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National Institute for Health Development

HIV/AIDS PREVENTION IN ESTONIA IN 2004 AND 2005

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TABLE OF CONTENTS

INTRODUCTION	3
2. TRENDS OF HIV TRANSMISSION IN ESTONIA	4
3. STRUCTURES RELATED TO HIV/AIDS PREVENTION	7
4. PRINCIPLES OF MONITORING AND EVALUATION.....	10
5. PREVENTIVE MEASURES AND STUDIES.....	12
5.1. INJECTING DRUG USERS	12
5.2. YOUTH AGED 15-24.....	24
5.3. COMMERCIAL SEX WORKERS	35
5.4. PRISONERS	40
5.5. MEN HAVING SEX WITH MEN.....	45
5.6. PEOPLE LIVING WITH HIV AND AIDS	49
5.7. HIV TESTING AND COUNSELLING.....	54
5.8. GENERAL POPULATION	58
6. EXTERNAL EVALUATIONS.....	59
CONCLUSION.....	61
ABBREVIATIONS.....	65
DATA SOURCES USED	66

INTRODUCTION

The scope of activities in Estonian HIV/AIDS prevention with financial, human and organisational resources has increased significantly over the past few years. To introduce the achievements of the preventive work this report presents the activities in the state-coordinated field of HIV/AIDS prevention in Estonia in 2004 and 2005.

At first, an overview is presented of the main transmission trends of HIV infection and the apparent changes compared to the beginning of the epidemic. It is followed by the presentation of the general structure and programmes that constitute the framework of national HIV/AIDS prevention. The fourth chapter of the report explains the concepts of monitoring and evaluation of activities and the types of data collection used in Estonia. The fifth chapter provides an overview of the activities completed in 2004 and 2005, the results achieved and survey data in respect of the eight main objectives of prevention work. The last chapter reflects briefly on the external evaluations of the national activities in the past few years.

We would like to express our gratitude to all the cooperation partners who have made their contributions to Estonian HIV/AIDS prevention, data collection and analysis of this field.

2. TRENDS OF HIV TRANSMISSION IN ESTONIA

The amount of new HIV cases registered in 2004 and 2005 has shown on a slight decline – the number in both years was about one hundred less than in the preceding year (see Figure 1). By the end of 2005 a total of 5063 HIV cases were identified in Estonia. However, based on these numbers, it would be too soon to tell whether the spread of HIV infection in Estonia decreasing stably.

According to an Estonia-wide youth survey the level of risk behaviour in sexual relations is rather high; particularly among young adults (see further Chapter 5.2). In addition, important part of the infected persons have not yet been identified. A 2005 survey on the risk behaviour and HIV-prevalence among injecting drug users (IDUs) indicated that 1/3 of the study participants who were HIV infected were unaware of their status.

At later stages HIV infection leads to AIDS – Acquired Immune Deficiency Syndrome. By the end of 2005 AIDS had been diagnosed 100 times in Estonia; including 27 cases in 2004 and 30 cases in 2005.

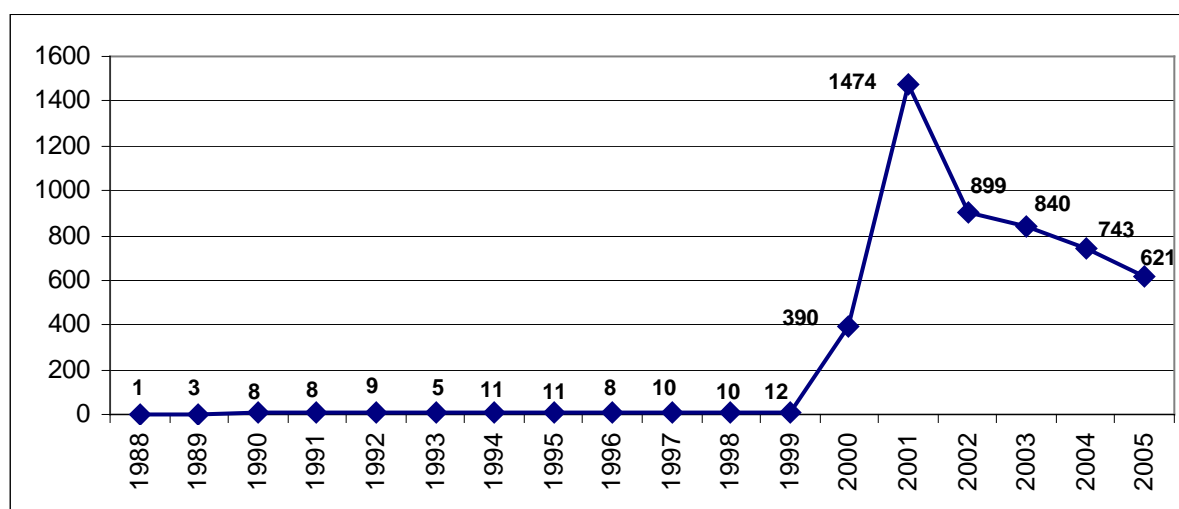


Figure 1: New HIV cases registered in different years (no)
(Source: West-Tallinn Central Hospital)

Unfortunately currently there is no clear data on how the persons registered as infected with HIV caught the infection (or more precisely, how they think they caught the infection). Therefore there is also no good overview on what proportion of the infected people are IDUs, men having sex with men (MSM), commercial sex workers (CSWs), etc. Also double registration may be possible to some extent (related to anonymous testing).

Some information about IDUs may be obtained from AIDS Counselling Cabinets that register whether their visitors are injecting drug users or not. 6 AIDS Counselling Cabinets in Estonia carry out about 5% of all HIV tests in Estonia, but they discover approximately 1/3 of all new infection cases. The percentage of IDUs among discovered HIV cases has decreased significantly with each year and in 2005 the representatives of this group constituted less than a half of the infected persons discovered in AIDS Counselling Cabinets (see Table 1). The percentage of injecting drug users has decreased slightly also among the visitors of both cabinets in Tallinn, in Narva and Kohtla-Järve.

Table 1: Number of visitors of AIDS Counselling Cabinets and discovered HIV cases in 2001-2005 (Source: National Institute for Health Development)

Year	No. of people counselled	From those IDUs, % (no)	No. of people tested	No. of HIV positive cases	From those IDUs, % (no)
2001	5 600	no data	4 892	470	90.0 (423)
2002	6 107	15.7 (958)	5 560	328	71.6 (235)
2003	5 114	17.4 (889)	4 726	279	65.6 (183)
2004	5 280	13.8 (730)	4 914	259	52.5 (136)
2005	6 415	9.4 (603)	5 999	226	44.2 (100)

There are signs of changing socio-demographic trends in HIV transmission. Registered HIV cases in Estonia are mainly young people aged 15-24, but the percentage of persons aged 25-29 and above is rising. Compared to 2000 there were 14% more new HIV cases among 25-29 year old youth and 12% more among people aged 30 or more in 2005.

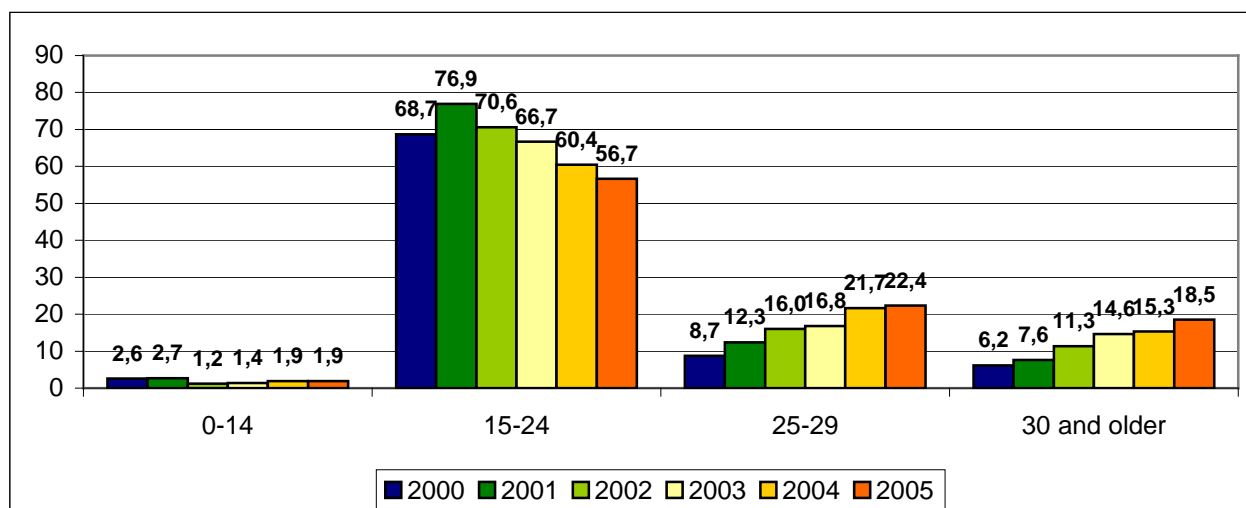


Figure 2: New HIV cases in different age groups in 2000-2005 (%)¹
(Source: West-Tallinn Central Hospital)

The proportion of men and women among registered new cases is changing – the amount of women has increased by 17% compared to the first year of the epidemic (see Figure 3). The number of HIV infected pregnant women has also increased over the years. While a total of 52 infected pregnant women were registered in 2001, the number was 127 in 2005. By the year 2005 a total of 514 HIV infected pregnant women were registered in Estonia; 271 of them have given birth. In total 19 newborns have received HIV infection from their mother. 8.5% of the infants born to HIV infected women received the infection from their mother in 2004 and 4.5% in 2005 (see Figure 4).

¹ Additionally, there are cases when the age of the person is unknown. In 2000 the proportion of such cases was 14% and in subsequent years less than one per cent of all registered cases.

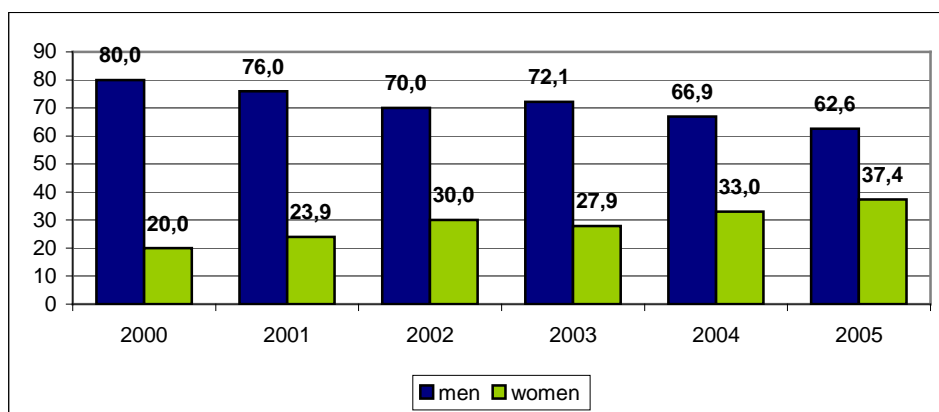


Figure 3: New HIV cases by gender in 2000-2005 (%)
(Source: West-Tallinn Central Hospital)

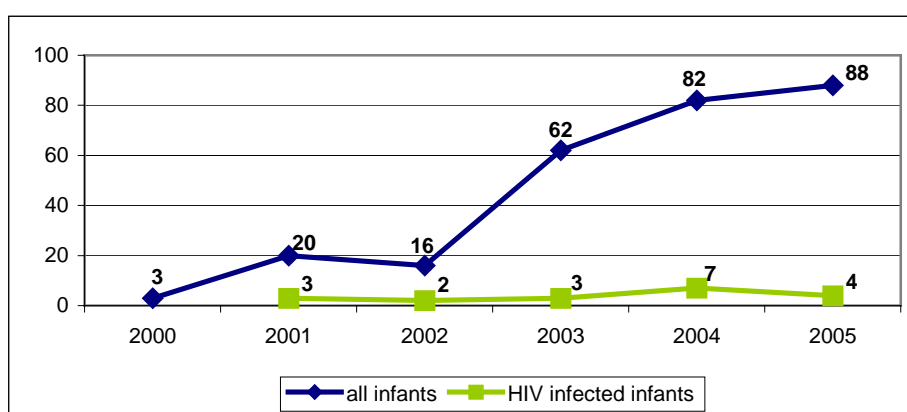


Figure 4: Infants born to HIV infected women in 2000-2005 (no)
(Source: West-Tallinn Central Hospital)

After the start of epidemic spread of the infection in East-Viru County in the second half of 2000, the number of cases registered in subsequent years started to increase rapidly in Tallinn as well. Afterwards the distribution of new cases between Harju County, East-Viru County and the rest of Estonia has remained at the similar level (see Table 2).

Table 2: Registered new HIV cases in different regions in 2000-2005
(Source: West-Tallinn Central Hospital)

Year	East-Viru County		Harju County		From those Tallinn (in Harju County)		Rest of Estonia	
	No.	%	No.	%	No.	%	No.	%
2000	358	91,8	28	7,2	25	6,4	4	1,0
2001	873	59,2	574	38,9	533	36,2	27	1,8
2002	482	53,6	390	43,4	367	40,8	27	3,0
2003	445	53,0	336	40,0	313	37,3	59	7,0
2004	427	57,5	282	38,0	262	35,3	34	4,6
2005	332	53,5	253	40,7	229	36,9	36	5,8

The speed of HIV transmission in Estonia is still highest among all European countries. Figure 5 presents a comparison of Estonia and its closest neighbours, showing the number of new registered cases per 1 million residents.

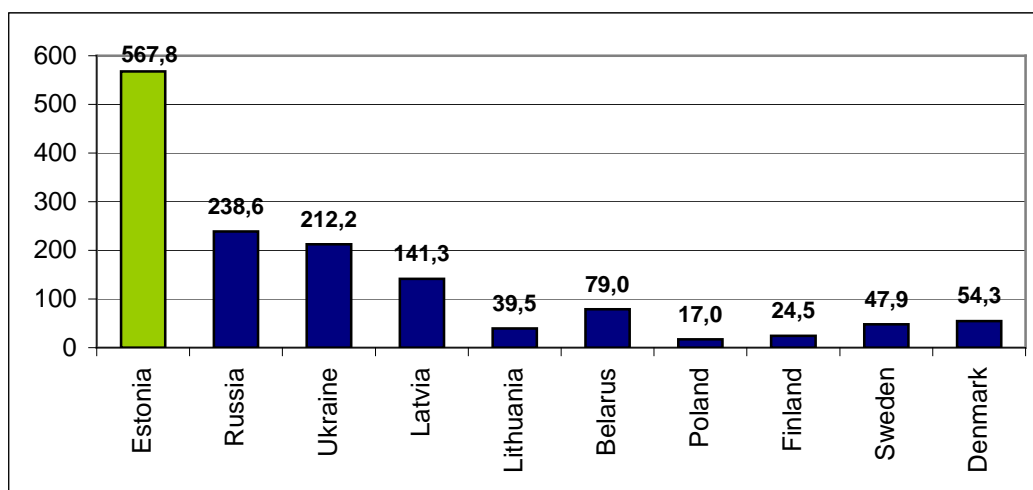


Figure 5: New HIV cases per 1 million residents in selected European countries in 2004 (no)
(Source: EuroHIV)

3. STRUCTURES RELATED TO HIV/AIDS PREVENTION

In Estonia prevention of HIV infection and AIDS has been dealt with for more than 15 years. In 2004 and 2005, the state coordinated activities were governed by two programmes:

- National HIV/AIDS Prevention Programme for 2002-2006,
- Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) programme in Estonia from October 2003 to September 2007.

The GFATM programme in Estonia is also part of national activities and operates with the same objectives as the national programme. On 1 December 2005 the Government of the Republic of Estonian adopted the National HIV and AIDS Strategy for 2006-2015.

National public health programmes and strategies are coordinated through the Ministry of Social Affairs and the institutions in its government area. HIV prevention reaches the local level through active local governments, county health and prevention councils, various non-governmental organisations, private limited companies and hospitals.

The National Programme and Strategy

The first national programme for HIV prevention in Estonia was launched in 1992. The activities in 2004 and 2005 were governed by the third national programme. Its general objectives are to stop the progressive spread of HIV infection and ensure the availability of high-quality ARV treatment and other services to the people living with HIV and AIDS (PLWHA). The programme is coordinated by the National Institute for Health Development (NIHD) – an institution in the government area of the Ministry of Social Affairs. From other ministries the Ministry of Justice, being in charge of the detention institutions, has been most active in this field.

In 2005 the Ministry of Social Affairs in cooperation with other ministries, local governments, non-governmental and private organisations, specialists and foreign experts developed a new National HIV and AIDS Strategy for 2006-2015. The strategy was developed by 9 work groups divided by different sectors and areas of prevention work.

The strategy envisages actions based on the international “Three Ones” principle. It means: one agreed action framework and its implementation, centralised coordination of the strategy, one country-level monitoring and evaluation system (see UNAIDS 2005). The key actor in the management and implementation of the Estonian national strategy is the Government of the Republic and the broadly based HIV/AIDS Committee formed by the Government. The strategic goal is to achieve persistent reduction of the new HIV cases in Estonia. The priorities of further preventive activities include:

- 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 the persons infected with HIV.

The budget of the National HIV/AIDS Prevention Programme was 10.92 million EEK in 2004 and 14.35 million in 2005.² The majority of the funds from the State Budget have been spent on the services for PLWHA (about 1/2 of the spending in 2005; the cost of ARV medication constitutes a large part of these expenditures). Other larger areas of expenditure are AIDS Counselling Cabinets (about 1/5 of the spending in 2005), prevention work among youth and general population and support for the county councils (total about 1/5).

The cooperation partners of the institution coordinating the National Program include the county health or prevention councils established by all 15 county governments, larger local governments, non-governmental associations and other organisations active in the field, other national public health strategies and programmes. The main international cooperation partners include World Health Organisation, Joint United Nations Programme on HIV/AIDS and the Northern Dimension Expert Group on HIV/AIDS.

GFATM Programme in Estonia

GFATM was established in January 2002 as an independent Swiss fund. Today the fund supports fight against HIV/AIDS, tuberculosis and malaria in 131 countries worldwide, with many countries and representatives of private sector acting as donors.

Estonia submitted its application to the GFATM in September 2002. The application includes activities and objectives directed to six different target groups of prevention. GFATM accepted Estonia’s application and agreement was signed in September 2003. The National Institute for Health Development was appointed as the principal recipient and coordinator of the program. The programme was divided in two periods. The first period lasted from October 2003 to September 2005 and the second period is implemented from October 2005 to September 2007. During the four years 10.25 million dollars or 130 million EEK of additional funding were brought in HIV/AIDS prevention – 49.92 million EEK in the first and 80.28 million in the second programme period.

The preparatory period of the programme ended in the beginning of 2004 and different organisations started with service provision to various target groups covering more than ten areas of activity. 21 non-governmental associations, private limited companies, hospitals and prisons started as implementing partners. During the first programme period the programme achieved most of its planned objectives. Significant under-achievements have occurred in two areas of activity where the provision of the service has not been carried out in the initially planned scope. These areas include methadone treatment for IDUs and health monitoring of PLWHA without health insurance. The content and results of the activities are presented in

² In addition to funding from the State Budget and the GFATM programme HIV/AIDS prevention has received funding from local governments, Gambling Tax Fund and various foreign donors (such as Open Estonia Foundation, US Embassy, Family Health International, etc.)

greater detail in Chapter 5. The percentage division of the programme funds between different areas in the first and second programme periods is shown on Figure 6.

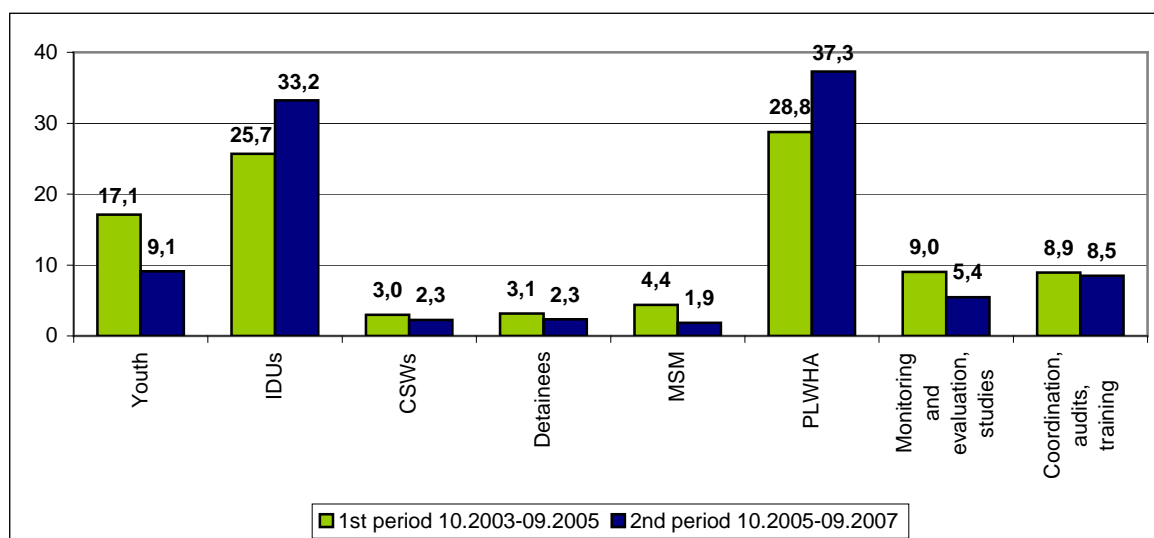


Figure 6: Division of the GFATM programme budget between different programme periods (%)

Table 3 presents the division of total expenditures of GFATM and the National Prevention Programme in 2005 (all together about 38 million EEK).

Table 3: Division of expenditures of state programmes in different areas in 2005

Area	%
Injecting drug users	19,3
Youth	11,7
Commercial sex workers	2,7
Detainees	2,1
Men having sex with men	1,8
People living with HIV and AIDS	39,0
HIV and tuberculosis	0,7
HIV-testing and counselling	7,1
Prevention work in counties	2,0
Surveillance, monitoring and evaluation	6,1
Other ³	8,4

³ That includes coordination of GFATM programme, audits and trainings for partner organisations. In the case of the National Prevention Programme expenditures of state level coordination are divided between other areas.

4. PRINCIPLES OF MONITORING AND EVALUATION

Effective planning of resources and prevention of potential new outbreaks of HIV transmission requires constant new information on the risk behaviour, attitudes etc of different target groups and the efficiency of ongoing interventions. The data on the general changes in different population groups in connection with the transmission of the infection and risk behaviour is provided by the surveillance system. The answers to the questions which activities have been effective in reaching and influencing target groups are provided by the Monitoring and Evaluation (M&E) system. The latter uses surveillance data also for seeing the long-term results and impact of the interventions. While the M&E system depends directly on the interventions that have been carried out (i.e., monitors the results of each particular activity), the main components of an ideal surveillance system should be independent of the number of activities carried out. For example, the level of risk behaviour among the youth should be monitored with an agreed regularity on the basis of the same methodology irrespective of the extent of youth-oriented preventive activities in individual years. Only this approach enables to monitor the trends over time and to receive an early warning about potential increase of HIV transmission in different target groups.

The National HIV and AIDS Strategy 2006-2015 defines the terms “surveillance” and “monitoring and evaluation” as follows:

- **Surveillance** – routine or regular collection and analysis of data based on the same methodology. The surveillance of HIV transmission can be divided in two categories based on the types of collected data: monitoring the spreading of the infection as biological surveillance, and monitoring the risk behaviour related to the transmission of HIV as behavioural surveillance. Based on the method of data collection both types can be further divided: passive surveillance as routine and continuous registration and analysis of data, and active surveillance as data collection and analysis through regular surveys.
- **Monitoring and Evaluation** – routine documentation and collection of information on a programme, project or activity and its progress and episodic evaluation of achievements in relation to the planned results. Evaluation also includes separate surveys or other additional data collection.

In Estonia the longest history of HIV/AIDS data collection is associated with passive infection-based surveillance – registration of new cases of HIV infection and AIDS diagnoses. Regular surveys on infection trends that would belong to the category of active infection-based surveillance have not been carried out as yet. However, some baseline data have been collected. In behavioural surveillance primary data on characteristic of behaviour, knowledge and other features of the main target groups (IDUs, detainees, CSWs, youth, MSM) has been collected over the last few years.

Positive developments over the past few years have been noticeable also in the evaluation of the field and the importance of M&E has been increasingly emphasized. This has been done primarily in order to compare the planned and achieved results, to monitor if the services and activities have covered sufficient amount of the target group and if there are any changes in knowledge, risk behaviour etc. In questioning different target groups mainly self-control based evaluation have been used, where people receiving the service are studied before and after the intervention. This method enables to identify whether the objectives of the activity have been met and whether there are any changes occurred in the surveyed group.

The M&E system monitors the activities under a specific programme or strategy and whether these activities can lead to the desired change. M&E aims to:

- provide an overview of the achievements in the course of implementation and early proof of the efficiency of the work;
- identify problem issues in order to make the adjustment of services and activities a natural part of the work process;
- offer objective information to the public and donors;
- act as an administrative tool for the institutions coordinating and implementing the activities at any level.

Measuring the implementation of activities and documentation of success enables to identify the best possible services and activities and to direct the resources accordingly.

The M&E of a programme or strategy is based on a logical structure where achievements of results at one level lead to the results at the next level until finally the long-term goals are met. The main levels in M&E system are following:

- **Impact level.** The desired impact of a long-term programme or strategy has been defined in the planning process as main, general or strategic goals. At this level the primary indicators are the trends of HIV transmission (incidence, prevalence) and mortality associated with HIV/AIDS. The indicators of this level are monitored mainly at the beginning and end of a programme/strategy. Data is collected in the framework of infection-based surveillance.
- **Outcome level.** The results that are reached on the way towards the long-term programme goals can be defined in the planning process as intermediate or sub-objectives. At this level the primary indicators are the level of risk behaviour in different target groups and changes in the attitudes and skills. Depending on the target group and type of activity, the data are collected and analysed once in 2 or 3 years or even once a year. Data are collected either through the behavioural surveillance system or through the surveys organised in the framework of M&E activities.
- **Process level.** The programme or strategy directions for each year need to be established in order to achieve the intermediate objectives and the related long-term goals. At this level the primary indicators are the availability and quality of services, the amount of resources (condoms, syringes) distributed and the number of recipients of the services. Data is collected and analysed on a monthly or quarterly basis or with longer intervals, depending on the needs of the programme and specific nature of the activity. Data collection takes place in the framework of the M&E system through registration of current activity indicators, reporting, records, service quality audits, etc. If necessary, separate evaluation surveys can be organised to identify, for example, whether the target group finds that the service is sufficiently available and satisfactory.

The development of Monitoring and Evaluation in the field of HIV/AIDS in Estonia has been greatly promoted by the emphasis laid on these activities by GFATM and allocation of resources for evaluation and studies. The development of the M&E system of the Estonian GFATM Programme started with a training seminar for the cooperation partners in January 2004; supervised by A. Amato-Gauci, a consultant of UNAIDS. The seminar included an introduction to the principles of monitoring and evaluation as well as a workshop for identifying the indicators and methods for their measuring in relation to each objective of the GFATM programme.

In addition to the monitoring of the progress of activities, questionings of different target groups receiving services have been carried out (such as IDUs visiting needle exchange sites) as well as large surveys of the whole sub-population (such as young people aged 10-29 all

over Estonia). Most of the study data presented in Chapter 5 has been collected in the framework of the GFATM programme.

5. PREVENTIVE MEASURES AND STUDIES

5.1. INJECTING DRUG USERS

ACTIVITIES

Objective: To reduce risk behaviour of injecting drug users

Syringe exchange

In 2004 and 2005 the interventions directed to injecting drug users (IDUs) have included syringe exchange with counselling and methadone substitution treatment. There are four non-governmental organisations responsible for the syringe exchange under the GFATM programme – Convictus Estonia and AIDS Information and Support Centre in Tallinn, Narva Rehabilitation Centre for Drug Users and Alcoholics and NGO “We Help You” in East-Viru County. In the beginning of 2004 these organisations had a total of 19 syringe exchange points (SEP). By the end of 2005 that number had increased to 24 including 14 field work sites. In total 17 SEPs are located in East-Viru County and 7 in Tallinn and Harju County.

In the framework of syringe exchange programmes drug users are offered free syringes, needles, condoms, information materials and counselled in the issues related to HIV/AIDS and drug use. Figures 7 and 8 indicate the number of first-time visitors of SEPs and the number of total visits in each quarter in 2004 and 2005. The changes in the number of first-time visitors in different quarters indicate the change in the nature of the work. From the last quarter of 2005 the relative importance of field work has increased and three new SEPs were opened. The total number of visits increased at the end of the year as well. Since the IDU population is more stable now, the total number of first-time visitors has decreased over the two-year period – 3264 first-time visitors in 2004 (1653 in East-Viru County and 1611 in Tallinn) and 2576 first-time visitors in 2005 (1393 in East-Viru County and 1183 in Tallinn). The SEPs of these 4 organisations were visited 56 484 times in total in 2004 (38 729 visits in East-Estonia and 17 755 in Tallinn) and 80 689 in 2005 (49 826 visits in East-Estonia and 30 863 in Tallinn).

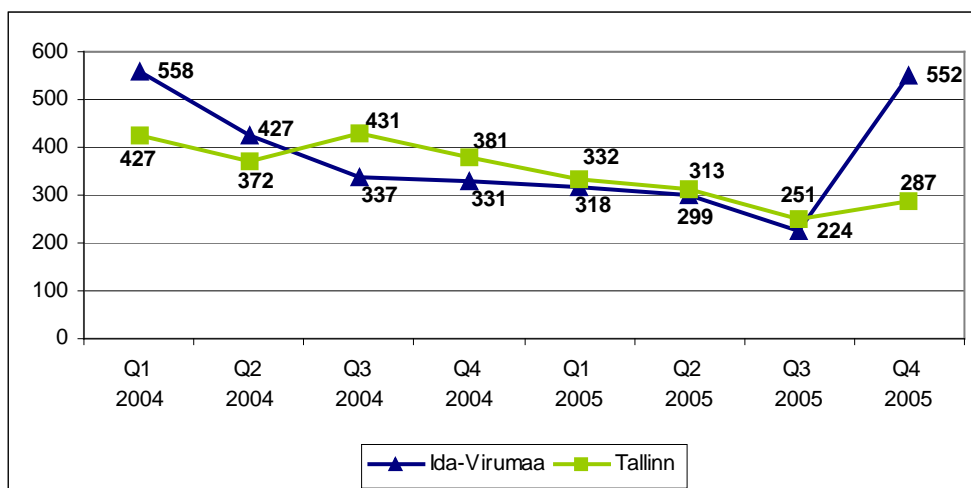


Figure 7: Quarterly number of first-time visitors of SEPs by regions in 2004-2005

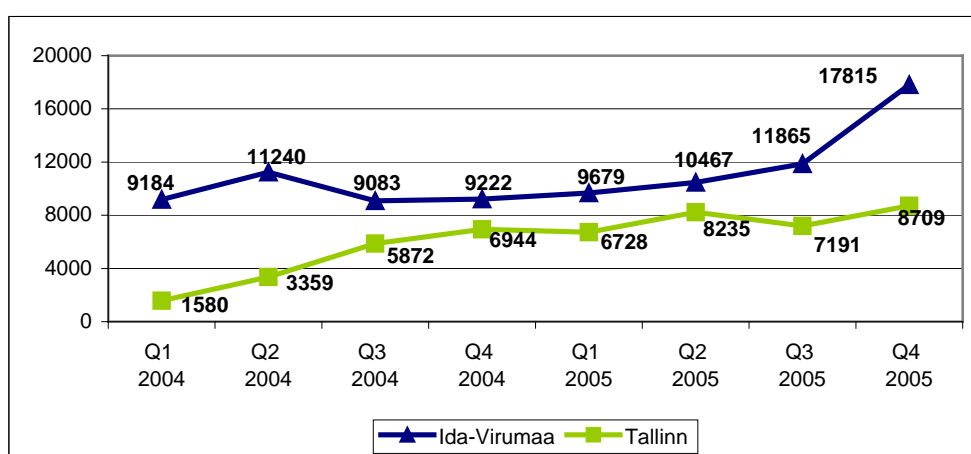


Figure 8: Quarterly number of visits to SEPs by regions in 2004-2005

The number syringes and condoms distributed was larger in 2005 than in 2004. The indicators are following:

- Number of syringes distributed: in 2004 – 519 753 (including 390 660 in East-Viru County and 129 093 in Tallinn), 2005 – 867 630 (including 637 221 in East-Estonia and 230 409 in Tallinn).
- Number of condoms distributed: in 2004– 307 433 (including 231 429 in East-Viru County and 76 004 in Tallinn), 2005 – 385 390 (including 301 415 in East-Viru County and 83 975 in Tallinn).

The quarterly numbers of aids distributed is seen on Figure 9. In 2005 an average of 10.8 syringes and 4.8 condoms were distributed per single visit. Customers of syringe exchange points returned 525 954 used syringes – that is 61% of the syringes that were distributed. The SEPs forward the used syringes to waste management.

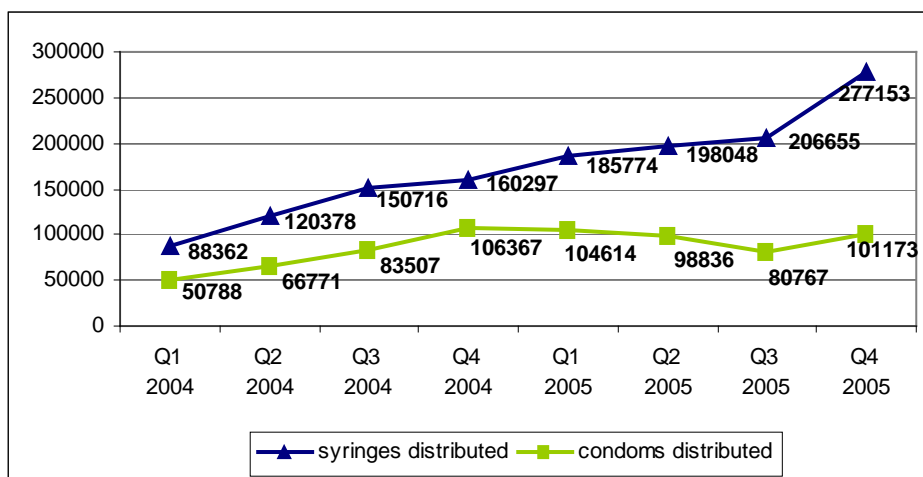


Figure 9: Quarterly number of syringes and condoms distributed by SEPs in 2004-2005

In addition to the mentioned organisations the Low Threshold Centres in Tallinn and Kohtla-Järve are also dealing with syringe exchange in the framework of the National Drug Use Prevention Strategy. One SEP works in Tapa as a part of the activities of the Tapa AIDS Prevention and Drug Use Counselling Centre financed by the Tapa Municipality Government. In total there are 27 syringe exchange points in Estonia.

Methadone substitution treatment

The objective of the opioid substitution treatment in HIV prevention is to substitute intravenous drugs with orally administered medications (such as methadone), thereby preventing transmission of HIV through syringe sharing with other drug users. Methadone treatment is available in Tallinn, Narva, Jõhvi and Kiviõli. The service is provided by Narva Treatment Center of Abuse, Ltd Corrigo, Health Center “Elulootus”, Wismari Hospital and West-Tallinn Central Hospital. By the end of 2005 approximately five hundred people were receiving methadone treatment in Estonia (including both substitution and detoxification treatment patients). In the beginning of 2004 the number of patients was several times lower. Figure 10 shows the numbers of methadone substitution treatment patients in the three organisations under the GFATM programme over the two years. At the end of 2005 the 296 of the total 399 clients were treated in East-Estonia and 103 in Tallinn. In addition, there are 60 treatment places in West-Tallinn Central Hospital and approximately 50 places in Wismari Hospital (all treatment places may not be full all the time). Both centres operate in Tallinn.

In HIV prevention methadone treatment is a part of harm reduction services for reducing the risk of spreading the infection through injecting. Treatment of drug addiction and provision of rehabilitation services is organised in the framework of the National Drug Use Prevention Strategy and other associated activities.

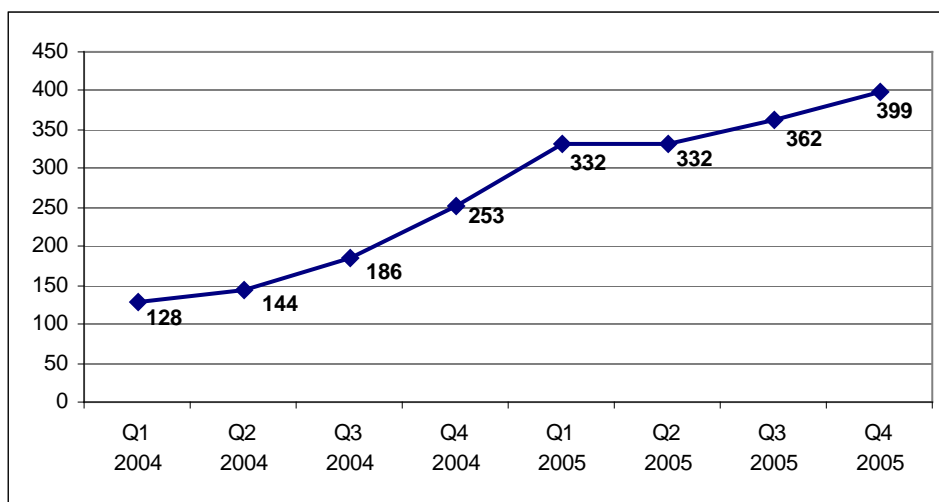


Figure 10: Quarterly number of methadone substitution treatment patients in 2004-2005

KNOWLEDGE AND RISK BEHAVIOUR OF THE TARGET GROUP

Questioning the visitors of SEPs

Data collections on the first-time and multiple visitors of syringe exchange points and comparative analyses have been carried out since 2003. (In the preceding years the service providers conducted questioning among first-time visitors.) The first-time visitors are surveyed continually – each IDU who visits SEP for the first time is asked to fill out a questionnaire. Multiple visitors are surveyed once a year during one month. A quota sample is compiled separately for each participating SEP for that purpose. Data is collected with self-administered questionnaires.

The following description presents the data collected during three years (see further Table 4) in cooperation of the NIHD and four non-governmental organisations. These organisation include Convictus Estonia (CE) and AIDS Information and Support Centre (AISC), Narva Rehabilitation Centre for Drug Users and Alcoholics (NRCDUA), and NGO “We Help You” (NWHY). The principal data concern the year 2005. Data from preceding years have been presented if there are any significant changes compared to a previous year.

Table 4: Surveys among the SEP visitors in 2003-2005

	2003*	2004	2005
<i>First-time clients</i>			
Number of clients surveyed and included in the analysis	1 680	1 810	1 218
Percentage from all first-time clients	52%	56%	43%
Data collection period included in the analysis	April-December	January-September	January-September
<i>Multiple clients</i>			
Number of clients surveyed and included in the analysis	366	397	396
Data collection period included in the analysis	20 October – 16 November	12 October – 14 November	22 August – 18 September

* Convictus Estonia started the provision of the syringe exchange services and participated in the survey of first-time clients as of October 2003. The organisation did not question multiple clients in 2003.

Socio-demographic indicators

- 77% of the SEP clients are male and approximately a quarter female.
- The average age of the visitors is 23 years. The men are slightly older than the women. Compared to the two subsequent years the first-time clients were somewhat younger in 2003.
- The Russians are largest ethnic group with more than 80%. Estonians comprise approximately one tenth and clients from other ethnic groups around 5%. Compared to East-Viru County the visitors of SEPs in Tallinn include somewhat more Estonians.
- The largest group – a half of the respondents – includes drug users who do not study or work. One third of the clients are working and one tenth are studying. Comparing the three years the number of unemployed persons has decreased by some percentage points, with the number of employed persons increasing.

Visiting syringe exchange sites

- 80% of the first-time visitors received information on SEP from their friends and acquaintances. The relative importance of friends and acquaintances as a source of information has increased with each year. The significance of information materials as sources of information has increased as well.
- 1/2 of the multiple clients have visited SEPs for more than 1 year. With each year the number of visitors who have visited SEPs for more than a year (the longest period indicated in the questionnaire) has increased (see Figure 11).
- 65% of the clients visit syringe exchange at least once a week, the rest a few times in a month or less frequently.
- 48% of the multiple visitors have received more than 10 syringes in one visit to the SEP during the month before the survey. Only some per cent receive one syringe at a time. 77% of the visitors take syringes for their companions as well. 78% of the surveyed persons always or mostly return the used syringes to SEP. Over the three years the number of syringes received from the SEP in one visit has increased and the return of used syringes has become more frequent.
- A half of the multiple visitors have received 6 or more condoms in one visit during the month before the survey. 12% claim that they have not needed the condoms.

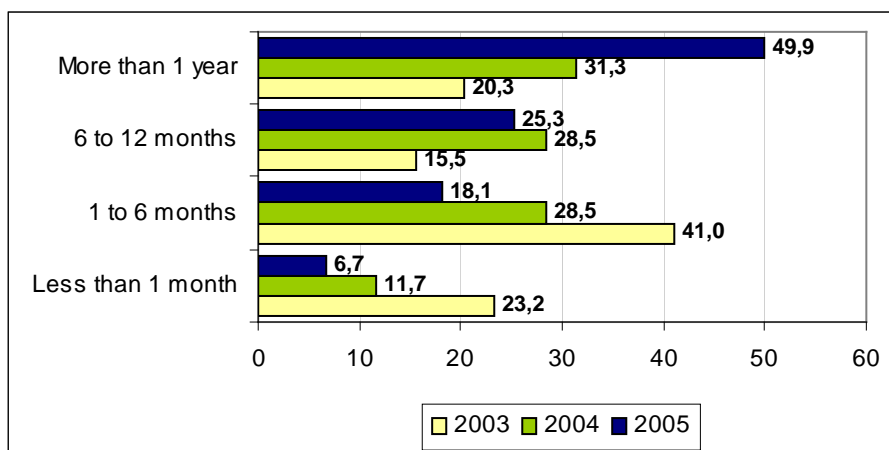


Figure 11: Period of visiting syringe exchange point in 2003-2005 (%)

Injecting drugs

- 40% of the first-time visitors of the syringe exchange points have been injecting for one year or less, 35% have been injecting for 2-4 years and 25% 5 or more years. Compared to the two preceding years, the number of first-time visitors with a history of injecting less than one year has increased in 2005.

- 58 % of the multiple visitors have injected at least once a day during the month before the survey. In each year the percentage of drug users injecting at least once a day has grown by a tenth, i.e., the frequency of injections has increased (see Figure 12).
- The substances used most frequently by the multiple visitors in 2005 include amphetamine, poppy extracts and heroin – nearly 40% of the respondents had used these substances during the month before the survey. Compared to 2004, the relative importance of amphetamine and heroin injectors has decreased, with the number of the users of poppy extracts increasing.

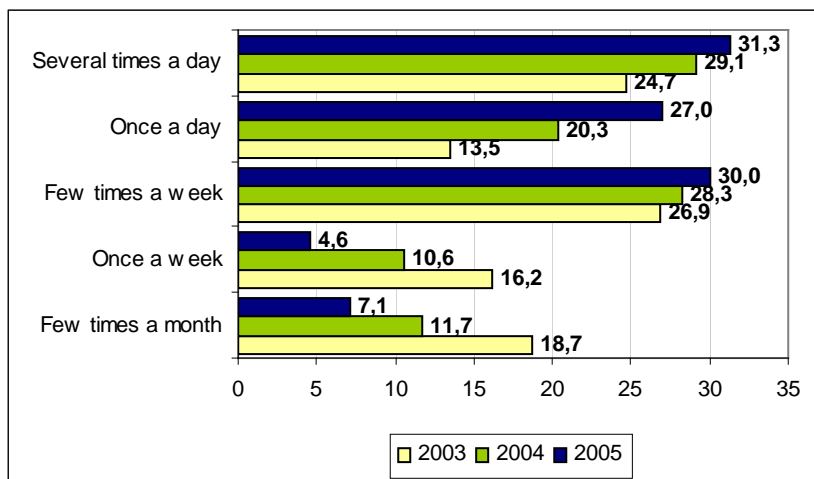


Figure 12: Frequency of drug injections among the multiple visitors during the last month in 2003-2005 (%)

Knowledge on HIV transmission modes

- Compared to the new clients the multiple visitors are more knowledgeable about the ways that HIV is transmitted – that means: have answered correctly to two questions in the questionnaire. The difference was 12% in 2005 and 13% in 2004. The level of knowledge among first-time and multiple visitors has improved with each year (see Figure 13).
- Considering the indicator questions separately, 90% of the first-time visitors and 95% of the multiple visitors are aware that HIV could be transmitted through syringe sharing. 77% of the new clients and 87% of the multiple clients believe that it is possible to protect oneself from HIV by always using a condom during sexual intercourse. The knowledge of the multiple visitors is better than that of the first-time clients in respect of both questions.

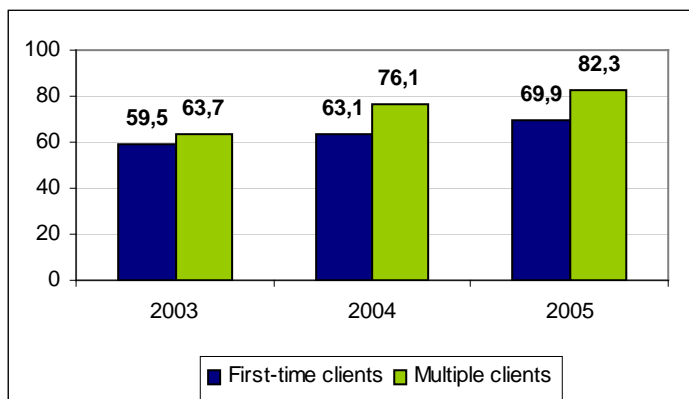


Figure 13: Clients with correct knowledge on HIV transmission in 2003-2005 (%)

Syringe sharing

- The largest group of both first-time and multiple visitors includes people who did not share a syringe with others during the month before the survey. Compared to the previous years the respective group among the new visitors has increased nearly by one tenth in 2005. In the case of multiple clients this indicator increased significantly in 2004. The indicators of the first-time and multiple visitors differed significantly in 2004 with the group of multiple clients including 18% more persons who did not share syringes (see Figure 14).

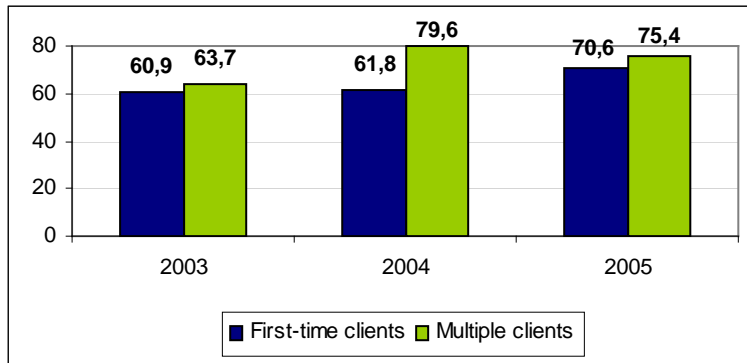


Figure 14: Clients who did not share a syringe during the month before the survey in 2003-2005 (%)

Sexual partners and condom use

- 20% of the first-time visitors and 12% of the multiple clients had not had a sexual intercourse in the month before the questioning. Compared to the preceding years the number of multiple visitors who had not had a sexual intercourse decreased in 2005. The largest group includes clients who had one sexual partner in the preceding month – 45% of the first-time and 52% of the multiple visitors. A quarter of the respondents indicated 2-4 partners and about one tenth had 5 or more partners.
- 8% of the multiple clients of SEPs had sex for money or other benefits during the preceding month.
- Compared to the new clients the group of multiple visitors in 2005 includes 9% more people who always used a condom during sexual intercourse in the month before the survey. A positive change among the multiple visitors was noticeable in 2004 as well (see Figure 15).

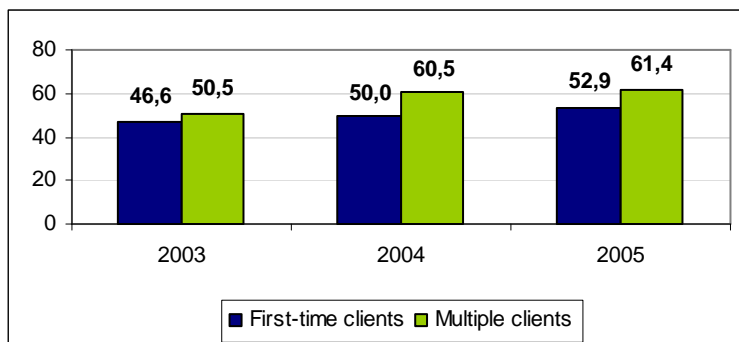


Figure 15: Clients who always used a condom during sexual intercourse in the last month in 2003-2005 (% of those who had had sexual intercourse)

HIV-testing

- In 2005 more than a half of both new and multiple visitors had undergone HIV-testing during the year before the survey. The difference of the groups was 12% in favour of the multiple visitors. Compared to the previous years the relative importance of people tested for HIV has increased in both groups (see Figure 16).

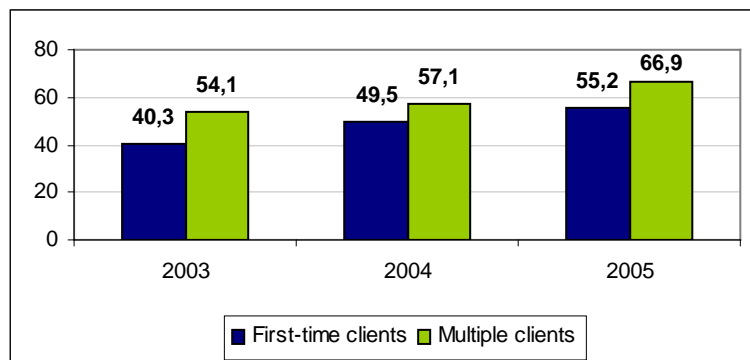


Figure 16: Clients who had undergone HIV-testing during the last year in 2003-2005 (%)

Risk groups

- SEP visitors were divided in three risk groups taking into account the risk behaviour in syringe use and sexual relations. Compared to the first-time visitors, the group of multiple clients with low risk level (people who did not practice risk behaviours in sexual relations and syringe use during the preceding month) had increased by one tenth. This group constituted 40% of the first-time visitors and 50% of the multiple visitors. The relative importance of the people with medium and high risk levels has decreased by 6% and 5% respectively.
- The comparison of the three survey years indicates overall reduction in the level of risk behaviour both among new and multiple clients of SEPs.
- Those who have better level of knowledge on HIV transmission modes have less risk behaviour in syringe use and sexual relations.

Survey of injecting drug users

The data for the anonymous survey of injecting drug users were collected in May and June 2005. The survey sample included 350 IDUs from Tallinn and a sub-sample of 100 IDUs from Kohtla-Järve. A structured interview was conducted with the participants in the survey and a blood sample (dry blood spot) was taken in order to determine the presence of HIV antibodies. The respondent driven sampling approach was used in order to obtain broader coverage of drug users and reduce the bias associated with recruitment from treatment and preventive programs only. Each surveyed person was asked to invite three other IDUs to participate in the study. The survey was carried out in cooperation between the National Institute for Health Development, University of Tartu, London Imperial College, Convictus Estonia and NGO “We Help You”. RDS Analyses Tool is not used in presenting the study results; therefore the sample should be considered to be a convenience sample.

Socio-demographic indicators

- 84% of the survey participants were men and 16% women.
- The average age of the respondents was 24 years with 56% younger than 25. The men were slightly older than the women.
- 82% were Russians and 12% Estonians. 6% of the respondents were from other ethnic groups. The percentage of Estonians was higher in the respondents from Tallinn compared to Kohtla-Järve.

- 55% of the respondents (excluding respondents under 16 years of age) had been going to a school for 9 years or less. 24% of the surveyed IDUs had completed or uncompleted secondary education. 17% had vocational secondary education and 2% had higher education.
- The largest group of the respondents (41%) had received main income during the last four weeks from a regular or temporary job, a quarter from theft or robbery and a quarter from parents or relatives. The relative importance of unemployed respondents was higher in Kohtla-Järve compared to Tallinn.
- 45% of the respondents had valid public health insurance.

Injecting habits

- The mean age of the respondents at initiation to the drug use was 17.2 years. 19% of the respondents started injecting drugs when they were less than 15 years old and 63% at the age 15-19. In Tallinn the mean age at the initiation was higher than in Kohtla-Järve. Only one tenth of the respondents had started injecting during the past two years and almost two thirds had been injecting for at least 6 years (see Figure 17).
- 46% had daily injections in the last month. Compare with Tallinn, in Kohtla-Järve more respondents reported such frequency of injecting. In the case of daily injections, 6% administered drugs once a day, 62% 2-3 times a day and 33% 4 or more times.
- The drugs mostly used were fentanyl and amphetamine – more than 60% of the respondents had injected these substances in the last four weeks. The main substance injected was clearly fentanyl – 59% of the respondents had injected mainly this substance during the last month. The relative importance of different substances differs significantly between the cities. In Tallinn more people reported mainly using fentanyl during the last four weeks, in Kohtla-Järve most people mainly used home made opiates (see Figure 18).
- 88% of the surveyed IDUs had tried to quit drug-injecting at least once.

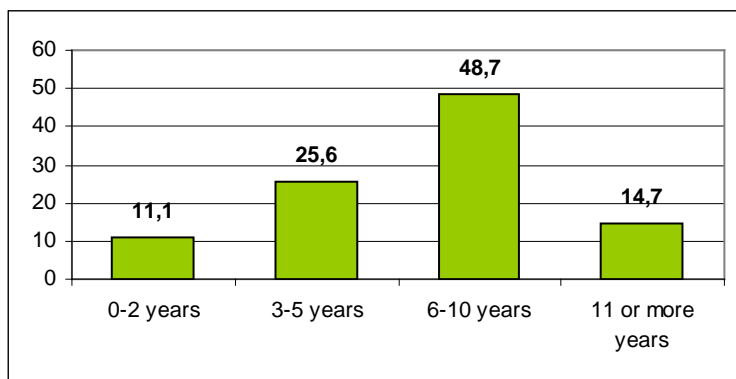


Figure 17: Period of injecting drugs (%)

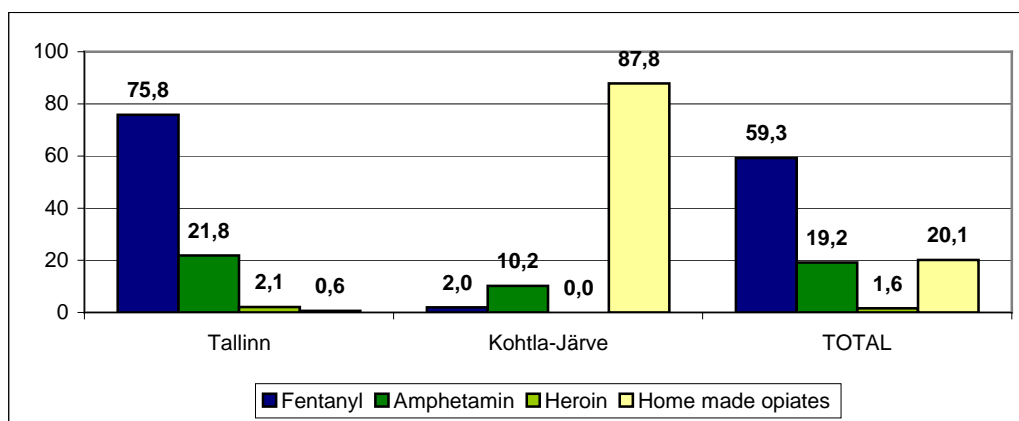


Figure 18: Main injected drug during the last 4 weeks in different cities (%)

Sharing injecting supplies

- Almost 3/4 of the surveyed 450 drug users had not shared a syringe or a needle with others during the last four weeks before the study. Nearly 90% of the respondents had not shared filter or cotton in the last month, two thirds had not shared the container or used front loading of the syringe.⁴ The percentage of the respondents who had not shared water was the lowest. Compared with Kohtla-Järve, the respondents from Tallinn reported less incidents of syringe/needle, water or filter and cotton sharing or front loading (see Figure 19).
- 38% of the IDUs had not shared any supplies with other drug users in the last month, i.e., had not exhibited risk behaviours during injecting. 12% of the sample claimed that they have never shared a syringe or needle with others.
- The majority of the respondents – 81% – were aware that sharing a syringe is associated with the risk of HIV transmission. Nevertheless, 29% of the IDUs had shared a syringe or needle knowing that HIV-infected person had previously used it, and 23% of the respondents knowing that someone with hepatitis C virus had previously used it.

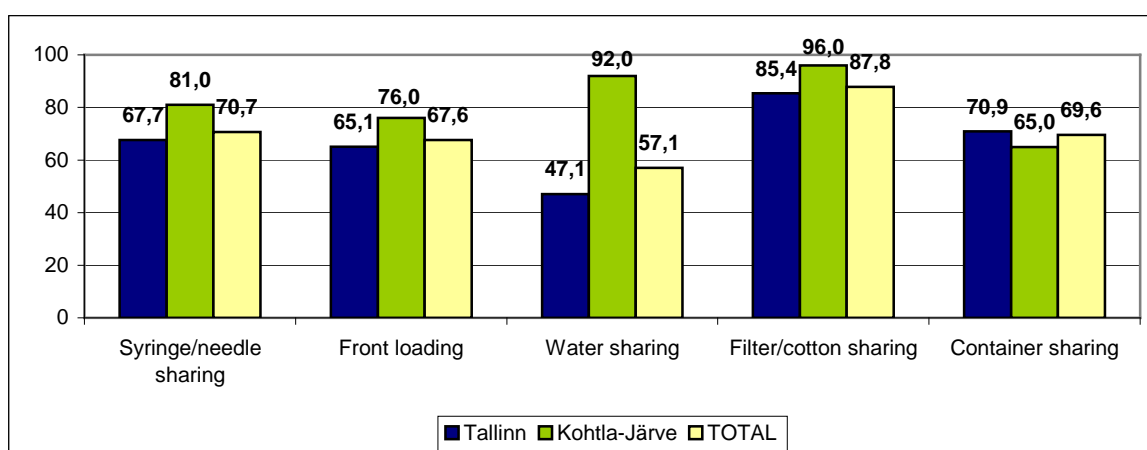


Figure 19: Respondents who had not shared injecting supplies with others during last 4 weeks in different cities (%)

Sources for syringes

- 83% of the respondents have gotten syringes and needles from pharmacy during the last month. A total of 73% of the respondents had used a stationary SEP or outreach workers for getting syringes/needles in the last four weeks.

⁴ Front loading: distribution of the drug solution from donor syringe to another.

- 52% had received syringes/needles from their friends and 36% from other drug users in the last month. This part may indicate secondary syringe exchange, i.e., distributing injection supplies among the drug users.
- Foregoing was about all different places for getting needles and syringes. Separate question was also asked on the main site where respondent has gotten supplies during last 4 weeks before the study. 49% of the respondents claimed that pharmacy was their main source of syringes and needles. For 46% the main source was syringe exchange points (stationary or outreach work). 2% of the respondents said that they had found syringes at the injection place, i.e., they used dirty syringes. In Kohtla-Järve the percentage of people getting the syringes from SEPs was significantly higher than in Tallinn, with less respondents getting the syringes from the pharmacies.

Contacts with different institutions

- 20% of the surveyed 450 drug users had never visited a SEP and 50% had never received syringes from an outreach worker. A total of 82% had in the course of their life had a contact with syringe exchange.
- 45% of the sample claimed that they have at some point in their life received drug treatment. The mean age of the first-time treatment was 20.1 years and at 3.5 years after initiation to drug injection. Compared with Tallinn more people in Kohtla-Järve reported having had a drug treatment. 12% of the whole study sample was undergoing drug treatment at the time of the survey.
- 65% of the surveyed drug users had experienced overdose during their lifetime. 69% of those had experienced overdose within the last 12 months. 60% of them reported having received medical assistance associated with overdose.
- The police had stopped 71% of the respondents during the last 12 months and 58% had been detained and arrested. Clearly more people were stopped or arrested in Tallinn than in Kohtla-Järve. 40% of the sample reported that the police had stopped or arrested them during the last year for the drug use. In the same period the police had confiscated syringes from 24% of the respondents.
- 64% of the respondents had been in prison during their lifetime. 29% of them reported injecting drugs during the last imprisonment. 69% of the respondents who reported continued drug use claimed that they shared syringes or needles during imprisonment.

Sexual behaviour

- 92% of the respondents had vaginal intercourse in the last 12 months. From those reporting the number of sexual partners, 36% had one sexual partner, 39% had 2-4 partners, and 28% had 5 or more partners. 82% of the respondents (n=415) had vaginal intercourse in the last four weeks.
- 60% of those who reported having vaginal intercourse had had sex with an injecting drug user in the last year, 87% with a regular partner and 52% with a casual partner.
- 43% of the IDUs had always used a condom in vaginal intercourse during the last year. 24% claimed that they never use a condom. 51% of the respondents who had sexual intercourse in the last four weeks always used a condom.
- 26% of the respondents who had sexual intercourse reported that they had shared syringes or needles with their sexual partner.
- Half of the study subjects (49%) agreed that consistent condom use during sexual intercourse could protect them from HIV.
- 37% of the 450 respondents had obtained condoms during the last four weeks from a stationary SEP or an outreach worker. 30% had purchased condoms from a pharmacy, store or kiosk. In Tallinn more drug users get condoms from a pharmacy, while in Kohtla-Järve they get condoms mainly from syringe exchange points.

- 4% (n=17) of the sample reported receiving money, other things or drugs for sex during their lifetime (15% of the women and 2% of the men). From those 17 respondents 7 reported that they have received money, drugs or other things for sex during the last four weeks.

HIV prevalence among studied IDUs

- 90% of the participants in the survey had been tested for HIV at least once in their lifetime. 62% of the sample had been tested during the last 12 months. The mean number of months since the last test was 10.
- 38% (173 respondents of 450) reported having HIV positive result in their last test, i.e., they were aware of their HIV status.
- During the study a medical worker took a blood sample from all survey participants to identify HIV antibodies on the basis of a dry blood spot. The testing for HIV antibodies was performed at the Virus Reference Department Laboratory, Health Protection Agency Centre for Infections, UK.⁵
- The results of testing for HIV antibodies indicated HIV prevalence of 62% among the injecting drug users. That means that 279 tests were positive. Of the 350 drug users surveyed in Tallinn 54% had HIV, while 90% of the 100 drug users surveyed in Kohtla-Järve were carrying the infection.
- A third of the infected persons were unaware of their HIV status.
- The univariate analysis indicated that the odds of being HIV positive were much higher for IDUs in Kohtla-Järve than in Tallinn, and for IDUs who had been in prison. HIV prevalence showed also significant correlation with the sharing of syringes or needles with sexual partner, injecting fentanyl and initiation to injecting at an early age.

Size of the IDU population

The estimated size of the population of injecting drug users was determined using a database-based capture-recapture method. Drug-related information from three national databases was used for that purpose: Estonian Health Insurance Fund (overdoses and drug treatment), HIV Reference Laboratory (drug users identified as HIV positive), POLIS database of the Estonian Police (possession or use of narcotic or psychotropic substances).

The above data were extracted for the year 2004 and for the age group 15-44. A total of 6704 cases were identified in different databases. 3264 cases had a unique identification code and 3024 records were included in the analysis after clean-up of the data. These data were used as a basis for mathematical modelling to estimate the number of injecting drug users not registered in any of the databases. According to this method the estimated number of injecting drug users in 2004 in the age group 15-44 was 13 800. It should be remembered however that the national databases are incomplete in several respects which may affect the results. Prior to the study the expert estimations of the number of IDUs were between 10 000 and 15 000.

⁵ The eluates were screened for anti-HIV antibodies using an in-house IgG class-specific antibody capture EIA equivalent to the Wellcozyme GACELISA HIV 1+2. Reactive specimens were tested by an IgG antibody capture particle adherence test (GACPAT) to confirm the presence of anti-HIV-1. Eluates whose reactivity was >4.00 in both assays were considered to be anti-HIV-1 positive; GACELISA reactive specimens giving weaker reactions were tested by Western blot (HIV Blot 2.2, Genelabs Diagnostics) (Uusküla and others 2005).

5.2. YOUTH AGED 15-24

ACTIVITIES

Objective: To reduce risk behaviour of youth aged 15-24

Health education in schools

In connection with the introduction of the Human Science subject in the schools, the Estonian Association of Sexual Health provided training to 15 teacher instructors (one from each county) under a National HIV/AIDS Prevention Programme in the first half of 2004. These instructors should provide training to the teachers of the Human Science in the topics of sexual and reproductive health and HIV/AIDS. The National Institute for Health Development, Human Science Association and Estonian Association of Sexual Health organised two seminars for the Human Science teachers on "Sexual Education in the Basic School and Gymnasium". During 2004 and 2005 specialists in the field prepared an instruction guideline for the teachers on "Sexual Education for the 2nd and 3rd School Levels". A total of 190 teachers (mostly Human Science teachers) participated in the training courses organised in the second half of 2005 on the basis of this teacher guideline. Module courses on sexual education, with 132 teachers participating, took place in the same period. The instructors in these courses were mainly specialists from the Estonian Association of Sexual Health.

Youth training courses

In 2004-2005 the Estonian Association of Sexual Health organised courses on HIV/AIDS for the pupil of grades 5-12 all over Estonia under the GFATM programme. One course lasted for 1,5 hours. In the first period of the GFATM programme the first half of the course was a lecture to provide factual knowledge while the second half comprised interactive methods, guided discussions and practical exercises to develop the skills and attitudes of the youth. In the second programme period (starting October 2005) the course program was slightly modified and courses are organised in Russian and Russian/Estonian schools of Harju County and East-Estonia. In 2004 these courses were attended by a total of 22 616 and in 2005 by 23 096 pupil of grades 5-12.

Courses on HIV/AIDS to the students of vocational schools were organised in the first GFATM programme period by the AIDS Prevention Centre in North-Estonia and the Anti-AIDS Association in other Estonian regions. The Anti-AIDS Association also organised courses all over Estonia for recruits. Since October 2005 the same organisation started to offer courses for youth in state schools, social care institutions and orphanages – that is for young people with special needs. In the second programme period trainings for vocational school students include the Russian and Russian/Estonian schools in Harju County and East-Viru County.

In the first programme period the course provided by the AIDS Prevention Centre lasted for 1,5 hours and the following topics were covered by interactive methods: HIV/AIDS and STIs, safe sex and risks associated with drug use, social activities and skills to reduce risk behaviour. As of October 2005 the AIDS Prevention Centre offers training with the duration of three hours. The Anti-AIDS Association has organised courses with the same length throughout the duration of the programme. The topics covered include: learning safer sexual behaviour, risks of unsafe sex and possibilities for their prevention, the influence of society

and media on sexual and drug behaviour, development of attitudes in respect of unprotected intercourse and drug behaviour, learning negotiation and refusal skills.

In 2004 a total of 4746 vocational school students and recruits participated in the courses; in 2005 this number was 5604. In three months a total of 362 young people participated in the courses for young people with special needs that were launched in October 2005.

Peer education

From January 2004 to September 2005 three organisations were engaged in training of new peer educators. Living for Tomorrow organised six-day seminars in the North- and Mid-Estonia. The seminars were structured by topics (such as relations between men and women, sexuality, safe sex, drug addiction, prostitution, HIV/AIDS) and interactive methods were used to encourage young people to communicate and cooperate with each other.

The Anti-Liew and Sole Care Foundation and Local Regional Development Partners used a similar training plan. Anti-Liew and Sole Care Foundation prepared peer educators in a four-day program in North- and North-East Estonia, while the courses organised by Local Regional Development Partners in South- and West-Estonia lasted for three and a half days. The courses provided information on HIV/AIDS, STIs, means of protection, safe sex and the risks of drug use, and instructed the participants in peer education methods.

A total of 441 young people passed the training cycle. In the second period of the GFATM programme (since October 2005) the activities are directed primarily to activation of the peer educators. The main task of a peer educator is to establish contacts with peers to discuss the issues of HIV/AIDS, STIs, safe sex, sexuality, drug addiction and other related topics, and to offer new knowledge. Contacts with peers are sought at school, among acquaintances, organised prevention events, etc. In the last quarter of 2005 169 people belonged to the network of peer educators under the three organisations. The peer educators had a total of 1494 counselling contacts with their peers and 2364 young people participated in prevention events.

Campaign

The main part of the media campaign “Armastuse terviseks!” (“To the love!”) directed to the age group 15-24 was organised in April and May 2004 by the Estonian Association of Sexual Health. During three weeks the campaign posters were displayed in three cities (Tallinn, Tartu, Narva) and the campaign clip was shown in two TV channels (Estonian and Russian channel). Thematic flyers were distributed in the schools of Tallinn. A campaign T-shirt, key-holder and glue-on tattoo were developed. A charity concert on the Town Hall Square in Tallinn was organised at the end of May with Estonian and Russian pop-artists participating. The concert had around six thousand spectators. It was televised by two channels (Estonian and Russian channel). Preventive events to commemorate the World AIDS Day on December 1 took place in three nightclubs (Tallinn, Narva and Tartu, with 2350 participants), accompanied by thematic TV programs in two channels. The campaign was concluded in May 2005 with a social art exhibition in Tammsaare Park in Tallinn.

Project contest

A Health Promotion Idea Project contest took place both in 2004 and 2005 under the National HIV/AIDS Prevention Programme and National Drug Use Prevention Strategy. 83 projects prepared by the youth were submitted to the contest in 2004 and 87 projects in 2005. The winning projects from 2004 were implemented in the first half of 2005 by Jõgeva Gymnasium, Osula Basic School, Aravete Secondary School, Otepää Gymnasium, and Pärnu

Raeküla Gymnasium. The winning projects of HPIP from 2005 will be implemented during 2006.

Table 5 shows the main numeric indicators of the prevention activities for youth in 2004 and 2005.

Table 5: Main indicators of the youth activities in 2004 and 2005

<i>Activity</i>	<i>Responsible institution</i>	<i>Achievements in 2004 and 2005</i>
Training of teacher instructors	- Estonian Association of Sexual Health	15 people trained
Teacher training based on the teacher guideline on sexual education		190 teachers trained
Module training courses for the teachers		132 teachers trained
Courses for pupil	- Estonian Association of Sexual Health	45 712 pupil trained
Courses for vocational school students and recruits	- Anti-AIDS Association - AIDS Prevention Centre - East-Viru County Psychological Assistance Centre	10 350 young people trained
Courses for young people in state schools and social care institutions	- Anti-AIDS Association	362 young people trained (since Oct 2005)
Training peer educators	- Living for Tomorrow - Anti-Liew and Sole Care Foundation - Local Regional Development Partners	441 peer educators trained
Organising media campaign	- Estonian Association of Sexual Health	- 245 outdoor posters - 219 showings of TV clips - 5 campaign events

KNOWLEDGE AND RISK BEHAVIOUR OF THE TARGET GROUP

Pre and post training questioning of youth

Pre and post training questioning of pupil and vocational school students took place in three rounds in 2004-2005 under the GFATM programme – spring 2004, autumn 2004 and spring 2005. The recruits were surveyed continually throughout the training period. Pre-questionings were conducted immediately before the training by the trainers. The follow-up questioning took place approximately two months after the training and was organised by the NIHD. The sample was selected according to the principle of systematic sample or full coverage (depending on the number of participants in training). Table 6 shows the total number of young people participating in pre- and post-questioning. The analysis of post-questioning data only considered the respondents who reported participation in the training on their questionnaire forms.

Table 6: Number of participants in pre and post training questioning

<i>Trained group</i>	<i>pre-questioning</i>	<i>post-questioning</i>	<i>participated in training, from post-questioned youth</i>
Pupil of grades 5-7	1 265	1 201	868
Pupil of grades 8-12	842	1 144	814
Vocational school students	1 160	750	473
Recruits	278	217	127

Knowledge

The knowledge of the youth of HIV transmission was surveyed through five questions:

1. Can a person protect oneself from HIV by always using a condom during sexual intercourse?
2. Could a healthy-looking person be infected with HIV?
3. Can a person get HIV from a mosquito bite?
4. Can a person get HIV by using a syringe used previously by someone else?
5. Can a person protect oneself from HIV by having sex with only one uninfected partner?

In the case of pupil the questions 1 and 5 were worded slightly differently due to the request of the organisation implementing trainings. The practical experiences with the knowledge questions in 2004 indicated a possibility of misinterpretation of these two questions by the youth. Therefore the questions 1 and 5 were modified in the third round of surveys among the vocational school students and recruits as follows: “Can the risk of HIV transmission be reduced by using a condom during every sexual intercourse?” and “Can the risk of HIV transmission be reduced by having sex with only one and faithful, uninfected partner?” The three survey rounds can be summarised only in the case of pupil. In the case of recruits only these respondents are included to analyses who filled the initial questionnaire since the number of post-survey participants who answered to the changed questionnaire was too small.

Table 7 shows the percentage of pupil who answered correctly to all five knowledge questions. The increase in the knowledge level after training courses has been statistically significant in each of the survey rounds. The positive change is in the range of 8%-33% in the case of youth in grades 5-7 and between 18% and 26% in the case of 8-12 grade pupil. However, positive changes could not be detected in each round in all regions where the courses were offered.

Table 7: Correct knowledge on HIV transmission modes among pupil (%)

<i>Survey round</i>	<i>Grades 5-7</i>		<i>Grades 8-12</i>	
	<i>pre</i>	<i>post</i>	<i>pre</i>	<i>post</i>
1 st round	6,3	39,6	16,7	34,8
2 nd round	8,4	16,7	21,2	46,9
3 rd round	8,2	24,8	28,3	47,7
TOTAL	7,8	25,0	22,1	45,8

Table 8 shows the percentage of vocational school youth who answered all five questions correctly. The data from pre- and post-questioning do not differ in the first survey round, but a positive change is noticeable in the second and third rounds with the increase of the knowledge level by 13% and 30% respectively.

Table 8: Correct knowledge on HIV transmission modes among vocational school students (%)

Survey round	pre-questioning	post-questioning
1 st round	33,2	36,3
2 nd round	22,1	34,6
3 rd round	28,8	59,1

In the case of recruits⁶ the level of knowledge was 23% prior to the training and 50% after the training which is a significant increase.

The above indicators are most sensitive to the question whether person can get HIV from a mosquito. When calculating the knowledge indicator without this question, based on four remaining questions, the indicator level is 2 or 3 times higher. The statistically significant difference between pre- and post-training data disappears in the case of vocational school students, recruits and in some rounds in case of pupil of older grades (8-12).

Perceptions

Another area surveyed was whether the youth participating in training courses have incorrect perceptions about potential spread of HIV infection through everyday contacts – do they believe that HIV transmission is possible by eating from the same dishes, sharing a toilet or pool, or by hugging with HIV infected person? As these questions were posed uniformly in all survey rounds, the aggregate indicators can be analysed for all three rounds. Figure 20 indicates that after training the amount of youth who do not have misconceptions (had answered correctly to all 4 statements in the questionnaire) has increased in all groups. The indicator has increased by 36% in the pupil of grades 5-7, 29% in grades 8-12, 27% in the vocational school students and 40% in recruits.

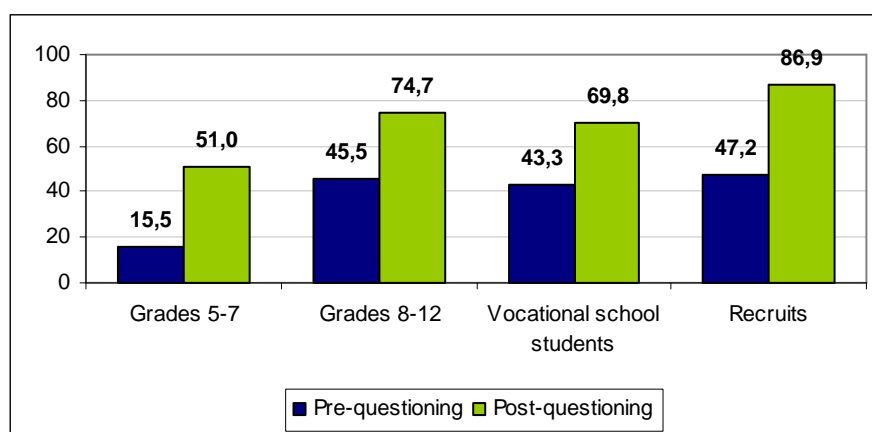


Figure 20: Respondents without any misconceptions about the spread of HIV in everyday contacts (%)

Tolerance

Young people were asked to agree or disagree with the following statements:

1. If a person gets infected with HIV, he/she should tell it to his/her friends and acquaintances.
2. I would agree that an HIV-infected person is in the same class/course/unit with me.
3. I will stop all relations with my acquaintance if he/she gets infected with HIV.

⁶ In the case of recruits the analysis includes respondents aged 18-24 who were the direct target group of the training courses. A small number of significantly older respondents filled the questionnaire as well.

4. An HIV infected teacher may continue teaching at school.

Tolerance was indicated by agreement with the statements 1, 2 and 4 and disagreement with the statement 3.

The number of young people having a tolerant attitude towards people living with HIV and AIDS (PLWHA) was very low both before and after the training. However, some positive changes were noticeable in all surveyed groups. The indicator increased by 3% in the pupil of grades 5-7, 7% in grades 8-12, 9% in vocational school students, and 10% in recruits (the indicators are aggregate for all survey rounds, see Figure 21). The aggregate indicator is sensitive to the statement “If a person gets infected with HIV, he/she should tell it to his/her friends and acquaintances”. The general tolerance level increases somewhat if this statement is left out from the aggregate indicator.

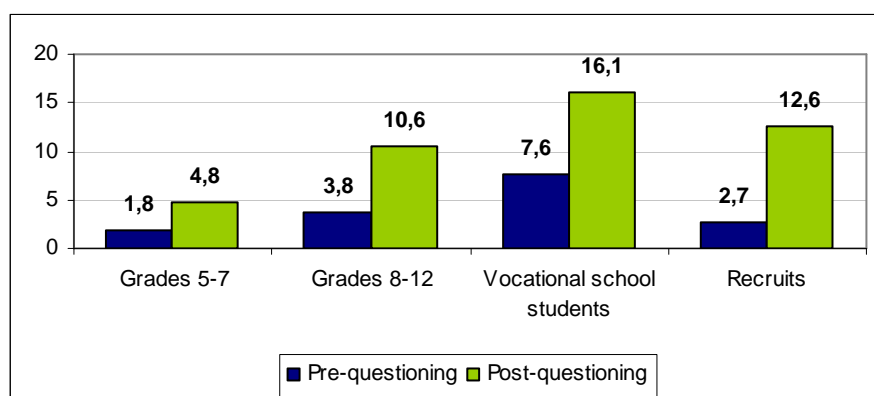


Figure 21: Young people who have tolerant attitude towards PLWHA (%)

Pre- and post-training survey of peer educators

All three organisations conducted pre- and post-training questioning of the participants in peer education trainings in the framework of GFATM programme monitoring and evaluation. Preliminary survey took place immediately before the start of the first training day. In the case of Anti-Liew and Sole Care Foundation (ALSCF) and Local Regional Development Partners (LRDP), the follow-up survey was conducted approximately 6 months after the training (as these organisations were also supported for peer educators supervisions after the training), and in the case of Living for Tomorrow (LFT) the follow-up survey was conducted immediately after the training. All participants in the LFT training were surveyed, while in the case of the other two organisations pre-training questioning included all participants and the post-questioning included only young people who were involved in the activities of the organisation six months after the training (see Table 9). The surveys were conducted by the training instructors themselves, with a representative of the National Institute for Health Development attending some follow-up questionings.

Table 9: Number of participants in pre- and post-questioning in different organisations

Organisation	pre-questioning		post-questioning	
	No.	%	No.	%
LFT	139	31,3	120	42,1
ALSCF	149	33,6	63	22,1
LRDP	156	35,1	102	35,8
TOTAL	444	100,0	285	100,0

Knowledge and perceptions

The increase of knowledge regarding the fact that mosquitoes do not spread HIV was most significant among the peer educators as well (with the initial indicator for this question being the lowest). The young people were very knowledgeable about the risks of injections with a used syringe already at the time of pre-questioning, with more than 80% giving the correct answer. The aggregate indicator calculated on the basis of five knowledge questions (the same as for the students and recruits) indicated a change in the level of knowledge at the time of the follow-up in the range of 20-50% (see Figure 22).

When the mosquito bite question is left out of the aggregate indicator, the pre-survey indicator is significantly higher, but the level of knowledge would not change at post-questioning in two of the three organisations. In the case of ALSCF the change of the indicator at follow-up calculated in this way would be 34%.

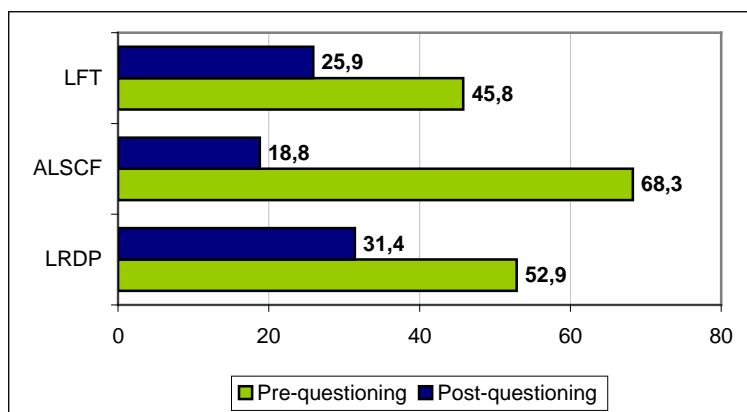


Figure 22: Correct knowledge on HIV transmission modes among youth by organisations (%)

Already pre-training questioning indicated that very few young people believe that HIV can be transmitted through everyday contacts (sharing a toilet or pool, hugging) or that HIV and AIDS only concern drug users and homosexual people. The level of right answers after the training was between 73% and 100%, with the majority of cases being above 90%.

In the case of methods of prevention of sexually transmitted infections (STIs), the knowledge level of the youth during the pre-questioning was lowest in respect of the statement that intrauterine spiral and interrupted intercourse do not protect from infections. Already at preliminary survey, 90% were aware that condom helps to prevent STIs. Looking at the number of the youth who answered correctly to all questions related to the methods of STI prevention, the indicator has increased after training among the youth from LFT and ALSCF. The indicator in LFT was 35% before and 81% after training. The respective indicators in ALSCF were 40% and 81% and in the case of peer educators at LRDP the pre-survey indicator was 49% and follow-up 60%.

Attitudes

In connection with attitude the young people were asked whether they would agree to eat at the same table or study in the same class/course with an HIV infected person. They were also asked whether an infected teacher could work at school and whether a person with HIV should notify his/her friends/acquaintances of this status.

Subsequent to the training, a clear increase was noticeable among the group stating that a PLWHA must not necessarily notify his/her friends and acquaintances about it. Based on the

indicator calculated from the four statements, a positive change can be detected at follow-up in all training organisations (see Figure 23).

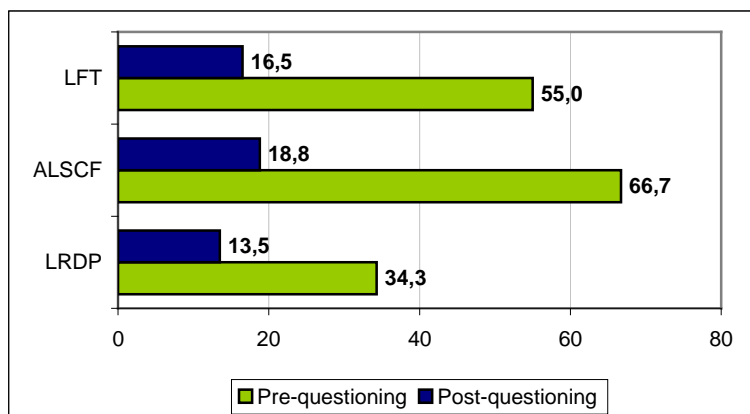


Figure 23: Young people who have tolerant attitude towards PLWHA by organisations (%)

Skills

ALSCF and LRDP used the same skill questions, while the questions for LFT were different due to the differences in the training program. LFT used multiple-choice questions to find out peer educators' understanding of a role-play and the type of activities that would be most appropriate for explaining the need to use a condom to their peers. The youth trained by ALSCF and LRDP were asked about the basic skills of a counsellor and reflection methods, as well as what should a peer education instructor do when he/she is unable to find a solution for peer's problem.

Among the LFT youth, the aggregate indicator (correct answers to all skill questions) was 52% during preliminary survey and 65% at follow-up. The change was not statistically significant, but the preliminary survey indicator is much higher than in the other two organisations. In ALSCF the indicator was 5% before and 40% after the training, and in LRDP 15% and 40% respectively. Both of these changes were significant.

Estonia-wide youth survey

In 2005 the survey "HIV/AIDS Related Knowledge, Attitudes and Behaviour among Estonian Youth" was conducted for the second time (the first time being in 2003) by NIHD. Data were collected with self-administered questionnaires between March and June 2005 during the 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 analysis includes the data from 7668 young people aged 10-29.

Knowledge and conceptions

- The awareness level in respect of the HIV transmission modes is highest regarding the fact that sharing a syringe may lead to HIV infection. More than 95% of the respondents were aware of that in the age groups 14-18 and 19-29 and nearly 90% in the age group 10-13. Like in 2003 the number of young people knowing that HIV is not transmitted through a mosquito bite was the lowest – less than a half in all age groups.
- 7% in the age group 10-13, 23% in the age group 14-15, 40% among 16-18 year olds and 34% in the oldest age group gave correct answers to all five knowledge questions on HIV transmission. The question on mosquito bite was most influential in determining the knowledge indicator. If this question is left out of the indicator the level of knowledge in different age groups increases 2 or 3 times.

- Compared with 2003 the level of knowledge indicator has increased in the two older age groups, but it should be kept in mind that the wording of two knowledge questions was modified in 2005.
- Big majority of the young people are aware that condom can help to prevent contracting sexually transmitted infections. The awareness is lower regarding the fact that birth control pills, disrupted intercourse and intrauterine spiral do not help to prevent STIs.
- 24% of the children aged 10-13 were able to give correct answers regarding all the proposed methods of STI prevention. The respective percentages are 32% among the age group 14-18 and 75% among 19-29 year olds. In comparison to 2003 the level of knowledge has increased in all age groups, except 14-15.
- The number of young people with accurate knowledge of the ways of HIV transmission is correlated with the amount of youth with accurate knowledge of the prevention of STIs in all age groups.
- Like in 2003 the most common misconception among the youth is that HIV could be contracted by using the same dishes as the infected person or sharing a toilet. The least number of young people believe that infection could be transmitted by hugging with PLWHA.
- According to the aggregate indicator 9% of the children aged 10-13, 27% of the age group 14-15, 45% of the age group 16-18 and 46% of young adults do not have any misconceptions about HIV transmission in everyday contacts. Compared with 2003 that number has increased in the age groups 14-15 and 16-18.
- Young people with correct knowledge on HIV transmission are also more aware about the fact that HIV is not transmitted in everyday contacts (using the same dishes, sharing a toilet or pool, hugging) (see Figure 24).

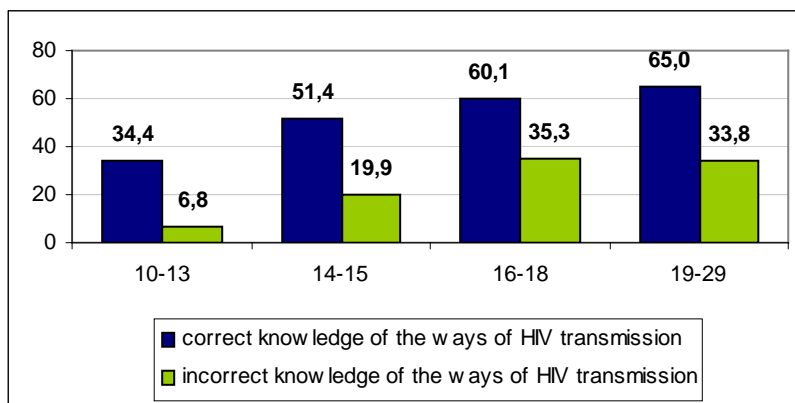


Figure 24: Young people without misconceptions about HIV transmission in everyday contacts compared with correct and incorrect knowledge, by age groups (%)

Attitude towards HIV positive persons

- The largest group of young people believe that they would not stop communicating with an acquaintance after learning that he/she is HIV infected. The least respondents agree that an infected teacher may continue working at school or they would not stop purchasing food from the store where the seller is HIV infected. People in the age group 10-13 are also relatively less prepared to eat at a common table with an PLWHA. As the fifth statement, the respondents were asked whether they would agree to study in the same class with an infected person.
- The proportion of youth giving tolerant answers to all five attitude questions by age groups is as follows: 8% among 10-13 year old children, 25% in the group 14-15, 37% in

the age groups 16-18 and 19-29. The tolerance indicators have increased in comparison of the two survey years in all age groups.

- Young people with accurate knowledge of HIV transmission ways and without misconceptions about the spread of HIV in everyday contacts are significantly more tolerant towards PLWHA.

Sexual relationships

- 20% of the young people in the age group 14-15 and 46% of 16-18 year old people have experienced sexual intercourse. 12% in the age group 19-24 and a few per cent in the oldest group have never experienced sexual intercourse. The indicators were at the same level in 2003.
- 44% of the 14-15 year old people who had experienced sexual intercourse have had more than one partner in the last 12 months before the study. This indicator was 38% in the age group 16-18, 34% for 19-24 year olds, and 24% in the age group 25-29.
- Of the people who have had sexual intercourse, 47% in the group 14-15, 40% among youth aged 16-18, 30% in the group 19-24 and 20% in the age group 25-29 had non-regular partners in the last 12 months. It means that in each subsequent age group, people have by a tenth less non-regular partners than in the previous one.
- The percentage of people who used a condom during their first intercourse is highest among the pupil aged 16-18 – 72%. The respective percentages of respondents in the age groups 14-15 and 19-24 were 62% and 57%, with 38% in the age group 25-29.
- The age group 16-18 included the highest number of people who had always used condom in casual relationships during the last year. This indicator is lowest among people aged 25-29 (see Figure 25). The relative importance of the people who used condom during the last sexual intercourse is higher than that of the people who used the condom consistently. The age group 16-18 also included the highest number of people who had used a condom during their last intercourse with non-regular partner.
- Compared with 2003 the question concerning casual partners was modified in 2005, which means that the two survey years are not exactly comparable.
- Of the youth aged 19-29 4% have had intercourse with a partner whom he/she paid for sex with money or otherwise. 84% of them used a condom every time.
- The analysis of risk groups indicates that the largest group among the youth displays a zero risk sexual behaviour, i.e., have not had a sexual intercourse or have not practiced risk behaviours in their sexual relationships during last 12 months. The respective percentages in the two youngest age groups are 87% (age 14-15) and 80% (age 16-18); and in the groups of young adults (19-24 and 25-29) about 2/3 of the respondents belong to this category.
- 4% of the age group 14-18, 23% of 19-29 year olds and 37% of the oldest youth group questioned had taken an HIV test at least once in their lifetime.

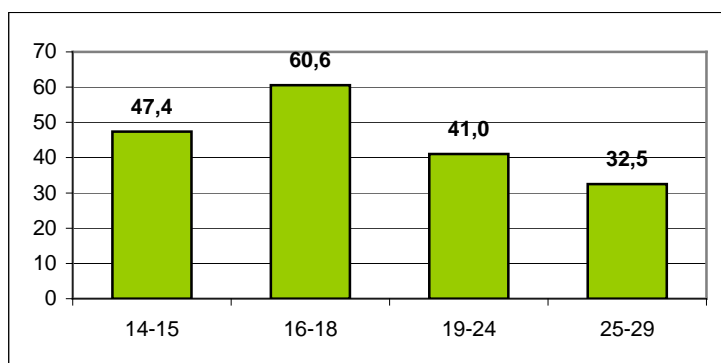


Figure 25: Youth who had always used a condom during intercourse with a non-regular partner in the last 12 months, by age groups (% of those who have had sexual intercourse)

- The survey data highlights the age group 16-18 as the most positive in respect of several indicators. The youth aged 16-18 has the most accurate knowledge about the ways of HIV transmission and the highest number of people who use the condom (both during their first intercourse, and during the intercourses with a non-regular partner in the last 12 months and in the last intercourse). Of the different risk groups the group aged 16-18 includes the largest subset of young people with zero risk level.
- The sexual behaviour is riskiest in the age group 19-29. Even though young adults have fewer sexual partners and non-regular partners, the group includes less people who used a condom during their first intercourse or had done so always when having an intercourse with a non-regular partner during the last 12 months. This age group includes less young people with zero risk level and more people with high-risk level.

Comparison of classes participating and not participating in training courses

Courses on HIV/AIDS prevention had been offered to the pupil of grades 5-12 all over Estonia prior to the youth survey under the GFATM programme. The youth survey enabled comparison of the data from the classes who had participated in the courses organised by the Estonian Association of Sexual Health from March 2004 to March 2005, and from the classes who had not participated (see Table 10). The analysis also considered that by the time of the youth survey some pupil who had participated in the courses had moved upwards by a grade at the time of the youth survey. It should be also kept in mind that the knowledge and attitudes of the youth have been influenced in this period additionally by many other youth-related activities in Estonia.

Table 10: Division of the sample of the youth survey based on participation in the training courses

Age group	Classes that participated in the courses		Classes that did not participate in the courses		TOTAL	
	No	%	No	%	No	%
10-13 years	409	22,9	1377	77,1	1786	100,0
14-15 years	402	30,9	899	69,1	1301	100,0
16-18 years	585	37,4	981	62,6	1566	100,0

- The knowledge about the ways of HIV transmission was significantly better in the classes of age groups 10-13 and 16-18 that had participated in the training. 14% of children aged

10-13 who had participated and 5% of those who had not participated answered correctly to all five knowledge questions. In the age group 16-18 the respective indicators were 54% and 32%. There is no significant difference in the group 14-15 – the indicator level is 25% for the participants and at 22% for the non-participants.

- When the mosquito bite question was excluded from the indicator the difference between participants and non-participants remained in the age groups 10-13 and 16-18 (even though it was smaller). In the group aged 10-13 the indicator level calculated on the basis of four questions was at 28% for participants and 20% for non-participants and for youth aged 16-18 the respective levels were 78% and 70% (55% and 50% respectively in the group 14-15).
- The knowledge questions concerning sexually transmitted infections were posed differently to pupil aged 10-13 and pupil aged 14-18. The group 10-13 was offered three methods and the older pupil four methods. A significant difference in relation to this topic appears in the age group 14-15 where 21% of the course participants and 14% of the non-participants have correct knowledge of the ways of STI prevention.
- The youth from the classes that participated in the training were also significantly more knowledgeable about the fact that HIV is not transmitted in everyday contacts such as swimming in the same pool, eating from the same dishes, sharing a toilet or hugging. The difference is apparent in all age groups. In the group 10-13 21% of the course participants and 5% of the non-participants (aggregate indicator) had no misconceptions. The respective indicators for people aged 14-15 were 33% and 24%, with 53% and 41% in the oldest age group.
- Compared with non-participants, the participants in the courses have more tolerant attitude towards PLWHA (tolerant answers to all proposed statements). This trend is apparent in all age groups. The respective indicator in the youngest group was at 16% for participants and 6% for non-participants. In the group 14-15 it was 33% and 22% respectively, and in the group 16-18 44% and 33%.
- The level of condom use during sexual intercourse in last month is not different between the two comparable groups.

5.3. COMMERCIAL SEX WORKERS

ACTIVITIES

Objective: To decrease risk behaviour among commercial sex workers

Services provided to the CSWs are currently provided by two organisations in Tallinn. Ltd Health Center “Elulootus” offers testing for HIV and sexually transmitted infections, treatment of STIs, thematic counselling, and distributes safe sex means and information materials. A day centre operates together with the healthcare services. At the end of 2005 the NGO Lifeline started activities in this field. The organisation aims primarily at integrating women involved in prostitution in the labour market. Additional to that consultations are provided to the target group in the counselling centre and during outreach work on the topics of STIs, HIV, safe sex and other related issues. NGO Lifeline also distributes condoms and lubricants.

The healthcare service was visited 669 times in total with 272 of these being first-time visits in 2004. The number of visits in 2005 was 851 with 236 first-time visits. The counselling

service of the NGO Lifeline, operating since October 2005, was used 125 times during the first quarter. The number of condoms and lubricants distributed to the target group has increased in the course of the two years – a total of 28 801 condoms and 23 580 lubricants were distributed in 2004, 37 200 condoms and 39 679 lubricants were distributed in 2005 (see Figure 26).

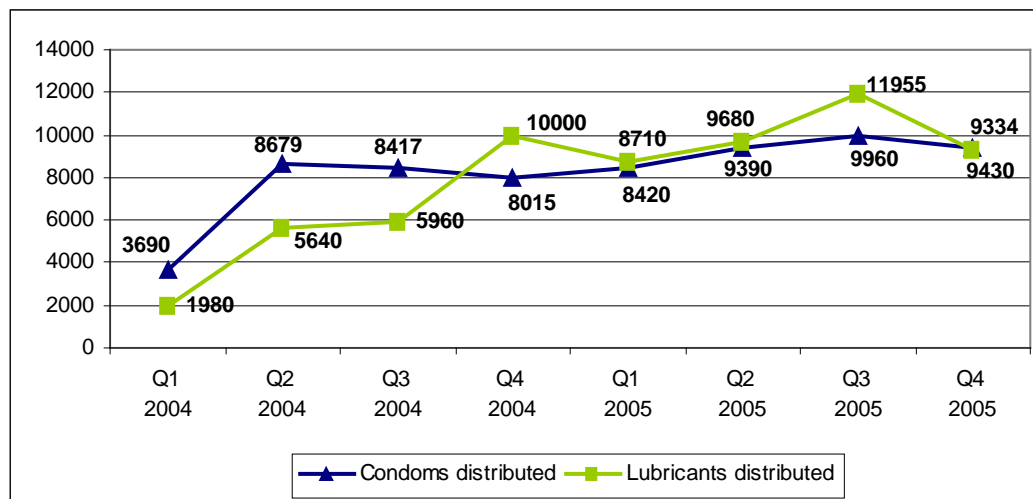


Figure 26: Condoms and lubricants distributed to CSWs by quarters in 2004-2005 (n)

Looking at the data on registered STI diagnoses among the CSWs who visited the healthcare service provided by Health Centre “Elulootus” in the second half of 2005 we see that:

- 1% of the first-time visitors and none of the returning visitors had syphilis.
- Gonorrhoea was diagnosed in 16% of the first-time visitors and in 9% of the returning visitors in one month during the period (4 clients out of 43).
- Chlamydia was found in 43% of the first-time visitors and in 5% of the returning visitors in one month during the period (2 clients out of 43).
- Trichomoniasis was diagnosed in 20% of the first-time visitors and one of the returning visitors.
- 59% of the first time visitors and 6-22% of the returning CSWs in one month suffered from candidiasis,

KNOWLEDGE AND RISK BEHAVIOUR OF THE TARGET GROUP

Mapping the situation

In May 2005, the experts from the Centers for Disease Control and Prevention (S. O. Aral and J. S. St. Lawrence, USA) carried out a rapid assessment in order to map the situation of sex work in Tallinn. For that purpose interviews were conducted with key informants, observations made in locations related to prostitutions and the existing data sources were reviewed.

The main results presented in the study report are the following:

- The different categories of the phenomenon in Tallinn include prostitution in elite brothels, apartments, massage parlours and saunas, hotels, bars, nightclubs, striptease clubs and in the street context. There is also male prostitution which is oriented both to female and male customers. The elite brothels have lower risk of HIV transmission, with the risk being highest in the street context.
- The estimates of different key informants concerning the number of CSWs are between

1000 and 4200 with 200-340 associated with elite brothels, 800-2000 with apartments, and around 500 persons commuting between Tallinn and foreign countries' sex industries, mostly in the Scandinavia.

- A large part of the sex industry in Tallinn is controlled by organised crime. Taxi drivers are the key persons acting as intermediaries between the customers and organised prostitution (brothels, apartments) and earning large amounts from this service. Second group of key persons in the daily operation of the brothels includes so-called madams, barmen and security workers. Typical owners of elite brothels are registered as the owners of a hotel, club, striptease bar, massage parlour or a similar establishment. In smaller locations all the abovementioned functions may be performed by one or two people.
- People come into the sex industry usually by responding to vacancy adverts and through information from acquaintances. The main motivation in entering the sex industry is economic – to improve one's current income and way of life or obtain drugs. Elite brothels apply a trial period on incoming CSWs and sometimes offer the possibility to move to a sex industry in foreign country.
- The services related to prostitution have spread all over Tallinn. While the brothels may be also located in suburban private residences, the hotels, saunas, nightclubs and bars associated with the sex industry are located mainly in the city centre. Prostitution in the street context can be found mainly in the city centre and the Old Town (e.g., Viru Street, centre "Merekeskus", port area) but also in the Northern Tallinn (Sõle Street area). Above all street prostitution is also closely linked with drug use where customer may pay to a dealer who will pay the CSW with drugs.
- Sex industry has been influenced by technological developments such as mobile phones and extensive use of the Internet. It makes it easier to advertise the sex industry and establish customer contacts. It also promotes exchange of information between the customers, enables quick relocation of apartment spaces and increases opportunities of local mobility for the CSWs. The brothels and apartments are also advertised through taxi drivers. Another source of information is adverts in newspapers and magazines.

Surveys among the visitors of the healthcare service

Data collection among the first-time and returning visitors of the healthcare service in Health Centre "Elulootus" and comparative analysis was carried out in cooperation with the NIHD in 2004 and 2005. The first-time visitors are questioned constantly and returning visitors once a year during two or three months. Questionnaire is offered to all new visitors and multiple visitors during the survey period.

In 2004 the analysis included data on 116 first-time visitors (57% of all first-time visitors) and 50 returning visitors and in 2005 106 new CSWs coming to the centre (68% of all first-time visitors) and 72 returning visitors. In the following data from 2005 have been presented. If there have been significant changes compared to 2004, the respective indicators have been presented as well.

General data

- 93% of the first-time visitors of Health Centre "Elulootus" were women and 7% are men. The group of surveyed returning visitors included 15% of men. The mean age of the visitors was 25-26 years.
- Approximately 3/4 of the respondents were of Russian ethnicity, slightly more than 1/10 are Estonians and 1/10 are representatives of other ethnic groups.
- 1/2 or more of the first-time and returning visitors have secondary education. This group is followed by the graduates from vocational schools, with 1/3 among the new visitors and

nearly a 1/5 among CSWs who have been in the centre several times. Compared with 2004 the level of education of the clients has somewhat changed.

- Prior to starting sex work 66% of the first-time visitors were living in Tallinn, 32% elsewhere in Estonia (mainly in East-Viru County) and a couple of persons were living abroad. Only one respondent still lives outside Tallinn after being involved in prostitution.

Experience of prostitution

- 73% of the new CSW coming to the healthcare centre had been involved with prostitution for more than one year. A great majority of the first-time visitors provide sex services in a club, bar, massage parlour or sauna.
- 43% of the first-time visitors had provided sex services abroad, mostly in Finland and Sweden (in 2004 Finland and Germany).
- 13% of the new visitors reported that they have experienced sexual violence in the course of the sex work during the year before the survey.

Drug use

- 11% of the new clients of the centre had not used alcohol during the last six months and 89% had. 44% of the respondents who had been drinking alcohol did so a couple of times per month, 50% a couple of times per week and 2% every day.
- About 30% of the visitors of the centre had used drugs during the last six months.

Using services

- 68% of the CSWs who have been in the centre several times have visited it for more than for one year. Compared with 2004 the percentage of people who have visited the centre for longer than a year is more than redoubled.
- The visits to the centre have become more frequent in comparison to 2004. While in 2004 82% visited the centre a few times per six months and 12% a few times per month then in 2005 the respective indicators were 20% and 68%.
- 76% of the first-time visitors had visited a gynaecologist, venerologist or general practitioner in the last six months prior to coming to the centre. 42% had done so once a year or less during the whole period of involvement in prostitution, 49% several times a year and 9% every month.
- 35% of the returning visitors had also gone to a doctor elsewhere than in Health Center "Elulootus" during the last six months. Compared with 2004 the percentage of people doing so has decreased by more than 40% per cent.
- 79% of the CSW coming to the services for the first time had taken an HIV test at least once in their lifetime. This indicator was 100% among the returning visitors. 16% of the new visitors and 89% of the returning ones had taken an HIV test during three months before the survey. Compared with the data on returning visitors from 2004 approximately 30% more respondents had taken the test in 2005 (see Figure 27). HIV testing is included in the services offered by Health Centre "Elulootus".

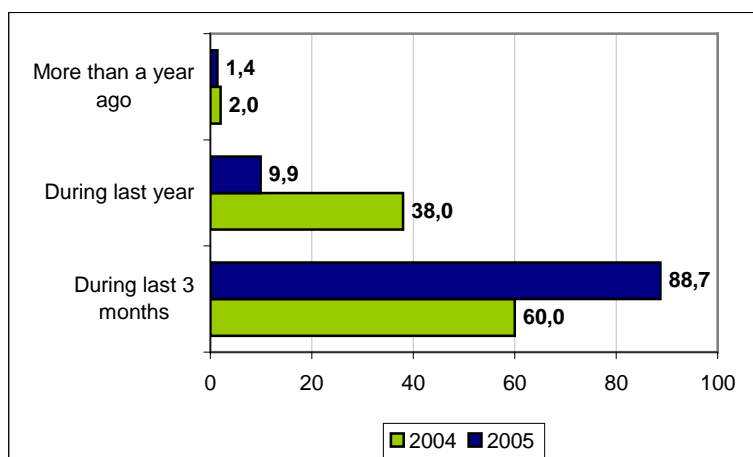


Figure 27: Time of the last HIV test among the returning visitors in 2004-2005 (%)

Knowledge

- The knowledge of multiple visitors about the ways of HIV transmission is better than the knowledge of the new visitors in respect of all three questions posed (related to sharing a syringe, always using a condom and healthy appearance of HIV infected person). More than 1/3 of the first-time visitors and more than 80% of the returning ones gave correct answers to all three knowledge questions. Figure 28 shows the respective indicators for 2004 as well.
- CSWs who had been in the centre several times were asked about two conceptions related to HIV transmission in everyday contacts. No respondents thought that HIV could be transmitted by hugging and 6% thought that transmission is possible by sharing a toilet with an HIV infected person.
- Virtually all first-time and returning visitors are aware that condom protects from sexually transmitted infections. Some first-time visitors also thought that protection from STIs could be achieved through interrupted intercourse.

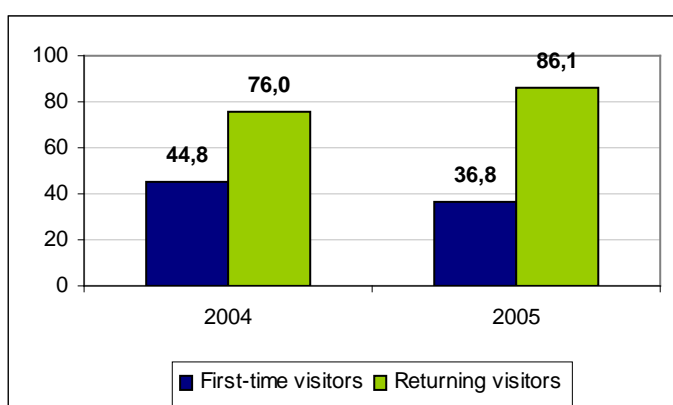


Figure 28: Visitors of the centre with correct knowledge of HIV transmission in 2004-2005 (%)

Risk behaviour in sexual relations with clients

- Compared to the new visitors the group of returning visitors of the centre included 13% more people who always used a condom during sexual intercourse with the paying client in the month before the survey. When comparing the returning visitors in 2004 and 2005 then the indicator has increased in 2005 (see Figure 29).
- 95% of the new CSWs coming to the centre and 100% of the returning visitors had used a condom during the last sexual intercourse with a customer. The respective indicators in

2004 were 89% and 98%, which means an increase by almost 1/10.

- Returning visitors use a lubricant much more frequently than CSWs who were in the centre for the first time. 78% of the returning visitors and 23% of the first-time visitors did so during each sexual intercourse in last six months.

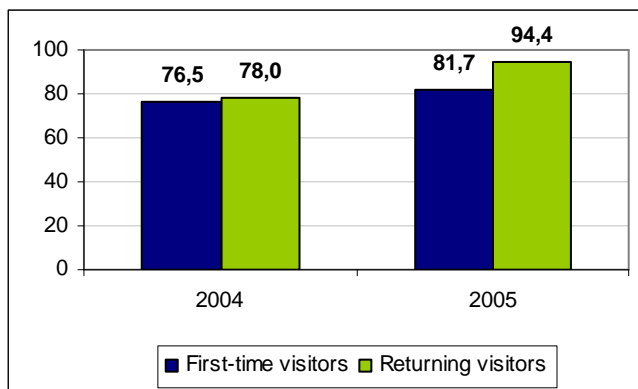


Figure 29: Visitors of the centre who always used a condom in the last month in sexual intercourse with clients in 2004-2005 (%)

5.4. PRISONERS

ACTIVITIES

Objective: To avoid HIV transmission inside penal institutions

The provision of healthcare and social services in the penal institutions is managed by the Ministry of Justice according to the “Action plan for HIV/AIDS prevention in the institutions in the governance of the Ministry of Justice 2002-2006”. All prisoners have access to voluntary counselling and testing service at their arrival in prison and subsequently. A total of 4365 HIV tests were carried out in penal institutions in 2004 and 4852 in 2005. PLWHA have been imprisoned under the general procedure.

Additionally, regular training courses are organised for the prison staff. In 2004 and 2005 the training courses covered the following topics: HIV testing and counselling; HIV/AIDS, accompanying diseases and treatment; promotion of healthy sexual behaviour and prevention of HIV/AIDS and STIs. Condoms are available in the healthcare departments of the prisons and disinfectants in the toilets.

An NGO named Convictus Estonia had organised 16 support groups for PLWHA in the prisons under the activities of the GFATM programme. There were 9 support groups in the first quarter of 2004. In the course of the two years 473 prisoners have been involved in the support groups (222 of them have been released in the meantime). The members of the support groups engage in group work and training to discuss the issues related to HIV/AIDS, STIs, safe sex, drug use and associated topics, as well as topics related to being HIV infected. Group work takes place once a week in each support group. In addition, various manual activities are organised to facilitate communication between the prisoners and development of tolerant attitude.

Convictus Estonia offers individual or small group consultations in all prisons to people under preliminary investigation and to convicted persons. They also organise information hours with discussions on HIV/AIDS and associated topics. There were a total of 600 individual consultations in 2004 and 968 in 2005. The number of people participating in the information hours in the two years was 2313 and 3514 respectively. In 2004 5023 condoms were distributed by the penal institutions under the GFATM programme, with the number increasing to 29257 in 2005. Cooperation with the Central Pharmacy of Prisons for the distribution of condoms started in the last quarter of 2004.

KNOWLEDGE AND RISK BEHAVIOUR OF THE TARGET GROUP

Questioning members of the support groups

As of September 2004 Convictus Estonia and the NIHD have questioned new members of the support groups for PLWHA in prisons. All prisoners who came to a meeting of a support group for the first time were asked to fill out a questionnaire. In May and June 2005 the regular members of these groups were questioned. Everyone who had participated in the activities of a support group for at least one month by the time of the survey were asked to fill a questionnaire as a regular member. The analysis includes the data on 202 first-time participants in the prisoner support groups (94% of all people who joined a support group) and 125 regular members. Questionings were conducted by the leaders of the support groups.

General data

- Approximately 3/4 of the surveyed members of support groups were male and a quarter female. The mean age of the members was 25-26.
- 70% of the new and regular members of support groups were Russians, about 1/5 Estonians and 1/10 represented other ethnic groups.
- 49% of the new members had been in prison from one month to one year by the moment of coming to the support group and 45% had been in prison for longer than a year. 7% had been served their current punishment for less than one month.
- The regular members of support groups have better self-esteem compared with the new members – mean scores 36.3 and 40.0 respectively. (The range of scale is 10-50, a higher score means better self-esteem).
- 49% of the new and 58% of the regular members reported that their life has changed after getting infected with HIV. The changes reported most frequently included desire to live, intention to change one's way of life, quitting drug use and monitoring one's health.

Knowledge

- The prisoners were asked five knowledge questions about HIV transmission ways (always using a condom, permanent uninfected partner, sharing a syringe, mosquito bite, healthy-looking people). Compared with the new members the aggregate level of knowledge of regular members has increased by 17%. 18% of the new members and 35% of regular ones answered correctly to all knowledge questions.
- The regular members of the support groups are more aware than the newcomers of the ways to reduce the risk of transmitting HIV from mother to child (MTCT). The group of regular members who gave correct responses to all three statements related to the topic (taking medication, giving birth by caesarean section, refraining from breastfeeding) was by 19% larger. The indicator was 31% for the newcomers and 50% for regular members.
- The aggregated knowledge of the new and regular members on the prevention of STIs showed no significant differences with indicator values being 38% and 47% respectively.
- Prisoners with accurate knowledge on the ways of HIV transmission also have better

understanding on STI prevention and reduction of the risk of HIV transmission from mother to child (see Figure 30).

- The amount of those who have heard about different means for safe sex (such as male and female condoms, extra strong condoms, lubricants, safety film) has increased during the period of visiting a support group. The indicator remained at a stable level in the case of the male condom, but is already approaching 100% of the new members.

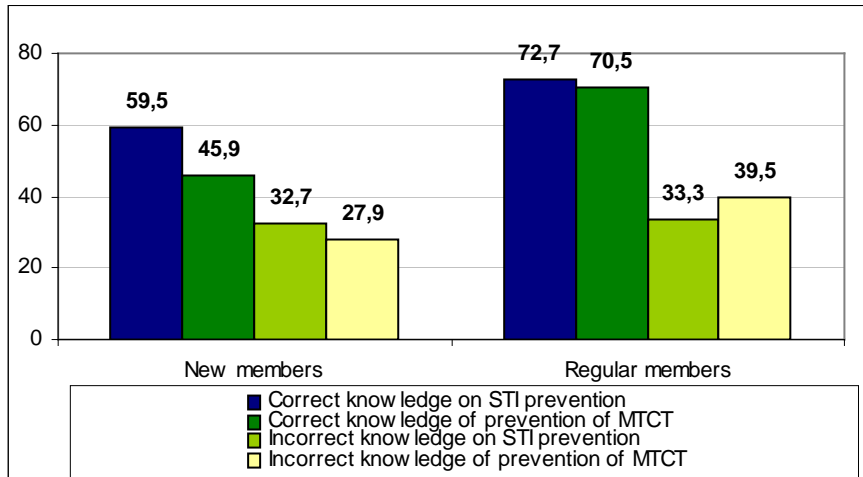


Figure 30: Correct knowledge on HIV transmission in comparison with knowledge on STI prevention and preventing MTCT (%)

Attitude

- About 1/2 of both new and regular members believe that HIV infected guard could work in the prison and more than 60% of the respondents find that HIV infected prisoner should not serve the punishment in a separate department. The difference between data from new and regular members is not statistically significant – the percentage of people giving tolerant responses to both statements was 33% and 44% respectively.
- Prisoners with accurate knowledge of the ways of HIV transmission are significantly more tolerant to PLWHA (see Figure 31).
- Approximately 1/2 of the prisoners believe that PLWHA themselves are at fault for contracting the infection and more than half think that a carrier of the infection should notify his or her acquaintances and friends about it. Less than 1/5 of the respondents found that the life of a HIV infected person loses meaning. The difference between data from new and regular members of support group is not statistically significant.
- According to the assessment of the members of support groups for PLWHA, they have warmest relations with their family members and friends (mean assessment on a 3-point scale was 2.48 and 2.42) and the coldest relations with prison officials (mean 1.66).

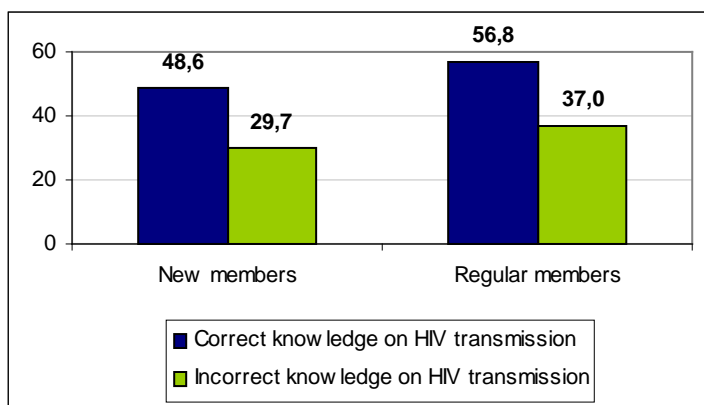


Figure 31: Tolerant attitude to PLWHA in comparison with the knowledge on HIV transmission (%)

Activity of the support group

- The main reasons for joining a support group were the wish to learn more about HIV and AIDS and the need to communicate with other PLWHA.
- 63% of the regular members participate in each meeting of the support group and 26% participate in most meetings.
- The regular members reported above-average satisfaction with the activities and the leader of the support group. The overall assessment of the work of the support group was 3.58 on a 4-point scale. The mean assessment of the support group leader was 3.65.

Survey of prisoners

In the summer of 2004 the Ministry of Justice made in cooperation with the National Institute for Health Development a survey “Knowledge, Attitudes and Behaviour related to HIV/AIDS and Drug Use among the Prisoners” in five prisons (Harku, Tallinn, Murru, Viljandi and Pärnu). The data were collected in July with self administered questionnaires. The analysis included data from 412 respondents (17% of the convicts from the participating prisons).

General data

- 74% convicts participating in the survey were men and 26% women. The mean age of the respondents was 27.7 years. 49% of the respondents were Estonians, 43% Russians and 8% represented other ethnic groups.
- The largest group among the convicts included people with basic education – 32%. One fifth had unfinished basic education, secondary education or vocational education. One tenth had finished or unfinished higher education.
- 38% of the respondents were working, 24% were studying and 29% unemployed before the start of the current punishment.
- The mean number of convictions was 1.9 and the mean time spent in prison was 5.5 years.
- During the last month 75% of the respondents had practiced sports, 39% had participated in hobby groups or group work and 52% had been going to work or school.

Use of addictive substances

- 68% of the surveyed convicts were daily smokers during the month before the questioning. 31% reported drinking alcohol in the last month.
- 50% of the respondents said that they know fellow inmates who have tried or are using drugs. The drugs that were mentioned most frequently as used by fellow inmates were amphetamine and marijuana/hashish.
- Among the respondents themselves 56% had used drugs in their lifetime and 34% had used drugs during their time in prison (29% did not answer to this question). Of this last

group 70% have done so by smoking, 55% by taking pills, 54% by injections, and 42% by snuffing. The drugs that were used most were amphetamine and marijuana/hashish. Sometimes also antidepressants were mentioned. The mean frequency of drug use in the last month was 6.7 times (among the convicts who had used drugs during their time in prison).

Knowledge and conceptions

- 92% of the convicts were aware that HIV could be transmitted through syringe sharing. About 3/4 knew that also a healthy-looking person may be HIV positive and one can protect oneself from getting infected by having sex only with one uninfected partner. Nearly 60% believed that it is possible to protect oneself from HIV by always using a condom and that mosquitoes do not transmit HIV.
- 29% of the convicts answered all five knowledge questions correctly. The knowledge level of Estonians was better compared to other ethnic groups (34% and 24% respectively).
- 22% of the convicts were aware of the methods that can be used to reduce the risk of HIV transmission from mother to child, i.e., gave correct responses to all three proposed statements. The level of knowledge of non-Estonians was better in this question than the knowledge of Estonians (31% and 14% respectively).
- Only a small part of the respondents (in the range of 4% – 16%) had misconceptions about the possibility of HIV transmission in everyday contacts such as sharing a toilet, pool or dishes, or hugging a PLWHA.
- 43% of the respondents stated correctly that of the methods proposed in the questionnaire as means to prevent STIs only the condom can protect from sexually transmitted infections. The knowledge of the women was better in this question.
- The convicts were most aware of the fact that HIV test can be taken in AIDS Counselling Cabinet. 55% knew that a test could be taken in prison as well (see Figure 32). However, 81% of the respondents (i.e., a significantly larger number) indicated that they have taken an HIV test during their time in the penal institution.
- 38% of the respondents had received information on HIV/AIDS mainly from information leaflets and 33% from newspapers and magazines.
- The interest of the respondents in additional knowledge is related mainly with the treatment in the case of HIV and AIDS – 30% of the surveyed convicts would like to receive more information on this topic. About 1/5 of the respondents would like to learn more about HIV and STI prevention, opportunities for HIV testing and the ways of HIV transmission.

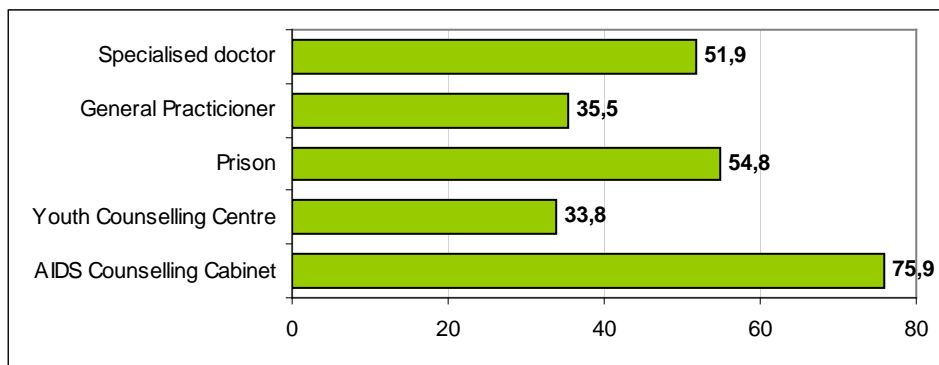


Figure 32: Knowledge of the convicts about the opportunities for HIV testing (%)

Attitude

- More than 1/2 of the convicts say that they are ready to be in contact with PLWHA in various situations (communicating with an infected acquaintance, eating at a common table, sharing a cell, purchasing food from an infected seller in a shop). Exceptions included statements about placing an HIV infected inmate in the same department with other prisoners and HIV positive guard working in the prison. Roughly 40% of the respondents agreed with these statements.
- A tolerance indicator was calculated on the basis of the four propose statements (eating at a common table, sharing a cell, communicating with an infected acquaintance, placing an PLWHA in the same department with others). 25% of the convicts gave tolerant responses to all this statements. The level of this indicator was higher for women and non-Estonians in comparison to men and Estonians.
- The aggregate tolerance indicator was higher in respondents with accurate knowledge of the ways of HIV transmission.
- 77% of the respondents claimed that they know someone with HIV or AIDS. The level of tolerance was also higher in this group – 32%. Among the convicts who did not know any infected persons the value of this indicator was only 3%.

Sexual relationships

- 24% of the respondents reported having sexual intercourse during their time in the penal institution. 37% of them had intercourse in the last month before the study; most with a permanent partner.
- 3% of the respondents indicated that they have been forced to have sex against their will during the time in the penal institution.
- 12% of the convicts said that they have needed condoms during the time in the prison. 52% of this group claimed that condoms were not available to them.

5.5. MEN HAVING SEX WITH MEN

ACTIVITIES

Objective: To decrease risk behaviour among men having sex with men

An important development related to men having sex with men (MSM) in the last two years includes opening the Gay and Lesbian Information Centre (GLIC) in June 2004 in Tallinn by the Estonian Gay League under the GFATM programme. The centre gives information on sexuality, safe sex and the related issues to the target group. They also deal with the rights of the homosexual people, parenting issues, etc. Contacts with the target group are established on site as well as by phone and e-mail. The Gay League also has a related web page at www.gay.ee. The centre received 270 visits in the second half of 2004 and 803 visits in 2005. According to the data from the last quarter of 2005 more than 1/3 of the visitors and more than 1/2 of individual or group counselling clients are men.

Condoms, lubricants and information materials are distributed at the GLIC and all gay-oriented clubs and bars – in seven locations in total. 92 050 condoms and 61 700 lubricants were distributed to the target group in 2004, with the respective numbers rising to 168 400 and 176 050 in 2005 (see Figure 33).

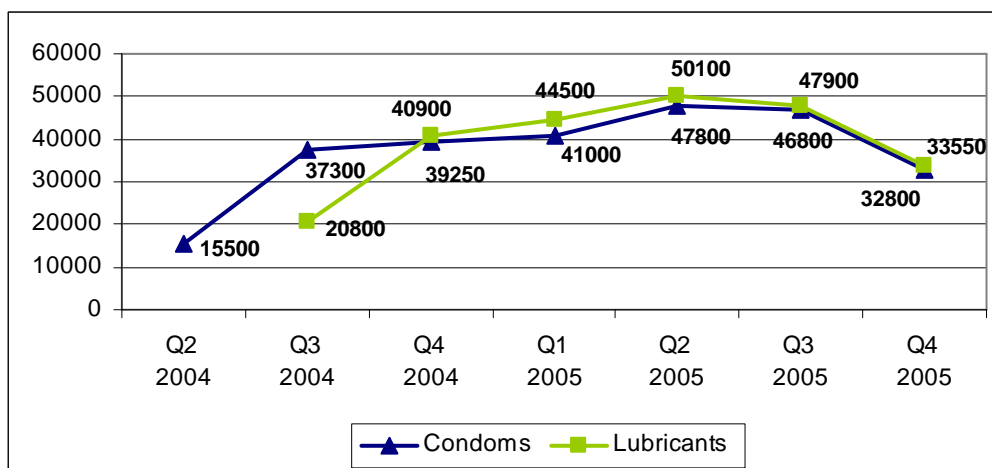


Figure 33: Quarterly number of condoms and lubricants distributed to MSM in 2004-2005

KNOWLEDGE AND RISK BEHAVIOUR OF THE TARGET GROUP

Questioning the visitors of GLIC

A small satisfaction survey was conducted among the visitors of the Gay and Lesbian Information Centre seven-eight months after opening of the centre, i.e., from mid-January to the end of March 2005. 52 visitors filled out the questionnaire. (During that time GLIC received about 240 visits, including the returning visitors.)

- The percentages of men and women among the respondents were similar – 52% and 48%. The mean age of the visitors questioned was 24 years. 71% of the respondents were Estonians, 25% Russians and 4% from other ethnic groups.
- The largest groups among the surveyed visitors of GLIC comprised people with secondary and higher education – slightly more than 1/3 in both groups. 75% of the respondents were living in Tallinn, 15% in Harju County and one tenth elsewhere.
- The largest group of respondents had learned about GLIC from acquaintances or from the Internet. 40% had visited the centre at least once a month during the last month.
- The average assessment of the services provided by the centre at a 4-point scale was 3.6. The respondents were asked to justify their assessment. The comments concerned the friendliness and helpfulness of the staff and availability of relevant information. 51% of the respondents indicated that they have received sufficient information from the Centre; the majority of the rest had received information to a more-or-less sufficient degree. 90% of the respondents were very or quite satisfied with the current location of GLIC.

Internet survey of MSM

The Estonian Gay League and the NIHD have conducted two surveys of homosexual and bisexual men visiting gay-oriented Internet sites. The first survey was conducted over two months in the spring 2004 and the second in the autumn 2005. The target group was surveyed through two web pages: an Estonian page at www.gay.ee and a Russian page at www.gaycity.ee. The results of this survey cannot be extended to the subpopulation of homo- and bisexual men and only concern the men who have visited gay portals (convenience sample). 312 filled questionnaires were analysed in 2004 and 232 in 2005.

The following presents mainly the results from 2005. Indicators from 2004 have been presented if there are any significant changes between the two years.

Socio-demographic indicators

- The mean age of the responding MSM in 2005 was 27.2 years. 60% of them were Estonians, 33% Russians and less than one tenth represented other ethnic groups. Compared to the 2004 survey the sample included 17% less Estonians and 13% more Russians.
- 43% of the respondents had higher education (some of them had a degree) and 25% of MSM had secondary education. About 1/5 had vocational education and basic education or less.
- 64% of the respondents to the Internet survey were living in Tallinn or Harju County, 14% in Tartu County, 7% in East-Viru County, and few respondents were from other regions.

Knowledge and attitudes

- In the case of four knowledge questions out of five the percentage of respondents giving correct answers exceeded 80%. The least amount of correct awareness was noticeable regarding the statement that HIV is not transmitted by mosquito bites.
- 51% of the MSM gave correct answers to all five questions. If the question on the mosquito bite is left out of the indicator, the percentage of MSM with correct knowledge rises to 82%. In 2004 29% of the respondents gave correct answers to all five questions. The data from the two survey years are not exactly comparable since the wording of two knowledge questions was modified in 2005 to improve understanding.
- The respondents included only a small number of people with misconceptions about potential HIV transmission in everyday contacts (sharing a toilet or dishes, hugging). 74% of the MSM gave correct responses to all three statements proposed.
- 3/4 or more of the respondents demonstrated readiness to have contacts with PLWHA, i.e., continue communication with an infected friend, work in the same collective with a PLWHA or purchase food from a store where a seller is infected with HIV. 51% of the MSM gave tolerant responses to all three statements.
- The MSM who have accurate knowledge of HIV transmission and have no misconceptions about the spread of the infection through everyday contacts are also more tolerant towards PLWHA. This correlation is particularly noticeable in connection with the lack of misconceptions. The level of tolerance is at 18% among the people with misconceptions about HIV transmission and the group without misconceptions had a tolerance level of 68%.

Sexual partners

- 66% of the respondents consider themselves homosexual and 24% bisexual.
- During the six months prior to the survey 81% of the respondents had male sexual partners and 70% had male anal sex partners. 78% of the MSM had oral sex with a male partner. The mean number of male partners of the respondents in the last six months was 3.9.
- 66% of the respondents had sex with a regular partner, 50% with non-regular partner and 12% with a partner who was paid for sex with money or otherwise. Compared with the last survey in 2004 the relative importance of respondents having sex with a regular partner has increased by one tenth.
- 25% of the respondents had sex with a female partner in the last six months, with the mean number of female partners being 2.7. 79% of those who had sex with female partner(s) had a regular female partner, 68% had sex with non-regular partner, and 47% with a female partner who was paid for sex with money or otherwise.
- 11.5% of the MSM who visit the gay portals have had both male and female non-regular partners. The number of respondents who had sexual relations with female partners was much higher in the group that identified themselves as bisexual. Homosexual men had

more regular male partners (see Figure 34).

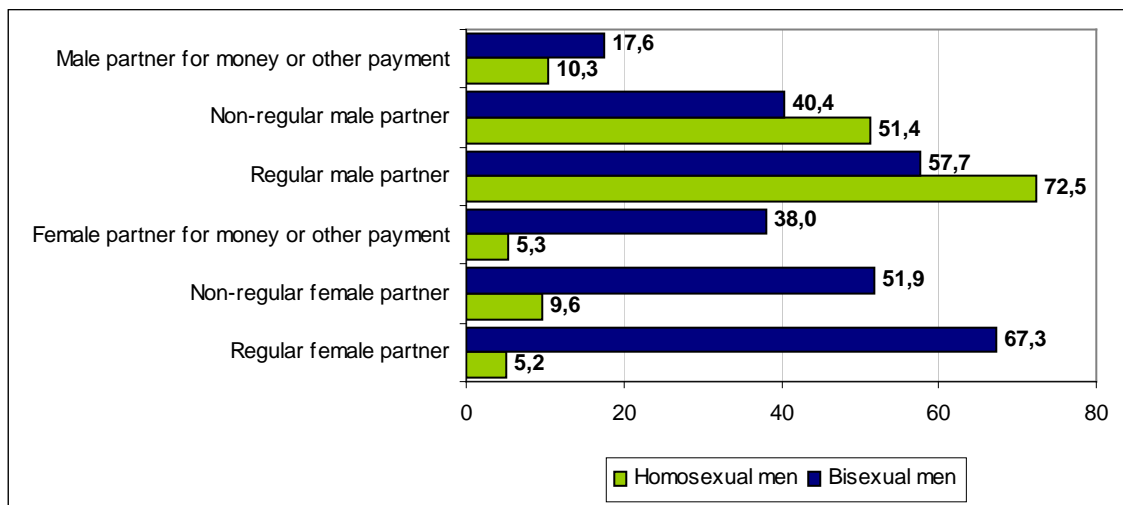


Figure 34: Sexual partners in the last six months by sexual orientation
(% of the people having respective sexual relations)

Condom use

- 55% of the MSM who had sex with a non-regular male partner had used a condom during every sexual intercourse in the last six months. 21% always used a condom with a regular male partner. 54% of the respondents had used a condom during their last anal intercourse.
- 1/2 of the respondents who had anal intercourse had used lubricant every time during anal sex with a male partner in the last six months. Compared with 2004 the frequency of lubricant use has increased. The amount of respondents who always used lubricants has increased by 14%, with equal drop in the group who never used lubricants (see Figure 35).
- 82% of the respondents who had oral sex with a male partner did not use a condom during oral sex in the last six months and 1% always used a condom. The last indicator was higher in 2004 when 6% of the respondents reported always using a condom.
- 25% of the respondents having sexual intercourse with a female partner always used a condom with regular partner in the last six months before the study. In the case of non-regular partners and paid sex respectively 33% and 39% of MSM had always used a condom. The difference between the types of partners is statistically insignificant.
- 47% of the respondents had taken an HIV test at least once in their lifetime. 65% of them had taken the test during the last 12 months before the survey.
- The risky sexual behaviour score was calculated separately including five different components associated with condom use with non-regular partners and with the partners who were paid for sex. Based on the scores MSM were divided in three risk groups. The largest group includes MSM with high risk behaviour – 43%. 30% belonged to the low risk group and 27% to the zero risk group, i.e., respondents who used condom in each situation covered by the survey.

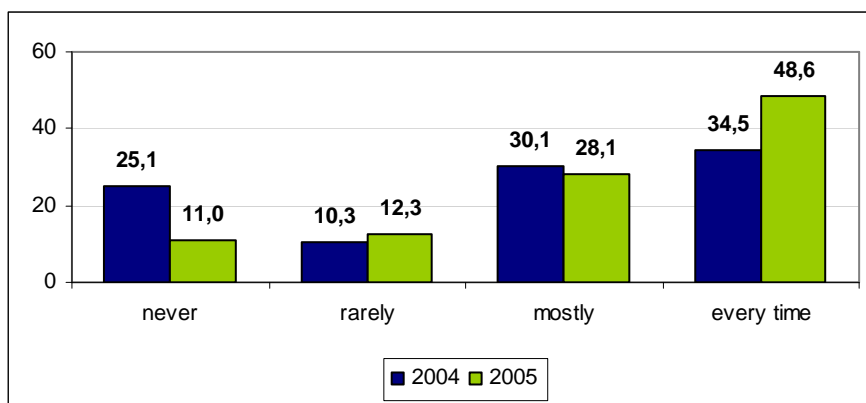


Figure 35: Frequency of lubricant use in the last six months (% of respondents who had anal sex)

5.6. PEOPLE LIVING WITH HIV AND AIDS

ACTIVITIES

Objective: To improve quality of life of people living with HIV and AIDS

Healthcare services

The health condition of the infected persons is monitored by infectologists in five different cities – Tallinn, Narva, Kohtla-Järve, Tartu and Pärnu. The infectologists have registered approximately 1700 PLWHA. An earlier problem has been provision of the services to the people without health insurance, but in 2004 and 2005 the expenses of health monitoring of these people have been covered (from the GFATM programme and from the National Prevention Programme in the beginning of 2004). Monitoring and treatment of the infected persons takes place according to the HIV infection diagnostics and treatment guidelines developed in 2003 by the Estonian Association of Infectologists.

The high-quality three-component antiretroviral (ARV) treatment is currently provided in four hospitals and it is without charge for all patients who are in need (irrespective of the status of their health insurance). The hospitals providing ARV treatment are West-Tallinn Central Hospital, East-Viru Central Hospital, Narva Hospital and Tartu University Hospital. ARV medication was purchased in 2004 and 2005 for the resources of the GFATM programme, National HIV Prevention Programme and the Health Insurance Fund. (Health Insurance Fund purchases one type of medication for people with health insurance.) ARV treatment was provided to 255 individuals in the end of 2005 (see Table 11). In the end of 2004 this indicators was lower by more than a half with 116 people receiving the treatment. An extensive increase in the number of people needing the treatment can be predicted in the following years.

Table 11: Number of people receiving ARV treatment in December 2005 in different hospitals

<i>Hospital</i>	<i>No. of people receiving ARVs</i>
West-Tallinn Central Hospital	154
Narva Hospital	47
East-Viru Central Hospital	1
Tartu University Hospital	11
Other (prisoners, pregnant women)	42
TOTAL	255

Support services

In 2005 support groups for PLWHA were organised by the Narva Rehabilitation Centre for Drug Users and Alcoholics and Ltd Corrigo in East-Viru County (the latter since October 2005) and the ESPO Society, AIDS Prevention Centre and Convictus Estonia in Tallinn. By the end of 2005 about 150 people went to support groups and more than 400 people when including the support groups in prisons. The activities of these groups include group work based in the principle of self-help guided by the specialists. Individual counselling is available and thematic seminars are organised. The organisations provide information and counselling also to PLWHA and their relatives who are not members of the support groups.

QUALITY OF LIFE OF THE TARGET GROUP

A survey on the quality of life and discrimination of PLWHA was organised between beginning of June and beginning of October 2005 in Tallinn, Narva and Kohtla-Järve among the people visiting an infectologist. The survey was conducted in cooperation between the NIHD, West-Tallinn Central Hospital, East-Viru Central Hospital and Narva Hospital. The sample includes people who are at least 18 years old and had been aware of their HIV status for at least three months. The analysis includes data from 451 PLWHA. The results of the survey cannot be extended to all infected persons in Estonia and are only relevant to the persons who visit infectologist.

General data

- 71% of the respondents were in the age group 20-29. Age groups 18-19 and 30 or above both comprised less than a fifth of the respondents. Slightly more men than women participated in the survey – 54% and 46% respectively.
- 86% of all respondents were Russians, 10% were Estonians and 4% represented other nationalities. 30% of the people visiting infectionist indicated Tallinn as their place of residence, 65% lived in East-Viru County and 5% in other regions of Estonia.
- 54% of the respondents lived with a spouse or partner and 44% had children (mostly a single child).
- 40% of the respondents had basic education or less, 24% had secondary education, 31% had vocational secondary education and 4% higher education.
- The largest group – 37% – comprised unemployed persons and jobseekers. 29% were paid employees or undertakers, 15% were on maternity or childcare leave and 7% studying (one tenth answered “other”). The relative number of undertakers and employed persons was higher and the relative number of unemployed persons and jobseekers lower in Tallinn compared with Kohtla-Järve and Narva.
- In 45% of the respondents the maximum monthly income per family member was 1000

kroons. 17% of the respondents received an income of more than 3000 kroons per family member (see Figure 36). Compared with East-Viru County the relative number of respondents with monthly income per family member exceeding 2500 kroons was significantly higher in Tallinn.

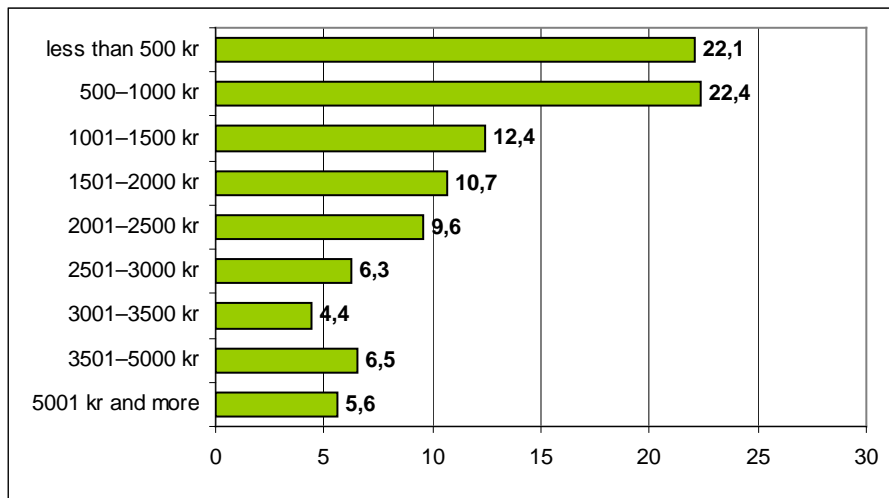


Figure 36. Monthly income per family member (%)

Indicators associated with HIV infection

- 55% of the PLWH visiting infectionist had been aware of their infection for three years or more; including 62% of the men and 47% of the women. A total of 20% knew about their infection for a year or less (see Figure 37); including more men than women (25% and 15% respectively). The group of respondents from Tallinn included more people who had only recently learned about their infection. In Narva there were more people who had been aware of their infection for more than 5 years.
- 60% of the respondents (n=268) had no complaints according to the infectologist (i.e., they felt healthy), 37% (n=163) had complaints and 3% (n=12) had diagnosed AIDS. Only 4% of the group who had been aware of the infection for more than 5 years had no complaints.
- The older age groups included also increasing numbers of respondents with complaints or AIDS diagnosis – 60% in the oldest group (30 years or more) and 22% in the youngest group (18-19 years). Regionally the most respondents with complaints or AIDS diagnosis came from Narva.
- More than 1/2 of the survey participants believed that they were infected by injecting drugs and more than 1/3 reported contracting the infection sexually. Getting infected with HIV through drug injection was predominant in all age groups, except the group 18-19 where sexual transmission was prevalent (60%).
- The percentage of people who received the infection through injections is significantly higher among men than women. The largest group of female respondents reported contracting the infection from a sexual intercourse with a man (see Figure 38). 72% of the respondents in Kohtla-Järve, 60% in Narva and 49% in Tallinn believed that they were infected when injecting drugs.

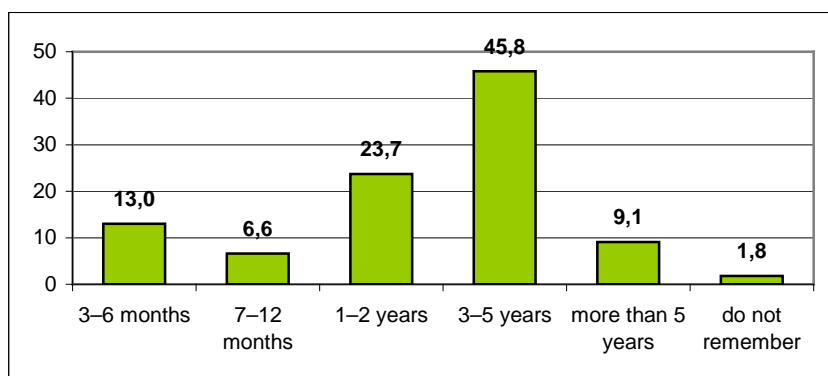


Figure 37: Period of awareness of being infected with HIV (%)

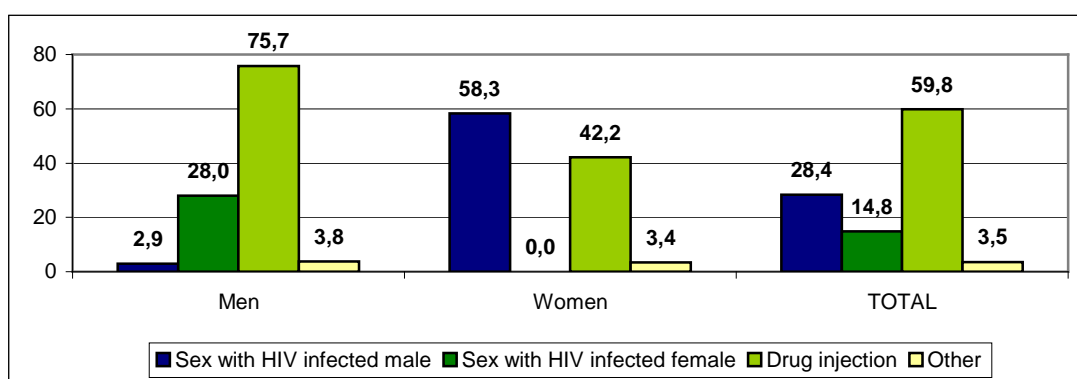


Figure 38: Assumed way of getting infected with HIV by sexes (%)

Attitude of others

- The respondents have told about their HIV status mostly to their parents (62%) and spouses/partners (52%). A quarter had notified their family doctor and 8% had told no one of their infection.
- According to respondents' own assessment, the relations with relatives and acquaintances who know about their HIV status are mostly good or normal – this is reported for different types of acquaintances by 75-94% of the respondents. The respondents from Narva reported slightly more overruling attitudes from the relatives and acquaintances that the respondents from Kohtla-Järve and Tallinn. For example, 11% of the respondents from Narva had experienced negative attitude from medical personnel, with the same indicator being at 4% in Kohtla-Järve and 3% in Tallinn.
- Pejorative remarks in connection with being or allegedly being HIV infected have been most frequently experienced from simple acquaintances – as reported by 26% of the respondents. 1/5 report that they have heard pejorative remarks from their family members, friends and medical personnel. 5% of the respondents have experienced direct physical violence due to being or allegedly being HIV infected.
- Some respondents had experienced refusal to communicate with them due to being or allegedly being HIV positive. The most frequent refusals were related to sexual intercourse (reported by a quarter of the respondents). Other common refusals concerned kissing (15%), medical assistance (12%), shaking hands or hugging (9%) and sitting next to the person (9%). 38% reported having felt loss of respect from others in connection with their HIV status.
- About 1/10 of the respondents believed that they lost their job due to being HIV infected and more than a tenth thought that they were not employed for that reason. 14% reported that potential employers have requested a certificate on their HIV status. These indicators are higher in Narva than in Kohtla-Järve and Tallinn (see Figure 39).

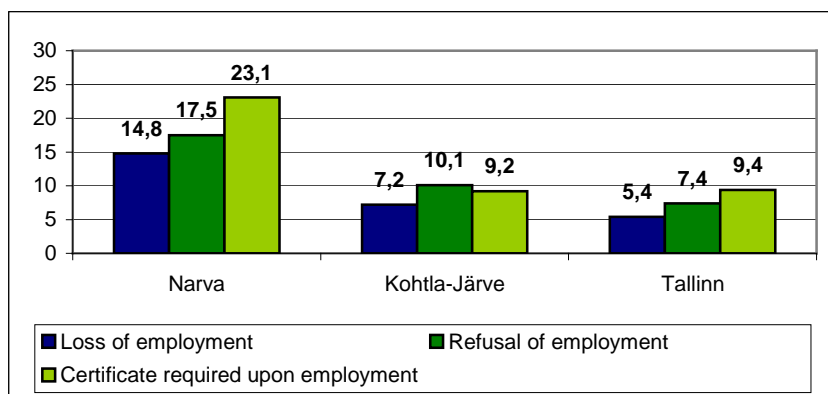


Figure 39: Respondents who have experienced problems getting or maintaining a job due to being or allegedly being HIV infected (%)

Healthcare and support services

- 63% of the respondents (1/2 of the men and 3/4 of the women) had a valid health insurance.
- 97 survey participants, i.e., 22 %, received antiretroviral treatment. 15 of them were women who received ARV treatment due to pregnancy.
- 2/3 of the respondents were very or rather satisfied with the medical assistance provided to them and 12% were partially or completely dissatisfied. Respondents without complaints reported higher levels of satisfaction with the quality of medical care compared to the group with health complaints. The satisfaction with medical care was significantly higher in Tallinn than in Narva and Kohtla-Järve. The satisfaction with medical services was higher in Kohtla-Järve than in Narva.
- 9% of the respondents (11% of the men and 6% of the women) were currently visiting support groups for PLWHA and 82% had never done so. The amount of people visiting or have been visiting support groups is bigger among PLWHA with health complaints compared with respondents without complaints.

Assessment of the quality of life

- The questionnaire developed by WHO was used to study the quality of life of the PLWA visiting infectologist. The questionnaire included 6 domains, 29 sub-domains and 116 questions. Responses to the questions were given on a 5-point scale. The domains concerned physical condition, psychological condition, independence, social relations, surrounding environment, religious and personal convictions.
- The combination of all responses gives a general quality of life profile in the range between 1 and 5. The mean quality of life score of the respondents was 2.9, i.e., slightly below the mean value (the mean value of this scale is 3).
- The mean quality of life score was higher in women than in men (3.0 and 2.8 respectively). The quality of life score was higher in respondents from Tallinn than those from Kohtla-Järve and Narva (3.2, 2.8 and 2.7 respectively).
- The mean score of respondents without complaints was higher than that of the respondents with complaints (3.1 and 2.7).
- Five of the 29 sub-domains are more specifically connected to the topic of HIV/AIDS. These include: symptoms and complaints, social inclusion, forgiveness and guilt, concern about the future, death and dying. The scores in each of these sub-domains were above the mean value on the 5-point scale, being in the range between 3.1 and 3.8.

5.7. HIV TESTING AND COUNSELLING

ACTIVITIES

Objective: To make HIV testing and counselling service available to everyone interested

Monitoring the spread of the HIV infection in Estonia is the responsibility of primary laboratories, which are located in all larger medical institutions of the country (33 in total), as well as the HIV Reference Laboratory in West-Tallinn Central Hospital. A total of 126 970 people were tested in Estonia in 2004 and 122 178 in 2005. The largest group – about 1/3 – comprises blood donors whose testing is mandatory.

A blood test for HIV antibodies may be taken in all medical institutions, six AIDS Counselling Cabinets and 17 Youth Counselling Centres. HIV testing is offered in all newly registered pregnancy cases, to the people examined for tuberculosis or STIs and to the imprisoned persons. The AIDS Counselling Cabinets are located in Narva (under Narva Hospital), Kohtla-Järve (under East-Viru Central Hospital), Tartu (under Tartu University Hospital), Pärnu (under Pärnu Hospital) and two are in Tallinn (in West-Tallinn Central Hospital and AIDS Prevention Centre). The work of the cabinets is included in and funded from the National HIV/AIDS Prevention Programme. The AIDS Counselling Cabinets offer free tests for HIV and syphilis. The visitors are counselled in the issues of testing and risk behaviours. Nearly 5000 people were tested in the cabinets in 2004 and nearly 6000 in 2005. Six AIDS Counselling Cabinets perform approximately 5% of the tests in Estonia, but discover about 1/3 of all new HIV cases (see Table 12). Table 13 shows the number of people tested in the different cabinets during the last two years.

Table 12: Number of tests and new HIV cases discovered in the AIDS Counselling Cabinets in 2004-2005

<i>Year</i>	<i>Number of people tested</i>	<i>% of all people tested in Estonia</i>	<i>Number of HIV cases discovered</i>	<i>% of all cases discovered in Estonia</i>
2004	4 914	3.9	259	34.9
2005	5 999	4.9	226	36.4

Table 13: Number of tests and new HIV cases discovered in individual AIDS Counselling Cabinets in 2004-2005

<i>Location of the cabinet</i>	<i>Number of people tested</i>		<i>Number of discovered HIV cases</i>	
	<i>2004</i>	<i>2005</i>	<i>2004</i>	<i>2005</i>
Tallinn, West-Tallinn Central Hospital	1 826	1 924	71	57
Tallinn, AIDS Prevention Centre	1 167	1 704	44	46
Narva, Narva Hospital	659	1 042	103	83
Kohtla-Järve, East-Viru Central Hospital	276	210	36	37
Tartu, Tartu University Hospital	705	987	5	3
Pärnu, Pärnu Hospital	281	132	0	0

DATA ON THE TESTED PERSONS

As of the second quarter of 2004 all AIDS Counselling Cabinets use forms to collect data from the visitors concerning their socio-demographic indicators, risk behaviour and potential ways of contracting HIV. The pilot questionnaires were implemented in the end of 2003. In 2005 forms were filled (by the personnel of the cabinet) on 4847 clients, comprising 76% of the total number of visitors. Data analyses was done by NIHD.

General data

- 55% of the clients of the AIDS Counselling Cabinets (on whom a form was filled) were men and 45% were women.
- The majority of the visitors – 54% – were aged 15-24. In 2005 17% of the clients were aged 25-29, 11% were aged 30-34 and 17% were older. The percentage of children aged 10-14 was 1 %. Compared with 2004 the mean age of the visitors has decreased slightly – it was 27.5 in 2004 and 26.1 in 2005. The clients in Harju County and East-Viru County are on the average three years younger than the clients in other regions of Estonia.
- In 59% of the cases the language of counselling has been Estonian and in 40% of the cases Russian. 1% of the visitors of the AIDS Counselling Cabinets (n=41) were foreigners. Most of them came from Finland, Germany or United Kingdom.
- 59% of the clients in 2005 were employed (12% were working and studying) and 30% were studying. 12% of the visitors did neither study nor work. The relative importance of the last group is higher in East-Viru County than in other regions (including Harju County, Tartu County and the rest of Estonia) – 19%.
- 42% of the visitors of the cabinet had taken an HIV test before. More men than women had done so – 45% and 38% respectively.

Sexual partners

- 94% of the respondents were heterosexual and 3% homo- or bisexual (for 3% the questionnaire reads “unknown”). More men than women were reported homo- and bisexual – 5% of the men and 1% of the women.
- 32% of the visitors had sexual intercourse with a regular partner during the last 12 months before the visit to the cabinet. 76% had had sex with a non-regular partner and 5% with a commercial sex worker. A couple of per cents told that they had sexual intercourse with an injecting drug user or a person they knew was HIV positive.
- Like in 2004, the group of women included more people who had intercourse with a regular partner or known HIV infected person while men had more non-regular partners and more sex with CSWs. The group of people having sex with a non-regular partner was largest in the age group 15-19 and among the residents of Harju County. The group of people who had sexual intercourse with a CSW during the last 12 months was also largest in Harju County. The group of people who had sex with an IDU and a person they knew was HIV infected was largest in East-Viru County.
- Compared with 2004 the visitors of the AIDS Counselling Cabinets include more people who had sex with a non-regular partner and less people who had intercourse with an IDU or CSW.

Condom use

- The level of condom use is very low among the clients of AIDS Counselling Cabinets. Only 1/10 of the respondents always used a condom in sexual intercourse with a non-regular partner in the last 12 months. The percentage of people always using the condom is largest in the group of respondents who had sex with CSW – more than 40%. Slightly more than 1/4 of the people having intercourse with a HIV infected partner have always

used a condom (see Figure 40). The number of people who used condom in their last intercourse is somewhat larger in the case of some partner types.

- The female visitors of the cabinets had used a condom with regular and non-regular partners less frequently than the men. Much fewer people in Harju County use a condom with a non-regular partner compared to Tartu County and the rest of Estonia. 4% always used a condom with a non-regular partner in the last 12 months in Harju County, 8% in East-Viru County, 17% in Tartu County and 16% in the rest of Estonia.
- In comparison to 2004 changes are noticeable in respect of two partner types. The number of people always using a condom with a non-regular partner has decreased and the number of people always using a condom when having sex with CSW has increased. In 2004 10% of the respondents always used a condom in casual relationships and 26% of the respondents always used a condom with CSWs.

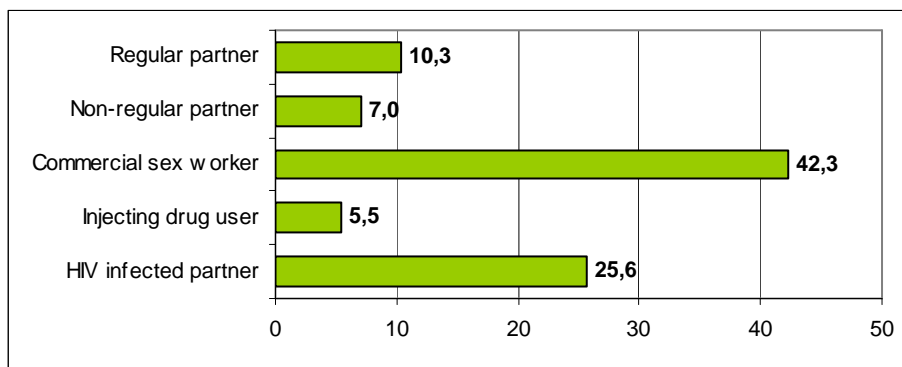


Figure 40: Respondents who always used a condom in the last 12 months by different partner types (% of the people who had sex with this type of partner)

Drug use and sharing syringes

- 11% of the visitors of the AIDS Counselling Cabinets had used drugs by injection and 26% by other methods in the last 12 months.
- In respect of both methods the number of drug users was twice as high among the men compared with the women. With 17% East-Viru County had more injecting drug users than Harju County and the rest of Estonia. Both East-Viru County and Harju County had more people using drugs by other methods than in other regions.
- Compared with 2004 the percentage of people who have injected drugs during the last 12 months has decreased by 4% in 2005, with an equivalent increase in the group that used drugs by other methods.
- 60% of the persons who had injected drugs had shared a syringe with others one month ago or more recently. 19% of the persons who had injected drugs in the last year had never shared a syringe.
- More men than women reported sharing a syringe with other drug users in their lifetime – 84% and 75% respectively. Compared with other regions Harju County had more people who had shared a syringe – 95%.

Potential way of HIV transmission

- In the case of 80% of the visitors of the cabinets in 2005 the collected data indicated sexual intercourse as potential way of transmission and injecting was reported for 3% of the visitors. In 6% of the client, transmission of HIV either through sex or injections was reported possible.
- In case of men injecting drugs was reported more frequently as a potential way of contracting HIV than in women. Sexual transmission or “other way” was reported more frequently by women.

- In Harju County significantly more respondents indicated sexual contacts as possible way of contracting the infection (the difference was not significant in comparison to “rest of Estonia”). Compared with other regions Harju County and East-Viru County reported injections more frequently as potential way of transmission.

Clients identified as HIV positive

- A questionnaire was filled out on 72% (n=163) of all visitors of the AIDS Counselling Cabinets in 2005 who were identified as HIV infected (n=226). 25% of them were aged 15-19, 37% 20-25, and 23% 25-29. 15% were aged 30 years or more.
- 88% of the identified HIV infected people were counselled in Russian and 11% in Estonian. 39% did neither study nor work.
- 62% of the infected visitors had taken an HIV test before.
- 87 % identified themselves as heterosexuals and 6% as homo- or bisexuals.
- 60% had sex with a non-regular partner in the last 12 months, 39% with a regular partner, 27% with IDU, 4% with CSW, and 10% with a HIV infected person whose status they knew.
- Only a very small number of persons identified as HIV positive had always used a condom with different partners during the last year (see Figure 41. Due to the small number of respondents data could not be given for two types of sexual partners). Twice as many respondents had used a condom during the last intercourse.
- 62% of the visitors identified as PLWHA had injected drugs in the last year. 12% of them had never shared syringes with others. 79% of the group had shared syringes during the last month before testing.
- Collected data indicates sexual relations and either sexual relations or injections as the most frequent possible ways of transmission (see Figure 42).

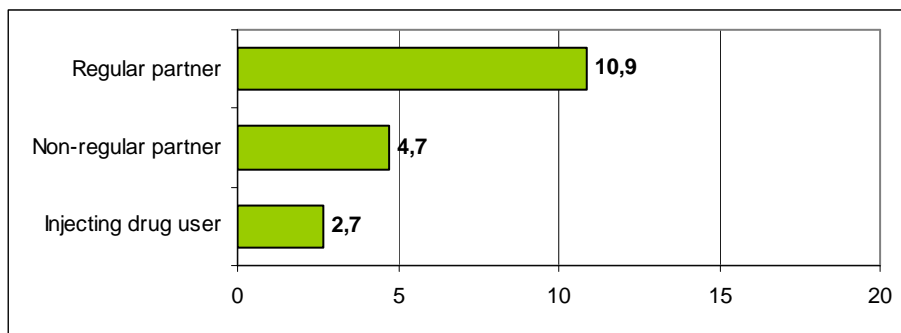


Figure 41: Discovered HIV infected persons who always used a condom in the last 12 months (% of the people who had sex with this type of partner)

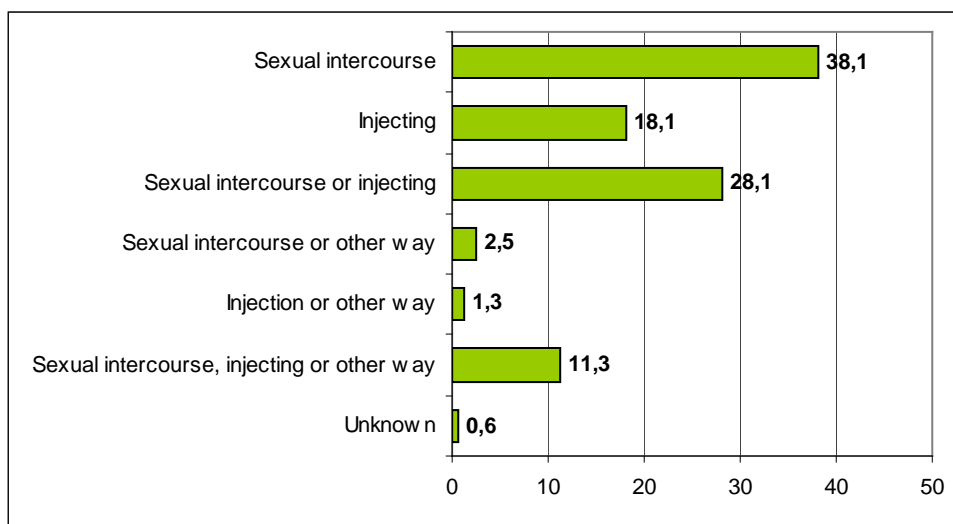


Figure 42: Presumed way of getting the infection among the HIV positive visitors (%)

5.8. GENERAL POPULATION

ACTIVITIES

Objective: To increased awareness in the general population

Events and campaign

On 1 December 2004 the HIV/AIDS-related rock musical “RENT”, funded from the national programme and the US Embassy, was premiered. There were a total of 26 shows, seen approximately by three thousand spectators. 10% of the proceeds of the show were contributed to HIV/AIDS prevention.

A campaign “Notice the person, not the disease!” was organised in the spring 2005. It was funded from the National HIV/AIDS Prevention Programme and by the US Embassy and it aimed at increasing tolerant attitude towards PLWHA. Posters were displayed in the bus stops in six cities and a TV clip was shown in two channels (Kanal 2 and PBK). The TV clip and/or outdoor posters were noticed by 50% of the Estonian residents aged 15-74. Almost 3/4 of the people who had noticed the adverts stated that the campaign made them think that they should be more tolerant towards the people infected with HIV.

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

For several years World AIDS Day concerts have been organised on 1 December in Kaarli Church in Tallinn. In 2004 the charity concert featuring well-known artists was titled “Open your eyes” and it was attended by about 1400 spectators. Estonian Prime Minister (J. Parts)

was the patron of the event. The 2005 concert in Kaarli Church was associated with the main idea of the concurrent campaign “Notice the person, not the disease!” and the 21st Century Orchestra performed with well-known musicians and artists. The concert was attended by about 1700 people. Concerts in both years were also shown in the public television (ETV) and in both years contributions were collected for medical equipment required for monitoring HIV infected children.

County prevention and health promotion councils

All 15 county governments have established drug prevention or health promotion councils. The councils include representatives from local governments and various organisations in the county. The task of the councils is to implement the national health strategies and programmes at the county level. For that purpose they prepare strategic directions of health promotion in the county as well as annual action plans. The content and target groups of the activities managed by the councils may vary somewhat in different counties depending on the situation with health problems in each specific region. Project tenders are organised to make allocations to various local organisations. In addition, the councils organise prevention events and training courses for the youth, seminars or information days for the local government members and different specialists. The activities at the county level are supported from the National HIV/AIDS Prevention Programme and Drug Use Prevention Strategy. Figure 43 shows the division of the amounts allocated to the county councils in 2005 by individual activity types.

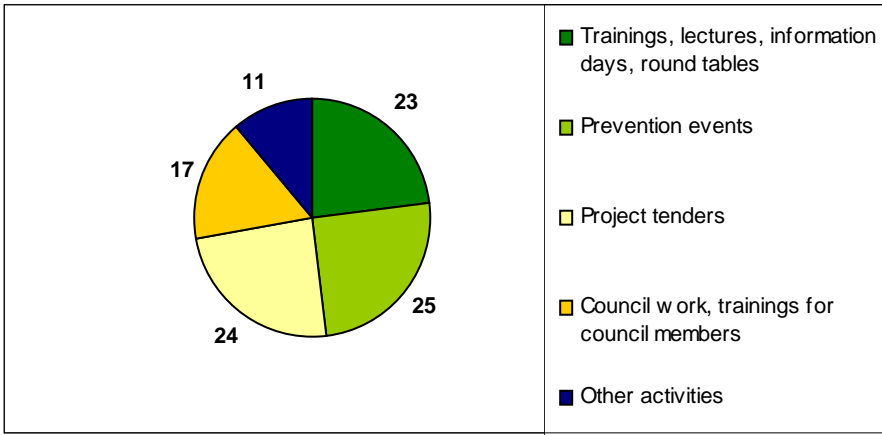


Figure 43: Division of expenses of the county councils in 2005 (%)

6. EXTERNAL EVALUATIONS

Two external evaluations of the national preventive initiatives and one mission to assist Estonia in developing a National HIV and AIDS Strategy were carried out in 2004 and 2005.

In April and May 2004 the Center for Policy Studies PRAXIS conducted key informant interviews with representatives from different institutions and organisations to evaluate the process in HIV/AIDS prevention. Their report indicates that:

- All common and accepted preventive methods have been covered in Estonia at least on the level of objectives. The procedure for setting priorities has improved and activities have become more specific. However, resource planning should reflect more the strategic choices.

- The field is seen primarily as the problem of the Ministry of Social Affairs, but effective prevention requires involvement of several other ministries and initiative from the local governments.
- In the next years the key issue in the field of HIV/AIDS will be the capacity of the healthcare system to provide the required medical services to all PLWHA needing them.

In December 2005 R. Drew (independent consultant) and U. Laukamm-Josten (WHO European region) carried out an external evaluation of Estonian GFATM Programme process. They visited most of the programme partner organisations, conducted interviews with their representatives and reviewed programme-related documents. Their evaluation report presents main conclusions in five sub-domains, presenting also a wider picture of the prevention work in Estonia. Some observations:

- The main systems for the implementation of the GFATM programme have been created and in general they are operating well. The desired results had been achieved in most of the activities by the end of the first programme period (September 2005).
- The following positive organisational developments have occurred in connection with the implementation of the GFATM programme: The syringe exchange service has been extended and well developed, the scope of activities in penal institutions has extended, a Gay and Lesbian Information Centre has been created, funding has been provided to the support services for PLWHA and a network of organisations active in the field has emerged, health monitoring has been enabled for PLWHA without health insurance.
- The experts noted the need for further extension of the syringe exchange, the limited number of methadone treatment patients and absence of harm reduction services in penal institutions as problems. They also found that several services could be more easily accessible to the target groups.
- An extensive monitoring and evaluation system has been created in the framework of the programme and it has been positively evaluated by the GFATM. A uniform national M&E system is not yet in place.
- In order to prevent problems with the sustainability of the extended activities after the end of the GFATM programme the plans and agreements for future financing should be in place before the end of the GFATM programme. The key development in this field is the implementation of the National HIV and AIDS Strategy.

The World Health Organisation (WHO) mission to assist Estonia in developing a National HIV and AIDS Strategy 2006-2015 included three stages – October and December 2004 and March 2005. The summary report of the mission indicates that preparation of the strategy is an evidence of Estonia's concern for the seriousness of the HIV epidemic. The document reflects heightened level of political commitment to the complicated process of finding a consensus in strategy development. (The creation of the strategy was assisted by the representatives of many organisations, institutions and interest groups.) The strategy is evidence-based and based on international experiences. The local competence in HIV/AIDS prevention is constantly increasing. The strategy development should not end with the drafting of the final document, but it should constantly continue in the framework of implementation of the strategy.

CONCLUSION

By the end of 2005 a total of 5063 HIV cases were discovered in Estonia and AIDS had been diagnosed 100 times. Important amount of the infected persons are still unidentified. The speed of HIV transmission in Estonia is still highest in Europe (the incidence per 1 mln residents).

The registered data on new HIV cases include some signs of changing socio-demographic indicators. Registered PLWHA in Estonia include mainly young people aged 15-24, but the percentage of persons aged 25-29 and above is rising compared to the beginning of the epidemic. The proportion of men and women among the new cases is changing – the proportion of women has increased compared to the start of the epidemic. The number of HIV positive pregnant women has increased over the years.

In Estonia the prevention of HIV infection has been dealt with for more than fifteen years. In 2004 and 2005 the activities coordinated from the stat level were governed by the National HIV/AIDS Prevention Programme and the GFATM Programme in Estonia. In both years approximately 40 million kroons (about 2,6 Euros) were allocated to national preventive activities through these programmes. In December 2006 the Government of the Republic adopted the Estonian National HIV and AIDS Strategy 2006-2015. National public health programmes and strategies are coordinate through the Ministry of Social Affairs and the National Institute for Health Development. HIV prevention reaches the local levels through various non-governmental organisations, private limited companies, hospitals, county councils and local governments.

Injecting drug users

Injecting drug users are still the highest-priority target group in preventive activities. A survey conducted in 2005 among the drug users in Tallinn and Kohtla-Järve indicated that 62% of the 450 survey participants were HIV infected and 1/3 of them were unaware of that fact. The mean age of initiation to injecting drugs was 17 years. Nearly 2/3 had injected drugs for at least 6 years and almost one half of the survey participants were injecting on a daily basis. The drugs that were used most frequently were fentanyl and amphetamine. 71% of the respondents had not shared a syringe or a needle in the last four weeks and 51% always used a condom during sexual intercourse. 62% had taken an HIV test during the last 12 months.

In 2004 and 2005 the injecting drug users have been provided syringe exchange, counselling and methadone treatment services in the framework of HIV prevention. Over the two years the syringe exchange points operating in the framework of the GFATM programme received 5840 first-time visitors, with the total number of visits being at 137 173. The numbers of visits and the numbers of syringes distributed to drug users in the SEPs have been increasing constantly and the number of SEPs has grown. According to the survey of the SEP clients, almost 2/3 of the multiple visitors visit the syringe exchange at least once a week. The level of knowledge among first-time and multiple visitors has improved with each year and the level of risk behaviour has slightly decreased. The percentage of people taking HIV tests has increased as well.

Methadone treatment is provided at seven locations in Tallinn and East-Viru County. By the end of 2005 more than 500 people in total were receiving methadone treatment.

Youth and general population

According to the 2005 Estonia-wide youth survey 1/5 of the young people aged 14-15 and

nearly 1/2 of the young people aged 16-18 had experienced sexual intercourse. The younger the age of the respondents, the more non-regular sexual partners they had. The age group 16-18 included the highest number of young people who had always used condom in casual relationships – 61%. The age group 25-29 has the lowest indicator of always using a condom – 33%. The respective indicators were 47% and 41% for the age groups 14-15 and 19-24. 4% of the age group 14-18, 1/4 of the age group 19-24 and more than 1/3 of the age group 25-29 had taken an HIV test at least once.

The youth activities in 2004 and 2005 have included trainings on HIV/AIDS related issues for the pupil, vocational school students, conscripts and young people in social care institutions. In addition trainings have been provided to peer educators, teachers of Human Science and specialists. A total of 322 teachers, 56 424 young people and 441 peer educators have participated in training programs. A multi-stage media campaign was organised to promote condom use. The campaign was noticed by 87% of the young people in the age group 15-24.

All county governments have established prevention or health promotion councils which are responsible for county-level implementation of the national programmes and strategies. Large part of the activities of the councils is directed to the youth.

In 2005 a first campaign was organised to increase tolerant attitude towards PLWHA. The campaign was noticed by 50% of the Estonian residents in the age group 15-74. Events are organised annually on the Remembrance Day of AIDS Victims in May and the World AIDS Day in December. Large charity concerts featuring famous artists were organised in December 2004 and 2005. In addition, a rock musical “RENT” that deals with the issues of HIV/AIDS and drug use was staged.

Commercial sex workers

Free healthcare services and HIV/STI counselling for CSWs are available in Tallinn. In 2004 and 2005 the healthcare services for this target group were visited 1520 times, including 508 first-time visits. The number of condoms and lubricants distributed to the target group has increased in the course of two years.

According to the survey of the visitors of the healthcare service the mean age of the recipients of the service was 25-26. The majority have been involved in prostitution for more than one year and 43% have been in the sex industries abroad. 2/3 of the returning visitors have visited the centre for more than a year and they mostly use the healthcare service a few times in six months. Compared to the first-time visitors the group of returning or multiple visitors of the centre includes more people who always used a condom during sexual intercourse with the customers in the month before the survey. Significantly less sexually transmitted infections were diagnosed in the returning visitors of the service than in the new visitors.

Prisoners

According to a 2004 survey the mean number of convictions among the surveyed prisoners was 1.9 and the mean time spent in prison was 5.5 years. Half of the respondents said that they know fellow inmates who have tried or are using drugs (mostly amphetamine and marijuana or hashish). 1/3 prisoners reported having used drugs during the time in prison and more than 1/2 of this group had done so by injecting. 1/4 of the respondents reported having sexual intercourse during their time in the penal institution.

All prisoners have access to counselling and testing service, free condoms and disinfectants. A total of 9216 HIV tests were performed in two years. In 2004 and 2005 both the persons

under preliminary investigation and the convicts had access to individual HIV/AIDS consultations and information days. 1568 consultations took place and 5827 prisoners participated in the information hours over the course of two years. In addition, trainings were provided to the prison staff.

All prisons have support groups for PLWHA. Over the two-year period 473 prisoners have been involved in the support groups. According to survey data the regular members of support groups have better self-esteem and better knowledge on HIV transmission than the new members.

Men having sex with men

Data on MSM have been collected through the Internet (from the visitors of gay web sites). The mean age of the responding MSM was 27 years. Nearly 2/3 of the respondents considered themselves homosexual and the rest bisexual. During the six months prior to the survey 81% of the respondents had male sexual partners and 1/2 of the respondents had non-regular male partners. 1/4 of the MSM had had sex with a female partner in the last six months and more than 1/10 had partners from both sexes. 55% of the MSM who had sex with a non-regular male partner had always used a condom during casual sex in the last six months. 1/3 or slightly more respondents always used a condom with a non-regular female partner or a partner who was paid for sex. Nearly half of the respondents had taken an HIV test at least once in their lifetime.

A Gay and Lesbian Information Centre was opened in Tallinn in June 2004. During one and a half years the centre has been visited 1073 times. In addition, the target group is counselled by phone and e-mail. Safe sex aids are distributed at the centre and in all gay-oriented clubs and bars. A total of 260 450 condoms and 237 750 lubricants have been distributed to the target group in 2004 and 2005.

HIV testing

A total of 250 000 HIV tests were performed in 2004 and 2005 in Estonia. Blood donors and pregnant women constitute a large part of the tested group. Over two years 10 913 people were tested in six AIDS Counselling Cabinets. About 1/3 of all new HIV cases in Estonia were discovered in the cabinets.

Little more than 1/2 of the clients of the AIDS Counselling Cabinets surveyed in 2005 were men, with the largest group comprising young people aged 15-24. 42% of the visitors had taken an HIV test before. More than 1/2 of the clients who were identified as HIV positive had had sex with a non-regular partner in the last 12 months, 1/4 had sex with an injecting drug user, 4% with CSW and 10% with an HIV infected person whose status was known. Only 5% always used a condom in sexual intercourse with a non-regular partner. 62% of the infected visitors of the cabinets had injected drugs in the last year. 3/4 of the injecting visitors had shared syringes during the last month.

People living with HIV and AIDS

A survey was conducted in 2005 to collect data about PLWHA visiting infectologist. The majority of the respondents belonged to the age group 20-29 and slightly more than a half of the respondents were men. More than 1/2 of the respondents had been aware of their infection for three years or more. 60% of studied PLWHA had no health complaints, 37% had complaints and 3% had been diagnosed with AIDS. 60% of the participants in the survey believed that they were infected by injecting drugs and 35% reported contracting the infection sexually. More than a half of the respondents had health insurance. The mean quality of life

score of the respondents was 2.9, i.e., a little less than the average. The quality of life score was higher in respondents from Tallinn than those from Kohtla-Järve and Narva. The mean score of respondents without complaints was higher than that of the respondents with complaints.

The infectologists have registered approximately 1700 persons infected with HIV who have come to health monitoring. The monitoring costs have been covered also for the persons without health insurance. At the end of 2005 255 people were receiving ARV treatment and the support groups for PLWHA included about 150 people (more than 400 people including the support groups in prisons). Some information and counselling is provided also to PLWHA and their relatives who are not members of the support groups.

In conclusion, one can say that the interventions in the HIV/AIDS field have continually developed in 2004 and 2005. New active organisations have started to work on HIV/AIDS prevention and the extent of the services provided has increased. A great deal of information has been collected over the past few years about the risk behaviour, knowledge and attitudes related to HIV/AIDS in different population groups. Surveys have been conducted in all major target groups of prevention and some trends are already detectable in several cases.

The external evaluations have highlighted the following fields as the primary challenges for the preventive work in Estonia:

- extending the services offered to injecting drug users (this concerns mainly methadone treatment),
- developing the capacity of the healthcare system to cope with the increasing number of PLWHA requiring health monitoring and ARV treatment,
- planning of adequate resources and ensuring sustainability of the extended activities after the end of the GFATM foreign assistance programme in October 2007.

The future directions, priorities and financial resources for HIV/AIDS prevention have been laid down in the National HIV and AIDS Strategy 2006-2015 and the accompanying action plan. The challenge for the next years is the full implementation of the strategy and achievement of the objectives in reducing risk behaviour and HIV transmission in the Estonian population.

ABBREVIATIONS

AIDS	Acquired Immune Deficiency Syndrome
ARV	Antiretroviral (treatment)
CSW	Commercial sex worker
GFATM	Global Fund to Fight AIDS, Tuberculosis and Malaria
GLIC	Gay and Lesbian Information Center
HIV	Human Immunodeficiency Virus
IDU	Injecting drug user
M&E	Monitoring and evaluation
MSM	Men having sex with men
MTCT	Mother to child transmission
NIHD	National Institute for Health Development
NGO	Non-governmental organisation
SEP	Syringe exchange point
STI	Sexually Transmitted Infection
PLWHA	People living with HIV and AIDS
UNAIDS	Joint United Nations Programme on HIV/AIDS
WHO	World Health Organisation

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