

Lithuania

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

Reporting period:
January 2010 – December 2011

Vilnius 2012

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/STI prevention programme. The Part A of the National Composite Policy Index (NCPI) was prepared by the Centre for Communicable Diseases and AIDS in collaboration with other governmental organisations involved in the national response to HIV/AIDS. Programme Coordinating Board has invited the Board civil society representatives to coordinate submission of the data required for NCPI Part B to the Centre for Communicable Disease and AIDS, which was responsible for the reporting online. Board civil society representatives have also coordinated submission of the Part B NCPI European Supplement .

(b). The status of the epidemic.

In 2010-211, HIV infection was reported in all districts of Lithuania (in 60 municipalities). The most-at-risk population in Lithuania - injecting drug users (IDUs) and their sexual partners. During 1988-2011 (31 December 2011) 1900 cases of HIV infection were registered of which 77 were identified among foreign citizens. At the end of 2011, 295 HIV-positive people with AIDS-related illnesses were registered. The total number of people who died with the diagnosis of AIDS in the period 1988-2011 was 114. Following a long-term decline, the annual number of new HIV diagnoses in Lithuania slightly increased from 135 cases in 2004 to 166 in 2011.

(c). Policy and programmatic response.

National HIV/AIDS and STI Prevention and Control Programme (2010-2012) is the key strategic document on HIV/AIDS prevention and control in Lithuania.

National HIV/AIDS/STI Prevention and Control Programme 2011-2012 was approved by the Resolution of the Government of the Republic of Lithuania in 2010. This Programme differs from the previous one as it contains also measures for prevention of sexually transmitted infections, not only HIV/AIDS prevention and control as it was before. The main goal of the program - to reduce the spread of HIV and STIs in Lithuania. Representatives (n=9, 34%) of NGOs are included into the National HIV/AIDS and STI Prevention and Control Programme Coordination Board (n=26). Civil society has been informed and invited to participate in every HIV/AIDS related official event.

Surveillance of HIV/AIDS in Lithuania is undertaken by the National Centre for Communicable Diseases and AIDS under the Ministry of Health. HIV/AIDS/STI and Hepatitis Surveillance Unit of the National Centre for Communicable Diseases and AIDS under the Ministry of Health makes its annual report on HIV/AIDS/STI incidence and prevalence publicly available on its website. HIV/AIDS response is decentralized in Lithuania up to municipal level. Work with risk groups, prevention programmes are coordinated and funded by the municipalities.

(d). UNGASS indicator data.

Data on selected UNGASS core indicators:

Indicator	Results 2010	Results 2011
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NATIONAL COMMITMENT AND ACTION		
1. Domestic and international AIDS spending by categories and financing sources	-	-
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	60%	66%
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	90%	N/A
Co-Management Of TB and HIV Treatment		
6. Percentage of estimated HIV-positive incident TB cases that received treatment for TB and HIV	N/A	N/A
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	N/A	N/A
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	64.4%	N/A
MSM	19.8%	N/A
SW	32.6%	N/A
Prevention Programmes		
9. Percentage of most-at-risk populations reached through HIV prevention programmes		
IDU	N/A	N/A
MSM	N/A	N/A
SW	N/A	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	N/A	N/A

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?	N/A	N/A
Do you think a person can be infected with HIV and look well?	N/A	N/A
Can a person get infected with HIV by using a syringe that was used by someone else?	N/A	N/A
% of respondents gave correct answers to all 3 questions	N/A	N/A
MSM	N/A	N/A
SW	N/A	N/A
13. Percentage of young women and men aged 15–24 who had a sexual intercourse before the age of 15	N/A	6.6%
14. Percentage of women and men aged 15–49 who had a sexual intercourse with more than one partner in the last 12 months	N/A	6.2%
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	N/A	63.2%
16. Percentage of female sex workers reporting the use of a condom with the most recent client	N/A	N/A
17. Percentage of men reporting the use of a condom the last time they had anal sex with a male partner	42.3%	N/A
18. Percentage of injecting drug users reporting the use of a condom the last time they had sexual intercourse	29.3%	N/A
19. Percentage of injecting drug users reporting the use of sterile injecting equipment the last time they injected	77.4%	N/A
IMPACT		
20. Percentage of most-at-risk populations who are HIV infected		
IDU	4.2%	N/A
MSM	1.5%	N/A
SW	6.7%	N/A
21. Percentage of adults and children with HIV known to be on treatment 12 months after initiation of antiretroviral therapy	95.6 %	91.5 %

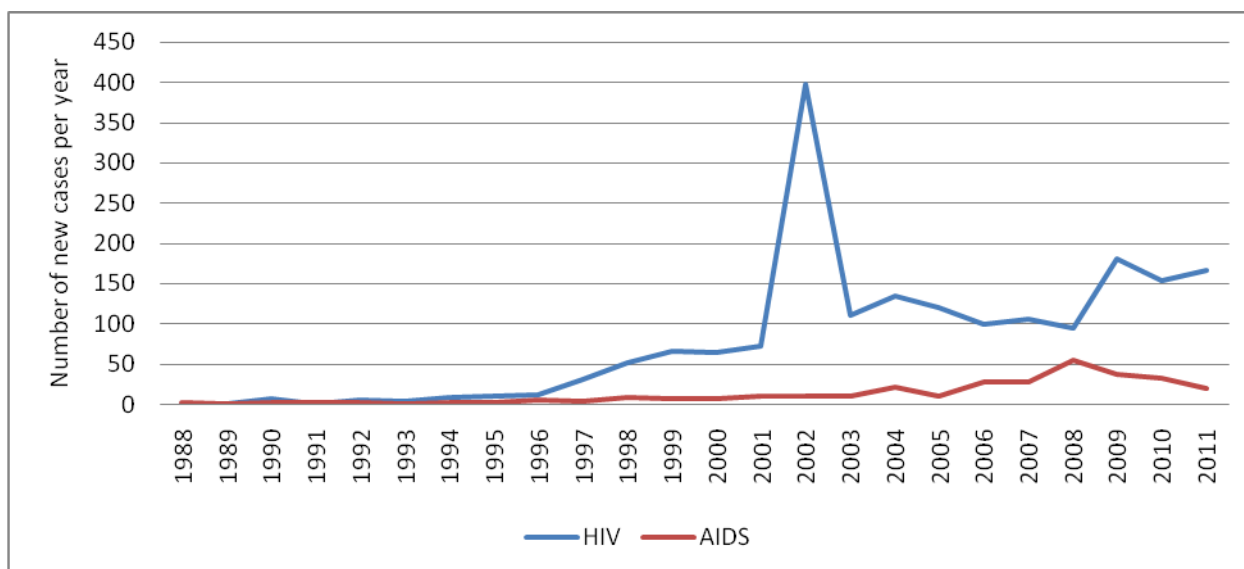
II. Overview of HIV/AIDS epidemic

The first HIV case in Lithuania was reported in 1988. During 1988-2011 (31 December 2011) 1900 cases of HIV infection were registered, of which 77 were identified among foreign citizens. At the end of 2011, 295 HIV-positive people with AIDS-related illnesses were registered. The total number of people who died with the diagnosis of AIDS in the period 1988-2011 was 114.

HIV cases were registered in all administrative units (60 municipalities) in Lithuania.

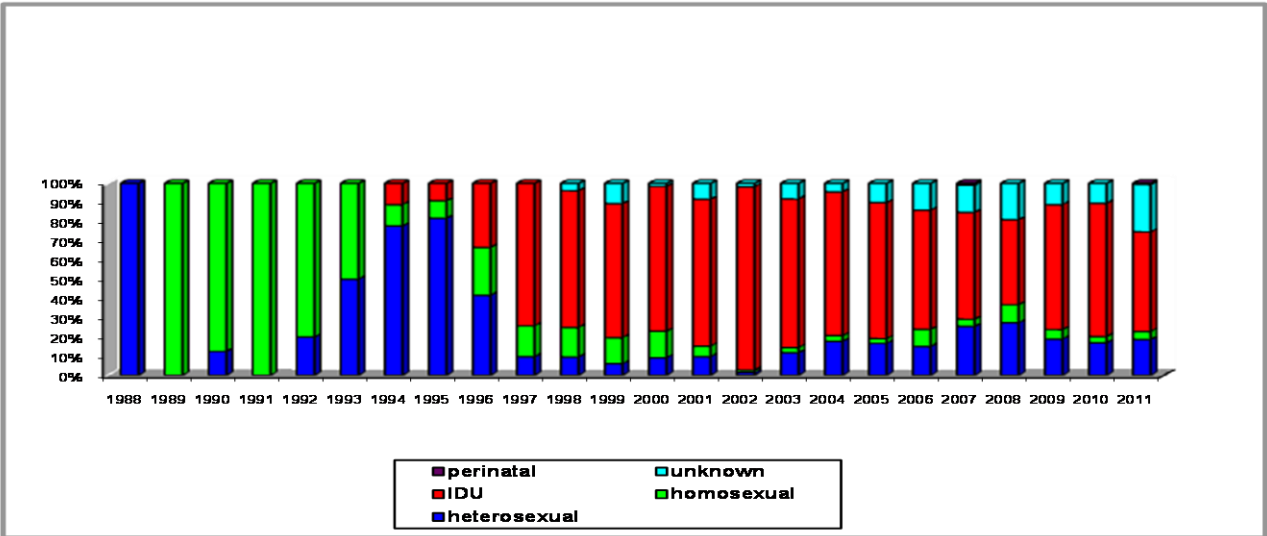
Following a long-term decline, the annual number of new HIV diagnoses in Lithuania slightly increased from 135 cases in 2004 to 166 in 2011 (Figure 1).

Figure 1. Number of HIV and AIDS cases in Lithuania, 1988 to 2011



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 2011 (Figure 2).

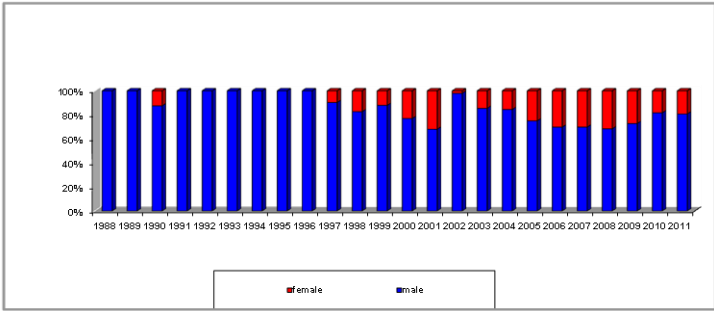
Figure 2. Registered HIV cases and transmission modes in Lithuania (1988-2011).



Cumulative number of HIV cases by the mode of transmission in 1988-2011: intravenous drug use – 70.4 % (n=1337) cases, heterosexual contact – 14.6% (n=277) cases, homosexual contact – 5.9% (n=113), perinatal – 0.1% (n=2), unknown – 9% (n=171) cases.

During the whole HIV reporting period 1573 HIV cases in males and 327 in females were registered. M/F cases ratio was: 3/1 and 4.8/1 2005 and 2011 respectively (Figure 3).

Figure 3. New HIV cases by gender in Lithuania 1988-2011



The age groups 25-29 and 30-34 years accounted for the major part of HIV cases. 85.8 percent of all cases were identified in the age group 20-39 years.

During the period 1988-2011 295 cases of AIDS were diagnosed in the country and 114 AIDS deaths registered.

III. National response to the AIDS epidemic

National HIV/AIDS and STI Programme 2010-2012

National HIV/AIDS and STI Prevention and Control Programme (2010-2012) is the key strategic document on HIV/AIDS prevention and control in Lithuania. National HIV/AIDS/STI Prevention and Control Programme 2011-2012 was approved by the Resolution of the Government of the Republic of Lithuania in 2010.

National HIV/AIDS and STI Prevention and Control Programme 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 Parliament 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.

Programme goal – to reduce the spread of HIV and STIs in Lithuania.

Programme tasks:

1. to improve the knowledge on HIV/AIDS/STI prevention of general population, especially of youth and high HIV/STI risk groups, to raise social tolerance towards people living with HIV;
2. to insure HIV and STI prevention in risk groups, to improve perinatal infection prevention;
3. to improve knowledge and competencies of medical and other specialists on issues of HIV/AIDS/STI prevention;
4. to improve accessible and acceptable early diagnosis of HIV and STI;
5. to improve HIV/AIDS/STI epidemiological surveillance and control, to develop quality control system in the laboratories involved in HIV/STI testing;
6. to assure safety of blood and blood products, organs and tissues by strengthening quality control of donor testing on HIV, syphilis, viral hepatitis

Coordinating Council on HIV/AIDS

Programme is being coordinated by the inter-agency Programme Coordinating Board formed by the Ministry of Health and composed of 26 members. Sectors represented in the Board are as follows: universities, ministries, mass media, scientific associations, Drug Control department, Municipalities Association, youth organisations, civil society. Programme is related to the National Public Health Care Strategy 2006-2013, National Security Strategy, Governmental Tuberculosis prevention and Control programme 2007-2010, Dependency treatment Programme 2009-2012, Family Planning and Sexual Education Programme and other legal acts.

Strategy planning efforts in the HIV Programme 2011 were rated “6” (9 in 2009), by the experts of various ministries on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”). The country developed an uniform framework strategy of HIV prevention and established a joint coordinating mechanism and an uniform M&E system. During the previous and current reporting periods, the political support for HIV programme received consistently high scores (8 and 6 in 2009 and 2011 respectively); efforts aimed to implement the HIV Prevention Programme (8 and 5 in 2009 and 2011 respectively); efforts aimed at treatment, care and support (8 and 6 in 2009 and 2011 respectively); the score of the M&E efforts of the HIV programme was 8 in 2009 and 8 in 2011.

Experts of civil society have rated the policies, local laws and regulations to promote and protect human rights in relation to HIV “2” on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), this rate in 2009 was “3”. The efforts to enforce the existing policies, laws and regulations were rated “1” (the same in 2009 - 1); the efforts in the implementation of HIV prevention programme were rated “2” (in 2009 - 3); the efforts in the implementation of HIV treatment, care

and support programmes were rated “1” both in 2011 and 2009. The efforts aimed to increase participation of civil society was rated “6” (4 in 2009).

Prevention.

Prevention, education and health promotion activities are carried out nationally by State and Territory Public Health services including the new public health authorities - Public Health Bureaus in municipalities (n = 33). Preventive measures were carried out at national level and in administrative territories.

Life skills-based HIV Education in Schools. Given the fact that HIV/AIDS education is being considered a priority issue, the following programmes were initiated: “Programme on preparation for family-life education and sexuality education” (Order 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. 1462, 17/09/2004; No.2567, 22/12/2007).

In 2010-2011 over 6 thousand of young people learned about HIV/AIDS prevention, life skills of safer behaviour, 2 thousand various specialists (physicians, social workers, public health specialists and others) improved knowledge on HIV/AIDS epidemiological surveillance and prevention; 5.5 thousand publications about HIV/AIDS and prevention were distributed, including 3 thousand leaflets, 2 thousand booklets and 5 hundred books, recommendations and other material of education. Schools all over the country participated in various contests, social actions, campaigns to commemorate the World AIDS day, to fight discrimination against HIV/AIDS, to talk openly about the problems related to HIV/AIDS. Many schools of the country implemented “Programme on preparation for family-life education and sexuality education” providing sexuality education, including HIV/AIDS prevention.

Mother-to-child transmission (MTCT) prophylaxis was applied to 9 HIV infected women of 10, who delivered in 2010. 9 newborns received antiretroviral prophylaxis to reduce early mother-to-child transmission.

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: 96,9% of adults and children with HIV were on treatment 12 month after initiation of antiretroviral therapy, upward trend (compared to 58.0%, 82.0 %, 85.4 %,96,9% in 2007, 2008, 2009, 2010, 2011 respectively).

HAART coverage: 66 % 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 2011/12/31– downward trend (compared to 78.5 %, 74.8%, and 72.7%, 60%, 66% in 2006, 2007, 2008, 2010, 2011 respectively).

Prevention of mother-to-child transmission coverage: 90% of HIV infected pregnant women received antiretrovirals to reduce mother-to-child transmission, upward trend (compared to 66.7 %, 90.0% and 84.6%, 92.3 % in 2006, 2007, 2008, 2009 respectively).

Co-management of TB and HIV treatment: In 2011, 20 HIV positive patients received treatment for both TB and HIV (compared to 38.5% and 57.1 %, 38.5 % in 2006, 2008, 2009 respectively).

Knowledge and behaviour change and Impact alleviation

Young people and general population

Data sources: During 2011, an anonymous questionnaire which contained information about socio-demographic characteristics and risk behaviour was filled out by 305 students of secondary schools. 6.6% of young people aged 15–19 reported having had the first sexual intercourse under the age of 15. 6.2 % of respondents aged 15–19 had sexual intercourse with more than one partner in the last 12 months. 63.2 % of respondents aged 15-19 reported having had more than one sexual partner in the last 12 months and condom use during the last time they had sex.

In 2011 the internet-based survey of young people aged 15-24 years was performed in the frame of the EU supported project H-CUBE (HBV/HCV/HIV: three different and serious threats for European young people. a network to study and to face these challenges in the participating countries, agreement No: 2008/12/07). Total number of respondents: 471 including 46.67% of females and 53.3% of males. 77% gave a correct answer to question "Can a healthy-looking person have HIV", 78.2% gave a correct answer to question "Can a person get HIV from mosquito bites" and 83.8% gave a correct answer to question "Can a person get HIV from sharing food with someone who is infected".

According to the data of survey, which was performed by the National Centre for Communicable Diseases and AIDS in 2011, of 101 respondents aged 15-29 years 82.2% gave a correct answer to question "Can a healthy-looking person have HIV"; 59.4% - to question "Can a person get HIV from sharing food with someone who is infected"; 41.6% - to question "Can a person get HIV from insect bites".

Sex workers (SWs)

Data sources: HIV Bio-behavioural survey in SW visiting the Centre for addiction disorders of seaport city Klaipeda.

A cross-sectional anonymous survey of 46 SWs was carried out in the year 2010.

All respondents were female, of them 32.6% were <25 years and 67.4% 25+ years.

32.6% of SW in 2010 reported having been tested for HIV during the last 12 months and being aware of the results. 15 SW were tested for HIV and one was HIV (+) positive. In 2009 no HIV cases among SW were reported.

Men who have sex with men (MSM)

Data sources: EMIS (European MSM Internet Survey). Respondents were visitors of various internet websites, where they could find Lithuanian questionnaire (n=595). The survey was performed in period of 04.07.2010-31.08.2010

Behaviour:

42.3% of MSM reported having used a condom the last time they had anal sex with a male partner.

Prevention interventions:

19.8% of MSM reported having been tested for HIV during the last 12 months and being aware of the results.

1.5% (N=9) MSM of all survey respondents reported positive HIV diagnosis. In 2009 HIV prevalence among MSM was 2.7%.

IDU

A cross-sectional anonymous survey of current IDUs was performed by the National Drug, Tobacco and Alcohol Control Department in the low-threshold sites providing harm reduction services (n=720). Data were collecting in 2010 in the whole country.

Behaviour:

77.4% of IDUs reported having used sterile injecting equipment the last time they injected drugs. 29.3% of IDUs reported having used a condom the last time they had sex.

Prevention interventions:

64.4% of IDU reported having been tested for HIV during the last 12 months and being aware of the results.

11.9% of IDU reported HIV (+) status. According National HIV surveillance data, HIV prevalence among IDUs was 4.2% in 2010. HIV prevalence among IDUs in 2008 in Vilnius was 8 %.

IV. Best practices

HIV awareness campaign “Breaking the Silence” in Lithuania - evaluation

The major source of information about HIV/AIDS for general population in Lithuania in 2011 was TV, press and Internet -70%, 42%, 32% respectively. HIV awareness campaign “Breaking the Silence” initiated by the Centre for Communicable Diseases and AIDS together with the organizers of the “Eurobasket 2011” is an Information, Education and Communication (IEC) campaign aimed at raising awareness of HIV/AIDS amongst general population, reducing HIV stigma and expanding voluntary HIV testing. IEC campaign - mass media and famous people were involved in dissemination of campaign related information; NBA basketball stars (born in Lithuania) encouraged people to take care of their health and pay attention to HIV related problems; high school “Flashmob” competition was organized (www.ulac.lt/uztekstylet/). HIV testing campaign - HIV rapid test was available (free of charge) in 6 major cities (Vilnius, Kaunas, Klaipeda, Siauliai, Alytus, Panevezys).

HIV awareness campaign results: testing: during 5-month period (August-December 2011), 686 persons (F/M=333/353) were tested for HIV with 5 HIV(+) cases reported. With regard to age, the majority 75% (n=517) of tested were >25years of age, 23,1%(n=159) were 18-24 years of age. IEC campaign: 2 press conferences with NBA basketball stars were held, several press releases and bulletins were issued, the campaign webpage was developed and the campaign souvenirs, posters, booklets and stands on the topic “Get tested for HIV - protect yourself and others“ were prepared. Two awareness marches “Breaking the Silence” together with Lithuanian State Brass Orchestra “Trumpet” were organised in 2 biggest cities. More than a hundred schools (>2000pupils) participated in the campaign competition “Flashmob” with videos posted in YouTube aimed at raising HIV awareness among young people. The awareness campaign methods

were presented at 13th European AIDS conference/EACS, held in Belgrade in 2011. Six partners from private sector were involved. Conclusion. The campaign encouraged to get tested for HIV, enabled to reduce HIV/AIDS stigma and foster awareness among general population, assess individual risk behaviour and strengthen the private and public sector collaboration.

V. Major challenges and remedial action

New network of institutions – Public Health Bureaus in municipalities (33) were involved in HIV prevention activities, education of young people, which allowed young people to enhance awareness about HIV/AIDS. Important legislation has been produced or updated and official bodies dealing with HIV have been restructured. The involvement of civil society has improved (large participate in HIV/AIDS/STI coordinate board composed 34% NGO members). During the reporting period, training (UNODC project) on HIV prevention issues (harm reduction, advocacy) was provided to civil society, health care, public health workers.

Future strategies should address the following problems:

- 1) Targeted HIV prevention activities among injecting drug users in all regions of the country;
- 2) HIV/TB co-infection surveillance and treatment
- 3) The funding of ART in prisons with the aim to increase access to ART
- 4) Behavioural change interventions among high - risk groups (especially in municipalities)
- 5) BBS among MSM
- 6) More IEC campaigns for general population especially for young people
- 7) HIV prevention services development in primary health care institutions
- 8) Political commitment to respond to the HIV epidemic in municipalities
- 9) Effort coordination between governmental and non-governmental organizations

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. HIV/AIDS/STI and Hepatitis Surveillance Unit operates in the National Centre for Communicable Diseases and AIDS under the Ministry of Health. Following the order established by legal acts, the HIV/AIDS/STI and Hepatitis Surveillance Unit collects, analyses and accumulates data on HIV/AIDS/STI incidence rates among Lithuanian residents, registers and records HIV-carrying and HIV disease cases (administers the HIV/AIDS/STI data basis), within its scope coordinates and methodically supervises HIV/AIDS/STI surveillance in all health care institutions; develops annual report on HIV/AIDS epidemiological situation, HIV/AIDS response. Report is available on the website of the national Centre for Communicable Diseases and AIDS www.ulac.lt. HIV information system is functioning at the national, district and municipality levels.

The key objectives in 2012-2014 on monitoring and evaluating the HIV/AIDS situation in Lithuania:

- 1) to implement second generation surveillance system and to improve sentinel surveillance coverage ;
- 2) to expand dependency treatment programmes in primary health care institutions;
- 3) expand the availability and monitoring of ART in prisons;
- 4) to improve antiretroviral therapy monitoring, adherence to ARV in particular.