

BORDERNETwork

SPI On-site Visit in Estonia and Latvia

5th - 7th October 2010

Protocol

Part I: Estonia

SPI Team: Tzvetina Arsova Netzelmann (TAN), transnational coordination, Dr. Joyce Dreezens-Fuhrke (JDF), free lance expert

Protocol: Dr. Joyce Dreezens-Fuhrke

05.10.2010, Tallinn – Meeting with Aids Information and Support Centre (AISC, Estonian abbreviation AIDS-i Tugikeskus)

Visit to Harm Reduction/Rehabilitation and Methadone treatment department on Erica 5a street – 3:00 pm – 5:00 pm

Participants: Executive Director: Nelly Kalikova (NK), Juri Kalikov (JK), Director, Head of the project “Health services for persons, involved in prostitution”, SPI Team

History of AIDS Information and Support Center

Registered 1994

Projects first implemented in Estonia:

1. HIV and STD testing, counseling and STD treatment of CSWs, February 1994
2. Needle exchange and counseling of injecting drug users, May 1997
3. Methadone treatment, provided by the medical centre Hope for Life (OÜ Tervisekeskus Elulootus) , September 1997
4. Rehabilitation farm house for drug users “Pave the way to Salvation”, December 1998
5. Rehabilitation Day Center for drug users, 2001
6. Day Center for sex workers, January 2003

Discussion about Facilities and Activities of Erica 5a (see also Annex..)

Juri Kalikov showed the rooms of Erica 5a and introduced the staff to the SPI team.

Methadone Maintenance Treatment (MT) Project

As a NGO, AISC is not allowed to offer medical services. Therefore AISC has been collaborating with medical centre “Tervisekeskus Elulootus” (Hope for Life), registered in 1997, which is responsible for all medical procedures (Methadone, HIV and STD testing and treatment).

The NGO is offering 2 rooms for Methadone treatment; altogether it has a capacity for 190 places. However the medical centre “Hope for Life” (Tervisekeskus Elulootus) has been receiving money only for 130 places. Often there is a waiting list for 3 - 5 months. One room is located at Erica 5, with 120 clients and the other at Mardi 3 with 70 clients. The second one has been serving more stabilized clients. The two sites have been financed by NIHD (National Institution of Health Development). Furthermore a Methadone detoxification place is available at Erica 5 for 10 clients, but they have to finance themselves.

Problems faced by the medical centre “Hope for Life” (Tervisekeskus Elulootus): The rules for Methadone treatment¹, are far from reality and not flexible enough, according to the experience of NK. The Medical centre “Hope for Life” wants to see the patient every day in the first month. Many of the patients are able to work and working is also a part of the recovery process. After one month the medical centre “Hope for Life” allows patients who have workplace and their work timetable does not allow to visit centre in opening hours to visit the centre two times a week, although this is a little possibility for patients to sell methadone to other users according to the opinion of NK. Many years ago the dose of Methadone given to the patients by The Medical centre “Hope for Life” was too low, the average dose now is 50-60 ml, highest is 90. Compared to the private Wismari Hospital (Psychiatry) which has been prescribing in average 65 mg (highest dose 145 mg) and in some cases up to 190 up to 250 ml (according to differing opinions), this is still a low dose. According to NK the Wismari Hospital dose is too high, and it entails the risk for the client to sell it.

Among the 190 Methadone patients are also those, who are send to the prison. Medical centre “Hope for Life” (Tervisekeskus Elulootus) send letter to the prison medical staff with recommendation to continue providing Methadone to prisoners. This system is working since one year. Those, who are under arrest (arresting house) receive Methadone from Medical centre “Hope for Life” (Tervisekeskus Elulootus) since half a year. In the past their clients could not get Methadone in the arresting house. As a consequence the phase before they entered prison (usually 3 weeks) became quite problematic. When some of 190 Methadone patients are arrested and located in arresting house, medical centre “Hope for Life” has possibility to deliver methadone for those patients during all period of arrest.

Last data from NIHD confirms that there are 644 OST clients in Estonia. More than 50% of them are estimated to be HIV+ and currently 35% of them are women (in the past 15%). The 3 places for Methadone treatment in Tallinn are:

1. Medical centre “Hope for Life” (Tervisekeskus Elulootus) sites Erika 5A and Mardi 3
2. Private Wismari Hospital, where Methadone treatment is not free of charge. Clients have to pay a small amount². To the knowledge of NK the service is utilized by clients with better incomes, there are many Finnish clients in the last time.
3. West-Tallinn Central Hospital, a private health care institution, co-financed by Tallinn City Government and NIHD.

GPs are not allowed to administer Methadone.

¹ Treatment guidelines for opioid dependence (MMT) have been elaborated by the Estonian Psychiatric Association and the guidelines are in accordance with other international guidelines as suggested by NIHD's experts. Current MMT guidelines that promote directly observed treatment approach do not hinder clients's working status.

² MT in Wismari hospital is cofinanced by NIHD. Clients pay for treatment 1,60 EUR per day, at maximum 49.60 EUR per month.

Needle Exchange Points

The NGO AISC is running 1 stationary point and 2 mobile units (car and bus) for needle exchange. From 2004 – 2007 the Needle Exchange Programme was funded by Global Fund, now it is funded by NIHD and Tallinn City Government.

JK reported a needle return rate of 80% (compared to the average in the country 69% in 2010 as per NIHD). A big bottle with used needles has been placed in the middle of the entry room, but has been covered by a big cloth with the explanation that irritation of the substitution clients attending the Methadone site, should be avoided. However the stationary points have one and the same entrance and mixture of clients is unavoidable.

AISC has currently ca. 500 needle exchange clients, active i.d. users, which makes up according to the estimation of JK almost to 1/3 of all IDUs who visit needle exchange points in Tallinn. Another 1/3 is provided by NGO “Convictus”. A further NGO “Pealinna Abikeskus” has been also providing needle exchange and outreach in the last 4 years³.

In 2004 the estimated (by research of TAI) number of drug users in Estonia was about 13,800. Their estimation for Tallinn was about 7000 IDUs. NK opinion is, that in Tallinn real estimation may be about 4500 IDUs.

NK explained that AISC and Medical centre “Hope for Life” are located in an area within the high level of concentration of users.

Outreach Work

Tallinn City Government has received one mobile needle exchange bus as a present from Finland. In the past AISC had possibility to use those two busses, but the second one could not be used anymore, because it was too old. The team working on the bus consists of two outreach workers/counsellors and has been trained to help the injecting drug users. The police have been informed about the bus. Outreach car unit is a part of NEP, funded by NIHD.

Country Rehabilitation Houses for Ex Drug Users

AISC is also running 1 country rehabilitation house with 10 places for male and 10 places for female clients. Average age of the clients is 25 years. The rehabilitation follows the “12 steps” programme. Only single cases of the Methadone clients would go into the rehabilitation house for a drug-free rehabilitation. According to a national recommendation for entry to all drug treatment and rehabilitation programmes all clients have to undergo an x-ray examination in order to detect TB as entry condition. Besides this condition the clients must have reached the age of 18.

³ As per NIHDs monitoring reports AICS (through medical centre „Hope for Life“) reported 1272 regular clients in September 2010, Convictus reported 1787 clients, Pealinna Abikeskus – 332 clients.

Not all the places have been always occupied. Usually there are 8-9 men and 6 women living in the country center. The country site for men has existed already for 12 years and has never been closed even in periods of very poor financing. But the work is very hard and the personnel (two female and two male staff members, making each a week-long shifts), three pensioners and one young man, is exposed to burn out risk.

Problems of financing the country site: The places for women have been financed by Tallinn City Government (TCG). The places for male clients are jointly financed by NIHD and TCG on a half-year basis. But TCG cut down the funds in July 2010 and salaries were paid too late. Currently it is European Structure Fond funding (3 years project), but implementing of this funding is connected with huge bureaucracy and is not stable and regular. Due that reasons there are situation with lack of finances for outgoing activities (even for food) and NK had temporary to take some money from another project. There are 2 so called social places available (free for self-financing).

To finance the services in the country house the parents of the clients have to contribute some money, but not on a regular bases. The parents should pay 150 € every month.

Other Reha-centres: According to field observations and estimations there are about 13,000–15,000 IDUs in Estonia.

There are several drug-rehabilitation sites in the country, some of them regretfully closed (rehabilitation center for women in Kohtla-Järve) in the last year due to shortage of funds:

1. Centre of the orthodox church LOKSA - with 10 – 15 places for men
2. Private rehabilitation house of the NGO “Village of Hope”, the centre is self-financed by clients and donations (e.g. Canadian church donations) – 10-15 places only for men;
3. Country house of AISC – with 20 places and till end of September 2010 the only site currently offering places for women
4. Centre in Narva (Toila) with 10 places for men
5. Government centre Sillamäe with 26 places for men, established by the Ministry of Social Affairs and Sillamäe City Government, financed by NIHD
6. Centre run by Llc Comenius – with 12 places for women, newly established (October 2010) and financed by NIHD via European Social Fond
7. Some 2 other centres, based on (suspicious) religious concepts for men and women.

Offering different rehabilitations centres for different people has been one of the ideas of NK, such as young IDUs under 18 years, young women (some of them pregnant), drug users with criminal experience etc. According to data submitted by NIHD such a centre for treatment and rehabilitation of adolescents has been existing since the beginning of 2005. It is established in the city of Jõhvi, North-East Eatonia, run by Llc Corrigo and financed by NIHD

The Problem of Tuberculosis (TB)

The TB problem has been on the agenda for several years, however it received a vast extent in the last time. Although AISC has good access to drug users, TB patients are difficult to catch, because no TB screening is undertaken. According to NK there is a big need for TB screening and control and a stronger cooperation between the HIV program, the TB program and the Methadone providers is of vital importance. Till now the different service providers have not been working together sufficiently or not at all. So there is a lack of an effective treatment system and the service providers for drug users and TB patients are working separately.

Later on the NIHD experts complemented that two central hospitals, one in Kohtla-Järve (North-East) and one in Tallinn provide integrated HIV/TB services and Methadone treatment if necessary. All TB patients are screened for HIV and HIV patients for TB. All three national programmes have been closely cooperating since 2005. It was also suggested that major TB clinics follow-up IDU patients.

IDU patients with TB are sent to those hospitals where drug treatment (MMT) is available. In addition as per NIHD there is another clinic, Viljandi Hospital, providing psychiatric care for TB patients, incl. IDUs.

NK reported that the medical centre “Hope for Life” has developed good relations with TB clinics. The centre has the responsibility of the management of several TB cases among the IDU clients, who are also HIV+, and has been sending Methadone to the clinics, as the TB clinic has taken over the cases with active TB. People with little or no money are being referred by AISC and by the other service providers (medical centres or NGOs) to an outpatient clinic and hospital, where according to a regulation uninsured persons are attended (West-Tallinn Central Hospital). According to NK the TB specialists are happy about the cooperation with the Medical centre “Hope for Life” on Methadone treatment of their patients.

Actually TB screening in Estonia is free, also for uninsured people. It is performed in some TB cabinets, but there is only 1 TB cabinet in Tallinn.

NK emphasized that from the perspective of NGO and service provider there is a lack of money for TB control. In addition a need of trained personnel with special knowledge to work in this field is clearly evident⁴. About 25,000\$ a year would be needed in order to finance a TB campaign for screening among IDUs as per NK.

⁴ Differently from that the perspective of NIHD suggests that TB programm is a national priority, and no lack of resources can be witnessed. Staff of NGO's is regularly provided trainings on infections control, through NIHD. NGO's are also provided with information materials for specialistis and clients and also updated information on screening and other preventive activities.

Financial Aspects

The NGO has been funded by NIHD through a 5-years framework contract (2008-2012) and yearly service contracts. From 2004 -2007 NIHD administered the GFATM (Global Fund) project. After the end of the last GFATM round the Government has committed to continue supporting all activities, which were commenced under GF countrywide. Only 2 activities were not continued. The Gay and Lesbian Center was a weak organization and was closed. Also the HIV education in school was not sustainable as the interventions were not carried out on a large scale and finally had to be stopped.

Finally NK commented that considering the funding of the drug help system the situation in Estonia is much better than in Latvia.

Visit to Medical Centre TERVISEKESKUS ELULOOTUS (Hope for Life), in premises of NGO AISC on Kopli 32

5:30 pm – 6:30 pm

Participants: Mr. Juri Kalikov (JK), Director, Head of the Medical Centre (Hope for Life), Ms Irina Mironova (IM), nurse, medical staff and outreach worker of the medical centre, SPI Team

JK was translating the communication between IM and the SPI team (into English).

The medical services centre for sex workers exists since 1998 and till 2007 has been supported only by external sources – SOROS Foundation, IHRD, FHI (USA) etc, EC. Its break-through came in 2007 when the NIHD supported for the first time in the country activities addressing sex work and started to fund the project. The service centre is open 6 hours a day (12:00 to 18:00 h or 08:00 to 14:00 h) and Saturday from 11.00 - 14:00 h. A dermato-venerologist (Dr. Vesin) is available 3 hours a day, also on Saturday.

Discussion about facilities and activities

Visitors

According to JK Kopli 32 is being visited 400-500 times by 120-130 sex workers during the calendar months (5-10 new sex workers in month, visiting centre for the first time).

The number differs depending on the season of the year, summer or winter. He reported that the majority of the women are uninsured.

JK explained that the clients of Kopli 32 differ very much concerning their sex work and are perhaps picture of Estonia. To his opinion the sex business is very flow. Some women are working in one of the 2 brothels in Tallinn, which remained active after a massive police razzia and the close-down of many brothels. The majority of the SW announces and offers their services in Internet, advertisement magazines and via “sms”. The scene has changed dramatically, the SWs do not work that exposed, but in apartments. There is only one place in

the city of Tallinn where outdoor SWs can be reached, but their number is not high (estimations of 5 to 7 during the night time i.d. using SWs). Outreach work is conducted by Kopli two times per month.

At the centre, JK makes the first contact with a new client. After a short introduction talk he refers her to the dermato-venerologist, who is working in a separate attending room and to the nurse IM, who performs the tests.

Test package

The diagnostic and treatment services performed are registered here again under the name of the licensed medical centre “Hope for Life”.

At Kopli a test package of HIV, Syphilis and other STIs, and Hepatitis C is being offered at the first contact. The test is anonymous; the clients only receive a registration number. No HIV rapid test (finger or saliva) is being performed, as it is not very much used in Estonia; full-blood is taken and then brought to the laboratory. The medical center cooperates well with 2 labs. Within 3 days the client can obtain the results. Also the treatment can be prescribed very quickly.

In emergency cases centre can cover expenses of prescribed drugs (around 35 Euro in month), but only for 2-3 persons in month due financial restrictions

If a woman has been tested HIV positive with the ELISA, she will be referred to the VCT in the hospital for a confirmatory (Western Blot) test. The test results are never announced on the phone. If she only wants to be tested for HIV at the second visit, the woman will be referred to one of the VCT centers in the City (also run by Hope for Life), in order to save resources for the package tests for new clients. Prerequisite to that is of course the readiness of the SW to visit a “general public” service. At the VCT site the HIV test is for free, however since beginning of 2010 the syphilis test is not for free anymore due the declined incidence rate in recent years.

Budget

Over a long period a Drop-In Centre for commercial sex workers with facilities like shower, Internet and laundry was available. The centre was funded by the Finnish Embassy and the Dutch Foundation MAMA CASH. Unfortunately the very small fund was cut, after Finland adopted the Swedish prostitution legislation model, which is based on abolitionism and does not promote any activities supportive to active sex workers.

In the past the budget for the activities of KOPLI was quite strictly divided according to different budget lines. From January 2010 onwards the distribution of the money has become more flexible due to the introduction of a “lump sum”-budget. Currently the budget is more or less balanced; the financial management of JK distributes the amounts necessary for diagnostic, treatment etc. The condoms and lubricants are provided by NIHD for free, the service does not offer needle-exchange to the i.d. using SWs, as the harm reduction services belong to the domain of the Erica 5a site. 35€ are available per month for emergency cases related to treatment.

Advertisement and Monitoring

Most of the sex workers visiting Kopli 32 often advertise a phone number or email address in the internet or in newspapers. The medical service of the medical centre is also being advertised in these media or by SMS.

Monitoring of the clients' contacts is conducted on monthly basis and is planned for those clients who receive medical service in November 2010. They have to fill in a questionnaire which will be sent to the Institute (NIHD) for evaluation.

Second Generation Survey of Sex Workers (BORDERNETwork: WP5) as Follow up of the Survey conducted 2005/2006

In the context of the discussion about the Second Generation Survey of Sex Workers JK said that the relation with the NGO ELULIIN (LIFELINE, involved in recruitment and interview of respondents in the previous survey) has been good enough to cooperate with each other, although the NGO has a different concept of prostitution. As LIFELINE is following the concept of rehabilitation of the sex workers, discussions with Kopli 32 are often controversial. JK has appreciated to cooperate with LIFELINE and to share their possibilities in order to conduct the survey (e.g. LIFELINE can provide a psychologist).

It was discussed with the SPI team whether syphilis and Hepatitis C should be tested or just HIV as part of the blood test. No decision was made yet, because this will depend on the costs for the tests. Kopli 32 has been also aware of the problems concerning the study, when based only on respondent driven sampling (RDS). It has always been a question how the sex workers can be reached. In the last study on sex workers in Estonia the methodology of the snowball-system was used.

Discussion about BORDERNETwork WP 4: Interdisciplinary Networking

Concerning the BORDERNETwork WP 4 the possibility to continue the established contacts in the East border area of Estonia to Russia was discussed. SPI was interested to learn whether and when AISC plans to conduct an outreach campaign at the border in Narva addressing both SWs and lorry drivers. As funding is available for 3 journeys to Narva JK is planning to conduct 2 sex work campaigns in 2011. The HIV/Syphilis test could be performed at anonymous testing site of Narva Hospital. He complained that there have been always troubles concerning the funding of services for sex workers.

Part of the cross-border cooperation tasks is the exchange with the neighbouring country in the model region - Latvia. There will be a delay in the planning of first cross-border meeting in Riga, due to the change of the Latvian partner. Nevertheless AISC has had good collaboration contacts with NGO in Riga active service provider for SWs. The visit to Riga will be useful for both exchanging plans with the new BORDERNETwork partner Papardes Zieds and the NGO Dialogs. However some concerns have been expressed by JK as for the existence of Dialogs, due to the severe crisis in Latvia and rupture of activities of many NGOs. JK confirmed what NK had already mentioned previously and also described the situation for HIV prevention in Latvia as much worse compared to Estonia.

BORDERNETwork WP 8: Participatory Approaches to Community Based HIV/STIs prevention in Ethnic Minorities and Migrant groups

It was agreed that JK should exchange his working experience with Russian youth in Estonia (part of the AIDS & Mobility project) in the framework of WP 8. For the training of trans-cultural Aids mediators under this project AISC worked with an youth NGO “Living for Tomorrow” and a good collaborator of this NGO (Mrs Sirle) was invited to take part in the exchange seminar on WP8 in Sofia later in October. As neither he nor she will be able to participate in the Workshop in Sofia, there will be two other representatives of AISC. Dr. Irina Moroz (very experienced AIDS prevention worker in Estonia), who works also for an NGO of HIV positive young women (LIGO) and Irina Mironova (the nurse in the Kopli 32 team) will attend. JK and the collaborator of the other NGO will attend the next two seminars under WP8 in Bucharest, March 2011 and in Vienna, November 2011.

06.10.2010, 11:00 – 12.30 - Visit to National Institution of Health Development (NIHD or Estonian abbreviation TAI)

Leading partner of WP 6: Access to Early HIV and STIs diagnostic for vulnerable groups

Participants: Ms Riina Enke (RE), psychologist, chief specialist in NIHD, main contact person BORDENETwork, Ms Annika Veimer (AV), Director of public Health, Ms Aljona Kurbatova (AK), Head of Department of Infectious Diseases and Drug Abuse, Ms Aire Trummal (AT), Chief Analyst, Department Surveillance and Evaluation, SPI Team

Presentation (see Annex)

After an introduction of all the participants Ms Annika Veimar presented the work of NIHD, which was established in 2003 as a merge of 3 different institutions. The following topics were discussed:

Departments of NIHD: Research, Health Statistics (incl. Medical birth and abortion registry, Cancer registry, Tuberculosis registry, Causes of death registry, Drug abuse treatment registry), National public health programs, Training Center for training of social and health workers

National public health programs:

- National HIV/AIDS prevention strategy 2006-2005
- National drug abuse prevention strategy until 2012
- National tuberculosis prevention and treatment strategy 2008-2012
- National cardio-vascular disease prevention strategy 2005-2020
- National cancer prevention strategy 2007-2015
- Program for safe and healthy development of children and young people (as part of the Estonian National Health Development Plan 2009-2020)

Staff: 150, mostly women; a lot of the women are on maternity leave.

Government Funding of national public health program: From 2004 to 2010 HIV prevention received the biggest funding (comparing to other health fields); biggest funding for HIV prevention was in 2008; funding for HIV prevention accounted for 57% of all the funding in

2010; 2009 funding of all programs decreased by 28.3% and in 2010 – 5%; funding came down to only 4.5 Mill. € in the year 2010;

HIV prevention and Drug users

1/3 of Estonia's inhabitants are living in Tallinn. In 2009 36% of all new HIV cases were diagnosed in Tallinn. Among HIV positive people the rate of IDUs has been very high. In 2004 the estimated number of drug users in Estonia was about 13,800. According to estimates there are about 7000 drug users only in Tallinn. In North-East Estonia (Ida-Virumaa County) a concentration of IDUs has been also observed. Country-wide 36 needle exchange points (NEP) are supported by NIHD, which are run by 9 organizations. At 10 different locations in Tallinn and suburbs needles and syringes are exchanged by the 3 organisations active on the territory. About 2 million needles are being exchanged per year (2,3 m. in 2009). The number of regular clients has increased in 2009 to 2008 by 32%, while the number of contacts by 5%.

OST

For *Case Management* there are 3 major hospitals in Estonia, providing specialized case-management for PLHIV. HIV positive and Methadone patients can consult the departments for infection disease at the hospitals and the outpatient units for treatment. Close to 700 patients are on Methadone countrywide.

Following NIHD the mainstreaming of Harm Reduction has made the HIV test situation easier, as rapid tests for drug user can be offered only since beginning 2010 due to a change of the guidelines. Now NIHD is trying to mainstream the rapid HIV test in general.

Regarding to the prevention of vertical HIV transmission about 198 babies born by HIV positive women have been receiving breast milk substitute.

TB Screening

NIHD had applied to the Public Health Programme of EU for a project related to TB screening and this was recently approved, planned start is January 2011. The idea has been to increase the capacity of the Civil Society to provide referral for a prevention TB screening for i.d. users. New co-operations should be built up in order to strengthen the horizontal structures, which function parallel.

NIHD has recorded a TB incidence rate of 24.6 cases per 100.000 inhabitants in 2009. The goal of government for 2012 is to reduce the number to 20 cases. In 2010 350 cases were registered and 9.5 % out of them were HIV positive.. The number of patients with TB and HIV has increased dramatically from 1 case in 1998 to 49 cases in 2007. A big problem to be faced is drug resistance. 30% of the patients are resistant to the drugs and some are multidrug resistant TB (MDR-TB). All hospitals are providing TB screening, pulmonary service and treatment for free. An ambulance for TB screening is not available. There have been no specific TB services for IDUs.

Further National Programmes administered by NIHD:

Health Promotion

NIHD has been very active in health promotion especially for children and youngsters. Their websites cover all health areas.

1/3 of all schools in Estonia are involved the program of Health Promoting Schools. There are also Health Promoting Kinder gardens. Activities in this field have been competitions of best school dinners and of smoke free classes.

Cancer prevention

Screenings to prevent breast cancer (Mammography) are offered for women above the age of 40 every 5 years, for cervical cancer every 2 years. HPV screening is not covered by the health insurance.

The increase of unemployment (currently 13%) has become a general problem in Estonia and is closely connected with the phenomenon of an increasing number of uninsured people (4.5%).

Discussion with the NIHD staff

Discussion on VCT:

Questions by SPI team: Standard of VCT, Quality of VCT, socioeconomic aspects of VCT points?

AK pointed out that VCT as a medical service is provided at hospitals or by private medical services. It is financed by the government on annually financial bases. The Ministry of Social Affairs is responsible for the quality management of the health care services in general and the HIV VCT in particular. Every month a short report and every six months a general report has to be submitted by the service providers. Due to the strong emphasis on counseling, a wide range of training is offered by NIHD for the staff of VCT providers in order to improve the quality.

The anonymous tests (HIV/Syphilis/Hepatitis B and C) and counseling are free of charge for everybody. Owing to the current low prevalence rate of Syphilis in Estonia, a test is only done on request and since beginning of 2010 is not any longer free of charge. Syphilis is not included in the free test package at VCT sites. However as per NIHD a person can get tested for free on request if he/she is insured.

About 6000 of HIV tests were done by the VCTs in the last year 2009 There are 8 VCTs all over the country, 2 of them are located in Tallinn (1 private medical centre Hope for Life, 1 West-Tallinn Central Hospital). As mentioned above HIV rapid test has been piloted in the VCTs in Tallinn. By the end of the year the results will be evaluated and recommendation for

mainstreaming the rapid HIV test will be made. NIHD is in charge for the monitoring and the statistics.

To collect socio-demographic data of the patients a questionnaire is being used. For instance following questions have to be answered: employed – unemployed, injecting – not injecting, HIV tested before, when, sexual behaviour etc.

No special services have been available for MSM, while young people have also the possibility to visit the youth friendly clinics. Among the youth friendly centers only few HIV positive cases have been reported.

In view of the increasing number of unemployed people, a special program for uninsured patients has been implemented.

Diagnostic plans concerning WP 6 of BORDERNETwork:

NIHD will invest efforts in combining VCT sites with Harm Reduction sites. No mobile bus for VCT has been available, however VCT personnel have been visiting different places like schools, vocational schools etc.

In Tallinn hospitals the nurses are trained to perform testing. It is planned to involve also psychologist in the test counseling.

It was agreed with the SPI team that NIDH will try to integrate the Workshop of WP6 into the HIV Conference in Europe, which will be organized by the Institute and take place in Tallinn on May 25-27, 2011.

Joint Meeting with NIHD, AISC and SPI, 2 pm – 4 pm

Discussion on Tasks Issues of WP1, WP2, WP3, WP4, WP5 and WP6 of BORDERNETwork

WP1:

TAN emphasized that part of the coordination tasks concerns the Google mailing group BORDERNETwork, to which both AISC and NIHD need to subscribe. Further requests were expressed by SPI:

- Announcement of project on the websites of NIHD and AISC
- To send the LOGOS to SPI for the presentation of partners on the www.bordernet.eu
- To disseminate the newsletter to interested national stakeholders in Estonia
- To create a list with all relevant stakeholders in the country and to submit the list to SPI

Because NIHD as WP leader will be invited to the next steering committee meeting in Berlin, March 2011, other tasks of coordination will be discussed at that occasion.

As for the reporting, the interim report of the project which covers the period January 2010-June 2011 should be submitted to EU by end of August 2011. SPI will address the partners with the request to report their expenses first for the year 2010 and then for the first half year of 2011.

Reporting of staff time will be done with the use of the time sheets. TAN promised to send an electronic version of it as soon as possible.

WP2/ 3: Dissemination and Evaluation of the Project (Evaluation Strategy)

Concerning the dissemination all partners should inform SPI on the international conferences and meetings where the project was presented. A list of all visits and collaboration partners will be created by the Estonian partners. JK distributed already information on BORDERNETwork and the oncoming seminar on WP8 in Sofia among the AIDS & Mobility partners.

WP 4: Interdisciplinary Networking,

AISC and NIHD were updated by SPI on the amendment which has to be written due to a replacement by a Latvian partner. Related to the 2 planned exchange meetings with Latvian partners TAN pointed out that there will be a delay in the planned visit. For first time the best will be that AISC and NIHD visit the Riga partner together.

Considering the expertise of the new Latvian partner, Papardes Zieds (Latvias Association for Family Planning and Sexual Health), TAN referred to the focus of prevention work with young people as one possible exchange priority, as AISC has developed the cultural mediator's training programme for young Russians under the A&M project, which can be exchanged with Latvian partners. Further common foci will be discussed during the first cross-border meeting in the model region IV.

WP5: Discussion about the Second Generation Surveillance among Sex Workers.

TAN reported on the kick-off meeting's discussions for the planned Second Generation Survey of Sex Workers which was hold in Berlin, June 30 till July 2, 2010. It has become clear that the sex work situation is different in each partner country and important data of this field is be still missing. Regarding Estonia AT informed that sex workers have been mostly working in apartments.

Questionnaire for the survey: On behalf of SPI TAN suggested developing a shared version of the questionnaire with one common part for all 6 partners involved. The partners will have the possibility to add national items, if not covered by the international version. A peer reviewed draft questionnaire will be sent to all and an agreed version will be ready end of December 2010. Furthermore a data mask will be prepared by SPI for the partners. The original idea was that after administration SPI will introduce the data from paper questionnaires and will then deliver the data set of each national partner for their national assessment if they wish.

At this point AT raised the question whether NIHD can enter the data themselves and deliver their data set to SPI for the comparative analysis. This will be checked against feasibility with SPIs data manager and will be feedback to NIHD. None of the other partners have the experience or a budget to hire personnel who could carry out this task. In consequence SPI

will be responsible for the data entry of the whole survey, with a possible exception for Estonia.

For the planned survey following time schedule was proposed:

- The survey protocol should be ready at the end of November 2010.
- Consulted by all partners EN version of the questionnaire – by end of December 2010
- Obtaining the permissions of the ethic commissions/boards – by end of February 2011
- Conducting of Survey, field phase: March to June 2011 (Estonia), April to July (other 5 countries)
- Data entry: September, October 2011
- Data analyses: November and December 2011
- Reporting: January 2012

It was discussed that the survey protocol should describe the testing procedure in detail. What will be tested, who will perform the test, how the blood will be treated, who will do the interviews etc. are important issues to be clarified. It was suggested by AT that the test should be handled very flexible and could be done by a nurse. It was agreed that not all countries have to perform the same test, but could decide corresponding to their specific epidemiological situation. The meeting participants discussed different possibilities of testing and concluded that the triple test (HIV/Syphilis/ Hepatitis C) would be the most cost-effective one. In this context the cost aspects of testing were brought up and it was suggested that the partners should calculate how much they need for the specific test.

Finally it was explained by the SPI team that each country/partner will receive a budget for the medical diagnostic and can decide how to spend the rest of the resources, if there are such. For instance the medical diagnostic lump sum has to cover both the blood testing part of the second generation surveillance of 250 SWs under WP5 and a pilot diagnostic campaign for a selected target group under WP6. The administration will be conducted in Tallinn only, with the involvement of the two NGOs; AISC and Lifeline. Incentives for the respondents were discussed. As most convenient and uncomplicated is the voucher for a shopping centre (where not only food but cosmetic articles are offered).

W6 –Access to Early HIV and STIs Diagnostic for vulnerable groups

TAN recommended to both NIHD and AISC to have a good overview over his budget concerning the exchange workshop on best practices in early HIV/STIs diagnostic for most at risk groups (IDUs and SWs). Partners can be flexible with the budget and is allowed to go over the budget line with 20%. For the exchange workshop in May 2011 only a budget for 2 days is available in the partner's financial plans. Therefore also the participants of this meeting appreciated the idea to integrate the workshop into the conference in order to have the possibility to stay longer and to attend other sessions.

Kristi Rüütel, the expert for WP 6 will come back next week and the team will discuss with her the announcement of the European Conference: "HIV in Europe: Unity and Diversity", which will be hosted by NIHD.

WP 7: Referral, management, treatment and care of HIV/STIs and co-infections

AISC is not involved in this BORDERNETwork work package. RE (NIHD) has already contacted Dr. Güthoff (AHP, WP7 leader) at the hospital in Potsdam. AK has planned small site visits to the treatment institutions, perhaps NIHD will combine drug treatment and HIV treatment visits. It has still not been clear yet how they should address the service providers, but the preparation is in process.

TAN emphasized that the medical workshop for HIV-treatment professionals and the hospitation in Potsdam is scheduled for June 2011, where NIHD will select and send 2 non-staff members as participants.