

COUNTRY PROGRESS REPORT

LATVIA

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Abbreviations

AIDS	Acquired Immune Deficiency Syndrome
ART	Antiretroviral Treatment
CDPC	Centre for Disease Prevention and Control of Latvia
ECDC	European Centre for Disease Prevention and Control
EMCDDA	European Monitoring Centre for Drugs and Drug Addiction
EU	European Union
HIV	Human Immunodeficiency Virus
IDU	Injecting Drug User
MoH	Ministry of Health
MSM	Men who have sex with men
NCC	National Coordination Committee for HIV, TB and STI prevention
NGO	Nongovernmental Organization
NHS	National Health Service
PLWHA	People Living with HIV/AIDS
REUH ICL	Riga East University Hospital Infectology Centre of Latvia
STI	Sexually Transmitted Infection
TB	Tuberculosis
UNODC	United Nations Office on Drugs and Crime
WHO	World Health Organization

I Status at a glance

Inclusiveness of the Stakeholders in the Report Writing Process

Latvia has an established and comprehensive healthcare system, which is overseen by the Ministry of Health (MoH). Healthcare in Latvia is largely publically financed and HIV treatment is provided centrally by the Riga East University Hospital Infectology Centre of Latvia (REUH ICL).

The report has been prepared by the Infectious Diseases Surveillance and Immunization Unit, Infectious Diseases Risk Analysis Department of Centre for Disease Prevention and Control of Latvia (CDPC). CDPC of Latvia was established on 1st April 2012 by Cabinet of Ministers of Latvia. Centre is supervised by MoH (www.vm.gov.lv). CDPC's mission is to implement national public health policy in the field of epidemiological safety, diseases prevention and health promotion.

The major partners gave their contribution to this report through providing the needed information.

Partners:

- Governmental institutions
 - CDPC
 - REUH, HIV/AIDS Outpatient Department
 - National Health Service (NHS)
- NGOs
 - Association „HIV.LV”
 - Support Group for People Living with HIV/AIDS „AGIHAS”

Status of the Epidemic

The first HIV case was reported in 1987 in Latvia. By the end of 2016, there had been 6972 diagnoses of HIV infection and 1786 diagnoses of AIDS reported in Latvia in total. In 2016 registered 365 newly HIV cases (18.5 cases per 100 000 population) and 103 newly AIDS cases (5.2 cases per 100 000 population).

38% of new HIV cases occurred heterosexual route of transmission, but 17% of new HIV cases occurred injecting drug use in 2016. In relatively high proportion 37% of new HIV cases transmission way remained unknown.

The policy and programmatic response

The national HIV/AIDS prevention policy in Latvia has been developing and implementing in the mainstream of health policy development by the leadership of MoH since 1993, and is based on the national Public Health Strategy and national programmes to limit spread of HIV/AIDS in Latvia. First national program has been implemented in 1999; the Program for Limiting the Spread of HIV for 2009-2013 (hereafter – the Program) has been developed, agreed and formally adopted by Government in May, 2009. This Program addresses issues not resolved during the previous years, as well as those issues identified in EU policy documents and reports produced by international projects and independent experts. It is provided for the Latvian action plan for the elimination of HIV infection, sexually transmitted infections and hepatitis B and C for 2018 – 2020 (hereafter – the Plan). In 2014, September 2-4 was joint European Centre of Disease Prevention and Control (ECDC)/ European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) Latvia Country mission on HIV and hepatitis. As a result, the ECDC/EMCDDA drew up comments on the Plan.

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

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

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

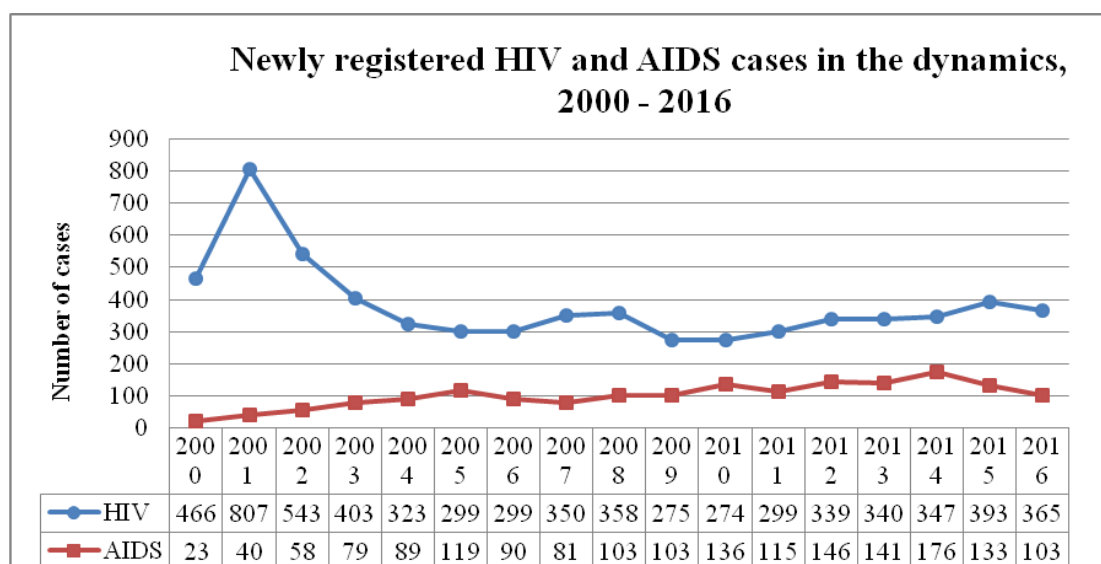
II Overview of the AIDS epidemic

The first HIV case in Latvia was reported in 1987. During 1987-2016 (December 31, 2016) 6972 cases of HIV infection and 1786 cases of AIDS were registered. In 2016, 365 cases of HIV infection and 103 cases of AIDS infection were registered.

Until 1997, new HIV cases were registered rarely, but, starting in 1998, the registered number of cases increased gradually. Most cases (807 newly registered HIV cases) were registered in 2001 and then until 2006 there was a decrease in the number of new cases. In recent years, an increase of newly registered HIV cases, but in 2016 decreased (in 2015 – 393 cases; in 2016 – 365 cases).

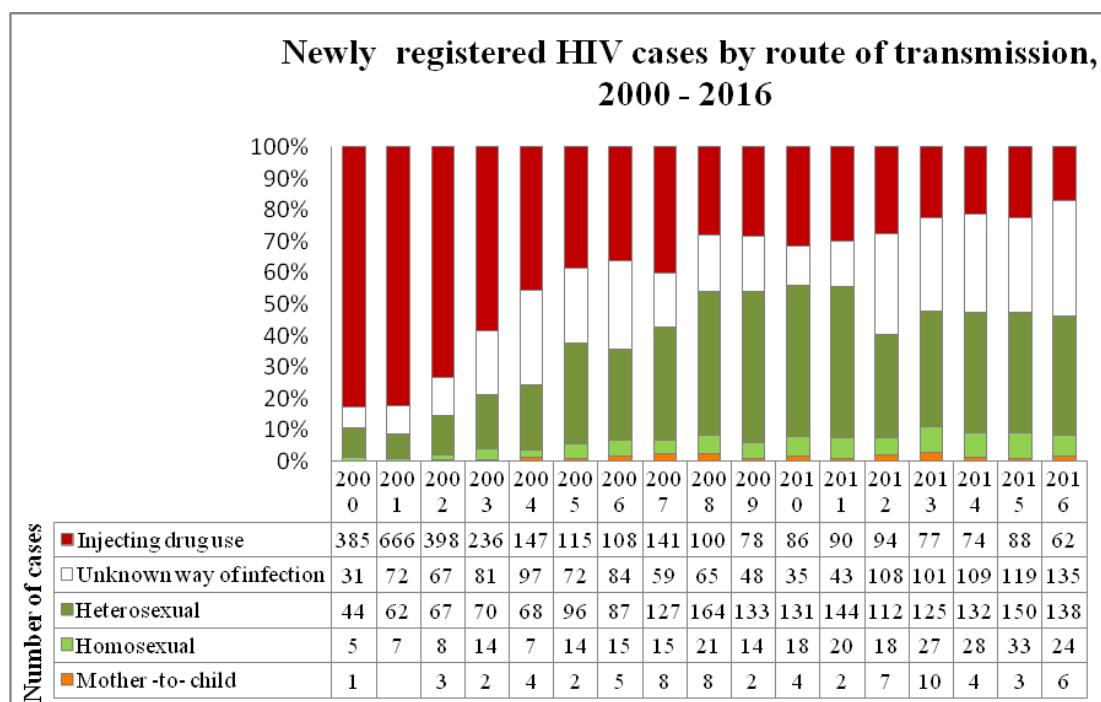
The first two AIDS cases were registered in 1990. Rapid increase of new AIDS cases observed from 1998 (13 newly registered AIDS cases) until 2005 (119 newly registered AIDS cases). Over the next few years the number of cases was various but the highest point reached in 2014, when there were 176 newly registered AIDS cases. In recent years decrease of newly registered AIDS cases (*Figure 1*).

Figure 1



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

Figure 2



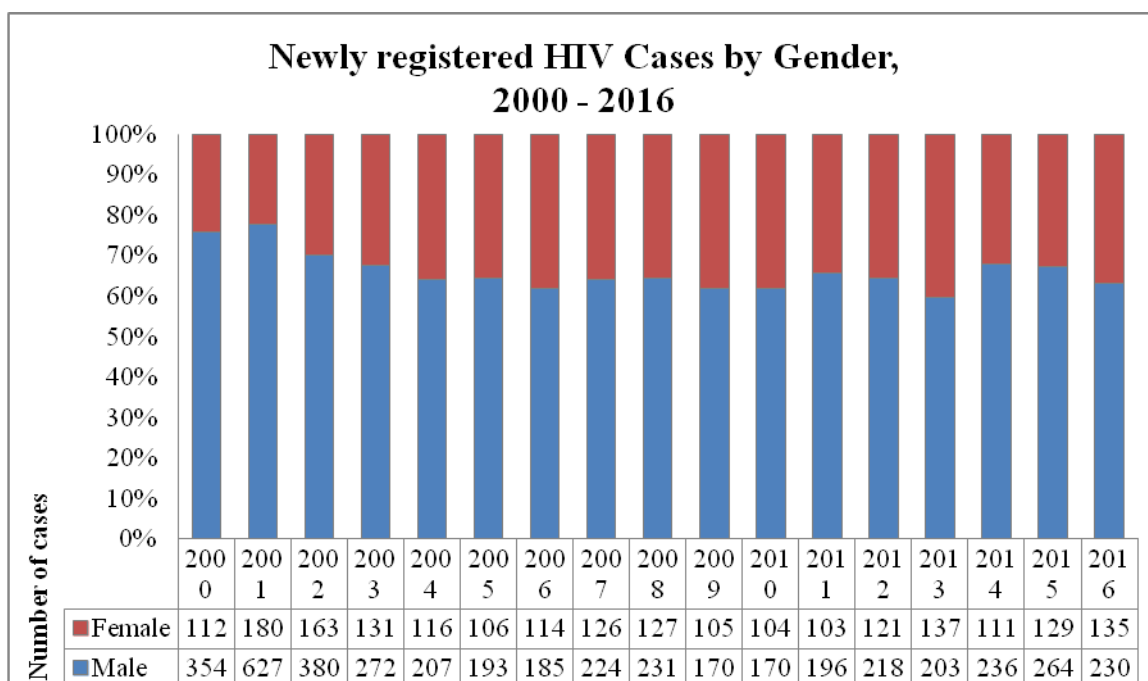
Data source: Centre for Disease Prevention and Control of Latvia (CDPC)

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

138 cases (38%) of new HIV cases occurred heterosexual route of transmission, but 62 cases (17%) of new HIV cases occurred injecting drug use in 2016. In relatively high proportion 135 cases (37%) of new HIV cases transmission way remained unknown (*Figure 2*).

HIV cases were registered only among males from 1987 to 1993. In Latvia HIV-infected female was first registered in 1994. Although males are infected with HIV more often than females, since 1994 there has been a gradual percentage increase in HIV-infected females (*Figure 3*).

Figure 3



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

III National response to the AIDS epidemic

Latvian action plan for the elimination of HIV infection, sexually transmitted infections and hepatitis B and C for 2018 – 2020

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National HIV, Tuberculosis and STIs Prevention Coordination Committee

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

Health promotion, researches

HIV prevention work in Latvia among people who inject drugs

“HIV Prevention Points” (HPPs) has been expanded to 19 sites in 16 cities across Latvia. Mobile units operate from two sites and outreach workers are linked to seven. Target groups include drug users and other groups at risk: ex-prisoners; the homeless; persons involved in commercial sex; ethnic minorities; MSM and immigrants. HPPs offer information and advice, free condom distribution, confidential HIV, hepatitis B (HBV) and C (HCV), syphilis rapid counseling and testing and needle/syringes exchange. In 2016, the HPPs performed 3578 HIV rapid tests (reactivity – 3.0%), 2916 HCV rapid tests (reactivity – 16.0%), 2750 HBV rapid tests (reactivity – 1.0%) and 3012 syphilis rapid tests (reactivity – 2.0%). A total of 720 494 syringes were given out, and 520 120 syringes collected in year 2016. All together 17 557 medical, social and psychological consultations have taken place of HPPs. The network of HPPs is coordinated by the CDPC of Latvia and is financed and organized by government, local municipalities or NGOs.

Since October 2015 Latvia take a part in the project “Joint Action on HIV and Co-infection Prevention and Harm Reduction”. This project addresses existing gaps in the prevention of HIV and other co-infections, especially tuberculosis and viral hepatitis, among people who inject drugs. Latvia involve in three work packages - WP4 «Testing and linkage to care», WP5 «Scaling up Harm reduction» and WP8 «Sustainability and long term funding». Latvia is one of three project focus country.

Drug User’s Cohort Study

Drug use and tendencies in Latvia (cohort study) is one of the most important surveys among regular problem drug users, which is carried out annually since 2006 (with exception of 2011 and 2015) and 2016 is the ninth year of this study. Since 2007 coordination of the study as well as data collection on an annual basis is carried out by the largest harm reduction services provider in Latvia „DIA+LOGS”. The methodology of the study envisages interviewing one and the same drug users (but in the case of necessity also new drug users are included in the study.). Snowball sampling is the methodology chosen as recruitment strategy for this study. It is possible to assess changes that can be observed in Latvia, for example, in terms of substances used, employment, risk behavior, HIV testing and HIV test results. Rapid testing for HIV, HCV, and Syphilis has been performed since 2012.

IV Best practices by The Centre for Disease Prevention and Control of Latvia

- **Public awareness raising campaign**

In 2015, the “HIV Does not Pick Sides: Why It Matters to You” public awareness campaign was organized, aiming to change the public attitude to HIV as a “bad” illness, explain matters related to HIV prevention and the importance of HIV rapid testing for early detection. The campaign included development of a virtual test, a public health project contest for students – “Knowledge against HIV”, organizing of a series of lectures and events at businesses, a campaign at public leisure locations, HIV Testing Week activities, various informative handouts (booklets, badges, condoms in custom packaging etc.) and other activities.

- **European HIV and hepatitis testing week activities in Latvia**

In 2015 there was a European HIV and hepatitis testing week activities (November 20 – 27) organized in Latvia. There were organized *open days* in HIV prevention points (HPP’s) and NGO’s (Red Cross of Latvia Health Rooms). People were invited to get consultations about HIV, hepatitis and STIs provided by specialists. There were also HIV, hepatitis B and C, syphilis testing offered free of charge. In addition there were some activities in HPP’s, NGO’s, night clubs for men who have sex with men and in universities for students organized. Through all previous mentioned activities informative materials about HIV were distributed and all information was available on social sites (Facebook, Twitter) and different websites.

During the campaign and HIV testing week there were more than 940 HIV rapid tests, 750 hepatitis C tests, 360 hepatitis B tests and 290 syphilis tests carried out.

- **The National Network of Healthy Cities of Latvia**

To accentuate the importance of municipality involvement in promoting the health of residents, the National Healthy Municipality Network of Latvia was established in 2013, part of the WHO international movement of Healthy Cities. At the moment there are 112 healthy municipalities in this network.

Municipalities organise seminars, discussions, lectures and other events for different target groups - children, teenagers and adults about various health topics – physical activity promotion, healthy nutrition, injury prevention, sexual and reproductive health (including HIV prevention) and also about substance use, alcohol, drug, tobacco and other psychoactive substances use, addiction prevention. In municipal institutions are available various informative materials about previously mentioned topics (also related to HIV and Co – infections).

- **Educational activities**

In 2014, educational activities were organized on matters of sexual and reproductive health for students at vocational education institutions, including topics on sexuality, a safe and responsible sex life (methods of contraception, risk of contracting STIs including HIV, etc.). In 2014 there were 113 lectures organized which were attended by 2,408 adolescents.

In 2015, educational activities were organized for pupils grade of 8–10 at general education institutions and students at vocational education institutions, aiming to improve awareness and educate on sexuality, safe and responsible sex life, contraception methods, STIs (including HIV). The activities included two 40-minute webinars, where an urologist, a gynecologist and a public health specialist talked about matters concerning sexual and reproductive health. In 2015 there were 220 lectures organized which were attended by 4,400 adolescents.

- **Educational films**

In 2014, two educational films and methodological guidelines were developed for pedagogues working with matters of reproductive health, sex life, establishing responsible relationships – called “Girls, Boys and Puberty” – 4 episodes – and “Relationships and Health: My Responsibility” – 3 episodes.

V Major challenges and remedial actions

Latvian action plan for the elimination of HIV infection, sexually transmitted infections and hepatitis B and C for 2018 – 2020

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VI Support from the country's development partners

NGOs play a critical role in effective response to HIV. They allow for participation of populations particularly affected by the epidemic, they provide accountability mechanisms for government, provide essential services, particularly those that governments find difficult to provide e.g. for IDUs. But there are few NGOs and their capacity is limited.

VII Monitoring and evaluation environment

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

It is important that the external experts from ECDC / EMCDDA have provided comments on the Latvian action plan for the elimination of HIV infection, sexually transmitted infections and hepatitis B and C for 2018 – 2020, which should be improved.

The results of the monitoring and evaluation of the HIV situation is used for programme improvement, for resource allocation and revising the national HIV response.