

Lithuania

**National Report
on the Implementation of
the Declaration of Commitment
on HIV/AIDS**

Reporting period:
January 2008 – December 2009

Vilnius 2010

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I. Status at a glance

(a). Stakeholder inclusiveness in report writing process

The report was prepared by the National Centre for Communicable Diseases and AIDS in collaboration with other sectors involved in implementation of HIV/AIDS prevention programme. The report was publicly presented on www.ulac.lt.

The drafts of Part A of National Composite Policy Index (NCPI) were prepared by the Centre for Communicable Diseases and AIDS in collaboration with other governmental organisations involved in the national response to HIV/AIDS. In January-February 2010, the draft was sent out to the key national partners for consultation, and some enhancements were made to the document based on the feedback received.

In a separate process, the Centre for Communicable Diseases and AIDS initiated a contract with HIV/AIDS non-governmental organizations and human rights experts in order to prepare the National Composite Policy Index Part B. The document was sent to HIV/AIDS non-governmental organizations for feedback and input in March 2010.

(b). The status of the epidemic

In 2008-2009, HIV infection was reported in majority of districts of Lithuania (in 50 municipalities of 60). To monitor the follow-up to the Declaration of Commitment on HIV/AIDS, Lithuania has applied indicators suggested by the UNAIDS for countries with concentrated and low prevalence epidemics. The most-at-risk population in Lithuania include injecting drug users (IDUs), sex workers (SW) and men who have sex with men (MSM).

(c). Policy and programmatic response

National AIDS Prevention and Control Programme is the key strategy document on HIV/AIDS prevention and control in Lithuania. During the first year of programme implementation (1990), the input of other sectors was rather scarce.

In 1994, the Minister of Health approved the first National Programme Coordination Board which included representatives of other sectors, community organisations, and mass media. In 1995-1997, the key issues in AIDS prevention programme were inter-sectoral cooperation and decentralisation of the responsibilities. In 1996, AIDS Prevention and Control Programme was included in the list of priority National health programmes which was approved by the Government. The strategic objectives of National AIDS Prevention Programme were announced a must in Lithuanian Health Programme which was approved by the Parliament in 1998 (Official Gazette, 1998, No 64-1842). This programme set a target to maintain the status of a low HIV prevalence country up to 2010.

The National AIDS Prevention and Control Programme for 2003-2008 constitutes a part of National Public Health Strategy, National Action Plan 2004-2008¹.

The Programme 2003-2008 lists over 120 HIV/AIDS prevention- and control- related activities. The Ministry of Health was authorised to monitor implementation of the Programme, and Lithuanian AIDS Centre to act as the main executor.

Programme implementation is coordinated by the Programme Coordination Board that consists of relevant Ministries, sectors and non-governmental organisations.

Taking into account the results and effectiveness demonstrated by HIV/AIDS Prevention and Control Programme 2003-2008 and the National STI Prevention and Control Programme 2006-2009 the National HIV/AIDS and STI Prevention and Control Strategy 2010-2012 was developed in 2009.

¹ Ministry of Health.<http://www.sam.lt>.

(d). UNGASS indicator data

Data on selected UNGASS core indicators:

Indicator	Results 2008	Results 2009
NATIONAL COMMITMENT AND ACTION		
1. Domestic and international AIDS spending by categories and financing sources	N/A	N/A
2. National Composite Policy Index (Areas covered: gender, workplace programmes, stigma and discrimination, prevention, care and support, human rights, civil society involvement, monitoring and evaluation)		
NATIONAL PROGRAMMES		
Blood Safety		
3. Percentage of donated blood units screened for HIV in a quality assured manner	100%	100%
Antiretroviral Therapy Coverage		
4. Percentage of adults and children with advanced HIV infection receiving antiretroviral therapy	51.8 %	52.9 %
Prevention Of Mother-To-Child Transmission		
5. Percentage of HIV-positive pregnant women who received antiretrovirals to reduce the risk of mother-to-child transmission	84.6 %	92.3 %
Co-Management Of TB and HIV Treatment		
6. Percentage of estimated HIV-positive incident TB cases that received treatment for TB and HIV	57.1 %	38.5 %
HIV Testing		
7. Percentage of women and men aged 15-49 who received HIV test in the last 12 months and who know their results	5.3 %	18.3%
HIV Testing		
8. Percentage of most-at-risk populations that have received HIV test in the last 12 months and who know their results		
IDU	N/A	72.5 %
MSM	28.8 %	41.3 %
SW	53.4 %	N/A
Prevention Programmes		
9. Percentage of most-at-risk populations reached through HIV prevention programmes		
IDU	N/A	N/A
MSM	29 %	43.5 %
SW	73.9 %	N/A
Education		
10. Percentage of schools that provided life skills-based HIV education in the last academic year	N/A	N/A

KNOWLEDGE AND BEHAVIOUR		
11. Percentage of young women and men aged 15–24 who correctly identified ways of preventing sexual transmission of HIV and rejected major misconceptions about HIV transmission	14%	40.7 %
12. Percentage of most-at-risk populations who correctly identified ways of preventing sexual transmission of HIV and rejected major misconceptions about HIV transmission		
IDU		
Can a person protect themselves from HIV by using a condom?		94.7 %
Do you think a person can be infected with HIV and look well?		94.7 %
Can a person get infected with HIV by using a syringe that was used by someone else?		95.2 %
% of respondents gave correct answers to all 3 questions		96.7 %
MSM	44.6 %	39.1 %
SW	40.9 %	N/A
13. Percentage of young women and men aged 15–24 who had a sexual intercourse before the age of 15	12.7 %	12.9 %
14. Percentage of women and men aged 15–49 who had a sexual intercourse with more than one partner in the last 12 months	17.4 %	54.9 %
15. Percentage of women and men aged 15–49 who had more than one sexual partner in the last 12 months reporting the use of a condom during the last sexual intercourse	63.9 %	56.4 %
16. Percentage of female sex workers reporting the use of a condom with the most recent client	91.6 %	N/A
17. Percentage of men reporting the use of a condom the last time they had anal sex with a male partner	51.1 %	47.1 %
18. Percentage of injecting drug users reporting the use of a condom the last time they had sexual intercourse	N/A	N/A
19. Percentage of injecting drug users reporting the use of sterile injecting equipment the last time they injected	N/A	98 %
IMPACT		
20. Percentage of most-at-risk populations who are HIV infected		
IDU	N/A	8 %
MSM	0 %	2.7 %
SW	0 %	0 %
21. Percentage of adults and children with HIV known to be on treatment 12 months after initiation of antiretroviral therapy	82.0 %	87.8 %

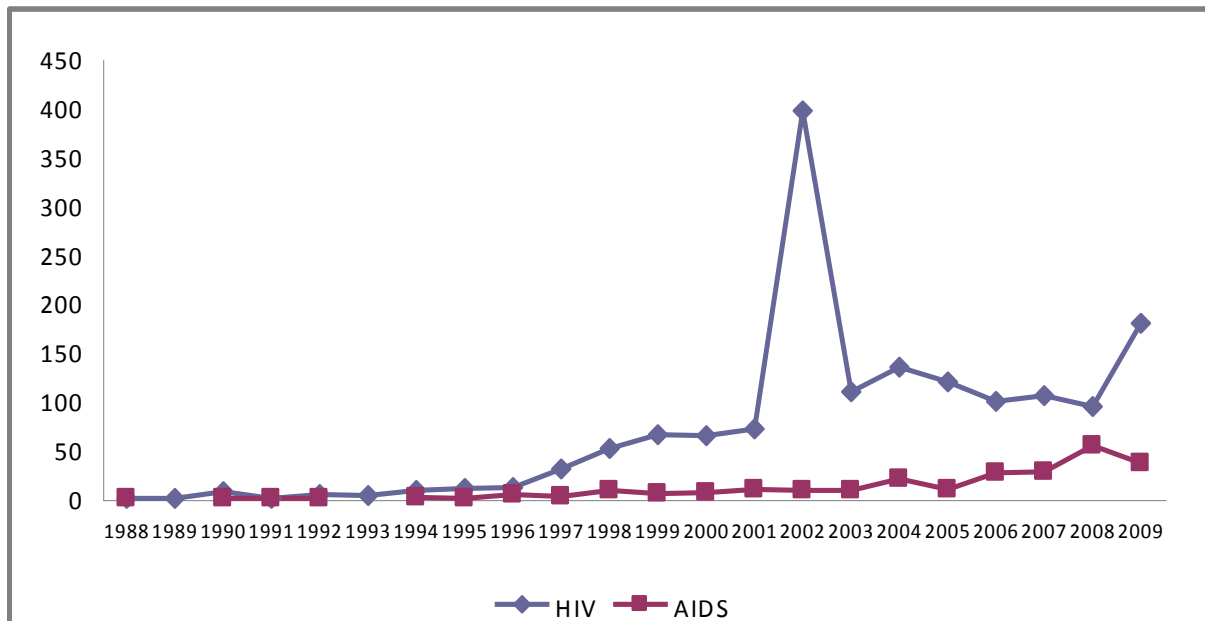
II. Overview of HIV/AIDS epidemic

The first HIV case in Lithuania was reported in 1988. During 1988-2009 (31 December 2009) 1,581 cases of HIV infection were registered 68 of which were identified among foreign citizens. At the end of 2009, 242 HIV-positive people with AIDS-related illnesses were registered. The total number of people who died with the diagnosis of AIDS in the period 1988-2009 was 85.

HIV cases were registered in 51 administrative units of 60 municipalities in Lithuania.

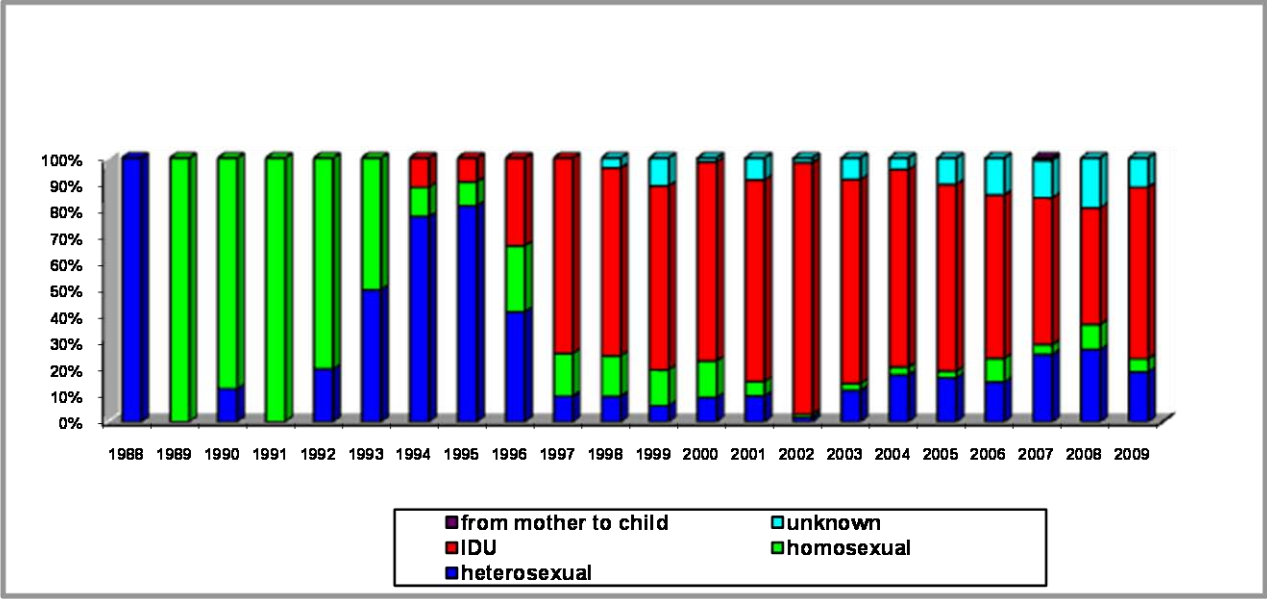
Following a long-term decline, the annual number of new HIV diagnoses in Lithuania increased from 135 cases in 2004 to 180 in 2009 (Figure 1).

Figure 1 Number of HIV and AIDS diagnoses Lithuania, 1988 to 2009



HIV epidemic in Lithuania has gone through 3 phases: phase one featured HIV prevalence among men who have sex with men (MSM) and heterosexual population (especially sailors) between 1988 and 1996; phase two was distinguished by HIV prevalence among intravenous drug users (IDU) between 1997 and 2003; and phase three was characterised by spread of HIV both among heterosexual and IDU populations between 2004 and 2009 (Figure 2).

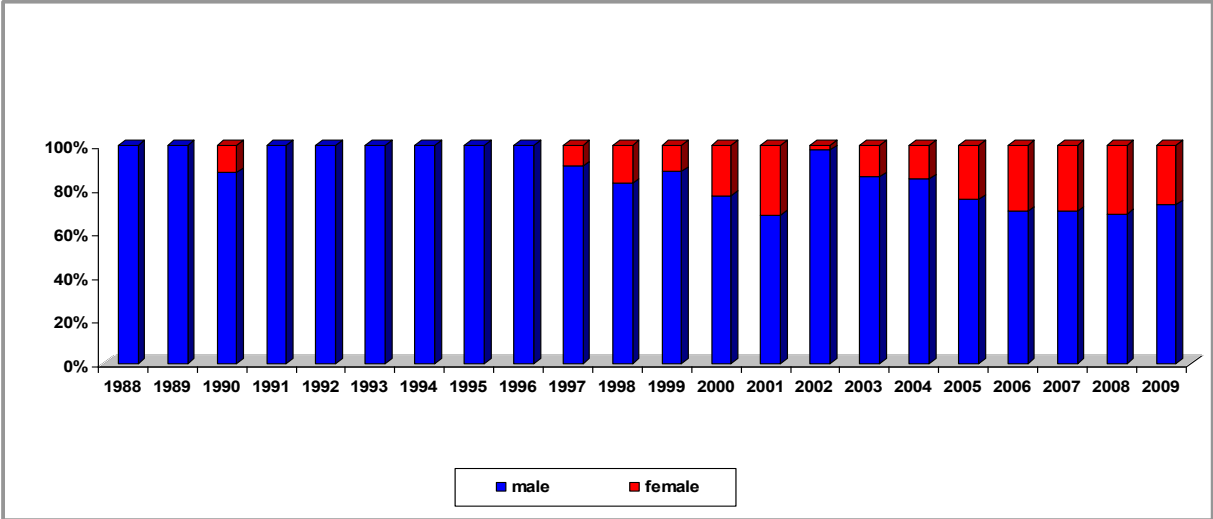
Figure 2 Registered HIV cases and transmission modes in Lithuania (1988-2009)



Cumulative number of HIV cases by the mode of transmission in 1988-2009: intravenous drug use – 72.4 % (n=1145) cases, heterosexual contact - 13.8% (n=218) cases, homosexual contact - 6.4 % (n=101), from mother to child - 0.06% (n=1), unknown - 7 % (n=116) cases.

During the whole HIV reporting period 1,314 HIV cases in males and 267 in females were registered. Trends of new HIV cases by gender: in the last five years a share of female cases increased, and that of male – declined: M/F cases ratio was 3/1 and 2.6/1 in 2005 and 2009 respectively (Figure 3).

Figure 3 New HIV cases by gender in Lithuania (1988-2009)



The age groups 25-29 and 30-34 years accounted for the major part of HIV cases. 76 percent of all cases were identified in the age group 20-39 years.

During the period 1988-2009 242 cases of AIDS were diagnosed in the country and 188 PLWHIV deaths registered.

III. National response to the AIDS epidemic

Political and organizational decisions

National HIV/AIDS Strategy 2003 – 2008

HIV/AIDS issue was recognized and acknowledged as a high priority in health care and socio-economic development of the Republic of Lithuania. The main principles of the state policy were aimed at ensuring the fulfilment of obligations under The National HIV/AIDS prevention programme 2003-2008. The strategic objectives of the National AIDS Prevention programme were announced a must in the Lithuanian Health Programme which was approved by the Parliament in 1998. This programme set the target to maintain the status of a low HIV prevalence country up to 2010, and it was supplemented with new actions based on Global AIDS Strategy principles, UNAIDS recommendations, HIV/AIDS Commitment Declaration adopted in the UN General Assembly Special session, and the commitment of the Lithuanian Government to pursue decisions of the European Parliament and the Council. With a view to assuring sustainability of the former key programme actions, the Programme priorities were set in accordance with a rapidly changing epidemiological situation in Lithuania and its neighbourhood, HIV transmission modes and trends, improving experiences of health experts and experts in other sectors, and the newest scientific achievements.

Key objectives of the programme were to reduce the transmission of HIV/AIDS and related infections in Lithuania; to mitigate the negative consequences of HIV and related infections to an individual and society; to provide appropriate health care services to people living with HIV/ AIDS; to improve HIV/AIDS surveillance system.

Programme tasks:

- ✚ Prevention of parenteral HIV transmission;
- ✚ HIV prevention through sexual intercourse;
- ✚ Prevention of HIV mother-to-child transmission;
- ✚ Improving health care and social services for people living with HIV/ AIDS.

One of the key priorities of the Programme was a particular focus to target groups (drug users, sex workers, prisoners, etc.). The Programme activities were implemented in cooperation with a variety of organisations involved in combating drug use and HIV, including NGOs. A network of low threshold health care sites were established, HIV information was intensely disseminated among young people, and care of the people living with HIV/AIDS ameliorated. The Programme provided for enforcing HIV/AIDS epidemiological surveillance and laboratory diagnostics, capacity improvements of the municipal HIV/AIDS prevention and control programmes, education of politicians and specialists in other sectors: police officers, military servants, mass media, etc. The Programme 2003-2008 listed over 120 HIV/AIDS prevention and control activities. The Programme budget for five years amounted to 39,6 million Litas. The monitoring of the implementation of the Programme was the task of the Ministry of Health and the main executor of Programme activities was Lithuanian AIDS Centre.

National STI Strategy 2006 – 2009

The National Sexually Transmitted Diseases Prevention and Control Programme for 2006-2009 was approved by Government Resolution No 1253 of 21 November 2005. The Programme was developed in compliance with the provisions of WHO “Health for all in the twenty-first century”, Decision No 2119/98/EC of the European Parliament and of the Council of

24 September 1998 setting up a network for the epidemiological surveillance and control of communicable diseases in the Community, Decision No 1786/2002/EC of the European Parliament and of the Council of 23 September 2002 adopting a programme of Community action in the field of public health (2003-2008),

Priorities are set in accordance with the provisions of Lithuanian health program approved by Resolution No. VIII-833 (Official Gazette, 1998, no. 64-1842) of the Seimas of the Republic of Lithuania of 2 July 1998, the current epidemiological situation in Lithuania and neighbouring countries, the spread of HIV infection, and the experience of health care and other professionals.

The Programme targets:

Aim: To reduce the consequences of sexually transmitted infections for the individual and society as a whole until 2009.

Objectives:

- ✚ to intensify the primary prevention of sexually transmitted infections – to encourage safe and responsible sexual behaviour;
- ✚ to ensure access to high quality and early diagnosis and treatment of infectious diseases ;
- ✚ to improve the epidemiological surveillance;
- ✚ to improve inter-sectoral cooperation and to promote STI prevention measures and implementation of those measures at both national and regional levels;
- ✚ to develop STI research, and training in biomedicine, sexual behaviour and social sciences.

There are more than 39 STI prevention and control activities listed in the Programme 2006-2009, and its budget for four years amounts to 4,2 million Litass .

National HIV/AIDS and STI Strategy 2010-2012

National HIV/AIDS and STI Prevention and Control Strategy 2010-2012 has been developed taking into account the results and effectiveness of the activities of HIV/AIDS Prevention and Control Programme 2003-2008 and the National STI Prevention and Control Programme 2006-2009 and implementing the goals and provisions set in Lithuanian Health Programme approved by Resolution No VIII-833 (Official Gazette, 1998, No 64-1842) of the Seimas of the Republic of Lithuania of 2 July 1998, and the implementation measures of Government Programme 2008-2012 approved by Resolution No 189 (Official Gazette, 2009, No. 33-1268) of the Government of the Republic of Lithuania of 25 February 2009, and pursuant to the guidelines set forth by the United Nations AIDS Programme, World Health Organization, United Nations Office on Drugs and Crime (UNODC), AIDS Strategy and Action Plan Service (ASAP), the UN Children's Fund and other international organizations. The programme is based on general HIV/AIDS and STI prevention principles: respect for human rights, gender equality, cooperation and partnership, scientific validity, and tackling social exclusion.

The developed Programme is aimed at reducing spread of HIV and STI in the country.

Programme objectives:

1. To raise public and high-risk groups awareness of HIV/AIDS and STI prevention :
 - 1.1. through information, education and communication strategy to raise public, especially young people, awareness of HIV and STIs and promote social tolerance towards people living with HIV;
 - 1.2. to ensure HIV and STI prevention among risk groups;
 - 1.3. to improve knowledge and expertise in HIV/AIDS and STI prevention among health professionals and other specialists;
2. To improve accessibility of adequate and early HIV and STI diagnostics and treatment:
 - 2.1. to ensure the access to testing for HIV and STI among risk groups;
 - 2.2. to enhance prevention of transmission of HIV from mother to child;
 - 2.3. to ensure access to adequate HIV treatment;

2.4. to create a quality control system for laboratories where HIV and other STI testing is performed;

3. To improve HIV/AIDS and STI epidemiological surveillance and control :

3.1. to enhance epidemiological surveillance of HIV/AIDS and STI and statistical recording system in order to ensure the timely provision of information about the infections, recording and analysis by creating appropriate statutory instruments;

3.2. to ensure the safety of blood, blood products, organ and tissue transplants by introducing quality control for blood-donor screening for HIV, syphilis and viral Hepatitis;

3.3. to enhance the expertise of epidemiologists and other public health specialists in the field of HIV/STI epidemiological surveillance and control;

3.4. to meet the international commitments regarding HIV/AIDS and STI epidemiological surveillance and control.

The programme provides for over 60 implementing measures.

Coordinating Council on HIV/AIDS

In 1994, the first Coordinating Council on HIV/AIDS was approved by Mr. Antanas Vinkus, the Minister of Health at the time. Each and every HIV/AIDS and STI prevention and control programme is coordinated by the Council. The National multisectoral AIDS coordination body is composed of the members from governmental institutions, civil society organisations and PLWHA.

Experts from among the representatives of ministries assessed the efforts aimed at strategy planning within HIV/AIDS programmes and gave them a score of 9 out of 10 (9 in 2007, see National Composite Policy Index). The country developed a uniform framework strategy of HIV prevention and established a joint coordinating mechanism and a uniform M&E system. During the previous and current reporting periods, the political support for HIV programme received consistently high scores (7 and 8 in 2007 and 2009 respectively); policy efforts (8 in 2007 and 2008-2009); efforts aimed to implement the HIV Prevention Programme (8 both in 2007 and 2008-2009); efforts aimed at treatment, care and support (7 and 8 in 2007 and 2008-2009 respectively); the score of the M&E efforts of the HIV programme was 8 in 2007 and 2009.

Experts from among the representatives of international and non-governmental organizations assessed the policies, local laws and regulations to promote and protect human rights in relation to HIV and gave them a score of 3 out of 10. During the current reporting period the scores for the efforts to enforce the existing policies, laws and regulations were consistently low - 1 in 2009 (7 in 2007); the efforts in the implementation of HIV prevention programmes in 2009 received 3

scores (5 in 2007); the efforts in the implementation of HIV treatment, care and support programmes in 2009 received 1 score (2 in 2007). The score of the efforts aimed to promote the participation of civil society increased by 2 points (6 in 2007 compared to 4 in 2009).

Prevention

Prevention education and health promotion activities are carried out nationally by community-based organizations, and State and Territory Public Health services on behalf of the Centre for Communicable Diseases and AIDS.

Preventive measures were carried out at national level and in administrative territories.

In 2008-2009, HIV/AIDS prevention measures were implemented in: municipal districts of : Ignalinos, Širvintų, Kaišiadorių, Biržų, Rokiškio, Vilniaus, Kėdainių, Klaipėdos, Panevėžio, Švenčionių, Kelmės, Joniškio, Šakių, Pasvalio, Kretingos, Šilutės, Mažeikių, Marijampolės,

Varėnos rajonų, Neringos, Šiaulių, Kauno, Palangos, Lazdijų, Klaipėdos miestų ir Elektrėnų, Birštono, Visagino, Kazlų Rūdos municipalities (29²).

In order to ensure HIV/AIDS and STI prevention, the following interventions that constitute the evidence-based Model Essential Package of integrated health sector interventions for HIV prevention, treatment, care and support (in conformity with WHO programme "Towards universal access") were introduced:

Health service-based on interventions:

- ✚ Provision of information and training on prevention of HIV transmission
- ✚ *HIV testing and counselling*: testing and counselling initiated by Health service providers. Individuals over 16 years of age diagnosed with TB for the first time were tested for HIV and received HIV related consulting services. HIV control among high risk groups and individual counselling was carried out: individuals from high-risk groups were encouraged to undergo the test for HIV, HBV, HCV and STI.
- ✚ *Prevention of Mother-to-child transmission of HIV*: Pregnant women were provided with information on HIV, consulting and HIV testing services, anti-retroviral therapy to prevent HIV transmission from mother-to-child. HIV treatment and care provided to HIV infected women, infants and other family members
- ✚ *Prevention of sexual transmission* : STI detection and management; Safer sex and risk reduction counselling, condom promotion and supply, specific interventions for women providing sexual services, men who have sex with other men and adolescents.
- ✚ *Harm reduction among injecting drug users*: information and training on risk reduction, provision and exchange of clean needles and syringes; opioid maintenance treatment
- ✚ prevention of transmission in health care: Safe Blood, Universal rules and safe waste management, Post-exposure prevention.

✚ Community-based interventions:

- ✚ *HIV testing and counselling*: Free HIV counselling and testing, Information and Training: Ongoing prevention in educational establishments, society in general; imprisonment institutions.
- ✚ prevention interventions among vulnerable and high-risk populations
- ✚ Mutual self-help support groups for people living with HIV/AIDS

Outreach Interventions in high-risk populations (in partnership with other sectors):

Outreach work among high risk populations, including women providing sexual services, drug users, men who have sex with other men, young people and mobile populations; Peer based-information and training, condom use promotion; supply and exchange of sterile needles and syringes; STI, sexual and reproductive health services among vulnerable girls and women; referrals to specific prevention services.

Life skills-based HIV Education in Schools. Given the fact that HIV/AIDS education is being considered as a priority issue, the following programmes were initiated: "Programme on preparation for family-life education and sexuality education" (Order No. ISAK-179, 07/02/2007 of the Minister of Education and Science), Drug Control, Drug Use Prevention and Life Skills Development Programme. The assessment of life skills-based HIV/AIDS education in schools (Indicator No. 11) (HIV/AIDS issues are integrated into a range of different subjects of informal education curriculum (i.e. Biology, and Moral Education)) led to the conclusion that life skills-based HIV/AIDS education programme was implemented, and school heads took the responsibility of forming the groups for addressing prevention issues such as introduction of drugs/ psychotropic substances and HIV/AIDS prevention, preparation of annual action plans and reporting on the use of alcohol, tobacco and other psychoactive substances.(Order of the Minister of Education and Science No. ISAK-1462, 17/09/2004; No. ISAK-2567, 22/12/2007).

² 29 of 32 Municipalities, which submitted reports.

Each and every year, campaigns such as „Get the test for HIV“ are initiated by the Centre for Communicable Diseases and AIDS, and a Candle March - the event aimed at reducing a negative attitude towards people living with HIV / AIDS and promote tolerance - is organised by Lithuanian Red Cross Society during which the Society volunteers disseminate the information about HIV/AIDS (transmission, progression of HIV, how to avoid HIV, where one can get tested) in schools, universities, and busy public places. During the Candle March 2008-2009, over 7,000 people learned about HIV/AIDS prevention, about 2500 leaflets and 2000 stickers were distributed, and HIV/AIDS symbols-red ribbons were made of candlelights.

Care, treatment and support programmes

Treatment and care initiatives are aimed at improving access to the systems that promote health and quality of life for people living with HIV/AIDS. Treatment and care embrace a range of services, including testing, early access to health maintenance programmes, antiretroviral therapy, counselling, treatment adherence programmes and management of HIV-associated conditions.

Since 1998 antiretroviral treatment (HAART) has been accessible for everyone who needs it and corresponds to treatment criteria (clinical, immunological, virological). There are not any exclusion criteria for HAART treatment. No co-payment for antiretroviral drugs is requested from the patients. In 2004, the order of compensatory HIV diagnosis and treatment methodology from Compulsory Health Insurance Fund was endorsed by the Ministry of Health of the Republic of Lithuania not only for individuals suffering from AIDS but also for those with high risks of disease progression (Act Nr.V-313/2004). Treatment of opportunistic infections is not fully covered by the State Patients' Fund. HIV infected patients may choose a Health Care Centre to his/her location. ARV-treatment for PLWHA is available free of charge. Private health care is also available, but the service costs are rather high and only affordable to a limited number of patients.

Survival among HIV infected individuals: 87.8 % of adults and children with HIV were on treatment 12 month after initiation of antiretroviral therapy, upward trend (compared to 58.0% and 82.0 % in 2007 and 2008 respectively).

HAART coverage: 52.92 % of adults and children with advanced HIV infection were receiving antiretroviral therapy in accordance with a nationally approved treatment protocol at the end of the reporting period – downward trend (compared to 78.5 %, 74.8%, and 51.84% in 2006, 2007 and 2008 respectively).

Prevention of mother-to-child transmission coverage: 92.3 % of HIV infected pregnant women received antiretrovirals to reduce mother-to-child transmission, upward trend (compared to 66.7 %, 90.0% and 84.6%, in 2006, 2007 and 2008 respectively).

Co-management of TB and HIV treatment: In 2009, 38.5 % of HIV positive patients received treatment for both TB and HIV (compared to 38.5% and 57.1 % in 2006 and 2008 respectively).

Knowledge and behaviour change and Impact alleviation

Young people and general population

Data sources: HIV knowledge and information sources among vocational schools students. In December 2008, an anonymous questionnaire which contained information about socio-demographic characteristics, HIV knowledge and information sources, was filled out by 647 respondents.

Less than 14 percent of young people aged 15–24 correctly identified ways of preventing sexual transmission of HIV and rejected major misconceptions about HIV transmission

12.7 % of young people aged 15–24 reported having had the first sexual intercourse under the age of 15.

17.4 % of women and men aged 15–49 had sexual intercourse with more than one partner in the last 12 months.

63.9 % of respondents aged 15-24 reported having had more than one sexual partner in the last 12 months and condom use during the last time they had sex.

5.3 % of respondents reported having been tested for HIV during the last 12 months and being aware of the results.

Data source. HIV knowledge and information sources among participants of campaign “Get HIV test for free”, 2009. An anonymous questionnaire which contained information about socio-demographic characteristics, HIV knowledge and information sources, was filled out by 147 respondents: 74 men and 73 women. The duration of the campaign was 1 week.

Less than 40.7 percent of young people aged 15–24 correctly identified ways of preventing sexual transmission of HIV and rejected major misconceptions about HIV transmission.

12.9 % of young people aged 15–24 reported having had the first sexual intercourse under the age of 15.

54.9 % of women and men aged 15–49 had sexual intercourse with more than one partner in the last 12 months.

56.4 % of respondents 15-24 reported having had more than one sexual partner in the last 12 months and condom use during the last time they had sex.

18.3 % of respondents reported having been tested for HIV during the last 12 months and being aware of the results.

Sex workers (SWs)

Data sources: BSS surveillance in SW visiting Women Health Site at Lithuanian AIDS Centre.

A cross-sectional anonymous survey of 78 and 88 SWs was carried out in the year 2007 and 2008 respectively.

All respondents were female with an average age of 27.56±6.6 years. Most of the respondents in survey 2007 had secondary education (35.5%) followed by 22.6 % who had basic education. In survey 2008, 28.4 % of respondents had basic education and 28.4% had secondary education.

Preventative approaches in SW community in 2008 were effective. In comparison with 2007, the knowledge of sex workers about HIV infection had improved. The number of SW who reported having used a condom with their last client in the last 12 months and those who knew where to go to be tested for HIV and receive free condoms had increased. Coverage of HIV research had not changed.

Knowledge:

24.4 % of SW in 2007 and 40.9 % of SW in 2008 correctly identified ways of preventing sexual transmission of HIV and rejected major misconceptions about HIV transmission.

Behaviour:

76.6 % of SW in 2007 and 91.6 % of SW in 2008 reported having used a condom with their last client in the last 12 months.

Prevention interventions:

50.0% of SW in 2007 and 53.4 % of SW in 2008 reported having been tested for HIV during the last 12 months and being aware of the results.

42.6% of SW in 2007 and 73.9 % of SW in 2008 knew where to go to be tested for HIV and receive condoms in the last 12 months.

Impact Indicator:

In 2008 and 2009, no HIV cases among SW were reported (compared to 1.5 % and 0% in 2006 and 2007 respectively).

Men who have sex with men (MSM)

Data sources: BSS surveillance survey in MSM in Lithuania (Centre for Communicable diseases and AIDS).

Preventative approaches in MSM community in 2008/2009 were partially effective. The access to preventive interventions for MSM during the reporting period increased. No changes in behaviour and knowledge observed.

Knowledge:

44.6 % of MSM in 2008 and 39.1 % of MSM in 2009 correctly identified ways of preventing sexual transmission of HIV and rejected major misconceptions about HIV transmission.

Behaviour:

51.1 % of MSM in 2008 and 47.1 % of MSM in 2009 reported having used a condom the last time they had anal sex in the last 6 months.

Prevention interventions:

28.8% of MSM in 2008 and 41.3 % of MSM in 2009 reported having been tested for HIV during the last 12 months and being aware of the results.

29% of MSM in 2008 and 47.8 % of MSM in 2009 knew where to go to be tested for HIV and receive condoms in the last 12 months.

Impact Indicator:

In 2008, there were no HIV cases reported among MSM, whereas in 2009, HIV prevalence among MSM was 2.7%.

IDU

A cross-sectional anonymous survey of current IDUs recruited using principles of respondent driven sampling was carried out in Vilnius, the capital city of Lithuania. RDS technique was used to conduct a network-based survey on HIV and other BBI related bio-behaviour (BIO-BBS) of active IDUs (n=400). Data collection period: October 2007- January 2008. This was the first study using RDS among hidden populations in Lithuania. RDS proved to be a time-efficient (with over 400 participants recruited in four months), reliable and effective methodology. Survey data indicates a concentrated (8%) level of HIV epidemic among IDUs in Vilnius.

Knowledge:

99.8 % of IDUs reported ever having heard about HIV or AIDS. The questions “Can a person protect themselves from HIV by using a condom?” and “Do you think a person can be infected with HIV and look well?” were answered correctly by the 94.7 % of respondents and the question “Can a person be infected with HIV using a syringe somebody else has previously used?” was answered correctly by 95.2 % of respondents. 96.7 % of respondents answered all 3 questions correctly.

Behaviour:

98 % of IDUs reported having used sterile injecting equipment the last time they injected in the last month.

Prevention interventions:

72.5% of IDU reported having been tested for HIV during the last 12 months and being aware of the results.

Impact Indicator:

HIV prevalence among IDUs in Vilnius was 8 %.

IV. Best practices

Political leadership – the 5th European Conference on Clinical and Social Research on AIDS and Drugs in Vilnius, 2009.

The Conference discussed various aspects of HIV/AIDS and drugs (social, medical, scientific, practical etc.); clinical research, public health and social issues, and the best practices of the EU member countries and all over the world.

The Conference attracted 750 people from 52 countries, including 330 from Lithuania.

Outstanding world scientists and representatives of the highest-level international organisations participated in the Meeting. A three-day programme included 127 oral presentations; 121 posters were displayed.



The conference brought together representatives from different sectors of health, social and clinical science and the legal sector to discuss the most effective approaches that will help our societies to tackle an expanding HIV epidemic and its social consequences.

The overarching goal of the Conference was to increase capacity for development and implementation of effective addiction prevention strategies in relation with HIV/AIDS prevention, care and support throughout EU and Candidate Countries by scaling up clinical, public health and social sciences research and best practices.

To achieve this goal, the general objectives can be formulated as follows:

1. To share and disseminate the best practices in preventing drug-related blood-borne infectious diseases, in particular HIV and hepatitis (B/C), among injecting drug users and HIV infection resulting from high risk sexual behaviour among both injecting and non-injecting drug users.
2. To share and disseminate best and emerging practices in providing care and support for people living with HIV/AIDS (PLWHA) and vulnerable groups (with particular emphasis on IDUs, incarcerated and released prisoners).
3. To scale up and disseminate the clinical, public health and social sciences research related to addiction and drug-related blood-borne infectious diseases.
4. To address the issue of how to enhance the development and implementation of addiction/drug-related infectious disease prevention in Europe, formulating recommendations, guidelines and initiatives for strengthening this capacity.
5. To mobilize broader civil society (youth organizations, NGOs, PLWHA) and community actions in order to combat stigma and discrimination as the key approach in HIV/AIDS prevention and care.
6. To enhance addiction and HIV/AIDS prevention professionals skills and knowledge in counselling, both primary and secondary prevention, and implementation of early intervention.

Target audience: stakeholders of the project are representatives of the majority of EU Member States as well as EFTA-EEA countries, candidate and neighbouring countries: Specialists acting in the field of addiction and drug related blood-born infectious diseases (clinical/public health/social sciences, primary and secondary prevention, early intervention, providing care and support for PLWHA and vulnerable groups, representatives of Health determinants projects funded by the

Health Programme 2003-2007); representatives from youth organisations, NGOs, private sector, PLWHA community; policy makers (at national, regional and international levels); all over the stakeholders receiving the outcomes of the conference implementation are PLWHA and people touched by addiction problem.

International Organizing Committee consisted of representatives from EU countries and EFTA-EEA countries, authorities in the priority field and representatives of international organizations (WHO, EMCDDA, ECDC, UNAIDS, etc.):

The Conference Programme included two seminars:

- ✚ 2nd Workshop “Collaborative Drug Abuse and HIV/AIDS Research: Regional U.S. - Eurasian Research Networks” organised by AIDS Research Programme, National Institute on Drug Abuse, National Institutes of Health, (United States of America) (for invited delegates)
- ✚ Seminar on EuroSIDA findings. Clinical, political and economical implications two Pre-meetings:
 - ✚ EU Project Session
 - ✚ Policy development. Civil Society and NGO Pre-meetings, debates. Community response, two satellite symposia:
 - ✚ Fundamental, epidemiological and clinical research. HIV epidemiology in European Region (Regional and Country Presentations)
 - ✚ Harm reduction (HR) and behavioural change. HIV and drug use in vulnerable groups, specific sessions:
 - ✚ Fundamental, epidemiological and clinical research. Cellular and Gene Therapy of HIV-1 Infection
 - ✚ Fundamental, epidemiological and clinical research. Immunopathogenesis and AIDS.

Key oral presentations are available on the website of the AIDS and social disease society: <http://www.aidsociety.eu/webcasting.html>

National AIDS ambassadors and social advertisement projects

Since 1999, every year famous people in society have been invited to be National AIDS ambassadors and to address the public at the World AIDS Day commemoration event. In 2004-2008, these events pulled in 28 400 of young men. In 2008-2009, a popular Lithuanian singer Jurgis Didžiulis as a National AIDS ambassador took an active part in HIV preventive events, by doing gigs at a number of children homes and day care centres for children at risk.

Journalist involvement and training. Since 1997, Lithuanian AIDS Centre in collaboration with UNDP, Lithuanian Journalist Union and World Health Organisation has been holding competitions of mass media coverage on HIV/AIDS, sexually transmitted infections and drug use. The competition is usually announced in November and lasts until November of the following year, and the winners are awarded on the World AIDS Day, 1st December.

During 12 years of the competition practice Lithuanian journalists have received almost 300 awards. More than 40 journalists were awarded two or even more times.

Participants include journalists of Lithuanian dailies, local newspapers, specialised newspapers, journals, websites, radio, television, news agencies, freelance ones, producers of documentaries, various publicistic broad- and telecast, moderators, creative workers and groups. Students are also eligible to participate.

The most professional, momentous coverage including articles, tele- and broadcast is awarded the cash prizes, letters of thanks issued by UNDP, Ministry of Health, Lithuanian Journalist Union, Vilnius Municipality, Lithuanian AIDS Centre and other institutions, and receive sponsors, gifts.

Categories of awards are: press articles, series of pictures, broadcast, telecast, reportages, news coverage, documentaries, social marketing, etc.

Submitted works are being evaluated according a number of criteria such as relevance to society, educational impact, objectivity, veracity, etc.

Submitted mass media works are evaluated by the Commission comprised of the representatives from Ministry of Health, Lithuanian Journalist Union, UNDP, WHO, Lithuanian AIDS Centre and people living with HIV/AIDS.

In 1997, Lithuanian AIDS Centre awarded 6 journalists. In 2008, more than 40 journalists, mass media, and news agencies received testimonials. The competition attracts more and more local media interest and pulls in more participants every year.

Lithuanian AIDS Centre understood the role of mass media in combating HIV from the very first days of its existence. Mass media coverage on HIV/AIDS issues and its appropriate response contributes in building public awareness of HIV risks by informing the society on epidemiological situation in the country, HIV transmission ways and means of protection.

The competition is not the testing of mass media's knowledge but rather an attempt to involve, motivate and express acknowledgements for their contribution in combating HIV.

Winners are nominated and awarded together with Lithuanian Journalist Union on the World AIDS day.

Youth Prevention project. "We against AIDS" was one of the biggest Nation wide traditional educational-creative project in Lithuania. It was aimed at informing young people about HIV/AIDS, involving them in prevention activities, making them aware of the consequences of high-risk behaviour, and promoting positive attitudes towards people living with HIV/AIDS (PLWHA). The school teams created social advertisement (poster, leaflet and video clip) on HIV/AIDS. The winners were awarded on WAD. The project was developed in collaboration with the Ministry of Education and Science and Ministry of health.

V. Major challenges and remedial action

Progress made on key challenges indicated in UNGASS Country Progress Report 2007:

1. To include questions in relation to UNGASS indicators into population surveys and enhance sentinel surveillance system, periodically carry out data collection at National level.

Actions taken.

The National HIV / AIDS and Sexually Transmitted Infections Prevention and Control Programme 2010-2012 provides for the development of the second generation HIV surveillance (biological, behavioural, and social demographic) data inventory along with behaviour monitoring forms for high risk groups for HIV infection and transmission.

2. One of the key accomplishments during the reporting period was the establishment of a system to ensure provision of HIV testing for all pregnant women including affected individuals and service providers free of charge. We expect that appropriate changes until the next reporting period will ensure free HIV testing for high risk groups as well (for example, IDUs, STI patients), for individuals and service providers. There is an urgent need to develop and strengthen counselling system.

Actions taken.

National HIV / AIDS and STI Prevention and Control Programme 2010-2012 provides for enhancing accessible and acceptable early identification of HIV and STI by ensuring the provision of HIV and STI testing accessibility for different risk groups as well as adequate treatment, including treatment for HIV and tuberculosis co-infection, and carrying out testing for individuals at risk of HIV/STI.

3. There still remains a need to deal with persisting stigma and discrimination issues; more IEC campaigns for society and public health care workers should be organized.

Actions taken.

During the reporting period training on HIV prevention (harm reduction, HIV and other sexually transmitted infections, care, etc.) was provided for health personnel and individuals from risk groups in municipalities; information and training were provided on regular basis for prison personnel, prisoners and convicted persons in relation to HIV and related infections, drug abuse prevention in prisons, medical ethics, confidentiality, the rights and responsibilities of HIV positive persons; HIV care and treatment; tolerance towards persons infected with HIV and suffering from AIDS, and other issues.

Different events were held to commemorate World AIDS Day. Press releases on HIV/AIDS and risk behaviour were prepared and submitted to country's media; best presentation of information contests for journalists interested in HIV/AIDS and related infections and drug abuse prevention were organized; prevention events in the regions with adverse HIV epidemiological and drug use situation were held.

An ongoing campaign called "Get HIV test for free" was conducted. Drawing and essay writing competitions, quizzes on HIV/AIDS and drug prevention for students ("Students against AIDS", "What do you know about AIDS?") and in commemoration of World AIDS Day were held; During the festival "Be2gether" and international rock festival "Roko naktys'2008" information leaflets on HIV / AIDS and drug addiction alongside with red ribbons (a symbolic representation of tolerance towards HIV-positive persons) were distributed, and free consultations were provided for participants and spectators.

4. To strengthen public health system and to establish Public health offices in municipalities.

Actions taken. During the reporting period in a number of municipalities Public Health offices were established. Centre for Communicable Diseases and AIDS in close co-operation with these institutions organized refresher courses and other training, disseminated information and held the leading role as developer of methodology in the field of HIV and STI.

Two and three module courses "Multisectoral HIV management system" were organized for health care professionals in Klaipėda and Druskininkai; professional training ("Choose your own path") for vocational school prevention specialists and school leaders was held in Alytus, Utena, and Panevėžys;

Conference "Comprehensive HIV / AIDS prevention measures among injecting drug users" for politicians, municipal and district physicians, public health and mental health centres, professionals, social workers providing services to IDU, police officers and journalists were organized in the districts of Alytus, Panevėžys, Utena, Telšiai, Tauragė and Marijampolė;

17 training sessions were conducted for prevention work group members and professionals providing early intervention services in schools and child care institutions; two reports were presented: the first during the seminar called "Sustainable development, health policy and community initiative" for public and personal health care professionals, educational institution teachers, doctors working in different municipalities, education, sports and youth department representatives, healthy lifestyle group and community members; and the second in the seminar

called "Knowledge as prevention measure for social workers performance and health protection from occupational risks".

5. To strengthen and developed drug use prevention activities and services to decrease the number of new addiction cases.

Actions taken.

The Ministry of Education is the body responsible for implementation of psychoactive substance use prevention in schools. In 2008, the Ministry of Education called for tender to fund psychoactive substance use prevention programme. 1894.5 thousand Litas were allocated to different institutions that carried out the projects in this field.

In 2008, 790 prevention projects against the use of alcohol, tobacco and other psychoactive substance were funded. Projects were submitted and selected for the competition from different municipal administrations (694 projects), district administrations (74 projects) and subordinate institutions and Special Education and Psychology Centre (22 projects).

Prevention of psychoactive substance use is conducted also through implementing particular measures set out in National Drug Control and Drug Prevention programme 2004 - 2008.

Challenges faced throughout the reporting period (2008-2009) that hindered the national response, in general, and the progress towards achieving the UNGASS targets and remedial actions

✚ Insufficient involvement of the population and vulnerable groups in comprehensive prevention programmes, including programmes aimed at decreasing stigmatization and discrimination of PLHIV.

Measures: To increase funding and engage more decision-makers to support the implementation of a large-scale national HIV prevention campaign and special programmes for vulnerable groups of the population at all levels.

✚ Finding out an adequate way of involving civil society organizations in the national AIDS response;

Measures: To motivate non-governmental organizations to work with most-at-risk groups, to develop HIV prevention programmes, to arrange training of their members in the programme implementation techniques.

✚ Insufficient cooperation of different services working to identify and treat patients with socially significant diseases: HIV, drug abuse, TB, viral hepatitis, STI.

Measures: To strengthen and develop cooperation through joint normative documents, increase funding and improve programme management.

VI. Support from the country's development partners

a) Partner assistance

Since 2004 Lithuania, as a European Union country, has coordinated majority of prevention actions with EU recommendations. Donations from worldwide organizations, such as WHO, UNAIDS, World Childhood Foundation, etc., have gradually decreased. Moreover, it should be noted that Lithuania is not longer eligible for donations from the Global Fund.

The network of constant partners, including majority of European regional AIDS centres or similar organizations, expanded. During 2008-2009, great input into regional response to HIV/AIDS and capacity building has been made by UNAIDS, UNDP, WHO, EC, UNODC etc.

Non-governmental organizations contribute to solving HIV-related issues. Taking into consideration the whole complexity of HIV preventive activities among most-at-risk groups, they are the main partners in implementing prevention programmes in this area. Thanks to the joint efforts in implementing these programmes, the accessibility of high risk groups in providing kinds of assistance (medical, psychological, legal, social, etc) both in governmental and non-governmental organizations increased. Non-governmental organizations are actively involved in raising public awareness, young people in particular, about HIV-related issues and promoting safe and responsible behaviour.

b) Partner actions necessary to achieve UNGASS indicators

In order to achieve the targets for universal access to HIV prevention, treatment and care at present, Lithuania requires partner assistance in the following areas:

- ✚ HIV prevention activities among injecting drug users, men who have sex with men, female sex workers in all regions of the country;
- ✚ preparation and training on the basis of advanced experience of specialists working with people living with HIV;
- ✚ extending partnership between governmental and non-governmental organizations;
- ✚ development and implementation of the national information strategy.

VII. Environment monitoring and evaluation

National institution responsible for HIV/AIDS epidemiological surveillance and organization of response is the Centre for Communicable diseases and AIDS under the Ministry of Health. Implementation of the National HIV/AIDS Prevention and Control Programme 2003-2008 is coordinated by inter-sectoral Programme Coordination Board which was approved by Minister of Health.

Lithuania pays special attention to analysis of epidemiological situation and evaluation of the response actions in the country.

Information for the national monitoring and evaluation system is gathered by carrying out an epidemiological surveillance of HIV, sociological and behavioural surveys, and monitoring programme.

Since 2003, Lithuania has developed a single national Monitoring and Evaluation (M&E) action plan in consultation with civil society including people living with HIV. National HIV/AIDS Monitoring and Evaluation (M&E) action plan (M&E operational guidelines) was revised with assistance of international experts in 2005. Lithuanian health Information centre is responsible for HIV/AIDS indicators' standardizing.

In 2006 most key partners aligned and harmonized their M&E requirements (including indicators) with the national M&E plan.

The country has developed a uniform system of collecting and processing data concerning the

HIV problem. All cases of HIV infection with laboratory epidemiological and clinical confirmation of the diagnosis are subject to statistical registration. The data from the regions are sent to the Centre for Communicable diseases and AIDS where it is processed and analyzed. The studies are aimed at comparing HIV prevalence data obtained from sentinel surveillance. Along with biomedical surveillance, studies of behaviour facilitating HIV infection among injecting drug users, men who have sex with men and sex workers are carried out. Social studies are carried out in cooperation with the appropriate Ministries and organizations that participate in the implementation of the National HIV/AIDS prevention Programme.

The results of the monitoring and evaluation of the HIV situation were used when:

- ✚ setting targets for universal access to HIV/AIDS prevention, treatment, care and support;
- ✚ developing the National HIV/AIDS prevention Programme.
- ✚ making managerial decisions at the governmental level and at the level of local authorities;
- ✚ preparing the annual National Report;
- ✚ holding workshops, trainings for managerial personnel of appropriate Ministries, executive and regulatory agencies, industrial enterprises and other organizations;
- ✚ informing the population via mass media and etc.

The key objectives for 2010-2011 in monitoring and evaluating the HIV/AIDS situation in Lithuania:

- 1) to improve sentinel surveillance techniques;
- 2) to carry out research in social and economic impact of the HIV epidemic development, to improve the scientific analysis of the research data;
- 3) to improve antiretroviral therapy monitoring, adherence to ARV in particular.