Estonia Report NCPI

NCPI Header

COUNTRY

Name of the National AIDS Committee Officer in charge of NCPI submission and who can be contacted for questions, if any:
Kristi Rüütel
Postal address:
National Institute for Health Development, Hiiu 42, Tallinn 11619, Estonia
Telephone:
+3726593980
Fax:
+3726593901
E-mail:
kristi.ruutel@tai.ee

Describe the process used for NCPI data gathering and validation:
MS Word version of the questionnaire was pre-filled by a team of people from National Institute for Health Development and sent electronically for additional data gathering and validation to ministries and professional societies. Civil society used the same approach among civil society organizations.
Describe the process used for resolving disagreements, if any, with respect to the responses to specific questions:
-
Highlight concerns, if any, related to the final NCPI data submitted (such as data quality, potential misinterpretation of questions and the like):
-

NCPI - PART A [to be administered to government officials]

Organization	Names/Positions	A.I	A.II	A.III	A.IV	A.V	A.VI
Ministry of Social Affairs	Merilin Mäesalu, chief specialist	Yes	Yes	Yes	Yes	Yes	Yes
National Institute for Health Development	Liilia Lõhmus, analyst; Eha Nurk, head of the M&E department; Aljona Kurbatova, head of the department for infectious diseases and drug abuse prevention; Piret Viiklepp, head of the national tuberculosis registry; Kristi Rüütel, senior researcher	Yes	Yes	Yes	Yes	Yes	Yes
Ministry of Justice	Viola Läänerand, advisor	Yes	Yes	Yes	Yes	Yes	Yes
Ministry of Education and Research	Kadi Ilves, chief expert	Yes	Yes	Yes	Yes	Yes	Yes
Estonian Society for Infectious Diseases	Kai Zilmer, member of the board	Yes	Yes	Yes	Yes	Yes	Yes
Ministry of Defence	Anu Rannaveski	Yes	Yes	Yes	Yes	Yes	Yes
Ministry of the Interior	Veiko Kommusaar, advisor	Yes	Yes	Yes	Yes	Yes	Yes

NCPI - PART B [to be administered to civil society organizations, bilateral agencies, and UN organizations]

Organization	Names/Positions	B.I	B.II	B.III	B.IV	B.V
Estonian Network of People Living with HIV	Igor Sobolev, Victoria Vinckler, Raul Lindemann, Jekaterina Voinova, Latsin Alijev, Anastassia Peterson	Yes	Yes	Yes	Yes	Yes
Estonian Sexual Health						

Estonian Sexual Health Association	Triin Raudsepp, Kerli Hannus	Yes	Yes	Yes	Yes	Yes

A - I. STRATEGIC PLAN

1. Has the country developed a national multisectoral strategy to respond to HIV?
(Multisectoral strategies should include, but are not limited to, those developed by Ministries such as the ones listed under 1.2):
Yes
IF YES, what was the period covered:
2006-2015
IF YES, briefly describe key developments/modifications between the current national strategy and the prior one. IF NO or NOT APPLICABLE, briefly explain why.:
The first National Programme for AIDS Prevention was in effect in 1992–1996; the second national programme, the National Action Plan for Prevention of HIV/AIDS and other Sexually Transmitted Diseases, in 1997–2001; and the third national programme was adopted for 2002–2006. These programmes were coordinated by the Ministry of Social Affairs and did not involve other ministries.

1.1 Which government ministries or agencies

Name of government ministries or agencies [write in]:
Ministry of Justice, Ministry of Education and Research, Ministry of the Interior, Ministry of Defence

1.2. Which sectors are included in the multisectoral strategy with a specifc HIV budget for their activities?

SECTORS

Included in Strategy	Earmarked Budget
Yes	Yes
Yes	Yes
No	No
Yes	Yes
No	No
No	No
Yes	Yes

Other [write in]:
Justice/Prisons
IF NO earmarked budget for some or all of the above sectors, explain what funding is used to ensure implementation of their HIV-specifc activities?:
Women are considered to be a cross-cutting issue and are covered under different objectives, including harm reduction, sex workers, PMTCT, health care, etc.

1.3. Does the multisectoral strategy address the following key populations, settings and cross-cutting issues?

Men who have sex with men:
Yes
Migrants/mobile populations:
No
Orphans and other vulnerable children:
Yes
People with disabilities:
No
People who inject drugs:
Yes
Sex workers:
Yes
Transgendered people:
Yes
Women and girls:
Yes
Young women/young men:
Yes
Other specific vulnerable subpopulations:

-
Prisons:
Yes
Schools:
Yes
Workplace:
Yes
Addressing stigma and discrimination:
Yes
Gender empowerment and/or gender equality:
Yes
HIV and poverty:
No
Human rights protection:
Yes
Involvement of people living with HIV:
Yes

IF NO, explain how key populations were identifed?:
-
1.4. What are the identified key populations and vulnerable groups for HIV programmes in the country [write in]?:
People who inject drugs and their sexual partners, sex workers, vulnerable youth (young women/young men)
1.5. Does the multisectoral strategy include an operational plan?: Yes

1.6. Does the multisectoral strategy or operational plan include

a) Formal programme goals?:
Yes
b) Clear targets or milestones?:
Yes
c) Detailed costs for each programmatic area?:
Yes
d) An indication of funding sources to support programme implementation?:
Yes
e) A monitoring and evaluation framework?:
Yes

1.7

1.7. Has the country ensured "full involvement and participation" of civil society in the development of the multisectoral strategy?:
Moderate involvement
IF NO or MODERATE INVOLVEMENT, briefly explain why this was the case:
• On policy level civil society representatives are members of the governmental HIV/AIDS committee and the committee for planning and procurement of antiretroviral treatment. Civil society representatives (specifically Estonian Network for People Living with HIV) participated also in the development of HIV testing guidance in 2011 (guidance was released in January 2012). • On programmatic level civil society organizations are active partners in delivering services and prevention programs, including syringe exchange programs, IEC programs for vulnerable groups (IDU, SW, prisoners, MSM, PLHIV and people affected by HIV, general population youth). Civil society organizations are also involved in development of guidance, requirements, monitoring and quality improvement of HIV interventions and services. In general organizations are mostly involved in discussions related to their primary focus, and not so much in general issues of the strategy

1.8. Has the multisectoral strategy been endorsed by most external development partners (bi-laterals, multi-laterals)?:
N/A

1.9

1.9. Have external development partners aligned and harmonized their HIV-related programmes to the national multisectoral strategy?:
N/A

2. Has the country integrated HIV into its general development plans such as in: (a) National Development Plan; (b) Common Country Assessment / UN Development Assistance Framework; (c) Poverty Reduction Strategy; and (d) sector-wide approach?:
Yes

2.1. IF YES, is support for HIV integrated in the following specifc development plans?

Common Country Assessment/UN Development Assistance Framework:
N/A

National Development Plan:
Yes
Poverty Reduction Strategy:
N/A
Sector-wide approach:
N/A
Other [write in]:
-

2.2. IF YES, are the following specifc HIV-related areas included in one or more of the development plans?

HIV impact alleviation:
Yes
Reduction of gender inequalities as they relate to HIV prevention/treatment, care and/or support:
No
Reduction of income inequalities as they relate to HIV prevention/treatment, care and/or support:
No
Reduction of stigma and discrimination:
No
Treatment, care, and support (including social security or other schemes):
No
Women's economic empowerment (e.g. access to credit, access to land, training):
No
Other[write in below]:
-

3. Has the country evaluated the impact of HIV on its socioeconomic development for planning purposes?:
No
4. Does the country have a strategy for addressing HIV issues among its national uniformed services (such as military, police, peacekeepers, prison staff, etc)?:
Yes
5. Has the country followed up on commitments made in the 2011 Political Declaration on HIV/AIDS?:
No
5.1. Have the national strategy and national HIV budget been revised accordingly?:
No
5.2. Are there reliable estimates of current needs and of future needs of the number of adults and children requiring antiretroviral therapy?:
Estimates of Current and Future Needs
5.3. Is HIV programme coverage being monitored?:
Yes

5.3

(a) IF YES, is coverage monitored by sex (male, female)?:
Yes
(b) IF YES, is coverage monitored by population groups?:
Yes
IF YES, for which population groups?:
Youth (10–18, 19–29 years old), IDU, MSM, SW, prisoners
Briefly explain how this information is used:
Information is used for planning of the coverage of the interventions and determining whether all specific vulnerable groups and subgroups are sufficiently addressed
(c) Is coverage monitored by geographical area:
Yes
IF YES, at which geographical levels (provincial, district, other)?:
County level
Briefly explain how this information is used:
Information is used for planning of the coverage of the interventions in different regions

5.4. Has the country developed a plan to strengthen health systems?:
Yes
Please include information as to how this has impacted HIV-related infrastructure, human resources and capacities, and logistical systems to deliver medications:
There is a general health-care development plan (Hospital Masterplan 2007-2015), which also includes development of infectious diseases (incl HIV) and tuberculosis related health care services. The main aim is to grant accessibility of high quality health care services, ensure their sustainability and optimize costs. Development plan specifies the investments for development of the services and covers both in- and out-patient care.
6. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate strategy

planning efforts in the HIV programmes in 2011?:
4
Since 2009, what have been key achievements in this area:
More data has been available through M&E system for planning of the interventions
What challenges remain in this area:
- More active involvement of civil society organizations and private sector - More active involvement of ministries other than social affairs

A - II. POLITICAL SUPPORT AND LEADERSHIP

1. Do the following high offcials speak publicly and favourably about HIV efforts in major domestic forums at least twice a year

A. Government ministers:
Yes
B. Other high offcials at sub-national level:
Yes

1.1

(For example, promised more resources to rectify identified weaknesses in the HIV response, spoke of HIV as a human rights issue in a major domestic/international forum, and such activities as visiting an HIV clinic, etc.):
Yes

Briefly describe actions/examples of instances where the head of government or other high officials have demonstrated leadership:
-
2. Does the country have an offcially recognized national multisectoral HIV coordination body (i.e., a National HIV Council or equivalent)?:
Yes

2.1. IF YES, does the national multisectoral HIV coordination body

Have terms of reference?:
Yes
Have active government leadership and participation?:
Yes
Have an official chair person?:
Yes
IF YES, what is his/her name and position title?:
Minister of Social Affairs
Have a defined membership?:
Yes
IF YES, how many members?:
23
Include civil society representatives?:
Yes
IF YES, how many?:
7
Include people living with HIV?:
Yes
IF YES, how many?:
2
Include the private sector?:
No
Strengthen donor coordination to avoid parallel funding and duplication of effort in programming and reporting?:
Yes

3. Does the country have a mechanism to promote interaction between government, civil society organizations, and the private sector for implementing HIV strategies/programmes?:
No
What challenges remain in this area:
-
4. What percentage of the national HIV budget was spent on activities implemented by civil society in the past year?:
11%

5.

Capacity-building:
No
Coordination with other implementing partners:
Yes
Information on priority needs:
Yes
Procurement and distribution of medications or other supplies:
No
Technical guidance:
No
Other [write in below]:
-

6. Has the country reviewed national policies and laws to determine which, if any, are inconsistent with the National HIV Control policies?:
No
6.1. IF YES, were policies and laws amended to be consistent with the National HIV Control policies?:
-
7. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the political support for the HIV programme in 2011?:
4
Since 2009, what have been key achievements in this area:
- Introduction of opioid substitution treatment in prisons - Development of HIV testing guidance (for both specialist and primary care)
What challenges remain in this area:
-

A - III. HUMAN RIGHTS

1.1

People living with HIV:
No
Men who have sex with men:
No
Migrants/mobile populations:
No
Orphans and other vulnerable children:
No
People with disabilities:
No
People who inject drugs:
No
Prison inmates:
No
Sex workers:
No
Transgendered people:
No
Women and girls:
No
Young women/young men:
No
Other specific vulnerable subpopulations [write in]:
-

1.2. Does the country have a general (i.e., not specific to HIV-related discrimination) law on non-discrimination?:
Yes
IF YES to Question 1.1. or 1.2., briefly describe the content of the/laws:
National Constitution, Gender Equality Act, and Equal Treatment Act prohibit discrimination on the basis of nationality, race, ethnicity, gender, origin, religion, political, health related or other reasons, social status, etc. and promote gender equality.
Briefly explain what mechanisms are in place to ensure these laws are implemented:
-
Briefly comment on the degree to which they are currently implemented:
-
2. Does the country have laws, regulations or policies that present obstacles to effective HIV prevention,

treatment, care and support for key populations and other vulnerable subpopulations?:
Yes

IF YES, for which subpopulations?

People living with HIV:
-
Men who have sex with men:
-
Migrants/mobile populations:
-
Orphans and other vulnerable children:
-
People with disabilities:
-
People who inject drugs :
-
Prison inmates:
-
Sex workers:
-
Transgendered people:
-
Women and girls:
-
Young women/young men:
-
Other specific vulnerable subpopulations [write in below]:
-

Briefly describe the content of these laws, regulations or policies:
The main barriers are not related to risk behavior or vulnerable group status, but rather to the employment/social status. The vast majority of Estonian population, including children and the elderly, are covered by the compulsory health insurance scheme. Uninsured people, who represent about 6% of the population, consist mainly of low-income men who either are long-term unemployed or work in the informal sector. The government is responsible for funding emergency care for them. HIV, tuberculosis and drug abuse treatment services are free of charge for all people, including those who do not have health insurance. On the other hand hepatitis C treatment and treatment of other diseases (chronic diseases such as diabetes, CVD, etc) is not free of charge for those who do not have health insurance. Especially among injecting drug users the proportion of those who do not have health insurance, is around 30-50%, and this presents major obstacles to receiving health care.
Briefly comment on how they pose barriers:
-

A - IV. PREVENTION

1. Does the country have a policy or strategy that promotes information, education and communication (IEC) on HIV to the general population?:
Yes

IF YES, what key messages are explicitly promoted?

Abstain from injecting drugs:
Yes
Avoid commercial sex:
Yes
Avoid inter-generational sex:
No
Be faithful:
Yes
Be sexually abstinent:
No
Delay sexual debut:
Yes
Engage in safe(r) sex:
Yes
Fight against violence against women:
Yes
Greater acceptance and involvement of people living with HIV:
Yes
Greater involvement of men in reproductive health programmes:

Yes
Know your HIV status:
Yes
Males to get circumcised under medical supervision:
No
Prevent mother-to-child transmission of HIV:
Yes
Promote greater equality between men and women:
Yes
Reduce the number of sexual partners:
Yes
Use clean needles and syringes:
Yes
Use condoms consistently:
Yes
Other [write in below]:
-

1.2. In the last year, did the country implement an activity or programme to promote accurate reporting on HIV by the media?:
No
2. Does the country have a policy or strategy to promote life-skills based HIV education for young people?:
Yes

2.1. Is HIV education part of the curriculum in

Primary schools?:
Yes
Secondary schools?:
Yes
Teacher training?:
Yes

2.2. Does the strategy include age-appropriate, gender-sensitive sexual and reproductive health elements?:
Yes
2.3. Does the country have an HIV education strategy for out-of-school young people?:
No
3. Does the country have a policy or strategy to promote information, education and communication and other preventive health interventions for key or other vulnerable sub-populations?:
Yes
Briefly describe the content of this policy or strategy:
National HIV and AIDS Prevention Stratgey for 2006–2015 and its current action plan (for 2010–2012) foresee implementation of the following interventions for key populations: 1) People who inject drugs and their sexual partners – harm reduction services (including IEC, condom distribution, syringe exchange, opioid substitution treatment, HIV and STI testing); 2) Sex workers – IEC, condom distribution, HIV and STI testing; 3) Men who have sex with men – IEC, condom distribution, HIV testing; 4) Prisoners – IEC, condom distribution, HIV testing.

3.1. IF YES, which populations and what elements of HIV prevention does the policy/strategy address?

IDU	MSM	Sex workers	Customers of Sex Workers	Prison inmates	Other populations
Yes	Yes	Yes	No	Yes	Young people
Yes	No	No	No	No	-
Yes	Yes	Yes	No	Yes	young people
Yes	No	No	No	No	-
Yes	Yes	Yes	No	Yes	young people
No	No	No	No	No	-
Yes	Yes	Yes	No	Yes	young people
No	No	No	No	No	-

3.2. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate policy efforts in support of HIV prevention in 2011?:
5
Since 2009, what have been key achievements in this area:
- Implementation of new school curriculum for health studies (including sexual health, HIV and drug use issues) in primary, secondary and high-school - Expansion of anonymous HCT and STI services for risk groups - Expansion of syringe exchange

and opioid substitution treatment

What challenges remain in this area:

Since the start of the global financial crisis the national spending on HIV prevention has not increased. In long term this may result in less implementation of interventions/activities compared to what has been planned in the national strategy, therefore the main aims and goals of the strategy may not be achieved

4. Has the country identifed specifc needs for HIV prevention programmes?:

Yes

IF YES, how were these specific needs determined?:

Initial needs assessment was done in 2005 (together with local and international partners, both from governmental and non-governmental sectors, health-care and academia) during the preparation of national strategy for 2006-2015. Ever since regular assessments and planning is carried out annually, and larger assessments are conducted in every 3-4 years in order to develop short-term action plans (e.g for 2006-2009, 2010-2012, 2013-2016). The report of the latest assessment is submitted as a narrative report for GARP (HIV epidemic in Estonia: analysis of strategic information. WHO 2011).

4.1. To what extent has HIV prevention been implemented?

Blood safety:
Strongly Agree
Condom promotion:
Agree
Harm reduction for people who inject drugs:
Agree
HIV prevention for out-of-school young people:
Disagree
HIV prevention in the workplace:
Disagree
HIV testing and counseling:
Strongly Agree
IEC on risk reduction:
Agree
IEC on stigma and discrimination reduction:
Strongly Disagree
Prevention of mother-to-child transmission of HIV:
Strongly Agree
Prevention for people living with HIV:
Disagree
Reproductive health services including sexually transmitted infections prevention and treatment:
Agree
Risk reduction for intimate partners of key populations:
Disagree
Risk reduction for men who have sex with men:
Disagree
Risk reduction for sex workers:
Agree
School-based HIV education for young people:
Agree
Universal precautions in health care settings:
Strongly Agree
Other[write in]:
-

5. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate the efforts in implementation of HIV prevention programmes in 2011?:

6

A - V. TREATMENT, CARE AND SUPPORT

1. Has the country identified the essential elements of a comprehensive package of HIV treatment, care and support services?:

Yes

If YES, Briefly identify the elements and what has been prioritized:

- HIV testing and counseling - HIV treatment (antiretroviral treatment) - Treatment of opportunistic infections and diseases (including TB) - Psychosocial support for PLHIV and people affected by HIV - Opioid substitution treatment

Briefly identify how HIV treatment, care and support services are being scaled-up?:

1.1. To what extent have the following HIV treatment, care and support services been implemented?

Antiretroviral therapy:
Disagree

ART for TB patients:
Strongly Agree
Cotrimoxazole prophylaxis in people living with HIV:
Disagree
Early infant diagnosis:
Strongly Agree
HIV care and support in the workplace (including alternative working arrangements):
Disagree
HIV testing and counselling for people with TB:
Strongly Agree
HIV treatment services in the workplace or treatment referral systems through the workplace:
Strongly Disagree
Nutritional care:
Disagree
Paediatric AIDS treatment:
Strongly Agree
Post-delivery ART provision to women:
Strongly Agree
Post-exposure prophylaxis for non-occupational exposure (e.g., sexual assault):
Strongly Disagree
Post-exposure prophylaxis for occupational exposures to HIV:
Agree
Psychosocial support for people living with HIV and their families:
Strongly Disagree
Sexually transmitted infection management:
Strongly Agree
TB infection control in HIV treatment and care facilities:
Strongly Agree
TB preventive therapy for people living with HIV:
Disagree
TB screening for people living with HIV:
Strongly Agree
Treatment of common HIV-related infections:
Agree
Other [write in]:
Treatment of hepatitis C - not available for the majority in need

2. Does the government have a policy or strategy in place to provide social and economic support to people infected/affected by HIV?:
Yes
Please clarify which social and economic support is provided:
In general social and economic support (social benefits, housing, return-to-work programs, etc) are provided to people infected/affected by HIV on the same basis as for the general population. Besides that Psychological support for people with HIV and their loved ones is provided by support and self-help groups (organized by PLHIV themselves and supported through the National HIV and AIDS Prevention Strategy). A case-management system is also under development in three largest HIV clinics. Through case-management counseling on social issues, support for adherence and referrals to other social services are provided. Extra staff for these tasks include social workers and nurses.
3. Does the country have a policy or strategy for developing/using generic medications or parallel importing of medications for HIV?:
Yes
4. Does the country have access to regional procurement and supply management mechanisms for critical commodities, such as antiretroviral therapy medications, condoms, and substitution medications?:
Yes
IF YES, for which commodities?:
-
5. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts in the implementation of HIV treatment, care, and support programmes in 2011?:
6
Since 2009, what have been key achievements in this area:
- Provision of ARV treatment as a directly observed treatment for those injecting drug users who are on methadone substitution treatment; - Provision of combination methadone substitution treatment and TB treatment; - Expansion of ARV treatment in general (even though an estimated 50% of people in need of treatment do not get it, the number of people treated has more than doubled over last 3 years - from 1000 people treated in 2008 to 2156 in 2011); - Expansion of HIV testing and reduction in late diagnosis (if in 2001-2007 approximately 40% were late diagnosis, then in 2011, approximately 30%).
What challenges remain in this area:
- Further expansion of ARV treatment; - Further development of combined treatment options for people with several needs (HIV, TB, drug abuse, etc). - Optimization of HIV testing (more targeted testing for high risk groups is needed in order to further

reduce late diagnosis and the proportion of those unaware of their infection); - Surveillance and prevention of ARV drug resistance (there is currently no plan for this).

6. Does the country have a policy or strategy to address the additional HIV-related needs of orphans and other vulnerable children?:

No

7. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts to meet the HIV-related needs of orphans and other vulnerable children in 2011?:

-

Since 2009, what have been key achievements in this area:

In 10 years (since 2001) the number of children born with HIV is 40. Only a few of them are orphans and their needs are addressed as for the other orphans.

What challenges remain in this area:

-

A - VI. MONITORING AND EVALUATION

1. Does the country have one national Monitoring and Evaluation (M&E) plan for HIV?:

Yes

Briefly describe any challenges in development or implementation:

There are many challenges, here are just a few of them: - Development of the system according to international recommendations is very costly and time-consuming. For example RDS studies among main risk-groups are recommended to conduct every year, which is very labor-extensive. Therefore, we conduct them every two (among IDUs) or three years (SW, MSM). - Monitoring of health care services is challenging, because HIV services are provided by institutions also providing other health care services, and oftentimes disaggregation of data, etc is not easy.

1.1 IF YES, years covered:

2010–2012

1.2 IF YES, have key partners aligned and harmonized their M&E requirements (including indicators) with the national M&E plan?:

Yes, some partners

Briefly describe what the issues are:

-

2. Does the national Monitoring and Evaluation plan include?

A data collection strategy:

Yes

Behavioural surveys:

Yes

Evaluation / research studies:

Yes

HIV Drug resistance surveillance:

No

HIV surveillance:

Yes

Routine programme monitoring:

Yes

A data analysis strategy:

No

A data dissemination and use strategy:

No

A well-defined standardised set of indicators that includes sex and age disaggregation (where appropriate):

Yes

Guidelines on tools for data collection:

Yes

3. Is there a budget for implementation of the M&E plan?:

Yes

3.1. IF YES, what percentage of the total HIV programme funding is budgeted for M&E activities? :

0.6%

4. Is there a functional national M&E Unit?:

In Progress

Briefly describe any obstacles:

In 2010 0.6% (70,100 EUR) of the funding of National HIV and AIDS Strategy for 2006–2015 was used for monitoring and evaluation. This does not include spending on passive HIV case surveillance (which is included in general infectious disease surveillance) as well as monitoring of health care services which are covered by National Health Insurance Fund.

4.1. Where is the national M&E Unit based?

In the Ministry of Health?:

No
In the National HIV Commission (or equivalent)?:
No
Elsewhere [write in]?:
National Institute for Health Development (governmental public health institute)

Permanent Staff [Add as many as needed]

POSITION [write in position titles in spaces below]	Fulltime	Part time	Since when?
Analyst	x	-	2003
Analyst	x	-	2008
Analyst	-	x	2011
Analyst	-	x	2011

Temporary Staff [Add as many as needed]

POSITION [write in position titles in spaces below]	Fulltime	Part time	Since when?
-	-	-	-

4.3. Are there mechanisms in place to ensure that all key partners submit their M&E data/reports to the M&E Unit for inclusion in the national M&E system?:
Yes
Briefly describe the data-sharing mechanisms:
-
What are the major challenges in this area:
-
5. Is there a national M&E Committee or Working Group that meets regularly to coordinate M&E activities?:
Yes
6. Is there a central national database with HIV- related data?:
No
6.1. IF YES, does it include information about the content, key populations and geographical coverage of HIV services, as well as their implementing organizations?:
-

6.2. Is there a functional Health Information System?

At national level:
Yes
At subnational level:
No
IF YES, at what level(s)?:
-

7. Does the country publish an M&E report on HIV , including HIV surveillance data at least once a year?:
Yes

8. How are M&E data used?

For programme improvement?:
Yes
In developing / revising the national HIV response?:
Yes
For resource allocation?:
Yes
Other [write in]:
-

Briefly provide specific examples of how M&E data are used, and the main challenges, if any:
For example, programmatic data from syringe exchange programs and behavioural data from RDS studies among injecting drug users is used to plan for the coverage of the services (incl how many syringes should be distributed in certain regions). Most programmatic data at the moment is quantitative, there is limited information about the quality of the services. One of the current initiatives is to develop and quality assurance system for all programs.

9. In the last year, was training in M&E conducted

At national level?:
No
At subnational level?:

No
At service delivery level including civil society?:
No

9.1. Were other M&E capacity-building activities conducted` other than training?:
Yes
IF YES, describe what types of activities:
Organizations providing HIV prevention and care services are regularly supervised on monitoring activities and services.
10. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the HIV-related monitoring and evaluation (M&E) in 2011?:
4
Since 2009, what have been key achievements in this area:
Since 2009, what have been key achievements in this area - In October 2009 Health Board (governmental agency which among many other tasks is responsible for communicable diseases surveillance and control) launched new communicable diseases information system. Doctors and laboratories can now report directly to the Health Board through a web-based system. During the transition period paper-based reporting is still accepted, except for HIV (which is the only infection for which web-based reporting is mandatory). Requirements for HIV-reporting were reviewed and now data on possible route of transmission is also collected. - Since 2009 no anonymously diagnosed HIV cases are included into national reporting. People attending anonymous testing sites and tested positive, are recommended to report their names and other personal identifiers in order to check for double reporting. Refusal rate is less than 1%.
What challenges remain in this area:
- Despite the new reporting system (communicable diseases information system) data on possible transmission routes and risk behaviour of newly diagnosed HIV cases (including those in the prisons) is limited. - There is no central data collection of the CD4 counts of newly diagnosed HIV cases to estimate the proportion of late diagnosis. - There is no countrywide system for collecting comprehensive data on pregnant women with HIV; only data on newly diagnosed cases are available. - There is no information on HIV-trends and risk behaviour of IDUs' sexual partners. - PLHIV's STI trends and sexual and drug use behaviour are not known. - Regular HIV-related studies are conducted among youth (10–29 years old), but only minimal information is available on older age groups in the general population. - Very limited information is available on the population size and risk behaviour of IDUs, - MSM and sex workers in other regions besides Tallinn and the north-east. - Limited data are available on HIV prevalence among MSM and sex workers. - Monitoring of health services for PLHIV is limited. For example, no data are collected routinely and centrally to assess PLHIV and IDU screening for TB, CD4 count and viral load at the start of treatment, adherence to treatment or viral resistance. No information is available on the demographics of PLHIV in care. - Data on HIV testing are limited; for example, it is often not possible to differentiate the number of people tested from the number of tests.

B - I. CIVIL SOCIETY INVOLVEMENT

1. To what extent (on a scale of 0 to 5 where 0 is "Low" and 5 is "High") has civil society contributed to strengthening the political commitment of top leaders and national strategy/policy formulations?:
2
Comments and examples:
PLWH initiated meetings with The Social Affairs Committee of Riigikogu (Parliament of Estonia) on amendment of legislation, which would lift inappropriate regulatory barriers that limit the ability of civil society organizations to provide HIV rapid testing. Round-table discussions on HIV testing were organized with stakeholders. The Civil Society possibilities in strengthening the political commitment of top leaders are very limited. Two PLWH representatives are included to working groups of Governmental Committee on HIV&AIDS, but no other representatives of key populations, nor AIDS-service organizations and foundations are included. Although PLWH in HIV Committee have voting rights, their representation is disproportionally very small to have a real influence on decision making.. HIV Committee is not working well.
2. To what extent (on a scale of 0 to 5 where 0 is "Low" and 5 is "High") have civil society representatives been involved in the planning and budgeting process for the National Strategic Plan on HIV or for the most current activity plan (e.g. attending planning meetings and reviewing drafts)?:
3
Comments and examples:
The process of budgeting is unclear and hidden for CS representatives. Civil society representatives have never been involved in budgeting process. However CS representatives were included in four expert groups which worked on development of national strategy and working plans for 4-year periods.

3.

a. The national HIV strategy?:
3
b. The national HIV budget?:
3
c. The national HIV reports?:
2
Comments and examples:
The role of Civil Society in response to HIV and AIDS is included in HIV National Strategy under the section: "General principles and ethical issues of the HIV/AIDS field". In Strategy the importance of involvement of PLWH and people

affected by HIV/AIDS into the implementation and evaluation process is highlighted. In HIV strategy it is mentioned that: “HIV/AIDS prevention activities is not a responsibility of one public institution, but a joint effort of different levels of authorities, public organizations and volunteers. Public institutions, local governments, business sector, non-governmental organizations, private initiative, media and international partners should be involved in the fight against the infection.”, Strategy says nothing about social partnership principles and how it could be achieved. HIV strategy does not describe the scope of responsibility of CS, specific services that could be provided.

4.

a. Developing the national M&E plan?:
1
b. Participating in the national M&E committee / working group responsible for coordination of M&E activities?:
0
c. Participate in using data for decision-making?:
0
Comments and examples:
CS representatives are not included in monitoring and evaluation process. In context of monitoring and evaluation CS is considered exclusively as service providers with duty to provide data and reports on their activities for monitoring purpose.

5. To what extent (on a scale of 0 to 5 where 0 is “Low” and 5 is “High”) is the civil society sector representation in HIV efforts inclusive of diverse organizations (e.g. organisations and networks of people living with HIV, of sex workers, and faith-based organizations)?:
2
Comments and examples:
There are very few MSM, drug users, commercial sex workers organizations that show interest towards HIV/AIDS related questions. There are only one organization in Estonia who represents HIV-positive people. All other organizations are just providing HIV services.

6. To what extent (on a scale of 0 to 5 where 0 is “Low” and 5 is “High”) is civil society able to access

a. Adequate financial support to implement its HIV activities?:
3
b. Adequate technical support to implement its HIV activities?:
3
Comments and examples:
Financial support to CS organizations is mostly provided by Government. As a result of the financial crisis, beginning from November 2010 funding of some programs (incl. psychosocial support services for PLWH and populations vulnerable to HIV) were cut from national budget and transferred to European Social Fund Program. According to European Social Fund Program in Estonia civil society organizations should participate in the Procurement process. These steps caused few months delays in service provision, inappropriate bureaucratic obstacles, and delays in funding of NGOs. No mechanism has been developed for assessing the needs for technical assistance. There is a need for contracts with civil society organizations to be more clearly defined in terms of expected outputs and outcomes, and how these should be measured. Civil society organizations need to be involved in designing and developing evaluation, quality assurance/improvement and auditing systems.

7. What percentage of the following HIV programmes/services is estimated to be provided by civil society?

People living with HIV:
51-75%
Men who have sex with men:
51-75%
People who inject drugs:
>75%
Sex workers:
>75%
Transgendered people:
-
Testing and Counselling:
<25%
Reduction of Stigma and Discrimination:
>75%
Clinical services (ART/OI)*:
<25%
Home-based care:
-
Programmes for OVC:**
>75%

8. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts to increase civil society participation in 2011?:
2
Since 2009, what have been key achievements in this area:
More CSO are involved in service provision. PLWH Network is doing advocacy campaigns to fight against discrimination and stigmatization and also to promote HIV rapid testing and provide better access to condoms.
What challenges remain in this area:
The level of leaership of NGO organisations is very low and also the collaboration with governmental institution is limited – more declarative than sustainable. There are no collaboration instruments created, no collaboration traditions.

B - II. POLITICAL SUPPORT AND LEADERSHIP

1. Has the Government, through political and financial support, involved people living with HIV, key populations and/or other vulnerable sub-populations in governmental HIV-policy design and programme implementation?:
Yes
IF YES, describe some examples of when and how this has happened:
Two PLWH representatives are included in Governmental Committee on HIV&AIDS, but no other representatives of key populations are involved. PLWH representatives are included in committee for planning and procurement of antiretroviral drugs

B - III. HUMAN RIGHTS

1.1.

People living with HIV:
No
Men who have sex with men:
Yes
Migrants/mobile populations:
No
Orphans and other vulnerable children:
No
People with disabilities:
Yes
People who inject drugs:
No
Prison inmates:
No
Sex workers:
No
Transgendered people:
No
Women and girls:
Yes
Young women/young men:
No
Other specific vulnerable subpopulations [write in]:
-

1.2. Does the country have a general (i.e., not specific to HIV-related discrimination) law on non-discrimination?:
Yes
If YES to Question 1.1 or 1.2, briefly describe the contents of these laws:
National constitution: Prohibition of discrimination on the basis of nationality, race, colour, sex, language, origin, religion, political or other opinion, property or social status, or on other grounds. Gender Equality Act includes: definitions of gender equality, direct and indirect discrimination and harassment; prohibition of discrimination (with exceptions); promotion of gender equality; mandate and competence of Gender Equality Commissioner. The Equal Treatment Act. The purpose of this Act is to ensure the protection of persons against discrimination on the grounds of nationality (ethnic origin), race, color, religion or other beliefs, age, disability or sexual orientation.
Briefly explain what mechanisms are in place to ensure that these laws are implemented:
Possible to take the case to court, the Labour Inspectorate, The Data Protection Inspectorate, ethics committee, consumer protection inspectorate, Estonian patient advocacy association.
Briefly comment on the degree to which they are currently implemented:
Some of those services are hard to consume. For example to take a case to court can cost 600 EUR.
2. Does the country have laws, regulations or policies that present obstacles to effective HIV prevention, treatment, care and support for key populations and other vulnerable subpopulations?:
Yes

2.1. IF YES, for which sub-populations?

People living with HIV:
Yes
Men who have sex with men:
No
Migrants/mobile populations:
No
Orphans and other vulnerable children:
No
People with disabilities:
No
People who inject drugs:
Yes
Prison inmates:
No
Sex workers:
No
Transgendered people:
No
Women and girls:
No
Young women/young men:
No
Other specific vulnerable subpopulations [write in]:
-

Briefly describe the content of these laws, regulations or policies:
-
Briefly comment on how they pose barriers:
According to current regulations, rapid HIV testing is still a medical service which can be provided only by certified medical staff at registered clinical facilities. This requirement present obstacles to effective HIV prevention among most at risk population, early detection of HIV and significantly limits sites where rapid HIV testing can be conducted and requires licensed doctor or nurse to conduct rapid testing, which creates challenges during the outreach to high risk groups.
3. Does the country have a policy, law or regulation to reduce violence against women, including for example, victims of sexual assault or women living with HIV?:
Yes
Briefly describe the content of the policy, law or regulation and the populations included:
Gender Equality Act includes: definitions of gender equality, direct and indirect discrimination and harassment; prohibition of discrimination (with exceptions); promotion of gender equality; mandate and competence of Gender Equality Commissioner.
4. Is the promotion and protection of human rights explicitly mentioned in any HIV policy or strategy?:
Yes
IF YES, briefly describe how human rights are mentioned in this HIV policy or strategy:
In National HIV strategy, chapter “General principles and ethical issues of the HIV/AIDS field” When implementing the strategy, it is considered that for the prevention of HIV spread and reducing the negative effect related to HIV/AIDS in the society, it is of primary importance to respect, protect and promote the human rights. The basic human rights include also the sexual and reproductive rights and the sexual self-definition right. During the implementation of the strategy special attention is tried to pay to the protection of rights of the PLWHA or the people affected by HIV/AIDS.
5. Is there a mechanism to record, document and address cases of discrimination experienced by people living with HIV, key populations and/or other vulnerable sub-populations?:
No

6. Does the country have a policy or strategy of free services for the following?

Provided free-of-charge to all people in the country	Provided free-of-charge to some people in the country	Provided, but only at a cost
Yes	-	-
Yes	-	-
Yes	-	-

If applicable, which populations have been identified as priority, and for which services?:
-
7. Does the country have a policy or strategy to ensure equal access for women and men to HIV prevention, treatment, care and support?:
No
7.1. In particular, does the country have a policy or strategy to ensure access to HIV prevention, treatment, care and support for women outside the context of pregnancy and childbirth?:

No

8. Does the country have a policy or strategy to ensure equal access for key populations and/or other vulnerable sub-populations to HIV prevention, treatment, care and support?:
Yes

IF YES, Briefly describe the content of this policy/strategy and the populations included:
National HIV strategy 2006-2015. Key population: injecting drug users, prisoners, sex workers, men who have sex with men, pregnant women, youth, PLWHA.

8.1

8.1. IF YES, does this policy/strategy include different types of approaches to ensure equal access for different key populations and/or other vulnerable sub-populations?:
No

9. Does the country have a policy or law prohibiting HIV screening for general employment purposes (recruitment, assignment/relocation, appointment, promotion, termination)?:
No

10. Does the country have the following human rights monitoring and enforcement mechanisms?

a. Existence of independent national institutions for the promotion and protection of human rights, including human rights commissions, law reform commissions, watchdogs, and ombudspersons which consider HIV-related issues within their work:
No

b. Performance indicators or benchmarks for compliance with human rights standards in the context of HIV efforts:
No

IF YES on any of the above questions, describe some examples:
-

11. In the last 2 years, have there been the following training and/or capacity-building activities

a. Programmes to educate, raise awareness among people living with HIV and key populations concerning their rights (in the context of HIV)?:
No

b. Programmes for members of the judiciary and law enforcement on HIV and human rights issues that may come up in the context of their work?:
No

12. Are the following legal support services available in the country?

a. Legal aid systems for HIV casework:
No

b. Private sector law firms or university-based centres to provide free or reduced-cost legal services to people living with HIV:
No

13. Are there programmes in place to reduce HIV-related stigma and discrimination?:
No

14. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the policies, laws and regulations in place to promote and protect human rights in relation to HIV in 2011?:
4

Since 2009, what have been key achievements in this area:
-

What challenges remain in this area:
-

15. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the effort to implement human rights related policies, laws and regulations in 2011?:
2

Since 2009, what have been key achievements in this area:
-

What challenges remain in this area:
-

B - IV. PREVENTION

1. Has the country identified the specific needs for HIV prevention programmes?:
Yes

IF YES, how were these specific needs determined?:

All specific needs for HIV prevention are described in HIV strategy 2006-2015. These needs were determined by four multisectoral thematic groups according to the epidemiological situation, and national and international evidence based practices. The following international declarations have been considered in developing the strategy: 1.The Declaration of Commitment on HIV/AIDS adopted by the UN General Assembly Special Session on HIV/AIDS on 27 June 2001. 2. Dublin Declaration on Partnership to fight HIV/AIDS in Europe and Central Asia on 24 February 2004. 3. “Vilnius Declaration” on Measures to Strengthen Responses to HIV/AIDS in the European Union and in Neighboring Countries on 17 September 2004.

1.1 To what extent has HIV prevention been implemented?

Blood safety:
Agree
Condom promotion:
Disagree
Harm reduction for people who inject drugs:
Strongly Agree
HIV prevention for out-of-school young people:
Disagree
HIV prevention in the workplace:
Agree
HIV testing and counseling:
Agree
IEC on risk reduction:
Disagree
IEC on stigma and discrimination reduction:
Disagree
Prevention of mother-to-child transmission of HIV:
Strongly Agree
Prevention for people living with HIV:
Agree
Reproductive health services including sexually transmitted infections prevention and treatment:
Agree
Risk reduction for intimate partners of key populations:
Disagree
Risk reduction for men who have sex with men:
Disagree
Risk reduction for sex workers:
Disagree
School-based HIV education for young people:
Disagree
Universal precautions in health care settings:
Agree
Other [write in]:
-

2. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate the efforts in the implementation of HIV prevention programmes in 2011?:
5
Since 2009, what have been key achievements in this area:
-
What challenges remain in this area:
Till today the treatment program is not working as treatment/prevention program.

B - V. TREATMENT, CARE AND SUPPORT

1. Has the country identified the essential elements of a comprehensive package of HIV and AIDS treatment, care and support services?:
Yes
IF YES, Briefly identify the elements and what has been prioritized:
Despite the fact that all components: prevention, treatment, care/support are involved in HIV/AIDS program, they do not complement each ohter. The priorities are harm reduction programs and ARV-treatment.
Briefly identify how HIV treatment, care and support services are being scaled-up?:
-

1.1. To what extent have the following HIV treatment, care and support services been implemented?

Antiretroviral therapy:
Agree
ART for TB patients:

Agree
Cotrimoxazole prophylaxis in people living with HIV:
Disagree
Early infant diagnosis:
Agree
HIV care and support in the workplace (including alternative working arrangements):
Strongly Disagree
HIV testing and counselling for people with TB:
Agree
HIV treatment services in the workplace or treatment referral systems through the workplace:
Strongly Disagree
Nutritional care:
Strongly Disagree
Paediatric AIDS treatment:
Agree
Post-delivery ART provision to women:
Agree
Post-exposure prophylaxis for non-occupational exposure (e.g., sexual assault):
Strongly Disagree
Post-exposure prophylaxis for occupational exposures to HIV:
Strongly Agree
Psychosocial support for people living with HIV and their families:
Agree
Sexually transmitted infection management:
Agree
TB infection control in HIV treatment and care facilities:
Agree
TB preventive therapy for people living with HIV:
Strongly Disagree
TB screening for people living with HIV:
Agree
Treatment of common HIV-related infections:
Disagree
Other [write in]:
-

1.2. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts in the implementation of HIV treatment, care and support programmes in 2011?:
5
Since 2009, what have been key achievements in this area:
-
What challenges remain in this area:
-
2. Does the country have a policy or strategy to address the additional HIV-related needs of orphans and other vulnerable children?:
No
3. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts to meet the HIV-related needs of orphans and other vulnerable children in 2011?":
-
Since 2009, what have been key achievements in this area:
-
What challenges remain in this area:
-
