

Slovakia Report NCPI

NCPI Header

COUNTRY

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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Describe the process used for NCPI data gathering and validation:

Unclear questions were discussed with other partners - Ministry of Education, Ministry of Internal Affairs, Ministry of Defence, Ministry of Health, experts in treatment

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

Consultation.

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

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

Organization	Names/Positions	A.I	A.II	A.III	A.IV	A.V	A.VI
Public Health Authority of the Slovak Republic	Jan Mikas, MD/Head of the Epidemiological Department	Yes	Yes	Yes	No	No	No
Regional Public Health Authorities in Bratislava	Peter Truska, MD / National GARP Coordinator	No	No	No	Yes	Yes	Yes

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

Organization	Names/Positions	B.I	B.II	B.III	B.IV	B.V
-	-	No	No	No	No	No

A - 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

IF YES, what was the period covered:

2013

IF YES, briefly describe key developments/modifications between the current national strategy and the prior one.

IF NO or NOT APPLICABLE, briefly explain why.:

The epidemiological situation in number of case in Slovakia is favourable which is the reason why no key modifications were made. The programmes are the same aimed at the most risk groups of population.

1.1 Which government ministries or agencies

Name of government ministries or agencies [write in]:

Ministry of Health of the Slovak Republic

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

SECTORS

Included in Strategy Earmarked Budget

Yes	No
Yes	No
No	No
Yes	No
Yes	No
No	No
Yes	No

Other [write in]:

-
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?:

There is no specific budget for HIV activities. These are funded from the overall budget sources.

1.3. Does the multisectoral strategy address the following key populations, settings and cross-cutting issues?

Men who have sex with men:

Yes

Migrants/mobile populations:

Yes

Orphans and other vulnerable children:

No

People with disabilities:

No

People who inject drugs:

Yes

Sex workers:

Yes

Transgendered people:

No

Women and girls:

No

Young women/young men:

Yes

Other specific vulnerable subpopulations:

No

Prisons:

Yes

Schools:

Yes

Workplace:

No

Addressing stigma and discrimination:

Yes

Gender empowerment and/or gender equality:

Yes

HIV and poverty:

Yes

Human rights protection:

Yes

Involvement of people living with HIV:

Yes

IF NO, explain how key populations were identified?:

-

1.4. What are the identified key populations and vulnerable groups for HIV programmes in the country [write in]?:

Men having sex with men, Drug addicts, Sex workers, Young people

1.5. Does the multisectoral strategy include an operational plan?: No

1.6. Does the multisectoral strategy or operational plan include

a) Formal programme goals?:

Yes

b) Clear targets or milestones?:

No

c) Detailed costs for each programmatic area?:

No

d) An indication of funding sources to support programme implementation?:

No

e) A monitoring and evaluation framework?:

No

1.7

1.7. Has the country ensured “full involvement and participation” of civil society in the development of the multisectoral strategy?:

Active involvement

IF ACTIVE INVOLVEMENT, briefly explain how this was organised:

The member of civil society is a member of the National Commission for HIV Prevention. All experiences from the field area were heard and discussed when creating a strategy.

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

N/A

1.9

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

N/A

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?:

No

3. Has the country evaluated the impact of HIV on its socioeconomic development for planning purposes?:

No

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

Yes

5. Has the country followed up on commitments made in the 2011 Political Declaration on HIV/AIDS?:

Yes

5.1. Have the national strategy and national HIV budget been revised accordingly?:

Yes

5.2. Are there reliable estimates of current needs and of future needs of the number of adults and children requiring antiretroviral therapy?:

No

5.3. Is HIV programme coverage being monitored?:

No

5.4. Has the country developed a plan to strengthen health systems?:

No

Please include information as to how this has impacted HIV-related infrastructure, human resources and capacities, and logistical systems to deliver medications:

-

6. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate strategy planning efforts in the HIV programmes in 2011?:

7

Since 2009, what have been key achievements in this area:

Health insurance companies fully reimburse HIV treatment.

What challenges remain in this area:

Make more people to get HIV testing, more educational programmes, better catch-up programmes.

A - II. POLITICAL SUPPORT AND LEADERSHIP

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

A. Government ministers:

Yes

B. Other high officials at sub-national level:

No

1.1

(For example, promised more resources to rectify identified weaknesses in the HIV response, spoke of HIV as a human rights issue in a major domestic/international forum, and such activities as visiting an HIV clinic, etc.):

No

Briefly describe actions/examples of instances where the head of government or other high officials have demonstrated leadership:

The activities are aimed more at preventive programmes on national level - e.g. HIV testing, safe syringes and needles and so on.

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

Yes

2.1. IF YES, does the national multisectoral HIV coordination body

Have terms of reference?:

Yes

Have active government leadership and participation?:

No

Have an official chair person?:

Yes

IF YES, what is his/her name and position title?:

Jan Mikas, MD - Head of the Epidemiological Department of Public Health Authority of SR

Have a defined membership?:

Yes

IF YES, how many members?:

-

Include civil society representatives?:

Yes

IF YES, how many?:

-

Include people living with HIV?:

Yes

IF YES, how many?:

-

Include the private sector?:

No

Strengthen donor coordination to avoid parallel funding and duplication of effort in programming and reporting?:

Yes

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

What challenges remain in this area:

More governmental support for funding sources.

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

-

5.

Capacity-building:

No

Coordination with other implementing partners:

No

Information on priority needs:

Yes

Procurement and distribution of medications or other supplies:

No

Technical guidance:

No

Other [write in below]:

-

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

National HIV Control policies?:

No

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

No

7. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the political support for the HIV programme in 2011?:

7

Since 2009, what have been key achievements in this area:

Update of National HIV Programme.

What challenges remain in this area:

More financial support.

A - III. HUMAN RIGHTS

1.1

People living with HIV:

Yes

Men who have sex with men:

Yes

Migrants/mobile populations:

Yes

Orphans and other vulnerable children:

Yes

People with disabilities:

Yes

People who inject drugs:

Yes

Prison inmates:

Yes

Sex workers:

Yes

Transgendered people:

Yes

Women and girls:

Yes

Young women/young men:

Yes

Other specific vulnerable subpopulations [write in]:

-

1.2. Does the country have a general (i.e., not specific to HIV-related discrimination) law on non-discrimination?:

Yes

IF YES to Question 1.1. or 1.2., briefly describe the content of the/laws:

The Constitution of the Slovak Republic: "Fundamental rights shall be guaranteed in the Slovak Republic to everyone regardless of sex, race, colour, language, belief and religion, political affiliation or other conviction, national or social origin, nationality or ethnic origin, property, descent or any other status. No one shall be aggrieved, discriminated against or favoured on any of these grounds."

Briefly explain what mechanisms are in place to ensure these laws are implemented:

Mechanisms are taken by civil societies and non-governmental organizations.

Briefly comment on the degree to which they are currently implemented:

-

2. Does the country have laws, regulations or policies that present obstacles to effective HIV prevention, treatment, care and support for key populations and other vulnerable subpopulations?:

No

IF YES, for which subpopulations?

People living with HIV:

-

Men who have sex with men:

-

Migrants/mobile populations:

-

Orphans and other vulnerable children:

-

People with disabilities:

-

People who inject drugs :
 -
Prison inmates:
 -
Sex workers:
 -
Transgendered people:
 -
Women and girls:
 -
Young women/young men:
 -
Other specific vulnerable subpopulations [write in below]:
 -

Briefly describe the content of these laws, regulations or policies:

N/A.

Briefly comment on how they pose barriers:

N/A.

A - IV. PREVENTION

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

Yes

IF YES, what key messages are explicitly promoted?

Abstain from injecting drugs:

Yes

Avoid commercial sex:

Yes

Avoid inter-generational sex:

No

Be faithful:

Yes

Be sexually abstinent:

Yes

Delay sexual debut:

Yes

Engage in safe(r) sex:

Yes

Fight against violence against women:

No

Greater acceptance and involvement of people living with HIV:

Yes

Greater involvement of men in reproductive health programmes:

No

Know your HIV status:

Yes

Males to get circumcised under medical supervision:

No

Prevent mother-to-child transmission of HIV:

Yes

Promote greater equality between men and women:

No

Reduce the number of sexual partners:

Yes

Use clean needles and syringes:

Yes

Use condoms consistently:

Yes

Other [write in below]:

-

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

Yes

2. Does the country have a policy or strategy to promote life-skills based HIV education for young people?:

Yes

2.1. Is HIV education part of the curriculum in

Primary schools?:

No

Secondary schools?:

No

Teacher training?:

No

2.2. Does the strategy include age-appropriate, gender-sensitive sexual and reproductive health elements?:

Yes

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

Yes

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

Yes

Briefly describe the content of this policy or strategy:

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

IDU	MSM	Sex workers	Customers of Sex Workers	Prison inmates	Other populations
Yes	Yes	Yes	Yes	Yes	-
Yes	No	No	No	Yes	-
Yes	Yes	Yes	Yes	Yes	-
Yes	No	No	No	Yes	-
Yes	Yes	Yes	Yes	Yes	-
Yes	Yes	Yes	Yes	Yes	-
Yes	Yes	Yes	Yes	Yes	-
Yes	Yes	Yes	Yes	Yes	-

3.2. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate policy efforts in support of HIV prevention in 2011?:

7

Since 2009, what have been key achievements in this area:

Achieving the progress in blood safety, educational activities on risk reduction, caring of the injection drug users in the streets (changing the used needles and syringes for the new ones ...) and in the centers for drug addicted people etc. We achieved the higher information awareness of these activities among the general population and higher consultation rate.

What challenges remain in this area:

Financial support for more activities.

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

Yes

IF YES, how were these specific needs determined?:

Education of young people, catch-up programmes aimed at the most risk groups - MSM, IDUs, sex workers.

4.1. To what extent has HIV prevention been implemented?

Blood safety:

Agree

Condom promotion:

Agree

Harm reduction for people who inject drugs:

Agree

HIV prevention for out-of-school young people:

Agree

HIV prevention in the workplace:

Agree

HIV testing and counseling:

Agree

IEC on risk reduction:

Agree

IEC on stigma and discrimination reduction:

Agree

Prevention of mother-to-child transmission of HIV:

Agree

Prevention for people living with HIV:

Agree

Reproductive health services including sexually transmitted infections prevention and treatment:

Agree

Risk reduction for intimate partners of key populations:

Agree

Risk reduction for men who have sex with men:

Agree

Risk reduction for sex workers:

Agree

School-based HIV education for young people:

Agree

Universal precautions in health care settings:

Agree

Other[write in]:

-

5. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts in implementation of HIV prevention programmes in 2011?:

8

A - V. TREATMENT, CARE AND SUPPORT

1. Has the country identified the essential elements of a comprehensive package of HIV treatment, care and support services?:

Yes

If YES, Briefly identify the elements and what has been prioritized:

Better access to the health care system offering treatment and care to risk groups of the population free of charge; HIV testing free of charge for everybody.

Briefly identify how HIV treatment, care and support services are being scaled-up?:

-

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

Antiretroviral therapy:

Agree

ART for TB patients:

Agree

Cotrimoxazole prophylaxis in people living with HIV:

Agree

Early infant diagnosis:

Agree

HIV care and support in the workplace (including alternative working arrangements):

Disagree

HIV testing and counselling for people with TB:

Agree

HIV treatment services in the workplace or treatment referral systems through the workplace:

Disagree

Nutritional care:

Agree

Paediatric AIDS treatment:

Agree

Post-delivery ART provision to women:

Agree

Post-exposure prophylaxis for non-occupational exposure (e.g., sexual assault):

Agree

Post-exposure prophylaxis for occupational exposures to HIV:

Agree

Psychosocial support for people living with HIV and their families:

Agree

Sexually transmitted infection management:

Agree

TB infection control in HIV treatment and care facilities:

Agree

TB preventive therapy for people living with HIV:

Agree

TB screening for people living with HIV:

Agree

Treatment of common HIV-related infections:

Agree

Other [write in]:

-

2. Does the government have a policy or strategy in place to provide social and economic support to people infected/affected by HIV?:

Yes

Please clarify which social and economic support is provided:

Counselling centres for HIV positives and their close relatives / intimate partners. HIV treatment for HIV positives.

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

No

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

No

5. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts in the implementation of HIV treatment, care, and support programmes in 2011?:

9

Since 2009, what have been key achievements in this area:

-

What challenges remain in this area:

-

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

No

7. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts to meet the HIV-related needs of orphans and other vulnerable children in 2011?:

-

Since 2009, what have been key achievements in this area:

-

What challenges remain in this area:

-

A - VI. MONITORING AND EVALUATION

1. Does the country have one national Monitoring and Evaluation (M&E) plan for HIV?:

No

Briefly describe any challenges in development or implementation:

More specific surveillance.

Briefly describe what the issues are:

Prevention, surveillance, treatment.

2. Does the national Monitoring and Evaluation plan include?

A data collection strategy:

-

A data analysis strategy:

-

A data dissemination and use strategy:

-

A well-defined standardised set of indicators that includes sex and age disaggregation (where appropriate):

-

Guidelines on tools for data collection:

-

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

-

4. Is there a functional national M&E Unit?:

-

Briefly describe any obstacles:

Human resources.

4.1. Where is the national M&E Unit based?

In the Ministry of Health?:

-
In the National HIV Commission (or equivalent)?:
 -
Elsewhere [write in]?:
 -

Permanent Staff [Add as many as needed]
POSITION [write in position titles in spaces below] Fulltime Part time Since when?
 - - - -

Temporary Staff [Add as many as needed]
POSITION [write in position titles in spaces below] Fulltime Part time Since when?
 - - - -

4.3. Are there mechanisms in place to ensure that all key partners submit their M&E data/reports to the M&E Unit for inclusion in the national M&E system?:

-
Briefly describe the data-sharing mechanisms:
 -

What are the major challenges in this area:
 -

5. Is there a national M&E Committee or Working Group that meets regularly to coordinate M&E activities?:
 -

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

Yes

IF YES, briefly describe the national database and who manages it.:

The data are reported and gathered into EPIS (epidemiological information system) managed by Regional Public Health Authority in Banska Bystrica.

6.1. IF YES, does it include information about the content, key populations and geographical coverage of HIV services, as well as their implementing organizations?:

No, none of the above

6.2. Is there a functional Health Information System?

At national level:
 No
At subnational level:
 No
IF YES, at what level(s)?:
 -

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

8. How are M&E data used?
For programme improvement?:
 -
In developing / revising the national HIV response?:
 -
For resource allocation?:
 -
Other [write in]:
 -

Briefly provide specific examples of how M&E data are used, and the main challenges, if any:
 -

9. In the last year, was training in M&E conducted
At national level?:
 -
At subnational level?:
 -
At service delivery level including civil society?:
 -

9.1. Were other M&E capacity-building activities conducted` other than training?:

-

10. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate the HIV-related monitoring and evaluation (M&E) in 2011?:

2

Since 2009, what have been key achievements in this area:

-

What challenges remain in this area:

-

B - I. CIVIL SOCIETY INVOLVEMENT

1. To what extent (on a scale of 0 to 5 where 0 is “Low” and 5 is “High”) has civil society contributed to strengthening the political commitment of top leaders and national strategy/policy formulations?:

1

Comments and examples:

-

2. To what extent (on a scale of 0 to 5 where 0 is “Low” and 5 is “High”) 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)?:

1

Comments and examples:

-

3.

a. The national HIV strategy?:

4

b. The national HIV budget?:

0

c. The national HIV reports?:

5

Comments and examples:

-

4.

a. Developing the national M&E plan?:

0

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

:

0

c. Participate in using data for decision-making?:

0

Comments and examples:

-

5. To what extent (on a scale of 0 to 5 where 0 is “Low” and 5 is “High”) is the civil society sector representation in HIV efforts inclusive of diverse organizations (e.g. organisations and networks of people living with HIV, of sex workers, and faith-based organizations)?:

1

Comments and examples:

-

6. To what extent (on a scale of 0 to 5 where 0 is “Low” and 5 is “High”) is civil society able to access

a. Adequate financial support to implement its HIV activities?:

1

b. Adequate technical support to implement its HIV activities?:

0

Comments and examples:

-

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

People living with HIV:

>75%

Men who have sex with men:

25-50%

People who inject drugs:

>75%

Sex workers:

>75%

Transgendered people:

-

Testing and Counselling:

<25%

Reduction of Stigma and Discrimination:

>75%

Clinical services (ART/OI)*:

-

Home-based care:

-

Programmes for OVC:**

-

8. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts to increase civil society participation in 2011?:

3

Since 2009, what have been key achievements in this area:

That harm reduction services are still existing, even they are few.

What challenges remain in this area:

systematic scaling up of efficient services, financial support

B - II. POLITICAL SUPPORT AND LEADERSHIP

1. Has the Government, through political and financial support, involved people living with HIV, key populations and/or other vulnerable sub-populations in governmental HIV-policy design and programme implementation?:

No

B - III. HUMAN RIGHTS

1.1.

People living with HIV:

No

Men who have sex with men:

No

Migrants/mobile populations:

No

Orphans and other vulnerable children:

No

People with disabilities:

No

People who inject drugs:

No

Prison inmates:

No

Sex workers:

No

Transgendered people:

No

Women and girls:

No

Young women/young men:

-

Other specific vulnerable subpopulations [write in]:

-

1.2. Does the country have a general (i.e., not specific to HIV-related discrimination) law on non-discrimination?:

Yes

If YES to Question 1.1 or 1.2, briefly describe the contents of these laws:

There is no specific HIV legislation covering the protection against discrimination of PLWHA. However, the protection of rights of all people in certain relevant documents may be used to protect the rights of PLWHA. Slovak legislation does not give the legal definition of disability for PLWHA. In case of breaching the rights - it is up to the dealing institution (judge...) to consider PLWHA as a person with disability. Constitution of Slovak Republic guarantees the right to health care for everybody. The

Antidiscrimination Act covers 5 specific areas in which the protection is guaranteed for all people: Social provision, Health care, Education, Provision of goods and services, Work related area (access to employment, equality in the workplace...) Antidiscrimination Act guarantees the right to be treated equally and to be protected from discrimination. Discrimination on the ground of sex, religion, race, national or ethnic origin, disability, age, language... is prohibited.

Briefly explain what mechanisms are in place to ensure that these laws are implemented:

Every person whose rights had been violated can sue the person/institution.

Briefly comment on the degree to which they are currently implemented:

I am not aware.

2. Does the country have laws, regulations or policies that present obstacles to effective HIV prevention, treatment, care and support for key populations and other vulnerable subpopulations?:

Yes

2.1. IF YES, for which sub-populations?

People living with HIV:
Yes

Men who have sex with men:
Yes

Migrants/mobile populations:
Yes

Orphans and other vulnerable children:
Yes

People with disabilities:
Yes

People who inject drugs:
Yes

Prison inmates:
Yes

Sex workers:
Yes

Transgendered people:
-

Women and girls:
Yes

Young women/young men:
Yes

Other specific vulnerable subpopulations [write in]:
I can see the obstacles for any of the mentioned above, if they do not have valid health insurance.

Briefly describe the content of these laws, regulations or policies:

I can see the obstacles for any of the mentioned above, if they do not have valid health insurance.

Briefly comment on how they pose barriers:

-

3. Does the country have a policy, law or regulation to reduce violence against women, including for example, victims of sexual assault or women living with HIV?:

No

Briefly describe the content of the policy, law or regulation and the populations included:

I am not aware of.

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

Yes

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

Very little note on the discrimination is among one of tasks, but nothing really happens.

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

No

6. Does the country have a policy or strategy of free services for the following?

Provided free-of-charge to all people in the country	Provided free-of-charge to some people in the country	Provided, but only at a cost
Yes	-	-
Yes	-	-
Yes	-	-

If applicable, which populations have been identified as priority, and for which services?:

-

7. Does the country have a policy or strategy to ensure equal access for women and men to HIV prevention,

treatment, care and support?:

No

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

No

8. Does the country have a policy or strategy to ensure equal access for key populations and/or other vulnerable sub-populations to HIV prevention, treatment, care and support?:

No

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

No

10. Does the country have the following human rights monitoring and enforcement mechanisms?

a. 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:

No

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

No

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

-

11. In the last 2 years, have there been the following training and/or capacity-building activities?

a. Programmes to educate, raise awareness among people living with HIV and key populations concerning their rights (in the context of HIV)?:

No

b. Programmes for members of the judiciary and law enforcement on HIV and human rights issues that may come up in the context of their work?:

No

12. Are the following legal support services available in the country?

a. Legal aid systems for HIV casework:

No

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

No

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

No

14. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the policies, laws and regulations in place to promote and protect human rights in relation to HIV in 2011?:

0

Since 2009, what have been key achievements in this area:

-

What challenges remain in this area:

the human rights in all aspects

15. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the effort to implement human rights related policies, laws and regulations in 2011?:

0

Since 2009, what have been key achievements in this area:

-

What challenges remain in this area:

all of them

B - IV. PREVENTION

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

Yes

IF YES, how were these specific needs determined?:

-

1.1 To what extent has HIV prevention been implemented?

Blood safety:

N/A

Condom promotion:

N/A

Harm reduction for people who inject drugs:

N/A

HIV prevention for out-of-school young people:

N/A

HIV prevention in the workplace:

N/A

HIV testing and counseling:

N/A

IEC on risk reduction:

N/A

IEC on stigma and discrimination reduction:

N/A

Prevention of mother-to-child transmission of HIV:

Strongly Agree

Prevention for people living with HIV:

N/A

Reproductive health services including sexually transmitted infections prevention and treatment:

N/A

Risk reduction for intimate partners of key populations:

N/A

Risk reduction for men who have sex with men:

N/A

Risk reduction for sex workers:

N/A

School-based HIV education for young people:

N/A

Universal precautions in health care settings:

N/A

Other [write in]:

-

2. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts in the implementation of HIV prevention programmes in 2011?:

3

Since 2009, what have been key achievements in this area:

that the NGOs survived

What challenges remain in this area:

systematic prevention for youth as well as specific populations

B - V. TREATMENT, CARE AND SUPPORT

1. Has the country identified the essential elements of a comprehensive package of HIV and AIDS treatment, care and support services?:

No

Briefly identify how HIV treatment, care and support services are being scaled-up?:

-

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

Antiretroviral therapy:

Strongly Agree

ART for TB patients:

N/A

Cotrimoxazole prophylaxis in people living with HIV:

N/A

Early infant diagnosis:

N/A

HIV care and support in the workplace (including alternative working arrangements):

N/A

HIV testing and counselling for people with TB:

N/A

HIV treatment services in the workplace or treatment referral systems through the workplace:

N/A

Nutritional care:

N/A

Paediatric AIDS treatment:

N/A

Post-delivery ART provision to women:

N/A

Post-exposure prophylaxis for non-occupational exposure (e.g., sexual assault):

Disagree

Post-exposure prophylaxis for occupational exposures to HIV:

N/A

Psychosocial support for people living with HIV and their families:

Agree

Sexually transmitted infection management:

N/A

TB infection control in HIV treatment and care facilities:

N/A

TB preventive therapy for people living with HIV:

N/A

TB screening for people living with HIV:

N/A

Treatment of common HIV-related infections:

N/A

Other [write in]:

Post-exposure prophylaxis for non-occupational exposure (e.g. sexual assault): Yes, only of the person will pay that by her/himself

1.2. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate the efforts in the implementation of HIV treatment, care and support programmes in 2011?:

5

Since 2009, what have been key achievements in this area:

Establishment of small and support group which is directed by/towards PLWHA.

What challenges remain in this area:

Everything beyond ARV treatment, monitoring of ARV quality treatment - how modern the treatment is.

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

No

3. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate the efforts to meet the HIV-related needs of orphans and other vulnerable children in 2011?":

-

Since 2009, what have been key achievements in this area:

The issue of orphans is not applicable.

What challenges remain in this area:

-

Source URL: <http://aidsreportingtool.unaids.org/173/slovakia-report-ncpi>