

Survey Response Details

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Email:

Response Details

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1) Country

Poland (0)

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

Katarzyna Gajewska

3) Postal address:

Samsonowska 1, 02-829 Warsaw Poland

4) Telephone:

Please include country code

+48 22 331 77 77

5) Fax:

Please include country code

+48 22 331 77 57

6) E-mail:

k.gajewska@centrum.aids.gov.pl

7) Date of submission:

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:

The data gathered in the NCPI part is based on the internal and external reports of the National AIDS Centre (part A) and non-governmental organizations (part B).

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

responses to specific questions:

na

10)

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

na

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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	Krajowe Centrum ds. AIDS	Katarzyna Gajewska	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 [Indicate which parts each respondent was queried on]
Respondent 1	Społeczny Komitet ds. AIDS	Grażyna Budka-Konieczny	B.I, B.II, B.III, B.IV

13)

	Organization	Names/Positions	Respondents to Part B [Indicate which parts each respondent was queried on]
Respondent 2	Jump '93	Jacek Charmast	B.I, B.II, B.III, B.IV
Respondent 3	Jump '93	Marta Gaszyńska	B.I, B.II, B.III, B.IV
Respondent 4	Lambda Warszawa	Agnieszka Górska	
Respondent 5	Społeczny Komitet ds. AIDS	Agata Kwiatkowska	
Respondent 6	Polska Fundacja Pomocy Humanitarnej "Res Humanae"	Mateusz Liwski	
Respondent 7	Społeczny Komitet ds. AIDS	Artur Lutarewicz	
Respondent 8	Stowarzyszenie Wolontariuszy Wobec AIDS „Bądź z Nami”	Marta Prokopczuk	
Respondent 9	Stowarzyszenie Osób Żyjących z HIV/AIDS "Sieć+	Wojciech J. Tomczyński	
Respondent			

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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:**

2008-2009

16)

1.1 How long has the country had a multisectoral strategy?

Number of Years

15

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	Yes
Transportation	Yes	Yes
Military/Police	Yes	Yes
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:

IDefence, Justice, Finance, Foreign Affairs

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19)

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
Settings	
h. Workplace	Yes
i. Schools	Yes

j. Prisons	Yes
Cross-cutting issues	
k.HIV and poverty	No
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

20)

1.4 Were target populations identified through a needs assessment?

Yes (0)

Page 10

21)

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

2006

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22)

Part A, Section I: STRATEGIC PLAN

1.5 What are the identified target populations for HIV programmes in the country?

general population, youth, women (incl. pregnant women), psychoactive substance users, sex workers and their clients, men who have sex with men, inmates, street children, migrants, people living with HIV (incl. women HIV+, families, couples with a mixed serological status, children living with HIV, people after HIV exposure, different groups of professions.

23)

1.6 Does the multisectoral strategy include an operational plan?

Yes (0)

24)

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

25)

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

Active involvement (0)

Page 12

26)

Part A, Section I: STRATEGIC PLAN**Question 1.8 (continued)**

IF active involvement, briefly explain how this was organised:

NGOs are invited and actively involved in planning, designing and implementation of the national strategy (National Programme for Combating AIDS and Preventing HIV Infections), as well as work together with the National AIDS Centre (Krajowe Centrum ds. AIDS) in all important activities in the field.

27)

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

Yes (0)

28)

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

Yes, some partners (0)

Page 13

29)

Part A, Section I: STRATEGIC PLAN**Question 1.10 (continued)**

IF SOME or NO, briefly explain for which areas there is no alignment / harmonization and why

In the public sector, there is a big disproportion of involvement between different sectors. Some of the governmental partners include HIV activities to a very restricted extent.

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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?

N/A (0)

Page 16

31)

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

32)

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

33)

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	No
HIV testing and counselling	Yes
Sexually transmitted infection services	No
Antiretroviral treatment	Yes
Care and support	Yes
Other: Please specify	No

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34)

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):

HIV testing is routinary and mandatory for the majority of the uniformed services.

35)

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

No (0)

Page 21

36)

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

37)

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

38)

Part A, Section I: STRATEGIC PLAN

7.1 Have the national strategy and national HIV budget been revised accordingly?

Yes (0)

39)

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

Yes (0)

Page 25

40)

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)

41)

7.4 Is HIV programme coverage being monitored?

Yes (0)

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42)

Part A, Section I: STRATEGIC PLAN**Question 7.4 (continued)****(a) IF YES, is coverage monitored by sex (male, female)?**

No (0)

43)

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

Yes (0)

Page 27

44)

Part A, Section I: STRATEGIC PLAN**Question 7.4 (b) (continued)****IF YES, for which population groups?**

general population, youth, women (incl. pregnant women), psychoactive substance users, sex workers and their clients, men who have sex with men, inmates, street children, migrants, people living with HIV (incl. women HIV+), families, couples with a mixed serological status, children living with HIV, people after HIV exposure, different groups of professions.

45)

Briefly explain how this information is used:

An annual operational plan is designed according to the current needs and (financial) capacity. Due to a very limited public budget, the activities have to be planned very carefully, so the necessities of the most at risk groups are covered.

Page 28**46) Part A, Section I: STRATEGIC PLAN****Question 7.4 (continued)****(c) Is coverage monitored by geographical area?**

Yes (0)

Page 29

47)

Part A, Section I: STRATEGIC PLAN**Question 7.4 (c) (continued)****IF YES, at which geographical levels (provincial, district, other)?**

voivodship level

48)

Briefly explain how this information is used:

We try to reach target groups from the local level, through a network of Sanitary and Epidemiology Stations.

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?**

8 (8)

51)

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

- an improved coordination of activities within the framework of implementation of the National Programme of Combating AIDS and Preventing HIV Infections; - a mayor allocation of resources from local authorities; - a bigger involvement of the Ministry of Education (a very slow process).

52)

What are remaining challenges in this area:

- The budget for prevention programmes is very limited; - insufficient involvement of other public sectors (apart from Ministry of Health).

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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	No
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

1993

56)

2.2 IF YES, who is the Chair?

Name	Anna Marzec-Bogusławska
Position/title	director/M.D.

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?	No
include people living with HIV?	No
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

30

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59)

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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60)

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)

5

61)

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	No
Procurement and distribution of drugs or other supplies	Yes
Coordination with other implementing partners	Yes
Capacity-building	No
Subventions	Yes

62)

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

No (0)

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63)

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

8 (8)

64)

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

A big support from the Ministry fo Health (securement of continuity and stability of actions, implementation of Three Ones strategy).

65)

What are remaining challenges in this area:

Allocation of resources for prevention area should be increased and maintained.

Page 39

66)

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

67)

Part A, Section III: PREVENTION**1.1 IF YES, what key messages are explicitly promoted?**

Check for key message explicitly promoted (multiple options allowed)

- a. Be sexually abstinent (0)
- b. Delay sexual debut (0)
- c. Be faithful (0)
- d. Reduce the number of sexual partners (0)

- e. Use condoms consistently (0)
- f. Engage in safe(r) sex (0)
- h. Abstain from injecting drugs (0)
- i. Use clean needles and syringes (0)
- j. Fight against violence against women (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)
- o. Prevent mother-to-child transmission of HIV (0)

68)

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

69)

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)

70)

2.1 Is HIV education part of the curriculum in:

primary schools?	No
secondary schools?	Yes
teacher training?	Yes

71)

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

Yes (0)

72)

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

No (0)

73)

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)

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74)

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, Other populations
Stigma and discrimination reduction	Injecting drug user, Men having sex with men, Sex workers, Prison inmates
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, Clients of sex workers, Prison inmates, Other populations
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, Other populations
Vulnerability reduction (e.g. income generation)	Injecting drug user, Men having sex with men, Sex workers, Prison inmates, Other populations
Drug substitution therapy	
Needle & syringe exchange	

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75) **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".

Other target populations included in the strategy.

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76)

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)

77)

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

New edition of the national strategy (National Programme for Combating AIDS and preventing HIV Infections) for the years 2007-2011 was adopted and has been implemented and reported to the Council of Ministers annually.

78)

What are remaining challenges in this area:

The disproportion in financing the ARV therapy and care and prevention programmes from the State budget is huge - there are too little resources for the prevention.

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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?

According to the results of the epidemiological data and data gathered from VCT centres and monitoring & evaluation programmes run annually/biannually.

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	Don't 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	Don't 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:

- introduction of e-learning and other interactive methods of education (addressing professional groups, such as physicians, but also vulnerable population, e.g. youth, teenagers).

84)

What are remaining challenges in this area:

Financial limitations.

Page 48

85)

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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86)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

1.1 IF YES, does it address barriers for women?

Yes (0)

87)

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

Yes (0)

88)

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

Yes (0)

Page 50

89)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

Question 2 (continued)

IF YES, how were these determined?

based on the Polish & international recommendations and guidelines on treatment, care and support for PLWHA.

90)

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	N/A
HIV care and support in the workplace (including alternative working	Agree

arrangements)
Other: please specify

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91)

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)

92)

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?

No (0)

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?

9 (9)

94)

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

There has been adopted and implemented a new edition of the ARV therapy programme in Poland for the years 2007-2009. There have been designed and implemented recommendations for gynecologists that all gynecologists should offer HIV tests to their pregnant patients.

Page 54

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?

Yes (0)

Page 55

96)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

5.1 IF YES, is there an operational definition for orphans and vulnerable children in the country?

Yes (0)

97)

5.2 IF YES, does the country have a national action plan specifically for orphans and vulnerable children?

No (0)

98)

5.3 IF YES, does the country have an estimate of orphans and vulnerable children being reached by existing interventions?

No (0)

Page 56

99)

Overall, how would you rate the efforts to meet the HIV-related needs of orphans and other vulnerable children in 2009?

9 (9)

100)

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

All the children with HIV receive a paediatric ARV treatment and care & follow a specialized vaccine calendar. There are prevention and support programmes for vulnerable children/children living with HIV/children affected by HIV implemented by non-governmental organizations.

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101)

Part A, Section V: MONITORING AND EVALUATION

1. Does the country have *one* national Monitoring and Evaluation (M&E) plan?

No (0)

Page 58

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

Question 1 (continued)

IF NO, briefly describe the challenges:

There is one monitoring and evaluation programme of the national strategy, but also many gaps in the monitoring of the situation in the country in detail.

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103)

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

Yes (0)

Page 65

104)

Part A, Section V: MONITORING AND EVALUATION**Question 4 (continued)**

IF YES, briefly describe how often a national M&E assessment is conducted and what the assessment involves:

it's conducted annually and M&A involves reporting according to the plan and indicators included in the national strategy. there is also a system of reporting and M&E of the activities of the NGOs, financed from the Ministry of Health/National AIDS Centre budget.

105)

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

Yes (0)

Page 66

106)

5.1 IF YES, is the national M&E Unit based

in the National AIDS Commission (or equivalent)? Yes
 in the Ministry of Health? No
 Elsewhere? (please specify)

107) Number of permanent staff:

Please enter an integer greater than or equal to 0

1

108) Number of temporary staff:

Please enter an integer greater than or equal to 0

0

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109)

Part A, Section V: MONITORING AND EVALUATION

Question 5.2 (continued)**Please describe the details of all the permanent staff:**

	Position	Full time/Part time?	Since when? (please enter the year in yyyy format)
Permanent staff 1	National Programme for Combating AIDS and Preventing HIV Infections	Full time	2004
Permanent staff 2			
Permanent staff 3			
Permanent staff 4			
Permanent staff 5			
Permanent staff 6			
Permanent staff 7			
Permanent staff 8			
Permanent staff 9			
Permanent staff 10			
Permanent staff 11			
Permanent staff 12			
Permanent staff 13			
Permanent staff 14			
Permanent staff 15			

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110)

Part A, Section V: MONITORING AND EVALUATION

5.3 IF YES, are there mechanisms in place to ensure that all major implementing partners submit their M&E data/reports to the M&E Unit for inclusion in the national M&E system?

Yes (0)

Page 69111) **Part A, Section V: MONITORING AND EVALUATION****Question 5.3 (continued)****IF YES, briefly describe the data-sharing mechanisms:**

There is a centralized online database where all the partners implementing activities within the national strategy submit data and reports, which are annually collected into one comprehensive report.

Page 70

112)

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)

113)

6.1 Does it include representation from civil society?

No (0)

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114)

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

Yes (0)

Page 72

115)

Part A, Section V: MONITORING AND EVALUATION

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

There are two centralized databases in Poland: - one includes all the programmes carried out by all the stakeholders who participate in implementing the national strategy. It collects a description of tasks, including the financial aspect; - the other one is targeting drug distribution system. Data gathered there: all new patients are included in the data base (anonymously - with their initials, gender and last ID digit), including an individual ARV therapy combination, with division into referral clinics; purchasing and storage of all antiretroviral drugs; possible reporting: number of patients, number of patients receiving a specific ARV drug, amount of drug stored, etc.

116)

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)

Page 73

117)

7.3 Is there a functional* Health Information System?

At national level Yes
At subnational level No

Page 74

118)

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

No (0)

119)

9. To what extent are M&E data used

9.1 in developing / revising the national AIDS strategy?:

5 (5)

120)

Provide a specific example:

It is important in planning activities, such as e.g. national campaigns addressing different most-at-risk groups, depending on the needs and trends.

121)

What are the main challenges, if any?

The M&E system in Poland is still very imperfect, it has to do with lack of financial resources. there is also no public funds for a thorough research, which would certainly help in designing a strategy.

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122) Part A, Section V: MONITORING AND EVALUATION

9.2 To what extent are M&E data used for resource allocation?

4 (4)

123)

Provide a specific example:

As in previous years in M&E of VCT centres it was noticed that a quickly increasing number of new HIV tests are men who have sex with men, last year there were more resources allocated for the prevention activities targeting this population.

124)

What are the main challenges, if any?

Very limited resources.

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125)

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

4 (4)

126)

Provide a specific example:

A centralized online M&E database was introduced. All stakeholders who implement activities within the national strategy submit unified reports. It also has helped to have a better coordination over the activities.

Page 77127) **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

128)

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

129)

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

No (0)

Page 82

130) 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?

4 (4)

131)

What are remaining challenges in this area:

The system of gathering epidemiological data is still unefficient - there is some information missing, e.g. on some specific populations (migrants, sex workers) or routes of transmission. There is lack of social research on vulnerable populations.

Page 83**132)****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**133)****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:

This a general nondiscrimination provision.

134)

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

2.1 IF YES, for which subpopulations?

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

136)

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

Poland have some independent institutions in place to ensure these laws are implemented : • Government Plenipotentiary for Equal Treatment • Government Plenipotentiary for Equal Opportunities • Ombudsman • Ombudsman for Children • Patients' Rights Advocate

137)

Briefly describe the content of these laws:

The Polish law: Chapter II of the Polish Constitution regulates the legal status of citizens, specifying their freedoms, rights and duties towards the state. Underlines clearly that all people are equal before the law. Prohibits discrimination in political, social and economic life for any reason whatsoever (Article 32), also on grounds of sex (Article 33). Ensure the respect for separation of citizens belonging to national minorities (Article 35). The Constitution grants citizens freedom and personal rights (protection of life, freedom and personal inviolability, freedom from torture, the presumption of innocence, the right to a fair trial, protection of private life, decide on citizens' personal life, freedom of conscience and religion, the rights of the child and the institution of Ombudsman for Children, right to educate children in accordance with their own convictions, freedom of thought, suppression of preventive censorship and licensing of the press), political (right of participation in meetings, freedom of association, the right of participation in public life, deciding on the composition of the institutions of state power through participation in the elections, the right of petition, complaints about the operation of the representatives of the government), as well as economic, social and cultural (including the right to property, inheritance, employment, family, a decent standard of living, health care, social security, right to education and compulsory education, autonomic higher education, the right to access to cultural goods, freedom of scientific research and artistic creation, consumer and tenant rights). The ways for protecting one's freedoms and rights are clear (judicial investigation path in case of violations of freedoms and rights, a complaint to the Constitutional Court, a request to the Ombudsman). International Law: The Universal Declaration of Human Rights of 1948 and other international instruments such as the International Covenant on Civil and Political Rights of 1966 and the European Convention on Human Rights of 1950 documents are quite well known in Poland. They guarantee the protection of the rights of all people regardless of the differences between them. On 25 October 2005, Poland ratified the European Social Charter (revised). The European Social Charter guarantees social and economic human rights. It was adopted in 1961 and revised in 1996. The European Committee of Social Rights (ECSR) is the body responsible for monitoring compliance in States Parties. Poland has adopted some new provisions for human rights protection. The European Union has not developed a system for human rights protection similar to the ones introduced by the United Nations or the Council of Europe – the organizations of which Poland has been a member for a long time. Several documents that have been adopted are closely related to the implementation of

the specific objectives of the European Union. They deal with individual, specific issues and does not constitute a comprehensive system of rights protection.

138)

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

The implementation takes place at the level of precedents, certainly a lot of cases is not reported, the degree of implementation is not fully satisfying – theoretically, the appropriate regulations exist, but the enforcement of the right every so often is at the level of precedents.

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139)

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

140)

Part B, Section I. HUMAN RIGHTS

3.1 IF YES, for which subpopulations?

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

141)

Briefly comment on how they pose barriers:

- Act of Law of 29 July 2005 on Counteracting Drug Addiction (Journal of. Laws “Dz. U.” No 179, item 1485) - Jail instead of treatment for addicts.
- Regulation of the Minister of Health on substitution treatment. - availability of treatment.

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142) Part B, Section I. HUMAN RIGHTS

4. Is the promotion and protection of human rights explicitly mentioned in any HIV

policy or strategy?

Yes (0)

Page 89

143)

Part B, Section I. HUMAN RIGHTS**Question 4 (continued)****IF YES, briefly describe how human rights are mentioned in this HIV policy or strategy:**

The national HIV policy is written & implemented according to the International Guidelines on HIV/AIDS and Human Rights and Universal Declaration of Human Rights.

144)

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?

Yes (0)

Page 90

145)

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

146)

Part B, Section I. HUMAN RIGHTS**Question 6 (continued)****IF YES, describe some examples:**

Civil society, including PLWHA, participates in designing policies and particular programmes & activities.

147)

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

a. HIV prevention services	Yes
b. Antiretroviral treatment	Yes

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148)

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:

Free of charge prevention services are available for general and vulnerable populations, but with every year resources provided by the government diminish. One can observe greater involvement of local authorities, but their funding do not fill the gap in the states' budget. The antiretroviral treatment is available through the Program of the Minister of Health. Thus, it is separated from the health care system, nevertheless a person must have a medical insurance in order to enter the therapy. It is free of charge for the patient. HIV/AIDS care and support activities are widely offered by NGOs, and are accessible in the majority of big cities; some of the services have a nationwide coverage.

149)

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

150)

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)

151)

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

152)

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?

Yes (0)

Page 95

153)

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

Yes (0)

154)

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

155)

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?

Yes (0)

Page 97

156)

– 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)

157)

– 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)

158)

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

No (0)

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159)

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)

160)

– Legal aid systems for HIV casework

Yes (0)

161)

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

Yes (0)

162)

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

Yes (0)

163)

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

Yes (0)

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164)

Part B, Section I. HUMAN RIGHTS

Question 15 (continued)

IF YES, what types of programmes?

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

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165)

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?

7 (7)

166)

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

Slow increase in awareness of rights of vulnerable populations and of PLHIV has been observed during last two years.. There is still need for more general, not related only to employment, antidiscriminatory provisions.

167)

What are remaining challenges in this area:

HIV/AIDS in the workplace - increase of employers' and employees' awareness through a system of training in the workplace / as it is organized in the case of mandatory trainings such as health & safety, providing first aid, fire protection.

Page 102

168)

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?

8 (8)

169)

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

Poland's Constitutional Tribunal has ruled that it was illegal to fire a policeman who had been discovered to be HIV positive. In 2006, a policeman in Gdansk with eight years work experience voluntarily underwent a medical test, which proved that he was HIV positive. The doctor who conducted the test informed medical committee of the Interior Ministry, which decided that the man was incapable of performing his duties as a policeman. As a result, the police commissioner decided that the man should be fired. The fired policeman appealed against the decision to the Regional Administrative Court in the city of Gdansk, claiming he had been discriminated against. In March 2008, the court asked the Constitutional Court to check whether the policy of the Interior Ministry dating back to 1991, which ordered the dismissal of HIV infected policemen, was in accordance with the Constitution. The Constitutional Court's ruling means that it is illegal to fire policemen for being HIV positive. The ruling may set a precedent for those working in other public services.

170)

What are remaining challenges in this area:

For precedents to turn into routine practice.

Page 103

171)

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?

4 (4)

Page 104

172)

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)

173)

Comments and examples:

Most of these causes are good ones, but NGOs don't take part in budget planning. On the other hand they are involved in the planning budgeting process for the National Strategic Plan on HIV or for the most current activity plan.

Page 105

174)

a. the national AIDS strategy?

4 (4)

175)

b. the national AIDS budget?

1 (1)

176)

c. national AIDS reports?

2 (2)

177)

Comments and examples:

The reports on the implementation of national program to combat AIDS and HIV prevention are not discussed with NGOs. They are presented annually to the Minister of Health – but we do not participate in the report preparation. There is no summary meeting (what was successfully finalised and what was not) with the participation of NGOs.

Page 106

178)

a. developing the national M&E plan?

3 (3)

179)

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

2 (2)

180)

c. M&E efforts at local level?

2 (2)

Page 107**181) 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)?**

4 (4)

182)

Comments and examples:

Civil society includes among others: Networks of people living with HIV; women's organizations; youth organizations; faith-based organizations; AIDS service organizations; Community-based organizations; organizations of vulnerable sub-populations(including MSM, SW, IDU, migrants, refugees/displaced populations, prisoners); workers organizations, human rights organizations; etc. For the purpose of the NCPI, the private sector is considered separately.

Page 108

183)

a. adequate financial support to implement its HIV activities?

1 (1)

184)

b. adequate technical support to implement its HIV activities?

2 (2)

Page 109**185) 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	>75%
Reduction of Stigma and Discrimination	51-75%
Clinical services (ART/OI) *	<25%
Home-based care	>75%
Programmes for OVC* *	51-75%

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186)

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)

187)

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

NGOs are more autonomous and independent.

188)

What are remaining challenges in this area:

- more technical and financial support
- evaluation of the effectiveness of interventions;

Page 111

189)

Part B, Section III: PREVENTION

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

Yes (0)

Page 112

190)

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	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	Don't 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	N/A
Other: please specify	

Page 113

191)

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?

4 (4)

192)

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

Despite the availability of new sources of financing, the reality of prevention programs implemented by the civil society is more and more challenging. The scope of activities has widened, new methodologies have been introduced and new populations are reached. The geographical coverage of services for the VP is more and more satisfactory.

193)

What are remaining challenges in this area:

Districts or equivalent geographical/de-centralized levels in urban and rural areas Despite the fact

that there are operational programs on a local level (including grass-root initiatives), the system is a centralised one, which corresponds to the character of the epidemics.

Page 114

194)

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

195)

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)	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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196)

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)

197)

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

There have been no huge changes in the reality of treatment, care and support programs between 2007 and 2009. The system that has been functioning quite well continues to function quite effectively. The remaining challenge are stereotypes concerning the provision of care for IDUs, part of Polish medical personnel still abides by those stereotypes. Positive aspect is : Recommendations for improving access to substitution treatment in Polish prisons have been signed. This step forward was made in early December at a conference co-hosted by the Penitentiary Service, the Social AIDS Committee and Open Society Institute's Global Drug Policy program. The recommendations are a follow-up to a round table which took place in May, attended by Poland's Minister of Justice, past and present Penitentiary Service directors, politicians, physicians, and NGO representatives.

198)

What are remaining challenges in this area:

The non-professional (non-PEP) post-exposure prophylaxis as a standard (in case of rape, couples with different serological status, first-time use of contaminated injection equipment)

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199)

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?

N/A (0)