

# HIV Counselling and Testing in Estonia: Policy implications based on data triangulation

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## Objectives

The assessment aimed to **analyze HIV counselling and testing (HCT) trends in Estonia in order to provide direction for optimizing testing in health care and for vulnerable populations**, as part of a larger triangulation project to analyse the course of the HIV epidemic.

## Methods

In-depth retrospective secondary data analyses were conducted (2010–11) applying data triangulation principles, using data from national databases and registries, study reports, articles, and programmes. The results were discussed with national stakeholders (governmental, non-governmental, health care, and research institutions) and international experts (WHO, CDC, GF, etc). The report was circulated for review twice and relevant suggestions were incorporated at the various stages of the report development.

## Results

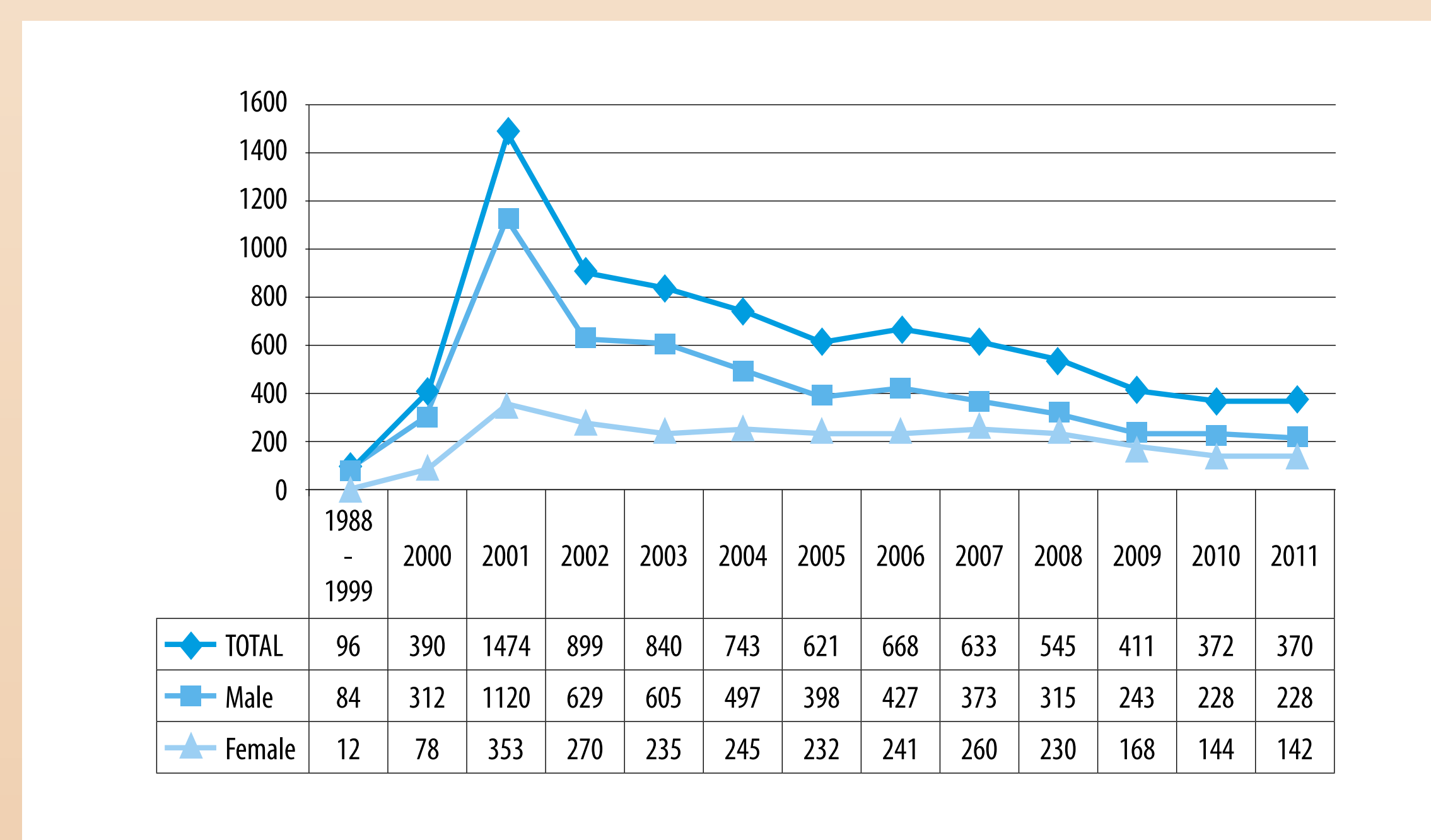
A total of 8,061 HIV cases have been diagnosed in Estonia in 1988–2011 (Figure 1). The number of newly diagnosed cases in 2011 was 275 per million population ( $n=369$ ). The highest burden of HIV is born in capital city Tallinn and north-east Estonia (90% of all HIV cases, 8–20 times higher rate of newly diagnosed cases than in other regions), where the largest proportion of high risk groups are affected and infected. The number of people tested and of HIV tests has increased since early 2000s in all regions and among routine screening groups (e.g.

pregnant women, TB patients, prisoners) and high risk groups (injecting drug users, sex workers) (Figure 2). In 2010 more than 142,000 people were tested for HIV (11% of the total population) and the total number of tests was close to 210,000 (156 tests per 1,000 population; 39 tests per 1,000 population without tests for blood donors and pregnant women). Still, many people engaging in high-risk behaviour do not access HCT. For example, 20% of IDUs report no lifetime HCT and more than 30% of HIV-infected IDUs are unaware of their HIV-positive status.

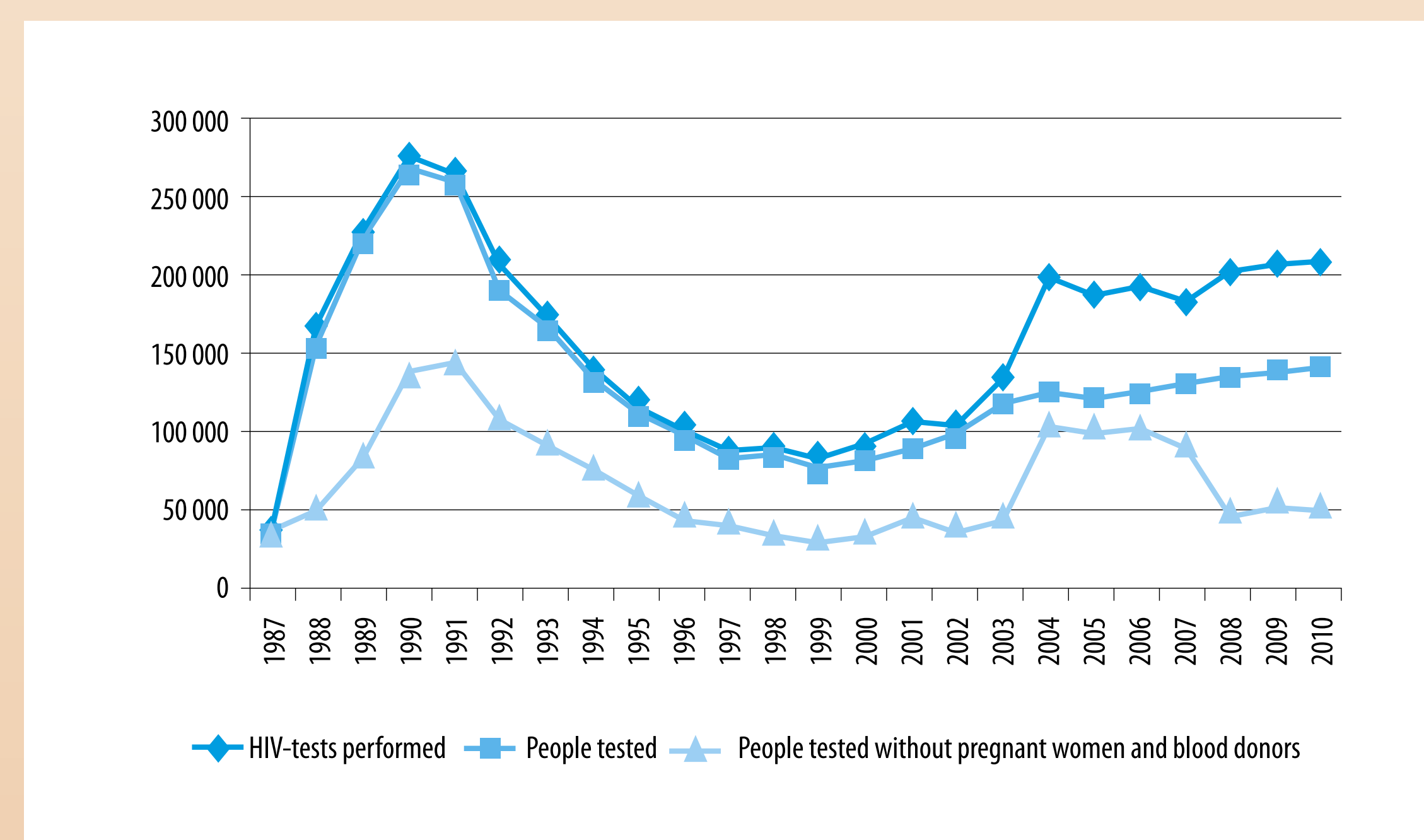
In the European MSM Internet Survey 2010 (EMIS) (sample size: 612), 60% of respondents said that they had been tested for HIV, 32% in the past twelve months. Among 227 sex workers studied in Tallinn in 2005–2006, 66% had ever tested for HIV. Late diagnosis was estimated to be around 40% and more than half of diagnosed cases were not followed up.

## Conclusions

**More vigorous HCT among vulnerable groups across the country and 18–49-years clients accessing health care in Tallinn and the north-east is needed.** Risk-assessment and clinical indications-based HCT is recommended in other geographical locations. Because many people testing positive do not reach the health care system afterwards, **referral needs improvement.** **Data triangulation is applicable for comprehensive data documentation and analysis to improve policy and programmatic guidance.**



**Figure 1.** Newly diagnosed HIV-cases according to gender 1998–2011, (n) (Health Board)



**Figure 2.** Number of HIV-tests performed and number of people tested, 1987–2010 (Health Board, Statistics Estonia)

## References:

Rütel K, Trummal A, Salekešin M, Pervilhac C. HIV Epidemic in Estonia: Analysis of Strategic Information. World Health Organization, 2011. ISBN 9789289002578