

# **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             |
| EMCDDA   | European Monitoring Centre for Drugs and Drug Addiction        |
| 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 |
| NGO      | Nongovernmental Organization                                   |
| NHS      | National Health Service  |
| PLWHA    | People Living with HIV/AIDS                                    |
| REUH ICL | Riga East University Hospital Infectology Centre of Latvia     |
| 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](http://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 major partners gave their contribution to this report through providing the needed information.

#### **Partners:**

- Governmental institutions
  - CDPC, Health Promotion Department
  - REUH, HIV/AIDS Outpatient Department
  - National Health Service (NHS)

### ***Status of the Epidemic***

The first HIV case was reported in 1987 in Latvia. By the end of 2014, there had been 6214 diagnoses of HIV infection and 1521 diagnoses of AIDS reported in Latvia in total. In 2014 registered 347 newly HIV cases (17.3 cases per 100 000 population) and 159 newly AIDS cases (7.9 cases per 100 000 population).

38% of new HIV cases occurred heterosexual route of transmission, but 21.3% of new HIV cases occurred injecting drug use in 2014. In relatively high proportion 31.4% 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. Is provided for the Latvian action plan for the elimination of HIV infection, sexually transmitted infections and hepatitis B and C for 2014 – 2016 (hereafter – the Plan). In 2014, September 2-4 was joint European Centre of Disease Prevention and Control (ECDC)/ European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) Latvia Country mission on HIV and hepatitis. As a result, the ECDC/EMCDDA drew up comments on the Plan.

Overall comments on the Plan from ECDC/EMCDDA: the Latvian Action Plan is a comprehensive document that covers a broad range of prevention and control activities for HIV, STI and viral hepatitis. While no national action plan can encompass everything that is necessary to meet the public health challenges from HIV, STI and hepatitis, a well-designed action plan can guide public health actions and resources by prioritising interventions based on the best available epidemiological data and up-to-date evidence of what works to prevent and control infections. These comments from ECDC and the EMCDDA are intended to further strengthen the Latvian Action Plan.

The EMCDDA and ECDC team were impressed by how well the Latvian Action Plan outlines the underlying epidemiological situation and recognises the key issues relating to the prevention and control of HIV, STIs and hepatitis B and C in Latvia. The document includes relevant references and the chapter on “Harm reduction” in particular, was noted to include clear references to effective activities to reduce infections among people who inject drugs, as well as relevant data on current performance of the HIV prevention points (HPPs). The document reflects clearly the

involvement of relevant stakeholders in the development of the Action Plan, which provides a good basis for planning an improved response. We were also impressed with the understanding reflected in the plan regarding areas for needed action. However, we are concerned that the Action Plan is not ambitious enough to make a significant impact on the prevention and control of these infections. A considerable investment in resources will be needed to reduce the future healthcare costs associated with these diseases and to reduce further disease transmission.

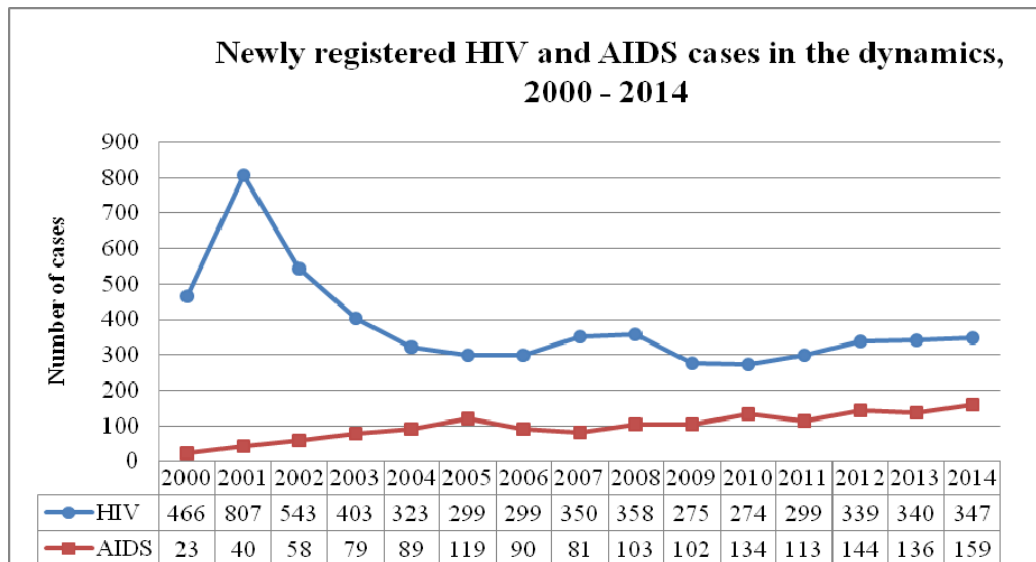
## II Overview of the AIDS epidemic

The first HIV case in Latvia was reported in 1987. During 1987-2014 (December 31, 2014) 6214 cases of HIV infection and 1521 cases of AIDS were registered. In 2014, 347 cases of HIV infection and 159 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 recent years, an increase of newly registered HIV cases.

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 2014, when there were 159 newly registered AIDS cases (*Figure 1*).

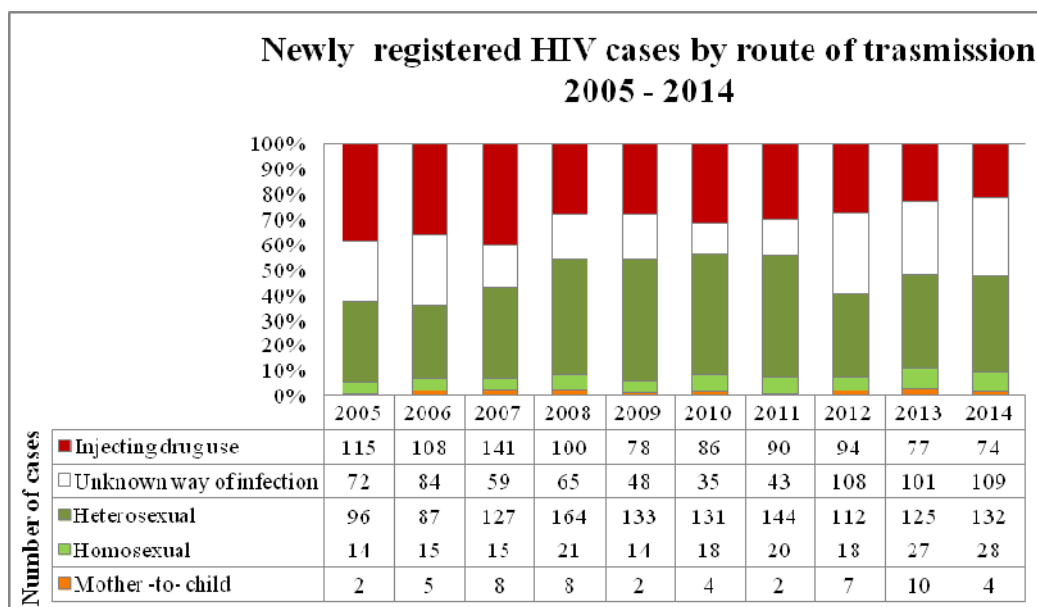
**Figure 1**



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 13 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)

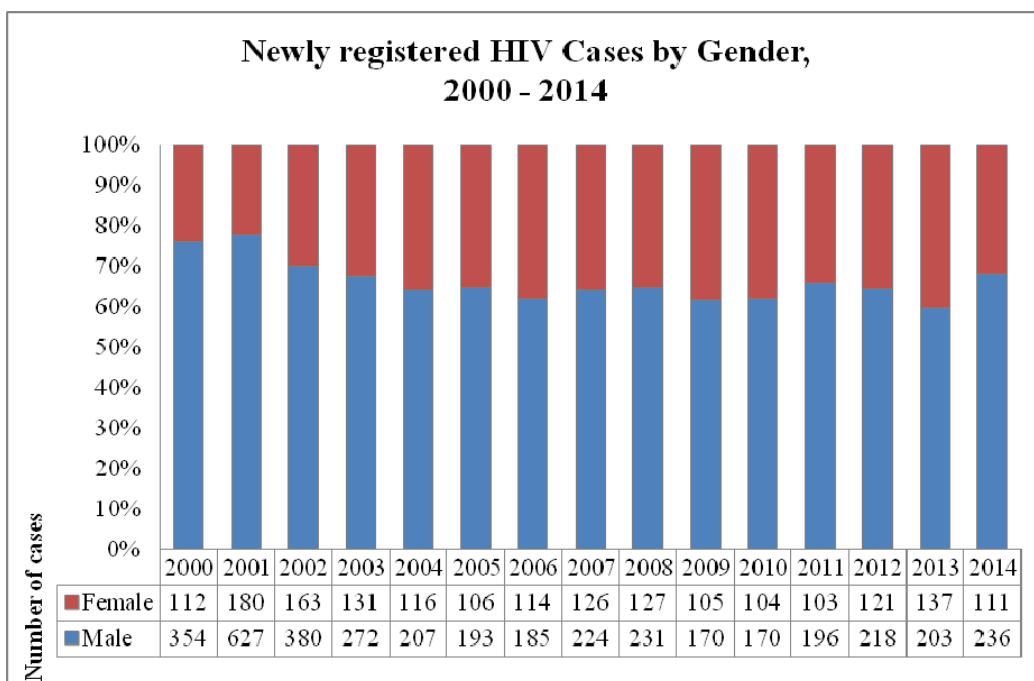
From 1987 to 1993, infection occurred only through sexual transmission (heterosexual, homosexual transmission). In 1995 the first case, when HIV infection has been associated with injecting drug use, was registered, and from 1998 to 2007 this was the most common mode of HIV transmission. The first HIV vertical transmission (mother-to child) case was registered in 1999. Since 2008 the percentage of sexual contact transmission of HIV (especially heterosexual) increased, but HIV infection through drug injection decreased respectively.

132 cases (38%) of new HIV cases occurred heterosexual route of transmission, but 74 cases (21.3%) of new HIV cases occurred injecting drug use in 2014. In relatively high proportion 109 cases (31.4%) of new HIV cases transmission way remained unknown (*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 (*Figure 3*).



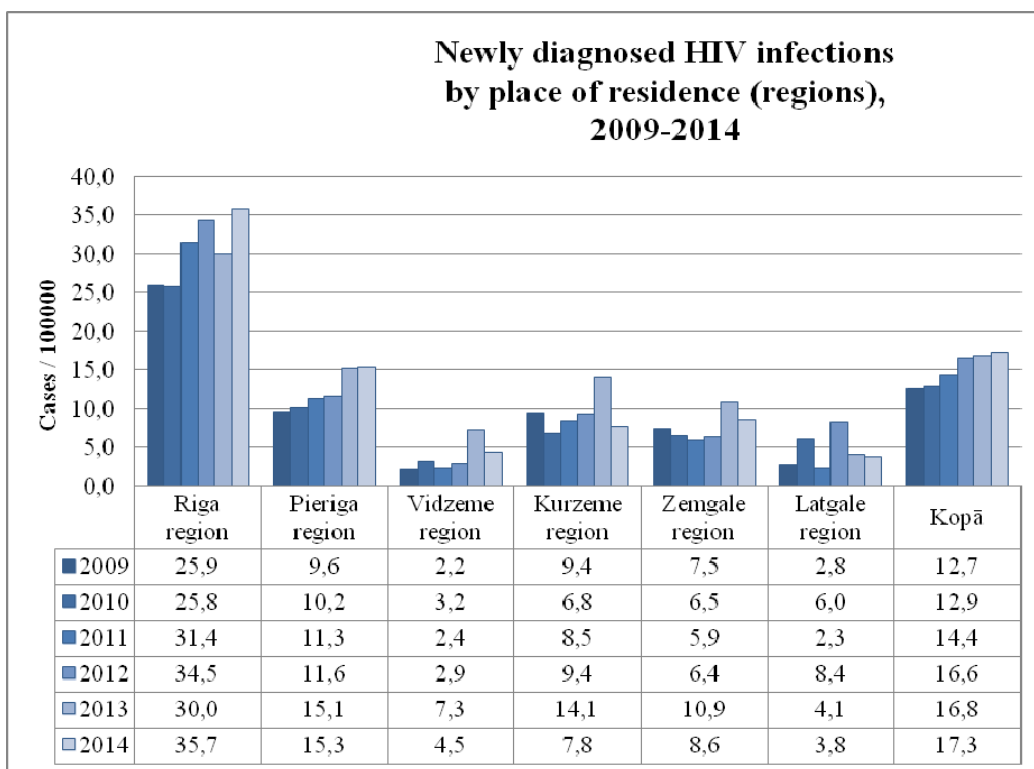
**Figure 3**



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). Incidence of HIV by region shown in *Figure 4*.

**Figure 4**



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

### **III National response to the AIDS epidemic**

#### **Latvian action plan for the elimination of HIV infection, sexually transmitted infections and hepatitis B and C for 2014 – 2016**

Is provided for the Latvian action plan for the elimination of HIV infection, sexually transmitted infections and hepatitis B and C for 2014 – 2016 (hereafter – the Plan). In 2014, September 2-4 was joint ECDC/ EMCDDA Latvia Country mission on HIV and hepatitis. As a result, the ECDC/EMCDDA drew up comments on the Plan.

#### **National HIV, Tuberculosis and STIs Prevention Coordination Committee**

Under the auspices of the MoH acts a National HIV, Tuberculosis and STIs Prevention Coordination Committee (NCC) - a governmental advisory committee for the implementation and coordination of the national response to HIV/AIDS. The commission is led by the MoH. Membership includes governmental institutions, 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**

“HIV Prevention Points” (HPPs) has been expanded to 18 sites in 16 cities across Latvia. Mobile units operate from three sites and outreach workers are linked to eight. Target groups include drug users and other groups at risk: ex-prisoners; the homeless; persons involved in commercial sex; ethnic minorities; MSM and immigrants. HPPs offer information and advice, free condom distribution, confidential HIV, hepatitis B and C, syphilis rapid counseling and testing and needle/syringes exchange. In 2014, the HPPs performed 1984 HIV rapid test (reactivity – 5.0%). A total of 410 000 syringes were given out, and 331 000 syringes collected in 2014. A total of 13 000 medical consultations have taken place of HPPs. The network of HPPs is coordinated by the CDPC of Latvia and is financed and organized by government, local municipalities or NGOs.

Three large scale representative surveys have been conducted during the reporting period:

### **1. Rapid assessment and response country report; Work stream 1: Women using drugs; Latvia**

**Goal of the survey** – to identify and describe the needs of drug-using women in relation to addiction treatment, harm-reduction, and sexual and reproductive health care, as well as to identify obstacles to receiving and use of the above services.

**Target group of the survey** - women having a previous / current drug use experience (including injecting drug use) and being mothers of at least one child aged under 5 years, or being pregnant

**Project was managed by** partner in Latvia - Latvia's association for family planning and sexual health Papardes zieds”.

EC Project „Women, Minorities, Drug - help Services: What makes a difference?” (WEDworks), main partner: SPI Forschung, Germany.

### **2. Rapid assessment and response country report; Work stream 2 – Drug-using women involved in prostitution; Latvia**

**Goal of the survey** – to identify and describe the needs of drug-using women in relation to addiction treatment, harm-reduction, and sexual and reproductive health care, as well as to identify obstacles to receiving and use of the above services.

**Target group of the survey** - female sex workers (practicing sex work daily or occasionally) having a previous / current drug use experience (including injecting drug use).

**Project was managed by** partner in Latvia - Latvia's association for family planning and sexual health Papardes zieds”.

EC Project „Women, Minorities Drug-help Services: What makes a difference?” (WEDworks), main partner: SPI Forschung, Germany.

### **3. Riga Drug User's Cohort Study (RDUCS), 7th wave**

**Goal of the survey** – the study looks at drug use patterns among regular problem drug users in Latvia.

**Target group of the survey** - regular problem drug users in Latvia.

**Main findings** - over the last 12 month the most commonly mentioned substance that was used by 90.4% of respondents was amphetamines, while 69.4% report using heroin. Trends data suggest there is larger proportion of heroin users who are switching to amphetamine use and there is less switching from amphetamines to heroin. Heroin and other opioids are more often used by older drug users while the youngest cohort participants more often mention amphetamines as their drug of

preference. 2013 study for the second time (first being in 2012) included rapid testing for HIV, HCV, HBV, and syphilis. Data from rapid tests shows there is rather large inconsistency between test results and self-reported status of infections. Data obtained within the study reveal that HIV prevalence rate among drug users is 25.7% (24.5% in 2012), while nearly all (84%) drug users tested positive for HCV.

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

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**

### **Latvian action plan for the elimination of HIV infection, sexually transmitted infections and hepatitis B and C for 2014 – 2016**

Is provided for the Latvian action plan for the elimination of HIV infection, sexually transmitted infections and hepatitis B and C for 2014 – 2016 (hereafter – the Plan). In 2014, September 2-4 was joint ECDC/ EMCDDA Latvia Country mission on HIV and hepatitis. As a result, the ECDC/EMCDDA drew up comments on the Plan, which should be improved.

### **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.

## **VII Monitoring and evaluation environment**

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

It is important that the external experts from ECDC / EMCDDA have provided comments on the Latvian action plan for the elimination of HIV infection, sexually transmitted infections and hepatitis B and C for 2014 – 2016, which should be improved.

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.