

**ESTONIAN PROGRAM OF GLOBAL FUND TO FIGHT AIDS,
TUBERCULOSIS AND MALARIA
10.2003-09.2007**

GENERAL INFORMATION

Estonia applied to the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) in September 2002. The application was approved and the agreement signed in September 2003. Estonian program was divided to two phases – the first phase lasted from October 2003 to September 2005 and the second one from October 2005 to September 2007.

The program consisted on activities and objectives targeted at six sub-populations. The objectives were related to decreasing the risk behaviour of different target groups and increasing the life quality of people living with HIV and AIDS. Separate objective was aimed at increasing the capacity of partner organizations involved in program implementation.

The objectives of Estonian 4-year GFATM Program were:

- To reduce risk behaviour of adolescents and young people and to increase knowledge on HIV related issues among children and young people aged 10-24.
- To reduce the risk of harm faced by injecting drug users (IDU).
- To reduce the risk of harm faced by commercial sex workers (CSW).
- To prevent HIV transmission in prisons.
- To reduce the risk behaviour of men who have sex with men (MSM) and to increase their knowledge on HIV related issues.
- To improve the quality of life of people living with HIV and AIDS (PLWHA) by improving access to social support and health care.
- To increase the institutional capacity and build cooperation amongst organisations taking part in the program.

First disbursement from GFATM was received in December 2003 and the implementation of different services started from January 2004. Services were divided to more than ten intervention areas. Program years differed from the calendar years:

- First GFATM Program year: 10.2003-09.2004;
- Second year: 10.2004-09.2005;
- Third year: 10.2005-09.2006;
- Fourth year: 10.2006-09.2007.

All together 26 non-governmental organisations (NGO), private companies, hospitals and prisons have been involved with implementing the program. Estonian Country Coordinating Mechanism (CCM) chose National Institute for Health Development (NIHD) to be the Primary Recipient and coordinator of the grant. In the institute four staff members were directly involved with the GFATM Program – program manager, financial manager and two analysts dealing with monitoring and evaluation issues. CCM consisted on representatives

of ministries, NGOs, private companies and local governments. PricewaterhouseCoopers acted as a Local Fund Agent for overseeing the grant performance in Estonia.

Organisations involved in implementing the program:

- Addiction Treatment Centre (methadone treatment),
- Anti-Liew and Sole Care Foundation (youth peer education),
- Association Anti-AIDS (educating youth),
- AIDS Information and Support Centre (needle exchange),
- AIDS Prevention Centre (educating youth, support services for PLWHA),
- Convictus Estonia (needle exchange, educating and consulting convicts, support services for PLWHA),
- East-Viru Central Hospital (ARV treatment, health monitoring for uninsured PLWHA),
- ESPO Society (support services for PLWHA),
- Estonian Gay League (Gay and Lesbian Information Centre),
- Estonian Sexual Health Association (educating youth, media campaign),
- Ida-Viru Psychological Help Centre (educating youth),
- JSC Corrigo (needle exchange, methadone treatment, support services for PLWHA),
- Health Center "Elulootus" (methadone treatment, health care services for CSWs),
- Hospital "Aasa" (methadone treatment),
- Kersti Võlu Training Centre (educating youth),
- Living for Tomorrow (youth peer education).
- Narva Hospital (ARV treatment, health monitoring for uninsured PLWHA),
- National Institute for Health Development (media campaign),
- NGO Lifeline (consulting CSWs),
- NGO "We Help You" (needle exchange, support services for PLWHA),
- Partners for Local and Regional Development (youth peer education),
- Rehabilitation Centre for Alcoholics and Drug Addicts in Narva (needle exchange, support services for PLWHA),
- Tallinn Prison (condom distribution in prisons),
- Tartu Prison (counselling accompanying HIV-testing),
- Tartu University Hospital (ARV treatment, health monitoring for uninsured PLWHA),
- West-Tallinn Central Hospital (ARV treatment, health monitoring for uninsured PLWHA, methadone treatment),
- Wismari Hospital (methadone treatment)

For four years Estonian HIV/AIDS prevention received additional support worth of 10.25 million USD equalling to about 136 million EEK – 50.5 millions during the first and 85.5 millions during the second program phase. Distribution of the funds between program objectives is given in Table 1. Data in the table also includes sums related to closing and evaluating the program by NIHD in the last quarter of 2007 (under the costs of year IV).

Table 1: Costs of Estonian GFATM Program according to program years, EEK

| Activity filed | Year I | Year II | Year III | Year IV | TOTAL |
|---|-------------------|-------------------|-------------------|-------------------|--------------------|
| Objective 1: youth | 5 356 370 | 2 824 300 | 3 740 440 | 4 134 650 | 16 055 760 |
| Objective 2: IDUs | 6 290 130 | 6 577 780 | 9 213 150 | 12 300 730 | 34 381 790 |
| Objective 3: CSWs | 683 080 | 703 480 | 705 200 | 918 760 | 3 010 520 |
| Objective 4: convicts | 982 450 | 663 970 | 755 880 | 868 530 | 3 270 830 |
| Objective 5: MSM | 1 424 760 | 759 370 | 544 300 | 503 820 | 3 232 250 |
| Objective 6: PLWHA | 5 105 880 | 8 841 130 | 11 350 350 | 31 579 040 | 56 876 400 |
| Coordination, audits and training partner organisations | 2 866 100 | 3 836 890 | 2 220 540 | 4 619 590 | 13 543 120 |
| Monitoring and evaluation | 590 830 | 2 940 210 | 588 500 | 1 374 300 | 5 493 840 |
| KOKKU | 23 299 600 | 27 147 130 | 29 118 360 | 56 299 420 | 135 864 510 |

ACTIVITIES AND RESULTS

YOUTH

Educating school children

Estonian Sexual Health Association conducted trainings for young people at V-XII grades during the whole program period. Courses were held at schools during classes and one course lasted for 1,5 hours. In the summer time specialists also visited camps for youth. The course comprised on a lecture to provide factual knowledge and on guided discussions, games and practical exercises to increase knowledge and develop skills and attitudes. During the first two years of the program training courses found place all over Estonia and in second program period intervention was implemented in North- and East-Estonia (Harjumaa and Ida-Virumaa). All together 68 957 pupil were educated during four GFATM Program years (see Figure 1) – 42% of them in Harjumaa, 33% in Ida-Virumaa and 25% in other regions of Estonia.

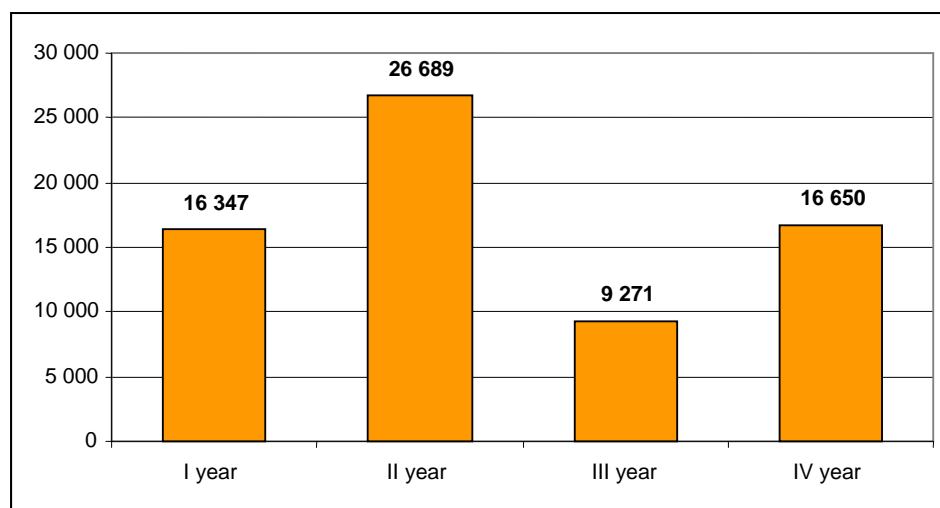


Figure 1: Number of educated school children in grades V-XII according to program years

Educating young people in vocational schools

Four organisations have been involved with educating vocational school students – AIDS Prevention Centre, Association Anti-AIDS (01.2004-09.2005), Ida-Viru Psychological Help Centre (10.2005-04.2006) and Kersti Võlu Training Centre (06.2006-09.2007). Training course for one group lasted for 3 hours and following topics were covered: HIV/AIDS and STIs, safe sex, social activities and skills to reduce risk behaviour. Lecture was combined with group work, exercises and discussion. Each organisation had their training program and methodology. During the first phase of the program trainings were conducted all over Estonia and during the second period in two counties in North- and East-Estonia which are Harjumaa and Ida-Virumaa.

All together 15 373 young people were educated (see Figure 2) – 49% of them in Harjumaa, 42% in Ida-Virumaa and 9% in other regions of Estonia. In case of vocational school students as well as school children, the most active intervention year was the second year of the GFATM Program (10.2004-09.2005).

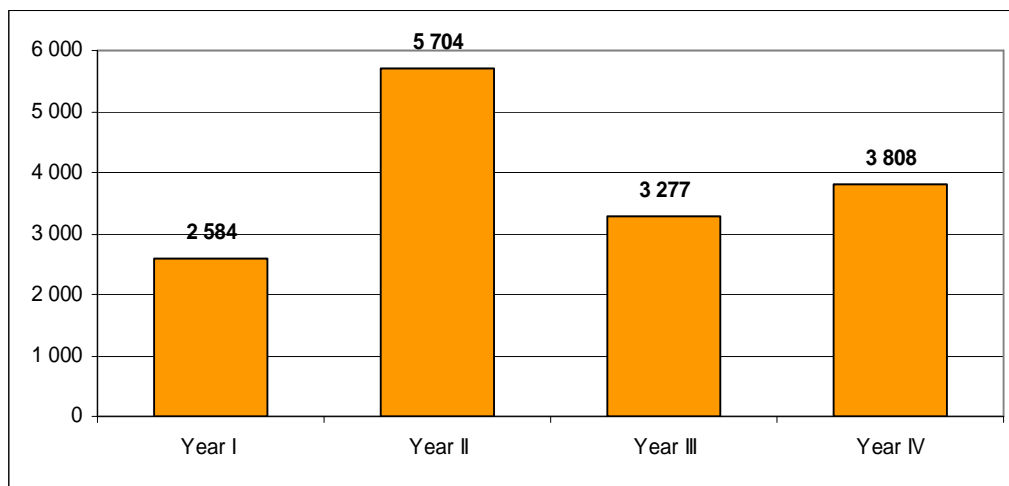


Figure 2: Number of educated vocational school students according to program years

Educating recruits and youth at welfare institutions

Association Anti-AIDS was also involved with educating recruits, young people in welfare institutions and orphanages and youth with special needs (state schools) all over Estonia. Recruits were trained on HIV and AIDS related issues during all four program years; other groups were added in the second phase of the program (10.2005-09.2007). 3-hour courses were held all over Estonia and those were covering topics like risk for HIV-transmission during sex and when using drugs, safe sex, negotiation and refusal skills. Also here interactive methods were used.

During the whole program Association Anti-AIDS educated 1 362 recruits, 2 780 young people in welfare institutions and orphanages and 1 386 young people with special needs (see Figure 3). That is all together 5 528 young people.

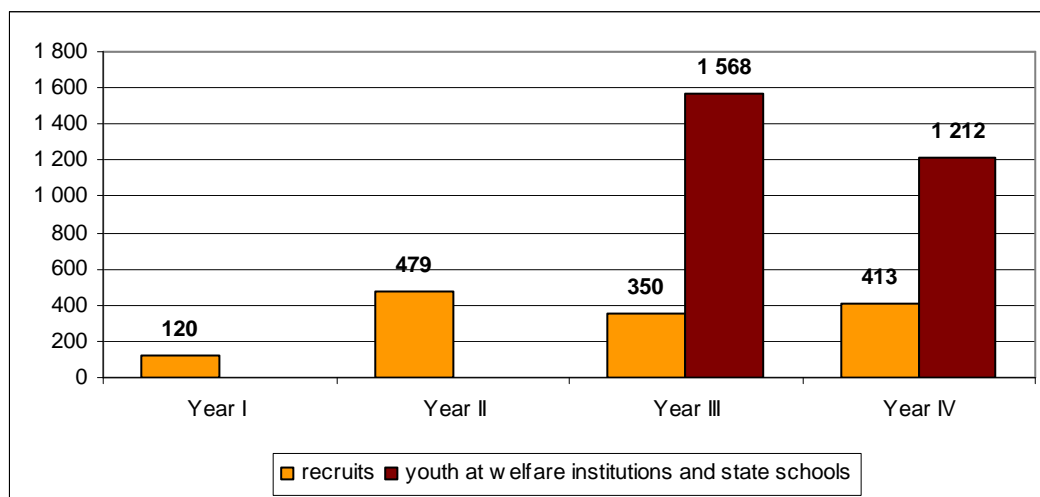


Figure 3: Number of educated recruits, youth in welfare institutions and state schools according to program years

Youth peer education

Interventions under youth peer education were implemented in two stages. During the program phase one three organisations trained new peer educators. For that Living for Tomorrow organised six-day seminars in the North- and Mid-Estonia. The seminars were structured by topics (such as relations between men and women, sexuality, safe sex, drug addition, prostitution, HIV/AIDS) and interactive methods were used to encourage young people to communicate and cooperate with each other. Anti-Liew and Sole Care Foundation and Partners for Local and Regional Development used a similar 4-day training program. Anti-Liew and Sole Care Foundation prepared peer educators in North- and East-Estonia and the other organisation in South- and West-Estonia. The courses provided information on HIV/AIDS, STIs, means of protection, safe sex and the risks of drug use, and instructed the participants in peer education methods. All together three NGOs trained 441 young peer educators.

During the second GFATM Program period trained peer educators contacted other young people for giving knowledge and discussing about HIV and AIDS, safe sex and other related issues. Young people contacted were school mates, acquaintances, peers met in specially organised prevention events, etc. By the end of the program 278 people belonged to the network of peer educators in those three organisations and during the second phase of the program they had 28 971 contacts with other peers (peers consulted and participants of special prevention events).

Campaign

In the first program year Estonian Sexual health Association organised a campaign “For Love!” targeted at 15-24-years old young people. Campaign consisted on three parts. First presenting the campaign clip and posters (two TV channels, posters in Tallinn, Tartu and Narva) and organising a charity concert in Town Hall Square in Tallinn in spring 2004. It was followed by preventive events in three nightclubs (Tallinn, Narva and Tartu), accompanied by thematic TV programs in two channels in December 2004. The campaign was concluded in May 2005 with a social art exhibition in Tammsaare Park in Tallinn.

During the second phase of the program one campaign per year was organised by the National Institute for Health Development. Both campaigns had the same main message – “Do not participate in a lottery, use a condom!”. In 2006 the target group were young people

aged 19-29 all over Estonia and in 2007 youth aged 16-24. In spring 2006 campaign posters were presented in Tallinn, Rakvere and two towns in East-Estonia. The TV clip was presented in three channels and the radio clip in five channels. Estonian as well as Russian media channels were included. In May 2007 posters were presented in bus stops and inside busses, trams and trolleybuses in eight towns (Tallinn, Rakvere and 6 towns in East-Estonia). TV clips were shown in an Estonian and a Russian TV channel. In both years a campaign website www.hiv.ee was advertised and in the several Internet sites for young people ads were presented with a link to the campaign website. In both years an open air event was organised in AIDS Victims Memory Day in May in the centre of Tallinn.

In case of all aforementioned interventions (educating youth, peer education, campaigns) condoms and information materials were distributed to youth – 198 325 condoms and 99 508 information materials during the four years of the GFATM Program.

Program objectives

An optimal set of indicators for following the progress of the program were set in the attachment of the contract signed between the GFATM and the NIHD. NIHD was reporting to the GFATM according to those indicators quarterly. After every program year targets set were adjusted according to the real results achieved in agreement with the fund. In several cases it meant increasing the targets since it had been possible to achieve bigger numbers than first planned. In some cases it meant decreasing the target since it was not possible to implement the activity in the way that was originally planned.

The planned end results of the whole program for objective 1 were:

- 84 700 young people have been educated on HIV/AIDS related issues,
- youth peer educators have had 18 380 contacts with young people.

Both of these targets were achieved. All together 88 472 school children, vocational school students, recruits and young people in welfare institutions participated in a training. Peer educators had 28 071 contacts with other youth for discussing HIV and AIDS related issues.

Two indicators were set for measuring the risk behaviour and level of knowledge of young people that are presented in Table 2. Data has been collected every second year starting from 2003 and the data represents young people all over Estonia. A simple random sample was established in the strata of the general set and data was collected with self-administered questionnaires.

According to the objectives of the program the target for 2007 was that 85% of the youth aged 15-24 has correct knowledge on HIV-transmission and 60% always used a condom during intercourses with casual partners in last 12 months. Knowledge indicator consists of three questions – related to using a condom, having one faithful sex partner and sharing a syringe when injecting. Those young people are considered to have a correct knowledge who answered correctly to all three questions. The condom use is observed among those young people who have had sexual intercourse with a casual partner during the last 12 months. From the table 2 it is seen that in case of knowledge the target is almost achieved, but on condom use the result is 10% lower than planned.

Table 2: Indicators on knowledge and condom use of young people in 2003-2007

| Indicator | baseline | 2005 | 2007 |
|--|----------|------|------|
| | 2003 | | |
| Percentage of young people aged 15-24 with correct knowledge on HIV transmission* | 53 | 81 | 82 |
| Percentage of young people aged 15-24 reporting consistent condom use with casual partners during last 12 months | 46 | 48 | 50 |

* For better understanding the wording of two knowledge questions was modified in 2005. Therefore the data of 2003 and 2005 are hard to compare.

INJECTING DRUG USERS

Needle exchange

Five organisations were offering needle exchange services in the framework of the GFATM Program in Estonia – Convictus Estonia and AIDS Information and Support Centre in Tallinn, Rehabilitation Centre for Alcoholics and Drug Addicts, NGO “We Help You” and JSC Corrigo (since 11.2006) in East-Estonia. 19 needle exchange sites (NES) were operating in the beginning of 2004 and in September 2007 the number of sites was 25. Nineteen of those are located in all towns of East-Estonia and 6 in Tallinn/Harjumaa. Sixteen NES are outreach work. In the framework of needle exchange programmes drug users are offered free syringes, needles, condoms, information materials and counselled in the issues related to HIV/AIDS and drug use.

438 053 visits have been made to the NES from the beginning of 2004 to September 2007. During that period there were 10 902 first time visitors and by the end of the GFATM Program about 4 400 multiple visitors with client cards. Additionally to the IDUs with client cards multiple visitors are also those who do not have the client card (have lost it or do not want to have it), but get their injecting equipment from the NES. 65% of the visits have been made to the needle exchange sites in East-Estonia and 35% to sites in Tallinn. The amount of visits per year has increased a lot during the four years of the program – nearly five times when comparing the first and the last program year (see Figure 4). The number of first visitors in different program years was: 2 552 new clients in the first year, 2 449 in the second, 2 737 in the third and 3 164 during the last year.

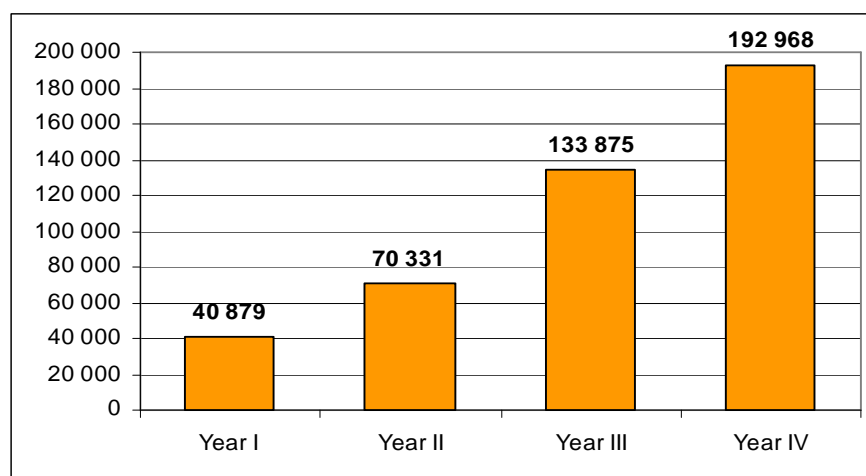


Figure 4: Number of visits to needle exchange sites according to program years

Also the amount of equipment distributed to IDUs has increased – 5.5 times more syringes and 3.5 times more condoms were distributed during the IV year compared to the first program year (see Figure 5). All together 4 488 062 new syringes, 1 766 712 condoms and 158 742 information materials were given to the target group. Additionally needles and alcohol patches were distributed. 72% of all syringes were given out in NES of East-Estonia and 28% in Tallinn/Harjumaa. IDUs returned 2 457 924 used syringes to the needle exchange which is 55% of all distributed syringes.

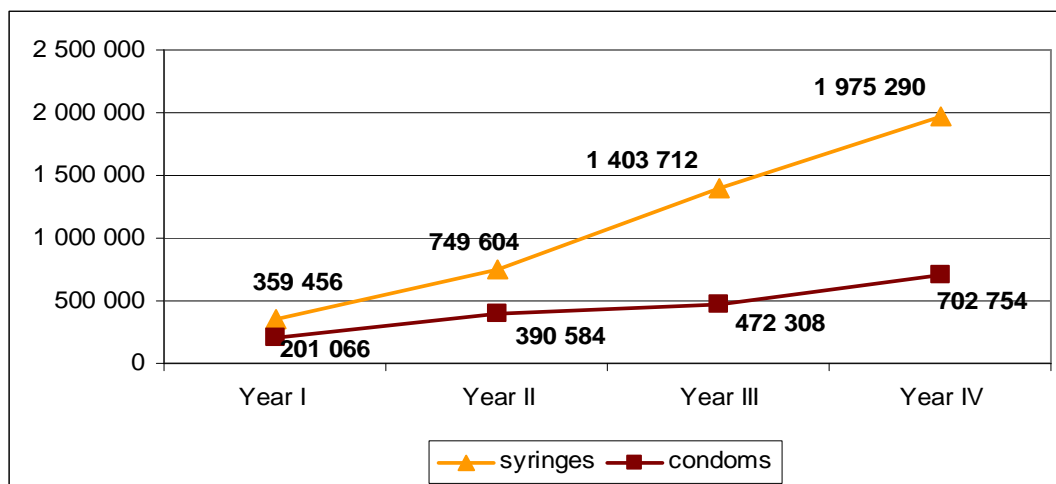


Figure 5: Number of syringes and condoms distributed in NES according to program years

Methadone treatment

During the GFATM Program methadone substitution treatment was offered in Tallinn and four towns in East-Estonia (Ida-Virumaa). Service providers were Addiction Treatment Centre, JSC Corrigo and Hospital “Aasa” (starting from 05.2006) in East-Estonia, Health Centre “Elulootus”, Wismari Hospital (starting from 02.2006) and West-Tallinn Central Hospital (starting from 05.2007) in Tallinn. All together there were 8 methadone distribution sites by the end of the program. The aim of the methadone therapy in HIV prevention is to substitute intravenous drugs with orally administered methadone, thereby preventing transmission of HIV through syringe sharing with other drug users.

By the end of the first program year there were 186 people in therapy. By September 2007 this number was 3.5 times higher – 654 clients. 71% of all people in methadone substitution treatment were PLWHA.

Program objectives

NIHD reported the number of clients in needle exchange, syringes distributed and people in methadone treatment to the GFATM on quarterly bases. The planed end results of the program were:

- 9 150 new clients have visited needle exchange,
- there are 5 000 multiple clients with client carts registered in needle exchange,
- 5 089 400 syringes have been distributed to IDUs,
- 840 people are in methadone substitution therapy.

In case of IDUs several targets have not been completely reached despite of the fact that the volume of services has increased a lot during those four years. During 01.2004-09.2007 in total 10 902 new clients came to the needle exchange and the amount of multiple clients with client cards was 4 358 by the end of the program. 4 488 062 syringes were distributed to the

target group which is 88% of the planned amount. By the end of September 2007 654 people were getting methadone which is 78% of the planned result.

Reaching the objectives related to risk behaviour of IDUs were measured by two indicators annually. In case of new clients the sample included all IDU who came to the NES at the first time and agreed to fill out the self-administered questionnaire. In case of multiple visitors a quota sample was compiled separately for each participating NES and the sample size was 400 each year. The number of questioned first visitors has been 1218-1810 per year.

The objectives of the program related to behaviour of IDUs were: by 2007 86% of multiple visitors of needle exchange sites did not share syringes with others during last four weeks and 83% of them used a condom during last sexual intercourse. Firstly mentioned objective is achieved and the amount of IDUs who used a condom during last intercourse is 5% less than expected. In 2006 that objective was achieved when the target was 80% and the same amount of multiple clients of NES used a condom (see Table 3).

Also an indicator “HIV-prevalence among IDUs” was measured twice during the program period – in spring-summer 2005 and 2007. In both years data collection took place in Tallinn and in Kohtla-Järve (East-Estonia) and the data collected therefore represents IDUs in two Estonian towns. In 2005 the sample size in Tallinn was 350 and HIV-prevalence in Tallinn was 54%. In 2005 the sample size in Kohtla-Järve was 100, as an additional control sample to Tallinn, and the HIV-prevalence of this small sample was 90%. In 2007 the sample size in both towns was 350 IDUs. The HIV-prevalence figure in Tallinn was 55% and in Kohtla-Järve 70%. Data was collected using Respondent Driven Sampling methodology. Presented HIV-prevalence figure has been calculated using SPSS data analysis program. The objective was to keep the prevalence number stable.

Table 3: Risk behaviour indicators of injecting drug users 2003-2007

| Indicator | baseline 2003 new clients | 2004 multiple clients | 2005 multiple clients | 2006 multiple clients | 2007 multiple clients |
|--|---------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| Percentage of IDUs visiting needle exchange sites who report never sharing syringes during last month. | 52% | 80% | 75% | 89% | 89% |
| Percentage of IDUs visiting needle exchange sites who report condom use at last sex. | 51% | 79% | 72% | 80% | 78% |

COMMERCIAL SEX WORKERS

Health care and counselling services

Services for CSWs were provided by two organisations in Tallinn. Health Centre “Elulootus” offered testing for HIV and sexually transmitted infections, treatment of STIs, thematic counselling, and distributed safe sex means and information materials. A day centre operating next to the healthcare services was supported from the GFATM Program during the phase one (until 09.2005). At the end of 2005 the NGO Lifeline started activities in this field. In the framework of the GFATM Program consultations were provided in the counselling centre Atoll and during outreach work on the topics of STIs, HIV, safe sex and other related issues and. NGO Lifeline also distributed safe sex means. During a study on

CSWs in 2006 JSC Medisfäär offered gynaecological checkup and treatment for STIs for those CSWs who participated in the study.

The amount of visits to health care centre has increased during the program implementation period. In total 3 459 visits were made and 1 357 new clients received in four program years (see Figure 6). The day centre was visited 1 705 times during the phase one of the GFATM Program and 402 of those were first time visits. NGO Lifeline offered counselling 984 times during the third and fourth year of the program. 14 466 condoms, 126 616 lubricants and 11 579 information materials were distributed to CSWs. The amount of safe sex means distributed according to the program years is presented in Figure 7.

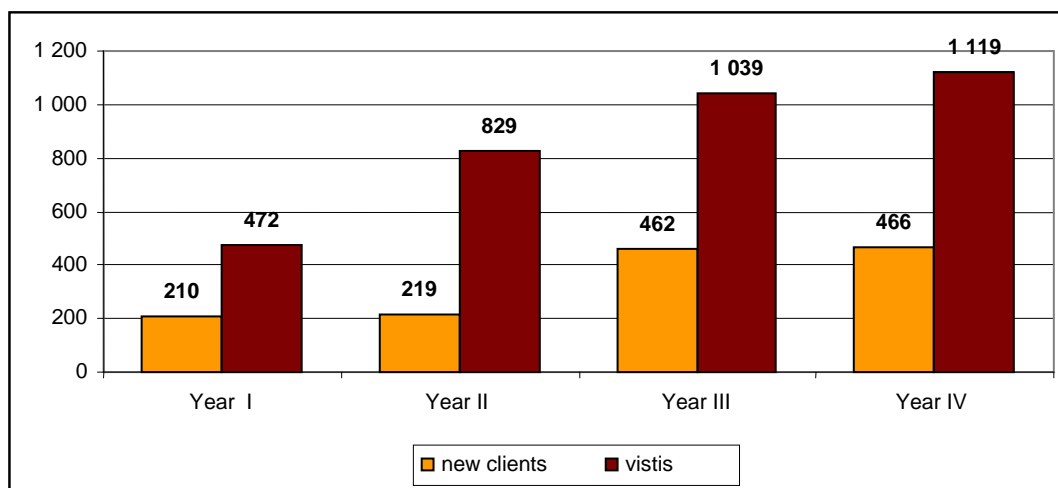


Figure 6: Number of new clients and visits to health care services according to program years

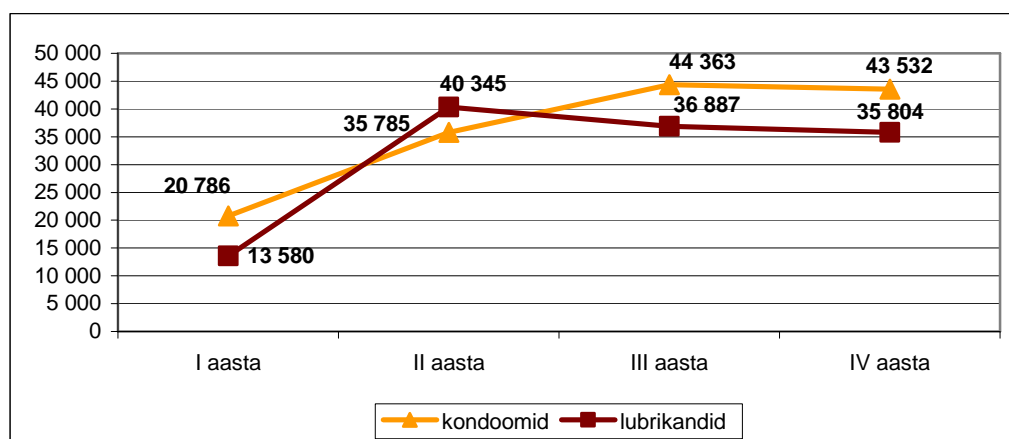


Figure 7: Number of condoms and lubricants distributed to commercial sex workers according to program years

Program objectives

The target of the GFATM Program was to reach 1 350 new clients of health care services during four program years. The amount of new visitors was 1 357.

The risk behaviour of the target group was measured by the indicator on condom use with a client during last four weeks. Data was gathered annually. The sample of new clients included all who agreed to fill out the self-administered questionnaire during a year. The questioning period for multiple clients was two months and all were questioned who came to

the centre and agreed to fill out the questionnaire. The amount of questioned multiple visitors has been 50-72 in different years and at least twice as much in case of new clients.

The objective of the program was that by 2007 95% of multiple visitors of health care services always used a condom during sexual intercourse with a client in last four weeks. This objective was achieved (see Table 4).

Table 4: Risk behaviour indicator of commercial sex workers 2004-2007

| Indicator | baseline 2004 new clients | 2004 multiple clients | 2005 multiple clients | 2006 multiple clients | 2007 multiple clients |
|---|---------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| Percentage of CSWs reached with VCT services who report consistent condom use with clients during last month. | 77% | 78% | 94% | 96% | 96% |

CONVICTS

Support groups and consultations

Convictus Estonia organised support groups for PLWHA, consultations and lectures for people under preliminary investigation and convicts in all prisons under the activities of the GFATM programme. There were 9 support groups in the first quarter of 2004 and by the end of the program the number of support groups increased to 21. In the course of the four years 767 prisoners have been involved in support group activities (538 of them were released in the meantime). The members of the support groups engaged in group work and trainings to discuss the issues related to HIV and AIDS. Also various manual activities were organised. There were a total of 2 905 individual consultations and 11 111 people participated in information hours during the GFATM Program. The scale of the activities has been the biggest in the third program year (see Figure 8).

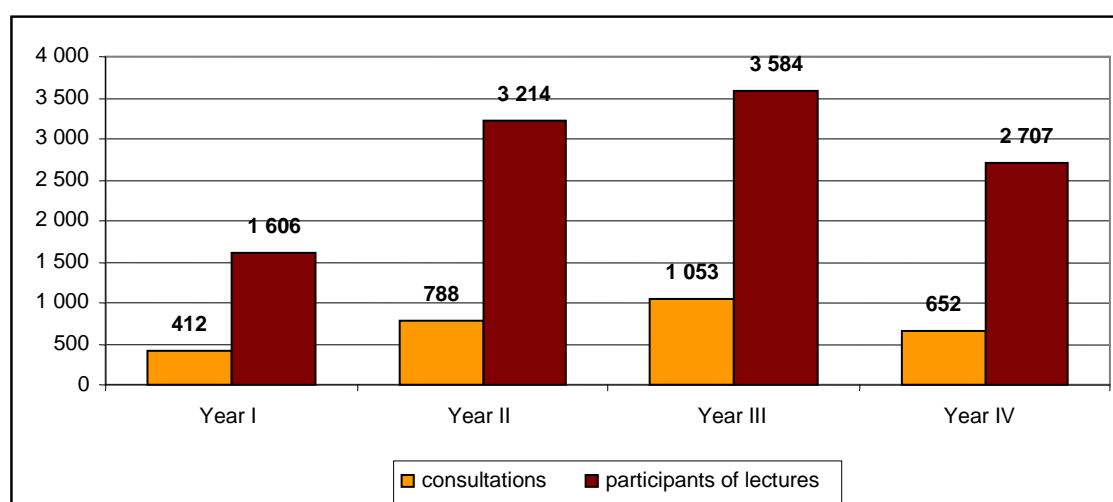


Figure 8: The number of consultations made and convicts participated in lectures according to program years

Condoms have been distributed to convicts through Tallinn Prison and Convictus Estonia – 3 316 during the first program year, 27 420 during the second, 13 390 during the third and 10 147 condoms in the last program year. In the phase one (until 09.2005) pre- and post-test

consultations accompanying HIV-testing were supported in Tartu Prison. Counselling was offered 2 588 times in total.

Program objectives

According to the contract between the GFATM and NIHD the planed end results of the program were:

- 580 convicts have participated in support group activities for PLWHA,
- 14 440 convicts have received individual consultations or participated in lectures.

Those targets were achieved – in total 767 convicts took part of the support group activities and 14 016 (97% of the target) participated in lectures or were consulted during the period 01.2004-09.2007.

Under objective 4 no indicators related to risk behaviour or knowledge were set in the contract between NIHD and GFATM. Despite that questionings were organised among the new and regular members of support groups and a big study implemented among convicts in general in 2004 and 2006. The lastly mentioned study used a random sample based on prison sections (the sample size was 807 in 2006 and 412 in 2004). In Table 5 the percentage of convicts who marked that they have been tested for HIV during the time of imprisonment is presented. This percentage has increased by 2006 when compared to 2004.

Table 5: Indicator on HIV-testing among convicts 2004, 2006

| Indicator | baseline 2004 | 2006 |
|---|------------------|------|
| Percentage of convicts who have been tested for HIV during imprisonment | 61% | 74% |

MEN WHO HAVE SEX WITH MEN

Information centre and distributing condoms

In the framework of the GFATM Program Gay and Lesbian Information Centre (GLIC) was opened in June 2004 by the Estonian Gay League in Tallinn. The centre gave information on sexuality, safe sex and the related issues to the target group and dealt with the rights of the homosexual people, parenting issues, etc. Contacts with the target group were established on site as well as by phone and e-mail. A website www.gay.ee was created. Condoms, lubricants and information materials were distributed in the centre as well as in all seven gay-oriented bars, clubs and a sauna.

The GLIC received 3 565 visits and had 14 205 contact with the target group (see Figure 9). All together 458 550 condoms, 450 200 lubricants (see Figure 10) and 76 640 information materials were distributed to MSM. Program year two was the most active year for the GLIC. From the phase two of the program the amount of safe sex materials distributed to the target group was decreased, since a decision was made to increase the proportion of services targeted at IDUs and PLWHA in last two years of the GFATM Program.

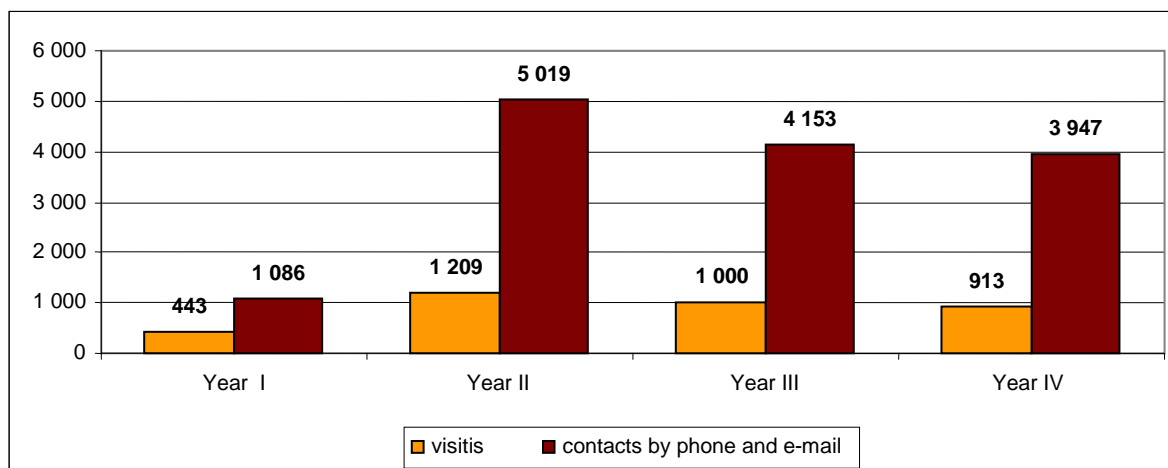


Figure 9: Number of contacts in the Gay and Lesbian Information Centre according to program years

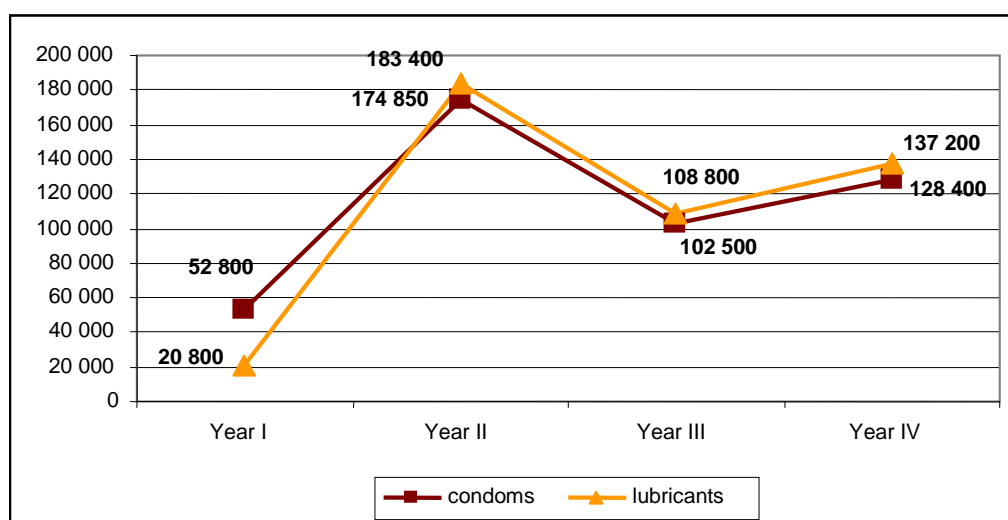


Figure 10: Number of condoms and lubricants distributed to men having sex with men according to program years

Program objectives

On quarterly bases NIHD reported to the GFATM number of contact through GLIC – that is visits and contacts by phone or e-mail. The target was to have 17 150 contacts by the end of the program and the total number of contacts in the centre was 17 770.

In year four of the program the indicators on distributing condoms to CSWs, convicts and MSM were merged to one indicator and the target was to distribute 698 200 condoms in those target groups by the end of the program. 657 289 condoms were distributed (94% of the target).

The proportion of MSM who have correct knowledge on HIV transmission and used a condom during last anal sex was also reported to the GFATM. Data was collect in spring 2004, autumn 2005 and autumn 2007 among MSM visiting two gay internet sites (in 2007 also third site was added midway through the data collection since recruitment in other sites were too slow). In 2004 the sample size was 312, in 2005 232 and in last study year the data of 361 MSM was analysed.

The objective for 2007 was that 75% of the MSM questioned have correct knowledge on HIV transmission and 65% used a condom during last anal sex with male partner. Objective on condom use was not reached (see Table 6).

Table 6: Indicators on knowledge and risk behaviour of men having sex with men 2004, 2005

| Indicator | baseline 2004 | 2005 | 2007 |
|---|---------------|------|------|
| Percentage of MSM with correct knowledge on HIV transmission (answered correctly to 3 questions)* | 53% | 85% | 81% |
| Percentage of MSM reporting condom use at last anal sex with a male partner | 45% | 54% | 47% |

* For better understanding the wording of two knowledge questions was modified in 2005. Therefore the data of 2004 and 2005 are hard to compare.

PEOPLE LIVING WITH HIV AND AIDS

Health care services

GFATM Program supported health monitoring of PLWHA without health insurance in four hospitals – West-Tallinn Central Hospital, East-Viru Central Hospital, Narva Hospital and Tartu University Hospital. Those hospitals also deal with antiretroviral (ARV) treatment and from the program procurement of medications were also supported.

There were 189 uninsured PLWHA registered in those four hospitals by the end of the second program year, 376 by the end of the third year and 532 in September 2007 (during the first program year data was not gathered on the total amount of uninsured people registered in the hospitals). The number of PLWHA in ARV treatment in different quarters is seen in the Figure 11. Before the last quarter of 2004 ARV treatment was not supported from the GFATM Program.

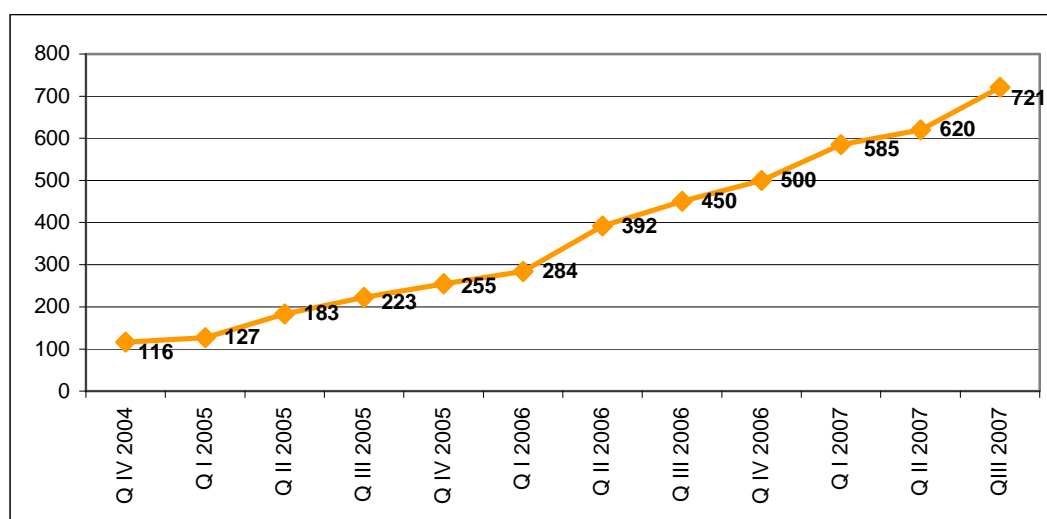


Figure 11: Number of people receiving antiretroviral treatment 10.2004-09.2007

Support services

Seven organisations were offering support services to PLWHA under the GFATM Program in Estonia – Narva Rehabilitation Centre for Drug Users and Alcoholics, JSC Corrigo (since 10.2005) and NGO “We Help You” (since 06.2006) in East-Viru County and ESPO Society, AIDS Prevention Centre (until 09.2005), Convictus Estonia (since 10.2005) and Estonian Network of People Living with HIV (since 11.2006) in Tallinn. By the end of the program 198 PLWHA were support group members. In the end of the first quarter of 2004 that number was 55. The activities of these groups included group work based in the principle of self-help guided by the specialists. Also individual counselling was offered and thematic seminars organised. Starting from the phase two organisations provided information and counselling also to PLWHA and their relatives who were not members of the support groups. 768 consultations found place during the third and 2 090 during the fourth program year.

Program objectives

The targets for the end of the program were:

- 700 uninsured PLWHA are visiting infectologist for health monitoring;
- all PLWHA who are in health monitoring and need ARV treatment receive it;
- 150 PLWHA are members of support groups.

532 uninsured people were registered at the infectologists by the end of September 2007. That is 76% of the planed amount. During the program information was distributed to the target groups about the availability of free services for also those PLWHA who are not insured. Despite that many infected people do not reach infectologist. 721 PLWHA got ARV treatment in September 2007 – that is all people who are in health monitoring and needed treatment. 198 took part of the support group activities and that target was achieved.

Under objective 6 no indicators related to questioning the target group were set in the contract between NIHD and GFATM. Despite that a survey was organised in 2005 in three hospitals for measuring the life quality and discrimination of PLWHA who go to infectologist. 451 people filled a self-administered questionnaire. The score of life quality was calculated according to the questionnaire of World Health Organisation and is presented in Table 7. The overall score consolidates indicators on physical wellbeing, psychological condition, relations, etc. 5-point scale was used for giving assessments and the mean in that scale is 3. The life quality score of the questioned PLWHA is near to the mean.

Table 7: Indicator on the life quality of people living with HIV and AIDS

| Indicator | baseline 2005 |
|---|---------------|
| Overall life quality score of PLWHA who go to infectologist | 2,9 |

PARTNER ORGANISATIONS AND COORDINATION

National Institute for Health Development organised trainings and supervisions to the organisations involved with implementing the GFATM Program. In total there were:

- 20 trainings: on project management, monitoring and evaluation, bookkeeping, juridical questions, team work, using Microsoft Excel, blood born infections, HIV and AIDS, principles of needle exchange, social work, case management;
- 5 information days;
- 15 supervisions;

- 2 conferences.

The target of the program was that 130 people from different organisations participate in trainings and/or supervisions. All together 185 different staff members from partner organisations participated in trainings and supervisions organised during the four program years. Many of them participated in several trainings.

NIHD also dealt with coordination of the whole program and monitoring and evaluation (M&E) issues. In the framework of M&E of the program data was collected on the provision of services and on the target group members receiving services. Also big surveys were conducted for getting information on different sub-populations in general. Following studies have found place during the program:

- Objective 1: Knowledge, attitudes and risk behaviour of 10-29 year old young people all over Estonia (2005, 2007); pre- and post-training questioning of young people educated in schools, vocational schools, in the army and in welfare institutions/orphanages (several times during the program period).
- Objective 2: HIV-prevalence and risk behaviour among IDUs in Tallinn and Kohtla-Järve (2005, 2007); Knowledge, risk behaviour and using needle exchange services among clients of needle exchange sites (yearly 2004-2007).
- Objective 3: HIV-prevalence and risk behaviour among female CSW in Tallinn (2006); knowledge, risk behaviour and using health care services among clients of services targeted at CSW (yearly 2004-2007).
- Objective 4: Knowledge, risk behaviour and drug use of convicts (2004, 2006); knowledge, attitudes and using support group services among convicts in support groups for PLWHA in prisons (yearly 2005-2007).
- Objective 5: HIV-prevalence and risk behaviour among MSM in Tallinn (2007); knowledge and risk behaviour of MSM using gay-internet sites (2004, 2005, 2007); satisfaction of MSM using services of Gay and Lesbian Information Centre (2005, 2006).
- Objective 6: Life quality and discrimination of PLWHA in health monitoring (2005).

The service provision and amount of organisations involved in fighting HIV and AIDS has expanded during the GFATM Program years. After the end of the program (starting from October 2007) services financed from the GFATM resources are taken over by the state institutions and financed from the state budget. Most of the interventions are still coordinated by the National Institute for Health Development or the Ministry of Social Affairs. Interventions in prison settings are financed and coordinated through the Ministry of Justice. Prevention work in schools and vocational schools should go under the Ministry of Education and Research and trainings for recruits organised through the Ministry of Defence.

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