

UNGASS COUNTRY PROGRESS REPORT

FINLAND

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II. Status at a Glance

2.1. The inclusiveness of the stakeholders in the report writing process

At the meeting of the National HIV expert group¹ in 2009 the main responsibilities of the reporting process were discussed and divided. The Epidemiologic Surveillance and Response Unit and International Affairs Unit of the National Institute for Health and Welfare (THL) were responsible for the coordinating process, collecting the data and writing and collating the narrative report and NCPI part A, as well as filling in the data for UNGASS indicators. The coordinators consulted all significant stakeholders during this process. The NCPI part B was coordinated by two Civil Society NGOs, the Finnish AIDS Council and Pro-Tukipiste, consulting closely with other civil society actors.

After the completion of the first draft of the report, it was submitted for comments to the members of the National HIV expert group. The final draft was sent to all significant stakeholders and a hearing session was organized. The feedback was incorporated into the report before submitting it to UNAIDS in March 2010.

2.2. The status of the epidemic

In 2008 and 2009, 148 and 180 HIV cases, respectively, were reported in Finland. Cumulatively 2,592 HIV infections had been reported in Finland by the end of 2009. Of these 526 had developed AIDS, of which 285 had died of AIDS.

Most cases in 2008 and 2009 were associated with sexual transmission; heterosexual transmission being the most frequent mode of transmission. However, regarding HIV among men, 86 infections were associated with men having sex with men and 70 with heterosexual activity in 2008-2009. Only 17 HIV cases associated with injecting drug users (IDUs) were reported in 2008-2009. Two mother-to-child transmissions were reported, but the infections occurred prior to arrival in Finland. Furthermore in 2008-2009, a proportion (44 %) of all new HIV cases were non Finnish citizens.

2.3. The policy and programmatic response

The key elements of Finnish HIV policy are:

- Prevention of new infections – *The people in Finland need to have the necessary knowledge in order to prevent HIV infection. The public sector, together with the civil society, supports people's possibilities to make right decisions in order to avoid HIV-infection and prevent transmission of the virus (e.g. sexual education, free access to anonymous testing and counselling, promotion of condom distribution, needle exchange).*
- Free access to treatment and care for the HIV infected – *Universal access to HIV testing, counselling, and to treatment and medical care for people affected and/or infected with HIV.*
- Support to the people living with HIV – *Social support and empowerment of persons infected and advocacy and solidarity to prevent discrimination of those affected.*

¹ The National HIV Expert Group consists of representatives of the government and local authorities (Ministry of Social Affairs and Health, Ministry of Interior, Ministry of Justice, Ministry for Foreign Affairs, National Institute for Health and Welfare, Association of Finnish Local and Regional Authorities, Church Council, Hospital District of Helsinki and Uusimaa), of civil society (A-Clinic Foundation, Family Federation of Finland, Finnish AIDS Council, Finnish Red Cross, HivFinland, Pro-tukipiste), and of people living with HIV.

2.4. UNGASS indicator data overview

Core indicators for the Implementation of the Declaration of Commitment on HIV/AIDS

	Indicators	Value	Comments
National Commitment and Action			
Expenditures			
1	Domestic and international AIDS spending by categories and financing source	Accurate data not available	See Annex 3
Policy Development and Implementation status			
2	National Composite Policy Index (Areas covered: prevention, treatment, care and support, human rights, civil society involvement, gender, workplace programmes, stigma and discrimination and monitoring and evaluation)	Submitted online	
National Programmes			
3	Percentage of donated blood units screened for HIV in a quality assured manner	2009: 100 %	Data from Finnish Red Cross Blood Services. 270,700 blood units donated and screened.
4	Percentage of adults and children with advanced HIV infection receiving antiretroviral therapy	2008: >95% 2009: >95%	Hospital Districts' data. Estimates
5	Percentage of HIV-positive pregnant women who receive antiretroviral medicines to reduce the risk of mother-to-child transmission	2008: >95 % 2009: >95%	Hospital Districts' data. Estimates
6	Percentage of estimated HIV-positive incident TB cases that received treatment for TB and HIV	90 %	Hospital Districts' data
7	Percentage of women and men aged 15–49 who received an HIV test in the last 12 months and who know the results	No data available	
8	Percentage of most-at-risk populations that have received an HIV test in the last 12 months and who know the results	IDUs: 62.82 % SW: No data available MSM: No data available	IDUs: Exit poll study at low threshold health service centres in 2009 (436/694)
9	Percentage of most-at-risk populations reached with HIV prevention programmes	No data available	
10	Percentage of orphans and vulnerable children whose households received free basic external support in caring for the child	100 %	Data from national social benefit system
11	Percentage of schools that provided life skills-based HIV education within the last academic year	100 %	Life skills education is a compulsory subject in all schools
Knowledge and Behaviour			
12	Current school attendance among orphans and among non-orphans aged 10–14	Subject matter relevant; Indicator not relevant	All children aged 7-16 years are attending school.
13	Percentage of young women and men aged 15–24 who both correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission	No data available	
14	Percentage of most-at-risk populations who both correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission	No data available	

	Indicators	Value	Comments
15	Percentage of young women and men who have had sexual intercourse before the age of 15	Girls: 30%; Boys: 27%	School Health Promotion study 2009, students at 9th grade (15-16 year-olds).
16	Percentage of adults aged 15–49 who have had sexual intercourse with more than one partner in the last 12 months	No data available	
17	Percentage of adults aged 15–49 who had more than one sexual partner in the past 12 months who report the use of a condom during their last intercourse	No data available	
18	Percentage of female and male sex workers reporting the use of a condom with their most recent client	No data available	
19	Percentage of men reporting the use of a condom the last time they had anal sex with a male partner	No data available	
20	Percentage of injecting drug users who report the use of a condom at last sexual intercourse	No data available	
21	Percentage of injecting drug users who reported using sterile injecting equipment the last time they injected	No data available	IDU study in 2009 (sample size 694): 68 % of IDUs report not sharing needles and syringes during the last four weeks.
Impact			
22	Percentage of young women and men aged 15–24 who are HIV infected	No data available	
23	Percentage of most-at-risk populations who are HIV infected	IDUs:0.74 % SW: No data available MSM: No data available	IDUs: Prevalence and behaviour study among IDU's in 2009: 5 positives /678 respondents (M 488; F 190)
24	Percentage of adults and children with HIV known to be on treatment 12 months after initiation of antiretroviral therapy	95 %	Hospital Districts' data
25	Percentage of infants born to HIV-infected mothers who are infected	0 %	Infectious diseases surveillance system. In 2009: 23 HIV-positive mothers, 0 MTCTs

III. Overview of the AIDS epidemic in Finland

HIV-infection and AIDS are mandatory notifiable diseases in Finland. Laboratories and physicians report cases to Infectious Diseases Register kept by the National Institute for Health and Welfare. Based on data 7th of March 2010 the situation was as follows:

- By the end of 2009, the cumulative total of diagnosed HIV positive individuals in Finland was 2,592 (1,893 males and 699 females).
- At the end of 2009, cumulatively 526 AIDS cases – including 285 AIDS deaths – had been reported.
- The most affected groups are men having sex with men, immigrants and injecting drug users.
- In 2008 and 2009, 148 and 180 new cases of HIV-infection, respectively, were reported; most of them were associated with sexual transmission.

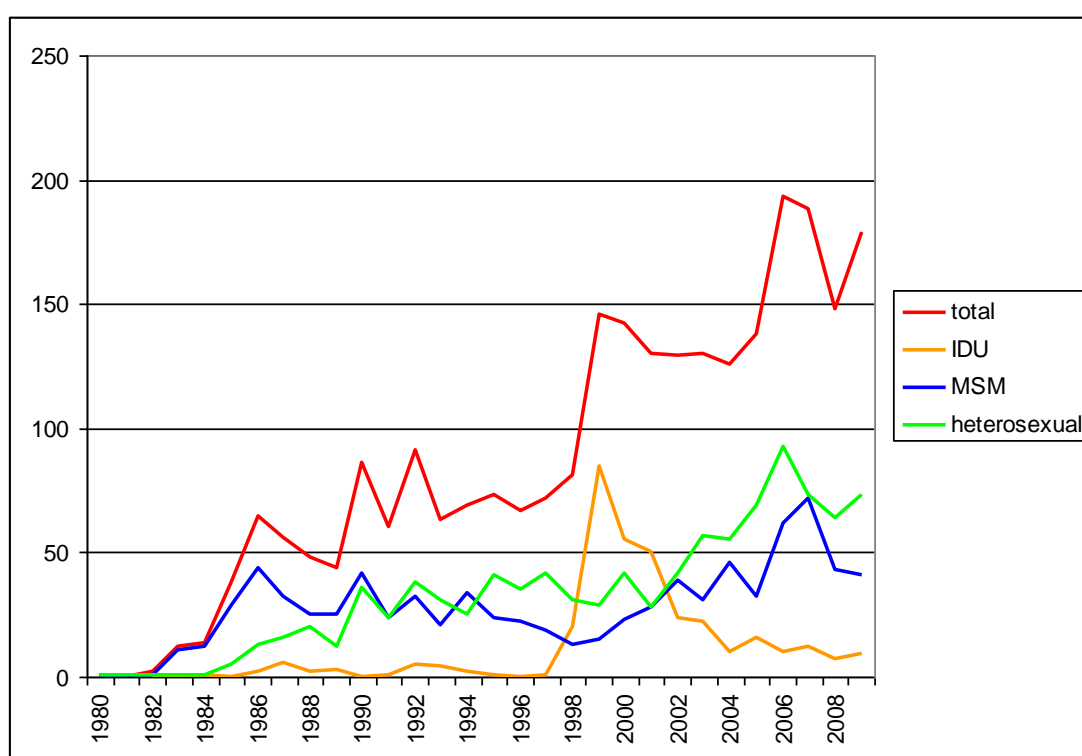


Figure 1. Annual number of new HIV infections 1980-2009 classified according to main transmission mode.

Men who have sex with men (MSM) 2008-2009:

- During the reporting period, MSM-acquired infections accounted for 25 % of the new HIV-infections diagnosed.
- In 2008 and 2009, 44 and 42 cases, respectively, associated with MSM were reported. This is less than in 2007 (72).
- More HIV infections among men were associated with MSM (86) than heterosexual activity (73) during 2008-2009.
- Most cases (80 %) were among Finnish citizens.
- The transmission took place most often in Finland.

Heterosexual transmission 2008-2009:

- During the reporting period, 45 % of the new HIV-infections diagnosed were reported to have occurred through heterosexual transmission.
- In 2008 and 2009, 74 and 83 cases, respectively, associated with heterosexual contact were reported. The figures are similar to 2007 (73).
- 52 % were females and 48 % males.
- 52 % were Finnish citizens.
- The transmission took place most often abroad.

Injecting drug users (IDUs) 2008-2009

- Transmission amongst IDUs remains very low; during the reporting period, only 5 % of the cases were reported to be associated with injecting drugs. The amount is at the same level as in 2007 (12).

Mother to child transmission (MTCT) 2008-2009

- HIV testing is offered for all pregnant women and only 0.01 % of pregnant women did not agree to take the test during their visits to antenatal care during 2008-2009.
- During the reporting period, two cases of MTCT were reported. However, the transmission took place before the children's arrival in Finland.

Blood donations 2008-2009

- No HIV infections due to blood, tissue products or organ transplants were reported during 2008-2009.

Mode of transmission unknown 2008-2009

- For 23 % of the reported HIV cases in 2008-2009 the transmission mode was unknown.
- In most cases unknown transmission mode was associated with non-Finnish citizenship.

Non-Finnish citizens 2008-2009

- During the period, 44 % of new HIV infections were found among people not having Finnish citizenship at the time of diagnosis, although the overall proportion of non-Finnish citizens from the total population was less than 3 % in Finland.
- Most people were infected through heterosexual activity before arrival in Finland.
- In 2008 and 2009, 62 and 82 (all-time-high) HIV-infections, respectively, were found among non-Finnish citizens.

IV. National response to the AIDS epidemic – changes since previous report

4.1. Policy and strategies

A new national HIV/AIDS strategy is under preparation. The overall aim of the strategy is to control the HIV prevalence among the Finnish population. The essential elements for the success of the national strategy are:

- Decreasing the risks for infection.
- Effective use of commodities used in prevention of transmission such as male and female condoms, sterile injecting equipment, medicines.
- Reducing the harms and impacts of HIV infection; ensuring the integration of people living with HIV into the mainstream of society, ensuring the best available prevention, treatment, care and support, and prevention of discrimination.

HIV-infection is also part of the *Action Programme for Promotion of Sexual and Reproductive Health for 2007-2011*. The Action Programme defines the principles for promoting of sexual and reproductive health as well as for developing the related management, service structure, methods, and competence. The mid-term review of the Action Programme noted that there is a need to enhance the integration of sexual health promotion into overall health promotion and promote knowledge and practice of safe sex. In addition, since there is a trend in Finland that new HIV-infections are diagnosed at a late stage, increasing the awareness of possibility for HIV-infection as well as awareness of and access to voluntary, confidential HIV-testing are of utmost importance.

4.2. Prevention

Prevention of new HIV infections remains the key target of Finnish HIV/AIDS policy. This is based on the knowledge of people about the main issues of HIV-infection and protection against it. Effective HIV testing as well as treatment and support of those tested positive are also integral parts of prevention.

As before, prevention of HIV-infection continues to be integrated into the public health, social welfare and educational system of Finland, through the publicly funded municipal basic services and national or local level information dissemination and targeted campaigns. Cooperation between public actors (government, regional and local authorities) and civil society (NGOs) has remained active and fruitful, especially in prevention activities. While the NGOs and civil society actors are independent in their activities, they receive a large part of their funding from government or other public national sources.

Young people remain the main target group for awareness campaigns and direct prevention activities. In addition, targeted prevention efforts have been made to reach key populations at higher risk of HIV exposure, such as MSM, IDUs, sex workers and travellers (see chapter V Best practices). NGOs are playing a major role in the prevention activities especially for the hard to reach populations.

The network of Low Threshold Health Service Centres (LTHSCs) for IDUs is working well and has gained the trust of the users. The LTHSCs are providing small scale health care services, counselling and guidance to detoxification services, vaccinations, condom distribution, HIV testing and exchange of injection equipment to IDUs. Also, the well-established specialized health service for HIV-positive IDUs continues active work, providing ART, methadone maintenance programme and social services.

Encouraging people to take HIV test is critical for prevention – a low number of HIV-infected individuals unaware of their status is important in controlling the HIV epidemic. To enhance seeking for testing and offering voluntary HIV testing, a new national guideline for HIV testing was prepared in 2009 and will be endorsed in 2010.

4.3. Treatment, care and support

Effective treatment, care and support of those infected are seen as an integral part of prevention of HIV-infection. The assurance that best possible treatment and care is available through a professional, confidential and non-discriminating response, encourages seeking for testing and counselling.

Treatment and care for HIV-infected people is provided in all regional health districts; there is no formal decision to centralise HIV treatment. Municipalities and health districts can decide on how they provide the services that they are obliged to offer. Some health districts have made agreements with non-profit private health care providers and NGOs for provision of special care and support services for some key populations at higher risk, e.g. IDUs.

To be able to keep up the competence of the health care and social welfare staff on issues related to HIV-infection national HIV/STI seminars are organized annually together with local smaller workshops. In addition, a new, revised edition of the HIV-care handbook was published in 2008 by the Finnish Association for Nurses in AIDS care, the Finnish AIDS Council and the HUS Aurora Hospital Infectious Disease Unit.

All necessary and clinically indicated treatment and care is guaranteed free-of-charge to those who have been infected and who are eligible for Finnish social security benefits, i.e. have a legal residence status in Finland. People living with HIV receive – if they so decide – highly active anti-retroviral therapy (ART) according to generally accepted European clinical HIV treatment guidelines. HIV treatment and care is provided by regional health districts as part of specialised medical care in central hospitals and university hospitals. Since the health services – as well as other social benefits in Finland – are restricted to those having a residence permit in the country, temporary visitors are entitled only to strictly necessary emergency treatment, unless they have a private health insurance covering the costs of other treatment.

The number of newly diagnosed HIV cases in non-Finnish citizens has increased during the past years. This is a heterogeneous group of people consisting of e.g. temporary visitors and employees, foreign students, immigrants, asylum seekers and refugees. A new *Guideline for the Prevention of Infection Problems among Refugees and Asylum Seekers* was formulated in 2009 and has been published in early 2010. The guideline emphasizes offering voluntary HIV testing for persons originating from high prevalence areas and the consultation of infectious diseases specialist if HIV-positive cases are found.

4.4. Knowledge

The starting point for the Finnish HIV strategic approaches is to ensure that people have the knowledge and understanding of HIV/AIDS to avoid exposure to risks for infection.

In Finland, health education – including education in reproductive and sexual health and risks of contracting sexually transmitted infections (STIs) – is a standardized compulsory subject for school children aged 13-18 years. This ensures that teenagers have access to adequate knowledge and tools to avoid and prevent infections. Adolescents' sexual knowledge and behaviour is monitored every two years with the School Health Promotion Study.

Targeted health counselling to prevent HIV and STIs is offered for the key populations at higher risk of HIV exposure – Low Threshold Health Service Centres for IDUs, the “Man-to-Man-Safely” work targeted at men who have sex with men, health counselling for sex workers – implemented by NGOs.

The national *Action Programme for Promotion of Sexual and Reproductive Health* was published in 2007. One of the aims is to prevent STIs by increasing knowledge and condom use. The Action Programme includes e.g. the following:

- Instructions to the vocational training institutions to include sexual education as one of the subjects in health and life skills curriculum;
- Plans to start publishing again an information brochure that earlier was distributed annually to all those coming to 16 years of age;

- Targeted campaigns on sexual health to different population groups;
- Inclusion of sexual health information to all travellers.

In order to enhance the implementation of the Action Programme, the government approved a Decree on health counselling and physical examination as part of antenatal and well-baby clinics and school & student health services. The Decree obligates the municipalities to organize regular health check-ups for children and youth. In these check-ups also sexual and reproductive health – including prevention of STIs and unwanted pregnancies – needs to be discussed, according to the level appropriate for the particular age of the child or young person. The counselling and examinations are done together with the child's family, if so required by the age of the child (Cabinet Decree 380/2009 28.5.2009).

V. Best practices

Some of the examples of best practices were selected to illustrate Finnish initiatives in prevention of the spread of HIV and STIs and in caring and supporting people living with HIV/AIDS. *Low threshold health service centres for injecting drug users* has been selected as an example because the service has had an evidence-informed successful role in controlling the HIV epidemic among IDUs, one of the key populations at higher risk for HIV exposure. *HIV-Care Handbook* is a handbook in Finnish language for professionals and students facing HIV positive people in both health and social sectors. *The Handbook for HIV-positives*, prepared by HivFinland – the peer organization of people living with HIV – is an important resource on all issues regarding HIV-infection. *The summer campaign for youth* is a campaign in media reaching young people with important information about STIs. *Peer educator training for Russian sex workers* provides an example how to reach the more hard-to-reach populations with higher risk for HIV-infection and provide them information.

5.1. Low threshold health service centres for injecting drug users

The first health counselling centre for IDUs was opened in 1997 in Finland. Since then the number of centres has increased. The *Act on Communicable Diseases* from 2004 obligates municipalities to provide health counselling for IDUs in their area, including exchange of injecting equipments. In 2009, Finland had around 30 health counselling centres in 23 towns. The basic idea of health counselling has been preventive work i.e. it aims to prevent diseases and deterioration of health among the drug users.

Most municipalities purchase health counselling from third sector actors. However, the aim is to integrate health counselling – including counselling and services for IDUs – into regular municipal health services and, consequently, establish the status of the work and allocate sustainable public resources for the maintenance and development of these services.

The health counselling services are free-of-charge, confidential and anonymous and available without an appointment. The services provided vary between the centres, but the exchange of syringes and needles forms the basis of the services. The centres conduct HIV and hepatitis testing; some of them use a rapid HIV test. All centres also provide oral and written information on infectious diseases and distribute free condoms and lubricants. They also offer the opportunity for supportive discussions with the personnel and help in various problems. Other services provided by some of the centres include e.g. doctor's consultation, meals, shower, clean clothes, and vaccinations.

Since 2000, the Helsinki Deaconess Institute has maintained a special service centre for HIV positive IDUs in Helsinki. The idea is to offer all needed services under one roof. The services are provided by a drop-in day centre and include – in addition to syringe and needle exchange – various health and social care services. The centre is also responsible for the clients' substitution treatment. HIV medication is provided by Helsinki University Hospital Aurora Infectious Diseases Unit with the collaboration of the Helsinki Deaconess

Institute. Short-term accommodation is also offered. In addition of services for HIV positive IDUs, separate services (in the same building) are provided to all IDUs.

As measured by the number of HIV cases, health counselling for IDUs seems to have an impact in reduction of infection risk. In 2008 and 2009 together, only 17 new HIV cases related to injecting drug use were diagnosed in Finland and HIV prevalence among IDUs has remained at close to one per cent.

5.2. Handbook for HIV care

The Finnish Association for Nurses in AIDS Care, the Finnish AIDS Council and Helsinki University Hospital Aurora Infectious Diseases Unit published an *HIV-Care Handbook* in 2007. This has been updated in 2008. The handbook is an excellent resource for health care providers who care for patients infected with HIV. It can also be used in pre-graduate training at social care and nursing colleges. The handbook has gained wide popularity among the whole health and social care sector.

The writers are professionals facing people living with HIV in their every day work. The handbook provides basic information on HIV and AIDS – from HIV testing and counselling to treatment. The book contains good examples of best practices and experience in nursing care, including those linked to oral health of people living with HIV, clinical follow-up of the infected, and the special needs of HIV-positive mothers and children.

5.3. Handbook for HIV-Positive

HivFinland has published a *Handbook for HIV-Positive People (Käsikirja hiv-positiivisille, in Finnish only)* that covers important issues for those living with HIV. The aim of the handbook is to ensure that all HIV-positive people living in Finland have the needed knowledge and information to live as healthy and normal life as possible. The book contains information for those recently infected and for those who have lived with their infection longer. The topics included are e.g. what is HIV-infection, psychosocial aspects of the infection, mental health, sexual health, travelling, living at home, personal hygiene, work, pension, patient's rights, legal aspects, treatment, medication, oral health, pain etc. The book also has separate chapters for different groups, such as women, men, children, family, IDUs, prisoners, sex workers and migrants. In addition, there are good links to look for further information. The Handbook is available in Internet and in printed version, which is free-of-charge for all HIV positive people and their families.

5.4. Summer campaign for youth

Together with the Ministry of Social Affairs and Health, Finnish Cancer Organizations, Finnish Red Cross, the Soldiers' Home Organization and private actors, one of the channels of the Finnish Broadcasting company YLE organises an annual summer campaign for youth. This campaign, "*Kesäkumi*" literally translated as "*Summer Rubber*", has been organised already 15 times in a row. The aim of the campaign is to prevent spread of STIs among youth. The campaign talks openly about STIs, often with young celebrities, who participate in the campaign by performing in radio spots. During the campaign free condoms are delivered in summer festivals and concerts, almost 200,000 during summer 2009. The radio channel also orders a song dealing with the subject from a famous Finnish rock artist, different each year. Linked with this campaign for all youth during the summer, the conscripts who start their military service during the summer will also get information on STIs and free condoms.

5.5. Peer educator training for Russian female sex workers

Pro-tukipiste (the Pro Centre Finland) is a NGO that provides low threshold health and social services for sex workers. Pro-tukipiste has organized a peer training programme (called Rubber ball, based on Snow ball peer training method) in Helsinki. The target group was Russian-speaking female sex workers, working in Helsinki. The training was carried out in four weeks with the following topics: legal rights, health and well being, safe sex practices and drug abuse. After a one-month recruiting period a total of 15 women

registered (anonymously with pseudonym); the final number of participants was eight. After training there was a field-work phase, during which the peers interviewed their colleagues. The peer educator and the interviewee discussed about the topics and the peer educator provided updated information about these and distributed tailored prevention information materials about HIV and STIs. The training was evaluated through group discussion sessions and questionnaires. All participants got diplomas that confirmed their participation and their capacity to work as peer educators. The purpose of the peer training was to empower sex workers and boost their self-esteem, while providing important and useful information to be disseminated by Russian sex workers to their colleagues in Finland. The added value was to improve services for sex workers as well as strategies in reaching them, through the information given by the peer educators and their experience in the field. Further information on this work can be obtained from: Work Safe in Sex Work. A European Manual on Good Practices in Work and for Sex Workers. TAMPEP International Foundation, 2009.

VI. Major challenges and remedial actions

We are presenting here some of the major challenges in the national response for HIV epidemic in Finland. This is not a comprehensive list of the challenges identified during the reporting process, but they represent those in need of most urgent actions.

The national HIV-strategy under preparation will tackle some of these challenges and, hopefully, make the allocation of resources more sustainable and responsive to actual needs.

6.1. Need for more information regarding knowledge, sexual behaviour and risk taking

Finland does not have sufficient data on the HIV knowledge, sexual behaviour, risk perception and risk taking among general population and we still lack relevant information on knowledge and behaviour of some important key populations at higher risk for HIV exposure. Although Finland regularly conducts good surveys on health knowledge and behaviour of adult population, questions about sexual behaviour – let alone knowledge on HIV – have not appeared in these survey questionnaires. The only data available in a more consistent manner is that of adolescents and young people attending schools and sentinel data from STI clinics. More longitudinal, repeated surveys on key populations such as men who have sex with men and sex workers are also needed.

This additional information would assist Finland to analyse the trends of the epidemic, recognize early worrisome development and help authorities and civil society actors to increase prevention, treatment and support activities in a concerted manner. Moreover, we would be able to respond more accurately to the trend that is visible in recent HIV data; the new HIV-infections tend to be diagnosed in rather late stage, indicating the lack of information about possibilities for infection.

6.2. Resources for HIV work and division of labour

A guiding principle for the Finnish HIV policy and the strategic approach toward prevention, treatment and care is the integration of the activities into regular social and health care services. Municipal social and health providers have a clear legal obligation to cater for the needs of their residents in any health issue, including HIV and AIDS. While this approach has many benefits, it is not without problems either. At its best, this approach provides equal access to treatment and non-discriminatory care for HIV-infected, compared to any other medical condition. It also sets clear boundaries to where responsibilities lie within the various levels of social welfare and health care actors. In a worst case scenario, however, the integration may lead to integration on paper only and factual negligence of HIV-specific issues that would have to be taken into consideration for proper organization of actions.

Finland has several NGOs that have been outsourced to implement HIV work – especially on prevention, testing, counselling, and care – on behalf of the municipalities, but they have also their own interest to develop specialised services for key populations. Engaging civil society actors in HIV work may lead to a situation that municipal authorities no longer consider HIV work as part of their regular services. The municipalities may not develop these services further so that e.g. universal access to anonymous voluntary testing and counselling would be guaranteed everywhere and especially for key populations, having also special needs for other services.

Another challenge of outsourcing or NGO engagement is that over time the responsibilities laid down in the laws and regulations may become blurred. While the law on public health is clear on where the responsibility lies (i.e. within the municipal government), the perception among those who fund the services may be such that they have fulfilled their legal duty by such funding, even if it would be inadequate.

On the other hand, the NGOs receive majority of their funding from external funders according to project proposals and for activities that have a limited life-span. A good example of this is the funding that the NGOs receive from the Finland's Slot Machine Association (RAY), a body that funds numerous health and social service organisations and is controlled by the Ministries of Interior and Social Affairs and Health. The present funding principles of RAY indicate that it does not wish to continue non-earmarked core funding to NGOs and especially not to fund activities that could be regarded as part of regular public service provision system – HIV-testing being one these activities. This has put in jeopardy some of the well functioning NGO services and development of innovative programmes. Also, the global financial crisis has led to clear downturn on the funding amounts that RAY distributes, causing problems for NGOs to carry on their services in the future.

Taking this into account the Ministry of Social Affairs and Health and the regional government authorities need closely to monitor the performance of municipalities in the provision of services. Also, we need to evaluate whether a specific guideline on the sharing of responsibilities and estimated resources would be needed to be developed in near future.

6.3. MSM work

Men who have sex with men continue to be among the key populations at higher risk for HIV-infection in Finland. We need more solid information regarding the knowledge and behaviour, risk perception and risk taking of MSM population, and the prevalence of other STIs in this group. Moreover, prevention activities need to be enhanced and secured.

The HIV prevalence among MSM was found to be almost 5 % in 2006 using anonymous survey. Thus this group needs to be recognised in all general prevention activities and information. Young men who have sex with men need to be taken into account in information materials prepared for schools and training institutions. In addition, we need special programmes targeted to MSM and the resources for these programmes need to be secured. Presently, majority of resources for prevention work among MSM is coming from the Finnish Slot Machine Association, there is a clear decrease of this funding and it is not sustainable. The MSM activities are done mainly by few NGOs. There is a need for more health services targeted to this group also within the municipal health care service system.

6.4. Services for mobile population

By mobile population we mean all those foreign citizens who move from one country to another either voluntarily (foreign employees, students, migrants seeking for better economic future, undocumented migrants) or who are forced to move by political, economical or cultural reasons (refugees, asylum seekers). These people can reside in Finland for longer or shorter periods, only once or several times during longer time periods. The challenge is to reach this heterogeneous population group with information about prevention, about possibilities for testing and counselling, and about treatment possibilities.

There needs to be sufficient information on prevention, testing and counselling for all population groups, including mobile population. However, the heterogeneity of this group poses challenges. The new *Guidelines on Prevention of Infection Problems among Refugees and Asylum Seekers* by the Ministry of Social Affairs and Health targets one group of mobile population, but leaves out e.g. temporary foreign employees. The Social Insurance Institution of Finland (Kela), gives advice to all those moving to Finland, also some basic advice on coverage of medical services, but no detailed instructions for HIV-positive persons.

The possibility to receive free-of-charge ARV treatment (and other social benefits) is depending on the residence permit status and the length of work period of the migrant and thus access to treatment is not equally available to all mobile population. As examples, "quota refugees" are covered by the Finnish social security system as soon as they enter Finland, but those entering into Finland as other type of refugees and who have been given asylum or a residence permit are covered only if their purpose is to take up permanent residence in Finland and if they have a residence permit valid for at least a year. Unemployed job seekers gain access to social security in Finland only if their intention is to take up permanent residence in Finland or if they have family ties to Finland. Students and researchers, residing temporarily in Finland, are normally not covered by Finnish social security, unless they also work for at least 4 months and fulfil the other conditions regarding the terms of employment.

VII. Monitoring and evaluation environment

Monitoring and evaluation is performed in a multisectoral fashion, where each responsible authority performs M&E activities as part of their annual business cycle. In addition, there are National level M&E activities for HIV/AIDS within the Ministry of Social Affairs and Health and the National Institute for Health and Welfare (THL, which is a merger of two previous organisations, the National Public Health Institute and STAKES).

The main monitoring instrument is outcome monitoring, i.e. surveillance of new HIV-infections, AIDS and AIDS deaths. In addition, STI and blood-borne infection surveillance data is used as surrogate markers. The numbers of performed HIV tests are surveyed annually.

For IDU prevention, a separate action and service provision monitoring system is in place, collecting annual indicator data in low threshold health service centres, such as visits, client numbers, equipment exchange numbers, vaccinations, test numbers, regional coverage etc. Information on the frequency of occurrence of HIV and hepatitis virus C is received through the exit polls conducted in every 1-2 years. The above functions are mainly the responsibility of the THL, together with a network of LTHSCs.

Some monitoring of behavioural aspects of prevention is in place. These are targeted mainly towards teenagers, where THL performs an annual school health survey in age groups 13-18 year olds. As reported in the previous UNGASS report, Finland lacks surveillance and direct studies on sexual behaviour, risk perception and risk taking among general adult population.

HIV/AIDS health care service provision monitoring is mainly performed regionally or locally and few HIV specific data are available nationally.

Also, as before, it continues to be difficult to estimate the proportion and actual figures of funds spent on HIV prevention and treatment since many of the activities are integrated in the established general health and social welfare functions.

Annexes

Annex 1. Consultation preparation process for the country report on monitoring the progress towards the implementation of the Declaration of Commitment on HIV/AIDS

The report writing process was initiated in 2009 when the main responsibilities for reporting were discussed and agreed at the meeting of the National HIV Expert Group. The Epidemiologic Surveillance and Response Unit and the International Affairs Unit of the National Institute for Health and Welfare (THL) were responsible for the coordinating process and collecting the data for the NPCI part A, as well as for the UNGASS indicators. They consulted relevant other government authorities during the process. The recently (October 2009) prepared Dublin Declaration monitoring report was a good basis for defining some of the UNGASS indicators.

The compilation of NPCI part B was coordinated by two Civil Society NGOs, the Finnish AIDS Council and Pro-Tukipiste, in consultation with other NGO actors.

The first draft of the country report was submitted for comments to the members of the National HIV Expert Group. The second draft was then sent to all significant stakeholders, a general hearing was organized in March 2010, and the results of the review and hearing were incorporated into the final report before submitting it to UNAIDS at the end of March 2010. In addition to the online report, a compilation of electronic and printed versions of all parts of the report was submitted to the Ministry for Foreign Affairs of Finland.

Annex 2: National Composite Policy Index questionnaire

Submitted online

Annex 3. Domestic and international AIDS spending

In Finland, HIV/AIDS prevention, treatment, care and support activities are integrated in the regular activities of the municipalities providing health and social services, as well as in the work of the regional and central level government bodies which are responsible for policy formulation, supervision and allocation of funds to other levels. Thus funding for separate programmes cannot be identified with a precise level of accuracy. There are some targeted activities for which the allocated resources from the Ministry of Social Affairs and Health can be estimated. In addition, the NGOs providing HIV-related services can give more accurate figures on their spending.

Of the national government funding appropriations issued by the Ministry of Social Affairs and Health, the budget line for "Prevention and control of infectious diseases" includes specified allocations for HIV-work. The allocation for HIV-activities is approximately one third of the overall allocation of this budget line; the annual amount for HIV work has been around 300-400,000 Euros. This sum is targeted to specific projects, media campaigns, condom distribution, educational campaigns and separate surveys. The activities are implemented by Finnish NGOs or research institutions.

The estimation of resources used on HIV work by the health and other sectors at regional and municipal level would require a detailed cost analysis of municipal and hospital district budgets. Finland has presently 380 municipalities and 20 hospital districts, which provide services and prepare their budgets independently.

The following can be mentioned as examples of the expenditure of NGOs doing HIV-work. The Finnish AIDS Council's expenditure was 1.5 million Euros both in 2008 and in 2009; HivFinland spent 224,000 Euros in 2008 and 247,000 Euros in 2009, and the Finnish Red Cross – which is active in many other fields also – spent 172,000 Euros for HIV work in 2009. The Finnish AIDS Council's work includes prevention, support services for infected and their families, HIV testing and education, and training. HivFinland provides peer information and support for those infected, has an active drop-in centre and group activities around different themes. Finnish Red Cross provides information by phone (help-line), possibilities for anonymous testing and support in four cities, and conducts information campaigns for schools and young people on STIs and HIV.

The allocations of the Finnish government to the international AIDS response are channelled through the Ministry for Foreign Affairs as Official Development Assistance; data on this is already available from other sources.