

COUNTRY PROGRESS REPORT

**CZECH REPUBLIC
2010**

**UNITED NATIONS GENERAL ASSEMBLY
SPECIAL SESSION ON HIV/AIDS DECLARATION
OF COMMITMENT**

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MINISTRY OF HEALTH

NATIONAL INSTITUTE OF PUBLIC HEALTH

**AIDS PROGRAMME MANAGER
IN CZECH REPUBLIC**

Fore word

The Czech Republic is one of the 189 member states that adopted the Declaration of Commitment on HIV/AIDS at the close of the United Nations General Assembly Special Session (UNGASS) in June 2001.

It is with great pleasure that the Ministry of Health, National Institute of Public Health and Manager for National HIV/AIDS Programme present the 2010 Country Progress Report on implementation of the Declaration of Commitment on HIV/AIDS. This Country Progress Report presents number of UNGASS indicators most relevant for the Czech Republic. The Country Progress Report was prepared through a consultative process involving key stakeholders in the national response to HIV. Indicator data were collected from various sources such as Government, Ministries, Public Health Units, Health Facilities, Non-Governmental Organisations and Private Sector. The National Composite Policy Index (NCPI) was completed through a participatory process in consultation with all partners. The Ministry of Health acknowledges the support and assistance of the HIV and AIDS sector stakeholders in preparing this report. I would like to express my gratitude to all partners – ministries, non-governmental organizations, the private sector as well as all individuals who contributed in the preparation of the Czech Republic 2010 Country Progress Report.

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Acknowledgements

The report is based on contribution made by all key stakeholders involved in the National HIV/AIDS Programme in the Czech Republic. The National HIV/AIDS Programme was adopted by the Czech Government in 2/2008 and lines Ministries, such as Health, Education, Youth and Sports, Labour and Social Affairs, Interior, Defence, Foreign Affairs, Finance, Culture, Justice, Human Rights and Minorities and Government Council for Antidrug Policy.

This 2010 UNGASS Country Progress Report was prepared by the staff of **National Institute of Public Health**, with the support of **the Ministry of Health** (Deputy Minister and Chief Public Health Officer of the Czech Republic: Dr. Michael Vít; Dr. Lidmila Hamplová, Dr. Sylvie Kvášová, Dr. Marie Bručková).

Data on the UNGASS indicators were provided by **the National Reference Laboratory on AIDS in the Czech Republic** (Head: Dr. Vratislav Němeček; Dr. Hana Zákoucká, Dr. Marek Malý, Dr. Marta Marešová, Jiří Stupka), the **Infectious Disease Clinic at the Bulovka Teaching Hospital and the AIDS Center** (Head: Dr. Marie Staňková), the **Czech National Monitoring Centre for Drugs and Drug Addiction** (Head: Dr. Viktor Mravčík) and **State Institute for Drug Control** (Director: Dr. Martin Beneš).

The Czech HIV/AIDS NGO Forum also made valuable contribution through the NCPI (Head: Dr. Ivo Procházka; Miroslav Hlavatý). As a result of their efforts, this report represents their inputs and manifold views of the civil society organisations.

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

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SECTION ONE: STATUS AT A GLANCE

1.1 Introduction and Participation of Stakeholders in the reporting writing process

This is the first complete report from the Czech Republic to the United Nations General Assembly Special Session (UNGASS): Declaration of Commitment on HIV and AIDS. In preparing this Country Progress Report, the guidelines on construction of core indicators were followed as outlined in the document on Monitoring the Declaration of Commitment on HIV and AIDS: Guidelines on Construction of Indicators (2009) with minor adaptations to the national situation.

In the initial phase the team has been based in the National Institute of Public Health in Prague to gather information from documentary sources and all relevant stakeholders. The working team was composed from a staff of National Institute of Public Health in Prague. The team was led by two desk officers: Dr. Dzamila Stehlikova, technical coordinator for Part A, Manager of National AIDS Programme for Czech Republic and Dr. Ivo Prochazka, technical coordinator for Part B, Chairman of the Czech HIV NGO Forum, Director of the Czech AIDS Help Society. The main focus of work during the desk phase was to analyse the relevant documents and to contact the main actors in the national HIV response with the purpose to obtain the information about the specific NCPI topics. All relevant branches of government have been consulted and encouraged to submit their input during the report preparation. All the key stakeholders have had a possibility to judge the NCPI responses and the attitudes before official submission. The representatives from civil society organizations working in the area of HIV have been also addressed.

1.2 The Status of the Epidemic

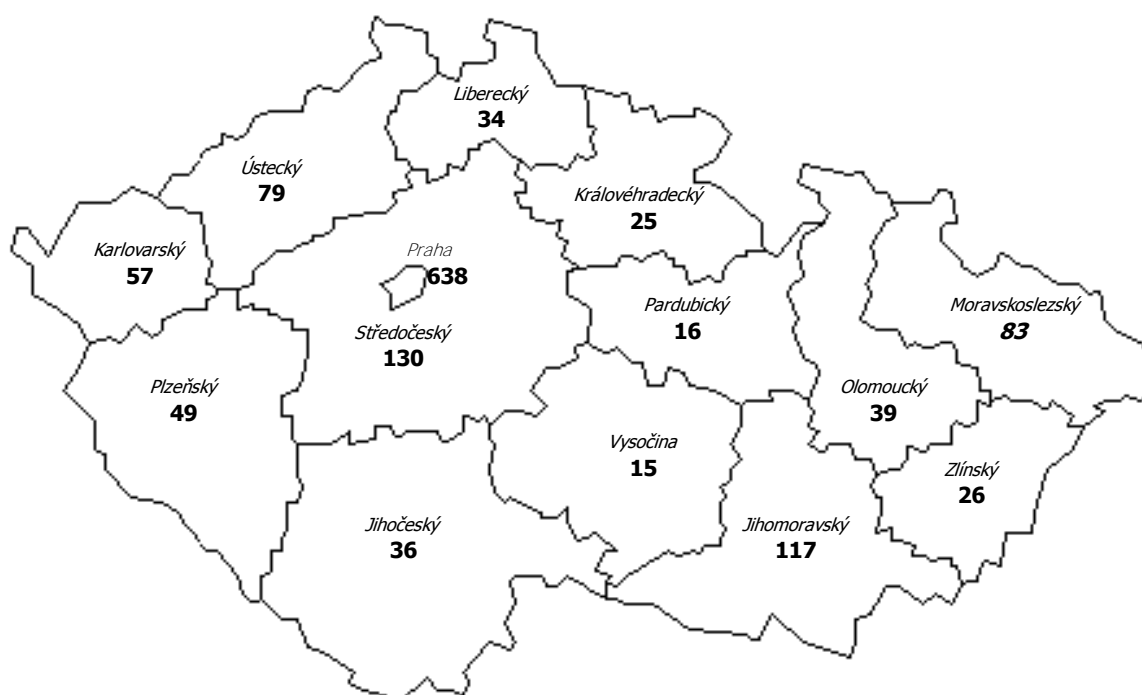
HIV INFECTION IN THE CZECH REPUBLIC

by region of residence at first HIV diagnosis

(Czech citizens and residents only)

Cumulative data by

31.12.2009



HIV + TOTAL = 1344

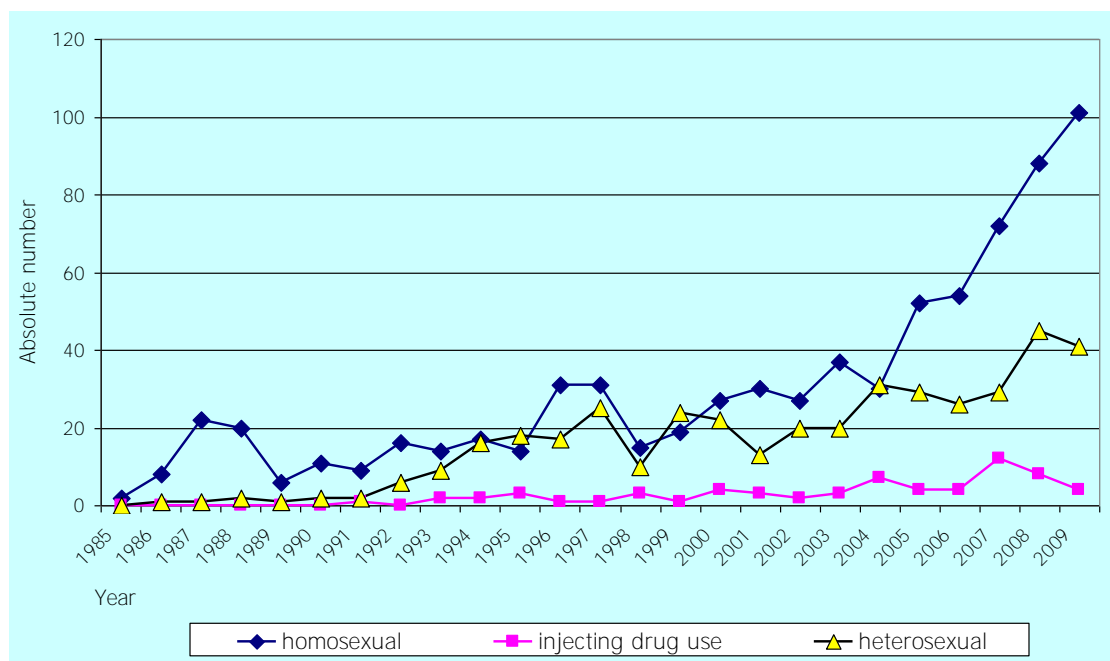
The Czech Republic ranks among the European as well as world countries with the lowest HIV/AIDS incidence. Estimated number of Czech citizens and residents at the end of 2009 was 1134 (12,8 persons living with HIV per 100,000 population in the Czech Republic).

The HIV and AIDS epidemic in the Czech Republic can be characterised as a concentrated/low prevalence epidemic. The epidemic of HIV infection and AIDS is highly concentrated among men who have sex with men (MSM). HIV-preventive activities are therefore targeted first of all at this population group. The prevalence in the group of MSM in the most recent study was 2.58 percent.

SELECTED ROUTES OF HIV INFECTION IN THE CZECH REPUBLIC

(Czech citizens and residents only)

Absolute numbers by
31.12.2009



1.3. Policy response

A new 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, Ministry of Human Rights and Minorities and Government Council for Antidrug Policy. The Programme is now being implemented. The Programme is providing a national framework for planning, coordinating and monitoring responses to the epidemic.

1.4. UNGASS indicator data

Indicator	2008	2009
1. Domestic and international AIDS spending by categories and financing sources	~ 46 882 000 €	~ 51 262 000 €
2. National Composite Policy Index (Areas covered: gender, workplace programmes, stigma and discrimination, prevention, care and support, human rights, civil society involvement, monitoring and evaluation)		
Blood Safety 3. Percentage of donated blood units screened for HIV in a quality assured manner	100 %	100 %
Antiretroviral Therapy Coverage 4. Percentage of adults and children with advanced HIV infection receiving antiretroviral therapy	96,89 %	97,25 %
Prevention Of Mother-To-Child Transmission 5. Percentage of HIV-positive pregnant women who received antiretrovirals to reduce the risk of mother-to-child transmission	90,91 %	87,5 %
Co-Management Of TB and HIV Treatment 6. Percentage of estimated HIV-positive incident TB cases that received treatment for TB and HIV		60 % From 5 new diagnosed HIV + patients 2 patients died (one woman and one man); these 2 patients did not start treatment. All the patients were older than 15 years.
HIV Testing 7. Percentage of women and men aged 15-49 who received HIV test in the last 12 months and who know their results		Data not available
HIV Testing 8. Percentage of most-at-risk populations that have received HIV test in the last 12 months and who know their results		
SW		Data not available
MSM		43,29 %
MSM < 25		40,98 %
MSM > 25		44,44 %

IDU		33,51 % Data not representative
Prevention Programmes		
9. Percentage of most-at-risk populations reached through HIV prevention programmes		
IDU		Data not available
MSM		65,24 %
SW		Data not available
10. Percentage of orphans and vulnerable children whose households received free basic external support in caring for the child		Not applicable
Education		
11. Percentage of schools that provided life skills-based HIV education in the last academic year		58,75 %
12. Current school attendance among orphans and among non-orphans aged 10-14		Not applicable
13. Percentage of young women and men aged 15–24 who correctly identified ways of preventing sexual transmission of HIV and rejected major misconceptions about HIV transmission		Data not available
14. Percentage of most-at-risk populations who correctly identified ways of preventing sexual transmission of HIV and rejected major misconceptions about HIV transmission		
IDU		Data not available
MSM		70,52 %
SW		Data not available
15. Percentage of young women and men aged 15–24 who had a sexual intercourse before the age of 15		3,46 %
16. Percentage of women and men aged 15–49 who had a sexual intercourse with more than one partner in the last 12 months		25,03 %
17. Percentage of women and men 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		Data not available
18. Percentage of female and		Data not available

male sex workers reporting the use of a condom with the most recent client		
19. Percentage of men reporting the use of a condom the last time they had anal sex with a male partner		30,04 %
20. Percentage of injecting drug users reporting the use of sterile injecting equipment the last time they injected		Data not available
21. Percentage of injecting drug users reporting the use of a condom the last time they had sexual intercourse		Data not available
22. Percentage of young women and men aged 15-24 who are HIV infected		
23. Percentage of most-at-risk populations who are HIV infected		
IDU		0, 12 %
MSM		2, 58 %
SW		Data not available
24. Percentage of adults and children with HIV known to be on treatment 12 months after initiation of antiretroviral therapy		Data not available
25. Percentage of infant born to HIV-infected mothers who are infected		0 %

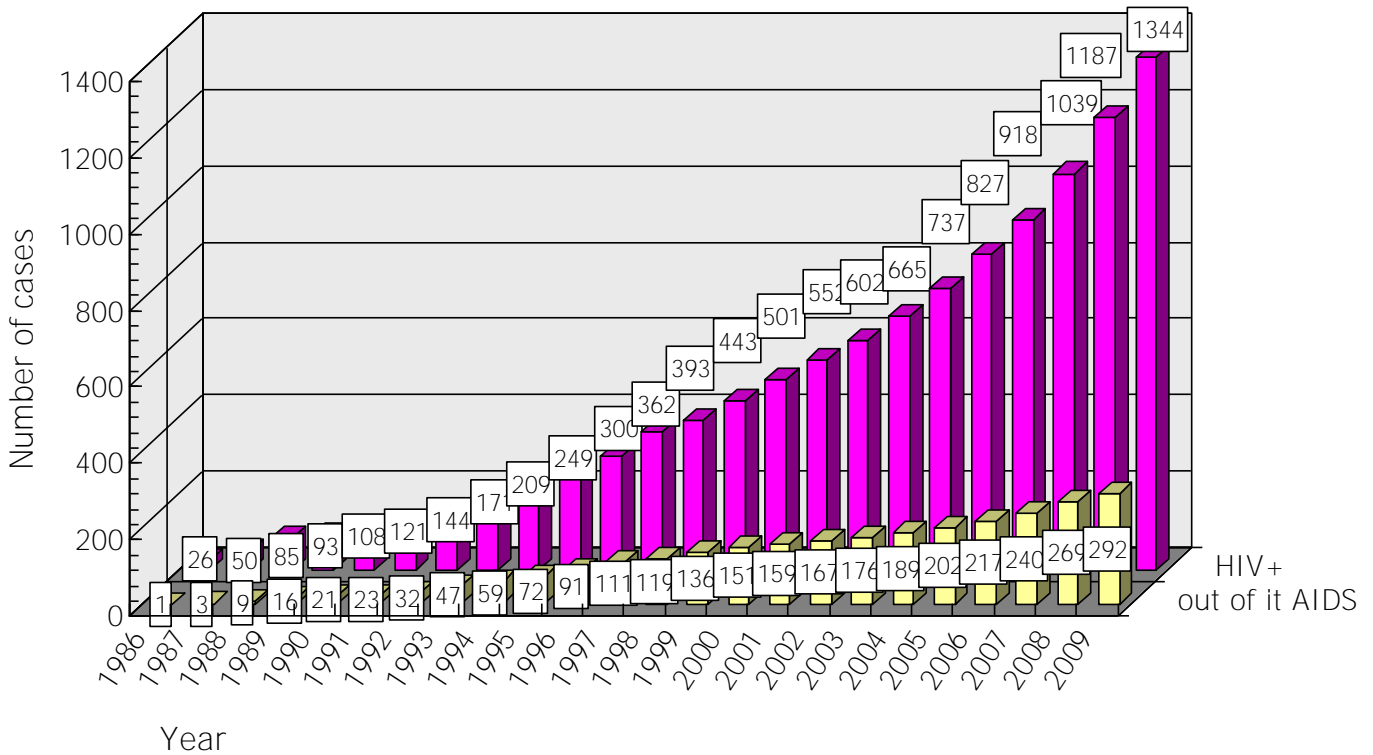
SECTION TWO: OVERVIEW OF THE HIV/AIDS EPIDEMIC IN CZECH REPUBLIC

HIV / AIDS IN THE CZECH REPUBLIC

(Czech citizens and residents only)

Cumulative data by

31.12.2009



2.1. HIV/AIDS in the Czech Republic

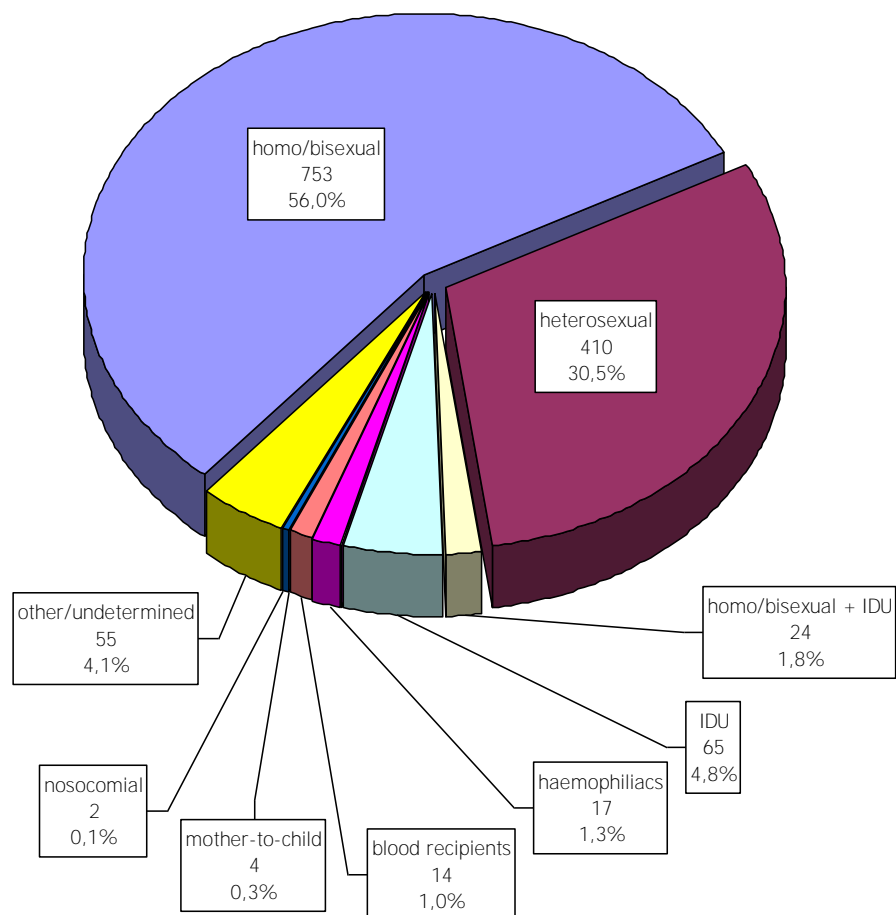
In the Czech Republic the prevalence of HIV infection in the general population is very low. The most frequent route of HIV transmission has long been sexual (in more than 88 % of all diagnosed HIV cases). The most exposed population group are men having sex with men - 57,8 % of cumulative HIV cases and 66,2 % of newly diagnosed HIV cases in 2009 (including 3 MSM who were also injecting drug users). The MSM group also shows a considerable increase in the incidence of other sexually transmitted diseases, particularly of syphilis. Heterosexual HIV transmission has been reported in 30,4 % of cumulative HIV cases and in 25,5 % of HIV cases newly diagnosed in 2009. Intravenous drug use was likely to be the route of transmission in 2,5 % of HIV cases in 2009.

HIV+ BY TRANSMISSION CATEGORY IN THE CZECH REPUBLIC

(Czech citizens and residents only)

Cumulative data by

31.12.2009



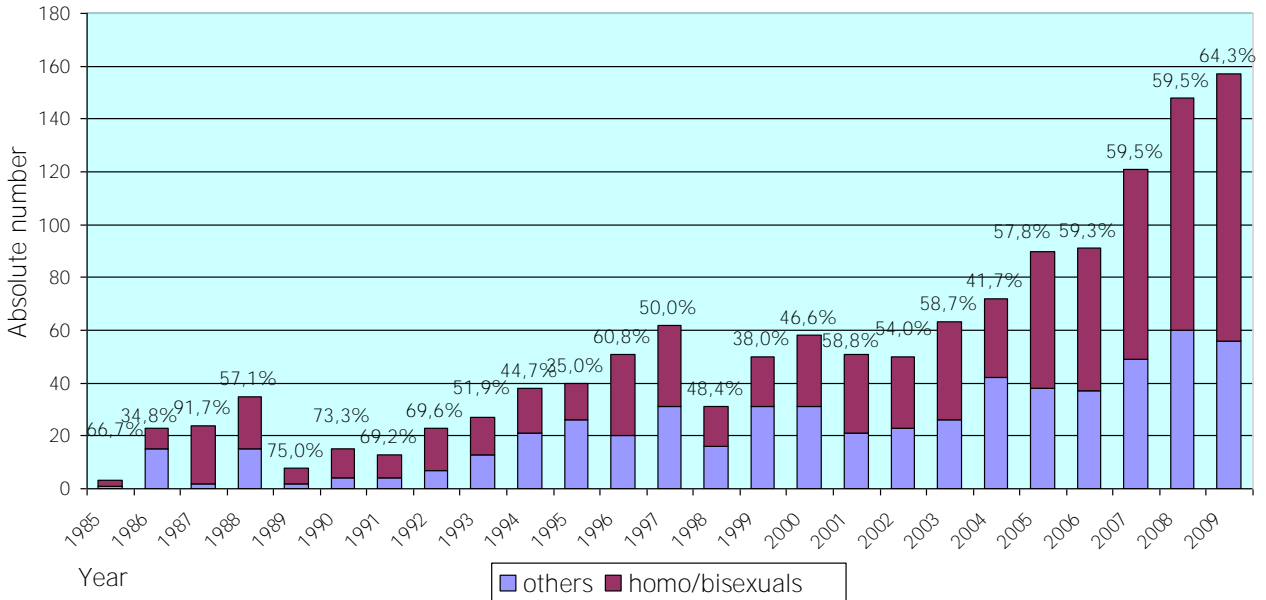
This is in contrast to some countries, especially in Eastern Europe, where HIV transmission is mainly associated with injecting drugs. The relatively low rate of HIV infections caused by injecting drugs in the Czech Republic may be attributed to the intensive needles and syringes exchange programme launched in the early 1990s. As regards the countries of Central and Eastern Euro, males engaging in homosexual practices account for the majority of HIV infected people in the Czech Republic, Slovakia and Hungary.

Over the first two decades of surveillance from 1986 to 2005 the proportion of people diagnosed with HIV infection and AIDS who had been homosexually infected was steady. Between 2006 and 2009 there was a marked rise in the annual number of people diagnosed with HIV, due to an increase people infected through male homosexual or bisexual heterosexual contact. In recent years, the Czech Republic has been experiencing an increase of its HIV/AIDS infection rate, with a prevalence of more than 2 % among men who have sex with men (MSM). The corresponding decline of the heterosexual transmission means that there is an increase in new infections amongst the homosexual population.

PROPORTION OF HIV+ HOMO / BISEXUALS BY YEAR IN THE CZECH REPUBLIC

(Czech citizens and residents only)

Data by
31.12.2009



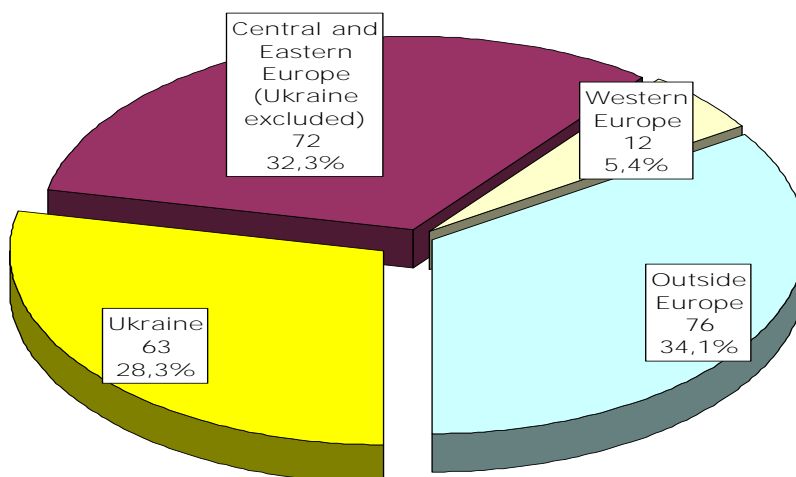
Cumulative proportion: 56,0 %

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

HIV+ RESIDENTS IN THE CZECH REPUBLIC

Cumulative data by

31.12.2009



Migrants often have a lower general knowledge about HIV/AIDS than Czech inhabitants. For them HIV/AIDS could be a higher stigma than among other populations. Because of language barriers and cultural differences, these groups are more difficult to reach for HIV/AIDS prevention.

2.2. Year 2009 Summary

In total, 347 135 people were tested for HIV in 2009 (excluding unlinked anonymous testing and testing of blood donations) at about 160 testing facilities. Testing is partially free of charge and pregnant women are routinely tested for HIV. 157 new HIV cases, 24 AIDS cases, and 9 deaths among AIDS cases were recorded in the Czech Republic in 2009, the number of new HIV cases being the highest since reporting began in 1985.

HIV POSITIVE CASES IN THE CZECH REPUBLIC BY TRANSMISSION CATEGORY, CLINICAL STAGE, AND SEX

Cumulative data by

31.12. 2009

TRANSMISSION CATEGORY	TOTAL HIV+			CLINICAL STAGE								
				asymptomatic			sympt. non-AIDS			AIDS		
	males	females	total	males	females	total	males	females	total	males	females	total
Homosexual / bisexual	753	0	753	508	0	508	99	0	99	146	0	146
Injecting drug users (IDU)	49	16	65	20	15	35	8	1	9	21	0	21
IDU + homosexual / bisexual	24	0	24	14	0	14	6	0	6	4	0	4
Haemophilic	17	0	17	1	0	1	8	0	8	8	0	8
Blood recipients	11	3	14	2	0	2	4	0	4	5	3	8
Heterosexual	169	241	410	87	166	253	33	30	63	49	45	94
Mother-to-child	2	2	4	2	2	4	0	0	0	0	0	0
Nosocomial	0	2	2	0	2	2	0	0	0	0	0	0
Other	1	0	1	1	0	1	0	0	0	0	0	0
Unknown	45	9	54	29	8	37	5	1	6	11	0	11
Total Czech citizens / residents	1071	273	1344	664	193	857	163	32	195	244	48	292
Foreigners	223	97	320	187	85	272	13	6	19	23	6	29
Total HIV+	1294	370	1664	851	278	1129	176	38	214	267	54	321

Accumulatively IDUs account for 4,76 % and blood transfusions 2,3 % (new cases in recipients of blood or blood derivatives haven't been reported since 1991).

In 2009, 9 new HIV diagnoses were confirmed during mandatory testing of pregnant women. By the end of 2009, the cumulative number of mother-to-child HIV transmission was 4. In 2009 alone, HIV-positive mothers gave birth to 14 infants. All mothers and infants received ARV prophylaxis and all deliveries were caesarean sections. In 2009, no MTCT were recorded (note: infants born in 2009 are not finally tested before 18 months of age).

The proportion of HIV-positive women in 2009, i.e. 16,6 %, was the lowest in the last years. 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 six years and remains a public health concern.

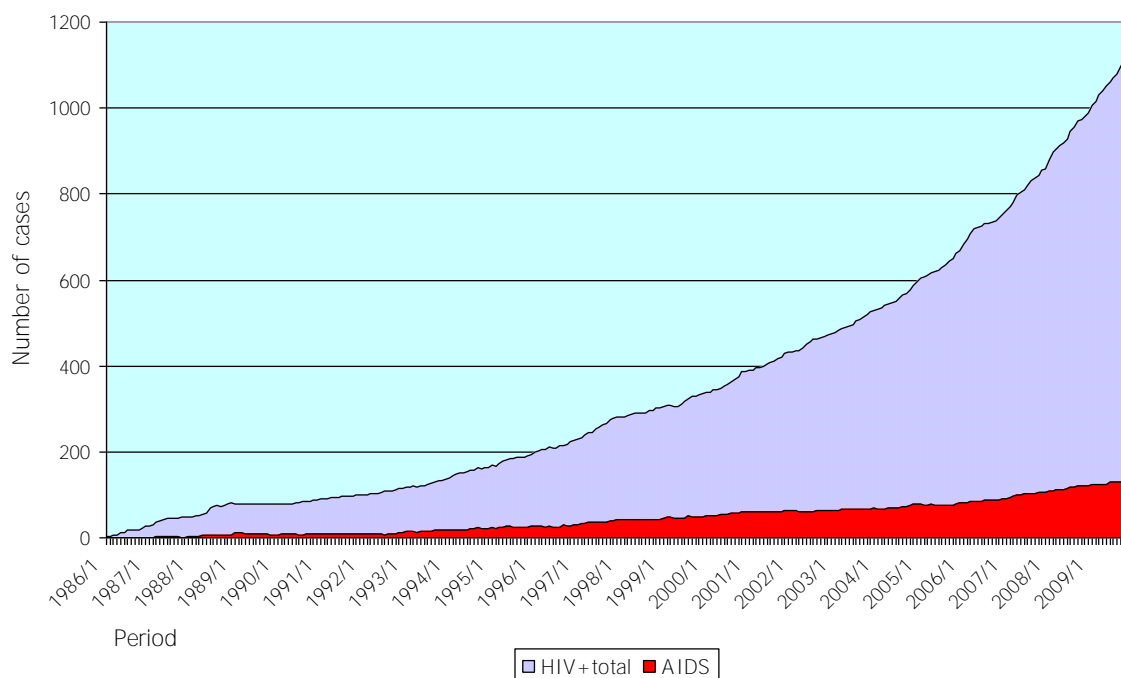
2.3. PLWHA

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. 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 for mostly by health insurance companies, with a state contribution. By the end of 2009, the National Reference laboratory on AIDS had reported a cumulative total of 1344 HIV cases. Of this number, 292 persons have already developed the clinical stage of AIDS and 156 people have died of the disease. The majority of all people living with HIV are residents of the capital, Prague, and its immediate vicinity.

PEOPLE LIVING WITH HIV/AIDS IN THE CZECH REPUBLIC

(Czech citizens and residents only)

Monthly data by
31.12.2009



In 2009, 1094 PLWHA were seen for medical care and a total of 706 people were receiving HAART by December 2009. Of those tested for co-infection with TB (reported as 100% of all HIV patients seen for care in 2009), 5 patients TB co-infected.

SECTION THREE: NATIONAL RESPONSE TO THE AIDS EPIDEMIC

The Czech Republic's response to HIV/AIDS epidemic is based on prevention and health promotion and 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 the Office of Manager for National HIV/AIDS Programme 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. Work is currently under way to operationalize the National Strategy around groups of people whose behaviour places them at greater risk and to implement a monitoring and evaluation plan.

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 tested on HIV, with the aim to administer free specific antiretroviral prophylaxis to all HIV+ women. All the **donated blood** units are mandatory screened for HIV since 1985.

An effective prevention is based on a widely accessible voluntary HIV testing and pre- and post-test counselling. Each district of Czech Republic - and there are more than 100 locations in 10 million population - provides access to this type of tests.

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. Country-wide AIDS prevention 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 embraces more than 40 different civil organisations.

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. Community Engagement programmes that work with community volunteers include work stream teams led by gay including PLWH.

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. Therapy and prophylaxis is covered by health insurance. The majority of resources to cover treatment-related expenses are coming from the budgets of health insurance companies, only the treatment of persons with uncertain legal status in Czech Republic is covered from the national AIDS prevention budget.

SECTION FOUR. BEST PRACTICES

The Czech AIDS Help Society (CSAP) is a national civic association initialized and founded by people from the community of PLWHA and their closest ones. Working across all regions of the Czech Republic CSAP seeks to improve the health and wellbeing of people living with HIV and affected communities, and to prevent the spread of HIV infection.

They do this through the operation the Lighthouse “Dům světla” in Prague, making the place a centre for all PLWHA, their relatives and friends or simply for anybody interested in the issue. The Lighthouse also serves as a base for all our activities and projects. No less important of an activity is advocating for the HIV/AIDS issue in the Czech Republic and the promotion of important information and preventive materials to the public.

Projects

- providing registered social services for PLWHA with the main activity of running low cost housing on the premises of the Lighthouse “Dům světla”;
- prevention of HIV in Czech schools, further education of teachers, introducing HIV/AIDS and sexual health topic into educational programs and schools curriculums;
- further education of nurses, social workers and other professions;
- providing free-of-charge and anonymous VCT services (Prague, Ostrava) with an average of over 4000 clients yearly;
- operation of a free-of-charge non-stop counselling hotline available from all sectors and areas in the Czech Republic;
- on-line counselling on the websites www.aids-pomoc.cz (also for English speakers);
- preventive campaigns (Candlelight Memorial, World AIDS Day);
- publication and distribution of preventive materials, informative brochures and leaflets, translation of the preventive materials from and into different languages;
- “Gay street worker” in Prague, Brno and Ostrava;

- managing of a regular meeting of PLWHA taking place in the South Bohemia region and serving as a platform for sharing good practice in treatment and advocacy.

SECTION FIVE: MAJOR CHALLENGES AND REMEDIAL ACTION

Major challenges and remedial actions include:

- performing behavioural, BBS and population based studies with the purpose of investigating the modes of HIV transmission and understanding of the „drivers“ of the epidemic;
- improving prevention and health promotion for children, young adults and general population including behavioural change strategy and condom promotion programmes in order to improve the awareness of the population about HIV/AIDS;
- involving vulnerable groups and people at higher risk, especially people newly arrived in Czech Republic in dialogue and collaboration in the area of HIV/AIDS prevention;
- addressing HIV related stigma and discrimination;
- improving the offer and uptake of voluntary and confidential HIV testing for all;
- strengthening the HIV/AIDS epidemic M&E capacity in the Czech Republic;
- reducing late diagnosis of HIV and improving HIV health outcomes;
- linkages with other infectious diseases – hepatitis C, tuberculosis and sexually transmitted infections including common risk factors and co-infections associated to these infections;
- increasing universal access to medicine and compliance of PLWHA.

SECTION SIX: MONITORING AND EVALUATION

In 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, the Working Group for „Health for all in the twenty-first century “ for Czech Republic, Public Health Units, The Czech National Monitoring Centre for Drugs and Drug Addiction, Czech HIV and AIDS NGO Forum and other stakeholders and institutions. Results are published every two years in the National AIDS Programme Yearbook.

A monitoring and evaluation framework has been established by the National HIV/AIDS Programme for 2008-2012 (Government Resolution 130/2008). Programme outcome and impact indicators will be measured through annual bio-behavioural surveys.