

COUNTRY PROGRESS REPORT

LATVIA

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Abbreviations

AIDS	Acquired Immune Deficiency Syndrome
ART	Antiretroviral Treatment
CDPC	Centre for Disease Prevention and Control of Latvia
ECDC	European Centre for Disease Prevention and Control
EU	European Union
HIV	Human Immunodeficiency Virus
IDU	Injecting Drug User
MoH	Ministry of Health
MSM	Men who have sex with men
NCC	National Coordination Committee for HIV, TB and STI prevention
NCPI	National Commitments and Policy Instrument
NGO	Nongovernmental Organization
NHS	National Health Service
PLWHA	People Living with HIV/AIDS
REUH ICL	Riga East University Hospital Infectology Centre of Latvia
SBDC	State Blood Donor Center
STI	Sexually Transmitted Infection
TB	Tuberculosis
UNODC	United Nations Office on Drugs and Crime
WHO	World Health Organization

I Status at a glance

Inclusiveness of the Stakeholders in the Report Writing Process

Latvia has an established and comprehensive healthcare system, which is overseen by the Ministry of Health (MoH). Healthcare in Latvia is largely publicly financed and HIV treatment is provided centrally by the Riga East University Hospital Infectology Centre of Latvia (REUH ICL).

The report has been prepared by the Infectious Diseases Surveillance and Immunization Unit, Infectious Diseases Risk Analysis Department of Centre for Disease Prevention and Control of Latvia (CDPC). CDPC of Latvia was established on 1st April 2012 by Cabinet of Ministers of Latvia. Centre is supervised by MoH (www.vm.gov.lv). CDPC's mission is to implement national public health policy in the field of epidemiological safety, diseases prevention and health promotion.

The reporting process has been coordinated by the Environmental Health Unit, Public Health Department of the MoH.

The major partners gave their contribution to this report through providing the needed information.

Partners:

- Governmental institutions
 - CDPC, Health Promotion Unit
 - REUH, Centre of TB and Lung Diseases
 - REUH, HIV/AIDS Outpatient Department
 - National Health Service (NHS)
 - State Blood Donor Center (SBDC)
- NGOs
 - Association „HIV.LV”
 - Support Group for People Living with HIV/AIDS „AGIHAS”
 - Organization „Latvian Red Cross”
- WHO Country Office in Latvia

Status of the Epidemic

The first HIV case was reported in 1987 in Latvia. By the end of 2013, there had been 5867 diagnoses of HIV infection and 1347 diagnoses of AIDS reported in

Latvia in total. In 2013 registered 340 newly HIV cases (16.8 cases per 100 000 population) and 128 newly AIDS cases (6.3 cases per 100 000 population).

34.9% of new HIV cases occurred heterosexual route of transmission, but 25.2% of new HIV cases occurred injecting drug use in 2012-2013. In relatively high proportion (30.8%) of new HIV cases transmission way remained unknown.

The policy and programmatic response

The national HIV/AIDS prevention policy in Latvia has been developing and implementing in the mainstream of health policy development by the leadership of MoH since 1993, and is based on the national Public Health Strategy and national programmes to limit spread of HIV/AIDS in Latvia. First national program has been implemented in 1999; however current interventions in Latvia are implemented according to the Program for Limiting the Spread of HIV for 2009-2013 (hereafter – the Program), which has been developed, agreed and formally adopted by Government in May, 2009. This program addresses issues not resolved during the previous years, as well as those issues identified in EU policy documents and reports produced by international projects and independent experts. Implementation of the Program will be published in the informative report 2014. Currently being developed for HIV infection, sexual transmission infections, hepatitis B and C prevalence foreclosure action plan for 2014-2016 year.

In Latvia are the National HIV, Tuberculosis and STIs Prevention Coordination Committee (NCC). NCC members participate in issues relating to HIV and AIDS.

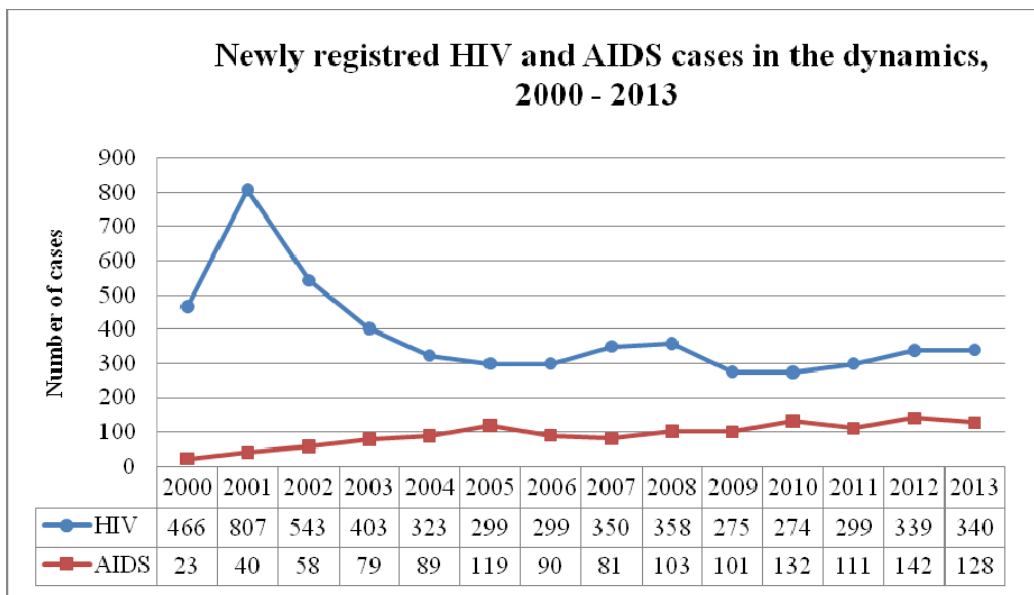
II Overview of the AIDS epidemic

The first HIV case in Latvia was reported in 1987. During 1987-2013 (December 31, 2013) 5867 cases of HIV infection and 1347 cases of AIDS were registered. During 2012-2013, 679 cases of HIV infection and 270 cases of AIDS infection were registered.

Until 1997, new HIV cases were registered rarely, but, starting in 1998, the registered number of cases increased gradually. Most cases (807 newly registered HIV cases) were registered in 2001 and then until 2006 there was a decrease in the number of new cases. In 2012 and 2013 were not significant changes in the number of newly registered HIV cases (2012 – 339, 2013 – 340).

The first two AIDS cases were registered in 1990. Rapid increase of new AIDS cases observed from 1998 (13 newly registered AIDS cases) until 2005 (119 newly registered AIDS cases). Over the next few years the number of cases was various but the highest point reached in 2012, when there were 142 newly registered AIDS cases (Figure 1).

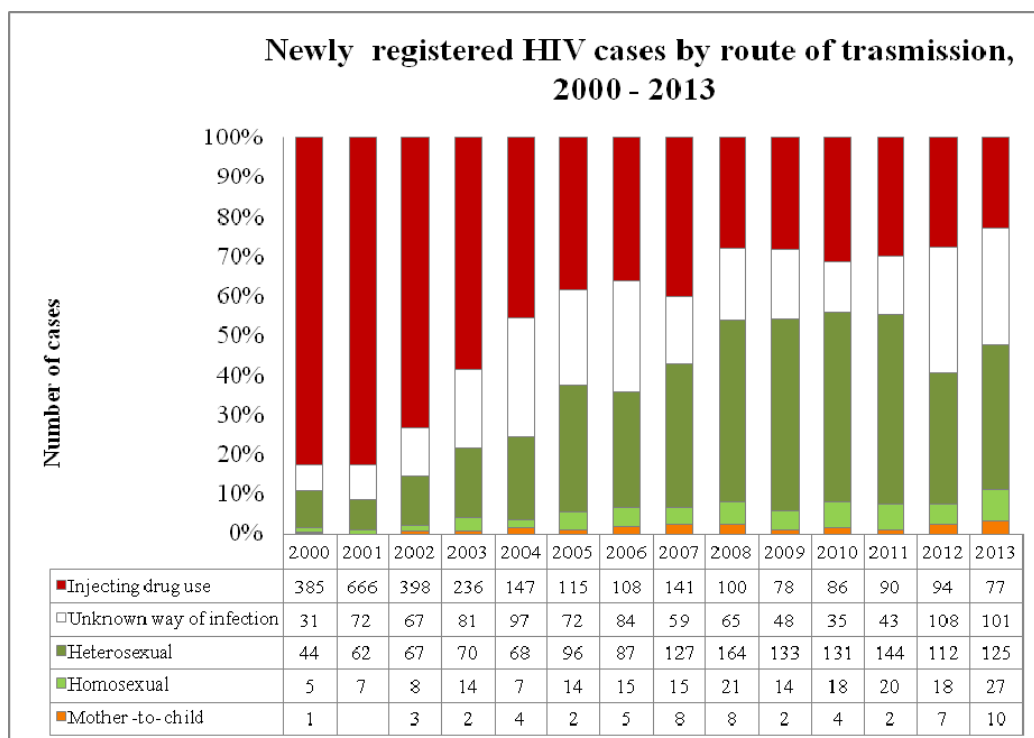
Figure 1



Data source: Centre for Disease Prevention and Control of Latvia (CDPC)

There is possibility that the number of new AIDS cases is increasing due to the fact that the disease for persons, which have been infected with HIV 12 years ago, when incidence of HIV was very high, has now transferred to AIDS.

Figure 2



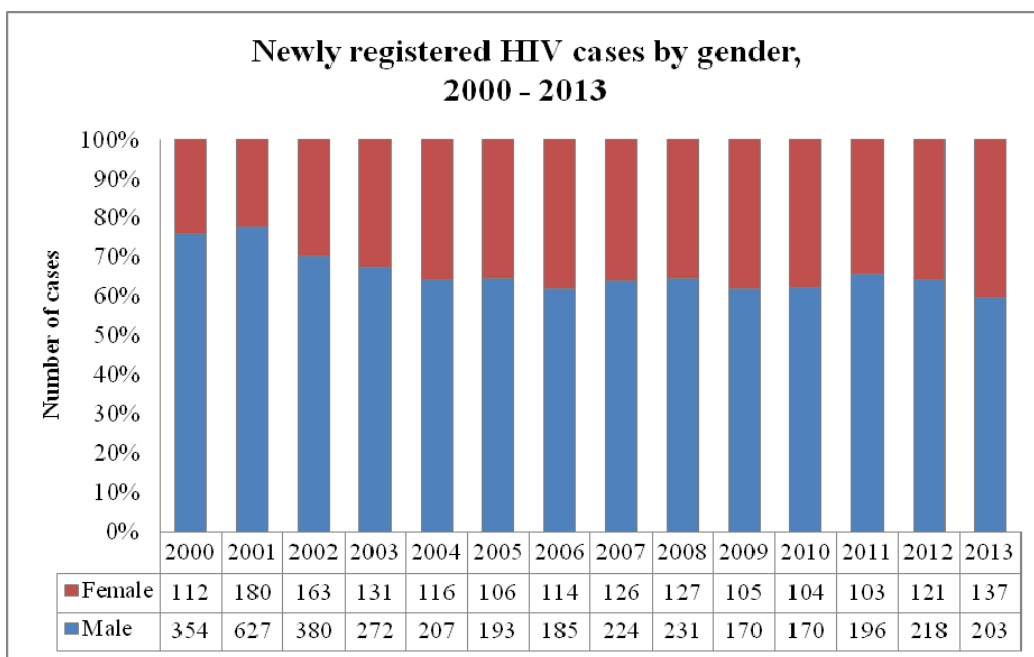
Data source: Centre for Disease Prevention and Control of Latvia (CDPC)

From 1987 to 1993, infection occurred only through sexual transmission (heterosexual, homosexual transmission). In 1995 the first case, when HIV infection has been associated with injecting drug use, was registered, and from 1998 to 2007 this was the most common mode of HIV transmission. The first HIV vertical transmission (mother-to child) case was registered in 1999. Since 2001 the percentage of sexual contact transmission of HIV (especially heterosexual) increased, but HIV infection through drug injection decreased respectively.

In 2012 and 2013 the most common HIV transmission ways were heterosexual transmission (2012 – 112 (33%), 2013 – 125 (37%) cases) and injecting drug use (2012– 94 (28%), 2013 – 77 (23%) cases) (*Figure 2*).

HIV cases were registered only among males from 1987 to 1993. In Latvia HIV-infected female was first registered in 1994. Although males are infected with HIV more often than females, since 1994 there has been a gradual percentage increase in HIV-infected females. (2012 - 36% of HIV-infected were females, 2013 – 40% were females) (*Figure 3*).

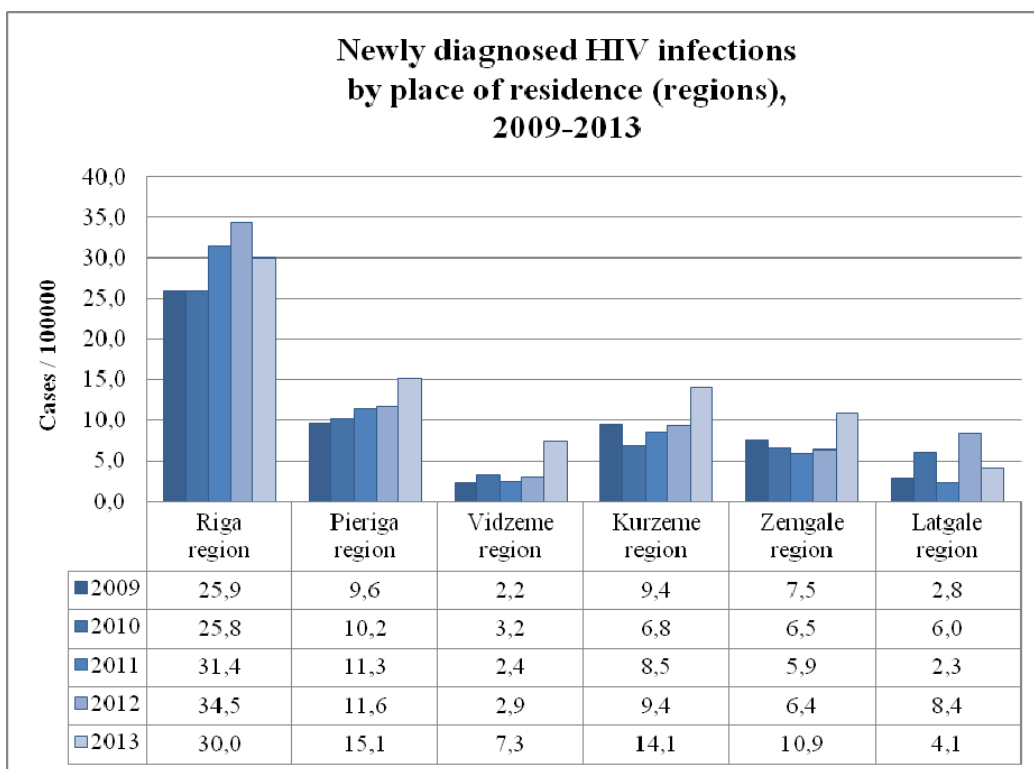
Figure 3



Data source: Centre for Disease Prevention and Control of Latvia (CDPC)

There are six statistical regions in Latvia (Zemgale, Kurzeme, Vidzeme, Latgale, Pieriga regions and the capital Riga). In 2013, the number of new HIV infection cases declined in two regions: Riga (from 34.5/100 000 to 30/100 000) and Latgale region (from 8.4/100 000 to 4.1/100 000). In other four regions (Pieriga, Vidzeme, Kurzeme and Zemgale regions) incidence rate of new HIV infection cases increased (*Figure 4*).

Figure 4



Data source: Centre for Disease Prevention and Control of Latvia (CDPC)

III National response to the AIDS epidemic

Programme for Limiting the Spread of HIV for 2009–2013

The national HIV/AIDS policy is based on the national Public Health Strategy and the Programme represents a routine stage in the policy of reducing HIV prevalence. In line with the EU position, advice given by international organizations, recommendations developed in the framework of transnational projects and with the assistance of independent experts, this programme targets issues related to harm reduction measures and continued pharmacotherapy for injecting drug users, prevention and diagnostics of HIV infection and related diseases, especially in prison settings, improved health care services and evidence-based planning. Unlike the previous programme, this programme integrates issues related to HIV and TB co-infection.

National HIV, Tuberculosis and STIs Prevention Coordination Committee

Under the auspices of the MoH acts a NCC - a governmental advisory committee for the implementation and coordination of the national response to HIV/AIDS. This commission meets quarterly and is led by the MoH. Membership includes governmental institutions (MoH, Ministry of Justice, Ministry of Defence, Ministry of Education and Science), NGOs and WHO Country Office in Latvia. In recent years NCC membership has been afforded by representatives from more NGOs and representatives from private sector).

Health promotion, researches

Health promotion work is undertaken by the network of 19 LTCs in year 2013 which offer information and advice, free condom distribution, confidential HIV, hepatitis B and C, syphilis rapid counseling and testing and needle/syringes exchange. In 2010, the LTCs performed 1421 HIV rapid test (reactivity – 5.8 %) distributed over 310000 syringes and over 57000 condoms. In 2011, the LTCs performed 1261 HIV rapid test (reactivity – 6.7%), distributed barely 340000 syringes and barely 87000 condoms. In 2012, the LTCs performed 2145 HIV rapid test, distributed barely 310000 syringes and barely 93000 condoms. In 2013, the LTCs performed 1958 HIV rapid test (reactivity – 5.1%), distributed barely 340000 syringes and barely 91000

condoms. The network of LTCs is coordinated by the CDPC of Latvia and is financed and organized by government, local municipalities or NGOs.

Three large scale nationally representative surveys have been conducted during the reporting period and served as data sources for the core national-level indicators:

- HIV/AIDS and STIs Bio-Behavioral Surveillance Survey (BBSS) among Sex Workers.

Cross-sectional research, sample size – 117 female sex workers.

The EU-funded project (Public Health programme) BORDERNETwork, co-funded by the German Ministry of Health and coordinated by SPI Forschung gGmbH, Berlin.

In Latvia the project was managed by Latvia's Association for Family Planning and Sexual Health "Papardes zieds" .

- EMIS - The European MSM Internet survey ¹

Cross-sectional research, sample size – 708.

A joint project of academic, governmental, non-governmental, and social online media partners from 35 European countries (EU and neighboring countries) to inform European prevention planning for a group highly affected by infections with HIV and other sexually transmitted infections (STIs): gay, bisexual, and other men who have sex with men (MSM), funded by Executive Agency for Health and Consumers, EU Health Programme 2008-2013.

In Latvia the project was managed by Infectology Center of Latvia in collaboration with NGO "Mozaika".

- Assessment on HIV and TB knowledge and the barriers related to access to care among vulnerable groups.

This cross-sectional anonymous survey aim was to describe TB- and HIV-related knowledge and behavior and to identify the barriers hindering access to TB and HIV health care services among people who inject drugs. This was anonymous survey of the current IDUs recruited using the principles of respondent-driven sampling (RDS) was carried out in 2012 in Bulgaria, Estonia, Latvia, Lithuania and Romania.

¹ <http://www.emis-project.eu/publications>

In Latvia the project was managed by NGO Tuberculosis foundation of Latvia in collaboration with GO the Centre for Disease prevention and control.

Since 2006, every year, except the year 2011, has performed Injecting Drug Users Cohort Study. The aim of study is better understand the trends of drug use in specific population groups and obtain information that can be used in treatment, harm reduction program and health care system development. Cohort study covers the following topics: 1) the prevalence of drug use, 2) the prevalence of blood born infectious diseases, 3) health status, 4) severity of addiction and drug treatment-related problems, 5) the status of the family and social environment, 6) education and employment, 7) risk behavior and consequences and other issues. The study results are based on one of the five European Centre for Drugs and Drug Addiction (EMCDDA) epidemiological indicators of problem drug use.

Injecting Drug Users Cohort Study managed by the Centre for disease prevention and control of Latvia in collaboration with NGO “Dialogs”.

IV Best practices

In December, 2011, "Guidelines for Municipalities in Health Promotion" which includes issues related to prevention of HIV/AIDS have been developed.

These guidelines include a set of recommendations on HIV prevention activities, for example:

- to support non-governmental youth organizations and promote peer education activities on HIV / AIDS;
- to organize health related education for parents to-be, where prevention of mother-to child transmission of HIV and promotion of early entry into prenatal care shall be included;
- to organize health days in schools, including activities on risks related with various objects found in public places such as used syringes, condoms;
- to use capacity and resources of LTCs in selective prevention providing counseling for pregnant IDUs;
- to involve local pharmacies in prevention of HIV/AIDS by organization of syringe and needle assembling;
- to distribute information (on NGOs that provides support to PLWHA, LTCs and locations of methadone treatment points) in hospitals, social services, night shelters etc.

Guidelines for Municipalities in Health Promotion also include recommendation on activities that should be held on World AIDS Day, suggesting, that following activities could be organized:

- concerts, exhibitions;
- awareness-raising activities involving doctors, representatives of NGOs;
- activities in schools, for example, an essay or a drawing competitions;
- distribution of information about HIV testing options, etc.

V Major challenges and remedial actions

Recommendations from ECDC Country Mission Report „Country mission HIV, STI and hepatitis B and C Latvia, 26th-30th September 2011”²:

- 1 Treatment guidelines need to be expanded in line with European standards;
- 2 Support for Low Threshold Services for people who inject drugs should be continued and strengthened to avoid a serious resurgence of HIV infection in this group and high risk of further transmission to the general population through sexual contact.

VI Support from the country’s development partners

NGOs play a critical role in effective response to HIV. They allow for participation of people living with HIV and populations particularly affected by the epidemic, they provide accountability mechanisms for government, provide essential services, particularly those that governments find difficult to provide e.g. for IDUs and in prisons. But there are very few NGOs and their capacity is limited.

To ensure achievement of targets, Latvia requires partner assistance in following action areas:

- Financial support to develop the behavioral surveillance and to help the country to develop a second generation surveillance system.
- More participation of NGOs in the response to HIV including in prisons. The most important means of achieving this would be by providing reliable and sustainable funding.
- Extending partnership between governmental and non-governmental organizations.

² ECDC. *Country Mission Report*. Country mission HIV, STI and hepatitis B and C Latvia, 26th-30th September 2011. *Conclusions and recommendations*, p. 21.

VII Monitoring and evaluation environment

Monitoring and evaluation in Latvia includes a data collection strategy (epidemiological surveillance of HIV, behavioral surveys and routine programme implementation monitoring). The competent authority for the surveillance of the Programme outcomes and impact assessment is the MoH, but sectoral ministries, local governments and NGOs are involved in implementation of the Programme tasks.

As an integral part of the collaborative agreement between the Government of the Republic of Latvia and the World Health Organization to support the scaling up the response to HIV in Latvia, external experts have done a mid-term evaluation of the Programme in 2011. According to the mid-term evaluation, there is need for improvement of this monitoring and evaluation system.

The results of the monitoring and evaluation of the HIV situation is used for programme improvement, for resource allocation and revising the national HIV response.