

Survey Response Details

Response Information

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Response Details

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- 1) **Country**
Croatia (0)
- 2) **Name of the National AIDS Committee Officer in charge of NCPI submission and who can be contacted for questions, if any:**
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21/03/2010

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- 8) **Describe the process used for NCPI data gathering and validation:**
Data were obtained by interviewing relevant stakeholders for information if it is not already known to the NAC. The validation was conducted by the Ministry of Health and Social Welfare.

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

In case of disagreements those were resolved by telephone interviews of the stakeholders

10)

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

At the beginning of filling out the questionnaire there are no concerns as yet.

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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	Ministry of Health and Social Welfare	Dunja Skoko-Poljak, MD, Senior Adviser	A.I, A.II

12)

	Organization	Names/Positions	Respondents to Part A [Indicate which parts each respondent was queried on]
Respondent 2	Croatian National Institute of Public Health	Tatjana Nemeth-Blažić, MD, HIV/AIDS Department, Head	A.III, A.V
Respondent 3	Croatian National Institute of Public Health	Jasmina Pavlič, prof, M&E Officer	A.V
Respondent 4	University Clinic for Infectious Diseases "dr. Fran Mihaljević", Referent Center for AIDS	prof. Josip Begovac, MD.PhD., HEAd	A.IV
Respondent 5	Children's Clinic, Reproductive Health Department	M.Sc. Vlasta Hiršl-Hećej, MD, Head	A.III
Respondent 6	Croatian Association for School and University Medicine	prof. Vesna Jureša, MD	A.III
Respondent 7	University Clinic for Infectious Diseases "dr. Fran Mihaljević", Center for psychosocial support to PLWHA	Sanja Belak Kovačević, psychologist	A.IV
Respondent 8	UNDP Croatia, Theme group on HIV/AIDS	Iva Jovović, National HIV/AIDS Advisor	A.I, A.II
Respondent 9			
Respondent 10			
Respondent 11			
Respondent 12			
Respondent 13			

Respondent
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Respondent
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Respondent
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13)

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

	Organization Names/Positions	Respondents to Part B [Indicate which parts each respondent was queried on]
Respondent 1	NGO "Flight" Iva Jovović, Management Board President	B.I, B.II, B.III

14)

	Organization	Names/Positions	Respondents to Part B [Indicate which parts each respondent was queried on]
Respondent 2	Croatian Red Cross	Siniša Zovko, MD, Harm Reduction Programmes Manager	B.II, B.III
Respondent 3	International Organization for Migrations	Nina Greiner, MD	B.II, B.III
Respondent 4	NGO "Iskorak"	Hrvoje Fuček	B.II, B.III
Respondent 5	NGO "Help"	Mario Puljiz, Harm Reduction Programmes Manager	B.II, B.III
Respondent 6	NGO "Terra"	Dejan Travica, Harm Reduction Programmes Manager	B.II, B.III
Respondent 7	Croatian Association for PLWHA	Tomislav Beganović, President	B.I, B.II, B.IV
Respondent	UNDP Croatia, Theme	Iva Jovović, National HIV/AIDS	B I B II

8	group on HIV/AIDS	Advisor	B.I, B.III
Respondent 9	NGO "Pro-repro"	M.Sc. Vlasta Hiršl-Hečej, MD	B. II, B. III
Respondent 10			
Respondent 11			
Respondent 12			
Respondent 13			
Respondent 14			
Respondent 15			
Respondent 16			
Respondent 17			
Respondent 18			
Respondent 19			
Respondent 20			
Respondent 21			
Respondent 22			
Respondent 23			
Respondent 24			
Respondent 25			

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15)

Part A, Section I: STRATEGIC PLAN**1. Has the country developed a national multisectoral strategy to respond to HIV?**

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

Yes (0)**Page 7****16) Part A, Section I: STRATEGIC PLAN**

Question 1 (continued)**Period covered:**

2005-2010

17)

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

27

18)

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	No
Labour	Yes	No
Transportation	Yes	No
Military/Police	No	No
Women	No	No
Young people	Yes	No
Other*	No	No

Page 8

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 is secured from the state budget through the Ministry of Health and Social Welfare

Page 9

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	No
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	No
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	No

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?**

Young people, MSM, IDU, CSW, PLWHA, migrant workers, imprisoned persons, people with STI

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)

Page 12

27)

Part A, Section I: STRATEGIC PLAN

Question 1.8 (continued)

IF active involvement, briefly explain how this was organised:

Civil society is actively involved in the action framework. Civil society is primarily directly involved in prevention work and research through direct work with target (most-at-risk) populations in the field. Civil society representatives are members of the NAC.

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)

Page 14

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

- b. Common Country Assessment / UN Development Assistance Framework
- c. Poverty Reduction Strategy
- d. Sector-wide approach
- e. Other: Millenium Development Goals, National HIV/AIDS Prevention Programme Yes

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	
Reduction of gender inequalities as they relate to HIV prevention/treatment, care and/or support	
Reduction of income inequalities as they relate to HIV prevention/treatment, care and/or support	
Reduction of stigma and discrimination	Yes
Women's economic empowerment (e.g. access to credit, access to land, training)	
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?

No (0)

Page 17

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):

HIV testing and counseling is voluntary for all except for police and military personnel in peacekeeping missions where it is mandatory.

37)

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

Yes (0)

Page 20

38)

Part A, Section I: STRATEGIC PLAN**5.1 IF YES, for which subpopulations?**

a. Women	No
b. Young people	No
c. Injecting drug users	No
d. Men who have sex with men	No
e. Sex Workers	No
f. Prison inmates	No
g. Migrants/mobile populations	No
Other: A general non-discrimination Act exists	Yes

39)

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

There is a General Non-discrimination Act in force that covers discrimination in general (sex, religion etc) but no non-discrimination Act or regulation is in force that would define exactly the abovementioned subpopulations.

Page 21

40)

Part A, Section I: STRATEGIC PLAN

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

Yes (0)

Page 22

41)

Part A, Section I: STRATEGIC PLAN

6.1 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	Yes
f. Prison inmates	No
g. Migrants/mobile populations	No
Other: Please specify	

42)

Briefly comment on how they pose barriers:

There are no regulations or acts that directly present obstacles in treatment, HIV prevention or care and support, however that fact that drug use and prostitution is illegal in Croatia sometimes makes the populations of IDU and even more CSW hard to reach.

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43)

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

44)

Part A, Section I: STRATEGIC PLAN

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

Yes (0)

45)

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

No (0)

Page 25

46)

7.4 Is HIV programme coverage being monitored?

Yes (0)

Page 26

47)

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

No (0)

48)

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

Yes (0)

Page 27

49)

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

MARP as defined in the National HIV/AIDS prevention program: MSM, IDU, CSW, migrant workers, persons with STI, imprisoned people, young people, PLWHA.

50)

Briefly explain how this information is used:

This information is used to monitor the prevention programs that are being implemented and also in order to plan future prevention programs. Information gathered from regular work of the Epidemiology Service (National HIV/AIDS register) and bio- and behavioral research is used following the Second generation surveillance, to plan future prevention programs, costs etc.

Page 28**51) Part A, Section I: STRATEGIC PLAN****Question 7.4 (continued)****(c) Is coverage monitored by geographical area?**

Yes (0)

Page 29

52)

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

City level

53)

Briefly explain how this information is used:

This information is used to monitor the epidemiological situation, plan future financial needs and depending on the results, focus future prevention programs and plan studies to be conducted.

54)

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

No (0)

Page 30

55)

Part A, Section I: STRATEGIC PLAN**Question 7.5 (continued)****Overall, how would you rate strategy planning efforts in the HIV programmes in 2009?**

6 (6)

56)

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

The major achievements since 2007 are the continuous adherence to the Three Ones principle and Second generation surveillance

57)

What are remaining challenges in this area:

The major challenge is the lack of human resources to be able to conduct monitoring and evaluation as a full time job.

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58)

Part A, Section II: POLITICAL SUPPORT

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

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

59)

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

60)

2.1 IF YES, when was it created?

Please enter the year in yyyy format

1992

61)

2.2 IF YES, who is the Chair?

Name	M.Sc. Darko Milinovic, MD
Position/title	the Minister of Health and Social Welfare

62)

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?	No

review actions on policy decisions regularly?	No
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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63)

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

28

64)

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

4

65)

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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66)

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?

No (0)

Page 35

67)

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)

1

68)

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

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

69)

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

Yes (0)

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70)

Part A, Section II: POLITICAL SUPPORT

6.1 IF YES, were policies and laws amended to be consistent with the National AIDS Control policies?

No (0)

Page 38

71)

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)

72)

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

In 2005 the VCT centers in Croatia were financed through the Global fund grant. The project ended on 30 Nov 2006. The main achievement since that time is the fact that VCT centers were integrated in the regular work of Epidemiology services and financed from the state budget and through the Ministry of Health. Even though with lesser funds, all other activities that were part of the Global fund project have also been planned and continued in the post-Global fund period, which speaks for support of HIV/AIDS programs also in 2009.

73)

What are remaining challenges in this area:

Secure more substantial financial means.

Page 39

74)

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

75)

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)
- g. Avoid commercial sex (0)
- h. Abstain from injecting drugs (0)
- i. Use clean needles and syringes (0)
- k. Greater acceptance and involvement of people living with HIV (0)

76)

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)

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77)

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)

78)

2.1 Is HIV education part of the curriculum in:

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

79)

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

Yes (0)

80)

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

No (0)

81)

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

82)

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	Men having sex with men
Condom promotion	Injecting drug user, Men having sex with men, Sex workers,

Condom promotion	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, Other populations
Vulnerability reduction (e.g. income generation)	
Drug substitution therapy	Injecting drug user
Needle & syringe exchange	Injecting drug user

Page 43**83) 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 populations include migrant workers, prison inmates and young people. Informing and education on risk reduction is available also for young people through schools and NGO programs migrants and anyone who is interested through the VCT centers. Condom use is generally promoted. Testing and counselling is also available for all, even though it is more focused on MARPs (includes migrants workers and prison inmates). STI treatment is available for all.

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84)

Part A, III. PREVENTION**Question 3.1 (continued)**

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

6 (6)

85)

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

No significant progress has been made other than after the Global fund project has finished in 2006 the scope of some activities implemented during the Global fund donated project has decreased. Still, since it is an achievement to secure funding (which has been done)

Page 45

86)

Part A, III. PREVENTION

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

No (0)

Page 46

87)

IF NO, how are HIV prevention programmes being scaled-up?

Prevention programs are applied in all counties with the same intensity due to the overall low prevalence in Croatia and due to the fact that Croatia is a small country.

88)

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	Don't agree
HIV prevention in the workplace	Don't agree
Other: please specify	

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89)

Part A, III. PREVENTION

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

7 (7)

90)

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

No significant progress has been made in this respect.

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91)

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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92)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

1.1 IF YES, does it address barriers for women?

Yes (0)

93)

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

Yes (0)

94)

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

No (0)

Page 50

95)

IF NO, how are HIV treatment, care and support services being scaled-up?

Treatment for patients from the entire country is centralized and is obtained at the Clinic for Infectious Diseases "Fran Mihaljevic" in Zagreb.

96)

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	
Paediatric AIDS treatment	
Sexually transmitted infection management	Agree

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

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97)

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)

98)

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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99)

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

Condoms

Page 53

100)

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?

10 (10)

101)

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

Successful provision of treatment and care for HIV patients has continued in this reporting period. Support services to HIV patients have been further improved through ensuring psychosocial support and counseling services through the work of the Referent center for HIV/AIDS and its continued cooperation with the Croatian Association for HIV (CAHIV)

Page 54

102)

Part A, Section IV: TREATMENT, CARE AND SUPPORT**5. Does the country have a policy or strategy to address the additional HIV-related needs of orphans and other vulnerable children?**

No (0)

Page 57

103)

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

Yes (0)

Page 58

104)

1.1 IF YES, years covered:**Please enter the end year in yyyy format below**

2010

105)

1.2 IF YES, was the M&E plan endorsed by key partners in M&E?

Yes (0)

106)

1.3 IF YES, was the M&E plan developed in consultation with civil society, including people living with HIV?

Yes (0)

107)

1.4 IF YES, have key partners aligned and harmonized their M&E requirements (including indicators) with the national M&E plan?

Yes, all partners (0)

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108)

Part A, Section V: MONITORING AND EVALUATION**2. Does the national Monitoring and Evaluation plan include?**

a data collection strategy	Yes
a well-defined standardised set of indicators	Yes
guidelines on tools for data collection	Yes
a strategy for assessing data quality (i.e., validity, reliability)	Yes
a data analysis strategy	Yes
a data dissemination and use strategy	Yes

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109)

Part A, Section V: MONITORING AND EVALUATION**Question 2 (continued)**

If you check "YES" indicating the national M&E plan include a data collection strategy, then does this data collection strategy address:

routine programme monitoring	Yes
behavioural surveys	Yes
HIV surveillance	Yes
Evaluation / research studies	Yes

110)

3. Is there a budget for implementation of the M&E plan?

Yes (0)

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111)

3.2 IF YES, has full funding been secured?

Yes (0)

112)

3.3 IF YES, are M&E expenditures being monitored?

Yes (0)

Page 64

113)

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

Yes (0)

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114)

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:**

M&E is a part of the National HIV/AIDS prevention program which is revised every five years, and in the framework of that revision all its parts are revised and improved where necessary.

115)

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

Yes (0)

Page 66

116)

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

in the National AIDS Commission (or equivalent)?	No
in the Ministry of Health?	No
Croatian National Institute of Public Health	Yes

117) **Number of permanent staff:**

Please enter an integer greater than or equal to 0

2

118) **Number of temporary staff:**

Please enter an integer greater than or equal to 0

0

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119)

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	HIV/AIDS Department, Head	Full time	2009
Permanent staff 2	M/E officer	Full time	2006
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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120)

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 69

121)

Part A, Section V: MONITORING AND EVALUATION

Question 5.3 (continued)

IF YES, briefly describe the data-sharing mechanisms:

All implementing partners are obliged to send monthly reports to the M&E officer whose responsibility it is to make sure, through communication with all the relevant stakeholders, that the reports are obtained in a timely manner.

122)

What are the major challenges?

The M&E officer also has other duties in the Infectious Diseases Epidemiology Service which results in a huge workload.

Page 70

123)

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?

Yes, but meets irregularly (0)

124)

6.1 Does it include representation from civil society?

Yes (0)

Page 71125) **Part A, Section V: MONITORING AND EVALUATION**

Question 6.1 (continued)

IF YES, briefly describe who the representatives from civil society are and what their role is:

Both civil society representatives and PLWHA are involved in all the activities.

126)

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

Yes (0)

Page 72

127)

Part A, Section V: MONITORING AND EVALUATION

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

The National HIV/AIDS register is maintained at the Infectious Diseases Epidemiology Service of the Croatian National Institute of Public Health

128)

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

129)

7.3 Is there a functional* Health Information System?

At national level Yes
 At subnational level Yes

Page 74**130) Part A, Section V: MONITORING AND EVALUATION**

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

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

County level

131)

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

Yes (0)

132)

9. To what extent are M&E data used

9.1 in developing / revising the national AIDS strategy?:

1 (1)

133)

Provide a specific example:

For budget planning purposes VCT data on the number of clients and tests provided to those clients in previous years are used.

134)

What are the main challenges, if any?

M&E unit could help use the data more by getting more involved in the decision process for example as member of the NA. Human resources should be built up no enable a more diversified and detailed analysis of the data at hand. No significant progress has been made in this reporting period.

Page 75**135) Part A, Section V: MONITORING AND EVALUATION**

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

3 (3)

136)

Provide a specific example:

For budget planning purposes VCT data on the number of clients and tests provided to those clients in previous years are used.

Page 76

137)

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

2 (2)

138)

Provide a specific example:

The data was used extensively to plan the budget for 2009 in VCT centers. Improvement in the last reporting period is mainly to be seen in an improved and more detailed workshop conducted for counselors at the VCT centers. Also, the M&E data provided a valuable input for a new edition of the Handbook for HIV counseling and testing.

139)

What are the main challenges, if any?

Human resources should be built up to enable a more diversified and detailed analysis of the data at hand.

Page 77**140) 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

141)

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

142)

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

Yes (0)

Page 81143) **Part A, Section V: MONITORING AND EVALUATION****Question 10.2 (continued)****IF YES, describe what types of activities:**

A workshop for counsellors in VCT centers on HIV testing and counselling was held. Some 30 people were trained.

Page 82144) **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?**

3 (3)

145)

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

No significant progress has been made.

Page 83

146)

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

147)

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:

The constitution, the non discrimination act (general act)

148)

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

149)

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. SexWorkers	No
f. prison inmates	Yes
g. Migrants/mobile populations	Yes
Other: Please specify	

150)

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

Complaint's commissioner acts in such cases, implementation is of course also ensure through the Ministry of Justice, the Ministry of Internal Affairs, also there are international organizations like the Hague Tribunal and the Croatian Helsinki Committee for human rights.

Page 86

151)

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

152)

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

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

153)

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

It is illegal to test minors without their parents' consent. This might pose a problem in testing minors who want to test but have got no parents' consent. Also, drug abuse and commercial sex work are themselves illegal as is defined in the Criminal Law. This Prison inmates are not provided with such services through the Ministry of Health but through the Ministry of Justice in whose jurisdiction they lie. This might be a problem when health services want to gather more data on clients of VCTs. However, where treatment is concerned, all those with HIV/AIDS in Croatia, get treated.

Page 88154) **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

155)

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

156)

Part B, Section I. HUMAN RIGHTS**Question 5 (continued)****IF YES, briefly describe this mechanism:**

People can turn to the Croatian Association for HIV which was founded by the PLWHA themselves. The Association provides support for people in such cases.

157)

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

158)

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

They are involved in the NAC decision process and their suggestions for interventions are included in research planning and implementation.

159)

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

160)

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:

The National HIV/AIDS prevention program ensures the securing of funds for the above-named areas until 2010

161)

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

162)

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)

163)

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

164)

Part B, Section I. HUMAN RIGHTS**Question 9 (continued)****IF YES, briefly describe the content of this policy:**

Equal access to prevention, treatment, care and support is secured for all those in need of it equally.

165)

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

166)

Part B, Section I. HUMAN RIGHTS**Question 9.1 (continued)****IF YES, briefly explain the different types of approaches to ensure equal access for different populations:**

Different populations are reached through specifically tailored programs. Young people for example are reached through schools via education programs, migrant workers through the Occupational

health medicine and the International Organization for Migrations whereas other target populations are reached through NGOs who deal with specific population, i.e. there are NGOs that work with IDUs and CSW and there is also one NGO which works with the MSM population each using their own approach in their outreach work depending on which target population they are dealing with.

167)

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

No (0)

168)

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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169)

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)

170)

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

In some committees there are representatives of civil society and PLWHA but in some there are not.

Page 97

171)

– 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

No (0)

172)

– 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)

173)

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

No (0)

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174)

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)

175)

– **Legal aid systems for HIV casework**

No (0)

176)

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

No (0)

177)

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

Yes (0)

178)

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

No (0)

Page 101

179)

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?

5 (5)

180)

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

No significant progress has been made in this reporting period.

Page 102

181)

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)

182)

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

No significant progress has been made in this reporting period.

Page 103

183)

Part B, Section II: CIVIL SOCIETY* PARTICIPATION

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

3 (3)

184)

Comments and examples:

Civil society representatives are involved in the NAC decision process and their suggestions for interventions are included in research planning and implementation.

Page 104

185)

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)?

4 (4)

186)

Comments and examples:

Budget is allocated for the need of the civil society implemented programs each year by the MoH. Their input is also at the NAC meetings is also valuable for the National Strategic Plan.

Page 105

187)

a. the national AIDS strategy?

4 (4)

188)

b. the national AIDS budget?

3 (3)

189)

c. national AIDS reports?

4 (4)

190)

Comments and examples:

The civil society and its work in the implementation of programs are valued as they work with the MARPs defined in the National HIV/AIDS prevention program. The budget for their work is to a certain extent secured each year by the MoH.

Page 106

191)

a. developing the national M&E plan?

4 (4)

192)

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

4 (4)

193)

c. M&E efforts at local level?

3 (3)

194)

Comments and examples:

Civil society delivers reports to the M&E officer at the Croatian National Institute of Public Health and was included in planning the M&E strategy, the civil society will also be included in future revisions of this strategy.

Page 107

195) Part B, Section II. CIVIL SOCIETY PARTICIPATION

5. To what extent is the civil society sector representation in HIV efforts inclusive of diverse organizations (e.g. networks of people living with HIV, organizations of sex workers, faith-based organizations)?

5 (5)

196)

Comments and examples:

NGOs working with the IDu, MSM; CSW, migrant workers, young people and PLWHA are included thus covering all the defined MARPs.

Page 108

197)

a. adequate financial support to implement its HIV activities?

3 (3)

198)

b. adequate technical support to implement its HIV activities?

4 (4)

199)

Comments and examples:

Civil society is given substantial support by the MoH and the CNIPH (Croatian National Institute of Public Health, of course, it would be better if the budget allocated by the MoH would be higher

Page 110

200)

Part B, Section II. CIVIL SOCIETY PARTICIPATION

Question 7 (continued)

Overall, how would you rate the efforts to increase civil society participation in 2009?

9 (9)

201)

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

There were no significant changes in the reporting period

Page 111

202)

Part B, Section III: PREVENTION

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

Yes (0)

Page 112

203)

Part B, Section III: PREVENTION

Question 1 (continued)

IF YES, how were these specific needs determined?

HIV prevention programs are conducted for the MARPs determined by the National HIV/AIDS prevention programs including education of youth. Also, a continuous following of the number of persons tested in VCTs is planned as well as a continuous following of the epidemiological situation, through the routine surveillance system as set up in 1983 (even before the first AIDS cases were recorded in Croatia)is conducted .

204)

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	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	Agree
HIV prevention for out-of-school young people	Agree
HIV prevention in the workplace	Agree
Other: please specify	

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205)

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?

5 (5)

206)

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

Since the last reporting period a better and more rounded approach to media visibility of the VCT centers has been conducted.

Page 114

207)

Part B, Section IV: TREATMENT, CARE AND SUPPORT

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

No (0)

Page 115

208)

IF NO, how are HIV treatment, care and support services being scaled-up?

HIV/AIDS treatment care, and support in Croatia are centralized, i.e. is obtained in Zagreb through the Referent center for HIV/AIDS in the Clinic for infectious Diseases "Fran Mihaljevic" and available to all those who need it.

209)

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	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	
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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210)

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)

211)

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

The treatment and care of HIV patients in Croatia is very good, also an Outpatient Centre for HIV/AIDS which was opened at UHID in June 2005 continues to function, the integral part of which is also psychosocial support. HIV infected patients need no referral from primary care physicians, which is usually required for other diseases, to enter care at UHID. Antiretrovirals are also given to patients at UHID from the hospital pharmacy. There is a close collaboration of VCT centers and other hospitals with UHID.

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212)

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)