

Slovenia 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:

Preparation of this report was coordinated by assist. Prof. Irena Klavs, MD, MSc, PhD from the National Institute of Public Health. All members of the National AIDS Committee at the Ministry of Health were forwarded the instructions for reporting and information on country viewing access to the online reporting platform for joint reporting on the Global AIDS Response Progress Reports in 2012 (UNAIDS), the Universal Access in the Health Sector Reporting (WHO/UNICEF) and Dublin Declaration reporting (ECDC) and were asked to contribute any available information to the National Institute of Public Health. In addition some other individuals contributed. Before submission, the report was adopted at the meeting of the National AIDS Committee at the Ministry of Health.

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

Any disagreements were resolved at the meeting of the National AIDS Committee at the Ministry of Health.

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
National Institute of Public Health	Irena Klavs, Advisor to the Director General, Member of the National AIDS Committee	Yes	Yes	Yes	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
SKUC	Miran Šolinc, Social Worker, MSc, SKUC-MAGNUS (NGO) HIV Prevention Coordinator, Member of the National AIDS Committee	Yes	Yes	Yes	Yes	Yes

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:

2010-2015

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

IF NO or NOT APPLICABLE, briefly explain why.:

Recognizing the need for multi-sector approach, in 1995 the Ministry of Health, lead the process to prepare the national strategy for HIV prevention, treatment and care, "AIDS Prevention and Control Program, 1995-2000". Program has been adopted at the multi-sector national consensus conference with the participation of civil society. The three broadly defined objectives of the national Program were: (1) to prevent the spread of HIV infection, (2) to reduce the personal and social impact of HIV infection and AIDS, and (3) to mobilize and unify the national efforts for prevention and control. In 2009, revised

Strategy for preventing and controlling HIV infection for the period 2010-2015 has been adopted by the Slovenian Government. The strategy was prepared by the Ministry of Health and the National Institute of Public Health in close collaboration with all members of the National AIDS Committee at the Ministry of Health that represented many governmental sectors, Catholic church, civil society (NGOs), and people living with HIV/AIDS (PLWHA). The strategy for 2010-2015 is based on three PILLARS and follows eight AIMS within those pillars: Preventing infections (pillar 1): Preventing transmission through sexual intercourse (aim 1), Preventing transmission through blood (aim 2), Preventing mother to child transmission (aim 3), Provision of early detection of infections, preventing transmission and treatment (pillar 2): Decrease in the number of undetected infections (aim 4), Counselling infected persons and informing their contacts (aim 5), Provision of quality treatment (aim 6), Decreasing personal and social impact of HIV infection and AIDS (pillar 3): Integration of infected persons in society (aim 7), Limitation of discrimination and stigmatisation (aim 8). Preventing HIV infections is the most important pillar of the Strategy.

1.1 Which government ministries or agencies

Name of government ministries or agencies [write in]:

Ministry of Health

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
Yes	No
Yes	No
No	No
No	No
No	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 national HIV prevention, treatment and care budget. HIV prevention, treatment and care have been mainstreamed into different governmental sector's activities. For example, HIV testing, treatment and care is reimbursed through mandatory health insurance scheme and provided within outpatient and hospital care reimbursement mechanisms. How HIV prevention, care and support activities funds are spent and where they originate is not monitored on the national level. Horizontal integration of activities is perceived as efficient and more reasonable than vertically implemented programme.

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:

Yes

Young women/young men:

Yes

Other specific vulnerable subpopulations:

-

Prisons:

Yes

Schools:

Yes

Workplace:

No

Addressing stigma and discrimination:

Yes

Gender empowerment and/or gender equality:

Yes

HIV and poverty:

No

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]?:

All residents → Awareness and information on the methods of HIV transmission in the population are a precondition for limiting risk behaviour and decreasing the stigmatisation and discrimination of vulnerable groups. Groups with high-risk behaviour → Due to their behaviour they are the group most exposed to HIV infection, including: ■ MSM → In Slovenia, MSM is the group that has the highest burden of HIV infection and is rapidly growing. Homosexual young men, especially in the period before sexual activity or in its first years, represent a population of those MSM who are infected with HIV at a very young age. This group is twice as vulnerable but is liable to the same risks as MSM or young people in general. ■ patients with STIs → STIs are an indicator of risk sexual behaviour; therefore, patients with STIs are a group with a higher risk of HIV infection. ■ IDU → IDUs are a group with risk behaviour for HIV because they share needles for the injection of drugs and have unprotected sexual intercourse. When the number of infections among IDU increases, HIV infection can be transmitted among the general population through unprotected sexual intercourse. ■ All other residents with risk sexual behaviour → All those who frequently change their sexual partners, those involved in commercial sex and their clients, persons who travel to areas with high HIV prevalence and have sexual intercourse there, etc. are under threat. Vulnerable groups → Persons who do not have equal access to information or protection against the infection are more vulnerable (for example persons in prisons, migrants). Young people → Risk behaviour is easier to prevent than to change; this is why education for a healthy sexuality is very reasonable for this group. Behaviour acquired by young people will have an impact on the development of the HIV epidemic within the whole generation. HIV-infected persons and their partners → Counselling, treatment and care must be provided for HIV-infected persons. Safer sexuality and avoidance of other risk behaviour also needs to be provided for the prevention of further spreading of infection.

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?:

Yes

e) A monitoring and evaluation framework?:

Yes

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:

Full involvement and participation of civil society in the development of the multisectoral HIV strategy (2010-2015) was ensured through participation of all 4 individuals representing interested civil society organisations or NGOs in the National AIDS Committee at the Ministry of Health, which has a total of 23 members.

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?:

N/A

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?:

No

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:

National AIDS Committee at the Ministry of Health has adopted a workplan.

What challenges remain in this area:

The remaining challenge is to ensure adequate resources to implement HIV prevention and care activities that are not mainstreamed into different governmental sector's activities.

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:

No

B. Other high officials at sub-national level:

Yes

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.):

Yes

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

The Director General of the Directorate for Public Health at the Ministry of Health chaired the one day awareness raising event organised for the World AIDS Day in 2011 and participated at the press conference.

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?:

Mojca Gobec, MD, Director General, Directorate for Public Health, Ministry of Health

Have a defined membership?:

Yes

IF YES, how many members?:

23

Include civil society representatives?:

Yes

IF YES, how many?:

4

Include people living with HIV?:

Yes

IF YES, how many?:

1

Include the private sector?:

No

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

No

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

Yes

IF YES, briefly describe the main achievements:

For example, in 2008, the Ministry of Health, the National Institute of Public Health, several MSM NGOs and the Faculty of Social Sciences formed a coalition to prepare a communication campaign primarily targeted to young people with the aim to encourage responsible sexual behaviour and use of condoms. In cooperation with all coalition members, the campaign was designed under the lead of 6 students of the Faculty of Social Sciences. The campaign implementation started at the end of 2009 and is still ongoing for a year. The slogan used was »Spread the word, not the virus!«. Further information about the campaign is available on the Ministry of Health web site (information about the campaign at www.stop-aids.si/en and communication materials developed at <http://www.stop-aids.si/en/who-we-are/the-campaign/graphical-material>).

What challenges remain in this area:

The greatest remaining challenge is to ensure national coverage of MSM with good quality interventions for preventing sexual transmission of HIV and promotion of HIV testing for early diagnosis. Governmental funding to implement such HIV prevention activities among MSM by MSM NGOs working in this area should be ensured.

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

-

5.

Capacity-building:

Yes

Coordination with other implementing partners:

Yes

Information on priority needs:

Yes

Procurement and distribution of medications or other supplies:

Yes

Technical guidance:

Yes

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?:

-

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?:

8

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

National AIDS Committee at the Ministry of Health has developed and adopted a workplan.

What challenges remain in this area:

There are no perceived remaining major challenges.

A - 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:
 No
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 Republic of Slovenia has a chapter II. HUMAN RIGHTS AND FUNDAMENTAL FREEDOMS with Article 14 (Equality before the Law): In Slovenia everyone shall be guaranteed equal human rights and fundamental freedoms irrespective of national origin, race, sex, language, religion, political or other conviction, material standing, birth, education, social status, disability or any other personal circumstance. All are equal before the law.

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

-
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:

-

Briefly comment on how they pose barriers:

-

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:

No

Avoid inter-generational sex:

No

Be faithful:

Yes

Be sexually abstinent:

No

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:

Yes

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?:

No

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

No

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?:

No

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

No

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:

Citing from the Summary of the Strategy for preventing and controlling HIV infection for the period 2010-2015 that has been adopted by the Slovenian Government: Promotion of responsible and safe sexual behaviour is the most important factor for the prevention of sexually transmitted HIV infection. The purpose of active promotion of safer sexuality, including the promotion of proper and regular use of condoms, is to limit as much as possible the risk behaviour among the entire population, including young people. The most efficient prevention is precaution taken before risk behaviour is formed; therefore, the inclusion of topics concerning healthy sexuality into the primary school curriculum is of fundamental importance. Prevention of sexually transmitted HIV infection is especially important among groups with higher risk behaviour. This is especially important for men who have sex with men; namely, in Slovenia this group has the highest number of HIV infections.

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	No	-
Yes	Yes	Yes	Yes	Yes	-
Yes	Yes	Yes	Yes	Yes	-
Yes	Yes	Yes	Yes	Yes	-
No	No	No	No	No	-

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?:

9

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

Since 2009, key achievement has been a further shift in prioritisation of HIV prevention among MSM, the most affected population in Slovenia, and promotion of HIV testing among MSM for earlier diagnosis and referral for treatment, care and positive prevention. The first community based voluntary counselling and testing site mainly serving MSM has been established.

What challenges remain in this area:

The main challenge is to further strengthen MSM NGOs to implement high quality HIV prevention activities among MSM, the most affected population in Slovenia.

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

Yes

IF YES, how were these specific needs determined?:

The specific HIV prevention needs have been determined based on the HIV surveillance data and through consultation in the National AIDS Committee at the Ministry of Health with the contribution of civil society members.

4.1. To what extent has HIV prevention been implemented?

Blood safety: Strongly Agree
Condom promotion: Strongly Agree
Harm reduction for people who inject drugs: Strongly Agree
HIV prevention for out-of-school young people: N/A
HIV prevention in the workplace: N/A
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:

Strongly Agree

Risk reduction for sex workers:

Agree

School-based HIV education for young people:

Disagree

Universal precautions in health care settings:

Strongly 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?:

9

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:

-

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

There is no need for scaling-up HIV treatment services. Universal access to high quality clinical treatment and care that is free for patients is ensured to everyone diagnosed with HIV and in contact with health services. The costs are reimbursed through mandatory health insurance. Psychological support for people living with HIV/AIDS has been 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:

Strongly Agree

Cotrimoxazole prophylaxis in people living with HIV:

Strongly Agree

Early infant diagnosis:

Strongly Agree

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

N/A

HIV testing and counselling for people with TB:

Agree

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

N/A

Nutritional care:

Agree

Paediatric AIDS treatment:

Strongly Agree

Post-delivery ART provision to women:

Strongly Agree

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

Strongly Agree

Post-exposure prophylaxis for occupational exposures to HIV:

Strongly Agree

Psychosocial support for people living with HIV and their families:

Agree

Sexually transmitted infection management:

Strongly Agree

TB infection control in HIV treatment and care facilities:

Strongly Agree

TB preventive therapy for people living with HIV:

Strongly Agree

TB screening for people living with HIV:

Strongly Agree

Treatment of common HIV-related infections:

Strongly 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?:

No

Please clarify which social and economic support is provided:

-

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:

Since 2009 the main achievement in this area has been scaling-up the psychological support for people living with HIV/AIDS.

What challenges remain in this area:

The remaining challenge is HIV positive prevention, including supporting high risk sexual behaviour change among individuals with diagnosed HIV infection.

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

N/A

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?:

Yes

Briefly describe any challenges in development or implementation:

The major challenge in the implementation is to ensure better behavioural surveillance among MSM and to ensure the integration of data collection for some of the M&E indicators into other national surveillance systems and surveys with ensured funding, for example into the European Health Interview Survey (EHIS).

1.1 IF YES, years covered:

2010-2015

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

Yes, all partners

Briefly describe what the issues are:

-

2. Does the national Monitoring and Evaluation plan include?

A data collection strategy:

Yes

Behavioural surveys:

Yes

Evaluation / research studies:

No

HIV Drug resistance surveillance:

Yes

HIV surveillance:

Yes

Routine programme monitoring:

Yes

A data analysis strategy:

Yes

A data dissemination and use strategy:

Yes

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

Yes

Guidelines on tools for data collection:

No

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

No

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

No

Briefly describe any obstacles:

In view of currently low level / concentrated HIV epidemic in Slovenia and many other competing public health priorities, it is not perceived necessary to invest already scarce public health resources into establishing a special HIV response M&E Unit. However, resources currently allocated to the national HIV surveillance system are insufficient to further develop HIV surveillance and M&E.

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]?:

National HIV surveillance system is coordinated at the National Institute of Public Health.

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?:

No

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?:

No

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

Yes

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

The national HIV surveillance data are managed at the National Institute of Public Health.

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?:

Yes, but only some of the above

IF YES, but only some of the above, which aspects does it include?:

Only national HIV surveillance system aspects are included.

6.2. Is there a functional Health Information System?

At national level:

Yes

At subnational level:

Yes

IF YES, at what level(s)?:

There are functional health information systems at regional level (managed by the 9 regional institutes of public health).

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

Yes

8. How are M&E data used?

For programme improvement?:

Yes

In developing / revising the national HIV response?:

Yes

For resource allocation?:

Yes

Other [write in]:

-

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

The data are used in preparation of the National AIDS Committee workplan.

9. 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

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

No

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?:

6

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

No major changes have occurred since 2009.

What challenges remain in this area:

The major challenge is to ensure good quality data for all MSM relevant indicators and ensure the integration of some other M&E indicators into other national surveillance systems and national surveys for which funding is ensured (e.g. the European Health Interview Survey) Allocation of more resources for HIV surveillance and M&E would result in better and more comprehensive information.

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?:

4

Comments and examples:

The national Strategy for preventing and controlling HIV infection for the period 2010-2015 was prepared with a major contribution of 4 representatives of MSM NGOs who are also members of the National AIDS Committee.

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)?:

3

Comments and examples:

The current activity plan was prepared with a major contribution of 4 representatives of MSM NGOs who are also members of the National AIDS Committee. However, civil society had no influence on the budgeting.

3.

a. The national HIV strategy?:

4

b. The national HIV budget?:

1

c. The national HIV reports?:

4

Comments and examples:

MSM NGOs have been providing HIV prevention services to MSM population since mid 1980s. However governmental funding for these services has been insufficient. Thus professionalization in this area has only been possible to a limited extent.

4.

a. Developing the national M&E plan?:

4

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

:

-

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

4

Comments and examples:

All activities targeted to MSM on a local level and implemented by MSM NGOs have a M&E component and have to

submit evaluation reports to the Ministry of Health or other funders.

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)?:

5

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?:

3

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

4

Comments and examples:

Financial support is insufficient, only project based and often requiring voluntarism. Technical support in Slovenia is limited, however is provided by strong LGBT and HIV/AIDS NGOs on the EU level (e.g. AIDS Action Europe, EATG) as well as from some other EU countries (DAH). MSM NGOs have developed very good collaboration with the Ministry of Health, National Institute of Public Health, University Medical Centre and the Institute of Microbiology and Immunology.

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

People living with HIV:

<25%

Men who have sex with men:

>75%

People who inject drugs:

51-75%

Sex workers:

<25%

Transgendered people:

<25%

Testing and Counselling:

<25%

Reduction of Stigma and Discrimination:

51-75%

Clinical services (ART/OI)*:

<25%

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?:

9

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

Civil society strengthened its collaboration with all stakeholders on local national and European level.

What challenges remain in this area:

The remaining challenge is to ensure sustained and sufficient governmental funding of NGOs working in the area of HIV prevention, care and community based counselling and testing for HIV.

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?:

Yes

IF YES, describe some examples of when and how this has happened:

The national Strategy for preventing and controlling HIV infection for the period 2010-2015 and the current activity plan was prepared with a major contribution of 4 representatives of MSM NGOs and an individual living with HIV/AIDS, who are all members of the National AIDS Committee.

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:
 Yes
People who inject drugs:
 No
Prison inmates:
 No
Sex workers:
 No
Transgendered people:
 No
Women and girls:
 No
Young women/young men:
 No
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:
 The Constitution of the Republic of Slovenia has a chapter II. HUMAN RIGHTS AND FUNDAMENTAL FREEDOMS with Article 14 (Equality before the Law): In Slovenia everyone shall be guaranteed equal human rights and fundamental freedoms irrespective of national origin, race, sex, language, religion, political or other conviction, material standing, birth, education, social status, disability or any other personal circumstance. All are equal before the law.

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

-
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
 2.1. IF YES, for which sub-populations?

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]:
 -

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

-

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?:

Yes

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

These issues are addressed in the Slovenian Penal Code.

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:

Citing from the Strategy for Preventing and Controlling HIV infection for the period 2010-2015: Efficient prevention and limitation of stigmatisation and discrimination of infected persons are important for comprehensive successful prevention, medical treatment and control of HIV infection. Therefore, activities for the prevention of spreading of HIV infection also include messages for decreasing prejudice, promotion of tolerance and acceptance of diversity. An important task of the medical system and other organisations that deal with the prevention of HIV infections is to provide all the information a person needs for the prevention of HIV transmission and for the medical treatment, without being stigmatised. This issue is also important when treating a patient in the healthcare system. Information of the general public about the preventive measures, accessibility of medical treatment and its success are also very important factors in the fight against stigmatisation. Persons who are well informed about positive results of medical treatment and controllability of the disease change their attitude towards the infection and infected persons. On the other hand, lack of information often causes prejudice and unnecessary fear. Educating medical workers and the general public about the stigmatisation and discrimination issue of HIV-infected persons and AIDS patients needs to be a regular. Homophobia, along with stigmatisation and discrimination, can in a group like MSM, which is a group with the highest burden of HIV infection in Slovenia, cause weakening of the efficiency of preventive programmes. Members of this group often don't want to identify with such programmes, so they postpone testing and consequently also the medical treatment. In some cases, they even reject medical treatment. Social stigmatisation of homosexual persons influences the level of psychological problems within this group and, consequently, contributes to a higher drug abuse rate, which means that homosexual persons more easily enter in risky sexual intercourses and behave differently in comparison with a sober state. Many members of MSM face the feeling of inferiority, even worthlessness. Sexual intercourse without a condom can, in this context, also be a form of self-punishment. Hiding their own sexual orientation due to the fear of homophobia, stigmatisation and discrimination can very often result in a reduction of complex sexual life to anonymous, quick, single, occasional and risky sexual contacts. This also demands additional training of medical workers, strengthening of cooperation between the networks of infected persons and greater attention to topics like stigmatisation and discrimination of vulnerable groups and groups with a higher risk for infection inside the healthcare system. Therefore, education of medical workers and the general public regarding the stigmatisation and discrimination of MSM needs to be an integral part of preventive activities.

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?:

Yes

IF YES, briefly describe this mechanism:

General provision (not HIV specific) are available through general Ombudsperson, Ombudsperson for patients rights and also some NGOs such as for example LGBT NGOs.

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?:

Yes

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?:

Yes

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?:

Yes

IF YES, Briefly describe the content of this policy/strategy and the populations included:

Citing from the Strategy for Preventing and Controlling HIV infection for the period 2010-2015: The most important principle of the Strategy is to respect the human rights. Human rights that should be specially protected include: – the right to life and respect for the universal right to health, – the right to the best possible treatment, – the right to non-discrimination, – the right to equal protection and equality before the law, – the right to the best possible physical and psychological health, – the right to personal freedom and security, – the right to freedom of movement, – the right to seek asylum, – the right to privacy, – the right to freedom of thought and speech, to give and spread information, – the right to integration, – the right to work, – the right to a

family, – the right to equal education opportunities, – the right to an adequate standard of living, – the right to social assistance, – the right to enjoy scientific achievements, – the right to participation in public and cultural life, prohibition of torture and cruel, inhumane or humiliating treatment or punishment. The Strategy is based on the following significant starting points: – universality, quality of services, equality and solidarity, – consideration of the global scope of this phenomenon and the general mobility of persons, – promotion of the integration of civil society, infected and sick persons in the preparation of the Strategy and implementation of activities, – defending preventive culture and stressing the importance of the responsibility of an individual for one's own health and the health of others, – defending open and easy access to information for everyone, – consideration of balance in methods (prevention, treatment, care), – defending measures based on evidence, – consideration of measures for long-term system sustainability and financial resources of the state.

8.1

8.1. IF YES, does this policy/strategy include different types of approaches to ensure equal access for different key populations and/or other vulnerable sub-populations?:

Yes

IF YES, briefly explain the different types of approaches to ensure equal access for different populations:

Citing from the Strategy for Preventing and Controlling HIV infection for the period 2010-2015: Better coverage of quality programmes for preventing HIV infection for MSM must be provided with intensive promotion of safe and safer sexual intercourse and regular (consistent and proper) use of condoms and lubricants for sexual intercourse (oral, anal, vaginal). MSM are a very heterogeneous and dispersed group with different demographical and economical characteristics, lifestyles and different reasons for risk behaviour; therefore, these factors should be taken into consideration. Knowledge of reasons for using and not using condoms within MSM is an important starting point for the preparation of appropriate interventions in order to change the behaviour towards greater use of condoms.

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:

Yes

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:

General provision (not HIV specific) are available through general Ombudsperson, Ombudsperson for patients rights and also some NGOs.

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?:

-

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:

Yes

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

Yes

IF YES, what types of programmes?

Programmes for health care workers:

No

Programmes for the media:

No

Programmes in the work place:

No

Other [write in]:

For example, in 2011 one NGO campaign addressed these issues.

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?:

9

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

There has been no major achievements in this area since 2009.

What challenges remain in this area:

The main challenge is to empower people living with HIV/AIDS to be more actively involved in HIV prevention and advocacy activities.

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?:

8

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

There have been no major achievements in this area since 2009.

What challenges remain in this area:

The remaining challenge is to further strengthen the coalition STOP AIDS Slovenia and to better educate people living with HIV/AIDS about their rights (treatment, civil, social).

B - IV. PREVENTION

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

Yes

IF YES, how were these specific needs determined?:

The specific needs for HIV prevention have been identified by HIV surveillance data from representatives of the most affected groups such as MSM, and from monitoring and evaluation of activities implemented by NGOs and targeted to the MSM.

1.1 To what extent has HIV prevention been implemented?

Blood safety:

Strongly Agree

Condom promotion:

Strongly Agree

Harm reduction for people who inject drugs:

Strongly Agree

HIV prevention for out-of-school young people:

Disagree

HIV prevention in the workplace:

Disagree

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:

Strongly Agree

Risk reduction for sex workers:

Agree

School-based HIV education for young people:

Disagree

Universal precautions in health care settings:

Strongly Agree

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?:

8

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

Since 2009, key achievement has been promotion of HIV testing among MSM for earlier diagnosis and referral for treatment,

care and more attention to positive prevention. The first community based voluntary counselling and testing site mainly serving MSM has been established.

What challenges remain in this area:

The remaining challenge is to ensure sufficient governmental funding for NGOs working in HIV prevention and care for MSM. Another challenge is to introduce sexual and reproductive health education in school curriculum. Finally, a challenge is also to ensure even better protection of human rights and to continue reducing stigma and discrimination.

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?:

HART is available to everyone in need. Existing psychosocial support for people living with HIV/AIDS needs to be scaled-up to improve the quality of life for people with HIV.

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

Antiretroviral therapy:

Strongly Agree

ART for TB patients:

Strongly Agree

Cotrimoxazole prophylaxis in people living with HIV:

Strongly Agree

Early infant diagnosis:

Agree

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

Agree

HIV testing and counselling for people with TB:

Agree

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

N/A

Nutritional care:

Disagree

Paediatric AIDS treatment:

Strongly Agree

Post-delivery ART provision to women:

Strongly Agree

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

Agree

Post-exposure prophylaxis for occupational exposures to HIV:

Strongly Agree

Psychosocial support for people living with HIV and their families:

Agree

Sexually transmitted infection management:

Strongly Agree

TB infection control in HIV treatment and care facilities:

Strongly Agree

TB preventive therapy for people living with HIV:

Agree

TB screening for people living with HIV:

Agree

Treatment of common HIV-related infections:

Strongly Agree

Other [write in]:

-

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?:

8

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

The main achievement in this area has been scaling-up activities of the self-support group for people living with HIV/AIDS and psychosocial support by individual therapists.

What challenges remain in this area:

The remaining challenge for the future is to decentralize treatment and offer treatment also in the second largest city in Slovenia, Maribor.

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

-
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:

-
What challenges remain in this area:

-

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