

COUNTRY PROGRESS REPORT

CZECH REPUBLIC

**Global AIDS Response Progress Report
2012**

Reporting Period: January 2010 - December 2011

Submission Date 31 March 2012

Prague 2012

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SECTION ONE: STATUS AT A GLANCE

1.1. Introduction and participation of stakeholders in the reporting writing process

The 2012 Country Report includes Global AIDS Response Progress (GARP), Universal Access in the Health Sector (UA) and Dublin Declaration (DD) reports. This Country Progress Report presents number of indicators most relevant for the Czech Republic.

This report was prepared through a consultative process involving key stakeholders in the national response to HIV/AIDS. The reporting process was lead by the **Ministry of Health** (Deputy Minister: Dr. Michael Vít, Dr. Sylvie Kvášová, Dr. Lidmila Hamplová, Dr. Marie Brůčková) in collaboration with the staff of **the National Institute of Public Health**, with the support of the other sectors involved: 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 the Government Council for Drug Policy Coordination. Data were collected from further sources such as Public Health Units, Health Facilities, Non-Governmental Organisations and Private Sector. Scientific outputs were also used.

Surveillance of HIV/AIDS in the Czech Republic is undertaken by **the National Reference Laboratory on AIDS in the Czech Republic** under the National Institute of Public Health (Head: Dr. Vratislav Němeček, Dr. Hana Zákoucká, Dr. Marek Malý, Dr. Marta Marešová), **the Infectious Disease Clinic and the AIDS Center Bulovka** (Head: Dr. Marie Staňková), **the Czech National Monitoring Centre for Drugs and Drug Addiction** (Head: Dr. Víktor Mravčík).

Valuable contribution through report indicators related to key target groups had been made by **The Czech HIV/AIDS NGOs Forum**, **The Czech AIDS Help Society** (Head: Dr. Ivo Procházka), **NGO Bliss without Risk** (Head: Dr. Hana Malinová) and another NGOs.

Process of completing the National Commitments and Policy Instrument (NCPI) and European Supplement to the NCPI (ESNCPI) was coordinated by **The Czech HIV/AIDS NGOs Forum** (Head: Dr. Ivo Procházka). In the initial phase the team has been based in National Institute of Public Health in Prague to gather information and documentary sources from all relevant stakeholders. The team was composed from a staff of National Institute of Public Health in Prague and was led by two desk officers: Džamila Stehlíková, National AIDS Programme Manager (technical coordinator for Part A) and Ivo Procházka, Chairman of the Czech HIV NGOs Forum, Director of The Czech AIDS Help Society (technical coordinator for Part B). 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 also consulted and encouraged to submit their input during the report preparation. The key representatives from civil society organizations working in the area of HIV have been also addressed.

Data was compiled, analysed and reported by **National AIDS Programme Manager** in Czech Republic Dr. Džamila Stehlíková.

1.2. Status of the epidemic

The Czech Republic ranks among the European as well as world countries with one of **lowest HIV/AIDS incidence**. The estimated HIV infection prevalence remained at **0.014%** in general population.

The HIV and AIDS epidemic in the Czech Republic can be characterised as a concentrated/low prevalence epidemic, i.e. a low prevalence of HIV infection in the general population but a higher prevalence in specific sub-populations. Primary high-risk sub-populations are **men who have sex with men (MSM)**. The epidemic in the Czech Republic is primarily fuelled by transmission among MSM. The prevalence in the group of MSM in the most recent studies was **2.6% – 4.8%**. HIV-preventive activities are therefore targeted first of all at this population group.

Besides, voluntary and counselled HIV testing (along with effective screening and treatment for sexually transmitted infections) needs to be intensified for MSM and risk populations. Accessible, nondiscriminatory and confidential HIV treatment, care and support services are also essential. Within the country, the highest prevalence rates are reported in the capital city of Prague.

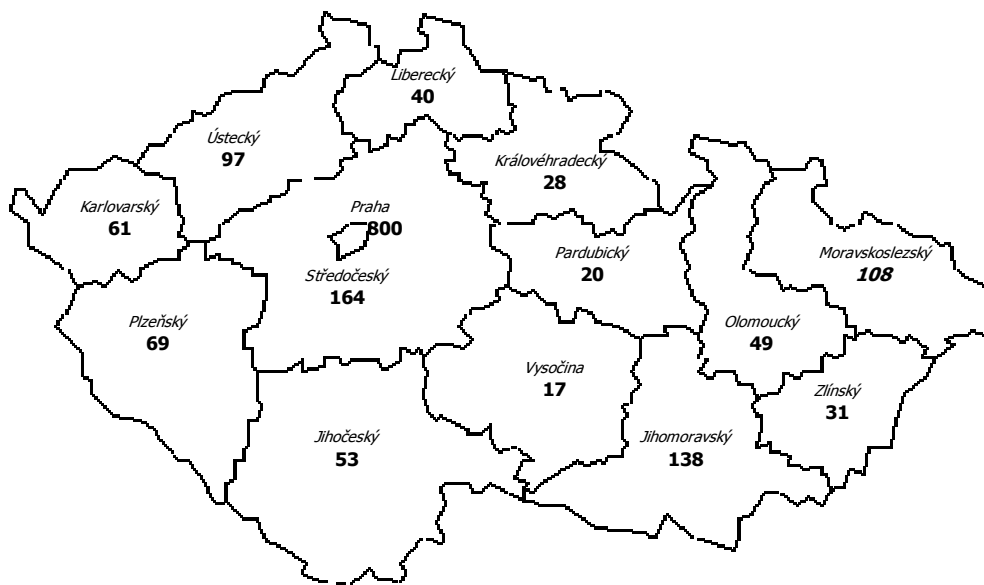
HIV INFECTION IN THE CZECH REPUBLIC

by region of residence at first HIV diagnosis

(Czech citizens and residents only)

Cumulative data by

31.12.2011



HIV + TOTAL = 1675

1.3. Policy response

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. Several governmental sectors are involved: 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. The Programme is now being implemented. The Programme is providing national framework for planning, coordinating and monitoring responses to the epidemic.

1.4. Global AIDS indicator data

Indicator	Description	Year	Value	Comments
Target 1				
Reduce sexual transmission of HIV by 50 per cent by 2015				
Indicators for the general population	1.1. Percentage of young women and men aged 15-24 who correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission	2011	74%	Data not representative due to small sample size
	1.2. Percentage of young women and men aged 15–24 who had a sexual intercourse before the age of 15	2008	3.5%	The representative survey of sexual behavior in the general population in the Czech Republic (1000 men and 1000 women older than 15 years) which is undertaken at five year intervals - the previous surveys were realized in 1993, 1998 and 2003.
	1.3. Percentage of adults aged 15–49 who have had a sexual intercourse with more than one partner in the past 12 months	2008	25%	Same as above
	1.4. Percentage of adults aged 15–49 who had more than one sexual partner in the last 12 months reporting the use of a condom during the last sexual intercourse		Topic relevant, indicator relevant, data not available	
	1.5. Percentage of women and men aged 15–49 who received an HIV test in the past 12 months and know their results		Topic relevant, indicator relevant, data not available	

	1.6. Percentage of young people aged 15-24 while living with HIV		Topic relevant, indicator not relevant	The HIV epidemic in Czech Republic is concentrated in specific key populations such as MSM and IDUs.
Indicators for sex workers	1.7. Percentage of sex workers reached with HIV prevention programmes		Topic relevant, indicator relevant, data not available	
	1.8. Percentage of sex workers reporting the use of a condom with their most recent client		Topic relevant, indicator relevant, data not available	
	1.9. Percentage of sex workers who have received an HIV test in the past 12 months and know their results		Topic relevant, indicator relevant, data not available	
	1.10. Percentage of sex workers who are living with HIV	2010	0.11%	Cross-sectional study among sex workers of STI and HIV was conducted by NGO Bliss without Risk
Indicators for MSM	1.11. Percentage of MSM reached with HIV prevention programmes	2010	65.2%	Data was collected through EMIS survey
	1.12. Percentage of men reporting the use of a condom the last time they had anal sex with a male partner	2010	40.6%	Data was collected through EMIS survey
	1.13. Percentage of MSM that have received an HIV test in the past 12 months and know their results	2010	29.5%	Data was collected through EMIS survey
	1.14. Percentage of MSM who are living with HIV	2010	4.78%	Data was collected through EMIS survey
Target 2				
Reduce transmission of HIV among people who inject drugs by 50 per cent by 2015				
Indicators IDU	2.1. Number of syringes distributed per person who injects drugs per year by needle and syringe programmes	2010	202	Source: The Annual Report 2010 Drug Situation
	2.2. Percentage of people who inject drugs who report the use of a condom at last sexual intercourse		Topic relevant, indicator relevant, data not available	
	2.3. Percentage of people who inject drugs who reported using sterile injecting equipment the last time they injected		Topic relevant, indicator relevant, data not available	

	2.4. Percentage of people who inject drugs that have received an HIV test in the past 12 months and know their results	2010	43.5 %	Data from the Register of Treatment Demands
	2.5. Percentage of people who inject drugs who are living with HIV	2010 - 2011	0.24 %	Data from the Register of Treatment Demands
Target 3				
Eliminate MTCT of HIV by 2015 and substantially reduce AIDS-related maternal deaths				
Indicators MTCT	3.1. Percentage of HIV-positive pregnant women who receive antiretrovirals to reduce the risk of mother-to-child transmission	2011	100%	Testing for HIV among pregnant women is mandatory
	3.2. Percentage of infants born to HIV-positive women receiving a virological test for HIV within 2 months of birth	2011	100%	
	3.3. Mother-to-child transmission of HIV (modelled)		Topic relevant, indicator not relevant	All known HIV positive pregnant women in Czech Republic receive antiretroviral drugs to reduce the risk of mother-to-child transmission
Target 4				
Have 15 million people living with HIV on antiretroviral treatment by 2015				
Indicators ART	4.1. Percentage of eligible adults and children currently receiving antiretroviral therapy	2011	96.9%	
	4.2. Percentage of adults and children with HIV known to be on treatment 12 months after initiation of antiretroviral therapy	2010	92.8%	
Target 5				
Reduce tuberculosis deaths in people living with HIV by 50 per cent by 2015				
Indicator TB	5.1. Percentage of estimated HIV-positive incident TB cases that received treatment for both TB and HIV	2010	100%	Data from the Infection Disease Clinic and AIDS Center Bulovka
Target 6				
Reach a significant level of Antal global expenditure (US\$22-24 billion) in low- and middle-income countries				
Indicator expenditure	6.1. Domestic and international AIDS spending by categories and financing sources	2009	Cca 51 262 000 Euro	Due to a process of decentralization of providing and financing health care is not possible to estimate total national spending on HIV currently

Target 7				
Critical enablers and synergies with development sectors				
Indicators synergies (NCPI)	7.1. National Commitments and Policy Instruments (prevention, treatment, care and support, human rights, civil society involvement, gender, workplace programmes, stigma and discrimination and monitoring and evaluation)			Uploaded in the online reporting tool
	7.2. Proportion of ever-married or partnered women aged 15-49 who experienced physical or sexual violence from a male intimate partner in the past 12 months	2012	11%	Behavioral study was realized by Agency NMS Market Research for NGO ProFem
	7.3. Current school attendance among orphans and non-orphans aged 10-14.		Topic not relevant	
	7.4. Proportion of the poorest households who received external economic support in the last 3 months		Topic not relevant	
Additional European indicators according to the Dublin declaration				
HIV Treatment: Antiretroviral Therapy among People Diagnosed with HIV Infection				
Indicator	Description	Year	Value	Comments
	4.1b. Percentage of people diagnosed with HIV infection who need antiretroviral treatment and who receive it	2011	94.9%	
Late HIV Diagnosis	4.5. Percentage of people with HIV infection who already need antiretroviral therapy at the time of diagnosis	2010	25.32%	Only cases with known CD4 counts are listed
Migrants				
Migrants: Condom Use	1.18. Percentage of migrants from countries with generalized HIV epidemics who had sex with more than one partner in the past 12 months and who used a condom during their last sexual intercourse		Topic relevant, indicator relevant, data not available	
Migrants: HIV Testing	1.19. Percentage of migrants from countries with generalised HIV epidemics who received an HIV test in the past 12 months and know their results		Topic relevant, indicator relevant, data not available	
HIV Prevalence	1.20. Percentage of migrants who are living with HIV		Topic relevant, indicator relevant, data not available	

Prisoners				
	1.21. Percentage of prisoners who are living with HIV		0.17%	Biobehavioral intervention HIV/AIDS study
NCPI Government and Civil society - available on www.unaids.org				
Additional indicators according to Universal Access in the Health Sector (UA)				
Sexually Trasmitted Infections (STIs)	1.17. Percentage of women accessing antenatal care (ANC) services who were tested for syphilis at first ANC visit	2011	100%	Information system of the Institutions of Public Health Protection - Registry of venereal diseases. The Registry summarizes all epidemiological reports concerning new cases of STI and deaths from these disease in the Czech Republic.

SECTION TWO: OVERVIEW OF THE HIV/AIDS EPIDEMIC IN THE CZECH REPUBLIC

2.1. HIV/AIDS in the Czech Republic

In the Czech Republic the prevalence of HIV infection in the general population is very low. Estimated adult HIV prevalence rate in Czech Republic is **0.014%** (2011).

HIV / AIDS, Czech Republic 1985 – 31.12.2011

Total No of HIV infections	1675
M	1368 (81,7 %)
F	307 (18,3 %)
OUT OF IT	
AIDS cases	341
M	279 (81,8 %)
F	62 (18,2 %)
AIDS deaths	178
M	143 (80,3 %)
F	35 (19,7 %)
Deaths from other cause	75
M	65 (86,7 %)
F	10 (13,3 %)

RELATIONS

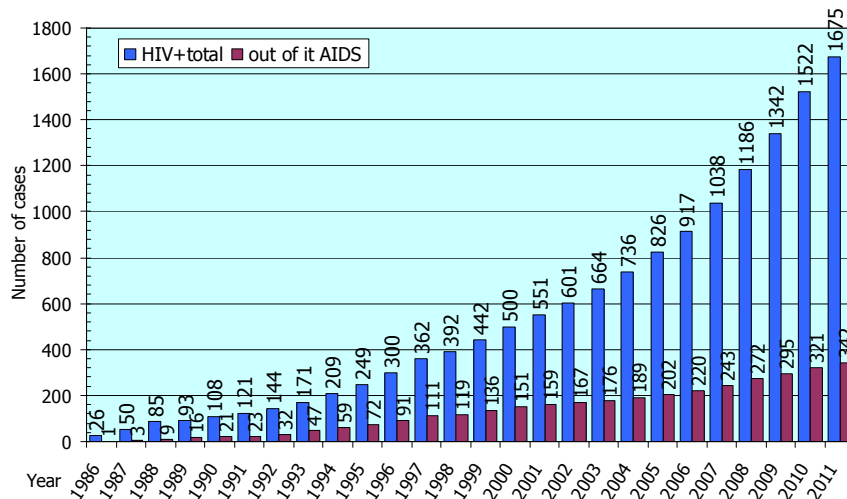
HIV total / AIDS	1675/341 (20,4 %)
AIDS / AIDS death	341/178 (52,2 %)
HIV total / HIV death	1675/253 (15,1 %)

By the end of 2011 a cumulative total of **1 675 HIV positive cases had been reported** in Czech Republic, of which 1368 (81.7%) men and 307 (18.3%) women. Of this number, 341 persons (270 men, 62 women) have already developed the clinical stage of AIDS and 178 people have died of the disease.

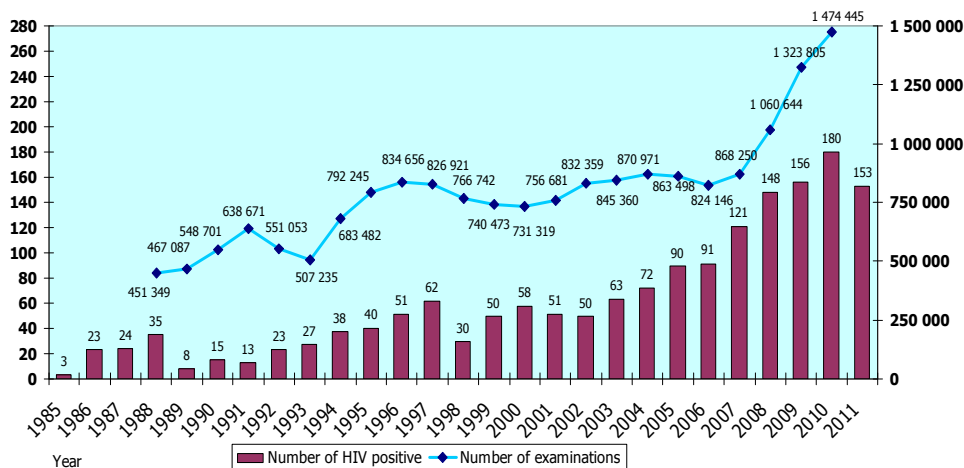
HIV / AIDS IN THE CZECH REPUBLIC

(Czech citizens and residents only)

Cumulative data by
31.12.2011



**NUMBER OF HIV TESTS AND HIV POSITIVE CASES IN THE CZECH REPUBLIC
IN INDIVIDUAL YEARS**
(Czech citizens and residents only)
Absolute numbers by
31.12.2011



180 new HIV cases were recorded in the Czech Republic in 2010. In 2011 the number of new HIV cases (153) was surprisingly lower and returned to the level of 2009.

The most frequent route of HIV transmission has long been sexual (86.9% of new diagnosed HIV cases in 2011), while 113 persons, accordingly 73.9% of all new cases, were MSM.

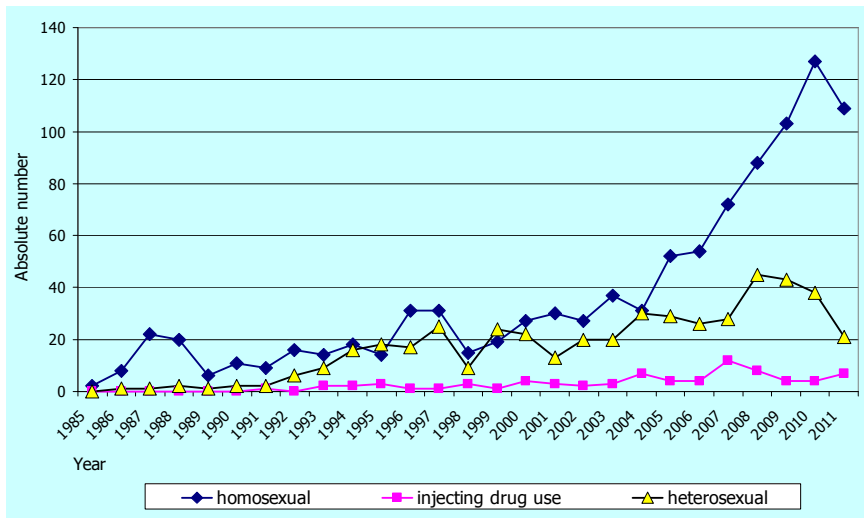
Heterosexual HIV transmission has been reported in 27.9% of cumulative HIV cases and in 13.7% of HIV cases newly diagnosed in 2011. The HIV prevalence rates and trends are similar for women (regardless of sexual orientation) and for heterosexual men. The proportion of HIV-positive women in 2011, i.e. 9.2 %, was the lowest in the history of HIV testing in the Czech Republic.

Although the Czech Republic continues to be a low-level HIV/AIDS epidemic country, the upward trend in newly diagnosed HIV case and in the HIV/AIDS prevalence is clearly obvious in the last decade – with the exception of 2011 - and remains a public health concern.

2.2. HIV epidemic trends in the Czech Republic

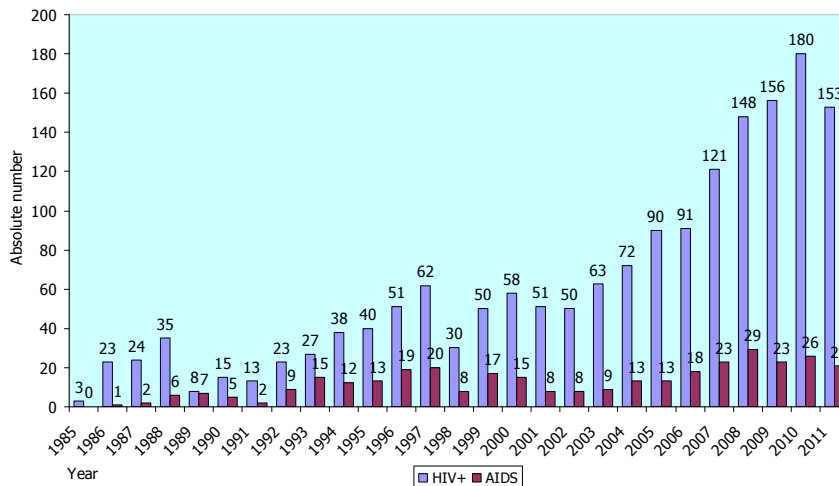
In 2010 and 2011, 180 and 153 new HIV cases, respectively, were reported. After ten years of increasing HIV incidence in the period 2001 – 2010, the increase in the incidence stopped in 2011. The increase in the incidence of early syphilis has been also stopped in 2010. It is too early to construct hypotheses about the causes of reducing new HIV infections in Czech Republic, because it may be a random fluctuation. If this trend will continue it will be possible to discuss effect of treatment on the lower HIV incidence. It is worth mention that the proportion of HIV- infected people who are aware of their serostatus has also increased.

**SELECTED ROUTES OF HIV INFECTION
IN THE CZECH REPUBLIC**
(Czech citizens and residents only)
Absolute numbers by
31.12.2011



The HIV epidemic in the Czech Republic can be described as „low and slow“. The first HIV case in Czech Republic was reported in 1985 and until the mid-1990s HIV infection was predominantly spread by homosexual transmission and confined within a relatively small group of MSM. Initially, the epidemic was driven mainly by men who have sex with men. MSM risks had been the predominant mode of exposure for HIV infection in the population. At the turn of the millennium the incidence of heterosexual and homosexual transmission was at the same level. During the last decade an increase of HIV incidence among MSM was much faster compared with HIV incidence among heterosexuals. Between 2006 and 2010 there was a markable rise in the annual number of new HIV cases, due to an increase of people infected through male homosexual or bisexual contact. In recent years the **HIV prevalence among men who have sex with men (MSM) increased to 4.8%**.

NEW HIV / AIDS CASES IN THE CZECH REPUBLIC
IN INDIVIDUAL YEARS
(Czech citizens and residents only)
Absolute numbers by
31.12.2011

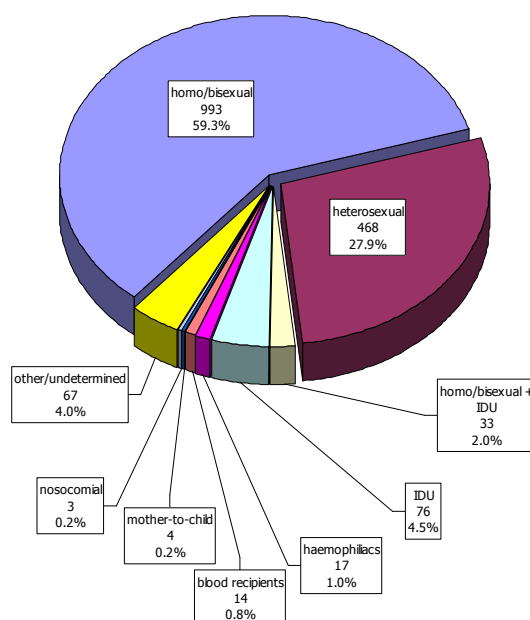


In 2011 there were downward trends in the HIV incidence among both heterosexuals and MSM.

2.3. MEN WHO HAVE SEX WITH MEN (MSM)

While HIV prevalence remains low in the general population, specific sub-populations have higher prevalence. This is particularly true among men who have sex with men (MSM), who have 4.8% prevalence nationally (EMIS, 2010). The epidemic in Czech Republic is primarily driven by transmission among MSM. HIV prevalence among injecting drug users (IDUs) is relatively low - at 0.1%.

**HIV+ BY TRANSMISSION CATEGORY
IN THE CZECH REPUBLIC**
(Czech citizens and residents only)
Cumulative data by
31.12.2011



The most exposed population group continues to be men who have sex with men: 59.3% of cumulative HIV cases and 73.9% of newly diagnosed HIV cases in 2011 (113 persons, including 5 MSM who were also injecting drug users).

The MSM group shows a considerable increase in the incidence of other **sexually transmitted infections**, particularly of syphilis. The incidence of new syphilis cases in Czech Republic began to rise since 2006 and reached its peak in 2009 (9.5 new cases per 100 000 inhabitants) and 2010 (9.7 new cases per 100 000 inhabitants). Since 2006 the incidence of early syphilis among men has increased fivefold. The highest syphilis incidence in 2010 was in a group of men aged 30 to 34: 29.7 cases per 100 000 male inhabitants. Syphilis is increasing in men who have sex with men and disproportionately affects HIV-infected men.

Approximately two thirds of new cases of syphilis in men in 2010 are MSM. The infection may be transmitted among sex partners during the primary and second stages. Persons with primary or secondary syphilis more easily acquire and transmit HIV.

In 2010 there were 1022 new cases of syphilis in Czech Republic and 76 patients with syphilis were HIV-positive, 56 of them had AIDS. In 2011 syphilis was newly diagnosed in 54 HIV-positive men and 2 HIV-positive women. Many patients their HIV status already knew. Syphilis infection can increase HIV viral load and decrease CD4 cell counts in HIV-infected persons and enhance the risk of HIV transmission.

In 2011, **gonorrhoea** was diagnosed in 22 HIV-positive men and 1 woman and **lymphogranuloma venereum (LGV)** in 5 HIV-positive MSM.

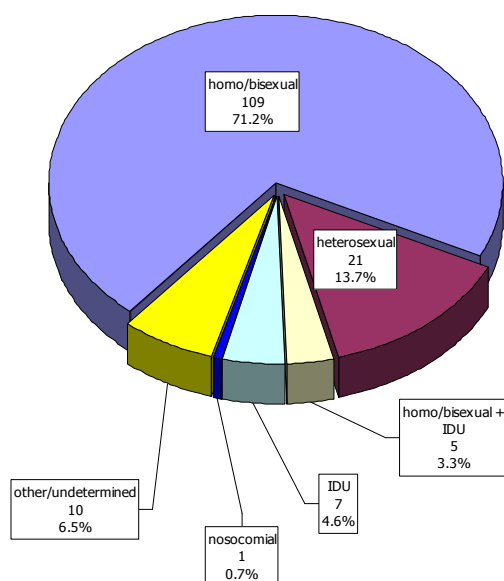
2.4. INJECTING DRUG USERS (IDUs)

HIV prevalence among injecting drug users in Czech Republic is about **0.1%**, which is one of the lowest in Europe.

The transmission of HIV infection associated with injecting drug use occurs directly through the sharing of drug injection equipment or indirectly through sexual and perinatal transmission from HIV-infected IDU.

The number of new cases of HIV infection reported each year in the Czech Republic up to 2006 had ranged between two and eight cases among injecting drug users and another one of two cases in the mixed category of injecting drug users and homo-/bisexuals. In 2007 there were 17 cases and the following year 12 cases reported of HIV-positive persons who may have become infected through injecting drug use. Since 2009 the situation in the area of new diagnosis of HIV among injecting drug users returned to the lower values from previous years – number of new HIV cases among IDU is not higher than seven persons yearly.

**HIV+ BY TRANSMISSION CATEGORY
IN THE CZECH REPUBLIC**
(Czech citizens and residents only)
New cases diagnosed in 2011



Intravenous drug use was likely to be the route of transmission in 4.5% of cumulative HIV cases. Altogether, at the end of 2011 there were 76 injecting drug users and another 33 persons under the mixed category encompassing injecting drug use and homo-/bisexual intercourse out of total number of 1675 HIV-positive persons with a permanent place of residence in the Czech Republic.

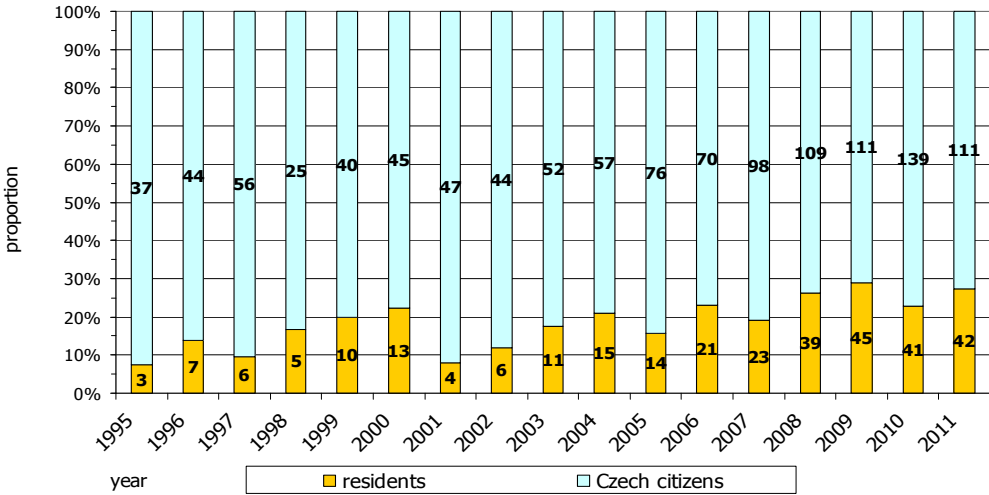
In 2010 five persons may have become infected by HIV through injecting drug use (2.8%), and in 2011 – seven persons (4.6%). In 2010 also had been infected two injecting drug users who were also MSM and in 2011 further five from the mixed category of IDUs and also MSM.

Prevalence among IDUs entering drug treatment centers is much higher than among the whole IDU group – it is about **0.24%**. The prevalence rates obtained from IDUs entering treatment programs may not reflect HIV prevalence among IDUs who were not in treatment. Most of the IDUs are in treatment for opiate addiction; this results cannot be generalized to IDUs who inject other drugs. In general, HIV prevalence is higher among the IDUs in drug treatment.

2.5. IMMIGRANTS FROM COUNTRIES WITH GENERALIZED EPIDEMICS

As already mentioned 153 HIV-positive persons with a permanent place of residence in the Czech Republic were newly registered in 2011; 42 of them (27.5%) were “residents” – foreigners with permanent residence and with long-term residence.

NEW HIV CASES IN THE CZECH REPUBLIC
by country of origin
(Czech citizens and residents only)
 Relative data for
 1.1.1995 - 31.12.2011



Residents 2010: Ukraine 12, Slovakia 10, Russia 4, Poland 2, Vietnam 2, Argentina 1, Belgium 1, Cameroon 1, Congo 1, Cuba 1, Montenegro 1, Morocco 1, Moldova 1, Nigeria 1, Sierra Leone 1, Slovenia 1
 Residents 2011: Ukraine 12, Slovakia 9, United Kingdom 4, Belarus 3, Bulgaria 2, Poland 2, Cote d'Ivoire 1, Hungary 1, Latvia 1, Lithuania 1, Malaysia 1, Nigeria 1, Peru 1, Spain 1, USA 1, Vietnam 1

Besides of this number 14 new HIV cases were found among foreigners with a short-term stay in 2011. Cumulative number of new HIV cases among foreigners with a short-term stay

is 347. The the number of HIV cases in residents and migrants from the countries with generalized infection has been steadily rising.

Migrants often have a lower general knowledge about HIV/AIDS compared with Czech inhabitants. For them HIV/AIDS could be a higher stigma than among other populations. Because of language barriers and cultural differences, these groups have more barriers to reach for HIV/AIDS prevention and medical care. Specific group is undocumented: immigrants – foreigners staying in the Czech Republic illegally. Fear of deportation may limit illegal immigrants access to HIV/AIDS prevention, testing, counselling and treatment.

2.6. MOTHER-TO-CHILD TRANSMISSION

By the end of 2011, the cumulative number of mother-to-child HIV transmission was four. In 2010, four new HIV diagnoses were confirmed during mandatory testing of pregnant women (134 716 tests were performed) and in 2011 this number was three (122 709 tests were performed).

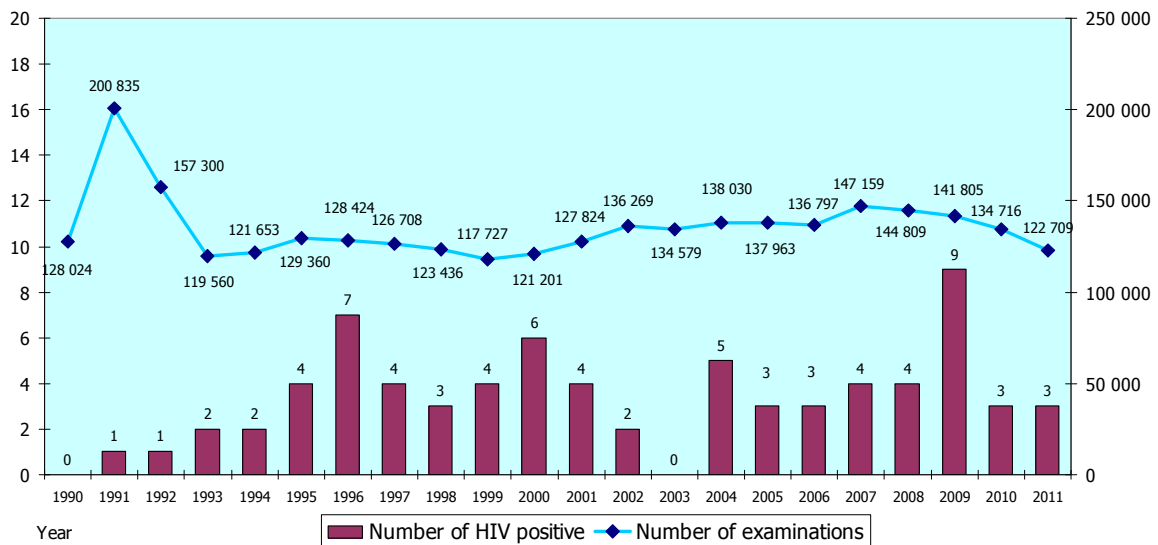
In 2010 alone, HIV-positive mothers gave birth to eight infants, five mothers before pregnancy were aware of their HIV-positivity. In 2011, HIV-positive mothers gave birth to 3 infants, only one mother was aware of her HIV diagnosis. All three mothers who gave birth in 2011 are from Ukraine. All mothers and infants received ARV prophylaxis and all deliveries were caesarean sections. In 2011, no MTCT were recorded (note: infants born in 2011 are not finally tested before 18 months of age).

ROUTINE HIV TESTING IN PREGNANT WOMEN IN THE CZECH REPUBLIC IN INDIVIDUAL YEARS

(Czech citizens and residents only)

Absolute numbers by

31.12.2011



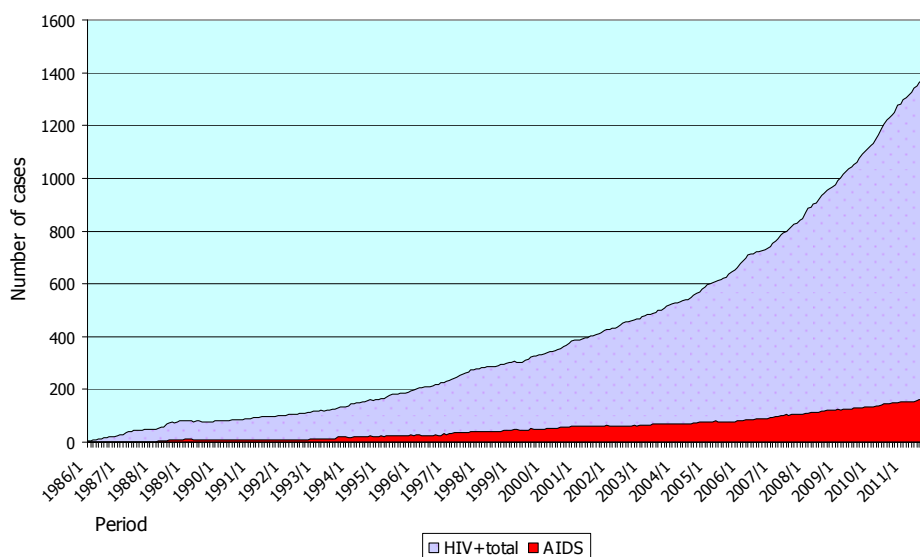
2.7. PEOPLE LIVING WITH HIV/AIDS (PLWHA)

Owing to a higher incidence of newly diagnosed HIV cases and thanks to antiretroviral therapy, the numbers of persons living with HIV/AIDS are rising sharply in the Czech Republic.

PEOPLE LIVING WITH HIV/AIDS IN THE CZECH REPUBLIC

(Czech citizens and residents only)

Monthly data by
31.12.2011



In 2011, 1394 PLWHA were seen for medical care and 921 people were receiving HAART by December 2011.

Highly Active Anti-Retroviral Therapy (HAART) was introduced in the Czech Republic in 1994/1995 and is available free of charge for all HIV-positive patients. The treatment is paid by health insurance companies. Immigrants without health insurance face obstacles in accessing treatment.

SECTION THREE: NATIONAL RESPONSE TO THE HIV/AIDS EPIDEMIC

Developing an evidence-based response to the HIV epidemic requires understanding of a country's epidemic trends, assessment of available resources and knowledge of appropriate and effective interventions.

The Czech Republic's response to HIV/AIDS epidemic involves government and majority of ministries, regional governments, the civil society and voluntary sector, the public health sector, clinicians and researchers. The Ministry of Health in cooperation with National AIDS Programme Manager coordinates this multi-sectoral response.

The adoption of the **National HIV/AIDS Programme for 2008-2012** (Government Resolution 130/2008) provides the national vision, goals, objectives and broad strategies to guide the country's response.

The Programme identifies the following goals:

- HIV prevention through sexual intercourse;
- prevention of parenteral HIV transmission;
- prevention of HIV mother-to-child transmission;
- targeted health promotion and prevention for groups at increased risk, including PLWHA.

High priority is given to the **reduction of mother-to-child HIV transmission risk**. From 2001, HIV tests for all **pregnant women** are mandatory, with the aim to administer free specific antiretrovirus prophylaxis to all HIV-positive women. All the **donated blood** units are mandatory screened for HIV since 1985.

One of the key priorities of the Programme is a particular focus to groups at increased risk - **men who have sex with men, injecting drug users, sex workers, prisoners, residents and migrants whose origins are in high prevalence areas, youth at risk and people who are living with HIV infection**. Communication and collaboration with all vulnerable groups is fundamental for further action.

The Programme 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.

Nation-wide AIDS activities are organised by the **National Institute of Public Health in Prague** (www.szu.cz and www.aids-hiv.cz). Very extensive involvement of NGOs in HIV/AIDS related issues can be documented by the fact, that so called "**Forum**" **umbrella organisation** exists and embraces more than 40 different civil movements organisation.

Specialised programmes are provided by NGOs that are targeted at specific communities. For example: the **Czech AIDS Help Society (ČSAP)** delivers HIV prevention programmes that target the most at risk populations – MSM. It also provides community based HIV testing services, and care and support services for anyone affected by HIV. ČSAP leads on national advocacy, policy advice and coordination of the Czech HIV and AIDS NGO Forum.

An effective prevention is based on a widely accessible voluntary HIV testing and pre- and post-test counseling. **The Community-based voluntary counselling and testing (CVBCT)** services are recognized as a good model to improve access to most-at-risk populations by promoting its early HIV diagnosis.

The Czech Republic also pays close attention to the care availability and quality of the treatment of **people living with HIV/AIDS** in 7 clinical AIDS centres. The majority of resources to cover treatment-related expenses comes from the budgets of health insurance companies.

SECTION FOUR. BEST PRACTICES

Bliss without Risk (Rozkoš bez rizika R-R) is a non-governmental organization, founded in 1992 and funded mainly by the state and municipalities. It is dedicated to HIV/AIDS and STD diagnosis and prevention among female sex-workers by educating prostitutes on safer sex techniques, health and self-defense.

Prostitution in the Czech Republic is not illegal, but organized prostitution is prohibited. Ever since the Czechoslovakian Velvet Revolution (1989) led to the creation of the two independent states Czech Republic and Slovakia, prostitution has been flourishing, and has contributed its share to the region's booming tourist economy. It was widespread in Prague and areas near the Republic's western borders with Germany and Austria. In the same period the HIV/AIDS pandemic was spreading through Western Europe to the Central and East Europe. State authorities did not appropriately react to this serious social and health threat.

R-R operates help centres in Prague and Brno. R-R works in the whole country but focuses on places with high numbers of commercial sexworkers. The organisation joined the global preventive stream and provides special services: **testing and counselling (HIV, syphilis, gonorrhoea)**. Organisation also provides **social services**.

One of the most important activities is **streetwork** – in night clubs and on streets. Social workers are trying to establish contact with clients and inform them about safe sex. Priority service is diagnostics and treatment of STI and gynaecological disease which increase the possibility of the HIV transmission.

R-R is known for its unusual cultural activity – acting in **a theatre**. The actresses are the clients themselves. Theatre allows them to show themselves in public in a positive light, offers them spending their free-time actively, leads to increasing their self-esteem.

SECTION FIVE: MAJOR CHALLENGES AND REMEDIAL ACTIONS

Improving responses to HIV/AIDS requires:

- **more political will and investments;**
- improving the offer and uptake of **voluntary and confidential HIV testing and counselling;**
- improving prevention and **health promotion for migrants** especially from countries with generalized epidemic (migrants from countries with a high HIV prevalence are particularly affected by HIV/AIDS);
- **reducing late diagnosis of HIV** and improving HIV health outcomes especially among migrants and other marginalized vulnerable groups;

- involving vulnerable groups and people at higher risk, especially people newly arrived in Czech Republic in **dialogue and collaboration with other actors and institutions in the area of HIV/AIDS prevention;**
- expanding **services for men who have sex with men:** expanded voluntary counselling and testing, earlier access to treatment, and **treatment-as-prevention approach,**
- linkages with **other infectious diseases – hepatitis C, tuberculosis and sexually transmitted infections** including common risk factors and co-infections associated to these infections;
- addressing **HIV related stigma and discrimination;**
- strengthening the HIV/AIDS epidemic **M&E capacity** in Czech Republic;
- performing **behavioral, BBS and population based studies** with the purpose of investigating the modes of HIV transmission and understanding of the “drivers“ of the epidemic.

SECTION SIX: MONITORING AND EVALUATION

In the Czech Republic monitoring and evaluation 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 HIV/AIDS and STI Surveillance, Public Health Units, The Czech National Monitoring Centre for Drugs and Drug Addiction, Czech HIV/AIDS NGO Forum and other stakeholders and institutions.

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-behavioral surveys.

Results are published in the **National AIDS Programme Yearbook:**
<http://www.aids-hiv.cz/rocenky/2009/rocenka-2009.pdf>