

Latvia 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:

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Describe the process used for NCPI data gathering and validation:

Responsible institution for NCPI part A data gathering is the Epidemiological Safety and Public Health Department and HIV/AIDS Surveillance and Prevention Unit of the state agency „Infectology Center of Latvia” and Ministry of Health. Data and information has been mostly based on the previous period since there were not significant changes. Key persons for data and information update were the members of the National Committee for Limiting Spread of HIV, STI and TB (Committee) who represents involved institutions and ministries. Data and information has been updated by the way of e-mailing, and discussed in the regular meetings in the Ministry of Health (Jan.10, 2012; Febr.22, 2012 and March 02, 2012). To summarize data and information of the civil society for part B Committee appointed the Country Office in Latvia of the World Health Organization's Regional Office for Europe, and the round table was organized in March 06, 2012.

Describe the process used for resolving disagreements, if any, with respect to the responses to specific questions:

There were not disagreements in the data gathering and validation process. As a result of negotiations and discussions consensus has been attained.

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
Infectology Center of Latvia	Ms.Ingrida Sniedze/Head of HIV/AIDS Surveillance and Prevention Unit	Yes	Yes	Yes	Yes	Yes	Yes
Infectology Center of Latvia	Ms.Sarlote Konova/Public Health Analyst	Yes	Yes	Yes	Yes	Yes	Yes
Coordination Commission for Limiting Spread of HIV, STI, TB/ministry of Health	Ms.Inga Smate/Head of Commission/Director of the Public Health Department	Yes	Yes	Yes	Yes	Yes	Yes
Ministry of Health	Ms.Gunta Grisle/Deputy Head of the Epidemiological Safety Unit	Yes	Yes	Yes	Yes	Yes	Yes
Infectology Center of Latvia	Ms.Inga Januskevica/Med.doctor	No	No	No	No	Yes	No
Infectology Center of Latvia	Ms.Vija Riekstina/Med.doctor	No	No	No	No	Yes	No
Prison Administration	Ms.Regina Fedosejeva/Head of the Medical Department	Yes	No	No	No	No	No
Infectology Center of Latvia	Ms.Elina Upite/Public Health Analyst	Yes	No	No	No	No	No
Infectology Center of Latvia	Ms.Kate Pulmane/Public Health Analyst	Yes	No	No	No	No	No
Infectology Center of Latvia	Ms.Agnese Freimane/Public Health Analyst	No	No	No	Yes	No	No
Infectology Center of Latvia	Mr.Jurijs Perevoscikovs/Head of Epidemiological Safety and Public Health Department	Yes	No	No	No	No	No

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
WHO Country Office in Latvia	Ms.Aiga Rurane/Head of Country Office in Latvia	Yes	Yes	Yes	Yes	Yes
NGO "Association HIV.LV"	Mr.Aleksandrs Molokovskis/Board Chairman	Yes	Yes	Yes	Yes	Yes
NGO "AGIHAS"	Mr.Ivars Kokars/Board Chairman	Yes	Yes	Yes	Yes	Yes
NGO "DIA+LOGS"	Ms.Agita Seja/Coordinator of Programms	Yes	Yes	Yes	Yes	Yes
NGO "Mozaika"	Mr.Edgars Jersovs/Member	Yes	Yes	Yes	Yes	Yes
NGO "Papardes zieds"	Ms.Inga Upmace/Member	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:

2009-2013

IF YES, briefly describe key developments/modifications between the current national strategy and the prior one.

IF NO or NOT APPLICABLE, briefly explain why.:

Unlike the previous programme, this programme integrates related issues of HIV infection and TB. In new programme there are defined key populations; key populations are more extended (e.g. MSM, CSW). In order to achieve goals of new programme, additional actions are planned.

1.1 Which government ministries or agencies

Name of government ministries or agencies [write in]:

Ministry of Health

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

SECTORS

Included in Strategy Earmarked Budget

Yes	No
Yes	Yes
No	No
No	No
No	No
Yes	No
Yes	No

Other [write in]:

No

IF NO earmarked budget for some or all of the above sectors, explain what funding is used to ensure implementation of their HIV-specific activities?:

Funding from projects, social care budget, some funding is included in budget of ministries of other sectors.

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:

No

People with disabilities:

No

People who inject drugs:

Yes

Sex workers:

Yes

Transgendered people:

No

Women and girls:

Yes

Young women/young men:

Yes

Other specific vulnerable subpopulations:

Yes

Prisons:

Yes

Schools:

Yes

Workplace:

No

Addressing stigma and discrimination:

Yes

Gender empowerment and/or gender equality:

Yes

HIV and poverty:

No

Human rights protection:

No

Involvement of people living with HIV:

Yes

IF NO, explain how key populations were identified?:

N/A

1.4. What are the identified key populations and vulnerable groups for HIV programmes in the country [write in]?:

IDUs, prison inmates, CSW, MSM, pregnant women, school attendees, professionals at the risk of HIV (health care workers, staff of uniformed services).

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:

The Program was developed from 2006 till 2008 by professionals in linkage with the Commission for limiting the spread of HIV/AIDS, TB and STI (the multisectoral AIDS coordination body in Latvia) where 5 members of NGOs were represented.

Opinions and possible involvement of NGOs in Program activities were discussed in counseling process during preparation of the Program. In additional, number of representatives of NGOs in Commission for limiting spread of HIV/AIDS, TB and STI is increasing – now there are representatives from 8 NGOs in Commission.

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

Yes

1.9

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

Yes, all partners

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 specific development plans?

Common Country Assessment/UN Development Assistance Framework:

Yes

National Development Plan:

Yes

Poverty Reduction Strategy:

Yes

Sector-wide approach:

N/A

Other [write in]:

Fundamental Principles of Youth Policy (2009-2018); National Plan "Latvia Fit for Children 2010-2012".

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

HIV impact alleviation:

No

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:

Yes

Treatment, care, and support (including social security or other schemes):

Yes

Women's economic empowerment (e.g. access to credit, access to land, training):

No

Other[write in below]:

No

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)?:

No

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?:

Yes

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?:

For IDUS

Briefly explain how this information is used:

For planning purposes and expanding access to harm reduction services.

(c) Is coverage monitored by geographical area:

Yes

IF YES, at which geographical levels (provincial, district, other)?:

At the country and district level

Briefly explain how this information is used:

For planning purposes: for development of low threshold services network, expanding access to ambulatory treatment, harm reduction services and OST

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:

Additional payment for providing care during labor to HIV infected patients and in-patient operations; HIV laboratory testing methods are included in the range of state funded out-patient laboratory testing services; All ARVs now included on list of reimbursable medicines. To improve the detection of HIV infection and TB in early stages of the disease and initiate timely treatment of the patient, the issues interconnected with HIV infection and TB have been dealt with, providing in legal acts that health care personnel, upon diagnosing HIV infection (AIDS) or tuberculosis, should perform a comprehensive examination of the patient and special laboratory tests for diagnosing other communicable diseases – tuberculosis or HIV infection (AIDS), respectively.

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?:

7

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

Tasks set out in the National Programme are carried out according to the time schedule of the Programme implementation plan. In accordance with “Three One” principles recommended by UNAIDS, all three principles have been implemented (a programme for limiting the spread of HIV infection has been developed in the state and a coordinating committee established; the implementation of HIV infection monitoring and programme implementation is reviewed in the state).

What challenges remain in this area:

Financial resources for implementation of activities of National Programme.

A - II. POLITICAL SUPPORT AND LEADERSHIP

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

A. Government ministers:

Yes

B. Other high officials 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:

Minister of Health took part in press conference on 1th December, 2011 where preliminary data from HIV/AIDS and STIs Bio-Behavioral Surveillance Survey among Sex Workers in Latvia was presented. Minister of Health expressed the view that society needs information and education, and only in close cooperation with specialists and non-governmental organizations we can strengthen public safety.

2. Does the country have an officially 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?:

Inga Smate, Ministry of Health, director of the Public Health Department

Have a defined membership?:

Yes

IF YES, how many members?:

22

Include civil society representatives?:

Yes

IF YES, how many?:

8

Include people living with HIV?:

Yes

IF YES, how many?:

1

Include the private sector?:

Yes

Strengthen donor coordination to avoid parallel funding and duplication of effort in programming and reporting?:

No

3. Does the country have a mechanism to promote interaction between government, civil society organizations, and the private sector for implementing HIV strategies/programmes?:

Yes

IF YES, briefly describe the main achievements:

The role of the civil society in the implementation of the state policy and decision taking has been significantly increased. The Memorandum on Cooperation between the Non-governmental Organizations and the Cabinet of Ministers was concluded, association "ApvienībaHIV.LV" is one among 24 signatories. Association "ApvienībaHIV.LV" unites seven non-governmental organizations, which represent the interests of HIV infected persons and are actively involved in limiting the spread of HIV infection. In the Council, established for the implementation of the NGOs and Cabinet of Ministers Memorandum on Cooperation, non-governmental organizations (hereinafter – NGOs) have been given the opportunity to solve the problematic issues submitted by NGOs. Public opinion studies show that Latvian population is not socially active and does not participate in public life, however, the involvement of NGOs in solving HIV/AIDS issues is to be considered high, and it is able to ensure representation in various processes of preparing and taking decisions.

What challenges remain in this area:

Financial resources for implementation of activities of National Programme. Establishment of mechanism for financing activities implemented by NGO from state's budget.

4. What percentage of the national HIV budget was spent on activities implemented by civil society in the past year?:

2%

5.

Capacity-building:

Yes

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]:

No

6. Has the country reviewed national policies and laws to determine which, if any, are inconsistent with the National HIV Control policies?:

Yes

6.1. IF YES, were policies and laws amended to be consistent with the National HIV Control policies?:

Yes

IF YES, name and describe how the policies / laws were amended:

Structural changes has been made - since 1 September, 2009 the functions of the liquidated state agency "Public Health Agency" linked to the monitoring and epidemiological surveillance of communicable diseases (including HIV infection and sexually transmitted infections), as well the provision of methodological support to the institutions of health care in the field of infectology and education various population groups were taken over by the state agency "Infectology Centre of Latvia", which established a department for coordination of the implementation of the programme for the limiting the spread of HIV/AIDS (till 30 October 2010) or the department of HIV/AIDS epidemiological surveillance and prophylaxis (since 1 November 2010).

Name and describe any inconsistencies that remain between any policies/laws and the National AIDS Control policies:

N/A

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?:

7

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

With a financial support of state, Latvia took part in 2 international studies (The European MSM Internet Survey (EMIS) and HIV/AIDS and STIs Bio-Behavioural Surveillance Survey (BBSS) among Sex Workers). Expanded representation of civil society in the National Coordination Committee (NCC) for HIV, TB and STI prevention, and respectively involvement of civil society in national planning – since August 2010, NCC among its members has representatives of two commercial companies, connected with issues of reproductive health and sexually transmitted infections

What challenges remain in this area:

Financial resources for implementation of activities of National Programme. Establishment of mechanism for financing activities implemented by NGO from state's budget.

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]:

No

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:

The Constitution of the Republic of Latvia states that human rights shall be realized without discrimination of any kind.

Briefly explain what mechanisms are in place to ensure these laws are implemented:

All laws and other normative acts must comply with the Constitution. Everything that is stated in the Constitution is incorporated in normative acts.

Briefly comment on the degree to which they are currently implemented:

Persons can seek assistance at the Patients' Ombud Office, Police, Health Inspection, the Latvian Centre of Human Rights, Ombudsman's office in Latvia and the Committee of Human Rights in the Parliament of Latvia

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?:

No

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:

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:

Yes

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]:

No

1.2. In the last year, did the country implement an activity or programme to promote accurate reporting on HIV by the media?:

Yes

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?:

-

Secondary schools?:

-

Teacher training?:

-

2.2. Does the strategy include age-appropriate, gender-sensitive sexual and reproductive health elements?:

No

2.3. Does the country have an HIV education strategy for out-of-school young people?:

Yes

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:

To ensure prevention of new HIV positive cases in the target groups, there are following tasks in the National Programme implementation plan: •to train NGOs representatives and low threshold centres staff as they provides consultations for vulnerable sub-populations during their work •to train prison medical personnel, other employees and prisoner on prevention of the HIV / AIDS and other blood borne and other sexually transmitted infectious diseases

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	No	No	No	No	-
Yes	No	No	No	No	-
Yes	No	Yes	No	Yes	-
Yes	No	No	No	No	-
Yes	No	Yes	No	No	-
No	No	No	No	No	-
Yes	No	Yes	No	Yes	-
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?:

7

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

The stabilization of newly diagnosed cases of HIV/AIDS. Despite the fact that the UNODC project funding has ended, number of low threshold centers remained the same thus ensuring continuity of their services. In a condition of limited funding, we have been able to provide low threshold centres with condoms, syringes, rapid tests and disinfectants.

What challenges remain in this area:

To ensure the reliability on the low thresholds centres, to increase number of clients of low threshold centres. There are still not enough NGOs working with high risk groups, and the human and financial capacity of existing NGOs is insufficient.

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

Yes

IF YES, how were these specific needs determined?:

For MSM population an Internet-based questionnaire was carried out in 2010 (EMIS - The European MSM Internet survey) . For sex workers population the bio-behavioral survey was carried out in 2011 (The BORDERNE Twork HIV/AIDS and STIs Bio-Behavioral Surveillance Survey (BBSS) among Sex Workers). In addition, local governments determines specific needs for HIV prevention programmes in their territories.

4.1. To what extent has HIV prevention been implemented?

Blood safety: 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: N/A
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: 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]:

N/A

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?:

7

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:

No, country has not identified specific essential elements in the management of HIV infection.

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

Since January 2010, all antiretroviral medicines have been included on the reimbursable list and qualify for 100% reimbursement reduction of antiretroviral medicines price has been achieved. Moreover, decentralization of treatment has occurred. Since January 2010, people on ART can now get treatment from local infectious diseases specialists in 7 cities of Latvia and it is possible to get ART from any pharmacy with a contract with the National Health Service.

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:

Agree

Early infant diagnosis:

Agree

HIV care and support in the workplace (including alternative working arrangements):

N/A

HIV testing and counselling for people with TB:

Agree

HIV treatment services in the workplace or treatment referral systems through the workplace:

N/A

Nutritional care:

N/A

Paediatric AIDS treatment:

Agree

Post-delivery ART provision to women:

Agree

Post-exposure prophylaxis for non-occupational exposure (e.g., sexual assault):

Disagree

Post-exposure prophylaxis for occupational exposures to HIV:

Agree

Psychosocial support for people living with HIV and their families:

Disagree

Sexually transmitted infection management:

Agree

TB infection control in HIV treatment and care facilities:

Agree

TB preventive therapy for people living with HIV:

Disagree

TB screening for people living with HIV:

Agree

Treatment of common HIV-related infections:

Agree

Other [write in]:

N/A

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:

By compensating the patient's fee to poor persons and persons with low income and by funding from the state budget all services needed by the patient, the accessibility of health care services and timely turning to an institution of health care has been ensured, as well as provision of social assistance and social services, which play an essential role in the prophylaxis of HIV infection and improving of the HIV infected persons' quality of life. To improve the quality of home health care services and their accessibility to inhabitants, a new procedure on providing home health care to patients was introduced, defining the patients' groups (including HIV/AIDS patients), who are provided home health care, and the corresponding scope of home health care services, as well as the qualification of the providers of home health care services and conditions for financial planning. A GP is paid for a home visit to provide palliative care, home health care.

3. Does the country have a policy or strategy for developing/using generic medications or parallel importing of medications for HIV?:

No

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?:

There is an access to regional procurement of antiretroviral therapy medications and substitution medications in Latvia.

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?:

8

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

ARV therapy medications included in the National Reimbursement list starting 1st January 2010. Regional prescriptions of ART medications and consultations about HIV therapy and care by regional infectologists available for HIV-infected individuals from 1st January 2010.

What challenges remain in this area:

Local antiretroviral therapy guidelines. According to local ART guidelines, approved in April 2009, ARV therapy initiation if CD4 cell count <200 cells/mm³. Due to economical crisis, guidelines were not updated and expanded to CD4<350 cells/mm³ up to now. 2. To improve rapid testing, to motivate people to visit infectologist if rapid test was positive. 3. To motivate PLWHA not to discontinue ART and to increase retention.

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:

N/A

What challenges remain in this area:

N/A

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:

The national AIDS programme has an implementation plan with specified indicators/predictable results. However, external experts from UNODC and the WHO Regional Office for Europe points to several imperfections of implemented M&E plan, e.g.: There are currently too many (50+) indicators, but some key indicators are missing. Some indicators are difficult to interpret, or they are unclear or ambiguous, so there is a pressing need to review and revise the indicators and targets being used to track the national programme. The limited focus on quality assurance in the delivery of a variety of services is of concern. The capacity for monitoring, evaluation and quality assurance needs to be rapidly developed. Relevant training and technical support is needed. NGOs have to significantly increase their capacity to monitor the implementation of services that they provide.

1.1 IF YES, years covered:

2009-2013

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

Yes, all partners

Briefly describe what the issues are:

N/A

2. Does the national Monitoring and Evaluation plan include?

A data collection strategy:

Yes

Behavioural surveys:

Yes

Evaluation / research studies:

No

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:

No

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

No

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

No

Briefly describe any obstacles:

M&E in carried out by governmental institutions, ensuring M&E of the implementation plan of the HIV Programme.

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

In the Ministry of Health?:

-

In the National HIV Commission (or equivalent)?:

-

Elsewhere [write in]?:

N/A

Permanent Staff [Add as many as needed]

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

- - - -

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:

N/A

What are the major challenges in this area:

N/A

5. Is there a national M&E Committee or Working Group that meets regularly to coordinate M&E activities?:

No

6. Is there a central national database with HIV- related data?:

Yes

IF YES, briefly describe the national database and who manages it.:

National HIV/AIDS case register managed by the State Agency "The Infectology Centre of Latvia". Every confirmed HIV case has to be reported accordingly to the National legislation (Regulation No.265 of the Cabinet of Ministers of Latvia, April 4, 2006). The same as to AIDS cases and death (both in AIDS and in HIV). HIV tests performed in laboratories (18) involved in the Epidemiological surveillance network has to be reported accordingly to the Regulation No.7 of the Cabinet of Ministers of Latvia, January 5, 1999.

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?:

Yes, all of the above

6.2. Is there a functional Health Information System?

At national level:
Yes

At subnational level:
No

IF YES, at what level(s)?:
N/A

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]:
No

Briefly provide specific examples of how M&E data are used, and the main challenges, if any:

For programme improvement - integration of HIV & TB issues planning of new activities, improvement of HIV/AIDS services accessibility. For resource allocation - revised accessibility of ART (decentralization).

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?:

No
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?:
7

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

The mid-term evaluation of the national HIV programme in Latvia for 2009 to 2013 was conducted by a team from UNODC and the WHO Regional Office for Europe in 2011.

What challenges remain in this area:

To increase human resource capacity, to ensure financial resources for M&E.

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?:

3
Comments and examples:

NGO participation has increased, but the real impact is reduced.

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:

NGO are involved in the planning, but does not participate in budget planning. Only a few NGOs are funding joint cooperation contracts, according to "The Human Immunodeficiency Virus (HIV) infection control program 2009 to 2013".

3.

a. The national HIV strategy?:
2

b. The national HIV budget?:
1

c. The national HIV reports?:

3

Comments and examples:

State funding for HIV programs has increased, but resources are not allocated directly to NGOs. Budget has increased for HIV prevention in prisons and the ART.

4.

a. Developing the national M&E plan?:

3

b. Participating in the national M&E committee / working group responsible for coordination of M&E activities?

:

3

c. Participate in using data for decision-making?:

4

Comments and examples:

There is no separate national M&E plan but it is included as part of the National programme for limiting spread of HIV and AIDS in Latvia 2009-2013. Respondents agreed that they were involved in development of the programme, but they had limited opportunities to influence its development. – There is not established the National M&E committee or working group responsible for coordination of M&E activities. – The state collect data on performance of low-treshold centres (LTC) in whole country, but there is lac of through evaluation of LTC performance, as well as distribution of finances is not based on cost-effectiveness of services provided by LTC.

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)?:

4

Comments and examples:

There are a lot of invitations to participate in activities. NGOs involved in many activities, according to their capacity.

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:

Opportunities and funding sources are relatively higher at international, national and local level. NGOs have insufficient capacity for greater funding covers. Technical support is available from international organizations.

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:

<25%

People who inject drugs:

25-50%

Sex workers:

<25%

Transgendered people:

<25%

Testing and Counselling:

25-50%

Reduction of Stigma and Discrimination:

25-50%

Clinical services (ART/OI)*:

<25%

Home-based care:

<25%

Programmes for OVC:**

<25%

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?:

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

Organizations have involved at different project and attached more funding from the project resource. Head of organization „HIV.LV” A. Molokovskis is invested a great deal of work in project implementation and raising funds.

What challenges remain in this area:

Number of NGOs working on HIV / AIDS has been reduced. Target groups are partly used services provided by NGOs. NGOs have limited human resources. Still some target groups have limited Access to services (MSM, SW) NGOs are not funded from the state to provide ART.

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:
All respondents agreed that the Government usually asks representatives of most-at-risk population to comment upon new policies and programmes but they do not really feel involved in development of comprehensive and targeted-oriented policy is limited. All respondents were pessimistic about involvement in determining financial allocations and distribution of planned activity funding.

B - 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:
Yes

People who inject drugs:
No

Prison inmates:
Yes

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 contents of these laws:
This issue is contained in the Constitution and other Latvian laws and regulations.
Briefly explain what mechanisms are in place to ensure that these laws are implemented:
Constitutional provisions are incorporated in other laws and regulations.
Briefly comment on the degree to which they are currently implemented:
Initiation of update depends on the initiatives of NGOs.

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?:

No

2.1. IF YES, for which sub-populations?

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]:

Briefly describe the content of these laws, regulations or policies:

-
Briefly comment on how they pose barriers:

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:
Women who are victims of violence and infected with HIV, not available specific help center. Women which are victims of human trafficking and are HIV infected can get from state financed services 6 months ("Shelter "Safe House"") and others NGO.

4. Is the promotion and protection of human rights explicitly mentioned in any HIV policy or strategy?:

No
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?:

Yes
IF YES, briefly describe this mechanism:

Persons can seek assistance at the Patients's Ombud Office, Police, Health Inspection, the Latvian Centre of HUman Rights, Ombudsman's Office in Latvia and the Committee of Human Rights in the Parlament of Latvia.

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?:

In Latvia ART is provided for free to all HIV positive people, except people who have term residence permit.

7. Does the country have a policy or strategy to ensure equal access for women and men to HIV prevention, treatment, care and support?:

Yes
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?:

Yes
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:
Although the target groups of the National programme for limiting spread of HIV and AIDS in Latvia 2009-2013 (approved by the Cabinet of Ministers on 30 June, 2009) are: injecting drug users, prisoners, sex workers, men who have sex with men, pregnant women with unknown HIV status, schoolchildren that might engage in risk behavior, individuals that face Professional risk respondents felt that in every day situation equal Access for most-at-risk populations is limited.

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:

Yes

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)?:

Yes

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?:

Yes

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

a. Legal aid systems for HIV casework:

Yes

b. Private sector law firms or university-based centres to provide free or reduced-cost legal services to people living with HIV:

Yes

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?:

7

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

Respondents mention positive changes: There are no prohibitions to work at any job people with HIV anymore. Latvian legislation does not establish a list of occupations that are prohibited from working with HIV. Infected individual has the right to work in any job and profession, to study at any educational institution.

What challenges remain in this area:

Include non-discrimination issues in the national program. Improve succession. Shortage of resources.

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?:

7

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

Respondents mention positive changes: ART is available for prisoners.

What challenges remain in this area:

To provide durability and continuity.

B - IV. PREVENTION

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

Yes

IF YES, how were these specific needs determined?:

In accordance with international recommendations, guidelines and national needs the following target groups were identified in the National programme for limiting spread of HIV and AIDS in Latvia 2009-2013: injecting drug users, prisoners, sex workers, men who have sex with men, pregnant women with unknown HIV status, schoolchildren that might engage in risk behavior, individuals that face Professional risk.

1.1 To what extent has HIV prevention been implemented?

Blood safety:

Strongly Disagree

Condom promotion:

Agree

Harm reduction for people who inject drugs:

Disagree

HIV prevention for out-of-school young people:

Strongly Disagree

HIV prevention in the workplace:

Disagree

HIV testing and counseling:

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:

Disagree

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:

Agree

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?:

4

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

Has decreased HIV prevention services. Methadone surgery has increased.

What challenges remain in this area:

Need to increase the number of LTC in Latvia and Riga city. To involve pharmacy in harm reduction activity.

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:

There is a decentralized treatment. There are no breaks in the supply of drugs.

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

There is available decentralized treatment. There is need for succession and continuity.

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:

Strongly Agree

Early infant diagnosis:

Disagree

HIV care and support in the workplace (including alternative working arrangements):

Strongly 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:

Strongly Disagree

Paediatric AIDS treatment:

Strongly Agree

Post-delivery ART provision to women:

Agree

Post-exposure prophylaxis for non-occupational exposure (e.g., sexual assault):

Agree

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:

Agree

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:

HIV therapy has been rationalised in line with WHO recommendations (mainly, more expensive treatment schemes have been replaced by cheaper ones). There are no breaks in treatment.

What challenges remain in this area:

Still many patients need HIV treatment, but due to limited resources they do not received it. There is need to improve access to various treatment, care and support services for injecting drug users. Need to improve TBC prevention among IDU. There is a need to increase the CD4 cell count from the start of HIV treatment, as defined in WHO recommendations.

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:

HIV therapy has been rationalised in line with WHO recommendations (mainly, more expensive treatment schemes have been replaced by cheaper ones). There are no breaks in treatment.

What challenges remain in this area:

Still many patients need HIV treatment, but due to limited resources they do not received it. There is need to improve access to various treatment, care and support services for injecting drug users. Need to improve TBC prevention among IDU. There is a need to increase the CD4 cell count from the start of HIV treatment, as defined in WHO recommendations.

Source URL: <http://aidsreportingtool.unaids.org/121/latvia-report-ncpi>