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*Strengthening community-mobilisation on HIV and AIDS  
in Central and Eastern Europe*

# **HIV & AIDS in ESTONIA**

**First we got the heroine epidemic,  
then we got one of the worst HIV  
epidemic in Eastern Europe**

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Tallinn, Estonia

## **Executive Summary**

1. The HIV epidemic in Estonia started to develop very rapidly in August 2000.
2. The community most affected was Intravenous Drug Users (IDUs) sharing needles, but now HIV infection has started to spread sexually to non-IDU-s.
3. The epidemic started off in Narva, which on the one hand, has been caused by a difficult economic situation, high unemployment rate and a big number of IDU-s. On the other hand, it was also influenced by HIV epidemic among IDU-s in Saint-Peterburg, which started there in 1999-2000.
4. The epidemic spread to other towns in Ida-Virumaa and Tallinn.
5. The epidemic among IDU-s in Narva was predicted by the AIDS Prevention Center already in 1996 (mentioned in the introduction of the National Action Plan of HIV/AIDS and other STD-s 1997-2000.). But due to the under-financing of the AIDS Program it was not possible to apply all needed anti epidemic measures at this time.
6. The danger of HIV spreading sexually is a clear and present threat in Estonia and the unleashing of the epidemic this way has already started. The most endangered group are young people under 25, sexual partners of IDU-s.
7. The estimated number of IDU-s is 12 000 – 15 000, mostly in areas with a large number of Russian speaking population (Tallinn, Ida-Virumaa)
8. The preventive measures implemented so far among IDU-s (rehabilitation, methadone program) cover not more than 5–15 % of those who need it. Exchange of needles cover about 35-40%. To halt the process it is necessary to raise the percentage of IDU-s involved in preventive measures (counseling and needle exchange) to at least 60-70 %.
9. The HIV/AIDS epidemic is not only a medical but also a social and an economic multi-sectoral problem of national importance and can be solved if combating drug addiction and AIDS becomes a national priority.
10. **To halt and localize the epidemic as soon as possible requires mobilization of far more local resources and the involvement of international aid. The Estonian Government should anticipate how the prevention and support activities that are now being initiated with the Global Fund grant will be sustained over the long term.**

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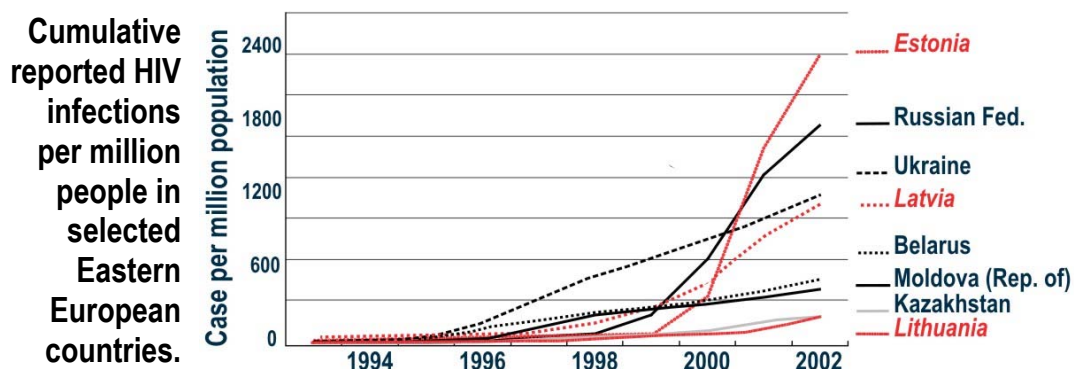
## **Analysis of the epidemic situation. Vulnerable groups.**

The first HIV case in Estonia was registered 12 years ago in 1988. During those years contracting the infection stayed relatively low, fluctuating from 0,1 in 1988 to 0,6 in 1999 per 100000 people. During the whole of the above-mentioned period the infection was mostly contracted sexually, during the initial years mostly through homosexual relationships, later homosexual and heterosexual relationships balancing each other out, totally in 1988-1999 years 96 HIV cases were registered.

In year 2000, when HIV epidemic started, 28,5 HIV cases per 100000 were diagnosed, in year 2001-108 per 100000 inhabitants, in year 2002 66.6 per 100000 (40% decreasing). In year 2003 60.4 cases per 100000 inhabitants.

During Jan-Feb 2004, 113 new HIV-positive infections were registered . All together, 3812 people were diagnosed as living with HIV in Estonia, 43 were diagnosed as having AIDS. In 2003, 10 persons were diagnosed with AIDS, 4 of them died.

## ***Estonia is one of the European countries with the most severe HIV problem.***



***In italics:*** countries that will join the European Union in 2004

Based on an illustration published by UNAIDS in AIDS Epidemic Update – December 2003

Source: National AIDS Programmes (2002). HIV/AIDS surveillance in Europe.

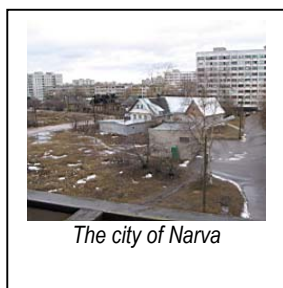
End-of-year report. Data compiled by EuroHIV, the European Center for the Epidemiological Monitoring of AIDS.

## ***The spread of HIV among injecting drug users (IDU-s).***

The uncontrollable rise of the number of IDU-s started in 1994-1995 and has not stopped yet. IDU-s are mostly heroin users, Russian speaking (about 80%), male (75%), aged 15 to 25. Their estimated number in the whole country is 12000 – 15000.

It was the increasing number of hepatitis B and C cases in 1995–1996 that pointed out the danger of the spread of HIV/AIDS, as the ways of transmitting these diseases are similar: dangerous injecting habits, sharing needles.

The first two HIV cases among IDU-s were diagnosed in 1997 and 1998. They were not followed by an epidemic.



In May and June 2000 the first five cases of HIV were diagnosed among IDU-s remanded in pre-trial custody, three of whom came from Narva.

In August in Narva, 8 IDU-s were anonymously diagnosed as HIV-positive. In September, an 18 year old woman in Narva was diagnosed as HIV-positive. She was an IDU and died of sepsis shortly after giving birth. The 8 new infection cases of August were mostly IDU-s who were injecting contacts of the above mentioned woman or the contacts of their contacts. It is known, that each IDU has at least 25-30 injecting contacts with whom he or she shares syringes, needles or other equipment. Altogether 390 new cases of HIV were registered in Estonia during the year 2000, 90% of whom were IDU-s, 304 cases were registered in Narva, 57 in Kohtla-Järve, 25 in Tallinn.

In 2001, the epidemic spread of HIV showed no signs of decrease. During 2001, 1474 new HIV cases were diagnosed. The infection spread from Narva to other towns of Ida-Virumaa and Tallinn. 80% of new HIV cases were 15-24 years old. The youngest were 13 to 14 years old. Epidemiological studies have confirmed the fact that the most endangered group are young drug users who have just started injecting and share syringes or even doses. The first needle exchange program was started in Estonia in May 1997 as a pilot project with the help of Soros Foundation. Only in June 2001, 10 months after that the HIV epidemic started, with the support of the Ministry of Social Affairs and Gambling Foundation, a wide IDUs counseling and needle exchange project started in Ida-Virumaa and in Tallinn, the regions of Estonia with the highest number of IDUs. The decrease of new HIV cases in 2002 by 40% is mostly the result of a successful needle exchange program.

**Testimony :**

*"Here we're doing all we can to reduce the number of contaminations... But unfortunately, the police are giving us trouble. They've started taking drug users in for questioning when they come to see us, so they're now scared to come and exchange their needles"*

*Julia KORSHAKOVA, Harm Reduction outreach worker, AIDSi-TUGIKESKUS*

But at the moment In Tallinn only 2 stationary needle exchange points are working (real needs are at least 4 stationary points) and with all the governmental and non-governmental resources, needle exchange services cover only 15-20% of IDU-s, which is not enough to stop the HIV epidemic.

Methadone treatment policy and programs have finally been accepted by the government, but the programs work at the moment in Tallinn and Narva with the funding of the Global Fund grant and the SOROS Foundation (IHRD). First SUBUTEX program for people under 18 was announced in the Children Hospital in Tallinn.

**Testimony on rehabilitation for drug users :**

*It was really hard to get in this rehabilitation center... there aren't enough places! I think all drug users would like to come off drugs—but very few actually manage it. But this place really helps. It's really not that bad here: we're fed, we have a roof over our heads, we don't take drugs... but I'm sick of the mess, it really gets on my nerves! Just look at the ceiling!!*

*It's in a terrible state, and we haven't even got the money to buy paint to give it a fresh coat!*  
*Andrey, young former drug user we met in Narva, Estonia*



Methadone prescription in Narva



Young residents and guests in the Narva Rehabilitation Center

## ***The sexual spread of HIV.***

Since 1991, there has been a rise in contracting STD-s which was especially intensive in 1994. Syphilis infections rose by 2,5 times in that year. Since 1995 the number of cases of syphilis stabilized, but it still remains high. In 1998, there were 75,9 cases per 100000 people. From 1990 till 1998, cases of syphilis increased by 23 times. After an 8-year rise, cases of syphilis for the first time dropped by 24% in 1999, making up 57,8 cases per 100000 people. The years after, including 2002, the tendency of decreasing continued. There has also been a decrease in the cases of gonorrhoea in the last past years. In 1999 there were 75,9 cases per 100000 people, in 2000 59,6, in 2001 48,2 per 100000.

If the decrease of the gonorrhoea cases during the last years could be put down to the availability of treatment, then the decrease in the cases of syphilis and a continuing decreasing tendency concerning gonorrhoea can be interpreted as a result of comprehensive preventive work among sexually active people. But despite the above mentioned tendencies the general level of contracting STD-s is still remarkably higher, than in Finland, Sweden or Norway. Contracting HIV via unprotected sex is a tendency that is increasing.

The development of the epidemic in Narva and in Tallinn confirms the conviction that the infection is likely to transfer quickly from the population of IDU-s to non-IDU-s through two ways: the sexual partners of young male IDU-s having unprotected intercourses and the clients of young female IDU-s who become sex workers in order to have money to pay for their drugs. HIV has already been diagnosed among the sexual partners of IDU-s who themselves are not drug users.

### **Testimony :**

*"There was an initial wave of infection linked to intravenous drug use, but what we're now seeing is a second wave of HIV infection due to "sexual ignorance". People don't realize that they should use condoms—parents don't speak to their children about this—there are even people who don't know what condoms are!"*

Jeanne, young Estonian HIV/AIDS volunteer (from the Russian minority)

## ***Transmission of HIV from mother to child.***

Approximately 25% of IDU-s are young women, some of them have already contracted HIV and may give birth to children who are also HIV+. Till now single cases of HIV were diagnosed among newborns, but next years it is possible that HIV epidemic among newborns will start.

Although modern preventive treatment enables to reduce considerably the danger of the newly born to contract HIV, it is not easily applicable in the cases of IDU-s. It is hindered by a disordered way of life as well as not giving up on drugs. The endangered groups are also the children of the sexual partners of IDU men, though in this case involving them in preventive treatment is less complicated than in the case of female drug users.

It should be pointed that providing social and medical services for sex workers is still not on the agenda of the state. Till the beginning of 2003, there was only one temporary (3 months financing) attempt to organize services for sex workers, financially supported and initiated



Residents with Russian origins in Estonia get a gray "ALIEN'S PASSPORT". Are these discriminatory practices legal in the European Union ?



AIDSi-TUGIKESKUS  
in Tallinn

by Tallinn City Government that had no remarkable success. Notwithstanding the fact that working with high-risk groups such as sex workers is one of the aims of the National AIDS Prevention Program that was accepted by the Ministry of Social Affairs for the year 2003, financial resources for implementation of any activities were not allocated in the budget.

With the funding coming from the Global Fund grant from January 2004, two projects were implemented on base of AIDS Prevention Center – daily center for sex workers and medical advice/testing/treatment services.

## ***HIV in Prison.***

As it is well known, a situation that exists in society at large has strong influence on the situation in prisons. The activities in prisons that spread HIV – probably sex and drug usage – are usually criminal within the prison environment and meet with disciplinary, but not health measures.

Factors in Estonian prisons making a prison as a suitable place for transmission of HIV (as in other countries too) are: overpopulations of cells, violence between inmates, quick turnover of inmates with short stay in prison. In Estonian prisons, the phenomena that a large number of IDU-s had two face in the last two years were: the availability of drugs in prisons, usage of non-sterile injecting equipment, tattooing, sexual contacts between men both consensual sex and rape, usually unprotected.

The prisons staffs are at risk too: low use of gloves during routine search of lockers, fights between inmates or them bleeding.

The first HIV positive prisoners were detected in May 2000 in Central Prison (CP). During the next 1,5 year prisoners who belong to different risk-groups were studied, mostly IDU-s.

More than 800 HIV positive cases were diagnosed, all them were infected before coming to prison. As the result of the quick rotation of permanent, approximately 1800-200 infected inmates stay in prison. Until now, only one HIV positive case was detected as infected in prison.

With the help of the SOROS Foundation the project “HIV Prevention in Prison” started in the middle of 2000. In 2001, more than 3500 inmates (total number of inmates in Estonia prisons is 4800, with turnovers near 10000) and more than 750 staff (half of existed) were trained. Booklets and condoms are now available in all prisons. Today several preventive projects funded by the Global Fund and some European governments (Norway) are developed in prisons. Hopefully it allows avoiding a massive explosion of HIV within the prison system.

## ***Feedback from missions carried out in Estonia by the Finnish AIDS Council***

Executive Director Bengt Lindblom and the District Manager Jari Kesäniemi (both of the Finnish Aids Council) made their first country mission to Estonia from 13th to 15th May 2002 in order to present the objectives of the project and to gather information about the HIV situation in Estonia.

During the country mission, they:

- held several talks with Jyri Kalikov, director of AIDSI-Tugikeskus;
- visited a Harm reduction centre run by the Estonian Aids Information and Support Centre;



- met a group of people, all active members of ESPO (the Estonian Society for Positive People);
- visited the Finnish Embassy in Estonia

#### ESTONIAN HIV SUPPORT SOCIETIES

1. ESPO - ESPO is the national society for all people living with HIV and AIDS in Estonia, regardless of how they were infected by the virus. It is a self-help group. The board of ESPO consists of three members - a president and two vice-presidents. ESPO is an open society for any supporting members.

ESPO was founded in 1993. Its budget is based on donations and funding from private organizations. In 1996 it was also directly subsidised by the AIDS Prevention Centre (APC) for the first time. The office of ESPO is located on the premises of APC.

Two representatives from ESPO participated in Nordall (the Nordic meeting for Organisations for Positive People) between the 9th and 11th August 2002.

#### 2. AIDS-I Tugikeskus

AIDS-i Tugikeskus (AIDS Information and Support Centre) is a social non-profit non-governmental (NGO) organisation, founded in 1994 by a group of volunteers in Tallinn, Estonia. The Tartu branch opened in 1995.

AIDS-i Tugikeskus has two offices in Tallinn:

The first office is directed at the needs of the general public. The project for sex-workers and the project against women/girl trafficking are located in the office. The office is situated in an old building, which requires renovation. The Tallinn municipality owns the building.

This second office was created for the projects among intravenous drug users (IDUs). The projects encompass:

- narcologist-psychologist consultations;
- therapy for IDUs;
- needle exchange education;
- methadone treatment.

AIDS-I Tugikeskus provides services for all groups of people including heterosexuals, sex workers, IDUs and gay men. It works also in a close co-operation with ESPO and the governmental Aids Organisation Aids-I-Ennetuskeskus (APC).

#### Assessment :

The ongoing spread of HIV among IDUs in Estonia clearly shows that the Estonian government has not carried its responsibility to take care of the health requirements of its population. Many people cannot afford (and are without) health insurance due to unemployment. These people can only get emergency treatment - not continuous treatment such as Anti-Retroviral (ARV) treatment for People who are HIV infected.

A huge responsibility to take care of the HIV epidemic and its effects has been placed on the NGOs, which have been forced to take care of the funding off their activities without almost no public support. AIDS-I Tugikeskus has been able to do efficient and effective HIV prevention work mostly due to strong leadership from the Director, Jyri Kalikov. There has also been effective cooperation with the governmental centre, APC.

Estonian society seems to be more closely likened to that of the United States than to Europe regarding in its Public Health policy. Citizens should secure their own health (and other) insurance and not rely on support from the government. The difference to the situation in the USA is that there is no tradition of a civilian society or independent private sector in Estonia. It is almost impossible to do any fund raising inside Estonia despite the fact that there are wealthy rich people in the country. The funding of AIDS-i Tugikeskus is based mostly on international projects, with money coming from abroad such as through the Estonian Open Foundation.

There is also a clear ethnical dimension to the negligence of the Estonian government to take care of the HIV situation. The affected IDUs are mostly young Russian speaking drug users. Some politicians have even stated in public that the HIV epidemic is not an Estonian epidemic and many Estonian-speaking citizens share this view.

## **The challenges and opportunities of the Global Fund Grant**

Estonia submitted a successful application to the Global Fund to Fight AIDS, Tuberculosis and Malaria and thus expects to receive about 10 Millions USD to strengthen prevention and care. The success of this application was in large part due to the capacity of Estonian NGOs to work together and agree on the project to be presented (a major accomplishment considering that Estonian NGOs evolve in an extremely competitive context, where funds are scarce). Today, however, as the principal recipient of this grant is the National Institute for Health Development of the Ministry of Social Affairs, a major challenge is for the Estonian government to learn how to work effectively, in partnership, with local Estonian NGOs and People Living with HIV and AIDS in the Country Coordinating Committee. Of course, 10 Millions USD, no matter how well spent, **will not** solve all aspects of the very severe Estonian HIV and AIDS crisis. The Estonian Government, and Estonian society, need to accept that the responses that must be implemented on HIV/AIDS requires major sustained funding.

Estonia is already paying an enormous price for not having implemented early enough the rather quite inexpensive harm reduction services for drug users – which in many countries - from the United Kingdom, Australia, the Czech Republic and many other places - proved impeccably effective at stopping the spread of HIV among drug users. Yet, the cost to be paid later for a lack of political will today could be even far greater.

### **The programme funded by the Global Fund to Fight AIDS Tuberculosis and Malaria: (summary from [www.theglobalfund.org](http://www.theglobalfund.org))**

Estonia has one of the most rapidly evolving HIV epidemics in Europe, spreading at 10 times the rate of most Western European countries, yet has limited resources available to respond. Although responding vigorously, the country needs significant and immediate external investment for its fight against HIV. The Estonian government, civil society and other players have joined together to plan an ambitious and results-focused program to respond to this epidemic.

The 4-year program implements practical steps by which the country can reach its goal of stopping the progressive spread of HIV/AIDS by 2007. This goal will be reached by focusing on seven objectives within four main areas. Those areas are prevention work with young people, targeted interventions, support for PLWHA and capacity building. The objectives include:

- A reduction in risk behavior among young people;
- A reduction in risk behavior among injecting drug users;
- A reduction in the risk faced by sex workers and a reduction in vertical transmission of HIV;
- The prevention of HIV transmission in prisons;
- A reduction in risk behavior among men who have sex with men;
- The improvement of the quality of life of infected people;
- Improved institutional capacities of the agencies involved in the fight against HIV.

**Excerpts of an interview with Nelly KALIKOVA,  
Deputy in the Estonian Parliament and former director of the Estonian Governmental  
AIDS Center (April 2003)**

*“It’s better to learn from the mistakes of others – and not make your own mistakes – but unfortunately, in reality, sometimes we do make our own mistakes.. and I think this late start of real prevention, of really putting problems in priority in Estonia was a mistake. We still have to continue prevention with injecting drug users – but the main focus of our attention should be all Estonian youth, as they are very exposed to risks now.”*

*“I think that with regards to the AIDS epidemic, and the drug-use epidemic, it will be good to Join the European Union. Because the governments of EU countries have good standard in terms of prevention work – these government know that with AIDS, you cannot behave in such a light way – you cannot ignore this problem.”*

### **Contacts in Estonia:**

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Prescription of methadone has become one of the key options to improve the health of drug-users in Estonia.

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