

The Baltic project

Healthcare and organization achievements in the HIV field are generally limited in the Baltic countries and the NGO's (Non-Governmental Organizations) have difficulties performing effective advocacy work.

HIV-Nordic and our member organizations have many years of experience in capacity building within our national and regional framework and in advocacy towards health authorities and politicians.

Over the period 2016-2019 HIV-Nordic aim to engage in a closer collaboration with organizations in the Baltic countries with the goal to strengthen the Baltic NGO's in advocacy work and capacity building.

During 2016-2017 HIV-Nordic visited different NGO's working with HIV-prevention and care in the Baltic countries.

In 2016 HIV-Nordic visited AGHIAS, Riga, Latvia and MTÜ – Living for tomorrow in Tallinn, Estonia and in May 2017 Posityvus Gyvenimas in Lithuania. The main focus of the meetings was to get acquainted, to learn more about actual and relevant challenges of the NGO's, to strengthen our relationship and to find out how we can assist the NGO's in their prevention efforts and advocacy of human rights for people living with HIV.

Background – situation in the Baltic countries

In the Baltic countries the HIV epidemic has a very different demographic than in the Nordic countries. The epidemic is concentrated predominantly among key affected populations - in particular, people who inject drugs (IDU) - yet there is low coverage of harm-reduction and other HIV prevention programs within the region.

Eastern Europe and central Asia is the only region in the world where the HIV epidemic continued to rise rapidly, with a 57% increase in annual new HIV infections between 2010 and 2015. The scaling up of treatment and prevention programs, particularly for key affected populations, is an urgent priority.

Conservative legislation around same sex relationships, drug use and sex work continues to fuel stigma towards these groups, obstructing HIV response in the Baltic countries.

The lack of governmental funding is a very serious obstacle for prevention and care for people living with HIV in the region. Many NGO's activities in the Baltic countries are funded by the Global Fund or by pharmaceutical companies. Prevention programs are further under threat as international support for HIV responses decreases and domestic funding for HIV prevention fails to keep pace.

HIV-Testing

There is in general very poor access to anonymous community testing, that is essential to reach the most vulnerable risk groups. Obstacles such as authorities demanding testing being performed only at doctors clinics by skilled nurses, have resulted in very low testing rates. Community testing sites are often closed down and are generally experiencing very low funding from national health authorities. In prisons testing is particularly limited as testing and treatment are often paid for by the prisons own budgets.

HIV-Treatment

It is a fundamental problem all over the Baltic region, that international guidelines for treatment are not followed, mainly due to economic restraints, but also the huge stigma plays a significant role.

Treatment is offered only when CD4 counts fall below 350, though Estonia are now starting treatment at CD4 500. Naturally national NGO's appeal to authorities for treatment to begin straight after being diagnosed, as is internationally recommended. HIV-Nordic will support any letters of appeal to local, regional or national health authorities to promote access to treatment upon diagnosis.

Latvia

The population of Latvia is 2 million inhabitants, with the majority living in the Riga-region. 5290 PLWH were registered in Latvia per 31.12.2016, but the estimate is 10.000-14.000 people living with HIV. Which means that more than half of people living with HIV do not know their status.

Only 1702 people living with HIV are on ART, and ART is provided when the CD4 count is 350. From 2018 ART is offered when the CD4 count is 500. ART is free of charge, but even though you would like to pay for treatment, you cannot start treatment before your CD4 account is 350 or you have opportunistic infections.

Due to discrimination of MSM, the statistics show a low ratio of MSM among the people living with HIV. The majority of MSM do not talk to their doctors about sexual orientation. If you have to inform healthcare professionals about an infectious disease due to contraceptive measures, people rather choose to say hepatitis C, because it has less stigma. Hepatitis C is quite common, more than 40.000 are infected with hepatitis C.

Some of the organizations working with HIV: AGIHAS (network for PLWH), AGIHAS women (started in 2017), hiv.lv – for PLWH in prison, Dialogue – for IDU.

Estonia

The population of Estonia is 1,3 million, 9.792 are diagnosed with HIV, and 2/3 are men, 1/3 women. WHO estimate that there are now 6.000 people living with HIV who do not know their HIV-status in Estonia, and all together 13.000 people living with HIV in the country. Many are IDU, and in 2001 the government stated that there is an epidemic among the IDU. According to the Estonian organization EHPV 80% of people living with HIV are also infected with hepatitis C and many also has Tuberculosis.

3.600 are on ART, and 1.800 of them are living in Tallinn. Treatment are offered when CD4 counts reach 500, but a lot of people do not take treatment due to psychological, social or economic obstacles. The treatment is free, but there is no budget for support.

When Estonia became independent from the Soviet Union, the country experienced economical and sociological challenges. The Russian speaking part of the population suffered most from this. There was a lot of unemployment in the North-eastern part of the country, and problems with drug addiction, hepatitis C and HIV occurred. A major part of the people living with HIV are Russian speaking, HIV has historical been regarded as a Russian problem. And maybe that is also the reason for the lack of governmental will for dealing with these challenges.

When the Global fund was active in the country, there were several organizations and testing was offered several places, but after they stopped their funding the numbers of organizations and testing activities decreased.

Lithuania

The population of Lithuania is 2,9 million inhabitants. Approximately 2.400 are living with HIV (2.700 diagnosed and 300 are diseased). Estimated only 66% of people living with HIV know their status, and the estimate is that 3.400-6.800 people are living with HIV. 70 % are drug users.

32 % of people living with HIV are on treatment, and treatment is free, but offered when the CD4 account is 350. The NGO's are working to change this. 82% of people living with HIV on treatment are virally suppressed. But this is only 16% of all people living with HIV.

Being immune to HIV, or that a general blood test will show if you are HIV-positive and heavy side effects of treatment are some of the myths about HIV.

Organizations, like Demetra, offer HIV-testing, but have been closed by the government from time to time. They also offer a needle-exchange-program, but due to lack of funding there is not always a steady supply of syringes. Funding is a major challenge. This makes prevention work and harm reduction a huge challenge in the country.

Due to a lot of stigma and discrimination towards MSM, people rather say they are infected heterosexually than homosexually.

Harm reduction

HIV-Nordic supports and recommends an ongoing harm reduction approach, that is basic to an effective access to testing and treatment strategy.

The harm reduction approach in the HIV response is based on a strong commitment to public health and human rights.

Harm reduction refers to policies, programmes and practices that aim to reduce the harms for key populations based on their needs.

The defining features are the focus on the prevention of harm, and the focus on people. Harm reduction began to be discussed frequently after the threat of HIV spreading among and from injecting drug users was first recognised.

Harm reduction within the HIV response means interventions such as access to clean needles and syringes for people who inject drugs, free access to condom and lubrication, access to PrEP and PEP, and the possibility for safe houses and low threshold services. Harm reduction accepts that many people who use drugs are unable or unwilling to stop using drugs at any given time. Access to good treatment is important for people with drug problems, but many people with drug problems are unable or unwilling to get treatment. Furthermore, the majority of people who use drugs do not need treatment.

There is a need to provide people who use drugs with options that help to minimise risks from continuing to use drugs, and of harming themselves or others. It is therefore essential that harm reduction information, services and other interventions exist to help keep people healthy and safe. Allowing people to suffer or die from preventable causes is not an option. Many people who use drugs prefer to use informal and non-clinical methods to reduce their drug consumption or reduce the risks associated with their drug use.

Harm reduction approaches are practical, feasible, effective, safe and cost-effective. Harm reduction has a commitment to basic policy and practice on the strongest evidence available. Most harm reduction approaches are inexpensive, easy to implement and have a high impact on individual and community health. In a world where there will never be sufficient resources, benefit is maximised when low-cost/high-impact interventions are preferred over high-cost/low-impact interventions.

Future collaboration

AGHIAS(Latvia) has initiated a process of forming a regional network in the Baltic Region, that HIV-Nordic strongly supports. Two regional seminars were held during 2016-2017 and the work towards a formal regional network is still ongoing.

HIV-Nordic is deeply concerned about the present conditions for people living with HIV in the Baltic countries and wish to support the efforts of individual NGO's to improve the situation in any way possible. We wish to continue our collaboration, to issue common statements, sign letters of appeal, participate in the sharing of best practices and the development of organisational skills as well as to support the functioning of viable regional networks.