

**COUNTRY PROGRESS REPORT  
LITHUANIA**

Vilnius  
2015

## I. Status at a glance

### (a). Stakeholder inclusiveness in report writing process.

The report has been prepared by the National Centre for Communicable Diseases and AIDS ([www.ulac.lt](http://www.ulac.lt)) under the Ministry of Health (MOH) in collaboration with other sectors involved in implementation of HIV/AIDS/STI national response. The major partners gave their contribution to this report through providing the needed information.

### (b). The status of the epidemic.

In 2014, 141 new HIV cases (4.8 cases per 100 000 population) and 37 new AIDS cases were registered (1.3 cases per 100 000 population). By the end of 2014, there had been 2378 HIV cases and 415 diagnoses of AIDS reported in Lithuania in total.

HIV and AIDS incidence rate can be influenced by the decline in the population of Lithuania. In 2001, Lithuania was 3.4 million population. During the last decade (2001-2011) the population has fallen by 12 per cent (430.2 thousand). Most of the population declined due to emigration (76%) and significant impact on the population decline had a negative natural change (24%)<sup>1</sup>.

During last five years the annual number of new HIV cases in Lithuania remained almost stable and reached 153 cases in 2010 and 141 in 2014.

### (c). Policy and programmatic response.

National Action Plan (AP) on HIV/AIDS and STI Prevention and Control (2013/2014) is one of the key policy documents on HIV/AIDS response in Lithuania. National Action Plan for HIV/AIDS and STI Prevention and Control (2013/2014) followed the National HIV/AIDS/STI Prevention and Control Programme 2011-2012, which was approved by the Resolution of the Government of the Republic of Lithuania in 2010.

The main tasks of the National Action Plan (AP) on HIV/AIDS and STI Prevention and Control are: 1) to strengthen HIV and STI health care service availability; 2) to improve HIV and STI national surveillance system; 3) to improve HIV and STI awareness in the target groups and general population.

Surveillance of HIV/AIDS in Lithuania is undertaken by the National Centre for Communicable Diseases and AIDS under the Ministry of Health. HIV/AIDS/STI and Hepatitis Surveillance Unit of the National Centre for Communicable Diseases and AIDS under the Ministry of Health makes its annual report on HIV/AIDS/STI incidence and prevalence publicly available on its website. HIV/AIDS response is decentralized in Lithuania to municipalities. Prevention activities for risk groups are coordinated and funded by the municipalities.

### (d). UNGASS indicator data.

Data on selected UNGASS core indicators:

Indicator	Results 2013	Results 2014
<b>NATIONAL PROGRAMMES</b>		
<b>Blood Safety</b> Percentage of donated blood units screened for HIV in a quality assured manner	100%	100%
<b>Antiretroviral Therapy Coverage</b> Percentage of adults and children with advanced HIV infection receiving antiretroviral therapy	45.6%	54.7%

<sup>1</sup>Lithuanian Department of Statistics. 2013.

<b>Prevention Of Mother-To-Child Transmission</b> Percentage of HIV-positive pregnant women who received antiretrovirals to reduce the risk of mother-to-child transmission	100%	93.8%
<b>HIV Testing</b> Percentage of women and men aged 15-49 who received HIV test in the last 12 months and who know their results	N/A	12%
<b>HIV Testing</b> Percentage of most-at-risk populations that have received HIV test in the last 12 months and who know their results		
IDU	44.6%	58.3%
MSM	N/A	N/A
SW	71.7%	N/A
<b>KNOWLEDGE AND BEHAVIOUR</b>		
Percentage of young women and men aged 15–24 who correctly identified ways of preventing sexual transmission of HIV and rejected major misconceptions about HIV transmission	80.9%	70.7%
Percentage of young women and men aged 15–24 who had a sexual intercourse before the age of 15	N/A	0.6%
Percentage of women and men aged 15–49 (STI patients) who had a sexual intercourse with more than one partner in the last 12 months	47.5%	40.6%
Percentage of women and men aged 15–49 who had more than one sexual partner in the last 12 months reporting the use of a condom during the last sexual intercourse	N/A	61.6%
Percentage of injecting drug users reporting the use of sterile injecting equipment the last time they injected	70.7%	64.4%
<b>IMPACT</b>		
Percentage of most-at-risk populations who are HIV infected		
IDU	5.5%	3.2%
MSM	1.9%	2.7%
SW	1.8%	0%
Percentage of adults and children with HIV known to be on treatment 12 months after initiation of antiretroviral therapy	81%	80%

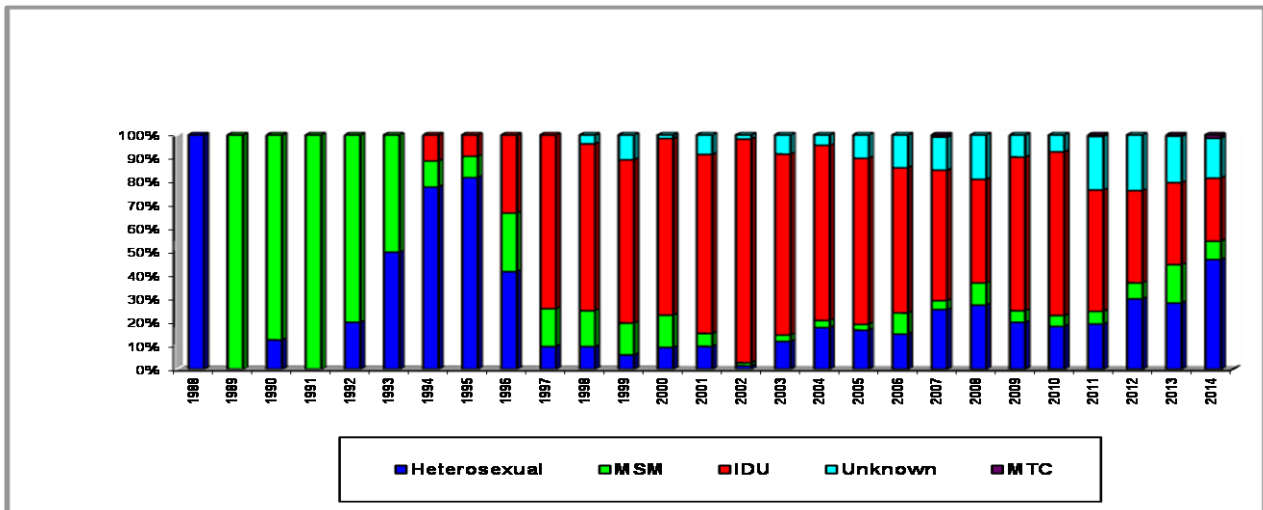
## II. Overview of HIV/AIDS epidemic

The first HIV case in Lithuania was reported in 1988. HIV epidemic in Lithuania has gone through 3 phases<sup>2</sup> (Fig. 1):

- **phase one:** (50% hetero and 38.5% homosexual contacts) featured HIV prevalence among men who have sex with men (MSM) and heterosexual population (especially sailors) between 1988 and 1996;
- **phase two:** was distinguished by HIV prevalence (85%) among intravenous drug users (IDU) between 1997 and 2003;
- **phase three:** was characterized by spread of HIV both among heterosexual and IDU populations between 2004 and 2014.
- In 2014, more persons got infected through sexual contacts than through intravenous drug use. This means that the HIV infection progresses to the next phase of the spread of HIV. It seems likely to continue to actively spread of HIV to the general population through IDU sexual partners (bridging population).

<sup>2</sup> Data of Lithuanian Centre for Communicable Diseases and AIDS (CCDA). 2015.

**Figure 1. Registered HIV cases and transmission modes in Lithuania 1988-2014**



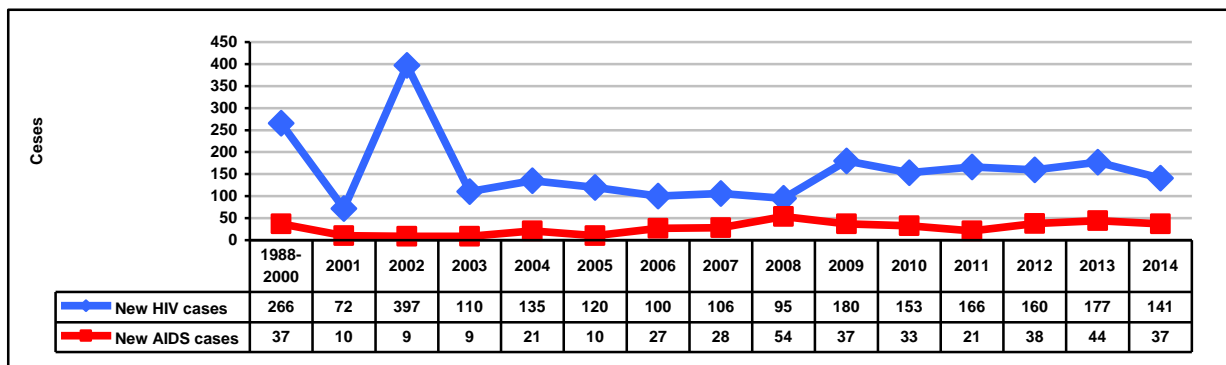
A total of 2378 HIV cases were registered in Lithuania (population 2.9 million) at the end of 2014 (31 December). During the whole HIV reporting period starting from 1988, a total of 1902 (79.98 %) HIV cases in males and 476 (20.01%) in females were reported. M/F cases ratio was: 3/1 and 1.8/1 2005 and 2014 respectively.

Cumulative number of HIV cases by the modes of transmission in 1988 - 2014 (31 December): intravenous drug use – 63.5 % (n=1510) cases, heterosexual contact – 19.2% (n=456) cases, homosexual contact (MSM) – 7.1% (n=169), MTC – 0.2% (n=5), unknown – 10.0 (n=238) cases. At the end of 2014, 415 HIV positives with AIDS-related illnesses were registered. The total number of people who died with the diagnosis of AIDS in the period 1988 - 2014 was 190.

HIV cases were registered in almost all administrative units of 60 municipalities in Lithuania. The subregional differences can be observed in Lithuania regarding HIV prevalence. The regions with the highest HIV prevalence by the end of 2014 are Klaipeda (seaport) and Vilnius (capital).

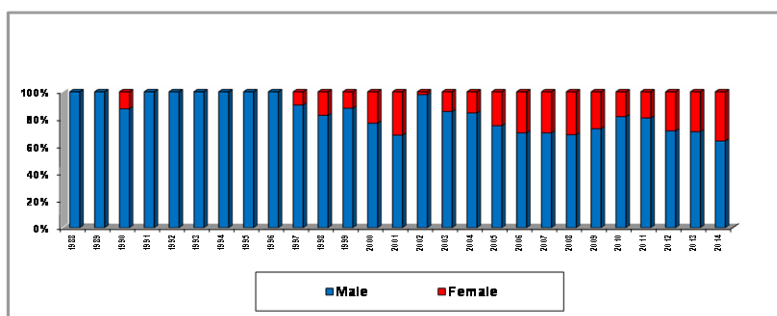
During last five years the annual number of new HIV diagnoses in Lithuania remained almost stable and reached 153 cases in 2010 and 141 in 2014 (Fig. 2).

**Figure 2. HIV/AIDS trends in Lithuania 1988 - 2014**



During the whole HIV reporting period 1902 HIV cases in males and 476 in females were registered. M/F cases ratio was: 4.5/1 and 1.8/1 in 2010 and 2014 respectively (Figure 3).

**Figure 3. New HIV cases by gender in Lithuania 1988-2014**



During the period 1988-2014 415 cases of AIDS were diagnosed in the country and 190 AIDS deaths registered.

### III. National response to the AIDS epidemic

National HIV/AIDS and STI Prevention and Control Programme and Action plan (AP) 2015-2017 will be one of the key strategic documents on HIV/AIDS/STI prevention and control in Lithuania. HIV/AIDS/STI health promotion, education, surveillance, control and other activities in AP are planned for all levels of health services, justice, police, education systems, etc. Implementation of these documents (Programme and Action plan) and multisectoral activities will be coordinated by the coordinating board under MOH.

#### Health promotion, health education

Health promotion and health education activities are carried out nationally by State and Regional Public Health services, including in the municipalities located new public health authorities – Public Health Bureaus. Preventive measures were carried out at national and regional level.

**Life skills-based HIV Education in Schools.** Given the fact that HIV/AIDS education is being considered as a priority issue, the following programmes were initiated: “Programme on preparation for family-life education and sexuality education” (Order 179, 07/02/2007 of the Minister of Education and Science), Drug Control, Drug Use Prevention and Life Skills Development Programme. The assessment of life skills-based HIV/AIDS education in schools (Indicator No. 11) (HIV/AIDS issues are integrated into a range of different subjects of informal education curriculum (i.e. Biology, and Moral Education)) led to the conclusion that life skills-based HIV/AIDS education programme was implemented, and school heads took the responsibility of forming the groups for addressing prevention issues such as introduction of drugs/ psychotropic substances and HIV/AIDS prevention, preparation of annual action plans and reporting on the use of alcohol, tobacco and other psychoactive substances (Order of the Minister of Education and Science No. 1462, 17/09/2004; No.2567, 22/12/2007).

During 2012-2013 over 5 thousand young people improved their skills on HIV/AIDS prevention, safer sexual behaviour; 3 thousand various specialists (physicians, social workers, public health specialists and others) improved knowledge on HIV/AIDS surveillance, prevention and epidemic control; 6 thousand materials about HIV/AIDS/STI and prevention were distributed,

including 3 thousand leaflets and 3 thousand booklets, books, recommendations and other material of education. Schools in whole country participated at various social actions, events, campaigns to mark World AIDS day, to fight with discrimination against HIV/AIDS. Many schools of the country implemented “Programme on preparation for family-life and sexuality education” providing sexuality education, including HIV/AIDS/STI prevention issues.

## **Low threshold services**

### **Low threshold services**

A legal basis for LTS's was established in 2006 - Minister of Health of the Republic of Lithuania Resolution No. V-584 “On the Approval of Profile of the Implementation Procedures for Drug and Psychotropic Substance Drug Reduction Programmes (Official Gazette, 2006, No. 77-3020, 2008, No. 46-1743, 2012, No 100-5113). This legislation establishes the mandatory package of services (LTS) for injecting drug users. This legislation seeks for attraction of drug users and their partners to institutions and organizations providing health and social services, services of adequate quality and qualification, and their integration into the society.

In 2014, there were 11 *low threshold sites* (LTC) functioning in Lithuania (2- NGO based, others – GO based). The main services in LTC's include syringes and needles exchange, condom distribution, health education and information, voluntary counselling and testing for HIV, social support and mediation, referrals to the dependency treatment services, infectology and dermatovenerology clinics. The total number of visits in the LTC decreased (in 2014 the number was 32004, in 2013 - 38017) as well as a decrease in the number of new LTC's clients was observed. Compared to 2013, in 2014 less disinfectants (disinfecting wipes), syringes and needles were distributed, less personal hygiene and mediation (and referral) services were delivered, but more wound dressing, consultation, information services were delivered, more bandages, condoms were distributed, rapid HIV tests performed<sup>3</sup>. The LTCs is financed and organized by government, local municipalities or NGOs.

## **Care, treatment and support programmes**

### **ART**

Since 1998 antiretroviral treatment (ART) has been accessible for everyone who needs it and corresponds to treatment criteria (clinical, immunological, virological). There are not any exclusion criteria for HAART. In Lithuania, all HIV patients are provided with mandatory health insurance using public funds (according 1994 Health system Law of the Republic Lithuania, art. 47-7). No co-payment for antiretroviral drugs is requested from the patients. ARV treatment is reimbursed from the budget of the compulsory National Health Insurance Fund. HIV disease diagnosis, treatment and surveillance are regulated by the Order of the Minister of Health of the Republic of Lithuania No. V-384, 3/05/2010, “On approval of the procedure description of the human deficiency virus disease diagnosis and treatment budgeted from the compulsory National Health Insurance Fund”. Since 1<sup>st</sup> January 2013 changes of the Order No V-384 came into force stating that in case of asymptomatic HIV infection in adults and teens older than 13 years ART is initiated when blood CD4 count between 200 and 350 cells/mm<sup>3</sup> (before it was 200/mm<sup>3</sup>).

HIV infected patients in Lithuania may choose an HIV care institution in the proximity of their residence place. ART is available in the biggest cities of Lithuania (which are evenly distributed in the country). Given that HIV patients are diagnosed in all Lithuanian administrative areas, for HIV patients is not always convenient (geographically) to have HIV diseases monitoring in biggest cities. General practitioners, who are closest to the HIV patient, can't carry out laboratory monitoring of HIV disease.

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<sup>3</sup> Lithuanian Low threshold services report – 2014. Centre for Communicable diseases and AIDS. 2015

At the end of 2014, 547 patients were on ART, of them by the mode of transmission 182 (33.3%) were infected through sharing of drug injection equipment, 200 (36.6%) through heterosexual and 77 (14.1%) through homosexual contact (MSM), 5 (0.9%) MTC, 83 (15.2%) patients transmission mode were unknown. Number of ART patients who were infected through injecting drug use annually increasing.

*Survival among HIV infected individuals:* in 2014, 80% of HIV patients were on treatment 12 month after initiation of antiretroviral therapy (compared to 81% in 2012 and 2013 respectively).

### **Prevention of mother-to-child transmission coverage**

Procedure of the testing for HIV infection in pregnant women, treatment of pregnant women with HIV (ART initiation), referral to delivery, recommendations on newborn care, payment for services and epidemiological surveillance (data submission, accumulation, analysis) is based on Order No.V-439 of May 4, 2007, of the Minister of Health („ On approval of procedure description of prevention of HIV mother-to-child transmission“ (Off.Gaz., 2011, No. 57-2723, 2013, No. 28-1343)). Since 2007, all pregnant women are tested for HIV and syphilis twice – up to 12 pregnancy week and at 32 pregnancy week. Testing is free of charge and costs are covered from the resources of the Compulsory Health Insurance Fund. In 2013 100% of HIV infected pregnant women received antiretrovirals to reduce mother-to-child transmission (compared to 90% and 100% in 2010 and 2012 respectively). MTC prevalence – 0.1%.

### **Co-management of TB and HIV**

During 2010 – 2014, the most often AIDS indicator disease was pulmonary tuberculosis (TB).

TB prophylaxis and control in Lithuania are based on National Tuberculosis prevention and control programme 2011-2014 (Order No.V-1033 of December 03, 2010, of the Minister of Health). TB surveillance is based on Order No.V-525 of May 17, 2013, of the Minister of Health. National Tuberculosis prevention and control programme 2011-2014 is on the implementation. TB/HIV care services are integrated in Lithuania. TB prevention and control response in Lithuania is coordinated by the MOH. TB programme implementation activities are coordinated by the health care institution – Santariskes Clinic of the Vilnius University (TB care department). TB patients (new cases, TB relapse, break of treatment, treatment failure, resistant or multi-resistant TB) screening for HIV is based on Order No.V-374 of April 30, 2008, of the Minister of Health (“On approval of procedure description of preventative HIV testing in people with tuberculosis” (Off. Gaz., 2008, No. 54-2007). Screening of TB patients on HIV is regulated by order of MOH.

HIV/AIDS/TB/STI/VH treatment, care, prevention in prisons setting is coordinated by Prison Department under the Ministry of Justice.

In 2013, 21 HIV positive patients received treatment for both TB and HIV (compared to 20, 28 in 2011, 2012 respectively). According to the TB registry data, the coverage of HIV testing among new TB cases decreased from 83.7% in 2012 up to 67.1% in 2013. HIV prevalence among new TB cases 3.4% in 2013 (compared to 0.89% in 2010).

### **HIV care in prisons**

Prescribing ART to the incarcerated persons with HIV disease is based on national algorithm for diagnosis and treatment of HIV disease (Order of the Ministry of Health No. V-384). ART for the incarcerated persons is budgeted from the Budget of the Prison Hospital (Budget of the Ministry of Justice). 56 HIV infected inmates were on ART in year 2014.

According to the data of the Prison Department under the Ministry of Justice, HIV prevalence among prisoners in Lithuania 3.4%. Main problem in the prison system - there is lack of the HIV physicians.

## **Substitution treatment**

In Lithuania, substitution therapy with methadone was introduced after confirmation of the Order of the Minister of Health in 1995. In 2002, the maintenance therapy of opioid dependence with methadone and buprenorphine was confirmed as the standard of addictive disorders and rehabilitation. According the Order of the Minister of Health, persons receiving maintenance therapy with methadone or buprenorphine are tested for HIV. In 2007 the Standards for Substitution Treatment extended a requirement at least 2 times annually to make testing regarding HIV infection, tuberculosis, sexually transmitted diseases, general blood and urine tests of the patients participating in the substitute treatment programs. Currently, according to the effective legislation all healthcare institutions must have opiate antagonists in their first aid kits. Besides, training of staff in first aid services is carried out on a regular basis instructing how to act in overdosing cases. (Order No. V-653 of August 6, 2007, of the Minister of Health).

In 2014, 930 cases of long-term methadone treatment reported in all OST sites (, in 2013 – 677 OST patients). Substitution treatment in 2014 was served by 23 health care facilities (in 2013 – 20)<sup>4</sup>.

## **Knowledge and behaviour change and Impact alleviation**

### **Young people and general population**

In order to plan for HIV prevention campaigns in the general population the knowledge, attitudes, behaviors on HIV/AIDS in general population is assessed every 2-3 years by the Lithuanian Centre for Communicable Diseases and AIDS.

In 2013, Representative General Population Survey was conducted<sup>5</sup> (general report is under preparation). According the data of the survey, 81% of respondents aged 15-24 gave a correct answer to five questions: 97.2% to question – “Can a person get HIV from non-sterile injecting equipment?”; 80.9 % to question – “Can HIV infected women transmit HIV to her infant during delivery?”; 80.9% to a question – “Can persons reduce the risk of getting HIV by using a condom every time they have sex?”; 79.2% to a question – “Can a healthy-looking person have HIV?”; 69.7% to a question – “Can a person get HIV from sharing food with someone who is infected?”.

In 2014, Representative General Population Survey on HIV/STI and Sexual Health was conducted. According the data of the survey, 70.7% of respondents aged 15-24 gave a correct answer to five questions.

In spite of relatively good knowledge on HIV transmission modes, a third of the respondents still have HIV/AIDS misconceptions. Therefore, IEC should be supplemented by targeted actions to change the misconceptions.

### **Sex workers (SWs)**

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<sup>4</sup> State Mental Health Center. 2014-2015. [www.vpsc.lt](http://www.vpsc.lt)

<sup>5</sup> Lithuanian Centre for Communicable Diseases and AIDS. 2014-2015.



There is no data of comprehensive sentinel surveillance among SWs. Only those attending the low threshold services are under surveillance. In 2013, anonymous survey was conducted in SWs visiting the Klaipeda centre for addiction disorders (a low threshold service site). Number of SWs participated in survey – 46. All respondents were female, of them 21.7% were <25 years and 78.3% 25+ years. 71.7% of SWs reported having been tested for HIV during the last 12 months and being aware of the results. HIV testing results – one HIV (+) SW.

According to results of national data base on routine HIV testing in health care institutions (HCI reports on HIV testing by target groups), 220 SWs were tested for HIV and four of them were HIV (+) positive in 2013 – HIV prevalence among SWs 1.8% (in 2014 – 0 (+) SW).

### **Men who have sex with men (MSM)**

7.1% of all HIV cases reported in Lithuania are attributed to homosexual transmission. According to results of national data base on routine HIV testing in health care institutions (HCI reports on HIV testing by target groups), 365 MSM were tested for HIV and ten of them were HIV (+) positive in 2014 – HIV prevalence among MSM 2.7% (in 2013 – 1.9%). HIV prevalence among MSM increased in 2014 (2.7%) as compared to 2013 (1.9%) though it was similar to self – reported prevalence (2%) in the EU project “EMIS - European MSM Internet Survey”. Risky behaviour of Lithuanian MSM related to HIV/STI was evaluated in the European MSM Internet Survey (EMIS). In Lithuania the EMIS project National collaborating partner was National centre for communicable diseases and AIDS (in collaboration with NGOs)<sup>6</sup>.

### **IDU's**

New HIV cases (%) among IDUs annually decreasing: from 69.9% (in 2010) to 27% (in 2014)<sup>7</sup>.

There is no data of comprehensive sentinel surveillance among IDUs. Only those attending the low threshold services are under surveillance. Anonymous survey was conducted in IDUs visiting two low threshold service sites in Lithuania in 2014. 64.4% of IDUs reported having used sterile injecting equipment the last time they injected drugs (in 2013 – 70.7%). 30.1% of IDUs reported having used a condom with casual partner last time they had sex (in 2013 – 31.3%). Self-reported HIV testing results: 9 HIV (+) IDUs (in 2013 – 0 (+) IDUs).

According to results of national data base on routine HIV testing in health care institutions (HIV testing by target groups) HIV prevalence among IDUs decreased in 2014 as compared to 2013: from 5.5% to 3.2% respectively.

## **IV. Best practices**

In 2013-2014 several methodological materials on HIV and STI prevention for national health promotion and protection purposes were developed. These guidelines include set of recommendations on HIV/STI prevention in target groups. Set of methodological materials: “STI prevention among MSM”, “Congenital syphilis prevention”, “HIV/AIDS terminology – communication manual”, “HIV and TB”, “STI and HIV prevention in schools”, “HIV prevention among IDUs”, “HIV prevention among pregnant women”, “HIV transmission risk”, “Hepatitis transmission risk”.

## **V. Major challenges and remedial action**

<sup>6</sup> EMIS 2010: The European men-who-have-sex-with-men Internet survey. Technical report. ECDC/EC. 2013.

<sup>7</sup> Lithuanian Centre for Communicable Diseases and AIDS. 2015.

Future strategies should address the following problems:

- 1) Further scaling up targeted HIV prevention service among risk groups in all regions of the country;
- 2) Strengthening dual HIV/TB and HIV/HCV coinfection surveillance and treatment;
- 3) National ARV treatment guidelines need to be expanded;
- 4) ART service development in prison settings;
- 5) Evidence-based HIV prevention services development in primary health care settings;
- 6) Persistent regional political commitment to respond to the HIV epidemic among IDU.

## VII. Environment monitoring and evaluation

National institution responsible for HIV/AIDS response management is the Centre for Communicable diseases and AIDS under the Ministry of Health. HIV/AIDS/STI and Hepatitis Surveillance Unit operates in the National Centre for Communicable Diseases and AIDS under the Ministry of Health. HIV/AIDS reported data are part of the State communicable diseases and their agents information system.

Communicable disease prevention and control in Lithuania is regulated by the Law on Prevention and Prophylaxis of communicable diseases (1996). Based on this law State communicable diseases and their agents information system was created which operated by the Centre for Communicable diseases and AIDS. There are 82 statutory notifiable diseases in Lithuania.

Surveillance data on HIV/AIDS/ STI is collected and analyzed by the HIV/AIDS/STI and Hepatitis Surveillance Unit of the Lithuanian Centre for Communicable diseases and AIDS (CCDA). *Annual HIV/STI epidemiological reports* is prepared and published in CCDA webpage - [www.ulac.lt](http://www.ulac.lt)<sup>8</sup>

Lithuanian health system is a mixed system, predominantly funded from the National Health Insurance Fund (NHIF) through compulsory health insurance scheme, supplemented by substantial state contributions on behalf of the economically inactive population amounting to about a half of its budget<sup>9</sup>.

A policy document, Lithuania's Health System Development Dimensions 2011–2020, was adopted in 2011 and defined the main directions for health system development until 2020<sup>10</sup>. The document is intended to provide consistency to the future development of the system and make it more efficient and competitive. The key areas of focus are health improvement and disease prevention; expansion of the health-care service market through fair competition; increasing transparency, cost-effectiveness and rational use of resources; and ensuring evidence-based care and access to safe and quality services.

<sup>8</sup> Available online: <http://www.ulac.lt/lytiskai-plintanciu-infekciju-ataskaitastatistika>

<sup>9</sup> Lithuania health system review. Health system in Transition. Vol.15.No.2, 2013. L.Murauskiene, R.Janoniene, M.Veniutė, Ewout van Ginneken, M.karanikolo. European Observatory. EU2013.lt

<sup>10</sup> Parliament of the Republic of Lithuania (2011a). *Lithuania's Health System Development Dimensions 2011–2020*. Resolution XI-1430. Valstybes Zinios [Official Gazette], No. 73-3498 (2011.06.16)