

## Czech Republic 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 report is based on contributions made by stakeholders involved in the National HIV/AIDS Programme in the Czech republic. The NCPI report was prepared by the staff of National Institute of Public Health (NIPH) with the support of Ministry of Health. In the first phase the team NIPH gathered information from documentary sources and all relevant stakeholders. The team was led by two desk officers: Džamila Stehlíková M.D., coordinator for Part A, HIV/AIDS Programme Manager and Ivo Procházka, coordinator for Part B, Chairman of the Czech HIV NGO Forum, Director of the Czech AIDS Help Society. The Czech HIV/AIDS NGO Forum made valuable contribution through the NCPI. 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. The representatives from civil society organizations working in the area of HIV have been also addressed.

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

-

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

-

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

Organization	Names/Positions	A.I	A.II	A.III	A.IV	A.V	A.VI
Ministry of Health	Michael Vit, Deputy Minister of Health	Yes	Yes	No	Yes	Yes	No
National Institute of Public Health	Džamila Stehlikova, HIV/AIDS Programme Manager	Yes	Yes	Yes	Yes	No	Yes
Ministry of Health	Sylvie Kvasova, Head of Department of Public Health	Yes	Yes	No	Yes	No	Yes
Ministry of Health	Anezka Sixtova, Head of the Department of Hygiene at Workplace and Labour Medicine	Yes	No	Yes	Yes	No	Yes
Ministry of Health	Lidmila Hamplova, Deptment of Health Promotion	No	No	No	Yes	No	No
Ministry of Education	Josef Dobeš, minister	No	No	No	Yes	No	No
Ministry of Labour and Social Affairs	Daniela Kubickova, department of Health and Safety at Work	Yes	No	Yes	Yes	No	No
Office of the Government of Czech Republic	Viktor Mravcik, Head of Czech National Monitoring Center for Drugs and Drug Addiction	Yes	Yes	Yes	Yes	Yes	Yes
Ministry of Justice	Jiri Pospisil, minister	Yes	Yes	Yes	Yes	Yes	Yes
Ministry of Interior	Miroslava Oliveriusova, Deputy Minister	No	No	No	Yes	Yes	No
Ministry of Foreign Affairs	Karel Schwarzenberg	Yes	Yes	Yes	No	No	No

#### 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
Czech HIV NGO Forum	Ivo Prochazka, Chairman of the Czech HIV NGO Forum, Director of Czech AIDS Help Society (CSAP)	Yes	Yes	Yes	Yes	Yes
NGO Bliss without Risk	Hana Malinova, director	Yes	Yes	Yes	Yes	Yes
Lighthouse Prague	Miroslav Hlavaty, director	Yes	Yes	Yes	Yes	No
Lighthouse Prague	Petr Sobek, deputy director	No	Yes	Yes	Yes	No
NGO Jihoceska Lambda	Jiri Mareczek, chairman	No	Yes	Yes	No	No
Spolecnost pro planovani rodiny a sexualni vychovu	Radim Uzel, director	Yes	Yes	No	Yes	No
Projekt Sance	Laszlo Sümegh, Director	No	No	Yes	Yes	No
Vyvor dobre vule	Milena Cerna, director	Yes	Yes	Yes	Yes	Yes
Clovek v tisni	Simon Panek, director	Yes	Yes	Yes	Yes	No
Youth of Red Cross	-	Yes	Yes	No	Yes	Yes
CYQO	Alex Horky, Chairman	No	No	Yes	Yes	No

## A - I. STRATEGIC PLAN

1. Has the country developed a national multisectoral strategy to respond to HIV?

**(Multisectoral strategies should include, but are not limited to, those developed by Ministries such as the ones listed under 1.2):**

Yes

**IF YES, what was the period covered:**

2008-2012

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

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

A policy for the prevention of the spread of HIV/AIDS, was adopted by Czech Government in February 2008, namely, the „National HIV/AIDS Programme 2008-2012“, Government Bill 130/2008. The Programme emphasises an integrated response from all relevant sectors and close cooperation between government bodies and non-governmental organisations (NGOs). The Programme is now being implemented, the new one is in preparation. The Programme is providing a national framework for planning, implementation, coordinating and monitoring responses to the epidemic.

1.1 Which government ministries or agencies

**Name of government ministries or agencies [write in]:**

Ministry of Health, Ministry of Labour and Social Affairs, Ministry of Interior, Ministry for Defence, Ministry of Justice, Ministry of Foreign Affairs, Ministry of Finance, Ministry of Culture and Government Council for Drug Policy Coordination (GCDPC).

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

SECTORS

**Included in Strategy**    **Earmarked Budget**

Yes                      Yes

Yes                      Yes

Yes                      Yes

Yes                      Yes

No                        No

No                        No

Yes                      Yes

**Other [write in]:**

Ministry of Culture and Government Council for Drug Policy Coordination (GCDPC)

**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?:**

-

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

**Men who have sex with men:**

Yes

**Migrants/mobile populations:**

Yes

**Orphans and other vulnerable children:**

-

**People with disabilities:**

-

**People who inject drugs:**

Yes

**Sex workers:**

Yes

**Transgendered people:**

-

**Women and girls:**

-

**Young women/young men:**

Yes

**Other specific vulnerable subpopulations:**

Yes

**Prisons:**

Yes

**Schools:**

Yes

**Workplace:**

Yes

**Addressing stigma and discrimination:**

Yes

**Gender empowerment and/or gender equality:**

-

**HIV and poverty:**

-

**Human rights protection:**

Yes

**Involvement of people living with HIV:**

Yes

**IF NO, explain how key populations were identified?:**

-

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

-

**1.5. Does the multisectoral strategy include an operational plan?: -**

- 1.6. 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?:**

-

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

Yes

**e) A monitoring and evaluation framework?:**

Yes

- 1.7

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

Active involvement

**IF ACTIVE INVOLVEMENT, briefly explain how this was organised:**

-

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

-

- 1.9

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

-

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?:

-

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

-

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

Yes

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

Yes

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

Yes

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

Estimates of Current Needs Only

5.3. Is HIV programme coverage being monitored?:

Yes

5.3

(a) IF YES, is coverage monitored by sex (male, female)?:

-

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

Yes

IF YES, for which population groups?:

MSM, IUDs, SW, school children, pregnant women.

Briefly explain how this information is used:

For budget planning.

(c) Is coverage monitored by geographical area:

-

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

-

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?:

4

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

The strategy identified recently two target populations for monitoring and preventive measures: migrants and prisoners.

What challenges remain in this area:

To prepare new national strategy since 2013

## A - II. POLITICAL SUPPORT AND LEADERSHIP

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

A. Government ministers:

No

B. Other high officials at sub-national level:

Yes

1.1

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

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)?:**

No

**IF NO, briefly explain why not and how HIV programmes are being managed:**

The multisectoral HIV coordination body was canceled in 2008 and instead of this body the Commission for HIV/AIDS surveillance has been created.

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

**Have terms of reference?:**

-

**Have active government leadership and participation?:**

-

**Have an official chair person?:**

-

**Have a defined membership?:**

-

**Include civil society representatives?:**

-

**Include people living with HIV?:**

-

**Include the private sector?:**

-

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

-

**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:**

Cooperation on the ground of the Commission for HIV/AIDS surveillance

**What challenges remain in this area:**

To strengthen the involvement of civil society

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

57.4%

5.

**Capacity-building:**

Yes

**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?:**

No

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

3

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

The public debate on the topic of sexual rights within the right-based approach during the preparation of Prague Pride 2011

**What challenges remain in this area:**

To get more political will

## A - III. HUMAN RIGHTS

1.1

**People living with HIV:**

Yes

**Men who have sex with men:**

Yes

**Migrants/mobile populations:**

Yes

**Orphans and other vulnerable children:**

No

**People with disabilities:**

Yes

**People who inject drugs:**

Yes

**Prison inmates:**

Yes

**Sex workers:**

Yes

**Transgendered people:**

No

**Women and girls:**

Yes

**Young women/young men:**

Yes

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

-

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

Yes

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

An Anti-Discrimination Act which covers discrimination on the grounds of sex, age, disability, race, ethnic origin, religious affiliation and faith or worldview in several fields including access to employment, business, education, healthcare and social security.

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

With the Anti-Discrimination Act, the Czech Public Defender of Rights will be granted far more competences and powers.

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

-

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

No

**IF YES, for which subpopulations?**

**People living with HIV:**

-

**Men who have sex with men:**

-

**Migrants/mobile populations:**

-

**Orphans and other vulnerable children:**

-

**People with disabilities:**

-

**People who inject drugs :**

-

**Prison inmates:**

-

**Sex workers:**

-

**Transgendered people:**

-

**Women and girls:**

-

**Young women/young men:**

-

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

-

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

-  
Briefly comment on how they pose barriers:  
-

## A - IV. PREVENTION

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

No

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

Yes

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

Yes

2.1. Is HIV education part of the curriculum in

**Primary schools?:**

-

**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?:

No

Briefly describe the content of this policy or strategy:

-

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?:

4

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

-

What challenges remain in this area:

-

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

Yes

IF YES, how were these specific needs determined?:

to focus on vulnerable groups: MSM, IDUs, SW, migrants.

4.1. To what extent has HIV prevention been implemented?

**Blood safety:**

Strongly Agree

**Condom promotion:**

Disagree

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

Strongly Agree

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

Disagree

**HIV prevention in the workplace:**

Disagree

**HIV testing and counseling:**

Agree

**IEC on risk reduction:**

Agree

**IEC on stigma and discrimination reduction:**

Agree

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

Strongly Agree

**Prevention for people living with HIV:**

Agree

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

Strongly Agree

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

Strongly Agree

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

Agree

**Risk reduction for sex workers:**

Agree

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

Agree

**Universal precautions in health care settings:**

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:**

Reducing late diagnosis of HIV and improving HIV health outcomes; linkages with other infectious diseases - hepatitis C, tuberculosis and sexually transmitted infections with regard to common risk factors and co-infections; involving all migrants to universal access to health care.

**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:**

Neutral

**Early infant diagnosis:**

Strongly Agree

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

Neutral

**HIV testing and counselling for people with TB:**

Agree

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

Neutral

**Nutritional care:**

Neutral

**Paediatric AIDS treatment:**

Neutral

**Post-delivery ART provision to women:**

Neutral

**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:**

Neutral

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

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?:**

Yes  
**Please clarify which social and economic support is provided:**  
Providing of social services including housing asylum in Lighthouse  
**3. Does the country have a policy or strategy for developing/using generic medications or parallel importing of medications for HIV?:**

No  
**4. Does the country have access to regional procurement and supply management mechanisms for critical commodities, such as antiretroviral therapy medications, condoms, and substitution medications?:**

No  
**5. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts in the implementation of HIV treatment, care, and support programmes in 2011?:**

9  
**Since 2009, what have been key achievements in this area:**

Availability of most drugs on the market in Czech republic

**What challenges remain in this area:**

Maintaining availability of main antiretroviral drugs in the country; possibility to treat persons with uncertain legal status in Czech Republic and uninsured migrants

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

No  
**7. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts to meet the HIV-related needs of orphans and other vulnerable children in 2011?:**

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

The topic is not relevant for Czech Republic

**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:**

-  
**A data analysis strategy:**  
-  
**A data dissemination and use strategy:**  
-  
**A well-defined standardised set of indicators that includes sex and age disaggregation (where appropriate):**  
-  
**Guidelines on tools for data collection:**  
-

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

No  
**4. Is there a functional national M&E Unit?:**

No  
**Briefly describe any obstacles:**

Budget restriction

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

**In the Ministry of Health?:**

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

-  
**Elsewhere [write in]?:**  
-

Permanent Staff [Add as many as needed]

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

- - - -

Temporary Staff [Add as many as needed]

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

- - - -

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

-

**Briefly describe the data-sharing mechanisms:**

-

**What are the major challenges in this area:**

-

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

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 Reference Laboratory on AIDS in the National Institute of Public Health in Prague

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

Yes, all 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)?:**

Both

**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:**

Resources are allocated for the most vulnerable groups of population

**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?:**

-

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

-

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

2

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

-  
**What challenges remain in this area:**

To develop one national Monitoring and Evaluation (M&E) plan for HIV

## **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:**

Civil society tried to facilitate the commitment but the effectivity is not high, because HIV is not a high priority in our society. Nevertheless the National AIDS programme was accepted at the governmental level

**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)?:**

4

**Comments and examples:**

I think the role of civil society in planning and budgeting is relatively strong, sometimes even higher than role of governmental and regional sector, but the final budget is not sufficient (it is a part of general budget of Ministry of Health approved by parliament). The result is the activities are directed to most vulnerable groups.

3.

**a. The national HIV strategy?:**

4

**b. The national HIV budget?:**

2

**c. The national HIV reports?:**

3

**Comments and examples:**

-

4.

**a. Developing the national M&E plan?:**

1

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

:

0

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

1

**Comments and examples:**

M&E plan and committee does not exist.

**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)?:**

3

**Comments and examples:**

The are represented in wide spectrum but not all are supported financially.

**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?:**

2

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

2

**Comments and examples:**

-

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

**People living with HIV:**

51-75%

**Men who have sex with men:**

51-75%

**People who inject drugs:**

25-50%

**Sex workers:**

>75%

**Transgendered people:**

<25%

**Testing and Counselling:**

51-75%

**Reduction of Stigma and Discrimination:**

51-75%

**Clinical services (ART/OI)\*:**

-

**Home-based care:**

51-75%

**Programmes for OVC\*\*:**

-

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

5

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

Increased capacity for housing PLWHA of the Lighthouse, the first gay pride in Prague, better involvement of gays groups/community into HIV prevention.

**What challenges remain in this area:**

To reduce stigma of PLWHA

## **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:**

Manager of National programme frequently consults with NGOs their activities and we appreciate her support and counselling. Even the AIDS national budget is small, NGOs get from it substantial part.

## **B - III. HUMAN RIGHTS**

1.1.

**People living with HIV:**

-

**Men who have sex with men:**

Yes

**Migrants/mobile populations:**

Yes

**Orphans and other vulnerable children:**

-

**People with disabilities:**

Yes

**People who inject drugs:**

-

**Prison inmates:**

-

**Sex workers:**

-

**Transgendered people:**

Yes

**Women and girls:**

Yes

**Young women/young men:**

Yes

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

-

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

Yes

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

There is an Antidiscrimination act. PLWHA are not specifically mentioned but can be included among disabled person. The protection is given not for MSM but for people with homosexual orientation and specific gender identity (LGBT). It protects not migrants specifically but antidiscriminative condition is related to the ethnic origin and language. The age is antidiscriminative

condition but usually is used for the protection of older people who are discriminated more often (esp. at labour market). There is a Law for protection of personal data and the Office. We have asked them for help when identity of PLWHA was discovered in the media.

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

There are some NGOs helping people who are discriminated against but generally the legal knowledge are low and few antidiscriminative cases are at court (some of them are not very successful) and published.

**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:**  
-

**Migrants/mobile populations:**  
Yes

**Orphans and other vulnerable children:**  
-

**People with disabilities:**  
-

**People who inject drugs:**  
Yes

**Prison inmates:**  
Yes

**Sex workers:**  
-

**Transgendered people:**  
-

**Women and girls:**  
-

**Young women/young men:**  
-

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

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

There is stil risk of criminalization of HIV trasnmission for PLWHA (HIV is listed among the infectious disesases their spreading may be criminalized). We have heard about two cases of criminalization in recent year(s). Undocumented migrants have no access to health insurance and no chance to get antiretrovrial treatment (they have access to life saving care only). Even legal self-employed migrant can have problem to get health insurance covering ART. Posession of drugs ("bigger then small") may be criminalized. The access to needle syringe exchange programme in prison does not exist because use of drugs is illegal there (but it does not mean that it does not exist). Even to buy condom is limited because you riks to be discovered as MSM by other prisoners.

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

-

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

Yes

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

More attention and legal changes to domestical violence and sexual harassment.

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

Yes

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

In the middle term National plan for HIV/AIDS.

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

No

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

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

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

Voluntary HIV counselling and testing may be free and anonymous but in some VCT centers only. The key population are MSM, IDUs, sex workers. The migrants are considered as well as key population but the interventions are limited. There are NGOs providing free care and support, but e.g. psychological support is usually at cost or covered by health insurance (that have all Czech citizens, but not all migrants).

**7. Does the country have a policy or strategy to ensure equal access for women and men to HIV prevention, treatment, care and support?:**

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

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

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

Community based VCTs, outreach programme for MSM, sex workers, harm reduction programmes and OST for IDUs.

8.1

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

Yes

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

For example IDUs - harm reduction (NSP) or OST or treatment (followed by community care outside of hospital).

**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:**

The law say when people are allowed to be tested for HIV without their agreement.

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:**

Generally some NGOs like Amnesty international, or other Czech ones. There are annual governmental (and shadow) reports and NGOs working with population who are at risk of discrimination are asked for their help. The ombudsman's power is into state related institution only not private ones. Our Czech AIDS Help Society brings their knowledge there but we do not have a specific programme to monitor it.

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)?:**

-

**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?:**

Yes

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

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

Yes

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

-

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

-

**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?:**

5

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

12 a) Yes and no. Our Czech AIDS help Society has a lawyer who can give advice but his qualification does not allow him to act on his behalf. I think the bigger improvement was done in protection of domestic violence against (not only) women. Cannabis is/may be allowed to use for treatment purposes.

**What challenges remain in this area:**

-  
**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?:**

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

-  
**What challenges remain in this area:**

## **B - IV. PREVENTION**

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

-  
1.1 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:**

Disagree

**HIV prevention in the workplace:**

Disagree

**HIV testing and counseling:**

Agree

**IEC on risk reduction:**

Agree

**IEC on stigma and discrimination reduction:**

Disagree

**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:**

Agree

**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?:**

4

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

Outreach programme for MSM. Treatment as prevention in serodiscordant couples is recommended to evaluate. Peer programmes for youth.

**What challenges remain in this area:**

To increase the prevention (and funding for prevention). Hopefully will not be cancelled school based HIV education (as it was planned by the former minister of school).

## 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?:

Yes

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

Every person living with HIV has a right for the treatment (medical check-up) according to the law. There is a problem for people without health insurance (all Czech people have health insurance and all people who are legally employed has it).

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

There are seven AIDS treatment centers that are cooperating and the majority of ART are available and free for the patients. There are national guidelines for treatment of PLWHA that are regularly updated.

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):**

Disagree

**HIV testing and counselling for people with TB:**

Agree

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

Strongly Disagree

**Nutritional care:**

Strongly 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:**

Strongly Agree

**Sexually transmitted infection management:**

Strongly Agree

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

Strongly Agree

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

Agree

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

Strongly Agree

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

Strongly Agree

**Other [write in]:**

-

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

8

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

New medicaments. From comparisons with other countries seems to be good a referral system of recommended care with other specialists for PLWHA.

**What challenges remain in this area:**

-

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?":

7

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



It is not important problem for our country. It is solved generally as all problem of orphans, vulnerable children. There is less than five children living with HIV in the country.

**What challenges remain in this area:**

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**Source URL:** <http://aidsreportingtool.unaids.org/57/czech-republic-report-ncpi>