



**HIV/AIDS in the Baltic Sea Region**

Report on discussions and recommendations made at a meeting supported  
by the Governments of Finland and the United States and UNAIDS,  
Helsinki, Finland, December 7-8, 1999

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### **Executive Summary**

The governments of Finland and the United States and the Joint United Nations Programme on HIV/AIDS (UNAIDS) jointly sponsored a meeting on HIV/AIDS in the Baltic Sea Region, December 7-8, 1999, in Helsinki, Finland. The meeting brought together representatives from UNAIDS, the World Health Organization (WHO), the United Nations Children's Fund (UNICEF), the United Nations Development Programme (UNDP), the United Nations International Drug Control Programme (UNDCP), the World Bank, the European Union (EU), the Nordic Council, the Open Society Institute (OSI), the United States Agency for International Development (USAID), several academic and research institutions, and nongovernmental organizations (NGOs) working in the subregion. The objectives of the meeting were to:

- Facilitate a common understanding of the dynamics of the HIV epidemic in the Baltic Sea region,
- Assess the existing capacity to respond to the HIV/AIDS epidemic at the country and subregional levels,
- Identify strategic priorities for a coordinated regional response to build effective and sustainable national responses to HIV/AIDS in the Baltic Sea region,
- Explore the possibilities for expanded international support to the subregion, and
- Develop a mechanism to significantly improve communication and coordination among the different partners and stakeholders.

Compared with other parts of the world, the Baltic region has a relatively low prevalence of HIV infection and the epidemic

is mainly confined to injecting drug users (IDUs) and their partners. However, a ninefold increase in the number of HIV infections in just three years is alarming and suggests that the window of opportunity for early targeted interventions is closing rapidly. Furthermore, the very high sexually transmitted infection (STI) rates and the emergence of a bridging population of injecting sex workers indicate the potential for a more generalized heterosexual epidemic. There are a large number of vulnerable young people at particularly high risk for infection.

National responses are targeting the most vulnerable groups but are achieving only limited coverage of their target populations. As a result, the gap between the scope of the problem and the response is widening. Harm reduction efforts in Latvia and Estonia, for example, are reaching less than 5 and 15 percent of drug users, respectively. The main problem is to mobilize the financial, managerial and political will and support to improve and expand the most promising activities. Because of the financial and budgetary crisis in the region, there is little likelihood that the central or local/municipal authorities have the ability to allocate extra resources to these activities. Substantial external resources will need to be mobilized urgently in order to act within the closing window of opportunity. Multiple international partners are supporting numerous projects and programs across the region. External support will need to be carefully coordinated in order to maximize the impact of valuable resources.

Building on the recommendations of the UNAIDS Geneva meeting, November 4-5, 1999, participants formed three working groups to discuss

- 1) how donors can support the expansion and improvement of existing harm reduction activities in the Baltic Sea region,
- 2) how they can support programs that focus on vulnerable youth, and
- 3) additional programmatic priorities that the initiative can help to address from a subregional and crossborder perspective.

Conclusions and recommendations from each working group were presented and discussed in a plenary session.

Participants also discussed mechanisms for coordination. It was agreed that

- UNAIDS will take responsibility for coordination and information exchange at the regional level, and
- United Nations (UN) Theme Groups will facilitate coordination at the country level.

The preparatory phase includes the following steps:

- Working groups will be formed in each of the three Baltic states, Kaliningrad and St. Petersburg with the responsibility of developing an action plan based on local priorities and realities (to be completed early in the spring of 2000). The UN Theme Groups will manage this activity in the three Baltic states and the Russian Federation.
- A consultant will travel to the subregion and work with the above working groups and international partners to draft a subregional strategy that is based on local and subregional priorities (to be completed in February 2000).
- The subregional strategy will be reviewed at a technical meeting in Riga mid(February 2000 and the level of additional resources required for implementation of the plan will be determined.
- The option to establish a resource center at the UNDP office in Riga or Vilnius to oversee and support the implementation of the subregional strategy will be explored.
- The information databases will be updated based on inputs from partners at the meeting and submitted to UNAIDS for future management.

## **Introduction**

A meeting on HIV/AIDS in the Baltic Sea region was convened on December 7-8, 1999, in Helsinki, Finland. The governments of Finland and the United States and the Joint United Nations Programme on HIV/AIDS (UNAIDS) jointly sponsored the meeting. The HIV/AIDS in the Baltic Sea Region Initiative builds on a long tradition of networking on HIV/AIDS among governmental and nongovernmental organizations (NGOs) in the Baltic Sea region. It is part of two broader initiatives joined to fight common problems in the subregion, known as the U.S. North European Initiative and the Northern Dimension, developed by the Finnish government and the European Union (EU). The Helsinki meeting is a first step in the follow up to the "UNAIDS Strategy Meeting on Better Coordination of Regional Support for National Responses to HIV/AIDS in Eastern and Central Europe," held in Geneva on November 4-5, 1999. (The agenda of this meeting is presented in annex 1.)

Dr. Jarkko Eskola, Director General, Finnish Ministry of Social Affairs and Health, and Eric Edelman, U.S. Ambassador to Finland, welcomed representatives from seven countries in the Baltic subregion as well as key organizations working in the fight against HIV/AIDS at the global and regional levels. The meeting brought together representatives from UNAIDS and

its United Nations (UN) cosponsors: the World Health Organization (WHO), the United Nations Children's Fund (UNICEF), the United Nations Development Programme (UNDP), the United Nations International Drug Control Programme (UNDCP), and the World Bank, as well as the European Union (EU), the Nordic Council, the Open Society Institute (OSI), the United States Agency for International Development (USAID), several academic and research institutions, and NGOs working in the subregion. Chairpersons of the UN Theme Groups on HIV/AIDS from Estonia, Latvia and Lithuania attended the meeting. (Annex 2 contains a list of the participants.)

The objectives of the meeting were to

- Facilitate a common understanding of the dynamics of the HIV epidemic in the Baltic Sea region,
- Assess the existing capacity to respond to the HIV/AIDS epidemic at the country and subregional levels,
- Identify strategic priorities for a coordinated regional response to build effective and sustainable national responses to HIV/AIDS in the Baltic Sea region,
- Explore the possibilities for expanded international support to the subregion, and
- Develop a mechanism to significantly improve communication and coordination among the different partners and stakeholders.

This report highlights the discussions and recommendations proceeding from this meeting. It is intended to reflect the consensus of the meeting rather than the views of individual participants.

## **Current State of the HIV Epidemic in the Baltic Sea Region**

### *Statistics*

As of the end of 1999, an estimated 33.6 million adults and children were estimated to be living with HIV/AIDS in the world. Compared with other parts of the world, Eastern Europe and Central Asia have a relatively low prevalence of infection with an estimated 360,000 cases, compared with 520,000 estimated in Western Europe. However, the rate of increase in Eastern Europe and Central Asia is alarming, with an estimated number of 95,000 new infections in Eastern Europe and Central Asia in 1999, compared with 30,000 in Western Europe. The number of HIV infections in Eastern Europe has increased ninefold in just three years.

While there are local differences in the stage of the epidemic among the countries and areas of the subregion, they all share common patterns and trends. In Estonia, Latvia and Lithuania, HIV prevalence has remained relatively low but is on the rise. At the meeting, Estonia reported a cumulative number of 93 HIV infections (compared with 57 cases in 1995) but few cases among injecting drug users (IDUs). Lithuania reported a cumulative 201 HIV infections (compared with 40 cases in 1995), approximately half among IDUs. Latvia reported a total of 361 HIV infections (compared with 46 cases in 1995) and found an HIV-prevalence rate of 11 percent among a group of 350 registered drug users.

The Russian Federation reported a cumulative number of 23,509 cases in 1999 (compared with 1,000 in 1995 and 10,000 in 1998), more than half among IDUs. Russian authorities estimate that the true figure is 10 times higher than what is reported. An estimated 25 percent of new addicts in the Russian Federation are considered to be from the social elite -- students attending prestigious academic institutions.

Kaliningrad remains by far the most affected area in the Baltic Sea region, with a total of 2,589 reported cases of HIV infection. In 1996, Kaliningrad was the first region in the Russian Federation to experience a large outbreak of HIV among IDUs. It was the worst affected region in the Russian Federation until 6 months ago, when it was surpassed by the Moscow region and Moscow City -- illustrating how the epidemic can jump from one city to another before spreading to contiguous areas.

Relative to other major Russian cities, the cumulative number of HIV cases in St. Petersburg remains low. As of the end of November 1999, a total of 692 cases have been reported. However, the number of new cases has tripled since 1998 and is rapidly spreading among IDUs, with more than 70 percent of new cases among IDUs.

Finland reported 100 new cases of HIV infection due to a recent outbreak among IDUs -- this outbreak was preceded by an outbreak of hepatitis C in the same group.

### *Dynamics of the Epidemic*

In the context of the recent economic crisis, increased poverty and income inequalities, unemployment, labor migration, and rapid social changes, simultaneous epidemics of drug abuse, HIV infection and sexually transmitted infections (STIs) are

unfolding in the Baltic Sea region as in other parts of Eastern Europe and Central Asia. The first wave of the HIV epidemic occurred among men who have sex with men (MSM). This pattern is rapidly being superseded by a second and much larger wave of infection among IDUs.

There is huge potential for the immediate and explosive spread of HIV infection through intravenous drug use in the subregion. Drug production and trafficking is growing in the region, and injecting drug use is rapidly increasing. According to UNDCP estimates, there are approximately 8,000-10,000 drug users in Estonia (the majority believed to be IDUs), 20,000 in Latvia (66 percent IDUs), 12,000 in Lithuania, and 1 million to 2.5 million in the Russian Federation.

Among the Baltic states, Latvia reported the highest number of new HIV cases -- an estimated 11 percent of IDUs are infected with HIV. In St. Petersburg, only 4 of 1,542 anonymously tested IDUs at a needle exchange center tested positive for HIV in the spring of 1999. However, in a survey that was recently completed, 12 percent of 300 IDUs attending two needle exchange sites in St. Petersburg tested positive for HIV infection.<sup>(1)</sup> While very large numbers of IDUs remain uninfected, the window of opportunity is rapidly closing as the epidemic jumps from city to city, where it quickly spreads among the IDU population.

There is also potential for a slower, albeit more generalized, HIV heterosexual epidemic, as evidenced by the dramatic increase in STIs in the region since 1990. The risk for this third wave of infection is increasing with the rapid growth of prostitution in the region. For the time being, HIV prevalence among sex workers, arguably the most vulnerable group for STI, remains low except among sex workers who are also IDUs. In Kaliningrad, for example, 65 percent of a group of 300 opiate-injecting sex workers tested positive for HIV in 1997. It is noteworthy that since the explosion of HIV infection among IDUs in 1996, the proportion of new infections in Kaliningrad attributed to sexual transmission has increased from 3.3 percent to 20.5 percent in the fall of 1999.

As the proportion of female IDUs increases, it is likely that the proportion of IDUs who sell sex for drugs will continue to increase and there is potential for a greater overlap between the IDU and heterosexual epidemics. In Lithuania, 65 percent of street prostitutes attending a street clinic in Vilnius were IDUs. In Estonia, only 1 percent of sex workers were drug users in 1994; today, the figure is an alarming 28 percent, more than half of them IDUs. Between Fall 1998 and 1999, a survey was conducted in the central district of St. Petersburg among 123 street prostitutes. Eighty-seven percent of the women reported drug abuse -- 96 percent of them reported heroin use. They reported high rates of STI and an average of 14 clients per week; the majority of them (64 percent) were not drug addicts.

Young people are particularly affected by the epidemics of STIs, IDU and HIV. The vast majority of those infected with HIV are in their twenties. The alarming rise in syphilis, the best documented STI, is occurring most among persons in the 20-25 year age group, combined with a substantial increase among those under the age of 20 years. In some cities, up to 25 percent of injecting drug users are teenagers, and another 40 percent are young adults 20-25 years of age.

### *Summary*

- While there is diversity in the situation in each country and geographic area within the subregion, the subregion shares common problems and potentials for spread.
- Based on the 5 percent threshold criterion, although several areas may qualify for the concentrated phase, most of the region is still in the nascent phase of the epidemic -- providing a unique window of opportunity for early targeted interventions.<sup>(2)</sup>
- The exponential rate of increase of HIV infection in the region during the last three years is the most alarming trend and suggests that the window of opportunity is closing rapidly.
- The epidemic remains mainly confined to IDUs and their partners.
- While there is currently no indication of a separate and more generalized heterosexual epidemic, there is potential for this to happen, as evidenced by the very high STI rates and the emergence of a bridging population of injecting sex workers.
- There are large numbers of vulnerable young people at particularly high risk for infection.

## **Responses to the HIV Epidemic in the Baltic Sea Region**

### *National and Local Responses*

In addition to epidemiological updates, representatives from the three Baltic states and the Russian Federation (Kaliningrad and St. Petersburg regions), gave programmatic updates regarding HIV/AIDS prevention and care activities in their respective country, city or province. National programs include interventions that target the most vulnerable groups in the

community, particularly IDUs, sex workers and youths. However, few programs target prisoners or MSM. In addition, the programs achieve only limited coverage of their target populations and need to be expanded significantly in order to have an impact.

The primary constraints to the development of effective and sustainable national and local responses were identified as follows:

- The HIV/AIDS problem continues to be perceived primarily as a medical issue and has not received the multisectoral attention and support required to build effective and sustainable programs.
- In bad economic times, expenditures on health and social programs in particular, expenditures on HIV/AIDS programs tend to be the first to be cut. This has certainly been the case in the subregion after the recent economic crisis. The HIV/AIDS programs in the Baltic states and the Kaliningrad and St. Petersburg regions of the Russian Federation continue to be underfunded and understaffed, both in the public as well as the NGO sectors.
- Within the health sector, prevention efforts now need to share the dwindling HIV/AIDS budget with the prohibitive costs of antiretroviral therapy. For example, antiretroviral therapy is expected to consume a significant portion of the budget of the Lithuanian National AIDS Center that will be decreased by 15 percent in 2000.
- Current interventions are implemented at a scale that is too small to have a meaningful impact on the epidemic -- the gap between the scope of the problem and the response is widening. For example, harm reduction efforts in Latvia and Estonia are reaching less than 5 and 15 percent of drug users, respectively.
- Societal attitudes, including the attitude of medical professionals, make it difficult to work with vulnerable groups, in particular IDUs, sex workers and prisoners.
- Government legislation in some countries constitutes a legal barrier to the successful implementation of harm reduction efforts.
- There are major knowledge gaps about patterns of injecting drug use and of sexual behavior among priority target populations, in particular, out-of-school youth.

There was a call for international cooperation and support to

- influence national policymakers and policies,
- expand national responses, and
- fill knowledge gaps regarding patterns of sexual behavior, condom use and injecting drug behaviors, particularly among vulnerable youth.

### *International Responses*

Multiple international partners are supporting numerous HIV/AIDS interventions and programs in the Baltic Sea region. A significant number of donor-supported programs are subregional or regional in scope. In the absence of coordination, there is much potential for duplication of effort. The international responses are summarized in annexes 3 and 4 of this report and will require periodic revisions and updating.

### **Framework for a Coordinated Subregional Response**

#### *Rationale and Guiding Principles for a Subregional Response*

There was consensus at the Geneva meeting (November 4-5, 1999) that a coordinated subregional response can accomplish the following:

- provide stronger advocacy for HIV/AIDS programs in the subregion by working together, rather than agency by agency or country by country;
- provide improved support for horizontal networking between countries;
- enable joint targeted action on common and crossborder issues and the development of mutually reinforcing programs;
- build a joint group of local experts, capacity and resources -- in particular, combining and sharing information and experience and avoiding duplication of efforts; and,
- through joint funding and programming, potentially reduce the administrative burden imposed on understaffed recipients to manage multiple sources of funding with multiple reporting requirements.

Given this rationale, the following two principles were recognized to guide the international response:

- 1) national programs, including a well-articulated national HIV/AIDS policy, constitute the backbone of an effective response, and
- 2) activities at the subregional level need to complement and support national programs.

## **Mapping the Epidemic in the Subregion**

### *Molecular Epidemiology*

Since the early 1990s, Finnish and Swedish research groups (3) have collaborated with host-country institutions to study the molecular epidemiology of HIV in the subregion. (4) Such studies have revealed the probable origin and patterns of spread of HIV strains into the subregion. For instance, the relative homogeneity of sequences among HIV strains circulating among IDUs in the subregion suggests that the number of infection sources is quite small. Genetic sequence similarity to previously described strains revealed high similarity to strains prevalent in the Ukraine, Belarus and southern Russia. These results not only suggest that the current epidemics in the Baltic subregion originated or were imported from one of these areas, but that the epidemics in Kaliningrad/Klaipeda versus Latvian epidemics are the result of separate introduction events.

### *Geographic Mapping*

A series of maps was presented by USAID as a first attempt to geographically map the epidemic and its spread. The first map in annex 5 shows the transportation network. This map can be refined to highlight the major routes and volume of traffic on those routes. IDUs may have their own particular travel patterns and these could be highlighted as a subset of this network. The second set of maps provides an overview of how the epidemic has spread in the subregion over the last five years. It illustrates two main mechanisms for the diffusion of the epidemic:

- Jumping from city to city along major transportation routes (land, air and sea), going down the urban hierarchy. There was evidence of this in the presentation on the Russian Federation, where HIV seems to be jumping from one city to another and then exploding in that urban area.
- Contagious diffusion -- starting at one point and gradually moving into contiguous areas around that point. There is also evidence of this in the subregion -- once established in a city, HIV will move into surrounding areas.

The trends are evident. There are epicenters from which the epidemic can be expected to spread; first, by hopping from city to city along major transportation routes and then by contiguous spread. For instance, there is evidence that the epidemic moved from the port city of Kaliningrad in the Russian Federation to the port city of Klaipeda in Lithuania. These maps can be refined with the addition of baseline data at the city and oblast or provincial levels and updated over the years. A subregional strategy should not only target epicenters to reduce transmission within those centers, but also identify potential new centers and establish prevention programs at those sites before the epidemic arrives.

## **Strategic Priorities and Approaches**

### *Overall Strategic Directions*

Drawing on a policy research report, *Confronting AIDS: Public Priorities in a Global Epidemic*, the World Bank gave an overview on how local governments and the international community should respond to the epidemic. Governments should do what others will not do to stop the epidemic and protect the poor. Priorities should focus on

- provision of critical information (a "public good"),
- reduction of risky behaviors (a "negative externality") among those most likely to contract and spread the infection while protecting them from discrimination, and
- protection of the poor who are more vulnerable because they have less choice for economic impact (forcing some women into prostitution) and less access to information and prevention and care services.

Strategies for reducing risky behavior that have been shown to be cost-effective include

- providing information,
- lowering the costs of safe behavior (such as social marketing of condoms and removing legal barriers to access to clean needles and syringes), and
- not raising the costs of safe behavior (such as banning sex work or restricting the supply of drugs, which often have unintended counterproductive results).

Effective allocation of resources for prevention programs should include the following:

- As a first priority, governments should focus on those at high risk who are relatively easy to access, such as IDUs in treatment programs, sex workers attending an STI clinic, and prisoners.
- As additional resources become available, coverage can be expanded to include those at high risk who are more difficult to access, such as out-of-treatment IDUs, streetwalkers, street children, and MSM.
- As additional resources become available, programs can be expanded to include those at lesser risk, such as school-based children and women attending antenatal clinics.

In coping with the impact of the epidemic on the health sector, governments should

- ensure equal access and subsidy rates; expenditures on HIV/AIDS treatment should be equitable with other priority health problems;
- cushion the shock by educating the public about AIDS treatment options and investing in blood supply, universal precautions and training of personnel; and,
- project the demand for AIDS care and estimate the impact of HIV/AIDS on tuberculosis (TB).

It is paramount to act now -- particularly regarding the IDU epidemic, which can move very rapidly from a baseline level of 0 percent to as high as 80 percent in less than a year.

#### *Recommendations from the Geneva Meeting*

Three priority themes were identified at the Geneva meeting (November 4-5, 1999):

- 1) Increase coverage of HIV prevention programs for IDUs to 60 percent,
- 2) Address the STI epidemics in their own right, and
- 3) Place an overall emphasis on vulnerable youth.

Building on these, participants formed three working groups to address the following issues:

- How can donors support the improvement and expansion of existing harm reduction activities in the Baltic Sea region?
- How can donors support programs that focus on vulnerable youth, particularly out-of-school and unemployed youth?
- Are there additional programmatic priorities that the Baltic Sea initiative can help to address from a subregional and crossborder perspective?

The observations and recommendations from the three working groups are summarized below.

#### *Expanding Coverage of HIV Prevention Programs for IDUs*

Recommendations were made in the following areas.

- Strengthen Advocacy
- Target the international donor community, governments and the general public.
- Develop socioeconomic arguments to convince policymakers that harm reduction and other prevention efforts targeting IDUs works.
- Conduct roundtable discussions with policymakers -- these should be sponsored by donor agencies, such as the World Bank, UNDP and UNDCP.
- Mobilize and make government experts and authorities sensitive through peer education.
- Mobilize parents of IDUs to form lobbying groups.
- Conduct a destigmatization campaign for the general public.
- Build Local Human Resources
- Use an established group of local experts.
- Establish training centers at universities. Involve target population, parents and government staff in NGO-implemented programs.

- Mobilize interest and self-help groups of IDUs and persons living with HIV/AIDS (PLWHA).
- Develop a Comprehensive Strategy
- Conduct rapid situational assessments. [\(5\)](#)
- Improve existing legislation regarding drug use and IDUs.
- Introduce international guidelines for a human rights and legal framework for IDUs.
- Develop standard definitions of what constitutes an IDU.
- Focus more on demand reduction and less on supply reduction.
- Include the full spectrum of prevention strategies and find the appropriate mix among them, including primary prevention of injecting drug use, harm reduction, and, if resources permit, drug rehabilitation.
- Include the full range of approaches in harm reduction, including clean needle exchange, methadone maintenance treatment and the promotion of condom use.
- Identify IDUs' primary points of contact with government social and health services and improve the quality and accessibility of those services.
- Set standards for services.
- Address the special needs of IDUs in prisons.

#### *Existing Resources and Platforms*

- Tap into the IDU Task Force.
- Adapt UNDCP demand reduction declaration and action plan. [\(6\)](#)
- Learn from both best and unsuccessful practices (Kaliningrad can serve as an example of an unsuccessful practice).
- Create an inventory of existing pilot projects and activities.
- Exchange local expertise across countries.

#### *Follow Up*

- Establish an IDU working group in each country, which would include representatives from government, local NGOs and people living with a drug use problem.
- Develop a proposal for a subregional injecting drug use program with local and regional components and submit it to donors.

#### *Strengthening Programs for Vulnerable Youth*

The following principles were recognized at the outset:

- Youth should be addressed as individuals rather than as a uniform group;
- All youths are potentially at risk; therefore, primary prevention programs are needed that are broad based; and,
- Some youths, such as out-of-family and out-of-school youths, are more vulnerable than others.

In discussing the range of ongoing interventions and programs in the region and their effectiveness (and potential for their expansion), the group agreed that:

- In addition to being involved in the development of effective programs, youths should lead them on a peer-to-peer basis. It will therefore be necessary to provide leadership training programs for youth.
- Youths need to develop effective lifestyle repertoires that are relevant to them in the kinds of decisions they make in order to keep them on the lower risk end of a continuum between low and high risk behaviors. Such programs should be relevant to gender and sexual orientation. It was noted that the special needs of MSM are often neglected.
- In designing programs, one should not overlook traditional structured environments, such as home, school, organized sports, and social clubs. The latter can be used in combination with peer-based programs and programs targeted at highly vulnerable groups. In particular, the role of parents needs careful consideration in order to strengthen parenting.
- With regard to the most vulnerable groups, programs need to pay special attention to street children, drug users, criminal offenders, and sex workers. There is a need for more effective systems of counseling, medical and outreach

services.

- Greater attention needs to be paid to the use of mass media to communicate more effectively about high-risk activities, including media programs constructed by youth for youth.
- Programs need to address youth as individuals who make mistakes; they need to make sure that a single mistake, or a few mistakes, does not lead to rapid social marginalization. Programs also need to provide opportunities to reenter mainstream society at early stages, such as alternatives to incarceration for minor criminal offenses. The goal is to slow or stop the process by which youths slip from low risk to higher risk behaviors and eventually become marginalized.

In summary, the following recommendations were offered:

- Effective primary prevention programs need to address the needs of all youth.
- Youth need to be involved as program leaders as well as peer educators.
- Health and life skills education is needed to help youth make decisions while considering the long-term consequences of those decisions.
- This education should be offered through a range of structures, including home, school and out-of-school settings.
- Mass media can play an important reinforcing role for youth in lifestyle decisions and in providing information.
- Effective programs need time, are staff and resource intensive, and require supportive national policies.

Proposed next steps include:

- Rapid assessments to have a better understanding of what is successful so that early improvement and expansion can be considered,
- Consideration of mechanisms of assessed program information rather than posting all activities on a web site (be selective), and
- Review of national policy frameworks for consistency for activities that support youth.

#### *Other Programmatic Priorities*

There was consensus around the following general areas:

- Primary prevention efforts need to be targeted to specific groups because of limited resources.
- Secondary prevention is also important among IDUs, sex workers and other at-risk groups.
- Counseling services are needed for HIV-infected individuals; a peer counseling approach is recommended.
- Care and support for HIV-infected individuals (medical as well as psychosocial) emphasizes the message that society is ready to help and creates a positive atmosphere for prevention.

In addition to IDUs, the following priority groups were identified for prevention activities:

*Sex Workers:* HIV prevalence among sex workers at some sites is already high and the potential for a sexual epidemic is present. Crossborder prostitution exists where there are large economic differences across the border. Special outreach services are necessary for sex workers who cannot access services in the country in which they are working. Projects developed under the EU-supported umbrella network<sup>(7)</sup> might serve as models for the region.

*Prisoners:* Prisons are a significant source of new infections in the region -- sexually as well as parentally transmitted. Prisoners easily associate with a high-risk core group and influencing this group would have a potentially large and cost-effective impact on the epidemic. However, many legal constraints make it difficult to implement infection prevention protocols in such settings. These can be overcome by working together, focusing on infection control as the main target, lobbying the government, and supporting legislative reform in prisons.

*MSM:* While the HIV epidemic among MSM has been overshadowed by the wave of infections among IDUs, it is important to remember that the epidemic among MSM continues. While "we cannot do everything for everyone," it is important to think about the special needs of MSM when working with groups such as youth, prisoners and STI patients.

*Migrant Populations:* Migrant groups do not have ready access to mainstream prevention activities because of language and cultural differences that isolate them from the rest of society. Models exist and this presents a good opportunity for collaboration. For example, the development of materials, such as peer education materials, can be used in different countries at the same time; joint efforts would provide a clear added value.

The following services will also need to be addressed and strengthened as feasible:

- STI management;
- medical and psychosocial services for those infected with HIV providing such services sends the right message and will help to mobilize resources,
- mother-to-child transmission is an emerging problem; a pilot project is proposed that would address the social dimensions of this problem;
- prophylaxis of iatrogenic infections (such as through blood transfusions, unclean needles and syringes and needle-stick accidents) puts into question the credibility of the health system and emphasizes a message that is not conducive to prevention work; and,
- treatment of TB in those infected with HIV is an emerging problem that is likely to grow rapidly.

### **Mechanisms for Coordination**

In accordance with the recommendations of the Geneva meeting (November 4(5), 1999), participants agreed to use existing mechanisms to coordinate international support to the Baltic Sea subregion. Participants agreed with the chairs of the UN Theme Groups present at the meeting that the three Theme Groups in the Baltic states and equivalent subgroups in Kaliningrad and St. Petersburg were best positioned to efficiently coordinate international support at the national and local levels. In addition to coordination, it was agreed that these Theme Groups would work with national governments, NGOs and the international donor community to articulate national priorities for joint funding.[\(8\)](#)

In addition, participants took notice of the existence of the following three regional initiatives, which correspond to the three strategic priorities identified:

- The Task Force for the Urgent Response to the Epidemics of Sexually Transmitted Infections in Eastern Europe and Central Asia (STI Task Force) was established in 1998 and is led by the WHO Regional Office for Europe. The aim of the STI Task Force is to coordinate and mobilize international assistance. The task force brings together UN and bilateral agencies, international NGOs, and research institutions. The secretariat of the STI Task Force is hosted by the WHO Regional Office. It holds semiannual meetings of members and country representatives. A harmonized regional strategy has been accomplished and a web site is being developed, providing access to an extensive project inventory database, STI-related technical information, tools for the implementation of STI prevention and care programs, and other resources. Joint reviews of lessons learned by task force member-supported projects focusing on selected programmatic areas are planned for 2000.
- The UNAIDS Task Force on HIV Prevention Among Injecting Drug Users in Eastern Europe and the Newly Independent States (IDU Task Force) was established in 1996 by organizations actively involved in the field that were alarmed by the rapid spread of HIV among IDUs in the Ukraine that year. The IDU Task Force includes cosponsors and intergovernmental, bilateral and international NGOs. The IDU Task Force has successfully advocated the need for pragmatic approaches to HIV prevention among IDUs to international organizations and governments. As an informal breeding ground for joint and synergistic action by members, the IDU Task Force has contributed to the implementation of a series of assessments, numerous pilot projects, and advocacy initiatives, among other activities. A comprehensive training package and information materials in Russian have been developed. The IDU Task Force operation has been hampered by the lack of a secretariat and regular meetings since Spring 1998, but its role was reinforced at a recent meeting through the development of a joint work plan identifying targets, outputs and activities for the coming biennium.
- The UN Interagency Group on Young People's Health, Development and Protection in Europe and Central Asia was established in August 1999, following up a series of joint missions of UNAIDS, UNFPA, UNICEF and WHO to countries of Central and Eastern Europe. The interagency group promotes young people's health, development and protection as a strategic priority, and has been set up to stimulate collaborative efforts in this field among UN agencies, governments and NGOs and to provide technical advice and assistance to such initiatives. The interagency group meets regularly.

### **Resource Support**

The present financial and budgetary crisis affecting most countries in this region makes it unrealistic to expect that central, local or municipal authorities will have the ability to allocate additional resources to expand national HIV/AIDS prevention and care activities. The main challenge is going to be to mobilize the financial, managerial and political will and support to improve and expand the most promising projects. Participants recognized the necessity to urgently mobilize substantial donor support for this initiative in order to act within the closing window of opportunity.

The government of the United States, through USAID, reiterated its commitment to the initiative and the development of a joint work plan with achievable targets.

Provided that an agreement can be reached about plans for program expansion, the Open Society Institute (OSI) of New York will commit a significant sum of money to support training initiatives in the subregion, which will be directed by Latvians, Lithuanians, Estonians, and Russian government authorities and NGOs in the Baltic Sea region.

The government of Finland recently made a commitment to continue to support communicable disease control projects in the Baltic states and northwestern Russia through 2003. Current funding priorities include HIV/AIDS, TB and immunization. In addition, Finland will continue to support the UNAIDS global program. Finland is prepared to reconsider the allocation of resources based on observations made at this conference.

Through the Ministry of Social Welfare and the Swedish Institute for Infectious Disease Control (SIIDC), the government of Sweden will continue to support the regional Infectious Disease Control in the Barents and Baltic Regions program (described in annex 3). Furthermore, the government of Sweden will advocate for the allocation of additional funds to the HIV/AIDS and STI problem at a meeting that will be hosted by the Council of Baltic States in Stockholm in January 2000. In addition, the government has allocated a special fund to SIIDC for disease control, which can be used to support HIV/AIDS/STI programs. In addition, through Sida, Sweden is providing a grant for the preparation of the World Bank Russia Tuberculosis and AIDS (TB/AIDS) Project. The Swedish government intends to increase the allocation for the year 2000 to fund a separate HIV/AIDS project that may or may not be linked to the World Bank project; this has yet to be decided. Through Sida and the East European Committee, Sweden will continue to support small-scale projects that are implemented through pairing programs, such as the Kaliningrad/Malmö Crossborder Cooperation on the Prevention of HIV/AIDS/STD and Drugs (KM(CO) project. (These are described in more detail in annex 3.)

The EC reiterated its commitment to support HIV/AIDS/STI projects in the subregion through the existing TACIS and PHARE programs. In addition, in the year 2000, the EC is likely to fund a number of proposals submitted from the subregion to the Community Program on AIDS and Other Diseases, which was recently opened up to applicants in Central and Eastern European countries. There is also potential for synergy between the HIV/AIDS in the Baltic Sea initiative and the EC(supported European Network for Health Promoting Schools.

UNAIDS will continue to support coordination and information exchange at the regional and local levels

UNDCP, a newcomer among UN cosponsors of UNAIDS, made a commitment to provide technical resources to the Baltic Sea initiative. These include guidelines (that are available in all UN languages<sup>(9)</sup>) on how to approach the drug abuse problem as well as a standardized set of monitoring indicators developed as part of a global program to assess the magnitude of the drug abuse problem. UNDCP is also collaborating with UNAIDS to produce a collection of best practices on how to prevent HIV linked to drug abuse in Central and Eastern Europe. In addition, UNDCP will continue to support the development of a comprehensive school-based curriculum for drug abuse prevention in the three Baltic states. Finally, UNDCP can assist countries in the subregion to find funding for good proposals.

UNDP representatives currently chair the UN Theme Groups in the three Baltic countries and have offered to conduct in-country consultations with in-country government, NGO and international partners to identify local funding priorities. In addition, the UNDP representatives from Latvia and Lithuania proposed to establish a regional information and support center at the UNDP office in either country that would serve as a resource and coordination center for the Baltic Sea initiative. Finally, UNDP will continue to execute the regional project, Social, Economic and Governance Dimensions of the HIV Epidemic in Eastern Europe, CIS and Baltic States, which currently includes Latvia, Lithuania and the Russian Federation, and could be expanded to include Estonia.

UNICEF has already allocated funds to contribute to a joint plan of action that will be developed through this initiative based on the priorities identified in the Baltic states and the Kaliningrad and St. Petersburg regions. Many of these efforts are already underway (see annex 3). UNICEF will continue to support the work of the UN Theme Groups in the subregion. A range of activities is planned in the subregion following the assessment missions. The response will focus around sexual behavior and intravenous drug use, rapid assessments, sexuality education, work with mass media, regional peer education and outreach, health promoting schools and healthy life skills education, work on juvenile justice, youth centers, and psychosocial and medical counseling centers in Kaliningrad and St. Petersburg.

## **Conclusions**

*Information Exchange and Support:* UNAIDS will take responsibility for coordinating this effort within regional and global information sharing networks and ensuring that this information is in a readily accessible and useful format.

*Coordination Support:* UNAIDS will take responsibility for coordination at the global and regional levels. At the country level, the UN Theme Group will continue to facilitate coordination in support of national programs. UNAIDS resident coordinators in each country will work with national partners to identify a local plan of action. UNAIDS staff in the Russian Federation will continue to work with government and regional entities to ensure that a similar preparatory phase takes place as in the Baltic states. Local plans of action will then be shared at a technical meeting in Lithuania or Latvia late in February 2000. A regional strategy will then be developed based on local priorities. How this will be shared with bilateral and other partners remains to be determined.

*Resource Mobilization:* Both internal and external staffing and financial resources will have to be explored, as well as building programs in a sustainable fashion. Participating agencies pledged their commitment to this process. Additional resources will need to be mobilized at the regional and country levels in the next phases of the initiative.

## **Next Steps**

The preparatory phase includes the following steps:

- Working groups will be formed in each of the three Baltic states, Kaliningrad and St. Petersburg with the responsibility of developing an action plan based on local priorities and realities (to be completed early in the spring of 2000). The UN Theme Groups will manage this activity in the three Baltic states and the Russian Federation.
- A consultant will travel to the subregion and work with the above working groups and international partners to draft a subregional strategy that is based on local and subregional priorities (to be completed in February 2000).
- The subregional strategy will be reviewed at a technical meeting in Riga (mid-February 2000) and the level of additional resources required for implementation of the plan will be determined.
- The option to establish a resource center at the UNDP office in Riga or Vilnius to oversee and support the implementation of the subregional strategy will be explored.
- The information provided in annexes 3, 4 and 5 of this report will be updated based on inputs from partners at the meeting and submitted to UNAIDS for future management.

## **Closing Remarks**

In her closing remarks, Eva Biaudet, Finnish Minister of Health and Social Services, emphasized that only by combining resources, both material and intellectual, can the HIV/AIDS epidemic in the subregion be restricted. The government of Finland expects the Northern Dimension process to give a new boost to public health issues in the Baltic Sea region, among them the fight against HIV/AIDS in this area. The minister indicated that the conclusions of the meeting would be submitted to the European Council at the EU summit meeting. It is anticipated that the summit will request that the Commission prepare a plan of action to be implemented in the framework of the Northern Dimension initiative through the existing TACIS and PHARE programs and other relevant programs. Much depends on the willingness of concerned countries to prioritize cooperation in health in their national policies and their cooperation with the EU.

## **Footnotes:**

*Footnote 1:* Source: Dr. Tatyana Smolskaya, Pasteur Institute of St. Petersburg.

*Footnote 2:* An HIV epidemic in a country is considered nascent if less than 5 percent of the individuals in groups with high-risk behavior are infected. The epidemic is considered concentrated if 5 percent or more of the individuals in groups with high-risk behavior, but less than 5 percent of women attending urban antenatal clinics, are infected. The epidemic is considered generalized if 5 percent or more of women attending urban antenatal clinics are infected. (Source: *Confronting AIDS: Public Priorities in a Global Epidemic*, World Bank Policy Research Report, 1997.)

*Footnote 3:* M.O. Salminen, P. Leinikki and coworkers at the Department of Infectious Disease Epidemiology, National Public Health Institute, Helsinki, Finland; and, J. Albert and coworkers at The Huddinge Hospital, Stockholm, Sweden.

*Footnote 4:* References:

1. Liitsola, K., Tashkinova, I., Laukkanen, T., Korovina, G., Smolskaja, T., Momot, O., Mashkilleyson, N., Chaplinskis, S., Brummer-Korvenkontio, H., Vanhatalo, J., Leinikki, P., and Salminen, M. "HIV-1 Genetic Subtype A/B Recombinant Strain Causing an Explosive Epidemic in Injecting Drug Users in Kaliningrad." *AIDS*, 1998, 12:1907-19.
2. Liitsola, K., Salminen, M.O., and Leinikki, P. "Injecting Drug Use Mediated HIV-1 Subtype A and A/B Epidemics in the Area of the Former Soviet Union." *Forum for Nordic Dermato-Venerology*, 1998, 3:15-19.
3. Liitsola, K., Holm, K., Bobkov, A., Pokrovsky, V., Smolskaya, T., Leinikki, P., Osmanov, S., Salminen, M., and the UNAIDS Virus Isolation Network. An AB Recombinant and its Parental HIV-1 Strains in the Area of the Former Soviet Union: Low Requirements for Sequence Identity in Recombination.
4. Leinikki, P. "AIDS Epidemic in Kaliningrad." (letter). *Lancet*, 1997, 349:1914-5.

5. Ferdats, A., Konicheva, V., Dievberna, I., Lilja, E., and Albert, J. "An HIV Type 1 Subtype A Outbreak among Injecting Drug Users in Latvia." *AIDS Res Hum Retroviruses*, 1999, 15:1487-90.
6. Mashkilleysen, N. and Leinikki, P. "Evolution of the HIV Epidemic in Kaliningrad, Russia." *J Clin Virol*, 1999, 12:37-42.
- Footnote 5:* To identify the characteristics of the injecting drug user, describe the context of drug injecting, the patterns of sharing, constraining and facilitating factors to safer infecting behavior, availability and use of existing services for drug treatment or health care, and the societal or community attitude towards use/users.
- Footnote 6:* The action plan should be multisectoral, focus on vulnerable groups, cover the full spectrum of problems, and be adapted by local governments.
- Footnote 7:* The network links projects that focus on HIV/AIDS/STI prevention among sex workers in border regions of Europe.
- Footnote 8:* The key functions of the UN Theme Groups on HIV/AIDS are in the areas of advocacy, data collection, resource mobilization, and strategic planning. Strategic planning represents a tool for countries to identify national priorities and needs, an important point of reference for coordinated and integrated planning of international support.
- Footnote 9:* UN Declaration on the Guiding Principles of Drug Demand Reduction and an Action Plan.

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## **HIV/AIDS in the Baltic Sea Region**

Meeting supported by the Governments of Finland and the United States and UNAIDS,  
Helsinki, Finland, December 7-8, 1999

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### **ANNEX 1**

#### **Agenda for the Helsinki Meeting**

#### **HIV/AIDS in the Baltic Sea Region**

Helsinki, Finland

December 7-8

Marina Congress Center, Nordia Meeting Room

#### **Monday, December 6**

Arrival and check in at Hotel Marina

#### **Tuesday, December 7**

0830 Registration and Coffee

*Morning Session:* chaired by Dr. Tapani Melkas, Director, Finnish Ministry of Social Affairs and Health

0915 - 0930	Welcoming Remarks Dr. Jarkko Eskola, Director General, Finnish Ministry of Social Affairs and Health Eric S. Edelman, U.S. Ambassador to Finland
0930 - 1000	Current State of the Epidemic Mr. Henning Mikkelsen, Programme Development Officer, UNAIDS
1000 - 1045	National & Local Responses Estonia (10 min) Dr. Nelli Kallikova, National AIDS Coordinator, National AIDS Prevention Center, Tallinn Latvia (10 min) Dr. Andris Ferdats, Director, National AIDS Center, Riga Lithuania (10 min) Dr. Saulius Chaplinskas, Director, Lithuanian AIDS Center, Vilnius Discussion
1045 - 1115	Break
1115 - 1200	National & Local Responses (continued) Russian Federation (10 min) Dr. Mikhail Narkevich, HIV/AIDS Federal Coordinator, Russian Federation St. Petersburg Region (10 min) Dr. Tatjana Smolskaja, Pasteur Institute, St. Petersburg Kaliningrad Region (10 min) Ms. Borshakova, Vice Governor, Kaliningrad Oblast, Kaliningrad Discussion
1200 - 1230	International Response Dr. Doris S. Mugrditchian, Senior Technical Advisor to USAID Discussion
1230	Lunch Hosted by the Finnish Ministry of Social Affairs and Health)

*Afternoon Session:* co-chaired by Mr. Cornelius Klein and Mr. Jan Sorensen, UNDP

1400 - 1420	Opportunities to Change the Course of the Epidemic (or Strategic Lessons from the Epidemiology of HIV) Dr. Toomas Palu, The World Bank
1420 - 1440	Mapping the Epidemic across Borders Dr. John Novak, Regional Coordinator (HIV/AIDS), Global Bureau, USAID
1440 - 1500	Building an Expanded Response to HIV/AIDS in Eastern Europe

Dr. Olavi Elo, Director of the Department of Country Planning and Programme Development, UNAIDS

1500 Break

1530 - 1730 Proposed Working Groups

*Working group 1* -- Theme: How can donors support the scaling-up of existing harm reduction activities in the Baltic region?  
Moderator: H. Mikkelsen, Rapporteur: S. Chaplinskas

*Working Group 2* -- Theme: How can donors support programs that focus on vulnerable youth, particularly out-of-school and unemployed youth?  
Moderator: D. Mugrditchian, Rapporteur: D. Mulenex

*Working group 3* -- Theme: Are there additional programmatic priorities that this group can address from a sub-regional and cross-border perspective? (e.g. commercial sex trade, mobile/migrant populations, prisoners, maritime industry, care & support, rapid assessments)  
Moderator: L. Bolshakova, Rapporteur: P. Leinikki

1810 Bus leaves Marina Congress Center for Ambassador reception

1830 Reception hosted by U.S. Ambassador Edelman

**Wednesday, December 8**

0830 Coffee

*Early Morning Session:* chaired by Dr. John Novak, USAID

0900 - 0930 Report and Discussion of Working Group 1  
Rapporteur's Summary

0930 - 1000 Report and Discussion of Working Group 2  
Rapporteur's Summary

1000 - 1030 Report and Discussion of Working Group 3  
Rapporteur's Summary

1030 Break

*Late Morning Session:* chaired by Dr. Olavi Elo, UNAIDS

1100 - 1200 Discussion of Financial Support, Coordination Support, and Next Steps

1200 - 1215 Chairman's conclusions

1215 - 1230 Summary and Closing Remarks by Ms. Eva Biaudet, Minister of Health and Social Services, Finland

1230 Lunch  
(Hosted by Finnish Ministry of Social Affairs and Health)

(end of agenda)

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## HIV/AIDS in the Baltic Sea Region

Meeting supported by the Governments of Finland and the United States and UNAIDS,  
Helsinki, Finland, December 7-8, 1999

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## **HIV/AIDS in the Baltic Sea Region**

Meeting supported by the Governments of Finland and the United States and UNAIDS, Helsinki, Finland, December 7-8, 1999

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### **ANNEX 3**

#### **HIV/AIDS EPIDEMIC IN THE BALTIC SEA REGION:**

##### **AN OVERVIEW OF THE INTERNATIONAL RESPONSE**

The following is an overview of activities supported by international organizations in the Baltic Sea region. It supports the summary table included as Annex 4. The information contained in these annexes is based on a review of existing documents and information received from various agencies. [\(10\)](#)

[1. United Nations Agencies](#)

[2. World Health Organization](#)

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[a. International Planned Parenthood Federation \(IPPF\)/ Family Planning Associations \(FPA\)](#)

[b. International Federation of Red Cross Societies \(IFRC\)](#)

[c. Open Society Institute \(OSI\)/Lindesmith Institute](#)

[d. Medecins du Monde \(MDM\)](#)

#### **UNITED NATIONS AGENCIES**

##### **UNAIDS**

UNAIDS is building an expanded response to HIV/AIDS in Eastern Europe through the strengthening of national HIV/AIDS/STI programs. UN Theme Groups on HIV/AIDS currently exist in each of the Baltic states and the Russian Federation. The functions of the theme group are advocacy, information, integrated planning within the UN system, and strategic planning in terms of assisting governments to develop their national responses. They are expanding as a platform between the government, the UN system and other partners, including bilateral agencies, NGOs and the private for-profit sector, providing a forum for information sharing, joint planning and coordinated action at the country level.

UNAIDS organized a Meeting to Better Coordinate Regional Support for National Responses to HIV/AIDS in Eastern and Central Europe, which was held on November 4-5, 1999, in Geneva, which served as a springboard for the current HIV/AIDS Baltic Sea initiative.

UNAIDS is overseeing the development of global and regional HIV/AIDS databases, including one for Eastern and Central Europe. As a first step, UNAIDS prepared an inventory, "Snapshot of Current HIV/AIDS Activities as Reported by Cosponsors, Bilateral Donors and NGOs," which was presented at the November 1999 meeting in Geneva. UNAIDS will create linkages with other initiatives in the development of such databases.

UNAIDS established the UNAIDS Task Force on HIV Prevention among Injecting Drug Users in Eastern Europe and the Newly Independent States (NIS) in 1996, and was instrumental in establishing the Task Force for the Urgent Response to the Epidemics of Sexually Transmitted Infections in Eastern Europe and Central Asia (STI Task Force), which was founded in February 1998.

UNAIDS established the MAP Group for Eastern Europe and Central Asia to monitor HIV/AIDS trends in the region, the network of Social Sciences Network Schools, and the network of Health Education Institutions on HIV/AIDS.

UNAIDS organized the first regional (CEE/CIS) workshop on legal and ethical issues related to HIV/AIDS in the fall of 1998. Participants included representatives of ministries of justice, faculties of law, and lawyers working for NGOs. The workshop was the initial step in a two-year initiative to establish a regional network of legal experts in the CEE/CIS countries

who could offer legal advice on HIV(related issues in the region.

UNAIDS organized a series of workshops on HIV prevention among IDUs for health professionals in several regions of the Russian Federation, including St. Petersburg, in 1998 and 1999. UNAIDS provided funds in 1997/98 to purchase a van for the outreach component of the harm reduction bus project, funded by the EU(TACIS program and jointly implemented by the Return (Vozrashcheniye) Foundation and Medecins du Monde (MDM) for IDUs in St. Petersburg. (Note: Today, the Return Foundation and MDM operate their own needle exchange bus projects and neither is funded by UNAIDS or the EU.)

UNAIDS provided support to the NGO, AIDS Infoshare, to establish the Russian HIV/AIDS Network of over 30 Russian NGOs active in the HIV/AIDS field across the country, including Kaliningrad and St. Petersburg. Support was also provided to Infoshare to establish a system for the Russian translation and dissemination of UNAIDS and other relevant HIV/AIDS documents in the Russian language.

UNAIDS, as a member of the Interagency Group on Young People's Health Development and Protection (YPHD&P;), participated in the joint UNICEF/UNAIDS/WHO missions to Estonia and Latvia in 1999.

UNAIDS is supporting several activities in the Russian Federation, including strategic planning of the national response to HIV/AIDS, the development of voluntary counseling and testing centers, and a sentinel surveillance study in St. Petersburg.

### **UNDCP**

The Declaration on the Guiding Principles of Drug Demand Reduction stresses that demand reduction should "include a wide variety of appropriate interventions," and should "cover all areas of prevention, from discouraging initial use to reducing the negative health and social consequences of drug abuse." Accordingly, the mandate of UNDCP is to promote comprehensive strategies and approaches where measures to prevent the spread of HIV linked to drug abuse are part of such a comprehensive approach.

UNDCP funded a regional program, Mobilizing Enterprises and Workers to Prevent Substance Abuse in Eastern and Central Europe, from 1995/99. The project aimed at establishing drug abuse prevention and awareness programs at 36 enterprises in 6 countries (Hungary, Latvia, Russian Federation, Romania, Slovenia, and the Ukraine) through the provision of administrative and technical capability. The project is executed by ILO in collaboration with UNDCP.

UNDCP is funding and executing a regional program, Development of Comprehensive Drug Abuse Prevention Material and Related Training for Public Schools in the Baltic States. The project was launched in October 1999 and will continue through 2002. The aim is to develop and test school-based drug abuse prevention curricula in Latvia, Estonia and Lithuania, including also HIV/AIDS/STDs related components. The governments are committed to distributing the final prevention materials to schools at the national level and to include it in the school curricula and in the teacher training college curriculum.

UNDCP funded a project in Latvia, Rindzele Treatment and Rehabilitation in Latvia, from 1997/99. The project continued the development of a treatment and rehabilitation center for adult drug abusers, stimulated the development of networks among public health workers to support the improvement of drug treatment in Latvia in general and in the Rindzele Center in particular, and assisted the State Narcological Center in the creation of an information center with a mobile outreach bus service on drug addiction and treatment possibilities. The project is executed by the Swedish Association for Help and Assistance to Drug Abusers.

In addition, UNDCP is funding and executing a project in the Russian Federation, Immediate Technical Assistance on Control and Prevention of Drugs and Related Organized Crime in the Russian Federation, from 1999/2002. This is a multisector project with a small demand reduction component. Negotiations with government authorities with regard to the activities are ongoing. The areas of action covered will be prevention in schools and IDUs. A rapid situation assessment might also be undertaken.

UNDCP is also collaborating with UNAIDS to produce a collection of best practices on how to prevent HIV linked to drug abuse in Central and Eastern Europe.

### **UNDP**

UNDP has developed a regional project, Social, Economic and Governance Dimensions of the HIV Epidemic in Eastern Europe, CIS and the Baltic States. The project is funded by UNDP, UNAIDS contributions from the Netherlands, and USAID. Program countries include Latvia, Lithuania, the Russian Federation, Romania, and the Ukraine. The project coordinator is based in Vilnius, Lithuania. The project aims to increase awareness and understanding as well as the capacity of countries to respond more effectively to the social, ethical, legal, and human rights dimensions of the HIV/AIDS epidemic;

launch a series of community-based care and support pilot projects based on sound ethical, legal and human rights principles; and, establish a network of informed/committed individuals and institutions capable of promoting and supporting multisectoral and interdisciplinary responses to the epidemic at the national level.

UNDP is also supporting a number of other smaller projects in the subregion, including an HIV/AIDS advocacy project in Lithuania, Advocacy Activities to Overcome Complacency about the HIV/AIDS Epidemic in Lithuania.

## **UNESCO**

UNESCO, in cooperation with the federal Ministry of Education, launched a pilot project in the Russian Federation, In-School Sex Education for Russian Teenagers, in 1996. The project was to be implemented in two schools in each of the following locales: St. Petersburg, Archangelsk, Izhevsk, Moscow, Moscow region, Krasnodar, and Krasnoyarsk. However, the project met with strong opposition by the state Duma as well as some Russian governmental and educational institutions and was suspended. Recently, it was reformulated with the phrase "healthy lifestyles" replacing the phrase "sex education." The project is aimed at developing responsible attitudes toward health among young people coming of age and to prevent drug addiction and substance abuse, alcoholism, smoking, STD/HIV/AIDS, as well as teen pregnancies and abortions.

## **UNFPA**

UNFPA is addressing the issue of HIV/AIDS through its existing activities within clinic-based projects as a component of STD transmission prevention and management. Given the urgent need to address the weakness in interpersonal skills and counseling, UNFPA includes strong information, education and communication (IEC) components in all the interventions it supports in these countries. Programs also tackle the issue from an adolescent health perspective, whereby HIV/AIDS prevention is part of the sex education supported components. In this regard, UNFPA works both through the formal sector as well as the informal sector by strengthening NGOs working with youth to integrate and provide peer counseling and, when possible, services (medical services and supplies).

### *Latvia*

UNFPA has developed two projects. The first project, Regional Capacity Building and Coordination for Enhanced Gender Equality in Reproductive Health, is designed to enhance access to quality IEC material and other activities promoting male involvement in reproductive health. Training and information components, including the prevention of HIV infection and AIDS, are integral parts of the project.

A second project, Support to the Development of a Reproductive Health Strategy in Latvia, aims at contributing to the amount and quality of information regarding the status of reproductive health, including STI/HIV/AIDS.

In addition, UNFPA is funding small-scale activities related to HIV/AIDS awareness creation through its Umbrella Network project.

### *Lithuania*

UNFPA and IPPF are jointly funding the project, Promotion of Reproductive and Sexual Health among Adolescents. The project includes training and information/education components in which the prevention of HIV infection and AIDS are an integral part. Youth centers will be established in the five largest cities of Lithuania and will offer onsite peer counseling, a hotline for adolescents, onsite reproductive health counseling and services by a midwife or physician, peer education in local schools, promotion of safer sex in clubs and discotheques, and dissemination of IEC materials at promotional events.

UNFPA also supports the Umbrella Network project with small-scale activities related to HIV/AIDS awareness creation.

### *The Russian Federation*

UNFPA is funding the project, Adolescent Sexuality and Reproductive Health Peer Education, which aims to raise youth's awareness of HIV/AIDS/STI as one of its major objectives. The project involves youth peer leaders and the production of IEC materials distributed by adolescents.

The project, Strengthening Reproductive Health Services at the District Level in the Republic of Sakha (Yakutia), includes the procurement of contraceptive supplies, including condoms, as well as information on HIV/AIDS prevention.

In addition, UNFPA has decided to procure condoms in conjunction with the harm reduction program needle exchange project that OSI is funding in Kaliningrad.

The Umbrella Project in Russia aims to strengthen the capacity of the Russian government to develop adequate policies as well as to formulate, implement, monitor, and support activities that address a number of population issues, including HIV/AIDS/STI (workshops, seminars, and roundtable discussions concerning HIV/AIDS and STI awareness and prevention and information, communication, advocacy, and education of the population in the field of reproductive health, STD, HIV/AIDS and other relevant issues). In addition to the contributions to countries, at the regional level, UNFPA has been supporting several types of interagency strategic planning exercises.

- Under the 1996/99 intercountry program, UNFPA sponsored regional programs from which nationals from CEE/NIS countries have benefited. The first program included training courses in reproductive health/family planning for service providers from countries in transition at the Department of Obstetrics/Gynecology, University Medical School of Debrecen. The course provides technical skills in contraceptive and reproductive health technologies; HIV/AIDS is integrated as part of the STD component of reproductive health.
- The second course is management/IEC for program managers from countries with economies in transition (CITs) that is conducted by the Netherlands School of Public Health, Utrecht. STD/HIV prevention is covered in the IEC and the program monitoring sections.

## **UNICEF**

UNICEF recognizes that the problem of HIV/AIDS is inextricably connected to a range of problems facing youth, including drug abuse, STDs, street and out-of-school children, and children in institutions. HIV/AIDS/STI prevention and care programs are therefore an integral component of the Young People's Health Development and Protection (YPHD&P;) program in the CEE, CIS and the Baltic states.

The thrust of UNICEF programs is to work with UNAIDS cosponsors, NGOs and the government in the Baltic Sea region to help build national responses which

- provide appropriate information to youth and help them build skills to make healthy choices in life to protect themselves from HIV/AIDS, STIs, injecting drug use, and other substance abuse;
- create a safe and supportive environment for youth free from violence, abuse and exploitation;
- provide services which cater to youth's needs and are confidential and accessible;
- help young people define their responsibilities and help them build skills to live up to those responsibilities;
- help to create mechanisms so that the rights of youth are respected so that they are able to play a meaningful part in the decision-making processes which affect them; and,
- address the needs of girls as well as boys, including those who are at highest risk -- those who are homeless, in institutions, or out of school.

UNICEF helped to design the youth clinic in Odessa that has served as a model for similar clinics in Kiev and more recently in St. Petersburg and Kaliningrad. The clinics provide health education, clinical services and psychosocial support to young people at an affordable price (free for street children). An outreach component consists of a mobile van team, which provides counseling and distributes condoms and clean syringes. While the primary target is marginalized youth, the clinic serves a wider range of young people in order to avoid stigmatization.

Central to the UNICEF activities in HIV/AIDS is the development of IEC strategies that promote the role of mass media in preventing HIV/AIDS and bringing about changes in behavior. UNICEF has supported a number of projects to establish information centers and to train journalists to report more effectively on HIV/AIDS and youth issues.

### *The Russian Federation*

UNICEF Russia is supporting a number of projects in Kaliningrad as part of the Change for Good program supported by the Finnish National Committee for UNICEF through Finnair. These include an HIV prevention project for IDUs, being implemented by the HIV/AIDS and Drug Resistance Foundation. Activities include a peer outreach education program, implemented by former drug addicts; psychosocial support for IDUs and their parents and teachers; information campaigns; HIV/AIDS care at the regional infectious disease hospital; and, care and support for children born to HIV-infected mothers. Other projects include an HIV(prevention program for teenagers, which includes a counseling center for drug abuse prevention; safe spaces in the city; workshops on healthy lifestyles for teenagers, their parents and teachers; and, sport and tourist activities aimed at preventing young people from engaging in high-risk behaviors. Among other services, the Delta-K Information Center undertakes outreach work with subcultural groups of young people, provides an electronic library on HIV/AIDS and other related issues with free access, and free consultations on legal issues for young people. The Regional Center for Medical Prevention operates a volunteer club (Stay Safe), information campaigns, and prevention activities in

schools throughout Kaliningrad oblast. The NGO, Youth for Freedom of Speech, organizes a summer camp for young journalists.

UNICEF Russia also is supporting a number of projects in St. Petersburg. These include the Youth against Drugs project, operated by the St. Petersburg Drug Abuse Prevention Center, which trains youth leaders in drug abuse prevention and HIV risk reduction. Other projects include a rehabilitation program for teenage sex workers and victims of sexual violence living in St. Petersburg girl shelters; an HIV/AIDS, STD and hepatitis B and C medical care and social support project for street children that is being implemented by Medecins du Monde; and, reproductive health services for teenagers, jointly implemented with Yuventa, the St. Petersburg consultative and diagnostic center. UNICEF is developing a peer education program through youth clubs and recreation centers, called youth cafes, where young people can obtain information, counseling and sex education from professionals. UNICEF Russia also is supporting HIV(prevention programs for street children and children in public care institutions, including in Kaliningrad.

### *Baltic States*

The Baltic states are part of UNICEF's Regional YPHD&P; Area for 8 Countries without UNICEF National Programs. (The other five countries without national UNICEF programs are Bulgaria, the Czech Republic, Hungary, Poland, and Slovakia.)

UNICEF, WHO and UNAIDS conducted a joint mission in Estonia and Latvia in April 1999 to investigate ways in which they could jointly work and contribute to the efforts of government, NGOs and civil society in these countries to address the needs of youth. The collaboration process has also led to a specific operational mechanism in collaboration with UNDP -- a UNICEF/UNPD cofunded youth consultant to coordinate mission follow-up activities for the Baltic states. These mechanisms provide a chance to enhance work in areas where UN presence is low, and to coordinate interagency support and advocate in-country with the government, NGOs and the civil society for additional support to YPHD&P. Through these mechanisms and enhanced work with UN Theme Groups on HIV/AIDS, it was possible in 1999 to initiate programming efforts, such as multisectoral forums, training in rapid assessment and response to HIV/AIDS, STI and substance abuse, and life skills education; peer education and youth mobilization; and, media analysis, awards and journalist training.

In 1999, UNICEF and the Estonian Media Center organized a workshop for journalists from the Baltic states to discuss crossborder trafficking of young women for commercial sex work. UNICEF is supporting an award for excellence in reporting on HIV/AIDS in the three Baltic states. UNICEF is also supporting a subregional multimedia workshop for radio, print and TV journalists in the three Baltic states that will be held in Tallinn to enhance journalist skills in youth issues, including HIV/AIDS/STDs and substance abuse.

UNICEF is cooperating with the International Catholic Child Bureau (BICE) in the three Baltic states on a two-year project, Alternatives to Imprisonment for Adolescents at Risk. This is a regional project that aims to find alternatives to imprisonment for juvenile offenders. The project reviews relevant legislation, conducts seminars for professionals, and sponsors exchanges.

UNICEF is supporting a project to assess the potential for peer education networks in selected CEE countries, including the Baltic states.

UNICEF also is supporting a subregional workshop to be held in Latvia to support the development of life skills education within the context of the Health Promoting Schools (HPS) project in the Baltic states. Participants will include HPS coordinators, ministries of education and NGOs from the three Baltic countries.

In addition, UNICEF is supporting a training workshop on rapid assessment and response (RAR) on psychoactive substance use, sexual risk behavior and vulnerable youth, to be held in Riga for participants from the Baltic states and Poland.

### **WHO**

WHO has promoted UNAIDS best practices in STD prevention and care as well as prevention of drug abuse in the region through advocacy, regional workshops and the production of technical guidelines in the Russian language.

In 1999, as a member of the Interagency Group on Young People's Health Development and Protection (YPHD), WHO participated in joint UNICEF/UNAIDS/WHO missions to Estonia and Latvia. The aim was to identify how YPHD might contribute to the efforts of government, NGOs and civil society in these countries to address the needs of young people, including HIV/AIDS/STI and drug abuse prevention.

### *WHO/ASD/EURO Main Focal Point*

In 1999, the Infectious Diseases Department at WHO/EURO (WHO/ASD/EURO) organized an intercountry subregional meeting for high-level decision-makers to promote the integration of STI/HIV prevention and care into reproductive health,

primary health care and other health services where they are more acceptable and accessible. Decision-makers from the Baltic states and the Russian Federation participated in this meeting. The next intercountry regional meeting is being planned for 2000. It will bring together high-level decision-makers for reproductive health, STI and AIDS services to discuss dual protection methods against STI and unplanned pregnancies.

WHO/ASD/EURO hosts the Secretariat of the Task Force for the Urgent Response to the Epidemics of Sexually Transmitted Infections in Eastern Europe and Central Asia (STI Task Force). The purpose of the task force is to facilitate that support to the region is both timely and well coordinated, international and national resources are mobilized, and the local capacity to respond to the STI epidemics is enhanced. Core funding for the Secretariat was provided by the British government (through DfID), the U.S. government (through USAID), and the Open Society Institute. Members of the task force include UN organizations, multilateral and bilateral donors and implementing agencies, NGOs, public health and academic institutions, and professional associations. A web site for the STI Task Force is currently being developed that will provide access to an inventory database, technical documents, and tools and information on country programs and needs. (For more information on the STI Task Force, contact Ms. Janchen de la Cour at [mdc@who.dk](mailto:mdc@who.dk).)

In 1998-99, WHO/ASD/EURO collaborated with the Kaliningrad Regional Fund to conduct a study on the STD care-seeking behavior of students living in hostels in Kaliningrad. During that period, WHO/ASD/EURO also supported the establishment of a clinic where sex workers in Kaliningrad could obtain anonymous STI treatment and gynecological care. WHO/ASD/EURO will send a consultant to Kaliningrad in January 2000 to explore how STI care, information and education for sex workers might be provided through government services where they would be more sustainable over time.

WHO/ASD/EURO is supporting other activities in the region, including STI surveillance, STI case management promotion and training, STI/HIV/Drug Use/TB prevention in prisons, role of pharmacies, blood safety, and surveillance of antimicrobial resistance.

#### *Other Focal Points at WHO/EURO*

WHO/EURO executes the Health in Prisons Project, which was launched in 1995. The project is jointly funded by WHO and the British government. International partners include the International Committee of the Red Cross, the World Federation for Mental Health, and the International Council of Prison Medical Services. The aim of the project is to identify and promote best practices in prison health and health promotion. Project priorities include advocacy, mental health, drugs, and communicable diseases (particularly HIV/AIDS, TB and hepatitis). Proposed interventions include prevention education, needle exchange and disinfecting regimens, and condom distribution. A total of 14 European countries (Ministries of Justice and Interior) officially participate in this initiative. Latvia, and to a limited extent St. Petersburg in the Russian Federation, are the only two participating governments in the Baltic Sea subregion. (For more information on the Health in Prisons Project, contact Mr. Cees Goos at [cgo@who.dk](mailto:cgo@who.dk).)

WHO/EURO produced a booklet, Principles for Preventing HIV Infection among Drug Users, in collaboration with the Council of Europe in 1999. This publication currently can be obtained from WHO/EURO in English and in Russian.

WHO/EURO leads the European Network of Health Promoting Schools, which aims to develop national strategies for health promoting schools. Pilot activities take a holistic approach to health, including the development of modern approaches to health topics, such as drugs and sex education. Many schools in the Baltic states have joined this project since 1993.

WHO/EURO also received a grant from the British government (DfID) to implement a project, Collaboration to Support Selected Countries' Development of Effective Institutions and Programs to Improve Health through Health Education and Health Promotion. The program led to the establishment of the National Center for Health Promotion in Estonia, which has attracted EU(PHARE funding). Similar projects are underway in Latvia and Russia.

## **WORLD BANK**

### *Baltic States*

The World Bank programs in Estonia, Latvia and Lithuania do not focus specifically on HIV/AIDS issues. However, the Estonia Health Project, which closes in June 2000, has provided support to reproductive health programs and other community-based public health programs. The Latvia Health Reform Project that was initiated in March 1999, supports among other things, development of a national public health strategy and action plan as well as selected public health programs, including combating tuberculosis.

### *Russian Federation*

The Russia Tuberculosis and AIDS (TB/AIDS) Project has been under preparation since 1998. International partners include WHO, UNAIDS, UNICEF, OSI, the Gates Foundation, USAID, Sida, DfID, and the Japanese government.

The HIV/AIDS component of the project will include the

\* development of a national strategy for HIV/AIDS and STDs which will include policy development, public education, surveillance, establishment of three training centers, laboratory quality control, prevention of vertical transmission, and a prison program; and,

\* implementation of a regional HIV/AIDS and STD program in 10 oblasts that may or may not include Kaliningrad and Leningrad oblasts.

## **EUROPEAN AND NORTH AMERICAN GOVERNMENTAL ENTITIES**

### **Nordic Council of Ministers**

The Nordic Council of Ministers is funding a regional program, Infectious Disease Control in the Barents and Baltic Sea Regions. The program aims to strengthen infectious disease control in the areas adjacent to the Nordic countries through transfer of knowledge and expertise in modern infectious disease epidemiology and control. The long-term goal is to bring infectious disease under control in these parts of the Baltic and Barents regions. A network of Nordic institutions collaborate on this program, including the National Institute of Public Health of Norway, National Public Health Institute, Helsinki; the Swedish Institute of Infectious Disease Control (SIIDC); the State Serum Institute of Copenhagen; and, the Director General of Health, Iceland. The program is directed towards northwestern Russia, Estonia, Latvia, and Lithuania. The program focuses on epidemiological surveillance and outbreak detection and investigation.

The Council is supporting the Living for Tomorrow: Youth, Sexual Health and the Cultural Landscapes of Gender and Sexuality in Nordic, Baltic and Northwestern Russian in Times of Transition project. This HIV/AIDS initiative is being implemented by the Nordic Institute for Women's Studies and Gender Research at the University of Oslo. It is currently being implemented in Estonia in collaboration with the AIDS Prevention Center in Tallinn. There is interest in expanding the project to Lithuania, St. Petersburg and Kaliningrad. The project aims to facilitate critical discussions of how gender traditions affect sexual risk behaviors among youth, spawn new sexual health initiatives that energize and enable youth-centered health awareness focused on gender issues, and strengthen networking/cooperation and new crosscultural discussions of sexual health and gender. The Council established a parliamentary working group with the purposes of making recommendations for Nordic initiatives on the situation of women and children. This group keeps in contact with parliamentarians, governments, NGOs, and institutions, and is a useful forum for maintaining international dialogue on youth issues, advocating children's rights, and serving as an international voice for young people. The Nordic Information Office in Tallinn and Riga will play a key role in identifying needs and providing anchorage for joint projects in this area highly relevant to young people's health, development and protection.

### **European Union**

The European Union (EU) has a number of funding mechanisms. These include the new PHARE and TACIS programs; the Public Health Program (which includes a community program on AIDS), which was recently opened to Central and Eastern European countries (several proposals from the Baltic states are expected to be funded in 2000); the Health Promotion Program and the Drug Prevention Program, which are not currently open to Central and Eastern European countries; and, the European Network for Health Promoting Schools, which may present an opportunity for synergy with the HIV/AIDS Baltic Sea initiative.

The EU/US Task Force on Communicable Diseases may present another opportunity for synergy with the HIV/AIDS Baltic Sea initiative, particularly in the area of building databases of projects and programs for specific diseases, such as HIV/AIDS, STIs and TB.

Through the existing TACIS program, the EU is

- cofinancing the Prevention of HIV/AIDS and STDs in Kaliningrad project, which since 1998 is being jointly implemented by the twin cities of Kaliningrad and Malmö, Sweden (described in more detail under Sweden); and
- providing support to a needle exchange program in St. Petersburg that is operated by the Return Foundation with assistance from Medecins du Monde.

Through the PHARE program, the EU

- is cofinancing the Klaipeda Addiction Center in Lithuania with the Klaipeda municipality; and

- has provided support for study tours and workshops organized by Fight against Drugs in the three Baltic states.

Through the European Network of Health Promoting Schools, the EU, the Council of Europe, and WHO are cofinancing projects in Estonia and Latvia that include HIV/AIDS/STI and IDU prevention components.

### **Canada (CIDA)**

The Canadian International Development Agency (CIDA) is funding the Russian AIDS Training and Community Development Project in St. Petersburg. The Canada AIDS Russia Project's Russian AIDS Training and Community Development Project is a two-year program to provide Canadian-led expertise and resources in support of Russia's Federal AIDS Program. The project receives principal funding from the Canadian government through a two-year contribution from CIDA, Central and Eastern Europe Branch.

The Russian AIDS Training and Community Development project has been established by the Canadian charitable organization, the Canada AIDS Russia Project (CARP), in partnership with Casey House Hospice and other Canadian HIV/AIDS institutions to provide assistance in training, technical support and community development in support of Russia's Federal AIDS Program.

The project has two main goals: to strengthen the capacity of the Russian Federal AIDS Program to improve standards and implement best practices in HIV/AIDS prevention and care, and to strengthen community-centered responses to HIV/AIDS. Activities to support the Federal AIDS Program focus on training and collaboration among AIDS professionals and community representatives and the development of practical recommendations for HIV/AIDS prevention and care. Community development activities are intended to promote the development of an effective community-based response to HIV/AIDS.

The project is based on a partnership with a consortium of Russian AIDS institutions located in St. Petersburg, Russia. The lead Russian partner is the Department of Infectious Diseases at the St. Petersburg Medical Academy for Postgraduate Medical Studies (MAPS), one of Russia's leading HIV/AIDS training facilities. The project also includes the participation of AIDS specialists and community representatives from eight geographic regions of Russia, including Ekaterinburg, Kaliningrad, Krasnodar, Leningrad oblast, Nizhny Novgorod, Samara, St. Petersburg, Vologda, and Yamala-Nenetsk.

The five short-term objectives of the project are to:

- establish a professional network of Russian AIDS experts from federal, regional, and community-based groups;
- establish an electronic system for project collaboration and online dissemination of AIDS information;
- develop a new curriculum for HIV/AIDS training at the Medical Academy for Postgraduate Studies;
- develop standards and recommendations for effective AIDS policies and practices; and,
- strengthen community initiatives in HIV/AIDS prevention and care.

### **Finland (Ministry of Foreign Affairs)**

#### *Regional*

The government of Finland has provided support to a regional initiative, The All-Baltic Union against AIDS, for the past 10 years. Activities have been implemented in Estonia, Latvia, Lithuania, and the St. Petersburg region of the Russian Federation. Activities funded under this initiative include joint conferences, laboratory training (mostly in the HIV Laboratory in Helsinki), and the establishment of a network of HIV molecular epidemiologists who have mapped the epidemic in the region. The government of Finland hosted and cofinanced the HIV/AIDS in the Baltic Sea Region meeting, held December 7(8, 1999, in Helsinki. Estonia

The Finnish government supports the EC Umbrella Network (Merithaht) in Estonia. The network links projects that focus on HIV/AIDS/STD prevention among sex workers in border regions of Europe. The network is supported by the EC, Germany and several other EU countries. The two-year project in Estonia focuses on crossborder outreach prevention activities for sex workers in Helsinki and Tallinn. Project partners include the Finnish Deaconess Institute, the German Sozial Padagogische Institute in Berlin, and the National AIDS Center in Tallinn. Kaliningrad Region

The government of Finland participated in the SKALA project, a harm reduction project targeting IDUs (including sex workers) that was initiated in Kaliningrad in 1998. The project was financed by EC(TACIS and coordinated by the Malmo City health authorities in Sweden. Russian partners included the City Infectious Disease Hospital and the City Administration. Project activities included strengthening laboratory HIV diagnostics capacity, developing outreach services and training

personnel.

The government of Finland supports the Epidemiology and Prevention of HIV in Kaliningrad project. The six-year project began in 1997 with funding from the Swedish government. The project receives technical assistance from the National Public Health Institute in Helsinki. The Russian partners include the Regional AIDS Center, the city's infectious disease hospital, city and regional administrations, and the St. Petersburg Pasteur Institute. Target populations are IDUs and sex workers. Program areas include surveillance, outreach prevention services to target populations, STD services, and policy and priority setting.

#### *St. Petersburg Region*

Through the Unit for International Collaboration (Hedec) at the National Research and Development Center for Welfare and Health (STAKES), the Finnish government is funding a three-year project, Reduction of Infectious Diseases and their Disadvantages in St. Petersburg and Leningrad oblast, which was initiated in the Russian Federation. The project was initiated in 1997 and aims to reduce infectious diseases as well as prevent and decrease the premature deaths, complications and costs of treatment and care. Finnish partners include STAKES/Hedec and the National Public Health Institute in Helsinki. Russian partners include the St. Petersburg Pasteur Institute and the St. Petersburg and Leningrad Oblast Health Committees. Objectives included the prevention and early diagnosis of STDs and epidemiological monitoring of infectious diseases, including HIV/AIDS/STDs. Recent activities include:

- evaluation of a pilot sexual health education program that has been operated in four St. Petersburg schools in the Frunzenski district and is aimed at influencing students' knowledge and attitudes toward sexuality, health behavior and STDs; and,
- strengthening the STD surveillance system in St. Petersburg to inform strategic planning, assist in setting priorities for resource allocation, help to target prevention efforts, and contribute to strengthening the national surveillance system. The system monitors trends in the incidence of HIV, syphilis, gonorrhea, genital chlamydial infection, genital warts, and genital herpes. The system also monitors trends in sexual behavior. The aim is to provide information on STDs that help to target prevention, enable informed strategic decisions to be made, assist in setting priorities for resources as well as in strengthening existing national surveillance systems.

The Finnish government provides partial funding to the EU (TACIS) Preventive Health Care Systems in the Russian Federation. This two-and-a-half-year program began in 1998. It supports pilot health prevention programs (including HIV/AIDS) in Vologda, Electrostal, Orenburg, and Chelyabinsk. STAKES is a member of the implementing consortium providing technical assistance to the project.

Through STAKES, the Finnish government supports the implementation of social and health care reforms in the republic of Karelia that includes HIV/AIDS prevention education for out-of-school youth.

#### **Netherlands (Ministry of Foreign Affairs)**

The Dutch government channels its HIV/AIDS funding in Central and Eastern Europe through the MATRA program. This program aims to support social transformation and democracy initiatives in Central and Eastern Europe. HIV/AIDS prevention falls under the health care reform theme, 1 of 15 themes supported by the program.

Through the MATRA program, the Dutch government supports the EC Umbrella Network (Merithaht) in Latvia. The network links projects in Europe that focus on HIV/AIDS/STD prevention among sex workers in border regions. It is supported by the EC, Germany and several other EU countries. The Moonlight project in Latvia is being implemented with assistance from the Transnational AIDS/STD Prevention Among Migrant Prostitutes in Europe Project (TAMPEP), a Dutch NGO.

The Dutch government also supports a small grants program in the region through its embassies in Moscow and Riga.

#### *Russia*

Through the MATRA program and Medecins Sans Frontieres (MSF/Netherlands) the Dutch government provides partial funding for the following projects in the Russian Federation:

- Training of Health Professionals in HIV/AIDS Prevention Strategies among IDUs in the Russian Federation. This national project is jointly funded by the Dutch government and OSI/Lindesmith Institute. A strategic alliance, the Russian AIDS Prevention Initiative Drugs (RAPID), has been formed between MSF/Netherlands, OSI/Lindesmith Institute and Medecins du Monde/France, to sustain prevention activities that emerge from the training program.
- A five-year harm reduction program in Moscow. International partners include AIDS Infoshare and Mainline, a Dutch NGO. The project includes outreach peer education, distribution of condoms and alcohol wipes, educational materials,

and a magazine for the drug subculture.

- Health Promotion and HIV Prevention in the Russian Prison System, a three-year program that will begin in four regions in collaboration with the Ministry of Justice: Moscow, Krasnodar, Penza, and Omsk. International partners include WHO; UNAIDS; The Trims Institute; University of Oldenburg, Germany; Mainline; and, AIDS Infoshare.

#### **Norway (Ministry of Foreign Affairs and Ministry of Health and Social Affairs)**

The Norwegian government participates in the Infectious Disease Control in the Barents and Baltic Regions program (described earlier under Nordic Council of Ministers). The executing agencies are the Norwegian Board of Health and the National Institute of Public Health (NIPH). The NIPH conducts short courses and fellowships in epidemiology (including STD epidemiology), develops training materials, organizes fact-finding missions, develops action plans for each of the participating countries in the subregion, and publishes the "EpiNorth" bulletin (two to four issues annually) in collaboration with the Swedish Institute for Infectious Disease Control (SIIDC).

Through the Barents Region Health Program, the Norwegian government is supporting public health projects in the Murmansk, Arkhangelsk and Karelia regions of the Russian Federation. Program priorities include infectious diseases, children's health, and health of native populations. Projects should be based on cooperation between Norwegian or international public health institutes or NGOs and Russian partners. Current projects include a hepatitis B vaccination program for neonates and at-risk groups in Arkhangelsk and a DOTS(based tuberculosis control and treatment program in Murmansk prisons.

Through the Nordic Council of Ministers, the Norwegian government is also supporting a Nordic HIV/AIDS initiative, Living for Tomorrow: Youth, Sexual Health and the Cultural Landscapes of Gender and Sexuality in Nordic, Baltic and Northwestern Russia in Times of Transition. The project is being executed by the Nordic Institute for Women's Studies and Gender Research at the University of Oslo. The project is a collaboration between the AIDS Prevention Center in Tallinn and Gender Research at Oslo University. The project aims to facilitate critical discussions of how gender traditions affect sexual risk behaviors among young people and spawn new sexual health initiatives that energize and enable youth-centered health awareness focused on gender issues and strengthen networking/cooperation and new crosscultural discussions of sexual health and gender.

#### **Sweden (Ministry for Foreign Affairs, Ministry of Health and Social Affairs and Sida)**

Through the Ministry of Social Welfare and the SIIDC, the Swedish government is supporting the regional Infectious Disease Control in the Barents and Baltic Regions program.

Through the SIIDC and the Swedish East Europe Committee (SEEC), the Swedish government is funding an STD control project that is based in Kaunas, Lithuania. The project focuses on strengthening STD laboratory capacity, surveillance and the clinical management of STDs at the primary health care level, particularly in gynecological services. This project is being implemented with technical assistance from the University of Uppsala in association with SIIDC. An extension of this project to St. Petersburg-Leningrad oblast is anticipated in the near future with funding from the SEEC.

In addition, the SIIDC program includes projects on epidemiologic surveillance, antibiotic resistance, STD control, viral hepatitis, TBE and nosocomial infection control, and biosafety.

Sida funds the Kaliningrad/Malmo Crossborder Cooperation on the Prevention of HIV/AIDS/STD and Drugs project (KM(CO)), which was launched in the fall of 1998. The project was initiated in 1996 after discussions between the Kaliningrad mayor and representatives of Malmo City. The Swedish Association of Local Authorities (SALA) financed the preparatory activities and first stage of the project, including training 15 former drug users in Kaliningrad as peer educators for HIV prevention among sex workers and IDUs. The implementation of the project began in the fall of 1998, with cofinancing from EU(TACIS (the SKALA project), and is a collaboration between the cities of Kaliningrad and Malmo (Sweden). The KM(CO) project is administered by the Regional Center for Communicable Disease Control in Malmo. The project opened the first static needle exchange center in Kaliningrad. The center offers STD and other reproductive health services and counseling in addition to the needle exchange program. The center is linked to the mobile needle exchange bus supported by OSI (IHRD).

Sida also funds The Drug Box information project that was initiated in St. Petersburg in March 1998. The project is centered around information and training for social workers, teachers and police authorities. The project is indirectly targeted at drug addicts, sex workers, MSM and school youth. Key personnel are trained to help schools in each of the 20 districts of St. Petersburg to develop a school-based HIV/AIDS education program. The project receives guidance from the Swedish National Institute of Public Health and the National Association for a Drug Free Society.

In addition, Sida is providing a grant for the preparation of the World Bank Russia Tuberculosis and AIDS (TB/AIDS) Project.

The following projects in the St. Petersburg area are supported indirectly by Sida from an allocation granted to the Swedish East Europe Committee (SEEC):

- A needle exchange program, which is being implemented by the Botkin Hospital and the St. Petersburg Health Committee with assistance from the Infectious Disease Department at Malmo University Hospital in Sweden.
- The development of Russian guidelines for the care of mothers infected with HIV and their children, a collaborative project between the Departments of Pediatrics and Gynecology at the Karolinska Hospital in Stockholm and the Clinical AIDS Center at Ust-Igora, just outside St. Petersburg.

Also in St. Petersburg, but through the National Institute of Public Health, the Swedish government is funding the following projects:

- The establishment of a youth clinic in each of two districts of St. Petersburg. The project is being implemented with technical assistance from Stockholm County Prevents AIDS (LAFA). Preventive HIV/AIDS/STI services are included in the services offered at the clinics.
- A sexual health education program that will reach half the schools in the two districts of St. Petersburg where the youth clinics were established. The project is being implemented with assistance from the Stockholm County Council.

### **United Kingdom (DfID/Know How Fund)**

DfID is currently supporting an IDU harm reduction program in Sverdlovsk region in the Russian Federation. The project began in November 1998, with assistance from the United Kingdom (based NGO, International Family Health. Yekaterinburg, Pervouralsk and Verkhnyaya Solda have been identified as the pilot sites for the project. The project includes outreach activities, such as a mobile needle exchange program. DfID is interested in expanding work to St. Petersburg.

DfID is also funding a pilot STD care and prevention project in Samara oblast, A Public Health Based Approach to the Prevention of STDs in Samara and the Russian Federation. This project is receiving technical assistance from the Imperial College, London University. It is anticipated that lessons learned from this project will be applied to strengthen STD care and prevention activities in other oblasts in the Russian Federation.

DfID is providing a grant for the preparation of the World Bank Russia Tuberculosis and AIDS (TB/AIDS) Project.

DfID provides partial funding for the TF/STI task force Secretariat at WHO/EURO.

### **United States (U.S. Agency for International Development)**

The U.S. Agency for International Development (USAID) and the government of Finland cofinanced the HIV/AIDS in the Baltic Sea Region meeting in Helsinki, December 7(8, 1999. Funding was made through the Northeastern Europe Initiative (NEI).

USAID provides partial funding to the Secretariat of the TF/STI task force at WHO/EURO.

#### *Russian Federation*

USAID is funding HIV/AIDS prevention projects in Moscow and Saratov.

USAID funded AVSC International, a U.S.(based organization, to organize a 4(day STD case management workshop for STD specialists and gynecologists from across the country, including St. Petersburg.

USAID also funded AVSC International to develop and produce a comic book to educate adolescents about STIs and safer sex. The comic book, which was developed and tested in Novosibirsk oblast, will also be distributed by UNICEF to adolescents in other regions, including Kaliningrad and Leningrad oblasts.

USAID has provided a grant for the preparation of the World Bank Russia Tuberculosis and AIDS (TB/AIDS) Project.

#### *Lithuania*

USAID has provided a grant to the Klaipeda School Education Program to introduce HIV/AIDS and drug use prevention education in schools. The project is being coordinated by the Klaipeda NGO Information Center (NIC).

USAID had provided a grant to UNDP in Lithuania to help establish a network of NGOs working on a harm reduction project in Kaleipeda, Lithuania, and Kaliningrad, Russia.

## **OTHER ORGANIZATIONS**

### **International Planned Parenthood Federation (IPPF)/Family Planning Associations (FPA)**

The Baltic countries have benefited from the proximity of a wealth of experience in the field among their Nordic FPA neighbors.

In Estonia, sex education has been a priority for the FPA, which has used materials produced by the FPAs in Denmark, Finland, Norway, and Sweden to produce a wide range of sex education materials for schools. The FPA organizes training workshops for teachers and young people and has participated in designing the school health education curriculum. Its youth group conducts peer group education via its network of youth counseling centers, and an interactive Internet page for young people is being developed. The Estonian FPA has exchanged experience and worked with the FPA in Latvia, which has also benefited from Nordic FPA inputs.

In Latvia, the FPA is implementing a project on sexuality and disability and a sex education project focusing on condom use, while the youth group operates a safer sex campaign, including a confidential telephone counseling service or hotline. In 1997, the Latvian FPA piloted the Contraceptive Social Marketing (CSM) project, in collaboration with the European Network, with initial funding from DfID. The CSM project has been successfully replicated in Lithuania (with support from IPPF) and is being extended to other countries in the region.

In Lithuania, the FPA has similarly benefited from its neighbors' collective sex education experience, for example, organizing seminars for teachers (with support from the Netherlands FPA) and has used its own experience in collaborating with the Polish FPA in designing a "Preparation for Family Life" curriculum. A sexual education curriculum is being gradually introduced in secondary schools.

In Lithuania, UNFPA and IPPF are jointly funding a project, Promotion of Reproductive and Sexual Health among Adolescents (or the Youth Center project). The project will be implemented by the Lithuanian FPA (Lithuanian Family Planning and Sexual Health Association [LSFPSH]). (The project is described in more detail under UNFPA.)

In Lithuania, with support from the Open Society Fund, the Lithuanian FPA is organizing sexual health seminars for young people, counseling for victims of sexual abuse, and training of sexual health teachers and health care providers.

In Russia, the FPA conducts outreach work with schools, teachers and parents through its branch youth centers, and is developing a curriculum on the fundamentals of family planning and a healthy lifestyle. The Russian FPA operates a Changes project, which aims to reach boys and girls aged 12(13 in 200 towns across Russia with leaflets for parents, boys and girls.

### **International Federation of Red Cross Societies (IFRC)**

Activities in the Russian Federation are overseen by the IFRC/RC Regional Delegation in Moscow, while those in the Baltic states are overseen by the IFRC Regional Delegation in Budapest. IFRC is supporting the following three programs in the region:

- Formation of the European Red Cross Network on HIV/AIDS (ERNA): a forum for the exchange of information and experience, resource mobilization and capacity building. The network meets twice a year, conducts workshops and publishes newsletters. Interventions focus on IEC, psychosocial support and care, substance abuse and promotion of human rights and dignity. Member societies include Finland, Sweden, Norway, Latvia, Lithuania and the Russian Federation. Estonia has not yet joined the network.
- The International Red Cross Youth Peer Education Project: to promote awareness on STDs and healthy lifestyles among youth. Targets both in and out-of-school youth through peer education. Projects in Estonia, Latvia, Lithuania, and the Russian Federation.
- The HIV/AIDS, Other STDs and TB Project in the Russian Federation, Belarus, Ukraine and Moldova. The project uses the Red Cross visiting nurse service.

### **Open Society Institute (OSI)/Lindesmith Institute**

IHRD (International Harm Reduction Development Program)

The goal of the program is a reduction in the level of health and social harms related to illegal drug use, especially the risk of

HIV infection, in the countries of Central and Eastern Europe and the former Soviet Union. Projects include drop-in and outreach needle exchange and methadone maintenance treatment programs, which also offer sexual health education and condoms (UNAIDS); some preventive work with sex workers who are also drug users; planned activities for prisoners, Roma communities and street children; and, support to drug-related legislation.

### *Estonia*

The Open Estonia Foundation provided partial funding to support a needle exchange program in Estonia beginning in 1998. The program is operated by the National AIDS Prevention Center and the AIDS Information and Support Center in Tallinn. The program operates from four sites: a mobile unit and a fixed unit in Tallinn, and fixed units in Narva and Tartu. The National AIDS Prevention Center also runs a methadone outpatient detoxification program in Tallinn, which is funded by the government and the patients themselves.

### *Latvia*

The Latvian Soros Foundation provided partial funding to open the first needle exchange drop-in center in Latvia in 1997. The government took over funding early in 1999 and opened a second needle exchange center in Riga. The program is operated by the state AIDS Prevention Center in Riga in partnership with the government Narcology Center and the NGO Latvian Association for Safe Sex (LAPDS). In addition to clean needles and syringes, the program offers safe sex education and condoms. Historically, the program has received funding from UNAIDS (as a pilot needle exchange project, 1996-97) and UNDP (March 1998-1999).

The Latvian Soros Foundation is providing partial funding for a methadone maintenance treatment program, which operates from the Center of Drug Abuse Prevention and Treatment in Riga and the Bulduri Polyclinic in Jurmala. The program is being implemented in partnership with the Latvian Association of Professionals for Drug and Alcohol Dependency Treatment (LADAP), an NGO affiliated with the Latvian physicians' organization and the state Center of Drug Abuse, Prevention and Treatment. The program also offers safer sex education to clients. OSI funding ended in December 1999 and was taken up by the government. There are plans to expand to other cities in Latvia.

### *Lithuania*

The Open Society Fund in Lithuania provides partial funding for three out of seven needle exchange sites, one each in Vilnius (opened in 1997, drop-in and outreach services provided by the Vilnius Substance Abuse Treatment Center [VSATC]), Klaipeda (opened in 1997, outreach services provided by NGO Klaipeda Drug and AIDS Prevention Group [KDAPG], which operates from the Klaipeda Addiction Center in Klaipeda ) and Druskininkai (opened in 1998). The drop-in centers also offer HIV testing and counseling, referral services to drug treatment centers as well as safer sex education and condoms. The other four sites in Lithuania are located in Vilnius (opened in 1998, drop-in center funded by the Vilnius AIDS Center), Klaipeda (opened in 1998), Visaginas (opened in 1999, operates at the mental health center with funding from the local municipality), and Panevezys (opened in 1999, operates from the STD hospital with funding from the local municipality). The government plans to establish 10 mobile needle exchange buses over the next five years.

The Open Society Fund in Lithuania provides partial funding for two methadone maintenance treatment (MMT) programs. The first program was launched in Vilnius in 1995. It is run jointly by the Vilnius Substance Abuse Treatment Center (VSATC) in association with the Foundation SALPA, and more recently, the Lithuanian Association of Addiction Psychiatry (LAAP). It operates at four sites in Vilnius: VSATC and three primary health care centers (Pylimo, Karolininkiu and Naujininku PHCCC). The second MMT program partially funded through IHRP is run by Deliverance, an NGO, and has been operating from the Primary Health Care Center in Druskininkai since 1998. The State Health Insurance has been funding a third MMT program at the county psychiatric hospital in Kaunas since 1996. A fourth MMT program is operated from the Klaipeda Addiction Center in Klaipeda with funding from the Klaipeda municipality and a grant from the EC (PHARE program) since 1995.

### *Russian AIDS Prevention Initiative(Drugs (RAPID)*

A strategic alliance, the Russian AIDS Prevention Initiative Drugs (RAPID), was formed between the Open Society Institute in Russia, MSF/Netherlands and Medecins du Monde-France (MDM/France), to support harm reduction activities in the Russian Federation. Under the RAPID project, OSI/Russia has funded harm reduction projects in Pskov (a district that lies on the western border of Russia and constitutes a crossroads for major transportation routes between St. Petersburg and Kaliningrad, St. Petersburg and Odessa, and Kaliningrad and Moscow), Kaliningrad, and Kolpino (a satellite town of St. Petersburg). MDM provided technical assistance during the start-up phase of these projects. Condoms and educational materials for the projects are provided by UNFPA and UNAIDS.

The RAPID project in Kaliningrad consists of a mobile needle exchange unit which is operated by "No to AIDS and Drugs," a local NGO, which also operates a fixed needle exchange center in the city with cofunding from EU(TACIS (through the SKALA project) and the Swedish government (through the Kaliningrad/Malmo Crossborder Cooperation on the Prevention of HIV/AIDS/STD and Drugs project). The mobile unit has been operating since July 1999 in a Roma community that is considered to be Kaliningrad's main drug trade center.

The RAPID project in Kolpino near St. Petersburg consists of a fixed needle exchange center, which was also opened in mid-1999. The center also provides medical and counseling services.

#### *Other OSI(Supported Activities*

OSI/New York provides partial funding for the TF/STI Task Force Secretariat at WHO/EURO.

The Open Society Fund in Lithuania is providing support to the Lithuanian Family Planning Association (FPA) to organize sexual health seminars for young people, counseling for victims of sexual abuse, and training of sexual health teachers and health care providers.

#### **Medicins du Monde (MDM)**

Medecins du Monde (MDM) is implementing the following three projects in St. Petersburg:

- Harm Reduction and HIV/Hepatitis/STD Prevention among IDUs: MDM provides outreach services from a bus which operates at fixed sites in St. Petersburg. Services include clean needle/syringe exchange; distribution of condoms; sweps; first level medical care; psychosocial support; and, serological testing and counseling for HIV, hepatitis B and C, and syphilis. This harm reduction project was launched as a pilot project in 1997-98, jointly by MDM and the Return (Vozrashcheniye) Foundation, a local NGO, with funding from the EU(TACIS program and UNAIDS. Today, each organization is operating its own project. The MDM bus is funded largely by MDM/France, with supplementary funding from the Open Society Institute (OSI) and the Know How Fund (UK). The Return Foundation bus receives at least partial funding from OSI. A third needle exchange bus project, the Malmo(St. Peterburg project, is being jointly implemented by the Botkin Hospital and the St. Petersburg Health Committee, with assistance from the Malmo University Hospital in Sweden, with funding from the Swedish government
- Medical and Social Assistance for Street Children: MDM operates a drop-in center where street children can receive medical, psychological and social support. The center is largely funded by MDM/France. UNICEF is funding an epidemiological survey of HIV, hepatitis B and C, and syphilis at the center.
- Russian Network of Specialists and Volunteers who Work with Persons Living with HIV/AIDS: MDM has created an association of Russian specialists committed to the fight against AIDS. Specialists from Astrakhan, Elista, Tver, Pskov (which is geographically connected with the Baltic Sea region), and St. Petersburg itself have received training in HIV/AIDS counseling, prevention and care in St. Petersburg and Paris, France. The training was funded by the World AIDS Foundation (WAF).

MDM also provided technical assistance during the start-up phase of harm reduction projects funded by OSI/Russia in Pskov, Kaliningrad and Kolpino (near St. Petersburg) under RAPID.

Footnote 10: Any oversights should be brought to the attention of [dmugrditchian@mindspring.com](mailto:dmugrditchian@mindspring.com).

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## HIV/AIDS in the Baltic Sea Region

Meeting supported by the Governments of Finland and the United States and UNAIDS, Helsinki, Finland, December 7-8, 1999

### ANNEX 4

	ESTONIA	LATVIA	LITHUANIA	ST. PETERSBURG	KALININGRAD
<b>Prevention among IDUs</b>					
(Demand Reduction and harm reduction including needle exchange programs (NEP) and methadone maintenance treatment (MMT))	OSI/Lindesmith/ National AIDS Center (IHRD/NEP)  EU- PHARE (Fight against Drugs -- study tours and workshops)  UNDP/Rehabilitation Center for IDUs  UNDCP (demand reduction -- limiting supply)	OSI/Lindesmith/ National AIDS Center (IHRD/NEP)  EU- PHARE (Fight against Drugs -- study tours and workshops)  OSI/Lindesmith/ Drug Abuse Treatment Center (IHRD/MMT)  UNDCP/RFHL/ Rindzele Centre (drug treatment and rehabilitation)  UNDCP (Mobilizing Enterprises and Workers to Prevent Substance Abuse in Eastern and Central Europe)	OSI/Lindesmith/ National AIDS Center (IHRD/NEP)  EU- PHARE (Fight against Drugs -- study tours and workshops)  OSI/Lindesmith/ Drug Abuse Treatment Center (IHRD/MMT)  EU- PHARE/Klaipeda Municipality/ Klaipeda Addiction Center (MMT)  UNAIDS/National AIDS Center (KABP, IEC for IDUs)	OSI/Lindesmith (RAPID)/Return Fund (NEP)  UNICEF/Youth Against Drugs  UNAIDS/EU- TACIS/Medecins du Monde-France/Return Fund (NEP)  UNICEF/Drug Abuse Center (Youth Against Drugs -- peer education)  CIDA/Canada AIDS Russia Project (training seminar)  Sweden/Swedish East European Committee/Malmoe University Hospital/Botkin Hospital (NEP)  Sweden/Sida/ Swedish Public Health Institute/Swedish Assoc. for a Drugfree Society (Drug Box Project -- training sex workers, teachers and police)  UNAIDS (training health professionals)	OSI/Lindesmith/ No to AIDS and Drugs (IHRD/NEP)  UNICEF (Change for Good Program)  EU-TACIS/Sweden/ Finland (SKALA) (peer outreach)  Finland/National Public Health Institute (Epi and Prevention of HIV in Kaliningrad -- outreach)  Sweden/Sida/ Malmoe University Hospital/No to AIDS and Drugs (Prevention of HIV/STDs in Kaliningrad -- NEP, reproductive health services)

<p><b>Prevention among Youth</b></p> <p>(In-school and out-of-school)</p>	<p>UNDCP(school curriculum)</p> <p>IFRC (peer education)</p> <p>IPPF/Nordic FPA/ Estonian FPA (in-school sex education)</p> <p>IPPF/Estonian FPA Youth Group (youth centers -- peer education)</p> <p>OSI/Estonian FPA (seminars for youth; counseling for victims of sexual violence; training teachers and health professionals)</p> <p>OSI/Tartu Youth Clinic (hotline, seminars, training of teachers)</p> <p>UNICEF (subregional workshop to develop life skills education in context of Health Promoting Schools)</p> <p>UNICEF (peer education network in CEE countries)</p> <p>UNICEF (subregional workshop on rapid assessment response methodology on substance abuse and sexual risk behavior among especially vulnerable youth)</p> <p>UNICEF(Int'l. Catholic Child Bureau (Alternatives to Imprisonment for Adolescents at Risk)</p> <p>UNICEF/Int'l. Catholic Child Bureau (Alternatives to Imprisonment for Adolescents at Risk)</p> <p>UNICEF/Estonian Media Center (journalist workshop re: crossborder trafficking of young girls in Baltic region)</p> <p>EU/Council of Europe/WHO (European Network of Health Promoting Schools)</p> <p>UNDP (national training of health education teachers)</p> <p>Nordic Council of Ministers/Nordic Inst. for Women's Studies at Oslo Univ./National AIDS</p>	<p>UNDCP (school curriculum)</p> <p>IFRC (peer education)</p> <p>IPPF/Latvian FPA (youth centers)</p> <p>IPPF/Latvian FPA Youth Group (safer sex campaign, including hotline)</p> <p>UNICEF (subregional workshop to develop life skills education in context of Health Promoting Schools)</p> <p>UNICEF (peer education network in CEE countries)</p> <p>UNICEF (subregional workshop on rapid assessment response methodology on substance abuse and sexual risk behavior among especially vulnerable youth)</p> <p>UNICEF/Int'l. Catholic Child Bureau (Alternatives to Imprisonment for Adolescents at Risk)</p> <p>EU/Council of Europe/WHO (European Network of Health Promoting Schools)</p>	<p>UNDCP (school curriculum)</p> <p>IFRC (peer education)</p> <p>IPPF/Netherlands FPA/LFPSH (training teachers)</p> <p>IPPF/Poland FPA/ Lithuanian FPA (in-school family life curriculum)</p> <p>IPPF/UNFPA/ Lithuanian FPA (reproductive health and sexual health among adolescents)</p> <p>USAID/Klaipeda Information Center/Klaipeda School Education Program (HIV/AIDS and drug prevention education)</p> <p>UNICEF (subregional workshop to develop life skills education in context of Health Promoting Schools)</p> <p>UNICEF (peer education network in CEE countries)</p> <p>UNICEF (subregional workshop on RAR methodology on substance abuse and sexual risk behavior among especially vulnerable youth)</p> <p>UNICEF/Int'l. Catholic Child Bureau (Alternatives to Imprisonment for Adolescents at Risk)</p>	<p>IFRC (peer education)</p> <p>IPPF/Russian FPA (Healthy Lifestyles curriculum for schools; youth center-based outreach to schools, teachers and parents; Changes project)</p> <p>UNFPA/Russian FPA (adolescent sexual and reproductive health peer education)</p> <p>UNESCO (In-school Healthy Lifestyle Education for Russian Teenagers)</p> <p>UNICEF/Medecins du Monde (youth clinic and mobile van)</p> <p>UNICEF/Yuventa (reproductive health services for teenagers)</p> <p>UNICEF (community-based program for street children)</p> <p>Sweden/Swedish East European Committee/ Stockholm County Prevents AIDS (youth clinics)</p> <p>Sweden/Swedish East European Committee/ Stockholm County Council (sexual health education program in schools)</p> <p>Sweden/Sida/ Swedish Public Health Institute/ Swedish Assoc. for a Drug free Society (Drug Box Project -- school-based HIV/AIDS education program)</p> <p>Finland/Natl. Public Health Institute/STAKES (sexual health education program in schools)</p> <p>OSI/Scientific Research Programs Center (prevention among students in St. Petersburg region)</p>	<p>IFRC (peer education)</p> <p>IPPF/Russian FPA (Healthy Lifestyles curriculum for schools; youth center-based outreach to schools, teachers and parents; Changes project)</p> <p>UNFPA/Russian FPA (adolescent sexual reproductive health peer education)</p> <p>UNICEF (Change for Good: Delta-K information center, Stay Safe Club, etc.)</p> <p>UNICEF (community-based program for street children)</p>
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	Center (Living for Tomorrow -- dialogue on youth sexual health and gender)  WHO (systematic dissemination of HIV/AIDS/STD information in Estonian and Russian schools)			OSI/Family Health Association (seminars and IEC materials for youth in St. Petersburg)  OSI/Panatseya (prevention of STDs among youth in Murmansk)	
<b>Prevention among Sex Workers</b>	EU (Umbrella Network)/Finnish Deaconess Inst./German Sozial Padagogische Inst. -- gGmbH  OSI/Open Estonia Foundation  UNICEF/Estonian Media Center (journalist workshop re: crossborder trafficking of young girls in Baltic region)	Netherlands/TAMPEP (MATRA)	UNAIDS/National AIDS Center (KABP, IEC, hotline, STD services, counseling and condoms for sex workers)	Finland/Natl. Inst. of Public Health (outreach to sex workers, many of whom are also IDUs)  OSI (RAPID)/Return Foundation (sex workers, many of whom are also IDUs)  UNICEF (rehabilitation for teenage sex workers)	EU-TACIS/Sweden/Finland (SKALA) (peer outreach to IDUs and sex workers, many of whom are IDUs)  Finland/National Public Health Institute (Epi and Prevention of HIV in Kaliningrad -- outreach to sex workers, many of whom are IDUs)  Sweden/Sida/Malmoe Univ. Hosp/No to AIDS and Drugs (Prevention of HIV/STDs Kaliningrad -- NEP, reproductive health services for IDUs and sex workers, many of whom are IDUs)  WHO/EURO/Kaliningrad Regional Fund (anonymous STD clinic for sex workers)
<b>Prevention among Other Vulnerable Groups</b> (e.g., prisoners, army, MSM, sailors, mobile populations, minority groups)	OSI(IHRD/prisoners) (planned in 2000)	DFID/IFRC/World Fed. Mental Health/Council of Prison Medical Services (prisoners)	UNAIDS/National AIDS Center (KABP, IEC for sailors)	UNICEF (program for children in public care)	UNICEF (program for children in public care)
<b>Condom Programming</b>		IPPF/DfID/European Network/Latvian FPA (Condom Social Marketing -- COOL)	IPPF/Lithuanian FPA (Condom Social Marketing -- COOL)	DfID/USAID/PSI (condom social marketing -- youth)	UNAIDS/USAID/DfID/PSI (condom social marketing)

<p><b>Reproductive and STD Care</b></p>	<p>EU (Umbrella Network)/Finnish Deaconess Inst./German Sozial Padagogische Inst. -- gGmbH</p>	<p>UNFPA/Latvian FPA (promoting male involvement in reproductive health)</p> <p>UNFPA (development of reproductive health strategy for Latvia)</p>	<p>STD Control in Baltic Region/Swedish Infectious Disease Control Institute/ Univ. of Uppsala</p>	<p>Sweden/Swedish East European Committee/ Swedish Infectious Disease Control Institute/Univ. of Uppsala</p> <p>Finland/ Natl. Public Health Institute/STAKES</p> <p>WHO/Dr. Ott Research Institute of Obstetrics/ Gynecology (Promoting WHO STD case management protocols in Leningrad oblast)</p> <p>USAID/AVSC (participation in national STD workshop for physicians)</p>	<p>Finland/National Public Health Institute</p> <p>EURO (TACIS)/City of Malmoe</p> <p>WHO/EURO/ Kaliningrad Regional Fund (anonymous STD clinic for sex workers)</p> <p>WHO/EURO/ Kaliningrad Regional Fund (STD Health Seeking Behavior Study)</p> <p>USAID/AVSC (participation in national STD workshop for physicians)</p>
<p><b>HIV Care and Support</b></p> <p>(including medical care and psychosocial support)</p>	<p>Nord-All (Network of HIV- positive people of Nordic countries) (support for triple therapy)</p>	<p>UNDP (Social, Economic and Governance Dimensions of the HIV Epidemic in Eastern Europe, CIS and Baltic states)</p>	<p>UNDP (Social, Economic and Governance Dimensions of the HIV Epidemic in Eastern Europe, CIS and Baltic states)</p>	<p>CIDA/Canada AIDS Russia Project (community initiatives in HIV/AIDS care and support; Russian translation/ dissemination of guidelines)</p> <p>Sweden/Swedish East European Committee/ Karolinska Hosp. (infected mothers and their children)</p> <p>Sweden/Sida/Natl. Inst. of Public Health/ Natl. Assoc. for a Drugfree Society (training social workers, police authorities)</p>	<p>Sweden/Sida/ Malmoe Univ. Hospital (social support)</p> <p>UNICEF (Change for Good program -- care for HIV/AIDS patients and children of infected mothers)</p>
<p><b>Legal, Policy and Ethical issues</b></p>	<p>UNAIDS/UNDP (regional technical resource network on AIDS legal and ethical issues)</p> <p>UNICEF/Estonian Media Center (journalist workshop re: crossborder trafficking of young girls in Baltic region)</p>	<p>UNAIDS/UNDP (regional technical resource network on AIDS legal and ethical issues)</p> <p>UNDP (social, economic and governance dimensions of the HIV epidemic in Eastern Europe, CIS and Baltic states)</p> <p>UNICEF/Estonian Media Center (journalist workshop re: crossborder trafficking of young girls in Baltic region)</p> <p>UNICEF (YPHD&amp;P</p>	<p>UNAIDS/UNDP (regional technical resource network on AIDS legal and ethical issues)</p> <p>UNDP (social, economic and governance dimensions of the HIV EPIDEMIC in Eastern Europe, CIS and Baltic states)</p> <p>UNDP (Advocacy to overcome complacency about HIV/AIDS)</p> <p>UNICEF/Estonian Media Center (journalist workshop re: crossborder</p>	<p>UNAIDS/UNDP (regional technical resource network on AIDS legal and ethical issues)</p> <p>CIDA/Canada AIDS Russia Project (training seminar, translation and dissemination of guidelines)</p> <p>Sweden/Swedish Assoc. for Sexual Education</p> <p>UNICEF Russia (awareness raising on the Convention on the Rights of the Child)</p> <p>UNICEF Russia (programs for children in</p>	<p>UNAIDS/UNDP (regional technical resource network on AIDS legal and ethical issues)</p> <p>Finland/National Public Health Institute (Epi and Prevention of HIV in Kaliningrad -- policy)</p> <p>UNICEF Russia (awareness raising on the Convention on the Rights of the Child)</p> <p>UNICEF Russia (programs for children in conflict with the law)</p>

		forum)	trafficking of young girls in Baltic region)	conflict with the law)	
<b>Public Awareness Campaigns</b>	UNFPA/UNDP (AIDS Awareness Creation)  UNICEF (subregional workshop for radio, print and TV journalists in Baltic states to be held in Tallinn)	UNICEF (national media awards)  UNFPA/UNDP (AIDS Awareness Creation)  UNICEF (subregional workshop for radio, print and TV journalists in Baltic states to be held in Tallinn)	UNICEF (national media awards)  UNFPA (AIDS Awareness Creation)  UNICEF (subregional workshop for radio, print and TV journalists in Baltic states to be held in Tallinn)  UNDP/UNESCO (strengthen information support centers)	CIDA/AIDS Russia Project  Finland/Natl. Public Health Institute (STAKES)  CIDA/Canada AIDS Russia Project (press releases; World AIDS Day activities, etc.)	UNICEF/Youth for Freedom of Speech (Change for Good program)
<b>General Capacity Building</b>				UNAIDS/AIDS Infoshare (Russian HIV/AIDS Network)  UNAIDS/AIDS Infoshare (translation and dissemination of key materials)  CIDA/Canada AIDS Russia Project (professional networks, online dissemination of AIDS databases)	UNAIDS/AIDS Infoshare (Russian HIV/AIDS Network)  UNAIDS/AIDS Infoshare (translation and dissemination of key materials)
<b>Surveillance</b>	UNAIDS (MAP Group for Central and Eastern Europe)  ID Control in Barents and Baltic Regions/Nordic Council (surveillance)	UNAIDS (MAP Group for Central and Eastern Europe)  ID Control in Barents and Baltic Regions/Nordic Council (surveillance)	UNAIDS (MAP Group for Central and Eastern Europe)  ID Control in Barents and Baltic Regions/Nordic Council (surveillance)	ID Control in Barents and Baltic Regions/Nordic Council (surveillance)  Finland/Natl. Public Health Institute/ STAKES (surveillance)  CIDA/AIDS Russia Project (laboratory training, epidemiological updates)  UNICEF/Medecins du Monde (HIV/AIDS/STD/ HBV testing of street children)	ID Control in Barents and Baltic Regions/Nordic Council (surveillance)  EU- TACIS/Sweden/ Finland (SKALA)  Finland/National Public Health Institute (Epi and Prevention of HIV in Kaliningrad -- surveillance)

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Links to Maps:

[A. Urban Hierarchy and Major Transportation Routes in Northeastern Europe, 1999](#)

[B. HIV Prevalence in Northeastern Europe, 1995-1998](#)

[C. HIV Prevalence in Northeastern Europe, 1999](#)

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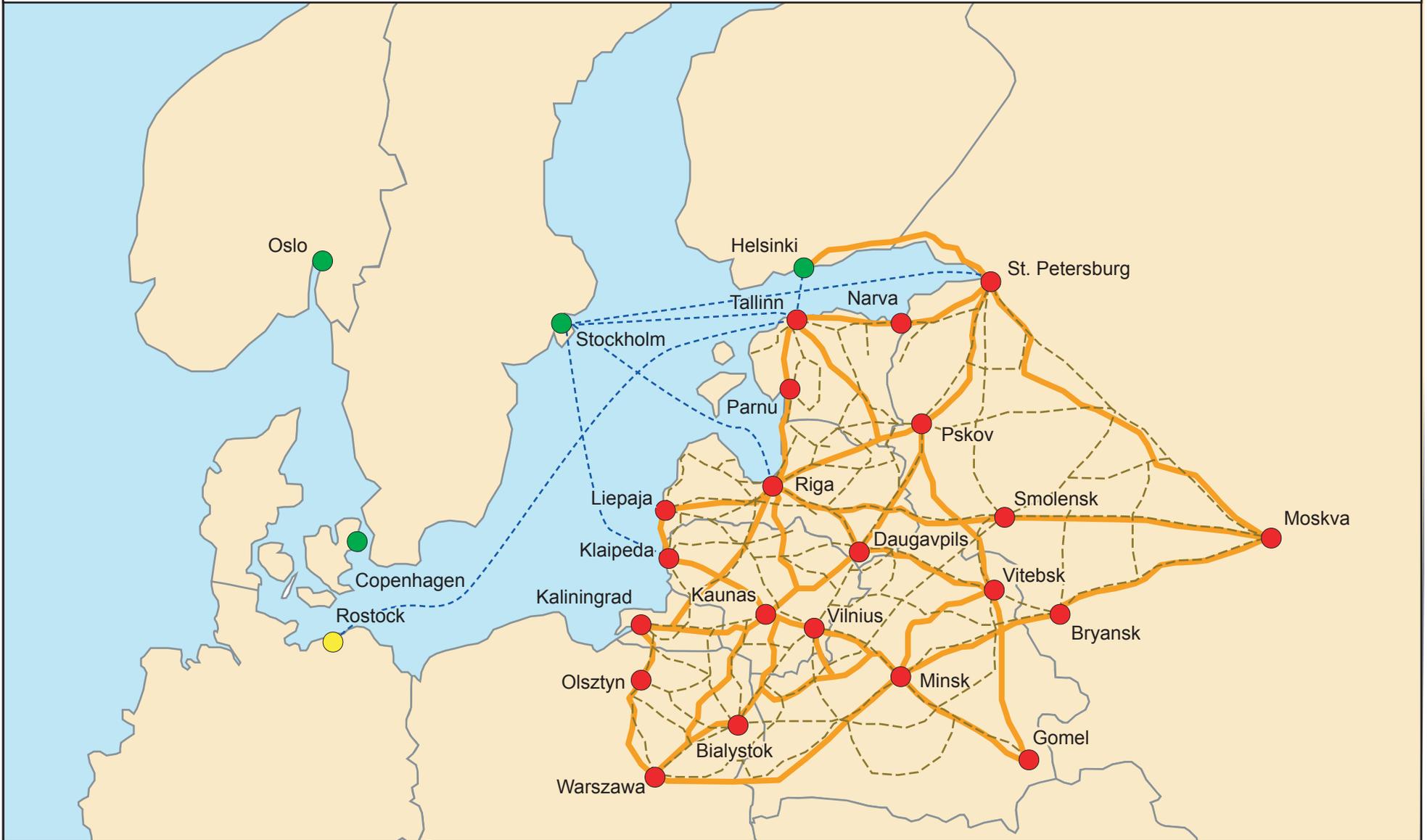
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[Bureau of European Affairs](#)

[Northern European Initiative](#)

[State Department Homepage](#)

# Urban Hierarchy and Major Transportation Routes in Northeastern Europe, 1999



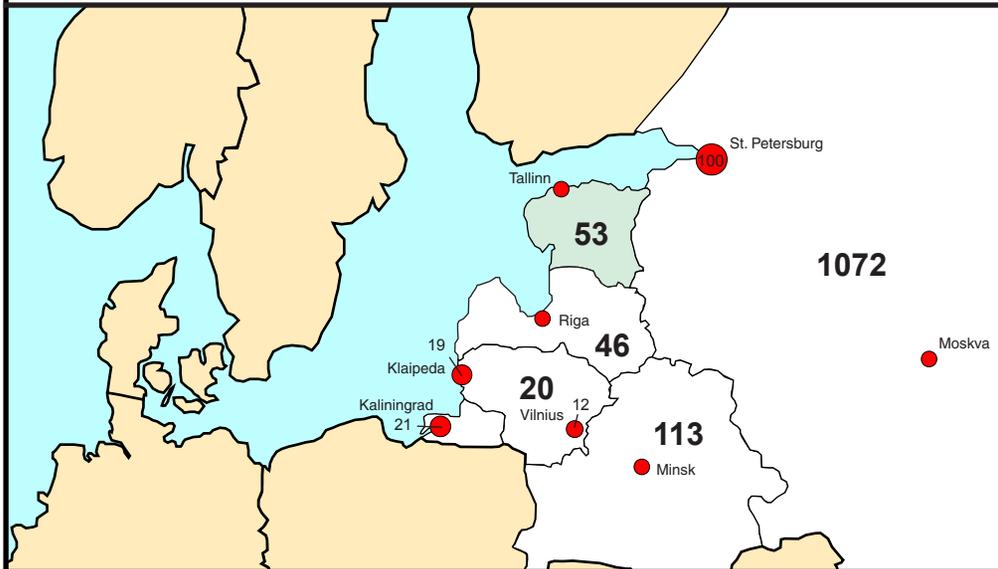
USAID, 1999



- Major City
- Scandinavian Capital
- German Port City
- Country Boundary
- Major Road
- - - Railway Line
- - - Passenger Ship Line

Data Sources: ESRI Digital Chart of the World (Roads, Railroads)  
□ <http://www.ferryguide.nu> (Passenger Ships)

# HIV Prevalence in Northeastern Europe, 1995-1998

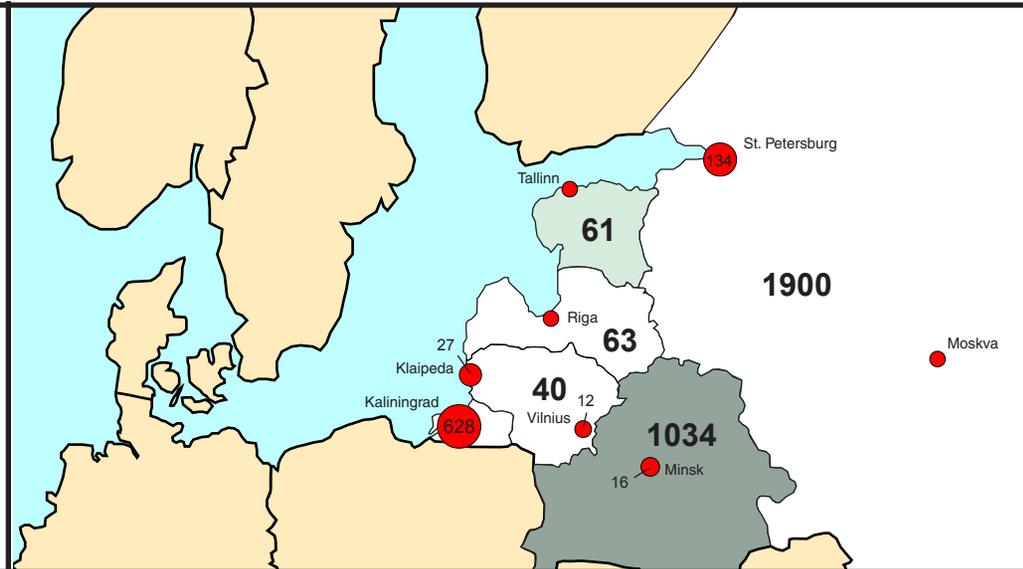
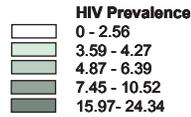


Data Source: Russian Federal AIDS Centre, 1998

Prevalence rates are per 100,000 people

**13** Number of registered HIV+ individuals

**1995**

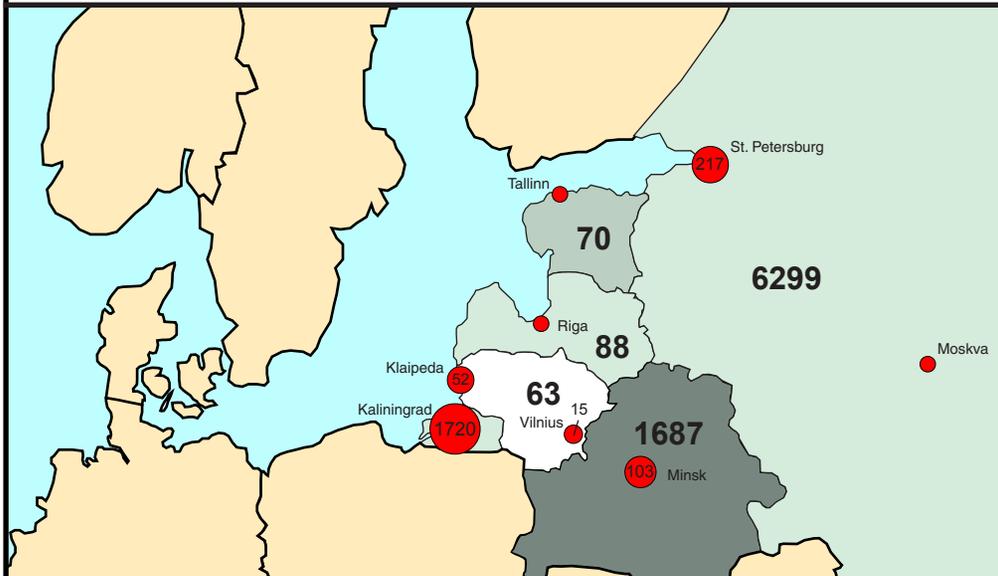
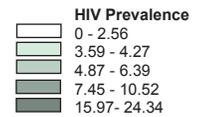


Data Source: Russian Federal AIDS Centre, 1998

Prevalence rates are per 100,000 people

**13** Number of registered HIV+ individuals

**1996**

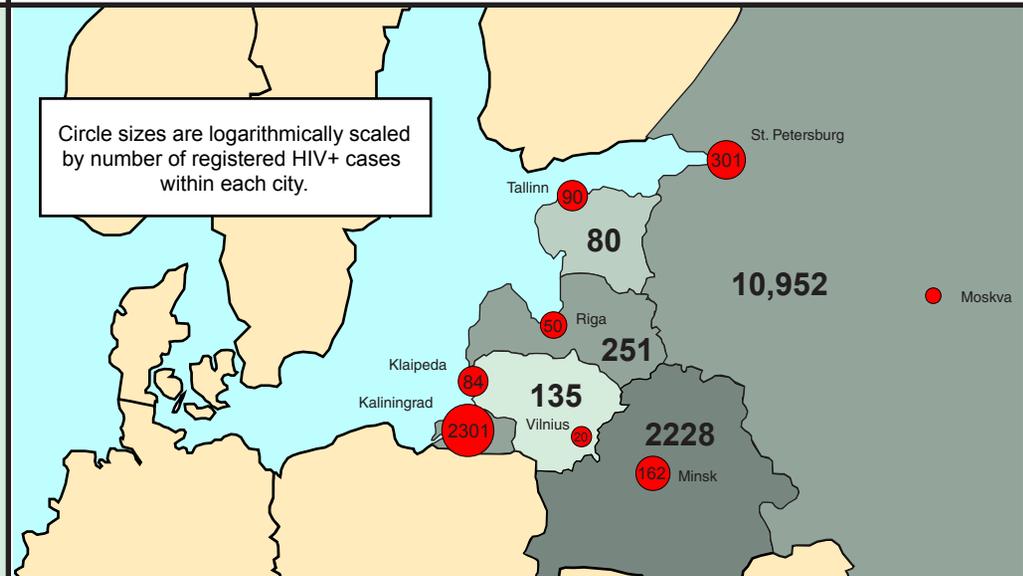
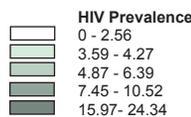


Data Source: Russian Federal AIDS Centre, 1998

Prevalence rates are per 100,000 people

**13** Number of registered HIV+ individuals

**1997**

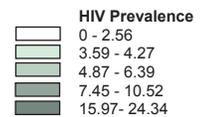


Data Source: Russian Federal AIDS Centre, 1998

Prevalence rates are per 100,000 people

**13** Number of registered HIV+ individuals

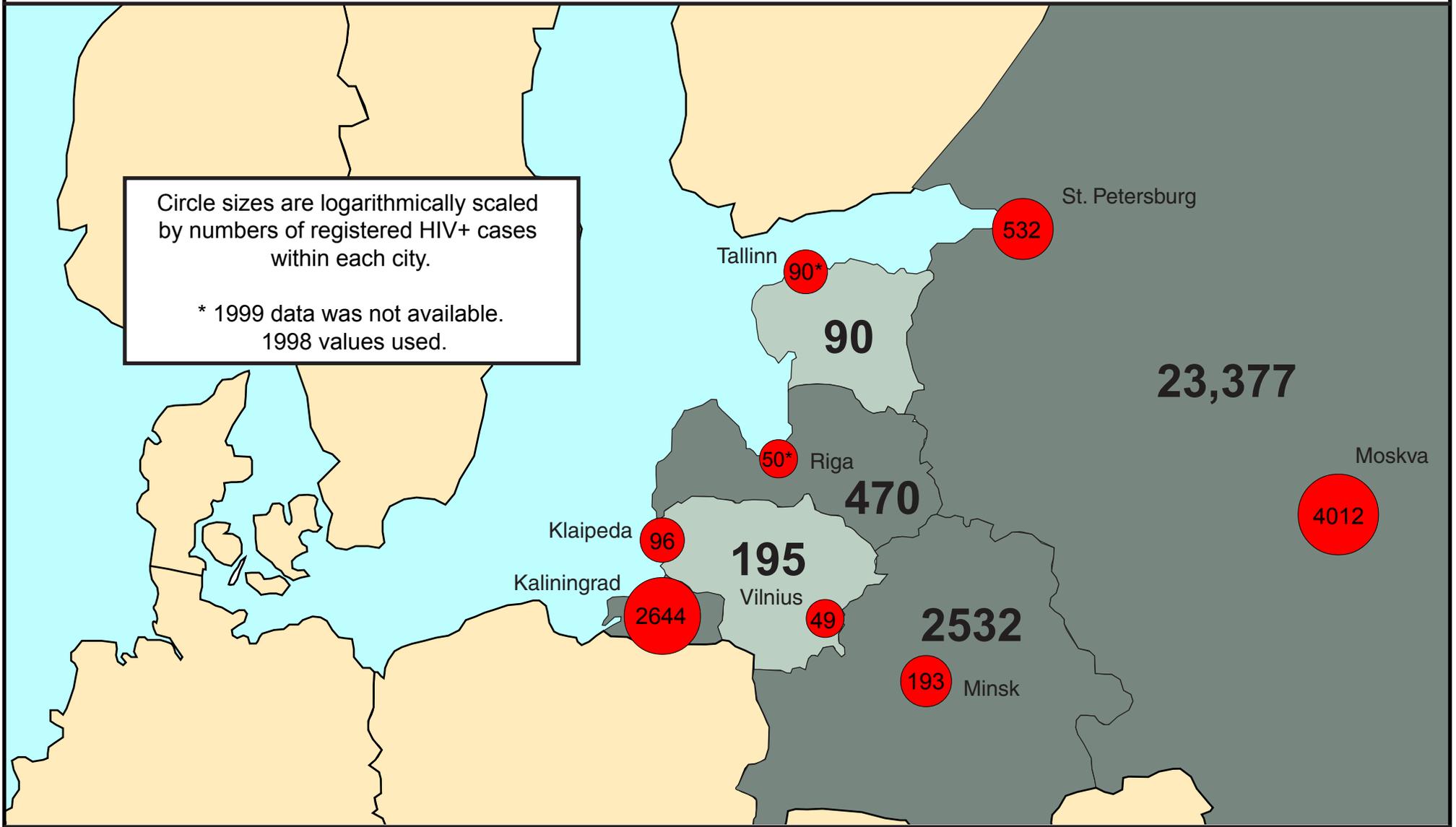
**1998**



# HIV Prevalence in Northeastern Europe, 1999

Circle sizes are logarithmically scaled by numbers of registered HIV+ cases within each city.

\* 1999 data was not available. 1998 values used.



Data Sources: Russian Federal AIDS Centre, 1998; Lithuanian AIDS Center, 1999; Estonian AIDS Center, 1999

Prevalence rates are per 100,000 people

**13** Number of registered HIV+ individuals

**1999**

## HIV Prevalence

