

**Estonia Trip Report**  
**6<sup>th</sup> – 8<sup>th</sup> February 2012**  
**Paul Sommerfeld**

***The TBEC Meeting***

80% of TB cases are apparently from the Russian population. TAI is the primary public health agency for Estonia and a government body.

6 participants, only two of whom were from civil society organisations (Anastassia Peterson from EHPV and Nelli Kalikova from NGO Aids Information and Support Centre). The others were Klarika and Piret from TAI, Dr. Martin Danilovits from Tartu University Hospital, and Martin Kadai from the Ministry of Social Affairs (which covers health).

The discussion was good following inputs from the TAI pair on TUBIDU and myself on TBEC. Points raised included:

- Estonia is moving from high to low burden. Incidence in 2011 was 28 per 100 000. This was a total of 341 cases (269 new, 50 relapse, 22 re-infection).  
MDR were 51 new, 11 relapse, 16 re-treatment, and 6 XDR  
HIV/TB co-infections: 41 or 12.8% of total cases  
Detection is believed to be relatively good at 80-90%
- There is desire by some for a mobile X-ray van though it sounded like more debate about the need for it is required before making this a key advocacy ask.
- There is no TB-specific civil society organisation or patient group in the country.
- There is no regular mechanism for liaison between TB-interested CSOs.
- As for political links, there was a sense that TB is accepted by government as a high priority issue and there is little need for overt advocacy. The Ministry of Social Affairs is seen as engaged, and links between TAI and CSOs are workaday and satisfactory. There is a Parliamentary Commission on Social Affairs which does ask for information on progress against TB. There is no contact with MEPs.
- As for Global Fund, no grants have been requested since 2005 when the government honoured an agreement to take over funding of services previously financed by GF.
- Contact with neighbouring countries: Occurs through WHO Europe and ECDC.

***Visit to TAI***

- TB has been a national priority since the 1990s and good results have been achieved. That it remains high priority was demonstrated when in the global financial crisis of 2008-9 the overall budget of TAI was reduced by one third but its spending on TB was held steady.
- Political Contacts and MEPs:

As regards advocacy to persuade EC to succeed GF as major funder of high burden countries, this was not seen as likely given that EU funding tends to be more horizontal than disease specific, and to avoid matters that are seen as the responsibility of national governments.

- Mobile X-ray Van: Not seen as cost-effective for TB alone. Will not approach politicians about it until there is coherent plan for multiple diseases.

### **Visits to CSOs**

Apart from the TBEC meeting, I visited three local NGOs. All are primarily HIV organisations but now with reasonable awareness of TB:

- *Convictus Estonia*: Set up 10 years ago by Convictus Sweden but now largely independent. There is also a sister organisation in Ukraine. Started with work in prisons and this remains a major part of its activity, including celebrations of World TB Day in prisons. Also into harm reduction, running needle exchange programmes and social support of patients. 90% of clients are IDUs from the Russian speaking community.

They do not engage in TB advocacy and are not aware of any other organisations that do. Their offices are in the same building as EHPV.

Largely government-funded but are short of core funding and are looking to engage in fundraising from the general public. Participate in two EU-funded prison research programmes. Not in TUBIDU; had not heard of WHO MDR Action Programme (MAP). Would love to have a mobile X-ray unit.

Concerned that their harm reduction service does not test clients for TB. Suspects have to be referred to TB services on the other side of town so frequently never show up.

- *NGO AIDS Information and Support Centre*: I saw their methadone substitution clinic which is in the same facility as their offices. They work with sex workers and drug users. Concerns included:
  - Lack of system for ensuring testing of TB suspects. Believe that testing of TB patients for HIV works OK but not testing of HIV+ individuals for TB. The Centre sends TB suspects to an X-ray facility that is some distance away with consequential problems.
  - Had heard of MAP but only through acquaintances, not officially.
  - Parliamentary Commission on Social Affairs is more chat than action.
  - Lack of collaboration between NGOs.
- *Estonian Network of People living with HIV (EHPV)*: Current campaign is about access to rapid testing for HIV as current legislation does not allow CSOs to use or deliver HIV tests. Began action on TB some years ago. Celebrate World TB Day. Lead agency for TUBIDU in Estonia which they see as a good opportunity to become more involved. Issues raised:
  - Lack of TB/HIV cross-testing. Services are not connected.
  - Lack of funds to publish materials such as TB material developed by Convictus for prison use.

- Mobile X-ray unit: Looked at such a service for needle exchange but concluded it was too expensive.
- Homeless hostels: Clients have to indicate they do not have TB to be allowed in.
- In prisons, however, all new inmates are now X-rayed.
- EHPV attend the Parliamentary Commission but have so far stuck to raising HIV issues as that is their focus.

### **Conclusions**

- There are no TB-specific CSOs in Estonia but the three that I visited, while primarily HIV-focussed, are all aware of TB and do undertake some activities relating to it. On the other hand, there were only 41 co-infection cases last year, accounting for just 12.8% of all TB affected individuals so there is a danger that the needs of TB-alone patients may be overlooked.
- Estonia is in a relatively happy position. TB rates have come down to quite low levels and are still declining as government continues to accord the disease high priority.
- Thus, TB and TB/HIV service providers are not feeling any crisis of funding. Not surprisingly, therefore, advocacy is not seen as especially necessary, nor is access to EU or Global Fund support an issue.
- There are concerns such as lack of collaborative organisation for HIV and TB diagnostic services, and limited liaison between CSOs, but these are matters for day-to-day local discussion rather than critical issues.

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