National Tuberculosis Control Program. Being a group with heightened risk of infection, PLWHA are recommended to attend medical examination once a year or when any symptoms develop. TB diagnostic and treatment is carried out by trained pulmonologists. TB treatment is started in a stationary department and continued in the ambulatory form as direct observation treatment where the patient should visit the local cabinet on a daily basis.

In order to develop cooperation on HIV and TB prevention between Estonia, Latvia and Lithuania, a project supported by WHO was launched in 2005 on scaling up treatment and care for HIV/AIDS and tuberculosis patients and accelerating prevention within the health system. A national and regional work group has been created in the framework of the project, the funding of TB and HIV prevention, treatment and care has been mapped and recommendations made to improve the system. Guidelines for cooperation between TB and HIV prevention programs have been drafted in 2006 and 2007 and training has been provided to medical and social workers. The project funds have been used to develop and implement the case management system for PLWHA in order to facilitate patient movement within the system where medical services associated with HIV and TB are provided by different institutions. Recommendations have been made for improving the work of the TB Register.

Services for pregnant women

105 children were born to HIV infected pregnant women in 2006 and 91 children in 2007. HIV was transmitted from mother to child in 4% (n=4) and 2% (n=2) of the cases respectively. In addition to ordinary measures applied for HIV infected pregnant women in the healthcare system, a charity campaign "When mother's milk is dangerous" was organised in December 2006 to collect money for buying breast milk substitutes for the infants of HIV infected women (as the breast milk of an infected mother can be a route of HIV transmission).

The breast milk substitutes purchased for the donated money were distributed in the middle of 2007 in Narva Hospital, Ida-Viru Central Hospital and WTCH. Additionally, a training course was organised in 2007 for employees of NGOs who are in daily contacts with HIV infected women.

STUDY RESULTS

17 individual interviews with PLWHA and 3 focus group interviews with the representatives of education and healthcare sector and employers were conducted in the first half of 2006 in the framework of a qualitative study project financed by UNDP. The objective of the study organised by NIHD was to map the experiences of social exclusion among the PLWHA and to assess the attitude of service providers and employers towards people living with HIV and AIDS. A similar data collection was also carried out in Kaliningrad.

The main results of the interviews in Estonia are as follows (see UNDP 2006):

- The interviewed PLWHA were afraid that their status might be revealed. They feared losing the job or not getting the required services.
- PLWHA did not see any reason to make their HIV positive status known in the education system or labour market. They found that employers are not yet prepared to tackle the issue of HIV. They provided examples of discrimination associated with HIV in school environment, medical institutions and workplace.
- The limited knowledge of medical staff on HIV and AIDS and failure to observe the appropriate safety requirements was highlighted as a problem by PLWHA. However, some interviewees were also satisfied with the medical services provided to them.
- Interviewed people found that PLWHA would need more services that are not designed specifically for risk groups.
- Both individual and focus group interviews indicated that in addition to the stigma arising from HIV positive status, the infected persons are ascribed certain patterns of behaviour (e.g., drug use, sex work). Many educational and healthcare workers and employers who participated in the focus groups expressed an accusatory attitude towards PLWHA. Nevertheless, they considered that integration of infected people in the labour market and education environment was necessary.
- The interviewed representatives of educational sector and employers had had very few contacts with PLWHA. They found that schools and teachers would need additional training and instructions in connection with precautions and communication with students who have HIV.
- Even though the interviewed medical workers had more knowledge of the clinical aspects of HIV, they expressed similar fears and stereotypes in connection with PLWHA as the representatives of other professions. Medical workers expressed confusion and dissatisfaction about the confidentiality requirements associated with HIV. They also talked about limited use of precautionary measures in medical institutions.
- The interviewees of the focus groups found that the current HIV prevention methods are insufficient.

6. EXPERIENCES OF SERVICE PROVIDERS IN THE LIGHT OF THE GLOBAL FUND PROGRAM

CONVICTUS ESTONIA

Convictus Estonia, NGO located in Tallinn, was founded in 2002 and has four principal areas of work: syringe exchange, support services for HIV infected drug users, counselling of prisoners and support services for infected prisoners, organisation of specialist lectures and training courses. In the framework of the GFATM program the organisation provided syringe exchange services, arranged support groups, counselling and lectures in prisons and established support groups for PLWHA outside prison setting.

Syringe exchange

The stationary syringe exchange point of Convictus Estonia was opened in October 2003. Syringe exchange programs have been the most effective intervention to restrict the spread of HIV. The idea is to ensure easy availability of sterile syringes to drug users and to remove used syringes from circulation. In addition, syringe exchange enables to establish contacts between healthcare services and injecting drug users.

The syringe exchange work of Convictus Estonia has been continuously expanding since 2004, since the opening hours and locations of harm reduction facilities should be adequate and convenient for the clients. The work schedule of SEPs is based on the daily rhythm of clients and the service providers guarantee confidentiality and anonymity of clients. In addition to stationary syringe exchange, the organisation has used support from the GFATM program to work also in three outreach teams. By the end of the four-year program, the number of SEP visitors had increased to 2,300 persons, with one third of them being regular clients. Convictus Estonia distributed a total of 0.64 million syringes to the target group during the program and the SEPs received approximately 73,200 visits.

In addition to syringes, condoms and information materials, the target group is also offered consultations on different aspects of drug addiction, HIV, STIs, and other health issues and clients will be referred to other services if necessary. For outreach work Convictus Estonia recruits young people who have had personal experiences with this problem – former drug users or drug users on substitution treatment.

Work in prisons

“Prisoners have a right to protect themselves against HIV infection. Prisoners living with HIV/AIDS have a right to maintain and promote their health.”

(Dublin Declaration on HIV/AIDS Declaration in Prisons in Europe and Central Asia, 2004)

Prison is the most harmful environment for human health in our society. With imprisonment a person does not only lose his/her freedom, but also comes into contact with several risks – violence, drug use, infections. The state is morally and legally responsible for preventing the spread of HIV among prisoners and prison staff and for the care for the infected. Prison setting and general society are connected vessels, since sooner or later prisoners will return to the society. Every action (or inaction) in prisons with regard to HIV/AIDS, tuberculosis, hepatitis and drug use is in the end reflected in the health of the general population.

Convictus Estonia works in prisons since the end of 2003 and the main objective is to provide psychosocial assistance to HIV infected prisoners. Support groups in Estonian male, female and youth prisons were established in January 2004 with the financing from GFATM. A total

of 767 persons participated in the work of the support groups over the four program years.

Most members of support groups are persons who have been infected recently and many have a long history of drug addiction. In support groups the members learn new concepts, such as the quantity of helper cells and immune system, as well as the names of medical conditions and medications. Convictus Estonia offers assistance for solving psychosocial and socio-economic problems. Any medical issues are solved in cooperation with prison doctors. A very important topic is equal rights of the people living with and without HIV. One of the important aspects of group work is a roundtable that enables everyone attending to express their concerns on an equal basis. Doctors, ministry officials, volunteers, journalists and NGO representatives sit together with prisoners. The workshop gave the infected prisoners an opportunity to compare the answers of different specialists, take part in the discussion and express opinions about discrimination and support for PLWHA on the prison territory and in the general society.

Convictus Estonia does not view convicts as persons with a history, but as persons with a future. Everyone should have an opportunity for and right to trust. "Every saint has a past and every sinner has a future." These words of Oscar Wilde are the epigraph of prison conversations.



AIDS INFORMATION AND SUPPORT CENTER AND HEALTH CENTRE “ELULOOTUS”

NGO AIDS Information and Support Centre was established in 1994 and in 2001 it was supplemented by the Ltd Health Centre “Elulootus”. These organisations operating in the capital participated in the GFATM program with three projects: syringe exchange, methadone substitution treatment and medical services for sex workers. The abovementioned services were developed already prior to the GFATM program and the organisation was among the first in Estonia that implemented many of the modern prevention methods (counselling and testing of sex workers started in 1994, syringe exchange and methadone treatment in 1997).

The syringe exchange points received nearly 79,000 visits and 0.6 million syringes were distributed over the four years of the GFATM program. 120 persons were provided methadone treatment at the end of the program (September 2007). STI diagnostic and treatment services were visited on 3,370 occasions by sex workers during the GFATM program. The following positive developments were noticed during the program period:

- The four-year funding provided confidence and an opportunity to plan activities ahead for longer than one year at a time.
- The support from the GFATM program exceeded the level of previous discontinuous funding from different sources by 3 or 4 times. This enabled to multiply the volume of work accomplished.
- In the beginning of the program representatives of different organisations developed unified service delivery guidelines for all services in cooperation with NIHD, which harmonised the method for implementing activities all over the country.
- Development of progress indicators, collection and analysis of respective data enabled quantitative and qualitative comparisons with other organisations.

AIDS Information and Support Centre and Health Centre “Elulootus” established an efficient network for drug users, ranging from street work, counselling and syringe exchange to methadone treatment, rehabilitation and re-socialisation. The same principle is applied to sex workers – they have access to psychosocial support and drug addiction treatment in addition to medical services and safe sex education. Unfortunately, the successful day centre for sex workers was funded by GFATM only in the first two years.

Provision of the same services will continue in the future and a rehabilitation system for drug users will be developed. A planned new area of work is treatment and rehabilitation of female opiate addicts to prevent HIV transmission from mother to child.

NGO “WE HELP YOU”

The non-governmental organisation “We Help You” was established in Ida-Virumaa in 2003 to provide services to injecting drug users – syringe exchange and support services for PLWHA. Further development of the organisation and expansion of activities was made possible by the GFATM program, which enabled to provide full scale of counselling and syringe exchange services. The National Institute for Health Development played an important role in successful coordination and implementation of the program.

The number of visits to syringe exchange has multiplied during the program period. Contacts were established with 1,500-1,700 injecting drug users in the Ida-Virumaa region. The SEPs of NGO “We Help You” received around 132,700 visits during the four-year program and 1.34 million syringes were distributed. The work with the support groups for PLWHA started

in June 2006 and 21 persons participated in the support groups by September 2007. Staff recruitment has been an important consideration for the organisation. In order to achieve better contact with the target group and establish trust, the persons working in syringe exchange are mostly former drug users or drug users on substitution treatment. Work with them requires a special attitude. Much attention is paid to work with HIV infected clients – motivating them to see an infectionist and seek psychosocial support.



ESTONIAN SEXUAL HEALTH ASSOCIATION

The objective of the Estonian Sexual Health Association (ESHA), founded in 1994, is to improve the reproductive and sexual health of all people in Estonia. The organisation arranges training courses for young people and specialists, oversees the work of counselling centres all over Estonia, provides internet counselling, organises student conferences and thematic youth competitions.

During the four years of the GFATM program education sessions on HIV/AIDS were provided to the students of grades 5-12 (over Estonia during the first phase and in Ida-Virumaa and Harjumaa during the second phase). About 66,200 students in total participated in the sessions. This was the first project at such scale for ESHA and it helped the organisation to find many new lecturers. The organisation has received positive feedback from schools on the trainings and lecturers and ESHA is often invited back to talk about the broader issues of sexual health to the students. Some student comments on the lectures:

- *I liked that the lecture was not simply a talk, but included, for example, a demonstration of how to put on a condom and other stuff.*
- *The lecture made me think. I liked that the discussion was very simple and open.*
- *It was an interesting and nice lecture. The lecturer did not blush at all. Love is cool!*
- *Everything was explained to the younger students as well. I learned how AIDS is not transmitted.*

In addition to lectures, a student conference “For Love!” was organised in each year to conclude the annual theatre festival and grant awards for the competition of study papers and creative work. This gave the students an opportunity to use their knowledge on sexual health

and HIV/AIDS. As continuity is very important in educating the youth on the issues of HIV and AIDS, the organisation wants to continue providing such trainings in the future.

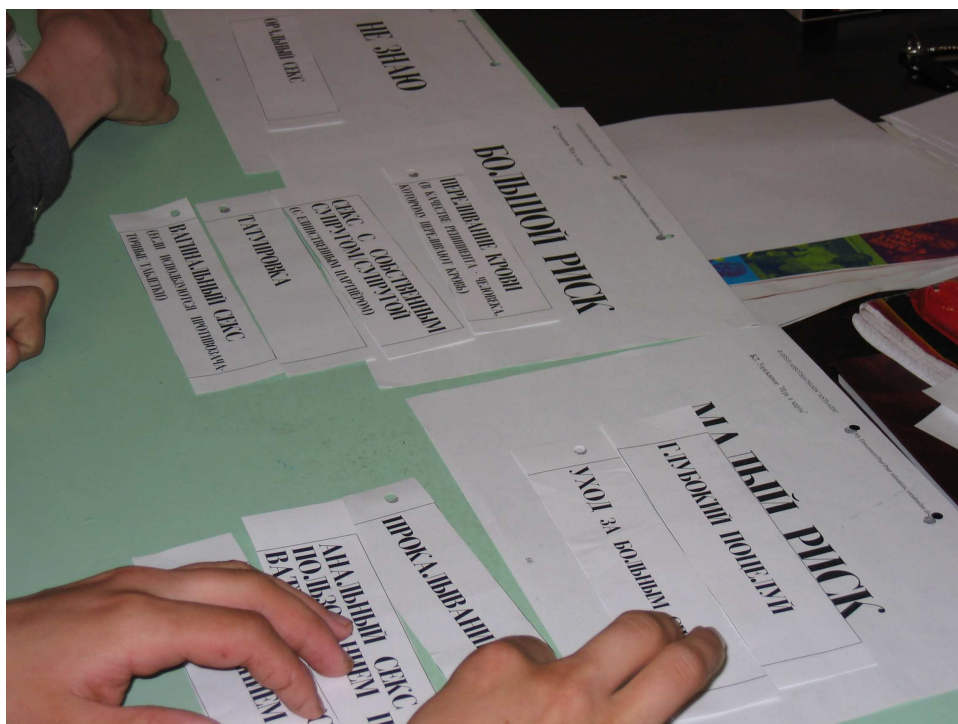


ESTONIAN ANTI-AIDS ASSOCIATION

Estonian Anti-AIDS Association was founded in 1990. The organisation is seated in Tallinn and provides education using interactive methods on prevention of HIV/AIDS and use of addictive substances (drugs, alcohol, tobacco) to young people in schools, vocational schools, welfare institutions, youth summer camps and military all over Estonia.

A total of 9,500 conscripts, young people in welfare institutions, orphanages and state schools and students of vocational schools received education on HIV/AIDS in the framework of the GFATM program. The employees of the association also provided training to the staff of orphanages (190 persons in total) outside the framework of the GFATM program. The training materials of the Anti-AIDS Association have been updated during the GFATM program according to the specific nature of different target groups; cooperation and contacts with different institutions and organisations in Estonia have been expanded. Provision of training courses in the framework of this extensive program has been an instructive and interesting experience for the Association in terms of management, organisation and the content of work. Constructive cooperation with other NGOs has also been greatly developed – lecturers from other NGOs have been participating in the projects and Anti-AIDS Association has taken part in the projects and discussions of other organisations. This has expanded organisation's vision and added to the bank of experience. In the framework of the GFATM program the Anti-AIDS Association evaluated the effectiveness of youth education (increase in knowledge) through pre-and post-training surveys for the first time. This provided confidence that the work of the organisation creates real benefit.

In conclusion, the employees of the association find that the number of young people who have participated in the several-hour training sessions is fairly large. Young people had an opportunity to think about sexual problems, safe behaviour and drug use. A current challenge according to the Anti-AIDS Association is that HIV prevention at the NGO level is based on short-term projects. The issue of continuous youth education is very important and should find a permanent solution at the national level by including these topics in the school curricula. In HIV prevention generally more attention should be paid to PLWHA and increasing tolerant attitude.



AIDS PREVENTION CENTRE

NGO AIDS Prevention Centre started its work in 2003. The main areas of work of the organisation include education of youth, adults and different specialists, counselling on HIV/AIDS, testing and support for the PLWHA. The principle of the Tallinn-based centre is to have 'open doors' for everyone.

In the framework of the GFATM program the AIDS Prevention Centre educated vocational school students in North Estonia and used the GFATM funds to organise support groups for HIV infected women in the first phase of the program. The first support group for women in Estonia was created (not drug users) and it included 24 persons. The project resulted in the creation of a new organisation LIGO (Life Is Going On) on the initiative of HIV infected women themselves. The AIDS Prevention Centre considers the creation of the support group for women a very necessary initiative and the pilot project enabled to test the effectiveness of the idea and involvement of different specialists. The role of group therapy was particularly significant – women could admit without shame that they had HIV and discuss the ways of coping with it.

The organisation had already done some occasional work with vocational schools, but this activity became now consistent in the GFATM program period and a total of 7,016 young

people participated in training sessions from January 2004 to September 2007. Working with the young people in vocational schools for such an extended period was a valuable experience, because this target group tends to have low motivation for learning. The number of sexual contacts in this group is relatively high and drug use is an important issue to cover. Cooperation with vocational schools improved consistently during the program period.

An important benefit highlighted by the organisation was the first experience of project management gained by several employees in the framework of the GFATM program, which enables them to spend more time on planning in the future, avoid mistakes, etc. It would be important to continue developing and motivating the team in the future to involve professionals in their respective fields with skills to work with different target groups and methods. The organisation today feels more empowered and able to implement different projects.

KERSTI VÕLU TRAINING CENTRE

Kersti Võlu Training Centre is a private school operating in Jõhvi since 2002. The Centre is an educational institution specialised in in-service training, retraining, language studies and economic education. In the framework of the GFATM program the centre provided educational sessions on HIV/AIDS to the vocational school and upper secondary school students in Ida-Virumaa and a total of 1,521 young people participated in these trainings from June 2006 to September 2007.

The sessions of the centre combined lecture with interactive methods, such as role plays, feedback theatre, solving of practical assignments, etc. According to the information provided on the feedback sheets, the young people have fairly good knowledge on HIV transmission. Nevertheless, they stated that such educational events are necessary and useful. In addition, the students mentioned that their mothers and fathers do not have sufficient information on this topic. The young people suggested that education should be provided to middle-aged persons and the younger age group, 12-14 years, as well. Nearly all students stated that the topic is very interesting and they also try to get information on these issues themselves through press and media.

NGO LIVING FOR TOMORROW

NGO Living for Tomorrow, located in Tallinn, was founded in 1999. The organisation offers youth workshops on sexual education and organises health weeks for school students, works with peer education methods and contributes to the fight against human trafficking.

In the framework of the GFATM program organisation prepared peer educators and administered a network of educators in North and Central Estonia. The network included 34 peer educators by the end of the program and they had made approximately 13,200 prevention contacts with their peers.

Living for Tomorrow believes that their most significant result in the GFATM program period since 2004 has been achievement of consistency in their work. Participation in such long-term program enabled to demonstrate that consistency leads to better planning of work and improved performance measurement. While the first phase of the program was used to train new peer educators, the second phase was dedicated to administering the existing

educators' network. This was a new responsibility in the work of Living for Tomorrow and provided a good opportunity to introduce certain innovations. Another certain benefit of the GFATM program was improvement of project management skills from preparing a public procurement proposal to reporting. This practical experience serves as a good asset for future participation in various programs.

New youth groups in Tallinn, Rakvere, Rapla and Paide were educated in the framework of the program and spontaneous youth own initiatives were supported. One of the most interesting initiatives was a study on alcohol availability, conducted by young people themselves. The results were shocking even for the initiators of the study, because alcohol was frequently sold to minors without age verification. In addition, the young people had the opportunity to demonstrate their skills and knowledge in one of the favourite projects of the organisation – Health Week for students of grades 1-4. There were also numerous events where the organisation participated with their tent or information desk. One of the more interesting initiatives was organisation of youth exchange programs with Sweden and Ukraine. A self-development group 'Meeting' was organised as a new pilot project, enabling the young people to work with their inner feelings.

The GFATM program provided the employees of Living for Tomorrow the opportunity to feel that they are capable of further development and can implement large-scale measures. The organisations would like to continue the already developed activities and move forward in implementing the new developments of recent years. The team of Living for Tomorrow has had strong cooperation and the organisation would like to thank all young people who have constantly encouraged and motivated them and enabled to learn from the youth.



NGO PARTNERS FOR LOCAL AND REGIONAL DEVELOPMENT

NGO Partners for Local and Regional Development was created in 2001 and this Tallinn-based organisation works in youth and specialist education and development activities to contribute to the sustainable development of regions.

In the framework of the GFATM program the organisation prepared peer educators and administered a network of educators to reduce risk behaviour of the youth and increase the knowledge on HIV in the regions of South and West Estonia. The network included 78 educators by the end of the program and the peer educators made approximately 4,092 prevention work contacts with their peers. The GFATM program confirmed the principle of PLRD that work with the youth provides young people with educational and developmental experiences and improves their coping in a democratic society. The team of PLRD followed the principles of open youth work according to which the young people have a right to make different choices, receive support from parents and instructors, develop an ability of critical assessment and analyse the surrounding world to make right decisions for themselves and others.

The principal activity of the first phase of the GFATM program was to find young people in the regions of South and West Estonia who would agree to pass the preparatory training cycle that would enable them to help their peers with risk behaviour problems. The training resulted in a network used in the second program phase to assist peer educators in organising events and training courses in line with the program objectives. Active supervision was carried out throughout the program (to improve the knowledge, skills and abilities of peer educators to communicate on the topics of HIV/AIDS, STIs, safe sex, sexuality, drug use, etc.) in order to avoid situations where young educators harm themselves by taking on too many responsibilities.

A review of the entire period of activity enables to highlight keywords that helped to prevent major setbacks in the work with the youth. The most important keywords were trust, tolerance, openness and equality. The most valuable result of the project in the assessment of PLRD was establishment of an active youth team, partially consisting of the members of Youth Against Drugs (YAD), that would continue the work on youth health promotion. In the future the members of PLRD would like to focus on supervising and helping these young people. In doing that they would like to act as supervisors and transfer the technical work of maintaining the network, communicating with youth and organising events to the already established youth team. This is the best method for developing the sense of responsibility in the youth, sharing experiences and ensuring right mentality of the “youth to youth” movement.

Work with the GFATM program has given members of PLRD a great deal of additional knowledge on infectious diseases, problems of HIV/AIDS and their potential consequences for Estonia as a country with small population. The PLRD team already uses the acquired knowledge in other projects, sharing information on healthy behaviour and motivating people to care for their health.

ANTI-LIEW AND SOUL CARE FOUNDATION

The Anti-Liew and Soul Care Foundation was established in 2000. This Tallinn-based foundation offers psychiatric assistance, promotes mental health maintenance principles,

implements social and preventive projects. In the framework of the GFATM program organisation carried out prevention work through peer education in North and Northeast Estonia. The network included 165 young educators by the end of the program and the peer educators had made approximately 10,700 contacts with their peers.

The Anti-Liew and Soul Care Foundation believes that the GFATM program encouraged Estonian people to talk openly about the epidemic. While the existence of epidemic was denied in the society in the first four years, the arrival of GFATM support funds required recognition of the epidemic spread of the infection in order to utilise the foreign assistance. This demanded a broader analysis of the Estonian situation.

The program provided the Anti-Liew and Soul Care Foundation an opportunity to contribute their skills to fighting the spread of the epidemic. Denial of the actual situation of infection was felt also during peer educator trainings. The foundation believes that the final objective of youth motivation and future supervision was not completely understood in the first GFATM program phase. This shortcoming was overcome by the second phase of the four-year program and measures were focussed on a specific final objective. An important result was development of precise methodology and publication of a specific manual for peer educators. The project helped to establish a multi-talented team that was able to pass on the acquired knowledge and skills to the youth.

According to the Anti-Liew and Soul Care Foundation, the question on how to motivate the general population to behave in a risk-free manner and how to communicate the necessary knowledge in Estonia as a whole will remain an important issue also in the future.

ESTONIAN NETWORK OF PEOPLE LIVING WITH HIV

The Estonian Network of People Living with HIV was created at the end of 2005. The objective of activities in the framework of the GFATM program was to develop the consultation system at Merimetsa Infection Centre in Tallinn and supporting PLWHA according to the principle “from equal to equal”. Tasks:

- to motivate PLWHA registered at Merimetsa Infection Centre and needing ARV treatment to start the treatment;
- to offer social support to HIV infected patients;
- to establish two support groups for the PLWHA at the Infection Centre;
- to train volunteers and specialists of the cabinet;
- to offer HIV infected drug users training on chemical addiction;
- to organise treatment regime training for patients.

One support group for drug users and another for persons who had been infected through sexual intercourse had been established by the end of the GFATM program. PLWHA and their relatives were counselled on 463 occasions. Six training courses were organised.

The cabinet provides opportunities for both individual and group consultations. Consultants are themselves PLWHA, establishing a link between patients and doctors. The consultants regularly visit patients in stationary treatment as well. Counselling offers emotional support, assistance in coping with the diagnosis and develops the ability of patients to solve their day-to-day issues. The responsibilities of a consultant include establishing initial contact with the client, identification of the problems, enquiries, referral to consultations and giving information on different services provided by the cabinet. All communication between cabinet staff and client remains confidential. The client is approached without preconditions

as a person with individual characteristics. Training is provided on HIV/AIDS, ARV treatment, hepatitis and problems associated with infection. The majority of participants in lectures include stationary hospital patients and support group members. The participants support and encourage each other, share knowledge and experiences.

The following activities have proven to be successful in practice:

- a patient journal, which was welcomed by both patients and doctors, was developed with the support of the GFATM program;
- training of specialists from among PLWHA to work in the cabinet on the basis of the “from equal to equal” method;
- contacts with Tuberculosis Clinic and other organisations for social inclusion;
- strong cooperation with the medical staff of the hospital and application of the “patient-consultant-doctor” principle.

There is a need to open similar cabinets for providing socio-psychological support to PLWHA also at other hospitals of infectious diseases in Estonia.

ESPO SOCIETY

The ESPO Society created in 1993 in Tallinn is the first non-governmental organisation in Estonia that brings together PLWHA who are not drug users. The ESPO Society is also open to relatives of PLWHA, as well as everyone who supports our goals. The principal activities of the ESPO Society in the framework of the GFATM program were the following:

- Continuation of work based on the day centre and increasing the number of members. The ESPO Society had 41 members by the end of the period.
- Professional counselling of PLWHA and their family members and relatives. 814 consultations had been provided by the end of the program period.
- Organisation of group discussions and workshops (16 workshops were organised during the period).
- Distribution of condoms and lubricants.

The most positive experience of the organisation was running a day centre for PLWHA and their relatives, which is the only centre of this kind. This is a place where people can turn to in order to find solutions to difficult situations and find new friends who would understand the feelings and experiences of people living with HIV and AIDS. The ESPO Society publishes a quarterly newsletter PLUSS. The newsletter provides information on the work of support groups for PLWHA, on the issues of AVR treatment, etc. The newsletter is printed in 2000 copies and it is distributed in hospitals, support groups, prisons, AIDS Counselling Cabinets, etc.

The organisation expects to continue working to improve the quality of life of PLWHA, reaching a growing number of persons in need. The plans foresee training of activists, fight against stigma and discrimination against PLWHA, etc. In conclusion, the ESPO Society would like to thank Global Fund for the support and hopes for fruitful cooperation with public institutions to achieve the common goals for HIV/AIDS prevention and treatment in Estonia.

7. SUMMARY OF THE DEVELOPMENTS AND CHALLENGES IN THE FIELD

The following overview is based on two external evaluation reports:

- From 2002: "Report of a WHO/EURO Mission to Estonia to evaluate Estonia's HIV/AIDS Program". Evaluators: Martin Donoghoe, Lali Khotenashvili, Ulrich Laukamm-Josten, David Rivett, Zaza Tsereteli.
- From 2008: "Evaluation of Fighting HIV/AIDS in Estonia". Evaluators: Roger Drew, Martin Donoghoe, Agris Koppel, Ulrich Laukamm-Josten, Claudio Politi, Signe Rotberga, Anya Sarang, Heino Stöver.

At first the chapter presents the problematic issues highlighted by the 2002 evaluation. This is followed by a description of developments in the subsequent years and the challenges according to the 2008 evaluation report.

Injecting drug users

The WHO 2002 evaluation report highlighted that the coverage of IDUs with existing harm reduction interventions in Estonia is clearly insufficient to prevent continuous transmission of HIV in this group and from there on to their sex partners. Between 20-30% of the target group are reached by syringe exchange programmes and only a few people receive methadone treatment. The coverage of the services should be massively scaled up.

In the subsequent years, the coverage of syringe exchange programmes has strongly increased. In 2003 SEPs were visited approximately 23,600 times and around 283,000 syringes and 152,000 condoms were distributed to drug users. In comparison, the number of visits in 2007 had multiplied by eight times (around 193,000 visits) and the number of distributed syringes was two million, which is seven times more than four years ago. The number of condoms distributed to IDUs in one year has multiplied by five. According to the survey of SEP clients, the importance of secondary syringe exchange has increased, i.e., most visitors of syringe exchange take sterile injecting equipment also for their peers (see Section 5.1). In addition, much attention is paid to outreach work where the employees of SEPs go to the gathering places of drug users.

According to the calculation based on the 2006 syringe exchange data, between 66-76% of IDUs come to syringe exchange at least once in a quarter and between 40-46% more than once in a quarter. According to the external evaluation report prepared in 2008, the coverage of needle and syringe exchange programmes is good and comparable to the best achieved in other European countries. The number of syringes distributed per IDU per year (117 in 2006) is close to reaching levels, which have shown to be effective. However, the coverage of the service should be extended to other areas in addition to Tallinn, Ida-Virumaa and Lääne-Virumaa to ensure the required geographic availability.

The number of persons receiving methadone substitution therapy has also multiplied in recent years, but around 700 persons receiving methadone treatment is still an insufficient result considering the total number of persons who would potentially need this service. The most recent external evaluation report states additionally that coverage of HIV testing among IDUs is relatively good according to the 2005 study, but a major concern is that many infected drug users do not attend for medical services and do not receive ARV treatment.

The risk behaviour associated with injecting has decreased among IDUs. During the five years of surveys among SEP clients (2003-2007), the percentage of drug users who share syringes has decreased both among returning visitors and first-time visitors of SEPs. Sharing

other injecting equipment appears more problematic. According to the 2005 survey of IDUs in Tallinn and Kohtla-Järve, 71% of the respondents had not shared syringes or needles in the last month. However, the percentage of those who had not shared any injecting equipment (syringes, needles, water, filter, container, front-loading) was only half of that – 38% (Uusküla et al 2005b).

The number of registered new HIV cases has decreased over the years particularly in the group of men aged 15-24, which has been the main target group in the work with IDUs. Nevertheless, the HIV prevalence among IDUs is very high – according to the study in Tallinn and Kohtla-Järve, more than half of the IDUs in these cities are infected (Uusküla et al 2005b). Today it is very important to develop interventions to prevent HIV transmission from injecting drug users to their sexual partners.

Youth

The 2002 evaluation report states that there appears to be a skills deficit in schools in Estonia in the delivery of health education, including sexual and HIV education. Much reliance in health education for youth is put on NGOs, but their activities tend to be uncoordinated, which results in inefficient use of the existing resources.

The situation in the school system was similar in the end of 2007. The new version of the national curriculum that would include the necessary health education modules for different school levels has not yet been developed. Some contributions have been made to the in-service training of teachers. During the four years of the GFATM program NGOs carried out an extensive mass education programme for grades 5-12, vocational schools and youth in other institutions. However, organisations outside the school setting have been able to reach only a small part of the large target group, the activities are organised on a non-recurrent basis and do not achieve a sustained impact among the Estonian youth. The 2008 external evaluation report recommends introduction of the new curriculum as speedily as possible and contracting NGOs with the funds of the Ministry of Education and Research to continue providing education to young people in the meantime.

The habits associated with safe sex have not changed over the three survey years (2003, 2005, 2007) and half of Estonia young people aged 15-24 do not always use a condom in casual relations (see Section 5.2).

Sex workers

The WHO 2002 external evaluation report states that the coverage of programmes for sex workers seems to be insufficient. The coverage of STI diagnostic and treatment service has somewhat improved during the GFATM program period and one more service provider has been added to counsel the target group. The funding of the services for sex workers continues from the state budget for the first time after the end of the GFATM program.

The external evaluation report from the beginning of 2008 highlights the limitations in geographic scope as the main current problem. Both organisations working with the target group are located in Tallinn, but sex workers can be also found in Pärnu, Tartu and Ida-Virumaa.

More than three quarters of the respondents in the survey of female sex workers in Tallinn in 2005-2006 reported always using a condom with the client in last four weeks. The level of risk behaviour is higher among the SWs who established contacts with the clients in public places (hotel, nightclub, street, etc.). 8% of the survey participants were HIV positive. The

percentage of SWs always using a condom is nearly one hundred among the visitors of STI diagnostic and treatment services (see Section 5.3).

Prisoners

According to the external evaluation of 2002, pilot projects are required for syringe exchange and free drug areas in prisons and training of prison officials and inmates should be continued. The condoms and lubricants should be made easily and discreetly accessible.

In the meantime, the number of prisons and inmates has decreased as a result of the prison system reform and camp-type prisons are gradually replaced with cell-type prisons. There have been major changes towards improvement of infrastructure and medical services. The 2008 evaluation report mentions extensive HIV testing, provision of vaccination for hepatitis B to all prisoners, provision of training for prisoners and staff, existence of NGO support groups for PLWHA in prisons, etc., as strengths of the prison system. Similarly to the 2002 report, the identified shortcomings include availability of condoms and lubricants only under strictly regulated conditions and lack of harm reduction programmes (such as opiate substitution treatment and syringe exchange) in the prison system. A major problem is discontinuity of the required services when a person moves from freedom to an arrest house, then to a prison and back to freedom.

In comparison to 2004 study data the percentage of convicts who had used (any) drugs in prisons had decreased by 2006. The 2006 data collection indicates that one fifth of the prisoners (who answered this question) have injected drugs while in prison and one quarter of them had shared injecting equipment in the last month. A quarter of the convicts have had sex during their time in prison and the percentage of those who always used a condom is very low (see Section 5.4).

Men having sex with men

The team of the 2002 external evaluation stated in the report that the response with regard to MSM is adequate for the current situation. However, the proposed extended response in the GFATM proposal should be supported, because of the potential vulnerability of the MSM population. A Gay and Lesbian Information Centre was established in Tallinn in the first year of the GFATM program and many free condoms and lubricants have been distributed to the target group over several years in gay clubs, bars and saunas.

The latest evaluation report states that MSM have reasonable access to services, even though many of these services (such as HIV testing or STI treatment) are not specifically targeted at this group. Specific services for MSM exist only in Tallinn and the response should be extended also to Tartu, for instance.

The survey of MSM who visit gay websites indicated that nearly half of the respondents do not always use a condom in casual relations with male anal sex partners and this indicator has not changed over the three survey rounds (2004, 2005, 2007) (see Section 5.5).

People living with HIV and AIDS

The 2002 evaluation report states in connection with healthcare services for PLWHA that one hospital in Tallinn is the only institution in Estonia responsible for monitoring and treating the HIV infected people. Treatment is free to everyone, but health monitoring of uninsured PLWHA has not been covered – only Tallinn City Government enables free service for uninsured persons. The number of organisations offering support services for PLWHA is

insufficient and cooperation between national HIV/AIDS program and tuberculosis program is weak.

Today, infectionists monitor the health of PLWHA in five cities and ARV treatment is available in four hospitals. The number of recipients of ARV treatment has increased from 44 in 2002 to 772 in the end of 2007 (this includes HIV infected pregnant women and infants receiving treatment). The provision of the services was financed for several years from the GFATM program to enable free health monitoring for uninsured PLWHA and financing continues from the state budget under the national strategy after the end of the program. In order to improve the availability of appropriate healthcare and social services, a system of case management is being developed. In the framework of the project launched in 2005 and aiming to improve cooperation between HIV and tuberculosis prevention specific guidelines have been developed, training provided to medical and social workers, etc.

However, it should be noted that significant part of the infected people have not reached infectionist and the coverage of ARV treatment is insufficient. Large part of the PLWHA who do not attend the healthcare services are injecting drug users. Many people living with HIV and AIDS have also contracted hepatitis B or C, but free hepatitis treatment is not available to uninsured people. The expenditures on healthcare services for PLWHA are constantly increasing, posing a great challenge to the healthcare system.

There is a significant number of organisations that have also started to offer support services for PLWHA in conjunction with other services. However, the total membership of support groups only amounts to slightly over two hundred PLWHA. The team of the latest external evaluation highlights that the connection of the social services offered by the NGOs with the healthcare system is weak and needs developing. Different services required by PLWHA (such as ARV treatment, treatment for TB and STIs, opiate substitution treatment) are provided by different organisations in different locations. This creates a need for better integration of services, which would improve their availability for the target group. The system of case management could be beneficial in this respect, but it is still in the stage of development. More attention should be paid to stigma and discrimination experienced by PLWHA (and IDUs in particular), since it reduces attendance for services.

Surveillance, monitoring and evaluation

The 2002 evaluation report states in connection with monitoring and evaluation that there have been no studies on prevalence of HIV, the progress monitoring and evaluation is insufficient and a comprehensive action plan does not exist. Also this field has developed considerably in recent years. The progress of interventions is continuously monitored through defined process indicators. Regular behavioural studies are conducted in different target groups of prevention work and first rounds of data collection on HIV prevalence on injecting drug users and sex workers have been completed. The element of surveillance, monitoring and evaluation is part of the national HIV and AIDS strategy document and its annual action plans.

The 2008 evaluation report highlights the comprehensive surveillance system and strong monitoring of services as the strengths of the field, but an important concern is insufficient data on registered HIV cases. A national system of HIV data collection needs to be established quickly to assess the actual transmission routes for HIV infection in Estonia. Large part of data collection in connection with studies and interventions is coordinated by the National Institute for Health Development (information on new HIV and AIDS cases is registered through other institutions). In connection with the expiry of the GFATM program,

a system needs to be developed where all data from other parties contributing to HIV prevention without direct association to NIHD would be collected in one institution.

Coordination

According to the evaluation report from five years ago, in 2002 the HIV/AIDS programme was scattered among several institutions, most activities were of low scale and uncoordinated. In addition, HIV prevention in Estonia was not financially sustainable – financing of interventions was short-term, sporadic and inadequate.

In 2005 an extensive National HIV and AIDS Strategy for 2006-2015 was developed in cooperation between many parties and working groups. The implementation of the document is managed by the Government of the Republic. Several ministries are involved in the implementation of the strategy, with the Ministry of Social Affairs being the central coordinating body. The public health strategies of the Ministry of Social Affairs are implemented by the National Institute for Health Development and this institution coordinates the majority of preventive interventions arising from the HIV and AIDS strategy. The expenditures on treatment and healthcare services are financed through the Ministry of Social Affairs, Estonian Health Insurance Fund and healthcare institutions.

Funding in the field has substantially increased in recent years as a result of the GFATM program and after the end of the program the increased coverage and cost of the services are financed from the state budget. The management of the four-year GFATM program and other parallel developments have significantly increased the public sector coordination capacity in the HIV field and the capacity of service providers for planning and management of their services. The number of service providers has increased and cooperation between sectors has improved. The private sector has also become more involved in HIV prevention.

The 2008 evaluation report states that the role of the Governmental Commission and the Ministry of Social Affairs in managing the fight against HIV and AIDS should be strengthened. Other ministries involved in the implementation of the strategy still need to develop their administrative capacity in the field of HIV. Many skills of the service providers need developing as well (such as risk management, resource planning, etc.). It is important that the NGOs and other service providers themselves take leadership in developing the capacity of the sector.

In conclusion, it is possible to state that many important developments have taken place in fighting HIV and AIDS in Estonia in the last five years – coverage of the main services has increased and the administrative capacity of the organisations has improved. Some positive signs can be detected in reducing the risk behaviour of the main target groups. Ensuring good availability of the healthcare services for people living with HIV and AIDS, integration of different types of services and prevention of HIV transmission from injecting drug users to their sex partners continue to be challenges for the future.

Abbreviations

AIDS	Acquired immune deficiency syndrome
ARV	Antiretroviral
CCM	Country Coordinating Mechanism
ESHA	Estonian Sexual Health Association
FHI	Family Health International
GFATM	Global Fund to Fight AIDS, Tuberculosis and Malaria
GLIC	Gay and Lesbian Information Centre
HIV	Human immunodeficiency virus
HPI	Health Protection Inspectorate
IDU	Injecting drug user
MSM	Men having sex with men
NGO	Non-governmental organisation
NIHD	National Institute for Health Development
NRCDA	Narva Rehabilitation Centre for Drug Addicts and Alcoholics
PLRD	Partners for Local and Regional Development
PLWHA	People living with HIV and AIDS
RDS	Respondent driven sampling
RDSAT	Respondent driven sampling analyses tool
SEP	Syringe exchange point
STI	Sexually transmitted infection
SW	Sex worker
TB	Tuberculosis
UNAIDS	United Nations Programme on HIV/AIDS
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNODC	United Nations Office on Drugs and Crime
WHO	World Health Organisation
WTCH	West Tallinn Central Hospital

References

- Allaste, Airi-Alina (toimetaja) (2008). Koolinoored ja uimastid. 15-16-aastaste õpilaste legaalse ja illegaalse narkootikumide tarvitamine Eestis. Tallinn: TLÜ Kirjastus
- Bollini, Paola (toimetaja) (2001). HIV in Prisons. A Reader with Particular Relevance to the Newly Independent States.
- Diamond, Milton (1993). "Homosexuality and bisexuality in different populations". *Journal Archives of Sexual Behavior* (4): 291-310
- Donoghoe, Martin; Khotenashvili, Laili; Laukamm-Josten, Ulrich; Rivett, David; Tsereteli, Zaza (2002). Report of a WHO/EURO Mission to Estonia to evaluate Estonia's HIV/AIDS Program (report)
- Drew, Roger; Donoghoe, Martin; Koppel, Agris; Laukamm-Josten, Ulrich; Politi, Claudio; Rotberga, Signe; Sarang, Anya; Stöver, Heino (2008). Evaluation of Fighting HIV/AIDS in Estonia (report)
- Eesti riiklik HIV-i ja AIDS-i strateegia aastateks 2006-2015. Vabariigi Valitsuse poolt vastu võetud 01.12.2005
- FHI (2001a). Voluntary Counseling and Testing for HIV. A Strategic Framework. Arlington
- FHI (2001b). HIV Care and Support. A Strategic Framework. Arlington
- FHI (2003). Voluntary Counseling and Testing for HIV. A Strategic Framework. Arlington
- Harro, Maarike; Rüütel, Kristi (2004). HIV-nakkuse ja AIDS-i olemus ning ennetamine. Tartu: TÜ Kirjastus
- HIV/AIDS-i Ennetamise Riikliku Strateegia 2003. aasta tegevuskava aruanne
- HIV/AIDS-i Ennetamise Riikliku Strateegia 2006. aasta tegevuskava aruanne
- HIV/AIDS juhtumikorraldussüsteemi kontseptsioon 2006
- Justiitsministeerium (2004). Eesti vanglasüsteemi aastaraamat 2003
- Lõhmus, Liilia (2007). AIDS-i Nõustamiskabinettide kliendid 2006. aastal (raport)
- Lõhmus, Liilia; Trummal, Aire (2008a). Süstlavahetusteenuse külastajate HIV-iga seotud riskikäitumine ja teadmised. Esma- ja korduvklientide võrdlev analüüs 2007 (raport)
- Lõhmus, Liilia; Trummal, Aire (2007a). HIV-i temaatikaga seotud teadmised, hoiakud ja käitumine Eesti noorte hulgas. Tallinn: OÜ Dada AD
- Lõhmus, Liilia; Trummal, Aire (2007b). Prostitutsiooni kaasatute meditsiiniteenuste külastajate HIV/AIDS-iga seotud riskikäitumine ja teadmised. Esma- ja korduvklientide võrdlev analüüs 2006 (report)

Lõhmus, Liilia; Trummal, Aire (2007c). Tugirühma kuuluvate kinnipeetavate HIV-iga seotud teadmised, arusaamad ja tugirühma tegevuses osalemine. Uute ja regulaarsete liikmete võrdlev analüüs 2006 (report)

Lõhmus, Liilia; Trummal, Aire (2007d). HIV-iga seotud teadmised ja käitumine gay-internetilehekülgi külastavate MSM-ide seas. Uurimuse raport 2007 (report)

Lõhmus, Liilia; Trummal, Aire (2006). HIV/AIDS-i ja narkomaaniaga seotud teadmised, hoiakud ja käitumine süüdimõistetute hulgas (report)

Pettai, Iris; Kase, Helve; Proos, Ivi (2006). Prostitutsioon Eestis: ülevaade prostitutsiooni kaasatud naiste olukorrast. Sotsioloogilise uurimuse materjalid (report)

Rekart, Michael L. (2005). "Sex-work harm reduction". *Lancet* (366): 2123–34

Riikliku HIV-i ja AIDS-i strateegia 2007. aasta tegevuskava aruanne

Smith, Tom W. (1998). "American Sexual Behavior: Trends, Socio-Demographic Differences, and Risk Behavior". NORC, Digital Library, GSS Topical Report No. 25

Talu, Ave; Abel, Katri; Kutsar, Kuulo; Laastik, Liina; Allaste Airi-Alina; Ahven, Andri; Neuman, Anu (2005). Narkomaania Eestis 2005. Tallinn: AS Spin Press

Tekkel, Mare; Veideman, Tatjana; Rahu, Mati (2006). Eesti täiskasvanud rahvastiku tervisekäitumise uuring 2006 (report)

Trummal, Aire; Johnston, Lisa G., Lõhmus, Liilia (2007). HIV-nakkuse levimus ja riskikäitumine meestega seksivate meeste seas Tallinnas ja Harjumaal: pilootuurimus uuritava poolt juhitud kaasamise meetodil (report)

Trummal, Aire; Fischer, Krista; Raudne, Riina (2006). HIV-nakkuse levimus ning riskikäitumine prostitutsiooni kaasatud naiste hulgas Tallinnas (report)

Trummal, Aire; Lõhmus, Liilia (2006). HIV/AIDS-i ennetustegevus Eestis 2004. ja 2005. aastal. Tallinn: Bookmill OÜ

UNAIDS (2007). Practical Guidelines for Intensifying HIV Prevention. Towards Universal Access. Geneva

UNAIDS (1999). WHO Guidelines on HIV Infection and AIDS in Prisons. Geneva

UNDP (2006). Qualitative research on Access Barriers for People Living with HIV/AIDS (PLWHA) in Estonia and Kaliningrad (Russian Federation) (report)

UNFPA (2002). Strategic Guidance on HIV Prevention. Aarhus: Phonix-Trykkeriet A/S

Uusküla, Anneli; Abel, Katri; Rajaleid, Kristiina; Rüütel, Kristi; Talu, Ave (2005a). The Prevalence of Injecting Drug Use in Estonia, 2004 (report)

Uusküla, Anneli; Abel, Katri; Rajaleid, Kristiina; Rüütel, Kristi; Talu, Ave; Fischer, Krista; Bobrova, Natalia (2005b). HIV-levimuse ja riskikäitumise uuring Eesti kahe linna (Tallinna ja Kohtla-Järve) süstivate narkomaanide seas (report)

WHO (2006). Building on and enhancing DOTS to meet the TB-related Millennium Development Goals. Geneva

WHO (2005a). Biregional Strategy for Harm Reduction 2005-2009. HIV and Injecting Drug Use. Geneva

WHO (2005b). Status Paper on Prisons, Drugs and Harm Reduction. Geneva

WHO, UNAIDS (2000). Guidelines for Second Generation HIV Surveillance. Geneva

WHO, UNODC, UNAIDS (2004). WHO/UNODC/UNAIDS position paper. Substitution maintenance therapy in the management of opioid dependence and HIV/AIDS prevention. Geneva