

## Survey Response Details

### Response Information

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### Response Details

#### Page 1

**1) Country**

Hungary (0)

**2) Name of the National AIDS Committee Officer in charge of NCPI submission and who can be contacted for questions, if any:**

Ministry of Health

**3) Postal address:**

1051 Budapest 6-8. Arany János street

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00/36/1/795-0170

**6) E-mail:**

brigitta.gyebnar@eum.gov.hu

**7) Date of submission:**

Please enter in DD/MM/YYYY format

17/03/2010

#### Page 3

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

We sent the questionnaire to the National AIDS Committee, and we involved NGOs too. We have gathered data from our surveillance system from National Epidemiological Center.

**9) Describe the process used for resolving disagreements, if any, with respect to the**

**responses to specific questions:**

In Hungary we don't collect data by age and by sex.

10)

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

We haven't got potential misinterpretation.

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11)

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

|              | Organization       | Names/Positions                        | Respondents to Part A<br>[Indicate which parts each respondent was queried on] |
|--------------|--------------------|--|--|
| Respondent 1 | Ministry of Health | Brigitta Gyebnár /professional advisor | A.I, A.II, A.III, A.IV, A.V  |

12)

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

|              | Organization                    | Names/Positions                            | Respondents to Part B<br>[Indicate which parts each respondent was queried on] |
|--------------|---------------------------------|--|--|
| Respondent 1 | Hungarian Civil Liberties Union | Bagyinszky Ferenc/Head of HIV/AIDS Program | B.I, B.II, B.III, B.IV   |

13)

|              | Organization              | Names/Positions | Respondents to Part B<br>[Indicate which parts each respondent was queried on] |
|--------------|---------------------------|-----------------|--|
| Respondent 2 | Anonymus AIDS Association | Sándor Takács   | B.I, B.II  |
| Respondent 3 |                           |                 |  |
| Respondent 4 |                           |                 |  |
| Respondent 5 |                           |                 |  |
| Respondent 6 |                           |                 |  |
| Respondent 7 |                           |                 |  |
| Respondent 8 |                           |                 |  |
| Respondent 9 |                           |                 |  |
| Respondent   |                           |                 |  |

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14)

**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)****Yes (0)****Page 7**15) **Part A, Section I: STRATEGIC PLAN****Question 1 (continued)****Period covered:**

2004-2010

16)

**1.1 How long has the country had a multisectoral strategy?**

**Number of Years**

7

17)

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

|                 | Included in strategy | Earmarked budget |
|-----------------|----------------------|------------------|
| Health          | Yes                  | Yes              |
| Education       | Yes                  | Yes              |
| Labour          | Yes                  | No               |
| Transportation  | Yes                  | No               |
| Military/Police | Yes                  | No               |
| Women           | Yes                  | Yes              |
| Young people    | Yes                  | Yes              |
| Other*          | Yes                  | Yes              |

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**18) Part A, Section I: STRATEGIC PLAN**

**Question 1.2 (continued)**

**If "Other" sectors are included, please specify:**

Social and Labour Affairs

19)

**IF NO earmarked budget for some or all of the above sectors, explain what funding is used to ensure implementation of their HIV-specific activities?**

The money allocated from central budget which is the part of the National Public Health Program.

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20)

**Part A, Section I: STRATEGIC PLAN**

**1.3 Does the multisectoral strategy address the following target populations, settings and crosscutting issues?**

| Target populations           |     |
|------------------------------|-----|
| a. Women and girls           | Yes |
| b. Young women/young men     | Yes |
| c. Injecting drug users      | Yes |
| d. Men who have sex with men | Yes |

|  |     |
|--|-----|
| e. Sex workers                               | Yes |
| f. Orphans and other vulnerable children     | Yes |
| g. Other specific vulnerable subpopulations* | Yes |
| <b>Settings</b>                              |     |
| h. Workplace                                 | Yes |
| i. Schools                                   | Yes |
| j. Prisons                                   | Yes |
| <b>Cross-cutting issues</b>                  |     |
| k. HIV and poverty                           | Yes |
| l. Human rights protection                   | Yes |
| m. Involvement of people living with HIV     | Yes |
| n. Addressing stigma and discrimination      | Yes |
| o. Gender empowerment and/or gender equality | Yes |

21)

**1.4 Were target populations identified through a needs assessment?**

Yes (0)

**Page 10**

22)

**Part A, Section I: STRATEGIC PLAN****Question 1.4 (continued)****IF YES, when was this needs assessment conducted?**

Please enter the year in yyyy format

2003

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23)

**Part A, Section I: STRATEGIC PLAN****1.5 What are the identified target populations for HIV programmes in the country?**

-healthcare workers involved in carrying out invasive interventions, - persons who , in pursuit of profession, may get into contact with human blood, human semen or vaginal discharged, - sex workers for the purpose of issuing health certificate, - living and cadaveric donors in case of organ transplantation, - blood donors, - mothers donating breastmilk, -sexual partners of individuals with HIV-infection, -persons suffering from active STDs and their sexual partners, - natural child of an HIV-infected mother, - IV drug users,MSM people, PLWA, youth people, general population

24)

**1.6 Does the multisectoral strategy include an operational plan?**

Yes (0)

25)

**1.7 Does the multisectoral strategy or operational plan include:**

|   |     |
|---|-----|
| a. Formal programme goals?                                | Yes |
| b. Clear targets or milestones?                           | Yes |
| c. Detailed costs for each programmatic area?             | Yes |
| d. An indication of funding sources to support programme? | Yes |
| e. A monitoring and evaluation framework?                 | Yes |

26)

**1.8 Has the country ensured “full involvement and participation” of civil society\* in the development of the multisectoral strategy?**

Active involvement (0)

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27)

**Part A, Section I: STRATEGIC PLAN****Question 1.8 (continued)****IF active involvement, briefly explain how this was organised:**

The National AIDS Committee has the vice president of professional and the vice-president of civil society. The "civil-vice-president" stand for all NGO's on the meeting.

28)

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

Yes (0)

29)

**1.10 Have external development partners aligned and harmonized their HIV-related programmes to the national multisectoral strategy?**

Yes, all partners (0)

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30)

**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?**

Yes (0)

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31)

**Part A, Section I: STRATEGIC PLAN**

**2.1 IF YES, in which specific development plan(s) is support for HIV integrated?**

|  |     |
|--|-----|
| a. National Development Plan                                       | Yes |
| b. Common Country Assessment / UN Development Assistance Framework | Yes |
| c. Poverty Reduction Strategy                                      | Yes |
| d. Sector-wide approach  | Yes |
| e. Other: Please specify   |     |

32)

**2.2 IF YES, which specific HIV-related areas are included in one or more of the development plans?**

| HIV-related area included in development plan(s)   |     |
|--|-----|
| HIV prevention   | Yes |
| Treatment for opportunistic infections   | Yes |
| Antiretroviral treatment   | Yes |
| Care and support (including social security or other schemes)                                    | Yes |
| HIV impact alleviation   | Yes |
| Reduction of gender inequalities as they relate to HIV prevention/treatment, care and/or support | Yes |
| Reduction of income inequalities as they relate to HIV prevention/treatment, care and/or support | Yes |
| Reduction of stigma and discrimination   | Yes |
| Women's economic empowerment (e.g. access to credit, access to land, training)                   | Yes |
| Other: Please specify  |     |

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33)

**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)

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34)

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

Yes (0)

**Page 18**

35)

**Part A, Section I: STRATEGIC PLAN**

**4.1 IF YES, which of the following programmes have been implemented beyond the pilot stage to reach a significant proportion of the uniformed services?**

|   |     |
|---|-----|
| Behavioural change communication        | Yes |
| Condom provision                        | Yes |
| HIV testing and counselling             | Yes |
| Sexually transmitted infection services | Yes |
| Antiretroviral treatment                | Yes |
| Care and support                        | Yes |
| Other: Please specify                   |     |

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36)

**Part A, Section I: STRATEGIC PLAN****Question 4.1 (continued)**

**If HIV testing and counselling is provided to uniformed services, briefly describe the approach taken to HIV testing and counselling (e.g, indicate if HIV testing is voluntary or mandatory etc):**

Types of screening tests: Screening tests are mandatory for: -healthcare workers involved in carrying out invasive interventions, - persons who , in pursuit of profession, may get into contact with human blood, human semen or vaginal discharged, - sex workers for the purpose of issuing health certificate, - living and cadaveric donors in case of organ transplantation, - blood donors, - mothers donating breastmilk, Screening tests may be carried out on a voluntary basis for: -sexual partners of individuals with HIV-infection, -persons suffering from active STDs and their sexual partners, - natural child of an HIV-infected mother, - IV drug users,- persons in penal institutions, - in pre-trial detention or in correctional facilities. Anonymous screening: In this case counselling and information are highlighted. If anonymous screening tests are performed on voluntary basis, the sample identifier that has been stripped of personal identificational data must be recorded in the health documentation. If the person test is positive, blood sampling has to be repeated for verification. No finding from anonymous test may be disclosed with the name attached to it.

37)

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

No (0)

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38)

**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?**

No (0)

**Page 23**

39)

**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**

40)

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

Yes (0)

41)

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

Yes (0)

**Page 25**

42)

**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 and future needs (0)

43)

**7.4 Is HIV programme coverage being monitored?**

Yes (0)

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44)

**Part A, Section I: STRATEGIC PLAN****Question 7.4 (continued)**

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

Yes (0)

45)

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

Yes (0)

**Page 27**

46)

**Part A, Section I: STRATEGIC PLAN**

**Question 7.4 (b) (continued)**

**IF YES, for which population groups?**

Vulnerable groups: -sex workers, MSM, PLWA, IV drug users, prisoners, migrant people, youth, women, girls

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47) **Part A, Section I: STRATEGIC PLAN**

**Question 7.4 (continued)**

**(c) Is coverage monitored by geographical area?**

Yes (0)

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48)

**Part A, Section I: STRATEGIC PLAN**

**Question 7.4 (c) (continued)**

**IF YES, at which geographical levels (provincial, district, other)?**

**Country, regional**

49)

**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**

50)

**Part A, Section I: STRATEGIC PLAN**

**Question 7.5 (continued)**

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

7 (7)

51)

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

We have very good partnership with NGOs, that is why we can plan together directly the operational plan.

52)

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

We have a very good cooperation with NGO's. Attached to the anonymous HIV screening stations of the Public Health and Medical Officer's Service, an anonymous AIDS counselling service established with the task of providing information on continuing care facilities, the necessary lifestyle changes and providing psychological support to those who are attending the screening and to those who are screened out. Treatment efficiency, in terms of quality and expectancy of life of patients, corresponds to the international standards. 81% of our patient receiving combination antiretroviral therapy are in possession of their ability to work and the majority work in full-time jobs. This also supports the statement made above concerning the changed course of HIV/AIDS.

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53)

**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                | Yes |
| Other high officials                        | Yes |
| Other officials in regions and/or districts | Yes |

54)

**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**

55)

**2.1 IF YES, when was it created?**

Please enter the year in yyyy format

2005

56)

**2.2 IF YES, who is the Chair?**

|                |   |
|----------------|---|
| Name           | Dr. Melinda Medgyaszai  |
| Position/title | Former Ministry of Health Secretary of State for Health Policy And International Affairs/ chair of the Hungarian AIDS Committee |

57)

**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?  | Yes |
| have a functional Secretariat?  | Yes |
| meet at least quarterly?  | Yes |
| 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? | Yes |

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58)

**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  
15

59)

**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  
2

60)

**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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61)

**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?**

N/A (0)

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62)

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

Please enter the rounded percentage (0-100)

43

63)

**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           | No  |
| Capacity-building                                       | Yes |
| Other: Please specify                                   |     |

64)

**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**

65)

**Part A, Section II: POLITICAL SUPPORT**

**Question 6.1 (continued)**

**Overall, how would you rate the political support for the HIV programmes in 2009?**

7 (7)

66)

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

Hungary has organised different programs for school children on the occasion of World AIDS Day. Last year, having your proposal in view, we decided to hold main programme supported by the Ministry of Health and by the Chief Medical Officer's Office in a community center where we expected at least 300 children, young people to come from the schools from nearby districts. At the opening ceremony was the Secretary of State of the Ministry of Health.

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67)

**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*?**

Yes (0)

**Page 40**

68)

**Part A, Section III: PREVENTION**

**1.1 IF YES, what key messages are explicitly promoted?**

Check for key message explicitly promoted (multiple options allowed)

c. Be faithful (0)

d. Reduce the number of sexual partners (0)

e. Use condoms consistently (0)

f. Engage in safe(r) sex (0)

i. Use clean needles and syringes (0)

k. Greater acceptance and involvement of people living with HIV (0)

l. Greater involvement of men in reproductive health programmes (0)

n. Know your HIV status (0)

69) **In addition to the above mentioned, please specify other key messages explicitly promoted:**

STOP AIDS! Safe yourself, and your partner!

70)

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

No (0)

**Page 41**

71)

**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)

72)

**2.1 Is HIV education part of the curriculum in:**

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

73)

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

Yes (0)

74)

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

Yes (0)

75)

**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**

76)

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

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77)

#### 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)

78)

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

We are preparing a very good monitoring process about the NGOs prevention programme.

#### Page 45

79)

#### Part A, III. PREVENTION

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

Yes (0)

#### Page 46

80)

#### Part A, III. PREVENTION

#### Question 4 (continued)

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

We prepared the seroepidemiological study involving MSM people, and behavior study involving



young people.

81)

#### 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   | 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  | Agree |
| Risk reduction for sex workers  | 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   | Agree |
| HIV prevention in the workplace   | Agree |
| Other: please specify   |       |

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82)

#### Part A, III. PREVENTION

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

7 (7)

83)

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

HIV infection detected at an early stage can be treated, an appropriate behavior may prevent HIV infection.

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84)

#### 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)

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85)

**Part A, Section IV: TREATMENT, CARE AND SUPPORT**

**1.1 IF YES, does it address barriers for women?**

Yes (0)

86)

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

Yes (0)

87)

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

Yes (0)

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88)

**Part A, Section IV: TREATMENT, CARE AND SUPPORT**

**Question 2 (continued)**

**IF YES, how were these determined?**

The National Centre for Healthcare Audit and Inspection controls all conditions (human and material)of services.

89)

**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 | Don't agree |
| HIV care and support in the workplace (including alternative working arrangements)          | Don't agree |
| Other: please specify   |             |

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90)

**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?**

Yes (0)

91)

**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)

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92)

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

-drugs, condoms

**Page 53**

93)

**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)

94)

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

HIV-infected people enrolled in continuous care as well as those people who are likely to be suffering from full-blown AIDS shall be referred to "Szent László" Hospital, Budapest, by the doctor of continuous care facility, in order to have medical treatment initiated. In the course of delivering healthcare services, all activities related to patient care must be organized so as to fully comply with work safety and hospital hygiene regulations thereby decreasing the opportunity of infection with HIV to the smallest possible level. Clinical treatment has the following main objectives: to decrease the extent of immune compromise due to HIV, to prevent, diagnose and treat AIDS complications, and last but not least, to provide psychological support to HIV/AIDS patients to involve a supportive environment for the patient and his/her family.

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95)

**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?**

N/A (0)

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96)

**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**

97)

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

No (0)

**Page 65**

98)

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

In progress (0)

**Page 70**

99)

**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)

100) **6.1 Does it include representation from civil society?**

No (0)

**Page 71**

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

Yes (0)

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102) **Part A, Section V: MONITORING AND EVALUATION**

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

National Center for Epidemiology; HIV surveillance DataBase

103) **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?**

Yes, all of the above (0)

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104) **7.3 Is there a functional\* Health Information System?**

|                      |     |
|----------------------|-----|
| At national level    | Yes |
| At subnational level | No  |

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

Yes (0)

106)

**9. To what extent are M&E data used****9.1 in developing / revising the national AIDS strategy?:**

3 (3)

107)

**Provide a specific example:**

- specific risk groups, specific area, specific needs etc.

**Page 75****108) Part A, Section V: MONITORING AND EVALUATION****9.2 To what extent are M&E data used for resource allocation?**

4 (4)

109)

**Provide a specific example:**

- specific research, specific risk groups

**Page 76**

110)

**Part A, Section V: MONITORING AND EVALUATION****9.3 To what extent are M&E data used for programme improvement?:**

4 (4)

111)

**Provide a specific example:**

for specific risk group

**Page 77****112) 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)

**Page 78**

113)

**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**

114)

**Part A, Section V: MONITORING AND EVALUATION****10.2 Were other M&E capacity-building activities conducted other than training?**

No (0)

**Page 82**115) **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)

116)

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

We can use the monitoring process through the NGOs preventing programmes.

**Page 83**

117)

**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**

118)

**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:**

General non-discrimination provisions are included in laws about housing, employment, schooling, health care etc. based on one's health conditions. In the law of equal opportunities 125/2003 paragraph 8 also mentions health condition as a direct discrimination basis.

119)

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

No (0)

**Page 86**

120)

**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**

121)

**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              | Yes |
| g. Migrants/mobile populations | Yes |
| Other: Please specify          | No  |

122)

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

Migrants/mobile population: anyone applying for residence permit or a visa longer than 1-year stay in Hungary is obliged to take among others an HIV-test. Their positive result can be the basis of refusal. Prisoners: there are no syringe exchange programs in prisons or free condom distribution. Prisoners living with HIV are isolated throughout their imprisonment in a hospital ward. Due to the immigration policy laws migrants/mobile population do not have access to treatment if tested positive. Prisoners do not have access to tools of prevention and being held in an isolated ward



can cause confidentiality problems.

**Page 88**

**123) 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**

124)

**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**

125)

**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**

126)

**Part B, Section I. HUMAN RIGHTS**

**Question 6 (continued)**

**IF YES, describe some examples:**

One member of the National AIDS Commission is the representative of a community based patients' organization. The commission is responsible for the design of the National AIDS Strategy. The national AIDS budget includes certain amounts that are spent on prevention programme implementation for most at risk populations (MSM and sex workers). However, these funds are very little thus LGBT-organizations for example have to look for other resources to finance their HIV-prevention work.

127)

**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

**Page 92**

128)

**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:**

There is a recurring problem of anonymity at VCT centres. According to the law in Hungary anyone can ask for an anonymous HIV-test but in practice centres tend to ask for identifications and/or health insurance cards. In practices there is also a big problem with counselling, and thus VCT services lose their prevention value. A recent study on VCT services by the Hungarian Civil Liberties Union: <http://tasz.hu/en/en/vct> ARV is free of charge for those who have valid health insurance. This means that undocumented people cannot access treatment and care services.

129)

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

Yes (0)

**Page 93**

130)

**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)

131)

**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)

**Page 94**

132)

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

**IF YES, briefly describe the content of this policy:**

The National AIDS Strategy has identified most-at-risk and vulnerable subpopulations and special programmes such as syringe and needle exchange programmes for IDUs, condom distribution. However, these programmes are mainly concentrated in the capital or in some bigger towns and cannot reach the majority of these subpopulations. There are several reports of discrimination during HIV-services as programmes to reduce stigma and discrimination do not exist.

133)

**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

134)

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

Yes (0)

135)

**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)

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136)

**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)

137)

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

The approach is described in the ethic codex of the Hungarian Chamber of Physicians. The ethical review committees consist of independent experts who have to give their opinion on the plans for a research. The codex emphasizes that anyone participating in a research should be according to their consent decision and their rights should be respected. The refusal of participation in a research cannot have any negative effect on the patient.

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138)

**– 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)

139)

**– 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)

140)

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

No (0)

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141)

**Part B, Section I. HUMAN RIGHTS**

**Question 12 (continued)**

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

There are two national institutions that can consider HIV-related issues in their work: the Parliamentary Commissioners' Office (ombudsperson) and the Equal Treatment Authority. The Hungarian Civil Liberties Union (HCLU) is a human rights watchdog organization, which has an HIV/AIDS program, which deals with the legal aspects of the issue and constantly monitors national policies and strategies and issues studies on practices in Hungary.

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142)

**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)

143)

**– Legal aid systems for HIV casework**

No (0)

144)

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

Yes (0)

145)

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

No (0)

146)

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

No (0)

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147)

**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)

**Page 102**

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?**

3 (3)

149)

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

There is still a huge gap between the legislation and the practice and there are many violations especially in the field of confidentiality and discrimination. The effort of implementing and enforcing these laws and regulations is very poor. There are no anti-discriminatory or educational programs for stigma reduction.

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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?**

2 (2)

151)

**Comments and examples:**

The National AIDS Committee has two representatives of civil society of a total of about 15 members.

**Page 104**

152)

**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)?**

2 (2)

153)

**Comments and examples:**

Recently there have been initiations from the ministry to involve civil society in the planning of the National AIDS Strategy but civil society has had no influence on the budgeting in the strategy.

**Page 105**

154)

**a. the national AIDS strategy?**

3 (3)

155)

**b. the national AIDS budget?**

2 (2)

156)

**c. national AIDS reports?**

4 (4)

157)

**Comments and examples:**

In strategies and national reports civil society is always emphasized as a key partner in scaling up and providing prevention, treatment, care and support services, but when it comes to budgeting, we can see that very little money is provided by the state for the support of civil society compared to the size of the work.

### Page 106

158)

#### a. developing the national M&E plan?

1 (1)

159)

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

1 (1)

160)

#### c. M&E efforts at local level?

1 (1)

161)

#### Comments and examples:

In general we can say that the monitoring and evaluation (M&E) of the HIV response is very poor in Hungary. It either does not happen at all, or it is based on the epidemiological data, which is still very favourable but does not include other aspects, such as human rights, stigma etc.

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#### 162) 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)?

3 (3)

163)

#### Comments and examples:

Organizations of most at risk and vulnerable populations are all represented in the prevention field, but as civil society is not too strong and there is little financial support both from the state and both from members of society, their work is very limited.

### Page 108

164)

#### a. adequate financial support to implement its HIV activities?

1 (1)

165)

**b. adequate technical support to implement its HIV activities?**

1 (1)

166)

**Comments and examples:**

The level of financial support and technical support is very weak in general. They do not have the capacity to access for example EU funds thus they are much dependant on the little governmental support.

**Page 109****167) 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% |
| <b>Prevention for most-at-risk-populations</b> |        |
| - Injecting drug users                         | 51-75% |
| - Men who have sex with men                    | >75%   |
| - Sex workers                                  | >75%   |
| Testing and Counselling                        | 25-50% |
| Reduction of Stigma and Discrimination         | >75%   |
| Clinical services (ART/OI)*                    | <25%   |
| Home-based care                                | <25%   |
| Programmes for OVC**                           | <25%   |

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168)

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

3 (3)

169)

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

The increase of civil society participation remains on the level of theoretic. In practice there is little financial and technical support provided for civil society. The annual budget allocated for civil society support by the National AIDS Committee is around \$50,000.



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170)

**Part B, Section III: PREVENTION****1. Has the country identified the specific needs for HIV prevention programmes?**

Yes (0)

**Page 112**

171)

**Part B, Section III: PREVENTION****Question 1 (continued)****IF YES, how were these specific needs determined?**

These specific needs are scaled up in the National AIDS Strategy in 2004. The general aims of the strategy are to change behaviour and reduce the number of infections both in the general population and in the most-at-risk-subpopulations. There are separate paragraphs dealing with school education, IDUs, MSM, sex workers and youth. In all cases, the importance of the contribution of civil society is emphasized. The strategy has also set an aim to reduce HIV/AIDS-related stigma through educational programs. It is very important to emphasize here that no aim of the strategy has been realized in the past 6 years.

172)

**1.1 To what extent has HIV prevention been implemented?**

|   | The majority of people in need<br>have access |
|---|---|
| <b>HIV prevention component</b>   |   |
| Blood safety  | Agree   |
| Universal precautions in health care settings   | Agree   |
| Prevention of mother-to-child transmission of HIV   | Don't agree                                   |
| IEC* on risk reduction  | Don't agree                                   |
| IEC* on stigma and discrimination reduction   | Don't agree                                   |
| Condom promotion  | Don't agree                                   |
| HIV testing and counselling   | Don't agree                                   |
| Harm reduction for injecting drug users   | Don't 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   | Don't agree                                   |
| HIV prevention for out-of-school young people   | Don't agree                                   |
| HIV prevention in the workplace   | Don't agree                                   |
| Other: please specify   |   |

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173)

**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?**

3 (3)

174)

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

The remaining challenges here are the low number of VCTs performed, the problems with adequate counselling. HIV-education of young people is also a weak point. There is compulsory sexual education in schools but in certain schools it does not happen as school staff does not have the necessary knowledge and/or tools to do it. Harm reduction programs still reach a limited numbers, there is no harm reduction in prisons and sex workers also have difficulties when accessing prevention services due to strong stigma and discrimination.

**Page 114**

175)

**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**

176)

**Part B, Section IV: TREATMENT, CARE AND SUPPORT**

**Question 1 (continued)**

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

ARV and other HIV-related care and support are free of charge. Until January 1st, 2010 treatment and care were centralized with one hospital in the capital. Now care can be provided by the regional STI clinics, treatment is still only available in the capital

177)

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

|   |       |
|---|-------|
| <b>The majority of people in need have access</b> |       |
| <b>HIV treatment, care and support service</b>    |       |
| Antiretroviral therapy                            | Agree |

|   |             |
|---|-------------|
| Nutritional care  | Agree       |
| Paediatric AIDS treatment   | Agree       |
| Sexually transmitted infection management   | Don't agree |
| Psychosocial support for people living with HIV and their families                          | Don't agree |
| Home-based care   | Don't agree |
| Palliative care and treatment of common HIV-related infections                              | Don't agree |
| HIV testing and counselling for TB patients   | Don't agree |
| TB screening for HIV-infected people  | Don't 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)                        | Don't agree |
| HIV treatment services in the workplace or treatment referral systems through the workplace | Don't agree |
| HIV care and support in the workplace (including alternative working arrangements)          | Don't agree |
| Other: please specify   |             |

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178)

**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?**

6 (6)

179)

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

One of the key achievements of this area is the decentralization of care. After 25 years of one central hospital the ministry decided to go for the decentralization of care of PLWHIV and from January 1st, 2010 care of PLWHIV is also provided in every county STI-centre. ARV treatment is free of charge and almost every drug is available, with the exception of some new drugs that are not yet registered in Hungary.

180)

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

The remaining challenges are in the field of support, mental health, ARV treatment side-effect management.

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181)

**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)