

Survey Response Details

Response Information

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Response Details

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1) Country

Czech Republic (0)

2) Name of the National AIDS Committee Officer in charge of NCPI submission and who can be contacted for questions, if any:

Dzamila Stehlikova, M.D. Manager for National AIDS Programme National Institute of Public Health

3) Postal address:

Státní zdravotní ústav Šrobárova 48 100 42 Praha 10 Czech Republic

4) Telephone:

Please include country code

+ 420 724 207 917

5) Fax:

Please include country code

+ 420 267 082 532

6) E-mail:

stehlikova@szu.cz

7) Date of submission:

Please enter in DD/MM/YYYY format

21/03/2010

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8) Describe the process used for NCPI data gathering and validation:

In this phase the team has been based in National Institute of Public Health in Prague to gather information from documentary sources and relevant stakeholders. The team was composed from a staff of National Institute of Public Health in Prague and was led by two desk officers: technical coordinator for Part A Manager of National AIDS Programme for Czech Republic and technical

coordinator for Part B Director of The Czech AIDS Help Society. The main focus of work during the desk phase was to analyse the relevant documents and to contact the main actors in the national HIV response with the purpose to obtain the information about the specific NCPI topics. All relevant branches of government have been consulted and encouraged to submit their input during the report preparation. All the key stakeholders have had a possibility to judge the NCPI responses and the findings before official submission. The representatives from civil society organizations working in the area of HIV have been also addressed.

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

The discrepancies between overlapping questions in Part A and Part B have not reconciled. Any other disagreements never occurred.

10)

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

It is necessary to harmonize different systems of indicators including the model of the UNGASS NCPI indicators and indicators in the Monitoring Framework for the Dublin Declaration.

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11)

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

	Organization	Names/Positions	Respondents to Part A [Indicate which parts each respondent was queried on]
Respondent 1	Ministry of Health	Michael Vit, Deputy Minister of Health	A.I, A.II, A.III

12)

	Organization	Names/Positions	Respondents to Part A [Indicate which parts each respondent was queried on]
Respondent 2	National Institute of Public Health	Dzhamila Stehlikova, Manager of National AIDS Programme in Czech Republic	A.I, A.V
Respondent 3	Ministry of Health	Lidmila Hamplova, Head of Department of Health Promotion	A. I, A. V
Respondent 4	Ministry of Health	Sylvie Kvasova, Department of Epidemiology	A.V
Respondent 5	Ministry of Health	Anezka Sixtova, Head of Department of Hygiene at Work and Labour Medicine	A. I, A. III, A. V
Respondent 6	Ministry of Labour and Social Affairs	Daniela Kubickova, Department of Health and Safety at Work	A.I, A.III, A.V
Respondent 7	Minister of the Interior	Martin Pecina, minister	A. I, A. V
Respondent 8	Ministry of Justice	Zuzana Rybakova, Department	A.I, A.V
Respondent 9	Office of the Government of the	Viktor Mravcik, Head of the Czech National Monitoring Centre for Drugs and Drug	A. I, A. III, A. V

7	Czech Republic	Addiction	
Respondent 10	Ministry of Education, Youth and Sports	Klara Laurencikova, Deputy Minister for Social Programs in Education	A.I, A.III, A.V
Respondent 11	Ministry of Education, Youth and Sports	Peter Porubsky, Department of Prevention, Special Education and Institutional Education	A.I, A.III, A.V
Respondent 12	Czech Medical Association of J.E. Purkyne (CzMA)	Vit Rehacek, Head of the Czech Society for Transfusion Medicine	A.III, A.V
Respondent 13	State Institute for Drug Control	Martin Benes, Director of State Institute for Drug Control	A.IV, A.V
Respondent 14	National Institute of Public Health	Vratislav Nemecek, Head of the National Reference Laboratory on AIDS	
Respondent 15	National Institute of Public Health	Marek Maly, National Reference Laboratory on AIDS	
Respondent 16	National Institute of Public Health	Hana Zakoucka, National Reference Laboratory on AIDS	
Respondent 17	National Institute of Public Health	Marta Maresova, National Reference Laboratory on AIDS	
Respondent 18	National Institute of Public Health	Jiri Stupka, Department of Health Promotion	
Respondent 19	Ministry of Health	Marie Bruckova, Committee for HIV/AIDS and STI Surveillance	
Respondent 20			
Respondent 21			
Respondent 22			
Respondent 23			
Respondent 24			
Respondent 25			

13)

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

Organization Names/Positions			Respondents to Part B [Indicate which parts each respondent was queried on]
Respondent 1	Czech HIV NGO Forum	Ivo Prochazka, Chairman of the Czech HIV NGO Forum, Director of Czech AIDS Help Society (ČSAP)	B.I, B.II, B.III, B.IV

14)

Organization	Names/Positions	Respondents to Part B [Indicate which parts each respondent was queried on]	
Respondent 2	NGO Bliss Without Risk	Hana Malinova, Director	B.I, B.II, B.III

Respondent 3	NGO Jihoceska Lambda	Jiri Mareczek, chairman	B. II, B. III
Respondent 4	Lighthouse Prague	Miroslav Hlavaty, Director	B. II, B. III, B. IV
Respondent 5	Lighthouse Prague	Petr Sobek, Deputy Director	B. II, B. III, B. IV
Respondent 6	Kalokagathie s.r.o.	Lenka Kubrichtova, Director	B. I, B. III, B. IV
Respondent 7	CODE 004 o.s.	Bohdan Pasek, Director	B. II, B. III
Respondent 8	ACET CR	Frantisek Krampota, Director	B. II, B. III
Respondent 9	Spektrum Vysocina	Jana Koryntova, Director	B. III
Respondent 10	Spolecnost pro planovani rodiny a sexualni vychovu	Radim Uzel, Director	B. I, B. II, B. III, B. IV
Respondent 11	STUD Brno	Hana Kulhankova, Director	B. I, B. II, B. III
Respondent 12	Vybor dobre vule	Milena Cerna, Director	B. I, B. II, B. III, B. IV
Respondent 13	Logos Praha	Pavel Hynek	B. III
Respondent 14	Network East-West JANA	Lucie Cerna, Director	B. III
Respondent 15	Sion - Nova generace	Doksansky Denis	B. III
Respondent 16	CYQO	Alex Horky, Chairman	B. III
Respondent 17	Drak	Ms. Verhunova	B. III
Respondent 18	Projekt Sance	Laszlo Sümegh, Deputy Director	B. III
Respondent 19	Clovek v tisni		B. III
Respondent 20	Youth of Red Cross		B. III
Respondent 21			
Respondent 22			
Respondent 23			
Respondent 24			
Respondent 25			

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15)

Part A, Section 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 (0)

Page 7

16) Part A, Section I: STRATEGIC PLAN

Question 1 (continued)

Period covered:

2008 - 2012

17)

1.1 How long has the country had a multisectoral strategy?

Number of Years

20

18)

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

	Included in strategy	Earmarked budget
Health	Yes	Yes
Education	Yes	Yes
Labour	Yes	Yes
Transportation	No	No
Military/Police	Yes	Yes
Women	No	No
Young people	Yes	Yes
Other*	Yes	Yes

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19) Part A, Section I: STRATEGIC PLAN

Question 1.2 (continued)

If "Other" sectors are included, please specify:

Ministry of Justice, Ministry of Foreign Affairs, Ministry of Finance, Ministry of Culture, Ministry of Defence, Ministry of Human Rights and Minorities, Government Council for Antidrug Policy

20)

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?

Budget for HIV/AIDS interventions is earmarked as part of other national and regional programmes developed in the context of budget planning and grants received from the European Union.

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21)

Part A, Section I: STRATEGIC PLAN**1.3 Does the multisectoral strategy address the following target populations, settings and crosscutting issues?**

Target populations	
a. Women and girls	No
b. Young women/young men	Yes
c. Injecting drug users	Yes
d. Men who have sex with men	Yes
e. Sex workers	Yes
f. Orphans and other vulnerable children	No
g. Other specific vulnerable subpopulations*	Yes
Settings	
h. Workplace	No
i. Schools	Yes
j. Prisons	Yes
Cross-cutting issues	
k. HIV and poverty	No
l. Human rights protection	Yes
m. Involvement of people living with HIV	Yes
n. Addressing stigma and discrimination	Yes
o. Gender empowerment and/or gender equality	No

22)

1.4 Were target populations identified through a needs assessment?

Yes (0)

Page 10

23)

Part A, Section I: STRATEGIC PLAN**Question 1.4 (continued)****IF YES, when was this needs assessment conducted?**

Please enter the year in yyyy format

1994

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24)

Part A, Section I: STRATEGIC PLAN

1.5 What are the identified target populations for HIV programmes in the country?

Men who have sex with men Injecting drug users Sex workers and their clients Prisoners Migrants
Youth at risk People Living with HIV (PLHIV) Young men and women General population

25)

1.6 Does the multisectoral strategy include an operational plan?

No (0)

26)

1.7 Does the multisectoral strategy or operational plan include:

a. Formal programme goals?	Yes
b. Clear targets or milestones?	Yes
c. Detailed costs for each programmatic area?	No
d. An indication of funding sources to support programme?	No
e. A monitoring and evaluation framework?	Yes

27)

1.8 Has the country ensured “full involvement and participation” of civil society* in the development of the multisectoral strategy?

Active involvement (0)

Page 12

28)

Part A, Section I: STRATEGIC PLAN**Question 1.8 (continued)****IF active involvement, briefly explain how this was organised:**

Representatives of NGOs responding to HIV/AIDS have been active members of all multisectoral bodies. Most of the financial support for the NGOs is provided by the state, especially by the Ministry of Health of the Czech Republic, the Ministry of Labour and Social Affairs. HIV/AIDS organisations, for example The Czech AIDS Help Society established in 1989 and others, are acknowledged by Czech government as trusted partners. The coordination and network allowed to strengthen the role of NGOs in HIV national programme and exchange their experience with respect to their autonomy and specificity.

29)

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

Yes (0)

30)

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

Yes, all partners (0)

Page 14

31)

Part A, Section I: STRATEGIC PLAN

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?

N/A (0)

Page 16

32)

Part A, Section I: STRATEGIC PLAN

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

N/A (0)

Page 17

33)

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 (0)

Page 18

34)

Part A, Section I: STRATEGIC PLAN

4.1 IF YES, which of the following programmes have been implemented beyond the pilot stage to reach a significant proportion of the uniformed services?

Behavioural change communication	Yes
Condom provision	Yes
HIV testing and counselling	Yes
Sexually transmitted infection services	Yes
Antiretroviral treatment	Yes
Care and support	Yes
Other: Please specify	

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35)

Part A, Section I: STRATEGIC PLAN**Question 4.1 (continued)**

If HIV testing and counselling is provided to uniformed services, briefly describe the approach taken to HIV testing and counselling (e.g, indicate if HIV testing is voluntary or mandatory etc):

HIV testing and counselling is provided mandatory before foreign missions for Czech Police, Czech Army and other uniformed services.

36)

5. Does the country have non-discrimination laws or regulations which specify protections for most-at-risk populations or other vulnerable subpopulations?

Yes (0)

Page 20

37)

Part A, Section I: STRATEGIC PLAN**5.1 IF YES, for which subpopulations?**

a. Women	Yes
b. Young people	Yes
c. Injecting drug users	No
d. Men who have sex with men	Yes
e. Sex Workers	No
f. Prison inmates	No
g. Migrants/mobile populations	Yes
Other: Please specify	

38)

IF YES, briefly explain what mechanisms are in place to ensure these laws are implemented:

The basic document which guarantees the principle of equality is the Constitution of the Czech Republic. It includes the Charter of Fundamental Rights and Freedoms which declares that all people are free and equal in their dignity and in their rights. Any discrimination based on any ground such as sex, race, colour, ethnic or social origin, language, religion or belief, political or any other opinion, membership of a national minority, property or birth shall be prohibited. The Anti-Discrimination Act outlines the right to equal treatment and bans discrimination in access to employment, participation in enterprise, education and health care. The law precisely details the situations in which protection against discrimination is to be provided, how, and to whom. The law bans unequal treatment on the basis of sex, age, disability, race, ethnic origin, nationality, sexual orientation, religious affiliation, faith or world-view. defines discriminatory conduct.

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39)

Part A, Section I: STRATEGIC PLAN

6. Does the country have laws, regulations or policies that present obstacles to effective HIV prevention, treatment, care and support for most-at-risk populations or other vulnerable subpopulations?

No (0)

Page 23

40)

Part A, Section I: STRATEGIC PLAN

7. Has the country followed up on commitments towards universal access made during the High-Level AIDS Review in June 2006?

Yes (0)

Page 24

41)

Part A, Section I: STRATEGIC PLAN

7.1 Have the national strategy and national HIV budget been revised accordingly?

Yes (0)

42)

7.2 Have the estimates of the size of the main target populations been updated?

Yes (0)

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43)

Part A, Section I: STRATEGIC PLAN

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

Estimates of current and future needs (0)

44)

7.4 Is HIV programme coverage being monitored?

Yes (0)

Page 26

45)

Part A, Section I: STRATEGIC PLAN**Question 7.4 (continued)****(a) IF YES, is coverage monitored by sex (male, female)?**

No (0)

46)

(b) IF YES, is coverage monitored by population groups?

Yes (0)

Page 27

47)

Part A, Section I: STRATEGIC PLAN**Question 7.4 (b) (continued)****IF YES, for which population groups?**

Men who have sex with men Injecting drug users Young people School aged children Pregnant women Sex Workers Uniformed services Prison inmates Residents and Migrants General Population Blood donors

48)

Briefly explain how this information is used:

This information is used for evaluation purposes and for prevention planning

Page 2849) **Part A, Section I: STRATEGIC PLAN****Question 7.4 (continued)****(c) Is coverage monitored by geographical area?**

Yes (0)

Page 29

50)

Part A, Section I: STRATEGIC PLAN**Question 7.4 (c) (continued)****IF YES, at which geographical levels (provincial, district, other)?****Coverage is monitored by districts. There are 14 districts in Czech Republic.**

51)

Briefly explain how this information is used:

This information is used for Strategic Planning of organising public health responses to the epidemic on regional and central level.

52)

7.5 Has the country developed a plan to strengthen health systems, including infrastructure, human resources and capacities, and logistical systems to deliver drugs?

Yes (0)

Page 30

53)

Part A, Section I: STRATEGIC PLAN**Question 7.5 (continued)****Overall, how would you rate strategy planning efforts in the HIV programmes in 2009?**

8 (8)

54)

Since 2007, what have been key achievements in this area:

National HIV / AIDS Programme 2008-2012 was adopted in 2/2008 by Czech Government (decree No 130/2008). The Programme is providing a national (largely central government) framework for planning responses to the epidemic. Several governmental sectors are involved: Ministry of Health, Ministry of Labour and Social Affairs, Ministry of Interior, Ministry for Defense, Ministry of Justice, Ministry of Foreign Affairs, Ministry of Finance, Ministry of Culture, Ministry of Human Rights and Minorities and Government Council for Antidrug Policy. The Programme establishes a set of policy principles and priorities for each of the important policy areas relevant to HIV and AIDS.

55)

What are remaining challenges in this area:

The HIV epidemic is much more than a health problem and that an effective response needs to be both multisectoral and multidimensional with elements which address socio-economic and cultural determinants and consequences of the epidemic, and legal, ethical and human rights aspects.

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56)

Part A, Section II: POLITICAL SUPPORT**1. Do high officials speak publicly and favourably about HIV efforts in major domestic forums at least twice a year?**

President/Head of government	No
Other high officials	Yes
Other officials in regions and/or districts	Yes

57)

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

Yes (0)

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58)

2.1 IF YES, when was it created?

Please enter the year in yyyy format

1990

59)

2.2 IF YES, who is the Chair?

Name	Michael Vít
Position/title	Deputy Minister of Health, Chief Public Health Officer of the Czech Republic

60)

2.3 IF YES, does the national multisectoral AIDS coordination body:

have terms of reference?	Yes
have active government leadership and participation?	No
have a defined membership?	Yes
include civil society representatives?	Yes
include people living with HIV?	No
include the private sector?	No
have an action plan?	Yes
have a functional Secretariat?	Yes
meet at least quarterly?	Yes
review actions on policy decisions regularly?	Yes
actively promote policy decisions?	Yes
provide opportunity for civil society to influence decision-making?	Yes
strengthen donor coordination to avoid parallel funding and duplication of effort in programming and reporting?	No

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61)

Part A, Section II: POLITICAL SUPPORT

Question 2.3 (continued)

If you answer "yes" to the question "does the National multisectoral AIDS coordination

body have a defined membership", how many members?

Please enter an integer greater than or equal to 1

9

62)

If you answer "yes" to the question "does the National multisectoral AIDS coordination body include civil society representatives", how many?

Please enter an integer greater than or equal to 1

1

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63)

Part A, Section II: POLITICAL SUPPORT

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 (0)

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64)

Part A, Section II: POLITICAL SUPPORT

Question 3 (continued)

IF YES, briefly describe the main achievements:

Today, prevention of HIV AIDS in Czech Republic is a model of cooperation between the government and the civil sector. The Ministry of Health has welcomed the government-NGO collaboration on HIV/AIDS issues. For example, representative of NGOs are the member of the Committee for HIV/AIDS and STI Surveillance, which monitors the country's HIV/AIDS problems and policies.

65)

Briefly describe the main challenges:

To involve PLWHA in cooeration between the government and the civil sector in the HIV/AIDS area.

66)

5. What kind of support does the National AIDS Commission (or equivalent) provide to civil society organizations for the implementation of HIV-related activities?

Information on priority needs	Yes
Technical guidance	Yes
Procurement and distribution of drugs or other supplies	No

Coordination with other implementing partners	Yes
Capacity-building	Yes
Other: Please specify	

67)

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

Yes (0)

Page 36

68)

Part A, Section II: POLITICAL SUPPORT

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

Yes (0)

Page 37

69)

Part A, Section II: POLITICAL SUPPORT

Question 6.1 (continued)

IF YES, name and describe how the policies / laws were amended:

From June 2009 the Czech Republic had implemented travel restrictions: Czech visa applicants from Congo, Kenya, Moldova, Mongolia, Nigeria, Pakistan, Tajikistan, Turkmenistan, Ukraine, Vietnam would have to present health certificates that they do not suffer from tuberculosis and syphilis and that they are not HIV positive. Six months later these new immigration procedures were repealed as they are stigmatising, discriminatory and have no public health rationale.

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70)

Part A, Section II: POLITICAL SUPPORT

Question 6.1 (continued)

Overall, how would you rate the political support for the HIV programmes in 2009?

7 (7)

71)

Since 2007, what have been key achievements in this area:

In 2008 HIV/AIDS had been a high priority for political support. The Minister of Health and Minister for Human Rights and Minorities actively participated in prevention events in Lighthouse.

72)

What are remaining challenges in this area:

To enlarge the Committee for HIV/AIDS and STI Surveillance or to reestablish the inter-ministerial body as a National Policy Framework and to prepare a Strategy since 2018. The former inter-ministerial body for coordination of HIV/AIDS strategy was much more inter-sectoral than current Committee for HIV/AIDS and STI Surveillance. In 2008 instead of former inter-ministerial body, the National Commission for HIV/AIDS related issues, a new expert body - Committee for HIV/AIDS and STI Surveillance has been established.

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73)

Part A, Section III: PREVENTION

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

Yes (0)

Page 40

74)

Part A, Section III: PREVENTION

1.1 IF YES, what key messages are explicitly promoted?

Check for key message explicitly promoted (multiple options allowed)

- b. Delay sexual debut (0)
- c. Be faithful (0)
- d. Reduce the number of sexual partners (0)
- e. Use condoms consistently (0)
- f. Engage in safe(r) sex (0)
- g. Avoid commercial sex (0)
- h. Abstain from injecting drugs (0)
- i. Use clean needles and syringes (0)
- k. Greater acceptance and involvement of people living with HIV (0)
- n. Know your HIV status (0)
- o. Prevent mother-to-child transmission of HIV (0)

75) In addition to the above mentioned, please specify other key messages explicitly promoted:

Solidarity with PLWHA

76)

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

No (0)

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77)

Part A, Section III: PREVENTION

2. Does the country have a policy or strategy promoting HIV-related reproductive and sexual health education for young people?

Yes (0)

78)

2.1 Is HIV education part of the curriculum in:

primary schools? Yes
secondary schools? Yes
teacher training? Yes

79)

2.2 Does the strategy/curriculum provide the same reproductive and sexual health education for young men and young women?

Yes (0)

80)

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

No (0)

81)

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

Yes (0)

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82)

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

Check which specific populations and elements are included in the policy/strategy

Targeted information on risk reduction and HIV education	Injecting drug user, Men having sex with men, Sex workers, Clients of sex workers, Prison inmates, Other populations
Stigma and discrimination reduction	Men having sex with men, Sex workers
Condom promotion	Injecting drug user, Men having sex with men, Sex workers, Clients of sex workers, Prison inmates, Other populations
HIV testing and counselling	Injecting drug user, Men having sex with men, Sex workers, Clients of sex workers, Prison inmates, Other populations
Reproductive health, including sexually transmitted infections prevention and treatment	Injecting drug user, Men having sex with men, Sex workers, Clients of sex workers, Other populations
Vulnerability reduction (e.g. income generation)	Injecting drug user, Sex workers, Prison inmates, Other populations
Drug substitution therapy	Injecting drug user, Sex workers
Needle & syringe exchange	Injecting drug user, Sex workers, Prison inmates

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83) Part A, III. PREVENTION

Question 3.1 (continued)

You have checked one or more policy/strategy for "Other populations". Please specify what are "other populations".

Migrants

Page 44

84)

Part A, III. PREVENTION

Question 3.1 (continued)

Overall, how would you rate the policy efforts in support of HIV prevention in 2009?

8 (8)

85)

Since 2007, what have been key achievements in this area:

National HIV/AIDS Programme was adopted in 2/2008 by Government. The Programme is relevant and truly reflects national needs, understanding of the epidemic and capacities.

86)

What are remaining challenges in this area:

To operationalize the National Strategy around groups of people whose behaviour places them at greater risk and to implement a monitoring and evaluation plan. To enlarge the Committee for HIV/AIDS and STI Surveillance and to prepare a Strategy for HIV/AIDS Prevention since 2018.

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87)

Part A, III. PREVENTION**4. Has the country identified specific needs for HIV prevention programmes?**

Yes (0)

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88)

Part A, III. PREVENTION**Question 4 (continued)****IF YES, how were these specific needs determined?**

HIV prevention in Czech Republic is comprehensive, targeting all forms of HIV transmission. The share of resources allocated to each area should reflect the nature of the local epidemic. Because most infections occur among men who have sex with men then this group is a primary target for prevention efforts. Specific programmes target other key groups who have been particularly affected by a country's epidemic: injecting drug users and sex workers. One of the key priorities of the prevention efforts is a particular focus to other groups at increased risk - also prisoners, residents and migrants whose origins are in high prevalence areas, youth at risk and people who are living with HIV infection. High priority is given to the reduction of mother-to-child HIV transmission risk. From 2001, HIV tests for all pregnant women are mandatory tested on HIV.

89)

4.1 To what extent has HIV prevention been implemented?

The majority of people in need
have access

HIV prevention component

Blood safety	Agree
Universal precautions in health care settings	Agree
Prevention of mother-to-child transmission of HIV	Agree
IEC* on risk reduction	Agree
IEC* on stigma and discrimination reduction	Agree
Condom promotion	Agree
HIV testing and counselling	Agree
Harm reduction for injecting drug users	Agree
Risk reduction for men who have sex with men	Agree
Risk reduction for sex workers	Agree
Reproductive health services including sexually transmitted infections prevention and treatment	Agree
School-based HIV education for young people	Agree
HIV prevention for out-of-school young people	Don't agree
HIV prevention in the workplace	Don't agree

Other: please specify

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90)

Part A, III. PREVENTION

Overall, how would you rate the efforts in the implementation of HIV prevention programmes in 2009?

8 (8)

91)

Since 2007, what have been key achievements in this area:

Activities in area of prevention and health promotion are implemented in the framework of cooperation between governmental and national health organisations with a variety of organisations involved in combating HIV/AIDS, including key NGOs. Both types of organisations are eligible for the governmental funding and several NGO's were very successful in their preventive activities among vulnerable people - for example Czech Society AIDS Help - ČSAP).

92)

What are remaining challenges in this area:

Improving prevention and health promotion for children, young adults and general population including behavioural change strategy and condom promotion programmes in order to improve the awareness of the population about HIV/AIDS; Involving vulnerable groups and people at higher risk, especially people newly arrived in Czech Republic in dialogue and collaboration in the area of HIV/AIDS prevention; Addressing HIV related stigma and discrimination; Improving the offer and uptake of voluntary and confidential HIV testing for all in the Czech Republic.

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93)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

1. Does the country have a policy or strategy to promote comprehensive HIV treatment, care and support? (Comprehensive care includes, but is not limited to, treatment, HIV testing and counselling, psychosocial care, and home and community-based care).

Yes (0)

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94)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

1.1 IF YES, does it address barriers for women?

No (0)

95)

1.2 IF YES, does it address barriers for most-at-risk populations?

Yes (0)

96)

2. Has the country identified the specific needs for HIV treatment, care and support services?

Yes (0)

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97)

Part A, Section IV: TREATMENT, CARE AND SUPPORT**Question 2 (continued)****IF YES, how were these determined?**

Reducing late diagnosis of HIV and improving HIV health outcomes; Linkages with other infectious diseases – hepatitis C, tuberculosis and sexually transmitted infections including common risk factors and co-infections associated to these infections; Increasing universal access to medicine and compliance of PLWHA. SECTION

98)

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

The majority of people in need
have access

HIV treatment, care and support service

Antiretroviral therapy	Agree
Nutritional care	Agree
Paediatric AIDS treatment	Agree
Sexually transmitted infection management	Agree
Psychosocial support for people living with HIV and their families	Agree
Home-based care	Agree
Palliative care and treatment of common HIV-related infections	Agree
HIV testing and counselling for TB patients	Agree
TB screening for HIV-infected people	Agree
TB preventive therapy for HIV-infected people	N/A
TB infection control in HIV treatment and care facilities	Agree
Cotrimoxazole prophylaxis in HIV-infected people	Agree
Post-exposure prophylaxis (e.g. occupational exposures to HIV, rape)	Agree
HIV treatment services in the workplace or treatment referral systems through the workplace	N/A
HIV care and support in the workplace (including alternative working arrangements)	N/A
Other: please specify	

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99)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

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

No (0)

100)

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

No (0)

Page 53

101)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

Overall, how would you rate the efforts in the implementation of HIV treatment, care and support programmes in 2009?

10 (10)

102)

Since 2007, what have been key achievements in this area:

easy access to HIV testing and counselling as well as therapy and care. Comprehensive health care for the whole population is guaranteed. Therapy and prophylaxis in 7 clinical AIDS centres is covered by health insurance. The majority of resources to cover treatment-related expenses are coming from the budgets of health insurance companies, only the treatment of persons with uncertain legal status in Czech Republic is covered from the national AIDS prevention budget.

103)

What are remaining challenges in this area:

Maintaining availability of HIV testing and availability of main effective antiretroviral drugs in the country.

Page 54

104)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

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

N/A (0)

Page 57

105)

Part A, Section V: MONITORING AND EVALUATION**1. Does the country have *one* national Monitoring and Evaluation (M&E) plan?**

In progress (0)

Page 64

106)

4. Are M&E priorities determined through a national M&E system assessment?

No (0)

Page 65

107)

IF NO, briefly describe how priorities for M&E are determined:

Priorities for M&E are determined by the Committee for HIV/AIDS and STI Surveillance with the purpose to monitor HIV prevalence including behaviour monitoring among MSM and IDU, to assess HIV prevention programme coverage among groups most likely to acquire and transmit HIV and to provide specific actionable recommendations to address critical gaps in prevention programming. M&E is carried out by the Office of the National AIDS Programme Manager and National Reference Laboratory on AIDS in the National Institute of Public Health. AIDS-related preventive activities are monitored by the Ministry of Health in cooperation with the National Institute of Public Health, the Working Group for „Health for all in the twenty-first century “ for Czech Republic, Public Health Units, The Czech National Monitoring Centre for Drugs and Drug Addiction, Czech HIV and AIDS NGO Forum and other stakeholders and institutions.

108)

5. Is there a functional national M&E Unit?

No (0)

Page 66

109)

Part A, Section V: MONITORING AND EVALUATION**Question 5 (continued)****IF NO, what are the main obstacles to establishing a functional M&E Unit?**

A monitoring and evaluation framework has been established by the National HIV/AIDS Programme for 2008-2012 (Government Resolution 130/2008). Programme outcome and impact indicators will be measured through annual bio-behavioural surveys. Work is currently under way to operationalize the National Strategy around groups of people whose behaviour places them at greater risk and to implement a monitoring and evaluation plan.

Page 69

110)

What are the major challenges?

Performing behavioural, BBS and population based studies with the purpose of investigating the modes of HIV transmission and understanding of the „drivers“ of the epidemic.

Page 70

111)

Part A, Section V: MONITORING AND EVALUATION**6. Is there a national M&E Committee or Working Group that meets regularly to coordinate M&E activities?**

Yes, meets regularly (0)

112)

6.1 Does it include representation from civil society?

Yes (0)

Page 71113) **Part A, Section V: MONITORING AND EVALUATION****Question 6.1 (continued)**

IF YES, briefly describe who the representatives from civil society are and what their role is:

Ivo Prochazka, The Chairman of the Czech HIV NGO Forum guarantees cooperation with NGOs.

114)

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

Yes (0)

Page 72

115)

Part A, Section V: MONITORING AND EVALUATION**7.1 IF YES , briefly describe the national database and who manages it:**

The national HIV surveillance database is situated in the National Institute of Public Health.

116)

7.2 IF YES, does it include information about the content, target populations and geographical coverage of HIV services, as well as their implementing organizations?

Yes, all of the above (0)

Page 73

117)

7.3 Is there a functional* Health Information System?

At national level Yes

At subnational level Yes

Page 74

118) **Part A, Section V: MONITORING AND EVALUATION**

For Question 7.2, you have checked "Yes, but only some of the above", please specify what the central database has included.

For Question 7.3, you have indicated "Yes" to "subnational level", please specify at what level(s)?

The level of 14 districts.

119)

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

Yes (0)

120)

9. To what extent are M&E data used

9.1 in developing / revising the national AIDS strategy?:

5 (5)

121)

Provide a specific example:

The HIV surveillance system helps to identify the roots of epidemic, to define most of risk groups and places for intervention, first of all men who have sex with man, sex workers and injected drug users.

122)

What are the main challenges, if any?

To mobilize staff and resources for performing behavioural, BBS and population based studies with the purpose of investigating the modes of HIV transmission and understanding of the „drivers“ of the epidemic for the purpose to plan and implement effective preventive activities.

Page 75**123) Part A, Section V: MONITORING AND EVALUATION****9.2 To what extent are M&E data used for resource allocation?**

5 (5)

124)

Provide a specific example:

When the newly diagnosed HIV cases reported rates increased substantially in 2007 which was attributed to homosexual transmission of the HIV, the Ministry of Health in 2008 substantially increased the funding for safer sex promotion and other preventive interventions among men who have sex with men.

125)

What are the main challenges, if any?

To survey relations between HIV spreading and other population groups and people at higher risk, for exapmle IDUs and people newly arrived in Czech Republic (migrants).

Page 76

126)

Part A, Section V: MONITORING AND EVALUATION**9.3 To what extent are M&E data used for programme improvement?:**

4 (4)

127)

Provide a specific example:

M&E data are used for the new HIV/AIDS strategy until 2018 which is prepared right now.

Page 77**128) Part A, Section V: MONITORING AND EVALUATION****10. Is there a plan for increasing human capacity in M&E at national, subnational and service-delivery levels?:**

No (0)

Page 78

129)

10.1 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

Page 80

130)

Part A, Section V: MONITORING AND EVALUATION**10.2 Were other M&E capacity-building activities conducted other than training?**

No (0)

Page 82131) **Part A, Section V: MONITORING AND EVALUATION****Question 10.2 (continued)****Overall, how would you rate the M&E efforts of the HIV programme in 2009?**

8 (8)

132)

Since 2007, what have been key achievements in this area:

The Czech republic for the first time has become the part of international M&E projects and activities: The EU SIALON project - a descriptive multi-centre serological and behavioural survey to estimate of the prevalence of HIV and sexual behavior in the study population (MSM attending gay venues); The Monitoring of the Dublin Declaration and now UNGASS reporting 2010.

Page 83

133)

Part B, Section I: HUMAN RIGHTS

1. Does the country have laws and regulations that protect people living with HIV against discrimination? (including both general non-discrimination provisions and provisions that specifically mention HIV, focus on schooling, housing, employment, health care etc.)

Yes (0)

Page 84

134)

Part B, Section I. HUMAN RIGHTS

1.1 IF YES, specify if HIV is specifically mentioned and how or if this is a general nondiscrimination provision:

Antidiscrimination Law 198/2009

135)

2. Does the country have non-discrimination laws or regulations which specify protections for most-at-risk populations and other vulnerable subpopulations?

Yes (0)

Page 85

136)

Part B, Section I. HUMAN RIGHTS

2.1 IF YES, for which subpopulations?

a. Women	Yes
b. Young people	Yes
c. Injecting drug users	No
d. Men who have sex with men	Yes
e. SexWorkers	No
f. prison inmates	No
g. Migrants/mobile populations	Yes
Other: Please specify	Yes

137)

IF YES, briefly explain what mechanisms are in place to ensure these laws are implemented:

Antidiscrimination Law 198/2009 the proof is based on the person who potentially discriminate, the case can be taken to the Court

138)

Briefly describe the content of these laws:

generally nobody should be discriminated according to the gender, race, age, sexual orientation...

139)

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

The social knowledge of the law is generally still low, but some cases have appeared (not in relation to HIV) The law has also important educational function

Page 86

140)

Part B, Section I. HUMAN RIGHTS

3. Does the country have laws, regulations or policies that present obstacles to effective HIV prevention, treatment, care and support for most-at-risk populations and other vulnerable subpopulations?

Yes (0)

Page 87

141)

Part B, Section I. HUMAN RIGHTS

3.1 IF YES, for which subpopulations?

a. Women	No
b. Young people	No
c. Injecting drug users	Yes
d. Men who have sex with men	No
e. SexWorkers	No
f. prison inmates	No
g. Migrants/mobile populations	No
Other: Please specify	Yes

142)

IF YES, briefly describe the content of these laws, regulations or policies:

The possession of drug can be criminalized (even not the small amount) There is ongoing disussion about the personal data stored in health system. For example personal data (name and birth number) of new HIV cases are sent to regional public health official who is physician (and obliged to respect medical confidentiality) according to the Public Health Law 258/2000.

143)

Briefly comment on how they pose barriers:

It may lead people at risk to avoid HIV testing.

Page 88144) **Part B, Section I. HUMAN RIGHTS**

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

Yes (0)

Page 89

145)

Part B, Section I. HUMAN RIGHTS**Question 4 (continued)**

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

National HIV middle term plan - National HIV/AIDS Programme for 2008-2012.

146)

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

Yes (0)

Page 90

147)

Part B, Section I. HUMAN RIGHTS**Question 5 (continued)**

IF YES, briefly describe this mechanism:

Czech AIDS Help Society is monitoring the press and collect information about possible breaching the human rights of PLWHA. The Human Rights Council (and its commission for sexual minorities in the case of MSM) monitor all cases of discrimination.

148)

6. Has the Government, through political and financial support, involved people living with HIV, most-at-risk populations and/or other vulnerable subpopulations in governmental HIV-policy design and programme implementation?

Yes (0)

Page 91

149)

Part B, Section I. HUMAN RIGHTS**Question 6 (continued)**

IF YES, describe some examples:

It support NGOs working with PLWHA and vulnerable groups with about 40-50 percent of annual HIV/AIDS budget (that is unfortunately small).

150)

7. Does the country have a policy of free services for the following:

a. HIV prevention services	Yes
b. Antiretroviral treatment	Yes
c. HIV-related care and support interventions	Yes

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151)

Part B, Section I. HUMAN RIGHTS**Question 7 (continued)**

IF YES, given resource constraints, briefly describe what steps are in place to implement these policies and include information on any restrictions or barriers to access for different populations:

The only restriction is the antiretroviral treatment (and other medical care that is not life saving) for undocumented migrants (and those who are out of health insurance system).

152)

8. Does the country have a policy to ensure equal access for women and men to HIV prevention, treatment, care and support?

Yes (0)

Page 93

153)

Part B, Section I. HUMAN RIGHTS

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

Yes (0)

154)

9. Does the country have a policy to ensure equal access for most-at-risk populations and/or other vulnerable subpopulations to HIV prevention, treatment, care and support?

Yes (0)

Page 94

155)

Part B, Section I. HUMAN RIGHTS**Question 9 (continued)**

IF YES, briefly describe the content of this policy:

MSM is the most vulnerable groups and there are special preventive programmes for them,

recommendation for HIV testing. The same exists for CSWs.

156)

9.1 IF YES, does this policy include different types of approaches to ensure equal access for different most-at-risk populations and/or other vulnerable sub-populations?

Yes (0)

Page 95

157)

Part B, Section I. HUMAN RIGHTS

Question 9.1 (continued)

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

MSM, CSWs, IDUs, PLWHA have special programmes.

158)

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

Yes (0)

159)

11.Does the country have a policy to ensure that HIV research protocols involving human subjects are reviewed and approved by a national/local ethical review committee?

Yes (0)

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160)

Part B, Section I. HUMAN RIGHTS

11.1 IF YES, does the ethical review committee include representatives of civil society including people living with HIV?

Yes (0)

161)

IF YES, describe the approach and effectiveness of this review committee:

Since 2009 the vicepresident of Czech AIDS Help Society (who is HIV positive himself) is a member of the ethical commission in the hospital where clinical trials of HIV treatment are approved.

Page 97

162)

– **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 (0)

163)

– **Focal points within governmental health and other departments to monitor HIV-related human rights abuses and HIV-related discrimination in areas such as housing and employment**

No (0)

164)

– **Performance indicators or benchmarks for compliance with human rights standards in the context of HIV efforts**

No (0)

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165)

Part B, Section I. HUMAN RIGHTS

Question 12 (continued)

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

Human Rights Council is working like a governmental body and include also representants of independent sector (NGOs).

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166)

Part B, Section I. HUMAN RIGHTS

13. In the last 2 years, have members of the judiciary (including labour courts/ employment tribunals) been trained/sensitized to HIV and human rights issues that may come up in the context of their work?

No (0)

167)

– **Legal aid systems for HIV casework**

Yes (0)

168)

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

No (0)

169)

– **Programmes to educate, raise awareness among people living with HIV concerning their rights**

No (0)

170)

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

Yes (0)

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171)

Part B, Section I. HUMAN RIGHTS

Question 15 (continued)

IF YES, what types of programmes?

Media	No
School education	Yes
Personalities regularly speaking out	Yes
Other: there is a minister for human rights	Yes

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172)

Part B, Section I. HUMAN RIGHTS

Question 15 (continued)

Overall, how would you rate the policies, laws and regulations in place to promote and protect human rights in relation to HIV in 2009?

9 (9)

173)

Since 2007, what have been key achievements in this area:

The antidiscriminatioiw has passed succesfully and enter in the action. Involuntary outing of PLWHA in media (two cases) in 2009. To keep antiretroviral treatment without supplements for patients. No case of HIV transmission criminalization.

174)

What are remaining challenges in this area:

To keep antiretroviral treatment without supplements for patients.

Page 102

175)

Part B, Section I. HUMAN RIGHTS**Question 15 (continued)**

Overall, how would you rate the efforts to enforce the existing policies, laws and regulations in 2009?

8 (8)

176)

Since 2007, what have been key achievements in this area:

The antidiscrimination Law

177)

What are remaining challenges in this area:

Other EU directive related to HIV Minimalize the prosecution for HIV transmissións criminalization.

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178)

Part B, Section II: CIVIL SOCIETY* PARTICIPATION

1. To what extent has civil society contributed to strengthening the political commitment of top leaders and national strategy/policy formulations?

4 (4)

179)

Comments and examples:

The interest of government and politicians for HIV is usually low (but we are low prevalence country) and if they do anything it is usually after the civil society involvement. The important role played also the new ministry for human rights issues.

Page 104

180)

Part B, Section II. CIVIL SOCIETY PARTICIPATION

2. To what extent 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)?

5 (5)

181)

Comments and examples:

Civil society had the good chances to participate at the planning and budgeting process at national and European level.

Page 105

182)

a. the national AIDS strategy?

4 (4)

183)

b. the national AIDS budget?

5 (5)

184)

c. national AIDS reports?

5 (5)

Page 106

185)

a. developing the national M&E plan?

1 (1)

186)

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

1 (1)

187)

c. M&E efforts at local level?

0

188)

Comments and examples:

The system of monitoring is not very well established (and if exists it is on the ministry of health 's level, nevertheless civil society is included as well).

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189) Part B, Section II. CIVIL SOCIETY PARTICIPATION

5. To what extent is the civil society sector representation in HIV efforts inclusive of diverse organizations (e.g. networks of people living with HIV, organizations of sex workers, faith-based organizations)?

4 (4)

190)

Comments and examples:

The main problem is involvement of organisations working with drug users. They have different plans and bodies (and also more money) and they do not feel usually HIV like their main problem (there is less than five percent of HIV positives from IDUs).

Page 108

191)

a. adequate financial support to implement its HIV activities?

4 (4)

192)

b. adequate technical support to implement its HIV activities?

3 (3)

193)

Comments and examples:

The main problem of civil societies working in prevention is limited access for the personal finances (salaries) for preventive work and late distribution of project money (closely to the half of the year).

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194) Part B, Section II. CIVIL SOCIETY PARTICIPATION

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

Prevention for youth	<25%
Prevention for most-at-risk-populations	
- Injecting drug users	51-75%
- Men who have sex with men	>75%
- Sex workers	>75%

Testing and Counselling	51-75%
Reduction of Stigma and Discrimination	51-75%
Clinical services (ART/OI)*	<25%
Home-based care	>75%
Programmes for OVC**	<25%

Page 110

195)

Part B, Section II. CIVIL SOCIETY PARTICIPATION**Question 7 (continued)****Overall, how would you rate the efforts to increase civil society participation in 2009?**

8 (8)

196)

Since 2007, what have been key achievements in this area:

Increase of the new HIV cases and syphilis epidemic especially among MSM an outreach programme for them. Increased number of HIV testing among MSM. Completed reconstruction of the Lighthouse and increase the number of beds for the clients.

197)

What are remaining challenges in this area:

Improve the access to HIV testing and counselling outside of Prague. Improve the knowledge and access to syphilis test among MSM. Improve the social support services for PLWHA. More information about atigma to public.

Page 111

198)

Part B, Section III: PREVENTION**1. Has the country identified the specific needs for HIV prevention programmes?**

Yes (0)

Page 112

199)

Part B, Section III: PREVENTION**Question 1 (continued)****IF YES, how were these specific needs determined?**

Special programmes for vulnerable groups Variety of programmes for youths

200)

1.1 To what extent has HIV prevention been implemented?

**The majority of people in need
have access**

HIV prevention component

Blood safety	Agree
Universal precautions in health care settings	Agree
Prevention of mother-to-child transmission of HIV	Agree
IEC* on risk reduction	Agree
IEC* on stigma and discrimination reduction	Don't agree
Condom promotion	Agree
HIV testing and counselling	Agree
Harm reduction for injecting drug users	Agree
Risk reduction for men who have sex with men	Agree
Risk reduction for sex workers	Agree
Reproductive health services including sexually transmitted infections prevention and treatment	Agree
School-based HIV education for young people	Agree
HIV prevention for out-of-school young people	Don't agree
HIV prevention in the workplace	Don't agree
Other: please specify	

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201)

Part B, Section III: PREVENTION
Question 1.1 (continued)

Overall, how would you rate the efforts in the implementation of HIV prevention programmes in 2009?

6 (6)

202)

Since 2007, what have been key achievements in this area:

Research data show slow decline in safer sex behaviour generally and among MSM as well.

203)

What are remaining challenges in this area:

More funds for specific programmes and for general information. Money for the people who will do it and not to rely on volunteers only. Better offer of HIV counselling and testing in rural areas.

Page 114

204)

Part B, Section IV: TREATMENT, CARE AND SUPPORT

1. Has the country identified the specific needs for HIV treatment, care and support services?

Yes (0)

Page 115

205)

Part B, Section IV: TREATMENT, CARE AND SUPPORT

Question 1 (continued)

IF YES, how were these specific needs determined?

Medium term National plan for HIV/AIDS

206)

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

	The majority of people in need have access
HIV treatment, care and support service	
Antiretroviral therapy	Agree
Nutritional care	Agree
Paediatric AIDS treatment	Agree
Sexually transmitted infection management	Agree
Psychosocial support for people living with HIV and their families	Agree
Home-based care	Agree
Palliative care and treatment of common HIV-related infections	Agree
HIV testing and counselling for TB patients	N/A
TB screening for HIV-infected people	Agree
TB preventive therapy for HIV-infected people	N/A
TB infection control in HIV treatment and care facilities	Agree
Cotrimoxazole prophylaxis in HIV-infected people	Agree
Post-exposure prophylaxis (e.g. occupational exposures to HIV, rape)	Agree
HIV treatment services in the workplace or treatment referral systems through the workplace	Don't agree
HIV care and support in the workplace (including alternative working arrangements)	N/A
Other: please specify	

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207)

Part B, Section IV: TREATMENT, CARE AND SUPPORT

Question 1.1 (continued)

Overall, how would you rate the efforts in the implementation of HIV treatment, care and support programmes in 2009?

9 (9)

208)

Since 2007, what have been key achievements in this area:

HIV treatment is broadly available for Czech citizens and foreigners with health insurances.

209)

What are remaining challenges in this area:

Only life saving care is provided for undocument migrants without finances and health insurance.

Page 117

210)

Part B, Section IV: TREATMENT, CARE AND SUPPORT

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

No (0)