

## Finland 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:

The Virology Unit of the National Institute for Health and Welfare (THL) were responsible for the coordinating process and collecting the data to the NCPI part A. They consulted significant stakeholders during the process. The NCPI part B was coordinating by Civil Society.

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

After the completion of the first draft of the report, it was submitted to the members of the National HIV expert group and NGO actors. A hearing session was organized in March 2012. The final draft was sent to all significant stakeholders and the review of the feedback was incorporated into the report before submitting it to UNAIDS at the end of March 2012.

#### 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 for Health and Welfare	Mika Salminen, Head of the Virology Unit	Yes	Yes	Yes	Yes	Yes	Yes
National Institute for Health and Welfare	Henrikki Brummer-Korvenkontio, Specialist	Yes	Yes	Yes	Yes	Yes	Yes
National Institute for Health and Welfare	Kirsi Liitsola, Specialist	Yes	Yes	Yes	Yes	Yes	Yes
Hospital District of Helsinki and Uusimaa	Matti Ristola, Head Physician	No	No	No	No	Yes	No
Hospital District of Helsinki and Uusimaa	Jussi Sutinen, Medical specialist	No	No	No	No	Yes	No
Hospital District of Helsinki and Uusimaa	Eeva Salo, Medical specialist	No	No	No	No	Yes	No
Ministry of Social Affairs and Health	Anni Virolainen-Julkunen, Ministerial Counsellor	Yes	Yes	Yes	Yes	Yes	Yes
Ministry for Foreign Affairs of Finland	Heli Mikkola, Advisor	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
HivFinalnd	Sini Pasanen, Director	Yes	Yes	Yes	Yes	Yes
Finnish AIDS Council	Irma Palhman, Director	Yes	Yes	Yes	Yes	Yes
Pro-tukipiste	Jaana Kauppinen, Director	Yes	Yes	Yes	Yes	Yes

Finnish Red Cross	Sari Valoaho HIV/Sexual Health Coordinator	Yes	Yes	Yes	Yes	Yes
A-Clinic Foundation	Pekka Heinälä, Associate chief physician	Yes	Yes	Yes	Yes	Yes
Family Federation	Dan Apter, Associate chief physician	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):**

No

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

**IF NO or NOT APPLICABLE, briefly explain why.:**

The previous National HIV strategy covered the years 2002-2006; a new strategy is under construction.

**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

**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)?:**

No

**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?:**

Yes

**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:**

A new strategy is under construction. The HIV strategy was listed in the government platform 2011.

**What challenges remain in this area:**

The new national strategy needs to be finalised. More information is needed on the size and characteristics of all of the risk groups.

## 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:**

No

1.1

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

No

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

-

**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?:**

Yes

**Have an official chair person?:**

Yes

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

Mika Salminen, Head of the Virology Unit, National Institute for Health and Welfare

**Have a defined membership?:**

Yes

**IF YES, how many members?:**

18

**Include civil society representatives?:**

Yes

**IF YES, how many?:**

6

**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:**

The National HIV Expert Group is promoting collaboration with actors working with HIV/AIDS, advocating for the human rights of people living with HIV, and the establishment and strengthening of relevant programs and services. The Expert Group also shares information on national response to HIV epidemic. The Group can - together and through its members - influence the HIV policy making.

**What challenges remain in this area:**

The body has no set of powers or budget of its own, but can only make recommendations to authorities and comment and review guidelines.

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

-

5.

**Capacity-building:**

No

**Coordination with other implementing partners:**

Yes

**Information on priority needs:**

Yes

**Procurement and distribution of medications or other supplies:**

No

**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?:**

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

The HIV strategy was listed in the government platform 2011.

**What challenges remain in this area:**

It is challenging to turn the political support into concrete actions and ensure the long-term public support especially to the NGO actors.

**A - III. HUMAN RIGHTS**

1.1

**People living with HIV:**

Yes

**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 laws protect against discrimination on the basis of gender, health status, age, social and economic status, sexual orientation, ethnicity and other comparable property (Non-discrimination Act – Equality law and Constitution). Basic Right and Liberties in the Constitution define rather comprehensively the equality, the separate act, in turn, limits certain rights just to specific subgroups such as ethnic minorities excluding e.g. sexual minorities.

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

Authorities such as Ombudsman, Ombudsman for Minorities and Ombudsman of Gender Equality ensure the implementation of laws. The Ombudsman of Gender Equality monitors the implementation of the equality between women and men and the Ombudsman of Minorities advances the status and legal protection of ethnic minorities and foreigners in Finland. The other vulnerable groups do not have an ombudsman for their cause. These authorities may give recommendations and advice, which are not legally binding.

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

The implementation of laws is effective.

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

Yes

IF YES, for which subpopulations?

**People living with HIV:**

No

**Men who have sex with men:**

No

**Migrants/mobile populations:**

Yes

**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 below]:**  
 -

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

ACT ON THE STATUS AND RIGHTS OF PATIENTS. No. 785/1992.

**Briefly comment on how they pose barriers:**

Migrants have in certain situations limited access to treatment. Complete access to the public health care system without private insurance coverage is dependent on legal long-term residence status or subject to bilateral and/or multilateral agreements between Finland and the migrants home country. However, emergency medical care is available for all, including illegal immigrants.

## 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?:**

No

**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?:**

Yes

**Secondary schools?:**

Yes

**Teacher training?:**

Yes

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

Yes

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

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:**

Seksuaali ja lis terveyden ohjelma Huumestrategia

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	No	Yes	-
Yes	No	No	No	No	-
Yes	Yes	Yes	No	Yes	-
Yes	No	No	No	No	-
Yes	Yes	Yes	No	No	-
No	No	Yes	No	No	-
Yes	Yes	Yes	No	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?:

7

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

Encouraging testing for HIV is critical for prevention. To enhance seeking and offering voluntary HIV testing, a new guideline for HIV testing was endorsed in 2010.

**What challenges remain in this area:**

In order to clarify the status of HIV infected people a policy specifying the rights and obligations of people living with HIV is needed.

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

Yes

**IF YES, how were these specific needs determined?:**

Specific needs for HIV prevention programmes are determined by targeted prevalence studies and HIV/AIDS data collected in the national HIV registry.

4.1. To what extent has HIV prevention been implemented?

**Blood safety:**

Strongly Agree

**Condom promotion:**

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:**

Disagree

**HIV testing and counseling:**

Strongly Agree

**IEC on risk reduction:**

Agree

**IEC on stigma and discrimination reduction:**

Agree

**Prevention of mother-to-child transmission of HIV:**

Strongly Agree

**Prevention for people living with HIV:**

Strongly Agree

**Reproductive health services including sexually transmitted infections prevention and treatment:**

Agree

**Risk reduction for intimate partners of key populations:**

Disagree

**Risk reduction for men who have sex with men:**

Agree

**Risk reduction for sex workers:**

Agree

**School-based HIV education for young people:**

Agree

**Universal precautions in health care settings:**

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?:

7

## 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:**

HIV-positive people have access to free care and treatment according to the international best available praxis.

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

-

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

**Antiretroviral therapy:**

Strongly Agree

**ART for TB patients:**

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:**

Strongly 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):**

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:**

The question is not relevant.

**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?:**

Yes

**IF YES, for which commodities?:**

antiretroviral drugs, condoms, substitution drugs

**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?:**

8

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

HIV-positive people have had access to free care and treatment according to the international best available praxis since the early years of HIV epidemic. Ministry of Social Affairs and Health published the new guidelines on prevention of infection problems among refugees and asylum seekers in 2009. After that it has been possible to use same criteria for HIV treatment among refugees and asylum seekers as in Finnish citizens.

**What challenges remain in this area:**

To guarantee care and support for people living with HIV in different parts of the country in the situation where number of HIV positive people and nursing resources are not increasing synchronously. Temporary residence permit owners are not eligible for comprehensive treatment unless they have private insurance.

**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?:

10

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

The question is not relevant.

What challenges remain in this area:

-

## A - VI. MONITORING AND EVALUATION

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

No

Briefly describe any challenges in development or implementation:

-

Briefly describe what the issues are:

-

2. Does the national Monitoring and Evaluation plan include?

**A data collection strategy:**

No

**A data analysis strategy:**

No

**A data dissemination and use strategy:**

No

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

No

**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:

Monitoring and evaluation is performed in a multisectoral fashion, where each responsible authority performs M&E activities as part of their annual business cycle. In addition, there are national level M&E activities for HIV/AIDS within the Ministry of Social Affairs and Health and National Institute for Health and Welfare.

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

**In the Ministry of Health?:**

No

**In the National HIV Commission (or equivalent)?:**

No

**Elsewhere [write in]?:**

-

Permanent Staff [Add as many as needed]

**POSITION [write in position titles in spaces below] Fulltime Part time Since when?**

- - - -

Temporary Staff [Add as many as needed]

**POSITION [write in position titles in spaces below] Fulltime Part time Since when?**

- - - -

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

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 Institute Health and Welfare operates the national HIV registry which includes new HIV-infections, new AIDS causes and AIDS deaths. By law, both diagnostic laboratories and treating physicians report cases to the registry. Confidential notification is based on a social security number.

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

No, none of the above

6.2. Is there a functional Health Information System?

**At national level:**

Yes

**At subnational level:**

Yes

**IF YES, at what level(s)?:**

Provincial (regional) and health district, municipal.

**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:**

When data showed an increasing number of HIV-infection among IDUs, resources were allocated to prevention and treatment activities targeted for this group. Although the data showed the needed for extra services - in recent years especially for MSM - the implementation of the work has been inadequate because of limited financial resources. The number of diagnosed HIV infections has been increasing and the late diagnoses have been common. To lower the threshold for seeking and offering HIV testing, the new guideline for HIV testing was published in 2010.

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:**

The usability of National Infectious Disease Register data has been improved.

**What challenges remain in this area:**

Data is collected by several actors and scattered into many databases. The lack of behavioural and prevalence studies at general population and in vulnerable groups. No national database for the care of HIV-positives

## **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?:**

3

**Comments and examples:**

Top leaders are invited to seminars and events organized by civil society. And it is not impossible to have meetings with MPs for example.

**2. To what extent (on a scale of 0 to 5 where 0 is "Low" and 5 is "High") have civil society representatives been involved in the planning and budgeting process for the National Strategic Plan on HIV or for the most current activity plan (e.g. attending planning meetings and reviewing drafts)?:**

1  
**Comments and examples:**  
There wasn't any planning what come to HIV strategy. Civil society is not included in budgeting process.

3.  
**a. The national HIV strategy?:**  
4  
**b. The national HIV budget?:**  
2  
**c. The national HIV reports?:**  
4  
**Comments and examples:**  
The prevention is mainly provided by civil society. HIV prevention is also part of school curriculum / and provided by schools. Treatment as medical treatment and care is provided by hospitals. Some services are available for drug users through organizations. In these cases organizations (Helsinki Deaconess Institution) provides the venue. Services for special groups and undocumented migrants are provided by civil society.

4.  
**a. Developing the national M&E plan?:**  
3  
**b. Participating in the national M&E committee / working group responsible for coordination of M&E activities?:**  
:  
4  
**c. Participate in using data for decision-making?:**  
0  
**Comments and examples:**  
M&E is considered to be a part of the National Strategy.

**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:**  
Networks of people living with HIV, Women's organization, Faith-based organizations, AIDS service organizations, Organizations of vulnerable subpopulations (including MSM, SW, IDU, migrants, refugees/displaced populations, prisoners), Human rights organizations

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?:**  
4  
**b. Adequate technical support to implement its HIV activities?:**  
0  
**Comments and examples:**  
-

7. What percentage of the following HIV programmes/services is estimated to be provided by civil society? \_\_\_\_\_  
**People living with HIV:**  
>75%  
**Men who have sex with men:**  
>75%  
**People who inject drugs:**  
>75%  
**Sex workers:**  
>75%  
**Transgendered people:**  
>75%  
**Testing and Counselling:**  
<25%  
**Reduction of Stigma and Discrimination:**  
>75%  
**Clinical services (ART/OI)\*:**  
<25%  
**Home-based care:**  
<25%  
**Programmes for OVC\*\*:**  
<25%

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?:

8

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

-

What challenges remain in this area:

Participation in budgeting process.

## 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:

Mainly through HIV-expert group. Also involvement to delegations participating high level meetings.

## B - III. HUMAN RIGHTS

1.1.

**People living with HIV:**

No

**Men who have sex with men:**

No

**Migrants/mobile populations:**

No

**Orphans and other vulnerable children:**

No

**People with disabilities:**

No

**People who inject drugs:**

No

**Prison inmates:**

No

**Sex workers:**

No

**Transgendered people:**

No

**Women and girls:**

No

**Young women/young men:**

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:

Finland has general non-discrimination provisions. The laws protect against discrimination on the basis of gender, health status, age, societal and economic status, sexual orientation, ethnicity and other comparable property (Non-discrimination Act – Equality law and Constitution). Basic Right and Liberties in the Constitution define rather comprehensively the equality, the separate act, in turn, limits certain rights just to specific subgroups such as ethnic minorities excluding e.g. sexual minorities.

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

Authorities such as Ombudsman, Ombudsman for Minorities and Ombudsman of Gender Equality ensure the implementation of laws. The Ombudsman of Gender Equality monitors the implementation of the equality between women and men and the Ombudsman of Minorities advances the status and legal protection of ethnic minorities and foreigners in Finland. The other vulnerable groups do not have an ombudsman for their cause. These authorities may give recommendations and advice, which are not legally binding.

**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?:

Yes

2.1. IF YES, for which sub-populations?

**People living with HIV:**

Yes

**Men who have sex with men:**

No

**Migrants/mobile populations:**

Yes

**Orphans and other vulnerable children:**

No

**People with disabilities:**

No

**People who inject drugs:**

No

**Prison inmates:**

No

**Sex workers:**

Yes

**Transgendered people:**

No

**Women and girls:**

No

**Young women/young men:**

No

**Other specific vulnerable subpopulations [write in]:**

-

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

A) Criminal law is being applied to people living with HIV who transmit or expose others to HIV infection. B) Complete access to the public health care system without private insurance coverage is dependent on legal long-term residence status or subject to bilateral and/or multilateral agreements between Finland and the migrants home country. C) Implementation of public order act: condoms are used as an evidence for selling sexual services in public places.

**Briefly comment on how they pose barriers:**

A) There is a strong concern about this undermining public health by having a negative impact on the uptake of HIV testing and access to HIV prevention, treatment and care services. There is also concern that criminal proceedings may compromise basic civil rights such as the right to privacy, especially amongst the most vulnerable. B) Migrants have in certain situations limited access to treatment. However, emergency medical care is available for all, including illegal/undocumented immigrants.

**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:**

Finland has general non-discrimination provisions, Act on Gender Equality

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

No

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

No

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

<b>Provided free-of-charge to all people in the country</b>	<b>Provided free-of-charge to some people in the country</b>	<b>Provided, but only at a cost</b>
No	Yes	No
Yes	Yes	No
Yes	Yes	No

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

Undocumented migrants don't get medication and treatment free-of-charge even if needed. Also in some other cases immigrants might have difficulties to get treatment.

**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?:**

No

**9. Does the country have a policy or law prohibiting HIV screening for general employment purposes (recruitment,**

assignment/relocation, appointment, promotion, termination)?:

Yes

**IF YES, briefly describe the content of the policy or law:**

7.1- except immigrants / undocumented immigrants 8. Undocumented migrants and also some other immigrants don't have access to HIV prevention, treatment, care and support.

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:**

Authorities such as Ombudsman. The Human Rights Centre, which will have a Human Rights Delegation, began its work as an independent unit in the Office of the Parliamentary Ombudsman on 1.1.2012. Together these three bodies will form the National Human Rights Institution.

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)?:**

Yes

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

No

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

**a. Legal aid systems for HIV casework:**

No

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

No

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

Yes

IF YES, what types of programmes?

**Programmes for health care workers:**

Yes

**Programmes for the media:**

No

**Programmes in the work place:**

No

**Other [write in]:**

-

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?:

8

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

There is wider understanding about how the possibility of criminalization of HIV transmission and exposing others to infection, affects to people living with HIV.

**What challenges remain in this area:**

To make sure that HIV-positive people have the same human rights and that policies, laws, regulations and decisions are based on the latest information and knowledge about HIV-infection and treatment.

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:**

See above question 14.

**What challenges remain in this area:**

-

## B - IV. PREVENTION

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

No

IF NO, how are HIV prevention programmes being scaled-up?:

-

1.1 To what extent has HIV prevention been implemented?

**Blood safety:**

Strongly Agree

**Condom promotion:**

Agree

**Harm reduction for people who inject drugs:**

Agree

**HIV prevention for out-of-school young people:**

Agree

**HIV prevention in the workplace:**

Disagree

**HIV testing and counseling:**

Agree

**IEC on risk reduction:**

Agree

**IEC on stigma and discrimination reduction:**

N/A

**Prevention of mother-to-child transmission of HIV:**

Strongly Agree

**Prevention for people living with HIV:**

Agree

**Reproductive health services including sexually transmitted infections prevention and treatment:**

Agree

**Risk reduction for intimate partners of key populations:**

Agree

**Risk reduction for men who have sex with men:**

Agree

**Risk reduction for sex workers:**

Disagree

**School-based HIV education for young people:**

Agree

**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?:

7

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

-

What challenges remain in this area:

-

## B - V. TREATMENT, CARE AND SUPPORT

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

No

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

-

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

**Antiretroviral therapy:**

Strongly Agree

**ART for TB patients:**

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:**

Agree

**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:**

Agree

**TB infection control in HIV treatment and care facilities:**

Agree

**TB preventive therapy for people living with HIV:**

Agree

**TB screening for people living with HIV:**

Agree

**Treatment of common HIV-related infections:**

Agree

**Other [write in]:**

-

**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?:**

7

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

-

**What challenges remain in this area:**

Unfortunately it seems more that services are getting slowly worse on some areas in Finland.

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

No

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

10

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

The question is not relevant

**What challenges remain in this area:**

-

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