NATIONAL INSTITUTE
FOR HEALTH AND WELFARE

DUBLIN DECLARATION MONITORING - GLOBAL AIDS RESPONSE PROGRESS REPORTING

COUNTRY PROGRESS REPORT 2012

Finland

Contents

I. Status at a Glance

1.1. The inclusiveness of the stakeholders in the report writing process

The National Institute for Health and Welfare (THL) was responsible for the coordinating process, collecting the data and writing and collating the narrative report and NCPI part A, as well as filling in the data for UNGASS indicators. The coordinators consulted all significant stakeholders during this process. The NCPI part B was coordinated by Civil Society and NGOs. NGOs were also asked to name best practices and challenges they wished to highlight.

After the completion of the first draft of the report, it was submitted for comments to the members of the National HIV expert group. The final draft was sent to all significant stakeholders. The feedback was incorporated into the report before submitting it to UNAIDS in March 2012.

1.2. The status of the epidemic

At the end of year 2011 the cumulative total of diagnosed HIV positive individuals in Finland was 2953 (2133 males and 820 females). Cumulatively 580 AIDS cases − including 299 AIDS deaths − had been reported.
The most affected groups are men having sex with men, migrants from high prevalence areas and people who inject drugs. In 2010 and 2011, 187 and 177 new cases of HIV-infection, respectively, were reported; most of them were associated with sexual transmission. The number of AIDS deaths was 5 in 2011 and 8 in 2010.

1.3. The policy and programmatic response

The key elements of Finnish HIV policy are:
Prevention of new infections – The people in Finland need to have the necessary knowledge in order to prevent HIV infection. The public sector, together with the civil society, supports people's possibilities to make right decisions in order to avoid HIV-infection and prevent transmission of the virus (e.g. sexual education, free access to anonymous testing and counselling, promotion of condom distribution, needle exchange).

Free access to treatment and care for the HIV infected **–** Universal access to HIV testing, counselling, and to treatment and medical care for people affected and/or infected with HIV.

Support to the people living with HIV –Social support and empowerment of persons infected and advocacy and solidarity to prevent discrimination of those affected.

1.4. UNGASS indicator data overview

Target 1. Reduce sexual transmission of HIV by 50 per cent by 2015

Indicators for the general population

1.1. Young People: Knowledge about HIV Prevention

Percentage of respondents who gave a correct answer to question: "Can the risk of HIV transmission be reduced by having sex with only one uninfected partner who has no other	2010: 80,5 %
Percentage of respondents who gave a correct answer to question: "Can a person reduce the risk fo getting HIV by using a condom every time they have sex?"	2010: 87.6 %
Percentage of respondents who gave a correct answer to question: "Can a healthy-looking person have HIV" ?	2010: 92.3 %
Percentage of respondents who gave a correct answer to question: "Can a person get HIV from mosquito bites ?"	2010: 48.6 %
Percentage of respondents who gave a correct answer to question: "Can a person get HIV from sharing food with someone who is infected ?"	2010: 84.2 %

Indicators for sex workers

1.7. Sex Workers: Prevention programmes

Percentage of sex workers who answered "Yes" to question 1, "Do you know where you can go if you wish to receive an HIV test?"	No data available
Percentage of sex workers who answered "Yes" to question 2 "In the last 12 months, have you been given condoms? "	No data available

1.8. Sex Workers: Condom Use

Percentage of female and male sex workers reporting the use of a condom with their most recent client	No data available

1.9. Sex Workers: HIV Testing

Percentage of sex workers who received an HIV test in the last 12 months and who know their results	No data available

1.10. Sex Workers: HIV Prevalence

Percentage of sex workers who are HIV-infected	No data available

Indicators for men who have sex with men

1.12. Men who have sex with men: Condom Use

Percentage of men reporting the use of a condom the last time they had anal sex	2010: <25 = 44.5 % 2010: 25+ = 47.5 %

1.13. Men who have sex with men: HIV Testing

Percentage of men who have sex with men who received an HIV test in the last 12 months and who know their results	2010: <25 = 24 % 2010: 25+ = 23.7 %

1.14. Men who have sex with men: HIV Prevalence

Percentage of men who have sex with men who test positive for HIV	2010: 5.1 %

Migrants

1.18 Migrants: Condom Use

Percentage (%) of migrants from countries with generalized HIV epidemics who had sex with more than one partner in the past 12 months who used a condom during their last sexual intercourse	No data available

1.19 Migrants: HIV Testing

Percentage (%) of migrants from countries with generalized HIV epidemics who received an HIV test in the last 12 months and who know their results	No data available

1.20 Migrants: HIV Prevalence

Percentage (%) of migrants who are HIV-infected	No data available

Prisoners

1.21 Prisoners: HIV Prevalence

Percentage (%) of prisoners who are HIV-infected	2005-2007: 1 %

Target 2. Reduce transmission of HIV among people who inject drugs by 50 per cent by 2015

2.1. People who inject drugs: Prevention Programmes

Number of Syringes distributed per IDU per year by Needle and Syringe Programmes	2010: 214

2.2. People who inject drugs: Condom Use

Percentage (%) of injecting drug users reporting the use of a condom the last time they had sex	No data available

2.3. People who inject drugs: Safe Injecting Practices

Percentage (%)injecting drug users who report using sterile injecting equipment the last time they injected drugs	No data available

2.4. People who inject drugs: HIV Testing

Percentage (%) Percentage of injecting drug users who received an HIV test in the last 12 months and who know their results	2009: 63.1 %

2.5. People who inject drugs: HIV Prevalence

Percentage (%) Percentage of injecting drug users who test positive for HIV	2009: 0.7 %

Target 3. Eliminate mother-to-child transmission of HIV by 2015 and substantially reduce AIDS-related maternal deaths

3.1. Prevention of Mother-to-Child Transmission

Percentage (%) of HIV-positive pregnant women who received antiretrovirals to reduce the risk of mother-to-child transmission	2011: 100 %

Target 4. Have 15 million people living with HIV on antiretroviral treatment by 2015

4.1b Treatment: Antiretroviral Therapy among People Diagnosed with HIV Infection

Percentage (%) of people diagnosed with HIV infection who need antiretroviral treatment and who receive it	2011: 95 %
<15	100 %
15+	95 %
Men who have sex with men	98 %
People who inject drugs	90 %
Migrants from high prevalence countries	90 %
Prisoners	90 %

4.5 Late HIV Diagnosis

Percentage (%) of people with HIV infection who already need antiretroviral treatment at the time of diagnosis	2010: 49.3 %
<15	0 %
15+	49.7 %
Men who have sex with men	53.7 %
People who inject drugs	28.6 %
Migrants from high prevalence countries	59.3 %
Prisoners	No data available
Sex workers	No data available

Target 5. Reduce tuberculosis deaths in people living with HIV by 50 per cent by 2015

5.1. Co-Management of Tuberculosis and HIV Treatment

Percentage (%) Percentage of estimated HIV-positive incident TB cases that received treatment for both TB and HIV	2011: 100 %

II. Overview of the HIV/AIDS epidemic in Finland

HIV-infection and AIDS are mandatory notifiable diseases in Finland. Laboratories and physicians report cases to Infectious Diseases Register kept by the National Institute for Health and Welfare. Based on data at the end of year 2011 the situation was as follows:

- The cumulative total of diagnosed HIV positive individuals in Finland was 2953 (2133 males and 820 females).
- Cumulatively 580 AIDS cases − including 299 AIDS deaths − had been reported.
- The most affected groups are men having sex with men, migrants from high prevalence areas and persons who inject drugs.
- In 2010 and 2011, 187 and 177 new cases of HIV-infection, respectively, were reported; most of them were associated with sexual transmission.

2.1. Key populations at increased risk

Men who have sex with men (MSM)
The number of infections from MSM in 2010 was 47. This was about the same as in the two previous years. A prevalence study among homosexual and bisexual men conducted in 2010 found a prevalence of 1.4% for HIV, significantly higher than in the population on average. The majority of HIV infections among MSM was found in Finnish citizens and had been acquired in Finland.

Persons who inject drugs (PWID)
There were 8 cases of HIV associated with injection drug use in 2010, two persons of Finnish origin and 6 foreigners. Effective preventive measures have kept infections associated with injection use at a low level following the HIV epidemic at the turn of the millennium.

Persons with migrant background
A record number of HIV infections were found among non Finnish citizens in Finland in 2010: 79 cases, representing 42 % of the annual total. Most of the foreigners diagnosed came from areas with a high prevalence of HIV and had contracted HIV through a heterosexual contact abroad. HIV infections contracted by foreigners through sexual contacts between men and intravenous drug use have also increased, although in absolute terms the numbers are still rather low.

2.2. Other categories

Heterosexual transmission
The number of infections from heterosexual transmission in 2010 was 94 (51 males and 43 females), 57 of them in Finns and 37 in foreigners. The number of HIV infections in this group has increased substantially in the 2000s compared to what it was before that, among both foreigners and Finns. Most of the foreigners diagnosed came from areas with a high prevalence of HIV and had contracted HIV abroad. Most of the infections contracted by Finnish men through heterosexual contact were also acquired abroad.

Mother to child transmission (MTCT)
HIV infections in children are rare in Finland. One case of MTCT was reported in 2010; this child had been born abroad. HIV testing is offered for all pregnant women and all most all agree to take the test during their visits to antenatal care.

Blood and blood products
One HIV infection possibly transmitted by a blood transfusion was reported in 2010. The transfusion had been performed abroad. There have been no reported cases of infection through blood products in Finland since HIV testing of donated blood began in 1985.

Mode of transmission unknown
The percentage of cases where the means of transmission is not known has grown steadily, from 13% on average in the 1990s to 19 % in 2010. The proportion of unknown cases was significantly higher among non Finnish citizens than Finnish citizens.

III. National response to the AIDS epidemic – changes since previous report

3.1. Policy and strategies

A new national HIV/AIDS strategy is under preparation. The overall aim of the strategy is to control the HIV prevalence among the Finnish population. The essential elements for the success of the national strategy are:

1. Decreasing the risks for infection.
2. Effective use of commodities used in prevention of transmission such as male and female condoms, sterile injecting equipment, medicines.
3. Reducing the harms and impacts of HIV infection; ensuring the integration of people living with HIV into the mainstream of society, ensuring the best available prevention, treatment, care and support, and prevention of discrimination.

HIV-infection was also part of the *Action Programme for Promotion of Sexual and Reproductive Health for 2007-2011*. The Action Programme defines the principles for promoting of sexual and reproductive health as well as for developing the related management, service structure, methods, and competence. The mid-term review of the Action Programme noted that there is a need to enhance the integration of sexual health promotion into overall health promotion and promote knowledge and practice of safe sex. In addition, since there is a trend in Finland that new HIV-infections are diagnosed at a late stage, increasing the awareness of possibility for HIV-infection as well as awareness of and access to voluntary, confidential HIV-testing are of utmost importance.

3.2. Prevention

Prevention of new HIV infections remains the key target of Finnish HIV/AIDS policy. This is based on the knowledge of people about the main issues of HIV-infection and protection against it. Effective HIV testing as well as treatment and support of those tested positive are also integral parts of prevention.

As before, prevention of HIV-infection continues to be integrated into the public health, social welfare and educational system of Finland, through the publicly funded municipal basic services and national or local level information dissemination and targeted campaigns. Cooperation between public actors (government, regional and local authorities) and civil society (NGOs) has remained active and fruitful, especially in prevention activities. While the NGOs and civil society actors are independent in their activities, they receive a large part of their funding from government or other public national sources.

Targeted prevention efforts have been made to reach key populations at higher risk of HIV exposure, such as MSM,PWID, sex workers and travellers (see chapter V Best practices). NGOs are playing a major role in the prevention activities especially for the hard to reach populations. Young people are also the main target group with awareness campaigns and direct prevention activities.

Encouraging people to take HIV test is critical for prevention – a low number of HIV-infected individuals unaware of their status is important in controlling the HIV epidemic. To enhance seeking for testing and offering voluntary HIV testing, a new national guideline for HIV testing was endorsed in 2010.

3.3. Treatment, care and support

Effective treatment, care and support of those infected are seen as an integral part of prevention of HIV-infection. The assurance that best possible treatment and care is available through a professional, confidential and non-discriminating response, encourages seeking for testing and counselling.

All necessary and clinically indicated treatment and care is guaranteed free-of-charge to those who have been infected and who are eligible for Finnish social security benefits, i.e. have a legal residence status in Finland. People living with HIV receive highly active anti-retroviral therapy (ART) according to generally accepted best practises. HIV treatment and care is provided by regional health districts as part of specialised medical care in central hospitals and university hospitals. Since the health services are restricted to those having a residence permit in the country, temporary visitors are entitled only to strictly necessary emergency treatment, unless they have a private health insurance covering the costs of other treatment.

The number of newly diagnosed HIV cases in non-Finnish citizens has increased during the past years. This is a heterogeneous group of people consisting of e.g. temporary visitors and employees, foreign students, immigrants, asylum seekers and refugees. A new *Guideline for the Prevention of Infection Problems among Refugees and Asylum Seekers* was published in early 2010. The guideline emphasizes offering voluntary HIV testing for persons originating from high prevalence areas and the consultation of infectious diseases specialist if HIV-positive cases are found. Practically refugees and asylum are treated with same criteria as native Finns.

The proportion of late diagnosis is high. In the recent years around half of the infections were diagnosed with CD4 less than 350. Because of that, the new guidelines for HIV testing were published in 2010.

3.4. Knowledge

The starting point for the Finnish HIV strategic approaches is to ensure that people have the knowledge and understanding of HIV/AIDS to avoid exposure to risks for infection.

In Finland, health education − including education in reproductive and sexual health and risks of contracting sexually transmitted infections (STIs) − is a standardized compulsory subject for school children aged 13-18 years. This ensures that teenagers have access to adequate knowledge and tools to avoid and prevent infections. Adolescents' sexual knowledge and behaviour is monitored every two years with the School Health Promotion Study.

Targeted health counselling to prevent HIV and STIs is offered for the key populations at higher risk of HIV exposure − Low Threshold Health Service Centres for PWIDs, the "Man-to-Man–Safely" work targeted at men who have sex with men, health counselling for sex workers − implemented by NGOs.

The national *Action Programme for Promotion of Sexual and Reproductive Health* was published in 2007. One of the aims is to prevent STIs by increasing knowledge and condom use. The Action Programme includes e.g. the following: Instructions to the vocational training institutions to include sexual education as one of the subjects in health and life skills curriculum; Plans to start publishing again an information brochure that earlier was distributed annually to all those coming to 16 years of age.

IV. Best practices

Some of the examples of best practices were selected to illustrate Finnish initiatives in prevention of the spread of HIV and STIs and in caring and supporting people living with HIV/AIDS. *Travel safety campaign* was started to reduce HIV and STI transmission among Finnish travelers. *Low threshold health service centres for persons who inject drugs* has been selected as an example because the service has had an evidence-informed successful role in controlling the HIV epidemic among PWID, one of the key populations at higher risk for HIV exposure. *HIV-Care Handbook* is a handbook in Finnish language for professionals and students facing HIV positive people in both health and social sectors. *The Handbook for HIV-positives*, prepared by HivFinland − the peer organization of people living with HIV − is an important resource on all issues regarding HIV-infection. Friend to fried- peer work in Thai massage parlours, provides an example how to reach the more hard-to-reach populations with higher risk for HIV-infection and provide them information.

4.1. Reaching Finnish tourists at departure situations with safe sex advice, condoms and lubricants.

Finnish residents make over six million trips abroad annually. A substantial number of HIV infections in Finns

were acquired abroad both in countries with generalized epidemics, and in common holiday destinations. To reduce HIV and STI transmission and promote earlier diagnosis among travelers the "travel safety" campaign was started in 2008 and it is organized by Finnish AIDS Council and Finnish Red Cross. Safe sex advice, condoms and lubricants are delivered at the ports, airports and border crossings to Russia twice a year. The aim of the campaign is also to train health professionals in HIV and safe sex counseling for travelers.

4.2. Low threshold health service centres for persons who inject drugs

The first health counselling centre for PWID was opened in 1997 in Finland. Since then the number of centres has increased. The *Act on Communicable Diseases* from 2004 obligates municipalities to provide health counselling for PWID in their area, including exchange of injecting equipment. In 2011, Finland had around 30 health counselling centres in 23 towns. The basic idea of health counselling has been preventive work i.e. it aims to prevent diseases and deterioration of health among the drug users.

Most municipalities purchase health counselling from third sector actors. However, the aim is to integrate health counselling − including counselling and services for PWID − into regular municipal health services and, consequently, establish the status of the work and allocate sustainable public resources for the maintenance and development of these services.

The health counselling services are free-of-charge, confidential and anonymous and available without an appointment. The services provided vary between the centres, but the exchange of syringes and needles forms the basis of the services. The centres conduct HIV and hepatitis testing; some of them use a rapid HIV test. All centres also provide oral and written information on infectious diseases and distribute free condoms and lubricants. They also offer the opportunity for supportive discussions with the personnel and help in various problems. Other services provided by some of the centres include doctor's consultation, meals, shower, clean clothes, and vaccinations.

Since 2000, the Helsinki Deaconess Institute has maintained a special service centre for HIV positive PWID in Helsinki (under a contract with the Primary Health Services of the City of Helsinki). The idea is to offer all needed services under one roof. The services are provided by a drop-in day centre and include − in addition to syringe and needle exchange − various health and social care services. The centre is also responsible for the clients' substitution treatment. HIV medication is provided by specialised medical care (Infectious Disease Unit at Aurora Hospital District of Helsinki and Uusimaa) in collaboration with the Helsinki Deaconess Institute. A high adherence to antiretroviral therapy is achieved by providing special social and nursing services for these PWID. Particular emphasis is placed on building partnerships and networks with other key workers in the health and social services to provide an integrated package of care which takes into account both medical issues and the social context. Short-term accommodation is also offered. In addition of services for HIV positive PWID, separate services (in the same building) are provided to all PWID.

As measured by the number of HIV cases, health counselling for PWID seems to have had an impact in reduction of infection risk. In 2010 and 2011 together, only 17 new HIV cases related to injecting drug use were diagnosed in Finland and HIV prevalence among PWID has remained at close to one per cent.

4.3. Handbook for HIV care

The Finnish Association for Nurses in AIDS Care, the Finnish AIDS Council and Helsinki University Hospital Aurora Infectious Diseases Unit published an *HIV-Care Handbook* in 2007. This has been updated in 2011. The handbook is an excellent resource for health care providers who care for patients infected with HIV. It can also be used in pre-graduate training at social care and nursing colleges. The handbook has gained wide popularity among the whole health and social care sector.

The writers are professionals facing people living with HIV in their every day work. The handbook provides basic information on HIV and AIDS − from HIV testing and counselling to treatment. The book contains good examples of best practices and experience in nursing care, including those linked to oral health of people living with HIV, clinical follow-up of the infected, and the special needs of HIV-positive mothers and children.

4.4. Handbook for HIV-Positive

HivFinland has published a *Handbook for HIV-Positive People* (*Käsikirja hiv-positiivisille*, in Finnish only) that covers important issues for those living with HIV. The aim of the handbook is to ensure that all HIV-positive people living in Finland have the needed knowledge and information to live as healthy and normal life as possible. The book contains information for those recently infected and for those who have lived with their infection longer. The topics included are e.g. what is HIV-infection, psychosocial aspects of the infection, mental health, sexual health, travelling, living at home, personal hygiene, work, pension, patient's rights, legal aspects, treatment, medication, oral health, pain etc. The book also has separate chapters for different groups, such as women, men, children, family, PWID, prisoners, sex workers and migrants. In addition, there are good links to look for further information. The Handbook is available in Internet and in printed version, which is free-of-charge for all HIV positive people and their families.

4.5. Summer campaign for youth

Together with the Ministry of Social Affairs and Health, Finnish Cancer Organizations, Finnish Red Cross, the Soldiers' Home Organization and private actors, one of the channels of the Finnish Broadcasting company YLE organises an annual summer campaign for youth. This campaign, "*Kesäkumi*" literally translated as "*Summer Rubber*", has been organised already 15 times in a row. The aim of the campaign is to prevent spread of STIs among youth. The campaign talks openly about STIs, often with young celebrities, who participate in the campaign by performing in radio spots. During the campaign free condoms are delivered in summer festivals and concerts, almost 200,000 during summer 2011. The radio channel also orders a song dealing with the subject from a famous Finnish rock artist, different each year. Linked with this campaign for all youth during the summer, the conscripts who start their military service during the summer will also get information on STIs and free condoms.

4.6. Friend to friend – peer work in Thai massage parlours.

Theme: issues related to sexual and reproductive health

In the end of 2010 and beginning of 2011, Pro-tukipiste[1] (Pro Centre Finland) carried out a small-scale peer educator project with women working in Thai massage parlors. It was the first time that Pro-tukipiste organized peer work activities among Thai service users and it also served as a pilot project for the whole country among this group.

Women's health was chosen as the main topic of the peer education project since issues related to sexual and reproductive health were constantly discussed by the massage parlour workers in Pro-tukipiste's daily health work. Two training sessions included information on menstrual cycle, intimate hygiene, safer sex, STI's, breast examinations and Pap tests. In addition, information on peer educator's role and how to spread information in the massage parlors were discussed.

Peer educators' written materials were produced in cooperation with the project workers and doctors responsible for giving the training. The target group's cultural background and level of knowledge was taken into account as much as possible when planning the material, including pictures that were chosen so that they were appropriate to people from Thai cultural background. The final illustration of the study material included various culture-specific symbols related to for example condoms, viruses and the hormonal cycle. Through these symbols trainers were able to express things in a way familiar to the target group as well as use humor when suitable. All the lessons and discussions were translated into Thai language.

All in all six women working in massage parlours took part in both training sessions. The women had many questions related to the subject matter and it became clear that they shared various cultural beliefs related to women's health. There was for example a lot of discussion on the impacts that certain foods have on the quality

[1] Pro Centre Finland (Pro-tukipiste ry) is a registered non-profit organization which supports and promotes the civil and human rights of individuals involved in sex work. Pro Centre offers professional low threshold social support, health care services and legal advice for migrant and national sex workers in Helsinki and Tampere regions.

and quantity of vaginal bleeding and discharge. Discussions on the role of menstrual cycle and fertility-related body parts were also very interesting and instructive to all; both educators and the participants.

Peer educators were provided with memory sticks and folders including the training material to facilitate the spreading of information in their own networks. All materials were produced both in Finnish and in Thai.

After a month there was a feedback meeting with the peer educators to discuss the training sessions and the field phase that followed. We wanted to know how they felt about the course – if they had benefitted from the received information and whether the training material had helped them to learn more and spread on the information. The discussions brought up several new questions especially related to safer sex, the use of condoms and the menstrual cycle. Predisposing factors related to cervical cancer was a topic that created a lot of discussion. The course participants' view was that the course material could have included more information on the predisposing factors related to cervical cancer and papillomavirus infection.

As a participation reminder in the peer educator training, the educators were given a certificate and a little present.

Feedback from the peer educators was positive. According to the participants the information received was specific, but presented in a way that was sufficiently simple. After the training the peer educators felt that they knew better how to take care of themselves and, for example, how to protect themselves better during intercourse. Normal physical reactions of their own body didn't feel as strange and as frightening as before. The training material, in particular the illustrations, were considered successful. Clear pictures illustrating anatomy were considered especially adequate and useful in spreading the information. The peer educators had transmitted information to the field both in face to face meetings and by phone, each to their own contacts in Finland and also in other European countries.

V. Major challenges and remedial actions

Some of the major challenges in the national response for HIV epidemic in Finland are presented in this chapter. This is not a comprehensive list of the challenges identified during the reporting process, but the examples represent those areas in need of most urgent actions.

5.1. Need for more information regarding knowledge, sexual behaviour and risk taking

Finland does not have sufficient data on the HIV knowledge, sexual behaviour, risk perception and risk taking among the general population and still lack relevant information on knowledge and behaviour of some important key populations at higher risk for HIV exposure. Although Finland regularly conducts good surveys on health knowledge and behaviour of adult population, questions about sexual behaviour – let alone knowledge on HIV – have seldom appeared in these survey questionnaires. The only data available in a more consistent manner is that of adolescents and young people attending schools and sentinel data from STI clinics. More longitudinal, repeated surveys on key populations such as men who have sex with men and sex workers are also needed. This additional information would assist Finland to analyse the trends of the epidemic, recognize early worrisome development and help authorities and civil society actors to increase prevention, treatment and support activities in a concerted manner. Moreover, it would be able to respond more accurately to the trend that is visible in recent HIV data; the new HIV-infections tend to be diagnosed in rather late stage, indicating the lack of information about possibilities for infection.

5.2. Resources for HIV work and division of labour

A guiding principle for the Finnish HIV policy and the strategic approach toward prevention, treatment and care is the integration of the activities into regular social and health care services. Municipal social and health providers have a clear legal obligation to cater for the needs of their residents in any health issue, including HIV and AIDS. While this approach has many benefits, it is not without problems either. At its best, this approach provides equal access to treatment and non-discriminatory care for HIV-infected, compared to any other medical condition. It also sets clear boundaries to where responsibilities lie within the various levels of social welfare and health care actors.

In a worst case scenario, however, the integration may lead to integration on paper only and factual negligence of HIV-specific issues that would have to be taken into consideration for proper organization of actions. Finland has several NGOs that have been outsourced to implement HIV work − especially on prevention, testing, counselling, and care − on behalf of the municipalities, but they have also their own interest to develop specialised services for key populations. Engaging civil society actors in HIV work may lead to a situation that municipal authorities no longer consider HIV work as part of their regular services. The municipalities may not develop these services further so that e.g. universal access to anonymous voluntary testing and counselling would be guaranteed everywhere and especially for key populations, having also special needs for other services.

Another challenge of outsourcing or NGO engagement is that over time the responsibilities laid down in the laws and regulations may become blurred. While the law on public health is clear on where the responsibility lies (i.e. within the municipal government), the perception among those who fund the services may be such that they have fulfilled their legal duty by such funding, even if it would be inadequate.

On the other hand, the NGOs receive majority of their funding from external funders according to project proposals and for activities that have a limited life-span. A good example of this is the funding that the NGOs receive from the Finland's Slot Machine Association (RAY), a body that funds numerous health and social service organisations and is controlled by the Ministries of Interior and Social Affairs and Health. The present funding principles of RAY indicate that it does not wish to continue non-earmarked core funding to NGOs and especially not to fund activities that could be regarded as part of regular public service provision system − HIV-testing being one these activities. This has put in jeopardy some of the well functioning NGO services and development of innovative programmes. Also, the global financial crisis has led to clear downturn on the funding amounts that RAY distributes, causing problems for NGOs to carry on their services in the future.

Taking this into account the Ministry of Social Affairs and Health and the regional government authorities need closely to monitor the performance of municipalities in the provision of services. Also, there is a need to evaluate whether a specific guideline on the sharing of responsibilities and estimated resources would be needed to be developed in near future.

5.3. MSM prevention and services

Men who have sex with men continue to be among the key populations at higher risk for HIV-infection in Finland. We need more solid information regarding the knowledge and behaviour, risk perception and risk taking of MSM population, and the prevalence of other STIs in this group. Moreover, prevention activities need to be enhanced and secured.

The HIV prevalence among MSM was found to be almost 5 % in 2006 using an anonymous survey. Unpublished information collected through the EMIS study suggests a similar prevalence level. Thus this group needs to be recognised in all general prevention activities and information. Young men who have sex with men would need to be taken into account in information materials prepared for schools and training institutions. In addition, there is unmet need for special programmes targeted to MSM and the resources for these programmes need to be secured. Presently, the majority of resources for prevention work among MSM is coming from the Finnish Slot Machine Association, but there has recently been a clear decrease of this funding and it is not sustainable. The MSM activities are mainly done by a few relatively small-scale NGOs. There is a need for more health services targeted to this group also within the municipal health care service system.

Specific and recognised MSM-friendly primary health STI prevention and treatment services do not exist, neither in the private nor in the public health sector.

5.4. Services for mobile populations

Mobile populations are defined as all those foreign citizens who migrate to Finland either voluntarily (guest workers, other foreign employees, students, economic migrants, through marriage, undocumented migrants) or who are forced to move by political, economical or cultural reasons (refugees, asylum seekers). These people can reside in Finland for longer or shorter periods, only once or several times during longer time periods. The challenge is to reach this heterogeneous population group with information about prevention, about possibilities for testing and counselling, and about treatment possibilities.

There needs to be sufficient information on prevention, testing and counselling for all population groups, including mobile population. However, the heterogeneity of this group poses challenges. The new *Guidelines on Prevention of Infection Problems among Refugees and Asylum Seekers* by the Ministry of Social Affairs and Health targets one group of mobile population, but leaves out e.g. temporary foreign employees. The Social Insurance Institution of Finland (Kela), gives advice to all those moving to Finland, also some basic advice on coverage of medical services, but no detailed instructions for HIV-positive persons.

The possibility to receive free-of-charge ARV treatment (and other social benefits) is depending on the residence permit status and the length of work period of the migrant and thus access to treatment is not equally available to all mobile population. As examples, "quota refugees" are covered by the Finnish social security system as soon as they enter Finland, but those entering into Finland as other type of refugees and who have been given asylum or a residence permit are covered only if their purpose is to take up permanent residence in Finland and if they have a residence permit valid for at least a year. Unemployed job seekers gain access to social security in Finland only if their intention is to take up permanent residence in Finland or if they have family ties to Finland. Students and researchers, residing temporarily in Finland, are normally not covered by Finnish social security and full acces to health care, unless they also work for at least 4 months and fulfil the other conditions regarding the terms of employment.

5.5. Prison prevention services

While healthcare and social services (including HIV treatment) are available in prisons and convicts have equal rights to health as civilians, some preventive services are lacking in the prison setting. Opiate substitution services can be continued in some prisons, but cannot be initiated during a sentence. Needle and syringe exchange is not available in any Finnish correctional facility, and is a policy which has not been endorsed by the Ministry of Justice or the Criminal Sanctions Agency for this setting.

5.6. HIV infection, transmission and the law

There is no specific legislation in Finland which would specify that knowingly exposing a partner to the risk of HIV infection, or knowingly transmitting HIV infection would be punishable. However, generic criminal legislation (the Criminal Code) includes statutes prohibiting knowingly putting others at risk or causing health injury or bodily harm (sections 5 “Assault” and 6 “Aggravated assault”). The statutes specify that attempt is also punishable. These statutes have been used to prosecute and convict a number of individuals for both exposure and transmission of HIV without disclosure of own positive status. In many cases those prosecuted have had immigrant backgrounds. While the length of sentences have been reduced during recent years, prison sentences are common in cases where charges are raised.

In 2007, the National HIV expert group issued a public statement which concluded that from a public health evidence point of view, the use of criminal prosecution is ineffective and probably counterproductive as a transmission prevention method.

VI. Monitoring and evaluation environment

Monitoring and evaluation is performed in a multisectoral fashion, where each responsible authority performs M&E activities as part of their annual business cycle. In addition, there are National level M&E activities for HIV/AIDS within the Ministry of Social Affairs and Health and the National Institute for Health and Welfare (THL).

The main monitoring instrument is outcome monitoring, i.e. surveillance of new HIV-infections, AIDS and AIDS deaths. In addition, STI and blood-borne infection surveillance data is used as surrogate markers. Also the numbers of performed HIV tests are surveyed annually.

For PWID prevention, a separate action and service provision monitoring system is in place, collecting annual indicator data in low threshold health service centres (LTHSC), such as visits, client numbers, equipment exchange numbers, vaccinations, test numbers, regional coverage etc. Information on the prevalence of HIV and HCV is received through the exit polls conducted in every 1-2 years. The above functions are mainly the responsibility of the THL, together with a network of LTHSCs.

Some monitoring of behavioural aspects of prevention is in place. These are targeted mainly towards teenagers, where THL performs an annual school health survey in age groups 13-18 year olds. As reported in the previous UNGASS report, Finland lacks surveillance and direct studies on sexual behaviour, risk perception and risk taking among the general adult population.

HIV/AIDS health care service provision monitoring is mainly performed regionally or locally and few HIV specific data are available nationally. Also, as before, it continues to be difficult to estimate the proportion and actual figures of funds spent on HIV prevention and treatment since many of the activities are integrated in the established general health and social welfare functions.

ANNEXES

Annex 1. Consultation preparation process for the country report on monitoring the progress towards the implementation of the Declaration of Commitment on HIV/AIDS

The Virology Unit of the National Institute for Health and Welfare (THL) was responsible for the coordinating process, collecting the data and writing and collating the narrative report and NCPI part A, as well as filling in the data for UNGASS indicators. The coordinators consulted relevant other government authorities during the process. The NCPI part B was coordinated by Civil Society NGOs. NGOs were also asked to name best practices and challenges they wanted to highlight.

The draft of the country report was submitted for comments to the members of the National HIV Expert Group and was discussed in the expert group meeting in 16th of March. The final draft was sent to all significant stakeholders. The feedback was incorporated into the report before submitting it to UNAIDS in 2012.

Annex 2. Domestic and international AIDS spending

In Finland, HIV/AIDS prevention, treatment, care and support activities are integrated in the regular activities of the municipalities providing health and social services, as well as in the work of the regional and central level government bodies which are responsible for policy formulation, supervision and allocation of funds to other levels. Thus funding for separate programmes cannot be identified with a precise level of accuracy. There are some targeted activities for which the allocated resources from the Ministry of Social Affairs and Health can be estimated. In addition, the NGOs providing HIV-related services can give more accurate figures on their spending.

Of the national government funding appropriations issued by the Ministry of Social Affairs and Health, the budget line for "Prevention and control of infectious diseases" includes specified allocations for HIV-work. The allocation for HIV-activities is approximately one third of the overall allocation of this budget line; the annual amount for HIV work has been around 300-400,000 Euros. This sum is targeted to specific projects, media campaigns, condom distribution, educational campaigns and separate surveys. The activities are implemented by Finnish NGOs or research institutions.

The estimation of resources used on HIV work by the health and other sectors at regional and municipal level would require a detailed cost analysis of municipal and hospital district budgets. Finland has presently 380 municipalities and 20 hospital districts, which provide services and prepare their budgets independently.

Table 1. The expenditures of the main NGOs doing HIV-work

	2010	2011
Finnish AIDS Council	990 000	990 000
HivFinland	247 000	255 000
Finnish Red Cross	185 000	260 000
Pro-tukipiste	235 000	218 000

The Finnish AIDS Council's work includes prevention, information and help by phone (service-line), support services for infected and their families, HIV anonymous testing and education, information campaigns, and training. The Finnish AIDS Council has four offices in Finland. HivFinland provides peer information and support for those infected and affected, has an active drop-in centre and group activities around different themes. Finnish Red Cross provides information by phone (help-line), possibilities for anonymous testing and support in four cities, and conducts information campaigns for schools and young people on STIs and HIV. Pro Centre Finland (Pro-tukipiste ry) is a registered non-profit organization which supports and promotes the civil and human rights of individuals involved in sex work. Pro Centre offers professional low threshold social support, health care services and legal advice for migrant and national female/male/trans sex workers in Helsinki and Tampere regions. Pro Centre Finland also carries out outreach work in order to reach groups that are difficult to reach otherwise. Outreach work is also carried out online.

The allocations of the Finnish government to the international AIDS response are channeled through the Ministry for Foreign Affairs as Official Development Assistance; data on this is already available from other sources.