

Survey Response Details

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Response Details

Page 1

- 1) **Country**
Latvia (0)
- 2) **Name of the National AIDS Committee Officer in charge of NCPI submission and who can be contacted for questions, if any:**
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- 7) **Date of submission:**
Please enter in DD/MM/YYYY format
26/03/2010

Page 3

- 8) **Describe the process used for NCPI data gathering and validation:**
Responsible institution for NCPI part A data gathering is the AIDS Program Department of the state agency „Infectology Centre of Latvia”. Data and information has been mostly based on the previous period since there were not significant changes. Key persons for data and information update were the members of the National Committee for Limiting Spread of HIV, STI and TB (Committee) who

represents involved institutions and ministries. Data and information has been updated by the way of e-mailing, and discussed in the regular meetings of Committee (Dec.16, 2009 and Febr.17, 2010). To summarize data and information of the civil society for part B Committee appointed the Country Office in Latvia of the World Health Organization's Regional Office for Europe, and the round table was organized in January, 2010.

9) Describe the process used for resolving disagreements, if any, with respect to the responses to specific questions:

There were not disagreements in the data gathering and validation process. As a result of negotiations and discussions consensus has been attained.

10)

Highlight concerns, if any, related to the final NCPI data submitted (such as data quality, potential misinterpretation of questions and the like):

...

Page 4

11)

NCPI - PART A [to be administered to government officials]

	Organization	Names/Positions	Respondents to Part A [Indicate which parts each respondent was queried on]
Respondent 1	Coordination Commission for Limiting Spread of HIV, STI, TB/ Infectology Centre of Latvia	Inga Upmace/ deputy head of the Commission/ epidemiologist	A.I, A.II, A.III, A.IV, A.V

12)

	Organization	Names/Positions	Respondents to Part A [Indicate which parts each respondent was queried on]
Respondent 2	Infectology Centre of Latvia	Iveta Skripste/ public health specialist	A.I, A.II, A.III, A.V
Respondent 3	Infectology Centre of Latvia	Velga Kuse/ deputy director	A.I, A.IV
Respondent 4	Infectology Centre of Latvia	Inga Januskevica/ med.doctor	A.IV
Respondent 5	Infectology Centre of Latvia	Andris Ferdats/ head of the AIDS Program Department	A.I, A.II, A.III, A.V
Respondent 6	Ministry of Education and Science	Eriks Sika/ senior referential	A.III
Respondent 7	Prison Administration	Regina Fedosejeva/ head of the Medical Department	A.I
Respondent 8	National Military Service	Aivars Priekulis/ head of Medical Department	A.I
Respondent 9	Ministry of Internal Affairs	Zigrīda Karklina/ deputy director of Health and Social Affairs Agency	A.I

Respondent 10	Ministry of Health	Gunta Grisle/ senior referential	A.I, A.II, A.V
Respondent 11	Coordination Commission for Limiting Spread of HIV, STI, TB/ ministry of Health	Inga Smate/ head of Commission/ head of Health policy planning department	A.I, A.II, A.V
Respondent 12			
Respondent 13			
Respondent 14			
Respondent 15			
Respondent 16			
Respondent 17			
Respondent 18			
Respondent 19			
Respondent 20			
Respondent 21			
Respondent 22			
Respondent 23			
Respondent 24			
Respondent 25			

13)

NCPI - PART B [to be administered to civil society organizations, bilateral agencies, and UN organizations]

	Organization Names/Positions	Respondents to Part B [Indicate which parts each respondent was queried on]
Respondent 1	WHO Latvia Aiga Rurane/ Head of Country Office in Latvia	B.I, B.II, B.III, B.IV

14)

	Organization	Names/Positions	Respondents to Part B [Indicate which parts each respondent was queried on]
Respondent 2	UNODC Project Office for the Baltic States	Evija Dompalma/ National Project Officer in Latvia	B.I, B.II, B.III, B.IV
Respondent 3	NGO "Papardes zieds"	Anda Vaisla/ project manager	B.I, B.II, B.III, B.IV
Respondent		Baiba Purdica/ project	

Respondent 4	NGO "Papardes zieds"	Baiba Fulvica/ project manager	B.I, B.II, B.III, B.IV
Respondent 5	NGO "Association HIV.LV"	Marcis Trapencieris/ researcher	B. I, B. II, B. III, B. IV
Respondent 6	NGO "Association HIV.LV"	Aleksandrs Molokovskis/ Board Chairman	B. I, B. II, B. III, B. IV
Respondent 7	NGO "AGIHAS"	Ivars Kokars/ Board Chairman	B. I, B. II, B. III, B. IV
Respondent 8	NGO "AGIHAS"	Sandris Klavins/ member	B. I, B. II, B. III, B. IV
Respondent 9	NGO "DIA +LOGS"	Ruta Kaupe/ Board Chairman	B. I, B. II, B. III, B. IV
Respondent 10			
Respondent 11			
Respondent 12			
Respondent 13			
Respondent 14			
Respondent 15			
Respondent 16			
Respondent 17			
Respondent 18			
Respondent 19			
Respondent 20			
Respondent 21			
Respondent 22			
Respondent 23			
Respondent 24			
Respondent 25			

Page 5

15)

Part A, Section I: STRATEGIC PLAN**1. Has the country developed a national multisectoral strategy to respond to HIV?**

(Multisectoral strategies should include, but are not limited to, those developed by Ministries such as the ones listed under 1.2)

Yes (0)

Page 7

16) Part A, Section I: STRATEGIC PLAN

Question 1 (continued)

Period covered:

2009-2013

17)

1.1 How long has the country had a multisectoral strategy?

Number of Years

15

18)

1.2 Which sectors are included in the multisectoral strategy with a specific HIV budget for their activities?

	Included in strategy	Earmarked budget
Health	Yes	Yes
Education	Yes	No
Labour	No	
Transportation	No	
Military/Police	No	
Women	Yes	No
Young people	Yes	No
Other*	No	

Page 8

19)

IF NO earmarked budget for some or all of the above sectors, explain what funding is used to ensure implementation of their HIV-specific activities?

Included in common activities and projects, and in budget of ministries of other sectors

Page 9

20)

Part A, Section I: STRATEGIC PLAN

1.3 Does the multisectoral strategy address the following target populations, settings and crosscutting issues?

Target populations

a. Women and girls	Yes
b. Young women/young men	Yes
c. Injecting drug users	Yes
d. Men who have sex with men	Yes
e. Sex workers	Yes
f. Orphans and other vulnerable children	No
g. Other specific vulnerable subpopulations*	Yes

Settings

h. Workplace	No
i. Schools	No
j. Prisons	Yes

Cross-cutting issues

k. HIV and poverty	Yes
l. Human rights protection	Yes
m. Involvement of people living with HIV	Yes
n. Addressing stigma and discrimination	Yes
o. Gender empowerment and/or gender equality	Yes

21)

1.4 Were target populations identified through a needs assessment?

Yes (0)

Page 10

22)

Part A, Section I: STRATEGIC PLAN**Question 1.4 (continued)****IF YES, when was this needs assessment conducted?**

Please enter the year in yyyy format

2008

Page 11

23)

Part A, Section I: STRATEGIC PLAN**1.5 What are the identified target populations for HIV programmes in the country?**

IDUs, prison inmates, CSW, MSM, pregnant women, school attenders, professionals at the risk of HIV (health care workers, staff of uniformed services)

24)

1.6 Does the multisectoral strategy include an operational plan?

Yes (0)

25)

1.7 Does the multisectoral strategy or operational plan include:

a. Formal programme goals?	Yes
b. Clear targets or milestones?	Yes
c. Detailed costs for each programmatic area?	Yes
d. An indication of funding sources to support programme?	Yes
e. A monitoring and evaluation framework?	Yes

26)

1.8 Has the country ensured “full involvement and participation” of civil society* in the development of the multisectoral strategy?

Moderate involvement (0)

Page 12

27)

IF NO or MODERATE involvement, briefly explain why this was the case:

The Program was developed from 2006 till 2008 by professionals in linkage with the Commission for limiting the spread of HIV/AIDS, TB and STI (the multisectoral AIDS coordination body in Latvia) where 5 members of NGOs are represented. Opinions and possible involvement of NGOs in Program activities were discussed in counselling process during preparation of the Program.

28)

1.9 Has the multisectoral strategy been endorsed by most external development partners (bi-laterals, multi-laterals)?

Yes (0)

29)

1.10 Have external development partners aligned and harmonized their HIV-related programmes to the national multisectoral strategy?

Yes, all partners (0)

Page 14

30)

Part A, Section I: STRATEGIC PLAN**2. Has the country integrated HIV into its general development plans such as in: (a) National Development Plan; (b) Common Country Assessment / UN Development Assistance Framework; (c) Poverty Reduction Strategy; and (d) sector-wide approach?**

Yes (0)

Page 15

31)

Part A, Section I: STRATEGIC PLAN**2.1 IF YES, in which specific development plan(s) is support for HIV integrated?**

a. National Development Plan	Yes
b. Common Country Assessment / UN Development Assistance Framework	Yes
c. Poverty Reduction Strategy	Yes
d. Sector-wide approach	
e. Other: Fundamental Principles of Youth Policy (2009-2018); National Plan "Latvia Fit for Children 2010-2012"	Yes

32)

2.2 IF YES, which specific HIV-related areas are included in one or more of the development plans?

HIV-related area included in development plan(s)	
HIV prevention	Yes
Treatment for opportunistic infections	Yes
Antiretroviral treatment	Yes
Care and support (including social security or other schemes)	Yes
HIV impact alleviation	No
Reduction of gender inequalities as they relate to HIV prevention/treatment, care and/or support	No
Reduction of income inequalities as they relate to HIV prevention/treatment, care and/or support	No
Reduction of stigma and discrimination	Yes
Women's economic empowerment (e.g. access to credit, access to land, training)	No
Other: Please specify	

Page 16

33)

Part A, Section I: STRATEGIC PLAN**3. Has the country evaluated the impact of HIV on its socioeconomic development for planning purposes?**

No (0)

Page 17

34)

4. Does the country have a strategy for addressing HIV issues among its national uniformed services (such as military, police, peacekeepers, prison staff, etc)?

No (0)

Page 19

35)

5. Does the country have non-discrimination laws or regulations which specify protections for most-at-risk populations or other vulnerable subpopulations?

No (0)

Page 21

36)

Part A, Section I: STRATEGIC PLAN

6. Does the country have laws, regulations or policies that present obstacles to effective HIV prevention, treatment, care and support for most-at-risk populations or other vulnerable subpopulations?

No (0)

Page 23

37)

Part A, Section I: STRATEGIC PLAN

7. Has the country followed up on commitments towards universal access made during the High-Level AIDS Review in June 2006?

Yes (0)

Page 24

38)

Part A, Section I: STRATEGIC PLAN

7.1 Have the national strategy and national HIV budget been revised accordingly?

Yes (0)

39)

7.2 Have the estimates of the size of the main target populations been updated?

Yes (0)

Page 25

40)

Part A, Section I: STRATEGIC PLAN

7.3 Are there reliable estimates of current needs and of future needs of the number of

adults and children requiring antiretroviral therapy?

Estimates of current and future needs (0)

41)

7.4 Is HIV programme coverage being monitored?

Yes (0)

Page 26

42)

Part A, Section I: STRATEGIC PLAN**Question 7.4 (continued)****(a) IF YES, is coverage monitored by sex (male, female)?**

Yes (0)

43)

(b) IF YES, is coverage monitored by population groups?

Yes (0)

Page 27

44)

Part A, Section I: STRATEGIC PLAN**Question 7.4 (b) (continued)****IF YES, for which population groups?**

for IDUs

45)

Briefly explain how this information is used:

For planning purposes and expanding access to harm reduction services.

Page 28**46) Part A, Section I: STRATEGIC PLAN****Question 7.4 (continued)****(c) Is coverage monitored by geographical area?**

Yes (0)

Page 29

47)

Part A, Section I: STRATEGIC PLAN**Question 7.4 (c) (continued)****IF YES, at which geographical levels (provincial, district, other)?**

At the country and district level

48)

Briefly explain how this information is used:

For planning purposes: for development of low threshold services network, expanding access to ambulatory treatment, harm reduction services and OST.

49)

7.5 Has the country developed a plan to strengthen health systems, including infrastructure, human resources and capacities, and logistical systems to deliver drugs?

Yes (0)

Page 30

50)

Part A, Section I: STRATEGIC PLAN**Question 7.5 (continued)****Overall, how would you rate strategy planning efforts in the HIV programmes in 2009?**

8 (8)

51)

Since 2007, what have been key achievements in this area:

1.Expanded functions of the National Coordination Committee for HIV, TB and STI prevention (NCC), among them including of TB issue. 2.Expanded representation of civil society in NCC, and respectively involvement of civil society in national planning. 3.Clearly defined target groups of National Program (2009-2013). 4.Improved access to prevention, treatment and care services. 5.Established monitoring and evaluation mechanism of National Program, and defined indicators.

52)

What are remaining challenges in this area:

1.Financial resources for implementation of activities of National Program, int.al. for bio-behavioural researches. 2.Risk of reduction of established accessibility of prevention, treatment and care services because of insufficient financial resources. 3.Gaps in HIV/AIDS and SRH education and prevention of young people caused by insufficient health education in school program and lack of financial and human resources of NGOs working in HIV/AIDS prevention field. 4.Need for harm reduction in prisons. 5.Lack of information about CSW and services for this high risk population. 6.Need for expanding prevention activities among MSM – the main risk population in European context. 7.Establishing of mechanism for financing from states HIV/AIDS budget of activities implemented by NGOs.

Page 31

53)

Part A, Section II: POLITICAL SUPPORT

1. Do high officials speak publicly and favourably about HIV efforts in major domestic forums at least twice a year?

President/Head of government	No
Other high officials	Yes
Other officials in regions and/or districts	Yes

54)

2. Does the country have an officially recognized national multisectoral AIDS coordination body (i.e., a National AIDS Council or equivalent)?

Yes (0)

Page 32

55)

2.1 IF YES, when was it created?

Please enter the year in yyyy format

1995

56)

2.2 IF YES, who is the Chair?

Name	Ms.Inga Smate
Position/title	Head of the National Coordination Committee for HIV, TB and STI prevention & Head of Health policy planning department of MoH

57)

2.3 IF YES, does the national multisectoral AIDS coordination body:

have terms of reference?	Yes
have active government leadership and participation?	Yes
have a defined membership?	Yes
include civil society representatives?	Yes
include people living with HIV?	Yes
include the private sector?	No
have an action plan?	Yes
have a functional Secretariat?	Yes
meet at least quarterly?	Yes
review actions on policy decisions regularly?	Yes

actively promote policy decisions?	Yes
provide opportunity for civil society to influence decision-making?	Yes
strengthen donor coordination to avoid parallel funding and duplication of effort in programming and reporting?	Yes

Page 33

58)

Part A, Section II: POLITICAL SUPPORT**Question 2.3 (continued)**

If you answer "yes" to the question "does the National multisectoral AIDS coordination body have a defined membership", how many members?

Please enter an integer greater than or equal to 1

21

59)

If you answer "yes" to the question "does the National multisectoral AIDS coordination body include civil society representatives", how many?

Please enter an integer greater than or equal to 1

5

60)

If you answer "yes" to the question "does the National multisectoral AIDS coordination body include people living with HIV", how many?

Please enter an integer greater than or equal to 1

2

Page 34

61)

Part A, Section II: POLITICAL SUPPORT

3. Does the country have a mechanism to promote interaction between government, civil society organizations, and the private sector for implementing HIV strategies/programmes?

No (0)

Page 35

62)

4. What percentage of the national HIV budget was spent on activities implemented by civil society in the past year?

Please enter the rounded percentage (0-100)

0

63)

5. What kind of support does the National AIDS Commission (or equivalent) provide to civil society organizations for the implementation of HIV-related activities?

Information on priority needs	Yes
Technical guidance	No
Procurement and distribution of drugs or other supplies	No
Coordination with other implementing partners	Yes
Capacity-building	Yes
Other: Please specify	

64)

6. Has the country reviewed national policies and laws to determine which, if any, are inconsistent with the National AIDS Control policies?

Yes (0)

Page 36

65)

Part A, Section II: POLITICAL SUPPORT

6.1 IF YES, were policies and laws amended to be consistent with the National AIDS Control policies?

No (0)

Page 38

66)

Part A, Section II: POLITICAL SUPPORT

Question 6.1 (continued)

Overall, how would you rate the political support for the HIV programmes in 2009?

8 (8)

67)

Since 2007, what have been key achievements in this area:

1. Optimization of the representation of different sectors (TB, NGO etc.)in National Coordination Committee for HIV, TB and STI prevention (NCC), and the expanding of functions of NCC (incorporation of TB issues, supervision of implementation of international projects). 2. Strengthen of coordination and control on ART access.

68)

What are remaining challenges in this area:

1. Financial resources for implementation of activities of National Program. 2. Risk of reduction of established accessibility of prevention, treatment and care services because of insufficient financial resources. 3. Establishing of mechanism for financing from states HIV/AIDS budget of activities implemented by NGOs.

Page 39

69)

Part A, Section III: PREVENTION

1. Does the country have a policy or strategy that promotes information, education and communication (IEC) on HIV to the *general population*?

No (0)

Page 40

70)

1.2 In the last year, did the country implement an activity or programme to promote accurate reporting on HIV by the media?

Yes (0)

Page 41

71)

Part A, Section III: PREVENTION

2. Does the country have a policy or strategy promoting HIV-related reproductive and sexual health education for young people?

Yes (0)

72)

2.1 Is HIV education part of the curriculum in:

primary schools? Yes

secondary schools? Yes

teacher training? Yes

73)

2.2 Does the strategy/curriculum provide the same reproductive and sexual health education for young men and young women?

Yes (0)

74)

2.3 Does the country have an HIV education strategy for out-of-school young people?

No (0)

75)

3. Does the country have a policy or strategy to promote information, education and communication and other preventive health interventions for most-at-risk or other vulnerable sub-populations?

Yes (0)

Page 42

76)

3.1 IF YES, which populations and what elements of HIV prevention do the policy/strategy address?

Check which specific populations and elements are included in the policy/strategy

Targeted information on risk reduction and HIV education	Injecting drug user, Prison inmates
Stigma and discrimination reduction	
Condom promotion	Injecting drug user
HIV testing and counselling	Injecting drug user, Prison inmates
Reproductive health, including sexually transmitted infections prevention and treatment	Prison inmates
Vulnerability reduction (e.g. income generation)	
Drug substitution therapy	Injecting drug user
Needle & syringe exchange	Injecting drug user, Sex workers

Page 44

77)

Part A, III. PREVENTION

Question 3.1 (continued)

Overall, how would you rate the policy efforts in support of HIV prevention in 2009?

8 (8)

78)

Since 2007, what have been key achievements in this area:

Political and financial support for international projects, such as EC project 2005305 „Expanding Network for Comprehensive and Coordinated Action on HIV/AIDS Prevention Among IDUs and Bridging Population”, and political support for UNODC project AD/XEE/06/J20 „HIV/AIDS prevention and care among injecting drug users and in prison settings in Latvia, Estonia and Lithuania” enabled to expand and strengthen harm reduction and to start intensive activities in prison settings

to prevent the spread of HIV and other BBI.

79)

What are remaining challenges in this area:

There are not enough NGOs working with high risk groups, and the human and financial capacity of existing NGOs is insufficient, so the mechanism for financing of activities implemented by NGOs from state HIV/AIDS budget should be established.

Page 45

80)

Part A, III. PREVENTION

4. Has the country identified specific needs for HIV prevention programmes?

Yes (0)

Page 46

81)

Part A, III. PREVENTION

Question 4 (continued)

IF YES, how were these specific needs determined?

For IDUs population: the bio-behavioral survey was carried out in 2007 (Prevalence of HIV and other infections and risk behavior among injecting drug users and their main sexual partners in Latvia, Lithuania and Estonia, 2007); For MSM population: the bio-behavioral survey was carried out in 2008

82)

4.1 To what extent has HIV prevention been implemented?

The majority of people in need
have access

HIV prevention component

Blood safety	Agree
Universal precautions in health care settings	Agree
Prevention of mother-to-child transmission of HIV	Agree
IEC* on risk reduction	Don't agree
IEC* on stigma and discrimination reduction	Don't agree
Condom promotion	Don't agree
HIV testing and counselling	Agree
Harm reduction for injecting drug users	Agree
Risk reduction for men who have sex with men	Don't agree
Risk reduction for sex workers	Don't agree
Reproductive health services including sexually transmitted infections prevention and treatment	Agree

School-based HIV education for young people	Don't agree
HIV prevention for out-of-school young people	Don't agree
HIV prevention in the workplace	N/A
Other: please specify	N/A

Page 47

83)

Part A, III. PREVENTION

Overall, how would you rate the efforts in the implementation of HIV prevention programmes in 2009?

7 (7)

84)

Since 2007, what have been key achievements in this area:

There are not substantial achievements since 2007.

85)

What are remaining challenges in this area:

1) Apportionment of financial resources those allocated for health care (particularly ART) and prevention; 2) Allocation of finances for IEC, BBS in high-risk-groups (particularly IDUS, MSM, CSW and prisoners)and future prevention activities; 3) Improving of school-based HIV education.

Page 48

86)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

1. Does the country have a policy or strategy to promote comprehensive HIV treatment, care and support? (Comprehensive care includes, but is not limited to, treatment, HIV testing and counselling, psychosocial care, and home and community-based care).

Yes (0)

Page 49

87)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

1.1 IF YES, does it address barriers for women?

No (0)

88)

1.2 IF YES, does it address barriers for most-at-risk populations?

No (0)

89)

2. Has the country identified the specific needs for HIV treatment, care and support services?

Yes (0)

Page 50

90)

Part A, Section IV: TREATMENT, CARE AND SUPPORT**Question 2 (continued)****IF YES, how were these determined?**

Report "Evaluation of the access to HIV/AIDS treatment and care in Latvia; May 2009, prepared by Kees de Joncheere, Irina Eramova, Jenni Kehler, Ulrich Laukamm-Josten, Signe Rotberga, Anna Zakowicz and Roger Drew, supported by WHO and UNODC

91)

2.1 To what extent have the following HIV treatment, care and support services been implemented?

The majority of people in need
have access

HIV treatment, care and support service

Antiretroviral therapy	Agree
Nutritional care	N/A
Paediatric AIDS treatment	Agree
Sexually transmitted infection management	Agree
Psychosocial support for people living with HIV and their families	Don't agree
Home-based care	Don't agree
Palliative care and treatment of common HIV-related infections	Agree
HIV testing and counselling for TB patients	Agree
TB screening for HIV-infected people	Agree
TB preventive therapy for HIV-infected people	Don't agree
TB infection control in HIV treatment and care facilities	Agree
Cotrimoxazole prophylaxis in HIV-infected people	Agree
Post-exposure prophylaxis (e.g. occupational exposures to HIV, rape)	Agree
HIV treatment services in the workplace or treatment referral systems through the workplace	N/A
HIV care and support in the workplace (including alternative working arrangements)	N/A
Other: please specify	

Page 51

92)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

3. Does the country have a policy for developing/using generic drugs or parallel importing of drugs for HIV?

No (0)

93)

4. Does the country have access to *regional* procurement and supply management mechanisms for critical commodities, such as antiretroviral therapy drugs, condoms, and substitution drugs?

No (0)

Page 53

94)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

Overall, how would you rate the efforts in the implementation of HIV treatment, care and support programmes in 2009?

8 (8)

95)

Since 2007, what have been key achievements in this area:

Substantial changes (improvement of legal basis and financing mechanism) have been realized in 2009 for expanding accessibility of HIV/AIDS related services: 1) expanded access for home-based care (since end of 2009 in health care system overall); 2) expanded access to ART through decentralization of treatment service (since 2010). Except for backdrop of economical crisis the network of low threshold services for IDUs and bridging population are expanding on local governments own initiative (without specific legislation basis), and harm reduction services, including HIV express-diagnostics become more accessible for high risk groups.

96)

What are remaining challenges in this area:

1) to introduce generics and parallel import for ART medicines; 2) to reduce costs for ART medicines - it will make possible to increase number of ART patients; 3) to develop a mechanism for financial supporting of NGOs - it will make possible to expand choice of services for PLWH and high-risk- groups and increase accessibility of essential services, e.g. HIV diagnostics, motivation for ART (to achieve adherence for ART), psychological support for people affected by HIV, int.al.in prison settings; 4) to improve legislation for harm reduction and correspondingly the financing mechanism; 5) to gather information about vulnerable children and HIV/AIDS orphans.

Page 54

97)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

5. Does the country have a policy or strategy to address the additional HIV-related

needs of orphans and other vulnerable children?

No (0)

Page 57

98)

Part A, Section V: MONITORING AND EVALUATION**1. Does the country have *one* national Monitoring and Evaluation (M&E) plan?**

Yes (0)

Page 58

99)

1.1 IF YES, years covered:Please enter the start year in yyyy format below

2009

100)

1.1 IF YES, years covered:Please enter the end year in yyyy format below

2013

101)

1.2 IF YES, was the M&E plan endorsed by key partners in M&E?

Yes (0)

102)

1.3 IF YES, was the M&E plan developed in consultation with civil society, including people living with HIV?

Yes (0)

103)

1.4 IF YES, have key partners aligned and harmonized their M&E requirements (including indicators) with the national M&E plan?

Yes, all partners (0)

Page 60

104)

Part A, Section V: MONITORING AND EVALUATION**2. Does the national Monitoring and Evaluation plan include?**

a data collection strategy	Yes
a well-defined standardised set of indicators	Yes
guidelines on tools for data collection	No
a strategy for assessing data quality (i.e., validity, reliability)	No
a data analysis strategy	No
a data dissemination and use strategy	No

Page 61

105)

Part A, Section V: MONITORING AND EVALUATION**Question 2 (continued)**

If you check "YES" indicating the national M&E plan include a data collection strategy, then does this data collection strategy address:

routine programme monitoring	Yes
behavioural surveys	Yes
HIV surveillance	Yes
Evaluation / research studies	No

106)

3. Is there a budget for implementation of the M&E plan?

In progress (0)

Page 64

107)

4. Are M&E priorities determined through a national M&E system assessment?

Yes (0)

Page 65

108)

Part A, Section V: MONITORING AND EVALUATION**Question 4 (continued)**

IF YES, briefly describe how often a national M&E assessment is conducted and what the assessment involves:

The last one was conducted in 2007 by the international experts group recruited by WHO/ UNODC in project "HIV/AIDS prevention and care among injecting drug users and prison settings in Estonia, Latvia and Lithuania" and presented during enlarged meeting of National Coordination Committee for HIV and STI Prevention on December 4, 2007.

109)

5. Is there a functional national M&E Unit?

No (0)

Page 66

110)

Part A, Section V: MONITORING AND EVALUATION**Question 5 (continued)****IF NO, what are the main obstacles to establishing a functional M&E Unit?**

The assessment of outcomes and impact of the National Program will be carried out by the external evaluator.

Page 70

111)

Part A, Section V: MONITORING AND EVALUATION**6. Is there a national M&E Committee or Working Group that meets regularly to coordinate M&E activities?**

No (0)

112)

6.1 Does it include representation from civil society?

No (0)

Page 71

113)

7. Is there a central national database with HIV- related data?

Yes (0)

Page 72

114)

Part A, Section V: MONITORING AND EVALUATION**7.1 IF YES , briefly describe the national database and who manages it:**

National HIV/AIDS case register managed by the State Agency "The Infectology Centre of Latvia". Every confirmed HIV case has to be reported accordingly to the National legislation (Regulation No.265 of the Cabinet of Ministers of Latvia, April 4, 2006). The same as to AIDS cases and death (both in AIDS and in HIV). HIV tests performed in laboratories (18) involved in the Epidemiological surveillance network has to be reported accordingly to the Regulation No.7 of the Cabinet of

Ministers of Latvia, January 5, 1999.

115)

7.2 IF YES, does it include information about the content, target populations and geographical coverage of HIV services, as well as their implementing organizations?

Yes, all of the above (0)

Page 73

116)

7.3 Is there a functional* Health Information System?

At national level	Yes
At subnational level	No

Page 74

117)

8. Does the country publish at least once a year an M&E report on HIV, including HIV surveillance data?

Yes (0)

118)

9. To what extent are M&E data used

9.1 in developing / revising the national AIDS strategy?:

2 (2)

119)

Provide a specific example:

Integrated issues related to both HIV and TB infections has been envisaged in national Program (2009-2013).

Page 75

120) **Part A, Section V: MONITORING AND EVALUATION**

9.2 To what extent are M&E data used for resource allocation?

2 (2)

121)

Provide a specific example:

Revised accessibility of ART (decentralisation)

Page 76

122)

Part A, Section V: MONITORING AND EVALUATION

9.3 To what extent are M&E data used for programme improvement?:

2 (2)

123)

Provide a specific example:

Integration of HIV & TB issues Planning of new activities, improvement of HIV/AIDS services accessibility.

124)

What are the main challenges, if any?

Due to economic constraints - financial resources and human capacity.

Page 77

125) **Part A, Section V: MONITORING AND EVALUATION**

10. Is there a plan for increasing human capacity in M&E at national, subnational and service-delivery levels?:

No (0)

Page 78

126)

10.1 In the last year, was training in M&E conducted

At national level?	No
At subnational level?	No
At service delivery level including civil society?	No

Page 80

127)

Part A, Section V: MONITORING AND EVALUATION

10.2 Were other M&E capacity-building activities conducted other than training?

No (0)

Page 82**128) Part A, Section V: MONITORING AND EVALUATION****Question 10.2 (continued)****Overall, how would you rate the M&E efforts of the HIV programme in 2009?**

7 (7)

129)**Since 2007, what have been key achievements in this area:**

1) Introduced mile stones in National Program (2009-2013) for next monitoring and evaluation period, 2) Collected data for indicators.

Page 83**130)****Part B, Section I: HUMAN RIGHTS**

1. Does the country have laws and regulations that protect people living with HIV against discrimination? (including both general non-discrimination provisions and provisions that specifically mention HIV, focus on schooling, housing, employment, health care etc.)

Yes (0)

Page 84**131)****Part B, Section I. HUMAN RIGHTS**

1.1 IF YES, specify if HIV is specifically mentioned and how or if this is a general nondiscrimination provision:

Human right protection of people living with HIV/AIDS is a part of general non-discrimination provisions; there are no specific provisions for HIV/AIDS.

132)

2. Does the country have non-discrimination laws or regulations which specify protections for most-at-risk populations and other vulnerable subpopulations?

No (0)

Page 86

133)

Part B, Section I. HUMAN RIGHTS

3. Does the country have laws, regulations or policies that present obstacles to effective HIV prevention, treatment, care and support for most-at-risk populations and other vulnerable subpopulations?

No (0)

Page 88134) **Part B, Section I. HUMAN RIGHTS**

4. Is the promotion and protection of human rights explicitly mentioned in any HIV policy or strategy?

Yes (0)

Page 89

135)

Part B, Section I. HUMAN RIGHTS**Question 4 (continued)**

IF YES, briefly describe how human rights are mentioned in this HIV policy or strategy:

Although the National Program for limiting spread of HIV and AIDS in Latvia 2009 – 2013 (approved by the Cabinet of Ministers on 30 June, 2009) does not specifically mention promotion and protection of human rights, the Regulations of the Cabinet of Minister No 628 (adopted on 4 November 2003) states that HIV-infected persons and AIDS patients shall be treated, applying to them all the rights and duties like all other clients.

136)

5. Is there a mechanism to record, document and address cases of discrimination experienced by people living with HIV, most-at-risk populations and/or other vulnerable subpopulations?

Yes (0)

Page 90

137)

Part B, Section I. HUMAN RIGHTS**Question 5 (continued)**

IF YES, briefly describe this mechanism:

Persons can seek assistance at the Patients' Ombud Office, Police, Health Inspection, the

Latvian Centre of Human Rights, Ombudsman's office in Latvia and the Committee of Human Rights in the Parliament of Latvia.

138)

6. Has the Government, through political and financial support, involved people living with HIV, most-at-risk populations and/or other vulnerable subpopulations in governmental HIV-policy design and programme implementation?

Yes (0)

Page 91

139)

Part B, Section I. HUMAN RIGHTS

Question 6 (continued)

IF YES, describe some examples:

All respondents agreed that the Government usually asks representatives of most-at-risk populations to comment upon new policies and programmes but they do not really feel involved in development of comprehensive and target-oriented policy is limited. All respondents were pessimistic about involvement in determining financial allocations and distribution of planned activity funding.

140)

7. Does the country have a policy of free services for the following:

a. HIV prevention services	Yes
b. Antiretroviral treatment	Yes
c. HIV-related care and support interventions	Yes

Page 92

141)

Part B, Section I. HUMAN RIGHTS

Question 7 (continued)

IF YES, given resource constraints, briefly describe what steps are in place to implement these policies and include information on any restrictions or barriers to access for different populations:

Prevention services, according to all respondents, have been under resourced and it is very difficult for civil society organizations to receive funding for HIV prevention services. The most challenging is to provide HIV prevention services in prison setting. Respondents also mentioned that unlike other countries the government does not support social advertising. According to some respondents, the state budget covers Anti-Retroviral treatment for those who have critical health condition (an acute retroviral syndrome (therapy lasts for 3-6 months), HIV- infection is symptomatic (illnesses of category C or symptomatic HIV), thrombocytopenia, CD4<200 cells/mm3). Specific HIV –related care and support interventions for free are provided for children and pregnant women; for adults this type of care is as a part of general social assistance package

for vulnerable groups.

142)

8. Does the country have a policy to ensure equal access for women and men to HIV prevention, treatment, care and support?

Yes (0)

Page 93

143)

Part B, Section I. HUMAN RIGHTS

8.1 In particular, does the country have a policy to ensure access to HIV prevention, treatment, care and support for women outside the context of pregnancy and childbirth?

No (0)

144)

9. Does the country have a policy to ensure equal access for most-at-risk populations and/or other vulnerable subpopulations to HIV prevention, treatment, care and support?

Yes (0)

Page 94

145)

Part B, Section I. HUMAN RIGHTS

Question 9 (continued)

IF YES, briefly describe the content of this policy:

Although the target groups of the National programme for limiting spread of HIV and AIDS in Latvia 2009 – 2013 (approved by the Cabinet of Ministers on 30 June, 2009) are: • Injecting drug users • Prisoners • Sex workers • Men who have sex with men • Pregnant women with unknown HIV status • Schoolchildren that might engage in risk behavior • Individuals that face professional risk respondents felt that in everyday situation equal access for most-at-risk populations is limited.

146)

9.1 IF YES, does this policy include different types of approaches to ensure equal access for different most-at-risk populations and/or other vulnerable sub-populations?

No (0)

Page 95

147)

10. Does the country have a policy prohibiting HIV screening for general employment purposes (recruitment, assignment/relocation, appointment, promotion, termination)?

Yes (0)

148)

11.Does the country have a policy to ensure that HIV research protocols involving human subjects are reviewed and approved by a national/local ethical review committee?

Yes (0)

Page 96

149)

Part B, Section I. HUMAN RIGHTS

11.1 IF YES, does the ethical review committee include representatives of civil society including people living with HIV?

No (0)

Page 97

150)

– Existence of independent national institutions for the promotion and protection of human rights, including human rights commissions, law reform commissions, watchdogs, and ombudspersons which consider HIV-related issues within their work

Yes (0)

151)

– Focal points within governmental health and other departments to monitor HIV-related human rights abuses and HIV-related discrimination in areas such as housing and employment

No (0)

152)

– Performance indicators or benchmarks for compliance with human rights standards in the context of HIV efforts

No (0)

Page 98

153)

Part B, Section I. HUMAN RIGHTS

Question 12 (continued)

IF YES on any of the above questions, describe some examples:

Persons can seek assistance at the Patients' Ombud Office, Police, Health Inspection, the Latvian Centre of Human Rights, Ombudsman's office in Latvia and the Committee of Human Rights in the Parliament of Latvia. However, respondents could not mention any relevant case which would be considered by the above mentioned institutions/ organizations over the last 2-3 years.

Page 99

154)

Part B, Section I. HUMAN RIGHTS

13. In the last 2 years, have members of the judiciary (including labour courts/ employment tribunals) been trained/sensitized to HIV and human rights issues that may come up in the context of their work?

No (0)

155)

– Legal aid systems for HIV casework

No (0)

156)

– Private sector law firms or university-based centres to provide free or reduced-cost legal services to people living with HIV

No (0)

157)

– Programmes to educate, raise awareness among people living with HIV concerning their rights

No (0)

158)

15. Are there programmes in place to reduce HIV-related stigma and discrimination?

No (0)

Page 101

159)

Part B, Section I. HUMAN RIGHTS**Question 15 (continued)**

Overall, how would you rate the policies, laws and regulations in place to promote and protect human rights in relation to HIV in 2009?

6 (6)

160)

Since 2007, what have been key achievements in this area:

Respondents could not mention any positive changes

161)

What are remaining challenges in this area:

- Promotion of human rights - Improved access to HIV treatment for prisoners and drug users -
Better understanding of promotion and protection of human rights at the governmental level.

Page 102

162)

Part B, Section I. HUMAN RIGHTS**Question 15 (continued)****Overall, how would you rate the efforts to enforce the existing policies, laws and regulations in 2009?****4 (4)**

163)

Since 2007, what have been key achievements in this area:

Respondents could not mention any positive changes

164)

What are remaining challenges in this area:

- Shortage of financial resources due to economic crisis - Change of attitude towards promotion and protection of human rights in relation to HIV and AIDS.

Page 103

165)

Part B, Section II: CIVIL SOCIETY* PARTICIPATION**1. To what extent has civil society contributed to strengthening the political commitment of top leaders and national strategy/policy formulations?****4 (4)**

166)

Comments and examples:

- Every month NGOs attend meetings of the Council for Implementation of the Cooperation Memorandum between Non-governmental Organizations and the Cabinet of Ministers - Several

NGOs are members of state commissions, working groups and councils, for example, 4 NGOs working in HIV/AIDS field are members of the National Coordination Commission on Limitation Spread of HIV, STI and TB. - In some extent as a result of NGO performed harm reduction activities in prison setting, some prisons have developed their own education programmes on harm reduction, - there is better understanding about HIV prevention and harm reduction among prisoners and prison staff. - Some representatives of HIV/AIDS related organizations have been invited for discussions by President of the Republic of Latvia.

Page 104

167)

Part B, Section II. CIVIL SOCIETY PARTICIPATION

2. To what extent have civil society representatives been involved in the planning and budgeting process for the National Strategic Plan on HIV or for the most current activity plan (e.g. attending planning meetings and reviewing drafts)?

3 (3)

168)

Comments and examples:

- Respondents agreed that they were involved in development of the National programme for limiting spread of HIV and AIDS in Latvia 2009 – 2013, but they think that most of their proposals were not considered, as well as they could not influence proposed distribution of finances. - Members of NGOs are invited to attend meetings organized by Ministry of Health, as well as revise and comment drafts of policy planning documents. - As a result of consultations with NGOs, the Government did not reduce budget for HIV treatment as it was expected due to economical crisis.

Page 105

169)

a. the national AIDS strategy?

1 (1)

170)

b. the national AIDS budget?

0

171)

c. national AIDS reports?

2 (2)

172)

Comments and examples:

- Some of NGO submitted proposals were considered during the development of the National programme for limiting spread of HIV and AIDS in Latvia 2009 – 2013. - Respondents agreed that

civil society has not been involved in budget planning process and there is no earmarked budget line for NGO activities - Governmental institutions often ask for data on performance (for example, distributed/collected needles & syringes, provided consultations, HIV testing & counselling), however NGOs believe that governmental officials use to present these as governmental achievements in final reports, even if NGO inputs have been solely funded from other resources.

Page 106

173)

a. developing the national M&E plan?

1 (1)

174)

b. participating in the national M&E committee / working group responsible for coordination of M&E activities?

0

175)

c. M&E efforts at local level?

1 (1)

176)

Comments and examples:

- There is no separate national M&E plan but it is included as part of the National programme for limiting spread of HIV and AIDS in Latvia 2009 – 2013. Respondents agreed that they were involved in development of the programme, but they had limited opportunities to influence its development. - There is not established the National M&E committee or working group responsible for coordination of M&E activities. - The state collects data on performance of low-threshold centers (LTC) in whole country, but there is lack of thorough evaluation of LTC performance, as well as distribution of finances is not based on cost-effectiveness of services provided by LTC.

Page 107

177) Part B, Section II. CIVIL SOCIETY PARTICIPATION

5. To what extent is the civil society sector representation in HIV efforts inclusive of diverse organizations (e.g. networks of people living with HIV, organizations of sex workers, faith-based organizations)?

2 (2)

178)

Comments and examples:

The core organizations are youth organisations, HIV-positive organisations and AIDS service organizations which within some projects attracted faith-based organizations or alliance of lesbians, gays, bisexuals, transgendered people and their friends.

Page 108

179)

a. adequate financial support to implement its HIV activities?

2 (2)

180)

b. adequate technical support to implement its HIV activities?

2 (2)

181)

Comments and examples:

Comments and examples - Within state programme low-threshold centers receive HIV prevention materials (needles & syringes, condoms, disinfectants), informative materials and can participate in some trainings. - Most of municipalities cover maintenance costs of low-threshold centers, as well as employ persons working in LTC. - Few low-threshold centers have received donated computers from local municipalities or the former State AIDS center. - Within projects supported by the United Nations Office on Drugs and Crime (UNODC), European Union (EU) and European Commission (EC) low-threshold centers have improved their capacity, developed new services and improved equipment and premises. Nevertheless respondents stressed that most of NGOs still lack capacity and therefore they are not able to develop major projects and apply for EU funding.

Page 109

182) **Part B, Section II. CIVIL SOCIETY PARTICIPATION**

7. What percentage of the following HIV programmes/services is estimated to be provided by civil society?

Prevention for youth	51-75%
Prevention for most-at-risk-populations	
- Injecting drug users	51-75%
- Men who have sex with men	>75%
- Sex workers	>75%
Testing and Counselling	<25%
Reduction of Stigma and Discrimination	25-50%
Clinical services (ART/OI)*	<25%
Home-based care	<25%
Programmes for OVC**	<25%

Page 110

183)

Part B, Section II. CIVIL SOCIETY PARTICIPATION

Question 7 (continued)

Overall, how would you rate the efforts to increase civil society participation in 2009?

6 (6)

184)

Since 2007, what have been key achievements in this area:

Achievements: 4 NGOs are members of the National Coordination Commission on Limitation Spread of HIV, STI and TB.

185)

What are remaining challenges in this area:

Currently, none of the policy documents foresees funding for NGOs.

Page 111

186)

Part B, Section III: PREVENTION

1. Has the country identified the specific needs for HIV prevention programmes?

Yes (0)

Page 112

187)

Part B, Section III: PREVENTION

Question 1 (continued)

IF YES, how were these specific needs determined?

In accordance with international recommendations, guidelines and national needs the following target groups were identified in the National programme for limiting spread of HIV and AIDS in Latvia 2009 – 2013: • Injecting drug users • Prisoners • Sex workers • Men who have sex with men • Pregnant women with unknown HIV status • Schoolchildren that might engage in risk behavior • Individuals that face professional risk

188)

1.1 To what extent has HIV prevention been implemented?

The majority of people in need have access	
HIV prevention component	
Blood safety	Agree
Universal precautions in health care settings	Agree
Prevention of mother-to-child transmission of HIV	Don't agree
IEC* on risk reduction	Don't agree
IEC* on stigma and discrimination reduction	Don't agree
Condom promotion	Don't agree

HIV testing and counselling	Don't agree
Harm reduction for injecting drug users	Don't agree
Risk reduction for men who have sex with men	Don't agree
Risk reduction for sex workers	Don't agree
Reproductive health services including sexually transmitted infections prevention and treatment	Don't agree
School-based HIV education for young people	Don't agree
HIV prevention for out-of-school young people	Don't agree
HIV prevention in the workplace	Don't agree
Other: please specify	N/A

Page 113

189)

Part B, Section III: PREVENTION**Question 1.1 (continued)**

Overall, how would you rate the efforts in the implementation of HIV prevention programmes in 2009?

4 (4)

190)

Since 2007, what have been key achievements in this area:

- it has been possible with the UNODC (United Nations Office on Drugs and Crime) support to establish 5 new low-threshold centers (Cesis, Saldus, Jurmala, Ventspils, Daugavpils) and purchase a bus for start of outreach work with sex workers. - Most of low-threshold centers have improved their effectiveness – provide more services with the same amount or even less resources. - Within UNODC small grant scheme 3 NGOs have received funding for provision of multilateral support to prisoners and prison staff (lectures, peer to peer consultations, HIV testing etc.). - Within UNODC small grant scheme 5 prisons have developed their own education programmes and have educated prisoners and prison staff about HIV prevention, drugs, hepatitis B & C, STI etc.

191)

What are remaining challenges in this area:

- Still some target groups have limited access to services (for example, pregnant women with unknown HIV status, men who have sex with men). - NGOs are funded mainly from small-scale projects and there is not established a sustainable mechanism for NGO funding. - UNODC project in Latvia ends in December 2010.

Page 114

192)

Part B, Section IV: TREATMENT, CARE AND SUPPORT

1. Has the country identified the specific needs for HIV treatment, care and support services?

Yes (0)

Page 115

193)

Part B, Section IV: TREATMENT, CARE AND SUPPORT**Question 1 (continued)****IF YES, how were these specific needs determined?**

Target groups are identified in the National programme for limiting spread of HIV and AIDS in Latvia 2009 – 2013, but the programme does not foresee specific activities to increase access to treatment, care and support services.

194)

1.1 To what extent have the following HIV treatment, care and support services been implemented?

The majority of people in need
have access

HIV treatment, care and support service

Antiretroviral therapy	Agree
Nutritional care	Don't agree
Paediatric AIDS treatment	Agree
Sexually transmitted infection management	Don't agree
Psychosocial support for people living with HIV and their families	Don't agree
Home-based care	Don't agree
Palliative care and treatment of common HIV-related infections	Agree
HIV testing and counselling for TB patients	Agree
TB screening for HIV-infected people	Agree
TB preventive therapy for HIV-infected people	Agree
TB infection control in HIV treatment and care facilities	Agree
Cotrimoxazole prophylaxis in HIV-infected people	Agree
Post-exposure prophylaxis (e.g. occupational exposures to HIV, rape)	Agree
HIV treatment services in the workplace or treatment referral systems through the workplace	Don't agree
HIV care and support in the workplace (including alternative working arrangements)	Don't agree
Other: please specify	N/A

Page 116

195)

Part B, Section IV: TREATMENT, CARE AND SUPPORT**Question 1.1 (continued)****Overall, how would you rate the efforts in the implementation of HIV treatment, care and support programmes in 2009?**

6 (6)

196)

Since 2007, what have been key achievements in this area:

- Improved cooperation between TB specialists and narcologists (drug addiction specialists) - HIV therapy has been rationalised in line with WHO recommendations (mainly, more expensive treatment schemes have been replaced by cheaper ones) - More people receive HIV treatment - Mechanisms developed for provision of home-based care

197)

What are remaining challenges in this area:

- still many patients need HIV treatment, but due to limited resources they do not receive it - there is need to improve access to various treatment, care and support services for injecting drug users (for example, to pharmacotherapy with methadone and motivational programmes)

Page 117

198)

Part B, Section IV: TREATMENT, CARE AND SUPPORT

2. Does the country have a policy or strategy to address the additional HIV-related needs of orphans and other vulnerable children?

No (0)