

Survey Response Details

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Response Details

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1) Country

Finland (0)

2) 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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Please enter in DD/MM/YYYY format

31/03/2010

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

At the meeting of the National HIV expert group December 2009 the main responsibilities of the reporting process were discussed and agreed. The Epidemiologic Surveillance and Response Unit and International Affairs Unit of the National Institute for Health and Welfare(THL) were responsible for the coordinating process and collecting the data to the NPCI part A. They consulted all

significant stakeholders during the process. The NCPI part B was coordinating by two Civil Society NGOs, the Finnish AIDS Council and Pro-Tukipiste, and the consultation of other NGO actors was asked.

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

After the completion of the first draft of the report, it was submitted to the members of the National HIV expert group and NGO actors. A hearing session was organized in March 2010. The final draft was sent to all significant stakeholders and the the review of the feedback was incorporated into the report before submitting it to UNAIDS at the end of March 2010.

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

x

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

	Organization	Names/Positions	Respondents to Part A [Indicate which parts each respondent was queried on]
Respondent 1	National Institute for Health and Welfare	Marja Anttila/ Senior Expert	A.I, A.II, A.III, A.IV, A.V

12)

	Organization	Names/Positions	Respondents to Part A [Indicate which parts each respondent was queried on]
Respondent 2	National Institute for Health and Welfare	Henrikki Brummer-Korvenkontio/Senior Researcher	A.I, A.II, A.III, A.IV, A.V
Respondent 3	National Institute for Health and Welfare	Kirsi Liitsola/Specialist	A.I, A.II, A.III, A.IV, A.V
Respondent 4	Ministry for Social Affairs and Health	Merja Saarinen/Ministerial Counsellor	A.I, A.II, A.III, A.IV, A.V
Respondent 5	Ministry for Foreign Affairs	Heli Mikkola/Advisor	A.I, A.II, A.III, A.IV, A.V
Respondent 6	Ministry of Justice/Criminal Sanctions Agency	Anu Mäenpää/Inspector	A.I, A.III, A.IV
Respondent 7	Ministry of Interior/Police Department	Päivi Loikkanen/Chief Physician	A.I, A.III, A.IV
Respondent 8	Helsinki University Central Hospital, Division of Infectious Diseases	Matti Ristola/Infectious Diseases Specialist	A.I, A.II, A.III, A.IV, A.V
Respondent 9			
Respondent 10			

- Respondent 11
- Respondent 12
- Respondent 13
- Respondent 14
- Respondent 15
- Respondent 16
- Respondent 17
- Respondent 18
- Respondent 19
- Respondent 20
- Respondent 21
- Respondent 22
- Respondent 23
- Respondent 24
- Respondent 25

13)

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

	Organization	Names/Positions	Respondents to Part B [Indicate which parts each respondent was queried on]
Respondent 1	Finnish AIDS Council	Corinne Björkenheim/Director	B.I, B.II, B.III, B.IV

14)

	Organization	Names/Positions	Respondents to Part B [Indicate which parts each respondent was queried on]
Respondent 2	Pro-tukipiste	Jaana Kauppinen/Director	B.I, B.II, B.III, B.IV
Respondent 3	HIV-network	Birgitta Rantakari/Chair	B. I, B. II, B. III, B. IV
Respondent 4	Finnish Red Cross	Mika Hyrynen/Health Coordinator, HIV/AIDS programme	B.I, B.II, B.III, B.IV
Respondent			

Respondent 5	HivFinland	Sini Pasanen/Manager	B.I, B.II, B.III, B.IV
Respondent 6	Finnish Association for Nurses in AIDS Care	Henna Korte/Chair	B.I, B.II, B.III, B.IV
Respondent 7	SETA (Finnish Organisation for LGBT Rights)	Tanja Lehtoranta/General Secretary (acting)	B.I, B.II, B.III, B.IV
Respondent 8	Finnish Red Cross Blood Service	Susanne Ekblom- Kullberg/Physician	B.I, B.II, B.III, B.IV
Respondent 9			
Respondent 10			
Respondent 11			
Respondent 12			
Respondent 13			
Respondent 14			
Respondent 15			
Respondent 16			
Respondent 17			
Respondent 18			
Respondent 19			
Respondent 20			
Respondent 21			
Respondent 22			
Respondent 23			
Respondent 24			
Respondent 25			

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15)

Part A, Section I: STRATEGIC PLAN

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

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

No (0)

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16) Part A, Section I: STRATEGIC PLAN

Question 1 (continued)

IF NO or NOT APPLICABLE, briefly explain why

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

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17)

Part A, Section I: STRATEGIC PLAN

2. Has the country integrated HIV into its general development plans such as in: (a) National Development Plan; (b) Common Country Assessment / UN Development Assistance Framework; (c) Poverty Reduction Strategy; and (d) sector-wide approach?

N/A (0)

Page 16

18)

Part A, Section I: STRATEGIC PLAN

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

N/A (0)

Page 17

19)

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

No (0)

Page 19

20)

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

Yes (0)

Page 20

21)

Part A, Section I: STRATEGIC PLAN

5.1 IF YES, for which subpopulations?

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

22)

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

The Parliament, departments of different ministries and the ombudsmen (Ombudsman for Justice, Ombudsman for Equality, Ombudsman for Minorities, Ombudsman for Children) oversee that the laws are being implemented and can respond to complaints of citizens on violations.

23)

Briefly comment on the degree to which these laws are currently implemented:

The implementation of laws is quite varying, while the fundamental rights of citizens stated in the Constitution are implemented effectively.

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24)

Part A, Section I: STRATEGIC PLAN

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

Yes (0)

Page 22

25)

Part A, Section I: STRATEGIC PLAN

6.1 IF YES, for which subpopulations?

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

26)

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

Access to comprehensive public health care services, including free HIV care and treatment, is based on residence status in Finland.

27)

Briefly comment on how they pose barriers:

Temporary migrants and mobile population do not have a residence status that allows them to use all public services free-of-charge. Without private insurance those having temporary residence permit have access only to necessary and emergency medical care free-of-charge. Refugees are entitled to same services as those having permanent residence status but asylum seekers are entitled to necessary medical care only.

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28)

Part A, Section I: STRATEGIC PLAN**7. Has the country followed up on commitments towards universal access made during the High-Level AIDS Review in June 2006?**

Yes (0)

Page 24

29)

Part A, Section I: STRATEGIC PLAN**7.1 Have the national strategy and national HIV budget been revised accordingly?**

No (0)

30)

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

No (0)

Page 25

31)

Part A, Section I: STRATEGIC PLAN

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

Estimates of current needs only (0)

32)

7.4 Is HIV programme coverage being monitored?

No (0)

Page 29

33)

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

Yes (0)

Page 30

34)

Part A, Section I: STRATEGIC PLAN**Question 7.5 (continued)**

Overall, how would you rate strategy planning efforts in the HIV programmes in 2009?

4 (4)

35)

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

A new strategy is under construction. The draft was sent to all significant stakeholders and the feedback was collected in 2008. The feedback was reviewed in 2009 and the finalisation of the new strategy continues during 2010.

36)

What are remaining challenges in this area:

The new national strategy needs to be finalised. More information is needed on the size and characteristics of all of key populations at higher risk of HIV exposure.

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37)

Part A, Section II: POLITICAL SUPPORT

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

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

38)

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

Yes (0)

Page 32

39)

2.1 IF YES, when was it created?

Please enter the year in yyyy format

1989

40)

2.2 IF YES, who is the Chair?

Name	Marja Anttila
Position/title	Senior Expert/Dr; National Institute for Health and Welfare

41)

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

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

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42)

Part A, Section II: POLITICAL SUPPORT**Question 2.3 (continued)**

If you answer "yes" to the question "does the National multisectoral AIDS coordination body have a defined membership", how many members?

Please enter an integer greater than or equal to 1

18

43)

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

Please enter an integer greater than or equal to 1

6

44)

If you answer "yes" to the question "does the National multisectoral AIDS coordination body include people living with HIV", how many?

Please enter an integer greater than or equal to 1

1

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45)

Part A, Section II: POLITICAL SUPPORT

3. Does the country have a mechanism to promote interaction between government, civil society organizations, and the private sector for implementing HIV strategies/programmes?

Yes (0)**Page 35**

46)

Part A, Section II: POLITICAL SUPPORT**Question 3 (continued)**

IF YES, briefly describe the main achievements:

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

47)

Briefly describe the main challenges:

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

48)

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

Information on priority needs	Yes
Technical guidance	Yes
Procurement and distribution of drugs or other supplies	No
Coordination with other implementing partners	Yes
Capacity-building	No
Other: Please specify	

49)

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

No (0)

Page 38

50)

Part A, Section II: POLITICAL SUPPORT**Question 6.1 (continued)****Overall, how would you rate the political support for the HIV programmes in 2009?**

5 (5)

51)

What are remaining challenges in this area:

HIV has a low priority in Finland's public health policy. The human resources devoted to HIV work at the government central and expert institutions level are extremely limited. It is challenging to turn the political support into concrete actions and ensure the long-term public support especially to the NGO actors.

Page 39

52)

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

No (0)

Page 40

53)

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

Yes (0)

Page 41

54)

Part A, Section III: PREVENTION

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

Yes (0)

55)

2.1 Is HIV education part of the curriculum in:

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

56)

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

Yes (0)

57)

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

No (0)

58)

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

Yes (0)

Page 42

59)

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

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

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

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60) Part A, III. PREVENTION

Question 3.1 (continued)

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

youth

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61)

Part A, III. PREVENTION

Question 3.1 (continued)

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

7 (7)

62)

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

Encouraging testing for HIV is critical for prevention. To enhance seeking and offering voluntary HIV testing, a new guideline for HIV testing was made in 2009 and will be endorsed in 2010.

63)

What are remaining challenges in this area:

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

Page 45

64)

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

Yes (0)

Page 46

65)

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

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

66)

4.1 To what extent has HIV prevention been implemented?

The majority of people in need
have access

HIV prevention component

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

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67)

Part A, III. PREVENTION

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

7 (7)

68)

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

In 2008 and 2009 the Finnish AIDS Council implemented an information and awareness raising campaign for travellers engaging travel agents and workplace health providers to this work. The activities of the Low Threshold Health Service Centres, targeted at IDUs, have been continuously developed and supported. Also, prevention work targeted at sex workers has been supported in biggest cities.

69)

What are remaining challenges in this area:

The sufficient and long term financial support is needed to implement prevention programmes. Especially, targeted health care services are needed for the MSM-group.

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70)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

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

Yes (0)

Page 49

71)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

1.1 IF YES, does it address barriers for women?

No (0)

72)

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

No (0)

73)

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

Yes (0)

Page 50

74)

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

Through statistics and data and selected surveys. HIV-positive people are using specialised infectious disease services that determine their needs for treatment, care and support. These services include also social services.

75)

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

The majority of people in need
have access

HIV treatment, care and support service

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

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76)

Part A, Section IV: TREATMENT, CARE AND SUPPORT**3. Does the country have a policy for developing/using generic drugs or parallel importing of drugs for HIV?**

No (0)

77)

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

Yes (0)

Page 52

78)

Part A, Section IV: TREATMENT, CARE AND SUPPORT**Question 4 (continued)****IF YES, for which commodities?:**

antiretroviral therapy drugs, condoms, substitution drugs

Page 53

79)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

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

8 (8)

80)

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

HIV-positive people have had access to free care and treatment according to the international best available praxis since the early years of HIV epidemic.

81)

What are remaining challenges in this area:

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

Page 54

82)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

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

No (0)

Page 57

83)

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

In progress (0)

Page 64

84)

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

No (0)

Page 65

85)

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

Priorities for M&E can be determined through surveys and HIV/AIDS statistics.

86)

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

No (0)

Page 66

87)

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

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

Page 69

88)

What are the major challenges?

To pool the data collected by different actors.

Page 70

89)

Part A, Section V: MONITORING AND EVALUATION

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

No (0)

90)

6.1 Does it include representation from civil society?

No (0)

Page 71

91)

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

Yes (0)

Page 72

92)

Part A, Section V: MONITORING AND EVALUATION

7.1 IF YES , briefly describe the national database and who manages it:

The National Institute Health and Welfare in Finland operates the national HIV registry. By law, both diagnostic laboratories and treating physicians report cases to the registry. Confidential notification is based on a social security number.

93)

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

No, none of the above (0)

Page 73

94)

7.3 Is there a functional* Health Information System?

At national level Yes
At subnational level Yes

Page 74

95) Part A, Section V: MONITORING AND EVALUATION

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

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

Provincial (regional) and health district, municipal.

96)

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

Yes (0)

97)

9. To what extent are M&E data used

9.1 in developing / revising the national AIDS strategy?:

4 (4)

98)

Provide a specific example:

Outcome indicators, i.e. incidence and prevalence data on HIV-infection and AIDS are followed and used in policy guidance. As an example, travelers were targeted for HIV prevention when data showed the increased number of new infections that were acquired abroad.

99)

What are the main challenges, if any?

Data continues to be scattered in many databases. Development of national databases, including patient record system, is ongoing.

Page 75**100) Part A, Section V: MONITORING AND EVALUATION****9.2 To what extent are M&E data used for resource allocation?**

3 (3)

101)

Provide a specific example:

When data showed an increasing number of HIV-infection among IDUs, resources were allocated to prevention and treatment activities targeted for this group. When data showed an increasing number of HIV-infections associated with travelling, additional resources to specific campaign were allocated.

102)

What are the main challenges, if any?

Although the data shows the needed for extra services - in recent years especially for MSM - the implementation of the work has been inadequate mainly because of limited financial resources.

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103)

Part A, Section V: MONITORING AND EVALUATION

9.3 To what extent are M&E data used for programme improvement?:

3 (3)

104)

Provide a specific example:

The number of diagnosed HIV infections has been increasing and the late diagnoses have been rather common. To lower the threshold for seeking and offering HIV testing, the new guideline for HIV testing was written.

105)

What are the main challenges, if any?

The lack of behaviour and prevalence studies (MSM, sex workers, migrants).

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106) Part A, Section V: MONITORING AND EVALUATION

10. Is there a plan for increasing human capacity in M&E at national, subnational and service-delivery levels?:

No (0)

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107)

10.1 In the last year, was training in M&E conducted

At national level?	No
At subnational level?	No
At service delivery level including civil society?	No

Page 80

108)

Part A, Section V: MONITORING AND EVALUATION

10.2 Were other M&E capacity-building activities conducted other than training?

No (0)

Page 82**109) Part A, Section V: MONITORING AND EVALUATION****Question 10.2 (continued)****Overall, how would you rate the M&E efforts of the HIV programme in 2009?**

6 (6)

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

The interdisciplinary evaluation study of the effectiveness of health promoting services for infectious disease prevention and control among injecting drug users (Publication of the National Public Health Institute B 24/2008)

111)**What are remaining challenges in this area:**

Data is collected by several actors and scattered into many databases. The lack of behavioural and prevalence studies (MSM, sex workers, migrants).

Page 83**112)****Part B, Section I: HUMAN RIGHTS**

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

Yes (0)

Page 84**113)****Part B, Section I. HUMAN RIGHTS**

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

Finland has general non-discrimination provisions, however there are no provisions specifically mentioning HIV.

114)

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

Yes (0)

Page 85

115)

Part B, Section I. HUMAN RIGHTS

2.1 IF YES, for which subpopulations?

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

116)

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

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

117)

Briefly describe the content of these laws:

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

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118)

Part B, Section I. HUMAN RIGHTS

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

Yes (0)

Page 87

119)

Part B, Section I. HUMAN RIGHTS**3.1 IF YES, for which subpopulations?**

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

120)

Briefly comment on how they pose barriers:

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

Page 88121) **Part B, Section I. HUMAN RIGHTS****4. Is the promotion and protection of human rights explicitly mentioned in any HIV policy or strategy?**

No (0)

Page 89

122)

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

No (0)

Page 90

123)

6. Has the Government, through political and financial support, involved people living

with HIV, most-at-risk populations and/or other vulnerable subpopulations in governmental HIV-policy design and programme implementation?

Yes (0)

Page 91

124)

Part B, Section I. HUMAN RIGHTS

Question 6 (continued)

IF YES, describe some examples:

All following groups (independently or through interest groups) were represented in the process: PLWHAs, sex workers, women and migrants. In addition, the national HIV Expert Group includes representatives of civil society. The challenge at the policy level is that the existent HIV-policy is only a proposal, the government has not ratified it. HIV strategy has not been turned into a programme (action plan). State funds projects implemented by NGOs. Finland's Slot Machine Association (RAY) funds the basic operating conditions of NGOs as well as provides project support.

125)

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

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

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126)

Part B, Section I. HUMAN RIGHTS

Question 7 (continued)

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

Law of Public Health (Kansanterveyslaki § 13), Patients Bill of Rights legislation (Laki potilaan oikeuksista ja asemasta) and Communicable Disease Act (Tartuntatautilaki)

127)

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

Yes (0)

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128)

Part B, Section I. HUMAN RIGHTS

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

Yes (0)

129)

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

Yes (0)

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130)

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

IF YES, briefly describe the content of this policy:

Act on Gender Equality (Tasa-arvolaki), Non-Discrimination Act (Yhdenvertaisuuslaki) ensure that all are treated equally, however, in practice the approaches vary depending on the special needs of each population group.

131)

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

No (0)

Page 95

132)

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

No (0)

133)

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

Yes (0)

Page 96

134)

Part B, Section I. HUMAN RIGHTS

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

No (0)

135)

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

The Law on Medical Research (Laki lääketieteellisestä tutkimuksesta) specifies that for all medical research involving human subjects, the protocols must be reviewed and approved by an ethical committee prior to implementation. Ethical committees always have layman members, however, there is not a provision for disease specific participation (such as by PLWHA).

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136)

– Existence of independent national institutions for the promotion and protection of human rights, including human rights commissions, law reform commissions, watchdogs, and ombudspersons which consider HIV-related issues within their work

Yes (0)

137)

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

No (0)

138)

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

No (0)

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139)

Part B, Section I. HUMAN RIGHTS

Question 12 (continued)

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

The Ombudsman of Justice can and has in the past given judgements in these issues.

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140)

Part B, Section I. HUMAN RIGHTS

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

No (0)

141)

– **Legal aid systems for HIV casework**

No (0)

142)

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

No (0)

143)

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

Yes (0)

144)

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

Yes (0)

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145)

Part B, Section I. HUMAN RIGHTS

Question 15 (continued)

IF YES, what types of programmes?

Media	Yes
School education	Yes
Personalities regularly speaking out	Yes
Other: please specify	

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146)

Part B, Section I. HUMAN RIGHTS

Question 15 (continued)

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

8 (8)

147)

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

On the policy level there have not been changes. The amount of laws and regulations prohibiting the discrimination is vast but not specific, e.g. PLWHAs are not specifically mentioned.

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148)

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

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

5 (5)

149)

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

The efforts have been few. As said above government has not ratified the HIV strategy nor is there a HIV programme to be implemented.

Page 103

150)

Part B, Section II: CIVIL SOCIETY* PARTICIPATION

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

3 (3)

Page 104

151)

Part B, Section II. CIVIL SOCIETY PARTICIPATION

2. To what extent have civil society representatives been involved in the planning and budgeting process for the National Strategic Plan on HIV or for the most current activity plan (e.g. attending planning meetings and reviewing drafts)?

3 (3)

Page 105

152)

a. the national AIDS strategy?

4 (4)

153)

b. the national AIDS budget?

0

154)

c. national AIDS reports?

4 (4)

Page 106

155)

a. developing the national M&E plan?

4 (4)

156)

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

4 (4)

157)

c. M&E efforts at local level?

3 (3)

158)

Comments and examples:

M&E is considered to be a part of the National Strategy

Page 107159) **Part B, Section II. CIVIL SOCIETY PARTICIPATION****5. To what extent is the civil society sector representation in HIV efforts inclusive of diverse organizations (e.g. networks of people living with HIV, organizations of sex workers, faith-based organizations)?**

5 (5)

160)

Comments and examples:

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

Page 108

161)

a. adequate financial support to implement its HIV activities?

2 (2)

162)

b. adequate technical support to implement its HIV activities?

3 (3)

Page 109**163) Part B, Section II. CIVIL SOCIETY PARTICIPATION****7. What percentage of the following HIV programmes/services is estimated to be provided by civil society?**

Prevention for youth	25-50%
Prevention for most-at-risk-populations	
- Injecting drug users	>75%
- Men who have sex with men	>75%
- Sex workers	>75%
Testing and Counselling	<25%
Reduction of Stigma and Discrimination	>75%
Clinical services (ART/OI)*	<25%
Home-based care	<25%
Programmes for OVC**	<25%

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164)

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

8 (8)

165)

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

The strong contribution of the civil society in national HIV response continued at the same level as in previous years.

166)

What are remaining challenges in this area:

Sustainability of funding.

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167)

Part B, Section III: PREVENTION

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

Yes (0)

Page 112

168)

Part B, Section III: PREVENTION

Question 1 (continued)

IF YES, how were these specific needs determined?

Needs have been determined for IDUs only, by NGOs. However, in the urban areas situations change rapidly and data are quickly outdated.

169)

1.1 To what extent has HIV prevention been implemented?

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

HIV prevention in the workplace
Other: please specify

N/A

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170)

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

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

7 (7)

Page 114

171)

Part B, Section IV: TREATMENT, CARE AND SUPPORT

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

Yes (0)

Page 115

172)

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

The majority of people in need
have access

HIV treatment, care and support service

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

HIV care and support in the workplace (including alternative working arrangements) N/A
Other: please specify

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173)

Part B, Section IV: TREATMENT, CARE AND SUPPORT**Question 1.1 (continued)**

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

9 (9)

Page 117

174)

Part B, Section IV: TREATMENT, CARE AND SUPPORT

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

No (0)